Trust Board

There will be a meeting of the Trust Board on **Thursday 14 July 2022** at 10:00am. It will be held virtually and live streamed on You Tube.

Sir David Nicholson
Chair

Item		Assurance	Action	Enc	Time
055/22	**Welcome and apologies for absence:**				**10:00**
056/22	**Patient Story**				**10:05**
057/22	**Items of Any Other Business** To declare any business to be taken under this agenda item				**10.30**
058/22	**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.				
059/22	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on 9 June 2022*		*For approval*	**Enc A** **Page 3**	**10:30**
060/22	**Action Log**		*For noting*	**Enc B** **Page 13**	**10:35**
061/22	**Chair's Report**		*For approval*	**Enc C1** **Page 15**	**10:40**
062/22	**Chief Executive's Report**		*For noting*	**Enc C2** **Page 16**	**10:45**
	Best Services for Local People				
063/22	**Ambulance Handover Delays** Chief Operating Officer		*For assurance*	**Enc D** **To follow**	**10:50**
064/22	**2022/23 Annual Plan Resubmission** Director of Strategy and Planning	Level 5	*For noting*	**Enc E** **Page 22**	**11:10**
	Best Experience of Care and Outcomes for our Patients				
065/22	**Integrated Performance Report** Executive Directors	Level 4	*For assurance*	**Enc F** **Page 37**	**11:20**
066/22	**Committee Assurance Reports** Committee Chairs		*For assurance*	**Page 117**	**11:45**

067/22	**Infection Prevention and Control Annual Report** Chief Nursing Officer	Level 6	*For approval*	**Enc G** **Page 123**	**11.50**
068/22	**Safeguarding Annual Report** Chief Nursing Officer	Level 6	*For approval*	**Enc H** **Page 158**	**12.00**
	Best People				
069/22	**Safest Staffing Report** Chief Nursing Officer **a) Adult/Nursing** **b) Midwifery**	 Level 5 Level 5	*For assurance*	**Enc I** **Page 190** **Page 196**	**12:10**
	Governance				
070/22	**Audit & Assurance Committee Report** Audit Chair	Level 5	*For assurance*	**Enc J** **Page 204**	**12:25**
071/22	**Any Other Business** *as previously notified*				**12:30**
	Close				

Reading Room:

- Enc C1 – Chair's Action – Contract Award for Insulin products
- Enc C2 – Chief Executive Report – Three Counties letter & ICB slides

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 9 JUNE 2022 AT 10:00 AM HELD VIRTUALLY

Present:		
Chair:	Sir David Nicholson	
Board members: (voting)	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
	Sharon Thompson	Associate Non-Executive Director
	Waqar Azmi	Non-Executive Director
	Christine Blanshard	Chief Medical 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
	Rebecca O'Connor	Company Secretary
	Tina Ricketts	Director of People and Culture
	Sue Sinclair	Associate Non-Executive Director
In attendance	Justine Jeffery	Director of Midwifery
	Simon Adams	Healthwatch
	Dawn Forbes	Children & Young People Oncology Nurse Specialist (for Patient Story)
	Baylon Kamalarajan	Associate Divisional Director for Women & Children
	Anna Sterckx	Head of Patient, Carer & Public Engagement (for Patient Story)
Public		Via YouTube
Apologies	Richard Oosterom	Associate Non-Executive Director

037/22 **WELCOME**

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

038/22 **PATIENT STORY**

Ms Gardner introduced Ms Forbes who would present the patient story.

Birmingham Children's Hospital approached Ms Forbes to see whether she could facilitate training a member of a family to administer medications to their children who had a haemophilia disorder. A video was shared as told by Kumala, who explained that she has to administer regular treatment to her children, but she was taken ill and required hospitalisation herself. Birmingham Children's Hospital approached Ms Forbes to ask whether she would

provide the children's father with training. Kumala said that Ms Forbes was amazing and she was grateful of her help.

Ms Forbes shared it was her pleasure to be able to help and she did not realise how much of an impact it would have upon the family. Ms Gardener passed on her thanks to Ms Forbes and Kumala for sharing her story.

Mr Murphy observed the good example of going the extra mile to help those who need it.

Ms Day gave thanks to Ms Forbes and noted it was the personal relationship with the Birmingham Children's that was the catalyst and wondered whether there were any mechanisms in place to share problems in order to assist partners. Mr Hopkins advised that steps were being taken to refresh partnerships following the pandemic, particularly in relation to pathways. Mr Kamalarajan advised that following training at Birmingham Children's, a number of relationships have been maintained. Ms Forbes is well respected within her field which also helps improve the Trust reputation.

Sir David noted that Wye Valley Trust is no longer a shared care centre for paediatric haematology oncology since October 2021 and asked why this was. Mr Kamalarajan replied that Wye Valley were unable to appoint a clinician who had the appropriate training in order to continue the service, therefore the Trust agreed to receive these patients in its current portfolio as it was the right thing to do, though it had increased workload for the team by 50%.

Sir David passed on his thanks to Kumula for taking the time to share her story and hoped that her sons were doing well.

039/22 **ANY OTHER BUSINESS**

There were no items of any other business.

040/22 **DECLARATIONS OF INTERESTS**

There were no additional declarations pertinent to the agenda. The full list of declarations of interest is on the Trust's website.

041/22 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 12 MAY 2022**

There being no amendments noted, the minutes were approved.

RESOLVED THAT the Minutes of the public meeting held on 12 May 2022 confirmed as a correct record and signed by the Chair.

042/22 **ACTION SCHEDULE**

Sir David noted that there were two items relating to the behavioural charter and encouraged that the work continued at pace. Ms Ricketts would provide an update at the next meeting.

Mr Murphy referred to discussion that took place at the People & Culture Committee and the views of the BAME network for a simple process to be put in place. Mr Murphy reiterated that there was an open action for the LGBTQ+ network to attend the Trust Board and asked for a date to be agreed.

043/22 **CHAIR'S REPORT**

Sir David advised that he had undertaken a Chairs action, which was approved.

RESOLVED THAT: the Chair's update be noted

044/22 **CHIEF EXECUTIVE'S REPORT**

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

- Operational pressures and ambulance handovers delays are significant and pose safety risks for patients. This is the topic of focus of Executive discussions focussed on how these can be reduced.
- There were some signs of improvement against a backdrop of increasing walk ins and MIU staffing issues which has led to high increases at the Alex site.
- The nationally commissioned 29 bed facility is being hampered by unresolved water contamination issues. A resolution was expected by the end of the month. Once operational, it should assist with ambulance cohorting.
- Appointments to the ICB and the intent for provider Trust Chairs to be in attendance were noted.
- The Worcestershire leaders meeting reflected on progress in health and the opportunities of working with council districts and neighbourhood teams to drive out inequalities and the wider determinants of health, including education, housing and employment.
- Ongoing work to drive the digital agenda and efficient ways of working was in progress. This is important in the context of the national drive to increase the number of patients in the community setting and virtual wards. The Health & Care Trust would be the lead.

Mr Murphy queried the number of Non-Executive Directors on the ICB. Mr Hopkins replied that it was currently two but advised that discussions were continuing and there would likely be a review. Sir David advised it had been concluded that further NEDs were required.

Ambulance handover delays were discussed in detail and the challenges in understanding the totality of the story regarding demand, peaks in demand and same day emergency care. Sir David requested a deep dive on the data and the areas which the data supported the refocussing of efforts.

Dame Julie queried whether the data review would include a detailed audit of ED attendances to ensure it was the most appropriate place of attendance. Mr Hopkins replied that there had been some support from the regional urgent care team who had been reviewing the appropriateness of patients coming in and whether the directory of services could have been better utilised. The Healthwatch report also provides feedback from patients highlighting GP issues which are being discussed with Primary Care leaders. A full analysis would be triangulated to ascertain that the right patients are being admitted, patients are being seen in the right areas and whether there were alternative pathways available. Early discussions were also taking place regarding the consideration of an Urgent Treatment Centre in the new build. Dr Blanshard commented that there was a good evidence base that some services were not available locally that may avoid conveyances to ED such as integrated frailty services and outreach services.

Ms Day was pleased to hear of the focus on data and understanding the root causes would be helpful. Ms Day referenced other Trusts who managed community beds tended to perform better with admissions and would like to see a comparable with other Acute Trusts. Mr Hopkins responded that the current IPR benchmarked against other Acute sites with EDs but did not differentiate with those who had integrated community services but would look to include the information as requested.

RESOLVED THAT: a deep dive of data is undertaken and a paper regarding ambulance handovers and urgent care to be presented at July Trust Board.

Best Services for Local People

045/22 **COMMUNICATIONS AND ENGAGEMENT REPORT**

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

- There was continuing demand regarding UEC and transitional COVID-19 communication around the easing of mask wearing and visiting restrictions.
- The Peony Suite had been opened and local media were invited to attend.
- Work was underway to improve staff engagement and reaching diverse audiences both internally and externally.
- Staff recognition awards had been launched and 200 nominations already been received. The charity team have also had significant early success with sponsorship.
- Jas Cartwright had been shortlisted at the national BAME Health & Care awards.

Mr Murphy asked if there were any 'Green' award submissions for environmental work undertaken. Mr Haynes replied that there were a number of categories that were amenable to environmental initiatives, though there was no specific 'Green' award for this year. Mr Murphy suggested a specific category for next year and welcomed the new Trust app.

Mr Haynes added that the Leadership Conference was scheduled for next week with circa 120 staff attending for lively and engaging discussion regarding Trust plans and the 4ward improvement system. The conference would be held face to face and it was hoped that this was the start of a series of regular events.

RESOLVED THAT: the report was noted for assurance.

046/22 **QUALITY ACCOUNT**

Ms Gardner presented the Quality Account, noting the challenges in pulling all the elements of it together for the Secretary of State. Thanks were expressed to the team for their efforts in compiling the document.

The Quality Account was presented for approval and Ms Gardner outlined an assurance level of 6. It had been presented at Trust Management Executive, Audit & Assurance Committee and the Quality Governance Committee who each recommended approval. The key sections and priorities were outlined. These have been formulated via the quality plan and with engagement with our stakeholders.

Ms Day asked if #callme should be considered under the positive experience for patients and their carers section. Ms Gardner advised that she would take it for consideration.

Mr Murphy drew attention to the Kidderminster Treatment Centre being rated as good, which was pleasing to note.

Sir David queried what the Quality Account told us about the organisation as a whole. Ms Gardner responded that we should be proud, there is more to do but good progress is being made. Dame Julie and Sir David felt it was a valuable resource with good information and thanks were extended to the team on behalf of the Board.

RESOLVED THAT: the Quality Account was approved.

047/22 **2022/23 ANNUAL PLAN PRIORITIES**

Ms Newton presented the report which was taken as read. Ms Newton reported level 5 assurance, noting review at Finance & Performance and Quality Governance Committees.

The plan was submitted on 28th April 2022 and is now translated into priorities for the year:

- Quality
- Improving Access
- Healthier Lives
- Delivering Value

A number of developments would come to fruition this year in relation to UEC, ASR and digital technology capital projects.

It was noted that all plans would be resubmitted for 20th June 2022 and a more detailed discussion would take place at Private Trust Board.

Mr Horwath supported the statement of priorities and advised that the challenge will be in developing the metrics and KPIs to show progress in implementation. Ms Newton advised that a further update would be provided at the next Finance & Performance Committee.

Sir David queried the next steps. Mr Hopkins responded that the priorities needed to be translated into an easily readable document for Trust patients and the public highlighting what they are, how they will be measured and reviewed. High level measures needed to be set and regularly reviewed at subcommittees and Trust Board detailing progress against them.

Sir David welcomed the clear report but suggested it may be better presented as a pyramid.

RESOLVED THAT: the 2022/23 Annual Plan Priorities were approved.

048/22 **OCKENDEN FINAL REPORT AND GAP ANALYSIS**

Ms Jeffrey presented the report with an assurance level of 5.

There were 105 essential actions from the Ockenden Report. 57 were green, with a high level of assurance, 40 were amber and 8 required considerable work to complete. The action plan was in process and would be presented to the Board in July.
Areas for improvement related to MDT training and governance development. Areas that scored well were finance of the maternity workforce, pre-term care, neonatal care and bereavement.

Following the publication of the report, the Trust considered the options regarding continuity of carer and the best option agreed for patients was to continue with the current way of working. Staff are happy they are able to continue to provide care in that way. Inpatient colleagues supported the model but are under pressure due to vacancies. Teams now are focusing on improvements such as recruitment and retention, managing sickness more robustly and supporting staff to stay in the workplace.

Ms Day queried the timeline to meet the criteria and asked for assurance that the deadline would be met. Ms Jeffrey replied that there was no clear timeline yet received. The evidence folders were being created in readiness. The team had been informed that the process of submitting evidence would differ from the first report and are awaiting to receive

instruction. Insight visits had started, the first of which went well. The visits were an opportunity to demonstrate that the recommendations had been implemented. Issues were highlighted by the team and the actions in place to address them.

Mr Murphy asked if a committee was reviewing the action plan on a monthly basis to oversee the implementation and queried if there were any concerns of slippage of any actions. Ms Jeffrey responded that it was expected that the RAG ratings would improve. Many ambers had processes in place, but were not yet audited. A new Audit & Guideline Midwife had been appointed who would oversee the audits and turn the actions to green. It was expected that assurance to continue to improve. A monthly Compliance & Assurance Meeting had been established which would monitor actions and gap analysis within the directorates. Mr Gardener added that the Quality Governance Committee would provide oversight.

Ms Blanshard advised that within the Ockenden Report, there were some implications outside of maternity services regarding how organisations undertake Serious Incident investigations, how the Trust engages with families and the public and the triangulation of SI's and complaints. A review had been completed by the Medical Director for Patient Safety & Quality Improvement as had the Associate Director for Governance, Safety & Risk to establish if there are any actions for the wider organisation that need to be taken.

Sir David noted a quarterly report would be presented to the Board.

Sir David queried whether the Trust had a timetable or a plan to achieve no vacancies. Ms Jeffrey replied that based on data available, if recruitment continued as it had done over the last 12 months, there should be no vacancies by February 2023. Progress with continuity of care is predicated by meeting this milestone. The Trust had two cohorts of students who were due to qualify in September and February, however the rate of turnover could not be predicted. Sir David advised that this was a fantastic position for the workforce. It was noted overseas midwives are not being considered at the moment due to the number of midwives that could be recruited locally, however it could be considered at some stage to strengthen the workforce given that there were no Midwifery Support Workers at the national framework level.

RESOLVED THAT: The report was noted.

049/22 **BOARD ASSURANCE FRAMEWORK & RISK APPETITE STATEMENT**

Ms O'Connor introduced the Framework which had been updated to reflect the position for year 2022/23 and reviewed at subcommittees. Changes are highlighted within the report. The Risk Appetite Statement was presented which sets out the level of risk which it is willing to tolerate against various positions. Key areas of work were mapped against strategic objectives. Target risk scores were also included within the report. It is based on good practice and consistent with other Trusts.

It was noted that 3 risks had decreased slightly but the overall position was ongoing and high risk position.

Ms Ricketts advised that due to timing of the committee, the risks discussed at the People & Culture Committee were not included in the report, where it was discussed that risk 9 relating to workforce should not reduce to 12 and should remain at 15 due to the increase in staff turnover and continued reliance on bank and agency staffing. Risk 17 regarding engagement of organisational change was recommended to reduce from 16 to 12 due to the reviews taking place at the Chief Executive team meeting and the change reviewed each month.

Mr Horwath informed that the Board Assurance Framework had been reviewed by auditors and good feedback received with full assurance provided. There is clear evidence that it is being used effectively. Mr Horwath would like to see assurance that it is embedded within all levels of senior leadership and management and making more use of the assurance ratings as a tool for accountability. Ms O'Conner advised that a further document was available in the reading room which detailed the targets of each risk at the next review point.

Ms Blanshard noted that current focus was on urgent and emergency care, elective recovery and escalation to level 4, when the organisation was under pressure there is a risk around factors relating to strategy, governance and quality activities. Ms Blanshard queried whether such a risk should be included on the register. Mr Hopkins agreed that the risk should be discussed.

Ms O'Connor provided a background of the Risk Appetite, advising that it has been reviewed at Trust Management Executive and subcommittees. A discussion had also taken place with internal audit to ensure it was a consistent approach.

ACTION: A discussion to take place with Executives lead by Ms O'Connor regarding a risk to the longer term strategy, governance and quality activities to be included on the register.

RESOLVED THAT: The Board Assurance Framework and Risk Appetite Statement were approved.

Best Experience of Care and Outcomes for Patients

050/22 **INTEGRATED PERFORMANCE REPORT**

Mrs Lewis presented the report which had an overall assurance level of 4 and reviewed at Trust Management Executive and subcommittees.

- Cancer standards: It was reported that March saw the highest number of referrals but a reduction was seen in April. The 2 week wait standard had achieved, however the 62-day number of patents waiting has increased. An improvement had been seen in benchmarking position.
- Urgent & Emergency Care: April saw a higher number of COVID-19 admissions and there were high numbers of ED attendance throughout April.
- Infection Control (IPC): Updates were included within the report and discussed at the Quality Governance Committee.

Mr Azmi observed that 1380 patients remained on wards, 24 hours after being declared as medically fit and asked what was being done to improve this position. Mr Brennan replied that the number of medically fit patients had increased. Typically, it stood at around 40+ per day but is currently around 50/60+ and the majority of them were pathway patients. It was reported that some patients once declared as medically fit switch back to unfit the next day. The incident room and discharge cell are now functioning and discussions were taking place to make this more effective. The biggest issue related to pathway 2 which is patients requiring a community hospital bed. Pathway 1 had seen significant improvements with the majority of patients being discharged on the day. The Health & Care Trust have identified that 20/30 patients in community beds were awaiting pathway 1 discharge. In summary, the figure is higher than expected but it is not disproportionately high in comparison to the region. Sir David encouraged work to get the numbers down when looking towards winter.

Sir David summarised that the Trust was is the middle of the regional table in terms of discharges along with the average length of stay, however ambulance handovers was a concern. Mr Brennan acknowledged that there is an issue of capacity. The whitespace would provide 29 additional beds when it comes online. It had been identified that there are two areas of priority to be addressed which were ambulance handover delays and to reduce and remove any patients staying in ED beyond 12 hours. Work is underway to identify what would have the biggest impact and analysis should be complete by the end of next week.

Mr Azmi asked that as UEC was rated as inadequate by the CQC, was the Trust on a trajectory of positive change that would lead to a good rating. Mr Brennan replied that if the imbalance of admission could be addressed in a timely manner and there were no patients in the department over 12 hours an impacting on ambulance handover delays, this would put the Trust on a good trajectory. It was noted that a deep dive discussion would be scheduled for the next meeting.

Ms Day commented that overall, good progress was being made and the areas of improvement should be applauded. Ms Day referred to theatre utilisation, noting a loss of up to 25% due to late starts and early finishes and asked for further clarity. Mr Brennan responded that there was more engagement with divisional clinical directors and a fortnightly meeting has been established to review the issues to be addressed. The IPR information is correct, however the national guidance of bringing patients in in a staggered way was having a massive impact on start and finish times. Work was underway to change the way operating theatres are used and it was hoped that the benefits would start to be seen in quarter 2.

Sir David queried if there was a solution to tackling the issues around 2 week waits for cancer patients. Mr Brennan replied that there are some capacity issues, appropriateness of referrals and ensuring that the best use of the skill set is utilised appropriately. A new Clinical Director for cancer was due to start on 1st July.

Sir David asked for an update regarding the poor fractured neck of femur performance. Ms Blanshard replied it was multifactorial, relating to theatre capacity and an increased number of patients. In the last reporting period, 48% of delays were due to the patient being medically unfit. Ms Blanshard was working with the new clinical lead for trauma and orthopaedic surgeons to review the pathway issues. The Quality Governance Committee would oversee progress.

ACTION: Deep dive discussion regarding ambulance delays would be scheduled for the next meeting

RESOLVED THAT: the report be noted for assurance.

051/22 **COMMITTEE ASSURANCE REPORTS**

The following points were highlighted by Committee Chairs:

- F&P: Mr Horwath updated that discussion had taken place regarding the development of measures to address the priorities.
- QGC: Ms Sinclair advised that the Quality Account was reviewed and informed that the head and neck review was discussed following the conclusion of an external review prior to reporting to the CQC.
- P&C: Ms Ricketts informed that there was a difficult staff story which was raised through Freedom to Speak Up. An assurance report would be reviewed at the next meeting to ensure lessons have been learnt. The 3 year plan was reviewed but further work was

required regarding the outcomes and would be reviewed at the next meeting prior to presenting to Trust Board in September. The Workforce Race Equalities Report was discussed in detail at a pan would be presented to Trust Management Executive this month. Good progress had been made with establishing the Academy, however a low assurance rating of 2 was highlighted. Further assurance of progress would be presented at the next meeting.

Mr Murphy referred to the staff story and asked whether colleagues felt safe enough and supported enough to speak up in the event of such incidents. Ms Ricketts replied that all case work is recorded through Freedom to Speak up along with a formal central log within HR. By sharing these stories would help shape the compassionate leadership work that was underway and lessons being learnt. Ms Day highlighted that improvements were required to triangulate data in this respect to flag these issues and refocus the resources available to tackle the areas of the greatest challenge. Mr Hopkins encouraged articulating updates through the organisation so colleagues are aware of the actions and consequences as a result of reporting.

Sir David was concerned that the Trust Academy was rated as assurance level 2 and asked for clarification as to why. Ms Ricketts replied that there were delays in setting up the Academy and a delay in ascertaining the outputs, therefore pace was the overall reasoning for the rating. There had been success in the setting up of faculties but not as much progress made with cross cutting themes. The priorities had been agreed and work was progressing.

RESOLVED THAT: The Committee reports be noted for assurance.

Best People

052/22 **SAFEST STAFFING REPORT**

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

b) Midwifery

Adult/Nursing

Ms Gardner reported an assurance level of 5.

- HCA vacancy continues to reduce. Interview panels and assessment centres planned throughout the summer through to the autumn to create a pool of HCAs.
- Bank usage has increased and agency staffing levels decreased.
- Vacancy target for registered nurses has dropped to 5.74%.

Sir David that the Board has been asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout April 2022 has been achieved.
- April has seen a continued rise in patient acuity and dependency and an increase in staff sickness and a slow reduction in Covid positive patients within the hospitals. This has impacted upon the needs for temporary staffing in all areas of urgent care.
- The Vacancy for HCA has continued to reduce to 9.45%
- The key area for targeted recruitment is the urgent care division. Targeted International nurse recruitment will support the urgent care position.
- There were 23 insignificant or minor incidents reported which is an increase in month with 2 moderate incidents these will be picked up within division.

Midwifery
Ms Jeffrey reported an assurance level of 5.

- An increase of assurance level from a 4 to a 5 was reported due to a reduction in sickness, reduction in vacancies, increased time of meeting acuity and a reduction in the frequency of red flag reporting.
- Continuity and community staff supported the inpatient areas on 6 occasions. There were fewer staffing incidents reported which may be linked to a well-used acuity tool.
- There were 6 medication incidents, none of which caused harm.
- Information regarding Maternity Support Workers will be included in the report going forward as they are a key focus for this year.
- 2 job descriptions have been finalised: Midwifery Care Assistant and Midwifery Support Worker.
- 4 Midwifery Support Workers have commenced apprenticeship training.

Mr Murphy noted that safe staffing had not been maintained on all shifts and queried what the implications of that. Ms Jeffrey replied that the set numbers were not always met therefore professional judgement is used regarding escalation and whether acuity requires action to be taken. Although the minimum safe staffing levels were not always achieved, acuity was met and from a professional judgement perspective, women were safe at that time. Ms Jeffrey added that the June bank holiday was particularly challenging and there had been a recent increase in the number of midwives who had tested positive for Covid.

RESOLVED THAT: The Trust Board Noted the report for assurance

Governance

053/22 **TRUST MANAGEMENT EXECUTIVE REPORT**
The report was presented for information and was taken as read.

RESOLVED THAT: the report was noted.

054/22 **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 9 June 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
09.06.22	BAF & Risk Appetite Statement	049/22	A discussion to take place with Executives lead by Ms O'Connor regarding a risk to the longer term strategy, governance and quality activities to be included on the register.	ROC	July 2022	Sept 2022	Session scheduled in July was cancelled due to level 4. Rebooked for 26th September.	
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	Sept 2002	Task and Finish Group established to oversee implementation of charter. Outcome measures being developed through this group. Update provided to NEDs and Chair on 7 July with a board development session planned.	
10.03.22	CEO Report	186/21	LGBTQ+ relaunch to be presented to Trust Board	TR	TBC	Sept 2022	Network leads are scheduled to attend Trust Board in September.	
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	Sept 2022	Annual review completed and shared with Chair and key NEDs. To A&A in August and Trust Board in September	

09.06.22	Integrated Performance Report	050/22	Deep dive discussion regarding ambulance delays would be scheduled for the next meeting	PB	July 2022		On agenda July 2022	

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc C1

Chair's Report

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

Accountable Director	Sir David Nicholson Chair		
Presented by	Sir David Nicholson Chair	**Author /s**	Rebecca O'Connor Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board are requested to ratify the action undertaken on the Chair's behalf since the last Trust Board meeting in June 2022.

Executive summary	The Chair, undertook a Chair's Action in accordance with Section 24.2 of the Trust Standing Orders to: 1. Approved the Trust 22/23 Annual Plan for submission 2. Approved the Contract Governance Report recommending the Trust sign up to access the new framework agreement with SCCL, allowing the Trust to continue to purchase from Insulet under a compliant framework agreement The briefing in respect of the changes made to the plan is available for Trust Board members under agenda item 064/22. The Contract Governance Award is available for Board members in the Reading Room.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*BAF 3, 4, 7, 8, 9, 11, 18, 19*

Assurance Level (x)	0		1		2		3		4		5		6		7		N/A	X
Financial Risk	*As set out within the plan and papers*																	

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						

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc C2

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: • Healthwatch Conference • Co Lab opening • Mela Covid memorial • Leading 4ward event • Charter Update • Cost of Living • Lord Carter • ICB Update

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						

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc C2

Introduction/Background

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

Issues and options

Urgent and emergency care and ambulance handover delays

Our most pressing patient safety and quality concern remains the excessive delays in offloading patients from ambulances arriving at our emergency departments (ED). The opening up of extra bed capacity on the Worcestershire Royal Hospital site is intended to significantly reduce the ambulance delays and exit block in the ED.

We continue to work with ICS partners on system wide initiatives to reduce demand and improve patient flow, with the intention of eradicating long delays by the beginning of September. We are also working with regional and national emergency care leads to direct targeted support to improve safety and flow.

Leading 4ward conference

On Thursday 16 June 2022, more than 100 of our senior leaders gathered in person for 'Leading 4ward' - our first 'real life' leadership conference since before the pandemic.

Senior clinicians joined corporate colleagues and board members to reflect on some of our many recent successes and the exciting plans we have for the future of our hospitals and services.

The afternoon session featured an interactive workshop which introduced our senior leaders to some of the tools and techniques of our 4ward Improvement System – and, more importantly, continued the conversation about how we can all support our teams to help them embrace a culture of continuous improvement, where 'better never stops' in the spirit of our 4ward behaviour of listen, learn, lead

We were also fortunate to hear a thought-provoking keynote address from Dr Gary Kaplan, who is internationally recognised for adapting management principles from the automotive and manufacturing industries for the health care setting to drive continuous improvement in quality, safety and patient experience. As CEO of the Virginia Mason Medical Centre (VMMC), he led that organisation to national and international prominence as a leader in care delivery, clinical performance and reduction of waste. He is still closely involved with the Virginia Mason Institute (VMI), who are working with us on the development of our own 4ward Improvement System.

The energy and enthusiasm of colleagues throughout the day made for some very enjoyable, but often challenging, discussions about a wide range of leadership issues and our plans for the future. It was also a great networking opportunity and, for many people, a chance to meet some of their colleagues in person for the first time since joining us.

ICS activity

NHS Herefordshire and Worcestershire **Integrated Care Board** (HW ICB) was formally established as a statutory body on 1 July 2022. ICB Boards are unitary boards with all board members collectively accountable for all decisions made.

In addition, the Herefordshire and Worcestershire **Integrated Care Partnership** (HW ICP) was established as a statutory committee, jointly formed between Herefordshire Council, Worcestershire County Council and NHS Herefordshire and Worcestershire ICB. The ICP will

bring together a broad alliance of partners who are focused on improving the care, health and wellbeing of the local population, with membership determined locally. The ICP has statutory responsibility for producing an integrated care strategy on how to meet the health and wellbeing needs of the population of Herefordshire and Worcestershire. The ICP will have an intrinsic relationship with the two Health and Wellbeing Boards, working collaboratively to formulate an Integrated Care Strategy and subsequently monitor and oversee its implementation.

Immediate operational priorities for the ICB are:

1. **Reduce long waits for elective care**, including eliminating 104+ week waits by the end of July 2022 and 78+ week waits by the end of March 2023.
2. Improve access to **diagnostic services** through investing in new Community Diagnostic Centres.
3. Reduce waiting times and improve access to **urgent care services**, specifically aiming to reduce **ambulance handover delays**.
4. Continue to invest in **mental health** services by meeting the national investment standard.
5. Improve access to **primary care**, particularly extended hours and recruitment to a wider range of staffing roles in areas such as mental health, physiotherapy and care navigation.
6. Develop a strategy and delivery plan for addressing our immediate and longer-term **workforce** challenges across health and social care.
7. Improve the **financial sustainability** of our system through delivering the best use of resources programme

Our representative as a provider trust on the HW ICB is the Chief Executive. At place level we continue to advocate for a system approach to delivery as we refine the operating model and plan for 23/24. Further details of ICB membership and purpose can be found in the reading room.

Lord Carter Visit

The Chair and I hosted a visit to the Trust on Thursday 30 June by Lord Patrick Carter. Lord Carter is well known for his work across many areas of the public sector and perhaps best known as the author of his eponymous review of hospital efficiency. During his visit we were able to share with him some highlights of our own improvement journey and our plans for the future as well as taking a detailed look at some of the areas most relevant to his work on NHS productivity, including our performance against key Model Hospital productivity and efficiency indicators, and taking him on a tour of our emergency department.

We were also joined in person on the day by two other local Chief Executives – Glen Burley (CEO of the Foundation Group which includes the South Warwickshire, George Elliott and Wye Valley Trusts) and Professor David Laughton (CEO of the Royal Wolverhampton and Walsall Healthcare Trusts) for a discussion about future NHS strategy and priorities and how we might best respond to the changing operational, regulatory and political environment.

Healthwatch Conference

Also on Thursday 30 June I was invited to join a number of our integrated care system partners at the 2022 Healthwatch Worcestershire Annual Conference, held at Sixways Stadium. We took part in an engaging and challenging question and answer session with Healthwatch board members and members of the public, covering a wide range of health related topics, including the opportunities offered by the move to greater integration which the ICS/ICB will enable. It also provided me with an opportunity to talk about some of the improvement and innovation we have seen in our services, including our maternity service improvement programme, as well as

celebrating the great work done by teams across our hospitals every day as they strive to keep putting our patients first.

Co Lab Opening

Friday 1 July saw the official opening, by local MP Mark Garnier, of the Co-Lab on our Kidderminster site.

The Co-Lab is a digital innovation hub developed by a partnership which brought together a number of NHS organisations and private sector partners. As well as providing a range of state-of-the-art clinical training facilities, it is also designed for use by local businesses, schools and universities to explore collaboratively how digital technology can transform the delivery of patient care.

Mela Event

On Friday 8 July I joined members of Worcester Mela Partnership, colleagues from our BAME Network, board colleagues and a host of VIP guests for an event in the courtyard at Worcestershire Royal to formally unveil a memorial artwork installed to celebrate the lives saved, and commemorate those lost, during the Covid pandemic, and in particular to mark the disproportionate impact that the pandemic has had on people from our BAME communities.

The installation in the central courtyard at the hospital consists of two benches brightly decorated by local pupils from Stanley Road Primary School and Carnforth School in partnership with local artist, Yasmin Agilah Hood, and four flower structures designed and handcrafted by SPW Ironworks that represent countries from the Indian sub-continent and the wider world.

With poetry, dancing, food and a chance to leave a personalised memorial stone by one of the flowers, this was an occasion that was moving, uplifting and inspiring, and a wonderful example of what we can achieve when we work in partnership with people in the communities we care for. Memorials developed with the Mela Partnership will also be installed at the Alexandra and Kidderminster later this month and work continues on plans to install our own permanent memorials on our sites as well

Behavioural Charter Update

The behavioural charter working group have developed 5 workstreams to support the implementation of the charter and relevant processes.

4Ward Behaviours

Building on the past 4 years of our current 4Ward signature behaviours we are currently engaging with staff networks and groups on proposals to include a set of revised behavioural definitions of 'leading self', 'leading others', and 'ineffective' behaviours for 3 of our current behaviours, and to create a new signature behaviour replacing 'no delays everyday' which will focus on inclusion, professional behaviours, civility & respect and speaking up. This behaviour has been developed based on feedback that colleagues do not have confidence that we will act on their concerns, reports of unkind behaviour, and increased dignity at work and freedom to speak up cases.

Civility and Respect

The Civility and respect work stream continues to build on the action plan developed last summer. Training is delivered on induction and has also now been added to the preceptorship training and most recently as part of student forum. An intranet page is under construction with a toolkit and training for teams and signposting to the relevant support.

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc C2

Dignity at Work

A new Dignity at Work Policy was agreed at Joint Negotiating and Consultative Committee (JNCC) on 30th June 2022, this is a much shorter policy statement with a toolkit for managers and staff. The policy explains what civility and respect is and how that differs to bullying and harassment, how dignity at work links in with the Behavioural Charter, and how to raise concerns. The toolkit to support the policy also has support for colleagues and managers around tackling concerns.

Violence and Aggression (V&A)

A new V&A Policy was approved at JNCC on 30th June 2022, the policy provides a proactive approach to preventing and / or reducing violence and abuse by use of risk assessments and implementation of effective controls measures. It also ensures that the Trust is compliant with the new Violence Prevention and Reduction Standard. The policy also provides a robust process for supporting all victims of V&A regardless of whether the act was intentional or not, and for placing sanctions on those perpetrators where there is no clinical reason for their acts.

Two forms of training are currently available to staff, Personal Safety and Conflict Resolution. During COVID the training has been on-line, but staff are now being encouraged to take up the more robust face to face training.

New V&A posters have been printed and displayed around the three Trust sites, to reinforce the Trust message that we have a Zero tolerance policy relating to abuse or violence against staff and that any acts of discrimination, violence or aggression will not be tolerated.

Communications and Engagement

The priority of building the confidence to speak up within the new seven priority EDI plans has been built around the concept of the Behavioural Charter and engagement on these plans and the updated 4ward behaviours continues at pace with divisional management structures, clinical teams and the staff inclusion networks.

My weekly message on 1st July focused on promotion of the charter and the two new policies.

Reporting

We have improved the Datix reporting with new categories for inappropriate conduct, verbal assault, and physical assault. We have also actively encouraged staff to raise incidents through Datix and the Freedom to Speak Up (FTSU) portal. The table below shows the total number of incidents reported in Q4 2021/22 and Q1 2022/23. With the exception of inappropriate conduct all other areas have increased.

CATEGORY	Q4 2021/22	Q1 2022/23
Inappropriate conduct - Datix	11	6
Verbal assault - Datix	58	64
Physical assault - Datix	13	37
FTSU Concerns	32	43

We will continue to monitor reporting of concerns along with outcomes of datix incidents and dignity at work complaints.

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc C2

Cost of Living Crisis

We recognise the impact the cost of living crisis will continue to have on our staff including the rapid increases in food and fuel prices. Financial support and advice is included in our Health & Wellbeing pinwheel which has links to external advice and contact details of charities that can support our staff in financial crisis. We have the ability to refer our staff to local foodbank services and provide links to support provided by the local authority. We also have partnered with The Cavell Nurses Trust who can provide financial support to nurses, midwives, and health care assistants if they suffer personal or financial hardship.

We have recently entered a partnership with The Money Charity which provides our staff with a financial wellbeing hub on the intranet with links and content around; budgeting and keeping on track, credit and borrowing, financial resilience and saving, how to be savvy with your money, and helpful links and resourcing. From 20th June 2022 The Money Charity will be running 4 webinars for our staff hosted by their financial wellbeing expert.

In addition, we paused car parking charges for staff at the beginning of the pandemic and there are ongoing discussions about how and when we reintroduce car parking charges taking into consideration the financial challenges our colleagues are facing. There are also ongoing discussions around further financial support we can provide including temporarily increasing mileage rates, subsidised or free hot food vouchers on-site for those staff who need it, and support with public transport costs.

Three Counties Medical School

I have this week received a letter (copy in the Reading Room) from the Vice Chancellor and Dean of Three Counties Medical School confirming that following helpful feedback from the General Medical Council, they will be rescheduling the opening of the School to September 2023. All future students who have been offered a place for 2022 and fulfilled all the necessary conditions, have been offered a deferred place for 2023, on the same terms and conditions. We continue to be fully supportive of the Three Counties Medical School's plans and to the creation a first-class medical school to serve the people of Worcestershire and beyond for many years to come.

Recommendations

The Trust Board is requested to

- Note this report.

Appendices - None

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

Annual plan resubmission for 2022/23

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

Accountable Director	Jo Newton, Director of Strategy, Improvement and Planning		
Presented by	Jo Newton, Director of Strategy, Improvement and Planning Robert D. Toole, Chief Finance Officer	**Author/s**	Lisa Peaty, Deputy Director of Strategy and Planning Jo Kirwan, Deputy Director of Finance Nikki O'Brien, Associate Director of Business Intelligence, Performance and Digital Zoe Scott-Lewis, Head of Transformation and PMO Bianca Edwards, HR Business Partner Christian Stevens, Head of Income and Contracts

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
Trust Board	9th June 2022	Agreed delegated sign off for submitted plan to subgroup of Board members
Trust Board (delegated subgroup)	15th June 2022	Approved plan for resubmission
Trust Management Executive	22nd June 2022 (cancelled due to operational pressures)	Progressed under Executive review
Finance & Performance Committee	29th June 2022	Noted

Recommendations	It is recommended that Trust Board **note** the plan that was resubmitted to the Herefordshire and Worcestershire ICS on 15th June and NHSE/I on 20th June 2022 and changes from the 28th April submission.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

Executive summary	The 22/23 operational plan was submitted to NHSE/I on 28th April 2022 as part of the Integrated Care System (ICS) plan for Herefordshire and Worcestershire. Julian Kelly wrote to all Integrated Care Board (ICB) Accountable Officers (designate) and ICB Financial Officers (designate) indicting that all Integrated Care Systems are required to resubmit a balanced plan by 20th June 2022. An additional £1.5bn is available nationally to address the inflationary pressures identified by systems in their original plans, but this funding comes with the requirement on systems and organisations to: • Resubmit balanced plans which reflect a proper triangulation of money, performance and activity • Reflect in their plans the cost and productivity improvements as a result of implementing the new infection prevention and control recommendations • Complete an evidence base for a set of key lines of enquiry associated with how plans have been developed • Commit to and reflect in their plans recurrent delivery of efficiency schemes from quarter 3 to achieve a full year effect in 2023/24. This will compensate for any non-recurrent measures required to achieve 22/23 plans (this is £600k for WAHT) • Fully participate in national pay and non-pay savings initiatives (further information to be released in coming months). The following controls will be in place at both system and provider/organisation level: • Monitoring of agency usage will recommence. We will also be expected to abide by usage and rate limits • A similar set of conditions will be introduced for bank staff • Approval from NHSE/I will be required for consultancy spend above £50k and for any non-clinical agency usage. • Additional revenue funding is made available on the expectation that the plan gap is closed • Reporting and oversight requirements will be increase, followed by more frequent assurance and review meetings. This may include a requirement for NHSE/I to sign off any new investments above an agreed threshold • Capital funding for TIF, digital and emergency capital will be restricted • The system will be required to produce a detailed workforce analysis bridging from the pre-pandemic workforce showing where additional staff have been deployed, for what and how they are being used aligned to activity A paper outlining the requirements for, and controls associated with the resubmission was considered by Trust Board on 9th June 2022. Trust Board agreed that approval of the 22/23 plan resubmission would be

delegated to a subgroup of NEDs and Executive Directors which met on 15th June and approved the plan for resubmission.

The amendments made to the original 22/23 plan submitted to NHSE/I in April 2022 for the resubmission to Herefordshire and Worcestershire ICS on 15th June and NHSE/I on 20th June 2022 are described below. In addition to the above, we have completed the NHSE/I Annual Plan Resubmission Key Lines of Enquiry document (Appendix One).

Activity & Performance

Changes made to the activity and performance plan are summarised below (slides showing detail relating to the bullet points will be tabled at the meeting):

- The original plan for April has been amended to reflect the actual delivery in April. The deficit from April (the gap to the plan for outpatients new, day case and inpatients, and the gap above for outpatient follow ups) has been added to the plan for the remaining 11 months of the year. The allocation has been applied proportionally to accommodate seasonal variation in activity levels. In all cases, the year-end cumulative target remains the same as previously submitted.
- As declared to the regional team, 104+ week breaches will be achieved for all specialities by the end of June with the exception of orthodontics.
- The performance trajectory for 78+ weeks on the incomplete waiting list has been adjusted for delivery during April and May. However, the plan for the remaining months of the year are unchanged and the year-end target is the same.
- The performance trajectory for 52+ weeks on the incomplete waiting list for April to September (inc) has been adjusted. However, the remaining months of the year are unchanged and the year-end target is the same.
- The performance trajectory for patients waiting longer than 62 days for cancer treatment has been adjusted from 220 in the April submission to 160 by the end March 2023. We are currently working on the profiling of this.
- Obstetric ultrasound was incorrectly included in the April submission and therefore inappropriately contributed towards the plan for the achievement of 120% of the 19/20 diagnostic activity. This has been removed and other diagnostic procedures increased to replace this so that we continue to achieve the 120% target.

Workforce

There are no changes to the workforce plan which was submitted in April 2022. The final stages of quality assurance in relation to the Divisional workforce were finalised in April 2022. Key highlights are:

- The Trust has received significant funding for new posts (32.89wte) including in Maternity Services (Ockenden) and from the Cancer Alliance. In addition, the Trust has approved 15 business cases which will see a resultant growth of 111.84wte.

- A significant focus of the workforce planning has been a review of vacant posts, in particular long-standing vacancies and those that are being covered by high cost long-term agency or locum staff. Divisions have developed workforce forecasts based on projected recruitment and turnover and have projected the impact of this on the reduction of high cost temporary staffing. Appointment of medical staff, in particular at consultant level, has been a primary focus in order to identify forecasted timelines for cessation of long-term agency cover.

- Temporary Staffing - as at 13th April 2022 the Trust is forecasting a net reduction in WTE worked of bank and agency staff of 43.7wte. This is linked to swap outs of agency/bank for substantive staff and the international nursing PEP.

- The 2022/23 priorities set out within the national operational planning guidance states Trusts will 'accelerate plans to grow the substantive workforce and work differently as we keep our focus on the health, wellbeing and safety of our staff.'

- Alongside the development of the workforce plans a refreshed people and culture strategy has been developed to focus on leadership, workforce transformation, our staff offer and a fit for purpose HR function. In addition, the usage and reliance on temporary staffing is being addressed through the Best People Programme.

- A vacancy factor of £12m has been applied to the establishment, taking into account forecast turnover for the year.

Productivity Efficiency Programme (PEP)

The Productivity and Efficiency Programme (PEP) target for 22/23 is £15.7m. The plan as submitted to NHSE/I in the format they required in April 2022 comprised:

NHSE/I Description	Trust Maturity Level	Value (£)
Fully Developed	Level 4	4,586k
In Development	Level 1-3	5,414k
Opportunity	Level 0	2,100k
Unidentified	Gap to bridge	3,600k
Total		**15,700k**

£0.311m was delivered in month one against the plan of £0.557m (under delivery of £0.246m).

In addition, there have been a number of other changes which have impacted on the value of the PEP plan. The main changes to the plan submitted in April submitted are:

Changes to April Plan submission at M1 end

- PE-2223-055 CMU contract savings (HIV Drugs switch). £756k in year savings, scheme plan has been reduced to £0 whilst the scheme details are being developed. The £756k has been added to the Unidentified (non-pay) category
- PE-2223-105 Endoscopy Evesham replacement of Bank and Agency for Substantive staff (£200k in year savings) The scheme plan has been reduced to £0 whilst the scheme details are being developed. The £200k has been added to the Unidentified (pay) category.

Changes since M1 end

Schemes approved for withdrawal by CETM:

- PE-2223-108 Reduction in COVID related costs – Security Costs. £360k in year savings. Scheme to be withdrawn
- PE-2223-076 Digital Consultant. £144k in year savings. Scheme to be withdrawn

Scheme with increased value:

- PE-2223-015 Medics B&A swap out. This scheme had a plan of £204k in year saving plan but is now forecast to deliver £342k, an overall improvement of £138k. The plan has been adjusted to reflect this as part of the NHSE/I submission.

New Schemes:

- PE-2223-033 Paperlite scheme in W&C Division. c.£2k in year savings has been added to the resubmitted plan
- PE-2223-119 Reduction to Bank and Agency Surgery Division. £271k (non-recurrent) has been added to the resubmitted plan.

The revised plan submitted to NHSE/I in the format they required comprises:

NHSE/I Description	Trust Maturity Level	Value (£)	Variance to April plan
Fully Developed	Level 4	4,588k	2k
In Development	Level 1-3	4,225k	-1,189k

Opportunity	Level 0	3,056k	956k
Unidentified	Gap to bridge	3,831k	231k
Total		**15,700k**	**0k**

Work is underway to develop the PEP schemes which remain at the lower levels of maturity and to identify additional PEPs to address the gap between the current plan and the £15.7m target. This is being progressed through divisional PRMs (monthly), Annual Planning Steering Group (weekly) and CETM (weekly). In addition, all divisions have recently (w/c 6th June) reviewed the 2019/20 Lord Carter recommendations to identify additional schemes which are currently being collated by the PMO. Divisions have also been asked to focus waste reduction and to propose three areas for implementation of 4Ward Improvement System tools to identify, quantify and reduce waste (waste walks and 5S). Work is also underway to develop 'the Perfect Store Cupboard' on wards which will lead to a reduction in waste prior to the implementation of the Inventory Management System.

Finance

Changes made to the financial plan since the April submission are summarised below:

- Additional non recurrent funding has now been added based on notifications from H&W ICS finance colleagues (£3,496k additional for inflation and £16,361k as the trust share of the post-planning CCG surplus) a total of £19,857k.
- The £3m of additional income added into the March submission for the 30 bedded CAU/PDU remains in the plan at risk.
- Following notification of additional funding being available a further £2,043k of income has been added to the plan for the community diagnostic hub. Costs of an equivalent value have also been added so there is no impact on net position.
- The month 1 and draft month 2 actual position has been assessed against our planning assumptions, this includes the profile of Business Case expenditure. The key items identified in this review and associated treatment in the revised plan are as follows:
  - £0.9m reduction in maternity CNST premium > plan held pending understanding of national investment expectations
  - £1m of the 20/21 Xerox contract over statement > plan held, budget removed from Digital and held centrally providing a level of contingency to support such items as further inflationary increases and/or the increased level of un identified PEP

- £0.5m of rates rebate > in month 2 this has supported slippage in Estates and facilities PEP recognising that these schemes will deliver later in the year (so this will be an additional benefit in year).

An initial assessment of the Divisional capacity resource to deliver elective activity plans has progressed through PRMs. Draft costs suggest c.£3.4m. This is £0.6m in excess of our initial estimate included in the April submission (£2.8m). Work continues to test the validity of the requests prior to agreement to commit costs and will progress in line with Trust governance process. Planning assumption is that the final investment outlay to deliver 104%/120% will be no greater than £3.4m with the differential being covered by clinical non pay budgets included in our original submission and thereby not increasing our deficit position. Our original plan assumed £0.6m of matched cost following an increase in NHSE income, this will be added to our £2.8m budget. Budgets will be held in central reserves pending completion of governance process including approval by both Deputy CEO/COO and Chief Finance Officer. Note – some of these costs are deemed part year as the assumption is that productivity improvements will be implemented by the end of Q2/October 2022 to deliver the required level of activity. Furthermore, note this is to deliver the 104%/120% target as further work is being undertaken to ascertain any potential implications of no waits beyond 78 weeks by March 2023 as this will require activity levels above this threshold.

- Non pay clinical supplies variable budgets have been re profiled to align to the revised activity profile

Consequently, the Trust deficit improves from £(42.36)m to £(22.5)m. This is as a result of the additional income, the cash balance at 31 March 2023 will also improve from *c.*£6m per previous plan submission to *c.*£25m.

	£	£
Planned Deficit @ 22nd April Submission		**(42,360)**
Additional Income		
Inflation 0.7% - Intra System	2,979	
Increase in provider income - out of system	517	
CCG Surplus to Providers	16,361	
		19,857
Additional CDH Income (NHS Other)	2,043	
Additional CDH Costs	(2,043)	
		-
Movement in position		**19,857**
Revised Deficit		**(22,503)**

No changes to the capital are proposed.

Contracting

The healthcare contracts with local and specialised commissioners remain outstanding. NHSE's ambition is to have these contracts signed by end of June and have all numbers match the 20th June submission. The material matters to resolve are:

- Final Fixed Income and ERF values with latest inflationary changes to be agreed
- Impact of special conditions set by NHSE/I for receiving the extra inflationary monies
- NHSE/I accepting commissioner plans to not charge a variable element of their own design but to pass through the ERF values, terms and conditions through to healthcare providers
- Contracting the terms for the ERF incentive
- Associate CCGs to negotiate their contract values and contracting method with healthcare providers. Most CCGs are waiting to settle their main contracts with their main providers before completing negotiations with associate healthcare providers

Risks

Whilst the ICS position is yet to be confirmed, there are significant risks of not submitted a balanced plan to the Trust and ICS as i) the additional revenue funding is made available on the expectation that the plan gap is closed; ii) NHSE/I reporting and oversight requirements will be increased, with more frequent assurance and review meetings; iii) capital funding, digital and emergency capital will be restricted which could impact on our

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

	infrastructure developments iv) the system will be required to produce a detailed workforce analysis bridging from the pre-pandemic workforce showing where additional staff have been deployed, for what and how they are being used aligned to activity. Until triangulation of the ICS plan has taken place, it is difficult to assess the full extent, impact and mitigation of these risks.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*7, 8, 9, 11, 14, 18, 19*

Assurance Level (x)	0	1	2	3	4	x	5	6	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						

Conclusion

Our plan will be resubmitted to the H&W ICS on 15th June for triangulation with the plans of our system partners and to NHSE/I on 20th June 2022. Our resubmitted plan does not meet the requirement on organisations to resubmit balanced plans which reflect a proper triangulation of money, performance and activity with a commitment to recurrent delivery of efficiency schemes from quarter 3 to achieve a full year effect in 2023/24 to compensate for any non-recurrent measures required to achieve 22/23 plans (i.e. £600k for WAHT). Whilst the H&W ICS position is yet to be confirmed, there are significant risks to the Trust and H&W ICS described above.

Whilst work has been underway for a while to develop the PEP schemes which remain at the lower levels of maturity and to identify additional PEPs, this has not yet resulted in identification of viable schemes to close the gap between our plan and target of £15.5m. As part of our next steps, CETM on 22nd June will focus on the current position and further development of the PEP programme, including ideas generated by divisions from Lord Carter (19/20) and for identification and removal of waste.

Recommendations

It is recommended that Trust Board **note** the plan that was resubmitted to the Herefordshire and Worcestershire ICS on 15th June and NHSE/I on 20th June 2022 and changes from the 28th April submission.

Appendices

Appendix One: NHSE/I Key lines of enquiry

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

Appendix One: NHSE/I Key Lines of Enquiry

KLOE	Response
Plan build • Has the starting run rate position been sufficiently scrutinised to remove non-recurrent items, FYE of investments, review non-cash items from 21/22 etc (and with a common approach across the system)?	Alignment to budget setting policy. Key steps: - Start with current run rate - Remove non-recurrent income and expenditure - Full year effect of productivity, efficiency plans - Full year effect of investments or disinvestments - Known service changes that impact income and/or expenditure The detailed output from this exercise is presented and agreed with Executives through budget setting meetings. Trust position has been consolidated and presented through various Board and System meets.
• Do you have an understanding of capital charge increases and associated mitigations e.g. asset lives review/AME impairments etc?	Yes, our capital charges are calculated at a detailed asset level and performed in accordance with clear policies outlined below. **Useful lives of property, plant and equipment** Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below: Buildings, excluding dwellings: Min life Years 2, Max life Years 80 Dwellings: 48, 55 Plant & machinery: -, 50 Transport equipment: 4, 8 Information technology: 5, 9 Furniture & fittings: 7, 10 Finance-leased assets (including land) are depreciated over the shorter of the useful life or the lease term, unless the Trust expects to acquire the asset at the end of the lease term in which case the assets are depreciated in the same manner as owned assets above.

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

	Measurement *Valuation* All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (i.e. operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale. Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows: • Land and non-specialised buildings – market value for existing use • Specialised buildings – depreciated replacement cost on a modern equivalent asset basis. For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements. Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the Trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the Trust. Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use. IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.
• How have you identified the excess costs of inflation in 2022/23? Do you have supporting evidence that provides an audit trail for all of these costs?	Yes, we submitted the NHSE&I Midlands Region template that identified excess costs above inflation for premises, fuel and PFI. System submission 19th April 2022.
• How have you identified the non-recurrent costs of Covid for the first quarter of 2022/23? Do you have detailed plans in place to release these?	Throughout the year we capture and separately report our incremental COVID costs. Our command and control structures have documented our financial decisions. This provides us with a platform for a detailed line by line review of costs committed in 2021/22 that allows us to set an appropriate budget for costs that are likely to continue in 2022/23. All costs are scrutinised by Executives and profiled plan agreed. The plan in 2022/23 is £2m lower than last year's costs. C 53% of the plan relates to pathology testing and is a pass through. The majority of the balance has been identified as backfill for COVID absence. Our Best People Programme has been established to reduce our reliance on temporary staffing with targeted pay reductions. COVID financial position is monitored at Finance and Performance Committee.

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

Assumptions • What scale of financial contribution to the bottom line is planned from the ESRF? If the system is not planning to deliver 104% across the year it should plan for an appropriate level of ESRF claw back.	Our financial plan is based on full delivery of 104% and therefore 100% receipt of ERF funds totalling £16.4m. Delivery of increased levels of activity in excess of 2019/20 is primarily assumed to be delivered through productivity and efficiency gains. A marginal cost estimate of £2.8m has been made. In addition, and to support elective delivery, our operational plan includes costs of surgical reconfiguration c £3m and roll forward WLI budgets. Our submitted plan highlighted a level of risk aligned to delivery of targeted levels. Mitigations include 4ward improvement programme value streams and enhanced focus and reporting at monthly Executive led performance review meetings.
• Have non-NHS income assumptions (including car parking and private practice) been scrutinised with a plan to recover to pre-pandemic levels or a description of where this is not possible?	Yes. Plan assumptions: Staff and visitor parking resumes from Q2. Minimal levels for WHAT. Private patient activity (in patients, day case and ambulatory) to recommence on trust premises 6th June and delivered in line with Trust policy and must not displace any NHS activity or undertaken within NHS job plan time.
• What has been proposed and assumed across the system on IPC and covid rule relaxation and how does this impact on the numbers?	The plan submitted already included the removal of social distancing and the relaxation of Covid testing requirements, however some COVID related enhanced cleaning has remained in place for high risk procedures such as Endoscopy, this creates additional challenge in meeting the 19/20 baseline. We have not included in the plan, the removal of the enhanced Covid cleaning regimes where we believe this would put patients and staff at risk. The activity plan will therefore remain as submitted in April (with some adjustments for planning changes that were incorrectly submitted previously).
• In what way are discharge pressures impacting your numbers?	We have ringfenced elective beds so we have not anticipated discharge pressures impacting the numbers.
• What are your HDP assumptions including risks and mitigations?	The Hospital discharge programme is aligned to national best practice. There are potential risks with onward healthcare provision is it becomes exhausted, but this risk is not included in the plan. The mitigation is that this is monitored as part of business as usual for the system and we have SHREWD locally which supports the visibility of the data.

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

• Are CCG prescribing, ISP, and CHC cost increases in line with planning assumptions/national norms and if not why not?	ICS are populating
• Are your assumptions aligned between commissioners and providers, both within systems and with other systems and specialised/other direct commissioning?	ICS are populating
Investments • Is there a full schedule of cost pressures and new investments for all bodies and can you describe how this has been scrutinised and challenged?	Yes. Compilation and inclusion of cost pressures and service developments is performed in accordance with the budget setting policy see above. These items are included in Divisional underlying budget statements and presented and challenged through Executive led budget setting meetings.
• How well is the level of staffing described in the workforce plan aligned to your expected cost base?	The workforce plan has been forecast based on staff in post – taking into account vacancy factor and sickness absence and is aligned to the cost base.
Efficiency and productivity • How has your implied acute productivity changed from 21/22 through the 22/23 financial year? In the context of the system	Although there are several GIRFT recommendations being investigated, we have implemented the hot/cold site split (which supports delivery of the plans submitted in April), however we have not included any other specific interventions within the plan as yet. It is currently unclear how much activity will be generated from the recommendations; and the plan we have submitted is already challenging. We would expect any GIRFT improvements will contribute towards the 'stretch' activity in 22-23 and provide more opportunity in 23-24 and beyond.

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

productivity in 2019/20 what is your productivity ambition in 2022/23 and later years and what plans do you have to deliver these ambitions? What impact will these productivity plans have on your 2022/23 operational plan?	In order to achieve the 'stretch' activity we have already included in our plan improvements such as: - DNA rates by specialty and have ensured all relevant specialties are using the text reminder service for patients. - Review of all clinic templates to ensure that appointments times are consistent and utilise the micro sessions fully. - Reduced cancellations for inpatient procedures by implementing calls to patients 48 hours before surgery. - Ensuring that the theatre and outpatient capacity is fully utilised, particularly where dropped theatre and clinics are identified in advance. - Creating a pool of short notice and on the day notice patients for calling for a Daycase procedure. - There will be an ongoing programme of clinical review of pathways to identify suitable PIFU patients. We are regularly reviewing our Peer Trust performance to ensure that we are aiming towards upper quartile in key performance areas, and this will form the backbone of the productivity improvements in the coming years.
• What cost/efficiency benefits derived from operating as a system are in the plan?	ICS are populating
• How have you identified CIP savings and how detailed are plans? What is the process for fully identifying your recurrent CIP requirement?	Savings have been identified through a number of routes: FYE of 21/22 schemes; undelivered 21/22 schemes; divisionally identified schemes; business case benefits; transformation programme benefits; and support services savings (e.g. procurement). A file was sent to each division and corporate team as part of the annual planning process outlining opportunities from FYE of 21/22 schemes; undelivered 21/22 schemes; business case benefits; and transformation programme benefits and asking for additional divisional schemes to be included. A suite of paperwork exists with 0-4 maturity levels to progress through before the scheme is able to go live, meaning the approved plans have appropriate milestone plans for the finance team to be able to transact the savings. Additional work is underway to identify further schemes to close the gap on the target, including a review against the 19/20 Carter recommendations for remaining opportunities; roll-out of waste walks and 5S methodology across teams in line with our improvement approach; development of improved stock utilisation and management; and workshops with support services to identify areas of waste, variation and non-value added activity. A CIP target of 3% was set, with regular reporting on the rate of non-recurrent CIP to ensure this is offset where possible.

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc E

• How have you treated non-delivered 21/22 CIPs in the 22/23 plan?	The non-delivered CIP from 21/22 was presented back to divisions and corporate teams as part of the planning process for 22/23. Each had to state why a 21/22 scheme was not deliverable in 22/23, or develop a plan for delivery.
• How much non-recurrent benefit is currently built into the plan as mitigation?	The current plan has £600k of non-recurrent CIP against a target of £15.7m. This is monitored monthly via our Finance and Performance Committee to ensure the Trust does not increase the non-recurrent schemes value without appropriate recurrent schemes identified to off-set them.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc F

Integrated Performance Report – Month 2 2022/23

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

Accountable Directors	Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Christine Blanshard - 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**
Finance and Performance Committee	29th June 2022	Assured
Quality Governance Committee	30th June 2022	Assured

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

Key Issues

Operational Performance

Elective Recovery

Elective Activity			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Outpatients	News	Plan	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	29,050
	(Target 104%)	Actual	13,158	16,003											29,161
	Follow-ups	Target	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	54,360
	(Target 75%)	Actual	30,172	33,551											63,723
Inpatients	Day Case	Target	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	13,117
	(Target 104%)	Actual	5,826	6,635											12,461
	Elective Spells	Target	455	584	697	707	646	744	663	824	744	766	808	853	1,039
	(Target 104%)	Actual	450	535											985
Diagnostics	Imaging	Target	12,452	13,257	12,749	15,040	15,078	15,059	15,468	15,039	13,161	15,228	13,257	14,548	25,710
	(Target 120%)	Actual	11,723	13,515											25,238
	Endoscopy	Target	1,399	1,619	1,602	1,775	1,495	2,043	1,856	1,940	1,325	1,853	1,766	1,973	3,018
	(Target 120%)	Actual	1,022	1,285											2,307
	Echocardiography	Target	1,050	1,050	1,050	1,410	1,410	1,320	1,320	1,320	1,320	1,320	1,320	1,320	2,100
	(Target 120%)	Actual	1,001	1,150											2,151

Table 1

We are only 559 below our OP New target for May-22. 958 outpatient appointments were lost due to DNAs in the month.

OP follow-ups are substantially over plan when the target is to reduce this activity. There is clinical concern that due to the length of time some of these patients have been waiting for a follow up may cause patient harm if not seen again before potential discharge. We are currently on track with our discharge / transfer to PIFU plan.

Daycases and inpatient (ordinary) are below the plan and therefore we have missed these monthly targets. We had 145 reported 'on the day cancellations' with the main themes being 'patient not fit for surgery,

patient cancellation and insufficient staffing/theatre time.

Our DM01 Diagnostics waiting list is stable at c10,000. We completed 17,500 diagnostics during May-22 which has reduced the number of patients 6+ weeks back below 3,000. Echocardiography, CT and non-obstetric ultrasound have all exceeded their annual plan targets and we have therefore achieved 120% of 19/20 activity this month.

Elective Performance

Elective Performance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT	104+ week waiters	Plan	250	120	88	0	0	0	0	0	0	0	0	0
	(Zero by July 2022)	Actual	254	161										
	78+ week waiters	Plan	1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0
	(Zero by April 2023)	Actual	1,574	1,631										
	52+ week waiters	Plan	6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400
	(Zero by March 2025)	Actual	6,488	7,127										
	Total Incomplete Waiting List	Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713
		Actual	60,056	61,895										
Cancer	63+ day waiters	Plan	410	360	320	305	290	280	250	230	210	200	190	180
		Actual	400	504										
	28 Day | Patients Told Outcome	Plan	70.5%	71.7%	73.0%	74.0%	74.9%	75.2%	75.3%	75.0%	75.3%	75.9%	75.2%	75.4%
	(CWT Standard - 75%)	Actual	57.9%	57.2%										

Table 2

Consultant-led referral to treatment time

The Incomplete waiting list is just below 62,000 after validation, a growth of ~4,800 since the end of Mar-22. The latest published data shows that other Trusts in the West Midlands are also experiencing waiting list increases with WAHT's percentage growth (March to April) at 5% and both Sandwell and Dudley at 4.8%.

The total number of patients waiting over 104 weeks for May-22 is 161, of which 125 were Orthodontics. The plans for these patients have daily scrutiny with several independent providers supporting us to treat them.

Cancer

Compared to pre-pandemic volumes, we are consistently receiving +250 more referrals per month for at least 12 months; this is now causing significant capacity concerns which require WLIs or in-sourcing arrangements to manage. May-22 was the highest number of 2WW referrals we have ever received.

Challenged specialties are:

- Lower GI - 25% of all 2WW referrals, 27% (1,002 patients) of the waiting list and 22% (112 patients) of the backlog over 63 days.
- Skin - 21% of all 2WW referrals,19% of the waiting list, and 11% (54 patients) of the backlog over 63 days.
- Urology referrals are stable, but is 17% of the waiting list and 40% (202 patients) of the overall breaches above 63 days.

In total we have c500 patients who have been waiting over 63 days for treatment, of which 96% are currently undated for their next activity and of these 70% are suspected of having cancer.

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc F

Elective Benchmarking

Elective Benchmarking		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2WW Cancer Patients Seen	Trust	2,255	2,261	2,525	2,066								
	Peer Average*	1,749	1,906	2,256	2,075								
	WAHT Rank**	5	5	5	6								
2WW Cancer Breast Symptomatic	Trust	116	141	149	66								
	Peer Average*	88	92	101	79								
	WAHT Rank**	5	3	3	8								
28 Day FDS Patients Told Outcome	Trust	2,286	2,110	2,403	1,882								
	Peer Average*	1,774	1,832	2,096	1,943								
	WAHT Rank**	5	6	6	5								
62 Day Patients Treated	Trust	151	154	196	152								
	Peer Average*	111	112	129	118								
	WAHT Rank**	5	4	3	5								
Diagnostics Waiting List	Trust	10,719	10,229	10,031	9,609								
	Peer Average*	13,760	14,410	15,152	14,933								
	WAHT Rank**	6	6	6	6								
Diagnostics Activity	Trust	17,068	16,048	17,956	15,094								
	Peer Average*	14,820	14,557	16,147	14,623								
	WAHT Rank**	5	5	5	6								
RTT 104+ weeks	Trust	489	466	327	253								
	Peer Average*	314	266	323	243								
	WAHT Rank**	11	10	6	6								
RTT 52+ weeks	Trust	6,025	5,884	5,844	6,481								
	Peer Average*	4,359	4,132	4,341	4,467								
	WAHT Rank**	12	12	12	12								

Table 3

- The reduction in the number of cancer patients seen or treated by WAHT from Mar-22 to Apr-22 was mirrored by the peer average.
- This is also the same for reduction in diagnostics waiting list and level of diagnostic activity, noting that we now have fewer patients 6+ weeks than the WM average.
- Both WAHT and the WM peer average saw a positive reduction in patients waiting 104+ weeks, and both saw an increase in the number of patients waiting 52+ weeks.

4. Referrals, Bed Occupancy & Advice & Guidance

Referrals, Bed Occupancy & Advice & Guidance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment functions	Plan	6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	5,824	4,952	11,592
		Actual	4,335	5,734											10,069
	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment functions	Plan	3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	6,250
		Actual	2,783	2,934											5,717
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	692	678	678
		Actual	682	692											687
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	721
		Actual	721	721											721
	Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%
		Actual	95%	96%											95%
A & G	Advice & Guidance - Plan	Plan	2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	4,697
	Advice & Guidance - Actual	Actual	2,299	2,769											TBC

Table 4

In May-22 we received c9,000 referrals of which 74% went through the referral assessment service and 11% (730) were returned to the referrer. We also received 2,769 requests for Advice and Guidance. There may be more opportunity to reduce formal referrals as 1,862 patients seen in Outpatients in May-22 were discharged immediately at first appointment (with no treatment).

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc F

Urgent and Emergency Care

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
(excluding planned follow-up attendances)	Actual	11,729	12,800										
Patients spending >12 hours from DTA to admission		222	248										
Patients spending more than 12 hours in A&E		1,584	1,537										
Ambulance Conveyances		3,911	4,305										
Ambulance handover delays over 60 minutes		1,108	1,094										
Conversion rate		26.7%	26.0%										

Table 5

Non-elective pressures persist and result in crowding in our Emergency Departments which in turn continues to impact our ambulance handover performance. Demand that is consistently higher than that experienced pre-pandemic and long delays in department means that providing timely access to urgent and emergency care services is a challenge.

Unfortunately, these flow challenges also result in a high number of 12-hour trolley waits. The high number of medically fit patients in our hospitals contribute (alongside Covid-19 demand) to a high number of long stay patients (as at 30th May this was 82 patients in our beds for 21+ days and of those, 34 who were deemed medically fit).

Quality and Safety

Fractured Neck of Femur (#NOF):

There were 72 #NOF admissions in May-22 and a total of 25 breaches (29 in Apr-22). 39% of the breaches were due to theatre capacity and 21% due to be patients being medically unfit. The average time to theatre in May-22 was 43.7 hours (40.9 in Apr-22).

Our overall Crude Death Rate for #NOF is 15.3%. Nationally, we have the 7th highest rate and the 7th highest rate in the Midlands. Our average LOS is 10.1 days, which is the lowest in the Midlands.

Infection Prevention and Control

The C. difficile infection trajectory target was achieved in May-22, we are above the year to date target by only one case and all other infection trajectory targets were achieved in May-22.

Our benchmarking against the other Midlands Trusts show we are now sitting 3rd highest for hospital onset-healthcare associated C-Diff cases (rolling 12 months to Mar-22). Our rate stands at 24.2 cases per 100,000 bed days compared to the England rate of 18.3.

0 new COVID outbreaks, 2 flu outbreaks and 1 norovirus outbreak were declared in May-22. There is currently one active COVID outbreak and none are in the monitoring phase.

SEPSIS

Performance against the sepsis bundle being given within 1 hour has improved again in Apr-22, is showing normal cause variation and is the highest month percentage in 4+ years of monitoring.

Our Crude in-hospital death rate is 16%. Nationally, we sit in the lower

NHS
Worcestershire Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	14 July 2022
Paper number	Enc F

	third of reporting Acute Trusts and we have the 8th lowest rates across Trusts within the Midlands. However, our out-of-hospital death rate is 9.7% and nationally we sit in the top 30 highest reporting Acute Trusts. In the Midlands, we have the 9th highest rate. Our average LOS for patients with sepsis is 9.1 days, compared to 10.9 days nationally and 10.3 in the Midlands. **People & Culture** Sickness Absence rates have improved, we have met the Trust target and are lower than Model Hospital average. We perform below peer group average for the month on month increase in staff turnover. Also of note is the increase in bank and agency usage which is a result of continued higher levels of covid absence, increased patient acuity and use of surge areas. To address these key issues we are on track for our recruitment value stream (using our 4ward improvement system) and continue to address our reliance on the temporary workforce through the Best People Programme.

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 May-22 data) ▪ WAHT May 2022 in Numbers Infographic ▪ Committee Assurance Statements (Jun-22 meetings)

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Trust Board

14th July 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 2 [May] 2022-23

	Performance Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
EAS	Percentage of Ambulance handover within 15 minutes	May-22	39%	-		-	60%	47%	73%
	Time to Initial Assessment - % within 15 minutes	May-22	62%	-		-	82%	74%	89%
	Average time in Dept for Non Admitted Patients	May-22	276	-		-	214	187	241
	Average time in Dept for Admitted Patients	May-22	745	-		-	482	376	588
	% Patients spending more than 12 hours in A&E	May-22	12%	-		-	6.47%	2.85%	10.09%
	Number of Patient spending more than 12 hours in A&E	May-22	1537	-		-	747	376	1118
RTT	Incomplete (<18 wks)	May-22	50%	92%			69%	64%	73%
	52+ weeks waiting	May-22	7,212	0			2305	1,687	2,922
	104+ weeks waiting	May-22	161	0			72	23	121
CANCER	2WW All	May-22	56%	93%			79%	66%	93%
	2WW Breast Symptomatic	May-22	87%	93%			46%	0%	92%
	28 Day Faster Diagnosis	May-22	57%	75%			66%	49%	84%
	62 Day All	May-22	47%	85%			67%	55%	80%
	104 day waits	May-22	171	0			64	31	98
	31 Day First Treatment	May-22	87%	96%			96%	91%	101%
	31 Day Surgery	May-22	73%	94%			87%	63%	111%
	31 Day Drugs	May-22	87%	98%			97%	87%	107%
	31 Day Radiotherapy	May-22	99%	94%			99%	93%	106%
	62 Day Screening	May-22	52%	90%			72%	35%	110%
	62 Day Upgrade	May-22	100%	90%			86%	66%	106%
Diagnostics (DM01 only)		May-22	72%	99%			52%	40%	65%
STROKE	CT Scan within 60 minutes	Apr-22	41%	80%			45%	22%	67%
	Seen in TIA clinic within 24hrs	Apr-22	97%	70%			85%	52%	118%
	Direct Admission	Apr-22	28%	90%			39%	17%	62%
	90% time on a Stroke Ward	Apr-22	67%	80%			72%	56%	88%

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent and Emergency Care (validated)	• In May-22, the Trust saw 13,064 patients attend our type 1 sites – higher than the 21/22 average of 12,377. We had the most 4 hour breaches on record at 6,122. • High volumes of long ambulance handover delays and the well publicised long wait for ambulances in general has led to more patients of higher urgency presenting as walk-ins. This was more apparent at our ALX site; this, when coupled with ambulance diverts from WRH put significant additional pressure on the ALX during the month.
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 increased from 60 on the last day of April to 82 on the last of May; 34 of the 82 were identified as MFFD.
Cancer (validated)	• **Long Waits:** The backlog of patients waiting over 62 days is now 504 (following alignment with NHSEI logic to include patients from screening and upgrade pathways) and those waiting over 104 days is 171, with urology contributing the most patients to this cohort of our longest waiters (59%). • Cancer referrals in May-22 were the highest ever with increases for all specialties; lower GI remains our most vulnerable specialty but are attempting to manage the demand with additional WLIs. • The overall waiting time standard for 2WW has not been achieved and only 2 specialties achieved at least 93%. • The 28 Day Faster Diagnosis standard has not been achieved and remains at risk with referred patients not being seen by a specialist within 14 days. • The 62 day standard has not been achieved and less than 50% of patients started treatment within 62 days due to delays in the 2WW and diagnostics elements of the pathway in the preceding months. The delays are also impacting the 31 day standard of treatment from decision to treat which continues to show special cause concern and below the 96% standard.
RTT Waiting List (validated)	• **Long Waits:** Our 7,212 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (5,565), between 78 and 104 weeks (1,486) and those waiting over 104 weeks (161). Of the 161 patients waiting over 104 weeks, 125 are waiting for orthodontic treatment and 36 are associated with other treatment specialties. This cohort continues to decrease week on week through operational and clinical management.
Outpatients (Second SUS submission)	• **Long Waits:** There are 36,199 RTT patients waiting for their first appointment and 23% of them have been dated. • Our DNA rate for OP's was 6.0% in May-22 – this is 2,795 patients not attending their appointment. We are surveying those patients who DNA'd in order to understand the reasons why and, where possible, address those reasons to improve attendance. • Based on our second SUS submission May-22 saw 49,552 outpatient attendances take place (consultant and non-consultant led). Albeit unvalidated, 22/23 annual plan OP targets have not been achieved for May-22, noting, however, that there were over 3,000 unoutcomed appointments at the time of writing which might, if processed, close the gap to the New attendances target.
Theatres (validated)	• Based on our second SUS submission, we have not achieved our 22/23 annual plan targets for total elective spells in the month with both elective inpatient and day case falling short (although both an increase on Apr-22 activity). • 9 eligible patients who had their operation cancelled were not rebooked within 28 days in May-22; however 20 patients (69%) were.
Diagnostics (validated)	• **Long Waits:** 2,946 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 848 have been waiting over 13 weeks with 77% of our longest waiters attributable to DEXA, colonoscopy, Echocardiography and MRI (each had over 100 patients waiting 13+ weeks). • DM01 performance is at 28% with 6+ week breaches having decreased from Apr-22 and notably, CT breaches are now down to 11. Endoscopy breaches increased for each of the 4 modalities. • Activity in May-22 was 17,602 tests. CT, non-obstetric ultrasound and echocardiography achieved their annual plan activity targets and all modalities (with the exception of sleep studies) undertook more tests in month after the seasonal decrease observed in Apr-22.

Operational Performance: Urgent and Emergency Care

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC2: flow and discharge

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
38.5%	61.7%	276	746	12.0%	1,537

What does the data tell us?

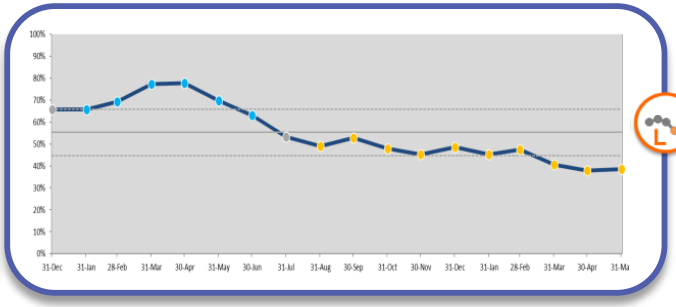
- **Urgent Care Indicators –** slides 6 and 7 continue to highlight the continued pressure faced by the Trust during May-22 with all of the metrics showing special cause concern for the month and for 10 consecutive months.
- **EAS** - The overall EAS performance, which includes KTC and HACW MIUs, was 67.7% in May-22. Attendances across all settings were 35 patients under 19,000 and over 13, 000 attended our type 1 settings; in-line with seasonal variation. However, we have been running at or above the highest level since 2017 for over 12 months.
- **EAS Type 1 –** EAS performance at both WRH and ALX was 53.44% and 52.74% respectively. 6,122 patients breached the 4 hour standard across our two sites; the highest ever. 1,537 patients spent longer than 12hrs in ED, special cause concern since Sep-21.
- A number of metrics, including patterns in triage of walk-ins suggest that there is some displacement from ambulance to walk-in attendances . This should be considered in light of long ambulance handovers with attendees deciding to attend direct rather than wait. Provisional analysis suggests that this is more obvious at the ALX with more patients self-presenting as urgent or very urgent compared to historic patterns.
- **Ambulance Handovers** - There were 1,094 60 minute ambulance handover delays with breaches at both sites – the third month above 1,000 and continues to be special cause concern; this is linked to the capacity, flow and numbers of patients in our ED's which prevented timely offloading. On average, patients waited 154 minutes to be offloaded from an ambulance at WRH.
- **12 hour trolley breaches –** There were 248 validated 12 hour trolley breaches in May-22 compared to 244 in Apr-22 – this remains a special cause concern for our processes whilst we don't have beds to admit patients to.
- **Specialty Review times** – Specialty Review times continue to show cause for concern with 12 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 increase, albeit not significantly, from 1,237 to 1,290. This metric shows special cause variation because the last five months are outside the upper control limit and shows a run of 12 months above the mean.
- **Conversion rates** – 3,333 patients were admitted in May-22; a Trust conversion rate of 26.0%. The conversion rate at WRH was 28.8% and the ALX was 22.5%.
- **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 May-22 because the value is above the upper control limit for the sixth consecutive month.

Month 2 [May] | 2022-23 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for May-22 as at 20th June 2022

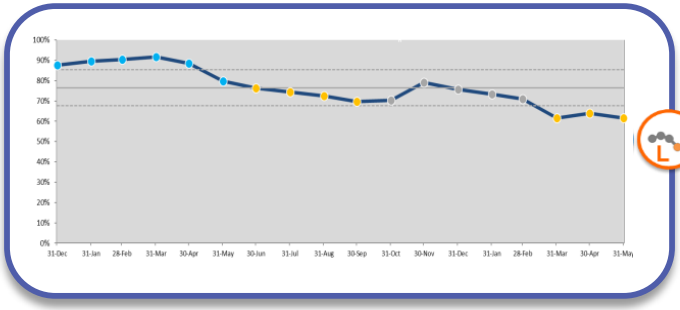
Percentage of Ambulance handover within 15 minutes

38.5%



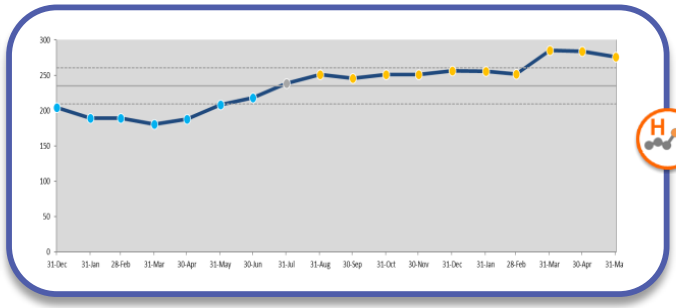
Time to Initial Assessment - % within 15 minutes

61.7%



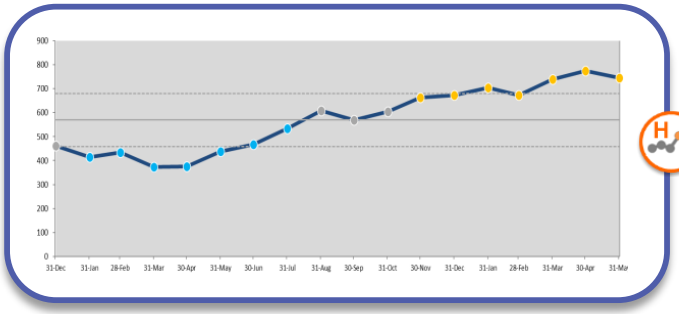
Average time in Dept for Non Admitted Patients

276 mins



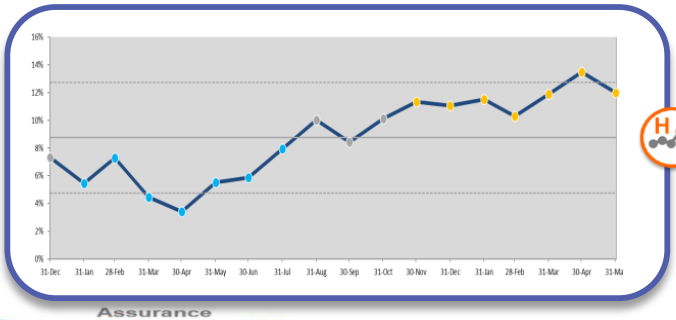
Average time in Dept for Admitted Patients

745 mins



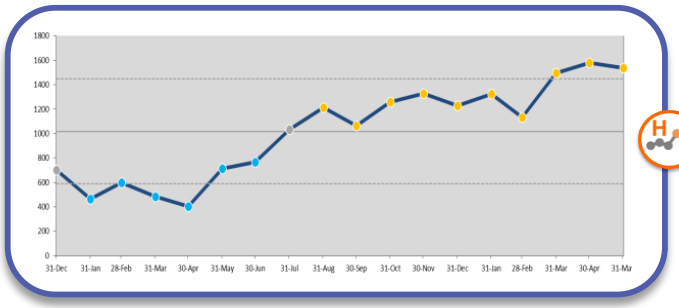
% Patients spending more than 12 hours in A&E

12.0%



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

1,537

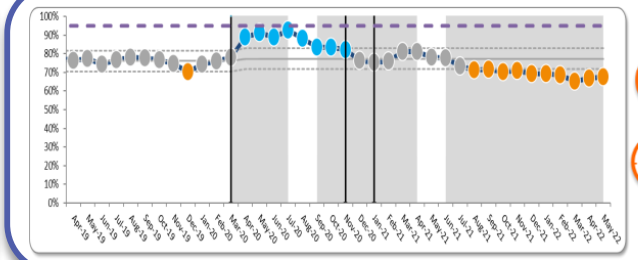


Month 2 [May] | 2022-23 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for May-22 as at 20th June 2022

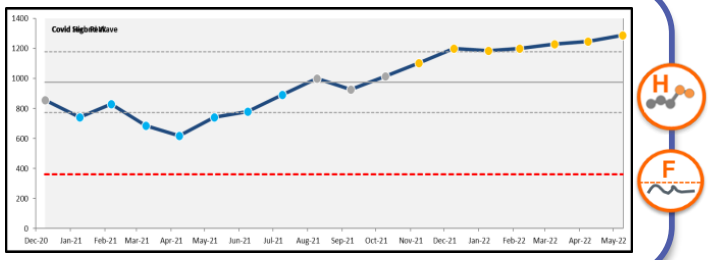
4 Hour EAS (all)

67.66%



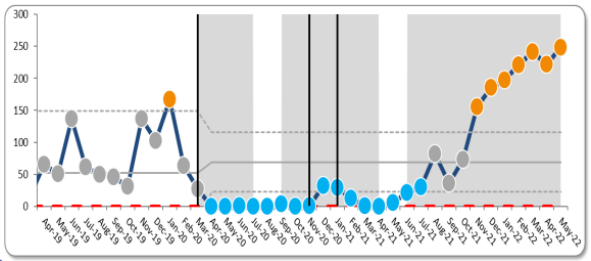
Aggregated Patient Delay (APD)

1,015



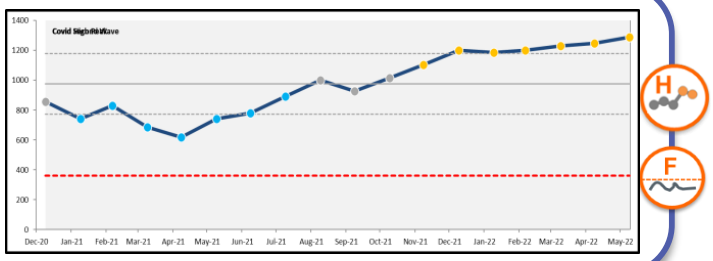
12 Hour Trolley Breaches

248



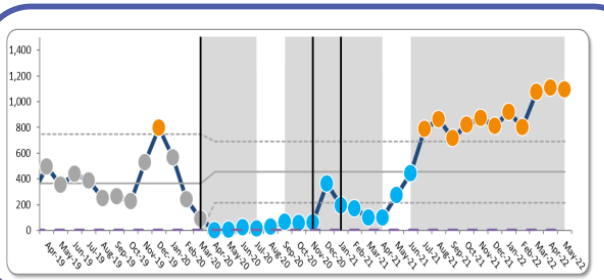
Total time spent in A&E (95th Percentile)

1,290



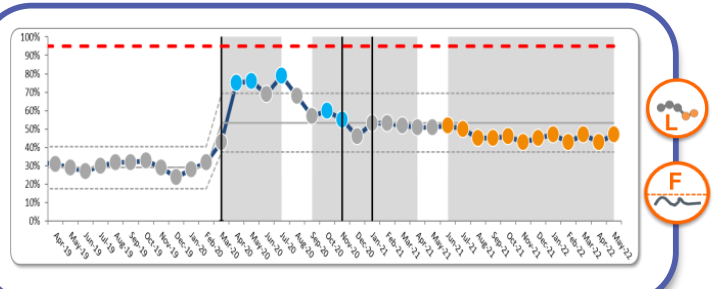
60 minute Ambulance Handover Delays

1,094



Specialty Review within 1 hour

47%



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

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC2: flow and discharge

National Benchmarking (May 2022)

EAS (All) –The Trust was one of 10 of 13 West Midlands Trust which saw a increase in performance between Apr-22 and May-22. This Trust was ranked 8 out of 13; we were ranked 7 the previous month. The peer group performance ranged from 54.64% to 80.13% with a peer group average of 67.45%; improving from 66.71% the previous month. The England average for May-22 was 73.04%; a 0.8% increase from 72.26% in Apr-22.

(Type 1) - The Trust was one of 10 of 13 West Midlands Trust which saw a Increase in performance between Apr-22 and May-22. This Trust was ranked 9 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 44.40% to 72.08% with a peer group average of 56.11%; improving from 55.47% the previous month. The England average for May-22 was 60.15%; a 1.2% increase from 58.99% in Apr-22.
In May-22, there were 19,053 patients recorded as spending >12 hours from decision to admit to admission. 247 of these patients were from WAHT; 1.29% of the total.

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

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

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

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

WAHT — Operational Standard 95%

Operational Performance: Patient Flow and Capacity

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC2: flow and discharge

Discharges before Midday (non-covid wards)				Number of patients with a long length of stay (MFFD in brackets)				Overnight Bed Capacity Gap (Target – 0)	Average length of stay in hospital at discharge (non-covid)				30 day re-admission rate (Mar-22)	Discharges as a % of admissions IP only | non-covid wards (Target >100%)			
WRH	19.4%	ALX	21.0%	WRH	57 (20)	ALX	25 (14)	46 beds	WRH	5.1	ALX	4.4	3.0%	WRH	92.9%	ALX	87.8%

What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) is showing common cause variation with the ALX outperforming WRH. As at the last day of the month, the number of patients with a length of stay in excess of 21 days increased from 60 (30-Apr) to 82 (31-May). There were an average of 23 patients deemed MFFD with a LOS >= 21 days each day in May across the Trust. The total number of discharges and transfers is showing common cause variation 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; transition to the presenting complaint model means beds were no longer explicitly ring-fenced for Covid patients unless that was their presenting complaint. However, outbreaks across our ward base continue to result in partial closures over the month.
- **Medically Fit Patients** – the number of MFD patients still on our wards 24 hours after becoming medically fit continues to not show special cause concern even though the support packages for care at home, or places in care homes, cannot be realised; it was still 1,589 patients.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 4.8 days in May-22 and is not showing special cause concern.
- **The 30 day re-admission rate** continues to show no significant change.

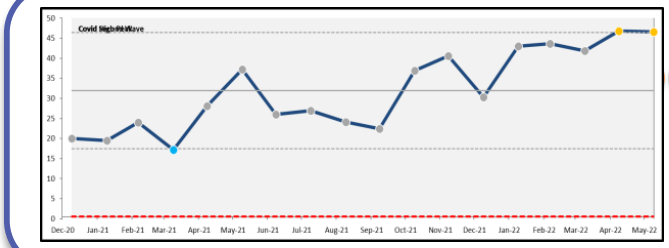
Current Assurance Level: 4 (May-22)	**When expected to move to next level of assurance:** This is dependent on the on-going management of the increase attendances and achieving operational standards.
Previous assurance level: 4 (Apr-22)	**SRO: Paul Brennan**

Month 2 [May] | 2022-23 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for May-22 as at 20th June 2022

Capacity Gap (Daily avg. excl. EL)

46

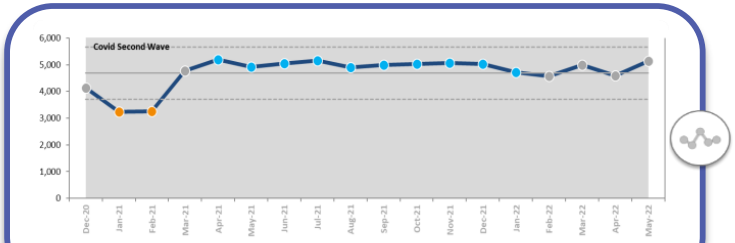


MFFD patients still on the ward 24hrs after becoming MFFD

1,589

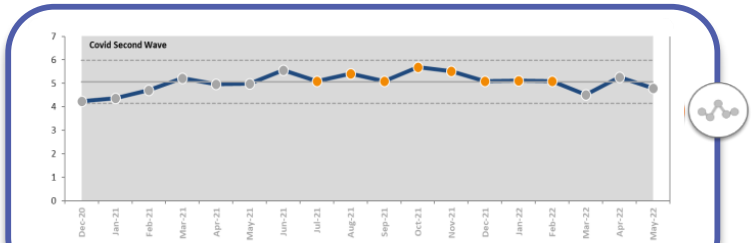
Total Discharges and Transfers

5,316



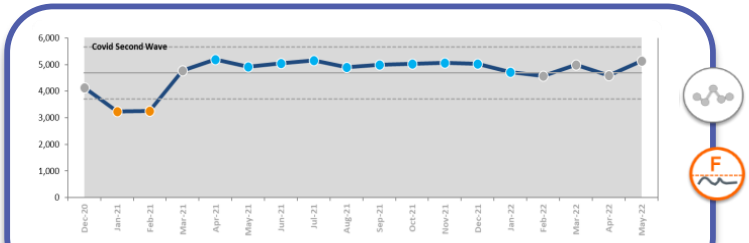
Average Length of Stay in Hospital at Discharge (non-covid wards)

4.8



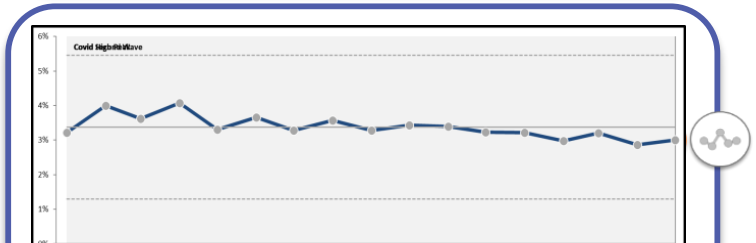
% Discharges before midday (non-covid wards)

20.0%



30 day readmission rate for same clinical condition

3.0%



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

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

NHS Worcestershire Acute Hospitals NHS Trust

2WW Cancer Referrals	Patients seen within 14 days (All Cancers)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS)		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104 days
2,947	55.9%	2,636 seen	86.6%	97 seen	57.2%	2,402 told	86.6%	277 treated	46.5%	172 treated	3,655	504	171

What does the data tells us?

- **Referrals** in May-22 were another all-time high, with increases seen across all specialties. Lower GI referrals were 25% of the total, and at 751, 13% higher than their previous highest referrals in a month.
- **2WW:** The Trust saw 55.9% of patients within 14 days. Of the 1,163 breaches, 933 (80%) were attributable to Lower GI and Skin; Haematology and Head & Neck were the only specialties to achieve the 2WW standard. This overall performance continues to be special cause concern as a result of the high number of breaches in the face of consistent, increased demand.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and will not do so until the timeliness of the 2WW pathway improves. Upper GI, Breast, Head & Neck and Skin achieved the standard in May-22. Haematology, Lower GI and Urology are the weakest performing specialties.
- **31 Day:** Of the 277 patients treated in May-22, 240 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 a run of 7+ months below the mean.
- **62 Day:** There are 172 recorded first treatments in May-22 with 46.5% within 62 days. This indicator remains special cause concern; no specialties achieved the waiting times standard.
- **Cancer PTL:** As at the 30th May there were 3,665 patients on our PTL. 284 patients having been diagnosed, 2,209 are still suspected and the remaining 1,162 patients are between 0-14 days.
- **Backlog:** The number of patients waiting 62+ days is now reported as 504 (including screening and upgrades) and the number of patients waiting 104+ days has increased is now171; both continue to show as special cause concern. Urology and colorectal have the largest number of patients untreated. 76 of the 171 patients waiting over 104 days are diagnosed and the remaining 95 are suspected.

What have we been doing?

- **Do what we say we will do:** 2ww Colorectal now booking at day 14 thanks to significant additional WLI's in light of continued unprecedented demand, this should improve June's performance.
- **No delays, every day:** Conversely poor performance continues for 2ww Skin with high levels of referrals continuing to be received and expectations that these will increase in line with usual seasonal variation. Support from external providers continues to be sought though this is less than required amid regional demands for the same support.
- Despite achieving 2ww performance in March and April, 2ww Breast failed the target in May and is unlikely to achieve June. This is due to leave being taken and lost capacity over the bank holidays however at the time of writing they are now back to booking at day 14 and have additional WLI clinics planned for July 2022.
- **We listen, we learn, we lead:** Enhanced team leadership structure effective 1st June 2022 to provide greater scrutiny of Cancer PTL's, expediting individual delayed pathways and highlighting breach trends for remedial action.
- Dedicated (fixed term) Project Manager to commence in June 2022 whose remit will be to assess our compliance with best practice pathways and work with the Directorates to implement any gaps.
- **Work together, celebrate together:** Working closely with CCG colleagues to address key issues in a number of cancer pathways, most notably Colorectal, Lung and Skin.

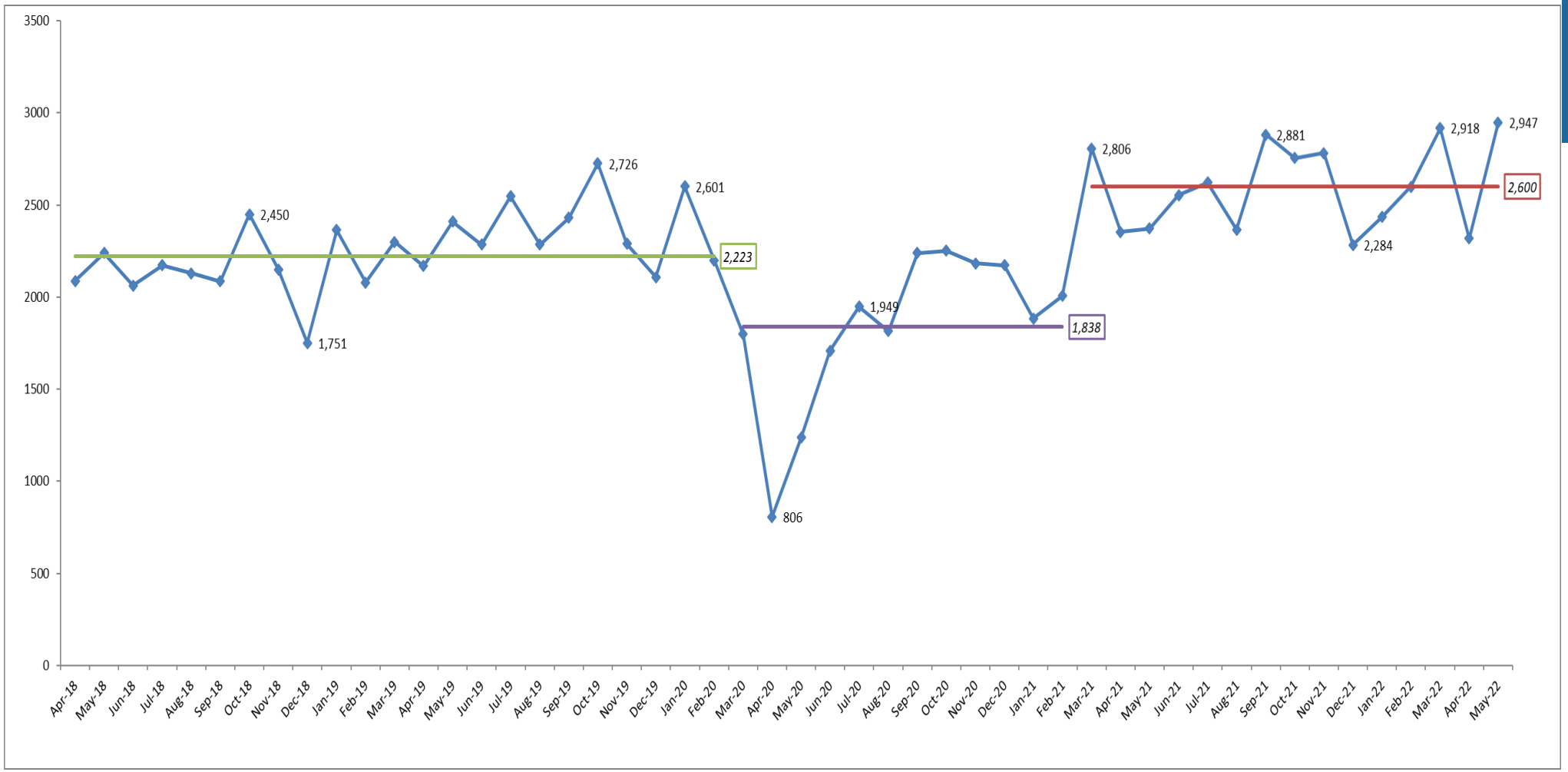
What are we doing next?

- **Do what we say we will do:** Updating the Cancer RAP's in conjunction with CCG colleagues to ensure holistic approach to delays along the pathways, commencing with Colorectal and Urology on 9th June 2022.
- **No delays, every day:** Reviewing the feasibility of straight to CT after a finding on a chest x-ray where we are an outlier nationally. It is likely additional funding will be required to provide this robustly and without introducing unacceptable risk so discussions are underway regarding a business case and external funding in the immediate term.
- **We listen, we learn, we lead:** Having secured external support, work to commence on reviewing data regarding FIT negative and positive scores and their subsequent diagnosis. This is to help inform the most appropriate pathway management of patients presenting to their GP and 2ww Colorectal services.
- **Work together, celebrate together:** Linked to the above, seeking further support monies for project management support to support delivery of the 28 day FDS standard, following the offer to support bids for monies from the West Midlands Cancer Alliance. This is key to achieving backlog reduction as 72% of our 63 day plus backlog is undiagnosed currently.

Current Assurance Levels (May-22)	Previous Assurance Levels (Apr-22)	
2WW – Level 4	2WW - 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.
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 4	**SRO:** Paul Brennan

Month 2 [May] | 2022-23 | Operational Performance: Cancer Referrals

Responsible Director: Chief Operating Officer | Validated for May-22 as at 6th July 2022



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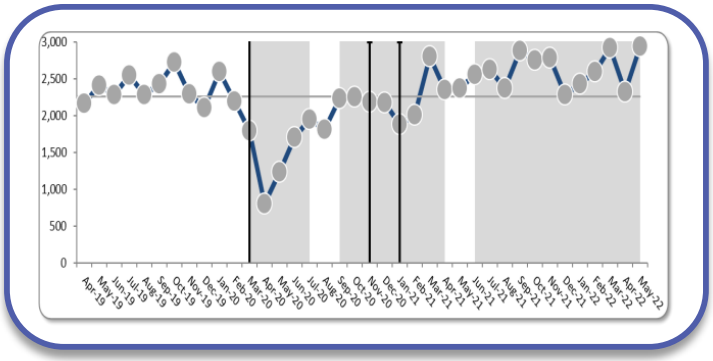
Month 2 [May] | 2022-23 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Validated for May-22 as at 6th July 2022

NHS Worcestershire Acute Hospitals NHS Trust

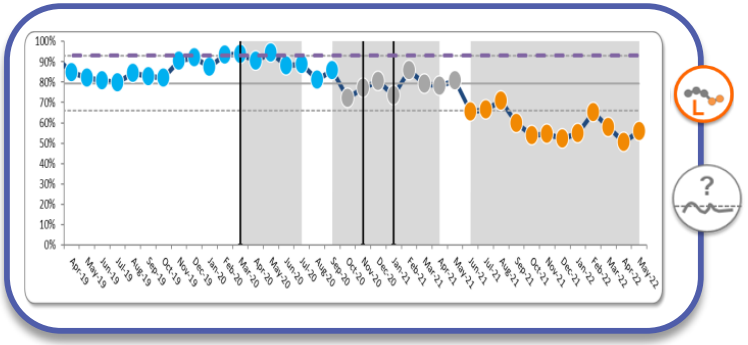
2WW Referrals

2,947



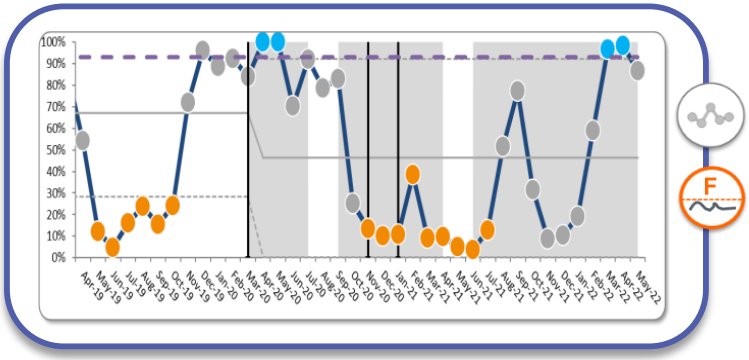
Cancer 2WW All

55.9%



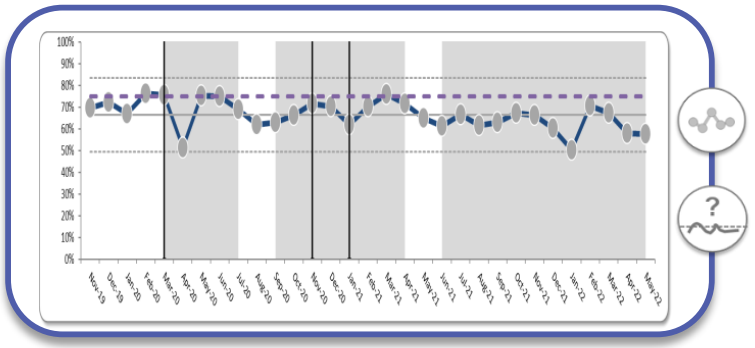
Cancer 2WW Breast Symptomatic

86.6%



Cancer 28 day FDS

57.2%



Key

- Internal target
- Operational standard

COVID Wave

Lockdown

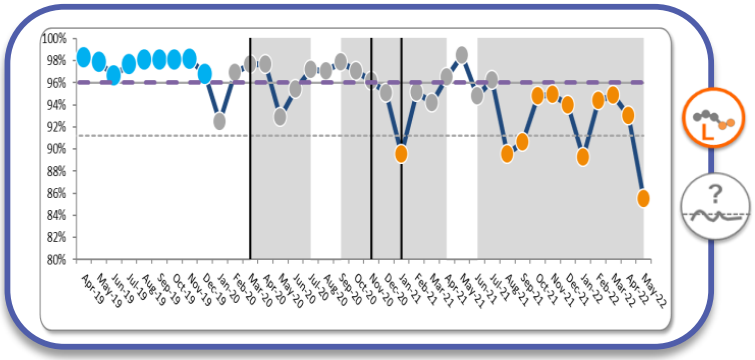
Month 2 [May] | 2022-23 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Validated for May-22 as at 6th July 2022

NHS Worcestershire Acute Hospitals NHS Trust

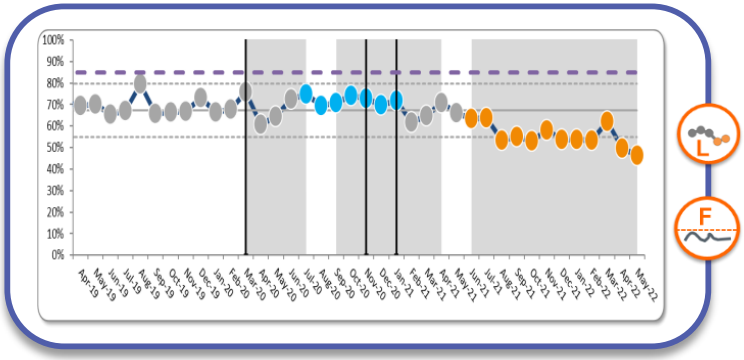
Cancer 31 Day All

86.6%



Cancer 62 Day All

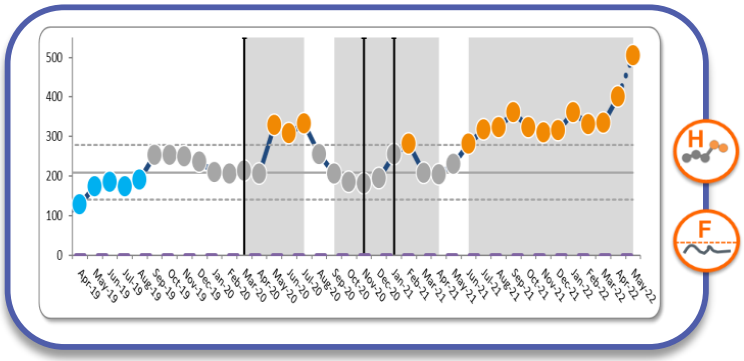
46.5%



Please note that % axis does not start at zero.

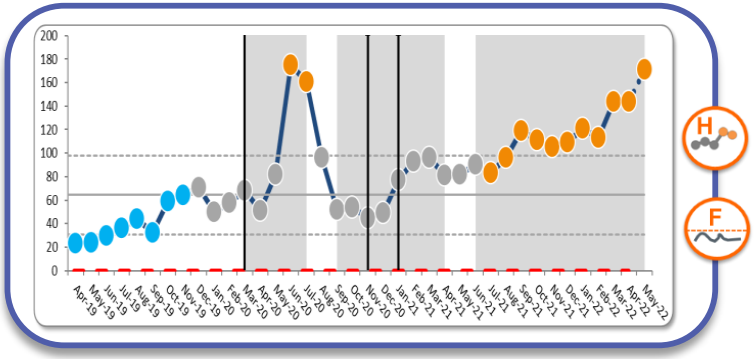
Backlog Patients waiting 62 day or more*

504

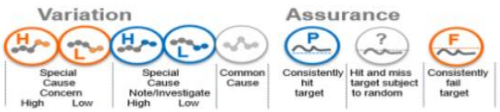


Backlog Patients waiting 104 day or more*

171



** Now includes patients from screening and consultant upgrade pathways to align to NSHEI reporting*



Key

- Internal target
- Operational standard
- COVID Wave
- Lockdown

Operational Performance: Cancer Benchmarking

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

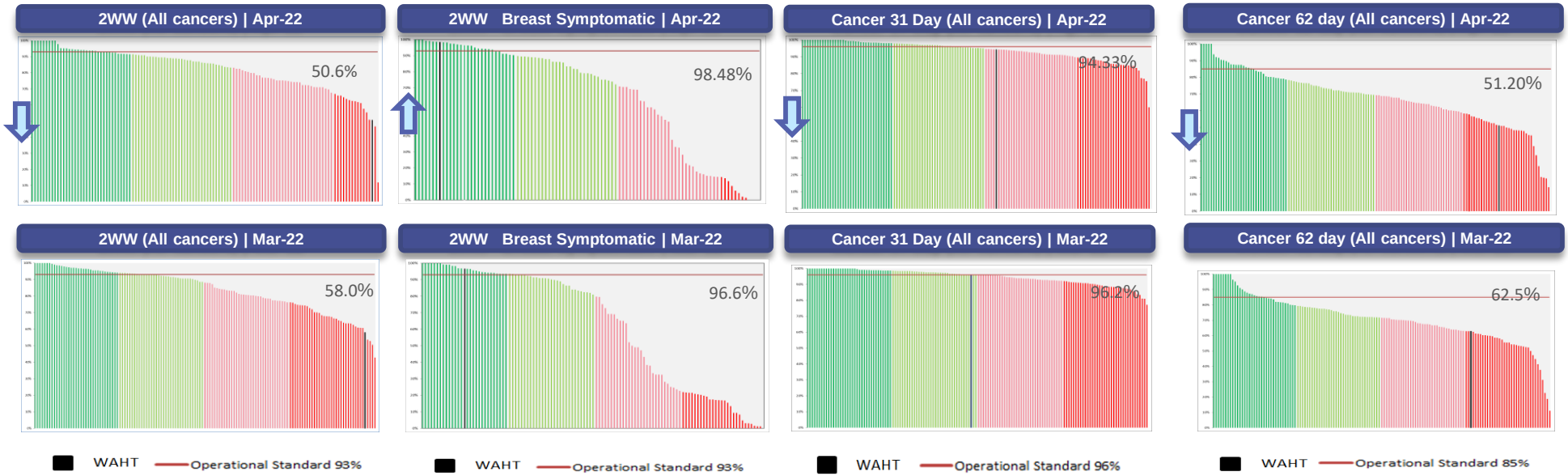
National Benchmarking (April 2022)

2WW: The Trust was one of 9 of 13 West Midlands Trust which saw a decrease in performance between Mar-22 and Apr-22. This Trust was ranked 11 out of 13; we were ranked 12 the previous month. The peer group performance ranged from 46.62% to 92.46% with a peer group average of 67.33%; declining from 73.22% the previous month. The England average for Apr-22 was 80.56%; a -1.5% decrease from 79.05% in Mar-22

2WW BS: Trust was one of 10 of 13 West Midlands Trust which saw a increase in performance between Mar-22 and Apr-22. This Trust was ranked 2 out of 13; we were ranked 3 the previous month. The peer group performance ranged from 8.70% to 99.17% with a peer group average of 62.55%; improving from 48.89% the previous month. The England average for Apr-22 was 62.28%; a 2.8% increase from 59.47% in Mar-22.

31 days: Trust was one of 7 of 13 West Midlands Trust which saw a decrease in performance between Mar-22 and Apr-22. This Trust was ranked 4 out of 13; we were ranked 3 the previous month. The peer group performance ranged from 77.25% to 96.89% with a peer group average of 89.71%; declining from 90.64% the previous month. The England average for Apr-22 was 92.75%; a -0.7% decrease from 93.44% in Mar-22.

62 Days: The Trust was one of 7 of 13 West Midlands Trust which saw a decrease in performance between Mar-22 and Apr-22. This Trust was ranked 9 out of 13; we were ranked 7 the previous month.
The peer group performance ranged from 33.41% to 70.83% with a peer group average of 51.88%; declining from 54.94% the previous month. The England average for Apr-22 was 55.24%; a -12.1% decrease from 67.35% in Mar-22.



Operational Performance: Planned Care | Waiting Lists

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

NHS Worcestershire Acute Hospitals NHS Trust

Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G)	Total RTT Waiting List	Number and percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	8,967	Total	6,788	2,769	62,895	30,886	49.9%	6,645	7,212	1,647	161
Non-2WW	5,776	Non-2WW	5,604								

What does the data tells us?

Referrals (unvalidated)

- **ERS Referrals:** a total of 8,967 electronic referrals were made to the Trust in May-22 which is 427 per working day. This is still fewer referrals when compared to pre-pandemic, however our Advice & Guidance requests have increased.
- 5,776 were non-2WW referrals; of the total electronic referrals, 35.6% were 2WW cancer, this was within the expected range.
- **RAS Referrals:** a total of 6,788 RAS referrals were made to the Trust in May-22. 5,604 were non-2WW and 68.6% have been outcomed within 14 working days. Of the 1,184 2WW RAS referrals, 95.4% have been outcomed within 2 working days. 10.5% of RAS referrals were returned to the referrer, the lowest return rate in the last 13 months.
- **A&G Requests:** 2,769 ERS A&G requests were received in May-22, 230 more than the average for the last 12 months. To date, 89.8% have been responded to within 2 working dates and 96.2% within 5 working days

Referral To Treatment Time (unvalidated)

- The RTT Incomplete waiting list is validated at 62,895, with an additional 1,839 patients now waiting for treatment.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has decreased to 31,009. This is 469 fewer patients than the validated Apr-22. RTT performance for May-22 is validated at 49.9% compared to 47.6% in Apr-22 with the increase in patients waiting less than 18 weeks contributing to the change in percentage performance. However, this remains sustained, significant cause for concern and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is 7,212 patients, a 722 increase from the previous month. Of that cohort, 1647 patients have been waiting over 78 weeks and 161 over 104 weeks. Of the 104+ week cohort, 125 patients are under the orthodontic specialty with the next highest at 18 (general surgery).

Current Assurance Level: 3 (May-22)	**When expected to move to next level of assurance:** This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the 22/23 operational planning requirements. The first milestone will be achieving the elimination of 104+ week waiters by the end of Jul-22.
Previous Assurance Level: 3 (Apr-22)	**SRO: Paul Brennan**

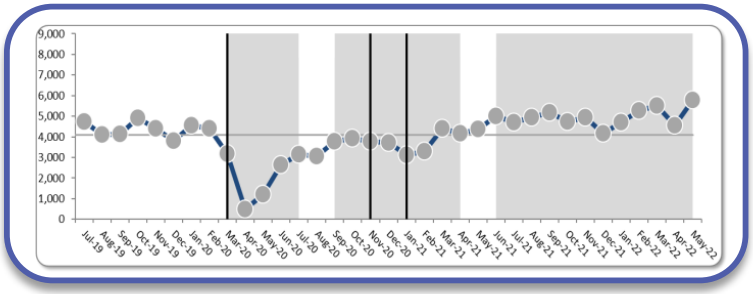
16

Month 2 [May] | 2022-23 | Operational Performance: RTT

Responsible Director: Chief Operating Officer | Validated for May-22 as at 22nd June 2022

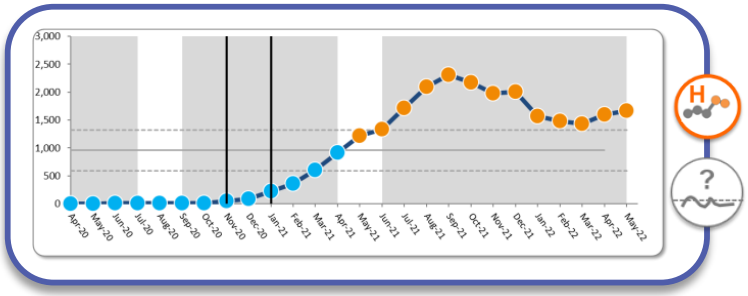
Electronic Referrals Profile (non-2WW)

5,776



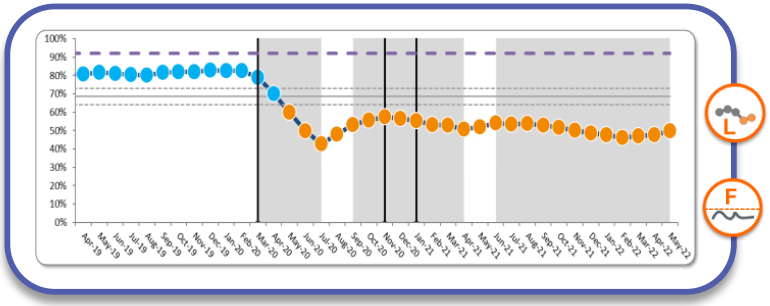
78+ week waits

1,647



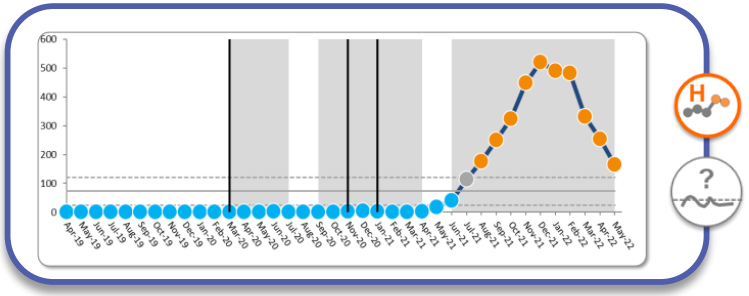
RTT % within 18 weeks

49.9%



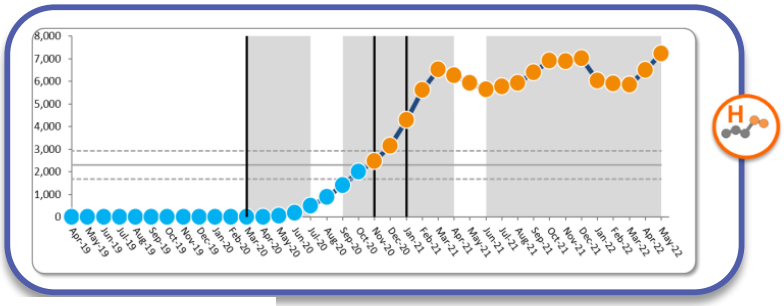
104+ week waits

161

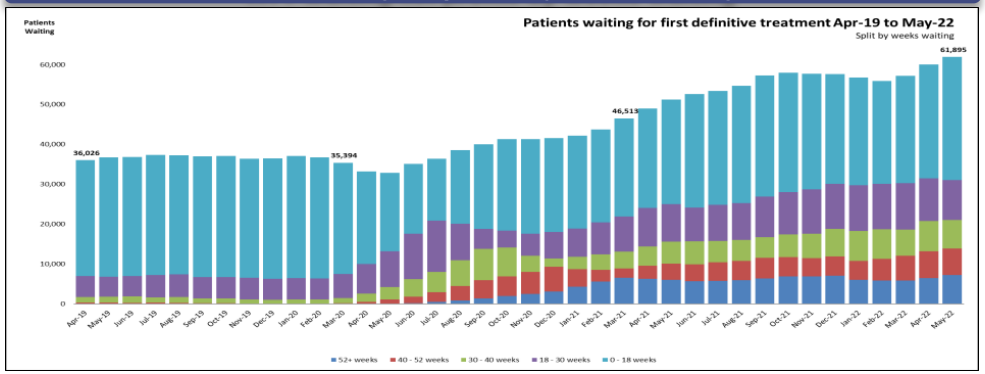


52+ week waits

7,212



RTT waiting list profile by weeks waiting



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

Key

- Internal target
- Operational standard

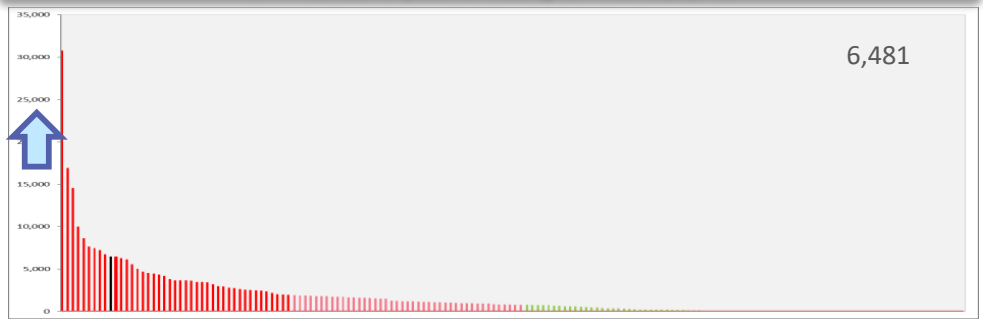
Operational Performance: RTT Benchmarking

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

National Benchmarking (April 2022) | The Trust was one of 5 of 12 West Midlands Trust which saw a increase in performance between Mar-22 and Apr-22. This Trust was ranked 11 out of 13; we were ranked 11 the previous month. The peer group performance ranged from 41.95% to 78.20% with a peer group average of 51.09%; declining from 57.08% the previous month. The England average for Apr-22 was 61.70%; a -0.7% decrease from 62.42% in Mar-22.
Nationally, there were 304,728 patients waiting 52+ weeks, 6481 (2.12%) of that cohort were our patients.
Nationally, there were 60,624 patients waiting 78+ weeks, 1,575 (2.59%) of that cohort were our patients.
Nationally, there were 11,873 patients waiting 104+ weeks, 253 (2.13%) of that cohort were our patients.

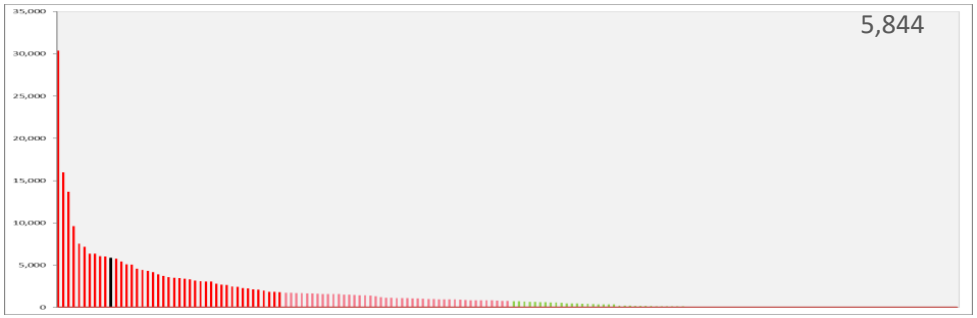
RTT - % patients within 18 weeks | Apr-22

RTT – number of patients waiting 52+ weeks | Apr-22



RTT - % patients within 18 weeks | Mar-22

RTT – number of patients waiting 52+ weeks | Mar-22



18

Operational Performance: Planned Care | Outpatients and Elective Admissions (2nd SUS Submission)

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

Total Outpatient Attendances		Total OP Attendances First		Total OP Attendances Follow-Up		Elective IP Day Case		Elective IP Ordinary	
49,552	+8,086	16,002	-559	33,550	+8,645	6,632	-661	536	-48

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

- The OP graphs on slide 20 compare our unvalidated May-22 outpatient attendances to May-22 and our annual plan activity target. As noted in the top row of this table we haven't achieved our OP targets. However, we do know that ~1,000 patients DNA's their First appointment and ~3,000 appointments have not been outcomed – it is possible that we could achieve the First target if the unoutcomed appointments were confirmed as an attendance.
- The planning guidance target was to reduce the number of follow-ups appointments; this has not happened in May-22.
- Our overall DNA rate for OP has decreased to 6.0% from 6.3% the previous two months – this is 2,785 patients not attending their appointment in May-22.
- In the May-22 RTT OP cohort, there are 36,199 RTT patients still waiting for their first appointment, 23.1% of them have been dated and of the total cohort, 3,310 patients have been waiting over 52 weeks. 80% of these longest waiters are undated for their first appointment.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Orthodontics, Urology, Gynaecology and T&O.

Planned Admissions - what does the data tell us?

- On the day cancellations shows significant concern for the third month with 8.5% of scheduled procedures for May-22 cancelled on the day. This is 145 cancellations and 125 of those were not able to be replaced with another patient.
- Theatre utilisation, at 75.0%, is above the mean (74%) but is not yet showing positive improvement; it would have to be at least 81% to do this. Factoring in allowed downtime, the utilisation increases to 80.8%. Lost utilisation due to late start / early finish showed no significant change at 22%
- In May-22, the number of day cases and elective ordinary cases increased from Apr-22; however, both Day case (-661) and EL IP (-48) were below the annual plan target for the month. Our overall elective activity is currently unvalidated at -709 to plan.
- 69.0% of eligible patients were rebooked within 28 days for their cancelled operation in May-22; this is 20 of 29 patients being rebooked within the required timeframe.

Current Assurance Level: 4 (May-22)	**When expected to move to next level of assurance: :** This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and the expectation from NSHEI for 2022/23.
Previous Assurance Level: 4 (Apr-22)	**SRO: Paul Brennan**

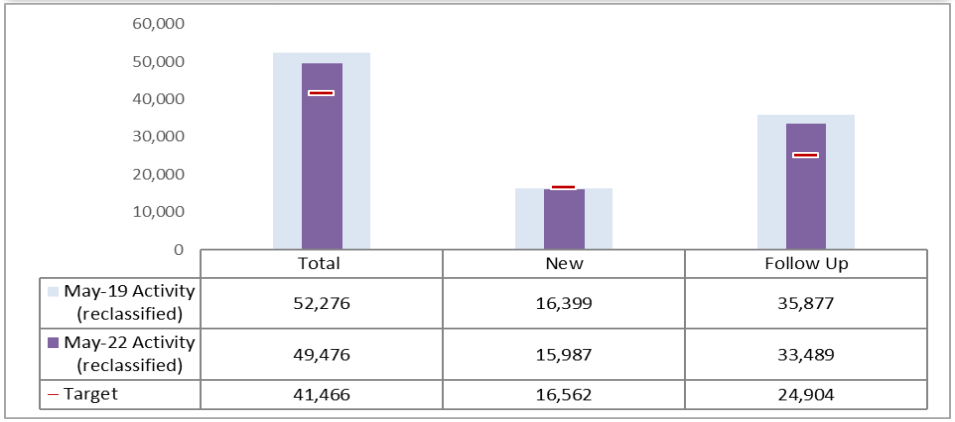
Month 2 [May] | 2022-23 | Operational Performance: Annual Plan Activity

Responsible Director: Chief Operating Officer | Unvalidated for May 2022 (Second SUS Submission)

NHS Worcestershire Acute Hospitals NHS Trust

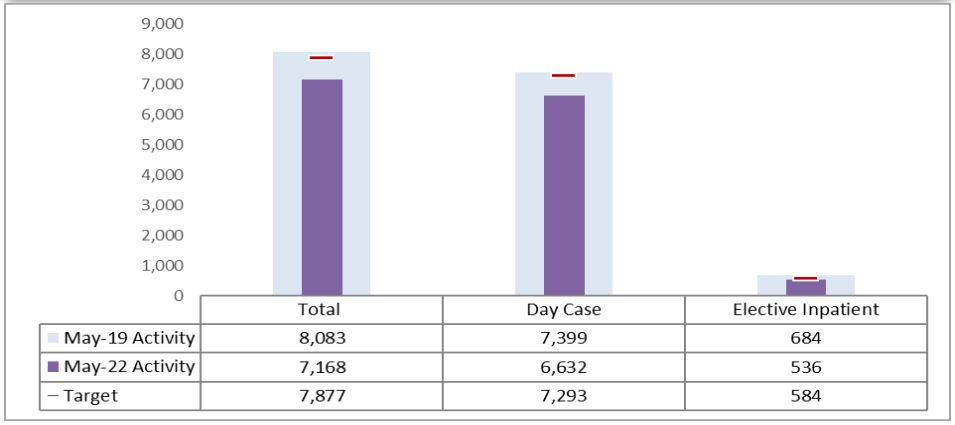
Annual Plan | May-22 Activity compared to May-19 Activity and May-22 Plan | OP DNA Rates

Total outpatient attendances (all TFC; consultant and non consultant led)



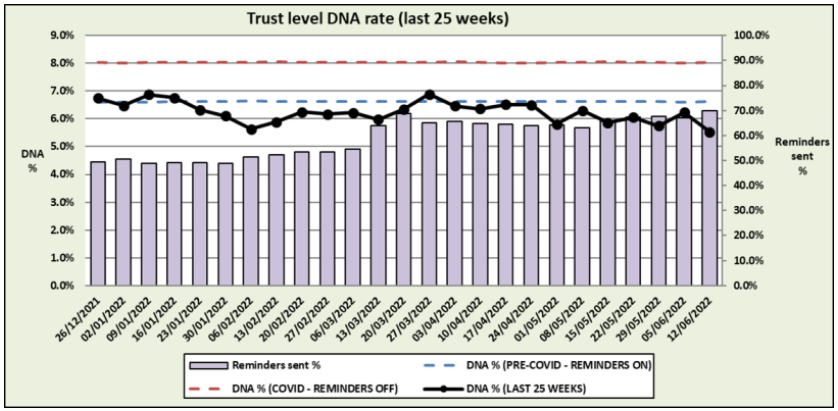
	Total	New	Follow Up
May-19 Activity (reclassified)	52,276	16,399	35,877
May-22 Activity (reclassified)	49,476	15,987	33,489
Target	41,466	16,562	24,904

Day Case and Elective Inpatients



	Total	Day Case	Elective Inpatient
May-19 Activity	8,083	7,399	684
May-22 Activity	7,168	6,632	536
Target	7,877	7,293	584

Please note the different axes

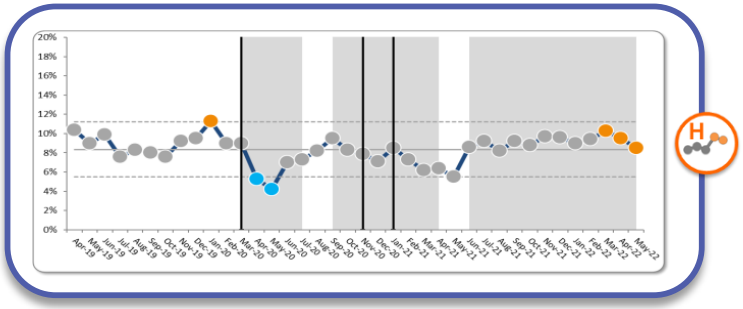


Month 2 [May] | 2022-23 | Operational Performance: Theatre Utilisation & Outpatients

Responsible Director: Chief Operating Officer | Validated for May-22 as at 20th June 2022

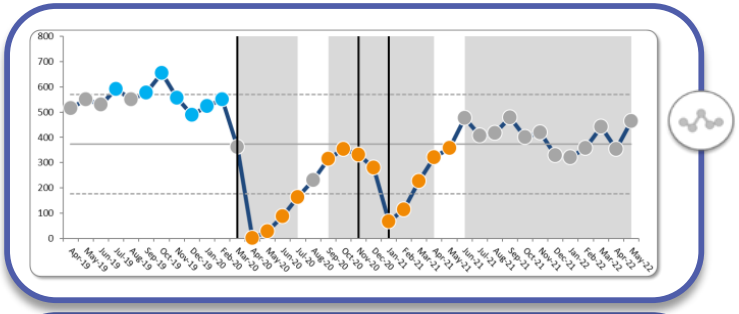
On the day cancellation as a percentage of scheduled procedures (%)

8.5%



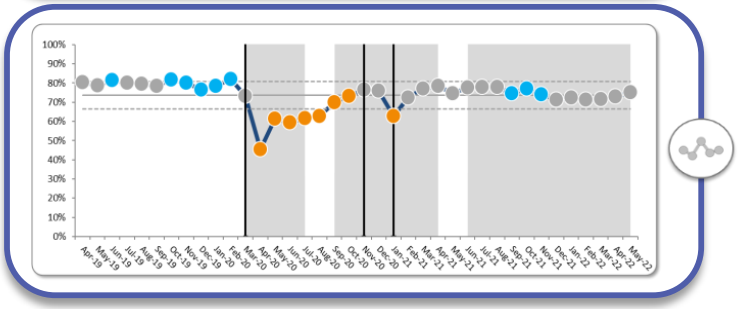
Electives on elective theatre sessions (n)

465



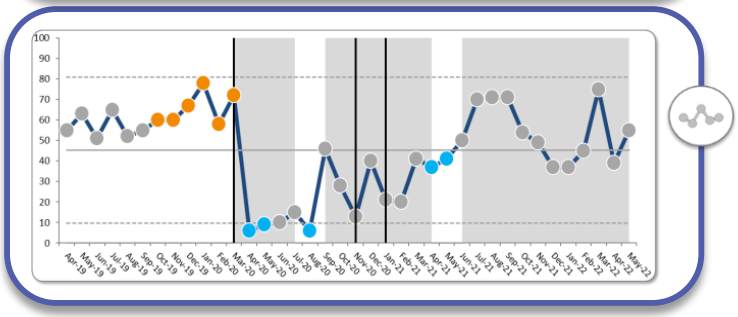
Actual Theatre session utilisation (%)

75.1%



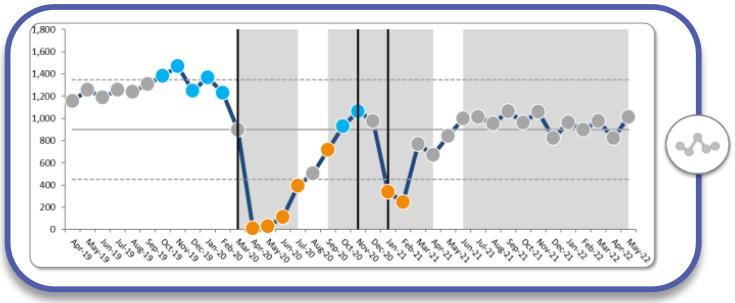
Non-electives & emergencies on elective theatre sessions (n)

55



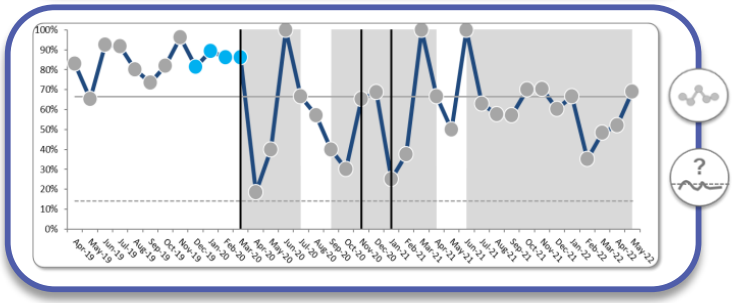
Day cases on elective theatre sessions (n)

1,011



% patients rebooked with 28 days of cancellation

69.0%



Operational Performance: DM01 Diagnostics | Waiting List and Activity

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

NHS Worcestershire Acute Hospitals NHS Trust

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

Trust Total			Radiology			Physiology			Endoscopy		
10,505	2,946	72.0%	6,310	1,480	76.5%	2,453	850	66.6%	1,652	616	62.7%

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 72% of patients waiting less than 6 weeks for their diagnostic test, compared to 67.60% the previous month.
- The diagnostic waiting list has increased by 8.5% from the previous month, an additional 889 patients driven by an increase in referrals for diagnostic tests compared to Apr-22.
- The total number of patients waiting 6+ weeks has decreased by 166 patients and there are 848 patients waiting over 13 weeks (879 in Apr-22).
- Radiology has the largest number of patients waiting at 6,310, an increase of 839 patients from Apr-22, with those waiting 6+weeks having decreased by 87. CT's improved position has been maintained with only 11 (1.4%) patients waiting 6+ weeks.
- Endoscopy has increased the number of patients waiting over 6+ weeks by 62 and their total waiting list size by 187.
- Physiological science modalities saw an 137 patient decrease in the total waiting list, and the number of patients waiting over 6 weeks by 141.

Activity

- 17,602 diagnostic tests were undertaken in May-22 after the seasonal decrease seen in Apr-22.
- Of the Imaging modalities, CT and non-obstetrics ultrasound achieved the H2 plan for May-22.
- All three endoscopy modalities missed their H2 plan target
- Echocardiography achieved it's H2 plan, +100 to plan, delivering over 1,000 tests for the fourth time in five months.

RADIOLOGY

What have we been doing?

- Increased Breast MRI capacity by 8 slots per week, to total 16 per week
- Continued CT mobile utilisation
- Continued WLI sessions countywide, staff permitting.
- Continued DEXA WLI sessions
- Offered total of 44 Radiology posts, to include Radiographer, Governance, management and admin posts 9 overseas Radiographer posts
- Commenced consultation with IR nurses for OOH component
- Engaged with external agency to provide Radiographers for 6 months while recruitment processes are completed- in procurement stage, to commence 1st June
- Appointed 4 Radiologists

What are we going to do next?

- Commence utilisation of CDC US room
- Explore options to increase US activity further
- Identify capacity requirement CT or MRI mobile going forward
- Implement actions to increase US activity to achieve plan @120%
- Extend CT mobile contract for reimbursement of breakdown days
- Continue WLI session in DEXA and US.
- Review DNA rates and actions to reduce
- Review Radiographer training plans
- Increase Radiographer colon training

Issues

- Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity
- Ultrasound capacity to achieve plan reliant on more WLI or insourcing

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Teams settling into CDH
- Continued use of the mobile unit
- Continued with weekend waiting lists across all sites
- Completed a review of admin structure which is now waiting feedback from finance
- Starting to scope opportunities for urology to have an addition 2 sessions to manage their increasing capacity
- Increased number of sessions at ECH as nurse staffing has allowed.
- Working with radiology in order to provide additional adhoc ERCP sessions in order to manage demand

What are we going to do next?

- Planning to increase available sessions at KTC by further 6 from mid July
- Recruiting to vacant 8a/7 nurse endoscopist post.
- Recruiting another trainee nurse endoscopist
- Recommence use of Circle Healthcare (previously BMI) to assist with surveillance backlog

Issues

- Capacity of booking team to book patients continuing to be an issue

Operational Performance: DM01 Diagnostics | Waiting List and Activity

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

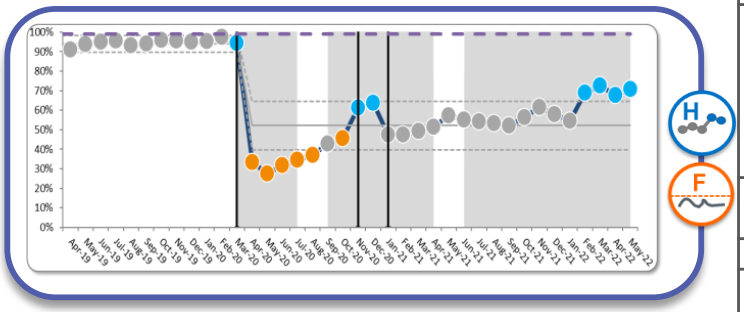
Worcestershire Acute Hospitals NHS Trust

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

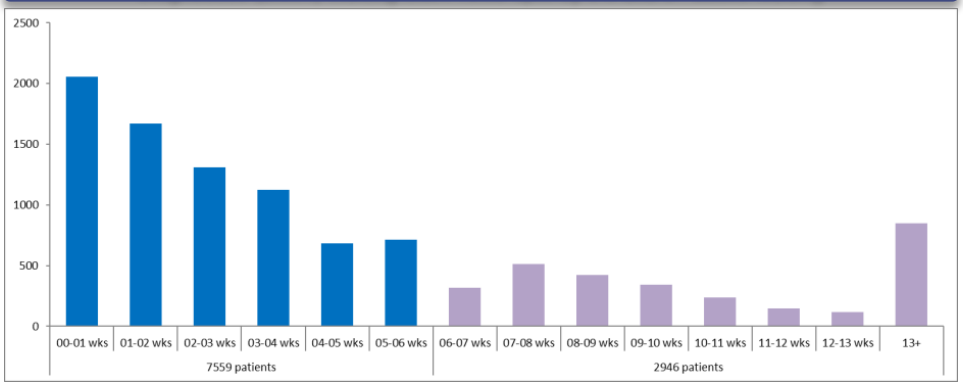
Trust Total			Radiology			Physiology			Endoscopy		
10,505	2,946	72.0%	6,310	1,480	76.5%	2,453	850	66.6%	1,652	616	62.7%

DM01 Diagnostics % patients within 6 weeks

72.0%



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



Respiratory Physiology - Sleep Studies

What have we been doing?

- Service has changed to drive through service at WRH
- All referrals are validated by a senior member of the team

What are we going to do next?

- Look into ways of increasing the throughputs but limited by equipment availability

Issues

- Limited equipment which affects the increasing demands

CARDIOLOGY – ECHO

What have we been doing?

- Consultant team have completed clinical validation of the waiting list
- Echo service has returned to sites to allow for services close to home, but with change in appointment timings to allow for increased throughput
- WLIs taken place on weekends to help backlogs and will continue throughout this project

What are we going to do next?

- Continued WLI clinics where possible

Issues

- Staff shortages due to high vacancy rate
- Difficulty in obtaining and retaining locums

Current Assurance Level: 5 (May-22)

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

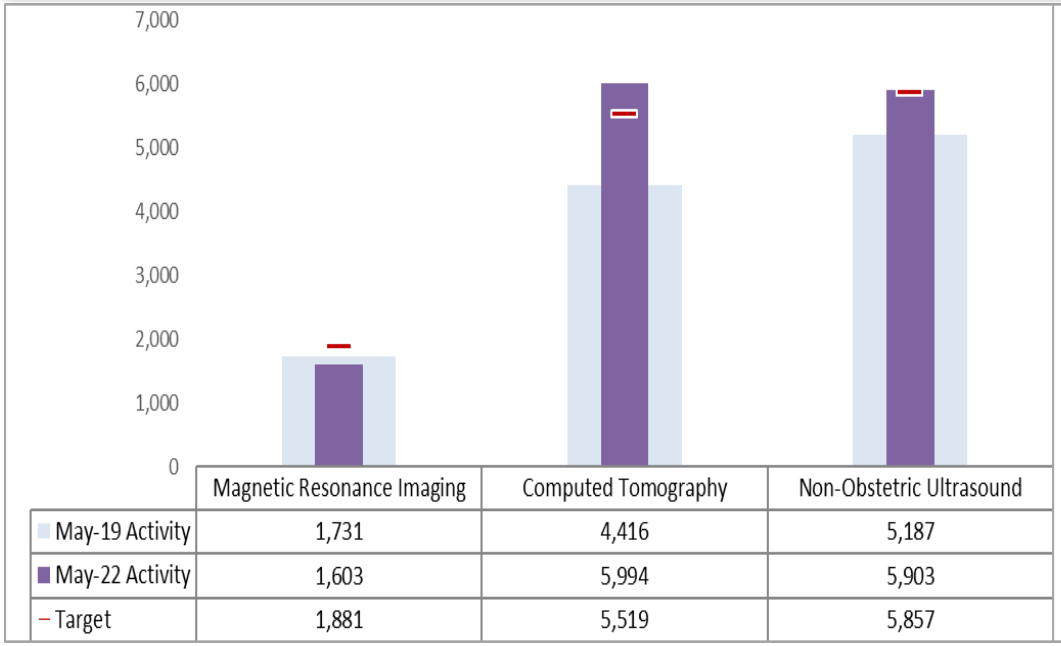
Previous assurance level: 5 (Apr-22)

SRO: Paul Brennan

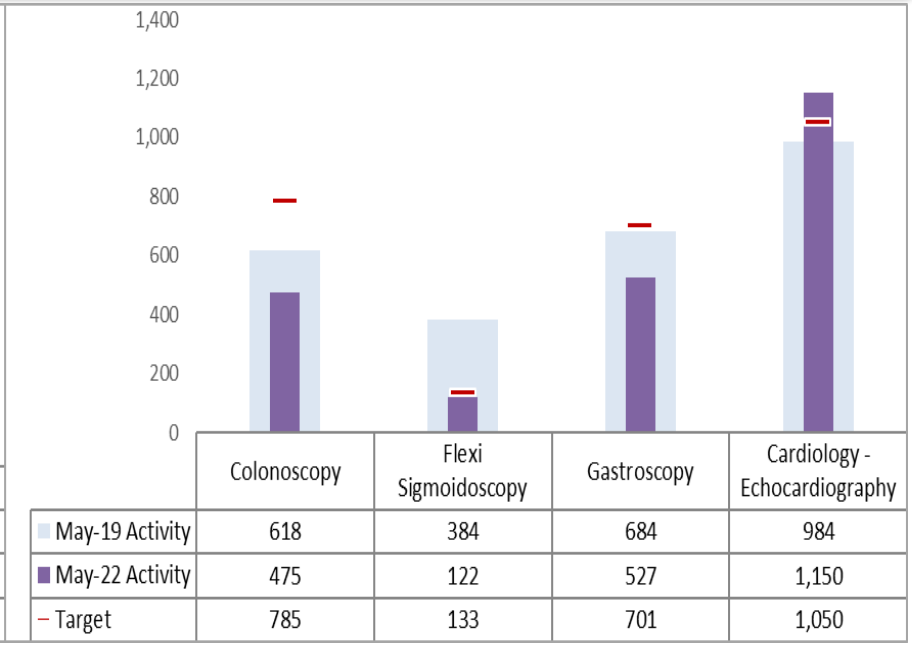
Month 2 [May] 2022-23 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for May-22 as 20th June 2022

DM01 Diagnostics | May 2022 Diagnostic activity compared to 2019/20 and Annual Plan 22/23



	Magnetic Resonance Imaging	Computed Tomography	Non-Obstetric Ultrasound
May-19 Activity	1,731	4,416	5,187
May-22 Activity	1,603	5,994	5,903
Target	1,881	5,519	5,857



	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Cardiology - Echocardiography
May-19 Activity	618	384	684	984
May-22 Activity	475	122	527	1,150
Target	785	133	701	1,050

These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

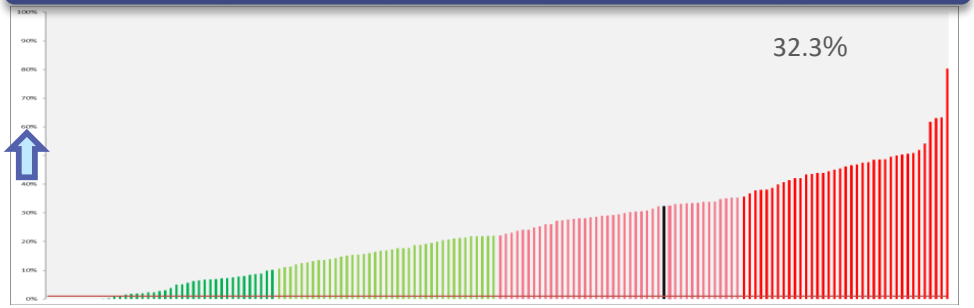
Please note the different axes.

Operational Performance: Diagnostics (DM01) Benchmarking

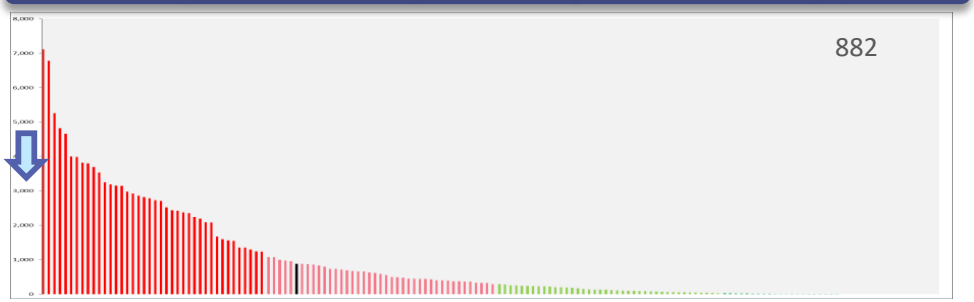
STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

National Benchmarking (April 2022) | The Trust was one of 11 of 13 West Midlands Trust which saw an decline in performance between Mar-22 and Apr-22. This Trust was ranked 6 out of 13; we were ranked 6 the previous month. The peer group performance ranged from 5.58% to 51.90% with a peer group average of 35.94%; declining from 32.07% the previous month. The England average for Apr-22 was 28.40%; a 3.6% decrease from 24.85% in Mar-22.
In Mar-22 , there were 151,896 patients recorded as waiting 13+ weeks for their diagnostic test; 879 (0.57%) of these patients were from WHAT.

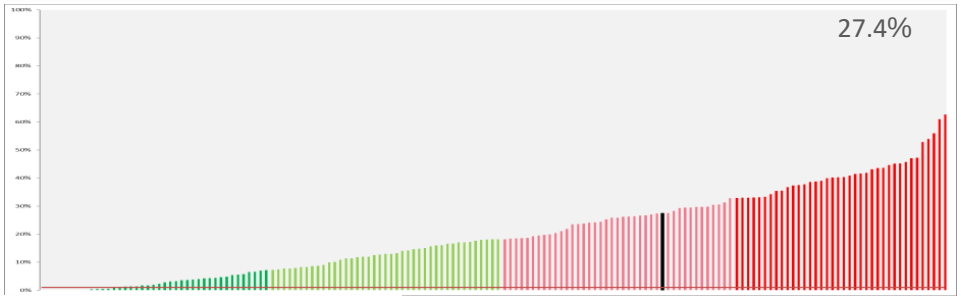
DM01 Diagnostics - % of patients waiting more than 6 weeks | Apr-22



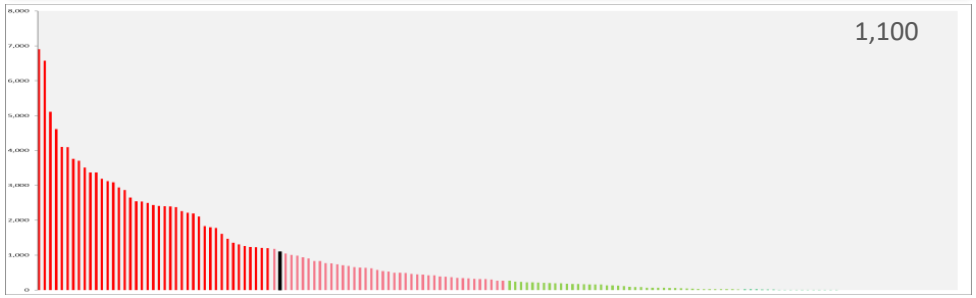
DM01 Diagnostics - number of patients waiting more than 13 weeks | Apr-22



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



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



WAHT — Operational Standard 1%

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

Operational Performance: Stroke

STRATEGIC OBJECTIVE ONE: BEST SERVICES FOR LOCAL PEOPLE | BS1 Work with partners to deliver high quality seamless care

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		SSNAP Q4 21-22 Jan-22 to Mar-22			
59.1%	E	22.7%	E	27.3%	D	96.9%	N/A	Score	68.6	Grade	C

What does the data tell us?

- Q4 SSNAP has been published and although we improved our overall score from 72 to 76 (still a grade B) for the main indicators, this has reduced to a grade C due to lower case ascertainment and audit compliance bands triggering a 10% reduction in our score.

	SSNAP Domain	2021/22 Q4
1	Scanning	C
2	Stroke unit	E
3	Thrombolysis	E
4	Specialist Assessments	B
5	Occupational therapy	A
6	Physiotherapy	A
7	Speech and Language therapy	A
8	MDT working	B
9	Standards by discharge	A
10	Discharge processes	A
Combined Total Key Indicator score and Level		76 B
Case ascertainment band		80-89%
Audit compliance band		B
SSNAP score		68.6
Team-centred SSNAP level (after adjustments)		C

- Both the patients spending time on the stroke unit and direct admission metrics are showing special cause concern. These continue to the significant limiting factors on achieving anything other than a grade E for the Stroke Unit domain and a grade B overall.

What are we doing to improve?

- Patients Admitted Within 4 Hours: This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) has again closed with no adverts. Plan to have funding transferred to Acute Trust and for us to employ – discussions ongoing with HACT. This post will provide an overview of stroke capacity across the pathway and support the management of beds across the stroke pathway. Examples of inappropriate pre-alerts have been sent to WMAS and still awaiting a response. Limited stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). A substantive consultant has been appointed (commences July 22). A 2nd substantive appointment has been made (50% working with academy), to commence in July. Advert for stroke consultant currently live (closing date 10/7/22) along with a 12 month 50/50 stroke/neurology locum post (closing date 26/6/22).
- 90% Stay on Stroke Ward: Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- Specialty Review Within 30 Minutes: All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. 24/7 CNS is now fully established. A Stroke Nurse Consultant has now also commenced which will support this metric. A local 24/7 stroke on call rota to support thrombolysis decision-making was trialled for the month of February. The impact of this is currently being analysed and has ceased at present due to resource availability. Long term aim for this to be permanently implemented, however this is being run on goodwill at present so is dependent on successful further recruitment and input from Wye Valley Trust consultants – due to their own current resource issues, they are unable to support this at present.
- TIA Patients Seen Within 24 Hours: All referrals now triaged appropriately by Stroke consultant resulting in some rejections. We are improving performance each month and achieving the target of 80% (achieved last 6 months).

Current Assurance Level: 5 (May-22)

When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade.

Previous Assurance Level: 5 (Apr-21)

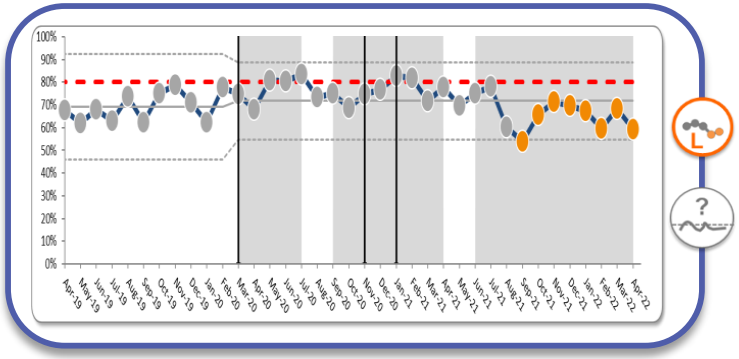
SRO: Paul Brennan

Month 1 [April] | 2022-23 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for Apr-22 as 23rd June 2022

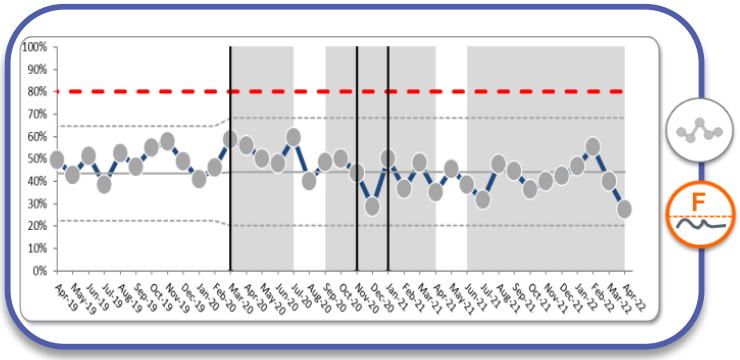
Stroke: % patients spending 90% of time on stroke unit

59.1%



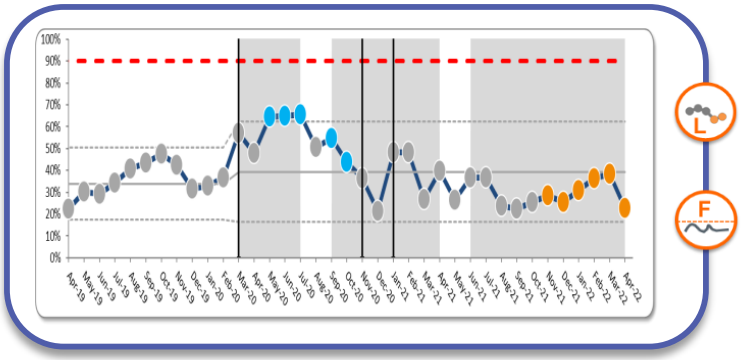
Stroke : % CT scan within 60 minutes

22.7%



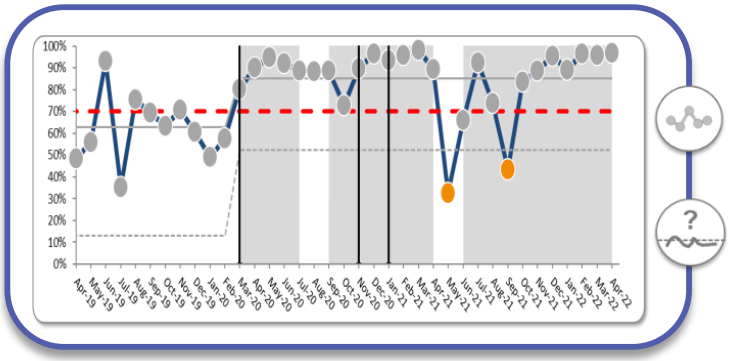
Stroke : % Direct Admission to Stroke ward

27.3%



Stroke: % seen in TIA clinic within 24 hours

96.9%



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.

COVID Wave

Lockdown

Quality and Safety

Summary Performance Table | Month 2 [May] 2022-23

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	May-22	6	4			5	0	11
	Ecoli	May-22	1	4	L		4	0	9
	MSSA	May-22	1	0			2	0	6
	MRSA	May-22	0	0	L		0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		May-22	0	-	L		0	0	2
Falls per 1,000 bed days causing harm		May-22	0	0.04			0	0	0
% medicine incidents causing harm		May-22	1.78	11.71		P	3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	May-22	90.1	100			91	79	103
	Hand Hygiene Compliance to practice	May-22	99.7	98		P	99	99	100
VTE Assessment Rate		May-22	93.22	95	L		96	94	98
Sepsis	Sepsis Screening compliance	Apr-22	87.5	95			83	71	95
	Sepsis 6 bundle compliance	Apr-22	76.47	95		F	53	29	78
#NOF time to theatre <=36 hrs		May-22	61.1	85			76	57	95
Mortality Reviews completed <=30 days		Nov-20	35.5	-		P	43	20	67
HSMR 12 month rolling average		Mar-22	102.44	-			104	101	107
Complaints responses <=25 days		May-22	73.44	80			77	46	107
Ice viewed reports	ICE viewed reports [pathology]	Apr-22	93.7	-	L	P	95	93	97
	ICE viewed reports [radiology]	Apr-22	88.8	-	H	P	86	82	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	May-22	14.21	20			17.16	12	23
FFT A&E Recommended	May-22	88.24	95		F	82.46	75	90
FFT Inpatient Response	May-22	29.7	30			31.63	24	39
FFT Inpatient Recommended	May-22	97.6	95	H		95.83	94	98
FFT Maternity Response	May-22	3.2	30	L		17.65	4	32
FFT Maternity Recommended	May-22	100	95			93.51	73	114
FFT Outpatients Response	May-22	11.91	10			10.49	7	14
FFT Outpatients Recommended	May-22	96	95			93.47	92	95

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	• Based on the national target, we have not met the monthly trajectory set for C.difficile infections. • 11/111 areas in May-22 did not achieve their 100% Hand Hygiene participation rate. • The Hand Hygiene Compliance to Practice was above target at 99.7%, and has now been compliant (>=98%) for 31 of the last 32 months. • There were no new COVID outbreaks declared in May-22. There is currently 1 ongoing COVID outbreak in the monitoring phase. • All but 1 of the high impact intervention audits in May-22 achieved a compliance of over 95%. • Antimicrobial Stewardship overall compliance dropped in May-22 and missed the target of 90%.
SEPSIS 6	• Our performance against the sepsis bundle being given within 1 hour has increased in Apr-22 and, although not compliant with the 90% target, has reached it's highest level. • The Sepsis screening compliance increased for the 4th consecutive month, but is still a little under the target. • Antibiotics provided within 1 hour fell for the 4th consecutive month and is still below target. • All five of the other elements of the Sepsis Six bundle were above the 90% target.
VTE Assessments	• For the third month running, we have been just below the Trust target of 95%. This follows 35 consecutive months being compliant. • Excluding W&C, the Surgical Division (90.94%) were the only Division to not achieve the 95% target.
ICE Reporting	• The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 24 months (range 80.56% to 91.37%). But there has been special cause improvement every month since Aug-21. • The Target of 95% for viewing Pathology Reports on ICE was missed for the tenth month running in Apr-22 at 93.7% (this follows 12 months consecutive compliance). There has been special cause concern since Sep-21.
Fractured Neck of Femur	• There were 72 #NOF admissions in April. Our performance within 36 hours was 61.1% and the average time to theatre was 43.7 hours. • There were a total of 25 breaches in April – 39.3% due to theatre capacity and 21.4% due to the patient being medically unfit. • We have the 9th highest in-hospital crude mortality rate in the Midlands.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	• The recommended rate for Inpatients has been achieved for 23 of the last 24 months • The recommended rate for Maternity achieved target at 100%. However although the response rate increased in May, it was only 3.2%. • The recommended rate for Outpatients rose slightly again in May-22 and achieved it's highest performance to date. • The recommended rate for A&E has improved for the 3rd consecutive month and is at it's highest rate since Jan-21.
Complaints	• After 2 consecutive months reaching the target, compliance dropped below 80% in Apr-22. Complaints responded to within 25 working days is currently showing normal variation.

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices

C-Diff * National target of 79		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA * National target of 0		Klebsiella species * National target of 35		Pseudomonas aeruginosa * National target of 23	
May actual vs target	Year to date actual / year to date target	May actual vs target	Year to date actual / year to date target	May actual vs target	Year to date actual / year to date target	May actual vs target	Year to date actual / year to date target	May actual vs target	Year to date actual / year to date target	May actual vs target	Year to date actual / year to date target
6/6	14/13	1/3	3/6	1/1	2/3	0/0	0/0	1/3	4/5	1/2	1/4

What does the data tell us?

- Based on the national target, we have not met the monthly trajectory set for C.difficile infections.
- There was 1 new C.Difficile PII (Period of Increased Incidence) outbreak declared in May-22, bringing the total to 2 ongoing C.Difficile PII outbreaks.
- 11/111 areas in May-22 did not achieve their 100% Hand Hygiene participation rate.
- The Hand Hygiene Compliance to Practice was above target at 99.7%, and has now been compliant (>=98%) for 31 of the last 32 months.
- There were no new COVID outbreaks declared in May-22. There is currently 1 ongoing COVID outbreak in the monitoring phase.
- All but 1 of the high impact intervention audits in May-22 achieved a compliance of over 95%.
- The only audit to drop below target was "*Prevent Infection in Chronic Wounds*" (87.50%).

- **C.difficile outbreaks:** Aconbury 4 has had no further cases and is being closely monitored. Aconbury 3 PII is now an outbreak (8th June) with 4 cases 3 of which are 955 type with 1 sample awaiting results.
- Due to the high incidence of CDI within the Aconbury Building focused weekly Building Environmental Review Meetings were held by the DIPC with PFI partners and the Capital Team during May 22 to drive rapid improvement in standards, and ensure collaborative working. There has been notable progress to improve the fabric of the environment and cleaning standards however there is still works to be progressed such as flooring in the corridor therefore the meetings are to continue in June 22.
- Weekly walkabouts by senior leaders in place.
- A location for the bed and trolley deep cleaning facility has been identified on both sites. Work is progressing to operationalise the Alex site facility. The WRH site location will need capital works to enable it to progress, and that is presently being worked on.
- The tabletop review meeting was held with NHSEI, UKHSA, and CCG on 06-05-22 to review our learning and actions in relation to CDI. We have received the report and have a green Rating from NHSEI. Further assurance is being sought by NHSEI via quarterly CDI review meetings first meeting 29th July 2022

Current Assurance level – Level 6 COVID-19 / Level 4 for non-Covid Reason: Current performance in relation to C.difficile	**When expected to move to next level of assurance for non Covid**: This will be next reviewed at CGG, when quarter 4 performance can be assessed.
Previous assurance level (Apr-22) –Level 6 COVID-19 / Level 4 for non-Covid	SRO: Paula Gardner(CNO)

Infection Prevention and Control Benchmarking

Source: Fingertips (up to March 2022)

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 3rd highest for hospital onset-healthcare associated C. difficile infections. Our rate stands at 24.2 cases per 100,000 bed days, which is above both the overall England and Midlands rate. Wye Valley is the highest Trust and has a rate of 59.0 cases per 100k bed days.
E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 9th best. Our rate stands at 14.8 cases per 100,000 bed days, which is below the overall England and Midlands rate.
MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 13th best. Our rate stands at 9.4 cases per 100,000 bed days, which is below both the overall England and Midlands rate.
MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 15th best. Our rate stands at 1.0 cases per 100,000 bed days, which is the same as overall England and above the Midlands rate.

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

Area	Count	Per 100,000 bed days
England	6,018	18.3
Midlands NHS Region	1,022	16.7
Worcestershire Acute Hospitals	59	24.2

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

Area	Count	Per 100,000 bed days
England	7,068	21.5
Midlands NHS Region	1,217	19.9
Worcestershire Acute Hospitals	36	14.8

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

Area	Count	Per 100,000 bed days
England	3,703	11.3
Midlands NHS Region	606	9.9
Worcestershire Acute Hospitals	23	9.4

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

Area	Count	Per 100,000 bed days
England	281	1.0
Midlands NHS Region	34	0.7
Worcestershire Acute Hospitals	2	1.0