Trust Board
There will be a meeting of the Trust Board on **Thursday 7 April 2022** at 10:00am. It will be held virtually and live streamed on You Tube.

Sir David Nicholson
Chair

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item		Assurance	Action	Enc	Time
001/22	**Welcome and apologies for absence:**				**10:00**
002/22	**Patient Story**				**10:05**
003/22	**Items of Any Other Business** To declare any business to be taken under this agenda item				**10.30**
004/22	**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.				
005/22	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on 10 March 2022*		*For approval*	**Enc A** **Page 3**	**10:30**
006/22	**Action Log**		*For noting*	**Enc B** **Page 13**	**10:35**
007/22	**Chair's Report**		*For noting*	**Verbal**	**10:40**
008/22	**Chief Executive's Report**		*For noting*	**Enc C** **Page 16**	**10:45**
009/22	**Freedom to Speak Up Report** Freedom to Speak Up Guardian	Level 6	*For assurance*	**Enc D** **Page 21**	**10:55**
	Best Services for Local People				
010/22	**Research & Innovation Strategy** Chief Medical Officer	Level 5	*For approval*	**Enc E** **Page 28**	**11:05**
	Best Experience of Care and Outcomes for our Patients				
011/22	**Integrated Performance Report** Executive Directors	Level 4	*For assurance*	**Enc F** **Page 49**	**11:15**
012/22	**Committee Assurance Reports** Committee Chairs			**Page 128**	**11:45**
013/22	**Safest Staffing Report** Chief Nursing Officer/Director of Midwifery **a) Adult/Nursing**	Level 5	*For assurance*	**Enc G** **Page 136**	**11:50**

	b) Midwifery	Level 4		**Page 142**	
014/22	**Ockenden Compliance Report** Director of Midwifery	Level 6	*For assurance*	**Enc H** **Page 150**	**12:00**
	Best Use of Resources				
015/22	**Net Zero Carbon Strategy and Green Development Management Plan 2022-5** Director of Strategy & Planning	Level 3	*For approval*	**Enc I** **Page 154**	**12:15**
	Best People				
	Governance				
016/22	**Terms of Reference:** **a) Audit & Assurance** **b) People & Culture** Company Secretary	Level 6	*For approval*	**Enc J** **Page 163**	**12:25**
017/20	**Audit & Assurance Committee Report** Audit Chair	Level 5	*For assurance*	**Enc K** **Page 177**	**12:30**
018/22	**Trust Management Executive Report** Chief Executive	Level 4	*For assurance*	**Enc L** **Page 179**	**12:35**
019/22	**Any Other Business** *as previously notified*				**12:40**
	Close				

Reading Room:

- Enc H – Ockenden Report Appendices
- Enc I – Net Zero Strategy and Green Plan Appendices (action plan and tracker)

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

Present:		
Chair:	Sir David Nicholson	
Board members: (voting)	Waqar Azmi	Non-Executive Director
	Paul Brennan	Chief Operating Officer
	Anita Day	Vice Chair, Non-Executive Director
	Matthew Hopkins	Chief Executive
	Colin Horwath	Non-Executive Director
	Paula Gardner	Chief Nursing Officer
	Dame Julie Moore	Non-Executive Director
	Simon Murphy	Non-Executive Director
	Robert Toole	Chief Finance Officer
Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	Vikki Lewis	Chief Digital Information Officer
	Jo Newton	Director of Strategy and Planning
	Richard Oosterom	Associate Non-Executive Director
	Rebecca O'Connor	Company Secretary
	Tina Ricketts	Director of People and Culture
In attendance	Donna & Leo	Patient & baby (Item 180/21)
	Graham James	Deputy Chief Medical Officer
	Justine Jeffery	Director of Midwifery
	Jo Ringshall	Healthwatch
	Jo Wells	Deputy Company Secretary
Public		Via YouTube
Apologies	Christine Blanshard	Chief Medical Officer
	Sharon Thompson	Associate Non-Executive Director
	Sue Sinclair	Associate Non-Executive Director

179/21 **WELCOME**

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

180/21 **PATIENT STORY**

Sir David welcomed Donna and Leo to the meeting. Donna explained how after a difficult 4 years, Leo was conceived naturally but from the 12-week scan until antenatal care, Donna, Sam and Leo's journey has been challenging and emotional.

Leo was born prematurely weighing 5 pounds 6 ounces at 36 weeks on 19th December 2021 at 5.50pm by emergency Caesarean Section at Worcestershire Royal Hospital.

Donna was monitored regularly throughout her pregnancy following her 12-week scan, which indicated possible concerns with the placenta. At 36 weeks, she was due to attend a scan at Redditch on a Friday afternoon. This appointment was rescheduled to the Monday but Donna was offered a scan at Worcester on the Saturday. Donna and Sam decided not to wait and to travel to Worcester. Donna was admitted into hospital following this scan and

gave birth on Sunday. She spent a total of 8 days in hospital, three of which were in the Intensive Care Unit.

Donna had not expected to be admitted early and as a first time mum, she felt anxious but the midwives put her at ease. Staff listened to questions and concerns but there were two staff members in particular who were amazing: Michelle and Sharon. Michelle worked in the post-natal ward and took the time to get to know Donna, helping her have a bath, taking her in a wheelchair to see Leo in Intensive Care, helping her to express milk and giving her a hug when she needed it most.

Sharon from the Intensive Care Unit and Transitional Care explained things so it was easy to understand and not scary given the equipment which was attached to Leo such as monitors and a feeding tube. Being in hospital was tiring and when Donna remained in hospital over the Christmas period due to Leo losing too much weight, Donna was upset, but Sharon arranged for a side room so Sam could stay and support her. Donna was grateful and complimentary of the Christmas dinner she received along with a present left for both her and Leo on Christmas morning.

Ms Gardner thanked Donna for sharing her whole experience and acknowledged the difficulties recovering from an abdominal wound while caring for a baby.

Dr Murphy, the Trust's Maternity Safety Champion was aware that maternity is a stressful department. He thanked Donna for joining the meeting and providing feedback, and asked if there was anything that could be improved upon. Donna replied on reflection, following an emergency Caesarean section, Sam had to leave about half an hour after they arrived on the ward. This was a few hours after Leo's birth but the majority of this time was spent in recovery. Being able to spend a little more time with partners as a new family would support women and their families at a vulnerable time and can be emotionally challenging.

Ms Jeffery informed that partners being able to stay is under review but has been restricted due to the pandemic. New guidance had recently been received regarding extending visiting and it was anticipated that changes would soon be implemented. Teams had been flexible with the rules to accommodate partners on an individual basis.

Sir David thanked Donna for attending the meeting and sharing her story and would ensure her comments were passed on to the members of staff involved. He reiterated that the partner is part of the birthing process and should not be classed as a visitor. Sir David asked for the cancellation of the scan at Redditch to be reviewed as to the reasons why this happened. Sir David asked Donna how she felt about recent press stories regarding maternity units and whether they made her apprehensive. Donna replied that press stories focused upon bad elements and not the good which was not a reflection of the whole time.

Donna and Leo left the meeting.

181/21 **ANY OTHER BUSINESS**
There were no items of any other business.

182/21 **DECLARATIONS OF INTERESTS**
There were no additional declarations pertinent to the agenda. The full list of declarations of interest is on the Trust's website.

183/21 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 10 FEBRUARY 2022**
There being no amendments noted, the minutes were approved.

RESOLVED THAT subject to the above the Minutes of the public meeting held on 10 February 2022 be confirmed as a correct record and signed by the Chair.

184/21 **ACTION SCHEDULE**

Ms O'Connor presented the action log noting the updates as set out in the paper. All other actions were either closed as per the log, or not due for update at this meeting.

Dr Murphy noted the use of acronyms and suggested that these are expanded on first use to make it clear what the acronym referred to.

ACTION: Ms O'Connor to review use of acronyms.

Sir David referred to action 159/21 and asked that if a decision is made regarding increasing numbers of staff, it needed to be clearly documented to include: who has made the decision, the source of funding and whether its recurring or non-recurring. Any exposure to expenditure needed to have a properly constituted business case and reported through the Finance & Performance Committee.

ACTION: Decisions regarding increases of staff to be documented including source of funding, whether this is recurrent/non recurrent and reported to Finance and Performance Committee

185/21 **CHAIR'S REPORT**

The Chair drew attention to the current position in the Ukraine and the awful news about the bombing of a maternity hospital yesterday. Sir David encouraged colleagues to do all they could to support staff, particularly those who are originally from the Ukraine or have relatives there. Working with other healthcare organisations was also encouraged. The procurement team had reviewed Trust contracts and confirmed that the Trust did not procure any gas or associated arrangements from Russia. Discussions had also taken place with the NHS supply chain to ensure they don't either.

NHS Charities Together were hosting a national COVID-19 remembrance broadcast live tomorrow at the National Memorial Arboretum in Staffordshire and a one-minute silence would be taking place. It was an opportunity to reflect on what it meant for families and colleagues.

A Chair's Action had been agreed for a business case regarding electronic patient records. A bid of £12m had been made which was successful, therefore there was no financial implication. Ms Day asked for assurance that the digital systems would be compatible with each other and plans were aligned. Ms Lewis confirmed that there was a shared care record in place and was confident that the systems would work together.

RESOLVED THAT: the Chair's update be noted and the Chair's Action approved

186/21 **CHIEF EXECUTIVE'S REPORT**

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

- The hospitals were still in the midst of the pandemic. Yesterday, there were 100 inpatients across the two hospitals. There had been a prolonged state of being in incident response mode which has an impact on services.

- There had been an 11% increase in staff absence with exposure to COVID-19. The Trust was working with Public Health to try to understand the reasons behind those figures.
- Work on the first floor of the Oncology building was nearing completion to a good standard, on time and within budget. Teams were reviewing how best to utilise the space.
- This weekend marked a step towards a better, safer hospital with the move to the new Patient Administration System (PAS) this weekend.
- Work was ongoing in addressing emergency flow and productivity improvements. Focus remained on addressing issues that have impacted on staff and patient experience.

Dame Moore queried the risk mitigations and arrangements during the switch over to PAS. Ms Lewis advised that there were plans in place and had a walk through completed. Focus had been concentrated on training levels, extensive testing (3 rounds) and full team cover over the weekend and into next week which included floor walkers and over 100 super users across all 3 sites. Divisions had been briefed, system partners are aware and had received training. Business continuity plans were also in place along with disaster recovery plans. A Command Centre had also been established.

Dr Murphy welcomed the relaunch of the LGBTQ+ developing over the coming months and would like to see a report presented to the Board.

Mr Horwath referred to the COVID-19 impact on staff and the number of initiatives for staff wellbeing, asking if there was much take up and if there was anything else the Trust could offer. Ms Ricketts replied that the initiatives were constantly reviewed and were monitoring the take up of packages. A national self-assessment framework had been issued. There were some areas of further improvement and were mindful of the increase in cost of living and fuel, therefore focus was currently on financial advice packages. A need for mental health support had been identified and were working with the Health Psychology team to arrange drop in sessions for staff. A report would be presented to the Trust Management Executive with more information.

Ms Day questioned the decision to not provide free Lateral Flow Tests and asked what the Trust policy was for lower paid staff. Ms Ricketts clarified that the LFTs would still be provided for free for those in healthcare settings.

Mr Azmi referred to the quality of life survey and asked how the Trust were reaching out to people from different backgrounds to hear their views. Ms Gardner acknowledged that there were gaps within the Muslim community. The Quality Hub are reaching out to the Imam to assist with getting views heard from the community. Mr Azmi noted that the survey has been translated into a number of languages but those communities were not being penetrated and there was a potential issue with reaching older people who do not have access to technology. Ms Gardner will obtain more detail and feedback at a future meeting.

Mr Haynes informed that one of the key ways to reach older audiences is through media. A media release had been drafted and was on agenda of the Place Communications Cell to enlist help of place partners to use their network to reach out. Video messages could also be shared through social media. Ms Ringshall suggested that more was done on the ground with footfall through the hospital.

Mr Brennan reiterated that the Trust would provide free LFTs for staff and on site PCR tests were available for staff. The Trust had secured a high stock of LFTs for the year, as well as individual tests for patients.

ACTION : Ms Gardner to obtain more information regarding the distribution of the quality of life survey and feedback at a future meeting.

ACTION: LGBTQ+ relaunch to be presented to Trust Board

RESOLVED THAT: the report be noted

STRATEGY

187/21 **COMMUNICATIONS & ENGAGEMENT REPORT**

Mr Haynes introduced the report which was taken as read. The following key points were highlighted:

- An additional fixed term communications capacity had been secured through internal promotion to support programmes. Digital Care record (DCR) rollout would be a priority.
- Capacity demand on the communications team to support the COVID-10 response was still significant which impacted upon the focus of other projects.
- Engagement with community work was underway. A communications calendar had been developed with the assistance of Mr Azmi, mapping out communication and engagement with equality and diversity, health campaigns and trust milestones.

Mr Oosterom complimented the team on the work undertaken so far. As the increase in capacity was only fixed term, Mr Oosterom queried the programmes the post would be supporting. Mr Haynes informed that the 2 year fixed term post would be providing support to the forward improvement system and DCR. The back fill would be required for 2 years.

Mr Haynes updated that a Place Communications Cell meeting had been established and met monthly as part of increasingly exploring ways of working together.

Dr Murphy queried the launch of the behavioural charter and its roll out. Mrs Ricketts would circulate an update outside of the meeting.

Mr Azmi asked whether social media platforms were being utilised for targeted advertising. Mr Haynes replied that targeted LinkedIn advertising had proved beneficial, though there was a geography issue and different approaches had been trialled. Some of the most positive impact had been through peer to peer marketing with current teams giving feedback and showcasing the good work they are doing.

Ms Ricketts informed there had been a delay due to wave 4 but a Task and Finish Group for the charter had now been set up. The Group met fortnightly and have representatives through to divisions.

Sir David observed the positive work in progress and gave thanks to the team. Mr Haynes thanked the Board for their help and recognition.

ACTION: Mrs Ricketts to circulate an update regarding the behaviour charter.

RESOLVED THAT: The Trust Board received the report for assurance.

188/21 **BOARD ASSURANCE FRAMEWORK**

Ms O'Connor presented the report, the full details of which were available in the reading room.

The ongoing process is fully embedded and the framework complimented by the Internal Audit who reported A level assurance to Audit & Assurance Committee.

Ms O'Connor highlighted the escalating cyber security risk, noting that a number of reviews and assessments have been undertaken. It was proposed that the risk score was increased from a 16 to a 20, which was supported by Committees. It was reminded that it was a live document and the Trust was actively responding via the framework to the risks the Trust faced.

Mr Oosterom advised that the mitigation of risks needed to be clear. There was some funding available to address digital risks and it was queried whether the investment could be sped up. Ms Lewis informed that there was an additional £325,000 outside of the bid for cyber security and would circulate details.

ACTION: Ms Lewis to circulate an update on additional funding for cyber security.

Mr Horwath stated that although the quality of the BAF was very good, steps could be made to strengthen its impact and how it linked to the overall assurance framework and ratings within the committee reports, along with a mechanism to enhance accountability through the assurance framework.

Ms Day was pleased to see that assurance was being strengthened and that plans were in place to commence assurance mapping, however risk scores did not appear to be reducing and it was not clear that mitigations were in place. There was also a lack of alignment with risk appetite and risk the Trust was carrying.

Ms O'Connor informed there were a large number of high scoring risks which as strategic risks were not quick to change, but this was in line with other Trusts. The assurance levels were increasing and progress could be demonstrated. An assurance mapping exercise would follow to identify where we have internal and external assurance that the controls are effective. Risk appetite for each risk was detailed within the summary. The Trust risk appetite is low and this is consistent with other Trusts and NHS organisations.

Mr Hopkins advised that the Board did need to see assurance levels changing to give more confidence that assurance levels on delivery plans are moving.

Sir David gave thanks for the quality of the report and that the next step is to focus attention on mitigation.

RESOLVED THAT: The Trust Board received the report for assurance.

PERFORMANCE

189/21 **INTEGRATED PERFORMANCE REPORT**

Ms Lewis presented the report for month 10 and highlighted the following key points:

- The assurance level regarding patient flow and capacity had been changed at the Finance and Performance Committee from level 5 to level 4.
- The financial position included deficit position and there was no change.

- People and culture section outlined the difference in headcount position.
- Emergency and urgent care had seen an increase in demand and discharge position.
- Recovery and restoration outlined a reduction in RTT.
- C-diff had exceeded the national target.

Mr Toole clarified that the system submission plan and the end of this year outturn was £1.9m, however there were differences between national and local reporting. An update would be provided at the next meeting. The table within the report focused on the actual position of outturn.

There was considerable extra activity through urgent and emergency care and the wte worked has increased over the last 4 months with part of the continued COVID-19 recovery work being backfilled with bank and agency. The Trust has secured additional training and support income.

Mr Oosterom observed that the balance sheet position did not change the underlying position. Focus should be on increasing income, decreasing run rate, overspend and bank and agency costs. The Board had approved a range of business cases which would have an impact on run rate, yet the benefits were yet to be seen. Sir David reiterated that focus needed to be on run rate and getting year end as close to plan as possible.

Dr Murphy queried if there were specific actions to speed up the pathway of discharge and asked for an update on progress with the Integrated Care Board in having conversations with partners to resolve flow out of the hospitals. Mr Hopkins replied that work was underway to integrate intermediate care services with a view to reducing handoffs and improving the efficiency of discharges. A sense of improvement had been seen in the time taken to get medically fit patients home. A key area is the time of day and the processes in how the site management team and Matrons are managed at the Alex site and how that could be replicated at Worcester. There were typically 3 discharge peaks per day but the Alex were managing them earlier in the day.

Ms Newton advised that the Integrated Care Board Operating Model had been published and there was ongoing work regarding discharge flow with Place. Mr Brennan informed that there were positive benefits from the Discharge Cell. The Trust would achieve the waiting list reduction that was required by the end of March. The key focus was on long waits of 104 weeks.

Ms Day observed a negative trend with specialty review and queried the reason why. Mr Brennan replied that performance had declined which was largely due to capacity available. There was a pre-pandemic issue within Orthodontics which was also a regional issue. Some of these patients had been moved to Dudley Group.

Mr Azmi referred to complaints performance and that actions needed to be put in place to ensure that the target of 80% was achieved as current performance stood at 60%.
Ms Gardner stated that responses within 25 days had breached targets due to operational pressures. The team was working with certain divisions to support and improve response rate. Ms Gardner added that there were difficulties in capturing sepsis data and this did not reflect an increase in deaths.

Mr Azmi queried if the benefits of reducing reliance in temporary workforce were being seen. Ms Ricketts referred to the Best People Programme and that there was a range of focus to manage this. There had been an improvement with agency spend, though sickness absence had increased and was driving the need for bank and agency. A number

of workstreams had been introduced for a multifaceted approach. There had also been issues with the success of substantive recruitment and a number of elements were being looked at: Streamlining the recruitment to get new starters in post quicker, an assessment type approach with how the Trust works as a system establishment and annual leave management.

Mr Hopkins advised that the headline outcome is reducing bank and agency staffing and getting a clearer set of objectives and outcomes for agency spend. Mr Hopkins added that the percentage of overall payroll spend had reduced.

Ms Gardner advised that there were currently 97 positive COVID-19 inpatients, 25 of which were incidental findings. The Trust was still testing for and discovering COVID-19. There had been a number of outbreaks on wards, 6 of which were now in the monitoring phase. An NHSI/E visit for cleanliness had taken place the previous day which reported no breaches with PPE or cleanliness. Radiators were being deep cleaned where dust and spores had settled.

Sir David summarised noting a need to focus on working with other agencies, time of discharge within Urgent and Emergency Care, sharing good practice adopted at the Alex and discharge working 7 days per week. The interventions needed to be clear with outcomes and having a clear system of accountability.

RESOLVED THAT: the report be noted for assurance.

190/21 **COMMITTEE ASSURANCE REPORTS**

The following points were highlighted by Committee Chairs:

- F&P: The Committee noted the 22/23 plan being addressed, run rate and scrutiny on business cases.
- QGC: The Committee noted progress of the new unit and reporting, IPC and waiting lists.
- A&A: The Committee received positive assurance on a number of reports, significant BAF assurance and discussed External Auditors appointment.
- Charitable funds: Approved the budget, noted the value of investments has reduced due to the Ukraine crisis and no investments with Russia is evidenced.

RESOLVED THAT: The Committee reports be noted for assurance.

GOVERNANCE

191/21 **SAFEST STAFFING REPORT**

a) Adult/Nursing and Quality Impact Assessment (QIA)
b) Midwifery

Adult/Nursing

Mrs Gardner advised of the overall level of assurance of 5. There had been an increase in staff absence. The Best People Programme was being reviewed with a view to tackling HCA vacancies and Indeed recruitment did reveal a number of recruits. The Trust was working with NHSI/E and winter funding to address healthcare vacancies. There were 99 Registered Nurse vacancies in comparison to 269 in 2020.

Mr Azmi asked if there was a difference between some wards utilising less bank and agency than others and how best practice could be shared. Ms Gardner replied that teams were reviewing what was working well and how it can be replicated by ward manager

management of staff and rosters. Some wards did have higher acuity and dependency than others but it was a question of safety so have had to use agency staff. Incentives were being offered to substantive staff.

Midwifery
Ms Jeffery updated that there was an overall assurance level of 4. There had been a significant increase in COVID-19 absence throughout December and January, though there was an improvement towards the end of January. Sickness with non-COVID-19 related absence of 10% had plateaued. Turnover was reported at 14%. 12 wte started in February. No harm was reported as a result of staffing or medical incidents. New acuity tools had embedded but was not yet refined in the input of the data. Teams were being assisted with acuity of data and consistency.

Services had to be reduced during January for safety reasons. Home service was suspended as the Ambulance Service could not assist with category 1 home births. The service reopened during February. Meadow had to close due to an increase of COVID-19 positive patients but this had also now reopened. There was a reduction in delays of induction which were reported via red flags. Incentive payments have been helpful and an improvement of night fill rate had been seen as a result.

Ms Day queried what actions had been taken with recruitment for retention. Ms Jeffery replied that since January, there was a full time preceptorship in post who was working along staff more frequently. External funding had been given for a buddy post for non-newly qualified midwives. Mr Hopkins advised that there was a long term plan to bridge the staffing gap which would be presented through governance systems once it was complete.

RESOLVED THAT: The Trust Board received the report for assurance

192/21 **LEARNING FROM DEATHS**

Mr James joined the meeting and provided the following update:

- Mortality indicators were within expected vales.
- Long waits in ED and 30 day mortality data appeared to be associated.
- Fractured neck of femur patients were affected by the pandemic.
- Cancer performance delayed patients presented with more advanced disease.
- Performance was within mid-range of peers.
- Deaths from thrombosis was within national expectation.
- Improvements had been made within Bereavement services to improve the experience for relatives.
- Improvements and expansion of the Medical Examiner team were being introduced from 1st April due to hospital related deaths and those of the community would pose an increase in workload.
- There was an increase in systematic reviews and clearing the back log. No concerns had been identified with patient care. Any serious concerns are picked up through the Serious Incident Group.

Sir David noted that this was Mr James's last Board meeting as he was retiring from the Trust. Mr James was thanked on behalf of the Board for his fantastic contribution to the hospital and its patients.

RESOLVED THAT: the report be noted for assurance.

193/21 **GOING CONCERN**

Mr Toole presented the report which had been reviewed and recommended at Trust Management Executive, Finance & Performance Committee and Audit Committee. The Trust had not broken even and was unlikely to do so due to deficit. The Trust were supported by the NHS and Secretary of State and the report was presented for the approval of the recommendation that the Trust is a going concern.

RESOLVED THAT: the report be APPROVED.

194/21 **ANY OTHER BUSINESS**

There was no further business raised.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held virtually on Thursday 7 April 2022 at 10:00am.

The meeting closed.

Signed _____ **Date** _____
Sir David Nicholson, Chair

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
14.10.21	Matters Arising	100/21	An update with regards to HIC would be received at the next Finance and Performance Committee and Trust Board.	JN	Dec 2021			
10.03.22	CEO Report	186/21	Ms Gardner to obtain more information regarding the distribution of the quality of life survey and feed back to the next meeting.	PG	April 2022			
10.03.22	Communications & Engagement Report	187/21	Mrs Ricketts to circulate an update regarding the Behaviour Charter.	TR	April 2022			
10.03.22	Board Assurance Framework	188/21	Ms Lewis to circulate an update on additional funding for cyber security.	VL	April 2022			
13.01.22	Charter	158/21	Mrs Rickets to circulate to Board Members information on the work of the IDEA Committee and the EDI agenda within the Trust.	TR	March 2022		To be circulated by 31st March 2022	
13.01.22	Charter	158/21	Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months	MH/TR	March 2022		Work on developing the implementation plan has been delayed due to wave 4 of the pandemic. A task	

							and finish group has been set up which meets fortnightly. Update to People & Culture Committee on 29th March 2022	
10.03.22	CEO Report	186/21	LGBTQ+ relaunch to be presented to Trust Board	TR	TBC		Date to be agreed for network to present. ROC to follow up.	
10.3.22	Action Schedule	184/21	Decisions regarding increases of staff to be documented including source of funding, whether this is recurrent/non recurrent and reported to Finance and Performance Committee	TR/RT/JN	May 2022		Establishment control policy is under development and due to TME in April	
9.12.21	Board Assurance Framework	141/21	Ms O'Connor to share the Board analysis and bring a paper to Board following the next quarter's review	ROC	Feb 2022	May 2022	Meeting schedule for 5 April. Paper to follow to Board in May 2022	
13.01.22	Minutes	154/21	Communications Report to reflect upon how could they engage better with communities and diversify our approach.	RH	May 2022			
10.6.21	Patient story	037/21	Mrs Lewis to raise with WMAS' Chief Digital Officer and the Oasis system supplier	VL	July 2021	April 2022	OASIS upgrade scheduled for the weekend the 12/13 March 2022 has taken place. Action closed.	
15.7.21	Patient Story	055/21	Mrs Edwards to ensure property forms and common policies and procedures to be put in place across sites	JE (PG)	Oct 2021	April 2022	Patient Belongings Policy approved at TME in March. Action closed.	
15.7.21	Annual Planning Priorities	062/21	Report on sustainability to come to Trust Board in September	JN	Sept 2021	June 2022	Net Zero Strategy and Green Plan on agenda. Action closed.	
15.7.21	Annual Planning Priorities	062/21	Environmental strategy discussion at Trust Board	PB	Oct/Nov 2021		Net Zero Strategy and Green plan on Board agenda. Action closed.	
10.02.22	IPR	159/21	A briefing to clarify the approval/funding of additional posts to be provided to the Chair	TR/RT	March 2022		A meeting is scheduled for 8 March to review.	

							Meeting has taken place. Action closed.	
10.03.22	Action Schedule	184/21	Ms O'Connor to review and include a list of acronyms	ROC	April 2022		Included within the papers from April 2022 – action closed.	

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	7 April 2022
Paper number	Enc C

Chief Executive Officer's Report

For approval:		For discussion:		For assurance:		To note:	X

Accountable Director	Matthew Hopkins Chief Executive Officer		
Presented by	Matthew Hopkins Chief Executive Officer	**Author /s**	Rebecca O'Connor Company Secretary

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

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

Recommendations	The Trust Board is requested to • Note this report.

HS	This report is to brief the Board on various local and national issues. Items within this report are as follows: • Major Incident • Patient Administration System Upgrade • Synopsis iQ • Robotic Assisted Surgery • Staff Survey • Graham James

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						

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	7 April 2022
Paper number	Enc C

Introduction/Background

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

Issues and options

Major Incident

We faced a series of serious operational challenges over the weekend of 26/27 March and the days beyond following a number of water leaks across the Worcestershire Royal Hospital site.

The leaks, from multiple sections of the network of hot water pipes which serve the WRH site, followed a failure of the hot water boiler. The impact was widespread and included floods in several clinical areas, the loss of heating and hot water, structural damage and damage to electrical and IT systems.

Our immediate priority in responding to this major incident was the safety of our patients and our staff. On-site and on-call teams at WRH responded quickly and effectively to deal with the many issues as they arose in what were exceptionally challenging circumstances. With the support of teams at the Alexandra, West Midlands Ambulance Service and several neighbouring Trusts, we were able to go on divert from the WRH emergency department and begin urgent clean-up and repair work.

The Major Incident which was declared on the afternoon of Saturday 26 March was officially stood down shortly before 6.00 pm on Sunday 27 March. The ED at WRH was fully open that evening and by the morning of Monday 28 we were running an almost complete range of elective and urgent care services from tomorrow. However, we continued to experience issues relating to the flooding in the days following the incident and further remedial works were still being carried out as this report was written.

I would again like to express my gratitude to everyone who helped us get through the Trust teams across all our sites, our PFI colleagues, our system partners including the West Midlands Ambulance Service and neighbouring Trusts who all helped to get us safely through an extremely difficult period.

PAS Upgrade

At 7.00 am on Monday 14 March we did what we said we were going to do and went live – successfully – with our new PAS (Patient Administration System) which will manage millions of pieces of vital electronic patient information.

The switchover followed months of detailed planning by a project team that brought together Trust IT, corporate and clinical colleagues as well as colleagues from our system provider Allscripts and IT support provider Computacenter, led in exemplary fashion by our Chief Digital Officer Vikki Lewis.

With the new Allscripts PAS now live, our focus switches to the next major digital transformation project – the roll out of our Digital Care Record (DCR) Sunrise (the PAS upgrade being an essential part of this programme). The new PAS and DCR combined will make a huge contribution to the safe and effective management of patient information,

more timely diagnosis and treatment as well as freeing up many thousands of hours that colleagues currently spend managing paper records.

Synopsis iQ
In a further demonstration of how digital innovations within our organisation are having a positive impact on our patients and their experience of care in our hospitals, we were among the finalists at the recent HSJ Partnership Awards 2022 for our work with Synopsis on our digital pre-operative questionnaire. The questionnaire is sent electronically to patients who are awaiting elective surgery at the Alexandra, Kidderminster or Worcestershire Royal Hospitals, allowing them to complete it at home in their own time. Around 1,000 patients a month will receive a link to complete the health questionnaire, with the results then sent to the Synopsis iQ digital pre-operative assessment solution, where pre-operative department staff can triage, and process patients accordingly based on the answers provided.

Robotic Assisted Surgery
Following Board members' unanimous approval of the business case for Robotic Assisted Surgery (RAS) we were able to announce this significant step forward to colleagues across the Trust, partners, stakeholders, fundraisers and the public. The news has generated a hugely positive reaction, and work now begins on a detailed implementation plan with the aim of beginning robotic assisted surgery at the Alexandra Hospital before the end of this year.

Staff Survey
Our 2021 staff survey results were published on 30/03/2022 and showed a slight reduction in our response rate and scores, something which most Trusts have unfortunately experienced. Our response rate was 43%, 2,883 responses [-3% on 2020] the benchmark group 'Acute and Acute Community Trusts' was 46% [+1% on 2020].

The 2021 survey results have been themed into the 9 NHS People Promise areas, and are scored on a 0-10pt scale where 10 is the best score, we scored 0.1 below average in 6 out of the 9 themes and average in 3 out of the 9 themes as shown in the table below.

	Better than Average	Average	Within 0.1 of Average
We are compassionate and inclusive			7.1
We are recognised and rewarded			5.7
We have a voice that counts			6.6
We are safe and healthy			5.9
We are always learning		5.2	
We work flexibly		5.9	
We are a team			6.5
Staff engagement			6.7
Morale		5.7	

The detailed results tell us we have low levels of staff feeling rewarded, recognised, and always learning but good levels of compassion and inclusivity which reflect the hard work of the newly created staff networks.

Our next steps are to work with each of the Divisional teams to create an action plan, starting with an appreciative enquiry where we have strong results to enable us to learn and share good practice. Our quarterly NHS People Pulse survey will be launched on 1st April 2022 which will enable us to take a further temperature check of staff opinions.

The table below also represents our journey since 2016 and where we are compared to Midlands Acute Trusts [all of which have seen a decline in their results], we are 13 out of 21.

Trust	2016	2017	2018	2019	2020	2021	Change 2020 to 2021
Sherwood Forest Hospitals NHS Foundation Trust	68%	70%	71%	73%	80%	75%	-5.5
South Warwickshire NHS Foundation Trust	77%	74%	75%	77%	79%	70%	-8.5
Chesterfield Royal Hospital NHS Foundation Trust	54%	58%	64%	69%	74%	70%	-4.8
The Royal Wolverhampton NHS Trust	69%	66%	71%	72%	76%	68%	-7.9
University Hospitals of Derby and Burton NHS Foundation Trust	-		70%	68%	71%	64%	-7.0
George Eliot Hospital NHS Trust	60%	65%	62%	59%	62%	61%	-1.1
Wye Valley NHS Trust	56%	55%	60%	65%	70%	61%	-8.6
University Hospitals Coventry and Warwickshire NHS Trust	63%	61%	66%	65%	65%	61%	-4.5
Birmingham Women's and Children's NHS Foundation Trust	-	62%	56%	64%	70%	58%	-11.5
University Hospitals of Leicester NHS Trust	59%	57%	60%	63%	66%	56%	-10.1
The Dudley Group NHS Foundation Trust	63%	60%	50%	51%	59%	55%	-3.5
Northampton General Hospital NHS Trust	61%	63%	62%	59%	66%	55%	-11.4
Worcestershire Acute Hospitals NHS Trust	48%	50%	51%	57%	63%	55%	-8.4
University Hospitals of North Midlands NHS Trust	56%	55%	57%	60%	64%	55%	-9.7
Nottingham University Hospitals NHS Trust	64%	63%	65%	63%	68%	54%	-14.0
Sandwell and West Birmingham Hospitals NHS Trust	49%	50%	55%	57%	60%	54%	-6.1
Kettering General Hospital NHS Foundation Trust	59%	49%	61%	62%	67%	51%	-16.0
University Hospitals Birmingham NHS Foundation Trust	-		61%	59%	61%	50%	-11.5
Walsall Healthcare NHS Trust	48%	47%	52%	48%	52%	48%	-4.0
The Shrewsbury and Telford Hospital NHS Trust	56%	54%	48%	49%	48%	41%	-7.7
United Lincolnshire Hospitals NHS Trust	55%	44%	41%	45%	47%	38%	-8.0

Graham James

At the end of March we said 'goodbye and thank you' to Graham James on his retirement from the Trust. Graham has been a Consultant Oral Maxillo-Facial surgeon here for some 16 years, having done a large part of his training with the Trust as well. He has also held a number of clinical leadership roles and having been our Deputy Chief Medical Officer since 2018 has also acted up as Chief Medical Officer on more than one occasion. Graham is a well-liked and highly respected clinician and leader and I am sure Board members will join me in thanking him for his many years of dedicated service to our Trust.

I am also pleased to be able to tell Board members that we have successfully recruited to the post of Deputy Chief Medical Officer. Dr Jules Walton, ED Consultant and currently Divisional Director for Urgent Care, will take on the DCMO role from the beginning of May. A process to recruit her successor as Divisional Director is now under way. Dr Walton will also be taking over the role of Trust Caldicott Guardian from Graham James as part of her DCMO responsibilities.

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	7 April 2022
Paper number	Enc C

Recommendations
The Trust Board is requested to • Note this report.
Appendices - None

NHS
Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	7 April 2022
Paper number	Enc D

Freedom to Speak Up Report

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Tina Ricketts Director of People and Culture		
Presented by	Melanie Stinton FTSU Guardian	**Author /s**	Melanie Stinton FTSU Guardian

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		Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	23 March 2022	Noted
People & Culture	29 March 2022	Noted

Recommendations	The Trust Board is asked to: • Support the on-going communication of Freedom To Speak Up (FTSU) and the importance of creating a culture that supports the safety of our patients and welfare of colleagues • Discuss any improvements that could be made to the FTSU programme • Support the plan to develop an effective learning process from concerns raised

Executive summary	Since 1st April 2021 we have had 100 concerns raised through the Guardian's office which is an increase from 63 the previous year. The introduction of the portal has had a positive impact on the number of cases raised. Cases are logged on a confidential database with themes captured; this data is also reported to the national guardian's office on a quarterly basis. Any highlighted areas of concern are escalated to the appropriate director/ manager and an action plan is formulated and agreed. Themes of the recent cases raised centre on poor attitudes and behaviour and bullying and harassment which is consistent with previous years. The opening of the temporary Clinical Assessment Unit in January resulted in a number of concerns being raised about patient safety and safe staffing levels. The advent of the worker safety and well-being category in April last year has seen an increase in report of these concerns, the majority being around Covid rules and interpretation of the guidelines and policy. We had a lower number of cases raised in 2019/20 when we had a gap in the Guardian role but are now in line with the national trend which is a year on year increase in the number of cases raised. There has been no increase in concerns from BAME staff despite the FTSU working closely with the network lead and the network, this continues to be a challenge and is a priority to break down the barriers preventing this. Further work is needed on how we share the learning from these cases across the organisation and this is being taken forward by the FTSU Committee

Worcestershire Acute Hospitals NHS Trust

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Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	BAF 10: If we do not deliver a cultural change programme, then we may fail to attract and retain staff with the values and behaviours required for putting patients first, resulting in lower quality care

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						

NHS
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Introduction/Background

Role of the Guardian

Every Trust has a nominated FTSU Guardian, the current Guardian works 3 days a week in the role. The role of the guardian is to protect patient safety and quality of care, improve the experience of workers and promote learning and improvement. This is done by ensuring that workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement.

Role of the Champions

We currently have 50 appointed FTSU champions spread across all three sites and departments who can be the first point of contact for staff who wish to raise or discuss a potential concern. A virtual training programme has been developed which all champions will attend.

The role of the champion is to support any member of staff who wishes to raise a concern, take their full details and forward to the Guardian for action. We have champions meetings and these are held on a monthly basis to review progress and propose improvements. Each Guardian can be identified by their green badge that advises staff that they are in that role. Champions are also in the process of updating their bio posters to market themselves within the Trust.

Issues and options

Policy and Process

The Freedom to Speak up Policy has been reviewed in line with the National Guardian Office's framework and this was approved at the Joint Negotiating and Consultative Forum, this saw the addition of an appendix on detriment. The National Guardians Office is currently working on an updated National Policy and when this is released it will be aligned to the local policy.

Good news

We were very proud to be short-listed as Freedom to Speak Up Organisation of the Year at the Health Service Journal Awards that saw the FTSU Guardian and one of the champions attend the awards ceremony in November. Whilst we did not receive an award it was an excellent opportunity to showcase the journey that FTSU has been on in the Trust and this has since been featured by the National Guardians Office in publications.

The FTSU has completed the workplace mediator training, is leading on the civility and respect work stream with the Deputy Director of People and Culture and providing a short session on this at Trust Induction, and currently undertaking the Mersey Care module on Restorative Just and learning Culture to help deliver restorative support and learning from concerns.

Cases

We have seen an increase in cases in February 2022, the themes of these are predominantly the staffing and staff well-being on the Clinical Assessment Unit which was promptly escalated and concerns addressed.

Data on FTSU Concerns to date on 28th February 2022

Month	Cases raised	Open	Closed	Anonymous
March 2021	9	0	9	3
April 2021	5	0	5	1
May 2021	9	0	9	3
June 2021	8	0	8	3
July 2021	13	0	13	3
August 2021	11	3	8	1
September 2021	5	2	3	0
October 2021	6	1	5	1
November 2021	7	2	5	3
December 2021	7	2	5	1

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January 2022	8	2	6	2
February 2022	15	15	0	4
Total:	103	27	76	25

From April 2018 to October 2021 there were 108 cases, there have now been 135 cases since the advent of the portal. The breakdown of cases over the last 3 years is as follows:

	Cases	Anonymous percentage
April 18-19	36	5%
April 19-20	44	0%
April 20-21	63	20%
April 21-date	100	22%

The above table demonstrates the positive impact that the portal has had in enabling staff easier access to the Guardian.

The following table compares the percentage rise in FTSU cases nationally to those raised within the Trust.

National Statistical Rise in cases versus Trust:

	National % rise in cases	Local % rise in cases
April 2017-2018	12%	No data available
April 2018-2019	10%	14%
April 2019-2020	7%	4%
April 2020-2021	12%	11%
April 2021-date	Data not yet available	27%

From the above table it can be seen that we had a lower number of cases raised in 2019/20 when we had a gap in the Guardian role but are now in line with the national trend.

Theme	**Number**
Bullying and harassment	41
Staff Levels	13
Fraud	1
Attitudes and behaviours	60
Policy and Procedures	24
Quality and Safety	19
Worker safety and well-being	21
Other	12

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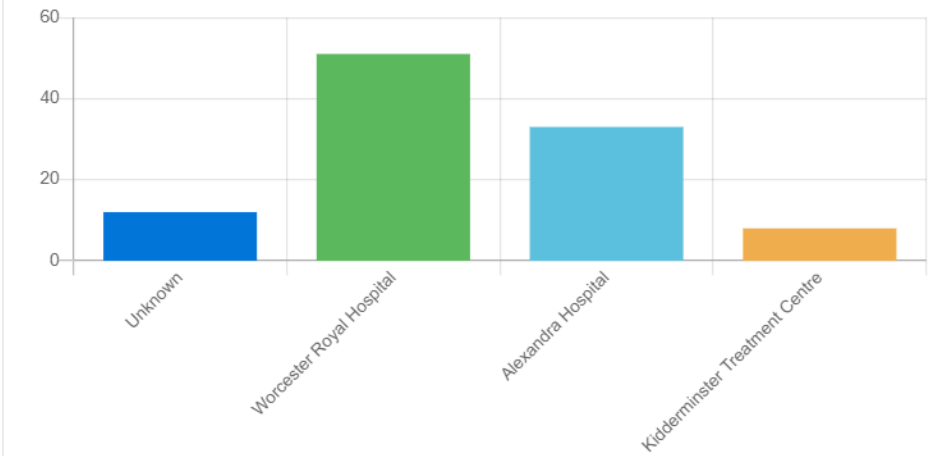
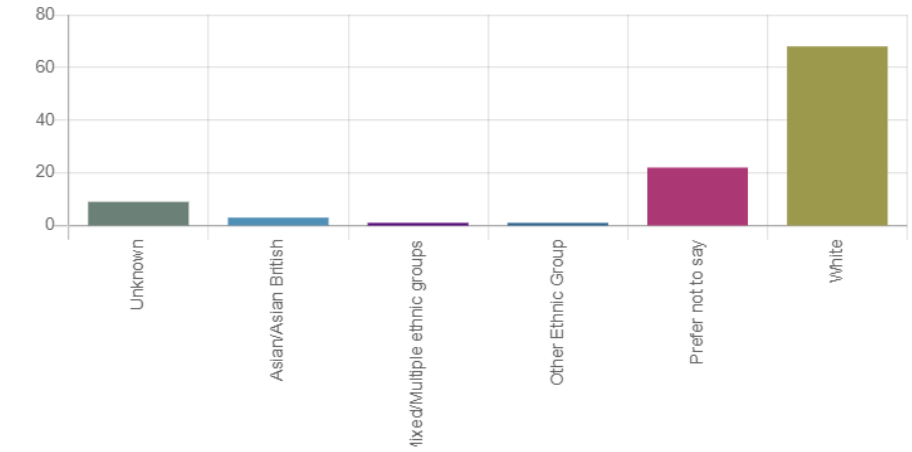
By Site



By Ethnicity



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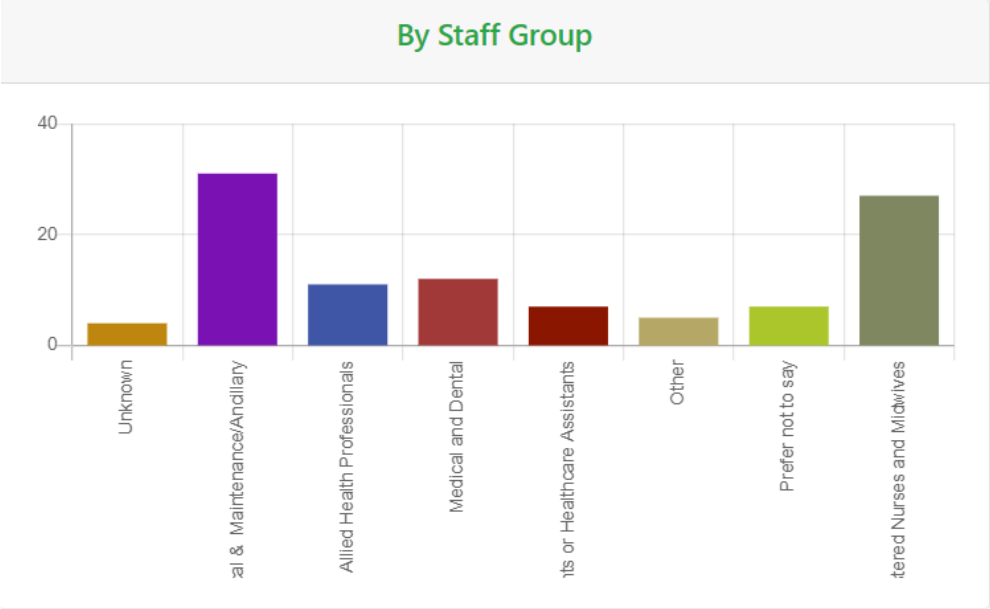

Headlines from the data:

- The data highlights a general rise in concerns overall since the advent of the portal in October 2021 (there has been 135 raised to date since then).
- The proportion of anonymous concerns remains at approximately 23%.
- The distribution across the three sites is proportionate to the sizes.
- The main themes remain predominantly attitudes and behaviour and bullying and harassment.
- 17 (16%) of these cases have proceeded to formal investigation with outcomes that have demonstrated intolerance of these behaviours by the Trust.
- The advent of the worker safety and well-being category in April last year has seen an increase in report of these concerns, the majority being around Covid rules and interpretation of the guidelines and policy.
- The increase in staffing levels has been primarily due to the redeployment of staff to the Clinical Assessment Unity and this was promptly escalated to the Deputy Chief Nursing Officer's in the Chief Nursing Officer's absence and investigated. This included support from the FTSU with the staff involved.
- There has been no increase in concerns from BAME staff despite the FTSU working closely with the network lead and the network, this continues to be a challenge and is a priority to break down the barriers preventing this.
- The highest staff groups reporting are Administration, Clerical, Maintenance and Ancillary and Registered Nurses/Midwives. The FTSU has worked closely with HR and two departments that have submitted multiple concerns with similar themes and work continues around the culture in those departments.

The FTSU has been asked by the staff networks to add to the monitoring if the person feels that they have suffered discrimination and this is now being implemented with IT.

Marketing

Marketing continues with the following:

- A slot on the Worcestershire Weekly every Tuesday incorporating the showcasing of a champion
- National training for new champions,

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- The recruitment of a BAME FTSU champion
- Champions posters developed and printed and distribution across the three sites
- Attendance at divisional/directorate meetings
- Representation at the BAME, LGBT+ and disability network
- Ordering and distribution of new FTSU champion badges to increase visibility
- A slot on the Trust Induction

Governance

The progress on and a review of the FTSU programme is reported to:

- The FTSU working Group (Chaired by Director of People & Culture) bi-monthly
- The People and Culture Committee twice yearly
- The Board twice yearly
- The Audit and Assurance committee annually
- The Chief Executive on a quarterly basis

Learning

Learning from the concerns is currently shared at various forums. It is shared at a local level when the concerns are raised, it is discussed at the FTSU committee and also relevant points are shared at networks. It is also reported directly on the quarterly report to the National Guardians Office.

Further work is needed on how we share the learning from these cases across the organisation and this is being taken forward by the FTSU Committee.

Conclusion

Since the launch of the portal reported cases have continued to increase. The additional data capture now enables a deeper dive into issues and hotspots and this will develop further in coming months. Continued representation at the Network meetings, on Trust Induction and raised profile through marketing has aided this.

The FTSU continues to work on the harder to reach staff with the help and support of the staff networks and increased visibility with the aid of the FTSU champions.

Recommendations

The Board is asked to:

- Support the on-going communication of Freedom To Speak Up (FTSU) and the importance of creating a culture that support the safety of our patients and welfare of colleagues
- Discuss any improvements that could be made to the FTSU programme
- Support the plan to develop an effective learning process from concerns raised

Appendices

Worcestershire Acute Hospitals NHS Trust

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Paper number	Enc E

Research & Innovation Strategy

For approval:	x	For discussion:		For assurance:		To note:	

Accountable Director	Dr Christine Blanshard		
Presented by	Dr Christine Blanshard	**Author /s**	Emma Rowan Dr David Wilson Dr Christine Blanshard

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	23 March 2022	Recommended
QGC	31 March 2022	Recommended

Recommendations	To review Research and Innovation strategy and approve it as a realistic and ambitious direction for Research and innovation

Executive summary	Research benefits patients, staff and the Trust. Evidence shows that in research-active hospitals, outcomes are improved for all patients, not just those participating in research. It can help to recruit and retain clinical posts and attracts income and cost-savings to the Trust. This is an enabling strategy for the Trust to deliver its vision of putting patients first and therefore approval is required so that the Trust can optimally benefit from research.

Risk			
Which key red risks does this report address?	*N/A*	**What BAF risk does this report address?**	*3 – Enabling strategy of clinical services strategy* *11 – Improve reputation* *9 – Addresses workforce challenges* *4 – Impacts on National Patient Safety Strategy* *21 – Working with integrated care*
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A
Financial Risk	The research team is funded externally from a range of sources								

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

Worcestershire Acute Hospitals NHS Trust

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WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

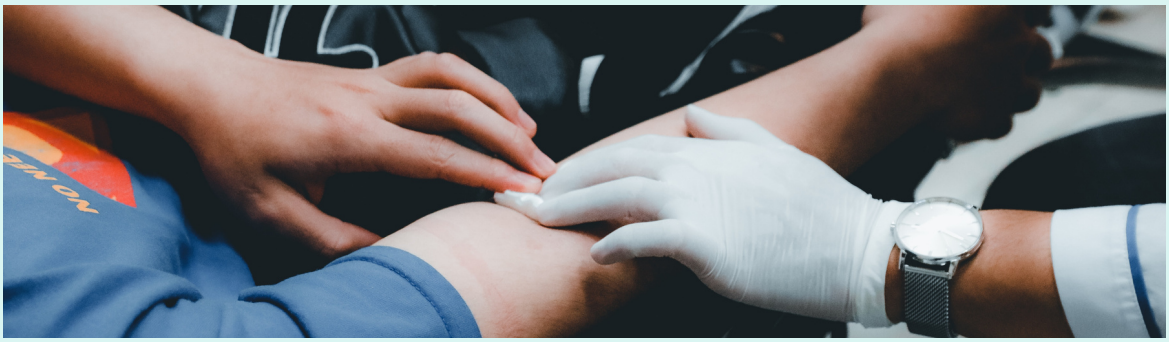
RESEARCH & INNOVATION

NHS Worcestershire Acute Hospitals NHS Trust

Strategy 2022-25

VERSION 5.0

CONTENTS



EXECUTIVE SUMMARY

"We need to develop our research and innovation capability to improve outcomes, attract the best staff and increase the organisation profile – Worcestershire Acute Hospitals NHS Trust Clinical Services Strategy"

Academic evidence and consultancy evaluations of healthcare systems demonstrate that research-active organisations benefit patients, staff and the NHS because:

- **Outcomes for all patients are improved regardless of whether they themselves take part in a research study**
- Trust are higher performing in Key Performance Indicators
- Mortality rates are lower
- Staff recruitment and retention are enhanced
- Income is generated and cost-savings are made
- Patients are more likely to receive chemotherapy in a trial

We are in one of the most challenging times for the NHS and research has never been more important. An active strategy is needed so that we address the needs of our patients, colleagues and healthcare service through research and innovation, making best use of our resources to change and improve the care we provide.

This strategy will raise awareness of and increase engagement with research and innovation, from Board to bedside and will result in:

- Increased participation in research.
- Increased income and improved efficiency.
- Enhanced reputation externally.
- Successful clinical recruitment to hard to recruit to areas.
- Opportunities to create new roles within the Trust's workforce to support delivery of the Clinical Strategy.

Ultimately our realistic implementation plan, will improve patient experience of care, improve quality and ultimately ensure that we are putting patients first.

THE STRATEGIC CONTEXT

The 2019 **NHS Long Term Plan** set out its vision for the NHS, which will accelerate the redesign of patient care to future-proof the NHS for the decade ahead. It shifts the focus to collaboration and system-wide healthcare that will mean we are working in a local integrated care system. **The plan recognises the critical importance of research and innovation** to meet these needs, and pledges that the NHS will play its full part to benefit patients and the UK economy.

To address workforce challenges, the NHS **People Plan 2020/21** commits to making the NHS the best place to work. **It identifies research as an opportunity for a diverse career**, pivotal for clinician recruitment and retention.

It is clear that research is not an optional extra for the NHS. A growing body of evidence demonstrates that outcomes for all patients are improved in research-active organisations, regardless of whether they took part in a research study. There is an expectation of dramatic and sustained improvements in the performance of NHS healthcare providers in both the initiation and delivery of research studies. This is reflected in the **NHS contract** between commissioners and providers, and is reinforced by the **NHS Constitution** which explains that patients should expect their healthcare providers to be involved in research. The **Care Quality Commission** also includes research and innovation under its **'well-led' criteria.**

IMPACT OF COVID-19 PANDEMIC

The novel SARS-COV-2 virus was an unprecedented situation for the NHS, requiring urgent transformation of services. From the outset, research was pivotal to the government's response. In March 2020, there were no studies in covid-19. Three months later, a clinical trial, with Worcestershire Acute as a participating centre, had recruited over 10,000 patients and demonstrated that dexamethasone, a cheap and widely available drug, can improve health outcomes for those most severely affected by the disease.

Never before has a clinical trial demonstrated positive results this quickly and changed practice overnight. This was made possible because the research infrastructure was in place within the trust and the wider NHS and could be reprioritised to support urgent public health studies, and demonstrates what it is capable of when charged to act. **Protecting this ability for future pandemics and NHS challenges is therefore paramount.**

NATIONAL RESEARCH LANDSCAPE

Funding is made available from the Department of Health and Social Care through the NIHR Clinical Research Network West Midlands to employ research staff in the Trust so that it is able to contribute to NIHR portfolio studies.

These are trials judged to be of high value to patients and the NHS and are important to contribute to for the future of healthcare.

Underpinning this are performance standards that NHS organisations in receipt of funding are obliged to contribute to.

Commercial research is also a source of income to NHS research departments, creating opportunities for income generation, and is strongly encouraged by the NIHR.

Research Capability Funding and grant funding are ways to encourage research development that is home-grown and led from Worcester. Collaborations with Higher Education Institutions help to underpin this activity.

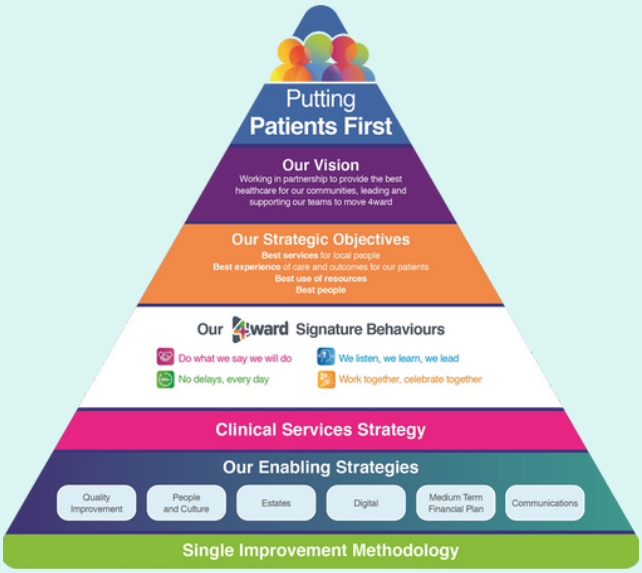
This strategy must be mindful of the national agenda for research in the NHS and reflect the overarching objective of improving outcomes for patients – 'making patients and the NHS better'.

LOCAL CONTEXT

In Worcestershire, implementing the Long Term Plan will be realised through the **Sustainability and Transformation Plan,** joining up healthcare across Herefordshire and Worcestershire to improve population health outcomes through integrated care partnerships.

The **Clinical Services Strategy** provides detail of this vision for Worcestershire Acute Hospitals by 2025. Research and Innovation are enablers of this strategy.

Integrated healthcare will require a joined up research and innovation service. The Research and Innovation team currently work in partnership with our Integrated Care System, Foundation Group and Gloucestershire colleagues as part of the Herefordshire and Worcestershire Research Consortium.



It is vital that Clinical Research and Innovation plays a key part in the Trusts enabling strategies to implement the Clinical Services Strategy

WHERE RESEARCH IS NOW : 2022

Primarily, the Trust acts as a supporting site to NIHR portfolio trials. Over the past 4 years over 1,000 participants have been recruited per annum, with peaks and troughs dependent on availability of large observational studies. These are supported by a cross-cutting research team.

Interventional trials offer the greatest direct potential to benefit patients, and have the largest impact on quality. Generally, interventional studies account for an average of 28% of recruitment in the Trust.

There are many successes in the Trust, with strengths and a track record in oncology, haematology, cardiology, respiratory, vascular maternity, ICU and surgical research.

During the Covid pandemic, it was the second highest centre in the West Midlands for recruitment into the RECOVERY trial, enabling over 20% of patients to be entered onto a trial. This is significant given the number of larger organisations in the region. As a result the Trust was been shortlisted for the CRN Research Team of the Year (result TBC).

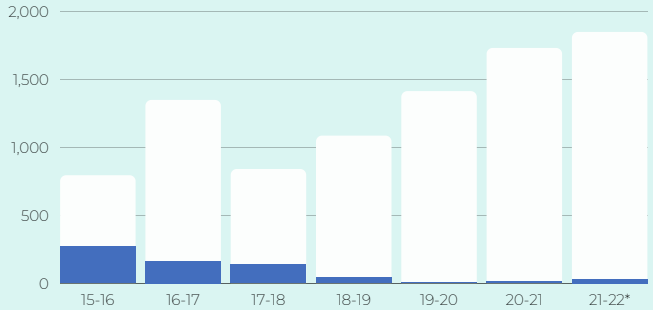
The Trust has continued to build on this success and is currently the fifth highest recruiter of patients in the West Midlands outside of primary care in 2021-2022. Three large trials have contributed to this including ISARIC, COPE (covid), CHOICE (midwifery).

Our commercial portfolio is more limited, with strengths in cardiology, vascular and oncology. The blue bars in the graph show a reduction in commercial activity over time. A future focused funding model must focus our activities for a better balance.

Another way to generate income and improve sustainability is to host National Institute for Health Research grants. These can increase our Research Capability Funding received from the Department of Health and Social Care, which at time of writing is 28p per £1 of grant. In addition, the development of more 'home-grown' research will enable the Trust and ICS to target areas of unmet need.

Joint academic appointments may help attract and develop clinicians in areas that have been difficult to recruit into. Support for development is available through funding for schemes such as Clinical Trial Scholars in the CRN West Midlands. Thus far, we have had one successful appointment and one shortlisted (awaiting outcome).

We are also strengthened by our partnership with Wye Valley NHS Trust by hosting their Research Management service under a service level agreement, and our collaboration with Cure Leukaemia who part-fund a research nurse.



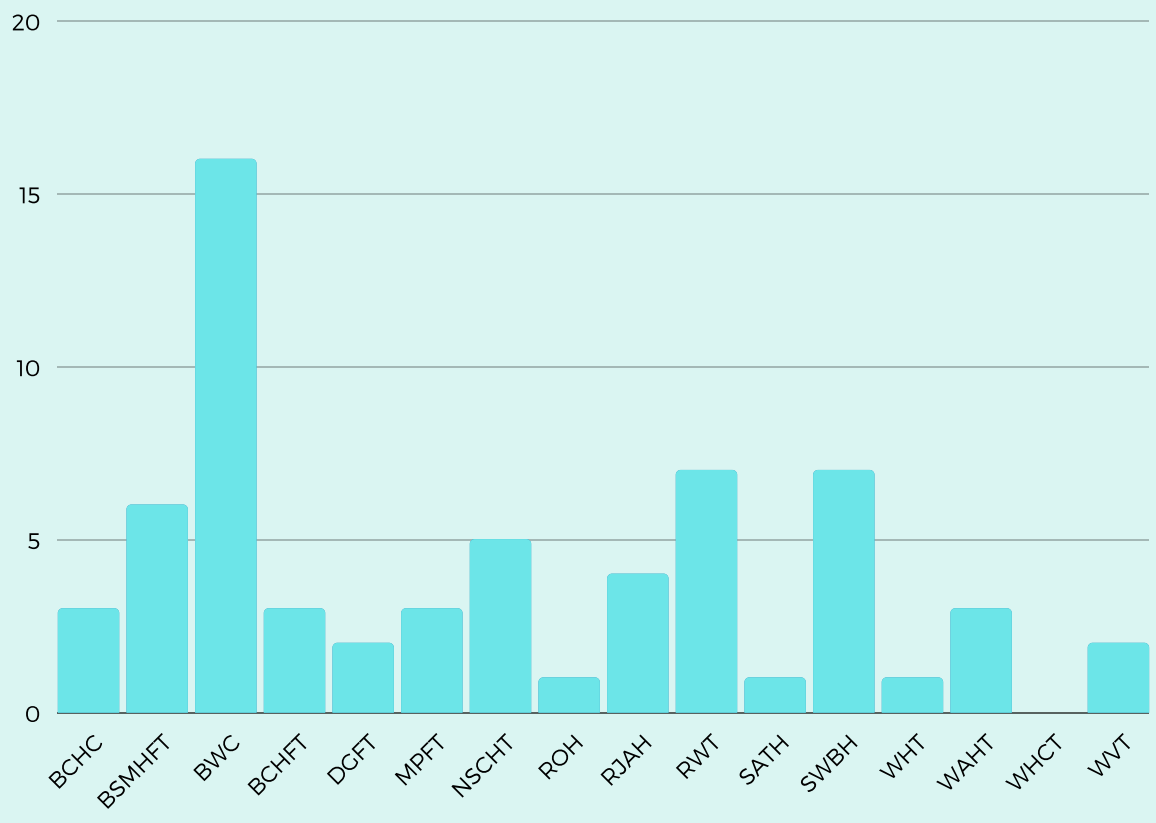
Number of participants recruited into NIHR research studies 2015-2022, blue indicating commercial studies
**21-22 as of Jan 22*

WHERE INNOVATION IS NOW: 2022

The Trust Research department rebranded in 2020 to include innovation.

The Trust engages with the CRN West Midlands Innovation and Improvement funding, recently being awarded funding for four projects to improve research in the region. These will look to:
- investigate the potential for a research vehicle
- explore options for a shared research office
- enable digital improvements in the research workforce
- facilitate mapping and collaborating of investigators, increasing PIs

A further strand of this is product development. We work closely with our partners MidTech and Academic Health Sciences Network to support patent and IP protection, and Industry collaboration. A recent idea developed by the research and innovation department was awarded the AHSN Medical Technology Product of the Year. There are currently two further projects in development, one with an Industry partner and one currently identifying a funder. A comparison of our peers in the West Midlands (university Trusts excluded) are provided below.



Number of active innovation projects registered with MidTech

STRATEGY AIMS

The Research and Innovation strategy is one of the building blocks of our Trust vision of putting patients first. Being delivered in accordance with our 4ward signature behaviours will contribute to our strategic objectives of providing the best services for local people, delivered by the best people.

Our research participants will have the best experience of care, improving quality across the board. We will ensure that our research team makes the best use of the resources from the NIHR, research funders and charitable funding.

This strategy will raise awareness of and increase engagement with research and innovation, from Board to bedside and will result in:

- Increased participation in research.
- Increased income and improved efficiency.
- Enhanced reputation externally.
- Successful clinical recruitment to hard to recruit to areas.
- Opportunities to create new roles within the Trust's workforce to support delivery of the Clinical Strategy.

AIM 1: INCREASE PARTICIPATION IN CLINICAL RESEARCH

For over a decade the NHS has had its own Research and Development arm, the National Institute for Health Research (NIHR). Within this, the Clinical Research Network (CRN) exists to support Trusts' participation in research. All NHS Trusts participate to at least some degree in research, and the opportunity for patients to participate is recognised as a right in the NHS Constitution.

Evidence shows that Trusts which participate more intensively in research have better clinical outcomes even for patients not themselves directly involved in research trials. Research participant experience surveys now run regularly by the NIHR Clinical Research Network show that 90% of patients have a good experience of participation. The majority take part through altruism. They want future patients to have improved treatments and for knowledge of their condition to advance. They also often take part because they receive better monitoring of their condition during a research study.

Any future improvements in service delivery will rely on evidence generated by current research activity. During 2020, the COVID pandemic highlighted what can be achieved when research is prioritised.

The rapid recruitment of patients from a wide range of organisations led to the discovery of effective treatments for the infection In the RECOVERY trial, recruitment was disproportionately high in many non-teaching Trusts supported by many clinicians not previously involved in research.

It is particularly important for Trusts such as ours to participate in research. By widening the number and range of organisations participating in research. we make access to the latest treatments more equitable, enabling participation not just to the privileged population that can travel to a teaching hospital.

Secondly, research carried out in the organisations which deliver most of the care, such as ours is likely to deliver results which are more representative and applicable.

Working across the research consortium and with our system partners, we hope to have involvement in projects that take place across the Integrated Care System, including primary care and within the community.

HOW WILL WE MEASURE SUCCESS

Develop our research collaborations:
As part of the Herefordshire and Worcestershire Research Consortium and the Integrated Care Strategy, the Trust will develop Clinical Research and Innovation to ensure equity across the ICS to improve patient care, outcomes and participation. The Foundation group will work to identify opportunities for collaboration. Our partners with the CRN will support us to develop the resources needed to meet the needs of the research ecosystem.

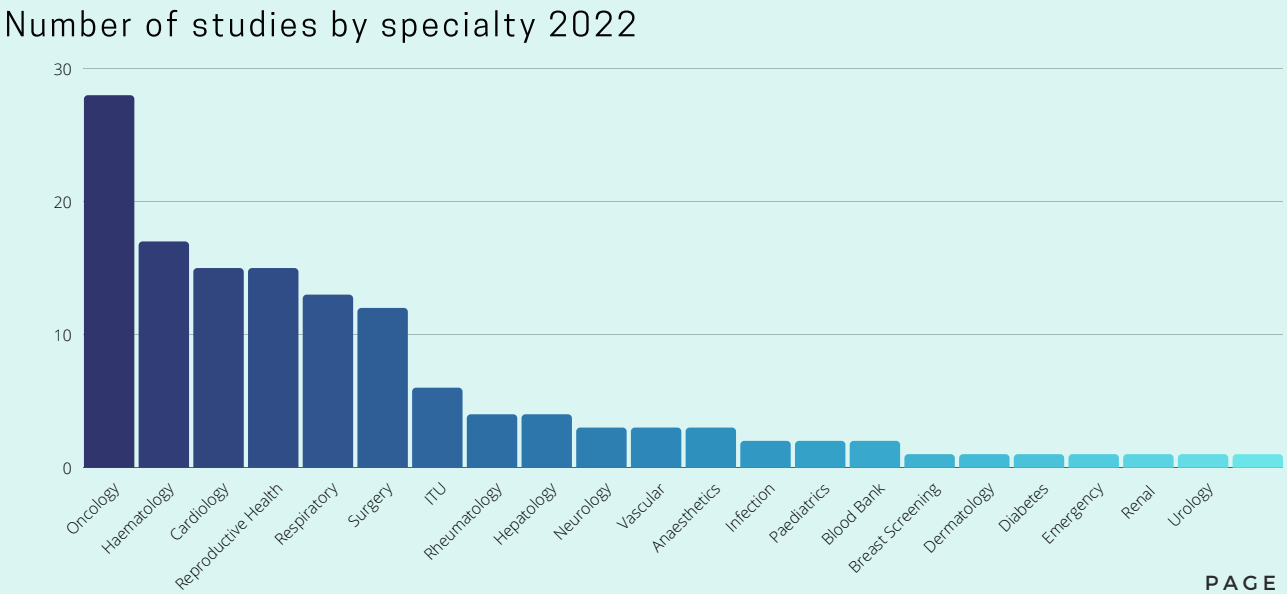
Working with our local universities and CRN we will develop academic opportunities such as the Clinical Trial Scholar programme. We will apply for fixed funding opportunities to improve access to research and encourage the associate PI scheme and development of non-medic PIs.

Make the best use of our resources:
Reviewing the skill mix within the team will ensure the resources are available to support clinical trials. We will work with the CRN to increase our flexible resource and aim to host ACROSS staffing in the Trust. We will work with our partners to share resources where possible, starting with our internal research teams providing a unified service.

Increase our research capability:
Together, these actions will

- Increase participation in clinical trials.
- Increase the number of trained principal investigators.
- Increase the number of services in which research is taking place by.

	NOW 2022	BY 2025
Number of specialties	21	25
Number of active studies	121	132
Number of principal Investigators	56	60



AIM 2: INCREASED INCOME AND EFFICIENCY

Research can provide an additional source of income or substantial savings on the costs of treatment. Research is funded by a variety of sources, including NIHR, other governmental bodies such as the Medical Research Council, charities such as the Wellcome Trust and Cancer Research and pharmaceutical, medical technology and biologics industries.

Research which meets certain quality standards will be recognized by adoption onto the NIHR portfolio, and organisations helping to deliver such research will receive support from their local Clinical Research Network.

A recent report produced by KPMG and commissioned by CRN highlights the financial benefits that trusts can expect: For each patient recruited to a commercial trial supported by the NIHR CRN, on average NHS provider in England receives an estimated £9,200 from life sciences companies, and on average saves an estimated £5,800 per patient because trial drugs replaced the standard treatment.

Further financial opportunities need to be exploited so that we can support a stable research team and are able to provide world-class research to patients.

HOW WILL WE MEASURE SUCCESS

Trust finance:
Regular reports will demonstrate to Trust Board the resulting changes to patient care and potential cost savings across the Trust.

Increased participation in a wider variety of research projects will result in increased potential cost savings, including length of stay, cost of drugs and funding received.

Attracting research interested clinicians will reduce reliance on locums and fill hard to recruit to posts.

Digital:
Making better use of digital resources will increase our visibility as a research active organisation to Sponsors, increasing our study income.

Screening software will improve efficiency of the research team, reducing the 55 hours a week spent on screening.

Digital will support the development of innovative spaces for research to increase study income.

Right resources
Every research team will be cost-neutral, through demonstration of income against expenditure, achieved through the use of study intensity tool, selection of studies and regular skill-mix reviews.

Our workforce plan will have clear progression and improve efficiency through increasing clinical research practitioner and data officer roles. Apprenticeships will be used to support administrative and clinical roles.

Supporting nurses to consent to trials will reduce reliance on medical staffing. Associate PIs and non-PIs will be encouraged to develop our capacity. We will increase commercial activity and use resources flexibly to support this.

Working with our partners as the Consortium, we will continue to make best use of resources through opportunities to share resources and split costs.

We will work with our funders to promote the need for increased funding and resources to have a stable infrastructure.

AIM 3: EMBEDDING A CULTURE OF RESEARCH AND INNOVATION ACROSS THE TRUST

Clinician participation in research assists with recruitment and retention. There is a national shortage of doctors, nurses and Allied Health Professionals as strong candidates have a wide range of opportunities available. The ability to participate in research is a powerful recruitment incentive. Clinical researchers can support service delivery by undertaking clinics, ward duties and on call commitments alongside their research work.

Regulators such as the Care Quality Commission have begun to take an interest in this area. CQC expect all of the organisations that they inspect to be able to give a good account of their involvement. This currently forms part of the "Well-led" inspection regime in Trusts, and the basic principle that research participation is associated with better care and better patient outcomes is well established in this context.

Currently our biggest recruiting specialties are reproductive health, infection (covid), and oncology.

By implementing this strategy we will:

- widen participation and have increased awareness of Research and Innovation

-a ll specialties across the Trust will have the opportunity to take part Clinical Research Innovation

HOW WILL WE MEASURE SUCCESS.

Recruit Clinical Research Ambassadors:
Clinical Research Ambassadors will promote research and innovation cross the Trust, and embed research in their division. This will allow a higher presence of R&I across the Trust, whilst allowing Clinicians to be involved in projects of interest.

Creating culture for research
We will increase the clinicians involved in research through making use of junior doctor and registrar involvement in research, supporting students. We will increase involvement in the associate PI scheme. We will support CNS and AHP involvement to increase patient participation, making best use of resources.

We will work with supporting departments to facilitate their involvement with research.

Improve the visibility:
Improving facilities for the research team will allow interaction with colleagues and patients to increase visibility and participation.

We will explore options to embed the research teams into clinical areas, and make use of secondments into research roles to embed research into clinical practice.

We will present regularly to TME on updates on our strategy and work with divisional and directorate managers to embed a research culture.

We will create a network of research active clinicians to provide peer support.

AIM 4: ENHANCE OUR REPUTATION AS A RESEARCH ACTIVE ORGANISATION

Participation in Clinical Research can be beneficial to the reputation of a Trust. Being known as an innovative and forward-looking organisation has positive benefits for all staff and our patients are attracted to organisations which can provide access to the most up-to-date treatments.

By enhancing our reputation for research, and working in partnership with other organisations, we will attract more staff to the Trust; in both medical & nursing professions, particularly where there are few qualified professionals and multiple vacancies across the country. This will also give Sponsors greater awareness of our site, increasing the number of studies available to patients.

HOW WILL WE MEASURE SUCCESS

Implementing digital systems will improve our visibility to commercial sponsors. The Shared Investigator Platform and TriNetX offer opportunities for our Trust to be selected as a site, offering more opportunities for research to patients.

Supporting our charitable partnerships through promotions and communications campaigns will both support our funding and assist with improving our reputation. Working with our research interested clinicians will provide publicity for us a research active organisation.

Communications will work closely with the team to promote and support campaigns, good news stories and success in the research team. External websites will highlight research.

Job adverts and job descriptions, inductions and staff booklets will highlight that we are a research active organisation.

Research will be represented with People and Culture and actively engaged in its campaigns.

Working with our partnerships across the ICS, Foundation Group and the three counties medical school will increase our profile. We will aim to be a centre of best practice and make public our ways of working.

Exploring opportunities for improved facilities will enable publicitiy of our research active Trust, and create an attractive space for research and innovation.

IMPLEMENTATION PLAN AND KEY DELIVERABLES

Deliverables	How	By When
Recruit new Clinical Lead for Research and Innovation	Advertising and promiting widely	June 2022
Clinical Research Ambassador role to be developed and recruited to each division	Identifying how post can be remunerated and supported with each division	October 2022
Three clinicians appointed onto the Clinical Trials Scholar programme	Promoting scheme to interested clinicians Supporting those with research interests Development of peer network	March 2025
Increase commercial research activity by one study per year	Identifying and prioritising areas for commercial research Completing expressions of interest Setting up digital systems	March 2025
Increase CRN funding	By working closely with our CRN partners to promote need for investment To support CRN with its Entry Plan and performance objectives to demonstrate need for investment	March 2023
Work with CRN to create flexible workforce in the ICS	Work with CRN to develop flexible resources across Herefordshire and Worcestershire that meet needs of service Submitting regular ACROSS requests to CRN	March 2023
Regular reporting to Trust Management Executive and Trust Board	To have strategy approved and quarterly updates produced and presented	April 2022
Non-Executive Director appointed to Trust Board	To liaise with Trust Board Chair to identify NED with appropriate portfolio	March 2023
Digital identification system implemented	Application for Innovation and Improvement funding Appointment of fixed-term Business Analyst role System linkages supported by Information and Digital	March 2023
Options appraisal for patient recruitment centre / research vehicle developed	Application for Innovation and Improvement funding Working with ICS partners to identify need	March 2023

IMPLEMENTATION PLAN & KEY DELIVERABLES

Deliverables	How	By When
SLAs and collaboration agreements in place with partners	Promoting SLA service and developing tailored agreements that are mutually beneficial, identifying opportunities for shared resources	March 2024
Increase number of PIs by 1-2 per year	Use of associate PI scheme, development of non-medic PIs. Increased support from junior doctors and CNS in departments to stretch research resources further	March 2025
Network of research active clinicians created	Development of Teams Channel and promotion through divisions, organisation and coordination of events	March 2023
Continued collaboration with Cure Leukaemia and charitable funders	Continue to develop Charity appeals and work with our funders to promote use of funding and impact on patient care	March 2025
Research widely promoted in job adverts, descriptions and induction	Work with People and Culture and Learning and Development to increase awareness of research	March 2023
All studies receive costing assessment such as study intensity tool	Teams will identify cost neutral and share resources to create savings	March 2023
Shared investigator platform set up	Research to work with active clinicians and departments set up on-boarded	March 2023
Skill-mix review completed and workforce plan implemented	Work with research team to identify future needs and skill-gaps making use of CRPs, apprentices and data support	March 2023
Comms produce at bi-mothly good news stories from research	Comms informed and work with research to promote good news stories	March 2023

PARTNER ORGANISATIONS

HEREFORDSHIRE & WORCESTERSHIRE RESEARCH CONSORTIUM

The Trust hosts the Herefordshire and Worcestershire Consortium, a partnership across NHS providers and primary care in the ICS.

The Consortium also collaborates across the research ecosystem with the Clinical Research Network West Midlands, University of Worcester, primary care and the AHSN, to identify strategic objectives for the development of research to meet local population needs. Key areas are currently frailty and dementia research.

Together we will look to support Patient Recruitment Centres, a Health Research Workforce and explore ways to work smarter, work collaboratively and embed research.

We were recently successful in receiving funding for four of our projects looking to improve research in our region, which will be completed in the year 2022-2025.

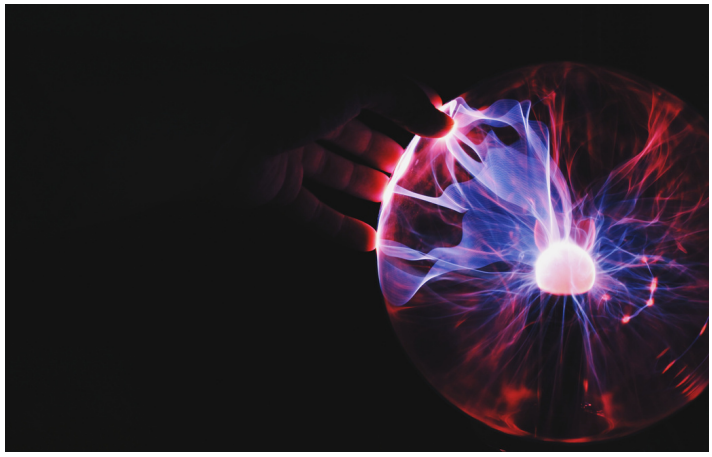
We also host a research management service through a service level agreement with Wye Valley NHS Trust. There is potential to continue to develop this.

The Trust is a partner organisation of the Clinical Research Network West Midlands, which is the largest of the 15 local research networks that cover the geography across England, representing all NHS organisations in the region. It provides NIHR funding and practical support to increase research activity and is the largest provider of funding to the Trust, with approximately £400k allocated each annum, based on research performance in previous years, and bids from strategic funding. As a partner organisation, the Trust collaborates on workstreams, funding proposals and has a link manager.

Academic links are made through the University of Worcester for research into dementia, frailty and nursing and midwifery research. Developing links with clinical trial units and other academic organisations will be crucial for development of research and hosting of NIHR grants. Joint appointments with academic organisations would be one way to do this, and making the most of Early Career Researcher development programmes.

Innovation activities are supported through MidTech through a formal agreement who support protection of Intellectual Property and along with the Academic Health Sciences Network, link clinicians to Industry and other partners.

The Clinical Research and Innovation strategy is one of the building blocks of our Trust vision of putting patients first. Being delivered in accordance with our 4ward signature behaviours will contribute to our strategic objectives of providing the best services for local people, delivered by the best people.



Appendices

Appendix 1: SWOT Capabilities

Strengths	Weaknesses	Opportunities	Threats
Largest provider organisation in the STP Three hospitals spanning geographical scope of Worcestershire Engaged and motivated patient populations Strong network of collaborators and partners Passionate research workforce with flexibility to drive research agenda across sites Track record in cardiology, oncology, haematology, respiratory, vascular, surgery and ICU research Islet Laboratory leader in field Excellent record for performance and recruitment to time and target, meeting KPIs	Numerous departments prioritise clinical duties over research activity Research nurse numbers and limited funding constrain supporting additional departments Resources in radiology limit studies requiring additional imaging Lack of Chief Investigators or clinicians with time to develop academic careers Research not routinely discussed at board level Lack of resources and funding to support home-grown research	Large acute Trust with much untapped potential for commercial research Interest from clinicians that with right income and investment could boost research Clinician recruitment could be increased and improved if driven by research and innovation capabilities Digital research service transformation Growing awareness of research through Covid-19, internally and with patients Increase RCF through joint appointments and home-grown academic research	Competition with other NHS Trusts with similar size population have more staff, funding and stronger track record Patient recruitment centres and site management organisations reduce the need for hospital site research Commercial pipelines and charitable funds may be reduced due to Covid-19, limiting growth Future non-COVID NIHR funding could be reduced due to prioritisation of COVID studies Reducing CRN WM funding

Appendices

Appendix 2: Commercial research speciality analysis

Specialty	Mid Yorkshire Hospitals	Royal Devon &Exeter	Shrewsbury and Telford	South Tees Hospitals	The Dudley Group	The Royal Wolverhampton	Worcestershire Acute Hospitals
Anaesthesia, Pain Management				248			
Cancer	232	110	26	264	14	212	53
Cardiovascular Disease	87	229	230	672	370	655	554
Children		89		69	2		
Critical Care			7	36			
Dementias and Neurodegeneration		106					
Dermatology	6	52		50	68	59	
Diabetes	11	91		45	66	1	5
Ear, Nose and Throat			1	23			
Gastroenterology	48	88	143	20	18	86	
Haematology						2	
Health Services Research					9		
Hepatology				1			
Infection		7		8			
Metabolic and Endocrine Disorders		25		14	7	3	
Musculoskeletal Disorders	4	90		46	58	289	
Neurological Disorders	18	73		21			
Ophthalmology	16	7		32		102	1
Primary Care	26				6	3	
Renal Disorders	8	80	16	45		41	
Reproductive Health and Childbirth				6			
Respiratory Disorders	1	85	11	24		11	1
Stroke		11	9			20	
Surgery	6	7		48		5	1
Trauma and Emergency Care	8	71		20		183	
Grand Total	**471**	**1221**	**443**	**1692**	**618**	**1672**	**615**

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NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	7th April 2022
Paper number	Enc F

Integrated Performance Report – Month 11 2021/22

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Directors	Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Christine Blanchard - Chief Medical Officer, Tina Rickets – Director of People & Culture, Robert Toole – Chief Finance Officer		
Presented by	Vikki Lewis – Chief Digital Information Officer	**Author /s**	Steven Price – Senior Performance Manager

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	23rd March 2022	Approved
People and Culture	29th March 2022	Assured
Finance and Performance	30th March 2022	Assured
Quality Governance	31st March 2022	Assured

Recommendations	The Board is asked to ▪ note this report for assurance

Key Issues	**Impact of Covid-19 on Emergency and Urgent care and Patient Flow & Capacity** Our services continue to operate under sustained pressure. Unlike some other NHS Trusts covid-19 demand did not ease in Feb-22 with an average of 87 patients per day and 98 inpatients at its peak. This number of covid-19 positive patients continued to put pressure on our staff, our emergency departments and the patient flow required to address the demands placed on our hospitals. System flow has remained challenged with sustained numbers of medically fit patients waiting in our hospitals for a supported discharge. The collective impact of the non-elective demand has placed continued pressure on our capacity and has led to operational challenges; however we were able to maintain our elective bed base at the Alexandra Hospital. Our Apr-21 to Feb-22 type 1 front door demand is up 9% compared to 11 months of 19/20 (135,971 attendances compared to 124,523) and the increase for emergency admissions via ED is 4% higher from 35,812 in 19/20 to 37,312 in 21/22. Non-elective pressures continue to result in crowding in our Emergency Department (ED) which in turn impacts our ambulance handover performance which has been above 700 a month since Jul-21. The high demand and long delays means that providing timely access to urgent and emergency care services is an ongoing challenge. Unfortunately, the flow challenges have resulted in a high number of 12-hour trolley waits

and time spent in department.

Cancer

Cancer referrals have increased between Jan-22 and Feb-22, by 7%. The plans put in place by our specialties have resulted in fewer patients waiting over 14 days for their 2WW appointment (below 1,000 for the first time since Aug-21) although pressure remains on lower GI, skin and breast to maintain the levels of capacity required for the new "normal" demand seen in 21/22.

Breast and Lower GI contributed 82% of all breached two-week wait patients in Feb-22. Skin only had 29 breached patients, noting the average number of specialty breaches for the previous 10 months was 286 and a peak of 694 in Sep-21.

The increase in patients being seen within 2WW has resulted in performance of the Faster Diagnosis Standard increasing to 71% (against a 75% standard).

The backlog of patients waiting 62+ days has decreased 361 to 330 whilst those waiting 104+ days has decreased 121 to 113.

Our Financial Position

2021/22 Financial Plan H1 + H2

WAHT 21/22 Plan	£m
H2 Deficit - Oct-Mar	(11.4)
System Support	
CCG Redistribution	8.5
NHS Region Stretched Elective Support	1.8
WAHT H2 6 Month Plan	(1.1)
H1 Deficit B/F	(0.9)
H1+H2 21/22 Plan	(1.9)
N.B Roundings 0.1	

Year To Date M11 – February 2022

2021/22	Plan	Actual	Variance
H1 (Apr-Sept)	1.1	(0.9)	(1.9)
H2 (Oct-Feb)	(0.8)	(0.5)	0.3
M11 Year To Date	0.3	(1.3)	(1.6)

Forecast Outturn - Risks / Opportunities

Previous Year End Forecast £(4.3m) now £(3.4)m
An assessment of the YTD £(1.3)m deficit and a most likely forecast for M12 recognising the ongoing increased demand for temporary staff

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	7th April 2022
Paper number	Enc F

driven by continued heightened absenteeism and COVID levels, the CAU, receipt of additional income and 'one off' benefits incurred to date suggests a full year out turn deficit of £(3.4)m an improvement of £0.9m from Month 10 though not so far achieving the £(1.9)m submission.

	£m
Initial Forecast (exc Clinical Admissions Unit "CAU") **Principally £(1.9)m plus planning Issue £(1.8)m Independent Sector risk.**	(3.4) – (3.8)
Cost risk CAU 21/22	(0.5)
Overall Position	**(3.9) – (4.3)**
Revised – most likely Out-turn	**(3.4)**

Key actions remain addressing the on-going impact due to the surge in covid cases and Urgent and Emergency demand which is impacting on wider hospital elective care and clinical and management resources.

Month 11 – February Position

Statement of Comprehensive Income	Feb 22 (Month 11)			H1			H2 to Date		
	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Revenue & Income									
Operating income from patient care activities	44,379	46,793	2,414	267,840	271,670	3,830	223,037	233,064	10,027
Other operating income	4,185	2,817	(1,368)	11,586	13,415	1,829	19,651	12,091	(7,560)
Operating Expenses									
Employee expenses	(28,558)	(29,463)	(905)	(162,007)	(167,810)	(5,803)	(142,475)	(144,665)	(2,190)
Operating expenses excluding employee expenses	(18,726)	(17,320)	1,406	(106,844)	(108,175)	(1,331)	(92,938)	(92,302)	636
OPERATING SURPLUS / (DEFICIT)	**1,280**	**2,827**	**1,547**	**10,575**	**9,100**	**(1,475)**	**7,275**	**8,187**	**912**
Finance Costs									
Finance income	0	6	6	6	0	(6)	0	9	9
Finance expense	(1,009)	(1,068)	(59)	(6,148)	(6,147)	1	(5,059)	(5,301)	(242)
Movement in provisions	0	0	0	0	0	0	0	0	0
PDC dividends payable/refundable	(607)	(582)	25	(3,426)	(3,688)	(262)	(2,989)	(2,715)	274
Net Finance Costs	**(1,616)**	**(1,644)**	**(28)**	**(9,568)**	**(9,835)**	**(267)**	**(8,048)**	**(8,008)**	**40**
Other gains/(losses) including disposal of assets	0	(689)	(689)	1	19	18	0	(694)	(694)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(336)**	**494**	**830**	**1,008**	**(716)**	**(1,724)**	**(773)**	**(515)**	**258**
Less impact of Donated Asset Accounting (depreciation only)	1	10	9	48	(134)	(182)	5	72	67
Adjusted financial performance surplus/(deficit)	**(335)**	**504**	**839**	**1,056**	**(850)**	**(1,906)**	**(768)**	**(443)**	**325**
Less gains on disposal of assets	0	0	0	(1)	(19)	(18)	0	(15)	(15)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(335)**	**504**	**839**	**1,055**	**(869)**	**(1,924)**	**(768)**	**(458)**	**310**

The Trust's Income & Expenditure position in month 11 (February 2022) is a **surplus of £0.5m** against the M11 plan of (£0.3m) deficit, a favourable variance of £0.8m.

Combined Income in month variance £1.0m favourable – Principally, Educational Income £0.3m and Other Income £0.7m (Includes Improvement monies and International Nurse support); PCR Testing

Overall **Employee expenses in month variance (£0.9)m adverse** – Registered Nursing adverse variance of £0.9m Urgent Care has exceeded plan due to sickness and COVID as well as opening the Clinical Admissions Unit. SCSD has incurred additional costs to staff increased beds in Critical Care as well as increased cover for COVID and

Sickness and additional theatre sessions. Specialty Medicine has had more new starters than forecast as well as increased COVID and redeployment cover

Overall **operating expenses excluding employee expenses** (including Non PbR) **£1.4m favourable –** are due to CNST premium Maternity Reduction received in M11 £0.8m, planning assumptions expecting higher PFI costs £0.3m, favourable depreciation £0.2m, business rebates £0.2m and some corrections to accruals within Digital £0.5m. These are being reduced by adverse variances from Independent Sector planning assumption (£0.4m), and Non PbR drugs higher than plan (£0.3m).

Financing Charges - asset verification resulting in a number of assets being written off c.£0.6m adverse.

Productivity and Efficiency

The P&E Programme has delivered £4.7m of actuals at Month 11 broadly in line with a plan of £4.80m, forecast remains favourable against plan for the M12 position.

Capital

Capital spend to the end of Month 11 including PFI/IFRIC 12, invoiced values and work in progress (WIP) is £29.6m. This is an increase of £5.7m since month 10.

A risk adjusted forecast out-turn spend after review of uncommitted order and conversations with capital programme work stream leads is £47.5m versus expected funding of £53.6m a gap of £6.1m. **Note DHSC have confirmed that there will be no further MoUs issued for 21/22, meaning that the c.£3.3m emergency capital financing application for the Trust has recently been removed as such the potential underspend of £6.1m immediately reduces to £2.8m** with work on-going to mitigate it still further**.** Work is underway to analyse the outcome by project to understand issues and learnings.

			M11 Forecast		Risk Adjusted Forecast	
Capital Position	**21/22 Funding**	**YTD Spend to M11**	**M12 Spend Forecast**	**Full Year Forecast**	**M12 Revised Spend Forecast**	**Full Year Risk Adjusted Forecast**
STP Envelope	17,144	7,396	8,972	16,368	6,902	14,298
Externally Funded Schemes	34,965	19,811	14,354	34,165	11,920	31,731
Total Expenditure before IFRS	**52,109**	**27,207**	**23,326**	**50,533**	**18,822**	**46,029**
IFRIC 12	1,486	2,455	(969)	1,486	(969)	1,486
Total Expenditure after IFRS	**53,595**	**29,662**	**22,357**	**52,019**	**17,853**	**47,515**
Under-spend (see note in bold above)			1,576	*	6,080	**now £2.8m**

Cash

At the end of Feb 2022 the cash balance was £47.2m and latest forecast of cash position at year end is £65.1m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under existing COVID arrangements as well as the timing of receiving payments against supplier invoices including capital contract invoices.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	7th April 2022
Paper number	Enc F

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	2, 3, 4, 5, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

Assurance Level (x)	0		1		2		3		4	X	5		6		7		N/A	
Financial Risk	*N/A*																	

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

Recommendations
The Board is asked to ▪ note this report for assurance
Appendices
▪ Trust Board Integrated Performance Report (up to Feb-22 data) ▪ WAHT February 2022 in Numbers Infographic ▪ WAHT Maternity and Neonatal Dashboard (up to Feb-22) ▪ Committee Assurance Statements (Mar-22 meetings)

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Trust Board

7th April 2022

Best services for local people, Best experience of care and Best outcomes for our patients, Best use of resources, Best people

Operational Performance

Summary Performance Table | Month 11 [February] 2021-22

Performance Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
EAS	Percentage of Ambulance handover within 15 minutes	Feb-22	48%	-		-	62%	49%	75%
	Time to Initial Assessment - % within 15 minutes	Feb-22	71%	-		-	84%	77%	90%
	Average time in Dept for Non Admitted Patients	Feb-22	252	-		-	207	183	231
	Average time in Dept for Admitted Patients	Feb-22	672	-		-	456	355	556
	% Patients spending more than 12 hours in A&E	Feb-22	10%	-		-	5.88%	2.48%	9.28%
	Number of Patient spending more than 12 hours in A&E	Feb-22	1132	-		-	664	318	1010
RTT	Incomplete (<18 wks)	Feb-22	46%	92%			69%	65%	74%
	52+ weeks waiting	Feb-22	5,888	0			2116	1,552	2,680
	104+ weeks waiting	Feb-22	483	0			70	38	103
CANCER	2WW All	Feb-22	65%	93%			81%	67%	94%
	2WW Breast Symptomatic	Feb-22	59%	93%			40%	-6%	86%
	62 Day All	Feb-22	53%	85%			68%	56%	80%
	104 day waits	Feb-22	113	0			59	26	93
	31 Day First Treatment	Feb-22	94%	96%			96%	92%	101%
	31 Day Surgery	Feb-22	88%	94%			87%	64%	110%
	31 Day Drugs	Feb-22	94%	98%			97%	87%	107%
	31 Day Radiotherapy	Feb-22	100%	94%			99%	93%	106%
	62 Day Screening	Feb-22	63%	90%			72%	34%	111%
	62 Day Upgrade	Feb-22	100%	90%			85%	61%	109%
Diagnostics (DM01 only)		Feb-22	69%	99%			74%	60%	88%
STROKE	CT Scan within 60 minutes	Jan-22	45%	80%			42%	16%	69%
	Seen in TIA clinic within 24hrs	Jan-22	89%	70%			81%	37%	125%
	Direct Admission	Jan-22	32%	90%			39%	11%	66%
	90% time on a Stroke Ward	Jan-22	72%	80%			71%	48%	93%

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent and Emergency Care (validated)	• In Jan-22, the Trust saw 10,992 patients attend our type 1 sites – compared to the 10,290 seen in Feb-20. Children and young people contributed 23% of the total attendances to WRH (having been 22% in Jan-22); this is 1,426 attendances with 326 being conveyed by ambulance. • The trend of special cause concern for our front door metrics continues as the pressure to admit to our hospitals hasn't changed resulting in patients spending time on our corridors and in our ED's whilst they wait for a bed.
Patient Flow and Capacity (validated)	• The pressure remains on both hospital sites to manage bed capacity and patient flow, particularly to discharge patients before midday and support our long length of stay and medically fit for discharge patients to leave the hospital when they no longer need an acute hospital bed. Admissions, to alleviate patients waiting in our EDs, have been hindered by reduced bed availability driven by increasing numbers of covid patients, infection outbreaks and staffing pressures. • The number of long length of stay patients has decreased from 70 on the last day of January to 46 on the last day of February; 13 of the 46 were identified as MFFD.
Cancer (unvalidated)	• **Long Waits:** The backlog of patients waiting over 62 days has decreased from 361 to 330 and those waiting over 104 days has decreased from 121 to 113, with urology contributing the most patients to this cohort of our longest waiters (58%). • Cancer referrals in Feb-22 increased from Jan-22 across 7 specialties with lower GI referrals remaining significantly high since the peak of 637 in Sep-21. • The 2WW cancer waiting time standard has not been achieved in 21/22 and although performance is above 60% in Feb-22 it is too early say if this will be sustained and improved. • The 28 Day Faster Diagnosis standard of 75% has not been achieved and but has improved to 71% with improved timeliness of the 2WW pathways supporting this. • Cancer 62 day waits continues to show special cause concern with only 51% of patients starting treatment within 62 days due to delays in the 2WW and diagnostics elements of the pathway. • The delays are impacting the 31 day standard of treatment from decision to treat which is also showing special cause concern and below the 96% standard.
RTT Waiting List (validated)	• **Long Waits:** Our 5,888 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (4,408), between 78 and 104 weeks (1,014) and those waiting over 104 weeks (466), all decreases on Jan-22. Of the 466 patients waiting over 104 weeks, 293 are waiting for orthodontic treatment and therefore our target of 0 will not be achieved in 21/22. • Although still below the H2 plan of no more than 58,321 patients, the RTT waiting list size remains a cause for concern; it is 60% larger than Mar-20's pre-covid submission and over 30,000 patients are waiting over 18 weeks resulting in the % of patients waiting under weeks to decrease.
Outpatients (Second SUS submission)	• **Long Waits:** There are 32,739 RTT patients waiting for their first appointment and 23.4% of them have been dated. • Based on our second SUS submission, Feb-22 saw 40,836 outpatient attendances take place (consultant and non-consultant led) and when compared to Feb-20 shows we undertook approximately 90% of historic activity levels. H2 targets for Feb-22 have been achieved for our total outpatient and face-to-face attendances but not for non-face-to-face attendances. This is the same pattern for consultant-led activity only, for both first and follow-up attendances.
Theatres (validated)	• Based on our second SUS submission, we have yet to achieve our H2 targets for elective inpatients with total elective spells in the month (6,677) at 87% of Feb-20 (under the H2 plan by 346 spells) which can be broken down as day case at 89% and elective ordinary spells at 68%. • 25 eligible patients who had their operation cancelled were not rebooked within 28 days in Feb-22; however 19 patients (43%)were. • The Independent Sector undertook no elective activity in Feb-22 but they did perform 152 diagnostic tests and 112 procedures were undertaken in our Vanguard theatre.
Diagnostics (validated)	• **Long Waits:** 3184 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 1,655 have been waiting over 13 weeks with 58% of our longest waiters attributable to echocardiography and DEXA. • The waiting list size has decreased by a further 5% to 10,234, breaches decreased by 35% to 3,184 and DM01 performance improved from 45.52% to 31.11%. • Activity in Feb-22 was 16,078 tests with 23% attributable to unscheduled (emergency) procedures.

Operational Performance: Urgent and Emergency Care

Percentage of Ambulance handover within 15 minutes	Time to Initial Assessment - % within 15 minutes	Time In Department			
		Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E
47.5%	71.1%	252 minutes	672 minutes	10.3%	1,201

What does the data tell us?

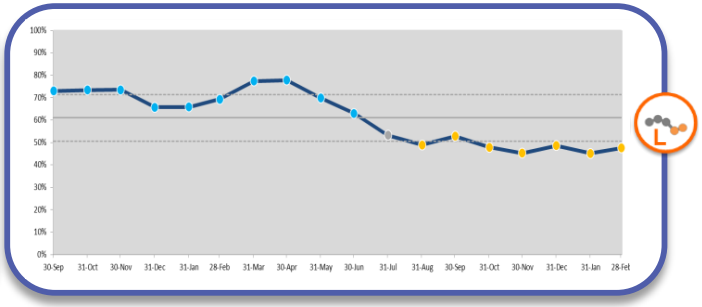
- **Urgent Care Indicators –** slides 6 and 7 highlight the continued pressure faced by the Trust during Feb-22 with all of the metrics showing special cause concern for the month.
- **EAS** - The overall EAS performance, which includes KTC and HACW MIUs, was 68.42% in Feb-22 – this is the eighth month of special cause concern. In context of attendances across our type 1 settings attendances increased by 6% from Feb-20.
- **EAS Type 1 –** EAS performance at WRH was below 60% again at 51.94% and there was no statistical change at ALX (64.80%). 1,108 patients breached the 4 hour standard at the ALX and 3,028 at WRH; both a decrease on Jan-22's breaches. There were 10,992 attendances across ALX and WRH and although Jan to Feb decrease with fewer days in the month, **attendances per day were higher in Feb-22 at 392 compared to 378 in Jan-22.**
- **CYP Attendances**: The proportion of total attendances to WRH in Feb-22 who were children and young people was 23%, no significant change from Jan-22. This is the eighth month since Jan-21 where total paediatric attendances have been special cause concern due to 11 months above the mean. 23% of all paediatric attendances arrived by ambulance continue to be common cause variation after the special cause concern observed in May-21 and Jun-21.
- **Ambulance Handovers** - There were 904 x 60 minute ambulance handover delays with breaches at both sites – a slight decrease in breaches from Jan-22 but continues to be significant and is linked to the capacity, flow and numbers of patients in our ED's which prevented timely offloading.
- **12 hour trolley breaches –** There were 221 validated 12 hour trolley breaches in Feb-22 compared to 197 in Jan-22 – this remains a special cause concern for our processes.
- **Specialty Review times** – Specialty Review times continue to show cause for concern with 9 consecutive months below the mean; the target cannot be met.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has decreased, albeit not significantly, from 1,185 to 1,201. This metric shows special cause variation because the last three month are outside the upper control limit and shows a run of 9 months above the mean.
- **Conversion rates** – 3,091 patients were admitted in Feb-22; a Trust conversion rate of 28.12%. The conversion rate at WRH was 31.5% and the ALX was 23.6%, the second lowest of the financial year.
- **Aggregated patient delay** (total time in department for admitted patients only per 100 patients – above 6 hours) – this indicator continues to show special cause concern for Feb-22 because the value is above the upper control limit for the third consecutive month.

Month 11 [February] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for Feb-22 as 17th March 2022

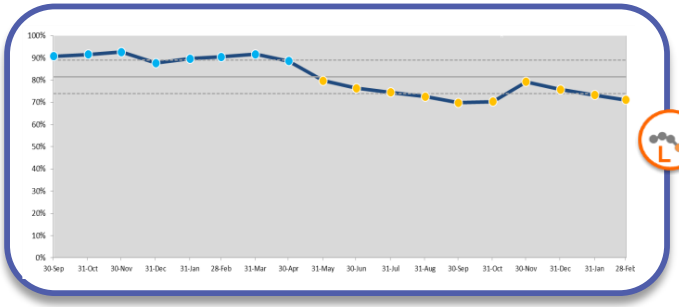
Percentage of Ambulance handover within 15 minutes

47.5%



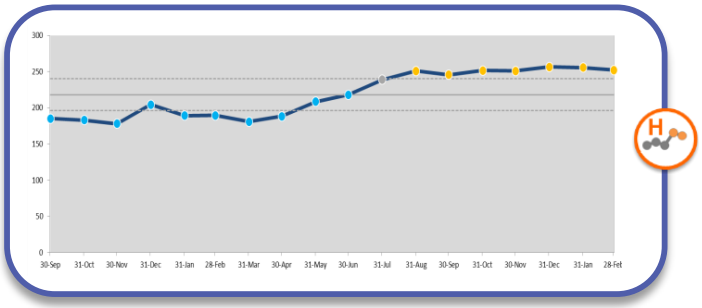
Time to Initial Assessment - % within 15 minutes

71.1%



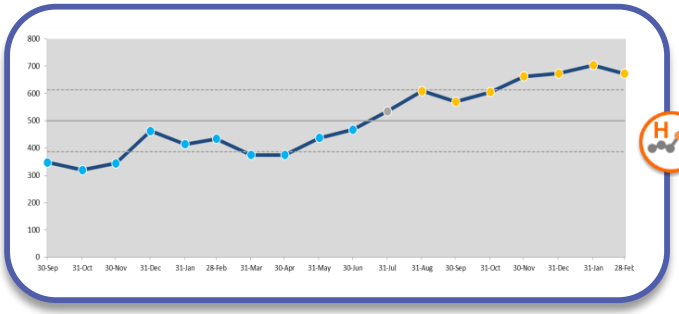
Average time in Dept for Non Admitted Patients

252 mins



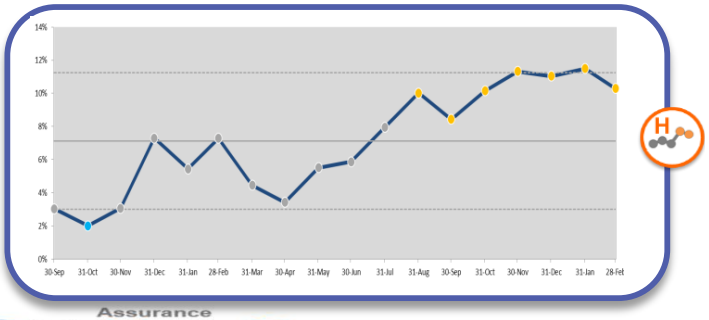
Average time in Dept for Admitted Patients

672 mins



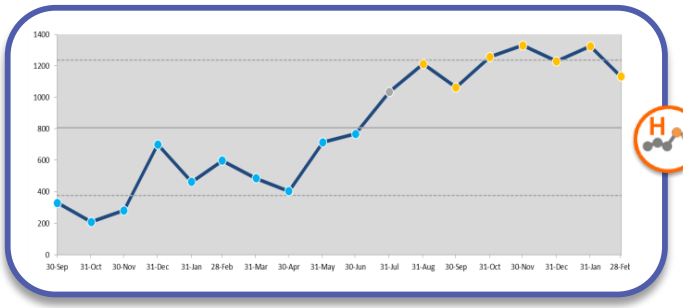
% Patients spending more than 12 hours in A&E

10.3%



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

1,132

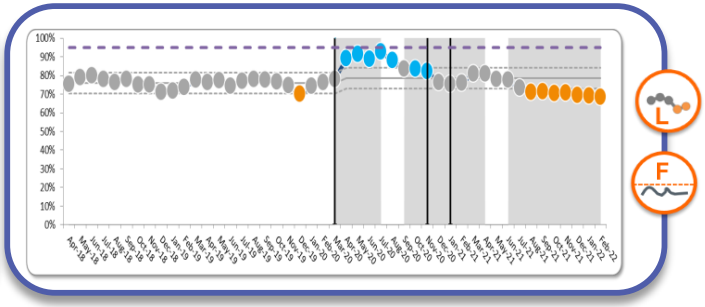


Month 11 [February] | 2021-22 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for Feb-22 as at 17th March 2022

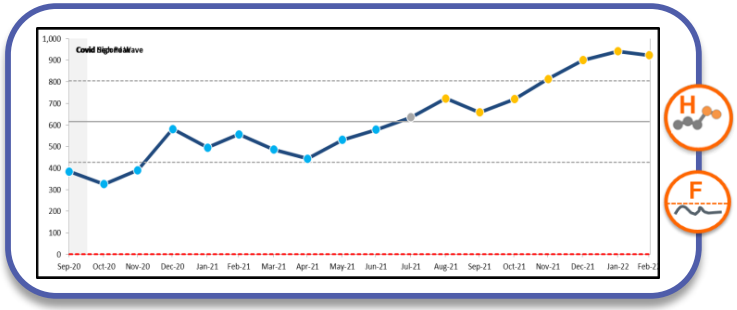
4 Hour EAS (all)

68.42%



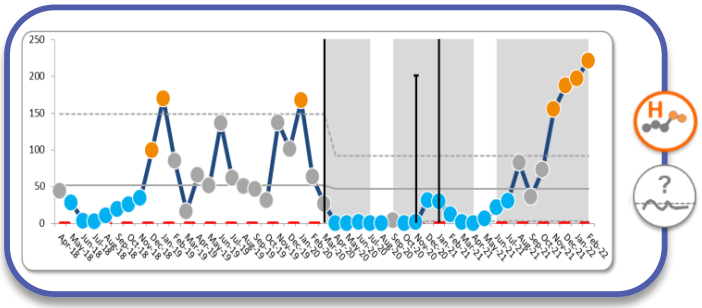
Aggregated Patient Delay (APD)

922



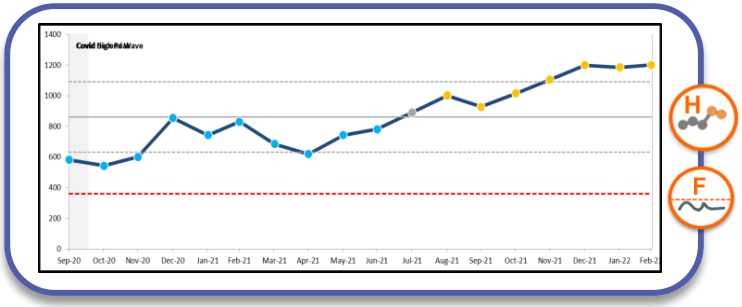
12 Hour Trolley Breaches

221



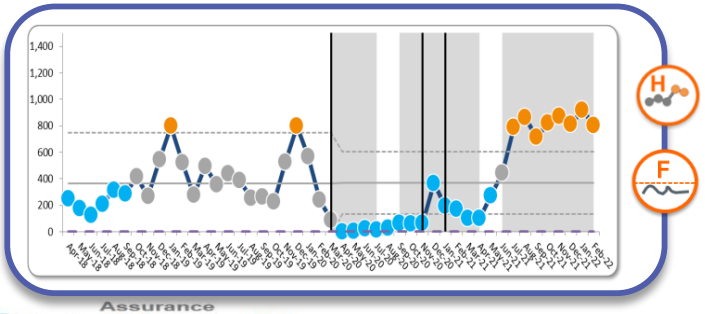
Total time spent in A&E (95th Percentile)

1,201



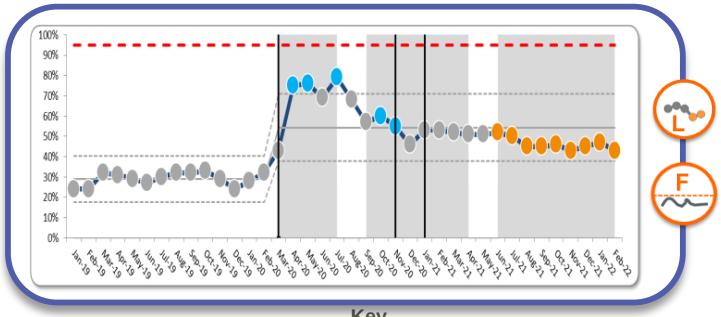
60 minute Ambulance Handover Delays

804



Specialty Review within 1 hour

43.0%



Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key
- Internal target
- Operational standard

Operational Performance: Urgent Care Benchmarking

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

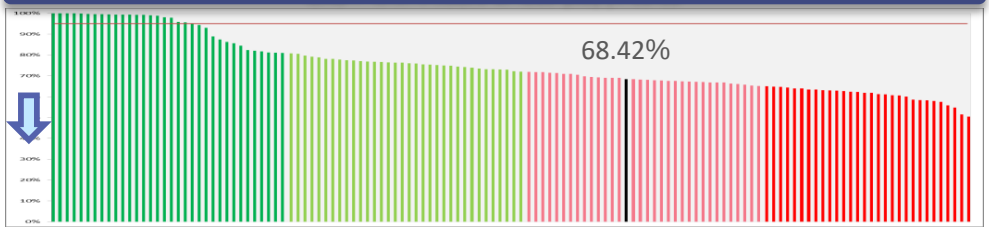
National Benchmarking (February 2022)

EAS (All) –The Trust was one of 10 of 13 West Midlands Trust which saw a decrease in performance between Jan-22 and Feb-22. This Trust was ranked 7 out of 13; where we were 8th the previous month. The peer group performance ranged from 54.75% to 81.16% with a peer group average of 66.37%; declining from 67.98% the previous month. The England average for Feb-22 was 73.30% a -1.0% decrease from 74.30% in Jan-22.

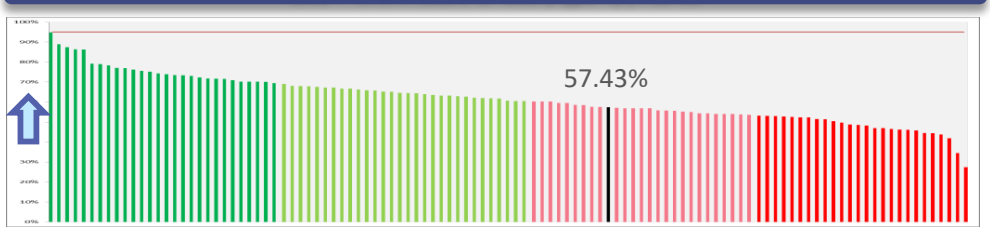
(Type 1) - The Trust was one of 4 of 13 West Midlands Trust which saw a Increase in performance between Jan-22 and Feb-22 This Trust was ranked 7 out of 13; where we were 8th the previous month. The peer group performance ranged from 43.75% to 76.26% with a peer group average of 55.38%; declining from 56.92% the previous month. The England average for Feb-22 was 60.80% a -1.5% decrease from 62.30% in Jan-22.

In Feb-22, there were 16,404 patients recorded as spending >12 hours from decision to admit to admission. 221 of these patients were from WAHT; 1.34% of the total.

EAS – % in 4 hours or less (All) | Feb-22



EAS – % in 4 hours or less (Type 1) | Feb-22



EAS – % in 4 hours or less (All) | Jan-22

EAS – % in 4 hours or less (Type 1) | Jan-22

WAHT — Operational Standard 95%

8

Operational Performance: Patient Flow and Capacity

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

Discharges before Midday (non-covid wards)				Number of patients with a long length of stay (21+ days)				Overnight Bed Capacity Gap (Target – 0)	Average length of stay in hospital at discharge (non-covid)				30 day re-admission rate (Dec-21)	Discharges as a % of admissions IP only | non-covid wards (Target >100%)			
WRH	15.1%	ALX	20%	WRH	44	ALX	26	42 beds	WRH	5.4	ALX	4.7	3.2%	WRH	91.7%	ALX	91.4%

What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) is not showing special cause concern this month; this return to common cause variation is driven by a 5 percentage point increase in discharge performance at the ALX (from 20% to 25%). As at the last day of the month, the number of patients with a length of stay in excess of 21 days decreased from 70 (31-Jan) to 46 (28-Feb). There were an average of 14 patients deemed MFFD with a LOS >= 21 days each day in February across the Trust. The total number of discharges and transfers returned to common cause variation after 10 months above the mean and discharges are still not exceeding the rate of admission leading to a significant capacity gap.
- **Bed Capacity** - Our G&A bed base is 752; beds ring-fenced to Covid patients were maintained at over 90 in the month to provide beds for admitted Covid patients. The number of elective beds at the ALX was maintained despite the increasing numbers of covid patients. However, outbreaks across our ward base continue to result in full and partial closures over the month.
- **Medically Fit Patients** – for the 11th consecutive month, the number of MFD patients still on our wards 24 hours after becoming medically fit is showing special cause concern as the support packages for care at home, or places in care homes, cannot be realised.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 5.1 days in Feb-22 but is the 8th consecutive month where it's above the mean and showing special cause concern.
- **The 30 day re-admission rate** continues to show significant sustained improvement, the sixth month below the lower confidence interval.

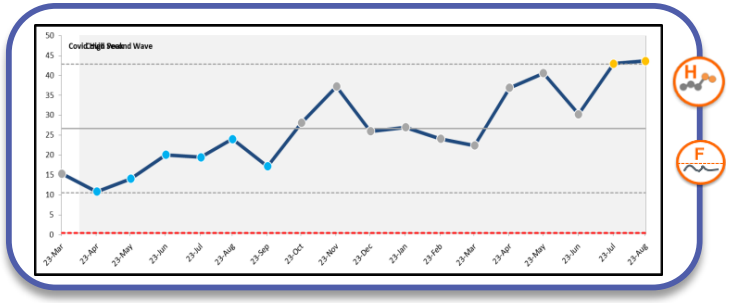
Current Assurance Level: 4 (Feb-22)	**When expected to move to next level of assurance:** This is dependent on the on-going management of the increase attendances and achieving operational standards.
Previous assurance level: 4 (Jan-22) ***Downgraded from 5 to 4 at Finance & Performance Committee (23rd Feb 2022)***	**SRO: Paul Brennan**

Month 11 [February] | 2021-22 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for Feb-22 as at 17th March 2022

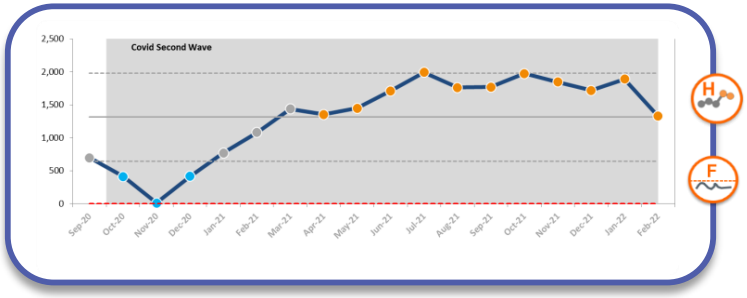
Capacity Gap (Daily avg. excl. EL)

43



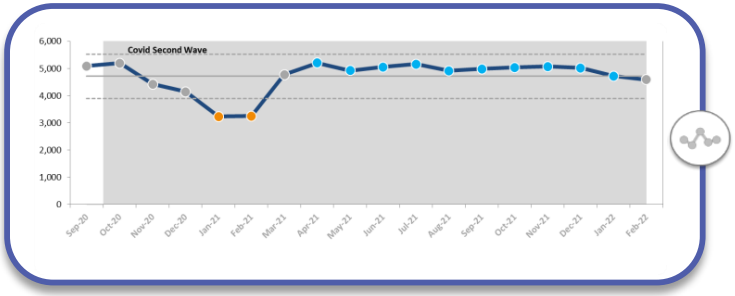
MFFD patients still on the ward 24hrs after becoming MFFD

1,329



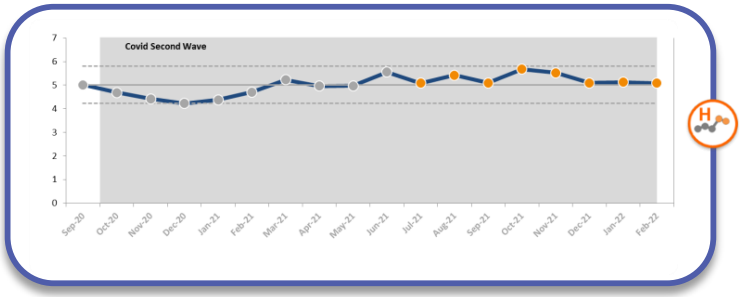
Total Discharges and Transfers

4,587



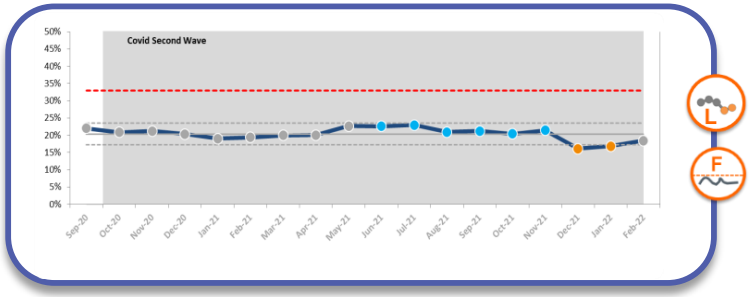
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.1



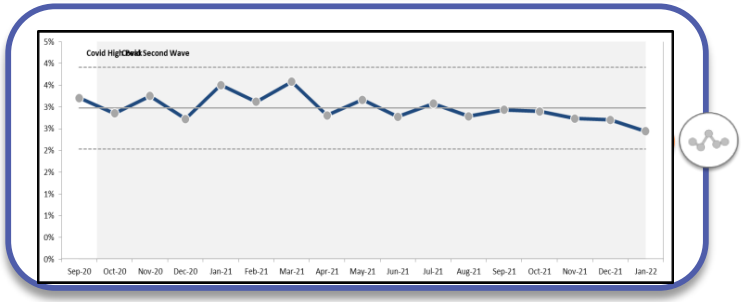
% Discharges before midday (non-covid wards)

18.5%



30 day readmission rate for same clinical condition

2.9%



Variation: Special Cause Concern High/Low; Special Cause Note/Investigate High/Low; Common Cause

Assurance: Consistently hit target; Hit and miss target subject to random; Consistently fail target

Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Key

- Internal target
- Operational standard

Operational Performance: Cancer

2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

NHS Worcestershire Acute Hospitals NHS Trust

Cancer Referrals	Patients seen within 14 days (All Cancers)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS)		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104+ days
2,592	65.35%	2,260 seen	58.87%	141 seen	70.78%	2,125 told outcome	94.40%	265 treated	53.25%	162 treated	2,887	330	113

What does the data tells us?

- **Referrals** increased by 7% from Jan-22, across 7 of 11 specialties, with 60% to Lower GI, Breast and Skin. Total referrals for the month are above the mean for 21/22.
- **2WW:** The Trust saw 65.35% of patients within 14 days, the first time above 60% since Aug-21. Of the 783 breaches, 513 (66%) were attributable to Lower GI; Haematology was the only specialty to achieve the 2WW standard. Across all tumour sites, 84% of 2WW breaches were due to the Trust's capacity issues. For the 11th month, this performance is special cause concern as a result of the high number of breaches. Breast Services saw 433 patients in Jan-22 (2nd highest in one month) and improved to 71% and of the 141 referred with breast symptoms, 59% were seen within 2 weeks.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% however, an in-month performance of 71% has returned the SPC to normal variation.
- **31 Day:** Of the 268 patients treated in Feb-22, 253 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This unvalidated performance is below the CWT target of 96% and continues to show special cause variation due being below the mean.
- **62 Day:** There are 161.5 recorded first treatments in Feb-22 with 53.3% within 62 days. This indicator remains special cause concern and the only specialty to achieve the CWT standard of 85% was Skin.
- **Cancer PTL:** As at the 28th February there were 2,887 patients on our PTL, the third month below 3,000. 160 patients having been diagnosed, 1,656 are still suspected and the remaining 1,071 patients are between 0-14 days.
- **Backlog:** The number of patients waiting 62+ days has decreased from 361 at the end of Jan-22 to 330 and the number of patients waiting 104+ days has decreased from 121 to 113 patients; both continue to show as special cause concern. Urology and colorectal have the largest number of patients untreated.

What have we been doing?

- **Do what we say we will do:** 2ww Breast is now booking patients between 4-7 days and as a result has also seen an improved performance in respect to the 28 day faster diagnosis standard. It is anticipated the service will restart to achieve the 62 day standard within the next 2-3 months as they seek to reduce their diagnosed backlogs whilst not adding to them.
- Recruitment to a number of key posts including Patient Navigators within Urology and Lung.
- **No delays, every day:** Main areas of focus from a 2ww perspective remain Colorectal, Gynaecology, Lung and Skin, all workforce driven and being incorporated into the overall ICS plan for 2022/23.
- Overall cancer backlog (63 days plus) reduced by 31 patients, ending February 2022 at 330. Focus remains on either ruling out or diagnosis of cancer for those still at suspected status.
- **We listen, we learn, we lead:** Work to comprehensively review and update Remedial Action Plans (RAPs) underway for both Colorectal and Urology who between them account for 71% of the total cancer backlog.
- Business case for robotically assisted prostatectomy presented to Finance and Performance Committee and now set to be added to the Trust Board agenda.
- **Work together, celebrate together:** Rollout plan agreed to move 2ww services to the more robust RAS functionality within eReferrals (ERS), starting with Colorectal, Skin and Breast in April 2022.

What are we doing next?

- **Do what we say we will do:** In line with our process review mapping exercise within the 2ww Booking Office, seek to outsource the printing of patient letters and supporting correspondence in line with the wider Booking teams. This will free up 'waste' within the team and allow for greater value add processes including increased ability to speak to every patient when booking their appointments.
- **No delays, every day:** Process review being carried out in a number of specialties with the aim to reduce unnecessary pathways delays up to and including diagnosis or ruling out of cancer, specifically within Colorectal, Urology and Head & Neck.
- **We listen, we learn, we lead:** Continued focus on reducing overall cancer backlogs with focus on the front end of the pathway, i.e. 2ww, diagnostics and 28 day FDS.
- **Work together, celebrate together:** Continue to progress the total of 14 Galleri GRAIL referrals we have received to-date, with our first confirmed diagnosis of an Upper GI cancer that was detected early through this trial blood test.

Current Assurance Levels (Feb-22)	Previous Assurance Levels (Jan-22)
2WW – Level 4	2WW - Level 4
31 Day Treatment - Level 5	31 Day Treatment - Level 5
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 4

When expected to move to next levels of assurance: when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease. Improvements in 2WW are expected to be realised in October as a result of Breast services clearing their current backlog and the required 62+ day backlog reduction is to be delivered in Mar-22.

SRO: Paul Brennan