

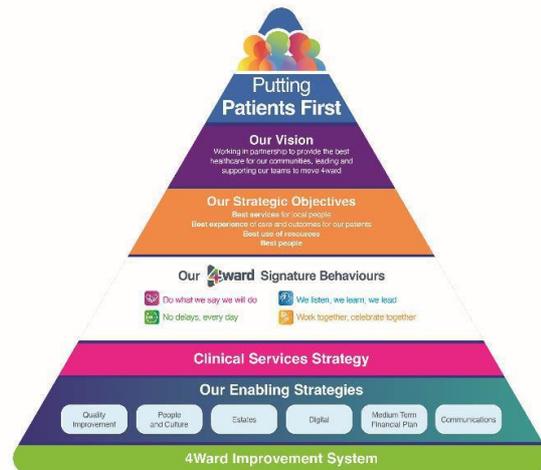
A G E N D A

TRUST BOARD

Thursday 8th June 2023

10:00 – 12:00

Microsoft Teams and live streamed on YouTube.



Anita Day
Chair

Item	Assurance	Action	Enc	Time
034/23	Welcome and apologies for absence:			10:00
035/23	Patient Story			10:05
036/23	Items of Any Other Business To declare any business to be taken under this agenda item			
037/23	Declarations of Interest To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.			
038/23	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 11th May 2023</i>	<i>For approval</i>	Enc A Page 4	10:30
039/23	Action Log	<i>For noting</i>	Enc B Page 13	10:35
040/23	Chair's Report	<i>For noting</i>	Verbal	10:40
041/23	Chief Executive's Report	<i>For noting</i>	Enc C Page 14	10:45
042/23	Communications & Engagement Report Director of Communications	Level 5	<i>For noting</i> Enc D Page 17	10:55
Best Services for Local People <i>BAF 2, 11, 13, 14, 16, 17, 18, 21</i>				
043/23	Moving 4ward on Foundation Group Membership Director of Strategy & Planning	Level 5	<i>For approval</i> Enc E Page 23	11:00

044/23	Good Governance Institute Report regarding Well Led Director of Corporate Governance	Level 4	For assurance	Enc F Page 33	11:20
045/23	Quality Account Chief Nursing Officer	Level 5	For approval	Enc G Page 36	11:30

Best Experience of Care and Outcomes for our Patients

BAF 3, 4, 11, 19, 20

046/23	Integrated Performance Report Executive Directors	Level 4	For assurance	Enc H Page 111	11:40
047/23	Committee Assurance Reports Committee Chairs		For assurance	Page 192	12:00

Best Use of Resources

BAF 7, 8, 11

Included within Best Experience of Care reports

Best People

BAF 9, 10, 11, 15, 17

048/23	Safest Staffing Report Chief Nursing Officer		For assurance	Enc I	12:05
	a) Adult/Nursing	Level 6		Page 200	
	b) Midwifery	Level 6		Page 208	

Governance

049/23	Board Assurance Framework Director of Corporate Governance	Level 5	For approval	Enc J Page 216	12:15
050/23	Audit & Assurance Report Committee Chair		For assurance	Enc K Page 222	12:20
051/23	Trust Management Executive Report Chief Executive		For assurance	Enc L Page 225	12:25
052/23	Terms of Reference: a) Finance & Performance Committee b) Quality Governance Committee Director of Corporate Governance		For approval	Enc M Page 229	12:30
053/23	Any Other Business <i>as previously notified</i>				12:35

Close

Appendices are enclosed within the Reading Room

Seven Levels of Assurance

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

Board Assurance Framework

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

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

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 11 MAY 2023 AT 10:00 AM
VIA MS TEAMS AND STREAMED ON YOUTUBE**

Present:		
Chair:	Anita Day	Chair
Board members: (voting)	Matthew Hopkins Simon Murphy Neil Cook Christine Blanshard Colin Horwath Jackie Edwards Tony Bramley Dame Julie Moore Karen Martin	Chief Executive Non-Executive Director Chief Finance Officer Chief Medical Officer Non-Executive Director Interim Chief Nursing Officer Non-Executive Director Non-Executive Director Non-Executive Director
Board members: (non-voting)	Richard Oosterom Richard Haynes Vikki Lewis Rebecca O'Connor Tina Ricketts Sue Sinclair Jo Newton Michelle Lynch	Associate Non-Executive Director Director of Communications and Engagement Chief Digital Information Officer Director of Corporate Governance Director of People and Culture Associate Non-Executive Director Director of Strategy & Planning NExT Director
In attendance	Justine Jeffery Lisa Peaty Jo Wells Melanie Stinton Jo Ringshall Jessica Thompson	Director of Midwifery Deputy Director of Strategy and Planning Deputy Company Secretary Freedom to Speak Up Guardian Healthwatch Preceptorship Lead Midwife (Staff Story)
Public		Via YouTube
Apologies	Matt Powls	Interim Executive Operations Director

- 020/23 **WELCOME**
Ms Day welcomed everyone to the meeting, including the public viewing via YouTube, observers and staff members who had joined.
- Ms Day referred to the signature behaviours, particularly listening, learning and leading. The staff story was an example of working together and celebrating together.
- 021/23 **STAFF STORY**
Ms Edwards thanked Ms Thompson for attending the meeting to share her story.
- Ms Thompson shared a presentation regarding the journey of preceptorship in midwifery. Ms Thompson volunteered for the role 6 years ago as there was little support for her when she was newly qualified and she wanted to help others. As of January last year, funding was made available to make the role a full time post. It was recognised that to assist with retention, there was a need for a full package to be available for staff. There are now 23 newly qualified

midwives under preceptorship. Last year 13 progressed to band 6 roles and 9 had to date this year.

Ms Thompson worked with the newly qualified members and the clinical workforce to further enhance the package and to ensure that there was a robust process.

A rotational basis framework was shared which included peer support for students. The rotation found that they are supporting the development of all round practitioners at the start of their career.

A newly developed continuity model framework had been launched and it was found that the protected supernumerary time created a foundation for integration. 3 newly qualified staff were placed per team to ensure that there was sufficient support and buddy meetings had been established. Staff were encouraged to identify their own needs and gaps in order to develop all round practitioner skills. Unit days were scheduled to provide exposure to an inpatient setting to assist with competency achievements. Monthly drop ins were held with the continuity lead to ensure that a support network is in place.

The keys of success were attributable to creating a vision, communication across all platforms and a lead individual to coordinate development with oversight of the programme. There had been 100% retention of all midwives who have progressed through preceptorship, providing them with the tools they need to flourish. Great feedback had been received.

Ms Day thanked Ms Thompson for sharing her story. Lots of progress has been made thanks to this model and recent media articles have given national recognition.

Ms Jeffrey advised there were 3 bespoke pathways available. Ockenden raised lots of questions around whether newly qualified midwives should be working in the community and this model showed that it works and they are supported. The programme is recognised by the Royal College of Midwives (RCM). Ms Thompson added that the Royal College of Nursing handbook recognised the Trust's work with preceptorship. Ms Edwards added that the experience of preceptorship and how it has been built and delivered shows how talent is now supported.

Mr Murphy reflected that as the previous Maternity Safety Champion, you could feel the environment when teams were under pressure and short staffed. Retaining newly qualified staff and giving them a career is so important. Ms Stinton was proud to hear of the progress that has been made. Ms Stinton had worked with Ms Thompson in the community when she was newly qualified.

Mr Bramley observed the success of the project and asked if the role was permanently funded. Ms Thompson confirmed that it was. It had been recognised nationally that it's an important part of the governance structure and recognised by Ockenden. Dr Sinclair commended the endeavour, adding that it was the hardest time to become a midwife and stick with it as there had been much scrutiny following Ockenden.

Ms Day echoed the comments made. To achieve 100% retention was a great feat for such a new scheme. The RCM recognising the Trust for a national case study is fantastic.

022/23

ANY OTHER BUSINESS

Ms Day informed the Board that it was Ms Edwards last Board meeting. Ms Edwards was thanked for stepping in to the role of Chief Nursing Officer; Ms Day and the whole Board wished her well in her new role.

022/23 **DECLARATIONS OF INTERESTS**

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

024/23 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 13 APRIL 2023**

The minutes were approved. Some minor amendments were highlighted and would be updated.

RESOLVED THAT: The Minutes of the public meeting held on 13 April 2023 were confirmed as a correct record with the above amendments.

025/23 **ACTION SCHEDULE**

One item was outstanding and is being updated as part of review of the Board development plan.

026/23 **CHAIR'S REPORT**

Ms Day advised that due to time constraints she had taken Chair's action relating to a Contract Governance Award, which had been earlier recommended for approval by the Finance & Performance Committee.

RESOLVED THAT: The Chair's action was ratified.

027/23 **CHIEF EXECUTIVE'S REPORT**

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

- Industrial action continued. A ballot was currently underway with medical staff therefore the industrial action would continue into this financial year. It was a burden and toil for operational teams and patients are being disrupted. A swift agreement by the government and trade unions was encouraged.
- The Trust had now submitted the annual performance and Annual Plan for this year. It will be challenging, however a break even plan was submitted.
- The 4Ward Improvement System was in its second year of implementation. The roll out of flow and discharge processes would be accelerated under the leadership of Dr Blanshard with Executive support. It was recognised that changes piloted have been shown to reduce time for discharge summaries to be prepared and the preparation of drugs to enable discharge earlier in the day.
- A visit to the Virginia Mason Institute was being planned for later in the year.
- There had been a recent incident involving a ward at the Alex where there was an infestation of booklice. Cleaning was ongoing. Thanks were extended to staff and there was good, positive response from teams.
- Dr Blanshard and Mr Cook were both confirmed as Deputy Chief Executive Officers. Quality and safety and cost improvement were both key priorities of the Trust and the deputies reflected those priorities.

Mr Horwath referred to the 4Ward Improvement System and asked whether we are where we should be in the context of the programme for improvement. Mr Hopkins replied that there has been faster progress in some elements. The challenge has been being able to free people up to attend training and that continues to be a challenge. Weekly stories are shared of the good adoption of the programme. The key for this year is the importance of the board leadership of the improvement system, supporting teams, getting people trained, then rolling out the improvements and celebrating them. Over 1000 staff have been trained so far, but there is still a long way to go. This is a life long journey.

Mr Murphy advised that guidance was issued on 19th April requesting that all Trusts have an evidence based system in place and noted that the 4ward Improvement System fully addressed this.

Ms Day recognised the commitment of senior leaders and continued to be grateful for the efforts being made in relation to industrial action.

RESOLVED THAT: The report was noted.

Best Experience of Care and Outcomes for Patients

028/23 INTEGRATED PERFORMANCE REPORT

Ms Lewis presented the report for month 12 which had been reviewed at sub-committees with an assurance level of 4. The Quality Governance Committee requested an amendment of the assurance level of neck of femur which was reduced from 5 to level 4.

Operational Performance

- A number of patients had been impacted by the junior doctor industrial action during April. These patients had all now been rebooked for treatment.
- Good progress was being made with the cancer two week wait standard. The fourth consecutive month had been achieved.
- Best practice pathways continued to show improvement.
- Challenges with urology remained.
- There was an improvement in the benchmark position.
- 0 patients were waiting over 104 weeks. 310 were waiting over 78 weeks and this is an improvement on the forecast position.
- Elective taskforce continues to meet weekly and have oversight at specialty level. Improvements were being seen with the long wait position.
- Diagnostics had additional support within the community.
- Patient flow remained a concern. A high number of covid patients impacted on flow.
- Bed occupancy remains high and does not include boarding figures.

Quality

- Ms Edwards noted that IPC is a priority. There have been increased cases of C.diff and the numbers have exceeded yearly target. There is robust reporting into the ICB and NHSE with an action plan in place and quarterly tabletop reviews.
- New IPC guidelines for the management of Covid have been published and teams were reviewing with an implementation plan in progress and date for roll out in May 2023.
- There had been a period of increased prevalence of norovirus with outbreaks across a number of wards given the risk of cross infection this has impacted on patient movement through the hospital and into community hospitals. Lots of sanctions were in place with back to basics elements for staff.
- A rolling programme of deep clean was taking place at the Alex. This has followed an incidence of an infestation of booklice on 3 ward areas, but has facilitated a hospital wide programme for all ward and will include ED.
- Table top reviews had been carried out for covid and norovirus in order to capture the learning and support challenged areas.

- An increased in patient falls was reported, though these were not falls resulting in harm. Increased focus had been placed on staff training to ensure there is increased awareness.
- Complaints have seen a 25% rise, particularly within surgery with a theme of patient concerns over the length of wait for care/treatment. The CNO has holding weekly meetings with surgical leadership team to provide support and to unblock any delays.
- Patient experience are reporting through Friends & Family a sustained level of positive experiences.

Dr Blanshard observed that the balance between the performance, finance and quality measures reported required more detail and improvements to the quality and breadth. Neck of femur was downgraded on the basis of compliance dropping to 62% and not achieving the target of patients getting to theatre within 36 hours. Industrial action had had an impact which resulted in trauma lists being cancelled. The average time to theatres is currently 39.7 hours.

Mr Bramley referred to stroke reflecting it was difficult to see a level of confidence to make improvements. Dr Blanshard confirmed that the metric in the report relates to arrival at the Trust into the acute stroke unit in 4 hours. The drop in performance correlated to the overall problems with patient flow as the clock starts when the ambulance arrives, not when the patient arrives in ED. There was a ring-fenced hyper acute stroke bed for patients who require thrombolysis, but the bed often gets filled and there needed to be other bed moves in order to release it. The stroke team attends ED to complete assessments and thrombolise in ED, but this is not ideal. Until the issues with patient flow are resolved, the metric is unlikely to move.

Mr Murphy referred to patient flow and asked what was being done with system partners to make improvements. Dr Blanshard replied that there are two aspects to patient flow: some issues with flow are within our gift and responsibility to resolve ourselves and the other is working with system partners. Part of the issue is different areas of work happening with different groups which need to be aligned. There needed to be a clearly articulated vision of good patient flow and using 4Ward Improvement principles to eliminate waste and streamline the process. Planning was underway to put together a team to bring the process together. Winter initiatives needed to be managed and there is a review of bed capacity taking place across the system and Ms Newton advised that a workshop was scheduled for winter planning in June. Mr Murphy encouraged applying pace and commended the team for performing top of the table for two week waits for breast symptomatic.

Ms Edwards advised that there was heightened quality surveillance in surge areas and boarding alongside continued discussions with system partners.

Mr Hopkins noted the ICB had commissioned a review of length of stay in acute and community beds; the report had now been received and would be reviewed through Trust Management Executive and sub-committees. The position of tier 2 of oversight of urgent and emergency care should have clear reporting into the Board and the ICB. All agreed that the 4Ward value stream for flow will be accelerated.

The new ED was progressing and there needed to be clear planning and execution, with oversight provided at Strategic Programme Board.

People & Culture

Ms Ricketts highlighted the following:

- There are issues with adding sex status categories, therefore it was suggested that the element is removed from reporting whilst work was underway to address with the LGBTQ+ network.
- There had been a deterioration with job planning. The team were working with divisions to have ensure that corrective plans are in place.
- Bank and agency costs were linked to Productivity and Efficiency Programmes. There was a high number of saving schemes and a challenging target. Robust plans needed to be in place to achieve and this would be driven through the Transformation Board that is being created.
- The workforce bridge is complete and provides a better understanding of where growth has been. A review would take place with divisions to consider whether there has been value from investment and a report presented to the Finance & Performance Committee and the People & Culture Committee.

Ms Martin was pleased to hear focus was on job planning and asked whether there were any missed opportunities due to the low level of compliance. Ms Ricketts replied that job planning was on a journey. Dr Blanshard noted there tended to be a cycle of job planning at the beginning of the financial year, however, teams were increasingly reliant on existing staff doing additional work and working more flexibly. A move to increase e-rostering was encouraged to allow annualised job planning throughout the year, and further training in managing this was required.

Mr Oosterom joined the meeting.

Mr Horwath queried if more could be done to support those trying to get consultants in post. Dr Blanshard replied that increased capacity was required in medical resourcing as there are delays. An RPIW in June had been planned to consider medical recruitment and remove waste in the process. Steps needed to be taken to work more efficiently. The CSU had identified opportunities to switch to substantive appointments and these were included in the PEP plan.

Finance

Mr Cook drew attention to the following key points:

- The financial plan was achieved.
- Pension contribution and pay award accruals in month do not impact on financial performance.
- PEP ended the year with £10m of savings against a target of £15m.
- Slippage in business cases was mitigated with a release from the balance sheet to achieve the end of year position.
- There was a significant capital programme of £52m. Just over £50m was delivered and the remainder brokered into next year.
- The retrospective UEC VAT reclaim was not included in the plan for next year.

Mr Oosterom commended achieving the financial target, however noted that PEP was not achieved and the run rate was not improving. It was important that progress is seen and Mr Oosterom asked how assurance would be provided. Mr Cook replied that additional capacity for PEP needed to be stepped up. A weekly oversight board was being created to work with teams over a 4-6 week period.

Mr Hopkins acknowledged progress made in financial improvement and doing what we said we would. There are some benchmarks which show the Trust is performing better than others from a productivity perspective, such as theatre utilisation. The Transformation Delivery

Board would be established and to hold divisions to account. Good progress made with the reduction of agency spend should be built upon. It was known that there is further opportunity and teams needed to get behind it to improve the position further.

Ms Day acknowledged the progress being made and the next steps to do more.

Assurance level 4 was approved.

RESOLVED THAT: The report was noted for assurance.

029/23 **COMMITTEE ASSURANCE REPORT**

- Finance & Performance – Theatre productivity improvements were presented. 4Ward Improvement was making good progress but there was more to do. The Centralised Recruitment & Medical Resourcing Additional Posts Business Case was discussed and approved which is a key vehicle to reduce bank and agency costs.
- Quality Governance Committee – The industrial action risk assessment was reviewed. IPC and stroke were discussed.

RESOLVED THAT: The Committee report was noted for assurance.

Best People

030/23 **FREEDOM TO SPEAK UP REPORT**

Ms Stinton presented the report and provided the following update and the following key points were noted:

- A self-assessment had been completed with the biggest gap being mandatory training for all staff. A process was being drafted for approval at Trust Management Executive.
- There had been a percentage of anonymous concerns raised. There was uncertainty why 46% were anonymous as feedback noted that staff were confident to raise concerns. Training would assist with helping staff to understand the process.
- HR were providing assistance with support packages.
- A concern had been raised regarding the lack of Trust hand lotion. This was easily recognised, procured and new dispensers have been installed.
- Protected characteristics were now included within the report.
- Feedback was now included on the portal. A survey is issued for people to fill in and return.

Mr Oosterom asked if there was any correlation in regard to anonymous concerns being raised and bullying and harassment being the most common theme. Ms Stinton replied that there was still fear of detriment and this was echoed nationally. Walkabouts took place with Mr Hopkins to support speaking up and spreading that message.

Mr Oosterom referred to the 42 staff champions and asked if there was good presentation of protected characteristics within the group. Ms Stinton informed that a review was taking place to ensure there is a spread of representation.

Dr Blanshard observed that there had been a decline in the number of cases raised and wondered whether that was indicative of people being more confident about raising concerns through their management group. Ms Stinton replied that the year ended with 146 concerns. There had been a year on year increase but there were dips and peaks throughout the year.

Mr Murphy asked for more information on active bystander training and its impact. Ms Stinton replied that it would be difficult to roll out as training the trainer was required. Much of the content was about empowering staff but much of it related to external factors rather than the workplace, though some elements could be utilised. There is still a proportion of staff to reach and the advocates would be pivotal in rolling it out. A hybrid model was being discussed with the ICB.

Mr Haynes encouraged keeping messages simple and highlighting that staff be encouraged to speak up. Having too many initiatives can distract people from the core element we are trying to achieve.

Ms Day encouraged reassuring staff in speaking up and the feedback that can be provided.

RESOLVED THAT: The report was noted.

031/23 **SAFEST STAFFING REPORT**

a) Adult/Nursing

Ms Edwards provided the following update:

- Level 6 assurance was reported.
- Staffing levels were safe for March.
- Neonatal used additional support and staffing levels were maintained.
- Paediatrics did not achieve RCN safe standards but teams have applied professional judgement and maintained safety.
- Key workstreams currently underway were focused on bank and agency.
- An increase in demand was seen in February but this decreased in March.
- Robust processes were in place for sickness.
- HCA recruitment and retention has been a challenge but significant progress was being made. 58 job offers had been made since the beginning of January. Steps needed to be taken to ensure that they are retained.
- There was an improvement in the vacancy factor thanks to the international nurse programme. 135 had joined the Trust in the last year. Up to 150 may join the Trust this year depending on need.
- A recruitment campaign in the Philippines is now in progress.
- The Best People Programme is gaining good momentum.

Mr Oosterom noted the difficulties in maintaining safe staffing given the current pressures and applauded the team for achieving it.

Assurance level 6 was approved.

b) Midwifery

Ms Jeffrey reported the following:

- Level 6 assurance was reported.
- Safe staffing levels were achieved on all shifts.
- Maintained sickness at 6%.
- Vacancies and turnover have reduced.
- Fill rates for midwives had increased.
- Recruitment was underway for maternity support workers.
- 6 midwives joined in the last month. Posts had been offered to an additional 24 newly qualified midwives to start in September.
- Another part time preceptorship role would be recruited to.

- Maternity leave is starting to increase and is at 5%. Over recruitment should offset the maternity leave.

Ms Day was pleased to see the positive progress being made.

Assurance level 6 was approved.

RESOLVED THAT: The reports were noted for assurance.

Governance

032/23 REMUNERATION COMMITTEE TERMS OF REFERENCE

Ms O'Connor presented the Committee Terms of Reference which were approved at the last Board meeting and had since been updated following Board discussion which reflected the opportunity for all Non-Executive Directors to participate. The quorum had been retained to manage conflict of interest accordingly.

Mr Bramley expressed a governance concern and asked who is holding the Committee to account. Ms O'Connor informed that it is very common across the system for Chairs to chair the Committee. Decisions are subject to ratification at the Board. Any conflicts are taken into account and members excluded from the meeting. NHSE managed outside appointments and the associated remuneration sits externally.

Ms Day added that it was useful to expand the membership. It was taken as a proposal and would proceed on this basis and should any issues arise, it can be reconsidered.

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

033/23 ANY OTHER BUSINESS

Healthwatch were invited to comment. Ms Ringshall was pleased to hear the patient story and the progress made on preceptorship in midwifery. She noted that disabled parking was repeatedly flagged, particularly in areas where there are barriers as people were unsure of the process.

ACTION: Mr Hopkins would seek clarification from Estates & Facilities regarding disabled parking and this would be updated on the Trust's website.

Ms Ricketts informed the Board that the Trust had achieved a Working Well Worcestershire award in relation to the Trust's health and wellbeing offers. Ms Day congratulated the team.

Mr Haynes reminded all that entries for the staff awards went live this week and encouraged applications.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held in person on Thursday 8 June 2023 at 10:00am.

The meeting was closed.

Signed _____
Anita Day, Chair

Date _____

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
13.01.22	Charter	158/21	Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months	MH/TR	March 2022	July 2023	Regular updates on progress against implementation of the Charter are provided to the People & Culture Committee. A Board Development agenda item about Culture will cover the topic.	

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Chief Executive Officer's Report

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

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

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

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

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Introduction/Background

Wellbeing Day

The Trust hosted its first ‘Wellbeing Matters Day’ in May 2023 – a wonderful event which brought together around 100 colleagues from across our hospitals for a day focused on all things wellbeing, with workshops, presentations and some particularly memorable ‘Laughtercise’ sessions. The event, was funded by Worcestershire Acute Hospitals Charity using part of a grant from NHS Charities Together.

As well as being a lot of fun, there was a serious side to the day which was to hear first-hand from colleagues from many different parts of our Trust how to expand and improve our wellbeing offer in ways which best satisfy the needs and wishes of our people, and where any further support from our Charity will deliver the greatest benefit. All the valuable feedback from the day will now be considered carefully and used to shape future developments of our wellbeing offer. Our focus on wellbeing is just one part of our efforts to make our hospitals even better places to work, and by doing that make them even better places in which to be cared for.

NHS75 Malvern Hills Walk

Worcestershire Acute Hospitals Charity are hosting their first ever Challenge Event on Saturday 10 June in celebration of NHS75. 42 walkers will be taking on the nine mile hike across the Malvern Ridge and have all been busy raising sponsorship.

Colleagues from our Improvement Team, Cardiology, Professional Development and MSSU are all taking on the challenge alongside members of the local community plus our own Vice-Chair Simon Murphy.

We are hoping the event will raise £4200 and at the time of writing we were already half way to that total. Some teams are fundraising to provide extra support to their own clinical services and some individuals are raising funds for areas such as Maternity Services and Staff Wellbeing.

Spread of the flow value stream

The changes we have made in our processes for creating electronic discharge summaries, and supplying take-home medication to patients are due to be rolled out more widely during the week commencing 5th June. We have used our 4ward improvement system to streamline these processes and made dramatic reductions in the time taken for this to happen, meaning that patients can potentially get home up to eight hours earlier. Having done proof of concept testing on medical short stay unit at Worcester Royal we are planning to further pilot the changes on Aconbury 3 and 4 and if successful will begin the roll out across the whole Trust. This has the potential to save many bed-days, reduce over-crowding in the emergency departments and reduce ambulance offload delays. And most importantly it will allow many patients to get home to their families and loved ones much earlier in the day.

Joint Five Year Forward Plan

The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts to prepare a Joint Forward Plan (JFP), building on existing system and place strategies and plans. The JFP will describe how the Herefordshire and Worcestershire Integrated Care Board and its NHS partner trusts intend to arrange and provide services to meet their population’s physical and mental health needs, including specific plans for changes to NHS services. It is also the NHS component of the delivery plan of the Integrated Care Strategy co-

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produced by our local Integrated Care Partnership and local Health and Wellbeing Board strategies.

Core areas of focus within the draft JFP to date are: maternity services; early years, children and becoming an adult; learning disability and autism services; mental health and wellbeing; urgent and emergency care services; planned care; cancer; stroke and cardiovascular disease; end of life; long term conditions. In addition, the JFP identifies a series of 'golden threads' and ways of working, as well as focusing on creating a sustainable and inclusive workforce.

The draft JFP was submitted to NHSE on 22nd May and the final version of this JFP will be published on 30th June following feedback from NHSE. The plan has been reviewed at TME with endorsement of the ambition to achieve left shift in terms of service delivery, although dependent on development of a clear system implementation plan. The plan is currently being reviewed for comment by Divisions. Further development of the plan will take place over the summer in conjunction with development of the ICB Medium term financial plan with a final plan anticipated late in Quarter 2 or early Quarter 3. The draft submitted to NHSE can be found in the Reading room.

Issues and options

Recommendations

The Trust Board is requested to

- Note this report.

Appendices – None

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc D

Communications and Engagement Update

For approval:		For discussion:		For assurance:		To note:	x
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Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	Author /s	Richard Haynes

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	Board members are asked to note the report
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Executive summary	<p>This report provides Board members with examples of significant communications and engagement activities (including charity and fundraising activities where relevant) which have taken place since the last update (March 2023) as well as looking ahead to key communications events/milestones in coming months.</p> <p>In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.</p>
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Risk			
Which key red risks does this report address?		What BAF risk does this report address?	BAF Risk 12: If we have a poor reputation then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care

Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A
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Financial Risk	Related activities carried out within the existing communications budget or covered by the budgets of supported projects or programmes.
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Action

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Is there an action plan in place to deliver the desired improvement outcomes?	Y		N	X	N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	X	N			
If no has the action plan been revised/ enhanced	Y		N	X		
Timescales to achieve next level of assurance	Communications and engagement priorities for 23/24 are aligned with Trust planning priorities and timelines in ways which are consistent with our Communications Strategy, subject to capacity constraints. Progress and issues will be reflected in future Board updates					

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Introduction/Background

This report provides Board members with examples of significant communications and engagement activities (including charity and fundraising activities where relevant) which have taken place since the last update (March 2023) as well as looking ahead to key communications events/milestones in coming months.

In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.

Issues and options

Launch of Our 2023 Staff Awards

We officially launched our 2023 Staff Recognition Awards in May, with entries now open for nominations for teams or individual colleagues across a range of categories

- Best Services for Local People
- Best Experience of Care and Outcomes for our Patients
- Best Use of Resources
- Best People
- Putting Patients First Award
- Rising Star Award
- Lifetime Achievement Award
- Best Use of Charitable Funds Award
- Outstanding Volunteering Award
- Patients' Choice Award (*nominated by patients*)



*Recognition
 Awards
 2023*

As well as two special awards which will be chosen by our Chief Executive and Chair.

After last year's memorable live event, the 2023 Awards ceremony, on the evening of 24 November, is again being hosted by our friends at DRPG in their venue at Studio 212.

Dozens of entries were submitted in the first few days following the launch, and members of the charity team will be touring our hospital sites to encourage colleagues to get their nominations in before the 30 June deadline.

Our sponsorship packages have also attracted a great deal of interest with a number of last year's sponsors already signed up for 2023.

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Wellbeing Matters Day

More than 100 members of staff from across the Trust attended our first ever Wellbeing Matters Day in May organised by the Trust Charity, and the Health and Wellbeing Steering Group and supported by the Communications Team.



Our aim was to bring colleagues together to share their experiences and views on how we can work together to create a supportive and productive workplace.

The event included a series of interactive events to reinforce the importance for all colleagues to focus on their own self-care.

It also provided a valuable opportunity to raise awareness of the award-winning package of support available to colleagues and the enhancements to this provision that have been funded by the charity, including the Financial Wellbeing Hub, mental health first aid, carer support and menopause initiatives.

Feedback on the event has been extremely positive and the outputs from a series of breakout sessions will be fed back to the Health and Wellbeing Group to help identify opportunities for further improving our wellbeing offer for staff.

A press release celebrating our success in gaining a **Special Recognition Award from the Worcestershire Works Well Partnership** for our staff health and wellbeing offer also generated significant positive media and social media coverage last month.

CQC Report

There was positive media coverage of the Trust's latest CQC report in April, when the progress made to improve care for patients in our Emergency Departments was recognised and our overall rating in this area improved at both the Alexandra and Worcestershire Royal Hospitals.

Communications support included an internal briefing for colleagues, a briefing for external stakeholders as well as issuing a press statement and content across the Trust's social media channels.

Other proactive media releases generating positive coverage included the story of Lizzie Bentley, a Therapeutic Radiographer from Worcestershire Royal Hospital.



Lizzie was keen to praise the care she received from colleagues at WRH after being diagnosed with Hodgkins Lymphoma – one of the illnesses she provides treatment for as part of her job.

Lizzie is now back at work treating cancer patients at the Worcestershire Oncology Centre, using her first-hand knowledge experience to help support others with cancer through their treatment and further improve the service she works in.

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Other issues which have required significant communications support since the last Board update include:

Board leadership: This is the first communications update to Board since our Chief Executive Matthew Hopkins announced (on 22 March) his departure for a new post.

After managing the communications around that initial announcement, we also supported a co-ordinated series of internal and external briefings ahead of the publication of the paper which is being discussed at today’s Board meeting about seeking full membership of the Foundation Group (working closely with communications colleagues from current Foundation Group member Trusts).

Industrial action: Internal and external communications support has been required for our response to industrial action by a number of health service unions – and continues at the time of writing this report with a further 72-hour walkout by junior doctors due to begin on 14 June.

On a related note, following discussions at Trust Board in May, where the very challenging conditions faced by many of our staff were again acknowledged, we also worked with our Chair to produce [this short ‘thank you’ video message from her](#) which was shared with colleagues in our Staff Facebook Group and through the Chief Executive’s weekly message.

Booklice Infestation: Short term but intensive internal and external communications support was required following the infestation of booklice at the Alexandra Hospital in May which prompted a business continuity incident and visiting restrictions to be put in place over the first May Bank Holiday weekend.

Work in Progress

Development of new Trust website and intranet underway

Work has begun on the development of a new website and new intranet for the Trust following the approval of associated business cases.

An engagement exercise will be carried out with key stakeholders to inform the concept development of the new Trust website, while a new content management system will provide enhanced functionality and security and an easily accessible, refreshed and modern feel for visitors.

The current, dated intranet will be replaced with a customised, digital solution using SharePoint which will provide the Trust with a modern, functional and easy-to-use and maintain intranet. Both projects are aiming for completion by the end of 2023.

Worcestershire Royal Hospital Emergency Department Appeal

Our Charity has launched, or is about to launch, a series of fundraising initiatives with the aim of raising money to enhance the new ED at WRH for the benefit of patients and staff.

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The activities include the Charity’s first ever leaflet door drop, targeting addresses in postcodes closest to the hospital (mail out due to begin in early July), as well as a series of applications to grant giving foundations and reaching out to potential corporate sponsors to buy a tile on a ‘thank you’ wall in the new unit.

The charity team are working closely with the Urgent and Emergency Care leadership team to agree a list of priorities for funding and all fundraising campaigns will also be actively supported by the communications team.

Conclusion

Demand for communications and engagement support continues to grow rapidly and with finite capacity we are trying to focus our time and skills on those areas which will provide most value to the Trust’s wider strategic and operational priorities.

Recommendations

Board members are asked to note the report

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Moving 4ward on Foundation Group Membership

For approval:	X	For discussion:	X	For assurance:		To note:	
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Accountable Director	Matthew Hopkins, Chief Executive		
Presented by	Jo Newton, Director Strategy & Planning	Author(s)	Jo Newton, Director Strategy & Planning Sarah Speck, Head of Strategy & Partnerships Rebecca O'Connor, Director Corporate Governance

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

Report previously reviewed by		
Committee/Group	Date	Outcome
CETM	April / May	Discussed
Board development	Sessions April / May	Discussed
Audit & Assurance	May 9 th 2023	Noted for information
TME	May 24 th 2023	Supported to go forward to Public Board

Recommendation	Trust Board are asked to: <ul style="list-style-type: none"> • Approve the recommendation to make a formal application for full membership of the Foundation Group provider collaborative • Invite the Chair and Chief Executive (CEO) of the Foundation Group, subject to the relevant appointment processes and also the success of the formal application process, to take up the roles of Chair and Chief Executive of Worcestershire Acute Hospitals Trust from 1st August 2023
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Executive summary	<p>This paper sets out the proposal to establish new management and leadership arrangements following the current Chief Executive's exit on 31st July 2023. The Trust Chair's appointment is interim until the end of August.</p> <p>Patient safety is our first duty as a Board. The Board recognises that stability and leadership are fundamental to delivering the best care for our patients, and support for our staff, as well as our core statutory duties to</p>
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comply with our Care Quality Commission (CQC) standards, provider licence conditions and to deliver value for money.

The Trust has experienced relative stability over the last 5 years allowing us to put in place the building blocks of a clear vision *Putting Patients First* and strategy, supported by a robust governance framework to improve service delivery. Since the launch of our 4ward programme in 2017 we have made significant progress in improving our organisational culture. The forthcoming refresh of our 4ward culture change programme and the accelerated roll out of our 4ward Improvement System will further embed a positive, inclusive, compassionate and improvement focused culture.

Despite this good progress, operational pressures persist in an ever-challenging environment where mutual aid and provider collaboration have become increasingly important. At national and regional levels there is an acceleration in development of collaborative models at scale with the launch of the nine Innovator Pilots in May 2023. Recent shared leadership examples include North- West London, the Black Country, Leicester / Northamptonshire and the Isle of Wight/ Portsmouth.

The Foundation Group (South Warwickshire University NHS Foundation Trust (SWFT), George Eliot Hospital NHS Trust (GE) and Wye Valley NHS Trust (WVT)), operates under a shared leadership model. It has been in place in its current form for over four years and is one of the nine Innovator pilots announced earlier this year. Our Trust has been an Associate member of the Foundation Group since October 2021.

Our approach

The Trust Board reviewed its current provider collaborative arrangements in April 2023. In this context, the Board has considered a strategic assessment reviewing the opportunities to enable the Trust to progress at pace to stabilise its leadership, deliver its vision and strategic objectives.

Our principles

1. Core to our approach is *Putting Patients First* for the residents of Worcestershire and surrounding counties
2. We are a clinically led, managerially supported organisation
3. As a sovereign extra-large acute Trust we are committed to our vision set out in our strategic pyramid and delivered through our three-year plan, clinical services strategy and enabling strategies
4. Our 4ward behaviours determine our approach and shape our culture journey
5. Our 4ward Improvement System underpins delivery of our strategic vision
6. Best People: we value our workforce and recognise the importance of leadership stability to set our direction

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7. Clinical and staff engagement is fundamental to delivery of our vision and strategy
8. We are transparent and open with all our staff and stakeholders and abide by the Nolan Principles of Standards in Public Life
9. Any change in Board leadership should not undermine existing clinical collaborations or aspirations
10. We retain existing clinical pathways where they are working well

In making our recommendation, we recognise the following conditions for success, to:

- Celebrate the story of our improvement journey
- Be recognised for our achievements
- Remain a sovereign organisation with our own Board
- Agree a roadmap as part of our Three-Year Plan to achieve University Hospital Trust status
- Assume our role as Lead Provider at Place by:
 - Continuing our 4ward culture change journey and through the 4ward Improvement System to improve quality by reducing waste
 - Managing flow across the whole bed state (community and acute)
 - Achieve a stable transition of Board leadership (Chair & CEO)
 - Appoint our own Managing Director who is credible and experienced
 - Retain confidence of our clinical staff and support to deliver our Clinical Service Strategy

Our proposition

In line with the approach outlined above, the Board has considered the Trust's position and concluded following a strategic assessment to recommend a proposal to formalise membership of the Foundation Group. Under this shared leadership model, the Trust would appoint the Foundation Group Chief Executive as the Trust Chief Executive and likewise invite the Chair to be appointed. The Integrated Care Board (ICB) and Regional NHS England (NHSE) Team have both indicated strong support of the proposal, with Herefordshire & Worcestershire ICB offering written support for achieving our conditions for success (Appendix 1).

The remaining paper explores how the proposal best supports our strategic vision of Putting Patients First, accelerating both our service development and performance delivery as an extra-large acute Trust.

It is important to note that WAHT will remain a separate autonomous organisation, with its own Board, accountable for its performance and to its local stakeholders.

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Risks, Implications and Funding		
Which key red risks does this report address?		Which BAF risk does this report address? 11, 15, 18, 19, 21

Assurance												
CURRENT assurance level (x)	0	1	2	3	4	5	x	6	7	N/A	A	
Financial risk												
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X						
Where is the plan monitored?												
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									

Introduction/Background
This paper explores how the proposal best supports our strategic vision of <i>Putting Patients First</i> , accelerating both our service development and performance delivery as an extra-large acute Trust.
Issues and options
<p>1. Situation</p> <p>1.1 Following the resignation of the Chief Executive, recruitment would require oversight from NHSE and ideally would follow the appointment of a substantive Chair.</p> <p>1.2 The Trust has experienced relative stability of leadership over the last five years allowing the building blocks to be in place for our clear vision Putting Patients First built around our strategic pyramid and Clinical Services Strategy. This follows a period of uncertainty due to Special measures coupled with a high turnover of senior executive roles.</p> <p>1.3 Since the launch of our 4ward programme in 2017, we have made significant progress in improving our organisational culture. The forthcoming refresh of our 4ward culture change programme and the accelerated roll out of our 4ward Improvement System will further embed a positive, inclusive, compassionate and improvement focused culture.</p> <p>1.4 The Trust has made significant positive progress in many areas over recent years including:</p>
<p style="text-align: center;">Recent progress and improvements:</p> <ul style="list-style-type: none"> • Launch of Three-year plan to deliver our strategic vision as an anchor institution.

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- Roll out of our 4ward Improvement System partnered with the Virginia Mason Institute.
- GIRFT (Get It Right First Time) improvement in theatre utilisation to 84%; best in class fractured neck of femur length of stay (LOS) at 9.6 days; for vaginal hysterectomy 81% of patients stay less than 2 days (top quartile nationally); we have eliminated 104 week waiters; and we have achieved the 2 week wait standard for symptomatic breast patients 99% of the time which is the best performance in the Midlands and top decile nationally.
- Significant capital investment in a new Urgent and Emergency Care, Targeted Investment Fund+, Community Diagnostic Centre, Paediatric Assessment Unit and Robotic Assisted Surgery technology to improve service quality and patient experience.
- Roll out of Electronic Patient Record to move a step closer to digitising our care.
- Strong advances in staff engagement, moving from the bottom to top quartile; with staff morale moving from the bottom 20% to the top third of performing Trusts in national rankings.
- Recent local Special Recognition Award for our wellbeing offer to staff.

1.5 Despite this good progress, the operational pressures persist in an ever-challenging environment where in the post pandemic era, mutual aid and provider collaboration become increasingly important.

1.6 Patient safety is our first duty as a Board. The Board recognises that stability and leadership are fundamental to delivering the best care for our patients, and support for our staff, as well as our core statutory duties to comply with our CQC standards, provider licence conditions and to deliver value for money.

1.7 The Board also recognises the importance of retaining Trust sovereign status as fundamental to achieving our strategic objectives.

1.8 The Good Governance Institute (GGI) has recently reported on our progress as part of preparation for a CQC Well Led review and have identified the opportunities that provider collaboratives could bring in terms of sustainability, efficiency, and transformation at scale and at pace. This would result in even better outcomes and even better value for citizens.

1.9 The ICB and Regional NHSE Team have both indicated strong support of the proposal that achieves a stable transition of leadership given current operational challenges and is in the best interest of our patients. Herefordshire & Worcestershire ICB have offered support for achieving our conditions for success (Appendix 1)

2. Policy context

2.1 Trust Board reviewed the status of our provider collaboratives in light of developing national policy at our public Board meeting in April 2023.

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- 2.2** At national and regional level there is an acceleration in development of collaborative models at scale with the launch of the nine Innovator Pilots anticipated in May 2023. Recent shared leadership examples include Northwest London, the Black Country, Leicester / Northamptonshire and the Isle of Wight/ Portsmouth.
- 2.3** Our Trust is currently involved in several collaborations both formal and informal. At Trust level we have a Place collaboration with Herefordshire and Worcestershire Health & Care NHS Trust, and we are an Associate member of the Foundation Group of acute trusts which operates under the shared leadership model.
- 2.4** The Foundation Group (South Warwickshire University NHS Foundation Trust (SWFT), George Eliot Hospital NHS Trust (GE) and Wye Valley NHS Trust (WVT)) has been in place in its full form for over four years and is one of the nine Innovator pilots announced earlier this year.
- 2.5** Midlands Region and Herefordshire and Worcestershire Integrated Care Board (HWICB) have expressed support for exploring the Group collaboration model with our Trust. This is consistent with feedback from GGI who observe an acceleration of plans to develop provider collaboratives with a number of shared leadership arrangements.

Further details can be found in the Appendix 2

3. Strategic assessment

- 3.1** In response to our position, the Board conducted a strategic assessment further informed by briefings with NHSE, the ICB and feedback from the GGI as part of the Trust Well Led Review.
- 3.2** The strategic assessment undertaken as part of board development, concluded that the Trust seeks formal membership of the Foundation Group. This was supported by Trust Management Executive (TME) to be recommended to Trust Board
- 3.3** The strategic assessment identified benefits and risks which are themed in the next two sections.

Details of the full strategic assessment can be found in Appendix 3

4. Benefits

- 4.1** Putting Patients First is our priority and by ensuring a smooth transition of leadership we can maintain our focus on achieving our key priorities of improving flow, elective recovery and financial sustainability thereby improving patient quality and maintaining safe services.
- 4.2** Our Clinical Services Strategy (2019) and Leadership Summit (2022) identified that frailty is a cause for concern for our residents and a strategic driver for all partners. SWFT has been nationally recognised as an exemplar for its frailty flow project.
- 4.3** The experience of the Foundation Group of developing integrated care models at place will help leverage our lead provider role to manage frailty pathways and improve flow especially across acute and community pathways

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- 4.4** The Foundation Group has demonstrated how a system collaboration can promote improvement and shared learning (see Appendix 2) fostered between clinicians, managers and services across the Group to deliver quality and value.
- 4.5** Formal membership will encourage acceleration of sharing and embedding of learning through breaking down those barriers that can inhibit partnership working
- 4.6** Performance at all Trusts in the Foundation Group has improved since being part of the Group with SWFT moving to ‘outstanding’ as rated by CQC, and WVT and GE moving from special measures to having no formal undertakings.
- 4.7** The Innovator pilot offers opportunity to explore the benefits of a model where Trusts which operate in a Group hosted by a high performing Trust and hence the entire Group could benefit from the greater freedoms under the National Oversight Framework (NOF).
- 4.8** The shared leadership model facilitates a smooth transition of leadership with a nationally recognised and experienced CEO supported by a Managing Director (appointed by our Board) to lead our executive team.
- 4.9** The sovereign status of Worcestershire Acute Hospitals Trust would remain with the Foundation Group comprising four locally focused, sovereign and accountable Trusts with their own Boards and Non-Executives.
- 4.10** The arrangements proposed minimise distraction for staff to be able to focus on operational delivery. The improvement philosophy of the Foundation Group is consistent with our 4ward Improvement Programme and will allow sharing of best practice and greater efficiency across corporate, operational and clinical domains.
- 4.11** South Warwickshire Foundation Trust (SWFT) has recently acquired University Hospital status and we can learn and have support for our application to do the same.
- 4.12** Whilst we have benefited as an Associate Member of the Foundation Group in areas such as integrated procurement, increased scale across the geographic footprint should benefit sustainability and development of both our clinical services and improve efficiency and outcomes through productivity.
- 4.13** As an Associate member we have been able to share our best practice around #CallMe; our 4ward Improvement System, Robotic assisted surgery, and EPR as examples.

5. Conditions for success

To continue our strong progress as an extra-large acute Trust we recognise there are critical success factors that will determine our success as part of the Provider Collaborative. Specifically, to:

- Celebrate the story of our improvement journey
- Be recognised for our achievements
- Remain a sovereign organisation with our own Board
- Agree a roadmap as part of our Three-Year Plan to achieve University Hospital Trust status
- Assume our role as Lead Provider at Place by:

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- Continuing our 4ward culture change journey and through the 4ward Improvement System to improve quality by reducing waste
- Managing flow across the whole bed state (community and acute)
- Achieve a stable transition of Board leadership (Chair & CEO)
- Appoint our own Managing Director who is credible and experienced
- Retain confidence of our clinical staff and support to deliver our Clinical Service Strategy

6. Risks & Mitigations

Key risks and mitigations are summarised below:

Risk	Mitigation
We are not able to achieve our strategic objectives	Having reviewed the Foundation Group's '5 Big Moves' against our strategic priorities, we are confident of alignment and potential to leverage our Clinical Services Strategy pillars and both sustain and develop our tertiary pathways, as well as our 4ward Improvement System approach.
We are not able to deliver our operational plans for 2023/24	Notwithstanding the delivery challenges of the 2023/24 plan, this proposal provides the smoothest transfer to allow stability of leadership at Board and operational levels
Lack of visibility of the Chair / CEO	Both the ICB and the Foundation Group CEO have assured Trust Board members of onsite presence during the early phase of membership and whilst the Managing Director is recruited. Our Trust is significantly larger and more complex than the other member Trusts and the Board recognises that further assurance may be needed Retain full complement of Non Executive Directors (NEDs) and continue visibility of executive and non-executive directors on the Genba (where the work takes place as part of 4ward Improvement System).
Loss of sovereign status and independent decision making	Under the shared leadership model, the autonomy of local Trusts remains. The only committee in common is the Foundation Strategy Group. Once a quarter the Foundation Group Member Trust Boards meet collectively.

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Our clinical staff are not supportive & lose confidence in the Board	TME have supported the recommendation to Board. Discussions with senior clinical staff indicate support for the benefits outlined above. The Board is keen to continue staff engagement now and during transition
Our stakeholders are not supportive	Initial discussions suggest that stakeholders are supportive. Given there is no change to the Trust as a statutory organisation no consultation or formal engagement is required
Further instability is precipitated amongst Executive Directors/ NEDs	The Board is aware that changes in leadership and governance can create uncertainty and have processes in place to ensure open dialogue and transition is consistent with our 4ward behaviours
NHSE and the ICB are not supportive of the proposal and/or our conditions for success	Dialogue with NHSE and the ICB affirms support for the proposal. We are confident of NHSE and ICB support for University Hospital status and our role as Lead Provider at Place to accelerate changes needed
The other Group members are not supportive of our application for formal membership	Dialogue with the Foundation Group Chair and CEO indicates support and relevant preparatory conversations have been undertaken to ensure timelines can be achieved

7. Stakeholder support

NHSE and the Herefordshire and Worcestershire ICB have indicated strong support for the recommendation and the ICB also recognises and supports the 'conditions for success' as described on page 7 of this paper (please see Appendix 1). Dialogue with senior leaders recognises that our conditions for success are consistent with the aspirations of the Integrated Care strategy and 5 Year Forward Plan. There are no indications from conversations at ICB level with wider stakeholders and partners, including Healthwatch, MPs and local government of any concerns raised.

8. Governance & legal

Relevant preparatory steps have been taken to ensure that if TME recommends the proposal, decision-making and governance are consistent with our statutory duties. The paper to the Trust Board is subject to legal review.

9. Communication & Engagement

Following the discussions at TME, our agreed communications plan included a message to all staff and stakeholder briefings, which were co-ordinated with Foundation Group Member Trusts, as well as a discussion at our monthly senior leaders brief. At the time of

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writing this report, a further series of staff engagement sessions were being planned to take place before the Board meeting. The shared leadership model being proposed is not one which would require any formal engagement or consultation but we will continue to actively engage our staff and stakeholders in keeping with our 4ward behaviour of we listen, we learn, we lead.

10. Next steps

Following approval of the recommendations, the application for formal membership will be taken to the Foundation Group Member Trust Boards week ending 7th July 2023, with the Trust's first formal Foundation Group meeting on 2nd August.

Subject to the above and successful completion of the requisite appointment processes, it is proposed that the new Chair and Chief Executive take up their new appointments on 1st August 2023.

Conclusion

Having undertaken a strategic assessment, and in line with our principles and approach, the Board is asked to approve the proposal that Worcestershire Acute Hospitals Trust applies for full membership of the Foundation Group. Under this shared leadership model, the Trust will commence a process to appoint the Foundation Group Chief Executive as the Chief Executive, and NHSE would appoint the Chair as Chair, of Worcestershire Acute Hospitals Trust.

Recommendations

Trust Board are asked to:

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

Appendices

- Appendix 1: Herefordshire and Worcestershire ICB Leadership Arrangements letter
- Appendix 2: Provider Collaboratives: Shared Leadership models
- Appendix 3: Strategic Assessment

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CQC Well Led Preparation

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	24 May 2023	Noted
QGC	1 June 2023	Noted

Recommendations	Trust Board is asked to <ul style="list-style-type: none"> • Receive the findings of the Well Led review from GGI and note the development of an action plan is underway
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Executive summary	<p>The CQC carried out an unannounced inspection of the Trust's Emergency Departments, in November 2022. At that time the CQC advised a Well Led inspection would take place in January 2023, however this was later delayed.</p> <p>Preparation for Well Led inspection was undertaken as follows:</p> <ol style="list-style-type: none"> a) Board and Committees completed a self assessment of Well Led b) A webinar led by David Rogers was recorded to share reflections of the inspection process c) Mock interviews were held with staff identified by CQC and others as appropriate d) A framework was developed to support Trust NED's in undertaking mock inspections. This will be two way learning experience for both wards a NEDs e) Communications materials with a booklet, focussed narratives and success stories are in development f) Small focus groups were held with key staff groups g) GGI attend key meetings to support preparation and awareness raising <p>The Good Governance Institute supported the preparations and have positively responded to the progress made by the Trust.</p>
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The following areas of good practice were identified:

- h) **On the journey of improvement from a low baseline** – the trust, is now close to good for well-led. CQC removed inadequate from all areas after unannounced visit in November 2022
- i) **Areas of good practice** – staff engagement – FTSU online portal with section for protected characteristics, focus group for staff experience, behaviour charter, patient engagement with examples of board level patient stories, equality & diversity agenda with good examples of genuine efforts to be inclusive through the established BAME, LGBTQ+, disability and faith networks, leadership training, civility and respect as part of induction.
- j) **Strong safety culture** – anybody can now raise a risk and/or incident. Junior doctors have induction process on safety. Evidence of attempts to share learning through divisions but needs to be shared across wider organisation where relevant.
- k) **Risk Management** – strong approach to risk with the BAF and corporate risk register aligned. Clear sight of how risks are aligned. BAF focus on strategic risks
- l) **Strong support from the Board** - at all levels of the organisation, staff fed back the board members are visible and approachable, despite the pandemic difficulties.
- m) **Areas addressed from 2019 CQC visit** –
- n) **Further positive feedback from CQC after 2022 unannounced visit** –
- o) Positive comments about governance at all levels within the organisation on the services inspected

A number of area for development and recommendations were suggested and are summarised as follows:

- a) **Consideration of Trust position** - the Trust needs to review its position in the context of the ICB and the opportunities for provider collaboration to strengthen its position in the system
- b) **External focus** – using opportunities to share Trust good practice and learning in the wider system and beyond
- c) **Perception of Trust** – internal view that the Trust has a poor reputation in the wider system and could be treated unfairly as a result
- d) **Partner engagement** – more work is needed to become a more active partner in the system
- e) **Use of resources** – Longer term financial strategy being developed
- f) **Risk management strategy** – needs updating but delivering in practice
- g) **Assurance on appropriate risk management/governance at times of stress (Opel 4)** – need a clear narrative on how

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc F

	<p>governance and assurance are maintained when operational pressures are high and routine meetings are cancelled</p> <ul style="list-style-type: none"> h) Risk escalation – closure of feedback loop with divisions i) Ensure focus on strategy has equal standing with operational delivery – recognised operational pressures and the need to continue to push forward with delivery of the strategy to deliver the expected improvements j) Board Papers – good front sheet making the reason for presentation to board clear. For assurance and To note as discussed in equal measure and their use are to be reviewed k) Performance Management Report – to highlight key issues on front sheet not a summary of the report to focus attention on areas that need discussion l) Delivering improvements on the areas identified from the 2019 inspection and 2022 unannounced visit <p>An action plan, which will be overseen via Quality Governance Committee, has been developed to address the report recommendations.</p>
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Risk												
Which key red risks does this report address?		What BAF risk does this report address?	11, 4, 21									
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	X	N							N/A		
Are the actions identified starting to or are delivering the desired outcomes?	Y	X	N									
If no has the action plan been revised/ enhanced	Y		N									
Timescales to achieve next level of assurance												
Appendices												
GGI report												

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc G

Quality Account 2022/23

For approval:	x	For discussion:		For assurance:		To note:	
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Accountable Director	Jackie Edwards, Chief Nursing Officer		
Presented by	Sue Smith, Deputy Chief Nursing Officer	Author /s	Amy Gray, Healthcare Standards Lead

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

Report previously reviewed by		
Committee/Group	Date	Outcome
CGG	2 nd May 2023	Noted
TME	24 th May 2023	Noted, comments provided
QGC	1 st June 2023	Noted

Recommendations	Trust Board is asked to: <ul style="list-style-type: none"> Approve the draft Quality Account 2022/23
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Executive summary	<p>Worcestershire Acute Hospitals NHS Trust is required to publish a Quality Account annually, as set out in the Health Act 2009. The Quality Account must include the Trust's quality indicators, according to the Health and Social Care Act 2012.</p> <p>The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by 30th June 2023, by uploading it to their own website and forwarding the link to NHS England.</p>
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Risk										
Which key red risks does this report address?		What BAF risk does this report address?	4							
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A
Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N						N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N							
If no has the action plan been revised/ enhanced	Y		N							

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc G

Timescales to achieve next level of assurance
<p>Introduction/Background</p> <p>The Trust is required by law to publish a Quality Account annually, which includes the Trust's quality indicators.</p> <p>The production of the Quality Account has been managed by the Healthcare Standards Team, under the direction and accountability of the Deputy Chief Nurse. A process flow for the collation of the Quality Account is in Appendix 3, which includes milestones that have been achieved.</p> <p>A section within the Quality Account includes an evaluation of performance against the Quality Priorities that were set for 2022/23. This is covered on pages 18-27 of the Quality Account and has been included as a separate document in Appendix 2.</p> <p>Another important aspect of the Quality Account process was to agree Quality Priorities for 2023/24 and a handful will be included in the publication (pages 30-35). This process involved engagement with Divisions and Key Individuals followed by a workshop where a proposed set of priorities was agreed. Tools are currently being developed by the Healthcare Standards Team to support the launch of the priorities throughout the organisation.</p> <p>Appendix 1 contains the draft Quality Account 2022/23 for approval. The Communication Team will be responsible for working the Quality Account into the final production document. The submission deadline for the Quality Account is 30th June 2023.</p> <p>Following TME and QGC, the draft Quality Account has been amended;</p> <ul style="list-style-type: none"> • Inclusion of the Path to Platinum Programme (page 12) • Inclusion of the FTSU process (page 13) • Validated Data Quality Figures (page 16) • Acknowledgement of the Nutrition & Hydration action plan in the evaluation (page 20) • Number of wards with Discharge Production Boards specified (page 21) • End of year sepsis figures updated, which now has resulted in us not meeting the target for sepsis six in ED (page 22) • Narrative for SJR priority amended to include criteria for SJR and total deaths (page 23) • Big Quality Conversation (BQC) results amended within poster (page 29) • Additional action relating to the 4ward improvement system for patient flow (page 31) • Additional action relating to appointment dates re. BQC results (page 34) • UEC good news story expanded (page 43) • Trust statements updated throughout pages 44-50 • SHMI and Friends and Family Test performance updated (page 44 & 48) • CQUIN results have been included (page 53) • Appendix 3 – All stakeholder comments received; ICS, Healthwatch, PPF & HOSC (page 66-72) <p>Once the Quality Account has been published on our Trust public facing website, the Healthcare Standards Team will design a poster for circulation through the organisation. This will ensure colleagues are familiar with the Quality Account publication.</p>

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc G

Recommendations	
Trust Board is asked to: <ul style="list-style-type: none"> Approve the draft Quality Account 2022/23 	
Appendices	
Appendix 1 DRAFT Quality Account 2022/23	 WAHT Draft Quality Account 22-23 Trust E
Appendix 2 Year-end review of performance	 Quality Indicators 2022-23.docx
Appendix 3 Quality Account Production Process Flow	 Quality Account Production - Flow Pro



Quality Account 2022/23

DRAFT

Acknowledgements and feedback

Acknowledgements

Worcestershire Acute Hospitals NHS Trust wishes to thank its entire staff and the contributors to this Quality Account.

Feedback

Readers can provide feedback on this report and make suggestions for the content of future reports to the Communications Department:

Communications Department
Worcestershire Acute Hospitals NHS Trust
3 Kings Court Charles Hastings Way
Worcester WR5 1DD
Telephone: 01905 760453
Email: wah-tr.Communications@nhs.net

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Appendix 3: External Opinions - what others say about this Quality Account

Glossary of Terms

[to be added on Production]

Welcome & Introduction

A **Quality Account** is a report that NHS Healthcare providers are required to publish annually. Our Quality Account is an opportunity to make Worcestershire Acute Hospitals NHS Trust accountable to the public and look back at the last 12-months to:

- Review the quality of services that we offered and plan for further improvement
- Support our communities of patients, their relatives and carers to make informed decisions and choices about their healthcare
- Be held to account, as a Trust by other Providers and External Stakeholders

This Quality Account provides information about how well we did against the Quality Priorities we set ourselves last year in our 2021/22 Quality Account. Furthermore, it sets out our priorities for 2023/24 (the current financial year). These new Quality Priorities have been devised through engagement with our patients, carers and stakeholders through the Big Quality Conversation – our annual survey, as well as engagement with our internal Divisional Management and Governance Teams.

Our focus on Quality is reviewed within three pillars:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a Positive Experience for Patients and their Carers

We also report on an overview of our quality performance, based on locally chosen indicators, and a report of the key national indicators from the NHS Outcomes Framework.

Finally, we will share with you the comments we have received in relation to the Quality Account from our Integrated Care Board, Healthwatch, Worcestershire Health Overview and Scrutiny Committee, and our Patient and Public Forum.

About Worcestershire Acute Hospitals NHS Trust

We serve a population of more than 603,000. This figure is projected to rise to 679,000 by 2043. The age groups with the highest forecasted population growth are amongst our elderly population.

We operate services from:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre, Kidderminster
- Worcestershire Royal Hospital, Worcester
- Princess of Wales Community Hospital, Bromsgrove
- Evesham Community Hospital, Evesham
- Malvern Community Hospital, Malvern

We provide a broad range of acute services:

- General Surgery
- General Medicine
- Acute Care
- Cancer Care
- Intensive Care
- Women's and Children's services

We have a range of support services, including Diagnostics and Pharmacy.

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Better never stops, and our vision, as set out in our strategic pyramid, is to ensure that we work in partnership to provide the best healthcare for our communities, and lead and support our teams in moving 4ward.

Our purpose and vision shape our objectives:

- **Best Services for Local People:** We will develop and design our services with patients, for patients. We will work actively with our partners to build the best sustainable services, which enable people in the communities we care for to enjoy the highest standards of health and wellbeing.
- **Best experience of care and best outcomes for our patients:** We will ensure that the care our patients receive is safe, clinically excellent, compassionate and an exemplar of positive patient experience. We will drive the transformation and continuous improvement of our care systems and processes through clinically-led innovation and best use of technology.
- **Best use of resources:** We will ensure that services – now and in the future – meet the highest possible standards within available resources for the benefit of our patients and the wider health and care system.
- **Best People:** We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about, and take pride in, Putting Patients First.

These objectives are underpinned by our 4ward behaviours which we will all strive to model as positively as we can, as often as we can:

- Do What We Say We Will Do
- Listen, Learn, Lead
- No Delays, Every Day
- Work Together, Celebrate Together

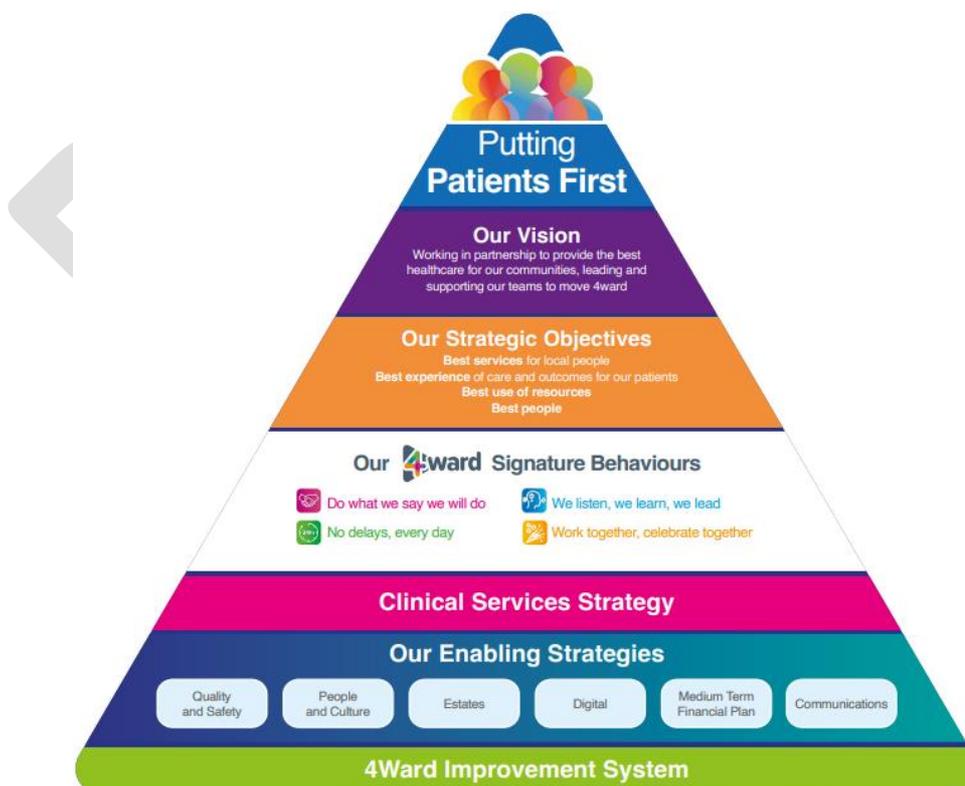
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Improvement and Innovation 4ward Improvement System

Key to making all of this happen, and making sure that our teams are empowered and equipped with the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust, is our single improvement methodology – the 4ward Improvement System.

Initially working with our chosen partner, the Virginia Mason Institute, but with an increasing focus on building our own capacity and capability, our 4ward Improvement System is giving us:

- A shared method for identifying and seizing every opportunity to improve the quality and safety of care we provide.
- A common language to describe those improvements.
- Robust ways of measuring the improvements we have made and the benefits that have delivered in terms of patient experience and outcomes; staff morale; efficiency and waste reduction; organisational reputation and our contribution to leading improvement not just in our Trust but across our local health and care system.
- Hope for a better future and a clear road map to help us move 4ward to that better future together.



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Welcome from our Chief Executive and Chair

At Worcestershire Acute Hospitals NHS Trust, we are committed to providing compassionate, safe and high quality care by ensuring that our services consistently exhibit the three key components of quality – patient safety, clinical effectiveness and patient and carer experience.

We aim to continue to achieve these by fostering a culture across all services that fulfils our purpose of Putting Patients First - ensuring patient-centred care that is tailored to each person's needs and guarantees their dignity and respect, and by empowering our staff to make improvements in their own areas.

In 2022/23, the NHS and our Trust have continued to face a number of significant challenges – not least a growing demand on Urgent and Emergency Care services, continuing Covid-19 pressures, and the recent and unprecedented series of strikes from Nursing staff, Junior Doctors, Physiotherapists and colleagues in the Ambulance service – all adding an extra burden to what is already an extremely demanding day job for our teams.

And yet, despite all of these challenges, a collective team effort from our Trust staff, our partners across the health and care system, the voluntary sector, and our wider communities means that we have still moved forward together on some major transformational projects – including the next phase of the successful roll out of our new Electronic Patient Record, the implementation of robotic surgery at the Alexandra Hospital, the opening of our new Community Diagnostic Centre at Kidderminster Hospital and Treatment Centre providing increased access and capacity to imaging and endoscopy services, and increasing numbers of colleagues across the organisation completing their training in our 4ward Improvement System.

A Care Quality Commission (CQC) inspection report published in April 2023, from their November 2022 visit, also recognised improvements in Urgent and Emergency Care services across both sites with the overall rating in this area moving from 'Inadequate' to 'Requires Improvement'. This means the Trust is no longer rated 'Inadequate' in any area across any of our hospitals.

Of particular note is the progress we have made to meet our targets in reducing the prescribing of antibiotics, eliminating waits of over 104 weeks for elective treatment, publishing the outcomes of mortality reviews and associated improvement action plans, and implementing the sepsis six bundle in our Emergency Departments. We are also proud to have increased engagement in our Big Quality Conversation amongst patients by 52 per cent compared to the previous year, which helped us to identify our Quality Priorities for 2023/24.

These include reducing the number of Clostridium Difficile (C Diff) hospital acquired infections, improving the safe and timely discharge of patients, reducing the time patients are waiting for treatments and providing safe, personalised care for patients with Learning Disabilities.

We are also working towards, and looking forward, to the opening of our new Emergency Department at Worcestershire Royal Hospital in summer 2023, co-locating our front door

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services with the Acute Medical Unit and Ambulatory Same Day Emergency Care, ensuring that patients will be treated in the most appropriate area to meet their needs.

We would like to put on record our thanks to all our staff and volunteers for their continued commitment and professionalism, and assure our partners across the Herefordshire and Worcestershire Integrated Care System, Inspection and Regulatory Bodies, and wider communities of our commitment to our improvement journey and achieving our purpose of Putting Patients First.

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A YEAR IN NUMBERS 22/23



2,854

COVID INPATIENTS



14.8

DAYS IN HOSPITAL
(FOR COVID PATIENTS)



37,366

PATIENTS
DISCHARGED



470,693

OUTPATIENTS
(FACE TO FACE)



122,758

OUTPATIENTS
(VIRTUAL)



118,964

WALK-IN PATIENTS (A&E)



46,122

PATIENTS ARRIVING
BY AMBULANCE



143,956

INPATIENTS



4,875

BIRTHS



2,320

EMERGENCY
OPERATIONS



14,841

ELECTIVE
OPERATIONS



2,218

TRAUMA
OPERATIONS



6.6

AVERAGE LENGTH
OF STAY



481,876

NUMBER OF MEALS
SERVED



1,008,894

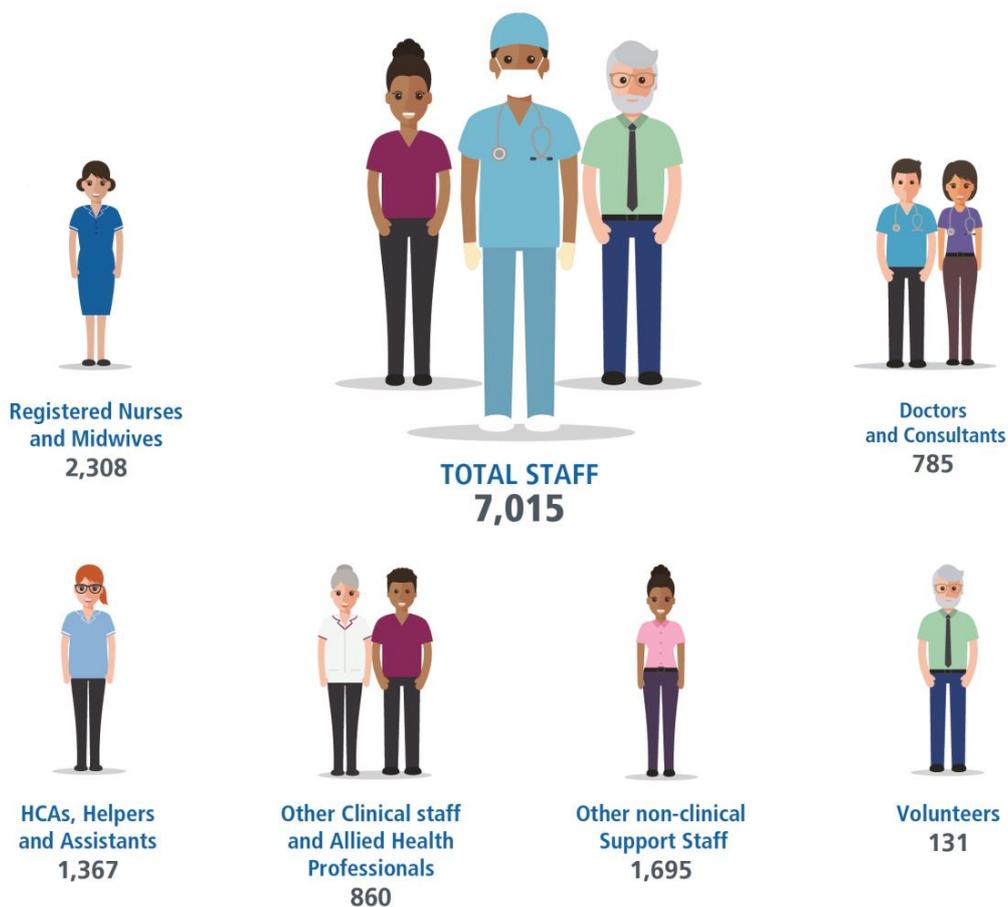
NUMBER OF SHEETS
LAUNDERED



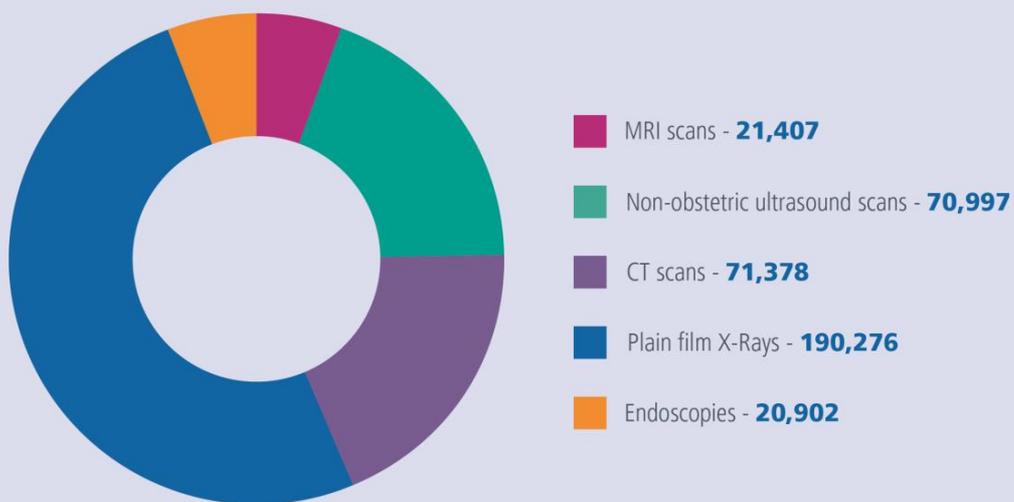
£58.2m

VALUE OF PRESCRIPTIONS
ISSUED

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Diagnostics



Our Commitment to Quality

In this section of our Quality Account, we review the progress we have made against the priorities we set and published in the 2021/22 Quality Account. We will also outline our Quality Priorities we are taking forward for the next 12 months and will account for these in our 2023/24 Quality Account. In addition, we will provide a statement from the Board on mandated items.

Worcestershire Acute Hospitals NHS Trust is committed to providing compassionate, safe and high quality care by ensuring that our services consistently exhibit our three pillars of quality – Patient Safety, Clinical Effectiveness and Patient and Carer Experience.

We aim to continue to achieve these pillars by fostering a culture across all services that ensures we empower our staff to make improvements in their own areas to continue Putting Patients First, using a patient-centered care approach that is tailored to individual needs.

The Trust has embedded processes that provide assurance that we are delivering a high quality of care and support our commitment to quality, this is inclusive but not limited to:

- An internal Quality Assurance Visit Program, facilitated by the Chief Nursing Officer and Deputies and supported by a reviewing team of specialist Nursing Leads, External Partners like representatives from the Integrated Care Board (ICB) and members of the Patient Public Forum
- Additional spot audits and unannounced visits conducted with a risk facing approach, accelerating improvements and improving safety through learning
- Senior Nurse Quality checks completed twice weekly on inpatient Wards and Departments
- Ward to Board Assurance reported through Divisional and Board Governance Frameworks
- Genba walks, in line with our 4ward Improvement System, this is where Executive & Non-Executive Directors and Senior Leaders visit 'where the work is done'

The Trust's Path to Platinum Accreditation Programme

Through the Path to Platinum Accreditation programme, inpatient ward teams and Senior Leaders have a roadmap of the standards required to deliver outstanding "platinum" care for our patients. In 2022/2023 we held an Accreditation Panel in April, July and October and as a result 13 Wards received their accreditation certificates and celebrated their improvements.

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The focus over the next 12 months is to enhance the programme with the launch of Phase 2. Our view is to support Ward teams to gather evidence in a way that will align to our Quality and Patient Safety Plan 22-25, the CQC's new way of working and support the Trust's transition to the NHS Patient Safety Incident Response Framework (PSIRF). The 4ward improvement system will provide our teams with the tools and techniques to deliver real improvements for our patients, embracing a 'better never stops' mind-set.

[Comms to add an image of P2P panel]

Supporting Staff to Raise Any Concerns

The Trust has a Freedom to Speak Up (FTSU) Guardian that also acts as the Lead 4ward Advocate for the Trust and is supported by a cohort of Champions across the three Trust Sites. The Trust also has a FTSU portal to enable staff to confidentially raise concerns.

This financial year has seen an increase in reporting culture where 123 concerns were raised in 2022/23, in comparison to 103 in the previous year with a proportionate increase in the amount of anonymous concerns raised. The FTSU team allows staff to raise concerns in a safe and supportive environment, provides therapeutic support to staff and agrees a process with them to support resolution to their concern.

The main theme of concerns continues to be attitudes and behaviours, despite raising awareness of civility and respect in the workplace and the recent launch of our behaviour charter. With the introduction of the behavioural indicators underpinning the signature behaviours, this may see a further increase as unacceptable behaviour is challenged.

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Registration with the Care Quality Commission (CQC)

The Trust conducts an annual review of services and submits any changes to the Care Quality Commission (CQC) as per registration requirements, through our Statement of Purpose.

The Trust's Regulated activities include:

- Maternity and midwifery services
- Termination of pregnancies
- Family planning
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Surgical procedures
- Diagnostic and screening procedures
- Management of supply of blood and blood derived products

Throughout 2022/23, in continued response to Covid-19 requirements, the CQC have focused their formal inspection activity on areas of high risk. This has led to a significant reduction in on-site inspections, however, our engagement with CQC has been ongoing.

The Trust hosts a standing engagement meeting with their named CQC Relationship Manager and Inspection Manager on a monthly basis. The meetings are facilitated by the Chief Nursing Officer and Deputies, Chief Medical Officer, and the Healthcare Standards Team. These give both parties an opportunity for open and transparent discussion around day to day operations or initiatives the Trust are working toward.

In November 2022, the CQC initiated an inspection and conducted an unannounced visit of 'Urgent and Emergency Care services' and 'Medical Care (including older people's care)' at Worcestershire Royal Hospital and the Alexandra Hospital as part of their system wide review. The inspection report from the November 2022 visit was published on the 6th April 2023 and our overall rating for the Trust did not change. Improvements were recognised in Urgent and Emergency Care services across both sites and the overall ratings improved from 'Inadequate' to 'Requires Improvement'. This means we are no longer rated 'Inadequate' in any area across any of our hospitals.

The Trust has maintained its overall quality rating of 'Requires Improvement'. The Trust continues to be rated 'Good' in the 'Effective' and 'Caring' domains, and 'Requires Improvement' in the 'Safe', 'Responsive' and 'Well-Led' domains.

The full inspection report is available on the CQC's website.

[\[Comms team to publish the digital version with a link\]](#)

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Data Quality

We support a culture of valuing high quality data and strive to ensure all data is accurate, valid, reliable, timely, relevant and complete. Identified risks and relevant measures to address poor quality are included in the Risk Register and a robust Governance process is in place for monitoring, assurance and escalation.

Ensuring a high level of quality data is an integral component in supporting the successful achievement of the Trust's objectives to ensure elective recovery, gain financial stability and improve patient flow. In support of this, the Digital Information Team (that includes Data Quality) implemented its fully electronic Holistic Patient Tracking List (PTL) in April 2022, which has been critical in supporting the Elective Recovery Programme, and its fully integrated data quality functionality enables instant visibility of erroneous data that can be rectified in a timely way, ensuring only those that need to remain on the waiting list do so.

Improving Data Quality is a national priority and every Trust had a requirement to achieve no more than 2% of data errors on their Patient Tracking List by March 2023. The target was slightly missed with performance at 5%, but that was more than 17% improvement compared to the beginning of 2022/23.

Covid-19 reporting continued with the Data Quality team being responsible for ensuring the accuracy of critical data sent to external agencies (inc. NHSE/I) including reporting Covid-19 related deaths via the COVID-19 Patient Notification System (CPNS), this responsibility transferred to the Bereavement Team in March 2023.

The Data Quality team worked in collaboration with Operational and Clinical colleagues to alleviate poor quality once it had been identified. Improvement this year included data not compliant with the Elective Access Policy which resulted in rigorous quality assurance mechanisms, checks on patient level daily reporting, regular internal training around use of systems and Referral to Treatment (RTT) rules and the use of RTT status.

Failure to resolve data quality risks such as those above, can lead to reporting inaccuracies, non-compliance to Trust and National policy, undocumented workarounds that create future issues, poor management of patient care, unsafe practices and less than satisfactory patient experience.

The Data Quality team were significantly involved in the data cleansing and priming phases of the Sunrise Electronic Patient Record (EPR) Implementation Programme, with phase one being completed at the end of 2022/23 financial year.

The team cleansed critical datasets in advance of 'Go Live' to allow the seamless transition of data between the Patient Administration System (PAS) and Sunrise EPR. The initial priming process included a review of demographic patient data for completeness, integrity and compliance to specific formats.

Further phases are planned for the coming two years and the Data Quality team will remain integral to the successful implementation of this Programme. Future phases will involve evaluations of data between systems that will be phased out by EPR modules.

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Produced by NHSE/I, the Data Quality Maturity Matrix (DQMI) is a measure that provides the Trust with an overview of the data quality of its secondary care data, which NHSE/I use to base their strategic decision making. The Trust continues to improve the Trust's DQMI score to date with its current performance (at the point of writing) being 92.3%, the national average is currently 88.6%. The team continues to work alongside Operational, Clinical and Corporate teams to maintain and improve this performance further; some constraints are related to the information management systems currently in place, we expect these will be reduced with the implementation of the EPR.

The Trust submitted the following number of records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in England's Hospital Episode Statistics:

- A&E Records: 165,086
- Inpatient Records: 142,987
 - Elective 88,489 (DC – 82,477 | Ordinary EL 6,012)
 - Non-EL 54,498
- Outpatient Records: 594,114

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Digital Care Record

In last year's Quality Account, we published our aims for the Digital Care Record and Phase 1 documentation roll-out. Implementation of the Sunrise Electronic Patient Record System (EPR) was a component of the Trust's 5-year Digital Strategy approved in 2019 to support Infrastructure and Innovation.

Moving to Sunrise EPR meant that patient information will be available electronically, on screen, at the point of care. The digital transformation to EPR was progressed with over a year's worth of engagement across the Trust, the successful implementations of EPR at other hospitals and the NHS Digital blueprint and evidenced based supports such as:

- Patient safety benefits – harm reduction, mortality, improved outcomes
- Efficiency gains – increasing medical and nursing staff's 'time to care', aligned to our 4ward Improvement System
- Regulatory compliance – Safe, Effective and Responsive services, well-maintained and accurate records (Health & Social Care Act 2008, Reg.17)

The implementation of the project was supported by a 24/7 Command Centre and Floor Walkers to support the transitioning teams. Pilot Wards went live on the 25th January 2023 and following their success, the Alexandra Hospital had a full rollout the week commencing 8th February 2023, followed by Worcestershire Royal Hospital in the week of the 15th February 2023.

The scope of Phase 1, Deployment of Sunrise EPR Functionality, included:

- Medical Clerking / Nursing Inpatient documentation across 50+ Inpatient Locations
- Electronic observations e.g. NEWS2
- Access to legacy applications (e.g. Evolve, ICE, CLIP) in patient context (Tab Integration)
- Referral to internal services e.g. Allied Health Professionals (AHPs)
- Sunrise EPR to be accessible across the Trust

EPR will update in phases over the next two years and once fully capable, it will transform the way we admit, treat and discharge our patients and will make a huge contribution to the safe and effective management of patient information. Planning has commenced on the next phases and will include additional specialty based clinical documents (Allied Health Professional, Paediatrics and Outpatients) as well as Electronic Prescribing and Medicines Administration (ePMA) and the migration for our Emergency Departments (ED) to Sunrise ED.

It will also result in more timely diagnosis and treatment, reduce risk and improve patient safety as well as releasing many thousands of hours that colleagues currently spend managing paper records.

[orange t-shirt team and images]

Review of Quality Priorities for 2022/23

Care that is Safe

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital.			
Quality Indicator	Target	Outcome	Evaluation
Reducing Clostridium difficile (C. Diff)	Our internal target for 2022/23 was 61 The national target for 2022/23 was 79	<p>We did not achieve the target.</p> <p>We had 108 healthcare acquired C. Difficile cases.</p> <p>It is disappointing that the C. Diff target has been exceeded, particularly for our patients. This is despite increased antimicrobial scrutiny, confirm and challenge by the Divisions with regards to prescribing and a robust action plan being in place.</p> <p>From a review of the current position and reasons for failure to achieve the expected outcome, some conclusions can be drawn. As well as broad spectrum antibiotics, other factors increase the risk of C. difficile infection acquisition. These include advanced age, underlying morbidity, hospitalisation, exposure to other people with the infection, long durations of antibiotic treatment, taking multiple antibiotics concurrently or taking multiple antibiotic courses, and inflammatory bowel disease.</p> <p>We know that Worcestershire has an ageing population. As well as the age of a patient population being a risk factor, there is also high acuity for the patient groups that we are treating, and even with a robust antibiotic prescribing formulary and guidelines, there is still a requirement for broad spectrum antibiotics to be prescribed due to clinical presentation. Any prescribing issues are addressed by the incident reporting system and there are regular audits which are carried out by ward teams and Pharmacy (Point Prevalence and Antimicrobial Stewardship (AMS) audits).</p> <p>The reduction in C. Diff cases will remain a priority for the next year as we need to ensure that we uphold our standards with regards to antimicrobial prescribing, environmental cleaning and Infection Prevention and Control standards to achieve better patient outcomes.</p>	
Antimicrobial stewardship	Achieve a cumulative reduction of 4.5% for prescribing of antibiotics in "Watch" and "Reserve" groups compared to 2018 baseline.	11% reduction	<p>We met our target.</p> <p>The target was exceeded by 6.5%.</p>
	Commissioning for Quality and Innovation (CQUIN) target: Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	Q1: 58% Q2: 50% Q3: 51% Q4: 48%	We partially met our target.

Putting Patients First

Our patients will be represented in our governance processes, in particular by ensuring Patient Safety Partners are involved in the implementation of the National Patient Safety Strategy.			
Quality Indicator	Target	Outcome	Evaluation
Transition to the Patient Safety Incident Response Framework	To fully implement and transition to the new Patient Safety Incident Response Framework (PSIRF).	<p>We did not achieve our target.</p> <p>The Trust continues to work towards a smooth transition to the National Patient Safety Strategy (NPSS) and the Patient Safety Incident Response Framework (PSIRF). The change process is managed through a Trust wide implementation team led by the Deputy Chief Medical Officer and supported by Trust wide representation.</p> <p>This group is supported by the Trust's 'Patient Safety Incident Response Plan' which was informed by a wide ranging thematic review of patient safety incidents, complaints, compliments and high level risk areas. The Implementation team will be reviewing the plan again in response to the release of further National Guidance (published in October 2022) to ensure that previous assumptions are still valid and provide the Trust with the greatest opportunity to learn from Patient Safety responses. Roll out of the National Patient Safety Strategy has been extended until September 2023 and the Trust remains committed to achieve this target.</p> <p>The implementation of PSIRF will be a positive change for our patients as it aims to improve patient safety and reduce the risk of harm through a proactive approach to learning from key incidents and thematic trends.</p>	
Improvement of the quality of investigation reports, including implementation of the new Patient Safety Investigation standards	35% of all patient safety investigations will be conducted according to the new investigation standards	<p>We did not achieve our target.</p> <p>Further to the previous Quality Priority where the implementation for PSIRF has been delayed, this is also due to the training requirements of staff to support and embed the framework.</p> <p>Implementation of the Patient Safety Investigation Standards (PSIS) will form a key component of work for the implementation team. Nationally mandated training requirements have now been released and a Trust wide training programme is being scoped and formulated, in collaboration with the Trust Learning and Development Lead.</p> <p>Completion of these training requirements will ensure that our standards for investigation and learning will continue to improve and provide the enhanced opportunity for learning and development of our risk management processes.</p>	

Putting Patients First

Our patients' nutrition and hydration needs will be met during their time in our hospitals.			
Quality Indicator	Target	Outcome	Evaluation
Nutrition and hydration assessments	Our target for 2022/23 was 100%	<p>The following are questions from the Weekly Senior Nursing Quality Checks and the compliance against each question:</p> <p>Has the Malnutrition Universal Screening Tool (MUST) action plan been completed correctly? – 97.3%</p> <p>Has the correct section on the MUST action plan been completed correctly? – 98%</p> <p>Has the patient been provided with a drink? – 99.6%</p> <p>Has the care and comfort round documentation been completed? – 98.8%</p>	<p>We did not achieve our target.</p> <p>The Trust is assured by these high compliance figures, although the Quality Check Questions did not meet our target of 100%, the listed questions will remain embedded in the Senior Nurse Quality Checks to be continually monitored.</p> <p>We are providing programmes for our staff to meet our patient's nutritional and hydration needs through the following training;</p> <ul style="list-style-type: none"> • Mouth care training • Nasogastric Tube Insertion Theory training <p>We are planning that through the optimisation of the Sunrise EPR that electronic records will support the completion of Nursing documentation.</p>
Food diaries and fluid balance charts	Our target for 2022/23 was 100%	<p>The following are questions from the Weekly Senior Nursing Quality Checks and the compliance against each question:</p> <p>If appropriate, has a fluid balance chart (FBC) been commenced? – 97.8%</p> <p>If patient is on an FBC, are the totals correctly calculated? – 95.9%</p>	<p>The Trust have recently carried out a gap analysis against the NHS National Standards of Healthcare Food and Drink, which has formed the basis for development of a Trust wide action plan.</p>

Putting Patients First

Our patients will experience safe and timely discharges from hospital and transfers between services.			
Quality Indicator	Target	Outcome	Evaluation
Rollout of Discharge Production Boards (DPBs) on all inpatient ward areas	Our target for 2022/23 was >95%	<p>We partially met the target. 14 out of 35 inpatient ward areas across the Alexandra and Worcestershire Royal Hospitals have a Discharge Production Board on display.</p> <p>Discharge Production Boards were to bring a focus on data and information around discharge performance, allowing us to understand our flow through different departments in the hospital, ensuring our patients return to their destination in a safe and timely manner.</p> <p>Wards and Departments developed display boards identifying their barriers and best practice for safe patient discharge and receive weekly updates on their progress in this area.</p> <p>Capacity Flow Matrons and 'Progress Chasers' were appointed by the Trust to lead the response to discharge data and intelligence, supporting teams with improvement action.</p> <p>Information captured within the displays and shared amongst teams includes:</p> <ul style="list-style-type: none"> Summary of patients with 7-day & 21-day length of stay, ensuring discharge planning is correctly in place A weekly total of actual discharges against required discharged. This demonstrates how teams are managing to accommodate patients waiting for admission within the Emergency Departments Incidents and complaints related to the discharge of patients, supporting assessment of our patient's experience <p>The Trust continues to monitor Long Length of Stay data in collaboration with our System Partners.</p>	

Putting Patients First

Our patients will continue to receive timely identification and treatment of sepsis.			
Quality Indicator	Target	Outcome	Evaluation
Baseline position for screening in the Emergency Department	Our target for 2022/23 was >95%	87.8%	We did not meet our target. This is a reduction in performance on the 2021/22 figure of 98.8% This will be a key indicator that is monitored by the Divisions in 2023/24.
Baseline position for screening in inpatient wards	Our target for 2022/23 was >95%	87.7%	We did not meet the target. This is an improvement in performance when compared to 81.5% in 2021/22. This will be a key indicator that is monitored by the Divisions in 2023/24.
Baseline position for implementing the sepsis six bundle in the Emergency Department	Our target for 2022/23 was >85%	84.4% (note – antibiotics given within 1 hour – 93.24%)	We did not meet the target. This is an improvement on the 74.7% compliance in 2021/22.
Baseline position for implementing the sepsis six bundle in inpatient wards	Our target for 2022/23 was >85%	69.1% (note – antibiotics given within 1 hour – 84.1%)	We did not meet the target. This is an improvement on the 54.2% compliance in 2021/22.

Care that is Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care.			
Quality Indicator	Target	Outcome	Evaluation
Relatives contacted by medical examiner team and invited to raise concerns	Our target for 2022/23 was 90%	<p>We met our target.</p> <p>The Medical Examiner office now reviews all deaths across Worcestershire, including those in the community & hospices across the County which provides clear oversight of causes of deaths and identifies both learning and further intelligence.</p> <p>All deaths, that are not required to be referred to the coroner, that occur in the Acute Trust are reviewed by a Medical Examiner who will make contact with all families prior to the Medical Certificate being released to the Registrar. The Medical Examiner team discuss the cause of death with the families and invite feedback into any of the care their relative received.</p> <p>This supports Medical Examiners in providing education and learning to Junior Doctors who were involved in the patient's care.</p> <p>The Bereavement App that we use to record reviews of deaths did not have the capability to identify performance regarding relative contact. We are planning future development to the Bereavement App that will allow the Trust to measure this Quality Indicator, for us to ensure relatives are given the opportunity to provide feedback.</p>	
Outcomes of mortality reviews will be reported and improvement actions developed	Our target for 2022/23 was 90%	<p>We met our target.</p> <p>In the Trust, throughout 2022/23, there have been 2444 deaths. 265 out of 270 (98.1%) deaths have undergone a Structured Judgement Review (SJR), these reviews allow us to share learning from a patient's death within the organisation.</p> <p>The Trust performs SJRs in line with the 2017 recommendations; where a concern about care has been raised by a Medical Examiner, either independently or with feedback from the family, and in all cases where there has been a death of a person with learning disabilities or autism. In addition, SJRs may be used to help assess quality of care in patient groups where there may be concerns about excess mortality, deaths after elective low risk procedures and care, where further information may be used to help develop and improvement work.</p>	
Standardised Hospital Mortality Index (SHMI) to remain within the "as expected" range		<p>We met our target.</p> <p>The Trust reports a Standardised Hospital Mortality Index (the ratio between actual number of patient deaths and number of expected patient deaths). The SHMI has been within the "as expected" for both the Alexandra and Worcestershire Royal Hospital site, and as a whole Trust continuously for more than three years.</p>	

Putting Patients First

Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects.			
Quality Indicator	Target	Outcome	Evaluation
Participating in a programme of national audits for which we are eligible	Our target for 2022/23 was: >95% of national audits for which we are eligible	100%	We met our target.
Outcomes of national audits will be reported and improvement actions will be generated and monitored	90% of relevant* national audits will have a baseline audit/ progress update, with actions generated and monitored, via the National Clinical Audit Module.	94%	We met our target.
Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing backlog.			
Quality Indicator	Target	Outcome	Evaluation
Eliminating 104 week waits for elective treatment in 2022/23	Our target for 2022/23 was 0 104 week waits	0 104 week waits	We met our target.
Restoring diagnostic and treatment activity to pre-Covid-19 levels	Our target for 2022/23 was 104%	<p>The diagnostics target was to deliver 120% of 2019/20 activity. By delivering 194,000 tests, we were within 6% of the submitted plan of 206,191 tests.</p> <p>We did not deliver 104% of 2019/20 activity for Outpatient 'New' or 'Planned Admissions'. We delivered 192,000 Outpatient 'News' against a target of 202,369 and 88,400 'Planned Admissions' against a target of 98,830.</p>	<p>We did not achieve the target.</p> <p>This will be a key priority for the Trust next year.</p>

Putting Patients First

Develop new Research and Development Strategy			
Quality Indicator	Target	Outcome	Evaluation
Develop new Research and Development Strategy		<p>We met our target.</p> <p>The Trust developed, approved and published a Research & Innovation Strategy for 2022 – 2025.</p> <p>Active involvement in research should be a marker of quality for Worcestershire Acute Hospitals NHS Trust. Our vision is to:</p> <ul style="list-style-type: none"> • Increase opportunities for participation in research through a broad portfolio of studies that maximise recruitment and meaningfully involve patient representatives in our work • Establish sustainable funding for research, investing income to build capacity • Provide a quality culture and meet all targets in research through good governance • Have a stable, skilled workforce, attracting recruitment to the Trust • Raise the profile of research and cultivate a culture of research, as a marker of quality for the Trust • Clinicians of different backgrounds to become Research Ambassadors, Principle Investigators, Associate Principle Investigators and Chief Investigators <p>Research and Development gives our patients an opportunity to support research into a particular condition or disease that they care about, to improve treatments for future generations, or to access new treatments. The Research & Innovation Strategy 22-25 will further foster these opportunities.</p> <p>Have a look at our Good News Stories section on page 37!</p>	
Work with educational partners to improve the training for our staff.			
Work with educational partners to improve the training for our staff during 2022/23		<p>We met our target.</p> <p>Education and training support, equips our staff to deliver high quality of care to patients. Education partners we have collaborated with and initiatives we have focused on in the last year include:</p> <ul style="list-style-type: none"> • Health Education England (HEE) redistribution of additional Medical Trainees, ensuring equitable distribution of specialist staff in line with population service requirements to address health inequalities • We have worked with University of Worcester to provide placements for Medical Students, enrolled in the new Medical School • Establishment of a Trust Academy Model • Active partnership, co-production and membership with the wider Integrated Care System (ICS) Academy • The Trust has worked to provide access to apprenticeships, advanced practice, leadership training and worked with the Virginia Mason Institute to provide training to all of our staff in the 4ward Improvement System. 	

Care that is a Positive Experience for Patients and their Carers

Our patients will experience better access to our services, particularly for our patients and their carers who live with health inequalities. This includes members of Ethnic Minority communities, the LGBTQ+ community and people who live with disabilities or vulnerabilities.			
Quality Indicator	Target	Outcome	Evaluation
Implementing a real-time accessibility information service that supports access to our facilities	Friends and Family Test (FFT): Achieve 95% Recommended rate in A&E, Inpatients/Day case, Maternity and Outpatients.	FFT is an NHS tool to gather feedback on our services and patient experience. The FFT recommended rate is separated into the below areas: A&E 87.4% Inpatient/ Day Case 97.6% Maternity 95% Outpatient 95.6%	We partially met our target. We met our target for Inpatient/Day case, Maternity and Outpatients. We did not achieve the target in A&E, but have seen an improvement compared to 2021/22 (76.6%).
Strengthening pathways for patients with Learning Disabilities (LD)		We partially met our target. In January 2023 the Trust appointed a Lead Nurse, dedicated to improving Patient Experience, partly by reviewing the provisions of Learning Disability standards and improvements and has facilitated the following: <ul style="list-style-type: none"> The Trust was one of over 200 that participated in the NHS Benchmarking Network's fourth Annual National collection of data, on performance against NHS England's four Learning Disability Improvement Standards. This internal review has formed the basis for the development of a Trust wide Learning Disabilities action plan, in line with the Four Improvement Standards. In March 2023, a review of patient's electronic records was undertaken by the Trust's Patient Experience Lead Nurse and one of the Learning Disability Acute Hospital Liaison Nurses (LD AHLNs) employed by the Health and Care Trust, fostering cross team working. The collated results will support the continuous work in progress and provide System Partners with important information on developments for Learning Disabilities service outcomes and developments. The LD AHLNs began to attend the Trust wide induction to new starters to introduce their team from September 2022. The LD AHLNs supported the Trust's Annual Big Quality Conversation Survey 22-23, by engaging with patients who attended the Trust and have a Learning Disability, to capture the experience of this cohort of patients and their relatives and carers. Sensory boxes were provided to the Trust by the Integrated Care Board in November 2022. These boxes include a variety of products that provide the opportunity for our patients to engage with their senses and regulate their sensory needs. The purpose of these is to provide comfort to and support the needs of our patients, including those with a Learning Disability and/or Autism. The boxes are available to teams via the LD AHLN's. All of the above actions have provided a foundation to strengthen and make improvements. Our Trust wide action plan for the LD improvement standards will continue to be a key priority next year.	

Putting Patients First

<p>Developing diagnostic access with community hubs and implement care in new, purpose built facilities to meet patient needs</p> <p>Note to Graphic Design Team: link to images of equipment, can you please include graphical representation in the Quality Account production document please?</p>	<p>Our target for 2022/23 is to open one Diagnostic Hub</p>	<p>We met our target.</p> <p>In 2022, the Trust delivered on its commitment to the people of Worcestershire, by opening a new Community Diagnostic Centre (CDC) at Kidderminster Hospital and Treatment Centre. The new modern state-of-the-art facility is providing our patients with increased capacity and access to imaging and endoscopy services. Our focus on providing our patients with optimal care through investigations that are carried out in a timely manner and reducing waiting times remains a priority for 2023/24. Our improved facility includes:</p> <ul style="list-style-type: none"> • Computerised Tomography (CT) Scanning • Ultrasound Room • Three room Endoscopy Unit <p>During November 2022, the Trust performed 19,765 diagnostic procedures, which is a 15% increase of activity compared with the pre-Covid-19 demand.</p>	
<p>Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised.</p>			
Quality Indicator	Target	Outcome	Evaluation
<p>Implementing a digital solution that enables patients to provide feedback in real-time</p>	<p>4-star rating from patients and carers.</p>	<p>We partially met our target.</p> <p>We are now using a new digital system called 'Badgernet' for patients, partners and carers experiencing our maternity services, which links a patient's maternity records and key information digitally, with the opportunity to share feedback.</p> <p>We have also supported digital measures to enable patients to provide feedback in real-time by increasing our use of text messaging and promoting ease of access through patient facing posters (with a QR code) to encourage people experiencing our maternity services to share their feedback through the new Badgernet platform.</p> <p>We have explored a whole-system web based IT solution to capture and monitor feedback and although the implementation has been delayed because of our need to focus on a Trust wide roll-out of a new Electronic Patient Records System, we are developing a strengthened Friends and Family process which will be underpinned by the roll-out of a pilot project in 2023/24. This will support a new way to help us learn from the Friends and Family Test feedback that we receive.</p>	
<p>Greater engagement with patients and carers through the annual Big Quality Conversation, feeding into yearly priorities</p>	<p>Our target for 2022/23 was (increase by 10%)</p>	<p>We received 889 responses in the Big Quality Conversation Survey ran in 2022-2023. This was a 52% improvement on the previous year.</p>	<p>We met our target.</p>
<p>Increasing Compliments and recommendation rates</p>	<p>Our target for 2022/23 was increase compliments by 15%</p>	<p>The total number of compliments received in 2022/23 was 3293, this is an increase of 44% compared to 2021/22.</p> <p>This may demonstrate an increased patient satisfaction in services, care and treatment</p>	<p>We met our target.</p>
<p>Reducing the number of complaints returned from those who are not satisfied with the response</p>	<p>Our target for 2022/23 was 15%</p>	<p>14.3% of closed cases were reopened (at time of reporting)</p>	<p>We met our target.</p>

Putting Patients First

Big Quality Conversation

We ran the Big Quality Conversation for the third time this year. This has been so important to us as a Trust, as it means we are given the opportunity to understand what matters to you, our community of patients, relatives and carers.

We recognise that we provide services to a variety of people from diverse backgrounds and those who may experience health inequalities and it is pivotal for us to ensure the care they receive meets their needs.

To improve the reach of our survey and support our full community to participate, we facilitated the following methods of engagement and events:

- Workshops with the local d/Deaf community at “Deaf Coffee Morning”
- We developed a British Sign Language video to explain the survey
- Meeting patients who have a Learning Disability in partnership with the Learning Disability Acute Hospital Liaison Nurses from Herefordshire & Worcestershire Health & Care Trust
- Workshops at Aspie, a social, self-help and motivation group for adults with Asperger’s Syndrome
- Promotion with our System Partners across the County via engagement meetings and networks
- Sessions across our three hospital sites supported by the Patient Public Forum Representatives and Volunteers
- Engagement with our local Prison Service
- An Easy Read version of the survey was made available on request

The Big Quality Conversation had a multimodal approach to engagement, where predominantly the survey was available using an online platform and was publicised by the Trust’s internal and external communications.

Some further improvements to the survey and logistics that we made this year:

- The survey received 889 responses (compared to 585 in the previous year)
- The survey was viewed 2633 times (compared to 2153 times the previous year)
- The survey had a 71.1% completion rate (compared to 59% the previous year)
- The survey was completed on average in 05.01 minutes (compared to 08.29 minutes the previous year)
- The online survey was available in 95 languages (compared to 40 the previous year)
- The survey was completed in 8 different languages (compared to 7 languages the previous year)

The poster we shared with our Staff and the Networks we engaged with to feedback the results



THE BIG QUALITY CONVERSATION



RESULTS 2022/23



889 Responses **2633** Views **71.1%** Completion rate **5 minutes** Avg. Completion Time

We asked you in the survey, what is most important to you when receiving Healthcare?

- 288 said Communication
- 182 said Values & Behaviours
- 69 said Being involved in Care Planning
- 61 said Being listened to
- 58 said being diagnosed and treated
- 57 said waiting times
- 46 said individualised care
- 41 said good quality care
- 29 said being able to trust staff
- 28 said accessing treatment

We have used the results from the survey and your comments to inform the Quality Priorities we will take forward in 2023/24. These will be published in our Quality Account on the 30th June 2023, so we can focus on what matters to you and continue Putting Patients First.

Is it Safe?	95% said they felt safe in our hospitals	84% said they were offered enough food & drink in our hospitals when staying overnight	93% said staff were friendly helpful & welcoming
Is it Clinically Effective?	92% said our hospitals were accessible to their individual needs	48% said they were given a choice of dates for appointment(s)	85% said our staff communicate and work well together as a team
Is it a Positive Experience for Patients, Relatives and Carers?	89% said they felt members of staff put the needs of patients first	89% said there was enough privacy when receiving care & treatment	81% had clear communication of treatment & care plans & 78% felt involved in making decisions

The data shown above is the combined percentage of patients that answered 'Always' and 'Sometimes' to the Survey questions. The Survey was live between the 25th January - 5th March 2023.

Putting Patients First

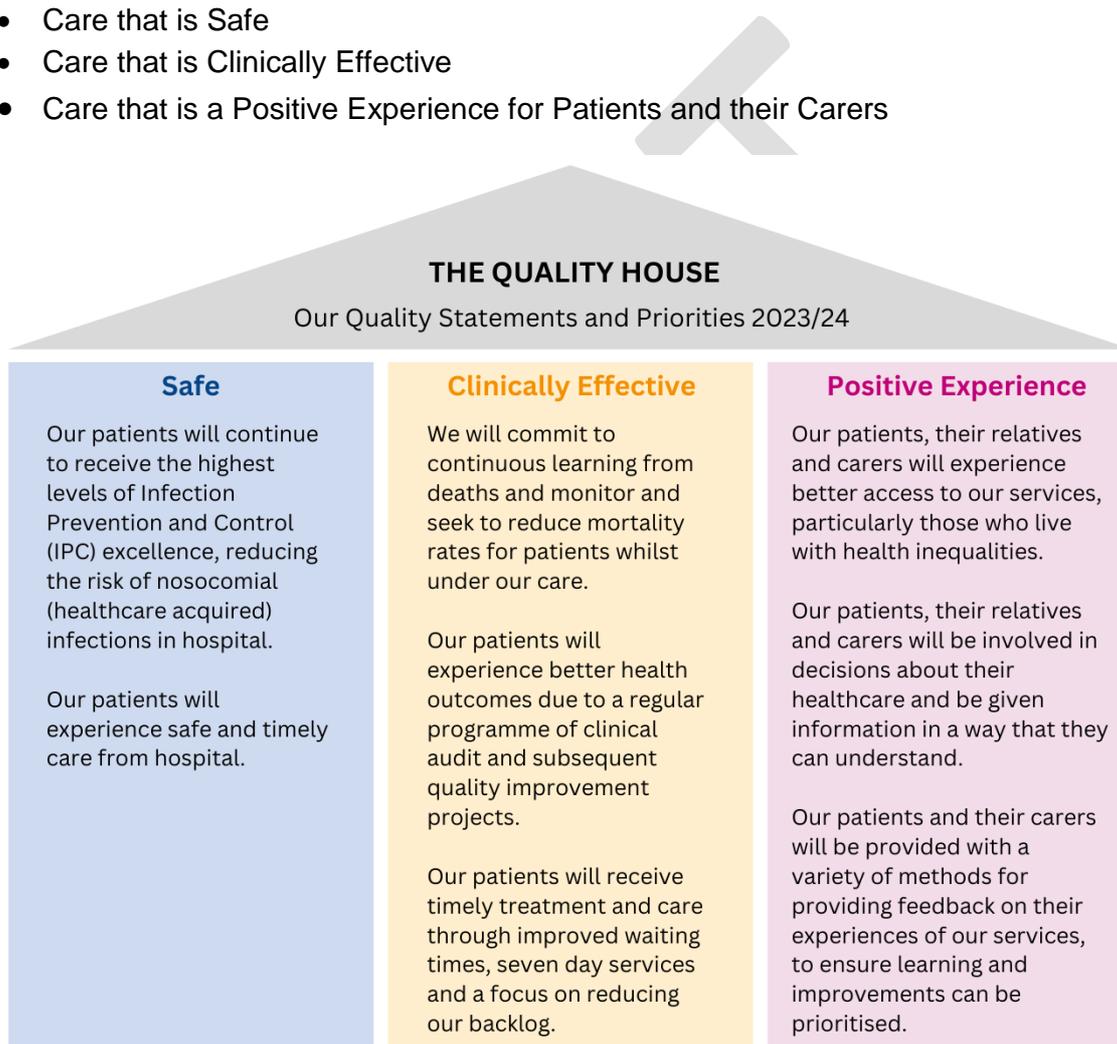
Our Quality Priorities for 2023/24

We have, through extensive engagement with the public through our Big Quality Conversation and our staff through their Divisional Management Teams and Governance Teams, identified our Quality Priorities for 2023/24.

The Quality Priorities are aligned to our Clinical Services Strategy and Annual Plan and we will deliver them using our 4ward Improvement System.

The Quality Priorities continue to sit under the three pillars;

- Care that is Safe
- Care that is Clinically Effective
- Care that is a Positive Experience for Patients and their Carers



The Quality Statements are our commitment to how we are going to improve our services to deliver high quality care. These formed our Quality & Patient Safety Plan 22 -25.

The Quality Priorities are the specific targets that we set Annually under each Quality Statement, they are steps that will help the Trust to fulfil the Quality Statement.

The Quality Priorities are broken down into what specific action teams will undertake and how they will deliver improvements by stating 'We will do this by...'

Care that is Safe

Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital	
Quality Priority	We will do this by
We will work to reduce Clostridium Difficile (C. Diff) healthcare acquired infections	<ul style="list-style-type: none"> ➤ Working with our System Partners to deliver the C. Diff strategy ➤ Upholding best practice infection prevention standards ➤ Meeting the national standards of healthcare cleanliness ➤ Learning from post infection reviews Trust wide ➤ Undertaking monthly Antimicrobial Stewardship (AMS) audits to ensure effective antimicrobial stewardship ➤ Use our cleaning audit process to ensure robust facilities management and actions are completed timely ➤ Achieving the mandatory training target of 90% in Level 2 Infection Prevention and Control ➤ Ensure all education is disseminated to teams through Infection Prevention and Control Link Nurses ➤ Timely identification, assessment and isolation of patients who are symptomatic ➤ Timely sampling to ensure earlier diagnosis ➤ Post infection Hydrogen Peroxide Vapor (HPV) cleaning

Our patients will experience safe and timely care from hospital	
Quality Priority	We will do this by
We will ensure our patients experience safe and timely discharge from hospital, supporting patient flow	<ul style="list-style-type: none"> ➤ Continuing to work closely with system colleagues across Health and Social Care ➤ Operate a daily Multidisciplinary Team meeting to review and agree plans for patients with complex discharge needs, taking into account patient and family wishes ➤ Promote activity and independence to prevent deconditioning in older adults and actively support the principle of patients returning to their own home on discharge (Home First) ➤ Deliver a hospital wide programme to support patients leaving hospital by midday avoiding where possible evening discharges ➤ Provide support and direction to Ward teams from 'Flow Matrons' who will champion and lead best practice in Ward rounds, discharge planning and ensuring prompt movement of patients from assessment areas to specialist Wards for the right care in the right place ➤ Using our 4ward Improvement System to deliver sustainable improvements in areas of Patient Flow, initially focusing on discharge pathways.

Care that is Clinically Effective

We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care	
Quality Priority	We will do this by
We will continuously learn from deaths, to improve the quality of the care we provide to patients, relatives and carers and identify where we could do more	<ul style="list-style-type: none"> ➤ Directorates will have monthly meetings at which deaths and the quality of care leading up to death, are discussed and improvement projects generated ➤ All Serious Incidents (unwanted event occurring through act or omission of healthcare) resulting in patient death are reviewed by the Learning from Deaths Group ➤ Divisions will provide reports detailing complaints in which care around the time of death are provided to the Learning from Deaths group ➤ All deaths in patients with Learning Disabilities will be reviewed and submitted to LeDeR, which is a national quality improvement project for the care of patients with Learning Disabilities and Autism, working to improve care and reduce health inequalities

Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects	
Quality Priority	We will do this by
We will deliver action plans and identify improvements to achieve local and national best practice initiatives e.g. <i>GIRFT*</i> recommendations, <i>NICE*</i> guidance, <i>Ockenden</i>	<ul style="list-style-type: none"> ➤ The Trust will track and monitor actions that have been implemented via the Clinical Audit Tracking System (CATS) on a regular basis to ensure they are seen through to completion ➤ Audit leads will be encouraged to provide details of any improvements that have been made as a result of the audit, and this learning is shared through their Division and across the Trust
We will deliver an annual programme of focused national and local audits including Best Outcome for Patient Programme (BOPP) to provide assurance and improve quality	<ul style="list-style-type: none"> ➤ Ensuring the Clinical Leads for National Audits are submitting data where required to ensure participation, reviews of reports and local data, implementing change where required and the Trust will support where appropriate ➤ Support Specialty Audit Leads to encourage the completion of local audits that are listed on the Better Outcomes for Patient Programme (BOPP) within their Specialty

Putting Patients First

Our patients will receive timely treatment and care through improved waiting times, seven day services and a focus on reducing our backlog

Quality Priority	We will do this by
<p>We will reduce the time patients are waiting for treatment in line with national targets</p>	<ul style="list-style-type: none"> ➤ We will work to reduce the time patients spend waiting for treatment by: <ul style="list-style-type: none"> ○ Increasing throughput at Kidderminster Hospital & Treatment Centre and Community Diagnostic Centre including an expansion to the on-site Endoscopy unit ○ Expanding Robotic Surgery ○ Installation of an additional two new theatres for the next 18 months ○ Maximise sessional utilisation, efficiency and additional activity through additional clinics and theatre activity ○ Utilisation of Independent Sector to support outsourced and insourced elective solutions ➤ In Summer 2023 we will open the new Emergency Department, co-locating our front-door services with the Acute Medical Unit and Ambulatory Same Day Emergency Care (SDEC) area. Through the creation of adequately resourced and adequately staffed cross-specialty assessment and SDEC areas, we will aim for patients to be treated in the most appropriate area to meet their needs, preserving the Emergency Departments for people with life or limb-threatening emergencies ➤ We will work with our System Partners to prevent avoidable admissions and reduce hospital acquired complications and functional decline, whilst utilising the full power of the ICB's comprehensive and clearly defined directory of services to promote care closer to home

Putting Patients First

Care that is a Positive Experience for Patients and their Carers

Our patients, their relatives and carers will experience better access to our services, particularly those who live with health inequalities	
Quality Priority	We will do this by
We will work to ensure patients with Learning Disabilities will receive safe, personalised care and achieve equality of outcomes	<ul style="list-style-type: none"> ➤ Strengthen our Learning Disability (LD) Steering Group to ensure that the Learning Disability Improvement Standards are implemented and monitored Trust wide ➤ Work with our System Partners to introduce new National Training Programmes as they become available; Oliver McGowan Tier 1 & 2 ➤ LD Acute Hospital Liaison Nurses to continue to provide bespoke training and based on data intelligence made available, target areas that may benefit ➤ Develop a Learning Disability & Autism policy with key stakeholders for children and young people ➤ Identify a variety of methods to gather patient feedback ➤ LD Champions across all areas will support Wards and departments by sharing best practice and resources including hospital passport, reasonable adjustments, easy-read documents and menu choice options to ensure personalised care

Our patients, their relatives and carers will be involved in decisions about their healthcare and be given information in a way that they can understand	
Quality Priority	We will do this by
We will ensure patients, their relatives and carers feel listened to and have clear lines of communication with staff about their condition, treatment and care. This will also include patients with health inequalities and/ or sensory needs	<ul style="list-style-type: none"> ➤ Ensure all patients who experience further delays to care and treatment are communicated sensitively regarding changes to appointments, focusing on those patients that have already experienced delays ➤ Continue to engage with the local d/Deaf Community to develop services and resources that meet local needs. We will implement a range of communication tools and methods that supports and enhances ability to communicate with our local d/Deaf Community ➤ We will continue to develop accessible guides for our patients, carers and visitors coming into our hospitals and we will find different ways to raise public and staff awareness of them ➤ We will harness digital innovation to support with communication for our patients who do not communicate using English as their first language ➤ We will continue to accommodate a more suitable appointment date if patients are unable to attend initial dates given

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Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised

Quality Priority	We will do this by
We will continuously learn from patient feedback on their experience of care	<ul style="list-style-type: none"> ➤ Relaunch of the Friends and Family Test cards as an additional way for our patients, carers, friends and family to share their feedback at our Trust ➤ Launch of a communications plan for our staff and our patients and the public to let people know that we welcome feedback ➤ Recruit a greater number of Volunteers who will support to raise awareness of Friends and Family with our patients and carers on our Wards and across our departments ➤ Develop approaches to better understand the feedback we receive and the actions we can take to support continued improvement ➤ Review and respond to our data by ensuring staff are learning from the best practice that is identified through positive feedback received, to improve patient experience

DRAFT

Statement of Directors' Responsibilities

The Directors are required, under the Health Act 2009, to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of the annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2012).

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered;
- The performance information in the Quality Account is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with the Department of Health guidance

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Good News Stories

Worcestershire Acute Hospitals NHS Trust formally recognised as 'Veteran Aware'



Worcestershire Acute Hospitals NHS Trust was formally recognised as 'Veteran Aware' by the Veterans Covenant Healthcare Alliance (VCHA) in June 2022.

The Trust celebrated the achievement and marked the start of Armed Forces Awareness Week with a flag raising ceremony and minute's silence for staff, patients and visitors at Worcestershire Royal Hospital, accompanied by a Salvation Army bugler.

The VCHA is a group of NHS healthcare providers in England committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant.

The Armed Forces Covenant - which recently passed into law - is a promise by the nation ensuring that those who serve, or who have served, in the Armed forces, and their families, are treated fairly. The aim is to develop, share and drive the implementation of best practice that will improve armed forces veterans' care, while at the same time raising standards for everyone across the NHS.

Clinical Research Team named 'Team of the Year'.



The Clinical Research Team at Worcestershire Acute Hospitals NHS Trust won 'Team of the Year' at the National Institute for Health and Care Research (NIHR) Clinical Research Network West Midlands' Awards.

The NIHR awards celebrate the range of clinical research taking place here in the West Midlands - from studies to improve future treatments for mental health conditions, to COVID-19 vaccines and examining and understanding the increased risk of contracting COVID-19 among healthcare workers.

The award recognises the team's contribution in the Worcestershire Covid-Trial Response Team working together with colleagues at Herefordshire and Worcestershire Health and

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Care NHS Trust, CRN West Midlands Primary Care and Across Teams, University of Birmingham Students, which came together to support the delivery of the national priority Covid-19 trials

The trials included the 'RECOVERY Trial' which helped increase the knowledge of which existing treatments may be beneficial for people hospitalised with suspected or confirmed COVID-19.

The research team are involved in 66 research projects that help to improve patient care and outcomes.

Vibrant memorial for lives lost during the pandemic unveiled during special ceremonies



Vibrant memorials have been created on each of our hospital sites to provide a poignant reminder of the lives lost across the NHS by colleagues caring for patients with Covid-19. After listening to and learning from feedback from the BAME Staff Network about the disproportionate effects of the pandemic on colleagues from BAME backgrounds, the Network teamed up with the Worcester Mela Partnership to organise the memorials as well as a ceremony at each site to unveil them.

Each of our three hospitals have now received their own unique commissioned memorial artwork, that provide a focal point to reflect on everything we have been through together and of the lives lost whilst caring for patients during the pandemic.

Members of the Mela Partnership presented the artwork as a gesture of appreciation to all those in the NHS. The unveiling of the artworks was followed by celebrations of food, dance and music. Sabrina Mollah performed a moving fusion of contemporary South Asian dances, dedicated to members of her own family that were lost during the pandemic.

Each of the installations show carved flowers: Lotus representing growth; Water Lily representing hope; Hibiscus representing unity; and Jasmine representing the countries from the Indian sub-continent and the wider world. In addition to symbolising unity, growth and community, the art installations also represent Trust colleagues working together through adversity, in a spirit of mutual support and respect as they tackle the challenges they face and make the most of opportunities that the future will bring.

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Worcestershire Acute Hospitals NHS Trust recognised as 'Employer with Heart'



Worcestershire Acute Hospitals NHS Trust was recognised an 'Employer with Heart' after becoming one of the first in the NHS to offer a package of support which includes periods of paid leave for staff who are undergoing fertility treatment, or who experience baby loss or have a premature birth.

The Trust has put in place an extended Family Leave policy to ensure colleagues have the time and space to process, grieve and begin to heal at a time when they need it most.

In addition, the Trust has also signed The Smallest Things' Charter which sets out its intentions as an employer to support staff through early childbirth, and has been awarded an 'Employer with Heart' charter mark by the charity because of this.

£10 million-plus boost for hospital services in Worcestershire

Patients of all ages from across Worcestershire and beyond will benefit from a range of service improvements following the approval of more than £10 million in funding in January 2023 to expand facilities at the Alexandra Hospital, Redditch, and Worcestershire Royal Hospital in Worcester.

The £10.5 million funding will enable the expansion of endoscopy services at the Alexandra and at Worcestershire Royal, a series of improvements to maternity and children's services, including a second dedicated obstetric theatre and maternity triage and assessment unit, remodelling of the Riverbank Children's Ward and a new combined Paediatric Assessment Unit and Children's Clinic.

Worcestershire Acute Hospitals NHS Trust has been awarded the funding by the Department of Health and Social Care and NHS England following the approval of the Trust's final business case.

The Alexandra Endoscopy Suite and Worcestershire Royal maternity improvements are due to be completed by the end of 2023, with the paediatric developments completed by the end of 2024.

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Garden Suite returned to the Alexandra Hospital

The Garden Suite chemotherapy unit moved back to its permanent home at the Alexandra Hospital, Redditch in February 2023.

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

Now, Garden Suite has settled into a new home at the Alexandra following the refurbishment of the hospital's Ward 1.

Chemotherapy services also continue to be provided at Kidderminster and Worcestershire Royal Hospitals.

Work completed on new community diagnostic centre at Kidderminster Hospital and Treatment Centre.



A brand new CT scanner, ultrasound room and three room endoscopy unit opened to patients at Kidderminster Hospital and Treatment Centre.

The new facilities form part of the Community Diagnostic Centre (CDC) work at Kidderminster Hospital and Treatment Centre, increasing the capacity of the existing unit and providing much-improved facilities for patients and staff.

The Community Diagnostic Centre provides increased access and capacity for the people of Worcestershire to imaging and endoscopy services with the aim of reducing waiting times for patients in need of diagnostic scans and endoscopy procedures and aiding a quicker diagnosis and treatment.

The new CDC is part of the government's £350 million investment across the UK to provide scans more quickly and to help manage backlogs in imaging tests that have developed after Covid-19. Better capacity should enable faster access to more diagnostic tests as part of the national programme of improvement.

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Successful launch of an Electronic Patient Record System

One of the UK's most transformational electronic patient record systems is now live across Worcestershire Acute Hospitals NHS Trust.

Sunrise Electronic Patient Records (EPR), which is being used by colleagues across our three hospitals, means patient information is available electronically, on screen, at any hospital location, at any time.

EPR will update in phases over the next two years and once fully capable, it will transform the way we admit, treat and discharge our patients and will make a huge contribution to the safe and effective management of patient information.

It will also result in more timely diagnosis and treatment, reduce risk and improve patient safety as well as freeing up many thousands of hours that colleagues currently spend managing paper records.

Sunrise EPR is an important tool on our journey of continuous improvement, and is a key system that forms our overarching Digital Care Record, for recording all patient information.

Arrival of robotic surgery at the Alexandra Hospital



Plans to bring state-of-the-art robot assisted surgery to Worcestershire came to fruition with the arrival of the surgical robot on site at the Alexandra Hospital, enabling senior clinicians aim to begin providing robot-assisted prostate surgery for men with prostate cancer.

The delivery of the robot followed the upgrade and refurbishment of an operating theatre which included reinforcing the theatre floor to take the weight of the robot as well as upgrading the ventilation system, general refurbishment and redecoration.

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For those patients who are able to have it, Robotic-assisted Radical Prostatectomy (RARP) can offer equivalent or better outcomes, less pain, shorter stays in hospital and quicker recovery for patients with prostate cancer.

Previously any prostate cancer patient from Worcestershire who wanted this type of surgery as part of their treatment had to travel out of the county for it.

The robot is a further addition to the range of high quality elective (planned) surgical services already provided at the hospital for patients from across Worcestershire and beyond.

The Trust is investing more than £3.5 million in the new service. Thanks to the generosity of local supporters, a fundraising appeal in aid of robotic surgery had already raised around £500,000, before plans for the development were paused during the Covid-19 pandemic.

A £10,000 award boosts efforts to encourage more people with disabilities to work at Trust



Donna Scarrott Chair of the Staff Disability Network

Members of the Staff Disability Network at Worcestershire Acute Hospitals Trust (WAHT) celebrated after putting in a successful bid for funding from the Workforce Disability Equality Standard Innovation Fund (WDES). It has been used to enable and encourage people with a disability or long-term condition to apply for roles within the Trust. The WDES was introduced across the NHS to advance disability workplace equality.

Staff Recognition Awards bigger and better than ever

[Comms to include pictures]

Our Staff Recognition Awards returned this year, bigger and better than ever! The event in November was a memorable evening that showcased some of the brilliant work that has been going on across our hospitals and recognised some of the most outstanding people and their extraordinary efforts to put patients first.

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#Stepping4Ward to the future with partners and patients at first event of its kind



Delivering our Trust's strategy to 2025 and beyond was the theme of the day as we welcomed over 100 leads, clinicians, partners and patients to our first Stepping 4ward event.

Held at Worcestershire Cricket Club, the day provided a chance to get together in person and discuss seizing future opportunities and tackling challenges over the next three years.

As well as talks, the day included table workshop sessions focused on realistic collaborative ideas for future working with groups keen to share their thoughts with the room.

Urgent and Emergency Care developments continue at Worcestershire Royal Hospital

Exciting developments took place in our work to further expand and improve urgent and emergency care services at Worcestershire Royal Hospital.

Our Acute Medical Unit (AMU) and Ambulatory Emergency Care service (AEC) moved to the first floor of the refurbished Aconbury East building at the end of 2022.

This was the next step in the creation of an 'emergency village' on the ground and first floors of Aconbury East, which will host a wide range of diagnostic and treatment services.

The expansion of urgent care facilities will further contribute to the improvements being led by local health and care organisation to reduce waiting times, improve ambulance handovers and also introduce new and innovative models of care in and out of hospital.

In Autumn of 2023, we hope to open our new expanded Emergency Department which plans to include a dedicated children's emergency department, X-ray and other diagnostic facilities and a range of same-day emergency care and short stay urgent medical services all in one unit.

This will give us a better setting of care for our patients and an improved working environment for our staff.

[Comms to include pictures]

Quality Dashboard: - NHS Outcomes Framework

The following table demonstrates the core set of indicators as defined by Quality Accounts Regulations, under the Health Act 2009 and subsequent Health and Social Care Act 2012.

Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Preventing people from dying prematurely	SHMI value and banding Period: Jan 22 – Dec 22 Published: 11 th May 2023	1.0303 Banding 2 'as expected'	N/A	0.7117	1.2186	<p><i>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</i></p> <p>An improvement in timely care for patients whose condition deteriorates is demonstrated by a reducing SHMI.</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i> See Quality Priorities on page 32 and 33.</p>	1,0460 Banding 2 'as expected'	1.0321 Banding 2 'as expected'	1.0428 Banding 2 'as expected'
	% of deaths with either palliative care specialty or diagnosis coding Period: Jan 22 – Dec 22 Published: 11 th May 2023	32%	40%	12%	65%	<p><i>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</i></p> <p>Data quality is good but there is room for improvement</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>The Trust will aim to improve this performance during 2023/24.</p>	35% (Apr-21 – Mar-22)	34% (Apr-20 – Mar-21)	35% (Apr-19 – Mar-20)

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Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Helping people to recover from episodes of ill health or following injury	<p>Patient-reported outcome score for hip replacement surgery – adjusted average health gain (Oxford Hip Score)</p> <p>Published 12th Aug 2021</p> <p>April 2020 to March 2021</p>	<p>In order to respond to the challenges posed by the coronavirus pandemic NHS hospitals in England were instructed to suspend all non-urgent elective surgery for patients for parts of the 2020/21 reporting period. This has directly impacted upon reported volumes of activity pertaining to Hip & Knee replacements reported in PROMS. In addition, it is possible that behaviours around activities relating to the completion, return and processing of pre and post-operative questionnaires may have also been impacted when compared to earlier years' data where behaviours and processes related to managing the current pandemic were not in place.</p> <p>In the Apr-20 to Mar-21 data publication, Worcestershire Acute Hospitals NHS Trust's data was based on fewer than 30 questionnaires.</p>				<p>No national data available for 22/23</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>See Quality Priority on page 33 - plans to improve access to theatre aim to create further improvement</p>	22.754	22.532	22.965
	<p>(19/20 Final)</p>					<p>(18/19 Final)</p>	<p>(17/18 Final)</p>		
	<p>Patient-reported outcome score for knee replacement surgery – adjusted average health gain (Oxford Knee Score)</p> <p>Published 12th Aug 2021</p> <p>April 2020 to March 2021</p>	<p>In 2021 significant changes were made to the processing of Hospital Episode Statistics (HES) data and its associated data fields which are used to link the PROMs-HES data. Redevelopment of an updated linkage process between these data are still outstanding with no definitive date for completion at this present time. This has unfortunately resulted in a pause in the current publication reporting series for PROMs at this time.</p> <p>NHSE are endeavouring to update this linkage process and resume publication of this series as soon as they are able but unfortunately are unable to provide a timeframe for this. They will provide further updates as soon as this is known.</p>				<p>No national data available for 22/23</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>See Quality Priority on page 31 - Improving flow will improve the timeliness of treatment and avoiding pain or deterioration for waiting patients</p>	17.342	18.049	17.022
	<p>(19/20 Final)</p>					<p>(18/19 Final)</p>	<p>(17/18 Final)</p>		

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Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Helping people to recover from episodes of ill health or following injury	30-day readmission rate for patients aged <16 Period: 2021/22 Published: 18 th Oct 2022	12.1%	12.5%	3.3%	46.9%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: Children's services in all specialties strive to ensure readmissions are avoided to avoid disruption to children and families Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by: Ensuring this performance is maintained	12.8% (20/21)	13.5% (19/20)	13.0% (18/19)
	30-day readmission rate for patients aged 16+ Period: 2021/22 Published: 18 th Oct 2022	13.7%	14.7%	2.4%	18.8%	Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons: Despite bed pressures, the Trust ensures patients are fit enough to cope at home wherever possible Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by: Maintaining safe discharge practice	15.4% (20/21)	13.7% (19/20)	13.7% (18/19)

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Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Responsiveness to inpatients' personal needs scored from the National Inpatient Survey	<p>Update from NHS Digital: Following the merger of NHS Digital and NHS England on 1st February 2023 we are reviewing the future presentation of the NHS Outcomes Framework indicators.</p> <p>As part of this review, the annual publication which was due to be released in March 2023 has been delayed. Further announcements about this dataset will be made on this page in due course.</p>				<p>No national data available for 22/23</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>Improvements to patient flow and to continuously learn from patient feedback is described in our Quality Priorities on page 31 and 35</p>	73.4 (20/21)	66.3 (19/20)	64.3 (18/19)
	<p>The percentage of staff employed by, or under contract to, the trust during the reporting period who selected 'Agree' or 'Strongly Agree' for;</p> <p>If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.</p> <p><i>NHS Staff Survey 2022</i></p>	53.5%	61.9%	86.4%	39.2%	<p><i>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</i></p> <p>Benchmark data is available on the NHS Staff Survey website, our response rate has decreased this year and remains below the average for Acute Trusts</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>Our Quality Account outlines our priority areas for improvement</p>	60.7% (2021)	68.6% (2020)	63.3% (2019)

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Domain	Indicator		Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
					Best NHS performer	Worst NHS performer				
Ensuring that people have a positive experience of care	Inpatient Friends and Family test	% Positive	98%	94%	100%	66%	<p>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</p> <p>This score is consistent with recent inspection results in which the Trust's highest score reflected compassionate care</p>	97%	96%	94%
		Response Rate	39%	19%	100%	0%		30%	33%	18%
	A&E Friends and Family test	% Positive	89%	80%	95%	38%	<p>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</p> <p>The Trust is working hard to continue to improve response rates in ED</p>	86%	82%	74%
	Response Rate	22%	11%	39%	0%	19%		6%	4%	
Published: 6 th April 2023	Response Rate	39%	19%	100%	0%	<p>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</p> <p>See Quality Priority on page 35</p>	(Mar-22)	(Mar-21)	(Mar-19)	
Published: 6 th April 2023	Response Rate	22%	11%	39%	0%	<p>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</p> <p>Improvements to patient flow and to continuously learn from patient feedback is described in our Quality Priorities on page 31 and 35</p>	(Mar-21)	(Mar-19)	(Mar-18)	

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Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	% of patients risk-assessed for venous thromboembolism	The VTE data collection and publication is still suspended to release capacity in providers and commissioners to manage the COVID-19 pandemic.				No national data available for 22/23	94.45%	92.26%	93.75%
							(Q4 18/19)	(Q4 17/18)	(Q4 16/17)
	Rate of C.difficile per 100,000 bed days Period: Apr-21 to Mar-22 Published 29 th September 2022	71.3	43.7	0.0	138.4	<p><i>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</i></p> <p>The Trust has re-emphasised simple control of infection measures, particularly at times of extreme bed pressures</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by</i></p> <p>See Quality Priority on page 31</p>	61.7 (Apr-20 to Mar-21)	39.4 (Apr-19 to Mar-20)	50.0 (Apr-18 to Mar-19)

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Domain	Indicator	Current Performance	National average value	Where applicable		Trust Statement	Previous Values (where data available)		
				Best NHS performer	Worst NHS performer				
Treating and caring for people in a safe environment and protecting them from harm	<p>Rate of patient safety incidents per 1,000 bed days</p> <p>Period: Apr-21 to Mar-22</p> <p>Published: 13th October 2022</p>	42.5	N/A	23.7	205.5	<p><i>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</i></p> <p>The Trust has continued to focus on improvements to our review processes that will support our transition to PSRIF.</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>Improvement plans are described within our Quality Priorities.</p>	52.8 (Apr-20 to Mar-21)	53.1 'No evidence for potential under-reporting' (Oct-19 to Mar-20)	52.90 'No evidence for potential under-reporting' (Apr-19 to Sep-19)
	<p>Percentage of patient safety incidents that resulted in severe harm or death</p> <p>Period: Apr-21 to Mar-22</p> <p>Published: 13th October 2022</p>	0.16%	0.40%	0.03%	1.70%	<p><i>Worcestershire Acute Hospitals NHS Trust considers that this data is as described for the following reasons:</i></p> <p>The Trust has continued to focus on improvements to our review processes that will support our transition to PSRIF.</p> <p><i>Worcestershire Acute Hospitals NHS Trust intends to take the following actions to improve this number and so the quality of its services, by:</i></p> <p>Improvement plans are described within our Quality Priorities.</p>	0.36% (Apr-20 to Mar-21)	0.26% (Oct-19 to Mar-20)	0.32% (Apr-19 to Sep-19)

Clinical Audit 2022/23

During 2022/23 52 national clinical audits and 5 national confidential enquiries, 1 of these have been carried over into 2023/24, covered relevant health services that Worcestershire Acute Hospitals NHS Trust provides. We also undertook 102 registered local clinical audits during 2022/23.

During this period, Worcestershire Acute Hospitals NHS Trust participated in 100% of the national clinical audits and 100% of the national confidential enquiries that it was eligible to participate in.

Appendix 1 contains a list of national audits, national confidential enquiries and local audits that Worcestershire Acute Hospitals NHS Trust participated in during 2022/23. Appendix 1 also describes the actions we have taken or are planning to take to improve our services in response to insights from these audits.

Putting Patients First

Participation in Clinical Research

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

Our research participants will have the best experience of care, and we will ensure that our research team makes the best use of the resources we are provided with from the National Institute for Health and Care Research (NIHR), research funders and charitable funding. This strategy will raise awareness of and engagement with research and innovation at the Board and throughout the Trust and will result in:

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

In 2022/23 we recruited 1401 patients into 45 different trials across 15 different specialties

- Commercial trials - 157 patients
- Non-commercial - 1,244 patients

Our priorities for 2023/24 are:

- Building a stable & effective research team
- Developing a research hub & appropriate accommodation for the Research team
- Promoting research with patients, nurses & clinicians across the Trust to increase our research profile

[visual graph available, but to be reproduced by Comms Team on production]

Putting Patients First

Commissioning for Quality and Innovation (CQUIN)

Each year, the Trust develops its Commissioning for Quality and Innovation (CQUIN) framework in line with national guidance issued by NHS England. CQUINs are designed to promote improvement by linking a proportion of the Trust's income to the delivery of agreed quality goals.

During 2021/22, CQUINs were paused at a national level, but were reintroduced for 2022/23. For 2022/23 the CQUINs were agreed between the Trust and the local/national commissioners prior to the start of the financial year as follows:

CQUIN		Quarterly Results
CCG1	Achieving 90% uptake of flu vaccinations for staff with patient contact.	46%
CCG2	Achieving 60% of all antibiotic prescriptions for UTI in patients aged 16+ years that meet NICE guidance for diagnosis and treatment.	Q1 – 58% Q2 – 50% Q3 – 51% Q4 – 48%
CCG3	Achieving 60% of all unplanned critical care unit admissions from non-critical care wards of patients aged 18+, having a NEWS2 score, time of escalation (T0) and time of clinical response (T1) recorded.	Q3 – 90% Q4 – 90%
CCG8	Ensuring that 70% of surgical inpatients are supported to drink, eat and mobilise within 24 hours of surgery ending	Q3 – 96% Q4 – 98%
CCG9	Achieving 35% inpatients (with at least 1-night stay) with a diagnosis of alcohol dependence who have an order or referral for a test to diagnose cirrhosis or advanced liver fibrosis.	Q1 – 56% Q2 – 61% Q3 – 45% Q4 – 40%
PSS1	To reduce the delays in assessment, investigation, and revascularisation in patients with chronic limb threatening ischaemia and in turn reduce length of stay, in-hospital mortality rates, readmissions and amputation rates	This CQUIN was monitored outside of the Trust
PSS2	Achieving high quality shared decision making conversations to support patients to make informed decisions based on available evidence and their personal values and preferences and knowledge of the risks, benefits and consequences of the options available to them with regard to both their clinical condition and the consequences of the current pandemic.	The Trust did not take part in this CQUIN
PSS5	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	This CQUIN was monitored outside of the Trust

Appendices

Appendix 1: Clinical Audit Participation Details

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

Worcestershire Acute Hospitals NHS Trust participated in 100% of national enquiries for which it was eligible.

The national confidential enquiries that Worcestershire Acute Hospitals NHS Trust participated in, and for which data collection was completed during 2022/23, are listed below alongside the number of questionnaires submitted to each enquiry as a percentage of the number of registered questionnaires required by the terms of that enquiry.

NB: The below study highlighted in red were scheduled to have closed during 2022/23. However, NCEPOD has extended the deadline due to the number of cases still outstanding. The figures below are accurate at the time of this report.

National Confidential Enquiry into patient Outcome and Death (NCEPOD)	% of Clinical Questionnaires returned	% of organisational Questionnaires returned
Testicular Torsion	100% (4/4)	ALX 0% (0/1) WRH 0% (0/1)
Community Acquired Pneumonia Hospital Attendance	42% (5/12)	ALX 0% (0/1) WRH 0% (0/1)
Transition from Child to Adult Health Services	50% (4/8)	100% (1/1)
Crohn's Disease	57% (4/7)	ALX 100% (1/1) WRH 100% (1/1)
Epilepsy	33% (2/6)	ALX 100% (1/1) WRH 100% (1/1)

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National Audits

The national audits that the Trust was eligible to participate in, together with participation status, are outlined below;

Eligible National Audits	Participation	% or No's cases submitted	Comments
EPILEPSY 12 - National Clinical Audit of Seizures and Epilepsies in Children and Young People	Yes	100%	
Muscle Invasive Bladder Cancer at Transurethral Resection of Bladder Audit (MITRE)	Yes	11	
FFFAP - National Hip Fracture Database (NHFD)	Yes	883	
IBD - Inflammatory Bowel Disease Programme/IBD Registry	Yes	** Data not available	Data submission deadline 21 st April 2023
ICNARC - Case Mix Programme	Yes	100%	
LeDeR - Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disability Mortality Review Programme)	Yes	100%	
MBRRACE - Maternal, Newborn and Infant Clinical Outcome Review Programme	Yes	100%	
NABCOP - National Audit of Breast Cancer in Older People	Yes	** Data Not Available	Audit ended in September 2022. No data was required for this time period
NACAP - Pulmonary rehabilitation Organisational and Clinical audit	Yes	Cohort 1 - 1 April to 30 September 2022 – 104 cases submitted Cohort 2 - 1 October 2022 to 31 March 2023 ** Data Not Available	Cohort 2 - data deadline 12 May 2023
NACAP - Secondary Care - Adult Asthma	Yes	Cohort 1 - 1 April to 30 September 2022 – 103 cases submitted Cohort 2 - 1 October 2022 to 31 March 2023 ** Data Not Available	Cohort 2 - data deadline 12 May 2023
NACAP - Secondary Care - COPD	Yes	Cohort 1 - 1 April to 30 September 2022 – 177 cases submitted Cohort 2 - 1 October 2022 to 31 March 2023 ** Data Not Available	Cohort 2 - data deadline 12 May 2023

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Eligible National Audits	Participation	% or No's cases submitted	Comments
NACEL - National Audit of Care at the End of Life	Yes	CNR – 50 Staff Survey – 54 Quality Survey - 43	
NACR - National Audit of Cardiac Rehabilitation	Yes	100%	
NOGCA - National Oesophago-gastric Cancer Audit	Yes	115	
National Audit of Dementia (NAD) - Care in General Hospitals	Yes	ALX – 40 patients submitted WRH – 40 patients submitted	
National Ophthalmology Audit Database	Yes	** Data not available	Data submission deadline May 2023.
NBOCA - National Bowel Cancer Audit	Yes	** Data not available	
National Bariatric Surgery Registry	Yes	100%	
NCAA - National Cardiac Arrest Audit	Yes	WRH Q1 14 Q2 14 Q3 13 Q4 **Data Not Available ALX Q1 13 Q2 6 Q3 9 Q4 **Data Not Available	Q4 Data Won't be available until after 31/03/23
NCAP - Cardiac Rhythm Management (CRM)	Yes	** Data not available	Submission deadline Friday 30 June 2023
NCAP - Myocardial Ischaemia National Audit Project (MINAP)	Yes	** Data not available	Submission deadline Friday 30 June 2023
NCAP - National Audit of Percutaneous Coronary Interventions (PCI)	Yes	** Data not available	Submission deadline Friday 30 June 2023
NCAP - National Heart Failure Audit	Yes	** Data not available	Submission deadline Thursday 8 June 2023
NEIAA - National Early Inflammatory Arthritis Audit	Yes	179 cases submitted	Submission deadline is 16/04/2023
NDA - Adults - National Diabetes Foot Care Audit	Yes	** Data not available	Submission deadline Friday 7 July 2023
NDA - Adults - National Pregnancy in Diabetes Audit	Yes	100%	
NDA - Adults - National Diabetes Core Audit	Yes	** Data not available	Submission deadline 24 May 2023
NELA - National Emergency Laparotomy Audit	Yes	** Data not available	Data collection ends 31/3/2023
NJR - National Joint Registry	Yes	** Data not available	Data submission deadline 31/03/2023

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Eligible National Audits	Participation	% or No's cases submitted	Comments
NLCA - National Lung Cancer Audit	Yes	100%	
NMPA - National Maternity and Perinatal Audit	Yes	100%	
NNAP - National Neonatal Audit Programme	Yes	100%	
NPCA - National Prostate Cancer Audit	Yes	100%	
NPDA - National Paediatric Diabetes Audit	Yes	** Data Not Available	Data submission Deadline May 2023
NVR - National Vascular Registry	Yes	Q1 – 59 Q2 – 47 Q3 – 35 Q4 – 28 Total 169	
PROMS - Elective Surgery	Yes	** Data Not Available	Lead and National Team emailed multiple times but no response for submission figures
SHOT - Serious Hazards of Transfusion: UK National Haemovigilance Scheme	Yes	34	
SSNAP - Sentinel Stroke National Audit Programme	Yes	100%	
TARN - Major Trauma Audit	Yes	Q1 and Q2 total – 165	Q3 data deadline 06/04/23 and Q4 will be after this
FFFAP - (NAIF) National Audit of Inpatient Falls	Yes	100%	
CEM – Infection Prevention and Control	Yes	** Data Not Available	Submission Deadline October 2023
UK Parkinsons	Yes	20 Patients submitted	
Society for Acute Medicine Benchmarking Audit (SAMBA)	Yes	** Data not available	Lead and National Team emailed multiple times but no response for submission figures
BTS - Adult Respiratory Support Audit	Yes	** Data not available	Submission deadline Wednesday 31 May 2023
NDA - National Diabetes Inpatient Safety Audit (NDISA) Previously NaDIA-Harms	Yes	100%	
CEM - Mental Health Self Harm	Yes	** Data Not Available	Submission Deadline October 2023
NACAP - Paediatric Asthma - Secondary Care	Yes	Cohort 1 - 100% Cohort 2 - ** Data Not Available	Cohort 2 Data submission deadline 12 th May 2023
PQIP - Peri-Operative Quality Improvement Programme	Yes	Alexandra has not recruited any patients in this period. Worcestershire has recruited 50 patients	Data deadline 17/03/2023

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Eligible National Audits	Participation	% or No's cases submitted	Comments
AKI - National Acute Kidney Injury Audit	Yes	100%	100% of data submitted, with the exception of the period 10/05/22 – 6/06/22 due to the software supplier (CliniSys) failing to correctly configure the process that generates AKI alerts between. This data is being recovered and will then be submitted.
UK Renal Registry Chronic Kidney Disease Audit	Yes	100%	
National Obesity Audit	Yes	100%	
National Perinatal Mortality Review Tool	Yes	100%	

Worcestershire Acute Hospitals NHS Trust was not eligible to participate in the following national audits because we do not provide the services within the scope of the audit;

Ineligible National Audits	Scope
Mental Health Clinical Outcome Review Programme	Audit applies to Mental Health
National Audit of Pulmonary Hypertension (COPD)	Specialist Audit
National Clinical Audit of Psychosis	Specialist Audit
Neurosurgical National Audit Programme	Specialist Audit
Paediatric Intensive Care (PICANet)	Specialist Audit
Prescribing Observatory for Mental Health (POMH-UK)	Audit applies to Mental Health
UK Cystic Fibrosis Registry	Specialist Audit
FFFAP - Fracture Liaison Service Database (FLSD) SCSD/ Rheumatology - Prof. Rai	The Trust does not provide this service. It has been de-commissioned as of 31/08/19
Cleft Registry and Audit Network (CRANE)	Specialist audit
National Congenital Heart Disease (CHD) - NCAP	Specialist audit
Out-of-Hospital Cardiac Arrest Outcomes (OHCAO) Registry	Applies to primary care and ambulance Trusts
National Adult Cardiac Surgery Audit - NCAP	Specialist audit
National Child Mortality Database	Sole providers of data are Child death overview panels (CDOP) Does not apply to the Trust
National Audit of Cardiovascular Disease Prevention	Primary Care
National Smoking Cessation 2021 Audit	Trust does not provide this service.

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A total of 22 National Clinical Audit reports have been published and reviewed in 2022/23 for national audits that the Trust either participated in or was eligible to participate in. These reports were reviewed in 2022/23 and the table below presents a selection of actions Worcestershire Acute Hospitals NHS Trust intends to take to improve the quality of healthcare provided.

National Audit	Date Report Published	Specialty	Actions/Improvements
NDA - National Diabetes Foot Care Audit (NDFA)	16/05/22	Endocrinology	<ul style="list-style-type: none"> • Improve participation in NDFA • Improve rates of foot assessment on admission to hospital • Improve access to MDFT • Improve outcomes for patients • Reduce major amputations • Reduce bed days
NMPA - Maternity and Perinatal Audit Clinical Report 2022	16/06/22	Obstetrics	<ul style="list-style-type: none"> • Improve the Local IOL rate to sit in line with national average (33.5% in 2019). • I-Decide Consent Tool, we are signed up already as an early adopter. • Being Actioned nationally and work underway with badgernet already. • Create Leaflets for Caesarean section/Instrumental delivery/options for pain relief within badger app. • Sync these to the Intrapartum PCP – links to leaflets located within form. • Include Episiotomy consent in Forceps Delivery consent form. • Ensure Datix is completed for every Postnatal readmission. • Deep dive into maternal readmission for caesarean section • Public Health Midwives performing local audits to ensure the data we capture for Public Health is meeting requirements and educating midwives on how to capture data effectively.
52 SHOT - Serious Hazards of Transfusion	01/07/2022	Haematology	<ul style="list-style-type: none"> • Implement an Electronic Blood management system. • Complete a gap analysis on staff levels within the laboratory • Clinical Governance to prioritise Blood transfusion incidents to enable effective investigation
13 NHFD - National Hip Fracture Database	08/09/2022	T&O	<ul style="list-style-type: none"> • Establish MDT meetings by the end of December 2022
96 National Outpatient Management of Pulmonary Embolism WRH	26/10/2022	Acute Medicine	<ul style="list-style-type: none"> • Education about risk stratification score in pulmonary embolism (PESI) • Written information leaflets to be developed for patients on discharge
18c MBRRACE Saving lives, Improving Mothers Care 2018/20	10/11/2022	Obstetrics	<ul style="list-style-type: none"> • Digital Midwife is Liaising with clevermed to implement. our next step is to implement the testing stage at present.

Local Clinical Audits

A total of 102 local clinical audits were reviewed by Worcestershire Acute Hospitals NHS Trust in 2022/23 and the table below provides a selection of actions the provider intends to take, or has taken to improve the quality of healthcare provided.

Audit Title	Specialty	Actions/Improvements
ID 11311 42E 2021/22 - Saving Babies Lives vs. 2 Element 5: Reducing preterm birth	Obstetrics	<ul style="list-style-type: none"> Re-Audit Quarter 1 to include QI Methodology and PDSA Cycles per quarter
ID 11184 43B Re-audit of patients admitted to Riverbank ward with Febrile neutropenia	Paediatrics	<ul style="list-style-type: none"> CVL must be checked on admission by medical staff Education for medical staff: Other potential areas of infection include – mouth (need to check for herpes/thrush/mucositis). Also need to check LP and bone marrow sites. More nurses to go on cannulation course To audit time, it takes for patient to be seen by medical staff after arrival Sepsis pathway documentation to be updated so that this can be used for the admission clerking Adapt admission proforma to incorporate a CVL site check list. Adapt admission proforma to allow medical staff and nursing staff to use it as a single document. Continue to highlight febrile neutropenia pathway and the importance of early antibiotics / CVL site checking at doctor's handover. Encourage junior medical staff to attend Oncology clinic as part of their placement.
ID 11270 22B Audit of the Integrated care after death Pathway (WR4888)	Palliative Care	<ul style="list-style-type: none"> Disseminate audit findings to, Ward managers, Matrons, Bereavement office managers, Mortuary manager, Porters managers. Liaise again with Trust infection control and prevention team about validity and use of Infection Notification of risk forms, and education around the form. Discuss with porters and their managers about compliance with completion of their section, is further training required? Liaise with Organ and Tissue donation and SNOD re Communications and education re tissue donation. Use focus groups representative of all staff groups involved with ICADP to recognise work / needs of others and how poor completion results in risk to staff. Agree any amendments that are needed to be made to form to go through Xerox, Key Docs., eg Ward ID, Tissue donation N/A box.
ID 11208 35E - Informed consent for Osteotomies	Oral & Maxillo-facial, Orthodontics and Orthognathic	<ul style="list-style-type: none"> Operating Consultant to use e-consent prior to operation date and patient to sign (if not a paper form that is scanned onto the evolve notes). On the day of surgery the consent form is to be printed out by SHO and countersigned by consultant/registrar who are operating.

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Audit Title	Specialty	Actions/Improvements
ID 11126 Optimising Heart Failure Medication	Cardiology	<ul style="list-style-type: none"> • Strive for regular face to face consultations • Consider business plan for HF Pharmacist • Community Heart Failure Nurses to keep up to date with knowledge • Improve referral process from Cardiology Secretaries/ HF admin staff • Educate Clinicians on benefits of using Treatment Advice Notes • Advise CHFN to optimise treatment on initial consultation
ID 11266 Investigation and Management of BRUE in the West Midlands	Paediatrics	<ul style="list-style-type: none"> • regular teaching sessions for junior doctors and staff nurses on performing bedside ECGs. This can be embedded into days set aside for teaching • 2Correct Identification of Low and High Risk: The updated BRUE guideline should be uploaded on the trust intranet so clinicians can be correctly guided in risk stratification at presentation • A teaching session on management of BRUEs should be arranged to highlight the differences in the new guideline. • High Risk admission should be minimum 24 hours
ID 11074 Audit to assess compliance to the Best Medical Therapy for Secondary Prevention in Vascular Patients	Vascular	<ul style="list-style-type: none"> • PDSA 1 - Introduction of Discharge Checklist and Education of Colleagues • PDSA 1 - Awareness Intervention and Continuity of Practice
ID 11041 An Audit into the Prescription and Monitoring of Acitretin Use by the Dermatology Team at Worcestershire Acute Hospitals NHS Trust	Dermatology	<ul style="list-style-type: none"> • Present the audit findings locally to WAHT dermatology clinicians at dermatology governance meeting to promote awareness of the British Association of Dermatologists guidance on acitretin prescribing and the department's current practice • Create ICE panel for the required blood tests prior to commencing acitretin • Create acitretin-specific initiation proforma • Create trust-specific acitretin patient information leaflet with integrate blood tests/symptom diary • Obtain approval of final NICE-reviewed trust-specific acitretin patient information leaflet at governance meeting • Await dermatology consultant approval of acitretin initiation proforma then submit to Xerox team
ID 11267 Improving compliance to antimicrobial prescribing guidelines in Acute Medicine at WRH	Acute Medicine	<ul style="list-style-type: none"> • Presentation of results at departmental QIP meeting • Inserts detailing importance of AMS put into prescription booklets in clerking office • Posters put up around AMU and MSSU, including clerking office • Circulation of poster via pdf to all acute medicine doctors and ACPs. • Present findings of QIP to local acute medicine department
ID 11037 8C ReSPECT form completion and documentation audit	Geriatric Medicine	<ul style="list-style-type: none"> • Present audit to junior doctors at the Alexandra Hospital as part of Teaching • Present audit to doctors at the Alexandra Hospital and distribute to those unable to attend • Present audit results to the Trust Resus Committee Group • Present audit results to the End of Life Steering Group • Identify healthcare professional who completed the best quality ReSPECT form and provide recognition for this. • Complete a QIP to improve communication and documentation of ReSPECT forms. • Clinical frailty score to be added to the Medical Clerking Proforma. • Respect Form section to be added to the Medical Clerking Proforma • Improve availability of Patient Information ReSPECT form leaflets on the wards • Improve awareness and education around the importance of ReSPECT form completion and discussion through audit presentation.

Examples of how Clinical Audit has been used to Drive Improvement

Clinical Audit, in addition to providing assurance on the extent to which standards are met, is a valuable quality improvement tool. When used effectively clinical audit drives improvement and the projects below are examples of where clinical audit has played an important role in delivering improvements for our patients.

Review of Ambulance Notes by Treating Clinicians (10991) – 4 PDSA cycles.

This audit saw the use of QI methodology by incorporating 3 PDAS cycles. By undertaking PDSA cycles and implementing small step changes, it demonstrated the importance of using QI methodology as PDSA 1 compliance was 0% and at the end of PDSA 4 the compliance had increased to 100%. All patients coming through via ambulance have their notes printed out and attached to their patient notes which are reviewed by the attending physician.

Discharge Summary Audit - Quality Improvement Project (11082) – 4 PDSA cycles

This audit demonstrated the use of PDSA cycles by incorporating 4 into the project. The poster and teaching session given at the beginning of the junior's placement along with acknowledging feedback from the junior's helped provide useful teaching sessions and has effective at improving compliance from 8% at PDSA 1 to 69% in PDSA 4.

35A Regional audit for the West Midlands of Orthodontic Clinical Outcomes (11299)

This audit highlighted that the large percentage of limited treatment cases is related to insufficient capacity in the department. Extended treatment duration makes it more likely that patients electively discontinue. As a result of this ongoing finding the Trust has increased its capacity by recruiting new clinicians and increasing the hours of current clinicians.

18B Post Colonoscopy ColoRectal Cancer (PCCRC) (10988)

The new national PCCRC audit that the Trust started to participate in this year will mean all cases of PCCRC from across the country will be investigated and learning from the audit will be shared Nationally. This means that as a Trust we can share learning to other trusts, and them to us.

22B Audit of the Integrated care after death Pathway (WR4888) (11270)

This audit highlighted areas of success, such as 82% of patients having privacy screening, but it also re-iterated need for nurses to use the infection risk notification form for all deceased patients. The EOL team confirmed this is happening in a number of different teaching forums including the workshops.

Antimicrobial Stewardship on Vascular ward (11211)

Following this audit, changes included an inclusion of an antibiotics column to the main vascular list, and changes to the wording of the microbiology guidelines regarding severe diabetic foot, to be more in line with clinical practice.

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Appendix 2: Care Quality Commission (CQC) Inspections and Ratings [Demo – Comms to produce]

Worcestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-Led
Urgent and Emergency Services	Requires Improvement Mar 2023 ↑	Good Mar 2023 ↔	Good Mar 2023 ↑	Requires Improvement Mar 2023 ↑	Requires Improvement Mar 2023 ↑
Medical Care (including older people's care)	Requires Improvement Mar 2023 ↔	Good Mar 2023 ↑	Good Mar 2023 ↔	Requires Improvement Mar 2023 ↔	Requires Improvement Mar 2023 ↓
Surgery	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Critical Care	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2017	Requires Improvement Jun 2017
Maternity	Requires Improvement Feb 2021	Good Feb 2021	Good Jun 2018	Good Jun 2018	Requires Improvement Feb 2021
Services for Children & Young People	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Requires Improvement Sep 2019	N/A	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Diagnostic Imaging	Requires Improvement Sep 2019	N/A	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019

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Alexandra Hospital

	Safe	Effective	Caring	Responsive	Well-Led
Urgent and Emergency Services	Requires Improvement Mar 2023 ↑	Good Mar 2023 ↑	Good Mar 2023 ↔	Requires Improvement Mar 2023 ↑	Requires Improvement Mar 2023 ↑
Medical Care (including older people's care)	Requires Improvement Mar 2023 ↔	Good Mar 2023 ↑	Good Mar 2023 ↔	Requires Improvement Mar 2023 ↓	Requires Improvement Mar 2023 ↓
Surgery	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Critical Care	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Maternity	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2016
Services for Children & Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Good Sep 2019	N/A	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Diagnostic Imaging	Requires Improvement Sep 2019	N/A	Oustanding Sep 2019	Good Sep 2019	Requires Improvement Sep 2019

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Kidderminster Hospital and Treatment Centre

	Safe	Effective	Caring	Responsive	Well-Led
Urgent and Emergency Services	Requires Improvement Sep 2019	Requires Improvement Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019
Medical Care (including older people's care)	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019	Good Sep 2019
Surgery	Good Sep 2019	Good Sep 2019	Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Critical Care					
Maternity	Requires Improvement Jun 2017	Requires Improvement Jun 2017	Good Jun 2017	Good Jun 2017	Requires Improvement Jun 2017
Services for Children & Young People	Requires Improvement Jun 2018	Requires Improvement Jun 2018	Good Jun 2018	Requires Improvement Jun 2018	Requires Improvement Jun 2017
End of Life	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Good Sep 2019		Good Sep 2019	Requires Improvement Sep 2019	Good Sep 2019
Diagnostic Imaging	Good Sep 2019		Good Sep 2019	Good Sep 2019	Good Sep 2019

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Appendix 3: External Opinions - What Others say about this Quality Account

Herefordshire and Worcestershire Integrated Care System

NHS Herefordshire & Worcestershire Integrated Care Board (NHSHW) welcomes the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust (WAHT) Quality Account 2022/23. NHSHW recognises the Trust's achievements considering the exceptional challenges faced within Urgent and Emergency Care (UEC), the impact of industrial action, and the continued COVID pandemic reset and recovery response.

The Quality Account provides an opportunity to look back on the past year, reflect upon the successes and progress made by WAHT and make a candid assessment of the focus needed by both the Trust and collectively across the healthcare system to address the significant challenges we continue to face.

It is encouraging to read of the progress which has been made with implementing the digital care record within the Trust, the arrival of robotic surgery at the Alexandra Hospital, along with the planned improvements to the Endoscopy, Maternity and Paediatric Units and the benefits these will all bring to patient care.

We are pleased to see that WAHT also met specific quality targets set for 2022/2023, including those around:

- Antimicrobial stewardship.
- Learning from deaths.
- Eliminating 104 day waits for elective treatment.
- Developing a new Research & Development Strategy.
- Opened a new Community Diagnostic Centre.

Although some of the targets were not fully met, the considerable improvements which have been made are also noted in the following areas:

- Nutrition and hydration assessments.
- Sepsis screening and implementation of the Sepsis Six bundle.

Following the CQC visit in November 2022, it is encouraging to see that UEC services overall rating has improved from 'Inadequate' to 'Requires Improvement' which means that no area in the hospitals is now rated as 'Inadequate'.

NHSHW acknowledges the positive work identified above; however, they would also like to highlight the need for continued and renewed focus on maintaining quality improvements. This is particularly in relation the need for ongoing progress regarding improving waiting times for access to Urgent & Emergency Care. The reduction of Clostridium Difficile infection rates and a focus on restoring diagnostic and treatment activity to pre-pandemic levels.

NHSHW are satisfied the Quality Account for 2022/2023 provides a clear and accurate statement which is a representative and balanced reflection of the quality of healthcare provided by WAHT. We also support and welcome the specific quality priorities identified for 2023/24. All are appropriate areas to target for continued improvement and build upon the achievements of 2022/23.

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We look forward to continuing the close working relationship with the Trust and other partners across Herefordshire & Worcestershire Integrated Care System to deliver continued quality improvements and collaboration to ensure lessons are learnt and shared across the Trust and the wider system.

Healthwatch Worcestershire

Healthwatch Worcestershire's response to the Quality Account of the Worcestershire Acute Hospitals NHS Trust for the financial year 2022/23 approved at the Public Board Meeting on 25th May 2023.

Healthwatch Worcestershire has a statutory role as the champion for those who use publicly funded health and care services in the county and therefore, we welcome the opportunity to comment on the Worcestershire Acute Hospitals NHS Trust Quality Account for 2022/23.

As is our normal practice we have used Healthwatch England guidance to form our response as follows:

1. Do the priorities of the provider reflect the priorities of the local population?

Healthwatch Worcestershire believes that the overriding priority of patients, their carers and the public regarding Worcestershire Acute Hospitals Trust is that the Trust should provide safe, quality, and accessible services at its hospital sites in the county.

We are pleased to see that the Trust has continued with the implementation of the Quality Improvement Strategy and its 3 pillars of quality that were co-produced with stakeholders including patients and the public in 2018: Care that is safe: Care that is clinically effective, and Care that is a positive experience for Patients and Carers.

We have noted there has been measurable progress across many of the improvement priorities identified last year.

We note that **the following targets were met:**

Antimicrobial Stewardship

Baseline position for implementing the sepsis six bundle in the Emergency Department

Relatives contacted by medical examiner team and invited to raise concerns

Outcomes of mortality reviews will be reported and improvement actions developed

Standardised Hospital Mortality Index (SHMI) to remain within the "as expected" range

Participating in a programme of national audits for which we are eligible

Outcomes of national audits will be reported and improvement actions will be generated and monitored

Eliminating 104 week waits for elective treatment in 2022/23

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Develop new Research and Development Strategy
 Work with educational partners to improve the training for our staff during 2022/23
 Developing diagnostic access with community hubs and implement care in new purpose built facilities to meet patient needs
 Greater engagement with patients and carers through the annual Big Quality Conversation, feeding into yearly priorities increasing Compliments and recommendation rates
 Reducing the number of complaints returned from those who are not satisfied with the response

The following targets were Partially Met

Rollout of Discharge Production Boards (DPBs) on all inpatient ward areas
 Implementing a real-time accessibility information service that supports access to our facilities
 Strengthening pathways for patients with Learning Disabilities
 Implementing a digital solution that enables patients to provide feedback in real-time

We have also noted the Good News stories includes in the Quality Account

The following targets were Not Met:

Reducing Clostridium difficile (C.Diff)
 Transition to the Patient Safety Incident Framework
 Improvement of the quality of investigation reports, including implementation of the new Patient Safety Investigation standards
 Nutrition and hydration assessments
 Food diaries and fluid balance charts
 Baseline position for screening *[for sepsis]* in the Emergency Department
 Baseline position for screening *[for sepsis]* in inpatient wards
 Baseline position for implementing the sepsis six bundle in inpatient wards
 Restoring diagnostic and treatment activity to pre-Covid-19 levels

We appreciate the value of carrying forward those priorities where targets were not met and/or further improvement is likely to continue into 2023/24.

Alternatively, some further explanation as to why the target was not met or plans for continued improvement would be useful

Improvement Priorities 2023/24:

Healthwatch Worcestershire recognises that the identified improvement priorities for 2023/24 are likely to improve patient experience, safety and outcomes.

In previous years we have welcomed the inclusion of clear numerical targets for the majority of priorities against which progress can be measured and evaluated.

We note that this year SMART targets have not been identified in the Quality Account. We believe that the value of these is demonstrated above, where it is transparent where a target has been met, partially met or not met.

We would like to see SMART targets added to the Quality Account before its final publication.

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Care that is Safe:

Healthwatch Worcestershire welcome the continued focus on infection prevention and control, including reducing C. Difficile infections.

We welcome the continued focus on hospital discharge, as in our survey & Hospital Discharge Report we found that it was an area that patients and carers often found challenging. We note that there is no reference in the actions to Discharge Production Boards, although this target was only partially met last year.

Care that is Clinically Effective:

We note the commitment to continuing to learn from deaths and we welcome this.

We recognise that the Trust's involvement in a regular programme of clinical audits and subsequent quality improvement projects is likely to result in better outcomes for patients and welcome the Trust's commitment to this.

One of the clear concerns for patients and the public in Worcestershire is the backlog of care and the waiting times for treatment. We welcome the priority around reducing the time patients are waiting for treatment in line with national targets, and hope that it can be achieved.

Care that is a Positive Experience for Patients and Carers:

We welcome the focus on working with patients with Learning Disabilities, and the priority to improve communication with patients, including those experiencing health inequalities and / or sensory needs

We note the focus on learning from patient feedback on care. We would have expected to see specific mention of learning from patient contact with PALS, and from concerns / complaints under the actions.

2. Are there any important issues missed?

One of the areas of concern raised with Healthwatch Worcestershire and most frequently reported upon in the local media is the pressure on the Accident and Emergency Department, the waiting times and especially Ambulance Handover Times. Whilst we are aware that this is a whole system issue it might have been useful to address some of these concerns within the Quality Account.

Timely identification and treatment of Sepsis: we note that this target was not fully met in 2022/23 priorities, we would welcome its inclusion in the 2023/24 priorities as an important area for patient safety.

We also note that the Care Quality Commission (CQC) inspection and ratings will be reported in the Quality Accounts. It would be useful to know how the identified priorities relate to the areas that were identified as "Requires Improvement" by the CQC.

3. Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?

The Trust conducted their third 'Big Quality Conversation' during 2022/23, which included an online survey.

We recognise and welcome the variety of methods of engagement that were used and the events that were held to improve the reach of the Survey. We note that the following people were specifically enabled to participate in the Big Quality Conversation, people from the D/deaf community, people with a Learning Disability, adults with Aspergers Syndrome, and engagement with the local prison service.

It would be useful to understand how many Surveys were completed online and how many through engagement or other methods, and the demographic characteristics of those completing the Survey.

We note that the results from this engagement and the online survey were used to help inform Improvement Priorities for 2023/24.

The QA also state that the 2023/24 priorities have also been formulated through engagement with staff through Divisional Management Teams and Governance Teams.

4. Is the Quality Account clearly presented for patients and the public?

Healthwatch Worcestershire acknowledges that there is a challenge in producing a Quality Account which is clearly presented and meaningful for patients and the public, taking into account the technical information required by NHS England. Given those restrictions the introduction does clearly set out the purpose and structure of the QA and the infographics pages are an easily accessible picture of the work of the hospital. We think that presentation of the Account has improved this year.

We recommend that the Trust should produce a summary of the Quality Account in an accessible format selecting important information for the public, complemented by an Easy Read version.

Jo Ringshall
Chair – Healthwatch Worcestershire

Putting Patients First

Patient and Public Forum

In a year when Covid continued to rear its malevolent head, the flu epidemic was inevitably worse than usual and several staff groups held strikes, it is remarkable that some targets were met, innovation continued, major developments were completed and the new ED village on the Worcester site is nearing completion.

The “Good News Story” section is impressive particularly the extended family leave policy.

The development of the Clinical Research team and the excellent audit programme is also very impressive.

The PPF noted the successful roll out of the Electronic Patient Record and looks forward to the continuing development of the digital programme particularly electronic prescribing which we have pushed for over the last few years.

We were disappointed that there has been a delay in implementing the Patient Safety Investigation Standards and look forward to it being fully embedded this year.

It was pleasing to see the participation in the Big Quality Conversation was greatly increased and reflected views from many sections of our community.

For the last two years we have expressed our hope that the Trust’s response to sepsis and learning from deaths would improve. It is pleasing to see the latter in a much more robust state. Sepsis is showing improvement in some parameters but there is still work to be done.

Our other hope was to see all system partners in health working together. The #Stepping4Ward event at the Worcestershire Cricket Club last autumn demonstrated there was appetite to do so which is encouraging.

The number of C Difficile infections continues to be a great concern despite very robust measures taken by the Trust. Apart from the factors highlighted in this report contributing to the outbreaks we feel consideration should be given to looking at reducing our high bed occupancy.

Finally, endorsing Healthwatch’s suggestion last year we should like to see the Quality Account in an Easy Read version and a summary document for the general population.

Rosemary Smart
Chair Patient and Public Forum

Worcestershire Health Overview and Scrutiny Committee (HOSC)

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the draft 2022-23 Quality Account for Worcestershire Acute Hospitals NHS Trust. Members of the Committee have appreciated the support the Trust has given to the scrutiny process during the year. In particular, the Trust has played a positive role in scrutiny of how health and social care organisations are working to try and improve patient flow, to help alleviate issues like ambulance hospital handover delays, and delayed discharge of complex patients, which have been a huge concern to the Committee. The Members look forward to working with the Trust in the future. Through the routine work of HOSC, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire.

Councillor Brandon Clayton
Chairman of Worcestershire Health Overview and Scrutiny Committee

DRAFT

Meeting	Trust Board
Date of meeting	8 June 2023
Paper number	Enc H

Integrated Performance Report – Month 1 2023/24

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

Alignment to the Trust’s strategic objectives (x)

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

Committee/Group	Date	Outcome
TME	24 th May 2023	Approved
Finance and Performance	31 st May 2023	Assured
Quality Governance	1 st June 2023	Assured

Recommendations	Trust Board are asked to: <ul style="list-style-type: none"> ▪ note this report for assurance
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Key Issues	<p>Operational Performance</p> <p>Patient Flow</p> <p>The non-elective pressures, in part caused by elevated numbers of pathway discharge patients that not leaving our hospitals as soon as we need them to despite being ready, resulted in constrained hospital flow and crowding in our Emergency Department (ED).</p> <p>High bed occupancy continues to impact on our ambulance handover performance, which in turn causes continued issues in providing timely access to urgent and emergency care services and high numbers of 12-hour length of stay patients in ED.</p> <p>In April patients had to be bedded (stay overnight) in Medical SDEC (AEC) at WRH to alleviate patient flow pressures.</p> <p>Elective Recovery - Industrial Action</p> <p>As it bears relevance to month 1 activity; a reminder of the impact of the Junior Doctor Industrial Action that took place from the 11th to the 14th April 2023. 1,790 outpatient appointments, 93 day cases and 14 elective inpatients were rescheduled. Of our longest waiters, 1 RTT patient over 78 weeks, 25 RTT patients at risk of being 78 week breaches in April or May and 15 cancer patients over 62 days were affected by cancellations.</p>
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Elective Recovery – Activity

We did not achieve the OP New submitted activity plan for Apr-23 and we delivered fewer OP Follow Up appointments than plan (a positive outcome). 3.4% of all OP attendances were transferred to patient initiated follow-up pathways.

Although we were above plan for Day Case activity, this was in part due to a delay in implementing the plan to move Intravitreal Injection Therapy (IVT) activity from Day Case to Outpatient Procedure. Inpatient (ordinary) was below our submitted plan.

We delivered almost 17,000 DM01 tests in Apr-23; however only echocardiography was at / above plan with MRI the furthest away.

Elective Recovery - Performance

Consultant-led referral to treatment time (validated)

The overall incomplete RTT waiting list remains stable between 67,000 and 68,000 and there were no patients waiting over 104 weeks. We reported 250 patients over 78 weeks.

NHSE are insistent that the Trust has no patients over 78 weeks at the end of June. Our updated position to Board is that there are 410 patients at risk of being a breach at the end of June if a decision on their first definitive treatment isn't made in time. Our current forecast is that we will not achieve the zero target at the end of June.

Cancer

After the highest number of 2WW referrals on record in Mar-23, Apr-23 has reduced to normal seasonal variation.

The impact of the March referrals is still being felt and as a result 2WW waiting time standard was not achieved in Apr-23. As previously noted, Skin was the specialty receiving significant demand which could not be met within its capacity.

The knock-on effect of delays in patients being seen for 2WW appointments means the 28-day Faster Diagnosis Standard performance has decreased to below 70%. Urology is a particularly pressured specialty as there a longer than desired waits for, in particular, local anaesthetic transperineal prostate (LAPT) biopsies.

As part of Annual Planning 23/24 we submitted a monthly trajectory to achieve the target of no more than 190 urgent suspected referral patients breaching 62 days by end of year. As at w/e 30th April there were 300 urgent suspected referral patients over 62 days which was 30 more patients than plan for Apr-23.

Diagnostics

Our validated DM01 Diagnostics waiting list at the end of Apr-23 remained below 9,000 however performance remained static with 16% of the cohort breaching 6 weeks at month-end. We continue to reduce our longest

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	<p>waiting patient's month on month noting that the window to reduce to zero has been moved by NHSE to the end of September (previously June).</p> <p>Active Monitoring In the RTT rules, a scenario is described where some patients can receive a clinical diagnosis, and may well require treatment in the future, the patient is placed on clinical monitoring for a defined period of time. Under the RTT guidance the clock is stopped.</p> <p>Although WAHT's cohort requires further extensive data quality assurance to determine the validity of nearly 48,000 patients being identified as active monitoring. Of the cohort, 43.1% of patients have not had an appointment under the same pathway/specialty for over 12 months.</p> <p>Quality and Safety</p> <p>There is no significant change amongst the core group of Quality metrics. Infection Prevention and Control remains focused on C.Diff prevention and managing the hospital acquired Covid infections as the volumes increased during April, although current position in May is volumes have declined significantly. Annual Infection Control targets for 23/24 have been provided and the next step is to align them to monthly trajectories.</p> <p>Fractured neck of femur remains a concern; although the performance is within common cause, it has remained below target since the start of the pandemic, indicating that unless a focused intervention is put in place we cannot achieve the target and we could not sustain achieving it.</p> <p>Trust calculations for Q4 22/23 indicate that our overall SSNAP grade should remain at B despite ongoing challenges with accessing the Stroke Ward directly and remaining on the Ward for 90% of the time. There are small improvements seen in the last few months, but bed pressures and access to CT scanning remain a barrier for further improvement.</p> <p>Falls and Hospital acquired pressure ulcers are performing well.</p> <p>People and Culture The workforce areas requiring improvement in 23/24 are to:</p> <ol style="list-style-type: none"> 1. Reduce our vacancy rate to 7.5% to mitigate the reliance on the temporary workforce. 2. Reduce agency spend to 6% of our total pay bill. 3. Improve job planning compliance linking job plans to required activity. 4. Reduce absent due to stress/ anxiety/ depression (S10) <p>To make these improvements we are:</p> <ul style="list-style-type: none"> • Implementing the recruitment business case which will double the capacity within the central recruitment and medical resourcing teams. We also continue to make progress in reducing our time to hire through the recruitment value stream. • Working on an ambitious PEP programme which will support the achievement of the agency spend target.
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- Driving improvement in job planning compliance through the weekly Chief Medical Officer meetings.
- Referring colleagues who are absent due to mental health conditions to Occupational Health and ensuring they are signposted to relevant support. We have a wide range of support within our health and wellbeing pin wheel.

Our Financial Position

Month 1

The Trust originally submitted a full year plan deficit of £(50.4)m in March 2023. Recognising the risks of loss of autonomy and access to capital Board members agreed that we should consider whether we could go further. CFO put forward a proposal and requested approval to negotiate as follows: Stretch the PEP by an additional £4m on the proviso that the ICB lead both pieces of work bringing the system together to support delivery > £2m reduction in spend linked to excess temporary capacity incl. corridor care / high cost temporary staffing and £2m reduction in non-clinical vacancies linked in particular to a review of back office services. Acceptance of this positive movement from the ICB was reflected by the sharing out of the ICB surplus in a way that resulted in a break even plan.

There is no detailed national financial reporting in month 1 2023/24. However, consistent with the regional approach we have considered the financial risk and in addition to a System staff cost return that we have been asked to complete we have also provided an initial assessment of M1 Pay variances as imperative that we maintain oversight and understanding of our largest component of our cost base and in particular our temporary staffing expenditure.

Employee expenses in month 1 were £0.8m (2%) adverse to plan. Of the adverse variance (£0.4m) is the impact of acting up/down payments to substantive staff to cover strikes. The remainder of the adverse variance is due to covering additional vacancies (£0.2m) and additional activity (£0.2m). This is partially offset by £0.3m favourable variance on Business Cases.

Productivity and Efficiency

The Productivity and Efficiency Programme target for 23/24 as submitted to NHSE is £28.0m.

Month 1 delivered £0.272m of actuals against the plan as submitted to NHSE in May 2023 of £0.354m. An adverse variance of £0.082m (23%).

Local Cost per WAU

The Costing team continue to develop a measurement of productivity through locally derived WAUs that can be reported at a Divisional and Directorate level.

We have shared our approach with System finance / costing / PMO colleagues as we are keen to agree a standard way of measuring

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productivity across the system. The costing team, supported by the Divisional Finance Team, have also met with the Surgery Division to review the approach, share the visuals and agree how best to represent the information so that it can be confidently used.

Next steps include a pilot of information through Divisional Boards

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

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

Recommendations

Trust Board are asked to

- note this report for assurance

Appendices

- Integrated Performance Report (up to Apr-23 data)
- WAHT At A Glance – Apr-23
- WAHT April 2023 in Numbers Infographic
- Committee Assurance Statements – June 2023 meetings



Integrated Performance Report



Trust Board 8th June 2023

Data: Up to April 2023

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

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

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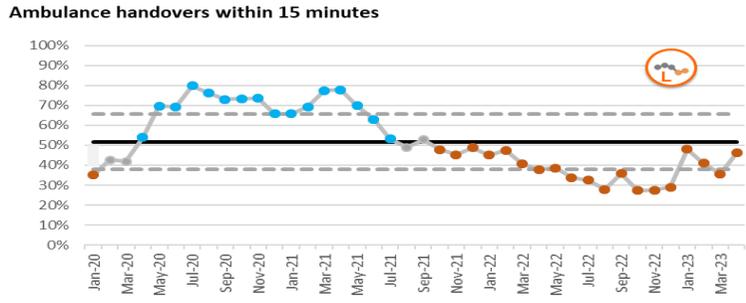
Operational Performance

Area	Comments
Cancer	<ul style="list-style-type: none"> • After achieving 93% or better for four consecutive months, our 2WW performance has decreased with only 3 specialties achieving the 2ww operational standard this month. • Referrals reduced to normal levels but we are still managing the impact of the ~3,000 referrals made in Mar-23 • Only 2 specialties achieved the 28 Day Faster Diagnosis Standard of 75% this month and our overall performance decreased below 70%. • Our 63+ day backlog, and those waiting over 104 days increased. The 23/24 NHSE ambition is for WAHT to have no more than 190 patients over 62 days at the end of Mar-24. We ended Apr-23 at 300, 30 above the submitted trajectory.
Elective Recovery	<ul style="list-style-type: none"> • There were zero patients breaching 104+ weeks at the end of Apr-23. • The number of patients breaching 78+ weeks decreased from 310 at the end of Mar-23 to 250 at the end of Apr-23. Although not zero, as per NHS England ambition, this is showing a special cause improvement. • In order to delivery the NHSE requirement to have zero patients over 78 weeks at the end of Jun-23, we need to treat 648 more patients (as at 18th May). • We were 362 OPA New under plan and have delivered 966 fewer follow-up appointments than plan. For follow-ups, this is a positive as it aligns to reducing follow-up activity inline with NHSE operational guidance. • We exceeded our day case plan in Apr-23; however this was influenced by IVT not being recorded as delivered as a outpatient procedure as the submitted plan had taken into consideration. Elective Inpatients was below plan. • 3.4% of outpatient outcomes were recorded as transferred to a PIFU pathway.
Diagnostics	<ul style="list-style-type: none"> • We delivered 15,197 diagnostic tests in Apr-23. This is 1,134 more than Apr-19 and we achieved 97% of the submitted plan. • The diagnostic waiting list and patients over 6 weeks both increased by ~7% so performance has remained static. We are within 1% of the current ask from NHSE to achieve 85%. • The number of patients waiting over 13 weeks decreased again to 452.

Percentage of Ambulance handover within 15 minutes	60 minute Ambulance Handover Delays	Time to Initial Assessment - % within 15 minutes	Time In Department				12 Hour Trolley Breaches	4 Hour EAS (Type 1)
			Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E		
Aggregated Patient Delay (APD)	Total time spent in A&E (95th Percentile)	Patients discharged to usual place of residence	NEL Average LOS in Hospital at Discharge (excl. same day discharge)	EL Average LOS in Hospital at Discharge (excl. same day discharge)	% Discharges before midday			
<p>What does the data tell us?</p> <ul style="list-style-type: none"> Slides 5 and 6 highlight that the patient flow metrics in this report continue to show special cause concern. The proportion of patients who experienced a greater than 12 hour length of stay in our Emergency Departments (ED) remained elevated in Apr-23. Our EDs remained almost constantly overcrowded and the number of patients waiting for beds resulted in additional escalation areas being used to support our normal assessment and treatment areas. Our non-elective bed base also remained under significant pressure due, in part, to Covid and D&V inpatients (see slide 7) combined with those patients who no longer had a reason to reside. Constrained flow through and out of our hospitals is the overriding factor which impacted on our ability to deliver timely acute care. Poor flow from ED for patients requiring hospital admission resulted in regular overcrowding which continued to result in ambulance handover delays as there is no space to move patients off ambulances and into our EDs. <p>Additional metrics</p> <ul style="list-style-type: none"> The conversion rate of attendances to admission was 31% at WRH (2,013 admissions), the 9th consecutive month over 30% conversion from attendance to admission and 22% at ALX (1,076 admissions). On the 30th April, there were 105 patients who had a LOS of 21+ days. 43 of those patients had been identified as medically fit for discharge; these patients have accounted for 635 bed days. 				<p>What have we been doing?</p> <ul style="list-style-type: none"> The Trust has engaged with the Tier 2 NHSE request for the ICS to create a trajectory to reduce the number of 60 minute ambulance handover breaches. Pathway redesign for the move to the new UEC continues. This will ensure that the balance between ED and SDEC is at it's most efficient. 				
<p>Current Assurance Level: 4 (May-23)</p>				<p>When expected to move to next level of assurance: This is dependent on the on-going management of the increased attendances and achieving operational standards.</p>				
<p>Previous assurance level: 4 (Apr-23)</p>				<p>SRO: Chief Operating Officer</p>				

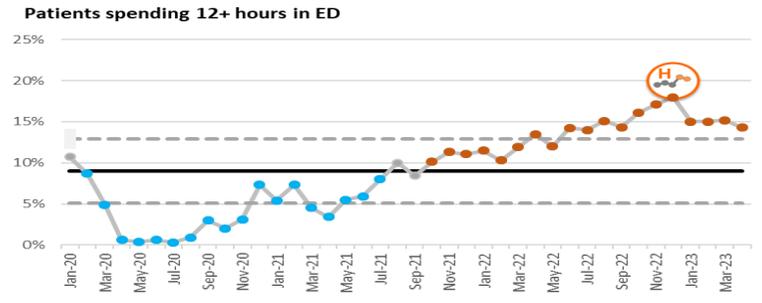
Percentage of Ambulance handover within 15 minutes

46%



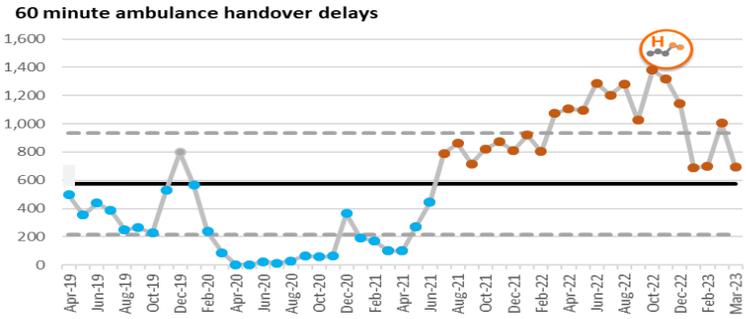
Patients spending more than 12 hours in ED

14%
1,617 patients



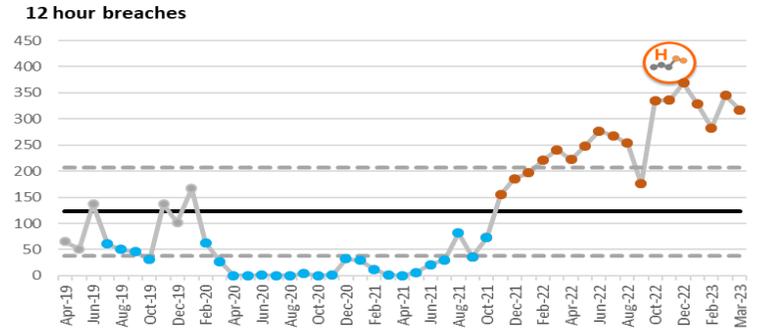
60 minute Ambulance Handover Delays

696



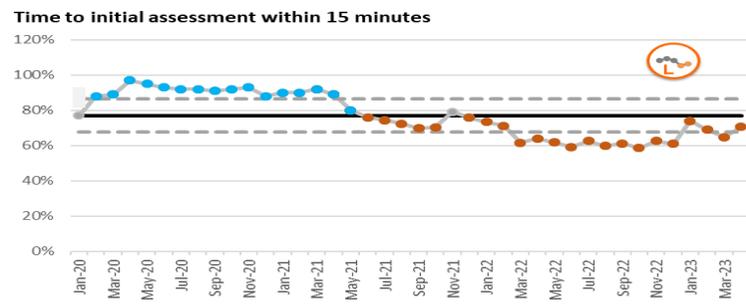
12 Hour Trolley Breaches

317



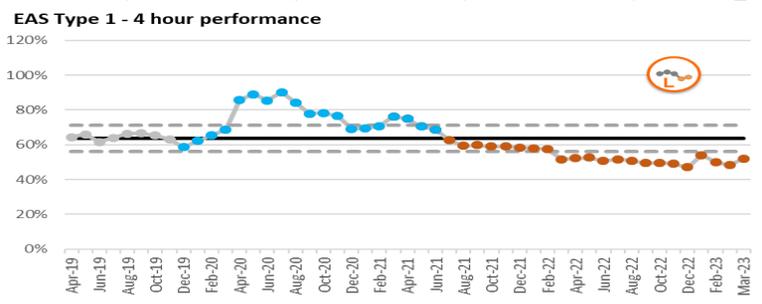
Time to Initial Assessment - % within 15 minutes

71%



4 Hour EAS (Type 1)

52%
5,467 of 11,392



Variation

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

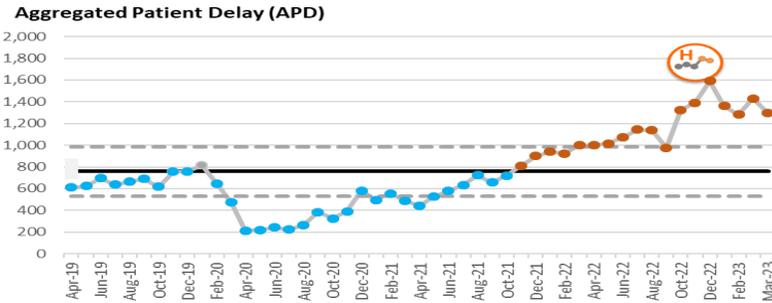
Assurance

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

All graphs include April-23 data

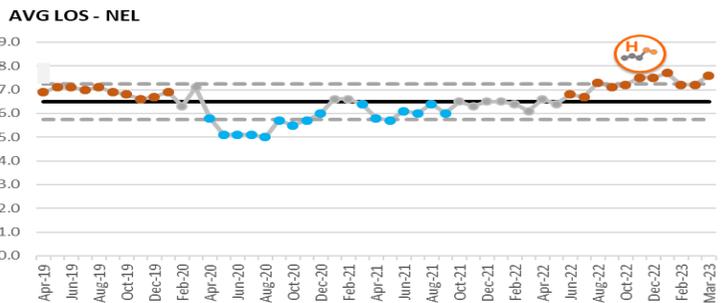
Aggregated Patient Delay (APD)

1,295



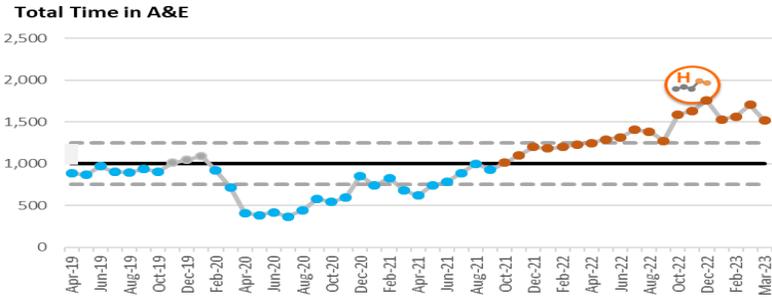
Average LOS in Hospital at Discharge (NEL excl. same day discharge)

7.6 days



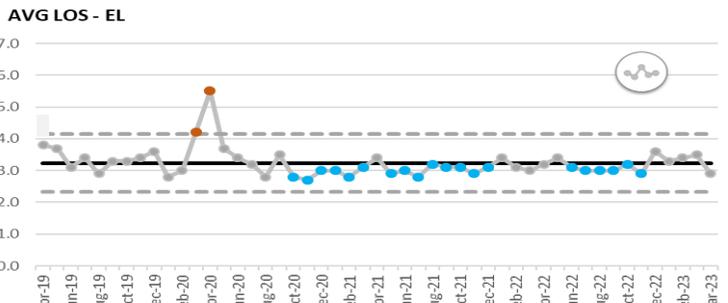
Total time spent in A&E (95th Percentile)

1,517 minutes



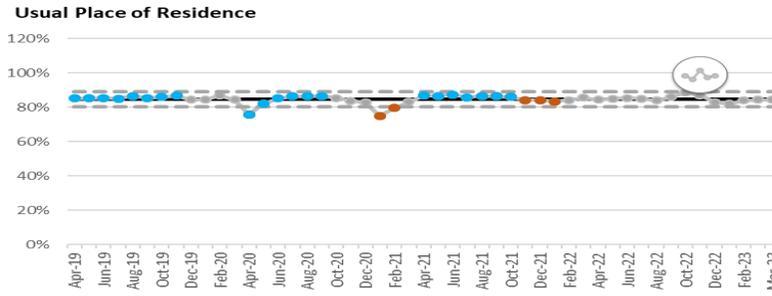
Average LOS in Hospital at Discharge (EL excl. same day discharge)

2.9 days



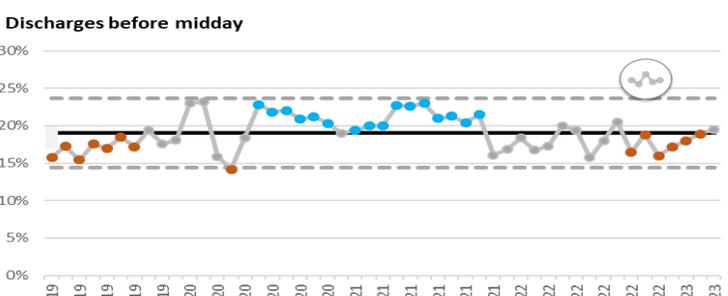
Patients discharged to usual place of residence

84%



% Discharges before midday

19.5%



All graphs include April-23 data