

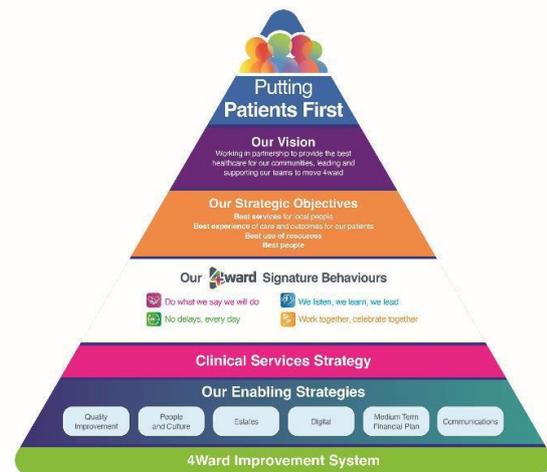
A G E N D A

TRUST BOARD

Thursday 11th May 2023

10:00 – 12:00

Microsoft Teams and live streamed on
YouTube.



Anita Day
Chair

Item	Assurance	Action	Enc	Time
020/23	Welcome and apologies for absence:			10:00
021/23	Patient Story			10:05
022/23	Items of Any Other Business To declare any business to be taken under this agenda item			
023/23	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.			
024/23	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 13th April 2023</i>	<i>For approval</i>	Enc A Page 4	10:30
025/23	Action Log	<i>For noting</i>	Enc B Page 14	10:35
026/23	Chair's Report	<i>For ratification</i>	Enc C Page 15	10:40
027/23	Chief Executive's Report	<i>For noting</i>	Enc D Page 16	10:45

Best Services for Local People
BAF 2, 11, 13, 14, 16, 17, 18, 21
Included within Best Experience of Care reports.

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

028/23	Integrated Performance Report Executive Directors	Level 4	<i>For assurance</i>	Enc E Page 19	10:55
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029/23 Committee Assurance Reports *For* **Page 105** **11.20**
Committee Chairs *assurance*

Best Use of Resources

BAF 7, 8, 11

Included within Best Experience of Care reports

Best People

BAF 9, 10, 11, 15, 17

030/23 Freedom to Speak Up Report **Level 6** *For noting* **Enc F** **11:25**
Freedom to Speak Up Guardian **Page 115**

031/23 Safest Staffing Report *For* **Enc G** **11:35**
Chief Nursing Officer *assurance*
a) **Adult/Nursing** **Level 6** **Page 148**
b) **Midwifery** **Level 6** **Page 155**

Governance

032/23 Remuneration Committee Terms of *For* **Enc H** **11:45**
Reference *approval* **Page 163**
Committee Chair

033/23 Any Other Business *as previously notified* **11:50**

Close

Seven Levels of Assurance

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

Board Assurance Framework

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

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

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 13 APRIL 2023 AT 10:00 AM
ALEXANDRA HOSPITAL BOARD ROOM AND STREAMED ON YOUTUBE**

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

- 001/23 **WELCOME**
Ms Day welcomed everyone to the meeting, including the public viewing via YouTube, observers and staff members who had joined.
- Ms Day reflected on Putting Patients First, noting the Trust was currently on day three of British Medical Association (BMA) industrial action. The Board gave thanks to the teams going above and beyond to keep our patients safe during this time. The risk posed to all NHS organisations could not continue, it was inevitable that patients would come to harm and this was unacceptable.
- There was no patient story presented this month due to the ongoing industrial action. The patient story would come to the next Board meeting.
- 002/23 **ANY OTHER BUSINESS**
There was no other business.

003/23 **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.

004/23 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 9 MARCH 2023**

The minutes were approved.

RESOLVED THAT: The Minutes of the public meeting held on 9 March 2023 were confirmed as a correct record with the above amendment.

005/23 **ACTION SCHEDULE**

There were no actions due for this meeting.

Mr Murphy referred to the behavioural charter and asked how work was progressing with discrimination. Ms Ricketts replied that a Steering Group met regularly to review progress and provided updates through the Trust Management Executive and the People & Culture Committee.

006/23 **CHAIR'S REPORT**

There were no items to report.

007/23 **CHIEF EXECUTIVE'S REPORT**

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

- Timescales for his departure were being reviewed along with succession arrangements. Colleagues were thanked for their support.
- Industrial action was underway. Much planning to mitigate the risks had taken place. Around a third of trainee doctors had arrived for work. A number of staff had gone above and beyond to help keep patients safe. Dr Ling in particular was thanked for their assistance to provide shift cover. The toll it was taking on staff and management teams was acknowledged and a speedy resolution was encouraged. It was noted that the Royal College of Nursing ballot to reject or accept the pay offer closes tomorrow.
- Progress continued to be made in addressing CQC issues quickly. The leadership of the urgent care team were commended for their efforts to move the CQC ratings to Good.
- The Annual Plan 23/24 continues to be discussed with ICB partners to create and set a realistic and achievable plan.
- Actions from a previous Board patient story in relation to patients from the deaf community had been completed.
- Warm wishes were extended to those celebrating the upcoming religious festivals.

Mr Oosterom asked if there were any timelines for the ICS review of the annual plan. Mr Hopkins replied that active conversations with the ICS were underway and the size of the planned deficit in Hereford and Worcestershire was an area of focus. Further improvement in the plan has been requested in relation to agency spend and productivity programmes across a number of providers. Plans in development are ambitious but are realistic and achievable. The key performance priorities were also being focused upon. The importance of reducing risk was at the forefront of discussions. A further plan submission date was expected but the timing is currently unclear.

Mr Bramley referred to industrial action and the loss of activity and queried the Trust position in terms of patients being treated. Mr Hopkins replied that the number of outpatients and operations had been reduced. Around 40 patients who had already been waiting over 78



weeks needed to be cancelled. The number of cancellations would be shared in due course. Only having 20% of staff in some specialties did have a significant impact on patients. Every industrial action has an impact on planned care.

RESOLVED THAT: The report was noted.

Best Services for Local People

008/23 PROVIDER COLLABORATIVE

Ms Peaty provided a summary of the progress being made with collaborative arrangements. It was highlighted that a provider collaborative is any partnership between two or more NHS Trusts to benefit populations to improve quality, improve service resilience, improved access to services and improved recruitment.

All Trusts are required to be part of a collaborative arrangement. Prior to covid, the Trust was working with tertiary providers regarding cancer pathways through collaboration with University Hospital Birmingham and Coventry. Post covid, the Trust has signed a Memorandum of Understanding with the Health & Care Trust to work together, particularly around international nurse recruitment, stroke pathways and staff wellbeing work.

Clinical service work was ongoing with the Wye Valley Trust to identify areas for collaboration and access for patients. A Memorandum of Understanding would be presented to Trust Board in May.

There were some long standing networking arrangements with certain specialties such as cardiology, imaging and pathology linked to the region.

The work to date provides a platform from which to build and develop a mature provider collaborative arrangement. There needs to be a statement of intent to ensure that collaboratives are successful to include a clear scope and a willingness at all levels to work together.

Mr Horwath queried the assessment of the strength of evidence behind the statements and advised that structural changes rarely had an impact, it was a culture shift that was necessary. Views were sought of how to mitigate the risk of individual behaviours. Ms Peaty replied that examples of good practice were provided in the supporting papers within the reading room which demonstrate the benefits of working together around specific pathways and specialties. In terms of local arrangements, needed to be a willingness to work together and people committed to the changes required both culturally and from a clinical and operational perspective. The paper provided a variety of forms that collaboratives could take, which were not exclusively structural such as mutual aid. It was important to not wait for a crisis to collaborate and to be proactive rather than reactive. The 3 year plan and self-assessments assisted in being proactive in terms of benefitting patients by collaboration and efforts towards recruitment. Mr Horwath asked that the reading room material included focus on outcomes.

Dr Blanshard noted that previously some collaboratives have been focused on sharing resources and particular pathways to remove barriers can be shown to have beneficial outcomes, but all needed to be clear beforehand of the purpose and the benefits for patients.

Mr Murphy was interested in how working with partners helps to attract, retain and develop staff. Ms Peaty replied that there was evidence that other local collaboratives had aided to attract into hard to recruit to medical posts and secured retention.

Ms Day summarised that the Trust was supportive of collaborating and all partners needed to be clear of the benefits and focus on patient quality of care, safety and the impact on staff.

Mr Oosterom asked what was the most important partnership was in terms of improving outcomes for patients and operational performance. Ms Peaty advised that the answer would be different depending on different services. The national guidance indicated a clear drive towards integration of services which would point toward the Health & Care Trust and improving patient pathways. From the view of a service sustainability perspective, a collaborative with another acute Trust would be appropriate.

RESOLVED THAT: The report was noted.

009/23

CQC INSPECTION REPORT

Ms Smith presented the report following the publication of the CQC final report. There was no change to the Trust overall rating which remained Requires Improvement. A number of improvements had been made and there were now no inadequate ratings for any site. An action plan had been submitted, additional quality checks implemented and divisional changes had been made in order to make improvements.

Dr Blanshard reflected that for the emergency department to be rated as good in effective and caring given the operational pressures, the fact that patients are being cared for in corridors, crowding in the department and pressure from ambulances is a remarkable achievement by our staff. Ms Day agreed that it was a phenomenal achievement and congratulated the teams. Ms Day was delighted to hear of the progress being made in relation to the actions.

Dr Sinclair noted that an area identified for further improvement related to corridor care being made more dignified and wondered how that could be achieved. Ms Smith advised that screens had been utilised where possible. A recent survey showed that around 90% of these patients reported that their privacy was well catered for which was pleasing to hear given the pressures in that environment. Patients were removed from the corridor for procedures such as catheterisation in order to maintain dignity. Mr Murphy asked for the gratitude of the Board to be passed on to members of staff.

Mr Hopkins referred to the discharge lounge and noting changes to leadership and approach which was assisting flow more effectively. Mr Bramley queried the confidence in the resilience and sustainability of the action plan. Ms Smith replied that confirm and challenge meetings took place monthly against the action plan and could measure the sustainability with monitoring. Dr Blanshard advised that changes made to medicines management within discharge lounges have been driven by the 4ward Improvement System to make improvements and it was known that that methodology was more sustainable.

Level 4 assurance was approved.

RESOLVED THAT: The report was noted for assurance.

Best Experience of Care and Outcomes for Patients

010/23

INTEGRATED PERFORMANCE REPORT

Ms Lewis presented the report for month 11 with had been reviewed at sub-committees with an assurance level of 4.

Operational Performance

Cancer

Mr Borg highlighted the following key points:

- Good progress was being made. At the time of the report, there was 418 patients waiting over 62 days and the end of the year there were 243.
- Challenges remained with Urology. Actions were in place and improvements were being seen. The backlog was 143.
- Time to treatment in December was 106 days, that has now reduced to 67 days which represented improvement.
- Improvement had been seen in benchmarking with peers.

RTT

- At the time of the report there was 713 patients over 78 weeks, the forecast was 400 patients at the end of the year and the year ended with 350. Though this was still too many patients, in March last year the modelling was for over 1200 patients forecast in that cohort.
- 65 weeks will be a challenge moving forward. As it stands there are over 44000 patients that could potentially breach if the Trust did nothing. Of those, 27000 are at risk of breaching 78 weeks at the end of the year.
- There were challenges with patient flow.
- 283 patients over 12 hours were reported.

Ms Martin referred to patient flow, noting over 160 beds had been closed as a consequence of covid and norovirus and asked whether that was across all sites and whether the ratio was comparable with other Trusts. Mr Borg replied that it was 30% of the total bed base. Mr Hopkins advised that it was worth noting that there was a peak in covid cases. 17 outbreaks of covid and norovirus were reported at the end of March and there was an impact on patient flow.

Mr Horwath asked if the progress made with cancer would be sustained and asked for an update regarding independent sources of treatment. Mr Borg noted dermatology and work was underway with the wider ICS to source a solution. There were challenges with recruitment and the Trust relied on the independent sector. Urology also had workforce challenges and the Trust was working closely with Wye Valley to enable patients to be treated more quickly. Two patients had been seen in Northampton for outpatients appointments. Offers of treatment were being explored at the time of assessment for surgery.

Mr Murphy referred to self-presenters and patients who did not need to be at ED and asked for an update along with neck of femur fractures. Mr Borg replied that patients visit the place for ease of access. Discussions regarding alternatives were ongoing. The challenge was ensuring that there are alternatives and that they were easily accessible for patients.

Dr Blanshard noted fractured neck of femur performance with 78% of patients getting to theatre within 36 hours, is the second highest performance within the last two months and was testament to teams making improvements and developing their action plan. The main cause for delay for patients was trauma theatre capacity which is reflective of the volume of trauma presenting. Patients were being directed to same day emergency care with ambulatory trauma surgery at Kidderminster if they did not need to be admitted as inpatients. The snap audit level had reduced to a B due to a reduction in the number of patients admitted to the stroke unit within 4 hours due to lack of capacity. As of today, there were 10 patients in the Trust awaiting stroke rehabilitation bed at Evesham and there was no capacity there.

Mr Hopkins advised that a key additional tool to come to fruition is virtual wards to avoid patient attendance at ED. This had been hindered by medical capacity and nursing workforce challenges, therefore the patients were not being seen within community settings. There was a consistent number of patients being sent to ED with letters where they ought to be referred to same day emergency care. The system urgent and emergency care board would focus on these issues. It was often found that the criteria to admit patients into community beds is less flexible in terms of IPC and the ICB medical leaders were being asked for assistance in order to make best use of capacity.

Mr Oosterom was pleased to see progress in cancer and theatre utilisation. 78 weeks remained a concern and 65 weeks would be challenging, also noting the ambulance handover delays. Mr Oosterom asked what we were doing in order to achieve this given the impact of outbreaks and strikes. Mr Borg replied there was a significant challenge particularly within gynaecology and general surgery. A range of actions have been undertaken to include utilising resources better, improved efficiency, maximising the capacity available and the establishment of the elective recovery taskforce. Further work was being done in terms of data quality and validation to ensure that there is clear data. Recruitment and retention would play a part in the challenged areas. There were ongoing challenges and risks with industrial action had an impact and an early resolution was awaited. There is a plan to achieve zero 65 week waiters but was recognised as a challenge.

In relation to ambulance handover delays, there were restrictions on space, flow and patients who did not need to attend ED. Discharges before noon needed to be focused on and improvements in flow outside of the department would assist. Mr Hopkins advised that the Alex site had been more resilient and managed flow more effectively. The Worcester site had a weakness with the site management function and a new leader had been recruited who started this week. Steps were being taken to ensure that they are better supported. Time of day of discharge needed to be above 25% to make a difference to flow.

Ms Martin noted that patient flow is a value stream and asked which areas was being focused on. Dr Blanshard replied that the first two workstreams focused on the process of discharge summary and writing prescriptions. Initial process mapping and timings suggested that the process of being declared medically fit, discharge and completion of paperwork could take up to 8 hours. A series of changes had been put in place to reduce down to 45 minutes and was being trialled in one area to embed prior to rolling out more widely across the organisation. Prescription completion and distribution of drugs reductions were also being focused on.

Ms Day referred to a recent system review and queried the outcomes. Mr Hopkins informed that the ICB commissioned a review regarding length of stay, however no feedback had not yet been received.

Dr Sinclair advised that it would be helpful to see what proportion of long stay patients were medically fit for discharge and when in order to better inform the system.

Ms Day reiterated that quantifying the impact of industrial action and building it in to the report would be beneficial.

People & Culture

Ms Ricketts highlighted the following:

- Getting the basics right had been maintained throughout the industrial action, however there had been a drop within job planning.
- Workforce plan focus remained on recruitment and retention.

- Some benefits of the workforce plan were not being seen due to the offset of bank and agency.
- There had been an improvement in staff health and wellbeing in comparison to the national average.

Finance

Ms Kirwan drew attention to the following key points:

- Adverse variance of £800k in month 11 increasing the year to date variance to £1.8m.
- There was confidence to achieve the month 12 end position against the plan.
- The variances reported previously around winter costs have continued this month.
- £25.9m capital spend was reported and there was an expectation of a further £25m in month 12. The Trust was forecasting to achieve within £52k of that revised position.
- There were close links between finance, estates and digital which has been beneficial to the position.

Mr Horwath asked for focus on the run rate moving forward. Mr Kirwan replied that discussion could take place through the Finance & Performance Committee.

Mr Oosterom applauded the financial management in order to achieve what we said we would. There were big challenges for next year. Ms Day acknowledged that there was more confidence in the finance numbers than previously and applauded the progress made.

Mr Hopkins advised that there had been a significant improvement in the way in which teams have come together to ensure that money is best used in delivering for the benefit of patients. Achieving the target on spend was also applauded. The establishment of the Strategic Programme Board which oversees the Trust's key programmes has been helpful to achieving a series of capital programmes which have been delivered on time this year. Ms Day added that the implementation of EPR also added to a year of progress being made in a number of areas and there had been improvements to the management and governance process. Thanks were extended to the teams in all of those areas.

RESOLVED THAT: The report was noted for assurance.

011/23 COMMITTEE ASSURANCE REPORT

- Finance & Performance – The Annual Plan was discussed in detail and it was ambitious and with risk. The plan needed to be fully owned by Executives and divisional teams.
- Quality Governance Committee – Risks and mitigations of industrial action had been discussed in detail.
- People & Culture – There was more work to do with bank and agency and culture but highlighted the efforts made by Ms Ricketts and team to the progress that was being made.

RESOLVED THAT: The Committee report was noted for assurance.

Best Use of Resources

012/23 GOING CONCERN

Ms Kirwan informed that Going Concern was a key part the accounting regime in preparation for the financial statements. This was the tenth consecutive year of not achieving break even status, though the facility to access support should we require it though NHSE does exist. The recommendation of Finance & Performance and Audit & Assurance Committees is that the Trust is a Going Concern.



Level 7 assurance was approved.

RESOLVED THAT: The Trust was approved as a Going Concern

Best People

013/23

STAFF SURVEY

Ms Ricketts presented the Staff Survey results which had been reviewed by the People & Culture Committee. The results are compared and benchmarked nationally. In 2017, the Trust performance was in the bottom quartile of survey results. 2020 results improved from the bottom quartile to just below average and sustained that position for the last couple of years. This year's results were consistent nationally and the Trust was not an outlier, though there was a lower response rate than anticipated. Focus would be on improving the response rate this year.

Staff reported being dissatisfied with the level of pay which aligned to the national results and unsurprising given the industrial action. Concern is staff confidence in raising concerns regarding clinical practice and the confidence in the organisation addressing those concerns. Feedback loops were being explored in order to make further improvements. Due to resource constraints and pressures, staff scored lower in being happy with the standard of care provided and with recommending the Trust as a place to work. A deep dive had been undertaken and actions created to address them had been reviewed by the People & Culture Committee. Themes did show a strong sense of team working within the organisation which was indicative of a shift in culture.

The next step is to create ownership of the survey at team, specialty and divisional team levels. A culture plan was being created to respond to the feedback and develop an action plan.

Ms Martin referenced the focus on divisions and the support that is in place. Surgery was a problematic area in terms of complaints and queried what support and focus was being offered in that area. Ms Ricketts replied that leadership development was being prioritised for those areas and team diagnostics was underway to develop focused work with them using the behaviour charter.

Mr Murphy asked what could be learnt from digital given the good feedback received. Ms Ricketts advised that using the signature behaviours, 4ward improvement system and regular huddles took place. Good leadership management was key. The heatmap highlighted good areas of practice which could be shared with others.

Ms Lewis informed that the digital teams attended twice weekly huddles and all members of the team had attended the 4ward improvement training. External coaching had also been invested in for leaders within the digital team.

Level 4 assurance was approved.

RESOLVED THAT: The report was noted for assurance.

014/23

SAFEST STAFFING REPORT

a) Adult/Nursing

Ms Smith provided the following update:

- Safe staffing was achieved.

- No patient safety incidents related to staffing were reported during industrial action periods.
- Further strike days have been paused pending ongoing negotiations with the government.
- The discharge lounge at Worcester has relocated to the Avon floor.
- HCA vacancies was a priority to recruit to.
- International nursing continued and 6 international midwives had been appointed.

The assurance level of 6 was approved.

b) Midwifery

Ms Jeffrey reported the following:

- There was a slight increase in sickness, turnover and vacancies.
- There had been further reduction in escalation and a reduction in red flag reporting.
- Increase in fill rates.
- Vacancies were reported at 13%. 20 of those are clinical posts and 5 are leadership. 24 posts have been offered to newly qualified midwives who will join in September. Letters had been sent to the new candidates and regular contact would be established to keep in touch with them throughout the summer.

Ms Day observed that 8 medication incidents had been reported and queried whether there was a trend. Ms Jeffrey replied that there was no theme. A Serious incident was reported but was related to a prescription error and not staffing.

The assurance level of 6 was approved.

RESOLVED THAT: The reports were noted for assurance.

Governance

015/23 PROVIDER LICENSE CONDITIONS FT4 AND G6 REVIEW

Ms O'Connor advised that the review formed part of the compliance of the provider license.

The Trust is subject to enforcement undertakings following a review in July where a number of the previous undertaking were removed as complied with or discontinued,

Trust Management Executive, Quality Governance and Audit & Assurance Committees have reviewed the report and recommended approval.

Level 5 assurance was approved.

RESOLVED THAT: The Provider License Conditions FT4 and G6 Review were approved.

016/23 AUDIT & ASSURANCE REPORT

Mr Horwath made reference to the Head of Internal Audit opinion who have awarded moderate assurance which is disappointing particularly as there were a number of areas that have significant assurance. It was likely that the rating was a direct consequence of the no assurance report in relation to bank and agency. An action plan has been created and progress being made.

RESOLVED THAT: The report was noted for assurance.



017/23 **TRUST MANAGEMENT EXECUTIVE REPORT**

Mr Hopkins advised that a number of the reports had been considered by Committees. The key area of note is concern from some clinical leaders that there is a shift in the balance of maintaining quality and costs and both were to be considered moving forward. There needed to be ownership and engagement of plans.

RESOLVED THAT: The report was noted for assurance.

018/23 **REMUNERATION COMMITTEE TERMS OF REFERENCE**

Ms O'Connor presented the terms of reference as part of the annual review and workplan.

The Audit & Assurance have reviewed and recommended approval.

RESOLVED THAT: The Remuneration Committee Terms of Reference were approved.

019/23 **ANY OTHER BUSINESS**

Mr Haynes advised that the first live stream of the board meeting had been successful and expressed his thanks to the teams.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held in person on Thursday 11 May 2023 at 10:00am.

The meeting was closed.

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	11 May 2023
Paper number	Enc C

Chair's Report

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board are requested to ratify the action undertaken on the Chair's behalf since the last Trust Board meeting in April 2023.
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Executive summary	<p>The Chair, undertook a Chair's Action on the recommendation of Finance and Performance Committee and in accordance with Section 24.2 of the Trust Standing Orders to:</p> <p style="text-align: center;">1. Approve Pressure Area Care Mattresses</p> <p>The Contract Award Governance and background papers are enclosed for noting on the Private Trust Board Reading Room</p>
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Risk										
Which key red risks does this report address?		What BAF risk does this report address?	BAF 7, 8							
Assurance Level (x)	0	1	2	3	4	5	6	X	7	N/A
Financial Risk										
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N						N/A	X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance										

Meeting	Public Trust Board
Date of meeting	11 May 2023
Paper number	Enc D

Chief Executive Officer's Report

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

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

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

Recommendations	The Trust Board is requested to <ul style="list-style-type: none"> Note this report.
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Executive Summary	This report is to brief the Board on various local and national issues. Items within this report are as follows: <ul style="list-style-type: none"> Industrial Action Annual Plan 23/24 4ward Improvement System Update Deputy CEO appointments
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Risk										
Which key red risks does this report address?	N/A	What BAF risk does this report address?	N/A							
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	X
Financial Risk	None directly arising as a result of this report.									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N			N/A	X			
Are the actions identified starting to or are delivering the desired outcomes?	Y		N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance										

Meeting	Public Trust Board
Date of meeting	11 May 2023
Paper number	Enc D

Introduction/Background

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

Industrial Action

Members of the Royal College of Nursing (RCN) union in England rejected the government's current pay offer and held a 24-hour strike which ended at midnight on 1 May 2023. This required a lot of planning for the Trust as it coincided with a bank holiday weekend. The strike was originally scheduled to be 48 hours long, but the High Court ruled that would be unlawful because the existing RCN strike mandate expired after 24 hours.

In March the government offered a 5% pay rise for 2023-24 and a one-off payment of at least £1,655 to top up last year's salary for all staff on agenda for change terms and conditions, depending on staff grades. The offer covers all NHS staff except doctors. While 11 NHS unions accepted the pay deal on 2 May 2023, the RCN rejected it again and warned it will continue to pursue strike action. To do so, it would need to ballot its members again to get another strike mandate. Unite also failed to back the deal - it currently has a strike mandate for local strikes in some ambulance services and a few hospitals (we are not directly impacted by this).

The British Medical Association have failed to reach agreement with the Government on Junior Doctors pay and therefore it is likely that further industrial action will take place in the coming months. The Trust has received notification that the BMA are balloting their consultant members for industrial action. The ballot closes on 26th June 2023.

Annual Plan 23/24

Our annual plan was re-submitted to NHS England on 4th May 2023, following a letter from NHSE to all Integrated Care Systems on 17th April requesting resubmission of plans which to progress in closing the gap against the ambitions set out in the NHSE Operational Planning Guidance, particularly a reduction in the size of the deficit. Trust Board discussed our revised plan at extraordinary Trust Board meetings held on 2nd and 3rd May, where changes to the plan since the previous Trust Board-approved submission on 30th March were discussed. There have been minor amendments to our activity, performance and workforce plans. However, our re-submitted plan presents a break even financial position, which includes a productivity and efficiency programme (PEP) of £28m.

4ward Improvement System Update

The 4ward Improvement System has been reviewed having completed the first year since launch. The overarching benefits outlined in the business case approved in October 2021 focused on delivery of consistently safe, and continuously improving care for patients; and, improving the experience of our staff, by empowering them to improve the work they do. As a foundation of our strategic pyramid the 4ward Improvement System would therefore both improve retention of our staff and improve the reputation of the Trust.

The Year One highlights are:

- Creation of The Improvement team responsible for providing training, coaching, facilitation and promotion of the 4ward Improvement System.
- Set up and launch of multiple Courses to upskill our staff with the philosophy, tools and new leadership attributes necessary to foster the Improvement culture.
- Launch of the priority value streams Patient Flow and Recruitment, supported by four Rapid Process Improvement Workshops.

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- Participation by >1,100 staff (16%) who have attended training and the four Improvement events; positive feedback includes tools that are simple to use, staff feel more engaged, and empowered to make the improvements to their own work.

The unprecedented operational pressures over the year have contributed to a slower rate of cultural change than anticipated. The Transformation Guiding board continuously monitors uptake to provide guidance, encouragement and flexibility to training delivery. Nevertheless, this remains a risk to elimination of waste and the embedding and spread of improvements from the RPIWs.

Year 2 focus will therefore be heavily around ensuring we see impact from RPIW's and embedding the cultural change we need across the organisation. Specifically:

- The Transformation Guiding Board will support the Value Streams to deliver the expected improvements through the RPIW's by helping to create the culture that encourages both testing and learning where failure occurs.
- Prioritisation of embedding the RPIW on flow consistent with our strategic priorities
- Senior leadership teams to be accountable for creating a sense of urgency to role model the new leadership attributes; visible leadership on the Genba, problem-framing and coaching their staff to improve the work they do
- Ensuring clear performance metrics are in place to demonstrate the improvements made using KPIs to capture the quality and financial benefits associated with the removal of waste.
- Showcasing and celebration of changes made as part of our 4ward behaviours

Deputy CEO Appointments

I am pleased to share with colleagues the news that two current members of our executive team – Chief Medical Officer Dr Christine Blanshard and Chief Finance Officer Neil Cook - are taking on additional roles as Deputy Chief Executives (a role previously held by Paul Brennan).

Having Christine and Neil sharing the Deputy CEO responsibilities reflects the position of this Board that clinical quality and safety can, and should, go hand in hand with efficiency and delivering the best possible value for the Worcestershire pound.

Issues and options

Recommendations

The Trust Board is requested to

- Note this report.

Appendices – None

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Integrated Performance Report – Month 12 2022/23

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

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome
TME	April 19 th , 2023	Agreed
Finance and Performance Committee	April 26 th , 2023	Agreed
Quality Governance Committee	April 27 th , 2023	Amendment of FNOF assurance level from 5 to 4

Recommendations

Trust Board are asked to:

- note this report for assurance

Key Issues

Operational Performance

Elective Recovery - Industrial Action

We can report on the impact of the Junior Doctor Industrial Action that took place from the 11th to the 14th April 2023. 1,790 outpatient appointments, 93 day cases and 14 elective inpatients were rescheduled. Of our longest waiters, 1 RTT patient over 78 weeks, 25 RTT patients at risk of being 78 week breaches in April or May and 15 cancer patients over 62 days were affected by cancellations.

Elective Recovery - Activity

- We achieved the OP New submitted activity plan for Mar-23 but we did not achieve the full year ambition; 3 months of the year were at or above submitted plan.
- At no point during the year did we deliver reduced numbers of follow up appointments as per the Annual Plan requirements, but we did do fewer appointments than in 19/20 (a reduction of ~20,000).
- By delivering over 8,000 day cases in Mar-23, we were above our submitted plan for only the second time in 22/23.
- Inpatient (ordinary) remained below our submitted plan for the entire year.
- We delivered ~10,000 planned admissions fewer than the submitted plan.

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- Our validated DM01 Diagnostics waiting list at the end of Mar-23 was below 9,000 for only the second time in 22/23 and the number of patients waiting 6+ weeks decreased to the lowest in the year.
- The number of patients waiting over 13 weeks has decreased below 600 for the first time this year but more work is required to achieve the NSHE ambition to be at zero by the end of Q1. We delivered over 19,000 DM01 tests in Mar-23; the second time this volume has been achieved in 22/23.
- This means that we delivered ~22,000 more tests in 22/23 than in 19/20 but fell 6% short of the submitted plan.

In summary, performance against the monthly plans improved during the year noting that the overall under performance was driven by lower than planned activity in Q1 and Q2.

Elective Recovery - Performance
Consultant-led referral to treatment time

- The unvalidated number of patients waiting over 104 weeks for Mar-23 is zero.
- The overall incomplete RTT waiting list has stabilised between 67,000 and 68,000; however, the percentage of patients under 18 weeks has decreased.
- Although significant effort has been made to have no patients waiting over 78 weeks by the end of March, our unvalidated Mar-23 position is 310.
- At the time of writing, there are 457 patients (a combination of 22/23 carryover and those whose breach date is in month) at risk of being a breach at the end of April if a decision on their first definitive treatment isn't made in the month.
- To ensure appropriate scrutiny, patients at risk of breaching 78 weeks are being managed on a day to day basis with insourcing and outsourcing opportunities being explored to bolster capacity in order to bring patients forward. An Elective Task Force has commenced that will have weekly oversight of delivery against speciality recovery plans.
- As at the 1st of April, 44,640 patients require a decision on their first definitive treatment in 23/24 in order to meet the NHS England ambition of zero 65 week breaches at 31st March 2024.

Cancer

- The number of 2WW referrals in Mar-23 was the highest in 22/23 at 3,002. Gynaecology, Head & Neck, Lower GI, Skin and Urology were the main specialties receiving this increased demand.
- We have achieved the 2WW waiting time standard for the fourth consecutive month indicating we currently have the correct capacity to meet current demand although Skin is currently at risk in April due to workforce issues with our insourced contractor.
- Best practice pathway improvements continue to support progress towards achieving the 28-day faster diagnosis standard which was above 70% again this month but further work is required to ensure more patients are informed of their diagnosis by day 28.

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- At the end of Mar-23, we recorded 337 patients waiting over 63 days for diagnosis and / or treatment and 144 of those patients have been waiting over 104 days.
- As part of Annual Planning 22/23 we submitted a target of no more than 160 urgent suspected referral patients breaching 62 days by end of year. The unexpected increase in referrals in 22/23 and the capacity issues this presented meant this was not achievable. An updated target of no more than 328 was submitted to NHSE in Oct-22 and we did achieve this. As at w/e 2nd April there were 243 urgent suspected referral patients over 62 days. This was 9% of the total PTL and 59% of whom are under the care of urology.

Patient Flow

All urgent care performance metrics remain special cause for concern. The number of ambulance handover delays over 60 minutes increased to 1,005. Bed occupancy averaged at 98% again this month but was higher on individual days and does not include boarding; this means occupancy has been over 100% when taken into consideration. COVID inpatients had a significant impact on patient flow in March as it did in February. On the 1st March there were 49 COVID inpatients which increased to a peak of 90 during the month. Since the 1st April, there have been two days where there were over 100 COVID inpatients in our beds and the average inpatients per day has been 92 in April compared to 67 in March.

3,014 patients were discharged in Mar-23 with 79% classified as ‘simple’. We achieved our internal discharge targets on 13 of 31 days. The overall average length of stay was 7.0 days although this does increase to 7.5 when the zero-day cohort is removed. 19% of patients were discharged before midday. On the last day of the month 103 patients had a length of stay greater than 21 days, equating to 1,876 bed days.

Get it right, first time (GIRFT) supporting Elective Recovery

With support from our integrated care system colleagues the Trust is progressing with GIRFT improvements.

- Trust wide reviewing the procedures where other Trusts have identified suitability for patient initiated follow ups. Clinical discussions taking place.
- Orthopaedics are focussing on reducing their average length of stay, with Exeter providing some best practice feedback in a meeting mid-April.
- Gynaecology are reviewing some changes to pathways that may result in some increased capacity for hysteroscopy pathways and are reviewing some possible improvements in the Postmenopausal bleeding pathway.
- General Surgery – have developed and implementation plan and are now designing suitable key performance metrics to monitor implementation and impact.

Quality and Safety

There is no significant change amongst the Quality metrics.

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	<p>Infection Prevention and Control remains focused on C.Diff prevention and managing the hospital acquired Covid infections as the volumes have continued to increase during April.</p> <p>Fractured neck of femur remains a concern; although the performance is within common cause, it has remained below target since the start of the pandemic, indicating that unless a focused intervention is put in place we cannot achieve the target and we could not sustain achieving it.</p> <p>Stroke remains at an overall SSNAP grade of B despite ongoing challenges with accessing the Stroke Ward directly and remaining on the Ward for 90% of the time. There are small improvements seen in the last few months, but bed pressures and access to CT scanning remain a barrier for further improvement.</p> <p>Please note: The Quality and Safety section of the IPR will become more integrated with the operational metrics during 23-24 and the focus will become patient outcomes rather than activity related metrics. This will be an iterative change to the IPR commencing in April 2023.</p> <p>People and Culture</p> <p>As at Month 12 we have remained consistent in getting the basics right with mandatory training and appraisals better than national average. Job planning continues to see a downward trend to 58% and Divisional Directors have been asked to focus on job planning compliance as a priority.</p> <p>We have met our workforce plan this year and seen an improvement in our vacancy rate due to successful recruitment. However, this has stalled this month due to increased leavers.</p> <p>Bank and agency usage continues on an upward trend due to sickness absence, turnover, opening of new services at short notice, continued use of surge areas, and strike action.</p> <p>However, agency spend as a % of gross cost has reduced to 7.10% which is only just above average. The number of shifts above price cap continue to decrease due to continued negotiation with agencies to lower rates to remain within booking tiers.</p> <p>Our Financial Position</p> <p>The position outlined below is based on the revised national planning submission of the 20th June 2022 with a full year deficit of £19.9m.</p> <p>In M12 the pre audited actual deficit was £0.5m against a plan of £2.4m deficit, a favourable variance of £1.9m. This brings the full year pre audited actual deficit to £19.8m against a plan of £19.9m deficit, a favourable variance of £0.1m (0.5%).</p>
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Statement of comprehensive income	Mar-23			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,384	74,349	26,965	568,757	608,792	40,035
Other operating income	2,689	7,815	5,126	31,461	36,175	4,714
Employee expenses	(30,269)	(56,965)	(26,696)	(359,037)	(398,032)	(38,995)
Operating expenses excluding employee expenses	(20,371)	(32,594)	(12,223)	(239,089)	(253,558)	(14,469)
OPERATING SURPLUS / (DEFICIT)	(567)	(7,395)	(6,828)	2,092	(6,623)	(8,715)
FINANCE COSTS						
Finance income	0	77	77	0	737	737
Finance expense	(1,127)	(2,153)	(1,026)	(13,943)	(15,301)	(1,358)
PDC dividends payable/refundable	(682)	(694)	(12)	(8,176)	(8,527)	(351)
NET FINANCE COSTS	(1,809)	(2,770)	(961)	(22,119)	(23,091)	(972)
Other gains/(losses) including disposal of assets	0	65	65	0	182	182
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(2,376)	(10,100)	(7,724)	(20,027)	(29,532)	(9,505)
Add back all I&E impairments/(reversals)	0	9,658	9,658	0	9,658	9,658
Surplus/(deficit) before impairments and transfers	(2,376)	(442)	1,934	(20,027)	(19,874)	153
Remove capital donations/grants I&E impact	10	11	1	124	126	2
Remove net impact of consumables donated from other DHSC bodies	0	(27)	(27)	0	(27)	(27)
Adjusted financial performance surplus/(deficit)	(2,366)	(458)	1,908	(19,903)	(19,775)	128

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £32.1m (64.1%) above the Trust's Operational Plan in March.

This is mostly due to one off notional pension contribution of £12.6m, pay award accrual of £11.7m and donated PPE of £1.3m, all of which offset by costs.

The Trust has reported the **full value of ERF income £16.6m** in the position with the agreement of the ICB.

Employee expenses in month 12 were £26.7m (88.2%) adverse to plan and year to date £39m (10.9%) adverse to plan. Most of the in month variance is due to one off notional pension contributions of £13.6m and pay award accrual of £11.7m pending settlement, both offset by income above. In month 12 we receive a notional pension contribution value from NHSE which we report in both income and costs, this is the additional 6.3% employer contribution to the pension scheme paid by NHSE on the Trust's behalf. Of the adverse variance, £0.5m in month (£7.1m FY) is due to the pay award which was not in the plan but is income backed and £0.7m underachieved PEP (£5.2m FY) which is net of the £1.3m YTD Business Case pay underspend declared. Winter pressures which are externally funded account for £0.3m in month (£1.3m FY), and £0.2m in month (£0.5m FY) due to recognition of overseas nurse's experience and local accrual for bank pay award (£0.4m in month and full year). The remainder of the adverse variance is due to vacancy fill, patient acuity and premium costs of temporary staff. This is partially offset by favourable variances from £0.2m balance sheet release (£1.3m FY) and £0.2m favourable COVID expenditure (£1.2m FY).

Operating expenses in month 12 were £12.2m (60%) adverse to plan and year to date £14.5m (6.1%) adverse to plan.

Adverse variances in month include £9.7m of impairments (note impact removed in our bottom line adjusted reportable position), £1.3m adjustment for donated PPE offset by income, £1.1m due to PFI credit accrued for in 21/22 released into the position following confirmation that it had been received through the year, £0.8m (£6.1m YTD) relating to drug costs, of which

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£0.4m in month arising from stock take - of this variance £0.1m in month is Non PbR (£3.9m FY) and offset by income, £0.4m in month (£1.2m FY) relating to Non PbR Devices with most of the in month variance arising from stock take, underachieved PEP of (£0.3m in month, £4.8m YTD) net of the £3.1m YTD Business Case pay underspend declared, depreciation (£0.6m adverse in month, £0.5m favourable YTD), remainder due to additional supplies and services and outsourcing spend linked to activity (including ERF mobile scanner costs of £0.3m in month). The adverse variances are partially offset by £6.9m of year to date balance sheet releases.

Productivity and Efficiency

The Productivity and Efficiency Programme target for 22/23 as submitted to NHSE is £15.7m. Month 12 delivered £2.008m of actuals against the plan as submitted to NHSE in April 2022 of £4.579m. An adverse variance of £2,571m.

The cumulative position at M12 is therefore £10,073m of actuals against a plan of £15,7m, an adverse variance of £5,627m.

Capital

The total capital plan submitted for 2022/23 was £62.1m. The Regional NHSE team withdrew funding of £800k PDC for the RAAC (roofing) scheme which we will need to re-apply for in 2023/24 which caused a pressure on the allocation. However, the Trust has agreed an additional £500k allocation with NHSE which will be dealt with either via an allowable system over commitment which will be managed at Regional level, or an uplift to our CRL allocations. This reduces our forecast to £50.162m. The RAAC £800k will be submitted for PDC funding in 23/24 to complete the works.

Worcestershire Acute Hospitals NHST Capital Financial Management Plan 2022/23							
	RESOURCES						
	Total	Nat'l Funds drawn to match Capex	Regional Allocation - Add'l Digital	TIF2 - Regional Rephasing	RAAC PDC Repayment	Draw Funds Expiring 31/03/23	Revised Resources
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
System Capital - Recurrent	11,571						11,571
System Capital - RAAC	3,000				(800)		2,200
System Capital	14,571	0	0	0	(800)	0	13,771
IFRS16	1,500						1,500
IFRIC 12	991						991
Frontline Digitisation	7,387		0				7,387
Critical Cybersecurity	0	(60)				60	0
TIF2 - AHR Theatres	18,886	(8,030)		(7,000)		8,030	11,886
CDC2	3,147	(1,984)				1,984	3,147
ASR	10,520	(9,870)				9,870	10,520
UEC	0						0
Digital Diagnostics Capability	180						180
Charitable Funds (Robot)	256						0
Blood Tracker (SCSD)	630						630
Breast	40						40
Histology Processing Machine	110	(110)				110	110
National Capital	43,647	(20,054)	0	(7,000)	0	20,054	36,391
Total Sources	58,218	(20,054)	0	(7,000)	(800)	20,054	50,162

The Trust has been actively pulling forward schemes which are essential in 2023/24 into 2022/23 to meet the CRL. CPDG in March 23, approved urgent

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capital schemes and schemes brought forward from 23/24 into 22/23. The final unaudited capital position for 22/23 is outlined below:

Worcestershire Acute Hospitals NHST
 Capital Financial Management Plan
 2022/23 - Reported Position

	Revised Resources 22/23	Reported Actual Capital Expenditure Month 12 - National Agreement	Variance to FOT 22/23
	£'000	£'000	£'000
System Capital - Recurrent	11,571	10,282	(1,289)
System Capital - RAAC	2,200	2,200	0
System Capital	13,771	12,482	(1,289)
IFRS16	1,500	1,327	(173)
IFRIC 12	991	1,270	279
Frontline Digitisation	7,387	7,387	0
Critical Cybersecurity	0	0	0
TIF2 - AHR Theatres	11,886	11,885	(1)
CDC2	3,147	2,576	(571)
ASR	10,520	892	(9,628)
UEC	0	11,557	11,557
Digital Diagnostics Capability	180	431	251
Charitable Funds (Robot)	0	0	0
Blood Tracker (SCSD)	630	379	(251)
Breast	40	29	(11)
Histology Processing Machine	110	110	0
MRI Purchase		285	285
			0
National Capital	36,391	38,128	1,737
Total Capital Expenditure as per Unaudited Submission	50,162	50,610	448

In summary the Trust agreed a Plan of £50.162m, actual capital expenditure is £50.610m, resulting in an allowable overspend of £448k compared to the agreed £500k over commitment against our CRL. However, we have had gains on disposals and a lease of £363k which has reduced the CRL required.

There remain a number of risks around the strategic capital programme going forward particularly:

Risk: Risks remain regarding the overall financing of the over spend on the UEC scheme. The Trust Capital plan provided a mechanism to broker a solution into 2023/24 to accommodate the over spend in this year. However, funds brokered from nationally funded schemes will need to be replenished as a 1st call on the Trusts 2023/24 internally generated programme. **Mitigation:** Discussions are ongoing regarding a longer term brokerage solution with ICB and Region to try and avoid using such a significant proportion of the Trusts own internally generated funds in 2023/24 risking the delay of a significant proportion of spend on backlog maintenance and equipment replacement in particular.

Risk: The UEC build has been complex and has still to be completely fitted out and there is therefore risk of further unforeseen costs being identified that require funding in 2023/24. **Mitigation:** Additional scrutiny will continue whilst completing the ground floor to try and assess the potential for any further risk. Any additional costs on the UEC will require slippage from elsewhere to offset further costs and ensure that the Trust remains within its CRL. The capital

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	<p>plan will be reviewed regularly to reflect with strategic schemes estimated costs in 2023/24 and the future years.</p> <p>Risk: The Trust is in the process of requesting a retrospective vat reclaim in respect of the UEC build. Whilst this has not been included in 2023/24 planning it would support an improved resource and offset the UEC over spend. Mitigation: VAT advisors have been appointed and are in contact with HMRC.</p> <p>Cash</p> <p>At the end of March 2023 the cash balance was £33.3m against an in month plan of £27.5m. The planned external capital funding of £38.3m had been drawn down in full as at 31 March 2023.</p> <p>The Trust did not receive PDC in support of revenue funding this year due to the high level of cash reserves being held.</p> <p>The full year cash flow included the following:</p> <ul style="list-style-type: none"> £38.3m PDC capital funding received throughout the year. The plan for capital funding is £51.0m of which £38.3m is funded via the PDC capital funding, the balance required to support creditor payments was funded by other Trust Income. The capital and cash flow plan included £1.5m lease funding in 2022-23 to cover the planned lease additions under IFRS16. It is understood that these new leases will score against the Capital Departmental Expenditure Limit (CDEL) funding in 2022/23. <p>Financial Duties</p> <p>On the three key financial duties, the Trust has:</p> <ul style="list-style-type: none"> Not achieved its Breakeven Duty although achieving the deficit plan it set as a Board Achieved the External Financing Limit Achieved its revised Capital Resource Limit within an allowable system over commitment.
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Risk										
Which key red risks does this report address?				What BAF risk does this report address?	2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20					
Assurance Level (x)	0	1	2	3	4	X	5	6	7	N/A
Financial Risk	N/A									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A					X

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Are the actions identified starting to or are delivering the desired outcomes?	Y		N		
If no has the action plan been revised/ enhanced	Y		N		
Timescales to achieve next level of assurance					

Recommendations
Trust Board are asked to: <ul style="list-style-type: none"> ▪ note this report for assurance
Appendices
<ul style="list-style-type: none"> ▪ Integrated Performance Report (up to Mar-23 data) ▪ WAHT At A Glance – Mar-23 ▪ WAHT March 2023 in Numbers Infographic ▪ Committee Assurance Statements – April 2023 meetings



Integrated Performance Report



Trust Board

11th May 2023

Data: Up to March 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
Cancer	<ul style="list-style-type: none"> • Our 2WW performance exceeded the cancer waiting times standard of 93% for the fourth consecutive month. • 6 specialties achieved the 2ww operational standard this month. Three specialities (Lung, Upper GI and Gynaecology) did not achieve 93% but their performance was between 85% and 90%. • We saw ~3,000 more patients on a urgent suspected 2ww pathway in 22/23 than in 21/22, providing 30,244 appointments. • 4 specialties have achieved the 28 Day Faster Diagnosis Standard of 75% this month. • Our 63+ day backlog, and those waiting over 104 days, has continued to reduce. We finished the NHS England monitoring period with 243 urgent suspected referral patients waiting over 62 days. (slide 12).
Elective Recovery	<ul style="list-style-type: none"> • There were zero patients breaching 104+ weeks at the end of Feb-23. • The number of patients breaching 78+ weeks has decreased from 713 at the end of Feb-23 to 310 at the end of Mar-23. Although not zero, as per NHS England ambition, this is showing a special cause improvement. • The bottom-up plan for outpatient new appointments was exceeded every month • We delivered over 8,000 day cases in Mar-23, the first time in 22/23 and also higher than any months achievement in 19/20. • Although not at the annual plan requirement, we did delivery ~20,000 fewer follow-up appointments than in 19/20.
Diagnostics	<ul style="list-style-type: none"> • By delivering 214,628 diagnostic tests in 22/23, we achieved 94% of a annual plan that was required to be set at 120% of 19/20 levels. • In Mar-23 we delivered 19,668 DM01 reportable tests for only the second time above 19,000 in 22/23. • The number of patients waiting over 13 weeks decreased below 600 for the first time since Mar-20.

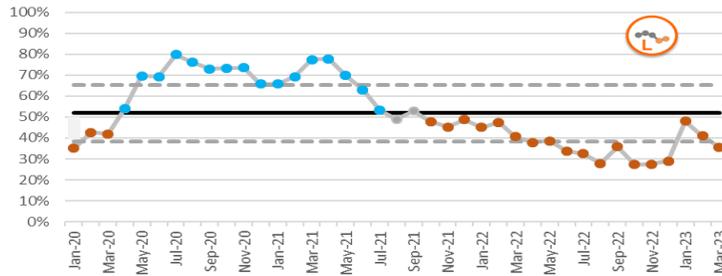
Percentage of Ambulance handover within 15 minutes	60 minute Ambulance Handover Delays	Time to Initial Assessment - % within 15 minutes	Time In Department				12 Hour Trolley Breaches	4 Hour EAS (Type 1)
			Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted 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			

<p>What does the data tell us?</p> <ul style="list-style-type: none"> Slides 4 and 5 highlight that the patient flow metrics in this report continue to show special cause concern. The proportion of patients who experienced a greater than 12 hour length of stay in our Emergency Departments (ED) remained elevated in Mar-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, in part, to continued high numbers of Covid inpatients combined with those patients who no longer had a reason to reside. Constrained flow through and out of our hospitals is the overriding factor which impacted on our ability to deliver timely acute care. 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. <p>Additional metrics</p> <ul style="list-style-type: none"> The conversion rate of attendances to admission was 30% at WRH (2,073 admissions), the 8th consecutive month over 30% conversion from attendance to admission and 22% at ALX (1,183 admissions). On the 31st March, there were 103 patients who had a LOS of 21+ days. 40 of those patients had been identified as medically fit for discharge; these patients have accounted for 769 bed days. 	<p>What have we been doing?</p> <ul style="list-style-type: none"> Due to increased pressures on site SDEC has been used for bedded capacity, reducing the take through this area AEC staff are being located in ED to ensure pull through and regular streaming to AEC Delays in Surgical Transfer have reduced since SDEC opened Specialty acceptance of GP referrals direct to assessment areas has improved with good engagement from medical assessment areas and ACPs continue to pull early from the ED. <p>What are we doing next?</p> <ul style="list-style-type: none"> Planning for winter 23/24 to ensure agreed supporting processes are agreed, established and funded ASAP Chasing updates on bids for national monies to support patient safety and flow Reduce reliance on Bank & Agency to include stopping use of premium agencies and initiatives to enhance substantive staff provision. Contribute to discussions with system partners to facilitate direct admissions to community beds and therefore reduce inappropriate admissions to acute beds
Current Assurance Level: 4 (Apr-23)	When expected to move to next level of assurance: This is dependent on the on-going management of the increased attendances and achieving operational standards.
Previous assurance level: 4 (Mar-23)	SRO: Chief Operating Officer

Percentage of Ambulance handover within 15 minutes

36%

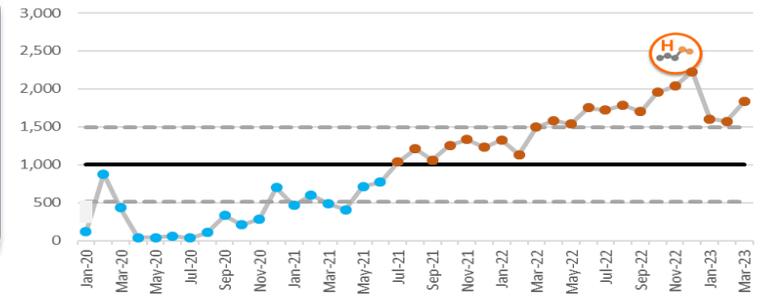
Ambulance handovers within 15 minutes



Patients spending more than 12 hours in ED

**15%
1,833 patients**

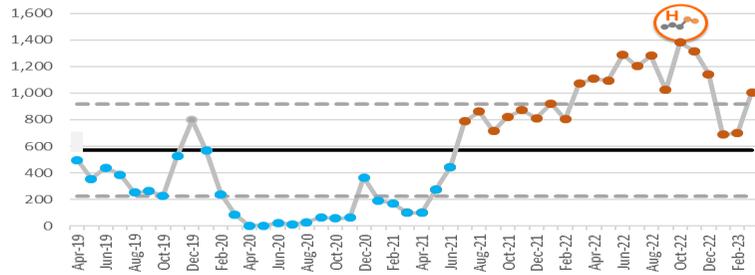
Patients spending 12+ hours in ED



60 minute Ambulance Handover Delays

1,005

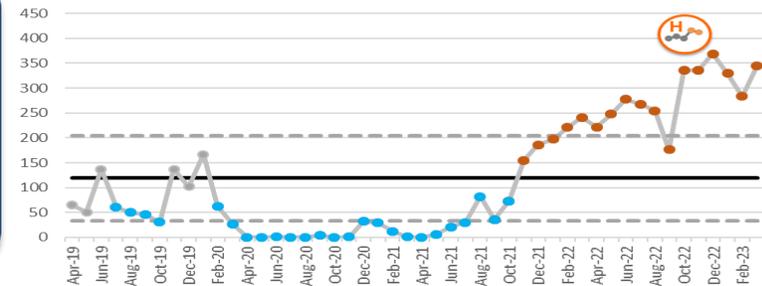
60 minute ambulance handover delays



12 Hour Trolley Breaches

345

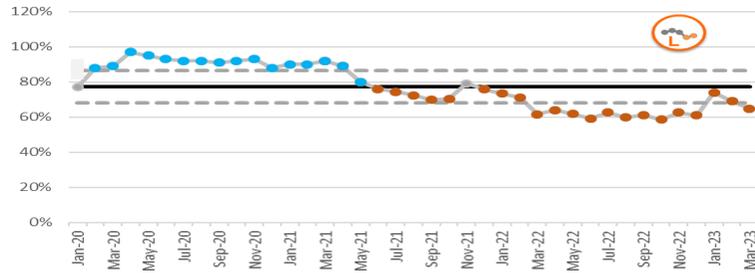
12 hour breaches



Time to Initial Assessment - % within 15 minutes

65%

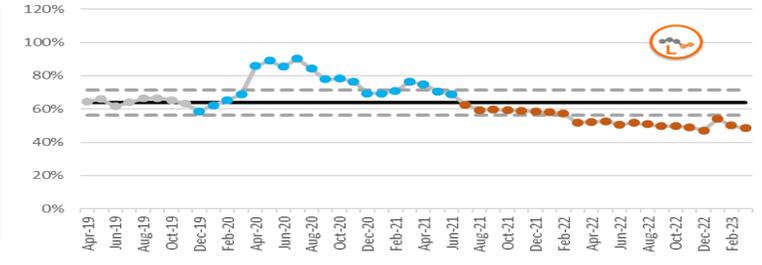
Time to initial assessment within 15 minutes



4 Hour EAS (Type 1)

**48%
5,880 of 12,159**

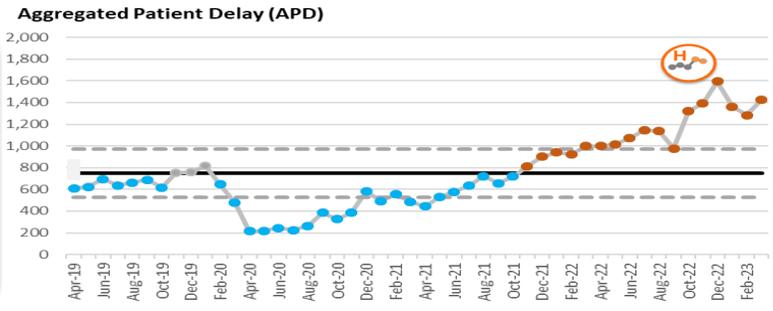
EAS Type 1 - 4 hour performance



All graphs include March-23 data

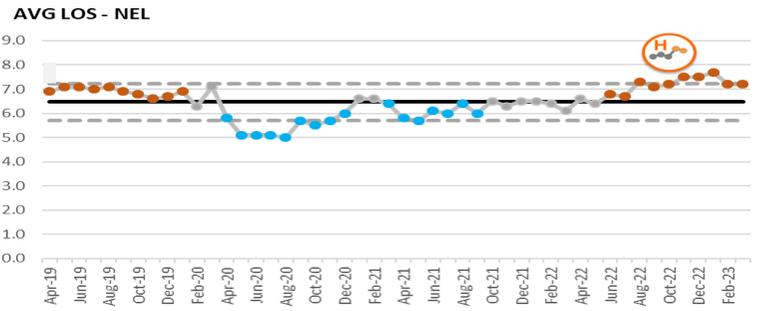
Aggregated Patient Delay (APD)

1,429



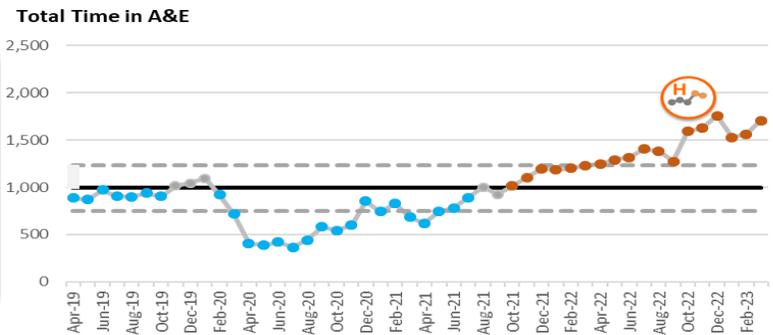
Average LOS in Hospital at Discharge (NEL excl. same day discharge)

7.2 days



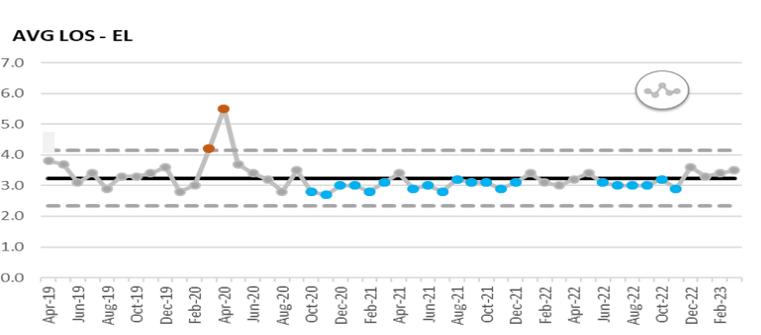
Total time spent in A&E (95th Percentile)

1,707 minutes



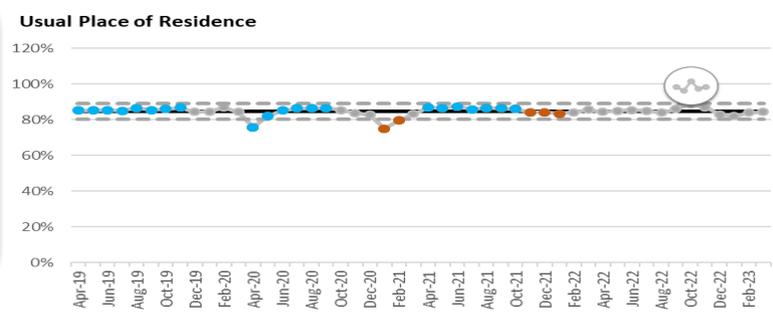
Average LOS in Hospital at Discharge (EL excl. same day discharge)

3.5 days



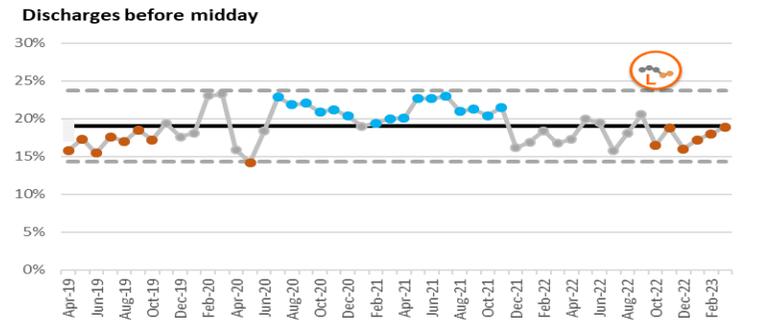
Patients discharged to usual place of residence

84.4%



% Discharges before midday

18.9%



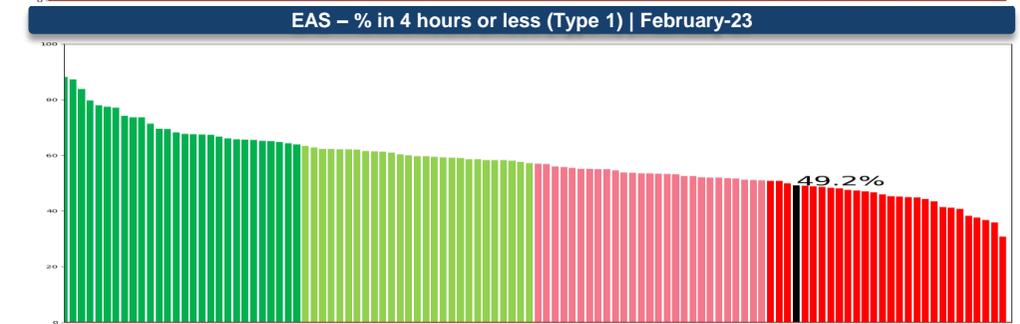
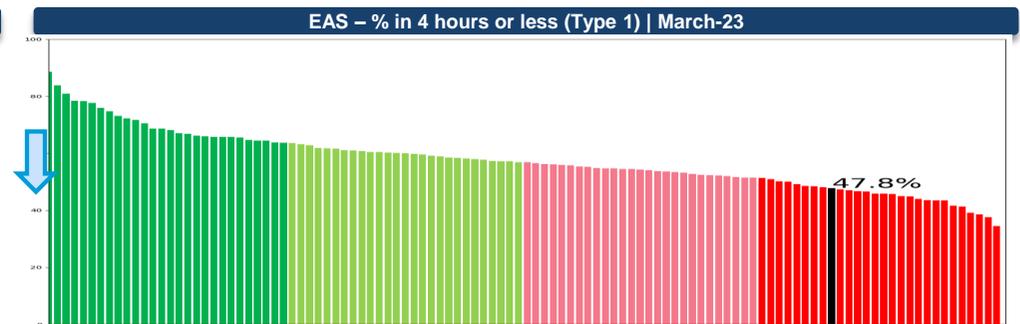
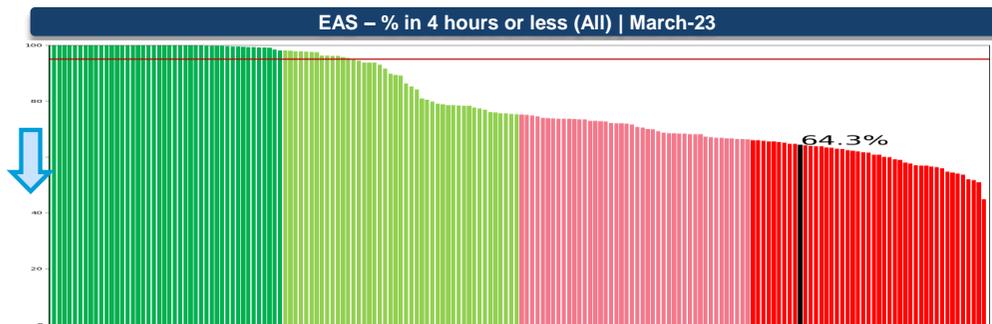
All graphs include March-23 data

National Benchmarking (March 2023)

EAS (All) – 6 West Midlands Trusts, including WAHT, saw a decrease in performance between Feb-23 and Mar-23. This Trust was ranked 9 out of 13; no change from the previous month. The peer group performance ranged from 50.9% to 75.9% with a peer group average of 65.6%; declining from 65.8% the previous month. The England average for Mar-23 was 71.5%; no change from the previous month.

EAS (Type 1) – 7 West Midlands Trusts, including WAHT, saw a decrease in performance between Feb-23 and Mar-23. This Trust was ranked 11 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 38.57% to 68.12% with a peer group average of 52.92%; improving from 52.08% the previous month. The England average for Mar-23 was 56.8%; no change from the previous month.

In Feb-23, there were 39,671 patients recorded as spending >12 hours from decision to admit to admission. 345 of these patients were from WAHT; 0.87% of the total.



■ WAHT — Operational Standard 95%

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

What does the data tells us?

- **2WW referrals** in March have reached a new all time high of 3,002. Gynaecology, Head & Neck, Lower GI, Skin and Urology are the specialties most in demand.
- **2WW** has remained at special cause improvement with 93% of patients seen within 14 days. 6 specialties achieved the operational standard and the other 3 specialties (Lung, Upper GI and Gynaecology) had performance between 85% and 90%.
- **2WW Breast Symptomatic** has remained special cause improvement this month with 98% of patients seen within 2 weeks.
- **28 Faster Diagnosis** is still showing normal variation with 4 specialties achieving operational standard (Upper GI, Breast, H&N, Lower GI). The target of 75% is achievable but not consistently. Urology and Haematology had the lowest performance in Mar-23.
- **31 Day:** This metric is still deteriorating and the target is unlikely be achieved without intervention; however, we continue to benchmark well on this indicator (slide 13).
- **62 Day:** This metric is still deteriorating and the target will not be achieved without intervention and will be limited by needing to reduce the backlog of patients over 62 days. Skin was the only specialty to achieve the 85% standard in Mar-23.
- **Cancer PTL** continues to remain static; February (3,128) and March (3,211). 338 patients have been diagnosed and 2,873 are classified as suspected.
- **Backlog:** The 62+ day backlog is now showing as special cause improvement due to the downward trend over 7 months. The total number of patients waiting 63+ days is 337 and the number of patients waiting 104+ days has increased to 193. Accountability as a Tier 1 Trust focuses on the urgent suspected referral backlog which, as at 2nd April, had reduced to 243 (9% of PTL) of which 111 patients were waiting over 104 days. Urology remains the specialty of focus with 143 patients breaching 62 days.

What have we been doing?

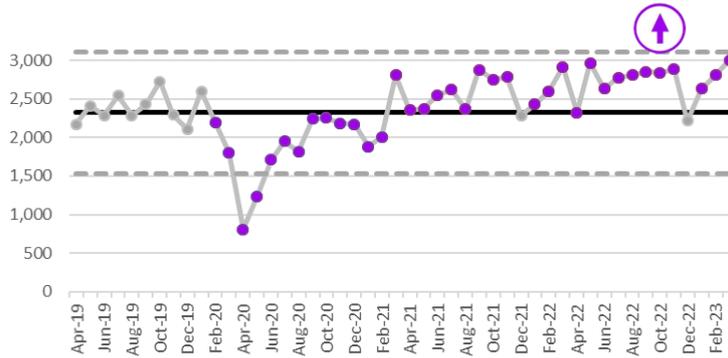
- The strong 2ww performance continued throughout March 2023 with achievement of the standard for the fourth consecutive month, final figure to be confirmed following validation. March 2023 saw 2ww Skin achieve the standard for the first time in over two years (February 2021) with the only specialties not to achieve the 2ww target being Gynaecology (capacity), Lung (capacity) and Upper GI (capacity and patient choice breaches).
- Recent efforts to improve our overall performance against the 28 day FDS standard were sustained throughout March 2023, with a performance in excess of 71% which is currently being validated. Driven in part by the improvements being made within our 2ww performance at specialty / sub-specialty levels and also some sustained improvements in both access to and reporting of some key diagnostic tests as a result of the focused best practice pathway work.
- Cancer backlogs continue to decrease, ending FY 2023/24 at 243 (GP suspected cancer only) with most specialties seeing a decrease throughout the month.
- All Cancer RAPs now received with fortnightly meetings chaired by our Director of Performance underway seeking assurances around the delivery of key identified actions.

What are we doing next?

- Confirmation was received around the continuation of 18 Week Support to provide extensive capacity for the 2ww Skin pathway amid significant existing workforce vacancies and further consultant and nurse consultant resignations. Unfortunately capacity coming on line was delayed with none provided for the first weekend and limited capacity for the next 2 weekends in April, all of which has resulted in significant breaches of the 2ww standard for Skin in April 2023 at the time of writing. Work is underway to remedy this via the recruitment of 2 Locum Consultants, which in part is subject to outpatient space being secured at WRH.
- 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.
- The specialty of Urology accounted for 143 patients of the 243 total backlog (GP suspected cancer only) so focus in seeking assurance and delivering of key actions, including outsourcing of treatments, continues via weekly Task & Finish group meeting.

Current Assurance Levels (Apr-23)	Previous Assurance Levels (Mar-23)	
2WW – Level 5	2WW - Level 5	When expected to move to next levels of assurance: when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease.
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 3	62 Day Referral to Treatment - Level 3	
		SRO: Chief Operating Officer

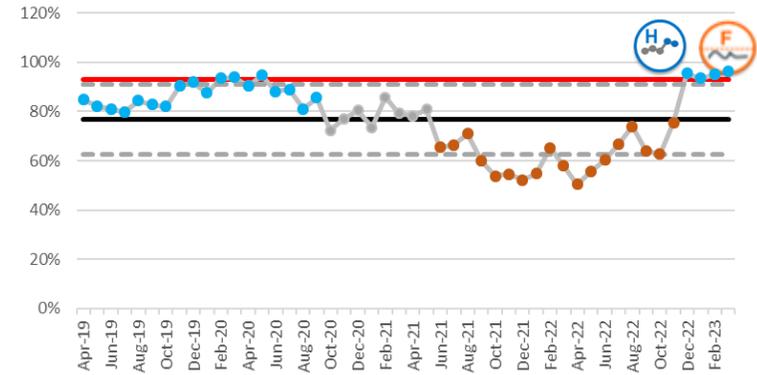
2WW Cancer Referrals



2WW Referrals

3,002

2WW Cancer (All)

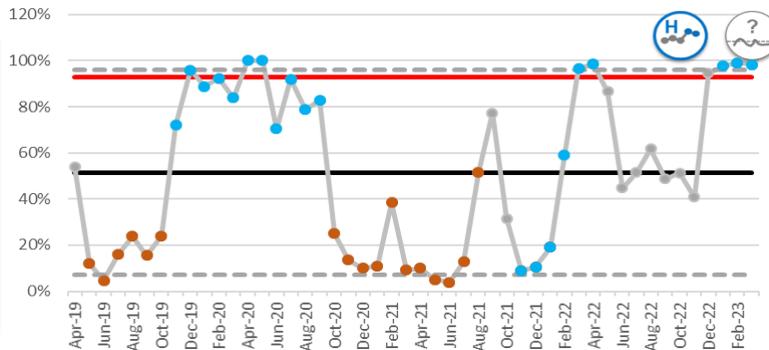


2WW Cancer

96%

2,707 patients seen

2WW Cancer Breast Symptomatic

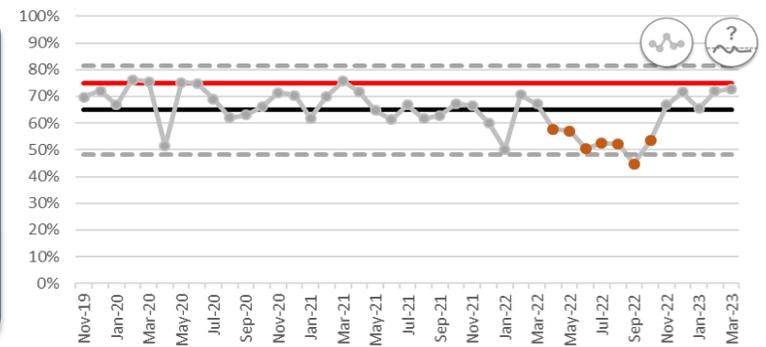


2WW Breast Symptomatic

98%

111 patients seen

28 Day Faster Diagnosis



28 Day Faster Diagnosis

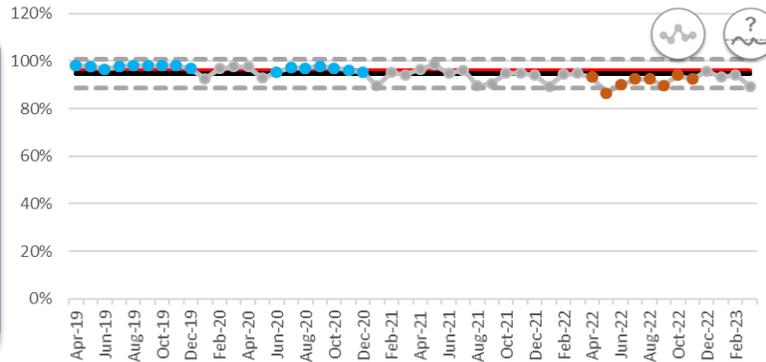
72%

2,664 patients told

Variation			Assurance		
		Special Cause Concern High			
		Special Cause Note/Investigate High			
		Common Cause			

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

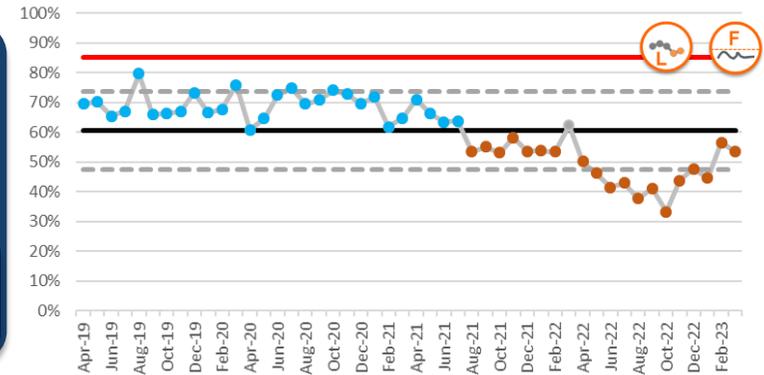
31 Day Cancer (All)



31 Day Cancer

91%
371 patients treated

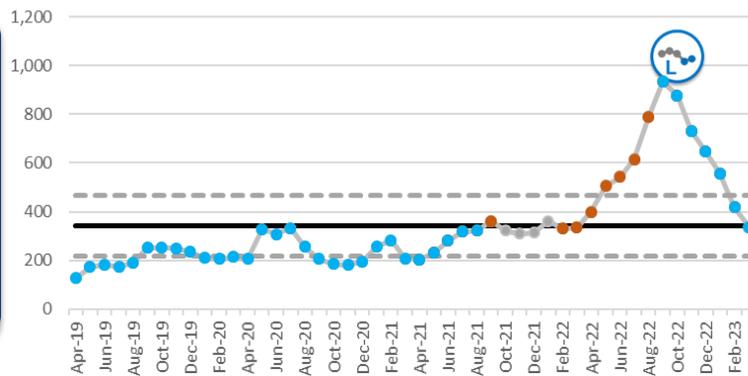
62 Day Cancer (All)



62 Day Cancer

53%
244 people treated

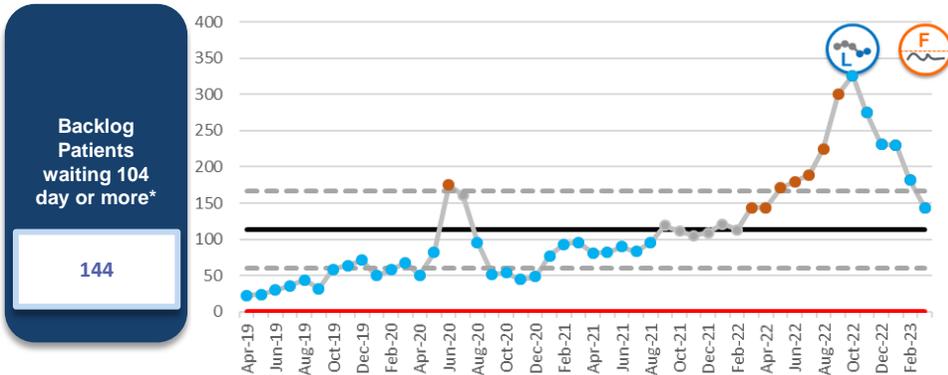
62+ Day Backlog



Backlog Patients waiting 63 days or more*

337

104+ Day Backlog



Backlog Patients waiting 104 day or more*

144

Variation

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

Assurance

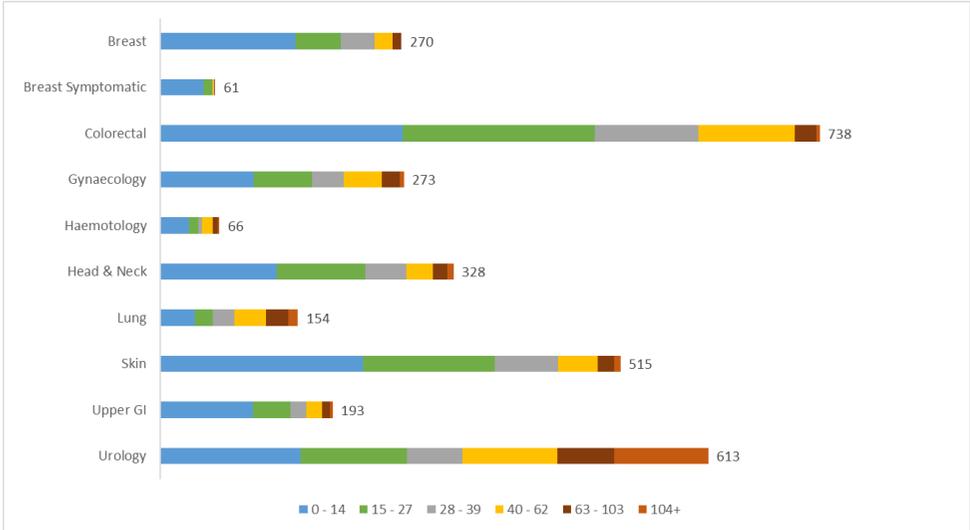
- Consistently hit target (P)
- Hit and miss target subject to random (?)
- Consistently fail target (F)

Key

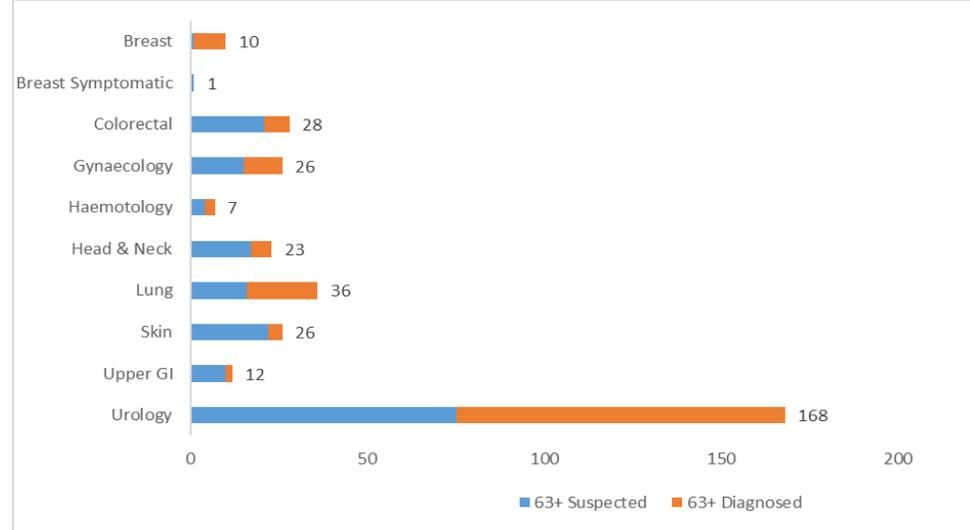
- Internal target
- Operational standard

All graphs include March-23 data

Cancer PTL by Specialty and Days Wait

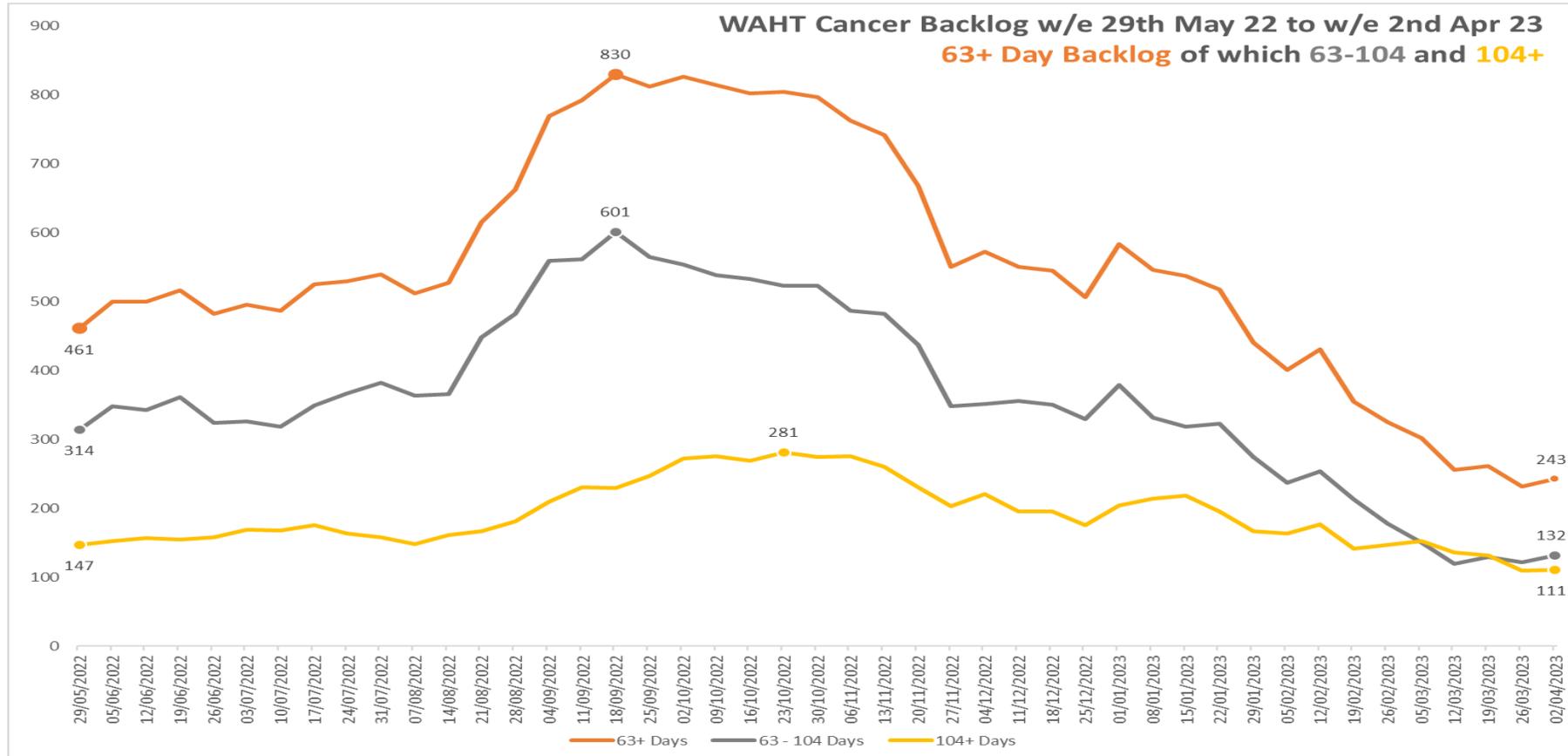


Cancer Long Waiter Backlog by Specialty and Status



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

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



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

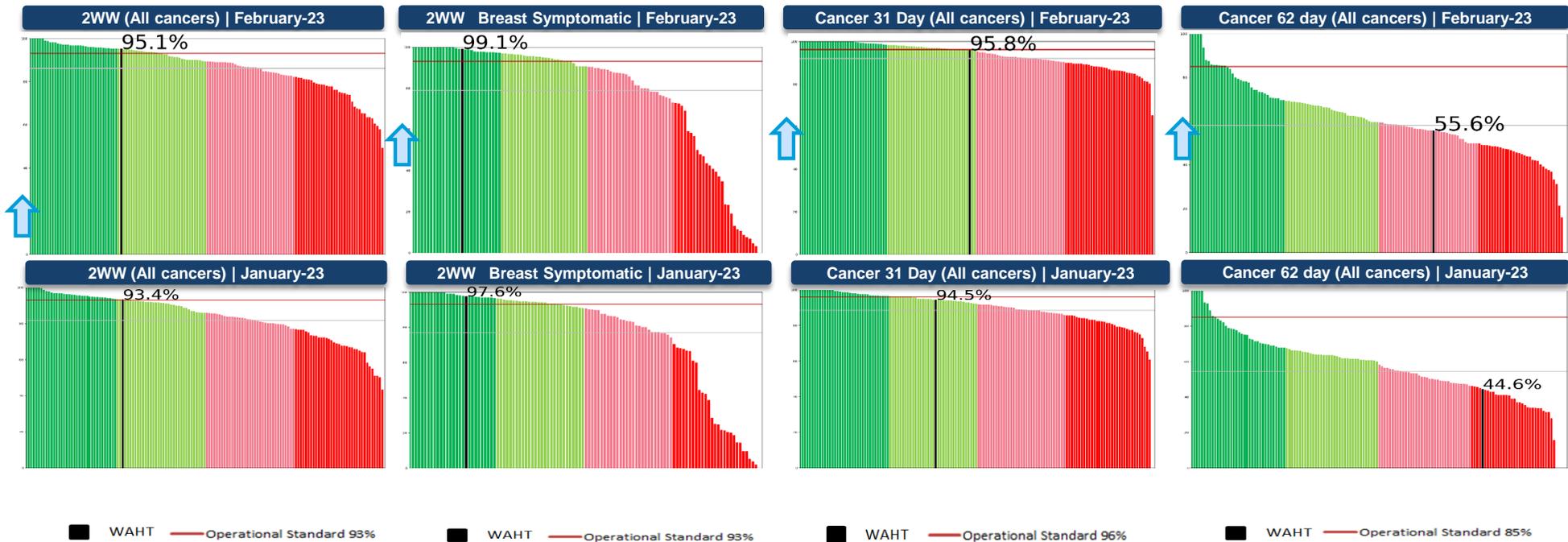
National Benchmarking (February 2023)

2WW: 8 West Midlands Trusts, including WAHT, saw an increase in performance between Jan-23 and Feb-23. This Trust was ranked 3 out of 13; we were ranked 4 the previous month. The peer group performance ranged from 65.2% to 98.2% with a peer group average of 88.1%; improving from 85.0% the previous month. The England average for Feb-23 was 86.1%; a 4.3% increase from 81.8% in Jan-23.

2WW BS: 9 West Midlands Trusts, including WAHT, saw an increase in performance between Jan-23 and Feb-23. This Trust was ranked 1 out of 13; we were ranked 4 the previous month. The peer group performance ranged from 8.7% to 99.1% with a peer group average of 82.1%; declining from 85.4% the previous month. The England average for Feb-23 was 78.9%; a 2.0% increase from 76.9% in Jan-23.

31 days: 10 West Midlands Trusts, including WAHT, saw an increase in performance between Jan-23 and Feb-23. This Trust was ranked 4 out of 13; no change from the previous month. The peer group performance ranged from 80.1% to 100.0% with a peer group average of 88.3%; improving from 83.9% the previous month. The England average for Feb-23 was 92.0%; a 3.5% increase from 88.5% in Jan-23.

62 Days: 8 West Midlands Trusts, including WAHT, saw an increase in performance between Jan-23 and Feb-23. This Trust was ranked 4 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 37.7% to 60.7% with a peer group average of 48.6%; improving from 44.2% the previous month. The England average for Feb-23 was 58.1%; a 3.7% increase from 54.4% in Jan-23.

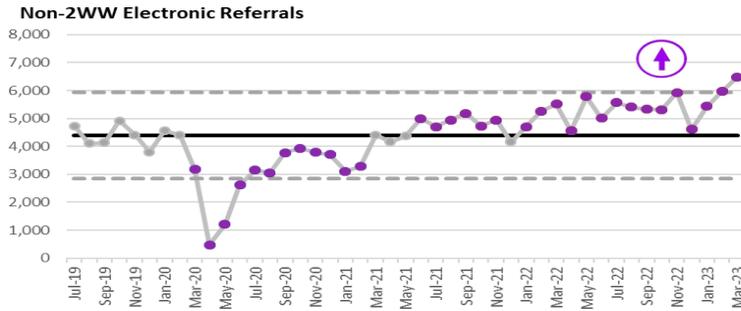


Electronic Referral Service (ERS) Referrals		Referrals to Referral Assessment Service (RAS)		Advice & Guidance (A&G) Requests		Total RTT Waiting List	Patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	9,674	9,104	78% responded to within 2 working days	3,027	93% responded to within 2 working days						
Non-2WW	6,498										

<p>What does the data tells us?</p> <p>Referrals (unvalidated)</p> <ul style="list-style-type: none"> For the first time in 22/23, we received over 9,000 referrals in a month. Although this was, in part, due to the highest number of cancer referrals, the non-2WW element was also high. The RAS element of referrals was also high which has resulted in fewer being outcome within 2 working days. After three months over 95%, we have seen a reduction to 78% in Mar-23. However, outcoming the non-2ww element within 14 working days was at it's highest of 22/23 at 89%. Looking back at Dec-22, A&G requests resulted in no referral for the same patient (within 90 days) in 74% of requests. <p>Referral To Treatment Time (unvalidated)</p> <ul style="list-style-type: none"> The RTT Incomplete waiting list is validated at 66,840. This is not a significant change from the previous three months. RTT performance for Mar-23 is validated at 45% no change from Feb-23 and the operational standard target of 92% will not be achieved without change. Only four specialties are at the operational standard; sleep studies, stroke medicine, infectious diseases and geriatric medicine. The number of patients waiting over 52 weeks for their first definitive treatment is 6,935, a 223 patient decrease from the previous month. Of that cohort, 310 patients have been waiting over 78 weeks, decreased from 713 the previous month, and there were no patients over 104 weeks. 	<p>What have we been doing?</p> <ul style="list-style-type: none"> Continuing with the administration validation – contacting all patients over 26 weeks wait has begun – 11% of the cohort who have responded have been discharged as they no longer required their appointments (18,241/21,859 responses so far of which 1,443 have said appointment not required). We continue to focus on the longest waiting patients to minimise the number of 78+ week breaches and prioritising patients for a route to zero in the following months. In-sourcing and outsourcing arrangements continue to be explored to bring forward the number of potential breaches earlier in the year in order to improve the likelihood of stopping RTT clocks before breaching 65 and / or 78 weeks wait. <p>What are we doing next?</p> <ul style="list-style-type: none"> An Elective Recovery Taskforce has been established with Trust and ICS representatives – the first meeting is on the 18th April. Increased focus on accessing capacity with local independent sector providers continues and teams are exploring capacity outside of the area for patient willing to travel, this is line with the national process via DMAS (digital mutual aid system). Mapping the outcomes of the administration validation for, where necessary, clinical / operational review and complete the validation to 12 weeks (completion due in May-23).
Current Assurance Level: 3 (Apr-23)	When expected to move to next level of assurance: When the RTT incomplete waiting list growth starts to reverse, as system plans start to impact on the reduction of referrals and internal plans start to increase the clock stop to start ratio.
Previous Assurance Level: 3 (Mar-23)	SRO: Chief Operating Officer

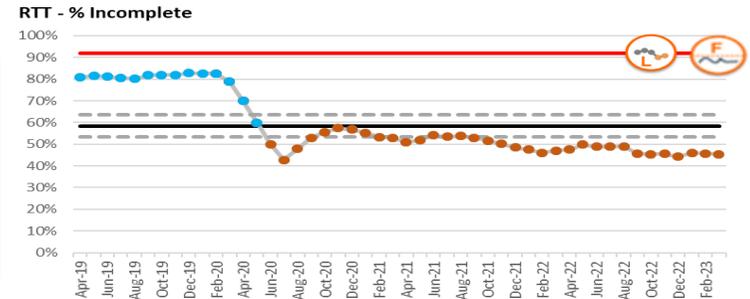
Electronic Referrals Profile (non-2WW)

6,498



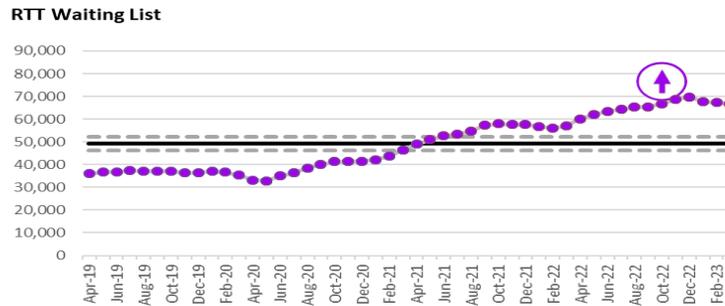
RTT % within 18 weeks

45.8%



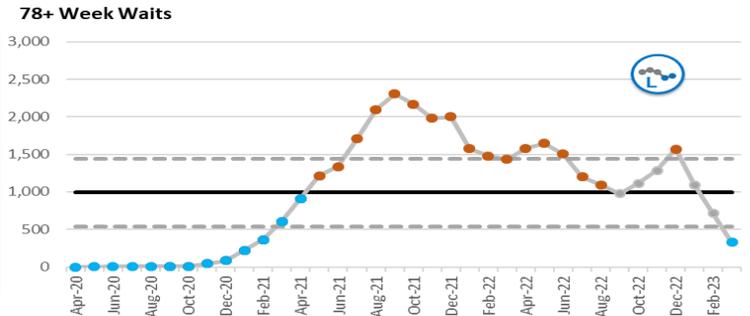
RTT Incomplete PTL

66,840



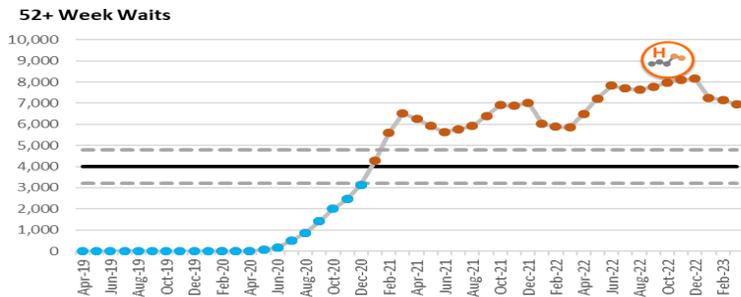
78+ week waits

310



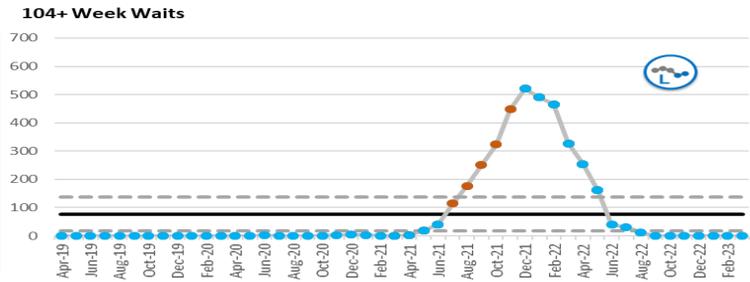
52+ week waits

6,935



104+ week waits

0

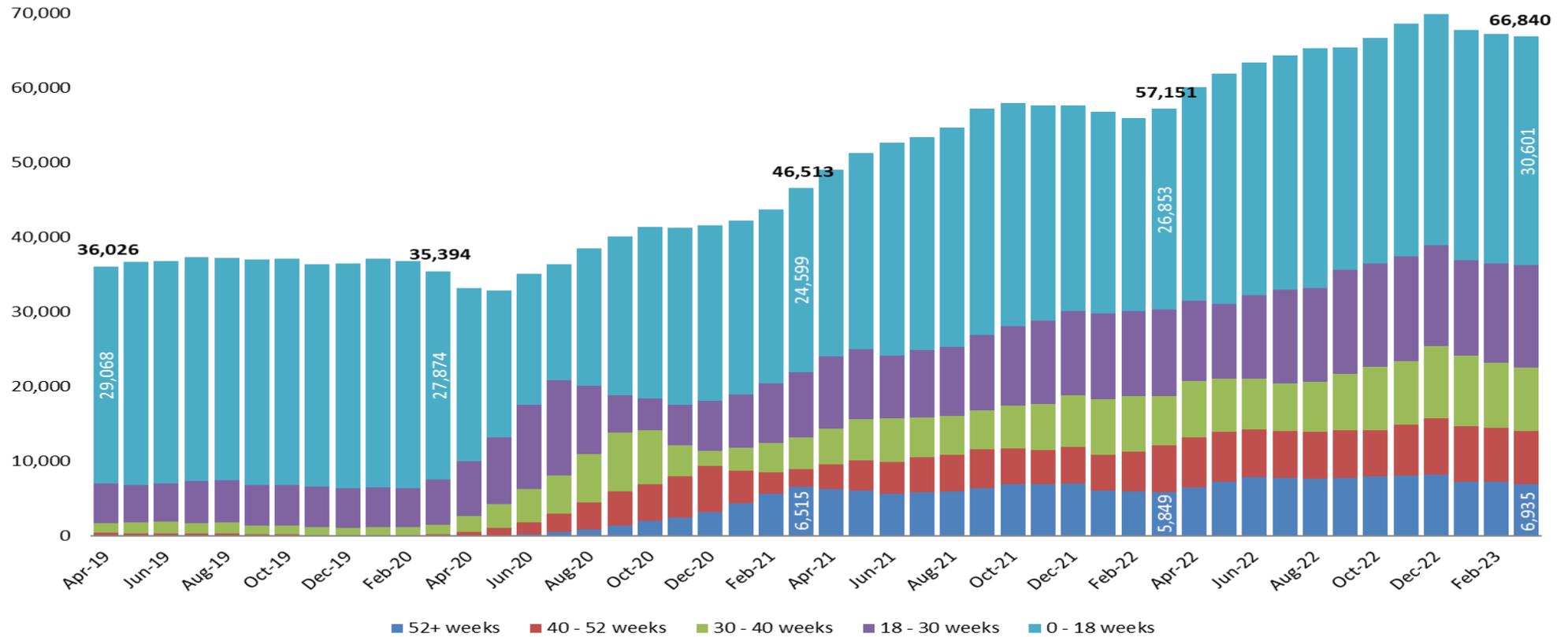


• Purple SPC dots represent special cause variation that is neither improvement or concern
 All graphs include March-23 data

Patients Waiting
80,000

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

Split by weeks waiting



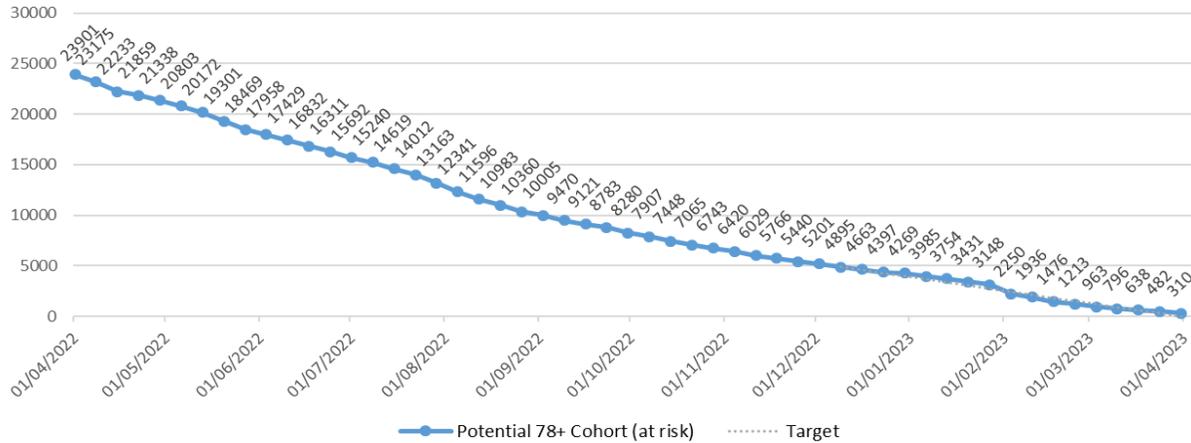


Elective Recovery - RTT Incomplete Waiting List | 65+ and 78+ Week Breaches

Responsible Director: Chief Operating Officer | Validated



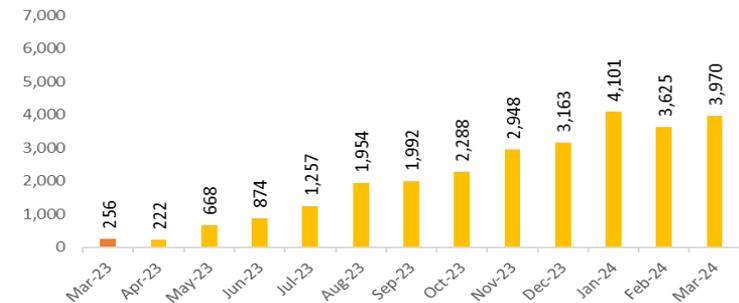
Progress towards reducing potential year end 78+ Week Breaches to Zero and weekly targets to end of year to achieve zero breaches



65ww+ Cohort for 23/24 and month patient has breached / will breach



Of which, 78ww+ Cohort for 23/24 and month patient has breached / will breach



*Mar-23 includes all patients who breached in an earlier month.

These graphs are indicative of how many patients are at risk of breaching the waiting time milestones, and the month they would breach, if we did no activity i.e. worst case scenario. These figures are NOT cumulative nor do they reflect already booked activity (outpatient / diagnostic test / planned admissions) which might result in an RTT clock stop.

The graph above shows the final position on our weekly progress in reducing the patients who would otherwise breach 78 weeks at the end of March 2023.

We have finished 22/23 with 316 patients over 78 weeks. 276 of those patients (87%) were under the care of General Surgery.

At the time of writing the cohort of 316 has reduced down to 256 patients but there are an additional 222 patients at risk of breaching 78 weeks at the end of April (who weren't breaching in 22/23) who are being actively managed.

Looking forward | 2023/24

We have ended the year with an unvalidated RTT Incomplete PTL of 67,899. This is 10,520 more patients than Mar-22.

We are starting 23/24 with 44,287 actual / potential 65ww+ breaches (patients waiting 13+ weeks or longer at 1st April 2023 are at risk of breaching 65 weeks by the end of Mar-24)

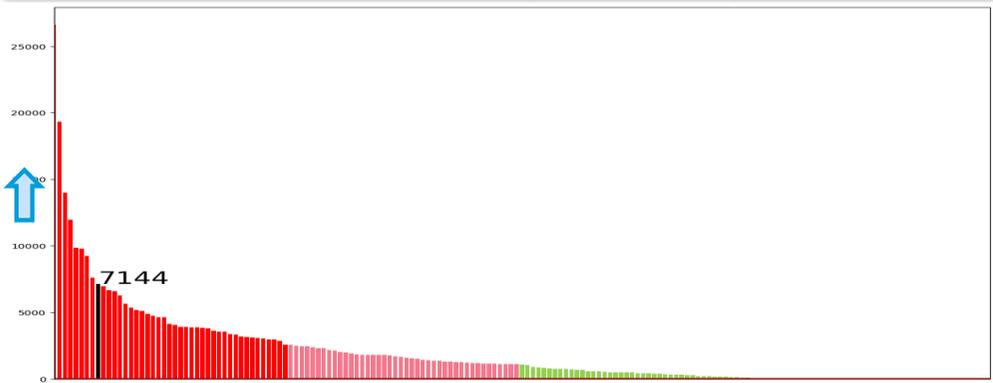
Of which

27,457 are actual / potential 78ww+ breaches (patients waiting 26+ weeks or longer at 1st April 2023 are at risk of breaching 78 weeks by the end of Mar-24)

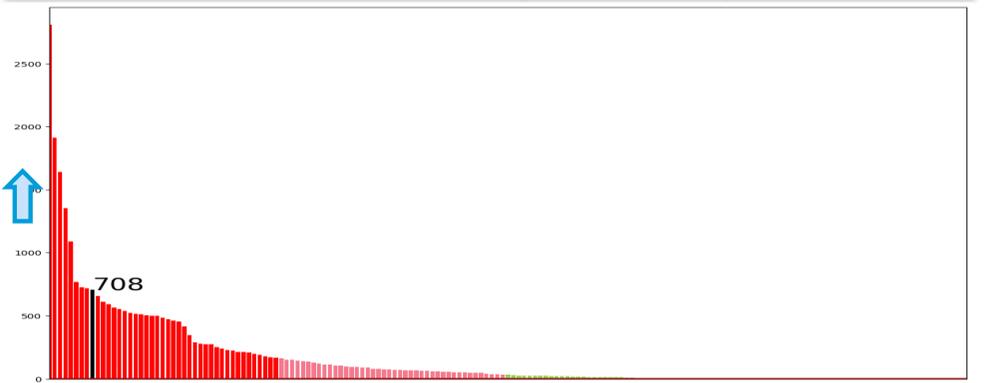
National Benchmarking (February 2023) | 7 West Midlands Trusts, including WAHT, saw an increase in performance between Jan-23 and Feb-23. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 42.98% to 70.66% with a peer group average of 52.35%; improving from 52.07% the previous month. The England average for Feb-23 was 58.50%; a 0.2% increase from 58.30% in Jan-23.

- Nationally, there were 362,498 patients waiting 52+ weeks, 7,144 (1.98%) of that cohort were our patients.
- Nationally, there were 29,778 patients waiting 78+ weeks, 708 (2.38%) of that cohort were our patients.

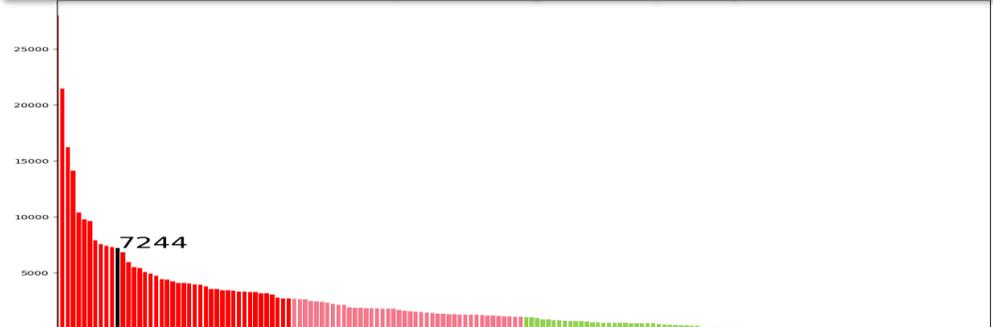
RTT - number of patients waiting 52+ weeks | February-23



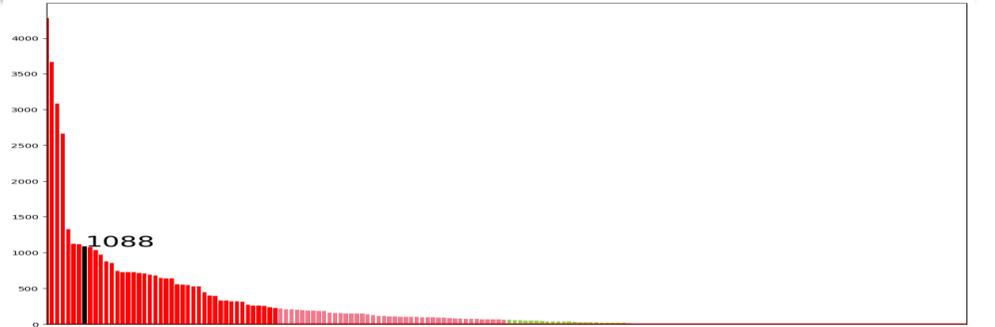
RTT - number of patients waiting 78+ weeks | February-23



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



RTT - number of patients waiting 78+ weeks | January-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	✗	✗	✓	✗					

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

- The OP data on slide 20 compares our first SUS submission for Mar-23 outpatient attendances to Mar-20 and our annual plan activity targets. As noted in the top row of this table we did not achieve our submitted plan.
- In the RTT Clock Ticking outpatient cohort, there are over 35,600 patients waiting for their first appointment. 46% of the total cohort waiting for a first appointment have been dated, an increase from 32% last month. Of those not dated patients 2,180 have been waiting over 52 weeks (1,838 last month) noting 3 are waiting 78+ weeks and 49 between 65 and 78 weeks.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are ENT, General Surgery, Urology, Gynaecology and Oral Surgery.

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

- In Mar-23, the total number of day cases and EL IP increased; day case (+688) exceeded and EL IP (-277) 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. 457 hours were lost in Mar-23 and is made up of 214 hours that are due to late starts and 243 hours that were early finishes. An average of 1 hour 10 minutes were lost per 4 hour session, noting this is apportioning out the total time lost across all 391 sessions delivered in Mar-23, even if a session itself was fully utilised.
- On the day cancellations are still showing normal variation.
- 100% of eligible patients were rebooked within 28 days for their cancelled operation in Mar-23.

What have we been doing?

- Continuation of developments within the personalised patient portal that will provide higher visibility and self-management for patients.
- Finalise the opportunities for consideration in annual planning from the GIRFT programme.
- TIF2 – Elective Care Hub modelling has been completed. This will come on-stream in August 2023.

What are we doing next?

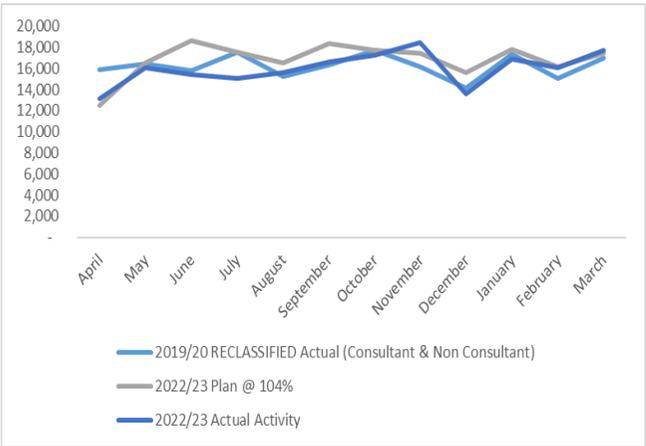
- Working with the CSU who are identifying opportunities for productive changes to our operational business model which include:
 - A review of booking processes to ensure consistency across our hybrid model (centralised and devolved teams)
 - Strengthening policies e.g. moving from 6 to 8 weeks notice for annual leave
 - Assessing our physical space vs utilised space to determine the most efficient delivery model and consider if there are opportunities for rental to other providers
- ICS support for PIFU is currently reviewing of the pros and cons of the Leicester delivery model. This could involve contacting the entire follow-up waiting list.
- Digital are working with Booking Teams to remove the reliance of two separate databases that currently support clinic cancellation.

Current Assurance Level: 4 (Apr-23)	When expected to move to next level of assurance: : This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and in-line with annual planning expectations from NSHE for 2022/23.
Previous Assurance Level: 4 (Mar-23)	SRO: Chief Operating Officer

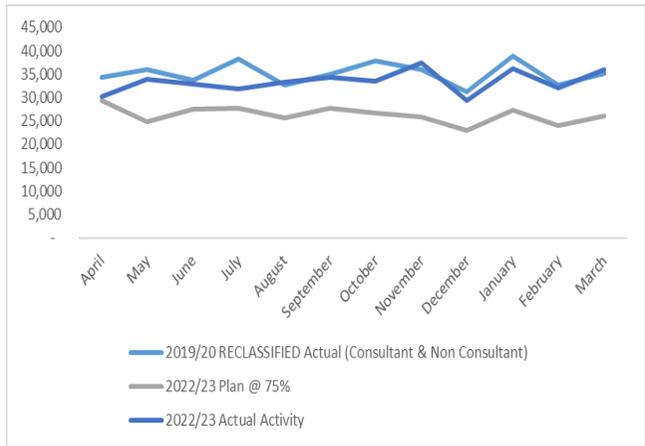
Elective Activity comparing Mar-20 to submitted Annual Plan 22/23 and Mar-23

Activity		Mar-20	Submitted Plan	Mar-23
Outpatient (reclassified)	New	17,024	17,424	17,802
	Follow-up <small>NHS</small>	35,249	26,156	36,329
	Total	52,273	43,579	54,131
Elective	Day Case	7,653	7,453	8,155
	Inpatient	779	853	578
	Total	8,432	8,288	8,733

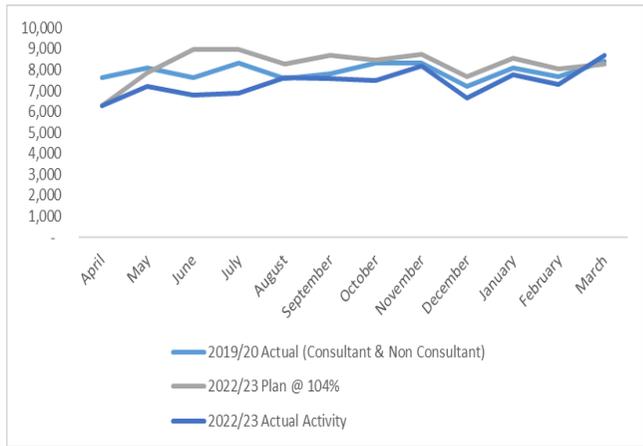
Outpatient New Activity Trend



Outpatient Follow-up Activity Trend



Day Case and Inpatient Activity Trend

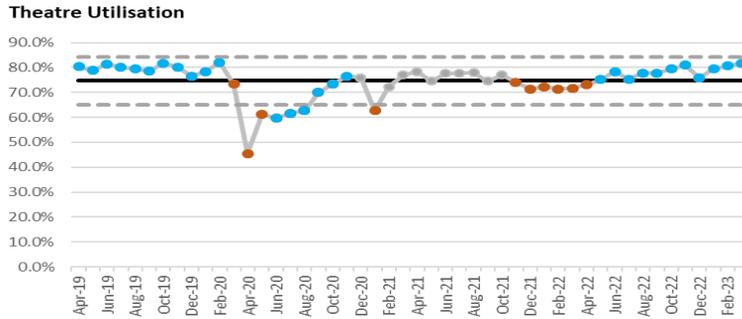


Elective Recovery - Theatre Utilisation | Month 12 [March] 2022-23

Responsible Director: Chief Operating Officer | Validated for Mar-23 as at 11th April 2023

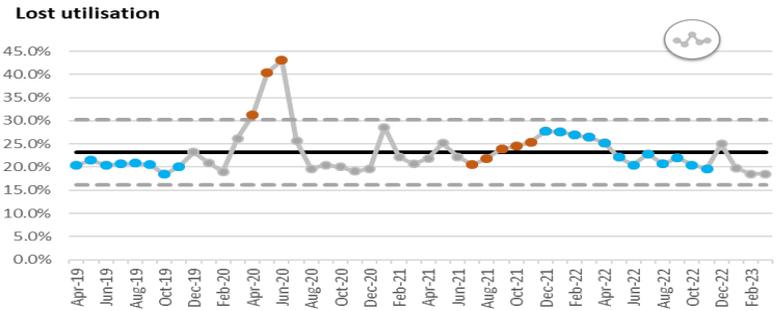
Actual Theatre session utilisation (%)

81.7%



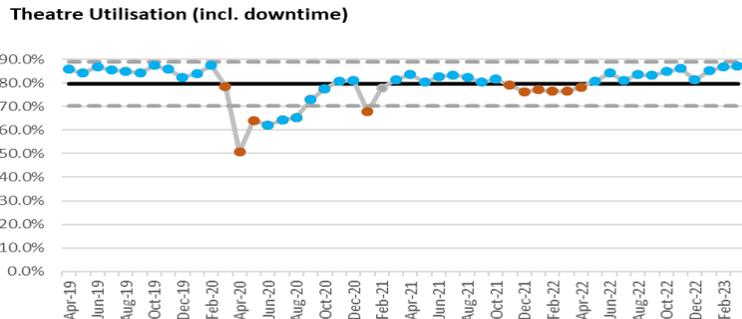
Lost utilisation to late starts and early finishes

18.5%



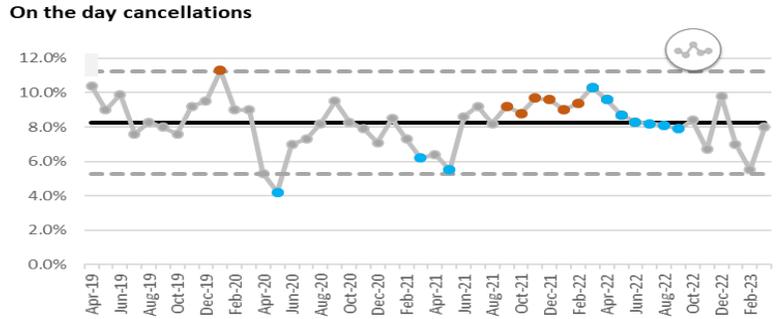
Actual Theatre session utilisation incl. allowed downtime (%)

87.1%



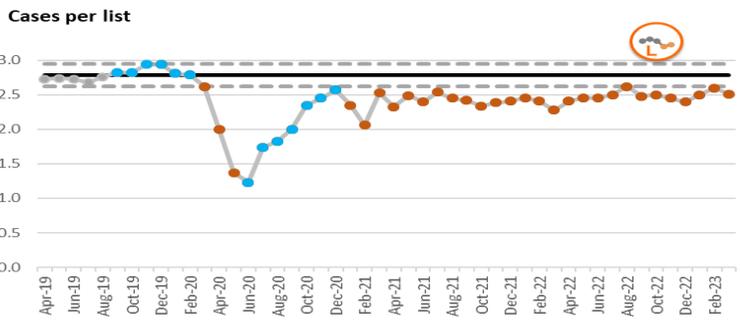
On the day cancellation as a percentage of scheduled procedures (%)

8.0%



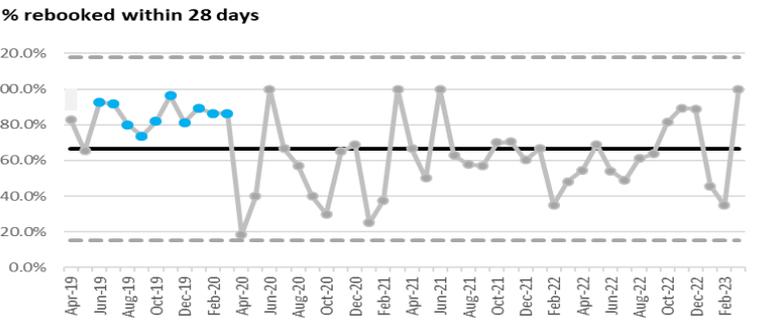
Completed procedures per 4 hour session

2.5



% patients rebooked with 28 days of cancellation

100%



Variation

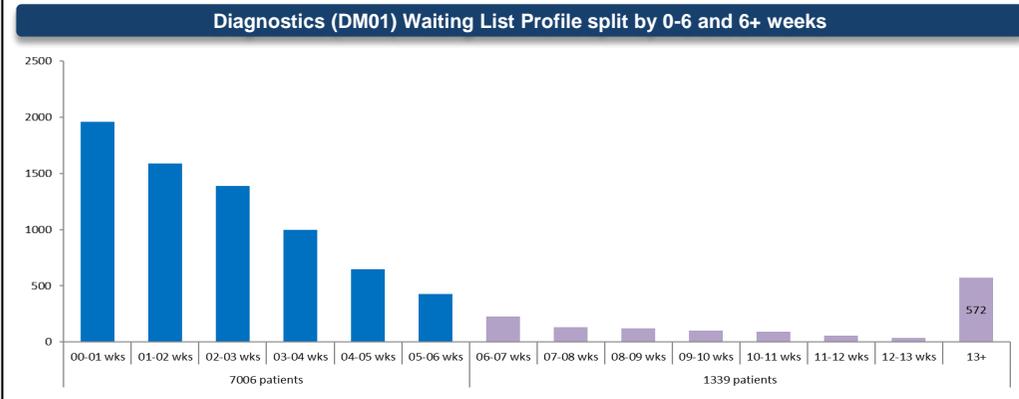
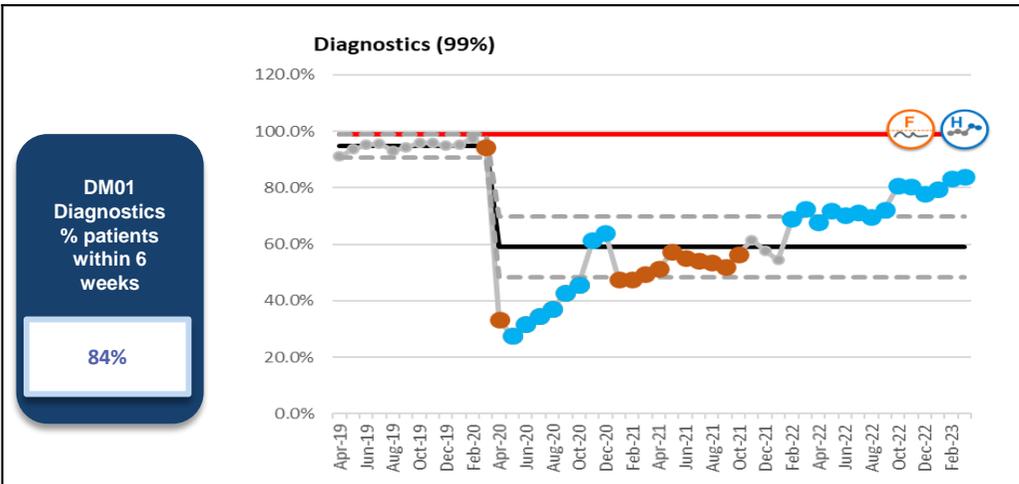
- Special Cause Concern High (H)
- Special Cause Concern Low (L)
- Special Cause Note/Investigate High (H)
- Special Cause Note/Investigate Low (L)
- Common Cause (C)
- Consistently hit target (P)
- Hit and miss target subject to random (Q)
- Consistently fail target (F)

All graphs include March-23 data

Annual Plan Activity	MRI	CT	Non-obstetric ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Echocardiography	DM01	% patients waiting 6+ weeks				
Target achieved?	X	X	X	X	X	X	X						
<p>What does the data tell us? DM01 Waiting List</p> <ul style="list-style-type: none"> The DM01 performance is validated at 84% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement. The diagnostic waiting list decreased by 1,291 patients (13% reduction) and the total number of patients waiting 6+ weeks has decreased by 275 patients to 1,339 (17% reduction). There are 572 patients waiting over 13 weeks (826 in Feb-23). Radiology has the largest number of patients waiting, at 4,461 and the number of patients 6+ weeks has decreased from 380 to 379 at the end of Mar-23 (61% of Imaging breaches are waiting for NOUS). The total number of patients waiting for an endoscopy reduced by 262 as did the number of patients waiting over 6+ weeks (-286). Cystoscopy reduced their PTL by 89, reducing the number of patients over 6+ weeks by 5 and those over 13 weeks by 65. Physiological science modalities saw a decrease in their total PTL but there was a 12 patient increase in breaching patients. <p>Activity</p> <ul style="list-style-type: none"> 19,688 DM01 diagnostic tests were undertaken in Mar-23, the second highest achieved in 22/23. 23% (4,520 tests) of our total DM01 activity was classified as unscheduled / emergency. 66% were waiting list tests and 11% were planned tests. No modality achieved their H2 plan for Mar-23. Overall we delivered 90% of this months diagnostics plan and we finished 22/23 delivering 94% of the plan. This is 20,789 more tests than 19/20. 			RADIOLOGY										
			<p>What have we been doing?</p> <ul style="list-style-type: none"> Obtained approval to continue with CT and MRI interventions in support of continuing to address 6 & 13 week waits Obtained national SR21 bid for US machines x 2 and Mii Reviewed CT Colon capacity across county, moved out standard CT OP bookings to wli to book colons in working hours and increase this capacity- in support of 28 diagnostic Undertook Cardiac MRI wli lists, to reduce waiting list Options appraisal for Paed GA list in conjunction with W&C directorate- to reduce waiting times (risk of 78+ breaches for these) WLI for MRI Paed GA Formulated Radiographer CT training plans 				<p>What are we going to do next?</p> <ul style="list-style-type: none"> Continue to review Paed MRI GA options and implement regular session Review CT Colon capacity, with introduction of continued insourcing to decrease current waiting times in support of BPP Continue to undertake US wli to reduce 6 week waiting and ensure no 13 week breaches Follow up with Cancer Alliance team offer of patient tracker- this will support monitoring patients report for MDT etc. Discuss with BMI support with Proctograms, as service we can no longer offer as we have no Radiographers or Radiologists trained to undertake these exams and reports. These will be done under MRI at BMI and reported by Dr Wadwhani. We do not have MRI capacity or trained staff to undertake these as MRI in-house Discuss with BMI support to reduce waiting times for arthrograms. We have MSK Radiologists who can undertake these, but are struggling to get the lists on MRI scanner due to impact to MRI OP bookings and impact this will have on BPP and national targets. X-ray equipment at POWCH being replaced, capacity being maintained via WLIs Reviewing Lung pathway with respiratory team to work towards BPP Implementing software on MRI scanner at Alex, compressed sense- should assist in reducing exam time and increase capacity 						
			<p>Issues</p> <ul style="list-style-type: none"> BMI have reduced US exams they will accept, they will only accept 10 MSK and 5 Thyroid exams per week and have no capacity until June. These exams are not where we have the pressures, so does not help manage referrals. MRI prostate exams increased form 4-7 days due to bank holiday and no scope to increase capacity- will affect 28 day pathway Reporting Radiographer, who provides large volumes of chest xray reports leaving April. Will leave significant gap on reporting time for these exams and working towards improving Lung pathway. Concern over volume of CT colon requests 										
			ENDOSCOPY (inc. Gynaecology & Urology)										
<p>What have we been doing?</p> <ul style="list-style-type: none"> Reduced activity due to Junior Doctors strike; moved patients to alternative lists and / or backfilled where able Continued to use retired Gastroenterologist via NHSP Used Envoy text messaging to target specific patient groups (13+ week) as well as signposting patients to the Trust links for advice on Low fibre diet and instructions for taking bowel preparation Best practice pathway position continues to improve Continuing to work on the implementation of Solus 				<p>What are we going to do next?</p> <ul style="list-style-type: none"> Commence recruitment process for 2 further trainee clinical endoscopists to start training in August Commence recruitment process to recruit 2 Specialist Doctors Implement text messaging to 13+ week waiters once access rights have been increased Agree 6 month contract with Genmed Insourcing company to undertake 2 all day sessions at MCH and I all day session at KTC Undertaking a couple of internal moves to repatriate clinicians to the sites that they were working pre-Covid 									
<p>Issues</p> <ul style="list-style-type: none"> Lack of engagement from Surgical Directorate to agree a plan to reduce 13+ week patients. Patient declines / short notice cancellations continues Continue to lose our booking co-ordinators to other posts within organisation 													

Elective Recovery: DM01 Diagnostics | Waiting List and Activity

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



Current Assurance Level: 5 (Apr-23)

Previous assurance level: 5 (Mar-23)

CARDIOLOGY – ECHO

- | What have we been doing? | What are we going to do next? |
|--|---|
| <ul style="list-style-type: none"> • WLIs to reduce the backlog • Currently running at 10 weeks for standard Echo and increased waiting time for complex echo due to consultant availability | <ul style="list-style-type: none"> • Monitor numbers and add WLIs if required • Work on reducing >13wk waiters |

Issues

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

RESPIRATORY (Sleep studies)

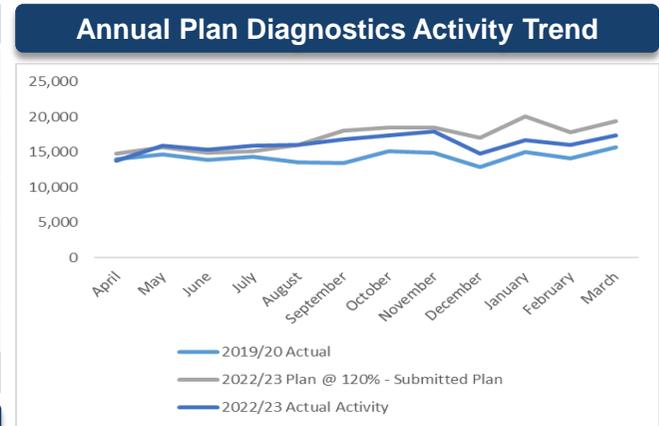
- Issues**
- Number of patients that can be diagnosed is limited by available equipment
 - Numbers are being increased from 14/11 to 10 patients per day
 - Not able to increase capacity further due to staffing and equipment issues
 - Only able to offer Monday – Friday service

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

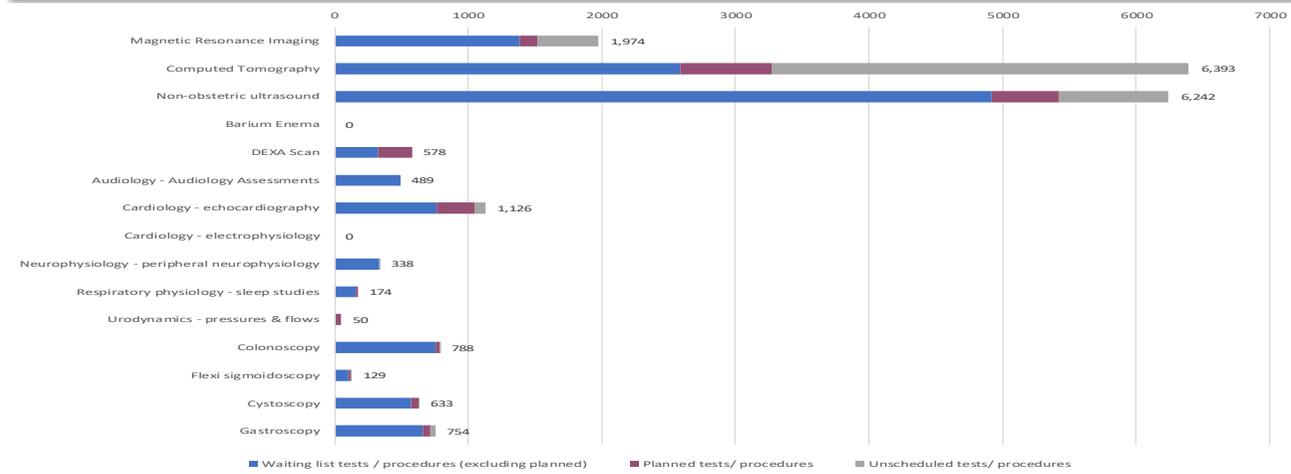
SRO: Chief Operating Officer

Diagnostic Activity | Annual Plan Monitoring

Annual Plan Activity Modalities		Mar-20	Submitted Plan	Mar-23
Imaging	MRI	1,831	2,473	1,974
	CT	5,241	6,937	6,393
	Non-obstetric ultrasound	5,979	6,844	6,242
Endoscopy	Colonoscopy	648	968	788
	Flexi Sigmoidoscopy	395	162	129
	Gastroscopy	773	836	754
Echocardiography		784	1,151	1,126
Diagnostics Total		15,651	19,371	17,406



Total DM01 Activity split by modality and type



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

No modality achieved the activity levels in our submitted plan.

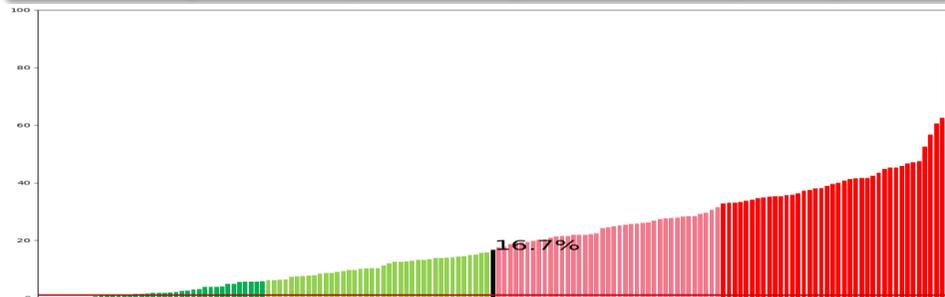
69% of all unscheduled activity in Mar-23 were CT tests. 23% (4,520) of all tests undertaken in the month were unscheduled.

National Benchmarking (February 2023)

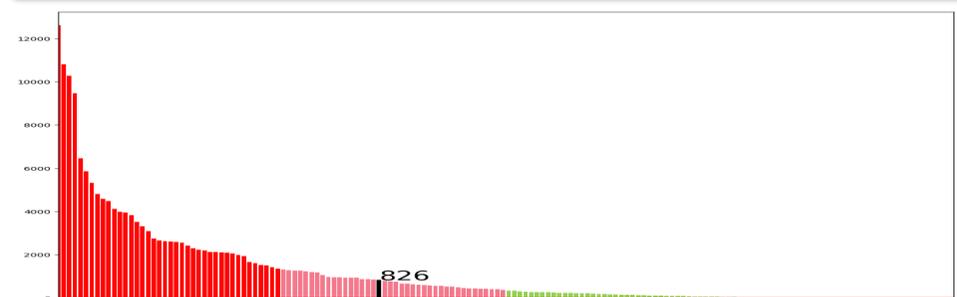
WHAT was the only West Midlands which saw an improvement in performance between Jan-23 and Feb-23. This Trust was ranked 5 out of 13; no change from the previous month. The peer group performance ranged from 0.6% to 47.1% with a peer group average of 31.3%; improving from 36.8% the previous month. The England average for Feb-23 was 25.1%; a 5.7% decrease from 30.8% in Jan-23.

- Nationally, there were 402,124 patients recorded as waiting 6+ weeks for their diagnostic test; 1,614 (0.40%) of these patients were from WAHT.
- Nationally, there were 191,286 patients recorded as waiting 13+ weeks for their diagnostic test; 826 (0.43%) of these patients were from WAHT.

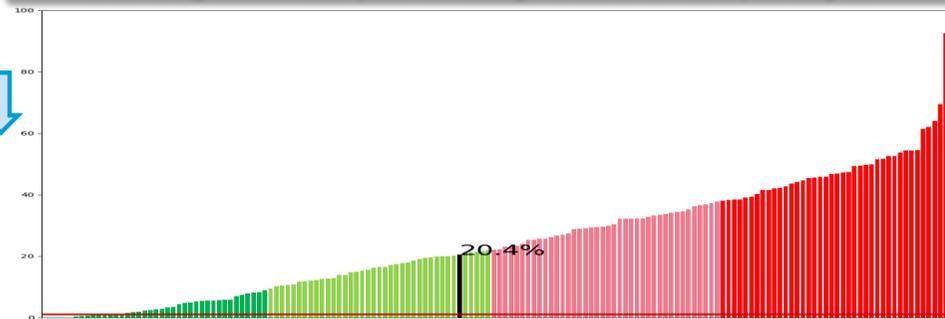
DM01 Diagnostics - % of patients waiting more than 6 weeks | February-23



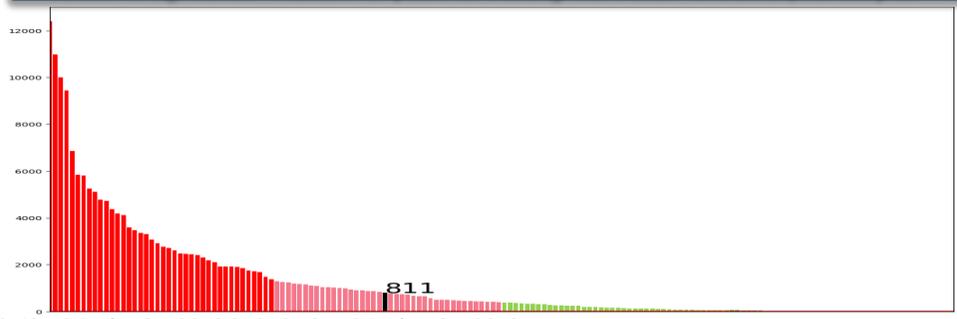
DM01 Diagnostics - number of patients waiting more than 13 weeks | February-23



DM01 Diagnostics - % of patients waiting more than 6 weeks | January-23



DM01 Diagnostics - number of patients waiting more than 13 weeks | January-23



Quality & Safety

KEY HEADLINES

Area	Comments
Infection Prevention and Control	<ul style="list-style-type: none"> • We achieved 4 of the 6 year-end targets for IPC • Covid infections are increasing into April. • Hand hygiene compliance remains statistically high, however participation is still below our achievements prior to April 2022.
Fractured NOF	<ul style="list-style-type: none"> • #NOF compliance dropped to 62% in Mar-23, and did not reach the target. • The #NOF target of 85% has not been achieved since Mar-20.
Stroke	<ul style="list-style-type: none"> • Remains Grade B • Improvement still required in the three of the four key metrics (Direct access, 90% in Ward and CT scan access) • Accessing TIA outpatient clinics within 24 hours of a suspected TIA is above target. • Focus is on sharing best practice across sites to ensure consistency.
Friends and Family Test	<ul style="list-style-type: none"> • Achieved the recommendation target for Inpatients, Outpatients and Maternity. • The recommended rate for A&E dropped slightly to 88.4% and failed to achieve the target.
Complaints	<ul style="list-style-type: none"> • The % of complaints responded to within 25 days dropped in Mar-23 to 55.6%, and was still below target (80%). • This the lowest since Sep-20, and is the 9th consecutive month that the target has been missed. • The most significant theme is Surgical related complaints regarding previous or ongoing treatment.

2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff (Target 79)		E-Coli (Target 81)		MSSA (Target 10)		MRSA (Target 0)		Klebsiella species (Target 35)		Pseudomonas aeruginosa (Target 23)	
Mar actual vs target	Year to date actual / year to date target	Mar actual vs target	Year to date actual / year to date target	Mar actual vs target	Year to date actual / year to date target	Mar actual vs target	Year to date actual / year to date target	Mar actual vs target	Year to date actual / year to date target	Mar actual vs target	Year to date actual / year to date target
8/7	108/79	2/6	40/81	3/0	19/10	0/0	0/0	3/3	17/35	0/2	7/23

What does the data tell us?

Note – the E-Coli target has been raised in line with the National Target

- We were compliant with all of the in-month infection targets except C-Diff & MSSA in Mar-23.
- We have breached 2 of the year end infection targets: C-Diff & MSSA.
- C-diff remains higher than the National and Midlands per 100,000 rates – see next slide.
- C-Diff, E-Coli and MSSA are all showing common cause variation, whilst MRSA is showing special cause variation of improvement.
- Hand Hygiene Audit Participation increased in Mar-23 to 88.3% which is the highest since Sep-22, but is still not compliant with the target (100%)
- Hand Hygiene Compliance was unchanged at 99.8%, and has been compliant with the target for the past 11 months.
- 13 new COVID outbreaks were declared in Mar-23 (and 2 to date in April).
- There are currently 15 ongoing active COVID outbreaks, and 4 in the monitoring phase (14/04/2023). This has been reflected in the latest weeks (w/e 14/04/2023) COVID prevalence which has been in the range 89-103. The figure of 103 on 13/04/2023 was the highest daily total since 10/08/2022.
- There are currently 6 ongoing D&V/Norovirus outbreaks (14/04/2023).
- All of the high impact intervention audits in Mar-23 achieved a compliance of over 95%.

What are we doing to make improvements?

- Cdiff action plan remains in place and is actively monitored and updated.
- Infection Prevention have delivered online sessions for the Matrons around roles and responsibilities.
- COVID screening has been updated nationally, however practices are not yet expected to change due to the current increase in prevalence being seen in some areas of the country. In fact, as an early warning, Covid prevalence in April has increased to over 100 (at mid April).
- COVID outbreaks are determined by a national definition, and this produces low level outbreaks, where there have been protracted outbreaks, contacts have been isolated and this has been successful in reducing transmission.
- Scrutiny and Learning with system partners continues and there is DATIX reports produced for antibiotic prescribing
- UVC has been installed in the zonal kitchen to enable a daily high level decontamination to combat the CPE issue
- Norovirus outbreaks have increased and ward areas have been closed. The requirement is for ward areas to close and wait 48 hours since the last symptom then to HPV clean, this has been difficult to deliver due to lack of beds in order to create a decant area, however amber cleans have taken place.
- Divisions continue to work on improve hand hygiene completion

Assurance level – Level 4

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

When expected to move to next level of assurance:

- June 2023 – A review of the action plans and evaluation on the effectiveness of plans implemented is needed in April 2023, with additional plans being enacted by June 2023

Previous assurance level - Level 4 COVID-19 / Level 4 for non-Covid (Feb-23)

SRO: Jackie Edwards (Interim CNO)

Source: Fingertips / Public Health Data (up to Jan 2023)

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 21st best, and is **above** both the Midlands and England rates.

E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 7th best, and is **below** both the Midlands and England rates.

MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 5th best, and is **below** both the Midlands and England rates.

MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits equal 1st, and is **below** both the Midlands and England rates.

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

Area	Count	Per 100,000 bed days
England	7,021	20.1
Midlands NHS Region (Pre ICB)	1,205	18.6
Worcestershire Acute Hospitals	72	27.9

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

Area	Count	Per 100,000 bed days
England	7,734	22.1
Midlands NHS Region (Pre ICB)	1,286	19.8
Worcestershire Acute Hospitals	39	15.1

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

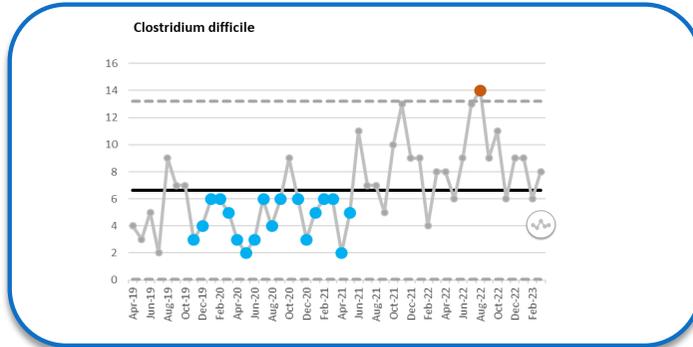
Area	Count	Per 100,000 bed days
England	3,887	11.1
Midlands NHS Region (Pre ICB)	650	10.0
Worcestershire Acute Hospitals	18	7.0

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

Area	Count	Per 100,000 bed days
England	288	0.8
Midlands NHS Region (Pre ICB)	35	0.5
Worcestershire Acute Hospitals	0	0.0

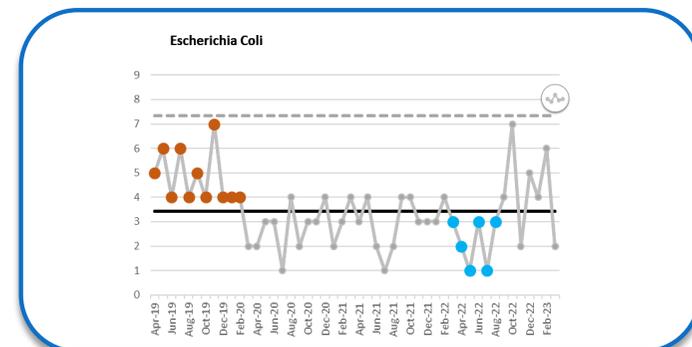
C-Diff

8



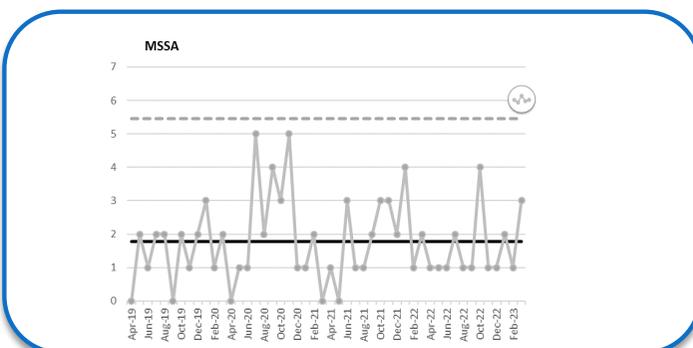
E-Coli

2



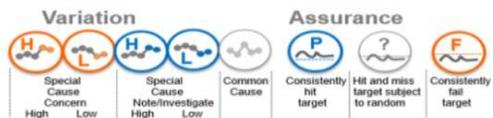
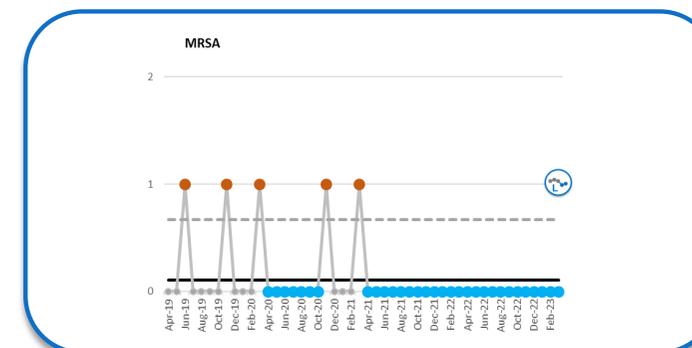
MSSA

3



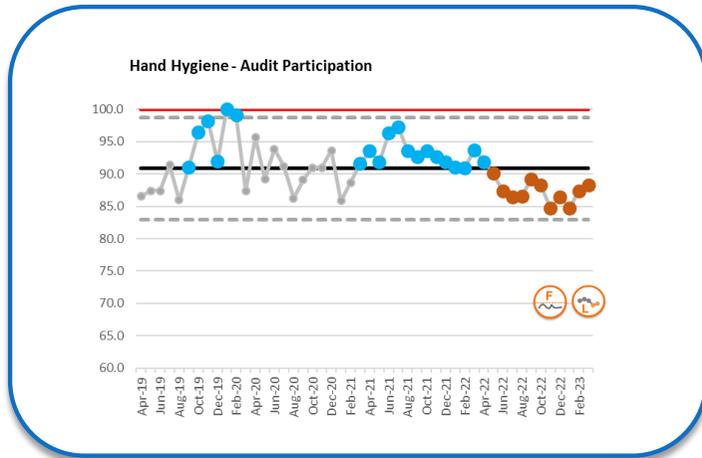
MRSA

0



Hand Hygiene Audit Participation (%)

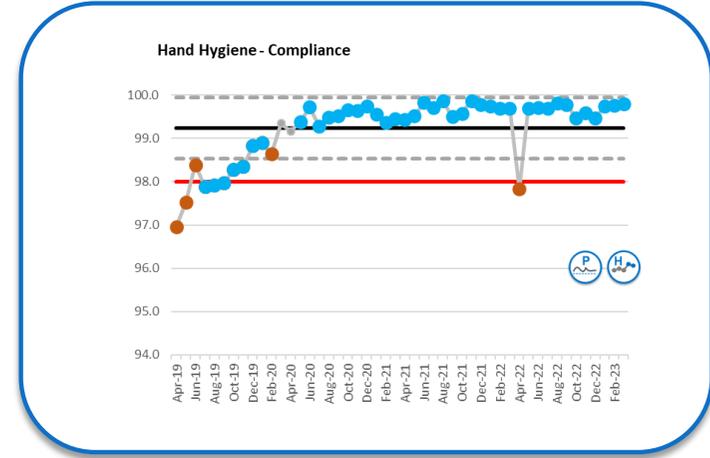
88.3



Please note that % axis does not start at zero.

Hand Hygiene Compliance (%)

99.8



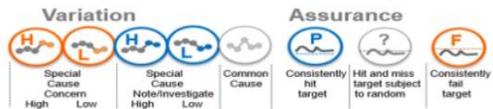
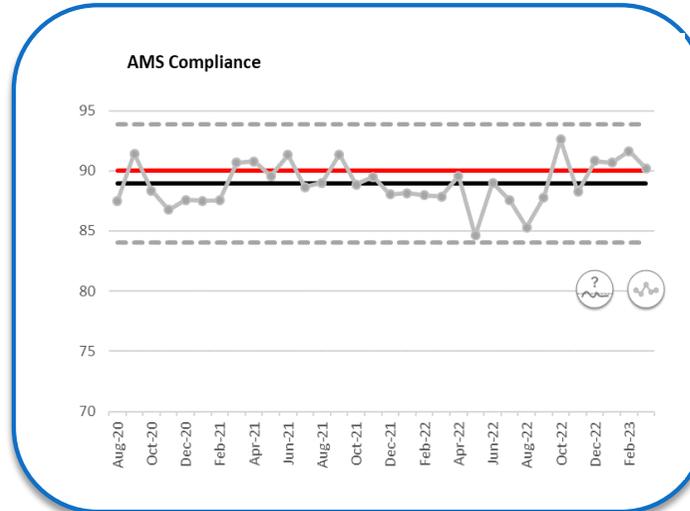
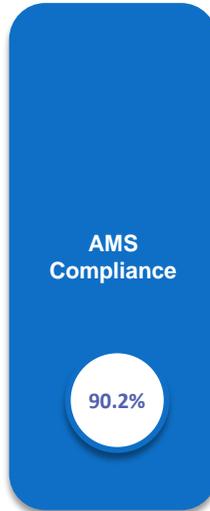
Please note that % axis does not start at zero.

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

2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Mar-23	Feb-23	Mar-23	Feb-23	Mar-23
	95.7%	93.2%	95.7%	92.3%

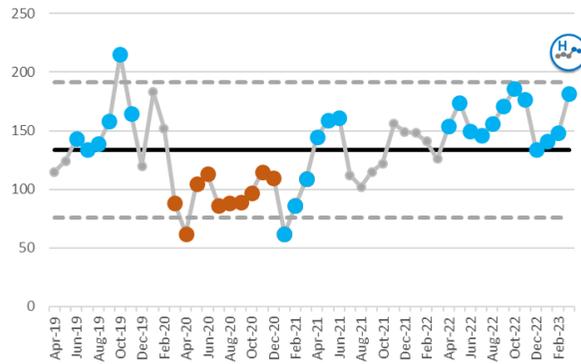
<p>What does the data tell us?</p> <ul style="list-style-type: none"> A total of 291 audits were submitted in Mar-23, compared to 304 in Feb-23. Antimicrobial Stewardship overall compliance dropped slightly in Mar-23 to 90.2% but still achieved the target of 90%. Patients on Antibiotics in line with guidance or based on specialist advice dropped slightly in Mar-23 but still achieved the target. Patients on Antibiotics reviewed within 72 hours also dropped slightly in Mar-23 but also still achieved the target. Of the 8 elements of the audit, the 4 have failed to reach the target this month <ul style="list-style-type: none"> Drug Allergy Status Recorded: 76.7% (down from 84.9% in Feb-23) Appropriate Tests Requested: 88.5% (down from 81.3% in Feb-23) Duration of Antimicrobial: 85.5% (down from 86.3% in Feb-23) Duration of IV: 88.4% (down from 94.2%) 	<p>What will we be doing?</p> <ul style="list-style-type: none"> Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors Identifying actions to drive improvement in quality (KPIs) of these SSTF audits Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories. Focusing on learning from C diff case reviews where antibiotics may be implicated & developing actions pertaining to AMS to address the recommendations in Prof Wilcox report Reviewing the Trustwide quarterly incident report for themes and trends relating to antimicrobial medicines Seeking nominations for AMS clinical lead for SCSD Developing a communication and action plan to promote IV to oral switches (CQUIN for 23/24) Identifying recruitment plan for the vacant AMS lead pharmacist post
<p>Assurance level – level 6 Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits</p>	<p>When expected to move to next level of assurance – This will be next reviewed in April 23, when quarter 4 performance can be assessed.</p>
<p>Assurance level – Level 6</p>	<p>SRO: Jackie Edwards (CNO)</p>



Total Medicine incidents reported

182

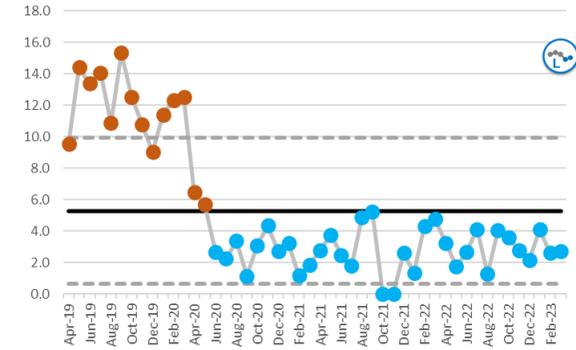
Total Medication Incidents



Medicine incidents causing harm (%)

2.7%

% Medication Incidents Causing Harm

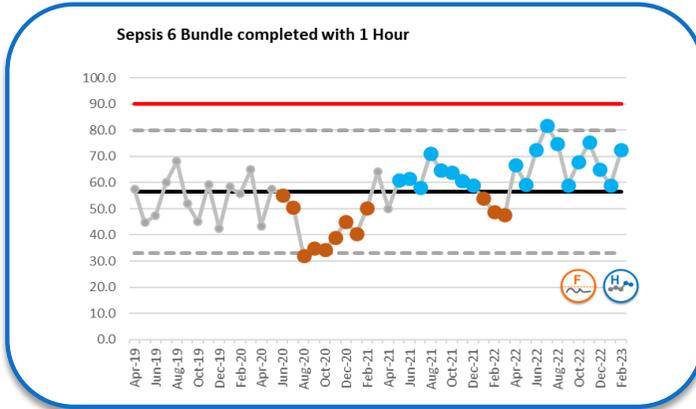


Lockdown Period
 COVID Wave

Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			88.9%	95.6%	91.1%	84.4%	95.6%
<p>What does the data tell us?</p> <ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has increased in Feb-23 to 72.6%, but remains non compliant with the 90% target. This metric shows special cause improving variation for the last 11 months, but continues to consistently fail the target. The Sepsis screening compliance increased in Feb-23 to 92.1% and achieved the target for the sixth time in 2022/23. The target is within the common cause variation but performance continues to fluctuate. Antibiotics provided within 1 hour increased in Feb-23 to 84.3% but failed to achieve the target of 90%. This metric has show special cause variation of concern for the last 7 months. Three of the remaining five elements of the Sepsis Six bundle achieved the target of 90%. The Trust's 12 Month Rolling Crude Death rate up to Jan-23 for Septicemia (except in labour) is 25.0% (In Hospital 15.1% & Out of Hospital 9.9%), which is the 6th lowest in the Midlands (out of 22).¹ The Trust's ALOS (Feb-22 to Jan-23) is 10.49 days, which is the 8th lowest in the Midlands (out of 22).¹ <p style="text-align: right;">¹ Source: HED, accessed 16/04/2023.</p>			<p>Actions:</p> <ul style="list-style-type: none"> Continued monitoring of Sepsis six compliance & implementation Focus on actions following completion of the bundle remains a priority (such as prescribing of antibiotics) Medical examiner office reviews all deaths across Worcestershire – this allows for learning from any deaths related to sepsis (implemented April 2023) 				
Assurance level – 5			When expected to move to next level of assurance:				
Previous assurance level – 5			SRO: Christine Blanshard (CMO)				

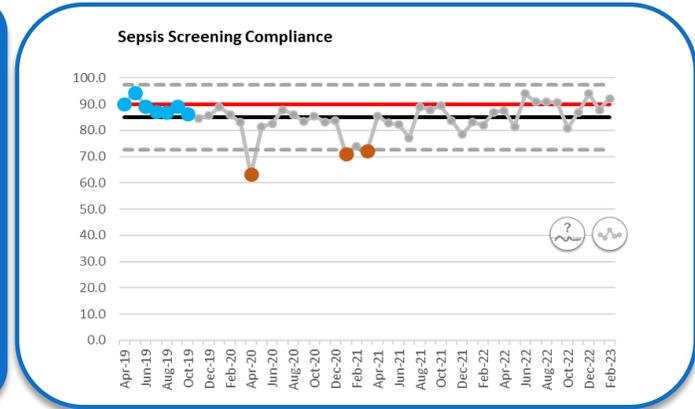
Sepsis 6 Bundle within 1 Hour Compliance (audit)

72.5%



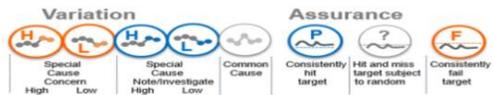
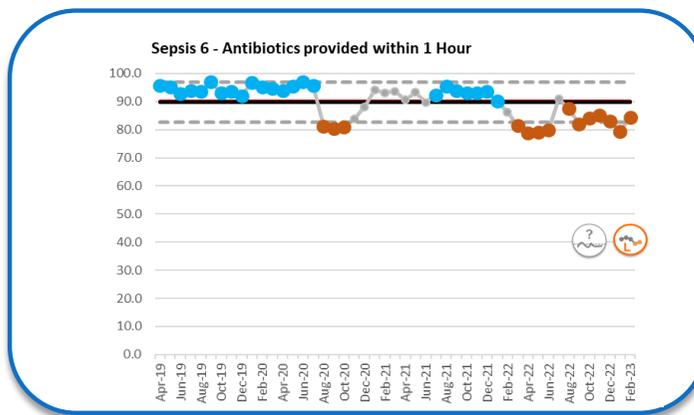
Sepsis Screening Compliance (audit)

92.1%



Sepsis Screening Antibiotics Compliance (audit)

84.3%



Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q3 22-23 Oct-22 to Dec-22 (validated)			
	E		E		B		N/A	Score	70.3	Grade	B

What does the data tell us?

- The SPC charts within the SSNAP Stroke Unit domain both continue to show special cause concern; namely direct admission to the stroke unit and patients spending 90% of their stay on the stroke unit.
- Although not yet showing special cause improvement, 61% of patients being CT scanned within 60 of admission is the highest in 22/23 – this would be graded A by SSNAP.
- Although not yet back to showing special cause improvement, TIA patients seen within 24 hours has recovered from the drop in performance observed in Jan-23.

What are we doing to improve?

Patients Admitted Within 4 Hours / 90% Stay on Stroke Ward / Specialty Review Within 30 Minutes

- A band 6 nurse is doing a project, working with the Stroke CNS team to facilitate earlier movement between ASU and ED once a patient has been identified to be admitted to the Stroke unit. This project will look at communication within the team and the process of transfer to create earlier capacity to further improve moving patients in a timely fashion to the Stroke unit.
- Most recently the Clinical lead for stroke and the lead practitioner for stroke have been attending AGH to review possible patients with a diagnosis of Stroke. This has been used as an opportunity to teach/educate on the stroke pathway, identify appropriate patients to transfer to WRH and to make robust plans in terms of ongoing treatment.
- During the most recent industrial action, the consultant nurse has been attending AGH to support their ED in terms of decision making for possible Stroke patients.
- There is currently a post advertised as a Stroke coordinator to work across the pathway between the health and Care trust and Acute to improve the patient journey and patient flow.
- The 20 bedded stroke unit remains ring-fenced for stroke and neurology patients. To facilitate flow, two boarding spaces have been created on the ward. One of these spaces remain free to ensure that there is a bed available at all times to thrombolise a patient if required.
- In order to promote flow throughout the stroke pathway, the on-call Stroke team continues to assess patients alongside the therapy teams, if appropriate, to prioritise discharging patients directly home from ED/AMU. Ongoing investigations are then requested on an out-patient basis. This ensures that ASU beds are only used for those patients who are not medically fit for discharge.
- After a recent ISDN meeting it was agreed that, if possible, patients that are re-admitted from ECH to the Acute trust should be transferred to the ASU if Stroke remains their main issue to manage flow and ongoing stroke input to improve long-term outcomes.
- Ongoing Countywide therapy meetings which include the Health and Care Trust are ongoing – these include therapists in the county meeting regularly with the Acute Trust consultant. This encourages communication throughout the stroke pathway to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues with regards to flow and allows our community partners to support patient flow.
- When accepting referrals from AGH, patient demographics are continued to be checked prior to accepting patients to ensure that ASU do not accept out of area patients, thereby impacting on flow through the unit. This has shown to improve transferring only appropriate patients to Worcester Royal Hospital.
- Patients are assessed in Ambulances during extreme hospital pressures. The consultant team will complete the initial assessment and if confirmed Stroke then patients will bypass the Emergency Department and be transferred directly to ASU.

Thrombolysis:

- The positive impact of ongoing face-to-face stroke simulation training alongside in-house consultant cover for advice and guidance after 5pm is ongoing and this impacts on the good working relationship with the on-call medical registrars.

SSNAP

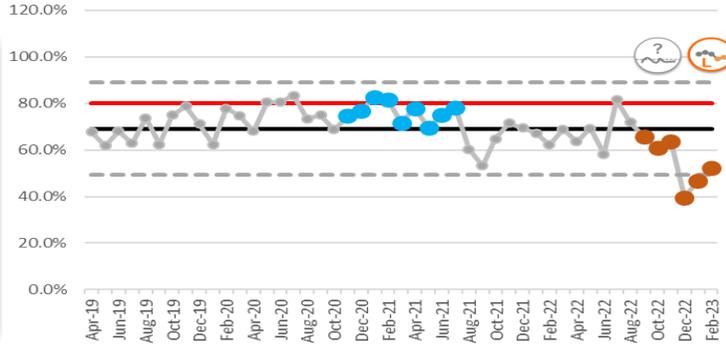
- We are still consistently achieving a high grade B in the SSNAP score results, although we achieved an A for the months of July –September 2022, which is demonstrating all of the improvements we are putting into place as mentioned above.

Current Assurance Level: 5 (Apr-23)	When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustained improvements in the SSNAP score / grade.
Previous Assurance Level: 5 (Mar-23)	SRO: Christine Blanshard (CMO)

Time spent on Stroke Unit

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

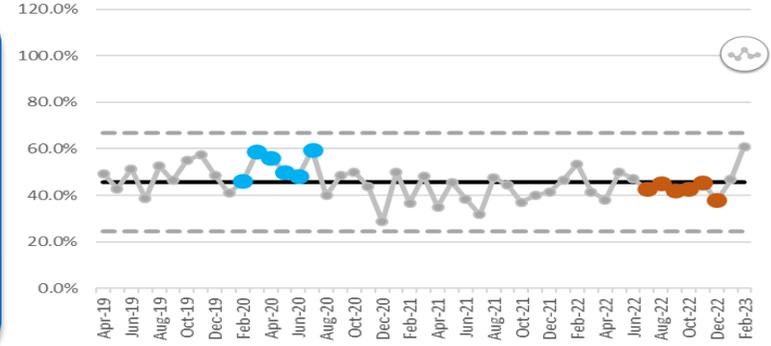
52.2%



CT within 60 minutes

Stroke : % CT scan within 60 minutes

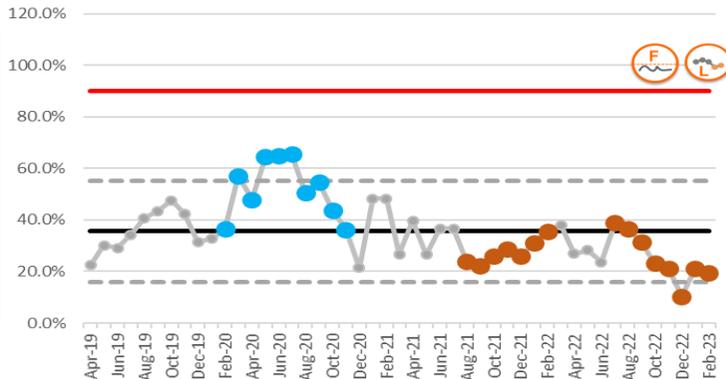
60.9%



Direct Admission to Stroke Ward

Stroke : % Direct Admission to Stroke ward

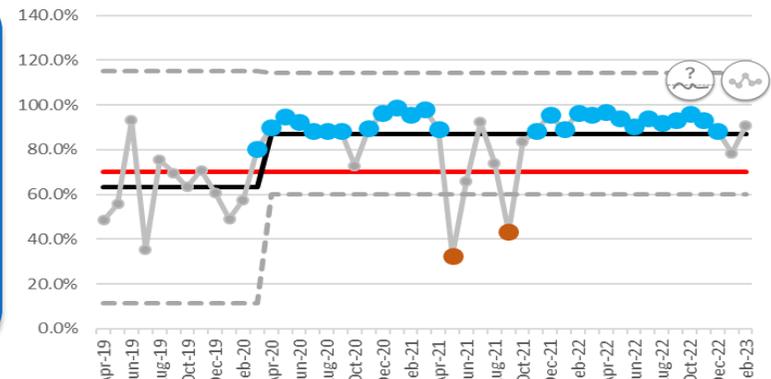
19.6%



TIA within 24 hr

Stroke : % seen in TIA clinic within 24 hours

90.9%



Variation

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

Assurance

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

All graphs include Feb-23 data

#NOF – Time to Theatre <= 36 Hours



What does the data tell us?

- #NOF compliance dropped to 62% in Mar-23, and did not reach the target.
- This is the 5th highest figure in 2022/23, and higher than was achieved in the first 7 months of the year.
- The #NOF target of 85% has not been achieved since Mar-20.

- There were 71 #NOF admissions in Mar-23.

- There were a total of 27 breaches in Mar-23.
- The primary reasons for delays were;
 - 54.2% (13 patients) due to theatre capacity
 - 25.0% (6 patients) due to patients being medically unfit
 - 16.7% (4 patients) due to bed issues

- The average time to theatre in Mar-23 was 39.7 hours.

- The Trust's 12 Month Rolling Crude Death rate up to Jan-23 for #NOF is 11.57% (In Hospital 4.44% & Out of Hospital 7.13%), which is the 7th highest in the Midlands (out of 22).¹

- The Trust's ALOS (Feb-22 to Jan-23) is 9.37 days, which is the lowest in the Midlands.¹

¹ Source: HED, accessed 16/04/2023.

What will we be doing?

- **NHFD Quarterly Governance Meeting**
 - Cancelled in April due to Jr Doctor Strike.
 - To be rescheduled (14 June 23 TBC)
- **Regular Review of Action Plan and Updating**
 - Trauma improvement meeting
 - Weekly meeting
- **Hip Fracture Harm Reviews**
 - All patients who breach 36 hour mark.
 - Learning fed back to teams / individuals.

Current assurance level: 4 –agreed at QGC in April.

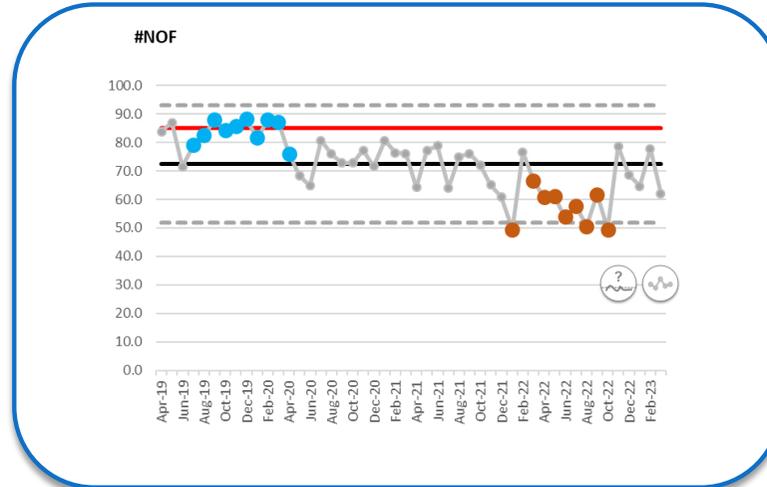
When expected to move to next level of assurance: Waiting for plan before decision

Previous assurance level: 5

SRO: Christine Blanshard (CMO)

#NOF time to theatre ≤ 36 hours

62%



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

Lockdown Period

COVID Wave

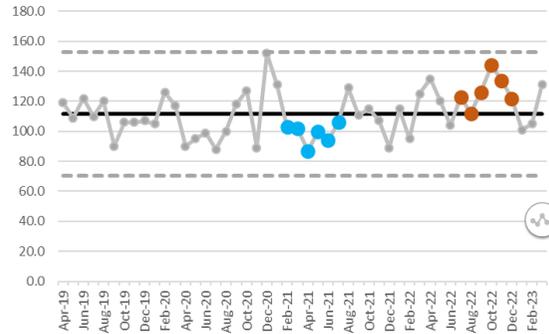
2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Mar-23	Mar-23	Mar-23	Mar-23
<p>What does the data tell us?</p> <p>Total Inpatient Falls</p> <ul style="list-style-type: none"> The total number of falls rose in Mar-23 to 131, and was above the in-month target of 103. This is the highest total since Nov-22. We have breached our 22/23 falls trajectory by 222. The target is within the common cause variation but performance continues to fluctuate. <p>Inpatient falls resulting in Serious Harm</p> <ul style="list-style-type: none"> There was 1 SI fall in Mar-23, which was compliant with in-month target. We have achieved the year to date trajectory with a total of 4 actual SI falls compared to a trajectory of 6 (2 remain under investigation with 1 awaiting confirmation of downgrade from the ICB). 		<p>What improvements will we make?</p> <ul style="list-style-type: none"> Review of EPR (sunrise) to ensure digital system reflects paper falls and bed rails assessments and intervention plans in being completed in April. Deep dive report shared with CGG re. falls and the recognised increased rate although reflective of increased bed days, acuity of patients and potentially staffing, proposal made to focus less of raw metrics as a measure of performance e.g. introduction of national recommendations/KPI's to measure quality care of patients who are at risk of falls or fall in hospital. Re-visit training structure for falls once data received to review compliance with current national e-learning tool on ESR to determine if a train the trainer approach is required with a in house training package Present report on the implementation of Ramblegard (falls prevention technology) on Avon 4 and Hazel to CGG once further detail is included re. cost vs benefits- interest received from various other wards Continue with new governance process requested by CNO- weekly report of falls with harm and hotspot areas with a high prevalence of falls to be sent to DCNO for discussion with CNO- update on ICR/investigation progress/outcome and review of themes/trends in hotspot areas included Identify ownership of hover jacks and establish a SOP- urgent need for repair/maintenance plan as currently missing hover matt on T&O with no clarity who will fund replacement. 	
<p>Assurance levels (Quarter 4); Falls – Level 6</p>		<p>When expected to move to next level of assurance Maintain 2023/24</p>	
<p>Previous assurance level (Quarter 3); Falls – Level 6</p>		<p>SRO: Jackie Edwards (CNO)</p>	

Total Falls

131

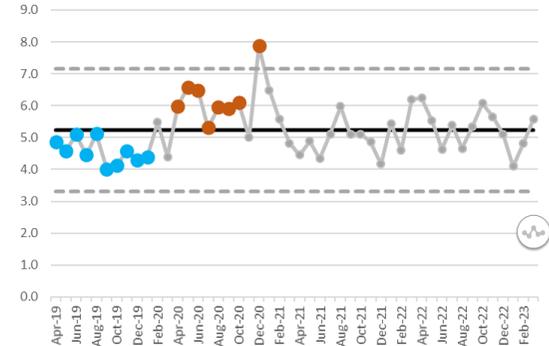
Total Inpatient Falls



Total Falls per 1,000 bed days

5.6

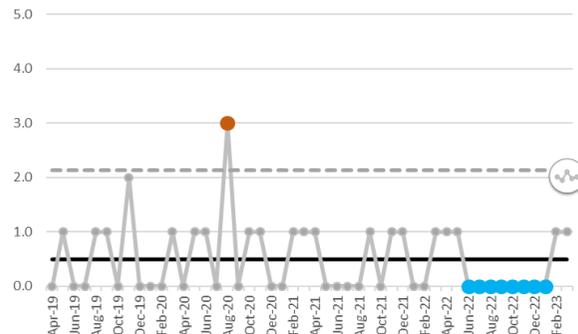
Total Inpatient Falls Per 1,000 Bed Days



Total SI Falls

1

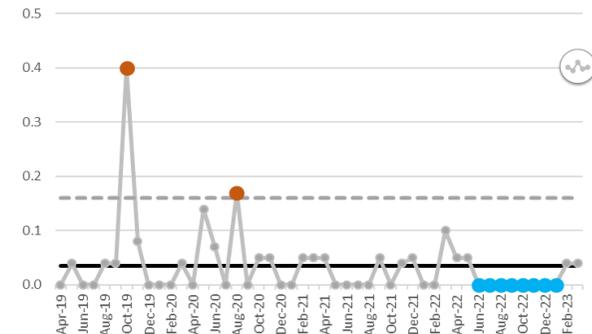
Inpatient Falls resulting in Harm



SI Falls per 1,000 bed days

0.04

Inpatient Falls resulting in Harm Per 1,000 Bed Days



FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended

What does the data tell us?

- The continuous improvement in Inpatient recommended rate requires a re-base on the SPC charts for 2023/24. The recommendation target has been exceeded significantly, and the response rate was above trust target.
- The continuous improvement in Outpatient recommended rate requires a re-base on the SPC charts for 2023/24. The recommended rate for Outpatients has achieved target and the response rate was again above target.
- The recommended rate for Maternity increased in Mar-23 to 100%, and was compliant for the 8th time in 2022/23. The response rate dropped in Mar-23 to 0.51%. It has not achieved the target of 30% since Jul-20, and has not reached double figures since Aug-21.
- The recommended rate for A&E dropped slightly to 88.4% and failed to achieve the target. The performance remains within special cause variation of improvement but the target is outside of the upper control limit, indicating that some intervention is required to achieve compliance. The response rate dropped slightly (21.4%) but was still above trust target.



What are we doing to make improvements?

Inpatients: Improvement in Inpatients demonstrates a sustained approach which has been successfully embedded. A roll out and FFT campaign to continue to support improvements will be launched in Patient Experience Week in April 2023. As part of this approach, Inpatients areas will receive additional resources. This will be embedded by a Communications approach (Trust-wide).

Outpatients: Improvement in Outpatients demonstrates a sustained approach which has been successfully embedded. FFT Optimisation Project (pilot) involving Outpatients and UEC is expected to launch in June 2023. This will support greater actionable insights and understanding from what our patients, carers, their family and friends are telling us.

A and E: FFT benchmarking, (Model Hospital) against the West Midlands Peer Group (12 Trusts) demonstrates that the Recommended rate at Worcestershire Acute is the highest by 6% - Worcestershire Acute is the only Trust with 90% or over (see graph opposite). The Trust was first throughout the benchmarking period of October 2022 – January 2023 inclusive. The FFT Optimisation Project is expected to further support insight.

A proof of concept digital solution to support improvements in A and E has been delayed due to the roll-out of EPR. This project will now be rolled out in Q1 2023-2024.

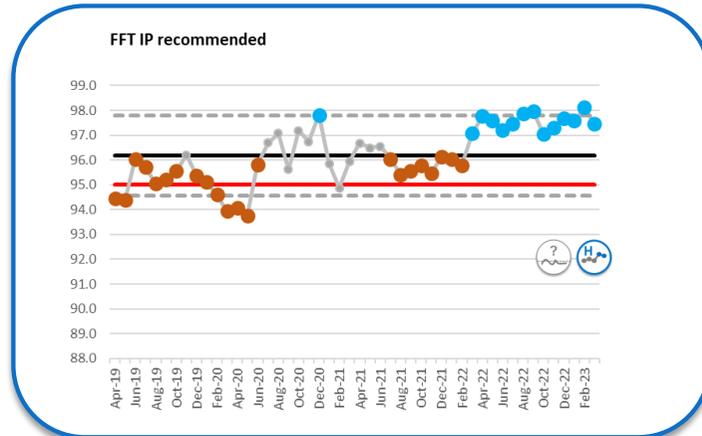
Children's: response rate improvement actions is in development (Q1).

Maternity: action plan has been developed to focus on response rate improvements. Actions include launching text messaging one ward as a pilot (awaiting results and feedback), posters launched explaining how women can give feedback on the Badgernet App and the Division will be splitting reporting into the Patient, Carer and Public Engagement Group to support greater understanding of themes and numbers. Acti8ons are in development (Q1).

Assurance level – 5 Reason: sustained improvement seen across areas however response rate remains low in maternity. Supportive actions have been progressed in Q4 and improvement is expected from Q2 023-2024.	When expected to move to next level of assurance: Q2- after the A&E pilot has been reviewed and Maternity performance incorporates data from Badgernet.
Previous assurance level – 5	SRO: Jackie Edwards (CNO)

FFT Inpatient Recommended %

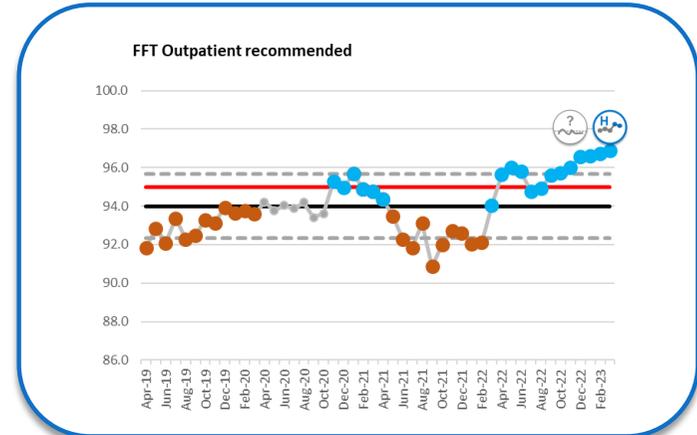
97.5



Please note that % axis does not start at zero.

FFT Outpatient Recommended %

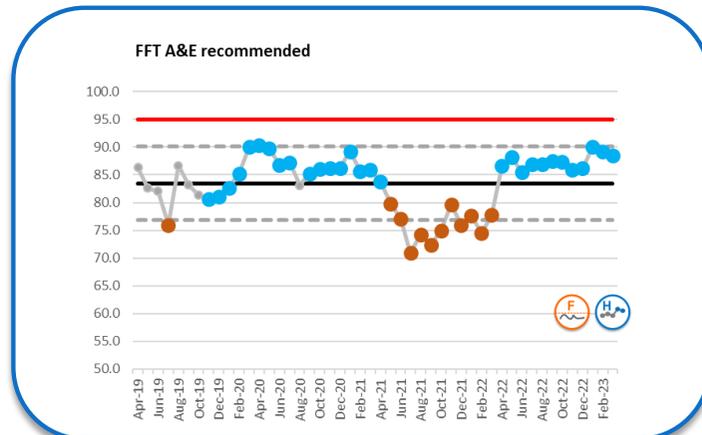
96.9



Please note that % axis does not start at zero.

FFT AE Recommended %

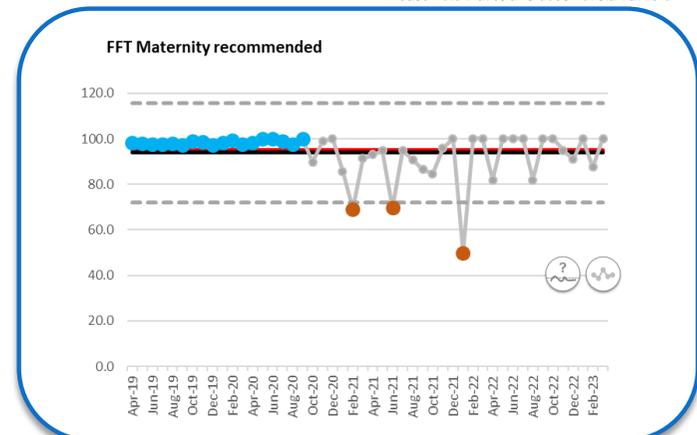
88.4



Please note that % axis does not start at zero.

FFT Maternity Recommended

100



2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days

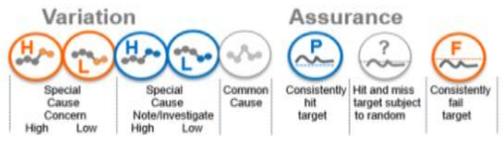
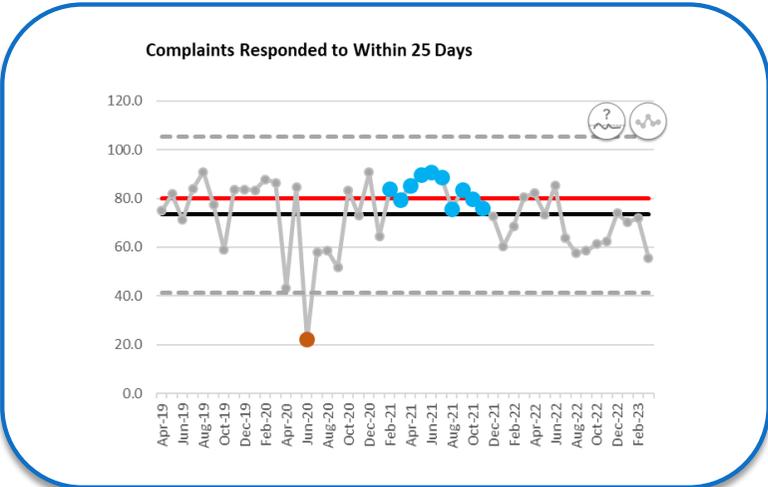
<p>What does the data tell us?</p> <ul style="list-style-type: none"> • In total there were 66 new formal complaints received within March with 21 called within 5 days to discuss the complaint. 25 complaints were closed within the 25 workings days (55.6% of all that were closed in March). • The Trust has 114 complaints still open, of which 15 have been reopened. • Of these 114 complaints, 40 have breached 25 days (4 of which have been reopened) • The Surgery Division accounts for 29 of the complaints which have breached 25 days. • Compliance with complaints closed within 25 days dropped this month to 55.6%, which is the lowest since Sep-20, and is the 9th consecutive month that the target has been missed. • This follows 3 consecutive months where the performance was over 70%. • The target is within the common cause variation but performance continues to fluctuate. The SPC chart indicates that more robust processes and / or increased focus / capacity would enable us to meet the target consistently. 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> • Senior Trust management have been meeting weekly to discuss strategies to address the backlog of Surgical complaints. • The delay in investigating/responding to complaints has been primarily in the operational area of the Surgical Division impeded by the continuous need to plan for industrial action since the start of the year. • There has been an increase in complaints received through 2022-23; in Q4, half of the Surgical Complaints were regarding previous or ongoing Clinical Treatment, which was by some margin the most significant theme. • Early telephone contact is being made with complainants to resolve cases informally where possible. • The quality of clinical responses to complaints has generated some delays. • Additional support will be accessed to help reduce the backlog of complaints.
<p>Assurance Level – 5 Reason: The high number of breaches is confined to one Division; established processes are working in other Divisions who have staff whose focus is supporting the administration of Complaints</p>	<p>When expected to move to next level of assurance: Q1; dependent on reduction of backlog/incoming complaint numbers</p>
<p>Previous assurance level - 5</p>	<p>SRO: Christine Blanshard (CMO)</p>

Month 12 [March] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Mar-23 as 15th April 2023

Complaints Responded to Within 25 Days (%)

55.6%





Maternity

Admission of full-term babies to neonatal care	Neonatal Deaths (>24 ⁺⁰ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
								410	415

What does the data tell us?

- In 22/23 there were 4,803 deliveries and 4,875 babies born by our Trust. By comparison, there were 4,939 deliveries and 5,010 babies born in 21/22.
- The only metric that show special cause concern is women booked before 12⁺⁶ weeks noting that the target (90%) may or may not be achieved.
- The remaining core metrics have not changed significantly and show either a level of natural variation you would expect to see or the statistical significant improvement has been maintained
- There was one stillbirth and no neonatal deaths or maternal deaths in March.

What have we been doing?

- Awaiting response to submitted action plan to NHSR to recover some funding to support delivery of scheme in 2023/4 –additional requested information provided.
- Continuing to build our leadership and governance team and recruited:
 - Recruiting 2 new maternity matrons
- Current Ockenden evidence submitted in preparation for insight and regulatory inspection.
- Launch of new safety champion process
- Preparation for large scale recruitment of midwives and support staff

What are we going to do?

- Restart engagement events when staffing levels allow
- Complete new escalation policy
- Continue to preparing for expected CQC visit
- Progressing job adverts for 2 new leadership roles to support MSWs and retention of staff.
- Explore options for single point of access to improve booking KPI

Current Assurance Level - 5 (Apr-23)

When expected to move to next level of assurance:

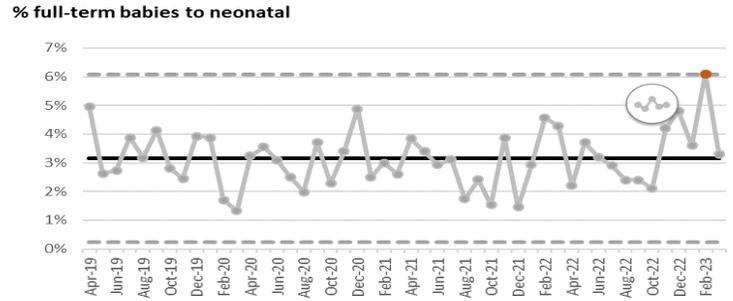
- Completion of work outlined in service improvement plan
- No midwifery vacancies
- No medical staffing vacancies

Previous Assurance Level - 5 (Mar-23)

SRO: Jackie Edwards (Interim CNO)

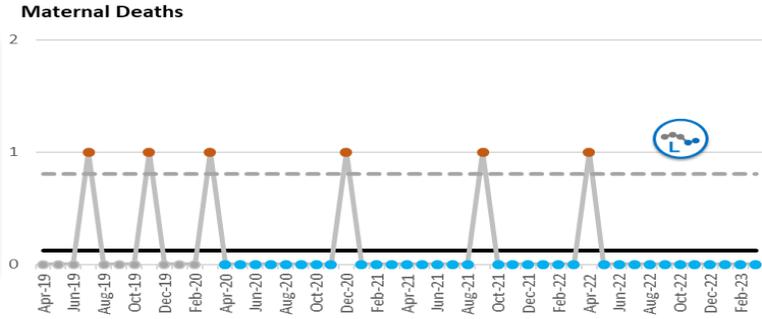
% admission of full-term babies to neonatal care

3%



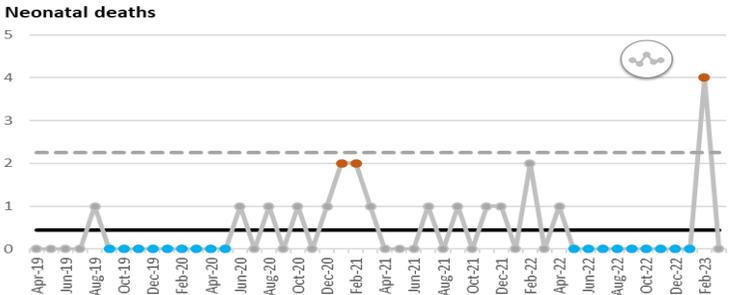
Maternal Deaths

0



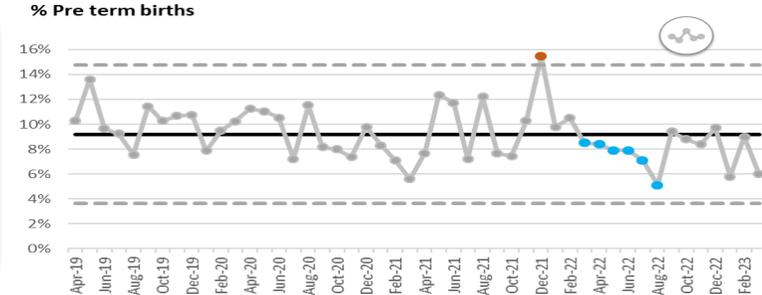
Neonatal Deaths (>24+0 weeks gestation)

0



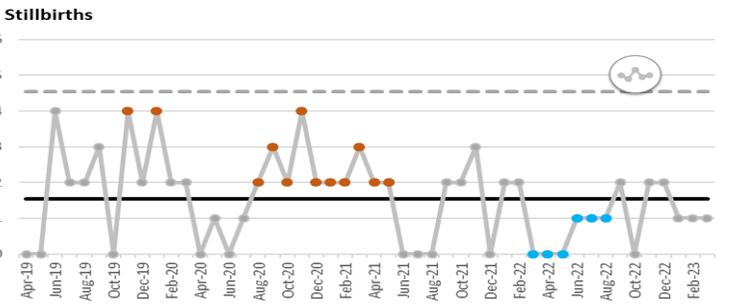
% Pre term births

6%



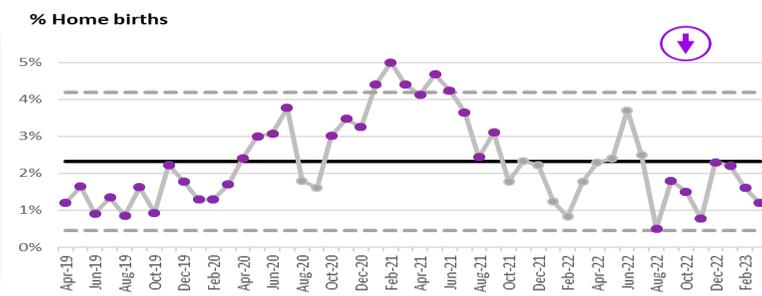
Stillbirths

1



% Home births

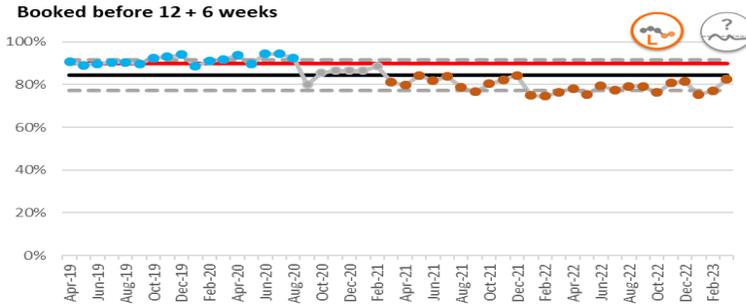
1%



● Purple SPC dots represent special cause variation that is neither improvement or concern
 Graphs include Mar-23 data – presentation is using the national SPC toolkit.

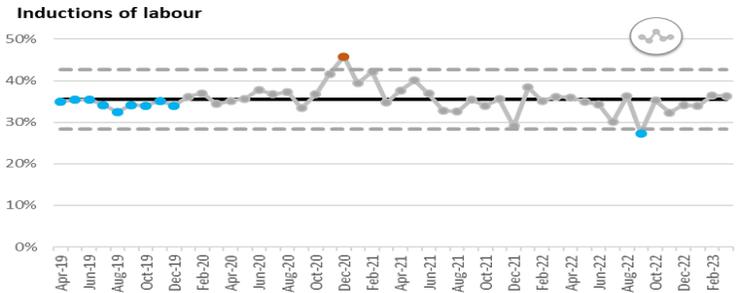
Booked before 12⁺⁶ weeks

83%



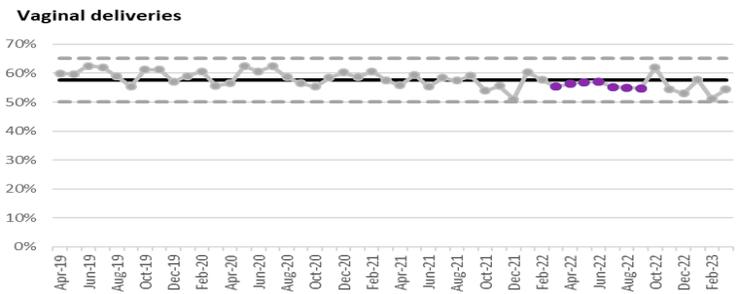
Inductions of labour

36%



Vaginal Deliveries (non-instrumental)

54%



Variation

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

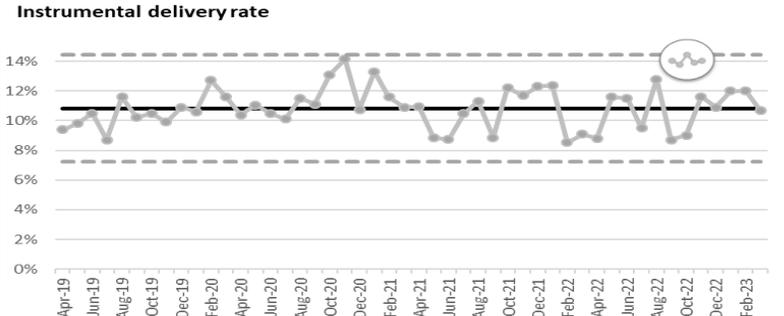
Assurance

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

● Purple SPC dots represent special cause variation that is neither improvement or concern
 Graphs include Mar-23 data – presentation is using the national SPC toolkit.

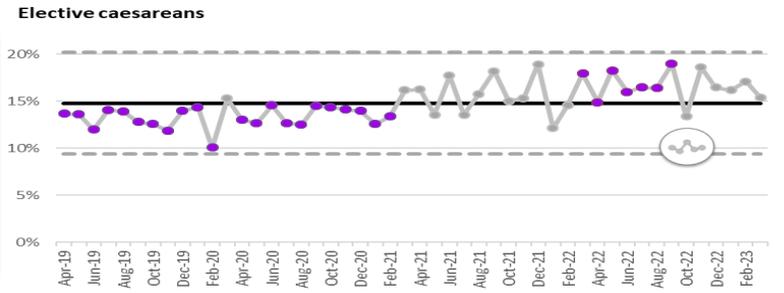
Instrumental Delivery

11%



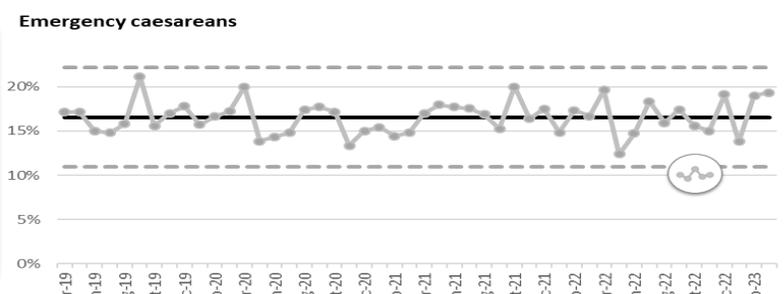
Elective Caesarean

15%



Emergency Caesarean

19%





Workforce



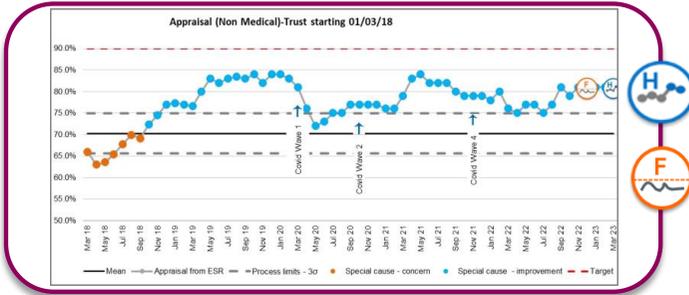
People and Culture Performance Report Month 12 Headlines



	Comments
Getting the Basics Right	<ul style="list-style-type: none"> Overall Mandatory Training Compliance has remained at 89% against a Model Hospital average of 88.4%. Estates and Facilities have improved by 5% and Women and Children's Division have dropped by 1%. SCSD, Digital and Estates and Facilities all meet the Trust target of 90% and 4 out of 8 divisions are better than national benchmark. The Medical and Dental staff group remain outliers across all divisions despite a 1% improvement Non medical appraisal has remained at 81% against a target of 90%. This is 5% higher than the same period last year against a national average on Model Hospital of 76.3%. Medical Appraisal has dropped 3% to 91% this month. Recruitment – We have only 3 more starters than leavers this month. However, late leaver forms and reduction in contracted hours have cancelled out this slight increase which means that Establishment and Staff in Post are unchanged. SCSD are in a worse position by 4, but other clinical divisions are all in a better position this month. The drop is in Estates and Facilities and Corporate.
Performance Against Plan	<ul style="list-style-type: none"> Our gross establishment has remained at 6,885 The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,599 wte. Our gross vacancy rate has remained at 11.63% (using ESR Staff in Post data against ADI Funded Establishment). We remain ahead of our workforce plan by 123.49 wte and 56.04 wte ahead of the original H2 workforce plan submission. We have submitted an Interim 5 year plan which will require an additional 207.81 wte recruitment by 31st March 2024. Final submission was 31st March 2023 but a revised position is likely to be required by the end of May
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> Sickness rates have increased by 0.09% this month to 5.62% which is 0.18% better than last year. This equates to an average of 341 wte staff absent each calendar day of the month compared to 336 last month. There has been an increase in staff off with Covid, and stress and anxiety. Estates and Facilities are an outlier with 7.45% sickness absence (a worsening position) Our annual turnover has improved by 0.84% to 12.14% which is 1.32% better than the same period last year against a local target of 11.5% Our monthly turnover has deteriorated to 0.78% against Model Hospital average of 1.13%. Although the agency fill rate is still high, the ratio of bank shifts to agency shifts has remained good and on an improving trajectory The number of shifts above price cap continue to decrease due to continued negotiation with agencies to lower rates to remain within booking tiers. The top 10 long term temporary workers are within Nursing & Midwifery (primarily A&E) and Theatres, reasons are predominantly vacancy cover but include additional beds and maternity cover. These workers have not changed from last month so the same workers are consistently working within the Trust.
Staff Health & Wellbeing	<ul style="list-style-type: none"> Cumulative sickness (rolling 12 months) is unchanged at 5.83% which is above our 5.5% target but remains better than the 6.2% national average. Sickness due to S10 (stress and anxiety) has increased marginally to 1.47%. Women and Childrens are an outlier at 2.09% followed by Urgent Care at 1.92%. Long Term Sickness is broadly unchanged at 3.28% as is Short Term at 2.55%. Estates and Facilities are an outlier with 5.53% staff off long term, and 2.93% Short Term.

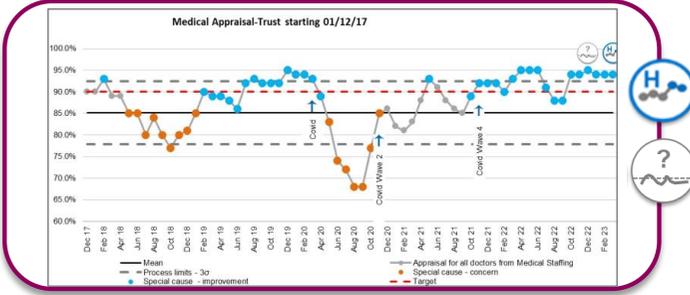
Appraisal (Non-Medical)

81%



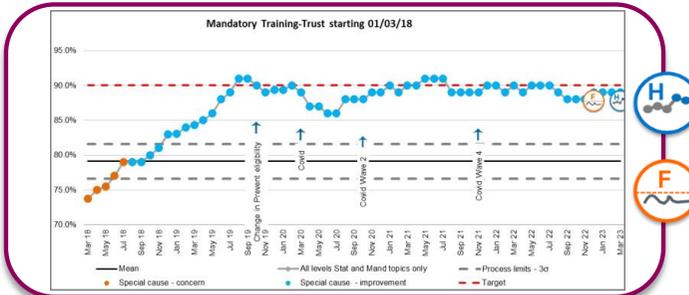
Medical Appraisal

91%



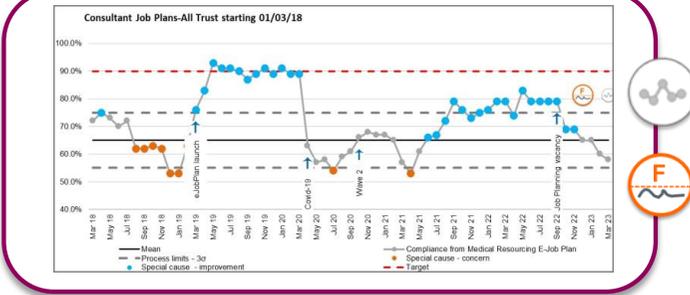
Mandatory Training

89%



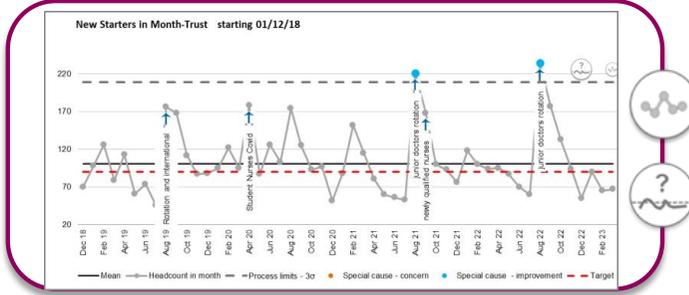
Consultant Job Plans

58%



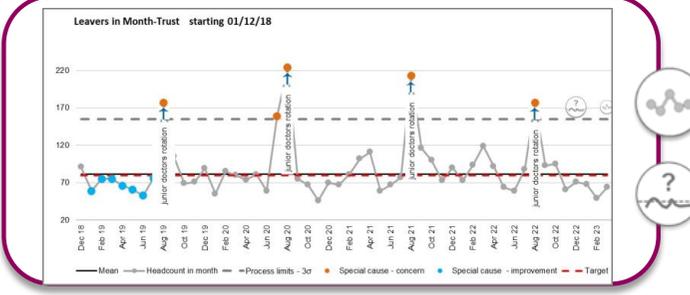
New Starters in Month (Headcount)

67



Leavers in Month (Headcount)

64



Variation

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

Assurance

Consistently hit target, Hit and miss target instead to random, Consistently fail target

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Substantive Gross Funded Establishment (ADI)	Contracted Staff in Post (ESR)	Revised 5 year Plan Substantive SIP by March 2023	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,885 wte (Net establishment is: 6,599 wte)	6,084 wte	6041.97 wte	11.63% (Net rate is: 7.45%)	6,836 wte	8.66%	7.10%

What does the data tell us?

- **Establishment** - Our gross establishment has remained at 6,885 wte for the third month in a row.
- **Staff in Post** – has coincidentally remained the same at 6,084 wte against establishment of 6,885 wte (gross) or 6,599 wte (net) with the vacancy factor removed.
- **Performance Against Plan** – We are currently ahead of our H2 workforce plan by 123.49 wte and 56.04 wte ahead of the original H2 workforce plan submission. We have submitted a revised Interim 5 year plan which will require an additional 207.81 wte recruitment by 31st March 2024. We are currently 42.07 wte ahead of this revised plan as at March 2023
- **Total Hours worked** – There has been a 15 wte decrease in the overall hours worked primarily due to increased annual leave and maternity leave that has not been covered by bank or agency and Ambulance and BMA strike days where activity was cancelled. Total hours worked is still 301 wte higher than the same period last year primarily due to reduction in other absence such as self isolation, and new beds (PDU and Boarding).
- **Agency Spend as a % of Gross Cost** – Agency spend has reduced by 1.05% to 7.10% which has almost hit Trust target. Urgent Care has shown a 0.54% increase in Agency spend and continues to be an outlier at 26.57% of gross cost. The key driver to the reduction in agency spend is the continued negotiation with agencies to lower rates to remain within lower booking tiers. We are an outlier at Quartile 4 on Model Hospital for both Nursing and Medics (January 2023 rates)
- **Bank spend as a % of gross cost** - Bank spend has increased by 2.25% to 8.66% due to agency swap outs which is positive. Digital and Urgent Care continue to have the highest bank spend as a % of gross cost but this is preferable to Agency.

National Benchmarking (March 2023)

We are at the 4th quartile for Nursing (12.6%) and Medics Agency spend (14.3% of gross cost) (January 2023 rates)

March - Month 12 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for March as 17th April 2023

➔

Gross Funded Establishment

6,885 wte

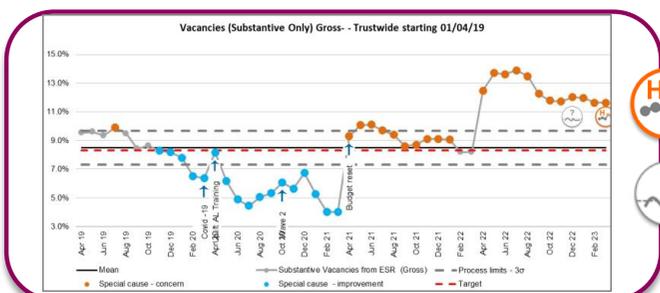


H
P

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Gross Vacancy % (ESR)

11.63%

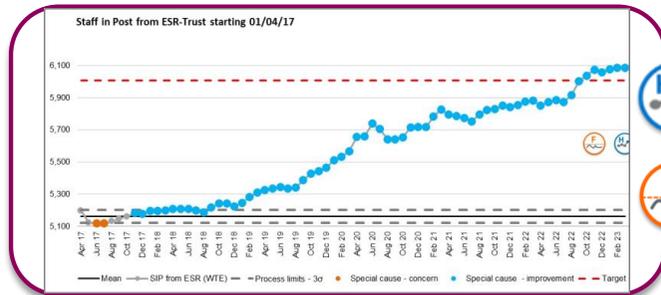


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Staff in Post (ESR)

6,084 wte

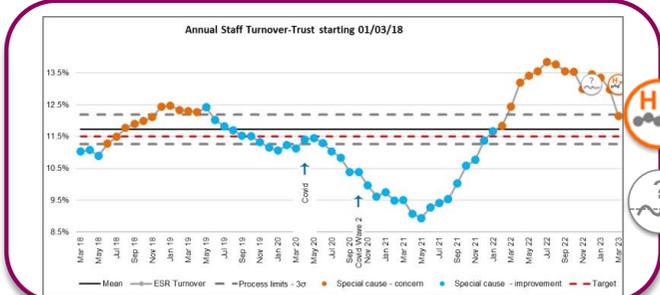


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F

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Annual Staff Turnover

12.14%

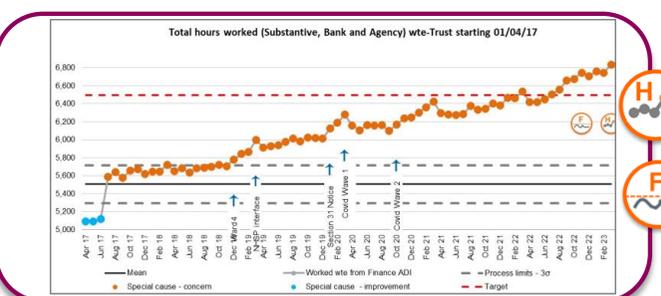


H
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➔

Total Hours Worked (ADI)

6,836 wte



H
F

Variation

Special Cause Concern High Low

Special Cause Improvement High Low

Common Cause

Assurance

Consistently hit target

Hit and miss target reduced to random

Consistently hit target

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave (including Strike Action)
12.14%	5.62% 341 wte average per calendar day	196 headcount	668 wte average Per calendar day	87 wte average staff absent per calendar day

What does the data tell us?

- **Staff Turnover** – Our annual turnover has improved by 0.84% to 12.14% but this remains 1.32% higher than the same period last year. Our monthly turnover has deteriorated by 0.19% to 0.78% but this remains better than the Model Hospital average of 1.13% (April 2022 rates). Despite taking on 67 nw staff we have only 3 more starters than leavers due to increased turnover. However, SCSD were the only clinical division to end the month with less staff than they started with. Our performance on Model Hospital remains good with only Admin and Clerical showing as an outlier (January 2023 data)
- **Monthly Sickness Absence Rate** –Sickness rates have increased slightly by 0.09% this month to 5.62% which is 0.18% less than the same period last year. However a spike in Urgent Care is noted with sickness rates of 6.23% this month. Absence due to S27 (Covid Symptoms) has almost doubled to 0.73%. Estates and Facilities and HCAs are showing as outliers and are of concern at over 9% sickness against a 5.5% target. Long Term Sickness and short term sickness have remained broadly unchanged at 3.28% and 2.55% respectively. Absence due to Stress and Anxiety has increased marginally this month with Urgent Care, Corporate and Women and Children’s Divisions all having more than 30% of their absence attributed to this factor. Cumulative sickness for the year remains at 5.83%.
- **Maternity/Adoption Leave** – Maternity and Adoption leave has increased by 10 this month to 196 which is 34 higher than last year. There are increases in Urgent Care, Specialty Medicine and SCSD which may impact on temporary cover.
- **Annual Leave** – Annual leave has increased this month which may be due to staff using up their annual leave entitlement as well as some services cancelling activity due to Ambulance and Medics strikes, and staff booking leave to cover Teachers strikes. There have been an average of 668 staff off on annual leave for each day this month which is 99 more than last month. The biggest increases were in SCSD and Digital.
- **Other Leave** – Absence due to other leave has remained broadly unchanged at 87 wte staff off per calendar day. This does include unpaid leave for Industrial Action for Junior Doctors.

National Benchmarking (March 2023)

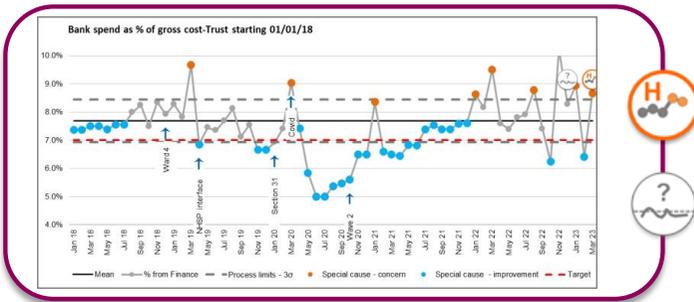
We are currently in the 2nd Quartile in terms of Sickness on Model Hospital when our sickness was 5.8% against a National median of 6.2% but this is March 2022 data. Model Hospital staff group benchmarks have been refreshed to January 2023 data with Estates and Facilities, HCAs, Registered Nursing and Additional Prof and Tech, showing as outliers at Quartile 4. AHPs, and HealthCare Scientists are at Quartile 3. All other staff groups are good at Quartile 2.

March - Month 12 2022-23 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for March 2023 as 17th April 2023

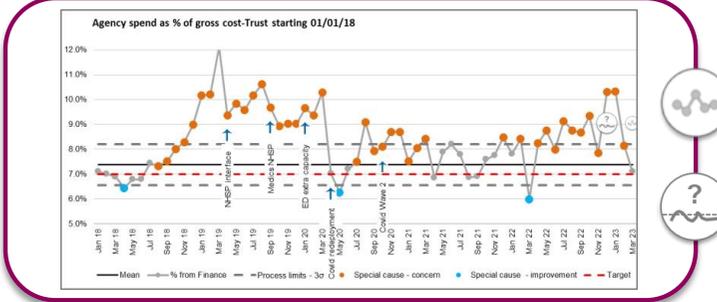
Bank Spend as a % of Gross Cost

8.66%



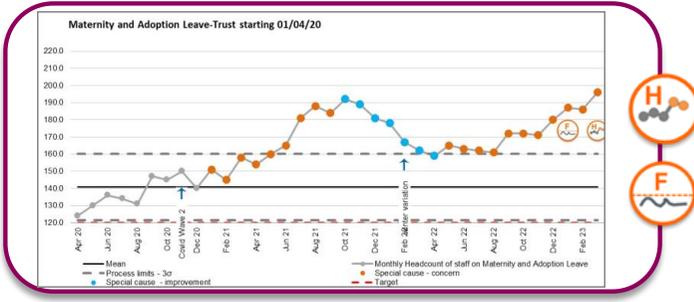
Agency Spend as a % of Gross Cost

7.10%



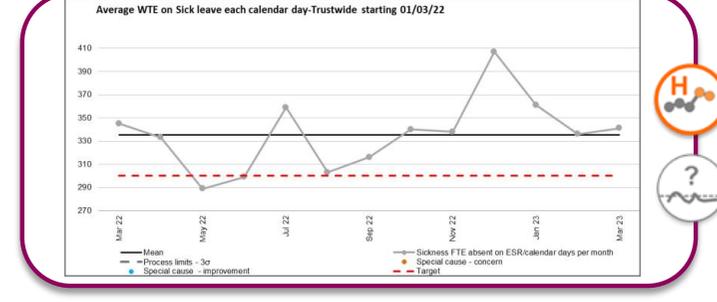
Maternity/Adoption Leave (Headcount)

196



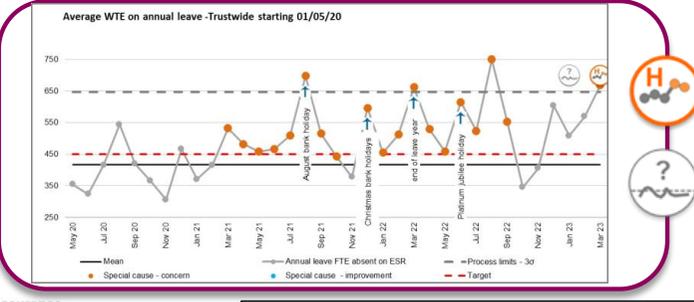
Monthly Average Staff off Sick Per Day

341 wte



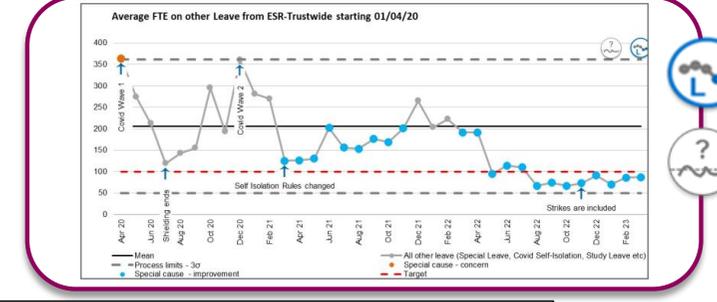
Annual Leave (average staff on leave each day)

668 wte



Monthly Average Staff on Other Leave each day

87 wte

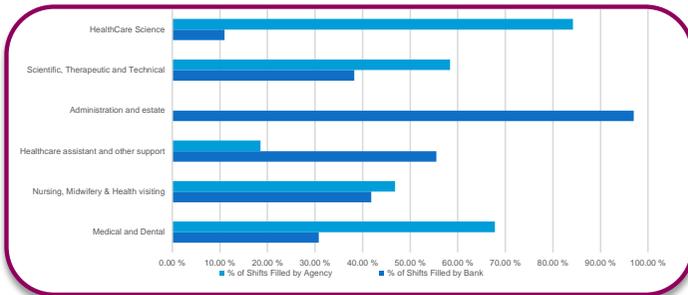


Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

↓

% Average Fill rate for Bank vs Agency

45.72% :
45.96%



↓

Shifts above NHSIE price cap

68.83%

NHSI Staff Group	Total agency shifts	On Framework Above Price cap	Off Framework
Nursing, Midwifery & Health Visiting	3713	2818	626
Healthcare Assistant & Other Support	1126	18	10
Scientific, Therapeutic & Technical (AHPs)	555	373	0
Healthcare Science	507	193	0
Medical & Dental	2117	2117	0

↑

High Cost % of cap

182%

Staff Group	Grade	Department	Agency/Bank	Hourly Rate
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	182.23
Medical & Dental	Consultant	Medics A&E WRH	Agency	180.00
Medical & Dental	Consultant	Medics Micro	Agency	174.68
Medical & Dental	Consultant	Medics Micro	Agency	164.62
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	161.12
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	161.12
Medical & Dental	Consultant	Medics Stroke WRH	Agency	159.00
Medical & Dental	Consultant	Medics A&E AGH	Agency	156.00
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	155.98
Medical & Dental	Consultant	Medics Geriatrics WRH	Agency	149.88

↑

Agency Long term (months)

84

Staff Group	Band	Job Role	No. Hours/ Month	Length of Service (Months)	Reason for usage
N&M	Band 5	Registered Nurse	11.5	84	Maternity
N&M	Band 2	Care Support Worker	11.5	70	Specialising Mental Health
N&M	Band 5	Registered Nurs	138	66	Vacancy
N&M	Band 5	Registered Nurse	22	57	Additional Beds
N&M	Band 5	Registered Nurse	11.5	57	Vacancy
N&M	Band 5	Theatre Practitioner	175	57	Vacancy
N&M	Band 5	Registered Nurse	11.5	54	Vacancy
N&M	Band 5	Registered Nurse	208.5	46	Vacancy
N&M	Band 5	Registered Nurse	79	42	Vacancy
N&M	Band 5	Registered Nurse	113.5	40	Additional Beds

What does the data tell us?

- **Fill rate** – The ratio of bank shifts to agency shifts has remained relatively even in March. However, in certain areas (Healthcare Science, Scientific, Therapeutic and Technical, and Medical & Dental) agency bookings far outweigh bank bookings.
- **Shifts above cap** – 5519 in Mar 23 vs 6095 in Jan 23 – The number of shifts above price cap continue to decrease. This is due to continued negotiation with agencies to lower rates to remain within lower booking tiers.
- **High cost** – The top 10 high cost temporary workers are all over the cap rate of £100ph and all within Medical & Dental. This month, high cost workers were mainly agency workers although we are starting to see bank workers within this data set as agency prices lower.
- **Long term** – The top 10 long term temporary workers work with Nursing & Midwifery and Theatres, reasons are predominantly vacancy cover, but include additional beds and maternity cover. Please note, these workers have not changed from last month, so the same workers are consistently working with the Trust.

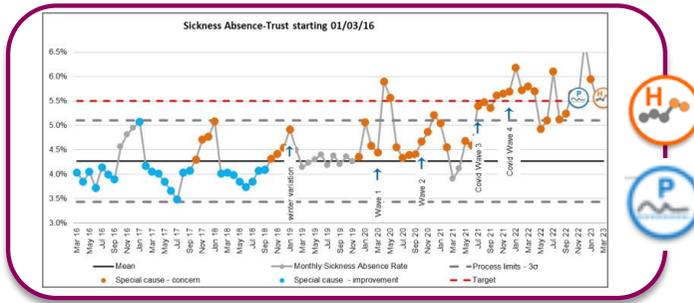
National Benchmarking (November 2022)
 Hereford & Worcestershire are currently placed in the highest risk category for agency spend due to current levels of spend, use of off-framework agencies and agency price cap breaches. The regional average for off framework shifts is 7%, we perform at 17%*, and the regional average for agency price cap breaches is 47% with our performance falling at 67%*.
 *This data is subject to correction from backdated data submissions. The Trust has been unable to submit these data corrections so far due to NHSI experiencing issues with their new submission system, but it is believed that this data will improve these benchmarking figures.

March - Month 12 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for March 23 as 17th April 2023

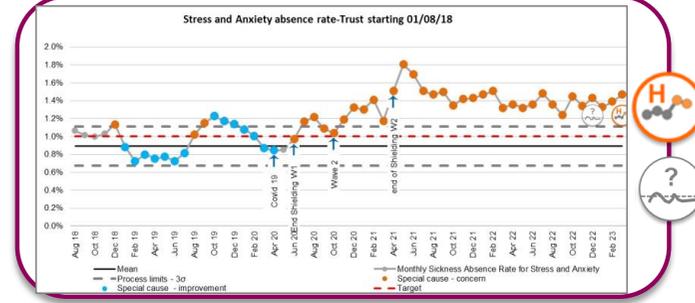
Monthly Staff Sickness Absence Rate

5.62%



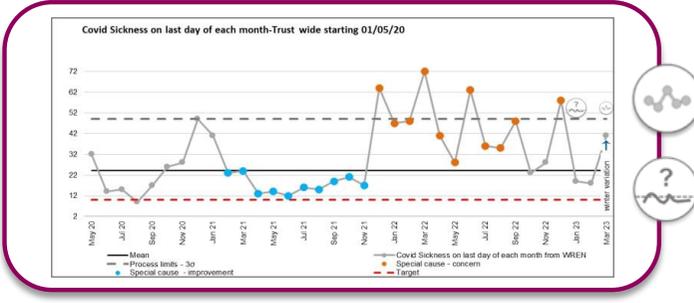
% Staff absent due to Stress and Anxiety (S10)

1.47%



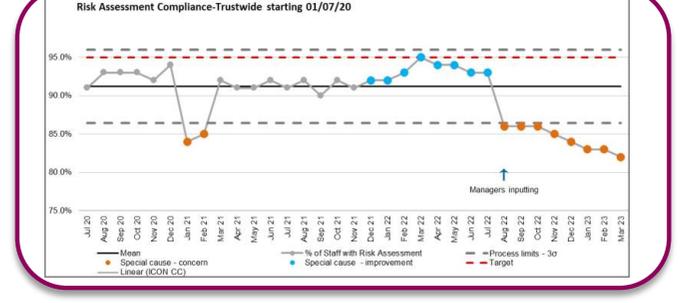
Covid Sickness (S27)

41



Covid Risk Assessment Compliance

82%



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Strategic Business Priorities			
BP1: Leadership <i>An empowered, well led workforce that delivers better outcomes and performance for our patients</i>	BP2: Workforce <i>The right-sized, cost effective workforce that is organised for success. A Staff offer that attracts and retains the best people</i>	BP3: Staff Experience <i>A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work</i>	BP4: People Function <i>A people function that is organised around the optimum employee journey</i>
Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride putting patients first			
<p>How have we been doing? The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> The sustained use of bank and agency usage (we remain in the 4th Quartile (worst) for both Nursing and medical staffing: <ul style="list-style-type: none"> Opening of the Acute Medical Unit and Pathway Discharge Unit Increase in staff turnover Improving but still higher levels of sickness absence High patient acuity (specialing) Continued use of surge areas Continuing Industrial Action Increased Waiting List Initiatives to tackle backlog Bank and Agency usage was expected to increase from December onwards due to the increased bed capacity linked to the Acute Medical Unit and Aconbury moves. This increase in establishment will have to be met by temporary staffing until swap outs can be made with substantive recruitment. However this month has seen a reduction in spend on Agency as a % of gross cost due to work with Agencies to reduce rates. We have refreshed our people and culture priorities to support the Trust's 3 year plan which are set out in a revised People and Culture Strategic Framework 2022 to 2025. 		<p>What improvements will we make?</p> <ul style="list-style-type: none"> The results of the 2022 Staff Survey have been shared across the organisation through briefings and team talks, highlighting key themes and messages. Specific projects including the 4ward behaviours refresh, the development of a behavioural toolkit, the embedding of the Behavioural Charter with a zero-tolerance approach and the establishment of our 'staff offer' will all help to address key themes identified in the survey, particularly around raising concerns and recommending the Trust as a place to work. NHS Jobs 3 is now embedded and we are working towards maximising the functionality and links with ESR to reduce timescales and improve reporting. The HR Teams are continuing to support the Trust during strike action in the site hubs, availability for redeployment and reporting for the national SitRep The HR site visits/Genba walk for KTC was postponed due to junior doctors strike action. We have submitted a business case to increase resource capacity in both Medical Resourcing and Recruitment to reduce the time to hire. 	
Overarching Workforce Performance Level – 5 – March 2023 Previous Assurance Level - 5 – February 2023		To work towards improvement to next assurance level by April 2023	



Finances

Finance | Key Messages

2022/23 Plan

Our 2022/23 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 21/22 adjusting for workforce and activity trajectories, inflationary pressures and the full year effect of any PEP schemes or Business cases which started part way through 21/22. We have then overlaid any new PEP Schemes, new Business Cases and applied a vacancy factor. The Trust originally submitted a full year plan deficit of £(42.4)m in April 2022. Following a re distributions of income from the CCG the Trust's plan was resubmitted in June 2022 with a full year deficit of £(19.9)m.

Month 12

In M12 actual deficit of £(0.5)m against a plan of £(2.4)m deficit, a favourable variance of £1.9m. Full year actual deficit of £(19.8)m against an plan of £(19.9)m deficit, a favourable variance of £0.1m.

Note – this position is pre audit

Income & Expenditure Overview

Statement of comprehensive income	Mar-23			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,384	74,349	26,965	568,757	608,792	40,035
Other operating income	2,689	7,815	5,126	31,461	36,175	4,714
Employee expenses	(30,269)	(56,965)	(26,696)	(359,037)	(398,032)	(38,995)
Operating expenses excluding employee expenses	(20,371)	(32,594)	(12,223)	(239,089)	(253,558)	(14,469)
OPERATING SURPLUS / (DEFICIT)	(567)	(7,395)	(6,828)	2,092	(6,623)	(8,715)
FINANCE COSTS						
Finance income	0	77	77	0	737	737
Finance expense	(1,127)	(2,153)	(1,026)	(13,943)	(15,301)	(1,358)
PDC dividends payable/refundable	(682)	(694)	(12)	(8,176)	(8,527)	(351)
NET FINANCE COSTS	(1,809)	(2,770)	(961)	(22,119)	(23,091)	(972)
Other gains/(losses) including disposal of assets	0	65	65	0	182	182
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(2,376)	(10,100)	(7,724)	(20,027)	(29,532)	(9,505)
Add back all I&E impairments/(reversals)	0	9,658	9,658	0	9,658	9,658
Surplus/(deficit) before impairments and transfers	(2,376)	(442)	1,934	(20,027)	(19,874)	153
Remove capital donations/grants I&E impact	10	11	1	124	126	2
Remove net impact of consumables donated from other DHSC bodies	0	(27)	(27)	0	(27)	(27)
Adjusted financial performance surplus/(deficit)	(2,366)	(458)	1,908	(19,903)	(19,775)	128

The Combined Income (including P&R pass-through drugs & devices and Other Operating Income) was £31.9m above the Trust's Operational Plan in March mostly due to one off notional pension contribution of £13.6m, pay award accrual of £11.7m and donated PPE of £1.3m, all offset by costs below. The Trust has reported the full value of the ERF income (£16.6m) in the position (agreed by the System).

Employee expenses was £26.7m adverse in month 12 (March) mostly due to one off notional pension contribution of £13.6m and pay award accrual of £11.7m, both offset by income. Full year adverse variance is £39m.

Operating expenses was £12.2m adverse in month 12 (March) which includes £9.7m of impairments, £1.3m adjustment for donated PPE offset by income. Full year variance is £14.5m adverse.

I&E Delivery Assurance Level: Level 5
Reason: £(19.9)m deficit plan submitted for 22/23 has been achieved (subject to audit).

Finance | Key Messages

Income

Trust Operational Plan	March 2023 (Month 12)			YTD		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Here/Worc ICB	36,761	37,486	724	442,611	453,524	10,913
Other ICBs & Welsh LHB	2,071	2,536	465	24,849	25,874	1,025
NHS England	6,528	18,859	12,332	78,332	95,036	16,705
Other Including RTA income	2,572	8,198	5,626	30,061	37,814	7,753
Combined Income: Total	47,932	67,079	19,147	575,853	612,248	36,395
O/S COVID	419	144	(274)	5,022	2,568	(2,454)
AMU/PDU	360	0	(360)	3,000	0	(3,000)
Combined Income: Exc ERF	48,710	67,223	18,513	583,875	614,816	30,941
Elective Recovery fund (ERF)	1,362	1,378	16	16,343	16,588	245
Combined Income: Inc ERF	50,072	68,601	18,529	600,218	631,404	31,187
Pension	0	13,563	13,563	0	13,563	13,563
Total	50,072	82,164	32,092	600,218	644,967	44,749

The Combined Income was £1.4m above the Trust's Operational Plan in March. Key Variances in March:

- Pay award adjustment **£0.7m** (additional 1.7% taking the uplift to 3.8%) and the NI Contribution change (**£0.2m**) from November onwards.
- Associates settlements in favour **£0.4m**
- Winter **£0.4m**
- Pass through Drugs & Devices **£0.6m** for NHS England. ICB D&D per budget.
- Pay award accrual for 2022/23 **£11.6m**
- COVID PCR testing (**£0.3m**) – reimbursement for the additional expenditure costs.
- AMU/PDU reconfiguration (**£0.3m**) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income **£5.6m** – Donation of assets £1.4m, Education £0.6m, Other Non Patient Care income £3.6m
- Pension adjustment **£13.6m**

Elective Recovery Fund framework (ERF) - The Trust has reported the full value of the ERF income (YTD £16.6m) in the position, this has been agreed by the System. The current position has not been adjusted for any risk, the ICB's expectation is that ERF will be paid in full.

Monthly Income run rate	M1 Actual £'000	M2 Actual £'000	M3 Actual £'000	M4 Actual £'000	M5 Actual £'000	M6 Actual £'000	M7 Actual £'000	M8 Actual £'000	M9 Actual £'000	M10 Actual £'000	M11 Actual £'000	M12 Actual £'000	Mvm't M11 to M12 £'000
Here/Worc ICB	35,402	35,976	39,498	37,433	37,312	40,740	37,692	37,877	37,852	38,265	37,961	36,278	1,683
Other ICBs & Welsh LHB	2,077	2,091	2,142	2,114	2,132	2,314	2,074	2,047	2,107	2,126	2,113	2,536	423
NHS England	6,574	6,810	6,499	6,775	6,755	7,096	6,996	7,357	7,339	7,271	6,688	18,698	12,010
Other Including RTA income	2,339	2,290	2,753	1,750	2,447	2,629	3,229	2,606	3,241	3,069	3,297	23,129	19,832
Combined Income: Total	46,393	47,167	50,892	48,071	48,646	52,779	49,992	49,887	50,538	50,731	50,059	80,642	30,582
O/S COVID	192	185	769	338	272	33	135	66	154	138	144	144	0
AMU/PDU	-	-	-	-	-	-	-	-	-	-	-	-	-
Combined Income: Exc ERF	46,584	47,353	51,661	48,409	48,917	52,811	50,127	49,953	50,692	50,869	50,204	80,786	30,582
Elective Recovery fund (ERF)	1,362	1,362	1,362	1,362	1,362	1,495	1,393	1,378	1,378	1,378	1,378	1,378	-
Combined Income: Inc ERF	47,946	48,715	53,023	49,771	50,279	54,306	51,520	51,331	52,070	52,247	51,582	82,164	30,582

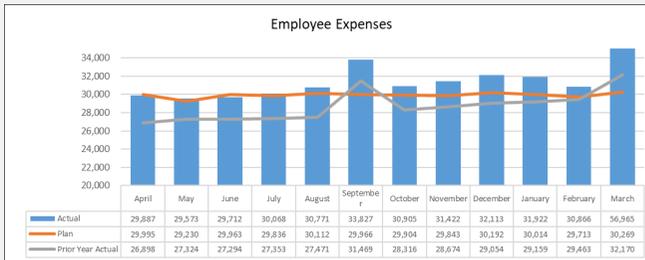
Movement **£30.1m** includes:

- Pension adj **£13.8m**
- Backdated pay award **£11.7m**
- NHSE drugs and devices offset by ICB Drugs and Devices reverting to contract value (**£0.1m**)
- Associate ICB settlements in favour **£0.4m**
- Donation of PPE **£1.3m**
- Other income **£3.0m** including £1.5m Digital revenue funding and £1m contribution to capital charges.

Finance | Key Messages

Expenditure – Employee Expenses

Employee Expenses



Employee expenses (excluding notional pension contribution of £13.6m) **£13.1m adverse in M12 and £25.4m adverse YTD** - Of the adverse variance £11.7m in month and YTD relates to the substantive pay award accrual and is income backed, £0.5m in month (£7.1m FY) is due to the pay award which was not in the plan but is income backed and £0.7m underachieved PEP (£5.2m FY) which is net of the £1.3m YTD Business Case pay underspend declared. Winter pressures which are externally funded account for £0.3m in month (£1.3m FY), and £0.2m in month (£0.5m FY) due to Overseas nurses experience recognition and local accrual for bank pay award (£0.4m in month and full year). The remainder of the adverse variance is due to vacancy fill, patient acuity and premium costs of temporary staff. This is partially offset by favourable variances from £0.2m balance sheet release (£1.3m FY) and £0.2m favourable COVID expenditure (£1.2m FY).

Employee expenses of £43.3m in month 12 (excluding notional pension contribution* of £13.6m) is an increase of £12.5m compared with the February position. Of this increase £11.7m relates to the pay award accrual and is income backed. Excluding the pay award substantive pay expenditure has reduced by £1.5m in month of which £0.7m relates to a reduction in the level of annual leave owed at year end compared to 21/22, £0.3m relates to a compensation payment received in year and the remainder due to normalising from prior month and a reduction of substantive staff. Reductions partially offset by costs of covering industrial action (£0.1m) and back pay relating to Overseas nurses experience recognition (£0.2m).

Total temporary staffing spend of £6.8m is an increase of £2.3m compared with last month and was 15.8% of the total pay bill. **Agency** spend increased by £0.6m, mostly due to the £0.6m balance sheet release in month 11. **Bank** spend increased by £1.8m, of which £0.4m due to the balance sheet release in month 11, £0.4m due to increase in accrual of European working time directive (EWTD) payments due to Bank Medics, £0.2m retro hits from temporary Medics booking system with the remainder due to normalising from prior month benefits and increase in worked WTE against prior month.

* In month 12 we receive a notional pension contribution value from NHSE which we report in both income and costs, this is the additional 6.3% employer contribution to the pension scheme paid by NHSE on the Trust's behalf.

Expenditure – Operating Expenses

Operating Expenses



Overall **operating expenses excluding Non PBR were £32.6m** in month 12, an increase of £11.7m compared with the February position. Of this increase £9.7m of impairments, £1.3m Donated PPE costs offset by Income, £1.1m due to PFI credit accrued for in 21/22 releasing into the position following confirmation that it had been received through the year, £0.9m increase in Depreciation following year end finalisation of the capital programme and £0.8m benefit from year end stock take.

Operating expenses £12.2m adverse in month 12 (March) and £14.5m adverse full year – Adverse variances in month include £9.7m of impairments, £1.3m adjustment for donated PPE offset by income, £1.1m due to PFI credit accrued for in 21/22 releasing into the position following confirmation that it had been received through the year, £0.8m (£6.1m YTD) relating to drug costs, of which £0.4m in month arising from stock take - of this variance £0.1m in month is Non PBR (£3.9m FY) and offset by income, £0.4m in month (£1.2m FY) relating to Non PBR Devices with most of the in month variance arising from stock take, underachieved PEP of (£0.3m in month, £4.8m YTD) net of the £3.1m YTD Business Case pay underspend declared, depreciation (£0.6m adverse in month, £0.5m favourable YTD), remainder due to additional supplies and services and outsourcing spend linked to activity (including ERF mobile scanner costs of £0.3m in month). The adverse variances are partially offset by £6.9m of year to date balance sheet releases.

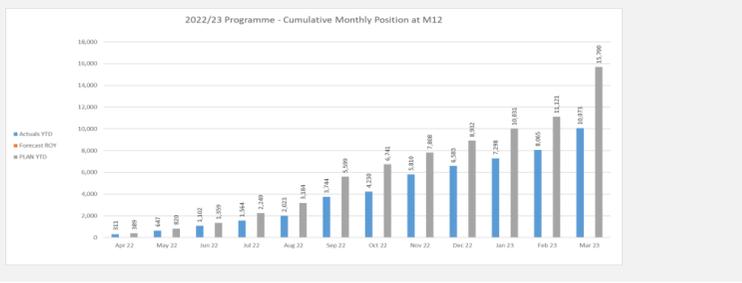
Finance | Key Messages

Productivity & Efficiency

The Productivity and Efficiency Programme target for 22/23 as submitted to NHSE is £15.7m.

Month 12 delivered £2.008m of actuals against the plan as submitted to NHSE in April 2022 of £4.579m. A adverse variance of £2,571m.

The cumulative position at M12 is therefore £10,073m of actuals against a plan of £15,700m, an adverse variance of £5,627m.



Finance | Key Messages

Capital

The Trust Capital plan is now £50.162m at month 12 which includes an allowable overspend of £500K after returning £800k of PDC funding for the RAAC Scheme. Expenditure to date is £50.61m with an allowable overspend of £448k compared to the agreed £500k commitment against our CRL. Since Month 10 the Trust has been actively pulling forward schemes which are essential for 2023/24 into 2022/23 to meet the CRL. CPDG in March 2023, approved urgent capital schemes and schemes brought forward from 23/24 into 22/23.

In summary the Trust has an agreed Plan was £50.162m, actual capital expenditure is £50.610m, resulting in an allowable overspend of £448k compared to the agreed £500k over commitment against our CRL. However we have had gains on disposals and a lease of £363k which has reduced the CRL required. The additional CRL required will be managed by regional and national teams as an over commitment as well as our CRL allocation.

Capital Assurance Level: Level 4
Reason: We have remained within the allowable capital resource envelope identified by Region and as such have achieved our Capital Resource Limit.

Cash Balance

Cash Assurance Level: Level 6
Reason: Our final cash balance means that we have remained within our External Financing Limit

At the end of March 2023, the cash balance was £33.3m against an in month plan of £27.5m. The planned external capital funding of £38.3m had been drawn down in full as at 31 March 2023. The Trust did not receive PDC in support of revenue funding this year due to the high level of cash reserves being held.

Better Payment Practice Code (BPPC) performance has remained stable.

- The BPPC performance for the month is 96%, based on volume of invoices paid and 90% based on value;
- 9,797 invoices paid out of 10,226 due.
 - £33.5m worth of invoices out of £37.5m were paid on time this month.

We are less than 1% under the BPPC target YTD for Value and Value at 93.1% and 94.7% respectively (95% Volume 94% Value) as the downward trend continues due to delays with SBS scanning invoices which effects the payments.

Finance continue to work with SBS to resolve the delays in scanning supplier invoices.

