Trust Board
There will be a meeting of the Trust Board on **Thursday 13 January 2022** at 10:00. It will be held virtually and live streamed on You Tube.

Sir David Nicholson
Chair

Agenda			Enclosure	Time
150/21	**Welcome and apologies for absence:**			**10:00**
151/21	**Patient Story**			**10:05**
152/21	**Items of Any Other Business** *To declare any business to be taken under this agenda item*			**10:30**
153/21	**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.*			
154/21	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on **9 December 2021** as a true and accurate record*	*For approval*	**Enc A** **Page 3**	**10:30**
155/21	**Action Log**	*For noting*	**Enc B** **Page 11**	**10:35**
156/21	**Chair's Report**	*For noting*	**Enc C1** **Page 13**	**10:40**
157/21	**Chief Executive's Report**	*For noting*	**Enc C2** **Page 14**	**10:45**
Strategy				
158/21	**Equality, Diversity and Inclusion Charter and Implementation Plan** Director of People & Culture	*For assurance*	**Enc D** **Page 17**	**10:55**
Performance				
159/21	**Integrated Performance Report** **Executive Summary/SPC Charts/Infographic** Chief Executive/Executive Directors	*For assurance*	**Enc E** **Page 24**	**11:10**
160/21	**Committee Assurance Reports** Committee Chairs		**Page 96**	
Governance				
161/21	**Safest Staffing Report** **a) Adult/Nursing (inc Quality Impact Assessment)** **b) Midwifery** Chief Nursing Officer/Director of Midwifery	*For assurance*	**Enc F** **Page 100** **Page 110**	**11:30**

162/21	**Report of the Remuneration Committee** Committee Chair	*For assurance*	**Enc G** **Page 117**	**11:45**
163/21	**Any Other Business** *as previously notified*			**11:50**

Close

Date of Next Meeting

The next public Trust Board meeting will be held on 17 February 2022, virtually.

Worcestershire Acute Hospitals NHS Trust

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

Present:

Chair:	Sir David Nicholson	
Board members: (voting)	Waqar Azmi	Non-Executive Director
	Christine Blanshard	Chief Medical Officer
	Paul Brennan	Chief Operating Officer
	Anita Day	Vice Chair, Non-Executive Director
	Matthew Hopkins	Chief Executive
	Paula Gardner	Chief Nursing Officer
	Dame Julie Moore	Non-Executive Director
	Robert Toole	Chief Finance Officer
Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Vikki Lewis	Chief Digital Officer
	Jo Newton	Director of Strategy and Planning
	Rebecca O'Connor	Company Secretary
	Tina Ricketts	Director of People and Culture
	Sue Sinclair	Associate Non-Executive Director
	Sharon Thompson	Associate Non-Executive Director
In attendance	Simon Adams	Healthwatch
	Justine Jeffrey	Director of Midwifery
	Anna Sterckx	Item 132/21
	Ade (Poet in residence)	Item 132/21
	Claire Bush	Item 132/21
	Alison Davis	Item 132/21
	Donna Jeynes	Item 132/21
	Tony (Volunteer)	Item 132/21
Public		Via YouTube
Apologies	Anita Day and Simon Murphy	

131/21 **WELCOME**

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

132/21 **PATIENT STORY**

Sir David welcomed to the meeting and Mrs Gardner introduced the Patient Story about volunteering in the Trust during the pandemic.

Poet in Residence Ade read his poem 'On Another Day' and the volunteering video was played. INSERT YOUTUBE LINK

Claire and Donna, gave their thanks to Ade reflecting how his words are the essence of how we should be thinking. They shared how the work of the volunteers is invaluable, we hear about long waits and the compassion and kindness they show means so much. The volunteers have a gentle touch, little things make the difference like passing someone their glasses and having a chat or cup of tea. Patients often feel guilty asking the nursing teams

and do not want to bother them, but they will ask the volunteers for the small things that can be huge to a patient.
Donna shared the story of a volunteer supporting a bereaved family who had contacted then to say it made something very hard a more positive experience by helping with the little touches. She reflected how they are such a valuable team in the ED who buoys everyone up.

Alison thanks the ED staff for their lovely feedback, noting the Trust are looking to increase the numbers of volunteers we in ED. The Trust had worked with Worcester Sixth Form and we have six students joining from February. She shared how young people had been passionate about joining us, which was important as many volunteers cannot come in at the moment due to Covid risk assessments.

Mr Oosterom asked if we reward volunteers? Alison advised that we send out a questionnaire and feel emotional about the progress we have made. Prior to Covid we did afternoon teas etc, but at the moment we are keeping in touch and sharing feedback which is very rewarding for them. We are working with the charity and restaurants to see if we can offer training, car parking and a hot drink; as part of the business case we will see if we can offer a meal.

Sir David asked how the Board can help? Ms Sterck advised she had previously shared the volunteer strategy to build a solid structure, we can now see what good looks like. We have successful funding bids and now have a team of two to support this work, but to do more we need a small team to support. Mr Hopkins thanked the 462 Trust volunteers who are very much appreciated. He confirmed the future structure of the team is being developed as part of 22/23 planning round.

Sir David thanked all for their excellent work reflecting how healthcare grows from the community it serves and the volunteers connect us to our communities. It is the small things that people remember and this is fantastic work of Tony and the team. Sir David encouraged young people to take volunteering opportunities, advising he started in the NHS as an 18 year old volunteer in Nottingham; it is an opening to the service and he gave his thanks and that of the entire Board to all involved.

133/21 **ANY OTHER BUSINESS**
There were no items of any other business.

134/21 **DECLARATIONS OF INTERESTS**
There were no additional declarations pertinent to the agenda. The full list of declarations of interest is on the Trust's website.

135/21 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 NOVEMBER 2021**

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

136/21 **ACTION SCHEDULE**
Ms O'Connor presented the action log noting the updates as set out in the paper. A further update had been received from Mrs Gardener and would be circulated with the minutes. All other actions were either closed as per the log, or not due for update at this meeting.

137/21 **CHAIR'S REPORT**

The Chair confirmed the Trust had committed to a Board to Board meeting with the Health & Care Trust in the New Year. A NEDs briefing would be arranged in advance and flexibility regarding availability was requested.

RESOLVED THAT: the report be noted

138/21 **CHIEF EXECUTIVE'S REPORT**

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

- Thank you to all our staff for continuing commit and focus to keep patients safe in difficult circumstances.
- Important meetings with NHSE and DH; multi-agency discussion with MPs and health minsters with UEC pressures in Worcestershire.
- Clinical colleagues are exploring whether there is anything further we can do regarding ambulance delays and there is an opportunity to create capacity in a unit for those patients that require admission. Work in progress to facilitate this discussion and more will be reported as this progresses
- Continued engagement with CQC following a constructive two day session with lead inspection managers; they walked through the patient pathway and met with both patients and staff
- ICS – since last report the ICS Constitution has been agreed, CEO designate appointed and Chair interviews have taken place. 3 NEDs plus a number of executive roles will be appointed
- A Worcestershire Executive Committee and Health and Wellbeing Board engagement event is scheduled to consider how the individual elements of Place will work.

Mr Azmi asked if the CQC gave any views on our Trust? Mrs Gardner advised they were very impressed with what they had seen, they have visited before and said this was the best they had seen, with elements of outstanding care in critical care. They were very thankful to staff after the pandemic response. Mr Azmi noted this was great to hear, noting no development areas were identified at that time, however they had only visited maternity, ED and critical care. The Board noted the explicit question has been asked about development and reflected this was good but no false assurance.

Dame Julie asked in relation to the ICS whether these are posts which have been removed elsewhere. Mr Hopkins advised with dissolution of the CCG from 31 March redeployment will be made where this makes sense, however the NED roles new posts. The executive roles will consider redeployment, but these are new and different roles, so is a question of approach. Funding those posts is being worked through by the CCG within their current cost base.

Mr Oosterom reflected upon operational delivery being intended to be at place level and on the support to the WEC. Mr Hopkins agreed noting the need to make best use of the money and addressing challenge of workforce issues.

RESOLVED THAT: the report be noted

STRATEGY

139/21 **Communications and Engagement Update**

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

- Very busy time for the communications team
- Paper highlights partnership working between communications and charity teams
- Looking to raise the profile of the charity and also take messages out to the community
- Current focus on staff wellbeing and promoting vaccines
- Looking ahead to 2022 this will also include the work of SIM, capital development projects and innovation hub
- Work is ongoing to build the communications and engagement model at place and system

Sir David thanked Mr Haynes for a good report and asked about the Trust's relationships with MPs and the Local Authorities, noting the changes we are now making build on the Future of Acute Hospital Services in Worcestershire. Mr Haynes confirmed there are regular briefings with MPs in place. There is a Place level communications cell, which provides a channel into the existing district and county channels. We wish to avoid creating more forums and work together to use established mechanisms to best effect.

Mr Hopkins reiterated the importance of stakeholder relationships, advising we will map where we need to focus our priorities as partners at Place. It was noted that the political environment is more prominent, there are local elections coming up in May and the impact of these are important. Positive and proactive engagement was critical in moving forwards.

Sir David asked if the SIM programme had a new name? Mr Haynes confirmed he meets weekly with the team regarding the communication and engagement plan for SIM and with Mrs Ricketts with regards to cultural development. There are a shortlist of names circulating and this is one of the questions to answer at Transformation Guiding Board.

Mr Azmi asked what had we done to increase diversification since the last report? Mr Haynes noted local media content as good evidence of our reach across the community. Some of the Charity connections we are building, however we have not capacity to focus on measurement of the impact of diversification at this point. We have discussed this with the BAME network and have supported the development of the staff charter.

RESOLVED THAT: the report be noted

140/21 **H2 Plan**

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

- The Board noted the position and risks with the plan set out at page 29. Of the key target areas, the Trust are planning to meet 3, with issues around 104 week waits and orthodontics impacting on the last.
- Planning for 22/23 is underway and we are working on the approach and assumptions at this point.
- Mr Horwath asked how will the board have oversight of delivery and mitigations? Mrs Newton advised the PRMs are a key mechanism, alongside vacancy control panel and the Best People Programme. Mr Hopkins confirming the intention to add specific performance measures to the IPR so the Board are able to see trajectory of the submission.
- Between H1 and H2 the national position had changed regarding income allocation, this alongside other challenges including ERF had income impact of £9m.

- Mr Oosterom asked about sharing risks with the system and building contingency?
- Mr Toole advised contingency was not possible meaning we have to manage the risk. We have assessed the plan against the best, reasoned and worse case positions.
- Mr Horwath noted the ICS finance committee had a focus on the planks of improvement of productivity and workforce
- Sharing risks on activity with the system; a key risk relates to cancer, this is discussed on a fortnightly basis, there has been a significant increase in 2WW referrals but no increase in confirmed cases, meaning the conversation rate is dropping. This will impact on performance. There is a session on Monday with GP colleagues to see how this can be managed.
- The chatbox is a contingency to support management of the overall size of the incomplete wait list.
- Concerns were noted regarding the Sterile Services unit and the throughput of trays This is being managed by the monthly PRMs with divisions.

RESOLVED THAT: the report be approved

141/21 **Board Assurance Framework**

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

- Paper sets out the ongoing development of the BAF
- The full BAF detail is appended in the entirety in the reading room and sets out the scores, controls and mitigations is in the reading room
- BAF comprises 17 risks, one risk is escalating – BAF risk 11 reputation, this is given the current pressures within UEC and system
- The paper enables the Board to track more clearly the progress of the levels of assurance
- There has been one adjustment re BAF 7 from level 4 to 3, to ensure consistency across reports and BAF 14 has increased from level 4 to 5 assurance
- The mapping within the paper will support tracking of progress, drawing out the level of assurance and the score. You would not want to see highest scoring risks with the lowest assurance
- The risks have also been mapped against the strategic risks and goals to demonstrate the BAF covers the breadth of the Trust's work
- Overall risk exposure has not fundamentally changed, over medium to longer term the risk environment is increasingly adverse
- The risk appetite has been reviewed and is described for each risk on the framework
- Sir David confirmed the coverage of BAF risks at Trust Board meetings are also reviewed on a quarterly basis and this is working well
- Mr Horwath noted this is a good way of showing the progress made and is getting some traction. He found the assurance map interesting, regarding where the levels of assurance are and this looks like what we would expect. The challenge to address was movement in those risks at assurance level 3.
- Mr Hopkins also referred to the Board analysis of how we spend our time noting from a Well Led perspective we should bring this to the Board next quarter.

ACTION: Ms O'Connor to share the Board analysis and bring a paper to Board following the next quarter's review

RESOLVED THAT: The Board reviewed and approved the Board Assurance Framework

Worcestershire Acute Hospitals NHS Trust

PERFORMANCE

142/21 **Integrated Performance Report**

Mrs Lewis presented the month 7 report. The key points highlighted on the executive summary were noted and discussed. The assurance level overall had not changed and provided an overall level 4 assurance. The following key areas were highlighted:

UEC

- The extraordinary demand and unprecedented pressures on the service were acknowledged and the thanks of the Board were expressed to all staff for their efforts.
- Type 1 attendances are unlikely to change over the coming months
- Main area of increase is in non-conveyed patients, but there is also a significant increase in their acuity. This may be because of pressures and delays in the ambulance service meaning patients are self presenting with high acuity
- There was some concern expressed that the latest focus of primary care on boosters, may have an adverse consequence on ED attendances
- Short term actions taken included tracking and focus on why patients are being delayed in discharge. A tracker system is being piloted and we can see complex discharges on the pathways. This will be rolled out after Christmas and will include non-pathway patients to provide greater clarity as to why some patients have not moved.
- We are slightly below the level of discharges per week, but we are significantly outlying on the timing of discharges, i.e. discharges before 12.00.
- Discussion are ongoing with colleagues regarding we how we can bring these forward. Some relate to internal processes and some to reablement discharge. Workforce risks are increasing in both areas, especially in relation to domiciliary care.
- Mr Horwath asked if the tracker identifies anything different? Mr Brennan advised yes, there were two issues arising from the initial pilot;
- Firstly, the Trust is seeing a tight time window between patient being ready to discharge within 24 hours, but if not they are deteriorating and become not medically fit. We have known of this anecdotally, but have not seen evidence of this before. This shows how the point at which a patient should be discharged is critical.
- Secondly this has demonstrated some failures in communications regarding action to be taken between the Onward Care Team and ward teams including the need for PCR swabs etc. These issues are being responded to
- Mr Oosterom asked as to the learning from Perfect 10 and it was agreed the briefing be circulated to Board member once agreed
- Mr Brennan noted how the advice and guidance service has been a real success story, numbers are very positive, this is the reduction in virtual and increase in face to face,
- Dr Blanshard agreed noting that patients who were easy to deal with virtually have been seen, in the main patients now either prefer to, or need to have a physical examination. We are above the national target for face to face consultations.
- Mr Adams asked as to the pressures and impact on corridor care? Mr Brennan confirmed a strict expectation that the ITU corridor should not be used for holding patients, the focus is on keeping patients moving. In last three months it has been used on one occasion and cleared within twelve hours. This has been a huge focus with any decision to use corridor having to be agreed at executive level.
- Following a visit with NHSE/DH, the Trust is looking to potentially create a unit for patients who will be admitted, but their beds are delayed, to free up capacity in ED. This should improve flow and ambulance handover times.

- Dame Moore queried the staffing arrangements. Mr Brennan advised that funding was being discussed, this would be a risk based decision on deploying staff and there are discussions taking place across the system.
- Mrs Gardner advised meetings have taken place across the system to review the staffing and the community have been requested to take on higher acuity patients.
- A co-located frailty facility is in development by the new ED and we are looking to accelerate this
- A review of the +1 policy in acute and community will also take place to reduce the risk in the ED
- It stressed to the national team that there is no lack of effort or endeavour of focus on resolving the ED pressures; the proposed unit will support the flow issue, but it does not address it.

Finance

- Mr Toole confirmed the Trust did not receive full ERF funding. £3.5m was received in H1 but there is nothing further for the rest of the year; this is reflected in H1 figures and is £0.9m adrift from last year

ACTION: Perfect 10 briefing note to be circulated after Friday's system review meeting

RESOLVED THAT: the report be noted for assurance.

143/21 **Committee Assurance Reports**

The following points were highlighted by Committee Chairs:

- F&P: Committee highlighted capital spend v plan and requested focus on this going forwards. Mr Hopkins advised a number of meetings have taken place to scrutinise the trajectories confirming this is on the executive team radar
- QGC: Committee had discussed the new CQC approach and received the medicines optimisation annual report. It was disappointed to note the delay in electronic prescribing but this was set in the content of the wider digital strategy implementation
- P&C: Committee had a focus on junior doctors and a number of issues raised could be dealt with straightaway. There are no easy solutions to the pressures they are under and Committee had discussed improvements to recruitment. Dr Blanshard referenced a pilot scheme called WARD focussed on the wellbeing of junior doctors, led by junior doctors.

RESOLVED THAT: the Committee reports be noted for assurance.

GOVERNANCE

144/21 **Safest Staffing Report**

a) Adult/Nursing
b) Midwifery

Adult/Nursing

Mrs Gardner presented the nursing element of the report which covered the period to October 2021 and provided level 5 assurance. Mrs Gardner reiterated the increased turnover of HCAs, noting this was an issue nationally along with an increase in maternity leave. She confirmed the Trust are working to over recruit with both domestic and international pipelines in progress.

Midwifery
Ms Jeffrey presented the report which had an increased assurance level of 5. This increase was due to increased fill rates from the new incentive scheme and new starters having joined the Trust. Other indicators have been maintained and the level 5 assurance was approved. Challenges are ongoing regarding the induction of labour. This has remained safe, but has on occasion been a poor experience for some women regarding their length of stay. Further recruitment is planned for December, including a post to support retention and it was confirmed the team are embedding the acuity tool.

RESOLVED THAT: the report be received for assurance.

144/21 **CQC Registration – Statement of Purpose**
Mrs Gardner presented the report which was taken as read. She drew the Board's attention to Appendix 2 which shows the changes. It was confirmed that the Certificate of Registration is up to date and published in the Quality Hub. Sir David thanked the team for a good report and useful statement.

RESOLVED THAT: the be Statement of Purpose be approved and published

145/21 **Report of the Audit & Assurance Committee**
Mr Horwath highlighted the External Audit VFM recommendations. Committee had received a verbal update but were concerned of the need to demonstrate progress. A private meeting with auditors had confirmed they will review this closely.

RESOLVED THAT: the report be noted for assurance.

146/21 **Report of the Remuneration Committee**
Sir David presented the report which was taken as read.

RESOLVED THAT: the report be noted for assurance

147/21 **Report of the Trust Management Executive**
Mr Hopkins presented the report which was taken as read. He noted the good clinical discussions which were taking place and reflected on the volume of work being undertaken across the Trust. Mr Hopkins advised he is working with Ms O'Connor to develop Director reports to streamline the number of reports being prepared.

148/21 **ANY OTHER BUSINESS**
There was no further business raised.

DATE OF NEXT MEETING
The next Public Trust Board meeting will be held virtually on Thursday 12 January 2022 at 10:00am.

The meeting closed.

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

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE

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	Feb 2022	Policy is due for sign off in February 2022	
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	Feb 2022	As above	
14.10.21	Matters Arising	100/21	An update with regards to HIC would be received at the next Finance and Performance Committee and Trust Board.	JN	Dec 2021		Verbal update at meeting	
11.11.21	CEO Report	121/21	Mr Hopkins to confirm reporting of Place urgent care metrics across all partners.	MH	Dec 2021		This is under review across Place and led by Nikki O'Brien as Chair of the intelligence cell	
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 (PG)	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.	
9.12.21	IPR	142/21	Perfect 10 briefing note to be circulated after Friday's system review meeting	PB	Dec 2021	Jan 2022	Final report to be agreed by all partners prior to circulation	
15.7.21	Annual Planning Priorities	062/21	Environmental strategy discussion at Trust Board	PB	Oct/Nov 2021	Feb 2022	To be aligned with the Estates strategy, due to Trust Board in February 2022.	
15.7.21	Annual Planning Priorities	062/21	Report on sustainability to come to Trust Board in September	JN	Sept 2021	Feb 2022	ICS net zero green strategy approach to be aligned with the Estates Strategy development.	
10.6.21	Patient story	037/21	Mrs Lewis to raise with WMAS' Chief Digital Officer and the Oasis system supplier	VL	July 2021	Feb 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 week of 31 January 2022	
9.12.21	Board Assurance Framework	141/21	Ms O'Connor to share the Board analysis and bring a paper to Board following the next quarter's review	ROC	Feb 2022	March 2022	Latest report circulated by email. Paper to follow to Board next quarter	
15.7.21	CEO Report	061/21	Discrimination Charter to be received by Trust Board in October.	TR	Oct 2021	Jan 2022	On agenda	
14.10.21	Patient Story	097/21	Mrs Gardner to arrange for "essential medical kit do not unplug" stickers	PG	Dec 2021		This has now been reviewed and the estates team have put reminders where there are hearing loops not to unplug them Action complete.	

Worcestershire Acute Hospitals NHS Trust

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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**	Rebecca O'Connor 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	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board are requested to ratify the action undertaken on the Chair's behalf since the last Trust Board meeting in December 2021.

Executive summary	The Chair, undertook a Chair's Action in accordance with Section 24.2 of the Trust Standing Orders to agree to the DCEO/COO signing the Project Letter of Instruction with Keir Infrastructure and Overseas Limited.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*BAF 20 urgent care*
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	X
Financial Risk										
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	13 January 2022
Paper number	Enc C2

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: • Thank you to staff working over Christmas and New Year • Booster progress • Omicron and Covid situation/Command and control • 2022/23 operational planning guidance

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

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

Issues and options

Thank you to staff working over Christmas and New Year

Across the Trust our teams continue to respond magnificently to a triple challenge – the ongoing response to the latest wave of the Covid pandemic, the relentless pressure on our urgent and emergency care services and the growing number of patients on our elective waiting lists. The highly transmissible nature of the Omicron variant is also driving an increase in our sickness absence levels, adding further pressure to colleagues who are working so hard to keep services running.

On behalf of the Board I would like to say thank you to all our staff for their outstanding efforts. Along with other members of the senior leadership team I visited a number of clinical and corporate teams in the run up to Christmas to say thank you to them in person and to hand out gifts of chocolates which were generously funded by our charity. The Trust also provided a free meal and drink each day over the Christmas and New Year fortnight for every member of staff working on our sites as a further expression of gratitude for their contribution to putting our patients first. This was very positively received by many colleagues, and there was also much praise for the hard work put in by our catering teams who kept service going with a smile.

Omicron and Covid situation/Command and control

The past 14 days (25th December 2021 to 7th January 2022) has seen the weekly average number of COVID admissions increase to 58 compared to the previous 14 day weekly average of 32 and staff absence for COVID related reasons has increased from 86 on the 25th December 2021 to 252 on the 7th January 2022. The Trust now has 70 beds across four wards designated as COVID out of the G&A bed stock which equates 10% and in addition an average of 5 patients in ITU have been COVID positive and we have also designated Meadow Birthing Unit and 3 delivery rooms as a COVID positive areas. On the 7th January 2022 there are 74 COVID positive inpatients in our hospitals.

Modelling projections indicate that we can expect further increases in COVID admissions over the next 18 days with a potential peek in admissions during the week commencing the 24th January 2022 which could see in excess of 126 inpatients with a possible peak as high as 191. The modelling does not indicate any surge in demand for mechanical ventilation (ITU) with an upper limit of 9 patients but more likely a range of 3 to 7. Current ITU occupancy levels are within the range suggested in the modelling.

Given the current and projected position the Trust has, over the past few weeks, moved to Phases 14 and 15 of the Command and Control Structure with Bronze, Silver and Gold command meetings now taking place 5 days per week with the option for the DCEO/COO to call COVID command meetings over the weekend.

Booster progress

As at the 4th January 2022 we have achieved the following take up of the Covid and flu vaccines for our workforce:

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Covid 1st vaccine – 95%
Covid 2nd vaccine – 92%
Covid Booster – 76%
Flu – 64%

2022/23 operational planning guidance
On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The document sets out the priorities which are to restore services, reduce the care backlog, and expand capacity.

Key points

- Given current operational requirements as set out in the recent letter, 'Preparing the NHS for the potential impact of the Omicron variant', NHSE/I has extended the planning timetable and submission deadlines to the end of April 2022 with draft plans due in mid-March.
- Detail on revenue and capital allocations is yet to be published and will be shared through r finance networks.
- Given current uncertainties for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing is being pushed back to 1 July 2022.
- The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels.
- Systems are being asked to deliver on the following ten priorities:

A Investing in the workforce and strengthening a compassionate and inclusive culture
B Delivering the NHS COVID-19 vaccination programme
C Tackling the elective backlog
D Improving the responsiveness of urgent and emergency care and community care
E Improving timely access to primary care
F Improving mental health services and services for people with a learning disability and/or autistic people
G Developing approach to population health management, prevent ill-health, and address health inequalities
H Exploiting the potential of digital technologies
I Moving back to and beyond pre-pandemic levels of productivity
J Establishing ICBs and enabling collaborative system working

Recommendations
The Trust Board is requested to • Note this report.
Appendices - None

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	13 January 2022
Paper number	Enc D

Behavioural Charter

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

Accountable Director	Tina Ricketts, Director of People and Culture		
Presented by	Tina Ricketts, Director of People and culture	**Author /s**	Shane Baldwin, Organisational Development Practitioner

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		Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Chief Executive Team Meeting	24th November 2021	Charter supported. To be submitted to Board for approval

Recommendations	The Board is requested to: • Approve the behavioural charter for publication • Encourage staff to speak up against and report bullying, harassment, violence, aggression and discrimination in the workplace • Support the implementation plan as a priority strand of work

Executive summary	This report sets out to highlight the current situation that our staff face in relation to violence, aggression bullying, harassment and discrimination within the workplace and the proposed steps required to lay down a Trust wide response. Attached in **appendix 1** is the behavioural charter for approval by the Board. The presentation in **appendix 2** sets out how the charter will be implemented.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*BAF 10, 11, 14*
Assurance Level (x)	0 | 1 | 2 | 3 | 4 x | 5 | 6 | 7 | N/A		
Financial Risk	None identified		
Action			
Is there an action plan in place to deliver the desired	Y x N | N/A		

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

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improvement outcomes?						
Are the actions identified starting to or are delivering the desired outcomes?	Y		N	x		
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance	**March 2022**					

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
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Introduction/Background

Acts of Racism or physical violence towards our staff or patients is a criminal offence. However, 1617 members of staff personally experienced harassment, bullying or abuse at work from patients, relatives, managers or colleagues in 2020.

The original concept for the Charter was as an anti-racism charter and was proposed by the BAME staff network prior to their annual conference; the Charter has then been further developed into an inclusion and anti-discrimination charter to incorporate all protected characteristics. Further development included input from clinical divisions and teams to develop a behavioural charter to include all types of inappropriate behaviour towards staff, patients and visitors.

A task and finish group has been set up to put in place a programme of work to support the embedding of the charter, to fully support staff in dealing with violence, aggression, bullying, harassment and discrimination at work and provide the confidence that if it is reported it will be dealt with appropriately.

Issues and options

The staff inclusion networks have been involved in the charter since conception and are championing culture change in this area as their focus over the next 12 months, to improve the staff experience by challenging poor behaviour.

During the Board meeting in May and BAME Network annual conference in June a patient attended to tell his story. He described witnessing inappropriate racist behaviour towards staff from other patients and was concerned that this behaviour went un-challenged and possibly un-reported by the staff.

The Datix data at the time suggested very low reporting on violence, aggression, bullying, harassment and discrimination compared to the results of the staff survey data with only 12 on-going cases and 18 closed cases.

Our 2020 staff survey data shows that **1,617** members of Trust staff have personally experienced violence, aggression, bullying, harassment and discrimination from patients, visitors, their manager and colleagues during the reporting period.

The data has highlighted the following:

- **658 m**embers of staff have experienced the above from patients, visitors or members of the public. 25% of staff who responded.
- **404** members of staff have experienced the above from their manager. 14% of staff who responded.
- **555** members of staff have experienced the above from colleagues. 19% of staff who responded.

The implementation of the charter has been broken down into 4 phases to ensure that any gaps are identified at the earliest opportunity.

Implementation Phases

Phase 1 By 15 Jan 22

- Board sign off of charter statement.
- Underpinning work scoped.

The underpinning work will centre around 4 key areas:

1. Policy
2. Education and Training
3. Reporting
4. Multi Agency Working

Multi Agency working will involve close working with West Mercia Police and will assist in identifying what their requirements involve i.e. what will their response be to violence and aggression towards Trust staff, timeframes on attending incidents and visibility of the police on site during and out of hours.

Phase 2 By 31 Jan 22

- Task and finish group up and running
- Terms of reference and programme of work agreed through Trust Management Executive

Phase 3 By 28 Feb 22

- Progress report to Trust Management Executive
- Assurance report to People & Culture Committee

Phase 4 By 30 Apr 22

- Key performance indicators included within Integrated Performance Report

Current contractors working at Worcestershire Acute sites have also identified a need for a similar approach and we have committed to working in partnership with them. For example, Costa Coffee at the Worcester Royal site are running customer behaviour programmes to ensure customers are aware that violent or aggressive behaviour will not be tolerated.

Conclusion

Our staff survey results 2020 show that the current number of staff facing and reporting violence, aggression, bullying, harassment and discrimination at 25% is higher than the national average of 14% of all responses.

The foundations of this charter will be the ownership, co-operation, contribution and support of the divisions and operational teams to drive through change and the development of a true zero tolerance culture within the organisation.

Communication and engagement with staff, patients and visitors of the charter will be an essential factor in increasing the reporting of incidents where behavioural standards fall below that which is expected and this charter will become a deterrent for anyone who is behaving inappropriately towards staff, patients or visitors.

The focus over the next period is to ensure tangible improvements are made to ensure staff are protected against violence, aggression, bullying, harassment and discrimination in the workplace and are supported in reporting this when it does happen.

Recommendations

The Board is requested to:

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	13 January 2022
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- Approve the behavioural charter for publication
- Encourage staff to speak up against and report bullying, harassment, violence, aggression and discrimination in the workplace
- Support the implementation plan as a priority strand of work

Appendices

1. Behavioural Charter
2. Presentation setting out how the charter will be implemented

Our 'Best People' Promise

As the Board of our Trust, and in keeping with our 4ward behaviour of listen, learn and lead, members of the Board of Worcestershire Acute Hospitals NHS Trust are proud to support and endorse a Trustwide commitment to a zero tolerance approach towards bullying, harassment, discrimination, violence or aggression of any kind towards any of our staff, patients or visitors across all our sites and services.

Our shared purpose is putting patients first and our vision is to work in partnership to provide the best healthcare for all the communities we serve, while leading our supporting our teams to move 4ward.

To support the delivery of our vision, and to make sure that we can attract the best people to our Trust to support our plans for continuous improvement, we have listened to our patients and staff on how equal opportunities and a supportive and inclusive workplace for all colleagues is essential to staff well-being, high quality patient care and a positive culture.

That includes informing the police, and pursuing a prosecution, in the event of any act of violence against a member of our staff or any other act which could constitute a hate crime (Any criminal offence which is perceived by the victim or any other person, to be motivated by hostility or prejudice, based on a person's disability or perceived disability; race or perceived race; or religion or perceived religion; or sexual orientation or perceived sexual orientation or transgender identity or perceived transgender identity.)

But whether it amounts to a criminal offence or not, Inappropriate behaviour of any kind will not be tolerated. We encourage colleagues to report such incidents and we can promise them that their concerns will be taken seriously and any appropriate action taken.

Board members respect and promote diversity and inclusion and we will not tolerate any form of racism, discrimination, bullying or violence.

Through our current and future policies, we will do what we say we will do as senior leaders and take action in the following areas as well as setting clear expectations on managers at all levels in our teams to do the same.

1. **Staff Support – No Delays, Every Day**

- Support staff to speak up against bullying, harassment and discrimination in the workplace.
- Carry out a thorough investigation into **ALL** allegations of bullying, harassment, victimisation, discrimination, violence and aggression.
- Take firm action against anyone found to be bullying, harassing or victimising our staff.
- Play an active role in the Staff Networks to hear directly from colleagues on their lived experience.

2. **Staff Recruitment and Progression – Do What We Say We Will Do**

- Ensure that all interview panels are diverse and inclusive.
- Ensure **Positive Action** is taken where possible.
- Develop clear guidance on fair and inclusive promotion and career progression practices.
- Actively participate in staff mentoring schemes to support equal opportunities.
- To create a compassionate and inclusive working culture that eliminates bias in recruitment and promotion practice.

3. **Leadership and Governance Culture – Listen, Learn Lead**

- Promote diverse leadership through Positive Action initiatives.
- Promote civility and respect within their areas of responsibility.
- Develop and implement a local **Positive Action** statement within their areas of responsibility.

And by doing so actively nurture a positive, inclusive working environment where we can all work together and celebrate together

NHS
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NHS Trust

Meeting	Trust Board
Date of meeting	13th January 2022
Paper number	Enc E

Integrated Performance Report – Month 8 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
Finance and Performance	22nd December 2021	Assured
Quality Governance	23rd December 2021	Assured

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

Key Issues	**Recovery and restoration of the elective programme including Outpatients and Diagnostics** ▪ The RTT waiting list is validated at 57,664 at the end of Nov-21, decreasing by 266 patients compared to Oct-21, indicating a stabilisation of the waiting list after the rapid growth seen across previous months. ▪ 1,978 of our long wait patients have been waiting 78 weeks or more with 448 of that cohort waiting over 104 weeks, noting that 270 of the 448 are waiting for orthodontic treatment. ▪ Activity levels for diagnostic tests have been maintained over 16,000, and as a result our overall diagnostics waiting list has reduced by a further 3% and those patients waiting over 6+ weeks has decreased by 11% to under 5,000, the first time since May-21. The H2 targets by modality have either been exceeded or are within 100 tests of the planned activity levels. ▪ Total outpatient attendances are at 95% of Nov-19, with 46,890 patients seen and exceeding our H2 target by 7,787 attendances. The total elective spells in the month (7,413) are at 89% of Nov-19 (exceeding the H2 plan by 68 spells) with day case at 90% and elective ordinary spells at 71%. ▪ Recovery of the waiting time constitutional standards will follow once capacity allows and urgent and time-critical patient backlogs are addressed. **Infection Prevention and Control** ▪ There were 13 C-difficile cases in November. This brings our year to date position to 19 over trajectory based on the national target of no

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more than 61 cases for the financial year 2021/22. There are currently 2 wards with outbreaks of C.diff which are being actively managed.

- There were 3 E-coli BSI in November. This was above the in-month local trajectory and our year to date position is now 4 over trajectory based on the year to date Trust stretch trajectory of no more than 30 cases for the financial year 2021/22. We are well within the national target trajectory for the year.
- There were 3 MSSA BSI cases in November. This was above the in-month local trajectory and has also taken our year to date position to 6 over trajectory based on the year to date Trust trajectory of no more than 10 cases for the financial year 2021/22. There is no national target this year.
- MRSA BSI, Klebsiella species BSI and Pseudomonas aeruginosa BSI are currently on trajectory.
- Work has commenced with our cleaning services to review the model of deep cleaning, with options that will speed up turnaround of bays and single rooms being actively explored. The availability of a deep clean facility on each site will be critical to this progressing, and the Estates Team have responsibility for progressing this. An enhanced action plan has been agreed to reduce both C.diff and MSSA BSI but extreme operational pressures continue to make it very difficult to progress the actions needed.

People and Culture

Due to the Omicron variant we are seeing a significant increase in staff absence due to covid which is forecast to continue through January 2022.

A verbal update will be provided at the meeting on the latest position.

Twice daily staffing safety huddles have been introduced to ensure the live monitoring of staffing levels and staff are being redeployed from corporate services areas to respond to the additional demand in testing, track and trace and occupational health.

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

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

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

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Recommendations
The Board is asked to ▪ note this report for assurance
Appendices
▪ Trust Board Integrated Performance Report (up to Nov-21 data) ▪ WAHT November 2021 in Numbers Infographic ▪ WAHT Maternity and Neonatal Dashboard (Nov-21) ▪ Committee Assurance Statements (Dec-21 meetings)

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Trust Board

13th January 2022

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

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Operational Performance

Summary Performance Table | Month 8 [November] 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	Nov-21	45.30%	-	L	-	65%	51%	80%
	Time to Initial Assessment - % within 15 minutes	Nov-21	79.10%	-	L	-	86%	79%	93%
	Average time in Dept for Non Admitted Patients	Nov-21	250	-	H	-	197	170	225
	Average time in Dept for Admitted Patients	Nov-21	661	-	H	-	411	300	522
	% Patients spending more than 12 hours in A&E	Nov-21	11.30%	-	H	-	4.90%	1.08%	8.72%
	Number of Patient spending more than 12 hours in A&E	Nov-21	1,329	-	H	-	556	192	920
RTT	Incomplete (<18 wks)	Nov-21	50.13%	92%	L	F	71%	66%	75%
	52+ weeks waiting	Nov-21	6,882	0	H	F	1873	1,307	2,440
	104+ weeks waiting	Nov-21	448	0	H	F	43	9	78
CANCER	2WW All	Nov-21	54.58%	93%	L	?	82%	68%	95%
	2WW Breast Symptomatic	Nov-21	8.76%	93%		F	40%	-4%	84%
	62 Day All	Nov-21	58.37%	85%	L	F	69%	56%	81%
	104 day waits	Nov-21	105	0	H	F	57	25	90
	31 Day First Treatment	Nov-21	94.78%	96%	L	?	96%	92%	101%
	31 Day Surgery	Nov-21	91.30%	94%		?	87%	65%	109%
	31 Day Drugs	Nov-21	94.78%	98%		?	98%	87%	108%
	31 Day Radiotherapy	Nov-21	100.00%	94%		?	99%	93%	106%
	62 Day Screening	Nov-21	60.90%	90%		?	73%	35%	111%
	62 Day Upgrade	Nov-21	97.10%	90%		?	84%	61%	108%
Diagnostics (DM01 only)		Nov-21	61.46%	99%	L	F	76%	65%	86%
STROKE	CT Scan within 60 minutes	Oct-21	35.71%	80%		F	44%	20%	68%
	Seen in TIA clinic within 24hrs	Oct-21	82.76%	70%		?	83%	45%	121%
	Direct Admission	Oct-21	25.00%	90%	L	F	41%	16%	67%
	90% time on a Stroke Ward	Oct-21	66.07%	80%		?	74%	58%	89%

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent and Emergency Care (validated)	• In Nov-21, the Trust saw 12,015 patients attend our type 1 sites - this volume of attendances is still in excess of historic seasonal variation (average of 10,241 across Nov-19 and Nov-20). Children and young people attendances contributed 26% of the total (having been 24% in Oct-21); this is 1,764 attendances with 430 being conveyed by ambulance. • The trend of special cause concern for the majority of front door metrics continues as the high volume of attendances and subsequent need for admission to the hospital hasn't changed.
Patient Flow and Capacity (validated)	• 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 (MFFD) has plateaued and is still special cause concern. • The number of long length of stay patient decreased from 60 on the last day of October to 57 on the last day of November; 22 of the 57 were identified as MFFD.
Cancer (validated)	• **Long Waits:** The backlog of patients waiting over 62 days has decreased from 317 to 309 and those waiting over 104 days has decreased from 111 to 105, with urology contributing the most patients to this cohort of our longest waiters (62%). • Cancer referrals in Nov-21 have remained higher than pre-pandemic levels. The profile by specialty has fluctuated; of note Breast with over 500 again for the fourth time this year, urology with over 300, the first time over this threshold in a month and 588 Lower GI referrals, the third highest in 2021. The 2WW cancer waiting time standard has not been achieved in 21/22. • Currently the Breast Service does not have capacity to manage the surges in demand. This is most apparent in 2WW Breast Symptomatic where only 8.73% of patients were seen within 2 weeks. • Cancer 62 day waits continues to show special cause concern with only 57% 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 from decision to treat which is also showing special cause concern and below the 96% standard.
RTT Waiting List (validated)	• **Long Waits:** Our 6,882 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (4,904), between 78 and 104 weeks (1,530) and those waiting over 104 weeks (448). Of the 448 patients waiting over 104 weeks, 270 are waiting for orthodontic treatment. • Although stable and still below 58,000 the RTT waiting list size remains a cause for concern; it is 64% larger than Mar-20's submission. Although Advice and Guidance and RAS triage continues to offset some new referrals, we should anticipate another surge in demand when Primary Care completes it's booster vaccination programme.
Outpatients (as at 2nd SUS submission)	• **Long Waits:** There are 31,831 RTT patients waiting for their first appointment and only 7,033 of them have been dated. • Nov-21 saw 46,890 outpatient attendances take place (consultant and non-consultant led), compared to Nov-19 shows we undertook approximately 95% of historic activity levels. • H2 targets for Nov-21 were achieved for our total outpatient and face-to-face attendances but not for our non-face-to-face attendances. This is the same pattern for consultant-led activity only, for both first and follow-up attendances.
Theatres (validated)	• In Nov-21, our total elective spells activity increased from Oct-21 levels to back over 7,000. We achieved our H2 target, due to day case spells being +156 to plan and activity was at 89% of Nov-19. • 9 eligible patients who had their operation cancelled were not rebooked within 28 days in Nov-21; however 24 patients (73%) were. • The Independent Sector undertook 44 day cases, 215 diagnostic tests and 111 procedures were undertaken in our Vanguard theatre.
Diagnostics (validated)	• **Long Waits:** 4,692 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 2,122 have been waiting over 13 weeks and 56% are attributable to DEXA and echocardiography. • Activity in Nov-21 was at it's highest since Jan-20 across our modalities with 16,695 tests undertaken, with sustained support from the CDC's creating additional capacity. Consequently the waiting list size has fallen by a further 2.5% to 12,174, breaches by 14% to 4,692 and DM01 performance has improved from 43.5% to 38.5% (a 5.0 percentage point decrease).
Stroke (validated)	• Q2 SSNAP has been published and confirmed our prediction grade improvement from D to C.

Operational Performance: Urgent and Emergency care

Percentage of Ambulance handover within 15 minutes	Time to Initial Assessment - % within 15 minutes	Time In Department			
		Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E
45.27%	79.13%	250	661	11.3%	1,329

What does the data tell us?

- **Urgent Care Indicators –** slides 6 and 7 highlight the continued pressure faced by the Trust during Nov-21 with all of the metrics showing special cause concern (outside the control limits) for the month.
- **EAS** - The overall Trust EAS performance which includes KTC and HACW MIUs was 70.82% in Nov-21 – this is the sixth month of special cause concern in the context of attendances across all settings remaining significantly high at 16,909 (16,040 in Nov-19).
- **EAS Type 1 –** EAS performance at WRH was below 60% at 58.11% and although not statistically significant increased to 60.35% at ALX. 1,928 patients breached the 4 hour standard at the ALX and 2,996 at WRH; both below Oct-21's breaches but with fewer total attendances. There were 12,015 Type 1 attendances across ALX and WRH and although no significant change from previous months it is indicative of the sustained pressure on our emergency departments.
- **CYP Attendances**: The proportion of total attendances to WRH in Nov-21 who were children and young people was 26%, no significant change from Oct-21. This is the fifth month since Jan-21 where total paediatric attendances have been special cause concern, outside of the control limits and 8 months above the mean. 24% of all paediatric attendances arrived by ambulance has returned to common cause variation after the special cause concern observed in May-21 and Jun-21.
- **Ambulance Handovers** - There were 872 x 60 minute ambulance handover delays with breaches at both sites – this increase in breaches from Oct-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 155 validated 12 hour trolley breaches in Nov-21 compared to 137 in Nov-19, and was the highest number of in-month breaches since Jan-20 (167) – this remains a special cause concern for our processes.
- **Specialty Review times** – Specialty Review times are now highlighted as a cause for concern with 12 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 1,015 in Oct-21 to 1,104. This metric shows special cause variation because Nov-21 is outside of the upper control limit and shows a run of 7 months above the mean.
- **Conversion rates** – 3,473 patients were admitted in Nov-21; a Trust conversion rate of 29.58%. The conversion rate at WRH was 31.67% and the ALX was 26.63%; although comparable to Nov-19, this is with ~1,000 more patients attending ED.
- **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 Nov-21 because the value is above the upper control limit.

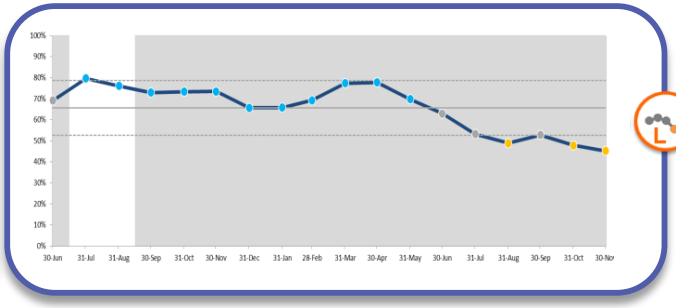
Month 8 [November] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 10th December 2021

Worcestershire Acute Hospitals NHS Trust

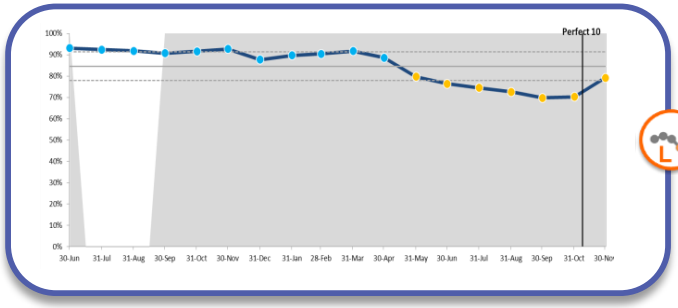
Percentage of Ambulance handover within 15 minutes

45.27%



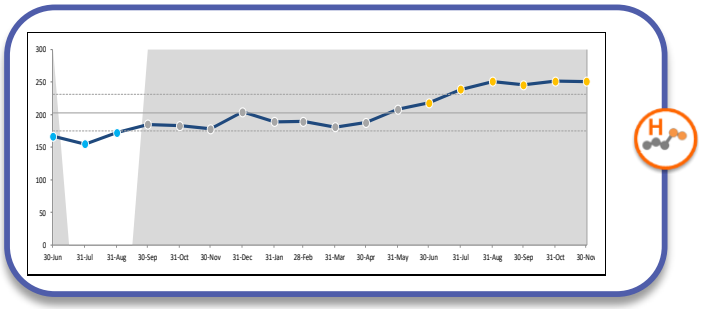
Time to Initial Assessment - % within 15 minutes

79.13%



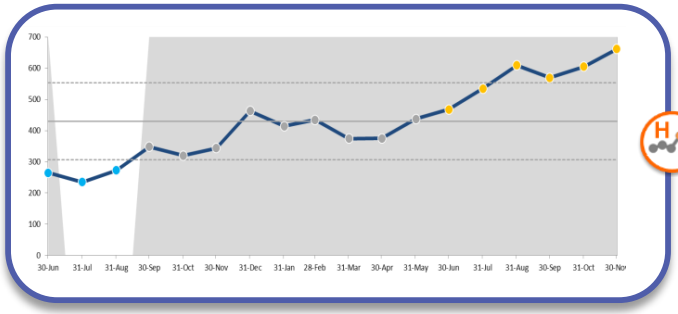
Average time in Dept for Non Admitted Patients

250 mins



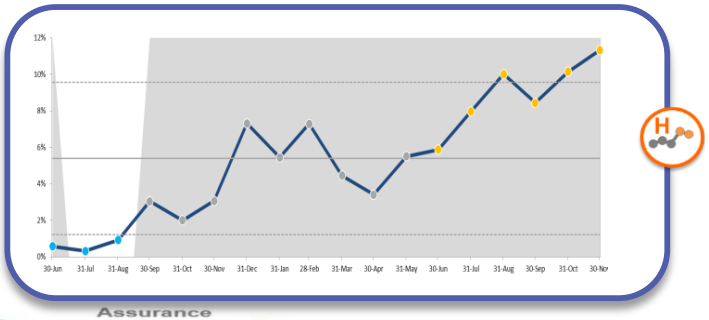
Average time in Dept for Admitted Patients

661 mins



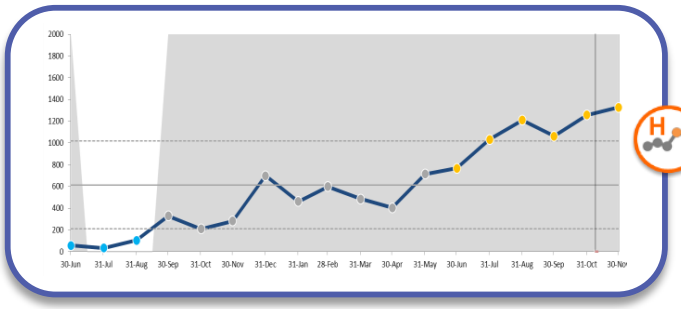
% Patients spending more than 12 hours in A&E

11.3%



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

1,329



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

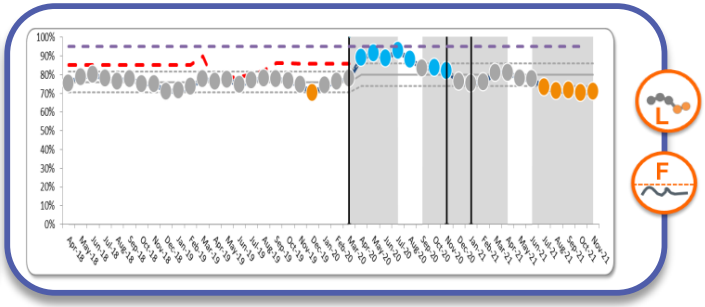
Month 8 [November] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 10th December 2021

Worcestershire Acute Hospitals NHS Trust

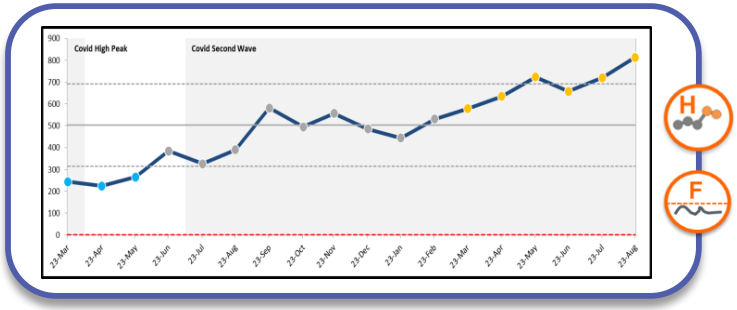
4 Hour EAS (all)

70.82%



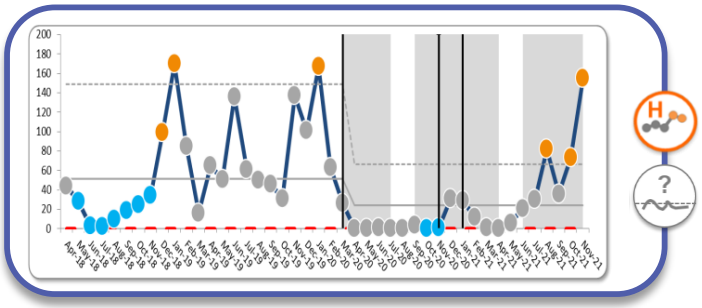
Aggregated Patient Delay (APD)

812



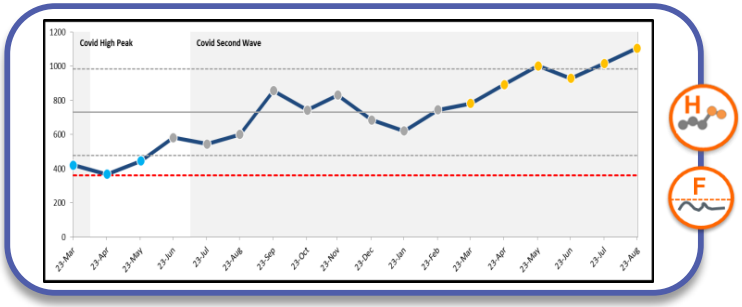
12 Hour Trolley Breaches

155



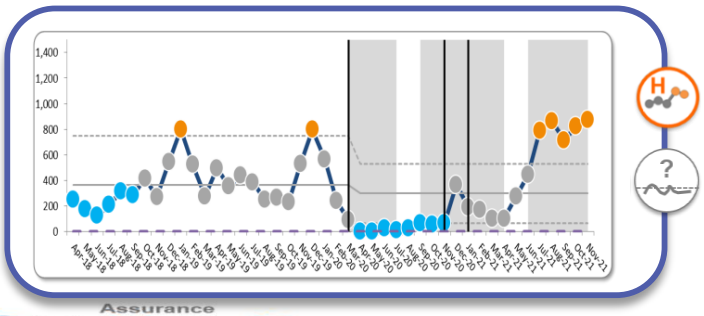
Total time spent in A&E (95th Percentile)

1,104



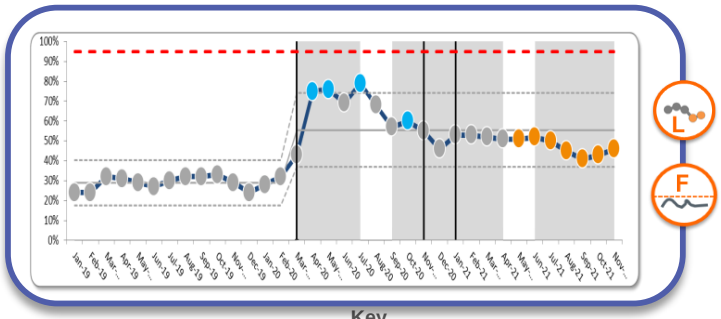
60 minute Ambulance Handover Delays

872



Specialty Review within 1 hour

46%



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 (November 2021)

EAS (All) -The Trust was one of 4 of 13 West Midlands Trust which saw a increase in performance between Oct-21 and Nov-21 This Trust was ranked 6 out of 13; we were 7th the previous month. The peer group performance ranged from 52.30% to 80.39% with a peer group average of 67.35%; Declining from 68.79% the previous month. The England average for Nov-21 was 74.00% a 0.1% increase from 73.90% in Oct-21.

EAS (Type 1) - The Trust was one of 8 of 13 West Midlands Trust which saw a Decrease in performance between Oct-21 and Nov-21 This Trust was ranked 8 out of 13; we were 7th the previous month. The peer group performance ranged from 47.46% to 74.37% with a peer group average of 56.51%; declining from 56.83% the previous month. The England average for Nov-21 was 61.90% a 0.0% increase from 61.90% in Oct-21.

In October-21, there were 10,646 patients recorded as spending >12 hours from decision to admit to admission. 155 of these patients were from WAHT; 1.03% of the total.

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

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

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

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

WAHT — Operational Standard 95%

Operational Performance: Patient Flow and Capacity

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

Discharges before Midday				Number of patients with a long length of stay (21+ days)				Overnight Bed Capacity Gap (Target – 0)	Average length of stay in hospital at discharge (non-covid)				30 day re-admission rate (Oct-21)	Discharges as a % of admissions IP only (Target >100%)			
WRH	347	ALX	275	WRH	21	ALX	36	40 beds	WRH	5.9	ALX	5.1	3.09%	WRH	95.42%	ALX	93.05%

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 decreased 60 (31-Oct) to 57 (30-Nov) with 22 patients deemed medically fit for discharge. There was an average of 21 patients deemed MFFD with a LOS >= 21 days each day in November across the Trust. Over 5,000 patients were discharged in the month.
- **Bed Capacity** - Our G&A bed base is 752; beds ring-fenced to Covid patients were maintained at over 60 in the month to provide beds for admitted Covid patients. As a result of the surgical reconfiguration relocation of trauma to WRH, the number of elective beds at the ALX was adjusted to cover wards 16, 17 and 18 thus maintaining our ring-fencing of beds for elective patients; however,
- **Medically Fit Patients** – for the 8th consecutive month, the number of MFD patients still on our wards 24 hours after becoming medically fit is showing special cause concern, and the last five months are showing as outside of the upper confidence interval, as the support packages for care at home, or places in care homes, cannot be realised.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 5.5 days in Nov-21 but is the 8th consecutive month where it's above the mean and showing special cause concern.
- **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 (Nov-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 (Oct-21)	**SRO: Paul Brennan**

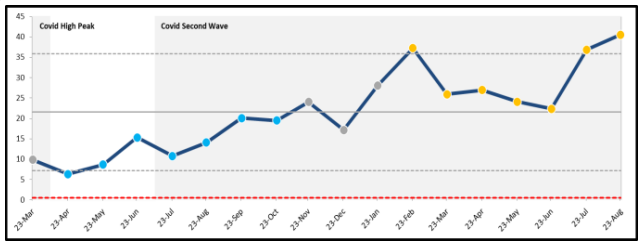
Month 8 [November] | 2021-22 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 10th December 2021

NHS Worcestershire Acute Hospitals NHS Trust

Capacity Gap (Daily avg. excl. EL)

40.1

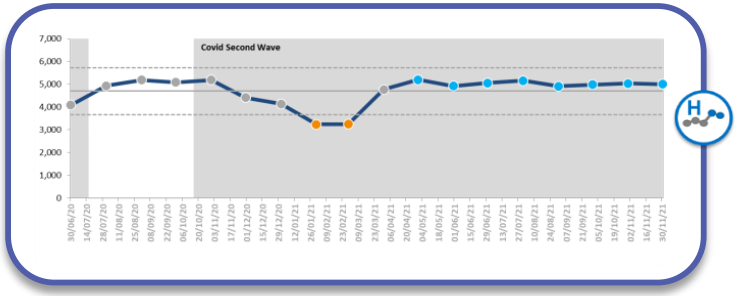


MFFD patients still on the ward 24hrs after becoming MFFD

1,845

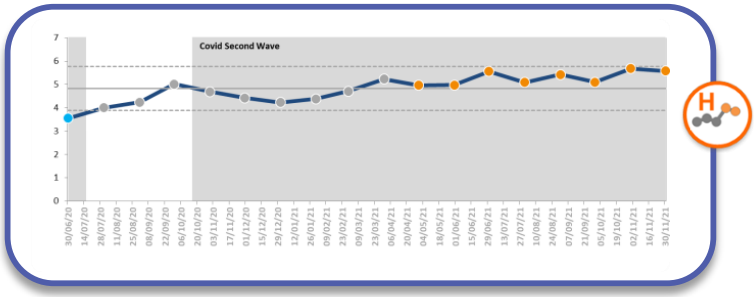
Total Discharges and Transfers

5,094



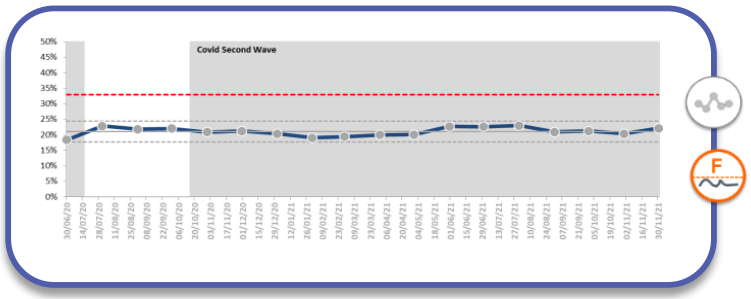
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.5



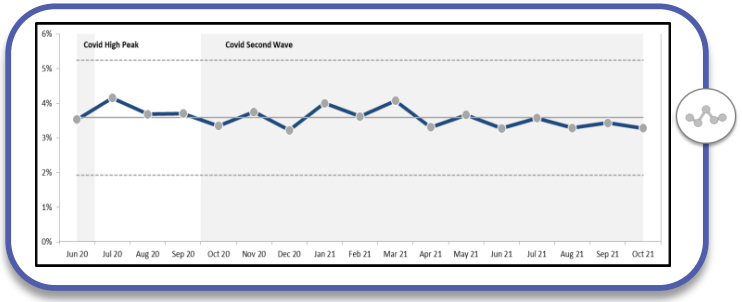
% Discharges before midday (non-covid wards)

22.12%



30 day readmission rate for same clinical condition

3.04%



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

Key

- Internal target
- Operational standard

Operational Performance: Cancer

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

Cancer Referrals	Patients seen within 14 days (All Cancers)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS)		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104+ days
2,730	54.58%	2,272 seen	8.76%	137 seen	66.40%	2,375 told outcome	94.78%	345 treated	58.37%	227 treated	3,095	309	105

What does the data tells us?

- **Referrals:** Sustained high volumes of cancer referrals have been received with Breast over 500 again, the fourth time this year, urology had 303 referrals, the first time over 300 in a month and 588 Lower GI referrals, the third highest in 2021.
- **2WW:** The Trust saw 54.58% of patients within 14 days. Of the 1,032 breaches, 441 were attributable to Lower GI and 320 to Breast. Across all tumour sites, 1,038 2WW breaches were due to the Trust's capacity issues. For the eight month, this performance is special cause concern as a result of the high number of breaches; this is despite continuing to see over 2,000 patients a month. Only Haematology achieved the operational standard of 93% , Skin has further improved to 64.65% from 35.69% and Breast has decreased from 34.62%, to 7.78% linked to the sustained levels of referrals in excess of current capacity.
- **2WW Breast Symptomatic:** The Trust's waiting time performance has reduced to just 8.76% with 1387patients seen, the highest in 2021, but with 125 breaches.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and is now showing special cause concern due to 7 months below the mean.
- **31 Day:** Of the 345 patients treated in Nov-21, the highest on record, 327 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This validated performance is below the CWT target of 96% but remains common cause variation.
- **62 Day:** There were 227 recorded first treatments in Nov-21, the first time above 200 in 21/22, 58.37% within 62 days. This indicator remains special cause concern.
- **Cancer PTL:** As at the 1st December there were 3,095 patients on our PTL with 158 having been diagnosed and 1,809 still suspected. The remaining 1,128 patients were between 0-14 days.
- **Backlog:** The number waiting 62+ days for their diagnosis has been decreased from 317 at the end of Oct-21 to 309; the number of patients waiting 104 days or more was 105, a decrease from 114 patients at the end of Oct-21 and continues to show as special cause concern. Colorectal, skin and urology have the largest number of patients waiting.

What have we been doing?

- **Do what we say we will do:** Options appraisal paper approved at PRM will see Breast create some additional 2ww capacity and perform weekend WLI's with outsourced radiology support January and February 2022. Current dating is circa 27-30 days and these actions forecast a return to performance from March 2022. Recruitment underway for additional CNS's to support the delivery of the 2ww Colorectal pathway, currently polling at day 19-20.
- **No delays, every day:** A prolonged period of WLI's has seen an improved 2ww Skin performance, with current polling between days 14-15. In addition the service is running rapid triage clinics alongside 2ww capacity to signpost patients appropriately whilst making the best use of existing resources. Continue to escalate delays to diagnostics, particularly imaging MRI and CT who are currently not booking within 14 days for the majority of patients.
- **We listen, we learn, we lead:** Implementation of enhanced team leadership structure underway with the advertisement of the band 5 roles. This truly amalgamates the historically separate Cancer Services and 2ww Booking Office under one management structure, creating a more seamless pathway for patients and staff, with increased scrutiny and timely escalation of issues.
- **Work together, celebrate together:** Continued reduction of the Cancer PTL backlog (63+ days) with November 2021 ending at 309 patients again the high of 361 in September 2021. Further focus over the remaining 3 months is required to achieve the year-end stretch target of 232 patients, as derived via a bottom up approach from the submitted RAP's at specialty level.

What are we doing next?

- **Do what we say we will do:** Work is continuing in respect to the establishment of a Community Breast Pain clinic which should ensure referrals of this nature are seen appropriately and not within 2ww clinics.
- **No delays, every day:** Additional MRI scanner to be in place at the ALX by February 2022 and should see increased capacity for cancer patients during the months of February, May and June (March and April will see the decant of KTC patients whilst the scanner is replaced).
- Secured CNS support for the 2ww Upper GI pathway to avoid unnecessary delays patients require a triage to either OGD or OPA, awaiting confirmation of the additional 2ww slots required as a prerequisite and agreement of the process but expect go-live end of December 2021 / early January 2022.
- **We listen, we learn, we lead:** Work continues with the service improvement project relating to the 2ww Booking Office with the last of the pathways being process mapped w/c 6th December 2021 and an action log being put together with the support of PMO colleagues.
- **Work together, celebrate together:** Commencement of the National Galleri pilot which seeks validation of the GRAIL blood test reportedly able to detect up to 50 different cancers at an early stage and before patients start to present with symptoms. The bus arrives in Redditch w/c 6th December for 3 weeks before heading to Worcester for a week at the start of January 2022.

Current Assurance Levels (Nov-21)	Previous Assurance Levels (Oct-21)
2WW – Level 4	2WW - Level 5
31 Day Treatment - Level 5	31 Day Treatment - Level 5
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 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

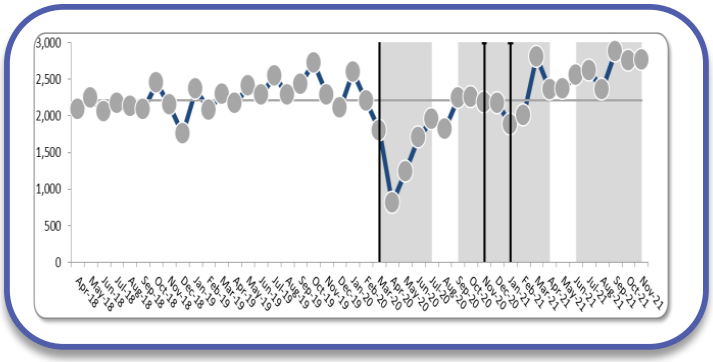
Month 8 [November] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 5th January 2022

Worcestershire Acute Hospitals NHS Trust

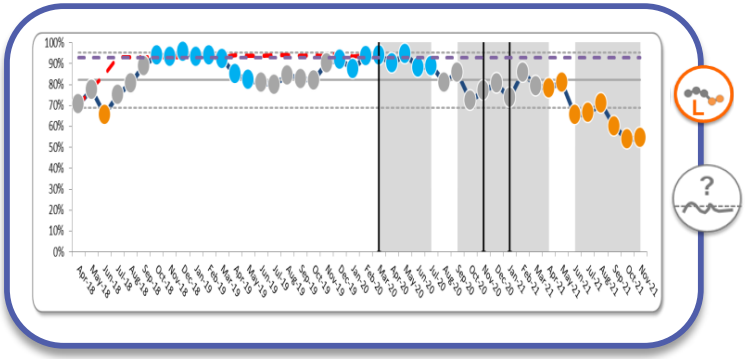
2WW Referrals

2,730



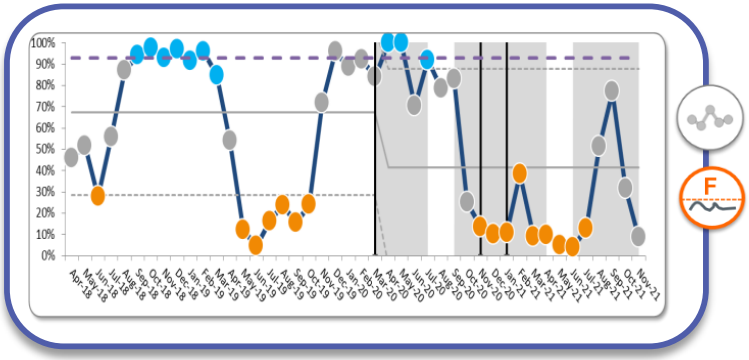
Cancer 2WW All

54.58%



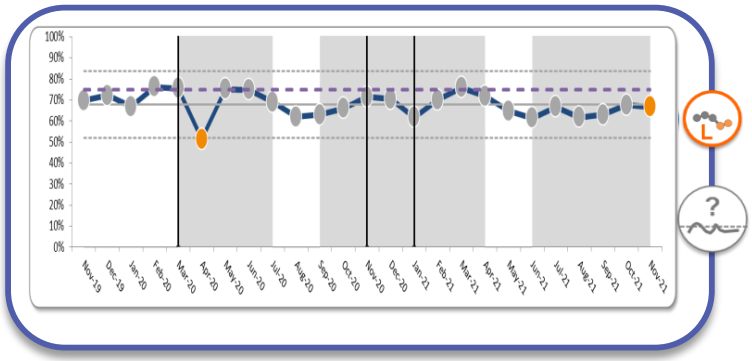
Cancer 2WW Breast Symptomatic

8.76%



Cancer 28 day FDS

66.40%



Key

- Internal target
- Operational standard

COVID Wave

Lockdown

Please note: the unvalidated data for the current month is highlighted on the SPC chart; when validated it will become a solid colour like the other data points.

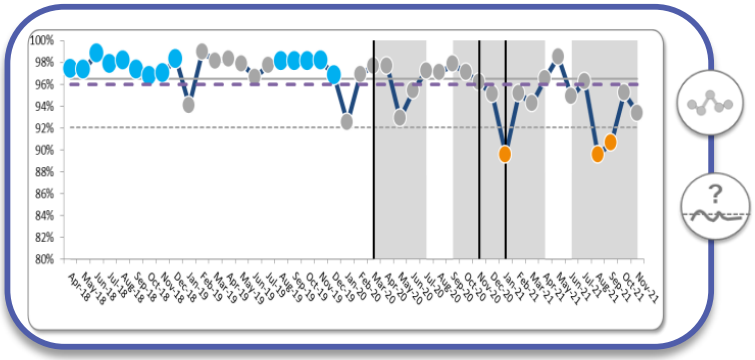
Month 8 [November] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 5th January 2022

NHS Worcestershire Acute Hospitals NHS Trust

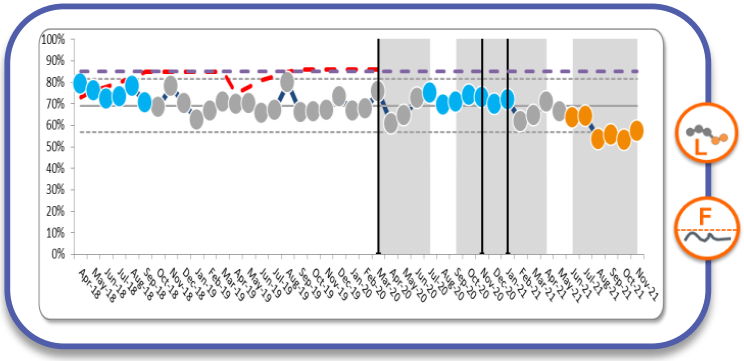
Cancer 31 Day All

94.78%



Cancer 62 Day All

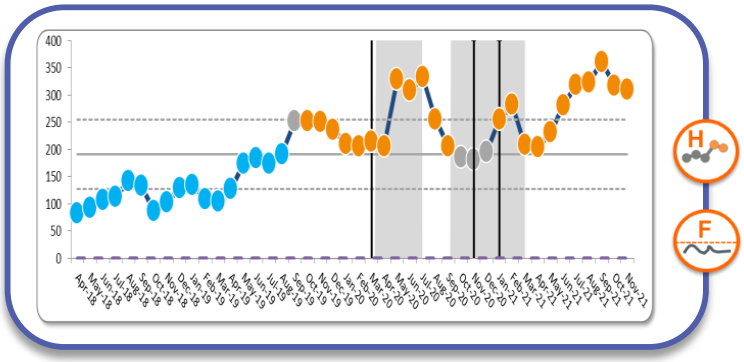
58.37%



Please note that % axis does not start at zero.

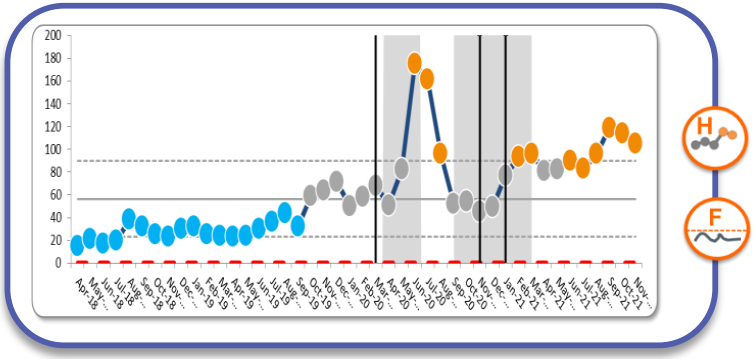
Backlog Patients waiting 62 day or more

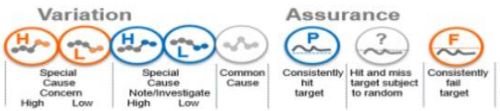
309



Backlog Patients waiting 104 day or more

105





Key

- Internal target
- Operational standard
- COVID Wave
- Lockdown

Operational Performance: Cancer Benchmarking

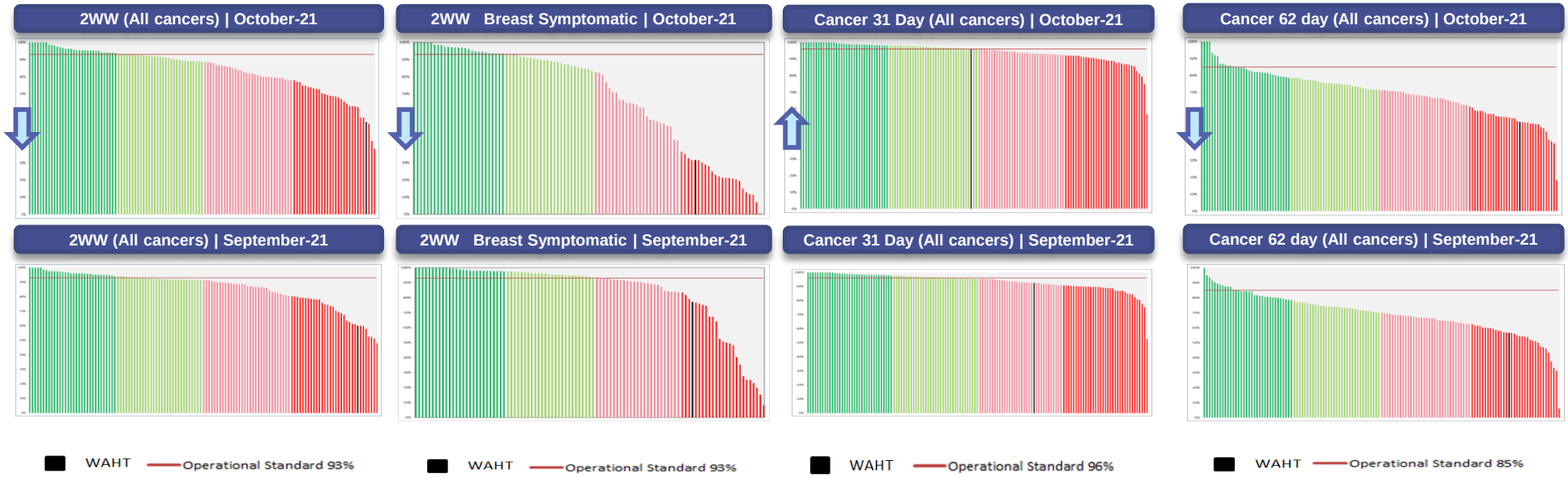
National Benchmarking (October 2021)

2WW:The Trust was one of 8 of 13 West Midlands Trust which saw a decrease in performance between Sep-21 and Oct-21 This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 53.74% to 96.72% with a peer group average of 81.20%; improving from 80.79% the previous month. The England average for Oct-21 was 81.34% a -2.8% decrease from 84.12% in Sep-21.

2WW BS: The Trust was one of 11 of 13 West Midlands Trust which saw a decrease in performance between Sep-21 and Oct-21 This Trust was ranked 11 out of 13; we were 10th the previous month. The peer group performance ranged from 20.45% to 100.00% with a peer group average of 72.02%; declining from 84.75% the previous month. The England average for Oct-21 was 67.61% a -16.0% decrease from 83.64% in Sep-21

31 days: The Trust was one of 6 of 13 West Midlands Trust which saw a increase in performance between Sep-21 and Oct-21 This Trust was ranked 2 out of 13; we were 6th the previous month. The peer group performance ranged from 81.16% to 98.44% with a peer group average of 88.82%; declining from 88.43% the previous month. The England average for Oct-21 was 93.50% a 0.9% increase from 92.64% in Sep-21.

62 Days: The Trust was one of 13 of 13 West Midlands Trust which saw a Trusts in performance between Sep-21 and Oct-21 This Trust was ranked 9 out of 13; no change from the previous month. The peer group performance ranged from 41.07% to 80.00% with a peer group average of 55.83%; improving from 55.75% the previous month. The England average for Oct-21 was 67.79% a -0.2% decrease from 68.00% in Sep-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	7,878	Total	5,381	2,692	57,664	50.13%	4,585	6,882	1,978	448
Non-2WW	4,947	Non-2WW	4,646							

What does the data tells us?

- **ERS Referrals:** a total of 7,878 electronic referrals were made to the Trust in Nov-21, the fifth month since Feb-21 above 7,000. 4,947 were non-2WW referrals so of the total electronic referrals 37.2% of these were 2WW cancer.
- **RAS Referrals:** a total of 5,381 RAS referrals were made to the Trust in Nov-21, the fifth consecutive month above 5,000. 4,646 were non-2WW and 82.7% were outcomed within 14 working days. Of the 735 2WW RAS referrals, 94.6% were outcomed within 2 working days. 13.1% 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 2,692 A&G requests received in Nov-21 with 89.5% responded to within 2 working days and 93.6% within 5 working days.

Referral To Treatment Time (validated)

- The Trust has seen no significant change in the overall wait list size in Nov-21 compared to Oct-21 but it has decreased by 226 patients; from 57,930 to 57,664.
- However, the number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 28,758. This is 717 more patients than the validated Oct-21 snapshot; a 2.6% increase. RTT performance for Nov-21 is validated at 50.13% compared to 51.60% in Oct-21. This remains sustained, significant cause for concern in Nov-21 and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is lower than Oct-21, by 30, at 6,882 patients. Of that cohort, 1,978 patients have been waiting over 78 weeks and 448 over 104 weeks.
- Of the 104+ week cohort, 270 patients are under the orthodontic specialty with the next highest at 79 (urology) and 58 (general surgery). Looking back to those patients waiting between 78 and 104 weeks, general surgery is the highest at 433.
- A report has been created to review recent trends in pathway stage wait times – the following have been identified as improvements from Oct-21 to Nov-21
    - **Patients awaiting endoscopy admission -** Colorectal surgery saw a decrease in the median wait time (days) of -50% from 33 to 22, based on a cohort of 270 in the most recent month, compared with a previous cohort size of 333. General surgery saw a decrease in the median wait time (days) of -20% from 59 to 49, based on a cohort of 210 in the most recent month, compared with a previous cohort size of 224
    - **Patients awaiting non-endoscopy admission –** ENT saw a decrease in the median wait time (days) of -43% from 103 to 72, based on a cohort of 368 in the most recent month, compared with a previous cohort size of 334. Trauma & orthopaedics saw a decrease in the median wait time (days) of -22% from 112 to 92, based on a cohort of 1292 in the most recent month, compared with a previous cohort size of 1299.

Current Assurance Level: 3 (Nov-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 which are linked to the H2 operational planning requirements (Mar-22).
Previous Assurance Level: 3 (Oct-21)	**SRO: Paul Brennan**

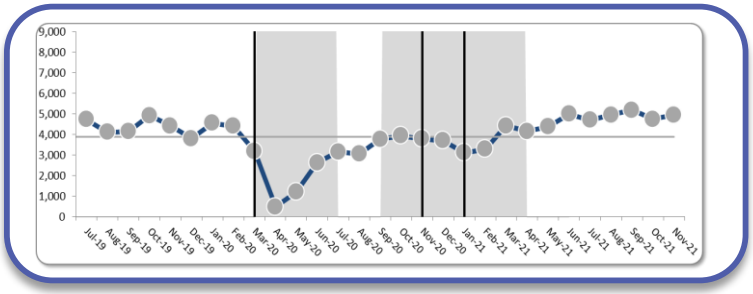
Month 8 [October] | 2021-22 | Operational Performance: RTT

Responsible Director: Chief Operating Officer | Validated for Nov-21 at 5th January 2022

Worcestershire Acute Hospitals NHS Trust

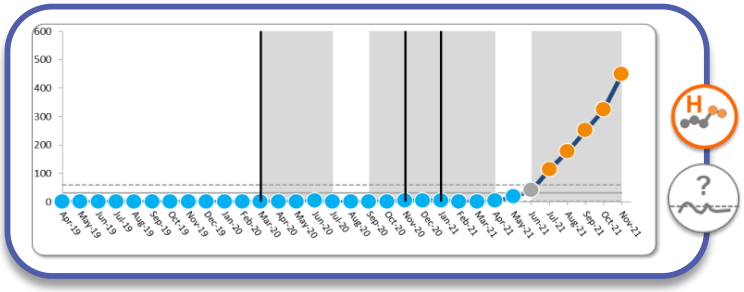
Electronic Referrals Profile (non-2WW)

4,947



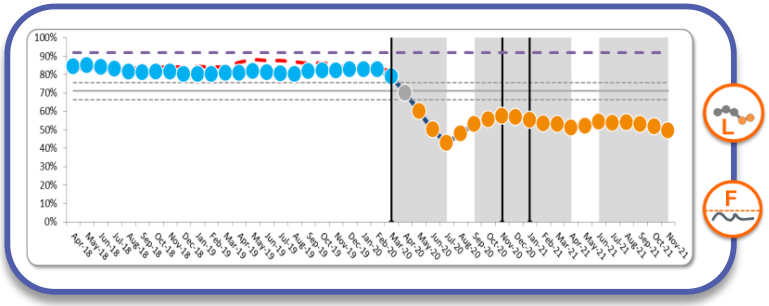
104+ week waits

448



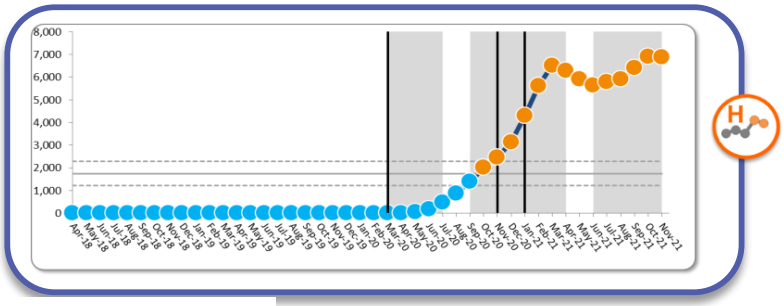
RTT % within 18 weeks

50.13%

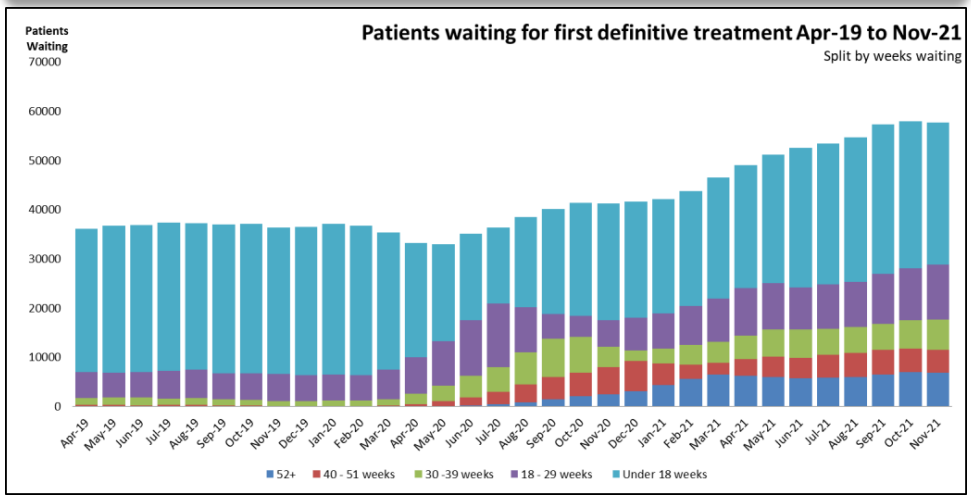


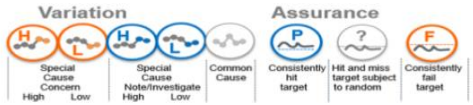
52+ week waits

6,882



RTT waiting list profile by weeks waiting





Key

- Internal target
- Operational standard

Operational Performance: RTT Benchmarking

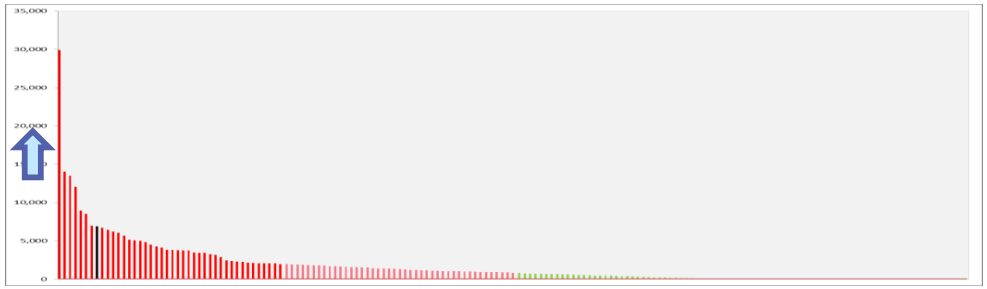
2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

National Benchmarking (October 2021) | The Trust was one of 10 of 12 West Midlands Trust which saw a decrease in performance between Sep-21 and Oct-21 This Trust was ranked 11 out of 12; no change from the previous month. The peer group performance ranged from 38.87% to 81.96% with a peer group average of 52.35%; declining from 53.63% the previous month. The England average for Aug-21 was 65.60% a -0.9% decrease from 66.50% in Jul-21.

Nationally, there were 312,665 patients waiting 52+ weeks, 6,903 (2.20%) of that cohort were our patients.
Nationally, there were 101,637 patients waiting 78+ weeks, 2,162 (2.12%) of that cohort were our patients.
Nationally, there were 15,927 patients waiting 104+ weeks, 302 (1.89%) of that cohort were our patients.

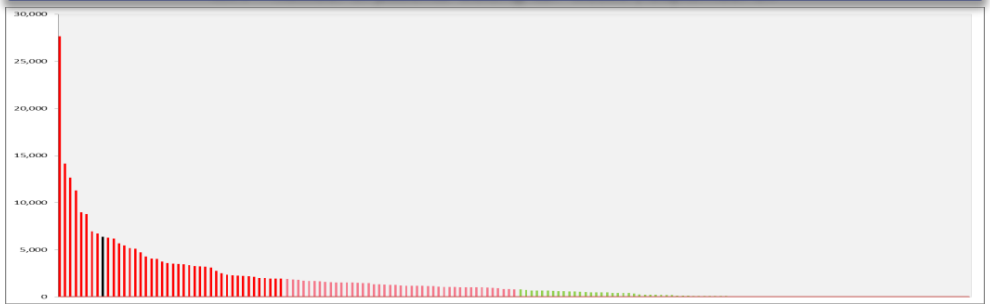
RTT - % patients within 18 weeks October-21

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



RTT - % patients within 18 weeks | September-21

RTT – number of patients waiting 52+ weeks | September-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	
46,890	+7,787	34,344	+10,150	12,546	-2,363	26.76%	11,152	+926	14,768	+2,434	6,907	+190	506	-121

Outpatients - what does the data tell us? (unvalidated)

- The graphs on slide 20 compare our Nov-21 outpatient attendances to Nov-19 and our H2 activity target. As noted in the top row of this table we achieved the majority of our targets. Although we are not undertaking the same volume of appointments in Nov-21 compared to Nov-19, we were at 93% of Nov-19 for total OP activity level overall, 97% for consultant-led first attendances and 87% for consultant-led follow-up attendances.
- The Trust undertook 46,131 outpatient appointments in Nov-21 (consultant and non-consultant led); 3,243 fewer appointments than Nov-19 and +7,028 to our H2 plan.
- In the Oct-21 RTT OP cohort, there were 31,831 RTT patients waiting for their first appointment, only 7,033 of them have been dated and of the total cohort, 2,900 patients have been waiting over 52 weeks and 75.5% of this cohort are undated.
- The top five specialties with the most 52+ week waiters in the outpatient cohort have not changed from Jun-21 and are General Surgery, Orthodontics, Urology, Oral Surgery and T&O.
- A report has been created to review recent trends in pathway stage wait times – the following have been identified as improvements from Oct-21 to Nov-21:
    - **Patients awaiting 1st outpatient appointment on pathway -** Trauma & orthopaedics saw a decrease in the median wait time (days) of -62% from 47 to 29, based on a cohort of 1478 in the most recent month, compared with a previous cohort size of 1735. Urology saw a decrease in the median wait time (days) of -62% from 68 to 42, based on a cohort of 1438 in the most recent month, compared with a previous cohort size of 1452.
    - **Patients awaiting subsequent outpatient appointment on pathway -** Trauma & orthopaedics saw a decrease in the mean wait time (days) of -40% from 53.4 to 38.2, based on a cohort of 492 in the most recent month, compared with a previous cohort size of 496.

Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation, at 74.10%, is showing sustained improvement above the mean. Factoring in allowed downtime, the utilisation increases to 79.1%. Lost utilisation due to late start / early finish showed no significant change at 25.6% in Nov-21 compared to Oct-21 (24.7%).
- In Nov-21, the number of day cases and elective ordinary cases increased from the previous month to back over 7,000. Day cases were 90% of Nov-19 and +156 to our H2 target and elective ordinary were 74%, -98 to H2 target. Our overall elective activity was +57 to plan and 89% of Nov-19.
- 72.73% of eligible patients were rebooked within 28 days for their cancelled operation in Nov-21, with 24 of 33 patients being rebooked within the required timeframe.
- The Independent Sector undertook 44 day cases, 215 diagnostic tests and 111 procedures were undertaken in our Vanguard theatre across the following specialties - General Surgery (23), Gynaecology (28), T&O (26), Urology (31) and Vascular Surgery (3).

Current Assurance Level: 4 (Nov-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 (Mar-22).
Previous Assurance Level: 4 (Oct-21)	**SRO: Paul Brennan**

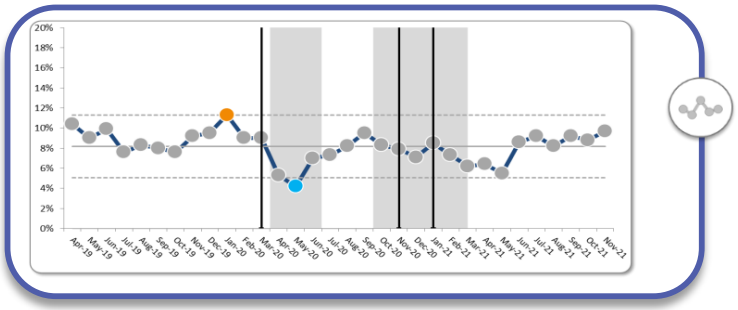
Month 8 [November] | Operational Performance: Theatre Utilisation & Outpatients

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 5th January 2022

NHS Worcestershire Acute Hospitals NHS Trust

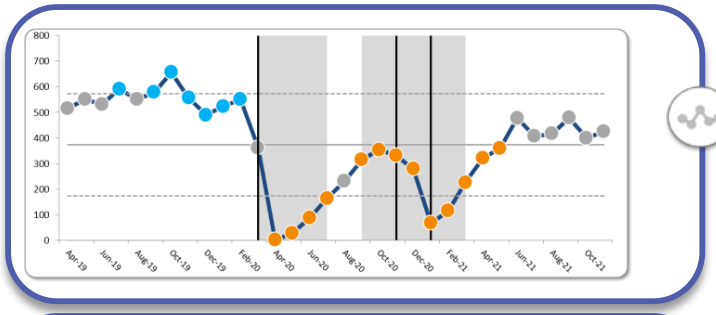
On the day cancellation as a percentage of scheduled procedures (%)

9.70%



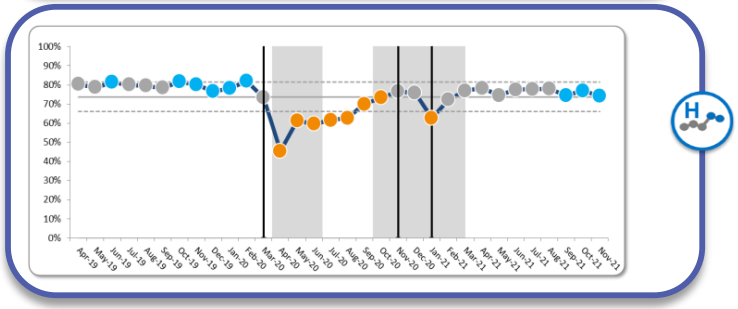
Electives on elective theatre sessions (n)

425



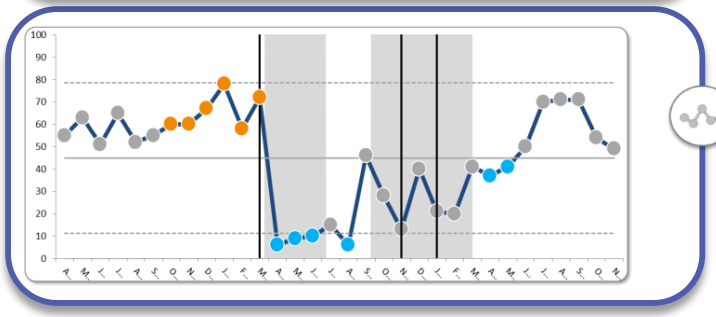
Actual Theatre session utilisation (%)

74.10%



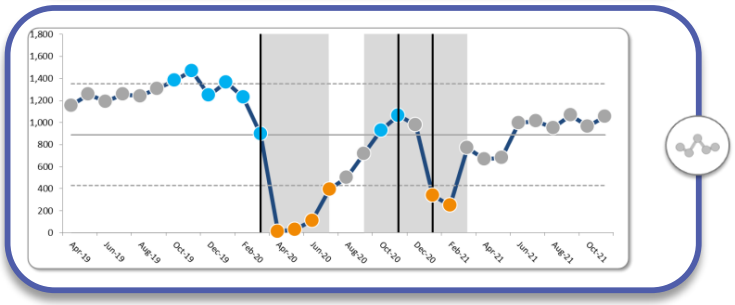
Non-electives & emergencies on elective theatre sessions (n)

49



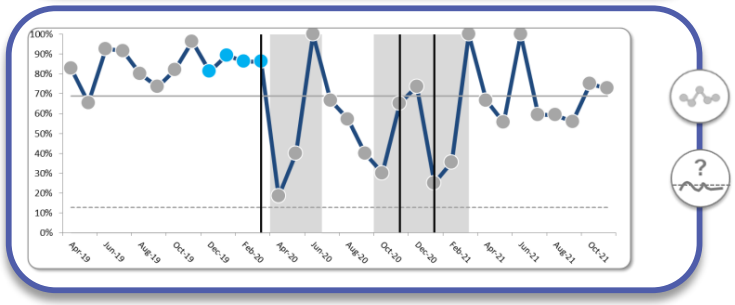
Day cases on elective theatre sessions (n)

1054



% patients rebooked with 28 days of cancellation

72.73 %



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

COVID Wave

Lockdown

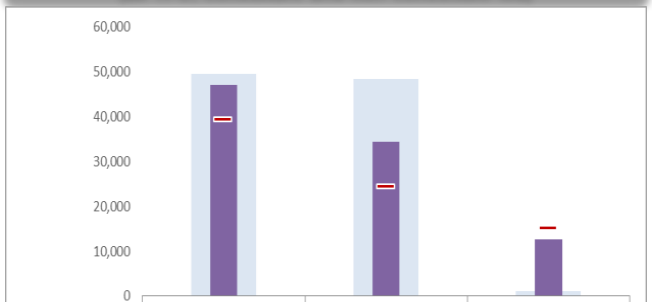
Month 8 [November] | 2021-22 | Operational Performance: Outpatients

Responsible Director: Chief Operating Officer | Unvalidated for Nov-21 as 5th January 2022 (second SUS submission)

NHS Worcestershire Acute Hospitals NHS Trust

Comparing Outpatients Activity between 2019 and 2021

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

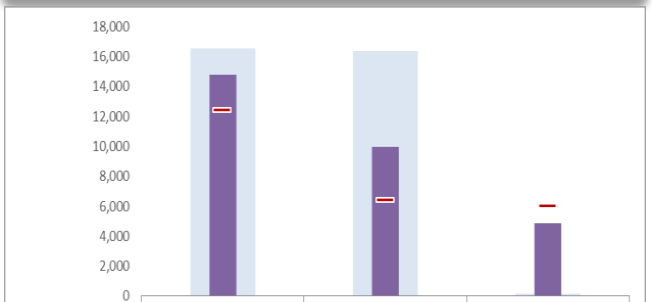


	Total	Face to Face	Non Face to Face
Nov-19 Activity	49,374	48,290	1,084
Nov-21 Activity	46,890	34,344	12,546
Target	39,103	24,194	14,909

Consultant-led first outpatient attendances

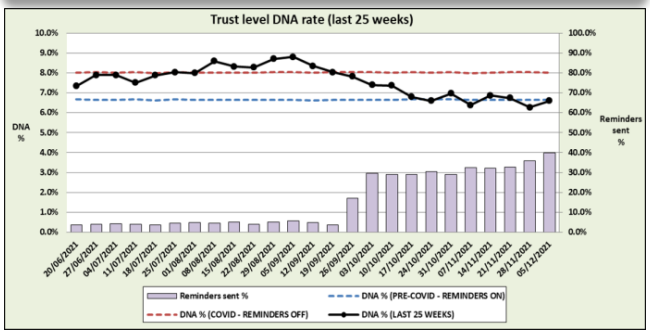
	Total	Face to Face	Non Face to Face
Nov-19 Activity	11,398	11,356	42
Nov-21 Activity	11,152	8,549	2,603
Target	10,226	7,566	2,660

Consultant-led follow-up outpatient attendances



	Total	Face to Face	Non Face to Face
Nov-19 Activity	16,504	16,378	126
Nov-21 Activity	14,768	9,944	4,824
Target	12,334	6,375	5,959

Trust Level DNA Rates (last 25 weeks)



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		
12,174	4,692	61.46%	7,671	2,458	67.96%	3,254	1,730	46.83%	1,249	504	59.65%

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 61.46% of patients waiting less than 6 weeks for their diagnostic test and although consistent sustained underperformance this is the first time at 61% since Dec-20.
- The diagnostic waiting list has decreased by 2.54% with the total waiting list currently at 12,174 patients, a decrease of 318 patients from the previous month.
- The total number of patients waiting 6+ weeks has decreased by 761 patients to below 5,000 for the first time since May-21 and there are 2,122 patients waiting over 13 weeks (2,633 in Oct-21) with DEXA and echocardiography contributing 56% of our longest waiters.
- Radiology has the largest number of patients waiting at 7,671 (an increase of 201 patients from Oct-21) and has the largest number of patient waiting over 6 weeks at 2,458; however, this is a decrease of 499 from Oct-21.
- Both endoscopy and physiological sciences modalities have also seen decreases in the number of patients waiting over 6+ weeks and their total waiting list size.

Activity

- 16,965 diagnostic tests were undertaken in Nov-21; this was the second month over 16,000 in 21-22.
- MRI and non-obstetrics ultrasound achieved their H2 plan for Nov-20; CT was -171 to plan.
- Flexi Sigmoidoscopy achieved it's H2 plan for the month, with colonoscopy -156 and gastroscopy -31 to plan.
- Finally, echocardiography achieved it's H2 plan at the highest in-month activity level for this modality in 21/22.

RADIOLOGY

What have we been doing?

- Continued WLI sessions countywide, staff permitting.
- GP DEXA review returns are being updated in CRIS and appointment allocated for patients identified as being required following review. 20% being removed from list
- Engaged with Phillips for mobile CT 3 months and 6 months MRI mobile (supporting 3 month replacement and 3 month additional capacity)
- Focused on 2ww referrals to support cancer pathways- resulted in cancelling all routine MRI bookings for December
- Commenced discussion within DEXA to increase capacity
- Working with WVT to utilise all available CT and MRI capacity

What are we going to do next?

- Train additional Radiographers in DEXA to increase capacity, by temporarily reducing Nuc Med activity
- Continue WLI session in CT, MRI and US.
- Continue recruitment for CT3 staffing
- Continue working with WVT to utilise all available capacity
- Continue plans for CT and MRI mobiles to commence in January and February
- Continue contract with BMI
- Discussing with TIC potential of Radiographer to staff CT3

Issues

- MRI delays, having significant impact on 2ww and back log, in particular breast, prostate, gynaecology, all routine MRI booking ceased for December
- Reduced number of WLI as staff not offering additional sessions in MRI and CT over festive period

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Ceased sending spot work to BMI for 3 month period due to BMI having staffing issues.
- Recruited to both endoscopy receptionists post awaiting start dates from HR
- Recruited to all but 1 of the booking co-ordinator vacancies also waiting start dates.
- Sourced administrative support from an admin agency 2 members of staff commence 13th December
- Continued weekend therapeutic waiting list initiatives.

What are we going to do next?

- Advertise for Consultant pure endoscopist Dec 21
- Re-advertise after Xmas for 8a nurse endoscopist.
- Continue to progress CDH KTC
- Progress Alex endoscopy project
- Advertise for Consultant nurse endoscopist.

Issues

- Mobile providers Inhealth have nationally reduced contracts from 7 days to 5 days – scoping mitigation options
- Number of patients on waiting list for a procedure under GA – working with anaesthetics' to develop enhanced sedation service
- Booking patients is an issue due to covid swab and isolation period – patients declining appointments

Operational Performance: DM01 Diagnostics | Waiting List and Activity

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

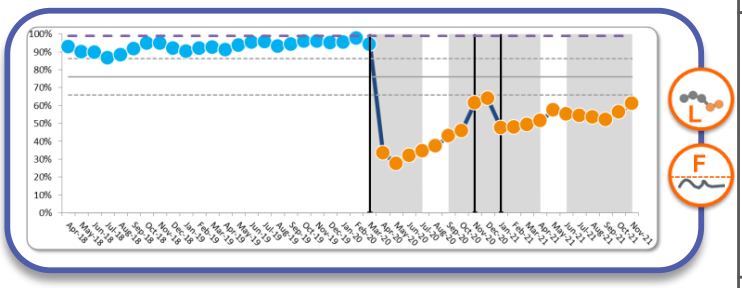
NHS Worcestershire Acute Hospitals NHS Trust

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

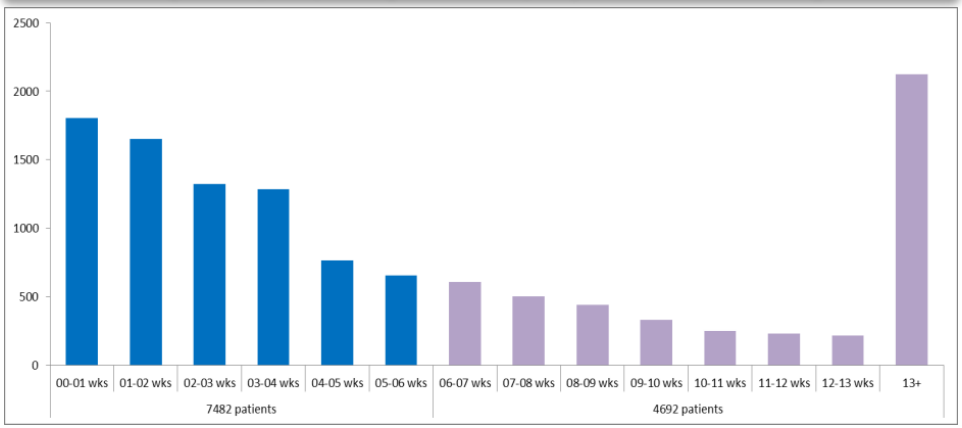
Trust Total			Radiology			Physiology			Endoscopy		
12,17	4,692	61.46%	7,671	2,458	67.96%	3,254	1,730	46.83%	1,249	504	59.65%

DM01 Diagnostics % patients within 6 weeks

61.46%



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



NEUROPHYSIOLOGY

What have we been doing?

- Clinical urgency continues to be reviewed
- Clinics are being booked at KTC and ALX once a week.
- Continue to work mixed shift to allow additional patients to be seen

What are we going to do next?

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

Issues

- Staff shortages due to track and trace

CARDIOLOGY – ECHO

What have we been doing?

- Workloads for all sites are prioritised based on urgency
- Backlog is still increasing due to reduced capacity
- WLI clinics are continuing back on referring site
- Echo capacity has increased through Locum support but has associated risks
- 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 (
- Identify any opportunities to increase capacity following new IPC guidelines
- Preparing bid for EA funding to reduce backlog
- Clinical validation of waiting lists

Issues

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

Current Assurance Level: 5 (Nov-21)

Previous assurance level: 5 (Oct-21)

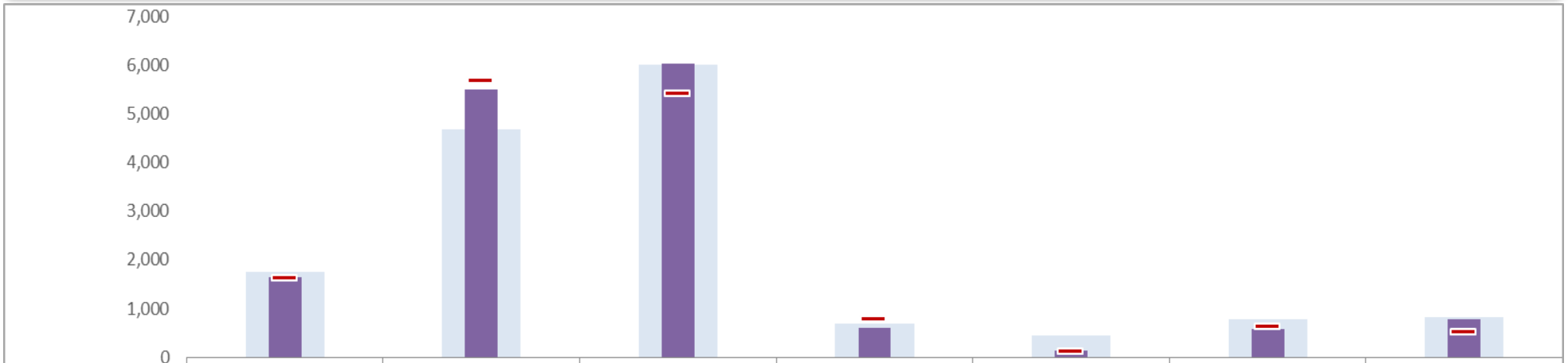
When expected to move to next level of assurance: This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Paul Brennan

Month 8 [November] 2021-22 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for Nov-21 as 5th January 2022

DM01 Diagnostics Activity | November Diagnostic activity compared to 2019/20 and H2 plan



	Magnetic Resonance Imaging	Computed Tomography	Non-Obstetric Ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Cardiology - Echocardiography
Nov-19 Activity	1,766	4,686	6,024	710	457	795	836
Nov-21 Activity	1,648	5,499	6,030	612	143	583	781
Target	1,611	5,670	5,405	768	108	614	520

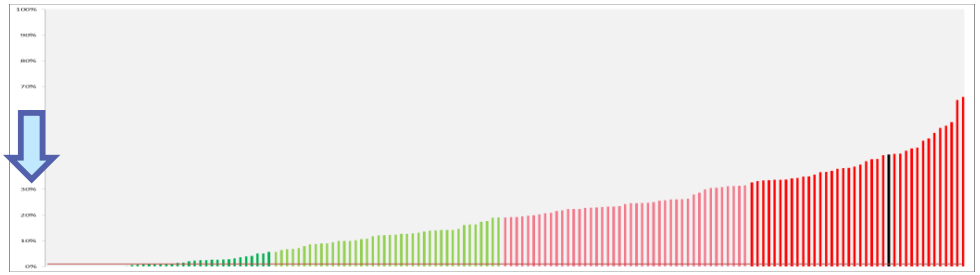
These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

Operational Performance: Diagnostics (DM01) Benchmarking

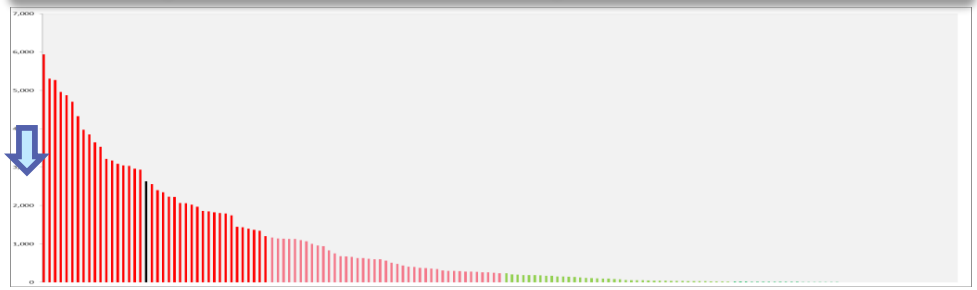
National Benchmarking (October 2021) | The Trust was one of 3 of 13 West Midlands Trust which saw a increase in performance between Sep-21 and Oct-21 This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 1.50% to 48.95% with a peer group average of 28.79%; improving from 29.93% the previous month. The England average for Oct-21 was 25.00% a -1.1% increase from 26.10% in Sep-21.

In October, there were 144,558 patients recorded as waiting 13+ weeks for their diagnostic test; 2,630 (1.81%) of these patients were from WHAT

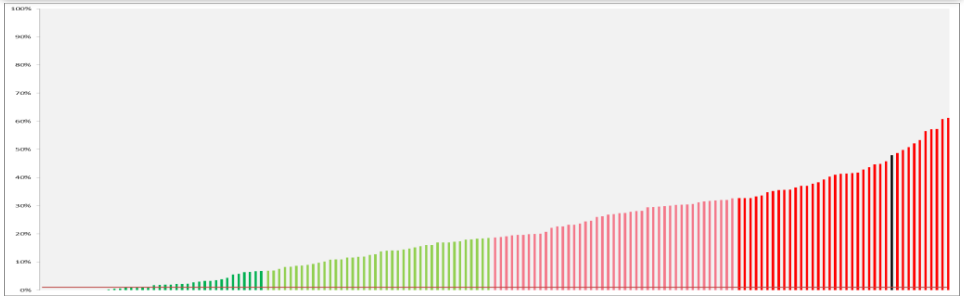
DM01 Diagnostics - % of patients waiting more than 6 weeks | October-21



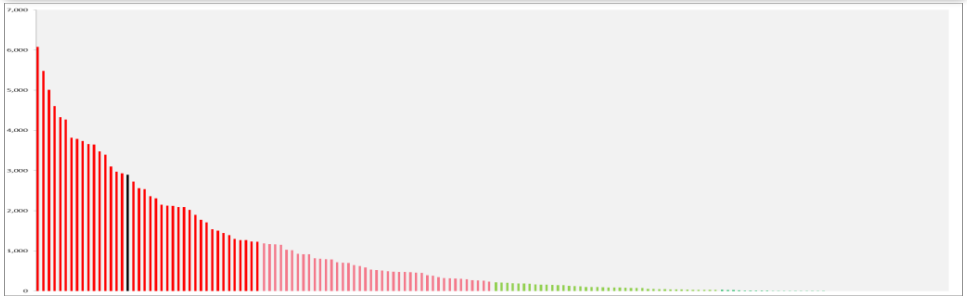
DM01 Diagnostics - number of patients waiting more than 13 weeks | October-21



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



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



WAHT — Operational Standard 1%

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

Operational Performance: Stroke

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		SSNAP Q2 21-22 (validated) Jul-21 to Sep-21			
66.07%	E	25.00%	E	35.71%	C	82.76%	N/A	Score	64.6	Grade	C

What does the data tell us?

- Only one of the four main stroke metrics show performance that is special cause concern which was direct admission to the ward. The target for being seen in the TIA clinic within 24 hours was met this month.
- For context, the **in-month** SSNAP grades have been included in the metrics row above.
- The Q2 SSNAP score and grade have been published with an overall grade improvement D to C. The table below shows the changes in score and grade from Q1 to Q2. Domain 1 (scanning) was one point from a grade B. Domain 2 (stroke unit) decreased by 7 points noting that the KPIs that underpin this domain are the first two of the table above.

	Q1 21/22		Q2 21/22	
Domain	Score	Grade	Score	Grade
1) Scanning	76	C	84	C
2) Stroke unit	37	E	30	E
3) Thrombolysis	31	E	33	E
4) Specialist Assessments	77	C	81	B
5) Occupational therapy	99	A	94	A
6) Physiotherapy	84	B	87	A
7) Speech and Language therapy	67	B	63	C
8) MDT working	75	D	77	C
9) Standards by discharge	99	A	92	B
10) Discharge processes	74	D	100	A
Combined Total Key Indicator score	60	C	68	C
Case ascertainment band	80-89%	B	90%	A
Audit compliance band	80.2	B	88.90%	B
SSNAP score	54.0	D	64.6	C

What are we doing to improve?

- **Patients Admitted Within 4 Hours:** This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is out to advert which will provide an overview of stroke capacity across the pathway and facilitate flow. Examples of inappropriate pre-alerts have been sent to WMAS and awaiting a response. Limited stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). Recruitment of additional consultant workforce is ongoing (2 posts shortly to be advertised). An agency consultant commenced 01/11/21 and a joint appointment with Neurology department also commenced 15/10/21. Bi-weekly meetings continue with regional ISDN to access mutual aid whilst the service only has 1 substantive consultant.
- **90% Stay on Stroke Ward:** Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- **TIA Patients Seen Within 24 Hours:** All referrals now triaged appropriately by Stroke consultant resulting in some rejections. TIA clinics have recommenced at weekend (2 slots per day) During weekdays, TIA clinic capacity has been increased (still not to levels equivalent to demand) due to the support from Consultant Neurology colleagues. We are expecting to see a steady improvement in the achievement of this from October onwards.
- **Specialty Review Within 30 Minutes:** All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. This will be further enhanced when 24/7 CNS cover is introduced, currently going through management of change process (completion of this process end of October 2021). Anticipated that 24/7 CNS cover will be in place from 03/01/22.

Current Assurance Level: 5 (Nov-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 (Oct-21) | approved at QGC on 25th November 2021

SRO: Paul Brennan

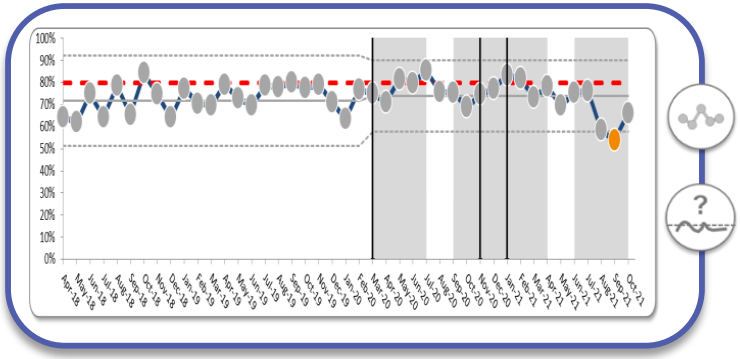
Month 7 [October] | 2021-22 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for October 2021 as 10th December 2021

Worcestershire Acute Hospitals NHS Trust

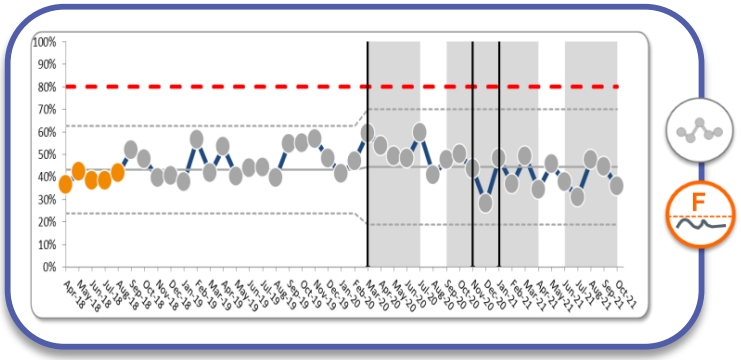
Stroke: % patients spending 90% of time on stroke unit

66.07%



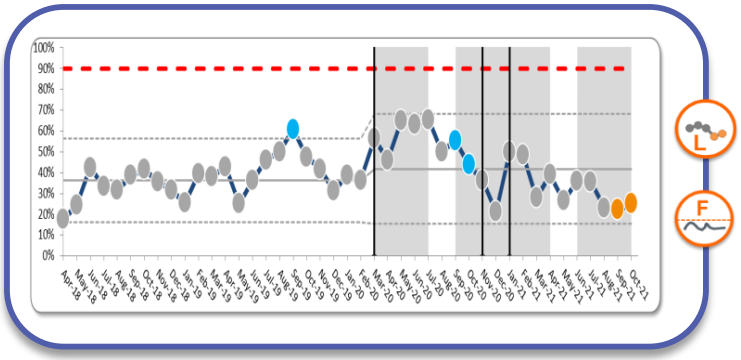
Stroke : % CT scan within 60 minutes

35.71%



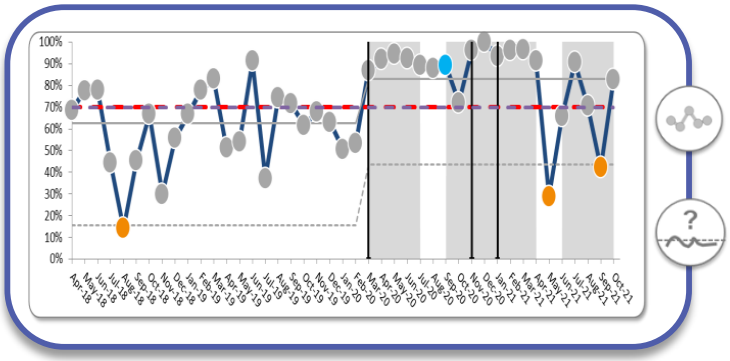
Stroke : % Direct Admission to Stroke ward

25.00%



Stroke: % seen in TIA clinic within 24 hours

82.76%



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.

COVID Wave

Lockdown

Quality and Safety

Summary Performance Table | Month 8 [November] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Nov-21	13	4	H	?	5	0	10
	Ecoli	Nov-21	3	4	L	?	4	0	9
	MSSA	Nov-21	3	0		?	2	0	6
	MRSA	Nov-21	0	0	L	?	0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Nov-21	0	-	L	?	0	0	2
Falls per 1,000 bed days causing harm		Nov-21	0.09	0.04		?	0	0	0
% medicine incidents causing harm		Nov-21	0.64	11.71	L	?	9	2	17
Hand Hygiene	Hand Hygiene Audit Participation	Nov-21	92.73	100		?	90	76	103
	Hand Hygiene Compliance to practice	Nov-21	99.87	98	H	P	99	99	100
VTE Assessment Rate		Nov-21	96.96	95	H	?	96	94	98
Sepsis	Sepsis Screening compliance	Oct-21	89.31	95		?	83	71	95
	Sepsis 6 bundle compliance	Oct-21	64	95		F	52	27	78
#NOF time to theatre <=36 hrs		Nov-21	65.12	85		?	78	60	96
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		Nov-21	76.09	80		?	77	45	109
Ice viewed reports	ICE viewed reports [pathology]	Oct-21	94.59	-		P	96	94	98
	ICE viewed reports [radiology]	Oct-21	91.37	-	H	P	86	81	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Nov-21	17.45	20		?	17.16	12	23
FFT A&E Recommended	Nov-21	79.69	95	L	F	82.89	76	90
FFT Inpatient Response	Nov-21	27.53	30		?	31.82	24	40
FFT Inpatient Recommended	Nov-21	95.45	95		?	95.66	94	97
FFT Maternity Response	Nov-21	4.26	30	L	?	20.39	4	36
FFT Maternity Recommended	Nov-21	95.83	95		?	94.39	81	108
FFT Outpatients Response	Nov-21	9.08	10		?	10.42	7	14
FFT Outpatients Recommended	Nov-21	92.7	95		?	93.42	92	95

Integrated Quality Performance Report - Headlines

Worcestershire Acute Hospitals NHS Trust

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	• Our C.Diff cases increased to 13 in Nov-21, 8 of which were hospital acquired and 5 were community acquired. This brings our year to date position to 19 over trajectory. This is based on the national target of no more than 61 cases for the financial year 2021/22. • E-Coli BSI did not achieve the in month target for Nov-21 and we are 4 over the year to date trajectory. • MSSA did not achieve the in-month target for Nov-21, and we are 6 over the year to date trajectory. • MRSA achieved the in-month target for Nov-21, and is achieving the year to date trajectory. • Klebsiella did not achieve the in-month target for Nov-21, but is achieving the year to date trajectory. • Pseudomonas aeruginosa achieved the in-month target for Nov-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 21 months. • Antimicrobial Stewardship overall compliance for Nov-21 increased slightly to 89.51% but just missed the target of 90%. • Patients on Antibiotics in line with guidance or based on specialist advice for Nov-21 was 90%, and achieved the target. • Patients on Antibiotics reviewed within 72 hours for Nov-21 was 91.67%, and achieved the target. • An update on outbreaks has been reviewed by the Infection Prevention & Control Steering Group.
SEPSIS 6	• Compliance of completion of the sepsis 6 bundle within one hour remained stable in Oct-21 and the performance remains below target. • Sepsis 6 screening performance remains below the target which has not been met since May-19. However, over the last 3 months, we have achieved 85% plus. • Sepsis 6 antibiotics provided within one hour compliance remained stable in Oc-21 and did achieve the target.
VTE Assessments	• There has been a sustained significant improvement in VTE assessments, with the target being attained every month since April 2019. • Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting. • New CMO has requested to cease the monitoring of VTE re-assessments as this is not a statutory requirement and instead would like to focus on HAT's and monitoring of action following the initial VTE assessment.
ICE Reporting	• The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 18 months (range 80.56% to 91.37%). • The Target of 95% for viewing Pathology Reports on ICE was missed for the fourth month running.
Fractured Neck of Femur	• There were an unprecedented number of #NOF admissions during the first week of November. Our compliance dropped to 65.12%.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	• The recommended rate for Inpatients continued to achieve the target at 95.45% in November 21. • The recommended rate for Maternity has achieved the target for the first time in the last five months, 95.83%. • The recommended rate for Outpatients increased to 92.70% but failed to achieve the target. • The recommended rate for A&E increased to 79.69% but failed to achieve the target.
Complaints	• The % of complaints responded to within 25 days fell to 76.09% and did not achieve the target (80%)
Hospital Acquired Pressure Ulcers (HAPU)	• There were zero Serious Incident HAPU's in Nov-21, and the metric is achieving the year to date trajectory. . • There were zero Category 4 HAPU's in Nov-21 for the 16th consecutive month. • We have exceeded our monthly target for total HAPUs with 26 HAPUs in Nov-21. • The total of 128 HAPUs year to date is well under the year to date trajectory of 164.
Falls	• The total number of falls for Nov-21 was 109 which exceeded the in-month target. • The number of falls per 1000 bed days decreased in Nov-21 to 4.86 and remains below the national benchmark of 6.63. • There have been two SI falls in Nov-21, which equates to 0.09 falls with serious harm per 1000 bed days. • Avon 4 have trialled, over a 3 month period, Rambleguard as a fall prevention and patient monitoring solution with extremely positive results. Process underway to secure this QI initiative for 2 high risk wards areas.
Never Events	• There has been 0 never events in Nov-21. • In total, there have been 4 Never Events in 2021/22. There are no themes identified between the 4 never events.
MSA Breaches	• Reporting has commenced for Mixed Sex Accommodation breaches. • In Nov-21, we had a total of 91 MSA breaches (60 last month).

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	
Nov actual vs target	Year to date actual / year to date target	Nov actual vs target	Year to date actual / year to date target	Nov actual vs target	Year to date actual / year to date target	Nov actual vs target	Year to date actual / year to date target	Nov actual vs target	Year to date actual / year to date target	Nov actual vs target	Year to date actual / year to date target
13/5	60/41	3/2	23/19	3/1	14/8	0/0	0/0	5/3	15/26	1/2	8/13

- *C.difficile* infections did not achieve in-month target for Nov-21 and is not achieving the year to date trajectory.
- E-Coli BSI did not achieve the in-month target for Nov-21 and is not achieving the year to date Trust stretch trajectory.
- MSSA did not achieve the in-month target for Nov-21 and is not achieving the year to date trajectory.
- MRSA achieved the in-month target for Nov-21, and is achieving the year to date trajectory.
- *Klebsiella species* did not achieve the in-month target for Nov-21, but is achieving the year to date trajectory.
- *Pseudomonas aeruginosa* achieved the in-month target for Nov-21, and is achieving the year to date trajectory.
- The Hand Hygiene audit participation rate decreased in Nov-21 to 92.73%, which equates to 8 areas not achieving 100% participation.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 21 months. This metric will reliably achieve the target.

- Our performance on Clostridioides difficile infection (CDI) has continued to deteriorate we are highly likely to exceed our target for the year.
- Work has commenced with our cleaning services to review the model of deep cleaning, with options that will speed up turnaround of bays and single rooms being actively explored. The availability of a deep clean facility on each site will be critical to this progressing, and the Estates Team have responsibility for progressing this.
- There is no national target for reduction in MSSA bacteraemia this year, but we have set an internal target of no more than 10 cases for the year. We have already breached this
- The Staphylococcus aureus BSI Quality Improvement Steering Group is progressing with all the work-streams identified, though operational and staffing pressures have resulted in significant delays to achievement of actions due to staff capacity constraints across all the teams involved in the project.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-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 Jan 22, when quarter 3 performance can be assessed.
Previous assurance level (Oct-21) –Level 6 COVID-19 / Level 4 for non-Covid	SRO: Paula Gardner(CNO)

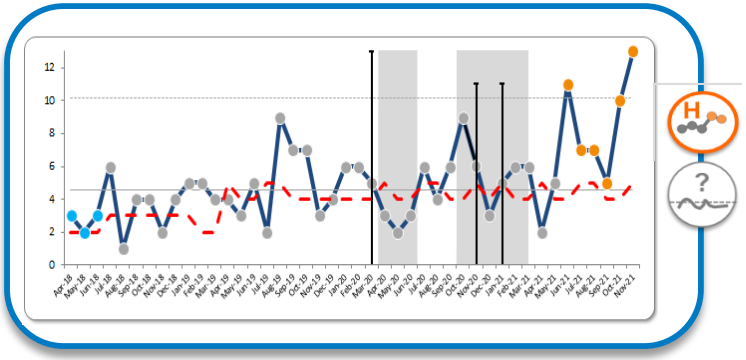
Month 8 [November] | 2021-22 Quality & Safety - Care that is Safe

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

Worcestershire Acute Hospitals NHS Trust

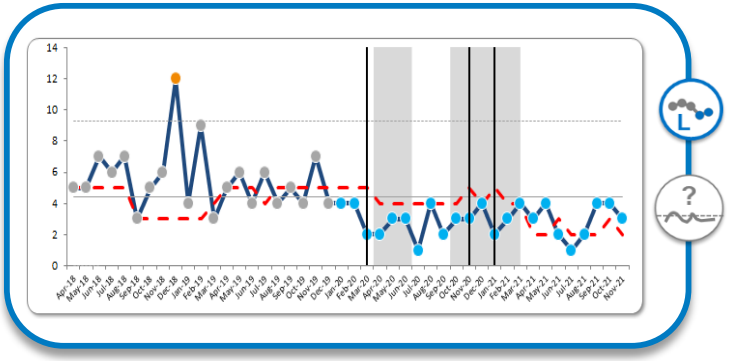
C-Diff

13



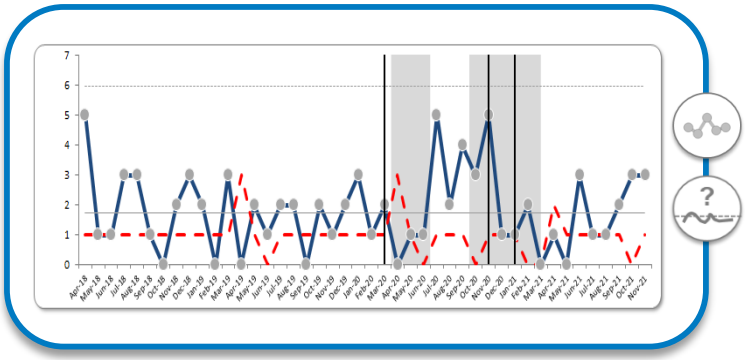
E-Coli

3



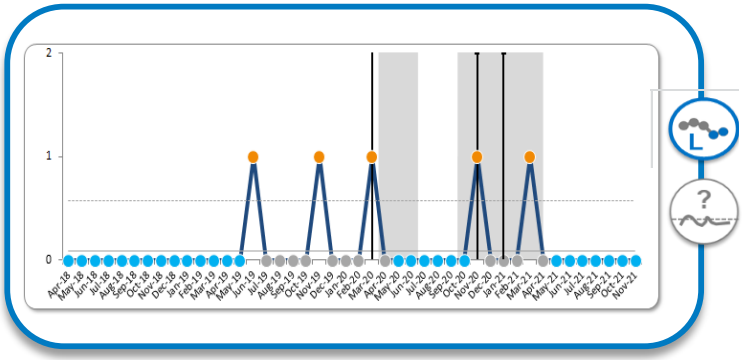
MSSA

3



MRSA

0



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

Lockdown Period

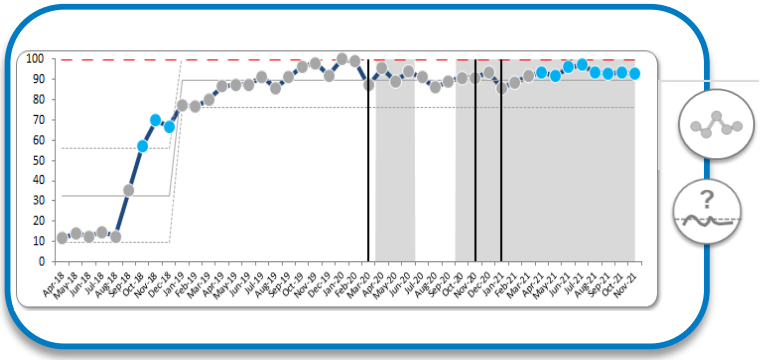
COVID Wave

Month 8 [November] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-21 as 9th December 2021

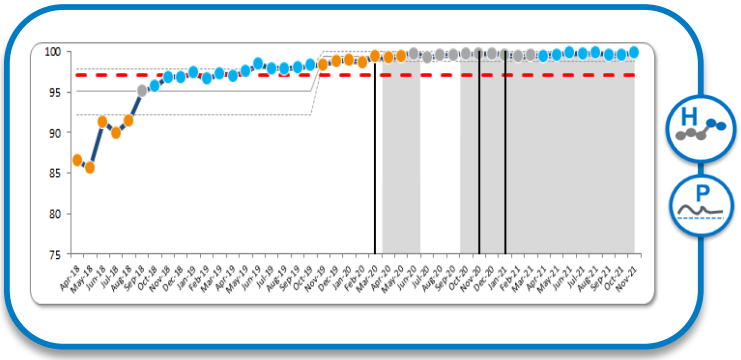
Hand Hygiene Audit Participation (%)

92.73



Hand Hygiene Compliance (%)

99.87



Lockdown Period

COVID Wave

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
64.00%	89.31%	93.00%	83%	98%	91%	85%	86%

What does the data tell us?

- The sepsis 6 bundle completed within one hour compliance remained stable in Oct-21. The performance is still below the target.
- Sepsis 6 screening performance still remains below the target which has not been met since May 2019. However, over the last 3 months, we have achieved 85% plus.
- Sepsis 6 antibiotics provided within one hour compliance remained stable in Oct-21. The target has been achieved 9 out of the last 10 months. This shows that where appropriate – action is taken by the clinical teams.
- Compliance for three of the remaining elements of the Sepsis 6 bundle were below 90%; Urine, Lactate and Blood Cultures.

What improvements will we make?

- 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 to become 'Deteriorating Patient Alert' stickers for use in patients with elevated NEWS that will also allow screening 'out' Sepsis as a possible cause to avoid unnecessary use of the 'Suspected Sepsis Screening Tool'.
- An electronic solution to Sepsis screening and treatment is in development for use within the digital care record
- Continue to develop the 'real-time' audit process to improve patient management when it matters most.

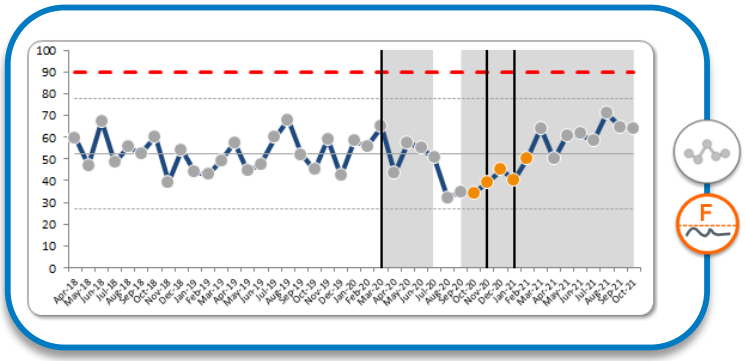
Assurance level – Level 5 (Nov-21) Assurance level reduced as still not meeting targets	**When expected to move to next level of assurance**:Q4 following full implementation of the Divisional plans.
Previous assurance level – Level 5 (Oct-21) Assurance level reduced as still not meeting targets	SRO: Christine Blanshard (CMO)

Month 8 [November] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Oct-21 as 2nd December 2021

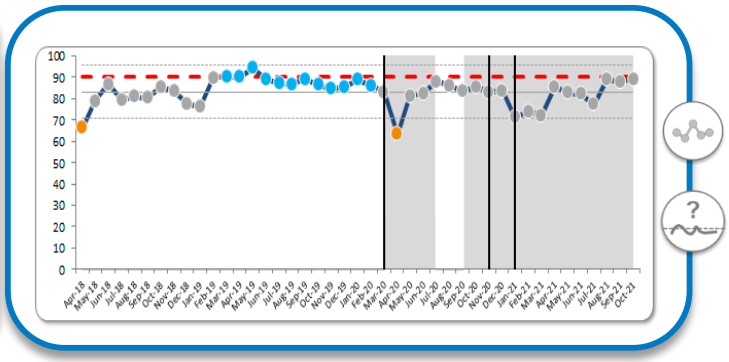
Sepsis 6 Bundle Compliance (audit)

64.00%



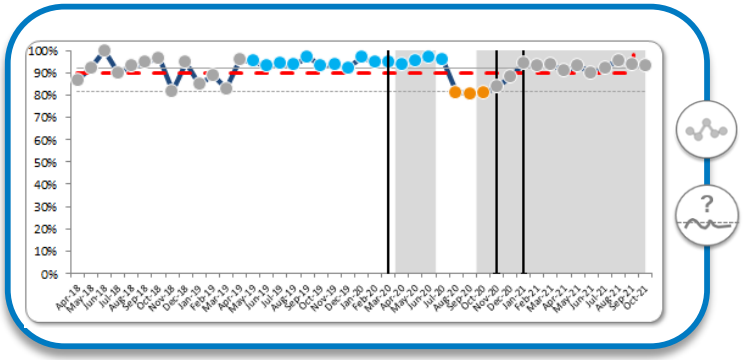
Sepsis Screening Compliance (audit)

89.31%



Sepsis Screening Antibiotics Compliance (audit)

93.00%



Lockdown Period

COVID Wave

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

VTE assessment on admission to hospital	
November 2021	Target
96.96%	95%
What does the data tell us? • We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic. • Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting when available.	**What improvements will we make?** • Trust Thrombosis committee will continue to ensure actions following the VTE assessments are completed and therefore detail any medical omissions if discovered to ensure learning (for example administration of medicines) • New CMO has requested to cease the monitoring of VTE re-assessments as this is not a statutory requirement and instead would like to focus on HAT's and monitoring of action following the initial VTE assessment. • HAT's are routinely discussed at the Trust Thrombosis committee and any learning shared. • Trust Thrombosis committee will be moving to 3 monthly meetings to allow adequate reporting and review.
Assurance level – Level 6 (Nov-21)	**When expected to move to next level of assurance** : Q2 21/22 – following embedding change made as a result of the audit.
Assurance level – Level 6 (Oct-21) Reason: Sustained compliance for VTE on assessment	SRO: Christine Blanshard (CMO)

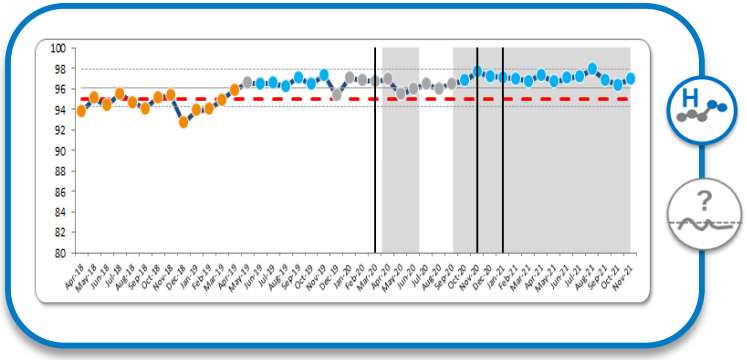
Month 8 [November] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-21 as 9th December 2021

Worcestershire Acute Hospitals NHS Trust

VTE Assessment Compliance (%)

96.96



Please note that % axis does not start at zero.

Lockdown Period

COVID Wave

2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed – ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
91.37% - Oct 2021 (91.06% - Sep 2021)	72.75% (71.19%)	94.59% (94.12%)	67.29% (65.07%)

What does the data tell us?

- The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 19 months (range 80.56% to 91.37%).
- The Target of 95% for viewing Pathology Reports on ICE was just missed in Oct-21 at 94.59%.
- Radiology reports filed on ICE has remained above 70% for five consecutive months.
- Pathology reports filed on ICE has risen in Oct-21 to 67.29%.

What will we be doing?

- Auto-filing and batch filing of negative MRSA and COVID swabs will not be able to be progressed due to restrictions in the system. Our IT colleagues are exploring options of batch auto filing post admission to allow for some of the reports to be cleared
- Batch filing of old results that have been viewed (or subsequent tests requested) is possible, clinical guidance required on parameters of this.
- Pop up to be implemented to increase filing of reports – implementation date to be agreed.

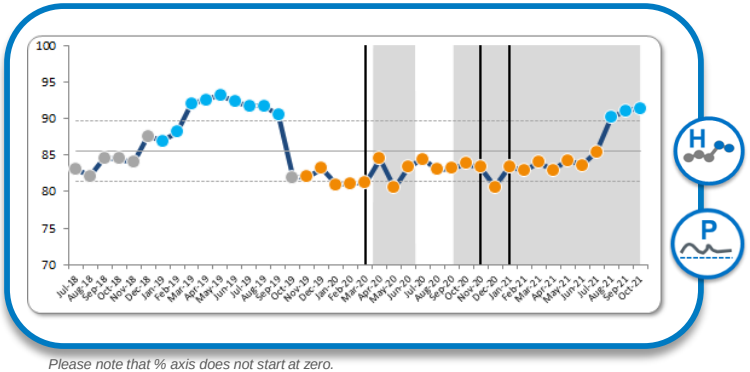
Assurance level – Level 5 (Nov-21)	**When expected to move to next level of assurance**: When autofiling and manual filing process have been implemented – Q4 2021/22
Previous assurance level: Level 5 (Oct-21)	SRO: Christine Blanshard (CMO)

Month 8 [November] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-21 as 9th December 2021

ICE reports viewed radiology (%)

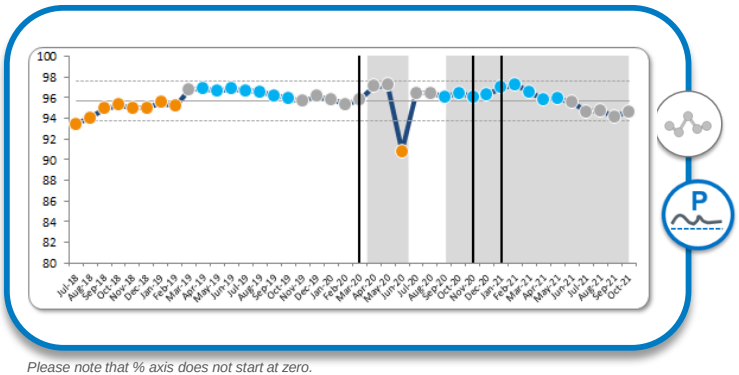
91.37



Please note that % axis does not start at zero.

ICE reports viewed pathology (%)

94.59



Please note that % axis does not start at zero.

Lockdown Period

COVID Wave

2.2 Care that is Effective – Fractured Neck of Femur (#NOF)

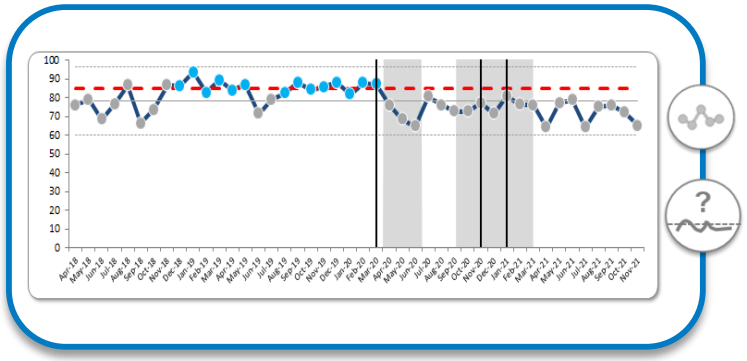
#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
65.12% (Nov 2021) 72.06% (Oct 2021)	72.73% (Oct 2021) 76.56% (Sep 2021)
What does the data tell us? • The #NOF target of 85% has not been achieved for 20 months. • This performance correlates with the timeline of the COVID pandemic. • During the first week in November we had 31 #NOF admissions, compared with a weekly average of 15 • This resulted in a higher than usual number of patients breaching having surgery within 36 hours due to theatre capacity (11 patients).	**What will we be doing?** • Centralising all Inpatient Trauma to WRH site from 13th November as a result increasing Trauma theatre capacity by 1 4 hour session per day. • Changing consultant on-call pattern to ensure there is always a hip surgeon available to operate. • Increasing weekend Trauma Theatre from 2 sessions to 4 where staffing allows in the short term. Long term business case required to staff additional 2 sessions at weekends.
Current assurance level: 5 (Nov-21)	**When expected to move to next level of assurance**: Jan-22
Previous assurance level: 5 (Oct-21)	SRO: Christine Blanshard (CMO)

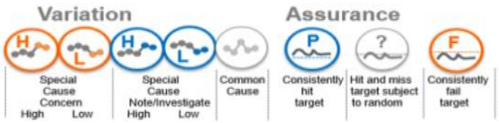
Month 8 [November] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-21 as 3rd December 2021

#NOF time to theatre </=36 hours (%)

65.12%





Lockdown Period

COVID Wave

2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Nov-21	Target	Nov-21	Target	Nov-21	Target	Nov-21	Target
95.45%	95%	92.70%	95%	79.69%	95%	95.83%	95%

What does the data tell us?

- The recommended rate for Inpatients continued to **achieve** the target at 95.45% in November 21. The response rate dipped below the trust target at 27.53%, which has not happened since Feb-21.
- For the first time in five months, the recommended rate for Maternity has increased to 95.83% and **achieved** the trust target. The response rate however, has decreased for the fourth month running to 4.26%.
- The recommended rate for Outpatients increased to 92.7% but **failed** to achieve the target. The response rate dropped to 9.08% and failed to achieve the target (10%).
- The recommended rate for A&E increased to 79.69% but **failed** to achieve the target. The response rate decreased to 17.54% and failed to reach the target (20%).

What improvements will we make?

How divisions are "listening" to and acting on feedback will continue to be reported into and discussed at the Patient, Carer and Public Engagement steering group – this group now meets quarterly.

FFT collection is facilitated through the use of iPad and text messaging. Lower response numbers continue to be attributed to issues with Wi-Fi connectivity and timely availability of iPads – with some areas such as OP only having access to one iPad. There has also been some feedback from patients and staff that paper would be better to support patients giving more honest feedback and some staff have shared that they are inputting positive FFT as a compliment on DATIX rather than via the FFT app which may have impacted on numbers.
The Lead Nurse and Informatics FFT Lead will hold an FFT Position Review Project Day in January to develop an action plan for reintroducing cards; a paper will be submitted to Bronze in early January 2022 followed by focused Communications to clearly support ward staff with managing FFT moving forward.
FFT scores for NNU and TCU showed at 0% due to eligible patients being low – Informatics are reviewing this alongside the Lead Nurse. The Lead Nurse is working closely with Maternity and Informatics to implement collection of FFT using Badgernet; we await Clevermed (owners of Badgernet) to make the relevant changes to WAHT Badgernet system: once amended a three month pilot will be implemented to include clear communications for staff to facilitate patients to feedback in this new way. We will continue to use the App.

A Christmas Visiting proposal was presented to Bronze on 8.12.21. It is understood that Recommended rates can be partly attributed to family and friends not being able to visit loved ones in hospital and the associated isolation for patients.

An awareness campaign was jointly launched on Carer's Right's day in November with the Worcestershire Association of Carer's to support awareness of Carers – not seen as visitors.

Assurance level – Level 5 (Nov-21)	**When expected to move to next level of assurance: Q4 2021/22**
Previous assurance level – Level 5 (Oct-21)	**SRO:** Paula Gardner (CNO)

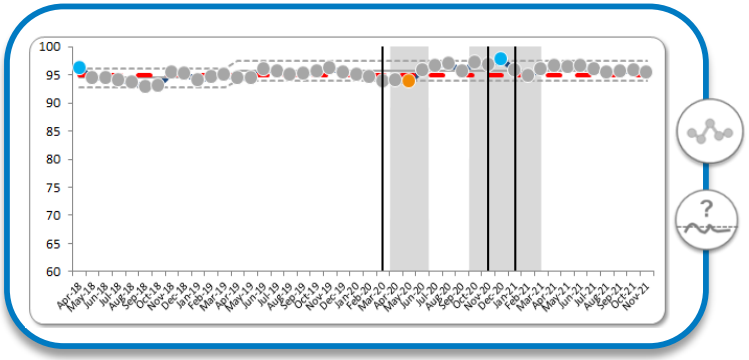
Month 8 [November] 2021-22 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-21 as 9th December 2021

Worcestershire Acute Hospitals NHS Trust

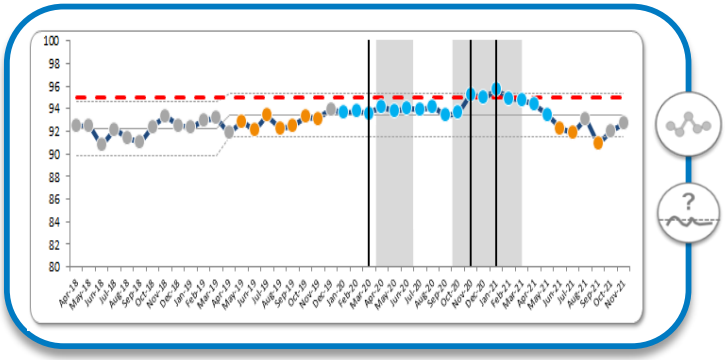
FFT Inpatient Recommended %

95.45



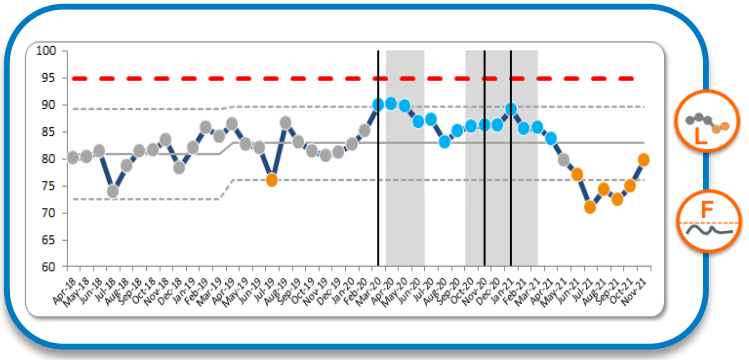
FFT Outpatient Recommended %

92.70



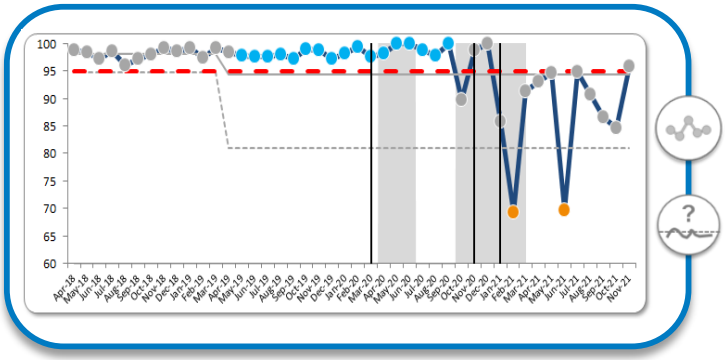
FFT AE Recommended %

79.69



FFT Maternity Recommended

95.83



Lockdown Period

COVID Wave

2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days	
Nov-21	Target
76.09	80%

What does the data tell us?	What improvements will we make?
• The % of complaints responded to within 25 days fell to 76.09%, and **failed** to achieve the Trust target (80%). • This is the 3rd time in the last 6 months that the target was not achieved. • A larger number of complaints were received in Q2 & Q3 to date; this has affected the ability of some Divisional Teams to manage the caseload as effectively, whilst dealing with ongoing Covid pressures and additional winter pressures.	• This increase in complaints numbers is reflected countywide, and across the West Midlands; the drop in performance is being felt more significantly in the Worcestershire Health & Care Trust and Worcestershire Clinical Commissioning Group. • A significant number of cases have been closed which breached in September, October and November. This has resulted in a slightly reduced percentage in the last 3 months. • Complaints Team has been relocated into Governance Team as of December 2021; ongoing support of PALS function has ceased as of this time, so Complaints Team will have extra resource to monitor and chase breach cases, and to process response drafts more promptly to ensure swift resolution within timescale.
Current Assurance Level – Level 5	**When expected to move to next level of assurance: End of Q3.**
Previous Assurance Level – N/A	**SRO:** Paula Gardner (CNO)

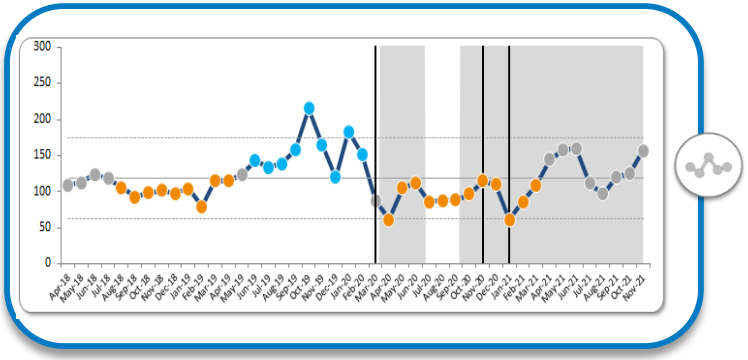
Month 8 [November] 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-21 as 9th December 2021

Worcestershire Acute Hospitals NHS Trust

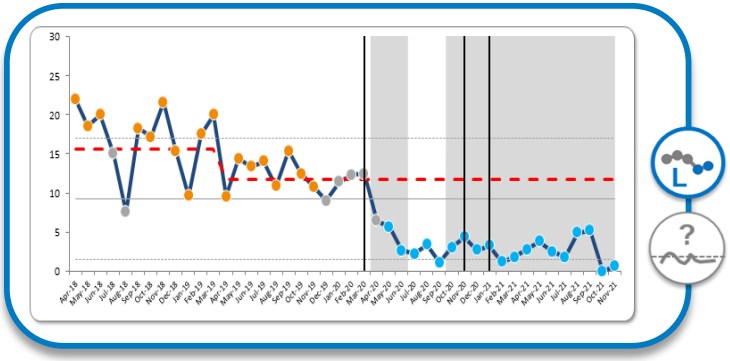
Total Medicine incidents reported

157



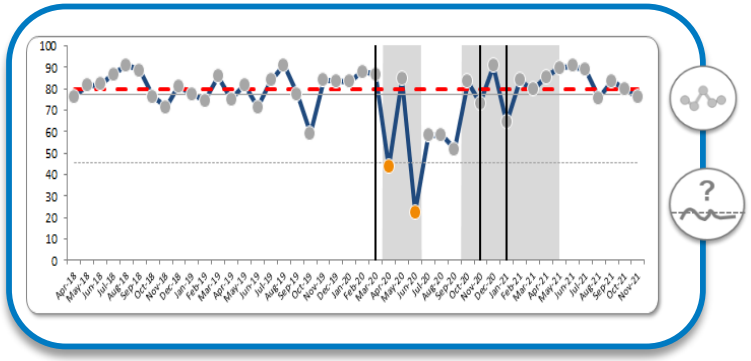
Medicine incidents causing harm (%)

1



Complaints Responses </= 25 days (%)

76.09



Lockdown Period

COVID Wave

Maternity

Month 8 [November] 2021-22 Maternity

% admission of full-term babies to neonatal care	Neonatal Deaths (>24+0 weeks gestation)	Stillbirths	Maternal Deaths	% Pre-term births	% Home births	Booked before 12+6 weeks	Births	Babies
3.9%	0	0	0	8.5%	2.3%	82.5%	385	389

What does the data tell us?

- The only metric showing special cause variation is booking women before 12+6 weeks. Although now within the lower control limit, it is still a run of 7 or more points below the mean that is resulting in this metric showing low performance concern.
- The Division are reviewing hesitancy in mothers electing to birth at home to understand if it is linked to midwife and / or ambulance availability.
- There were no stillbirths, neonatal or maternal deaths recorded in November.

What have we been doing?

- Recruited MMHS Midwife
- Submitted BR+ data
- Work continues to improve KPI around booking
- Identified spending plan for LMNS money to support SBLV2
- Received outcome of CNST submission (embargoed)
- Completed Intrapartum acuity app training
- Submitted bid to NHS Digital
- CQC engagement event
- CoC engagement event and national lead attended local meeting
- Sharing safety reporting template with NHSEI
- Sustained reduced sickness levels

What are we doing next?

- Recruit CNST Lead , audit midwife, PMA Lead, and a digital midwife
- Agreeing a contract with the local council to fund 2 x PH midwives for 2 years (£250k)
- Complete training for ward acuity tools
- Complete bid for NHSEI MSW retention
- Continue to work with MIA
- Awaiting BR+ report

Current Assurance Level: 5 (Nov-21)

When expected to move to next level of assurance:

- Completion of work outlined in service improvement plan
- No midwifery vacancies
- No medical staffing vacancies

Previous Assurance Level: 5 (Oct-21)

SRO: Paula Gardner (CNO)

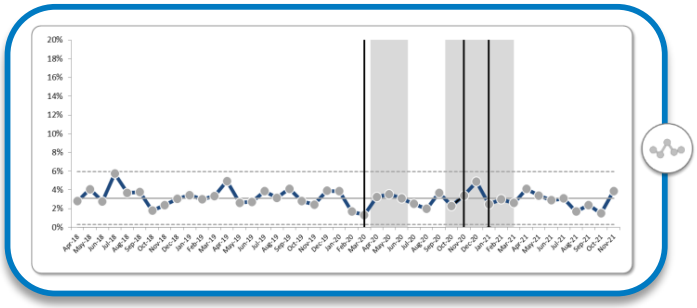
Month 8 [November] | 2021-22 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for November-21 as 6th December 2021

NHS Worcestershire Acute Hospitals NHS Trust

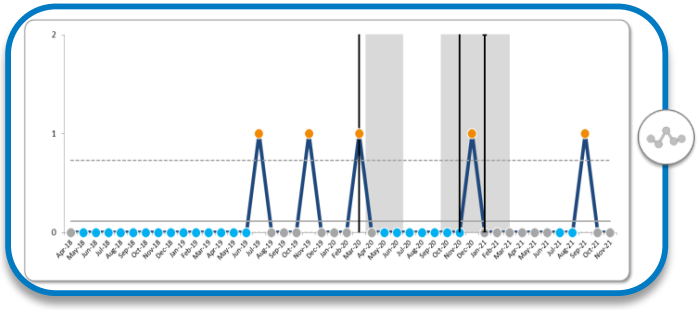
% admission of full-tern babies to neonatal care

3.9%



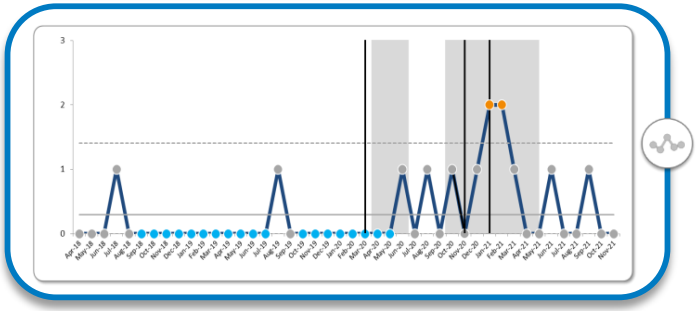
Maternal Deaths

0



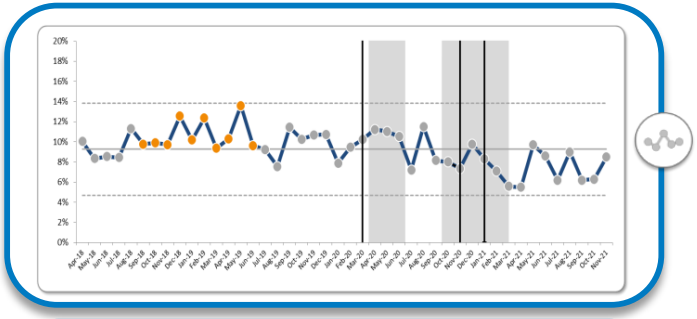
Neonatal Deaths (>24+0 weeks gestation)

0



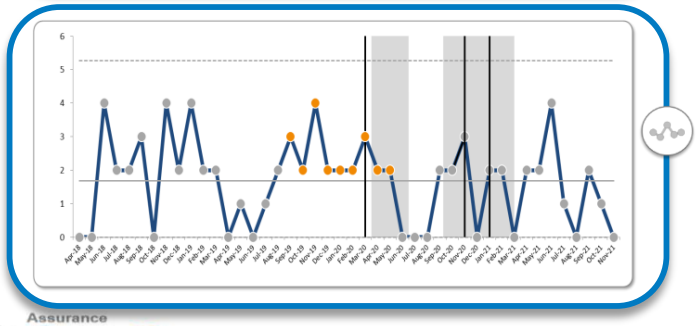
% Pre term births

8.5%



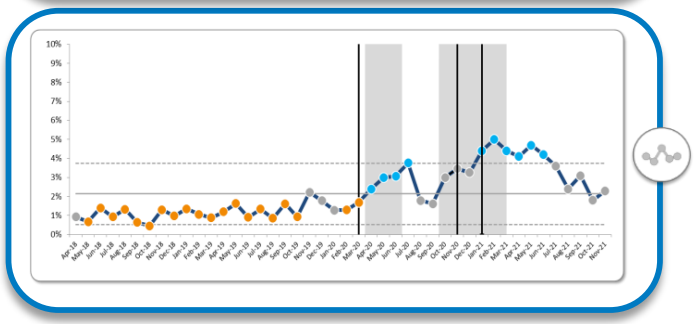
Stillbirths

0



% Home births

2.3%



Lockdown Period

COVID Wave