Public Trust Board

Tue 10 February 2026, 13:00 - 14:30

Teams

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence

Information *Russell Hardy*

Apologies received from Colin Horwath

Amy Read, Deputy DDN shadowing Hayley Flavell

13:05 - 13:05
0 min

2. Declarations of Interest

Information *Russell Hardy*

13:05 - 13:05
0 min

3. Minutes of WAHT Board Meeting held on 9 December 2025

Decision *Russell Hardy*

3. Public Trust Board Minutes 9 Dec 25.pdf (4 pages)

3.1. Actions and Matters Arising from the meeting held on 9 December 2025

Information *Russell Hardy*

No open actions

13:05 - 13:10
5 min

4. Chief Executive's Report

Information *Stephen Collman*

4. CEO Board Report February 2026 Final.pdf (3 pages)

13:10 - 13:30
20 min

5. Integrated Performance Report

Information *Stephen Collman*

5. Trust Board IPR Feb-26 (Dec-25_Data) Final.pdf (24 pages)
5. 1 20260204 - WAHT FG IPR Dashboard (up to Dec-25) v1-0.pdf (3 pages)

5.1. Introduction

Stephen Collman

5.2. Quality & Safety

Jules Walton/Hayley Flavell

5.3. Operational Performance

Chris Douglas

5.4. Workforce

Alison Koeltgen

5.5. Finance

Katie Osmond

13:30 - 13:40
10 min

6. CNST Report

Assurance *Justine Jeffery*

- 6. 1 CNST Board Report Feb 2026 v2.pdf (3 pages)
- 6. 2 MIS Safety Action.pdf (23 pages)

13:40 - 13:50
10 min

7. Safe Staffing Report

7.1. Midwifery

Assurance *Justine Jeffery*

- 7.1 Midwifery Safe Staffing Report December 2025.pdf (6 pages)

7.2. Nursing

Assurance *Hayley Flavell*

- 7.2 1 Board and committe covering report Staffing January 26.pdf (1 pages)
- 7.2 2 Safer Staffing Report January 26 December 25 data final (002).pdf (16 pages)

13:50 - 13:55
5 min

8. Board Committee Reports

8.1. Quality Governance Committee

Information *Dame Julie Moore*

- Minutes for Quality Governance Committee November 2025.pdf (9 pages)

8.2. Audit & Assurance Committee

Information *Colin Horwath*

- 8.2 Audit & Assurance Committee Escalation & Assurance Report 8 January 2026.pdf (2 pages)

8.3. People & Culture Committee

Information *Karen Martin*

- 8.3 02.12.25 PC Minutes.pdf (5 pages)

13:55 - 14:05
10 min

9. Cash Support Application

Decision *Katie Osmond*

- 9. Board and Committee - Provider Revenue Support - Qtr 4 2025-26 Final(2).pdf (2 pages)

14:05 - 14:10
5 min

10. Remuneration Committee Terms of Reference

Decision *Gwenny Scott*

- 10. 1 Appointments & Remuneration Committee Terms of Reference report coversheet Feb 2026.pdf (1 pages)
- 10. 2 WAHT Appt and Rem Com Terms of Reference - January 2026_Clean.pdf (3 pages)
- 10. 3 WAHT Appt and Rem Com Terms of Reference - January 2026.pdf (4 pages)

14:10 - 14:15
5 min

11. Date of Next Meeting

Information *Russell Hardy*

Foundation Group Board - 4 March 2026

WAHT Trust Board - 14 April 2026

14:15 - 14:20
5 min

12. Any Other Business & Questions from the Public

Information *Russell Hardy*

14:20 - 14:20
0 min

13. Acronyms

Information

13. Acronyms.pdf (3 pages)

Trust Board
9 December 2025 at 1:00pm
Via Microsoft Teams and live streamed on YouTube
Part 1 in Public

Board Members Present (voting)			
Russell Hardy MBE, Chair	RH	Simon Murphy, Non-Executive Director/Deputy Chair	SM
Stephen Collman, Acting Chief Executive Officer	SC	Hayley Flavell, Chief Nursing Officer	HF
Tony Bramley, Non-Executive Director	TB	Colin Horwath, Non-executive Director	CH
Neil Cook, Chief Finance Officer	NC	Karen Martin, Non-Executive Director	KM
Board Members Present (non-voting)			
Chris Douglas, Interim Chief Operating Officer	CD	Rebecca Brown, Chief Digital Information Officer	RB
Julian Berlet, Chief Clinical Strategy Officer	JB	Sue Sinclair, Associate Non-Executive Director	SSi
Michelle Lynch, Associate Non-Executive Director	ML	Alex Moran, Associate Non-Executive Director	AM
Catherine Driscoll, Associate Non-Executive Director	CDr		
Attending			
Gwenny Scott, Company Secretary	GS	Jo Wells, Deputy Company Secretary	JWe
Richard Haynes, Director of Communications & Engagement	RH	Justine Jeffery, Director of Midwifery	JJ
Elizabeth Faulkner, Deputy Chief People Officer	EF	Melanie Stinton, Freedom to Speak Up Guardian	MS
Ed Mitchell, Deputy Chief Medical Officer	EM		
Apologies			
Dame Julie Moore, Non-Executive Director	JM	Ali Koeltgen, Chief People Officer	AK
Jules Walton, Chief Medical Officer	JW		

Ref	Item	Lead	Purpose	Format
1	Welcome and Apologies for Absence	RH	Information	Verbal
RH opened the meeting by summarising the Board workshop held earlier in the day where medium-term planning had been discussed along with a positive and supportive update on the EDI and Internship programme. Staff were commended for supporting young adults with special educational needs.				
2	Declarations of interest	RH	Information	Verbal
No new declarations of interest were raised.				
3	Minutes and Actions Arising	RH	Approval	Report 1
A point of factual accuracy was raised in regard to the finance section of the previous minutes. With the above amendment made, the minutes of the meeting held on 14th October 2025 were approved. The action log was complete.				
3.1	Foundation Group Minutes and Actions Arising	RH	Approval	Report 2
The minutes of the Foundation Group meeting held on 5th November were approved and the actions reviewed.				
4	Chief Executive's Report	SC	Information	Report 3

SC presented the report and provided the following update:

- The Trust is experiencing exceptionally high urgent and emergency care demand, including record attendances at Worcestershire Royal Hospital. Significant increases were seen in walk-in activity and a wide range of patient presentations (frailty, paediatrics, respiratory, GI symptoms).
- Flu vaccination was encouraged.
- The national Medium Term Planning Framework was published in October 2025 and its implications for the framework signals a fundamental shift in how the NHS is expected to plan, finance and deliver care, moving from short-term annual cycles to three time periods. There will be renewed focus on constitutional targets.

- An Artificial Intelligence clinical summit had been scheduled to engage with clinical teams and drive uptake and deployment of clinical systems.
- EPMA rollout of the Electronic Patient Record (EPR) system had commenced and was fully supported.

The Board noted the report.

5	Integrated Performance Report	SC	Information	Report 4

SC introduced the report, highlighting challenges in urgent and emergency care pressures.

Quality (HF and EM)
Corridor care and escalation beds continued.
A growing number of flu cases was reported along with an improved uptake of flu vaccines.
Complaints compliance was reported as 62%. The complaints process is under review.
Improvements to fractured neck of femur patients has not been fully sustained following service reorganisation. A further review is underway.

Operational Performance (CD)
62 day performance remains challenged due to backlogs. Improvements were due to be seen in Q4.
Tele-dermatology benefits are emerging and a one-stop skin cancer pathway is launching in January.
Positive progress was being made with access to tertiary gynae services in partnership with regional providers.
The Trust was on track to achieve 65 week waits by the end of December.
Plans are in place for challenged specialties.
High attendance, particularly with walk in was reported.
Acute medical assessments were live on with sites with early positive effect.
Continued pressures with managing medically fit for discharge patients were reported.

Workforce (EF)
Vacancy and turnover rates were below target.
Temporary staffing remains the biggest challenge.
Targeted recruitment was underway for Healthcare Support Workers.
Job planning had seen drops in performance, with surgery being the main outlier.

Finance (NC)
A break-even position against plan was reported, dependant upon £4.5m added from the balance sheet to offset month 7 with non-recurrent means.
Excess capacity costs remains an added pressure.
The Trust has exhausted non-recurrent resources at this point.
Delivery of a balanced financial plan is dependent upon achieving the CPIP target. Monitoring is in place.
Cash remains stable but pressures are anticipated later in the year.

The Board noted the report.

6	Safer Staffing Reports	JJ/HF	Information	Report 5

Midwifery (JJ)
All shifts were safely staffed during October, despite increased sickness.
There was continued reliance on movement between teams to maintain safety.

Nursing (HF)
Safe nurse staffing levels were maintained throughout the Trust.
Fill rates were above 95%.
Enhanced Therapeutic Observations and Care (ETOC) work was underway with regional partners.
A programme was in place to eradicate RN agency use by March 2026.

The Board noted the report.

7. Maternity Reports

7.1	Perinatal Safety Report	JJ	Information	Report 6

New reporting was aligned with the Perinatal Quality Oversight Model.
14 week booking KPI was not met but improvements were ongoing.
Perinatal mortality remains lower than the national rate.
A positive impact from adoption of physiological CTG interpretation had been reported.

The Board noted the report.

7.2	CNST	JJ	Information	Report 7

The Trust is on track to declare CNST compliance with 10/10 standards.
PRMT outcomes are graded A/B.
A full evidence review was planned for January. Evidence will be reviewed by the Quality Governance Committee.

The Board noted the report.

8	Committee Summary Reports & Minutes	RH	Information	Report 8

Quality Governance Committee (JM)
The minutes taken as read. All relevant matters had been covered during the agenda items.

Audit and Assurance Committee (CH)
Committee received an update on the EPR implementation, which was rated highly successful overall. Issues such as cost increases above the business case were discussed and recommended Board oversight.

People & Culture Committee (KM)
The fatigue management programme was progressing.
Governance around agency use and job planning had been strengthened.

PFI Exit Committee (TB)
The pace of work was increasing, with a clear forward plan.
A Condition and Compliance survey was planned for early 2026. Legalities would require Board approval in March.

The Committee reports and minutes were accepted.

9	Freedom to Speak Up Guardian Report	MS	Information	Report 9

Neighbouring Trusts were utilising the portal.
A downhill trend of anonymous concerns was reported, which is a positive that staff are becoming more confident in raising concerns.
There had been an increase in concerns with people with disabilities and racial concerns. This is across the board and teams were working with networks to address concerns.
Regular walkabouts with the Guardian and NED continue.

The national changes were highlighted and the need for staff to be supported and mindful that processes may evolve.

The Board is committed to creating a safe environment and encouraged people to speak up, particularly about patient safety.

The Board noted the report.

10	Board Assurance Framework	GS	Information	Report 10

GS presented the Framework, which is focused on actions and assurances and will continue to develop over time.
The new format featured a headline summary of risks, aligned to Trust strategic objectives and ICB objectives.
The Audit & Assurance Committee have oversight of the BAF and its progress.

The Board noted the report and were supportive of the new format.

11	Biannual Register of Seal Report	GS	Information	Report 11

The Board reviewed the report of the use of the Trust Seal to date in 2025/26 and was taken as read.

The Board noted the report.				
12	Charles Hastings Education Centre Update	TB	Information	Report 12
TB updated that the clinical simulation facility upgrade and expansion was making good progress with thanks to substantial charitable funding. The facility is due to be complete early in the new financial year.				
13	Date of Next Meeting	RH	Information	n/a
The next WAHT Trust Board meeting in public would be held on 10 February 2026				
14	Any Other Business and Questions from the Public	RH	Information	n/a
There was no other business or questions from the public.				
The Board resolved to exclude members of the public from Part II of the meeting as matters under discussion were exempt from disclosure to the public under the Freedom of Information Act.				

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**10/02/2026**
Title of Report:	Chief Executive Officer Report
Lead Executive Director:	**Chief Executive Officer**
Author:	Stephen Collman
Reporting Route:	
Appendices included with this report:	None
Purpose of report:	☐ **Assurance** ☐ **Approval** ☒ **Information**
Brief Description of Report Purpose	

1. **Finance:**

Our financial plan assumed that we would see improvements in the level of urgent and emergency care demand which would have enabled a reduction in use of escalation capacity. Ongoing high levels of demand coupled with unforeseen cost pressures in year have resulted in an extremely challenged financial position after the first nine months of the year. The Trust has responded by enacting a range of financial recovery measures to stabilise the run rate over the final months of the year and engaging with partners and NHSE to ensure all opportunities are pursued. However, these actions inevitably mean a greater proportion of financial improvement is being driven through one off actions which does not address the underlying financial challenge as we exit 2025/26 and plan for the Medium Term.

Through our established Financial Recovery Board there is strong oversight of financial performance, grip and control actions and tracking of opportunity development. At this stage there is a significant risk to delivery of our balanced financial plan in 2025/26. We are particularly concerned about the risk to receipt of Deficit Support funding (cash) for the final quarter, linked to overall Herefordshire and Worcestershire System financial performance.

Our medium-term planning process continues; we are revieing the impact of the exit run rate on the underlying position, and our operational, workforce and financial plans continue to be refined with a focus on ensuring triangulated plans that are ambitious yet deliverable.

2. **Strategy**

Following the update to the Trust Strategy last year and clear direction provided by the NHS 10-year plan, we have engaged clinical teams from across the trust to provide their views of the services they deliver and how they may need to adapt over the next 5 years

to meet the needs of the population. Those outputs are now being relayed back to both the clinical teams to share their plans with each other and through our Patient and Public Forum to engage with our service users. In addition, we are working with colleagues from our data analytics team and Public Health to consider the population needs now and projected over the next 10 years to confirm that our teams have the right plans in place to meet those population needs. A large emphasis will be on delivery of care in the right place and we are working with trusts and primary care across the county and beyond to help provide services in the community that are best delivered there, whilst enhancing services provided in the trust to reduce the need to travel out of county for healthcare where that can be avoided. Recent developments include a closer collaborative working with acute trusts in Herefordshire and Gloucestershire and work on delivery of Neighbourhood Health services within Worcestershire.

A focus on planning at this time of year provides the opportunity to develop plans to invest capital into clinical services and that will include development of a Community Diagnostic Centre in the county and investment in our Urgent Care Services.

Our Improvement and Transformation teams are helping to review the effectiveness of existing clinical services, and we have commenced transformational work with colleagues across Herefordshire and Worcestershire to make delivery of our outpatient services as responsive to patients and referrers as possible.

3. Resident Doctor ten-point plan

We have updated Board previously on the Resident doctor ten-point improvement plan. As a further update the 12-week progress survey is scoring 71%. The areas we are focussed on are on call car parking, safe learning environment charter and the sexual safety awareness and training.

4. More From Our Great Teams

a. Uplifting Story of Teamwork Across Departments to Ensure People Feel Cared For: An elderly lady recently attended the Emergency Department at Worcestershire Royal Hospital needing urgent treatment on a blockage in her oesophagus – but she was also due to attend her husband's funeral later that afternoon. Despite extreme operational pressures at the time, seamless teamwork allowed for a positive outcome. The A&E team promptly escalated the case, AMU quickly identified a bed for this lady, and the Endoscopy team responded immediately. Dr Sam Smith, alongside nurses Litty James and Vineeth Gopalakrishnan, voluntarily worked through their lunch break so the procedure could be completed in time for the lady and her son to attend the funeral. This decision and teamwork turned a dreadful day into one with a little dignity and grace.

b. Volunteer Clive honoured in King's New Year Honours List: Congratulations to Clive Buckley, a long-time volunteer at the Alexandra Hospital, was included in the King's New Year Honours List. Clive was awarded a British Empire Medal (BEM) in the New Year's Honours List for services to volunteering. In addition to his years of volunteering as a wayfinder at the Alex, Clive has spent decades volunteering and fundraising for the Royal National Lifeboat Institution (RNLI).

c. Clinical Lead Dietitian Andrew publishes important new study on Chronic Kidney Disease dietary self-management: Congratulations also to our Clinical Lead Dietitian who has published one of the largest studies into how people with Chronic Kidney Disease (CKD) experience managing dietary advice in everyday life. Dr Andrew Morris

led the research which brought together evidence from multiple studies to better understand the challenges patients with CKD face. Dr Morris was awarded the West Midlands National Institute for Health and Care Research's Health and Care Research Scholarship in 2023 to carry out the study.

Recommended Actions required by Board or Committee

The Trust Board is requested to note this report.

Executive Director Opinion[1]

N/A

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Integrated Performance Report

TRUST BOARD

FEBRUARY 2026

ACTING CHIEF EXECUTIVE OFFICER – EXECUTIVE SUMMARY

Stephen Collman

Acting Chief Executive Officer

This has been a challenging period with the Trust experiencing increased urgent and emergency care demand, especially that for respiratory and influenza cases. This can be seen through the operational metrics for ambulance handover delays and 4-hour standard performance. In quality metrics, and to manage this demand the Trust continued to use high numbers of escalation spaces in both the Emergency departments and the ward areas. This translated to increased financial costs through increased staffing and being unable to reduce the capacity identified within our savings plans.

During this time, we have continued to work with leaders in the Emergency Departments to drive the sustained improvements that we need. Although this will not have been seen in the metrics, there is encouraging evidence in a number of areas: the numbers being managed in the waiting rooms at WRH have been lower and this is due to new streaming processes. Therefore, the numbers being streamed to our Same Day Emergency Areas and Primary care provision have increased and reduced the overcrowding. The pilot within our Acute Medical Unit of streaming to four trolleys has improved flow and we will be looking to increase that further in the coming weeks.

A priority through this time has been maintaining safety and ensuring the resilience and well being of our staff. Through this period the focus has remained on reducing our reliance on high-cost agency spend and ensuring we have a clinical workforce that meets the needs of our population. We continue to focus on reducing our sickness absence rate and the recruiting to the high vacancy areas. It is pleasing to see our successful Consultant recruitment in recent months that including for Acute Medicine, Emergency Care and Maxillofacial.

Our financial position remains off plan. This largely driven by under delivery of our efficiency plan. Focussed work is ongoing, with new controls and approvals to improve the run rate as we head to year end. In line with the national ‘sprint’ on elective care, the Divisions are driving their activity plans to reduce waiting lists and increase the income available to the Trust. Due to the Trust being off plan, we have been unable to access deficit support and are working closely with ICB colleagues to improve the position.

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

The sepsis reporting system continues to be refined on the EPR as part of a wider redesign of the deteriorating patient pathway. This is an important opportunity to bring our care processes into line with new NICE guidance. Overall sepsis mortality in the Trust remains low.

Fractured neck of femur performance continues to be below where we would like it to be. Despite the allocation of Beech Trauma ward, bed issues and lack of theatre time continue to hamper delivery of this key pathway. Again, much like sepsis, despite these challenges, mortality from this condition remains low, although it would perhaps be lower still with earlier surgery for some patients.

The Division of surgery are working on a daily basis to bring patients over from the Alexandra Hospital for surgery in a timely way, and the trauma lists are also reviewed daily to maximise the opportunities for surgery.

In December 25 cases of CDiff increased to 13 (from 8 in Nov) however the Trust still remains below target YTD. E Coli, MRSA, pseudomonas and klebsiella all remain above the target set, noting no further cases of MRSA in December 25. MSSA cases remain below target. The numbers of Flu + and RSV patients increased throughout December 25 and continue to be managed with bay and ward closures. Due to the high number of flu positive patients in the Trust cohort areas were implemented and the decision was taken to reintroduce mask wearing to all admission areas in line with local and national guidance. All of the 11 high impact intervention audits were compliant in December 25.

Hayley Flavell

Chief Nursing Officer

The complaint compliance target to close within 25 days is still not meeting the target at 57.5% in December 25. The Trust had 112 complaints still open at the end of December, and there were 72 new formal complaints received. Of the 112 open complaints, 33 have breached 25 days. A new process was introduced to support surgery's complaint management process with expected improvements being demonstrable in January / February 26.

The total number of falls in December 25 has decreased to 113 and remains below the national benchmark with 4.08 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in December 25.

The total number of HAPUs in December 25 increased by 1 to 17 (0.62 HAPU per 1,000 bed days). There were zero HAPUs causing harm in December 25. There is continued training and education delivered by the TV team across the Trust.

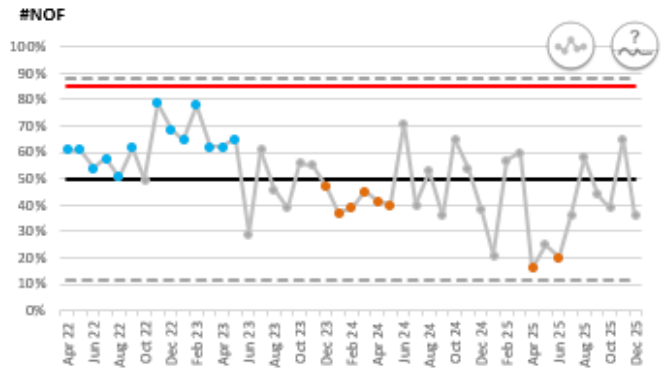
The friends and family recommended rates have failed to meet the target (95%) in A&E in December-25, however Inpatients, outpatients and Maternity are compliant. All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count, noting the Big Quality Conversation work is undertaken annually and also the inpatient survey continues monthly.

Total number of patients in a PEB (Planned Escalation Bed) or TES (Temporary Escalation space) in December was 1,008 – an average of 33 patients per day. A reduction from November where there were 1109 patients (average 37 per day). Across the 2 ED sites in December there were 2735 patients (average 88 per day) who spent time in a corridor or overflow space – an increase from November where there were 2577 (average of 86 per day).

OUR QUALITY AND SAFETY – FRACTURED NECK OF FEMUR (#NOF)

We are driving this measure because

Prompt surgery and appropriate involvement of geriatric medicine has benefits in terms of improved patient outcomes, increased number of independent individuals and reduced mortality, shorter length of stay and more cost-effective care.



19/06 Beech Trauma becomes temporary new ward

07/08 Education with ED Started (appropriate referrals)

11/08 Virtual Fracture Clinics Started

Understanding the performance

- #NOF compliance dropped in Dec-25 to 39.1% for BPT patients, and 35.9% for All patients.
- The target (36 hours) has still not been achieved since Mar-20.
- There were 92 (BPT) and 103 (All) #NOF Admissions in Dec-25
- There were a total of 56 (BPT) and 66 (All) breaches in Dec-25
- The primary reasons for BPT breaches in Dec-25 were Theatre capacity (23), Bed issues (11) and medically unfit patients (11).
- The average time to theatre was 52.5 hours (BPT) and 57.0 hours (All).

- The Trusts Crude Mortality Rate for the period Nov-24 to Oct-25 was 13.25% for the diagnostic group #NOF (in-hospital 5.30% & Out of hospital 7.95%)[1]
- This is the 16th lowest (of 19 Midland Acute Trusts), with the figures ranging from 7.56% to 20.27%.[1]

- The ALOS for #NOF patients in the period Nov-24 to Oct-25 was 13.31 days.
- This is the 3rd lowest ALOS amongst Midland Acute Trusts during this period, with figures ranging between 11.25 days and 31.10 days[1]

[1] *Source: HED, accessed 13/01/2026.*

Actions (SMART)

- 10 extra theatre lists were performed between the 18 December and the 8 January.
- Continue to create extra trauma operating capacity
- Monitor the trauma white board on a daily basis
- Ensure theatre lists are starting in a timely way
- Ensure lists are fully utilised
- Full engagement from all stakeholders to agree golden patient to ensure the patient is ready for theatre
- Identify contingency patients (e.g., a second patient) in case the "golden patient" changes.
- Work with the Improvement team to identify better ways of working

Risks

- **Risk 4873 (15)** - Risk of patient harm due to exceeding 36 hours to theatre for repair of fractured neck of femur. Risk action 30877 – 30/04/2026 Continue to monitor effectiveness of Beech Trauma as a temporary solution

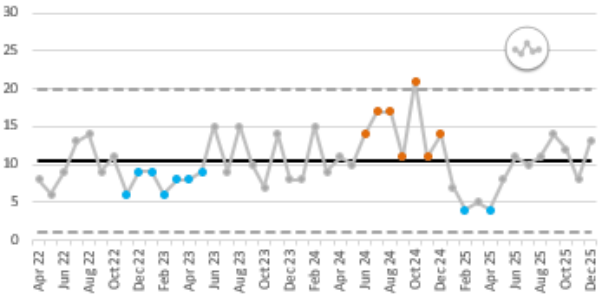
- Theatre and bed capacity continue to be the biggest risks to the effective delivery of the #NOF pathway.

OUR QUALITY AND SAFETY – INFECTION PREVENTION & CONTROL (IPC)

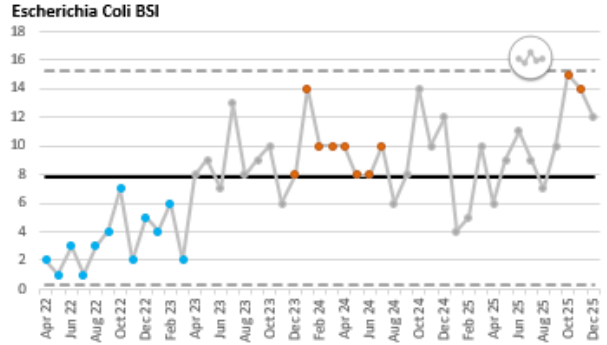
We are driving this measure because

There is a need to embed our current infection prevention and control policies and practices and achieve Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards and ongoing care of invasive devices.

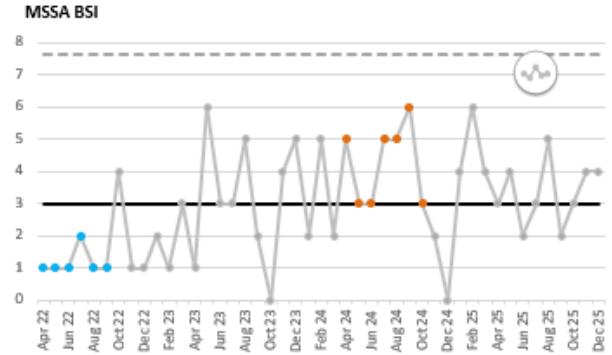
Clostridioides difficile



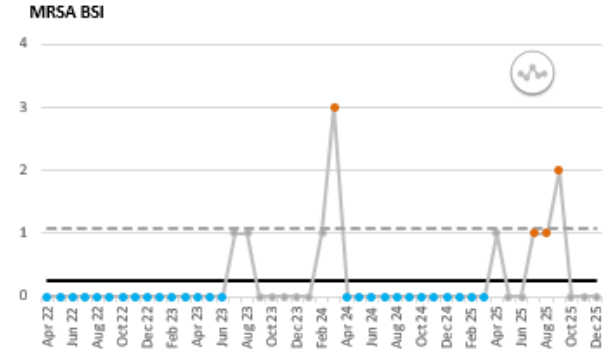
Escherichia Coli BSI



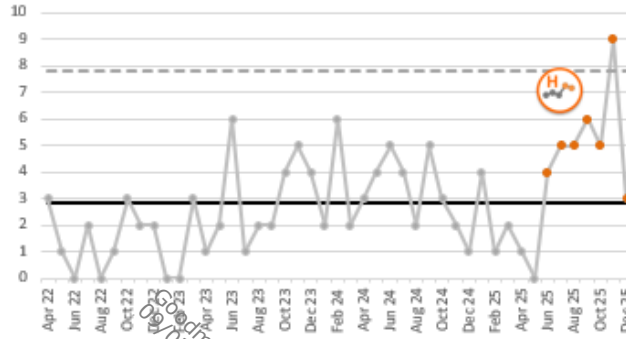
MSSA BSI



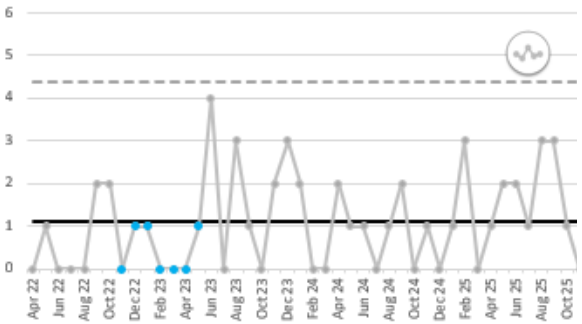
MRSA BSI



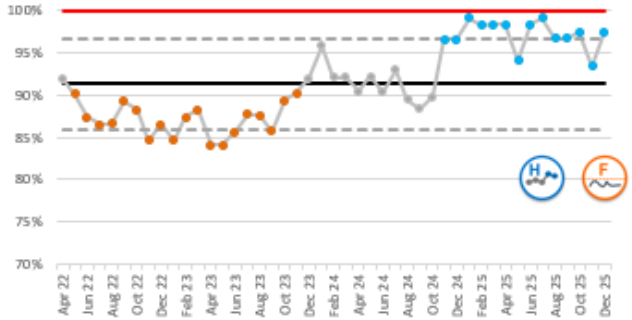
Klebsiella BSI



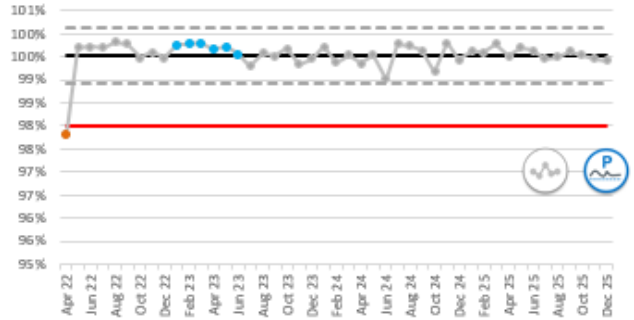
Pseudomonas BSI



Hand Hygiene - Audit Participation



Hand Hygiene - Compliance



Goodman, Thekla
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OUR QUALITY AND SAFETY – INFECTION PREVENTION & CONTROL (IPC)

We are driving this measure because

There is a need to embed our current infection prevention and control policies and practices and achieve Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards and ongoing care of invasive devices.

Understanding the performance

- *Clostridiodes difficile* (C.diff) increased in Dec-25 (13 c.f. 8 in Nov-25) and the year-to-date total of 91 is **below** the target (96).
- E-Coli BSI dropped in Dec-25 (12 c.f. 14 in Nov-25) and the year-to-date total of 95 is **above** the target (83).
- Internal ambition: MSSA BSI was unchanged in Dec-25 (4) and the year-to-date total of 30 is **below** the target (33).
- MRSA BSI was unchanged in Dec-25 (0) but the year-to-date total of 5 has already **failed** the year-end target (0).
- Klebsiella species BSI dropped in Dec-25 (3 c.f. 9 in Nov-25), but the year-to-date total of 38 is **above** the target (26).
- *Pseudomonas aeruginosa* BSI increased in Dec-25 (2 c.f. 0 in Nov-25) , but the year-to-date total of 15 has **exceeded** the target (6).
- Hand Hygiene Compliance (99.4%) has met the target (98%) every month since Apr-22 and is showing common cause variation.
- Hand Hygiene Audit participation increased in Dec-25 (97.5%) and is still showing special cause variation of improvement.
- All eleven of the High Impact Intervention (HII) audits were compliant (95%) in Dec-25.
- Our internal ambition for no more than 40 cases of MSSA per year will remain in place for the new financial year, focus needs to continue on the use of PVD packs and documentation on EPR system.

Actions (SMART)

- C.diiff reduction : Antimicrobial Stewardship work lead by AMS Pharmacist and AMS committee, continues see slide 4 for details.
- Monitoring of cleanliness via monthly 3 star and below meetings.
- MRSA, E.Coli, Klebsiella and Pseudomonas bacteraemia's are over thresholds. Bacteraemia's are reviewed weekly with IPC team, consultant microbiologists and ICB. MRSA bacteraemia's have been investigated (no links) and actions disseminated throughout the Trust. BSI actions being taken: Scrub the HUB promotion, PVD insertion pack use, splashguards being introduced in clinical rooms.
- Divisional, High Impact Interventions completion and compliance for PVD insertion and on-going care, urinary catheter insertion and ongoing care is monitored via TIPCC on a monthly basis
- Divisional compliance with IPC Level 2 training is monitored via TIPCC on a monthly basis
- Divisional Hand Hygiene audit compliance via TIPCC on a monthly basis

Risks

- Capacity: Extreme risk 4816. The level of activity and high level of bed occupancy limits the ability to isolate patients in a timely manner, increasing risk of infection spread. This has been particularly challenging during this winter period. The impact is mitigated where possible, at times patients with infections have not been isolated due to lack of side rooms/cohort space. This has impacted on the cleaning and deep cleaning of areas.
- The Trust has seen an increase in Influenza and RSV positive patients during November and December which increased workload.
- Winter Respiratory plan was implemented: use of cohort areas for isolation of positive patients. There is a risk matrix for the implementation of fluid resistant face masks throughout the organisation, this was reviewed and mask wearing was implemented in admission areas.
- IPC team attend capacity meetings to ensure flow through the organisation
- The trust reported a further case of IGAS (RIP part 1 A), initial meeting held, typing underway to identify any linked cases, PVD care improvement required. To note regionally there has been an increase in IGAS cases.
- CDI is below threshold – The trusts had declared one CDI outbreak for two linked cases, following typing. There have been no further cases after 28 days, outbreak closed. All cases are reviewed weekly with the IPC team, consultant microbiologists and ICB.
- IPC staffing: The Data Administrator has retired, and the nursing staff have picked up some of the roles but are unable to take on all-background codes for ICNet, this will affect how the surveillance system functions. IPC Nursing the team has long term sickness, which affects our viability and time for completion of proactive projects. IPC team sickness for quarter 2 showing a sickness rate of 13.09%
- Continuing bedpan washer issues impact the ability to undertake high level disinfection of bedpans and other items. Work on a solution is in progress with trials of equipment now completed and a preferred supplier identified. Estates are working with Equans on the commercials to replace the bedpan washers with macerators.
- Food macerators in zonal kitchens. These have now been capped off but do not meet the Trusts expectations, a view which is supported by ISS. Discussions in progress with PFI partners to remedy this.
- Mattresses – concerns have been raised that mattress covers are failing their fluid ingress tests sooner than expected and soiled mattress covers returned to the company for disposal have been returned to site. The mattress team have robust procedures in place to ensure that the damaged mattresses and covers are not being reused. Meetings are taking place with the company to resolve the issues.

OUR QUALITY AND SAFETY – ANTIMICROBIAL STEWARDSHIP (AMS)

We are driving this measure because

We need an approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness and using Start Smart The Focus principles to reduce the risk of antimicrobial resistance (AMR) while safeguarding the quality of care for patients with infection.

Audits carried out in 2025/2026, Quarter: 3

Division	Site	Ward	Total Audits	Drug Allergy Status Documented	Proportion of Patients on Carbapenems	IV Antibiotics for >72 hours	Total Course > 5 Days	Indication Documented	72 Hour Review	Antibiotic In Line With Guidance
⊞			3	100.00%	0.00%	0.00%	0.00%	100.00%	NaN	100.00%
⊞SCSD			46	97.83%	19.35%	30.77%	19.35%	96.77%	100.00%	96.77%
⊞Specialty Medicine			169	88.76%	5.79%	73.44%	48.76%	100.00%	78.72%	88.43%
⊞Surgical			139	91.37%	4.42%	50.70%	47.79%	92.04%	76.19%	74.34%
⊞Urgent Care			69	84.06%	4.26%	35.71%	17.02%	100.00%	54.55%	87.23%
⊞Womens & Childrens			11	100.00%	0.00%	0.00%	0.00%	100.00%	NaN	100.00%
Total			**437**	**90.16%**	**6.13%**	**50.75%**	**38.96%**	**96.93%**	**76.32%**	**84.66%**

Understanding the performance

- The Quarterly Antibiotic Point Prevalence Survey, carried out by the Pharmacy team, results for 2025/26 Q3 are;
  - Total Audits: **437** *(408 in Q2 2025/26)*
  - Drug Allergy Status Documented – **90.16%** *(93.14%)*
  - Proportion of Patients on Carbapenems – **6.13%** *(9.15%)*
  - IV Antibiotics for more than 72 hours – **50.75%** *(52.79%)*
  - Total Course more than 5 days – **38.96%** *(41.18%)*
  - Indication Documented – **96.93%** *(97.06%)*
  - 72 Hour Review – **76.32%** *(78.82%)*
  - Antibiotic in line with guidance – **84.66%** *(84.31%)*

Actions (SMART)

•Focus on audits carried out by Pharmacists to identify actions to drive improvement in quality (KPIs).
•AMS education session took place for Pharmacy staff.
•Continuing to monitor the compliance with antimicrobial guidelines and consumption to achieve reduction targets specified in standard contract for Watch and Reserve categories- continue towards -10% reduction.
•C diff strategic action plan has been devised to help inform divisional action plans to reduce cases where antibiotics may be implicated. Commenced antimicrobial ward rounds- C diff patients actively being reviewed during these ward rounds.
•Promoting IV to oral switches of antibiotics- continuing as an internal audit-(target for 25/26 is Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Achieved the target in all quarters in 24/25 (lower % indicates better performance).
•Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines.

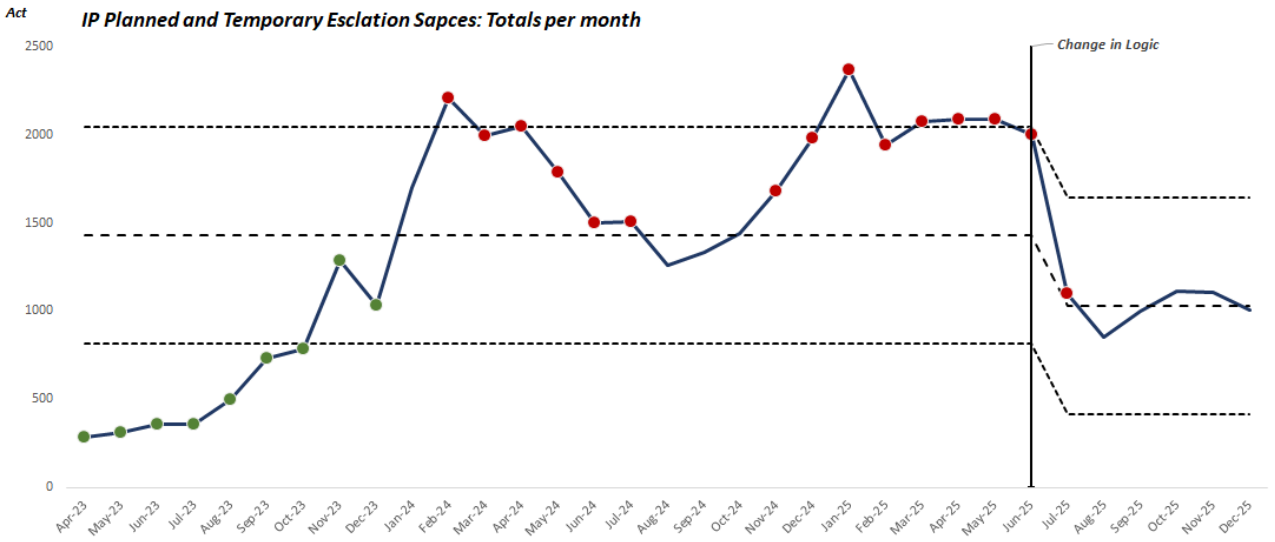
Risks

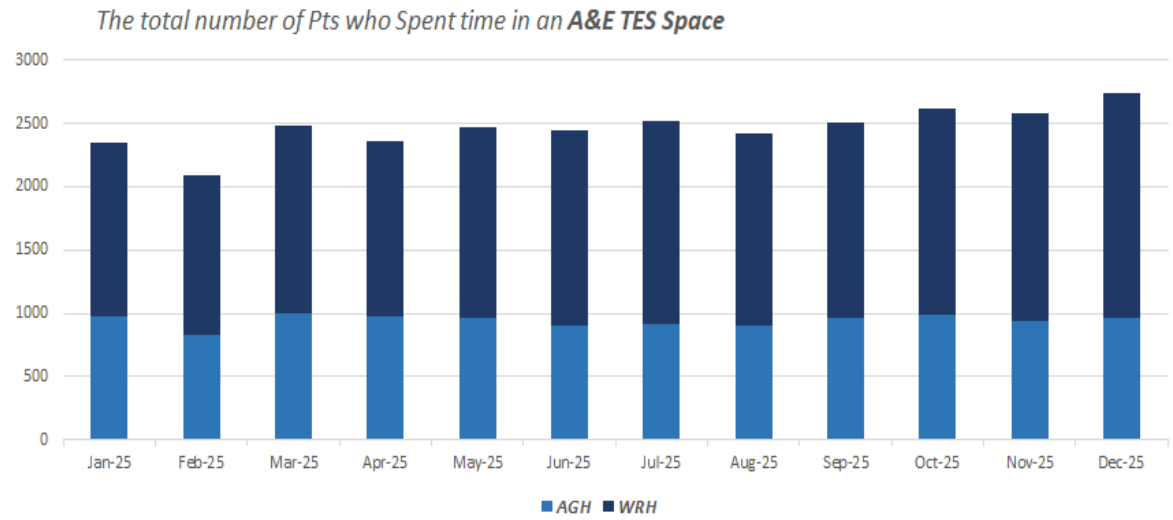
- Operational pressures prevent necessary attention to AMS

OUR QUALITY AND SAFETY – PLANNED ESCALATIONS AND TEMPORARY SPACES

We are driving this measure because

The submission of Planned and Escalation spaces is part of our national Urgent Care SITREP Submission, and we are monitoring this to eradicate the use of temporary or planned escalation spaces used to treat patients. .





Understanding the performance

- Numbers submitted nationally for IP are split into two areas which are Planned Escalation spaces and Temporary Escalation Spaces.
- Planned escalation spaces include patients that are boarding and those patients that might have been bedded in an SDEC area overnight.
- TES numbers relate to those numbers where a ward is exceeding their core capacity
- The total number of Pts that spent time in a planned or Temporary Escalation space in December was 1,008 patents which accounted for an average of 33 patients per day.
- Most of these patients are at Worcestershire Royal Hospital .
- This has seen a reduction compared to the previous month of November where there were 1,109 patients who spent time in a planned or escalation space - which is 37 per day on average
- Numbers submitted for A&E TES spaces are based on any Patient in the previous 24-hour period who has spent Over 15 mins in an ED TES space which is a Corridor or a location marked as overflow. Pts are only counted once in a 24-hour period should they occupy more than 1TES Space
- In December across the 2 ED Sites a total of 2,735 patients met the above criteria – this was an average of 88 per day
- This has increased from November where there were 2577 instances or 86 per day

Actions (SMART)

- The logic behind the Planned TES numbers both for A&E and IP is constantly under review to ensure that it is a representation of the situation throughout the trust.
- A SOP is currently being worked on by the Deputy CNO's around TES and planned occupancy throughout the trusts and discussions are going around what is deemed as a TES and planned escalation space.
- Along with submitting these numbers nationally each day as part of the UEC SITREPS, numbers are provided to Clinical Governance each month as part of there reporting.
- The information team also produced a report at patent level which provides the details of all patients that have been a boarder showing which ward they were on and the total time spent boarding. This can be used for quality reviews or any DATIC if there are any.

Risks

- Risk to the quality of care received by the patient due to being in an inappropriate clinical area
- Overcrowding in A&E and on IP wards
- Reputational damage to the Trust due to high numbers.

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Chief Operating Officer

During December, our hospitals and emergency departments mirrored the seasonal trend, continuing the rise in activity through our Emergency Departments. December was the 10th month in a row where WRH had more than 8,000 attendances. Walk-in activity showed a 2% increase compared to last year, however the most significant change was in ambulance conveyances, where December reported a 21.7% increase compared to previous years on our Worcester site. In addition to increased demand, we experienced the added complexity of patients presenting with seasonal infections, with Flu and COVID addition further challenge for patient flow.

Paediatric attendances and the requirement for Paediatric assessment and inpatient care surged in early December 25. The increase in activity has since seen a return to predicted levels. Despite the increase in acuity and demand, the EAS for us under 18 age group did see slight improvements from 76.4% in November to 78.9% in December. The Division of Women's and Children have shared their proactive intention to review Winter Planning for 2026/27 to enable recommendations to be adopted early.

The length of time that our patients spend in the Emergency Department was longer than any of us would wish for our patients, with 20.7% of patients waiting over 12 hours. Whilst the numbers reported do not show huge variation when compared to previous months, we did experience some very long individual waits within both departments, which were a cause for concern and fuelled the actions set each day on our 8am Strategic Command meetings.

Ambulance delays also increased, with 74.9% of our patients waiting over 45 minutes. This deterioration correlates with the increased conveyancing activity reported and challenges on site with discharge profiles. During December, a system wide MADE event was held across both sites. Whilst saw an increase in the timely discharge of patients via pathway 1, pathway 2 remains a challenge. The need for Pathway 2 capacity has been discussed with partners and during December as part of our 'Home for Christmas' focus, senior leaders across social, health and care and Acute agreed several short-term actions to enable a reduction in bed occupancy. On Christmas Eve, in line with the national requirement to reduce levels, bed occupancy reported the lowest % in 7 years. Whilst there is still work to do to sustain an improved position, we intend to retain some elements of this approach as we move into 2026. The reconfiguration and reorganisation of the Integrated Discharge Team is gaining traction. Following a joint workshop in December, there has been demonstrable improvements in collaborative working between the two organisations. The focus now needs to be on releasing the capacity to support our longer stay patients.

For patients receiving cancer care, reassuringly we are making good progress with our recovery plans, our teams have and remain focussed on plans and mitigations to reduce any delays and backlogs. Our three most challenged services remain skin, breast and urology. Urology see's the recruitment of a locum Consultation from 5th January 2026 with further funding from WMCA to support 2 x consultants / doctors with start dates from 12th January. An agreement to undertake additional WLI clinics has been reached, alongside consideration of a full outsourced model to clear the backlog. A business case to extend operating capacity to support delivery of the 31 day and 62 cancer standards for both Urology and Colorectal is underway.

Our performance in elective care continues to improve and we have seen further reductions in the number of patients waiting for more than 52 weeks, however we are behind our plan with four specialties which are gastroenterology, ENT, OMFS and T&O requiring further actions. Additional capacity and outsourcing has commenced for three of the specialities and T&O are working with the Independent Sector with patient requiring hand and wrist surgery. Waiting list size remains a challenge due to the increasing demand, services are been asked to look at rapid elective recovery options against additional available income to improve our performance in Q4.

Looking forward to 26/27 we have a planned outpatient strategy event scheduled in January to support the development of our transformation programme which commences in April 26. The aim of the programme is to respond to the NHS plan in restoring services back to delivering constitutional standards and developing new innovative and digitally supported technology to assist in our management and treatment of our patients in a more timely and efficient way.