

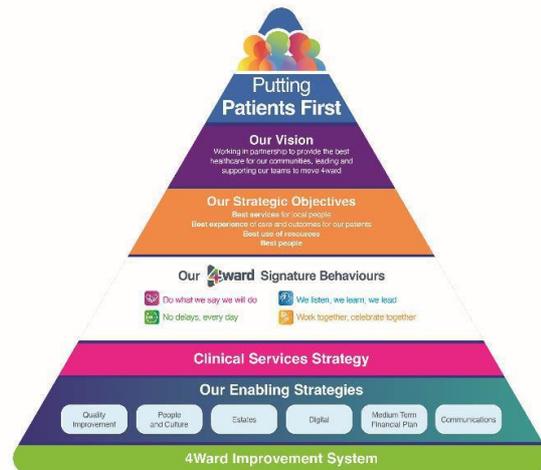
A G E N D A

TRUST BOARD

Thursday 10th November 2022

10:00 – 12:30

Meeting will be virtual and streamed live on YouTube



Anita Day
Chair

Item	Assurance	Action	Enc	Time
107/22	Welcome and apologies for absence:			10:00
108/22	LGBTQ+ & Staff Network		Slides Page 4	10:05
109/22	Patient Story			10:25
110/22	Items of Any Other Business To declare any business to be taken under this agenda item			10.50
111/22	Declarations of Interest To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.			
112/22	Minutes of the previous meeting To approve the Minutes of the meeting held on 13 October 2022	For approval	Enc A Page 19	10:55
113/22	Action Log	For noting	Enc B Page 29	11:00
114/22	Chair's Report			11:05
115/22	Chief Executive's Report		Enc C Page 30	11:10
Best Services for Local People				
Best Experience of Care and Outcomes for our Patients				
116/22	Integrated Performance Report Executive Directors	Level 4	For assurance Enc D Page 34	11:20
117/22	Committee Assurance Reports Committee Chairs	For assurance	Enc E Page 121	11:50

Best Use of Resources
BAF 7, 8, 11

118/22	Scheme of Delegation Chief Finance Officer	Level 5	<i>For approval</i>	Enc F Page 130	11.55
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Best People
BAF 9, 10, 11, 15, 17

119/22	Safest Staffing Report Chief Nursing Officer		<i>For assurance</i>	Enc G	12:00
	a) Adult/Nursing	Level 6		Page 141	
	b) Midwifery	Level 5		Page 149	

Governance

120/22	Trust Management Executive Report Chief Executive	Level 5	<i>For assurance</i>	Enc H Page 158	12:10
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121/22	Any Other Business <i>as previously notified</i>				12:15
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122/22	Closing Remarks Chair				
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Close

Reading Room:

- Scheme of Delegation
- Outpatient Transformation

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

Staff LGBTQ+ Network Update November 2022

Dr Luke Simonds (he/him)
LGBTQ+ staff network chair



10 minute snapshot:

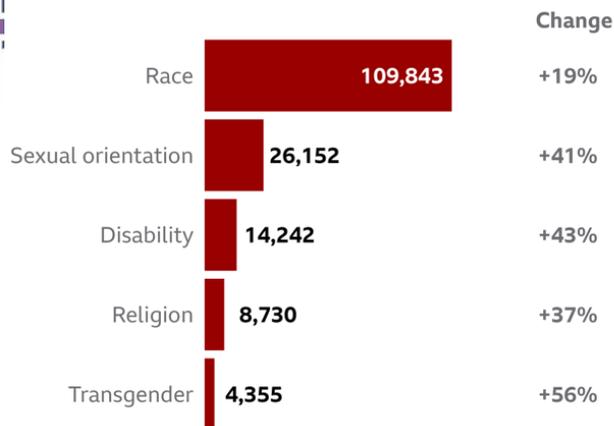
- Why are we here?
- What we have achieved so far
- Barriers/risks going forward
- What we need from the Board





Hate crime by category, England and Wales

Total crimes in the year ending March 2022, with annual percentage change since March 2021



noaners. ers say they are refused work by EU cs determined to sh them for voting ve. They had their first

dash-rawny versus Alan Partridge? Get Carter v Sherlock? The Who v The Boomtown Rats? No contest. We won't get fooled again!



CALL me old-fashioned, but I've never understood why so many pregnant women these days insist on flaunting the ultrasound scans of their unborn children.

Then again, I come from a generation reluctant even to discover the sex of their baby in advance, because it would spoil the surprise.

Anyway, surely making a song-and-dance at such an early stage of pregnancy is tempting fate. Why not wait until the child is actually born?

More to the point, who outside the immediate family is remotely interested? You wouldn't share the X-ray of your duodenal ulcer or triple heart bypass on the internet, would you?

Ask a silly question. There are probably hundreds, if not thousands, of websites dedicated to displaying intimate snapshots of surgical procedures.

Come to think of it, I've got a picture of my last colonoscopy somewhere, if anyone's interested. It looks like the menu board at Dunkin' Donuts. Not that I'd dream of subjecting you to it here, in place of one of Gary's brilliant cartoons. I wouldn't want to put you off your breakfast.

So what makes diver Tom Daley and his husband think we want to look at the ultrasound of their yet-to-be-born baby? For a start, one foetus from being brought up by a man and a woman.

Please don't pretend two dads is the new normal

rather, reproduce. In the perceptive words of reggae star Johnny Nash, there are more questions than answers.

For a start, this person is described as a woman, but has had no surgery to transition from a man. Sorry, but I'm with Germaine Greer — someone in possession of a full set of wedding tackle is a man, not a woman.

Secondly, if this is his/her baby, did he/she fertilise the egg in the traditional fashion? On third thoughts, let's not go there.

Fourthly, of about 30 other questions, has anyone considered what could be the long-term effects of feeding a baby breast milk manufactured artificially in the body of someone who was born — and remains biologically — a man?

Of course not. This is the most extreme example yet of the demands of selfish adults being given priority over the best interests of the unborn child.

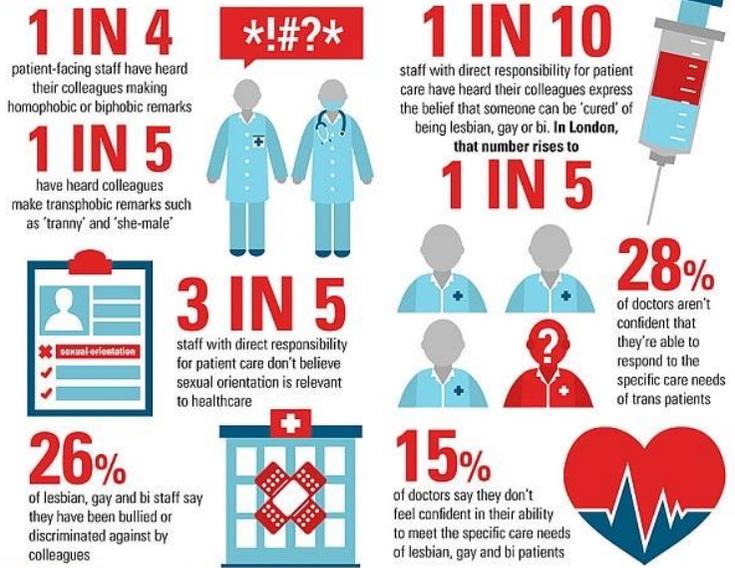
No doubt scientists are already working on a way of ensuring that someone born a man can both father a baby and give birth to it, cutting out the middle-woman altogether. Stand by for the coming Hermaphrodites' Rights movement.

BREAKING:

Governor DeSantis Signs Florida's Unconstitutional "Don't Say Gay" Bill Into Law.

ASK THE UK GOVERNMENT TO BAN CONVERSION THERAPY.

UNHEALTHY ATTITUDES **Stonewall**
 YouGov research for Stonewall of 3,001 health and social care staff reveals unhealthy attitudes towards lesbian, gay, bi and trans people...
 Acceptance without exception



One in seven
 LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff
 LGBT in Britain - Health Report (2018), Stonewall

FIND OUT MORE ABOUT THE REPORT AT www.stonewall.org.uk/unhealthyattitudes





LGBTQ+ Awareness and training



LGBTQ+ Staff Network

LGBTQ+ NETWORK

Welcome to the Intranet page for our LGBTQ+ Network!

Network Chair:
Dr Luke Simonds (pronouns: *he/him/his*)
 LGBTQ+ Network Chair
 Specialty Doctor in Intensive Care Medicine
 Deputy Head of WAHT Undergraduate Teaching Academy
 Email: lsimonds@nhs.net

A message from Dr Luke Simonds
 Chair of our LGBTQ+ Network

"It gives me great pleasure to introduce myself as the new Chair of the LGBTQ+ Staff Network for Worcestershire Acute Hospitals NHS Trust.

I have been working in the Trust since 2014 and have witnessed the excellent progress that our BAME network has made in recent years. In the spirit of our 4ward behaviour of 'work together, celebrate together' it is my aim to build on their efforts to improve equality and diversity within the Trust, focusing on the LGBTQ+ community.

My door is always open for any colleague who encounters any difficulties or discrimination in the workplace due to their sexuality or gender.

Everybody has the right to come to work in a safe and inclusive environment. If anybody has any suggestions on how we can do better as a trust then please do get in touch, we need your lived experiences to help shape future progress."



LGBT+ HISTORY MONTH

This LGBT+ History Month we're proud to announce that our Trust is participating in the next phase of the NHS Rainbow Badge Project.

To hear more about this initiative or to find out how we aim to make your workplace a more inclusive environment for staff and patients, join the next LGBT+ Network meeting on Tuesday 15 February at 10am via Microsoft Teams.

For more info, or for the link to join the meeting on Tuesday 15 February, email the LGBTQ+ Network on: wah-tr.lgbtqplusnetwork@nhs.net

What is LGBTQ+?
Why is this important?
Aim of the Network
News
Who are we?
NHS Rainbow Badge
Education
Resources
Support
Contact us



LGBTQ+ Awareness and training




NHS
 Health Education England

NHS
 Sussex Partnership
 NHS Foundation Trust

LGBTQ+ / Gender Identity Intermediate Mental Health Training Workshop (F2F or Virtual)

Who is it for?
 NHS Staff in Primary Care, Community Care, Acute Care (including CAMHS & Mental health services), Educational and other Health and Social providers who work with LGBTQ+ individuals across the UK.

Why is it needed?
 Evidence shows health outcomes are worse for LGBTQ+ people than the general population; with many LGBTQ+ people feeling uncared for (Government Equalities Office, 2018). There is significant evidence by way of national data and statistics highlighting the necessity for LGBTQ+ people to receive better care and for staff to be more understanding of LGBTQ+ needs (PHE, 2017).

Compassionate staff training around LGBTQ+ people and their potential vulnerabilities has been shown to impact on the way individual staff members are able to re-evaluate their beliefs and assumptions, which may have previously caused them to have actively avoided treating/working with LGBTQ+ individuals.

Workshop overview
What is LGBTQ+ / Gender Identity Intermediate Mental Health Training?

LGBTQ+ / Gender Identity Intermediate Mental Health Training is a 1/2 day interactive, informative and thought provoking face-to-face/virtual workshop designed with HEE. The training will be delivered by Dr Jamie Willo, Darzi Fellow and ACP accredited Child and Adolescent Psychoanalytic Psychotherapist working with Sussex Partnership NHS Foundation Trust in Children services for over 14 years. Jamie allows participants to experience how it may feel to be in the shoes of an LGBTQ+ person in our society, and highlights the difficulties faced on a day to day basis by LGBTQ+ people. The workshop is a safe, explorative space.



LGBTQ+ visibility within services

Putting Patients First **4ward** NHS Worcestershire Acute Hospitals NHS Trust

Everyone is...

- WELCOME
- ACCEPTED
- CELEBRATED
- ENCOURAGED
- RESPECTED
- LOVED

...here

Proud to be part of the NHS Rainbow Badge Project

Putting Patients First **4ward** NHS Worcestershire Acute Hospitals NHS Trust

- DIVERSE
- INCLUSIVE
- ACCEPTING
- WELCOMING
- SAFE SPACE
- FOR EVERYONE

Putting Patients First **4ward** NHS Worcestershire Acute Hospitals NHS Trust

INCLUSIVE RECRUITMENT

What we are doing to make our recruitment process more inclusive:

- We are working towards a more representative workforce and welcome applications from BAME, LGBTQ+ and Disabled communities.
- We have a new toolkit for recruiting managers.
- We offer new Unconscious Bias training for all recruiting managers.
- We are making our job adverts more inclusive.
- We have a new approach that helps create a more supportive and relaxed environment prior to and during the interview process.

Want to see the jobs we currently have on offer?
 Just scan this QR code to take a look!



Information and data collection

#CallMe



Description	User Code	Code
<ADD/MODIFY RECORD(S)>	*NEW	10000
BRIGADIER	BRIG	69200
BROTHER	BRO	69112
CANON	CANO	69203
CAPTAIN	CAPT	69113
COLONEL	COL	69160
COUNT	COU	140706
COUNTESS	COUNT	69114
DAME	DAME	69115
DENTIST	DENT	117224
DR	DR	66576
EARL	EARL	69116
FATHER	FR	28580
JUDGE	JUDG	69199
LADY	LADY	69117
LORD	LORD	69118
MAJOR	MAJO	69202
MARQUESS	MARQ	69198
MASTER	MAST	28698
MISS	MISS	28575
MR	MR	28573
MRS	MRS	28574
MS	MS	28576
PROFESSOR	PROF	28919
REVEREND	REV	28579
SERGEANT	SGT	69201
SIR	SIR	28578
SISTER	SR	69119
SQUADRON LEADER	SQL	183926
WING COMMANDER	WGCDR	117829



A Guide to Inclusive Language in Documents, Protocols and Communications

Approved by

Approved by	Name	Date
LGBTQ+ Network	LGBTQ+ Network	August 2022
IDEA Committee	IDEA Committee	August 2022

Document Details

Document Title	A Guide to Inclusive Language in Documents, Protocols and Communications
Author(s)	Dr Luke Simonds
Distribution	LGBTQ+ network, IDEA Committee

Document History

Issue	Author	Date	Details of changes
V1	Dr Luke Simonds	July 2022	



Relating to IRMER Procedure: (c) **For making enquiries of individuals of childbearing potential to establish whether the individual is or may be pregnant or breast feeding.** Procedure required under IR(ME)R 2017 Regulation 6 and Schedule 2(c)

**Diagnostic imaging and nuclear medicine
 Inclusive Pregnancy Status (IPS) form**

Patient name:
 NHS no:.....

1. What is your preferred name?

2. What are your pronouns? – please circle: He/Him, She/Her, They/Them, Other

Your doctor/healthcare professional has requested an X-ray or other similar investigation that requires an exposure to radiation. As radiographers, it is our professional duty and legal responsibility to ensure that we protect individuals from unnecessary exposures to radiation. This is particularly relevant when considering any potential risk to pregnancy where there is greater risk from the harmful effects of radiation.

- As you are aged between 12 and 55 years old, please answer the following questions.

3. Which sex were you registered as at birth? Female / Male (please circle)

If you are aware that you were born with a physical variation in your sex characteristics (VSC), also known by the terms diverse sex development (DSD) or intersex, please let the radiographer know. This can be discussed privately if you wish.

Only answer the following if you have answered Female above, and/or have a VSC with the potential of pregnancy:

4. Have you had any previous surgery, treatment or medical conditions that resulted in you being unable to become pregnant? YES / NO

If YES, please move on to patient signature. If NO, please continue:

5. When was the 1st day of your last menstrual period?

6. Are you or might you be pregnant? YES / NO

Only continue with the following questions if you are unsure of the response to Question 5 or answered YES to Question 6:

7. Is your period overdue? YES / NO / UNSURE

8. Are you using any form of contraception? YES / NO

Patient signature..... Date.....

Availability of LGBTQ+ specific information

Putting Patients First
4ward
Worcestershire Acute Hospitals
NHS Trust

Visit our website to see how we are **supporting our LGBTQ+ patients** during their visit to hospital

Scan the QR code on your phone

Or visit [worcsacute.nhs.uk/LGBTQ](https://www.worcsacute.nhs.uk/LGBTQ)

- Rainbow badge
- #Callme
- Ward allocation
- Pronouns
- Hormone treatment
- What to do if you feel you have been discriminated against
- External resources





NHS Rainbow Badge Assessment



Area	Score	Available	Outcome
Policy Review	1	19	Initial Stage
Staff Survey	6	16	Bronze
Patient Survey	0	18	Initial Stage
Services survey	14	75	Initial Stage
Workforce assessment	13	38	Bronze
Total	34	166	Initial Stage



What are our current barriers/risks?

- Lack of awareness/understanding
- Non-engagement
- Lack of resources/protected network time
- Lack of data on sexual orientation/gender identity of staff
- Is EDI a priority for the Trust?



What do we need from the Board?

- Strategic leadership for EDI
- Lead by example
- Funding for education/training
- Resources and backing to complete the RB action plan
- Protected time for networks



Questions and suggestions?





**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 13 OCTOBER 2022 AT 10:00 AM
HELD VIRTUALLY**

Present:

Chair: Anita Day Chair

**Board members:
(voting)** Paul Brennan Chief Operating Officer
Matthew Hopkins Chief Executive
Paula Gardner Chief Nursing Officer
Simon Murphy Non-Executive Director
Neil Cook Chief Finance Officer
Christine Blanshard Chief Medical Officer
Richard Oosterom Associate Non-Executive Director
Dame Julie Moore Non-Executive Director
Waqar Azmi Non-Executive Director

**Board members:
(non-voting)** Richard Haynes Director of Communications and Engagement
Vikki Lewis Chief Digital Information Officer
Jo Newton Director of Strategy and Planning
Rebecca O'Connor Company Secretary
Tina Ricketts Director of People and Culture
Sue Sinclair Associate Non-Executive Director

In attendance Jo Ringshall Healthwatch
Jo Wells Deputy Company Secretary
Justine Jeffery Director of Midwifery
Mike Cornes Consultant Clinical Scientist & Pathology Clinical
Director (for item 097/22)
Clare Alexander Matron, Cardiology (for item 089/22)
Sarah Grave Cath Lab (for item 089/22)

Public Via YouTube

Apologies Colin Horwath Non-Executive Director

088/22 **WELCOME**

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

089/22 **PATIENT STORY**

Ms Gardner presented the patient story and introduced Clare Alexander, Matron in Cardiology and Sarah Grave from the Cath Lab.

The story was initially shared following a Gemba walk of the Cath Lab completed by Ms Gardner which demonstrated a good example of putting patients first by flexing the system to meet the patient's needs. The patient who was from a nursing home and had a history of dementia attended A&E whilst ED were at capacity. Ms Grave, informed that the Consultant Cardiologist was working in the ED, arranged for him to review the patient in the back of the ambulance and he was able to make a rapid decision that the patient required a pacemaker. The patient was moved to the Cath Lab day case area and had the procedure and was released the same day. This meant that the patient bypassed ED completely, and did not

have to be admitted to await the procedure, which avoided unnecessary delays which would have been very distressing for this patient.

Ms Grave added that assessing patients on ambulances had become more regular practice and this story was about doing what was best for the patient, who was scared but the continuity of care helped to put him at ease. The patient's wife was with him in the ambulance and during recovery. The Consultant explained the procedure and how his case was being handled to both to ensure it was understood.

Ms Day commended the proactivity and making the journey easier for the patient.

Ms Gardner passed on her thanks to the teams working together and putting the patient first. The patient had dementia and Parkinson's and the team ensured that he was kept calm and that things were explained. Ms Gardner asked what the Board could do to help further. Ms Alexander replied that the teams are working as flexibly as possible with the resources available. The expansion is underway and the Board's support would be helpful in making it happen which would offer more potential to work differently and get patients treated quicker.

Mr Oosterom queried if there were other areas where there may be opportunities to work in this way. Mr Gardner informed that there was an opportunity within frailty but the challenge is covering the wards and outpatient demands to flex the service. It was an area under constant review.

Ms Day gave thanks to Ms Graves and Ms Alexander for the example of working together for the best possible outcome for the patient.

090/22 **ANY OTHER BUSINESS**
There was no other business.

091/22 **DECLARATIONS OF INTERESTS**
There were no additional declarations pertinent to the agenda. The full list of declarations of interest is on the Trust's website.

092/22 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 8 SEPTEMBER 2022**
The minutes were approved.

RESOLVED THAT the Minutes of the public meeting held on 8 September 2022 confirmed as a correct record and signed by the Chair.

093/22 **ACTION SCHEDULE**
A number of actions were scheduled for upcoming meetings and there were no items for escalation. A number have been closed. 2 items were due for update at future board meetings.

Mr Murphy asked for an update on the Behaviour Charter. Ms Ricketts replied that there was much still to do to ensure it is embedded in every day practice. The core behaviours would be combined with the charter to embed in HR practices. Posters and cards had been issued to colleagues across the Trust. The wording and refreshed behaviours would be reviewed at a Board Development session.

094/22 **CHAIR'S REPORT**

Ms Day highlighted that there were continued challenges and gave thanks to the staff. There had been some great examples of people trying to do something differently and going the extra mile.

On Monday, the Trust received an NHS England Pastoral Care Award for the international nurse programme which was a great credit to the teams. Ms Gardner gave thanks and congratulations to the team responsible for supporting these important recruits.

Ms Day and Mr Hopkins had the opportunity to give Long Service Awards to some staff from differing job roles who had been with the Trust for more than 25 or 40 years. Their pride in their work shone through, and the event, which was the first of several after a 4 year gap, had been well-received.

RESOLVED THAT: the Chair's update was noted

095/22

CHIEF EXECUTIVE'S REPORT

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

- Significant operational pressure remained in relation to ED and elective waiting lists
- There had been a peak of up to 100 covid positive inpatients this week.
- Teams had been working with ICB colleagues around differences in risk appetite between partners regarding infection control practices.
- There was continuing challenge around ambulance handover delays which was a key priority and concern remained around the challenge.
- Integrated care conversations were ongoing.
- There were ongoing conversations, liaising with Health & Care Trust colleagues around stroke service provision and ensuring there is a seamless pathway,.
- We have prioritised Inviting colleagues from system partners in to showcase how we are dealing with challenges.
- There is concern around potential industrial action as we head in to winter. The environment is stressed and there is serious a concern across professions. A planning group would prepare for a number of scenarios which would be and presented to the Board next month.
- The final stages of the appointment of the Chief Finance Officer was underway and the process had started for the recruitment of the Chief Operating Officer and Chief Nursing Officer.

Mr Oosterom asked if there was an update following the partnership meeting that had taken place last week and whether there was any update at a regional or national level in relation to industrial action. Mr Hopkins informed that he was not a member of the Integrated Care Partnership but would try to obtain the key headlines and share. Ms Ricketts advised that there was shared intelligence at a system level fortnightly.

Mr Azmi queried the highlights from the Virginia Mason report. Mr Hopkins informed that some points in the summary were:

The Trust is better placed than some organisations with working on the 4ward programme, especially as regards:

- Leadership culture change and the moved to coaching style techniques.
- Visible leadership.
- Having more detailed discussions through sub-committees and Board.

RESOLVED THAT: the report was noted.

Best Services for Local People

096/22 **THREE YEAR PLAN**

Ms Newton presented the Three Year Plan for approval which provides the strategic framework for delivery to 2025. The strategy had been updated to reflect the response to covid, within the context of an evolving system framework and the Five Year Plan. There were four key themes outlined within the Plan which focused on improving quality and services. The Plan had been developed with divisional and corporate teams.

It was noted that there is further work to do on regard to engagement. A Leadership Strategy Summit was planned in November where the delivery of the plan would be reviewed.

Mr Oosterom commended the work done and the clear strategic direction. Mr Oosterom asked how it would be communicated to stakeholders and whether there were assumptions about financial sustainability and whether expectations could be met. Ms Newton replied that the Plan was setting the direction of travel and built in collaboration with stakeholders and patient groups, though no meetings had been held face to face during its development. The Communications team would support with sharing the Plan with stakeholders. Mr Hopkins added that the ICB finance forum would look at consequences for hospitals at some point in the future.

Mr Murphy noted the fluid timetables and the difficulties of drafting the plan. There was good content around health and wellbeing, estates and finance.

Mr Azmi queried whether the strategic framework would change with the ICB Five Year Plan. Ms Newton advised that it was consistent with the long term plan and the team had worked with the Health & Wellbeing strategy and ICB colleagues. The Directors of Strategy partners have worked together for alignment.

Dame Julie asked how the plan would be implemented. Ms Newton replied that work was underway with the divisions regarding the detail. The next stage is cascading in to divisional and operational plans. It was currently high level but it would be translated down. Dame Julie welcomed the next steps and agreed with the overall aims.

Ms Newton referred to appendix 3 which outlined milestones and would be reviewed at the Finance & Performance Committee for assurance. Mr Hopkins added that the direction of travel of digital is quite visible within the organisation. Further work would commence in relation to assumptions around workforce and finance in to clear implementation plans at the Leadership Event planned on 9th November.

Mr Haynes advised that more needed to be done to embed and that there needed to be a consistent thread running through conversations.

Ms Sinclair informed that there appeared to be a lack of operational input and that it lacked an understanding of the next steps. Ms Newton replied that divisions had had input, however the journey of producing it has been compromised with operational pressures. A review would take place at the Leadership Event to get divisions focused on delivery. Ms Ricketts updated that Trust Management Board and the People & Culture Committee had reviewed the workforce elements and had plans in place.

Mr Cook advised that there needed to be a detailed project plan of how they will integrate together projecting from a top down perspective and what the targets might look like.

Ms Day stated that it was a well written strategy framework but it could not be delivered without the collaboration and support of system partners. Ms Day encouraged teams to look at how they can co-create elements of it. More detail around how progress will be measured and how we are working with partners would be welcomed.

RESOLVED THAT: The outline Three Year Plan was approved and the next steps were noted.

097/22 **SOUTH MIDLANDS PATHOLOGY NETWORK STRATEGIC OUTLINE CASE**

Ms Newton informed that there has been an initiative to develop a South Midlands Pathology Network and a Programme Board had been created with all parties. Two Strategic Outline Business Cases were presented for approval.

Work on the outline business case started at risk. 29 networks have been created across the country which will follow the same standard and result in a better experience for patients. The network would realise efficiencies and procedure evidence based pathways to deliver financial benefits, retention and effectiveness. Procurement would commence in December, with all contracts signed and awarded by the end of the financial year. Risks are being worked through and will be included in the Outline Business Case.

Dr Blanshard queried if there were any training and development opportunities. Mr Corned informed that there would be and that there would be apprenticeship opportunities.

Mr Oosterom advised that the rationale is clear and was funded by the region. There was good collaboration which was clinically led. The outline case was supported by the Finance & Performance Committee.

Mr Hopkin added that it was another example of broader clinical teams stepping up to develop proactive relationships with partners to put patients first.

RESOLVED THAT: The South Midlands Pathology Network Strategic Outline case was approved.

Best Experience of Care and Outcomes for Patients

098/22 **COMPLAINTS & PALS ANNUAL REPORT**

Ms Gardner presented the annual report which had been reviewed at the Quality Governance Committees and subcommittee and offered an assurance level of 6. The following key points were highlighted:

- Following a drop in response time performance to 69% in 2020-21, performance was now above 80%.
- 578 formal complaints had been received and there was 5900 Patient Advice and Liaison contacts.
- 2290 compliments had been received from patients but there were likely more which were not recorded.
- The 25 day response rate is not always achieved and the teams were now trying to negotiate more time at the beginning for those that are complex and involve a number of areas.

Mr Murphy asked if lessons were being learnt as a result of the report. Ms Gardner replied that complaints and themes are reviewed both weekly and monthly at various meetings and escalations were in place. Wards were being encouraged to speak to complainants in order to seek a timely resolve. A noise at night theme was reviewed and actions taken following a number of complaints received.

Mr Oosterom asked how the Trust compared with others and how easy was it for people to speak up. Mr Oosterom added that when reviewing ethnicity percentages, they did not appear to correlate with other figures. Ms Gardner replied that a comparison with others could be undertaken and would be included within the next quarterly report and annual report. Population and culture has been discussed and Healthwatch support had been invited.

Dr Blanshard passed on thanks for the well written report which included a section on learning from complaints and what changes have been made.

Ms Day summarised it was a good report and was pleased to see that it highlighted the learning. Ms Day encouraged outreach to different communities.

RESOLVED THAT: The Complaints & PALS Annual Report was approved.

099/22 **INTEGRATED PERFORMANCE REPORT**

Ms Lewis presented the report which had an overall assurance level of 4 and had been reviewed at the subcommittees.

- Following review at the Finance & Performance Committee, the 62 day cancer standard had been reduced to assurance level 3.
- Page 137 included an appendix of variation of performance.
- Key areas of focus were elective recovery, urgent care and cancer challenges.
- Fractured neck of femur is a theme.

Operational Performance

Mr Brennan highlighted the following key points:

- In April there were 23000 patients that would breach 78 weeks by March 2023 if nothing was done. The Trust had over achieved position and by the end of September there were 7600 patients.
- The Trust was in tier 1 for cancer and elective which were reviewed at a weekly meeting with the region. The region were now positive about the elective performance and were likely to recommend downgrading to tier 2 for that area.
- The 3 cancer areas that are driving the position for 62 day and 104 week waits are colorectal, urology and skin. Mutual aid had been sought from colleagues from Wye Valley. A plan for prostate had been reviewed today.
- Key areas to address were increasing the nurse led triage capacity and using extra endoscopy capacity to hand over to colonoscopy. A clear plan was in place.
- There had been issues with prostate clinic capacity, MRI capacity and biopsy issues. Additional capacity had been agreed to provide 8 slots each day. The mobile MRI has been assisting urology.
- The Trust would remain in tier 1 for cancer but there was confidence that the issues are known and there were plans to resolve across the 3 pathways. There was potential that by the end of the calendar year, the Trust may come out of tier 1. A detailed plan and trajectory would be created and presented for oversight at the Finance & Performance Committee from November onwards. Mr Oosterom observed that the total waiting list is still increasing.

- The North Bristol Model had been implemented and the first week saw a substantial shift but recently had not had the desired effect. A cohort area had been created which was looked after by a paramedic crew but therefore was still counted as being on an ambulance and from an external review is shown as having long waits. Discussion had taken place with clinical teams who were confident that we have a plan for mid to late November. AEC and AMU would move into the first floor of Aconbury on 13th and 14th November. AMU releases the whitespace and which will become a multi-speciality unit and include direct admission rights. The clinical teams would implement a risk based position tomorrow to increase cohorting from 3 spaces to 5 and take over from WMAS the staffing of those. Extra shifts were being put in. ED staff felt that it was the least worst position for the next 4-5 weeks. Teams are still discussing with WMAS to create the paramedic role for cohorting which would take WMAS around 4-6 weeks to recruit to the role.

Ms Day understood the drivers but the Board needed to be assured that patients would be kept safe.

Mr Hopkins advised that the Board needed to recognise that these changes are not designed nor will lead to improvement in patient experience but is to buy headroom from a level of scrutiny to plan effectively for the first floor move into Aconbury in place. It would be increasing the number of patients for the ED team to look after by 5 but it was the least worst option. Teams would be monitoring the situation and safety systems are in place to ensure that both staff and patients are safe.

Mr Oosterom shared the discomfort of the decision but appreciated it would be done for the residents of Worcester to assist with freeing up ambulances. The North Bristol model did see some good process and Mr Oosterom asked why that had now failed. Mr Brennan replied that the level of discharging hadn't been seen and teams couldn't move the number of patients per hour as planned. Flow was working at first and the teams were looking for support from system partners with discharges. Ms Day informed that she was also liaising with Chairs across the system.

Mr Murphy gave an example of a relative who was in the hospital who did not have a timely care package put in place and ended up staying as an inpatient across the weekend. Mr Murphy added that feedback from the relative that they had found that the cohort area was helping and that patient experience was not negatively affected.

Mr Cook asked if there was any learning that could be taken from the model that would be beneficial. Finances also needed to be tracked. Ms Gardner informed that there is a whole governance framework in place, complaints were monitored and concerns acted upon immediately. Ms Gardner informed the Board that this has impacted upon staff on the wards and in ED.

Dr Blanshard advised that there were high levels of covid and flu within the hospital. For IPC reasons, that has impacted on the ability to move patients through the system. Often divers to the Alex were put in place but the ability to do that has been hindered by capacity and an increased length of stay at the Alex.

Ms Day stated that the Board recognised that these changes had been very hard for our staff, but represented the lowest risk situation when looking at the pathway as a whole. Releasing ambulances for people in need is critically important and these were difficult decisions that the Board was making in order to support patients across the system.

People & Culture

Ms Ricketts advised that focus had been on recruitment and retention. There had been increased recruitment activity and an improvement in time to hire was being seen. Work was underway with divisions to refresh the workforce plan though there was a challenging labour market.

Finance

Mr Cook informed that there was an £8.8m deficit. Productivity and Efficiency Programme performance was off track, being £2.4m adverse to plan which would be problematic later in the year. The position for the next half of the year was challenging and there is an ERF risk. A mitigation plan would be presented at the Finance & Performance Committee and onwards to Board.

Mr Cook added that the ICB is showing significant overspend in Healthcare.

Mr Murphy informed that the PEPs are an ongoing concern at the Committee and there was a requirement that there is a level of maturity to schemes as they are not delivering. Ms Day shared concern regarding the PEPs.

The assurance level 4 of the report was approved.

RESOLVED THAT: The report was noted for assurance.

100/22 COMMITTEE ASSURANCE REPORTS

The following points were highlighted by Committee Chairs:

- Finance & Performance Committee: PEP and not spending on business cases was discussed. A thorough forecast for the year of risk and mitigations was requested at the next meeting.
- Quality Governance Committee: The Executives have highlighted the main issues discussed at the Committee.

RESOLVED THAT: The Committee reports were noted for assurance.

Best People

101/22 SAFEST STAFFING REPORT

- a) Adult/Nursing
- b) Midwifery

Adult/Nursing

Ms Gardner presented the report with an assurance level of 6 and highlighted the following:

- Modelling was favourable against model hospital.
- Sickness has increased.
- Covid has increased.
- HCA recruitment continued and initiatives to retain were being reviewed.

Midwifery

Ms Jeffery presented the report with an assurance level of 4 and highlighted the following:

- There had been an increase in births.
- Reduction in times to meet acuity.
- Red flags were reported but there were no harm incidents.

- Increase in fill rates in response to pay incentive offers
- Sickness has reduced.
- Turnover has reduced.
- A number of new starters joined in September.
- The Trust had been awarded financial support for international midwives and 6 were due to start in the next few months.

Mr Murphy informed that maternity safety visits had taken place. The body language of colleagues was better and the environment felt calmer due to the increased in staffing numbers. The Meadow Suite was also working well.

The assurance levels were approved.

RESOLVED THAT: The report was noted for assurance.

102/22 **RESPONSIBLE OFFICER REPORT 2021/22**

Dr Blanshard presented the report to provide assurance that appraisal and revalidation is functioning as it should. Following approval, it would be submitted to NHS England.

Level 6 assurance was approved.

RESOLVED THAT: The Responsible Officer Report 2021/22 was approved.

Governance

103/22 **BOARD ASSURANCE FRAMEWORK**

Ms O'Connor drew attention to the summary page detailing overall movement. 2 risk scores had increased. Committees have reviewed and updated the risks aligned to their areas. There had been minor amendments to the formatting of the summary to draw out improvement recommendations from external auditors. The framework reconciles with Committee discussion.

Mr Hopkins suggested that the industrial action risk was reflected on the framework and asked Ms Ricketts to update it with the associated risks.

ACTION: Industrial action to be included on the BAF.

RESOLVED THAT: The Board Assurance Framework was noted.

104/22 **AUDIT & ASSURANCE COMMITTEE REPORT**

Mr Murphy presented the report which was taken as read.

RESOLVED THAT: The report was noted for assurance.

105/22 **ANY OTHER BUSINESS**

Healthwatch were invited to raise any questions or comments. Ms Ringshall was pleased to see how focused the meeting was around patients. There was concern around patient experience with additional cohorting and boarding and asked what could be done to mitigate. Ms Gardner replied that patient experience would be affected and there is a communication element and explaining the rationale to them. 2 Quality Matrons are doing unannounced visits and night visits. Ms Gardner was meeting with the senior nurses this afternoon and would discuss safety and quality.



DATE OF NEXT MEETING

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

The meeting 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	Dec 2022	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.	
10.03.22	CEO Report	186/21	LGBTQ+ relaunch to be presented to Trust Board	TR	TBC	Nov 2022	On November agenda	
13.10.22	Board Assurance Framework	103/22	Industrial Action to be included on the BAF	TR/R OC	Nov 2022		BAF updated	
12.07.22	Integrated Performance Report	065/22	Reason to reside numbers to be included in future reports.	VL	Sept 2022	Nov 2022	Will be included in the IPR for November data onwards	

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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 Company Secretary

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

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

Recommendations	The Trust Board is requested to <ul style="list-style-type: none"> Note this report.
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HS	This report is to brief the Board on various local and national issues. Items within this report are as follows: <ul style="list-style-type: none"> Industrial action Leading 4ward event Council Leader Visit Joint working with H&CT Executive Team recruitment
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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

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

Update on NHS staff industrial action

Following the announcement of the NHS pay awards in July 2022, NHS unions are currently either preparing to consult, consulting (indicative ballot), or formally balloting (statutory ballot) their members' views on taking industrial action. In order for industrial action to be taken legally in the NHS, statutory ballots require votes from at least 50% of all eligible members at each individual NHS employer. In addition, 40% of all eligible members at each individual NHS employer must vote in favour of industrial action.

The unions' ballot timelines differ, therefore the only staff group likely to take industrial action in England before the end of 2022 is nurses. It's possible that the British Medical Association (BMA), Unite, Unison (range of support service staff) and the Royal College of Midwives (RCM) will complete their statutory ballots and mobilise for industrial action in December, but the NHS is more likely to see widespread industrial action in early 2023.

We are expecting to see a mixture of action short of strikes (e.g., "working to rule" – no overtime, sickness covers, or voluntary additional work) and/or full strike action for several months. This will, of course, have operational impacts, and will particularly affect our efforts to clear care backlogs.

However, significant work is being undertaken into ensuring strike safety, both from employers and the unions. Internally we have established an Industrial Action Command and Control forum with the following terms of reference:

Information gathering	Scoping the potential impact of industrial action (e.g. a strike or action short of strike. Who is likely to participate Which services are likely to be affected (we are basing our critical service plan on bank holiday levels of service) Are there any staff/services that are exempt (section 240) from industrial action to avoid endangering life or causing serious bodily injury? Some unions are already discussing sending people back into work if patient safety becomes compromised.
Negotiations with staffside	In the context of a national pay dispute between employees and the Government over pay, an individual employer cannot in reality resolve the dispute. However, keeping open lines of communication with our staffside colleagues is vital and there are regular meetings in place with the Chief Executive, Director of People & Culture and the Chair and Vice Chair of staffside in addition to the monthly Joint Negotiating and Consultative Committee meetings. Our future dialogue will include: <ul style="list-style-type: none"> • Agreement on critical services to be maintained during industrial action • Conduct during the industrial action • Contingency plans • Section 240 exemptions
Communications with staff	We are permitted to ask staff if they intend to participate in the industrial action but they are not obliged to answer. Both union

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	members and those who are not members of any union can participate in the industrial action. A communications plan is being developed in line with national and regional guidance.
Contingency Planning	We have refreshed our Trust wide industrial action business continuity plan which includes an updated list of critical services. Each critical service is updating their business continuity plans which are reviewed by the Emergency Planning Officer. We have categorised support service staff to identify those that can be temporarily redeployed to support patient safety.

Visit by Worcestershire County Council colleagues

At the end of October, we hosted a visit to Worcestershire Royal Hospital by Council Leader Cllr Simon Geraghty, Chief Executive Paul Robinson and Cllr Brandon Clayton, who is Chair of the Council’s Health Overview and Scrutiny Committee (HOSC). During their visit, our Vice Chair Simon Murphy and I set out our commitment to even closer partnership working with our council colleagues and discussed opportunities in a number of key areas, including the important role for social care in supporting our urgent and emergency care services. We were also able to share with them our plans for the future, including the urgent and emergency care development at WRH, and give them a tour of the first floor of that development.

Leading 4ward II

Following the success of our Leading 4ward Event in June, the start of November saw a second live event bringing together clinical leaders and managers from across the Trust for an introduction to our 4ward Improvement System and a series of presentations and interactive discussion sessions which enabled colleagues to reflect on the progress we have made in recent years, explore the challenges we face and consider their role in helping us deliver plans for the future.

As with the first event, feedback from colleagues who took part has been very positive, not least for the opportunity to step away from our ongoing operational pressures to look at how we might work together to deliver long term, sustainable solutions to those pressures as well as seizing the many opportunities that the roll out of our 4ward Improvement System offers to teams in every part of our Trust.

Joint working with Herefordshire & Worcestershire Health and Care Trust

Following the site visit of the Chair and Non executive directors from Herefordshire & Worcestershire Health and Care Trust to Worcester Royal Hospital last month arrangements are in hand for a reciprocal visit. This is part of a wider dialogue to strengthen our existing partnership working to develop a memoranda of understanding. Areas of mutual interest, including for example stroke services, will form part of the discussion with a formal proposition to be brought to future respective boards in the New Year.

Executive Team Recruitment

With the retirement of the Chief Operating Officer/ Deputy Chief Executive and Chief Nursing Officer on 31st March 2023 we have commenced the recruitment and selection process for their replacements working in partnership with Alumni an executive search agency. Details of the vacancies can be found here:

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<p>https://alumnglobal.com/job/chief-nursing-officer-worcestershire-acute-hospitals-nhs-trust</p> <p>https://alumnglobal.com/job/chief-operating-officer-worcestershire-acute-hospitals-nhs-trust</p> <p>Assessment centres and interviews are scheduled for mid-December 2022.</p>
Issues and options
Recommendations
<p>The Trust Board is requested to</p> <ul style="list-style-type: none"> Note this report.
Appendices – None

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Integrated Performance Report – Month 6 2022/23

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Directors	Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Christine Blanchard - 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	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	19 th October 2022	Approved
Finance and Performance	26 th October 2022	Assured
Quality Governance	27 th October 2022	Assured

Recommendations

The Board is asked to

- note this report for assurance

Key Issues

Operational Performance
Elective Recovery

Elective Activity		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Outpatients	News (Target 104%)	Plan 12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	100,112
		Actual 13,158	16,084	15,467	15,014	15,629	16,377							91,729
	Follow-ups (Target 75%)	Plan 29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	163,066
	Actual 30,172	34,009	32,784	31,841	33,248	33,301								195,355
Inpatients	Day Case (Target 104%)	Plan 5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	45,235
		Actual 5,826	6,652	6,282	6,435	7,127	7,058							39,380
	Elective Spells (Target 104%)	Plan 455	584	697	707	646	744	663	824	744	766	808	853	3,833
	Actual 450	526	525	449	501	507								2,958
Diagnostics	Imaging (Target 120%)	Plan 12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	79,128
		Actual 11,723	13,515	13,155	13,608	13,540	14,071							79,612
	Endoscopy (Target 120%)	Plan 1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	10,255
		Actual 1,022	1,285	1,158	1,278	1,374	1,540							7,657
	Echocardiography (Target 120%)	Plan 806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	5,255
		Actual 1,001	1,150	1,008	1,072	1,150	1,227							

Table 1

Against our submitted annual plan for Sep-22 we are below the OP New target; however, more appointments took place this month than in Sep-19. OP follow-ups continue to be over plan when the target is to reduce this activity. However, we have delivered an average of 2,551 fewer follow-up appointments each month this year compared to the first six months of 19/20.

Day case activity was below our plan however Sep-22 was the second month providing over 7,000 day cases in 22/23 and only 89 fewer than Sep-19. Inpatient (ordinary) was also below plan but our 6-month average for 22/23 is above our delivery for the same period in 21/22.

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Our DM01 Diagnostics waiting list at the end of Sept-22 was 9,008. The number of patients waiting 6+ weeks decreased to 2,499. For the first time ever we completed over 18,000 DM01 reportable diagnostic tests during the month. However, only CT and Echocardiography exceeded their annual plan targets. For the first six months of the year we are within 1.2% of our submitted annual plan to deliver 120% of 19/20 activity.

Elective Performance

Elective Performance		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT	104+ week waiters (Zero by July 2022)	Plan 250	120	88	0	0	0	0	0	0	0	0	0
		Actual 254	161	40	31	12	0						
	78+ week waiters (Zero by April 2023)	Plan 1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0
		Actual 1,574	1,631	1,505	1,200	1,093	979						
	52+ week waiters (Zero by March 2025)	Plan 6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400
		Actual 6,488	7,127	7,826	7,695	7,633	7,772						
Total Incomplete Waiting List		Plan 55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713
	Actual 60,056	61,895	63,391	64,284	65,264	65,423							
Cancer	63+ day waiters	Plan	The annual plan trajectory has been replaced following an Oct-22 NHSE request to submit revised recovery trajectories for 62+ day Cancer backlog - this is being monitored weekly.										
		Actual											
	28 Day Patients Told Outcome (CWT Standard - 75%)	Plan	1	1	1	1	1	1	1	1	1	1	1
	Actual	1	1	1	1	1	1	0	0	0	0	0	0

Table 2.1

	30/10/22	06/11/22	13/11/22	20/11/22	27/11/22	04/12/22	11/12/22	18/12/22	25/12/22	01/01/23	08/01/23	15/01/23	22/01/23	29/01/23	05/02/23	12/02/23	19/02/23	26/02/23	05/03/23	12/03/23	19/03/23	26/03/23	02/04/23
63+ day waiters	810	819	836	856	868	844	814	770	752	740	695	669	637	606	561	526	493	467	436	393	370	350	328
Recovery Trajectory																							
Actuals	797																						

Table 2.2 – Urgent Suspected Referrals only

Consultant-led referral to treatment time

The validated number of patients waiting over 104 weeks for Sep-22 is zero. As well as maintaining this achievement, the next milestone is the delivery of zero patients waiting 78+ weeks by the end of Mar-23, noting that the number of patients has decreased from Aug-22. Achievement of this national target is reliant on seeing a cohort of patients who still waiting their first outpatient appointment and providing timely treatment to them, and our other longest waiters, in line with their care plan.

Although the increase in our total PTL is not significant, overall RTT incomplete performance has decreased to 45% as there are fewer patients waiting 0-18 weeks (from 32,132 to 29,759).

Cancer

The number of 2WW referrals in Sep-22 remained above the mean for the post-covid monitoring period with all specialties except upper GI receiving more than Aug-22.

Overall 2WW performance continues to be a significant concern and the operational target cannot be achieved without change. Skin and breast are our most pressured specialties and only haematology and colorectal are achieving the cancer waiting times standard of 93%.

Patients not being seen quickly enough after urgent referral and the timeliness of diagnostic testing on our cancer pathways mean we cannot achieve the 28-day faster diagnosis standard of 75% consistently. This also has the consequence of delays, where required, in treatment within 62 days and the operational target of 85% cannot be achieved without change.

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At the end of Sep-22, we recorded 934 patients who have been waiting over 63 days for diagnosis and / or treatment and 300 of those patients have been waiting over 104 days of which 113 are under the care of Urology.

Elective Benchmarking

Elective Benchmarking		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2WW Cancer Patients Seen	Trust	2,255	2,261	2,525	2,066	2,653	2,294	2,298	2,335				
	Peer Average*	1,749	1,906	2,256	2,075	2,184	2,030	2,087	2,323				
	WAHT Rank**	5	5	5	6	5	6	6	6				
2WW Cancer Breast Symptomatic	Trust	116	141	149	66	97	87	70	89				
	Peer Average*	88	92	101	79	80	77	72	70				
	WAHT Rank**	5	3	3	8	4	4	6	4				
28 Day FDS Patients Told Outcome	Trust	2,286	2,110	2,403	1,882	2,376	2,121	2,251	2,169				
	Peer Average*	1,774	1,832	2,096	1,943	2,038	1,888	1,983	2,151				
	WAHT Rank**	5	6	6	5	6	6	6	6				
62 Day Patients Treated	Trust	151	154	196	152	165	177	182	154				
	Peer Average*	111	112	129	118	127	119	113	122				
	WAHT Rank**	5	4	3	5	4	4	3	5				
Diagnostics Waiting List	Trust	10,719	10,229	10,031	9,609	10,496	10,312	9,683	10,077				
	Peer Average*	13,760	14,410	15,152	14,933	15,832	16,464	16,400	16,217				
	WAHT Rank**	6	6	6	6	6	6	6	6				
Diagnostics Activity	Trust	17,068	16,048	17,956	15,094	17,572	16,963	17,596	17,696				
	Peer Average*	14,820	14,557	16,147	14,623	16,024	15,389	16,463	16,772				
	WAHT Rank**	5	5	5	6	6	6	6	6				
RTT 104+ weeks	Trust	489	466	327	253	161	40	31	12				
	Peer Average*	314	266	323	243	121	45	28	40				
	WAHT Rank**	11	10	6	6 of 9	8 of 9	4 of 6	4 of 6	6 of 8				
RTT 52+ weeks	Trust	6,025	5,884	5,844	6,481	7,205	7,816	7,683	7,623				
	Peer Average*	4,359	4,132	4,341	4,467	4,526	4,747	4,992	5,000				
	WAHT Rank**	12	12	12	12	12	12	12	12				

Table 3

- Benchmarking shows that changes in activity from Jul-22 to Aug-22 were mirrored by the WM peer Trusts with the exception of 62+ day treatments where our activity decreased but the peer average increased and 2WW Breast symptomatic where the reverse occurred.
- Our Diagnostics waiting list increased but the peer average waiting list size decreased.
- 8 Trusts, including WAHT, recorded having patients breaching 104+ weeks at the end of Aug-22 but the WM average increased from 28 to 40.
- The number of patients waiting over 52+ weeks decreased for the Trust but the average of our peers increased; however, our rank did not change.

Referrals, Bed Occupancy & Advice & Guidance

Referrals, Bed Occupancy & Advice & Guidance		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment functions	Plan 6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	5,824	4,952	28,312
	Actual	4408	5956	5471	5967	5415	4092							27,217
Referrals	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment functions	Plan 3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	15,467
	Actual	2824	3112	2993	2894	2841	2591							14,664
Bed Occupancy	Average number of overnight G&A beds occupied	Plan 678	678	678	678	678	678	692	692	692	692	692	678	678
	Actual	682	682	682	731	731	731							707
Bed Occupancy	Average number of overnight G&A beds available	Plan 721	721	721	721	721	721	721	721	721	721	721	721	721
	Actual	721	721	721	754	754	754							741
Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%
	Actual	95%	96%	95%	97%	97%	97%							95%
G & A	Advice & Guidance - Plan	Plan 2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	12,331
	Actual	2,306	2,756	2,562	2,617	2,786	2,758							15,785

Table 4

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In Sep-22 we received c8,000 referrals of which 88% went through the referral assessment service and 10% (735) were returned to the referrer. Monitoring up to Jun-22 shows that approximately 72% of A&G requests do not result in a further request to the same specialty (within 90 days of the initial request).

Urgent and Emergency Care

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
(excluding planned follow-up attendances)	Actual	11,729	12,800	12,259	12,291	11,835	11,859						
Patients spending >12 hours from DTA to admission		222	248	277	268	254	176						
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722	1,787	1,693						
Ambulance Conveyances		3,911	4,305	3,944	3,903	3,885	4,020						
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202	1,281	1,025						
Conversion rate		26.7%	26.0%	26.9%	26.1%	27.3%	29.1%						

Table 5

There have been reductions in patients waiting 12+ hours to admission in our emergency departments, long waits on ambulances and spending 12+ hours in department. The conversion rate to admission is the highest this year.

Quality and Safety

Fractured Neck of Femur (#NOF):

There were 76 #NOF admissions in Sep-22 and a total of 29 breaches (41 in Aug-22). 52% (15 patients) of the breaches were due to theatre capacity and 38% (11 patients) were due to be patients being medically unfit. The average time to theatre in Jun-22 was 42.2 hours (43.8 in Aug-22).

Infection Prevention and Control

With 9 cases in Sep-22, the C. difficile infection trajectory target was exceeded and we are above the year to date target by 21 cases. The E. coli trajectory target was exceeded in month but remains below the year to date target by two cases. There was one attributable MSSA case so we remain at our year to date trajectory of no more than 7 cases and the MRSA trajectory target was achieved in Sep-22 as we have had no attributable cases in 22/23.

People and Culture

Month 6 has seen a net gain of 84 wte staff in post which has resulted in lower bank and agency usage. We have now caught up with our workforce plan for 2022/23.

Despite higher covid and non-covid sickness absence rates than last month we have not seen this translate into increased bank and agency usage due to improved recruitment and retention.

Our rolling 12-month staff turnover rate has slightly reduced again this month to 13.55%. The increase in recruitment has impacted on our mandatory training compliance which has reduced to 88% this month. New starters are booked onto corporate induction which will help address this issue.

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Our Financial Position

Month 6

The position outlined below is based on the revised national planning submission of the 20th June 2022 with a full year deficit of £19.9m.

In M6 the actual **deficit of £(1.4)m** against a plan of **£(1.4)m deficit**, breakeven in month. This brings the year to date M6 actual **deficit to £10.25m** against a plan of **£10.05m deficit**, an adverse variance of £0.2m (2%).

Statement of comprehensive income	Sep-22			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,500	52,029	4,529	284,514	290,013	5,499
Other operating income	2,656	2,277	(379)	15,327	14,028	(1,299)
Employee expenses	(29,966)	(33,827)	(3,861)	(179,102)	(183,839)	(4,737)
Operating expenses excluding employee expenses	(19,793)	(20,148)	(355)	(119,772)	(119,686)	86
OPERATING SURPLUS / (DEFICIT)	397	331	(66)	967	516	(451)
FINANCE COSTS						
Finance income	0	71	71	0	268	268
Finance expense	(1,165)	(1,167)	(2)	(6,990)	(7,009)	(19)
PDC dividends payable/refundable	(682)	(681)	1	(4,088)	(4,088)	0
NET FINANCE COSTS	(1,847)	(1,777)	70	(11,078)	(10,829)	249
Other gains/(losses) including disposal of assets	0	0	0	0	251	251
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1,450)	(1,446)	4	(10,111)	(10,062)	49
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	(1,450)	(1,446)	4	(10,111)	(10,062)	49
Remove capital donations/grants I&E impact	11	10	(1)	62	61	(1)
Adjusted financial performance surplus/(deficit)	(1,439)	(1,436)	3	(10,049)	(10,001)	48
Less gains on disposal of assets	0	0	0	0	(251)	(251)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	(1,439)	(1,436)	3	(10,049)	(10,252)	(203)

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £4.2m (8.3%) above the Trust's Operational Plan in September and year to date (1.4%).

The key favourable variances in September relate to the back dated pay award adjustment £4.4m (additional 1.7% uplift taking the total pay award funding from 2.1% to 3.8%). The 2.1% was previously funded in the tariff uplift adjustment at the start of the year.

The adverse variance due to AMU/PDU funding of £0.4m (£0.8m year to date) continues. There is still no resolution with Commissioners to fund this development in 2022/23. This is currently being masked in the income position by an over achievement on pass through drugs & devices.

The Trust has reported the full value of the Elective Recovery Fund (ERF) income (YTD £8.3m) in the position (as agreed with ICB and Region). The Trust's actual performance is well below this and we estimate that had the ERF not been fixed we would have lost c£6.2m (75%) of the available ERF income to date against target.

Employee expenses in Month 6 were £3.9m (12.9%) averse to plan and year to date £4.7m (2.6%) adverse to plan.

In month spend of £33.8m is an increase of £3.1m compared with August. The adverse variance of £3.9m in month is largely due to the impact of the retrospective pay award and undelivered PEP (£0.5m). Slippage on business cases and reserves held for investment of £0.7m are currently offsetting the adverse PEP position.

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Operating expenses in Month 6 were £0.4m (1.8%) adverse and £0.1m (0.1%) favourable year to date.

The key driver of the adverse variance in month is due to Non PbR Drugs – offset by income (£0.4m in month) and linked to higher activity.

Adverse variances due to both insufficient identification and slippage in planned PEP (£0.3m in month) continues to be offset by favourable variances due to slippage on business cases including strategic capital cases leading to a much lower depreciation charge (£0.3m in month).

Full Year Forecast

The Finance and Performance Committee was provided with a projection to year end which had been prepared with the support of Divisions and which reflected a potential risk of £5.2m to delivery of the plan. Potential mitigations have been identified which require further work ahead of any consideration to formally revise the forecast.

Productivity and Efficiency

Our Productivity and Efficiency Programme target for 22/23 is £15.7m (c3%). In Month 6 we delivered £1.73m of actuals against the plan of £1.477m, a positive variance of £0.253m (17.1%).

The positive improvement in M6 is due to £1.2m of non-recurrent savings added as a result of a line by line review of all budgets. This has also contributed a further £1.4m of non-recurrent savings to M12 forecast (total saving £2.6m).

The cumulative position at Month 6 is therefore £3.753m of actuals against a plan of £6.927m, a negative variance of £3.174m (45.8%).

The 22/23 full year forecast at Month 6 is £8.869m which is £6.831m (43.5%) under plan.

Capital

22/23 Plan

Capital Position	22/23 Plan £'000	M6 External Plan £'000	Variance £'000	Revised Internal plan £'000	Variance to M6 External Plan £'000
Property & Works	3,961	3,961	-	3,961	-
Digital	11,648	9,815	(1,833)	9,815	-
Equipment	826	826	-	826	-
Strategic Developments	34,635	36,782	2,147	15,681	(21,101)
TIF2 Theatres bid (pending approval)	-	-	-	15,000	15,000
Lease Additions	10,785	10,785	-	10,785	-
IFRIC 12 PFI Lifecycle replacement	326	326	-	326	-
Total Capital Expenditure	62,181	62,495	314	56,394	(6,101)

We have made a number of amendments to our 2022/23 capital plan, since the start of the financial year.

The changes from the original plan of £62.2m to £62.5m are due to the approval of the central funding for Community Diagnostics (CDC2) for 2022/23 of £3.2m, the removal of £1.9m for Levelling up Digital Maturity, plus the decrease of Theatres (TIF2) funding from £16m to £15m. The movement to the revised internal plan is the removal of £6.1m relating to

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central funding of the UEC programme which is now no longer available to us as a source of income.

Capital Position	22/23 Plan £'000	Revised Internal plan £'000	Total YTD Valuation £'000	M7 - M12 Spend Forecast £'000	22/23 Full Year Forecast £'000	Unmitigated Variance Against Revised Plan £'000
Property & Works	3,961	3,961	728	2,089	2,817	1,145
Digital	11,648	9,815	(270)	11,240	10,971	(1,156)
Equipment	826	826	388	319	707	119
Strategic Developments	34,635	15,681	7,213	22,999	30,212	(14,530)
TIF2 Theatres bid (pending approval)		15,000		13,549	13,549	1,451
Lease Additions	10,785	10,785	-	10,785	10,785	
IFRIC 12 PFI Lifecycle replacement	326	326	54	272	326	
Total Capital Expenditure	62,181	56,394	8,113	61,254	69,366	(12,971)

Our Capital Position at month 6, being the value of works complete, is £8.1m. This is an increase of £1m since month 5.

The unmitigated variance against the revised plan shows the potential of a Trust FYF position of £12.9m overspend against our Capital Resource Limit (CRL) due to changes in funding sources on the Urgent & Emergency Care (UEC) build and pressure on the associated capital spend together with challenges on the recovery of vat on the scheme.

Since month 5, all work stream leads have provided more detailed monthly profiles of expenditure to enable decisions to be made on re-profiling of spend into future years to reduce the risk of over spend. Discussions are also being held with both ICB and Region to provide support on solutions to avoid the risk of over spend.

Cash

At the end of September 2022 the cash balance was £31.2m. Cash is £25.7m lower than plan which is largely due to £12.4m capital PDC funding not yet drawn to date and the remainder due to higher wage costs and the phasing of creditor payments and income received compared plan.

The relatively high cash balance remains the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement.

The cash flow forecast main assumptions are:

- £41.7m PDC capital funding to be received in phased amount during the second half of this financial year, with nil drawn to date.
- PDC receipts cover part of the Trust's creditor payments, the balance covered by internally generated working capital cash.
- £10.8m has been included for lease funding in 22-23 to cover the planned lease additions. However, there has been no guidance to date to confirm how these new leases will be funded. This will be updated once confirmed.

Risk

Meeting	Trust Board
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Which key red risks does this report address?		What BAF risk does this report address?	2, 3, 4, 5, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20							
Assurance Level (x)	0	1	2	3	4	X	5	6	7	N/A
Financial Risk	N/A									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N					N/A		X
Are the actions identified starting to or are delivering the desired outcomes?	Y		N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance										
Recommendations										
The Board is asked to										
<ul style="list-style-type: none"> note this report for assurance 										
Appendices										
<ul style="list-style-type: none"> Trust Board Integrated Performance Report (up to Sep-22 data) WAHT At A Glance – Sep-22 WAHT September 2022 in Numbers Infographic Committee Assurance Statements – October 2022 meetings ICS Outpatient Transformation Deep Dive 										



Integrated Performance Report



Trust Board 10th November 2022

Data: Up to September 2022

The use of this  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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Area	Comments
GIRFT	<ul style="list-style-type: none"> • A presentation at a national conference on our gynaecology referrals process, delivered by the ICS, was well received. • A review of Model Hospital has identified the following specialties as having quartile 1 performance for a variety of metrics <ul style="list-style-type: none"> • Gynaecology • Urology • ENT • Diabetes and Endocrinology • Gastroenterology
Outpatient DNAs	<ul style="list-style-type: none"> • Model Hospital - our overall performance for outpatient DNA rates is in quartile 1 of all Trusts (Jul-22) • This is applicable to both first and follow-up appointments
High Volume Low Complexity	<ul style="list-style-type: none"> • WAHT metrics in the GIRFT System Data Packs to Support HVLC Delivery which are quartile 1 or 2 <ul style="list-style-type: none"> • Organisation level day case rates for British Association of Day Case Surgery procedures (3mths to month end – Jul-22) • Average intercase downtime (minutes) • % Length of stay less than 2 days for vaginal hysterectomy for benign condition (12mths to qtr end – Q1 22/23) • No procedure for elective back or radicular pain admissions (12mths to qtr end – Q1 22/23)
RTT Long Waits	<ul style="list-style-type: none"> • As well as submitting zero 104+ breaches at month end, the number of potential 78+ week breaches at the end of Mar-23 has reduced from over 23,000 to less than 6,000 in the first 6 months of the year.



Operational Performance

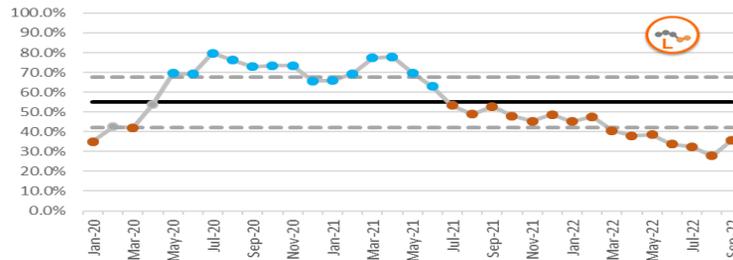
Operational Performance	Comments
Patient Flow	<ul style="list-style-type: none"> We commenced the North Bristol model on 3rd September. Initial feedback is positive but the vast majority of metrics remain of statistical concern so further change, and for it to be sustained, will need to be achieved before these metrics show improvement. Medically fit and patients who do not have a reason to reside continue to contribute to our bed pressures and impact successful flow from ED to admission and discharge.
Elective Recovery	<p>Cancer <small>(unvalidated)</small></p> <ul style="list-style-type: none"> Long Waits: The backlog of patients waiting over 62 days is now 931 and 298 of those waiting 104+ days, with urology and skin contributing the most patients to this cohort of our longest waiters (67%). At the time of writing this is the second highest backlog in the region. Cancer referrals continue to be significantly high compared to pre-covid referral rates. The cancer waiting time standard for 2WW has not been achieved and only two specialties achieved the 93% standard. The 28 Day Faster Diagnosis standard has not been achieved and remains at risk with referred patients not being seen by a specialist within 14 days. The 62 day standard has not been achieved and the delays are also impacting the 31 day standard of treatment from decision to treat which continues to show special cause concern and below the 96% standard. NHSE Elective Care IST are providing support with additional demand and capacity analysis <p>RTT <small>(validated)</small></p> <ul style="list-style-type: none"> Long Waits: Our 7,772 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (6,793) and between 78 and 104 weeks (979). There were no patients waiting over 104 weeks at the end of Sept-22. The 0-18 weeks cohort has decreased due to fewer in-month clock starts and this has led to a further decrease in the percentage of patients waiting less than 18 weeks. We remain on-track in reducing the number of patients who would be 78+ weeks breaches by the end of Mar-23. <p>Outpatients <small>(unvalidated)</small></p> <ul style="list-style-type: none"> Long Waits: There are over 34,000 RTT patients waiting for their first appointment and 25% of the total cohort waiting for a first appointment have been dated. Based on our first SUS submission for Sep-22, we have not achieved our submitted plan targets. However, we did deliver fewer follow-up appointments than Sep-19 in-line with annual planning guidance. As part of Super September a validation programme will be commencing in October to ensure those patients on the waiting list still need to be seen / treated (over 30 weeks are being contacted) <p>Inpatients <small>(unvalidated)</small></p> <ul style="list-style-type: none"> Based on our first SUS submission, we have not achieved our 22/23 annual plan targets for total elective spells in the month with both elective inpatient and day case falling short. <p>Diagnostics <small>(validated)</small></p> <ul style="list-style-type: none"> Long Waits: 2,499 patients are waiting over 6 weeks for their diagnostic test and 24% are waiting for a non-obstetric ultrasound. Total DM01 activity in Sep-22 was 18,508 tests – the most on record. CT and echocardiography achieved their annual plan activity targets. With the exception of flexi sigmoidoscopy, all other annual plan modalities exceeded our Sep-19 levels of testing For the first six months of the year, we are within 1.2% of the YTD submitted activity plan.

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 7 and 8 highlight that most of the patient flow metrics in this report show special cause concern. Any changes, although observable in the charts, are not statistically significant. They may be attributable to the implementation of the North Bristol model but it is too early to link day to day fluctuations to overall improvements. <p>Additional metrics</p> <ul style="list-style-type: none"> Conversion rates – The Trust conversion rate of 29.1% is the highest to date in 2022/23. The conversion rate at WRH was 33.7% and the ALX was 22.6%. On the 30th September, there were 94 patients who had a LOS of 21+ days. 43 of those patients had been identified as medically fit for discharge. 			<p>What have we been doing?</p> <ul style="list-style-type: none"> Implementing and updating the implementation of the North Bristol model Focussing on the timelines of patient flow from ED to wards and from wards to discharge including the identification of Golden patients <p>What are we doing next?</p> <ul style="list-style-type: none"> Further implementation and monitoring of the North Bristol model 					
Current Assurance Level: 4 (Sep-22)		When expected to move to next level of assurance: This is dependent on the on-going management of the increase attendances and achieving operational standards.						
Previous assurance level: 4 (Aug-22)		SRO: Paul Brennan						

Percentage of Ambulance handover within 15 minutes

35.8%

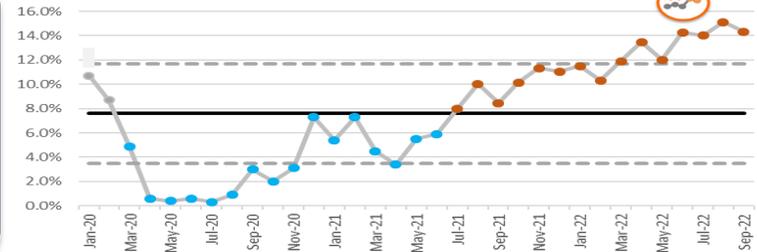
Ambulance handovers within 15 minutes



Patients spending more than 12 hours in ED

14.3%
1,699 patients

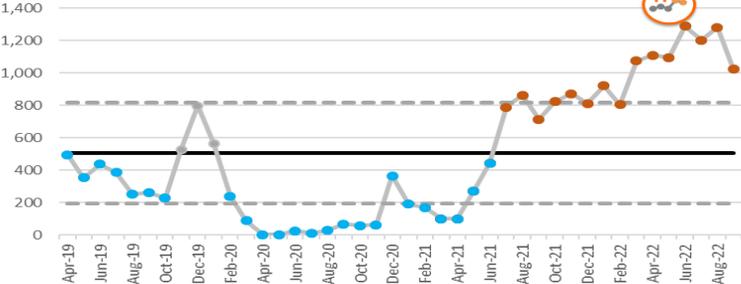
Patients spending 12+ hours in ED



60 minute Ambulance Handover Delays

1,025

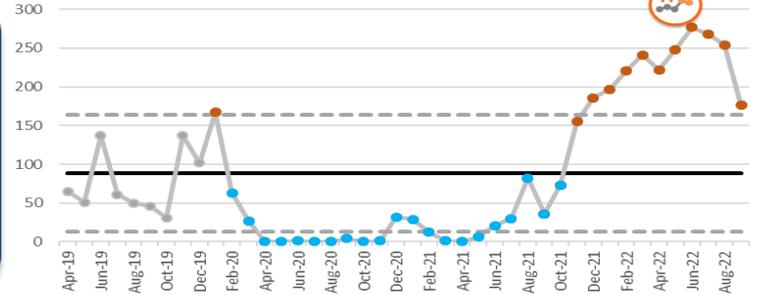
60 minute ambulance handover delays



12 Hour Trolley Breaches

176

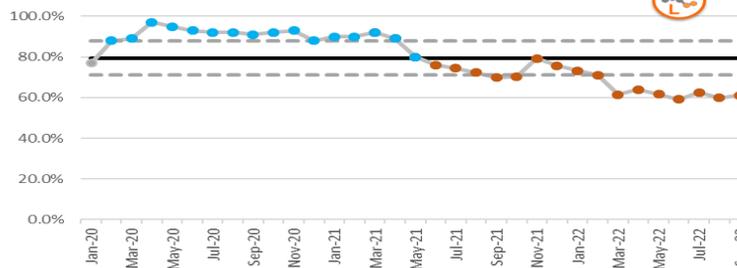
12 hour breaches



Time to Initial Assessment - % within 15 minutes

61.2%

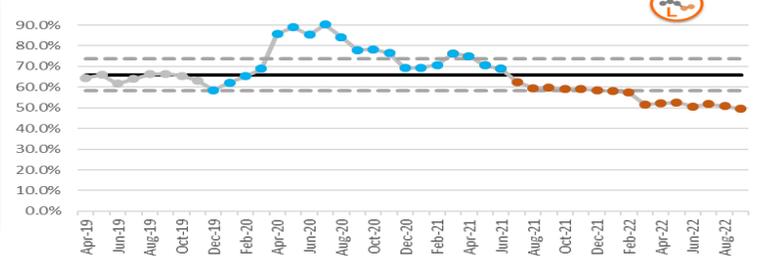
Time to initial assessment within 15 minutes



4 Hour EAS (Type 1)

49.6%
5,927 of 11,957

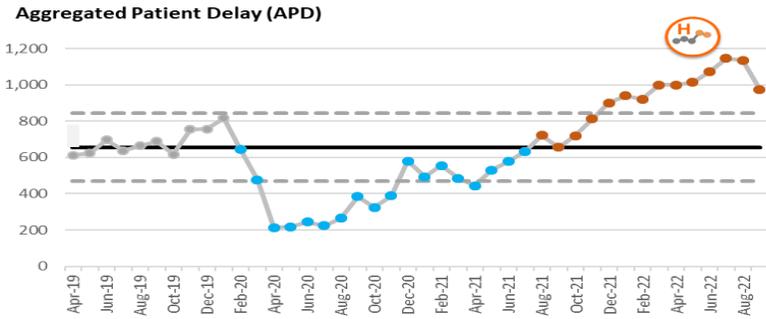
EAS Type 1 - 4 hour performance



Graphs that start at Apr-19 do include Sep-22 data

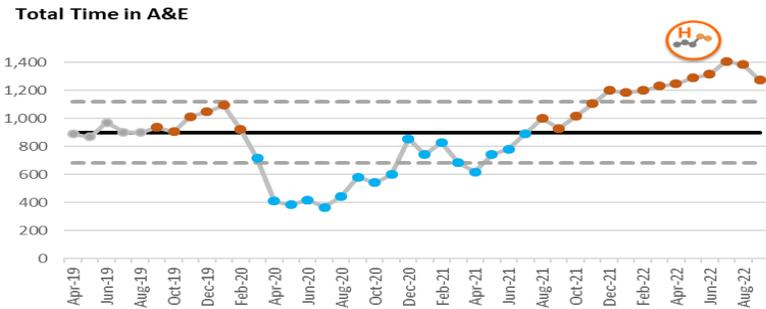
Aggregated Patient Delay (APD)

975



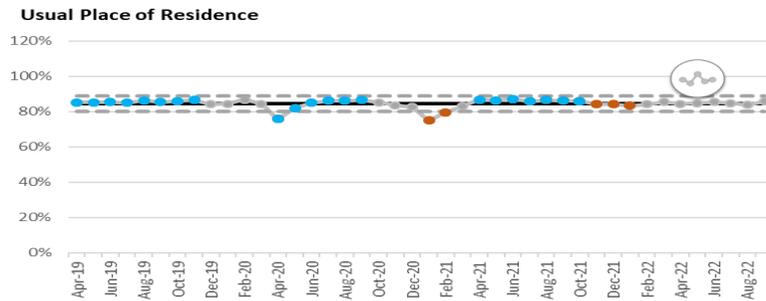
Total time spent in A&E (95th Percentile)

1,273 hours



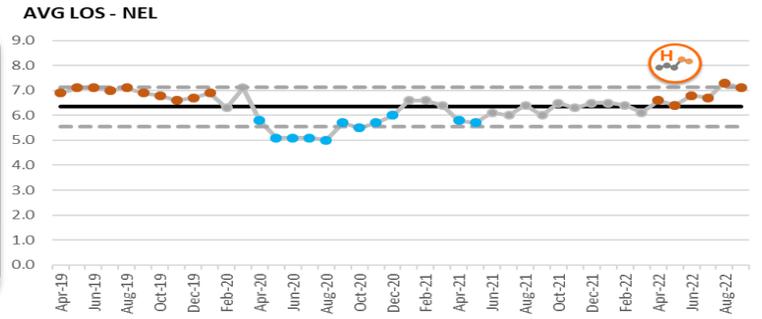
Patients discharged to usual place of residence

85.9%



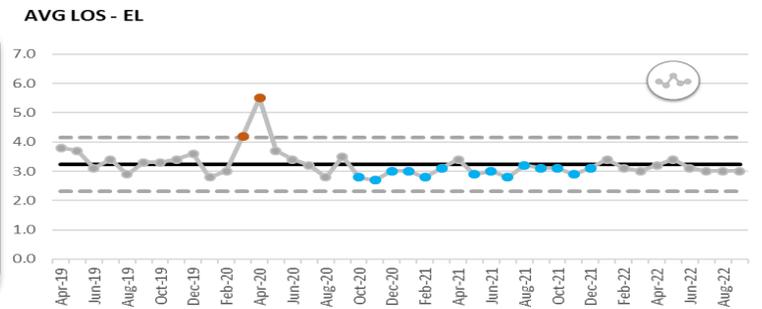
Average LOS in Hospital at Discharge (NEL excl. same day discharge)

7.1 days



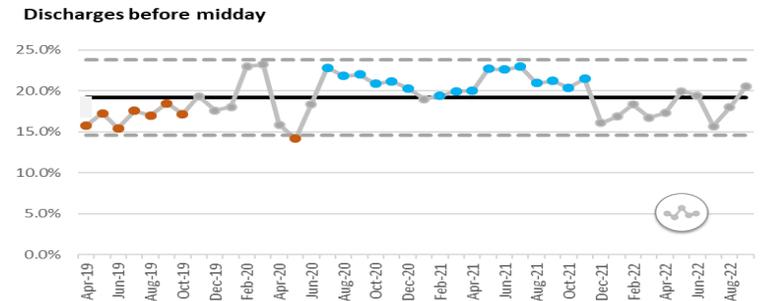
Average LOS in Hospital at Discharge (EL excl. same day discharge)

3.0 days



% Discharges before midday

20.5%



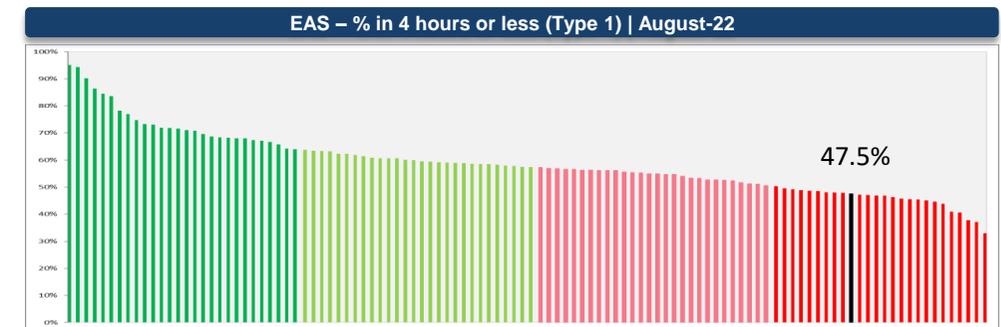
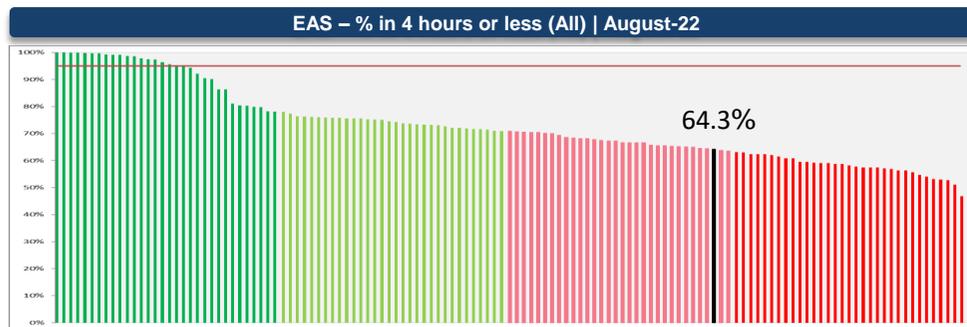
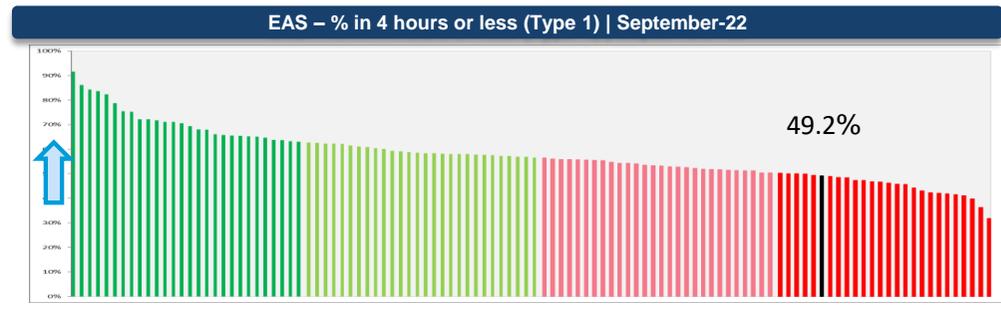
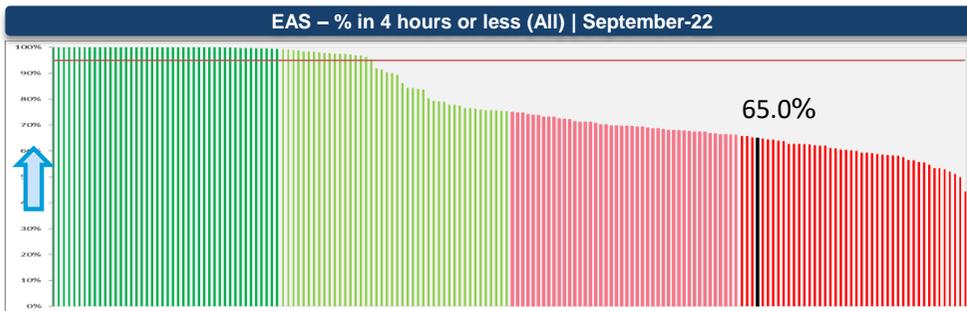
Graphs include Sep-22 data – presentation is using the national SPC toolkit.

National Benchmarking (September 2022)

EAS (All) – The Trust was one of 5 of 13 West Midlands Trusts which saw an increase in performance between Aug-22 and Sep-22. This Trust was ranked 8 out of 13; no change from the previous month. The peer group performance ranged from 51.1% to 79.1% with a peer group average of 65.6%; declining from 66.2% the previous month. The England average for Sep-22 was 71.0%; a 0.4% decrease from 71.4% in Aug-22.

EAS (Type 1) – The Trust was one of 6 of 13 West Midlands Trusts which saw an increase in performance between Aug-22 and Sep-22. This Trust was ranked 10 out of 13; no change from the previous month. The peer group performance ranged from 41.58% to 71.06% with a peer group average of 54.48%; declining from 54.81% the previous month. The England average for Sep-22 was 56.9%; a 1.1% decrease from 58.0% in Aug-22.

In Sep-22, there were 32,776 patients recorded as spending >12 hours from decision to admit to admission. 176 of these patients were from WAHT; 0.54% of the total.



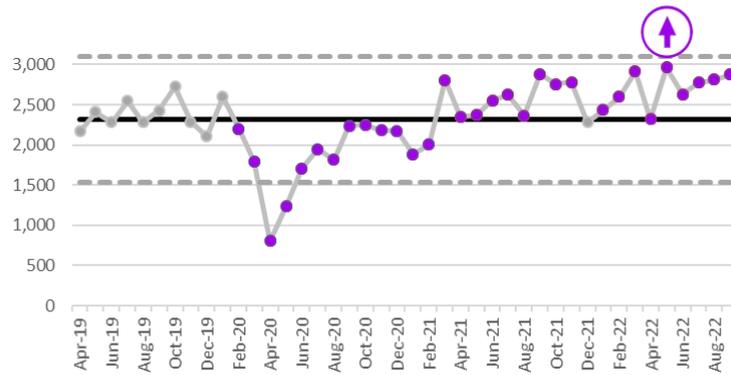
2WW Cancer Referrals	Patients seen within 14 days (All Cancers)	Patients seen within 14 days (Breast Symptoms)	Patients told cancer diagnosis outcome within 28 days (FDS)	Patients treated within 31 days	Patients treated within 62 days	Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104 days

<p>What does the data tells us?</p> <ul style="list-style-type: none"> 2WW referrals are showing a statistically significant variation as there has been a continued upward trend and shift above the mean since Mar-21. 2WW: This metric is deteriorating and the target will not be achieved without intervention. 28 Faster Diagnosis: This metric is deteriorating and the target is unlikely be achieved without intervention. 31 Day: This metric is deteriorating and the target is unlikely be achieved without intervention. 62 Day: This metric is deteriorating and the target will not be achieved without intervention. Cancer PTL is showing a statistically significant variation as there has been a continued upward trend and shift above the mean. As at the 30th September there were 4,236 patients on our PTL. 314 patients having been diagnosed and 3,917 are classified as suspected. Backlog: This metric is deteriorating and the target lies below the current process limits so the target will not be achieved without change. The number of patients waiting 63+ days is 931 and the number of patients waiting 104+ days has increased to 298. Urology (113) and skin (90) have the largest number of patients waiting over 104 days. 110 of the 298 patients waiting over 104 days are diagnosed and the remaining 186 are suspected. Reducing our backlog to the annual plan target of 160 by the end of Mar-23 will require intervention. 	<p>What have we been doing?</p> <ul style="list-style-type: none"> Breast are predicting a return to performance from November 2022 but an ICS capacity and demand analysis shows a fundamental underlying deficit due to the variability of demand. The H&W ICS Elective Care Board will be meeting to discuss and agree on the ICS approach to address this. Skin are now booking at 6-7 weeks for a 2ww appointment, an improvement from 62 days plus achieved with additional third party support and the commencement of an additional Locum Consultant in September 2022. Detailed analysis has concluded that this level of support would neither resolve the 2ww performance nor 63 day plus backlog by the end of March 2022 and so that end a further contract with another third party provider is in the process of being signed. Funded via external support monies, the contract aims to deliver a further 19 weekends' worth of support commencing 5th and 6th November 2022. The analysis further determines that additional measures will be required from April 2023 unless 4 WTE substantive Consultant Dermatologists can be in post by end of March 2023. The detailed pathway analysis, initially manually produced by the Cancer Services Project Manager and then automated with BI support is live on WREN for Prostate and will shortly be live for Colorectal. This allows directorate and diagnostic teams to clearly see current performance against the best practice timed pathway metrics and also see where bottlenecks exist with patients current going through the pathway (at patient level). New pathway being piloted for 2ww Prostate referrals, in-line with national guidance, commenced 3rd October 2022. This aims to improve both the current performance against the 2ww and 28 day FDS standards and patient experience with ring-fenced MRI slots sitting alongside dedicated 2ww clinics. This is in line with the best practice pathway and we will closely monitor this to understand its impact. 	<p>What are we doing next?</p> <ul style="list-style-type: none"> Commence supportive work with NHSE Elective Care Intensive Support Team (EC-IST). The intent is to focus on our most challenged pathways of Prostate and Colorectal, alongside diagnostic capacity where it is known there is insufficient capacity to achieve the backlog improvements required for our cancer patients and reduce the 78 week RTT backlog at the same time. Support and attend the NSHE 2 day review visit planned for 2nd and 3rd November 2022 as required With support from the above, produce detailed capacity and demand analysis across key elements of all suspected cancer pathways Next focus for Prostate pathway is biopsy booking and capacity Recruitment to 2WW Booking Team in recognition of the 'new normal' levels of demand, particularly in relation to 2ww Colorectal. Continued refinement of and holding action owners to account for the Remedial Action Plans (RAPs) Continue to explore, with the ICS and WVT, how mutual aid can be introduced to manage skin referrals
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Current Assurance Levels (Sep-22)	Previous Assurance Levels (Aug-22)	
2WW – Level 4	2WW - Level 4	When expected to move to next levels of assurance: when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease.
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 3 (F&P 28-9-22)	62 Day Referral to Treatment - Level 4	SRO: Paul Brennan

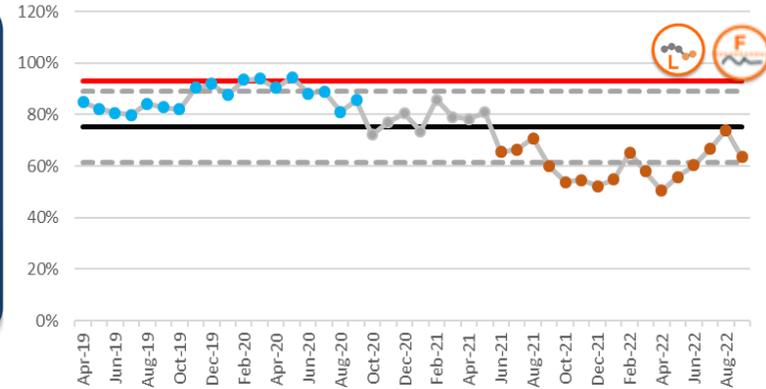
2WW Referrals
2,874

2WW Cancer Referrals



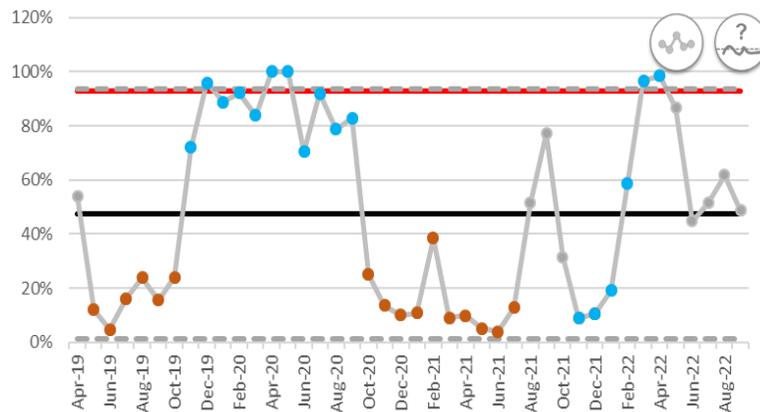
2WW Cancer
64%
2,969 Seen

2WW Cancer (All)



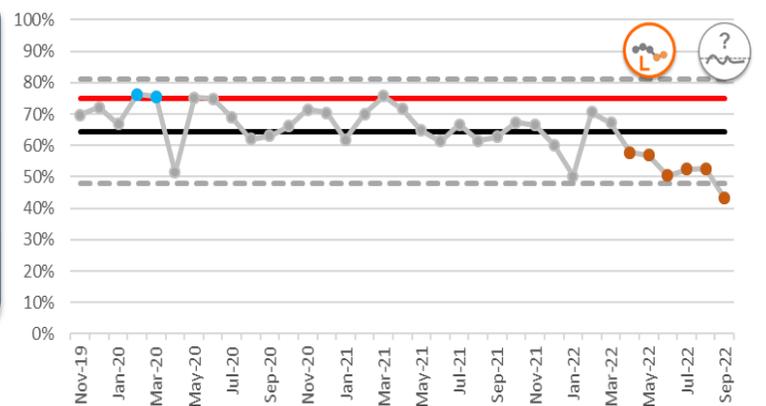
2WW Breast Symptomatic
49%
80 Seen

2WW Cancer Breast Symptomatic



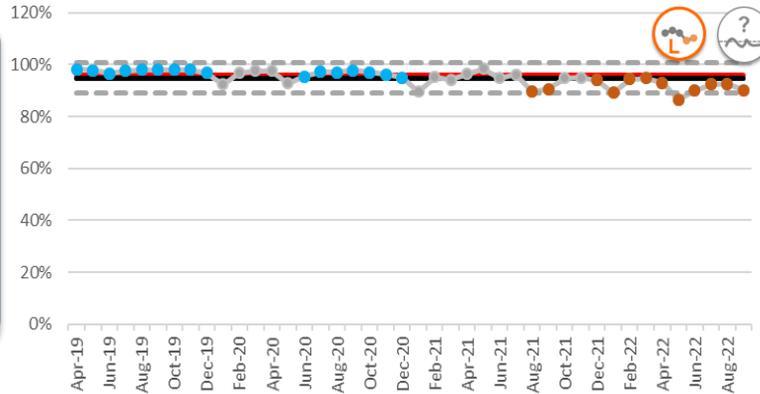
28 Day Faster Diagnosis
45%
2,561 Told

28 Day Faster Diagnosis



• Purple SPC dots represent special cause variation that is neither improvement or concern
Graphs include Sep-22 data – presentation is using the national SPC toolkit.

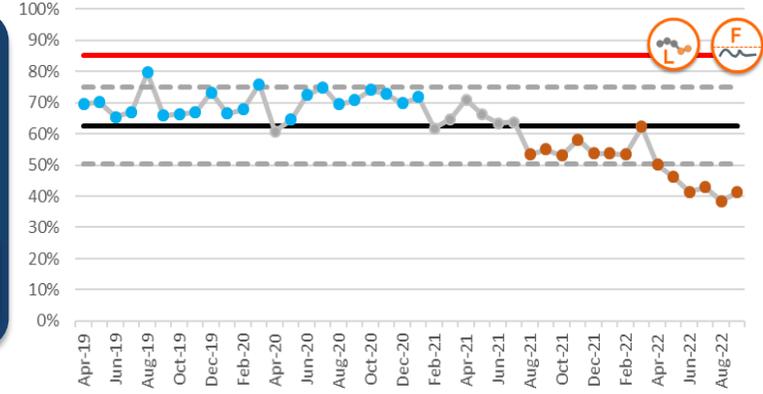
31 Day Cancer (All)



31 Day Cancer

90%
267 Treated

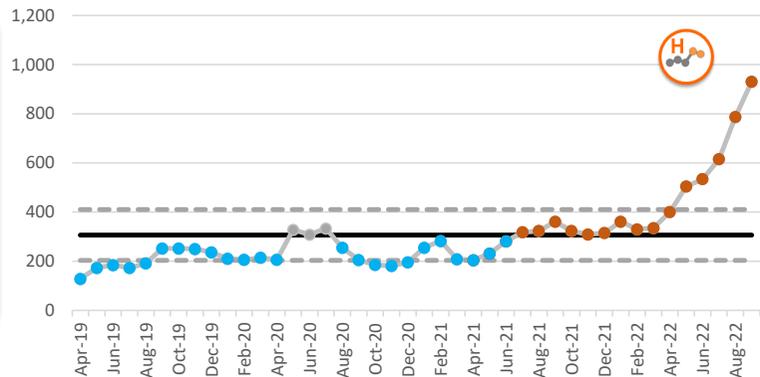
62 Day Cancer (All)



62 Day Cancer

41%
165 Treated

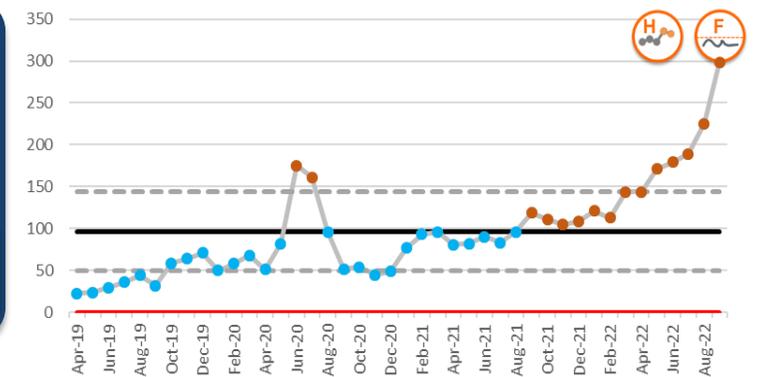
62+ Day Backlog



Backlog Patients waiting 63 days or more*

931

104+ Day Backlog



Backlog Patients waiting 104 day or more*

298

Variation

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

Assurance

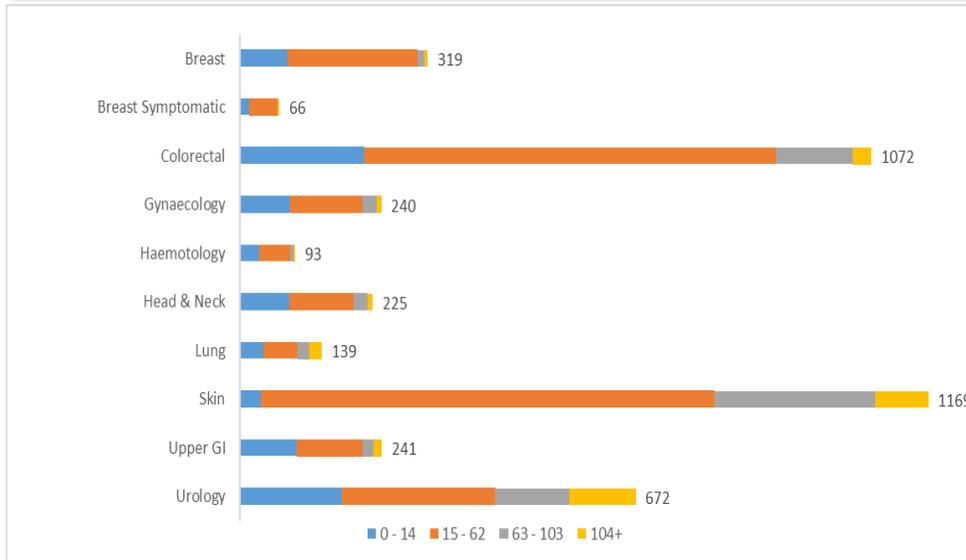
- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

Key

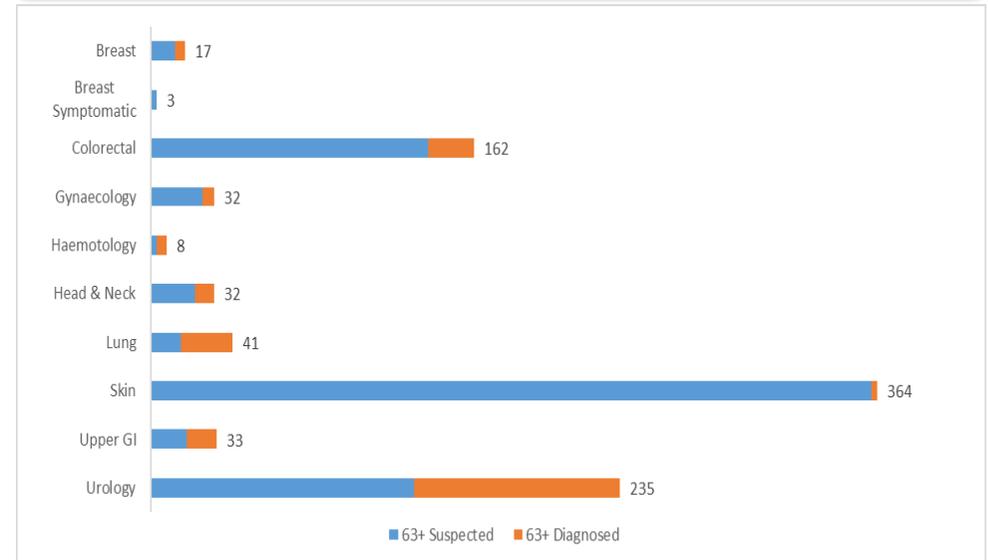
- Internal target
- Operational standard

Graphs include Sep-22 data – presentation is using the national SPC toolkit.

Cancer PTL by Specialty and Days Wait



Cancer Long Waiter Backlog by Specialty and Status



The graphs above show the number of cancer patients on our PTL and split by days waiting. Colorectal, Skin and Urology have the largest PTLs and patients waiting over 63 days. These specialties are being supported by the best practice pathway work.

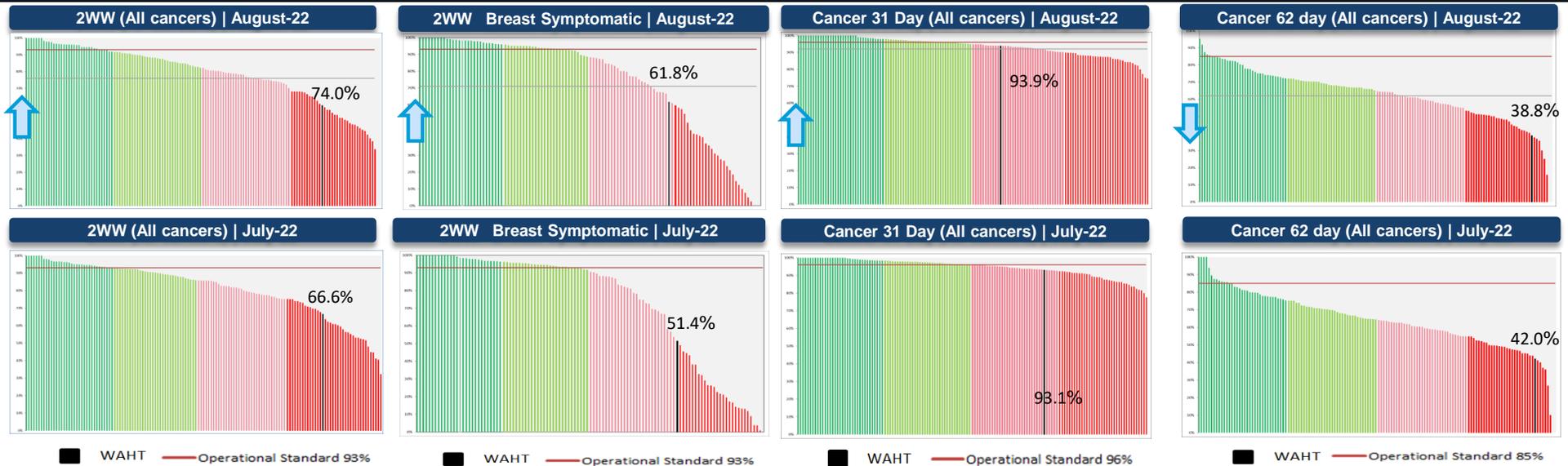
National Benchmarking (August 2022)

2WW: The Trust was one of 6 of 13 West Midlands Trusts which saw an increase in performance between Jul-22 and Aug-22. This Trust was ranked 10 out of 13; we were ranked 12 the previous month. The peer group performance ranged from 52.4% to 96.2% with a peer group average of 75.5%; improving from 74.5% the previous month. The England average for Aug-22 was 75.6%; a 0.1% decrease from 75.6% in Jul-22.

2WW BS: The Trust was one of 7 of 13 West Midlands Trusts which saw an increase in performance between Jul-22 and Aug-22. This Trust was ranked 10 out of 13; no change from the previous month. The peer group performance ranged from 14.6% to 100.0% with a peer group average of 83.3%; improving from 78.2% the previous month. The England average for Aug-22 was 70.9%; a 2.4% increase from 68.5% in Jul-22.

31 days: The Trust was one of 6 of 13 West Midlands Trusts which saw an increase in performance between Jul-22 and Aug-22. This Trust was ranked 4 out of 13; we were ranked 7 the previous month. The peer group performance ranged from 74.6% to 100.0% with a peer group average of 87.9%; declining from 89.5% the previous month. The England average for Aug-22 was 92.1%; a 0.8% decrease from 92.9% in Jul-22.

62 Days: The Trust was one of 6 of 13 West Midlands Trusts which saw a decrease in performance between Jul-22 and Aug-22. This Trust was ranked 11 out of 13; we were ranked 12 the previous month. The peer group performance ranged from 15.8% to 71.3% with a peer group average of 50.9%; improving from 50.1% the previous month. The England average for Aug-22 was 61.9%; a 0.3% increase from 61.6% in Jul-22.



Elective Recovery – Referral to Treatment

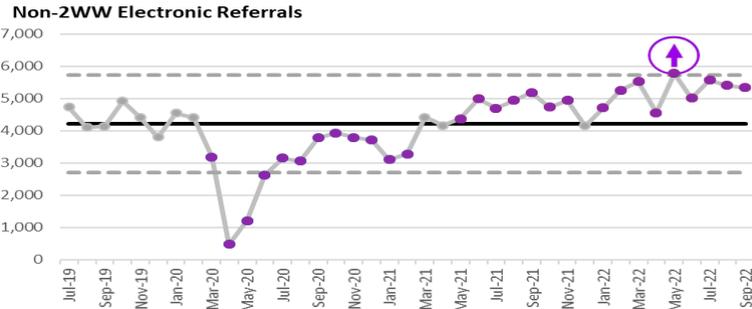
STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

Electronic Referral Service (ERS) Referrals		Referrals to Referral Assessment Service (RAS)	Advice & Guidance (A&G) *unvalidated		Total RTT Waiting List	Patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
								NHS	NHS	NHS
Total	8,403	7,428	2,758	92.8% responded to within 2 working days						
Non-2WW	5,335									

<p>What does the data tells us?</p> <p>Referrals (unvalidated)</p> <ul style="list-style-type: none"> ERS Referrals are within normal variation. Referral Assessment Service: a total of 7,428 referrals to RAS were made in Sep-22. Only 77.6% of the 2WW RAS referrals have been outcomed within 2 working days – normally we achieve over 90%. A&G Requests are within normal variation and above the performance threshold. <p>Referral To Treatment Time (unvalidated)</p> <ul style="list-style-type: none"> The RTT Incomplete waiting list is validated at 65,420. This is not a significant change from previous months, however, there are 2,373 fewer patients in the 0-18 cohort due to a reduction in processed clock starts and patients moving into the 18+ weeks category. The consequence of this is that RTT performance for Sep-22 is unvalidated at 45.6% compared to 49.2% in Aug-22 and the operational standard target of 92% will not be achieved without change. The number of patients waiting over 52 weeks for their first definitive treatment is 7,772, a 139 patient increase from the previous month. Of that cohort, 979 patients have been waiting over 78 weeks, reduced from 1,093 the previous month, and 0 patients over 104 weeks. 	<p>What have we been doing?</p> <ul style="list-style-type: none"> Reviewing OP capacity to ensure it is fully utilised including optimising Friday afternoons Applying the Access Policy in-line with NHSE expectations Focussing on our longest waiting patients to achieve the Mar-23 78+ week breaches target <p>What are we doing next?</p> <ul style="list-style-type: none"> Providing evidence to report on the impact of carving out additional capacity to improve waiting times for our cancer patients (the hypothesis being that it may negatively impact non-cancer RTT patients) As part of Super September - implementation of the next phase of the validation programme focussing on patients who are waiting for their first OP appointment
Current Assurance Level: 3 (Sep-22)	When expected to move to next level of assurance: This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the 22/23 operational planning requirements. The first milestone will be achieving the elimination of 104+ week waiters.
Previous Assurance Level: 3 (Aug-22)	SRO: Paul Brennan

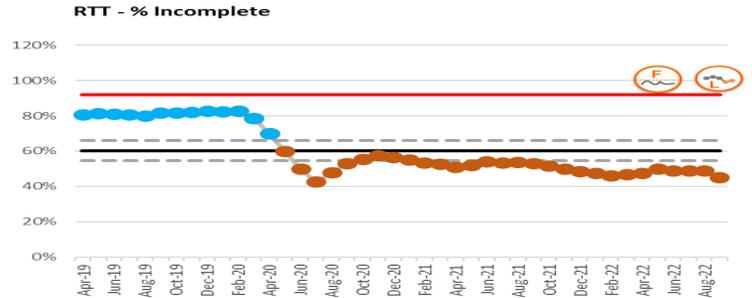
Electronic Referrals Profile (non-2WW)

5,335



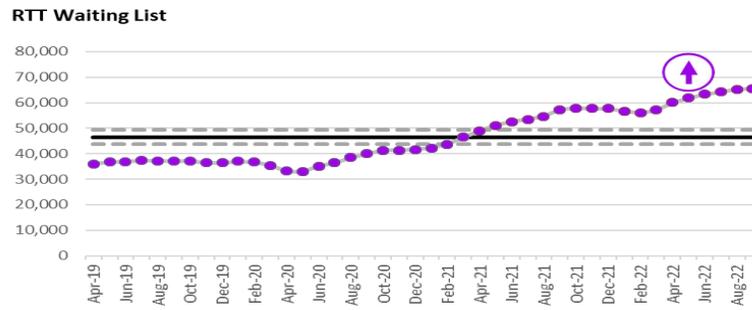
RTT % within 18 weeks

45.5%



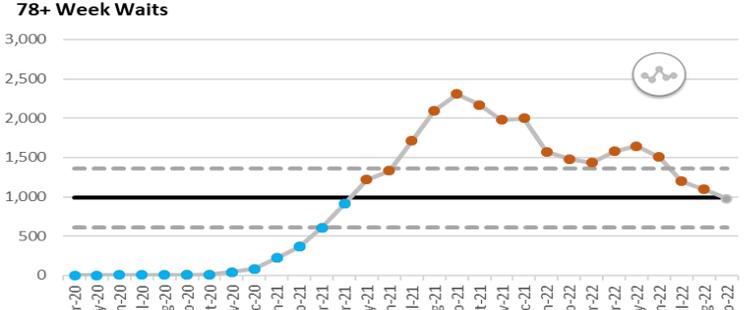
RTT Incomplete PTL

65,420



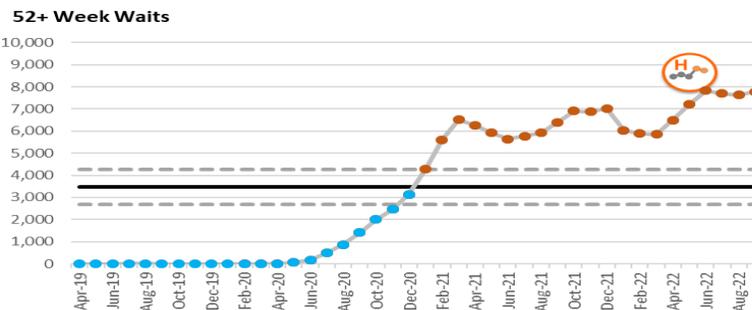
78+ week waits

979



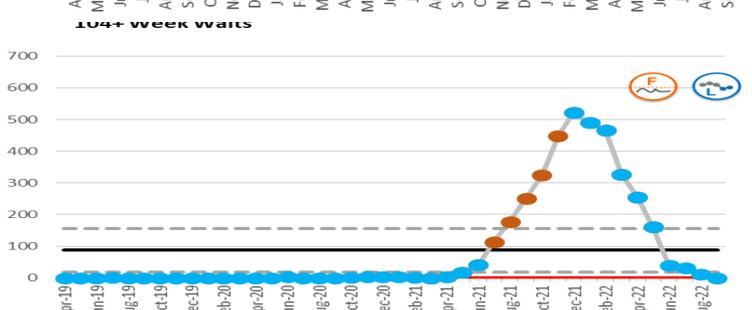
52+ week waits

7,772



104+ week waits

0

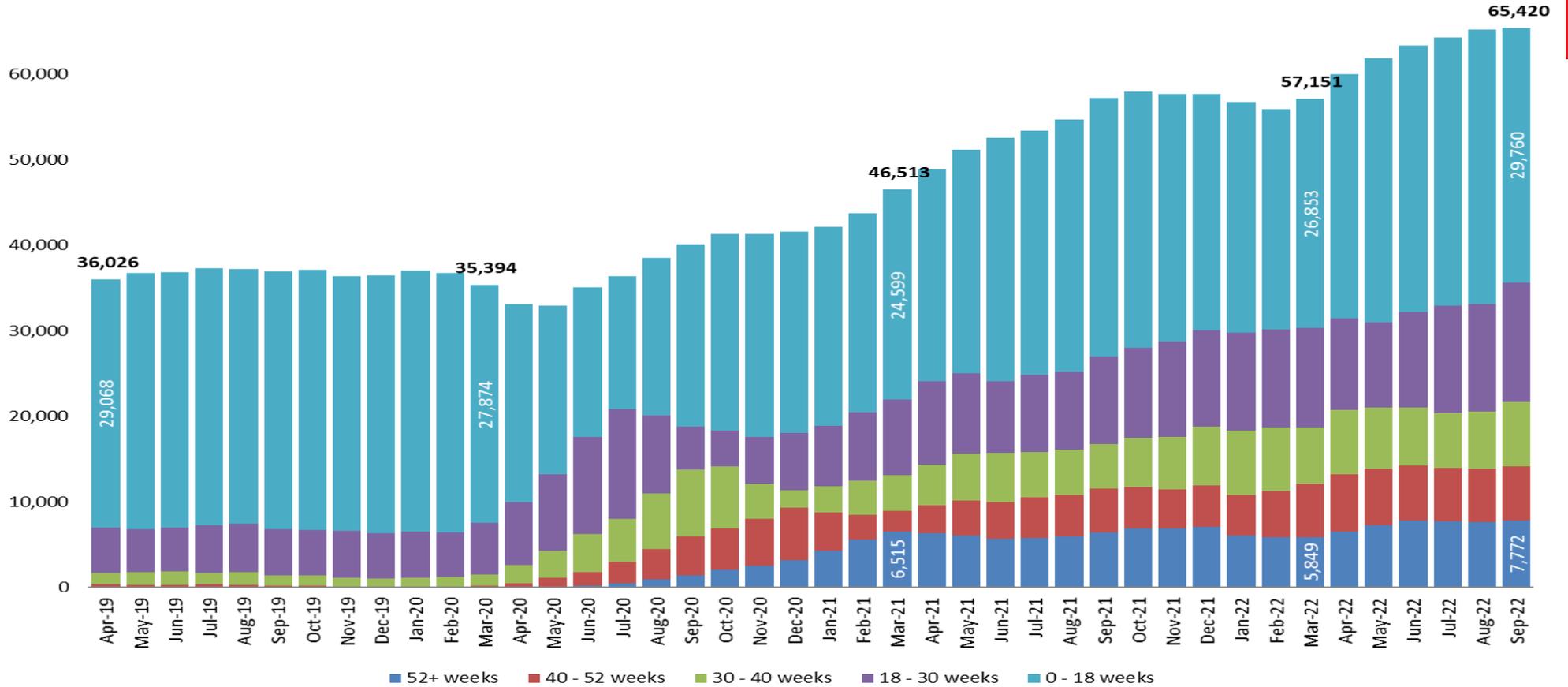


• Purple SPC dots represent special cause variation that is neither improvement or concern
 Graphs include Sep-22 data – presentation is using the national SPC toolkit.

Patients Waiting
70,000

Patients waiting for first definitive treatment Apr-19 to Sep-22

Split by weeks waiting



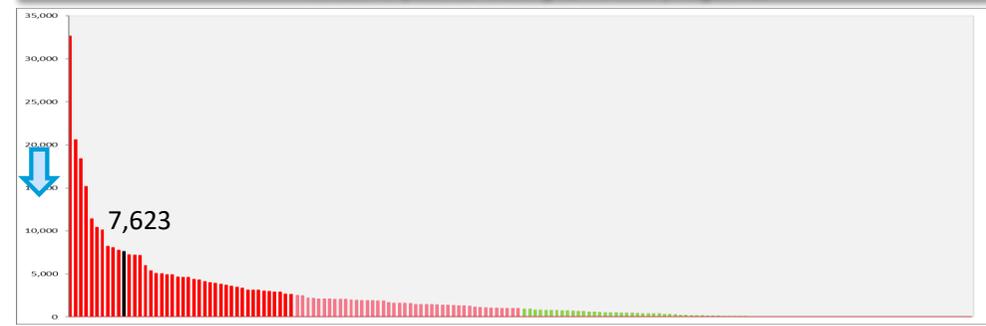
National Benchmarking (August 2022) | The Trust was one of 4 of 12 West Midlands Trusts which saw an increase in performance between Jul-22 and Aug-22. This Trust was ranked 12 out of 13; we were ranked 11 the previous month. The peer group performance ranged from 39.81% to 72.65% with a peer group average of 54.64%; improving from 54.64% the previous month. The England average for Aug-22 was 60.80%; a 0.2% decrease from 61.00% in Jul-22.

- Nationally, there were 387,257 patients waiting 52+ weeks, 7,623 (1.97%) of that cohort were our patients.
- Nationally, there were 50,888 patients waiting 78+ weeks, 1,092(2.15%) of that cohort were our patients.

RTT - % patients within 18 weeks | August-22



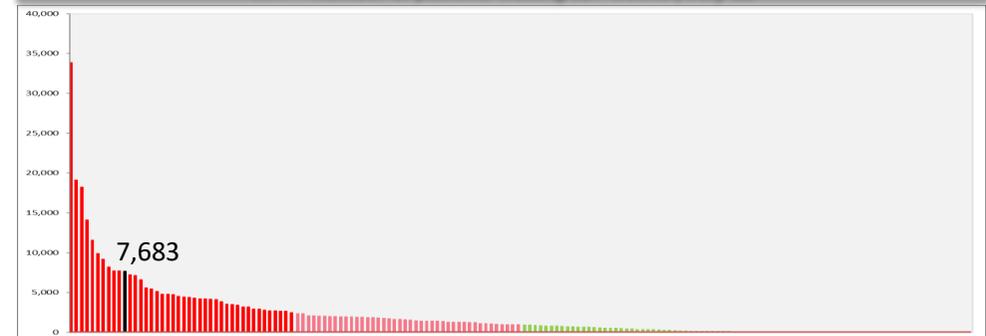
RTT - number of patients waiting 52+ weeks | August-22



RTT - % patients within 18 weeks | July-22



RTT - number of patients waiting 52+ weeks | July-22

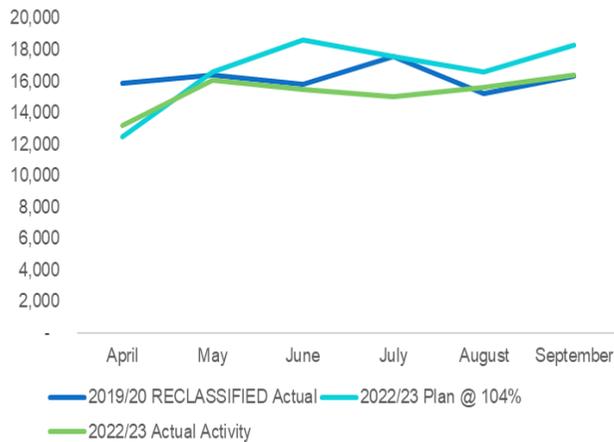


Annual Plan Activity	Total Outpatient Attendances	Total OP Attendances First	Total OP Attendances Follow-Up	Elective IP Day Case	Elective IP Ordinary	Elective Inpatients	Theatre Utilisation	Cases per list	Lost Utilisation (early starts / late finishes)	On the day cancellations
Target achieved?	✓	✗	✗	✗	✗					
<p>Outpatients - what does the data tell us? (first SUS submission)</p> <ul style="list-style-type: none"> The OP data on slide 20 compares our unvalidated Sep-22 outpatient attendances to Sep-19 and our annual plan activity target. As noted in the top row of this table we haven't achieved our OP targets. However, we did deliver fewer follow-up OP appointments and more first appointments in Sep-22 compared to Sep-19. Model Hospital benchmarking for Jul-22 shows that our outpatient DNA rate is in quartile 1 of all Trusts. In the Sep-22 RTT OP cohort, there are over 33,000 RTT patients waiting for their first appointment. 27% of the total cohort waiting for a first appointment have been dated. Of those not dated 3,075 patients have been waiting over 52 weeks. The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Gynaecology, ENT, Urology and Oral Surgery. <p>Planned Admissions - what does the data tell us?</p> <ul style="list-style-type: none"> In Sep-22, the total number of day cases and EL IP decreased from Aug-22 – this is due to fewer working days in the month. Day case (-872) and EL IP (-237) were below the annual plan target for the month. Neither were above Sep-19 activity however our EL IP activity levels are consistently above 21/22 levels compared to the first half of the year. Theatre utilisation is above the mean but is not yet showing positive improvement; it would have to be at least 81% to do this. Factoring in allowed downtime, the utilisation increases to 83.5%. The cases per list is showing deteriorating performance; an increase will be required in order to get closer to achieving the annual plan activity targets. Lost utilisation due to late start / early finish showed no significant change but does equate to 543 hours lost in Sep-22. On the day cancellations continues to shows significant improvement. 63.6% of eligible patients were rebooked within 28 days for their cancelled operation in Sep-22; this is 21 of 33 patients being rebooked within the required timeframe but no significant change from the mean outcome. 						<p>What have we been doing?</p> <ul style="list-style-type: none"> Continuation of developments within the personalised patient portal that will provide higher visibility and self-management for patients Review of GIRFT recommendation to identify opportunities for improvement specifically in T&O, Gynaecology and General Surgery e.g. the transfer of a simple pessary service to primary care The 6-4-2 meeting has been restructured to ensure appropriate oversight and challenge is in place to make further productivity and efficiency gains <p>What are we doing next?</p> <ul style="list-style-type: none"> Engage with the ICS to work through the interim guidance that are updating the RTT rules High level review of patients on Active Monitoring to ensure no patients are coming to harm Further evaluation of GIRFT recommendations for PIFU and as part of Super September there will be an internal evaluation of the follow-up waiting list for other PIFU opportunities Preparing for the national GIRFT visit in November. As part of Super September and annual planning for 23-24 a full review of Outpatient clinics has commenced and will be completed by mid November. Following through on the Provider specific actions detailed in the ICS Outpatient Transformation deep dive paper (see appendix 6) 				
Current Assurance Level: 4 (Sep-22)						When expected to move to next level of assurance: : This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and in-line with annual planning expectations from NSHE for 2022/23.				
Previous Assurance Level: 4 (Aug-22)						SRO: Paul Brennan				

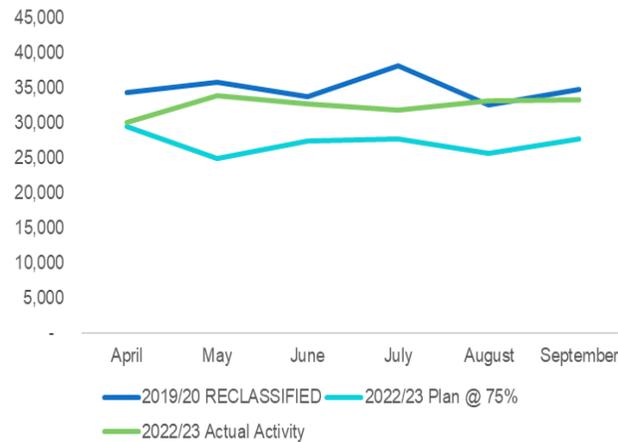
Elective Activity comparing submitted Annual Plan 22/23 to Sept-22 and Sept-19

Activity		Submitted Plan	Sept-22	Sept-19
Outpatient (reclassified)	New	18,322	16,377	16,313
	Follow-up <small>NHS</small>	27,713	33,301	34,884
	Total	46,038	49,678	51,197
Elective	Day Case	7,930	7,058	7,146
	Inpatient	744	507	655
	Total	8,674	7,565	7,801

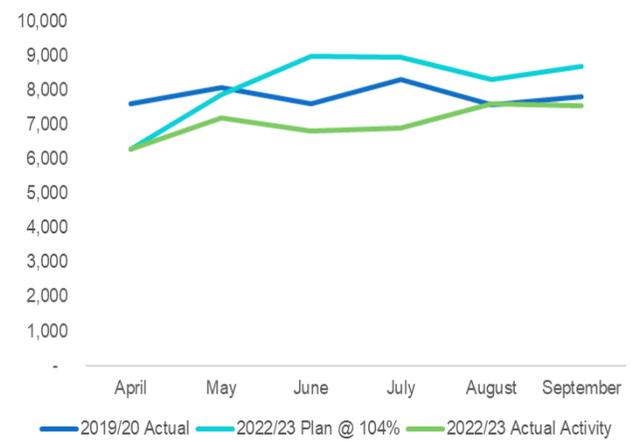
Outpatient New Activity Trend



Outpatient Follow-up Activity Trend

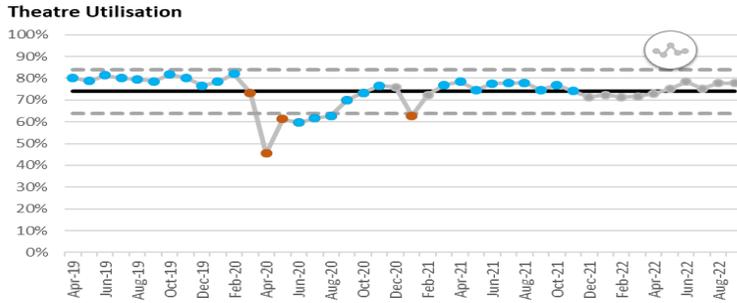


Day Case and Inpatient Activity Trend



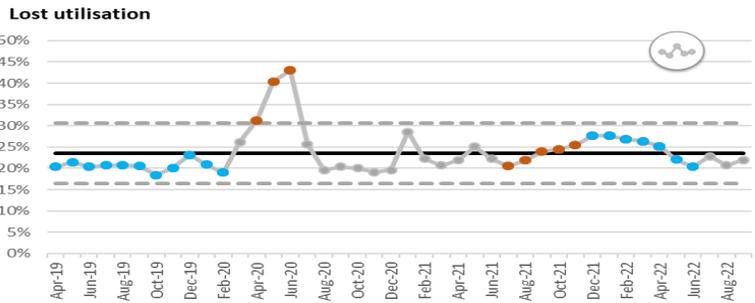
Actual Theatre session utilisation (%)

77.8%



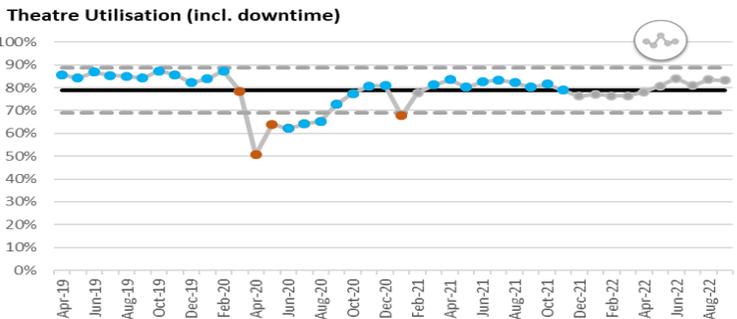
Lost utilisation to late starts and early finishes

22.0% (543 hours)



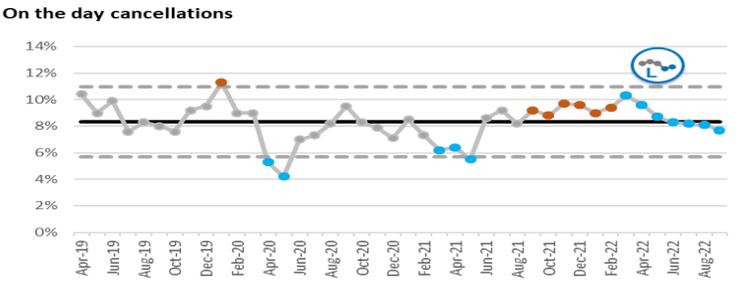
Actual Theatre session utilisation incl. allowed downtime (%)

83.2%



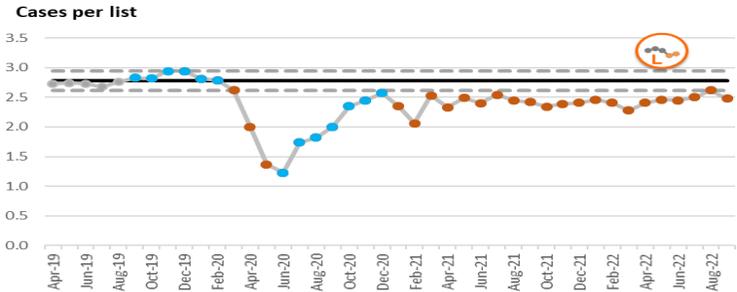
On the day cancellation as a percentage of scheduled procedures (%)

7.7% (127 patients)



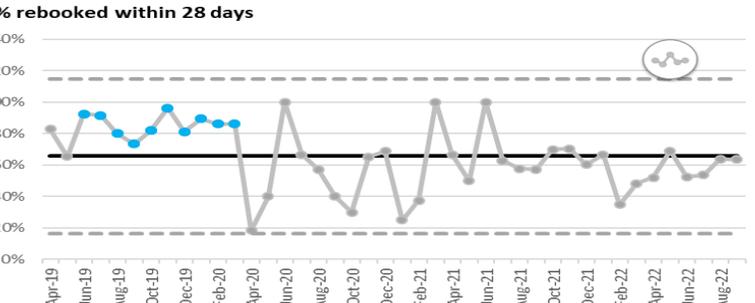
Completed procedures per 4 hour session

2.48



% patients rebooked with 28 days of cancellation

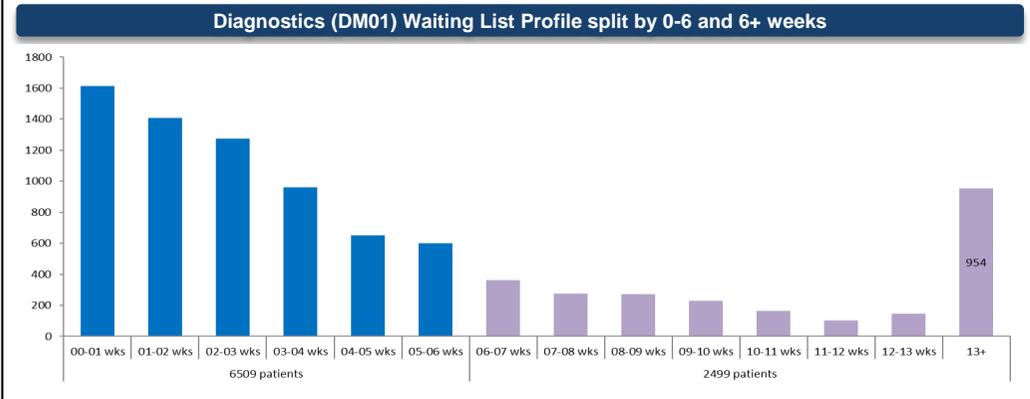
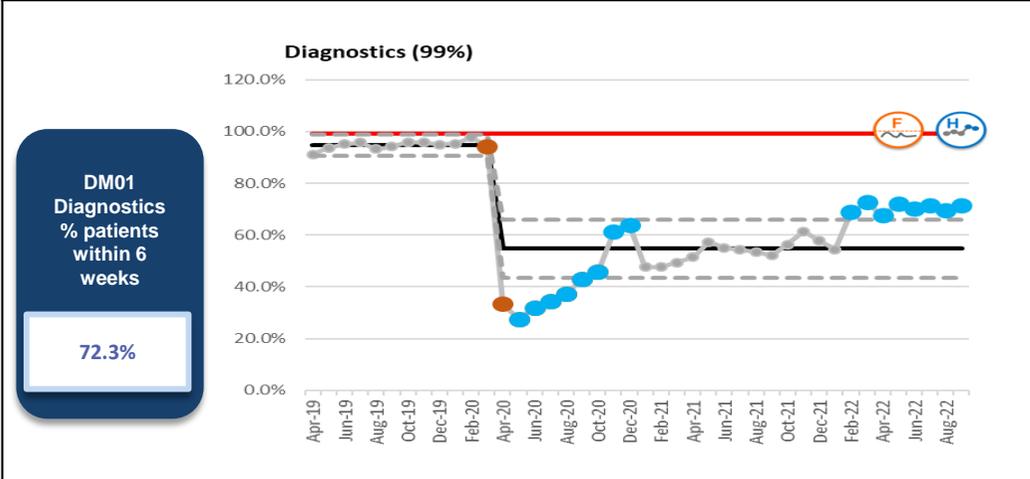
63.6% (21 of 33 rebooked)



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

Annual Plan Activity	MRI	CT	Non-obstetric ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Echocardiography	DM01	% patients waiting 6+ weeks
Target achieved?	x	✓	x	x	x	x	✓		

<p>What does the data tell us?</p> <p>DM01 Waiting List</p> <ul style="list-style-type: none"> The DM01 performance is validated at 72.3% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement. The diagnostic waiting list has decreased by 1,085 patients and the total number of patients waiting 6+ weeks by 564 patients. There are 954 patients waiting over 13 weeks (925 in Aug-22). Although Radiology still has the largest number of patients waiting, at 4,711, this is the first time it's been below 5,000 since Jan-21. Those waiting 6+ weeks, having decreased to 925, is the first time below 1,000 since Mar-20. The total number of patients waiting for an endoscopy increased, as did the number of patients waiting over 6+ weeks. Physiological science modalities saw a decrease in their total PTL and breaching patients. <p>Activity</p> <ul style="list-style-type: none"> 18,508 diagnostic tests were undertaken in Sep-22. This is the highest activity level on record. 24% (4,456 tests) of our total DM01 activity was classified as unscheduled / emergency. 68% were waiting list tests and 8% were planned tests. Of the Imaging modalities, only CT achieved the H2 plan for Sep-22 and no endoscopy modality achieved their plan. Echocardiography achieved it's H2 plan as they continue to consistently deliver over 1,000 tests every month in 22/23. The submitted plan for Sep-22 was ambitious so despite the high levels of activity we achieved this month, we are 7.9% away from delivering this months diagnostics plan. 	RADIOLOGY	
	<p>What have we been doing?</p> <ul style="list-style-type: none"> Working with Urology directorate to provide MRI imaging for prostates in 3 days and report within 7, commencing 10/10- has required carve out for additional 2ww specific slots countywide. Agreed contract extension for MRI mobile until 31/12/22 Continue WLI session in DEXA and US. Increased CT Colon 2ww capacity countywide Increased CT biopsy slots by 2 per week in support of 28 day diagnostic pathway 	<p>What are we going to do next?</p> <ul style="list-style-type: none"> Re-advertise for 10 wte Radiographer vacancies Continue induction and training of new recruits Continue WLI session in US. Work with cancer team to utilise data to assist in achieving improvement on 28 day faster diagnosis Review vetting resource requirements- improving faster vetting, will support improving time to an appointment being allocated Continue to monitor US bookings
	<p>Issues</p> <ul style="list-style-type: none"> Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity Ultrasound capacity to achieve plan reliant on more WLI or insourcing 	
	ENDOSCOPY (inc. Gynaecology & Urology)	
<p>What have we been doing?</p> <ul style="list-style-type: none"> Continued to use 18 week endoscopists to provide 6 sessions at KTC and have also used 18 week for further 6 sessions at ECH. Continued to send referrals to Circle for Spot activity. Changed the bowel preparation for all lower procedures to Plenvu this should facilitate booking processes. 	<p>What are we going to do next?.</p> <ul style="list-style-type: none"> Review affordability of opening additional sessions at KTC using 18 Week Support. Scoping opportunity to centralise pre-assessment resources to KTC site. 	
<p>Issues</p> <ul style="list-style-type: none"> * Ongoing postal strikes continues to be challenging for the service. Seeing an increase in patient cancellations due to covid 		



Current Assurance Level: 5 (Sep-22)

Previous assurance level: 5 (Aug-22)

CARDIOLOGY – ECHO

- What have we been doing?**
- Consultant team have completed clinical validation of the waiting list
 - Echo service has returned to sites to allow for services close to home, but with change in appointment timings to allow for increased throughput
 - WLIs taken place on weekends to help backlogs and will continue throughout this project
 - Insourcing has started but this has been a slow take up
- What are we going to do next?**
- Continued WLI clinics where possible
 - Increasing insourcing option where possible

Issues

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

RESPIRATORY (Sleep studies)

- Issues**
- Number of patients that can be diagnosed is limited by available equipment
 - Not able to increase capacity due to staffing issues
 - Only able to offer Monday – Friday service

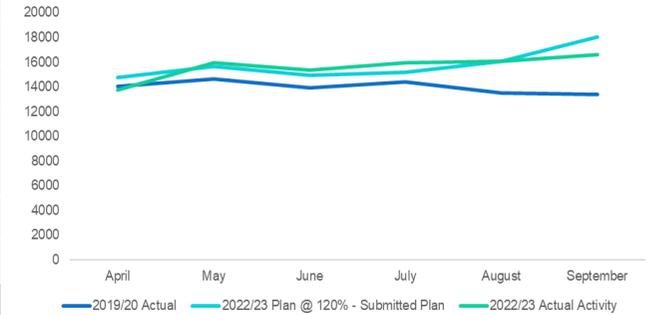
When expected to move to next level of assurance: This is dependent on the ongoing management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Paul Brennan

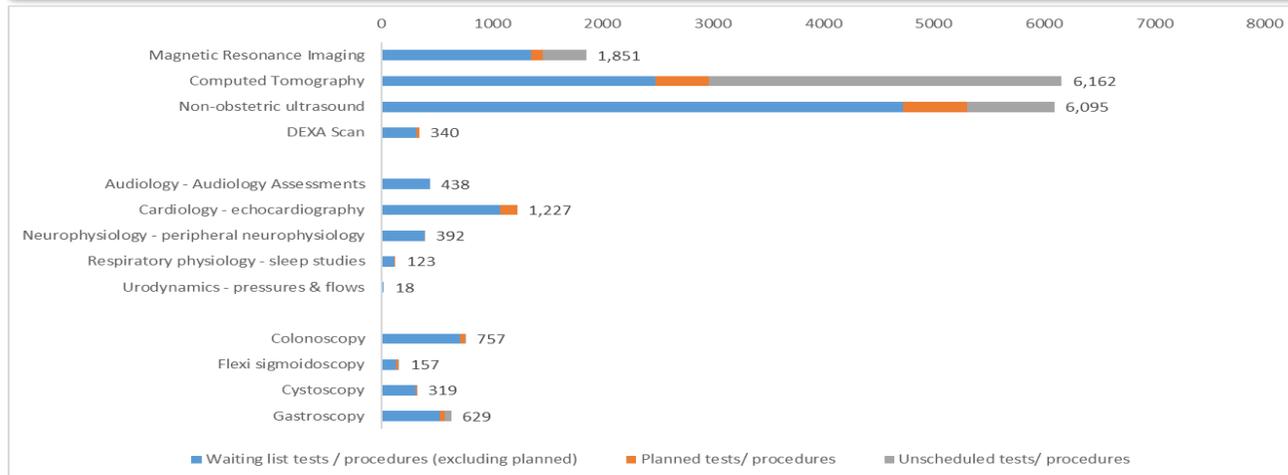
Diagnostic Activity

Annual Plan Activity Modalities		Submitted Plan	Sept-22	Sept-19
Imaging	CT	5,716	6,162	4,313
	MRI	2,244	1,851	1,626
	Non-obstetric ultrasound	6,686	6,095	5,242
Endoscopy	Colonoscopy	1,166	757	612
	Flexi Sigmoidoscopy	197	157	250
	Gastroscopy	1,027	629	463
Echocardiography		982	1,227	898
Diagnostics Total		18,018	16,878	13,404

Annual Plan Diagnostics Activity Trend



Total DM01 Activity split by modality and type



With the exception of Flexi Sigmoidoscopy, all other annual plan modalities exceeded the activity delivered in Sep-19.

However, only CT and echocardiography achieved the activity levels in our submitted plan.

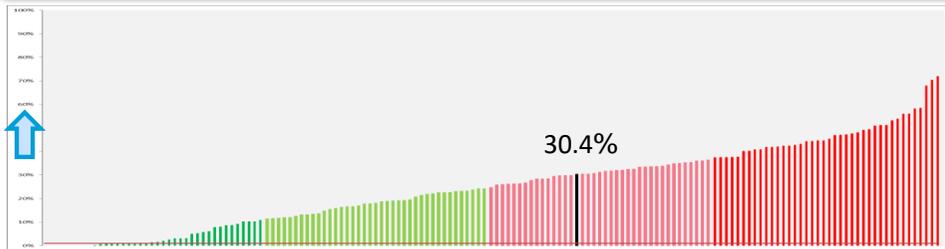
72% of all unscheduled activity in Sep-22 were CT tests.

National Benchmarking (August 2022)

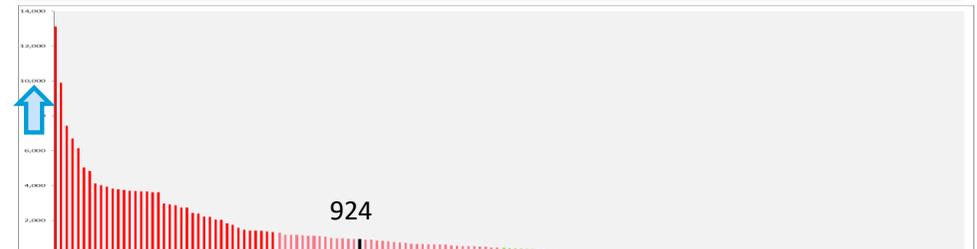
The Trust was one of 9 of 13 West Midlands Trusts which saw a decline in performance between Jul-22 and Aug-22. This Trust was ranked 6 out of 13; no change from the previous month. The peer group performance ranged from 2.6% to 51.2% with a peer group average of 38.5%; declining from 36.2% the previous month. The England average for Aug-22 was 30.5%; a 2.6% increase from 27.9% in Jul-22.

- Nationally, there were 461,400 patients recorded as waiting 6+ weeks for their diagnostic test; 3,060 (0.67%) of these patients were from WAHT.
- Nationally, there were 184,283 patients recorded as waiting 13+ weeks for their diagnostic test; 924 (0.5%) of these patients were from WAHT.

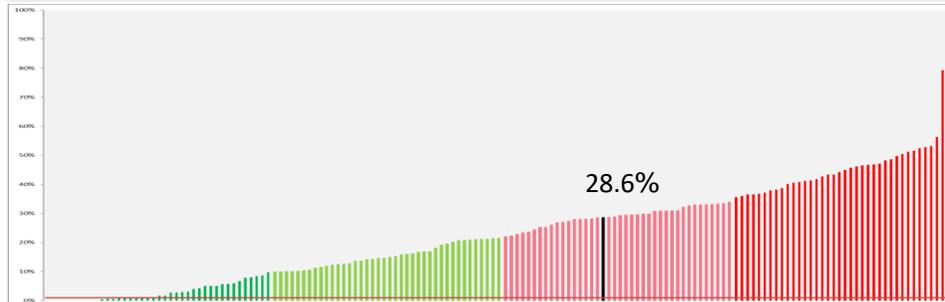
DM01 Diagnostics - % of patients waiting more than 6 weeks | August-22



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



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



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



■ WAHT ■ Operational Standard 1%

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

Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q1 22-23 Apr-22 to Jun-22			
	D		E		B		N/A	Score	77.9	Grade	B

What does the data tell us?

- Validated SSNAP scores and grades for Q1 22/23 have been published and we achieved a grade B with a score of 77.9. This score is our highest ever. The total indicator score was 82 (grade A); the audit compliance band was B which adjusted the overall score / grade

SSNAP Domain		2022/23
		Q1
1	Scanning	B
2	Stroke unit	E
3	Thrombolysis	D
4	Specialist Assessments	A
5	Occupational therapy	A
6	Physiotherapy	A
7	Speech and Language therapy	A
8	MDT working	B
9	Standards by discharge	A
10	Discharge processes	A
Combined Total Key Indicator score and Level		82 A
Case ascertainment band		90%+
Audit compliance band		B
SSNAP score		77.9
Team-centred SSNAP level (after adjustments)		B

- No metric is showing special cause concern.
- Patients seen in the TIA clinic within 24 hours continues to show special cause improvement with a run above the mean.

What are we doing to improve?

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

- We are participating in the North Bristol Model where we are supporting admission through A+E by admitting 2 patients per hour within the medicine division. On the stroke unit we aim to admit at least 3 patients per day and therefore this positively impacts on moving appropriate stroke patients through the unit in a more timely manner. This will facilitate admission to the ward within 4 hours and we hope to see this reflected in the quarterly SNNAP results.
- Meetings with consultants and CNS's has been completed along with training to ensure that there is a shared focus amongst the team regarding early assessment and identifying appropriate patients to transfer to the ward. One of the outcomes of this meeting included using the stroke nurse consultant and registrars to ensure EDS's for any patients appropriate for discharge are completed prior to 9am to create and support early flow. In addition a new assessment pro forma pack has been implemented which captures all of the data required by SSNAP.
- Countywide therapy meetings which include the Health and Care Trust have been initiated – this includes the therapists in the county meeting regularly with the Acute Trust consultant. This allows teams within the HACT to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues and also allows our community partners to feel supported and part of the team.

Thrombolysis:

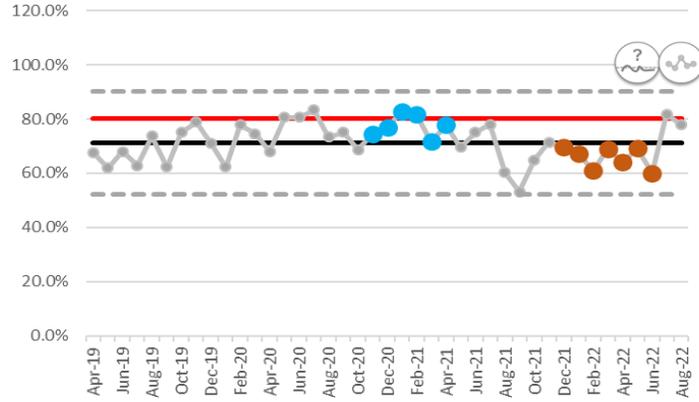
- We are also carrying out stroke simulation training which is accessible for all medical registrars in the Trust alongside the stroke CNS team, this will ensure improved communication, team working and ultimately patient experience and outcome. This is the 2nd training day we are running; however an improvement can already be observed in the SNNAP score in the last 2 quarters.
- We are now more consistently achieving a Level B in the SNNAP score results which is demonstrating all of the improvements we are putting into place as mentioned above.

Current Assurance Level: 5 (Sep-22)	When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade.
Previous Assurance Level: 5 (Aug-22)	SRO: Paul Brennan

Time spent on Stroke Unit

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

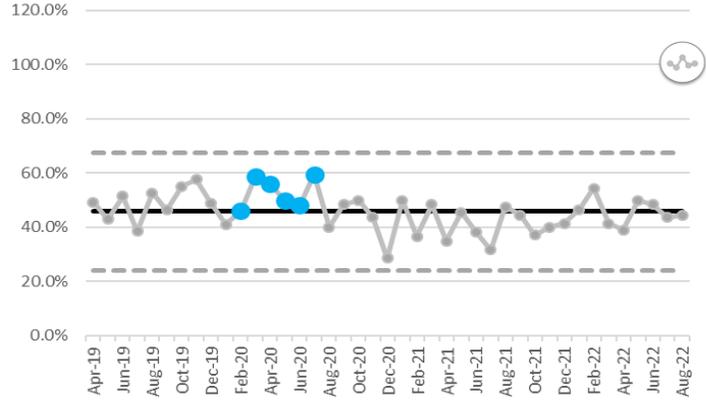
77.8%



CT within 60 minutes

Stroke : % CT scan within 60 minutes

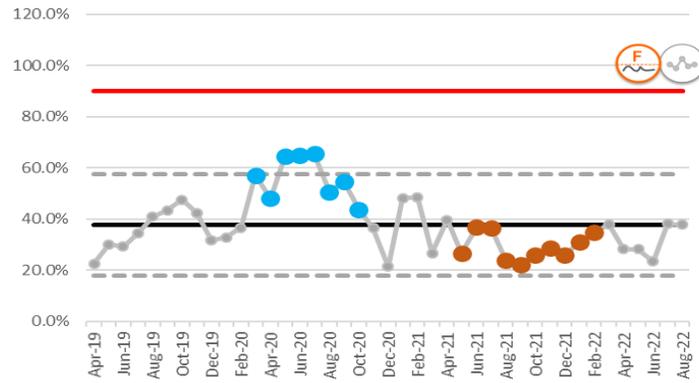
44.4%



Direct Admission to Stroke Ward

Stroke : % Direct Admission to Stroke ward

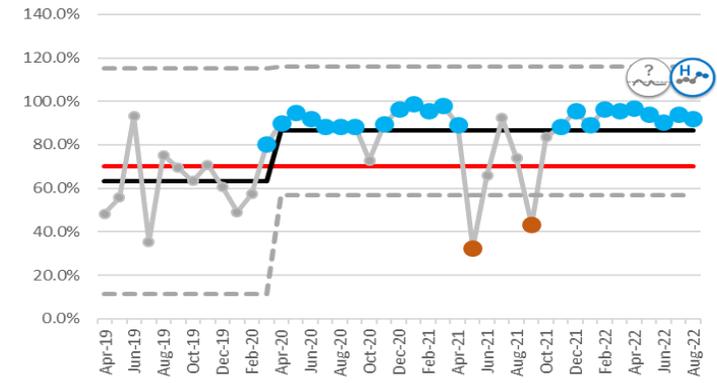
37.8%



TIA within 24 hr

Stroke : % seen in TIA clinic within 24 hours

91.9%



Variation

- Special Cause Concern High (H icon)
- Special Cause Concern Low (L icon)
- Special Cause Not Investigate High (H icon)
- Special Cause Not Investigate Low (L icon)
- Common Cause (C icon)

Assurance

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



Quality and Safety