

# A G E N D A

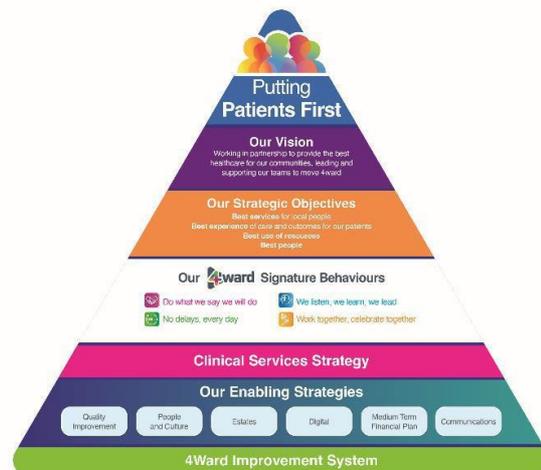
## TRUST BOARD

Thursday 13<sup>th</sup> July 2023

10:00 – 12:00

Crompton Rooms A&B, Charles Hastings  
Education Centre,  
Worcester Acute Hospitals NHS Trust  
Charles Hastings Way  
Worcester  
WR5 1DD

Live streamed on YouTube.



*Due to industrial action expected on the day of this meeting, therefore changes may be required to the usual running of our Board meetings. These may include: papers being taken as read and presented on an escalation only basis, deferral of the patient story, senior clinical leaders potentially needing to leave the meeting and/or short notice cancellation.*

Anita Day  
Chair

Item	Assurance	Action	Enc	Time	
054/23	Welcome and apologies for absence:			10:00	
055/23	Items of Any Other Business To declare any business to be taken under this agenda item				
056/23	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.				
057/23	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 8<sup>th</sup> June 2023</i>	<i>For approval</i>	Enc A Page 4	10:05	
058/23	Action Log	<i>For noting</i>	Enc B Page 16	10:10	
059/23	Chair's Report	<i>For noting</i>	Verbal	10:15	
060/23	Chief Executive's Report	<i>For noting</i>	Enc C Page 17	10:20	
<b>Best Services for Local People</b> <i>BAF 2, 11, 13, 14, 16, 17, 18, 21</i>					
061/23	Annual Plan 2023/24 Director of Strategy & Planning	Level 4	<i>For noting</i>	Enc D Page 20	10:25

062/23	<b>NHS Five Year Joint Forward Plan</b> Director of Strategy & Planning	Level 5	For noting	Enc E Page 32	10:35
063/23	<b>Safeguarding Annual Report</b> Chief Nursing Officer	Level 6	For assurance	Enc F Page 41	10:45

**Best Experience of Care and Outcomes for our Patients**  
BAF 3, 4, 11, 19, 20

064/23	<b>Integrated Performance Report</b> Executive Directors	Level 4	For assurance	Enc G Page 46	10:55
065/23	<b>Committee Assurance Reports</b> Committee Chairs		For assurance	Page 135	11:25
066/23	<b>Improving Patient Flow</b> Chief Medical Officer	Level 3	For assurance	Enc H Page 147	11:30

**Best Use of Resources**  
BAF 7, 8, 11

*Included within Best Experience of Care reports*

**Best People**

BAF 9, 10, 11, 15, 17

067/23	<b>Safest Staffing Report</b> Chief Nursing Officer		For assurance	Enc I	11:45
	a) <b>Adult/Nursing</b>	Level 5		Page 168	
	b) <b>Midwifery</b>	Level 6		Page 176	

**Governance**

068/23	<b>Trust Management Board Terms of Reference</b> Director of Corporate Governance	Level 6	For approval	Enc J Page 184	11:50
069/23	<b>Any Other Business</b> <i>as previously notified</i>				11:55

**Close**

*Appendices are enclosed within the Reading Room*

### 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

<b>Strategic Objective</b>	<b>Assigned BAF Risks</b>
<b>Best Services for Local People</b>	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
<b>Best Experience of Care and Outcomes for our Patients</b>	BAF 3 – Clinical Services BAF 4 – Quality BAF 11 – Reputation BAF 19 – System (UEC) BAF 20 – Urgent Care
<b>Best Use of Resources</b>	BAF 7 – Finance BAF 8 – Infrastructure BAF 11 – Reputation
<b>Best People</b>	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 8 JUNE 2023 AT 10:00 AM  
VIA MS TEAMS AND STREAMED ON YOUTUBE**

<b>Present:</b>		
<b>Chair:</b>	Anita Day	Chair
<b>Board members: (voting)</b>	Matthew Hopkins Simon Murphy Neil Cook Christine Blanshard Colin Horwath Tony Bramley Dame Julie Moore Karen Martin	Chief Executive Non-Executive Director Chief Finance Officer Chief Medical Officer Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director
<b>Board members: (non-voting)</b>	Richard Oosterom Richard Haynes Vikki Lewis Rebecca O'Connor Tina Ricketts Sue Sinclair Jo Newton Michelle Lynch Matt Powls Sue Smith	Associate Non-Executive Director Director of Communications and Engagement Chief Digital Information Officer Director of Corporate Governance Director of People and Culture Associate Non-Executive Director Director of Strategy & Planning NExT Director Interim Executive Operations Director Deputy Chief Nursing Officer
<b>In attendance</b>	Justine Jeffery Jo Wells Jo Ringshall Emma Davies Glenn Adamson Anna Sterckx Sarah Shingler	Director of Midwifery Deputy Company Secretary Healthwatch Alcohol Liaison Nurse Patient (for Patient Story) Head of Patient, Carer & Public Engagement Observing
<b>Public</b>		Via YouTube
<b>Apologies</b>	Jackie Edwards	Interim Chief Nursing Officer

- 034/23 **WELCOME**  
Ms Day welcomed everyone to the meeting, including the public viewing via YouTube, observers and staff members who had joined. Sarah Shingler, who was joining the Trust as Chief Nursing Officer from July, was welcomed to the meeting.
- Ms Day referred to the signature behaviours and putting patients first. Every patient should be treated as an individual and the Patient Story was an example of such practice.
- 035/23 **STAFF STORY**  
Ms Smith invited Mr Adamson to share his story. Mr Adamson stated that a pressurised job in law contributed to his excessive drinking. He started missing days off work due to drink and his condition deteriorated with him feeling suicidal. Mr Adamson was admitted to hospital

for monitoring following an overdose. He reached out to his GP who made a referral to the alcohol service where he met Emma. Mr Adamson was supported by a friend and though it was a struggle to meet her, his first encounter with Emma was groundbreaking. Emma provided daily support and when he found that a support group was not meeting his needs, Emma provided support that went above and beyond. She reprogrammed his mindset and way of thinking to break the habit. Nurses in the unit took time to relate to him and weekly visits eventually became monthly visits. He shared how he felt that Emma had given him back his life and could not thank her enough. He was now back at work after being off for almost a year and had not had a drink for a long time. Mr Adamson added that he would be happy to be an advocate for the service and encouraged its expansion as people craved this type of service.

Ms Day appreciated how difficult it was for Mr Adamson to share his story and was pleased to hear how he was supported to make a recovery.

Ms Davies stated that the biggest gift is seeing how well Mr Adamson is now doing. A person needs to want to try different ways to get better and she was a merely facilitator to Mr Adamson doing the hard work.

Mr Murphy was pleased to hear of the support Mr Adamson received and that he had made a full recovery. He was not aware that the Trust had a unit such as this and reflected how it changes people's lives. Ms Davies shared that she had asked for support from nurses and the service had grown, whilst the team consisted of just her, she was looking at developing the service further.

Dr Blanshard reiterated the shame that patients often feel with alcohol dependency and its stigma. She was delighted to hear such good care and treatment had been provided as it was not universal of Trusts. Dr Blanshard supported having an alcohol care team, given the prevalence. Ms Davies added that a recent study from Kings College stipulated that 1 in 10 patients in hospitals are alcohol dependant.

Mr Adamson advised that during times of pressure, often the first thing that people lean to is alcohol. He still regularly attends Alcoholics Anonymous meetings and provides support to others using the skills that Emma gave him.

Ms Day thanked Mr Adamson for attending the meeting to share his story. It is a difficult issue to talk about and she was grateful that he took the time and was willing to talk openly about it. Ms Day was proud of the work that Emma has done and encouraged expansion of the service. Mr Adamson was congratulated on his recovery and what he has achieved and Ms Day, on behalf of the Trust Board, wished him well for future.

036/23 **ANY OTHER BUSINESS**  
None.

037/23 **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.

038/23 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 MAY 2023**  
The minutes were approved.

**RESOLVED THAT: The Minutes of the public meeting held on 11 May 2023 were confirmed as a correct record with the above amendments.**

039/23 **ACTION SCHEDULE**

Actions updated as per the log. In the process of reviewing the Board plan.

040/23 **CHAIR'S REPORT**

Ms Day would share her report at the end of the meeting.

Ms Day noted it was Mr Hopkins' last Trust Board meeting as he was leaving in July and reminded everyone of the tremendous journey the Trust had been on since he joined in January 2019. Mr Hopkins was thanked for his enormous contribution and Ms Day, on behalf of the Trust Board, wished him well in his new role.

Mr Hopkins gave thanks to the teams for which it had been a pleasure to lead and are an inspiration. Thanks were extended to the Non-Executive Directors and Ms Day for their support. He would look back at his time with the Trust fondly. The foundations had been set for a successful journey in the future.

**RESOLVED THAT: The Chair's report was noted.**

041/23 **CHIEF EXECUTIVE'S REPORT**

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

- The first Wellbeing Matters Day was held in May which was well attended by a cross selection of staff with the opportunity to build on an award-winning health and wellbeing offer. The next steps were discussed with the engagement of staff.
- Urgent and emergency care flow challenges remained. The Trust was in the process of rolling out some 4ward Improvement system changes to help to bring the time of discharge to earlier in the day.
- The draft Joint 4ward Plan across the Integrated Care System is being developed.
- A Trust Charity walk was taking place in the Malvern hills this weekend.

Mr Murphy referred to the 4ward Improvement System and asked what monitoring systems are in place to know that the initiatives are working. Mr Hopkins replied that clear metrics are assigned to workstreams which have been piloted in the short stay medical ward and then expanded into wards in a similar way to the EPR rollout. The biggest benefit will be seen when it is rolled out further. Though it would take a number of weeks, there is an urgency to ensure that patients are safely discharged.

Mr Oosterom asked if there was any input into the Five Year Plan and whether there were any specific next steps. Mr Hopkins replied there is a need to contribute quite significantly. The demand on time for submission is driven by national timetables. Ms Newton added that it would be submitted to NHSE. We have contributed by developing the plan across the ICB and it is in line with our Three Year Plan and strategic vision. It would be discussed further at an upcoming Board Development workshop.

**RESOLVED THAT: The report was noted.**

042/23 **COMMUNICATIONS & ENGAGEMENT REPORT**

Mr Haynes introduced the report and highlighted the following key points:

- A successful Wellbeing Matters day had been held.
- The Staff Recognition Awards have now been launched, with the awards planned to take place in November. Additional publicity has been issued this week to encourage public entries. There had been strong levels of interest in sponsorship packages.

- The Malvern Walk was coming up. Fundraising appeals continued to support the ED development at Worcester. A door drop fundraising campaign would start next month.
- A new intranet was being introduced to enable better integration with communication systems. A new externally facing website was also being introduced.
- Communication around Board succession planning will be covered later in the meeting.

Mr Oosterom queried how the Trust benchmarked with others in terms of communications. Mr Haynes informed that there was no standardised model. The range of activities and responsibilities varies widely between Trusts. Compared to some, we are relatively well resourced but there had been an increased in demand, particularly relating to graphic design and video editing. Discussions had been taking place regarding supporting colleagues with the core skills to produce their own content.

Mr Hopkins commended the model of the Communications Director forming part of the Board to involve and engage with staff and stakeholders. Leaders were encouraged to play a part with communication responsibilities.

Mr Bramley enquired as to whether the Trust had reached out to colleges to enlist the support of media studies students. Mr Haynes replied that there were examples where this was underway under the stewardship of the communications team but there is the potential to do more and were looking in to reaching out more through social media channels.

Ms Day extended her thanks to the team. Mr Haynes gave credit to the communications and charity team.

**RESOLVED THAT: The report was noted for assurance.**

## Best Services for Local People

### 043/23 **MOVING 4WARD ON FOUNDATION GROUP MEMBERSHIP**

Mr Hopkins set the context regarding what the future of the organisation will look like following his departure, in order to continue to put patients first. A view had been taken around the direction of travel across the NHS and providers working together. The Trust had been in a relationship with neighbouring Trusts and there was an opportunity to further develop that relationship which will benefit staff and patients.

Ms Newton presented the report which sought to address and bring together succession planning for the Chair and Chief Executive Officer and building on provider collaborative developments. A stable transition was sought to put patients first and to deliver on strategic initiatives.

A lot of progress had been made with 4ward Improvement, service improvements and capital investments. Provider collaboratives became more important, particularly with mutual aid during covid. The Trust had been an associate member of the Foundation Group for the last 18 months and the proposal would now be building on that relationship.

The key principles are:

- Putting patients first. Patient safety is at the heart of our responsibility.
- Clinically led and supported. Building and delivering services is key.

- The Trust would remain a sovereign entity and an extra large Trust. The collaborative would assist with developing services, following pathways for patients and developing them.

Conditions for success were identified in the report. There is an aspiration to become a University Hospital Trust with the University of Worcester and the proposal will help to support that desire. There was an opportunity to build on the model that other Foundation Groups use with PLACE. The journey for patients needs to be a smooth one.

It was proposed that the Board considers the Trust application to join the Foundation Group. The ICB have offered support delivering the condition of success. Benefits and risks were identified within the report.

The Board were asked to note that it will remain a separate autonomous organisation and accountable with performance to our stakeholders. There would be a change to shared leadership and it was believed that joining the Foundation Group could be a catalyst accelerate the delivery of the strategic ambition, benefits for patients and staff and in delivering on Putting Patients First.

*Ms Lewis informed that there were some technical issues with the live feed. Later agenda items were taken in order until the issue was resolved and the discussion continued following the Quality Account. For ease of reference, the full discussion is captured in this section of the minutes.*

Mr Powls queried whether discussions about the Foundation Group had been held with clinicians. Dr Blanshard replied that it was recognised that the success of any leadership model is dependent on taking the workforce with them and the consultant body is influential with that. Face to face engagement had taken place with Divisional Directors, Clinical Directors, Chairs of meetings and open staff engagement sessions.

Feedback received related to:

- Ensuring that the model adopted reaps the benefits with teaching and training. The academic offer is important for retaining staff in the future.
- There was anxiety around fragile services across the group and whether consultants will be asked to work at other trusts within the Group to provide support.
- There is a desire to retain our culture as an organisation. Teams recognised that we have an open, transparent learning culture and changes made should retain that. Many staff are keen to support and can see the benefits of sharing expertise.

Mr Murphy noted the potential benefits for recruitment and retention and added that he had liaised with other Deputy Chairs to test whether they are still a sovereign Board. The response was that they absolutely were and felt that the benefits have been to the Trusts' advantage.

Mr Oosterom was supportive of the proposal and asked how we could manage and support progress going forward. Ms Newton replied that the conditions for success had been rehearsed and would form an action plan to ensure that they can be tracked and to ensure that those conversations do take place.

Mr Horwath supported the proposal but cautioned that it is important that it is done for the real potential benefits. He referred to the impact of recruitment and whether the impact would be more attractive or harder to fill posts. Dr Blanshard replied that the potential impact was not known. In areas where the Trust struggled to recruit, others were in a similar position, and

some had strong models in place in areas where we do not such as the frailty service at Warwick.

Dr Sinclair observed that there had been a lot of elements for consideration prior to this point and supported the proposal with the caveats for clarity.

Mr Hopkins encouraged continuing conversations with tertiary partners and maintaining and building upon those relationships.

Dame Julie advised that the Trust would only benefit from greater collaboration. Most concerning was the frailty model and she noted there were good models within the collaborative.

Mr Haynes has attended all staff drop in sessions and had collated feedback from those, Healthwatch and the Patient & Public Forum. Discussion had taken place at the Trust Management Executive and there had been a series of staff briefings and wider stakeholder engagement. Internal engagement continued throughout this week with open drop in sessions. Sessions had been well attended and there was a high level of interest. Feedback themes were featured in the report.

Staff feedback related to:

- Focus on building compassionate culture, inclusion, behavioural charter, 4ward behaviours and supporting staff engagement networks.
- Recognition of stable Board leadership.
- Securing capital funding for capital developments.
- Supporting the collaboratives that are already in place.
- Clarity about what it means for services and the impact on teams.
- Assisting with pressures and working better across systems.
- The scale of the Foundation Group.
- Visibility of Board leadership.
- The Managing Director.

Mr Haynes summarised that overall, staff were engaged in the process. There was a strong desire for more information and meeting with the proposed new Chair and CEO at the appropriate stage and wanted to be kept up to date with the appointment of the Managing Director.

Healthwatch had raised the size and time commitment of leadership. Mr Hopkins informed that the proposed new CEO would be involved in follow up conversations about how the model will work and the importance of visibility, especially during the transition period. The Board and leadership of the organisation should feel autonomous. This is a known issue and will be a topic of discussion going forward.

Ms Martin stated that if the Trust were appointing a Chair and CEO in an alternative way, the issues would remain the same around new leadership and the impact of any change. The significant level of consideration given to this change was commended, adding that patients and patient services have been at the centre throughout.

Ms Day queried whether specific pathways or types of services that form part of the conditions for success had been considered. Ms Newton replied that priority areas had been focused upon. Delivery of flow is one of those challenges along with better managing community to acute bed usage. Frailty is an exemplar within the Foundation Group. Dr Blanshard advised

that within the group there is better integration with community and primary care. Learning should be taken from making pathways of care seamless for the patient.

Mr Murphy referred to the visibility of the Chair and advised that feedback received was indicative that the group operated an enhanced Deputy Chair role, which may lead to increased visibility. The governance operation would require a review given the increasing size of the foundation group. Dr Blanshard referred to the Good Governance Institute report and the number of positive comments included within, adding that little will change under this arrangement.

Ms Ringshall recognised the potential benefits and had received assurance of the Board regarding the capacity and commitment of how it will progress.

Ms Newton advised that in terms of the next steps, an application for formal membership will be presented to the group Trust Boards which meeting are all meeting during w/c 3rd July. A Board in common would be held from August. The outline was included within section 10 of the report.

Ms Day summarised that there was a strong indication that the Board is in favour of this proposal, and thanks were extended to all.

#### **RESOLVED THAT:**

- **Approved the recommendation to make a formal application for full membership of the Foundation Group provider collaborative**
- **Invite the Chair and Chief Executive (CEO) of the Foundation Group, subject to the relevant appointment processes and also the success of the formal application process, to take up the roles of Chair and Chief Executive of Worcestershire Acute Hospitals Trust from 1<sup>st</sup> August 2023**

044/23

#### **GOOD GOVERNANCE INSTITUTE REPORT REGARDING WELL LED**

Ms O'Connor informed that following an unannounced CQC inspection in November, the Trust were advised that a well-led inspection would be due. Though the inspection has been delayed, as part of the Trust's preparation a number of reviews had taken place supported by the Good Governance Institute (GGI) alongside the Trust's own self-assessment.

The Board self-assessment was firmly endorsed. The strong support of the Board was highlighted by GGI along with improvements in staff engagement, progress on Freedom to Speak Up, staff networks and staff health and wellbeing.

Mock interviews had taken place with staff and Board members and a series of focus groups held to ensure there was triangulation of information.

A number of recommendations were made, though there were none that the Trust had not already identified. An action plan was being developed to be reviewed in the next cycle of governance and will be presented to the Quality Governance Committee for oversight.

Mr Horwath was pleased to hear the results of the review and that there were no unknown issues highlighted. The response to focus on strategy should have equal standing with focus on operational elements which is hard to achieve and asked how this would be addressed. Ms O'Connor replied that the report was reflective of the challenges the Trust had been facing and had been subject to significant amounts of industrial action, which was not necessarily reflected in other Trusts in the same way. The Christmas period was challenging

operationally and the review was undertaken at that time. A Board Development workshop will focus on the next steps.

Mr Hopkins asked the Board to note that there was no indication of a new date for the well-led inspection. The report identified areas to focus on, one of which is the medium-term financial strategy. Mr Cook informed that a financial model had been built along with a capacity model linking to the Three Year Plan. Scenario testing was taking place to ascertain what the strategy needs to look like over the coming years. The model had been reviewed with the Non-Executive Directors and further sessions would be held over the next few months.

Ms Day observed the split of the report and that the Board do spend time discussing strategy, culture and accountability. We obtained a fair level of assurance that all of the areas are addressed evenly via quarterly reviews of Board agenda by the Director of Corporate Governance, the Chair and the Chief Executive. Ms O'Connor informed that the Board Assurance Framework is driving the agendas and the Quarterly Board Review provided evidence of that.

Assurance level 4 was approved.

**RESOLVED THAT: The report was noted for assurance.**

045/23

#### **QUALITY ACCOUNT**

Ms Smith presented the Quality Account for approval. Thanks were extended to the Healthcare Standards Team for collating and producing the Quality Account.

The draft had been reviewed at Trust Management Executive and the Quality Governance Committee during May. Comments and amendments have been included. The Account was shared with stakeholders for review and comments and feedback had been included. The team would work with the Patient and Public Forum to create an easy read version as requested by QGC.

The final Quality Account would be submitted to the Department of Health by 30<sup>th</sup> June 2023.

Mr Murphy was pleased to see the progress made and expressed his gratitude to Worcester Mellor for the memorials mentioned within the report. Mr Murphy queried the feedback that had been received to date. Ms Smith replied that many of the comments related to clarification around data and the language used.

Mr Oosterom noted progress made in a number of areas but requested more quantified smart objectives as a follow up, particularly in relation to the Path to Platinum accreditation. Ms Smith informed that a review was in progress. The phase 2 launch was being discussed and there were some pilot wards at both Worcester and the Alex. It was anticipated that the first accreditation panel would meet in September.

Dr Blanshard advised that teams were working on ensuring the quality metrics within the Integrated Performance Report, align to the quality priorities for next year in order to track the measurable progress in those areas.

Ms Day asked for the consideration of including the continuing roll out of #CallMe as it was an important aspect of patient experience.

Level 5 assurance was approved.

**RESOLVED THAT: The Quality Account was approved.**

*The Moving 4ward on Foundation Group membership followed this item as the technical live stream issue had been resolved. The full minutes is together under item XXXX.*

**Best Experience of Care and Outcomes for Patients**

046/23 **INTEGRATED PERFORMANCE REPORT**

Ms Lewis presented the report for month 1 which had been reviewed at sub-committees with an assurance level of 4.

Operational Performance

- Patient flow remained challenging and 12 hour breaches remained elevated. 317 were reported in April and 350 in March.
- There had been an increased length of stay in terms of non-elective patients to 7.6 from 7 days in March.
- Ambulance handover delays were reported as 696 in April which was a reduction from March.
- The ICB commissioned report had been received and the Home First workstreams were underway, focusing on direct access pathways.
- Elective recovery 2 week performance had decreased to 84%. This was largely due to skin capacity. Discussion was taking place with Wye Valley regarding working in partnership.
- Urology remains in Tier 1. A regional meeting was held last week. 3 offers of mutual aid are being reviewed with a view to bringing capacity on line within the next 2-3 weeks. A urology network was being formed with Wye Valley but a multi-disciplinary team needed to be established in the first instance.
- Faster diagnosis was performing well.
- There were 0 104 week breaches at the end of the month. 104 week breaches were being managed within month.
- 78 weeks remains in Tier 1. A plan has been put in place and insourcing had been bought in. It was anticipated that there would be 0 waiting at the end of July.
- Diagnostics performance was reported at 97%.
- 6 week waits have increased.

Mr Murphy requested more detail regarding the reference of patient flow at ICB level, asked what was being done to prevent people attending ED who do not need to and reiterated the challenges with dermatology. Mr Powls responded that system response discussions were ongoing. Teams were looking at what could be done internally such as the relationship with ED and wards. The CMO team were assisting. Dr Blanshard advised that teams had discussed whether issues with patient flow are related to ED attendances who could be cared for elsewhere. A proposal was being drafted at a system level to look at alternatives and mapping a directory of services available. Support had been received from the system in principle with single point of access. The GP model for admission to ED is under review. A review of work with the onward care team was underway along with a review of discharge on complex pathways.

Mr Oosterom was pleased to hear that a set of actions were being agreed, however concern remained about the activity levels to deliver the Annual Plan which were not being achieved. Mr Oosterom asked what was being done to catch up and whether trajectories are in place. Mr Powls replied that there was potential to catch up. Industrial action had had an impact.

An Elective Recovery Taskforce was in place and were creating trajectories in order to recover.

Mr Hopkins encouraged focus on grip and the impact on finance. Reviews were taking place on a weekly basis to provide scrutiny at service line level. Mr Hopkins added that industrial action had been disruptive and impacts on both staff and patients. Help was required from the Government and health unions in order to seek a resolve.

#### Quality

- No significant shifts in quality metrics were reported.

#### People & Culture

- Detailed discussion took place at the People & Culture Committee regarding the need for deep dive of sickness absence to be undertaken.

#### Finance

- Employee expenses were driven by strike action.
- The Productivity & Efficiency Programme is off track. Reviews would be taking place on a weekly basis.
- The finance team were working with divisional teams to review drivers for costing. Findings would be presented to the Finance & Performance Committee in the coming months.

Assurance level 4 was approved.

**RESOLVED THAT: The report was noted for assurance.**

#### 047/23 COMMITTEE ASSURANCE REPORT

- Finance & Performance – Risks in 23/24 plan and the need for mitigation was discussed. Detailed trajectories on activity and PEP were requested along with strengthening delivery focus and the sense of urgency as performance was behind on metrics.
- Quality Governance Committee – The report was taken as read. The main focus on discussion were covered within the agenda items.

**RESOLVED THAT: The Committee reports were noted for assurance.**

### Best People

#### 048/23 SAFEST STAFFING REPORT

##### a) Adult/Nursing

Ms Smith provided the following update:

- Level 6 assurance was reported.
- Paediatric, neonatal and adult areas were safely staffed during April.
- Safe staffing was maintained during RCN strikes. No safety incidents were reported.
- A further acuity and dependency review would commence on 26<sup>th</sup> June.
- Vacancies had reduced. The Trust remained on track with the trajectory of international recruitment.

Assurance level 6 was approved.

**b) Midwifery**

Ms Jeffrey reported the following:

- Level 6 assurance was reported.
- On target for vacancy sickness and turnover.
- Continuity teams were not utilised. Acuity was met by the internal redeployment of staff.
- No harm incidents were reported.

Mr Hopkins queried the view of restarting continuity of carer. Ms Jeffrey replied that there were challenges and that milestones should be in place by the end of the year. Consideration needed to be given to the risk of further roll outs and also consideration of how neighbouring Trusts were addressing. There is a risk of attrition should it be progressed when other local services were not delivering it. Mr Hopkins asked Ms Jeffrey and Ms Smith to present a continuity of carer roadmap at a future meeting.

Assurance level 6 was approved.

**RESOLVED THAT: The reports were noted for assurance.**

**Governance**

**049/23 BOARD ASSURANCE FRAMEWORK**

Ms O'Connor presented the report with an assurance level of 5. The Board Assurance Framework had been reviewed at Committees. The closure of the health and wellbeing risk had been approved due to the improvements made and the recent award.

The specified focus on sickness deep dive may result in a new risk being created.

Dr Blanshard suggested revisiting the industrial action risk as it did fluctuate given the mitigations.

Level 5 was approved.

**RESOLVED THAT: The Board Assurance Framework was approved.**

**050/23 AUDIT & ASSURANCE REPORT**

Mr Horwath advised that the Draft Head of Internal Audit Opinion had been received which reported moderate assurance. Though this was not unexpected, it was still disappointing. The report would be included in the Annual Governance Statement and lessons learnt would be taken from it.

**RESOLVED THAT: The report was noted for assurance.**

**051/23 TRUST MANAGEMENT EXECUTIVE REPORT**

Mr Hopkins presented the report which was taken as read.

**RESOLVED THAT: The report was noted for assurance.**

**052/23 TERMS OF REFERENCE**

- a) Finance & Performance Committee**
- b) Quality Governance Committee**



Ms O'Connor informed that the Terms of Reference had been reviewed by Committee and minor housekeeping changes were made.

**RESOLVED THAT: The Terms of Reference for the Finance & Performance Committee and the Quality Governance Committee were approved.**

053/23

**ANY OTHER BUSINESS**

There was no other business.

**DATE OF NEXT MEETING**

The next Public Trust Board meeting will be held in person on Thursday 13 July 2023 at 10:00am.

The Trustees meeting followed.

**Signed** \_\_\_\_\_  
**Anita Day, Chair**

**Date** \_\_\_\_\_

## WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

## PUBLIC TRUST BOARD ACTION SCHEDULE

## RAG Rating Key:

Completion Status	
	Overdue
	Scheduled for this meeting
	Scheduled beyond date of this meeting
	Action completed

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
13.01.22	Charter	158/21	Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months	MH/TR	March 2022	July 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	13 June 2023
Paper number	Enc C

**Chief Executive Officer's Report**

For approval:		For discussion:		For assurance:		To note:	X
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<b>Accountable Director</b>	Matthew Hopkins Chief Executive Officer		
<b>Presented by</b>	Christine Blanshard/Neil Cook, Deputy Chief Executive	<b>Author /s</b>	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

Report previously reviewed by		
Committee/Group	Date	Outcome
N/A		

<b>Recommendations</b>	The Trust Board is requested to <ul style="list-style-type: none"> <li>Note this report.</li> </ul>
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<b>Executive Summary</b>	This report is to brief the Board on various local and national issues. Items within this report are as follows: <ul style="list-style-type: none"> <li>Industrial Action</li> <li>MP Visit</li> <li>Foundation Group</li> <li>Leading 4ward Event</li> </ul>
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Risk											
<b>Which key red risks does this report address?</b>	N/A			<b>What BAF risk does this report address?</b>	N/A						
<b>Assurance Level (x)</b>	0	1	2	3	4	5	6	7	N/A	X	
<b>Financial Risk</b>	None directly arising as a result of this report.										
Action											
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y		N						N/A	X	
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y		N								
<b>If no has the action plan been revised/ enhanced</b>	Y		N								
<b>Timescales to achieve next level of assurance</b>											

Meeting	Public Trust Board
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**Introduction/Background**

**Industrial Action**

The British Medical Association has announced industrial action will take place involving both junior doctors and consultants. The junior doctors strike will take place between 7am on Thursday 13th July and 7am on Tuesday 18th July, hence spanning a weekend, and will involve a complete withdrawal of labour, with no exemptions to cover emergency and critical services. Junior doctors may only be recalled to work in the event of a mass casualty incident. This is the fourth strike by junior doctors and the longest yet. Over the last 7 months the Trust has been affected by 96 hours of nursing and therapist strikes, 240hours of junior doctor strikes and 168hours of ambulance staff strikes. The dispute between the junior doctors and the government over pay and conditions shows no signs of being resolved. Although other staff can cover for junior doctors they are becoming exhausted and increasingly reluctant to do so. We are therefore extremely concerned about our ability to maintain safe services.

Thirty six hours after the junior doctors return to work consultants will go out on strike for two days, for the first time in the history of the NHS. Their industrial action entails providing a “Christmas Day” level of service only, from 7am on Thursday 20th July to 7am Saturday 22nd July. Although emergency and critical services will be covered, it is likely that there will be extensive cancellations of planned care because other practitioners cannot substitute for consultants and cannot operate without consultant supervision. Again, we are extremely concerned about the impact on patients of this action, as well as on the health and wellbeing of our staff, and urge both sides in the dispute to work towards a resolution as swiftly as possible.

**MP Visit**

We were pleased to host a visit to the Alexandra Hospital by local MPs Rachel Maclean and Sajid Javid last month. They visited the Garden Suite and spoke to staff in that unit and also took a tour of the new operating theatre development which is key to our vision of further developing the Alex as an elective centre of excellence. Thank you to all the colleagues who helped make the visit such a success.

**Foundation Group**

Our proposal to seek full membership of the Foundation Group was considered and supported last week by the Boards of the three current group member Trusts (South Warwickshire University NHS Foundation Trust, George Eliot and Wye Valley). This marks another step forward towards the Group’s Chief Executive Glen Burley and Chair Russell Hardy also taking on those roles at our Trust and we will keep you updated as the appointment processes progress.

**Leading 4ward Event**

Earlier this month we held our fourth ‘Leading 4ward ‘ event which brought together colleagues from a wide variety of leadership roles across our Trust for a day of discussions and interactive sessions looking at how our 4ward Improvement System can help us to deliver improvements to quality, safety and patient experience which also help to improve efficiency and reduce waste.

We heard from colleagues who were already using what they had learned from their 4ward Improvement System training to make a real difference for the better, ranging from improved patient information displays at ward level to Trust wide programmes driving improvements in patient discharge and recruitment.

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<p>The more we can share and spread this work, the more we will all feel the benefit. Leaders across the Trust are being encouraged to make it a priority to give their teams the time and support they need to develop and deliver their own improvements, and if we can do that the benefits will increase exponentially.</p>
<p>Issues and options</p>
<p>Recommendations</p>
<p>The Trust Board is requested to</p> <ul style="list-style-type: none"> <li>Note this report.</li> </ul>
<p>Appendices – None</p>

Meeting	Public Trust Board
Date of meeting	13 July 2023
Paper number	Enc D

**2023/24 annual plan**

For approval:	For discussion:	For assurance:	To note:	x
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<b>Accountable Director</b>	Jo Newton, Director of Strategy, Improvement and Planning		
<b>Presented by</b>	Jo Newton, Director of Strategy and Planning  Neil Cook, Chief Finance Officer	<b>Author/s</b>	Lisa Peaty, Deputy Director of Strategy and Planning  Jo Kirwan, Deputy Director of Finance  Nikki O'Brien, Deputy Chief Information and Performance Officer  Bianca Edwards, Assistant Director of People and Culture  Lynne Walden, Head of Financial Services

**Alignment to the Trust's strategic objectives (x)**

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

Committee/Group	Date	Outcome
TME	16 <sup>th</sup> November 2022 14 <sup>th</sup> December 2022 18 <sup>th</sup> January 2023 15 <sup>th</sup> February 2023 22 <sup>nd</sup> March 2023 24 <sup>th</sup> May 2023	Noted
Finance & Performance	23 <sup>rd</sup> November 2022 21 <sup>st</sup> December 2022 22 <sup>nd</sup> February 2023 29 <sup>th</sup> March 2023 26 <sup>th</sup> April 2023 31 <sup>st</sup> May 2023	Noted
Trust Board	12 <sup>th</sup> January 2023 9 <sup>th</sup> February 2023 9 <sup>th</sup> March 2023 2 <sup>nd</sup> May 2023 3 <sup>rd</sup> May 2023 11 <sup>th</sup> May 2023	Plan approved for submission

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	8 <sup>th</sup> June 2023	
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<b>Recommendations</b>	<p>It is recommended that Trust Board <b>note:</b></p> <ul style="list-style-type: none"> <li>The annual plan submitted to NHSE on 4<sup>th</sup> May 2023 following approval by private Trust Board</li> <li>That a CEO-led Transformation Delivery Board has met weekly from 17<sup>th</sup> May to ensure collective ownership and oversight by clinical and non clinical leaders for plan delivery.</li> </ul>
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<b>Executive summary</b>	<p>On 17<sup>th</sup> April, all Integrated Care Systems were asked by NHSE to re-submit their plans showing progress in closing the gap against the ambitions set out in the NHSE Operational Planning Guidance. All systems were asked by NHSE to consider the size of their deficit and submit a break even plan, given that there was no more funding available from the Treasury at that point.</p> <p>Whilst we acknowledged that a considerable level of risk was already built into our original plan, further stretch was required and our revised plan was therefore resubmitted to NHSE on 4<sup>th</sup> May 2023 following delegated approval by a subgroup of Trust Board which met on 3<sup>rd</sup> May 2023. Subsequently, private Trust Board reviewed the final plan and received updates on our approach to implementation on 11<sup>th</sup> May and 8<sup>th</sup> June.</p> <p>This public Trust Board paper presents the re-submitted plan and the mechanisms in place to ensure collective ownership and oversight of delivery.</p>
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Risk	
<b>Which key red risks does this report address?</b>	<b>What BAF risk does this report address?</b> 7, 8, 9, 11, 14, 18, 19

<b>Assurance Level (x)</b>	<span style="background-color: red; color: white; padding: 2px;">0</span> <span style="background-color: red; color: white; padding: 2px;">1</span> <span style="background-color: red; color: white; padding: 2px;">2</span> <span style="background-color: yellow; padding: 2px;">3</span> <span style="background-color: yellow; padding: 2px;">4</span> <span style="background-color: yellow; padding: 2px;">x</span> <span style="background-color: yellow; padding: 2px;">5</span> <span style="background-color: green; padding: 2px;">6</span> <span style="background-color: blue; padding: 2px;">7</span> <span style="background-color: gray; padding: 2px;">N/A</span>
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<b>Financial Risk</b>	
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Action	
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y X N N/A
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y X N
<b>If no has the action plan been revised/ enhanced</b>	Y N
<b>Timescales to achieve next level of assurance</b>	

**Issues and options**

**Planning requirements and submission**  
 NHS England (NHSE) published the NHS Priorities and Operational Planning Guidance for 23/24 in December 2022. The guidance sets out three key tasks for the NHS during the 2023/4

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financial year (to recover our core services and productivity; make progress in delivering the key ambitions in the NHS Long Term Plan (LTP) and to continue transforming the NHS for the future) as well as the associated performance metrics to be achieved through our annual plan:

Area	Objective
<b>Urgent and emergency care*</b>	Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvement in 2024/25
	Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
	Reduce adult general and acute (G&A) bed occupancy to 92% or below
<b>Elective care</b>	Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)
	Deliver the system- specific activity target (agreed through the operational planning process)
<b>Cancer</b>	Continue to reduce the number of patients waiting over 62 days
	Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
	Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028
<b>Diagnostics</b>	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%
	Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostic waiting time ambition
<b>Maternity*</b>	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
	Increase fill rates against funded establishment for maternity staff
<b>Use of resources</b>	Deliver a balanced net system financial position for 2023/24
<b>Workforce</b>	Improve retention and staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Prevention and health inequalities</b>	Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024
	Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%
	Continue to address health inequalities and deliver on the Core20PLUS5 approach

Details of all elements of our 2023/24 plan submitted on 4<sup>th</sup> May 2023 can be found in Appendix One.

In approving the plan, Trust Board acknowledged that there was already a considerable level of risk built into our original plan. However, Trust Board also recognised there were additional risks, if we did not commit to go further to submit a balanced plan. Therefore, in submitting the plan, it is recognised that:

- We have committed to deliver a further £8m PEP giving a total of £28m (4.2%)
- The ICB will support the identified pieces of work to enable us to release additional costs
- The ICB has provided us with £42m of income to enable us to submit a break even plan
- Increased resourcing and oversight of the plan has been set in place to support delivery and assurance

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**Plan delivery**

Performance Review Meetings for operational divisions have focused on securing ownership and delivery of the plan. Continued divisional commitment to delivery of the plans signed off at PRMs continues to be crucial. To ensure collective ownership and oversight by senior clinical and non-clinical leads of the plan and its delivery, we have stepped up a CEO-led Transformation Delivery Board (TDB) composed of executives. TDB has met weekly from 17th May. A Transformation Delivery Group (TDG) has met since 22<sup>nd</sup> May and facilitated action on key areas of focus; assessed obstacles to plan delivery; and supported identification of solutions to progress key priorities in a timely way. The focus has been on:

- Rapid movement of PEPs from deliverable to delivering / delivered, including the development of a PEP weekly milestone tracker, PEP accountability wall and confirm and challenge sessions for PEP scheme leads
- Delivery of the elective income plan, including security over income streams linked to Elective activity (ERF); consultant level activity reporting and breadth/depth of coding

Future PRMs will continue to monitor and, where necessary, challenge progress of the delivery of activity, performance standards and financial targets.

**Trust priorities for 23/24**

The 22/23 trust priorities, structured under our four strategic objectives, have been updated for 23/24 and aligned with the year two objectives in our three-year plan. Our three key priorities are patient flow; elective recovery and achieving financial balance. With agreement of the membership of the Foundation Group, we would propose reviewing our priorities and approach with the Foundation Group within the next three months. Work will be undertaken early Autumn, coached by Virginia Mason Institute as part of the 4ward Improvement System, to ensure that the annual priorities are cascaded throughout the organisation using an approach called ‘catch ball.’ Further information will be circulated to divisions in due course.

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Risk	Mitigation
Operational pressures, including on-going industrial action, limit capacity of operational and clinical colleagues to deliver activity	<p>Monitor plans through PRMS and TDB</p> <p>Developing insourcing/outsourcing capabilities</p> <p>Continue to monitor any significant shifts in delivery of activity and develop and deliver rectification plans</p> <p>Complete surgical reconfiguration programme</p>
Non achievement of ERF / ERF alignment incentive	Rigorous monitoring of plans throughout the year through PRMs and TDB with clear rectification actions in place Identification of additional PEP schemes, focusing on improving productivity
Workforce availability (e.g. vacancies, turnover, sickness, staffing levels) impacts delivery of plans	<p>Delivery of Best People Programme work streams</p> <p>Implementation of staff wellbeing initiatives</p> <p>System approach to support to workforce planning</p>
Inability to deliver PEPs to value of plan; slippage in delivery and inability to identify replacement PEPs mean financial plan is not achieved	<p>Continued focus on PEP identification and development.</p> <p>Strengthened monitoring and management of delivery throughout year through PRMs, TDB, TME and F&amp;P</p> <p>System approach and support for PEP identification, development and delivery</p>
<b>Risks and mitigations to delivery of 23/24 plan</b>	
<b>Conclusion</b>	
We have clearly submitted a highly ambitious plan with a considerable level of risk associated with its delivery. Our ICB and other system partners have similarly high risk plans and we will all need to play a significant role in supporting each other on the key pieces of work identified to enable us to achieve collectively all elements of the plan. In addition, cross-trust support for the role of the TDB, supported by TDG, will be crucial to ensure that we ensure successful delivery of our plan and the ongoing monitoring of delivery in subsequent months through PRMs.	
<b>Recommendations</b>	
It is recommended that Trust Board <b>note:</b>	
<ul style="list-style-type: none"> <li>The annual plan submitted to NHSE on 4<sup>th</sup> May 2023 following approval by private Trust Board</li> <li>That a CEO-led Transformation Delivery Board has met weekly from 17<sup>th</sup> May to ensure collective ownership and oversight by clinical and non clinical leaders for plan delivery.</li> </ul>	
<b>Appendices</b>	

Appendix One –Annual plan submitted 4<sup>th</sup> May

# Appendix One: Annual Plan submitted 4<sup>th</sup> May 2023

Trust Board  
July 2023



# Capacity/Activity

	19/20 Actuals	Forecast 2022/23 Outturn	2023/24 Activity to achieve 103%** of 2019/20 Baseline	Previous version of the Plan (ID8) (Core Capacity plus productivity/ interventions)	Latest version of the Plan (ID9) (Core capacity plus productivity / interventions) - adjustment on 28/04/2023	% activity against 19/20
<b>POD</b>						
New OPD	187,185	201,674	192,801	201,674	201,674	107.7
Follow Up OPD *	422,954	412,720	317,216	398,225	398,225	94.2
Day case	75,714	70,493	77,985	80,854	79,212	104.6
Inpatient Elective	7,938	6,013	8,176	7,618	7,618	96.0
D/C and IP Total	83,652	76,506	86,161	88,472	86,830	103.8
*Follow-Up target is 75% of 19/20						
** 103% is based on activity, the volumes can change slightly when calculated in financial terms due to the casemix						
Modality	19/20 Actuals	Forecast 2022/23 Outturn	2023/24 Activity to achieve 120%** of 2019/20 Baseline	Previous version of the Plan (ID8) (Core Capacity plus productivity/ interventions)	Latest version of the Plan (ID9) (Core capacity plus productivity / interventions) - adjustment on 28/04/2023	% activity against 19/20
CT	53,591	71,794	64,309	81,379	72,794	135.8
MRI	20,436	21,336	24,523	26,501	26,501	129.7
Non Obs Ultrasound	64,714	71,341	77,657	69,768	73,597	113.7
Echo	10,070	13,388	12,084	12,744	12,744	126.6
Colonoscopy	7,186	7,646	8,623	10,660	9,452	131.5
Gastroscopy	8,412	7,270	10,094	7,146	7,146	85.0
Flexi- Sigmoidoscopy	1,692	1,668	2,030	1,640	1,640	96.9
Bowel Cancer Screening	3,402	926	4,082	1,044	1,044	30.7
**120% is based on activity, the volumes can change slightly when calculated in financial terms due to the casemix						



# Performance Summary

Standard	Target by March 2024	Submitting	Status	RISK LEVEL - based on modelling	Risk
RTT - 65 week breaches	0	0	MET	HIGH	Requires micro management of the waiting list to reduce the modelled breaches at end of year and to prevent Q1 24/25 breached. Insourcing is being planned for Q1 23-24 to build in contingency
Cancer 62 day target	190	190	MET	LOW	Activity will allow achievement - focus continuous application of best practice pathways
Faster Diagnostic Standard	75%	75%	MET	LOW	This will have to be micro managed and relies on carve out of capacity to deliver it. If this was the priority deliverable for diagnostics above the DM01, this will be achieved.
Diagnostics - Regional standard - Diagnostics all modalities	85%	85%	UNLIKELY	HIGH	It is incredibly hard to model, but with the additional emergency activity, the 10% expected growth in Cancer and the carve out for FDS, it is unlikely we will achieve this in all modalities. There is also a risk that pre-loading the year with the insourcing activity could create issues in year for diagnostics.
Beds - Occupancy	92%	98%	NOT MET	MEDIUM	The midnight bed occupancy would initially have to absorb the routine number of patients in the ED with a DTA and the boarders we have before any further reduction in occupancy
A & E 4 hour standard	76%	76%	MET	HIGH	The modelling internally includes a 20% improvement within the Trust to 67.8%, additional improvement of 76% is reliant on system activities to support the flow within the hospital.



# Capacity/Activity

ED attendances

WRH ED	Growth %	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
ED Attendances	<b>6.50%</b>	7,065	7,622	7,506	7,395	7,071	7,396	7,369	7,462	7,833	6,961	6,711	7,403	87,794
Adm to IP bed		1,513	1,556	1,540	1,537	1,558	1,699	1,550	1,540	1,578	1,634	1,542	1,484	18,730
Conversion		21.40%	20.40%	20.50%	20.80%	22.00%	23.00%	21.00%	20.60%	20.10%	23.50%	23.00%	20.00%	21.30%
Refs To Medicine		1,259	1,281	1,249	1,229	1,160	1,328	1,346	1,407	1,461	1,296	1,203	1,236	15,456
Medical IP Adm		839	869	804	843	797	898	865	872	898	912	824	796	10,217
Medical % conv to IP bed		66.70%	67.80%	64.40%	68.60%	68.70%	67.60%	64.20%	62.00%	61.40%	70.30%	68.50%	64.30%	66.10%
Refs To Surgery		1,060	1,146	1,136	1,151	1,160	1,047	1,042	1,009	969	1,104	1,023	1,078	12,925
Surgery IP Adm		491	496	531	536	534	533	489	456	503	536	544	481	6,129
Surgical % conv to IP bed		46.30%	43.30%	46.80%	46.50%	46.00%	50.90%	46.90%	45.20%	51.90%	48.50%	53.20%	44.70%	47.40%
Alex ED	Growth %	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
ED Attendances	<b>9.00%</b>	5,554	6,151	5,680	5,828	5,664	5,356	5,678	5,365	5,494	5,434	5,113	6,105	67,421
Adm to IP bed		1,073	1,178	1,098	1,078	1,081	998	1,115	1,028	1,129	1,068	1,059	1,138	13,044
Conversion		19.30%	19.20%	19.30%	18.50%	19.10%	18.60%	19.60%	19.20%	20.60%	19.70%	20.70%	18.60%	19.30%
Refs To Medicine		1,111	1,148	1,143	1,068	1,111	1,036	1,189	1,199	1,221	1,089	1,010	1,164	13,489
Medical IP Adm		872	941	887	851	844	795	874	813	935	881	859	935	10,487
Medical % conv to IP		78.50%	82.00%	77.60%	79.70%	76.00%	76.70%	73.50%	67.80%	76.60%	80.90%	85.00%	80.30%	77.70%
Refs To Surgery		370	431	408	421	404	375	405	387	329	367	374	360	4,630
Surgery IP Adm		171	214	177	201	206	181	215	181	158	157	161	160	2,181
Surgical % conv to IP		46.30%	49.60%	43.30%	47.70%	50.90%	48.30%	53.00%	46.80%	48.00%	42.70%	43.10%	44.50%	47.10%
WRH Med AEC	Growth %	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
New Activity	<b>12.00%</b>	531	483	556	543	557	615	654	717	743	554	516	501	6,969
<i>WRH Medical AEC Conversion rate for the last 12 months is at an average of <b>14%</b></i>														
Alex Med AEC	Growth %	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
New Activity	<b>2.00%</b>	302	336	311	315	326	334	365	358	286	307	287	359	3,885



# Workforce

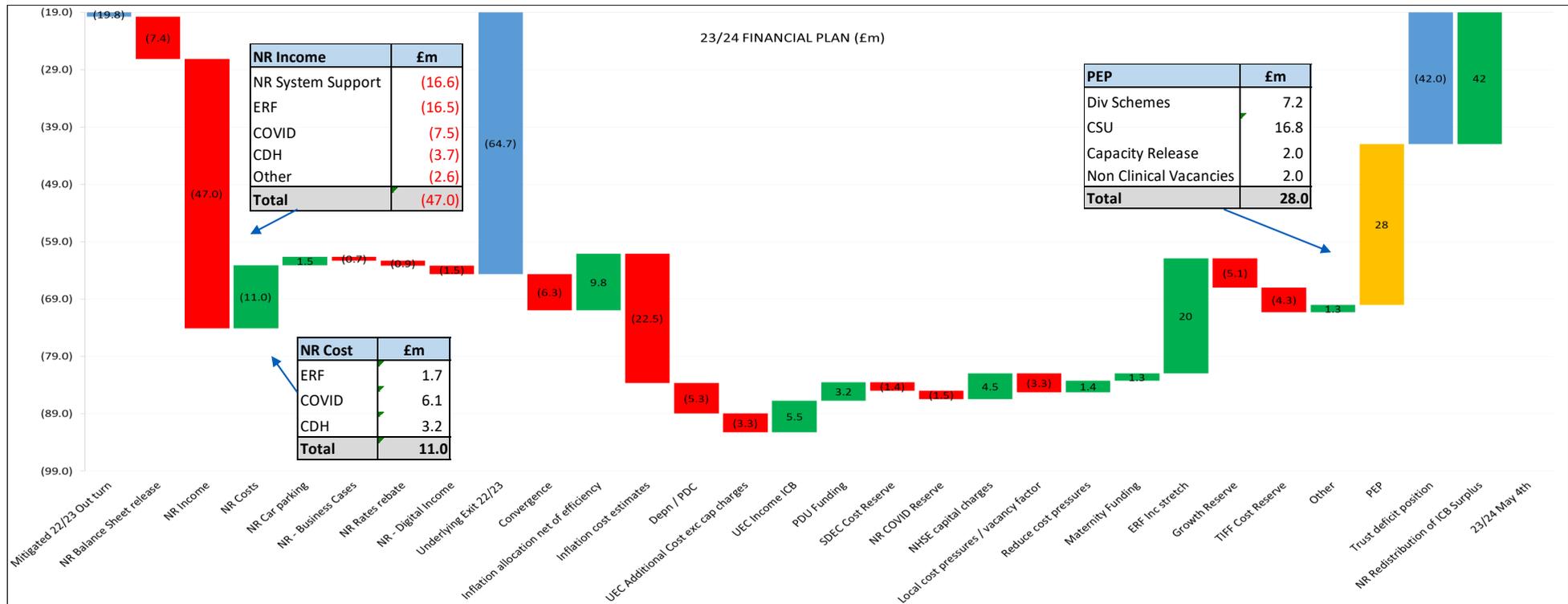
Worcestershire Acute Hospitals NHS Trust - April-23 Plan Submission	Establishment 31-Mar-23	Staff in post outturn 31-Mar-23	Plan Staff in Post 31-Mar-24
Total Non Medical Clinical Substantive Staff	4661.5	4116.73	4373.88
Total Non Medical Non-Clinical Substantive Staff	1365.02	1211.49	1246.96
Total Medical and Dental Substantive Staff	912.71	743.07	805.07
<b>Total WTE Substantive</b>	<b>6939.23</b>	<b>6071.29</b>	<b>6425.91</b>
<b>Total Bank</b>	0	429.99	427.19
<b>Total Agency</b>	0	344.96	149.28
<b>Total Workforce (WTE)</b>	<b>6939.23</b>	<b>6846.24</b>	<b>7002.38</b>

**Footnote**

- This table has been updated to include the M12 Staff In Post . The March 24 staff in post forecast has been calculated by adding in approved business cases / externally funded roles and reflecting the agreed workforce PEPs, taking into account agreed vacancy/turnover assumptions.
- Since the last submission, the SACT business case has been removed from the plan (19.5wte) and the tobacco dependency business case has been added (4.7wte). The recruitment business case (14wte) was not included as at the time of submission it had not had F&P approval and had not been added to the financial plan.
- **Please note: the above is still subject to further updates from the SCW CSU PEPs with regard to further adjustments to substantive and agency reduction related PEPs in development.**



# Final Plan Bridge



Updated to consolidate previous iterations of the plan presented to Board



# PEP

Efficiency Plan Status	As submitted 4 May 2023 (£'000)
Fully Developed	£3,380
Plans in progress	£14,259
Opportunity	£10,206
Unidentified	£155
<b>Total</b>	<b>£28,000</b>



Meeting	Public Trust Board
Date of meeting	13 July 2023
Paper number	Enc E

### NHS Five Year Joint Forward Plan (JFP)

For approval:		For discussion:		For assurance:		To note:	x
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<b>Accountable Director</b>	Jo Newton, Director of Strategy, Improvement and Planning		
<b>Presented by</b>	Jo Newton, Director of Strategy, Improvement and Planning	<b>Author/s</b>	Jo Newton, Director of Strategy, Improvement and Planning  Alison Roberts, Associate Director Strategy & Integration HW ICB

#### 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
CETM	10 <sup>th</sup> May 2023	Noted with feedback to ICS
TME	24 <sup>th</sup> May 2023	Noted with feedback to ICS
Public Board	8 <sup>th</sup> June 2023	Draft noted in Chief Executive report
Finance & Performance Committee	27 <sup>th</sup> June 2023	Noted and endorsed

<b>Recommendations</b>	<p>It is recommended that the Trust Board:</p> <ul style="list-style-type: none"> <li>Note the formal adoption of the plan by the ICB, with publication by NHSE on the 30th June 2023.</li> <li>Endorse the plan supporting delivery of the priorities and programmes contained within it.</li> <li>Note the forthcoming ICS level Medium Term Financial Plan (MTFP), the outputs of which will need to be addressed in relation to the priorities identified above</li> </ul>
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<b>Executive summary</b>	<p>The JFP has been established as a single NHS Delivery Plan covering the ICB, three NHS Trusts and the two General Practice Boards across Herefordshire and Worcestershire. The development process has enabled local partners to create a document that can be equally owned by all six of the major NHS bodies across the ICS area.</p> <p>Feedback has been received from all key contributing organisations and the plan has been updated to reflect this, ensuring that the document is</p>
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accessible, targeted on the right issues and fairly reflects the agreed challenges, plans and risks across our system.

Worcestershire Health and Wellbeing Board met on Tuesday 20<sup>th</sup> June to determine its opinion, which concluded that the priorities are consistent with the Health & Wellbeing Strategy for the county. NHS England has also reviewed the plan and provided feedback.

At the Integrated Care Board on the 21<sup>st</sup> of June, ICB partner members confirmed the support of their host organisations and endorsed publication of the plan. The integrated Care Board also formally approved the plan.

Full details of the plan are attached in the Appendices.

It should be noted that the plan has been developed to comply with tight national submission timelines. It is recognised that further work will be needed in year, specifically to support the outputs of the MTFP ( due in Quarter 3) to identify a 'route to balance'

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

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#### Introduction/Background: national guidance

The NHS Five Year Joint Forward Plan (JFP) is designed to perform the following purposes:

- Meet the requirements set out in the mandatory NHS guidance:  
***Guidance on developing the Joint Forward Plan (23 December 2022).***
- Describe the NHS response partner response to the Integrated Care Strategy.
- Identify how NHS partners will address the priorities set out in the two Joint Local Health and Wellbeing Strategies (JLHWS).

The JFP has been established as a single NHS Delivery Plan covering the ICB, three NHS Trusts and the two General Practice Boards across Herefordshire and Worcestershire. The development process has enabled local partners to create a document that can be equally owned by all six of the major NHS bodies across the ICS area. The plan was published on 30<sup>th</sup> June <https://www.hwics.org.uk/priorities/nhs-joint-forward-plan>

#### Issues and options

The JFP is the NHS expression of the how NHS partners will collectively contribute to the delivery of the Integrated Care Strategy (ICS). It is a mandatory document and outlines how partners plan to meet mandatory requirements in the NHS Long term plan and any other operational priorities which are determined annually.

Our Three-Year Plan published in November 2022 was aligned to ICS priorities and thereafter the core objectives in the JFP. The JFP has a focus on the NHS deliverables and not the wider determinants of health identified in the Integrated Care Strategy. The plan is necessarily extensive since it needs to address all services within the scope of the ICB's statutory duties, running to eighty pages.

#### Highlights include:

##### Main document (page 26)

The main drive of the plan is about outlining the NHS intention to drive a left shift towards more focus on prevention and, when treatment/ care is required, it is provided in the best value care setting. Best value is defined within the plan as the setting that achieves the right balance between clinical need and optimal cost.

##### Appendix 1 (page 28)

This outlines the detailed plans for individual NHS service areas such as urgent care, cancer services, stroke, primary care, mental health etc

##### Appendix 2 (page 18-20)

This covers cross cutting themes ( such as digital, research and innovation, Green, prevention etc) that impact on all NHS service areas and strategic developments such as place-based working and collaboration between NHS providers

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<p><b>Appendix 3 ( page 7)</b>                  This contains checklists to demonstrate how the JFP addresses specific areas, including cross referencing to the Integrated Care Strategy.</p> <p><b>Risks / Mitigations</b></p> <p>The NHS delivers a widely complex set of services to support the needs of patients. The ambition of the JFP to achieve left shift requires all partners to plan with a common purpose if the transformation is to be realised. This requires focus on resolving current challenges to release resource from providers with clear milestones to both achieve the step change required and avoid stranded costs. Delivery of the MTFP at both system and trust level will be key to understand how and what is achievable on the 'route to balance'.</p> <p>It is proposed that the JFP is an evolving plan with the next iteration to be published by March 2024.</p> <p><b>Next steps</b></p> <ul style="list-style-type: none"> <li>• Develop a summary of the joint forward plan to be communicated to the workforce and public for publication in Quarter 2.</li> <li>• Target engagement on the strategic approach described in the main document</li> <li>• Develop a medium term financial plan to give the ICS a 'route to balance, iterating the Joint Forward Plan in year.</li> <li>• Work together to focus on delivery of the programmes and priorities described in the Joint Forward Pan.</li> <li>• Review and refresh for the next formal iteration to be developed and approved Q4 2023/24.</li> </ul>
<p><b>Conclusion</b></p> <p>The JFP provides an opportunity for healthcare partners across the ICS to work together over the next 5 years to provide NHS services that meet the needs of local people and, hence, support delivery of the Integrated Care Strategy. We will continue to work with the ICB and system partners to translate the plan into more detailed delivery plans underpinning the core priorities. The deliverability of the priorities will depend on longer-term financial and workforce planning across the system. The Herefordshire and Worcestershire JFP was published on 30<sup>th</sup> June 2023  <a href="https://www.hwics.org.uk/priorities/nhs-joint-forward-plan">https://www.hwics.org.uk/priorities/nhs-joint-forward-plan</a> .</p>
<p><b>Recommendations</b></p> <p>It is recommended that Trust Board:</p> <ul style="list-style-type: none"> <li>• Note the formal adoption of the plan by the ICB, with publication by NHSE on the 30th June 2023.</li> </ul>

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<ul style="list-style-type: none"><li>• Endorse the plan supporting delivery of the priorities and programmes contained within it.</li></ul> <p>Note the forthcoming ICS level Medium Term Financial Plan (MTFP), the outputs of which will need to be addressed in relation to the priorities identified above .</p>
Appendices

In reading room

Main document

Appendix 1: Core areas of focus

Appendix 2: Cross cutting themes

Appendix 3: ICB Duties

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### Appendix Three – comparison of 22/23 and 23/24 requirements specific to Acute Trusts

	2022/23	2023/24
<b>Number of objectives</b>	130	35
<b>Urgent &amp; Emergency</b>	Reduce 12 hr waits towards zero (max 2%) 65% handovers within 15mins of arrival	76% A&E patients seen within 4 hrs by Mar 24
<b>Elective care</b>	Eliminate waits over <b>104 weeks</b> by Mar 22  Reduce waits <b>&gt;78 weeks</b> with 3 month review, extended to >52 week waiters from July22  Develop plans to support reduction in <b>52 week</b> waits, where possible Reduce outpatient follow-ups by <b>25%</b> v 19/20 by Mar 23	Eliminate waits over <b>65 weeks</b> (except patient choice or specific specialities)  Deliver system-specific activity target  Reduce outpatient follow up activity by 25% from 19/20 levels Reduce general and acute bed occupancy to 92% or below 85% theatre and day case utilisation
<b>Cancer</b>	Complete work from H2 2021/22 planning guidance Maintain and restore cancer screening programmes by Mar 22 or end June latest (in 3 yr cycle)	Continue to reduce number of patients waiting > 62 days Implement priority pathway changes for certain cancers  Roll out extensions to screening programmes and expand lung health check programme  Meet faster diagnosis standard by March 24 so that 75% patients urgently referred by GP are either diagnosed or have cancer ruled out within 28 days Increase % of cancers diagnosed at stages 1 & 2 in line with 75% early diagnosis ambition by 2028
<b>Diagnostics</b>	Increase diagnostic activity to min 120% pre-pandemic levels  Develop investment plans for further community diagnostic centres (CDCs) in 2023/24 and 2024/25	Increase cancer diagnostic capacity by 25% and treatment capacity by 13% Increase % diagnostic test within 6 weeks (to 95% by Mar 25) Deliver diagnostic activity levels to address elective & cancer backlogs and the diagnostic waiting time ambition 10% increase in productivity for pathology and imaging networks by 24/25

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<b>Maternity</b>	Embed and deliver 7 Ockenden immediate & essential actions	Make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
		Increase fill rates against funded establishment for maternity staff
<b>Use of resources</b>	Systems to return to financial balance	Deliver a balanced net system financial position for 23/24 2.2% efficiency target Reduce agency spend to 3.7% of total pay bill
<b>Workforce</b>		Improve retention & staff attendance through a systematic focus on all elements of the NHS People Promise
<b>Prevention &amp; health inequalities</b>		Increase % of patients with hypertension treated to NICE guidance to 77% by Mar 24
	In line with LTP, develop plans for prevention	Increase the % of patients aged 25-84 with a CVD risk score greater than 20% on lipid lowering therapies to 60%
	Focus on socio-economic deprived and ethnic minority groups	Continue to address health inequalities & deliver on the Core20PLUS5 approach

<b>DROPPED TARGETS</b>	<b>2022/23</b>
	LTP targets
	Increase number patients referred to post-Covid services
Workforce	Supportive health & wellbeing conversations
	Funding mental health hubs for staff to access
	BAME targets on recruitment & promotion practices
Outpatients	Expand patient initiated follow ups (PIFU) to all major OP
	Moving or discharging 5% OP attendances to PIFU pathways
Digital	Shared care record with information exchange by Mar 23
	National information exchange Mar 24

**Appendix 4 – high level timeline**

Meeting	Public Trust Board
Date of meeting	13 July 2023
Paper number	Enc E

Milestone	Date
Divisional half day annual planning workshops Gap to expected activity/performance levels identified by Business Intelligence plus work on merging in PEP information (productivity) Modelling against activity and performance targets sent out to divisions by business intelligence for checking Prioritisation of divisional and cross-trust business cases	w/c 2nd - w/c 9th January
Technical guidance and non-functional templates published	w/c 9th January
All bottom up PEPs developed to level 4 by scheme owners	20 <sup>th</sup> January
Iterative discussion undertaken between BI & divisions of interventions to close gap between activity/performance targets & capacity Workforce templates reviewed by business partners & divisions Corporate triangulation divisional & cross-trust undertaken	12-20th January
Functional templates made available and NHS portal opened for draft plan submission	16th January
Plans reviewed at corporate and operation division PRMs – 1 <sup>st</sup> cut plan discussion	16th – 27th January
Draft plan submitted to ICB (Assumed date)	9 <sup>th</sup> February
Plans reviewed at operation division PRMs	20 <sup>th</sup> – 27 <sup>th</sup> February
Draft plan submitted to NHSE by ICB	23rd February
NHSE portal opened for final template submissions	2nd March
Final plan submitted to ICB (Assumed date)	16 <sup>th</sup> March
Final plans reviewed at operation division PRMs	27 <sup>th</sup> – 31 <sup>st</sup> March
Final plan submitted to NHSE	30th March

### Appendix 5 – proposed governance timeline

Meeting	Public Trust Board
Date of meeting	13 July 2023
Paper number	Enc E

Milestone	Date
Trust Board update paper outlining guidance	12 <sup>th</sup> January
TME update paper	18 <sup>th</sup> January
F&P update paper	25 <sup>th</sup> January
Trust Board paper – sign off of draft plan	9 <sup>th</sup> February
Assume submission to ICB	9 <sup>th</sup> February
TME review of draft plan iterations	15 <sup>th</sup> February
F&P review of draft plan iterations (and delegated sign off of any changes post-Board on 9 <sup>th</sup> February subject to Board agreeing delegation)	22 <sup>nd</sup> February 2022
Submission draft plan to NHSE by ICB	23 <sup>rd</sup> February
Trust Board update on draft submitted plan and any updates since last Trust Board meeting	9 <sup>th</sup> March
NHSE feedback on plan received	TBC
TME update paper	15 <sup>th</sup> March
Assume submission to ICB	16 <sup>th</sup> March
F&P update paper – draft plan prior to final submission to NHSE (and delegated sign off of any changes post-Board)	29 <sup>th</sup> March
Final plan submitted to NHSE by ICB	30 <sup>th</sup> March
Trust Board presented with final submitted plan	13 <sup>th</sup> April

Meeting	Public Trust Board
Date of meeting	13 July 2023
Paper number	Enc F

**Safeguarding Adults, Children & Young People Annual Report  
April 2022 – March 2023**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Sarah Shingler, Chief Nursing Officer, Executive Lead Safeguarding and PREVENT		
<b>Presented by</b>	CNO	<b>Author(s)</b>	Deborah Narburgh Head of Safeguarding

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		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome
Integrated Safeguarding Committee	30.5.23	Approved – Level 6 Assurance
CGG	06/06/23	Approved
Quality Governance Committee	29/06/23	Approved

<b>Recommendation</b>	The Safeguarding Annual Report highlights the work undertaken over 2022/23 to provide assurance to the Committee that Worcestershire Acute Hospitals NHS Trust (WAHT) is fulfilling its legal and statutory obligations in relation to the safeguarding of vulnerable adults, children & young people whom access services from the Trust. The Trust Board are asked to receive for assurance, the Safeguarding Annual Report 2022/23 and forward plan for 2023/24.
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<b>Executive summary</b>	<p>One of the most important principles of safeguarding is that it is 'everyone's responsibility'. Safeguarding children, young people and adults cannot be done in isolation; it is only truly effective when as an Organisation we work collaboratively with our partners to 'Think Family' and protect those most at risk of harm, abuse and/or neglect. Safeguarding activity over the last year has remained significant in both its volume and complexity. In order to protect those most at risk the Trust has:</p> <ul style="list-style-type: none"> <li>➤ Worked with safeguarding partners locally, regionally and nationally to share key information in order to protect and safeguard the most vulnerable within our society</li> <li>➤ Met its statutory obligations as a partner agency of the Worcestershire Safeguarding Children Partnership and</li> </ul>
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Meeting	Public Trust Board
Date of meeting	13 July 2023
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Worcestershire Safeguarding Adult Board and associated sub groups

- The Trust continues to meet its obligations in accordance with the PREVENT Duty
- Continued to look for quality improvements pertaining to safeguarding activity to ensure people accessing our services get the best possible care by staff trained to recognise abuse and take appropriate action – this was reflected in the recent Care Quality Commission (CQC) inspection November 2022 findings
- Areas for continued focus remain: mandatory training compliance for medical and dental staff cited as a ‘should do’ in the recent CQC report
- The number of Mental Health Act detentions continues to exceed the Service Level Agreement

This paper PROPOSES a level 6 Assurance overall to the Clinical Governance Group (CGG) who will need to approve before onward consideration by TME/ QGC and onto the Trust Board. To inform that approval, consideration of the following levels of assurance in relation to safeguarding activity have been documented:

Subject	Level of Assurance 2022/23
Regulation – mandatory training compliance	4
PREVENT & WRAP statutory requirements	7
Female Genital Mutilation	7
Homelessness Reduction Act 2017	7
Refugees / Resettlement Schemes	7
Modern Slavery	7
Liberty Protection Safeguards	N/A
Mental Health Act	6
Safeguarding Supervision	7
Safeguarding Alerts	6
Domestic Violence –multi agency	7
Safeguarding Children & Young People – Get Safe	6
Partnership Working - adults & children -statutory	7
National Safeguarding Agenda	7
Audit /Quality Assurance	6
Managing Allegations	7
Policy revision	5

Risks, Implications and Funding		
Which key red risks does this report address?	Which BAF risk does this report address?	4, 11, 22

Assurance												
<b>CURRENT</b>	0	1	2	3	4	5	6	X	7	N/A		
assurance level (x)												

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<b>Introduction/Background</b>
<p>The Care Quality Commission carried out a short notice announced comprehensive inspection from 21-23 November 2022 (report published 6th April 2023). The following services provided by the Trust were inspected:</p> <ul style="list-style-type: none"> <li>• Urgent and emergency care at Worcestershire Royal Hospital and Alexandra Hospital.</li> <li>• Medical care (including older people’s care) at Worcestershire Royal Hospital and Alexandra Hospital.</li> </ul> <p>In regards to safeguarding, the regulator found that staff understood how to protect patients from abuse and services worked well with other agencies to do so, this included compliance with the legal frameworks surrounding consent, mental capacity and deprivation of liberty. However, mandatory training compliance remained a concern – with particular reference to medical staff training compliance:</p> <p><b>Should do:</b></p> <ul style="list-style-type: none"> <li>• The trust should ensure that medical staff stay up to date with mandatory training including, but not limited to, safeguarding training and training on the Mental Capacity Act and Deprivation of Liberty Safeguards (Regulation 12).</li> </ul>
<b>Issues and options</b>
<p><b>2.1 Leadership Arrangements</b>  <b><i>Listen, Learn, Lead:</i></b>          The Chief Nursing Officer (CNO) is the Executive Lead for safeguarding adults, children, young people and PREVENT. The Deputy Chief Nurse leads the safeguarding portfolio on behalf of the CNO.</p> <p><b>2.2 Assurance</b>          The Trust Integrated Safeguarding Committee is chaired by the CNO or Deputy and meets bi monthly. The Integrated Safeguarding Committee reports to the Clinical Governance Group (CGG) and Quality Governance Committee (QGC) gaining assurance on behalf of the Trust Board that its legal and statutory duties in respect of safeguarding adults, children &amp; young people are met.          The Integrated Safeguarding Committee work in accordance with an agreed work plan. Attendance at the Committee by a representative of Herefordshire &amp; Worcestershire Integrated Care Board (ICB) provides a level of oversight and scrutiny as part of the safeguarding assurance process.</p> <p>Terms of reference were reviewed and updated July 2022.</p> <p><b>2.3 Safeguarding Risk Register</b>  <b><i>Do what we say we will do:</i></b>          The Integrated Safeguarding Committee review all risks on a bi-monthly basis and mitigation is in place. Risks held by the Integrated Safeguarding Team are reviewed via the Trust Risk Management Group (RMG) bi monthly.          Safeguarding is currently linked to 9 open risks:</p>

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**4ward** **NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust

Divisional Risk Management report completed by PST February 2023

	Insignificant		Minor		Moderate		Major		Catastrophic	
Almost certain	0		0		0		0		0	
Likely	0		0		0		0		0	
Possible	0		0		4		2		0	
Unlikely	0		0		2		1		0	
Rare	0		0		0		0		0	
Approved risks	Dec 21	Jun 22	Oct 22	Feb 23						
Risks with no controls %	0%	0%	0%	0%						
Risk with no assurance %	0%	0%	0%	0%						

High or Extreme risk with no controls and/or assurance

### 2.3.1 Current high risks:

ID4119 Policy Revision  
 ID3430 Safeguarding Alerts – transfer of narrative from Oasis to Patient First System  
 ID4701 Out of hours request for health attendance at strategy discussions  
 ID4277 Risk of abduction / absconding –also monitored via Women & Children  
 ID4621 Adoption records –also monitored via Data Quality /Health Records Group

#### Current high risks (12- 14) are:

ID3511 – Liberty Protection Safeguards implementation  
 ID2873 – Safeguarding training compliance

### 2.3.2 Moderate risks:

ID1748 CAMHS service out of hours –monitoring Committee Women & Children  
 ID5076 Paediatric attendances Alexandra Hospital – monitoring Committee Emergency Medicine

### 2.4 Trust Corporate Safeguarding Team Structure 2022/23

The Integrated Safeguarding team is fully recruited to. Vacancy within the team has been reconfigured towards the Liberty Protection Safeguards Business Case with the development of a Lead Practitioner role to support roll out, training and implementation. Long term sickness has had an impact upon the timeliness of some work streams, however, these are reflected on the risk register.

### 2.5 Safeguarding Pathway Update – move to Trust A-Z

A full revision and update to the existing pathway was undertaken during 2022/23 to ensure staff are able to access the most current safeguarding information and support.

### Levels of Assurance

#### Current level of assurance

Include the current level of assurance: Level 6

- Medical and Dental staff training remain outliers when compared with other staff groups.

#### Proposed future level of assurance and timescales

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<b>Actions Required to Achieve Level 7</b>	<b>Outcomes Required To Achieve Level 7</b>	<b>Timescale</b>
<ul style="list-style-type: none"> <li>Medical and Dental staff group to increase training compliance to 90%</li> </ul>	<ul style="list-style-type: none"> <li>Mandatory training compliance of 90% across all levels of safeguarding training, MCA &amp; DoLS.</li> </ul>	2024
<b>Conclusion</b>		
<p>This report provides assurance that the Trust continues to meet its legislative and statutory requirements in the Safeguarding of Adults, Children and Young People who access services from the Trust. The report details the level of assurance offered for each of the work streams and what needs to happen to move to the next level of assurance as part of the quality improvement journey.</p>		
<b>Recommendations</b>		
<p>The Board is asked to receive, for assurance, the Safeguarding Annual Report 2022/23 and the forward plan for 2023/24.</p>		
<b>Appendices</b>		

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Paper number	Enc G

**Integrated Performance Report – Month 2 2023/24**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Directors</b>	Helen Lancaster –Chief Operating Officer, Sarah Shingler –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		
<b>Presented by</b>	Vikki Lewis – Chief Digital Information Officer	<b>Author /s</b>	Vikki Lewis – Chief Digital Information Officer

**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	21 <sup>st</sup> June 2023	Approved
Finance and Performance	28 <sup>th</sup> June 2023	Approved
Quality Governance	29 <sup>th</sup> June 2023	Approved

<b>Recommendations</b>	Trust Board Members are asked to: <ul style="list-style-type: none"> <li>▪ note this report for assurance</li> <li>▪ note that this report will start to decrease in size over the coming months, however it will still provide quality high level assurances.</li> </ul>
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<b>Key Issues</b>	<p><b>Operational Performance</b></p> <p><b>Elective Recovery - Industrial Action</b> The Junior Doctor Industrial Action took place from the 14<sup>th</sup> to the 16<sup>th</sup> June 2023. 908 outpatient appointments, 41 day cases and 1 elective inpatient were rescheduled. Of our longest waiters, 0 RTT patients over 78 weeks, 0 RTT patients at risk of being 78 week breaches in June and 2 cancer patients over 62 days were affected by cancellations.</p> <p><b>Patient Flow</b> The non-elective pressures described in previous months continue to limit hospital flow and contribute to crowding in our Emergency Department (ED). Ambulance handover delays over one hour increased in month and EAS performance deteriorated to less than 50%. Length of stay in-month was higher for both elective and non-elective than it was one year ago, with the percentage of discharges before midday at 19% against a target of 33%.</p> <p><b>Elective Recovery – Activity</b></p> <ul style="list-style-type: none"> <li>• We are over delivered against our planned levels of activity for new outpatient attendances and day cases, and over plan for combined Daycases and Inpatients. The issue noted last month with Intravitreal Injection Therapy (IVT) has been rectified.</li> </ul>
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- We are over plan for outpatient follow up attendances, against a planning guidance requirement to reduce outpatient follow ups by 75%. There is more work to do in all divisions to further maximise opportunities to reduce outpatient follow up activity whilst maintaining safe and effective clinical practice. This includes the continued roll out of patient initiated follow ups, where the Trust achieved 3.1% of attendances were transferred to patient initiated follow up compared to national target of at least 5%.
- At a Trust level, we have delivered more diagnostic tests than planned in May. However, MRI activity is significantly below plan. This is due to the complexity of scan requests impacting the delivery of the planned number of scans per hour. Further mitigations are being explored.

**Elective Recovery – Performance**

**Consultant-led referral to treatment time (validated)**

- Our total RTT waiting list remains stable, but outside of control limits. The number of patients waiting over 52 weeks, and over 78-weeks at the end of May has seen a further decrease, with 138 patients waiting over 78-weeks at the end of May. A further reduction is forecast for end of June to 20 (as submitted to NHS England w/c 19 June). There were no patients waiting over 104 weeks at the end of June.
- As at 07 July, there are c10 patients who are at risk of breaching 78 weeks at end of July 2023. Further actions are in place to reduce this where possible, however planned industrial action may impact these numbers and make the situation worse.

**Cancer**

- 28-day Faster Diagnosis Standard performance remains static at 68% and only Breast and Upper GI achieved the 75% target.
- At the end of May-23 (unvalidated), we recorded 433 patients waiting over 63 days for diagnosis and / or treatment with 146 of those patients were waiting over 104 days.
- As at w/e 28<sup>th</sup> May, there were 309 urgent suspected referral patients over 62 days which was 16 more patients than plan of 293 for May-23. An internal stretch target of 170 has been set, with individual specialty level targets in place, including a requirement to eliminate waits over 104 days for all specialties.
- Urology is the specialty of most concern. Their backlog contributes over 50% of the Trust 62-day backlog. Weekly Director oversight has been put in place.

**Quality and Safety**

Despite patient flow remaining a concern, infection rates and length of stay continuing to be higher than we would like; there has been sustained improvements in relation to delivery of the SEPSIS bundle and hospital acquired pressure ulcers. SHMI, HSMR and crude mortality are also within 'as expected' levels. Fractured neck of femur (FNOF) crude mortality has improved to fourth lowest in the region, and the latest

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	<p>benchmarking data for length of stay for FNOF shows that Worcs Acute is the lowest in the region.</p> <p>Stroke has retained its SSNAP rating of Grade B, although we are aware that the capacity concerns for direct access to the Stroke ward still require improvement.</p> <p>Complaints continues to be a specific focus for improvement in the coming months with dedicated support being provided to the Surgical Division to enable them to resolve their backlog.</p> <p>In the coming weeks there are some events planned to launch the Quality priorities, these will be reflected in the future integrated performance report and will move the focus to measuring more outcomes for patients.</p> <p><b>People and Culture</b></p> <p>Further data has been added to the People and Culture section this month to track our progress against the recruitment business case. Good progress has been made in reducing the time to hire (advert closed to start date) from an average of 85.5 days to 60 days. Three Rapid Process Improvement Workshops have been held to date focusing on streamlining the Authorisation to Recruit process, pre-employment checks and Consultant recruitment process. The fourth workshop will focus on the on-boarding process.</p> <p>Our staff turnover and vacancy rates have improved. However, we have not seen the associated reduction in premium staffing costs due to higher than normal bank and agency usage due to the 3 bank holidays this month.</p> <p>Job planning compliance remains a concern. Divisions have been asked to submit their corrective action plans for consideration at the Trust Management Executive and Finance and Performance Committee this month.</p> <p><b>Our Financial Position</b></p> <p><b>Month 2</b></p> <p>The Trust originally submitted a full year plan deficit of £(50.4)m in March 2023. Recognising the risks of loss of autonomy and access to capital Board members agreed that we should consider whether we could go further. CFO put forward a proposal and requested approval to negotiate as follows: Stretch the PEP by an additional £4m on the proviso that the ICB lead both pieces of work bringing the system together to support delivery &gt; £2m reduction in spend linked to excess temporary capacity incl. corridor care / high cost temporary staffing and £2m reduction in non-clinical vacancies linked in particular to a review of back office services. Acceptance of this positive movement from the ICB was reflected by the sharing out of the ICB surplus in a way that resulted in a break-even plan.</p> <p>There was no requirement to report month 1 to NHSE. This report therefore shows the year-to-date income and expenditure for month 2.  <b>YTD M2 actual deficit of £(7.8)m against a plan of £(4.4)m deficit, an adverse variance of £3.4m.</b></p>
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Statement of comprehensive income	Year to Date		
	Plan £'000	Actual £'000	Variance £'000
<b>INCOME &amp; EXPENDITURE</b>			
Operating income from patient care activities	100,700	100,592	(108)
Other operating income	4,516	4,738	222
Employee expenses	(63,986)	(66,039)	(2,053)
Operating expenses excluding employee expenses	(41,786)	(43,274)	(1,488)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>(556)</b>	<b>(3,983)</b>	<b>(3,427)</b>
<b>FINANCE COSTS</b>			
Finance income	260	269	9
Finance expense	(2,560)	(2,558)	2
PDC dividends payable/refundable	(1,606)	(1,569)	37
<b>NET FINANCE COSTS</b>	<b>(3,906)</b>	<b>(3,858)</b>	<b>48</b>
Other gains/(losses) including disposal of assets	0	0	0
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(4,462)</b>	<b>(7,841)</b>	<b>(3,379)</b>
Add back all I&E impairments/(reversals)	0	0	0
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(4,462)</b>	<b>(7,841)</b>	<b>(3,379)</b>
Remove capital donations/grants I&E impact	20	21	1
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(4,442)</b>	<b>(7,820)</b>	<b>(3,378)</b>
Less gains on disposal of assets	0	0	0
<b>Adjusted financial performance surplus/(deficit) for the purposes of system achievement</b>	<b>(4,442)</b>	<b>(7,820)</b>	<b>(3,378)</b>

**The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £0.1m favourable (0.1%) year to date (YTD at M2).**

**Employee expenses are £2.1m adverse (3.2%) year to date at M2.**

Included in this YTD variance are £0.3m of Industrial Action costs incurred in April, £0.3m backdated pay costs to overseas nurses resulting from recognition of overseas work experience and £0.3m undelivered PEP which is partly offset by £0.4m favourable variance on Business Cases and £0.1m on Bank incentives. I&E offsetting items including Cancer Alliance and smoking cessation posts representing a further £0.5m. The remaining variances of c £1m are driven by phasing issues with the submitted plan including bank holiday budgets (£0.5m). Note - this will rectify itself throughout the year and does not impact on the overall financial plan.

**Operating expenses are £1.5m (3.6%) adverse year to date at M2.** Of this YTD variance £0.4m Non PbR drugs and devices and £0.2m COVID testing both of which have been offset by income, £0.2m phasing of Utilities, £0.2 relating to contract terms linked to Retail Price Indices being at 13.5% rather than 10.7% projected in the plan, £0.1m undelivered PEP and £0.4m use of insourcing/outsourcing within General Surgery, Orthodontics, Dermatology and Radiology in particular to address backlog 78 week waits.

**Productivity and Efficiency**

The Productivity and Efficiency Programme target for 23/24 as submitted to NHSE is £28.0m. M2 delivered £0.282m of actuals against the plan of £0.538m, a negative variance of £0.256m. Year to date, the overall position is £0.554m against a plan of £0.892m, an under delivery of £0.338m (37.9%).

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	<p><b>Local Cost per WAU</b>          YTD we have reported an Adjusted Cost per WAU which is <b>7% higher than plan</b>. This is caused by expenditure being <b>3% higher than plan</b>, so we are spending more than planned after inflation and the WAU being <b>3% lower than plan</b>, so are delivering less weighted Inpatient, Emergency, Outpatient and ED activity.</p> <p>The costing team continue to develop a measurement of productivity through locally derived WAUs that can be reported at a Divisional and Directorate level. In the last month the operational activity and expenditure plans have been converted into the WAU to allow comparison and variance analysis and built into the metrics. Next steps include a pilot of information through Divisional Boards.</p> <p><b>Capital</b>          The Trust Capital plan for 2023/24 is £30,089m. The Trust agreed with the Regional NHSE team to return £800k PDC for the KTC RAAC (roofing) Scheme in 22/23, but are expecting approval on the resubmitted business case for this to be returned to complete the works in 23/24. Expenditure to date is £3.342m as of Month 2. It should be noted that for reporting purposes nationally, if there is no plan for capital expenditure the Trust is unable to report the actual expenditure against the scheme. RAAC has not been formally approved yet and as such we cannot report any spend against this scheme.</p> <p>Discussions are being held regarding a longer term brokerage solution with ICB and Region due to the risks associated with the Trust having insufficient capital for 2023/24, risking the delay of a significant proportion of spend on backlog maintenance and equipment replacement in particular. All work stream leads are collating their urgent backlog maintenance and equipment required for 2023/24 to evidence the shortfall in capital funds against the funding available to enable conversations to progress with NHSE Regional Office on potential solutions.</p> <p><b>Cash</b>          At the end of May 2023, the cash balance was £7.6m against a plan of £16.5m. The planned external capital funding of £4.4m has not been drawn down as the Trust has not received formal approval from NHSE.</p> <p>However, approval has been provided to submit requests for the Alex Theatres £7m and Community Diagnostic Centre (2) £1.6m in June.</p>
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Aster

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										

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

<b>Recommendations</b>						
Trust Board Members are asked to:						
<ul style="list-style-type: none"> <li>▪ note this report for assurance</li> <li>▪ note that this report will start to decrease in size over the coming months, however it will still provide quality high level assurances.</li> </ul>						
<b>Appendices</b>						
<ul style="list-style-type: none"> <li>▪ Integrated Performance Report (up to May-23 data)</li> <li>▪ WAHT May 2023 in Numbers Infographic</li> <li>▪ Committee Assurance Statements – June 2023 meetings</li> <li>▪ Additional IPR file in the Reading Room</li> </ul>						



# Integrated Performance Report



## Trust Board 13<sup>th</sup> July 2023

*Data: May 2023*

The use of this **NHS** 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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# Operational Performance

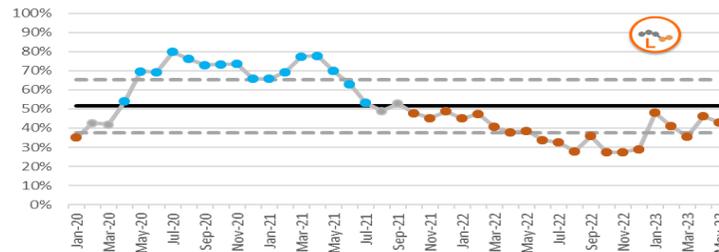
Area	Comments
<b>Cancer</b>	<ul style="list-style-type: none"> <li>• Although referrals are at normal levels for this time of year, skin and gynaecology did see increases that are not aligned to historic seasonal trend.</li> <li>• 2WW, 2WW Breast Symptomatic and 28 FDS are all showing special cause improvement.</li> <li>• Our 63+ day backlog, and those waiting over 104 days increased. The 23/24 NHSE ambition is for WAHT to have no more than 190 patients over 62 days at the end of Mar-24. We ended May-23 at 309 (urgent suspected), 16 above the monthly trajectory. The total backlog all referral types was 433.</li> </ul>
<b>Elective Recovery</b>	<ul style="list-style-type: none"> <li>• Both RTT 52+ weeks and % incomplete are showing special cause improvement due to the month on month trend (slide 13).</li> <li>• There were zero patients breaching 104+ weeks at the end of May-23 and the number of patients breaching 78+ weeks decreased from 250 at the end of Apr-23 to 138 at the end of May-23. Although not zero, as per NHS England ambition, this is showing a special cause improvement. Our forecast for the end of Jun-23 has been revised from 79 to 68, (latest data July 7th shows we have achieved 20 - unvalidated).</li> <li>• Published benchmarking for Apr-23 shows that the total number of 78ww patients across England increased from Mar-23; from 10,737 to 11,477.</li> <li>• We were 2,144 OPA New above plan (including activity provided by Insourcing) and have delivered 4,616 more follow-up appointments than plan. Despite being above plan for follow-ups, the total number delivered was still fewer than 19/20.</li> <li>• We exceeded our day case plan in May-23 (including insourcing) and Elective Inpatients was below plan.</li> <li>• 3.1% of outpatient outcomes were recorded as transferred to a PIFU pathway which is higher than the latest England benchmarking from Apr-23.</li> </ul>
<b>Diagnostics</b>	<ul style="list-style-type: none"> <li>• We delivered 18,490 diagnostic tests in May-23 and the annual plan target was also achieved (not all DM01 modalities are included in annual planning). MRI is the modality furthest away from plan and initial analysis indicates this is partly due to a shift in the complexity of patients which results in longer tests being undertaken and therefore cannot deliver 2 / hour.</li> <li>• The diagnostic waiting list and patients over 6 weeks both increased, however performance has remained within normal variation.</li> <li>• The number of patients waiting over 13 weeks decreased again from 452 to 371 and the Trust is on track to have no long waiters for MRI, CT, NOUS, DEXA, Echocardiography, Colonoscopy, Flexi Sigmoidoscopy and Gastroscopy by the end of September (this is the list of modalities NHSE have asked the Trust to focus on).</li> </ul>

Percentage of Ambulance handover within 15 minutes	60 minute Ambulance Handover Delays	Time to Initial Assessment - % within 15 minutes	Time In Department				12 Hour Trolley Breaches	4 Hour EAS (Type 1)
			Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E		
Aggregated Patient Delay (APD)	Total time spent in A&E (95th Percentile)	Patients discharged to usual place of residence	NEL Average LOS in Hospital at Discharge (excl. same day discharge)	EL Average LOS in Hospital at Discharge (excl. same day discharge)	% Discharges before midday			
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>Slides 5 and 6 highlight that the patient flow metrics in this report continue to show special cause concern.</li> <li>The proportion of patients who experienced a greater than 12 hour length of stay in our Emergency Departments (ED) remained elevated in May-23. Our EDs remained almost constantly overcrowded and the number of patients waiting for beds resulted in additional escalation areas being used to support our normal assessment and treatment areas. Our non-elective bed base also remained under significant pressure due to those patients who no longer had a reason to reside / waiting for pathway discharges. Constrained flow through and out of our hospitals is the overriding factor which impacted on our ability to deliver timely acute care.</li> <li>Poor flow from ED for patients requiring hospital admission resulted in regular overcrowding which continued to result in ambulance handover delays as there is no space to move patients off ambulances and into our EDs.</li> </ul> <b>Additional metrics</b> <ul style="list-style-type: none"> <li>The conversion rate of attendances to admission was 30% at WRH (2,133 admissions), the 10<sup>th</sup> consecutive month over 30% conversion from attendance to admission and 22% at ALX (1,181 admissions).</li> <li>On the 31<sup>st</sup> May, there were 87 patients who had a LOS of 21+ days. 31 of those patients had been identified as medically fit for discharge; these patients have accounted for 567 bed days.</li> </ul>				<b>What have we been doing?</b> <ul style="list-style-type: none"> <li>Urgent Care workforce campaign completed – video live and jobs advertised</li> <li>Revise and agree direct streaming criteria in all specialties (to include T&amp;O, Paeds, Gynae, ENT and expansion of pathway inclusions for MSDEC)</li> <li>All SOPs to be clinically reviewed by Matrons and Clinical Leads to ensure clear documentation of pathways from the new ED (review at DMB on 22<sup>nd</sup> June 23)</li> <li>Ensure that clinicians in the community and acute services can speak to a GP in core hours - bypass line updated on the DoS and shared with ED, Radiology and UCR</li> </ul>				
<b>What are we doing next?</b> <ul style="list-style-type: none"> <li>System response being led by the Trust to the 'Onward Care Review' and 'Opportunities for improvement' report by Dr Ian Sturgess.</li> <li>Each Division to assess current assessment area provision against National standards. All Divisional plans for compliance to be provided to Executive Sponsor by the end of July</li> <li>Agree and review opening times for all SDEC areas in line with need and demand</li> <li>System led stocktake of Intermediate Care model to commence</li> </ul>				<b>When expected to move to next level of assurance:</b> This is dependent on the on-going management of the increased attendances and achieving operational standards.				
<b>Current Assurance Level: 4 (Jun-23)</b>				<b>SRO: Chief Operating Officer</b>				
<b>Previous assurance level: 4 (May-23)</b>								

**Percentage of Ambulance handover within 15 minutes**

**43%**

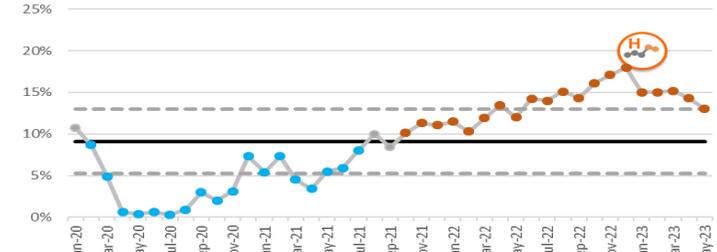
Ambulance handovers within 15 minutes



**Patients spending more than 12 hours in ED**

**13%**  
**1,664 patients**

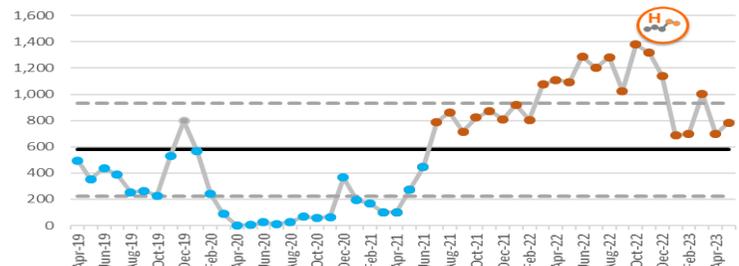
Patients spending 12+ hours in ED



**60 minute Ambulance Handover Delays**

**784**

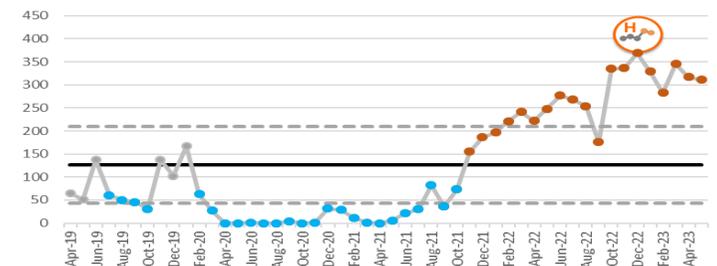
60 minute ambulance handover delays



**12 Hour Trolley Breaches**

**311**

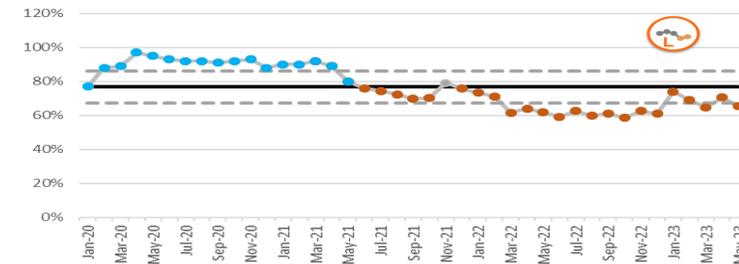
12 hour breaches



**Time to Initial Assessment - % within 15 minutes**

**65%**

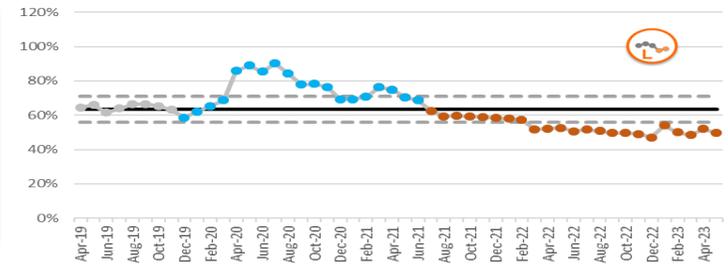
Time to initial assessment within 15 minutes



**4 Hour EAS (Type 1)**

**50%**  
**6,295 of 12,612**

EAS Type 1 - 4 hour performance



**Variation**

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

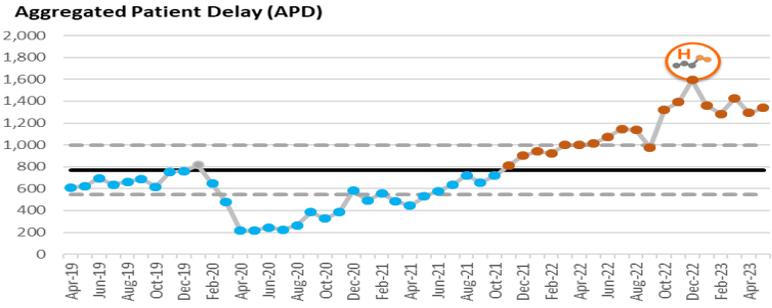
**Assurance**

- Consistently fit target
- Hit and miss target subject to random
- Consistently fit target

All graphs include May-23 data

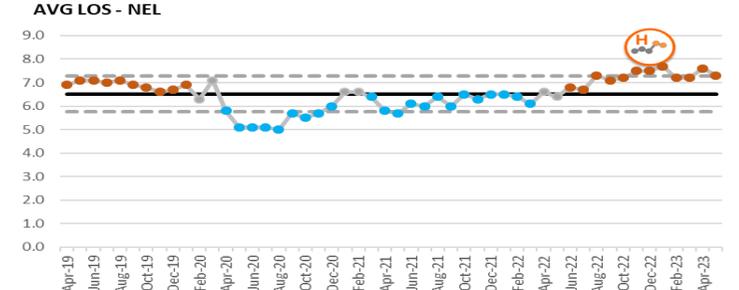
**Aggregated Patient Delay (APD)**

1,339



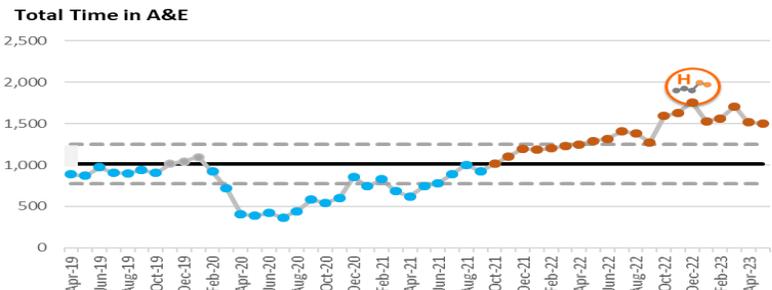
**Average LOS in Hospital at Discharge (NEL excl. same day discharge)**

7.3 days



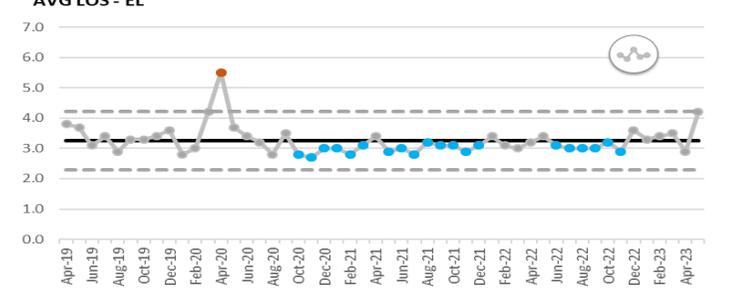
**Total time spent in A&E (95<sup>th</sup> Percentile)**

1,505 minutes



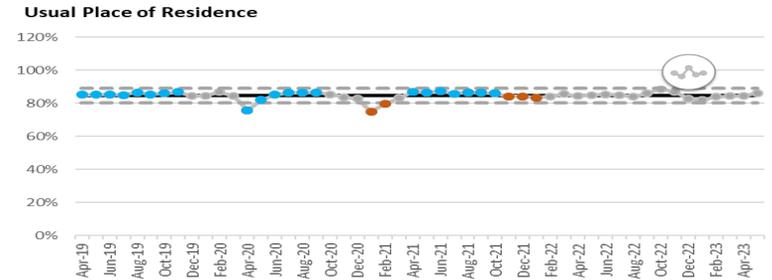
**Average LOS in Hospital at Discharge (EL excl. same day discharge)**

4.2 days



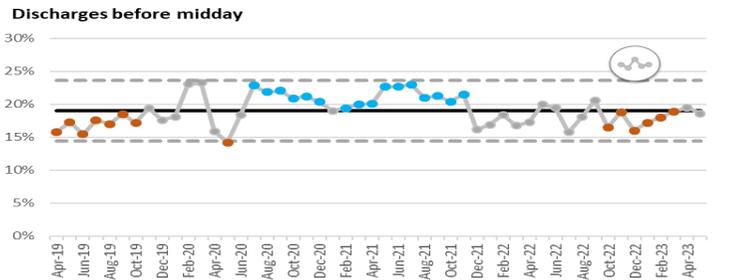
**Patients discharged to usual place of residence**

86%



**% Discharges before midday**

19%



**Variation**

- Special Cause Concern High (H)
- Special Cause Note/Investigate High (H)
- Common Cause (H)

**Assurance**

- Consistently fit target (P)
- Hit and miss target subject to random (P)
- Consistently fit target (F)

All graphs include May-23 data

## National Benchmarking (May 2023)

**EAS (All)** – 8 West Midlands Trusts, including WAHT, saw a decrease in performance between Apr-23 and May-23. This Trust was ranked 10 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 54.4% to 79.8% with a peer group average of 68.5%; declining from 69.3% the previous month. The England average for May-23 was 74.0%; a 0.6% decrease from 74.6% in Apr-23.

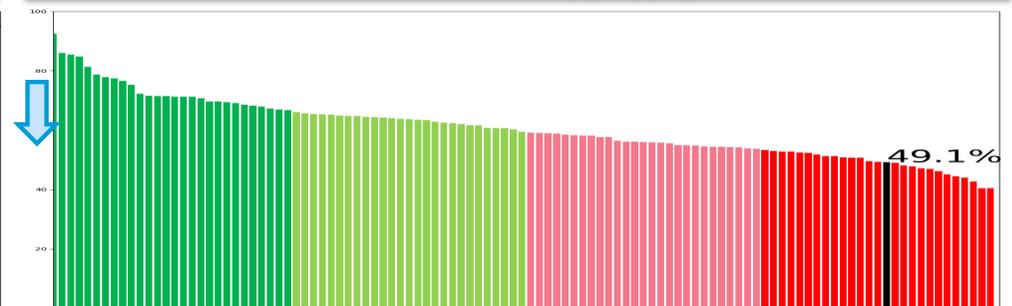
**EAS (Type 1)** – 8 West Midlands Trusts, including WAHT, saw a decrease in performance between Apr-23 and May-23. This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 47.12% to 71.51% with a peer group average of 56.55%; declining from 56.98% the previous month. The England average for May-23 was 60.4%; a 0.5% decrease from 60.9% in Apr-23.

In May-23, there were 31,494 patients recorded as spending >12 hours from decision to admit to admission. 287 of these patients were from WAHT; 0.91% of the total.

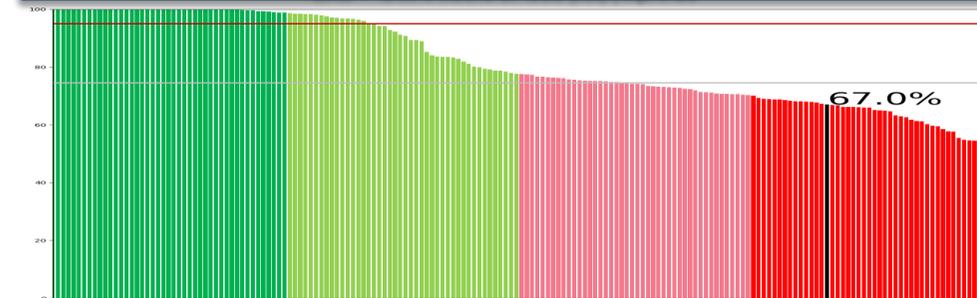
EAS – % in 4 hours or less (All) | May-23



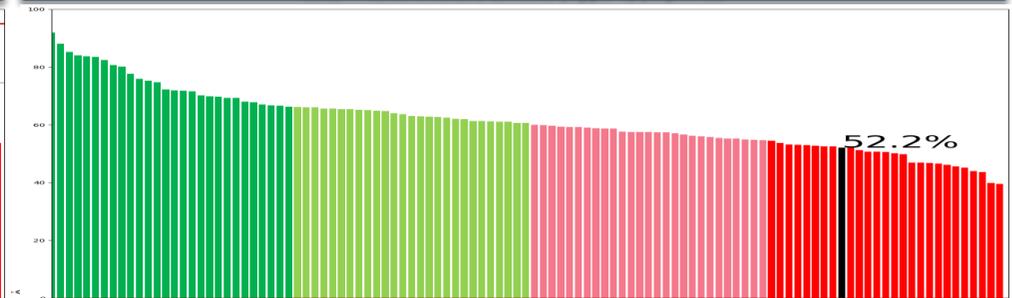
EAS – % in 4 hours or less (Type 1) | May-23



EAS – % in 4 hours or less (All) | April-23



EAS – % in 4 hours or less (Type 1) | April-23

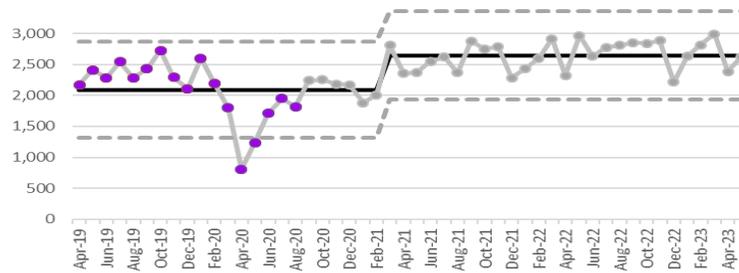


2WW Cancer Referrals	Patients seen within 14 days (All Cancer)	Patients seen within 14 days (Breast Symptoms)	Patients told cancer diagnosis outcome within 28 days	Patients treated within 31 days	Patients treated within 62 days	Patients waiting 63 days or more	Of which, patients waiting 104 days
<p><b>What does the data tells us?</b></p> <ul style="list-style-type: none"> <li><b>2WW referrals</b> have been rebased and May-23 (at 2,620) is at the average of the Apr-21 onwards period but 347 fewer than May-22. However, skin and gynaecology did receive more referrals than seasonal trend might have otherwise indicated.</li> <li><b>2WW</b> returned to special cause improvement with Trust performance increasing from 84% to 92%. 5 specialties achieved the operational standard and those below the waiting times target were Lung, Upper GI, Skin and Gynaecology.</li> <li><b>2WW Breast Symptomatic</b> also returned to special cause improvement this month with performance at 97%.</li> <li><b>28 Faster Diagnosis</b> is still showing special cause improvement with a run of 6 points above the mean. The target of 75% is achievable but not consistently. Urology, Gynaecology and Haematology had performance &lt;50% in May-23.</li> <li><b>31 Day:</b> This metric is still deteriorating and the target is unlikely be achieved without intervention</li> <li><b>62 Day:</b> 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. No specialty achieved the 85% standard in May-23.</li> <li><b>Cancer PTL</b> continues to remain static; April was 3,236 and May was 3,110. 293 patients have been diagnosed and 2,817 are classified as suspected.</li> <li><b>Backlog:</b> The 62+ day backlog remains at normal variation follow the increase in Apr-23. The total number of patients waiting 63+ days is 433 and the number of patients waiting 104+ days is 146. Accountability as a Tier 1 Trust focuses on the urgent suspected referral backlog which, as at 28<sup>th</sup> May, had increase to 309 (12% of PTL) of which 102 patients were waiting over 104 days. Urology remains the speciality of focus with 161 patients breaching 62 days.</li> </ul>				<p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>As things stand the Trust has failed the 2ww target for the second month in a row (having previously achieved it for four consecutive months), though showing some signs of improvement with a performance of 92% for May (subject to validation) which compared to 84% in April. The improvement was largely driven by an improvement in Skin (87% compared to 48%) and Head &amp; Neck returning to operational standard.</li> <li>New 2ww Colorectal referral form has been implemented and to-date we have seen a reasonable level of reduction in demand for this service in line with expectations.</li> <li>28 day FDS performance at 68% is almost exactly the same as April, however only Breast and Upper GI achieved / exceeded the 75% target, with both Head &amp; Neck and Skin coming close. Areas of most concern and therefore focus remain Colorectal, Gynaecology and Urology</li> <li>The backlog position continues to give cause for concern. The biggest increases by specialty can be seen in Colorectal (+29), Urology (+25), Skin (+15) and Head &amp; Neck (+12) so these are the main areas of focus.</li> </ul> <p><b>What are we doing next?</b></p> <ul style="list-style-type: none"> <li>Urgent work is underway in respect to the Dermatology service, led by Executive colleagues, following the resignation of the last remaining substantive consultant. This leaves the position of the outsourcing contract, which provides the majority of capacity for suspected skin cancer pathway, extremely vulnerable with soon to be no remaining consultant oversight and governance arrangements.</li> <li>Following independent admin validation and with clinical validation underway, a request from NHSE regional office has gone out to all ICB's in the East and West Midlands to ascertain which Trusts provide robotic and or open prostatectomies, and if so the numbers of patients on each waiting lists with median waiting times. This is in an attempt to see how the region can then best support the patients of Worcestershire who are waiting for the procedure either as a first definitive treatment or as a subsequent treatment, with a maximum waiting time of 209 and 539 days respectively (as at 08/06/2023).</li> <li>Work is ongoing in seeking to establish bottom up trajectories for both performance against the cancer standards and backlog reduction targets, with focus on those identified as part of the operational plan, i.e. achievement of the 75% FDS standard and achievement of a backlog of no more than 190 patients (GP suspected cancer only) by end of March 2024.</li> </ul>			
<p><b>Current Assurance Levels (Jun-23)</b></p> <p>2WW – Level 5</p> <p>31 Day Treatment - Level 5</p> <p>62 Day Referral to Treatment – Level 3</p>		<p><b>Previous Assurance Levels (May-23)</b></p> <p>2WW - Level 5</p> <p>31 Day Treatment - Level 5</p> <p>62 Day Referral to Treatment - Level 3</p>		<p><b>When expected to move to next levels of assurance:</b> when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease.</p> <p><b>SRO: Chief Operating Officer</b></p>			

**2WW Referrals**

2,620

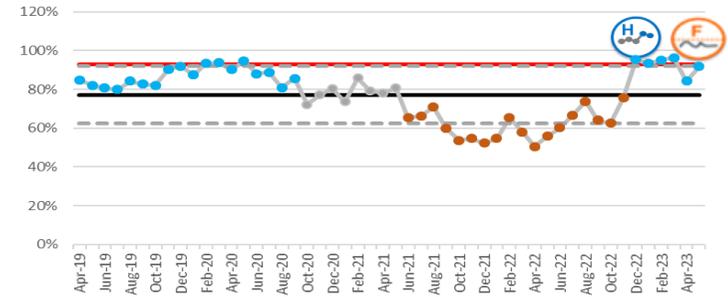
2WW Cancer Referrals



**2WW Cancer**

92%  
2,453 patients seen

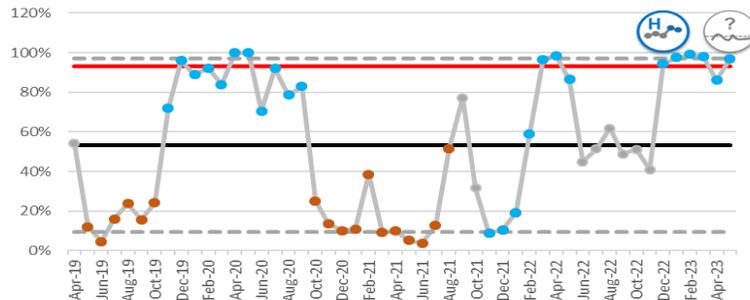
2WW Cancer (All)



**2WW Breast Symptomatic**

97%  
99 patients seen

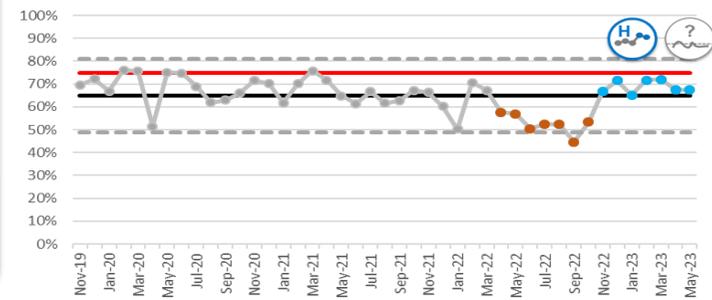
2WW Cancer Breast Symptomatic



**28 Day Faster Diagnosis**

68%  
2,081 patients told

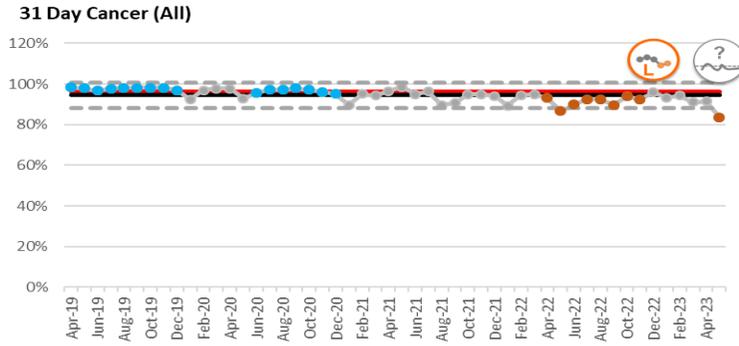
28 Day Faster Diagnosis



• Purple SPC dots represent special cause variation that is neither improvement or concern  
All graphs include May-23 data

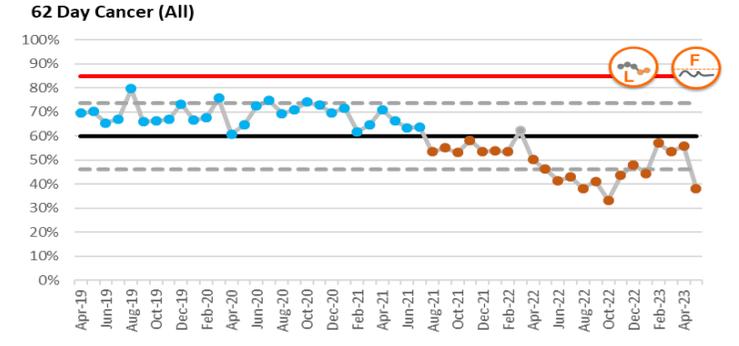
**31 Day Cancer**

84%  
249 patients treated



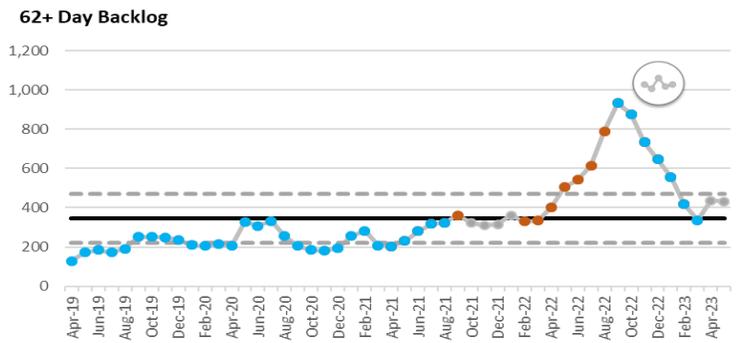
**62 Day Cancer**

38%  
156 people treated



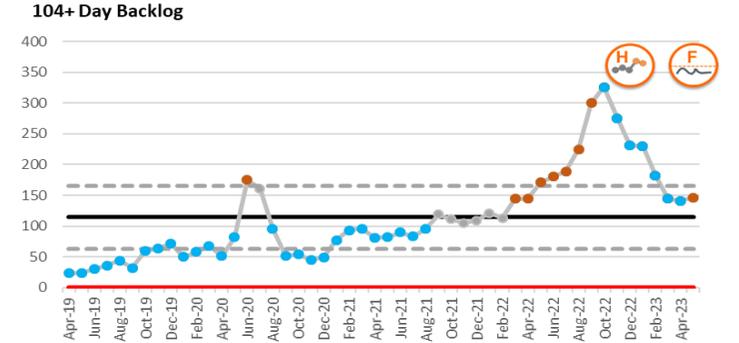
**Backlog Patients waiting 63 days or more\***

433



**Backlog Patients waiting 104 day or more\***

146



**Variation**

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

**Assurance**

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

**Key**

- Internal target
- Operational standard

All graphs include May-23 data

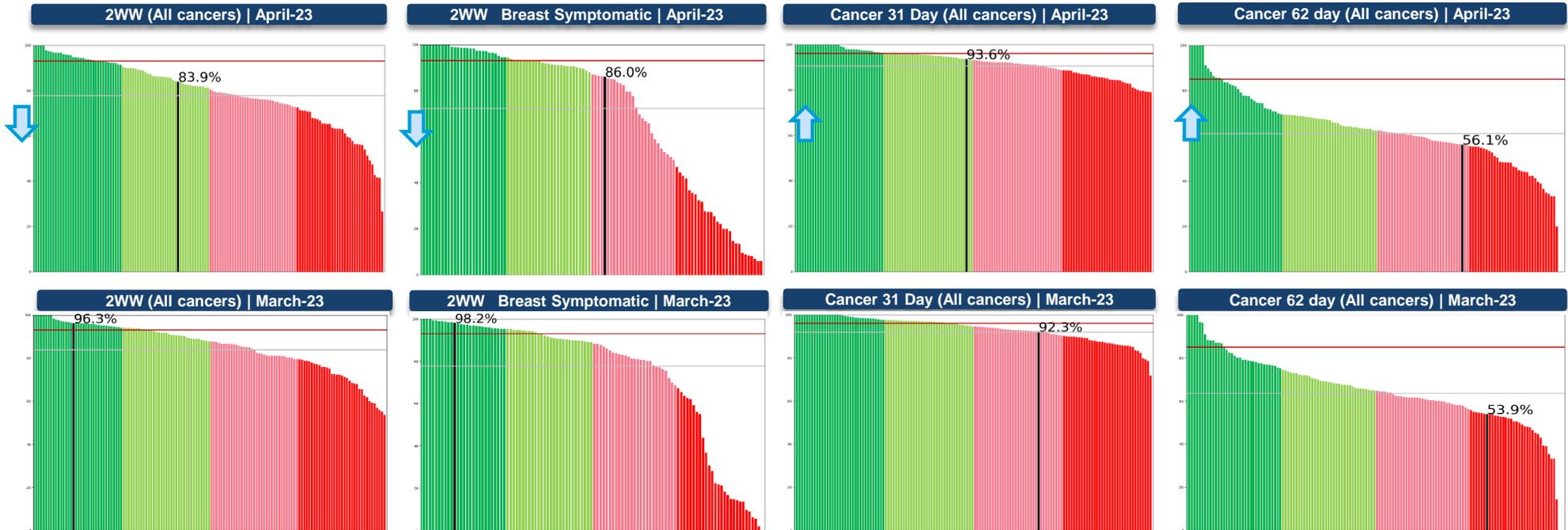
## National Benchmarking (April 2023)

**2WW:** 13 West Midlands Trusts, including WAHT, saw a decrease in performance between Mar-23 and Apr-23. This Trust was ranked 4 out of 13; we were ranked 2 the previous month. The peer group performance ranged from 56.1% to 94.8% with a peer group average of 77.6%; declining from 85.1% the previous month. The England average for Apr-23 was 77.7%; a 6.2% decrease from 83.9% in Mar-23.

**2WW BS:** 6 West Midlands Trusts, including WAHT, saw a decrease in performance between Mar-23 and Apr-23. This Trust was ranked 8 out of 13; we were ranked 2 the previous month. The peer group performance ranged from 9.4% to 100.0% with a peer group average of 68.7%; improving from 67.8% the previous month. The England average for Apr-23 was 72.2%; a 5.4% decrease from 77.6% in Mar-23.

**31 Days:** 3 West Midlands Trusts, including WAHT, saw an increase in performance between Mar-23 and Apr-23. This Trust was ranked 3 out of 13; we were ranked 6 the previous month. The peer group performance ranged from 79.1% to 96.4% with a peer group average of 86.8%; declining from 88.4% the previous month. The England average for Apr-23 was 90.5%; a 1.4% decrease from 91.9% in Mar-23.

**62 Days:** 3 West Midlands Trusts, including WAHT, saw an increase in performance between Mar-23 and Apr-23. This Trust was ranked 5 out of 13; we were ranked 8 the previous month. The peer group performance ranged from 34.9% to 64.1% with a peer group average of 50.3%; declining from 54.4% the previous month. The England average for Apr-23 was 61.0%; a 2.5% decrease from 63.5% in Mar-23.



# Elective Recovery – Referral to Treatment

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

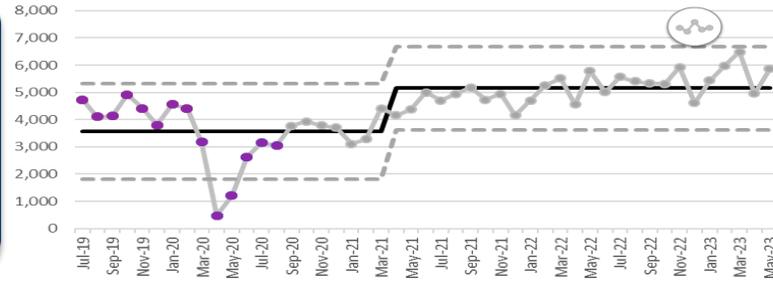
Electronic Referral Service (ERS) Referrals		Referrals to Referral Assessment Service (RAS)		Advice & Guidance (A&G) Requests		Total RTT Waiting List	Patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	8,888	8,356	88% 2WW responded to within 2 working days	2,427	93% responded to within 2 working days						
Non-2WW	5,865										

<p><b>What does the data tell us?</b></p> <p><b>Referrals (validated)</b></p> <ul style="list-style-type: none"> <li>The referrals data has been rebased to reflect that the volumes we have seen since Apr-21 are the new normal. The number received in May-23 was 79 fewer than May-22.</li> <li>The RAS element of referrals demonstrates a similar pattern. However, outcomes within 2 working days (Cancer) or 14 days (non-cancer) are not at target.</li> <li>Looking back at Feb-23, A&amp;G requests resulted in no referral for the same patient (within 90 days) in 71% of requests. This is the normal variation seen in the success of A&amp;G in mitigating unnecessary referrals.</li> </ul> <p><b>Referral To Treatment Time (validated)</b></p> <ul style="list-style-type: none"> <li>The RTT Incomplete waiting list is validated at 66,623. This is not a significant change from previous months.</li> <li>RTT performance for May-23 is validated at 49%. This is a special cause change from previous months due to the trend of improvement.</li> <li>The number of patients waiting over 52 weeks for their first definitive treatment at the end of May-23 was 6,256, a 247 patient decrease from the previous month and is also showing special cause improvement.</li> <li>Of that cohort, 1,785 patients were waiting over 65 weeks, 138 patients have been waiting over 78 weeks, decreased by 112 from 250 the previous month, and there were no patients over 104 weeks.</li> </ul>	<p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>Validation on all longest waiters continues, for cohorts completed this has yielded a 8-10% removal rate.</li> <li>We continue to utilise the Digital Mutual Aid System (DMAS) but take up is low from other providers.</li> <li>We continue to discuss alternative capacity for services with long waiting lists with the integrated care system.</li> <li>In-sourcing arrangements have been finalised to provide additional capacity to bring forward more patients earlier in the year in order to improve the likelihood of determining treatments before breaching 65 and / or 78 weeks wait.</li> </ul> <p><b>What are we doing next?</b></p> <ul style="list-style-type: none"> <li>On-going daily management of the patients and our capacity to ensure that long waiters are seen and treated as quickly as possible.</li> <li>Any additional capacity required has to adhere to robust governance so that the Elective Recovery Fund expenditure is only provided when full productivity internally is achieved.</li> <li>Although we have contracted insourcing arrangements to support our reduction of 78 week waiters, work continues in reviewing local independent sector.</li> </ul>
<b>Current Assurance Level: 3 (Jun-23)</b>	<b>When expected to move to next level of assurance:</b> 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.
<b>Previous Assurance Level: 3 (Apr-23)</b>	<b>SRO: Chief Operating Officer</b>

**Electronic Referrals Profile (non-2WW)**

**5,865**

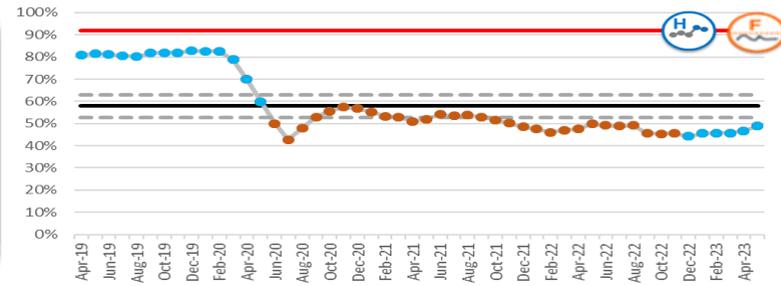
Non-2WW Electronic Referrals



**RTT % within 18 weeks**

**49.0%**

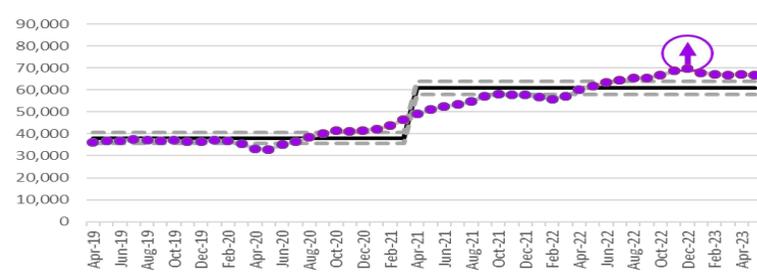
RTT - % Incomplete



**RTT Incomplete PTL**

**66,623**

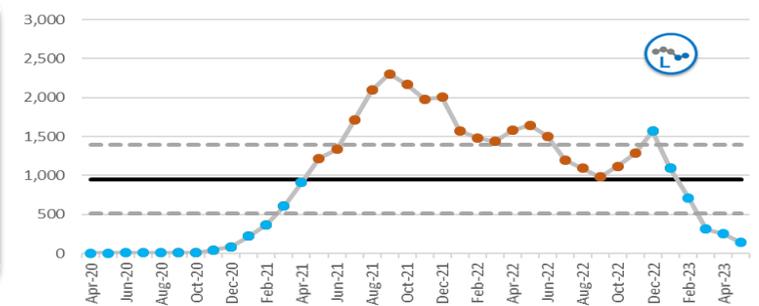
RTT Waiting List



**78+ week waits**

**138**

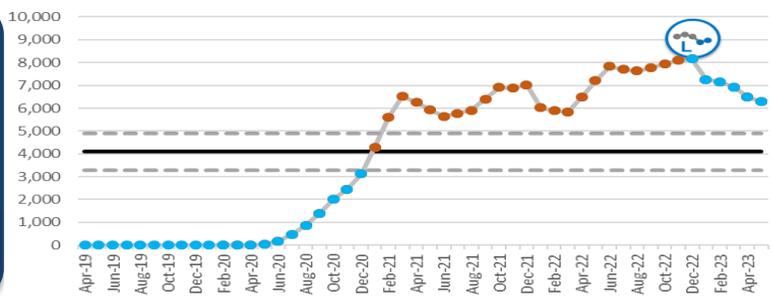
78+ Week Waits



**52+ week waits**

**6,256**

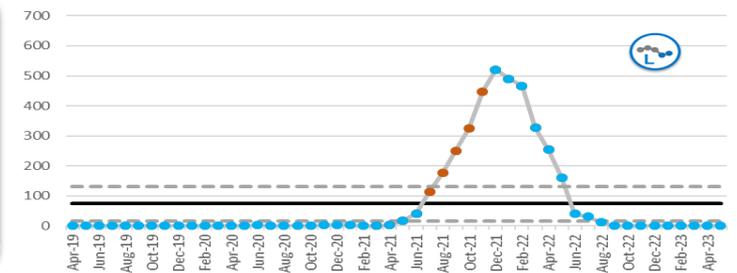
52+ Week Waits



**104+ week waits**

**0**

104+ Week Waits



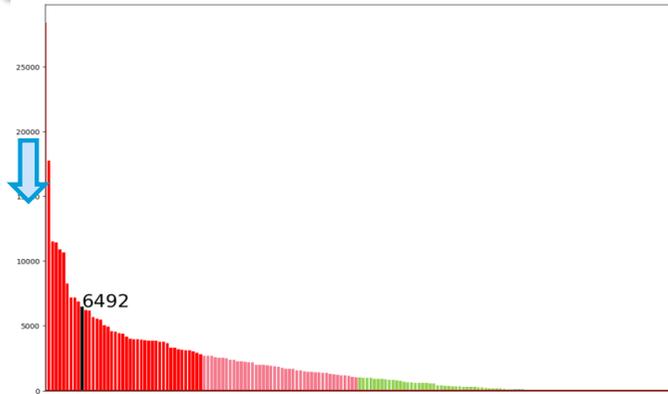
• Purple SPC dots represent special cause variation that is neither improvement or concern

All graphs include May-23 data

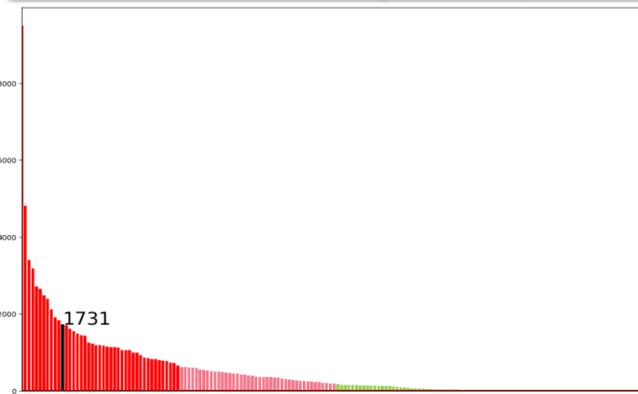
**National Benchmarking (April 2023)** | 4 West Midlands Trusts, including WAHT, saw a increase in performance between Mar-23 and Apr-23. This Trust was ranked 2 out of 13; we were ranked 2 the previous month. The peer group performance ranged from 44.2% to 67.4% with a peer group average of 55.1%, declining from 55.4% the previous month. The England average for Apr-23 was 58.6%; a 0.1% increase from 58.5% in Mar-23.

- Nationally, there were 371,111 patients waiting 52+ weeks, 6,492 (0.2%) of that cohort were our patients.
- Nationally, there were 95,135 patients waiting 65+ weeks, 1,731 (1.8%) of that cohort were our patients.
- Nationally, there were 11,477 patients waiting 78+ weeks, 250 (2.2%) of that cohort were our patients.

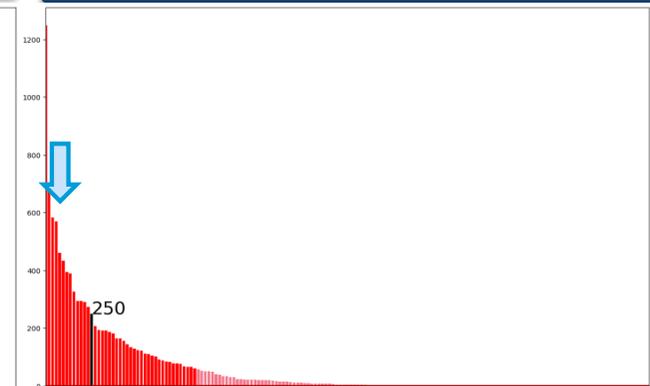
RTT - number of patients waiting 52+ weeks | April-23



RTT - number of patients waiting 65+ weeks | April-23



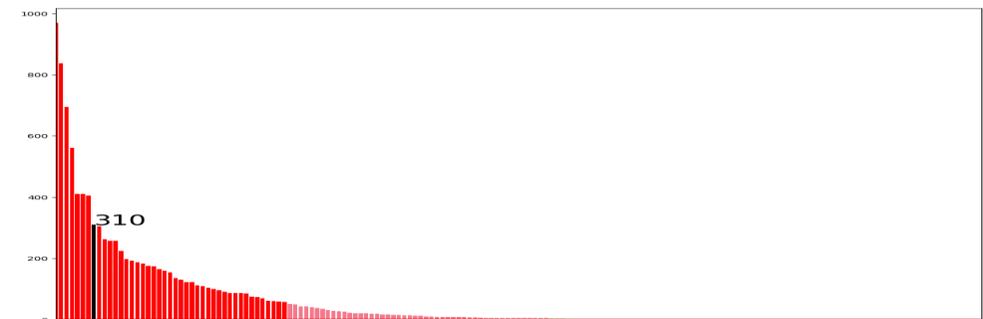
RTT - number of patients waiting 78+ weeks | April-23



RTT - number of patients waiting 52+ weeks | March-23



RTT - number of patients waiting 78+ weeks | March-23



Annual Plan Activity	Total Outpatient Attendances	Total OP Attendances First	Total OP Attendances Follow-Up	Elective IP Day Case	Elective IP Ordinary	Elective IP	Theatre Utilisation	Cases per list	Lost Utilisation (early starts / late finishes)	On the day cancellations
Target achieved?	N/A	✓ (+2,144)	✗ (+4,616)	✓ (+78)	✗ (-49)					

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

- The OP data on slide 16 compares our second SUS submission for May-23 outpatient attendances to May-19 and our 23/24 annual plan activity targets. As noted in the top row of this table we achieved our submitted plan for OPA News but over-delivered on the follows-ups plan although it was fewer than May-19.
- In the RTT Clock Ticking outpatient cohort, there are 34,179 patients waiting for their first appointment. 35% of the total cohort waiting for a first appointment have been dated. Of those not dated patients 2,233 have been waiting over 52 weeks (2,381 last month) noting 4 are waiting 78+ weeks and 179 between 65 and 78 weeks (was 317).
- The top five specialties with the most 52+ week waiters in the outpatient new cohort has changed and are now ENT, Oral Surgery, Gastroenterology, Ophthalmology and Gynaecology. General Surgery has moved to 6<sup>th</sup> highest.

**Planned Admissions of Elective Inpatients - what does the data tell us?**

- In May-23, the combined total number of day cases and EL IP was above plan. This was drive by day case (+78) as EL IP (-49) was below the annual plan target.
- Theatre utilisation continues to showing positive improvement.
- The cases per list continues to show deteriorating performance and will require improvement in order to bridge the gap to annual plan activity targets in 23/24.
- Lost utilisation due to late start / early finish remains at normal variation. 394 hours were lost in May-23 and is made up of 187 hours that are due to late starts and 207 hours that were early finishes. An average of 1 hour 8 minutes were lost per 4 hour session, noting this is apportioning out the total time lost across all 345 sessions delivered in May-23, even if a session itself was fully utilised.
- On the day cancellations are still showing normal variation.
- 70% of eligible patients were rebooked within 28 days for their cancelled operation in May-23.

**What have we been doing?**

- Outpatients Transformation has been relaunched. A SRO (Chief Digital and Information Officer) has been identified.
- A transformation plan is commencing, with several work streams identified, the most critical are : Review of Outpatient physical capacity and Digital developments.
- Theatre management remains a focus – overall there has been an improvement but remains in the balance with the additional work required to specifically target long waiter patients.

**What are we doing next?**

- Outpatients Transformation will also be one of the upcoming 4ward system improvement areas of focus. The ‘genba’ data collation is about to start which informs where the rapid process improvement workshop will focus.
- Progress towards the implementation of the two new theatres at the Alex continues, including the reorganisation of the physical beds to accommodate this additional surgical activity.

<b>Current Assurance Level: 4 (Jun-23)</b>	<b>When expected to move to next level of assurance:</b> : 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 2022/23.
<b>Previous Assurance Level: 4 (May-23)</b>	<b>SRO: Chief Operating Officer</b>