

Trust Board

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



Sir David Nicholson
Chair

Agenda		Enclosure	Time
179/21	Welcome and apologies for absence:		10:00
180/21	Patient Story		10:05
181/21	Items of Any Other Business <i>To declare any business to be taken under this agenda item</i>		10:30
182/21	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>		
183/21	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 10 February 2022 as a true and accurate record</i>	<i>For approval</i> Enc A Page 3	10:30
184/21	Action Log	<i>For noting</i> Enc B Page 11	10:35
185/21	Chair's Report	<i>For noting</i> Enc C1 Page 14	10:40
186/21	Chief Executive's Report	<i>For noting</i> Enc C2 Page 15	10:45
Strategy			
187/21	Communications & Engagement Report Director of Communications & Engagement	<i>For assurance</i> Enc D Page 18	10:55
188/21	Board Assurance Framework Company Secretary	<i>For approval</i> Enc E Page 24	11:05
Performance			
189/21	Integrated Performance Report Executive Summary/SPC Charts/Infographic Chief Executive/Executive Directors	<i>For assurance</i> Enc F Page 30	11:15
190/21	Committee Assurance Reports Committee Chairs	Page 105	
Governance			
191/21	Safest Staffing Report a) Adult/Nursing	<i>For assurance</i> Enc G Page 110	11:40

b) Midwifery

Chief Nursing Officer/Director of Midwifery

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192/21	Learning from Deaths Chief Medical Officer	<i>For assurance</i>	Enc H Page 124	11:50
193/21	Going Concern Chief Finance Officer	<i>For approval</i>	Enc I Page 129	12:00
194/21	Any Other Business <i>as previously notified</i>			12:05

Close

Date of Next Meeting

The next public Trust Board meeting will be held on 7 April 2022, virtually.

Reading Room:

- Enc E - Full detailed BAF

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

Present:

Chair: Sir David Nicholson

**Board members:
(voting)**

Christine Blanshard	Chief Medical Officer
Paul Brennan	Chief Operating Officer
Anita Day	Vice Chair, Non-Executive Director
Matthew Hopkins	Chief Executive
Colin Horwath	Non-Executive Director
Paula Gardner	Chief Nursing Officer
Dame Julie Moore	Non-Executive Director
Simon Murphy	Non-Executive Director
Robert Toole	Chief Finance Officer

**Board members:
(non-voting)**

Richard Haynes	Director of Communications and Engagement
Vikki Lewis	Chief Digital Information Officer
Jo Newton	Director of Strategy and Planning
Richard Oosterom	Associate Non-Executive Director
Rebecca O'Connor	Company Secretary
Tina Ricketts	Director of People and Culture
Sue Sinclair	Associate Non-Executive Director

In attendance

Simon Adams	Healthwatch
Lucy Duffy	Staff
Ross Golightly	Item 165/21
Amy	Item 165/21
Justine Jeffrey	Director of Midwifery

Public

Via YouTube

Apologies

Waqar Azmi and Sharon Thompson

164/21 **WELCOME**

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

165/21 **PATIENT STORY**

Sir David welcomed Ross and Amy to the meeting, noting how patient stories grounds the Board in the reality of the services on the ground. Ross and Amy will share P's story about coming to hospital when you have challenges and how we make this safe.

Ross is a learning disabilities liaison nurse. He has been in post for five years and can say with certainty that P has required the most complex support. This has been during both visits and admissions, to liaise with the departments to risk assess and make adjustments to develop a plan to make the attendance as smooth and safe as possible. He stressed how for P it is vital that we stick to plan, so it is very important the plan is clear and is followed through.

Amy is P's carer, she shared in a testimonial how P is a remarkable young man who has been very well supported. The support P has received has enabled P to receive the treatment he needs in a safe environment. P is supported 5:1 which is unusual; but the staff have always made sure the environment is safe for P. It is truly a multidisciplinary team effort

Sir David thanked Ross and Amy for sharing P's story and opened the item for questions

- Ms Day asked whether lockdown had exacerbated a decline or had an impact on P? Ross advised that whilst lockdown has had an impact on how P's care is provided, this has not led to changes in the adjustments that are made.
- Ross noted how training has been difficult during COVID-19, however we ask staff to take away the point of reasonable adjustments; this can be anything to make the pathway for that person easier. People do many reasonable adjustments a day without realising
- Sir David stressed how whilst we want to make planned care right, what happens with an acute issue? Amy explained how this happened in an emergency. The carers went in blind to the ED; however, we were assessed for P's needs immediately. P was in distress and the ED team listened to what we needed. They put us in a safe space, and saw what we needed. We now get smiles and happy hand motions from P when he comes in. Sir David commended the work of the ED team and P's carers, noting on behalf of the Board that this is fantastic to hear, especially in an emergency situation.
- He asked if we were radical, could we provide more services at P's home? Amy felt this depends on the issue. P has coped so well, but if we could not get him here, we know this is an option that could be discussed.
- Dr Murphy asked if there are things that would help or benefit the teams? Ross highlighted recruitment and noted a new starter is joining the team.
- He stressed that the team cannot under emphasise the importance of training. The level of local training is excellent and this will soon be standardised across the country and mandated for all clinical roles. There have been local pilots and HEE are collating feedback ahead of national launch over the next year
- Dr Sinclair reflected upon a remarkable high quality level of service being sustained and saluted the efforts of the team. We cannot hear about this too much.
- Mrs Gardner thanked all for sharing P's powerful story; the pandemic has halted some training and we need to think about how we do this differently. The care and transition for patient P has been wonderful to see.
- Sir David closed by reflecting that if we can get it right for people like P we can get it right for everyone.

166/21 **ANY OTHER BUSINESS**

There were no items of any other business.

167/21 **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.

168/21 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 13 January 2022**

Approved.

RESOLVED THAT subject to the above the Minutes of the public meeting held on 13 January 2021 be confirmed as a correct record and signed by the Chair.

169/21 **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.

170/21

CHAIR'S REPORT

The Chair noted the significant publications from the Government regarding elective care and the integration white paper which is very wide ranging from place delivery to finances and capital; both will require further discussion at a future Trust Board

RESOLVED THAT: the Chair's update was noted

171/21

CHIEF EXECUTIVE'S REPORT

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

- Engagement with stakeholders is ongoing as set out in the report
- ICS development – appointments have been made to the ICS Board
- Garden suite – early in the pandemic, changes were made to protect vulnerable patients and the Garden Suite was moved from ALX to Kidderminster.
- Work has been ongoing with clinical teams regarding the approach across the county. The Trust will look to move the Garden Suite back to the ALX and is working through the options should we be managing Covid over the longer term

Clinical Assessment Unit (CAU)

- There is a clear recognition that UEC flow and pressures on ambulance handovers is a priority. The ED at WH is too small and the new rebuild is underway.
- Focus is currently on finding space for ambulance crews to offload and release the crew; there has been a number of visits to look at potential spaces. Those visits have drawn a blank but the issues persist. The CAU space is being developed and due to open during the first week of March. Meanwhile, the Trust has operated an interim solution in Aconbury, which is in its early days, but there is further work to do on length of stay to see how this impacts on ambulance handovers. Active discussions are underway regarding medical cover and making sure general medical beds are released back into the system.
- Work has constrained due to COVID-19; we have not seen a reduction, there are currently 87 COVID-19 inpatients
- Mr Brennan advised the Trust are pushing at ways to achieve a maximum 18 hour length of stay. The Trust are only achieving a 35% roll through. This is due to loss of further 17 beds due to COVID-19. The majority of patients (90%+) are GIA patients and the last set of beds lost to COVID-19 were GIA beds. We are working to get these back to green, by next Tuesday and will increase the number of COVID-19 beds on ARU
- 12 out of 18 patients on Avon 2 are surgical with incidental COVID-19 (presenting for emergency surgery) with the intention to create an area on the ward to be managed by the surgical ward, however it will take time to move patients, beds and complete the required cleaning before moving a red space into general use.
- Remain on plan for the CAU to go operational on 1 March and achieve the agreed handover date with Kier.
- Dame Julie felt the clinical model requires further clarity and Dr Sinclair asked as to the therapies input. This will be a standing item on the QGC agenda
- Dr Blanshard noted that regarding the clinical model and patient flow for medical admissions; that for patients with a DTA, the acute physicians on MAU are effectively doing this within the ED. This should happen on the MAU, meaning the MAU is now in effect a normal ward. The purpose of the CAU is to empty this area, so patients moving downstream to for example a specialty team, would move to CAU whilst waiting. The challenge has been the downstream beds, because of the impact of ongoing high number of COVID-19 inpatients.

- The Trust have learned a lot in the pilot and need to apply this to when we open the whitespace and consider what we do differently; the whitespace will have extra capacity and this will make a difference as we go forward.
- Sir David reflected on the potential impact on ambulance handovers, however we need to put a step in to make sure this works to ensure it deliver the required benefits.

ACTION : Further reports on the CAU to the next QGC on behalf of the Trust Board.

Garden Suite

- Mr Oosterom asked if this is staff driven or patient driven? Mr Hopkins advised this was a temporary change to protect patients in the short term, as the Trust considers the longer term will be patient focussed. Mr Hopkins has met patients who were very complementary about care, but travel was an issue. We have listened to patients and staff. It was balanced picture, but the predominant view was the travel time was prohibitive.
- The service will consider demand and capacity across the three units as demand is increasing and unmet need arises following the pandemic. The team want to make sure the capacity is best placed to meet this
- Sir David noted this is the beginning of a decision and acknowledges this will take time

RESOLVED THAT: the report be noted

STRATEGY

172/21

COVID-19 Safety in the Workplace

Mrs Ricketts presented the report which was taken as read. During December and January, the Trust was working to implement the VCOD legislation for staff involved in the provision of CQC activity and direct patient care to be vaccinated. This was paused by the Government and is now subject to consultation. The Trust are still of the view that vaccination is the right thing for staff to do. We are discussing with staff to undertake risk assessments in line with individual needs.

The Trust are currently updating the occupational health and environmental risk assessment templates and will be considered through the command structure for approval. Risk Assessment compliance is 92% but we need this to be 100% and have agreed a series of actions to address this which are reviewed weekly. Oversight will be provided via the Health and Safety Committee.

Sir David thanked Mrs Ricketts and her team then opened the item for questions:

- Ms Day reflected upon a difficult time; whilst the Trust advocates vaccination, in areas of the Trust where there are staff who have not been vaccinated, are cultural issues developing? Mrs Ricketts was aware of some feedback on this issue, confirming we do not disclose vaccination status in line with GDPR requirements. However, we have had patients ask about staff members, hence the refresh of environmental risk assessment to make allowances for unvaccinated staff and to enable mitigating actions to be put in place where appropriate
- Mr Horwath asked as to the timescales given there are circa 500 risk assessments outstanding, asking how long will it take to achieve compliance? Mrs Ricketts confirmed this will be by the end of March and discussions followed about the option for future approaches to new recruits
- In response to a question from Sir David, it was confirmed a small number of staff had resigned and they will be supported to retract their resignations if they wish

- Sir David closed by reiterating the Board's position is that it wishes for eligible staff to be vaccinated. Thanks were expressed on behalf of the Board to Mrs Ricketts and her team for their work to get as many staff vaccinated as we have, which was a fantastic effort. The issues regarding expectations going forwards were recognised.

RESOLVED THAT: The Trust Board received the report for assurance and approved the report recommendations

PERFORMANCE

159/21 Integrated Performance Report

Mrs Lewis presented the month 9 (December 2021) 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 and questions taken:

UEC

- In response to a question from Dr Murphy, Mr Brennan confirmed the number of patients we currently have as inpatients who are waiting to be discharged by pathways remains challenging. System colleagues are working together to improve the situation, however there are too many patients who no longer require acute care in beds.
- Most recently, there has been increasing challenges regarding access to stroke rehab beds at Evesham.
- There is lots of work to do to address this, however the position is not improving.
- Ms Day asked as to discharge before midday and criteria led discharge? Mr Brennan advised the pre midday, the performance is variable, we have improved the position slightly with a 4-5% improvement over the last few months, but this is below target.
- Regarding criteria led discharge, Dr Blanshard and Mrs Gardner have simplified the process and there are examples of this working seen through the discharge cell. We have agreed to complete an audit at end of the month, to see how many patients have been discharged by this approach and the timing of the discharge.
- Mr Brennan confirmed we will review job planning to focus this resource onto wards early in the day, this is more prevalent in surgical and medical and will make a positive contribution.
- Mr Oosterom noted that performance is back to 2019 levels, highlighting that whilst executive input is welcomed at this level it, is not sustainable and part of the risk needs to sit with other partners in the system.
- Mr Hopkins noted that DTOC is a region wide issue, most Trust's reason to reside has increased and the social care market is a key factor. We have identified through the discharge cell some slow processes that hamper discharge and these will be considered further. There needs to be a fair share of the risk across the county, but capacity constraints are holding us back. We will press on regarding process improvement, but we need to improve the vacancy fill rate in these roles.
- Mr Adams asked if there a forum where the risks each organisation hold are reviewed across the system? Mr Hopkins advised that Homefirst is a system wide subgroup of Worcestershire Executive Committee (WEC). The place based system meeting is WEC and this is the overarching place where this needs to be addressed. We are trying to get more visibility on the determinants of flow, so we can see how this compares across the system, the country intelligence cell is leading on extracting this, though it is not there yet, work is underway.
- Sir David closed by noting the need for a proper risk share across the organisations. However internally, the Trust must get its processes right and understand what will make the difference.

Recovery

- Ms Day asked as to the barriers regarding patient initiated follow up? Mr Brennan confirmed this is an error and the Trust are aiming to achieve a higher proportion than is set out in the NHS plan, by 7%.
- With regards to ERF, Sir David asked if this is deliverable? Mr Brennan advised the challenges are long waits and the overall size of the waiting list. Originally, the plan was for the end of March 2022 but this is now pushed back to July. The Trust are still seeking to achieve this (excluding orthodontics), by end of March.
- The position (excluding orthodontics) a few weeks ago was 963 and today is 480
- The target is challenging but achievable. 78 week waits are more challenging and the Trust are working through this

Finance

- Mr Oosterom expressed concern regarding the forecast of a higher deficit, noting two drivers for this; income and costs. The largest cost increase comes from staffing, bank and agency costs. He asked what are we doing to create opportunities to address run rate? There are 355 more staff than last year. Dr Murphy concurred asking how we compare to other partners in the system?
- Mr Toole advised the £4.3m forecast has been noted with the system and we are working with them to bring this back to what we agreed. This primarily comes from the planned deficit of £1.8m regarding independent sector and CAU costs.
- He advised the system is in a peculiar position of not being of regional concern, however we are seeking system review.
- Regarding the underlying run rate, Mr Toole advised we have not had opportunity for contingency as we have a gap. We have continued to review all spend areas for opportunities and what else we can bring in.
- Sir David asked with regards to the staff increase, where was this agreed in the plan? Mrs Ricketts confirmed these were via approved business cases and is part of the budget setting via the workforce plan.
- Dr Murphy suggested this will be the impact on bank and agency which Mr Oosterom noted needs to be demonstrated alongside an ongoing focus on the run rate.
- Sir David noted a forecast of £4.1m is not what we agreed in the plan, he noted that negotiations with the CCG/system are ongoing but stressed the need to deliver what we said we would. Increased run rate needs to be clear within the three-year plan
- Mr Hopkins confirmed he had had a discussion that morning about recurrent and non-recurrent support and this is part of an ongoing discussion including the CAU costs.

ACTION: a briefing to clarify the approval/funding of additional posts to be provided to the Chair

RESOLVED THAT: the report be noted for assurance.

174/21

Committee Assurance Reports

The following points were highlighted by Committee Chairs:

- F&P: Committee noted as above. The Committee report format is much improved and thanks were given to Ms O'Connor and the team
- QGC: Committee focussed on CAU, infection control as the main items of discussion. The bed cleaning facility is coming back and the position on C-diff was noted.
- P&C: VCOD was key discussion given the, at that point, impending legislation

RESOLVED THAT: The Committee reports be noted for assurance.

GOVERNANCE

175/21 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 December 2021 and provided level 5 assurance. Mrs Gardner advised that in December there was a registered nurse vacancy of 269 and this has reduced to 99. The issues with HCA turnover are ongoing. Due to concerns in this regard she has worked with Indeed and there are now circa 90 applicants in the pipeline.

Midwifery

Ms Jeffrey presented the report which had a reduced assurance level of 4 due to COVID-19 absence and sickness. Some red flags can now be reported more accurately due to the new acuity tools. Acuity was managed and we have recruited 11 wte midwives in December, with more events to follow. 3 posts have been offered and a further 9 shortlisted. The team have implemented acuity tools, but there is variation regarding completion rates; there is more training set to improve this. Overall the team expect an improved position in January, with an anticipated increase in the level of assurance.

Dr Murphy paid tribute to the staff who had been incredibly flexible during ongoing pressures. He asked as to the red flags? Mrs Jeffrey advised we can now report all within the acuity tool as previously via Datix. Of concern is one to one care in labour and the supernumerary status of the shift leader if they are providing clinical care. There are lots of actions to support the teams to reduce the red flags and this has improved the position, there is a reduction in the number of flags January. Induction of labour pathway delays have also seen positive movement.

Mrs Jeffrey advised the Trust have achieved its full CNST rebate as we are able to provide assurance against all 10 safety areas. There has been much work to achieve this for two years in a row. The year 4 requirements are very high and there is a realism about this, but we will do our best to achieve.

RESOLVED THAT: The Trust Board received the report for assurance

176/21 Report of the Audit & Assurance Committee

Ms Day presented the report which was taken as read.

- Committee received the first of the new format reports on tracking status of the VFM recommendations. This will be a useful tool but the progress itself has not been strong, mainly due to operational issues; however, there is a clear mechanism to update and review.
- Risk – Mrs Gardner attended and provided a positive overview of risk assurance, the corporate risk register and risk management linkage with the BAF. An assurance level of 5 was reported.

RESOLVED THAT: the report be noted for assurance

177/21 Report of the Trust Management Executive

Mr Hopkins presented the report which was taken as read.



- The new template report was welcomed
- TME's agenda is directly linked to the BAF, outcomes and assurance
- Shorter agenda in January and these have fed through governance
- Sir David remained concerned regarding scale of TME agenda and Mr Hopkins advised this was under discussion with Ms O'Connor

ACTION: Ms O'Connor to amend the heading "outcome" on the report template

RESOLVED THAT: the report be noted for assurance

178/21

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 March 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
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	
10.02.22	IPR	159/21	A briefing to clarify the approval/funding of additional posts to be provided to the Chair	TR/R T	March 2022		A meeting is scheduled for 8 March to review	
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	April 2022	Policy scheduled for March TME	
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		To be circulated by 31 st 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/T R	March 2022		Work on developing the implementation plan has been delayed due to wave 4 of the pandemic. A task and finish group has been set up which meets fortnightly. Update to People & Culture Committee on 29 th March 2022	
11.3.21	Patient Story: Family Liaison Service	131/20	Development of a business case and interim plan to maintain the service and address any lessons learned specifically in addressing BAME needs	DK (PG)			Briefing paper attached. Action closed  TB - FLS and BAME Action.docx	
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. Briefing circulated. Action closed.	

10.2.22	CEO Report	171/21	Further reports on the CAU to the next QGC on behalf of the Trust Board.	PB/ PB/ CB	March 2022		Discussion has taken place at QGC and escalated as required. Action closed.	
10.2.22	TME Report	177/21	Ms O'Connor to amend the heading "outcome" on the report template	ROC	April 2022		Template amended. Action complete.	

Meeting	Trust Board
Date of meeting	10 March 2022
Paper number	Enc C1

Chair's Report

For approval:	X	For discussion:		For assurance:		To note:	
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Accountable Director	Sir David Nicholson Chair		
Presented by	Sir David Nicholson Chair	Author /s	Rebecca O'Connor Company Secretary

Alignment to the Trust's strategic objectives (x)

Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	X	Best people	
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations

The Trust Board are requested to ratify the action undertaken on the Chair's behalf since the last Trust Board meeting in February 2022.

Executive summary

The Chair, undertook a Chair's Action in accordance with Section 24.2 of the Trust Standing Orders to agree to support the revised business case for DCR enhancements, including the clarification of non cash releasing benefits/benefits realisation

Risk

Which key red risks does this report address?		What BAF risk does this report address?	BAF 16 Digital
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Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	X
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Financial Risk

Action

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

Meeting	Trust Board
Date of meeting	10 March 2022
Paper number	Enc C2

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
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Report previously reviewed by

Committee/Group	Date	Outcome
N/A		

Recommendations

The Trust Board is requested to

- Note this report.

Executive summary

This report is to brief the Board on various local and national issues. Items within this report are as follows:

- Development of First Floor Oncology Building at Worcestershire Royal
- Breast Imaging Unit Development
- Additional Diagnostic Capacity at the Alexandra and Kidderminster
- LGBTQ+ Network Relaunch
- Big Quality Conversation
- ICS Update

Risk

Which key red risks does this report address?	N/A	What BAF risk does this report address?	N/A
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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						

Meeting	Trust Board
Date of meeting	10 March 2022
Paper number	Enc C2

<p>Introduction/Background</p> <p>This report gives members an update on various local, regional and national issues.</p>
<p>Issues and options</p> <p>Development of First Floor Oncology Building at Worcestershire Royal</p> <p>Board colleagues will be aware of the redevelopment of a previously unoccupied area on the first floor of the Oncology building at WRH, which was made possible by some additional national capital funding. I am pleased to be able to report that the project was completed on time, despite the extremely demanding deadline, and a high quality 29-bedded unit has now been handed over by the developers as planned. I would like to thank everyone who has played a part in this important project which will create some much needed additional capacity on the Worcester site.</p> <p>Breast Imaging Unit Development</p> <p>Further investment in facilities at the Alexandra Hospital has seen the opening recently of our new Breast Imaging Unit. The new purpose-built extension, which replaces the previous mobile breast imaging unit, incorporates two dedicated rooms for breast mammography and ultrasound scans and is located close to the breast surgery clinics to allow a seamless and accessible pathway for patients.</p> <p>It is part of a wider £5 million programme to improve breast imaging services across Worcestershire and Herefordshire which also includes an extension to the Worcestershire Breast Unit at WRH (due to open later this month) and three new mobile screening vans.</p> <p>Additional Diagnostic Capacity at the Alexandra and Kidderminster</p> <p>Other developments at the Alexandra include the installation of additional mobile MRI and CT scanners to provide much needed short term extra diagnostic capacity which is in addition to the permanent on site scanners already there.</p> <p>This is an important part of our work to improve access for our patients to a range of important procedures which are an essential part of the early diagnosis and timely treatment of some potentially serious conditions, including many forms of cancer.</p> <p>The new facilities at the Alexandra form part of a wider programme of improvements to diagnostic facilities at all our hospital sites which will support our efforts to put our patients first, deliver the highest quality care possible and reduce waiting lists which have grown during the Covid pandemic.</p> <p>Additional mobile endoscopy and CT units that were installed at Kidderminster Hospital and Treatment Centre in October 2021 have already enabled us to see thousands more patients for diagnostic test. Work is also well underway on a new permanent Community Diagnostic Centre (CDC) at Kidderminster which will offer an expanded endoscopy service, an additional CT scanner and additional ultrasound room for patients from across Worcestershire.</p> <p>LGBTQ+ Network Relaunch</p> <p>February saw the relaunch of our LGBTQ+ Staff Network, an important part of our wider efforts to build an even more inclusive, supportive working environment for colleagues. The relaunch was timed to coincide with LGBT+ History Month, with a well-attended virtual</p>

Meeting	Trust Board
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event held on 15 February and a takeover of my weekly message by the new network chair, Dr Luke Simonds. Congratulations to Luke for a successful relaunch. The network will meet monthly and key areas of focus include our participation as a Trust in the next phase of the Rainbow Badge initiative.

Big Quality Conversation

Our 2022 Big Quality Conversation launched in mid-February and runs until the end of March. It is an important way for us to capture the views of people who have been cared for in our hospitals, and for us to test how well we are living up to our commitment of putting patients first. What we hear will help to shape our quality strategy and priorities for 2022/23 and beyond.

The Big Quality Conversation is a quick (no more than 10 minute) online survey which can be accessed through the direct link <https://surveyhero.com/c/ke9egvcj%20> or via a QR code which is included in the posters we have produced. At the time of writing this update we had received more than 300 responses and we will continue to actively promote the survey through the rest of this month. It will also provide us with some important equality and diversity data, and with that in mind the questions are offered in 40 different languages.

ICS update

The new ICS chair Chrisni Waring started in post this month. Kath Cobain has been appointed as the Chief Nursing Officer. Other posts are being recruited to. The proposed ICB operating model has been issued for consultation and will be reviewed alongside the emergent operating model for Place. We are working closely with the Worcestershire Executive Committee (Place) leadership to define the leadership requirements to deliver the transformation, shared risk and operational performance to achieve our shared objectives for patients.

Recommendations

The Trust Board is requested to

- Note this report.

Appendices - None

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

Communications and Engagement Update

For approval:		For discussion:		For assurance:		To note:	X
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Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	Author /s	Richard Haynes

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
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations	Board members are asked to note the report
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Executive summary	<p>This report provides Board members with examples of significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.</p> <p>In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive recruitment, media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust.</p>
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Risk

Which key red risks does this report address?		What BAF risk does this report address?	BAF Risk 12: If we have a poor reputation then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care							
Assurance Level (x)	<div><div>0</div><div>1</div><div>2</div><div></div><div>3</div><div></div><div>4</div><div></div><div>5</div><div>x</div><div>6</div><div>7</div><div>N/A</div></div>									
Financial Risk	Related activities carried out within the existing communications budget or covered by the budgets of supported projects or programmes.									
Action										

Meeting	Trust Board
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Is there an action plan in place to deliver the desired improvement outcomes?	Y		N	X	N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	X	N			
If no has the action plan been revised/ enhanced	Y		N	X		
Timescales to achieve next level of assurance	Communications and engagement priorities for 21/22 are aligned with Trust planning priorities and timelines in ways which are consistent with our Communications Strategy, subject to capacity constraints. Progress and issues will be reflected in future Board updates					

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

Introduction/Background

This report provides Board members with examples of significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.

In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.

This report also looks at some highlights of the partnership working between our communications teams and colleagues in the Worcestershire Acute Hospitals Charity.

Issues and options

Positive proactive media and social media



A number of our media releases have been generated significant positive media and social media coverage and comment, including a series of releases about current developments (some of which are covered in the Chief Executive's Report) - additional diagnostic capacity at The Alexandra and Kidderminster, new Breast Imaging Units unit at the Alexandra (pictured) and Worcestershire Royal and the conversion of the first floor of the oncology building at WRH.

Other stories which have attracted local, regional and national interest include our ED Consultant Karen Jones (pictured), who is a former England rugby captain and Jackie Fowler, a nurse based at the Alexandra, who is riding the entire Tour de France course for charity, at the age of 60.



4ward Improvement System

We have been working closely with colleagues in our improvement team to develop messaging and materials to help build interest in, and raise awareness of, our 4ward Improvement System.

Communications Capacity – 4ward Improvement System and Digital Care Record

Given previous discussions at Board about the communications resource implications of major service developments, funding for dedicated in-house communications support was built into the single improvement methodology business case.

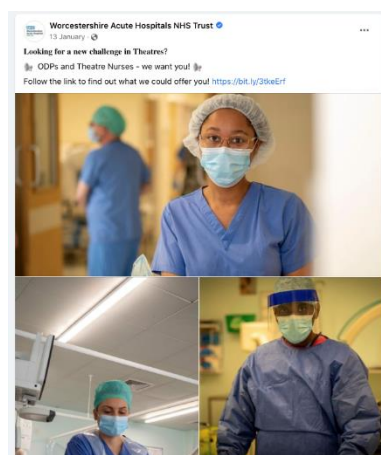
Meeting	Trust Board
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Combined with a similar amount of funding built into the Digital Care Record (DCR) business case this has enabled us to recruit to a new fixed term 1.0 wte communications post to support both of these important programmes of work from the beginning of April.

I am pleased to be able to tell Board members that we successfully recruited to this post by way of an internal promotion from within our communications team and we are now out to external recruitment to backfill the vacated post.

Recruitment

In January we worked with colleagues from theatres to run a targeted recruitment campaign. After creating a suite of engaging visual materials, we set up, monitored and adapted a bespoke social media advertising campaign to recruit Operating Department Practitioners and Theatre Nurses.



Our targeted advertising reached 9,832 people who had expressed an interest or who had worked in the field, and this led 416 direct visits to our recruitment website page and then onto 22 completed job applications for four different roles, with 9 of those being shortlisted for interview.

The feedback from the interviewing team in Theatres was that there were "a couple of excellent candidates that will be a real benefit to us, a couple of very experienced ODPs and theatre nurses and plenty of students who we can hopefully grow into outstanding theatre practitioners".

Covid Response

The Trust's ongoing response to the Covid pandemic continues to require a high level of internal communication support.

Our regular Coronavirus Staff Briefing - keeping colleagues up-to-date with the latest news, guidance and clinical advice – reached its 300th edition at the beginning of March.

The Covid Update is currently running at three editions per week, and is distributed via all staff email and our Staff Facebook Group. Over the two years of the pandemic, it has been used to share thousands of articles and documents covering all aspects of our incident response and generated page views running into the millions.

Other Covid related policy issues have also required significant communications input, including the proposals regarding legislation on Vaccination as a Condition of Deployment (VCOD)

For patients and the public we have used a wide range of channels to provide up to date information on issues such as infection prevention and control requirements when visiting our hospitals.

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Celebrating LGBT+ History Month



We worked with colleagues from the Trust's LGBTQ+ Staff Network to run a campaign throughout February raising awareness of the Staff Network amongst colleagues and celebrating LGBT+ History Month, including a 'takeover' of the Chief Executive's Weekly Message by the Chair of our LGBTQ+ Network.

The campaign also included visual posters, computer screensavers, social media posts and internal staff newsletter articles. Alongside this work, we helped the Network highlight the next step the Trust is taking, by signing up to the NHS Rainbow Badge Scheme.

Supporting our BAME Network to reach more staff

We meet with members of our Trust's BAME Staff Network weekly to hear about their latest discussions and discuss how we can help share their support and initiatives with more colleagues.

Recently we've been discussing how to share information about the Trust's new Behavioural Charter, outlining our clear position against discrimination of any kind. We've also been working with members of the BAME Network to nominate outstanding colleagues from BAME backgrounds for national awards to give them the recognition they deserve.

Communications Calendar

Further to previous discussions at Trust Board, to support our planning and improve visibility on communications opportunities to engage with a more diverse audience, we have developed a communications calendar, setting out each month religious festivals, special events and themed days/weeks/months as well as NHS and health related events and key Trust specific developments and milestones.

Work Together, Celebrate Together – a special 'Thank You' for our Catering Teams

Our offer of a free meal and drink for colleagues working on site during the Christmas and New Year period was, as Board members will be aware, very well received by staff – but it was an additional challenge for our catering teams at what is already a very busy time of year.



To say a special thank you for all their hard work in keeping the queues moving and providing service with a smile, members of the executive team presented our catering teams with handwritten giant 'Thank You Thursday' cards as well as toiletries gift sets and chocolates.

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Social media report

We continue to be one of the most well-followed NHS Trusts in the country on social media, as the most followed on TikTok, and in the top 5 on both Instagram and Facebook.

Over the last three months since the most recent Communications update to Board, our social media content featuring real stories of our staff and how they've been Putting Patients First has been seen well over a million times, including 628,453 times on Facebook, 342,891 times on Twitter.

Charity support

We worked with the Worcestershire Acute Hospitals Charity to promote their 'Wonders of Worcestershire' Christmas campaign as widely as possible.

Our use of targeted advertising on Facebook and Instagram led to more than 19,000 additional people seeing the campaign materials online, and we can directly attribute a number of donations to this advertising, increasing the amount raised to almost £5,000.

Conclusion

Demand for communications and engagement support continues to grow rapidly and with finite capacity we are trying to focus our time and skills on those areas which will provide most value to the Trust's wider strategic and operational priorities.

With many exciting communications opportunities and developments approaching, the additional capacity to support the 4ward Improvement System and Digital Care Record programmes is welcome.

Recommendations

Board members are asked to note the report

Meeting	Trust Board
Date of meeting	10 March 2022
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Board Assurance Framework

For approval:	X	For discussion:		For assurance:	X	To note:	
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Accountable Director	Chief Nursing Officer, Paula Gardner		
Presented by	Rebecca O'Connor, Company Secretary	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
TME	16 February 2022	Noted
Quality Governance	24 February 2022	Noted – reading room
Finance and Performance	23 February 2022	Noted – reading room
Audit & Assurance	8 March 2022	

Recommendations	To review and approve the Board Assurance Framework and reported updates on a confirm or challenge basis
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Executive summary	<p>This report sets out the full Board Assurance Framework (BAF) following a process of review by Executives. The output will be considered during the February Committee cycle and the BAF reported to Trust Board</p> <ul style="list-style-type: none"> The full BAF (at the current point of review) is enclosed within the reading room There has been one change in BAF score since the last high level summary to Trust Board in December 2021. BAF 14 health and wellbeing has decreased from 12 to 10. There have been three changes in level of assurance; BAF risks 9, 10 and 17 all having increased the level of assurance provided. Supporting detail and control measures for all risks have been reviewed and updated.
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Risk	
Which key red risks does this report address?	What BAF risk does this report address?
	All BAF risks as outlined in this report.
Assurance Level (x)	0 1 2 3 4 5 X 6 7 N/A
Financial Risk	If the Trust does not have a robust BAF and system of monitoring in place there is the risk that the strategic objectives will not be achieved, which could have regulatory, reputation and financial implications and could impact on the quality of care that is provided. Specific risks relate to financial balance and capital.

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Individual risks and associated controls and or mitigating actions may have financial implications.

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		As per report	
If no has the action plan been revised/ enhanced	Y		N		As per report	
Timescales to achieve next level of assurance	As outlined for each risk					

Introduction/Background

The Trust Board is responsible for identifying and monitoring the risks to the achievement of the Trust’s strategic objectives. This is achieved through the development of a BAF, which is monitored by the Trust Board and its Committees for areas of their authority.

The Audit and Assurance Committee also has oversight of the BAF to inform the annual programme of internal audit activity and to allow the Committee to discharge its duties in terms of providing assurance around the robustness of the overall system of internal control, of which the BAF is an integral component. Strategic risks on the BAF are those which are of such importance, that failure to control the same, may cause the Trust to fail to deliver its strategic objectives. This report provides assurance as to the management of strategic risks which are presented on a confirm or challenge basis.

Issues and options

BAF Summary

A summary of the risk position is as follows:

	Number	Comment
New Risks opened	0	
Risks Closed	0	
Risks Escalating	0	
Risks De-escalating	1	BAF 14 decreased from risk score 12 to 10
Total risks identified	17	
Level of assurance changes	3	BAF 9; increased to level 5 BAF 10; increased to level 5 BAF 14; increased to level 5

A summary of the Trust’s risk exposure is below. This shows that whilst the mitigations put in place are slightly reducing the overall risk exposure, this remains very high.

	Extreme	High	Moderate	Low
Current risk score	11	6	-	-
Initial risk score	13	4		

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BAF Updates

BAF risks have been reviewed and updated, the following changes have been endorsed by Committees as follows:

- Risks Closed/Closed:**

None

- Risk Escalating/ De-escalating:**

BAF 14 – risk score has decreased from 12 to 10 as a result of the mitigations in place.

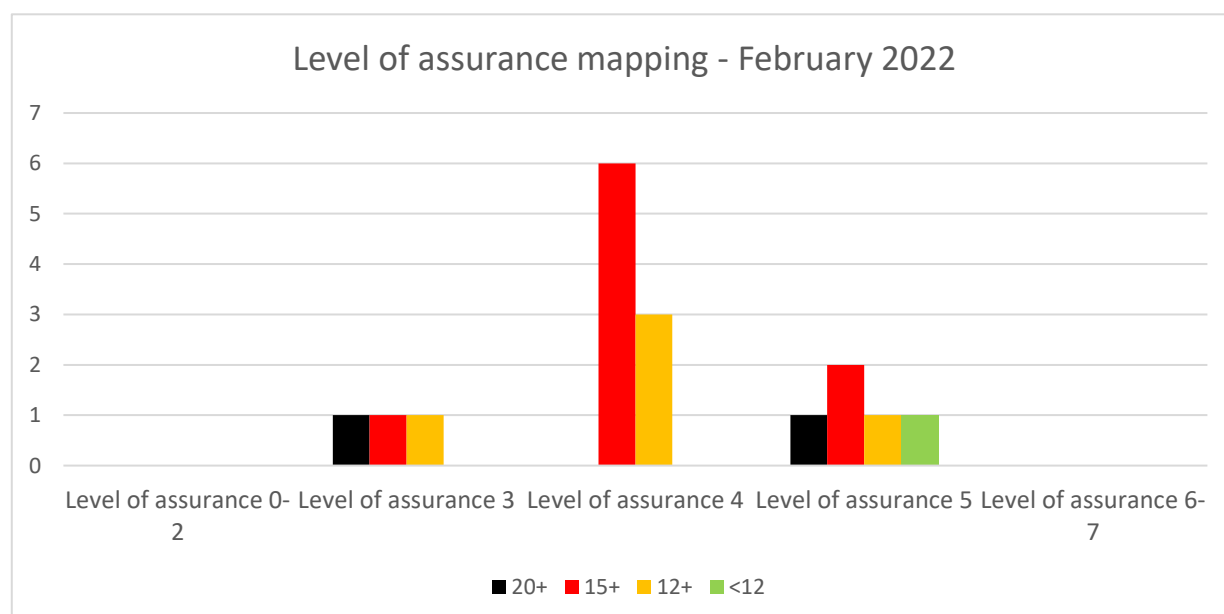
- Risk Narrative Updates**

Reviews of all risks have taken place and updates made to all current BAF risks in respect of the actions, controls and mitigations. The latest full BAF is enclosed in the reading room and the high level summary is appended.

Level of Assurance

The level of assurance is mapped as follows. The graph shows the number of risks and their risk score mapped against the level of assurance; the majority of risks (10) having a level 4 assurance. Of the 17 risks, 15 provide level 4 assurance or above.

Tracking of assurance levels demonstrates the improvement made in assurance of the BAF risks, this is shown by movement to the right of the graph. There are more risks with an increased level of assurance and more highly scoring risks with an improved level of assurance than reported in December 2021.



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The change in levels of assurance can be tracked in the following table which will be added to throughout the year:

	No. of Risks Nov 21	No. of Risks Dec 21	No. of Risks Feb 22	Change from last Board report
Level of assurance 0-2	-	-	-	-
Level of assurance 3	3	4	3	-1
Level of assurance 4	12	10	10	No change
Level of assurance 5	2	3	5	+2
Level of assurance 6-7	-	-	-	-

Mapping of Strategic Risks Against Strategic Objectives

The table below shows a mapping of the Trust's strategic objectives and goals against the risks identified in the assurance framework. All strategic objectives and goals are covered by a range of risks.

		BAF 2	BAF 3	BAF 4	BAF 7	BAF 8	BAF 9	BAF 10	BAF 11	BAF 13	BAF 14	BAF 15	BAF 16	BAF 17	BAF 18	BAF 19	BAF 20	BAF 21
Strategic Objective	Best services for local people	X							X	X			X	X	X			X
	Best experience of care & outcomes for our patients		X	X					X							X	X	
	Best use of resources				X	X			X									
	Best people						x	x	X		X	X		X				
Goal	Goal – strategy	X							X	X		X	X	X	X			X
	Goal – quality		X	X					X							X	X	
	Goal - finance				X	X			X									
	Goal – workforce and culture						X	X	x		X	X						

• Risk Exposure

The Trust's risk exposure is static from the last report, but increasing in general over the medium term. This is due to a number of factors including the ongoing impact of Covid, its impact on restoration and recovery and urgent and emergency care pressures etc.

Mitigating activity, controls and assurance are identified for all risks and detailed within the reading room. The intention being the mitigations in place demonstrate a reduction in risk exposure from the initial to residual risk scores. However, there are times where despite there being control measures in place, these are not yet sufficiently effective, nor embedded to enable a reduction in the current risk score. It is not within the Trust's risk appetite to accept risks with no control measures in place.

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- Risk Appetite**

The Trust's risk appetite is not necessarily static, but all risks are expected to have controls and mitigations in place, which aim to reduce the risk exposure to a tolerable level. The Trust Board may vary the amount of risk that it is prepared to tolerate depending on the circumstances at the time. Committees review the BAF and can make recommendations to the Trust Board regarding the adequacy of the outlined mitigations and control measures. If the Trust Board is unwilling to accept the level of risk to which it is currently exposed, it is invited to consider further mitigating actions or challenge those already identified.

Conclusion

The Trust has a Board Assurance Framework in place which is operational and effective. The Trust's risk exposure is static from the last report and mitigating actions are as outlined in this report.

Recommendations

To review and approve the Board Assurance Framework and reported updates on a confirm or challenge basis

Appendices

High level BAF risk summary
 Full BAF within the reading room

BOARD ASSURANCE FRAMEWORK MARCH 2022

Risk Number	Theme	Risk Description	Exec Lead	Responsible Committee	Current Risk Score			Change	Previous Risk Score	Initial Risk Score	Risk appetite	Level of Assurance	Change
					Likelihood	Consequence	Risk Score						
Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort	Sort
18	Activity	If we are unable to increase elective activity, remove long waits and reduce waiting list size in a timely and cost effective manner, then patient outcomes will suffer, patient care will be compromised and/or costs will increase	COO	QGC/F&P	5	5	25	→	25	25	Low	5	→
7	Finance	If we fail to address the drivers of the underlying deficit and fail to respond effectively to the new financial regime (post COVID-19), then we will not achieve financial sustainability (as measured through achievement of the structural level of deficit [to be fully determined]) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.	CFO	F&P	5	4	20	→	20	15	Low	3	→
13	Cyber	If we do not have assurance on the technology estate lifecycle maintenance and asset management then we could be open to a cybersecurity attack or technology failure resulting in possible loss of service.	Chief Digital Officer	F&P	4	4	16	→	16	20	Low	3	→
16	Digital	If we do not make best use of technology and information to support the delivery of patient care and supporting services, then the Trust will not be able to deliver the best possible patient care in the most efficient and effective way	Chief Digital Officer	F&P	4	4	16	→	16	20	Low	5	→
19	System working	If we do not have effective system wide working to enhance patient flow and to ensure patients are managed in the most appropriate environment, then we will not be able to manage the level of urgent care activity and patient experience for patients who are clinically ready for discharge, but have not been, will suffer	COO	QGC/F&P	4	4	16	→	16	16	Low	4	→
20	Urgent care	If we do not ensure that all actions are in place to enable discharge at the point of being ready for clinical discharge then we will adversely impact patient experience and inhibit flow	COO	QGC/F&P	4	4	16	→	16	16	Low	4	→
3	Clinical Services	If we do not implement the Clinical Services Strategy then we will not be able to realise the benefits of the proposed service changes in full, causing reputational damage and impacting on patient experience and patient outcomes.	CMO/Dir of S&P	QGC	4	4	16	→	16	15	Low	4	→
17	Engagement with staff	If we fail to effectively involve our staff and learn lessons from the management of change and redesign / transformation of services, then it will adversely affect the success of the implementation of our Clinical Services Strategy resulting in missed opportunity to fully capitalise on the benefits of change and adversely impact staff engagement, morale and performance	COO/Dir P&C	QGC/P&C	4	4	16	→	16	12	Low	5	↑
2	Engagement with patients, public and partners	If we fail to effectively engage and involve our patients, the public and other key stakeholders in the redesign and transformation of services then it will adversely affect implementation of our Clinical Services Strategy in full resulting in a detrimental impact on patient experience and a loss of public and regulatory confidence in the Trust.	Director of C&E/CNO	QGC	4	4	16	→	16	12	Moderate	4	→
11	Reputation	If we have a poor reputation this will result in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care.	Director of C&E	QGC	4	4	16	→	16	12	Moderate	4	→
9	Workforce	If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting in poor patient and staff experience and premium staffing costs.	Director of People & Culture	P&C/Trust Board	5	3	15	→	15	15	Moderate	4	↑
4	Quality	If we do not have in place robust systems and processes to ensure improvement of quality and safety and to meet the national patient safety strategy, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes.	CMO/CMO	QGC	3	4	12	→	12	20	Low	4	→
21	ICS	If the Trust fails to capitalise on the benefits of integrated care at Place, System or intra System level then this will result in missed opportunities to improve quality of care, patient experience, efficiency or financial sustainability	Director of Strategy	Trust Board	3	4	12	→	12	16	Low	3	→
10	Culture	If we fail to sustain the positive change in organisational culture, then we may fail to have the best people which will impede the delivery of safe, effective high quality compassionate treatment and care.	Director of People & Culture	People and Culture/Trust Board	3	4	12	→	12	15	Moderate	5	↑
8	Infrastructure	If we are not able to secure financing then we will not be able, to address critical infrastructure risks as well as maintain and modernise our estate, infrastructure, and facilities; equipment and digital technology resulting in a risk of business continuity and delivery of safe, effective and efficient care.	Chief Digital Officer	F&P	3	4	12	→	12	15	Moderate	4	→
15	Leadership	If we do not have a comprehensive leadership model and plan in place then we may not have the right leadership capability and capacity to deliver our strategic objectives and priorities	Director of People & Culture	Trust Board	3	4	12	→	12	12	Moderate	4	→
14	Health and Wellbeing	If we do not have the capacity and capacity to implement, or staff do not access, health and wellbeing support then we may be unable to maintain safe staffing levels due to higher rates of absence and staff turnover	Director of People & Culture	P&C	2	5	10	↓	12	15	Moderate	5	→

Meeting	Trust Board
Date of meeting	10 th March 2022
Paper number	Enc F

Integrated Performance Report – Month 10 2021/22

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	Rebecca Brown – Deputy 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
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Report previously reviewed by

Committee/Group	Date	Outcome
TME	16 th February 2022	Approved
Finance and Performance	23 rd February 2022	Assured
Quality Governance	24 th February 2022	Assured

Recommendations

- The Board is asked to
- note this report for assurance

Key Issues

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 10 January 2022 and FOT

Against the M10 plan of £0.6m surplus we report an **actual deficit of £(0.2)m, an adverse variance of £0.7m**. Against the H2 plan of £(0.4)m deficit, H2 to date at month 10 (January 2022) we report an actual deficit of £1m. **Adverse H2 cumulative variance of £0.5m.**

An assessment of risks and opportunities incorporating the month 10 results still suggests a likely out turn position of £(4.3)m, consistent with what we reported in M9.

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Paper number	Enc F

	£m
Plan	(1.9)
Independent Sector (IS) System risk following change in guidance	(1.8)
Pay variance as a result of COVID / absenteeism	(2.0)
Training and Education Income	0.9
Other misc, favourable variances	1.0
Clinical Assessment Unit cost estimate	(0.5)
TOTAL	(4.3)

The £4.3m forecast figure has been shared with both the system and NHSE&I and remains under discussion for additional ICS redistribution support, particularly CAU and IS elements.

Covid Expenditure.

Year to date spend is £(9.5)m against a plan of £(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 10 including PFI (IFRIC 12), invoiced values and work in progress (WIP) is £23.9m. This is an increase of £6.5m since month 9. We have commitments/outstanding purchase orders placed at a value of £15.9m where work should be completed or equipment received before the end of the financial year. The existing Letter of Intent for our UEC project that will enable us to draw down the value of works complete, which is included in our outstanding orders total.

Orders yet to be committed plus existing professional SLA's (project Management / Quantity surveyors) have a total value of £13.6m required to meet our expected FYF in 2021/22. These are principally within Digital and Estates.

The Capital Plan for the financial year 2021/22 remains at £51.9m (excluding ASR value now into 22/23).

The Capital Plan for 2022/23 is currently being developed to confirm priorities for internally and externally funded schemes and to enable the trust to deliver VfM within the resources available.

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Paper number	Enc F

People and Culture

Total hours worked have increased by 84 wte this month which is 163 wte higher than the same period last year. This increase is being driven by the opening of SCU and the Clinical Assessment Unit. Hours worked are also affected by the increase in staff absence due to wave 4 of the pandemic as we have required additional temporary staff to cover.

Challenges with substantive recruitment continue and this is being impacted by the increase in staff turnover. Work continues under the Best People Programme to reduce our reliance on the temporary workforce.

Emergency and Urgent care and Patient Flow & Capacity

Our services continue to operate under sustained pressure. We have seen increases in covid-19 demand as a result of the Omicron variant with an average of 75 patients per day and 91 inpatients at its peak which in turn have placed further pressure on our staff and challenged our capacity. System flow has remained challenged with sustained numbers of medically fit patients waiting in our hospitals for a supported discharge.

Over December 2021 and January 2022, on any given day there were 30-55 patients (average 37) who were occupying a WRH acute hospital bed 24 hours after being declared as no longer needing acute hospital care.

The collective impact of the non-elective demand has placed continued pressure on our capacity and has led to operational challenges; however we were able to maintain our elective bed base.

Our Type 1 front door demand was 3.5% higher than Dec-21 and a 7% increase on Jan-20. Attendances YTD remain 9% higher than Apr-19 to Jan-20. (124,979 attendances compared to 114,233). The increase for emergency admissions via ED is 6% higher from 29,314 in 19/20 to 30,992 in 21/22.

These non-elective pressures have resulted in crowding in our Emergency Department (ED) which has impacted our ambulance handover performance. The high demand and long delays means that providing timely access to urgent and emergency care services is an ongoing challenge. Unfortunately, the flow challenges have resulted in a high number of 12-hour trolley waits and time spent in department.

Recovery and restoration of the elective programme including Outpatients and Diagnostics

The sustained front door and NEL pressure described in the previous section has had an impact on delivery of our elective recovery ambitions in Jan-22. At the time of formulating our H2 plans, the influence of Omicron was an unknown factor so targets were set without this context.

That said concerted and sustained scrutiny of our PTL has resulted in the RTT waiting list reducing down to a validated position of 56,728 against a target of no more than 59,441. 1,573 of our long wait patients have been waiting 78 weeks or more with 490 of that cohort waiting over 104 weeks

Meeting	Trust Board
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Paper number	Enc F

which represents a reduction from the 963 waiting over 104 weeks at the beginning of the year, and includes 297 patients waiting for orthodontic treatment.

Validated activity levels for DM01 diagnostic tests were above 17,000 in Jan-22 for the first time since Jan-20. Our overall diagnostics waiting list has reduced by a further 9.6% from Dec-21 and those patients waiting over 6+ weeks has decreased by 2% to 4,883; however, despite these reductions, the proportion waiting over 6+ weeks has worsened. The H2 targets have already been achieved by MRI, CT, non-obstetrics ultrasound and echocardiology whilst the ambitious endoscopy activity targets have not been achieved.

The following OP and EL IP activity levels are unvalidated based on our second SUS submission - total outpatient attendances are at 77% of Jan-20, with 40,853 patients seen which is below our Jan-22 H2 target by 561 attendances (Jan-20 was our highest month for outpatient attendances in 19/20 at 52,927). Consultant-led first attendances are at 82% and follow-ups at 71% of Jan-20 and under the H2 target by 657 and 788 attendances respectively. The total elective spells in the month (6,715) are at 82% of Jan-20 (under the H2 plan by 630 spells) with day case at 83% and elective ordinary spells at 72%.

Combined H1/H2 position as at January 2022

New Outpatients	3,365 above plan
Follow Up Outpatients	9,116 above plan
Day Cases	1,514 above plan
Inpatients	1,131 below plan
Total Electives	383 above plan

Infection Prevention and Control

C-Diff has exceeded the national target, E-Coli has exceeded the trust trajectory but is meeting the national target, and MSSA BSI infections have exceeded the trust target (no national target).

Progress with the enhanced C-Diff action plan has been significantly affected by operational and staffing pressures. These have resulted in delays to achievement of actions due to staff capacity constraints across all the teams involved, exacerbated by the pandemic surge. Recent progress has been made on deep cleaning facilities for beds and trolleys, and we are seeking assurance from the PFI that a robust programme of deep cleaning radiator covers has been established as this may be a factor in our increased infection rate.

MRSA BSI, Klebsiella species BSI and Pseudomonas aeruginosa BSI all reported zero cases in January 2022, and all remain on trajectory.

Risk

Meeting	Trust Board
Date of meeting	10 th March 2022
Paper number	Enc F

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 Jan-22 data) WAHT January 2022 in Numbers Infographic WAHT Maternity and Neonatal Dashboard (up to Jan-22) Committee Assurance Statements (Feb-22 meetings) 												

Trust Board

10th March 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 10 [January] 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	Jan-22	45.10%	-		-	64%	50%	78%
	Time to Initial Assessment - % within 15 minutes	Jan-22	73.30%	-		-	85%	78%	92%
	Average time in Dept for Non Admitted Patients	Jan-22	256	-		-	203	177	229
	Average time in Dept for Admitted Patients	Jan-22	704	-		-	436	330	542
	% Patients spending more than 12 hours in A&E	Jan-22	11.50%	-		-	5.48%	1.91%	9.04%
	Number of Patient spending more than 12 hours in A&E	Jan-22	1,324	-		-	621	267	976
	Number of Patient spending more than 12 hours in A&E	Jan-22	1,324	-		-	621	267	976
RTT	Incomplete (<18 wks)	Jan-22	47.55%	92%			70%	66%	75%
	52+ weeks waiting	Jan-22	6,185	0			1955	1,384	2,527
	104+ weeks waiting	Jan-22	490	0			52	19	86
CANCER	2WW All	Jan-22	54.77%	93%			81%	68%	94%
	2WW Breast Symptomatic	Jan-22	19.13%	93%			39%	-4%	83%
	62 Day All	Jan-22	54.82%	85%			69%	56%	81%
	104 day waits	Jan-22	121	0			58	24	92
	31 Day First Treatment	Jan-22	89.05%	96%			96%	92%	101%
	31 Day Surgery	Jan-22	72.70%	94%			86%	63%	110%
	31 Day Drugs	Jan-22	89.05%	98%			97%	87%	107%
	31 Day Radiotherapy	Jan-22	98.90%	94%			99%	93%	106%
	62 Day Screening	Jan-22	50.00%	90%			72%	34%	110%
	62 Day Upgrade	Jan-22	100.00%	90%			84%	51%	117%
Diagnostics (DM01 only)		Jan-22	54.48%	99%			75%	65%	85%
STROKE	CT Scan within 60 minutes	Dec-21	41.38%	80%			44%	21%	68%
	Seen in TIA clinic within 24hrs	Dec-21	95.60%	70%			84%	47%	122%
	Direct Admission	Dec-21	24.14%	90%			40%	16%	65%
	90% time on a Stroke Ward	Dec-21	67.24%	80%			74%	58%	89%

Operational Performance	Comments
Urgent and Emergency Care (validated)	<ul style="list-style-type: none"> In Jan-22, the Trust saw 11,726 patients attend our type 1 sites – in excess of historic seasonal variation (average of 9,817 across Jan-20 and Jan-21). Children and young people contributed 22% of the total attendances to WRH (having been 23% in Dec-21); this is 1,462 attendances with 340 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 patients has increased from 56 on the last day of December to 70 on the last day of January; 30 of the 70 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 315 to 361 and those waiting over 104 days has increased 95 to 121, with urology contributing the most patients to this cohort of our longest waiters (55%). Cancer referrals in Jan-22 increased from Dec-21 across all specialties with the exception of lower GI and urology. 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 although there is optimism that the WLIs are now reducing the long waits for appointments to be seen. The 28 Day Faster Diagnosis standard of 75% has not been achieved and Jan-22 is the lowest performance to date due to the delays on the 2WW pathways. Cancer 62 day waits continues to show special cause concern with only 55% 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 6,030 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (4,457), between 78 and 104 weeks (1,083) and those waiting over 104 weeks (490), all decreases on Dec-21. Of the 490 patients waiting over 104 weeks, 297 are waiting for orthodontic treatment and therefore our target of 0 is at risk of not being achieved. Although still below the H2 plan of no more than 59,411 patients, the RTT waiting list size remains a cause for concern; it is 61% larger than Mar-20's pre-covid submission and over 30,000 patients are now waiting over 18 weeks.
Outpatients (First SUS submission)	<ul style="list-style-type: none"> Long Waits: There are 31,816 RTT patients waiting for their first appointment and 7,635 of them have been dated. Based on our first SUS submission, Jan-22 saw 40,075 outpatient attendances take place (consultant and non-consultant led) and when compared to Jan-20 shows we undertook approximately 76% of historic activity levels (Jan-20 was our highest OP activity level in 19/20 at 52,927). H2 targets for Jan-22 are not yet achieved for our total outpatient or non-face-to-face attendances but are for 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"> Based on our first SUS submission, we have yet to achieve our H2 targets for elective inpatients with total elective spells in the month (6,709) at 82% of Jan-20 (under the H2 plan by 636 spells) which can be broken down as day case at 83% and elective ordinary spells at 72%. 11 eligible patients who had their operation cancelled were not rebooked within 28 days in Jan-22; however 24 patients (69%) were. The Independent Sector undertook no elective operations in Jan-22 but did perform 158 diagnostic tests and 80 procedures were undertaken in our Vanguard theatre.
Diagnostics (validated)	<ul style="list-style-type: none"> Long Waits: 4,883 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 1,917 have been waiting over 13 weeks with 57% of our longest waiters attributable to MRI and echocardiography. Activity in Jan-22 increased to 17,115 tests with 25% attributable to unscheduled (emergency) procedures. The waiting list size has decreased by a further 9.5% to 10,726, breaches decreased by 2.4% to 4,883 and DM01 performance seen an increase in the proportion of patients waiting 6+ weeks from 42.21% to 45.52% as the breaches haven't decreased at the same rate as overall waiting.

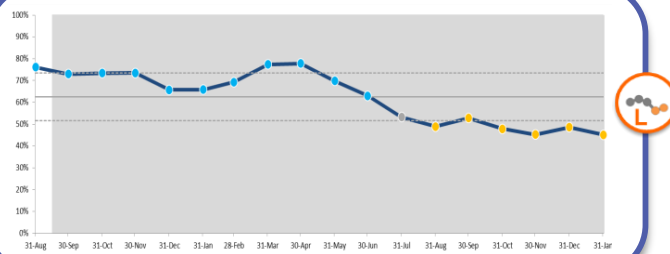
Percentage of Ambulance handover within 15 minutes	Time to Initial Assessment - % within 15 minutes	Time In Department			
		Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E
45.1%	73.3%	256 minutes	704 minutes	11.5%	1,324

What does the data tell us?

- **Urgent Care Indicators** – slides 6 and 7 highlight the continued pressure faced by the Trust during Jan-22 with all of the metrics showing special cause concern (outside the control limits) for the month.
- **EAS** - The overall EAS performance, which includes KTC and HACW MIUs, was 69.14% in Jan-22 – this is the seventh month of special cause concern. In context of attendances across our type 1 settings attendances increased by 3.5% from 11,327 to 11,726 whilst MIUs saw an 6.1% increase in attendances from 4,004 (Dec-21) to 4,249 (Jan-22).
- **EAS Type 1** – EAS performance at WRH was below 60% again at 54.35% and there was no statistical change at ALX (62.87%). 1,851 patients breached the 4 hour standard at the ALX and 3,077 at WRH; both an increase on Dec-21's breaches and against more total attendances. There were 11,327 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 Jan-22 who were children and young people was 22%, no significant change from Dec-21. This is the seventh month since Jan-21 where total paediatric attendances have been special cause concern due to 10 months above the mean. 23% 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 921 x 60 minute ambulance handover delays with breaches at both sites – the increase in breaches from Dec-21 continues to be 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 197 validated 12 hour trolley breaches in Jan-22 compared to 167 in Jan-20 – this remains a special cause concern for our processes.
- **Specialty Review times** – Specialty Review times are now highlighted as a cause for concern with 8 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 decreased, albeit not significantly, from 1,200 in Dec-21 to 1,185. This metric shows special cause variation because Jan-22 is still outside of the upper control limit and shows a run of 8 months above the mean.
- **Conversion rates** – 3,240 patients were admitted in Jan-22; a Trust conversion rate of 28.12%. The conversion rate at WRH was 31.50% and the ALX was 23.69%, the second lowest of the financial year.
- **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 Jan-22 because the value is above the upper control limit for the second consecutive month.

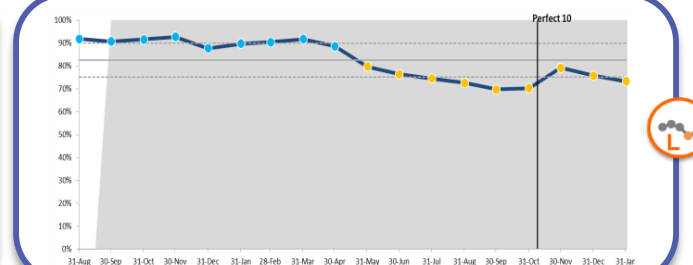
Percentage of Ambulance handover within 15 minutes

45.1%



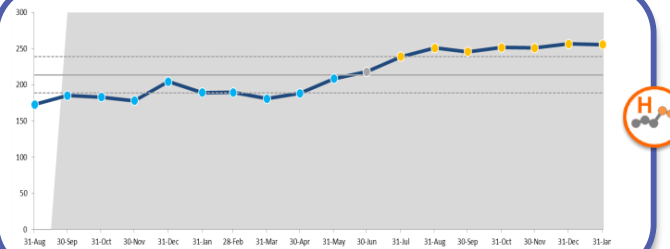
Time to Initial Assessment - % within 15 minutes

73.3%



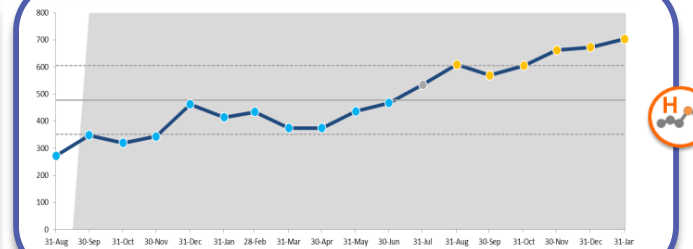
Average time in Dept for Non Admitted Patients

256 mins



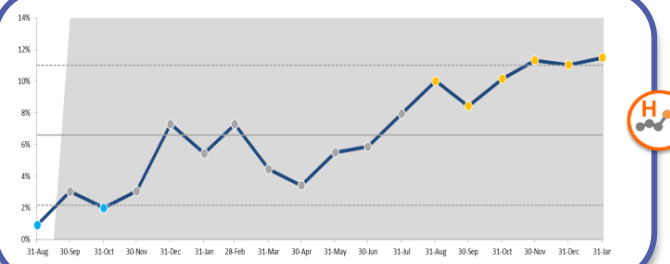
Average time in Dept for Admitted Patients

704 mins



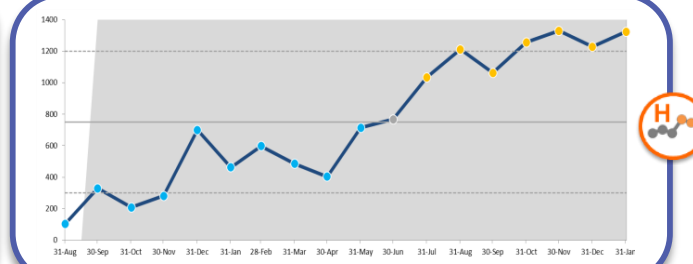
% Patients spending more than 12 hours in A&E

11.5%



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

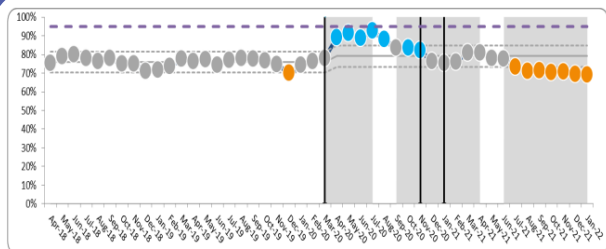
1,324



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.

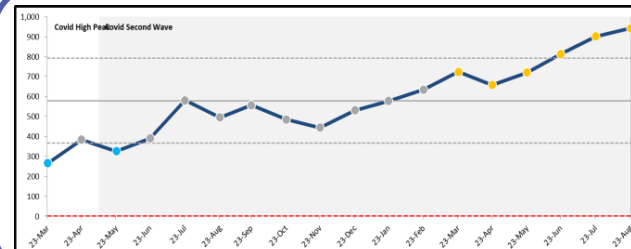
4 Hour EAS
(all)

69.14%



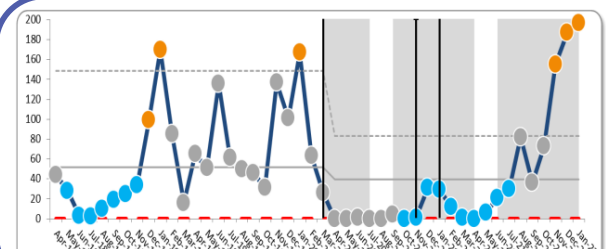
Aggregated
Patient Delay
(APD)

940



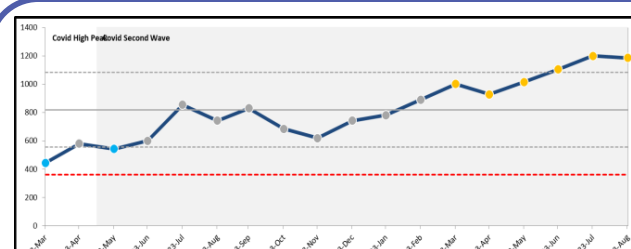
12 Hour
Trolley
Breaches

197



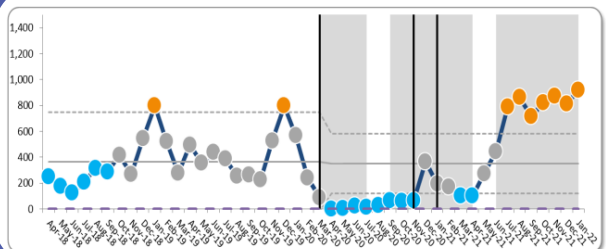
Total time
spent in A&E
(95th
Percentile)

1,185



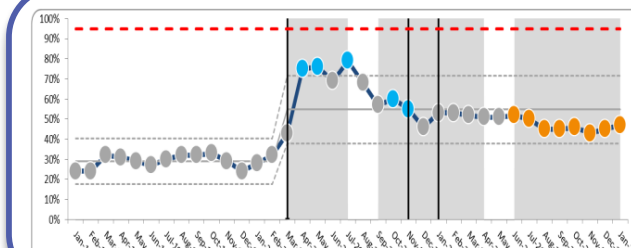
60 minute
Ambulance
Handover
Delays

921



Specialty
Review
within 1
hour

47.0%



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

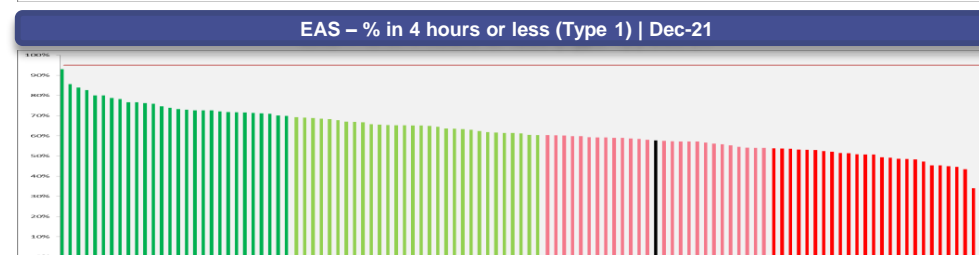
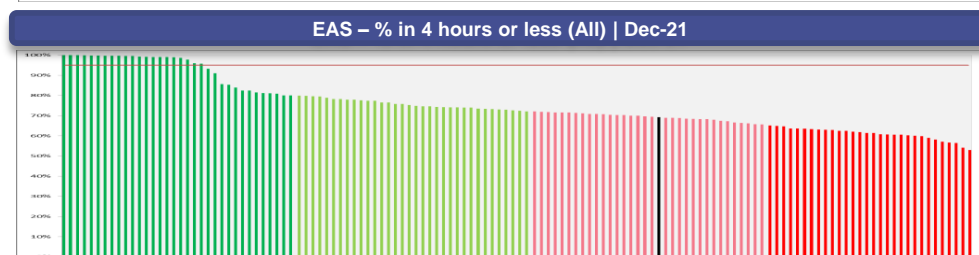
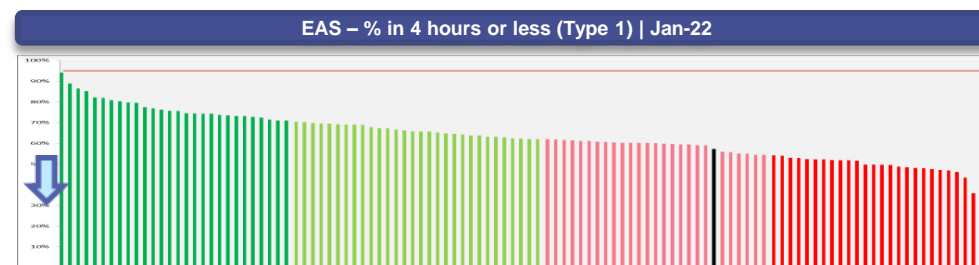
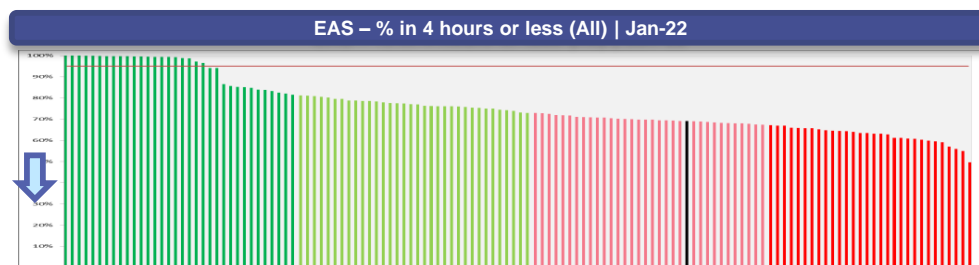
- Internal target
- Operational standard

National Benchmarking (January 2022)

EAS (All) –All 13 West Midlands Trusts saw a decrease in performance between Dec-21 and Jan-22 This Trust was ranked 8 out of 13; no change from the previous month. The peer group performance ranged from 54.93% to 81.23% with a peer group average of 67.98%; improving from 66.97% the previous month. The England average for Jan-22 was 73.30% a -0.7% decrease from 74.00% in Dec-21.

(Type 1) - The Trust was one of 6 of 13 West Midlands Trust which saw a decrease in performance between Dec-21 and Jan-22 This Trust was ranked 8 out of 13; where we were 7th the previous month. The peer group performance ranged from 46.14% to 73.14% with a peer group average of 56.92%; improving from 55.91% the previous month. The England average for Jan-22 was 62.30% a 1.1% increase from 61.20% in Dec-21.

In Jan-22, there were 16,558 patients recorded as spending >12 hours from decision to admit to admission. 197 of these patients were from WAHT; 1.18% of the total.



■ WAHT — Operational Standard 95%

Operational Performance: Patient Flow and Capacity

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

Discharges before Midday (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 (Dec-21)	Discharges as a % of admissions IP only non-covid wards (Target >100%)			
WRH	15.1%	ALX	20%	WRH	44	ALX	26	42 beds	WRH	5.4	ALX	4.7	3.2%	WRH	91.7%	ALX	91.4%

What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) continues to special cause concern; this is the combined effect of both sites not able to discharge patients before midday. As at the last day of the month, the number of patients with a length of stay in excess of 21 days has increase from 56 (31-Dec) to 70 (31-Jan). There were an average of 18 patients deemed MFFD with a LOS >= 21 days each day in January across the Trust. The total number of discharges and transfers returned to common cause variation after 9 months above the mean and discharges are still not exceeding the rate of admission leading to a significant capacity gap.
- **Bed Capacity** - Our G&A bed base is 752; beds ring-fenced to Covid patients were maintained at over 75 in the month to provide beds for admitted Covid patients. The number of elective beds at the ALX was maintained despite the increasing numbers of covid patients. However, outbreaks across our ward base continue to result in full and partial closures over the month.
- **Medically Fit Patients** – for the 10th 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 10th consecutive month where it's above the mean and showing special cause concern.
- **The 30 day re-admission rate** continues to show significant improvement, the fifth month below the lower confidence interval.

Current Assurance Level: 4 (Jan-22)

Downgraded from 5 to 4 at Finance & Performance Committee (23rd Feb 2022)

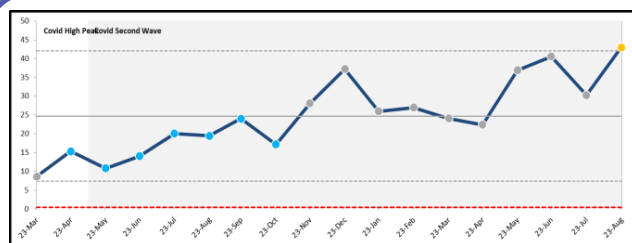
When expected to move to next level of assurance: This is dependent on the on-going management of the increase attendances and achieving operational standards.

Previous assurance level: 5 (Dec-21)

SRO: Paul Brennan

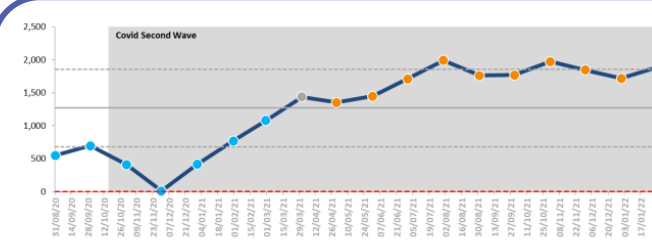
Capacity
Gap
(Daily avg.
excl. EL)

42



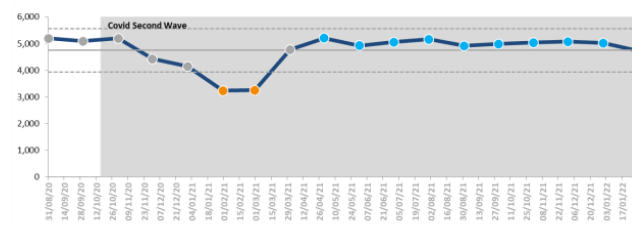
MFFD
patients still
on the ward
24hrs after
becoming
MFFD

1,890



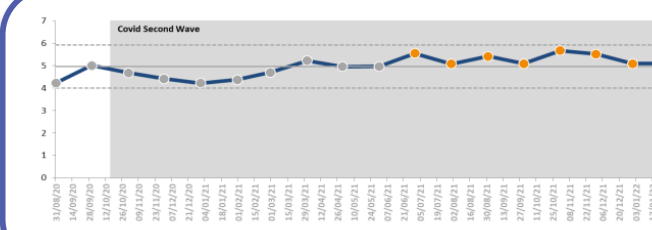
Total
Discharges
and
Transfers

5,037



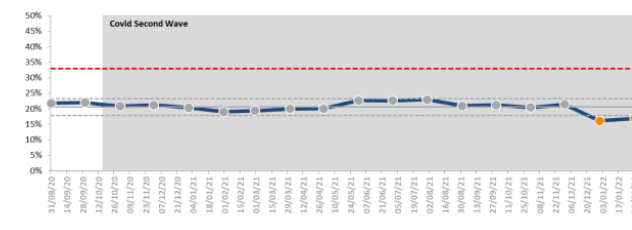
Average
Length of
Stay in
Hospital at
Discharge
(non-covid
wards)

5.1



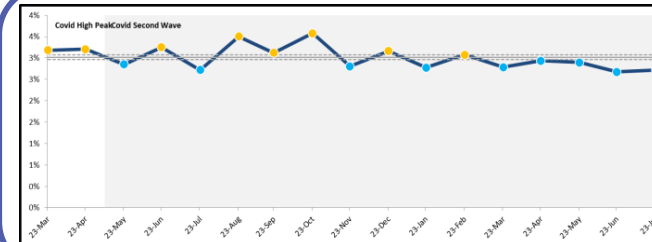
%
Discharges
before
midday (non-
covid wards)

16.9%



30 day
readmission
rate for
same
clinical
condition

3.2%



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
2,419	54.77%	2,242 seen	19.13%	115 seen	50.18%	2,278 told outcome	89.05%	274 treated	54.82%	151 treated	2,680	361	121

What does the data tell us?

- Referrals:** Cancer referrals increased by 6% from Dec-21, across 9 of 11 specialties with only Lower GI and Urology lower. Total referrals for the month are lower than the average for 21/22 but this is in the context of unprecedented demand in comparison to previous years.
- 2WW:** The Trust saw 54.77% of patients within 14 days. Of the 1,014 breaches, 895 were attributable to Lower GI, Breast and Skin; Head and Neck and Haematology were the only specialties to achieve the 2WW standard. Across all tumour sites, 92% of 2WW breaches were due to the Trust's capacity issues. For the tenth month, this performance is special cause concern as a result of the high number of breaches. Breast Services saw 445 patients in Jan-22 (most ever in one month) and improved to 32% and of the 116 referred with breast symptoms, 20% were within 2 weeks.
- 28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and is now showing special cause concern due to being below the lower control limit.
- 31 Day:** Of the 274 patients treated in Jan-22, 231 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 being below the lower confidence limit.
- 62 Day:** There are 151 recorded first treatments in Jan-22 with 54.82% within 62 days. This indicator remains special cause concern and the only specialty to achieve the CWT standard of 85% was Haematology.
- Cancer PTL:** As at the 1st January there were 2,680 patients on our PTL, the second month below 3,000 due to the decrease in referrals observed last month. 174 having been diagnosed, 1,463 are suspected and the remaining 1,043 are between 0-14 days.
- Backlog:** The number waiting 62+ days for their diagnosis has been increase from 315 at the end of Dec-21 to 361; the number of patients waiting 104 days or more has increased from 95 to 121 patients at the end of Jan-22 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:** Both 2ww Breast and 2ww Skin services now booking within 14 days thanks to a combination of WLI clinics and a reduction in referrals seen in December 2021, with Skin now predicting a return to the 93% standard in February and Breast in March subject to no significant increase in demand. It is further predicted to see improvements in our 28 day FDS and 62 day referral to treatment standards in the coming months, given the high volume nature of these recovering specialties.
- Improvement in diagnostic imaging performance for both CT and MRI requests, with fewer breaches being reported in the past few weeks though the position continues to be closely monitored especially in light of the MRI replacement programme at KTC.
- No delays, every day:** 2ww Colorectal performance is improving with the service now booking at 19 days, with additional Nurse Led Triage and WLI Consultant clinics being put on to further bring this down to the previous performance of 3-4 days.
- We listen, we learn, we lead:** Additional resources within the 2ww Booking Office being embedded, with a focus on cross training individuals to create a more fluid and agile workforce that can respond to peaks in demand.
- Work together, celebrate together:** Despite well documented and evidenced front door, Covid-19 and more generalised bed and system pressures our performance against the 31 day treatment standard remains relatively strong, having sustained 90% plus since September 2021 through the Winter to-date.
- Extension of key externally funded posts confirmed providing surety around Cancer Services team leadership, 2ww Booking Office support and Patient Trackers and Navigators signposting patients through their suspected cancer pathways.

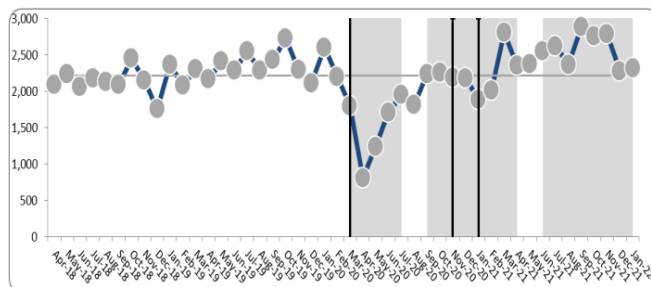
What are we doing next?

- Do what we say we will do:** Plans are underway to improve the way in which suspected cancer referrals are received into the Trust, via a Referral Assessment Service (RAS) as opposed to via 'dummy slots'. This will provide additional safety netting functionality and provide an enhanced process for those specialties wishing to clinically triage referrals, as recommended by Cancer Alliance best practice pathways.
- No delays, every day:** Revisit and updating of existing booking rules for each specialty to ensure accuracy and fit for purpose, alongside identification of any lost capacity for escalation and resolution by the appropriate specialties.
- We listen, we learn, we lead:** Return to focused attention on reducing the growing backlogs with the revised elective recovery plan in mind, currently standing at 378 patients against a target of 188 by end of March 2023.
- Work together, celebrate together:** The last two weeks has seen our first Galleri GRAIL trial patients be referred to us, the new blood test that is said to be able to detect up to 50 cancers early and before the onset of any symptoms. These are being processed in line with agreements in place with each specialty and are being tracked as normal to understand the outcome in each case.

Current Assurance Levels (Jan-22)	Previous Assurance Levels (Dec-21)	
2WW – Level 4	2WW – Level 4	When expected to move to next levels of assurance: when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease. Improvements in 2WW are expected to be realised in October as a result of Breast services clearing their current backlog and the required 62+ day backlog reduction is to be delivered in Mar-22. SRO: Paul Brennan
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 4	

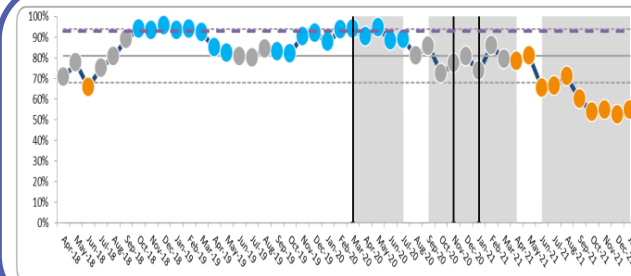
2WW
Referrals

2,419



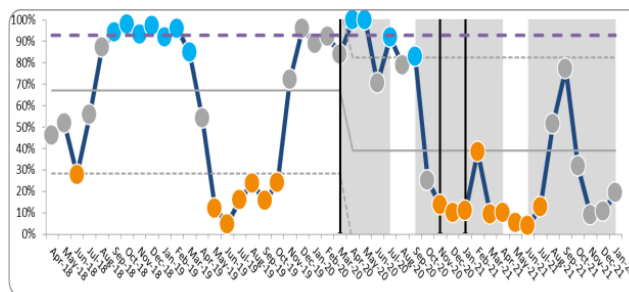
Cancer
2WW All

54.77%



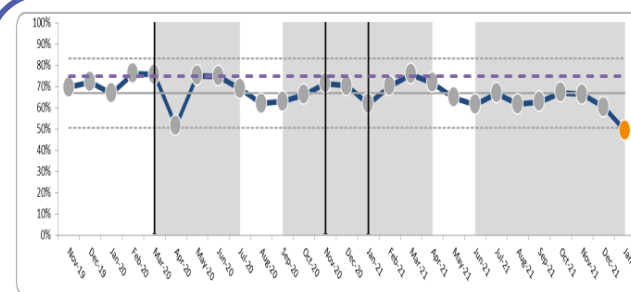
Cancer 2WW
Breast
Symptomatic

19.13%



Cancer
28 day FDS

50.18%



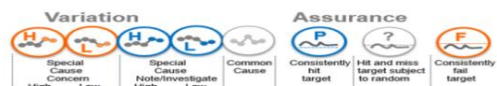
Key

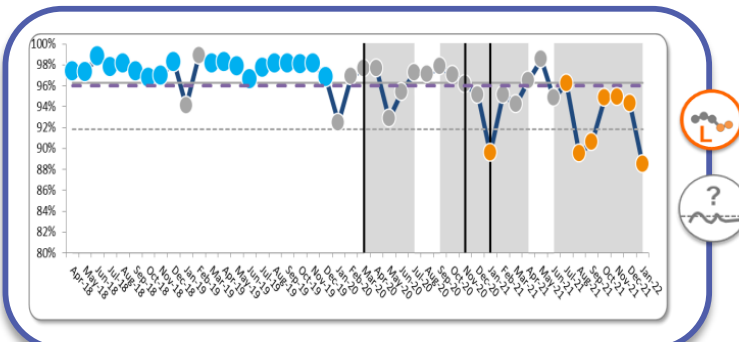
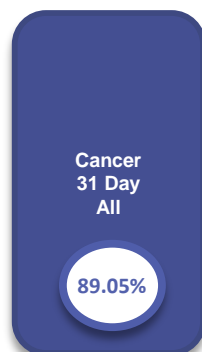
- Internal target

- Operational standard

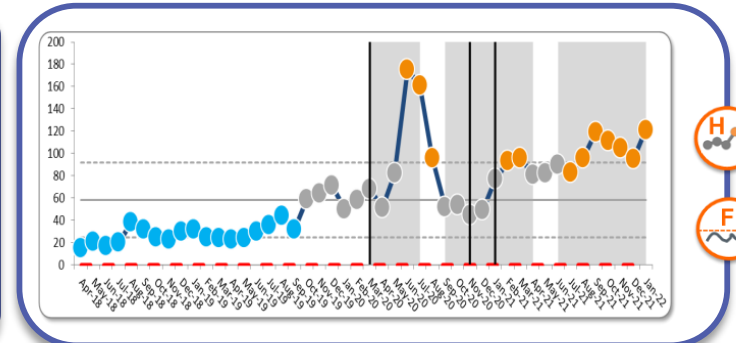
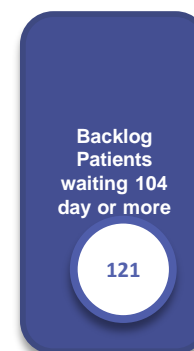
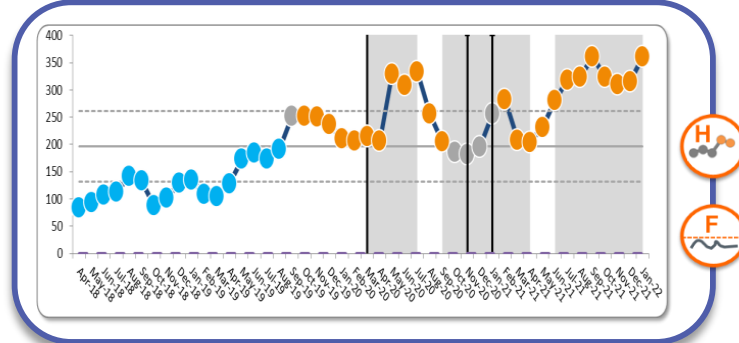
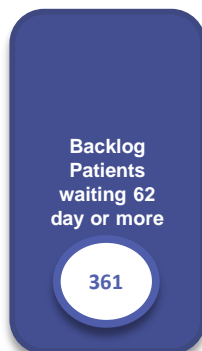
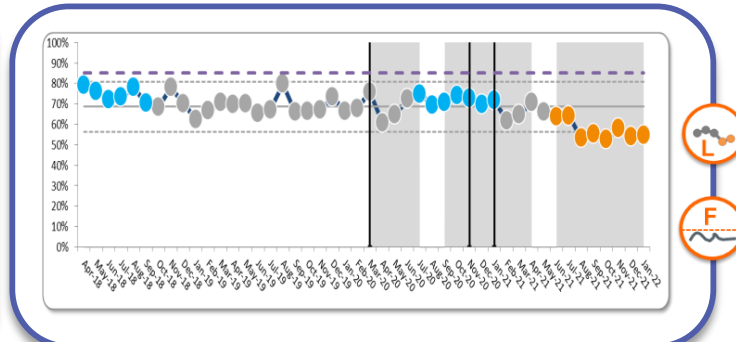
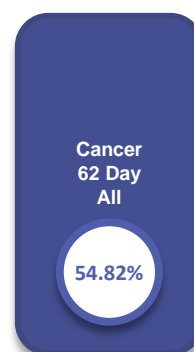
COVID Wave

Lockdown





Please note that % axis does not start at zero.



Key

- Internal target
- Operational standard

COVID Wave
Lockdown



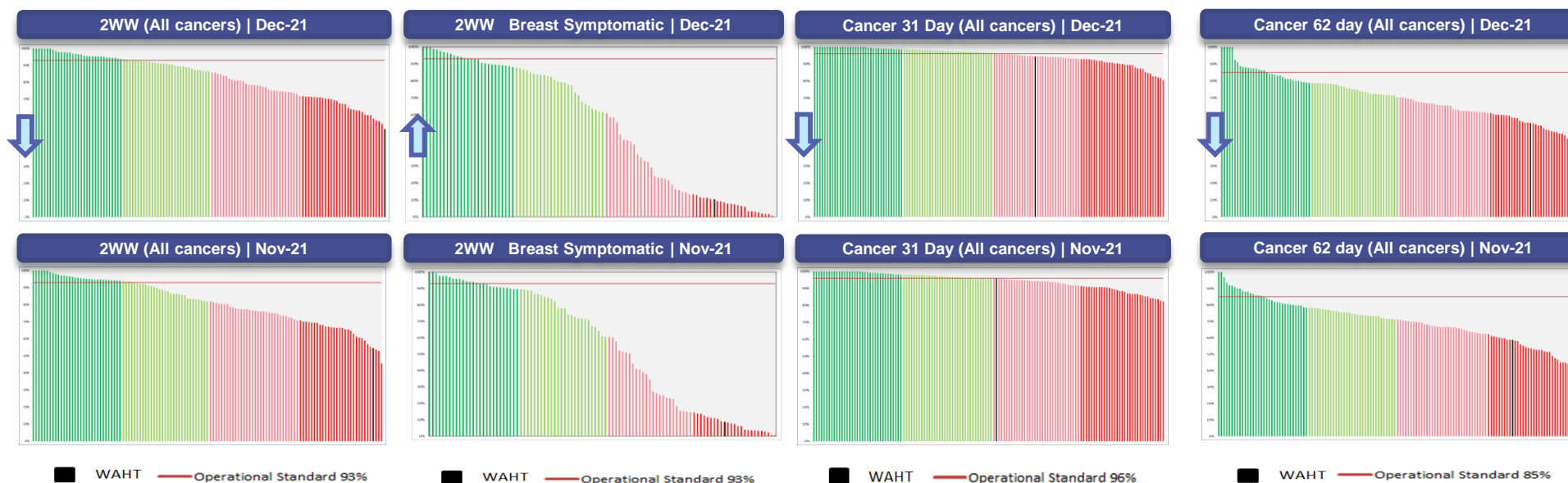
National Benchmarking (December 2021)

2WW: The Trust was one of 5 of 13 West Midlands Trust which saw a decrease in performance between Nov-21 and Dec-21 This Trust was ranked 13 out of 13; we were 12th the previous month. The peer group performance ranged from 52.28% to 94.47% with a peer group average of 75.70%; improving from 73.34% the previous month. The England average for Dec-21 was 0.00% a 77986.6% increase from 77.42% in Nov-21.

2WW BS: The Trust was one of 6 of 13 West Midlands Trust which saw a increase in performance between Nov-21 and Dec-21 This Trust was ranked 10 out of 13; we were 12th the previous month. The peer group performance ranged from 3.36% to 89.10% with a peer group average of 38.46%; declining from 42.94% the previous month. The England average for Dec-21 was 50.85% a -1.4% decrease from 52.25% in Nov-21

31 days: The Trust was one of 8 of 13 West Midlands Trust which saw a decrease in performance between Nov-21 and Dec-21 This Trust was ranked 5 out of 13; no change from the previous month. The peer group performance ranged from 81.94% to 100.00% with a peer group average of 90.53%; improving from 89.20% the previous month. The England average for Dec-21 was 93.43% a 0.4% increase from 93.01% in Nov-21.

62 Days: All 13 West Midlands Trust saw a decrease in performance between Nov-21 and Dec-21 This Trust was ranked 9 out of 13; we were 7th the previous month. The peer group performance ranged from 40.00% to 72.41% with a peer group average of 56.22%; improving from 54.71% the previous month. The England average for Dec-21 was 66.95% a -0.6% decrease from 67.50% in Nov-21.



Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G) Requests	Total RTT Waiting List	Percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment	Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	7,313	Total	5,164	2436	56,728	47.55%	4,761	6,030	1,573	490
Non-2WW	4,706	Non-2WW	4,458							

What does the data tells us?

Referrals

- ERS Referrals:** a total of 7,313 electronic referrals were made to the Trust in Jan-22, returning to above 7,000 after being below 7,000 in Dec-21; this is noticeably higher when comparing by working day (Dec-21 = 315.1, Jan-22 = 365.7) and this month's total is 42% larger than referrals received in Jan-21 which is understandable due to the national lockdown implemented at the time. 4,706 were non-2WW referrals so of the total electronic referrals, 35.6% were 2WW cancer.
- RAS Referrals:** a total of 5,164 RAS referrals were made to the Trust in Jan-21, returning to above 5,000 after being below in Dec-21; this month's total is 54% larger than Jan-21. 4,458 were non-2WW and 78.0% have been outcomed within 14 working days. Of the 706 2WW RAS referrals, 91.8% have been outcomed within 2 working days. 11.4% of RAS referrals were returned to the referrer.
- A&G Requests:** 2,436 A&G requests were received in Jan-22 with 92.6% responded to within 2 working days and 95.7% within 5 working days. 72.1% of the 2,425 responses in Oct-21 to A&G requests didn't result in a referral being made for that specialty within 3 months of the response (1,699 didn't result in a referral). This should emphasise the benefit of A&G on avoiding an outpatient appointment being booked.

Referral To Treatment Time (validated)

- The Trust has seen a decrease in the overall wait list size in Jan-22 compared to Dec-21, from 57,660 to 56,846.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 29,752. This is 48 more patients than the validated Dec-21 snapshot and a 0.2% increase. RTT performance for Jan-22 is validated at 47.55% compared to 48.48% in Dec-21. This remains sustained, significant cause for concern and the 92% waiting times standard cannot be achieved.
- With a concerted focus on validation and data quality, the number of patients waiting over 52 weeks for their first definitive treatment is now lower than Dec-21, reducing by 993 to 6,030 patients. Of that cohort, 1,573 patients have been waiting over 78 weeks and 490 over 104 weeks. Of the 104+ week cohort, 297 patients are under the orthodontic specialty with the next highest at 85 (general surgery) and 46 (urology).

Current Assurance Level: 3 (Jan-22)

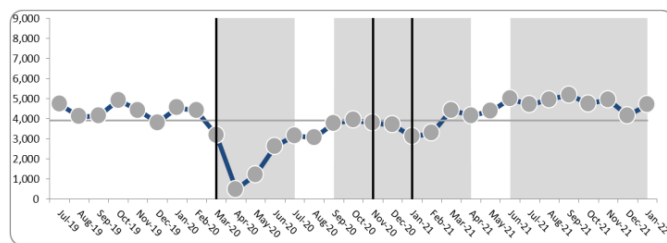
When expected to move to next level of assurance: This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the H2 operational planning requirements (Mar-22).

Previous Assurance Level: 3 (Dec-21)

SRO: Paul Brennan

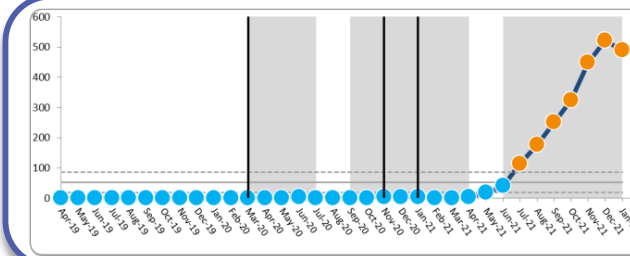
Electronic
Referrals
Profile
(non-2WW)

4,706



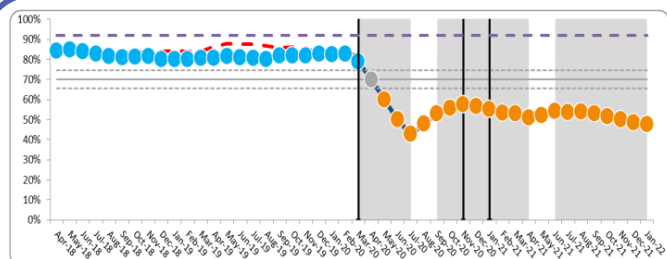
104+ week
waits

490



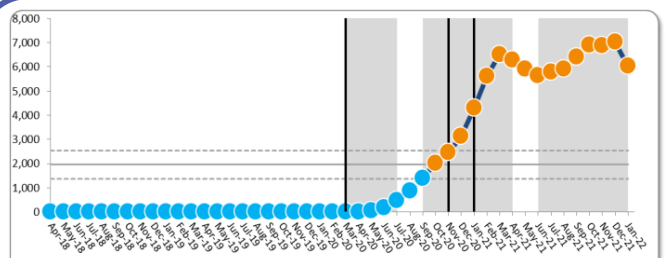
RTT
% within 18
weeks

47.55%



52+
week waits

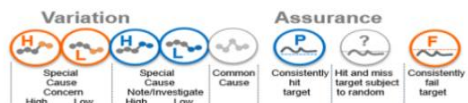
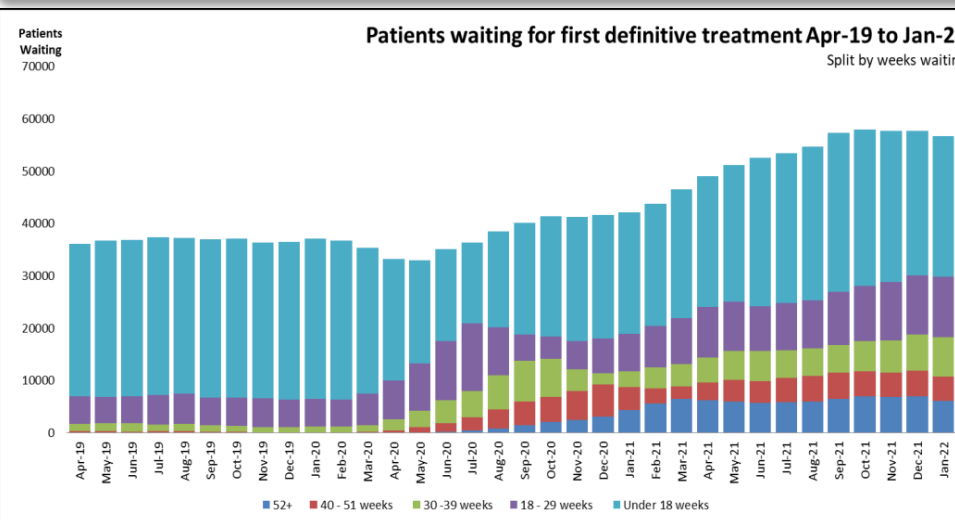
6,030



RTT waiting list profile by weeks waiting

Patients waiting for first definitive treatment Apr-19 to Jan-22

Split by weeks waiting



Key

- Internal target
- Operational standard

Operational Performance: RTT Benchmarking

National Benchmarking (December) | All 12 West Midlands Trust saw a decrease in performance between Nov-21 and Dec-21 This Trust was ranked 11 out of 13; where no change from the previous month. The peer group performance ranged from 38.31% to 78.85% with a peer group average of 51.38%; declining from 52.37% the previous month. The England average for Dec-21 was 63.80% a -1.7% decrease from 65.50% in Nov-21.

Nationally, there were 30310,813 patients waiting 52+ weeks, 7,017 (2.25%) of that cohort were our patients.

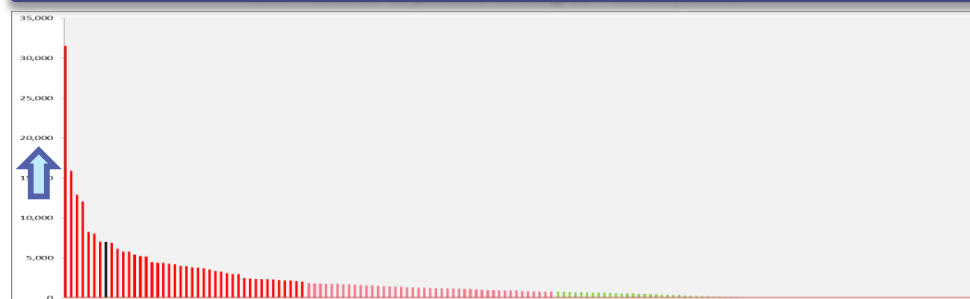
Nationally, there were 76,143 patients waiting 78+ weeks, 1,998 (2.62%) of that cohort were our patients.

Nationally, there were 19,461 patients waiting 104+ weeks, 519 (2.66%) of that cohort were our patients.

RTT - % patients within 18 weeks | Dec-21



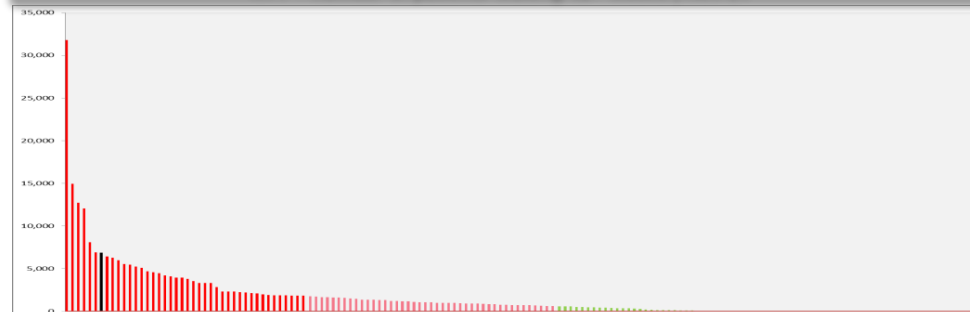
RTT - number of patients waiting 52+ weeks | Dec-21



RTT - % patients within 18 weeks | Nov-21



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



WAHT — Operational Standard 92%

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	
40,853	-561	30,128	+4,735	10,725	-5,296	26.2%	9,559	-657	12,629	-788	6,287	-413	428	-217

Outpatients - what does the data tell us? (second SUS submission)

- The graphs on slide 20 compare our Jan-22 outpatient attendances to Jan-20 and our H2 activity target. As noted in the top row of this table we haven't achieved the majority of our targets. Although we are not undertaking the same volume of appointments in Jan-22 compared to Jan-20, we were at 77% of Jan-20 for total OP activity level overall, 82% for consultant-led first attendances and 71% for consultant-led follow-up attendances.
- The Trust undertook 40,853 outpatient appointments in Jan-22 (consultant and non-consultant led); 12,074 fewer appointments than Jan-20 and -561 to our H2 plan.
- In the Jan-22 RTT OP cohort, there are 31,816 RTT patients still waiting for their first appointment, 7,635 of them have been dated and of the total cohort, 2,853 patients have been waiting over 52 weeks. 74% of our longest waiters are undated.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort has not changed and 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 Dec-21 to Jan-22
 - Cardiology saw a decrease in median wait time of -62.5% from 39 days to 24 days, based on a cohort of 482 patients in the most recent month, compared with a previous cohort size of 441 patients. Additionally, the mean wait time has decreased by 6.5% from 39.4 days to 37 days.
 - Paediatrics saw a decrease in median wait time of -35.7% from 38 days to 28 days, based on a cohort of 399 patients in the most recent month, compared with a previous cohort size of 433 patients. Additionally, the 95th percentile wait time has decreased by 6.0% from 104 days to 98.1 days.
 - Finally, Endocrinology saw a decrease in median wait time of -35.4% from 65 days to 48 days, based on a cohort of 370 patients in the most recent month, compared with a previous cohort size of 355 patients. Additionally, the mean wait time has decreased by 3.8% from 82.3 days to 79.3 days.

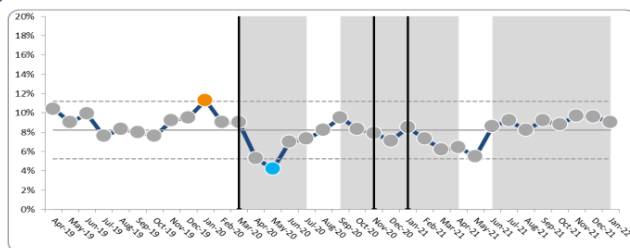
Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation, at 72.3%, remains at the mean and is no longer showing positive improvement. Factoring in allowed downtime, the utilisation increases to 77.2%. Lost utilisation due to late start / early finish showed no significant change at 27.6% (the same value as Dec-21).
- In Jan-22, the number of day cases and elective ordinary cases decreased and are currently below the H2 plan. Day cases are 83% of Jan-20 and -413 to our H2 target and elective ordinary are 72%, -217 to H2 target. Our overall elective activity is currently -630 to plan and 82% of Jan-20.
- 68.6% of eligible patients were rebooked within 28 days for their cancelled operation in Jan-22, with 24 of 35 patients being rebooked within the required timeframe.
- The Independent Sector undertook no elective activity in Jan-22 but they did perform 158 diagnostic tests and 80 procedures were undertaken in our Vanguard theatre.

Current Assurance Level: 4 (Jan-22)	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 (Dec-21)	SRO: Paul Brennan

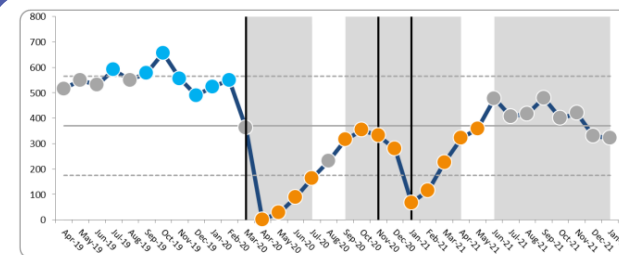
On the day
cancellation
as a
percentage
of scheduled
procedures
(%)

9.0%



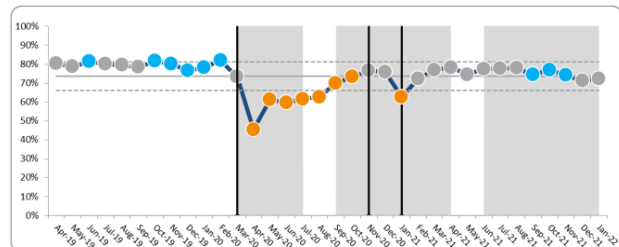
Electives on
elective
theatre
sessions (n)

322



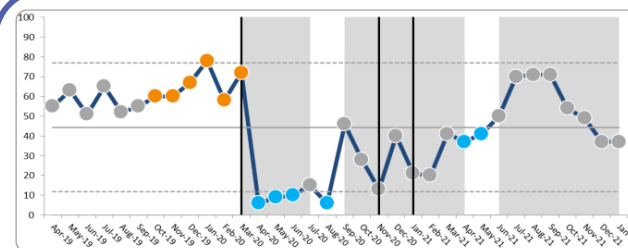
Actual
Theatre
session
utilisation
(%)

72.3%



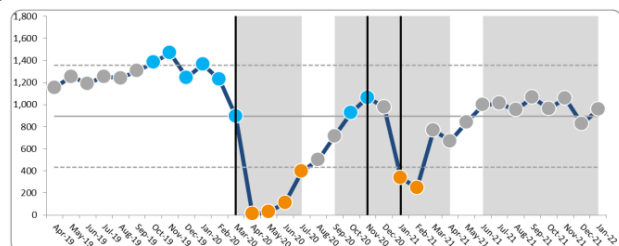
Non-
electives &
emergencies
on elective
theatre
sessions (n)

37



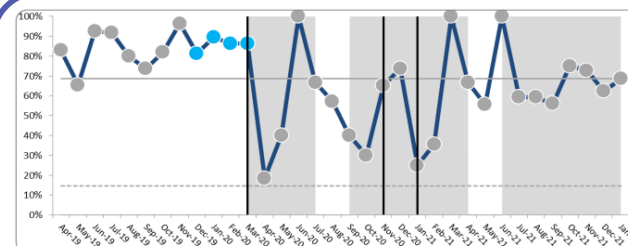
Day cases on
elective
theatre
sessions (n)

958



% patients
rebooked
with 28 days
of
cancellation

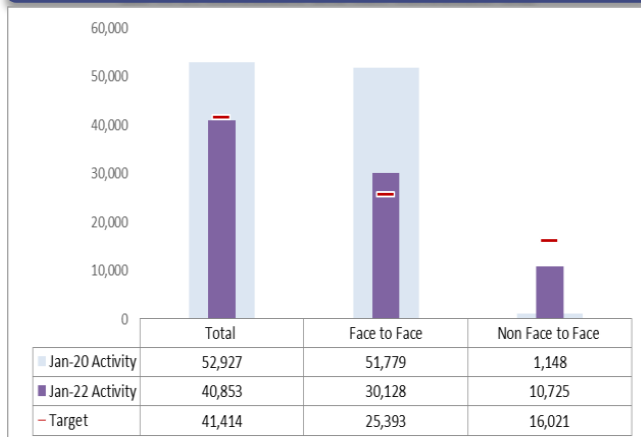
68.6%



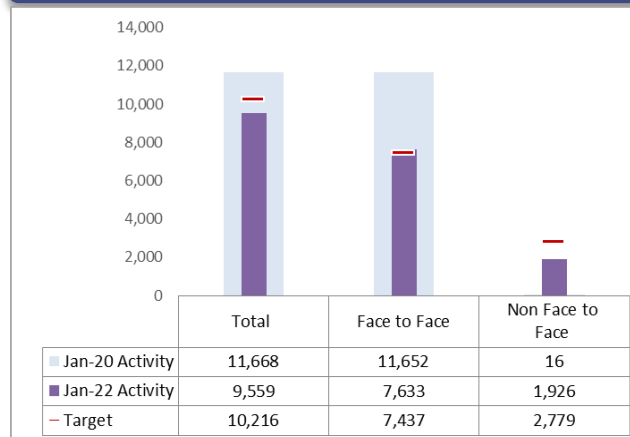
COVID Wave
Lockdown

Outpatients| January 2022 attendances compared to 2019/20 and H2 plan and Trust DNA Rate

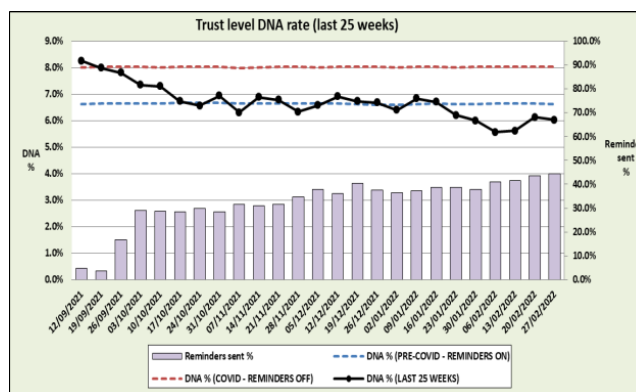
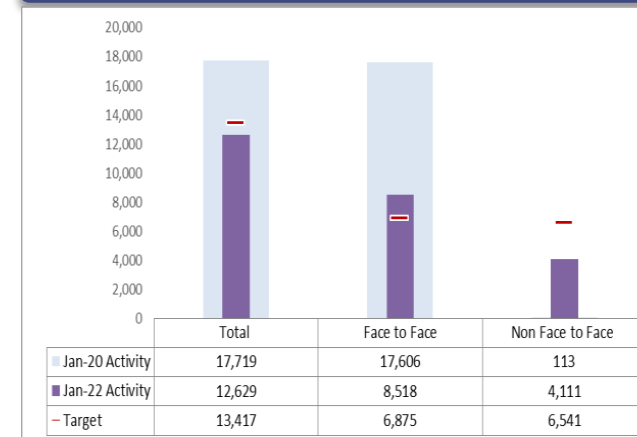
Total outpatient attendances
(all TFC; consultant and non consultant led)



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		
10,726	4,883	54.48%	5,990	2,703	54.87%	3,287	1,654	49.68%	1,449	526	63.70%

What does the data tell us? DM01 Waiting List <ul style="list-style-type: none">The DM01 performance is validated at 54.48% of patients waiting less than 6 weeks for their diagnostic test, compared to 57.79% the previous month. The decrease in breaches is not at the same rate as the total waiting list hence more patients waiting 6+ weeks as a proportion of the total.The diagnostic waiting list has decreased by 9.5% with the total waiting list currently at 10,726 patients, a decrease of 1,128 patients from the previous month.The total number of patients waiting 6+ weeks has decreased by 121 patients, returning below 5,000, and there are 1,917 patients waiting over 13 weeks (1,976 in Dec-21) with echocardiography and now MRI contributing 57% of our longest waiters.Radiology has the largest number of patients waiting at 5,990, a decrease of 1,237 patients from Dec-21, but those waiting has only decreased by 64 2,703 in total.Endoscopy saw an increase in the number of patients waiting over 6+ weeks (+38) and their total waiting list size increased (+119).Physiological science modalities saw an 10 patient decrease in the total waiting list and the number of patients waiting over 6 weeks decreased by 95. Activity <ul style="list-style-type: none">17,115 diagnostic tests were undertaken in Jan-22; above 17,000 for the first time since Jan-20.MRI, CT and non-obstetrics ultrasound have achieved their H2 plan for Dec-21Colonoscopy, gastroscopy and flexi sig have all missed their H2 planFinally, echocardiography achieved it's H2 plan, +386 to plan.	RADIOLOGY	
	What have we been doing? <ul style="list-style-type: none">Continued WLI sessions countywide, staff permitting.Continued DEXA WLIRemoved one day per eek of Nuc Med scanning to provide additional DEXA scanning, this is only a temporary measure with Nuc Med waiting list being monitoredTook delivery of MRI mobile scannerUtilised 2 weeks of TIC Radiographers to open CT3Sent MRI and CT patient to WVT, 50 per week through JanuaryCompleting contracts for the commencement of mobile CT scanner at ALX by 1st March 2022Agreed contract with Recruitment agency, utilising ICS funding	What are we going to do next? <ul style="list-style-type: none">Continue to train additional Radiographers in DEXA to increase capacityContinue WLI session in CT, MRI, DEXA and US.Continue recruitment links with agency and WVTContinue working with WVT to utilise all available MRI & CT capacityContinue contract with BMITake delivery of CT mobile on Alex site increasing CT capacity focus on back log and maintaining 2ww positionExplore possibility of extending EA mobiles for further 6 months if NHSE/I agree to funding
	Issues <ul style="list-style-type: none">Increase in CT Colon referrals, specialised Radiographers perform these which minimises capacity, but we also have sickness in this group of staffReduced number of WLI as staff not offering additional sessions and due to sickness	
	ENDOSCOPY (inc. Gynaecology & Urology)	
	What have we been doing? <ul style="list-style-type: none">Continuing to recruit to vacant booking co-ordinator roles.Continuing with training of newly appointed booking co-ordinators.InHealth recommenced 7 day working from 1st Feb – unable to cover 6 sessions through the month due to lack of available endoscopists.Continued weekend therapeutic waiting list initiatives at Alex and WRHProviding regular GA listsProviding regular green pathway lists for those patients who are unable to self isolate or have had Covid < 90 days	What are we going to do next? <ul style="list-style-type: none">Advert for Consultant Nurse endoscopist and 8a Nurse endoscopist due to be advertised within next 7 days.Working with Speciality medicine to increase number of gastroenterologists which will increase number of endoscopy sessions
	Issues <ul style="list-style-type: none">Capacity of booking team to book patientsBooking patients is an issue due to covid swab and isolation period – patients declining appointments.	

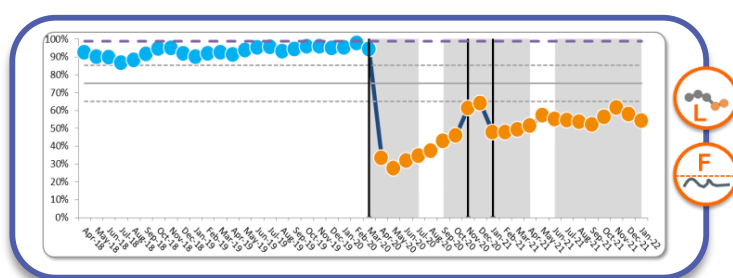
21

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

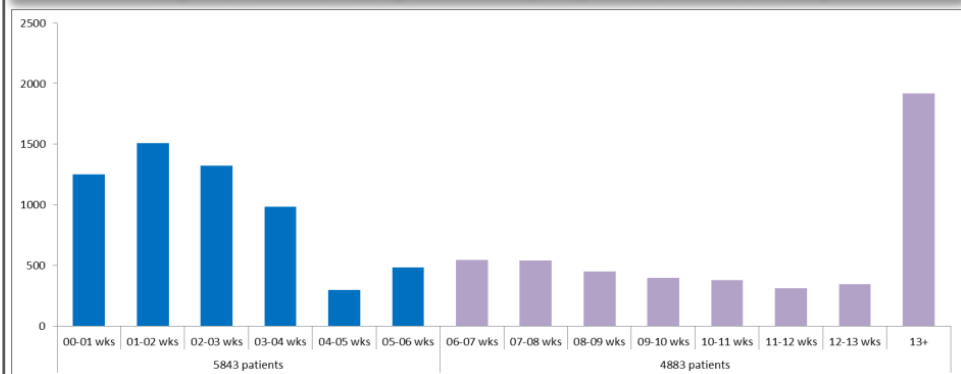
Trust Total			Radiology			Physiology			Endoscopy		
10,726	4,883	54.48%	5,990	2,703	54.87%	3,287	1,654	49.68%	1,449	526	63.70%

DM01 Diagnostics
% patients within 6 weeks

54.48%



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



Current Assurance Level: 5 (Jan-22)

Previous assurance level: 5 (Dec-21)

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
- 6 day working to help with clinic bookings
- £20K approved to help remove backlog

Issues

- Staff shortages due to track and trace

CARDIOLOGY – ECHO

What have we been doing?

- Consultant team have started clinical validation of the waiting list – hopeful completion end of Feb 22
- Echo service has move to KTC to allow for collaborative working across the trust – there have been some issues due to sickness but this is resolving
- WLIs have place on weekends to help backlogs and will continue throughout this project
- Plans to recover most of the waiting list by April 22 but will be heavily dependant on staffing levels

What are we going to do next?

- Continuation of lists through Kidderminster until 04/04/22 where workloads will return to site
- Completion of the clinical validation – early estimations are 15-25% reduction from this
- Continued WLI clinics where possible

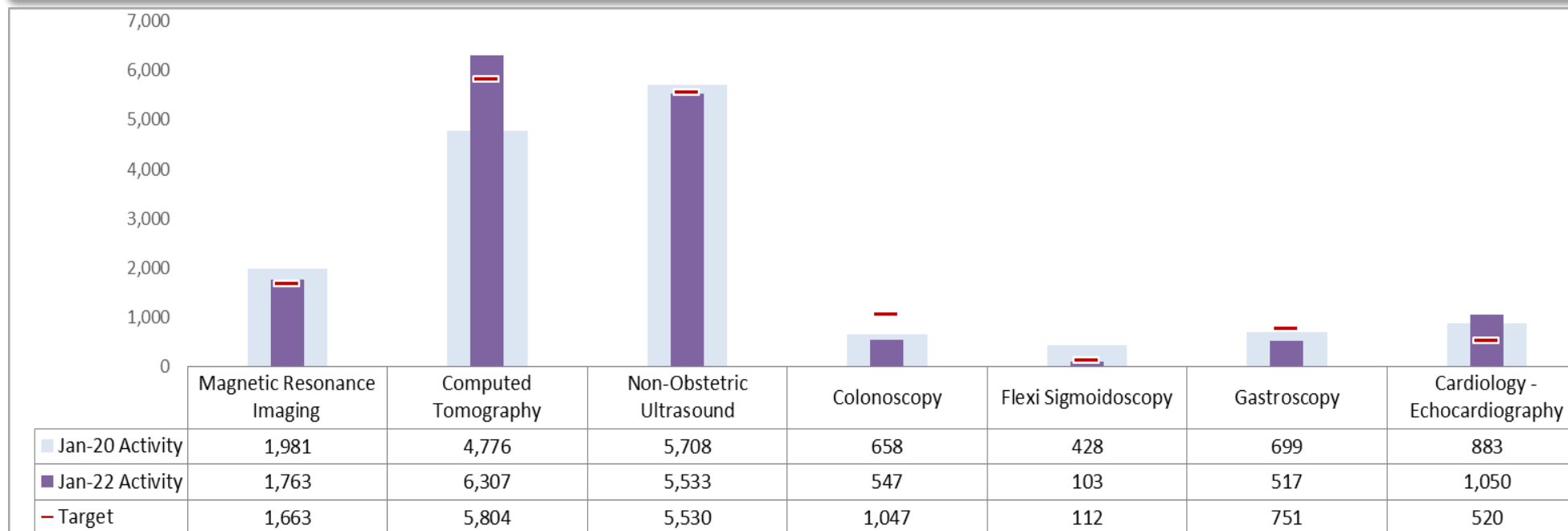
Issues

- 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 | January 2022 Diagnostic activity compared to 2019/20 and H2 plan

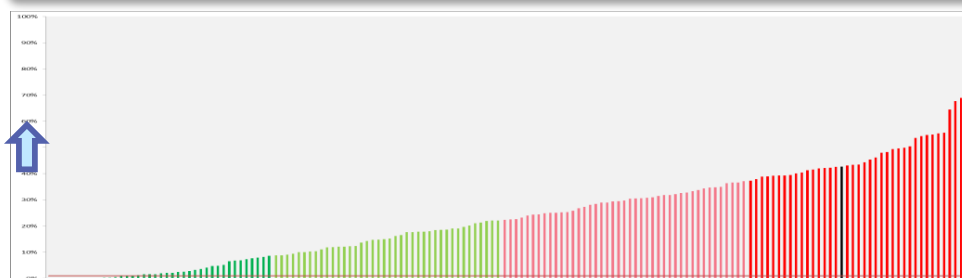


These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

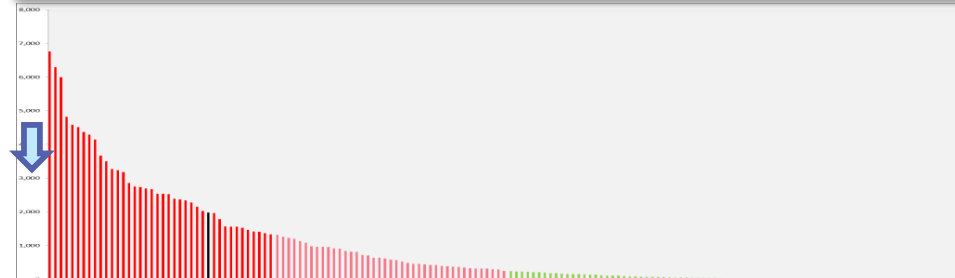
National Benchmarking (December 2021) | The Trust was one of 12 of 13 West Midlands Trust which saw a decline in performance between Nov-21 and Dec-21 with more patients waiting over 6 weeks. This Trust was ranked 10 out of 13; we were 11th the previous month. The peer group performance ranged from 2.83% to 54.72% with a peer group average of 32.44%; declining from 28.18% the previous month. The England average for Dec-21 was 29.00% a 4.0% decrease from 25.00% in Nov-21.

In December, there were 151,469 patients recorded as waiting 13+ weeks for their diagnostic test; 1,974 (1.30%) of these patients were from WAHT

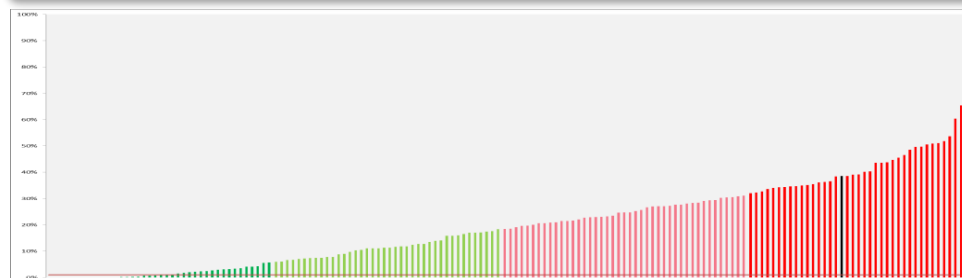
DM01 Diagnostics - % of patients waiting more than 6 weeks | Dec-21



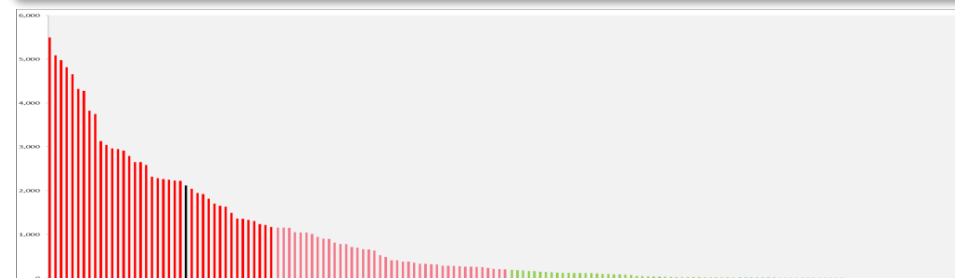
DM01 Diagnostics - number of patients waiting more than 13 weeks | Dec-21



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



DM01 Diagnostics - number of patients waiting more than 13 weeks | Nov-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 Q3 21-22 (provisional) Oct-21 to Dec-21			
67.24%	E	24.14%	E	41.38%	C	95.60%	N/A	Score	70.0	Grade	B

What does the data tell us?

- As a reminder, the Q2 SSNAP grade improved from D to C. Current internal tracking of Q3 SSNAP shows we could improve from a C to a B but this is unvalidated at the time of writing. Q3 SSNAP will be published in Mar-22.

Domain	2021/22 Q3	
	Score	Grade
1) Scanning	74	C
2) Stroke unit	34	E
3) Thrombolysis	36	E
4) Specialist Assessments	82	B
5) Occupational therapy	88	A
6) Physiotherapy	78	B
7) Speech and Language therapy	63	C
8) MDT working	81	B
9) Standards by discharge	98	A
10) Discharge processes	100	A
Combined Total Key Indicator score	70	B
Case ascertainment band	90%	
Audit compliance band	A	
SSNAP score	70.0	B

- 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.

What are we doing to improve?

- Patients Admitted Within 4 Hours: This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is out to advert which will provide an overview of stroke capacity across the pathway and facilitate flow. Examples of inappropriate pre-alerts have been sent to WMAS and still 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). A substantive consultant has been appointed (commences May 22), however the joint post with Wye Valle and WAHT post with 1 day per week at UHB have recently closed with no applicants. Plan to re-advertise immediately the joint post with WVT and a WAHT only 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 4 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. 24/7 CNS cover has now commenced (7th February 2022) which will support improvements in this metric. A local 24/7 stroke on call rota to support thrombolysis decision-making is also being trialed for the month of February. Long term aim for this to be permanently implemented, however this is being run on goodwill at present so is dependent on successful further recruitment and input from Wye Valley Trust consultants (discussion on-going).

Current Assurance Level: 5 (Jan-22)

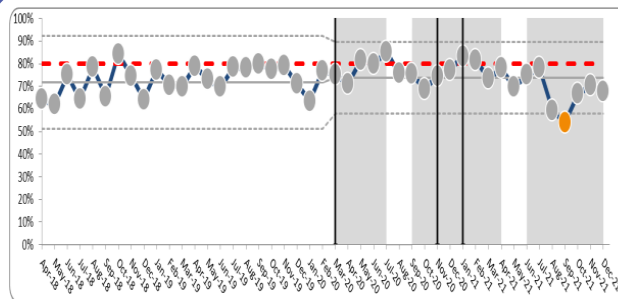
When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade. Q3 SSNAP will be published in March 22.

Previous Assurance Level: 5 (Dec-21)

SRO: Paul Brennan

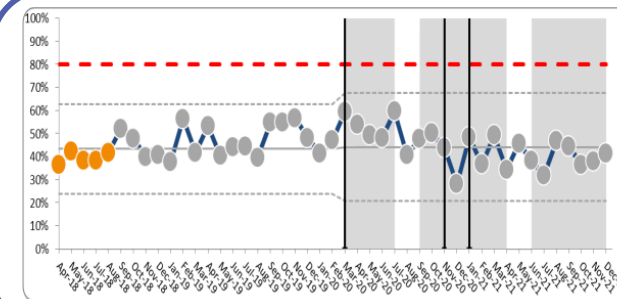
Stroke: %
patients
spending
90% of time
on stroke
unit

67.24%



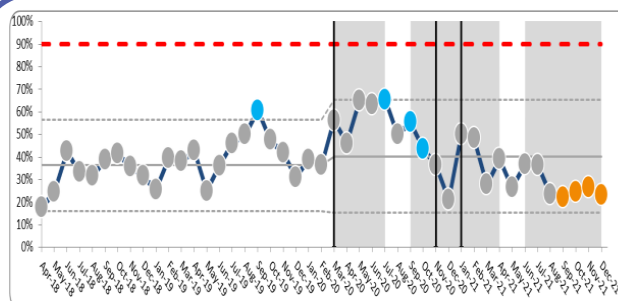
Stroke : %
CT scan
within 60
minutes

41.38%



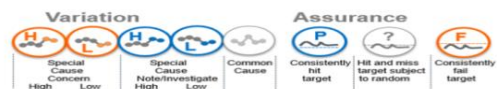
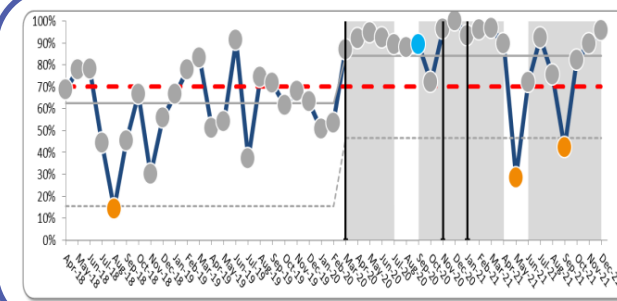
Stroke : %
Direct
Admission
to Stroke
ward

24.14%



Stroke: %
seen in TIA
clinic within
24 hours

95.60%



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 10 [January] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Jan-22	9	4			5	0	10
	Ecoli	Jan-22	3	4			4	0	9
	MSSA	Jan-22	4	0			2	0	6
	MRSA	Jan-22	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Jan-22	0	-			0	0	2
Falls per 1,000 bed days causing harm		Jan-22	0.09	0.04			0	0	0
% medicine incidents causing harm		Jan-22	2.88	11.71			3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	Jan-22	91.07	100			91	79	103
	Hand Hygiene Compliance to practice	Jan-22	99.75	98			99	99	100
VTE Assessment Rate		Jan-22	95.76	95			96	94	98
Sepsis	Sepsis Screening compliance	Dec-21	78.44	95			83	71	96
	Sepsis 6 bundle compliance	Dec-21	58.93	95			53	28	77
#NOF time to theatre <=36 hrs		Jan-22	49.4	85			77	59	95
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		Jan-22	60.47	80			77	45	108
Ice viewed reports	ICE viewed reports [pathology]	Dec-21	92.44	-			96	94	98
	ICE viewed reports [radiology]	Dec-21	90.52	-			86	82	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Jan-22	17.98	20			17.22	12	23
FFT A&E Recommended	Jan-22	77.71	95			82.54	76	89
FFT Inpatient Response	Jan-22	29.97	30			31.70	24	39
FFT Inpatient Recommended	Jan-22	96.68	95			95.70	94	97
FFT Maternity Response	Jan-22	1	30			19.36	4	35
FFT Maternity Recommended	Jan-22	66.67	95			93.76	78	109
FFT Outpatients Response	Jan-22	11.55	10			10.46	7	14
FFT Outpatients Recommended	Jan-22	92.05	95			93.36	92	95

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	<ul style="list-style-type: none"> The number of <i>C.difficile</i> infections has shown special cause variation since Jun-21. There is currently 1 ward outbreak of <i>C.difficile</i> which is in the monitoring phase. E-Coli BSI is 1 infection away from breaching our year end Trust target. However, we 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, Klebsiella species and Pseudomonas aeruginosa are achieving the year to date trajectories. Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 23 months. Antimicrobial Stewardship overall compliance for Jan-22 remained stable at 88.13% and missed the target of 90%. Patients on Antibiotics in line with guidance or based on specialist advice in Jan-21 was 91.36% and achieved the target of 90%. Patients on Antibiotics reviewed within 72 hours in Jan-22 decreased to 88.04% and did not achieve the target of 90%. 5 new COVID outbreaks were declared in Jan-22. There are currently 6 ongoing outbreaks and a further 3 in the monitoring phase.
SEPSIS 6	<ul style="list-style-type: none"> Our performance against the sepsis bundle given within an hour has started to improve. However, we will not meet the target without external intervention. Our sepsis 6 screening performance decreased in Jan-22. We will not on average hit the target, but not consistently, it may succeed due to random variation. We have achieved the target again for antibiotics being provided within one hour. This has been achieved for 11 out of the last 12 months.
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 21 months (range 80.56% to 91.37%). The Target of 95% for viewing Pathology Reports on ICE was missed for the sixth month running.
Fractured Neck of Femur	<ul style="list-style-type: none"> There were 83 #NOF admissions in January. Our performance within 36 hours was 49.4% and the average time to theatre was 39.7 hours. There were a total of 42 breaches in January – 41% were due to bed issues and 24% were due to theatre capacity.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	<ul style="list-style-type: none"> The recommended rate for Inpatients has achieved target for 11 months in a row. The response rate has fell just under 30% for the last 3 months. The recommended rate for Maternity in Jan-22 has shown special cause variation. However, the response rate for Jan-22 was only 1%, which equates overall to 6 responses. The recommended rate for Outpatients has shown special cause variation since Jun-21. Our response rate for Jan-22 achieved the target of 10% and is showing normal variation. The recommended rate for A&E will not meet the target without external intervention. Performance has shown special cause variation since Jun-21. Our A&E response rate in Jan-22 was 17.98% and is showing normal variation.
Complaints	<ul style="list-style-type: none"> Complaints responded too within 25 working days is showing normal variation. The target was missed at 60.47%.
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> There were zero Serious Incident HAPU's in Jan-22, and the metric is achieving the year to date trajectory. There were zero Category 4 HAPU's in Jan-22 for the 18th consecutive month. There were 22 HAPUs in Jan-22, which exceeded the in-month target by 1. The total of 167 HAPUs year to date is well under the year to date trajectory of 206.
Falls	<ul style="list-style-type: none"> The total number of falls for Jan-22 was 117 which fell below the in-month target. The number of falls per 1000 bed days increased in Jan-22 to 5.49 but remains below the national benchmark of 6.63. There have been two SI falls in Jan-22, which equates to 0.09 falls with serious harm per 1000 bed days. <p><i>A full improvement statement will be provided next month.</i></p>
Never Events	<ul style="list-style-type: none"> There has been 1 never event in Jan-22 against WRH Theatres – non adherence to standards. In total, there have been 6 Never Events in 2021/22. There are no themes identified between the 6 never events.
MSA Breaches	<ul style="list-style-type: none"> In Jan-22, we had a total of 63 MSA breaches (60 last month).

2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff * National target of 61		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA		Klebsiella species		Pseudomonas aeruginosa	
Jan actual vs target	Year to date actual / year to date target	Jan actual vs target	Year to date actual / year to date target	Jan actual vs target	Year to date actual / year to date target	Jan actual vs target	Year to date actual / year to date target	Jan actual vs target	Year to date actual / year to date target	Jan actual vs target	Year to date actual / year to date target
9/5	78/51	3/2	29/24	4/1	20/10	0/0	0/0	0/3	16/32	0/1	9/15

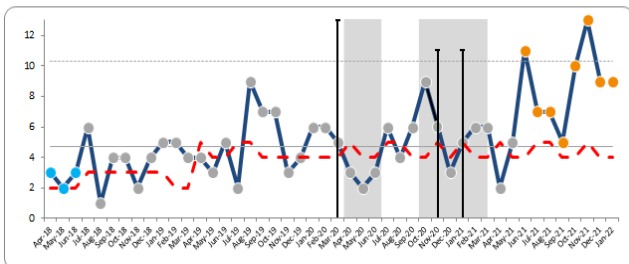
What does the data tell us?

- The number of *C.difficile* infections has shown special cause variation since Jun-21. 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.
- E-Coli BSI is 1 infection away from breaching our Trust year end target. However, we are achieving the national trajectory, and are well inside the national target
- 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, *Klebsiella species* and *Pseudomonas aeruginosa* are achieving the year to date trajectories.
- The Hand Hygiene audit participation rate has improved since Apr-21. However, we have not achieved 100% participation since Jan-20.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 23 months. This metric will reliably achieve the target.
- 5 new COVID outbreaks were declared in Jan-22. There are currently 6 ongoing outbreaks and a further 3 in the monitoring phase.

- 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.
- We have identified a specific issue relating to the removal of radiator covers for cleaning on the WRH site, and a solution to this is being actively progressed.
- 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, TME and QGC in January 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, TME and QGC in January 22.
- Work with our cleaning services to review the model of deep cleaning, with options that will speed up turnaround of bays and single rooms is still being actively explored. The availability of a deep clean facility for beds and mattresses on each site is critical to this progressing. In January 22 TME gave

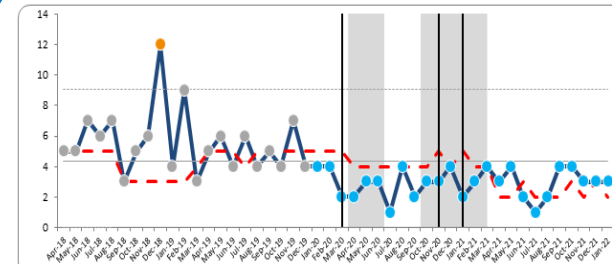
C-Diff

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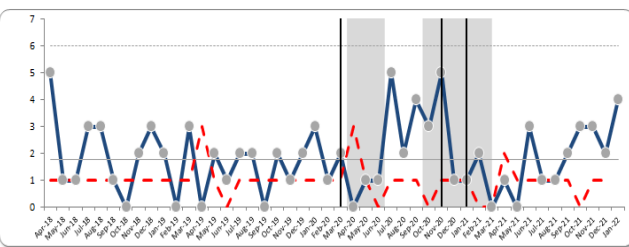
E-Coli

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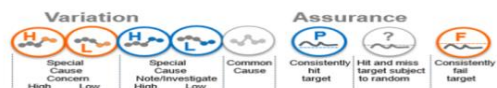
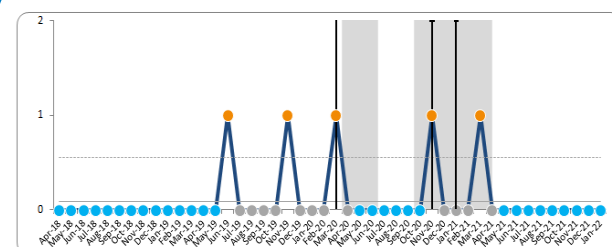
MSSA

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MRSA

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Lockdown Period
COVID Wave