Trust Board
There will be a meeting of the Trust Board on **Thursday 14 October 2021** at 10:00. It will be held virtually and live streamed on You Tube.

Sir David Nicholson
Chair

Agenda			Enclosure	Time
096/21	**Welcome and apologies for absence:**			**10:00**
097/21	**Patient Story**			**10:05**
098/21	**Items of Any Other Business** *To declare any business to be taken under this agenda item*			**10:30**
099/21	**Declarations of Interest** *To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.*			
100/21	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **9 September 2021** as a true and accurate record*	*For approval*	**Enc A** **Page 3**	**10:30**
101/21	**Action Log**	*For noting*	**Enc B** **Page 13**	**10:35**
102/21	**Chair's Report**	*For noting*	**Enc C1** **Page 16**	**10:40**
103/21	**Chief Executive's Report**	*For noting*	**Enc C2** **Page 18**	**10:45**
Strategy				
104/21	**BAME Network Update** BAME Network Lead	*For assurance*	**Enc D1** **Page 22**	**10:55**
105/21	**Worcestershire Executive Committee Memorandum of Understanding and Terms of Reference** Director of Strategy and Planning	*For approval*	**Enc D2** **Page 26**	**11:05**
Performance				
106/21	**Integrated Performance Report Executive Summary/SPC Charts/Infographic** Chief Executive/Executive Directors	*For assurance*	**Enc E** **Page 30**	**11:15**
107/21	**Committee Assurance Reports** Committee Chairs		**Page 116**	

Governance				
108/21	**Safest Staffing Report** **a) Adult/Nursing** **b) Midwifery** Chief Nursing Officer/Director of Midwifery	*For assurance*	**Enc F1** **Page 124** **Page 130**	**11:40**
109/21	**Maternity Services Improvement Plan Update** Director of Midwifery	*For assurance*	**Enc F2** **Page 137**	**11:50**
110/21	**Learning from Deaths** Interim Chief Medical Officer	*For assurance*	**Enc F3** **Page 161**	**12:00**
111/21	**WRES, WDES and Gender Pay Gap Report 2021** Director of People & Culture	*For assurance*	**Enc F4** **Page 168**	**12:10**
112/21	**Audit and Assurance Committee Report** Committee Chair	*For assurance*	**Enc F5** **Page 173**	**12:15**
113/21	**Any Other Business** *as previously notified*			**12:20**
Close				
	Date of Next Meeting *The next public Trust Board meeting will be held on 11 November 2021, virtually.*			

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 9 SEPTEMBER 2021 AT 10:00 AM HELD VIRTUALLY

Present:		
Chair:	Sir David Nicholson	
Board members: (voting)	Waqar Azmi	Non-Executive Director
	Paul Brennan	Chief Operating Officer
	Matthew Hopkins	Chief Executive
	Clare Hubbard	Deputy Chief Nursing Officer
	Graham James	Interim Chief Medical Officer
	Robert Mackie	Interim Chief Finance Officer
	Dame Julie Moore	Non-Executive Director
	Dr Simon Murphy	Non-Executive Director
Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Colin Horwath	Associate Non-Executive Director
	Vikki Lewis	Chief Digital Officer
	Jo Newton	Director of Strategy and Planning
	Rebecca O'Connor	Company Secretary
	Tina Ricketts	Director of People and Culture
In attendance	Jo Ringshall	Healthwatch
	Donna	Item 077/21
	Sally	Item 077/21
Public		Via YouTube
Apologies	Anita Day, Paula Gardner and Richard Oosterom	

076/21 **WELCOME**

Sir David welcomed everyone to the meeting, including the public viewing via YouTube and staff members who had joined us.

077/21 **PATIENT STORY**

Sir David welcomed Sally to the Board to share the story of her late husband Ken's experiences. Mrs Hubbard introduced the story and explained that Ken had come through the urgent care pathways at a time where there were lots of delays; Sally described what happened.

Ken knew he was seriously ill and he knew he was going to die. A scan was arranged and the Oncology team wanted Ken to come back into hospital as they were concerned about a mass on his spine. Ken could not face coming in; he did not want to be paralysed, he was independent but was getting weaker.

The following morning an ambulance came to take Ken in, however as he was leaving the team were unable to take him. The paramedic rang around and it was agreed he would go to MAU. Ken took his painkillers and colostomy products which Sally had prepared in a bag, however was told these should not be taken into hospital in case they got lost, but that they would have everything Ken needed.

Sally called every hour to see if Ken had taken his pain medication, but he had not, as this required authorisation from a doctor. At 23:45 that night Ken was still waiting to see a doctor and it was arranged for Sally to visit Ken at 1pm the following day.

Sally described how when she walked into the room that Ken asked her to "get me out of here". This was distressing as Ken had never complained throughout his treatment. Ken asked Sally to change his colostomy, there was enough product in his bag for five days, but the nurse was unable to do it. Sally explained how she had had to learn how to change the colostomy and felt the nurse should have felt able to ask for help. Ken then asked Sally for food. He had only eaten half a sandwich in 24 hours and had not had any painkillers since 3am. The pharmacist said he had discussed medication with Ken, but she did not believe this was the case.

Sally did not feel that Ken was cared for in Worcester and that when he came home he gave up. Ken later received palliative care, he did not want to come back into hospital but Sally was not a party to these discussions. Sally acknowledged these are very strong words, but they are hers and this is how she feels.

Sir David offered his thanks to Sally for expressing a very powerful case. He was deeply sorry, but acknowledged that sorry is not enough and we need to know why this happened and what we can do to learn from this. Sir David's apologies were reiterated by Mr Hopkins and the rest of the Board.

Dr Murphy asked whether any explanation given? Sally answered no, the only explanation was that they had to wait for a doctor; there was nothing in relation to the other matters. Sally understood the nurse had been spoken to afterwards and was very upset.

Mrs Hubbard noted this is very difficult story. She advised the Board that Sally has since worked with the urgent care team. Ken's experience has been shared with nursing staff and Sally will continue working with the Trust to support learning from the experience and in addressing core competencies for staff in MAU. It was confirmed there are now additional training packages in place for pain relief and stoma care. Sally has spoken to the senior nurses and a lot of work has been done regarding escalations and working closely with the junior nurses.

Thanks were expressed from Sir David on behalf of the Board an incredibly courageous and powerful story. A whole series of questions we need to reflection

- Why was Ken at MAU? – we need to ensure care in the most appropriate place
- Issues around losing drug and waiting for pain relief
- Pain control must be faster
- Stoma care training and education

Sally was thanked for her ongoing offer to assist the Trust in making change from Ken's experience.

078/21 **ANY OTHER BUSINESS**

There were no items of any other business.

079/21 **DECLARATIONS OF INTERESTS**

There were no additional declarations pertinent to the agenda.

Dr Murphy declared he has been appointed as Chief Executive of Music Therapy from 1 September 2021.

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

080/21 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 15 JULY 2021**
Reference to be added to the involvement of network chairs at page 6 and included as an action.

RESOLVED THAT subject to the above the Minutes of the public meeting held on 15 July 2021 be confirmed as a correct record and signed by the Chair.

081/21 **ACTION SCHEDULE**
Ms O'Connor presented the action log noting the updates as set out in the paper. All other actions were either closed as per the log, or not due for update at this meeting.

082/21 **CHAIR'S REPORT**
Sir David referred to his paper setting out the Chair's action undertaken by Mr Azmi as acting Chair. Sir David highlighted the ongoing recruitment for a new Non-Executive Director which was closing on 14 September.

RESOLVED THAT: Chair's actions were APPROVED by the Board

083/21 **CHIEF EXECUTIVE'S REPORT**
Mr Hopkins presented his report which was taken as read. The following key points were highlighted:

- The Trust has been shortlisted for a number of awards; whilst we note the areas for improvement from patient story, we also welcome the good improvement work we have done
- Congratulations were expressed to the University of Worcester on the approval to recruit the first students to study at the Three Counties Medical School. Discussions are underway with Health Education England in respect of funded places as part of longer term local recruitment and retention plans.
- Stroke workforce pressures were noted and it was confirmed a remedial plan is in place. TME will receive a report setting out the plan to improve the clinical sustainability of the service and wider network support with UHB and WYT.
- On Emergency Services Day thanks were expressed to all emergency services, noting the fire in Kidderminster. Thanks were expressed to staff who had found ways to get into work

RESOLVED THAT: the report be noted

STRATEGY

084/21 **Covid End of Year Review**
Sir David welcomed remarkable report and noted review by Committees. Mr Brennan presented the report which was taken as read. The report covers the first and second waves, the second split into 2a and 2b. The following key points were noted:

- Overall community prevalence for Worcestershire was on average below both the West Midlands and all England prevalence

- There was no direct link between hospital admission and community prevalence, however once the case rate was above 100 cases per 100k population, it does indicate a higher risk of hospitalisation
- Date is split between sites and between waves. Overall numbers are far higher in wave 2, with crude mortality between the first and second wave reduced from 34 – 26%
- Wave 2 was much longer than wave 1 and the reductions from the peak (141 in wave 1) and 265 in wave 2)
- Our respiratory team had significant numbers of CPAP patients on respiratory wards at both ALX and WRH, whereas in other Trusts they were admitted to ITU. Thus overall we had a sicker cohort in ITU as we managed NIV in respiratory wards rather than ITU.
- Higher crude mortality in wave 1 and during the period of the two waves, but the overall rate continued to reduce
- Excess deaths were higher during the peaks of first and second waves, but expected deaths then dropped in between; with May to September 2020 having a negative excess death rate
- Benchmarking of mortality was discussed for with some above and below peer average
- Wave 3 saw close to predicted growth with a peak in July of 48. The ongoing position is broadly static against prediction with 33 – 41 Covid patients at any one time. Today there are 33 of which 5 are in ITU.
- Command and control arrangements worked well. There was significant attendance and this allowed agility to make decisions on a daily basis.
- Positive partnership working supported the management of high Covid numbers especially in first and second waves.
- System colleagues and clinical teams in the Trust how shown where data and information was used to make decisions this has served us well.
- Recognition and thanks were expressed to Mrs Lewis and her team who were superb in being able to react to data requests and in translating this into useful information.

Mr Horwath felt the report reflects the immense effort made in dealing with the pandemic and liked the focus on findings and lessons learned, asking if the executive had a view? Mr Brennan advised we were able to make more rapid decisions and we need to learn from this in developing our governance structures.

It was noted you cannot run a command structure over the longer term and the after action review feedback supported daily decision making rather than through committee strictures which enabled us to be more agile. There was an across the board effort from all teams within the hospital; it beyond anything we have experienced. Sir David reflected on the points raised regarding agility, questioning whether the Board governance slows down decision making. It was agreed to include this element within the report following the work of the governance task and finish group.

With regards to data, we have learned substantially in the context of restoration and in the work Mr Mackie has overseen to support development of the MTFP and delivery of PEPs and HICs. A paper will follow to Finance and Performance Committee.

Mr James noted crude mortality for Covid inpatients had changed throughout the waves. When breaking down numbers, these are small percentages and differences are not significant and would not raise this as a concern. Care of Covid patients was

slightly different between Trusts, however mortality in the IPR shows we are in the "as expected" range. It was agreed for QGC to review at Committee.

Mr James surmised that overall the Trust had fully supported the system and we benefited from the agility, we are embedding the changes in clinical practice and continuing to make these sustainable. Sir David concurred noting an impressive report and the importance of learning lessons as we move forwards.

ACTION: Ms O'Connor to expand the scope of governance task and finish group review to include agility of decision making

ACTION: QGC to review the report in further detail with specific regards to mortality.

RESOLVED THAT: the report be received for assurance

085/21 **Communications Update**

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

- HSJ awards and #callme
- Focus on different areas of the team; most recently case studies
- Place communications forum is now in operation
- Social media focus on Homefirst Board
- Tictoc – the senior comms officer has been invited to blog for the most read comms sector forum. Feedback on the comms team was described as doing "nationally significant things that take my breath away at times"

Sir David noted the team's national recognition, thanking them for their commitment. Dr Murphy asked how capacity constraints were managed? Mr Haynes outlined support from CCG colleagues and others across the system. As Place develops it is envisaged we will do more targeted joined up work to support place and system priorities, however further support may be required over the coming months.

Mr Hopkins reflected upon risk appetite in relation to reputation and out next steps in taking our vision to place level and the population. Some areas are more advanced however we are well positioned to start alignment it as we get a steer from the emerging place forums.

RESOLVED THAT: the report be received for assurance

086/21 **Board Assurance Framework**

Ms O'Connor presented the paper which was taken as read. The following key points were highlighted:

- The BAF had been through a significant process of development and rewrite. A series of committee workshops were held for committees to discuss and review the key risks they face
- Risk position coves the breadth of the organisation, its objectives and is owned by the Trust
- A number of risks have therefore been closed, opened and/or reworded

- All risks have been assigned a level of assurance, to support the level of risk exposure, how exposed the Trust currently is and the projected level of assurance.
- This report is an overview; going forwards there will be a more detailed breakdown of the risks, controls and assurances that are in place and these have been reviewed by Committees at the workshops.
- Committees will undertake a series of deep dives and this work is underway. QGC held a deep dive into staff engagement and transformation risk, whilst also considering the maternity improvement plan
- In summary the board risk exposure is high, it is increasing and there are actions in place to mitigate risks, however at points the pre and post mitigation scores remain at the same as we are not yet able to demonstrate the actions have enabled us to reduce the residual risk scores. This position is consistent with other Trusts.

Sir David queried the mapping of strategic risk against objectives, Ms O'Connor confirmed the mapping indicated a spread of the risk across the strategic objectives, by way of assurance there is not an overly financial focus at the expense of safety or vice versa for example. Mr Hopkins welcomed a helpful and through process through committees. He felt he mapping reflected the reality of the challenges we face, for example workforce being slightly higher and further emphasised the position of increased risk exposure for example via increasing waiting lists and referrals.

Dame Moore reflected on the useful discussion at People and Culture committee risk summit on workforce and the need to revise the workforce plan which Mrs Ricketts has in hand. Mr Horwath welcomed the update which shows an enhancement of processed in making the BAF a meaningful document. We must use this document as a vehicle for greater assurance and on tracking the link between the level of assurance, actions we are taking and the evidence to support this.

RESOLVED THAT: the Board Assurance Framework be approved and its ongoing development be noted.

PERFORMANCE

087/21 **Integrated Performance Report**

Mrs Lewis presented the month 3 and 4 reports. 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:

UEC

- Position has deteriorated alongside a significant increase in activity
- Concern regarding the level of ambulance handover delays which had dropped substantially but now have risen rapidly
- System wide session with Ian Sturgess where a series of actions were agreed over the next 60 days to respond to the deteriorating position
- Number of these actions have been implemented this week, with more significant changes next week regarding diversion of activity and moving to a collated primary care facility outside of ED with the first stage live on Monday.
- Changes in relation to managing the inpatient cohort to improve flow have seen increasing number of discharges, but this is not yet having a significant impact on ambulance handovers.

- From the beginning of October there will be changes in the interaction between acute, social services and HCT whereby the routes will be determined by the OCT
- Investment into pathway 1 is not yet fully in place. We are working with colleagues to ensure capacity is in place, but due to delayed decisions and lag in workforce recruitment, we will not see 130 beds until end of November/early December. This is adversely impacting acute and community hospital discharges

ACTION Sir David requested Mr Brennan develop a document for the ICS to bring about mutual accountability.

Cancer

- Main challenge on 2WW issues re skin and breast
- There is a clear plan to respond and the validated position at end of September should see rapid improvement due to the actions taken (currently up 12% to 52% unvalidated).
- 104 day remained unmoved between 84-90 patients waiting for treatment on 62 day pathway.
- There is an increase in the number of patients we are treating and clearance time shows the increase in activity – overall 62 day performance is low circa 66-63% and with the changes we are making we are seeing a demonstrable improvement on breast pathway, however workforce challenges remain in skin cancer service.
- All NEDS were asked to support the AAC recruitment panels, to address gaps in the consultant workforce

Restoration and Recovery

- Above plan for new outpatients and day cases.
- Inpatient 400 below plan but the net elective position is 700 above plan

Finance

- Overall m4 position was summarised at page 130 of the pack, the revised plan due to changes following m1 and 2 actuals
- Position deteriorated in H1 to a £1.9m deficit, due to assumptions in the step down of Covid costs and ERF thresholds resulting in income not received.
- Early view of m5 is tracking broadly to the revised plan
- Risks not currently built in (and may not come to be) are the pay award and assumption of income expenditure matches
- National finance briefings are taking place this afternoon and next week
- Immediate position is of a challenging H2; expecting a reduction in Covid funding and increased efficiency requirement
- PEP delivery year to date (more loaded to H2) we are slightly behind 82% mainly due to delay in international nurse recruitment; a deep dive will take place at FPC this month.
- Cash position is healthy
- Significant capital programme is backloaded. There is lots of work to be done and this requires focus to deliver to avoid slippage

Mr Horwath raised concern that PEP delivery was slightly behind target, asking will we be able to catch up and meet H2 target? Mr Mackie advised the energy is there in the the development of the MTFP, but we need to be mindful of operational pressures. It is a risk that the national ask will be greater, but this will be the focus of discussion FPC in September,

Mr Azmi queries the realism of the 3 year deficit reduction target. Mr Mackie advised the plan, scope, scale and parameters are reasonable and achievable. This is not a unique ask and other Trust have delivered on this. Mr Hopkins reflected on the importance of a hearts and minds approach in getting staff involved in waste reduction, confirming there is a reiteration of ownership and accountability. The Board development session in December will explore these issues further, but the lack of clarity regarding H2 remains a risk.

RESOLVED THAT: the report be noted for assurance.

088/21 **Committee Assurance Reports**

The following points were highlighted by Committee Chairs:

- F&P: development of financial plan; top-down/bottom-up engagement nuances highlighted
- QGC: reviewed IPC re c-diff outbreaks but these are not typed together. Maternity improvement and change management was discussed as part of a BAF deep dive review. Ms Hubbard noted the c-diff actions have been reviewed and peers are assured
- P&C: workforce risks regarding workforce fatigue were noted. Stress/anxiety sickness was increasing and there were higher than normal maternity rates. Dr Murphy welcomed reference to talent spotting and development, especially interest of BAME network.

RESOLVED THAT: the Committee reports be noted for assurance.

GOVERNANCE

089/21 **Safest Staffing Report**

a) Adult/Nursing
b) Midwifery

Adult/Nursing

Ms Hubbard presented the nursing element of the report which covered the period to August 2021 and provided level 5 assurance.

Safe staffing maintained with mitigations, use of temporary workforce and the introduction of additional daily staffing meeting to provide assurances regarding critical shifts. Gaps are due to a number of factors, July saw concerns regarding staff being pinged, short term sickness, school holidays and maternity leave.

No moderate or above staffing incidents were reported. Vacancy rate is 8.76% but international recruitment is progressing with the first cohort having landed in the UK. The divisions are actively engaged in recruitment and retention activity.

Midwifery

Ms Hubbard presented the report on behalf of Ms Jeffrey. Assurance level has decreased to level 4 driven by a number of midwives and staff who have had to self isolate. Safe staffing has been achieved by enacting the escalation plan, for example use of community midwives. Daily walkabouts are taking place and there is greater engagement including daily staffing meetings to enable early escalation. Feedback is that it is starting to feel more comfortable with new starters onboarding this month.

Dr Murphy reflected upon the scale of the challenges faced and noted some improvement is anticipated in September with new staff. The Board will keep a close

watching brief, but the team has its support as we see changes take place. Mr Hopkins noted at the LMNS there were some issues with data, but noted future reporting will address this.

RESOLVED THAT: the report be received for assurance.

090/21 **Maternity Services – Serious Incidents**
Ms Hubbard presented the report which was taken as read and had been received by the Trust Management Executive.

3 SIs were reported, one of which met the threshold for reporting to HSIB. The cases were discussed in summary and learning identified for each. A number of changes have taken place during Q4 and Q1 including revised guidance for heparin and rupture of membranes. The maternity directorate is also rolling out fresh eyes and SROM training.

RESOLVED THAT: the report be received for assurance.

091/21 **Standing Financial Instructions and Scheme of Delegation**
Mr Mackie presented the report which was taken as read. The documents having been approved by the Audit and Assurance Committee were presented for the Board for noting.

RESOLVED THAT: the report be noted

092/21 **Trust Management Executive Report**
Mr Hopkins presented the paper which was taken as read. He highlighted the paediatric RSV surge plan noting a peak of cases is expected during August, the Trust currently at level 2 just under threshold for level 3.

RESOLVED THAT the report be received for assurance.

093/21 **Audit and Assurance Annual Report**
The paper was taken as read.

RESOLVED THAT: the report be received for assurance.

094/21 **Audit and Assurance Committee Report**
The paper was take as read.

RESOLVED THAT the report be received for assurance.

095/21 **ANY OTHER BUSINESS**
There was no further business to transact.

DATE OF NEXT MEETING
The next Public Trust Board meeting will be held virtually on Thursday 14 October 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		The Trust is reviewing its patient property policy and reviewing other Trusts' management of patient valuables including mobile phones	
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	

15.7.21	CEO Report	061/21	Discrimination Charter to be received by Trust Board in October.	TR	Oct 2021	Dec 2021	Propose to bring to Board in December along with wider E&D Plan	
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. OASIS upgrade is scheduled for January 2022	
10.6.21	Patient story	037/21	Mrs Ricketts to add #CallMe to the staff on-boarding programme	TR	July 2021	Oct 2021	Action complete. #CallMe is included in on-boarding process from 1st October 2021 onwards.	

15.7.21	Patient Story	055/21	The Bereavement Team to take advantage of Board member expertise (Ms Day and Ms Thompson) and to maximise community resources	ES (JE)	Oct 2021		Contact information shared to support opportunity	
9.9.21	Covid End of Year Review	084/21	QGC to review the report in further detail with specific regards to mortality.	QGC	Oct 2021		Discussed at September QGC. Committee was assured and agreed to receive an action plan iro the backlog in mortality reviews (arising due to level 4 pressures). QGC will further escalate if required. Action closed.	

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 October 2021
Paper number	Enc C1

Chair's Report

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

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board are requested to ratify the actions undertaken by the Chair since the last Trust Board meeting in September 2021.

Executive summary	The Chair has undertaken three Chair's Actions in accordance with Section 24.2 of the Trust Standing Orders to approve the following:- 1. The submission to NHSE/I of the Responsible Officer Report – Medical Appraisal and Revalidation. This report was approved by TME and the People and Culture Committee and was required to be submitted to NHSE/I by 30 September 2021. 2. The replacement of the current MRI scanner at Kidderminster Treatment Centre. Due to 6 months lead in time the equipment needed to be purchased by 4th October for delivery before 31st March 2022. This proposal was approved by TME. 3. The procurement process of selecting a main contractor for the Community Diagnostics Hub at the Kidderminster Treatment Centre and the approval of the 4 contracts to be implemented week commencing 11 October 2021. This process was approved by the Finance and Performance Committee.

Risk													
Which key red risks does this report address?			**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	*N/A*												

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
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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						

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 October 2021
Paper number	Enc C

Chief Executive Officer's Report

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

Accountable Director	Matthew Hopkins Chief Executive Officer		
Presented by	Matthew Hopkins Chief Executive Officer	**Author /s**	Rebecca O'Connor Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome
N/A		

Recommendations	The Trust Board is requested to • Note this report.

Executive summary	This report is to brief the Board on various local and national issues. Items within this report are as follows: • BMJ Awards • SIM • ICS/Place • Hospice visit • Executive team updates

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	14 October 2021
Paper number	Enc C

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

Issues and options

#*CallMe* clinches national award

Congratulations to our consultant anaesthetist Dr Mike McCabe and the rest of the team behind our ***#CallMe*** initiative which won the "Digital Innovation Team of the Year" category at the recent 2021 BMJ Awards.

This simple but highly effective clinically lead innovation, which we launched earlier this year, adds an additional section to patients' hospital identification wrist bracelets and name stickers, letting staff know how the name they prefer to be addressed by.

A great example of putting patients first, ***#CallMe*** also typifies our 4ward behaviour of listen, learn and lead and shows how the smallest things can make the biggest differences to our patients and their experience in our hospitals.

Integrated Care System (ICS) update

Since the last board a further 12 pieces of formal guidance has been published by NHSE / I to support development of ICS's. Key areas of interest are shown below, with full details accessible via the following link:
https://www.england.nhs.uk/publication/integrated-care-systems-guidance/

Guidance	
Thriving Places	• Co-produced with LGA, • Builds on existing understanding and approaches
Clinical and professional leadership	Five core design principles defined that systems are asked to embed • Targeted funding to be provided to support implementation • Local framework and development plan needs to be produced • Its about involving all clinical leaders, not just those in "recognised" positions
Provider Collaboratives	Focus on tackling unwarranted variation, clinical sustainability and improved quality • Working at scale means looking beyond the ICS boundaries • Mandatory for Acute and Mental Health Trusts • Three models to consider: Provider Leadership Board, Lead Provider, Shared Leadership
People Function and Operating Model	10 functions identified consistent with People & Culture plan, anchor institution • Standard role description for Chief People Officer expected

	• Refresh of the People Board required (already planning to do this locally).
Voluntary, community and social enterprise sector	Supported working with the VCSE as a strategic partner
People and communities	• Supports a people centred approach • Gets into more detail on tackling health inequalities

In the Midlands region we have been buddied with the Nottinghamshire ICS to share and support as the operating models emerge. Locally, the Worcestershire Health and Wellbeing Board (HWB) commissioned a LGA governance review. Over the autumn engagement and development events are proposed to link the outputs of this review alongside development of the ICS NHS body constitution, and operating model for the Worcestershire Executive Committee (WEC).
The executive team and board have collectively reviewed the opportunities the ICS represents for the trust in improving outcomes for the people of Worcestershire with respect particularly to Place and provider collaborations. Dialogue with acute partners across the region continues to deepen provider collaborative arrangements in the areas of improvement, mutual aid and service development.

Single improvement methodology (SIM)
Extensive engagement with the Board and Trust staff has been undertaken during the Discovery phase to co-design the benefits realisation framework and contract specification to support the recommendation of our preferred partner and development of the full business case which comes to Board for recommendation this month. A detailed implementation plan has been developed in assuming Board approval is granted.

St Richards Hospice Visit
I would like to thank June Patel and team at St Richard's Hospice for hosting the Chief Nursing Officer (CNO) and I for an excellent visit. We were able to review the environment, which is a beautiful place for not only end of life care, but the provision of a service for living beyond well your diagnosis. We discussed their capacity and further commissioning of areas within their environment and the use of their setting for some of our meetings.

Our CNO is in the process of setting up a Place-based quality meeting with Herefordshire and Worcestershire Health and Care Trust and invited the hospice to be part of those meetings, which they were very pleased to accept.

Executive Team Updates
I would like to welcome to her first Board meeting in public our new Chief Medical Officer, Dr Christine Blanshard.

Christine has held a number of high profile leadership roles in acute trusts, including as Chief Medical Officer for Salisbury NHS Foundation Trust. When the Novichok poisonings

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in Salisbury made headlines across the world in 2018, she took the Gold Command role for her Trust's widely praised response to those unprecedented incidents.

A gastroenterologist by background, Christine also has experience of serving as a board level advisor on the commissioning side, and immediately before joining us she spent some time as medical director for NHSEI in the South West region where she led on a region-wide programme of recovery and transformation for all non-Covid services.

I'm sure Board members will join me in thanking our Deputy CMO Graham James who has been acting up into the CMO role since Mike Hallissey returned to Birmingham in the summer.

I would also like to welcome back our Chief Finance Officer Robert Toole after his period of planned sickness absence and thank Robert Mackie for his much appreciated support while Robert Toole was away. Robert Mackie has now returned full time to his role as Director of Finance with Herefordshire and Worcestershire Health and Care Trust, and I'm sure the time he spent with us will prove invaluable in promoting even greater understanding and closer partnership working between our respective organisations.

Recommendations

The Trust Board is requested to

- Note this report.

Appendices - None

NHS
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Assurance levels Nov 2020

Meeting	Trust Board
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Black, Asian and Minority Ethnic (BAME) Network Progress Report

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

Accountable Director	Tina Ricketts, Director of People & Culture		
Presented by	Jas Cartwright, BAME Network Chair	**Author /s**	Jas Cartwright, BAME Network Chair

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		Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome
-	-	-

Recommendations	The Board is asked to note the progress of the network over the last 12 months, understand the challenges and support the ongoing work of the network.

Executive summary	The Black, Asian and Minority Ethnic (BAME) Staff Network has been in place since June 2020 and now has 115 members (approx. 12% of our BAME colleagues). Achievements to date include a reverse mentorship programme, successful webinars on hot topics (e.g. Covid vaccination and Let's Talk Racism), statement of intent with our PFI partners, the Band 8A recruitment process and a BAME literature section in our on-site libraries. The Board is asked to support: -the release of colleagues to be involved in the networks activities, -active engagement of all Trust Board members in the reciprocal mentoring programme, - ensure that there is a proactive talent identification and development policy in place across the Trust, -the planned activities over the next 6 months.

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	x	5		6		7		N/A		
Financial Risk	None																		
Action																			
Is there an action plan in place to deliver the desired improvement outcomes?	Y																		
Are the actions identified starting to or are delivering the desired outcomes?	Y																		
If no has the action plan been revised/ enhanced	Y																		
Timescales to achieve next level of assurance	**6 months**																		

Worcestershire Acute Hospitals NHS Trust

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Paper number	Enc D1

Introduction/Background

The BAME network set up in June 2020, now has a membership of 115 staff (consisting of BAME staff and Allies). The aim of the network is to support our BAME staff reach their career potential and develop an environment where the diversity and experiences that BAME staff bring to the Trust are valued, and that BAME staff are treated with respect and kindness by both staff and patients, in our workplace and they staff feel safe to raise concerns and issues that they are experiencing. If we get it right for BAME staff we get it right for patients and all staff.

This paper outlines the achievements over the past 12 months, summarises the challenges and issues that we are currently experiencing and sets out the plans for the next 6 months.

Over the last 12 months the BAME network has been instrumental in supporting the Trust progress in the areas outlined below:

- The establishment of an Integrated Care System (ICS) BAME group which meets monthly, with the leads of each health organisation: Primary care, Wye Valley & Health & Care Trust chaired by the Director of HR for Wye Valley. An Equality, Diversity and Inclusion Project Manager has been appointed to help co-ordinate the work across the ICS.
- We have an intranet page, twitter account and the libraries now have a fantastic BAME literature section available.
- Informally, the BAME network has been supporting the Band 8A and above recruitment process. Further work is required to embed the process within the Trust and to update the Recruitment and Selection Policy and Process.
- Equality and Diversity training with a focus on self-understanding and unconscious bias was delivered to the Board by Lorraine Mahachi, Network member.
- The Reciprocal Mentoring Programme was launched in January. We now have 23 BAME mentors as part of our first cohort, linked with the Trust Board. The feedback from the mentors suggests that not all Trust Board colleagues are actively engaging in the process, which may suggest that additional training is necessary for mentees.
- In response to a patient complaint, Vicky Morris (previous Chief Nurse Officer) worked with the BAME network and our PFI Partners: Engie, ISS and Siemens to develop a statement of intent that sets out how we align our cultures and way of working with respect to the equality & diversity agenda. See Appendix A for the Statement of Intent.
- To support COVID-19 the network has supported:
    - the review of the COVID risk assessment form and recommended changes, including the need for managers to talk to their staff and complete the form together.
    - The promotion of the vaccination programme, with a webinar in February 2021 where our guest speaker was Professor Lei, Chair of the Joint Committee Vaccination Immunisation.
- The Board now is more ethnically diverse, with our vice chair and two non-executives who are from a BAME background.
- We celebrated our 1st Anniversary conference with a ‘Let’s Talk Racism’ virtual conference, attended by 244 colleagues from across the Integrated Care System and the wider West Midlands, our key guest speaker was Imran Khan, Solicitor for the Stephen Lawrence family.
- A concern was raised about why BAME staff in theatres, who wear religious headgear e.g. hijabs and turbans, were being asked to wear theatre caps over their hijabs and turbans. It has been recommended, following the completion of a risk assessment by both the Theatre Manager and Infection Control Team, that this no longer necessary, as long as the correct material is used for the headgear and staff have ‘spare’ headgear that they can use should their get soiled.
- Canteens across both sites are working actively with the network to align ethnically diverse food to religious festivals.

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Issues and options

The network continues to meet fortnightly, with attendance at meetings from clinical colleagues having dipped, as activity levels start to rise across the Trust.

Areas where additional support and focus is required:

- The Vice-Chair post is currently vacant, awaiting support from the OD team to support the election process. CETM have confirmed that colleagues will be supported by their line managers to fulfil these duties
- The network has been receiving reports that staff are not being supported by line managers in attending meetings and network events and some active members of the network are being asked to justify where how their time is being spent.
- The ICS are funding the Cultural Ambassador programme, 13 applications have been received from across the ICS, applications from WAHT colleagues are in progress (no applications have been made to date from the Trust).
- The network has been working with the Academy Director to agree the offering for Equality and Diversity training for all staff and have recommended that additional training is provided over and above the current mandatory training for all staff.
- The network has recommended that all staff who enter into a formal process due to bullying and harassment are offered a coach to support them through the process but also offered mediation support prior to entering into the formal process.
- An EDI Dashboard is in development, which is recommended to form part of the Divisional PRM process, to support holding senior leaders to account for improving the WRES standards across their areas of responsibility.

Plan for the next 6 months:

- Support the launch and implementation of the Zero tolerance to Racism charter across the Trust and work with ICS to develop a communication strategy for patients.
- Improve the exit interview process: completion of exit interviews for all staff with an independent person, which is submitted to HR, and reviewed by an independent panel to identify emerging themes for further review/action.
- Ensure that there is a proactive talent identification and development policy in place across the Trust to support both clinical (aspiring consultants) and non-clinical staff.
- Launch the EDI Dashboard across all divisions.
- Develop improved support model across ICS for our International staff.
- Increase awareness of apprenticeships and training support for BAME staff.
- Develop lived experiences stories.
- Work with Councillor Riaz on an art installation at Worcester Royal Hospital with £15k of Arts council funding, to commemorate and recognise the contribution of BAME staff during COVID.

Conclusion

Whilst some progress has been made with this agenda in the last 12 months, the Trust is at the early stages of its journey to:

- Support BAME staff to reach their career potential
- Develop an environment where the diversity and experiences that BAME staff bring to the Trust are valued
- That BAME staff are treated with respect and kindness by both staff and patients in our workplace
- BAME staff feel safe to raise concerns and issues that they are experiencing

Worcestershire Acute Hospitals NHS Trust

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Recommendations
The Board is asked to note the progress of the network over the last 12 months, understand the challenges and support the ongoing work of the network
Appendices
Appendix A – Statement of Need  Statement of Intent Service Partners Final

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Assurance levels Nov 2020

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Paper number	Enc D2

Worcestershire Executive Committee Memorandum of Understanding and Terms of Reference

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

Accountable Director	Jo Newton, Director of Strategy & Planning		
Presented by	Jo Newton	**Author /s**	Rebecca O'Connor, Company Secretary, WAHT

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Worcestershire Executive Committee (WEC)	16 August 2021	Agreed with recommendation to be taken through partner boards
TME	22 September 2021	Approved

Recommendations	TME is recommended to:
	
	• Approve the:
	  ○ Terms of Reference of the Worcestershire Executive Committee
	  ○ Memorandum of Understanding for Worcestershire Executive

Executive summary	The ICS Executive forum has set an expectation for development of a Place operating model to deliver health and care services for Worcestershire. It is anticipated that Herefordshire & Worcestershire ICS will become a statutory NHS body from April 2022. The paper seeks approval of the current interim transitional governance arrangements for Worcestershire Executive, whilst options regarding the preferred future form are considered. It is written in the context of recently issued NHSEI guidance on the ICS Design framework (June 21).

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*2,11,19*

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

Worcestershire Acute Hospitals NHS Trust

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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	**November 2021**					

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	14 October 2021
Paper number	Enc D2

Introduction/Background

1. Purpose

The purpose of this paper is seek approval of the current interim transitional governance arrangements for Worcestershire Executive, whilst options regarding the preferred future form are considered. The paper is written in the context of recently issued NHSEI guidance on the ICS Design framework (June 21) [1] and was considered by members of the WEC Committee on 16 July and 16th August.

The guidance from NHSEI reflects the permissive nature of the role of Place which needs to be considered as part of the wider ICS system developments, including the transition out of CCGs, development of PCN/ District collaboratives and provider collaboratives.

Further work in the Autumn will be undertaken to determine a recommended function and form for Place. The MoU and terms of reference are proposed to cover the current interim arrangements.

Issues and options

Governance Framework

The primary governance framework is an overarching Memorandum of Understanding at ICS system level. Under this there is broad flexibility to establish an operating framework at Place level.

At the current time, this is achieved via two key documents which are appended:

a. Draft Memorandum of Understanding (MOU)
b. Draft Terms of Reference – Worcestershire Executive Committee

The MOU can be shaped and further refined as the arrangements develop, for example via additional schedules, as thinking evolves and more information and guidance becomes available. The principles and priorities within the MOU are enacted via the Worcestershire Executive Committee; updated terms of reference are attached articulating the proposed function and membership.

The above referenced documents are interim to enable Place level development to continue April 2022. They will naturally evolve as the Worcestershire Executive develops and will cease at the point of a change in national guidance or a formal delegation of decision making authority. The documents as drafted, provide an initial framework to enable Place to function as a collective whilst the arrangements evolve. They will be kept under regular review.

[1] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

Worcestershire Acute Hospitals NHS Trust

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Items considered and recommended by WEC:

- Removal of independent chair and confirmation of the executive nature of the group. This confirms the delivery nature of the Committee, with oversight and assurance from the HWBB and/or ICS Board.
- Voting arrangements - recommendation to remove the casting vote, meaning that in extemis, should it not be possible to reach a decision, that in the first instance further discussion and a further vote takes place, with escalation to the ICS Board for further consideration (note not decision) in consultation with the Partners

Conclusion

An initial draft governance framework is appended for approval by TME following recommendation from the Worcestershire Executive Committee. They enable the Worcestershire Executive to begin the work of shaping the arrangements to support delivery and respond to guidance as issued.

Recommendations

TME is recommended to approve the:

- Terms of Reference of the Worcestershire Executive Committee
- Memorandum of Understanding for Worcestershire Executive

Appendices

- Draft Worcestershire Executive Committee TOR
- Draft Memorandum of Understanding

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Paper number	Enc E

Integrated Performance Report – Month 5 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	22nd September 2021	Approved
Quality Governance	30th September 2021	Assured

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

Key Issues	**Emergency and Urgent care and Patient Flow & Capacity** • Although a decrease on the previous three months, attendances to our type 1 hospitals remain firmly in the upper range of our demand profile. The pressure for beds, whilst ensuring that Covid and elective surgery beds were ring-fenced, remained throughout the month and on several occasions' level 4 escalation procedures had to be put in place. For the period April to August 2021 ED attendances and ambulance conveyances are up 12% and 7% respectively compared to the same period in 2019 (pre-COVID). • The measures identified as showing special cause concern either as a result of 8+ months above the mean or elevated concern outside of the control limits have not changed, which is indicative of the sustained impact limited patient flow and high ED demand continues to have on our hospitals. • Although total discharges and transfers, discharges before midday and average length of stay remained within the expected ranges, most noticeable was special cause concern for those MFFD patients remaining on the ward 24 hours after becoming MFFD which over the course of Aug-21 remained above 2,000 for the third consecutive month. • Winter planning is progressing with modelling of demand being utilised to identify potential gaps in bed capacity. Continuing to ring-fence elective beds and/or increases in the number of patients requiring treatment for Covid will impact our available beds for emergency admissions; however, if we don't maintain beds for our elective patients, our elective inpatient activity plans for H2 will be impacted. There are currently 49 G&A beds ring fenced for COVID

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and 65 G&A beds ring fenced for 'purple' elective across the Alexandra and Worcestershire Hospital sites.

Recovery and restoration of the elective programme including Outpatients and Diagnostics

- The RTT waiting list has increased again with sustained high numbers of ERS and RAS referrals adding new patients to our waiting lists.
- We have aligned to the recently introduced national reporting of long waiters; those between 52 and 78 weeks (3,907), those between 78 and 104 weeks (1,899) and those waiting over 104 weeks (170). Of the 170 patients waiting over 104 weeks, 121 are waiting for orthodontic treatment.
- The emergency demands on the Trust are having a knock-on effect on diagnostic capacity which means not as many urgent and routine patients were having their tests. The removal of the CT scanner at Kidderminster, the on-going decontamination issues for endoscopy and staffing issues (vacancies and sickness) in cardiopulmonary have contributed to not achieving the diagnostic H1 targets, with the exception of non-obstetric ultrasound. However as part of the Trust's successful Community Diagnostic Hub Wave 1a bid a new CT mobile became operational on the 16th October 2021 and a new Endoscopy mobile will be operational from the 18th October 2021; both units will be on the Kidderminster site.
- Although unvalidated, the H1 targets for total outpatient and consultant-led first and follow-up outpatient attendances have been achieved.
- The total elective spells (6,835) in the month was below the H1 target but only by -223 however overall performance for H1 (April to August) to date is a total of 34,504 elective spells which is 833 cases above plan.

Stroke

- The SSNAP Q1 performance has been published and we have been graded a D (54 points); this is down from a grade C (66.6 points) the previous quarter.
- The clinical grade was a C (60 points) however a 10% reduction was applied due to a being graded a level B in both Case Ascertainment and Audit Compliance.
- 5 of 10 domains decreased by at least one grade, 4 remained the same grade but saw a decrease in score and 1 domain improved.

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*		

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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 • note this report for assurance
Appendices
▪ Trust Board Integrated Performance Report (Aug-21 data) ▪ WAHT August 2021 in Numbers Infographic ▪ LMNS Dashboards (Jul-21 data) ▪ Committee Assurance Statements

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Trust Board

14th October 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 5 [August] 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	Aug-21	49.00%	-	L	-	67%	53%	82%
	Time to Initial Assessment - % within 15 minutes	Aug-21	72.40%	-	L	-	87%	81%	93%
	Average time in Dept for Non Admitted Patients	Aug-21	251	-	H	-	192	163	221
	Average time in Dept for Admitted Patients	Aug-21	609	-	H	-	388	285	492
	% Patients spending more than 12 hours in A&E	Aug-21	10.00%	-		-	0.04	0.01	0.08
	Number of Patient spending more than 12 hours in A&E	Aug-21	1,211	-		-	482	139	825
RTT	Incomplete (<18 wks)	Aug-21	53.82%	92%	L	F	72%	68%	77%
	52+ WW	Aug-21	5,914	0	H	F	1501	966	2,037
CANCER	2WW All	Aug-21	70.89%	93%		?	84%	71%	97%
	2WW Breast Symptomatic	Aug-21	51.46%	93%		F	42%	2%	82%
	62 Day All	Aug-21	54.28%	85%	L	F	70%	57%	82%
	104 day waits	Aug-21	96	0	H	F	53	20	86
	31 Day First Treatment	Aug-21	90.13%	96%	L	?	97%	92%	101%
	31 Day Surgery	Aug-21	77.4 %	94%	H	?	88%	66%	110%
	31 Day Drugs	Aug-21	98.3 %	98%	H	?	98%	88%	108%
	31 Day Radiotherapy	Aug-21	100.0 %	94%		?	99%	92%	107%
	62 Day Screening	Aug-21	66.7 %	90%	H	?	75%	38%	111%
	62 Day Upgrade	Aug-21	100.0 %	90%	H	?	80%	54%	106%
Diagnostics (DM01 only)		Aug-21	53.46%	99%	L	F	77%	66%	87%
STROKE	CT Scan within 60 minutes	Jul-21	30.61%	80%		F	44%	19%	69%
	Seen in TIA clinic within 24hrs	Jul-21	90.70%	70%		?	85%	52%	119%
	Direct Admission	Jul-21	34.69%	90%		F	44%	15%	73%
	90% time on a Stroke Ward	Jul-21	75.51%	80%		?	76%	62%	90%

Data Quality Risk Matrix – Operational Performance

Data Set	Includes	Likelihood	Impact	Total Score	Context
Urgent Care	• EAS • EAS Type 1 • Total Time in A&E • Bed Capacity • 30 day re-admission rate • Aggregated patient delay • Conversion Rate • 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. **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. **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. **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 • 2WW All • 2WW Breast Symptomatic • 31 Day All • 62 Day All • 62+ day • 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 • 40-52 weeks wait • 52+ weeks wait • 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. **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 • Day cases on elective sessions (n) • Elective on Elective sessions (n) • Non-elective and Emergencies on elective sessions (n) • % 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. **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 • Radiology Activity • Endoscopy waiting list size • Endoscopy Activity	2	3	6	Detailed scrutiny at patient level regularly by the Division. Mitigation : Detailed reporting including potential data quality errors on WREN.
Stroke	• % patients spending 90% of time on stroke unit • % seen in TIA clinic within 24 hours • % Direct admission to stroke ward • % 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. An audit of Stroke will occur again within the next financial year.

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent and Emergency Care	• In Aug-21, the Trust saw a decrease in the number of patients attending our type 1 sites to 12,331 – this volume of attendances is still in excess of historic seasonal variation (average of 11,500 across Aug-19 and Aug-20). Children and young people attendances contributing 20% of the total (having been 21% in Jul-21). • Unsurprisingly, the pressures linked to reduced timely discharge of MFFD patients and increased Covid admissions manifested itself in the majority of ED metrics, continuing the trend of special cause concern and reaching levels outside of the control limits as more patients spend more time in department.
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. • Discharges before midday remained static but those patients still on the ward 24 hours after being assessed medically fit for discharge increased again; the 9th month in a row. • Long length of stay patient numbers increased.
Cancer	• **Long Waits:** The backlog of patients waiting over 62 days has increased to 323 from 318 and those waiting over 104 days has increased from 83 to 96. • Overall cancer referrals in Aug-21 have decreased from Jul-21 however, some specialities are seeing sustained demand (particularly in Lower GI and skin) well in excess of existing capacity. The impact is that, although improve, cancer two week waiting times continues to special cause concern with Breast Services and Skin still not to be able to see the majority of their patients within two weeks. • Cancer two week waits for Breast Symptomatic patients is no longer special cause concern having recovered to 51% of patients seen within 14 days. • Cancer 62 day waits is showing special cause concern with only 54% of patients starting treatment within 62 days due to delays in the 2WW and diagnostics elements of the pathway. • The delays are impacting the 31 day standard of treatment decision to treated which is also showing special cause concern.
RTT Waiting List	• **Long Waits:** Our patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (3,907), between 78 and 104 weeks (1,899) and those waiting over 104 weeks (170). Of the 170 patients waiting over 104 weeks, 121 are waiting for orthodontic treatment. • The RTT waiting list size remains a cause for concern having increased again to just over 54,700. 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 over 29,000 RTT patients waiting for their first appointment and only 7,430 of them have been dated. • Aug-21 saw 38,207 outpatient attendances take place (consultant and non-consultant led) meaning the H1 target has been met (+2,696). Comparing to Aug-19 shows we undertook approximately 84% of historic activity and 27% of Aug-21 appointments were non-face-to-face; this remains above the EFR Gateway target of 25%. • Total consultant-led first and follow-up outpatient attendances were above the H1 target in Aug-21. However, despite this achievement, non-face-to-face activity is currently below plan. • 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 Aug-21, we did not achieve the combined day case and elective inpatient H1 target (-223 to plan) with day case spells below by -58 and elective ordinary spells by -165. • 11 eligible patients who had their operation cancelled were not rebooked within 28 days in Aug-21; however 16 patients were. • The Independent Sector and with mutual aid support from Wye Valley Trust, undertook 114 day cases, 9 EL ordinary and 181 diagnostic tests. • Vanguard theatre activity started on 1st September and will be reported next month.
Diagnostics	• **Long Waits:** 6,531 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 2,636 have been waiting over 13 weeks and 59% are attributable to DEXA and echocardiography. • Diagnostic testing remains a cause for concern; the process is currently not capable of achieving the 1% target. The proportion waiting under 6 weeks has increased due to an increase in referrals. More activity in Aug-21 has been for emergency diagnostic tests which has offset seeing those patients waiting for 2WW, urgent and routine tests.

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	Number of Patient spending more than 12 hours in A&E	% Patients spending more than 12 hours in A&E
48.95%	72.53%	250	609	1,211	10.01

What does the data tell us?

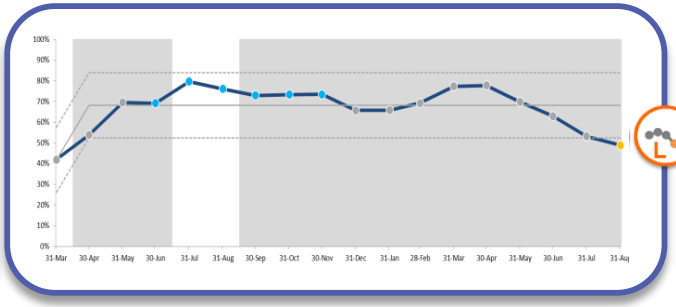
- **Urgent Care Indicators –** the metrics on slide 9 highlight the extreme pressure faced by the Trust during Aug-21 with the percentage of ambulance handovers within 15 minutes, average time in department for non-admitted patients and the number of patients spending 12+ hours in A&E all showing special cause concern for the month. Time to initial assessment within 15 minutes and average time in department for admitted patients show continued special cause concern for being outside of the control limits for 3 months and a 7 month run above the mean respectively.
- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs was 72.53% in Aug-21 – this is the fourth month of special cause concern in the context of attendances across all settings remaining significantly high at 17,313.
- **EAS Type 1 –** EAS performance at WRH dropped to below 60% for the second month in a row at 56.95% with the attendances at 7,276; there were 3,132 4 hour breaches. The ALX EAS performance remains below 70% to 62.99% and although there were 315 **fewer** attendances there were 140 **more** 4 hour breaches. Total Type 1 attendances across ALX and WRH were 12,331, 971 fewer attendance from Jul-21 but indicative of the sustained pressure on our emergency departments.
- **CYP Attendances**: Total attendances to WRH in Aug-21 who were children and young people dropped to 20% from 21% in Jul-21. Although this is still comparatively high numbers of attendances (as the total attendances remained over 7,000) at 1,429, it was no longer significantly so. 22% of all paediatric attendances arrived by ambulance also dropping back to expected levels.
- **Ambulance Handovers** - There were 862 x 60 minute ambulance handover delays with breaches at both sites – this further increase in breaches from Jul-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 82 validated 12 hour trolley breaches in Aug-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 9 consecutive months below the mean; the target cannot be met.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has increased from 891 in Jul-21 to 1001 in Aug -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** – 3,380 patients were admitted in Aug-21; a Trust conversion rate of 27.95%. The conversion rate at WRH was 29.89% and the ALX was 25.26%. The conversion rate at WRH in Aug-21 compared to Aug-19 is 4.29 percentage points higher.
- **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 Aug-21 both because the Aug-21 value is above the upper control limit and it's the 9th month in a row above the mean.

Month 5 [August] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for August-21 as 02nd September 2021

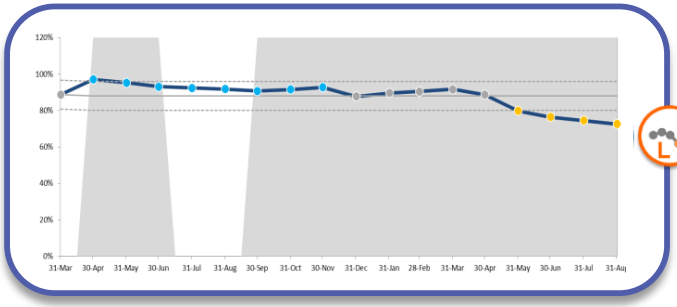
Percentage of Ambulance handover within 15 minutes

48.95%



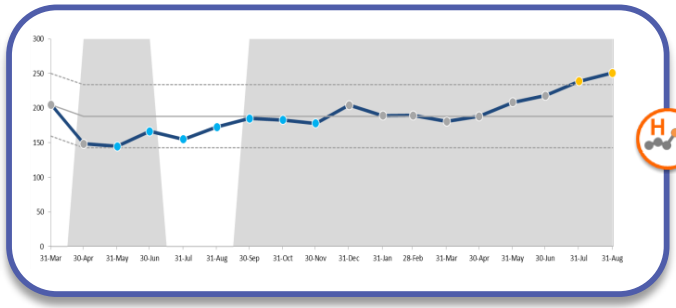
Time to Initial Assessment - % within 15 minutes

72.53%



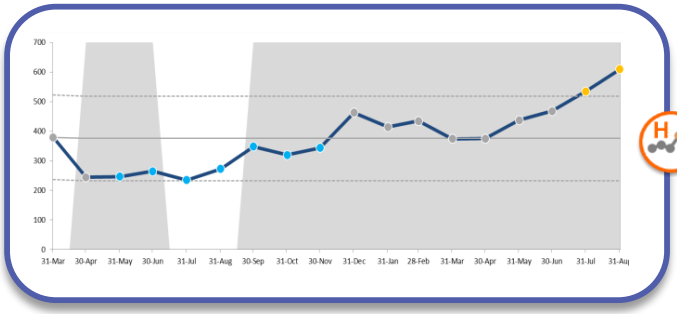
Average time in Dept for Non Admitted Patients

250



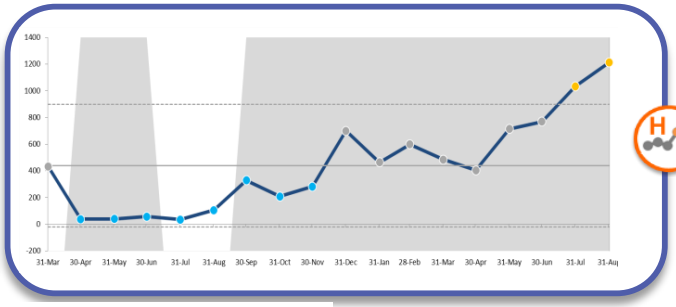
Average time in Dept for Admitted Patients

609



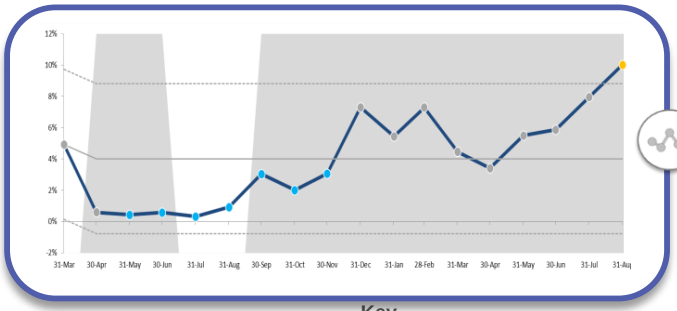
Number of Patients spending more than 12 hours in A&E

1,211



% Patients spending more than 12 hours in A&E

10.01%



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

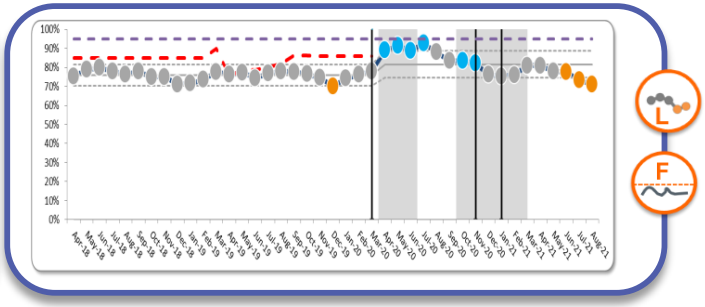
Month 5 [August] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for August-21 as 02nd September 2021

NHS Worcestershire Acute Hospitals NHS Trust

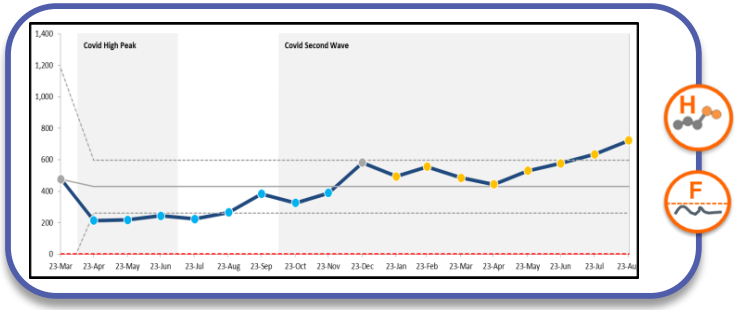
4 Hour EAS (all)

71.10%



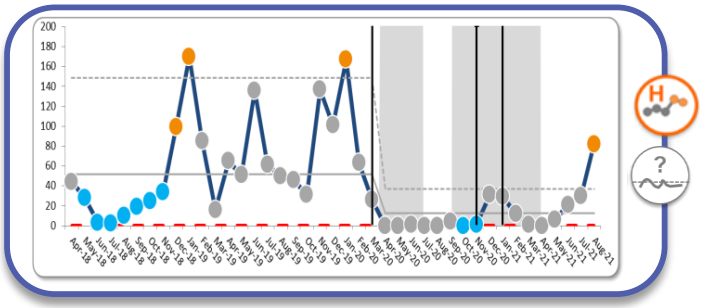
Aggregated Patient Delay (APD)

722



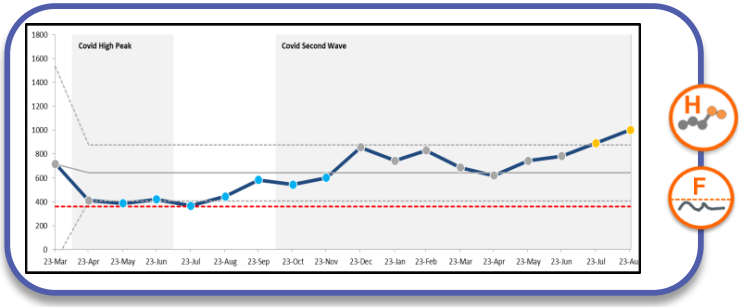
12 Hour Trolley Breaches

82



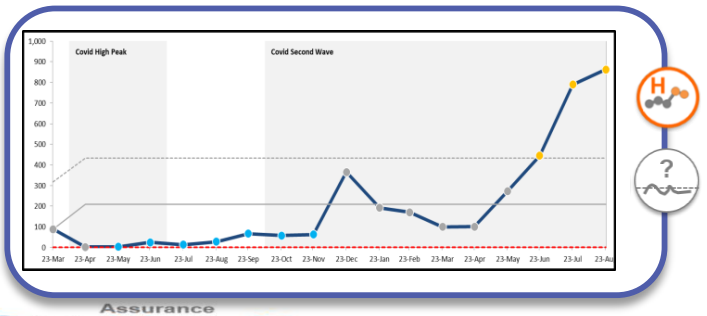
Total time spent in A&E (95th Percentile)

1001



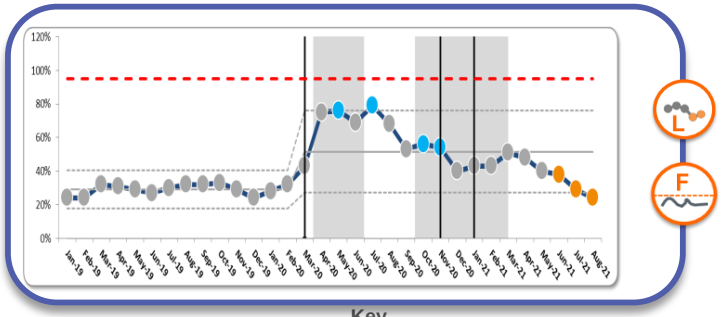
60 minute Ambulance Handover Delays

862



Specialty Review within 1 hour

24.00%



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 (August 2021)

EAS (All) -The Trust was one of 12 of 13 West Midlands Trust which saw a decrease in performance between Aug-21 and Jul-21. The Trust was ranked 8 out of 13; this is the same rank as the previous month. The peer group performance ranged from 53.78% to 86.50% with a peer group average of 70.33%; Declining from 74.49% the previous month. The England average for Aug 21 was 70.00% a -7.7% decrease from 77.70% in Jun-21.

EAS (Type 1) - The Trust was one of 9 of 13 West Midlands Trust which saw a Decrease in performance between Jul-21 and Aug-21. The Trust was ranked 8 out of 13; this is the same rank as the previous month. The peer group performance ranged from 51.50% to 82.27% with a peer group average of 59.83%; Declining from 60.80% the previous month. The England average for Aug-21 was 70.00% a 2.3% increase from 67.70% in Jun-21.

In August-21, there were 2,794 patients recorded as spending >12 hours from decision to admit to admission. 82 of these patients were from WAHT; 2.93% of the total.

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

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

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

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

WAHT — Operational Standard 95%

11

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 (Jun-21)	Discharges as a % of admissions IP only (Target >100%)			
WRH	20.94%	ALX	26.09%	WRH	39	ALX	14	23.6 Beds	WRH	6.0	ALX	4.7	3.14%	WRH	95.32%	ALX	89.00%

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 49 (31-Jul-21) to 53 with 18 patients deemed medically fit for discharge.
- **Bed Capacity** - Our G&A bed base is 752; with beds allocated to Covid patients, closed wards, unused beds during Aug-21 our average number of G&A beds occupied per day was 626, up from 580 the month before and the average midnight occupancy was 86.82%.
- **Medically Fit Patients** – for the 7th 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 three 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 5.8 days in Aug-21.
- **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.

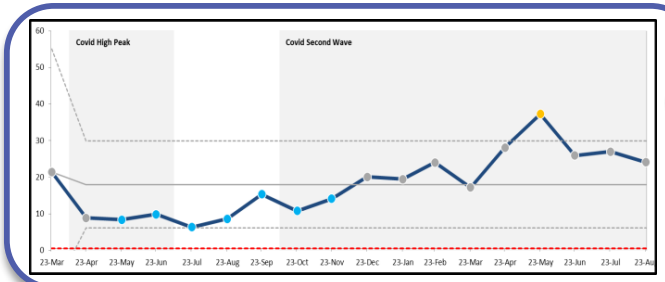
Current Assurance Level: 5 (Aug-21)	**When expected to move to next level of assurance:** This is dependent on the on-going management of the increase attendances and achieving operational standards.
Previous assurance level: 5 (Jul-21)	**SRO: Paul Brennan**

Month 5 [August] | 2021-22 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for August-21 as 02nd September 2021

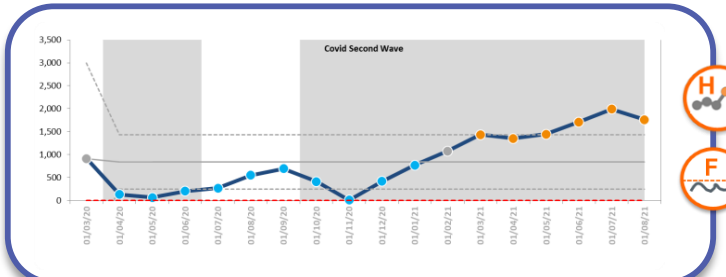
Capacity Gap (Daily avg. excl. EL)

23.6



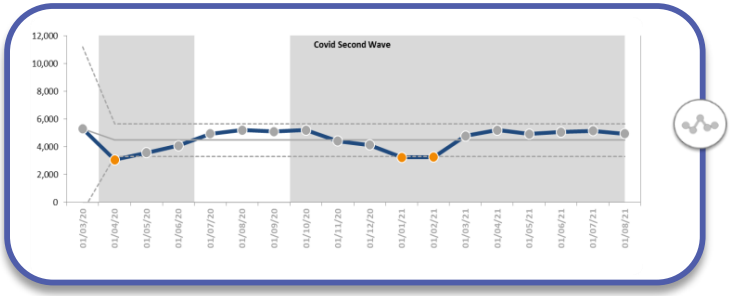
MFFD patients still on the ward 24hrs after becoming MFFD

1,763



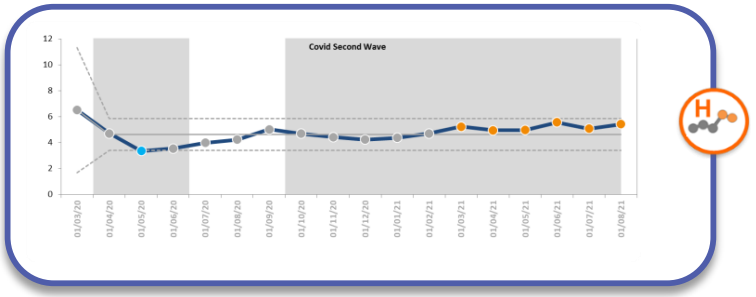
Total Discharges and Transfers

4,929



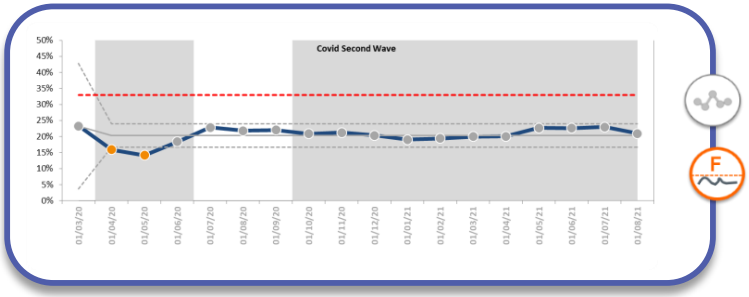
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.3



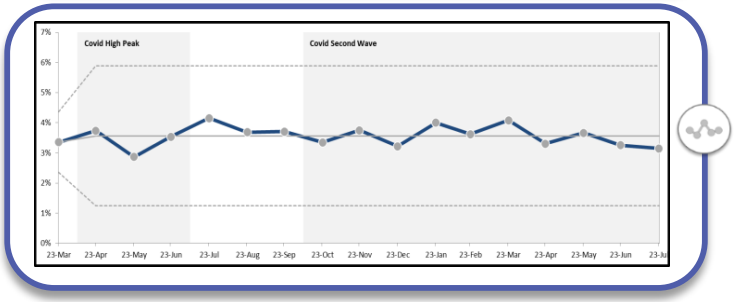
% Discharges before midday (non-covid wards)

22.75%



30 day readmission rate for same clinical condition

3.14%



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)		28 Days Faster Diagnosis		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
2,295	70.60%	2,051 seen	52.38%	105 seen	62.15%	1,630 diagnosed	86.35%	249 treated	52.08%	157 treated	2,832	323	96

What does the data tells us?

- **Referrals:** Although there was a 12% reduction from the previous month in overall referral numbers, skin and lower GI are still seeing high demand that is greater than their capacity.
- **2WW:** The Trust saw 70.60% of patients within 14 days. Of the 602 breaches, 160 were attributable to Breast Services and 312 to Skin. Across all tumour sites, 70 2WW breaches were due to patient choice and 542 due to the Trust's capacity issues. For the third month, this performance is special cause concern as a result of the high number of breaches, with the gains made in Breast (up to 52% from 15% in Jul-21) being offset by skin reducing to 5.5%, only 18 patients were seen within 2 weeks.
- **2WW Breast Symptomatic:** The Trust's waiting time performance returned to normal variation at 52.38%. Although performance is back within the confidence limits, this is the 11th consecutive month below the mean.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75%.
- **31 Day:** Of the 249 patients treated in Aug-21, 238 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This unvalidated performance is currently above the CWT target of 96%;
- **62 Day:** There have been 157 recorded first treatments in Aug-21 to date and 52.08% within 62 days. This has now moved to special cause concern by treating and the 85% target remains not achievable.
- **Cancer PTL:** As at the 30th August there were 2,832 patients on our PTL with 144 having been diagnosed and 1,647 still suspected. The remaining 945 patients were between 0-14 days.
- **Backlog:** The number waiting 62+ days for their diagnosis has been increased from 318 at the end of Jul-21 to 323 at the end of Aug-21; the number of patients waiting 104 days or more is 96, an increase of 13 patients from Jul-21 and is showing as a special cause concern again. The number of patients waiting is special cause variation of concern.

What have we been doing?

- **Do what we say we will do:** Breast 2ww now polling within 14 days so on course to deliver the forecasted 85% for September 2021 and then the standard of 93% from October 2021, providing no further increase in referrals or unforeseeable loss of capacity.
- Skin 2ww performance further deteriorated despite additional clinics via Medinet. Focus is now on the recruitment of the two consultant gaps whilst continuing to provide WLI's where possible.
- **No delays, every day:** Four out of nine Remedial Action Plans (RAPs) at cancer specialty level now produced and in review, with plans in place to have the remainder submitted within two weeks.
- Mobile CT back on the Kidderminster site from w/c 13th September 2021 which will improve access to diagnostics and in turn the 2ww (for those straight to test pathways) and 28 day faster diagnosis standards.
- Delays associated with reviewing test results and typing of clinic letters escalated to the relevant divisional management team for resolution.
- **We listen, we learn, we lead:** Listening into Action sessions held with staff from the 2ww Booking Office to understand current challenges and process issues, the start of a wider review of Booking Services across the Trust.
- Appointed to the role of Project Manager to review current pathways against National best practice pathways and implement improvements.
- **Work together, celebrate together:** Additional funding for 1 WTE CNS and 1 WTE Patient Navigator secured via the ICS transformation monies to further shore up the Colorectal 2ww nurse led triage, which continued to be under immense pressure due to unprecedented referral levels since March 2021.

What are we doing next?

- **Do what we say we will do:** Appointed to the role of Project Manager to review current pathways against National best practice pathways and implement improvements, now seeking to backfill her current role and agree a start date.
- **No delays, every day:** Cancer specialty RAPs to be received, approved and then managed via the new format PTL meetings chaired by the Head of Elective Performance and Patient Access. New format to include Directorate Manager attendance with updates led by the directorates as opposed to corporate departments.
- **We listen, we learn, we lead:** Revised structure by way of a management of change process (paper being drafted) to truly integrate the Cancer Services and 2ww Booking Office Teams.
- **Work together, celebrate together:** Further work underway to develop an ICS approach to capacity and demand analysis for cancer.

Current Assurance Levels (Aug-21)	Previous Assurance Levels (Jul-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

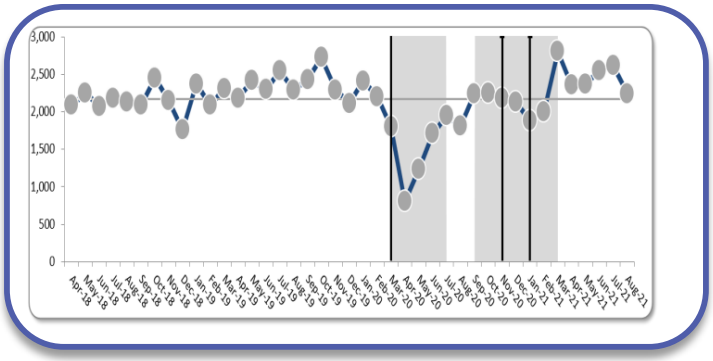
Month 5 [August] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for August-21 as 6th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

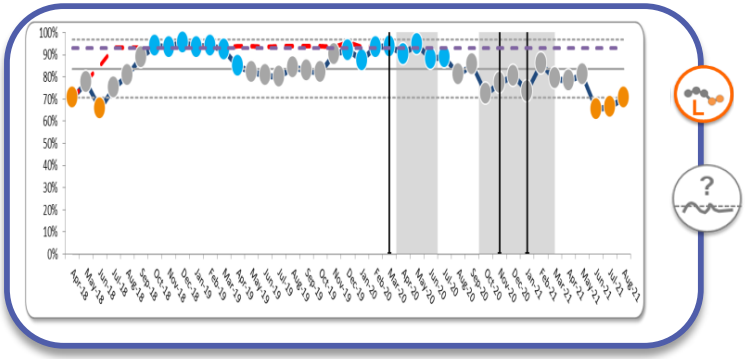
2WW Referrals

2,295



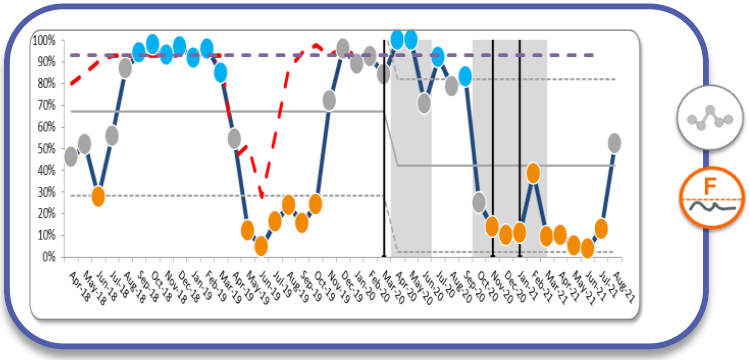
Cancer 2WW All

70.60%



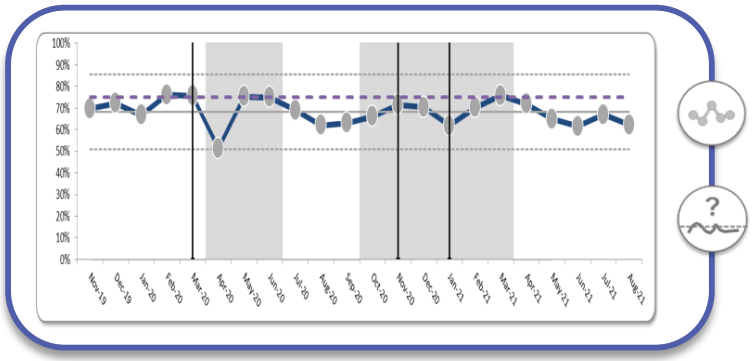
Cancer 2WW Breast Symptomatic

52.38%



Cancer 28 day FDS

62.15%



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.

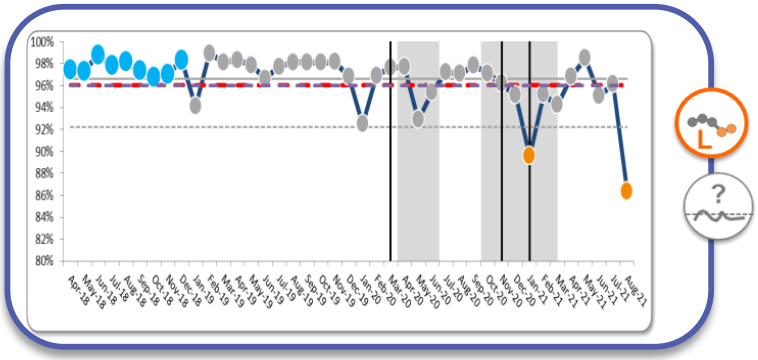
Month 5 [August] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for August-21 as 6th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

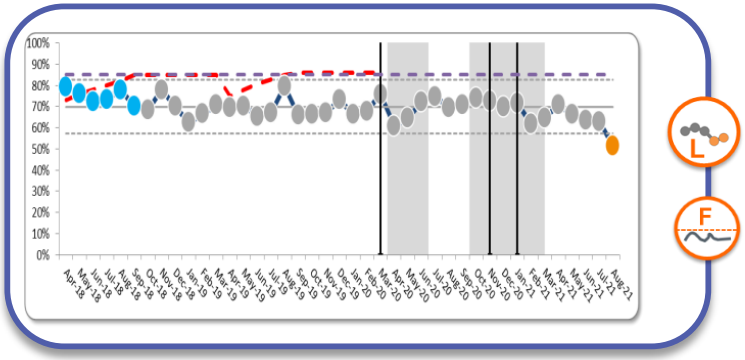
Cancer 31 Day All

86.35%



Cancer 62 Day All

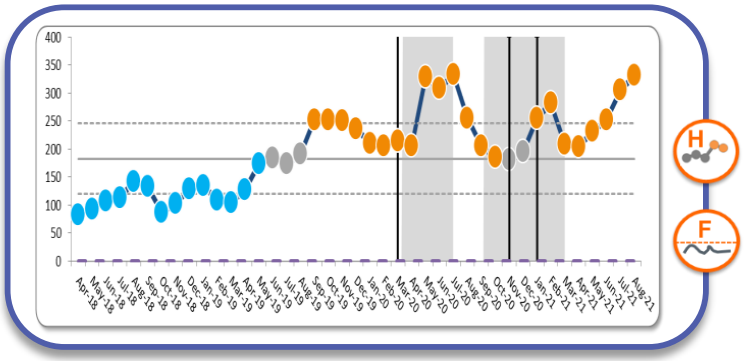
52.08%



Please note that % axis does not start at zero.

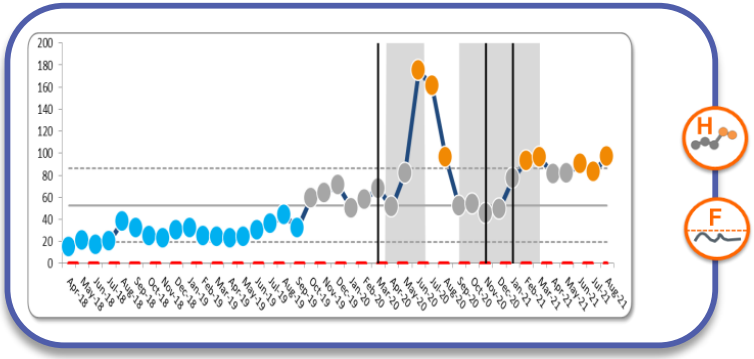
Backlog Patients waiting 62 day or more

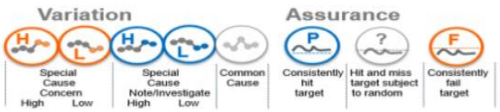
323



Backlog Patients waiting 104 day or more

96





Key

- Internal target
- Operational standard

Lockdown Period

COVID Wave

Operational Performance: Cancer Benchmarking

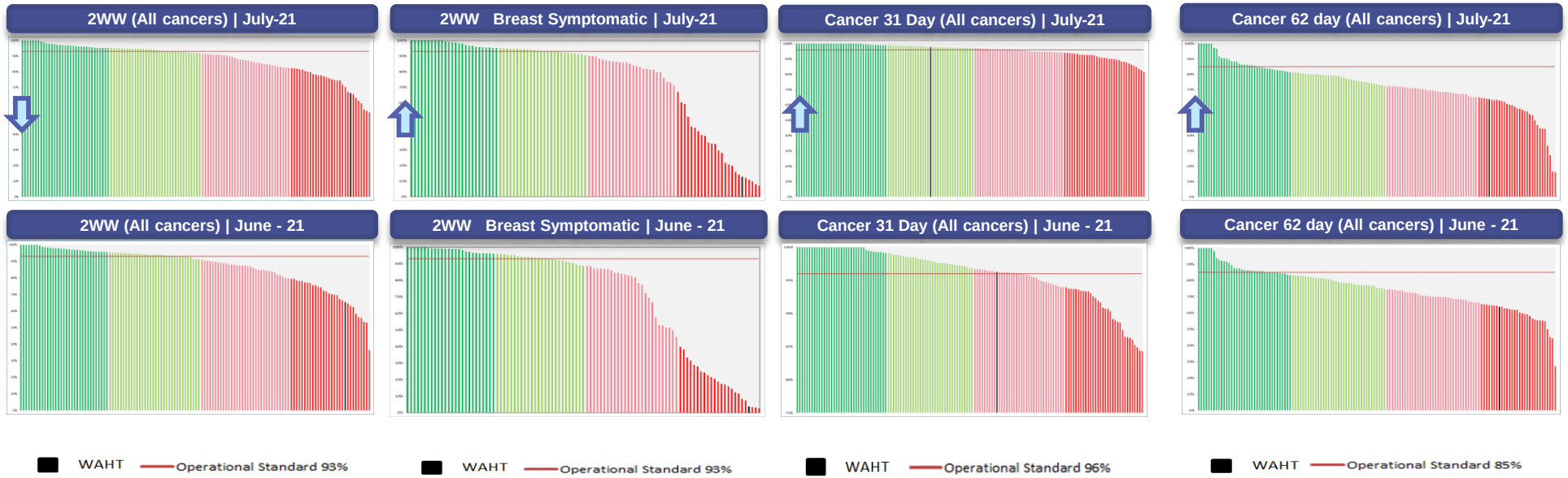
National Benchmarking (August 2021)

2WW: The Trust was one of 11 of 13 West Midlands Trust which saw a increase in performance between Jun-21 and Jul-21. The Trust was ranked 13 out of 13; this is the same rank as the previous month. The peer group performance ranged from 66.43% to 96.21% with a peer group average of 85.14%; improving from 80.49% the previous month. The England average for Jul-21 was 85.63% a 0.7% increase from 84.90% in Jun-21.

2WW BS: The Trust was one of 11 of 13 West Midlands Trust which saw a increase in performance between Jun-21 and Jul-21 This Trust was ranked 12 out of 13; we were 11th the previous month. The peer group performance ranged from 7.14% to 94.87% with a peer group average of 73.28%; improving from 48.74% the previous month. The England average for Jul-21 was 74.73% a 5.9% increase from 68.82% in Jun-21.

31 days: The Trust was one of 2 of 13 West Midlands Trust which saw a increase in performance between Jun-21 and Jul-21 This Trust was ranked 2 out of 13; we were 4th the previous month. The peer group performance ranged from 81.58% to 98.28% with a peer group average of 90.70%; declining from 92.21% the previous month. The England average for Jul-21 was 94.68% a 0.1% increase from 94.62% in Jun-21.

62 Days: The Trust was one of 13 of 13 West Midlands Trust which saw a Trusts in performance between Jun-21 and Jul-21 This Trust was ranked 9 out of 13; we were 8th the previous month. The peer group performance ranged from 44.44% to 79.41% with a peer group average of 61.30%; declining from 64.53% the previous month. The England average for Jul-21 was 72.09% a -1.2% decrease from 73.27% in Jun-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	7,302	Total	5,092	2,433	54,681	53.82%	4,887	5,914	2047	171
Non-2WW	4,767	Non-2WW	4,004							

What does the data tells us?

- **ERS Referrals:** a total of 7,302 electronic referrals were made to the Trust in Aug-21, the third month since Feb-21 above 7,000. 4,767 were non-2WW referrals so of the 7,302 electronic referrals 34.7% of these were 2WW cancer which is the second lowest 2WW % against any of the previous 12 months.
- **RAS Referrals:** a total of 5,092 electronic referrals were made to the Trust in Aug-21, the third consecutive month above 5,000. 4,004 were non-2WW and 72% were outcomed within 14 working days. Of the 577 2WW RAS referrals, 81% were outcomed within 2 working days. 16% 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 2,433 A&G requests received in Aug-21 with 86.9% responded to within 2 working days and 91.4% within 5 working days.
- 70.5% of the 2,254 responses in May-21 to A&G requests didn't result in a referral being made for that specialty within 3 months of the response (1,589 didn't result in a referral). This is currently within the expected range of A&G resulting in an outpatient appointment not being booked.

- **Referral To Treatment Time** - The Trust has seen a further 2.43% increase in the overall wait list size in Aug-21 compared to Jul-21; from 53,381 to 54,681
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increase to 25,252. This is currently 988 more patients than the validated Jul-21 snapshot. RTT performance for Aug-21 is validated at 53.82%compared to 53.50% in Jul-21. This remains sustained, significant cause for concern in Aug-21 and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is currently higher than Aug-21 at 5,914patients. Of that cohort, 2,047 patients have been waiting over 78 weeks and 170 over 104 weeks.
- Of the 104+ week cohort, 121 patients are under the orthodontic specialty with the next highest at 19 (urology). Looking back to those patients waiting between 78 and 104 weeks, urology is the highest at 480.

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

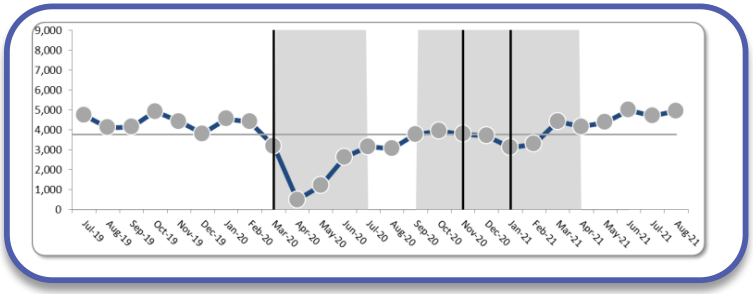
Month 5 [August] | 2021-22 | Operational Performance: RTT

Responsible Director: Chief Operating Officer | Validated for August-21 as 21st September 2021

NHS Worcestershire Acute Hospitals NHS Trust

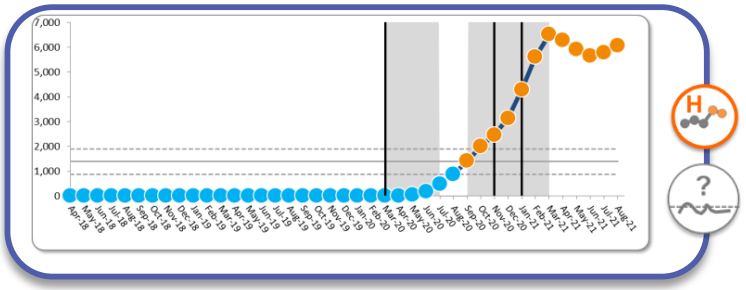
Electronic Referrals Profile

5,092



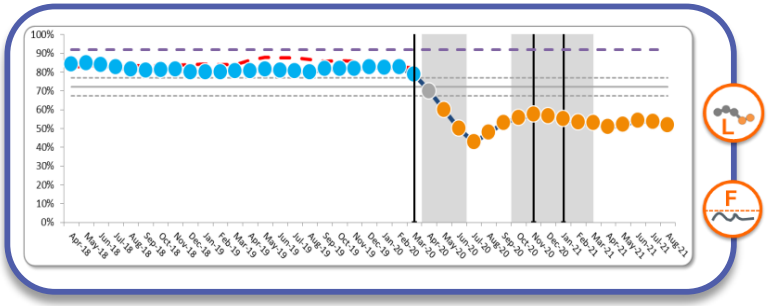
52+ week waits

5,914



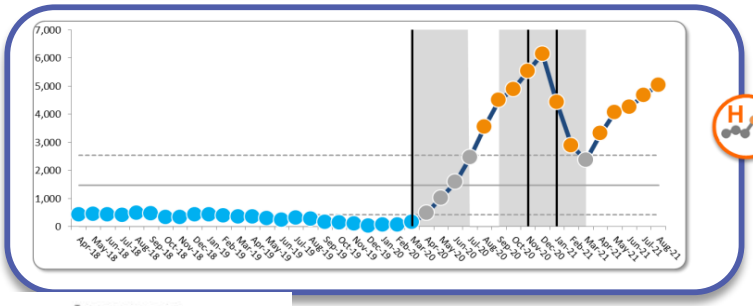
RTT % within 18 weeks

53.82%

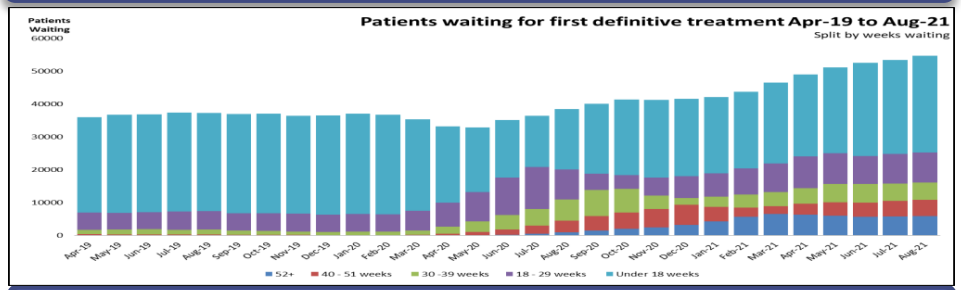


40-52 week waits

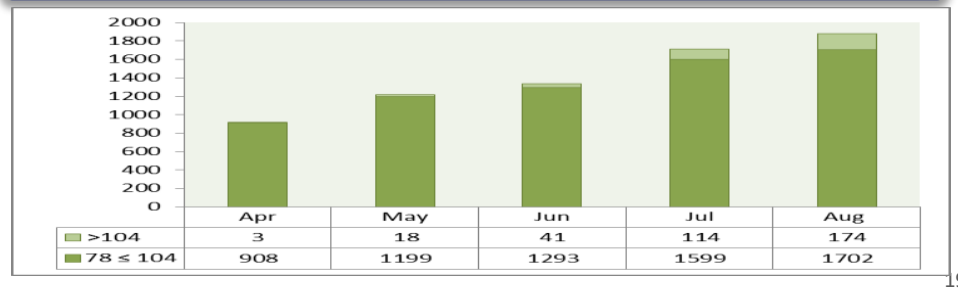
4,887



RTT waiting list profile by weeks waiting



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



	Apr	May	Jun	Jul	Aug
>104	3	18	41	114	174
78 ≤ 104	908	1199	1293	1599	1702

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

Key

- Internal target
- Operational standard

Operational Performance: RTT Benchmarking

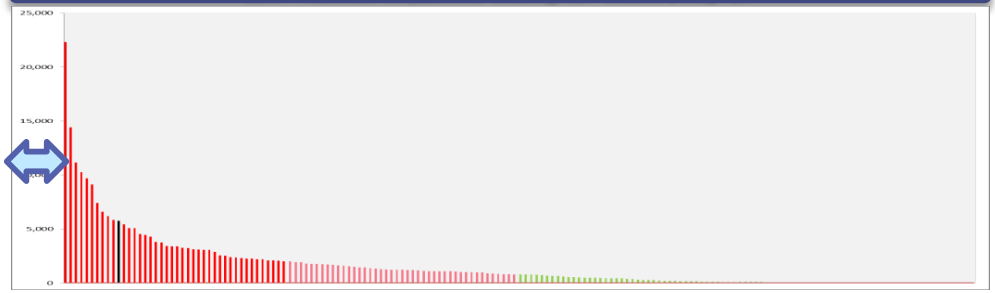
2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

National Benchmarking (August 2021) | The Trust was one of 10 of 12 West Midlands Trust which saw a increase in performance between Jul-21 and Jun-21 This Trust was ranked 11 out of 13; this is the same rank as the previous month. The peer group performance ranged from 44.39% to 83.39% with a peer group average of 55.42%; improving from 54.06% the previous month. The England average for Jul-21 was 68.30% a -0.5% decrease from 68.80% in Jun-21.

Nationally, there were 293,102 patients waiting 52+ weeks, 5,761 (1.96%) of that cohort were our patients.
Nationally, there were 97,944 patients waiting 78+ weeks, 1,591 (1.62%) of that cohort were our patients.
Nationally, there were 7,797 patients waiting 104+ weeks, 114 (0.6%) of that cohort were our patients.

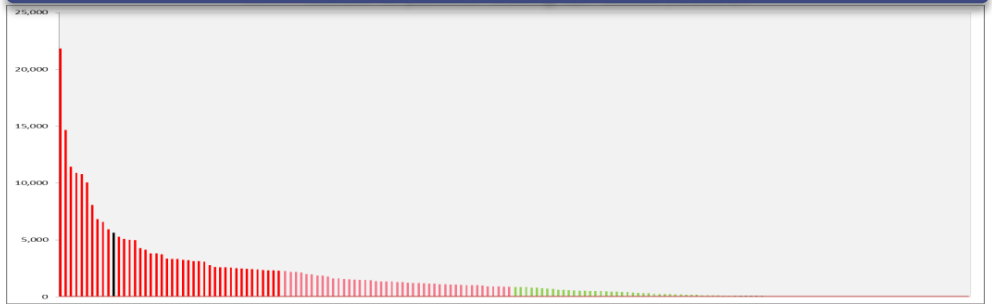
RTT - % patients within 18 weeks | July-21

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



RTT - % patients within 18 weeks | June-21

RTT – number of patients waiting 52+ weeks | June-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	
38,208	+2,697	27,957	+5823	10,251	-3126	27%	8,934	+443	11,935	+843	6,346	-58	489	-654

Outpatients - what does the data tell us?

- The graphs on slide 23 compare our Aug-21 consultant led outpatient appointments to Aug-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 38,208 outpatient appointments in Aug-21 (consultant and non-consultant led). For context, this is 7,051 fewer appointments than Aug-19 but +2,696 appointments to the H1 activity target (unvalidated).
- In Aug-19, 44,384 face-to-face appointments took place compared to 27,957in Jul-21; with the H1 target being exceeded by +5,823. As would be expected with non-face-to-face was not the norm in Aug-19, Aug-21 is considerably higher with 10,251 appointments taking place compared to 874. However, we are -3,126 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 17th September, there were 29,169 RTT patients waiting for their first appointment and 7,430 of them have been dated. Of the full cohort, 2,106 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.

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 77.90% and factoring in allowed downtime, this increases to 83.3%. Lost utilisation due to late start / early finish was lower in Aug-21 at 21.1% than in Jul-21 (21.0%).
- In Aug-21, we did not achieved the combined day case and elective inpatient H1 target; this was due to not hitting either H1 targets-58 which offset the being below the elective inpatient plan by -165. Both day case and elective inpatient saw decreases in their activity levels from Jul-21 to Aug-21.
- 59.26% of eligible patients were rebooked within 28 days for their cancelled operation in Jul-21.
- Across the Independent Sector and Wyre Valley Trust 118 day cases / electives were undertaken; this was -97 fewer compared to Jul-21.

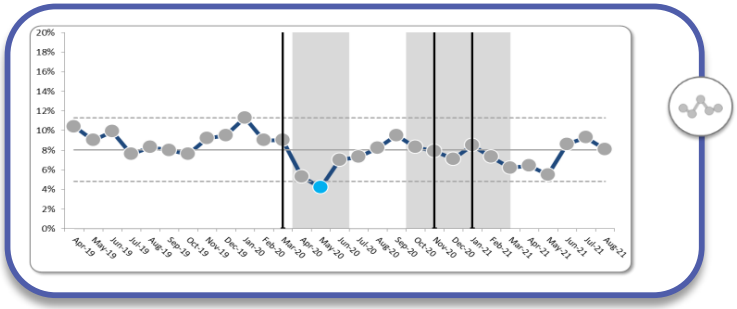
Current Assurance Level: 4 (Aug-21)	**When expected to move to next level of assurance: :** This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and the expectation from NSHEI for H2.
Previous Assurance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

Month 5 [August] | Operational Performance: Theatre Utilisation & Outpatients

Responsible Director: Chief Operating Officer | Validated for August-21 as 6th October 2021

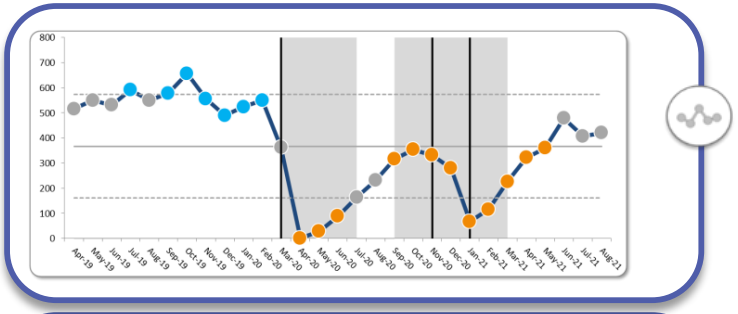
On the day cancellation as a percentage of scheduled procedures (%)

8.10%



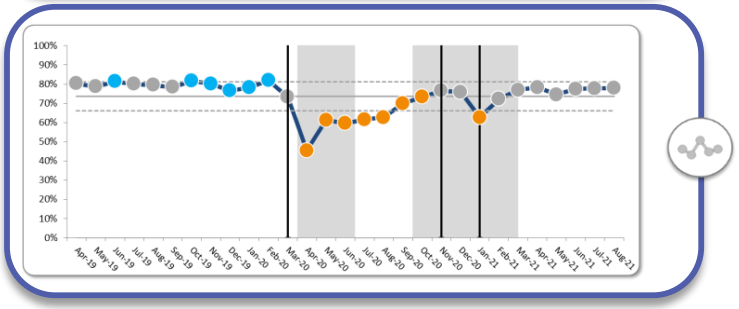
Electives on elective theatre sessions (n)

420



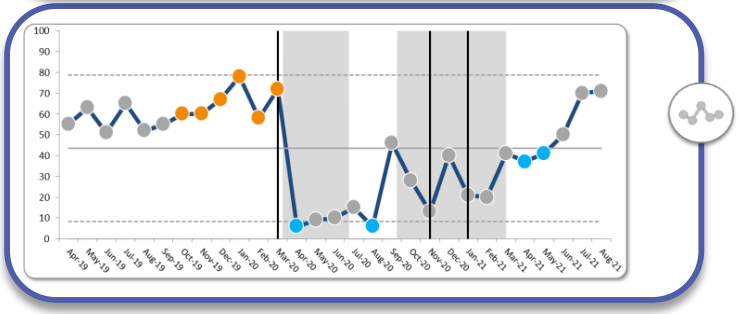
Actual Theatre session utilisation (%)

77.90%



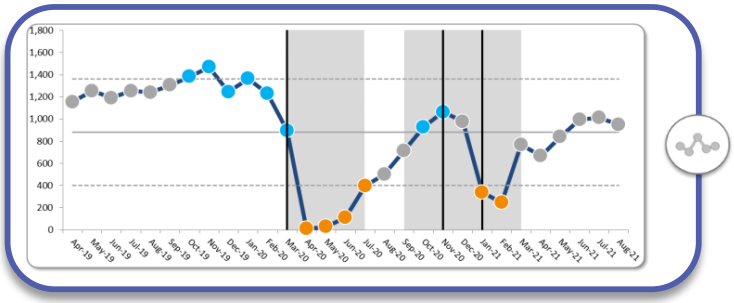
Non-electives & emergencies on elective theatre sessions (n)

71



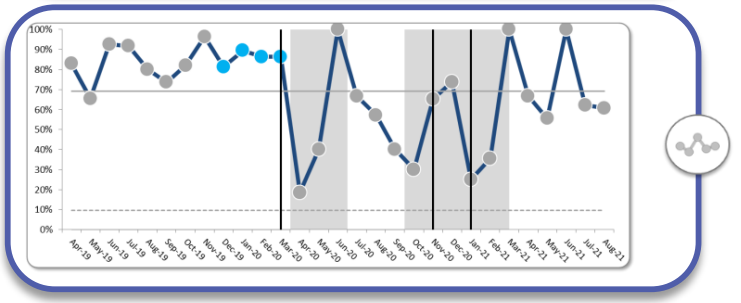
Day cases on elective theatre sessions (n)

950



% patients rebooked with 28 days of cancellation

60.71



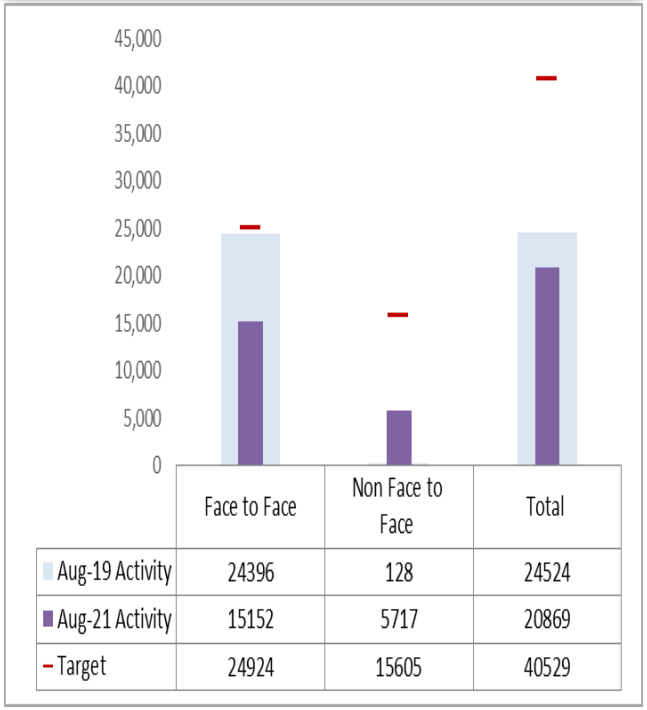
Month 5 [August] | 2021-22 | Operational Performance: Outpatients

Responsible Director: Chief Operating Officer | Unvalidated for August-21 as 6th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

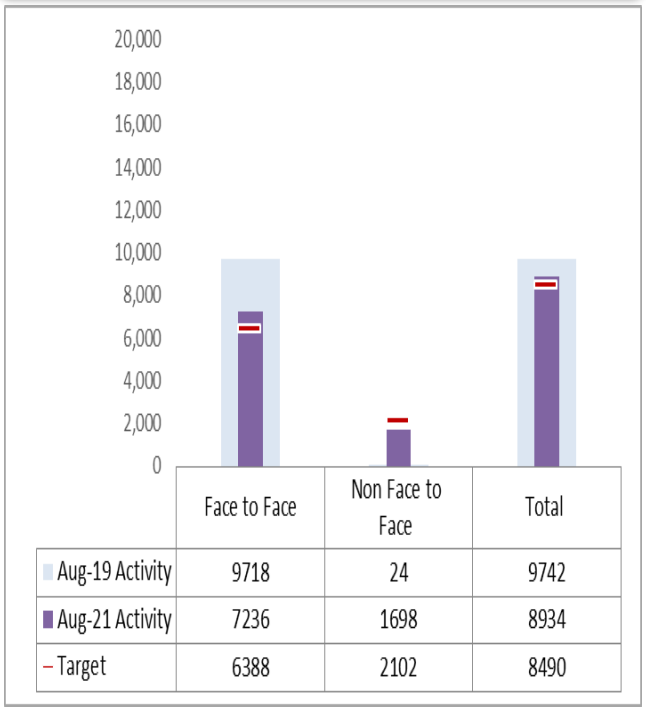
Comparing Outpatients Activity between 2019, 2021 and the H1 activity targets

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



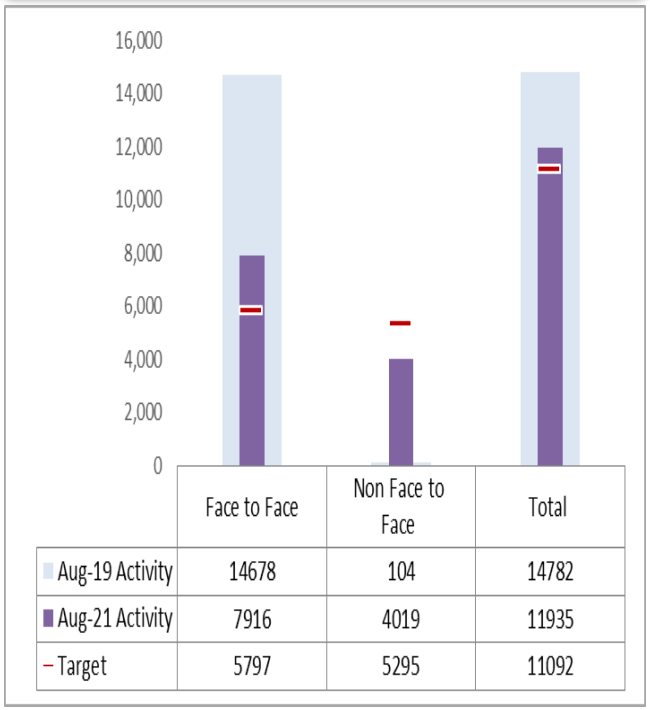
	Face to Face	Non Face to Face	Total
Aug-19 Activity	24396	128	24524
Aug-21 Activity	15152	5717	20869
Target	24924	15605	40529

Consultant-led first outpatient attendances



	Face to Face	Non Face to Face	Total
Aug-19 Activity	9718	24	9742
Aug-21 Activity	7236	1698	8934
Target	6388	2102	8490

Consultant-led follow-up outpatient attendances



	Face to Face	Non Face to Face	Total
Aug-19 Activity	14678	104	14782
Aug-21 Activity	7916	4019	11935
Target	5797	5295	11092

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		
14,032	6,531	53.46%	8,679	3,614	58.36%	3,692	1,928	47.78%	1,810	792	56.24%

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 53.46% 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 increased with the total waiting list currently at 14,032 patients, an increase of 866 patients from the previous month.
- The total number of patients waiting 6+ weeks has increased by 518 patients (6,013 in Jul-21) and there are now 2636 patients waiting over 13 weeks (2,218 in JuL-21).
- Radiology has the largest number of patients waiting at 8,680 and has the largest number of patient waiting over 6 weeks at 3,730; an increase of 508 from JuL-21.

Activity

- 14,606 diagnostic tests were undertaken in Aug-21, 131 more than July 21
- For radiology, non-obstetric ultrasound and CT achieved their H1 targets, whereas MRI showed a decrease in activity between Jul-21 and Aug-21
- For endoscopy, gastroscopy achieved the H1 target, but FlexiSig and colonoscopy didn't although both showed a small increase in activity from the previous month.
- Echocardiography did 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)
- Contract with Phillips for CT mobile, activity commences 13th September. (5 completed)
- Commenced BMI for CT, MRI and US (5 this has commenced and is achieving the small volume offered by BMI)

What are we going to do next?

- Commence order for CDH CT scanner
- Identify additional MRI scanner to support replacement in 2022
- Continue WLI session in CT, MRI and US. (4 reliant on staff)
- Commence recruitment for CT3 staffing (5 will commence recruitment campaign, 4 actually successfully recruiting)
- Commence recruitment campaign with comms team (5 scheduled)

Issues

- CT capacity reduced, 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 120 patients per month to BMI for SPOT patients
- Continued with cessation of insourcing activity weekday day ECH. Maintained 1 room of activity during weekend period for 18 week at ECH due to decontamination issues.
- Continued weekend waiting lists all sites.
- Continued outsourcing urology

What are we going to do next?

- Resume full insourcing activity at ECH from 11th September.
- ATR in progress for fully trained nurse endoscopist .
- Commence use of In-health mobile unit from next month

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

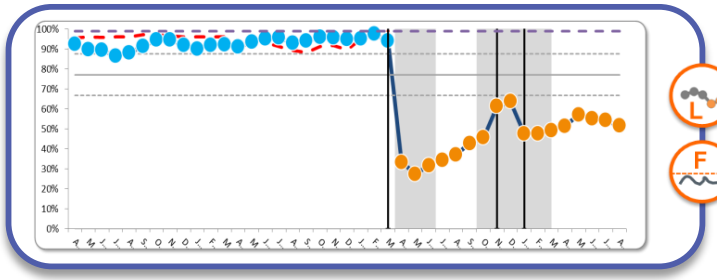
2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

NHS Worcestershire Acute Hospitals NHS Trust

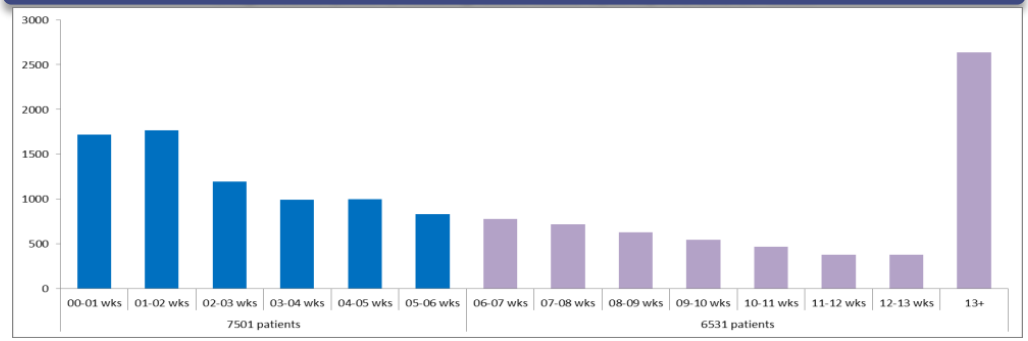
The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks												
Trust Total			Radiology			Physiology			Endoscopy		
14,032	6,531	53.46%	8,679	3,614	58.36%	3,692	1,928	47.78%	1,810	792	56.24%

DM01 Diagnostics % patients within 6 weeks

53.46%



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)

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 backlog

Issues

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

Current Assurance Level: 5 (Aug-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

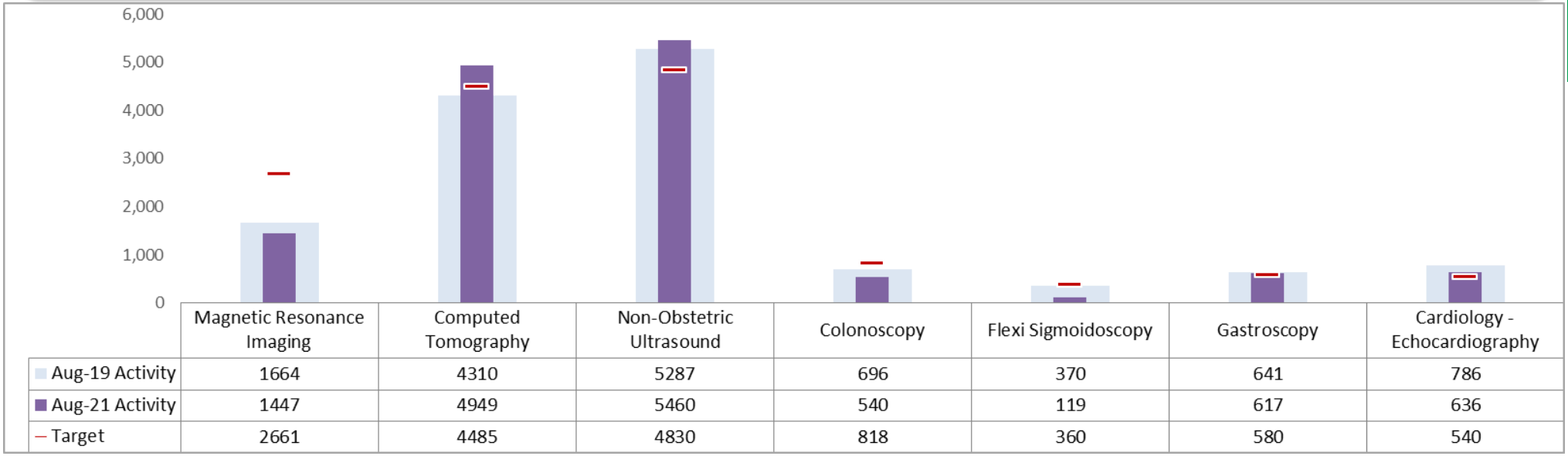
Previous assurance level: 5 (Jul-21)

SRO: Paul Brennan

Month 5 [August] 2021-22 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for August-21 as 20th September 2021

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



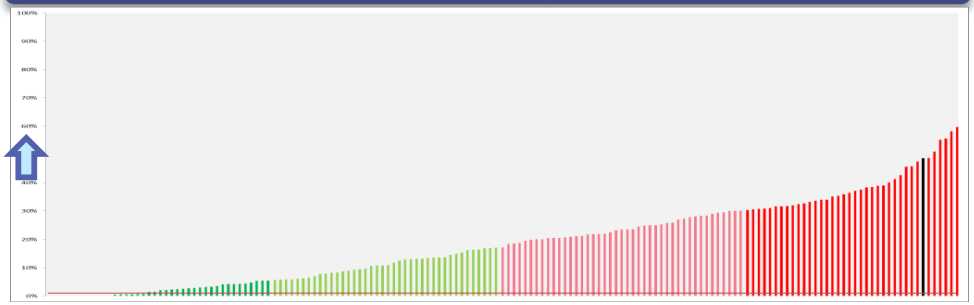
	Magnetic Resonance Imaging	Computed Tomography	Non-Obstetric Ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Cardiology - Echocardiography
Aug-19 Activity	1664	4310	5287	696	370	641	786
Aug-21 Activity	1447	4949	5460	540	119	617	636
Target	2661	4485	4830	818	360	580	540

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.

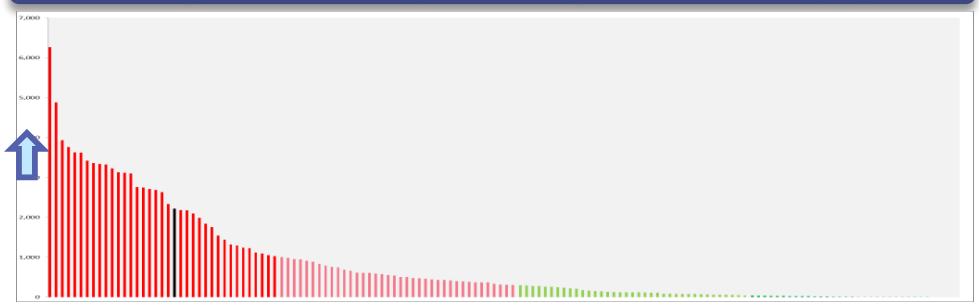
Operational Performance: Diagnostics (DM01) Benchmarking

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.

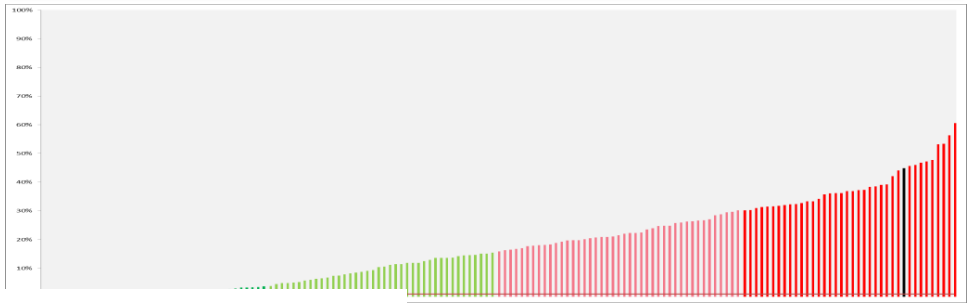
DM01 Diagnostics - % of patients waiting more than 6 weeks | July-21



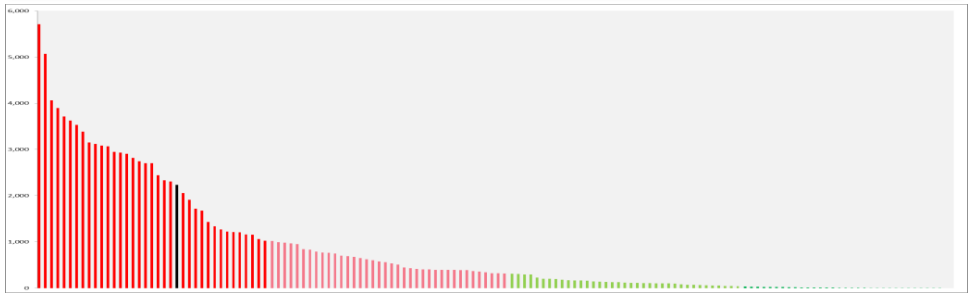
DM01 Diagnostics - number of patients waiting more than 13 weeks | July-21



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



DM01 Diagnostics - number of patients waiting more than 13 weeks | June-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	% 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			
81.82%	34.09%	31.82%	90.70%	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 and noting that % patients seen in TIA clinic within 24 hours achieved the target.

SSNAP

- Q1 results were published on the 6th September. There has been a downgrade from a grade C (score of 66.6) to a grade D (score of 54.0).
- Clinically, we achieved a grade C with a total of 60 points. This was a 14 point decrease on Q1.
- We achieved a grade B on audit compliance which is a improvement from the previous quarter as we were grade level C; however two grade B's for audit compliance and case ascertainment led to a 10% reduction in the overall score.
- The following domains had a decline in score / grade - scanning, thrombolysis, specialist assessment, MDT working and discharge process
- The following domains remained at the same grade but all had a lower score than Q4 - Stroke Unit, Occupational Therapy, Physiotherapy and SLT
- One domain improved its overall grade and score – this was Standards by Discharge which went from a level B and 89 points to a level A and 99 points.

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. Agency consultant confirmed to start 4/10/21.
- **90% Stay on Stroke Ward:** Issues described above impact on this KPI. To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke. Attempts to substantively recruir are underway with 2 job descriptions currently with the Royal College for approval. Also working with regional ISDN to access mutual aid whilst the service only has 1 substantive consultant.
- **TIA Patients Seen Within 24 Hours:** TIA clinics at the weekend have been temporarily suspended due to lack of consultant resource. During weekdays, TIA clinic capacity has reduced significantly due to shortage in medical cover, the performance is expected to continue for 2-3 months until further consultants are appointed. However, to improve this performance, the stroke consultant triages all TIA referral prior to adding patients to the TIA clinic with significant numbers rejected as inappropriate.
- **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 October).

Current Assurance Level: 5 (Aug-21)	**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 (Jul-21)	**SRO: Paul Brennan**

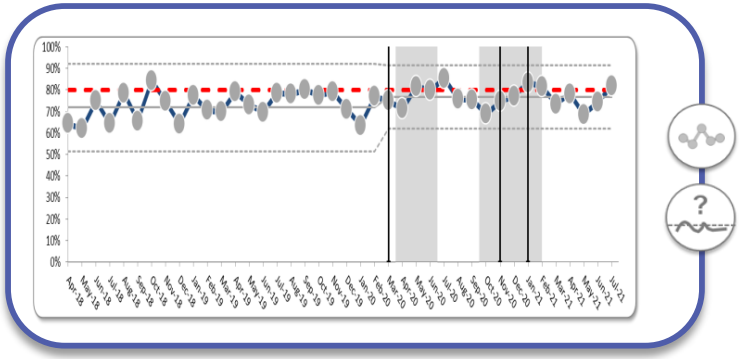
Month 5 [August] | 2021-22 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for July-21 as 2nd September 2021

NHS Worcestershire Acute Hospitals NHS Trust

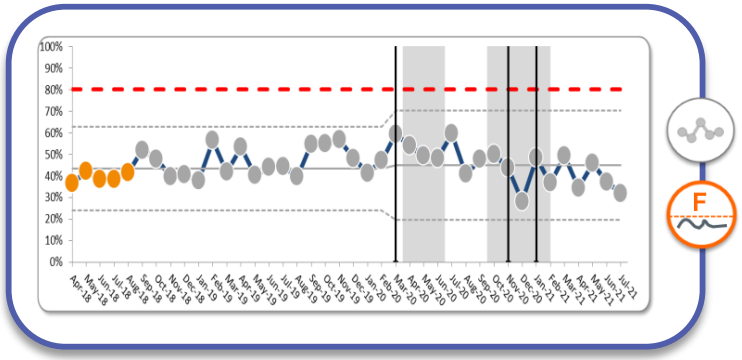
Stroke: % patients spending 90% of time on stroke unit

81.82%



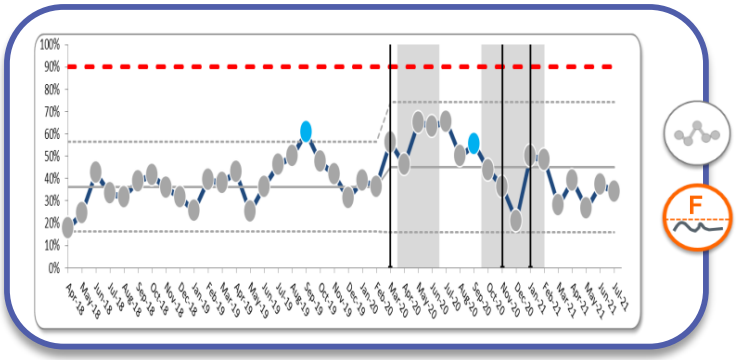
Stroke : % CT scan within 60 minutes

31.82%



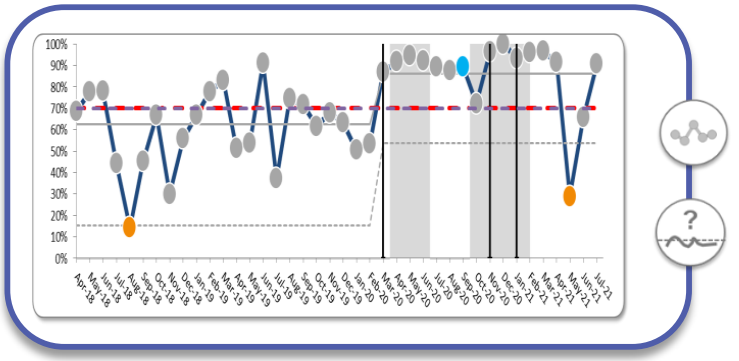
Stroke : % Direct Admission to Stroke ward

34.09%



Stroke: % seen in TIA clinic within 24 hours

90.70%



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

Lockdown Period

COVID Wave

Quality and Safety

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Infection prevention and Control	C-Diff	1	3	3	This is scrutinised at patient level regularly. There are no known issues with this data known at present.
	E-Coli	1	3	3	
	MSSA	1	3	3	
	MRSA	1	3	3	
Hand Hygiene	Hand Hygiene Participation Hand Hygiene Compliance	Unknown	Unknown	N/A	Not yet reviewed. Plan to review the completion of these audits from a data quality perspective (Q2 2021/22)
Sepsis	Sepsis 6 bundle Compliance Sepsis Screening Compliance Sepsis Screening Antibiotics	Unknown	Unknown	N/A	Not yet reviewed. Plan to audit the completion of these audits from a data quality perspective. (Q3 2021/22)
VTE	VTE Assessment 24 Hours VTE Assessment	2	2	4	This metric has had a lot of scrutiny and is reviewed fortnightly in a meeting so no concerns.
ICE Reporting	ICE reports viewed radiology	3	2	6	The data quality issue is in relation are in relation to filing and management of reporting by consultants and allocation of report to correct consultant. There are some small technical issues for which there is currently no resolution. **Mitigation:** There are reports available on WREN at consultant level to provide focus on which reports require viewing and filing.
	ICE reports viewed Pathology	3	2	6	

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Fractured Neck of Femur	NOF time to theatre	2	3	6	Data is captured robustly in a FNOF national database, the data quality between the clinical PAS and the database can be different, however we routinely audit this.
Falls	Falls per 1,000 bed days causing harm	1	1	2	No data quality issues due to the in depth patient level scrutiny.
Pressure Ulcers	All Acquired Pressure Ulcers Serious Incident Pressure Ulcers	1	1	2	No data quality issues due to the in depth patient level scrutiny.
Medicine Incidents	Total medicine Incidents reports Medicine incidents causing harm	Unknown	Unknown		Not yet reviewed. Plan to audit the completion of these audits from a data quality perspective (Q2 2021/22)
Complaints	Complaints Reponses </= 25 days	Unknown	Unknown		

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Mortality	HSMR 12 month rolling	2	2	4	On occasion issues are identified but these are investigated as they arise. No current known issues.
	Mortally review completed </= 30 days	2	3	6	There are still some investigations regarding the accuracy of data in the new bereavement app. Issues may be related to interpretation of how the app should be used and interpretation of which data to record where. **Mitigation:** Detailed review of the app – mortality working group is systematically working through a review of the app.
Friends and Family	A&E Responses Rates Inpatient Responses Rates Maternity Responses Rates Outpatients Responses Rates A&E Recommended Rate Inpatient Recommended Rate Maternity Recommended Rate Outpatients Recommended Rate	No score	No score		

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	• Our C.Diff cases increased to 8 in Aug-21, 6 of which were hospital acquired and 2 were community acquired. This brings our year to date position to 7 over trajectory. This is based on the national target of no more than 61 cases for the financial year 2021/22. • E-Coli BSI achieved the in-month target for Aug-21, and is achieving the year to date trajectory. • MSSA achieved the in-month target for Aug-21, and is achieving the year to date trajectory. • MRSA achieved the in-month target for Aug-21, and is achieving the year to date trajectory. • The new metric Klebsiella species bacteraemia achieved the in-month target for Aug-21, and is achieving the year to date trajectory. • Another new metric, Pseudomonas aeruginosa bacteraemia also achieved the in-month target for Aug-21, and is achieving the year to date trajectory. • Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 18 months. • Antimicrobial Stewardship overall compliance for Aug-21 increased slightly to 88.99%, but is just under target (90%) • Patients on Antibiotics in line with guidance or based on specialist advice for Aug-21 was 90.42%, and achieved the target. • Patients on Antibiotics reviewed within 72 hours for Aug-21 was 91.10%, and achieved the target. • There were five wards in Aug-21 which had open COVID outbreaks; Ward 6, Ward 11, Ward 12 and Aconbury 4, T&O.
SEPSIS 6	• Compliance of completion of the sepsis 6 bundle within one hour dropped in Jul-21 and the performance remains below target. • Sepsis 6 screening performance fell slightly in Jul-21, however, compliance has not met the target since May-19. • Sepsis 6 antibiotics provided within one hour compliance rose in Jul-21 and achieved the target.
VTE Assessments	• There has been a sustained significant improvement in VTE assessments, with the target begin attained every month since April 2019. • There is concern about VTE 24 hour VTE re-assessment rates, which dropped slightly in Aug-21. • Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting.
ICE Reporting	• The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 16 months (range 80.56% to 85.37%). • The Target of 95% for viewing Pathology Reports on ICE dropped just below target for the first time in 14 months.
Fractured Neck of Femur	• The #NOF target of 85% has not been achieved since the start of the pandemic in March 2020 (87.30%), and rose in Aug-21 compared to Jul-21.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	• The recommended rate for Inpatients continued to achieve the target at 95.41% in Aug-21. The response rate was also above trust target at 34.84% which exceeded the previous month (which was also on target). • The recommended rate for Maternity dropped to 90.79% and failed to achieve the target. The response rate also dropped and remains below the trust target at 13.31%. • The recommended rate for Outpatients increased to 93.11% but failed to achieve the target. The response rate continued above target and exceeded the previous month at 11.50%. • The recommended rate for A&E increased to 71.97% but failed to achieve the target. The response rate increased significantly to meet and exceed the trust target at 22.24%.
Complaints	• The % of complaints responded to within 25 days fell in Aug-21 and failed to achieve the target, following 4 consecutive months above 80%.
Hospital Acquired Pressure Ulcers (HAPU)	• There were zero Serious Incident HAPU's in Aug-21, and the metric is achieving the year to date trajectory. . • There were zero Category 4 HAPU's in Aug-21 for the 13th consecutive month. • The monthly target for total HAPUs was achieved with 17 HAPUs in Aug-21. • The total of 65 HAPUs year to date is well under the year to date trajectory of 103.
Falls	• The total number of falls for Aug -21 was 130 which exceeded the in-month target. • The number of falls per 1000 bed days rose in Aug-21 to 5.93 (but remains below the national benchmark of 6.63) • The SI fall in August equating to 0.05 SI falls per 1,000 bed days has been requested for downgrade – awaiting response from the CCG.
Never Events	• There were zero never events recorded in Aug-21. • There have been 3 Never Events in 2021/22

Summary Performance Table | Month 5 [August] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Aug-21	8	4			4	0	10
	Ecoli	Aug-21	2	4			4	0	9
	MSSA	Aug-21	1	0			2	0	6
	MRSA	Aug-21	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Aug-21	0	-			0	0	2
Falls per 1,000 bed days causing harm		Aug-21	0.05	0.04			0	0	0
% medicine incidents causing harm		Aug-21	4.17	11.71			10	2	18
Hand Hygiene	Hand Hygiene Audit Participation	Aug-21	93.64	100			90	76	103
	Hand Hygiene Compliance to practice	Aug-21	99.87	98			99	87	112
VTE Assessment Rate		Aug-21	97.92	95			96	88	104
Sepsis	Sepsis Screening compliance	Jul-21	77.19	95			83	66	100
	Sepsis 6 bundle compliance	Jul-21	58.24	95		F	51	22	81
#NOF time to theatre <=36 hrs		Aug-21	75	85			79	55	102
Mortality Reviews completed <=30 days		Nov-20	35.5	-		P	43	20	67
HSMR 12 month rolling average		Jun-21	95.61	-	L		104	101	107
Complaints responses <=25 days		Aug-21	75.61	80			77	40	114
Ice viewed reports	ICE viewed reports [pathology]	Jul-21	94.59	-		P	96	87	105
	ICE viewed reports [radiology]	Jul-21	85.37	-		P	85	75	95

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Aug-21	20.93	20			17.16	12	23
FFT A&E Recommended	Aug-21	74.28	95	L	F	83.64	77	90
FFT Inpatient Response	Aug-21	34.84	30			31.88	24	40
FFT Inpatient Recommended	Aug-21	95.41	95			95.66	94	98
FFT Maternity Response	Aug-21	13.31	30	L		21.88	5	39
FFT Maternity Recommended	Aug-21	90.79	95	L		94.94	82	108
FFT Outpatients Response	Aug-21	11.5	10			10.46	7	14
FFT Outpatients Recommended	Aug-21	93.11	95			93.57	92	95

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent

C-Diff * National target of 61		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA		Klebsiella species		Pseudomonas aeruginosa	
Aug actual vs target	Year to date actual / year to date target	Aug actual vs target	Year to date actual / year to date target	Aug actual vs target	Year to date actual / year to date target	Aug actual vs target	Year to date actual / year to date target	Aug actual vs target	Year to date actual / year to date target	Aug actual vs target	Year to date actual / year to date target
8/5	33/26	2/3	12/12	1/1	6/6	0/0	0/0	1/3	6/17	0/2	5/8

- National targets have now been received for the following;
  - *C.difficile* infections (CDI) – 61 (national target)
  - *E-Coli* BSI – 128 (Trust internal target 30)
  - *Klebsiella species* BSI – 38 (NEW)
  - *Pseudomonas aeruginosa* BSI – 14 (NEW)
  - MSSA – no national target, still under review (Trust internal target 10)
- *C.difficile* infections did not achieve the in-month target for Aug-21, and is not achieving the year to date trajectory.
- E-Coli BSI achieved the in-month target for Aug-21, and is achieving the year to date trajectory.
- MSSA achieved the in-month target for Aug-21, and is achieving the year to date trajectory.
- MRSA achieved the in-month target for Aug-21, and is achieving the year to date trajectory.
- *Klebsiella species* achieved the in-month target for Aug-21, and is achieving the year to date trajectory.
- *Pseudomonas aeruginosa* achieved the in-month target for Aug-21, and is achieving the year to date trajectory.
- The Hand Hygiene audit participation rate dropped in Aug-21 to 93.64%, which is the sixth consecutive month over 90%.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 18 months. This metric will reliably achieve the target.

- WAHT infection prevention activity remains focussed on antimicrobial stewardship and reducing Staph aureus bacteraemia (both MRSA and MSSA) in order to deliver specific improvements in those issues and result in reduced rates of blood stream infection and *C.difficile* infections.
- The *Staph aureus* BSI project continues, and appears to be making a positive impact on case numbers.
- The Antimicrobial Stewardship Group continues to track progress with stewardship and the work of the divisions on a monthly basis. Improvements in compliance with *Start Smart Then Focus* principles are being seen, and the IPQR now incorporates some of those indicators.
- We have held a meeting with external partners to discuss the increase in CDI, and additional possible investigations.
- We have asked PHE to support us by arranging whole genome sequencing of the cases reported so far this year, in order to accurately determine which cases are linked and help us identify the root cause. We are awaiting feedback.
- We are reviewing again the ribotyping information that we have available. This does not indicate cross-infection, but we are performing a more detailed review in case we can identify anything to help us identify the root cause for the rise in CDI cases.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Aug-21) Reason: Non Covid - Antimicrobial Stewardship is a key concern.	**When expected to move to next level of assurance for non Covid**: This will be next reviewed in Oct 21, when quarter 2 performance can be assessed.
Previous assurance level (Jun-21) –Level 6 COVID-19 / Level 4 for non-Covid	SRO: Paula Gardner(CNO)

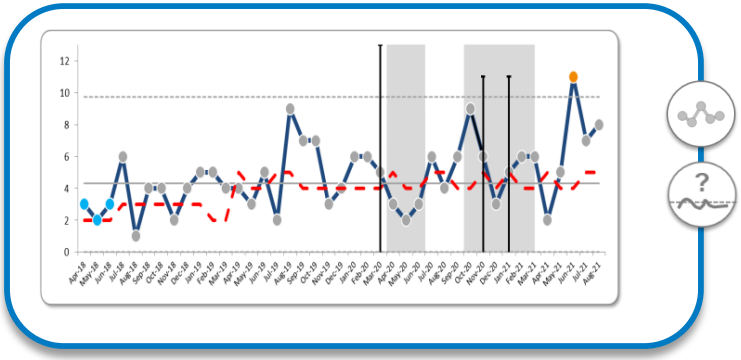
Month 5 [August] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Aug-21 as 10th September 2021

NHS Worcestershire Acute Hospitals NHS Trust

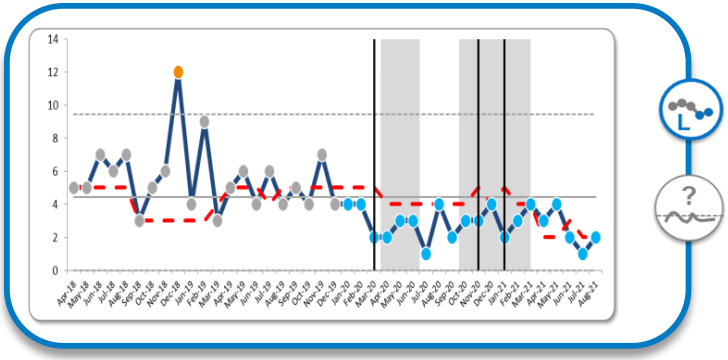
C-Diff

8



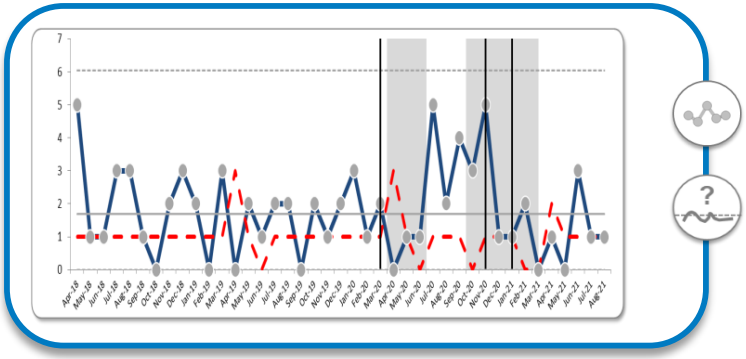
E-Coli

2



MSSA

1



MRSA

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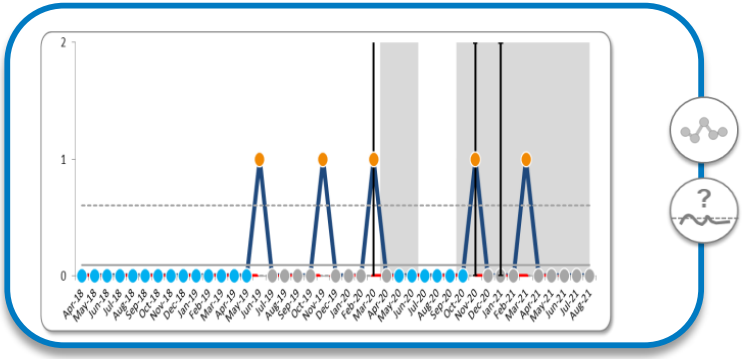


Lockdown Period

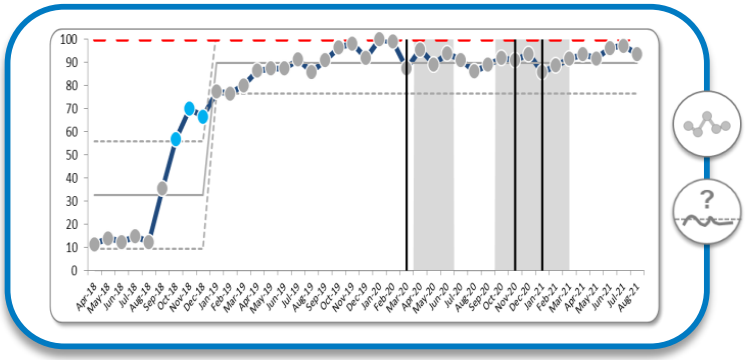
COVID Wave

Month 5 [August] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Aug-21 as 10th September 2021

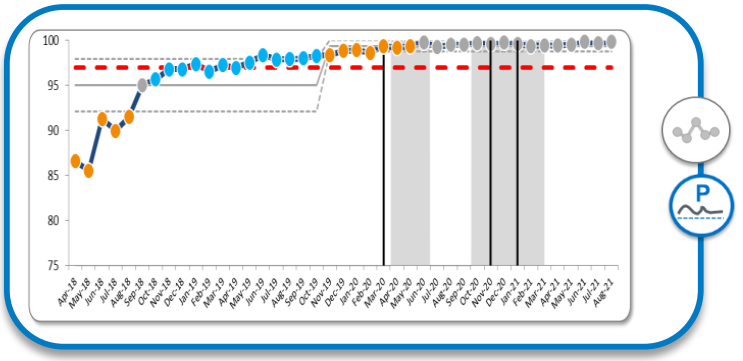
Hand Hygiene Audit Participation (%)

93.64



Hand Hygiene Compliance (%)

99.87



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

Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
58.24%	77.19%	92.31%	76.92%	94.51%	98.90%	85.71%	84.62%

What does the data tell us?

- The sepsis 6 bundle completed within one hour compliance dropped in Jul-21, and the performance is still below the target.
- Sepsis 6 screening performance fell slightly in Jul-21, and has not met the target since May 2019.
- Sepsis 6 antibiotics provided within one hour compliance rose in Jul-21, and has achieved the target for seven consecutive months..
- Compliance for two of the remaining elements of the Sepsis 6 bundle fell in Jul-21, although Oxygen and IV Fluid Bolus both exceeded 90%.
- Neutropenic Sepsis antibiotics given with 1 hour achieved 100% compliance in Aug-21. This is the 7th time in the last 9 months 100% has been achieved.

What improvements will we make?

- World Sepsis Day (13/9/21): showcasing sepsis QI work.
- Speciality Medicine: local 'real-time' audit of NEWS >/= 5 patients. This has facilitated dynamic feedback and troubleshooting. We hope that this 'real-time' audit process may replace the Trust-wide retrospective audit process as it also serves to improve patient management when it matters most.
- Additional local QI work: Blood gas processing training has been provided to improve lactate measurement. A video guide to taking a venous blood gas sample from the blood culture collection system has been produced and is available on the Sepsis intranet site. There has also been an 'aide memoir' to Sepsis 6 in put into BC packs on the medical wards.
- Update to Sepsis Patient Pathway documentation (Version 4). Currently with Xerox. This will allow documentation of screening of 'Suspected Sepsis' patients and the 'face to face' review on the same form to avoid duplication in the medical/nursing notes. Hopefully we will also improve the 'team approach' to Sepsis management.
- Replacement of the 'NEWS Escalation' stickers. These will now become 'Deteriorating Patient Alert' stickers for use in patients with elevated NEWS that will also allow screening 'out' Sepsis as a possible cause at the same time to avoid unnecessary additional use of the 'Suspected Sepsis Screening Tool'.
- An electronic solution to Sepsis screening and treatment is in development for use within the Allscripts electronic patient record.

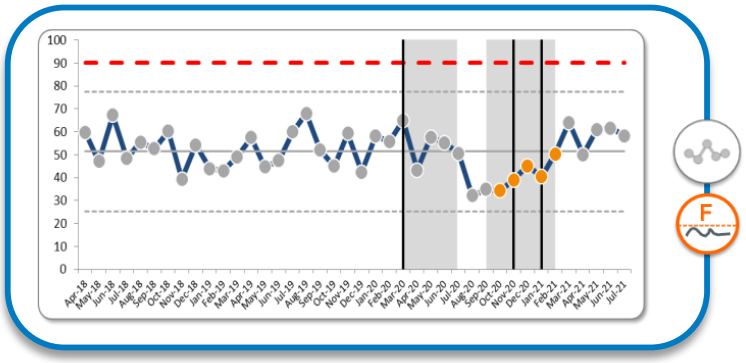
Assurance level – Level 6 (Aug-21)	**When expected to move to next level of assurance for non Covid**:Q2 following full implementation of the Divisional plans.
Previous assurance level (Jun-21) – Level 6	SRO: Graham James (Acting CMO)

Month 5 [August] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Aug-21 as 10th September 2021

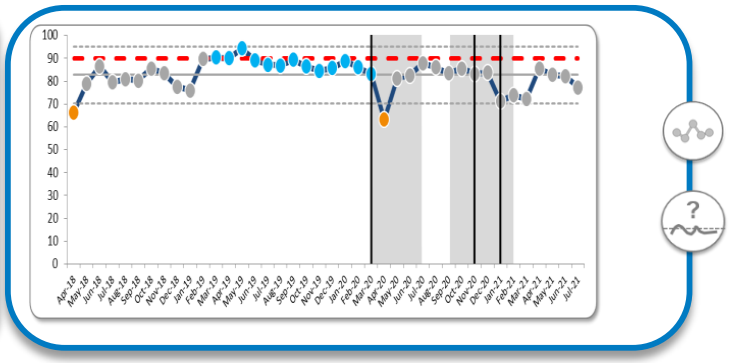
Sepsis 6 Bundle Compliance (audit)

58.24%



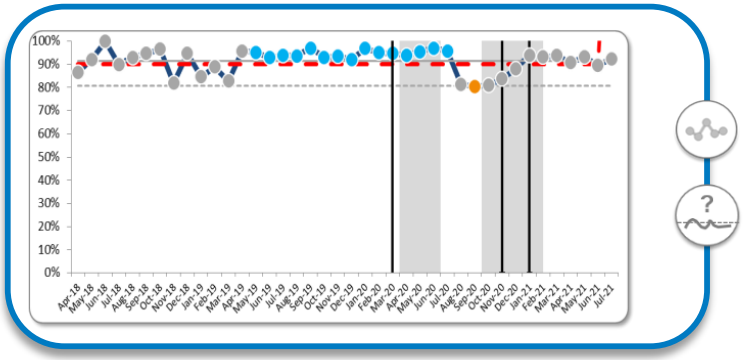
Sepsis Screening Compliance (audit)

77.19%



Sepsis Screening Antibiotics Compliance (audit)

92.31%



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

VTE assessment on admission to hospital		24 hour VTE re-assessment rates	
July 2021	Target	July 2021	Target
97.92%	95%	**69.54%**	95%

What does the data tell us?	What improvements will we make?
• We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic. • 24 hour VTE re-assessment dropped slightly in Aug-21, and is still to achieve the target. Although the trend is generally upward. • Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting when available.	• Focus on 24 hour VTE re-assessments through the Trust Thrombosis committee • Trust Thrombosis committee will ensure actions following the VTE assessments are completed and therefore detail any medical omissions if discovered to ensure learning (for example administration of medicines) • HAT's discussed at the Trust Thrombosis committee and any learning shared.
Assurance level – Level 4 (Aug-21) Reason: Sustained compliance for VTE on assessment, but requires improvement for the 24 re-assessments	**When expected to move to next level of assurance** : Q2 21/22 – following embedding change made as a result of the audit.
Previous assurance Level - 4 (Jun-21)	SRO: Mike Hallissey (CMO)

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