

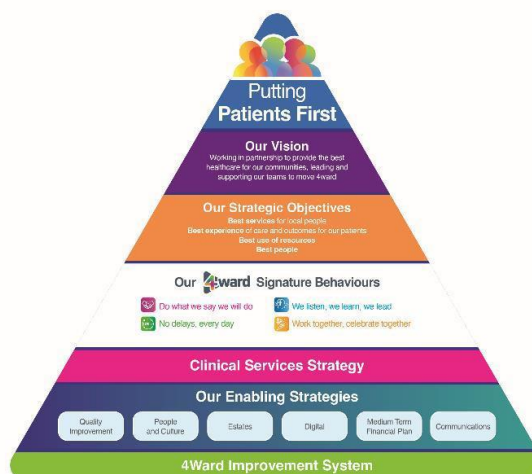
AGENDA

TRUST BOARD

Thursday 9th March 2023

10:00 – 12:30

via MS Teams and streamed on YouTube



Anita Day
Chair

Item	Assurance	Action	Enc	Time
173/22-23	Welcome and apologies for absence:			10:00
174/22-23	Patient Story			10:05
175/22-23	Items of Any Other Business To declare any business to be taken under this agenda item			10:30
176/22-23	Declarations of Interest To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.			
177/22-23	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 10th February 2023</i>	<i>For approval</i>	Enc A Page 4	10:35
178/22-23	Action Log	<i>For noting</i>	Enc B Page 11	10:40
179/22-23	Chair's Report	<i>For ratification</i>	Enc C Page 12	10:45
180/22-23	Chief Executive's Report	Level 4 <i>For noting</i>	Enc D Page 13	10:50
181/22-23	Communications & Engagement Report Director of Communications	<i>For assurance</i>	Enc E Page 18	11:00

Best Services for Local People
BAF2, 11, 13, 14, 16, 17, 18, 21

Nothing to escalate outside of the Integrated Performance Report

Best Experience of Care and Outcomes for our Patients

BAF 3, 4, 11, 19, 20

182/22-23	Integrated Performance Report Executive Directors	Level 4	For assurance	Enc F Page 24	11:10
183/22-23	Committee Assurance Reports Committee Chairs		For assurance	Page 111	11:30

Best Use of Resources

BAF 7, 8, 11

184/22-23	Amendment to Scheme of Delegation Chief Finance Officer	Level 6	For approval	Enc G Page 119	11:35
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Best People

BAF 9, 10, 11, 15, 17

185/22-23	Safest Staffing Report Chief Nursing Officer		For assurance	Enc H	11:40
	a) Adult/Nursing	Level 6		Page 125	
	b) Midwifery	Level 6		Page 132	

Governance

186/22-23	Board Assurance Framework Company Secretary	Level 6	For assurance	Enc I Page 140	11:50
187/22-23	Any Other Business <i>as previously notified</i>				12:00

Close

Reading Room:

- BAF
- Scheme of Delegation appendices

Seven Levels of Assurance

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

Board Assurance Framework

Strategic Objective	Assigned BAF Risks
Best Services for Local People	BAF 2 – Public engagement BAF 11 – Reputation BAF 13 – Cyber BAF 14 – Health & wellbeing BAF 16 – Digital BAF 17 – Staff engagement BAF 18 – Activity BAF 21 – ICS
Best Experience of Care and Outcomes for our Patients	BAF 3 – Clinical Services BAF 4 – Quality BAF 11 – Reputation BAF 19 – System (UEC) BAF 20 – Urgent Care
Best Use of Resources	BAF 7 – Finance BAF 8 – Infrastructure BAF 11 – Reputation
Best People	BAF 9 – Workforce BAF 10 – Culture BAF 11 – Reputation BAF 15 – Leadership BAF 17 – Staff engagement

* Note - assurance against BAF risks is as stated on each report and risks/objectives may overlap

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 9 FEBRUARY 2023 AT 10:00 AM
VIA MS TEAMS AND STREAMED ON YOUTUBE**

Present:		
Chair:	Anita Day	Chair
Board members: (voting)	Paul Brennan Matthew Hopkins Simon Murphy Neil Cook Christine Blanshard Dame Julie Moore Colin Horwath Jackie Edwards Tony Bramley Karen Martin	Chief Operating Officer Chief Executive Non-Executive Director Chief Finance Officer Chief Medical Officer Non-Executive Director Non-Executive Director Interim Chief Nursing Officer Non-Executive Director Non-Executive Director
Board members: (non-voting)	Richard Haynes Jo Newton Rebecca O'Connor Tina Ricketts Sue Sinclair Vikki Lewis Michelle Lynch	Director of Communications and Engagement Director of Strategy and Planning Company Secretary Director of People and Culture Associate Non-Executive Director Chief Digital Information Officer NeXT Director
In attendance	Jo Ringshall Jo Wells Justine Jeffery Sue Rogers	Healthwatch Deputy Company Secretary Director of Midwifery GGI, Observing
Public		Via YouTube
Apologies	Richard Oosterom	Associate Non-Executive Director

159/22 WELCOME

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

The new Non Executive Directors Mr Bramley, Ms Martin and NeXT Director Ms Lynch were welcomed to the Board.

The current challenges were unprecedented and colleagues were facing sustained pressures. The emphasis was on putting patients first and allowing colleagues chance to get back to caring for patients, therefore the Board would follow a targeted and focused agenda with papers taken as read. The Patient Story would resume from next month.

160/22 ANY OTHER BUSINESS

There was no other business.

161/22 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.

162/22 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 12 JANUARY 2023**
The minutes were approved.

Mr Hopkins referred to the incident on 20th December 2022 regarding the ambulance offload and wished to add an addendum to the minutes, noting the decision to offload the 18 ambulances was a miscommunication between the Midlands region and West Midlands Ambulance Service. This information had been learnt since the last Board meeting. Discussion had taken place with the ICB to work with colleagues across the wider system to ensure it does not happen again.

Mr Murphy queried whether theatre utilisation was approved by Trust Management Executive (TME) and asked what the nature of the miscommunication was. Mr Brennan replied that theatre utilisation was approved at the Theatre Group two weeks ago and would be presented to TME for approval in February. The plan had been implemented. Mr Hopkins advised that the instruction related to the ambulance service industrial action and the policy put in place to offload ambulances waiting over 15 minutes was misinterpreted.

RESOLVED THAT: The Minutes of the public meeting held on 12 January 2023 were confirmed as a correct record and signed by the Chair.

163/22 **ACTION SCHEDULE**

There were no actions due for this meeting. Ongoing discussions were taking place regarding the Trust Board workplan.

Mr Murphy referred to the Behavioural Charter and gave thanks to including the topic in the Worcester Weekly bulletin to raise awareness, noting however there was more that could be done to make a difference. Ms Ricketts agreed that more needed to be done to implement it and that it would take time to embed in the Trust.

164/22 **CHAIR'S REPORT**

Ms Day advised that Board that she had taken a Chair's action to:

1. Approve Contract Award Governance Report for the Managed Print Service (MPS) Contract Extension
2. Approve costs for additional capital works and funding from existing capital budgets for:
 - a. Alex Car Parks
 - b. Replacement Power Tools
 - c. Theatres Storage
 - d. Replacement Windows, Alex site
 - e. Relocation of Garden Suite to W1 Alex
 - f. Lift 4 Kidderminster Treatment Centre
3. Approve to vary 'existing' contractual arrangements to deliver the works in point 2 due to the very short timeframes involved.
4. Approve delegated authority to the Director of Estates & Facilities on expenditure against the against these approved costs and funding, limited explicitly to the schemes cited above and the 'existing' contract arrangements that are in place.

An additional Chair's Action was taken following the issuing of the Board papers and would be presented at the next meeting.

Ms Day was conscious of the current operational pressures and apologised that staff continued to work in such an environment. Apologies were also extended to patients who may have been affected by delays or not felt as cared for as they should have been and thanks were given to their understanding. Ms Day wished to reassure colleagues and patients that teams were focused on doing what we can do to improve the situation.

RESOLVED THAT: The Chair's Actions were approved and the update was noted.

165/22

CHIEF EXECUTIVE'S REPORT

Mr Hopkins presented his report and the following key points were highlighted:

- The Electronic Patient Record (EPR) had launched. A pilot took place on five wards and on went live on Wednesday rolling out at the Alex.
- The Trust welcomed Tim Ferris, NHSE Director who was responsible for the rollout.
- There were continuing difficulties relating to ongoing industrial action. There had been no cancellations of outpatients or diagnostics on Monday or Tuesday. It was important that a government resolution to all industrial actions affecting the NHS was found as quickly as possible as there was an impact on both patients and staff.
- The Integrated Care Partnership and Integrated Care Board had set out priorities which would be considered and responded to in the joint future plan.
- The Trust was continuing work with local partners to build partnerships for the benefit of patients. An Executive Team meeting with University Hospital Coventry & Warwickshire had taken place to share the improvement programme system and how we might work more effectively together with robotics
- Progress was being made with the recruitment of a Chief Operating Officer and interviews were scheduled for the beginning of March.

Ms Ricketts informed that there was Physiotherapy industrial action taking place today and there were picket lines at Worcester Royal and the Alex.

RESOLVED THAT: The report was noted.

Best Experience of Care and Outcomes for Patients

166/22

INTEGRATED PERFORMANCE REPORT

Ms Lewis presented the report with an assurance level of 4.

Operational Performance

Elective

Mr Brennan highlighted the following key points:

- The Trust had set out a plan to have no 78 week waiters by the end of March. If the Trust did nothing, 23900 patients would breach. That number had now reduced to 2141.
- 668 patients were waiting for a new outpatient appointment. 435 had now been dated. A potential risk of 400 patients breaching at the end of March was reported but work was underway to ensure they were dated. The team were working with partners to address some of the less complex cases going to the independent sector.

Cancer

- Last month, it was reported that 814 patients could potentially breach. The current position is down to 401 against a trajectory of 561 patients waiting over 62 days by the end of March.

- Skin had reduced from 300 down to 0 by the end of the year.
- Urology was more challenged making up 200 out of the 401 patients.

Ms Day asked what actions were being taken to address the number of urology patients waiting. Mr Brennan replied that significant improvements had been made to see and diagnose patients much quicker. The 12 week standard was performing at 92% up from 12%. The majority of patients were being seen within 4.5 days of referral. The mobile MRI scanner at Kidderminster was being utilised for patients on a prostate pathway. The private sector were assisting with biopsies at the weekend at the Alex, however the challenge is those waiting for surgery.

Emergency Care

- Ambulance handovers were challenged during December and the hours lost totalled 1473. The teams have focused on reduction, however there had been a number of industrial action days. The position had improved quite significantly since w/c 9th January where the hours lost dropped to 200 and last week was down to 148. It was acknowledged that there was still work to do but positive progress had been made.
- Length of stay at the Worcester site had started to drop slightly. The current average was 8.92 days. This was an increase of 1.33 in comparison to the same period last year. Simple discharge average length of stay is 6.31 days. Complex discharges were 1.95 days higher than last year. Pathway 1 discharges are 4 days greater than last year. Increased length of stay is driven by more complex discharges and was impacting upon the Trust target of 740 discharges per week. Mondays were problematic with achieving 80-90 discharges against a target of 130 across both sites. The ICS have agreed to undertake an updated review on the Trust's behalf over a two week period w/c 27th February.

Mr Murphy requested an update in relation to the onward care team work, progress on community ward location and the avoidable attendance figures detailed within the report. Mr Brennan replied that the onward care team report has been completed. An ICS wide session was held two weeks ago to review the findings. The Trust had accepted the recommendations in the report, however the Council and Health & Care Trust wanted to have further discussion on the recommendations. A further session had been booked on 20th February to fully release the report and sign off the recommendations. The community wards were unlikely to come to fruition.

An analysis of conveyance and walk ins on the basis of presenting complaint had been completed. The avoidable attendances could be overestimated and there could be complications linked to the presenting reason and further work was being undertaken to explore this further.

Mr Horwath asked if there was confidence in sustaining the improved ambulance delay performance. Mr Brennan noted there had been seven weeks of sustainable improvement though there was an increase during one of those weeks. The ED corridor had been utilised for offloading ambulances, there were 8-9 more patients per day in SDEC or AAC along with the surgical assessment unit. These steps had not resolved the turnover of inpatient capacity however.

Ms Martin asked if there was any plan to utilise the 4ward improvement system with the discharge work. Dr Blanchard informed that patient flow is one of the first three value streams and focusing on the discharge process. An upcoming Rapid Process Improvement Workshop (RPIW) is looking at supply of medication for patients being discharged.

Ms Day queried if there was assurance that there is no patient harm as a result of discharging prematurely. Mr Brennan replied that there had been an increase in readmissions of patients discharged on pathway. A review was underway with the Council and the Health & Care Trust to see if there is a link to earlier discharge. Dr Blanshard advised that there was a balance of risk.

Ms Edwards advised that there was a number of patient carers who were struggling. Teams were working as a system with the Carers Association to improve support and understand the impact.

Quality & Safety

Ms Edwards advised that infection prevention and control (IPC) was an area of focus and highlighted the following:

- Key priority metric is IPC. NHSI completed a visit in October 2022 and the findings had been received. The team were actively working on an action plan. A revisit was expected in March. The Trust was rated green but enhanced monitoring was in place.
- The increase in flu and covid during December had subsided in January.
- Teams remained focused on c.diff and getting the basics right.
- The Trust benchmarked within the top quartile with others. Learning was being shared across the system.

People & Culture

Ms Ricketts highlighted the following:

- Month 9 was challenging in terms of workforce as there had been an increase in turnover, sickness, and vacancy rates
- Additional activity was required due to industrial action.
- The workforce plan was on track for delivery at the end of March.
- There had been an increase in moral injury over the last quarter. Steps were being taken to ensure that the health and wellbeing offer is adapted to support colleagues.
- Dr Blanshard noted there had been quality improvements with neck of femur theatres. Though there had been a sustained improvement there was still more to do. Improvements had been sustained despite the challenge of staffing issues within trauma and industrial action which was a credit to the teams.

Finance

Mr Cook drew attention to the following key points:

- The Trust was £1.1m adverse in month and £1.9m adverse to date. This was driven by pay awards, drugs and devices.
- Additional investment had been received in respect of the robot, temporary scanners supporting the backlog and additional winter funding.
- There are additional winter pressure costs such as bank and agency.
- Updated gas and electric invoices had been received and the charges have been higher than expected, which was an additional pressure.
- Funds had been released from the balance sheet.
- Additional capital funds were being bid for. A plan was in place to broker funds for the end of the year.
- UEC pressures remained.

Level 4 assurance was approved.

RESOLVED THAT: The report was noted for assurance.

167/22 **COMMITTEE ASSURANCE REPORT**

The report was taken as read. There were no issues to highlight that had not already been discussed.

RESOLVED THAT: The Committee report was noted for assurance.

Best People

168/22 **SAFEST STAFFING REPORT**
a) Adult/Nursing

Ms Edwards provided the following update:

- Safe staffing levels for wards were achieved.
- A number of mitigations had been put in place. Temporary workforce was being utilised to support sickness.
- Industrial action had taken place involving a high number of nurses.
- There had been no incidents of harm reported.
- Nurse staffing was in place to support patient acuity during ambulance service industrial action.
- An inpatient adult ward review had been undertaken and findings would be presented at the next meeting.
- Ward moves took place during December.
- A rise in vacancies of 8% had been driven by the opening of the PDU.
- A key workstream is Health Care Assistants. There were 118 vacancies in November and retention was a key area of focus.

The assurance level of 6 was approved.

b) Midwifery

Ms Jeffrey reported the following:

- There had been a rise in sickness due to covid and flu which had impacted on meeting acuity. Support was provided by the community team.
- Vacancies remained static.
- Turnover had decreased.
- New starters were scheduled during March and April.
- A recent recruitment event was well received.
- The Trust was hosting six international midwives and a further five had been identified.

The assurance level of 5 was approved.

RESOLVED THAT: The reports were noted for assurance.

Governance

169/22 **AUDIT COMMITTEE REPORT**

Mr Horwath advised that Committee continued to focus on bank and agency high earners and the progress being made.

RESOLVED THAT: The report was noted.

170/22 **TRUST MANAGEMENT EXECUTIVE REPORT**



177. Minutes Public Board Feb 23

171/22 **ANY OTHER BUSINESS**

172/22 **CLOSING REMARKS**

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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
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	Mar 2023	Regular updates on progress against implementation of the Charter are provided to the People & Culture Committee. A Board Development agenda item about Culture will cover the topic.	

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc C

Chair's Report

For approval:	X	For discussion:		For assurance:		To note:	
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Accountable Director	Anita Day Chair		
Presented by	Anita Day Chair	Author /s	Rebecca O'Connor Director of Corporate Governance

Alignment to the Trust's strategic objectives (x)

Best services for local people	X	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 2023.

Executive summary

The Chair, undertook a Chair's Action on the recommendation of Finance and Performance Committee and in accordance with Section 24.2 of the Trust Standing Orders to:

1. Approve Managed Print Service (MPS) Contract Extension

The Contract Award Governance and background papers are enclosed for noting on the Private Trust Board Reading Room

Risk

Which key red risks does this report address?		What BAF risk does this report address?	BAF 7, 8
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Assurance Level (x)

0	1	2	3	4	5	6	X	7	N/A
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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	Public Trust Board
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Chief Executive Officer's Report

For approval:		For discussion:		For assurance:		To note:	X
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Accountable Director	Matthew Hopkins Chief Executive Officer		
Presented by	Matthew Hopkins Chief Executive Officer	Author /s	Rebecca O'Connor Director of Corporate Governance

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:
- Annual Plan
 - Paul Brennan – Chief Operating Officer
 - Garden Suite
 - Electronic Patient Record Phase 1
 - Ambulance de-escalation from national to regional.
 - Industrial Action

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
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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	Public Trust Board
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Introduction/Background

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

Annual Plan

Our draft annual plan was submitted to the ICB on 17th February following executive sign off, to be collated by the ICB into an overall plan on behalf of the Herefordshire and Worcestershire ICS which was submitted to NHSE on 23rd February. Feedback from the region is awaited. Trust Board on 9th February supported the approach of Putting Patients First with an emphasis on focusing the plan on the delivery of the 65 week, 62 day cancer and diagnostic standards. It was acknowledged that ERF funding would need to be directed at planned interventions to close the gap between capacity and the activity required to achieve the standards. Consequently, the plan we submitted supports our aspiration to delivery of these standards, although we have further work to do to before we submit our final plan at the end of March. We will continue our focus on reducing waste and harnessing Divisional support for the wider PEP programme led by support from SCW CSU which will be will be key to improving the financial position. Our final plan will be submitted (following approval through appropriate governance) to the ICB in mid-March (date to be confirmed) for onward submission to NHSE on 30th March.

Paul Brennan

At what will be his last Board meeting in public, I would like to take this opportunity to thank Paul Brennan, our Chief Operating Officer and Deputy Chief Executive, who is about to do what he said he was going to do back in September, and take a well-earned retirement after a long and distinguished career as an NHS leader.

Paul joined the Trust in October 2018 and was one of the first colleagues to welcome me when I joined team Worcestershire Acute. He had been doing a sterling job acting as Chief Executive on top of his already extremely demanding 'day job' and since then he has stepped, calmly and competently, into the acting CEO role on a number of occasions, including my period of enforced sickness absence when I needed a kidney transplant. Knowing that the Trust was in such safe, experienced hands was a huge comfort to me as it was, I know, to other members of our senior leadership team and colleagues across our Trust.

It's because of his invaluable support as deputy CEO, his courageous and clear thinking leadership as our Gold Commander throughout the Covid Pandemic and, above all, his tireless work on behalf of our patients and teams across the Trust as COO that Paul will be so missed by us all. He is rightly admired and respected by colleagues from all professional groups, teams and services across our Trust for his commitment, his energy, his determination, decisiveness and dedication.

When it comes to our 4ward behaviour of 'listen, learn and lead' Paul has an unparalleled ability to understand the many complex challenges we face, get to the crux of the issue, and engage colleagues in developing and delivering solutions. He will be a tough act to follow, but the progress he has helped us to make on strengthening our operational and clinical leadership will, I am sure, be greatly appreciated by our next Chief Operating Officer.

I am sure Board members will join me in wishing Paul all the very best for the future. Thank you Paul

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Garden Suite

As colleagues will be aware, on 28 February we did what we had always said we would do and returned the Garden Suite ambulatory chemotherapy unit to the Alexandra Hospital.

The unit provides a range of outpatient chemotherapy treatments to cancer patients, mainly from Redditch and surrounding areas. It was temporarily relocated to Kidderminster Hospital during the Covid pandemic to protect the patients using it from the risk of infection.

We always said the Garden Suite move to Kidderminster was a temporary one and that as soon as we could identify a suitable location, we would bring it back to the Alexandra.

However, the number of major developments and service improvements at the Alexandra, including the introduction of robotic surgery and construction of two new operating theatres, meant that we did not expect to be able to find a suitable location for Garden Suite as quickly as we have.

Thanks to a great deal of hard work by our clinical and estates teams, we were able to draw up – at very short notice – a plan that enabled us to move Garden Suite into Ward 1 at the Alexandra, repurposing a space that had previously been used as a discharge lounge for patients waiting to go home following an inpatient stay.

We have heard frequently from a number of patients, staff, and local stakeholders, how keen they were for us to return the Garden Suite to the Alexandra, and I would like to thank everyone who has played a part in putting this plan into effect so rapidly, as well as our teams who continue to deliver chemotherapy services at Kidderminster and Worcestershire Royal.

Electronic Patient Record Phase 1

Following the successful pilot of Phase 1 functionality for the Electronic patient record (EpR) a full deployment across all three hospital sites has been completed. The Trust chosen approach to EpR implementation is modular based deployment of functionality to minimise operational disruption and provide at the elbow support and familiarisation alongside a traditional training support offer.

Phase 1 included adult inpatient documentation, nursing admission, medical clerking and internal referrals based on the principles of standardisation of workflow the Phase 1 deployment has been a good learning experience for future deployment stages.

Ambulance de-escalation from national to regional

The twelve most challenged Trust's for total ambulance handover delay times were grouped in to two cohorts – most challenged and second challenged – and escalated to weekly national oversight. The Trust was one of the six organisations that were placed in the most challenged cohort based on a national assessment of the most minutes lost due to handover delays for the week commencing 18th July 2022 at 921 which was the fourth worst in the country and the Trust peaked at 1,473 for the week commencing 26th December 2022. Since that time the Trust has significantly reduced the time lost due to handover days and since the New Year the average weekly time loss has been 264 with a range of 48 and 421. Given the improving performance the Trust, along with the other four Midlands Trusts in the two cohorts, was deescalated from national to Regional oversight.

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Industrial Action

The Trust has continued to be impacted by industrial action with the following dates planned in March 2023:

Date (s)	Union	Affected Staff Groups
1 st March	National Education Union in West Midlands Region	Colleagues with school age children
3 rd to 5 th March	Royal College of Nursing	Registered Nurses and Healthcare Support Workers NB: Action currently paused pending talks with the Government
6 th March	GMB and Unite Ambulance Strike	Ambulance Workers Control room staff NB: Action currently paused pending talks with the Government
13 th to 16 th March	British Medical Association and HCSA	Junior doctors 72 hour strike involving a full stoppage of work including nights, on-call and non-resident work
13 th to 16 th March	British Dental Association	Hospital dental trainees
15 th to 16 th March	National Education Union in all England Schools	Colleagues with school age children
20 th March	GMB and Unite Ambulance Strike	Ambulance Workers Control room staff NB: Action currently paused pending talks with the Government

At the time of writing the report there has been no updates from the Government on the progress of the talks with the Royal College of Nursing. Separate talks will need to be undertaken with the British Medical Association, British Dental Association and HCSA as medical and dental staff are on different terms and conditions than other NHS staff.

The amount of planning for the industrial action is having to an impact on operational management and corporate services (e.g Human Resources) capacity. Planning for the strike action continues through the command and control structure. A risk assessment has been completed for the Royal College of Nursing industrial action and this will be considered at the Quality Governance Committee this month. This will help shape the risk assessment for the Junior Doctor industrial action planned for later this month.

Issues and options

Recommendations

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<p>The Trust Board is requested to</p> <ul style="list-style-type: none"> Note this report.
Appendices – None

Meeting	Trust Board
Date of meeting	9 March 2023
Paper number	Enc E

Communications and Engagement Update

For approval:		For discussion:		For assurance:	x	To note:	
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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 (including charity and fundraising activities where relevant) which have taken place since the last update (December 2022) 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 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.</p>
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Risk

Which key red risks does this report address?		What BAF risk does this report address?	BAF Risk 11: 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
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Assurance Level (x)

0	1	2	3	4	5	x	6	7	N/A
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Financial Risk

Related activities carried out within the existing communications budget or covered by the budgets of supported projects or programmes.

Action

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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 22/23 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					

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Introduction/Background

This report provides Board members with examples of significant communications and engagement activities (including charity and fundraising activities where relevant) which have taken place since the last update (December 2022) 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.

Issues and options

Electronic Patient Record (EPR) Go Live



Also in the spirit of our 4ward behaviour of work together, celebrate together this report starts with an overview of the communications support provided to the successful phase one go live in February of our Electronic Patient Record (EPR), following a limited pilot launch in January.

Over a period of several months, members of the communications team have worked closely with colleagues in the EPR project team to develop a suite of communications materials to raise awareness of, and enthusiasm for the EPR roll out as well as supporting key objectives such as the uptake of training.



A dedicated EPR section on our intranet has been populated with bespoke content including training information, user guides, signposting to technical support, 'tips and tricks' videos and a short animated film about EPR.

This has been backed up by a regular EPR slot in our Worcestershire Weekly all staff newsletter and our monthly Senior Leaders' Brief, EPR team 'takeovers' of the weekly Chief Executive message and electronic and physical publicity materials, including screen savers, posters and pull up banners. The EPR roll out will remain a priority for support from the communications team as the roll out continues.



A message from Jon Hughes
and Matthew Little
Chief Clinical Information Officer
and Chief Nursing Information Officer



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Rainbow Badge Champions



To coincide with LGBT History month in February, in partnership with colleagues in our LGBTQ+ Network we produced a range of publicity materials to help encourage uptake of Rainbow Badge training opportunities and raise awareness of the support available from our Rainbow Badge champions.



We also produced [this short video](#) featuring our Chair, Chief Executive and other colleagues which was shared widely across the Trust and on our social media channels

Charity Update

Staff Wellbeing: Although the charity funded Wellbeing Matters Day scheduled for 1 March had to be postponed given concerns over the proposed RCN industrial action, our work to support wellbeing initiatives has continued with recent examples including a wellbeing day for a group of colleagues from the Alexandra Emergency Department.



The day included a 'Laughtercise' session, wellness therapies and a chance to try out some of the specialist pods at the Kidderminster Co-Lab where the event was held. We had some wonderful feedback from colleagues who took part. The charity team have used the event, and others like it, to develop a model for wellbeing sessions which can easily be used by colleagues who want to arrange similar sessions in future.

Worcester City Run: Our charity is the official charity partner for this year's Worcester City Run (September 16/17).



In what is the second year of a two-year partnership, we are hoping to build on the £15,000 raised from the 2022 event, and we have got off to a flying start with great support from individual colleagues and teams signing up to run the 10k or half marathon in aid of our charity.

A launch event held in Worcester at the end of February supported by Steve Cram and Paula Radcliffe has helped to raise awareness of the event and also offered a chance for two of our runners (Volunteer Manager Alison Davies and Charity Volunteer Richard Johnson) to check progress on their training programmes by joining a group who enjoyed a pre-breakfast run with the two athletics legends.

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‘Miracle’ baby story goes international



Our story about [baby Heidi, born at Worcestershire Royal Hospital after both her mum and dad underwent chemotherapy](#) during the pregnancy attracted a huge amount of interest and coverage.

Their story generated social and media coverage locally, nationally and internationally featuring the family and our Consultant Haematologist, Dr Salim Shafeek who treated both mum Bethany and dad James.

Among the highlights of the coverage was the [family’s appearance on BBC Breakfast](#), including a clip which has reappeared on ‘most watched’ clips on the BBC website as recently as February.

Other issues which have attracted significant media or social media attention since the last Board update include:



[The return of the Garden Suite chemotherapy unit to the Alexandra Hospital](#) – Garden Suite staff (now based in the refurbished Ward 1 at the Alexandra) are pictured here after welcoming the first patients to their new unit on 28 February.

[Our success in securing £10.5 million capital funding](#) to enable the expansion of endoscopy services at the Alexandra and, at Worcestershire Royal, improvements to maternity and children’s services - the final stage of funding to deliver the developments that were agreed to support the Future of Acute Hospital Services in Worcestershire (FoAHSW).

The Trust’s s106 application for additional funding related to the proposed Woven Oaks development in Kidderminster.

Urgent and emergency care pressures (including the critical incident declared in December)– and **the impact of industrial action by a number of health service unions** – also continue to generate significant coverage.

Work in progress

Live stream of April Board meeting: We are currently testing the equipment which we plan to use for a live stream of the in person meeting of the Board meeting in public (at the Alexandra on Thursday 13 April.)

This will be a more complex undertaking than the live stream of our virtual Board meetings on Teams, and a number of technical rehearsals with members of the communications team and IT colleagues will take place ahead of April’s meeting.

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2023 Staff Awards: Following the success of last year's Staff Recognition Awards, planning is now under way for the 2023 event which we hope will again be hosted by our friends at DRPG on the evening of Friday 24 November. Diary invites have gone out to all Board members and more details will follow as our plans progress.

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.

Recommendations

Board members are asked to note the report

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Integrated Performance Report – Month 10 2022/23

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Directors	Paul Brennan – Chief Operating Officer, Jackie Edwards – Chief Nursing Officer, Christine Blanshard - Chief Medical Officer, Tina Ricketts – Director of People & Culture, Neil Cook – Chief Finance Officer, Vikki Lewis – Chief Digital Information Officer		
Presented by	Vikki Lewis – Chief Digital Information Officer	Author /s	Steven Price – Senior Performance Manager Nikki O'Brien - Associate Director – Business Intelligence, Performance and Digital

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	15 th February 2023	Approved
Finance and Performance	22 nd February 2023	Assured
Quality Governance	23 rd February 2023	Assured

Recommendations

- Trust Board is asked to
- Note this report for assurance

Key Issues

1. Operational Performance

Setting the Scene

Over the course of Jan-23, the Trust has seen a reducing prevalence of both influenza and covid-19. Covid-19 peaked at 93 patients on 4th January and the average for the month was 70 inpatients. However, as at 31st January this had reduced to 51. Influenza followed a more pronounced reduction profile, starting the month at 100 patients, with an average of 40 inpatients a day and ending the month at 11.

This level of infection prevalence contributed to our bed occupancy for the month remaining very high, as did our conversion rate from emergency attendance being its highest in 22/23 (29.8%), even though the number of type 1 attendances was the lowest of the year. Both WRH and ALX saw their highest 4-hour performance in 23/23 and the number of 60+ minute ambulance handover delays was its lowest (687), noting a run of 6 consecutive days with no 60+ minute delays at WRH.

At the end of the month, 88 patients had been in a bed for 21+ days with only 27 patients deemed fit for discharge. The overall average LOS for non-elective inpatients was 8.5 days.

Despite the patient flow pressures noted above, elective recovery was maintained. Outpatient, elective inpatient and diagnostic activity increased following the reduction seen in December. 2WW cancer was again at operational standard and the 63+ days backlog reduced further. From an

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RTT perspective, there were no patients waiting over 104+ weeks, both the actuals and potentials 78+ weeks cohort reduced and the total PTL reduced for the first time in 22/23.

Elective Recovery

Elective Activity			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Outpatients	News	SP	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	168,789
		BUP	12,544	13,092	14,677	13,809	13,175	14,882	14,362	15,426	13,182	13,537	13,691	14,711	138,687
		Actual	13,158	16,084	15,467	15,014	15,629	16,610	17,217	18,492	13,602	16,733			158,006
	Follow-ups	SP	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	265,809
		BUP	26,767	27,591	31,570	31,095	29,013	31,234	29,888	34,714	29,284	29,895	29,843	32,551	301,052
		Actual	30,172	34,009	32,784	31,841	33,248	34,333	33,483	37,486	29,406	35,782			332,544
Inpatients	Day Case	SP	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	75,656
		BUP	5,660	6,071	6,889	6,857	6,377	6,599	6,453	6,687	5,891	6,610	6,211	6,384	64,096
		Actual	5,835	6,661	6,286	6,437	7,129	7,082	6,942	7,669	6,195	7,215			67,451
	Elective Spells	SP	455	584	697	707	646	744	663	824	744	766	808	853	6,830
		BUP	429	485	576	584	534	617	549	682	615	635	669	706	5,707
		Actual	450	526	525	449	500	500	524	518	462	515			4,969
Diagnostics	Imaging	SP	12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	141,023
		BUP	12,452	13,257	12,749	15,040	15,078	15,059	15,468	15,039	13,161	15,228	13,257	14,548	142,531
		Actual	11,723	13,515	13,155	13,608	13,540	14,108	14,400	14,734	12,774	14,090			135,647
	Endoscopy	SP	1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	17,684
		BUP	1,399	1,619	1,602	1,775	1,495	2,043	1,856	1,940	1,325	1,853	1,766	1,973	16,907
		Actual	1,022	1,285	1,158	1,278	1,374	1,543	1,583	1,838	1,167	1,587			13,835
	Echocardiography	SP	806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	10,233
		BUP	1,050	1,050	1,050	1,410	1,320	1,320	1,320	1,320	1,320	1,320	1,320	1,320	12,570
		Actual	1,001	1,150	1,008	1,072	1,150	1,227	1,360	1,316	847	1,078			11,209

Table 1 | SP - Submitted Plan | BUP - Bottom-up Plan

We did not achieve the OP New activity or the OP follow-ups submitted plan. We did exceed the BUP for OP New and follow-ups noting that we delivered 3,010 fewer follow-up appointments than Jan-20.

Both day case activity and inpatient (ordinary) are below submitted plan but day case was above the BUP.

Our validated DM01 Diagnostics waiting list at the end of Jan-23 was 9,469 and the number of patients waiting 6+ weeks decreased to 1,935. We did not deliver our submitted or bottom up plans but did increase to 18,635 DM01 reportable tests. The number of patients waiting 13+ weeks increased from 774 to 811 with 56% attributable to colonoscopy and cystoscopy.

Elective Performance

Elective Performance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT	104+ week waiters (Zero by July 2022)	Plan	250	120	88	0	0	0	0	0	0	0	0	0
		Actual	254	161	40	31	12	0	0	1	0	1		
	78+ week waiters (Zero by April 2023)	Plan	1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0
		Actual	1,574	1,631	1,505	1,200	1,093	979	1,115	1,285	1,570	1,092		
	52+ week waiters (Zero by March 2025)	Plan	6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400
		Actual	6,488	7,127	7,826	7,695	7,633	7,772	7,957	8,103	8,161	7,256		
Total Incomplete Waiting List		Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713
		Actual	60,056	61,895	63,391	64,284	65,264	65,420	66,703	68,628	69,832	67,744		
Cancer	63+ day waiters	Plan	The annual plan trajectory has been replaced following an Oct-22 NHSE request to submit revised recovery trajectories for 62+ day Cancer backlog - this is being monitored weekly.											
		Actual												
	28 Day Patients Told Outcome (CWT Standard - 75%)	Plan	71%	72%	73%	74%	75%	75%	75%	75%	75%	76%	75%	75%
		Actual	58%	57%	50%	52%	52%	45%	53%	67%	72%	66%		

Table 2.1

		30/10/22	06/11/22	13/11/22	20/11/22	27/11/22	04/12/22	11/12/22	18/12/22	25/12/22	01/01/23	08/01/23	15/01/23	22/01/23	29/01/23	05/02/23	12/02/23	19/02/23	26/02/23	05/03/23	12/03/23	19/03/23	26/03/23	02/04/23
63+ day waiters	Recovery Trajectory	810	819	836	856	868	844	814	770	752	740	695	669	637	606	561	526	493	467	436	393	370	350	328
	Actuals	797	763	731	668	551	572	551	545	506	583	546	537	518	441	401								

Table 2.2 – Urgent Suspected Referral backlog only

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Consultant-led referral to treatment time

The validated number of patients waiting over 104 weeks for Jan-23 was confirmed as one. The overall incomplete RTT waiting list decreased for the first time in 22/23. The 78 week breaches at month end was 1,092; in order to achieve the NHSE target of zero breaches we would need to stop the clock of ~1,700 patients. This is at risk and our current projection is that it will be just over 400, a combination of patient choice, complexity and capacity.

Cancer

The number of 2WW referrals in Jan-23 increase in-line with seasonal variation. We achieved the 2WW waiting time standard with 95% of patients seen within 2 weeks for the second consecutive month.

At the end Jan-23, we recorded 557 patients who have been waiting over 63 days for diagnosis and / or treatment and 230 of those patients have been waiting over 104 days. We remain ahead of the weekly recovery trajectory for the urgent suspected cohort and w/e 5th February achieved our lowest backlog since Jul-22 at 401 (slide 8).

Elective Benchmarking

Elective Benchmarking		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2WW Cancer Patients Seen	Trust	2,255	2,261	2,525	2,066	2,653	2,294	2,298	2,335	2,977	3,003	3,291	2,152
	Peer Average*	1,749	1,906	2,256	2,075	2,184	2,030	2,087	2,323	2,205	2,142	2,234	1,761
	WAHT Rank**	5	5	5	6	5	6	6	6	4	4	4	5
2WW Cancer Breast Symptomatic	Trust	116	141	149	66	97	87	70	89	80	82	142	91
	Peer Average*	88	92	101	79	80	77	72	70	73	71	75	71
	WAHT Rank**	5	3	3	8	4	4	6	4	6	5	1	4
28 Day FDS Patients Told Outcome	Trust	2,286	2,110	2,403	1,882	2,376	2,121	2,251	2,169	2,582	2,896	3,041	2,093
	Peer Average*	1,774	1,832	2,096	1,943	2,038	1,888	1,983	2,151	2,111	2,117	2,229	1,815
	WAHT Rank**	5	6	6	5	6	6	6	6	4	4	4	6
62 Day Patients Treated	Trust	151	154	196	152	165	177	182	154	168	203	234	189
	Peer Average*	111	112	129	118	127	119	113	122	130	123	134	119
	WAHT Rank**	5	4	3	5	4	4	3	5	5	3	2	4
Diagnostics Waiting List	Trust	10,719	10,229	10,031	9,609	10,496	10,312	9,683	10,077	9,000	9,598	8,667	9,200
	Peer Average*	13,760	14,410	15,152	14,933	15,832	16,464	16,400	16,217	16,593	16,677	17,019	16,420
	WAHT Rank**	6	6	6	6	6	6	6	6	6	6	5	5
Diagnostics Activity	Trust	17,068	16,048	17,956	15,094	17,572	16,963	17,596	17,696	18,468	18,969	19,728	16,297
	Peer Average*	14,820	14,557	16,147	14,623	16,024	15,389	16,463	16,772	16,472	17,162	17,701	15,446
	WAHT Rank**	5	5	5	6	6	6	6	6	5	5	5	5
RTT 104+ weeks	Trust	489	466	327	253	161	40	31	12	0	0	1	0
	Peer Average*	314	266	323	243	121	45	28	40	66	41	18	11
	WAHT Rank**	11	10	6	6 of 9	8 of 9	4 of 6	4 of 6	6 of 8	N/A	N/A	1 of 4	N/A
RTT 78+ weeks	Trust								1,092	982	1,115	1,283	1,565
	Peer Average*								915	882	832	759	819
	WAHT Rank**								12	11	11	12	12
RTT 52+ weeks	Trust	6,025	5,884	5,844	6,481	7,205	7,816	7,683	7,623	7,766	7,946	8,091	8,149
	Peer Average*	4,359	4,132	4,341	4,467	4,526	4,747	4,992	5,000	5,061	5,030	4,857	4,760
	WAHT Rank**	12	12	12	12	12	12	12	12	12	11	12	12

Table 3

- Despite changes in rank, reductions in our Dec-22 Cancer and Diagnostics activity were replicated in the peer averages.
- 5 trusts, not including WAHT, recorded having patients breaching 104+ weeks at the end of Dec-22.
- 78+ weeks benchmarking data are now included in table 3 – the increase seen between Dec-22 and Jan-23 was reflected in the peer average.
- The number of patients waiting over 52+ weeks increased for the Trust whilst the average of our peers decreased.

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Referrals, Bed Occupancy & Advice & Guidance

Referrals, Bed Occupancy & Advice & Guidance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment functions	Plan	6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	5,824	4,952	59,324
		Actual	4420	5956	5496	6019	5673	4984	4334	4764	3470	4390			49,506
	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment functions	Plan	3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	32,304
		Actual	2816	3119	3000	2837	2902	2832	3106	3133	2554	2869			29,168
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	692	678	678
		Actual	682	682	682	731	731	731	720	730	740	735			716
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	721
		Actual	721	721	721	754	754	754	754	754	754	754			747
Bed Occupancy - Percentage		Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%
		Actual	95%	96%	95%	97%	97%	97%	95%	97%	98%	97%			96%
A & G	Advice & Guidance - Plan	Plan	2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	24,780
	Advice & Guidance - Actual	Actual	2,269	2,769	2,523	2,633	2,716	2,729	2,747	3,151	2,234	1,372			25,143

Table 4

We continue to receive c8,000 referrals of which 75% went through the referral assessment service and 10% are returned to the referrer. Monitoring up to Jul-22 shows that approximately 72% of A&G requests do not result in a further request to the same specialty (within 90 days of the initial request). Bed occupancy reached 98% for the month but was higher on individual days and does not include boarding; this would take us to 110% occupancy if included in external reporting.

Urgent and Emergency Care

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
(excluding planned follow-up attendances)	Actual	11,729	12,800	12,259	12,291	11,835	11,859	12,128	11,929	12,395	10,996		
Patients spending >12 hours from DTA to admission		222	248	277	268	254	176	335	336	401	329		
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722	1,787	1,693	1,953	2,038	2,219	1,597		
Ambulance Conveyances		3,911	4,305	3,944	3,903	3,885	4,020	3,782	3,683	3,466	3,789		
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202	1,281	1,025	1,380	1,316	1,141	687		
Conversion rate		26.7%	26.0%	26.1%	26.1%	27.3%	29.1%	28.3%	28.5%	27.7%	29.1%		

Table 5

All patient flow performance metrics remained special cause for concern.

2. Quality and Safety

There is positive sustained improvement in patient's experience of their care with the recommended rate for Inpatients achieving the target at 97.7 % in Dec-22, and this is the 22nd consecutive month compliance has been attained.

Fractured Neck of Femur (#NOF)

There were 83 #NOF admissions in Dec-22 and a total of 26 breaches. #NOF compliance dropped in Dec-22 to 68.7%, although this is still the 3rd highest performance in the last 12 months. The reasons for delay were: 46.2% (12 patients) due to theatre capacity, 34.6% (9 patients) due to patients being medically unfit, 11.5% (3 patients) due to bed issues and 7.7% (2 patients) due to delays in running theatre list. The average time to theatre in Dec-22 was 31.4 hours.

Infection Prevention and Control

We were compliant with all of the in-month infection targets except C-Diff and E-Coli in Dec-22. We have breached 3 of the year to date infection targets: C-Diff, E-Coli & MSSA. 7 new COVID outbreaks, 6 Influenza outbreaks and 1 D&V/Norovirus outbreak were declared in Dec-22.

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In January we saw a reduction in the number of patients requiring care for influenza and Covid. However, there was a rise in patients with norovirus. The report from the NHSE visit in October has been received and the action plan is in progress.

Sepsis (reported a month in arrears)

Our performance against the sepsis bundle being given within 1 hour has increased in Nov-22 to 75% but remains non-compliant with the 90% target. The Sepsis screening compliance increased in Nov-22 to 86.8 but failed to meet the target for the second time in 6 months. Antibiotics provided within 1 hour increased in Nov-22 to 85.3% but still failed to achieve the target of 90%.

3. People and Culture

Month 10 (January 2023) has seen improvement across the workforce metrics when compared to month 9 (December 2022).

From a trend perspective (and since April 2022) we have remained consistent in getting the basics right with the exception of job planning compliance which has seen a downward trend.

We continue to meet our workforce plan and have seen improvement in our vacancy rate due to successful recruitment. Staff turnover has been on a downward trend since January 2022.

However, bank and agency usage has been on an upward trend due to the increase in sickness absence, higher staff turnover than forecast, the opening of new services at short notice (e.g. Patient Discharge Unit) and the continued use of surge areas.

The workforce plan for 2023/24 is focused on reducing our reliance on the temporary workforce.

4. Our Financial Position | Month 10

The position outlined below is based on the revised national planning submission of the 20th June 2022 with a full year deficit of £19.9m.

The M10 **deficit is £(1.2)m** against a plan of **£(1.6)m deficit**, a favourable variance of £0.4m. This brings the year to date M10 actual **deficit to £(17.3)m** against a plan of **£(16.3)m deficit**, an adverse variance of £0.9m (5.5%).

Statement of comprehensive income	Plan £'000	Jan-23 Actual £'000	Variance £'000	Plan £'000	Year to Date Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,313	49,356	2,043	474,066	485,995	11,929
Other operating income	2,689	2,904	215	26,083	25,226	(857)
Employee expenses	(30,014)	(31,926)	(1,912)	(299,055)	(310,204)	(11,149)
Operating expenses excluding employee expenses	(19,762)	(19,732)	30	(199,081)	(200,021)	(940)
OPERATING SURPLUS / (DEFICIT)	226	602	376	2,013	996	(1,017)
FINANCE COSTS						
Finance income	0	76	76	0	580	580
Finance expense	(1,165)	(1,167)	(2)	(11,650)	(11,966)	(316)
PDC dividends payable/refundable	(681)	(712)	(31)	(6,813)	(7,121)	(308)
NET FINANCE COSTS	(1,846)	(1,803)	43	(18,463)	(18,507)	(44)
Other gains/(losses) including disposal of assets	0	7	7	0	117	117
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1,620)	(1,194)	426	(16,450)	(17,394)	(944)
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	(1,620)	(1,194)	426	(16,450)	(17,394)	(944)
Remove capital donations/grants I&E impact	11	14	3	104	105	1
Adjusted financial performance surplus/(deficit)	(1,609)	(1,180)	429	(16,346)	(17,289)	(943)

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The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £2.2m (4.5%) above the Trust's Operational Plan in January and £11.1m above year to date (2.2%)

The key favourable variances in January relate to the pay award adjustment £0.7m (additional central funding of 1.7% taking the uplift to 3.8%) reduced by £0.2m as a result of the NI reduction, pass through Drugs & Devices £0.7m, additional investments £1.0m including the Robot, KGH MRI scanner, Dermatology & Urology insourcing and winter pressure funding.

The Trust has reported the full value of the Elective Recovery Fund (ERF) income (YTD £13.6m) in the position on the continued assumption that these funds will be passed through. The Trust's actual performance is well below this level and we estimate that had the ERF not been fixed we would have lost c.£10.2m (75%) of the available ERF income to date against target.

Employee expenses in Month 10 were £1.9m (6.4%) adverse to plan and year to date £11.1m (3.7%) adverse to plan.

Of the adverse variance £0.5m in month (£6.6m YTD) is due to the pay award which was not in the plan but is income backed. £0.4m underachieved PEP (£2.3m YTD) - net of the £1.1m YTD Business Case pay underspend declared to date. Externally funded winter pressures accounts for £0.6m of the variance (£1m YTD) with the remainder being due to vacancy fill and premium. This is partially offset by £0.2m favourable variance on COVID spend.

Operating expenses in Month 10 were in line with plan and are £0.9m (0.5%) adverse year to date.

Adverse variances in month include £0.4m relating to drug costs (£5.1m YTD) of which £0.1m in month is Non PbR and therefore offset by income, £0.4m adverse movement on devices due to an issue with device pricing which has now been corrected in the year to date position, underachieved PEP (£0.3m in month, £3.3m YTD), utility costs including YTD correction of Gas and water invoices and some impact of seasonality (£0.4m) and additional supplies and services spend linked to activity including ERF mobile scanner costs (£0.7m in month). These are offset by £1.4m of balance sheet release in line with the forecast and £0.8m favourable depreciation charges due to a reforecast of the capital expenditure plan.

Full Year Forecast

The Finance and Performance Committee was provided with a projection to year end which had been prepared with the support of Divisions and which reflected a potential risk of £5.2m to delivery of the plan. Potential risks and mitigations were identified at the time that held the likely out turn at a £25m deficit before further mitigation. Forecast scenarios incorporating recent months' financial performance continue to be presented. It remains that further balance sheet support (following review

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of remaining risk) and income will be required in order to return the deficit position to plan levels.

In month 10 our reported position was favourable to the bottom built operational forecast largely due to releasing £1.4m from the balance sheet alongside reduced depreciation expenses.

Productivity and Efficiency

Our Productivity and Efficiency Programme target for 22/23 is £15.7m. In Month 10 we delivered £0.715m of actuals against the plan of £1.099m, an adverse variance of £0.384m (34.9%).

The cumulative position at M10 is therefore £ 7.298m of actuals against a plan of £10.031m, a negative variance of £2.733m (27.2%).

The 22/23 full year forecast at Month 10 is £10.439m which is £5.261m (33.5%) under the £15.7m plan as submitted to NHSE.

Capital

The Trust Capital forecast is now £50.9m at month 10. Expenditure to date is £24.6m with a forecast for month 10-12 of £26.3m. This is an increase of £4.5m since month 9.

Capital Position	22/23 Plan £'000	Revised Internal plan £'000	Total YTD Valuation £'000	M10 - M12 Spend Forecast £'000	22/23 Full Year Forecast £'000
Property & Works	3,961	2,393	367	2,026	2,393
Digital	11,648	11,448	4,547	6,901	11,448
Equipment	826	647	529	119	647
Strategic Developments	34,635	21,754	13,477	8,277	21,754
TIF2 Theatres bid		12,179	3,890	8,288	12,179
Lease Additions	10,785	1,500	1,067	433	1,500
IFRIC 12 PFI Lifecycle replacement	326	991	752	239	991
Total Capital Expenditure	62,181	50,912	24,629	26,282	50,912

The Alexandra Theatres (TIF2) funds of £7m have been re-phased into 2023/24 with NHSE Regional Office agreement. The funding for the Acute Services Review (ASR) business case has been agreed and expected to be drawn down in 22/23 and brokered internally for spend in 2023-25. Finance and Procurement teams are supporting the Capital Team to source essential equipment for the Alexandra Theatres (TIF2) to ensure the planned spend is achieved and the Trust meets its Capital Resource Limit (CRL) target. Further slippage has been identified and following the Capital Planning & Delivery Group meeting additional minor, but essential, capital schemes have been identified to pull forward from 2023/24 to ensure the Trust does not under spend against its CRL and potentially lose the opportunity to spend the funds. Conversations are continuing with the NHSE Regional Office to broker any remaining funds into 2023/24.

It should also be noted that any further slippage into 2023/24 will be the first call on any internal capital available next year adding further pressure to an already over-subscribed programme. The finance team will remain close to work stream leads over the coming months to ensure full oversight and help manage risk of under spend against CRL. However, there remain a number of risks around the strategic capital programmes to manage particularly:

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- Financing of the UEC scheme is currently via underspends against the internally funded programme and the national schemes. The Capital plan provides a mechanism to broker a solution into 23/24 to accommodate the over spend in this year. However, funds brokered from nationally funded schemes will need to be replenished as a 1st call on the Trusts 23/24 internally generated programme.
- The UEC build has been complex and has still to be completely fitted out and there is therefore risk of further unforeseen costs being identified that require funding.
- The timing of the centrally funded schemes and receipt of MOU's in particular ASR Business Case which is outstanding. Finance are in dialogue with NHSE regularly.
- The Trust is in the process of requesting a retrospective vat reclaim in respect of the UEC build and the timing of the ruling could present accounting challenges leading to the loss of capital resource or non-achievement of CRL.

Cash

At the end of January 2023 the cash balance was £17.8m against an in month plan of £37.5m. The plan assumed external capital funding of £27.6m of which £6.3m has been drawn to date due to the slippage on capital schemes. However, some capital allocations have now been formalised and the capital cash is being requested in Feb 23. The remaining cash variance is mainly due to the timing of supplier payments. Requests for PDC in support of revenue funding this year are reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

Risk												
Which key red risks does this report address?				What BAF risk does this report address?	2, 3, 4, 5, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20							
Assurance Level (x)	0	1	2	3	4	X	5	6	7	N/A		
Financial Risk	N/A											
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A		X					
Are the actions identified starting to or are delivering the desired outcomes?	Y		N									
If no has the action plan been revised/ enhanced	Y		N									
Timescales to achieve next level of assurance												
Recommendations												
Trust Board is asked to												
▪ Note this report for assurance												

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Appendices
<ul style="list-style-type: none"> Integrated Performance Report (up to Jan-23 data) WAHT At A Glance – Jan-23 WAHT January 2023 in Numbers Infographic Committee Assurance Statements – February 2023 meetings

Trust Board

9th March 2023

Data: Up to January 2023

The use of this  icon denotes a metric that is included in the NHS System Oversight Framework

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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HEADLINES AND SUCCESSES

Area	Comments
Cancer	<ul style="list-style-type: none"> • Our 2WW performance exceeded the cancer waiting times standard of 93% for the second consecutive month. • 5 specialties have achieved the 2ww operational standard this month. • 3 specialties have achieved the 28 Day Faster Diagnosis Standard this month. • Our 63+ day backlog, and those waiting over 104 days, has continued to reduce. The number of urgent suspected referral patients breaching 62 days is at it's lowest point since w/e 29th May (slide 9).
Recovery	<ul style="list-style-type: none"> • We are reporting 1 patient breaching 104+ weeks and the number of patients breaching 78+ weeks has decreased from 1,570 to 1,093. • The potential number of 78+ week breaches at Mar-23 end has now decreased below 2,000 (as at 13th Feb 23 – slide 13). • We delivered 52,515 outpatient appointments in Jan-23; 9,507 more than Dec-22. • Although higher than submitted plan, we delivered fewer OP follow-ups than in Jan-20. • We delivered 7,730 Day Case and Inpatient combined in Jan-23; increasing from the 6,657 achieved in Dec-22.
Diagnostics	<ul style="list-style-type: none"> • Diagnostic activity increased in Jan-23 following the Dec-23 decrease and YTD we have delivered 95% of a plan that was set at 120% of 19/20 levels.

Operational Performance

~

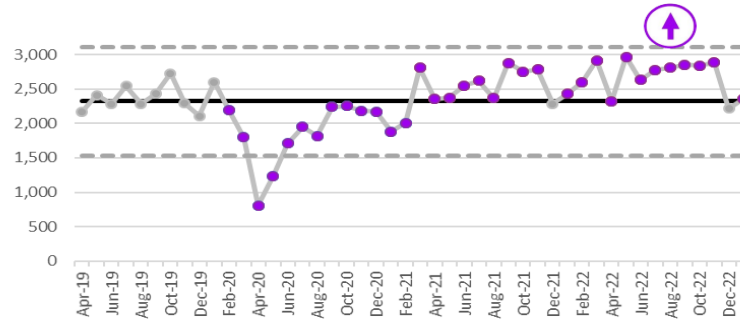
Recovery

2WW 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
What does the data tells us? <ul style="list-style-type: none">2WW referrals has increased as per the expected seasonal trend observed from December into January. Note that this January’s referrals were higher than previous January’s in keeping with the changing profile patterns experienced since Mar-21.2WW has remained at special cause improvement with 93% of patients seen within 14 days. 5 specialties achieved the operational standard.2WW Breast Symptomatic has changed to special cause improvement this month with 98% of patients seen within 2 weeks.28 Faster Diagnosis is still showing normal variation with 3 specialities achieving operational standard. The target of 75% is achievable but not consistently.31 Day: This metric is still deteriorating and the target is unlikely be achieved without intervention.62 Day: This metric is still deteriorating and the target will not be achieved without intervention and will be limited by needing to reduce the backlog of patients over 62 days.Cancer PTL is showing a statistically significant variation as there has been a continued upward trend and shift above the mean. However, there has been a further reduction from 3,280 at the end of Dec-22 to 3,127. 345 patients have been diagnosed and 2,781 are classified as suspected.Backlog: Although reducing in number this metric is deteriorating and the target lies below the current process limits so the target will not be achieved without change. The total number of patients waiting 63+ days is 557 and the number of patients waiting 104+ days has decreased to 230. Accountability as a Tier 1 Trust focuses on the urgent suspected referral backlog which, as at 5th Feb, had reduced to 401 (16% of PTL) of which 164 are waiting over 104 days. Urology remains the specialty of focus with ~200 patients breaching 62 days.							What have we been doing? <ul style="list-style-type: none">Early indications are that the Trust has achieved the overall 2ww target for the second consecutive month in January 2023 (validation still ongoing), with a strong start made to February 2023 also. This is in spite of delays owing to the Christmas and New Year holidays and also disruption to some services as a result of nursing industrial action, with the specialties of Breast, Colorectal, Haematology, Head and Neck, Skin and Urology all delivering strong performances.28 day FDS performance continues to stabilise with improvements in Colorectal and Skin helping to bring this metric up a few further percentage points than we saw for the first 7 months of the year.In line with expectations and new guidance, tertiary referrals are now excluded from our reported backlog to NHSEI alongside previously excluded screening and upgrade patients. Attention is now turning to specialties where certain diagnostic procedures can be classed as treatments (following histology confirmation) to exclude these from backlog submissions slightly earlier than would otherwise be possible.Cancer backlog of 401 patients over 62 days week ending 05/02/2023 is now less than half it was at its peak of 830 week ending 18/09/2022, with biggest reductions coming from Skin, Colorectal, Urology, Breast and Lung.							
							What are we doing next? <ul style="list-style-type: none">Progress update is required regarding the continuation of external resourcing support for the 2ww Skin pathway, with the 18 Week Support contract due to stop at the end of March 2023 and referrals set to start increasing around then in line with usual seasonal variation.New remedial action plan (RAP) templates have been issued by our Director of Performance with a deadline of 22nd February 2023; this with a view to producing bottom-up plans and trajectories to achieve both the 28 day FDS and backlog targets for 2023/24.Work continues on understanding the extent of fixed term and externally funded workforce that is supporting the cancer services agenda, across a wide range of posts and directorates / departments.							
Current Assurance Levels (Jan-23)				Previous Assurance Levels (Dec-22)				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.						
2WW – Level 4				2WW - Level 4										
31 Day Treatment - Level 5				31 Day Treatment - Level 5										
62 Day Referral to Treatment – Level 3				62 Day Referral to Treatment - Level 3										
											SRO: Paul Brennan			

2WW Referrals

2,358

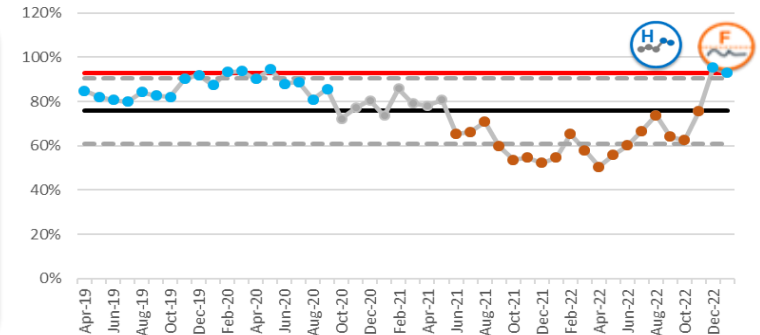
2WW Cancer Referrals



2WW Cancer

93%
2,210
patients seen

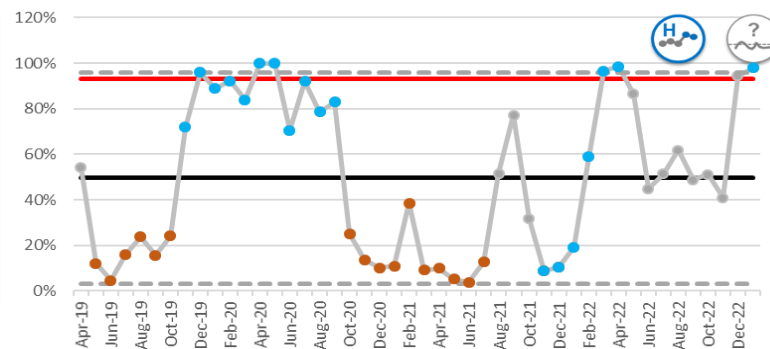
2WW Cancer (All)



2WW Breast Symptomatic

98%
126 patients
seen

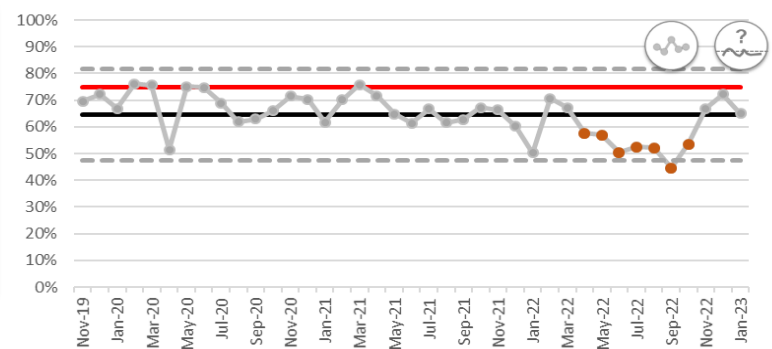
2WW Cancer Breast Symptomatic



28 Day Faster Diagnosis

66%
2,385
patients told

28 Day Faster Diagnosis



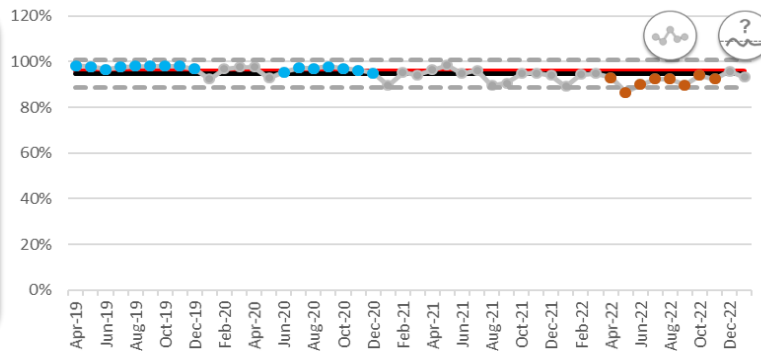
• Purple SPC dots represent special cause variation that is neither improvement or concern

All graphs include Jan-23 data

31 Day Cancer

93%
405 patients
treated

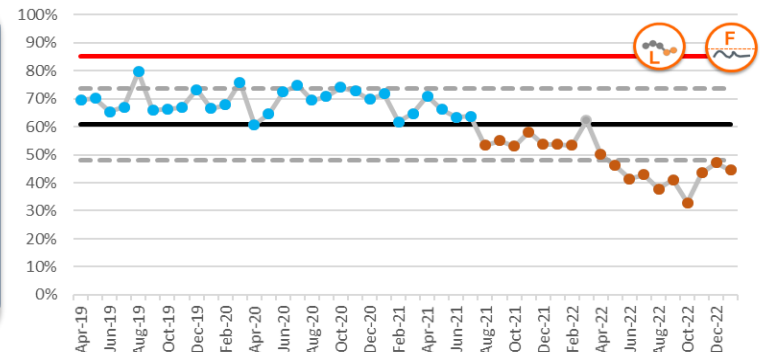
31 Day Cancer (All)



62 Day Cancer

44%
273 patients
treated

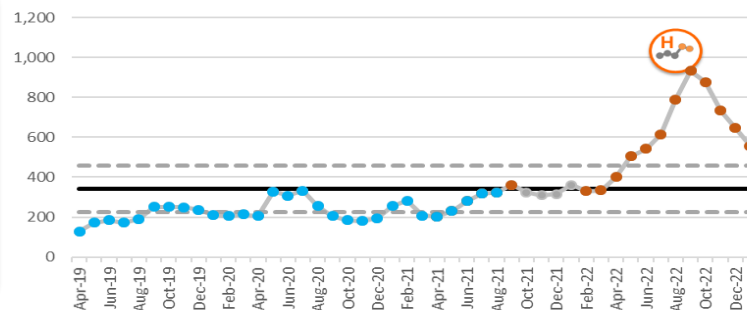
62 Day Cancer (All)



Backlog Patients waiting 63 days or more*

557

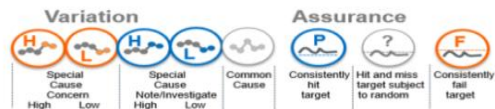
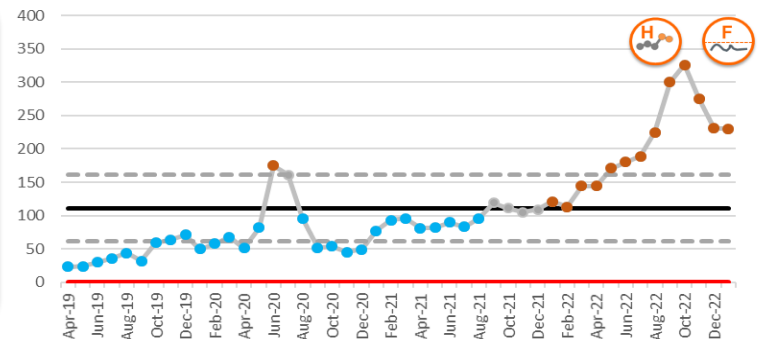
62+ Day Backlog



Backlog Patients waiting 104 day or more*

230

104+ Day Backlog

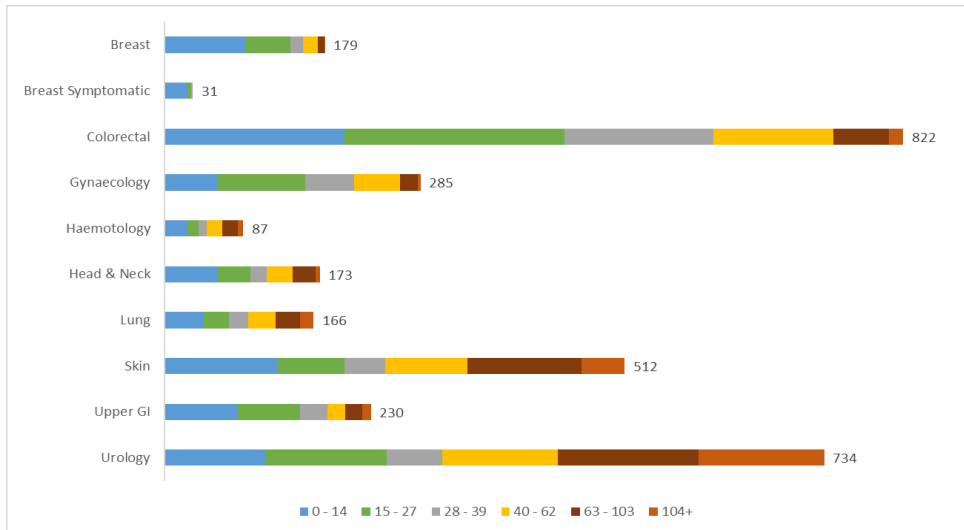


Key

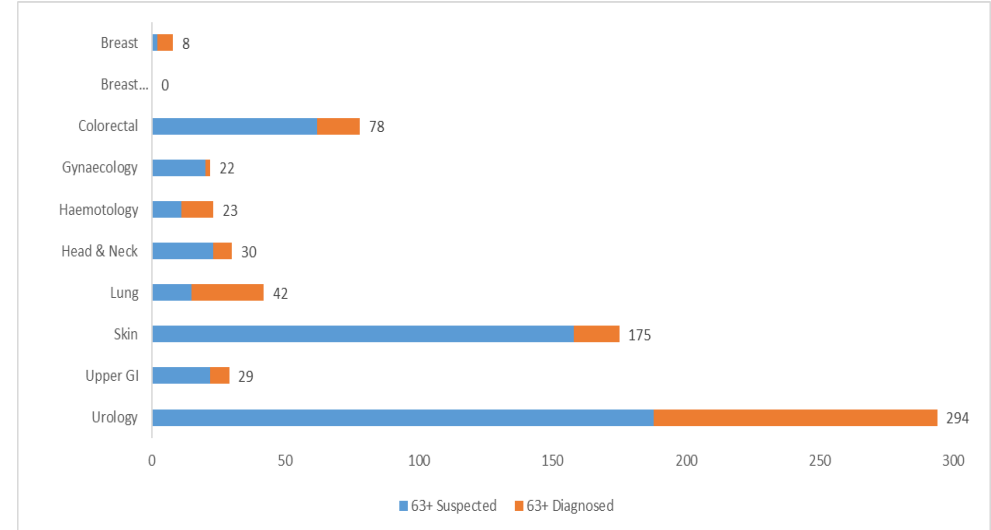
- Internal target
- Operational standard

All graphs include Jan-23 data

Cancer PTL by Specialty and Days Wait

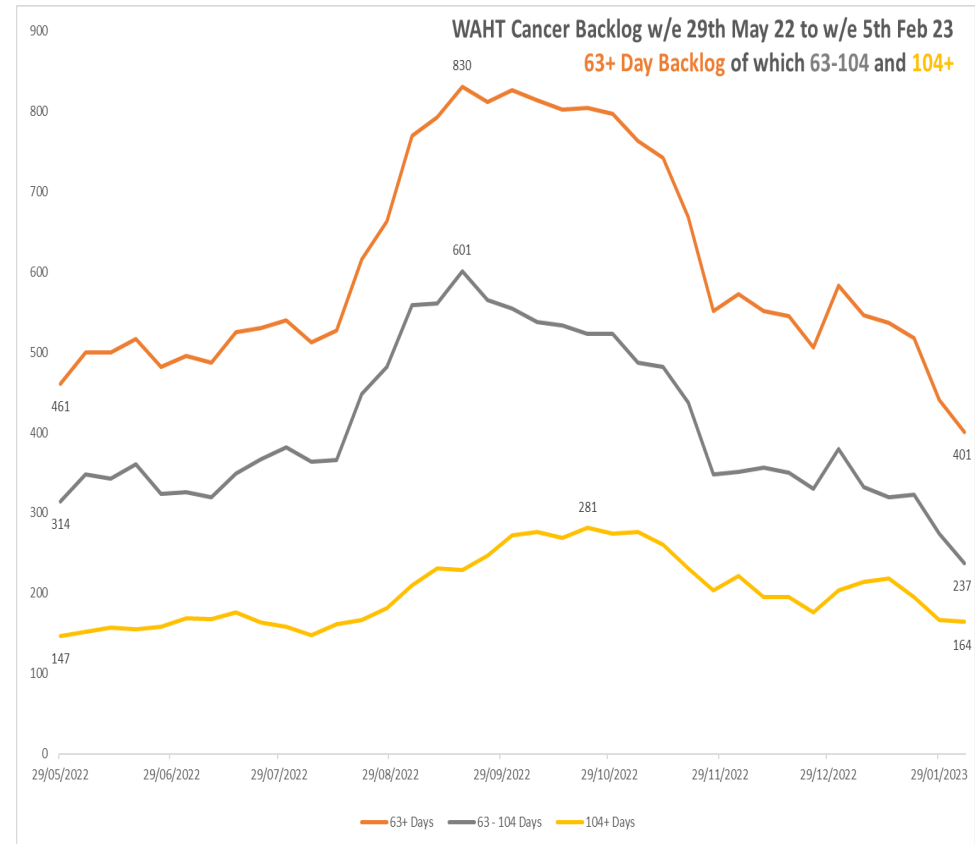
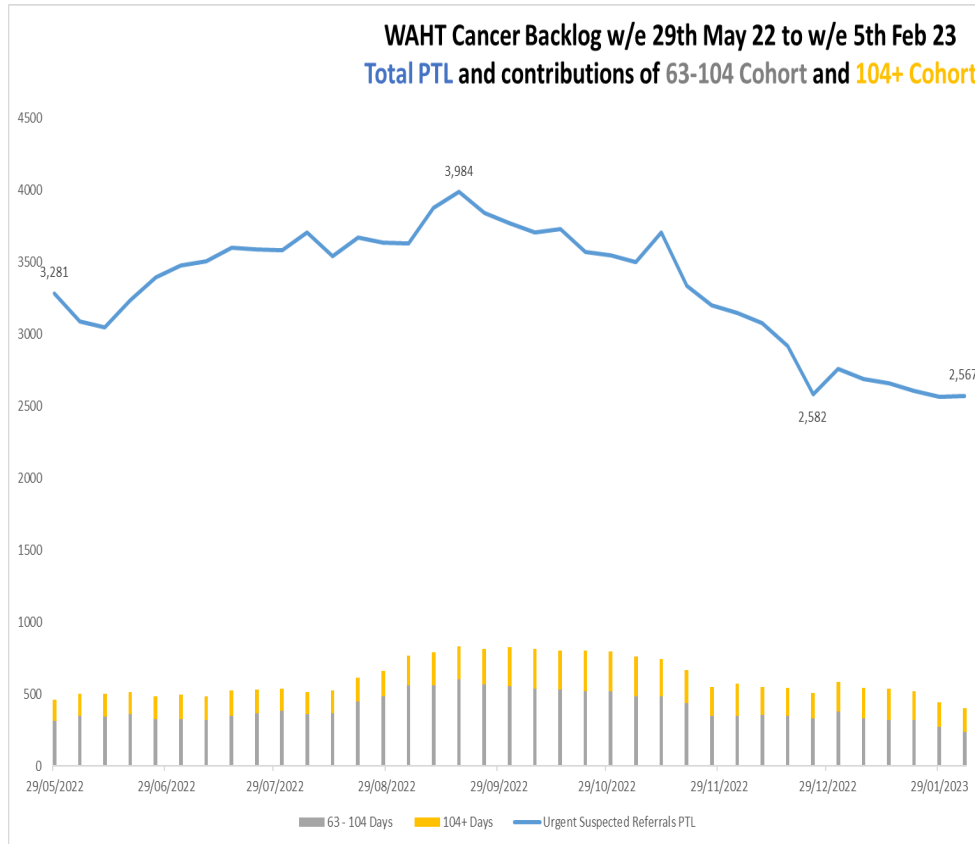


Cancer Long Waiter Backlog by Specialty and Status



The graphs above show the number of cancer patients on our PTL and split by days waiting.

Colorectal, Skin and Urology have the largest PTLs and patients waiting over 63 days.



The graphs above show the reduction in our cancer PTL and the improved position in reducing the **urgent suspected referral backlog cohort** (those waiting over 62 days).

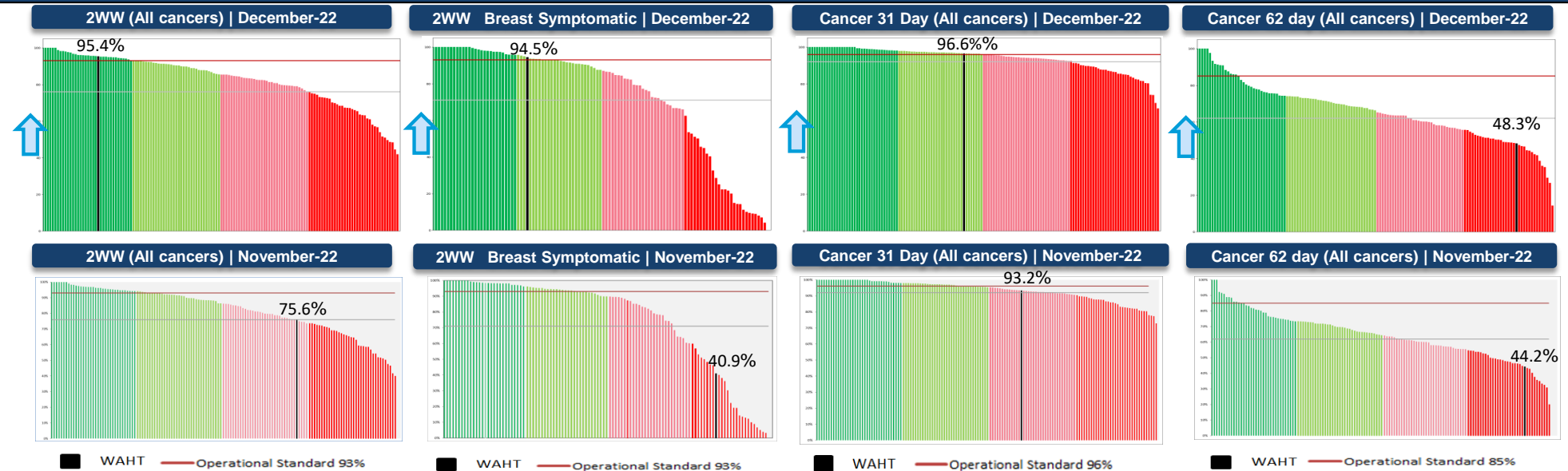
National Benchmarking (December 2022)

2WW: The Trust was one of 8 of 13 West Midlands Trusts which saw an increase in performance between Nov-22 and Dec-22. This Trust was ranked 3 out of 13; we were ranked 10 the previous month. The peer group performance ranged from 67.4% to 97.5% with a peer group average of 83.5%; improving from 81.3% the previous month. The England average for Dec-22 was 80.3%; a 1.5% increase from 78.8% in Nov-22.

2WW BS: The Trust was one of 6 of 13 West Midlands Trusts which saw an increase in performance between Nov-22 and Dec-22. This Trust was ranked 5 out of 13; we were ranked 11 the previous month. The peer group performance ranged from 4.0% to 97.5% with a peer group average of 81.1%; improving from 73.7% the previous month. The England average for Dec-22 was 72.5%; a -2.8% decrease from 75.3% in Nov-22.

31 days: The Trust was one of 7 of 13 West Midlands Trusts which saw an increase in performance between Nov-22 and Dec-22. This Trust was ranked 3 out of 13; we were ranked 4 the previous month. The peer group performance ranged from 73.9% to 100.0% with a peer group average of 88.0%; improving from 86.3% the previous month. The England average for Dec-22 was 92.7%; a 1.1% increase from 91.6% in Nov-22.

62 Days: The Trust was one of 9 of 13 West Midlands Trusts which saw an increase in performance between Nov-22 and Dec-22. This Trust was ranked 10 out of 13; we were ranked 11 the previous month. The peer group performance ranged from 29.4% to 69.0% with a peer group average of 48.8%; improving from 47.2% the previous month. The England average for Dec-22 was 61.8%; a 0.8% increase from 61.0% in Nov-22.



Elective Recovery – Referral to Treatment

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

Electronic Referral Service (ERS) Referrals		Referrals to Referral Assessment Service (RAS)	Advice & Guidance (A&G) ERS ONLY		Total RTT Waiting List	Patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	8,296	7,622 99% 2WW and 82% non-2WW outcomed	1,372	87% responses within 2 working days						
Non-2WW	2,855									

What does the data tells us?

Referrals (unvalidated)

- **Non-2WW ERS Referrals** are showing special cause variation indicating a sustained increase.
- **Referral Assessment Service:** a total of 7,622 referrals to RAS were made in Jan-23. 99% of the 2WW RAS referrals have been outcomed within 2 working days – maintaining our expected achievement of >90% after 3 months between 70% and 80% (Sep – Nov).
- **A&G Requests** are within normal variation and above the performance threshold.
- 73% of A&G requests in Oct-22 did not result in referral to same specialty within 90 days.

Referral To Treatment Time (unvalidated)

- The RTT Incomplete waiting list is unvalidated at 68,533. This is not a significant change from the previous months but is first decrease in 22/23.
- RTT performance for Jan-22 is unvalidated at 45.1% compared to 44.3% in Dec-22 and the operational standard target of 92% will not be achieved without change.
- The number of patients waiting over 52 weeks for their first definitive treatment is 7,383, a 778 patient decrease from the previous month. Of that cohort, 1,135 patients have been waiting over 78 weeks, decreased from 1,570 the previous month, and there were no patients over 104 weeks.

What have we been doing?

- Reviewing the recommendations from the NHSE/I IST audit on RTT and Cancer – several actions have already been completed.
- Continuing with the administration validation – contacting all patients over 52 weeks wait – 11% of the cohort who have responded have been discharged as they no longer required their appointments (8,200/12,600 responses so far of which 907 have said appointment not required).
- We continue to focus on the longest waiting patients to achieve the Mar-23 78+ week breaches target.

What are we doing next?

- Complete the administration validation for the 52 week breaches, and commence validation to 26 weeks.
- Complete performance modelling for RTT once annual planning activity has been finalised. We already know that we need to complete 57,000 pathways to prevent 65 week breaches at the end of 23/24, double what we had to achieve this year.

Current Assurance Level: 3 (Jan-23)

When expected to move to next level of assurance: When the RTT incomplete waiting list growth starts to reverse, as system plans start to impact on the reduction of referrals and internal plans start to increase the clock stop to start ratio.

Previous Assurance Level: 3 (Dec-22)

SRO: Paul Brennan

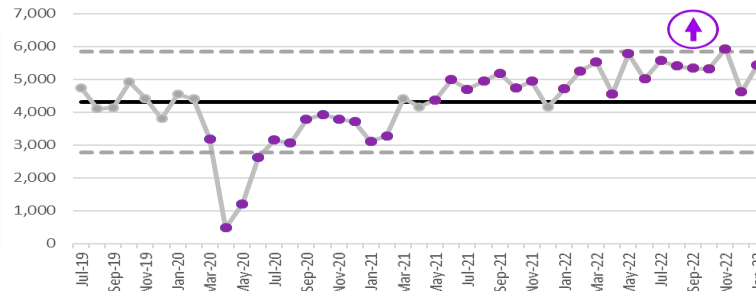
Elective Recovery – Referral To Treatment | Month 10 [January] 2022-23

Responsible Director: Chief Operating Officer | Validated for Jan-23 as at 22nd February 2023

Electronic Referrals Profile (non-2WW)

5,441

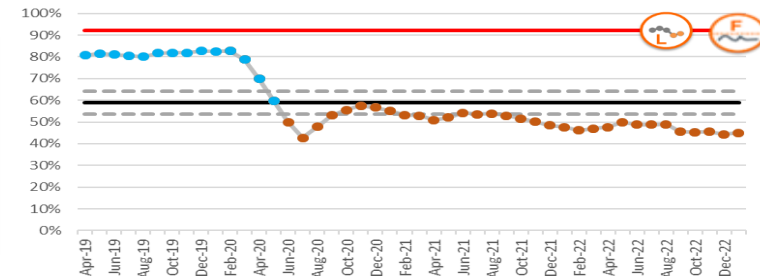
Non-2WW Electronic Referrals



RTT % within 18 weeks

46%

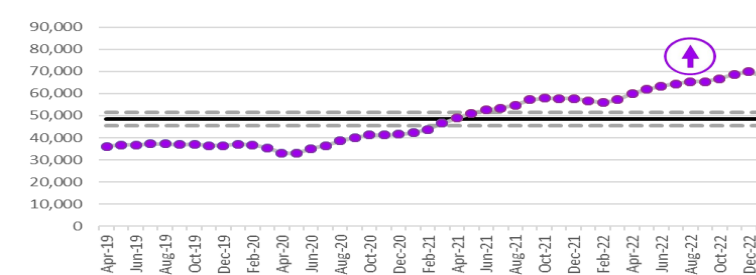
RTT - % Incomplete



RTT Incomplete PTL

67,744

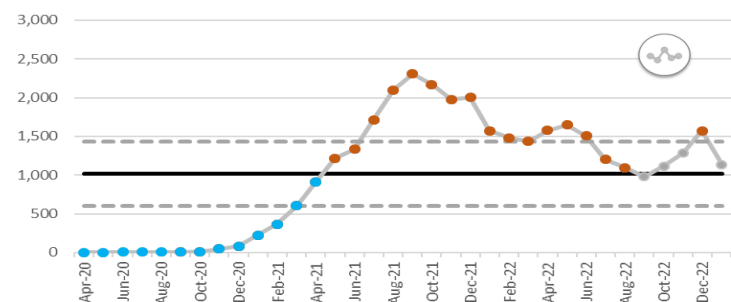
RTT Waiting List



78+ week waits

1,092

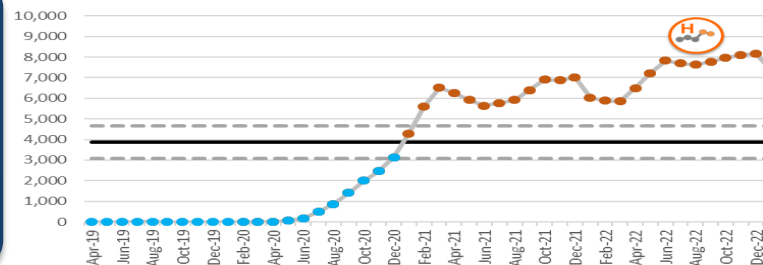
78+ Week Waits



52+ week waits

7,256

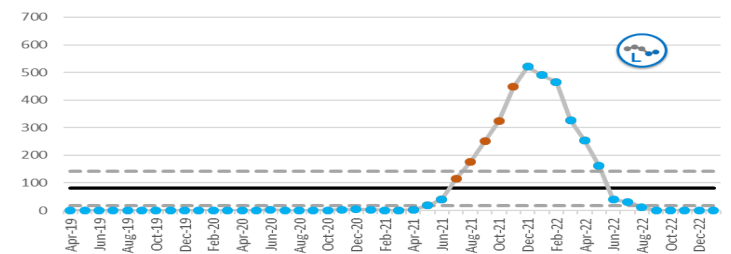
52+ Week Waits



104+ week waits

1

104+ Week Waits



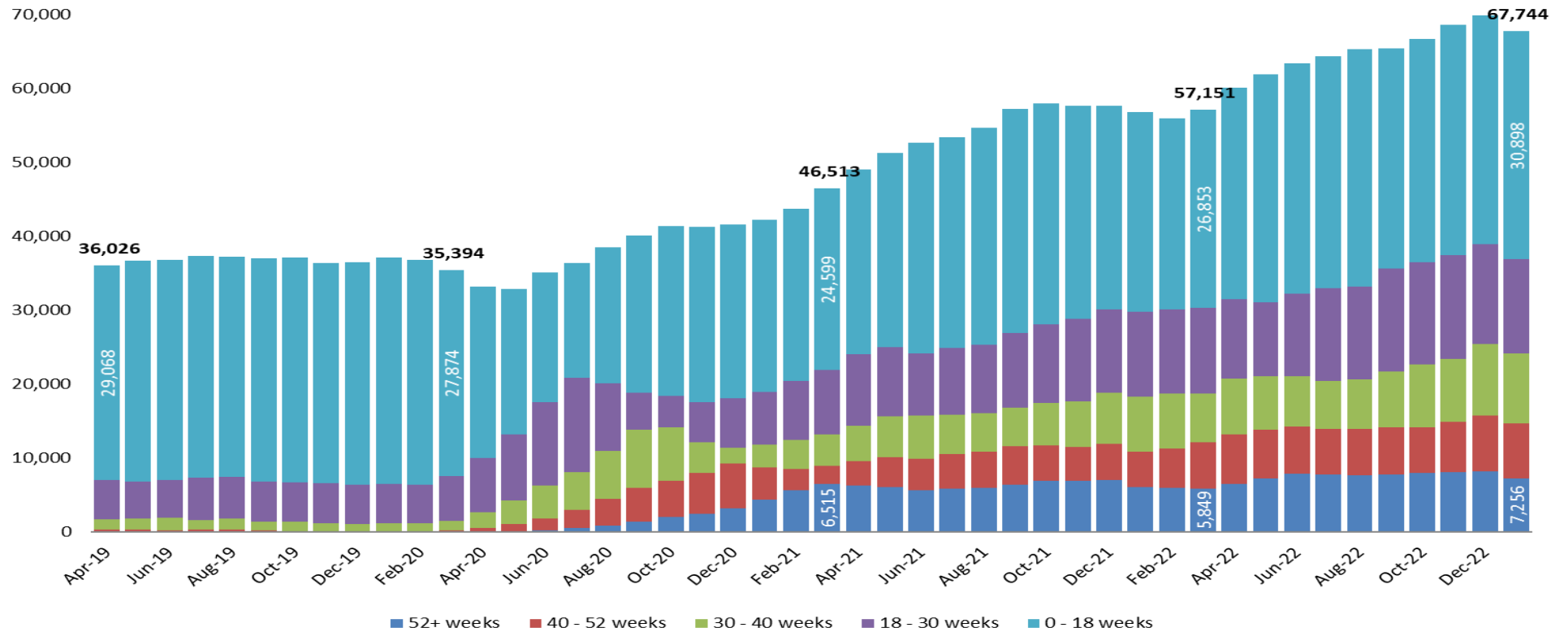
• Purple SPC dots represent special cause variation that is neither improvement or concern

All graphs include Jan-23 data

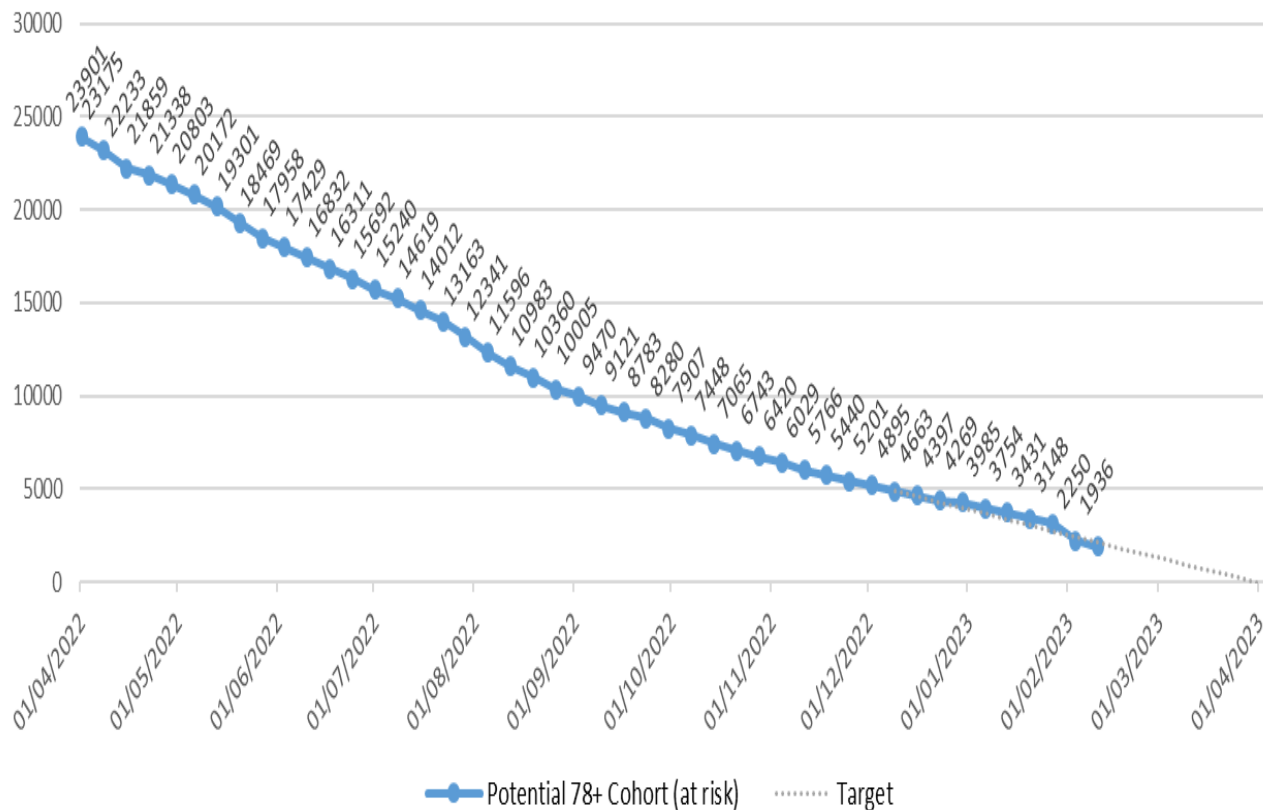
Patients
Waiting
80,000

Patients waiting for first definitive treatment Apr-19 to Jan-23

Split by weeks waiting



Potential Year End 78+ Week Breaches by Snapshot Week
and weekly targets to end of year to achieve zero breaches



The graph shows an updated position on our weekly progress to date in reducing the patients who will otherwise breach by April. The target line is still based on ~305 clock stops a week for the remaining 6 weeks to result in zero breaches at month end Mar-23.

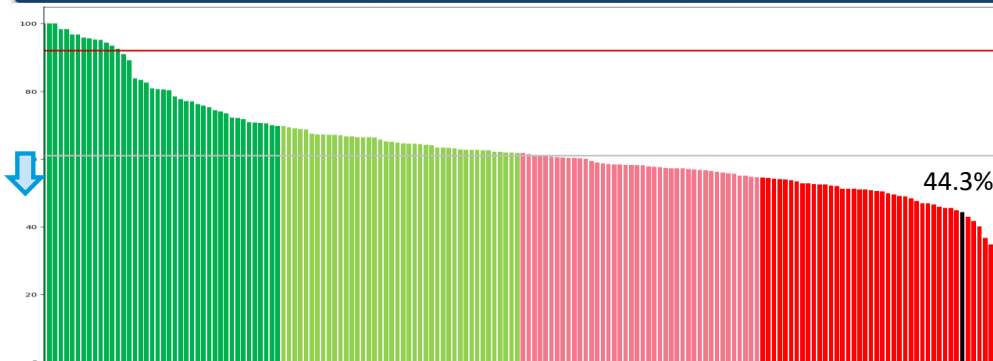
At the time of writing, the improvement has been from 3,754 (reported in the previous IPR) to 1,936 patients.

The forecasted position is that we will end the year at ~400 breaching patients still requiring a clock stop but having seen all patients waiting for their first outpatient appointment.

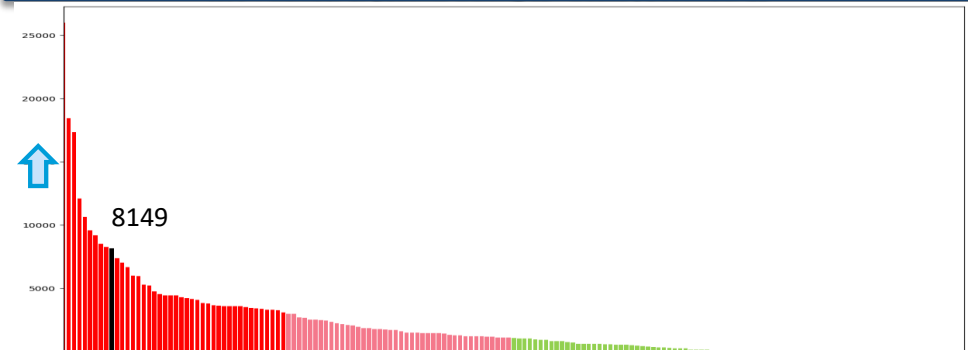
National Benchmarking (December 2022) | The Trust was one of 13 of 12 West Midlands Trusts which saw a decrease in performance between Nov-22 and Dec-22. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 40.03% to 69.09% with a peer group average of 51.01%; declining from 53.38% the previous month. The England average for Dec-22 was 58.00%; a 2.1% decrease from 60.10% in Nov-22. Nationally, there were 406,575 patients waiting 52+ weeks, 8,091 (1.99%) of that cohort were our patients.

- Nationally, there were 406,035 patients waiting 52+ weeks, 8,149 (2.01%) of that cohort were our patients.

RTT - % patients within 18 weeks | December-22



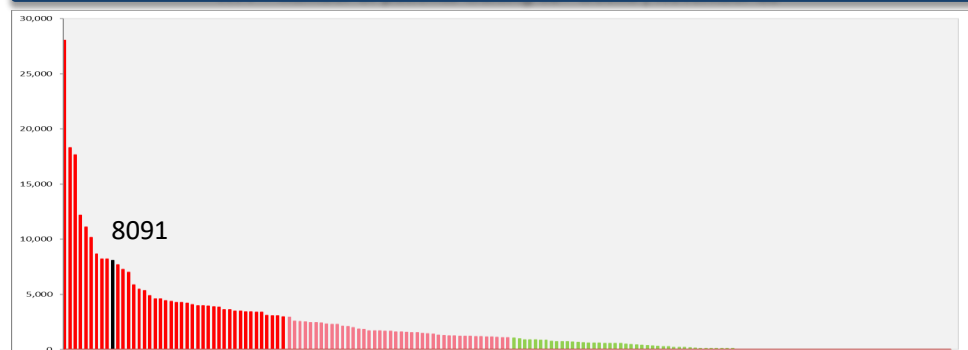
RTT - number of patients waiting 52+ weeks | December-22



RTT - % patients within 18 weeks | November-22



RTT - number of patients waiting 52+ weeks | November-22

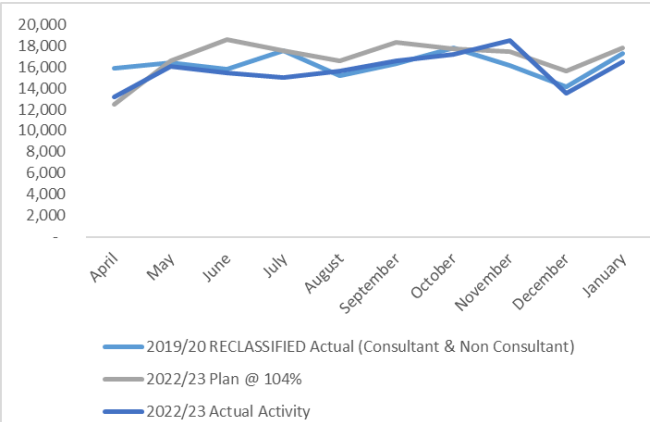


Annual Plan Activity	Total Outpatient Attendances	Total OP Attendances First	Total OP Attendances Follow-Up	Elective IP Day Case	Elective IP Ordinary	Elective Inpatients	Theatre Utilisation	Cases per list	Lost Utilisation (early starts / late finishes)	On the day cancellations
Target achieved?	✗	✗	✗	✗	✗					
Outpatients - what does the data tell us? (first SUS submission) <ul style="list-style-type: none"> The OP data on slide 16 compares our first SUS submission for Jan-23 outpatient attendances to Jan-20 and our annual plan activity targets. As noted in the top row of this table we did not achieve our submitted plan. Internal reports (slide 17) show a DNA rate of 6.1% for 22/23 – this is a broader methodology than Model Hospital (which has currently removed that metric from their suite for review). In the RTT Clock Ticking outpatient cohort, there are over 34,000 patients waiting for their first appointment. 30% of the total cohort waiting for a first appointment have been dated. Of those not dated 1,975 patients have been waiting over 52 weeks (2,375 last month). The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Gynaecology, ENT, Urology and Oral Surgery. Planned Admissions of Elective Inpatients - what does the data tell us? <ul style="list-style-type: none"> In Jan-23, the total number of day cases and EL IP increased however both day case (-585) and EL IP (-253) were below the annual plan target for the month. Theatre utilisation continues to showing positive improvement. Although the cases per list shows deteriorating performance, it did increase to 2.5 in Jan-23; however this does require improvement in order to bridge the gap to annual plan activity targets in 22/23 and into 23/24. Lost utilisation due to late start / early finish remains at normal variation. 476 hours were lost in Jan-23 and is made up of 215 hours that are due to late starts and 261 hours that were early finishes. An average of 1 hour 18 minutes were lost per 4 hour session, noting this is apportioning out the total time lost across all 367 sessions delivered in Jan-23, even if a session itself was fully utilised. On the day cancellations are still showing normal variation. 46% of eligible patients were rebooked within 28 days for their cancelled operation in Jan-23; this is 16 of 35 patients being rebooked within the required timeframe but no significant change from the “normal” outcome. 						What have we been doing? <ul style="list-style-type: none"> Continuation of developments within the personalised patient portal that will provide higher visibility and self-management for patients. Finalise the opportunities for consideration in annual planning from the GIRFT programme. TIF2 – Elective Care Hub modelling has been completed. This will come on-stream in August 2023. What are we doing next? <ul style="list-style-type: none"> Finalising the annual plan in Feb ready for comparison to the national activity and performance targets. Review Robotic Processing benefits for Outpatients – limiting factor is the capacity within the Digital team. Strengthening the transparency of Outpatient cancellations including late notice annual leave requests. Review all Outpatient capacity to ensure that we have effective monitoring of under-utilisation. Identifying opportunities for annual planning, including GIRFT recommendations. Programme development for additional two theatres – TIF2 –activity, staffing and financial impact being reviewed ready for August 2023 commencement date. 				
Current Assurance Level: 4 (Jan-23)						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 in-line with annual planning expectations from NSHE for 2023/24.				
Previous Assurance Level: 4 (Dec-22)						SRO: Paul Brennan				

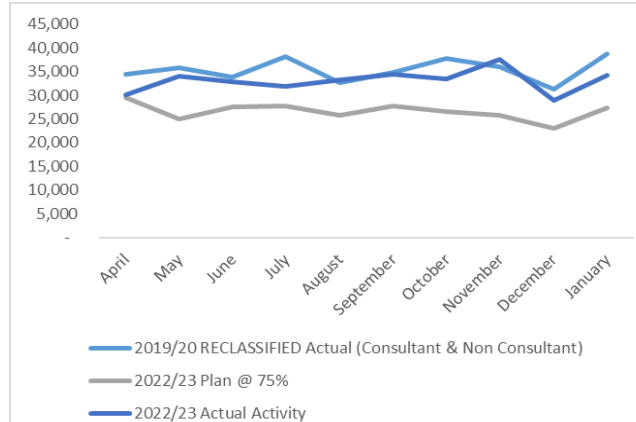
Elective Activity comparing Jan-20 to submitted Annual Plan 22/23 and Jan-23

Activity		Jan-20	Submitted Plan	Jan-23
Outpatient (reclassified)	New	17,315	17,837	16,733
	Follow-up NHS	38,792	27,257	35,782
	Total	56,107	45,094	52,515
Elective	Day Case	7,520	7,786	7,215
	Inpatient	588	766	515
	Total	8,108	8,552	7,730

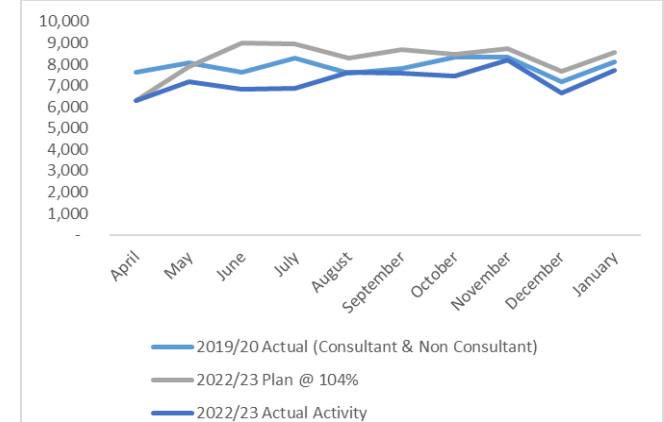
Outpatient New Activity Trend



Outpatient Follow-up Activity Trend



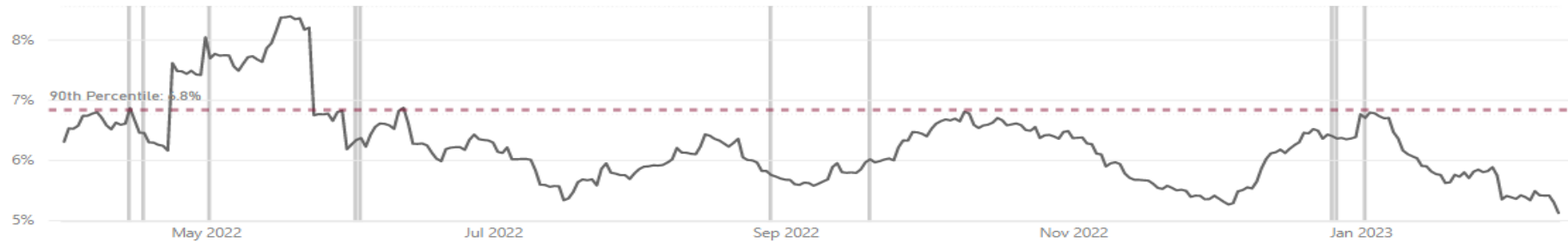
Day Case and Inpatient Activity Trend



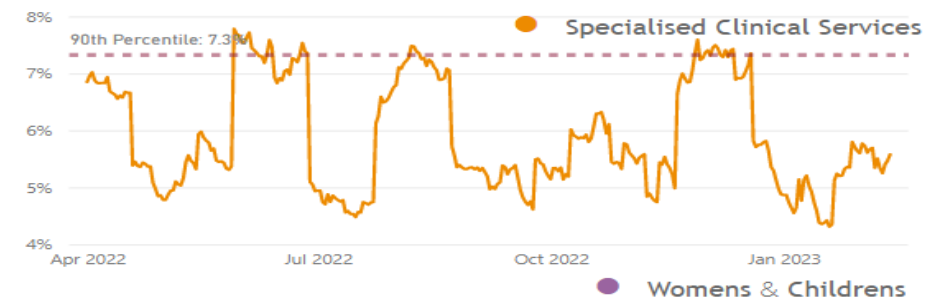
Elective Recovery – Outpatient DNA Rates | Month 10 [January] 2022-23

Responsible Director: Chief Operating Officer | Unvalidated for January 2023

DNA Rates



- vertical lines indicate bank holidays



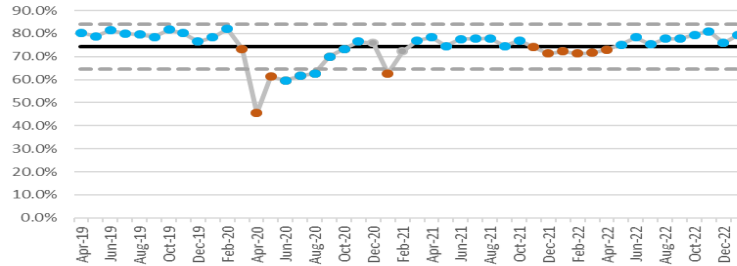
Elective Recovery - Theatre Utilisation | Month 10 [January] 2022-23

Responsible Director: Chief Operating Officer | Validated for Jan-23 as at 13th February 2023

Actual
Theatre
session
utilisation
(%)

79.5%

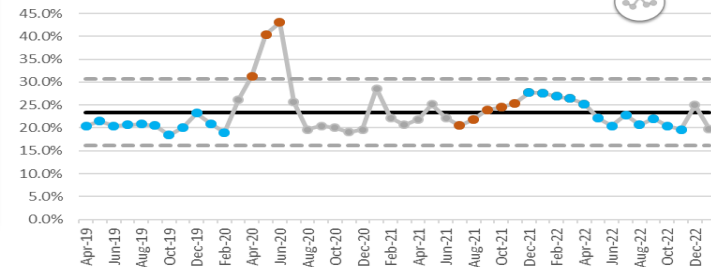
Theatre Utilisation



Lost
utilisation to
late starts
and early
finishes

19.8%

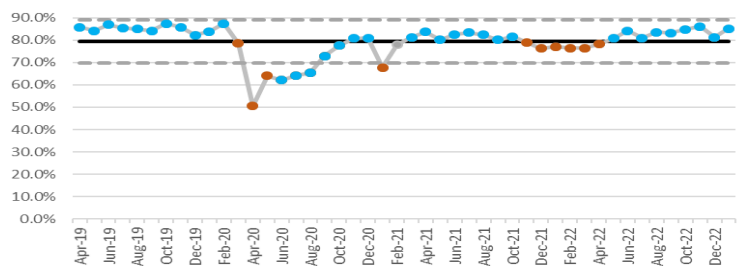
Lost utilisation



Actual
Theatre
session
utilisation
incl. allowed
downtime
(%)

85.1%

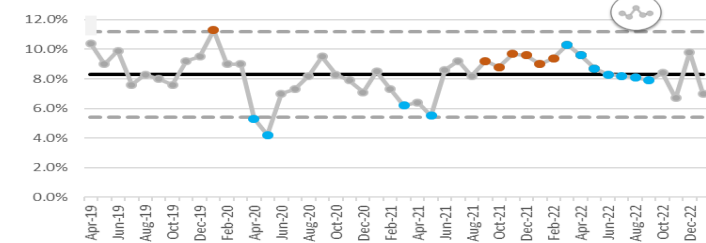
Theatre Utilisation (incl. downtime)



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

7.0%

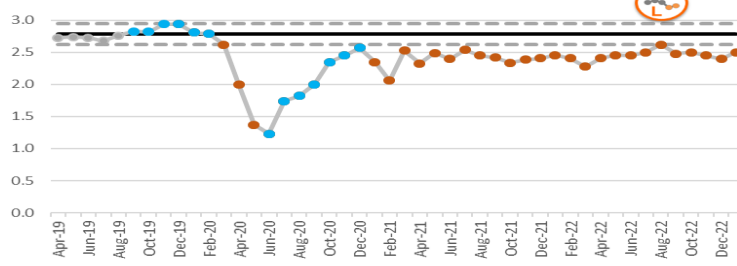
On the day cancellations



Completed
procedures
per 4 hour
session

2.5

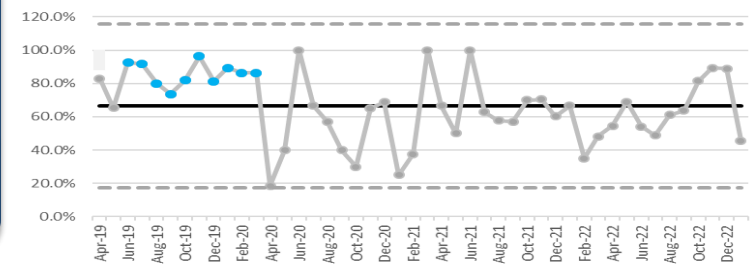
Cases per list



% patients
rebooked
with 28 days
of
cancellation

45.7%

% rebooked within 28 days



All graphs include Jan-23 data

Annual Plan Activity	MRI	CT	Non-obstetric ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Echocardiography	DM01	% patients waiting 6+ weeks
Target achieved?	✗	✗	✗	✗	✗	✗	✗		

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 79.5% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement.
- The diagnostic waiting list has increased by 253 patients (3%) and the total number of patients waiting 6+ weeks has increased by 8 patients to 1,962. There are 811 patients waiting over 13 weeks (774 in Dec-22).
- Radiology has the largest number of patients waiting, at 4,741 and the number of patients 6+ weeks has decreased from 704 to 605 at the end of Dec-22 (64% of Imaging breaches are waiting for NOUS).
- The total number of patients waiting for an endoscopy reduced but the number of patients waiting over 6+ weeks increased by 144. There was a further increase in patients waiting 6+ weeks for a cystoscopy; now 342.
- Physiological science modalities saw an increase in their total PTL and a 14 patient decrease in breaching patients.

Activity

- 18,604 DM01 diagnostic tests were undertaken in Jan-23.
- 23% (4,291 tests) of our total DM01 activity was classified as unscheduled / emergency. 66% were waiting list tests and 11% were planned tests.
- No modality achieved their H2 plan for Jan-23.
- Overall we delivered 83% of this months diagnostics plan and YTD, 10 completed months, we have delivered 95% of the plan. This is 18,806 more tests than YTD 19/20.

RADIOLOGY

What have we been doing?

- Submitted CAG for approval to extend CT interventions until Dec 23, to line up with workforce plan of training and recruitment
- Submitted national SR21 bid for US machines x 2 AND Mii
- Identified external reporting for Proctograms
- Agreed BMI undertake MRI Proctograms

What are we going to do next?

- Continue to look at options to support BPP
- Obtain approval for WLI sessions in US.
- Continue WLIs in DEXA to address backlog
- Work with BI and Cancer team to identify and deliver further improvements on 28 day faster diagnosis, commenced weekly PTL meeting- next focus Lung
- Review vetting resource requirements - improving faster vetting, will support improving time to an appointment being allocated
- Obtain financial approval to continue mobiles and US WLIs
- Improve capacity/demand modelling using Pythia
- Work on reducing >13wk waiters

Issues

- Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity
- Concern on delay approving CT mobile extension, significant impact on provision of capacity if removed end Jan

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Cancelled further activity for second round of strikes but all 2ww patients have now been rebooked. This has impacted on best practice pathway.
- Continued with 18 week supporting 18 sessions across ECH and KTC sites.
- Completed annual planning using Pythia
- Text messaging has recommenced.
- Second retire and return Gastroenterologist has commenced in Endoscopy
- Retired Gastroenterologist has been approved to commence working some scopist shifts via NHSP.
- Re-carved out capacity for specific pathways

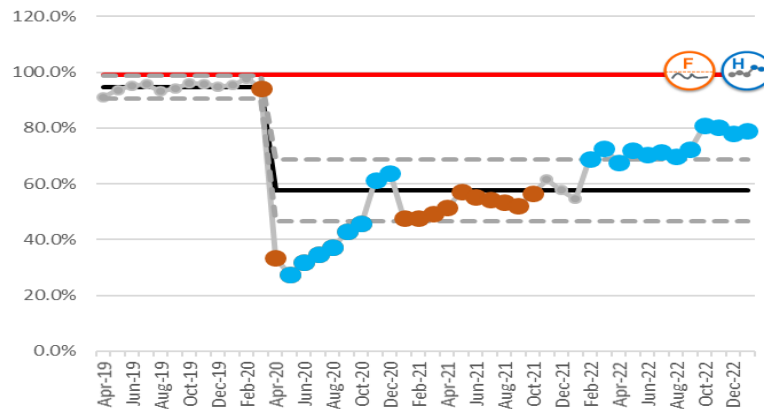
What are we going to do next?

- Continue to improve the 2ww pathway to meet best practice pathway.
- Commence insourcing activity during the weekend period at MCH for 2ww colorectal which will continue to improve >13wk waiters
- Continuing to have discussions with surgery re opportunities to recruit Physician's Associate for scoping roles.
- Submit ATRs for Specialist Drs
- Commencing 4 weeks immersive training for specialist registrar this is part of spoke academy requirement.

Issues

- Ongoing postal strikes continues to be challenging.
- Planned nursing strikes
- 2 members of booking team have confirmed they will be resigning

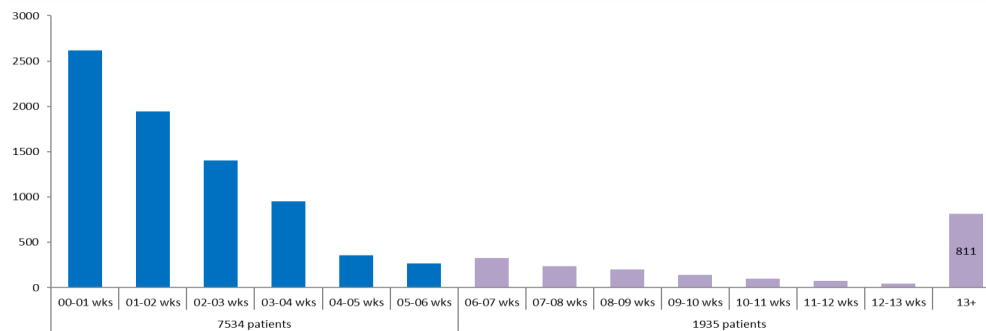
Diagnostics (99%)



DM01
Diagnostics
% patients
within 6
weeks

79.5%

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



CARDIOLOGY – ECHO

What have we been doing?

- Improved 6 week breach position
- Ceased Insourcing 27/11/22

What are we going to do next?

Monitor numbers and add WLIs if required
Work on reducing >13wk waiters

Issues

- Limited equipment which affects our capacity to manage increasing demands.

RESPIRATORY (Sleep studies)

Issues

- Number of patients that can be diagnosed is limited by available equipment
- Numbers are being increased from 14/11 to 10 patients per day
- Not able to increase capacity further due to staffing and equipment issues
- Only able to offer Monday – Friday service

Current Assurance Level: 5 (Jan-23)

Previous assurance level: 5 (Dec-22)

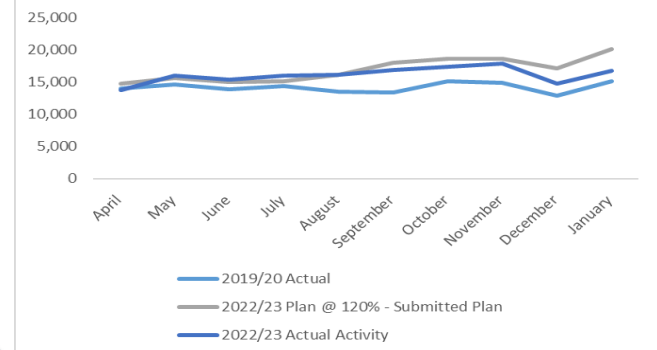
When expected to move to next level of assurance: This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Paul Brennan

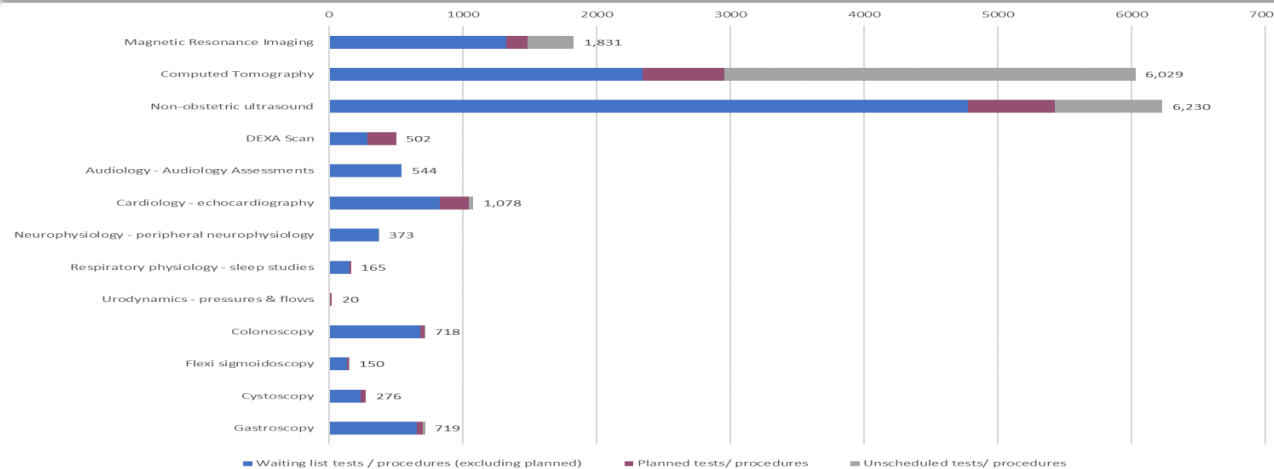
Diagnostic Activity | Annual Plan Monitoring

Annual Plan Activity Modalities		Jan-20	Submitted Plan	Jan-23
Imaging	MRI	1,981	2,798	1,831
	CT	4,774	6,932	6,029
	Non-obstetric ultrasound	5,707	6,854	6,230
Endoscopy	Colonoscopy	657	903	718
	Flexi Sigmoidoscopy	392	153	150
	Gastroscopy	690	791	719
Echocardiography		883	1,693	1,078
Diagnostics Total		15,084	20,124	16,755

Annual Plan Diagnostics Activity Trend



Total DM01 Activity split by modality and type



CT, non-obstetric ultrasound, colonoscopy and echocardiography exceeded the activity delivered in Jan-20.

No modality achieved the activity levels in our submitted plan.

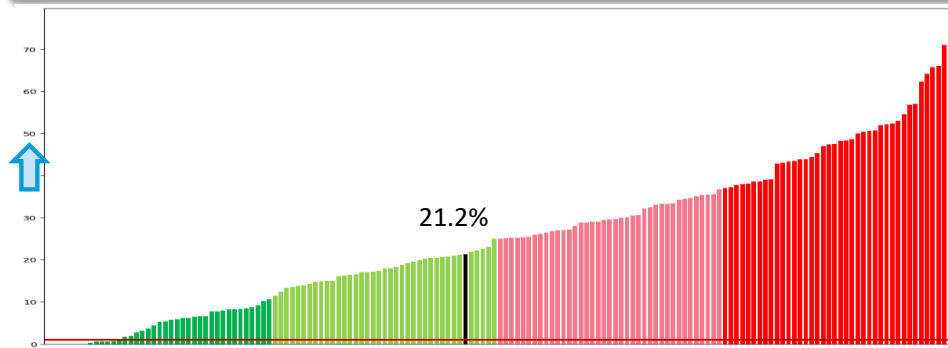
23% of all tests in Jan-23 were unscheduled and 72% of all unscheduled activity were CT tests.

National Benchmarking (December 2022)

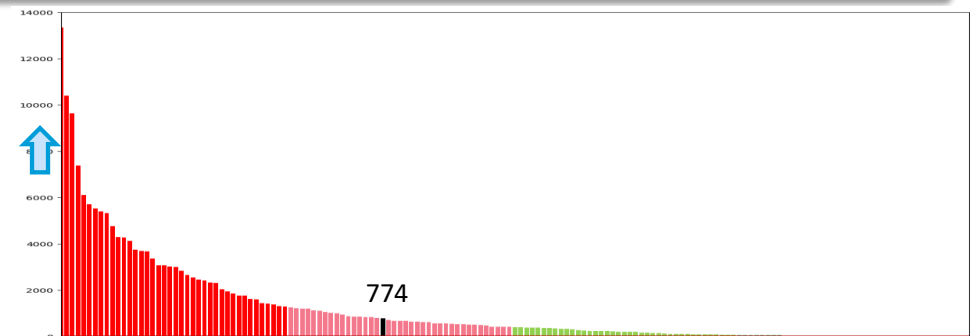
The Trust was one of 13 of 13 West Midlands Trusts which saw a decline in performance between Nov-22 and Dec-22. This Trust was ranked 4 out of 13; we were ranked 5 the previous month. The peer group performance ranged from 5.7% to 52.4% with a peer group average of 38.4%; declining from 34.1% the previous month. The England average for Dec-22 was 31.3%; a 4.4% increase from 26.9% in Nov-22.

- Nationally, there were 481,924 patients recorded as waiting 6+ weeks for their diagnostic test; 1,954 (0.41%) of these patients were from WAHT.
- Nationally, there were 192,380 patients recorded as waiting 13+ weeks for their diagnostic test; 774 (0.40%) of these patients were from WAHT.

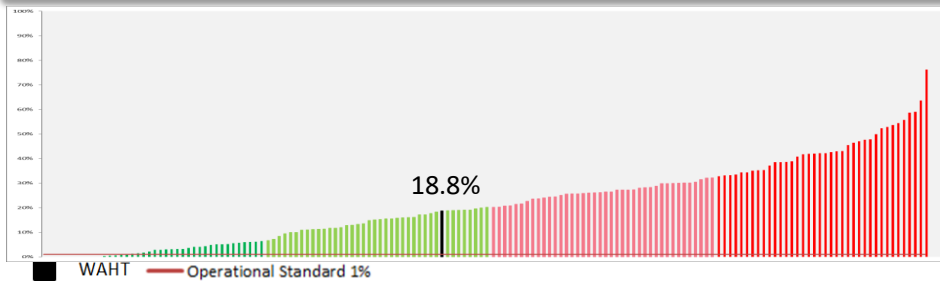
DM01 Diagnostics - % of patients waiting more than 6 weeks | December-22



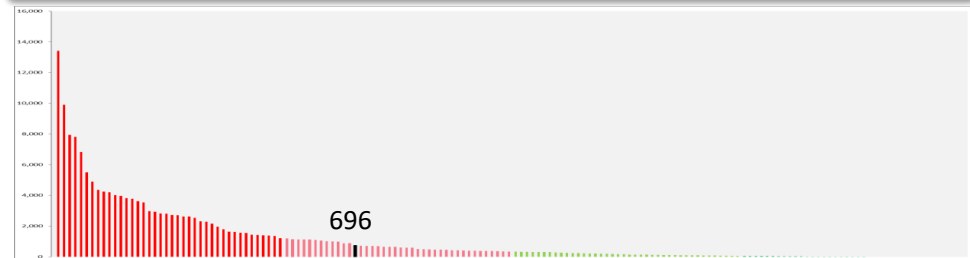
DM01 Diagnostics - number of patients waiting more than 13 weeks | December-22







DM01 Diagnostics - % of patients waiting more than 6 weeks | November-22



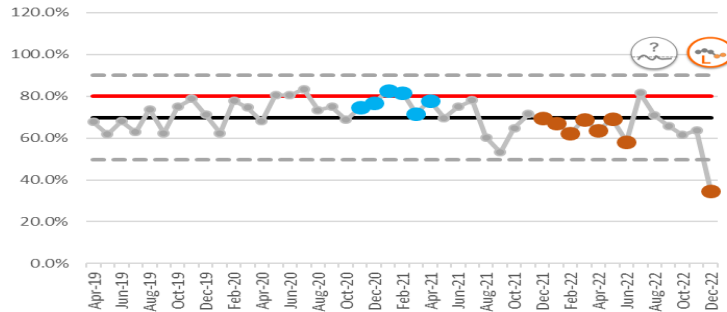
DM01 Diagnostics - number of patients waiting more than 13 weeks | November-22



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

Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q2 22-23 Jul-22 to Sep-22 (validated)			
	E		E		C		N/A	Score	82.0	Grade	A
<p>What does the data tell us?</p> <ul style="list-style-type: none">A reminder that validated SSNAP scores have been published for Q 2 22-23 and we have achieved a grade A for Q2 22/23 with a score of 82.0.The Direct Admission and patients spending 90% of their time on a stroke ward metrics are showing cause for concern indicative of the patient flow pressures seen in Jan-23Patients seen in the TIA clinic within 24 hours continues to show special cause improvement with a run above the mean.				<p>What are we doing to improve?</p> <p>Patients Admitted Within 4 Hours / 90% Stay on Stroke Ward / Specialty Review Within 30 Minutes</p> <ul style="list-style-type: none">Patients are assessed in Ambulances during extreme hospital pressures. The consultant team will complete the initial assessment and if confirmed Stroke then patients will bypass the Emergency Department and be transferred directly to ASU.Increase in rehabilitation beds, additional 4 in January provided by the community healthcare trust to support the acute hospital with patients identified and stable for inpatient stroke rehabilitation. In some circumstances the community trust are spot purchasing private rehabilitation beds elsewhere within the Midlands.In order to promote flow throughout the stroke pathway, the on-call Stroke team will assess patients alongside the therapy teams, if appropriate, to prioritise discharging patients directly home from ED/AMU. Ongoing investigations are then requested on an out-patient basis. This ensures that ASU beds are only used for those patients who are not medically fit for discharge.The stroke unit continues to ring fence one "boarding" area for Thrombolysis whereby one patient from the unit will be reverse boarded to accommodate a Thrombolysis patient ensuring a seamless transfer to the unit.Countywide therapy meetings which include the Health and Care Trust are ongoing– this includes the therapists in the county meeting regularly with the Acute Trust consultant. This encourages communication throughout the stroke pathway to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues with regards to flow and allows our community partners to support patient flow.When accepting referrals from AGH, patient demographics are now checked prior to accepting patients to ensure that ASU do not accept out of area patients, thereby impacting on flow through the unit.Early conversations with families of patients on the end of life pathway alongside earlier involvement of the OCT to support decision making in terms of final destinations, not only will support flow but also improve patient experience throughout their stroke journey. <p>Thrombolysis:</p> <ul style="list-style-type: none">The positive impact of ongoing face-to-face stroke simulation training alongside in-house consultant cover for advice and guidance after 5pm are reflected in the Thrombolysis scores on SSNAP showing an improvement from an E to a D.We are still consistently achieving a Level B in the SNNAP score results which is demonstrating all of the improvements we are putting into place as mentioned above.							
Current Assurance Level: 5 (Jan-23)				When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustained improvements in the SSNAP score / grade.							
Previous Assurance Level: 5 (Dec-22)				SRO: Paul Brennan							

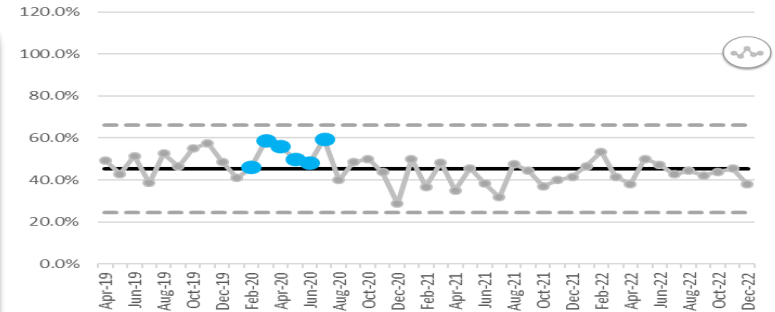
Time spent on Stroke Unit



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

34.5%

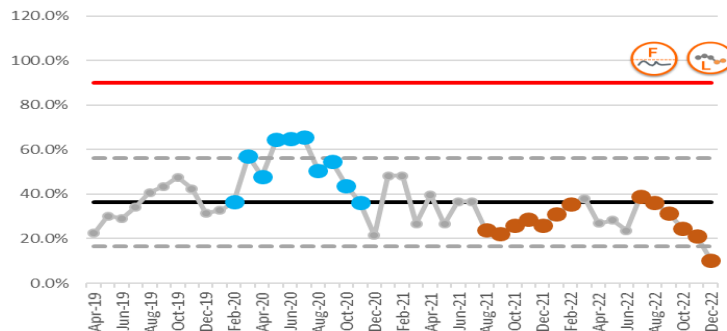
CT within 60 minutes



Stroke : %
CT scan
within 60
minutes

37.9%

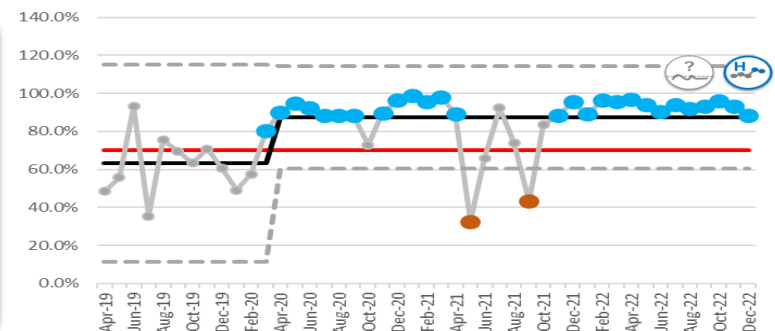
Direct Admission to Stroke Ward



Stroke : %
Direct
Admission
to Stroke
ward

10.3%

TIA within 24 hr



Stroke: %
seen in TIA
clinic within
24 hours

88.3%



All graphs include Dec-22 data

Quality and Safety

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"> We were compliant with all of the in-month infection targets except C-Diff and E-Coli in Dec-22 We have breached 3 of the year to date infection targets: C-Diff, E-Coli & MSSA. The Hand Hygiene participation rate increased in Dec-22, but failed to achieve the target, and has now shown special cause variation of concern for 8 months. The Hand Hygiene compliance to practice rate dropped very slightly in Dec-22, still achieved the target and has shown special cause improving variation for 31 of the last 32 months. All of the high impact intervention audits in Dec-22 achieved a compliance of over 95%.
Antimicrobial Stewardship	<ul style="list-style-type: none"> A total of 174 audits were submitted in Dec-22, compared to 257 in Nov-22. Antimicrobial Stewardship overall compliance increased in Dec-22 to 90.8% and achieved the target of 90%.
SEPSIS 6	<ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has increased in Nov-22 to 75% but remains non compliant with the 90% target. The Sepsis screening compliance increased in Nov-22 to 86.8 but failed to meet the target for the second time in 6 months. Antibiotics provided within 1 hour increased in Nov-22 to 85.3% but still failed to achieve the target of 90%.
Fractured Neck of Femur	<ul style="list-style-type: none"> #NOF compliance dropped in Dec-22 to 68.7%, although this is still the 3rd highest performance in the last 12 months. There were 83 #NOF admissions in Dec-22. The #NOF target of 85% has not been achieved since Mar-20.
Falls	<ul style="list-style-type: none"> The total number of falls fell in Dec-22 to 122, but was still above the in-month target of 103. We have breached our 22/23 falls trajectory to date by 194. There were 0 SI falls in Dec-22, which was compliant with the in-month target. We have achieved the year to date trajectory with a total of 2 actual SI falls compared to a trajectory of 5.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> The total number of HAPUs for Dec 22 increased to 41, and was above the in-month target of 19. This metric is now showing special cause variation of concern. There are discussions with the ICB requiring pre admission actions as the numbers of patients being admitted with an Acquired Pressure Ulcer in the community have risen. We have breached our 22/23 to date trajectory by 73 HAPU's. There were zero HAPUs causing harm in Dec 22. We continue to be below our 22/23 to date trajectory by 2 HAPUs causing harm.
Friends & Family Test	<ul style="list-style-type: none"> The recommended rate for Inpatients achieved the target at 97.7 % in Dec-22, and this is the 22nd consecutive month compliance has been attained. The recommended rate for Maternity dropped in Dec-22, and was not compliant at 90.91%. The recommended rate for Outpatients dropped slightly to 96.56% but still achieved the target. The recommended rate for A&E increased to 86.15% but still failed to achieve the target.
Complaints	<ul style="list-style-type: none"> The % of complaints responded to within 25 days increased significantly in Dec-22 to 74%, but was still below target (80%). This is the 4th consecutive month that the performance has improved, but also the 6th consecutive month the target has been missed. The top themes from complaints are concerns relating to clinical treatments, values and behaviours of staff and patient care.

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 (Target 79)		E-Coli (Target 30)		MSSA (Target 10)		MRSA (Target 0)		Klebsiella species (Target 35)		Pseudomonas aeruginosa (Target 23)	
Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target
9/6	85/58	5/2	28/23	1/1	13/9	0/0	0/0	2/3	14/26	1/2	6/17

What does the data tell us?

- We were compliant with all of the in-month infection targets except C-Diff and E-Coli in Dec-22
- We have breached 3 of the year to date infection targets: C-Diff, E-Coli & MSSA.
- The Hand Hygiene participation rate increased in Dec-22, failed to achieve the target, and has now shown special cause variation of concern for 8 months.
- The Hand Hygiene compliance to practice rate dropped very slightly in Dec-22, still achieved the target and has shown special cause improving variation for 31 of the last 32 months.
- 7 new COVID outbreaks were declared in Dec-22.
- There are currently 6 ongoing active COVID outbreaks, and 6 in the monitoring phase (09/01/2023).
- There were 6 Influenza outbreaks in Dec-22.
- There are currently 4 Influenza active outbreaks (09/01/2023).
- There was 1 D&V/Norovirus outbreaks in Dec-22.
- There is currently 1 ongoing D&V/Norovirus outbreak (09/01/2023).
- All of the high impact intervention audits in Dec-22 achieved a compliance of over 95%.

- Cdiff continues to be problematic. Action plan in place and quarterly review with NHSE continues.
- Improvements required with regards to diarrhoeal assessment plan in place and information has been sent out via the matrons to implement.
- Strong focus remains with regards to antimicrobial stewardship. Medical Director is advocating for higher engagement with the antimicrobial stewardship group, this is following on from the Prof Wilcox review.
- Influenza has been a huge challenge and the IPC principles of management of positive flu cases remains in place – isolate/cohort for 5 days, administer Tamiflu.
- Risk assessment has been completed with regards to the management of flu contacts and agreed via command structure that flu contacts will not be isolated/cohort but will have an assessment for the administration of prophylaxis within 48 hours of contacts. Individual risk assessment to be completed prior to transfer to the health and care Trust
- At one point we saw more flu cases than COVID, at this time (9/01/23) we have high numbers of COVID (88 COVID and 63 Influenza) however this is an improving picture but we need to take this with caution to ensure we see a sustained reduction.
- Norovirus on ARU was difficult to manage and there was a complete ward closure and reported via the incident reporting system
- Hand Hygiene participation has been escalated via division, overall compliance with hand hygiene remains high but participation requires improvement, communication with matrons has occurred.

Current assurance level – Level 4

Reason: this is based on the complexity of the current levels of multiple infections that we are experiencing and the capacity pressures. We actions in place but at times it can be difficult to enact them due to the capacity issues.

When expected to move to next level of assurance for non Covid: Review in February, the impact of flu and norovirus needs to be considered. The flu season should be nearing completion

Previous assurance level - Level 4 COVID-19 / Level 4 for non-Covid

SRO: Jackie Edwards (Interim CNO)

Source: Fingertips / Public Health Data (up to Sep 2022) – *Website still showing Sep-22 data when accessed on 09/01/2023*

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 23rd best for hospital onset-healthcare associated C. difficile infections. Our rate stands at 28.6 cases per 100,000 bed days, which is above both the overall England and Midlands rate.

E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 6th best. Our rate stands at 13.7 cases per 100,000 bed days, which is below the overall England and Midlands rate.

MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 15th best. Our rate stands at 8.9 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits equal 1st. Our rate stands at 0.0 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

C. Difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases | Sep-22

Area	Count	Per 100,000 bed days
England	6,723	19.9
Midlands NHS Region (Pre ICB)	1,165	18.6
Worcestershire Acute Hospitals	71	28.6

MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset | Sep-22

Area	Count	Per 100,000 bed days
England	3,836	11.4
Midlands NHS Region (Pre ICB)	628	10.0
Worcestershire Acute Hospitals	22	8.9

E. Coli hospital-onset cases counts and 12-month rolling rates | Sep-22

Area	Count	Per 100,000 bed days
England	7,584	22.4
Midlands NHS Region (Pre ICB)	1,251	20.0
Worcestershire Acute Hospitals	34	13.7

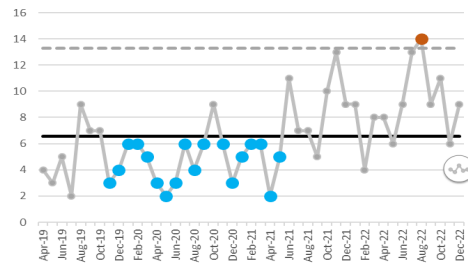
MRSA cases counts and 12-month rolling rates of hospital-onset | Sep-22

Area	Count	Per 100,000 bed days
England	260	0.8
Midlands NHS Region (Pre ICB)	36	0.6
Worcestershire Acute Hospitals	0	0.0

C-Diff

9

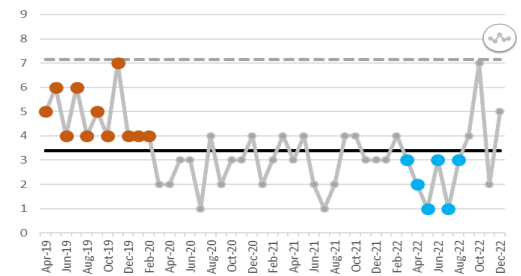
Clostridium difficile



E-Coli

5

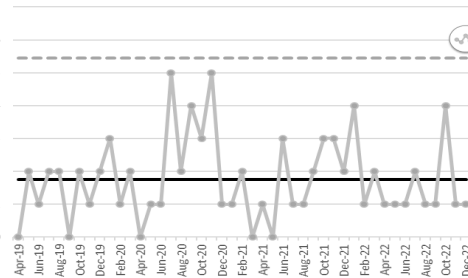
Escherichia Coli



MSSA

1

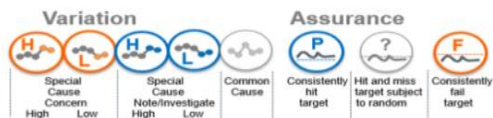
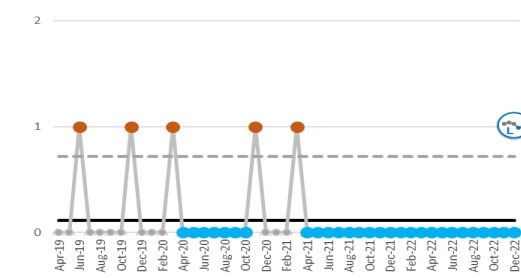
MSSA



MRSA

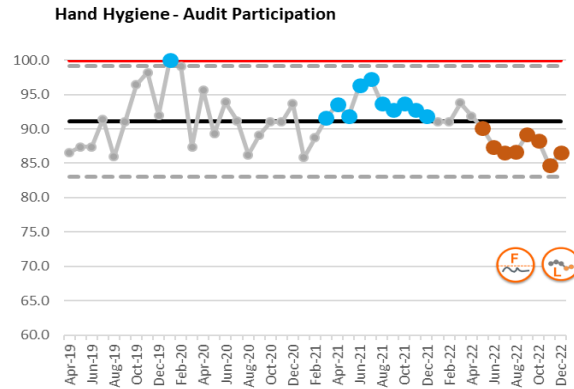
0

MRSA



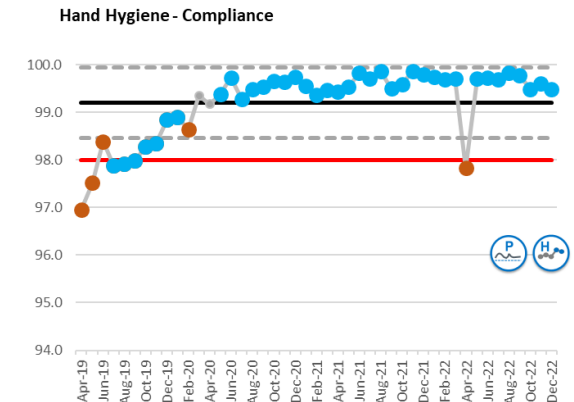
Hand Hygiene Audit Participation (%)

86.5



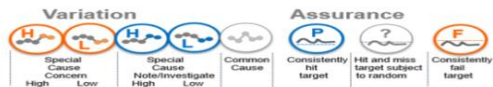
Hand Hygiene Compliance (%)

99.5



Please note that % axis does not start at zero.

Please note that % axis does not start at zero.



Lockdown Period
COVID Wave

2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Dec-22	Nov-22	Dec-22	Nov-22	Dec-22
	90.91%	94.6%	87.07%	95.1%

What does the data tell us?

- A total of 174 audits were submitted in Dec-22, compared to 257 in Nov-22.
- Antimicrobial Stewardship overall compliance increased in Dec-22 to 90.8% and achieved the target of 90%.
- Patients on Antibiotics in line with guidance or based on specialist advice increased in Dec-22 and achieved the target.
- Patients on Antibiotics reviewed within 72 hours also increased in Dec-22 and achieved the target.

What will we be doing?

- Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors
- Identifying actions to drive improvement in quality (KPIs) of these SSTF audits
- ASG will continue to monitor the use of carbapenems (Trust is no longer a national outlier)
- Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results
- Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories.
- AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s
- Issuing poster guiding staff when to use urine test strips
- Focusing on learning from C diff case reviews where antibiotics may be implicated & developing actions pertaining to AMS to address the recommendations in Prof Wilcox report
- Reviewing the Trustwide quarterly incident report for themes and trends relating to antimicrobial medicines
- Seeking nominations for AMS clinical leads for Speciality Medicine and SCSD
- Developing a communication and action plan to promote IV to oral switches (CQUIN for 23/24)

Current assurance level – level 6

Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits

When expected to move to next level of assurance –

This will be next reviewed in April 23, when quarter 4 performance can be assessed.

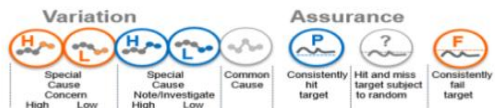
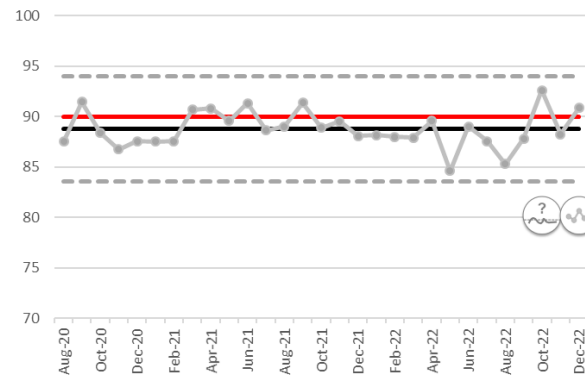
Previous assurance level – Level 6

SRO: Jackie Edwards (Interim CNO)

AMS
Compliance

90.8%

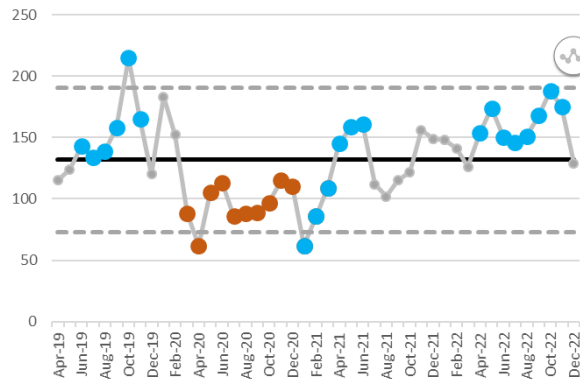
AMS Compliance



Total
Medicine
incidents
reported

129

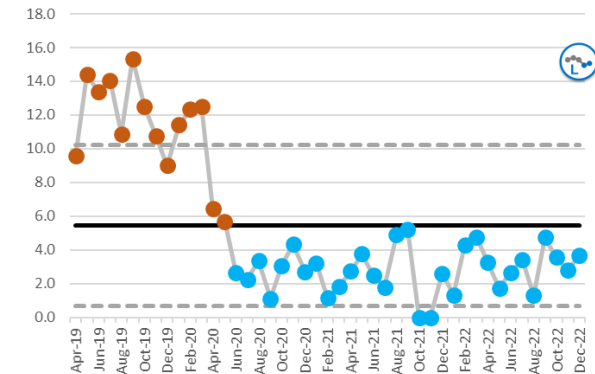
Total Medication Incidents



Medicine
incidents
causing
harm (%)




3.7%

% Medication Incidents Causing Harm



Lockdown Period
COVID Wave

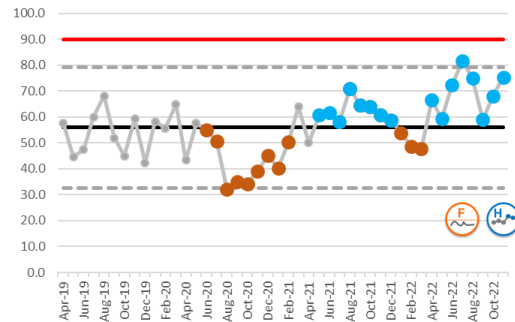
2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle

Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			91.8%	98.4%	86.9%	91.8%	91.8%
What does the data tell us? <ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has increased in Nov-22 to 75% but remains non compliant with the 90% target. The Sepsis screening compliance increased in Nov-22 to 86.8% but failed to meet the target for the second time in 6 months. Antibiotics provided within 1 hour increased in Nov-22 to 85.3% but still failed to achieve the target of 90%. Only 1 of the remaining elements of the Sepsis Six bundle failed to achieve the 90% target. The Trust's 12 Month Rolling Crude Death rate up to Oct-22 for Septicemia (except in labour) is 25.3% (In Hospital 15.76% & Out of Hospital 9.51%), which is the 4th lowest in the Midlands (out of 22).¹ The Trust's ALOS (Nov-21 to Oct-22) is 9.86 days, which is the 5th lowest in the Midlands.¹ <p>¹ Source: HED, accessed 09/01/2023.</p>			Actions: <ul style="list-style-type: none"> Continued monitoring of Sepsis six compliance & implementation Focus on actions following completion of the bundle remains a priority (such as prescribing of antibiotics) Medical examiner office currently reviews 50% of deaths across Worcestershire with further roll out expected in Feb 2023 & March 2023 – this will allow for learning from any deaths related to sepsis 				
Current assurance level – 5			When expected to move to next level of assurance: March 2023				
Previous assurance level – 5			SRO: Christine Blanshard (CMO)				

Sepsis 6
Bundle
within 1
Hour
Compliance
(audit)

75.4%

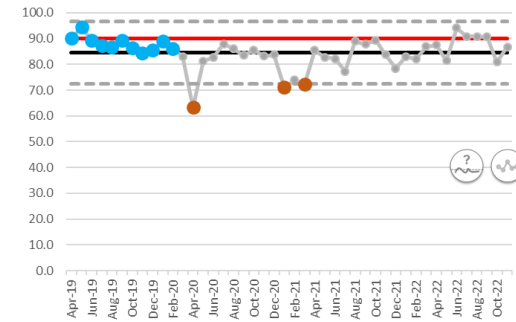
Sepsis 6 Bundle completed with 1 Hour



Sepsis
Screening
Compliance
(audit)

86.8%

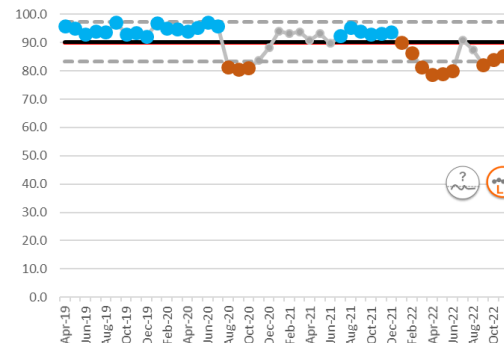
Sepsis Screening Compliance



Sepsis
Screening
Antibiotics
Compliance
(audit)

85.3%

Sepsis 6 - Antibiotics provided within 1 Hour



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

#NOF – Time to Theatre <= 36 Hours



What does the data tell us?

- #NOF compliance dropped in Dec-22 to 68.7%, although this is still the 3rd highest performance in the last 12 months.
- There were 83 #NOF admissions in Dec-22.
- The #NOF target of 85% has not been achieved since Mar-20.
- There were a total of 26 breaches in Dec-22.
- The reasons for delays were
 - 46.2% (12 patients) due to theatre capacity
 - 34.6% (9 patients) due to patients being medically unfit
 - 11.5% (3 patients) due to bed issues
 - 7.7% (2 patients) due to delays in running theatre list
- The average time to theatre in Dec-22 was 31.4 hours.
- The Trust's 12 Month Rolling Crude Death rate up to Oct-22 for #NOF is 12.31% (In Hospital 4.31% & Out of Hospital 7.99%), which is the 10th highest in the Midlands (out of 22).¹
- The Trust's ALOS (Nov-21 to Oct-22) is 8.91 days, which is the 2nd lowest in the Midlands.¹

¹ Source: HED, accessed 09/01/2023.

What will we be doing?

- Complete, publish and follow action plan from November 2022 meeting.
- Organise first 'Quarterly' NHFD Governance meeting. This needs to be an MDT meeting to tackle whole pathway issues. (March / April 2023)
- (use these as the tool to focus on priority for the following 3 months)
- Appoint Specialist Orthogeriatrician(s) to surgical division (non-consultant grade) to enhance medical support for frail patients.

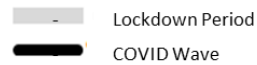
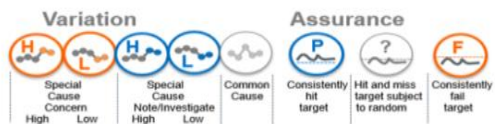
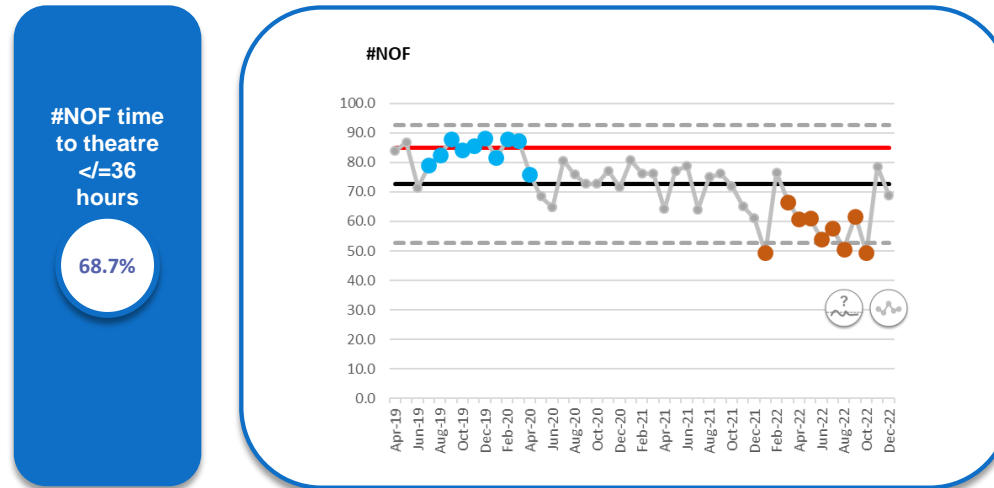
Current assurance level: 5

When expected to move to next level of assurance:





Q1 2023/24 – Update will follow Quarterly NHFD Governance Meeting

Previous assurance level: 5

SRO: Christine Blanshard (CMO)



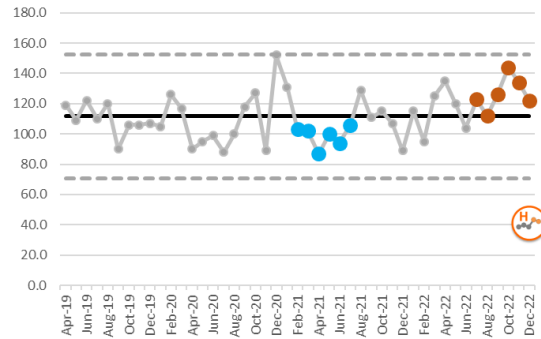
2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Dec-22	Dec-22	Dec-22	Dec-22
			
What does the data tell us? Total Inpatient Falls <ul style="list-style-type: none"> The total number of falls fell in Dec-22 to 122, but was still above the in-month target of 103. This metric is showing special cause variation of concern. We have breached our 22/23 falls trajectory to date by 194. Inpatient falls resulting in Serious Harm <ul style="list-style-type: none"> There were 0 SI fall's in Dec-22, which is compliant with the in-month target. We have achieved the year to date trajectory with a total of 2 actual SI falls compared to a trajectory of 5. <i>(note – One SI fall recorded in Nov-22, and one SI fall recorded in Dec-22 were downgraded following investigations which showed no omissions of care)</i> 		What improvements will we make? <ul style="list-style-type: none"> Increase compliance with falls e-learning tool (365: Preventing Falls in Hospital on ESR) and seek agreement for this to become essential to role to support. Falls prevention lead and governance teams will continue to monitor wards/departments with a high prevalence of falls via weekly reports and encourage reviews to identify any themes or trends that require actions in place to reduce risk. Continue QI projects in wards/departments and aim to spread/sustain any successful projects trust wide MAU at WRH to trial the Ramblegard system Hi/low beds to be hired across site from Arjo Rental since old purchased hi/low beds at WGH were condemned 	
Current assurance level (Quarter 3) Falls – Level 6		When expected to move to next level of assurance Quarter 2 2023/24	
Previous assurance level (Quarter 2) Falls – Level 6		SRO: Jackie Edwards (Interim CNO)	

Total Inpatient Falls

122

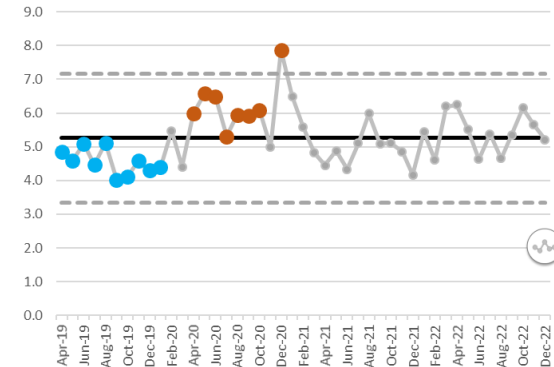
Total Inpatient Falls



Total Falls per 1,000 bed days

5.21

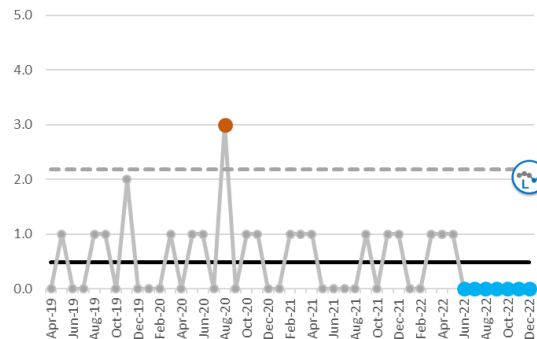
Total Inpatient Falls Per 1,000 Bed Days



Total SI Falls

0

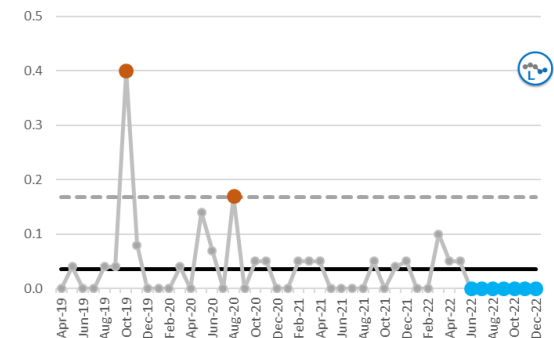
Inpatient Falls resulting in Harm





SI Falls per 1,000 bed days

0.00

Inpatient Falls resulting in Harm Per 1,000 Bed Days



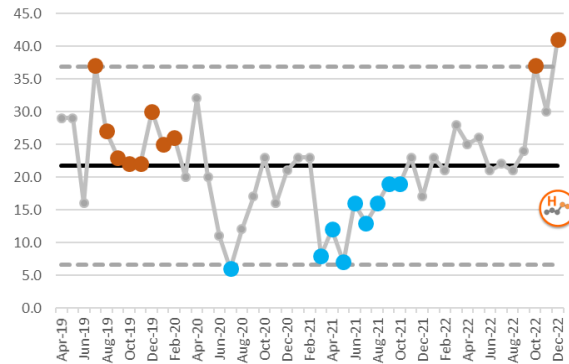
2.1 Care that is Safe – Pressure Ulcers

Total Hospital Acquired Pressure Ulcers (HAPUs)	Hospital Acquired Pressure Ulcers Causing Harm
Dec 2022	Dec 2022
	
<p>What does the data tell us?</p> <p>Total HAPU's</p> <ul style="list-style-type: none"> The total number of HAPUs for Dec 22 increased to 41, and was above the in-month target of 19. This metric is now showing special cause variation of concern. We have breached our 22/23 to date trajectory by 73 HAPU's. <p>HAPU's causing Harm</p> <ul style="list-style-type: none"> There were zero HAPUs causing harm in Dec 22. We continue to be below our 22/23 to date trajectory by 2 HAPUs causing harm (actual 1 vs trajectory 3). 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> Continued focus on national campaigns and local education through quality improvement plans at ward level. Learning from Serious Incidents Actions Bespoke tissue viability training with areas identified increased prevalence. Advocate that Agency Staff P.U.P induction questionnaires are being implemented for assurance. Continued Planned educational sessions for all staff (P.U.P training) continue to take place : to increase awareness and implement best practice . Encourage staff attendance to all educational sessions to increase awareness. system-wide discussions with County wide CCG a Task and Finish Group has been created to understand themes and trends and to undertake scoping exercise. As a result, a new PUP Resource training pack has been developed for community carers, nursing & residential homes in additional patient information Leaflet. "Think Skin ...React to Risk Promote and advocate robust documentation of patients preadmission / WMAS time scales to be investigated and documented in order to Reflect the high patient acuity and increased patient admissions .
Current assurance level: 5	<p>When expected to move to next level of assurance</p> <p>Feb 2023 – anticipated fall in patient admissions with COVID/Flu.</p>
Previous assurance level: 6	SRO: Jackie Edwards (Interim CNO)

Total
HAPU's

41

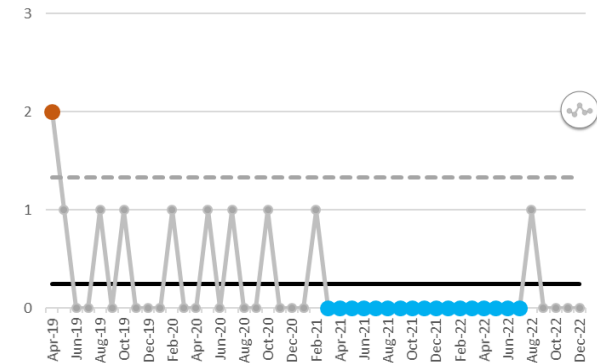
Total Hospital Acquired Pressure Ulcers (HAPUs)



HAPU's
Causing
Harm

0

Hospital Acquired Pressure Ulcers causing Harm



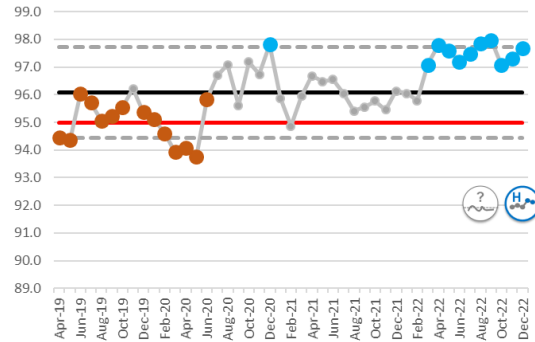
2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended
<ul style="list-style-type: none"> The recommended rate for Inpatients achieved the target at 97.7 % in Dec-22, and this is the 22nd consecutive month compliance has been attained. The response rate dropped to 35.23, but was also above trust target. The recommended rate for Maternity dropped in Dec-22, and was not compliant at 90.91%. The response rate also dropped in Dec-22 to 1.89%. It has not achieved the target of 30% since Jul-20, and has not reached double figures since Aug-21. The recommended rate for Outpatients dropped slightly to 96.56% but still achieved the target. The response rate increased to 12.59 and was again above target. The recommended rate for A&E increased to 86.15% but still failed to achieve the target. The response rate was virtually unchanged (16.16) and dropped below target for the 2nd consecutive month. 	<p>Improvements in maternity are in progression, driven by the Maternity Digital Nurse with advice/support from The Head of Patient, Carer and Public Engagement. This includes:</p> <ul style="list-style-type: none"> A poster campaign to advise women how to share feedback on the Badgernet App Staff messaging to encourage staff to promote feedback and the App New FFT push notifications (in development) as monthly reminders sent out to women who are using our services <p>A proposed text messaging drive in Lavender Postnatal ward (pilot postnatal ward project due to go live on 09.01.2023) is on hold as requested by the Maternity Division. Current investigation led by the Division into protecting women's confidentiality.</p> <p>The new Patient Experience Lead Nurse will support developments and assurance in FFT (commenced in post in January 2023) including promotion of FFT cards to drive on response rate numbers.</p> <p>The Trust has signed up to the CQC Maternity Survey 2023 (Picker).</p> <p>The Trust continues to work in partnership with Maternity Voices partnership.</p> <p>The project approved by CETM is in development – to support the Trust to gain greater actionable insights from our FFT. Questions have been identified for the two test areas of UEC and Outpatients, a detailed project plan for delivery has been created and the Project team will meet in early January 2023 to agree a timeline for delivery and evaluation. Multi-department approach with IT and Information teams.</p> <p>Sustained improvement in Inpatients and Outpatients.</p>		
Current assurance level – 5 Reason: sustained improvement seen across areas however response rate remains low in maternity. Supportive actions have been progressed in Q3 and improvement is expected in Q4 2022-23-Q1 2023-2024.	When expected to move to next level of assurance: Q4		
Previous assurance level – 5	SRO: Jackie Edwards (Interim CNO)		

**FFT
Inpatient
Recommended %**

97.69

FFT IP recommended

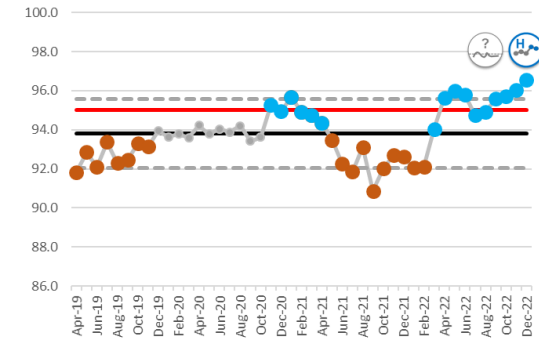


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**FFT
Outpatient
Recommended %**

96.56

FFT Outpatient recommended

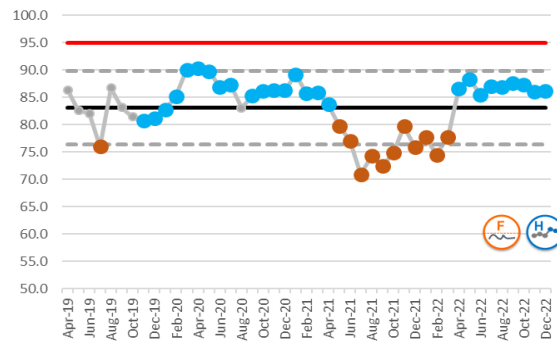


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**FFT AE
Recommended %**

86.15

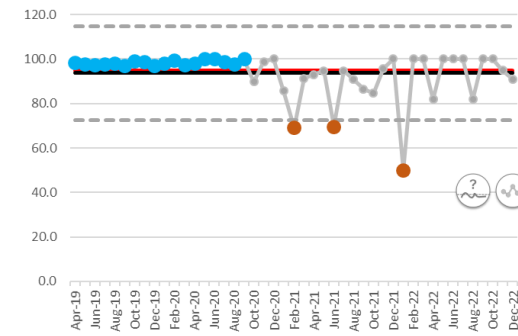
FFT A&E recommended



**FFT
Maternity
Recommended**

90.91

FFT Maternity recommended



2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days



<p>What does the data tell us?</p> <ul style="list-style-type: none"> The % of complaints responded to within 25 days increased significantly in Dec-22 to 74%, but was still below target (80%). This is the 4th consecutive month that the performance has improved, but also the 6th consecutive month the target has been missed. Complaint numbers have remained increased but Divisional Teams have addressed their backlogs, with the exception of the Surgical Division who at the time of reporting have 38 cases in breach, accounting for 86% of the Trust total breaches, 67% of Surgery's own overall caseload, and almost one third of the Trust's total open cases 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> The surgical Division are working to address this backlog following a period of unexpected leave for a number of staff and a vacancy in the Divisional Management Team; improvement for this Division will mean closing the backlog, which will negatively affect the performance percentage for January – given the large proportion of cases which are in breach, the impact on performance of any improvement work is likely to be significant. If the Surgical backlog can be cleared in January/February, this should result in a return to target by the end of Q4.
<p>Current assurance level – 5 Reason: The high number of breaches is confined to one Division; this demonstrates that demand is greater but established processes are working – the rise has been caused by vacancies and absence at Divisional level</p>	<p>When expected to move to next level of assurance: Q4; dependent on reduction of backlog/incoming complaint numbers</p>
<p>Previous assurance level - 5</p>	<p>SRO: SRO: Christine Blanshard (CMO)</p>

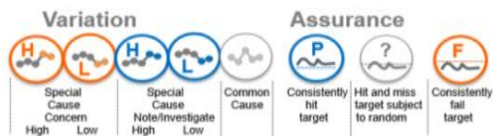
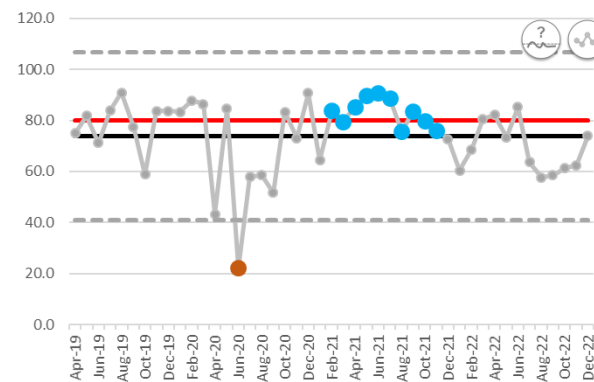
Month 10 [January] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th Jan 2023










Complaints
Responded
to Within
25 Days
(%)

74%

Complaints Responded to Within 25 Days



Maternity

Responsible Director: Chief Nursing Officer Validated for January 2025										
Admission of full-term babies to neonatal care	Neonatal Deaths (>24 ⁺ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies	
							 	407	411	

What does the data tell us?

- Year to date, there have been 4,019 deliveries and 4,083 babies born. By comparison, there were 4,179 deliveries and 4,240 babies born in the same period of 21/22.
- Eleven of the core metrics have not changed significantly and show either a level of natural variation you would expect to see or the statistical significant improvement has been maintained (Neonatal deaths, maternal deaths and pre-term births).
- The only metric to show special cause concern is Booked before 12⁺6 weeks and the target (90%) may or may not be achieved.
- There was 1 stillbirth but no maternal or neonatal deaths in Jan-23. There has not been a maternal or neonatal death since Apr-22.

What have we been doing?

- Submitted evidence to NHSR for CNST
- Continuing to build our leadership and governance team:
 - Deputy Director of Midwifery advertised – interviews 8th February 2023.
 - Advertised Practice Development Midwife role and maternity directorate manager role
- Reviewing current Ockenden and CQC evidence in preparation for insight and regulatory inspection
- Audit of emergency CS performance
- Engaging in regional roll out of escalation toolkit

What are we going to do?

- Restart engagement events when staffing levels allow
- Complete new escalation policy
- Continue to preparing for expected CQC visit
- Prepare for LMNS Insight visit
- New fetal monitoring leads have been preparing for externally led fetal monitoring masterclass sessions to inform a change in CTG interpretation to reduce avoidable harm.

Current Assurance Level - 5 (Jan-23)

When expected to move to next level of assurance:

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

Previous Assurance Level - 5 (Dec-22)

SRO: Jackie Edwards (Interim CNO)