NHS
Worcestershire
Acute Hospitals
NHS Trust

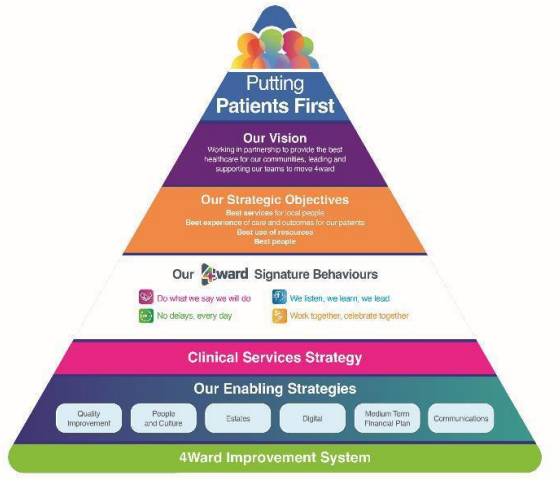
A G E N D A

TRUST BOARD

Thursday 8th September 2022

10:00 – 12:30

Meeting will be virtual and streamed live on YouTube



Anita Day
Chair

Item		Assurance	Action	Enc	Time
071/22	**Welcome and apologies for absence:**				**10:00**
072/22	**Patient Story**				**10:05**
073/22	**Items of Any Other Business** To declare any business to be taken under this agenda item				**10.30**
074/22	**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.				
075/22	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on 14 July 2022*		*For approval*	**Enc A** **Page 3**	**10:30**
076/22	**Action Log**		*For noting*	**Enc B** **Page 13**	**10:35**
077/22	**Chair's Report**		*For approval*	**Enc C1** **Page 15**	**10:40**
078/22	**Chief Executive's Report**		*For noting*	**Enc C2** **Page 16**	**10:45**
	Best Services for Local People				
079/22	**Quality and Patient Safety Plan** Chief Medical Officer/Chief Nursing Officer	Level 6	*For approval*	**Enc D** **Page 21**	**10:50**
080/22	**Communications & Engagement Report** Director of Communications & Engagement	Level 5	*For assurance*	**Enc E** **Page 34**	**11:05**

Best Experience of Care and Outcomes for our Patients					
081/22	**Integrated Performance Report** Executive Directors	Level 4	*For assurance*	**Enc F** **Page 40**	**11:15**
082/22	**Committee Assurance Reports** Committee Chairs		*For assurance*	**Page 111**	**11:35**
Best People					
083/22	**Safest Staffing Report** Chief Nursing Officer **a) Adult/Nursing** **b) Midwifery**	 Level 6 Level 4	*For assurance*	**Enc G** **Page 121** **Page 127**	**11:40**
Governance					
084/22	**Scheme of Delegation** Chief Finance Officer		*For approval*	**Enc H** **Page 136**	**12:00**
085/22	**Audit & Assurance Committee Report** Audit Chair	Level 5	*For assurance*	**Enc I** **Page 140**	**12:10**
086/22	**Trust Management Executive Report** Chief Executive		*For assurance*	**Enc J** **Page 142**	**12:15**
087/22	**Any Other Business** *as previously notified*				**12:20**
088/22	**Closing Remarks** Chair				
Close					

Reading Room:

- Chair's Actions
- Scheme of Delegation
- ICS Strategy Guidance Briefing
- June Integrated Performance Reports
- June Safest Staffing Reports

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 12 JULY 2022 AT 10:00 AM HELD VIRTUALLY

Present:		
Chair:	Sir David Nicholson	
Board members: (voting)	Paul Brennan	Chief Operating Officer
	Anita Day	Vice Chair, Non-Executive Director
	Matthew Hopkins	Chief Executive
	Colin Horwath	Non-Executive Director
	Paula Gardner	Chief Nursing Officer
	Simon Murphy	Non-Executive Director
	Robert Toole	Chief Finance Officer
	Christine Blanshard	Chief Medical Officer
	Richard Oosterom	Associate 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
	Donna Scarrott	Discharge Nurse and Chair of Staff Disability Network (for Patient Story)
	Neil Cook	Interim Chief Finance Officer
	Jo Wells	Deputy Company Secretary
Public		Via YouTube
Apologies	Dame Julie Moore	Non-Executive Director
	Justine Jeffrey	Director of Midwifery
	Waqar Azmi	Non-Executive Director
	Sharon Thompson	Associate Non-Executive Director

055/22 **WELCOME**

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

056/22 **PATIENT STORY**

Ms Gardner introduced Donna Scarrott, Discharge Nurse and Chair of the Staff Disability Network.

Donna's passion for nursing began aged 4, when she was seen by a nurse following a fall and was in awe of their kindness and compassion. At 13, she joined the Sea Cadets to gain experience for a career in Nursing in the Royal Navy. During this time, she found she was clumsy, bumping into things and tripping over. Donna was referred to Orthotics and was provided with a set of splints, however she did not want to wear them. At 17, she

interviewed for the Navy and realised she would not pass the medical test and she decided that she would become a nurse.

Over the following years, Donna was diagnosed with CMT (Charcot Marie Tooth Disease). CMT is a hereditary motor and sensory neuropathy, which is progressive and currently has no cure. Donna's father has the condition, along with members of her extended family. Donna refused to let her condition define her and in May 2000 she started working at the Trust. She worked for 10 years as a Health Care Assistant on the same ward, in between maternity breaks. Donna wanted to progress her career and she requested training opportunities, and secondments, which were turned down by her manager due to her sickness record and was told that she could not be a nurse with her disability. Donna secretly enrolled on an access nursing course and successfully undertook a three-year diploma. Working as a staff nurse on the respiratory ward, her health worsened and at age 32 she was in debilitating pain during and after each shift. She was supported by Occupational Health for a redeployment to the Discharge Lounge.

CMT causes muscle wastage, specifically in Donna's legs, feet, hands and arms. This has led to foot drop and other deformities of the feet. Walking requires significant concentration to avoid falls and the increased level of concentration results in faster fatigue. Donna is aware that it may not be evident she has a disability until she walks and people notice her slight limp. Donna does not want to be defined by her limitations but by what she *can* do. Donna has channels to reach out to for support and is an advocate for the Trust to push for change.

Sir David thanked Donna for sharing her inspiring story.

Ms Day acknowledged how hard it is to open up on such a topic and thanked Donna for her courage in sharing her story. Ms Day observed that Donna had an unsupportive manager in the early stages of her career and asked if she had any thoughts on helping people to speak up and giving staff confidence to join the network to make improvements. Donna replied that the ability to talk about it comes with age. The Trust now had the network to provide support and sharing experiences encourages others. The network was not in place earlier in Donna's career.

Mr Oosterom asked what was being done to help people with disabilities. Donna advised that health ability passports had been introduced to aid discussions and were stored in personnel files so they followed the staff member to other areas should they move. Reasonable adjustments were also reviewed. Ms Ricketts informed that Donna was leading on the disability confidence charter and the team had identified variants in the application of the sickness absence policy. Case stores were also used to improve manager awareness.

Mr Murphy asked whether Donna still faced discrimination in the workplace and asked how it was addressed. Donna replied that she was currently experiencing discrimination at the moment but it was being managed.

Ms Gardner advised that Donna was a reverse mentor for herself and expressed a personal thank you to Donna. There were some current issues and Ms Gardner was dealing with them.

Donna informed that people with disabilities added value to the Trust and thanked the Board for letting her share her story.

Sir David was privileged to have Donna working for the Trust. It was worrying that people who may have a disability were are being put off a career in nursing and encouraged the sharing of Donna's story.

057/22 **ANY OTHER BUSINESS**
Sir David had an item of other business to be discussed later in the meeting.

058/22 **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.

059/22 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 9 JUNE 2022**
There were two minor amendments noted and the minutes were approved.

RESOLVED THAT following the amendments, the Minutes of the public meeting held on 9 June 2022 confirmed as a correct record and signed by the Chair.

060/22 **ACTION SCHEDULE**
A number of actions were scheduled for upcoming meetings and there were no items for escalation.

061/22 **CHAIR'S REPORT**
Sir David advised that he had undertaken a Chair's action, which was approved in relation to the Annual Plan and a contractual issue regarding insulin pumps. The Board were in agreement with the Chair's action.

Lord Carter's visit had taken place which was a helpful meeting resulting with a number of suggestions. The visit reinforced the progress that has been made in the organisation which colleagues should be proud of.

An ICB Board meeting had taken place, which is attended by Mr Hopkins and Sir David, the papers had been circulated to members and set out what the ICB Board is there to do.

RESOLVED THAT: the Chair's update was noted

062/22 **CHIEF EXECUTIVE'S REPORT**
Mr Hopkins presented his report which was taken as read. The following key points were highlighted:

- The continuing impact of the covid pandemic on the hospital and wider system. The Trust had a high number of covid positive patients, the majority of which were incidental findings. The number of beds for those patients had increased up to 93. There were 124 covid positive inpatients yesterday across both sites. Modelling data suggests that the number of positive people in the community positive is predicted to peak this week. The evidence suggests those currently infected are sicker than those from earlier in the year, which had impacted staffing and operational delivery. There were currently over 150 staff specifically absent in relation to covid.
- There was a predicted heatwave for this weekend and next week. Operational plans were in place and business continuity plans were being prepared to be enacted if required.
- There were continuing ambulance handover delays this week. The Trust was one of 35 Trusts nationally that have persistent problems. The total quantum of hours

patients were waiting put Worcester within the worst 6 Trusts in the country. The Trust was working with the national team to address the issue as a system which was a key focus of the Board and Executive team.

- The first Leaders Conference took place on 16th June and thanks were given to Mr Haynes and colleagues for organising the event which was well received and would be replicated on a regular basis.
- The ICS key operational priorities were the focus of conversation and whether they reflected the important elements of concern.
- The Lord Carter visit was well received. Glen Burley and David Loughton joined the visit for lunch and a discussion was held around finance challenges and navigating out of covid.
- Mr Hopkins had attended the Healthwatch Annual Conference and joined a panel of leaders to answer questions on health and social care.
- Opening of the Co-Lab at Kidderminster was highlighted.
- A ceremony had been held to acknowledge and reflect upon those who died and the lives saved throughout the pandemic.
- The hardship as a consequence of the cost of living crisis was recognised. Work was underway with strategic partners to develop information for staff on how to seek help, provide tips and advice of managing money.
- There had been disappointing news from the University of Worcester that the opening of the Medical School is delayed. Support continued from all partners to get it established.

Mr Murphy queried when the Staff Charter would launch. Mr Murphy agreed with supporting staff in relation to the cost of living crisis but cautioned whether there would be any cost implications associated to it and the sustainability of it. Ms Ricketts replied that the Charter would launch in September.

Mr Oosterom referenced violence and aggression incidents and asked whether numbers had risen because staff are now reporting these incidents or whether they were reported due to a psychological impact. Mr Oosterom also asked what suggestions had been made by Lord Carter. Mr Hopkins responded that the incident reporting was likely a combination of both. Teams were working with the Health and Safety Executive and the new Health and Safety Manager regarding training programmes and the importance of reporting. Suggestions made following the Lord Carter visit related to sharing the positive cultural changes, a clear approach to workforce and payment by results incentives to clinical teams.

Ms Day referred to the delays of the Medical School opening and asked what the implications were for the organisation and workforce plans. Mr Hopkins advised that a year had been added on to the supply chain but it was better to delay and have a successful start. The Trust continued to work closely with them. Dr Blanshard added that the initial plans for the first cohort was to have placements for 8 students which were an add on. The Trust had appointed a consultant who is a part time lecturer and will still join the Trust as planned.

RESOLVED THAT: the report was noted.

Best Services for Local People

063/22 **AMBULANCE HANDOVER DELAYS**

Mr Brennan presented the report which set out the additional actions to be put in place. 2hrs 22mins was the average ambulance handover wait at Worcester. The Alex had an average of 42mins. The amount of time spent on the back of an ambulance was the

highest in the region and there had been a marked deterioration in patient handover over the last year. There had been a reduction in the number of ambulance conveyances to Worcester with an opposite increase in the number of ambulances to the Alex which was due to a mixture of a postcode change to move more ambulances to the Alex and diverts to the Alex.

Overall, attendances showed a marked increase in walk ins. It was suspected that patients were presenting themselves who would previously have attended by ambulance due to ambulance delays. The overall attendance is rising rapidly.

Measures were in place to maintain patient safety and are detailed within the report alongside actions in monitoring patients in the back of ambulances.

The new AMU opened on 27th June. The average length of stay was high but was now beginning to drop. The turnover through AMU should be about 24 hours and was currently an average of 38 hours. The new Pathway Discharge Unit opened on 4th July and there were currently 17 patients on the unit, none of which had been there above 48 hours. The target was to discharge within 48 hours. Typically, half were discharged within 24 hours and there was an average of 11 patients per day. The plan was to achieve around 30 discharges before 12 noon and focus on achieving 10 per hour from 12-7pm. A summary was detailed on page 8 of the other actions that partners in the system have agreed to put in place over the next week.

Sir David stated that there was no lack of effort in trying to make improvements though it had not yet delivered the desired results.

Ms Day observed the Alex ED performance against Worcester and queried why the Alex performed much better. Mr Brennan replied that Worcester is a speciality based bed base, where the Alex was more general.

Mr Murphy noted that the HALO worked from 10-6 and asked whether those were the key times of delays. Mr Murphy also asked how the ICB Board actions would be implemented and delivered as it needs a multi partner response. Mr Brennan replied that the HALO was contracted to work those times but the Trust often requested to keep them on site to 8-9pm. Mr Hopkins informed that the fast track process needed to not be blocked, which was a commissioning issue. The Trust was encouraging GP referred patients to go direct to AMU, whoever there were communication issues which were a work in progress.

Recent guidance had been issued from national leaders regarding discharge top tips and the system leadership role with the ICB. The key point being that everyone has a role to play and to ensure that all were pulling in the same direction as there was a patient safety crisis with the ambulance service. Mr Hopkins had met with West Midlands Ambulance Service colleagues earlier in the week and were keen to ensure Scrutiny Committees are briefed on the issues and actions had been shared with WMAS. WMAS had advised that they have significant staffing challenges as a consequence of covid.

Mr Horwath queried if there had been an increase in the acuity of walk ins and whether there were patient safety issues which impacted in the longer term. Mr Brennan replied that patients were making their own way to hospital and some are more acutely ill than those on ambulances. The increase in acuity that are not conveyed by ambulance was in relation to the publicity around ambulance delays. It was hoped that confidence would return and the pattern ceased, however the pattern is similar to elsewhere in the region. Dr Blanshard updated that there were patient safety incidents as a result of overcrowding in ED. Teams

were trying to manage risk. The rise in walk ins is higher than others in the region and there was a lack of availability and awareness of alternatives to hospital attendance. Ms Gardner informed that the ED staff needed to do the ED work and other staff were often redeployed to do basic care rounds when ED are busy and have delays.

Mr Oosterom advised that he needed to see a systems approach and that he did not understand the root cause of the problem, therefore the report did not provide assurance. Sir David requested that a further report was reviewed which had defined and strengthened measures and that there needed to be a connection between actions and consequences. The next Finance and Performance Committee would review an updated report.

ACTION: Finance and Performance Committee to review an updated report.

RESOLVED THAT: the report was noted.

064/22 **2022/23 ANNUAL PLAN RESUBMISSION**

Ms Newton informed that there was a national requirement for all organisations to resubmit plans. The conditions were laid out within the report and the plan formed part of the system ICS plan. The sub groups had approved the resubmission.

The following key points were highlighted:

- Activity amendments were made to April data and there was a change to the ultrasound data.
- There were no workforce changes.
- Productivity and Efficiency Programmes had been adjusted but remained a considerable risk.
- Additional funding and risks were outlined.
- The deficit position has improved as had cash.
- There were risks in the approach being taken which were detailed and formed part of ongoing discussions.

Mr Toole clarified £2.6m needed to be removed as the deficit is £19.9m at this stage and not the reported £22m. The detail of this is highlighted within the finance section of the Integrated Performance Report.

Ms Ricketts updated that in terms of the workforce plan, the team were still working through the elective recovery fund but it was likely 20wte would go in to the establishment. The costs were included in the run rate.

Mr Murphy asked if there was any prospect of additional funding. Mr Toole responded that the discussions with the ICB stated that any money would be distributed appropriately across the ICB but no there was no definitive answer. Triangulation could be discussed at the Board Development session being held later in the day. Sir David stated that there were two areas where money may come available and they related to winter and capital spend.

Mr Oosterom cautioned that the revenue funding for AMU and PDU had not been addressed and as it was in direct relation to ambulance handovers, it should be dealt with. Mr Hopkins replied that there was clear understanding that there is the need for the revenue funding which is a system facility. A risk remained but he was assured it is a recognised income responsibility that needed to be met by Mark Dutton and Simon Trickett. Sir David requested that Mr Hopkins write to them to set out the position.

ACTION: Mr Hopkins to write to Mark Dutton and Simon Trickett regarding revenue funding.

RESOLVED THAT: the 2022/23 Annual Plan was noted.

Best Experience of Care and Outcomes for Patients

065/22 **INTEGRATED PERFORMANCE REPORT**

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

- Cancer referrals were consistently high and now causing capacity concerns.
- Outpatient DNAs remained high.
- Non-elective pressures persist and result in crowding in the ED and impacts ambulance handover performance.
- Sickness absence rate has improved.

Mr Horwath queried results of the DNA survey and asked if there was any confidence in reducing the rate. Ms Lewis advised that work was underway with specialties regarding text message reminders.

Mr Murphy queried if any patients had come to harm due to waiting and what was done to address those circumstances. Mr Brennan replied that there were a number of clinical interventions on a sequential basis to reduce the time and number of visits to the hospital, however it would be another 2 months to implement that work. Dr Blanshard added that if there were any moderate or severe harm identified as a result of delays, an internal review would take place and duty of candour. The root cause is established and actions put in place which are tracked through the quality governance process.

Mr Oosterom observed that the Trust was behind activity levels on elective work and asked how it would impact upon targets. Mr Oosterom also asked how the Medically Fit for Discharge (MFFD) performance numbers compared with peers. Mr Brennan replied that the Trust compared well within the region but length of stay is higher than it was. MFFD related to between 55-75 patients who did not need to be in the hospital. There were some delays in those who need to move to a community hospital. The Health & Care Trust had also reported delays with awaiting discharge. Mr Oosterom asked for the reason to reside numbers to be included in future reports. Mr Brennan added that upper GI was moving over to the Alex. There was also opportunity to do more activity within funded theatre sessions at Kidderminster.

Ms Day referred to the elective recovery and performance data and noting the Trust did not achieve in several categories and asked whether actions were being put in place to bring it back on track. Ms Day added that there was clear linkage to theatre utilisation in relation to fractured neck of femur data and the average time to theatre had increased and asked when an improvement would start to be seen. There was also a C-diff issue in the Trust and Ms Day asked if there were any explanation as to why that was. Mr Brennan advised that divisions have completed an exercise to ensure delivery against elective targets and agreed they would have a clear picture by tomorrow. The indication is that the take up of theatre is running at 70% so there was an opportunity there. Fractured neck of femur work would be completed at the end of August. One of the issues is the trauma theatre is not fully functioning 7 days per week. Take up of theatre sessions at Worcester had however

improved and were at 92%. Dr Blanshard advised that the delays in fractured neck of femur were multifactorial: The trauma theatre capacity was not matching the peaks of admissions, flow into trauma beds, (however a new process has been introduced), issues with pathways and reviews were taking place with consultants to make further improvements.

Ms Gardner noted there had been a c-diff issue with Aconbury, ward 3 and 4, efforts were focussed on cleaning and environmental fabric, confirming estates teams were involved. There is an element of community onset still being seen from covid. Teams were working closely with solutions to hospital acquired infections and bed cleaning. Post incident reviews were monitored by NHSE/I.

In respect of finance, Mr Toole summarised that the Trust was broadly in line with where we said we would be and that the key aspects looking forward are:

- The ability to identify to improve costs in and out
- Funding of the pathway discharge unit
- Delivering the ERF in full.
- The ability and resources to retain and deliver recruitment and continuing covid.

Mr Murphy observed a large amount of pressure on PEPs and the knock on effect of not realising those. Mr Oosterom also advised there was a risk in the capital available of lifecycle of assets and asked to ensure that there was good analysis of risks in those areas and capital prioritised accordingly. Mr Toole confirmed there were a number of schemes being followed up. The Trust had however been underfunded for infrastructure and backlog maintenance.

Sir David closed the item by reiterating that AMU arrangements and upping elective activity to deliver ERF needed focus.

ACTION: Reason to reside numbers to be included in future reports.

RESOLVED THAT: the report be noted for assurance.

066/22 **COMMITTEE ASSURANCE REPORTS**

The following points were highlighted by Committee Chairs:

- F&P: Mr Oosterom advised that additional risks would be discussed during the afternoon session.
- QGC: Mr Oosterom noted the escalations from the Committee had been addressed in earlier discussion and there was nothing further to raise.

RESOLVED THAT: The Committee reports be noted for assurance.

067/22 **INFECTION PREVENTION AND CONTROL ANNUAL REPORT**

Ms Gardner presented the annual report with an assurance level of 6 which had been reviewed at Committees.

IPC had achieved a green rating from NHSI following a visit and the priority was to maintain that standard.

Thanks were extended to Tracey Cooper for completing the report and her work within IPC prior to her recently leaving the Trust. Julie Booth was the new IPC lead.

Sir David gave thanks to Ms Gardner and Tracey Cooper for the improvements made within IPC.

RESOLVED THAT: The Trust Board approved the Infection Prevention and Control Annual Report.

068/22 **SAFEGUARDING ANNUAL REPORT**

Ms Gardner introduced the report with an assurance level of 6 which had been recommended for approval by the Quality Governance Committee.

The Board accepted and commended an excellent report. Thanks were given to Debbie Narburgh and her team for compiling the annual report.

RESOLVED THAT: The Trust Board approved the Safeguarding Annual Report.

Best People

069/22 **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.

- There were concerns for staff in ED who are struggling due to the pressure and steps were being taken to ensure they are well looked after.
- Benchmarking with Peer groups is favourable.

Mr Oosterom gave thanks and appreciated the work the teams were doing during these difficult times. There is a concern with bank and agency usage and he asked what the issues were with clearances for recruits and how this was being tackled. Ms Ricketts advised there were capacity issues in recruitment and a backlog of pre-employment checks, however additional workforce is now in place. Recruitment activity is better in line with rates and resource allocated to teams. A backlog update would be presented at the next meeting.

Sir David acknowledged that ED are under pressure. Ms Gardner reiterated that extra support was being put in ED, though wards often did not understand the level and pressure of ED. Ward Manager bleeps were being reintroduced at Worcester and is already in place at the Alex. Staff shadowing of ED colleagues was being looked at in order for colleagues to understand the pressures.

Mr Hopkins advised that the 4ward improvement system training is underway. Feedback was being received from ED staff such as equipment factors which waste time and needed to be addressed.

Midwifery

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

- Birth rate in May was low. Continuity teams supported
- Supernumerary was not achieved at all times.
- Delays in care were noted but there was no harm reported.
- There were 9 unfilled posts. 7 had been offered to those qualifying in September. There were no leavers in May.

- Sickness had improved during May.

Sir David observed that it was anticipated that all vacancies would be filled by February 2023.

ACTION: Recruitment backlog update to be presented at the next meeting.

RESOLVED THAT: The Trust Board Noted the report for assurance

Governance

070/22 **AUDIT & ASSURANCE COMMITTEE REPORT**

Ms Day presented the report that was taken as read.

Mr Oosterom queried the cyber security risk issues and asked what risks the Trust were exposed to. Ms Lewis would feed back outside of the meeting.

ACTION: Ms Lewis to advise as to the Trust's cyber security risks.

RESOLVED THAT: the report was noted for assurance.

071/22 **ANY OTHER BUSINESS**

Sir David noted that it was Mr Toole's final Board meeting and gave thanks to the fantastic contribution he had made to the Trust and for creating a firm platform for the organisation to move forward. Mr Hopkins also gave thanks to Mr Toole on behalf of the Executive team and particularly for his efforts to being a bronze commander throughout the pandemic.

Sir David advised the Board that this would be his last meeting as Chair of the Trust. He gave thanks for the help and support of Board colleagues during his time in post and advised that Ms Day would act as Interim Chair. Mr Hopkins, on behalf of the Board, stated that they were privileged to have to have worked alongside him and he had made such a difference to the Trust. Local MPs were also supportive of Sir David's work as Chair for the Trust. Focus on putting patients first is captured in all Board meetings and Sir David had been influential in how the Trust moved forward.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held virtually on Thursday 8 September 2022 at 10:00am.

The meeting closed.

Signed _____ **Date** _____

Sir David Nicholson, Chair

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
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	
09.06.22	BAF & Risk Appetite Statement	049/22	A discussion to take place with Executives lead by Ms O'Connor regarding a risk to the longer term strategy, governance and quality activities to be included on the register.	ROC	July 2022	Sept 2022	Session scheduled in July was cancelled due to level 4. Rebooked for 26th September.	
13.01.22	Charter	158/21	Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months	MH/TR	March 2022	Sept 2002	Task and Finish Group established to oversee implementation of charter. Outcome measures being developed through this group. Update provided to NEDs and Chair on 7 July with a board development session planned.	
10.03.22	CEO Report	186/21	LGBTQ+ relaunch to be presented to Trust Board	TR	TBC	Sept 2022	Network leads are scheduled to attend Trust Board from September but this has had to be postponed due to annual leave.	

9.12.21	Board Assurance Framework	141/21	Ms O'Connor to share the Board analysis and bring a paper to Board following the next quarter's review	ROC	Feb 2022	Sept 2022	Annual board analysis review completed and shared with Chair and key NEDs and External Audit	
12.07.22	Ambulance Handover Delays	063/22	Finance & Performance Committee to review an updated report	PB	Sept 2022		Committee completed a deep dive into ambulance handover delays at Committee in July.	
12.07.22	Safest Staffing Report	069/22	Recruitment backlog update to be presented at the next meeting	TR	Sept 2022		Included in this month's Integrated People & Culture Report and reviewed at People & Culture Committee this month.	
12.07.22	Audit & Assurance Committee Report	070/22	Ms Lewis to advise what cyber security risks the Trust were exposed to.	VL	Sept 2022		Moved to the Private Board actions	
12.07.22	2022/23 Annual Plan Resubmission	064/22	Mr Hopkins to write to Mark Dutton and Simon Trickett regarding revenue funding.	MH	Sept 2022		Complete and followed up with monthly face to face meetings to review progress with our Annual Plan and financial forecast.	

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc C1

Chair's Report

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

Accountable Director	Anita Day Chair		
Presented by	Anita Day Chair	**Author /s**	Rebecca O'Connor Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

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

Executive summary	The Chair, undertook a Chair's Action in accordance with Section 24.2 of the Trust Standing Orders to approve the following contracts: 1. Approved Adult Parenteral Nutrition (SCSD Pharmacy) 2. Approved Immunology Services (NHS SLA with Wye Valley Trust) (SCSD Pharmacy) 3. Approved Allocate E-Rostering Contract – Extension (People & Culture) 4. Approved Linen & Laundry Contract (Estates & Facilities) Re-award from 01/11/2021 – price increase from April 2022) 5. Various Ortho (T&O) The Contract Governance Awards are available for Board members in the Reading Room.

Risk													
Which key red risks does this report address?		**What BAF risk does this report address?**	*BAF 3, 4, 7, 8, 9, 11, 18, 19*										
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	X			
Financial Risk	*As set out within the plan and papers*												
Action													
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X							
Are the actions identified starting to or are delivering the desired outcomes?	Y		N										
If no has the action plan been revised/ enhanced	Y		N										
Timescales to achieve next level of assurance													

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc C2

Chief Executive Officer's Report

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

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

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

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

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

HS	This report is to brief the Board on various local and national issues. Items within this report are as follows: • Worcestershire urgent and emergency care • Welcome to new Foundation Doctors • Health and wellbeing offer • Visit to University Hospitals Coventry & Warwickshire • H&W Integrated Care Board update • NHSE undertakings • Senior Information Risk Officer

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

Assurance Level (x)	0		1		2		3		4		5		6		7		N/A	X
Financial Risk	None directly arising as a result of this report.																		

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

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc C2

Introduction/Background

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

Issues and options

Worcestershire urgent and emergency care

As a consequence of the continuing failure of system wide flow to eradicate patient risk caused by ambulance handover delays at our hospitals, our system is in a cohort of 6 trusts that have been asked to implement a new model of care following a meeting with the Secretary of State for Health and Social Care.

In response we are implementing this new model for managing flow between the emergency department (ED) at Worcestershire Royal Hospital, the assessment units and the medical and surgical wards. In essence, the model levels the load of patients and clinical risk from the ED across the rest of the hospital.

This model has been successful at North Bristol NHS Trust and will commence over the weekend of 3rd and 4th September.

The consequence of the model for patients should be an earlier move to the right ward and earlier in the day discharge when they are safely ready to leave hospital. It will require our community and social care partners to increase the pace, and also have more earlier in the day discharges onto supported care pathways.

The Chief Operating Officer will provide a verbal update on the early impact of the new model.

Foundation doctors

On behalf of the Board, I would like to extend a warm welcome to our new Foundation Doctors, and all other grades, who joined us in August on their latest rotations.

Across our Trust, more than 140 new doctors will be training at the Alexandra, Kidderminster or Worcestershire Royal. Some are completely new, others have been here as students or more junior trainees.

They range from FY1 doctors who are at the very start of their careers through to ST8 trainees who may have eight years of experience already and are well on their way to becoming Consultants (and hopefully thinking about joining our Consultant body in the near future).

They all have a vital contribution to make, not just supporting our ongoing efforts to put patients first, but also looking with fresh eyes at our culture, our staff wellbeing offer and the way we run our services, and sharing with us their views about what we are doing well, and where there is room for further improvement.

Managing the twice-yearly changeover of doctors in training is a major and crucial piece of work, and I would also like to take this opportunity to say thank you to colleagues in our Medical Education and Human Resources teams who put so much time and effort into making sure the process runs smoothly and efficiently.

Meeting	Trust Board
Date of meeting	8 September 2022
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Health and wellbeing offer

The following initiatives have recently been added to our comprehensive Health & Wellbeing support for staff, all available through the Heath & Wellbeing pinwheel on the intranet and on the staff app.

a) **Financial wellbeing** – A new financial hub launched in partnership with The Money Charity providing financial support, advice and guidance
b) **Family leave** – Along with the launch of our new family leave policy providing enhanced leave and pay in circumstances of fertility treatment, pregnancy loss, and early childbirth, we have subscribed to SANDS to provide our staff and managers with access to support and guidance with pregnancy loss and premature childbirth
c) **Long covid** – We have a new Occupational Therapist starting on 19th Sept 2022 who will be providing 15 hours a week support to staff suffering with symptoms of long covid
d) **Vaccination** – Our annual flu and covid booster vaccination programme is due to start on 19th Sept 2022 with vaccinations offered to all staff
e) **Clinical psychologists** – the interim service implemented during the pandemic for clinical psychology for staff wellbeing has now been made permanent
f) **Mental health first aiders** – A network has been established for our Mental Health First Aiders with promotion of the first aiders on the intranet

Visit to University Hospitals Coventry and Warwickshire (UHCW)

In early August representatives from the executive team and divisional directors attended a visit hosted by the CEO and executive team from UHCW. The visit's purpose was to learn from their experience of being one of the five trusts sponsored by NHSI to partner with the Virginia Mason Institute in 2015, to develop a culture of continuous improvement based on a guiding principle of *respect for people* and utilising Lean improvement tools – mirroring our 4ward Improvement System.

The visit team were impressed with the improvements and passion for putting patients first that they saw from the staff they met, and they saw many similarities between the UHCW approach and our own. One of the key reflections they observed was the consistency in leadership behaviours and the unified approach from the executive team in steadfastly trusting the improvement process, even when under operational pressure.

The learning from the visit has been discussed at the 4ward Improvement System Transformation Guiding Board and will continue to inform the leadership development.

H&W Integrated Care Board (ICB)

This month we hosted a visit to WRH by the Chair of the Herefordshire and Worcestershire Integrated Care Board (ICB) Crishni Waring and two of her Non-Executive colleagues. This provided an opportunity to share our improvement journey and strategy built around our strategic pyramid. A number of clinical teams also welcomed our ICB guests to their genba (the place where the work is done), with visits to maternity and emergency care.

Developing our Herefordshire & Worcestershire integrated care strategy

The Integrated Care Partnership will meet for the first time on 7th October to discuss the progress on the development of the strategy and will meet on 14th December to formally endorse the first publication version. It is recognised and accepted in the statutory guidance that the first publication version will be "a point in time" and it is expected that it will be developed and refined

during the course of 2023. WRH along with other local partners and stakeholders are being consulted on how we wish to be involved in the work and how it will align to the 5 year Forward plan and further inform our 3 Year plan (3YP).

NHSE undertakings

Our Section 31 Conditions were successfully removed in May 2021 although the 2019 Enforcement Undertakings remain in force. We have previously been assessed as being within System Oversight Framework (SOF) segment 3.

A joint review with NHSE of the Undertakings has taken place and as a result, we have been issued with a Compliance Certificate in respect of paragraphs 2.2, 6, 7 and 9 and a Discontinuation in respect of paragraphs 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 2.6, 2.7, 2.8, 3, 4 and 5 of the Undertakings.

In their stead a revised set of Enforcement Undertakings have been agreed in relation to compliance with the conditions of the Provider License FT4 5(c). The Enforcement Undertaking have been published by NHS England at https://www.england.nhs.uk/publication/regulatory-action-licensed-independent-healthcare-providers/

The monitoring arrangements are as follows:

Undertaking	Exec Lead	Oversight	Reporting
1 Quality	Chief Nursing Officer	TME, QGC and TB	Integrated Performance Report
2.1 Emergency Care	Chief Operating Officer	TME, F&P and TB	Integrated Performance Report
2.2 Diagnostics	Chief Operating Officer	TME, F&P and TB	Integrated Performance Report
2.3 Cancer	Chief Operating Officer	TME, F&P and TB	Integrated Performance Report
2.4 Elective Recovery	Chief Operating Officer	TME, F&P and TB	Integrated Performance Report

Audit and Assurance Committee will receive an annual overview as to compliance.

Failure of the Trust to comply with the Undertakings may result in NHS England taking further regulatory action.

Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc C2

Senior Information Risk Officer (SIRO)

Vikki Lewis, Chief Digital Information Officer has taken over as the Trust's SIRO. The SIRO is a Board-level executive familiar with information risks and is the focus for the management of information risk at Board level of Worcestershire Acute Hospitals NHS Trust. The SIRO is responsible for providing me with assurance that information risk is being managed appropriately and effectively across the Trust.

Recommendations

The Trust Board is requested to

- Note this report.

Appendices – None

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc D

Quality and Patient Safety Plan 2022 - 2025

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

Accountable Director	Matthew Hopkins, Chief Executive Officer		
Presented by	Dr Jules Walton, Deputy Chief Medical Officer	**Author /s**	Kira Beasley, Business Manager to CMO

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Trust Management Executive	20 July 2022	Approved
Quality Governance Committee	28 July 2022	Approved

Recommendations	To review the Quality and Patient Safety Plan and approve it as a realistic and ambitious direction for Quality within the Trust

Executive summary	The quality and patient safety plan has been redesigned following feedback. The plan outlines the key priorities for the Trust and measures on how we will achieve them. A communication tool has been created and is embedded into the plan. This is an enabling strategy for the Trust to deliver its vision of putting patients first and therefore approval is required so that the Trust can optimally benefit from improvements in quality.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*3 – Enabling strategy of clinical services strategy* *4: quality & safety* *11 – Improve reputation*

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

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N		N/A	X

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
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Are the actions identified starting to or are delivering the desired outcomes?	Y		N		
If no has the action plan been revised/ enhanced	Y		N		
Timescales to achieve next level of assurance					

NHS
Worcestershire Acute Hospitals
NHS Trust

QUALITY AND PATIENT SAFETY PLAN 2022 - 2025

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- PRIORITY 3: CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS

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EXECUTIVE SUMMARY

Our quality and patient safety plan will improve the quality and safety of care provided to our patients. It aims to focus our improvement on the key outcomes that will achieve our vision:

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

Our quality priorities have been identified through our "Big Quality Conversation", robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us.

Our quality priorities have been identified as:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a positive experience for patients and their carers

These quality & safety priorities align with our People and Culture Strategy, Digital Strategy and Annual Plan.

The key to achieving our priorities and our outcomes, is to make sure that our teams are empowered and equipped with the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust. We will do this through our single improvement methodology, the 4ward Improvement System, learning from deaths, serious incident reviews and patient feedback by implementing a real time feedback system.

Our quality and patient safety plan puts our patients at the centre of our service; our Big Quality Conversation had an overall completion rate of 59%. There were a total of 585 responses to the survey; which is an increase of 23% on the 2021 survey.

We will also continue to roll out the Path to Platinum scheme. The Path to Platinum scheme will provide wards and departments with a very clear roadmap of the standards required to deliver outstanding 'platinum' care for our patients. It will give us a shared vision of what outstanding care looks like in our hospitals and set out, very clearly, the quality, safety and patient experience standards that are required to get us there. It has been created to recognise teams that distinguish themselves by improving every element of patient care activity.

Our quality and patient safety plan is based on the CQC updated strategy, which aims to ensure flexible, responsive and proportionate regulation. The strategy outlines regulatory focus across four key themes, which aim to support improvements in care.

The quality and patient safety plan aligns with the integrated care board (ICB) priorities. NHS Herefordshire and Worcestershire Integrated Care Board (HW ICB) was formally established as a statutory body on 1 July 2022. ICB Boards are unitary boards with all board members collectively accountable for all decisions made.
In addition the Herefordshire and Worcestershire Integrated Care Partnership (HW ICP) was established as a statutory committee, jointly formed between Herefordshire Council, Worcestershire County Council and NHS Herefordshire and Worcestershire ICB.

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

Immediate operational priorities for the ICB are:

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

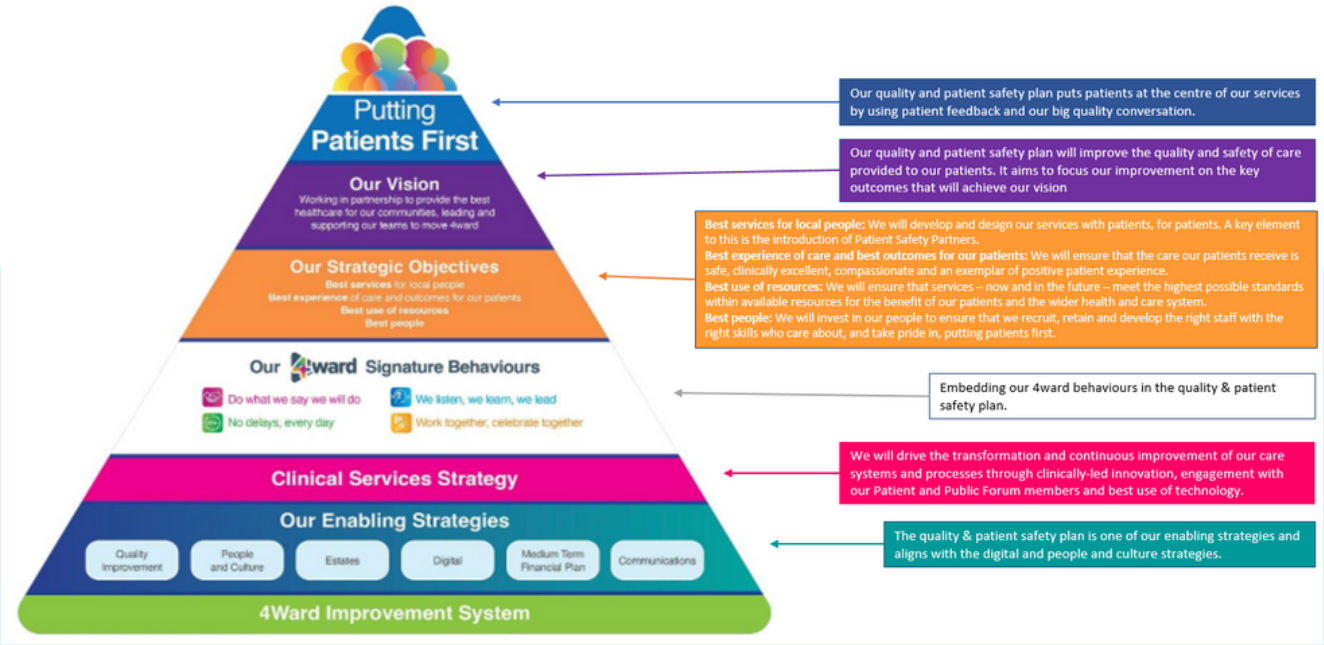

Figure 1: Quality and Patient Safety plan aligned to our Trust Strategic Priorities

SCOPE

Our quality and patient safety plan will utilise our 4ward improvement system and aims to support our clinical services strategy to deliver our strategic objectives to putting patients first.

The quality and patient safety plan will provide:

1. A Roadmap of our key quality targets to improve patient experience and safety
2. This plan will be an integral part of our 3-year plan to develop our services and improve patient care
3. Ensure we continue to use patient feedback to drive service improvements
4. Align with national patient safety strategy & the expectations of our regulatory and oversight bodies

Our quality priorities have been identified through our "Big Quality Conversation", robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us.

Our quality priorities have been identified as:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a positive experience for patients and their carers

The expected outcomes of this plan are:

1. The avoidance of unintended or unexpected harm through embedding into practice a safer culture and safer systems
2. Improve and maintain positive experiences for patients that is personal to each individual, their families and carers
3. Facilitate innovation in delivering safe and effective continuous quality improvements with a focus on patient and carer benefit
4. Promote equality in health outcomes and access to services for all, including underserved groups

These priorities and outcomes will be monitored through our governance procedures and external reporting.

Robust trajectories will be determined annually through our annual planning process.

4WARD IMPROVEMENT SYSTEM

Our 4ward Improvement System is the system by which we will implement our quality and safety plan. The 4ward Improvement System is a systemic approach to training, coaching and empowering all of our people, to develop the skills and mind set to make improvement, part of their everyday work. The 4ward Improvement System will equip all of our staff with the tools they need to embed a culture of continuous improvement, where 'better never stops' to fulfil our purpose of Putting Patients First, and ensure we provide high-quality, safe and effective care, with the best experiences for our patients and staff.

We will do this by:

- Enabling our people to access Improvement training so that:
    - our people who do the work are equipped with the tools so that they can undertake improvement work
    - our leaders practice new leadership skills; to engage and coach their team members in problem framing, and create a safe process-focused environment for accountability, teamwork and actionable improvement.

Fig 2: Training pathways

- Enabling the patients' voice to be heard, by ensuring that the patient public forum are actively engaged on all service improvement work that we undertake
- Celebrating together, where our staff deliver improvements, however small or large scale they may be
- Implementing Rapid Process Improvement Workshops across four key priorities, over the next three years: Recruitment, Patient Flow, Theatres and Outpatients, with high level metrics focusing on quality, service, delivery, morale & cost.

Both the 4ward improvement system and our quality & patient safety plan ensures that our organisation continues to 'Put Patients First'

QUALITY PRIORITIES

We will continue to ensure delivery against our regulated and mandatory quality standards whilst improving upon those that have been identified as priorities by the Trust.

Our priorities have been identified though our risk assessment process, engagement with stakeholders, partners and forums, in particular our "Big Quality Conversation" online survey.
To ensure our priorities align to what is important to people in our community and to support continuous learning, we asked our patients and their families what is important to them in ensuring they receive safe, effective and high quality care, ensuring a positive experience.

These priorities are embedded into a 'house' to allow for clear communication with the clinical teams. This is shown below.

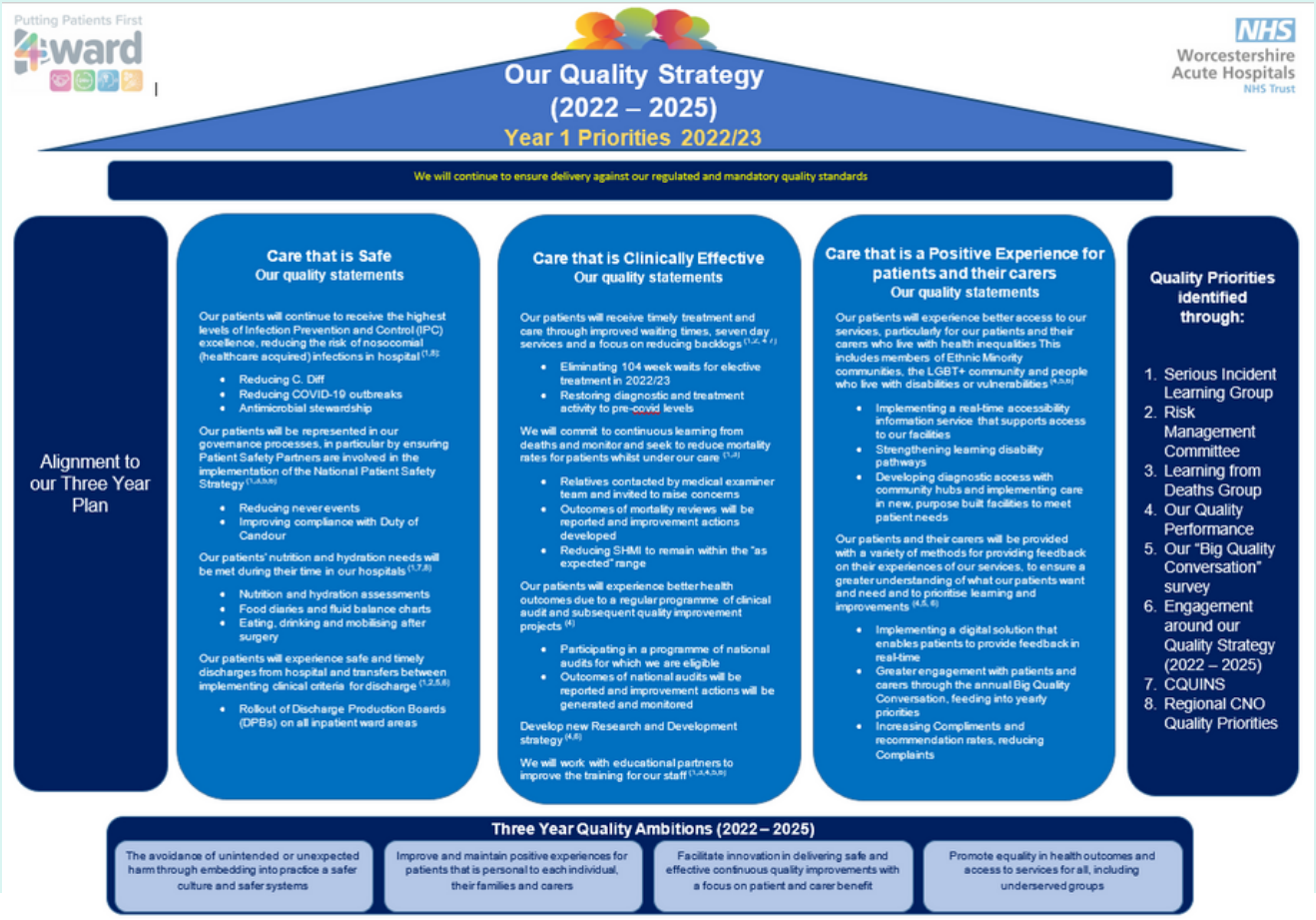

Fig 3: Communication tool for the Quality Priorities

PRIORITY 1: CARE THAT IS SAFE

Our Patients say: 30.4% of our patients said they feel extremely safe in our hospitals; 40.09% said they feel very safe with only 3.08% stating they did not feel safe at all.

33% of patients said that Infection, Prevention & Control is most important in making sure you/ people you care for are safe in our hospitals.

(Figures extracted from appendix 3; Big Quality Conversation report – slides 8 & 10)

1.1 Our patients will continue to receive the highest levels of Infection Prevention and Control (IPC) excellence, reducing the risk of nosocomial (healthcare acquired) infections in hospital

What are we aiming to do?

1.1.1 Reduce C. Diff *to 61 in year 1 and reduction of 10% for years 2 & 3*
1.1.2 Reduce COVID-19 outbreaks *by following national guidance on testing / isolation*
1.1.3 Antimicrobial stewardship by a *reduction of 4.5% for prescribing of antibiotics and 6.5%in year 2*

We will do this by:

- Continue to treat patients with COVID effectively, ensuring access to the latest treatments including access to clinical trials
- Deliver our IPC guidelines and monitor compliance through audit at ward level
- Deliver our Antimicrobial stewardship action plans
- Ensure actions from nosocomial infection investigations are completed and effectiveness reviewed

1.2 Our patients will be represented in our governance processes, in particular by ensuring Patient Safety Partners are involved in the implementation of the National Patient Safety Strategy

What are we aiming to do?

1.2.1 Transition to the Patient Safety Incident Response Framework (PSIRF)
1.2.2 Improvement of the quality of investigation reports, including implementation of the new Patient Safety Investigation standards

We will do this by:

- Introduce new Patient safety incident response framework, enhancing the organisational opportunities for system wide learning
- Introduce Patient safety investigator posts
- Ensure that all our staff have the training and development they need and are empowered and enabled to continuously improve the quality of their services
- Working with our recruitment teams; improve recruitment of Medics, Nursing and Allied Health Professionals to support the development and restoration of services

1.3 Our patients' nutrition and hydration needs will be met during their time in our hospitals

What are we aiming to do?

1.3.1 Complete Nutrition and Hydration assessments: *100% of patients will have an assessment and documentation of their nutritional and hydration needs*
1.3.2 Food diaries and fluid balance charts: *>90% of patients, who in their care plans are identified as requiring this to meet their care needs, will have a fluid balance chart and food diary*
1.3.3 Eating, drinking and mobilising after surgery; *70% in under 24 hours*

We will do this by:

- Ward Manager Quality Checks and Matron Deep Dive Audits.

1.4 Our patients will experience safe and timely discharges from hospital and transfers between implementing clinical criteria for discharge

What are we aiming to do?

1.4.1 Embed the use of Discharge Production Boards (DPBs) on all inpatient ward areas, Golden Discharges and Criteria Led Discharge

We will do this by:

- Empower staff, utilising 4ward Improvement System, to implement and sustain quality improvements
- As part of the National Patient Safety Strategy (NPSS) and aligned with the respect and civility work-stream, introduce a new "Just Culture" guide

PRIORITY 2: CARE THAT IS CLINICALLY EFFECTIVE

Our Patients say: 29.9% of patients described the quality of care they received as outstanding; 45% said it was good. 25% of patients said it required improvement or was inadequate.

11% of patients said that Effective Treatment (Including high standard of care & quick treatment was most important to them when they came into hospital.

(Figures extracted from appendix 3; Big Quality Conversation report – slides 12 & 21)

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

What are we aiming to do?

2.1.1 Reduce the number of patients who spend more than 6 hours in ED which will reduce 30-day mortality *to zero*
2.1.2 Eliminate Ambulance Offload delays *to zero*
2.1.3 Eliminate 104 week waits for elective treatment in 2022/23 *to zero*
2.1.4 Restore diagnostic and treatment activity to pre-covid levels; *target of 104%*

We will do this by:

- Delivery of the HomeFirst Board action plan
- Work with partner organisations to develop alternative pathways for admission prevention
- Work with partner organisations to improve access to Mental Health Services across the ICS
- Improve the care of older patients by providing frailty SDEC and integrating our frailty services with the community frailty hubs
- Restore and recover our non-covid services reducing the number of patients waiting for planned treatments – ensuring that inequalities are not increased as we recover services
- Ensure patients waiting for treatment are routinely reviewed to ensure no harm is being caused
- Utilise benchmarking and audited outcomes to continuously improve the effectiveness of our services (including, GIRFT, PIFU & virtual wards)
- Separate elective from emergency care as far as possible to ensure that elective care is not compromised at times of high acute demand
- Work with partner organisations to improve the effectiveness and resilience of our services e.g. imaging networks, robotic surgery,

2.2 We will commit to continuous learning from deaths and monitor and seek to reduce mortality rates for patients whilst under our care

What are we aiming to do?

2.2.1 Relatives of patients who have died will be contacted by the medical examiner team and invited to raise concerns; *target for year 1 of 90%*
2.2.2 Outcomes of mortality reviews will be reported and improvement actions developed. *Target for year 1: 90%*
2.2.3 Reducing SHMI to remain within the "as expected" range

We will do this by:

- Ensure that all deaths are scrutinised by a medical examiner
- Mortality reviews and actions required monitored through learning from deaths and Clinical Governance Group
- SHMI and HSMR to be included in Trust Integrated Performance Report and actions taken if negative variance occurs

2.3 Our patients will experience better health outcomes due to a regular programme of clinical audit and subsequent quality improvement projects

What are we aiming to do?

2.3.1 Participate in a programme of national audits for which we are eligible: *Target >95% of national audits for which we are eligible*

2.3.2 Develop new Research and Innovation strategy

We will do this by:

- Participation in all eligible national audits
- Use the results of local and national clinical audits as an opportunity for continuous improvement and promote the use of quality improvement methodology to deliver sustainable improvements.
- Complete an annual programme of clinical audit
- Routinely monitor the impact of the NPSS and our quality metrics, including elimination of inappropriate Patient Safety Incident and Serious incident, patient safety reporting and performance measures, and adapt as needed to ever changing clinical priorities
- Agree CQINs which are relevant to our patients and will result in measurable improvements in quality
- Increase the number of patients recruited into clinical research and increase the number of departments that are research-active
- Increase the number of patients recruited into clinical research and increase the number of departments that are research-active
- Remain committed to the importance and value of quality data and strive to ensure all data is accurate, valid, reliable, timely, relevant and complete

2.4 We will work with educational partners to improve the training for our staff

We will do this by:

- Develop a local Patient safety training programme, aligned to the national patient safety Syllabus, delivered by the Trust training academy
- Ensure all staff receive support to complete training in the foundations of Patient Safety
- Continue our programme of 4ward Quality Improvement System training, available to all staff
- Coach staff in the use of 4ward Quality Improvement system tools and techniques.
- Develop, align and embed our Academy's Educational Faculties to support education and training, for example, Medical, Nursing and Midwifery, Allied Health Professionals, Health Scientists
- Develop a bidding process for Divisional Teams to request medical training / education to enhance their services

PRIORITY 3: CARE THAT IS A POSITIVE EXPERIENCE FOR PATIENTS AND THEIR CARERS

Our Patients say: 27.9% said they always felt our hospitals are a welcoming environment for carers; 55.6% stated they sometimes felt this.

42% of patients said that Communication (Including clear communication, keeping in touch with family & being kept informed) was most important to them when they came into hospital.

(Figures extracted from appendix 3; Big Quality Conversation report – slides 16 & 21)

3.1 Our patients will experience better access to our services, particularly for our patients and their carers who live with health inequalities This includes members of Ethnic Minority communities, the LGBT+ community and people who live with disabilities or vulnerabilities

What are we aiming to do?

3.1.1In line with our Digital Strategy we will be implementing a real-time accessibility information service that supports access to our facilities. *Target for year 1: 95%*

3.1.2 Strengthening learning disability pathways

3.1.3 Developing diagnostic access with community hubs and implementing care in new, purpose built facilities to meet patient needs. *Target to open one new diagnostic hub in year 1.*

We will do this by:

- Ensure that transition from the National Reporting and Learning System (NRLS) to the new electronic system is implemented
- Support our Digital Strategy, to enable the deployment of a new patient administration system and the Sunrise Digital Care Record
- Work with Patient Experience team and Learning Disabilities leads to identify inequalities of access and areas for improvement for patients with learning disabilities

3.2 Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure a greater understanding of what our patients want and need and to prioritise learning and improvements

What are we aiming to do?

3.2.1 In line with our Digital Strategy, implement a digital solution that enables patients to provide feedback in real-time; *Target for year 1: 4 star rating*

3.2.2 Greater engagement with patients and carers through the annual Big Quality Conversation, feeding into yearly priorities: *Year 1 target 720 patients and carers will complete the survey (increase by 20%)*

3.2.3 Increasing Compliments and recommendation rates, reducing complaints. *Year 1 target: Increase compliments by 15%*

We will do this by:

- We will recruit a minimum of 2 Patient Safety Partners (PSP) and work towards, including these positions on patient safety committees
- Maximise the use of technology & innovation in the way we deliver services, including virtual wards, patient initiated follow up (PIFU) and digital outpatients
- Ensure that Learning Disability Standards are applied to all NHS funded care from 2023/24

CONCLUSION

The quality priorities within this plan have been identified through our "Big Quality Conversation", robust risk assessment process, engagement with stakeholders, partners and forums, to reflect the things that matter most to us.

The key to achieving our priorities and our desired outcomes, is to make sure that our teams are empowered and equipped with the skills, tools, techniques and mind-set to drive continuous improvement in every part of our Trust. We will do this through our 4ward Improvement System, learning from deaths, serious incident reviews and patient feedback by implementing a real time feedback system.

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APPENDICES

Appendix 1: 2022/2023 Annual Priority Trajectories

Appendix 2: Quality Improvement Priorities Communication Tool 2022-2023

Appendix 3: Big Quality Conversation Results

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc E

Communications and Engagement Update

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

Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	**Author /s**	Richard Haynes

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	Board members are asked to note the report

Executive summary	This report provides Board members with examples of significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months. In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	BAF Risk 12: If we have a poor reputation then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care
Assurance Level (x)	0 | 1 | 2 | 3 | 4 | 5 | x | 6 | 7 | N/A		
Financial Risk	Related activities carried out within the existing communications budget or covered by the budgets of supported projects or programmes.		
Action			

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Is there an action plan in place to deliver the desired improvement outcomes?	Y		N	X	N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	X	N			
If no has the action plan been revised/ enhanced	Y		N	X		
Timescales to achieve next level of assurance	**Communications and engagement priorities for 22/23 are aligned with Trust planning priorities and timelines in ways which are consistent with our Communications Strategy, subject to capacity constraints. Progress and issues will be reflected in future Board updates**					

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Introduction/Background

This report provides Board members with examples of significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.

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

This report also looks at some highlights of the partnership working between our communications teams and colleagues in the Worcestershire Acute Hospitals Charity.

Issues and options

Positive proactive media and social media

A number of our media releases about service developments have generated significant positive media and social media coverage and comment, including an update on work to create a 'robot ready' operating theatre at the Alexandra, the completion of our Community Diagnostic Hub at Kidderminster and the opening of our new Acute Medical Unit at Worcestershire Royal Hospital.

We also received widespread positive coverage about our recognition as an 'Employer with Heart' after becoming one of first to offer paid leave for staff undergoing fertility treatment or who experience baby loss or pre-term birth.

The achievements of colleagues across our Trust – at work and outside work – continue to provide a range of good news stories, including:

- Our Lead Bereavement Midwife, Trudy Berlet receiving a Gold Award from NHS England's Chief Midwifery Officer, Professor Jacqueline Dunkley-Bent OBE, for her years of outstanding work dedicated to women and families who have been through maternity bereavement.
- HSJ Award Nominations for our NeoNatal Outreach Team and Mike McCabe for #CallMe.
- Physiotherapist Lyndsay O'Donnell taking a brief career break from her everyday role helping patients recover or improve their movement, to train full-time with Scotland ahead of the Women's Rugby World Cup.

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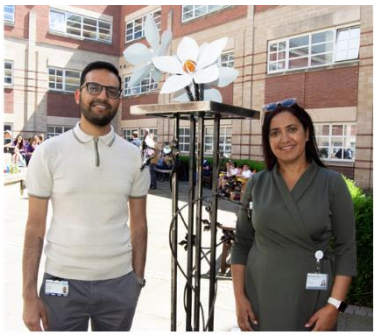
Staff Recognition Awards

Our 2022 Staff Recognition Awards attracted more than 1,000 nominations from colleagues, patients and members of the public. Shortlisting in now complete and at the time of writing this report, preparations were being made for the final judging panel to meet.

Sponsorship packages for the live event on 25 November are already nearly sold out, with the University of Worcester signing up for a second year as our headline sponsor.

Mela Memorials

Many months of hard work involving members of our BAME Network and the Worcester Mela Partnership came to fruition with a series of moving and inspiring summer events as we unveiled unique Covid memorials at the Alexandra, Kidderminster and Worcestershire Royal Hospitals.



Each of our three main sites now features its own unique commissioned memorial artwork, that provide a focal point to reflect on everything we have been through together during the Covid pandemic and in particular to mark the disproportionate impact that the pandemic has had on people from our BAME communities.

4ward Improvement System

Following the success of our Leading 4ward event in June, which brought together more than 100 of our senior leaders, plans are now being developed for follow up events including an event for senior leaders focussing on our three-year plan and how our 4ward Improvement System can support its delivery, as well as a further 'Leading 4ward' event to introduce a new cohort of clinical and corporate leaders to our 4ward Improvement System.

Electronic Patient Record (EPR)

EPR communications activity has ramped up over the last few months following on from the initial launch events in May/June. Recent focus has been on staff understanding the importance of completing training and becoming a super-user for their area. Weekly pop-up stands at WRH and the Alex are helping to reach out to colleagues and explain how EPR will affect them.

Awareness raising is also supported by display materials and an intranet banner and countdown clock, as well as use of other established internal communications channels including the weekly message, Worcestershire Weekly and Senior Leaders' Brief.

Future communications activity, will focus on the following:

- Becoming a super user
- Have you completed your online training?
- What is an EPR? Including FAQs
- Attend a pop-up stall for more information and speak to the team.
- Coming soon- which areas will it affect and when?

Worcester City Run

Worcestershire Acute Hospitals Charity is the official charity partner for this year's Worcester City Runs taking place on Sunday 4 September. We have more than 30 runners who have taken up a charity place with an aim to raise £7000 as a group. The runners are a mixture of staff, corporate partners and individuals with a variety of areas being supported. We also have several 'own place' runners who asked for a fundraising pack. The charity will have a big presence on the day in charity stands, branding around the course and feed stations and inserts in the 4000 goody bags for runners. This event has been undertaken not only as a fundraiser but to diversify the offer we have for potential fundraisers in order to attract new audiences and donors to the charity as well as for the brand boosting potential of the day itself.

Other issues attracting significant interest

Social Media and Media comments on Gift Bags for International Nurses Day/International Day of the Midwife

Board colleagues will remember that as part of our celebrations to mark International Nurses Day and International Day of the Midwife in May this year, we gave out certificates and small gift bags to each of our nurses and midwives, funded by our charity.

The gift bags included a teabag (with Trust and charity branding) along with other gifts (a biscuit, some sunflower seeds and a pen). This was by way of a small token of

appreciation, an awareness raiser for our charity (which supports some very significant staff wellbeing projects) and another way of encouraging our staff to take a break.

In August, some three months after the event, someone who described themselves as the daughter of a member of our staff posted a video on TikTok commenting negatively on the tea bag. Although the original video was taken down a couple of days after being posted it attracted a lot of attention on TikTok and subsequently on Twitter.

We responded with a statement on TikTok and a thread from the Chief Executive on Twitter, providing context and highlighting some of our many other staff wellbeing initiatives, which generated positive responses, but overall the coverage remained extremely negative.

Urgent and Emergency Care

Pressures on our urgent and emergency care services continue to attract significant media and social media coverage and comment. Highlighting the efforts being made to tackle the challenges, and signposting patients to the most appropriate urgent care services remain a priority for communications colleagues at Trust and Place level.

Conclusion

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

Recommendations

Board members are asked to note the report

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Integrated Performance Report – Months 3 and 4 2022/23

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

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

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

Report previously reviewed by		
Committee/Group	**Date**	**Outcome**
Finance and Performance	27 July 2022	Assured
Quality Governance	28 July 2022	Assured
People and Culture	2 August 2022	Assured
Trust Management Executive	17 August 2022	Approved and Assured

Recommendations

The Board is asked to note
- this report for assurance
- that the Jul-22 IPR has been approved by TME
- the focus of the cover report relates to Jul-22

Key Issues

Operational Performance

Elective Recovery

Elective Activity			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Outpatients	News	Plan	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	65,218
	(Target 104%)	Actual	13,158	16,084	15,465	14,918									59,625
	Follow-ups	Plan	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	109,638
	(Target 75%)	Actual	30,172	34,009	32,784	31,084									128,049
Inpatients	Day Case	Plan	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	29,655
	(Target 104%)	Actual	5,826	6,652	6,282	6,430									25,190
	Elective Spells	Plan	455	584	697	707	646	744	663	824	744	766	808	853	2,444
	(Target 104%)	Actual	450	526	525	454									1,955
Diagnostics	Imaging	Plan	12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	50,928
	(Target 120%)	Actual	11,723	13,515	13,155	13,608									52,001
	Endoscopy	Plan	1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	6,370
	(Target 120%)	Actual	1,022	1,285	1,158	1,278									4,743
	Echocardiography	Plan	806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	3,248
	(Target 120%)	Actual	1,001	1,150	1,008	1,072									4,231

Table 1

Against the submitted annual plan for Jul-22, we are below our OP New target and OP follow-ups continue to be over plan when the target is to reduce this activity. We remain on track with PIFU.

Daycases and inpatient (ordinary) are below the plan and therefore we have not achieved these monthly targets.

Our DM01 Diagnostics waiting list decreased to 9,689 at the end of Jul-22. We completed over 17,000 diagnostics during the month with the number of patients 6+ weeks down to 2,773 and the number of patients waiting 13+ weeks decreasing to 914. Echocardiography and CT exceeded their annual plan targets and MRI was only 13 tests short of

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target. Against our submitted plan, we achieved the annual plan requirement of 120% of 19/20 activity this month.

Elective Performance

Elective Performance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT	104+ week waiters	Plan	250	120	88	0	0	0	0	0	0	0	0	0
	(Zero by July 2022)	Actual	254	161	40	31								
	78+ week waiters	Plan	1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0
	(Zero by April 2023)	Actual	1,574	1,631	1,505	1,200								
	52+ week waiters	Plan	6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400
	(Zero by March 2025)	Actual	6,488	7,127	7,826	7,695								
	Total Incomplete Waiting List	Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713
		Actual	60,056	61,895	63,391	64,284								
Cancer	63+ day waiters	Plan	410	500	460	420	380	345	320	285	245	210	185	160
		Actual	400	504	541	615								
	28 Day | Patients Told Outcome	Plan	70.5%	71.7%	73.0%	74.0%	74.9%	75.2%	75.3%	75.0%	75.3%	75.9%	75.2%	75.4%
	(CWT Standard - 75%)	Actual	57.7%	57.0%	50.9%	52.8%								

Table 2

Consultant-led referral to treatment time

Month on month growth means that the Incomplete waiting list is now over 64,000. The latest published data shows that all 13 Trusts in the West Midlands experienced waiting list increases with WAHT's percentage growth (May to June) at 2.4%. Four Trusts had a larger increase including 5.6% at South Warwickshire and The Dudley Group at 4.4%

The total number of patients waiting over 104 weeks for Jul-22 is 31, of which 9 were Orthodontics. Day to day management of patients is on-going to minimise the potential for month end (August) breaches, however, some patients are opting to defer their treatment due to other commitments.

Cancer

There has been no significant change in our referrals in Jul-22.

Improvements have been made to the Lower GI pathway by introducing additional capacity to meet the high levels of demand – this has meant that 91% of patients were seen within 2 weeks from GP referral.

Our most challenged specialty at the moment is Skin, where only 1.5% of patients were seen in two of week of GP referral. In-sourcing arrangements have been put in to create additional capacity each weekend until December with recovery expected started to be seen from September onwards assuming no further spikes in referrals are seen.

At the end of Jul-22, we recorded 615 patients who have been waiting over 63 days for treatment and 189 of those patients have been waiting over 104 days.

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Elective Benchmarking

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

Table 3

- Benchmarking shows that changes in activity from May-22 to Jun-2 were mirrored by the WM peer Trusts with the exception of 62+ day treatments where we increased our activity but the peer average decreased.
- Our Diagnostics waiting list decreased but the peer average waiting list size increased.
- There are still 6 Trusts, including WAHT, recorded as having patients breaching 104 weeks at the end of Jun-22.
- The number of patients waiting over 52+ weeks increased for both us and the average of our peers.

Referrals, Bed Occupancy & Advice & Guidance

Referrals, Bed Occupancy & Advice & Guidance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment functions	Plan	6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	5,824	4,952	22,943
		Actual	4411	5970	5603	5558									21,542
	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment functions	Plan	3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	12,304
		Actual	2839	3100	2971	2729									11,639
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	692	678	678
		Actual	682	682	682	731									682
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	721
		Actual	721	721	721	754									732
	Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%
		Actual	95%	96%	95%	97%									93%
A & G	Advice & Guidance - Plan	Plan	2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	7,288
	Advice & Guidance - Actual	Actual	2,306	2,756	2,545	2599									7,607

Table 4

In Jul-22 we received c8,000 referrals of which 75% went through the referral assessment service and 11% (702) were returned to the referrer. We also received 2,599 requests for Advice and Guidance. There continues to be potential opportunity to reduce formal referrals as 1,714 patients seen in Outpatient New in Jul-22 were discharged at first appointment (with no treatment).

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Urgent and Emergency Care

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
(excluding planned follow-up attendances)	Actual	11,801	12,913	12,370	12,368								
Patients spending >12 hours from DTA to admission		222	248	277	268								
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722								
Ambulance Conveyances		3,911	4,305	3,944	3,903								
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202								
Conversion rate		26.7%	26.0%	26.9%	26.30%								

Table 5

Although there have been marginal reductions in patients waiting 12+ hours in our emergency departments and experiencing long waits on ambulances, it is too small a change to be a classified as a significant reduction.

Quality & Safety

Fractured Neck of Femur (#NOF)

There were 66 #NOF admissions in Jul-22 and a total of 28 breaches (30 in Jun-22). 35.7% of the breaches were due to theatre capacity and 25.0% due to be patients being medically unfit. The average time to theatre in Jun-22 was 38.2 hours (42.3 in Jun-22).

Infection Prevention and Control

With 13 cases in Jul-22, the C. difficile infection trajectory target was exceeded and we are above the year to date target by 10 cases. The E. coli trajectory target was achieved in month and therefore remains below the year to date target by four cases. There were two MSSA cases in Jul-22 so we are at our year to date trajectory of no more than 5 cases and the MRSA trajectory target was achieved in Jul-22 as we have had no attributable cases in 22/23.

Our benchmarking against the other Midlands Trusts shows we remain at the 3rd highest for hospital onset-healthcare associated C-Diff cases (rolling 12 months to May-22). Our rate stands at 24.6 cases per 100,000 bed days compared to the England rate of 17.7. We are 18th for E. coli and 12th for MSSA.

SEPSIS

Performance against the sepsis bundle in Jun-22 shows no significant change although 94% audit completion compliance and 73% bundle within 1 hour are of note as they are our highest performance since May-19.

However, Antibiotics given within 1 hour continues to show special cause concern at 80% for Jun-22.

People & Culture

Workforce continues to be an extreme risk with staff turnover increasing again this month to 13.84% which is the highest rate for over 5 years and moves us into quartile 3 on model hospital.

Our overall vacancy rate has increased to 10.11%.

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In addition, as at month 4 we are 125 wte down against our workforce plan which will impact on our ability to improve our bank and agency run rate.

Each Division has been supported to refresh their recruitment and retention plans and we have put additional resource into the central recruitment and medical staffing teams to improve on our time to hire.

A refreshed workforce plan (with recruitment and turnover trajectories) will be submitted next month.

A call to action has been made to improve our staff retention and further details of this will be provided at the Board meeting.

Our Financial Position

Month 4 – July Position

The position outlined below is based on the revised national planning submission of the 20th June 2022.

The Year to Date M4 position is £(6.8)m deficit versus a plan of £(6.7)m deficit leading to an adverse variance of £0.1m against plan.

Statement of comprehensive income	Jul-22 Plan £'000	Jul-22 Actual £'000	Jul-22 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,492	47,994	502	189,504	190,038	534
Other operating income	2,656	1,779	(877)	10,015	9,418	(597)
Employee expenses	(29,836)	(30,070)	(234)	(119,024)	(119,242)	(218)
Operating expenses excluding employee expenses	(20,135)	(19,846)	289	(79,887)	(79,855)	32
OPERATING SURPLUS / (DEFICIT)	**177**	**(143)**	**(320)**	**608**	**359**	**(249)**
FINANCE COSTS						
Finance income	0	42	42	0	150	150
Finance expense	(1,165)	(1,168)	(3)	(4,660)	(4,673)	(13)
PDC dividends payable/refundable	(681)	(681)	0	(2,725)	(2,725)	0
NET FINANCE COSTS	**(1,846)**	**(1,807)**	**39**	**(7,385)**	**(7,248)**	**137**
Other gains/(losses) including disposal of assets	0	0	0	0	19	19
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(1,669)**	**(1,950)**	**(281)**	**(6,777)**	**(6,870)**	**(93)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(1,669)**	**(1,950)**	**(281)**	**(6,777)**	**(6,870)**	**(93)**
Remove capital donations/grants I&E impact	11	11	0	41	41	0
Adjusted financial performance surplus/(deficit)	**(1,658)**	**(1,939)**	**(281)**	**(6,736)**	**(6,829)**	**(93)**
Less gains on disposal of assets	0	(0)	(0)	0	(19)	(19)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(1,658)**	**(1,939)**	**(281)**	**(6,736)**	**(6,848)**	**(112)**

Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was (£0.4m) below the Trust's Operational Plan in July and (£0.1m) adverse YTD.

Key variances include: Community Diagnostic Hub (£0.2m) adverse (offset by a reduced cost base), pass through Drugs & Devices £1.0m favourable (offset by an increased cost base), COVID PCR testing reimbursement (£0.1m), PDU assumed funding (£0.3m) adverse (there remains no formal agreement to funding from the ICB) and Directorate income (£0.4m). **The Trust has reported the full value of the ERF income (YTD £5.4m) in the position as per agreement with ICB & Region.**

Employee expenses M4 YTD variance £0.2m adverse – Employee expenses were £119.2m YTD at M4, an adverse variance of £0.2m against the £119.0m YTD plan.

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In month spend of £30.1m is an increase of £0.4m compared with the June position. Favourable variances against employee expenses due to Business Case slippage (£1.1m in total of which £0.2m CDH, £0.2m combined SCSD cases including Acute Oncology Service, Interventional Radiology and CT3 staffing, £0.1m ED Consultants, £0.1m PDU/AMU, £0.1m SIM, £0.3m reserve for Ockenden and Surgery), ERF (£0.1m) and covering less vacancies – net of WLIs (£0.1m) partially offset by adverse variances due to undelivered PEP (£0.7m) due in the main to unidentified schemes, continuation of extended hours in the Discharge Lounge (£0.1m) and Bank Nursing Incentives (£0.2m) put in place to reduce agency demand and maintain staffing levels.

Operating expenses M4 YTD in line with YTD plan – Favourable variances against operating expenses include:

- Business Case slippage (£0.5m) of which £0.3m relates to International Nurses with 44 Nurses of the planned 64 having arrived to date.
- Lower energy usage over the summer months (£0.5m)
- Inflation reserve (£0.4m)
- Lower spend on supplies and services linked to activity (£0.5m).

Partially offset by adverse variances due to:

- Non PbR Drugs – offset by income (£0.7m) and linked to higher activity.
- Undelivered PEP (£0.8m) – mainly due to unidentified schemes.
- Tariff Drugs (£0.3m) linked to higher acuity and activity.

Productivity and Efficiency

Our Productivity and Efficiency Programme target for 22/23 as submitted to NHSE/I is £15.7m. Month 4 delivered £0.5m of actuals against the plan of £1.2m. A negative variance of £0.7m.

The cumulative position at M4 is therefore £1.6m of actuals against a plan of £3.1m, a negative variance of £1.5m.

The 22/23 initial full year forecast at Month 4 is £8.5m which is £7.2m under the plan submitted to NHSE. Mitigations are currently being scoped. An update will be provided at the September Finance & Performance Committee.

Capital

22/23 Plan

Capital Position	22/23 Plan £'000	YTD Billed £'000	YTD Unbilled WIP £'000	Total YTD Valuation £'000	M5 - M12 Spend Forecast £'000	22/23 Full Year Forecast £'000	Value of Outstanding Orders Placed £'000
Internally Generated capital	9,642	2,552	-	2,552	7,090	9,642	2,892
PDC funding - STP envelope	14,352	1,942	-	1,942	12,410	14,352	2,390
Total STP Envelope	**23,994**	**4,493**	**-**	**4,493**	**19,501**	**23,994**	**5,282**
Externally Funded Schemes	27,076	518	1,240	1,758	25,318	27,076	176
Lease Additions	10,785			-	10,785	10,785	-
IFRIC 12 PFI Lifecycle replacement	326	36		36	290	326	-
Total Capital Expenditure	**62,181**	**5,047**	**1,240**	**6,287**	**55,894**	**62,181**	**5,458**

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc F

	Our Capital Position at month 4, being the value of works complete is £6.3m. This is an increase of £1.6m since month 3. The full year forecast is currently being reviewed and any slippage will be highlighted at month 5. **Cash** **At the end of July 2022 the cash balance was £37.7m.** The high cash balance is the result of the timing of receipts from the CCG's and NHSEI under the continuing COVID arrangement together with the timing of supplier invoices. Requests for Public Dividend Capital (PDC) in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement. The cash flow forecast main assumptions are: • £41.4m PDC funding to be received in phased amounts this financial year, with nil drawn to date. • PDC receipts cover part of the Trust's creditor payments, the balance covered by internally generated working capital cash. Ongoing discussions are being held with NHSEI regarding the Trusts cash position and the financing of major capital schemes.

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

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

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

Recommendations
The Board is asked to ▪ note this report for assurance
Appendices
▪ Trust Board Integrated Performance Report (up to Jul-22 data) ▪ WAHT At A Glance – Jul-22 ▪ WAHT July 2022 in Numbers Infographic ▪ Trust Board Integrated Performance Report (up to Jun-22 data) ▪ WAHT At A Glance – Jun-22 ▪ WAHT June 2022 in Numbers Infographic ▪ Committee Assurance Statements (Jul-22 meetings)

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Trust Board

8th September 2022

Data: Up to July 2022

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

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1

Operational Performance

Summary Performance Table | Month 4 [July] 2022-23

	Performance Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
EAS	Percentage of Ambulance handover within 15 minutes	Jul-22	32%	-		-	58%	45%	71%
	Time to Initial Assessment - % within 15 minutes	Jul-22	63%	-		-	80%	73%	88%
	Average time in Dept for Non Admitted Patients	Jul-22	286	-		-	219	193	245
	Average time in Dept for Admitted Patients	Jul-22	850	-		-	507	398	615
	% Patients spending more than 12 hours in A&E	Jul-22	14%	-		-	7.02%	3.41%	10.63%
	Number of Patient spending more than 12 hours in A&E	Jul-22	1722	-		-	818	450	1185
RTT	Incomplete (<18 wks)	Jul-22	49%	92%			68%	64%	72%
	52+ weeks waiting	Jul-22	7,695	0			2514	1,882	3,146
	104+ weeks waiting	Jul-22	31	0			71	17	125
CANCER	2WW All	Jul-22	67%	93%			79%	65%	92%
	2WW Breast Symptomatic	Jul-22	51%	93%			46%	-1%	94%
	28 Day Faster Diagnosis	Jul-22	53%	75%			65%	49%	82%
	62 Day All	Jul-22	42%	85%			67%	54%	79%
	104 day waits	Jul-22	189	0			68	35	102
	31 Day First Treatment	Jul-22	92%	96%			96%	91%	101%
	31 Day Surgery	Jul-22	81%	94%			86%	63%	110%
	31 Day Drugs	Jul-22	92%	98%			97%	87%	107%
	31 Day Radiotherapy	Jul-22	99%	94%			99%	93%	106%
	62 Day Screening	Jul-22	73%	90%			72%	35%	109%
	62 Day Upgrade	Jul-22	99%	90%			86%	67%	106%
Diagnostics (DM01 only)		Jul-22	71%	99%			54%	42%	65%
STROKE	CT Scan within 60 minutes	Jun-22	49%	80%			45%	23%	67%
	Seen in TIA clinic within 24hrs	Jun-22	90%	70%			86%	55%	117%
	Direct Admission	Jun-22	23%	90%			38%	17%	60%
	90% time on a Stroke Ward	Jun-22	57%	80%			57%	-95%	210%

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent and Emergency Care (validated)	• In Jul-22, the Trust saw 12,368 patients attend our type 1 sites – in-line with the 21/22 average of 12,377. 4 hour breaches were just below 6,000 with both sites above 50% 4 hour performance. • On average there were between 60-85 patients in ED at WRH and at it's busiest there were over 120 patients in department (on the 11th and 22nd July). • Although long ambulance handover delays and time in department decreased marginally, it was not significantly so.
Patient Flow and Capacity (validated)	• The increase in covid patients meant that, on average, there were 114 positive patients in our beds during Jul-22. • The pressure remains on both hospital sites to manage bed capacity and patient flow, particularly to discharge patients before midday and support our long length of stay and medically fit for discharge patients to leave the hospital when they no longer need an acute hospital bed. Admissions, to alleviate patients waiting in our EDs, have been hindered by reduced bed availability. • The number of long length of stay patients increased from 75 on the last day of June to 93 on the last day of July; 38 of the 93 were identified as MFFD.
Cancer (unvalidated)	• **Long Waits:** The backlog of patients waiting over 62 days is now 615 and those waiting over 104 days is 189, with urology contributing the most patients to this cohort of our longest waiters (51%). • Cancer referrals in Jul-22 were above the mean of the post-covid period previously reported. • The overall waiting time standard for 2WW has not been achieved and only one specialty achieved the 93% standard. Lower GI improved again from 81% to 92% however Skin is our most pressured specialty with only 1.5% of patients seen within two weeks. • The 28 Day Faster Diagnosis standard has not been achieved and remains at risk with referred patients not being seen by a specialist within 14 days. • The 62 day standard has not been achieved with only 40% of patients started treatment within 62 days due to delays in the 2WW and diagnostics elements of the pathway in the preceding months. The delays are also impacting the 31 day standard of treatment from decision to treat which continues to show special cause concern and below the 96% standard.
RTT Waiting List (validated)	• **Long Waits:** Our 7,695 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (6,495), between 78 and 104 weeks (1,169) and those waiting over 104 weeks (31). Of the 31 patients waiting over 104 weeks, only 9 are still waiting for orthodontic treatment and 22 are associated with other treatment specialties requiring surgery. The cohort of potential breaches in Aug-22 continues to requires week on week operational and clinical management, with some patients not able to be treated through their own choice to defer.
Outpatients (Second SUS submission)	• **Long Waits:** There are over 34,000 RTT patients waiting for their first appointment and 23% of the total cohort waiting for a first appointment have been dated. • Based on our second SUS submission Jul-22 saw 46,002 outpatient attendances take place (consultant and non-consultant led). • Albeit unvalidated, 22/23 annual plan OP targets have not been achieved for Jul-22 and the gap is too great to be achieve this through validation and outcome appointments.
Theatres (validated)	• Based on our first SUS submission, we have not achieved our 22/23 annual plan targets for total elective spells in the month with both elective inpatient and day case falling short. • 19 eligible patients who had their operation cancelled have not been rebooked within 28 days in Jul-22; however 22 patients (54%) were.
Diagnostics (validated)	• **Long Waits:** 2,773 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 914 have been waiting over 13 weeks with 65% of our longest waiters attributable to DEXA, echocardiography and colonoscopy. • DM01 performance is at 71.4% patients waiting less than 6 weeks. • Activity in Jul-22 was 17,629 tests. CT, echocardiography and flexi sigmoidoscopy achieved their annual plan activity targets and MRI was only 13 away from the submitted plan. We were achieved the submitted 120% activity plan for the month.

Operational Performance: Urgent and Emergency Care

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

Percentage of Ambulance handover within 15 minutes	Time to Initial Assessment - % within 15 minutes	Time In Department			
		Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E
32.4%	62.5%	286	850	14.0%	1,722

What does the data tell us?

- **Urgent Care Indicators –** slides 6 and 7 continue to highlight the continued pressure faced by the Trust during Jul-22 with all of the metrics showing special cause concern for the month and for 12 consecutive months. Any changes, although observable in the charts, are not statistically significant.
- **EAS** - The overall EAS performance, which includes KTC and HACW MIUs, was 66.6% in Jul-22. There were 18,898 attendances across all settings and 12,368 attendances at our type 1 settings; in-line with normal variation. However, we have been running at or above the highest level of walk-in activity on record which places different demands on the ED teams whilst ambulances handovers remain a concern.
- **EAS Type 1 –** EAS performance at WRH and ALX was 50.9% and 52.9% respectively. 5,970 patients breached the 4 hour standard across our two sites, below 6,000 after two months above. 1,722 patients spent longer than 12hrs in ED, special cause concern since Sep-21 and 268 patients breached 12 hours whilst waiting for a bed.
- **Ambulance Handovers** - There were 1,202 60 minute ambulance handover delays with breaches at both sites – the fifth month above 1,000 and continues to be special cause concern; this is linked to the capacity, flow and numbers of patients in our ED's which prevented timely offloading. On average, patients waited 154 minutes to be offloaded from an ambulance at WRH, a reduction from 175 minutes in Jun-22 reversing the recent trend in patients waiting increasing lengths of time since Apr-21.
- **12 hour trolley breaches –** There were 268 validated 12 hour trolley breaches in Jul-22 compared to 277 in Jul-22 – this remains a special cause concern for our processes whilst we don't have beds to admit patients to.
- **Specialty Review times** – Specialty Review times doesn't show cause for concern however, the target cannot be met.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has increase, albeit not significantly, from 1,316 to 1,396. This metric shows special cause variation because the last 7 months are outside the upper control limit and shows a run of 10 months above the mean.
- **Conversion rates** – 3,213 patients were admitted in Jul-22; a Trust conversion rate of 26.1%. The conversion rate at WRH was 29.4% and the ALX was 21.9%.
- **Aggregated patient delay** (total time in department for admitted patients only per 100 patients – above 6 hours) – this indicator continues to show special cause concern for Jul-22 because the value is above the upper control limit for the seventh consecutive month.

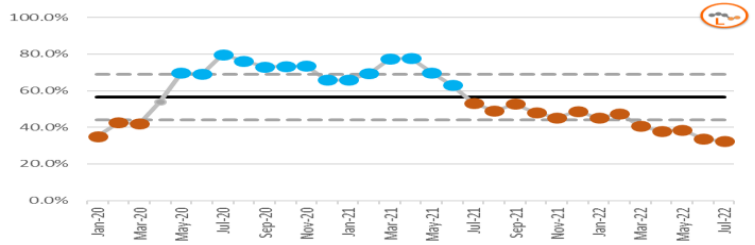
Month 4 [July] | 2022-23 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for Jul-22 as at 4th August 2022

Percentage of Ambulance handover within 15 minutes

32.4%

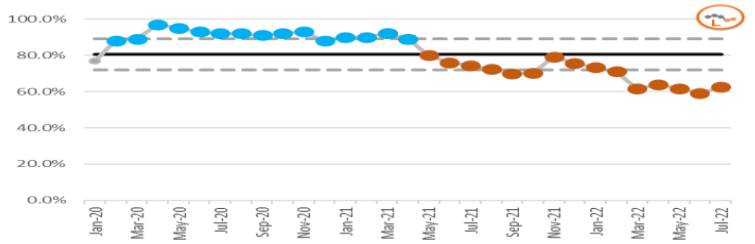
Ambulance handovers within 15 minutes



Time to Initial Assessment - % within 15 minutes

62.5%

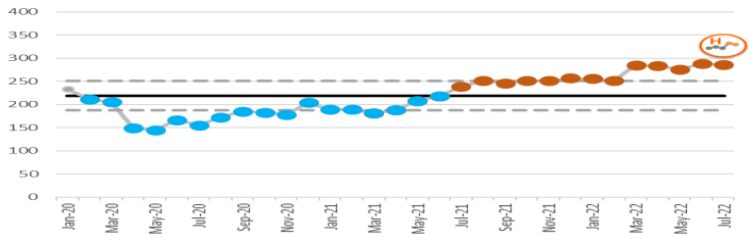
Time to initial assessment within 15 minutes



Average time in Dept for Non Admitted Patients

286 mins

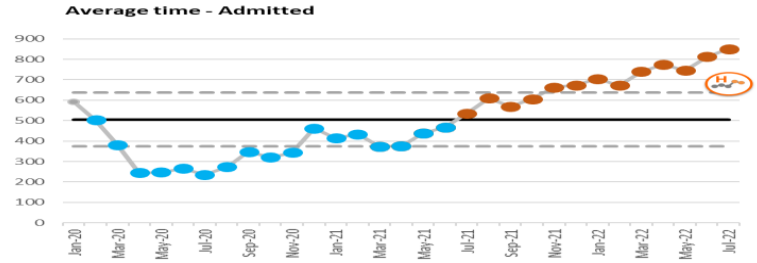
Average time - Non-admitted



Average time in Dept for Admitted Patients

850 mins

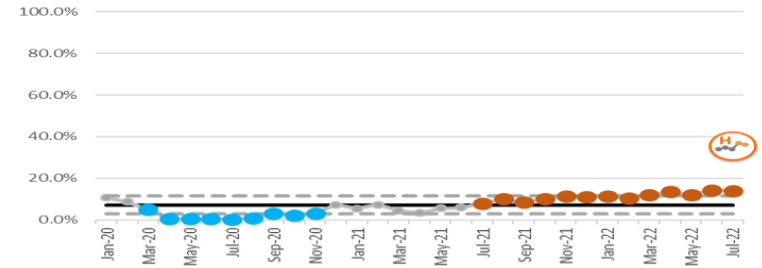
Average time - Admitted



% Patients spending more than 12 hours in ED

14.0%

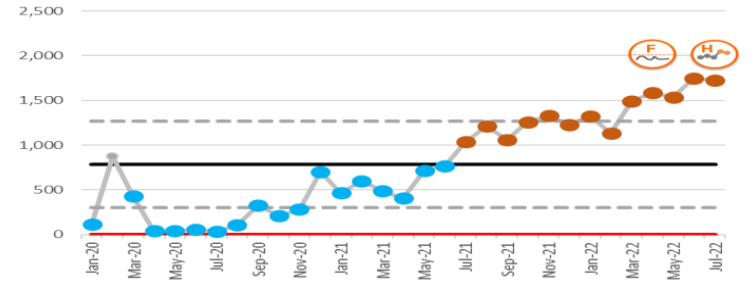
Patients spending 12+ hours in ED



Number of Patients spending more than 12 hours in ED

1,722

Number of patients spending 12+ hours in ED

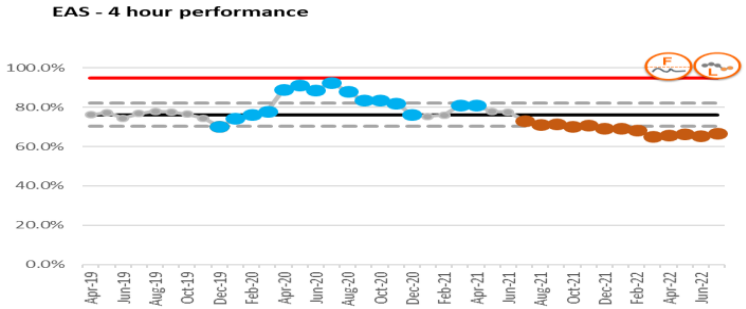


Month 4 [July] | 2022-23 | Operational Performance: Urgent and Emergency Care

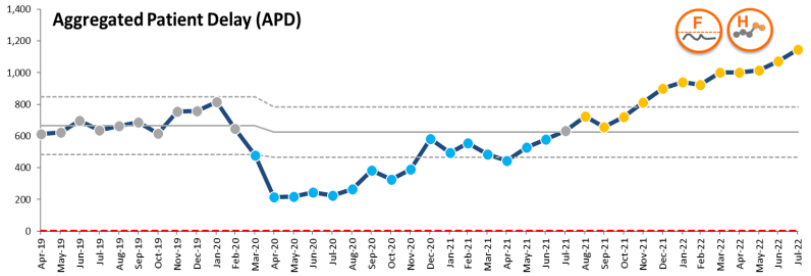
Responsible Director: Chief Operating Officer | Validated for Jul-22 as at 4th August 2022

NHS Worcestershire Acute Hospitals NHS Trust

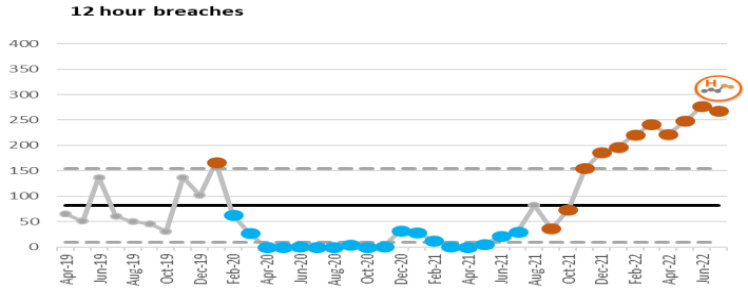
4 Hour EAS (all) 66.6%



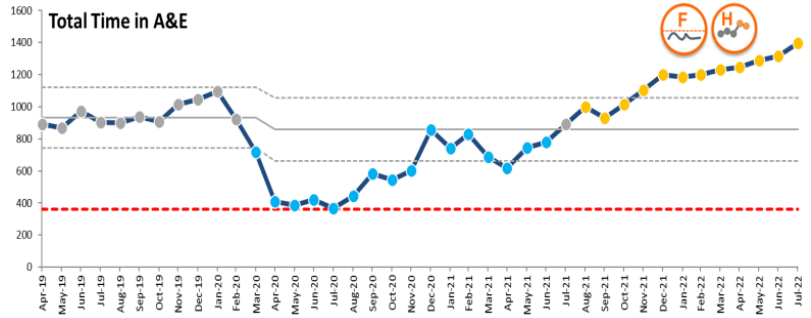
Aggregated Patient Delay (APD) 1,145



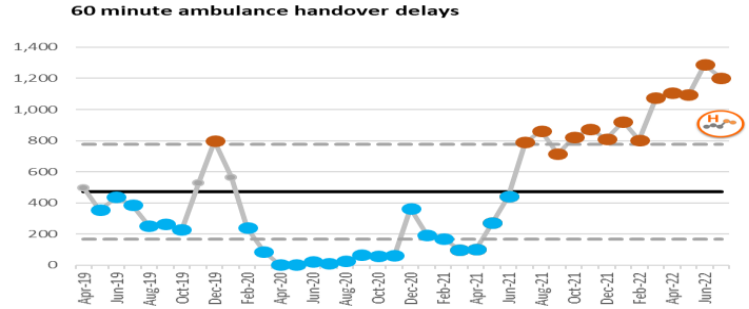
12 Hour Trolley Breaches 268



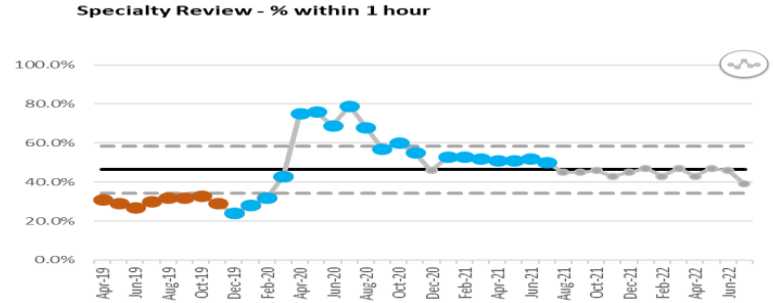
Total time spent in A&E (95th Percentile) 1,396



60 minute Ambulance Handover Delays 1,202



Specialty Review within 1 hour 39%



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

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

Operational Performance: Urgent Care Benchmarking

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

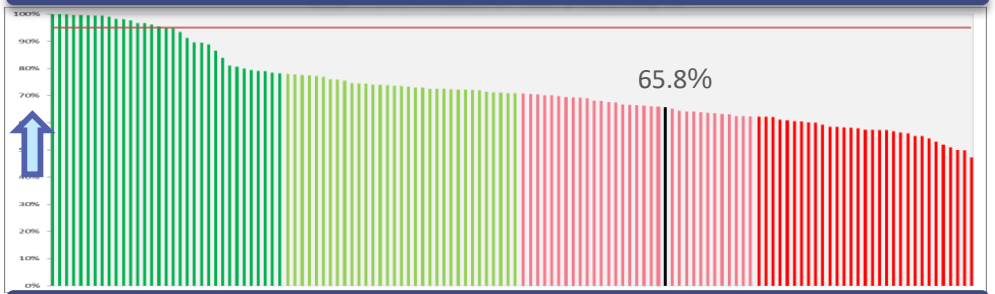
National Benchmarking (July 2022)

EAS (All) - The Trust was one of 8 of 13 West Midlands Trusts which saw an increase in performance between Jun-22 and Jul-22. This Trust was ranked 7 out of 13; no change from the previous month. The peer group performance ranged from 49.83% to 81.04% with a peer group average of 65.68%; declining from 66.14% the previous month. The England average for Jul-22 was 71.0%; a -0.9% decrease from 72.1% in Jun-22.

(Type 1) – The Trust was one of 7 of 13 West Midlands Trusts which saw an increase in performance between Jun-22 and Jul-22. This Trust was ranked 8 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 41.22% to 73.46% with a peer group average of 53.58%; declining from 54.30% the previous month. The England average for Jul-22 was 57.0%; a -1.4% decrease from 58.8% in Jun-22.

In Jul-22, there were 29,317 patients recorded as **spending >12 hours from decision to admit to admission**. 267 of these patients were from WAHT; 0.91% of the total.

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



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

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

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

WAHT — Operational Standard 95%

Operational Performance: Patient Flow and Capacity

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

Discharges before Midday (non-covid wards)				Number of patients with a long length of stay (21+ days) (MFFD in brackets)				Overnight Bed Capacity Gap (Target – 0)	Average length of stay in hospital at discharge (non-covid)				30 day re-admission rate (Jun-22)	Discharges as a % of admissions IP only | non-covid wards (Target >100%)			
ALX	15.4%	WRH	15.9%	ALX	33 (20)	WRH	60 (18)	61 beds	ALX	5.1	WRH	5.6	2.3%	ALX	93.3%	WRH	89.9%

What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) is showing special cause variation primarily due to the drop in experienced at the ALX.
- As at the last day of the month, the number of patients with a length of stay in excess of 21 days increased from to 75 (30-Jun) to 93 (31-Jul). There were an average of 22 patients deemed MFFD with a LOS >= 21 days each day in Jul-22 across the Trust. The total number of discharges and transfers is showing common cause variation and discharges are still not exceeding the rate of admission leading to a significant capacity gap.
- **Bed Capacity** - Our G&A bed base is 752; transition to the presenting complaint model means beds were no longer explicitly ring-fenced for Covid patients unless that was their presenting complaint. However, outbreaks across our ward base continue to result in partial closures and active monitoring over the month.
- **Medically Fit Patients** – the number of MFD patients still on our wards 24 hours after becoming medically fit continues to not show special cause concern even though the support packages for care at home, or places in care homes, cannot be realised; it was still 1,751 patients.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 5.4 days in Jun-22 and is not showing special cause concern.
- **The 30 day re-admission rate** continues to show special cause improvement due to run of 7 points below the mean.

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

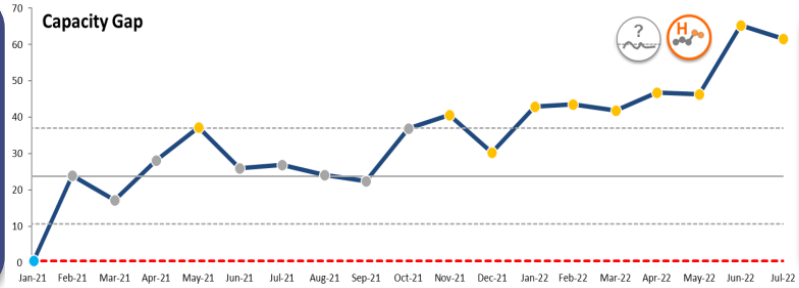
Month 4 [July] | 2022-23 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for Jul-22 as at 11th August 2022

NHS Worcestershire Acute Hospitals NHS Trust

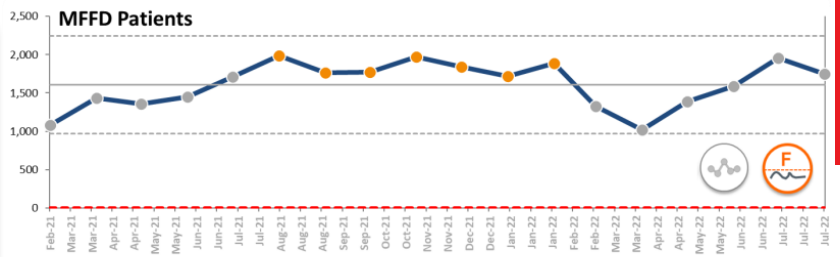
Capacity Gap (Daily avg. excl. EL)

61



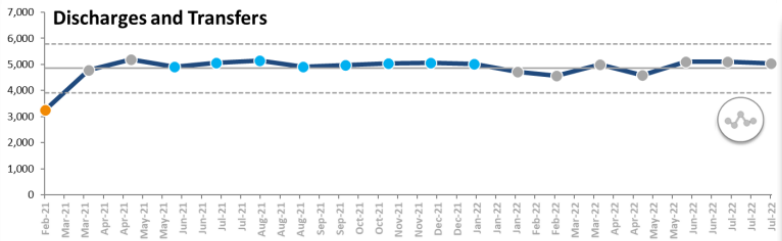
MFFD patients still on the ward 24hrs after becoming MFFD

1,751



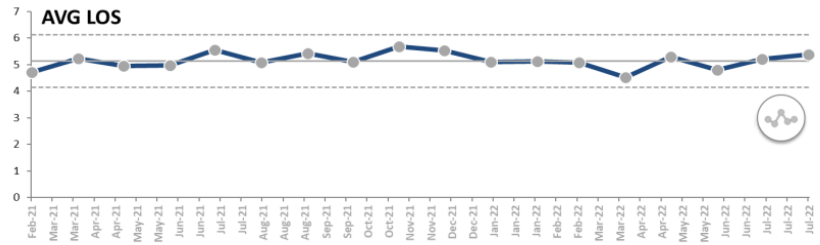
Total Discharges and Transfers

5,046



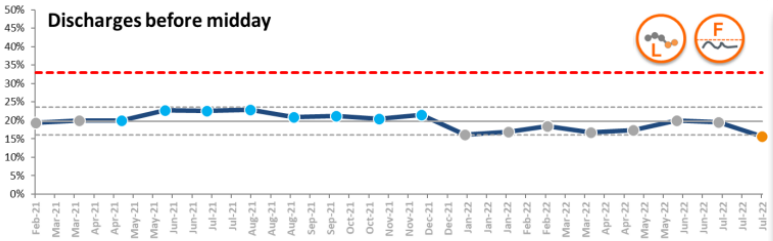
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.4



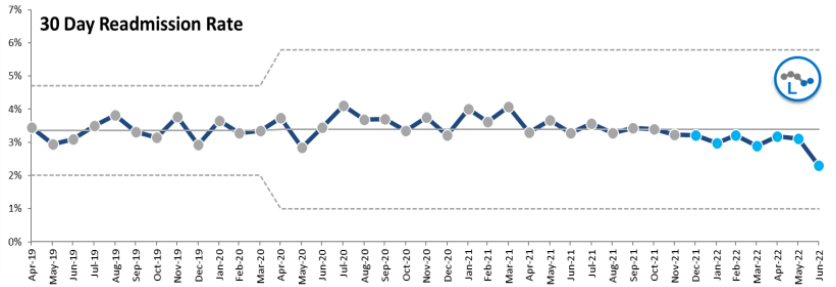
% Discharges before midday (non-covid wards)

15.7%



30 day readmission rate for same clinical condition

2.3%



Key

- Internal target
- Operational standard

Operational Performance: Cancer

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

2WW Cancer Referrals	Patients seen within 14 days (All Cancers)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS)		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104 days
2,748	66.8%	2,288 Seen	51.4%	70 Seen	52.8%	2,216 Told	91.8%	269 Treated	41.8%	180 Treated	3,980	615	189

What does the data tells us?

- **2WW referrals** in Jul-22 show no significant change from Jun-22 but above mean of the last 17 months. Lower GI referrals were 27% of the total, with skin second at 22%.
- **2WW:** The Trust saw 66.8% of patients within 14 days. The recovery in performance seen by colorectal has continued (from 81% to 92%) is being offset by Skin, Breast and Upper GI where capacity remains vulnerable to surges in demand. Only Haematology achieved the 2WW standard in Jul-22.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and will not do so until the timeliness of the 2WW pathway improves. Only Upper GI and Head and Neck achieved the standard in Jul-22.
- **31 Day:** Of the 269 patients treated in Jul-22, 247 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This unvalidated performance is below the CWT target of 96% and continues to show special cause variation due being a run of 8+ months below the mean. Upper GI, Head and Neck, Gynaecology and Haematology achieved the operational standard.
- **62 Day:** There are 180 recorded first treatments in Jul-22 with 42% within 62 days. This indicator remains special cause concern; no specialties achieved the waiting times standard.
- **Cancer PTL:** As at the 31st July there were 3,963 patients on our PTL. 261 patients having been diagnosed and 3,702 are classified as suspected.
- **Backlog:** The number of patients waiting 62+ days is 615 (including screening and upgrades) and the number of patients waiting 104+ days has increased to 189; both continue to show as special cause concern. Urology and colorectal have the largest number of patients untreated at 96. 83 of the 189 patients waiting over 104 days are diagnosed and the remaining 105 are suspected.

What have we been doing?

- **Do what we say we will do:** Colorectal 2ww performance for July ended the month at 91.96% (subject to validation) and early performance for the month of August stands at 93.6%. In light of another significantly high demand month with 724 referrals received in July this is outstanding and reflective of the significant efforts the service has made to increase capacity.
- **No delays, every day:** Conversely poor performance continues for 2ww Skin with demand significantly outstripping the capacity from a depleted workforce. Performance for July stands at 1.49% and 0% for August with a maximum wait of 11 weeks for an appointment. That said, Pertemps commence their super weekend clinics on 13th and 14th August and then every weekend to end of December so recovery against this should start to be seen from September and achieved by January 2023, assuming demand continues at its current levels.
- 2ww Breast has continued to experience breaches but is now booking at day 14, with return to performance forecasted for September, again assuming demand continues at its current level.
- **We listen, we learn, we lead:** Work continues in earnest on assessing our gaps against the best practice pathways both in terms of individual steps and timings. The first of these reporting tools for Prostate is shortly to be made live for use by specialty and diagnostic colleagues with Colorectal and Skin the next focus (work underway).
- **Work together, celebrate together:** Support being received from ICB colleagues to help formulate plans around our longest waiters as per action agreed at the weekly assurance meeting with NHSEI.

What are we doing next?

- **Do what we say we will do:** Pursue the support offered by NHSEI from a capacity and demand analysis tool introduction, with Breast, before rolling this out to our more pressured suspected cancer pathways with Urology next.
- **No delays, every day:** Exploration of further capacity for 2ww Skin service with conversations underway with 18 Week Support and external agencies in respect to locum consultants and doctors.
- **We listen, we learn, we lead:** Contract discussions to be commenced with Wye Valley Trust and to include ICB colleagues regarding Had and Neck cancer as SLA in place is undeliverable by OMFS given the service's vulnerabilities.
- **Work together, celebrate together:** Following up on the commenced joint capacity and demand modelling being conducted by BI and NHSIE colleagues which has started with Breast. Initial findings are being reviewed as the significant level of variation suggests a great base capacity requirement than has been previously believed, which may explain the extremely variable performance in the last 18 months.

Current Assurance Levels (Jul-22)	Previous Assurance Levels (Jun-22)	
2WW – Level 4	2WW - Level 4	**When expected to move to next levels of assurance:** when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease.
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 4	**SRO:** Paul Brennan

Month 4 [July] | 2022-23 | Operational Performance: Cancer Referrals

Responsible Director: Chief Operating Officer | Unvalidated for Jul-22 as at 19th August 2022

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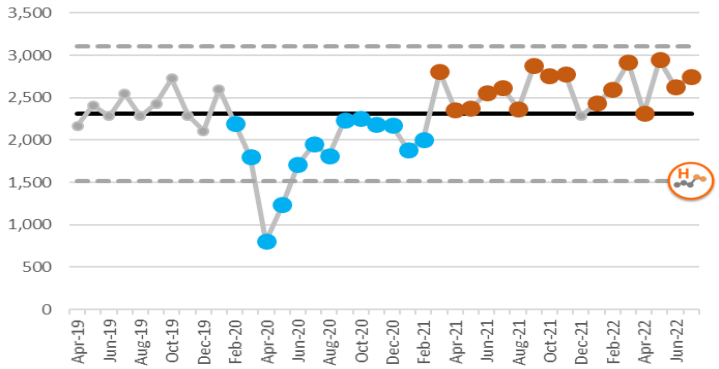
Month 4 [July] | 2022-23 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for Jul-22 as at 19th August 2022

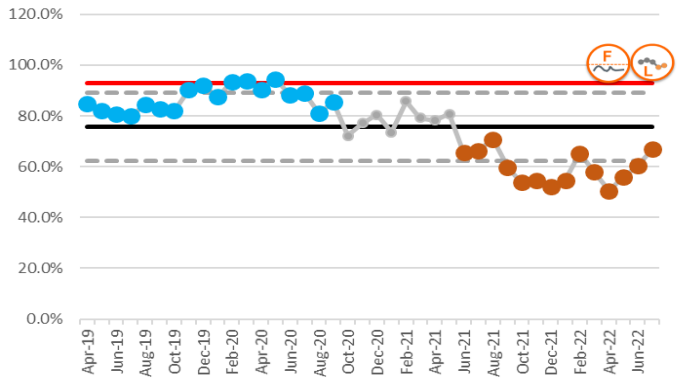
2WW Referrals
2,748

2WW Cancer Referrals



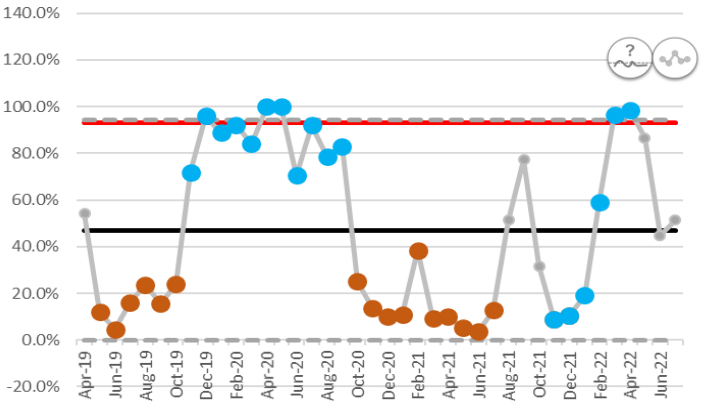
Cancer 2WW All
66.8%

2WW Cancer (All)



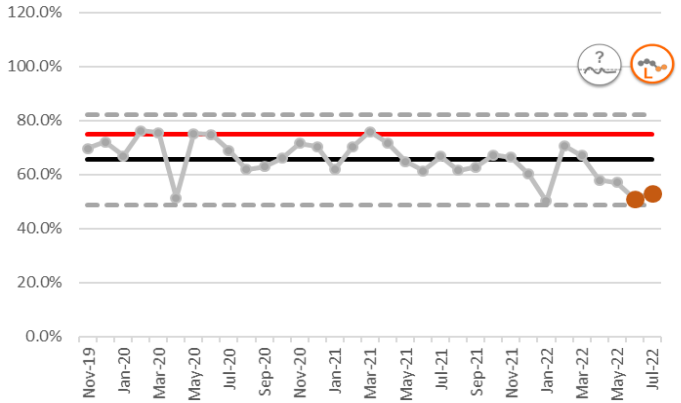
Cancer 2WW Breast Symptomatic
51.4%

2WW Cancer Breast Symptomatic



Cancer 28 day FDS
52.8%

28 Day Faster Diagnosis



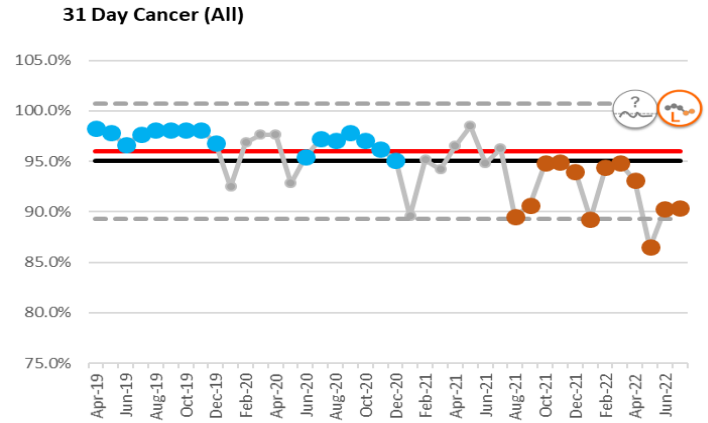
Month 4 [July] | 2022-23 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for Jul-22 as at 19th August 2022

Worcestershire Acute Hospitals NHS Trust

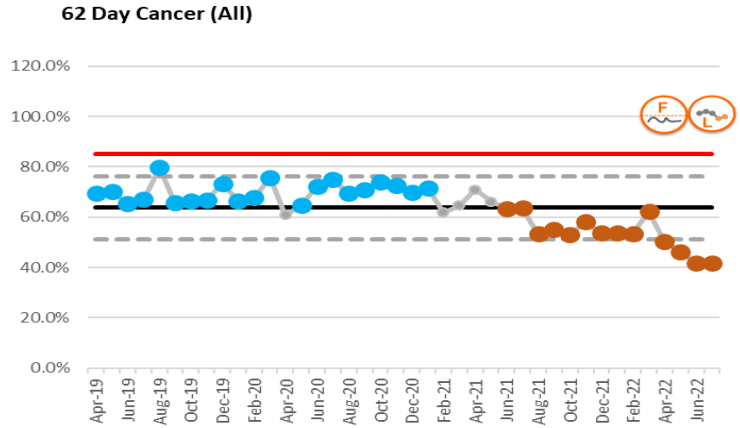
Cancer 31 Day All

91.8%



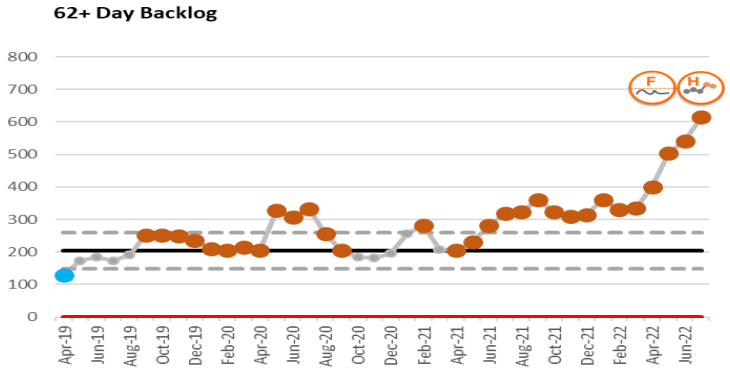
Cancer 62 Day All

41.8%



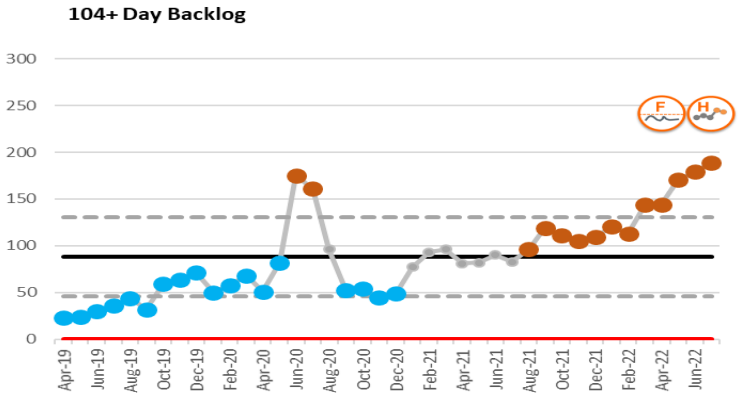
Backlog Patients waiting 62 days or more*

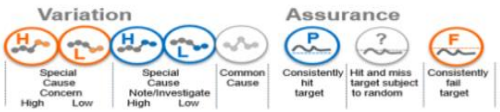
615



Backlog Patients waiting 104 day or more*

189





Key

- Internal target
- Operational standard

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

Operational Performance: Cancer Benchmarking

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

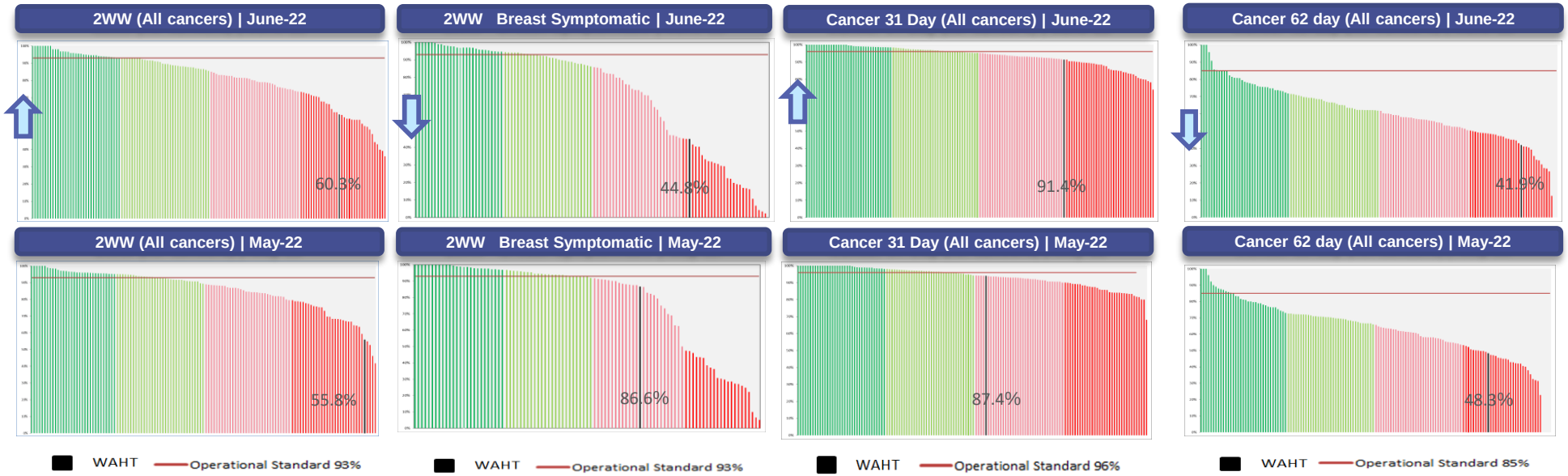
National Benchmarking (June 2022)

2WW: The Trust was one of 4 of 13 West Midlands Trusts which saw an increase in performance between May-22 and Jun-22. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 44.25% to 94.72% with a peer group average of 73.54%; declining from 75.65% the previous month. The England average for Jun-22 was 83.2%; a -5.5% decrease from 77.7% in May-22.

2WW BS: The Trust was one of 10 of 13 West Midlands Trusts which saw a decrease in performance between May-22 and Jun-22. This Trust was ranked 10 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 32.10% to 100.00% with a peer group average of 77.26%; declining from 82.38% the previous month. The England average for Jun-22 was 66.10%; a -6.1% decrease from 72.20% in May-22.

31 days: The Trust was one of 8 of 13 West Midlands Trusts which saw an increase in performance between May-22 and Jun-22. This Trust was ranked 5 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 73.97% to 100.00% with a peer group average of 87.56%; improving from 86.11% the previous month. The England average for Jun-22 was 91.8%; no change from May-22.

62 Days: The Trust was one of 8 of 13 West Midlands Trusts which saw a decrease in performance between May-22 and Jun-22. This Trust was ranked 11 out of 13; we were ranked 9 the previous month. The peer group performance ranged from 33.12% to 69.26% with a peer group average of 48.97%; improving from 48.73% the previous month. The England average for May-22 was 59.9%; a -1.6% decrease from 61.5% in Apr-22.



Operational Performance: Planned Care | Waiting Lists

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

Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G)	Total RTT Waiting List	Number and percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	8,539	Total	6,561	2,622	64,284	31,376	48.8%	6,268	7,695	1,200	31
Non-2WW	5,570	Non-2WW	5,380								

What does the data tells us?

Referrals (unvalidated)

- **ERS Referrals:** a total of 8,539 electronic referrals were made to the Trust in Jul-22 which is 406 per working day compared to 393 in Jun-22.
- 5,570 were non-2WW referrals; of the total electronic referrals, 35% were 2WW cancer and this remains within the expected range.
- **RAS Referrals:** a total of 6,561 RAS referrals were made to the Trust in Jul-22. 5,380 were non-2WW and 73.2% have been outcomed within 14 working days. Of the 1,181 2WW RAS referrals, 94.8% have been outcomed within 2 working days. 10.7% of RAS referrals were returned to the referrer.
- **A&G Requests:** 2,599 A&G requests were received in Jul-22. Of the 2,622 responses made in Jul-22 93% have been responded to within 2 working dates and 98% within 5 working days

Referral To Treatment Time (unvalidated)

- The RTT Incomplete waiting list is validated at 64,284, with an additional 1,496 patients now waiting for treatment from Jun-22 – this is 1.7% growth Jun-22 to Jul-22 and 11.4% growth in 22/23 since our Mar-22 submission.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 32,908. This is 687 more patients than validated Jun-22. RTT performance for Jul-22 is validated at 48.8% compared to 49.2% in Jun-22.
- The number of patients waiting over 52 weeks for their first definitive treatment is 7,695, a 131 increase from the previous month. Of that cohort, 1,200 patients have been waiting over 78 weeks, reduced from 1,505 the previous month, and 31 over 104 weeks. We have not achieved our 104+ weeks annual target for Jul-22 of zero patients and are working towards the zero position required at the end of Aug-22. **At the time of writing, the cohort of 31 has already reduced to 13 and all remaining patients are dated to attend an appointment.**

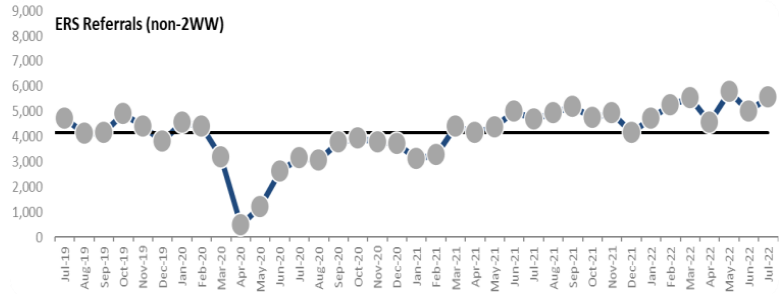
Current Assurance Level: 3 (Jul-22)	**When expected to move to next level of assurance:** This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the 22/23 operational planning requirements. The first milestone will be achieving the elimination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

Month 4 [July] | 2022-23 | Operational Performance: RTT

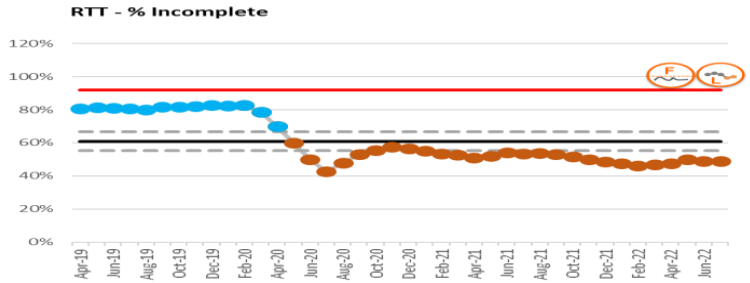
Responsible Director: Chief Operating Officer | Validated for Jul-22 as at 17th August 2022

NHS Worcestershire Acute Hospitals NHS Trust

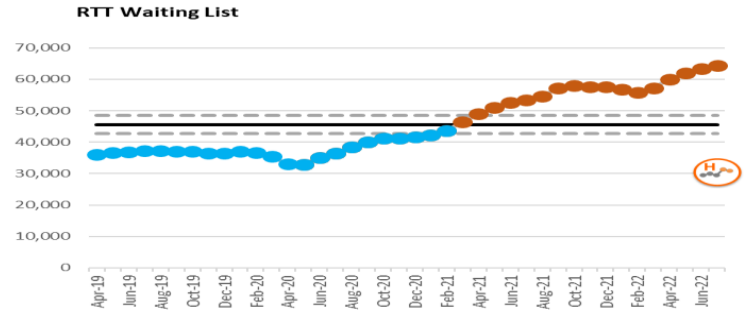
Electronic Referrals Profile (non-2WW)
5,570



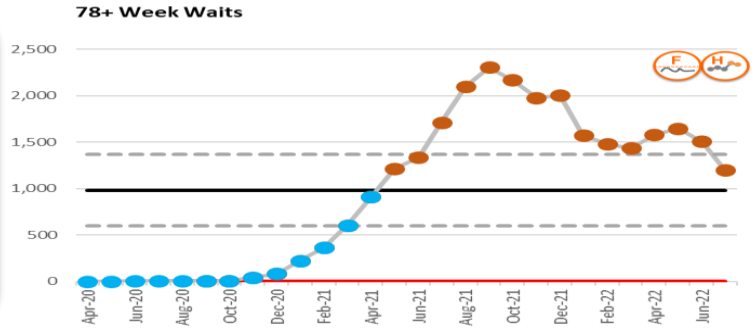
RTT % within 18 weeks
48.8%



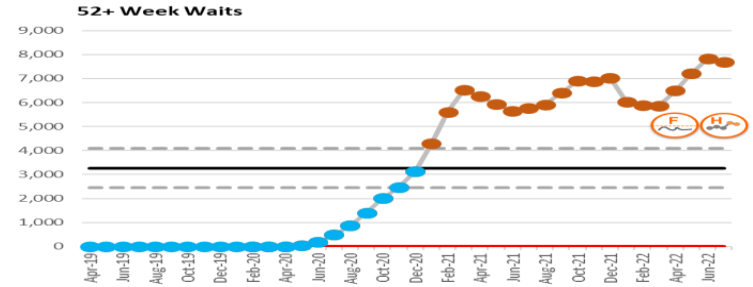
RTT Incomplete PTL
64,284



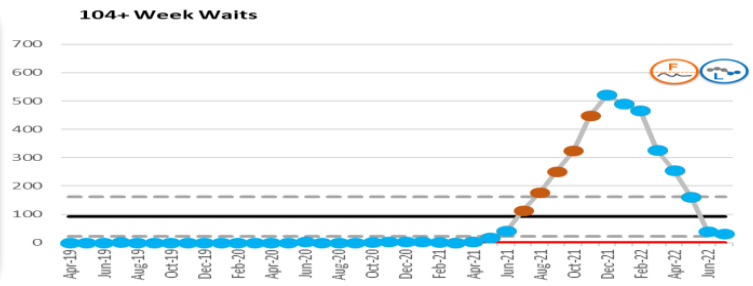
78+ week waits
1,200



52+ week waits
7,695

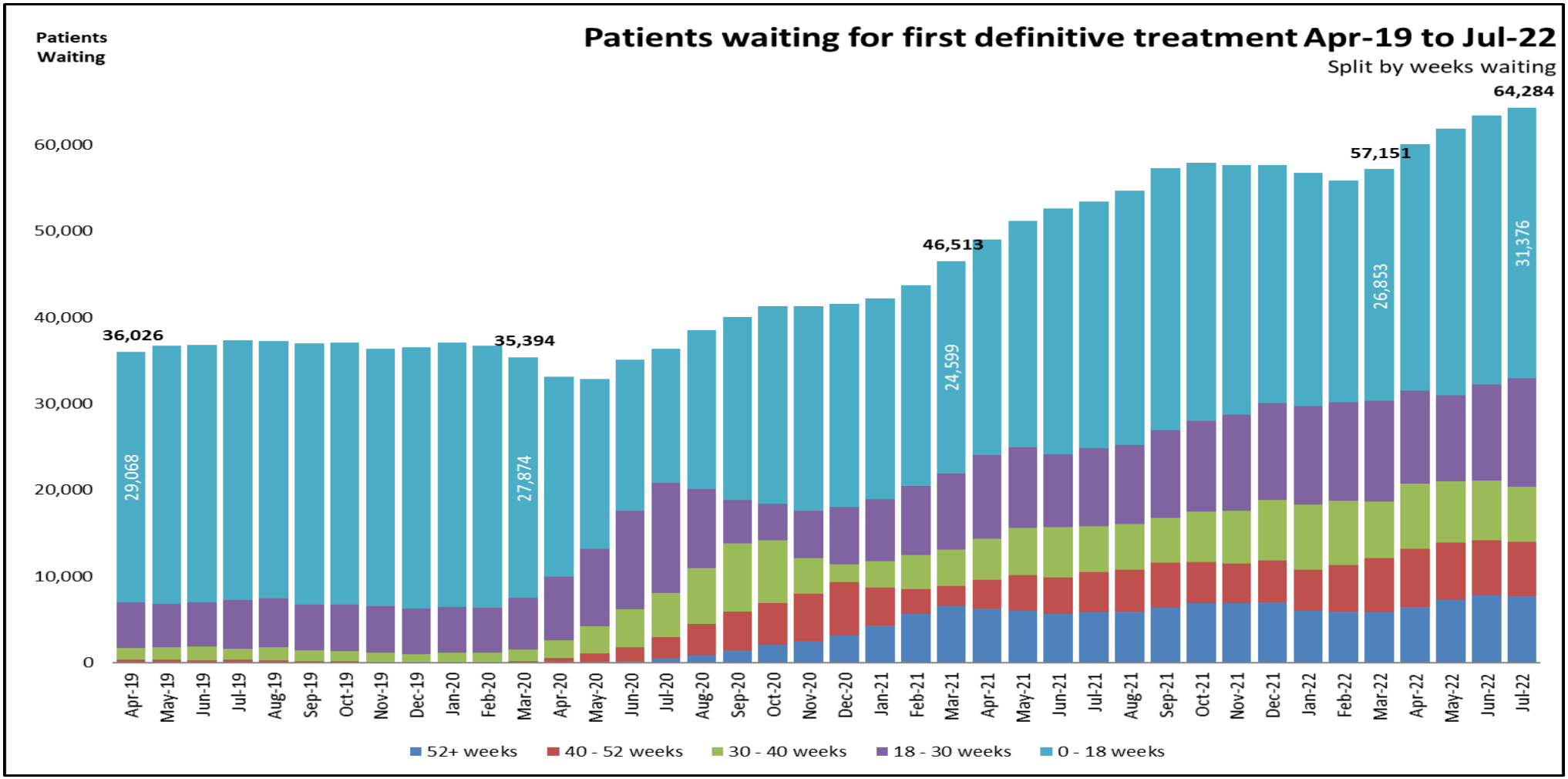


104+ week waits
31



Month 4 [July] | 2022-23 | Operational Performance: RTT Incomplete Waiting List

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



Operational Performance: RTT Benchmarking

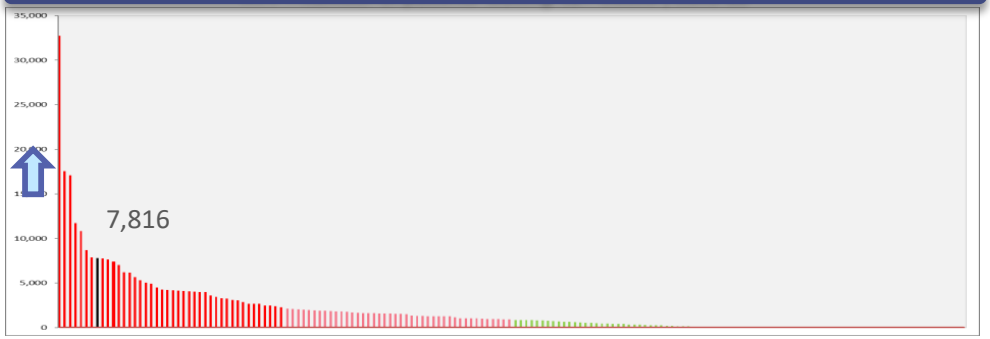
STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

National Benchmarking (June 2022) | The Trust was one of 11 of 12 West Midlands Trusts which saw a decrease in performance between May-22 and Jun-22. This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 41.58% to 73.64% with a peer group average of 51.56%; declining from 52.68% the previous month. The England average for May-22 was 62.20%; a -1.3% decrease from 63.50% in Apr-22.

- Nationally, there were 355,774 patients waiting 52+ weeks, 7,816 (2.2%) of that cohort were our patients.
- Nationally, there were 51,652 patients waiting 78+ weeks, 1,502 (2.9%) of that cohort were our patients.
- Nationally, there were 3,861 patients waiting 104+ weeks, 40 (1.0%) of that cohort were our patients.

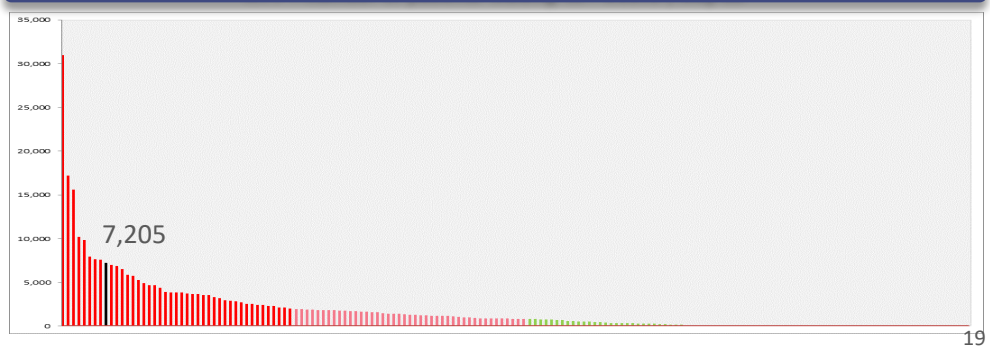
RTT - % patients within 18 weeks | June-22

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



RTT - % patients within 18 weeks | May-22

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



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

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

Total Outpatient Attendances		Total OP Attendances First		Total OP Attendances Follow-Up		Elective IP Day Case		Elective IP Ordinary	
46,002	+700	14,918	-2,629	31,084	+3,329	6,430	-1,821	454	-253

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

- The OP graphs on slide 21 compare our unvalidated Jul-22 outpatient attendances to Jul-19 and our annual plan activity target. As noted in the top row of this table we haven't achieved our OP targets.
- The planning guidance target was to reduce the number of follow-ups appointments; this has not happened in Jul-22.
- Mode Hospital benchmarking **for May-22** shows that our DNA rate is in quartile 1 of all Trusts.
- In the Jul-22 RTT OP cohort, there are over 34,000 RTT patients undated for their first appointment. 22% of the total cohort waiting for a first appointment have been dated. Of those not dated 4,387 patients have been waiting over 52 weeks.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Orthodontics, Urology, Gynaecology and T&O.

Planned Admissions - what does the data tell us?

- On the day cancellations continues to shows significant concern with 8.2% of scheduled procedures for Jul-22 cancelled on the day. This is 117 cancellations and 109 of those were not able to be replaced with another patient.
- Theatre utilisation, at 75%, is at the mean but is not yet showing positive improvement; it would have to be at least 81% to do this. Factoring in allowed downtime, the utilisation increases to 81%. Lost utilisation due to late start / early finish showed no significant change at 22.9%.
- In Jul-22, the number of day cases increased from Jul-22 but the number of EL IP decreased. Day case (-1,829) and EL IP (-252) were below the annual plan target for the month. Our overall elective activity is currently unvalidated at -2,075 to plan in Jul-22.
- 53.7% of eligible patients were rebooked within 28 days for their cancelled operation in Jul-22; this is 22 of 41 patients being rebooked within the required timeframe but no significant change from the mean outcome.

Current Assurance Level: 4 (Jul-22)	**When expected to move to next level of assurance: :** This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and in-line with annual planning expectations from NSHE for 2022/23.
Previous Assurance Level: 4 (Jun-22)	**SRO: Paul Brennan**

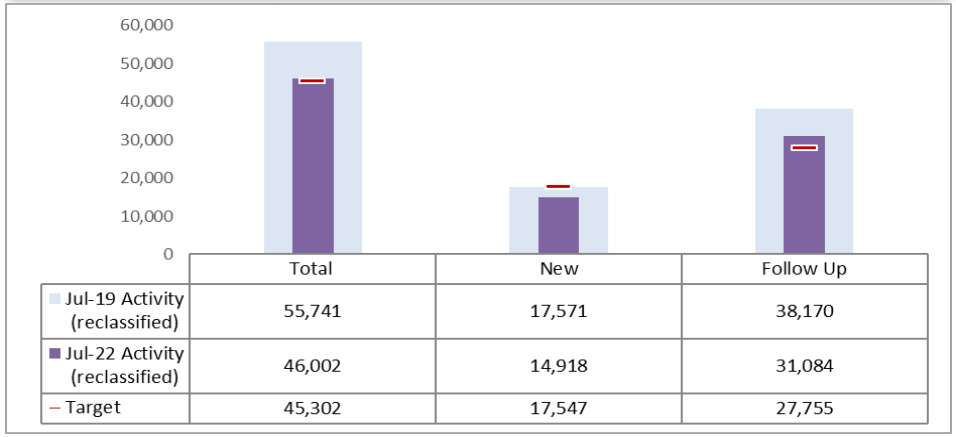
Month 4 [July] | 2022-23 | Operational Performance: Annual Plan Activity

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

NHS Worcestershire Acute Hospitals NHS Trust

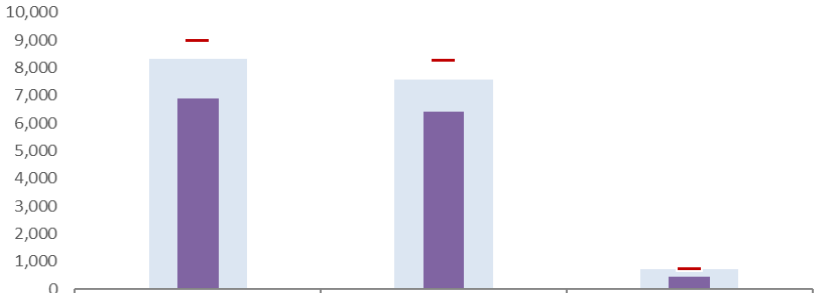
Annual Plan | Jul-22 Activity compared to Jul-19 Activity and Jul-22 Plan

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



	Total	New	Follow Up
Jul-19 Activity (reclassified)	55,741	17,571	38,170
Jul-22 Activity (reclassified)	46,002	14,918	31,084
Target	45,302	17,547	27,755

Day Case and Elective Inpatients



	Total	Day Case	Elective Inpatient
Jul-19 Activity	8,310	7,582	728
Jul-22 Activity	6,884	6,430	454
Target	8,958	8,251	707

Please note the different axes

Outpatient DNA Rates