

Agenda

Health Overview and Scrutiny Committee

**Monday, 2 March 2020, 11.00 am
(approximate end time 4.30pm)
County Hall, Worcester**

All County Councillors are invited to attend and participate

This document can be provided in alternative formats such as Large Print, an audio recording or Braille; it can also be emailed as a Microsoft Word attachment. Please contact Democratic Services on telephone number 01905 844965 or by emailing democraticservices@worcestershire.gov.uk

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Health Overview and Scrutiny Committee Monday, 2 March 2020, 11.00 am, Council Chamber

Membership

Worcestershire County Council Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr C Rogers, Mr A Stafford and Mr C B Taylor

District Councils

Mr M Chalk, Redditch District Council
Ms C Edginton-White, Wyre Forest District Council
Mr J Gallagher, Malvern Hills District Council
Mr M Johnson, Worcester City Council
Mrs F Smith, Wychavon District Council
Mrs J Till, Bromsgrove District Council

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest and of any Party Whip	
3	Public Participation Members of the public wishing to take part should notify the Democratic Governance and Scrutiny Manager (Interim monitoring Officer) in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 28 February 2020). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting To follow.	
5	Performance of Acute Hospital Services at Worcestershire Acute Hospitals NHS Trust	1 - 32

Agenda produced and published by the Democratic Governance and Scrutiny Manager (Interim Monitoring Officer) Legal and Governance, County Hall, Spetchley Road, Worcester WR5 2NP. To obtain further information or hard copies of this agenda, please contact Emma James/Jo Weston 01905 844965, email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website [websitehttp://www.worcestershire.gov.uk/info/20013/councillors_and_committees](http://www.worcestershire.gov.uk/info/20013/councillors_and_committees)

Date of Issue: Friday 21 February 2020

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HEALTH OVERVIEW AND SCRUTINY COMMITTEE 2 MARCH 2020

PERFORMANCE OF ACUTE HOSPITAL SERVICES AT WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Summary

1. The Health Overview and Scrutiny Committee (HOSC) is to review performance of acute hospital services at Worcestershire Acute Hospitals NHS Trust (the Trust).
2. Following regular performance updates from the Trust, HOSC members wish to understand more about:
 - the reasons for poor performance of the Acute Hospitals Trust, in particular but not exclusively in A&E
 - the impact on, and roles of, commissioners and health and care providers
3. Representatives from organisations across Worcestershire's health and social care sector have been invited to a 'select committee' style meeting, where discussion with each organisation will take place in turn.

Background

4. The HOSC has received regular updates on the performance of acute hospital services against improvements required by the Care Quality Commission (CQC). Ongoing pressures on Worcestershire's acute hospital services have been well publicised and in November 2015 the Trust was rated as 'Inadequate' and placed in special measures.
5. HOSC members had been encouraged by more recent updates, for example on 9 April 2019, the Trust reported significant improvements in quality. The CQC's May 2019 report of the Trust's care highlighted a wide range of quality and safety improvements that led them to lift the Trust's overall rating to 'Requires Improvement'.
6. Additionally, in January 2020 the Committee was updated on the Trust's new Clinical Services Strategy, which identified 3 key areas to shape future services:
 - End-to-end integrated care
 - Comprehensive and responsive urgent and emergency care
 - High quality, dependable acute and specialist planned care
7. However, the CQC carried out further inspections in December 2019 prompted by patient safety concerns – the focused inspections of the emergency departments at Worcestershire Royal Hospital and Alexandra Hospital, Redditch, found people waited too long for assessment and treatment. They also found patients were treated on corridors too frequently, and not referred to specialists quickly enough.

8. As a result, the CQC opted to use their urgent enforcement powers to ensure the provider took swift action to protect patients from harm. This meant the CQC imposed a range of conditions on the Trust including, but not limited to requiring the Trust to ensure that all patients who arrived by ambulance were clinically assessed within 15 minutes, in order that staff determine the sickest patients or those patients who required time critical care or treatment.

9. The appendix to this report is a pack of background information, which has been prepared for the Committee and includes a summary of the latest position regarding quality, performance and mortality at the Trust, press statements from the Trust and the CQC (following the latest CQC inspection findings) and an extract from the Trust's presentation to HOSC (October) on the CQC ratings.

10. Details of the CQC Inspections and HOSC's previous updates can be found in the background section of this report.

Suggested order for the meeting

11. The meeting will be in a 'select style' format and the following order of proceedings is suggested:

(morning session)

- Introduction and discussion about the aims of the meeting with representative/s from Worcestershire Acute Hospitals NHS Trust
- Questions and Clarification
- Discussion with representatives from Worcestershire County Council (Adult Services and Public Health)
- Discussion with representatives from Worcestershire Health and Care NHS Trust

(afternoon session)

- Discussion with representatives from Worcestershire Healthwatch
- Discussion with representative/s from West Midlands Ambulance NHS Foundation trust
- Worcestershire Clinical Commissioning Groups
- Feedback, clarification and discussion with representative/s from Worcestershire Acute Hospitals NHS Trust
- HOSC member agreement on next steps and whether any further information is required at this stage

Areas of concern for discussion

12. In view of these on-going and escalating pressures on performance of acute hospital services, the HOSC wishes to examine the reasons for poor performance of the Acute Hospitals Trust, in particular but not exclusively in A&E.

13. Additionally, HOSC wants to understand the impact on, and roles of, commissioners and health and care providers in Worcestershire.

14. In order to focus the discussion, HOSC members have identified the following lines of enquiry, although this list is not exhaustive and may be added to depending on the issues raised during the day:

- A&E - ambulance handovers
 - patient trolley and corridor waits
 - monitoring of patients who had been referred to medical and surgical specialties
 - consultant and nurse cover
- Quality Improvement e.g Sepsis – implementation of Sepsis 6 (*6 steps which are designed to reduce mortality in patients with sepsis, and which should be delivered within 1 hour of initial diagnosis*)
- Mortality rates and mortality reviews
- Cancer treatment waiting times
- Discharge from an acute hospital –capacity and processes to ensure efficient flow of patient return home or to alternative appropriate settings
- Adult Social Care – pathways and timeliness of these
- How the organisations work in partnership with the Acute to improve performance
- Partnership working – identify effective practice and any barriers to supporting improvement
- From commissioners - understand services commissioned, resources available and how performance is monitored
- West Midlands Ambulance Trust – has recently taken on the 111 service – how that is changing approaches to calls
- Rate of referral to an acute hospital – decision making by paramedics and others; role of care homes.

Purpose of Meeting

15. Following the discussions with Worcestershire Acute Hospitals NHS Trust and health and social care partners, HOSC Members are invited to consider the issues presented and to agree:

- whether any further information is required
- whether any further scrutiny work is required at this stage
- how to report on its findings

Supporting Information - Appendix

- Summary of Worcestershire Acute Hospitals NHS Trust's quality, performance and mortality (slides)
- Care Quality Commission press release 'Worcestershire Acute Hospitals NHS Trust emergency departments rated Inadequate (13 February 2020): <https://cqc.org.uk/news>
- Statement from Worcestershire Acute Hospitals NHS Trust in response to inspection findings
- CQC ratings – extract from presentation to HOSC (October 2019)

Specific Contact Points for this Report

Emma James / Jo Weston, Overview and Scrutiny Officers: 01905 844964 / 844965
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Democratic Governance and Scrutiny Manager) the following are the background papers relating to the subject matter of this report:

- Care Quality Commission December 2019 inspection reports:
Worcestershire Royal Hospital: <https://www.cqc.org.uk/location/RWP50/reports>
Alexandra Hospital: <https://www.cqc.org.uk/location/RWP01/reports>
- Care Quality Commission May 2019 Inspection Report: Worcestershire Acute Hospitals NHS trust - Use of Resources assessment report
<https://www.cqc.org.uk/provider/RWP>
- Performance information from Worcestershire Acute Hospitals NHS Trust Board meetings – latest published up to December 2019:
<https://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2505-trust-board-papers-february-2020/file>
- Agenda and Minutes of the Health Overview and Scrutiny Committee on 8 October and 9 April 2019, 26 November, 5 July and 29 January 2018, 19 July and 17 October 2017, 27 April, 19 July and 26 September 2016
[All agendas and minutes are available on the Council's website here.](#)

Worcestershire Hospitals Acute NHS Trust quality, performance & mortality

February 2020

Contents

- High level indicators
 - CQC May 2019
 - CQC Dec 2019
 - Infection prevention and control
- Mortality
- Waiting times
- Operational metrics
- Ambulance service data

CQC inspection May 2019 – published Sep 2019

CQC improved the rating to 'requires improvement' from previous years 'requires improvement' because:

- Many of the key questions inspected across the six core services in the four hospitals improved
- improvements particularly with regard to medicines' management, infection control, incident reporting and sharing learning across the trust in particular.
- Local and divisional leadership had improved, and staff were engaging with the trust's improvement journey.
- However, further work was required to manage patient flow effectively to ensure all patients had access to the right care at the right time.
- Leaders knew what to do but as strategies and improvement plans were still being developed and implemented, there was not yet fully demonstrable, sustainable improvements in the quality of all patient care and treatment over time.

Ratings

Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 
Are resources used productively?	Inadequate 
Combined quality and resource rating	Requires improvement 

1 Worcestershire Acute Hospitals NHS Trust Inspection report 20/09/2019

Source: CQC

Urgent and emergency services (CQC inspection Dec 2019 – published Feb 2020)

Service	Rating	Summary of each main service
Urgent and emergency services	Inadequate 	<p>We carried out an unannounced focused inspection of the emergency department in response to concerning information we had received in relation to care of patients in this department. At the time of our inspection, the department was under adverse pressure with significant overcrowding. Whilst staff did their best to care for patients with compassion, we found some patients had delays to initial assessments and timely treatments. The trust was implementing a range of actions to reduce overcrowding.</p> <p>We did not inspect any other core service or wards at this hospital. We did not cover all key lines of enquiry. We have rated the service as inadequate overall.</p>

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Safe	Inadequate 
Caring	Requires improvement 
Responsive	Inadequate 
Well-led	Inadequate 

Source: CQC

As a result of this inspection, and due to the level of concern we had, CQC opted to use their urgent enforcement powers to ensure the provider took swift action to protect service users from harm. We imposed a range of conditions on the provider's registration including, but not limited to:

- requiring the trust to ensure that all patients who arrived by ambulance were clinically assessed within 15 minutes, in order the trust could determine the sickest patients or those patients who required time critical care or treatment.
- ensure staff undertook dynamic risk assessments of all patients in the ED to ensure patients were managed in the most appropriate clinical area.
- ensure they operated an effective professional standards protocol so patients received a timely review by specialty teams

MORTALITY

Trust mortality

4. Improve our learning from death processes.

Strategic Objective: Provide the best experience of care and best outcomes for patients.

Current performance (November)

Mortality reviews within 30 days rose to 59.74% with a current overall backlog of 544 cases compared to 554 in October

How have we been doing?

- The Trust continues to remain an outlier for mortality in respect of HSMR and SHMI. There is no single, identifiable cause of the elevated HSMR. However SHMI does appear to suggest an above average level of out of hospital deaths that are unduly influencing this measure.
- Neither the HSMR nor SHMI figures reflect current trends in crude mortality, but are a function of the number of deaths 'expected' decreasing in the models.
- The completion rate for mortality reviews within 30 days has improved, and the backlog has fallen for the third month in a row.
- Attendance at December Learning from Death group was non-quorate, with no Divisional Clinical representation.

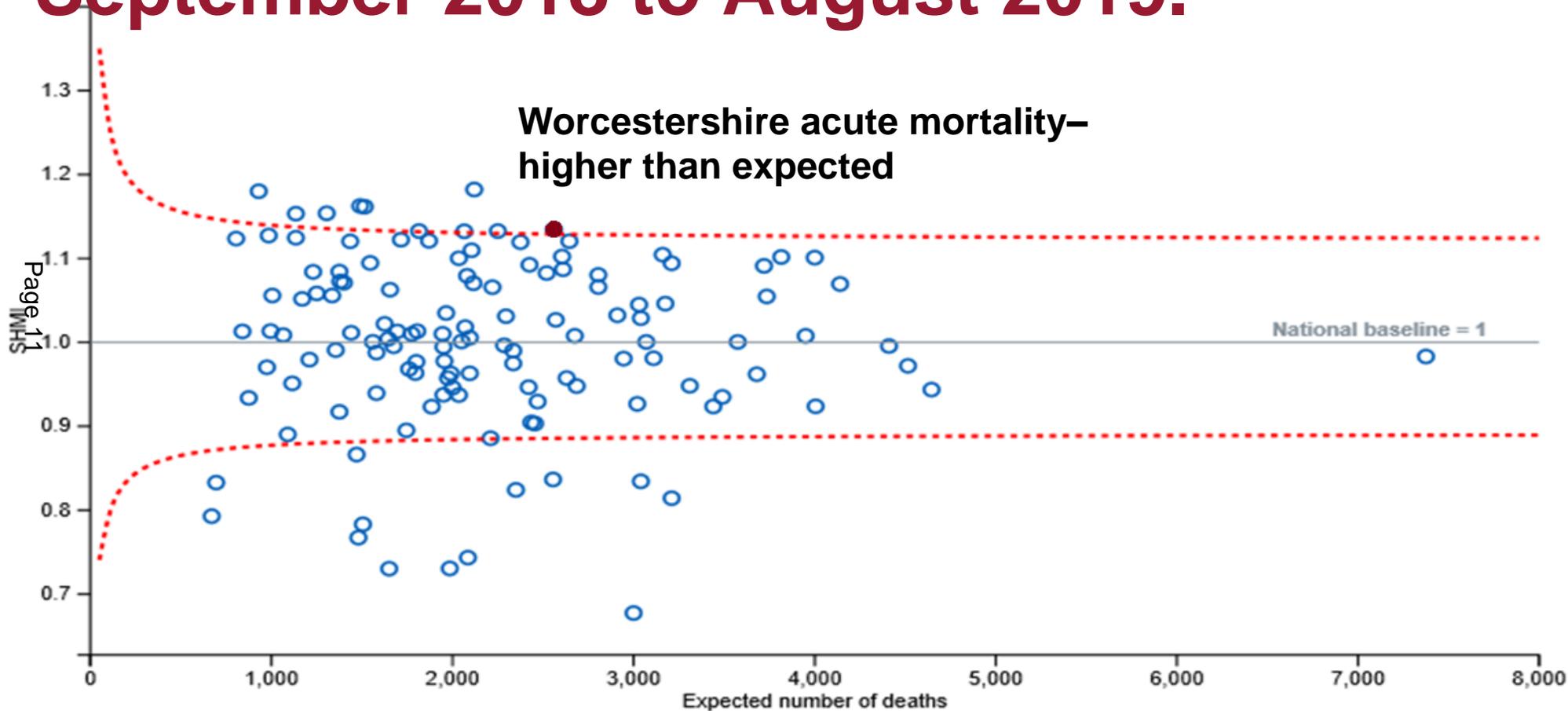
What actions are being taken to make the improvements?

- Consider and implement the actions from the mortality review recently conducted by NHSE (work commissioned by the Trust)
- Examination of out of hospital deaths (within 30 days of discharge).
- Development of mortality metrics linked to A&E/ED (not covered by SHMI or HSMR).
- Examination of links between extended waiting times (A&E) and subsequent mortality risks.
- Exploration of the links between admission rates and mortality.
- Continued recruitment into Medical Examiner roles, including Consultants from the Health & Care Trust and Primary Care Networks.
- ME examiner recruitment will be complete once the Divisional Governance leads are appointed and this will complete the workforce requirements to achieve daily review. Training completion should be by March 2020.

Assurance level – Level 2 (no change)

SRO: Mike Hallissey (CMO)

Summary Hospital-level Mortality Indicator (SHMI) September 2018 to August 2019.



Source: NHS Digital

SHMI – October 2018 to September 2019

(published 13th Feb 2020)

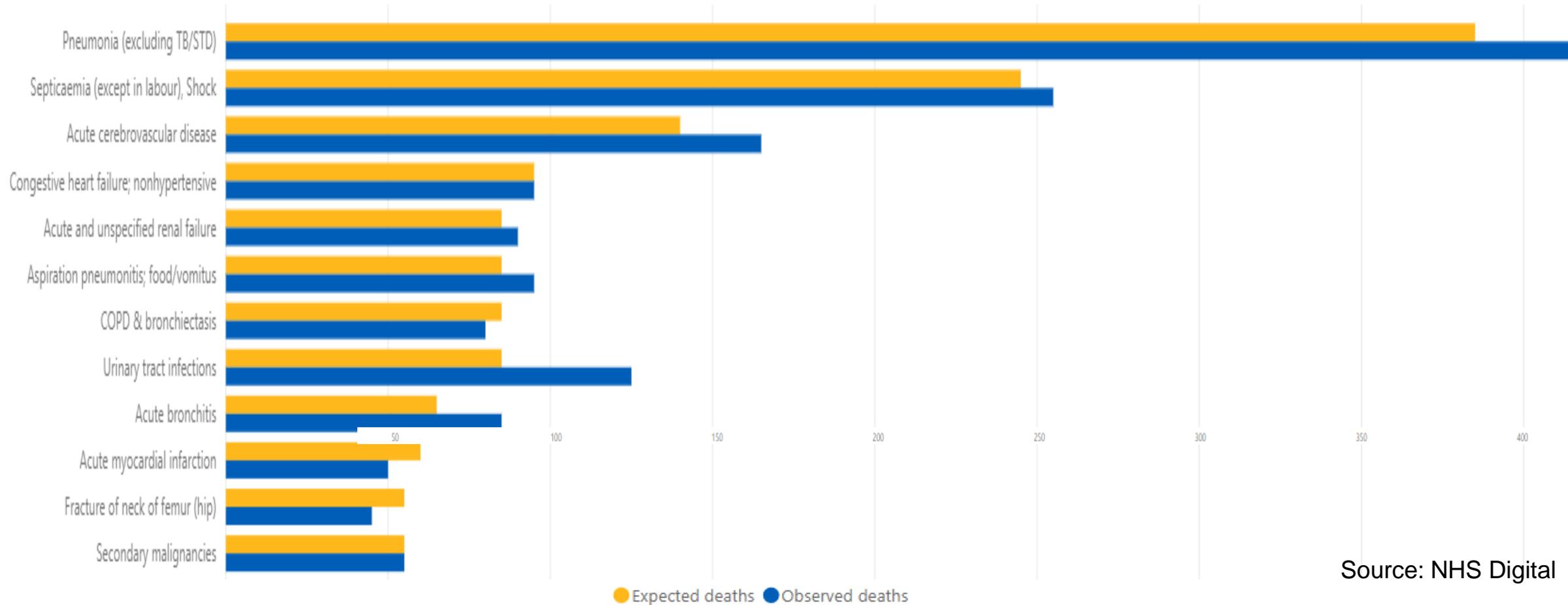


Source: NHS Digital

Deaths by diagnosis group, October 2018 to September 2019

*note septicaemia & administration of sepsis six bundle. Only observed/expected deaths in 50 or more people are included

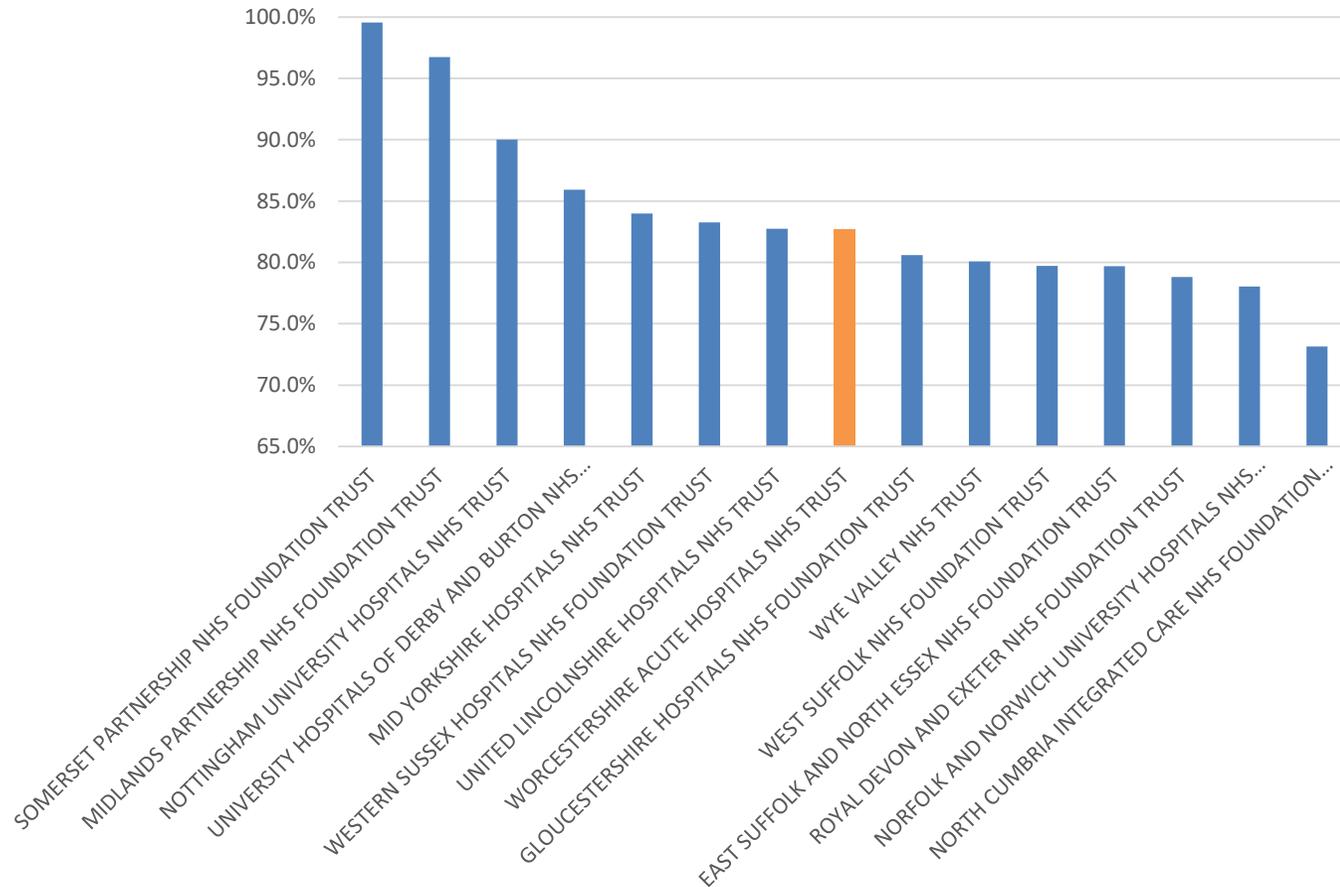
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Source: NHS Digital

WAITING TIMES

% patients seen within 18 weeks (Worcestershire and statistical neighbours) - December 2019



The maximum waiting time for non-urgent, consultant-led treatments is 18 weeks from the day an appointment is booked.

At December 2019, 82.7% patients had been seen within 18 weeks at Worcesterstershire Acute Hospitals.

The Trust have advised NHSE that they are not expecting to meet the constitutional standards by the end of 19/20.

Source: NHS England

Two week wait cancer waiting times

- The NHS constitution sets out a right to be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected
- For patients with suspected cancer in December 2019
 - 92.1% were seen within 2 weeks (all cancers) – an improvement on October.
 - 96.2% were seen within 2 weeks. (symptomatic breast) – an improvement on October.

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Source: Worcestershire NHS Acute Trust board papers, Feb 2020

2. Two week wait cancer waiting times (unvalidated)					
Strategic Objective: Best services for local people					
Metrics	Current performance (December)	December trajectory	January trajectory	February Trajectory	19/20 Year-end target
% patients seen within 14 days (2WW) (All Cancers)	92.11%	95.58%	93.34%	94.05%	93.10%
% patients seen within 14 days (2WW) (Breast Symptomatic)	96.18%	97.04%	91.72%	96.00%	84.80%
How have we been doing?			What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> 2ww performance (all) improved across all Cancer sites during December, however it has already been reflected in January's early performance that the loss of clinics during the end of December will impact January's performance. 50% of all breaches in December were due to patient choice. Gynaecology has reported an increase in referrals which is more than current capacity. The clinics required need access to scanning machines which are only available for extra sessions on Saturdays which limits the days additional capacity can be used. Of particular note was Breast Suspected and Symptomatic performance achieving 94.51% and 96.23% respectively. It is probable however that performance will take a slight dip in January given the element of patient choice and patients being carried over into the new month and year. 			<ul style="list-style-type: none"> A debrief regarding Christmas and New Year planning for 2WW clinics will take place so that we can implement any learning in 2020/21. Gynaecology - Cancer alliance funding agreed for ultrasound machine for Women's Health Unit – increasing ability to flex 2WW capacity Lung – there are 3 vacant consultants posts which are hoping to be recruited to; however, if unsuccessful, alternatives will need to be discussed to prevent deterioration in performance. Breast symptomatic - Increase consultant capacity in breast surgery - the service continues to be vulnerable in terms of breast radiology. Urology - work is underway to redesign outpatient clinics to ensure that slots are ring-fenced. Urology should achieve 93% by the end of March and sustain this. 		
Assurance level – LEVEL 3 (no change)			SRO: Paul Brennan (COO)		

62 day cancer treatment

- 85% patients should received their first definitive treatment within 62 days of referral.
- In December, 71.15% had started treatment in Worcestershire Hospitals NHS Trust.
- Significant increase in those waiting 104+ days.

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3. 62 day cancer waiting times (unvalidated)					
Strategic Objective: Best services for local people					
Current performance (December)	Current performance (December)	December trajectory	January trajectory	February trajectory	19/20 Year-end target
% patients treated within 62 days	71.15%	86.04%	86.04%	86.04%	86.04%
Number of patients waiting 62+ days	263	0	0	0	0
Number of patients waiting 104+ days	71	0	0	0	0
How have we been doing?			What actions are being taken to make the improvements?		
<ul style="list-style-type: none"> Please note that the performance shown above is unvalidated until mid February and therefore is subject to small change. Urology performance is being impacted by a reduction in consultant capacity and has created a high degree of risk to the service. The number of patients on the 104+ day backlog continues to grow with 18 patients currently waiting for treatment at a tertiary centre. Lung have three consultant vacancies which they are trying to recruit to. Histology demand and capacity remains an issue internally and for the external provider we use as additional resource. This is causing delays on an increasing number of patient pathways. The number of untreated patients over 62 days is 236 with Skin accountable for 42% of these. The additional external capacity (Medinet) has now ceased. 			<ul style="list-style-type: none"> To assist with the immediate issues in Urology some additional theatre capacity is being identified in January for Radical Prostatectomy surgery, and contact has been made with other centres to request their support in treating some patients. Response has been mixed however Cheltenham and Gloucester Trust and the Royal Wolverhampton Trust have both agree to offer a limited amount of support which continues to be explored. A change in outsourcing company to further reduce the Histology backlog has been actioned and will continue to be monitored weekly. Lung we will have 3 vacant consultants posts which they are hoping to recruit to, however if unsuccessful alternatives will need to be discussed to prevent deterioration in performance. Analysis and feedback regarding the performance against the proposed 28 day faster diagnosis will be shared with Divisions and barriers will be highlighted. 		
Assurance level – LEVEL 2 (no change)			SRO: Paul Brennan (COO)		

Source: Worcestershire NHS Acute Trust board papers, Feb 2020

Sepsis

- Sepsis is caused when the body's immune system overreacts to infection, causing wide-spread swelling and clotting
- Reliable delivery of basic aspects of care early reduces mortality significantly.
- ‘Sepsis Six’- a set of six tasks including oxygen, cultures, antibiotics, fluids, lactate measurement and urine output monitoring- to be instituted within one hour by non-specialist practitioners at the front line.

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1. SEPSIS six bundle - % of patients who received all elements of the sepsis six bundle within 60 minutes of arrival (audit – inpatient wards)	
Strategic Objective: Provide the best experience of care and best outcomes for patients.	
Current performance November is Trust 59.26% (45% in Oct) Emergency Department 80.00% (51.35% in Oct) Inpatient 51.28% (38.81% in Oct)	
How have we been doing?	What actions are being taken to make the improvements?
<ul style="list-style-type: none"> • All Divisions have shown an improved performance for November. • We have not achieved the target in any month during 19/20. • The provision of antibiotics within one hour reached 100% for all Divisions¹, with the exception of Specialty Medicine. • The Urine and Oxygen elements of the Sepsis 6 have shown improvement, but IV Fluid Bolus, Lactate and Blood Cultures have declined. 	<ul style="list-style-type: none"> • The results of an audit to identify barriers to achieving the target will be presented to CGG in February (deferred from Jan due to cancellation of meeting). • There is a plan to add a barcode to the NEWS/Sepsis sticker so that we can audit Sepsis management and also deteriorating patient management more effectively. The result will be a more robust audit which will provide results that accurately reflect the sepsis screening and treatment across the Trust. • There is a Sepsis e-learning presentation ready to launch which will be accessed via ESR to enable training to be recorded – this is awaiting final agreement with the Training Department.
Assurance level – Level 2 (no change)	
SRO: Mike Hallissey (CMO)	

Source: Worcestershire NHS Acute Trust board papers, Feb 2020

OPERATIONAL METRICS

Operational Submitted Trajectories (19/20) M9 [December]									
Performance Metrics		Operational Standard		Oct-19		Nov-19		Dec-19	
Emergency Access Standard	4 Hours (all)	95%	Actual	76.49%		74.47%		70.17%	
	15-30 minute Amb.	-	Actual	1,940		1,826		1,946	
	30-60 minute Amb.	-	Actual	705		813		1,004	
	60+ minutes Amb. Delays	0	Actual	228		528		797	
Referral to treatment	Incomplete (<18 wks)	92%	Actual	81.88%		81.94%		82.72%	
	52+ WW	0	Actual	0		0		0	
Cancer	2WW All	93%	Actual	82.03%		90.42%		92.11%	
	2WW Breast	93%	Actual	24.06%		72.22%		96.18%	
	62 Day All	85%	Actual	66.37%		66.77%		71.15%	
	104 day waits	0	Actual	56		64		71	
	31 Day First Treatment	96%	Actual	98.09%		98.05%		97.35%	
	31 Day Surgery	94%	Actual	76.00%		90.00%		86.67%	
	31 Day Drugs	98%	Actual	100%		100%		100%	
	31 Day Radiotherapy	94%	Actual	74.19%		100.00%		98.75%	
	62 Day Screening	90%	Actual	85.71%		72.22%		72.00%	
	62 Day Upgrade	-	Actual	76.92%		76.92%		70.83%	
Diagnostics (DM01)		99%	Actual	95.96%		95.78%		94.94%	
Stroke	CT Scan within 60	-	Actual	47.70%		47.70%		-	
	Seen in TIA clinic within	-	Actual	61.60%		67.90%		-	
	Direct Admission	-	Actual	50.00%		45.10%		-	
	90% time on a Stroke	-	Actual	72.10%		74.60%		-	

Source: Worcestershire NHS Acute Trust board papers

Corporate Risks with a score of 20 or above

Patient Safety and Experience

- 4075: Harm from avoidable infection as a result of poor clinical practices.
- 3361: Standards of care for patients will be compromised in the corridors of ED
- 3956: There is a risk of delay in diagnosis and treatment for surveillance endoscopy patients due to lack of appointment capacity.

Operations and Finance

- 3482: Overcrowding in the Emergency Department

Financial risk

Risk Rating Summary

Metric Definition	How we did YTD at M9	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue. (19.10%)	4	Adjusted financial performance deficit of £61,026 (£61,026k/ total operating income £319,209k = (19.10%).	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit. 1.00%	1	I&E margin YTD actual of (19.10%) less I&E margin YTD plan of (20.10%) = 1.00%	1	1
How many days' worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms. (124.77)	4	Working Capital of (£162,679k) / YTD Operating Expenditure of £358,556 multiplied by the number of YTD days (275) = (124.77).	4	4
Do we have sufficient income to cover the interest owed on our borrowings?	Degree to which the organisation's generated income covers its financing obligations. (2.133)	4	Revenue available for capital service (£38,711k)/ capital service £18,149k= (2.133)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling. (67.02%)	4	Total agency spend of £21,661k less agency ceiling of £12,969k / divided by agency ceiling of £12,969k = (67.02%).	4	3

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STATEMENT FROM THE CARE QUALITY COMMISSION ISSUED 13 FEBRUARY 2020

The Care Quality Commission (CQC) has used its urgent enforcement powers to protect people using Worcestershire Acute Hospitals NHS Trust emergency departments, following inspections that rated them Inadequate.

Prompted by patient safety concerns, CQC undertook focused inspections of the emergency departments at Worcestershire Royal Hospital and Alexandra Hospital, Redditch, on 16 December 2019. Inspectors found people waited too long for assessment and treatment. They also found patients were treated on corridors too frequently, and not referred to specialists quickly enough.

Following the inspection, CQC rated the departments Inadequate. Both departments were previously rated Requires Improvement, following a comprehensive inspection in May 2019.

CQC also took action to protect people by imposing conditions on the provider's registration. This included requiring clinical assessment of all patients arriving at Worcestershire Royal Hospital's emergency department by ambulance within 15 minutes, ensuring the sickest patients are quickly identified. CQC also requires dynamic risk assessments of patients in the department – involving increased observations – so people receive timely referral to the most appropriate clinical area.

A third condition requires reduced patient waits for medical or surgical escalation.

CQC chief inspector of hospitals, Professor Ted Baker, said:

“Our latest inspection of emergency departments at Worcestershire Royal Hospital and Alexandra Hospital found patients waited too long for assessment and treatment.

“At Worcestershire Royal Hospital, the trust failed to meet national standards requiring clinical assessment of 95% of ambulance-conveyed patients within 15 minutes of arrival. Some people brought by ambulance waited over three hours before being handed over to trust staff for care and treatment.

“The trust recognised an increase of patients sustaining pressure damage while waiting in Worcestershire Royal Hospital's emergency department. It had taken action, deploying a tissue viability nurse and introducing pressure-relieving devices. However, patients remained on trolleys for extended periods, due to lack of space in the department for them to be transferred to a more appropriate hospital bed.

“Overcrowding was our biggest concern in Alexandra Hospital's emergency department. The layout of the department and too few cubicles led to it becoming overwhelmed quickly, posing a risk to patient safety.

“Underpinning the issues in both departments was a lack of capacity and capability in the trust and wider health system. CQC has raised these issues since 2015, but the response so far has been insufficient and new improvement plans have not been progressed enough to take effect.

“However, in both departments we saw professional and caring staff who remained cheerful and engaged with patients, even when working under pressure. Interactions were positive and respectful. Leaders and staff were committed to driving improvements to keep people safe and to improve patient experience.

“Following the inspection CQC used its urgent enforcement powers, requiring the trust to ensure timely assessment and treatment. The trust’s board knows it must deliver these essential improvements.

“We continue to monitor these departments and the wider trust, including through further inspections.”

Links to the inspection reports are available here: www.cqc.org.uk/provider/RWP

Worcestershire Acute Hospitals NHS Trust has been told it must make improvements in the emergency departments at Worcestershire Royal Hospital and Alexandra Hospital, including:

- Ensuring ambulance handovers are timely and effective.
- Assessing all patients in a timely manner, and ensuring assessment and treatment takes place in appropriate environments.
- Ensuring patients receive timely medical and specialty reviews.
- Providing consultant and nurse cover that meets national guidelines, with trainee consultants not being classed as ‘consultants’ on rotas.
- Fully implementing trust-wide actions to reduce overcrowding.
- Maintaining patient privacy and dignity.

STATEMENT FROM WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST ISSUED 13 FEBRUARY 2020

Responding to the CQC report, Matthew Hopkins, Chief Executive of Worcestershire Acute Hospitals NHS Trust, said:

“Despite the enormous efforts of our staff, alongside GPs, community staff and social care, we know that some patients are still waiting too long to get into our Emergency Departments or are spending too long in the Emergency Departments waiting to be moved onto a ward. On behalf of the Trust and all of our partners across the county, we apologise for this.

“This is yet another reminder of why it’s so important that every organisation in our local health and care system is working together to close the gap between the capacity we have to care for patients who need urgent or emergency care and the growing number of people in need of that care.

“Although the focus of this report is on our Emergency Departments (EDs), to resolve many of the difficulties that it highlights will require the active involvement of teams across our hospitals and in our partner organisations.

“Our ED staff are rightly praised in the report for their compassion, team work and resilience despite working in extremely difficult conditions.

“We know there is more our Trust has to do – and we are absolutely committed to doing it.

“Since the CQC visit we have, for example, increased the number of nurses in our EDs at the Alexandra and Worcestershire Royal Hospitals and increased the number of senior doctors working in our Acute Medical team in the afternoons and evenings at Worcestershire Royal.

“We are continuing to make more improvements as part of our HomeFirst Worcestershire programme, which is actively supported by clinical and managerial teams from across our Trust as well as our system partners.

“This week saw the launch of Onward Care Teams (OCTs) at both the Alexandra and Worcestershire Royal. The OCTs bring together social care staff, community nurses and discharge nurses.

“The OCTs work closely with our ward teams to ensure that patients who no longer need an acute hospital bed are able to go home, or wherever they call home, or move on to another care setting, in a safe and timely way. That in turn helps to improve patient flow and frees up beds for patients most in need of them, easing pressure on our EDs and improving ambulance handovers.

“Next week we will open an additional 33 new beds at Worcestershire Royal, in addition to the beds we have already added across the WRH and Alexandra sites over the past year.

“Everything that we and our partners are doing will help us to make sure that more patients get the right care in the right place at the right time – not only in our hospitals but also at home or in community settings.

“We will continue to work hard to support our ED teams – but this is not a problem they can solve without our support and the continuing active involvement of the whole of our health and care system.”

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CQC Ratings 2019

**Extract from HOSC Presentation
(8 October 2019)**

2019

Worcestershire Acute Hospitals NHS Trust

Alexandra Hospital



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Good	Good	Requires Improvement
Surgery	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Outpatients	Good	N/A	Good	Requires Improvement	Good	Good
Diagnostics	Requires Improvement	N/A	Outstanding	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement

2019

Worcestershire Acute Hospitals NHS Trust

Kidderminster Hospital and Treatment Centre



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Medical Care (including older people's care)	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires Improvement	Good	Good
Outpatients	Good	N/A	Good	Requires Improvement	Good	Good
Diagnostics	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Requires Improvement	Good	Good

2019

Worcestershire Acute Hospitals NHS Trust

Worcestershire Royal Hospital



	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Care	Requires Improvement	Good	Good	Inadequate	Requires Improvement	Requires Improvement
Medical Care (including older people's care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Surgery	Requires Improvement	Good	Good	Requires Improvement	Good	Requires Improvement
Children and Young People	Good	Good	Good	Good	Good	Good
Outpatients	Requires Improvement	N/A	Good	Requires Improvement	Good	Requires Improvement
Diagnostics	Requires Improvement	N/A	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement

2019

Worcestershire Acute Hospitals NHS Trust



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	Safe	Effective	Caring	Responsive	Well-led	Overall
Worcestershire Royal Hospital	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Alexandra Hospital	Requires Improvement	Requires Improvement	Good	Requires Improvement	Good	Requires Improvement
Kidderminster Hospital and Treatment Centre	Good	Good	Good	Requires Improvement	Good	Good
Evesham Community Hospital	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement



Overall Trust Rating 2019



2019

Worcestershire Acute Hospitals NHS Trust



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	Safe	Effective	Caring	Responsive	Well-led	Overall
Ratings for the whole Trust	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement