**Trust Board**
There will be a meeting of the Trust Board on **Thursday 11 November 2021** at 10:00. It will be held virtually and live streamed on You Tube.

Sir David Nicholson
Chair

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| Agenda | | | Enclosure | Time |
|---|---|---|---|---|
| **114/21** | **Welcome and apologies for absence:** | | | **10:00** |
| **115/21** | **Patient Story** | | | **10:05** |
| **116/21** | **Items of Any Other Business**<br>*To declare any business to be taken under this agenda item* | | | **10:30** |
| **117/21** | **Declarations of Interest**<br>*To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.* | | | |
| **118/21** | **Minutes of the previous meeting**<br>*To approve the Minutes of the meeting held on **14 October 2021** as a true and accurate record* | *For approval* | **Enc A**<br>**Page 3** | **10:30** |
| **119/21** | **Action Log** | *For noting* | **Enc B**<br>**Page 13** | **10:35** |
| **120/21** | **Chair's Report** | *For noting* | **Verbal** | **10:40** |
| **121/21** | **Chief Executive's Report** | *For noting* | **Enc C**<br>**Page 15** | **10:45** |
| **Strategy** | | | | |
| **122/21** | **H2 Update**<br>Director of Strategy and Planning/Chief Finance Officer | *For approval* | **Enc D1**<br>***To follow*** | **10:55** |
| **123/21** | **NHS System Oversight Framework Segmentation**<br>Director of Strategy and Planning | *For noting* | **Enc D2**<br>**Page 20** | **11:15** |
| **124/21** | **Board Assurance Framework**<br>Company Secretary | *For approval* | **Enc D3**<br>**Page 25** | **11:25** |
| **125/21** | **Provider Collaboration**<br>Director of Strategy and Planning | *For approval* | **Enc D4**<br>**Page 33** | **11:35** |
| **Performance** | | | | |
| **126/21** | **Integrated Performance Report**<br>**Executive Summary/SPC Charts/Infographic**<br>Chief Executive/Executive Directors | *For assurance* | **Enc E**<br>**Page 39** | **11:45** |

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|---|---|---|---|---|
| **127/21** | **Committee Assurance Reports**<br>Committee Chairs | | **Page 124** | |
| **Governance** | | | | |
| **128/21** | **Safest Staffing Report**<br>**a) Adult/Nursing**<br>**b) Midwifery**<br>Chief Nursing Officer/Director of Midwifery | *For assurance* | **Enc F1**<br>**Page 130**<br>**Page 137** | **12:10** |
| **129/21** | **Responsible Officer Appointment**<br>Company Secretary | *For approval* | **Enc F2**<br>**Page 145** | **12:20** |
| **130/21** | **Any Other Business** *as previously notified* | | | **12:25** |
| **Close** | | | | |
| | **Date of Next Meeting**<br>*The next public Trust Board meeting will be held on 9 December 2021, virtually.* | | | |

# MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 14 OCTOBER 2021 AT 10:00 AM HELD VIRTUALLY

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| **Present:** | | |
| **Chair:** | Sir David Nicholson | |
| **Board members:** | Waqar Azmi | Non-Executive Director |
| | Christine Blanshard | Chief Medical Officer |
| **(voting)** | Paul Brennan | Chief Operating Officer |
| | Anita Day | Vice Chair, Non-Executive Director |
| | Matthew Hopkins | Chief Executive |
| | Paula Gardner | Chief Nursing Officer |
| | Dame Julie Moore | Non-Executive Director |
| | Dr Simon Murphy | Non-Executive Director |
| | Robert Toole | Chief Finance Officer |
| **Board members:** | Richard Haynes | Director of Communications and Engagement |
| **(non-voting)** | Colin Horwath | Associate Non-Executive Director |
| | Vikki Lewis | Chief Digital Officer |
| | Jo Newton | Director of Strategy and Planning |
| | Rebecca O'Connor | Company Secretary |
| | Richard Oosterom | Associate Non-Executive Director |
| | Tina Ricketts | Director of People and Culture |
| | Sharon Thompson | Associate Non-Executive Director |
| **In attendance** | Jo Ringshall | Healthwatch |
| | Anna Sterckx | Item 097/21 |
| | Merleen | Item 097/21 |
| **Public** | | Via YouTube |
| **Apologies** | None noted. | |

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096/21 **WELCOME**

Sir David welcomed everyone to the meeting, including the public viewing via YouTube and staff members who had joined us. He especially welcomed Dr Blanshard to her first meeting as Chief Medical Officer and Mr Toole who had returned following planned sick leave.

097/21 **PATIENT STORY**

Sir David welcomed Merleen to the meeting and Mrs Gardner introduced the Patient Story. Mrs Gardner advised that Merleen has a hearing impairment and would talk to the Board about the importance of communication. Merlene was using subtitles to support the discussion but had some ad hoc internet connection difficulties; Mrs Gardner and Ms Sterckx would assist Merleen as required.

Merleen outlined the previously circulated brief, highlighting the importance of communications at a range of levels. She advised that circa one in five of the Trust's patients has a hearing impairment and that there are simple actions that we can take to work these through together, for example through missed appointments, due to simple issues like a patient not hearing their name being called.

Ms Sterckx continued the story on behalf of Merlene as her internet connection was lost. She described how the Trust has worked in partnership with Merlene and is engaging with the deaf community more widely via series of deaf cafes. Top tips awareness packs are produced and there are hearing loops across our Trust. However, we can always do more; we test loops but not systematically, nor do staff always know what to do if these are unplugged. We encourage assistance dogs and use boards.

Merlene rejoined the meeting and noted the sensory impairment agenda is a hidden disability, there is lots of help available, much of the ideas are simple like the same coloured boxes to put in hearing aids – recognised as a hearing aid box. Bedside hearing loops and information at the bedside that shows someone has a hearing impairment are simple and effective tools. In summary, Merlene reflected that if the service is excellent for a hearing impaired person, it will be excellent for everyone else too.

Sir David thanked Merlene for sharing her experience and opened up the item for board discussion:

Mr Azmi reflected on his own experience and supported Merleen's findings, particularly her observation that many people apologise for being deaf. Ms Day asked if we are systematically reviewing to check the simple things are in place. Ms Sterckx advised this is work in progress with Access Able. The Trust has a blueprint for how we go forwards and are starting to make great strides; as the Trust reviews our Access Able guides this will become more systematic. It was noted that Healthwatch are also actively working in this area.

Dame Julie queried how the Trust uses the patient survey to identify problem areas and whether we have patient groups to understand and explore their needs. She noted "essential medical kit - do not unplug" stickers are used in other Trusts. Mrs Gardner confirmed such issues are identified through the survey, and whilst the Trust has some patient groups, we do not have enough and these are being developed.

**ACTION: Mrs Gardner to arrange for "essential medical kit do not unplug" stickers**

**ACTION: Ms Sterckx to review and further develop patient groups**

Sir David apologised for Merlene's experience, which did not meet the standard we expect, however reflected that the reason we have a patient story is to ground the Board in the reality of what is happening in the Trust and to address the issues raised. Thank you for offering to help work with us.

Merlene was thanked for her ongoing offer to assist the Trust in making change and invited back to the Trust Board in twelve months' time to review the progress made.

098/21 **ANY OTHER BUSINESS**
There were no items of any other business.

099/21 **DECLARATIONS OF INTERESTS**
There were no additional declarations pertinent to the agenda.

The full list of declarations of interest is on the Trust's website.

100/21 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 9 SEPTEMBER 2021**

*Matters arising*

a) Dr Murphy noted reference in the minutes regarding changes to working practices and innovations as a result of Covid. There were 10 HIC from wave 1 which are playing into the development of the three year plan. Mrs Newton advised the planning guidance has now been issued and will be discussed with clinical leads alongside the 10 HIC as they move into the next phase.

**ACTION: An update with regards to HIC would be received at the next Finance and Performance Committee and Trust Board.**

**RESOLVED THAT subject to the above the Minutes of the public meeting held on 9 September 2021 be confirmed as a correct record and signed by the Chair.**

101/21 **ACTION SCHEDULE**

Ms O'Connor presented the action log noting the updates as set out in the paper. The following further updates were noted:

a) Action 055/21 - Policy has been reviewed and is due for sign off in December 2021
b) Action 055/21 - Liaison has taken place with Southport and Ormskirk Trust regarding patient property boxes is being progressed
c) Action 061/21 - Discrimination Charter – "will" be December instead of "proposed"

All other actions were either closed as per the log, or not due for update at this meeting.

102/21 **CHAIR'S REPORT**

Sir David referred to his paper setting out the Chair's action taken highlighting the Community Diagnostic Hub as fantastic additional development at Kidderminster Hospital.

Sir David was delighted to announce that following the recruitment process, that Mr Horwath had been appointed as a Non-Executive Director by NHSEI. An Associate Clinical NED had also been appointed and will chair Quality Governance Committee.

**RESOLVED THAT: Chair's actions were APPROVED by the Board and the Chair's Report was NOTED**

103/21 **CHIEF EXECUTIVE'S REPORT**

Mr Hopkins presented his report which was taken as read. The following key points were highlighted:

- The #callme team had won the Digital Innovation Team of the Year award at the BMJ awards and were congratulated by all of the Board in demonstrating the positive development journey we have been on. A number of other teams have shortlisted for other awards and the Trust are developing a policy regarding attendance at awards.
- SIM will be discussed in part 2 of the meeting and there have been a number of stakeholder engagement and discussion exercises as the programme has developed.
- Further welcome to Dr Blanshard on joining the Trust.
- There had been an overnight to the new hardware for the PAS system, this being a precursor to the upgrade scheduled for January, which supports the development of DCR. This was highlighted as an excellent example of practice, with no adverse impact on operational delivery.

**RESOLVED THAT: the report be noted**

**STRATEGY**

104/21 **BAME Network Update**

Sir David welcomed Ms Cartwright to the meeting as Network Chair. The report was taken as read and the following key points were noted:

- Ms Cartwright shared a slide setting out the good progress made by the Network in the last 13 months.
- Vacancy for Vice Chair and Ms Cartwright will stand down at the end of March.
- During this time, the shape of the Board has also changed; both Dr Murphy and Ms Day regularly join the Network and visibility is very important.
- There are 115 members of the Network, with 15 new members since January, however attendance is dipping.
- The Network has supported vaccination programme, band 8a recruitment, reciprocal mentoring and take the knee events.
- This year there were 42 appointments made at band 8a and above of which 7 were minority ethnic but none in senior leadership. Whilst there is still work to do, the prior year was none so great progress has been made. This process will be formalised to support band 7 and above, with coaching for band 5 and above.
- Regarding the mentoring scheme; there are 23 mentors in the programme and 70-80% are going well with positive feedback, but all board members must be involved.
- Feedback has shown the scheme provides a safe environment, friendship and mutual respect. Mentors have found it helpful to share experiences as a person of colour working in the Trust and their thanks was on behalf of the Network.
- However there is more to do and staff are calling out, they are not always being supported.
- The Trust is on a journey we have left Foregate Street, reached Shrub Hill but we have not left and there are 12 stops to go to get to Paddington. We are challenging hearts and minds and showing our commitment. The draft charter will be key in demonstrating our tolerance.

Sir David thanked Ms Cartwright for her inspiring update on progress and opened up the item for debate:

Dr Murphy as NED led for the Network thanked Ms Cartwright for her leadership. He noted progress has been made but we cannot lose momentum, incidents are not always dealt with quickly enough and some managers might need support in dealing with these. The band 8a recruitment process is going well, but the Charter has been delayed. Staff should be released to support initiatives and he implored all the Board to participate in reverse mentoring.

Mrs Ricketts advised the reason for delay in the Charter is to work with divisions to make sure we have the systems and processes in place behind the Charter. She advised there is a task and finish group supporting what this means for the frontline in order to address any issues of underreporting. Ms Day was concerned Network membership is not higher than it is. She noted the number of concerns raised by BAME staff to FTSU appeared to be lower than expected anecdotally, requesting that the BAME Network & FTSU Guardian to work together to address any anxieties or barriers to raising concerns amongst this group. Ms Thompson echoed concerns about under

reporting and membership, noting if we go further there are different challenges and deeper rooted issues to explore.

Mrs Ricketts and Mr Hopkins confirmed the commitment of the Trust to release staff and that making cultural change is all of our responsibilities. The Trust are very clear about what is and is not acceptable and discrimination of any sort will be addressed and followed through the processes. Mr Azmi agreed, reflecting the Network cannot solve all the issues, and discussions have taken place to ensure the Trust has ownership of inclusion and how we hold leadership to account

Sir David thanked Ms Cartwright for her leadership and reiterated the Board's commitment to do anything further they can. He shared the importance of developing the Trust's senior leadership as this is where we grow the executive directors of the future, noting Committee are spending time on succession planning.

**RESOLVED THAT: the report be received for assurance**

105/21 **Worcestershire Executive Committee Memorandum of Understanding and Terms of Reference**

Mrs Newton presented the report which was taken as read. It was designed to give assurance to the Board as we transition to April 2022 in the ICS.

This framework establishes the Worcestershire Executive as the local place based delivery method for the ICS. As a Board we have reflected upon our role within the system and there are engagement events in October and November as we go forwards. Mrs Newton noted Ruth Lemiech has been appointed as Place Delivery Director and offered thank to Rebecca O'Connor for advice in developing the governance arrangements

Sir David opened the item for discussion.

Dr Murphy noted there were currently no binding decisions being made at the point and that this would potentially following in April next year, noting the position on quorum and the role of the VCS. Mrs Newton confirmed the VCS are members of the Worcestershire Executive and as part of the integrated wellbeing programme and with the district collaborative.

Mr Horwath asked in respect of the Memorandum of Understanding (MOU) how this produces more than commitment and delvers action. Ms O'Connor advised that at this point the arrangements are not binding, the MOU sets out the rules of engagement of partners in how they will work together. The Worcestershire Executive cannot make decision on behalf of any of the partners and accountability flows through individuals using their own, or delegated authority on behalf of their organisation. Ms O'Connor noted that this does impact on pace, however these arrangements will evolve and develop through to April where there will be a clear decision making model.

Mr Oosterom was pleased to see focus on delivery, but expressed concern about ability to enforce on commitments made by partners at this point in time. Ms O'Connor advised that this is the first step in the journey and outlined a process whereby live scenarios, such as urgent care issues, will be used to debate and agree the best future form governance model which will have formal accountability and decision making

**RESOLVED THAT: the Memorandum of Understanding and Terms of Reference be APPROVED**

**PERFORMANCE**

106/21 **Integrated Performance Report**

Mrs Lewis presented the month 5 report. The key points highlighted on the executive summary were noted and discussed. The assurance levels had no change and provided an overall level 4 assurance. The following key areas were highlighted:

Stroke

- Mr Brennan advised the information within the report relates to Q1 which shows a deterioration to a level D as a result of the loss of a number of stroke consultants.
- The Trust is currently working with the Stroke Network and with Mrs Ricketts in order to recruit.
- We have recruited into 2 locum posts, and through the Network have 4 consultants providing direct support. 3 are spending one day per week and one 2 days per week.
- Support is in place from UHCL with a consultant at weekends and 3 joint posts are going out to advert.
- The Trust are creating a nurse consultant post which is being advertised today.
- TIA cover is in place and the Trust are in a significantly improved position.
- The Stroke Network recognises the therapy and nursing teams are excellent.
- The Q2 report is due next week and the Trust are expecting move to a solid C.
- Dr Blanshard noted the pathway and building blocks are in place, but this has been hampered by a lack of consultant cover. The therapies team are fully covered, but there are still some gaps in SALT. The team is motivated and has excellent ideas to make the pathway more efficient. The Stroke Network is working very effectively to support the Trust.
- Mr Horwath asked if the loss of consultants was expected and whether there are lessons to learn. Mr Brennan confirmed this was unexpected, but was not concerning and nothing to do with the service or the Trust.
- Mr Oosterom referenced a discussion which had taken place at QGC, in relation to the above point and also whether the Trust could have acted faster. It was noted that the team did react appropriately, however there was no response to recruitment; the Stroke Network acted immediately to support the position.
- Mr Hopkins reflected that the rehab element of pathway needs further work. There is an embryonic plan to bring this into the Trust's oversight in due course. Nationally, there are 50% of stroke consultant posts vacant; the Trust are not alone and are looking at mainland Europe and reviewing how these posts are constituted.

Restoration

- Mr Azmi noted the RTT list is growing month by month, asking in respect of theatre utilisation, are there creative ways to increase capacity?
- Work is underway to review procedures pre and post pandemic and those through the vanguard. These have identified we are not as efficient as we were pre pandemic regarding cases per list and the number of cases through vanguard is smaller than same surgeon, completing the same operation in the main op theatres.
- The report includes July's figures (due to validation) however, August, for the first time, is showing a small drop which is quite significant. A reduction in 104 week waiters can also be seen.
- Increases are due to significant increases in referrals and outpatient activity leading to more patients on the list. This is not a turning point, rather green shoots as we had seen significant increases month on month.

- 104 week waits. End of March forecast shows a rise to 800, of the 800, 50% relate to orthodontics (Spec Comm) and patients who wish to remain on the waiting list but do not want to proceed.
- The Trust are aiming to eliminate the existing over 104 weeks (excluding p5 and orthodontics) and to have checked all patients over 70 weeks who will move into the 104 week category over the next 5 months.
- Sir David noted that orthodontics requires a system solution, but the Trust have a greater list than others. Dr Blanshard agreed, noting additional capacity needs to be commissioned.

UEC

- Ms Day noted ambulance conveyances continue to increase, asking are any of these inappropriate?
- Mr Brennan noted that at the end of month 5, attendances were up 12% (expect 2/3 %) conveyances up 8% (expect 2.5%) and the conversation rate for the year remains stable, whereas activity has increased. MIU attendances down 20%.
- There is not a level of face to face appointments in primary care that was seen pre Covid and there is an increase in children presentation at ED. These factors combined suggest an increasing public intolerance in not being able to see a doctor, especially in children.
- As a result of the discharge pilot, we now have far more transparency of information available to us now to see the current discharges position. A daily discharge requirement has been agreed, with 35% to be before 12.00 each day.
- The project in its fourth week, it has not had the traction we have wanted to see yet, but has improved this week.
- Workforce challenges continue; there are issues in H&CT and WCC in recruitment to the 2 hour response and the reablement pathway and we are working through the disconnect between teams.
- Mr Hopkins noted that as the quality of system working improves, we are increasingly we are seeing better clarity in data from system partners. We are sensing a better grip, but this is not at the level of urgency we need to eradicate one hour ambulance delays. The executive team spends a lot of focus on addressing the points raised and this remains one of our top priorities.

Sir David concluded noting UEC continues to be the Trust's number one priority, the Board recognise change takes longer than we expect, but we have most of the building blocks in place and need to see green shoots next month. Regarding elective, the Trust are towards the bottom of most league tables, 104 weeks in a sustainable way is critical and this includes bed and theatre utilisation with a system solution for orthodontics. The support from Stroke Network and the excellence of the therapies staff was noted and progress made towards improvement it to be shown in the next report.

**RESOLVED THAT: the report be noted for assurance.**

107/21 **Committee Assurance Reports**

The following points were highlighted by Committee Chairs:

- F&P: nothing by exception, that has not already been noted
- QGC: nothing by exception, that has not already been noted
- P&C: Dame Julie noted the high level of vacancies and sickness. Patient care must come first, then being smarter about using our time and flexibility in approach.

Mr Hopkins held the P&C directorate review meeting yesterday. Excellent balanced scorecard and we are focussing on the key priorities.

**RESOLVED THAT: the Committee reports be noted for assurance.**

## GOVERNANCE

108/21 **Safest Staffing Report**

**a) Adult/Nursing**
**b) Midwifery**

*Adult/Nursing*
Mrs Gardner presented the nursing element of the report which covered the period to August 2021 and provided level 5 assurance.

Mrs Gardner reflected upon Dame Julie's comments regarding the pressures on staff. The Trust is 19 months into a pandemic, winter is looming with high vacancy and sickness rate. With all of this in context, we have maintained fill rate through bank and agency. Wellbeing conversations are part and parcel of ensuring staff wellbeing and we are making sure they are not separate. HCA vacancies are high and have the Camel Trust involved to support them with the impact of universal credit. The Trust continues to focus on recruitment and filling vacancies as winter approaches.

*Midwifery*
Ms Jeffrey presented the report which had an assurance level of 4. The position remains challenging and the assurance level remains unchanged. The unit was busier than as the seasonal variation has changed with pandemic. Sickness is down and turnover is below target. The fill rate increased and some new starters have commenced. No harm was reported in month. 3 daily sitreps are now shared with the hub.

There has been a reduction in the expected new starters from 17 to 12 and the Trust are already out to advert for those posts. There has been an increase in establishment for Ockendon, with 8 new posts. The vacancy position is not worsening and these posts will enable staff to be released to attend role specific training.

Dr Murphy queried the reduction from 17 to 12 new starters. Ms Jeffrey advised that students qualify at same time and generally make multiple applications. The Trust are working with recruitment to keep better contact, but this is not unusual. Mrs Gardner agreed noting onboarding is crucial and we are working with units to make sure they are keeping in touch with recruits.

**RESOLVED THAT: the report be received for assurance.**

109/21 **Maternity Services Improvement Plan**

Ms Jeffrey referenced the plan which was approved by the Board in July. Progress was set out in the report. The following key points were noted:

- Funding for requested posts has been agreed.
- Launch event for the plan has been held with a good turnout, staff came in on days off and annual leave. The event gave an overview of the plan and set up the workstreams. Breakout session were held where staff made pledges and actions to

take those plans forwards. Further sessions are booked on each sites to reach everyone.

- The first continuity of carer (COC) event will take place on 11 November. Specific requests have been made to members of staff who have had interests in how this model works, asking them to contribute.
- Dr Murphy noted the good launch, asking if there has been any negativity? Ms Jeffrey has received no negative feedback, the launch was very positive, it looked forwards and feedback said that things were moving in the right direction. The workstreams were well supported, uptake in wellbeing and leadership greatest on the day, but enabled a focus group on the pathways workstream.
- Mr Oosterom noted the discussion at QGC, asking what is the outcome? Ms Jeffrey advised the objective is to put together the plan for delivering the pathway for COC. 6 COC teams are functioning well; we want the team to talk about how they see this working going forwards and what we need to do differently.
- Sir David asked if we are measuring the cultural impact? Ms Jeffrey confirmed we are liaising with other Trusts regarding how they measure culture. We have had a cultural survey in the past, but this is outdated and needs to be revisited.
- Mr Hopkins asked following the CQC inspection we had our rating reduced and as a consequence in the NHSEI improvement programme, asking how has this benefited the Trust? Ms Jeffrey advised we have received the first preliminary report and are now moving to the diagnostic phase. Reassuringly, the first draft did not raise concerns we had not already identified. The support time is limited, but this will increase from February onwards. The report has been shared with staff so there is transparency. All areas identified have been progressed, bar the midwifery team scrubbing in theatre. However, six months since support commencement, we do not have the diagnostic report; we will feedback to the NHSEI when they come back in January.

**RESOLVED THAT: the report be received for assurance.**

110/21 **Learning from Deaths**

Dr Blanshard presented the report which was taken as read. The level 6 assurance rating was retained.

HSNI and SHMR were within the expected range, with no red flags for mortality. The proportion of deaths SHMI for OOH is slightly higher, which we believe is due to end of life patients and fast track discharge to their chosen place of death.

A working group is in place and may review the formatting of the report going forwards. As Medical Examiner roles expand, deaths will be reviewed more promptly which will improve death certification and structured death reviews,

**RESOLVED THAT: the report be received for assurance.**

111/21 **WRES, WDES and Gender Pay Gap Report 2021**

Mrs Ricketts presented the paper which was taken as read. The reports are 3 statutory reports for publication on website and have been considered by P&C Committee. Many of the issues were covered earlier in the BAME Network update.

With regards to disability issues, there are issues with data quality in ESR compared to the staff survey and we are working with the Network to address the updating of

records. Gender pay award differences are via the CEA awards, with fewer female applications being received; there is a focussed piece of work to address this.

*12.30 Mr Oosterom left the meeting*

Ms Day noted disciplinary had decreased from 3.42 to 0.49, noting a danger that we have made people fearful of putting a person of colour in a disciplinary; we must make sure this is a real sanction. Mrs Ricketts noted that the team are working through the data and will address any issues arising in this regard.

**RESOLVED THAT the reports be approved for publication.**

112/21 **Audit and Assurance Committee Report**
Ms Day presented the paper which was taken as read.

The VFM report was a busy month and Committee met twice. There are 3 key recommendations and there is a plan in place to address these. Internal audit reports with significant assurance were received.

**RESOLVED THAT the report be received for assurance.**

113/21 **ANY OTHER BUSINESS**
Dr Murphy and all the board thanked our Allied Health Professionals on AHP Day.

**DATE OF NEXT MEETING**
The next Public Trust Board meeting will be held virtually on Thursday 11 November 2021 at 10:00am.

The meeting closed.

**Signed** _____ **Date** _____
**Sir David Nicholson, Chair**

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST**

**PUBLIC TRUST BOARD ACTION SCHEDULE – OCTOBER 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 |
|---|---|---|---|---|---|---|---|---|
| 15.7.21 | Patient Story | 055/21 | Mrs Edwards to ensure property forms and common policies and procedures to be put in place across sites | JE (PG) | Oct 2021 | Dec 2021 | Policy is due for sign off in December 2021. | |
| 15.7.21 | Patient Story | 055/21 | Mrs Gardner to pursue mobile phone issues (stickering etc) as part of the above action | PG | Oct 2021 | | As above | |
| 15.7.21 | Annual Planning Priorities | 062/21 | Report on Annual Plan in September to take account of increased efficiency and reduction in ERF | PB/JN | Sept 2021 | Oct 2021 | Guidelines for H2 being reviewed since issued on 30th September - verbal update to follow | |
| 15.7.21 | IPR | 066/21 | Analysis of waiting lists and how this will be addressed in the context of the winter plan | PB | Oct 2021 | | Action complete. Verbal update at meeting | |
| 9.9.21 | IPR | 087/21 | Sir David requested Mr Brennan develop a document for the ICS to bring about mutual accountability with regards to urgent care pressures | PB | Oct 2021 | | Action complete. Verbal update at meeting | |
| 9.9.21 | Covid End of Year Review | 084/21 | Ms O'Connor to expand the scope of governance task and finish group review to include agility of decision making | ROC | Dec 2021 | | Report to Audit Committee in November 2021 | |

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| 15.7.21 | CEO Report | 061/21 | Discrimination Charter to be received by Trust Board in October. | TR | Oct 2021 | Dec 2021 | Will be received Board in December 2021 | |
| 15.7.21 | Annual Planning Priorities | 062/21 | Environmental strategy discussion at Trust Board | PB | Oct/Nov 2021 | | To be aligned with the Estates strategy | |
| 15.7.21 | Annual Planning Priorities | 062/21 | Report on sustainability to come to Trust Board in September | JN | Sept 2021 | Oct/ Nov 2021 | ICS net zero green strategy approach to be aligned with the Estates Strategy development. | |
| 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. | |
| 10.6.21 | Patient story | 037/21 | Mrs Lewis to raise with WMAS' Chief Digital Officer and the Oasis system supplier | VL | July 2021 | Jan 2022 | WMAS EPR deployment we are awaiting a further progress report from the CIO at WMAS on their deployment timetable.<br><br>OASIS upgrade is scheduled for January 2022 | |

Worcestershire Acute Hospitals NHS Trust

| | |
|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc C |

# Chief Executive Officer's Report

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

| | | | |
|---|---|---|---|
| **Accountable Director** | Matthew Hopkins<br>Chief Executive Officer | | |
| **Presented by** | Matthew Hopkins<br>Chief Executive Officer | **Author /s** | Rebecca O'Connor<br>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 |

| **Report previously reviewed by** | | |
|---|---|---|
| Committee/Group | Date | Outcome |
| N/A | | |

| | |
|---|---|
| **Recommendations** | The Trust Board is requested to<br>• 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:<br>• Risk Summit and Perfect 10<br>• Three Year Plan<br>• ICS/Place Update<br>• Single Improvement Methodology<br>• HOSC update<br>• Executive team update |

| **Risk** | | | |
|---|---|---|---|
| **Which key red risks does this report address?** | N/A | **What BAF risk does this report address?** | N/A |

| **Assurance Level (x)** | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | X |
|---|---|---|---|---|---|---|---|---|---|---|
| **Financial Risk** | None directly arising as a result of this report. | | | | | | | | | |

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

Worcestershire Acute Hospitals NHS Trust

| | |
|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc C |

| Introduction/Background |
|---|
| This report gives members an update on various local, regional and national issues. |

| Issues and options |
|---|

**Worcestershire's 'Perfect10'**

As colleagues will be aware, our health and social care system across the county remains under extreme pressure and patients are not receiving the care we all aspire to provide.

There has been renewed coverage and comment recently about the pressures on teams in our Emergency Departments and other 'front' door services as well as the impact that those pressures are having on our NHS partners, including our colleagues in the ambulance service.

These challenges are not something that we can overcome on our own, because they require all parts of our local health and care system to be working at maximum efficiency in the most joined up way possible. With that in mind we implementing a multi-agency event called 'Perfect 10' starting on Monday 8 November and running for 10 days until November 17.

Agencies involved in the Perfect 10 are:

- Worcestershire Acute Hospitals NHS Trust
- Herefordshire and Worcestershire Health and Care NHS Trust
- NHS Herefordshire and Worcestershire CCG
- Worcestershire County Council
- West Midlands Ambulance Service
- E-Zec Patient Transport

Perfect10 will be a "refresh and reset" week with the aim of ensuring all services are better prepared ahead of the Winter period. This refresh and reset was one of the actions the Worcestershire system committed to as part of an NHS England/Improvement system assurance visit in August 2021.

This 'Perfect10' event is designed to bring senior leaders and teams from across our system together to find sustainable solutions to reducing delays, improving patient flow and delivering better outcomes and experience of care for all our patients. It will begin with a Clinical Risk Summit, which will frame the patient and staff issues which increase the current risk of avoidable harm in our urgent and emergency care pathway.

An Incident Control room will be set-up at Worcestershire Royal Hospital in order for progress updates and to allow problem solving to take place. This is a very important exercise for the Worcestershire system and support from all staff will be expected and greatly appreciated.

**Three Year Plan**

Development of the 3 year plan (formerly referred to as Medium Term Plan) continues in spite of Level 4 operational pressures. Self-assessments by 42 subspecialties and corporate teams have been moderated to identify key services. Emergent themes suggest opportunities to improve quality through reduction in waste at operational level. Further development at tactical and strategic level will utilise the output from the strategic top

down work and be tested through the gateway confirm and support with TME members. This will now take place following the Perfect 10 rollout. This, along with level 4 pressures, will cause slippage of 3-4 weeks which is being built into the critical timeline. Socialisation with Place and commissioners is planned as part of the WEC development session on 6th December. Finance & Performance committee members will receive regular more detailed briefings throughout the process.

**Single Improvement Methodology (SIM)**
The Board approved the business case to deliver a 3 year programme to support the next stage of our culture change journey and to build continuous improvement capability in the organisation. This is intended to improve the quality of patient care and to reduce our financial deficit, in line with the strategic objectives outlined in the Strategic pyramid and our purpose of Putting Patients First.

The Board approved the appointment of Virginia Mason Institute as the preferred partner to facilitate implementation of the single improvement methodology. Jas Cartwright has been appointed to Director of Continuous Improvement. The kick off meeting was held on the 4th November and the Virginia Mason Institute team will undertake site visits w/c 8th and 15th November

**ICS Update**
Progress towards designation for the HW ICS body has occurred with interviews for the Chair and CEO roles. At this point no announcements have been made. In addition a Director of Strategy for Primary Care/PCNs has been appointed.

A session on 3rd November explored the preferred membership model for the unitary board to support development of a model constitution. The proposed unitary board will have 15 members composed of 4 non executives (Chair plus 3 Independent non executives); 4 executives (CEO/CFO/CMO/CNO); 2 Council and 2 primary care representatives (1 each Herefordshire and Worcestershire) and 3 provider representatives (HWHCT, WAHT,WVT).

At Place level development sessions with the HWBB and WEC to determine the accountability framework will take place this month. The integrated wellbeing agenda is progressing well via a 'Being Well in Worcestershire' programme at local authority, PCN and voluntary sector level. ICS funding to support development of a single VCSE model for Worcestershire is being made available.

**People and Culture:**
The national guidance, as set out in the "System Design Framework" and "Building strong integrated care systems everywhere: guidance on the ICS people function" identifies specific requirements that will be expected of the People Function within an Integrated Care Board.

The guidance sets out 10 key areas of responsibility. The following table details the alignment of these functions to the NHS People Plan and sets out Herefordshire & Worcestershire ICS interim delivery arrangements:

| No | Function | Alignment to the NHS People Plan | H&W ICS Forum responsible for delivery |
|---|---|---|---|
| 1 | Supporting the health and wellbeing of all staff | Looking after our people | Great Place to Work Thematic Group |
| 2 | Growing the workforce for the future, and enabling adequate workforce supply | Growing for the future | Workforce Transformation Thematic Group |
| 3 | Supporting inclusion and belonging for all, and creating a great experience for staff | Belonging in the NHS | CLIO Thematic Group |
| 4 | Valuing and supporting leadership at all levels, and lifelong learning | Belonging in the NHS | CLIO Thematic Group |
| 5 | Leading workforce transformation and new ways of working | New ways of working | Workforce Transformation Thematic Group |
| 6 | Educating, training and developing people, and managing talent | Growing for the future | Academy Steering Group |
| 7 | Driving and supporting broader social and economic development | Cross-cutting theme | ICS HRD Forum |
| 8 | Transforming people services and supporting the people profession | Cross-cutting theme | ICS HRD Forum |
| 9 | Leading coordinated workforce planning using analysis and intelligence | Cross-cutting theme | Workforce Transformation Thematic Group |
| 10 | Supporting system design and development | Cross-cutting theme | CLIO Thematic Group |

On 6th October 2021 NHS England issued example role profiles for Integrated Care Board executive roles. The three roles that ICB boards must have in some form are Director of finance, Medical Director and Director of Nursing. This guidance included a Chief People Officer role profile that ICBs may choose to establish at board level or as part of the wider ICB leadership team, to support the delivery of its people functions.

The recommended priorities for this role are:

- The Chief People Officer [CPO] will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.
- As a member of the unitary board, each board director is jointly responsible for planning and allocating resources to meet the four core purposes of integrated care systems; to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development.
- The CPO will report directly to the ICS chief executive and is professionally accountable to the regional director of workforce and organisational development.

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| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc C |

Recruitment options for the CPO role are being considered by the ICS People Board with a recommendation to the ICS Executives later this month.

**Health Overview and Scrutiny**

Last week I joined colleagues from a number of partner organisations from the Worcestershire health and care system for a joint presentation on our local winter plan to members of the Worcestershire County Council Health Overview and Scrutiny Committee (HOSC).

We updated HOSC members on the joined up approach we are taking to address growing pressures in all parts of our system. We were asked some challenging but well-informed questions covering a wide range of topics including ambulance handovers, Emergency Department demand, elective recovery, staffing issues and the ongoing challenge of responding to the Covid pandemic.

The joint presentation, and the positive response from HOSC members, is further evidence of the increasingly joined up approach being taken in Worcestershire to the shared challenges we face and the recognition that they will only be tackled by partnership working.

**Executive Team Updates**

As colleagues will already be aware, our Chief Digital Officer Vikki Lewis has decided to take up a new post closer to her home in the north of England. I would like to take this opportunity to thank Vikki for everything she has achieved since she joined us at the start of 2020 as our first Chief Digital Officer, including the development of our digital strategy, the delivery of the business case for our Digital Care Record and a host of other innovations and improvements.

Vikki has also made a much wider contribution as a member of our executive team and this Board and I am sure colleagues will join with me in wishing her all the best in her new role as Director of Digital at Bolton NHS Foundation Trust. A recruitment process to find our next Chief Digital Officer is now under way, and Vikki will be with us until the end of April 2022 to ensure a seamless handover with her successor.

Recommendations

The Trust Board is requested to

- Note this report.

Appendices - None

Worcestershire Acute Hospitals NHS Trust

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| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D2 |

# NHS System Oversight Framework Segmentation

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

| | | | |
|---|---|---|---|
| **Accountable Director** | Matthew Hopkins, Chief Executive | | |
| **Presented by** | Jo Newton, Director of Strategy & Planning | **Author /s** | Jo Newton, Director of Strategy & Planning |

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

| **Report previously reviewed by** | | |
|---|---|---|
| Committee/Group | Date | Outcome |
| TME | 20 October 2021 | Noted |

| | |
|---|---|
| **Recommendations** | The Trust Board is asked to note the report. |

| | |
|---|---|
| **Executive summary** | NHSEI recently consulted on the new NHS System Oversight Framework (SOF) 2021/22, which introduces a new approach to provide focused assistance to organisations and systems. Worcestershire Acute Hospitals Trust has been placed into SOF segment 3. |

| **Risk** | | | |
|---|---|---|---|
| **Which key red risks does this report address?** | | **What BAF risk does this report address?** | *BAF20, BAF4, BAF18, BAF7, BAF19, BAF11* |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assurance Level (x)** | 0 | | 1 | | 2 | | 3 | | 4 | x | 5 | | 6 | | 7 | | N/A | |
| **Financial Risk** | | | | | | | | | | | | | | | | | | |

| **Action** | | | | | | |
|---|---|---|---|---|---|---|
| **Is there an action plan in place to deliver the desired improvement outcomes?** | Y | x | N | | N/A | |
| **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 | | | |
| **Timescales to achieve next level of assurance** | **tbc** | | | | | |

NHS
Worcestershire Acute Hospitals NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D2 |

## Introduction/Background

The NHS System Oversight Framework was published in June 2021 designed to:

a. align the priorities of ICSs and the NHS organisations within them
b. identify where ICSs and NHS organisations may benefit from or require support to meet the standards required of them in a sustainable way, and deliver the overall objectives for the sector in line with the priorities set out in the 2021/22 Operational Planning Guidance, the NHS Long Term Plan and the NHS People Plan
c. provide an objective basis for decisions about when and how NHS England and NHS Improvement will intervene in cases where there are serious problems or risks to the quality of care.

Regional teams have allocated ICSs, Trusts and CCGs to one of four 'segments' as defined by the criteria in Table 1. This indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4).

| Segment | Segment description | Scale & nature of support needs |
|---|---|---|
| 1 | Consistently high performing across the five national oversight themes and playing an active leadership role in supporting and driving key local place-based and overall ICS priorities | No specific support needs identified. Trusts encouraged to offer peer support Systems are empowered to direct improvement resources to support places and organisations, or invited to partner in the co-design of support packages for more challenged organisations |
| 2 | Plans that have the support of system partners in place to address areas of challenge Targeted support may be required to address specific identified issues | Flexible support delivered through peer support, clinical networks, the NHS England and NHS Improvement universal support offer (eg GIRFT, RightCare, pathway redesign, NHS Retention Programme) or a bespoke support package via one of the regional improvement hubs |
| **3** | **Significant support needs against one or more of the five national oversight themes and in actual or suspected breach of the licence (or equivalent for NHS trusts)** | **Bespoke mandated support through a regional improvement hub, drawing on system and national expertise as required** |
| 4 | In actual or suspected breach of the licence (or equivalent) with very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support | Mandated intensive support delivered through the Recovery Support Programme |

Worcestershire Acute Hospitals NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D2 |

| Issues and options |
|---|
| Eligibility for each segment has been set out in the operational guidance. The decision to place Worcestershire Acute Hospitals Trust in segment 3 is laid out in the letter received from NHSEI on the 15th October 2021 (Appendix 1). Specifically:<br><br>• Continued performance challenges on Urgent and Emergency Care<br><br>• Trust elective (weighted and ordinary) and Cancer 62 day performance is in the bottom quartile.<br><br>• The Trust is not planning to clear 104-week waiters by March 2022, with a particular challenge in relation to orthodontics.<br><br>• Whilst the Trust exited from Quality Special Measures in 2019, a follow up CQC inspection, including for ED, is awaited following an inspection in December 2019 which was rated as inadequate overall.<br><br>• The maternity service was placed on the Maternity Improvement Programme following a CQC visit in December 2020 when the service moved from 'Good' to 'requires improvement ' in the well led domain<br><br>• Hyperacute Stroke service – Stroke services at the Trust and across the ICS are fragile.<br><br>• The Trust has a significant level of underlying financial deficit. You need to fully embed the governance improvements, and in the context of a challenged system require local intervention work and support.<br><br>The letter confirms that the Trust will be in receipt of mandated support which will be developed as part of a plan to address the triggers for segmentation and reach agreement on the exit criteria. The plan will be overseen at the Quarterly Review Steering Meeting (QRSM). |
| Conclusion |
| The placing of the Trust in segment 3 accords with discussion held at QRSMs. Progress is acknowledged in the letter received from NHSEI and Trust leaders will continue to work with ICS colleagues and the region to agree a plan with mandated support to work towards segment 2. |
| Recommendations |
| The Trust Board is asked to note the report. |
| Appendices |

Letter from NHSEI

**Julie Grant**
**Director of Strategic Transformation, West Midlands**

23 Stephenson Street
Birmingham
West Midlands
B2 4BJ

T: 0300 123 2620
E: j.grant10@nhs.net
W: www.england.nhs.uk and www.improvement.nhs.uk

Matthew Hopkins
Chief Executive
Worcestershire Acute Hospitals NHS Trust

Sent by email

15th October 2021

Dear Matthew,

**Worcestershire Acute Hospitals NHS Trust: NHS System Oversight Framework Segmentation**

As you will be aware, NHS England and NHS Improvement (NHSEI) recently consulted on the new NHS System Oversight Framework (SOF) 2021/22, which introduced a new approach to provide focused assistance to organisations and systems.

Following feedback from local leaders and others, this new SOF is now being implemented. The final SOF can be found here.

Following consideration by the NHSEI Midlands Regional Support Group, it has been agreed that Worcestershire Acute Hospitals NHS Trust should be placed into SOF segment 3 and in receipt of mandated support due to:

- Urgent and Emergency Care – The Trust continues to be challenged in relation to its performance on Ambulance handover delays, 12-hour trolley waits, 4-12 hour hours and Seen within 60 minutes performance.

- The Trust is in the bottom quartile for elective (weighted and ordinary) and Cancer 62 day performance. Remedial action plans are being developed including Breast and Skin two-week wait pathways as well as Colorectal and Urology 62-day delivery.

- The Trust is not planning to clear 104-week waiters by March 2022, with a particular challenge in relation to orthodontics.

- Worcestershire Acute Hospitals NHS Trust exited from Quality Special Measures in 2019 following an improved CQC inspection in May 2019. The Trust was de-escalated at JSOG (Joint Strategic Oversight Group), and your national improvement

support ceased at the end of March 2021. However, you are awaiting a follow up CQC inspection, including your Emergency departments, following an inspection in December 2019 (published February 2020) which rated them as inadequate overall.

- CQC undertook a focused inspection of maternity services in December 2020. This resulted in the service moving from 'Good' to 'Requires Improvement' in the well led domain, due to concerns regarding the governance around the management of staffing during surge periods. This met the criteria for the service to be placed on the Maternity Improvement Programme.

- Hyperacute Stroke service – Stroke services at the Trust and across the ICS are fragile. The system is in regional escalation with support from the Stroke Network and mitigations are being put in place. The proposed medium-term plan is subject to assurance through NHSEI service reconfiguration process and consultation

- The Trust has a significant level of underlying financial deficit. You need to fully embed the governance improvements, and in the context of a challenged system require local intervention work and support. In 2019/20 the Trust managed within £82m deficit control total and have demonstrated good system wide working at ICS level to reduce the deficit.

We will work closely with you and system colleagues to understand your support needs to address the triggers for segmentation and reach agreement on the exit criteria.

We recognise and thank you for the efforts of you and your teams to provide the best quality care to your patients, including responding to the additional challenges COVID-19 has posed. This decision is not a reflection of your staff who have worked so tirelessly for patients, but an opportunity for us all to work together to build better and more sustainable services for the future.

Please note that it is anticipated that the segmentation rating for all organisations will be published on the NHS England and NHS Improvement website later in the month.
If you wish to discuss the above or any related issues in more detail, please contact chris.douglas1@nhs.net or myself in the first instance.

Yours sincerely

**Julie Grant**
**Director of Strategic Transformation, West Midlands**

Cc: Sir David Nicholson, Chair Worcestershire Acute Hospitals NHS Trust

NHS
Worcestershire Acute Hospitals
NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D3 |

# Board Assurance Framework

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

| | | | |
|---|---|---|---|
| **Accountable Director** | Chief Nursing Officer, Paula Gardner | | |
| **Presented by** | Rebecca O'Connor, Company Secretary | **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 |

| **Report previously reviewed by** | | |
|---|---|---|
| Committee/Group | Date | Outcome |
| Quality Governance | 28 October 2021 | Endorsed |
| Finance and Performance | 27 October 2021 | Endorsed |
| People and Culture | 5 October 2021 | Endorsed |

| | |
|---|---|
| **Recommendations** | To review the Board Assurance Framework on a confirm or challenge basis and approve new BAF risk 21 |

| | |
|---|---|
| **Executive summary** | This report sets out an overview of the review process for the Board Assurance Framework. It presents a high level summary of the overall risks and a new risk for inclusion following debate at the recent Board Development seminar regarding the ICS development.<br><br>• The following new risk is proposed and the full detail is appended.<br>• *Failure to capitalise on the benefits of integrated care at Place, System or intra System level resulting in missed opportunities to improve quality of care, patient experience, efficiency or financial sustainability*<br>• Proposed mitigated risk score of 12. The full actions, controls and assurances are appended.<br>• The full BAF (at the current point of executive review) is enclosed within the reading room |

| **Risk** | | | |
|---|---|---|---|
| **Which key red risks does this report address?** | | **What BAF risk does this report address?** | *All BAF risks as outlined in this report.* |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assurance Level (x)** | 0 | | 1 | | 2 | | 3 | | 4 | X | 5 | | 6 | | 7 | | N/A | |
| **Financial Risk** | *If the Trust does not have a robust BAF and system of monitoring in place there is the risk that the strategic objectives will not be achieved, which could have regulatory, reputation and financial implications and could impact on the quality of care that is provided. Specific risks relate to financial balance and capital.* | | | | | | | | | | | | | | | | | | | | | | | | |

Worcestershire Acute Hospitals NHS Trust

| | |
|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D3 |

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|---|---|
| | *Individual risks and associated controls and or mitigating actions may have financial implications.* |

| **Action** | | | | | | |
|---|---|---|---|---|---|---|
| **Is there an action plan in place to deliver the desired improvement outcomes?** | Y | X | N | | N/A | |
| **Are the actions identified starting to or are delivering the desired outcomes?** | Y | | N | | As per report | |
| **If no has the action plan been revised/ enhanced** | Y | | N | | As per report | |
| **Timescales to achieve next level of assurance** | As outlined for each risk | | | | | |

NHS
Worcestershire Acute Hospitals NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D3 |

## Introduction/Background

The Trust Board is responsible for identifying and monitoring the risks to the achievement of the Trust's strategic objectives. This is achieved through the development of a BAF, which is monitored by the Trust Board and its Committees for areas of their authority.

The Audit and Assurance Committee also has oversight of the BAF to inform the annual programme of internal audit activity and to allow the Committee to discharge its duties in terms of providing assurance around the robustness of the overall system of internal control, of which the BAF is an integral component. Strategic risks on the BAF are those which are of such importance, that failure to control the same, may cause the Trust to fail to deliver its strategic objectives. This report provides assurance as to the BAF review process in the management of strategic risks.

## Issues and options

**Development of the BAF**

All BAF risks are currently under executive review as part of the standard review process.

The following review of the framework has taken place:

- Committee risk workshops and TME review – Summer 2021
- QGC deep dive on transformation – July 2021
- Board approval of the high level BAF – September 2021
- A Board development session was held in September 2021 regarding ICS and Place, including discussion regarding the Board's risk appetite in relation to the same.
- A new risk was proposed for approval onto the framework as a result, the detail of the risk is appended.
- P&C BAF review in October 2021 and approved their high level risks as an output from the deep dive held in August 2021.
- Deep dive sessions have been held in October 2021 at both QGC and F&P in relation to the urgent and emergency care risks

As the BAF risks have been agreed by Trust Board, the following next steps are planned with the full BAF review:

- Executive director review – underway (bi monthly thereafter)
- Board approval of new risk and high level summary – November 2021
- TME review of reviewed full BAF – November 2021
- Full BAF review at Committee – November 2021
- Board approval of full BAF – December 2021
- Alternate BAF and deep dive reviews – January 2022 onwards

**BAF Updates**

BAF risks have been reviewed and updated, the following changes have been endorsed by Committees as follows:

- **Risks Closed:**

None

- **Risks Opened:**

Trust Board development session agreed the following new risk be opened. The full draft risk detail is appended:

- *Failure to capitalise on the benefits of integrated care at Place, System or intra System level resulting in missed opportunities to improve quality of care, patient experience, efficiency or financial sustainability* – risk score 12

- **Risk Escalating/ De-escalating:**

- BAF risk 13: Cyber – has reduced from a residual risk score of 20 to residual risk score of 16. This still remains a red level risk and the level of assurance remains unchanged.
- Rationale: Review at Digital Risk Management Group highlighted further mitigations around infrastructure capital funding, strong strategic support for the Unified Tech Fund / Digital Aspirant funding and further innovation developments.

- **Risk Narrative Updates**

Reviews of all risks have taken place and updates made to all current BAF risks in respect of the actions, controls and mitigations. The latest draft is enclosed in the reading room and the high level summary is appended

- **Risk Exposure**

The Trust's risk exposure is static from the last report, but increasing in general over the medium term. This is due to a number of factors including the ongoing impact of Covid, its impact on restoration and recovery and urgent and emergency care pressures etc.

Mitigating activity, controls and assurance are identified for all risks and detailed within the appendices. The intention being the mitigations in place demonstrate a reduction in risk exposure from the initial to residual risk scores. However, there are times where despite there being control measures in place, these are not yet sufficiently effective, nor embedded to enable a reduction in the current risk score. It is not within the Trust's risk appetite to accept risks with no control measures in place.

- **Risk Appetite**

The Trust's risk appetite is not necessarily static, but all risks are expected to have controls and mitigations in place, which aim to reduce the risk exposure to a tolerable level. The Trust Board, on recommendation of the Committee may vary the amount of risk that it is prepared to tolerate depending on the circumstances at the time. Thus the risk appetite for each risk has been reviewed.

The Committee reviews the BAF and makes recommendations to the Trust Board regarding the adequacy of the outlined mitigations and control measures. If the Trust Board is unwilling to accept the level of risk to which it is currently exposed, it is invited to consider further mitigating actions or challenge those already identified.

Worcestershire Acute Hospitals NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D3 |

| Conclusion |
|---|
| The Trust has a Board Assurance Framework in place which is operational and effective. The Trust's risk exposure is static from the last report and mitigating actions are as outlined in this report. |
| **Recommendations** |
| To review the Board Assurance Framework on a confirm or challenge basis and approve new BAF risk 21 |
| **Appendices** |
| BAF risk 21 – full detail<br>High level BAF risk summary<br>Full (draft) BAF within the reading room |

# BOARD ASSURANCE FRAMEWORK
# NOVEMBER 2021

Worcestershire Acute Hospitals NHS Trust

**Board Assurance Framework - Risk Template**

**Assurance Type:** 0 No independent assurance | 1 Internal Review or Trust governance meeting | 2 Board or Committee | 3 External Review

| | | | | | |
|---|---|---|---|---|---|
| **BAF RISK REFERENCE Summary for Datix Entry** | BAF 21 - NEW RISK - ICS development | | | **DATE OF REVIEW** | Nov-21 |
| **DATIX REF** | | **INITIAL RISK DATE** | Sep-21 | **NEXT REVIEW DATE** | Jan-22 |

**RISK DETAILS**

| RISK DESCRIPTION | RATING | L | C | R | CHANGE |
|---|---|---|---|---|---|
| Failure to capitalise on the benefits of integrated care at Place, System or intra System level resulting in missed opportunities to improve quality of care, patient experience, efficiency or financial sustainability | INITIAL | 4 | 4 | 16 | ↑ |
| | TARGET 2021 | 2 | 4 | 8 | |
| | PREVIOUS | | | | |
| | CURRENT | 3 | 4 | 12 | |

**CONTEXT**

| | |
|---|---|
| **STRATEGIC OBJECTIVE** | Best services for local people |
| **GOAL(S)** | Strategy |
| **RISK APPETITE** | Low |

| | |
|---|---|
| **CHIEF OFFICER LEAD** | Director of Strategy and Planning |
| **RESPONSIBLE COMMITTEE** | Trust Board |

| CAUSE OF RISK |
|---|
| NHSEI policy pending statutory approval to introduce new ICS structure and operating model which shifts accountability to system level whilst existing statutory responsibilities remain with trust. If the NHS body governance arrangements reduce provider influence and control resrouce allocation will be compromised |

| EFFECT OF RISK |
|---|
| Potential loss of independence for decision making to deliver statutory responsibilities. Lack of clarity on accountability and responsibility framework. Increase risk/ expectations through mutual aid with partner trusts. Potential loss of capital and revenue budgets to deliver trust activity with shift away to other system partners |

| HISTORIC RISK RATINGS | |
|---|---|
| dd/mm/yyyy | |
| dd/mm/yyyy | |
| dd/mm/yyyy | |
| dd/mm/yyyy | |

**CONTROLS AND ASSURANCE**

| REF | CONTROL | ASSURANCE | TYPE |
|---|---|---|---|
| 1 | Worcestershire Executive Committee | Report to Trust Board | 2 |
| 2 | ICS governance development | Report to Trust Board/Worcestershire Executive Committee | 2/3 |
| | | | |
| | | | |
| | | | |
| | | | |

**ACTIONS**

| REF | GAP | ACTION | BY WHEN | PROGRESS |
|---|---|---|---|---|
| 1 | Alignment of ICS and internal governance processes | Review to be undertaken once ICS model is agreed | Ongoing | System wide MOU approved by Trust Board as a framework for Place |
| 2 | Approach with H&CT | Board to Board planned for January 2022 | Jan-22 | Agenda setting meeting in progress |
| 3 | Agreed accountability framework | Active involvement of Exec and Board Secretary in developing & agreeing at System, Place and PCN level | Jan-22 | Regular meetings with WEC development director and ICS lead and DoS |
| | | WEC development session | Dec-22 | |
| 4 | Renewed HWBB membership understanding / | HWBB governance review & workshop | Nov-22 | |
| | | | | |

**ASSURANCE, RATIONALE AND TIMESCALES**

| CURRENT LEVEL OF ASSURANCE & RATIONALE | PROPOSED LEVEL OF ASSURANCE & TIMESCALES |
|---|---|

| | | | |
|---|---|---|---|
| **Current Level** | 3 | **Proposed Level** | 4 |
| | | **Date** | Apr-22 |
| **Rationale** | Need time for future form model to be agreed. The current interim arrnagements have not been in place long enough to review effectiveness | **Rationale** | Future form model will be agreed and the Trust's position at the ICB confirmed. |

# BOARD ASSURANCE FRAMEWORK
## NOVEMBER 2021

NHS Worcestershire Acute Hospitals NHS Trust

| Risk Number | Theme | Risk Description | Exec Lead | Responsible Committee | Current | | | Change | Previous Risk Rating | Initial Risk Score | Risk appetite | Level of Assurance |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Likelihood | Consequence | Risk Rating | | | | | |
| *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* | *Sort* |
| 18 | Activity | Capacity to increase elective activity, remove long waits and reduce waiting list size, within a reasonable timescale and budget | COO | QGC/F&P | 5 | 5 | 25 | → | 25 | 25 | Low | 5 |
| 7 | Finance | If we fail to address the drivers of the underlying deficit and fail to respond effectively to the new financial regime (post COVID-19), then we will not achieve financial sustainability (as measured through achievement of the structural level of deficit [to be fully determined] ) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures. | CFO | F&P | 5 | 4 | 20 | → | 20 | 15 | Low | 4 |
| 13 | Cyber | If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service. | Chief Digital Officer | F&P | 4 | 4 | 16 | ↓ | 20 | 20 | Low | 3 |
| 16 | Digital | If we do not make best use of technology and information to support the delivery of patient care and supporting services, then the Trust will not be able to deliver the best possible patient care in the most efficient and effective way | Chief Digital Officer | F&P | 4 | 4 | 16 | → | 16 | 20 | Low | 5 |
| 19 | System working | Improving system wide working to enhance patient flow and ensure patient care is provided in the most appropriate environment | COO | QGC/F&P | 4 | 4 | 16 | → | 16 | 16 | Low | 4 |
| 20 | Urgent care | Internal management of urgent and emergency care processes | COO | QGC/F&P | 4 | 4 | 16 | → | 16 | 16 | Low | 4 |
| 3 | Clinical Services | If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes. | CMO/Dir S&P | QGC | 4 | 4 | 16 | → | 16 | 15 | Moderate | 4 |
| 17 | Engagement with staff | If we fail to effectively involve our staff and learn lessons from the management of change and redesign / transformation of services, then it will adversely affect the success of the implementation of our Clinical Services Strategy resulting in missed opportunity to fully capitalise on the benefits of change and adversely impact staff engagement, morale and performance | COO | QGC/P&C | 4 | 4 | 16 | → | 16 | 12 | High | 3 |
| 2 | Engagement with patients, public and partners | If we fail to effectively engage and involve our patients, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust. | DirC&E/CNO | QGC | 4 | 4 | 16 | → | 16 | 12 | Low | 4 |
| 9 | Workforce | If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting in poor patient and staff experience and premium staffing costs. | Director of People and Culture | People and Culture | 5 | 3 | 15 | → | 15 | 15 | Moderate | 4 |
| 14 | Health and Wellbeing | If we do not have the capacity and capacity to implement, or staff do not access, health and wellbeing support then we may be unable to maintain safe staffing levels due to higher rates of absence and staff turnover | Director of People & Culture | People and Culture/Trust Board | 3 | 5 | 12 | → | 12 | 15 | Medium | 4 |
| 4 | Quality | If we do not have in place robust systems and processes to ensure improvement of quality and safety and to meet the national patient safety strategy, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes. | CMO/CNO | QGC | 3 | 4 | 12 | → | 12 | 20 | Low | 4 |
| 10 | Culture | If we fail to sustain the positive change in organisational culture, then we may fail to have the best people which will impede the delivery of safe, effective high quality compassionate treatment and care. | Director of People and Culture | People and Culture | 4 | 3 | 12 | → | 12 | 15 | Moderate | 4 |
| 11 | Reputation | If we have a poor reputation this will result in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care. | Director of Communication and Engagement | People and Culture/Trust Board | 3 | 4 | 12 | → | 12 | 16 | Moderate | 4 |
| 8 | Infrastructure | If we are not able to secure financing then we will not be able, to address critical infrastructure risks as well as maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care. | CFO | F&P | 3 | 4 | 12 | → | 12 | 15 | Low | 4 |
| 15 | Leadership | If we do not have a comprehensive leadership model and plan in place then we may not have the right leadership capability and capacity to deliver our strategic objectives and priorities | Director of People & Culture | People and Culture/Trust Board | 3 | 4 | 12 | → | 12 | 12 | Medium | 4 |

NHS
Worcestershire Acute Hospitals NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D4 |

# Collaborations at ICS level

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

| | | | |
|---|---|---|---|
| **Accountable Director** | Matthew Hopkins, CEO<br>Jo Newton, | | |
| **Presented by** | Jo Newton, Director of Strategy & Planning | **Author /s** | Jo Newton, Director of Strategy & Planning |

| **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 | |

| **Report previously reviewed by** | | |
|---|---|---|
| Committee/Group | Date | Outcome |
| TME | 20 October 2021 | Noted |

| | |
|---|---|
| **Recommendations** | Trust Board is asked to:<br>1. Note progress with provider collaborations at ICS level<br>2. Agree to further capture tactical collaborations<br>3. Approve the MoU with SWFT to become an associate member of an Improvement Collaborative |

| | |
|---|---|
| **Executive summary** | As part of the emergent ICS system, and accelerated by Covid, further collaboration is underway at Place level ie ICS system, Place and District (PCN). This paper seeks to focus on provider collaboration as defined by the NHSE/I guidance published in the summer with a specific recommendation to set up an Improvement Collaborative. |

| **Risk** | | | |
|---|---|---|---|
| **Which key red risks does this report address?** | | **What BAF risk does this report address?** | *3,11 and 19* |

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Assurance Level (x)** | 0 | | 1 | | 2 | | 3 | | 4 | X | 5 | | 6 | | 7 | | N/A | |

| | |
|---|---|
| **Financial Risk** | *State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.* |

| **Action** | | | | | | |
|---|---|---|---|---|---|---|
| **Is there an action plan in place to deliver the desired improvement outcomes?** | Y | | N | | N/A | |
| **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** | | | | | | |

NHS
Worcestershire Acute Hospitals NHS Trust

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| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D4 |

## Introduction/Background

All providers within HW ICS have undertaken collaboration over a number of years to support delivery of their strategic and sustainability agendas. Examples include:

| | Examples |
|---|---|
| Herefordshire & Worcestershire Health and Care trust (HWH&CT) | West Midlands Mental Health alliance |
| SW GP federation (Worcestershire) | Federation of GP practices in South of the county |
| Taurus GP Federation (Herefordshire) | Single federation for all practices |
| Worcestershire Hospitals Acute Trust | Speciality led with Cancer Alliance,UHB, UHCW, WVT for mutual aid, resilience |
| Wye Valley Trust | Member of SWFT group of hospitals |

As part of the emergent ICS system, and accelerated by Covid, further collaboration is underway at Place level ie ICS system, Place and District (PCN). This paper seeks to focus on provider collaboration as defined by the NHSE/I guidance published in the summer with a specific recommendation to set up an Improvement Collaborative.

**NHSE/I Guidance on Provider collaboratives**

The main purpose of Collaboratives is stated to be as follows:

• Reduce unwarranted variation and inequality in health outcomes, access to services and experience

• Improve resilience, for example, by providing mutual aid; and

• Ensure that specialisation and consolidation occur where this will provide better outcomes and value.

## Issues and options

**Action required**

- All Trusts providing acute and mental health services are expected to be part of one or more provider collaboratives by April 2022.
- Community Trusts, Ambulance Trusts and non-NHS providers should be part of provider collaboratives where this would benefit patients and makes sense for the providers and systems involved.
- ICS leaders, Trusts and system partners, with support from NHS England and NHS Improvement regions, are expected to work to identify shared goals, appropriate membership and governance, and ensure activities are well aligned with ICS priorities.

There are three distinct operating models identified in the guidance:

- The less formal 'Provider Leadership Board' where leaders seek to make collective decisions
- Lead Provider Models, where a single provider takes a contractual lead role working with other supporting providers through a contractual relationship,
- A Shared Leadership model where Acute Trusts are managed as separate business units with a single Chair and Chief Executive. The SWFT group that WVT is a member of is a good example

**Progress to date**

Informal networks have existed by speciality for some time eg. the Cancer Alliance and Cardiac networks. Following COVID further strides have been taken to provide mutual aid through networks in Critical care and ME4 (pathology) amongst others.

For collaborations across the HWICS, Appendix 1 details the baseline submission to NHSE/I in September. To note WAHT until recently did not have a formal collaborative as defined under the new guidance. Other examples include active discussions to form a HW MH collaborative, and the existing collaboration between Wye Valley as part of the SWFT group (George Elliot, South Warwickshire and Wye Valley Hospital trusts).

Recent dialogue over the summer with the SWFT group has led to a proposal for Worcestershire Acute NHS trust to join their Improvement collaborative as an Associate member. This is based on:

1) Increased and shared capability in improvement, knowledge sharing and best practice eg theatre productivity, clinical benchmarking
2) Increased efficiency through 'do it once' approach to planning / policy
3) Greater voice for DGH acute trusts to mitigate the approach of predatory tertiary centres in emerging regional/ sub regional networks
4) Fulfils the ICS requirement to be part of a provider collaborative by next April

**Regional perspective**

HW ICS has been buddied with Nottinghamshire ICS as part of regional development support and have met for the first time this month. Opportunities for shared learning were identified and agreement for the need to keep to capturing key collaboratives only. HW ICS strategy leads have been part of the regional provider collaboration development group.

**Considerations at ICS level:**

- Increasingly funding mechanisms and performance frameworks will rely on a clear yet permissive governance arrangements between providers *Review of ICS wide set of guiding principles / MoU where appropriate*
- Increasingly complex arrangements to meet the new landscape require a set of required capabilities to support effective system working *Assessment of capabilities needed, which could be shared, and resource redeployed*
- To date the STP (ICS) has taken a pluralistic approach to collaborations. This focuses on function rather than form. Directors of Strategy will review and recommend an approach to ICS Executive forum in December

Worcestershire Acute Hospitals NHS Trust

| | |
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| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D4 |

| Conclusion |
|---|
| Provider collaborations build on positive working relationships that have previously existed at speciality or trust level. Current guidance encourages further development in this arena. Pending a wider discussion with ICS provider colleagues it is recommended that Worcestershire Acute Hospitals trust forms an improvement collaborative as part of developing stronger relationships with partner trusts |
| Recommendations |
| Trust Board is asked to:<br>1. Note progress with provider collaborations at ICS level<br>2. Discuss any additional collaboratives for consideration<br>3. Approve the MoU with SWFT to become an associate member of an Improvement Collaborative |
| Appendices |

**Appendix 1- baseline ICS assessment**

**Appendix 2 – Confidential paper outlining the proposal from SWFT group (in reading room)**

NHS
Worcestershire
Acute Hospitals
NHS Trust

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|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D4 |

# Appendix 1: Baseline submission to NHSE/I Sept 2021:

### Wye Valley Trust

| Collaboration | Type | Description |
|---|---|---|
| Foundation group (South Warwickshire NHS FT, George Elliot Hospital NHST and Wye Valley NHS Trust) | Shared leadership<br><br>Formed 2016 | Single CEO and chair with each Trust having a managing director and retaining its own board.<br>Cross-ICS collaboration with Wye Valley NHST from the Hereford and Worcester ICS.<br>Common strategic vision to support sustainable local services and to lead integration at Place level by increasing the resilience of Trust leadership and operations.<br>Not expected to progress to transaction. |
| One Herefordshire Partnership | Lead Provider<br><br>Formed 2021 | Includes Wye Valley NHS Trust (as lead provider), Herefordshire Council, General Practice and Herefordshire and Worcestershire Health and Care NHS Trust, working with H&W CCG and Herefordshire HealthWatch<br>Established in shadow form in 2020 moved to provider collaborative 2021<br>Agreed principles and priorities September 2021, Place Plan by end 2021<br>Integrated Care Executive forms sub-group of Partnership and performs dual function as a committee of the WVT Board |

### Herefordshire and Worcestershire Health and Care Trust

| Collaboration | Type | Description |
|---|---|---|
| HWHCT involvement with Birmingham and Solihull mental health collaborative | Provider leadership<br><br>Formed July 2021 | A multi-agency programme board is overseeing the design of a mental health provider collaborative model. The model will remain flexible to ensure alignment with emerging place-based partnerships, regional provider collaboratives and the overarching ICS. The work builds on extensive collaboration and mutual aid developed in response to Covid. |
| Herefordshire and Worcestershire Mental Health Collaborative | Provider leadership<br><br>Shadow form from November following a priority setting and development session in October | The established ICS MH programme board is moving to become a formal ICS MH multi agency collaborative hosted by HW Health and Care Trust. The model will remain flexible to ensure alignment with emerging place-based partnerships, regional provider collaboratives and the overarching ICS. A business case outlining the case for change, governance arrangements (including oversight of the CCG MH programme budget, system performance and quality) and development programme is being compiled for Trust, CCG and system approval in January 2022 |

Worcestershire Acute Hospitals NHS Trust

| | |
|---|---|
| Meeting | Trust Board |
| Date of meeting | 11 November 2021 |
| Paper number | Enc D4 |

**Worcestershire Acute NHS Trust**

| Collaboration | Type | Description |
|---|---|---|
| Improvement Collaborative with SWFT group (South Warwickshire NHS FT, George Elliot Hospital NHST and Wye Valley NHS Trust) | Provider leadership<br><br>Formed 2021 | Cross-ICS collaboration with SWFT group<br>Informal member of improvement group to share best practice and learning across small Acute Trusts. |
| The Integrated Care Collaborative | Provider leadership<br><br>Formed April 2021 | Includes Worcestershire Acute Hospitals Trust (WAHT), Herefordshire and Worcestershire Health and Care NHS Trust (HWACT), Worcestershire Council, Primary care and District/PCN collaboratives<br><br>Emergent collaborative 'Homefirst' to provide joint leadership of urgent and emergency care to improve flow across the system and keep patients safe.<br><br>Informal, terms of reference not approved by boards, but approved by directors in each constituent organisation as a pilot with support from the ICS. |
| Worcestershire Executive Committee | Provider leadership<br><br>Formed 2021 | Includes Worcestershire Acute Hospitals Trust (WAHT), Herefordshire and Worcestershire Health and Care NHS Trust (HWACT), Worcestershire Council and District/PCN collaboratives; and working with H&W CCG and Worcestershire HealthWatch<br>Established as a subcommittee of statutory boards in 2021 prior to determination as a provider collaborative 2022<br>Agreed principles and priorities September 2021, Place Plan by end 2021 |

NHS
Worcestershire Acute Hospitals NHS Trust

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| Meeting | Trust Board |
| Date of meeting | 11th November 2021 |
| Paper number | Enc E |

# Integrated Performance Report – Month 6 2021/22

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

| | | | |
|---|---|---|---|
| **Accountable Directors** | Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Christine Blanchard - 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 |

| **Report previously reviewed by** | | |
|---|---|---|
| Committee/Group | Date | Outcome |
| TME | 20th October 2021 | Approved |
| Finance and Performance | 27th October 2021 | Assured |
| Quality Governance | 28th October 2021 | Assured |

| | |
|---|---|
| **Recommendations** | The Board is asked to<br>• note this report for assurance |
| **Key Issues** | **Emergency and Urgent care and Patient Flow & Capacity**<br>• In what is becoming the new normal, our type 1 hospitals remain firmly in the upper range of the demand profile. The conversion rate to admission also remains consistently high, particularly at the WRH site, requiring us to find beds at a time when patient flow across the local healthcare system continues to be challenging.<br>• Collectively, the majority of indicators used to monitor performance continue to show special cause concern, with the exception of ambulance handovers within 15 minutes and 12 hour trolley breaches which have returned to common cause variation.<br>• Total discharges and transfers, discharges before midday and average length of stay continue to remain stable; however, it would require a significant step change to the healthcare system's capacity to support discharging medically fit patients more quickly and therefore create the available beds in our hospitals to address the current demand.<br>• Despite these pressures, the Trust remains committed to ring-fencing the 49 beds for COVID patients and the 65 G&A beds for elective patients across the Alexandra and Worcestershire Hospital sites.<br><br>**Recovery and restoration of the elective programme including Outpatients and Diagnostics**<br>• Referrals from primary care continue to drive up the RTT waiting list which is validated at 57,252 in Sept-21.<br>• 2,280 of our long wait patients have been waiting 78 weeks or more with 240 of that cohort waiting over 104 weeks, noting that 174 of the |

240 are waiting for orthodontic treatment.

- Activity levels for diagnostic tests are up by 7% and at their highest level since Feb 2020. This increase in activity and a reduction in new referrals does mean that the waiting lists are down across all modalities, but the proportion of patients breaching 6 weeks hasn't reduced at the same rate, resulting in static DM01 performance.
- Although unvalidated, the H1 targets for total outpatient and consultant-led first and follow-up outpatient attendances have been achieved both in month and for H1 (April to September).
- The total elective spells (7,323) in the month was above the H1 target and the overall unvalidated performance for H1 (April to September) stands at a total of 41,827 elective spells which is 932 cases above plan and 89% of 19/20 activity for the same period.
- Early indications are that the re-implementation of the text reminder service is having the desired effect and DNA rates for outpatient appointments are starting to reduce.

**People and Culture**
Workforce continues to be a key risk to the restoration of services as we continue to see higher levels of sickness absence (both covid and non-covid), higher levels of maternity leave and an increase in unfilled shifts through bank and agency (equivalent to 43 WTE this month).

In addition we have seen an increase in our staff turnover rate in the last few months which is now at 10% - this is mainly being driven by the unregistered workforce as there are a range of alternative roles available in the marketplace for healthcare assistants and admin and clerical staff.

We are working with system partners to focus on the recruitment and retention of the unregistered workforce.

**Our Financial Position**
**2021/22 Financial Plan H1 (Apr-Sept) H2 (Oct-March 22)**
Both the ICS and the Trust continue to work on the H2 (October-March) plan with guidance being issued on Thursday 30th September

**Overview of Finance Position | Month 6 September 2021**
The Trust's Income & Expenditure position in month 6 is a deficit of £(0.9)m, against a £(0.2)m Plan, thus £(0.7)m adverse to the operational plan in month.

At the end of M6 (April 21 – September 21) YTD is also a deficit of £(0.9)m against the H1 plan £1.1m surplus, an adverse variance of £(1.9)m

**Covid Expenditure**
Year to date spend is £(5.4)m against a plan of £(4.9)m adverse by £(0.5)m.

NHS
Worcestershire Acute Hospitals NHS Trust

| | |
|---|---|
| Meeting | Trust Board |
| Date of meeting | 11th November 2021 |
| Paper number | Enc E |

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|---|---|
| | **Cash**<br>Good cash balances continue, rolling forecasting well established and will be updated to reflect H2 I&E forecast as soon as figures have been agreed, achieving BPPC target, positive Statistical Process Control "SPC" trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.<br><br>**Capital**<br>Year to date capital expenditure to month 6, 2021/22 is £7.253m. We have adjusted the full year forecast spend including IFRIC 12 for the remaining expenditure for the ASR project £14m into 2022/23 to £44.371m (was £58.343m at month 5). The full year value includes the £6.655m of PDC funding received for the Community Diagnostic Hub (CDH). The formal PDC award has been received and confirmed.<br><br>We have reinforced oversight following discussion with the CEO with the CFO to chair the Capital Planning and Delivery Group and with the appointment of an experienced Programme Director for the major Estates Projects of the UEC & CDH and future Theatres. |

| **Risk** | | | |
|---|---|---|---|
| **Which key red risks does this report address?** | | **What BAF risk does this report address?** | 2, 3, 4, 5, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **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 |
| **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 |
|---|
| The Board is asked to<br>• note this report for assurance |
| **Appendices** |
| ▪ Trust Board Integrated Performance Report (Sep-21 data)<br>▪ WAHT September 2021 in Numbers Infographic<br>▪ LMNS Dashboards (Aug-21 data)<br>▪ Committee Assurance Statements |

# Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

## Trust Board

## 11th November 2021

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

# Operational Performance

# Summary Performance Table | Month 6 [September] 2021-22

| | Performance Metrics | Latest Month | Measure | Target | Performance | Assurance | Mean | Lower process limit | Upper process Limit |
|---|---|---|---|---|---|---|---|---|---|
| EAS | Percentage of Ambulance handover within 15 minutes | Sep-21 | 52.78% | - | | - | 67% | 52% | 81% |
| | Time to Initial Assessment - % within 15 minutes | Sep-21 | 72.40% | - | L | - | 86% | 81% | 92% |
| | Average time in Dept for Non Admitted Patients | Sep-21 | 251 | - | H | - | 195 | 167 | 223 |
| | Average time in Dept for Admitted Patients | Sep-21 | 609 | - | H | - | 400 | 302 | 498 |
| | % Patients spending more than 12 hours in A&E | Sep-21 | 10.00% | - | | - | 0.05 | 0.01 | 0.08 |
| | Number of Patient spending more than 12 hours in A&E | Sep-21 | 1,211 | - | | - | 521 | 196 | 846 |
| RTT | Incomplete (<18 wks) | Sep-21 | 52.95% | 92% | L | F | 71% | 67% | 76% |
| | 52+ WW | Sep-21 | 6,399 | 0 | H | F | 1629 | 1,068 | 2,190 |
| CANCER | 2WW All | Sep-21 | 59.96% | 93% | L | ? | 82% | 65% | 98% |
| | 2WW Breast Symptomatic | Sep-21 | 77.24% | 93% | | F | 42% | -8% | 92% |
| | 62 Day All | Sep-21 | 55.53% | 85% | L | F | 68% | 53% | 83% |
| | 104 day waits | Sep-21 | 119 | 0 | L | F | 53 | 14 | 93 |
| | 31 Day First Treatment | Sep-21 | 90.74% | 96% | L | ? | 95% | 86% | 104% |
| | 31 Day Surgery | Sep-21 | 95.00% | 94% | | ? | 85% | 58% | 112% |
| | 31 Day Drugs | Sep-21 | 98.20% | 98% | L | ? | 90% | 71% | 109% |
| | 31 Day Radiotherapy | Sep-21 | 100.00% | 94% | | ? | 97% | 80% | 114% |
| | 62 Day Screening | Sep-21 | 77.00% | 90% | | ? | 71% | 29% | 114% |
| | 62 Day Upgrade | Sep-21 | 100.00% | 90% | L | ? | 76% | 42% | 111% |
| Diagnostics (DM01 only) | | Sep-21 | 52.09% | 99% | L | F | 75% | 62% | 88% |
| STROKE | CT Scan within 60 minutes | Aug-21 | 35.48% | 80% | L | F | 42% | 14% | 70% |
| | Seen in TIA clinic within 24hrs | Aug-21 | 70.49% | 70% | L | ? | 83% | 47% | 119% |
| | Direct Admission | Aug-21 | 20.97% | 90% | L | F | 41% | 11% | 72% |
| | 90% time on a Stroke Ward | Aug-21 | 71.67% | 80% | L | ? | 72% | 50% | 95% |

# Data Quality Risk Matrix – Operational Performance

| Data Set | Includes | Likelihood | Impact | Total Score | Context |
|---|---|---|---|---|---|
| Urgent Care | • EAS<br>• EAS Type 1<br>• Total Time in A&E<br>• Bed Capacity<br>• 30 day re-admission rate<br>• Aggregated patient delay<br>• Conversion Rate<br>• 15 minute time to triage | 2 | 3 | 6 | These metrics have regular scrutiny including at patient level. There are audits completed so are calculations based on metrics further down the list. |
| Urgent Care Exception | Ambulance Handover | 2 | 2 | 4 | We use WMAS data to report on handovers. This data is audited regularly and although there are on the odd occasion differences of 1 or 2 ambulances these are over the change of midnight. |
| | 12 Hour Trolley Breaches | 4 | 2 | 8 | These are reviewed at patient level daily but we still have a number of patients where DTA times are incorrectly recorded, thus indicating a breach which is then validated off and the patient record amended. This has been an issue for a number of years.<br><br>**Mitigation:** Identify a new location for the data that keeps erroneously being entered, and refresh the knowledge of the standard operating procedure. |
| | Specialty Review | 4 | 2 | 8 | There are several issues with this data. Timeliness of data capture, accurate data capture of referrals and in particular missing times of arrival. The issue is the allocation of a responsible person(s) for capturing accurate times. This has been an issue for a number of years.<br><br>**Mitigation:** No clear mitigation until a deep dive has been reviewed in Home First Board. |
| | Discharges (including Discharges before midday) | 3 | 3 | 9 | This does not impact the patient. This data quality score impacts the ability for the Trust to manage beds using our clinical systems. Whether a patient has been discharged predominantly is shared verbally as opposed to using the real time data from the patient administration system. Timeliness is impacted by administrative staff not being available (particularly during the evening), complexity with the electronic discharge documentation and system configuration.<br><br>**Mitigation:** A review of administrative cover to be completed and potential improvements to be made as part of the Digital DCR Programme, but impact may not been seen until implementation. |

# Data Quality Risk Matrix – Operational Performance

| Data Set | Includes | Likelihood | Impact | Total Score | Context |
|---|---|---|---|---|---|
| Cancer | • 2WW Referrals<br>• 2WW All<br>• 2WW Breast Symptomatic<br>• 31 Day All<br>• 62 Day All<br>• 62+ day<br>• 104+ day | 2 | 3 | 6 | Cancer Services data has recently been reviewed externally and was rated good. The data is captured in a timely manner and is complete. |
| RTT | • % Within 18 weeks<br>• 40-52 weeks wait<br>• 52+ weeks wait<br>• RTT Referrals | 3 | 4 | 12 | There are several small issues in RTT waiting list management and reporting. However these collectively have resulted in some patients not being managed effectively; and long waits not being transparent facilitating the potential for harm.<br><br>**Mitigation:** We have been undertaking a systematic review of reporting which will be accompanied by a training programme to ensure that patients are managed in compliance with RTT rules. This will be in place by the end of June 2021 and after a period of testing it is expected that this score would decrease to no more than 4.There is also a national data quality programme on waiting lists which will support Trusts with planning data quality improvements where needed. This will include NON RTT' |
| Theatre Utilisation | • % Actual theatre sessions<br>• Day cases on elective sessions (n)<br>• Elective on Elective sessions (n)<br>• Non-elective and Emergencies on elective sessions (n)<br>• % rebooked within 28 days | 3 | 1 | 3 | Although data quality is possible, the impact is more on the performance reporting than a risk to the patient hence the consequence score is a 1. |
| Theatre Utilisation Exception | • % Cancellation on the day | 3 | 3 | 9 | The cancellation process is quite complex and involves a number of clinical systems for the data to be captured across. This means that data capture issues are possible and the impact on the patient could mean that they are not invited back for Surgery.<br><br>**Mitigation:** There is a detailed report which highlights potential data quality issues that should be reviewed regularly by operational colleagues. |

# Data Quality Risk Matrix – Operational Performance

| Data Set | Includes | Likelihood | Impact | Total Score | Context |
|---|---|---|---|---|---|
| Diagnostics | • Radiology waiting list size<br>• Radiology Activity<br>• Endoscopy waiting list size<br>• Endoscopy Activity | 2 | 3 | 6 | Detailed scrutiny at patient level regularly by the Division.<br>Mitigation : Detailed reporting including potential data quality errors on WREN. |
| Stroke | • % patients spending 90% of time on stroke unit<br>• % seen in TIA clinic within 24 hours<br>• % Direct admission to stroke ward<br>• % CT Scan within 60 mins | 1 | 3 | 3 | The data is scrutinised heavily by the Division and underwent a significant review within the last 2-3 years so currently there are no known issues.<br>An audit of Stroke will occur again within the next financial year. |

# Operational Performance Report - Headlines

| Operational Performance | Comments |
|---|---|
| **Urgent and Emergency Care** | • In Sep-21, the Trust saw an increase in the number of patients attending our type 1 sites to 12,882 – this volume of attendances is still in excess of historic seasonal variation (average of 11,194 across Sep-19 and Sep-20). Children and young people attendances contributed 25% of the total (having been 20% in Aug-21); this is 1,831 attendances and the second highest ever.<br>• The trend of special cause concern for the majority of front door metrics continues as the high volume of attendances and subsequent need for admission to the hospital hasn't changed. |
| **Patient Flow and Capacity** | • 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.<br>• Discharges before midday remained static but those patients still on the ward 24 hours after being assessed medically fit for discharge (MFFD) has plateaued and is still special cause concern.<br>• The number of long length of stay patient increased from 53 on the last day of August to 65 on the last day of September; 23 of the 65 were flagged as MFFD. |
| **Cancer** | • **Long Waits:** The backlog of patients waiting over 62 days has increased to 363 from 323 and those waiting over 104 days has increased from 96 to 119, with lower GI and urology contributing the most patients to this cohort.<br>• Cancer referrals in Sep-21 have increased from Aug-21 and are the highest on record. All specialities have seen an increase and, particularly for Lower GI, Skin and Breast, continuing the trend of excess of existing capacity. More 2WW patients were seen in Sep-21 than any month on record but conversely this was our worse month for not seeing patients within 14 days.<br>• Breast (71%) and Breast Symptomatic (77%) patients seen within 2 weeks continues with the predicted recovery trajectory in Sept-21; however achieving 93% is now at risk due to the increase in referrals to the Breast service with the Directorate bringing planned WLI clinics forward to attempt to mitigate this.<br>• Cancer 62 day waits continues to show special cause concern with only 55% of patients starting treatment within 62 days due to delays in the 2WW and diagnostics elements of the pathway.<br>• The delays are impacting the 31 day standard of treatment from decision to treat which is also showing special cause concern and below the 96% standard. |
| **RTT Waiting List** | • **Long Waits:** Our patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (4,119), between 78 and 104 weeks (2,040) and those waiting over 104 weeks (240). Of the 240 patients waiting over 104 weeks, 174 are waiting for orthodontic treatment. All are increases on the previous month.<br>• The RTT waiting list size remains a cause for concern having increased again to 57,252. Although Advice and Guidance and RAS triage is offsetting some new referrals, our waiting list is growing month on month with the number of referrals being received remaining high. |
| **Outpatients** | • **Long Waits:** There are 30,060 RTT patients waiting for their first appointment and only 7,727 of them have been dated.<br>• Sep-21 saw 42,344 outpatient attendances take place (consultant and non-consultant led) meaning the H1 month target has been met (+4,483). Comparing to Sep-19 shows we undertook approximately 87% of historic activity levels and 82% of 19/20 activity levels comparing April to September.<br>• Total consultant-led first and follow-up outpatient attendances were also above the H1 target in Sep-21. However, despite this achievement, non-face-to-face activity remained below plan.<br>• Although we are increasing our activity and are in line with plan, the number of patients waiting for their first outpatient appointment is increasing. |
| **Theatres** | • In Sep-21, we achieved the combined day case and elective inpatient H1 target (+76 to plan), are +909 to the April to September plan and at 89% of 19/20 activity levels.<br>• 10 eligible patients who had their operation cancelled were not rebooked within 28 days in Sep-21; however 15 patients were.<br>• The Independent Sector and with mutual aid support from Wye Valley Trust, undertook 133 day cases, 2 EL ordinary and 207 diagnostic tests.<br>• Vanguard theatre activity started on 1st September and we undertook 106 procedures across the following specialties - General Surgery, Gynaecology, T&O, Urology and Vascular Surgery |
| **Diagnostics** | • **Long Waits:** 6,261 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 2,898 have been waiting over 13 weeks. 54% are attributable to DEXA and echocardiography.<br>• Activity in Sep-21 were at their highest since Feb-20 across our modalities; however the combination of reducing waiting list and fewer referrals means the proportion of breaches remains the same and there is no significant change in DM01 waiting time performance. |

# Operational Performance: Urgent and Emergency care

| Percentage of Ambulance handover within 15 minutes | Time to Initial Assessment - % within 15 minutes | Time In Department | | | |
|---|---|---|---|---|---|
| | | Average (mean) time in Dept. for Non Admitted Patients | Average (mean) time in Dept. for Admitted Patients | % Patients spending more than 12 hours in A&E | Number of Patient spending more than 12 hours in A&E |
| 52.78% | 69.76% | 246 | 569 | 8.44% | 1,016 |

**What does the data tell us?**

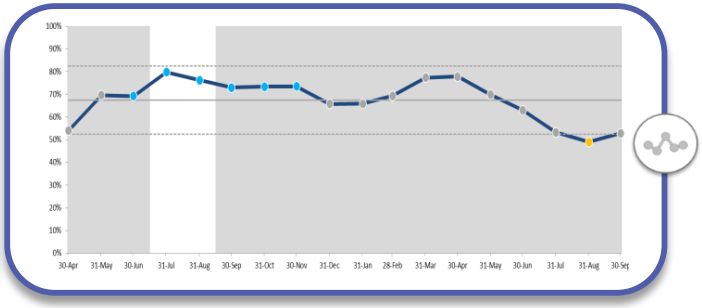
- **Urgent Care Indicators –** slide 9 highlights the continued pressure faced by the Trust during Sep-21 with 5 of the 6 metrics showing special cause concern (outside the control limits) for the month. Time to initial assessment within 15 minutes is the only metric to return to common cause variation.
- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs was 71.43% in Sept-21 – this is the fourth month of special cause concern in the context of attendances across all settings remaining significantly high at 18,178
- **EAS Type 1 –** EAS performance at WRH dropped to below 60% for the third month in a row at 58.08% with the attendances at 7,634; there were 3,200 4 hour breaches. The ALX EAS performance remains below 70% at 62.23% with the attendances at 5,248; there were 1,982 4 hour breaches. Total Type 1 attendances across ALX and WRH were 12,882, 541 more attendance from Aug-21 but indicative of the sustained pressure on our emergency departments.
- **CYP Attendances**: The proportion of total attendances to WRH in Sept-21 who were children and young people increased to 25% from 20% in Aug-21. This is the third month since Jan-21 where total paediatric attendances have been special cause concern, outside of the control limits. 24% of all paediatric attendances arrived by ambulance remaining within expected levels.
- **Ambulance Handovers** - There were 715 x 60 minute ambulance handover delays with breaches at both sites – this is an decrease in breaches from Aug-21 is significant and is linked to the capacity, flow and numbers of patients in our ED's which prevented timely offloading.
- **12 hour trolley breaches –** There were 36 validated 12 hour trolley breaches in Sept-21 – this remains a special cause concern for our processes.
- **Specialty Review times** – Specialty Review times are now highlighted as a cause for concern with 10 consecutive months below the mean; the target cannot be met.
- **Total Time in A&E:** The 95$^{th}$ percentile for patients total time in the Emergency departments has decreased from 1084 in Aug-21 to 962 in Sept -21. This metric shows special cause variation because the last 9 months have been above the mean and Jul-21 is outside of the upper control limit.
- **Conversion rates** – 3,438 patients were admitted in Sept-21; a Trust conversion rate of 27.31%. The conversion rate at WRH was 29.39% and the ALX was 24.41%.
- **Aggregated patient delay** (total time in department for admitted patients only per 100 patients – above 6 hours) – this indicator continues to show special cause concern for Sept-21 both because the Sept-21 value is above the upper control limit and it's the 9$^{th}$ month in a row above the mean.

# Month 6 [September] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for September-21 as 12th October 2021

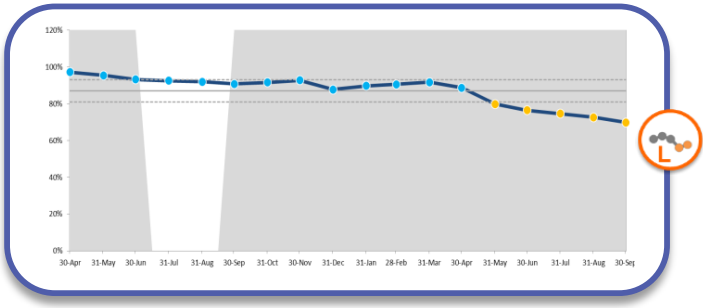
**Percentage of Ambulance handover within 15 minutes**

52.78%



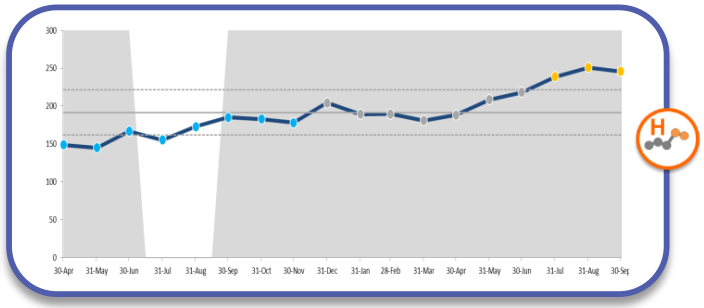
**Time to Initial Assessment - % within 15 minutes**

69.76%



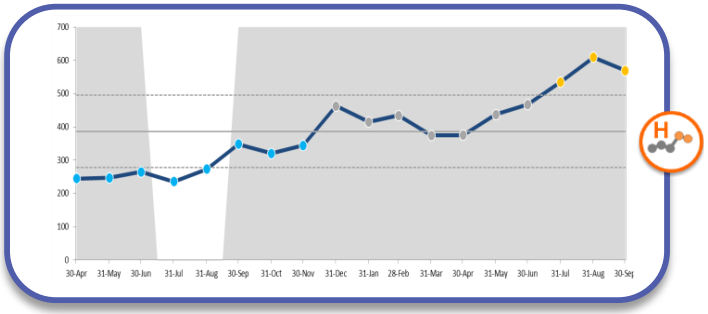
**Average time in Dept for Non Admitted Patients**

246



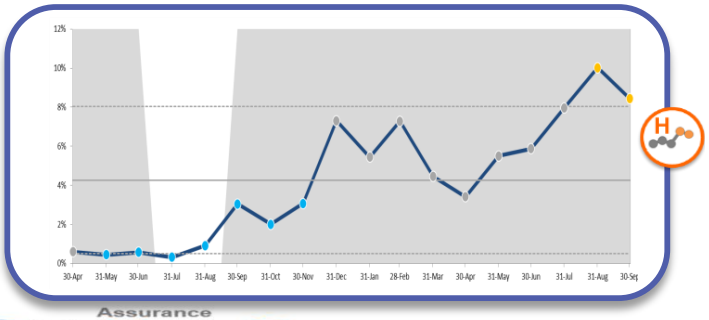
**Average time in Dept for Admitted Patients**

569



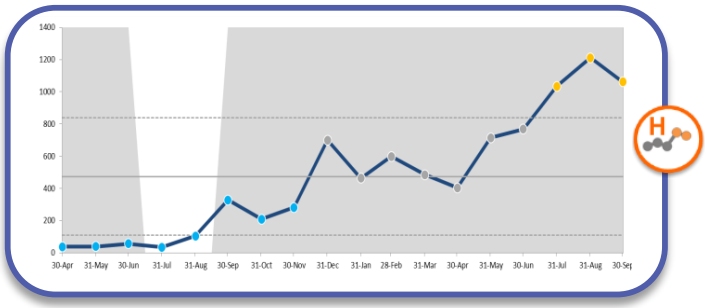
**% Patients spending more than 12 hours in A&E**

8.44%



**Number of Patients spending more than 12 hours in A&E**

1,062




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.

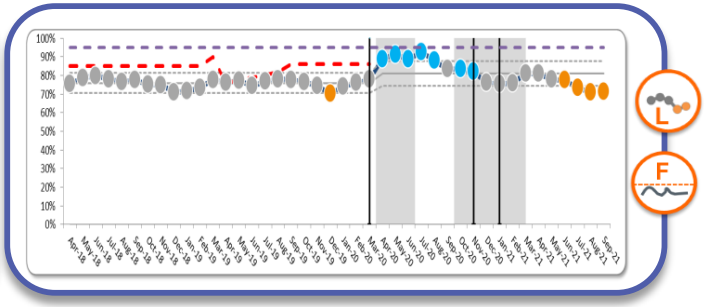
# Month 6 [September] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for September-21 as 12th October 2021

Worcestershire Acute Hospitals NHS Trust

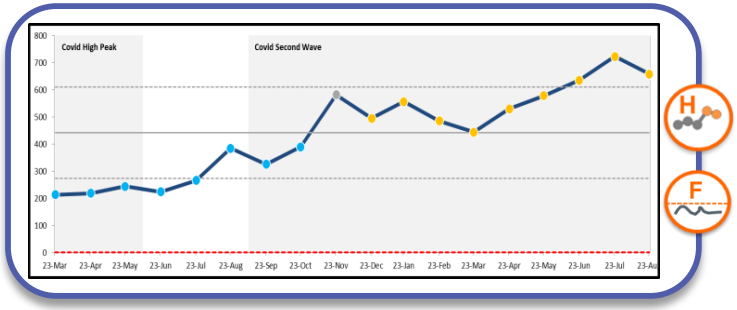
**4 Hour EAS (all)**

71.43%



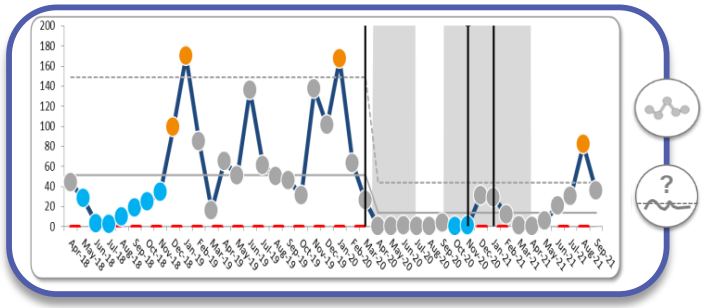
**Aggregated Patient Delay (APD)**

657



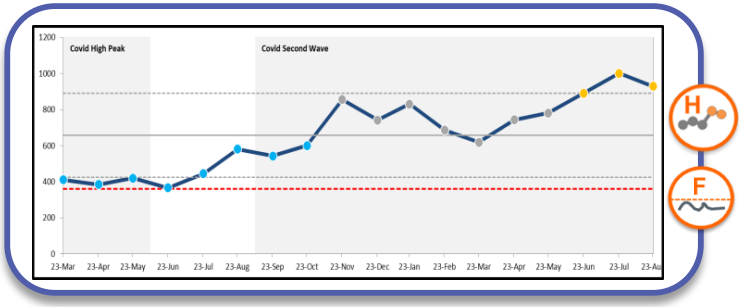

**12 Hour Trolley Breaches**

36



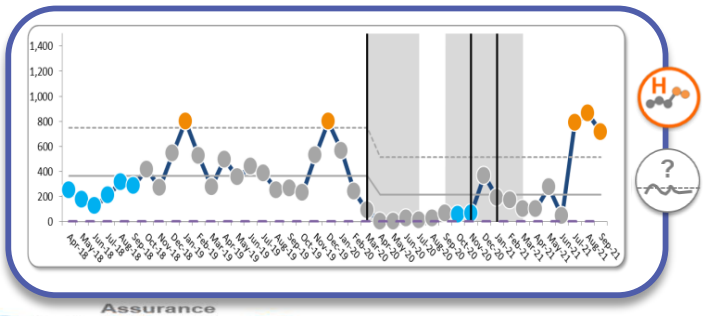
**Total time spent in A&E (95th Percentile)**

962



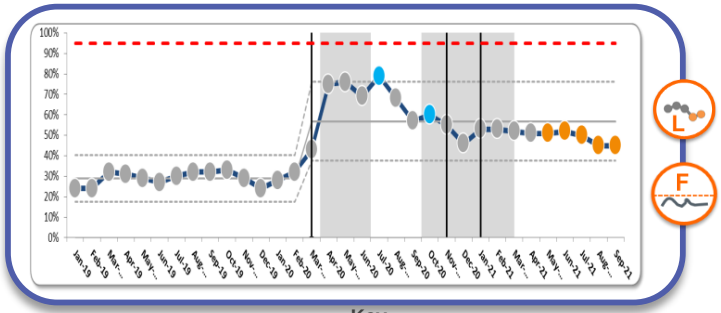

**60 minute Ambulance Handover Delays**

715



**Specialty Review within 1 hour**

45%



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

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

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

# Operational Performance: Urgent Care Benchmarking

2.4 - Complete the implementation of Home First Worcestershire to eradicate corridor care and minimise ambulance handover and admission delays

**National Benchmarking (September 2021)**

**EAS (All)** -The Trust was one of 3 of 13 West Midlands Trust which saw a increase in performance between Aug-21 and Sep-21 This Trust was ranked 7 out of 13; where we were 8th the previous month. The peer group performance ranged from 55.52% to 84.22% with a peer group average of 68.79%; Declining from 70.33% the previous month. The England average for Sep-21 was 75.20% a 5.2% increase from 70.00% in Aug-21.

**EAS (Type 1)** - The Trust was one of 10 of 13 West Midlands Trust which saw a Decrease in performance between Aug-21 and Sep-21 This Trust was ranked 8 out of 13; no change from the previous month. The peer group performance ranged from 50.45% to 79.61% with a peer group average of 58.72%; declining from 59.83% the previous month. The England average for Sep-21 was 64.00% a -6.0% decrease from 70.00% in Aug-21.

In September-21, there were 5,025 patients recorded as spending >12 hours from decision to admit to admission. 36 of these patients were from WAHT; 0.71% of the total.

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

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

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

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

WAHT — Operational Standard 95%

# Operational Performance: Patient Flow and Capacity

2.4 - Complete the implementation of Home First Worcestershire to eradicate corridor care and minimise ambulance handover and admission delays

| Discharges before Midday | | | | Number of patients with a long length of stay (21+ days) | | | | Overnight Bed Capacity Gap (Target – 0) | Average length of stay in hospital at discharge (non-covid) | | | | 30 day re-admission rate (Sept-21) | Discharges as a % of admissions IP only (Target >100%) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| WRH | 21.10% | ALX | 20.68% | WRH | 13 | ALX | 7 | Beds | WRH | 5.8 | ALX | 4.8 | 2.90% | WRH | 20.7% | ALX | 13.7% |

**What does the data tell us?**

- **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 As at the last day of the month, the number of patients with a length of stay in excess of 21 days increased from 53 (31-Aug-21) to 65 with 23 patients deemed medically fit for discharge.
- **Bed Capacity** - Our G&A bed base is 752; with 49 beds ring-fenced to Covid patients and 65 to elective patients and the average midnight occupancy was 86.82%.
- **Medically Fit Patients** – for the 8th consecutive month, the number of MFD patients still on our wards 24 hours after becoming medically fit is showing special cause concern, and the last four months are showing as outside of the upper confidence interval.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 5.1 days in Sept-21 but is the 7th consecutive month where it's above the mean.
- **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.

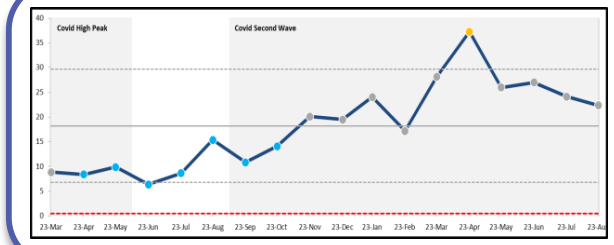
| | |
|---|---|
| **Current Assurance Level: 5 (Sep-21)** | **When expected to move to next level of assurance:** This is dependent on the on-going management of the increase attendances and achieving operational standards. |
| **Previous assurance level: 5 (Aug-21)** | **SRO: Paul Brennan** |

# Month 6 [September] | 2021-22 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for September-21 as 12th October 2021

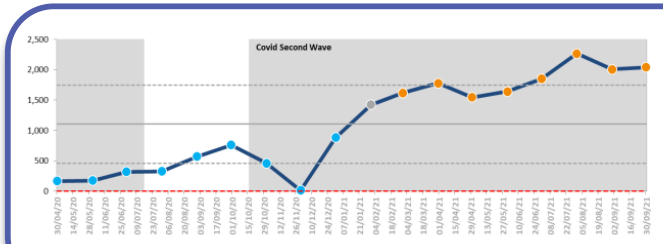
**Capacity Gap (Daily avg. excl. EL)**

21.8



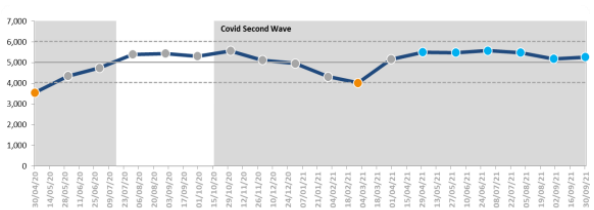

**MFFD patients still on the ward 24hrs after becoming MFFD**

2040



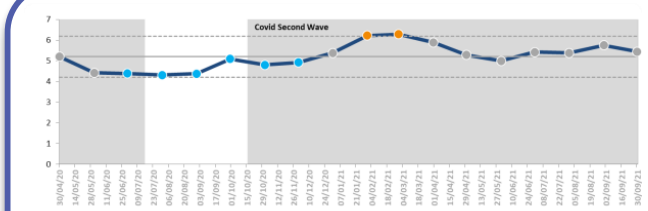

**Total Discharges and Transfers**

5,265



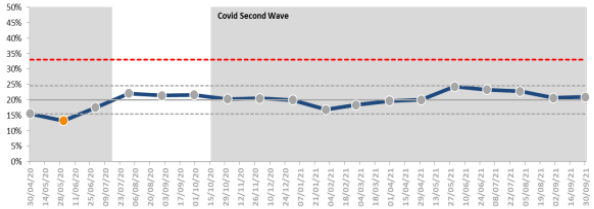

**Average Length of Stay in Hospital at Discharge (non-covid wards)**

5.1



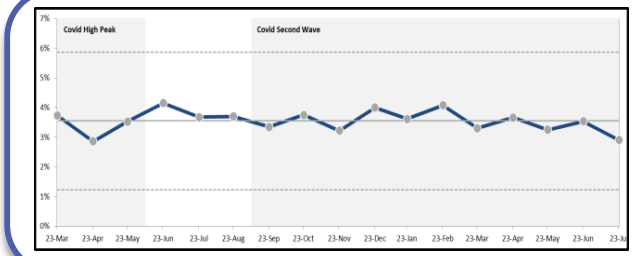

**% Discharges before midday (non-covid wards)**

20.93%




**30 day readmission rate for same clinical condition**

2.90%





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

# Operational Performance: Cancer

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

| Cancer Referrals | Patients seen within 14 days (All Cancers) | | Patients seen within 14 days (Breast Symptoms) | | Patients told cancer diagnosis outcome within 28 days (FDS) | | 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2,875 | 59.96% | 2,540 seen | 77.24% | 123 seen | 63.09% | 2,362 told outcome | 90.74% | 324 treated | 55.53% | 190 treated | 3,072 | 361 | 119 |

**What does the data tells us?**

- **Referrals:** There was a 23% increase from the previous month in overall referral numbers, to the highest ever at 2,875. All specialties saw an increase with the largest, by volume, increases in Breast, Lower GI and Skin.
- **2WW:** The Trust saw 59.96% of patients within 14 days. Of the 1,017 breaches, 731 were attributable to Skin. Across all tumour sites, 104 2WW breaches were due to patient choice and 894 due to the Trust's capacity issues. For the sixth month, this performance is special cause concern as a result of the high number of breaches, with the gains made in Breast (up to 71% from 52% in Aug-21) being offset by skin reducing to 5.2%, with only 38 patients were seen within 2 weeks, noting however, 740 patients being seen in total.
- **2WW Breast Symptomatic:** The Trust's waiting time performance remained in normal variation at 77.24% with 123 patients seen, the highest in the last 18 months.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75%.
- **31 Day:** Of the 324 patients treated in Sep-21, 294 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This unvalidated performance is currently below the CWT target of 96% and showing special cause concern for the second month in a row.
- **62 Day:** There have been 190 recorded first treatments in Sep-21 to date and 55.53% within 62 days. This remains special cause concern for the second month and the 85% target remains not achievable.
- **Cancer PTL:** As at the 4th October there were 3,072 patients on our PTL with 141 having been diagnosed and 1,797 still suspected. The remaining 1,134 patients were between 0-14 days.
- **Backlog:** The number waiting 62+ days for their diagnosis has been increased from 323 at the end of Aug-21 to 361 at the end of Sep-21; the number of patients waiting 104 days or more is119, an increase from 96 patients at the end of Aug-21 and is showing as a special cause concern again.

**What have we been doing?**

- **Do what we say we will do:** Breast 2ww achieved its forecast of 75% in September 2021, however a sustained surge in referrals over a period of 5 weeks since the start of September has now resulted in the service polling at day 16 with performance now in jeopardy. The Directorate is working to bring planned WLI clinics forward to mitigate but a revised trajectory is expected with a delay to performance being achieved.
- Skin 2ww performance for September remained consistent with August despite another record high levels of referrals received. Focus remains on the recruitment of the two consultant gaps whilst continuing to provide WLI's where possible.
- **No delays, every day:** Additional Remedial Action Plans (RAP's) received with first challenge at new look PTL meetings (see below), though PMG cancelled w/c 11/10/2021 due to level 4 pressures.
- **We listen, we learn, we lead:** Revised structure for the fortnightly PTL meetings implemented week commencing 04/10/2021 with Directorates presenting their performance and plans for improvement.
- **Work together, celebrate together:** Work has commenced on the teledermatology project which should see a reduction in inappropriate 2ww Skin referrals via the use of dermatoscopes in primary care.

**What are we doing next?**

- **Do what we say we will do:** Cancer escalation policy in review to further enhance the timeliness of alerting Directorates that interventions are required along both the diagnostic and treatment elements of the pathways.
- **No delays, every day:** Additional weekly PTL meetings between Cancer Services and specific specialties to focus on the 0-28 day patients on the PTL with a view to saving breaches and improving performance going forwards.
- **We listen, we learn, we lead:** Revised structure for the true amalgamation of the Cancer Services and 2ww Booking Office completed, with consultation document submitted to HR for review and revised job descriptions submitted for banding.
- **Work together, celebrate together:** Further work ongoing to develop an ICS approach to capacity and demand analysis for cancer.

| Current Assurance Levels (Sep-21) | Previous Assurance Levels (Aug-21) |
|---|---|
| 2WW – Level 5 | 2WW - Level 5 |
| 31 Day Treatment - Level 5 | 31 Day Treatment - Level 5 |
| 62 Day Referral to Treatment – Level 5 | 62 Day Referral to Treatment - Level 5 |

**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. Improvements in 2WW are expected to be realised in October as a result of Breast services clearing their current backlog and the required 62+ day backlog reduction is to be delivered in Mar-22.

**SRO:** Paul Brennan

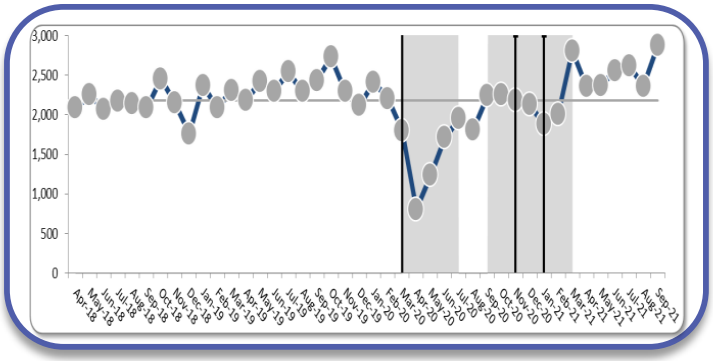
# Month 6 [September] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for September-21 as 3rd November 2021

NHS Worcestershire Acute Hospitals NHS Trust

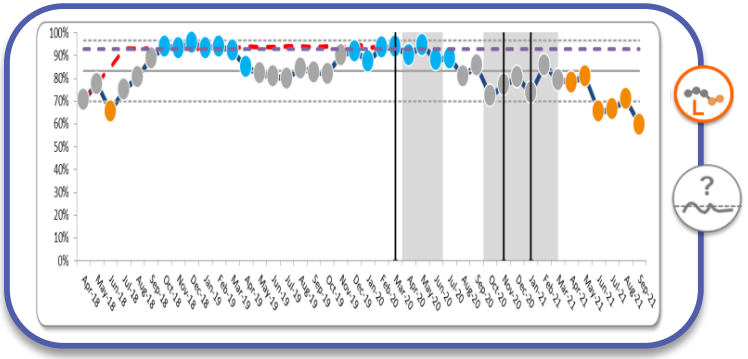
**2WW Referrals**

2,875



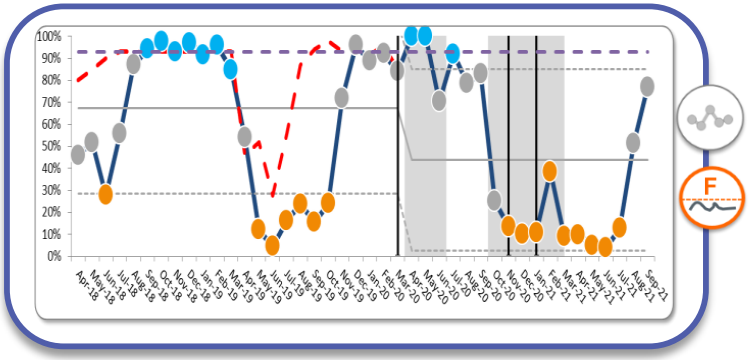
**Cancer 2WW All**

59.96%



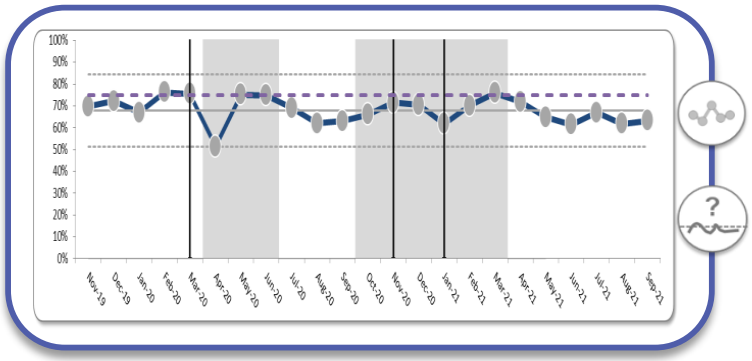
**Cancer 2WW Breast Symptomatic**

77.24%



**Cancer 28 day FDS**

63.12%



**Key**

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

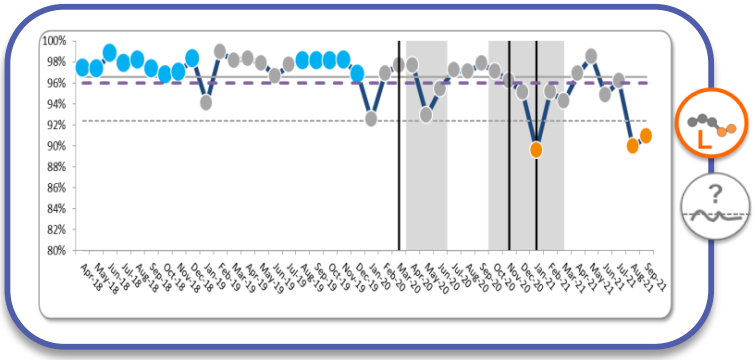

Please note: The **2WW Breast Symptomatic** SPC chart has been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

# Month 6 [September] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for September-21 as 3rd November 2021

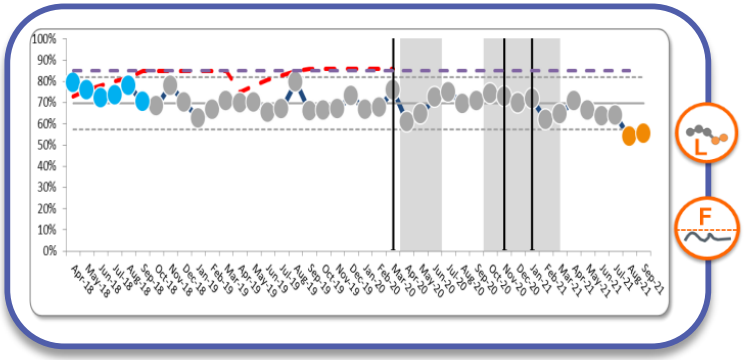
**Cancer 31 Day All**

90.74%



**Cancer 62 Day All**

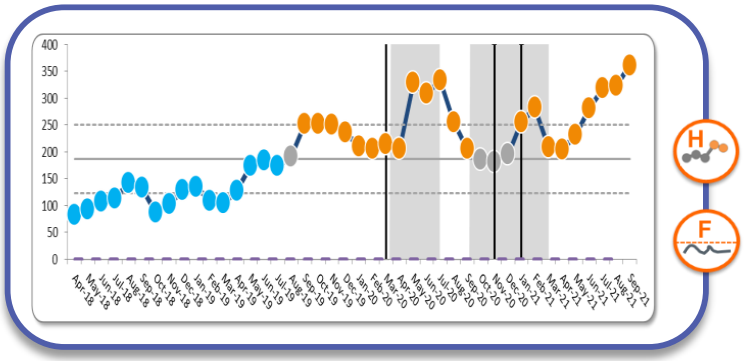
55.53%



*Please note that % axis does not start at zero.*

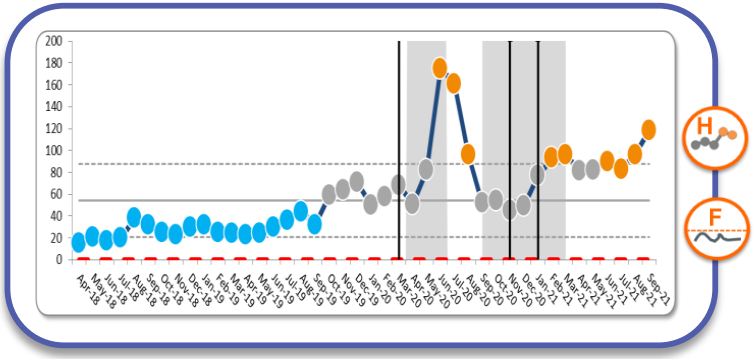
**Backlog Patients waiting 62 day or more**

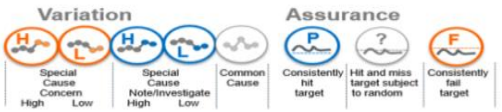
361



**Backlog Patients waiting 104 day or more**

119






**Key**

- Internal target
- Operational standard

Lockdown Period

COVID Wave

# Operational Performance: Cancer Benchmarking

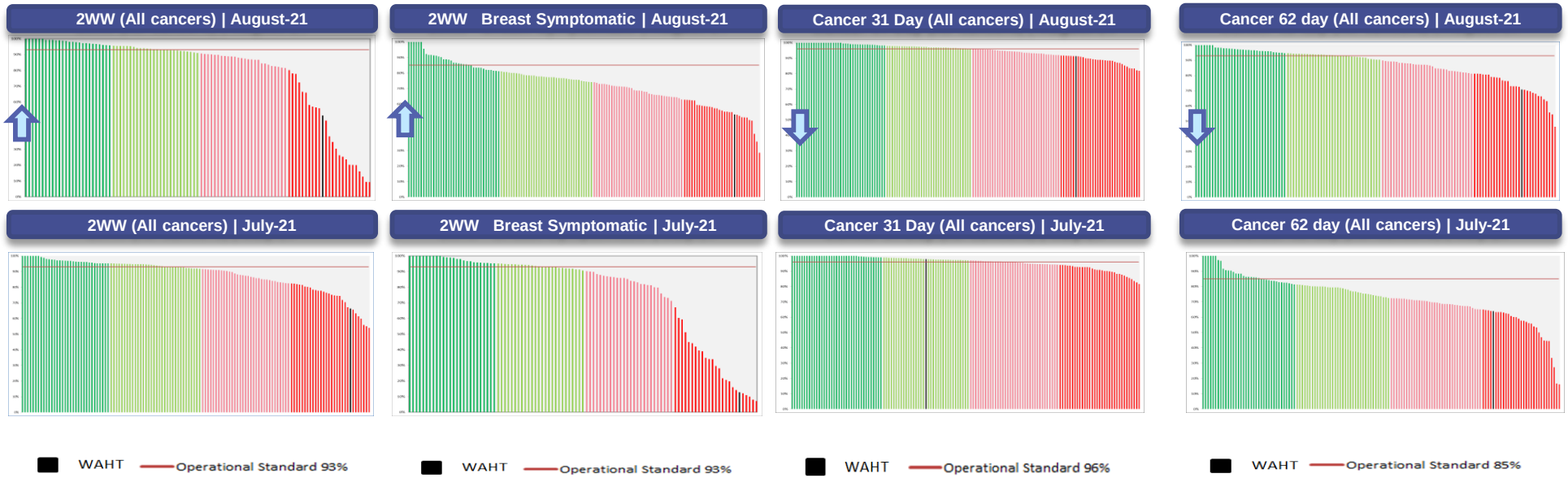
**National Benchmarking (August 2021)**

**2WW:** The Trust was one of 7 of 13 West Midlands Trust which saw a increase in performance between Jul-21 and Aug-21 This Trust was ranked 12 out of 13; where we were 13 previous month. The peer group performance ranged from 66.29% to 93.83% with a peer group average of 84.39%; declining from 85.14% the previous month. The England average for Aug-21 was 84.68% a -0.9% decrease from 85.63% in Jul-21.

**2WW BS:** The Trust was one of 10 of 13 West Midlands Trust which saw a increase in performance between Jul-21 and Aug-21 This Trust was ranked 11 out of 13; where we were 12 previous month. The peer group performance ranged from 9.38% to 99.02% with a peer group average of 79.82%; improving from 73.28% the previous month. The England average for Aug-21 was 79.05% a 4.3% increase from 74.73% in Jul-21.

**31 days:** The Trust was one of 9 of 13 West Midlands Trust which saw a decrease in performance between Jul-21 and Aug-21 This Trust was ranked 7 out of 13; where we were 2nd previous month. The peer group performance ranged from 80.72% to 97.92% with a peer group average of 89.52%; declining from 90.70% the previous month. The England average for Aug-21 was 93.71% a -1.0% decrease from 94.68% in Jul-21.

**62 Days:** The Trust was one of 13 of 13 West Midlands Trust which saw a Trusts in performance between Jul-21 and Aug-21 This Trust was ranked 11 out of 13; where we were 9 previous month. The peer group performance ranged from 40.74% to 79.22% with a peer group average of 59.76%; declining from 61.30% the previous month. The England average for Aug-21 was 70.74% a -1.4% decrease from 72.09% in Jul-21.



# Operational Performance: Planned Care | Waiting Lists

2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

| Electronic Referral Service (ERS) Referrals | | Referral Assessment Service (RAS) Referrals | | Advice & Guidance (A&G) Requests | Total RTT Waiting List | 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 | Number of patients waiting 52+ weeks | Of whom, waiting 78+ weeks | Of whom, waiting 104+ weeks |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 8,029 | Total | 5,362 | 1,326 | 57,252 | 52.95% | 5,195 | 6,399 | 2,040 | 240 |
| Non-2WW | 5,190 | Non-2WW | 5,046 | | | | | | | |

**What does the data tells us?**

- **ERS Referrals:** a total of 8,029 electronic referrals were made to the Trust in Sept-21, the third month since Feb-21 above 7,000. 5,190 were non-2WW referrals so of the 8,029 electronic referrals 37.6% of these were 2WW cancer which is the second lowest 2WW % against any of the previous 12 months.
- **RAS Referrals:** a total of 5,362 electronic referrals were made to the Trust in Sept-21, the third consecutive month above 5,000. 5,046 were non-2WW and 70% were outcomed within 14 working days. Of the 666 2WW RAS referrals, 86% were outcomed within 2 working days. 13% of RAS referrals were returned to the referrer.
- **A&G Requests:** this continues to be well used and responded to in a timely manner with 1326 A&G requests received in Sept-21 with 81.1% responded to within 2 working days and 88.5% within 5 working days.

- **Referral To Treatment Time** - The Trust has seen a further 4.7% increase in the overall wait list size in Sept-21 compared to Aug-21; from 54,681 to 57,252
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increase to 26,936. This is 1,684 more patients than the validated Aug-21 snapshot. RTT performance for Sept-21 is validated at 52.95% compared to 53.82% in Aug-21. This remains sustained, significant cause for concern in Sept-21 and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is higher than Aug-21 at 6,399 patients. Of that cohort, 2,040 patients have been waiting over 78 weeks and 240 over 104 weeks.
- Of the 104+ week cohort, 174 patients are under the orthodontic specialty with the next highest at 32 (urology). Looking back to those patients waiting between 78 and 104 weeks, urology is the highest at 543.

| | |
|---|---|
| **Current Assurance level: 3 (Sep-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 (Aug-21)** | **SRO: Paul Brennan** |

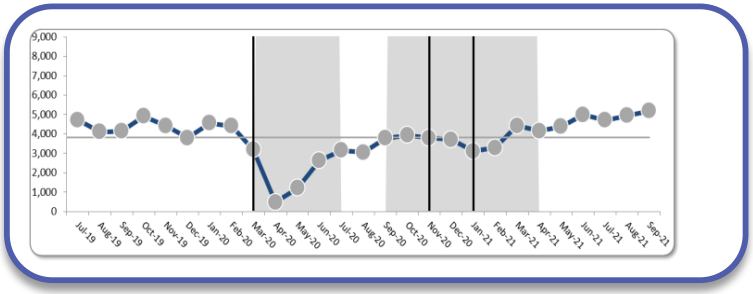
# Month 6 [September] | 2021-22 | Operational Performance: RTT

Responsible Director: Chief Operating Officer | Validated for September-21 as 19th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

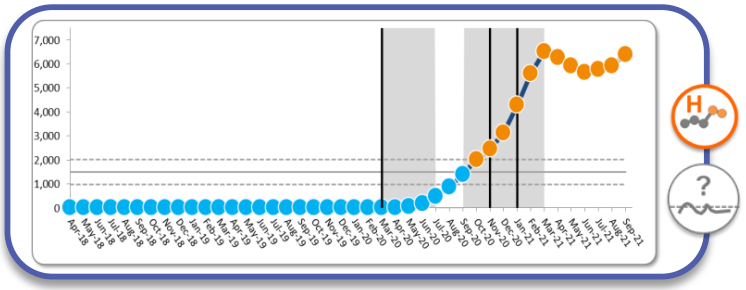
**Electronic Referrals Profile**

5,190



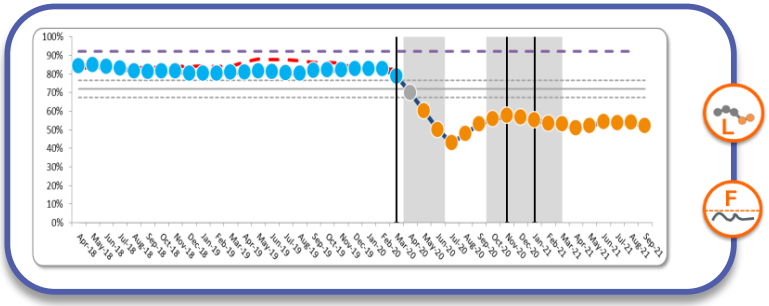
**52+ week waits**

6,399



**RTT % within 18 weeks**

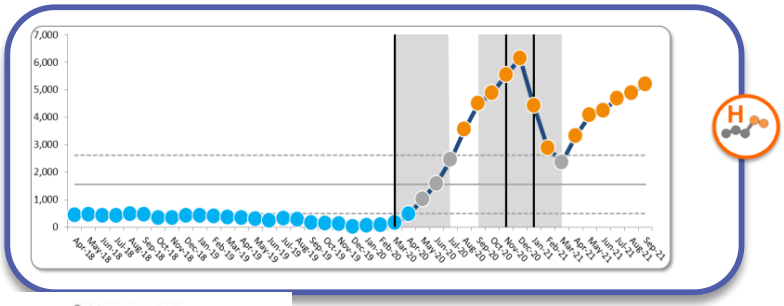
52.95%



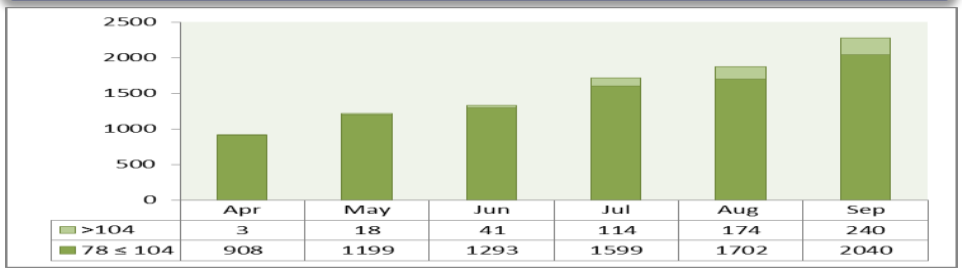
RTT waiting list profile by weeks waiting

**40-52 week waits**

5,128



RTT waiting list profile (Sept-21) | 78+ and 104+ weeks




| | Apr | May | Jun | Jul | Aug | Sep |
|---|---|---|---|---|---|---|
| >104 | 3 | 18 | 41 | 114 | 174 | 240 |
| 78 ≤ 104 | 908 | 1199 | 1293 | 1599 | 1702 | 2040 |


**Key**

- Internal target
- Operational standard

# Operational Performance: RTT Benchmarking

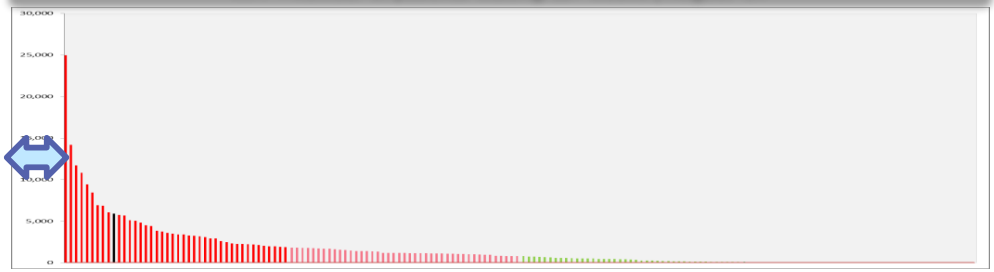
2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

**National Benchmarking (August 2021) |** The Trust was one of 3 of 12 West Midlands Trust which saw a increase in performance between Jun-21 and Jul-21 This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 43.06% to 84.65% with a peer group average of 54.75%; declining from 55.42% the previous month. The England average for Jul-21 was 67.60% a -0.7% decrease from 68.30% in Jun-21.

Nationally, there were 292,138 patients waiting 52+ weeks, 5,899 (2.01%) of that cohort were our patients.
Nationally, there were 115,927 patients waiting 78+ weeks, 2,084 (1.79%) of that cohort were our patients.
Nationally, there were 9,530 patients waiting 104+ weeks, 175 (1.8%) of that cohort were our patients

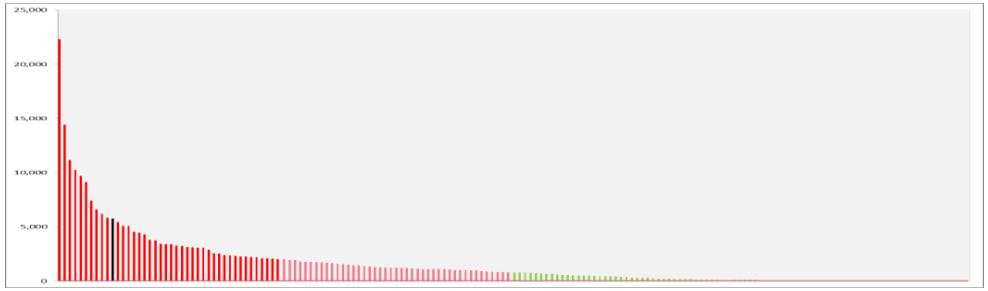
**RTT - % patients within 18 weeks | August-21**

**RTT – number of patients waiting 52+ weeks | August -21**



**RTT - % patients within 18 weeks | July-21**

**RTT – number of patients waiting 52+ weeks | July-21**



WAHT — Operational Standard 92%

# Operational Performance: Planned Care | Outpatients and Elective Admissions

2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

| Total Outpatient Attendances | | Total OP Attendances Face to Face | | Total OP Attendances Non Face to Face | | % OP Attendances Non Face to Face | Consultant Led First OP Attendances | | Consultant Led Follow Up OP Attendances | | Elective IP Day Case | | Elective IP Ordinary | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 42,344 | +4,483 | 30,896 | +7,790 | 11,448 | -3,307 | 27% | 10,763 | +1,228 | 13,450 | +1234 | 6,757 | +138 | 566 | -62 |

**Outpatients - what does the data tell us?**

- The graphs on slide 23 compare our Sept-21 consultant led outpatient appointments to Sept-19 and our H1 activity target. Although we are not undertaking the same volume of appointments in Aug-21 compared to Aug-19, we achieved or are marginally under our total and face-to-face targets. Non-face-to-face appointments were our area of weakest performance as more patients are needing to be seen in person to determine their treatments.
- The Trust undertook 42,344 outpatient appointments in Sept-21 (consultant and non-consultant led). For context, this is 6,439 fewer appointments than Aug-19 but +4,483 appointments to the H1 activity target (unvalidated).
- In Sept-19, 47,704 face-to-face appointments took place compared to 30,896 in Sept-21; with the H1 target being exceeded by +7,790. As would be expected with non-face-to-face was not the norm in Aug-19, Sept-21 is considerably higher with 11,448 appointments taking place compared to 1079. However, we are -3,307 appointments below the H1 target. Of all appointments in the month, 27% (both new and follow-up) were non-face-to-face; the ERF target is 25% or greater.
- As at 13th October, there were 22,292 RTT patients waiting for their first appointment and 7,568 of them have been dated. Of the full cohort, 2,370 patients have been waiting over 52 weeks. The top five specialties with the most 52+ week waiters in this cohort have not changed from Jun-21 and are General Surgery, Orthodontics, Urology, Oral Surgery and T&O.
- As a result of the ERF change to 95% of 19/20 activity, we continue to look to increase our patient-initiated follow-up and virtual appointments to make up the difference to the target.
- Early indications are that the re-implementation of the text reminder service is having the desired effect and DNA rates for outpatient appointments are starting to reduce.

**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 74.80% and factoring in allowed downtime, this increases to 80.1%. Lost utilisation due to late start / early finish increased to 23.8% in Sep-21 compared to Aug-21 (21.2%).
- In Sept-21, we did achieved the combined day case and elective inpatient H1 target; with the H1 target being exceeded by +76. Day case spell exceed by +138 however ordinary spells did not meet the H1 target (-62). Both day case and elective inpatient saw increases in their activity levels from Aug-21 to Sept-21.
- 60.00% of eligible patients were rebooked within 28 days for their cancelled operation in Sep-21.
- The Independent Sector and with mutual aid support from Wye Valley Trust, undertook 133 day cases, 2 EL ordinary and 207 diagnostic tests.
- Vanguard theatre activity started on 1st September and we undertook 106 procedures across the following specialties - General Surgery (32), Gynaecology (20), T&O (25), Urology 19) and Vascular Surgery (10).

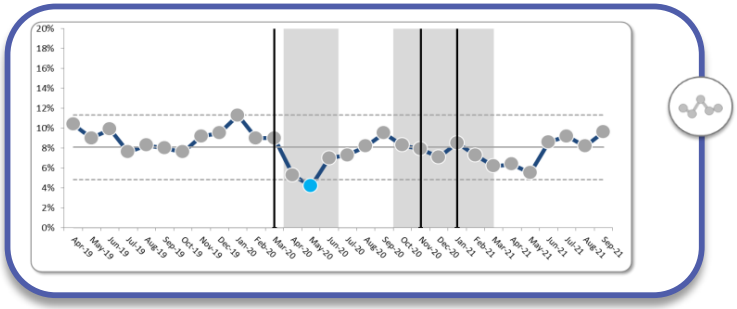
| | |
|---|---|
| **Current Assurance Level: 4 (Sep-21)** | **When expected to move to next level of assurance: :** This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and the expectation from NSHEI for H2. |
| **Previous Assurance Level: 4 (Aug-21)** | **SRO: Paul Brennan** |

# Month 6 [September] | Operational Performance: Theatre Utilisation & Outpatients

Responsible Director: Chief Operating Officer | Unvalidated for September-21 as 12th October 2021

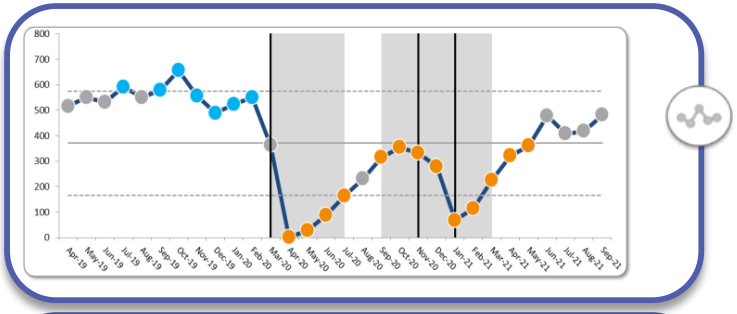
**On the day cancellation as a percentage of scheduled procedures (%)**

9.60%



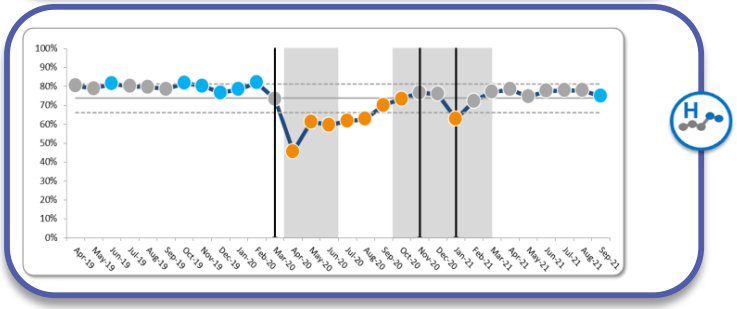
**Electives on elective theatre sessions (n)**

481



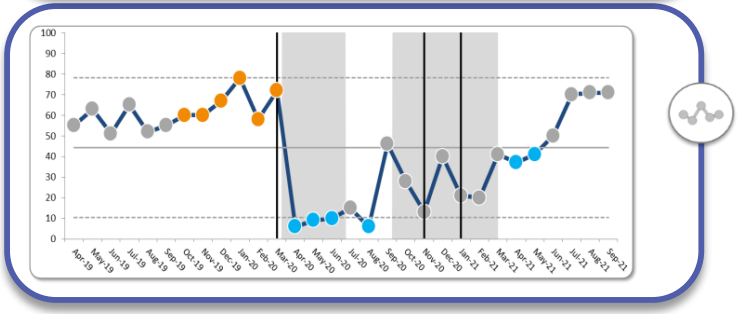
**Actual Theatre session utilisation (%)**

74.80%



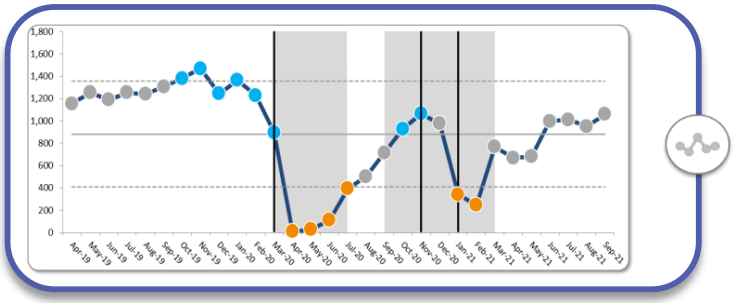
**Non-electives & emergencies on elective theatre sessions (n)**

71



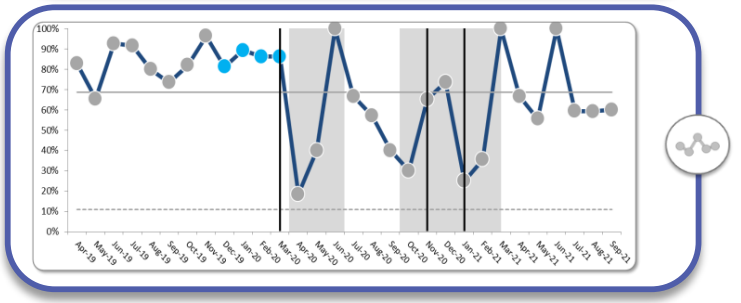
**Day cases on elective theatre sessions (n)**

1061



**% patients rebooked with 28 days of cancellation**

60.00

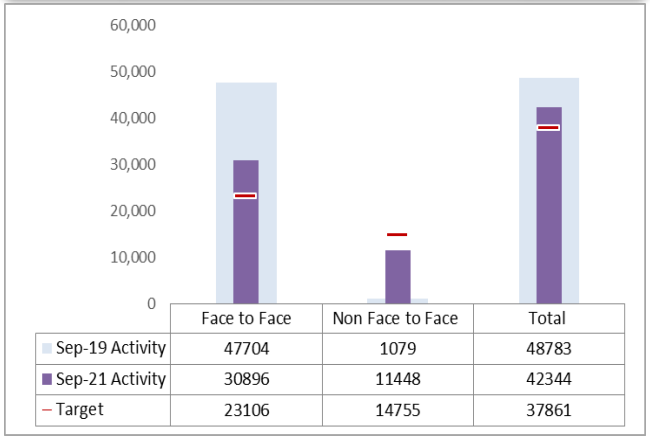


# Month 6 [September] | 2021-22 | Operational Performance: Outpatients

Responsible Director: Chief Operating Officer | Unvalidated for September-21 as 15th October 2021

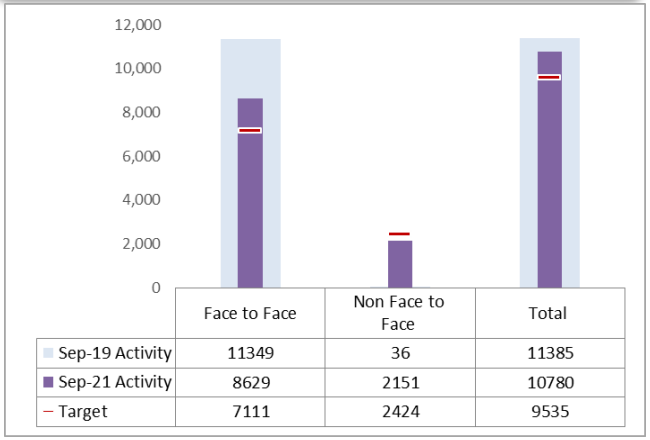
## Comparing Outpatients Activity between 2019, 2021 and the H1 activity targets

### Total outpatient attendances (all TFC; consultant and non consultant led)



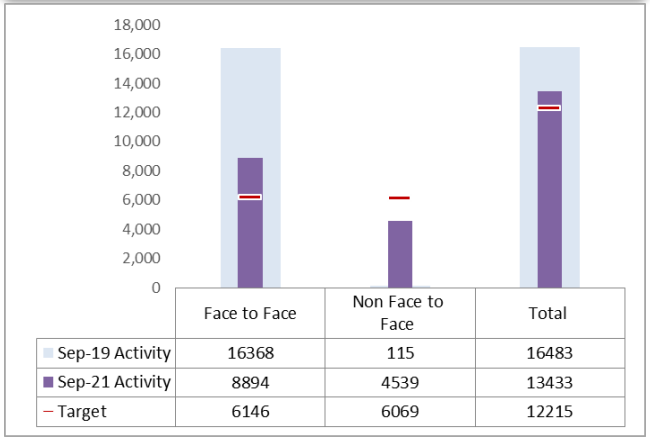

| | Face to Face | Non Face to Face | Total |
|---|---|---|---|
| Sep-19 Activity | 47704 | 1079 | 48783 |
| Sep-21 Activity | 30896 | 11448 | 42344 |
| Target | 23106 | 14755 | 37861 |

### Consultant-led first outpatient attendances



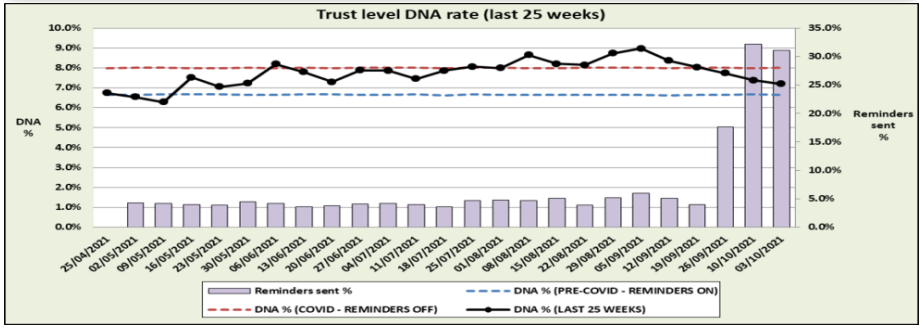

| | Face to Face | Non Face to Face | Total |
|---|---|---|---|
| Sep-19 Activity | 11349 | 36 | 11385 |
| Sep-21 Activity | 8629 | 2151 | 10780 |
| Target | 7111 | 2424 | 9535 |

### Consultant-led follow-up outpatient attendances




| | Face to Face | Non Face to Face | Total |
|---|---|---|---|
| Sep-19 Activity | 16368 | 115 | 16483 |
| Sep-21 Activity | 8894 | 4539 | 13433 |
| Target | 6146 | 6069 | 12215 |

## Improving Outpatient DNA rates



# Operational Performance: DM01 Diagnostics | Waiting List and Activity

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

Worcestershire Acute Hospitals NHS Trust

| 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 | | |
| 13,037 | 6,261 | 52.09% | 7,985 | 3,627 | 54.58% | 3,489 | 1,910 | 45.26% | 1,593 | 724 | 54.55% |

**What does the data tell us?**

**DM01 Waiting List**

- The DM01 performance is validated at 52.09% of patients waiting less than 6 weeks for their diagnostic test which remains 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 decreased with the total waiting list currently at 12,956 patients, an decrease of 1,306 patients from the previous month.
- The total number of patients waiting 6+ weeks has decreased by 73 patients (6,334 in Aug-21) and there are now 2,898 patients waiting over 13 weeks (2,636 in Aug-21).
- Radiology has the largest number of patients waiting at 7,985 (although this did decrease by 694 patients) and has the largest number of patient waiting over 6 weeks at 3,627; an increase of 13 from Aug-21.

**Activity**

- 15,722 diagnostic tests were undertaken in Sep-21, 708 more than Aug-21 and the fourth month over 15,000 in 21-22. This level of activity is the highest since Feb-20.
- For radiology, CT and non-obstetric ultrasound achieved their H1 targets, whereas MRI didn't but was at the highest level in the first 6 months of 21-22.
- For endoscopy, none of the three modalities achieved an H1 target, although colonoscopy was able to increase activity from the previous month to the highest level in the first 6 months of 21-22.
- Echocardiography did not meet the H1 target.

## RADIOLOGY

**What have we been doing?**

- Continued WLI sessions countywide, staff permitting. (4- depends on staff volunteering)
- GP DEXA review returns are being updated in CRIS and appointment allocated for patients identified as being required following review. (5- updates will be complete)
- Agreement with SWBH to support with Nuc Med ARSAC license (5- SLA in place)
- CT mobile, activity commenced 13th September. (5 completed)

**What are we going to do next?**

- Commence order for CDH CT scanner 5 complete
- Identify additional MRI scanner in order to provide decant capacity to support replacement in 2022
- Continue WLI session in CT, MRI and US. ( 4 reliant on willing staff to pick these up)
- Continue recruitment for CT3 staffing (5 will commence recruitment campaign, 4 actually successfully recruiting)
- Commence recruitment campaign with Comms team (5 scheduled)
- Complete business case for additional CT and MRI mobile (4)
- Contract award with mobile provider (4)
- Continue contract with BMI
- Identify any opportunities to increase capacity following new IPC guidelines
- Preparing bid for EA funding for CT/MRI/USS

**Issues**

- CT delays, having significant impact on 2ww and back log
- MRI staffing low due to sickness and leave, resulting in non-contrast lists only and some reduced sessions with an impact on 2WW and backlog
- Reduced number of WLI as staff not offering additional sessions in MRI and CT

## ENDOSCOPY (inc. Gynaecology & Urology)

**What have we been doing?**

- Continuing to send patients to BMI.
- Recommenced 18 sessions per week insourcing at ECH
- Ceased outsourcing Urology to WVT. Alternative plan to use Single use scope
- Continued weekend waiting list initiatives.
- Trying to recruit booking co-ordinators to vacant positions
- Reviewing pre-assessment capacity with view to increase

**What are we going to do next?**

- Mobile unit due to commence from 18th October.
- Undertake administration workforce review
- Ensure there is a provision for nurses to receive training in pre-assessment
- Identify any opportunities to increase capacity following new IPC guidelines.
- Preparing bid for EA funding for Colonoscopy

**Issues**

- ERCP capacity is a concern outpatients are repeatedly being cancelled due to inpatient demand
- Number of patients on waiting list for a procedure under GA – working with anaesthetics' to develop enhanced sedation service

# Operational Performance: DM01 Diagnostics

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

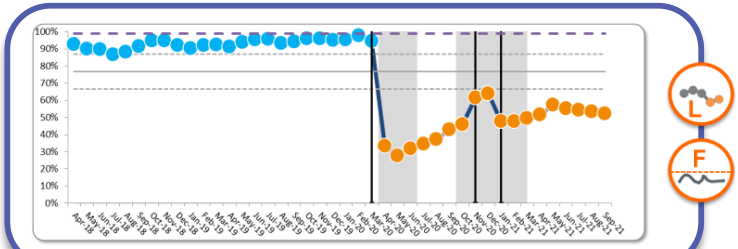
NHS Worcestershire Acute Hospitals NHS Trust

**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**

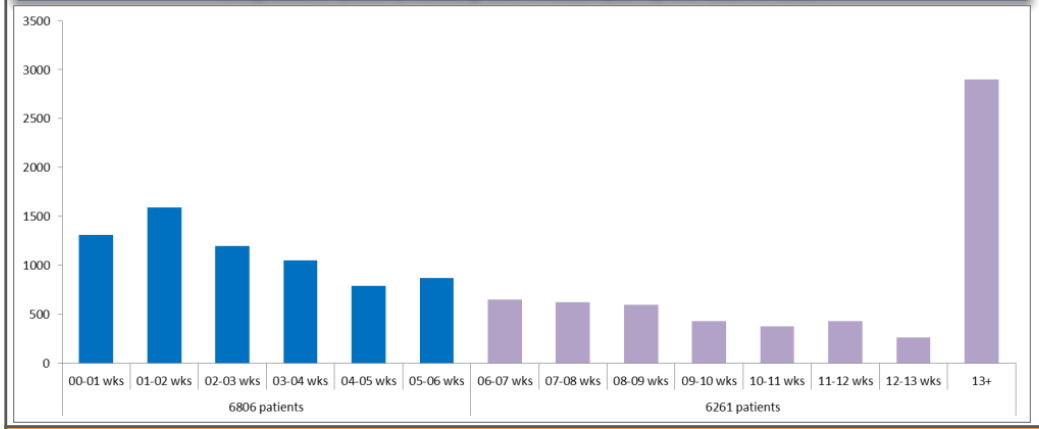
| Trust Total | | | Radiology | | | Physiology | | | Endoscopy | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 13,037 | 6,261 | 52.09% | 7,985 | 3,627 | 54.58% | 3,489 | 1,910 | 45.26% | 1,593 | 724 | 54.55% |

DM01 Diagnostics % patients within 6 weeks

52.09%



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




## NEUROPHYSIOLOGY

**What have we been doing?**

- Clinical urgency is being reviewed
- Clinics are being booked at KGH once a week.
- Clinics are being booked at Alex once a week

**What are we going to do next?**

- WLI – approval for a limited amount of clinics, outsourcing staffing (4)
- Identify any opportunities to increase capacity following new IPC guidelines
- Preparing bid for EA funding to reduce backlog

**Issues**

- Staff shortages due to track and trace

## CARDIOLOGY – ECHO

**What have we been doing?**

- 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 if they can be staffed (4)
- Echo Capacity is to be increased within the next 2 weeks to allow for some recuperation of the backlogs
- Identify any opportunities to increase capacity following new IPC guidelines
- Preparing bid for EA funding to reduce backlog

**Issues**

- Staff shortages due to track and trace and high vacancy rate

**Current Assurance Level: 5 (Sep-21)**

**When expected to move to next level of assurance:** This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our capacity for routine diagnostic activity. If plans regarding increasing CT and Endoscopy at KTC using Early Adopter money are realised, activity levels will significantly increase from October 2021.

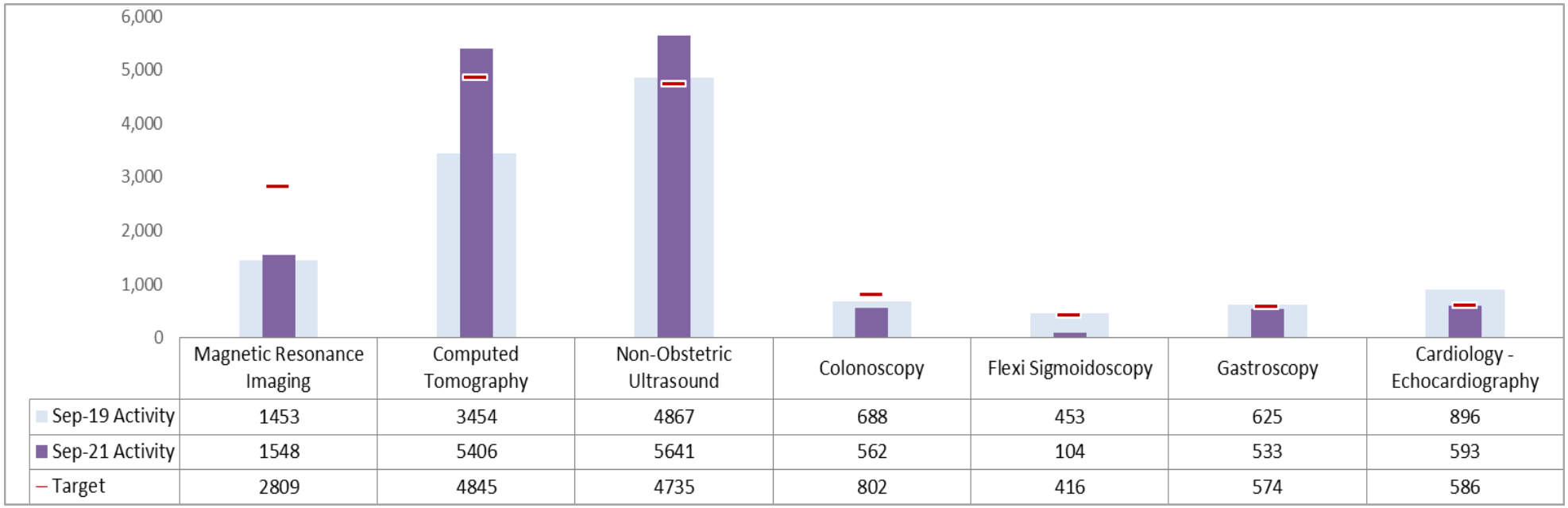
**Previous assurance level: 5 (Aug-21)**

**SRO: Paul Brennan**

# Month 6 [September] 2021-22 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for September-21 as 15th October 2021

## DM01 Diagnostics Activity | September-21 Diagnostic activity compared to H1 restoration plan



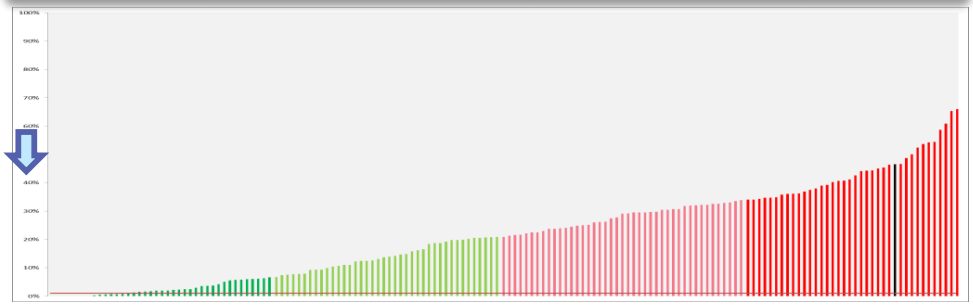

| | Magnetic Resonance Imaging | Computed Tomography | Non-Obstetric Ultrasound | Colonoscopy | Flexi Sigmoidoscopy | Gastroscopy | Cardiology - Echocardiography |
|---|---|---|---|---|---|---|---|
| Sep-19 Activity | 1453 | 3454 | 4867 | 688 | 453 | 625 | 896 |
| Sep-21 Activity | 1548 | 5406 | 5641 | 562 | 104 | 533 | 593 |
| Target | 2809 | 4845 | 4735 | 802 | 416 | 574 | 586 |

These graphs represent H1 annual planning restoration only, as submitted in the plan. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

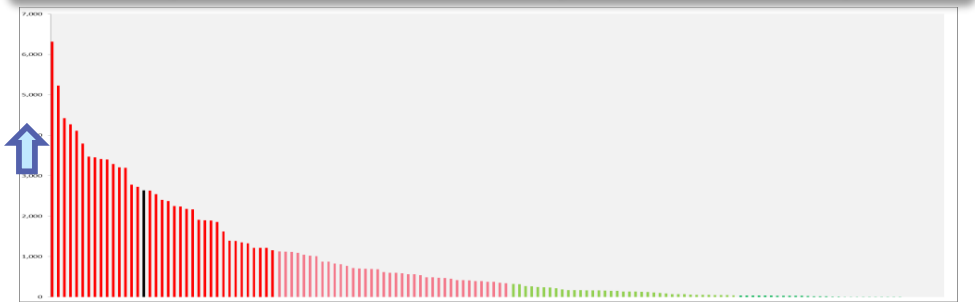
# Operational Performance: Diagnostics (DM01) Benchmarking

**National Benchmarking (August 2021)** | The Trust was one of 4 of 13 West Midlands Trust which saw a decrease in performance between Jun-21 and Jul-21 This Trust was ranked 12 out of 13; this is the same rank as the previous month. The peer group performance ranged from 0.53% to 51.02% with a peer group average of 22.72%; 0.235 from 20.75% the previous month. The England average for Jul-21 was 23.50% a 1.1% decrease from 22.40% in Jun-21.
In July, there were 123,993 patients recorded as waiting 13+ weeks for their diagnostic test; 2,218 (1.78%) of these patients were from WAHT.

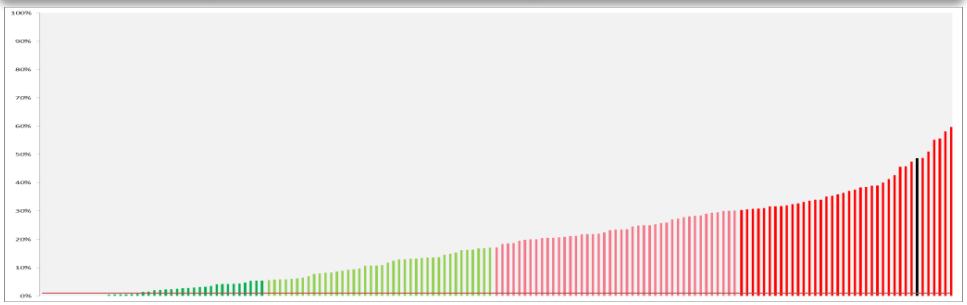
**DM01 Diagnostics - % of patients waiting more than 6 weeks | August-21**



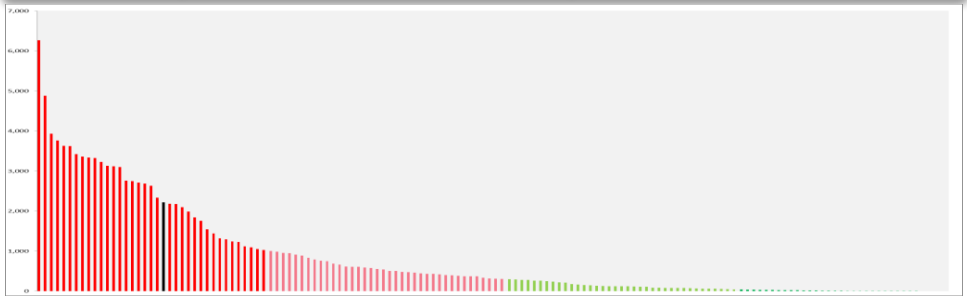
**DM01 Diagnostics - number of patients waiting more than 13 weeks | August-21**



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



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



WAHT — Operational Standard 1%

*Down arrows represents improvement from previous month i.e. fewer patients waiting > 6 weeks and fewer waiting >13 weeks*

27

# Operational Performance: Stroke

| % of patients spending 90% of time on a Stroke Ward | % of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours | % of patients who had a CT within 60 minutes of arrival | % patients seen in TIA clinic within 24 hours | SSNAP Q1 21-22 Apr-21 to Jun-21 | | | |
|---|---|---|---|---|---|---|---|
| 66.07% | 22.81% | 35.09% | 70.49% | Score | 54.0 | Grade | D |

**What does the data tell us?**

Key Performance Indictors – Monthly Update

- All four main stroke metrics show performance that is within common cause variation.
- The only metric to achieve the target was % patients seen in TIA clinic within 24 hours.

**What are we doing to improve?**

- **Patients Admitted Within 4 Hours:** This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is out to advert which will provide an overview of stroke capacity across the pathway and facilitate flow. Examples of inappropriate pre-alerts have been sent to WMAS and awaiting a response. Limited stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). Recruitment of additional consultant workforce is ongoing (2 posts shortly to be advertised and confirmation of agency consultant starting 1/11/21). Continue to work with regional ISDN to access mutual aid whilst the service only has 1 substantive consultant.
- **90% Stay on Stroke Ward:** Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- **TIA Patients Seen Within 24 Hours:** All referrals now triaged appropriately by Stroke consultant resulting in some rejections. TIA clinics have recommenced at weekend (2 slots per day) During weekdays, TIA clinic capacity has been increased (still not to levels equivalent to demand) due to the support from Consultant Neurology colleagues. We are expecting to see a steady improvement in the achievement of this.
- **Specialty Review Within 30 Minutes:** All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. This will be further enhanced when 24/7 CNS cover is introduced, currently going through management of change process (completion of this process end of October 2021).

| | |
|---|---|
| **Current Assurance Level: 5 (Sep-21) \| approved at QGC on 30th Sept 2021** | **When expected to move to next level of assurance:** Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable improvements in the SSNAP score / grade. Q1 SSNAP will be published in Sept-21. |
| **Previous Assurance Level: 5 (Aug-21)** | **SRO: Paul Brennan** |