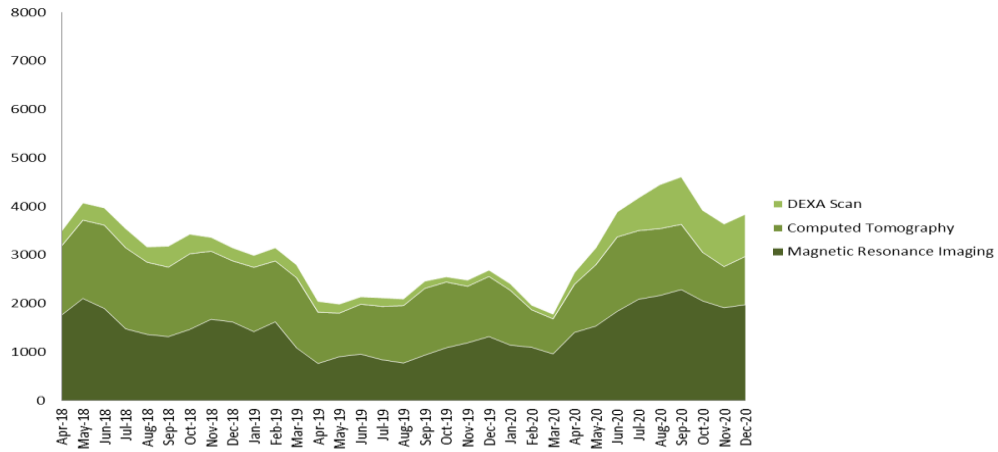
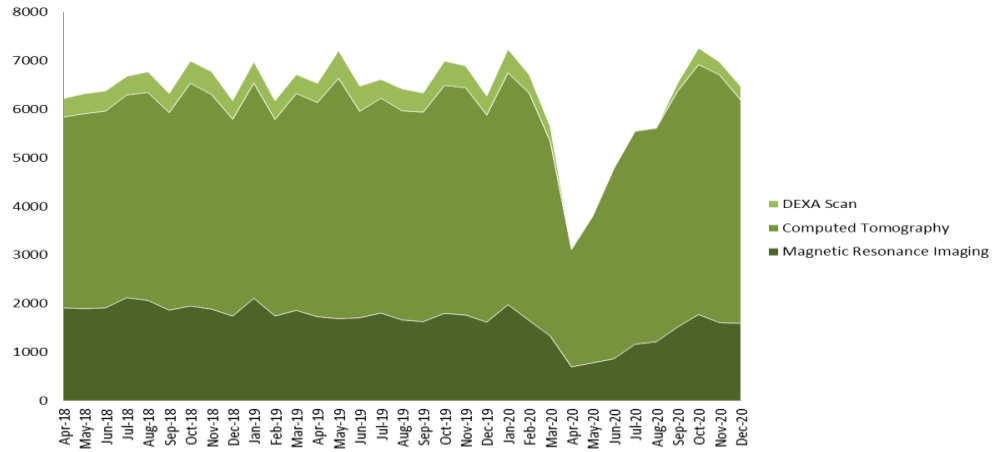
Month 9 [December] 2020-21 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Unvalidated for Dec-20 as 14th January 2021

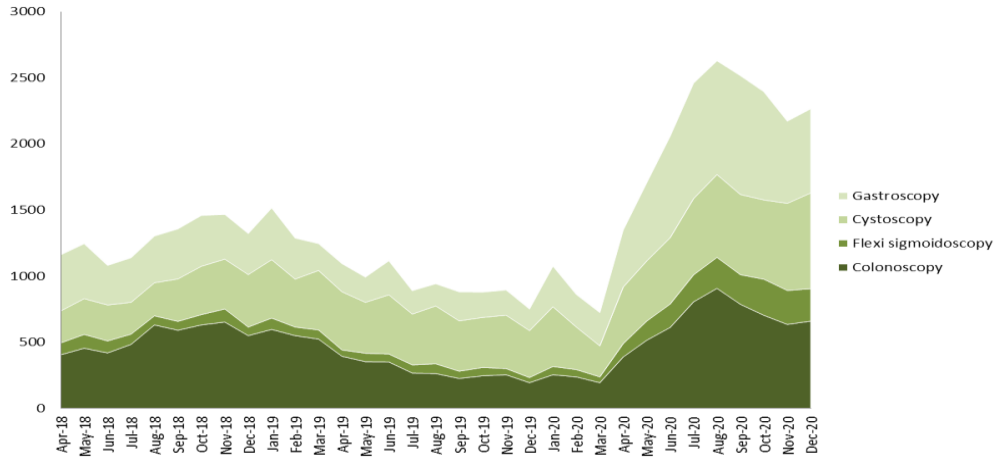
Radiology DM01 waiting list size - Monthly snapshot



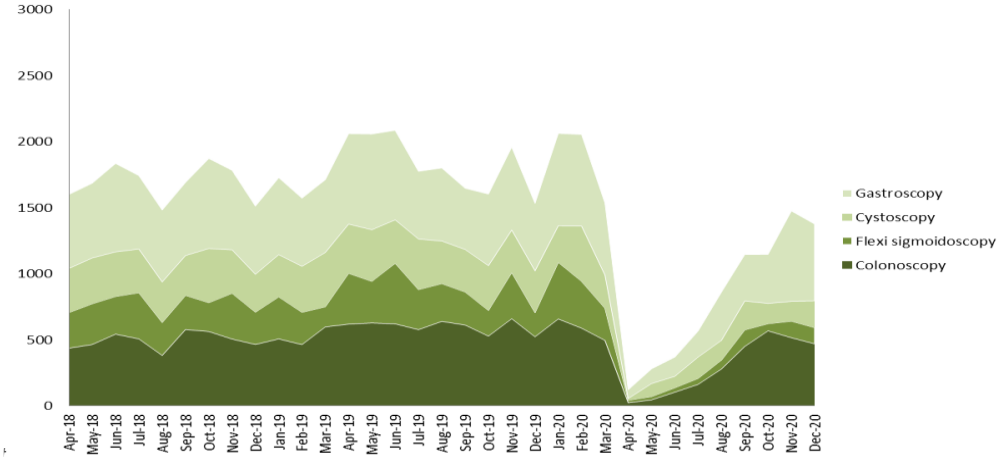
Radiology DM01 Activity - Monthly snapshot



Endoscopy DM01 waiting list size - Monthly snapshot



Endoscopy DM01 Activity - Monthly snapshot

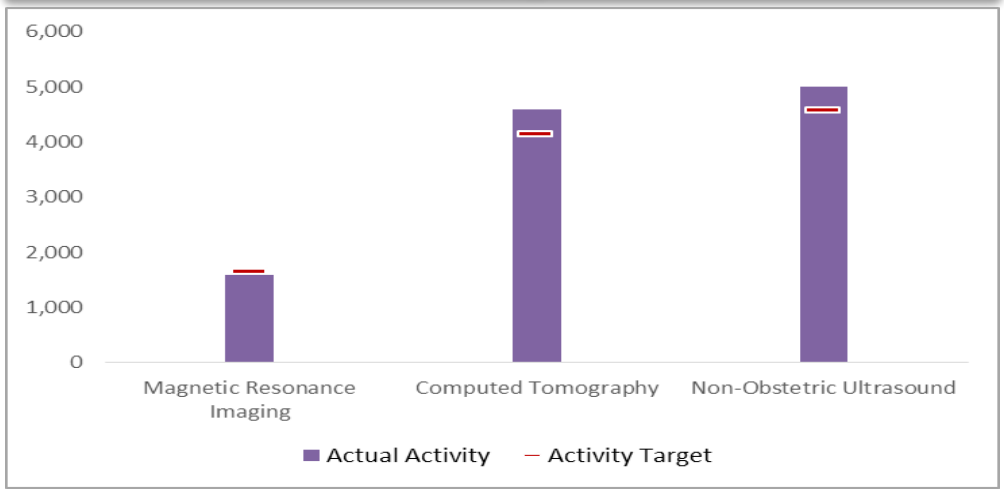


Month 9 [December] 2020-21 | Operational Performance: DM01 Diagnostics

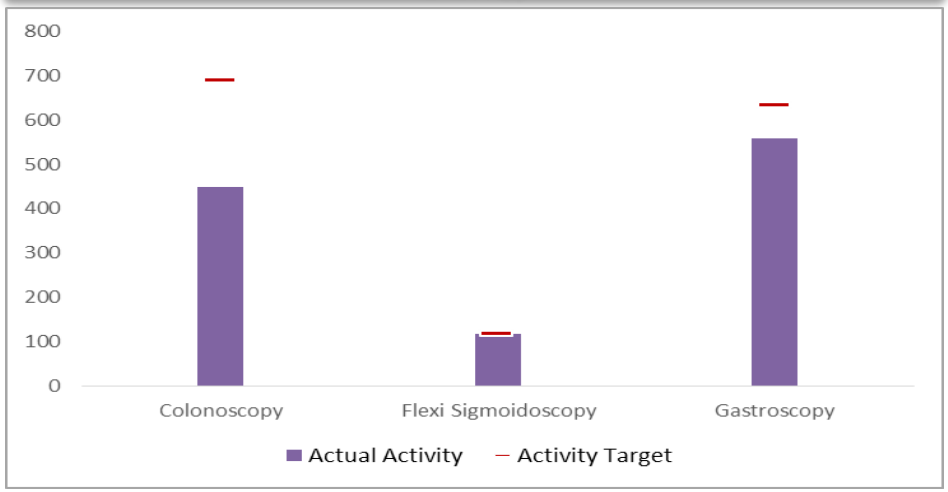
Responsible Director: Chief Operating Officer | Unvalidated for Dec-20 as 14th January 2021

DM01 Diagnostics Activity | Dec-20 Diagnostic activity compared to Phase 3 restoration plan

Radiology



Endoscopy



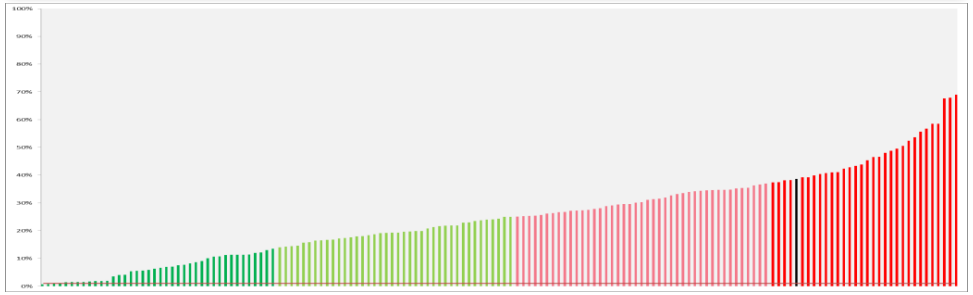
These graphs represent phase 3 restoration only, as submitted in the plan. All physiology tests, DEXA and cystoscopy were not included in the request from NHSEI

Operational Performance: Diagnostics (DM01) Benchmarking

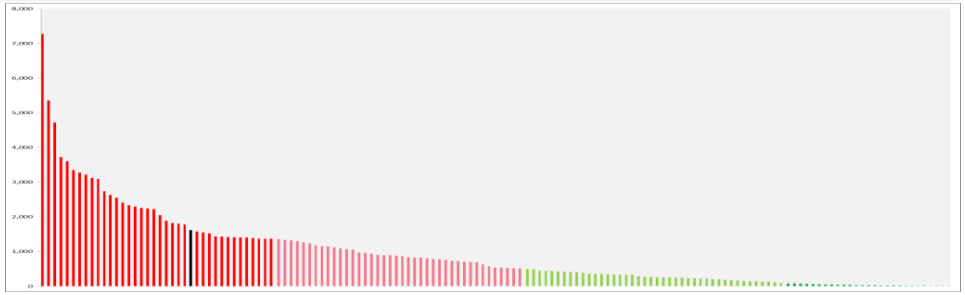
National Benchmarking (November 2020) | The Trust was one of 10 of the 13 West Midlands Trusts which saw a reduction in patients waiting over 6 weeks. This Trust was ranked 11 of 13 in November 2020. The peer group performance ranged from 1.49% to 46.62% with a peer group average of 25.51%; decreasing from 26.89% the previous month.

The England average for November 2020 was 27.5% patients waiting >6 weeks, a 1.7 percentage point reduction from 29.2% in October.
In November, there were 149,477 patients recorded as waiting 13+ weeks for their diagnostic test; 1,617 (1.1%) of these patients were from WAHT.

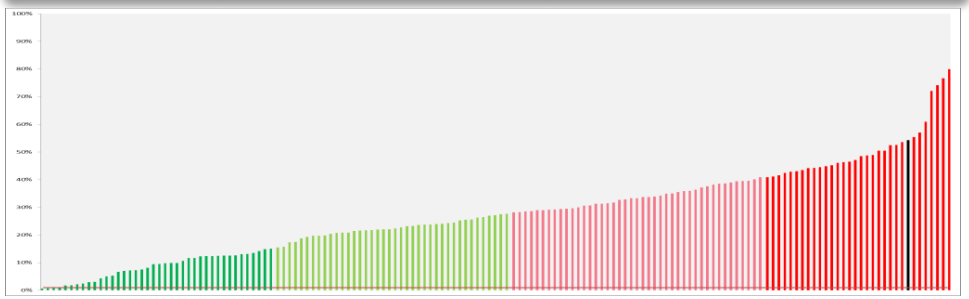
DM01 Diagnostics - % of patients waiting more than 6 weeks | Nov-20



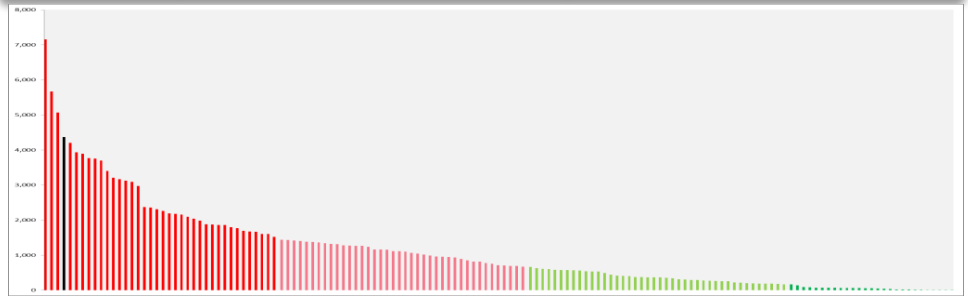
DM01 Diagnostics - number of patients waiting more than 13 weeks | Nov-20



DM01 Diagnostics - % of patients waiting more than 6 weeks | Oct -20



DM01 Diagnostics - number of patients waiting more than 13 weeks | Oct -20



WAHT — Operational Standard 1%

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	% patients seen in TIA clinic within 24 hours	% of patients who had a CT within 60 minutes of arrival	SSNAP Q2 Jul-20 to Sep-20			
60.71%	35.71%	96.23%	44.64%	Score	76.0	Grade	B

What does the data tell us?

- All four main stroke metrics show performance that is within common cause variation.
- Patients spending 90% of their time on a stroke ward shows no significant change in performance since Apr-18. The process is unlikely to achieve the target of 80% consistently but may be expected to vary between 60% and 90%.
- Patients who had Direct Admission (via A&E) to a stroke ward shows no significant change in performance since Oct-19. The process will not achieve the target of 90% but may be expected to vary between 16% and 57%.
- Patients seen in TIA clinic within 24 hours showed a step change in Mar-20. The process will currently consistently achieve the target of 70%.
- Patients who had a CT scan within 60 minutes of arrival shows no change since Sept-18. The process will not achieve the target of 80% but may be expected to vary between 33% and 70%.

Current Assurance Level: 6 (Nov-20)	**When expected to move to next level of assurance: Q4 – depending on the management and impact of COVID-19 second wave**
Previous assurance level: Level 6 (Oct-20)	**SRO: Paul Brennan**

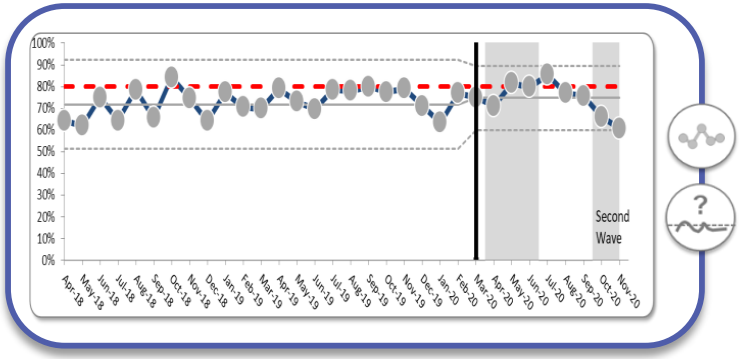
Month 9 [November] 2020-21 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for Nov-20 as 7th January 2020

NHS Worcestershire Acute Hospitals NHS Trust

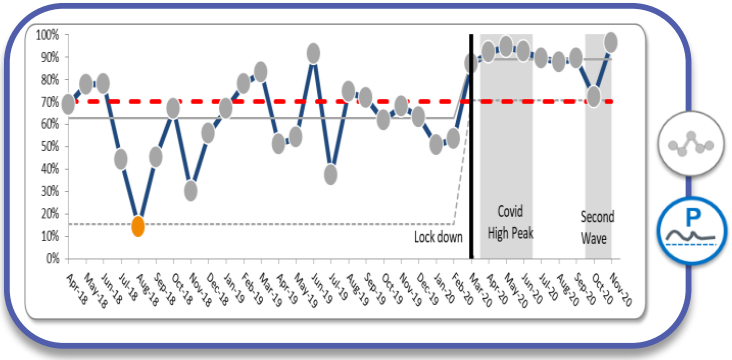
Stroke: % patients spending 90% of time on stroke unit

60.71%



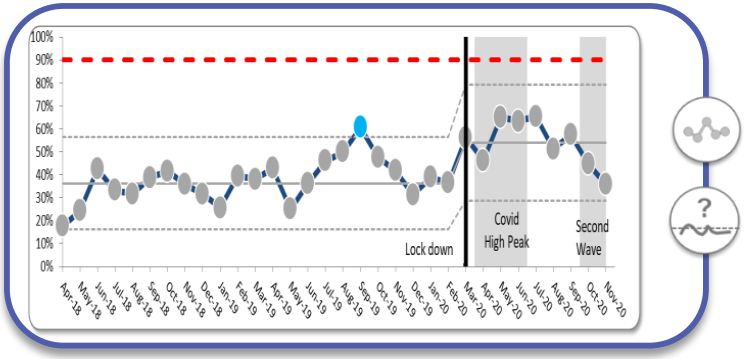
Stroke: % seen in TIA clinic within 24 hours

96.23%



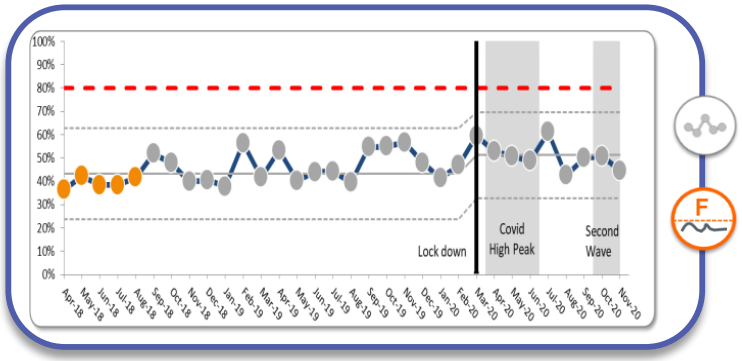
Stroke : % Direct Admission to Stroke ward

37.71%



Stroke : % CT scan within 60 minutes

44.64%



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.

Quality and Safety

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Infection Control	• E-Coli infections remain below trajectory for year to date. • C difficile infections were below the in-month target for December, but remain above trajectory for the year to date target. • MSSA infections were at the in-month target for Dec-20. • After the first MRSA infection reported in November, we have returned to zero cases in December. • Hand hygiene compliance continues to remain on target
SEPSIS 6	• Performance for completing the SEPSIS 6 bundle within one hour rose in November to 39.02%, but is still significantly below the target of 90%.

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices

C-Diff		E-Coli		MSSA		MRSA	
December: Month / Monthly target	Year to date: Actual / Year to date target	December: Month / Monthly target	Year to date: Actual / Year to date target	December: Month / Monthly target	Year to date: Actual / Year to date target	December: Month / Monthly target	Year to date: Actual / Year to date target
3 / 4	43 / 40 (EOY target – 53)	4 / 4	25 / 37 (EOY target – 50)	1 / 1	22 / 9 (EOY target – 10)	0 / 0	1 / 0 (EOY target – 0

What does the data tell us?

- C *difficile* infections were below the in-month target for December, and are now 3 above the year to date trajectory. No more than 10 infections across January, February and March would result in the end of year target being achieved.
- E-Coli BSI was at the in-month target and remains better than the trajectory for year to date.
- MSSA infections was at in the in-month target, and has already exceeded the year end target.
- There were no MRSA cases recorded in December.
- The Hand Hygiene audit participation rate shows no significant change since Dec-18. The metric will not consistently achieve a target of 100% but may vary between 76% and 100%
- Hand Hygiene Practice Compliance rate shows sustained significant improvement with the 97% target being achieved every month since May-19. This metric will reliably achieve the target.

Current Assurance level – Non-COVID Level 4 | COVID BAF Level 5 (Jan-21) Reason: - Assurance level for non-COVID remains at Level 4 due to positive reduction in the number of new MSSA cases in December. COVID BAF reduces to Level 5 based upon repeat self-assessment of the revised COVID BAF and the need for additional evidence in relation to the new criteria added.	**When expected to move to next level of assurance for non Covid**: Non-COVID – Level 5 by end of Q1 21-22. This is dependant on sustained AMS improvement, and MSSA bacteraemia being reduced. The timescale may be impacted by the continued pandemic.
Previous assurance level Non-COVID Level 3 | COVID BAF Level 6 (Nov-20)	SRO: Vicky Morris (CNO)

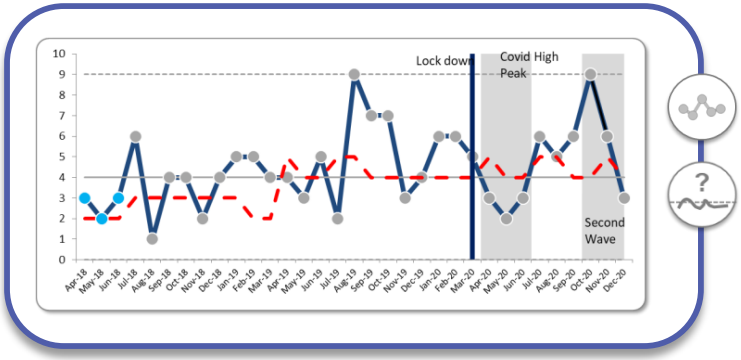
28

Month 9 [December] | 2020-21 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

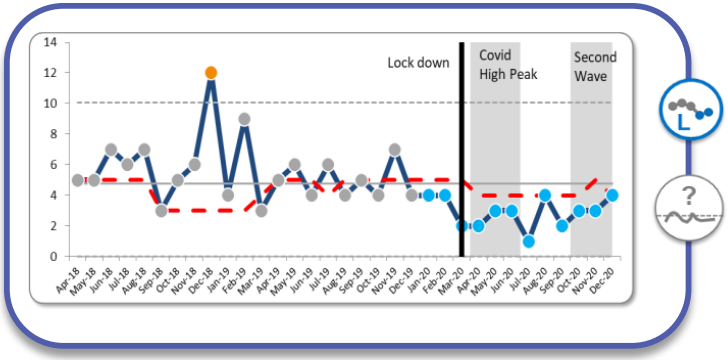
C-Diff

3



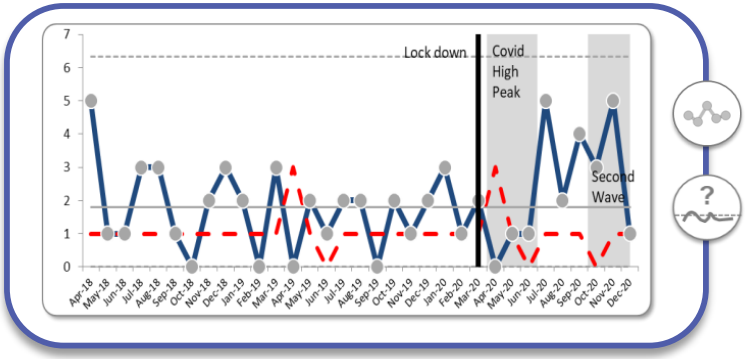
E-Coli

4



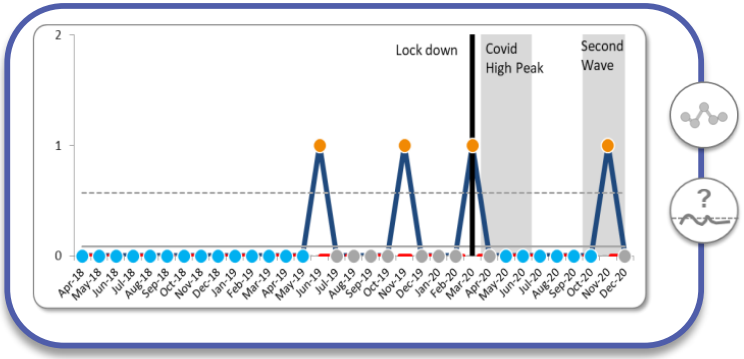
MSSA

1



MRSA

0



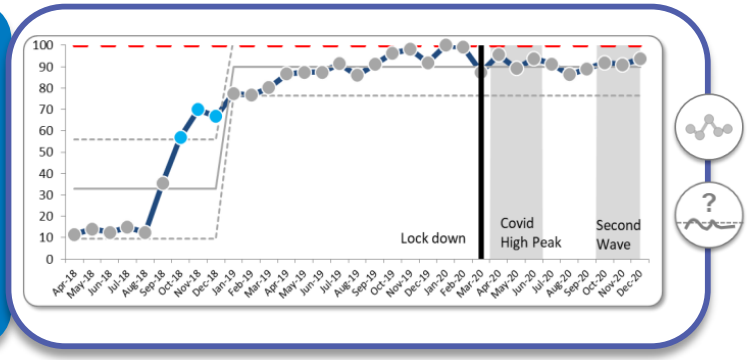
Month 9 [December] | 2020-21 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

Worcestershire Acute Hospitals NHS Trust

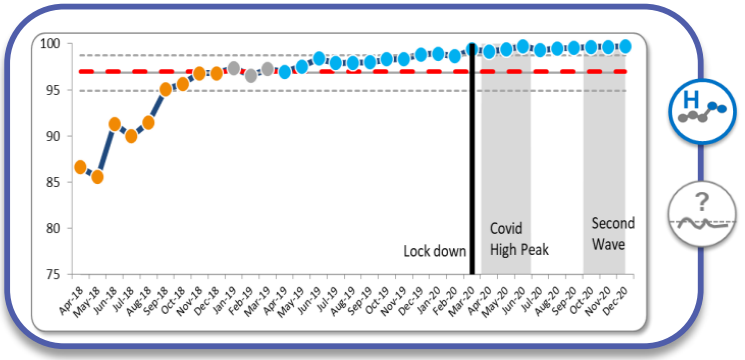
Hand Hygiene Audit Participation

93.69



Hand Hygiene Compliance (%)

99.75



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
39.02%	83.16%	83.74%	56.91%	85.37%	81.30%	62.60%	63.41%

What does the data tell us?

- There has been no significant change in sepsis 6 bundle completed within one hour compliance since Apr-18. This process will not achieve the 90% target but may be expected to vary between 23% and 78%.
- There has been no significant change in sepsis 6 screening compliance since May-20. This process is unlikely to consistently achieve the target of 90% but may be expected to vary between 72% and 96%.
- There has been no significant change in sepsis 6 antibiotics provided within one hour compliance since May-20. This process is currently unlikely to consistently achieve the target of 90% but may be expected to vary between 80% and 100%.
- There are no significant changes in the performance of the other sepsis 6 bundle elements in Nov-20.

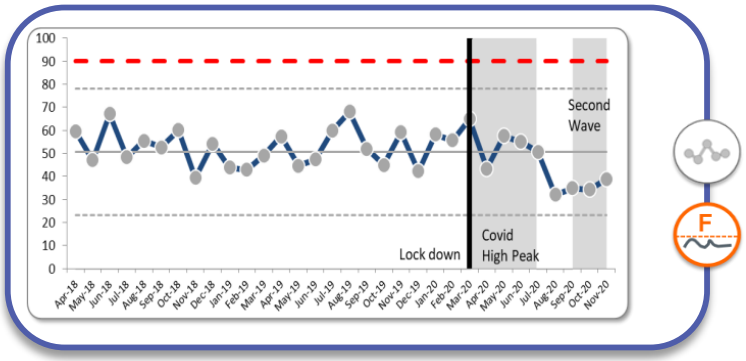
Current Assurance level – Level 2 (Nov-20) Reason: Performance has not yet responded to improvement initiatives.	**When expected to move to next level of assurance for non Covid**: Q3 following implementation of the Divisional plans.
Previous assurance level – Level 2 (Oct-20)	SRO: Mike Hallissey (CMO)

Month 9 [December] | 2020-21 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated **November 20** as at 14th January 2021

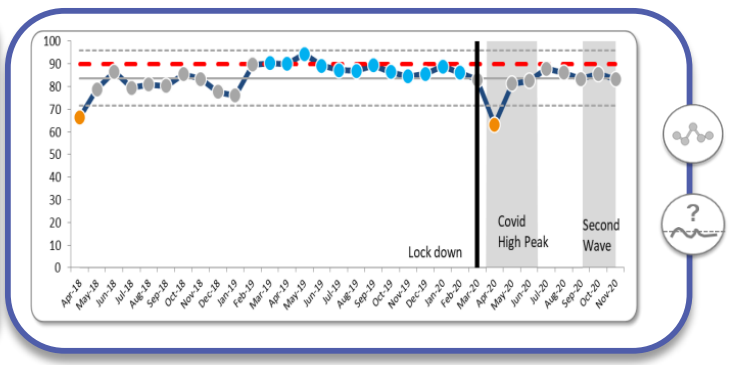
Sepsis 6 Bundle Compliance (audit)

39.02%



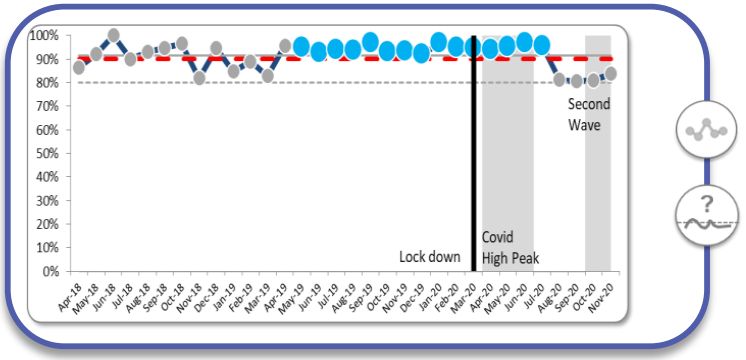
Sepsis Screening Compliance (audit)

83.16%



Sepsis Screening Antibiotics Compliance (audit)

83.74%

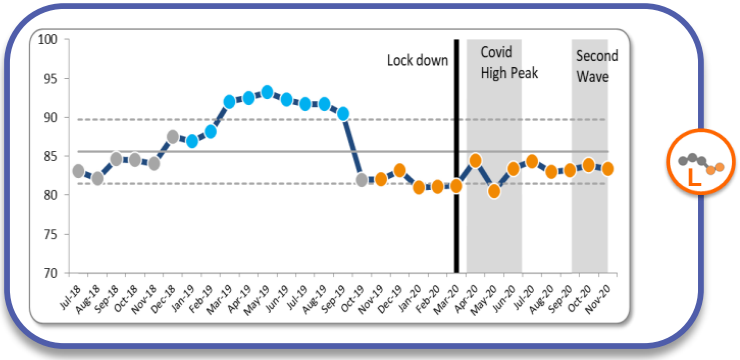


Month 9 [December] | 2020-21 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

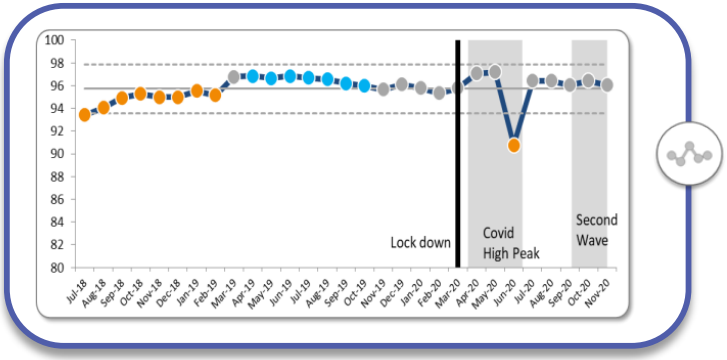
ICE reports viewed radiology (%)

83.35



ICE reports viewed pathology (%)

96.05

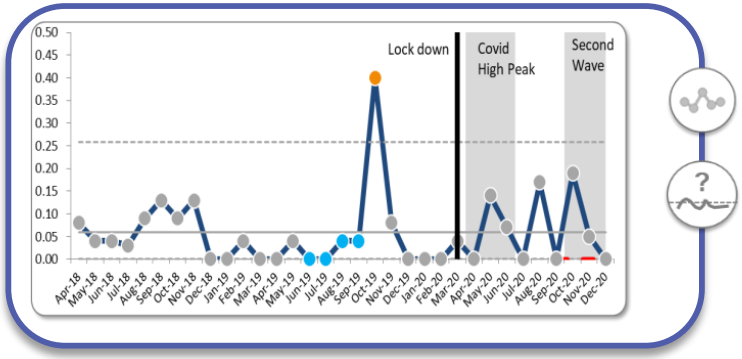


Month 9 [December] | 2020-21 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

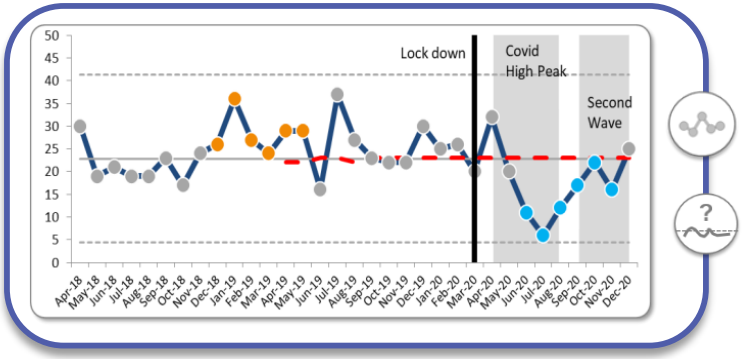
Falls per 1,000 bed days causing harm

0.00



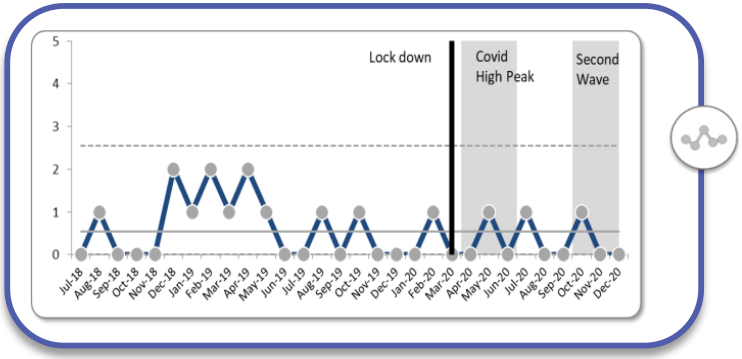
All Hospital Acquired Pressure Ulcers

25



Serious Incident Pressure Ulcers

0



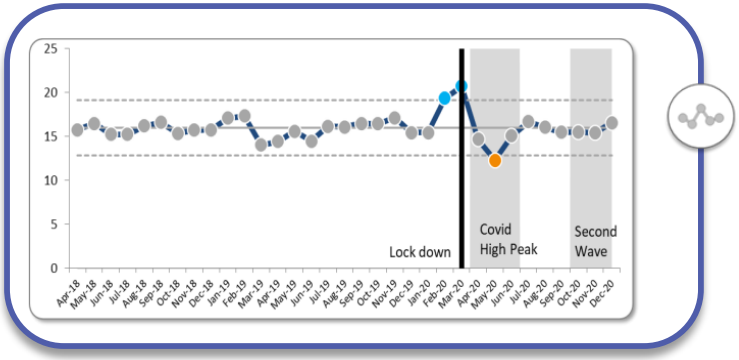
Month 9 [December] | 2020-21 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer Validated December 20 as at 14th January 2021

Worcestershire Acute Hospitals NHS Trust

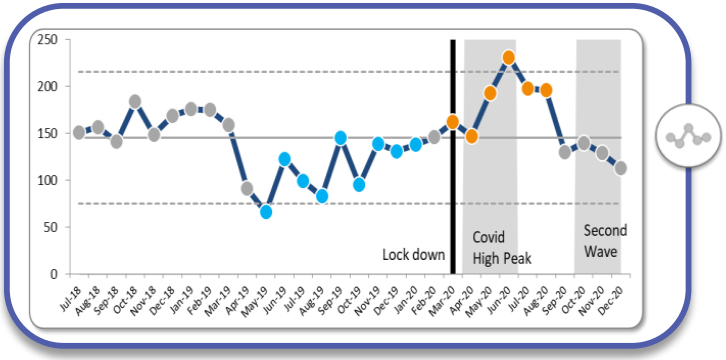
Discharges before midday (%)

16.60



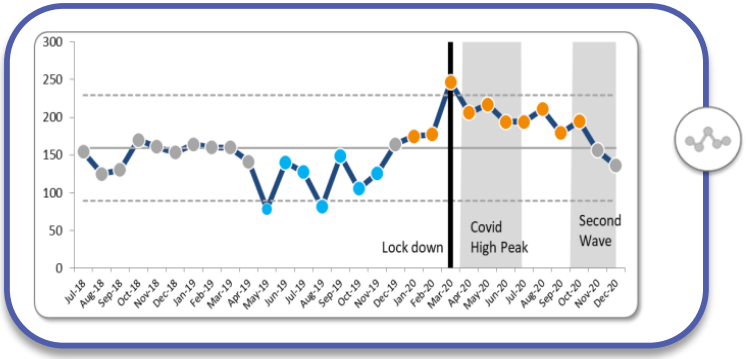
Risks overdue review

113



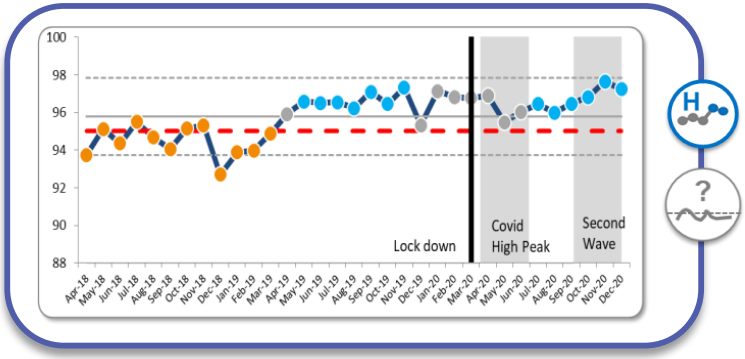
Risks with overdue actions

136



VTE Assessment Compliance (%)

97.65



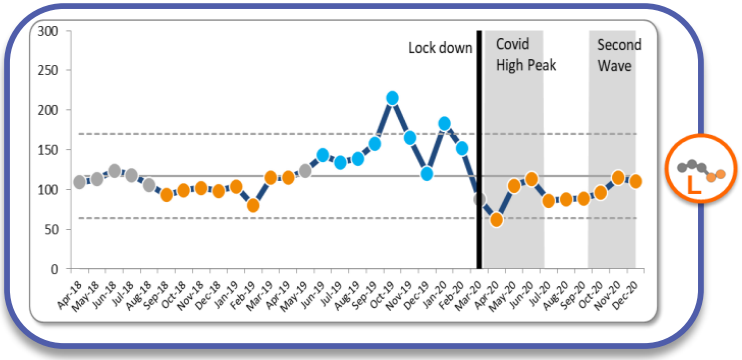
Month 9 [December] | 2020-21 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer Validated December 20 as at 14th January 2021

NHS Worcestershire Acute Hospitals NHS Trust

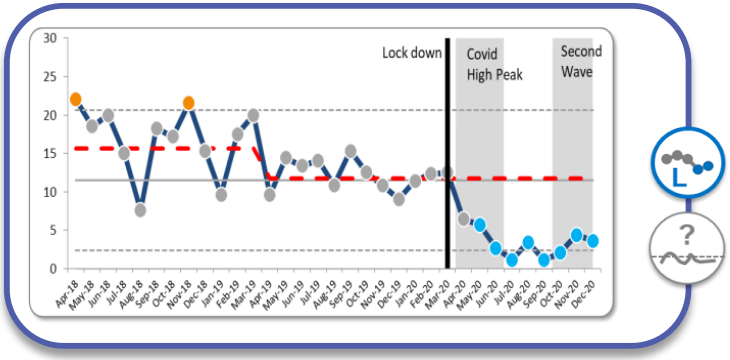
Total Medicine incidents reported

110



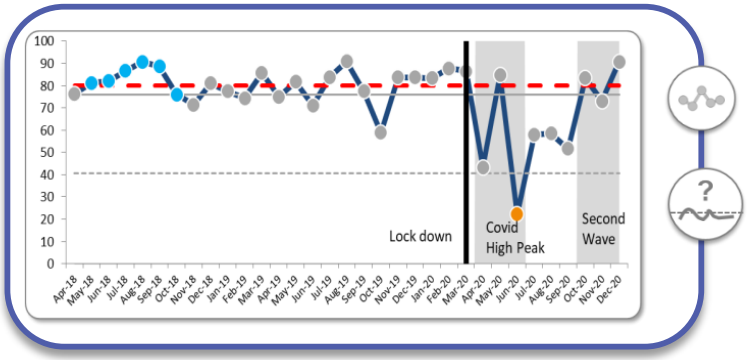
Medicine incidents causing harm (%)

3.64



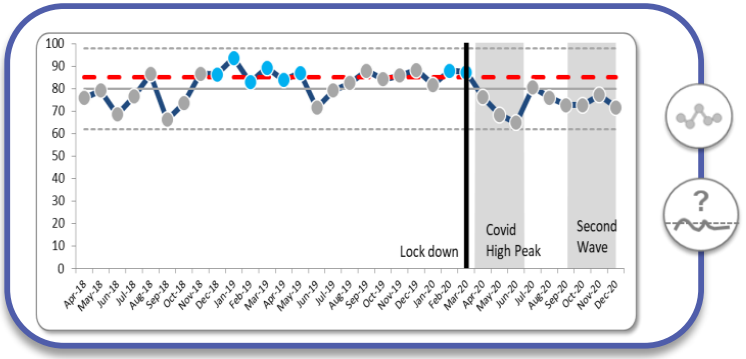
Complaints Responses </= 25 days (%)

90.70



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

71.59



Month 9 [December] | 2020-21 Quality & Safety - Care that is Effective

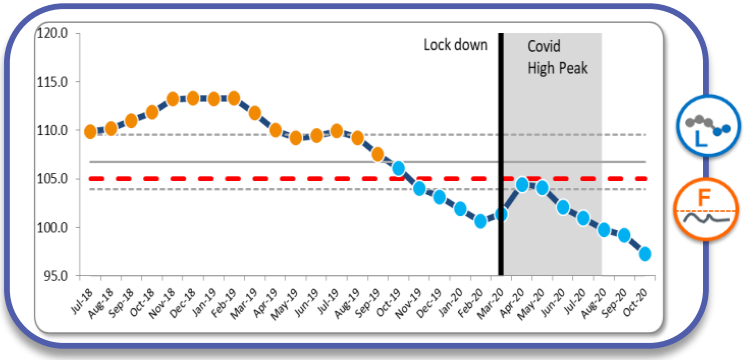
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

Worcestershire Acute Hospitals NHS Trust

HSMR 12 month rolling average

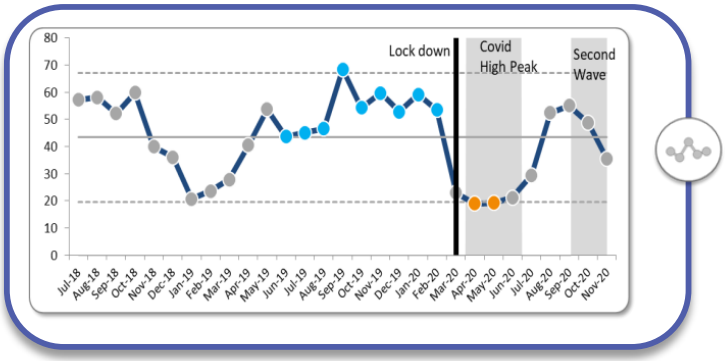
Oct - 20

97.30



Mortality Reviews completed </=30 days

35.50



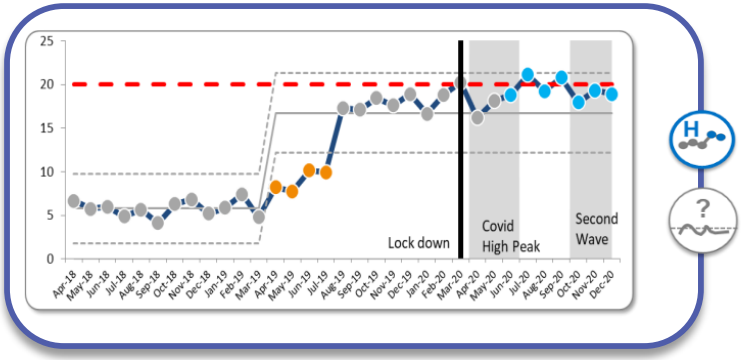
Month 9 [December] | 2020-21 Quality & Safety - Care that is Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

NHS Worcestershire Acute Hospitals NHS Trust

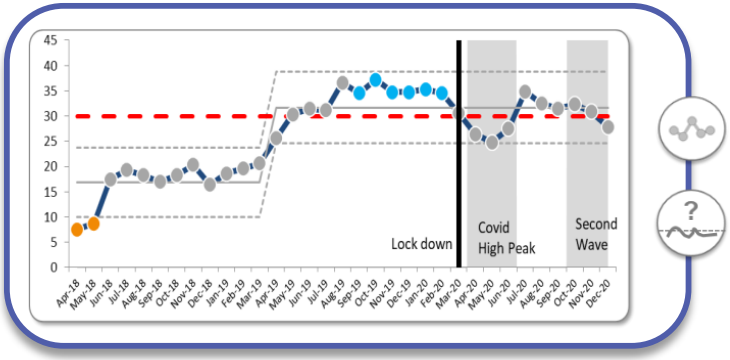
Accident & Emergency Response Rate Friends & Family Test (%)

18.90



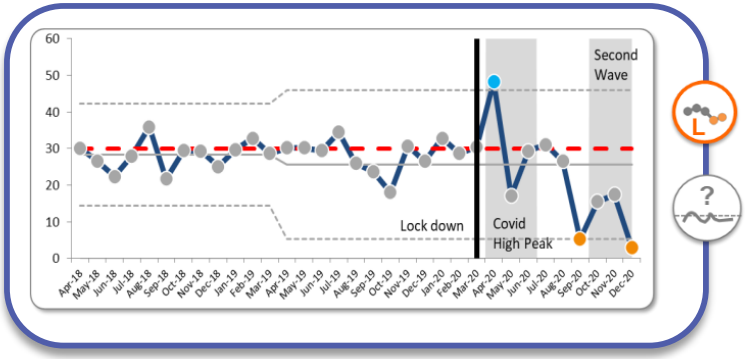
Inpatient Response Rate Friends & Family Test (%)

27.84



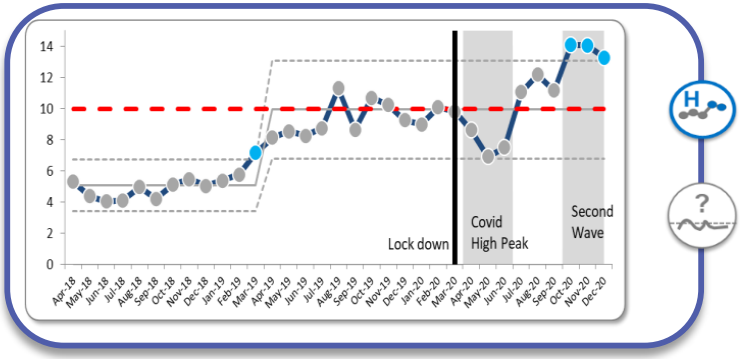
Maternity Response Rate Friends & Family Test (%)

3.02



Outpatients Response Rate Friends & Family Test (%)

13.28



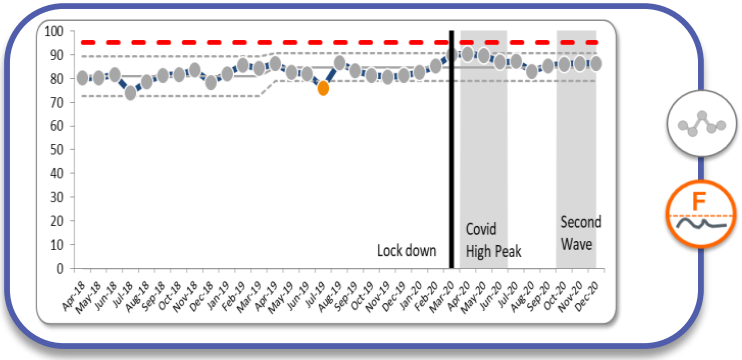
Month 9 [December] | 2020-21 Quality & Safety - Care that is Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated December 20 as at 14th January 2021

Worcestershire Acute Hospitals NHS Trust

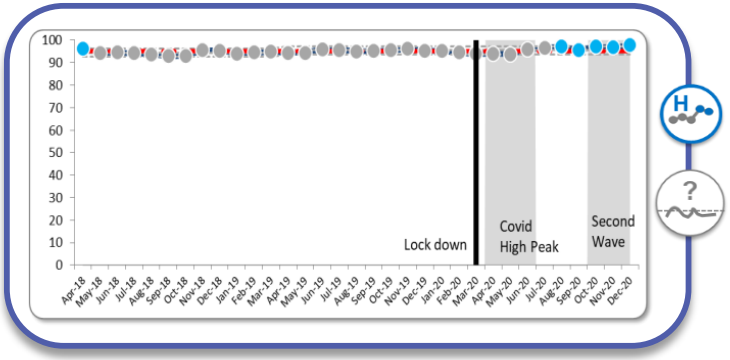
Accident & Emergency Recommended Rate Friends & Family Test (%)

86.28



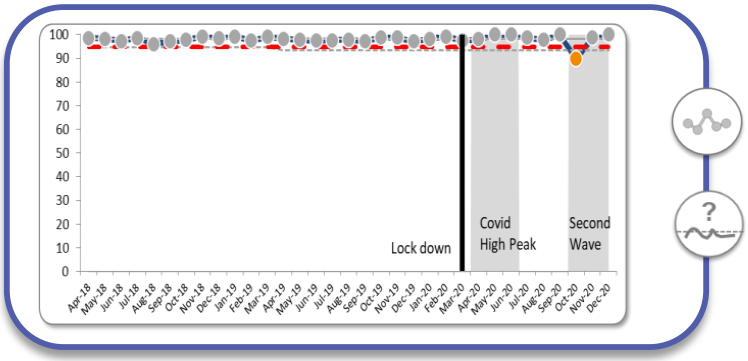
Inpatient Recommended Rate Friends & Family Test (%)

97.82



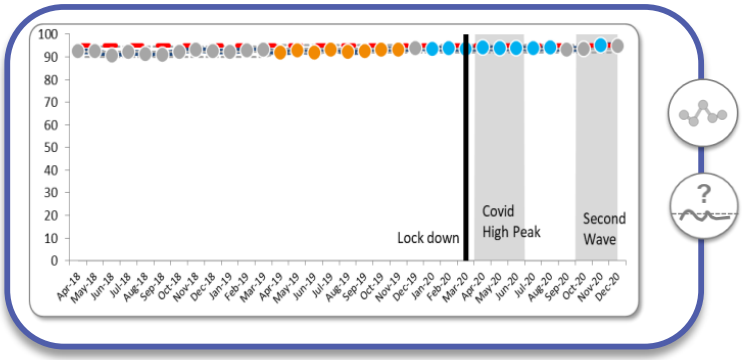
Maternity Recommended Rate Friends & Family Test (%)

98.81



Outpatients Recommended Rate Friends & Family Test (%)

95.28



Workforce

People and Culture Performance Report Month 9 - Headlines

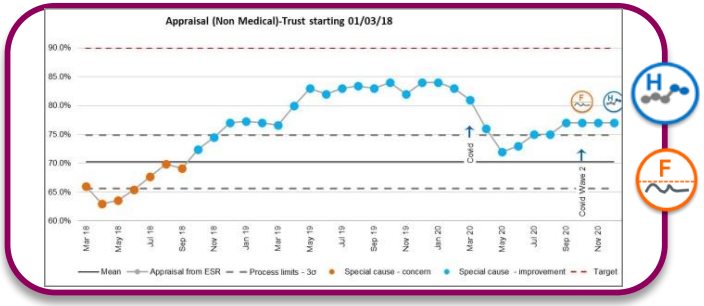
People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	• Mandatory training compliance remains equal to the same period last year despite the impact of COVID-19 • Medical appraisal compliance has improved by 1% • Non-medical appraisal rate has remained unchanged • Urgent Care continue to be the only division to have achieved 100% in job plans
Absence due to Stress and Anxiety (S10)	• Sickness due to S10 (stress and anxiety) has reduced this month is better than the same period last year • Our staff health and wellbeing offer has been refreshed and continues to be communicated to staff at every opportunity
Monthly Sickness Absence Rate	• Cumulative sickness has increased to 5.01% with a 0.1% increase in December • Cumulative sickness is 0.65% higher than the same period last year • Covid absence has increased due to shielding and self isolation and new charts are included this month to show trends
Vacancy Rate	• Vacancy rates have continued to improve despite the pandemic and are better than Model Hospital average • The Trust remains at Quartile 2 on Model Hospital • This improvement is due to continued successful domestic recruitment campaigns, improved time to recruit and improved retention of staff
Staff Turnover	• Staff turnover continues to improve and is 0.39% better than the same period last year • The Trust has improved to Quartile 2 on Model Hospital

Month 9 [December] 2020-21 Workforce Compliance Summary

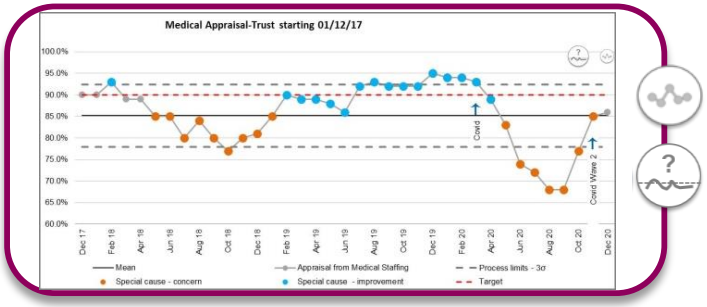
Responsible Director: Director of People and Culture | Validated for December-20 as 11th January 2021

Worcestershire Acute Hospitals NHS Trust

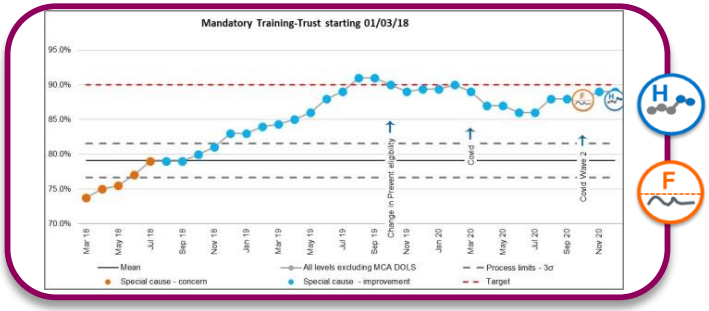
Appraisal (Non-Medical) — 77%



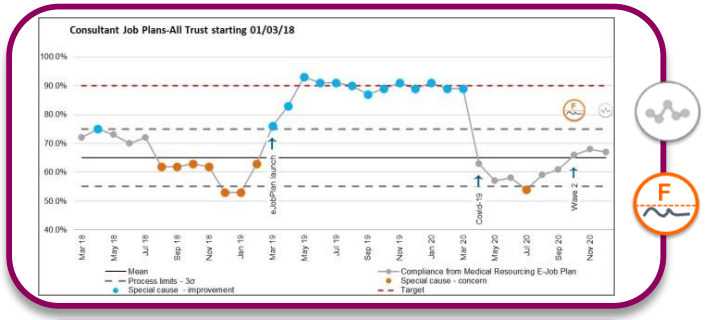
Medical Appraisal — 86%



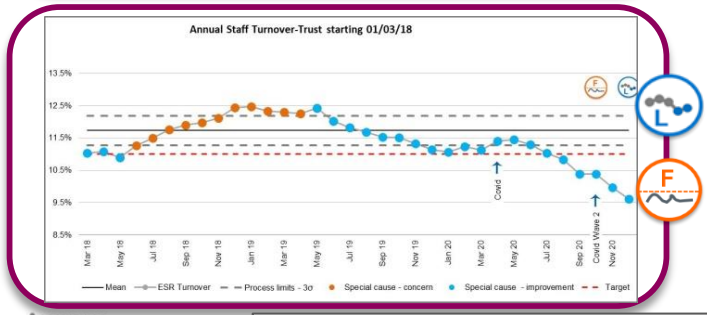
Mandatory Training — 89%



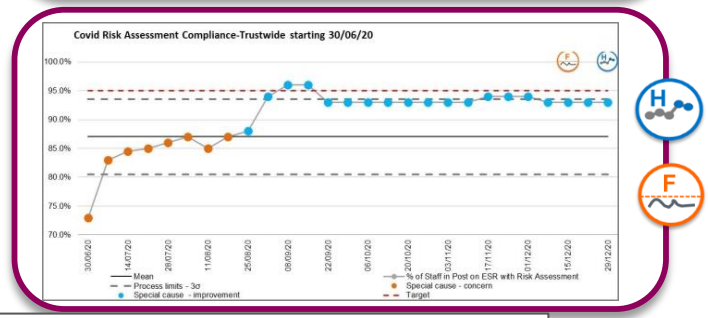
Consultant Job Plans — 67%



Staff Turnover — 9.62%



Covid Risk Assessment Compliance — 93%



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

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Workforce Compliance Month 9: - What does the data tell us?

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Staff Turnover	Covid Risk Assessment Compliance
77% and 86%	89% and 73%	67%	9.62%	93%

What does the data tell us?

- **Appraisal** – Compliance has remained the same this month at 77% and is 7% lower than the same period last year which is related to Covid.
- **Medical Appraisal –** Medical appraisal has improved from 85% to 86% this month and is 9% lower than the same period last year.
- **Consultant Job Plans** – Consultant Job planning activity deteriorated by 1% to 67%. Urgent Care remain 100% across the Board for all job plans (Consultants and SAS doctors). There has been a 2% improvement in Specialty Medicine. All other divisions have a deteriorating position with Surgery of particular concern at only 18%.
- **Mandatory Training** – Mandatory Training compliance has remained at 89% against a 90% target. Our compliance is equal to the same period last year. Information Governance has remained at 90% against a target of 95% for the IG Toolkit but is 4% higher than the same period last year.
- **Essential to Role Training** – We have launched Frailty e-learning this month and compliance is already at 46%. MCA and DoLs compliance remains good and we have seen a further 1% increase in both ReSPECT awareness an authorship, 8% in Dementia and 12% in Sepsis. There will now be a pause before any further competence rollouts to enable staff time to undertake the new training.
- **Staff Turnover** – Staff annual turnover has reduced this month from 9.97% to 9.62% against target of 11%. Our turnover rate is 1.53% better than the same period last year. All divisions except Urgent Care and Corporate have achieved target and all divisions have improved except Corporate
- **Covid Risk Assessment Compliance –** The Trust achieved 96% by 2nd September which met the NHSI target. However, compliance has dropped by 1% again this month to 93% due to starters and leavers despite active efforts by Occupational Health, HR and divisional teams to improve compliance.

National Benchmarking (December 2020)
Model Hospital Benchmark for Mandatory Training compliance is 90%; and a peer group average of 88% so the Trust is not an outlier in this area. Performance is below Model Hospital average of 85% for Non-Medical appraisal and job planning. Medical Appraisal meets Model Hospital average.

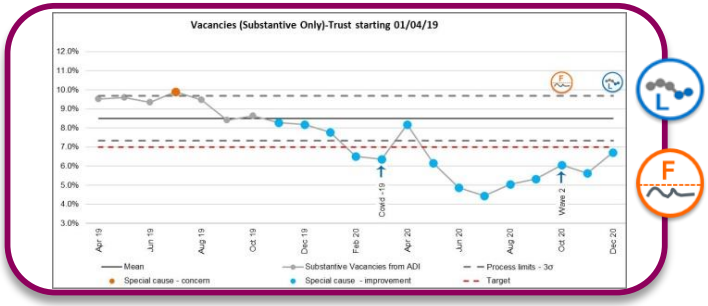
Month 9 [December] 2020-21 Workforce Performance Summary

Responsible Director: Director of People and Culture | Validated for December -20 as 11th January 2021

NHS Worcestershire Acute Hospitals NHS Trust

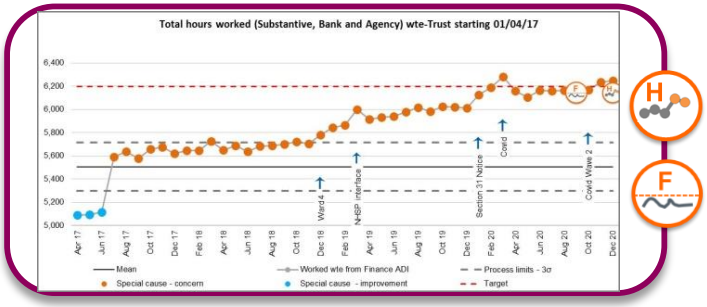
Substantive Vacancy Rate

6.73%



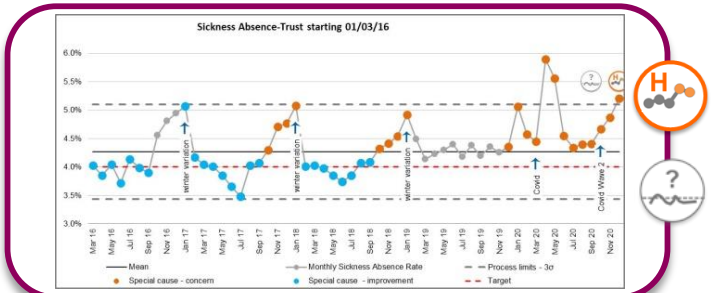
Total Hours Worked

6247 wte



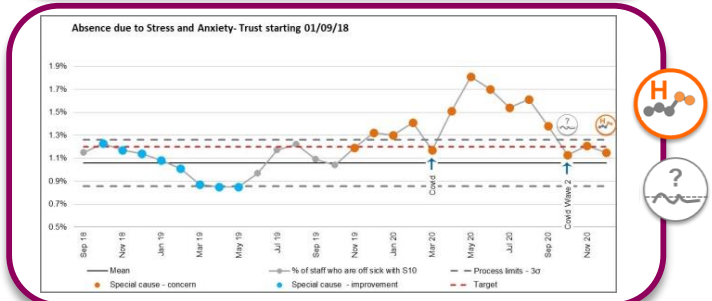
Monthly Staff Sickness Absence

5.21%



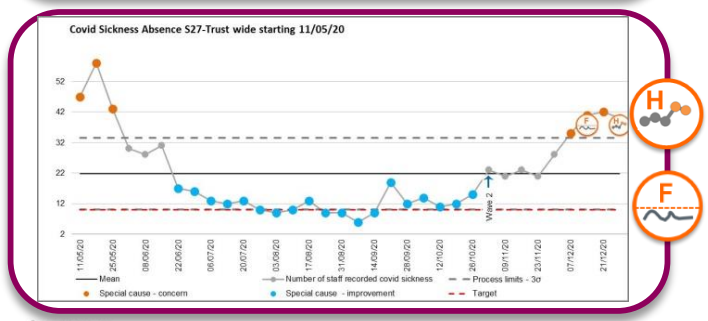
% Staff absent due to Stress and Anxiety (S10)

1.15%



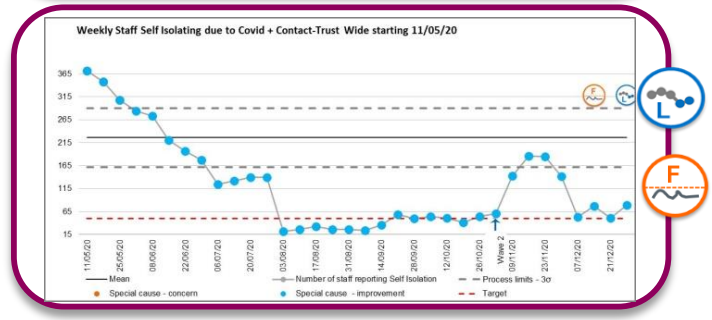
Number off with Covid Sickness (S27)

40



Number Self Isolating due to Covid + contact

79



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

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

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Workforce Performance Month 9 - What does the data tell us?

Vacancy Rate	Total Hours worked (including substantive bank and agency)	% Staff absent due to Stress and Anxiety (S10)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	Number of staff off with Covid Sickness (S27)	Number of Staff self isolating due to Covid+ contact
9.94%	6,247wte	1.15%	5.21% and 5.01%	40	79

What does the data tell us?

- **Vacancy Rate** –Vacancy rate has increased this month from 5.64% to 6.73% partly due to a 65 wte increase in establishment. Our staff in post is 250 wte higher than the same period last year
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased from 6,235 to 6,247 against a funded establishment of 6,419. Establishment has increase in HCA's and Scientific, Therapeutic and Technical staff for covid wave 2.
- **Monthly Sickness Absence Rate** – sickness has increased from 4.87% to 5.21% which is 0.34% higher than the same period last year. Cumulative sickness has increased to 5.01% averaged over 12 months which is 0.65% higher than the same period last year.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has reduced by 0.06% to 1.15%. This represents 25.24% of all sickness absence compared to 24.91% last month
- **Absence due to Covid Sickness (S27) – NEW –** Absence due to Covid related sickness reported weekly on Mondays was 40 on Monday 28th December. This has been increasing since w/c 2 November when the 2nd Lockdown commenced
- **Absence due to Self Isolation following Covid positive contact – NEW –** Absence due to self isolation (including Shielding, and Test and Trace) was 79 on Monday 28th December. This peaked at 186 on Monday 16th November. Report depicts the daily rate on each Monday.
- **Agency and Bank Spend as a % of Gross Cost** –removed chart this month due to year to date reconciliation following the transition to the NHSP Allocate system. We are now in receipt of a workforce / financial report and this has been reflected in the year to date position in M9.

National Benchmarking (December 2020)
The Trust is in Quartile 2 with a Model Hospital substantive vacancy rate of 5.67% against national median of 7.18% and peer average of 8.20%. We are Quartile 3 on Model Hospital for sickness with 4.69% compared to 4.48% national average. Monthly turnover is Quartile 3 with 0.95% compared to 0.91% national average and 1.03% peer average.

Annual Plan Strategic Objectives: Workforce

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure
		86%	

Annual Plan: Strategic Objectives | Best people

Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.

How have we been doing?

Included below are business as usual updates.

- Medical Appraisal rates have improved by 1% this month
- Substantive vacancy rate is 1.45% better than last year despite 129 wte increase in funded establishment
- Staff turnover has reduced by 0.35% and is 1.53% better than last year
- Sickness absence rate has increased by 0.34%
- Mandatory training compliance is unchanged and equal to Model Hospital average
- Covid vaccination has commenced for priority groups
- HR Restructuring complete with appointments being made to vacant posts

What improvements will we make?

- Continue to work with divisions to improve OH Risk Assessment compliance to above 95%
- Continue to work with divisions to improve Flu vaccination uptake towards the 90% NHSI target
- Work with divisions to ensure 90% of our patient facing staff are offered the covid vaccine by mid February 2021.
- Supporting the STP in phase 1 of their Covid vaccination programme
- Continue working with managers to improve data quality in self isolation categories
- Further embed the Allocate e-job plan system to drive up compliance

Overarching Workforce Performance Level – 5 – December 2020 **Previous Assurance Level - 5 – November 2020**	**To work towards improvement to next assurance level**

Appendices

Operational Performance Table | Month 9 [December] 2020-21

NHS Worcestershire Acute Hospitals NHS Trust

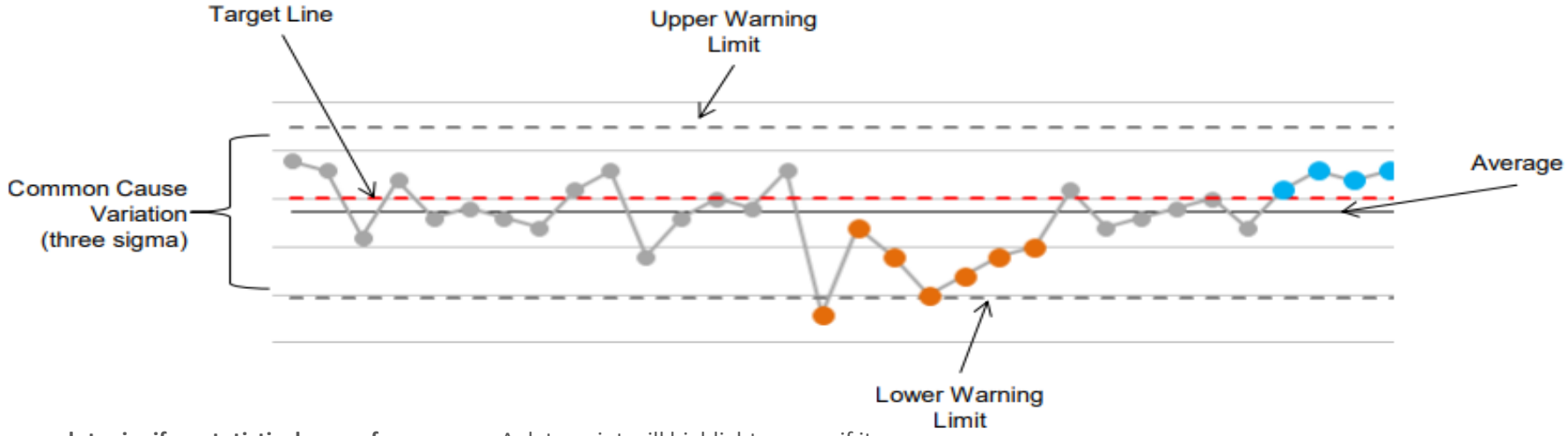
	Performance Metrics	Operational Standard		Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
EAS	4 Hours (all)	95%	Actual	70.17% ✗	74.23% ✗	76.15% ✗	77.90% ✗	88.92%	91.33%	88.73%	92.60%	88.05%	83.47%	83.56%	82.10%	76.15%
			Trajectory	86.00%	86.00%	86.00%	86.00%									
	15-30 minute Amb. Delays	-	Actual	1,946 ✗	1735 ✗	1788 ✗	1992 ✗	1,443	1,148	1,119	818	933	979	986	893	908
			Trajectory	704	706	642	470									
	30-60 minute Amb. Delays	-	Actual	1,004 ✗	647 ✗	458 ✗	413 ✓	145	82	150	97	172	188	213	178	327
			Trajectory	376	377	428	470									
	60+ minutes Amb. Delays	0	Actual	797 ✗	566 ✗	239 ✗	88 ✗	2	3	25	13	28	67	58	63	365
			Trajectory	329	330	107	0									
RTT	Incomplete (<18 wks)	92%	Actual	82.72% ✓	82.56% ✗	82.66% ✗	78.75% ✗	69.92%	59.89%	49.95%	42.70%	47.84%	53.03%	55.58%	57.47%	56.68%
			Trajectory	82.59%	83.06%	82.95%	82.43%									
	52+ WW	0	Actual	0 ✓	0 ✓	0 ✓	1 ✗	7	52	179	483	873	1,403 ✗	2,007 ✗	2,457 ✗	3,131 ✗
			Trajectory	0	0	0	0						1,269	1,533	1,532	1725
CANCER	2WW All	93%	Actual	91.99% ✗	87.53% ✗	93.44% ✗	93.83% ✓	90.30%	94.58%	88.18%	88.96%	81.02%	85.61%	72.39%	77.24%	80.09%
			Trajectory	95.58%	93.34%	94.05%	93.10%									
	2WW Breast Symptomatic	93%	Actual	95.92% ✗	88.82% ✗	92.25% ✗	83.94% ✗	100.00%	100.00%	70.42%	91.95%	78.65%	82.95%	25.00%	13.59%	9.91%
			Trajectory	97.04%	91.72%	96.00%	84.80%									
	62 Day All	85%	Actual	73.25% ✗	66.50% ✗	67.75% ✗	75.82% ✗	60.81%	64.57%	72.39%	74.83%	69.42%	70.64%	74.68%	73.83%	70.21%
			Trajectory	86.04%	86.04%	86.04%	86.04%									
	104 day waits	0	Actual	71 ✗	50 ✗	58 ✗	68 ✗	50	71	186	189	118	52	44	45	57
			Trajectory	0	0	0	0									
	31 Day First Treatment	96%	Actual	96.81% ✗	92.48% ✗	96.90% ✗	97.65% ✓	97.67%	92.82%	95.41%	97.22%	97.07%	97.83%	97.39%	96.08%	94.38%
			Trajectory	98.30%	94.07%	98.91%	97.22%									
	31 Day Surgery	94%	Actual	76.2 % ✗	59.3 % ✗	63.3 % ✗	90.9 % ✗	100.00%	-	-	-	0.00%	-	100.00%	0.00%	0.00%
			Trajectory	100.00%	92.68%	93.33%	95.83%									
	31 Day Drugs	98%	Actual	96.8 % ✗	90.9 % ✗	100.0 % ✓	97.8 % ✗	100.00%	97.78%	99.19%	98.00%	95.35%	94.74%	100.00%	96.08%	92.86%
			Trajectory	100%	100%	100%	100%									
	31 Day Radiotherapy	94%	Actual	98.8 % ✗	98.0 % ✗	98.9 % ✗	100.0 % ✓	96.43%	97.18%	95.60%	98.99%	100.00%	100.00%	100.00%	98.55%	93.33%
			Trajectory	100%	100%	100%	100%									
	62 Day Screening	90%	Actual	80.0 % ✗	73.5 % ✓	72.2 % ✗	73.9 % ✗	70.6 %	88.2 %	0.0 %	14.3 %	0.0 %	66.7 %	97.6 %	80.4 %	0.00%
			Trajectory	93.55%	63.41%	86.96%	81.25%									
	62 Day Upgrade	-	Actual	73.1 % ✓	85.7 % ✓	85.3 % ✓	92.4 % ✓	95.5 %	89.5 %	91.8 %	86.8 %	81.8 %	92.6 %	100.0 %	99.0 %	0.00%
			Trajectory	55.00%	62.50%	84.21%	65.38%									
	Diagnostics (DM01 only)	99%	Actual	94.94% ✓	95.28% ✓	97.64% ✓	94.29% ✗	33.37%	27.52%	31.85%	34.56%	37.20%	42.89%	45.72%	61.32%	63.87%
			Trajectory	89.77%	94.99%	96.71%	99.03%									
STROKE	CT Scan within 60 minutes	-	Actual	48.05% ✗	41.27% ✗	46.97% ✗	59.38% ✗	52.83%	50.77%	48.75%	61.18%	42.50%	50.00%	50.77%	44.64%	-
			Trajectory	80.00%	80.00%	80.00%	80.00%									
	Seen in TIA clinic within 24hrs	-	Actual	63.10% ✗	50.51% ✗	53.40% ✗	86.84% ✓	91.94%	94.52%	92.31%	89.36%	87.72%	89.23%	72.09%	96.23%	-
			Trajectory	70.00%	70.00%	70.00%	70.00%									
	Direct Admission	-	Actual	31.17% ✗	38.87% ✗	36.36% ✗	56.25% ✗	46.15%	65.08%	63.29%	65.48%	51.25%	57.35%	44.62%	35.71%	-
			Trajectory	90.00%	90.00%	90.00%	90.00%									
	90% time on a Stroke Ward	-	Actual	71.05% ✗	63.49% ✗	76.92% ✓	75.00% ✗	71.15%	81.54%	79.75%	85.54%	76.92%	75.76%	66.15%	60.71%	-
			Trajectory	80.00%	80.00%	80.00%	80.00%									

Quality & Safety Performance Table Month 9 [December] 2020-21

NHS Worcestershire Acute Hospitals NHS Trust

Performance Metrics			Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
Cdiff	0	Actual	4 ✓	6 ✗	6 ✗	5 ✗	3 ✓	2 ✓	3 ✓	6 ✗	5 ✓	6 ✗	9 ✗	6 ✗	3 ✓
		Trajectory	4	5	4	4	5	4	4	5	5	4	4	5	4
Ecoli	0	Actual	4 ✓	4 ✓	4 ✓	2 ✗	2 ✓	3 ✓	3 ✓	1 ✓	4 ✓	2 ✓	3 ✓	3 ✓	4 ✓
		Trajectory	5	5	5	5	4	4	4	4	4	4	4	5	4
MSSA	0	Actual	2 ✗	3 ✗	1 ✗	2 ✗	0 ✓	1 ✓	1 ✗	5 ✗	2 ✗	4 ✗	3 ✗	5 ✗	1 ✓
		Trajectory	1	1	0	0	3	1	0	1	1	1	0	1	1
MRSA		Actual	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Acquired Pressure Ulcers: Serious Incidents	0	Actual	0 -	0 -	1 -	0 -	0 -	1 -	0 -	1 -	0 -	0 -	0 -	0 -	0 -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	0	Actual	0.04 ✓	0.00 ✓	0.04 ✓	0.08 ✗	0.00	0.14	0.07	0.00	0.17	0.00	0.19	0.05	0.00
		Trajectory	0.04	0.04	0.04	0.04	-	-	-	-	-	-	-	-	-
% medicine incidents causing harm	0%	Actual	9.02% ✓	11.41% ✓	10.67% ✓	8.24% ✓	6.45%	5.71%	2.65%	1.15%	3.41%	1.12%	2.08%	4.39%	3.64%
		Trajectory	11.71%	11.71%	11.71%	11.71%	-	-	-	-	-	-	-	-	-
Hand Hygiene Audit Participation	100%	Actual	91.96% ✗	100.00% ✓	99.11% ✗	78.76% ✗	95.65%	89.25%	93.88%	91.18%	86.24%	89.09%	91.89%	90.99%	93.69%
		Trajectory	100%	100%	100%	100%	-	-	-	-	-	-	-	-	-
Hand Hygiene Compliance to practice	97%	Actual	98.84% ✓	98.90% ✓	98.64% ✓	99.35% ✓	99.17%	99.38%	99.73%	99.28%	99.49%	99.53%	99.66%	99.64%	99.75%
		Trajectory	97%	97%	97%	97%	-	-	-	-	-	-	-	-	-
VTE Assessment Rate	95%	Actual	95.32% ✓	97.14% ✓	96.83% ✓	96.76% ✓	96.91%	95.49%	96.03%	96.45%	95.99%	96.47%	96.82%	97.65%	97.23%
		Trajectory	95%	95%	95%	95%	-	-	-	-	-	95%	95%	95%	95%
Sepsis Screening compliance	90%	Actual	85.64% ✗	88.89% ✗	86.03% ✗	82.99% ✗	63.25%	81.30%	82.59%	87.86%	86.08%	83.38%	85.54%	83.16%	-
		Trajectory	90%	90%	90%	90%	-	-	-	-	-	95%	95%	95%	95%
Sepsis 6 bundle compliance	100%	Actual	42.31% ✗	58.33% ✗	55.74% ✗	64.94% ✗	43.37%	57.58%	55.07%	50.70%	32.14%	34.91%	34.31%	39.02%	-
		Trajectory	90%	90%	90%	90%	-	-	-	-	-	95%	95%	95%	95%
#NOF time to theatre <=36 hrs	95%	Actual	88.27% ✓	81.67% ✗	87.93% ✓	87.30%	76.10%	68.42%	64.79%	80.65%	75.95%	72.73%	72.73%	77.19%	71.59%
		Trajectory	85%	85%	85%	85%	-	-	-	-	-	85%	85%	85%	85%
Mortality Reviews completed <=30 days	100%	Actual	52.91% -	59.24% -	53.53% -	22.94% -	18.95%	19.25%	21.32%	52.46%	55.13%	48.73%	35.50%	-	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	100	Actual	103.14 -	101.92 -	100.62 -	101.39 -	104.42	104.12	102.06	100.93	99.80	99.18	97.30	-	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
Complaints responses <=25 days	85%	Actual	83.67% ✓	83.33% ✓	87.76% ✓	86.49% ✓	43.33% ✗	84.62% ✓	22.22% ✗	58.06% ✗	58.54% ✗	51.61% ✓	83.33% ✓	73.13% ✓	0.00% ✓
		Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%				
ICE viewed reports [pathology]	100%	Actual	96.10% -	95.79% -	95.33% -	95.77% -	97.06%	97.19%	90.76%	96.41%	96.42%	96.05%	96.44%	96.05%	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
ICE viewed reports [radiology]	100%	Actual	83.19% -	80.96% -	81.13% -	81.22% -	84.46%	80.56%	83.42%	84.38%	82.99%	83.20%	83.85%	83.35%	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-

Statistical Process Charts (SPC) Guidance



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:
A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

DECEMBER 2020 IN NUMBERS

NHS Worcestershire Acute Hospitals NHS Trust

4,744

Walk-in patients (A&E)

4,752

Patients arriving by ambulance

10,401

Inpatients

25,522

Face to Face outpatients

13,276

Telephone consultations

400

Births

1,311

Elective operations

129

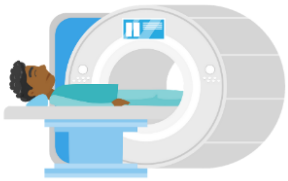
Trauma Operations

290

Emergency Operations

6.2

Average length of stay



14,117

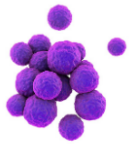
Diagnostics

Putting Patients First

QUALITY AND SAFETY IN NUMBERS

December 2020

NHS Worcestershire Acute Hospitals NHS Trust

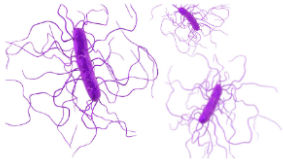


MRSA

0

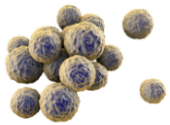
ECOLI

4



CDIFF

3



MSSA

1

Hand Hygiene

Participation	**96.69**
Compliance	**99.75**

SEPSIS

Sepsis

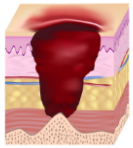
Screening Compliance	**83.16**
Sepsis 6 bundle compliance	**39.02**

ICE reports viewed

Radiology	**83.35**
Pathology	**96.05**

Falls per 1,000 bed days causing harm

0



Pressure Ulcers

All hospital acquired pressure ulcers	**25**
Serious incident pressure ulcers	**0**

Response Rate

A&E	**18.90**
Inpatients	**27.84**
Maternity	**3.02**
Outpatients	**13.28**

Recommended Rate

A&E	**86.28**
Inpatients	**97.82**
Maternity	**100**
Outpatients	**94.95**

HSMR 12 months rolling (Oct 20) **97.3**

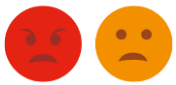
Mortality Reviews completed </=30 days **35.50**

Risks overdue review **113**

Risks with overdue actions **136**

Discharged before midday

16.00



Complaints Responses </=25 days

90.7

Total Medicine incidents reported **110**

Medicine incidents causing harm (%) **3.64**

Putting Patients First 4ward

WORKFORCE COMPOSITION IN NUMBERS

NHS Worcestershire Acute Hospitals NHS Trust

December 2020

Employees

6635

BAME employees

18%

Part-time workers

45%

Female

82%

Registered nurses

2117 (32%)

HCAs, helpers and assistants

1270 (19%)

Doctors

728 (11%)

Other clinical and scientific staff

862 (13%)

>55

Over age 55

18%

≤30

30 years and under

21%

Staff with less than 2 years service

28%

Staff with 20 years service or over

9%

Integrated Performance Report

Worcestershire Acute Hospitals NHS Trust

Committee Assurance Reports

Trust Board

11th February 2021

Finance & Performance Committee Assurance Report – 27th January 2021

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Martin Wood Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 5, 6, 7, 8, 12

Executive Summary

The Finance & Performance Committee met virtually on 27 January 2021.

COVID-19: We received an update noting that there are indications that the number of cases and deaths is beginning to plateaux. There has been a massive resource requirement with over 100 staff being redeployed to ITU. Consultant SPA time has been withdrawn enabling support to be provided to nurses. Elective activity ceased from the second week of January 2021 to reduce footfall and release staff for redeployment. Balancing beds for COVID and non-COVID patients is challenging and is constantly being reviewed recognising infection control requirements. Approximately 8,500 COVID vaccinations were undertaken at the Alex which has now been transferred to the Artrix Centre. Approximately 5,500 (85%) of our staff have received the vaccine either at the Alex or elsewhere. When numbers are validated those remaining staff will be contacted to offer support to receive the vaccine. There remain issues with vaccine supply. We have expressed our appreciation to the Executive Team and all staff for their outstanding efforts in managing the pandemic.

Single Improvement Methodology: We received an update on the development of a Single Improvement Methodology noting that the implementation has been deferred to enable the benefits realisation to be strengthened. Mr Horwath and I have accepted the invitation for NEDs to assist with the contract specification and award.

Business Case – Xerox Extension and Management of Legacy Patient Records: We approved this business case which appears as a separate report on the Trust Board agenda. We recognised that an extension is necessary due to the deferment of the Digital Care Record (DCR) and our legacy position in relation to PAS which needs to be updated to work with DCR. Since the known DCR programme delay is less than two years, we requested to be assured of appropriate early termination options, which were confirmed. There will be clinical engagement to minimise those documents needing to be scanned and therefore reduce costs. We also repeated our earlier request to revisit the full business case in an upcoming Finance and Performance Committee meeting.

Integrated Performance Report: The key areas of performance challenges were identified as the impact of COVID-19, long waiters and people and culture risks. The number of patients waiting both over 52 and 70 weeks is increasing. There are challenges with diagnostics and outpatients. The conversion rate for attendances and admissions has increased although there has been a reduction in ED attendances within the last two weeks. We are prioritising category 1 and urgent activity with complex cancer surgery being undertaken on the Worcester site. The Star Chamber meets three times per week and additionally if required to carefully scrutinise cases to ensure that scarce resources are used appropriately. Bed capacity will increase when ITU numbers reduce. Not all the independent sector are operating in the interests of patients and responding to the pandemic with discussions ongoing on our use of that capacity within staffing constraints.

The assurance levels were agreed and remain as set out in the report namely, urgent care and patient flow including HomeFirst Worcestershire 5, cancer 4, RTT 4, outpatients and planned admissions 4,diagnostics 5 and stroke 6. These will be reviewed at our next meeting.

Finance & Performance Committee Assurance Report – 27th January 2021

Executive Summary (cont.)

Financial Performance Report: We noted that against the M1-M9 phase 3 financial plan (NHSI Financial Framework), in month 9 (December 2020) our position is £1.7m positive to plan. The revised Framework Plan assumed that all beds would be open in December 2020 and that we would incur significant additional temporary staffing costs driven by increasing staff absenteeism, introduction of patient temperature checking, winter initiatives and additional Theatre capacity. Ward 10 remains closed and absenteeism levels are lower than forecast reducing our anticipated demand for temporary staff. The anticipated year end position is breakeven for our Trust and the STP. We received an assurance that all is being done to ensure that all COVID related costs are being captured and that there is minimal risk to our overall position by the medical costs associated with the transition to Allocate. Our cash position remains good. We noted that our capital programme is being re profiled to ensure that we do not loose monies allocated for this financial year. The Region understand our position that we have not been able to spend monies due to COVID. The challenging capital programme will need to be carefully managed for the remainder of this financial year.

The assurance levels remain unchanged as set out in the report namely, Income and Expenditure 4, Capital 4 and Cash 6.

Terms of Reference: We have initially reviewed our terms of reference and will consider again at our next meeting.

Workplan: We have noted the workplan which has been revised to reflect the level 5 operational requirements.

Risks: We identified no further risks to those already included within the reports.

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 28th January 2021

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe Non-Executive Director	Dr Bill Tunnicliffe Non-Executive Director	Julie Everingham Executive PA to Chief Nursing Officer

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	2, 3, 4, 5, 12

Executive Summary

Infection, Prevention and Control update: We received the IPC update.
- The Committee noted the detail and actions taken and stagnation of progress due to teams' focus on COVID 19 support.
    - Assurance level 4 (Non-Covid: 4, Covid: 5)

COVID-19 Update:
- The Committee noted key challenges and actions taken.

Integrated Performance Report:
- The Committee received the report and were shown a power point outlining Sepsis Performance for assurance.
    - Operational Assurance levels remained unchanged from previous report
    - IPC Assurance Levels : Non-Covid BAF: Level 4, Covid BAF: Level 5
    - Sepsis 6 Bundle: Level 2

Nursing and Midwifery Staffing Report Oct – Nov 2020 with a Situation Report 13/01/2020 of the Response for the Covid 19 Third Wave:
- The Committee received the report and acknowledged the challenges staff are currently facing and the ongoing support that they will require.
    - Assurance level 3

Midwifery Safer Staffing Report: Oct – Nov 2020
- The Committee received the report and discussed actions and submissions to CQC.
    - Assurance Level: 7

Ockenden Report:
- The Committee accepted and noted the report
    - Assurance Level: 6

Maternity SI Reports Q2:
- The Committee noted the reports and awaited investigation conclusions.
    - Assurance Level: 6

Other items considered: Review of Terms of Reference and Workplan

Recommendation(s)

The Board is requested to receive this report for assurance .

People and Culture Committee Assurance Report – 2nd February 2021

Accountable Non-Executive Director	Presented by:	Author
Mark Yates Non-Executive Director	Mark Yates Non-Executive Director	Sarah Ranson- Executive Assistant to the Director of People and Culture

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	9, 10, 11, 12

Executive Summary

The Committee met virtually on 2 February 2021. Due to the impact of the pandemic it was agreed to have a shortened agenda. The summary of the key points discussed follows:-

Integrated People and Culture Report:

- HR aligned to 7 priority areas to respond to key risks, the following were agreed as the immediate 3 top risks :
  - Positive culture and how this is maintained during a difficult working period. Focus has been on senior leader visibility, the launch of wellbeing Wednesdays led by the 4ward advocates and Thank You Thursdays.
  - Workforce supply has been challenging. Focus has been on domestic recruitment (particularly for registered nurses and healthcare support workers), increasing our bank, the redeployment of students and the support of 20 colleagues from the army. Staff turnover and vacancy rates remain on a downward trajectory.
  - Staff Health & Wellbeing focusing on staff access and awareness of our offer and increasing Occupational Health capacity. Appointment of new Head of Health and Wellbeing. Wellbeing conversations included as part of redeployment support.

The report also updated on:

- The people and culture priorities for the Midlands region
- The raw data from the 2020 NHS Staff Survey which will be analysed in detail at the next committee meeting – response rate improved again to 45%.
- The next iteration of the scorecard to better enable the Committee to track progress against strategic objectives

Nursing and Midwifery Staffing Report:

Maintaining safe staffing levels through October and November was discussed, however a focussed discussion was held in the Committee on the staffing levels during January due to the impact of COVID wave 3, aligned with the systems and process/ oversight from senior nursing colleagues to ensure the safest staffing. Vicky Morris thanked all staff who have been redeployed to support ITU and the wards and outlined the blended staffing model that we have been working to during level 5 escalation. A focused report detailing the challenges of maintaining safe staffing in the Maternity inpatient unit were discussed for Quarter 3 of 2020/21 and the range of systems utilised to ensure that safe staffing is maintained. Noting particularly that we are one of 4 Trusts in the West Midlands who are compliant with Birth Rate plus. A wider staffing report is being presented to the Trust Board.

Staff health & wellbeing is a huge focus at present due to many staff being exhausted both physically and mentally. Exploring system to give staff time and space to reflect on their experiences. A buddying system has also been set up to support staff who are redeployed. The flexibility and commitment of all staff was recognised with the thanks of the committee passed to the CNO for onward transmission.

This was the final P&C committee meeting for the CNO, Vicky Morris, who is due to retire at the end of March. The committee recognised all her hard work in the Trust which has had a hugely positive impact on all staff and therefore patient care. The committee wished her well for the next phase of her life.

Other reports:

- **Review of Terms of Reference**
- **People and Culture Risk Register**
- **JNCC Notes**
- **MMC Notes (Draft)**
- **Work plan**

Recommendation

The Board is requested to note this report for assurance.

NHS
Worcestershire Acute Hospitals
NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	11 February 2021
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Nursing and Midwifery staffing report – October – November 2020 with a situation report 13/01/2020 of the response for the Covid 19 third wave.

For approval:		For discussion:		For assurance:	✓	To note:	

Accountable Director	Vicky Morris Chief Nurse		
Presented by	Jackie Edwards Deputy Chief Nurse	**Author /s**	Louise Pearson lead for N&M workforce Jackie Edwards Deputy Chief Nurse Justine Jeffrey head of Midwifery

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

Report previously reviewed by		
Committee/Group	**Date**	**Outcome**
TME	20 January 2021	Report noted
QGC	28 January 2021	Report noted

Recommendation	Trust Board are requested to note: • Staffing of the wards to provide the 'safest' staffing levels for needs of patients being cared for throughout October and November have been achieved through mitigations in real time having been taken for challenged areas identified – Maternity department and Alexandra site. • Workforce plans have been instigated to redeploy staff to support patient care needs in adult wards and critical care units following the surge in Covid 19 infections • A vaccination hub commenced at the Alexandra in December requiring staffing to support staff and patients to received Covid 19 vaccination.

Executive summary	• This report provides an overview of the staffing safeguards for Nursing and Midwifery during October and November 2020. • Appendix 1 provides an account of staffing measures and actions taken through December to 13/01/2021 following the expediential rise of Covid 19 patients requiring care from 1st January. • Measures remained in place for staffing of adult and children's wards in October and November to meet the fluctuating patient requirements specifically in managing COVID positive (red and

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	amber wards) and negative status (Green and Purple wards). • Achievement of safe staffing in maternity has been challenging. Whilst minimum safe staffing levels have been maintained in October and November there has been a reliance on the support of the escalation policy when acuity is high. • Where there were reported staffing gaps in health rosters from sickness, vacancies or staff unable to carry out normal clinical duties due to shielding measures, these were mitigated through October and November through standard redeployment practices in place and the use of temporary staffing. The main areas that were challenged were maternity services and speciality medicine wards at Alexandra Hospital and Avon 2 on the Worcester Royal site due to vacancies. There has been no harm to patients reported from staffing incidents. • The redeployment of staff to meet patient demand and acuity for adult ward and critical care and patient/carer quality improvement initiatives required during wave 3 of Covid 19 pandemic is provided in Appendix 1.

Risk There is a risk that patients will not receive timely care from right skilled staff if safe staffing levels are not maintained.	
Key Risks	Due to the increased capacity required for patients to receive CC/ Acute respiratory support care there is not availability of critical care and CPAP trained staff to provide 1:1 or 1:2 patient/staff ratios as per national guidance. Patient care may be compromised if there is not right skilled staff available to care for the acuity and dependency of patients
Assurance	Level 3
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and need to ease temporary staffing.

Introduction/Background
Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing, Midwifery and Allied Health Professional for October and November 2020. The Covid 19 pandemic has required changes in staff working practices for the last 12 months. The impact of this on health and wellbeing has required significant personal measures of resilience and in turn support. The impact on staff morale related to their inability to provide high quality care is well

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documented. Low morale is then associated with increased levels of sickness and the resultant 'vicious circle'. Anxiety related to Covid 19, personally and professionally, is an additional burden for nurses and midwives. These have been documented as being:

a) Nurse to patient ratios stretched beyond that nurses feel comfortable. In turn nurses and midwives worried about responsibilities as NMC registrant and this can lead to communications which is reactive in nature and detracts from working collaboratively and proactively.
b) Critical care demand is forecast to increase beyond the ability to provide 2:1 care for patient requiring critical care.
c) Cessation on non – urgent and elective activity will and has released staff to support critical care and could led to anxiety regarding movement from their base clinical areas of employment and working in a new service.

Safeguarding staff morale and patient safety is currently being achieved through the following processes focus on delivery of Safe Care and treatment, Good Governance and Safe Staffing.

Issues and options

1. The provision of safe care and treatment

Staff support

The provision of staff support has continued to be pivotal in providing the safeguard for staffing. It has been essential to continue:

a. A shift by shift, 7 days a week senior nursing leadership presence on hospital sites. The introduction of the COVID responsive leadership team on each hospital site was reinstated on 6th January 2020.
b. Health and well-being support through telephone helplines and various counselling services, particularly for teams reporting ongoing challenges as COVID 19 pandemic continues. This has been revisited as the redeployment of staff through blended models of staffing from AHP /health scientists has required significant support both in terms of training/retraining and listening forums to anxieties and fears of working in a different practice setting. There has been an overwhelming positive response from teams in redeployment as services have been assessed following reduced activity.
c. On-going monthly listening events CNO virtual meetings remain in place through Oct/Nov with Clinical nurse specialists, ward managers and matrons. These will be increased through the third peak of the pandemic.
d. The role out of Lateral flow testing kits have been reported as beneficial for staff and the role out of the Covid 19 vaccine through January will also support anxieties.

2. Good Governance

There is in place a Director of Nursing daily staffing meeting reviewing real time information on the actual staffing levels together with the number and needs of patients, this has facilitated the movement of staff across the organisation to be responsive to the changing demand or staff availability.

- **Staffing related incidents**

There were no patient harms reported for October and November 2020 related to staffing or

skill mix incidents.

October saw 13 minor and insignificant incidents reported in nursing with 17 in midwifery and 26 incidents reported in November for nursing and 23 for midwifery.

There has been incident reporting over this period of time relating to a growing number of staff having to self-isolate or shield due to contact with positive people in the community. The role out of the lateral flow test kits in December has provided a level of reassurance for staff.

3. Staffing of the wards to provide the 'safest' staffing levels to meet the needs of patients receiving cared

- **Wards**

Ensuring appropriate staffing ratios on wards is achieved through triangulating data retrieved as part of the monthly safe staffing tool and professional judgement. This demonstrates through October and November fill rates of planned versus actual were satisfactory.
The Challenges seen by the divisions have been specifically due to:

- staff having to re-shield due to the second national lockdown but still unable to return to the clinical activity they were undertaking previously, this has had an impact particularly in maternity services
- Vacancy numbers in specialised medicine at Alexandra hospital of 31 WTE RN's and 12 WTE HCAs, leading to constraints on staffing and a need for Bank or agency to keep staffing safe.
- Staff sickness has also seen a rise of 0.3% in both HCA's and Registered Nurses, in October HCA rate was 7.68% and RN's at 5.41% against the trust target of 4%.

Staffing of the wards to provide 'safest' staffing levels has been mitigated by the use of deployed staff and employed use of bank and agency workers to mitigate gaps in October/November.

- **Critical Care**

We strive to achieve the key guidelines for the provision of intensive care service standards specific to staffing with a key priority to always supervisory nurse in charge who does not provide patient care.
We have two critical care area totally 12 funded beds which was increased to 15 in November. With rise in patients the request to step up beds was achieved through redeployment and the blended model of care provision and opening beds into 5 units across the trust. Appendix 2 provides further detail.

Midwifery Staffing

Staffing of the maternity unit to provide the Safest levels to meet needs of the patients by the following actions:

- Completion of the Birthrate plus acuity tool (4 hourly)

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• Monitoring the midwife to birth ratio
• Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
• Daily staff safety huddle
• COVID SitRep (re -introduced during COVID 19 wave 2)
This information is provided in Appendix 2
In October staff raised their concerns regarding the level of staff on shift.

Actions taken

- The Divisional Management Team met with staff to discuss their concerns and to provide assurance specifically relating to:
- It was established that whilst acknowledging expected levels of staffing had not been met on certain occasions, minimum safe staffing levels were achieved and patient safety maintained.
- The increased episodes of escalation and the reliance on support from the on-call community midwife were also acknowledged and staff assured that this was a result of COVID related absence. Daily safe staffing huddles continued to monitor and plan mitigations.
- The delays in Induction of Labour continued in October: each delay was managed through continuous risk assessment with the multi-professional team and some women were transferred within the LMNS supported by Wye Valley Trust.
- No adverse clinical incidents were reported which related to staffing or delays in care however it is acknowledged that some women had a poor experience. Daily discussions with the Consultant / midwife in charge were undertaken and further support offered by the named lead midwife following discharge. All non-essential training and non - clinical working days were cancelled and all of the matrons ward managers and specialist midwives were deployed to the clinical areas to support safer staffing levels as required throughout this period.

Trust wide Key actions taken from January 1st 2021 Appendix 2 provides a situation report with further detail.

a. Facilitate movement and redeployment of staff that both ensures CC is supported and staff are working where they feel confident and comfortable, this may involve 2 or 3 way swaps.
b. Provide senior leadership and vaccinators as possible to the optimising the covid vaccination program on the Alexandra Hospital site
c. Provide and deploy IPC skilled nurses for Infection Control Team
d. Support and enable staff in understanding differences between 'unsafe' and 'busy' and escalate concerns in real time through use of the dynamic trigger tool as part of three times a day safety huddles
e. Support staff to express frustration and angst that is human nature when in a stressful situation; regular Teams meetings, high visibility of senior leadership

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nursing team.

Recommendations
Trust Board are requested to note: • Staffing of the wards to provide the 'safest' staffing levels for needs of patients being cared for throughout October and November have been achieved through mitigations in real time having been taken for challenged areas identified – Maternity department and Alexandra site. • Workforce plans have been instigated to redeploy staff to support patient care needs in adult wards and critical care units following the surge in Covid 19 infections • A vaccination hub commenced at the Alexandra in December requiring staffing to support staff and patients to received Covid 19 vaccination.

Appendices

1. Situation report on staffing to meet patient care requirements during wave 3 of the Covid19 pandemic.
2. Midwifery Safe Staffing Report

Situation report on staffing to meet patient care requirements during wave 3 of the Covid19 pandemic.

Situation nurse staffing required to meet patient demand

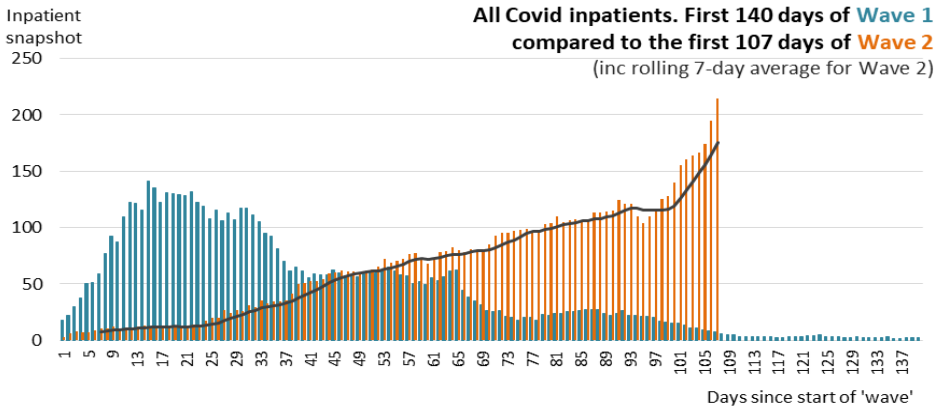
Throughout November and December the number of detected positive Covid patients rose at a steady state.

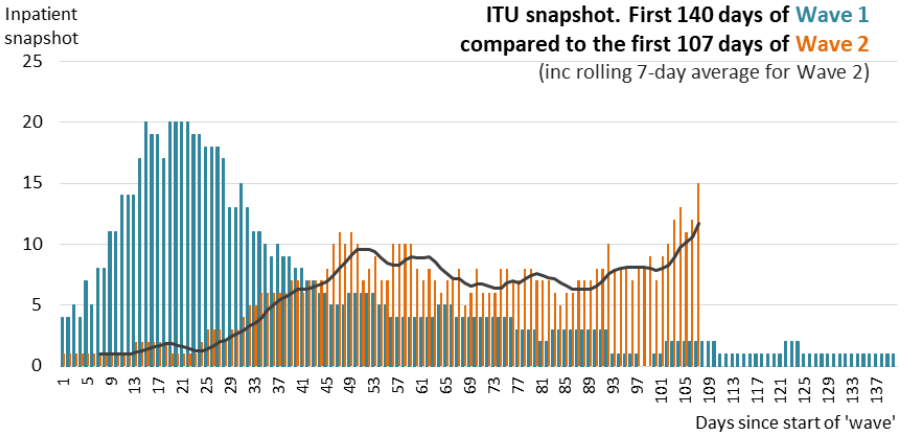
Since 01 January our requirement for staffing Covid beds has increased as demand surged.

This growth of inpatient numbers (Covid-19) has required designation of ward areas to Covid and Non covid to ensure there is the availability of Covid capacity to meet growing need.

Critical care use remained constant throughout November and much of December 2020.
At the beginning of November there was reported an average of 7 Covid patients in ITU across the Trust.

The surge of patients seen from the beginning of January has required a prompt response to redeploy staff to meet patient demand and acuity and increased use of temporary staffing





Redeployment of staff : principles

From January 1st a step by step redeployment of nursing/ allied health care/health scientist staff has taken place of:

1. Nurses who have previous Critical care (CC) experience from wards/departments to critical care.
2. Those non CC skilled staff (nurses/ childrens nurses, physios) to supported blended model* of care in CC.
3. Registered nurses, health care assistance, AHP/ Allied health scientists from base department wards to date.
4. Allied health Professionals/ shielding staff/ health scientists to support family liaison role, Pals and quality improvement initiatives implemented to support patient and carer experiences.

Method of redeployment

- Divisions 'own' and maintain own staffing lists, supported with the implementation of a redeployment hub (clinical and non-clinical) providing a central list and corporate oversight for reporting and recording on a shift by shift basis.
- The redeployment support team update daily requests, identify suitable people for redeployment and signpost / liaise with the relevant Managers.
- The E-rostering team update the e-rostering system on a live basis to ensure full visibility of the roster.

Blended team model of care provision in ITU

Definition of blended team model of care nursing in critical care units
During surge, nursing care can be delivered in a 'Pod' structure,

The CC nurse 'leads' the Pod, and identifies the skill set of any team members who may be:

- • Registered Support Clinicians (RSC) or
- • Non-Registered Support Staff (NRSS)

They then allocate, and supervise where required, tasks according to this.

(London Transformation and learning Collaborative, December 2020)

ITU Trained nurses	ITU experienced nurses to manage patients on a ratio of 1 ITU trained nurse to the equivalent of 2 level 3 patients as part of a blended team approach i.e. support of an RGN/ODP to support as part of a blended team to manage multiple patients. Each patient having one trained professional.
Trained nurses / ODPs (non ITU trained)	RGN or ODP to work as part of a blended ITU team to manage patients. Blended teams will work with a designated ITU trained nurse. Trained nurses and ODPs will need to deliver: • General patient care, including, washing, eye care, pressure care • Recording of obs etc • Checking drugs • Moving patients
Health Care Assistants	Other healthcare works to support blended teams and units with: • General runner and help with equipment • General care needs of patients • Stores Support

Critical Care surge and Super surge plans

Baseline = 12 beds requiring a model where every patient will have one ITU skilled staff to provide care.

This equate to 78 WTE for a County wide rota – 24/7

- A stepped approach to increase the beds required to meet demand has been taken incrementally
- Move from 12 in November 2020 to 32 beds as of 14th January 2021
- This required an increase with implementation of blended team model of care for current 32 beds in operation of 165 WTE - 24/7
- The ratio of nurse to patient has been agreed to change to the below

	27 beds	30 beds	36 beds
Critical Care Patient to ITU trained nurse ratio	1.8:1	2:1	2.4:1

Registered nurses, health care assistance, AHP/ Allied health scientists from base department wards to date.

With redeployment of skilled staff to CC back fill of wards has been instigated with support non ward based staff have been supported and moved to support patient care on wards

To date 54 staff redeployed either in a part time capacity – maintaining critical required aspects of current role or in a whole time capacity

Staffing required to support Quality improvement initiatives implemented to support patient/carer experiences

- Family liaison service
- Supporting the single point access phone line for relatives
- Tea/coffee/lunch support for wards
- Patient belongings

- Quality improvement patient/carer initiatives have required the redeployment of clinical staff and non clinical staff