

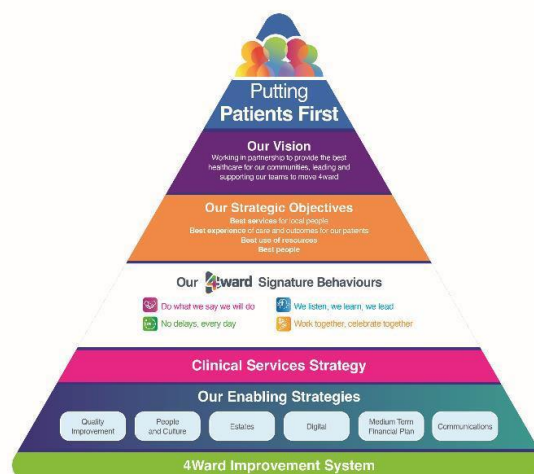
A G E N D A

TRUST BOARD

Thursday 13th October 2022

10:00 – 12:30

Meeting will be virtual and streamed live on YouTube



Anita Day
Chair

Item	Assurance	Action	Enc	Time
088/22	Welcome and apologies for absence:			10:00
089/22	Patient Story			10:05
090/22	Items of Any Other Business To declare any business to be taken under this agenda item			10:30
091/22	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.			
092/22	Minutes of the previous meeting <i>To approve the Minutes of the meeting held on 8 September 2022</i>	<i>For approval</i>	Enc A Page 3	10:30
093/22	Action Log	<i>For noting</i>	Enc B Page 11	10:35
094/22	Chair's Report			10:40
095/22	Chief Executive's Report	<i>For noting</i>	Enc C Page 13	10:45
Best Services for Local People				
096/22	Three Year Plan Director of Strategy & Planning	<i>For approval</i>	Enc D Page 17	10:50
097/22	South Midlands Pathology Network Strategic Outline Case Chief Medical Officer	Level 4 <i>For approval</i>	Enc E Page 51	11:05

Best Experience of Care and Outcomes for our Patients

098/22	Complaints & PALS Annual Report Chief Nursing Officer	Level 6	For approval	Enc F Page 59	11:15
099/22	Integrated Performance Report Executive Directors	Level 4	For assurance	Enc G Page 80	11:25
100/22	Committee Assurance Reports Committee Chairs		For assurance	Page 146	11:50

Best People

101/22	Safest Staffing Report Chief Nursing Officer		For assurance	Enc H	11:55
	a) Adult/Nursing	Level 6		Page 157	
	b) Midwifery	Level 4		Page 162	
102/22	Responsible Officer Report 2021/22	Level 6	For approval	Enc I Page 171	12:05

Governance

103/22	Board Assurance Framework Company Secretary	Level 5	For assurance	Enc J Page 188	12:15
104/22	Audit & Assurance Committee Report Audit Chair		For assurance	Enc K Page 195	12:25
105/22	Any Other Business <i>as previously notified</i>				12:30
106/22	Closing Remarks Chair				

Close

Reading Room:

- Three Year Plan appendices
- South Midlands Pathology – strategic outline cases
- Full Board Assurance Framework detail

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 8 SEPTEMBER 2022 AT 10:00 AM
HELD VIRTUALLY**

Present:

Chair: Anita Day Interim Chair

**Board members:
(voting)**

Paul Brennan	Chief Operating Officer
Matthew Hopkins	Chief Executive
Colin Horwath	Non-Executive Director
Paula Gardner	Chief Nursing Officer
Simon Murphy	Non-Executive Director
Neil Cook	Interim Chief Finance Officer
Christine Blanshard	Chief Medical Officer
Richard Oosterom	Associate Non-Executive Director
Dame Julie Moore	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 Ringshaw	Healthwatch
Jo Wells	Deputy Company Secretary
Clare Williams	Clinical Nurse Specialist
Ben Furlow	Living with Cancer & Beyond Project Manager
Lisa Rowberry	Lead Cancer Nurse
Anna Sterckx	Head of Patient, Carer & Public Engagement
Clare Arthur	Macmillan Information Support Lead
Casey Tate	Cancer Services Personal Assistant

Public Via YouTube

Apologies

Justine Jeffrey	Director of Midwifery
Simon Adams	Healthwatch
Waqar Azmi	Non-Executive Director

071/22 **WELCOME**

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

Ms Day shared the strategic pyramid. Putting patients first was at the top and underpinned by the Trust vision, strategic objectives and the 4ward signature behaviours.

072/22 **PATIENT STORY**

Ms Gardner presented the patient story referencing the Stand Up to Cancer day. Ms Rowberry introduced the team and shared videos of patients detailing their cancer journey. The patients provided feedback about the service, sharing how staff had given them confidence to feel themselves again, made the treatment feel less daunting and provided fantastic support.

Ms Arthur advised that the service exists to support patients, carers and family, working in partnership with clinical teams to signpost and provide support. Many patients are emotionally traumatised and suffered with other issues such as social, financial and housing problems and telling their children that they have cancer. The team listen, assess needs, provide emotional support, provide strategies to move forward and provide end of life support. Self-esteem and self-image is important and the team assisted with providing wigs, support with fatigue issues, buddy schemes, holistic needs assessments, facilitating the HOPE course, breast cancer Haven support group and signposting to other organisations.

Mr Furlow advised that the team were looking at hosting a Health and Wellbeing event for 60 patients across all tumour sites to come together to share stories and provide support for patients living with and beyond cancer. A free app had also been designed for patients to help with signposting.

Ms Day applauded the team for their work stating she was not aware of the level of treatment available for patients post treatment. Mr Murphy gave thanks to the team, advising that he had two elderly relatives who have received treatment by the Trust and have felt supported in their journey. Mr Murphy asked if any more could be done and whether the Board could help in any way. Ms Rowberry advised the main issue is the level of noise and lack of privacy in the Macmillan pods. An architect has designed a new pod at no cost to the Trust, but asked for support with estates.

Ms Day observed the great example of working partnership with Macmillan, advising that even the little things make a difference to patient's lives. Ms Day acknowledged the issues with the pods and the Board would assist where possible.

073/22 **ANY OTHER BUSINESS**

There was no other business.

074/22 **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.

075/22 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 14 JULY 2022**

The minutes were approved.

RESOLVED THAT following the amendments, the Minutes of the public meeting held on 14 July 2022 confirmed as a correct record and signed by the Chair.

076/22 **ACTION SCHEDULE**

A number of actions were scheduled for upcoming meetings and there were no items for escalation.

077/22 **CHAIR'S REPORT**

Ms Day reiterated that this meeting was her first Trust Board as Chair. Having been a Non-Executive Director, she had seen the journey the Trust has been on and that a number of changes and improvements have been made. There was a visible improvement in self-belief and that the Trust can and will and do the best for patients. Ms Day thanked Sir David for his work as Chair and wished him well in his new role. Dr Simon Murphy has been asked to be Vice Chair and Dame Julie to be Senior Independent Director.

Ms Day had taken Chair's action with procurement contracts. They had been reviewed at the Finance & Performance Committee and a Chair's action taken to maximise cost improvements.

RESOLVED THAT: the Chair's update was noted

078/22

CHIEF EXECUTIVE'S REPORT

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

- Ongoing challenges with emergency pathways were noted. The previous Secretary of State for Health met with CEOs to discuss potential further developments to ease handover delays and the Trust were asked to implement a model trialled at North Bristol. The model shifted the risk across the hospital. Phase 1 had commenced over the weekend and fully implemented earlier this week. There was a continuing risk to patients and was the main area of focus of the Executive team was dealing with this significant risk for the Trust and system partners.
- The Trust welcomed foundation doctors who joined in August
- Cost of living challenges with travel and energy bills were noted and Health & Wellbeing initiatives were being refreshed to provide support for staff.
- The Trust welcomed ICB Chair Crishni Waring on her visit to the Worcester site to understand the work of the Trust and continuing development.
- A progress review had taken place of the undertakings with NHSE and progress continued to be monitored.

Dame Julie referenced the implementation of the Bristol model and asked whether the risk is spread across the system, not just the Trust. Mr Hopkins replied that he had invited Simon Trickett to give assurances that as the ICB CEO, he would ensure that the Community Trust and Council were supporting Trust teams. Dr Murphy requested oversight of progress made by the system regarding ambulance handover delays.

Mr Oosterom queried the staff initiatives regarding the cost of living. Ms Ricketts informed that a bid was being made to the charity for meal vouchers. The team were also exploring discounted or free public transport to aid people to work. Financial advice support had been added to the Health & Wellbeing pinwheel and webinars had been set up. Initiatives are reviewed at the Steering Group to ensure the Trust was meeting the needs of our staff.

Mr Hopkins expressed his gratitude to teams for trying to keep patients safe. Ms Day echoed Mr Hopkins thanks to teams and their flexibility and willingness to adapt. Ms Day encouraged all to keep seeking ideas to support staff and to ensure they feel valued and respected, realising the difficulties being faced.

RESOLVED THAT: the report was noted.

Best Services for Local People

079/22

QUALITY AND PATIENT SAFETY PLAN

Dr Blanshard introduced the Quality and Patient Safety Plan which aims to support the Trust vision of putting patients first by delivering safe, effective care.

The plan was built using patient and public feedback, risk assessments, data from peer reviews and previous inspections. Measures of success were included within the plan. There was improvement methodology of monitoring and improving quality and engagement

with research and development. The plan aligned with the priorities of the ICB and operational challenges.

The implementation of the new patient safety investigation framework will change the Trust response to patient safety incidents and aligns to recommendations to improve the quality of investigations. Staff training and education is also outlined in the plan.

Mr Horwath noted some real strengths but there were some weaknesses as there were significant gaps in where the Trust should be. Dr Blanshard replied that there was awareness of the challenges. There had been engagement with clinical staff, Allied Health Professionals and support staff and there was no shortage of ambition in wanting to improve. Winter will be difficult but the Trust would be able to demonstrate that it continues to deliver high quality care. Ms Gardner added that there was further work to do around c-diff and disabilities.

Mr Oosterom observed that there had been real progress and the quality of the plan was good. It was important to have ambition regardless of challenges.

Ms Day noted the gaps and the intentions and encouraged continued good pace.

RESOLVED THAT: the Quality and Patient Safety Plan was approved.

080/22

COMMUNICATIONS AND ENGAGEMENT REPORT

Mr Haynes introduced the report and reinforced the positive messages. The Trust was nominated in national awards and national recognition was being attracted.

Thanks were given to colleagues on the final judging panel for the staff recognition awards. There was continuous growing demand for communication and engagement services. Two team members were leaving the Trust but successors had been appointed.

Mr Oosterom asked what the team were doing in relation to recruitment. Mr Haynes replied that he was reviewing outward facing recruitment with HR and targeting advertising on social channels.

Dr Murphy gave thanks to the BAME network and the Worcester Mela Partnership for the artwork that has been displayed on Trust premises.

RESOLVED THAT: the report was noted.

Best Experience of Care and Outcomes for Patients

081/22

INTEGRATED PERFORMANCE REPORT

Mrs Lewis presented the report which covered months 3 and 4, had an overall assurance level of 4 and had been reviewed at the subcommittees.

- There were specific challenges across a number of areas.
- An at a glance barometer was now included.
- The report was a work in progress as it was being refreshed.

Operational Performance

Mr Brennan highlighted the long waiters. The initial report in April outlined the potential of 23000 patients who could be waiting over 78 weeks by the end of March 2023. That

number had now reduced to 9600. The expectation was that there would be no patients waiting over 104 weeks at the end of August. It was reported that there were 12 104 week breaches, however all 12 are patient choice and the Trust had met the requirement that all patients had been treated. 1 breach at the end of September had been identified which was patient choice.

A number of actions has been taken to address the cancer 62 day and 104 number of patients waiting, which continued to grow. The key areas are colorectal, skin and urology. The options available to make improvements were being reviewed and there were clear plans in place to address. It was expected that there would be more referrals within bowel and prostate and a bid had been put in to extend the mobile scanner at Kidderminster to assist with diagnostics.

A meeting had taken place with national and regional colleagues who acknowledged the Trust had seen an improvement with ambulance handover delays but did need to do more to improve. The Trust had implemented a version of the North Bristol pathway which was trailed over the weekend and implemented on Monday. It was having an impact and it was clearing ambulances during the day but there was a problem around 1600-1700hrs. From 0800-2000, patients were being moved from the Acute Medical Unit and the Clinical Decision Unit on to the wards irrespective of bed availability to release capacity. Targets were achieved yesterday across both sites.

Dr Murphy asked if there were any trajectories for the challenging targets. Mr Brennan advised that there was a system meeting scheduled the following day and colleagues from the region were visiting next week to look at emergency pathways. Sign off had been received on investments proposed which included discharge coordinators, front door streaming and the extended opening of Ambulatory Emergency Care.

Ms Day advised that discharges earlier in the day needed to take place and asked what was being done to address the issue. Mr Brennan responded that the North Bristol model was seeking to push earlier discharges. Ms Gardner added that sometimes it was not feasible to release patients.

Mr Oosterom informed that the waiting lists did not meet activity targets which is why the number is increasing and there was concern for the risk that sits with waiting lists. Mr Brennan replied that unless it was patient choice, no one would wait 2 years. Focus was on the problematic areas however the investment had not yet been received. There were also workforce challenges within specialty nursing, diagnostic and medical. There was much more work to do around cancer and there were focused actions on skin, prostate and colorectal. Dr Blanshard added that lower volumes were seen when long waiting patients were focused on.

Mr Horwath referred to skin cancer patients and that only 1.5% were seen within 2 weeks. Dr Blanshard advised that many skin referrals are not cancer but patients do need to be seen and put at ease that they don't have cancer in a timely manner.

Dame Julie noted the acute referrals increase and asked if there had been any work done within the system to establish why and queried whether the hospital is the most appropriate place for them to be. Alternative pathways could be looked at in a future meeting.

People & Culture

Ms Ricketts reported that the Trust was 125wte down in July against the workforce plan. A number of open days and initiatives had been planned and teams were thinking differently to

attract people. There was additional resource in the recruitment team and there had been an improvement seen in a reduction of time to recruit. Maintaining focus on the basics was being encouraged with regular 1-1s, health and wellbeing updates, flexible working, education and development. Mr Oosterom asked if the Trust was an outlier with turnover rate. Ms Ricketts informed that the turnover rate within the ICS in July was 16% and peers at 18%.

Finance

Mr Cook cautioned that there was a level of risk at the end of the financial year. The £15.7m not identified at start of year is now catching up in month 4 and under delivering. There was a significant amount to deliver in terms of capital but the cash position is strong. The region had stated that the first 6 months of the elective recovery fund was protected and included in the plan.

Mr Oosterom noted that ERF is a big risk and was interested to understand the long term effect, forecast for year and run rate. The next Finance & Performance Committee would focus on ERF. Mr Oosterom queried whether the PDU funding had now been arranged. Mr Cook replied that the team were progressing mitigations and would present back to the Finance & Performance Committee. The PDU would form part of an escalation meeting planned at the end of the month.

Dr Murphy encouraged a review of Productivity Efficiency Programmes at the Finance & Performance Committee.

The assurance level of the report was approved.

ACTION: Finance and Performance Committee to review PEPs.

RESOLVED THAT: the report be noted for assurance.

082/22 **COMMITTEE ASSURANCE REPORTS**

The following points were highlighted by Committee Chairs:

- F&P: The Committee reviewed the Theatres Business Case and there were a set of clinical concerns to work through. ED performance was reviewed.
- QGC: The report was taken as read.
- P&C: The Committee received a positive story from apprentices at the Trust and received assurance regarding the care of international recruits.

RESOLVED THAT: The Committee reports be noted for assurance.

Best People

083/22 **SAFEST STAFFING REPORT**

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

Adult/Nursing

Ms Gardner presented the report with an assurance level of 6.

- HCA recruitment was good but there was an issue with retention. A number had left to join supermarket chains who offered more money.

- Mental Health Nurses required assistance and a separate paper to be presented about hot spots and a review of the Health and Care Trust requirements.
- A review of retention would be presented at the next Trust Board meeting.

Midwifery

Ms Gardner presented the report with an assurance level of 4.

- There had been a decrease in the level of assurance due to vacancies.
- High levels of activity was being monitored.
- Mitigations were in place for when minimum staffing was not met.
- Turnover remained high. People were not returning after retirement which was testament to added pressures.

Dr Murphy asked whether the Trust was still on track to complete outstanding actions by the end of September as detailed in the report. Dr Murphy added that a PALS and complaints comparison to previous months would be helpful at a future meeting.

The assurance levels were approved.

ACTION: PALS and Complaints comparison to be presented at a future meeting.

RESOLVED THAT: the report was noted for assurance.

Governance

084/22 **SCHEME OF DELEGATION**

Mr Cook advised that the Scheme of Delegation had been refreshed and approved at the Audit & Assurance Committee.

The Scheme of Delegation was approved.

RESOLVED THAT: The Trust Board approved the Scheme of Delegation.

085/22 **AUDIT & ASSURANCE COMMITTEE REPORT**

Mr Horwath presented the report which was taken as read.

Mr Hopkins referred to Value for Money and that teams were working with the auditors to ensure timescales were met. Mr Cook advised that the final draft was received the previous week at short notice. Comments were returned and would be reviewed at the Committee scheduled next week.

RESOLVED THAT: the report was noted for assurance.

086/22 **TRUST MANAGEMENT EXECUTIVE REPORT**

Mr Hopkins presented the report which was taken as read.

RESOLVED THAT: the report was noted for assurance

087/22 **ANY OTHER BUSINESS**

Ms Day welcomed comments from Healthwatch. Ms Ringshall noted that focus was on waiting lists, particularly cancer and initiatives around skin were being looked at.



It was noted that there has been issues in Rheumatology. Mr Brennan advised there had been no patients waiting 2 years waiting for Rheumatology. There would be some who would be waiting over 78 weeks if nothing is done.

Ms Ringshall asked if there was any patient feedback regarding the Bristol model. Ms Gardner was not aware of any.

Ms Day gave thanks to teams for the focus on patient care, safety and putting them first.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held virtually on Thursday 13 October 2022 at 10:00am.

The meeting closed.

Signed _____
Sir David Nicholson, 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
12.07.22	Integrated Performance Report	065/22	Reason to reside numbers to be included in future reports	VL	Sept 2022		Will look to include in future reports	
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	Oct 2022	Task and Finish Group established to oversee implementation of charter. Outcome measures being developed through this group. Update provided to NEDs and Chair on 7 July with a board development session planned.	
10.03.22	CEO Report	186/21	LGBTQ+ relaunch to be presented to Trust Board	TR	TBC	Nov 2022	Invite sent for November Trust Board	
09.06.22	BAF & Risk Appetite Statement	049/22	A discussion to take place with Executives lead by Ms O'Connor regarding a risk to the longer term strategy, governance and quality activities to be included on the register.	ROC	July 2022	Sept 2022	BAF review has taken place and is on the agenda. Closed	

08.09.22	Integrated Performance Report	081/22	Finance & Performance Committee to review PEPs	JN	Oct 2022		Paper presented to September Committee. Closed	
08.09.22	Safest Staffing Report	083/22	PALS and complaints comparison to previous months to be presented.	PG	Oct 22		PALS and Complaints Annual Report is on the agenda	

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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
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Report previously reviewed by

Committee/Group	Date	Outcome
N/A		

Recommendations

The Trust Board is requested to

- Note this report.

HS

This report is to brief the Board on various local and national issues. Items within this report are as follows:

- ICS Update
- MPs brief
- Visit from Health & Care Trust NEDs
- Warwick Business School review of the NHSE/I/Virginia Mason Institute (VMI) partnership
- Notification of industrial action ballot
- Chief Finance Officer interviews
- Annual General Meeting

Risk

Which key red risks does this report address?	N/A	What BAF risk does this report address?	N/A
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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.

Herefordshire and Worcestershire Integrated Care Board (HWICB)

Our HWICB held its first comprehensive public board meeting, with our CEO one of 3 representative providers around the table. The new board is supported by a development programme which has as a first step tested the risk appetite as a system to support service delivery to our community. The Integrated Care Partnership will meet for the first time on 7th October to develop the Integrated Care Strategy, our trust having contributed to development of chapters on Place and Health inequalities thus far.

Delegated commissioning

From April 2023, it is intended that NHS England Regional Teams will delegate responsibility for commissioning Pharmacy, Optometry, Dentistry, and some specialised services to ICBs. This will bring together a wide range of services that contribute to improving population health and reducing health inequalities into the scope of local health and care integration plans. Work is currently being undertaken to understand potential financial, workforce and performance risks.

Service sustainability reviews

There are nationally well-documented workforce challenges affecting many service areas across health and social care. The recent example of Haematology services in Herefordshire has shown how quickly service sustainability risks can materialise with changes to the workforce, and how complex it can be to identify alternative pathways when other Trusts regionally are experiencing their own pressures. The ICB are undertaking a review of operating model options as part of wider provider collaboration discussions.

Stroke services engagement

The Herefordshire and Worcestershire Stroke Programme Board has developed several models of provision which could result in a change to the way that hyper-acute and acute stroke services are delivered across the two counties. Views are being sought as part of a pre-consultation engagement between September and November 2022. The outcome of this will be considered by the Stroke Programme Board before taking any potential solutions to the next stages of NHS governance and onwards through the service change process. This would include carrying out a full public consultation on any proposed changes ahead of a final decision being made.

MPs Brief

As part of our ongoing engagement with our local MPS we held the latest in our regular bi-monthly briefing sessions for them on 16 September. These sessions provide us with an opportunity to keep our MPs and their teams up to date with important developments and issues affecting our Trust, as well as hearing directly from them about any matters of interest or concern which have been raised by their constituents.

Unsurprisingly, urgent and emergency care pressures were among the topics for discussion and I was able to share some of the actions we were taking to reduce waiting times, improve ambulance handovers and ease pressures on our Emergency Departments, as well as giving an update on progress on the Urgent and Emergency Care development at Worcestershire Royal.

Other topics covered included:

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- Elective and cancer waiting times recovery
- Covid and flu vaccinations (including an ask for them to encourage their constituents to get vaccinated)
- Developments at the Alexandra
- Our success in recruiting to a full complement of ED consultants
- Support for Three Counties Medical School

Herefordshire & Worcestershire Health & Care Trust visit

The Chair and non-executive directors from Herefordshire & Worcestershire Health & Care Trust were welcomed onsite at Worcestershire Royal hospital by our CEO and Chair. Getting improved flow across the system is fundamental to keeping patients safe to offer the right care at the right place in the right time. The visit provided an opportunity to better understand how patients flow through the hospital from the emergency department until they get discharged. Clinical teams including colleagues from urgent & emergency care welcomed guests to their genba (the place where they do their work), to show how we are playing our part in repurposing our facilities and investing in the new Urgent & Emergency Centre to meet current and future demand.

Warwick Business School review of the NHSE//Virginia Mason Institute (VMI) partnership

Warwick Business School have published their evaluation of the five-year collaboration between the Virginia Mason Institute (VMI) and NHSE//E to develop localised versions of the Virginia Mason Production System across 5 selected trusts:

- Surrey and Sussex Healthcare NHS Trust (SASH)
- The Leeds Teaching Hospitals NHS Trust (LTHT)
- University Hospitals Coventry and Warwickshire NHS Trust (UHCW)
- The Shrewsbury and Telford Hospital NHS Trust (SATH)
- Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

The key findings of their evaluation, are set out below.

1. All five NHS-VMI partner trusts implemented all elements of the continuous improvement infrastructure as advocated by VMI and sustained all elements across the duration of the partnership.
2. The continuous improvement infrastructure embodied a set of routines and practices as a vehicle for implementing an organisation-wide approach to continuous improvement.
3. Participants' attendance at strategic level meetings was both routine and mandatory, enabling the organisations to oversee, manage and ensure the momentum of improvement activity over time.
4. All five CEOs of the NHS partner trusts described changes to leadership style as an essential component of leading change in their organisations.
5. A 'coaching style' of leadership was described by CEOs as 'always better', but maintaining this can be hard in the context of 'traditional' regulatory oversight that has prevailed in the NHS.

As a trust we have worked closely with these five trusts, particularly UHCW and LTHT, to learn from their journey and apply principles for our 4ward Improvement System, which saw completion of a successful first RPIW (Rapid Improvement Process Workshop) on recruitment

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this month. In the next update there will be more detail about how the lessons learned have been applied to our 4ward Improvement System.

Notification of Ballot

The Trust has received formal notification of dispute from Unison and ballot notices will follow in due course. We are already making plans for all scenarios in the case of industrial action and these will be considered by the Trust Management Executive.

Chief Finance Officer (CFO) Recruitment

Board colleagues will be aware that we are in the process of recruiting a substantive Chief Finance Officer (CFO) following the departure earlier this year of Robert Toole. We attracted an extremely strong field of applicants and shortlisted candidates went through a rigorous selection process including a series of stakeholder panels before going through to final interview. We are now at the stage of having a preferred candidate and subject to final confirmation at Remuneration Committee I hope to be able to announce the successful candidate in the very near future. In the meantime, I would like to again thank Neil Cook for his continuing excellent work as our current Interim CFO.

Annual General Meeting

We held our Annual General Meeting on Tuesday 27 September. The meeting was held virtually on Teams and live streamed on our YouTube channel. Invited guests included a number of Trust colleagues as well as patient representatives and colleagues from partner organisations. The AGM provided an opportunity to look back on some of the achievements and challenges of 2021/22 as well as looking forward to some of our exciting plans for the future.

You can find our Annual Report and Accounts here:

<https://www.worcsacute.nhs.uk/our-trust/corporate-information/annual-report-and-review-of-the-year>

Issues and options

Recommendations

The Trust Board is requested to

- Note this report.

Appendices – None

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Our Three year plan- *Stepping Forward to 2025*

For approval:	x	For discussion:		For assurance:		To note:	x
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Accountable Director	Jo Newton, Director of Strategy, Improvement & Planning		
Presented by	Jo Newton, Director of Strategy, Improvement & Planning	Author /s	Jo Newton, Director of Strategy, Improvement & Planning Lisa Peaty, Deputy Director of Strategy & Planning Jane Ball, Strategy Lead

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome
CETM	27/7/22	Add BAF risks, consider workshop to further develop including outputs / outcomes
TME	17/08/22	Seek feedback from operational divisions
TME	21/09/22	Endorsed
F&P Committee	28/09/22	Noted 3 year plan and endorsed approach Requested specific measures of success (see Appendix 3)

Recommendations

- The Trust Board is asked to:
- Approve the outline three year plan
 - Note the next steps to deliver a medium term financial plan

Executive summary

Our Three Year Plan (3YP) (Appendix One, in the Board Reading Room) sets out a challenging and transformational journey to ensure that Worcestershire Acute Hospitals NHS Trust can be a sustainable organisation into the future. In doing so, we will fulfil our aim to provide the best services for people as a leader in Worcestershire's health and social care system and a valued, integral part of its wider economy.

Designed to build on the experience of the last 3 years, the plan is rooted in the strategic pyramid and Clinical Services Strategy work undertaken in 2019 which identified the central importance of the patient in defining our role to put patients first in all that we do. Following our learning from

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the pandemic and the associated reset of services, the plan unpacks our strategic pyramid, outlining our priorities against our strategic objectives. It acknowledges the centrality of our Clinical Services Strategy and the newly established role of the ICS for Herefordshire & Worcestershire. The plan needs to be read in conjunction with the enabling strategies which provide further detail.

Fundamental to delivery is our investment in the 4ward Improvement System (4 I S) to empower and equip all our staff as part of our cultural journey to 'Better never stops'.

Our Three 3 Year plan has been written in the context of the ICB system outcomes framework and the published JSNA (Joint strategic needs assessment) for Worcestershire. It is recognised that the plan may need adapting as the new Integrated Care strategy and 5 Year Forward plans are developed over the next 6 months.

It should be noted that development of the plan has taken place in the context of the Omnicom wave and considerable operational pressures. Balancing the operational pressures and the impact on staff with delivery of our strategic plan remains a real risk.

Risk												
Which key red risks does this report address?	BAF 3,7,16,17, 18, 19, 20			What BAF risk does this report address?	BAF 3 Clinical Services Strategy BAF 4 Quality & safety BAF 9 Workforce BAF 21 ICS							
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	x		
Financial Risk	N/A											
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A							
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N									
If no has the action plan been revised/ enhanced	Y		N									
Timescales to achieve next level of assurance	October 2022											

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Introduction

OUR STRATEGY AND ITS PLANS

The Trust's strategy was established in 2019, designed to deliver our vision of *Putting Patients First*. It is encapsulated in our pyramid, and its foundation is our commitment to continuous improvement, a journey begun with the help of the Virginia Mason Institute to develop our 4Ward Improvement System. With publication of our Clinical Services Strategy in 2019, we had begun to improve our performance and identify the root causes of persistent issues, particularly related to workforce and finance, that had led us to a habit of prioritising short-term solutions over more reasoned, long-term choices or actions. We made plans to re-balance the way we work and to improve leadership and critical thinking.

WHY WE'RE REVISING OUR PLANS

In March 2020, alongside the whole of the NHS, we responded to the COVID-19 pandemic. This meant providing capacity to care for COVID-19 patients by holding back on elective care (where clinically safe to do so); accelerating our planned transformation of outpatient services so that we could continue to see patients; introducing new ways of working, often remotely, for hundreds of staff; and protecting and supporting our workforce through the unprecedented operational and emotional pressures the pandemic brought. Successive waves of COVID-19 variants, and consequent and sustained pressures on urgent and emergency care, alongside a large backlog of elective, diagnostic and cancer care means we need to take stock of where we are now: what gains have we made during the pandemic; what have its negative impacts been; and how do we pick up the pre-pandemic threads of our plans to navigate our way in a post-pandemic world.



OUR AMBITION

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Our plan will guide our entire way of working over the next three years, supported by the fundamental building blocks of our enabling strategies. It sets out a challenging and transformational journey to ensure that Worcestershire Acute Hospitals NHS Trust can be a healthy, sustainable organisation into the future. In turn, this will allow us to fulfil our aim to provide the best services for people as a leader in Worcestershire's health and social care system and a valued, integral part of its wider economy.

The executive summary should be read in conjunction with the Appendices which can be found in the Reading Room:

Appendix 1: *Stepping Forward to 2025* Three Year Plan (3YP)

Appendix 2: People & Culture strategy on a page

Appendix 3: Improvement priorities and measures

Issues and options

Our strategic framework, or pyramid, has been tested and remains valid. Our strategic objectives continue to represent the way forward for us as an organisation and the best contribution we can make to the developing ICS. We have reviewed and affirmed the principles underlying our Clinical Services Strategy. As a board we recognise our role as an anchor institution in the new health and care system configuration and are working closely with system partners to identify where the Trust can best lead and contributes its expertise.

Developing the plan

Development of the Three Year Plan (3YP) commenced in early Autumn of 2021 but was curtailed in December due to Omicron, operational pressures and national annual planning requirements. Despite this a significant piece of work in developing speciality level self-assessments identified key cross cutting themes to support sustaining quality services and reduce waste. These have been tested through the year with Divisions inputting to the final draft, with key work streams also initiated in the first year of our plan and aligned to the work of the 4ward Improvement system.

In tandem, with the introduction of the new ICB statutory organisation in July, development of a system outcomes framework, operating models and a refreshed JSNA involving system partners across Worcestershire will need to be brought together as part of the Integrated Care strategy and the 5 year Forward Plan. It is recognised that 22/23 will require some flexibility in developing and honing all these strategic plan elements. Nevertheless, development of our 3 Year plan has drawn on current ICS development plans and an independent analysis of the external environment.

Drivers and risks

Whilst the COVID virus and variants remain active in the population, so do infection control and patient safety measures to protect vulnerable patients. The pandemic itself has had two sets of long-lasting implications; the first on our activity and waiting lists, the second on our staff: their

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morale, wellbeing and resilience with both recruitment and retention under more pressure. Specifically, our risks support delivery of these key drivers of change:

- The need to reduce and remove the waiting list has outlined in the National Elective Recovery plan with no significant increases in revenue means we need to increase value for every pound we spend
- Staff fatigue, workforce shortages and underlying demand and supply issues mean we need to work smarter and adopt new models of care supported by technology where appropriate
- Reduction in health inequalities will only be achieved by sharing of data, resources and infrastructure to target our investment and measure outcomes collectively
- The need to work as one system means integrating services along patient pathways agnostic of organisational boundaries to provide joined up care and reduction in health inequalities
- The need to repurpose decision making and accountabilities within the trust and across Place to deliver real improvement and outcomes for patients
- The revenue implications of increased capital investments exacerbate the need for underlying financial stability

Figure 1: Summary of themes to deliver our strategic objectives



Operationalising the plan

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Each of our strategic objectives has a series of initiating actions which shape programmes of work. These will be prioritised and led by Senior Responsible officers (SROs) against existing or new pieces of work. This is an important principle which will encourage us to adopt fewer priorities and do them well.

Year one of the plan focuses on the fundamentals and getting the basics right as we return to business as usual. To this end, a review of the business case process, tangible benefits realisation and a refreshed approach to strategic governance will be undertaken. A programme approach to scope, oversee and deliver within a defined governance framework will form the guiding principle, informed by the 4ward Improvement system and methodology. Core to this is the inclusion of front line staff, patients and carers in any redesign of services.

Enabling strategies

Delivery of the strategy is dependent on the underpinning enabling strategies, with a rolling plan to refresh or renew across 3 years. For 22/23, refresh of the Quality & Safety strategy; Research & Innovation strategy and People & Culture strategy have taken place, with the Estates strategy planned for year 1. Following approval of the 3 year plan narrative the Medium Term Financial plan will be the next phase consistent with ICS 5 year Forward planning and trust requirements.

Making it real

The continued challenges presented by COVID-19 and other operational pressures have precluded wide engagement with our patients, staff, stakeholders and partners in the development of our 3YP. Whilst the 3YP has been developed in collaboration with Trust Board and Divisions, as we transition to business as usual there is an opportunity to reset our approach by bringing together our clinicians, senior leaders, system partners, stakeholders and patients for a day of interactive sessions to test and refine the purpose, vision and objectives set out in our Strategic Pyramid. This will focus on our key drivers and risks to identify how we capture strategic priorities and operationalise delivery in the form of a Leadership Summit on 9th November 2022.

Conclusion

The 3YP provides a strategic framework that affirms our ambition, strategic priorities and objectives. A further opportunity exists to harness the wider organisation and system to align our strategic objectives and operationalise the plan.

Recommendations

The Trust Board is asked to:

- Approve the outline three year plan
- Note the next steps to deliver a medium term financial plan

Appendices

Appendix 1: Three Year Plan (3YP) in Reading room

Appendix 2: People & Culture strategy on a page

Appendix 3: Improvement priorities and measures

THREE YEAR PLAN

STEPPING
FORWARD TO 2025

October 22

Version 9.0 Draft

THREE YEAR PLAN

Change Control	Date	Author	Notes
3yp narrative draftJN v3	June 22	JN	Updated and edited earlier draft
3yp narrative draftJN v4	July 21st 22	JN	Edited
3yp narrative draftJN v5	July 22nd 22	JN	Refreshed strategic objectives
3yp narrative draftJN v6	July 25th 22	JN	Edits from LP/NC
3yp narrative draftLP v7	August 12th 22	LP	Edits from MH/LP
3yp narrative draftLPv8	September 26th 22	LP	Edits from divisions
3yp narrative draftLPv9	October 1st 2022	JN	Edits from F&P Committee

THREE YEAR PLAN

Our three year plan

Foreword

OUR STRATEGY AND ITS PLANS

Our Trust's strategy was established in 2019 in recognition of our purpose which is to Put Patients First. It is encapsulated in our 'pyramid', and its foundation is our commitment to continuous improvement, a journey begun in 2021 with the help of the Virginia Mason Institute to develop our 4Ward Improvement System. Rounding off 2019 with publication of our Clinical Services Strategy, we began focused work with our staff and partners, against a backdrop of changing health policy and a developing Integrated Care System for Herefordshire and Worcestershire. That year, we collectively started to improve flow for patients moving through our urgent and emergency system, improved performance against the 2 week wait cancer services target and made progress with creating a culture of collaboration with partners to place patients at the heart of decisions, both strategically and day to day. In the course of 2019/20, we began to identify the root causes of persistent issues, particularly related to workforce and finance, that will enable us to focus on a clinically sustainable and financially viable plan. We made plans to re-balance the way we work and to improve leadership and critical thinking. As 2019/20 drew to a close, we knew we had much to do but were seeing green shoots of progress. They were soon to be obscured by a world-wide, life-changing, event.

WHY WE'RE REFRESHING OUR PLANS

In March 2020, alongside the whole of the NHS, we responded to the COVID-19 pandemic. This meant providing capacity to care for COVID-19 patients by holding back on elective care (where clinically safe to do so); accelerating our planned transformation of outpatient services so that we could continue to see patients; introducing new ways of working, often remotely, for staff; and protecting and supporting our workforce through the unprecedented operational and emotional pressures the pandemic brought. We're hugely proud of how our workforce responded to the challenges of COVID-19. We saw, and still see, incredible dedication, innovation and flexibility as teams adapt, finding and developing new ways to care for our patients, including embracing online platforms to maintain care and contact with patients remotely.

As COVID-19 becomes more endemic, and UK society returns to a new normal way of life, it is time for us to take stock of where we are now:

- what gains have we made during the pandemic;
- what have its negative impacts been;
- and how do we pick up the pre-pandemic threads of our plans to navigate our way in a post-pandemic world to being healthy and sustainable, in all senses, for the future?

This plan is our response to those questions.

THREE YEAR PLAN

Our three year plan

OUR AMBITION

The building blocks by which we will implement our plans, supported by our enabling strategies, will guide our entire way of working over the next three years. The 3YP sets out a challenging and transformational journey to ensure that Worcestershire Acute Hospitals NHS Trust can be a healthy, clinically and financially sustainable organisation into the future. In turn, this will allow us to fulfil our aim to provide the best services for people as a leader in Worcestershire's health and social care system and a valued, integral part of its wider economy.

*Anita, Chair**Matthew, CEO*



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IMPLEMENTING 4WARD IMPROVEMENT SYSTEM

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LEADERSHIP AND GOVERNANCE OF OUR 3YP

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THREE YEAR PLAN

Introduction

Our 3 year plan (3YP) is a strategic framework to set out our intentions for the next 3 years to achieve our vision:

"Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward"

Designed to build on the experience of the last 3 years, this 3YP is rooted in the work undertaken in 2019 which identified the central importance of the patient in defining our role to put patients first in all that we do. Learning from and resetting our services following the pandemic, the plan unpacks our strategic pyramid, outlining our priorities against our strategic objectives, acknowledging the centrality of our Clinical Services Strategy and the newly established role of the Integrated Care system for Herefordshire & Worcestershire. As a framework, the plan needs to be read in conjunction with the enabling strategies which provide richness of detail.

Putting Patients First

In April 2019, our Board launched 'Putting Patients First' which is shown in our pyramid. It sets out our vision, strategic objectives, signature behaviours and enabling strategies, all underpinned by our 4ward Improvement System.



THREE YEAR PLAN

We have identified four strategic objectives:

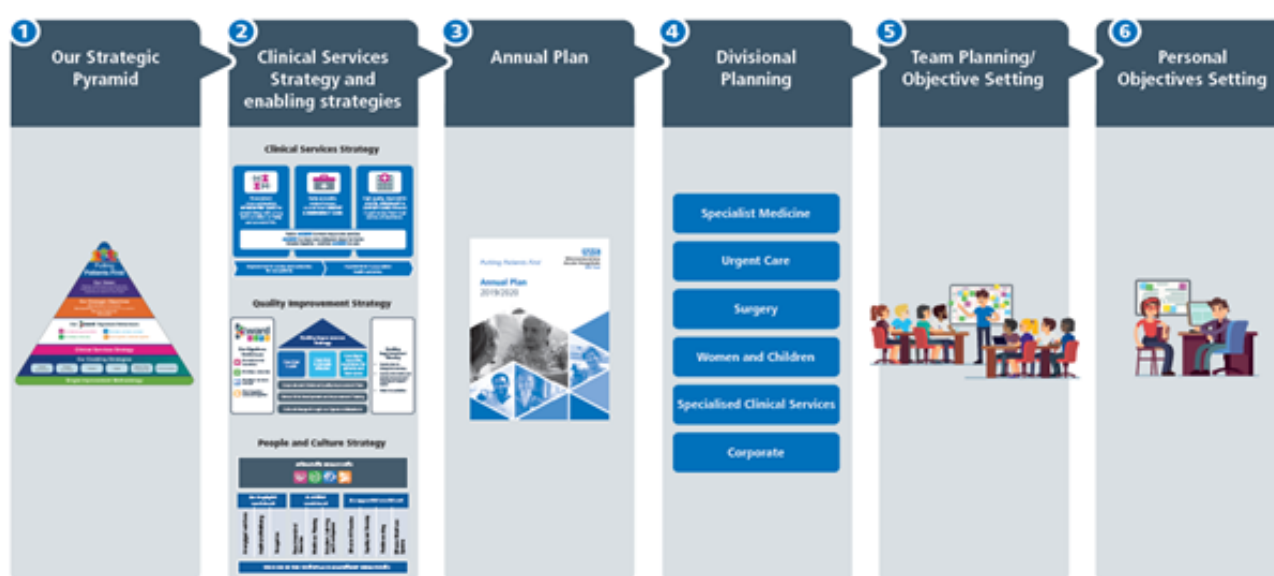
- Best services for local people
- Best experience of care and best outcomes for our patients
- Best use of resources
- Best people

These are underpinned by our 4ward signature behaviours which codify our culture and the way we relate to each other, our patients and partners:

- Do what we say we will do
- No delays, every day
- We listen, we learn, we lead
- Work together, celebrate together

Our Clinical Services Strategy and other enabling strategies support the delivery of our strategic objectives, all of which are underpinned by the 4ward Improvement System which will enable continuous improvement by empowering and equipping all of our staff to improve quality and identify and drive out waste.

The following diagram demonstrates how there is a 'golden thread' from the strategic pyramid through different layers of organisational strategies and plans to the personal objectives of each member of staff which are set at their annual appraisal. This enables everyone to see how their daily work contributes to the delivery of the Trust's objectives.



THREE YEAR PLAN

THE LAST THREE YEARS

<p>May 2019 Care Quality Commission (CQC) inspection of 7 core services</p> <p>Sept 2019 Rating increased to 'Requires Improvement' & recommend exit Quality Special Measures</p> <p>Nov 2019 Clinical Services Strategy approved by Board</p> <p>March 2020 First COVID patient</p> <p>Sept 2020 Initiate Reset & Recovery programme for elective care services</p> <p>Dec 2020 Vaccine roll out programme Digital Strategy approved Unannounced CQC maternity services inspection</p> <p>Dec/Jan 2020/21 Second wave COVID</p>	<p>Feb 2021 Maternity services rated Requires Improvement</p> <p>Sept 2021 Entered partner supplier relationship with Virginia Mason Institute for Single Improvement Methodology</p> <p>Nov 2021 Commissioned Community Diagnostics Hub in Kidderminster Treatment Centre</p> <p>Nov 2021 Completed phase 1 of surgical reconfiguration</p> <p>Dec 2021 Booster vaccine roll out / Omicron variant</p> <p>Jan 2022 Milestone - Discharged our 3,000th COVID patient</p> <p>Mar 2022 Research and innovation strategy approved</p> <p>Sept 2022 Quality & Patient Safety Strategy approved</p>
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PRE-COVID 19

The year preceding the COVID-19 pandemic saw greater leadership stability, with a focus on organising for success to arrest challenges of operational and financial instability, resulting in improving flow and the reduction of 52 week waiters to a handful of cases. The outcome of CQC inspections followed a similar path resulting in exit from Quality Special Measures in September 2020.

Our Clinical Services Strategy

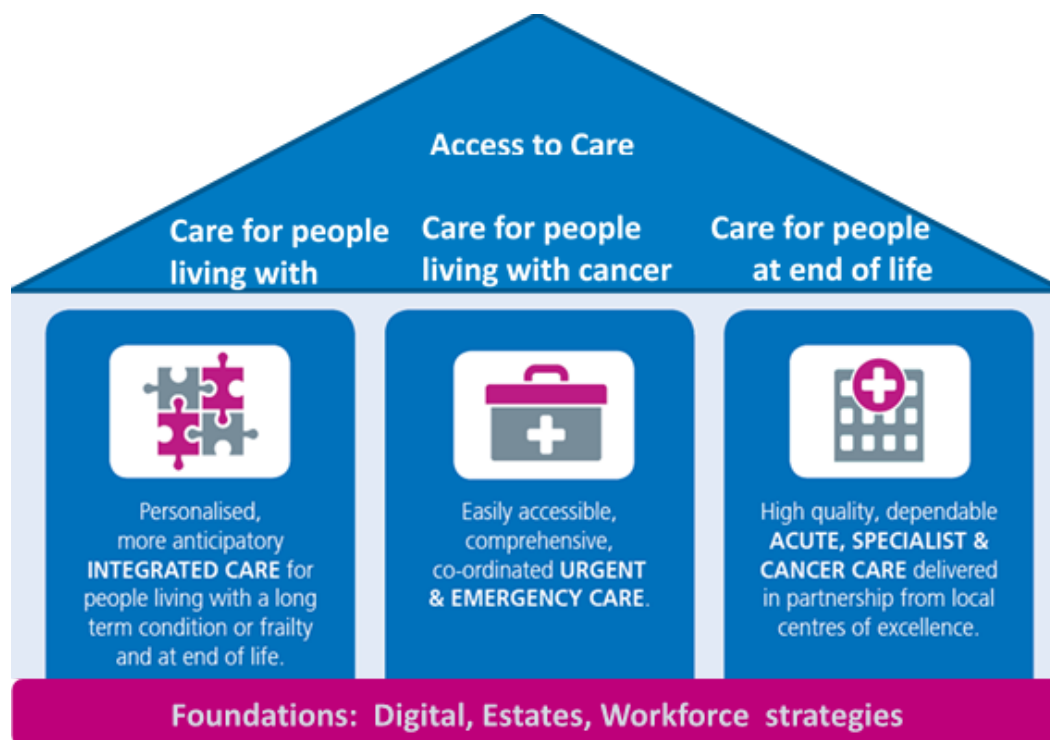
Our Clinical Services Strategy was approved by Trust Board in November 2019. From our work with specialty teams and our stakeholders, we identified three pillars of activity that shape our future:

- End to end integrated care
- Comprehensive and responsive urgent care
- High quality, dependable acute and specialist planned care

We also identified four imperatives which are fully supported by our strategy pillars:

- Care for people living with frailty
- Care at end of life
- Cancer care
- Access to services

THREE YEAR PLAN



Recognising the need for a more pluralistic approach, the Clinical Services Strategy outlined delivery of services close to home wherever possible, whilst collaborating with partners where needed. Adoption of a more confident, outward facing and collaborative approach, expressed by new trust 4ward behaviours, acknowledged the need for investment in a continued journey of cultural improvement.

Clinical Services Strategy (2019) Principles

- We will continue to deliver a full range of District General Hospital services in a more integrated way to benefit patients
- We will continue to operate from three sites with two EDs
- We will be working as countywide teams
- Services should be provided as close to home as possible where economically sensible and clinically sustainable
- Some specialist services will be delivered in partnerships and collaborations with other acute providers
- We will lead healthcare delivery at Place

THREE YEAR PLAN

OUR COVID 19 EXPERIENCE

Our COVID experience was not dissimilar to the national picture: remarkable and heroic collaboration and innovation across the system, responding in an agile way to each new wave, with the focus on keeping patients safe, recovery of services, participation in research trials and supporting stand up of the vaccination programme.

Following the first lockdown staff were invited to reflect on which new ways of working could be amplified and retained from the first phase COVID lockdown, leading to adoption of 10 High Impact changes (HICs), as shown below. Some highlights from the implementation of these High Impact changes include:

- HIC 1: Electronic Triage & Advice & Guidance: we have rolled Advice and Guidance 9A&G) out further to specialties and sub-specialties, managed increasing numbers of A&G referrals while also improving our response times. We are ahead of national targets on our A&G (now called Specialist Advice) rates and response times.
- HIC 3: Patient Initiated Follow Up (PIFU): We have developed a Trust SOP, updated outcome forms, ensured appropriate recording and developed user guides and a communication strategy to enable roll out PIFU from March 22. This has meant we were able to set ourselves a stretch target of 15% of outpatient appointments converted to PIFU (against a national target of 5%).
- HIC 10: Development and implementation of the Location by Vocation Programme, including more widespread adoption of remote working practices by a range of staff



Recovery & Reset Programme 10 Initial COVID High Impact Changes to Embed and Amplify



WORKFORCE AND CULTURE

- All team meetings, including MDTs, should take place virtually where appropriate
- Staff will be enabled to work remotely when role and task make this possible



FLOW AND DISCHARGE

- Flow from ED will be improved by functioning clinical assessment areas
- Seven day working will be implemented by all divisions
- Collaborative overnight working will be implemented (including staffing model)
- Improvements in bed capacity will be sustained through an improved system approach to discharge processes



VIRTUAL PATIENT MANAGEMENT

- All referrals into the organisation will be received / managed electronically (including GP advice & guidance) & triaged by a clinician virtually
- Face to face outpatients will be minimised and the use of one stop clinics will be optimised
- All follow up appointments will be patient initiated unless clinically necessary
- Long term conditions will be monitored remotely to reduce outpatient appointments, support early discharge and support admission avoidance

NB – not every high impact change is equally applicable to every speciality or pathway

Other existing / new workstreams for implementation to support restart and recovery (e.g. Site Configuration, Acute Medical Unit, divisional management restructure, Homefirst Worcestershire etc).

CROSS-CUTTING THEMES

Digital | Estates | Finance | Workforce & culture: Covid "we do this by" | Quality improvement | Communications & engagement

Version 3 11/08/2020



Putting patients first through agile transformation

THREE YEAR PLAN

LEARNING TO LIVE WITH COVID

Whilst the COVID virus and variants are active in the population, infection control and patient safety measures to protect vulnerable patients remain. The pandemic itself has had two sets of long-lasting implications - the first on our activity and waiting lists, the second on our the morale, wellbeing and resilience of our staff.

Activity and waiting lists

With demand for hospital treatment outstripping capacity even before COVID-19, it is no surprise that delivering care during a pandemic has exacerbated our waiting list position. With the exception of cancer and urgent care, most non-COVID-19 services were suspended in the first wave, and this, along with an understandable reluctance from the public to access NHS facilities, has created a growing 'hidden backlog'. National quantification of this "hidden list" has suggested it may lead to a 50% growth in our waiting lists. We know we will need to match capacity with demand for services in line with national priorities on reducing waiting lists.

Staff wellbeing and availability

Researchers from Manchester University in October 2021, identified a high risk that pandemic-related emotional and psychological stress could lead to an exodus of staff from the NHS. They concluded that failure to address issues of staff wellbeing and retention in the context of continuing workforce shortages and staff leaving will limit the NHS' ability to recover from the pandemic, improve on health outcomes, and prepare for future crises. We are seeing some of these impacts locally through, for example, increasing early retirements. However, we have strengthened the health and wellbeing offer for our staff and our 4ward Improvement System (4 I S) will enable staff to feel increasingly empowered to solve problems and effect change which will help to improve retention.

Lessons learned from the pandemic

Lessons learned have been shared both internally and with wider system stakeholders.

Specifically,

- The value and contribution of digital technology, innovation and artificial intelligence has accelerated radical transformation of how we deliver our services in a more effective and efficient way
- Collaboration during the pandemic with system partners across the healthcare, voluntary care sectors and networks has identified opportunities for further shared learning, research, mutual aid and improved outcomes as part of our system, Place and provider collaboratives. We now need to continue to work together to prevent inappropriate attendances at A&E
- The exposure of health inequalities and impact on BAME staff resulted in both a focus on data analytics to target populations in need whether prevention or treatment, and a newly invigorated BAME network.

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THREE YEAR PLAN

Where are we now?

The pandemic crisis and recent legislative changes mean things are changing across our systems and our wider health and care economy. This is against an economic backdrop of increased uncertainty and rises in the cost of living. Some significant elements of change are:

Changing societal context

- We serve a growing and ageing population, with significant local housing growth. This along with more people aged 85 and over, means we need to work together to better co-ordinate and join-up care.
- Patients' expectations are changing and the public's opinion of the NHS is high on the current political agenda. Restoring the pre-pandemic position of services has to be achieved by staff whose resilience has been sorely tested by working through the pandemic.
- Lessons from COVID have accelerated changes in how we deliver services, but also highlighted the need to modernise to recover from the backlogs in elective care, diagnostics and cancer. Whilst our aim is to build back better, we continue to have to balance operational pressures with the need for transformational change. The 4ward Improvement System will help by equipping staff with the tools and techniques for continuous improvement.
- There are significant differences in healthy life expectancy and quality of life for pockets of Worcestershire's population, with recent data indicating that health inequalities have worsened for both mental and physical wellbeing since COVID.
- Our geographic position and ageing workforce profile mean that attracting, training, supporting and retaining the right workforce is going to be a key challenge for us, along with the wider NHS. Our partnership with the Three Counties Medical School enhances our position as a centre for medical education.

Changing policy context

- New Integrated Care Systems bring local shared accountability and collaboration to deliver outcomes at a population level, supported by operating models at county and district level. This heralds a broader range of stakeholders, a focus on health and wellbeing as well as the opportunity to build resilience with provider collaboratives.
- Introducing population health management approaches to service design and delivery will challenge us to think in new ways so that we actively contribute to levelling up health inequalities seen across the county closely with Primary Care Networks and District Collaboratives
- As a responsible partner and as an anchor institution, our plan needs to demonstrate exemplary local corporate citizenship, showing how we can become a local employer of choice and, more broadly, play a significant role in the economic health of the county.
- The NHS has made a commitment to net carbon zero with each ICS is required to deliver an ambitious Green plan. Our culture of continuous improvement will help by enabling identification and removal of waste, and by improving productivity and efficiency.



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THREE YEAR PLAN

Drivers for Change

- The need to reduce and remove the elective backlog as outlined in the National Elective Recovery plan with no significant increases in revenue means we need to increase value for every pound we spend
- Staff fatigue, workforce shortages and underlying demand and supply issues mean we need to work smarter and adopt new models of care supported by technology where appropriate
- Reduction in health inequalities will only be achieved by sharing of data, resources and infrastructure to target our investment and measure outcomes collectively
- The need to work as one system means building on our work to date (e.g. geriatrics, stroke, infectious diseases) on integrating services along patient pathways agnostic of organisational boundaries to provide joined up care in the correct settings and a reduction in health inequalities
- The need to repurpose decision making and accountabilities within the trust and across Place to deliver real improvement and outcomes for patients
- The revenue implications of increased capital investments exacerbate the need for underlying financial stability
- The need to introduce and embed a culture of continuous improvement



Our strategy is also informed by:

- NHS England/Improvement planning guidance, including constitutional standards (i.e. timely care for emergency, cancer and elective (planned care) patients and our financial standards
- Our Herefordshire & Worcestershire system strategy including emergent Long Term Plan (LTP) priorities, the refreshed JSNA and Fuller report implications
- Collaborative working with system partners in primary, community, acute, mental health and social care, voluntary sector and housing
- COVID-19 and agreed ICS system recovery plans
- Our CQC inspection report feedback and ratings
- Regular sources of feedback from patients, staff and carers including our Public Patient Forum, user groups and Healthwatch reports
- Detailed bottom up plan reviews at sub-speciality level to identify cross cutting themes using a strategic, tactical and operational lens

See Appendix 1 **Page 13**

THREE YEAR PLAN

About Worcestershire Acute Hospitals NHS Trust

We serve a population of more than 592,000. This figure is projected to rise by 4.5% over the next 10 years. The age groups with the highest forecasted population growth are amongst our very elderly population. Worcestershire experienced slightly fewer COVID-19 deaths versus the national average per 100,000 populations.

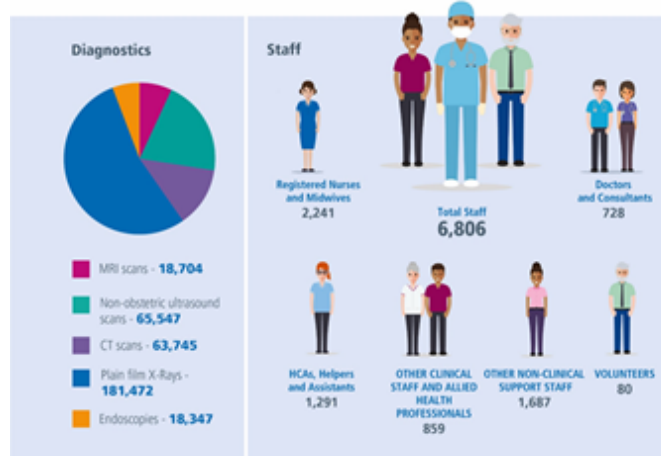
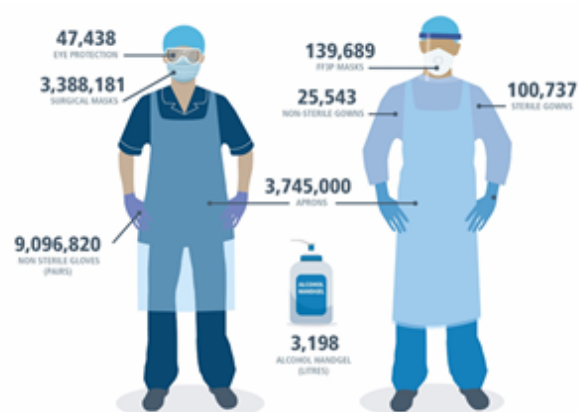
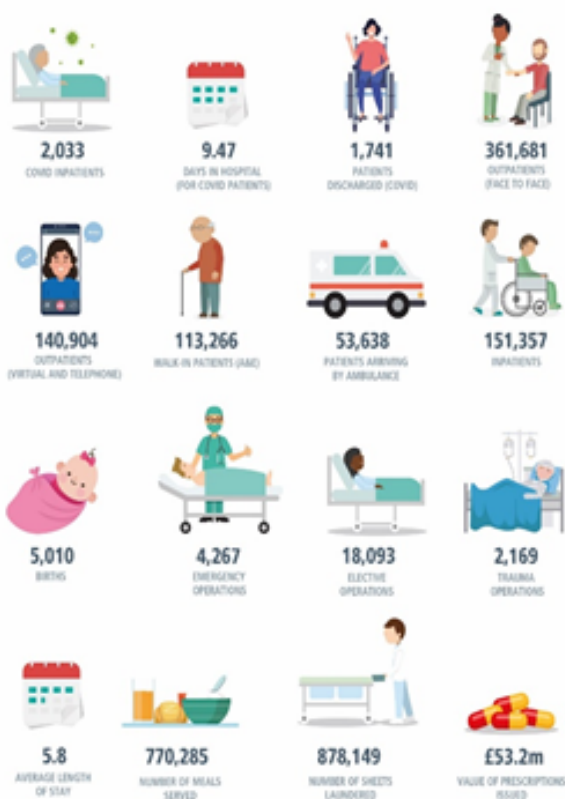
We operate services from three acute sites with more than 6,800 staff in 2021:

- Alexandra Hospital, Redditch
- Kidderminster Hospital and Treatment Centre, Kidderminster
- Worcestershire Royal Hospital, Worcester

Other services are delivered from community partner sites:

- Princess of Wales Community Hospital, Bromsgrove
- Evesham Community Hospital, Evesham
- Malvern Community Hospital, Malvern

A YEAR IN NUMBERS 21/22



THREE YEAR PLAN

Where we want to be – OUR AMBITION

Our strategy and its components aim to deliver significant change by 2025. By this date, we plan to:

- be rated outstanding by the Care Quality Commission
- have stabilised our finances in a much-improved position which is recognised and supported by our system partners
- have established a reputation as the leader of healthcare service delivery in Worcestershire
- have established routine, systematic ways through the introduction of our 4ward Improvement System of working with patients as partners so that we can be sure we are genuinely and consistently Putting Patients First.

Why we need a 3YP

Our strategic framework, or “pyramid”, remains relevant and illustrative of our strategy. Our strategic objectives continue to represent the way forward for us as an organisation and the best contribution we can make to the developing ICS. Our board is clear about our role in the new health and care system configuration and is working, especially at Place, to make sure the Trust leads and contributes its expertise. Our next step is to re-frame our plans to both address the changes outlined above and to continue the focus on the actions we currently have in place to deliver our vision to 2025. Throughout, our 3YP continues our determination to deliver our vision and relies on our commitment to our 4Ward behaviours and the 4ward Improvement System to be successful. The detail of delivery has changed, acknowledging the accelerated pace of change we need to achieve.

How we developed our 3YP

In developing our three year plan each specialty and corporate service undertook a clinical and financial sustainability self assessment exercise to determine where the most significant challenges are and how we can maintain and develop sustainable services going forward (Appendix One). This has been supported by engagement and involvement of staff about how the quality, efficiency and effectiveness of our services is triangulated with hard facts through the use of Model Hospital to drive forward where improvements can and need to be made. Scope for improvement has been identified at three levels:

- Strategic level working with partners
- Tactical level working with divisions/departments
- Operational level working within teams

THREE YEAR PLAN

To deliver our strategic objectives, we have identified the following themes:

Improving quality and safety

Delivering care that is safe with the right workforce and improved outcomes for patients.

Investing and delivering improved digital and estates infrastructure.

Focusing on getting the basics right as a platform for continuous improvement.

Improving access

Making sure those who need our care, tests and treatment get it as quickly as possible through the elimination of waiting lists and meeting national standards.

Demonstrating resilience in our approach to meeting the needs of urgent and emergency care.

Working with partners to sustain services, harnessing our role as an anchor institution to provide access closer to home.

Healthier lives

Improving the physical and mental well-being of our staff and our communities.

Investing in an empowered, well-led workforce, resilient and organised for success.

Working with patients as equal partners in the delivery and improvement of services, including addressing health inequalities and meeting the climate challenge.

Driving for financial stability

Incentivising investment where it improves value across the whole patient pathway.

Reducing waste to release more time to care and reinvestment of cashable and non-cashable benefits.

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THREE YEAR PLAN

Our 3YP Pledges

WE WILL REDUCE WAITING TIMES to eliminate > 52 week waits by 2025, eliminate ambulance offload delays, reduce 30 day mortality and return diagnostic and cancer waits to pre-Covid standards

WE WILL ASPIRE TO OUTSTANDING CQC by designing our services around the patient

WE WILL BUILD A RESILIENT WORKFORCE through supportive wellbeing initiatives, our staff development offer and reducing dependency on bank and agency

WE WILL ACHIEVE FINANCIAL STABILITY by increasing value to the taxpayer and reducing waste

achieved by;

BUILDING A CULTURE OF CONTINUOUS IMPROVEMENT, focusing in the first year on 'Getting the Basics Right' and the launch of our 4ward Improvement System (4IS)

Delivering our priorities

OUTPUTS, ACTIONS AND PROGRAMMES

Each of our strategic objectives has a series of initiating actions which shape programmes of work. These will be prioritised and led by Senior Responsible officers (SROs) against existing or new pieces of work. This is an important principle which will encourage us to adopt fewer priorities and do them well – a long held ambition of senior leadership teams.

A programme approach to scope, oversee and deliver within a defined governance framework will form the guiding principle, informed by the 4ward Improvement system and methodology. Core to this is the inclusion of front line staff, our partners, patients and carers in any redesign of services.

The following tables, one per strategic objective, map key actions to the outcomes we are committed to achieve.



THREE YEAR PLAN

Strategic Priority 1 – Best services for local people

By 2025 we will have:

- Worked with partners to deliver high quality, seamless care which ensures future clinical and financial sustainability and leverages our role as an anchor institution
- Developed and implemented new integrated care models and pathways in conjunction with partners which have been designed around patient need and population health management approaches
- Promoted equality in health outcomes and access to services for all, including under-served groups
- Facilitated innovation in delivering safe and effective continuous improvement with a focus on patient and carer benefit
- Enhanced our research and innovation portfolio so that more patients can benefit from improved treatments and outcomes
- Reduced our use of anaesthetic gases and developed joint initiatives with local partners to build stronger and healthier communities

Best Services	
Outcome: communities will be healthier, well connected & more resilient because care is delivered in partnership and in an integrated way	
Theme	3 year actions
BS1: Work with partners to deliver high quality and seamless care	<p><i>Collaborate to ensure service sustainability</i></p> <ul style="list-style-type: none"> ○ Identify, develop and deliver new and existing provider collaborations (including networks) ○ Deliver ICS local priorities, including stroke <p><i>To be a lead provider at Place</i></p> <ul style="list-style-type: none"> ○ Ensure Place is provider & service led around patient need ○ Develop integrated care pathways supported by PHM tools, including frailty, intermediate care and long term conditions ○ Build 4ward Improvement system approach to support delivery of clinically led change
BS2: Develop our role as a local corporate citizen and anchor institution	<p><i>To be a good local corporate citizen (anchor institution)</i></p> <ul style="list-style-type: none"> ○ Develop shared roles with partner organisations which improve outcomes ○ Leverage our resources to support stakeholders deliver wider determinants of health (voluntary / community/ economic / housing) ○ Develop our local supply chain in line with Green principles ○ Improve our environmental impact to deliver Scope 1 of Carbon net zero ○ Increase staff and patient participation in research and innovation

THREE YEAR PLAN

Strategic Priority 2 – Best experience of care

By 2025 we will have:

- Avoided unintended or unexpected harm through embedding into practice a safer culture and safer systems
- Improved and maintained positive experiences for patients that is personal to each individual, their families and carers
- Consolidated our hot / cold sites with new theatre investments at the Alexandra Hospital in Redditch and the introduction of robotic assisted technology
- Improved our emergency response through a repurposed Emergency and Urgent Care offer which ensures the right care is delivered in the right setting, along with a new ED at Worcestershire Royal; invested in a new stroke/cardiology/Interventional Radiology unit and developed our maternity and paediatric facilities
- Optimised the use of the Kidderminster site to increase access for day case and diagnostic procedures
- Modernised our digital infrastructure to deliver an electronic patient record as a platform for digital solutions to support front line workers and improve patient safety
- Implemented national transformation, safety and regulatory requirements to provide the safest care in maternity services

Best Experience of Care	
Outcome: patients receive care which is safe, clinically excellent, compassionate and creates positive patient experience	
Theme	3 year actions
BEC1: Elective recovery and reset	<p><i>Optimise delivery of care by embedding hot/cold sites</i></p> <ul style="list-style-type: none"> ◦ Streamline theatre utilisation processes to improve throughput ◦ Implement and embed elective hub/s ◦ Implement the surgical robot <p><i>Improve access to care through diagnostics & digital</i></p> <ul style="list-style-type: none"> ◦ Invest in community diagnostics services to increase access, including community diagnostic hub ◦ Understand how patients access care and how that can be improved by using population health management <p><i>Transform outpatient services</i></p> <ul style="list-style-type: none"> ◦ Learn from the pandemic experience to review how and where outpatient services can be delivered to improve patient safety and experience of care
BEC2: Improve Flow & Discharge	<p><i>Improve flow and discharge of patients</i></p> <ul style="list-style-type: none"> ◦ Implement Homefirst Worcestershire ◦ Implement 7-day services and inter-professional standards as part of High Impact Change Programme review ◦ Open our UEC build and develop model for UTC provision ◦ Develop and lead early supported discharge
BEC3: Harness digital potential	<p><i>Innovation & Transformation through delivery of the Digital Strategy</i></p> <ul style="list-style-type: none"> ◦ Optimise patient safety & management of waiting lists through AI & other techniques ◦ Use robotic automation (RPA) to improve quality of care and support staff recruitment and retention in key areas ◦ Implement solutions for digitally-enabled care
BEC4: care that is safe and effective	<ul style="list-style-type: none"> ◦ <i>Implement Quality and Patient Safety Strategy to deliver care that is safe, clinically effective and a positive experience for patients and their carers</i>

THREE YEAR PLAN

Strategic Priority 3 – Best People

By 2025 we will have:

- Filled our vacancies through our innovative recruitment and retention strategies
- The right number of staff in the right place with the right skills to deliver our planned activity
- Reduced our reliance on the temporary workforce (bank and agency) and eradicated high cost agency spend
- Supported colleagues with their health and wellbeing and with the cost of living crisis
- Eradicated the gap between a colleague leaving and a new one starting
- A culture which emanates from our four signature behaviours
- A Trust Academy in place providing a comprehensive development and learning offer for staff
- Positioned ourselves for the future as a major centre for medical education and training

Best People	
Outcome: our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride	
Theme	3 year actions
BP1: An empowered, well led workforce that delivers better outcomes and performance	<i>Devise workforce development infrastructure</i> <ul style="list-style-type: none"> • People & Culture Strategy 2022 to 2025 • 4ward phase two 2022 to 2025 • Leadership Development Programme and Compact • Talent Management and Development Framework • Trust Academy
BP2: The rightsized, cost-effective workforce that is organised for success	<i>Implement plans and systems to ensure workforce is organised for success</i> <ul style="list-style-type: none"> • Strategic workforce plan 2022 to 2025 • Best People Programme (focused on workforce transformation and reducing premium staffing costs) • Implement recruitment value stream • Full implementation of Allocate e-rostering, e-job planning, annual leave management and activity management modules
BP3: A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work	<i>Develop organisational culture</i> <ul style="list-style-type: none"> • Equality, Diversity and Inclusion Plan 2022 to 2025 • Behavioural charter embedded • Race Code embedded
BP4: A people function that is organised around the optimum employee journey	<i>Optimise support for workforce resilience and wellbeing</i> <ul style="list-style-type: none"> • HR Policy Review (through a just & learning culture lens including early resolution framework) • Flexible working Plan 2022 to 2025 • Employee Health & Wellbeing Plan 2022 to 2025

See Appendix 2

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THREE YEAR PLAN

Strategic Priority 4 – Best use of resources

By 2025 we will have:

- Worked collaboratively with system partners to deliver a financially sustainable health and care system for Herefordshire & Worcestershire
- A trust-wide embedded change & transformation programme underpinned by robust benchmarking data
- A culture which supports continuous improvement
- Developed and embedded organisational enabling strategies for Quality & Safety, Estates, and the Medium Term Financial Plan; and refreshed the Clinical Services Strategy, People & Culture and Digital strategies
- Improved our infrastructure to the benefit of patients

Best Use of Resources	
Outcome: our trust is clinically and financially sustainable, increasing value to patients for every pound spent	
Theme	3 year actions
BUR1: Drive for financial stability	<p><i>Improve key processes to reduce waste</i></p> <ul style="list-style-type: none"> • Deliver the 3 Year Financial Improvement Plan by setting targets at every level in the organisation to remove waste and improve productivity and value to patients • Use GiRFT / quarterly benchmarking information to drive continuous improvement and service developments • Negotiate contracts with our system partners that incentivise improving value to patients along the whole patient pathway <p><i>Harness S106 contributions to secure long term view of service requirements linked to population increases</i></p>
BUR2: Getting the basics right	<p><i>Improve data integrity/ownership</i></p> <ul style="list-style-type: none"> • Embed the use of data for benchmarking and performance improvement which is both owned and driven by individual specialities <p><i>Enhance governance</i></p> <ul style="list-style-type: none"> • Implement an Accountability & Incentive Framework to deliver the 3 Year Plan and foster greater ownership at Place/Divisional/Directorate level • Universal adoption of the 4ward continuous improvement system • Embed an organisational approach to benefits realisation <p><i>Ensure capital investment drives value to patients</i></p> <ul style="list-style-type: none"> • Drive efficiency of estate and facilities to provide greater value for patients including backlog maintenance • Develop and approve estates and car parking strategies • Deliver a digital infrastructure including EPR and cybersecurity

THREE YEAR PLAN

Profiled three-year outputs

- Financial sustainability will be modelled against scenarios reflecting the risks associated with delivery of the 22/23 plan and projections for years 2 and 3
- In the absence of a national financial framework, projections will focus on the weighted average unit cost rather than the pre-existing payment by results regime
- Planning will be consistent with national guidance for multi-year operational plans using both a trust and system lens

Cross cutting themes

The output from Divisional self-assessments identified nine cross cutting themes to support improvement in quality and reduction in waste. For 22/23 these will focus on outpatient transformation and theatre utilisation, with others scheduled for 23/24 and 24/25.

The outpatient and theatre utilisation cross cutting themes are focusing on key areas where evidence suggests that improvements in productivity can be achieved. These include scheduling of appointments and operations, cancellations, reducing 'did not attends' and maximising the use of theatre time.

Getting it Right First Time (GIRFT)

Alongside our 4ward Improvement System we will utilise the outcomes from GIRFT, Model hospital, CQC and value for money audits to further augment our improvement priorities. As well as locally identified areas for improvement, the GIRFT programme has expanded to cover clinical interventions across all aspects of care delivery. A key programme of work will be to continue addressing unwarranted variation across our system to improve pathways and outcomes for patients. Building on high volume, low complexity pathways of the last 2 years, we would strive to be in the upper quartile for: ENT, urology, diabetes, critical care, breast surgery, stroke and general surgery. Our work to implement our model for hot and cold sites will support this, along with close collaborative work with partners and the continuous improvement enabled by our 4ward Improvement System.

THREE YEAR PLAN

3YP STRATEGIC CAPITAL PLAN & ENABLING STRATEGIES

Item	Project Value	2022- 23 Capital Projects – Large schemes									23-24		
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
UEC	£27.6m	Potential solution to avoid closure of ground floor corridor and not delay programme			1st floor complete Mid October Ground floor corridor closed MSSU > 1st floor UEC Avon 4 MSSU							GF Complete Building handover	ED move to GF MSSU move to Avon 4 MAU/SDEC move to 1st floor
ASR	£30.1m 22/23- £6.2m 23/24- £3.9 24/25- £.4m			FBC approval by JISC Xerox room DoV signed	MOU received Xerox room works start			Xerox room works complete Obs Theatre DoV signed	Decant of maternity admin offices to Xerox room Obs Theatre works commence				PAU DoV signed
AHR Theatres	£40m 22/23- £9.5 23/24- £25.5 24/25- £7.9	OBC submission to WAHT F&P OBC submission to NHSEI NHSEI response to Advanced Funding bid Technical design continues		OBC submission to WAHT Trust Board	OBC approval by JISC Planning application approved Enabling works commence		FBC submission to WAHT Trust Board FBC submission to NHSEI				Enabling works complete Main works commence		1st Patient 01/07/20 24

Enabling Digital schemes	Year 1 - 22/23	Year 2 - 23/24	Year 3 24/25
Innovation / Transformation	ICS Shared Care Record Co-lab Innovation Hub		
Electronic Patient Record (Sunrise)	Sunrise Raystation clinical systems	Pathology LIMs	
Infrastructure & modernisation	PAS Capital programmes Cyber security	Capital programmes Cyber security	Capital programmes Cyber security

THREE YEAR PLAN

Working with partners

AT PLACE

Working with our partner organisations, patients and user groups we will look to develop local services and a sustainable system health economy.

We will play our part as an anchor institution to provide better employment, reduce our environmental impact and secure better value for money.

We will work with partners to reduce health inequalities, support a focus on prevention and join up care across pathways and services.

PROVIDER COLLABORATIVES

Consistent with our clinical services strategy, we will develop partnerships with acute and tertiary partners on a service by service basis dependent on need.

We will use local and regional networks to learn from each other and deliver mutual aid. Examples illustrated below:

Provider collaborative	Focus	Type
SWFT Improvement Collaborative	Sharing Best Practice Doing it once approach	Associate member
HW Health & Care Trust	Place leadership	Lead provider/ committee in common
West Midlands Cancer Alliance	Network, mutual aid	Clinical network
South Midlands Pathology network	Network, single digital platform (LIMs)	Programme board

THREE YEAR PLAN

Enabling strategies

Delivery of our 3 year plan is underpinned by our enabling strategies

Enabling strategy	Purpose
Quality & Safety	Outlines the next steps for our Trust in our improvement journey to provide outstanding care as we aim to provide the best services with the best experiences and outcomes for our patients.
Estates & Facilities	Sets out the estate changes required to enable the delivery of the Trusts clinical strategy, supporting the Trust's ambition to provide a range of high-quality, ever-improving services in a stimulating environment which attracts the best staff and ensures sufficient capacity to deliver national priorities.
Digital	Outlines digital transformation of clinical and operational processes to improve health and wellbeing outcomes, to sustain improvements in patient safety and experience, quality of care and operational efficiency.
People and Culture	Ensures a diverse, engaged, skilled and supported workforce right-sized to deliver capacity expectations and which is continuously developing, sharing knowledge (working as one Trust) and learning from others to deliver and continually improve the quality of our services.
Communications and engagement	Ensures the answer to the question: "Does this communications activity or output make a contribution to our commitment to Putting Patients First?" is always "Yes!"
Medium term operational & financial plan	Tests how the trust can achieve financial sustainability given predicted demand and activity
Green (Carbon net zero) Plan	Addresses the 10 themes identified to deliver the NHS sustainability agenda
Research & innovation	Sets out our approach to increasing the number of patients recruited into clinical research and the number of departments and staff that are research active

THREE YEAR PLAN

Implementing the 4Ward Improvement System

Our three year programme of improvement in partnership with Virginia Mason Institute (VMI) is the foundation for the delivery of our strategy. The systemic approach to training, coaching and empowering all of our people will develop the skills and mindset to make improvement part of their everyday work. The programme is building organisation-wide capability to help implement and sustain change. Consistent with our philosophy of putting patients first, the relentless drive for quality will not only improve safety but also drive out waste. Oversight will be driven by the Transformation Guiding Board which will hold to account and oversee improvement for cross cutting themes and value streams. The Transformation Guiding board will agree two value streams each year. For 22/23 the value streams will focus on recruitment and patient flow.

Risks

Our 3YP addresses a number of our Board Assurance Framework risks, particularly those relating to Clinical Services Strategy implementation, financial sustainability, delivery of elective activity, the Integrated Care System and workforce sustainability. The 3YP will strengthen mitigation of these risks, although we know we have more work to do to assess our organisational priorities against strategic long term risks.

Leadership and governance of our 3YP

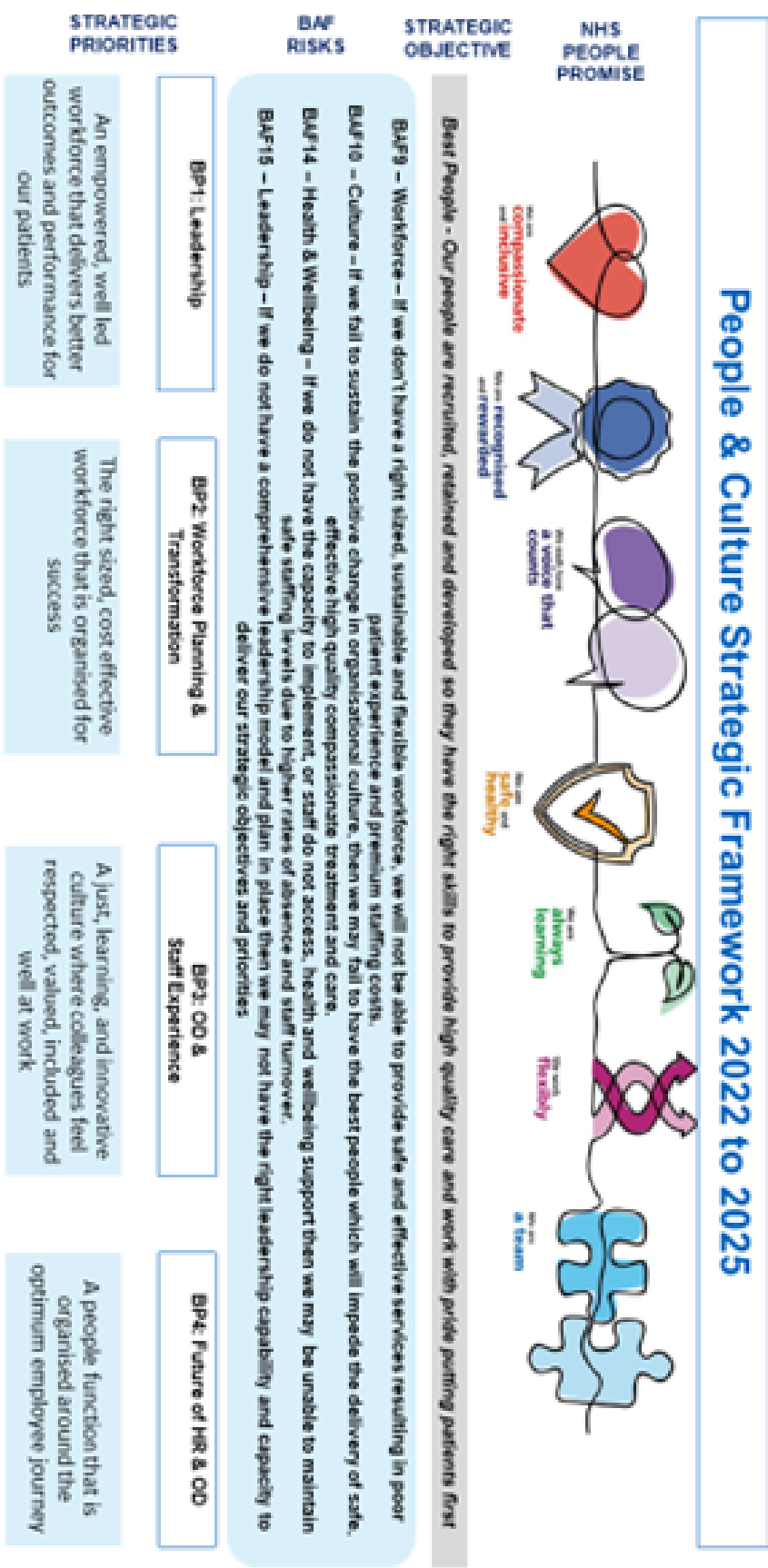
As we reset and recover from the pandemic, business as usual governance is being reinstated with a clear framework for reporting key programmes of work into the Trust Management Executive and relevant Trust Board sub-committees. In line with the year 1 theme of 'getting the basics right', a refreshed accountability framework with roles and responsibilities clearly defined is planned. Expectations for the development of clear milestones and measures, use of audit and other evaluation mechanisms will be set to demonstrate progress and clear outcomes.

Summary

Our 3YP presents a clear ambition for the development of clinically and financially sustainable services for the population we serve and the challenging and transformational journey which will be required to get there. In order to achieve this ambition, we will continue to embrace the opportunities presented to us over the next three years, including those associated with continuous improvement enabled by the 4ward Improvement System, investment in and develop of our workforce, and through closer working with our partners within and beyond the ICS. This 3YP plan sets out our direction of travel and priorities, but precise details of the exact actions we will take to secure delivery will be outlined in our annual plans which will be developed and approved each year. Progress with delivery will be reported and monitored through our existing performance management frameworks and associated governance which will enable us to look back in three years' time and celebrate the difference we have made to patients through the care and services we have provided.

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Appendix 2



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Paper number	Enc E

Developing the NHS pathology network in the South Midlands September 2022

For approval:	x	For discussion:		For assurance:		To note:	x
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Accountable Director	Jo Newton, Director of Strategy, Improvement & Planning		
Presented by	Dr Mike Cornes, Consultant Clinical Scientist & Pathology Clinical Director, WAHT	Author /s	Dr Neil Anderson, Director of Pathology Services, UHCW Dr Mike Cornes, Consultant Clinical Scientist & Pathology Clinical Director, WHAT

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
SPG	05.07.22	SPG took note of the SMP update and recommended submission to TME. Recommended development of a risk sharing agreement
TME	21.09.22	Recommended for approval
Finance & Performance	29.09.22	Recommended for approval

Recommendations	Trust Board is asked to: <ul style="list-style-type: none"> Approve the two Strategic Outline business Cases (SOCs') that form part of this paper and are attached (<i>attachment 1 & 2</i>).
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Executive summary	<p>This paper is to be presented consecutively to 5 acute trust partners of the South Midlands Pathology (SMP) provider collaborative. Building on a MoU agreed in August 2021, a SMP stakeholder Board with representation from all trusts met in July 2022 to recommend approval by the statutory Trust boards the following Strategic Outline Cases (SOCs) for:</p> <ol style="list-style-type: none"> Formation of the South Midlands Pathology collaboration for the provision of NHS pathology services in the South Midlands Development of a single, region-wide common pathology LIMS <p>Collaboration and networking in pathology has existed within the South Midlands over several years. Development of the network reflects the report from Lord Carter and extensive GIRFT reviews that concluded the</p>
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	<p>pathology networks need to be formalised. Although the GIRFT report is not prescriptive about the operational configuration of pathology networks, it is explicit about their formation.</p> <p>The paper summarises the background to the project, progress made to date and introduces the SOC's in the Appendices submitted for approval. It is important to note that work has commenced 'at risk' for detailed planning for the creation of an Outline Business Case (OBC), subject to the approvals required, due to the time constraints set down by NHSE and funding available in year.</p> <p>A local steering group is being set up, led by Dr Michael Cornes, Clinical director of Pathology to oversee the work at trust level to manage progress and oversee risks.</p>
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Risk												
Which key red risks does this report address?	BAF 4,13,16,18			What BAF risk does this report address?		Quality & safety for patients Cybersecurity and digital estate Digital strategy Activity / restoration of services						
Assurance Level (x)	0	1	2	3	4	x	5	6	7	N/A	x	
Financial Risk	N/A											
Action												
Is there an action plan in place to deliver the desired improvement outcomes?	Y	X	N						N/A			
Are the actions identified starting to or are delivering the desired outcomes?	Y	X	N									
If no has the action plan been revised/ enhanced	Y		N									
Timescales to achieve next level of assurance	October 2022											
Introduction												
<p>The Lord Carter of Coles' independent Reviews into NHS pathology in England are accepted generally to make the case for networking for the provision of NHS pathology services. Lord Carter emphasised that cooperation between NHS pathology services was not a new phenomenon, but felt that such arrangements needed to be formalised and adopted throughout pathology in the NHS, in order that all should achieve the benefits associated.</p> <p>A Strategic Outline Case (SOC) has recently been crafted to assess the case for collaboration for the provision of NHS pathology services in the South Midlands. Its scope encompasses the pathology services hosted by, or providing services to, the five NHS Acute Trusts in Herefordshire, Worcestershire, Coventry and Warwickshire. The collaboration, if approved by the five Acute Trust partners, is to be called South Midlands Pathology (SMP).</p>												

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The partner Trusts are:

- George Eliot NHS Trust (GEH)
- South Warwickshire NHS Foundation Trust (SWFT)
- University Hospitals Coventry and Warwickshire NHS Trust (UHCW)
- Worcester Acute Hospitals NHS Trust (WAHT)
- Wye Valley NHS Trust (WVT).

Discussion between the five SMP partner Trusts with regards to collaborating for the provision of pathology services has been ongoing for several years. For example, in 2013, in response to a tender for the supply of primary care pathology services in the South-West Midlands, GEH, SWFT, UHCW and WVT discussed and agreed to submit a joint bid. Subsequently, a collaboration emerged between GEH, SWFT and UHCW to create a single-managed organisation called Coventry & Warwickshire Pathology Services (CWPS) hosted by UHCW. In 2016, the draft Herefordshire and Worcestershire (H&W) sustainability and transformation plan (STP) described an aim to amalgamate *'pathology laboratory services across the STP footprint and beyond'* with a longer-term plan to *'join forces with a larger regional provider'*.

The formation and future for South Midlands Pathology (SMP)

In August 2021, representatives of UHCW (as the host Trust of Coventry and Warwickshire Pathology Services (CWPS), the single-managed organisation that provides pathology services to GEH, SWFT and UHCW), WAHT and WVT approved a memorandum of understanding to work together for the provision of pathology services for the benefit of patients, clinical requestors, and the public served.

Clinical cooperation and provision of mutual support across the three constituent SMP pathology organisations has been constant for the last several years. Relationships built by working across organisational boundaries were strengthened during the pandemic, and as the multiple challenges of waiting list reduction, delays in emergency admissions, and increased demand for services start to affect all areas of healthcare provision, will become ever more necessary if patients aren't to suffer.

A SMP stakeholder Board has been established. It contains Executive Board members from UHCW (representing CWPS), WAHT and WVT, as well as the recently-appointed SMP Senior Responsible Officer and deputies (SROs), all who are clinicians. The stakeholder Board is chaired by Mr. Richard Oosterom, a non-Executive Director of WAHT, and meets bi-monthly.

Benefits realisation

Local citizens in general, and local patients in particular, are expected to benefit from a closer collaboration between the partners in SMP. Improved and equal access to testing, specialist advice and faster diagnosis are some of the benefits anticipated. The consistent management of long-term chronic disease and a larger organisational scale that justifies investments in population-based engagement and interventions are others.

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NHSEI is unequivocal about its expectations for NHS pathology: networks should be formed. It is not prescriptive about how they should be organised, or how laboratories should be configured, but it has set out explicitly how a networks 'maturity' will be assessed over time. NHSEI's maturity assessment will almost certainly be used as a framework against which it will release central investment funding for pathology initiatives in the future.

Additional benefits of closer collaboration can be categorised as clinical, financial and operational. For example, the:

- clinical advantages expected include improvements in service resilience; an expansion of the testing repertoire and services offered; facilitation of cross-consultant cover; and, by making the network a more attractive place to work, enable improved recruitment and retention of staff
- operational advantages expected include a likely improvement in productivity to either cope with increased demand, reduce costs, or both; the repatriation and consolidation of specialist tests due to increased operational scale; a reduction in variation in practice, and the development of more 'motivating' roles for staff members
- financial advantages expected include a potential reduction in the overall costs of pathology; additional economies of both scale and scope in procurement, and continued access to NHSEI investment funding.

The guiding principles that will underpin any collaboration between the partners in SMP are that:

- all partners and clients of SMP will receive a pathology service of at least equivalent quality, access, and response times as they do today
- no partner in SMP will be disadvantaged by any pooling of demand and / or resources associated with any closer collaboration or operational reconfiguration
- partner financial and operational data and information will be shared openly and consolidated consistently
- any investments required to achieve the agreed vision for the collaborative service will be funded by efficiencies of scale and scope, unless national enabling funding is allocated at terms acceptable to SMP
- all SMP staff members should have equal career development opportunities.

Several external factors are expected to influence NHS pathology over the next few years. They include the recommendations of the 'Get it right first time' (GIRFT) team; the predicted significant increase in demand for services, and the priorities and policies of NHSEI.

GIRFT

The GIRFT pathology report, the product of several years of effort by established clinical and scientific experts, contains a comprehensive set of recommendations. Its authors note that they have conducted, either in person or virtually, one hundred and forty-one 'deep-dive visits' to understand data and information provided by NHS laboratories in England. The GIRFT report therefore differs from other recent national pathology reviews, both because of the time spent in its investigation and deliberations, but also with the granularity of data collected and insight gathered.

Although the GIRFT report is not prescriptive about the operational configuration of pathology networks, it is explicit about their formation. The report also recommends that networks must be flexible to local needs, referencing distributed models where geographical constraints exist, and the negative effects where network and ICS boundaries are not conterminous.

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We strongly recommend the creation of flexible pathology networks that reflect local needs. This mirrors the views of the NHS England and NHS Improvement Pathology Programme, the RCPATH (which recommended that networks should be created to suit local circumstances) and the National Pathology Optimisation Delivery Board (now the NPB). In other words, structure must follow function.'

Demand and NHSEI priorities and policies

Demand for pathology services is expected to increase substantially over the next several years.

In September 2021, the Government announced that it was expecting 'Surgical hubs, new technology and innovative ways of working will help tackle waiting lists and treat around 30% more elective care patients by 2023 to 2024'. And in December 2021, as part of its 2022/23 planning guidance, NHSEI described recovery of diagnostic activity volumes as being 'critical to providing responsive, high-quality services and supporting elective recovery and early cancer diagnosis', specifying its requirements for 'systems' to increase diagnostic activity 'to 120% of pre-pandemic levels across 2022/23'.

Even if increases in pathology demand return to a more 'normal' 3-5% per year increase from 2025, it is not unreasonable to forecast that by 2030/31, demand could be at 160% of the levels of the 2019/20 pre-Covid-19 baseline year.

Next steps

At its meeting at the end of July 2022, the SMP stakeholder Board considered and approved the SOC for collaboration for the provision of NHS pathology services in the South Midlands, and to work 'at risk' with detailed planning for the creation of an Outline Business Case (OBC). Assuming the SOC is approved by the five partner Trust Boards, work will begin on the foundations of the OBC in October 2022.

To construct the OBC, discussion and debate will be required with multiple professional and operational groups. Time will be required to review options, estimates, plans and risks, and compromises will most likely need to be made to achieve consensus. The eventual document will be crafted such that, if the SMP stakeholder Board approve the OBC, it can, with limited modification, be submitted to partner Trust Boards for agreement.

In arriving at a clinical vision for its speciality, each senate should be expected to consider (at least):

- the NHSEI pathology network maturity framework
- the Richard's report (Diagnostics) and the formation of integrated care systems
- the GIRFT 2021 pathology report
- any ambition to conduct research and development
- likely changes to the future repertoire of testing services to be offered
- the potential impact of emerging technologies to the speciality
- partnerships with other organisations (other regional and national public healthcare bodies, Universities, private sector organisations et cetera)
- any clinical governance and quality assurance issues (both SMP activities, and integration into partner Trust structures) created by closer collaboration of the partners.
- and the overall clinical effectiveness, efficiency, and safety of the services to be offered.

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The clinical work stream is to be led by Dr Julie Davies, Clinical Director at WVT pathology service and joint deputy SRO of SMP. By the end of the calendar year, a consensus view should have been reached and a document crafted and agreed that describes the vision and priorities for each speciality for the next decade. In particular, the document should describe, from a patient and system perspective, areas where collaboration between the partners will be beneficial, and how any material changes proposed to the current service offering will overcome current perceived system weaknesses and risks.

Planning for other parallel activities associated with the OBC is ongoing, but will likely include the formation of operational, commercial, workforce and financial work streams containing representatives from the three pathology organisations and five partner Trusts, among others. Representative views of patients, community and primary care partners, and other stakeholders in SMP will be sought and considered during the creation of the document.

Enabling activities

Four enabling activities will underpin the work to form SMP. They are summarised below:

A common pathology Laboratory Information Management System (LIMS)

The partners in SMP have established a project to consider the benefits of a single, region-wide common pathology Laboratory Information Management System (LIMS). The introduction of a common LIMS is considered an essential enabler for a closer collaboration between the partners, and implementation efforts are being clinically led by Dr Michael Cornes, Clinical Director at WAHT pathology service and joint deputy SRO. The implementation project is managed by the NHS Midlands and Lancashire Commissioning Support Unit, and appropriate workstreams have been formed involving representatives from each partner organisation.

The three constituent SMP pathology organisations currently operate services using three different LIMS. These are unable to communicate routinely with each other, and so patient results and history are relatively inaccessible across organisational boundaries. All three LIMS have been in use for over twenty years; at different levels of maturity and functionality; either nearing or past their expected 'end of life'; and therefore, considered to be in need of replacement.

The benefits expected from introducing a common LIMS include improvements in the productivity and quality of diagnostic workflows; better patient outcomes and safety; increased service resilience; greater business intelligence to support population health management; support to research projects across the region; and the enabling of a single-managed pathology network across the South Midlands.

At its meeting at the end of July 2022, the SMP stakeholder Board considered and approved a SOC for a single, region-wide common pathology LIMS. It was agreed that whilst the SOC was being presented for approval by the five partner Trust Boards, work should begin 'at risk' on the creation of an OBC.

A collaboration agreement for the LIMS project

Again, at its meeting at the end of July 2022, the SMP stakeholder Board agreed that UHCW would act as the host Trust for the receipt of approximately £13m of NHSEI funds over three years in support of a common pathology LIMS. UHCW would also assume responsibility for contracting with Health Technology Europe to manage the procurement of the LIMS, and to eventually enter into a contract on behalf of the partners in SMP with the preferred LIMS supplier.

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A legally binding agreement between the partner Trusts that documents arrangements for the project, setting out the financial contribution, risk and benefit share for each party until such time as the LIMS contract can be novated to a properly constituted South Midlands Pathology Network is being crafted by Hill Dickinson for consideration. Hill Dickinson's most recent experience in NHS pathology has included supporting the formation of the Black Country Pathology Service, providing advice about corporate form for a business case for closer collaboration at Southern Counties Pathology network, and setting out transitional governance arrangements at a large, long-established NHS pathology organisation.

A plan for communication

Also, at its meeting at the end of July 2022, the SMP stakeholder Board instructed the SMP Programme Director to develop a '*professional communications strategy to ensure a strong launch and maximise staff engagement*'. With the agreement of the SROs, Barley Communications has been retained to manage the development of a SMP communications strategy, as well as to (at least):

- manage all media enquiries and associated liaison concerning the SMP collaborative venture
- liaise with the five stakeholder Trusts' communications teams as required
- provide regular communication updates to the stakeholder Trusts' as well as other partners (NHSEI regional team; Hereford and Worcestershire ICS; Coventry and Warwickshire ICS; et cetera)
- craft effective and timely SMP website updates with respect to the project's progress
- craft and update SMP materials, 'Frequently Asked Questions' and 'lines to take' with respect to the fledgling collaboration
- support proactive communications as requested.

Barley Communications most recent experience in pathology has included supporting the UK Biocentre (The Milton Keynes Covid-19 Lighthouse Laboratory) and the Berkshire and Surrey Pathology Services (BSPS) Covid-19 Lighthouse Testing Service. They are currently supporting BSPS as it integrates pathology services from Surrey and Sussex Healthcare NHS Trust into its organisation and governance structures.

The firm is meeting currently with partner Trusts' communications representatives and SMP stakeholder Board members to understand local perspectives and ambitions, and will present a communications strategy for discussion and approval at the SMP stakeholder Board at the end of September 2022.

Governance of the SMP collaboration project

Formal terms of reference for the SMP stakeholder Board are being developed. They will set out how the project will be governed, the frequency and conduct of meetings, and how the SMP SRO and his project teams are to be held to account. The SMP stakeholder Board will operate as an oversight group, monitoring programmes of work, and will provide regular assurance to partner Trust Boards that progress is satisfactory. Any decisions required will be made by consensus, with disagreements referred back to partner Trusts for resolution. Delegated powers are not being sought. As with the communications strategy, proposed terms of reference will be presented for approval at the SMP stakeholder Board meeting at the end of September 2022.

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The SMP collaboration project assurance 'line of sight' is set out at Figure 1 below for ease of understanding.

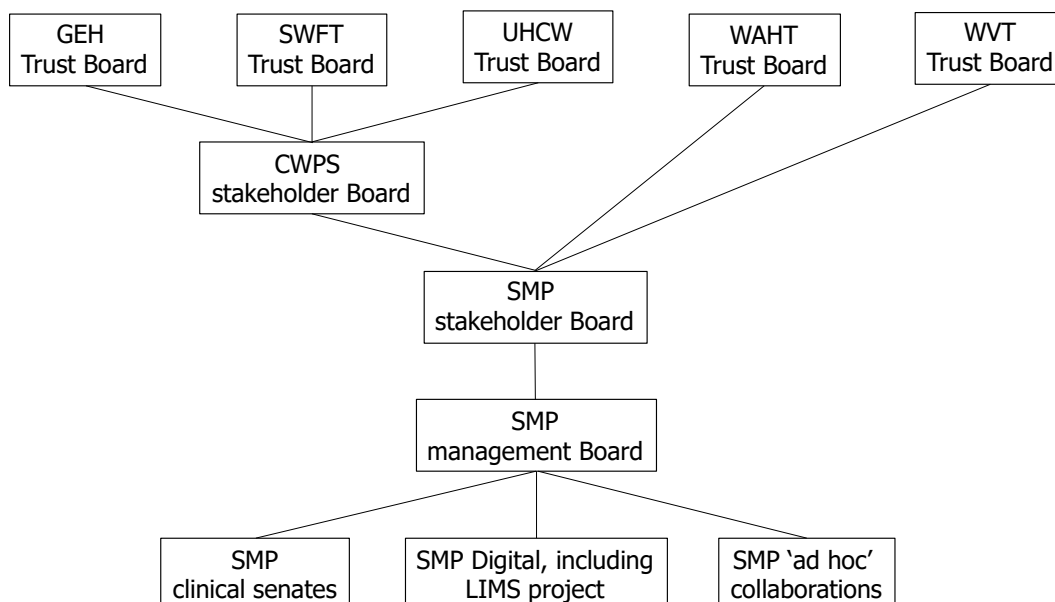


Figure 1: SMP network collaboration project governance

Local governance

It is proposed that a local SMP steering group is set up at Trust level to oversee progress internally and monitor local risks. These will be captured as part of the Divisional risk register and escalated to TME as required.

Conclusion

SMP partner Trust Boards are being asked to note progress made with respect to SMP to date, the national requirement and expectations of the programme and potential benefits to patients and patient quality and safety. The national framework for development and delivery sets out a tight timescale, the first stage of which is to approve the two SOC's that form part of this paper and are attached.

Recommendations

Trust Board is asked to:

- Approve the two Strategic Outline business Cases that form part of this paper and are attached.

Appendices

Attachment 1: A Strategic Outline Case for closer collaboration for pathology services

Attachment 2: Laboratory Information Management System (LIMS) Strategic Outline Case

Attachment 3: Developing the NHS pathology network in the South Midlands (An update for partner Trust Boards - September 2022)

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Complaints & PALS Annual Report 2021/22

For approval:	X	For discussion:		For assurance:	X	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Paula Gardner, Chief Nursing Officer	Author	Alex Marshall, Complaints 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
Quality Governance Committee	29.9.22	Recommended for approval

Recommendations

Trust Board are asked to:

1. Approve the Complaints and PALS Annual Report 2021-22 for publication.

Executive summary

This annual report details the key performance and activity during 2021-2022 for formal complaints and concerns.

- In 2021-22 we received 578 formal complaints and 5900 Patient Advice and Liaison contacts; we analyse these experiences and the rich data that this provides in quarterly reports, sharing information about themes and learning at all levels, ensuring that patient representatives are welcomed and included in this process.
- This report includes examples of the lessons that we have learnt from formal complaints during 2021-22 alongside the themes from the complaints and concerns that we have received.
- Following a drop in response time performance to 69% in 2020-21, performance was above 80% in 2021-22, meeting the KPI.
- It is to be noted that the progress we have made as an organisation over the past three years, as part of our focused quality improvement drive has helped to ensure that the Divisional teams and Corporate Complaints team were able to manage and resolve the majority of cases as quickly as possible, and address the backlog of complaints by the end of Q2 2020-21.
- In 2020-21, WAHT recorded 2290 compliments from patients, carers, relatives and friends; whilst this was a decrease of 5% from 2020-21 and a significant decrease compared to pre-pandemic levels, it is to be noted that there has been a reduced number of patient admissions, attendances and visitors in the

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	<p>Trust due to COVID-19.</p> <ul style="list-style-type: none"> Amidst the continued challenges of a pandemic and the backlogs being felt in services, the Trust ended 2021-22 in a strong position in terms of having the necessary infrastructure and governance in place to monitor complaints, concerns and wider feedback effectively.
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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
							x	
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								

Introduction/Background		
This Annual Report 2021-22 will be published on the Trust website, giving an account of the progress made against the Key Performance Indicators for responsive and effective Complaints and PALS management, where the Trust has done well and where further improvements will be focused going forward for 2022-23.		
Issues and Options		
Metric	Target & Measures	Current level of assurance
Respond to >80% complaints within 25 w/d	Against the ongoing impact of Covid-19, the final performance for the year was 80.62%, an improvement from last year and achieving the target.	Level 6
Reopen < 10% Cases	18.3% of cases from 2021-22 have been reopened for further investigation; this is an increase from 2020-21. A focus in 2022-23 will be on the reasons that complaints are reopened and work will be carried out to design and implement training in investigations and response writing to mitigate this.	Level 5
Additional Headlines		

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- **PALS Resolution Times** - PALS resolved 79.8% of concerns and enquiries received within 1 working day which is consistent with 78% for 2019-20 & 2020-21. 93.6% of total cases were responded to between 0-5 working days which was also consistent with 90.5% in 2019-20; this is especially notable given the significant rise in PALS concerns received when compared with 2020-21.
- **PALS to Complaints** - 0.52% of PALS contacts (31 cases) became formal complaints. This is a sustained improvement and downward trend from 0.87% 2020-21.
- **Informal Resolution** - 16% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 18% in 2019-20. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience.
- **Cases to Ombudsman** - The number of cases taken on by the PHSO during 2021-22 was reduced by 50% when compared to 2020-21.
- **Themes** - Clinical Treatment was the most common subject of complaints. This is consistent with the previous two years, although the proportion has increased from 26% to 32% of the total cases. Communications is the second most recurrent subject during 2021-22, consistent with its move into this place in 2020-21 from third place in 2019-20. The proportion has increased. Values & Behaviours has sustained as the third most common subject, as with the above, the proportion has also increased. Patient Care was the second highest recurring subject in 2019-20, but has not been in the top 3 themes of complaints in for the last two years

Conclusion

The Complaints and PALS Annual Report 2021/22 details activity and analyses progress made against key performance and quality indicators within the framework of the continued impact of COVID-19.

A number of initiatives and projects were planned for 2021-22 focusing on the quality of complaint responses and investigations could not be progressed due to the significant pressure on staffing teams across the Trust, both Corporately and in the Divisions. These projects will be revisited in 2022-23 (capacity permitting) and the Complaints and PALS Teams will continue to work towards the Trust's ambition to ensure that each and every patient and their carers, family and/or friends have a positive, person-centred, experience of care across our hospital Trust. Learning, identifying and sharing good practice from the investigations into complaints and concerns raised is fundamental to achieving this ambition.

Recommendations

Trust Board are asked to:

1. Approve the Complaints and PALS Annual Report 2021-22 for publication.

Appendices

- Complaints & PALS Annual Report 2021-22

Complaints and PALS (Patient Advice and Liaison Service) Annual Report: 2021-22

Alex Marshall - Complaints Manager
July 2022
