

Trust Board

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



Sir David Nicholson
Chair

Agenda	Enclosure	Time
164/21 Welcome and apologies for absence:		10:00
165/21 Patient Story		10:05
166/21 Items of Any Other Business <i>To declare any business to be taken under this agenda item</i>		10:30
167/21 Declarations of Interest <i>To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.</i>		
168/21 Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 13 January 2022 as a true and accurate record</i>	<i>For approval</i> Enc A Page 3	10:30
169/21 Action Log	<i>For noting</i> Enc B Page 11	10:35
170/21 Chair's Report	<i>For noting</i> Verbal	10:40
171/21 Chief Executive's Report	<i>For noting</i> Enc C Page 13	10:45
Strategy		
172/21 Covid Safety in the Workplace Director of People & Culture	<i>For assurance</i> Enc D Page 17	10:55
Performance		
173/21 Integrated Performance Report Executive Summary/SPC Charts/Infographic Chief Executive/Executive Directors	<i>For assurance</i> Enc E Page 21	11:05
174/21 Committee Assurance Reports Committee Chairs	Page 95	
Governance		
175/21 Safest Staffing Report a) Adult/Nursing b) Midwifery Chief Nursing Officer/Director of Midwifery	<i>For assurance</i> Enc F Page 102 Page 109	11:30



176/21	Report of the Audit & Assurance Committee Committee Chair	<i>For assurance</i>	Enc G Page 117	11:40
177/21	Report of the Trust Management Executive Committee Chair	<i>For assurance</i>	Enc H Page 119	11:45
178/21	Any Other Business <i>as previously notified</i>			11:50

Close

Date of Next Meeting

The next public Trust Board meeting will be held on 10 March 2022, virtually.



**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 13 JANUARY 2022 AT 10:00 AM
HELD VIRTUALLY**

Present:	Sir David Nicholson	
Chair:	Sir David Nicholson	
Board members: (voting)	Waqar Azmi Christine Blanshard Paul Brennan Anita Day Matthew Hopkins Colin Horwath Paula Gardner Dame Julie Moore Simon Murphy Robert Toole	Non-Executive Director Chief Medical Officer Chief Operating Officer Vice Chair, Non-Executive Director Chief Executive Non-Executive Director Chief Nursing Officer Non-Executive Director Non-Executive Director Chief Finance Officer
Board members: (non-voting)	Richard Haynes Vikki Lewis Jo Newton Rebecca O'Connor Tina Ricketts Sue Sinclair	Director of Communications and Engagement Chief Digital Information Officer Director of Strategy and Planning Company Secretary Director of People and Culture Associate Non-Executive Director
In attendance	Jo Ringshall Justine Jeffrey April Adams Anna Sterckx	Healthwatch Director of Midwifery Item 151/21 Item 151/21
Public	Via YouTube	
Apologies	Richard Oosterom and Sharon Thompson	

150/21 **WELCOME**

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

Sir David explained that today's meeting was shortened, as the Trust are still under enormous pressures from demand for healthcare, attempts to reduce the backlog and increasing number of patients with Covid.

Thanks of the Trust Board were expressed to the Trust staff who are doing heroic work to support our patients at this very difficult time. Thanks was also expressed to Mr Hopkins and the executive team. The Board are attempting to reduce the burden on the executive and support them in steering the Trust through these difficult circumstances.

151/21 **PATIENT STORY**

Sir David welcomed Avril Adams, Lead Nurse Specialist Palliative & EOLC team and Anna Sterckx, Head of Patient Engagement to the meeting. Mrs Gardner introduced the Patient Story about the I SUPPORT initiative, this builds on work in Leeds to ensure that end of life care is everyone's business.

A short video was played to the Board ([click here to view](#)) highlighting the work of the “I SUPPORT” initiative.

Avril advised bereavement surveys tell the Trust what we are doing right and what we can improve on. They had highlighted issues regarding space at WRH and there is now an allocated room, which with charitable funds and support from the community, is near completion. This is an umbrella package, we have nearly 200 care packs for people who have been called to a patient’s bedside and may not have anything themselves. We have changed the questionnaire to get tangible feedback on the developments we have made. There has been strong support and engagement across the Trust in making the project real.

A room at the Alexandra Hospital was opened on Friday with a new upgrade. This is a lovely calm space for families to be together with their loved ones. Chairs convert into beds and there is access to shower rooms; these are small but important things. The care we provide families impacts on the bereavement process for those later. Sir David thanked the team and reflected that whilst we do not want everyone at the end of their life in hospital, that when end of life patients do come in, we want the small things to make a difference.

Ms Day asked if we have special ways of collecting feedback? It was confirmed this is via the voices bereavement questionnaire. This is a national questionnaire which is tailored to Worcester. Any concerns will go to facilitators and they will make direct contact with families to understand the issues. The team then go back to the ward area, to work together to see how we can improve. Ms Sterckx advised this is supported by a partnership developed with Worcestershire Partnership of Carers and the Trust has an ongoing relationship with them.

Dr Sinclair was very impressed, as a Medical Examiner she speaks to bereaved families and sees the difference this can make. The excellent breadth of the service was noted, this is not just about the doctors and nurses; small kindness are enacted by all. It was confirmed there are bereavement representatives on the EOLC steering group and good relationships with the bereavement offices which was confirmed by Dr Blanshard as the Board executive for EOLC.

Sir David closed by commending a fantastic video which shares the messages so well; this is not just listening, but also about the breadth of the team who are engaged in EOLC. This is a great initiative, this is not top down, this is people who are delivering the service who have come together to make improvements for their patients. One ask from the team is about free parking for these families. Mr Hopkins advised that overall car parking arrangements will be reviewed once we are out of the wave of Covid; the Trust will take into account the needs of specific groups of patients.

ACTION: following the Covid wave, Mr Hopkins to arrange a review of car parking arrangements for the families of patients at the end of their life.

152/21 **ANY OTHER BUSINESS**

There were no items of any other business.

153/21 **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.

154/21 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 9 DECEMBER 2021**

ACTION: An additional action was noted for a future Communications Report to reflect upon how could they engage better with communities and diversify our approach.

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

155/21 **ACTION SCHEDULE**

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

156/21 **CHAIR'S REPORT**

The Chair confirmed the Chair's action taken in relation to:

- a) Agreement for the Trust Deputy CEO/Chief Operating Officer in signing the Project Letter of Instruction with Keir Infrastructure and Overseas Limited.

RESOLVED THAT: the Chair's Action was ratified by the Trust Board

157/21 **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 on keeping patients safe in difficult circumstances and especially over the festive period
- The Trust has implemented additional initiatives over the festive period, providing staff with a free hot meal and a hot drink; they were very grateful and this was well received
- There was sense of positivity despite the pressures and staff were commended for their amazing efforts
- Omicron inpatient numbers continue to rise; as at today there are 89 Covid inpatients and 14 with Covid in ITU. Staffing absence is circa 7.5 – 8%, of which 3 – 3.5% is as a result of Covid. The executive are monitoring this carefully to support teams.
- Emergency Department pressures continue with challenges in ambulance handover delays
- The Chief Nursing Officer and Chief Operating Officer are holding a daily discharge cell to support flow throughout the hospital and discharges earlier in the day
- Planning guidance for 2022/23 was issued on Christmas Eve
- It is challenging to support teams to contribute to the process, but there is a recognition of the importance of developing the Three Year Plan. Good progress is being made but this is slower than we would like due to the consequences of the pandemic
- Pleased to announce that Vikki Lewis, Chief Digital Officer will be staying at the Trust.

Mr Horwath asked in relation to the 64% uptake for flu vaccination, is this where the Trust expected to be? Mrs Ricketts advised the Trust have undertaken multiple approaches, but are not seeing the same take up as for Covid and this is consistent across peer groups.

Ms Day asked whether the majority of Covid patients were community acquired or nosocomial? Mr Hopkins advised that across peers there are a number of nosocomial infections however the Trust's data does not suggest this. Currently there are only 3 on each site, but this is smaller as a percentage than other Trusts. There are also other hospital infections we manage carefully. The Trust is seeing incidental Covid patients, i.e. those admitted for something other than Covid.

With regards to staff vaccination, Dr Murphy asked if those remaining are moving towards vaccination? Mrs Ricketts advised we are waiting for national guidance due on Friday, which will provide clarity on criteria and redeployment. There are currently 559 staff with no vaccination status recorded. Of those 43 are on maternity leave and 22 on long term sickness. Meetings have commenced with line managers this week. Over 50% of those seen to date have received the vaccine and data is being continuously updated. 23 staff have given reasons why they do not want to be vaccinated including allergies, concerns regarding side effects, fertility concerns and needle phobia etc. The Trust will continue to hold these conversations over the coming weeks and assess the impact. An ICS level group will be established to ensure consistency of approach and so we can work together regarding redeployment. Further updates will follow once the guidance is published.

RESOLVED THAT: the report be noted

STRATEGY

158/21

Equality, Diversity and Inclusion Charter and Implementation Plan

Mrs Ricketts presented the report and outlined the context to the Charter and Implementation Plan. The document was welcomed and reference was made to appendix two. The Charter and Plan originated from the BAME Network Conference, it was then engaged via the Trust networks, clinical teams and developed to include the protected characteristics and behaviour towards staff. The Charter and Plan have been reviewed via the Equality, Diversity and Inclusion Committee, JNCC, People & Culture Committee (P&C) and with staffside. These documents are the framework that the Trust commits to and the slide deck sets out how the Trust will implement, live and breathe this.

Sir David noted that review had taken place at P&C and asked to what extent does it have the backing of staff groups? Mrs Ricketts advised there was good support, from two divisions in particular, urgent care, which unfortunately sees more inappropriate behaviour and also surgery. The Charter is tentatively called the “No excuse for abuse” Charter. However, there is more buy in we need to achieve as we go forwards. This is a step in journey of its development in bringing it to life and to hold the organisation to account for.

Sir David asked as the the support from the Trust's Networks? Mrs Ricketts confirmed this was in place. Dr Murphy thanked Mrs Ricketts for her commitment in making this happen. He was pleased to see all characteristics are covered, as whilst this concept started at the BAME Network, it is relevant to all.

Dr Murphy asked as to the process, acknowledging we are on a journey and there are steps to come. Mrs Ricketts advised that the “No excuse for abuse” strapline is how we will look to call this out. We have a range of people from different staff groups involved and this work has been impacted by wave 4, but sessions are planned from February. There are positive actions underway, with time spent working with the staff networks, moving to a model of recruitment champions, which will be involved in band 8a+ recruitment processes and taking positive action in shortlisting for interview, similar to two ticks approach. This will be considered at TME this month.

Dame Julie asked why this is not part of 4ward and why is it different to a policy? Mrs Ricketts advised the Trust networks wanted a Charter to show the commitment of the Trust Board and Trust to the commitments within. The policy sets out how we would monitor it. 4ward has been reviewed and where there are gaps to address as part of phase 2. Dame Julie concurred noting we need a firm foundation of equality and respect.

Dr Blanshard reflected that if this is meant to enhance and clarify the 4ward behaviours, one way it could enhance “do what we say we will do”, is to say what the Board will not tolerate such behaviour and this can help us deal with people who have not behaved in the way we would expect. Mr Horwath agreed noting it is crucially important the Board makes a strong statement. He was shocked to see the staff survey data, where 1600 staff have been exposed to unacceptable behaviour.

Mr Haynes felt this demonstrated the strengths of 4ward as we can align the Charter to it. This is a recognition of the Board to lead by example, to embrace the behaviours in all of their spirit, that we are committed to addressing intolerance wherever this may be found. He was proud to sign up to the Charter as a member of this Board.

Ms Day thanked the team for developing the Charter this far, both she and Mr Azmi felt the data was shocking and highlighted there is probably under reporting. The challenge going forward, is to ensure we report on it and give confidence that people should report and if they do, that something will happen. Mr Azmi agreed, imploring that the implementation plan be outcome focussed with key KPIs to help us drive a difference, suggesting we need a subgroup to drive this forwards. Mrs Ricketts agreed and the IDEA committee, attended by Dame Julie includes representatives from each network and the wider Trust. The outputs of the discussions are within the annual Equality & Diversity report and this is a key strand of the People & Culture strategy. This will be reported back to TME and P&C.

Mr Hopkins reflected that capturing this programme of work into a short Charter is very difficult. The power of the conversation is important in driving cultural change. This is a staging point in describing what is and is not acceptable. Meaningful outcome measurement is essential and is part of the wider picture of the People & Culture strategy and development of culture.

Sir David reflected that we must have a process, but we must also focus on the outcomes and lived experience. These outcomes are to be approved by the Board and make a connection with the 4ward behaviours and celebrate the diversity of our organisation. The Trust Board are 100% behind the sentiment and will always be restless in making progress in this area.

ACTION: Mrs Ricketts to circulate to Board Members information on the work of the IDEA Committee and the EDI agenda within the Trust.

ACTION: Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months

RESOLVED THAT: The Trust Board

- 1. APPROVED the behavioural charter for publication with a caveat of further updates on progress and Board approval of outcome measures in two months**
- 2. ENOURAGED staff to speak up against and report bullying, harassment, violence, aggression and discrimination in the workplace**
- 3. SUPPORTED the implementation plan as a priority strand of work**

PERFORMANCE

159/21 Integrated Performance Report

Mrs Lewis presented the month 8 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:

Restoration and Recovery

- There has been a reduction in the RTT waiting list; the first drop on all elective indicators
- Number of patients waiting over 52 weeks is down as is the number of 104 week waits
- There has been an increase in diagnostic capacity and outpatient performance is holding
- Positive position as at November.
- Initial December position on elective is; outpatients just under 5000, outpatient follow up activity is 7800, above the H1/H2 plan. Daycase is 1500 and above plan but inpatient at 750 is below plan. Diagnostics are also above plan
- Overall, the Trust is circa 800 above plan from April to December.
- Whilst this is positive, these are very challenged against the pre pandemic position and require a sustained level of increased activity going into 22/23.
- We are maintaining the elective hub and green site at Kidderminster.

2 Week Waits (2WW)

- Decreased from level 5 to level 4 assurance.
- Breast, urology and upper GI are experiencing high numbers of referrals.
- Breast symptomatic, aimed to be 90% by October, had reached 77% in September. However, a huge increase in referrals, significantly more than the prior spike has followed. The average is now 14 - 16 days
- A second recovery plan has been agreed, but this will not take us to target until April.
- The clinical team has worked incredibly hard to address performance. If the increase in referrals had not happened, the Trust were expecting to be at 89% by November
- Sir David asked why the Trust are different to which Mr Brennan advised the spike of referrals the Trust has received has not been seen elsewhere in the midlands region

Infection Prevention and Control (IPC)

- Covid – 89 cases today. Meeting with the CCG to ensure we open Avonbury 2 to Covid capacity later today.
- There are 6 wards with Covid outbreaks. They are open due to pressures and clinical needs, having had HP and dproc cleans. There is 1 outbreak at ALX and 3 contact bays. 23 staff affected in those areas.
- 10 empty beds are now blocked across those wards to prevent further spread.
- Given size of Trust we are doing well. We are working hard to contain outbreaks to bays and are risk assessing to maintain access when possible.
- There are 6 nosocomial infections, with majority being incidental infections. Proper checks and balances means we are isolating patients as quickly as we can
- A peak during 24 – 27 January is forecast. There will be 2 peaks, one of new admissions (24th), and the estimated peaks of the maximum number of Covid patients in the hospital (27th). Modelling is ongoing to ensure we are ready.
- The C-diff target has been breached and there are norovirus outbreaks. 2 wards open under scrutiny regarding the C-diff outbreak.
- There are community issues regarding antibiotic prescribing.
- Very few cases of flu have required hospitalisation.
- Staff continuing hand hygiene and PPE, executives are monitoring IPC from a whole Trust perspective even in the restaurant.

Dr Murphy noted fractured NOF had increased from 15 to 31. Dr Blanshard noted this was the highest we have seen and confirmed his has been reviewed and no themes identified.

Sir David reflected upon the incredible work that the Trust's staff are doing.

RESOLVED THAT: the report be noted for assurance.

160/21

Committee Assurance Reports

The following points were highlighted by Committee Chairs:

- F&P: Committee had reviewed a number of business cases. The Three Year Plan was emphasised, noting the difficulties in progression due to the challenges in stepping down meetings and divisional attendance.
- Ms Day asked as to the system view of any slippage to plan. Mr Toole advised there were a number of one offs that had improved position, the challenge being the assumption in H2 of independent sector work that did not transfers into the system, so the cost base is higher. There are challenges regarding resources required for bank and agency to support staff gaps/extra work but these should be non recurrent once Omicron has passed. Across the system, the ICS finance forum review and DOFs meet weekly. The Trust's position is not raising particular concerns in the system.
- QGC: Committee's report was taken as read. The focus has been on IPC as reflected in the earlier discussion.

RESOLVED THAT: the Committee reports be noted for assurance.

GOVERNANCE

161/21

Safest Staffing Report

- a) **Adult/Nursing and Quality Impact Assessment (QIA)**
- b) **Midwifery**

Adult/Nursing

Mrs Gardner presented the nursing element of the report which covered the period to November 2021 and provided level 5 assurance. Mrs Gardner also appended the QIA for safe staffing. Fill rates were met with support of bank and agency. Nurse associates were due to start in January. Sickness is high and increasing.

Mr Horwath asked as to the turnover of HCAs? Mrs Gardner advised we are looking at this, but this is also a regional issue. Some HCAs are finding the role hard work and some have chosen to move into retail for financial and working life balance reasons. Universal Credit money has been withdrawn and we are looking to support movement from band 2 to band 3. We have done a mass recruitment and have 90 in the pipeline. Some are young people who have seen a death and this has been hard for them. We have topped up with agency as required.

QIA

Omicron has been managed well, however there are significant staffing gaps. The QIA shows the mitigations that have been put in place. Regional CNOs have gone to 1 registrant per ward per shift. Twice daily staffing meetings are scheduled and senior nurses meet with matrons every day, to ensure we are safely staffed. To date we have not gone to 1 registrant per shift. Matrons will ensure safe staffing is monitored daily, this has been well received and is supporting the on call team to manage flow and capacity. The medical short stay unit now has proactive calls with patient's families and this has improved patient and staff experience and reduced the volume of calls. The Trust are looking to roll out the pilot across all wards.

Currently the mitigations as presented are addressing the issues. The Trust are sharing our arrangements to enable oversight of the wider context. Mrs Gardner's arrangements are as good as we could have in the circumstance and provide assurance regarding grip throughout the day. The Trust remains anxious and vigilant, but is assured by the plans we have in place.

Ms Day asked if a similar arrangement was in place for medics? Dr Blanshard advised the Trust has a staff wellbeing initiative for doctors. Medical staffing is managed within divisions as there are fewer options for transfer of staff between services. We review and are aware of hotspots. Generally, these issues are managed in service not across the Trust, with clear escalation policies in place.

Mr Hopkins is discussing with H&CT as to how they can assure us they are taking a similar approach to risk mitigation given the impact this has on flow, to ensure they have a similar approach to risk with community beds and teams. It was confirmed that Mrs Gardner has spoken to CCG, CQC and unions regarding the QIA.

Midwifery

Ms Jeffrey presented the report which had an assurance level of 5. November had seen a return to normal levels of activity and an increase in fill rates due to the incentive scheme. There was a slight shift in sickness increasing from 6 to 7%, with a spike in neonatal. There was no acuity data in November as training was taking place, but this would be included in the next report.

The current position was of sickness now being very challenged at times, at 15% this week and this was being monitored very closely. There was support for staff via a drop in over Christmas and New Year, with a meeting on Friday to offer more support. Significant work is underway with unions regarding the creation of a band 3 Midwifery Support role and a job description has been agreed. This will feed into the apprenticeship programme and develop into nurse/midwifery training programme. Sir David reflected on maternity pressures across the region and thanked the team for their efforts.

RESOLVED THAT: The Trust Board received the report for assurance and approved the QIA for safe staffing

162/21 **Report of the Remuneration Committee**

Sir David presented the report which was taken as read. It was confirmed the Stroke consultant appointment had been made subject to references and checks.

RESOLVED THAT: the report be noted for assurance

163/21 **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 10 February 2022 at 10:00am.

The meeting closed.

Signed _____
Sir David Nicholson, Chair

Date _____

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 at TME in February 2022	
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		Update due	
9.12.21	IPR	142/21	Perfect 10 briefing note to be circulated after Friday's system review meeting	PB	Dec 2021	Feb 2022	A briefing note will be circulated w/c 7/2.	
15.7.21	Annual Planning Priorities	062/21	Environmental strategy discussion at Trust Board	PB	Oct/Nov 2021	April 2022	To be aligned with the Estates strategy, due to TME in March 2022.	
15.7.21	Annual Planning Priorities	062/21	Report on sustainability to come to Trust Board in September	JN	Sept 2021	April 2022	ICS net zero green strategy approach to be aligned with the Estates Strategy development. Due to TME in March 2022.	
10.6.21	Patient story	037/21	Mrs Lewis to raise with WMAS' Chief Digital Officer and the Oasis system supplier	VL	July 2021	April 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 the weekend the 12/13 March 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	April 2022	Latest report circulated by email. Paper to follow to Board in April 2022	
13.01.22	Minutes	154/21	Communications Report to reflect upon how could they engage better with communities and diversify our approach.	RH	March 2022			
13.01.22	Charter	158/21	Mrs Ricketts to circulate to Board Members information on the work of the IDEA Committee and the EDI agenda within the Trust.	TR	March 2022			
13.01.22	Charter	158/21	Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months	MH/TR	March 2022			
15.7.21	Patient Story	055/21	Mrs Gardner to pursue mobile phone issues (sticker etc) as part of the above action	PG	Oct 2021	Feb 2022	This has now been reviewed and the estates team have put reminders where there are hearing loops not to unplug them. Action closed	
11.11.21	CEO Report	121/21	Mr Hopkins to confirm reporting of Place urgent care metrics across all partners.	MH	Dec 2021		Work is in progress and led by Nikki O'Brien as Chair of the intelligence cell. Action closed.	

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Chief Executive Officer's Report

For approval:		For discussion:		For assurance:		To note:	X
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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 <ul style="list-style-type: none"> Note this report.
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Executive summary	This report is to brief the Board on various local and national issues. Items within this report are as follows: <ul style="list-style-type: none"> Clinical Assessment Unit Garden Suite ICS development update Healthwatch Board meeting MPs meeting
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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										

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Introduction/Background
This report gives members an update on various local, regional and national issues.
Issues and options
<p>Clinical Assessment Unit</p> <p>The Clinical Assessment Unit (CAU) became operational on the 19th January 2022 in Aconbury 2 proving an eighteen place unit to enable the transfer of post take patients from the Medical Assessment Unit (MAU) to facilitate flow from ED to the MAU and therefore mitigate the level of ambulance handover delays. The CAU has a target maximum length of stay of 18 hours with patients to be admitted to base specialty wards directly from the Unit. The opening of the CAU was predated by the Trust having to increase the number of G&A beds designated to Covid pathways and as a consequence of the reduction of G&A capacity on Avon 2 our general medical beds have not been sufficient to enable the 18 hour maximum length of stay on CAU to be achieved with only 34% of patients moved out of CAU within this timeframe during the 17 days the unit has been operational. The Deputy CEO/COO and Chief Nursing Officer are working with the clinical teams to identify alternative options to ensure the CAU functions as planned and this includes assessing the potential to release COVID beds on Avon 2 back to 'green' general medical. A further update will be provided at the Trust Board meeting.</p> <p>Garden Suite update</p> <p>Board members will be aware that as part of our response to the pandemic, we temporarily relocated the Garden Suite ambulatory chemotherapy service from the Alexandra to Kidderminster. This enabled us to provide safe, high quality care in a Covid-free setting for a group of patients who are often immuno-suppressed and therefore particularly at risk from exposure to Covid-19. We were fortunate to access additional capital funding to refurbish the unoccupied ground floor of A Block on the Kidderminster site to provide a modern, spacious environment to house the relocated Garden Suite.</p> <p>We have always said that the move was a temporary one which would be regularly reviewed and we have repeatedly reassured patients, public and our staff that should any proposals emerge to permanently relocate the Garden Suite, we would comply fully with any requirements to consult with them before a final decision was made.</p> <p>However, I can tell Board members that following discussions with the clinical team and managers who run our ambulatory chemotherapy services, we have agreed that a better option for our patients would be to return ambulatory chemotherapy services to the Alexandra.</p> <p>Although the standard of the facilities at the relocated Garden Suite is greatly appreciated by patients and staff, with patients also praising the quality of care provided by our staff, their feedback also reflects concerns about the impact of the additional travel required to get to and from the unit.</p> <p>Our aim now is to re-establish an ambulatory chemotherapy service at the Alexandra in a suitable Covid-secure setting. Work has already begun to identify a suitable location at the Alexandra.</p>

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We expect the demand for ambulatory chemotherapy services to continue to rise, and we know how important travel times are for patients using these services whether they are receiving their treatment at the Alexandra, Kidderminster or Worcestershire Royal and we will also take the opportunity to review the size of all these units to minimise journey times for as many of our patients as possible.

I am not yet in a position to give Board members a definite timeline for completion of this work, but updates will be brought to future Board meetings.

ICS Development Update

The timeline for Integrated Care Board (ICB) creation has been pushed back from 1st April until at least 1st July. Transitional arrangements for the CCG into the new forms continue overseen by the ICS Development Team as part of the ongoing development of the System Development Plan. Recruitment to the new ICB continues with the announcement of Crishna Waring as the designate chair and most other board roles including non-executive posts appointed to.

Development at Place continues with a principles agreement between the Worcestershire Executive committee and the Worcestershire Health & Wellbeing board (HWB) to align strategic oversight with delivery at Place. A similar approach was reviewed at the HW Partnership board in advance of the HW Integrated Care Partnership assembly once that comes following legislation.

Homefirst and frailty remain areas of focus for Place, with development of the BI and communication functions to deliver a joined up approach. From January the mental health collaborative will operate in shadow form to integrate mental health services across the ICS. Hosted by HWHCT and overseen by a multiagency board, the collaborative will align both provider and commissioning functions, with the following priorities:

- MH Support Teams in Schools
- Community MH Transformation
- Improving access to Psychological Therapies (IAPT)
- Dementia Programme
- Recovery College
- SMI Physical Health
- 117 Review, Monitoring and Oversight
- Suicide Prevention

Healthwatch Board meeting

I was pleased accept an invitation to the virtual Healthwatch board meeting on Thursday 27 January to answer questions about progress on our surgical service reconfiguration as well as providing an update on a number of other important service developments. Healthwatch have a key role to play in providing a voice for patients and the public in the way their health care services are planned, developed and delivered as well as acting as 'critical friends' to the organisations providing that care, including ours.

MPs meeting

The Chair and I met with our local MPs and members of their teams on Friday 28 January in the latest of our regular briefing sessions with them. We covered a wide range of issues of interest and concern including our ongoing response to the Covid pandemic, urgent and

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emergency care pressures, elective care recovery and staffing issues. We are fortunate in Worcestershire to have a well-informed and engaged group of MPs and their ongoing support is greatly appreciated.

Recommendations

The Trust Board is requested to

- Note this report.

Appendices - None

Meeting	Trust Board
Date of meeting	10 February 2022
Paper number	Enc D

Covid Safety in the Workplace - Environmental & Occupational Health Risk Assessments

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Tina Ricketts, Director of People & Culture		
Presented by	Tina Ricketts, Director of People & Culture	Author /s	Felicity Davies, Deputy Director of People

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

Report previously reviewed by		
Committee/Group	Date	Outcome
CETM	2 nd February 2022	

Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note that the Government is reviewing the Vaccination as a Condition of Deployment (VCOD) legislation Note that NHS England/ Improvement have asked that all formal meetings with staff in scope of the VCOD legislation be paused Note the actions that are being taken to improve the completion rate for individual occupational health risk assessments
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Executive summary	<p>The Government have made new legislation, approved by Parliament, which amended the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to cover all CQC regulated activity. The regulations provide that the registered person can only deploy or otherwise engage a person for the purposes of the provision of a CQC-regulated activity, in which they have direct, face to face contact with patients and service users, if the person provides evidence that they have been vaccinated with a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine.</p> <p>However, on 31st January 2022 the Government announced that it was reviewing this legislation.</p> <p>The focus for the Trust will remain on ensuring our environmental risk assessments are up to date and that all services areas are covid safe. In addition, we continue to undertake individual occupational health risk assessments for all new staff and focus on completing the 505 risk assessments that were outstanding as at 25th January 2022.</p>
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Risk											
Which key red risks does this report address?		What BAF risk does this report address?	BAF 14								
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A	
Financial Risk											

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Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y		N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance	February 2022					

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Introduction/Background

The Government made new legislation, approved by Parliament, which amended the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to cover all CQC regulated activity. The regulations provide that the registered person can only deploy or otherwise engage a person for the purposes of the provision of a CQC-regulated activity, in which they have direct, face to face contact with patients and service users, if the person provides evidence that they have been vaccinated with a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine. This is subject to specific exemptions and conditions. The regulations will apply where a regulated activity is delivered through substantive, seconded or fixed-term staff, bank and agency workers, contractors, volunteers, locums, honorary contract-holders, students or trainees, or any other type of worker involved in the provision of a CQC regulated activity and who has direct, face to face contact with patients or service-users.

However, on 31st January 2022 the Government announced that it was reviewing this legislation.

As a provider of health and care services we have a duty to ensure our environment is safe for patients, staff, workers, volunteers, visitors and people attending our premises. To meet this duty we have developed an environmental risk assessment which is completed by all service areas and is reviewed through the Health & Safety Committee. The environmental risk assessment was updated in response to the covid pandemic and requires all services areas to be covid safe.

As an employer we have a duty of care to ensure staff are kept safe at work. To meet this duty we undertake occupational health screening on appointment and we have a range of health and safety policies in place. In 2020, an individual occupational health risk assessment was introduced in response to the covid pandemic and this is reviewed every time the member of staff changes role or there is a change to their medical status. The risk assessment considers the level of exposure to covid in the workplace, the vaccination status of the staff member, their medical history and identifies reasonable adjustments that need to be put in place to mitigate any risk.

Issues and options

As at the 25th January 2022 individual occupational risk assessment completion rates remained at 92% as set out in the table below:

Division	Staff in post*	OH Risk Assessment completed	%
365 Corporate	559	505	90%
365 Digital	73	70	96%
365 Estates & Facilities	355	348	98%
365 Specialised Clinical Services Division	1,906	1,827	96%
365 Specialty Medicine	1,298	1,185	91%
365 Surgery	874	771	88%
365 Urgent Care	555	490	88%
365 Women & Children	723	642	89%
Grand Total	6,343	5,838	92%

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*Staff on long term sickness or maternity/adoption leave as at 31st December 2021 have been removed from the data.

From the above table it can be seen that 505 (8%) members of staff have yet to complete an individual occupational health risk assessment. Compliance is reviewed weekly through Bronze Incident Control Meeting with the following actions are being taken to improve compliance:

	Action	By whom	By when
1	Covid occupational health risk assessment form and policy to be reviewed/ updated in response to learning from the Omicron variant	Bronze Task & Finish Group	18 th February 2022
2	Divisions to complete a corrective action plan to achieve 100% compliance within their areas of responsibility by 31 st March 2022	Divisional/ Corporate Directors	Corrective action plans to be completed and approved through Divisional Board meetings by 28 th February 2022
3	Risk assessment compliance to be included in Integrated Performance Report	Chief Digital and Information Officer	For March 2022 report

Conclusion

The completion and regular review of environmental and occupational health risk assessments is key if we are to maintain covid safe environments across all Trust premises.

Recommendations

The Board is asked to:

- Note that the Government is reviewing the Vaccination as a Condition of Deployment (VCOD) legislation
- Note that NHS England/ Improvement have asked that all formal meetings with staff in scope of the VCOD legislation be paused
- Note the actions that are being taken to improve the completion rate for individual occupational health risk assessments

Appendices

Meeting	Trust Board
Date of meeting	10 th February 2022
Paper number	Enc E

Integrated Performance Report – Month 9 2021/22
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For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Directors	Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Christine Blanchard - Chief Medical Officer, Tina Rickets – Director of People & Culture, Robert Toole – Chief Finance Officer		
Presented by	Vikki Lewis – Chief Digital Officer	Author /s	Steven Price – Senior Performance Manager

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	19 th January 2022	Approved
Finance and Performance	26 th January 2022	Assured
Quality Governance	27 th January 2022	Assured

Recommendations	The Board is asked to <ul style="list-style-type: none"> ▪ note this report for assurance
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Key Issues	<p>Emergency and Urgent care and Patient Flow & Capacity</p> <ul style="list-style-type: none"> ▪ Towards the end of December 21 the Omicron variant started to have an impact on the Trust, with covid related inpatients increasing from an average of 52 to 60+ per day; placing pressure on our covid bed capacity. ▪ Bed pressures were further impacted by non-covid related infections such as C-Difficile and a statistically high length of stay (5.1 days) across all non-elective patients. This pressure was despite sustained levels of discharges, albeit still not at the numbers required before midday. ▪ Patient flow continued to be challenged by the high numbers (average of 53 per day) of patients with a reason to reside of ‘No - Consider Discharge’ who remained in our acute beds. ▪ The front door demand (ED Type 1) was slightly lower than November, but overall remains 10% higher than Apr - Dec 2019. (113,924 attendances Apr to Dec-21 compared to 103,323 for the same period in 2019). The increase for emergency admissions via ED is 6% higher from 29,314 in 19/20 to 30,992 in 21/22. ▪ The bed pressures, high demand and statistically higher LOS, continues to result in crowding in our emergency departments (ED) which in turn has impacted our ambulance handover performance and led to both high numbers of 12-hour trolley waits and patients spending more than 12 hours in ED.
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Meeting	Trust Board
Date of meeting	10 th February 2022
Paper number	Enc E

Recovery and restoration of the elective programme including Outpatients and Diagnostics

- Despite this ‘perfect storm’ of pressure the elective activity remains above the H2 plan for Outpatient First, Outpatient Follow-ups and Day Cases, although is still not at the levels seen in 19/20.
- The RTT waiting list is overachieving against the H2 plan (validated at 57,660, target no more than 60,500 for Dec 21). 2,002 of our long wait patients have been waiting 78 weeks or more with 521 of that cohort waiting over 104 weeks, and of those 239 **not** waiting for orthodontic treatment.
- The patient-initiated follow-up (PIFU) target of moving or discharging 1.5% of all outpatient attendances to PIFU pathways by December 2021, and 2% by March 2022 will not be achieved. The five specialties identified will not discharge sufficient numbers of patients (~575 in Dec-21) to PIFU pathways to meet this target. However, we did achieve our internal H2 target.
- Validated activity levels for diagnostic tests dropped back below 16,000 in Dec-21. Although our overall diagnostics waiting list has reduced by a further 5%, those patients waiting over 6+ weeks has increased by 9% to 5,317. The H2 targets have been achieved by CT, non-obstetrics ultrasound, flexi sigmoidoscopy and echocardiography.

Quality and Safety

Infection Prevention and Control

There were 9 C.difficile cases in December. This brings our year to date position to 69 cases, which has now breached the national target of no more than 61 cases for the financial year 2021/22. There is currently 1 ward outbreak of C.difficile. Typing has revealed that a number of the cases have been caused by an unusual ribotype (strain). This appears to be more transmissible than usual, and we have seen linked cases on several wards. Investigation and control measures continue.

The wider context with C.difficile is that the overall community numbers have risen across the system and more widely. Overprescribing of antibiotics in the community during the pandemic due to the switch to remote consultation has been reported to be a driving factor in this.

People and Culture

Staff absence (both covid and non-covid) has increased during wave 4 of the pandemic. Additional 7 day monitoring has been put in place to ensure safest staffing levels. A clinical staffing quality impact assessment has been completed.

The staff turnover rate has continued to increase month on month since July 2021 to 11.38% which is now above our target rate of 11%. This is being driven by an increase in turnover of the unregistered workforce due to marketplace competition. In response we have expanded our apprenticeship offer and continue to support all healthcare assistants with the care certificate.

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Our Financial Position

2021/22 Financial Plan H2 (Oct-March 22)

The Trust's submitted H2 (October 2021 to March 2022) plan is a deficit of £(11.4)m before any additional ICS redistributions which lead to a full year (H1 actual + H2 plan) deficit of £(1.9)m.

Note confusingly that for External National Reporting purposes the Full Year Plan is breakeven (based on revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit). This differs to the combined actual H1 (£0.9)m deficit + H2 £(1.1m)

Overview of Finance Position @ Month 9 December 2021 and FOT

Against the M9 plan of £(0.6)m deficit we report an actual deficit of £(0.8)m, an adverse variance of £0.27m. Against the H2 plan of £1m deficit, H2 to date at month 9 (December 2021) we report an actual deficit of £0.8m. Favourable H2 cumulative variance of £0.2m.

An assessment of risks and opportunities incorporating the month 9 results suggest a likely out turn position of £(4.3)m. This would be £(2.4)m worse than our agreed system plan deficit of £(1.9)m. This is principally because our H2 submission included £1.8m of Independent Sector system risk following the change in guidance and that this pressure would be jointly mitigated. Additionally there has been a slippage in recruitment against bank and agency conversion trajectory, staff sickness due to fatigue or self-isolation, staffing gaps in key roles due to internal and wider vacancies and also the additional cost impact of opening the new Clinical Assessment Unit.

The £4.3m figure has been shared and agreed with both the system and NHSE&I.

Covid Expenditure

Year to date spend is £(8.3)m against a plan of £(7.9)m. The adverse variance is due to Pathology Testing and therefore funded outside envelope.

Cash

Good cash balances continue, a rolling forecast has been well established. The trust continues to work on achieving BPPC target and delivering positive Statistical Process Control "SPC" trends on aged debtors and cash.

Capital

Our Capital Position at Month 9 including IFRIC 12 (PFI spend), invoiced values and work in progress (WIP) is £17.4m YTD. This is an increase of £3.1m since month 8. We have outstanding purchase orders placed at a value of £21m where work will be completed or equipment received before the end of the financial year. The existing £21m Letter of Intent for our UEC project, which enables draw down the value of works complete, is included in our outstanding orders total.

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	<p>Orders yet to be committed plus existing professional SLA's (project Management / Quantity surveyors) have a total value of £13.6m to meet our expected FYF in 2021/22.</p> <p>The Capital Plan for 2021/22 for the financial year is now £51.9m (excluding ASR expenditure), which has increased by £8m since M8 due to the 30 bed Clinical Assessment Unit.</p>
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Risk			
Which key red risks does this report address?		What BAF risk does this report address?	2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

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

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

Recommendations
The Board is asked to <ul style="list-style-type: none"> ▪ note this report for assurance

Appendices
<ul style="list-style-type: none"> ▪ Trust Board Integrated Performance Report (up to Dec-21 data) ▪ WAHT December 2021 in Numbers Infographic ▪ WAHT Maternity and Neonatal Dashboard (Dec-21) ▪ Committee Assurance Statements (Jan-22 meetings)

Trust Board

10th February 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 9 [December] 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	Dec-21	48.70%	-		-	64%	45%	84%
	Time to Initial Assessment - % within 15 minutes	Dec-21	75.70%	-		-	85%	70%	101%
	Average time in Dept for Non Admitted Patients	Dec-21	256	-		-	200	144	257
	Average time in Dept for Admitted Patients	Dec-21	673	-		-	423	240	607
	% Patients spending more than 12 hours in A&E	Dec-21	11.00%	-		-	5.19%	0.35%	10.03%
	Number of Patient spending more than 12 hours in A&E	Dec-21	1,228	-		-	588	96	1080
RTT	Incomplete (<18 wks)	Dec-21	48.48%	92%			70%	66%	75%
	52+ weeks waiting	Dec-21	7,023	0			1965	1,418	2,511
	104+ weeks waiting	Dec-21	618	0			44	-30	118
CANCER	2WW All	Dec-21	52.33%	93%			82%	68%	95%
	2WW Breast Symptomatic	Dec-21	10.53%	93%			40%	-4%	84%
	62 Day All	Dec-21	53.47%	85%			69%	56%	81%
	104 day waits	Dec-21	95	0			57	20	94
	31 Day First Treatment	Dec-21	93.91%	96%			96%	92%	101%
	31 Day Surgery	Dec-21	86.20%	94%			87%	65%	109%
	31 Day Drugs	Dec-21	93.91%	98%			98%	87%	108%
	31 Day Radiotherapy	Dec-21	100.00%	94%			99%	93%	106%
	62 Day Screening	Dec-21	86.80%	90%			73%	34%	111%
62 Day Upgrade	Dec-21	97.90%	90%			84%	60%	108%	
Diagnostics (DM01 only)		Dec-21	57.79%	99%			75%	65%	86%
STROKE	CT Scan within 60 minutes	Nov-21	36.07%	80%			42%	15%	70%
	Seen in TIA clinic within 24hrs	Nov-21	89.47%	70%			79%	32%	127%
	Direct Admission	Nov-21	27.87%	90%			39%	12%	67%
	90% time on a Stroke Ward	Nov-21	67.21%	80%			70%	47%	93%

Operational Performance	Comments
Urgent and Emergency Care (validated)	<ul style="list-style-type: none"> In Dec-21, the Trust saw 11,317 patients attend our type 1 sites – in excess of historic seasonal variation (average of 10,748 across Dec-19 and Dec-20). Children and young people contributed 23% of the total attendances to WRH (having been 26% in Nov-21); this is 1,473 attendances with 369 being conveyed by ambulance. Unsurprisingly, the trend of special cause concern for our front door metrics continues as the pressure to admit to our hospitals hasn't changed resulting in patients spending time on our corridors whilst they wait for a bed.
Patient Flow and Capacity (validated)	<ul style="list-style-type: none"> 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. Admissions, to alleviate patients waiting in our EDs, have been hindered by reduced bed availability driven by increasing numbers of covid patients, infection outbreaks and staffing pressures. 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 showed no significant change from 57 on the last day of November to 56 on the last day of December; 15 of the 56 were identified as MFFD.
Cancer (validated)	<ul style="list-style-type: none"> Long Waits: The backlog of patients waiting over 62 days has increased from 309 to 315 and those waiting over 104 days has decreased from 105 to 95, with urology contributing the most patients to this cohort of our longest waiters (56%). Cancer referrals in Dec-21 decreased from Nov-21 across all specialties with the exception of Lung; however they were still in-line with levels observed in Dec-19 and Dec-20. Lower GI referrals remain significantly high since the peak of 637 in Sep-21. The 2WW cancer waiting time standard has not been achieved in 21/22 and Dec-21 is the lowest CWT performance on record. The 28 Day Faster Diagnosis standard of 75% has not been achieved and Dec-21 is the lowest performance to date. Cancer 62 day waits continues to show special cause concern with only 53% 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)	<ul style="list-style-type: none"> Long Waits: Our 7,023 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (5,021), between 78 and 104 weeks (1,481) and those waiting over 104 weeks (521), all increases on Nov-21. Of the 521 patients waiting over 104 weeks, 239 are not waiting for orthodontic treatment and therefore our target of 0 is at risk of not being achieved. Although stable and still below the H2 plan of no more than 60,500 patients, the RTT waiting list size remains a cause for concern; it is 65% larger than Mar-20's submission. There was a reduction of referrals, RAS's and A&G requests in Dec-21, albeit still higher than Dec-20. If electronic referrals increase back to 7,000+ a month in Q4, we would expect our waiting list to grow again.
Outpatients (2 nd SUS submission)	<ul style="list-style-type: none"> Long Waits: There are 31,831 RTT patients waiting for their first appointment and only 7,033 of them have been dated. Dec-21 saw 38,657 outpatient attendances take place (consultant and non-consultant led), compared to Dec-19 shows we undertook approximately 90% of historic activity levels. H2 targets for Dec-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)	<ul style="list-style-type: none"> In Dec-21, the total elective spells activity of 6,798 spells (94% of Dec-19) meant we achieved our H2 target (+242 to plan). Day case spells were +359 to plan and activity was at 95% of Dec-19. 23 eligible patients who had their operation cancelled were not rebooked within 28 days in Nov-21; however 38 patients (62%) were. The Independent Sector undertook 24 day cases, 170 diagnostic tests and 84 procedures were undertaken in our Vanguard theatre.
Diagnostics (validated)	<ul style="list-style-type: none"> Long Waits: 5,004 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 1,976 have been waiting over 13 weeks and 56% are attributable to DEXA and echocardiography. This is the first time since Feb-21 that our 13+ weeks waiting cohort is below 2,000. Activity in Dec-21 decreased with 15,689 tests undertaken with loss of activity driven by sickness and holiday absence. A reduction in referrals means the waiting list size has fallen by a further 3.1% to 11,854, breaches increased by 7% to 5,004 and DM01 performance seen an increase in the proportion of patients waiting 6+ weeks from 38.5% to 42.21%. Routine MRIs were cancelled in Dec-21 to focus on 2ww pathway testing.

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
48.7%	75.7%	256 minutes	673 minutes	11.0%	1,228

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 69.26% in Dec-21 – this is the sixth month of special cause concern in the context of attendances across type 1 settings reducing by 5.8% from 12,015 in Nov-21 to 11,319 whilst MIUs saw an 18.3% decrease in attendances from 4,901 (Nov-21) to 4,004 (Dec-21).
- **EAS Type 1** – EAS performance at WRH was below 60% at 55.78% and although not statistically significant increased to 62.17% at ALX. 1,780 patients breached the 4 hour standard at the ALX and 2,925 at WRH; both below Nov-21’s breaches but with fewer total attendances. There were 11,319 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 Dec-21 who were children and young people was 23%, no significant change from Nov-21. This is the sixth month since Jan-21 where total paediatric attendances have been special cause concern due to 9 months above the mean. 25% of all paediatric attendances arrived by ambulance continue to be common cause variation after the special cause concern observed in May-21 and Jun-21.
- **Ambulance Handovers** - There were 811 x 60 minute ambulance handover delays with breaches at both sites – the decrease in breaches from Nov-21 is not 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 187 validated 12 hour trolley breaches in Dec-21 compared to 102 in Dec-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 1,104 in Nov-21 to 1,200. This metric shows special cause variation because Dec-21 is still outside of the upper control limit and shows a run of 7 months above the mean.
- **Conversion rates** – 3,294 patients were admitted in Dec-21; a Trust conversion rate of 29.62%. The conversion rate at WRH was 32.12% (the highest this financial year) and the ALX was 26.21%.
- **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 Dec-21 because the value is above the upper control limit.

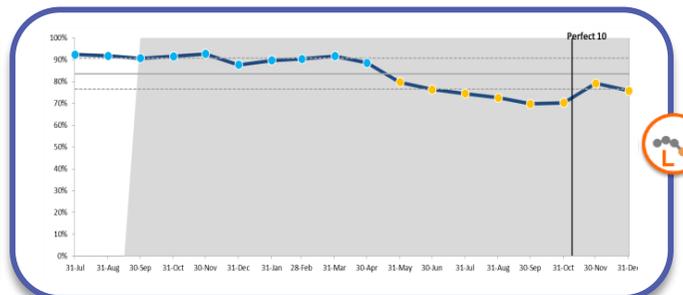
Percentage of Ambulance handover within 15 minutes

48.7%



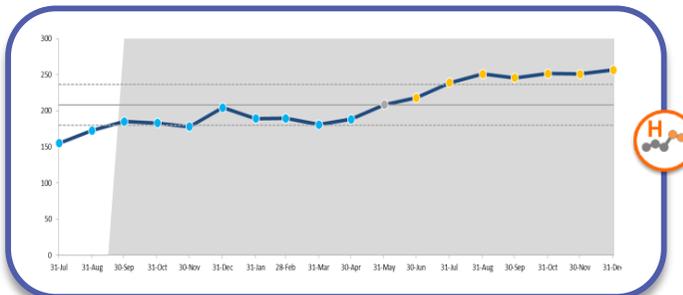
Time to Initial Assessment - % within 15 minutes

75.7%



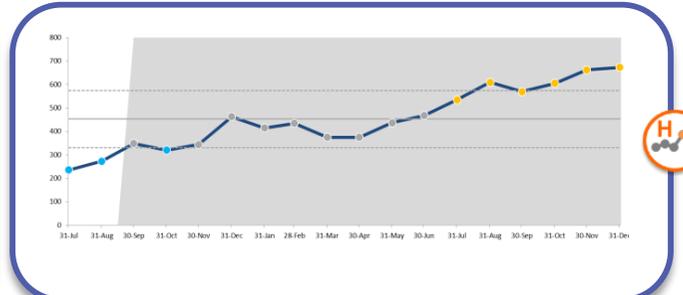
Average time in Dept for Non Admitted Patients

256 mins



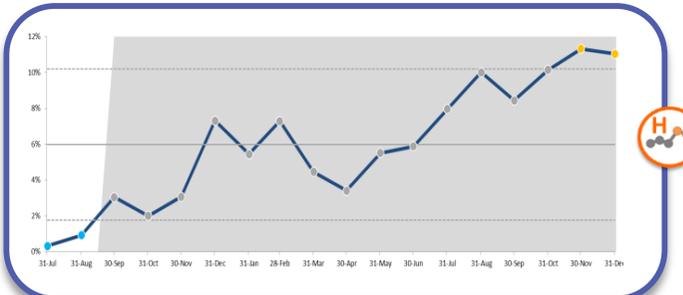
Average time in Dept for Admitted Patients

673 mins



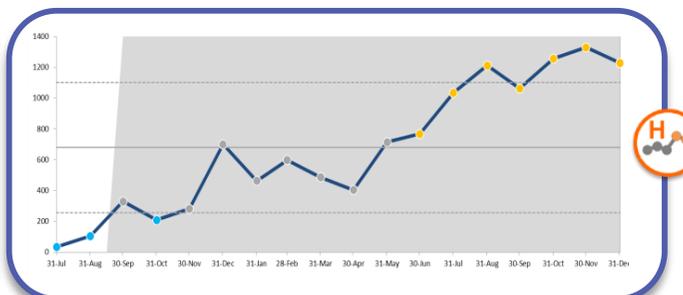
% Patients spending more than 12 hours in A&E

11.0%



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

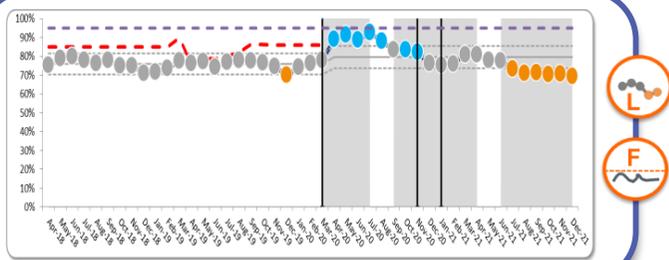
1,228



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.

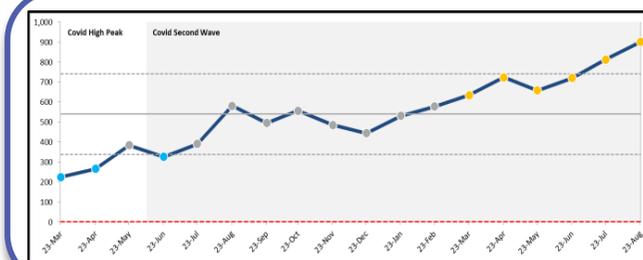
4 Hour EAS (all)

69.26%



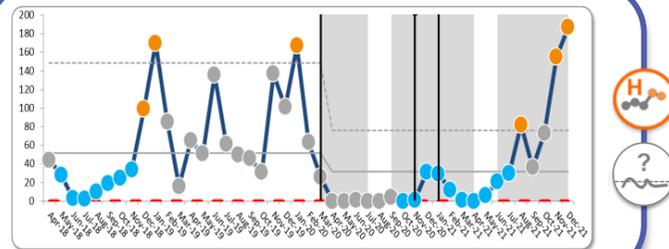
Aggregated Patient Delay (APD)

900



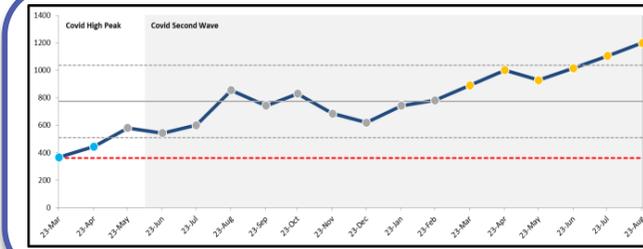
12 Hour Trolley Breaches

187



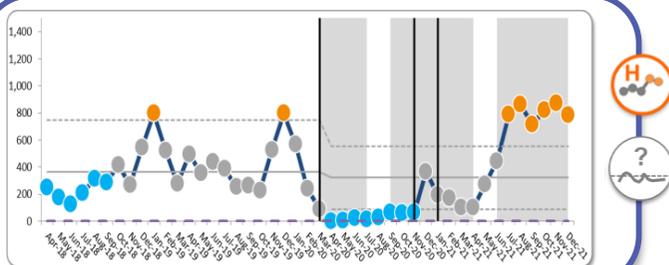
Total time spent in A&E (95th Percentile)

1,200



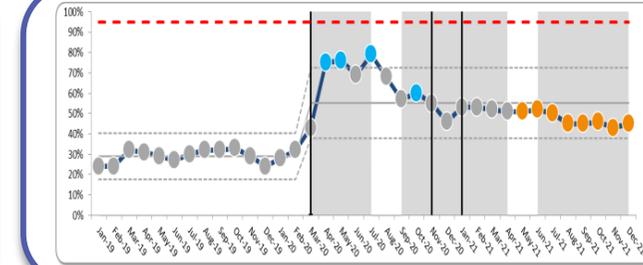
60 minute Ambulance Handover Delays

811



Specialty Review within 1 hour

45.0%



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

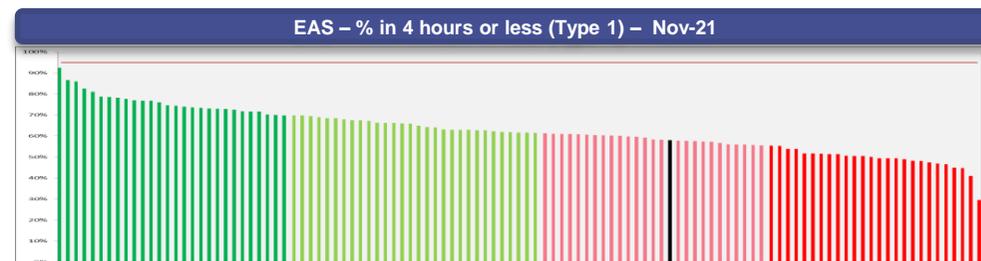
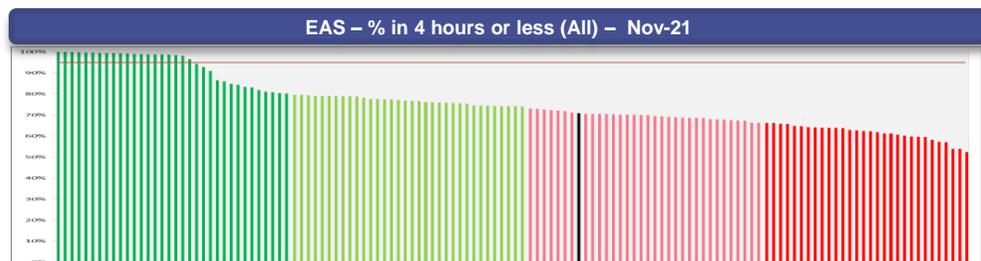
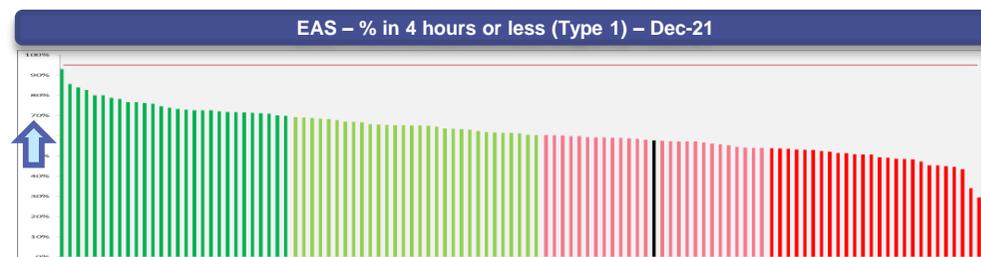
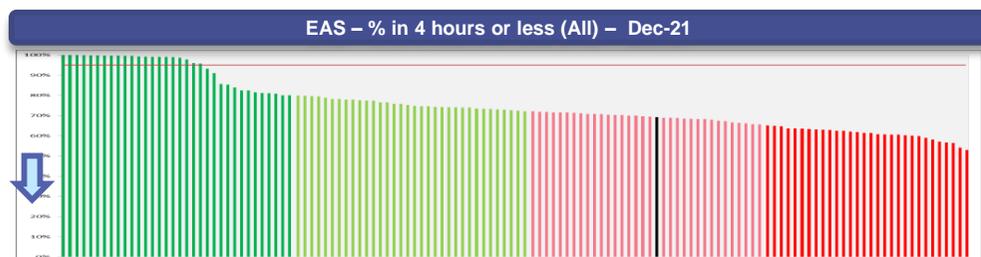
- Internal target
- Operational standard

National Benchmarking (December 2021)

EAS (All) -The Trust was one of 13 of 13 West Midlands Trust which saw a decrease in performance between Nov-21 and Dec-21 This Trust was ranked 8 out of 13; no change from the previous month. The peer group performance ranged from 54.11% to 79.59% with a peer group average of 66.97%; improving from 66.97% the previous month. The England average for Dec-21 was 73.30% a -0.7% decrease from 74.00% in Nov-21.EAS

(Type 1) - The Trust was one of 9 of 13 West Midlands Trust which saw a Decrease in performance between Nov-21 and Dec-21 This Trust was ranked 7 out of 13; no change from the previous month. The peer group performance ranged from 45.33% to 72.68% with a peer group average of 55.91%; declining from 56.83% the previous month. The England average for Dec-21 was 61.20% a -0.7% decrease from 61.90% in Nov-21.

In Dec-21, there were 9,986 patients recorded as spending >12 hours from decision to admit to admission. 187 of these patients were from WAHT; 1.4% of the total.



■ WAHT — Operational Standard 95%

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

Discharges before Midday (non-covid wards)		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 (Nov-21)	Discharges as a % of admissions IP only non-covid wards (Target >100%)									
WRH	14.2%	ALX	19.6%	WRH	37	ALX	19	30 beds	WRH	5.3	ALX	4.8	2.6%	WRH	96.3%	ALX	92.8%

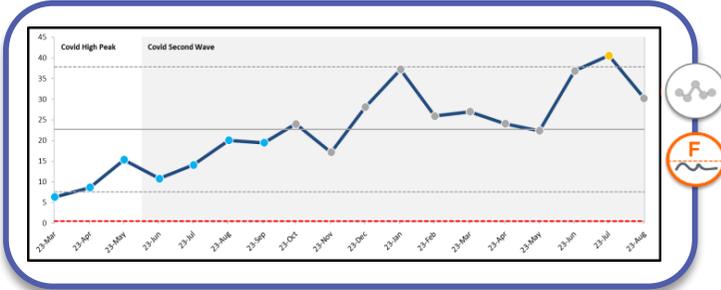
What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) is now showing special cause concern; this is cumulative effect of both sites seeing a decrease in before midday performance. As at the last day of the month, the number of patients with a length of stay in excess of 21 days so no significant change from 57 (30-Nov) to 56 (31-Dec). There was an average of 14 patients deemed MFFD with a LOS >= 21 days each day in December across the Trust. Over 5,000 patients were discharged in the month but discharges are still not exceeding the rate of admission.
- **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, outbreaks across our ward base led to full and partial closures over the month.
- **Medically Fit Patients** – for the 9th consecutive month, the number of MFD patients still on our wards 24 hours after becoming medically fit is showing special cause concern 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 5.1 days in Dec-21 but is the 9th 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.

Current Assurance Level: 5 (Dec-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 (Nov-21)	SRO: Paul Brennan

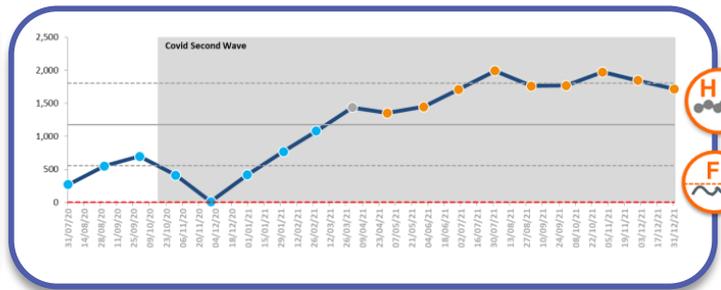
Capacity Gap (Daily avg. excl. EL)

30



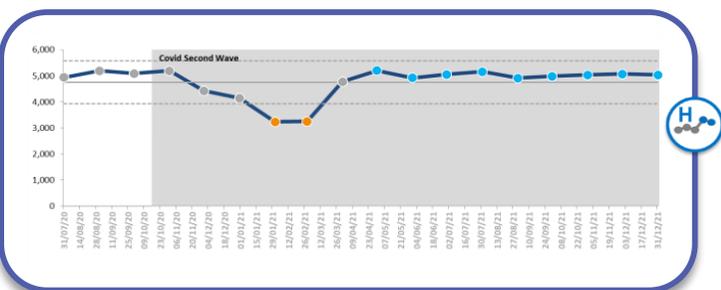
MFFD patients still on the ward 24hrs after becoming MFFD

1,719



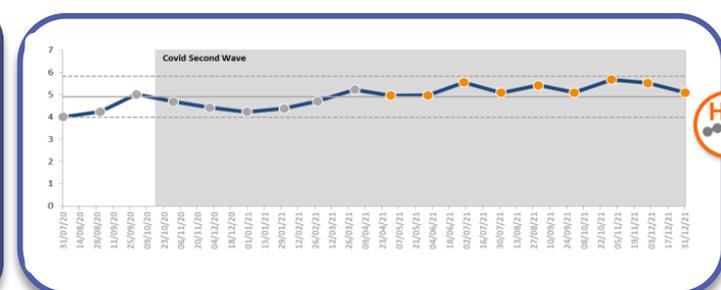
Total Discharges and Transfers

5,037



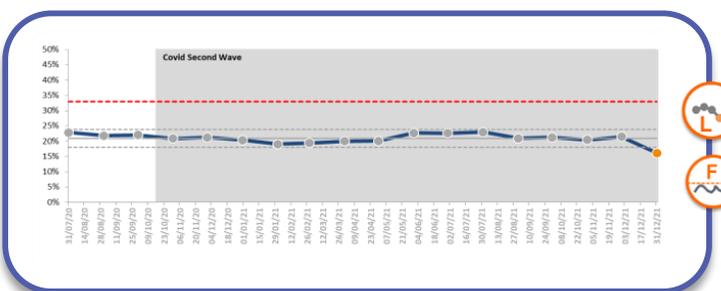
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.1



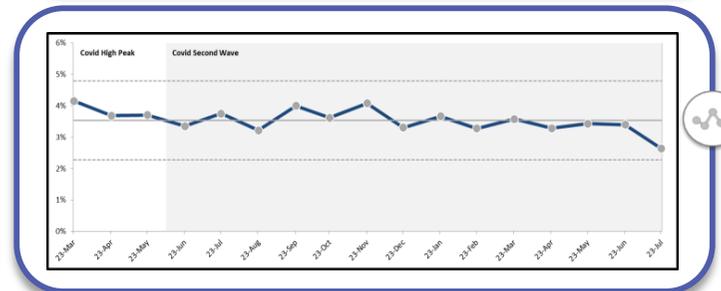
% Discharges before midday (non-covid wards)

16.1%



30 day readmission rate for same clinical condition

2.6%



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

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

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
2,279	52.33%	2,192 seen	10.53%	114 seen	60.23%	2,107 told outcome	93.91%	312 treated	53.47%	195 treated	2,812	315	95

What does the data tells us?

- **Referrals:** Cancer referrals have decreased by 17% from Nov-21, this is markedly higher than historic November to December changes and 2,279 is 106 more referrals than Dec-20. With the exception of Lung, all specialities saw a decrease although Lower GI, in particular, was still higher than pre-pandemic referral levels at 559.
- **2WW:** The Trust saw 52.33% of patients within 14 days. Of the 1,045 breaches, 415 were attributable to Lower GI and 299 to Breast. Across all tumour sites, 1,039 2WW breaches were due to the Trust's capacity issues. For the ninth month, this performance is special cause concern as a result of the high number of breaches. Haematology and Head and Neck achieved the operational standard of 93%. Despite seeing 316 patients, Breast Services saw just 5.38% within two weeks and of the 115 referred with breast symptoms only 10.43%.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and is now showing special cause concern due to 8 months below the mean.
- **31 Day:** Of the 312 patients treated in Dec-21, 293 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This validated performance is below the CWT target of 96% and is showing special cause variation due to a run below the mean.
- **62 Day:** There are 194.5 recorded first treatments in Dec-21 with 53.47% within 62 days. This indicator remains special cause concern and no specialty achieved the CWT standard of 85%.
- **Cancer PTL:** As at the 1st January there were 2,812 patients on our PTL, reducing below 3,000 due to the decrease in referrals (as evidenced by only 639 patients being between 0-14 days compared to 1,128 in November) with 162 having been diagnosed and 2,010 still suspected.
- **Backlog:** The number waiting 62+ days for their diagnosis has been increase from 309 at the end of Nov-21 to 315; the number of patients waiting 104 days or more was 95, a decrease from 105 patients at the end of Nov-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:** Improving position for both Breast and Skin 2ww performance with current booking at 16/17 days and 14 days respectively, which is being achieved via a combination of increased capacity via WLI's / outsourcing and a reduction in demand during December 2021.
- Additional support managers x 3 have been recruited to the Cancer Services team with start dates being agreed; this will increase the level of cancer PTL scrutiny and provide the platform for more robust and timely escalation of issues / pathway bottlenecks.
- **No delays, every day:** CNS recruitment still ongoing to support the 2ww Colorectal performance which is currently booking at day 24, with possibility of additional support from the consultants being sought in the intervening period.
- **We listen, we learn, we lead:** Additional 2ww capacity commenced and implementation of CNS triage for 2ww Upper GI referrals, reducing delays in decision making for those patients whose most appropriate first appointment is not clear from the referral proforma.
- **Work together, celebrate together:** Revised draft Dermatology referral pathway in the process of being agreed which seeks to reduce the number of inappropriate referrals being received via the 2ww route via the increased use of the community service.

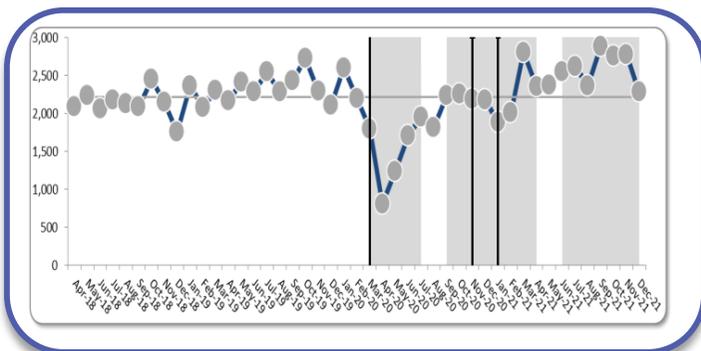
What are we doing next?

- **Do what we say we will do:** Refreshed KPI's being worked through and agreed for both the 2ww Booking Office and Cancer Coordinator teams to promote a more agile and equitable service.
- **No delays, every day:** Additional MRI scanner still anticipated 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).
- **We listen, we learn, we lead:** Seeking to expand personalised follow up for Gynaecology and Haematology in line with regional aspirations, first meetings in place to review the pathways and resources required.
- **Work together, celebrate together:** Extension of some key positions funded via a set of bids to the Cancer Alliance at the start of December 2021 not limited to but including Cancer Services Support Manager, 2ww Booking Coordinators and Patient Navigators – all of which provide some surety around the current workforce and pathway improvement aspirations.

Current Assurance Levels (Dec-21)	Previous Assurance Levels (Nov-21)	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.
2WW – Level 4	2WW - Level 4	SRO: Paul Brennan
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 4	

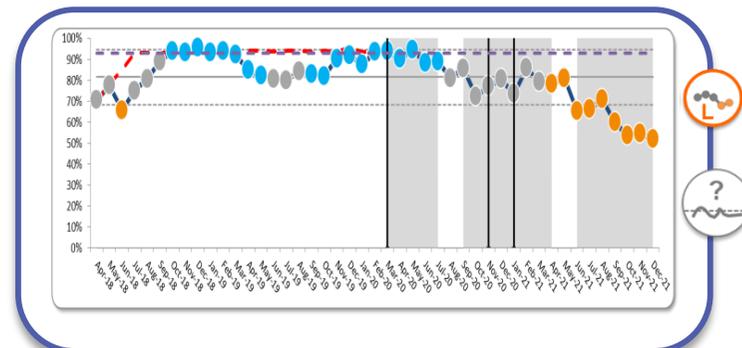
2WW Referrals

2,279



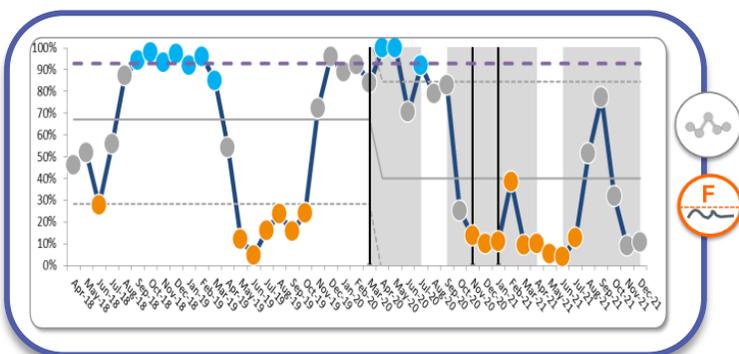
Cancer 2WW All

52.33%



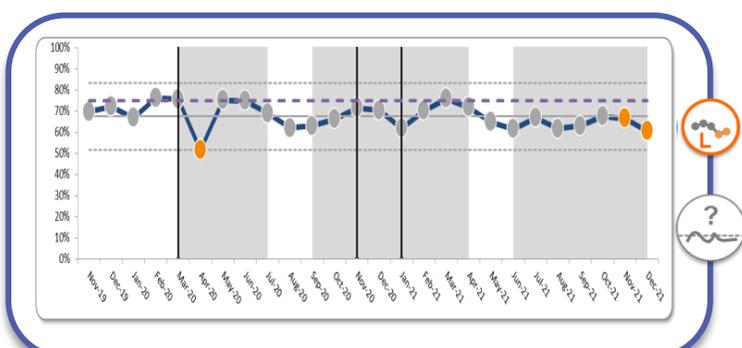
Cancer 2WW Breast Symptomatic

10.53%



Cancer 28 day FDS

60.23%



Key

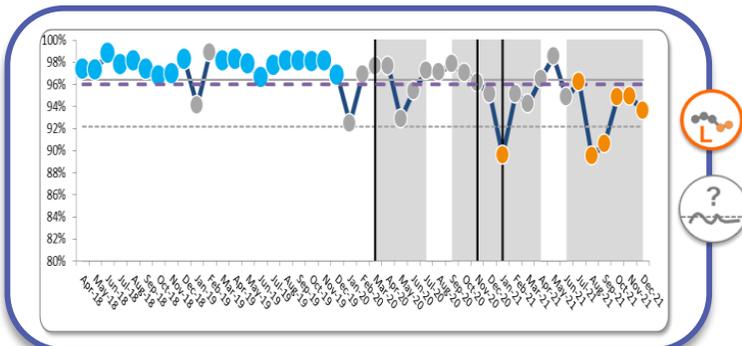
- Internal target
- Operational standard
- COVID Wave
- Lockdown

Variation			Assurance		
Special Cause High	Special Cause Low	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target

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.

Cancer 31 Day All

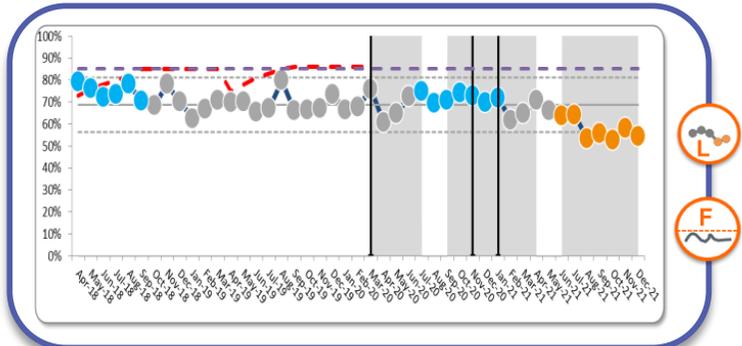
93.91%



Please note that % axis does not start at zero.

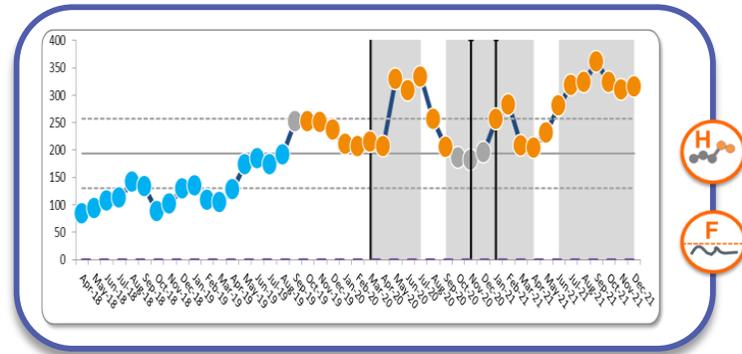
Cancer 62 Day All

53.47%



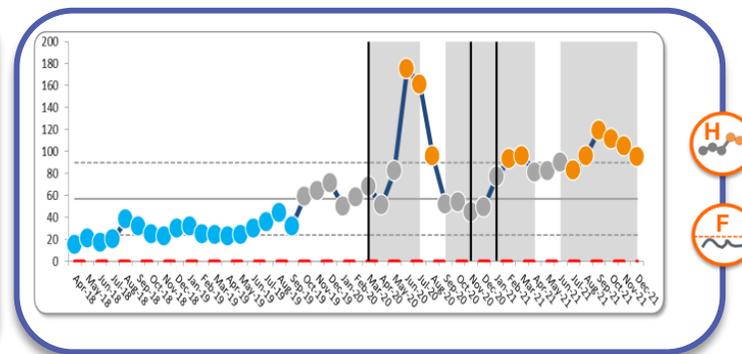
Backlog Patients waiting 62 day or more

315



Backlog Patients waiting 104 day or more

95



Key

- Internal target
- Operational standard
- COVID Wave
- Lockdown

Variation

- Special Cause Concern High
- Special Cause Note/Investigate Low
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

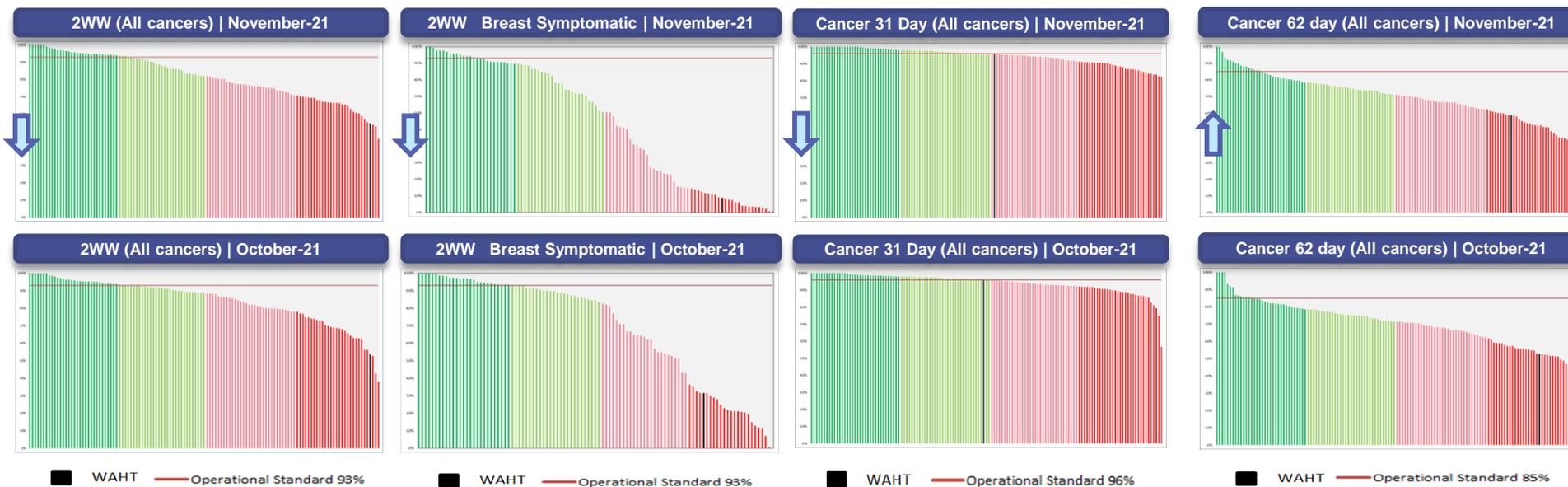
National Benchmarking (November 2021)

2WW: The Trust was one of 10 of 13 West Midlands Trust which saw a decrease in performance between Oct-21 and Nov-21 This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 45.64% to 94.22% with a peer group average of 73.34%; declining from 82.61% the previous month. The England average for Nov-21 was 77.42% a -3.9% decrease from 81.34% in Oct-21.

2WW BS: The Trust was one of 11 of 13 West Midlands Trust which saw a decrease in performance between Oct-21 and Nov-21 This Trust was ranked 12 out of 13; we were 11th the previous month. The peer group performance ranged from 0.57% to 93.62% with a peer group average of 42.94%; declining from 72.02% the previous month. The England average for Nov-21 was 52.25% a -15.4% decrease from 67.61% in Oct-21.

31 days: The Trust was one of 6 of 13 West Midlands Trust which saw a decrease in performance between Oct-21 and Nov-21 This Trust was ranked 5 out of 13; we were 2nd the previous month. The peer group performance ranged from 83.75% to 100.00% with a peer group average of 89.20%; improving from 88.82% the previous month. The England average for Nov-21 was 93.01% a -0.5% decrease from 93.50% in Oct-21.

62 Days: The Trust was one of 13 of 13 West Midlands Trust which saw a decrease in performance between Oct-21 and Nov-21 This Trust was ranked 7 out of 13; we were 9th the previous month. The peer group performance ranged from 43.93% to 75.32% with a peer group average of 54.71%; declining from 55.83% the previous month. The England average for Nov-21 was 67.50% a -0.3% decrease from 67.79% in Oct-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	6,617	Total	4,593							
Non-2WW	4,158	Non-2WW	3,924	2,371	57,660	48.48%	4,838	7,023	2,002	521

What does the data tells us?

Referrals

- **ERS Referrals:** a total of 6,617 electronic referrals were made to the Trust in Dec-21, after 6 months above 7,000; however this month's total is still 9% larger than Dec-20. 4,158 were non-2WW referrals so of the total electronic referrals, 37.2% were 2WW cancer.
- **RAS Referrals:** a total of 4,593 RAS referrals were made to the Trust in Dec-21, after 5 months above 5,000; however month's total is still 16% larger than Dec-20. 3,924 were non-2WW and 76.3% have been outcomed within 14 working days. Of the 669 2WW RAS referrals, 97.5% have been outcomed within 2 working days. 12.2% 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 2,371 A&G requests received in Dec-21 with 92.4% responded to within 2 working days and 97.2% within 5 working days.

Referral To Treatment Time (unvalidated)

- The Trust has seen no significant change in the overall wait list size in Dec-21 compared to Nov-21, from 57,664 to 57,660.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 29,704. This is 946 more patients than the validated Nov-21 snapshot; an 3.2% increase. RTT performance for Dec-21 is validated at 48.48% compared to 50.13% in Nov-21. This remains sustained, significant cause for concern and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is greater than Nov-21, by 141, at 7,023 patients. Of that cohort, 2,002 patients have been waiting over 78 weeks and 521 over 104 weeks. Of the 104+ week cohort, 282 patients are under the orthodontic specialty with the next highest at 105 (urology) and 80 (general surgery). With only 25% of our longest waiter having a TCI or future appointment date before 31st March 22, the H2 target of zero (allowing for agreed exclusions) is at risk of being achieved.
- For Patients awaiting non-endoscopy admission, the following have been identified as improvements from Nov-21 to Dec-21
 - Pain Management / Anaesthetist saw a decrease in 95th percentile wait time of -18.0% from 371 days to 314.4 days, based on a cohort of 229 patients in the most recent month, compared with a previous cohort size of 241 patients.
 - Maxillo-facial Surgery saw a decrease in 95th percentile wait time of -12.9% from 433 days to 383.4 days, based on a cohort of 225 patients in the most recent month, compared with a previous cohort size of 196 patients
 - Finally, Cardiology saw a decrease in mean wait time of -7.1% from 86.2 days to 80.5 days, based on a cohort of 299 patients in the most recent month, compared with a previous cohort size of 274 patients.

Current Assurance Level: 3 (Dec-21)

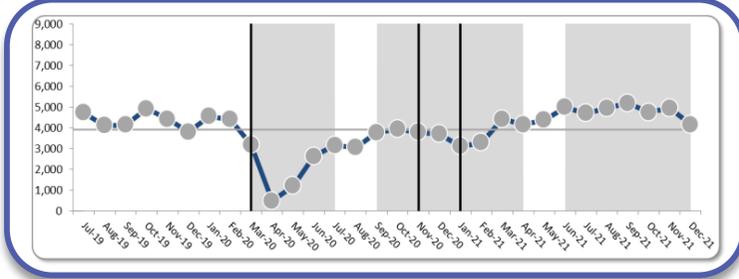
When expected to move to next level of assurance: This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the H2 operational planning requirements (Mar-22).

Previous Assurance Level: 3 (Nov-21)

SRO: Paul Brennan

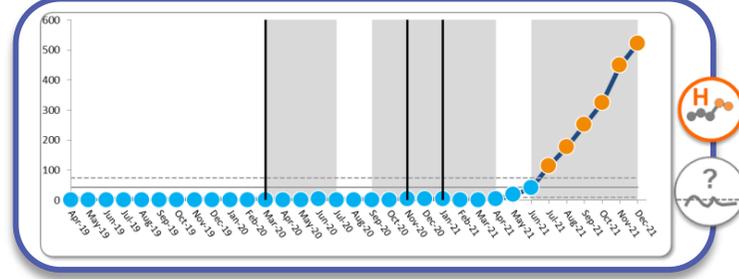
Electronic Referrals Profile (non-2WW)

4,158



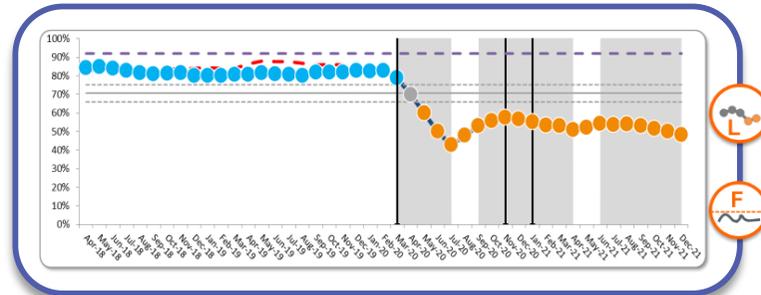
104+ week waits

521



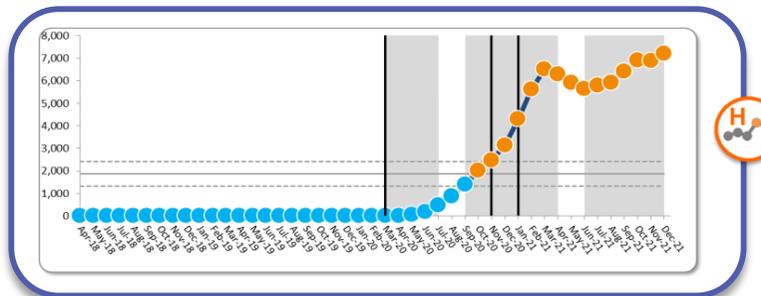
RTT % within 18 weeks

48.48%

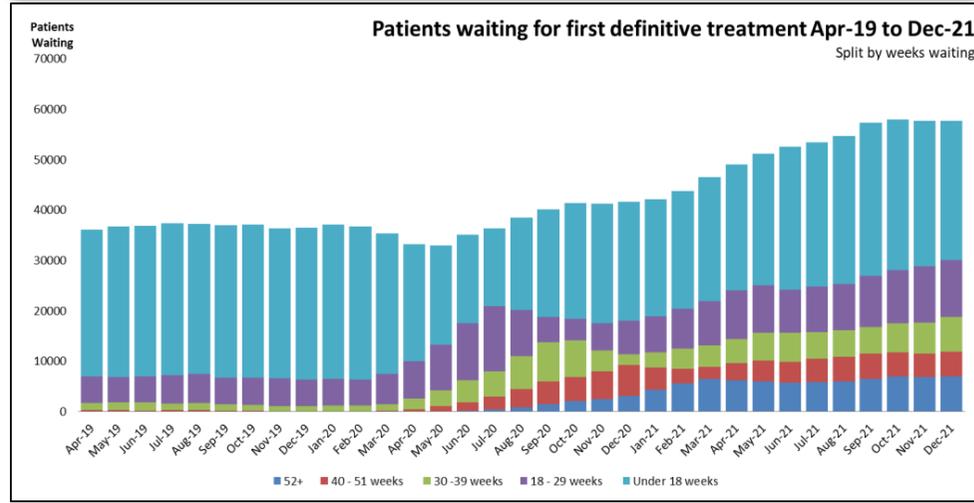


52+ week waits

7,023



RTT waiting list profile by weeks waiting



Variation

- Special Cause High (H icon)
- Special Cause Low (L icon)
- Special Cause Note/investigate High (H icon)
- Special Cause Note/investigate Low (L icon)
- Common Cause (C icon)

Assurance

- Consistently hit target (P icon)
- Hit and miss target subject to random (Q icon)
- Consistently fail target (F icon)

Key

- Internal target
- Operational standard

Operational Performance: RTT Benchmarking

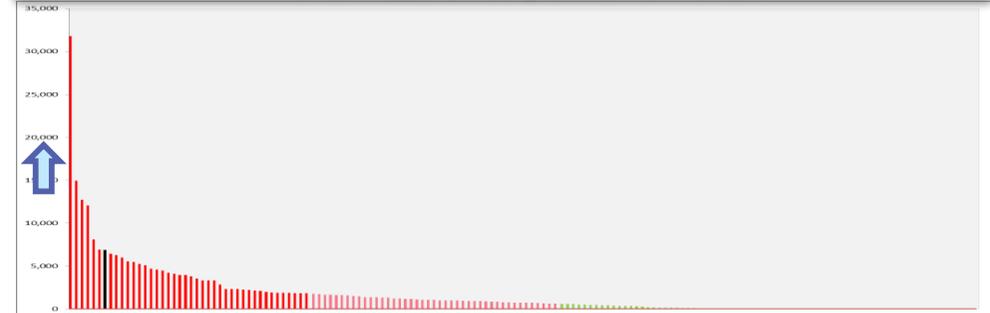
National Benchmarking (November) | The Trust was one of 6 of 12 West Midlands Trust which saw a decrease in performance between Oct-21 and Nov-21 This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 38.36% to 80.72% with a peer group average of 52.37%; improving from 52.35% the previous month. The England average for Nov-21 was 65.50% a -0.1% decrease from 65.60% in Oct-21.

Nationally, there were 306,996 patients waiting 52+ weeks, 6,876 (2.23%) of that cohort were our patients.
 Nationally, there were 83,816 patients waiting 78+ weeks, 1,973 (2.35%) of that cohort were our patients.
 Nationally, there were 18,196 patients waiting 104+ weeks, 445 (2.44%) of that cohort were our patients.

RTT - % patients within 18 weeks November-21



RTT - number of patients waiting 52+ weeks | November-21



RTT - % patients within 18 weeks October-21



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



■ WAHT — Operational Standard 92%



Operational Performance: Planned Care | Outpatients and Elective Admissions (2nd SUS Submission)

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



Total Outpatient Attendances		Total OP Attendances Face to Face		Total OP Attendances Non Face to Face		% OP Attendances Non Face to Face	Consultant Led First OP Attendances		Consultant Led Follow Up OP Attendances		Elective IP Day Case		Elective IP Ordinary	
38,657	+5,261	28,875	+7,824	9,782	-2,562	25.3%	9,066	+628	12,213	+1,848	6,323	+362	477	-118

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

- The graphs on slide 20 compare our Dec-21 outpatient attendances to Dec-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 Dec-21 compared to Dec-19, we were at 90% of Dec-19 for total OP activity level overall, 92% for consultant-led first attendances and 87% for consultant-led follow-up attendances.
- The Trust undertook 38,657 outpatient appointments in Dec-21 (consultant and non-consultant led); 4,236 fewer appointments than Dec-19 and +5,261 to our H2 plan.
- In the Dec-21 RTT OP cohort, there are 32,128 RTT patients waiting for their first appointment, 7,300 of them have been dated and of the total cohort, 3,043 patients have been waiting over 52 weeks and 77% of this cohort are undated.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort are General Surgery, Orthodontics, Urology, Gynaecology and T&O.
- For Patients awaiting 1st outpatient appointment on pathway, the following have been identified as improvements from Nov-21 to Dec-21
 - Oral Surgery saw a decrease in 95th percentile wait time of -46.0% from 365 days to 250 days, based on a cohort of 2,086 patients in the most recent month, compared with a previous cohort size of 2,132 patients.
 - Thoracic Medicine saw a decrease in median wait time of -22.2% from 55 days to 45 days, based on a cohort of 678 patients in the most recent month, compared with a previous cohort size of 592 patients.
 - Finally, Ear Nose and Throat saw a decrease in median wait time of -17.6% from 127 days to 108 days, based on a cohort of 4490 patients in the most recent month, compared with a previous cohort size of 4379 patients.

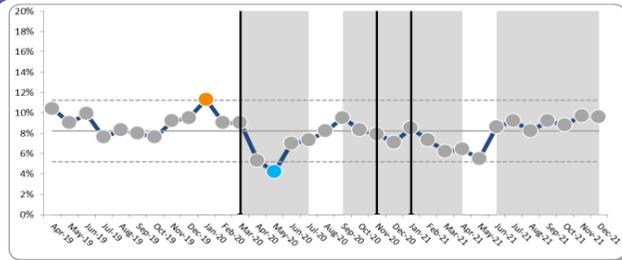
Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation, at 71.40%, has returned to below the mean and is no longer showing positive improvement. Factoring in allowed downtime, the utilisation increases to 76.4%. Lost utilisation due to late start / early finish showed no significant change at 27.6% in Dec-21 compared to Nov-21 (25.7%).
- In Dec-21, the number of day cases and elective ordinary cases decreased but remained above the H2 plan which had been adjusted on-line with seasonal activity levels. Day cases were 94% of Dec-19 and +359 to our H2 target and elective ordinary were 80%, -117 to H2 target. Our overall elective activity was +242 to plan and 94% of Dec-19.
- 62.3% of eligible patients were rebooked within 28 days for their cancelled operation in Dec-21, with 38 of 61 patients being rebooked within the required timeframe.
- The Independent Sector undertook 24 day cases, 170 diagnostic tests and 84 procedures were undertaken in our Vanguard theatre.

Current Assurance Level: 4 (Dec-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 (Nov-21)	SRO: Paul Brennan

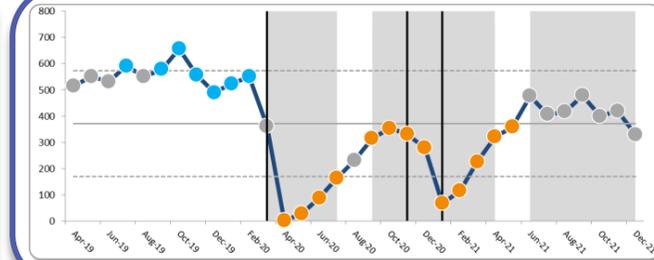
On the day cancellation as a percentage of scheduled procedures (%)

9.60%



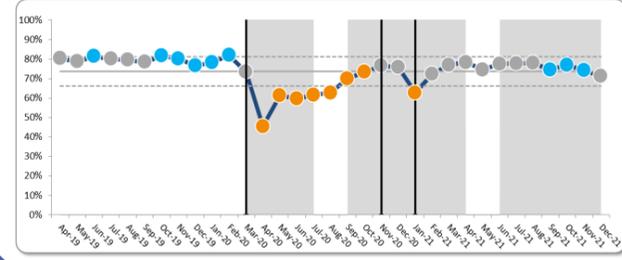
Electives on elective theatre sessions (n)

330



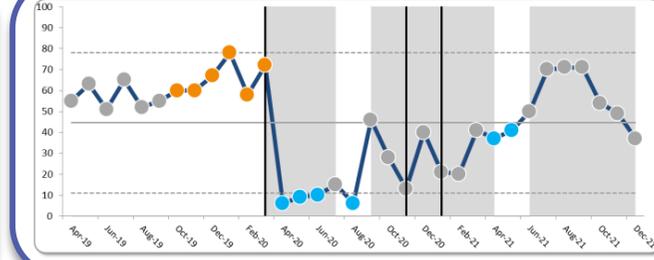
Actual Theatre session utilisation (%)

74.10%



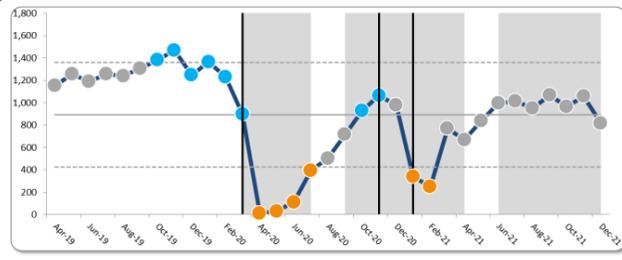
Non-electives & emergencies on elective theatre sessions (n)

37



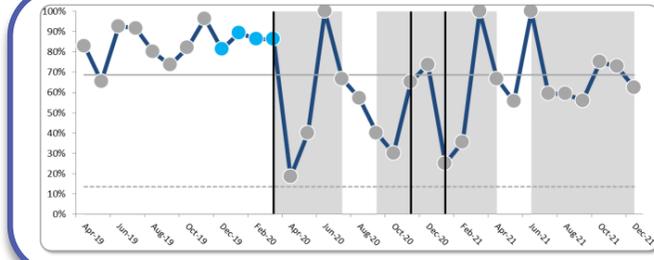
Day cases on elective theatre sessions (n)

817



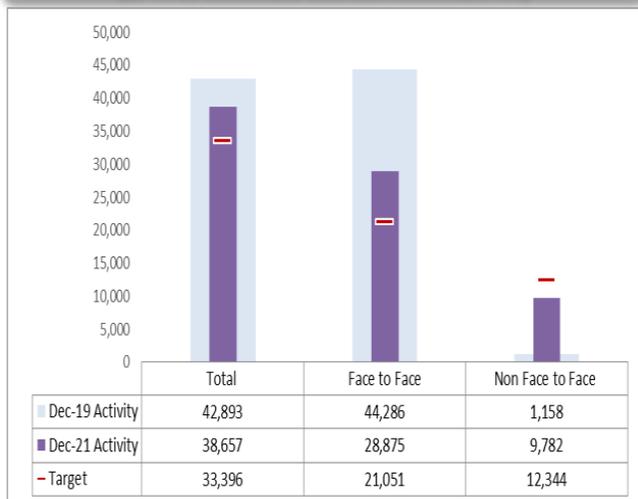
% patients rebooked with 28 days of cancellation

62.3%



Outpatients| December 2021 attendances compared to 2019/20 and H2 plan

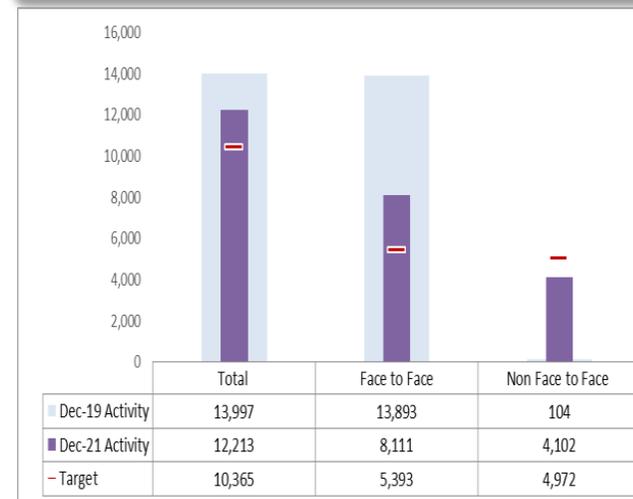
Total outpatient attendances
(all TFC; consultant and non consultant led)



Consultant-led first outpatient attendances



Consultant-led follow-up outpatient attendances



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		
11,854	5,004	57.79%	7,227	2,767	61.71%	3,297	1,749	46.95%	1,330	488	63.31%

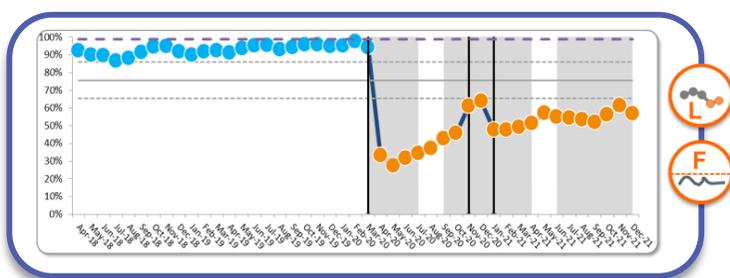
What does the data tell us? DM01 Waiting List	RADIOLOGY	
	What have we been doing?	What are we going to do next?
<ul style="list-style-type: none"> The DM01 performance is validated at 57.79% of patients waiting less than 6 weeks for their diagnostic test – an increase in breaches and a decrease in the total waiting list, driven by fewer referrals and less activity, has contributed to this position. The diagnostic waiting list has decreased by 2.6% with the total waiting list currently at 11,854 patients, a decrease of 320 patients from the previous month. The total number of patients waiting 6+ weeks has increased by 312 patients and there are 1,976 patients waiting over 13 weeks (2,122 in Nov-21) with DEXA and echocardiography contributing 56% of our longest waiters. This is the first time below 2,000 since Feb-21. Radiology has the largest number of patients waiting at 7,227 and although this is a decrease of 444 patients from Nov-21, 309 more patients are waiting over 6 weeks; 2,767 in total. Endoscopy saw a decrease in the number of patients waiting over 6+ weeks (-16) and their total waiting list size increased (+81). Physiological science modalities saw an 43 patient increase in the total waiting list and the number of patients waiting over 6 weeks increased by 19. 	<ul style="list-style-type: none"> Continued WLI sessions countywide, staff permitting. Commenced DEXA WLI Completed contracts for the commencement of mobile MRI scanner at ALX in mid-January for a period of 6 months Completing contracts for the commencement of mobile CT scanner at ALX by 1st March 2022 Focused on 2ww referrals to support cancer pathways- resulted in cancelling all routine MRI bookings for December Sent WVT referrals to utilise all available CT and MRI capacity – 2 days a week access agreed Commenced recruitment discussions, jointly with WVT, for agency support in recruitment, utilising ICS funding 	<ul style="list-style-type: none"> Train additional Radiographers in DEXA to increase capacity, by temporarily reducing Nuc Med activity Continue WLI session in CT, MRI, DEXA and US. Continue recruitment links with agency and WVT Continue working with WVT to utilise all available capacity Continue contract with BMI Discussing with TIC potential of Radiographer to staff CT3 for a period of 2 weeks MRI scanner at ALX will allow activity to be maintained whilst MRI at KTC is replaced
	<p>Issues</p> <ul style="list-style-type: none"> MRI delays, having significant impact on 2ww and back log, Reduced number of WLI as staff not offering additional sessions and due to sickness 	<p align="center">ENDOSCOPY (inc. Gynaecology & Urology)</p>
<p>Activity</p> <ul style="list-style-type: none"> 15,689 diagnostic tests were undertaken in Dec-21; dropping back below 16,000 after two months above. CT and non-obstetrics ultrasound achieved their H2 plan for Dec-21; MRI didn't and was -246 tests to plan. Colonoscopy (-236) and gastroscopy (-139) missed their H2 plan and flexi sig was +6 to plan. Finally, echocardiography achieved it's H2 plan, +101 to plan. 	<p>What have we been doing?</p> <ul style="list-style-type: none"> Trying to contact spot patients previously referred to BMI to offer appointment dates due to BMI being unable to date as a result of workforce issues Both members of staff recruited to vacant receptionist posts have commenced. 2 newly appointed booking co-ordinators have commenced in post and are now in training. Continued weekend therapeutic waiting list initiatives. 18 week have resumed 7 day activity from 4th January 22 	<p>What are we going to do next?</p> <ul style="list-style-type: none"> Continue with CDH endoscopy project. Consultant Nurse post has been to job matching panel now requires approval at consistency group. Planning to advertise early Feb Re-advertise 8a nurse endoscopist at same time as consultant Nurse post. Scope opportunity to cease PCR testing and use LFT for diagnostic sessions in order to increase patient uptake and reduce DNA rates. Proposal to be submitted to Bronze in next 2 weeks.
	<p>Issues</p> <ul style="list-style-type: none"> Mobile providers Inhealth have nationally reduced contracts from 7 days to 5 days – scoping mitigation options but expected to be resolved in Feb-22. 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. 	<p align="right">21</p>

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

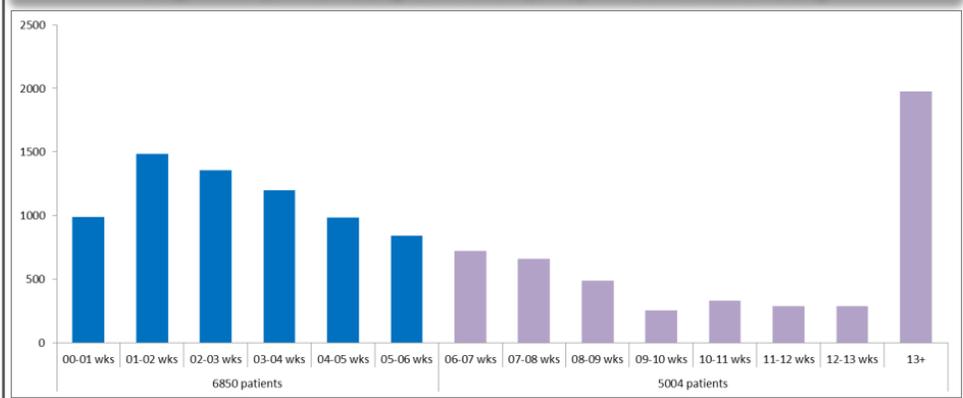
Trust Total			Radiology			Physiology			Endoscopy		
11,854	5,004	57.79%	7,227	2,767	61.71%	3,297	1,749	46.95%	1,330	488	63.31%

DM01 Diagnostics % patients within 6 weeks

57.79%



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?

- Consultant team have started clinical validation of the waiting list – hopeful completion end of Jan 22
- Echo service has move to KTC to allow for collaborative working across the trust
- WLIs will be taking place on weekends to help backlogs
- Plans to recover most of the waiting list by April 22 if all goes to plan

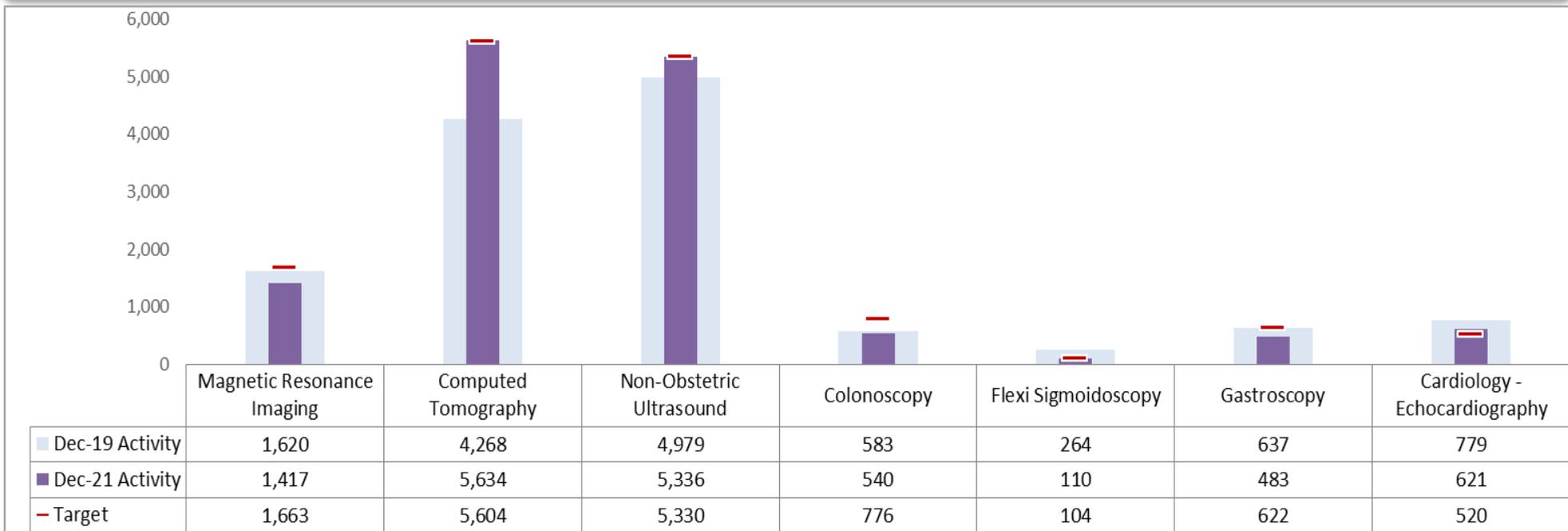
Issues

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

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

DM01 Diagnostics | December 2021 Diagnostic activity compared to 2019/20 and H2 plan

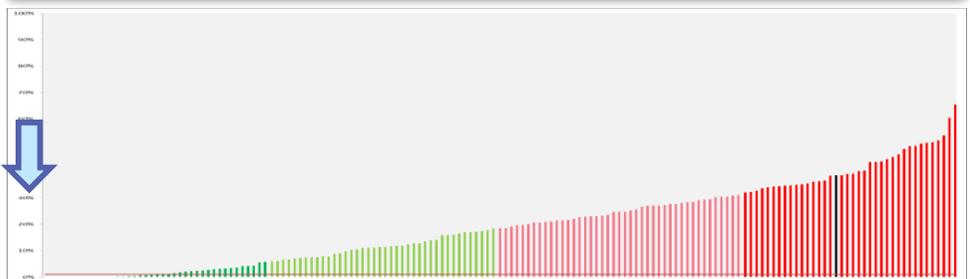


These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

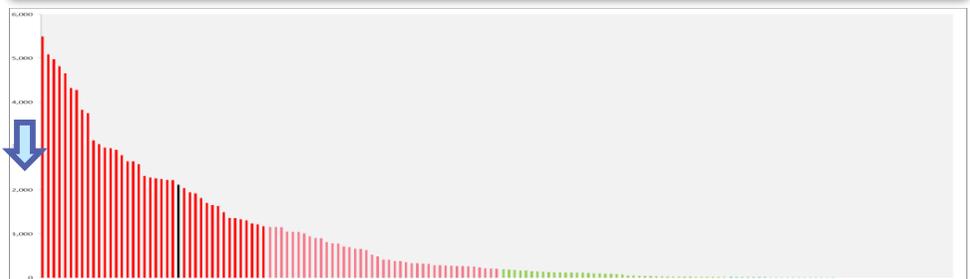
National Benchmarking (November 2021) | The Trust was one of 5 of 13 West Midlands Trust which saw an increase in performance between Oct-21 and Nov-21. This Trust was ranked 11 out of 13; we were 12th the previous month. The peer group performance ranged from 1.77% to 50.92% with a peer group average of 28.18%; improving from 28.79% the previous month. The England average for Nov-21 was 25.0% a 0.0% decrease from 25.0% in Oct-21.

In Nov-21, there were 135,058 patients recorded as waiting 13+ weeks for their diagnostic test; 2,119 (1.56%) of these patients were from WHAT

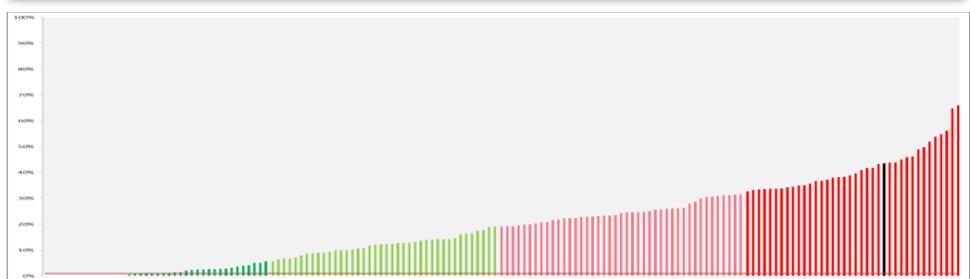
DM01 Diagnostics - % of patients waiting more than 6 weeks | November-21



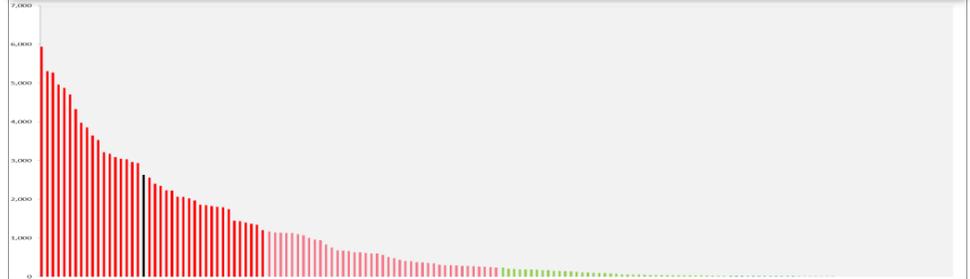
DM01 Diagnostics - number of patients waiting more than 13 weeks | November-21



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



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



■ WAHT ■ Operational Standard 1%

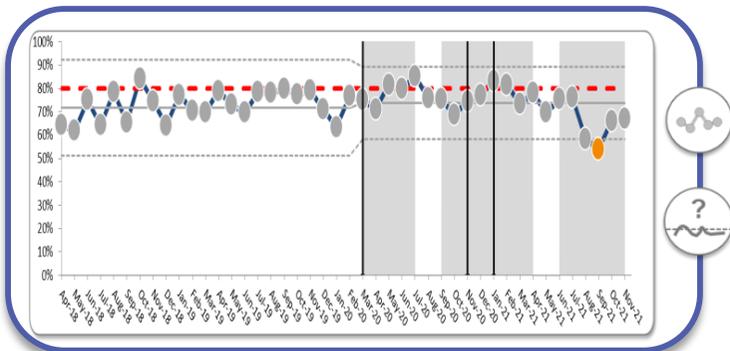
↓ Down arrows represents improvement from previous month i.e. fewer patients waiting > 6 weeks and fewer waiting >13 weeks

% 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			
67.21%	E	27.87%	E	36.07%	C	89.47%	N/A	Score	64.6	Grade	C

<p>What does the data tell us?</p> <ul style="list-style-type: none"> 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 again this month. For context, the in-month SSNAP grades have been included in the metrics row above. As noted last month the Q2 SSNAP score and grade show an overall grade improvement D to C. Current internal tracking of Q3 SSNAP shows we're maintaining a grade C overall but this is unvalidated and incomplete at the time of writing as colleagues have until 7th February to finalise the data submission. Q3 SSNAP will be published in Mar-22. 	<p>What are we doing to improve?</p> <ul style="list-style-type: none"> 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 (3 posts) (1 closed advert with 1 strong applicant, 0 applications received for 1 post – going back out to advert and 3rd post (ICS lead) is currently with Royal College.). Equivalent of 1WTE mutual aid from UHNM in place, along with 1 agency locum and additional support from Neurology team. 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 improving performance each month and achieving the target of 80% (achieved last 2 months) 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 – finalisation of process in January with a view to implementation of February 2022.
<p>Current Assurance Level: 5 (Dec-21)</p>	<p>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.</p>
<p>Previous Assurance Level: 5 (Nov-21)</p>	<p>SRO: Paul Brennan</p>

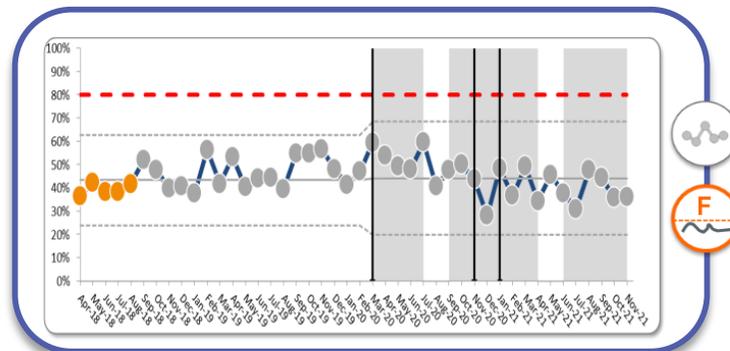
Stroke : % patients spending 90% of time on stroke unit

67.21%



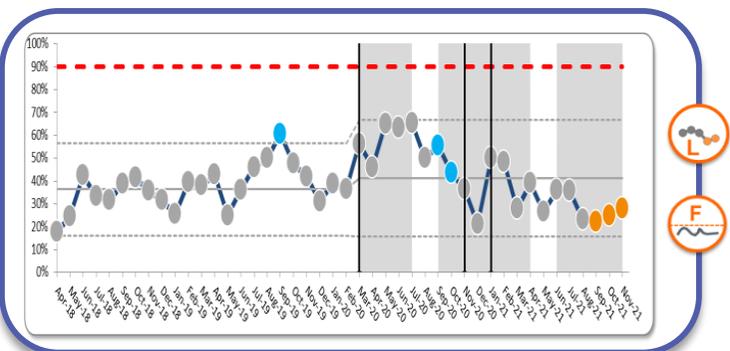
Stroke : % CT scan within 60 minutes

36.07%



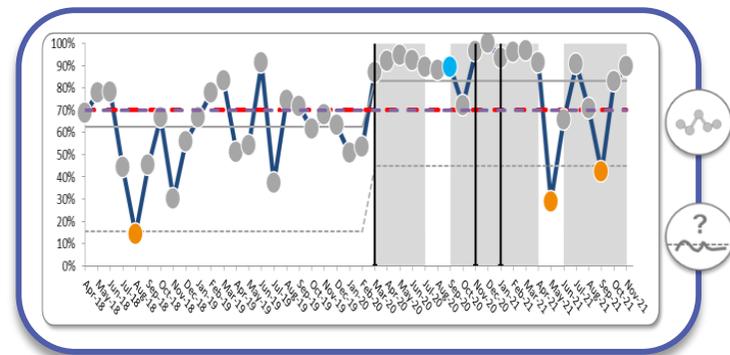
Stroke : % Direct Admission to Stroke ward

27.87%



Stroke : % seen in TIA clinic within 24 hours

89.47%



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 9 [December] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process limit
Infection Prevention	C-Diff	Dec-21	9	4			5	0	10
	Ecoli	Dec-21	3	4			4	0	9
	MSSA	Dec-21	2	0			2	0	6
	MRSA	Dec-21	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Dec-21	0	-			0	0	2
Falls per 1,000 bed days causing harm		Dec-21	0.05	0.04			0	0	0
% medicine incidents causing harm		Dec-21	1.37	11.71			3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	Dec-21	91.82	100			91	79	103
	Hand Hygiene Compliance to practice	Dec-21	99.79	98			99	99	100
VTE Assessment Rate		Dec-21	97	95			96	94	98
Sepsis	Sepsis Screening compliance	Nov-21	83.77	95			83	71	96
	Sepsis 6 bundle compliance	Nov-21	60.68	95			53	28	78
#NOF time to theatre <=36 hrs		Dec-21	60.98	85			78	60	96
Mortality Reviews completed <=30 days		Nov-20	35.5	-			43	20	67
HSMR 12 month rolling average		Jun-21	95.61	-			104	101	107
Complaints responses <=25 days		Dec-21	72.73	80			77	46	108
Ice viewed reports	ICE viewed reports (pathology)	Nov-21	93.66	-			96	94	98
	ICE viewed reports (radiology)	Nov-21	90.35	-			86	81	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process limit
FFT A&E Response	Dec-21	18.28	20			17.19	12	23
FFT A&E Recommended	Dec-21	75.96	95			82.68	76	90
FFT Inpatient Response	Dec-21	29.6	30			31.75	24	39
FFT Inpatient Recommended	Dec-21	96.13	95			95.67	94	97
FFT Maternity Response	Dec-21	3.85	30			19.90	4	36
FFT Maternity Recommended	Dec-21	100	95			94.56	81	108
FFT Outpatients Response	Dec-21	10.87	10			10.43	7	14
T Outpatients Recommended	Dec-21	92.61	95			93.39	92	95

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	<ul style="list-style-type: none"> • There were 9 C-difficile cases in Dec-21. This brings our year to date position to 69 cases, which has now breached our national target of no more than 61 cases in the financial year 2021/2022. There are currently 2 linked ward outbreaks of C.difficile, which are being managed. • E-Coli BSI achieved the in month target for Dec-21. We are currently 4 over the year to date Trust trajectory, but are achieving the national trajectory. • MSSA BSI has breached the Trust target of no more than 10 cases for the financial year 2021/2022. There is no national target. • MRSA BSI achieved the in-month target for Dec-21, and is achieving the year to date trajectory. • Klebsiella sp BSI achieved the in-month target for Dec-21, and is achieving the year to date trajectory. • Pseudomonas aeruginosa BSI achieved the in-month target for Dec-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 22 months. • Antimicrobial Stewardship overall compliance for Dec-21 decreased slightly to 88.04% and missed the target of 90%. • Patients on Antibiotics in line with guidance or based on specialist advice for Dec-21 was 88.96%, and did not achieve the target. • Patients on Antibiotics reviewed within 72 hours for Dec-21 was 92.86%, and achieved the target. • 4 new COVID outbreaks were declared in Dec-21 and there are currently 6 being actively managed at the time of writing.
SEPSIS 6	<ul style="list-style-type: none"> • Compliance of completion of the sepsis 6 bundle within one hour declined in Nov-21 and the performance remains below target. • Sepsis 6 screening performance remains below the target which has not been met since May-19. After achieving 85% plus for the last 3 months, compliance in Nov-21 has dropped to 83.77% • Sepsis 6 antibiotics provided within one hour compliance remained stable in Nov-21 and did achieve the target.
VTE Assessments	<ul style="list-style-type: none"> • 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.
ICE Reporting	<ul style="list-style-type: none"> • The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 20 months (range 80.56% to 91.37%). • The Target of 95% for viewing Pathology Reports on ICE was missed for the fifth month running.
Fractured Neck of Femur	<ul style="list-style-type: none"> • Our #FNOF compliance decreased in Dec-21 to 60.98%. We had 17 breaches which were due to theatre capacity from the Christmas period and staff sickness

Quality Performance	Comments
Friends & Family Test	<ul style="list-style-type: none"> The recommended rate for Inpatients continued to achieve the target at 96.13% in December 21. The recommended rate for Maternity has achieved the target at 100% in December 21. The recommended rate for Outpatients remained stable at 92.61% but failed to achieve the target. The recommended rate for A&E decreased to 75.96% and failed to achieve the target.
Complaints	<ul style="list-style-type: none"> The % of complaints responded to within 25 days fell to 72.73% and did not achieve the target (80%)
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> There were zero Serious Incident HAPU's in Dec-21, and the metric is achieving the year to date trajectory. . There were zero Category 4 HAPU's in Dec-21 for the 17th consecutive month. There were 19 HAPUs in Dec-21, which fell below the in-month target. The total of 144 HAPUs year to date is well under the year to date trajectory of 185.
Falls	<ul style="list-style-type: none"> The total number of falls for Dec-21 was 90 which fell below the in-month target. The number of falls per 1000 bed days decreased in Dec-21 to 4.21 and remains below the national benchmark of 6.63. There has been one SI fall in Dec-21, which equates to 0.05 falls with serious harm per 1000 bed days.
Never Events	<ul style="list-style-type: none"> There has been 1 never event in Dec-21 against Dermatology – post-treatment/ surgery complication. In total, there have been 5 Never Events in 2021/22. There are no themes identified between the 5 never events.
MSA Breaches	<ul style="list-style-type: none"> Reporting has commenced for Mixed Sex Accommodation breaches. In Dec-21, we had a total of 60 MSA breaches (91 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	
Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target
9/5	69/46	3/3	26/22	2/1	16/9	0/0	0/0	1/3	16/29	1/1	9/14

- *C.difficile* infections have now breached our national target of no more than 61 cases for the financial year 2021/2022. There are currently 2 linked ward outbreaks of *C.difficile*, which are being managed.
- E-Coli BSI achieved the in-month target for Dec-21. We are currently 4 over the year to date Trust trajectory, but are achieving the national trajectory.
- MSSA BSI has breached the Trust target of no more than 10 cases for the financial year 2021/2022. There is no national target.
- MRSA BSI achieved the in-month target for Dec-21, and is achieving the year to date trajectory.
- *Klebsiella species* achieved the in-month target for Dec-21, and is achieving the year to date trajectory.
- *Pseudomonas aeruginosa* achieved the in-month target for Dec-21, and is achieving the year to date trajectory.
- The Hand Hygiene audit participation rate decreased in Dec-21 to 91.82%, which equates to 9 areas not achieving 100% participation.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 22 months. This metric will reliably achieve the target.
- 4 new COVID outbreaks were declared in Dec-21 and there are currently 6 being actively managed at the time of writing.

- The Staphylococcus aureus BSI Quality Improvement Steering Group is making some progress, 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, exacerbated by the pandemic surge. A paper setting out more detail was brought to CGG on 11-01-22.
- Progress with the enhanced C.difficile action plan has been significantly affected by operational and staffing pressures. These have resulted in significant delays to achievement of actions due to staff capacity constraints across all the teams involved, exacerbated by the pandemic surge. A paper setting out more detail was brought to CGG on 11-01-22
- 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.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-21)
Reason: Current performance in relation to C.difficile and MSSA BSI

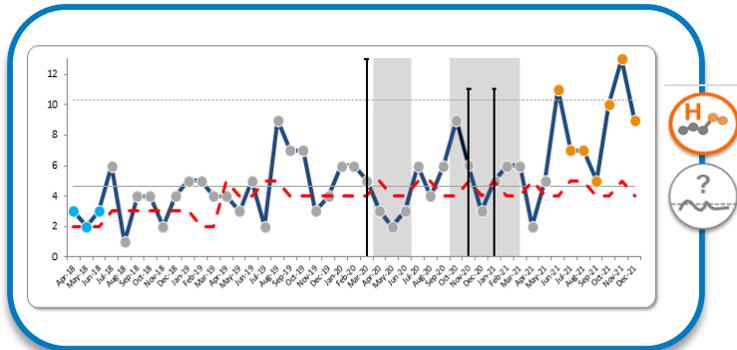
When expected to move to next level of assurance for non Covid:
This will be next reviewed in April 22, when quarter 4 performance can be assessed.

Previous assurance level (Oct-21) –Level 6 COVID-19 / Level 4 for non-Covid

SRO: Paula Gardner(CNO)

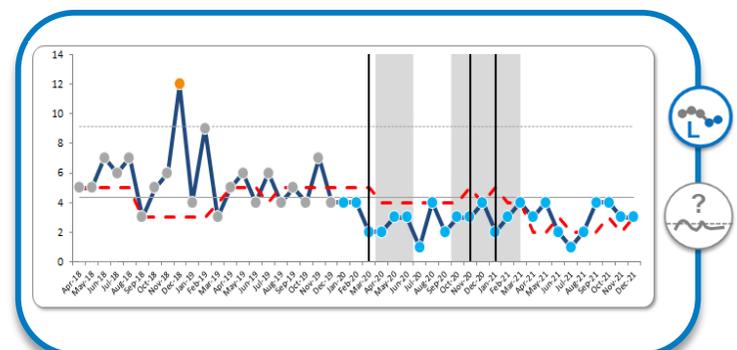
C-Diff

9



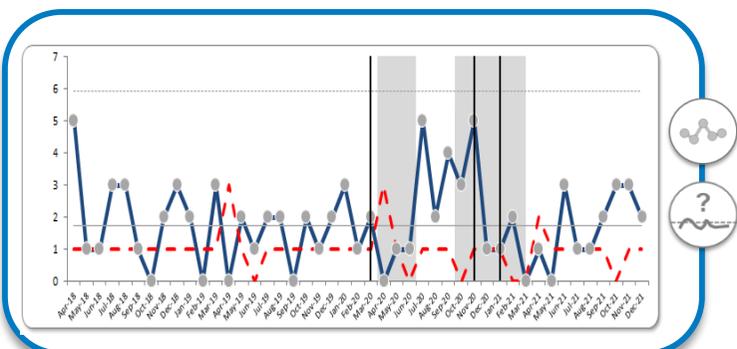
E-Coli

3



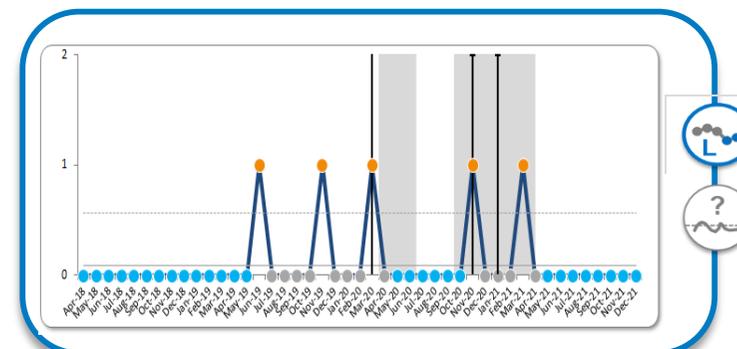
MSSA

2



MRSA

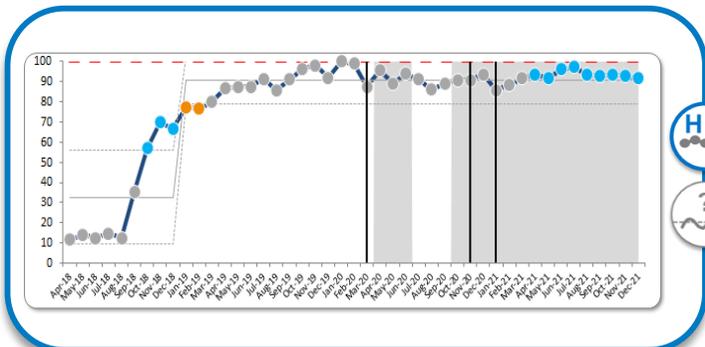
0



Variation			Assurance			Lockdown Period	
							Lockdown Period
Special Cause High	Special Cause Low	Special Cause High	Common Cause	Consistently hit target	Hit and miss target subject to random		COVID Wave
Concern	Low	High			Consistently fail target		

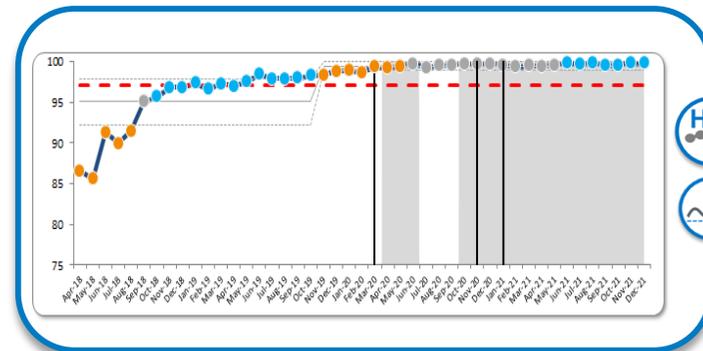
Hand Hygiene Audit Participation (%)

91.82



Hand Hygiene Compliance (%)

99.79



Variation

- H** Special Cause High
- L** Special Cause Low
- H** Special Cause Note/Investigate High
- L** Special Cause Note/Investigate Low
- C** Common Cause

Assurance

- P** Consistently hit target
- ?** Hit and miss target subject to random
- F** Consistently fail target

Lockdown Period (grey shaded area)

COVID Wave (black shaded area)

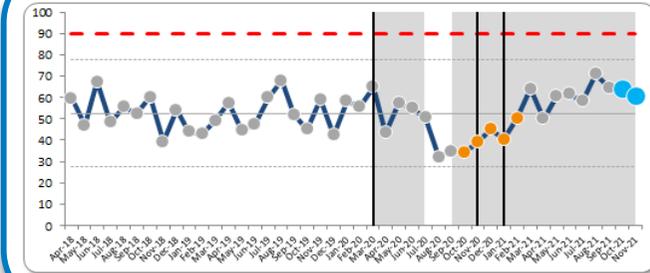
Overall Compliance (Target 90%)		Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Dec-21	Nov-21	Dec-21	Nov-21	Dec-21	Nov-21
88.04%	89.51%	88.96%	90%	92.86%	91.67%

<p>What does the data tell us?</p> <ul style="list-style-type: none"> Antimicrobial Stewardship overall compliance for Dec-21 decreased slightly to 88.04% and missed the target of 90%. Patients on Antibiotics in line with guidance or based on specialist advice for Dec-21 was 88.96%, and did not achieve the target. Patients on Antibiotics reviewed within 72 hours for Dec-21 was 92.86%, and achieved the target. 	<p>What will we be doing?</p> <ul style="list-style-type: none"> Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors Antimicrobial Stewardship Group will continue to monitor the use of carbapenems following the implementation of the updated Neutropenic Sepsis Guideline (current use now sits below base-line pre-Covid levels) Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results (a snapshot audit undertaken on one day against antimicrobial prescribing standards) Reviewing antimicrobial guidelines Focusing on accurate completion of allergy documentation to include symptoms of allergic reaction Focusing on learning from c diff case reviews where antibiotics may be implicated
<p>Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-21) - Antimicrobial stewardship level of assurance is 5 as assessed by ASG on 23/12/2021. Reason: Current performance in relation to C.difficile and MSSA BSI</p>	<p>When expected to move to next level of assurance for non Covid: This will be next reviewed in April 22, when quarter 4 performance can be assessed.</p>
<p>Previous assurance level (Oct-21) – Level 6 COVID-19 / Level 4 for non-Covid</p>	<p>SRO: Paula Gardner(CNO)</p>

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
60.68%	83.77%	93.16%	75.21%	96.58%	88.03%	83.76%	83.76%
<p>What does the data tell us?</p> <ul style="list-style-type: none"> The sepsis 6 bundle completed within one hour compliance declined in Nov-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. After achieving 85% plus for the last 3 months, compliance in Nov-21 has dropped to 83.77%. Sepsis 6 antibiotics provided within one hour compliance remained stable in Nov-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 four of the remaining elements of the Sepsis 6 bundle were below 90%; Urine, Lactate, IV Fluid Bolus and Blood Cultures. 			<p>What improvements will we make?</p> <ul style="list-style-type: none"> 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. LOS and mortality outcomes will be monitored and included in the IPR from March. 				
<p>Assurance level – Level 5 (Nov-21) Assurance level reduced as still not meeting targets</p>			<p>When expected to move to next level of assurance:Q4 following full implementation of the Divisional plans.</p>				
<p>Previous assurance level – Level 5 (Oct-21) Assurance level reduced as still not meeting targets</p>			<p>SRO: Christine Blanshard (CMO)</p>				

Sepsis 6 Bundle Compliance (audit)

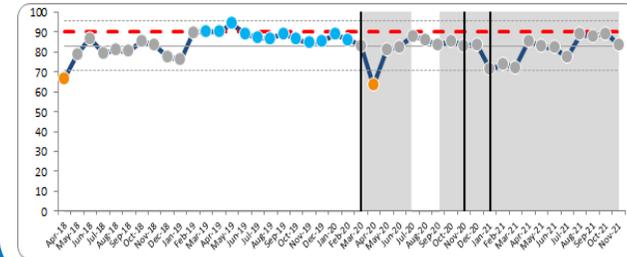
60.68%



Icons: L (Lockdown), F (Failure), and a variation icon.

Sepsis Screening Compliance (audit)

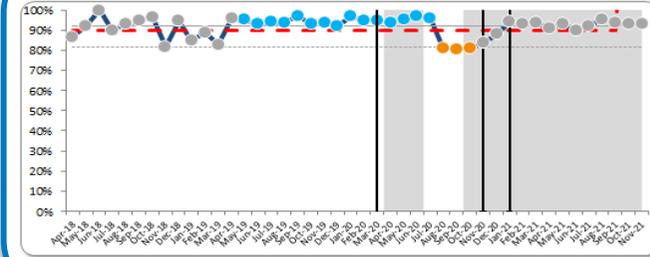
83.77%



Icons: L (Lockdown), a variation icon, and a question mark icon.

Sepsis Screening Antibiotics Compliance (audit)

93.16%



Icons: a variation icon and a question mark icon.

Variation

- Special Cause Concern High (H icon)
- Special Cause Concern Low (L icon)
- Special Cause Note/Investigate High (H icon)
- Special Cause Note/Investigate Low (L icon)
- Common Cause (C icon)

Assurance

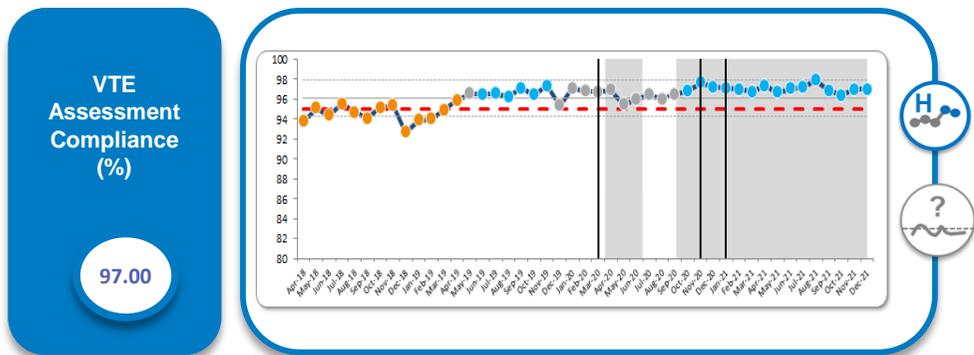
- Consistently hit target (P icon)
- Hit and miss target subject to random (Q icon)
- Consistently fail target (F icon)

Lockdown Period (grey shaded area)

COVID Wave (black vertical line)

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

VTE assessment on admission to hospital	
December 2021	Target
97.00%	95%
<p>What does the data tell us?</p> <ul style="list-style-type: none"> 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. 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> 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) 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.
<p>Assurance level – Level 6 (Nov-21)</p>	<p>When expected to move to next level of assurance : Q2 21/22 – following embedding change made as a result of the audit.</p>
<p>Assurance level – Level 6 (Oct-21) Reason: Sustained compliance for VTE on assessment</p>	<p>SRO: Christine Blanshard (CMO)</p>



Please note that % axis does not start at zero.

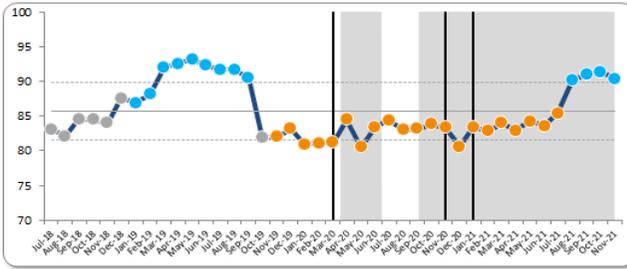


2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed – ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
90.35% - Nov 2021 (91.37% - Oct 2021)	71.72% (72.75%)	93.66% (94.59%)	67.02% (67.29%)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 20 months (range 80.56% to 91.37%). The Target of 95% for viewing Pathology Reports on ICE was missed for the fifth month running in Nov-21 at 93.66%. Radiology reports filed on ICE has remained above 70% for six consecutive months. Pathology reports filed on ICE has remained stable in Nov-21 at 67.02%. 		<p>What will we be doing?</p> <ul style="list-style-type: none"> 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. 	
<p>Assurance level – Level 5 (Nov-21)</p>		<p>When expected to move to next level of assurance: When autofiling and manual filing process have been implemented – Q4 2021/22</p>	
<p>Previous assurance level: Level 5 (Oct-21)</p>		<p>SRO: Christine Blanshard (CMO)</p>	

ICE reports viewed radiology (%)

90.35

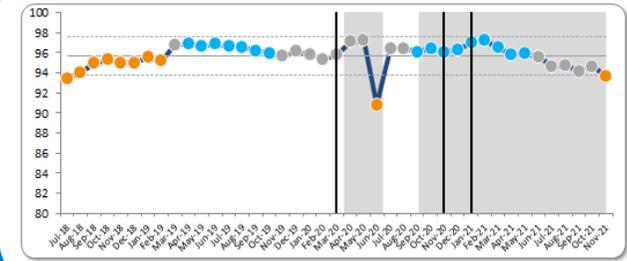


Please note that % axis does not start at zero.



ICE reports viewed pathology (%)

93.66



Please note that % axis does not start at zero.



Variation			Assurance		
Special Cause High	Special Cause Low	Special Cause Note/Investigate High	Common Cause	Consistently hit target	Hit and miss target subject to random

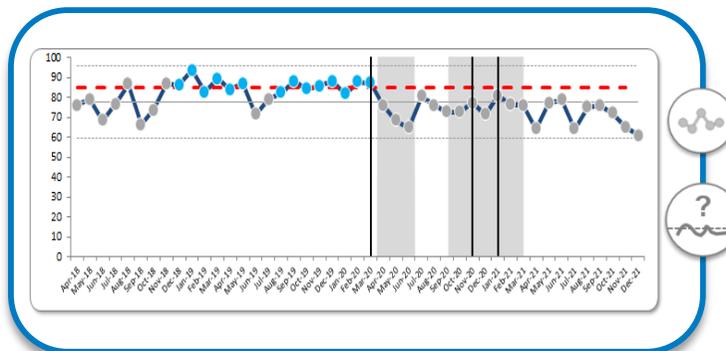
Lockdown Period
 COVID Wave

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
60.98% (Dec 2021) 65.12% (Nov 2021)	68.49% (Dec 2021) 72.73% (Nov 2021)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> There were 82 #NOF admissions in December. The breakdown of admission source is below; <ul style="list-style-type: none"> Home – 70 Residential Care – 7 Nursing Care – 3 Inpatient fall within Trust – 1 Patient fall in community hospital - 1 The #NOF target of 85% has not been achieved for 21 months. This performance correlates with the timeline of the COVID pandemic. 17 of our breaches were due to theatre capacity, 14 of these were due to the Christmas period as there was only one trauma list running on the 25/12 and 26/12. Sickness was also a related issue as the planned additional lists over the 2 bank holidays were affected (radiographer and anaesthetic cover). 	<p>What will we be doing?</p> <ul style="list-style-type: none"> Centralising all Inpatient Trauma to WRH site from 13th November as a result increasing Trauma theatre capacity by one 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)

#NOF time to theatre \leq 36 hours (%)

60.98%



Variation Special Cause Concern High Special Cause Note/Investigate Low Common Cause			Assurance Consistently hit target Hit and miss target subject to random Consistently fail target		
--	--	--	--	--	--

Lockdown Period
 COVID Wave

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Dec-21	Target	Dec-21	Target	Dec-21	Target	Dec-21	Target
96.13%	95%	92.61%	95%	75.96%	95%	100%	95%

What does the data tell us?

- The recommended rate for Inpatients continued to **achieve** the target at 96.13% in December 21. The response rate dipped slightly below the trust target at 29.60%.
- The recommended rate for Maternity has increased to 100% and **achieved** the trust target. The response rate however, has decreased for the fifth month running to 3.85%.
- The recommended rate for Outpatients remained stable at 92.61% and **failed** to achieve the target. The response rate increased to 10.87% and achieved the target (10%).
- The recommended rate for A&E decreased to 75.96% and **failed** to achieve the target. The response rate increased to 18.28% but 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 quarterly Patient, Carer and Public Engagement steering group.

The Patient Experience Lead Nurse and Informatics FFT Lead will hold an FFT Position Review Project Day in January 2022 to develop an action plan for reintroducing cards; a paper will be submitted to Bronze Command in January followed by focused Communications to clearly support ward staff with managing FFT moving forwards. FFT will be collected through a mixed mode approach to offer choice for patients – ipad, cards and text messaging.

The Lead Nurse is working with Maternity and Informatics to implement collection of FFT using Badgernet.

The Digital team with the support of the Patient Experience team is “testing the market” and developing a Business Case for a supplier to support the Trust to better understand actionable insights and trend analysis from our patient experience data. Being in a position to clearly understand higher and lower ranking services, thematic positive and negative analysis, free-text sentiment analysis by Directorate and recurrences of patient improvement ideas will support the Trust to continuously listen, learn and improve - in turn this will support an improved Response rate and a thorough understanding of this improvement. This approach has demonstrated significant improvements in other Trusts.

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. A review of the Trust “Visiting” position was presented to Bronze in early January 2022; the position is under dynamic review alongside community rates and local/national guidance to support re-opening to general visiting when possible.

Assurance level – Level 5 (Nov-21)

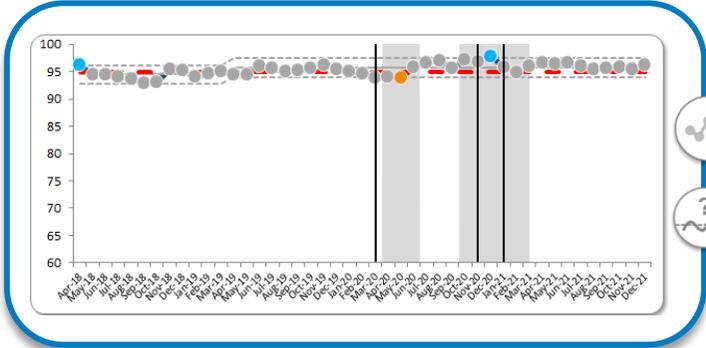
When expected to move to next level of assurance: Q4 2021/22

Previous assurance level – Level 5 (Oct-21)

SRO: Paula Gardner (CNO)

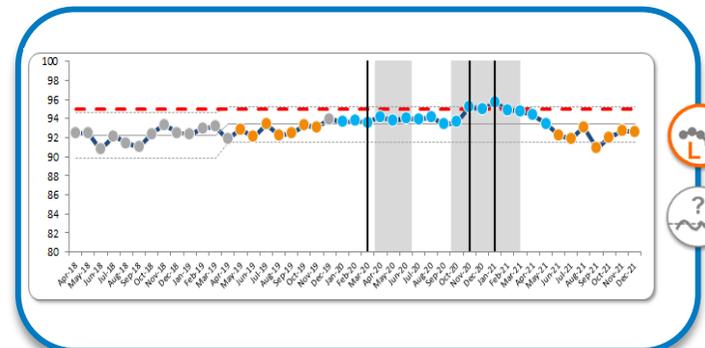
FFT Inpatient Recommended %

96.13



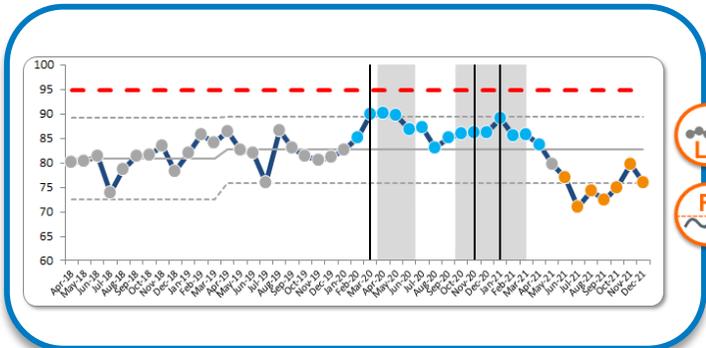
FFT Outpatient Recommended %

92.61



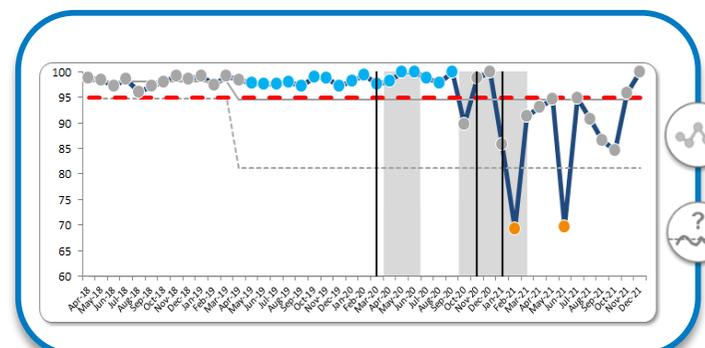
FFT AE Recommended %

75.96



FFT Maternity Recommended %

100



Variation			Assurance			Lockdown Period	
							Lockdown Period
Special Cause High	Special Cause Low	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target		COVID Wave

2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days	
Dec-21	Target
72.73	80%

What does the data tell us?

- The % of complaints responded to within 25 days fell to 72.73%, and **failed** to achieve the Trust target (80%).
- This is the 4th time in the last 6 months that the target was not achieved.
- A larger number of complaints were received in Q2 & Q3, equal to and sometimes in excess of pre-pandemic levels; this has continued to affect the ability of some Divisional Teams to manage the caseload as effectively, whilst dealing with ongoing Covid pressures and additional winter pressures.
- The sustained increase in new cases being received has led to a reduction in performance percentage, however overall annual performance is still above target.
- The increase in complaints numbers continues to be reflected countywide, and across the West Midlands region.

What improvements will we make?

- Commencing January 2022: to address breach cases, the Complaints Manager will carry out weekly chases and daily support with processing response drafts to ensure prompt resolution within timescale.
- It should be recognised that the total number of open complaints has been reduced as of the start of January 2022, demonstrating that the backlog of overdue cases is being addressed. When breach cases are resolved, this often leads to a reduced performance percentage – improvements based on the above changes will take time to be evident while the overdue cases are cleared; this is estimated to show improvement at the end of February.

Current Assurance Level – Level 5

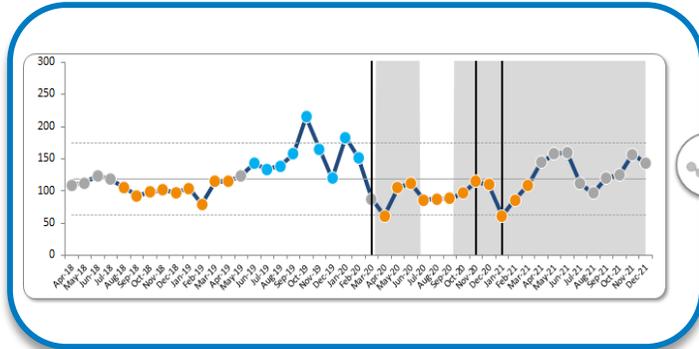
When expected to move to next level of assurance: End of Q4.

Previous Assurance Level – N/A

SRO: Paula Gardner (CNO)

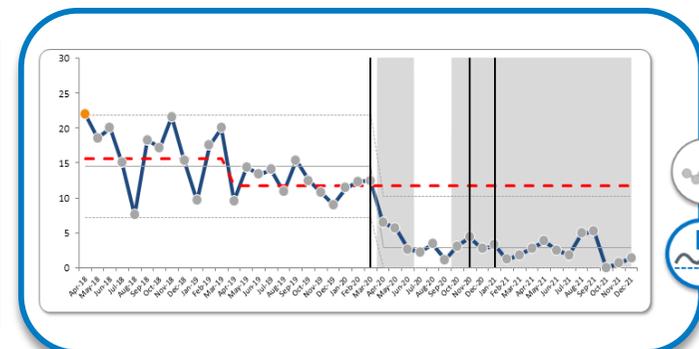
Total Medicine incidents reported

144



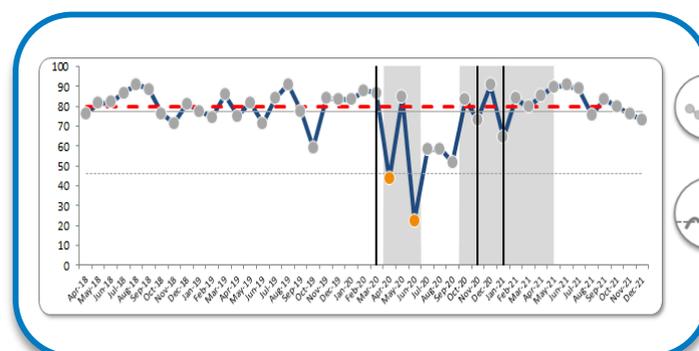
Medicine incidents causing harm (%)

1.37



Complaints Responses <= 25 days (%)

72.73



Variation

- H** Special Cause High
- L** Special Cause Low
- H** Special Cause High
- L** Special Cause Low
- C** Common Cause

Assurance

- P** Consistently hit target
- ?** Hit and miss target subject to random
- F** Consistently fail target

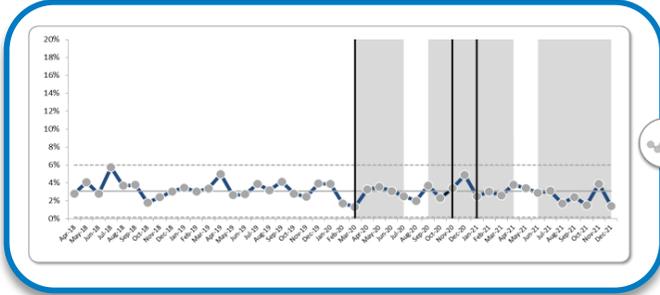
Lockdown Period
 COVID Wave

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
1.4%	2	1	0	10.4%	2.2%	83.7%	406	414
What does the data tell us? <ul style="list-style-type: none"> There is an increase in the elective CS rate which is reported at 18.9% and also an increase in instrumental delivery rates – this results in a lower than usual vaginal birth rate. The accuracy of the recording of each category of CS is currently being audited. The homebirth rate is expected to vary dependant on maternal choice and the availability of access to the birth centre/ambulance response times. Sadly there was 1 stillbirth, 2 neonatal deaths but no maternal deaths recorded in December. 				What have we been doing? <ul style="list-style-type: none"> Work continues to improve KPI around booking (inc data capture) Completed ward acuity app training Received outcome NHS Digital fund application Received outcome of MSW workforce retention fund Recruit CNST Lead , audit midwife, PMA Lead, and a digital midwife Agreed a contract with the local council to fund 2 x PH midwives for 2 years (£250k) 				
Current Assurance Level: 5 (Dec-21)				What are we doing next? <ul style="list-style-type: none"> Large scale recruitment into new specialist/ leadership roles to support delivery of service Awaiting BirthRate+ workforce report Continue to engage with staff re improvement plan as able given the pandemic challenges 				
Previous Assurance Level: 5 (Nov-21)				When expected to move to next level of assurance: <ul style="list-style-type: none"> Completion of work outlined in service improvement plan No midwifery vacancies No medical staffing vacancies 				
				SRO: Paula Gardner (CNO)				

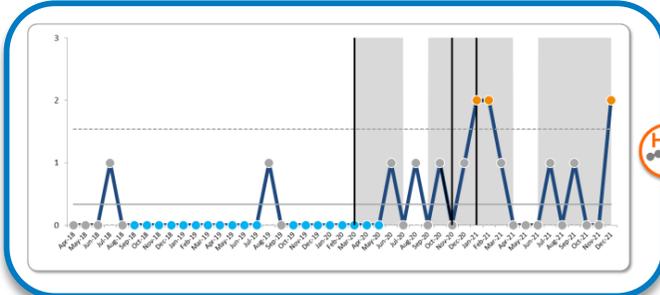
% admission of full-term babies to neonatal care

1.4%



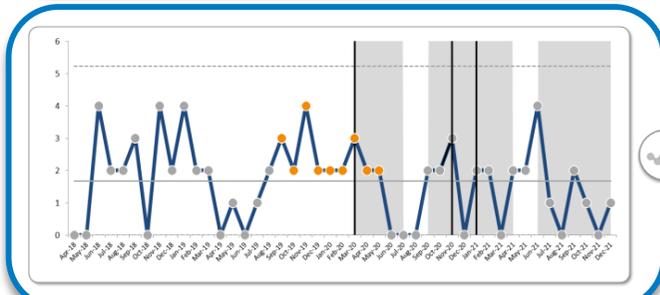
Neonatal Deaths (>24+0 weeks gestation)

2



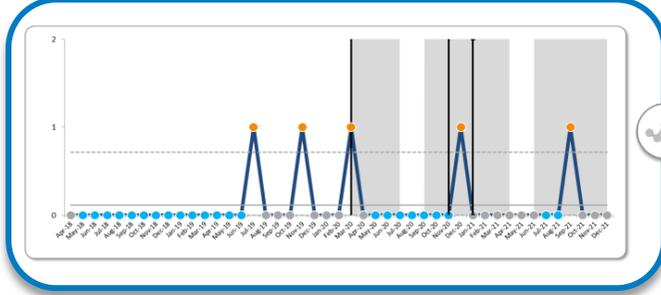
Stillbirths

1



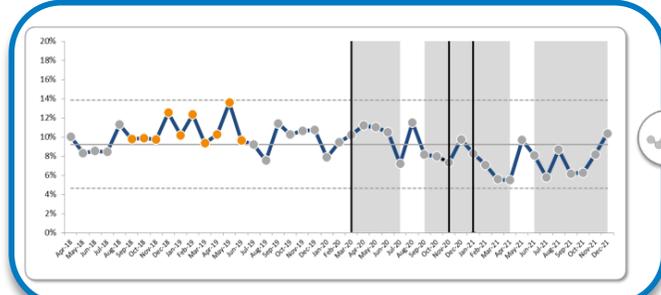
Maternal Deaths

0



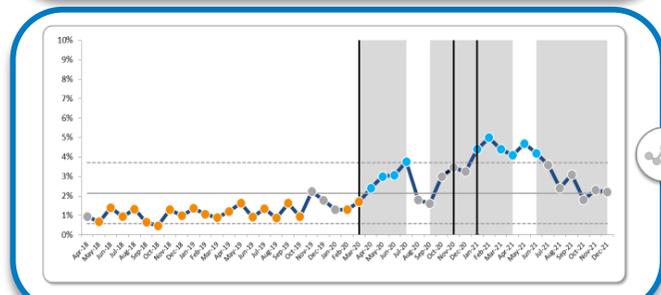
% Pre term births

10.4%



% Home births

2.2%



Variation

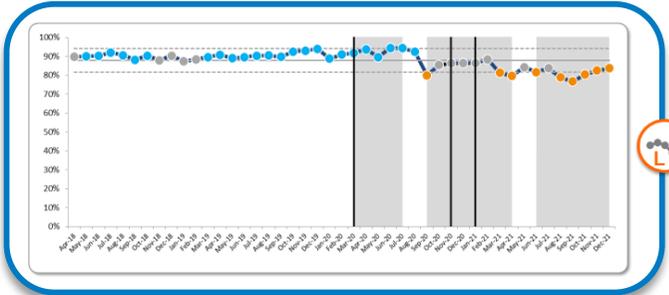
- Special Cause Concern High
- Special Cause Investigate High
- Common Cause High
- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Assurance

- Lockdown Period
- COVID Wave

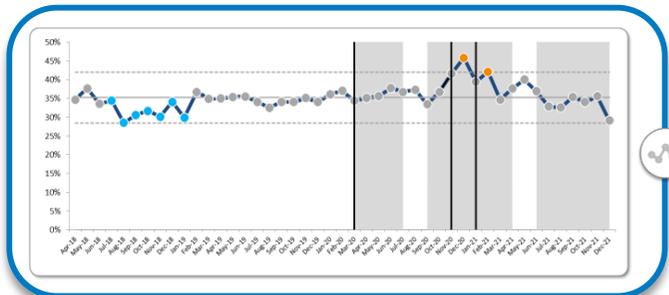
Booked before 12⁺⁶ weeks

83.7%



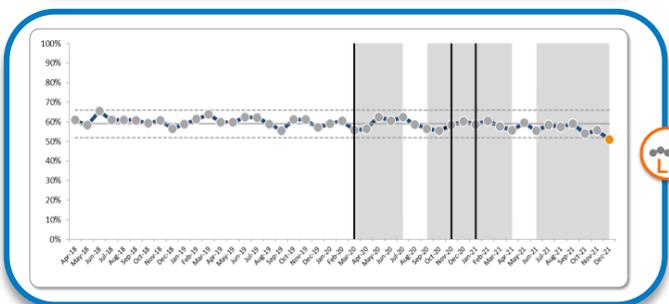
Inductions of labour

29.1%



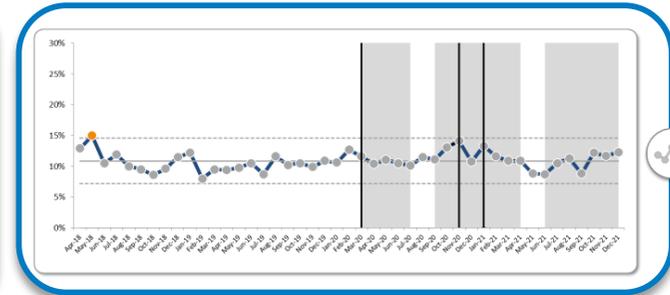
Vaginal Deliveries (non-instrumental)

51.0%



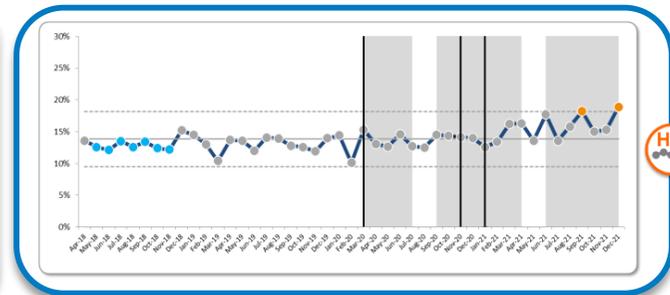
Instrumental Delivery

12.3%



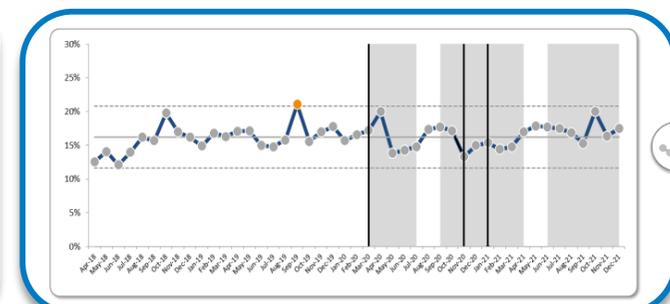
Elective Caesarean

18.9%



Emergency Caesarean

17.5%



Variation

- Special Cause High
- Special Cause Low
- Special Cause Not Investigate High
- Special Cause Not Investigate Low
- Common Cause

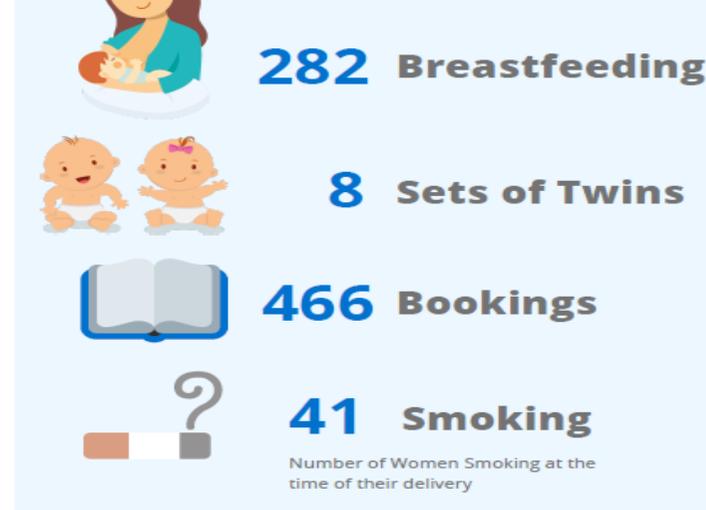
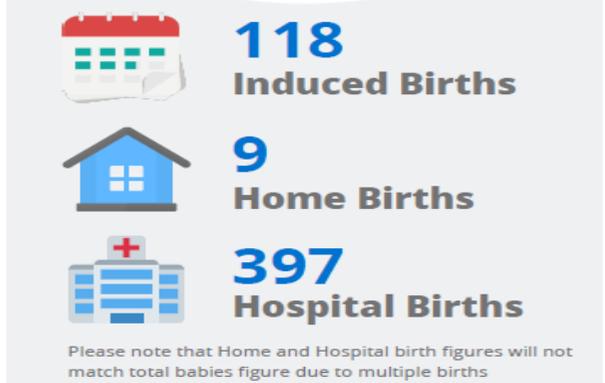
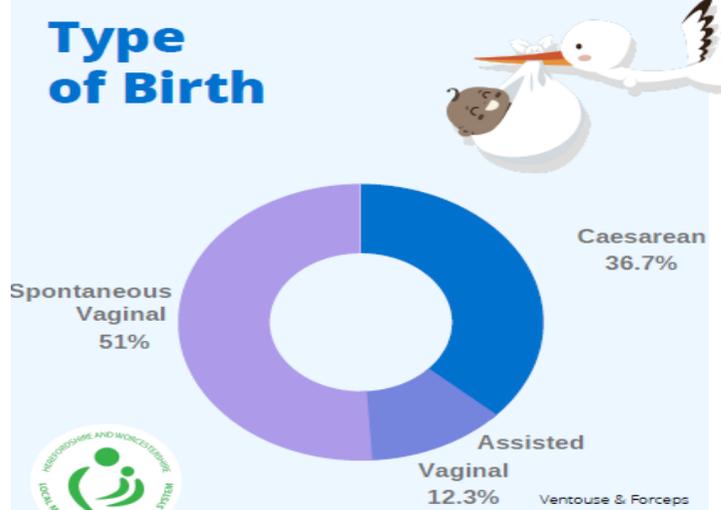
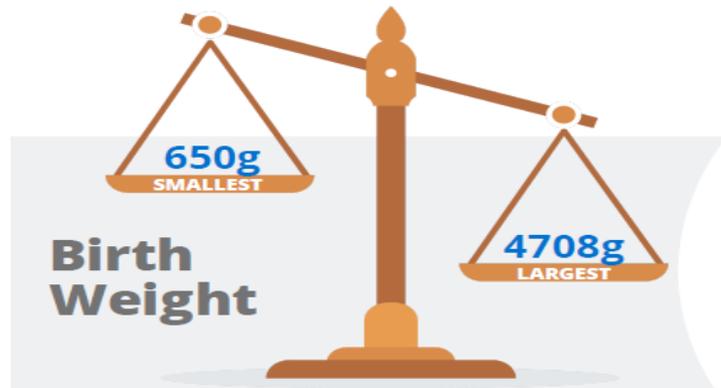
Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Lockdown Period
COVID Wave

Maternity Insight

DECEMBER 2021



Worcestershire Hospitals NHS Trust are part of the Herefordshire and Worectershire Local Maternity and Neonatal System



Workforce