NHS
Worcestershire
Acute Hospitals
NHS Trust

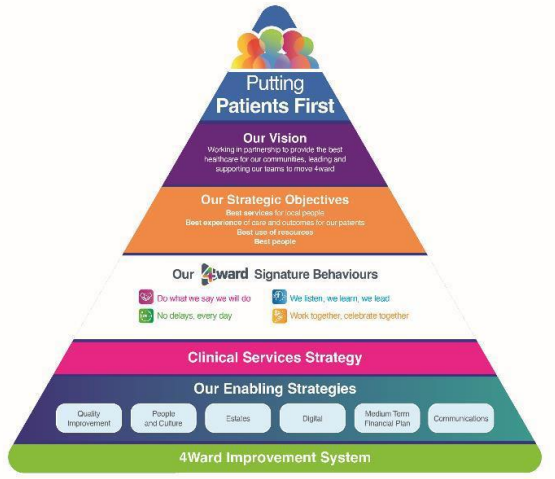
A G E N D A

TRUST BOARD

Thursday 9th February 2023

10:00 – 11:00

via MS Teams and streamed on YouTube



Due to the current signifiancnt operational pressures and industrial action, only key assurnace items have progressed through govenance.
Papers will be taken as read and presented on an escalation only basis.

Anita Day
Chair

Item		Assurance	Action	Enc	Time
159/22-23	**Welcome and apologies for absence:**				**10:00**
160/22-23	**Items of Any Other Business** To declare any business to be taken under this agenda item				
161/22-23	**Declarations of Interest** To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting.				
162/22-23	**Minutes of the previous meeting** *To approve the Minutes of the meeting held on 12th January 2023*		*For approval*	**Enc A** **Page 4**	
163/22-23	**Action Log**		*For noting*	**Enc B** **Page 13**	
164/22-23	**Chair's Report**		*For ratification*	**Enc C** **Page 14**	
165/22-23	**Chief Executive's Report**		*For noting*	**Enc D** **Page 16**	
	Best Services for Local People *BAF 2, 11, 13, 14, 16, 17, 18, 21*				
	No escalations				
	Best Experience of Care and Outcomes for our Patients *BAF 3, 4, 11, 19, 20*				

166/22-23	**Integrated Performance Report** Executive Directors	Level 4	*For assurance*	**Enc F** **Page 20**	**10:15**
167/22-23	**Committee Assurance Reports** Committee Chairs		*For assurance*	**Page 114**	**10.35**
	Best Use of Resources *BAF 7, 8, 11*				
	No matters escalated outside of Integrated Performance Report				
	Best People *BAF 9, 10, 11, 15, 17*				
168/22-23	**Safest Staffing Report** Chief Nursing Officer		*For assurance*	**Enc G**	**10:40**
	a) Adult/Nursing	Level 6		**Page 117**	
	b) Midwifery	Level 5		**Page 124**	
	Governance				
169/22-23	**Audit Committee Report** Committee Chair	Level 5	*For assurance*	**Enc H** **Page 132**	**10.50**
170/22-23	**Trust Management Executive Report** Committee Chair		*For assurance*	**Enc I** **Page 134**	
171/22-23	**Any Other Business** *as previously notified*				**11:00**
172/22-23	**Closing Remarks** Chair				
	Close				

Reading Room:

- JSNA Summary

Seven Levels of Assurance

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

Board Assurance Framework

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

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

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 12 JANUARY 2023 AT 10:00 AM VIA MS TEAMS AND STREAMED ON YOUTUBE

Present:		
Chair:	Anita Day	Chair
Board members: (voting)	Paul Brennan	Chief Operating Officer
	Matthew Hopkins	Chief Executive
	Simon Murphy	Non-Executive Director
	Neil Cook	Chief Finance Officer
	Christine Blanshard	Chief Medical Officer
	Dame Julie Moore	Non-Executive Director
	Colin Horwath	Non-Executive Director
	Jackie Edwards	Interim Chief Nursing Officer
Board members: (non-voting)	Richard Haynes	Director of Communications and Engagement
	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
	Vikki Lewis	Chief Digital Information Officer
In attendance	Jo Ringshall	Healthwatch
	Jo Wells	Deputy Company Secretary
	Justine Jeffery	Director of Midwifery
	Tony Bramley	Non-Executive Director
	Karen Martin	Non-Executive Director
	Michelle Lynch	NeXT Director
	Maheshwar Chaudhari	Clinical Pain Lead (for Patient story)
	Anna Sterckx	Head of Patient, Carer & Public Engagement
	Sarah Sherwood	Psychologist (for Patient story)
	Sue Rogers	GGI, Observing
	Sue Harris	Director of Strategy & Partnerships, H&WHCT (149/22)
Public		Via YouTube
Apologies	Richard Oosterom	Associate Non-Executive Director

140/22 **WELCOME**

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

Ms Day described how she had spoken to a number of clinical staff who felt they were failing. Ms Day assured them that they were not. She was humbled by the many examples of colleagues doing whatever they can to provide patients with the best possible care in very pressurised circumstances. Thanks were extended on behalf of the Board, our patients and the people of Worcestershire.

141/22 **PATIENT STORY**

Ms Edwards introduced Ms Sterckx to share the Patient story. A video was played detailing Lisa's story:

Lisa was diagnosed with Marfan Syndrome when she was 19. Marfan Syndrome affects the body's connective tissues, which maintain the structure of the body and support internal organs and other tissues. Patients with this syndrome often experience significant back pain due to lack of spinal support. Marfan Syndrome is often associated with blindness and Lisa had recently been registered blind.

Lisa had previously felt dismissed and not listened to. She was referred for hydrotherapy at Worcester and then referred onto the pain management team. The hydrotherapy helped to increase her confidence and the pain management team were really supportive. She felt listened to and that the team believed that she was in pain. The impact of pain management has made her feel like she had got her life back. The pain is now manageable and she does meditation to help her feel calmer. Lots of strategies have been put in place to help Lisa look for positives and the pain now does not define her.

Dr Sherwood noted that the Trust's hydrotherapy pool was a fantastic resource that a number of Trusts did not have and really helped to give patients confidence. The team were commissioned to deliver a pain management programme in Worcestershire just before lockdown; this hindered the process of establishment and the service had to be adapted to offer support remotely as face to face meetings could not be held. Lisa was able to reduce her medication as a result of the team's work which was very positive. The Pain Management Programme was now being offered from Whittington Community Hall to meet patients face to face and to provide multidisciplinary care. It allowed patients to connect and not feel alone.

Dr Chaudhari advised that by the time he sees patients they had often been to multiple speciality doctors and were often frustrated and unable to manage their pain. Getting funding for the Pain Management Programme had been in discussion since he started with the Trust in 2009 without any success until recently. Dr Sherwood had worked hard to get the programme commissioned in the county.

Mr Murphy asked what strategies are in place to ensure that those who need support are able to access it. Ms Sherwood replied that it starts with the GP and primary care. A teaching programme was being put together to include physio and GPs.

Ms Day asked how the work was being promoted. Ms Sherwood replied that outcomes were being collected throughout the process and ensuring that there was good communication.

Ms Day gave thanks to the team for sharing the success story and making a good impact on patients' lives.

142/22 **ANY OTHER BUSINESS**

There was no other business.

143/22 **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.

144/22 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 8 DECEMBER 2022**

The minutes were approved.

Mr Murphy queried whether the theatre utilisation work had been agreed. Mr Brennan replied that the accountability framework was reviewed by the theatre group this week and they were aiming to sign it off at the next meeting. It would then be presented for review at Trust Management Executive (TME).

Mr Murphy referred to the implementation of the BAME charter and observed that outputs were still awaited. Mr Murphy asked how the team could ensure that it makes a difference. Ms Ricketts advised that there were four key elements with regular updates presented to the People & Culture Committee. Work had started on the violence and aggression element and there was oversight at the Steering Group meeting. Governance was in place to ensure the elements were embedded.

Dr Blanshard referred to the discussion regarding getting patients home. Exercises were being held this week which included peer challenge of the timeliness of discharges by experienced internal clinicians and the ICB. As of yesterday, 28 patients were being followed up in their own home waiting for diagnostic tests.

Ms Day gave thanks for the updates and encouraged visibility of progression of items discussed.

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

145/22 **ACTION SCHEDULE**

There were no actions due for this meeting.

146/22 **CHAIR'S REPORT**

Ms Day confirmed that she had taken a Chair's action following recommendation by the Finance & Performance Committee regarding TIF 2 accelerated capital spend and the appointment of Kidderminster Treatment Centre contractors. The Board confirmed ratification of Chair's actions.

RESOLVED THAT: The Chair's update was noted

147/22 **CHIEF EXECUTIVE'S REPORT**

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

- Health service pressures continued. Covid levels, flu and strike action had impacted upon demand and in turn upon patients and staff
- On 20th December, region had requested that 18 patients were offloaded in an already overcrowded ED department. At that time there were 176 patients in ED and extra patients were being boarded in corridors. Mr Hopkins apologised to staff for not knowing this was going to happen and that the Trust were unable to stop it from happening. A critical incident was declared, however despite this occurring the same day as the second nurses strike, no clinical incidents were reported.
- Leadership team relationships with the Royal College of Nursing (RCN) had been maintained and ensured patient safety.
- It was important to recognise the impact of the strikes throughout the whole Trust including the additional planning meetings and additional reports generated which had a significant impact on top of a busy period. Tribute was paid to the Executive and senior leadership teams. It is not a sustainable way of running an acute hospital and there had been a significant adverse impact on staff morale, turnover and the wellbeing of staff.

Ms Day echoed Mr Hopkins comments, acknowledging that the pressure on all colleagues were appalling and unsustainable. Teams were working hard to keep patients safe.

Dame Julie expressed her upset and anger at the regional decisions made and apologised to patients for the standard of care being offered. Thanks were extended to the staff, who were doing a fantastic job. Dame Julie queried the system response and whether the burden was being shared.

Mr Murphy spoke to staff following the ambulance offload on 20th December, who commented that they would never forget and never forgive what was done to them that day. Mr Murphy reiterated that the Trust had not been informed that it was going to happen and it was not acceptable. Mr Murphy asked if anything could be done to ensure we are supporting our ED colleagues from within.

Dr Sinclair endorsed the comments made and asked for clarity of who took the decision to offload. Mr Hopkins advised that the response from system colleagues was appropriate and there was a good response to help to support patient discharge. Focus was on maintaining the pace on top of flu and viral infections. There had been some response in opening additional capacity in the community but it needed to be done at pace. A peer review was taking place with the ICB Chief Officer. Additional consultants were supporting ED to ensure diagnostics were done as quickly as possible.

The decision had been taken by the Director of Performance at NHS Midlands region in order to decompress ambulances ahead of their strike the next day. Making these decisions is difficult but it was deemed necessary. Mr Hopkins had written to the ICB Chief Executive Officer to express his concerns about the lack of information and asked that they work together to communicate to Accountable Officers.

Dr Blanshard noted that teams had been rostering additional nursing and medical staff to provide support. A discharge team was being established to facilitate faster and simple discharges. A daily discharge cell was supported by senior nurses and representatives from the community. A Radiologist had been placed in ED to do diagnostics and therapeutics and the successful opening of the larger ambulatory care unit has enabled better streaming.

Ms Ricketts added that additional support was being provided by the Psychology team. Focus had been on maintaining the basics. Hot breakfasts were provided for staff onsite over the Christmas period and the car park barriers had been lifted on strike days.

Mr Hopkins gave thanks to Sally Millett, Guardian of Safe Working who retires this month and welcomed Alag Raajkumar who would be taking over the role.

RESOLVED THAT: The report was noted.

Best Services for Local People

148/22 **ANNUAL PLANNING**

Ms Newton presented the report for information which outlined the planning guidance for this year. The Finance & Performance Committee would provide oversight.
The 3 key tasks are:

- Recover our core services and productivity
- Make progress in delivering the key ambitions in the Long Term Plan
- Continue transforming the NHS for the future.

The technical guidance was awaited, however information published to date provided some indications which were detailed within the report.

There was continued ambition to our approach with ambulance waits, cancer and waiting list targets.

The risks were outlined and continually reviewed along with the pressures and challenges. A system workshop was planned for tomorrow.

Ms Day gave thanks to Ms Newton and the team. The risks and mitigations were clearly articulated and the issues with a bottom up plan were recognised. Ms Day asked to ensure that there was ownership at ground level. Given the timeframe for submission on 29th March, delegated approval of the plan would be given to the Finance & Performance Committee.

RESOLVED THAT: The report was noted. Approval delegated to the Finance & Performance Committee.

149/22 **PROVIDER COLLABORATIVE WITH HWHCT**

Ms Harris from Hereford and Worcester Health and Care Trust (H&WHCT) joined the meeting for this item. Ms Newton introduced the Provider Collaborative, confirming that it was important we work with system partners to deliver the best services we can for patients.

The Memorandum of Understanding (MoU) is a draft at identifying areas to work together. Ms Harris had joined the meeting to provide additional support following the H&WHCT Board meeting yesterday. A Steering Group would be formed to identify the workstreams planned to take forward.

Mr Murphy welcomed the move and asked for inclusion of the Council to encourage revisiting a walk in centre as some patients attended A&E as they had nowhere else to go.

Mr Horwath endorsed the Collaborative, supported Mr Murphy's comments and encouraged creating outcomes of tangible benefits. Mr Horwath queried how the accountability framework would wrap around it. Ms O'Connor noted that the framework would be in place with the MoU arrangements. Information sharing would be managed through the Information Governance streams and as Data Protection Officer, Ms O'Connor was happy to assist if required. Dr Blanshard was pleased to see the role of the Clinical Practitioner Forum included.

Ms Day advised there was an invitation for the Chairs of each Trust's committees to attend their equivalent committee if it was helpful for perspective. Ms O'Connor has drafted guidelines to support this working arrangement.

Mr Hopkins endorsed all the points made, reflecting the importance of making traction on things that will make a difference to patients and the public in the county. Ms Newton advised that a different approach needed to be taken with a change of culture and working better together to improve patient experience. Ms Harris added that the metrics and outcomes would be feed in to Steering Group conversations.

Ms Day welcomed the enthusiasm to thinking differently for the benefit of patients.

ACTION: Ms O'Connor to circulate Committee attendance guidelines.

RESOLVED THAT: The Provider Collaborative with H&WHCT was approved.

Best Experience of Care and Outcomes for Patients

150/22 **INTEGRATED PERFORMANCE REPORT**

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

Operational Performance
Elective
Mr Brennan highlighted the following key points:

- There were no 104 week waits for December. It was expected that in January, February and March would report no 104 week breaches.
- The 78 week position was that significant progress had been made. The starting point of 32,000 now stood at 3,985.
- Cancer remains a challenge, though progress was being made. The 62 day + position had 826 patients waiting. As at the end of last week, this had reduced to 546. The trajectory was 695 with an end of year target of 328. Excellent work had been done by the skin team. The impact of changes within urology were now being seen. Changes made to the colorectal pathway has made improvements. It was aimed that there would be no skin cancer waiters by the second week of February. Urology waiters were currently 249. The challenge was that though there was increased capacity significantly reducing the delays, the capacity for surgery remains limited at 2 patients per week as robotic practice develops. Discussions were taking place with a private hospital in Nottingham regarding whether they could assist.

Ms Day advised that with the threat of ongoing industrial action, there was potential that it could impact upon the trajectories described. Mr Brennan advised that December's performance was impacted by the RCN industrial action. A number of outpatient clinics had to be cancelled along with diagnostic and non-urgent elective procedures. It was agreed with the RCN that the Trust would continue with cancer procedures, but some elective follow up appointments and routine procedures were affected on the second day of strike. Ambulance industrial action had been challenging for colleagues on the emergency pathway, however no elective surgery was affected as a consequence.

Emergency Care

- The baseline used is 19/20 and attendance at ED had risen by 10%.
- Ambulance conveyances were down by 16%, however walk-in patients in the waiting area often had a higher acuity than those on ambulances.
- The conversion rate was 24% with a baseline of 29%. Though there had been fewer admissions, beds were often full and there was boarding on most of the general acute wards. Yesterday, with support from cardiology, beds were increased by doubling up in 6 of the bays on the Coronary Care Unit (CCU). 24 patients were currently boarded on the wards along with 5 in CCU and 5 in AEC. A total of 63 patients were in a bed or needed a bed and were not in a proper area. The Alex has had equal challenges. The discharge lounge had to be reversed and turned into a ward to house 18 patients and ward 14 (elective urology) was converted in to a 19 bed acute medical ward.
- A review of patients who did not need to be in hospital was underway.

Ms Day noted that she shadowed the on call Executive on Sunday and was aware of the decisions made.

Mr Murphy advised he had a relative who was recently an inpatient and reported that they were satisfied with the care they received. Mr Murphy asked if there was any monitoring of walk ins and whether they needed to be there. Mr Brennan replied that it is difficult to do but

there is a proxy of condition based analysis. At times, a senior consultant had been placed at the door to triage. Data could be provided within the next IPR report.

Dame Julie queried why bed occupancy wasn't presented as 110% rather than 99%. Mr Brennan replied that there was a technical reason as the denominator would need to increase. Dame Julie observed that the Trust was in effect housing an additional ward of patients.

Dr Blanshard advised that there was work underway at a system level regarding alternatives to ED and looking at urgent and emergency demand across the system. Ms Edwards concurred, noting that none of the staff liked boarding patients. A rigorous risk assessment had been undertaken with the ICB for each and every patient. Boarding is having an impact on privacy and dignity but there were little other options available. The aim was to abolish boarding and to strive to achieve this with system partners.

Dr Sinclair asked if there was any data on length of stay of patients boarding? Mr Brennan replied that the teams were monitoring closely. When compared to a rolling 6 week average, the length of stay remained the same. Ms Martin asked whether any incidents reported relating to boarding were monitored separately. Mr Brennan replied that they were.

Mr Hopkins noted there had been an overall increase in length of stay and this formed part of the peer review yesterday, to help understand why. Healthwatch had interviewed people in ED and had circulated a report regarding patients in the minor injuries unit (MIU) where some learning could be taken. Data was included within the IPR that showed the number of patients who did not receive any treatment and teams needed to work with partners across the system to help people to navigate appropriately.

Quality & Safety

Ms Edwards advised that infection prevention and control (IPC) was an area of focus and highlighted the following:

- C.Diff had reached target.
- Several outbreaks had been reported.
- There was focus on anti-microbial prescribing.
- Complaints had not met their target with regard to 25 day responses. There had been an increase in complaints, a number of which related to waits. Surgery was the biggest theme of complaints and links back to elective recovery waits.
- Friends & Family Test feedback is largely positive. Areas for improvement related to supporting staff and communication elements.
- There was a positive culture of reporting harm.

Mr Horwath queried the process of escalation to Board of a never event. Ms Edwards informed that information was included within the quality metrics presented and the Quality Governance Committee receive a verbal update after the event. Learning from that is shared through the Serious Incident Report. Dame Julie added that they were escalated through reports following discussion at committee.

People & Culture

Ms Ricketts highlighted the following:

- The Trust continued to benchmark well with sickness absence rates. There had been an increase in short term sickness and a slight reduction in long term.
- There were hot spot areas of sickness within estates, midwifery and AHP.
- HR were supporting line managers with health and wellbeing conversations.
- The recent increase in short term sickness related to covid and flu.

- There were a number of staff absences relating to mental health.

Dr Sinclair noted that the Trust was still performing better than the national average for sickness, that the staff turnover had slightly improved and encouraged the monitoring of hot spots. The Specialist Medicine division was an outlier at 15% and further discussion would take place at the People & Culture Committee. There had been an increase in establishment but it was too early to see the benefits.

Finance

Mr Cook drew attention to the following key points:

- There was an adverse variance of £0.6m against the plan.
- £2m had been drawn from the balance sheet on a non-recurrent basis.
- Issues in next year's plan were driven by the shortfall in the Productivity & Efficiency Programme (PEP) and additional pressures.
- Additional capacity was being utilised. Some will be funded through winter funds, but not all.
- The Trust was projecting to achieve the full year deficit of £19.9m but there will be pressure on mitigations and the balance sheet.
- £12.9m of capital had been spent. Discussions were taking place with the region regarding brokerage and an agreement in principle had been reached.

Mr Murphy highlighted the challenged position of PEP.

Level 4 assurance was approved.

RESOLVED THAT: The report was noted for assurance.

151/22 **COMMITTEE ASSURANCE REPORTS**

The reports were taken as read. There were no issues to highlight that had not already been discussed.

RESOLVED THAT: The Committee reports were noted for assurance.

152/22 **INDEPENDENT REVIEW OF EAST KET MATERITY SERVICES**

Ms Jeffrey presented the report which detailed the recommendations for Trusts to consider and was linked to the maternity safety papers.

RESOLVED THAT: The report was noted

Best People

153/22 **SAFEST STAFFING REPORT**

a) Adult/Nursing

Ms Edwards advised that safe staffing levels were maintained with the use of temporary staffing, however this would impact on bank and agency spend. No harm had been identified from the deficit in staffing levels on wards. The assurance level of 6 was approved.

b) Midwifery

The report was taken as read and the assurance level of 5 was approved.

RESOLVED THAT: The reports were noted for assurance.

Governance

154/22 **ANY OTHER BUSINESS**

Ms Ringshall noted the operational pressures and acknowledged that patient experience may be a consequence of the current difficulties.

DATE OF NEXT MEETING

The next Public Trust Board meeting will be held virtually on Thursday 9 February 2023 at 10:00am.

The meeting was closed.

Signed _____ **Date** _____
Anita Day, 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
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	Mar 2023	Regular updates on progress against implementation of the Charter are provided to the People & Culture Committee. A Board Development agenda item about Culture will cover the topic.	
12.01.23	Provider Collaborative	149/22	Ms Day suggested that's the chairs of each board committee received an invitation to attend their equivalent committee if it was helpful for perspective. Ms O'Connor would draft guidelines.	ROC	Feb 2023		Complete and shared with both the Trust and H&CT.	

Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 February 2023
Paper number	Enc C

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	X	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 January 2023.

Executive summary	The Chair, undertook a Chair's Action on the recommendation of Finance and Performance Committee and in accordance with Section 24.2 of the Trust Standing Orders to: 1. Approve Contract Award Governance Report for the Managed Print Service (MPS) Contract Extension 2. Approve costs for additional capital works and funding from existing capital budgets for; a. Alex Car Parks b. Replacement Power Tools c. Theatres Storage d. Replacement Windows, Alex site e. Relocation of Garden Suite to W1 Alex f. Lift 4 Kidderminster Treatment Centre 3. Approval to vary 'existing' contractual arrangements to deliver the works in point 2. This is to ensure the Trust are assured procurement wise due to the very short timeframes involved. 4. Approve delegated authority to the Director of Estates & Facilities on expenditure against the against these approved costs and funding, limited explicitly to the schemes cited above and the 'existing' contract arrangements that are in place. The Contract Award Governance and background papers are enclosed for noting on the Private Trust Board Reading Room

Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 February 2023
Paper number	Enc C

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*BAF 7, 8*

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
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
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Meeting	Public Trust Board
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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.

Executive Summary	This report is to brief the Board on various local and national issues. Items within this report are as follows: • Electronic Patient Record (EPR) pilot • Tim Ferris visit • Productivity and Efficiency Programme (PEP) session • Industrial action update • University Hospitals Coventry & Warwickshire (UHCW) exec to exec • Joint Strategic Needs Assessment (JSNA) • Integrated Care Board (ICB)

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	Public Trust Board
Date of meeting	9 February 2023
Paper number	Enc D

Introduction/Background

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

Electronic Patient Record Pilot

The EpR Programme is now Live in 5 pilot wards covering all three hospital sites, this is a fantastic achievement and is a true example of successful Multi-Disciplinary Team Working across a number of teams including Clinical, Nursing, Operational and digital.

The Trust chosen approach to EpR implementation is modular based deployment of functionality to minimise operational disruption and provide at the elbow support and familiarisation alongside a traditional training support offer.
Based on the principles of standardisation of workflow the Phase 1 pilot has been a good learning experience for future deployment stages.

Learning from the pilot will inform the Phase 1 Go Live across all inpatient settings. Go Live is scheduled for February at the Alexander Hospital Site and the Worcestershire Royal Hospital and has a detailed staged rollout plan.

Tim Ferris visit

I was delighted to welcome Dr Tim Ferris the National Director for Transformation, who visited the Kidderminster Treatment Centre on the 20 January 2023., Tim visited both the Co Lab Innovation Centre and the Community Diagnostics Hub meeting, ICB, Digital, Clinical Colleagues and I.

It was an excellent opportunity to describe the work of the 4ward Improvement system cultural transformation programme and how this is being supported by our relationship with the Virginia Mason Institute. Tim is a keen advocate of the how digital innovation and data can support the delivery of clinical services he founded the Centre for Population Health, which champions the use of prevention and data to improve health, reduce inequalities, and save lives.

PEP session

In recognition of the challenging planning priorities for 2023/24, a workshop was held with senior clinical and operational leaders from across the Trust to discuss opportunities for improving productivity and efficiency with 4 main areas of focus:

- Income Generation.
- Expenditure reduction.
- Opportunities for working with partner organisations.
- Space utilisation.

The event was well attended and well received with a number of opportunities identified under each of these headings which are being reviewed by Executives as being tangible schemes to take forward into our 3 year Productivity & Efficiency Programme. The South West & Central Commissioning Support Unit is currently working with us on further scoping and refinement into a more detailed programme that will need to be adequately resourced to deliver on expectations. More detail will be provided to the Finance & Performance Committee in the months ahead as we progress to development of our plan.

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Industrial Action

We continue to be impacted by industrial action with week commencing the 6th February being a particularly challenging week with Royal College of Nursing members on strike for 2 days (6th & 7th), Ambulance staff for 1 day (6th) and Chartered Society of Physiotherapists for 1 day (9th) meaning that some non-urgent elective care has been rescheduled. The industrial action is putting additional pressure on our staff who are working additional hours to prepare for the industrial action and are experiencing reduced staffing levels during industrial action and are then required to support our plans following the industrial action to minimise the impact to patient care. Regular health and wellbeing conversations are taking place and we are signposting colleagues to our comprehensive support offer.

The Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) has recently been published for Worcestershire (see Reading Room). In summary:

- Worcestershire is projected to see notable increases in numbers of older population (aged 70-plus) over the next five and ten years. Projected increase to 2030 of 70-plus population in Worcestershire is over 20%, representing 21,000 people.
- Increases in 70-plus age group projected to be particularly prevalent in South Worcestershire districts, most notably in rural areas of Malvern Hills and Wychavon, and in the 80-plus age range, at almost 50%.
- Forthcoming 2021 Census results will give accurate up-to-date information on older people, including small areas of high concentrations of older people, as well as data on health, disability, housing and employment.
- The aging population will potentially result in growing spending on health and social care as well as a decline in the working population relative to the number of pensioners ('the dependency ratio') as well as issues around access to services.

ICB Board

The Integrated Care Partnership (ICP), which is a joint committee of the Integrated Care Board (ICB) and the two upper-tier local authorities, is responsible for overseeing the production of the Integrated Care Strategy. To prevent duplication and maximise the opportunity for place-based working, the work of the ICP is closely aligned to the two Health and Wellbeing Boards. The ICP has agreed the Strategy on a Page (see reading room) for engagement with system partners over the next two months. with the following core priority areas:

- Providing the best start in life
- Living and ageing well
- Reducing ill health and premature deaths from avoidable causes

The ICB board reported the output from the Point Prevalence survey which took place in September. The survey identified that patients are being cared for in a higher cost setting than necessary. Further work is underway to understand the impact with plans to undertake a system wide demand and capacity model as a baseline as part of the Five Year Joint Forward Plan. It is proposed that the audit is repeated on an annual basis.

Progress on delegation of NHS England commissioning functions to ICBs continues, the aim is to break down barriers and join up fragmented pathways to deliver better health and care so that patients can receive high quality services that are planned and resourced where people need them. The services that will be delegated to ICBs are:

- Primary Pharmacy, Optometry & Primary and Secondary Dental Services - on 1st April 2023

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- Complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services – date to be agreed
- Specified Specialised Services (Acute & Pharmacy) - on 1st April 2024

UHCW

The executive team from UHCW visited Worcestershire Royal hospital this month. The agenda covered areas of mutual clinical interest, operational pressures and further opportunities to share best practice for development of our 4ward Improvement system and robotic surgery.

Issues and options

Recommendations

The Trust Board is requested to

- Note this report.

Appendices – None

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Integrated Performance Report – Month 9 2022/23

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

Accountable Directors	Paul Brennan – Chief Operating Officer, Jackie Edwards – Chief Nursing Officer, Christine Blanshard - Chief Medical Officer, Tina Ricketts – Director of People & Culture, Neil Cook – Chief Finance Officer, Vikki Lewis – Chief Digital Information Officer		
Presented by	Vikki Lewis – Chief Digital Information Officer	**Author /s**	Steven Price – Senior Performance Manager Nikki O'Brien - Associate Director – Business Intelligence, Performance and Digital

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
TME	18 January 2023	Approved
Quality Governance	26 January 2023	Assured
Finance & Performance	9 February 2023	

Recommendations	Trust Board are asked to: ▪ Note this report for assurance

Key Issues

1. 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	SP	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	150,952
		BUP	12,544	13,092	14,677	13,809	13,175	14,882	14,362	15,426	13,182	13,537	13,691	14,711	125,150
	(Target 104%)	Actual	13,158	16,084	15,467	15,014	15,629	16,610	17,217	18,491	13,483				141,153
	Follow-ups	SP	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	238,552
		BUP	26,767	27,591	31,570	31,095	29,013	31,234	29,888	34,714	29,284	29,895	29,843	32,551	271,157
	(Target 75%)	Actual	30,172	34,009	32,784	31,841	33,248	34,333	33,483	37,486	28,856				296,212
Inpatients	Day Case	SP	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	67,870
		BUP	5,660	6,071	6,889	6,857	6,377	6,599	6,453	6,687	5,891	6,610	6,211	6,384	57,486
	(Target 104%)	Actual	5,835	6,661	6,286	6,437	7,129	7,082	6,942	7,669	6,167				60,208
	Elective Spells	SP	455	584	697	707	646	744	663	824	744	766	808	853	6,064
		BUP	429	485	576	584	534	617	549	682	615	635	669	706	5,073
	(Target 104%)	Actual	450	526	525	449	500	500	524	518	464				4,456
Diagnostics	Imaging	SP	12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	124,439
		BUP	12,452	13,257	12,749	15,040	15,078	15,059	15,468	15,039	13,161	15,228	13,257	14,548	127,303
	(Target 120%)	Actual	11,723	13,515	13,155	13,608	13,540	14,108	14,400	14,734	12,774				121,557
	Endoscopy	SP	1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	15,837
		BUP	1,399	1,619	1,602	1,775	1,495	2,043	1,856	1,940	1,325	1,853	1,766	1,973	15,054
	(Target 120%)	Actual	1,022	1,285	1,158	1,278	1,374	1,543	1,583	1,838	1,167				12,248
	Echocardiography	SP	806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	8,540
		BUP	1,050	1,050	1,050	1,410	1,410	1,320	1,320	1,320	1,320	1,320	1,320	1,320	11,250
	(Target 120%)	Actual	1,001	1,150	1,008	1,072	1,150	1,227	1,360	1,316	847				10,131

Table 1 | SP - Submitted Plan | BUP - Bottom-up Plan

We did not achieve the OP New activity or the OP follow-ups submitted plan. We did exceed the BUP for OP New and we did deliver 2,800 fewer follow-up appointments than Dec-21 so below BUP on this measure.

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Some of the reduction in activity will be due to the industrial action which saw 1,811 OP appointments cancelled.

Both day case activity and inpatient (ordinary) are below submitted plan but day case was above the BUP. The plan was set to account for seasonal variation but Dec-22 activity was also impacted by industrial action with 316 planned operations (including day case) being cancelled.

Our validated DM01 Diagnostics waiting list at the end of Dec-22 was 9,200 and the number of patients waiting 6+ weeks increased to 1,954. Although a reduction in activity was expected in Dec-22, it decreased further than our submitted plan meaning in total we delivered 16,325 DM01 reportable tests following 5 months of over 17,000. NHSE are asking all Trusts to halve their backlog of patients waiting over 13 weeks by the end of Mar-23. This isn't just those patients currently breaching (774 at the end of Dec-22) but also preventing patients from going beyond this waiting time.

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	12	0	0	1	0			
	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	1,093	979	1,115	1,285	1,570			
	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	7,633	7,772	7,957	8,103	8,161			
	Total Incomplete Waiting List	Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713
		Actual	60,056	61,895	63,391	64,284	65,264	65,420	66,703	68,628	69,832			
Cancer	63+ day waiters	Plan	The annual plan trajectory has been replaced following an Oct-22 NHSE request to submit revised recovery trajectories for 62+ day Cancer backlog - this is being monitored weekly.											
		Actual												
	28 Day | Patients Told Outcome	Plan	71%	72%	73%	74%	75%	75%	75%	75%	75%	76%	75%	75%
	(CWT Standard - 75%)	Actual	58%	57%	50%	52%	52%	45%	54%	67%	72%			

Table 2.1

		30/10/22	06/11/22	13/11/22	20/11/22	27/11/22	04/12/22	11/12/22	18/12/22	25/12/22	01/01/23	08/01/23	15/01/23	22/01/23	29/01/23	05/02/23	12/02/23	19/02/23	26/02/23	05/03/23	12/03/23	19/03/23	26/03/23	02/04/23
63+ day waiters	Recovery Trajectory	810	819	836	856	868	844	814	770	752	740	695	669	637	606	561	526	493	467	436	393	370	350	328
	Actuals	797	763	731	668	551	572	551	545	506	583													

Table 2.2 – Urgent Suspected Referral backlog only

Consultant-led referral to treatment time

The validated number of patients waiting over 104 weeks for Dec-22 is zero. The overall incomplete RTT waiting list continues to increase and the level of clocks starting continues to be higher than clock stops. NHSE's expectation is Trusts are to book appointments for all of their 78-week cohort (patients who will otherwise breach by April) by the end of January, with outpatient appointments and treatments completed before the end of March. This remains a risk for our Trust given the number of 78-week patients not yet dated for their first outpatient appointment.

Cancer

The number of 2WW referrals in Dec-22 decreased in-line with seasonal variation. As projected in last month's report we achieved the 2WW waiting time standard with 95% of patients seen within 2 weeks; the first time since May-20. Best practice pathway improvements continue to support progress towards achieving the 28-day faster diagnosis standard which was above 70% this month; the first time since Feb-22.

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At the end of Dec-22, we recorded 647 patients who have been waiting over 63 days for diagnosis and / or treatment and 231 of those patients have been waiting over 104 days. We remain ahead of the weekly recovery trajectory for the urgent suspected cohort and w/e 25th December achieved our lowest backlog since Jul-22.

Elective Benchmarking

Elective Benchmarking		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2WW Cancer Patients Seen	Trust	2,255	2,261	2,525	2,066	2,653	2,294	2,298	2,335	2,977	3,003	3,291	
	Peer Average*	1,749	1,906	2,256	2,075	2,184	2,030	2,087	2,323	2,205	2,142	2,234	
	WAHT Rank**	5	5	5	6	5	6	6	6	4	4	4	
2WW Cancer Breast Symptomatic	Trust	116	141	149	66	97	87	70	89	80	82	142	
	Peer Average*	88	92	101	79	80	77	72	70	73	71	75	
	WAHT Rank**	5	3	3	8	4	4	6	4	6	5	1	
28 Day FDS Patients Told Outcome	Trust	2,286	2,110	2,403	1,882	2,376	2,121	2,251	2,169	2,582	2,896	3,041	
	Peer Average*	1,774	1,832	2,096	1,943	2,038	1,888	1,983	2,151	2,111	2,117	2,229	
	WAHT Rank**	5	6	6	5	6	6	6	6	4	4	4	
62 Day Patients Treated	Trust	151	154	196	152	165	177	182	154	168	203	234	
	Peer Average*	111	112	129	118	127	119	113	122	130	123	134	
	WAHT Rank**	5	4	3	5	4	4	3	5	5	3	2	
Diagnostics Waiting List	Trust	10,719	10,229	10,031	9,609	10,496	10,312	9,683	10,077	9,000	9,598	8,667	
	Peer Average*	13,760	14,410	15,152	14,933	15,832	16,464	16,400	16,217	16,593	16,677	17,019	
	WAHT Rank**	6	6	6	6	6	6	6	6	6	6	5	
Diagnostics Activity	Trust	17,068	16,048	17,956	15,094	17,572	16,963	17,596	17,696	18,468	18,969	19,728	
	Peer Average*	14,820	14,557	16,147	14,623	16,024	15,389	16,463	16,772	16,472	17,162	17,701	
	WAHT Rank**	5	5	5	6	6	6	6	6	5	5	5	
RTT 104+ weeks	Trust	489	466	327	253	161	40	31	12	0	0	1	
	Peer Average*	314	266	323	243	121	45	28	57	66	41	18	
	WAHT Rank**	11	10	6	6 of 9	8 of 9	4 of 6	4 of 6	6 of 8	N/A	N/A	1 of 4	
RTT 52+ weeks	Trust	6,025	5,884	5,844	6,481	7,205	7,816	7,683	7,623	7,766	7,946	8,091	
	Peer Average*	4,359	4,132	4,341	4,467	4,526	4,747	4,992	5,000	5,061	5,030	4,857	
	WAHT Rank**	12	12	12	12	12	12	12	12	12	11	12	

Table 3

- Benchmarking shows that increases in activity from Oct-22 to Nov-22 were mirrored by the WM peer Trusts. WAHT's rank improved for 2WW BS patients seen (up to 1st) and 62 Day Patients Treated (up to 2nd). Our rank did not decrease for any activity metric.
- Our Diagnostics waiting list decreased but the peer average waiting list size increased. This improved our ranking position to 5th.
- 4 trusts, including WAHT, recorded having patients breaching 104+ weeks at the end of Nov-22.
- The number of patients waiting over 52+ weeks increased for the Trust whilst the average of our peers decreased. Our rank returned to 12th.

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	53,060
		Actual	4418	5951	5489	6018	5665	4967	4311	4744	3457				45,020
	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	29,209
		Actual	2834	3132	3004	2851	2908	2837	3069	3119	2516				26,270
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	692	678	678
		Actual	682	682	682	731	731	731	720	730	740				714
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	721
		Actual	721	721	721	754	754	754	754	754	754				746
	Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%
		Actual	95%	96%	95%	97%	97%	97%	95%	97%	98%				96%
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	22,280
	Advice & Guidance - Actual	Actual	2,269	2,769	2,523	2,633	2,716	2,729	2,747	3,139	2,249				23,774

Table 4

We continue to receive c8,000 referrals of which 75% went through the referral assessment service and 10% are returned to the referrer.

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Monitoring up to Jul-22 shows that approximately 72% of A&G requests do not result in a further request to the same specialty (within 90 days of the initial request). Bed occupancy reached 98% for the month but was higher on individual days and does not include boarding; this would take us to 110% occupancy if included in external reporting.

Urgent and Emergency Care

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
(excluding planned follow-up attendances)	Actual	11,729	12,800	12,259	12,291	11,835	11,859	12,128	11,929	12,395			
Patients spending >12 hours from DTA to admission		222	248	277	268	254	176	335	336	401			
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722	1,787	1,693	1,953	2,038	2,219			
Ambulance Conveyances		3,911	4,305	3,944	3,903	3,885	4,020	3,782	3,683	3,466			
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202	1,281	1,025	1,380	1,316	1,141			
Conversion rate		26.7%	26.0%	26.9%	26.1%	27.3%	29.1%	28.3%	28.5%	27.7%			

Table 5

All performance metrics remain special cause for concern. However, the number of ambulance handover delays over 60 minutes did reduce and not just due to the ambulance industrial action on the 21st December. 72% of attendances to WRH and ALX in Dec-22 were walk-ins, the highest proportion for the timeframe of Apr-21 to Dec-22 and the number of ambulance conveyances was the lowest for the same period.

2. Quality and Safety

Fractured Neck of Femur (#NOF)

There were 83 #NOF admissions in Dec-22 and a total of 26 breaches. #NOF compliance dropped in Dec-22 to 68.7%, although this is still the 3rd highest performance in the last 12 months. The reasons for delay were: 46.2% (12 patients) due to theatre capacity, 34.6% (9 patients) due to patients being medically unfit, 11.5% (3 patients) due to bed issues and 7.7% (2 patients) due to delays in running theatre list. The average time to theatre in Dec-22 was 31.4 hours.

Infection Prevention and Control

We were compliant with all of the in-month infection targets except C-Diff and E-Coli in Dec-22. We have breached 3 of the year to data infection targets: C-Diff, E-Coli & MSSA.7 new COVID outbreaks, 6 Influenza outbreaks and 1 D&V/Norovirus outbreak were declared in Dec-22.

Sepsis (reported a month in arrears)

Our performance against the sepsis bundle being given within 1 hour has increased in Nov-22 to 75% but remains non-compliant with the 90% target. The Sepsis screening compliance increased in Nov-22 to 86.8 but failed to meet the target for the second time in 6 months. Antibiotics provided within 1 hour increased in Nov-22 to 85.3% but still failed to achieve the target of 90%.

3. People and Culture

Month 9 (December 2022) has been a challenging month for the Trust with regard to the workforce with:

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- An increase of 1.1% in sickness absence (to 6.7% this month) due to the prevalence of flu and covid in the community
- The pressures on our urgent and emergency services driving an increase in agency usage particularly high cost medical locums. The urgent care division saw their agency usage (as a % of gross costs) increase to 28%.
- The rolling 12-month staff turnover rate has increased to 13.46% (up by 0.47% this month) due to there being 16 fewer starters than leavers.

Our staff health and wellbeing offer is being refreshed in response with a focus on supporting staff with restorative clinical supervision, the cost of living crisis and roving covid and flu vaccination clinics. Despite the pressure in month 9 we remain above our workforce plan for the number of staff in post.

4. Our Financial Position

Month 9

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

In M9 the actual **deficit £2.8m** against a plan of **£1.8m deficit**, an adverse variance of £1.1m. This brings the year to date M9 actual **deficit to £16.4m** against a plan of **£14.7m deficit,** an adverse variance of £1.6m (10.9%).

Statement of comprehensive income	Dec-22 Plan £'000	Dec-22 Actual £'000	Dec-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	47,306	49,114	1,808	426,753	436,639	9,886
Other operating income	2,689	2,956	267	23,394	22,322	(1,072)
Employee expenses	(30,192)	(32,113)	(1,921)	(269,041)	(278,278)	(9,237)
Operating expenses excluding employee expenses	(19,724)	(20,280)	(556)	(179,319)	(180,289)	(970)
OPERATING SURPLUS / (DEFICIT)	**79**	**(323)**	**(402)**	**1,787**	**394**	**(1,393)**
FINANCE COSTS						
Finance income	0	88	88	0	504	504
Finance expense	(1,165)	(1,500)	(335)	(10,485)	(10,799)	(314)
PDC dividends payable/refundable	(682)	(958)	(276)	(6,132)	(6,409)	(277)
NET FINANCE COSTS	**(1,847)**	**(2,370)**	**(523)**	**(16,617)**	**(16,704)**	**(87)**
Other gains/(losses) including disposal of assets	0	(141)	(141)	0	110	110
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(1,768)**	**(2,834)**	**(1,066)**	**(14,830)**	**(16,200)**	**(1,370)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(1,768)**	**(2,834)**	**(1,066)**	**(14,830)**	**(16,200)**	**(1,370)**
Remove capital donations/grants I&E impact	10	10	0	93	91	(2)
Adjusted financial performance surplus/(deficit)	**(1,758)**	**(2,824)**	**(1,066)**	**(14,737)**	**(16,109)**	**(1,372)**
Less gains on disposal of assets	0	0	0	0	(251)	(251)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(1,758)**	**(2,824)**	**(1,066)**	**(14,737)**	**(16,360)**	**(1,623)**

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £2.1m (4.2%) above the Trust's Operational Plan in December and £8.8m above year to date (2.0%)

The key favourable variances in December relates to the pay award adjustment £0.7m (additional central funding of 1.7% taking the uplift for the pay award from 2.1% to 3.8%) and the NI Contribution change (£0.2m) from November onwards, pass through Drugs & Devices £0.4m for ICBs and NHS England and additional Investment of £0.6m (including the Robot £0.1m and KGH MRI scanner extension funding £0.1m,

Dermatology & Urology insourcing £0.2m), Winter pressures £0.3m and Cancer Alliance £0.1m.

The adverse variance of £0.3m (£1.8m year to date) relating to the AMU/PDU funding continues as there is still no resolution with Commissioners to fund this development in 2022/23. Lower reimbursement for COVID PCR testing (£0.3m) as a result or lower costs explains the remainder.

The Trust has reported the full value of the Elective Recovery Fund (ERF) income (YTD £12.4) in the position on the continued assumption that these funds will be passed through. The Trust's actual performance is well below this level and we estimate that had the ERF not been fixed we would have lost c.£9.3m (75%) of the available ERF income to date against target.

Employee expenses in Month 9 were £1.9m (6.4%) adverse to plan and year to date £9.2m (3.4%) adverse to plan.

Of the adverse variance £0.5m in month (£6.1m YTD) is due to the additional cost of the pay award which was not in the plan but is income backed and £0.3m underachieved PEP (£2.4m YTD) - net of the £0.9m YTD underspend against investments declared in month 8. Winter pressures £0.4m in month (£0.5m YTD), and £0.2m in month and YTD rebanding of international nurses, £0.1m bank holiday above planned levels and £0.1m NHSP Bank Incentive payments. The remainder of the adverse variance is due to vacancy fill and the addition of retro medic shifts. This is partially offset by £0.2m Covid, £0.2m activity – including WLIs and unspent ERF and £0.1m lower basic pay from Industrial action in December.

Operating expenses in Month 9 were £0.6m (2.8%) adverse and £1.0m (0.5%) adverse year to date.

Adverse variances in month include £0.8m relating to drug costs (£4.7m YTD) of which £0.6m in month is Non PbR and offset by income, depreciation charges due to addition of assets including AEC, Robot and additional leases, underachieved PEP (£0.4m in month, £3.2m YTD), correction of Gas and Electricity invoices from April 2022 and seasonality (£0.3m), additional supplies and services spend linked to activity (£0.5m in month). These are partially offset by £1.8m balance sheet release relating to relating to accruals and provisions no longer required.

Full Year Forecast

The Finance and Performance Committee was provided with a projection to year end which had been prepared with the support of Divisions and which reflected a potential risk of £5.2m to delivery of the plan. Potential risks and mitigations were identified at the time that held the likely out turn at a £25m deficit before further mitigation. Forecast scenarios incorporating recent months' financial performance continue to be developed. It is clear at this stage that further balance sheet support

(following review of remaining risk) and income will be required in order to return the deficit position to plan levels.

Overall our December deficit of £2.8m is £0.2m favourable to forecast.

Productivity and Efficiency

Our Productivity and Efficiency Programme target for 22/23 is £15.7m. In Month 9 we delivered £0.773m of actuals against the plan of £0.891m, an adverse variance of £0.118m (13.2%).

The cumulative position at M9 is therefore £ 6.583m of actuals against a plan of £8.932m, a negative variance of £2.349m (26.3%).

The 22/23 full year forecast at Month 9 is £10.468m which is £5.232m (33.3%) under plan.

Capital

The total capital plan submitted for 2022/23 was £62.1m. The revised forecasted expenditure at M9 is now £50.6m. Expenditure to date is £20.1m with a forecast for month 9-12 of £30.5m.

Capital Position	22/23 Plan £'000	Revised Internal plan £'000	Total YTD Valuation £'000	M10 - M12 Spend Forecast £'000	22/23 Full Year Forecast £'000
Property & Works	3,961	3,961	501	3,119	3,620
Digital	11,648	12,815	4,126	5,629	9,755
Equipment	826	1,262	528	376	904
Strategic Developments	34,635	21,226	10,968	10,266	21,234
TIF2 Theatres bid		8,886	2,564	10,073	12,637
Lease Additions	10,785	1,500	638	862	1,500
IFRIC 12 PFI Lifecycle replacement	326	991	743	248	991
Total Capital Expenditure	**62,181**	**50,641**	**20,068**	**30,573**	**50,641**

Our Capital Position at month 9, being the value of works complete, is £20.1m. This is an increase of £7.2m since month 8.

This has a resulted in a draft capital forecast for 2022/23 of £50.6m in 2022/23 meaning that a further £30.5m of spend needs to be incurred within the final 3 months of the year leaving £10m to be brokered forward into 2023/24 through Regional agreement.

Written confirmation is being sought from work stream leads that this plan will be delivered and that any variances up or down will need to be accommodated from within their own allocations to ensure that the Trust meets its CRL target.

It should also be noted that any further slippage into 2023/24 will be the first call on any internal capital available next year adding further pressure to an already over-subscribed programme.

There remain a number of risks around the strategic capital programmes particularly:

- Risks remain regarding the financing of the UEC scheme. The above plan provides a mechanism to broker a solution into 23/24 to accommodate the over spend in this year. However, funds brokered from nationally funded schemes will need to be replenished as a 1st call on the Trusts 23/24 internally generated programme.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 February 2023
Paper number	Enc F

	• The UEC build has been complex and has still to be completely fitted out and there is therefore risk of further unforeseen costs being identified that require funding. • The timing of the centrally funded schemes and receipt of MOU's in particular ASR Business Case, Frontline Digitisation and the TIF2 Theatres project. **Cash** **At the end of December 2022 the cash balance was £15.4m against an in month plan of £53.9m.** The plan assumed external capital funding of £20.3m which has not been drawn down yet due to the slippage on capital schemes. However, some MOU's have now been received and capital cash is being requested from Jan 23. The remaining variance is mainly due to higher income accruals compared to plan. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

Aster

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
Trust Board are asked to: ▪ Note this report for approval
Appendices
▪ Integrated Performance Report (up to Dec-22 data) ▪ WAHT At A Glance – Dec-22 ▪ WAHT December 2022 in Numbers Infographic ▪ Committee Assurance Statements – January 2023 meetings

Integrated Performance Report

Worcestershire Acute Hospitals NHS Trust

Trust Board

9th February 2023

Data: Up to December 2022

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

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

1

SUCCESSES

Area	Comments
Cancer	• Our 2WW performance exceeded the cancer waiting times standard of 93% - the first time since May-20. • 5 specialties have achieved the 2ww operational standard this month. • The Best Practice Pathway processes that are in place are contributing towards improvements in Faster Diagnosis, with performance above 70% (the target is 75%) for the first time since Feb-22. • Our 62+ day backlog, and those waiting over 104 days, has reduced. Of note is the reduction in long waiter patients on the skin pathway reducing from 251 to 156.
G&A Bed Discharges	• Our daily discharge targets were achieved on 10 of the 30 days in Nov-22 with an overall performance of 87%
Recovery	• Although 1,811 OP appointments were cancelled due to Industrial Action, we still delivered 41,829 appointment in Dec-22. • Although higher than submitted plan, we delivered fewer OP follow-ups than in Dec-19. • Although 316 planned electives (inc Day Case) were cancelled due to Industrial Action, we still delivered 6,629 Day Case and Inpatient combined in Dec-22.
Diagnostics	• Although diagnostic activity reduced in Dec-22, YTD we have still delivered 97% of a plan that was set at 120% of 19/20 levels.
Stroke	• We achieved an in-month grade A for patients having a CT scan within 60 minutes

Operational Performance

Operational Performance Headlines

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS

Operational Performance	Comments
Patient Flow	• The vast majority of headline metrics remain of statistical concern and are indicative of the extreme operational constraints hindering effective hospital flow and the utilisation of our bed base to support patients requiring acute care. • ED crowding was driven by constrained flow out of the department rather than surging attendance levels although combined ALX and WRH attendance were the 7th highest month looking at Apr-21 to Dec-22. • Walk-in attendances to WRH and ALX were 72% of all attendances in Dec-22 – this is the highest proportion on record. • On the day of the ambulance industrial action there were 65 conveyances to WRH; 89% of patients were handed over within 30 minutes on this day compared to 46% average for Dec-22. • Our daily discharge targets were achieved on 10 of the 31 days in Dec with an overall performance of 87%.
Elective Recovery	**Cancer** (unvalidated) • **Long Waits:** The backlog of patients waiting over 62 days is 647, 231 of those waiting 104+ days, with urology and skin contributing the most patients to this cohort of our longest waiters. • Cancer referrals are high compared to pre-covid referral rates but show normal and seasonal variation. The cancer waiting time standard for 2WW has been achieved for the first time since May-20. Five specialties achieved the 93% standard and a further two were within 1%. • The 28 Day Faster Diagnosis standard has not been achieved but did improve to 72% with adherence to Best Practice Pathway, particularly at the diagnostic stage, contributing to this. • The 62 day standard has not been achieved and the delays are also impacting the 31 day standard of treatment from decision to treat which continues to show special cause concern and below the 96% standard.
	RTT (unvalidated) • Long Waits: Our 8,330 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (6,771) and between 78 and 104 weeks (1,559). At the time of writing no patients were waiting over 104 weeks at the end of Dec-22. • The rate at which clock stops are being recorded for patients who are potential 78+ weeks breaches at the end of Mar-23 has slowed further – this puts achieving the annual planning national target of zero at risk (slide 18). 2,626 of the 3,754 patients are yet to be dated.
	Outpatients (First SUS submission) • Long Waits: There are over 34,000 RTT patients waiting for their first appointment and 30% of the total cohort waiting for a first appointment have been dated. • Based on our first SUS submission for Dec-22, we have not achieved our submitted plan target for OP New appointments or reducing our follow-ups. We did, however, deliver fewer follow-ups appointments than Dec-19. • The validation programme continues with 12,608 patients attempted to be contacted. Of the 7,479 responses to date, 812 (11%) have indicated an appointment is no longer required.
	Inpatients (First SUS submission) • 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.
	Diagnostics (unvalidated) • **Long Waits:** 2,029 patients are waiting over 6 weeks for their diagnostic test with 41% waiting for an endoscopy, 37% for an imaging test and 23% for a physiological test. • Total DM01 activity in Dec-22 was 16,052 tests – the first time below 17,000 since Jun-22. • No modality achieved their annual plan activity target. However, MRI, CT, non-obstetric ultrasound and colonoscopy exceeded Dec-19 levels of testing. • We have delivered sufficient activity to be at 97% of the YTD submitted activity plan (to achieve 120% of 19/20).

Patient Flow

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

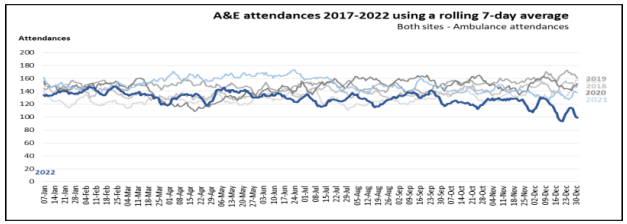
NHS Worcestershire Acute Hospitals NHS Trust

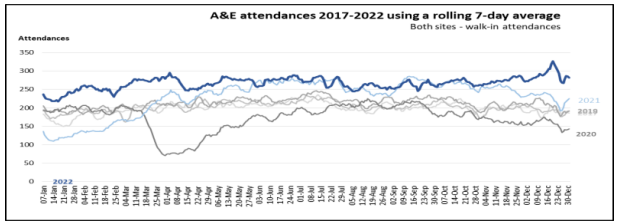
Percentage of Ambulance handover within 15 minutes	60 minute Ambulance Handover Delays	Time to Initial Assessment - % within 15 minutes	Time In Department				12 Hour Trolley Breaches	4 Hour EAS (Type 1)
			Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E NHS		
L	H	L	H	H	H	H	H	L

Aggregated Patient Delay (APD)	Total time spent in A&E (95th Percentile)	Patients discharged to usual place of residence NHS	NEL Average LOS in Hospital at Discharge (excl. same day discharge)	EL Average LOS in Hospital at Discharge (excl. same day discharge)	% Discharges before midday
H	H		H		

What does the data tell us?

- Slides 10 and 11 highlight that the patient flow metrics in this report continue to show special cause concern.
- Ambulance attendances remain low in Dec-22 but walk-in attendances increased further to be 72% of all attendances.





Additional metrics

- The conversion rate of attendances to admission was 31% at WRH (2,259 admissions) and 23% at ALX (1,175 admissions). The Midlands 6 week (4th Dec to 14th Jan) average was 28.5%.
- On the 31st December, there were 92 patients who had a LOS of 21+ days. 28 of those patients had been identified as medically fit for discharge.
- On average for Dec-22, 9% of patients were classified as not having a reason to reside.

What have we been doing?

- Applied the recommendations from the LLOS 21 days review and these appear to be having a positive impact (reduction of 19 end of Nov to Dec).
- Continue to monitor the impact of changes to ward structures
- Progressing discussion with the system regarding an increase in the community bed capacity, including a community ward at the WRH site.
- Continued collaboration with onward care to transfer patients from out of county back to their area of residence.
- A Flow Matron have been appointed, they produce weekly action log to continuously improve flow.
- Responding to emergency protocols to minimise impact from industrial action.
- Discharge task force situated on site and working closely with Urgent Care.

What are we doing next?

- Second flow matron induction planning (starts in January)
- Progressing to decision regarding community ward to be co-located at WRH.
- Transparent reporting of occupancy – national guidelines prevents external reporting of boarders.
- Continuing with all the actions that have been put in place over the last few months

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

Patient Flow | Month 9 [December] | 2022-23

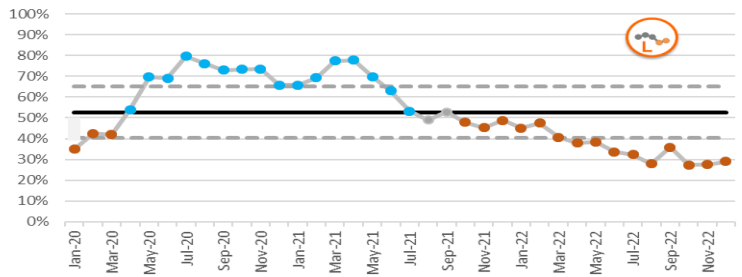
Responsible Director: Chief Operating Officer | Validated for Dec-22 as at 16th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

Percentage of Ambulance handover within 15 minutes

29%

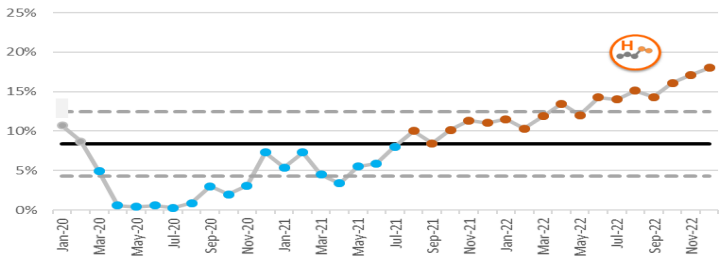
Ambulance handovers within 15 minutes



Patients spending more than 12 hours in ED

18%
2,224 patients

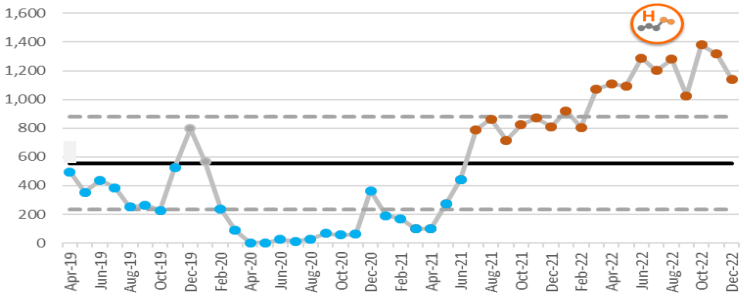
Patients spending 12+ hours in ED



60 minute Ambulance Handover Delays

1,141

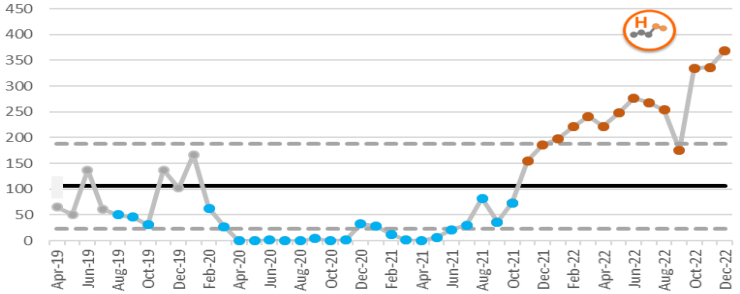
60 minute ambulance handover delays



12 Hour Trolley Breaches

369

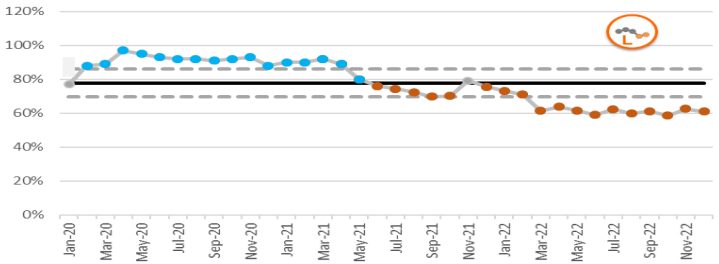
12 hour breaches



Time to Initial Assessment - % within 15 minutes

61%

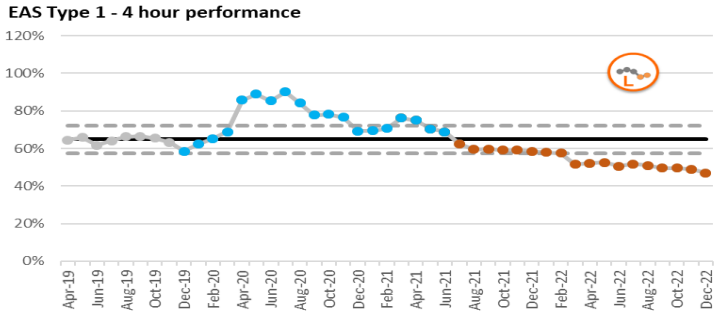
Time to initial assessment within 15 minutes



4 Hour EAS (Type 1)

47%
6,585 of 12,475

EAS Type 1 - 4 hour performance



All graphs include Dec-22 data

Patient Flow | Month 9 [December] | 2022-23

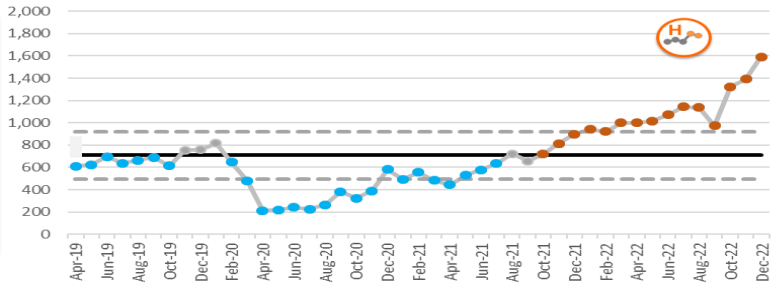
Responsible Director: Chief Operating Officer | Validated for Dec-22 as at 16th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

Aggregated Patient Delay (APD)

Aggregated Patient Delay (APD)

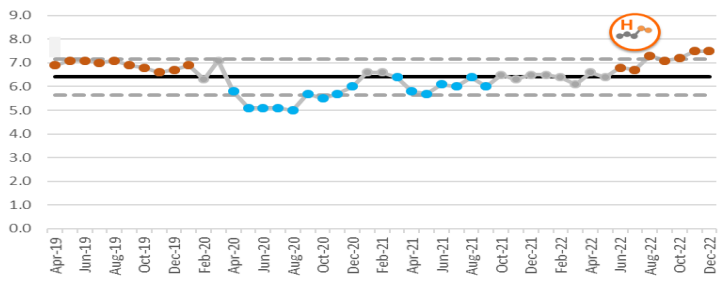
1,593



AVG LOS - NEL

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

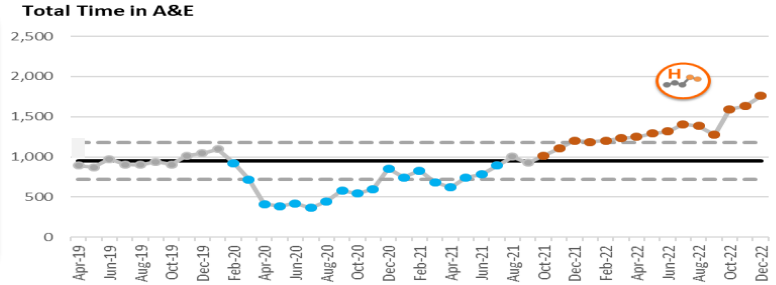
7.5 days



Total Time in A&E

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

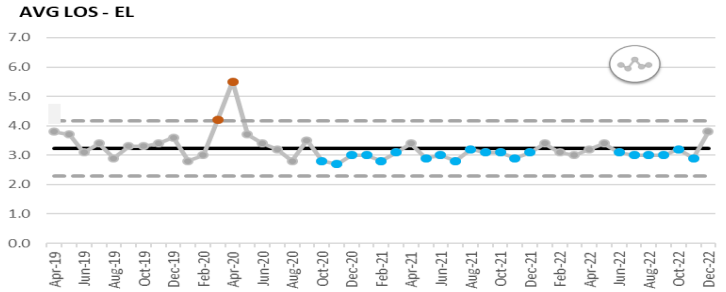
1,632



AVG LOS - EL

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

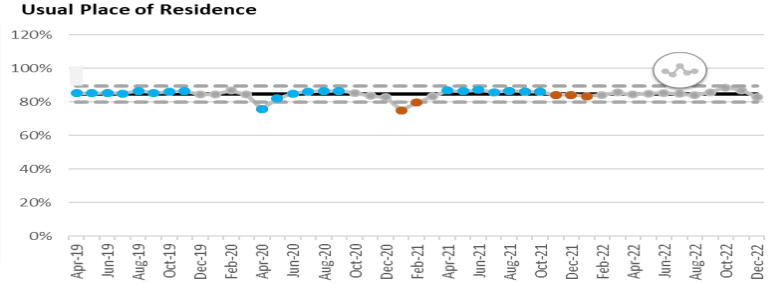
3.8 days



Usual Place of Residence

Patients discharged to usual place of residence

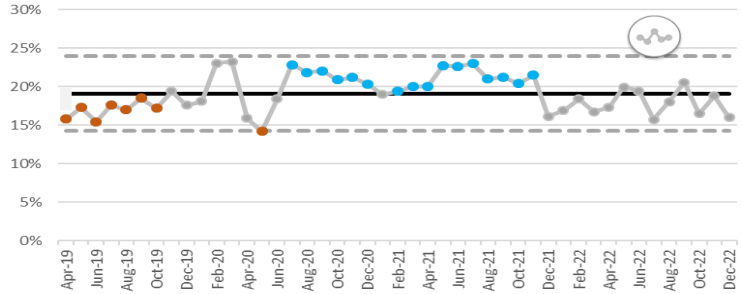
83%



Discharges before midday

% Discharges before midday

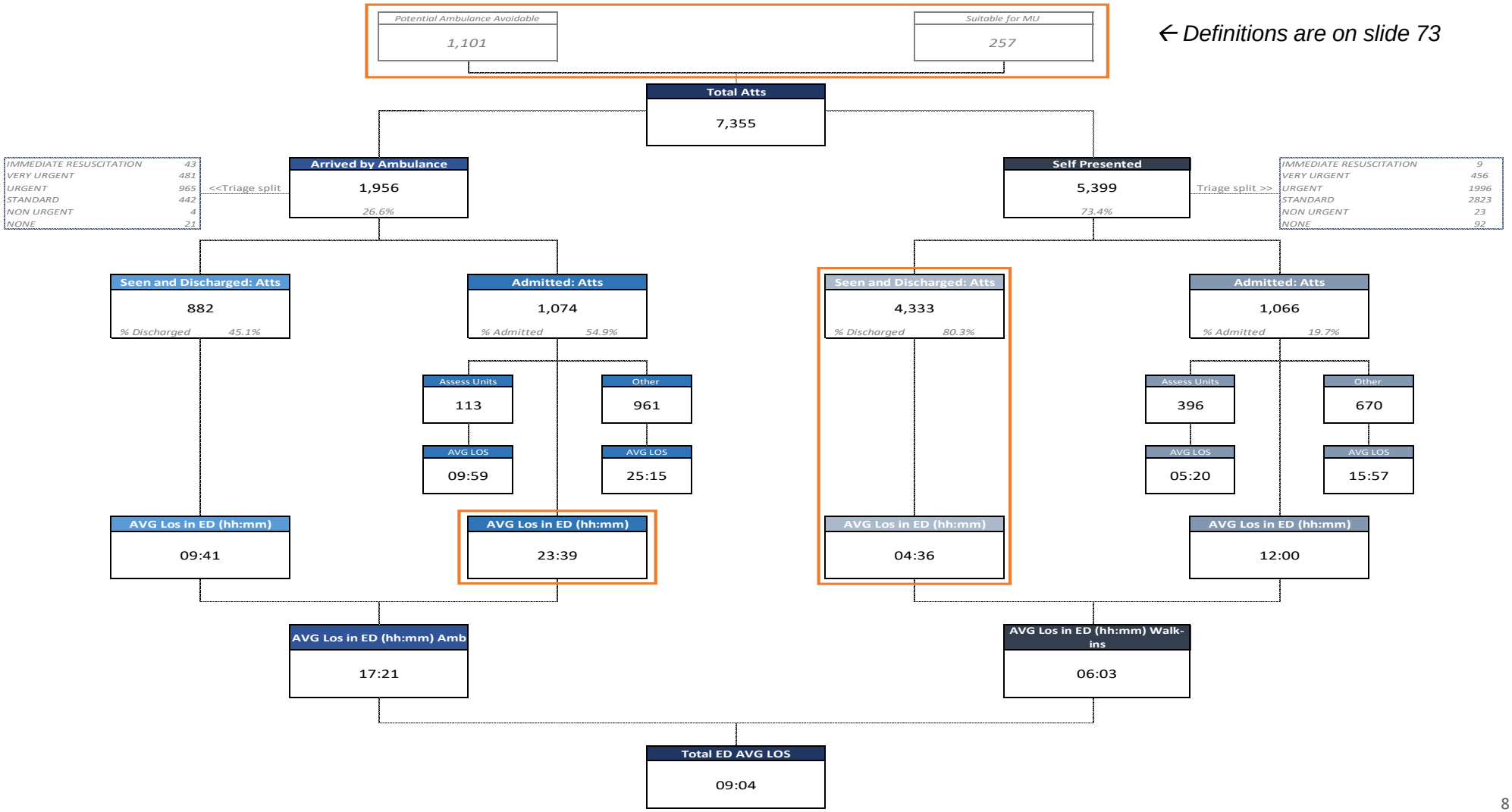
16%



All graphs include Dec-22 data

A&E Flow Diagram: Worcestershire Royal Hospital

Dec-22



← Definitions are on slide 73

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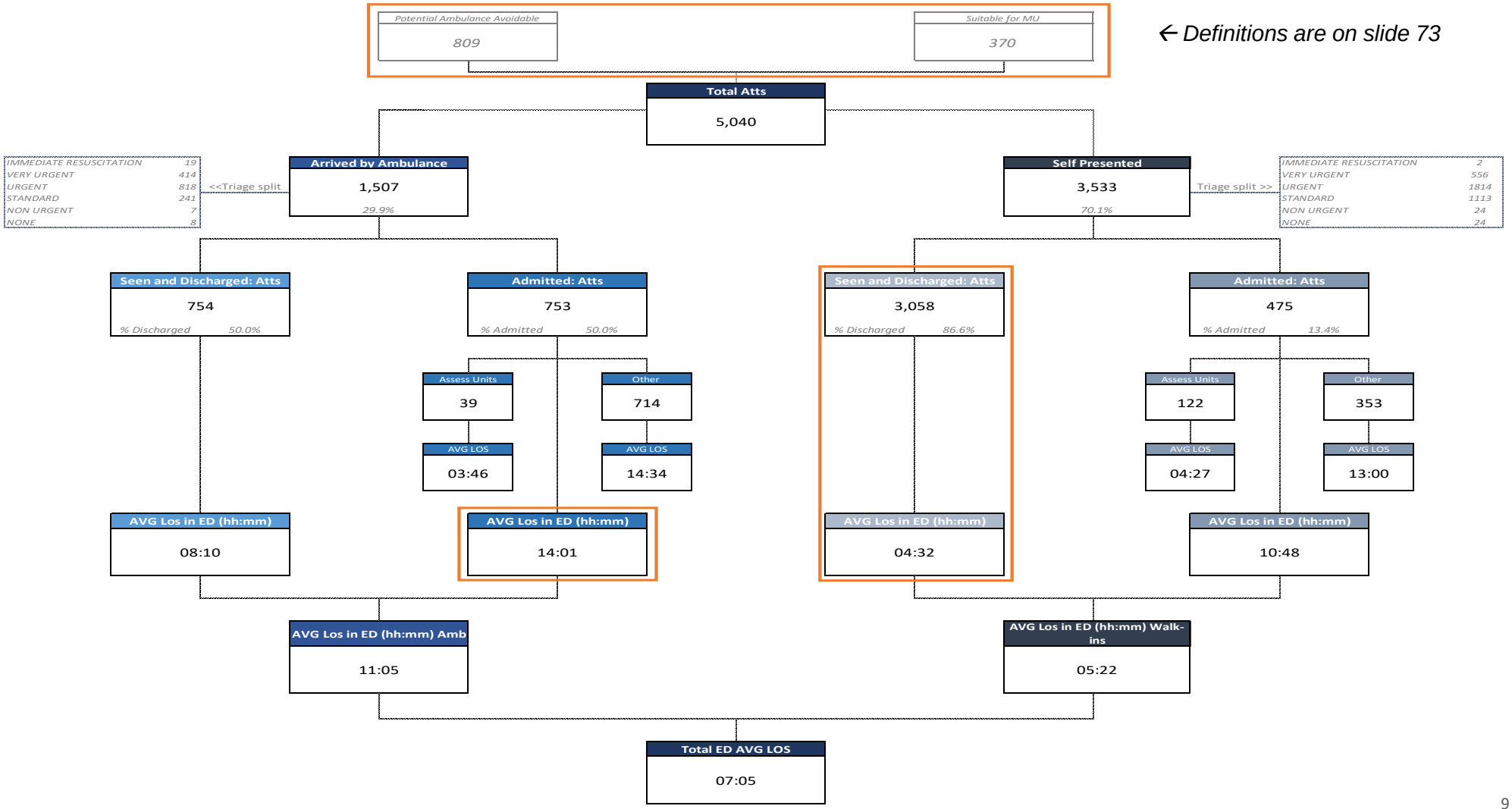
A&E Flow Diagram: Alexandra Hospital

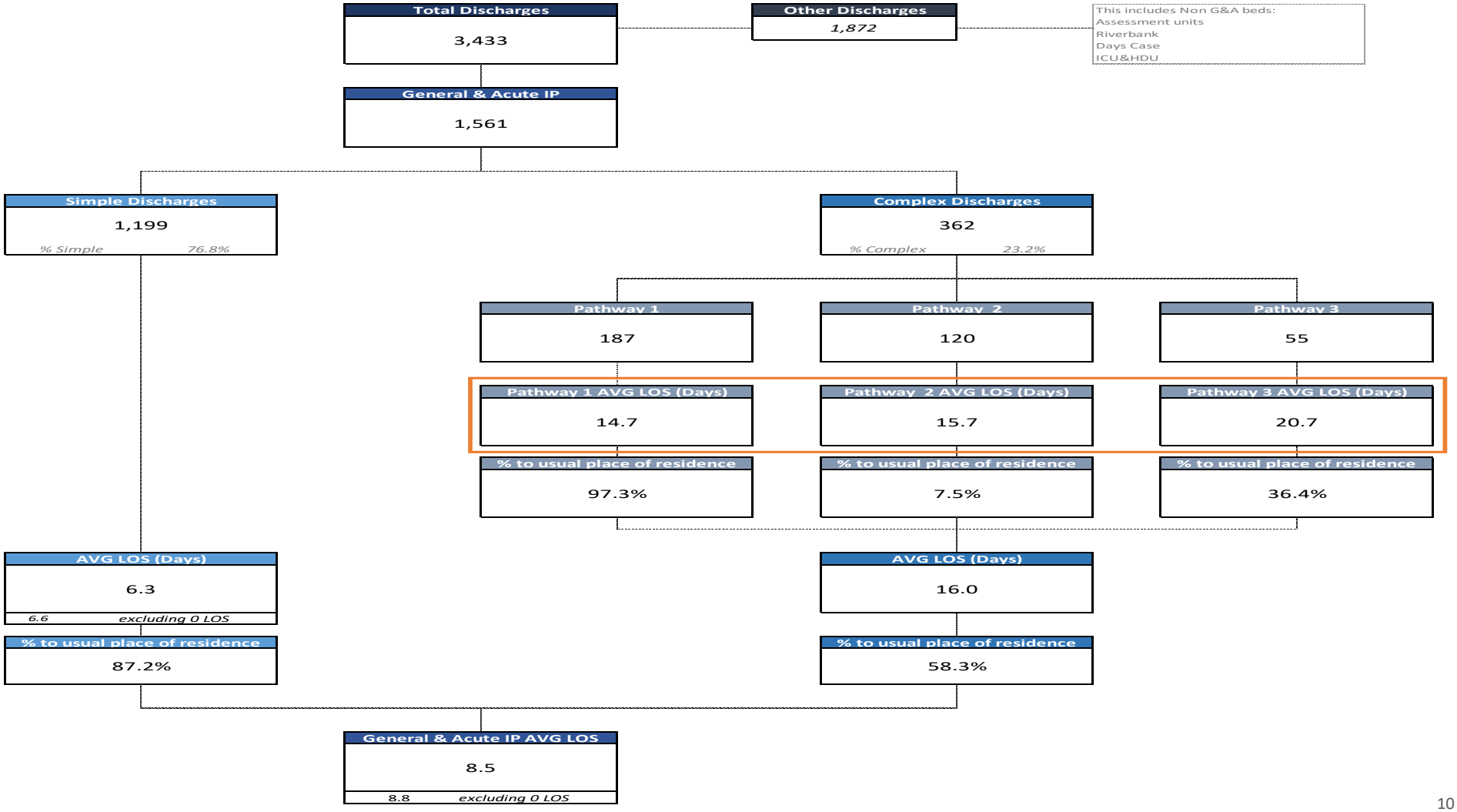
Dec-22



← *Definitions are on slide 73*

Discharges Flow Chart summary: Worcestershire Royal Hospital

Dec-22



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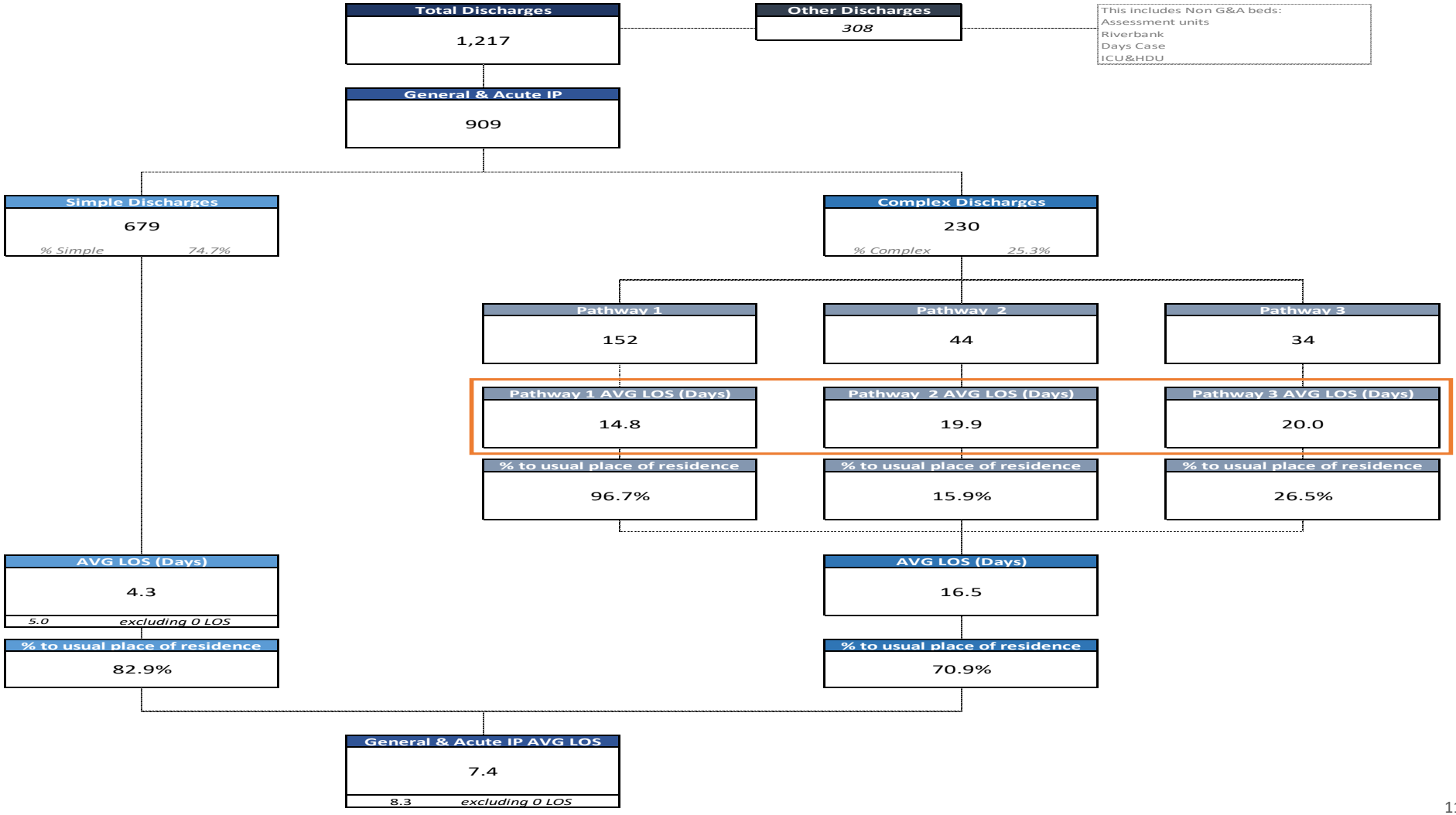
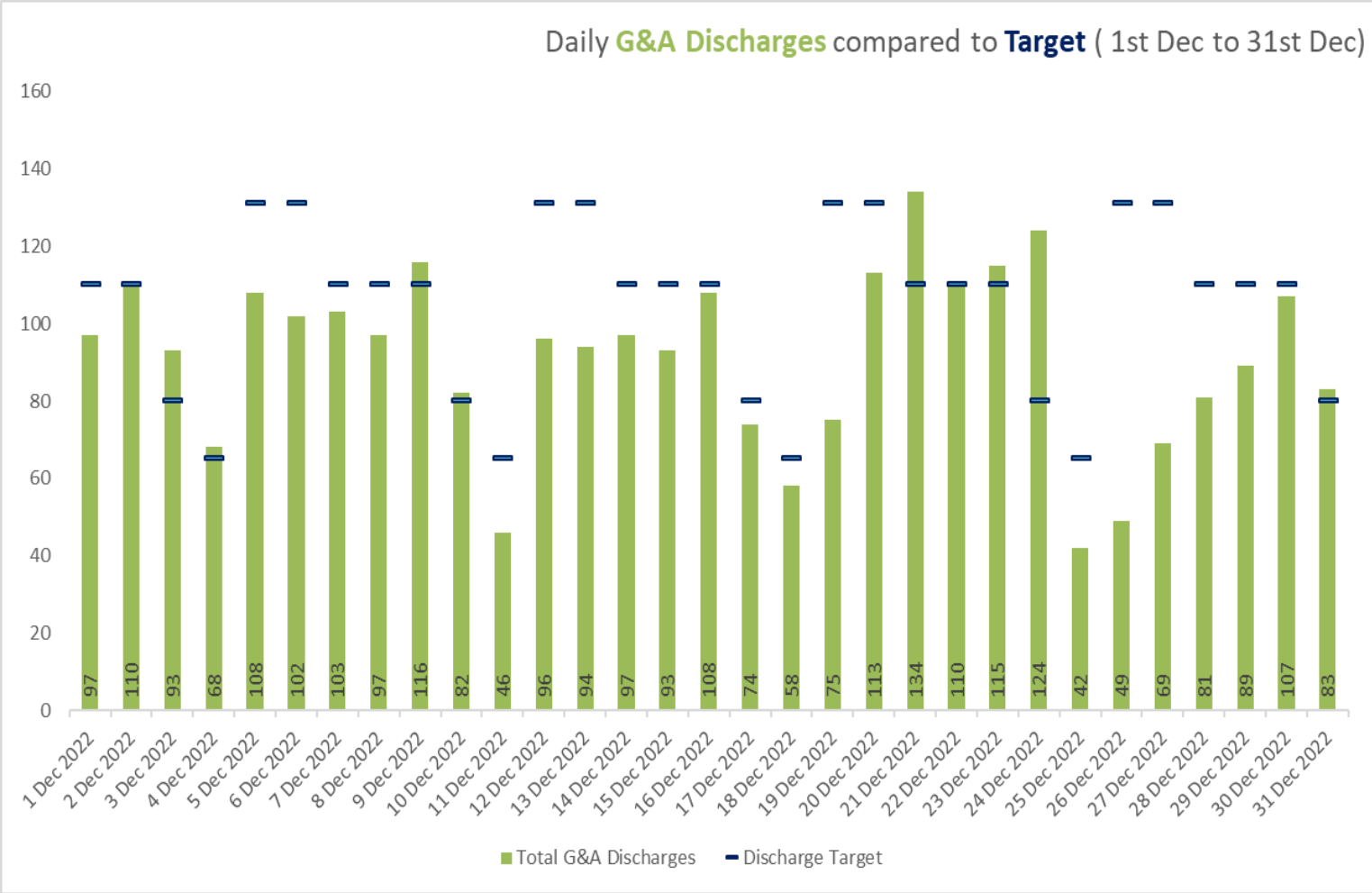
Discharges Flow Chart summary: Alexandra Hospital

Dec-22



Patient Flow | Month 9 [December] | 2022-23

Responsible Director: Chief Operating Officer | Validated for Dec-22 as at 16th January 2023



Our overall discharge performance was 87% (2,833 against a target of 3,248). and our daily targets were achieved or exceeded on 10 of 31 days in Dec-22.

Simple discharges performance was 88% and Pathway discharges was 84%.

21st December was the best performing day with 134 discharges noting that this was also the day of the Ambulance industrial action.

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EAS Benchmarking

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

National Benchmarking (December 2022)

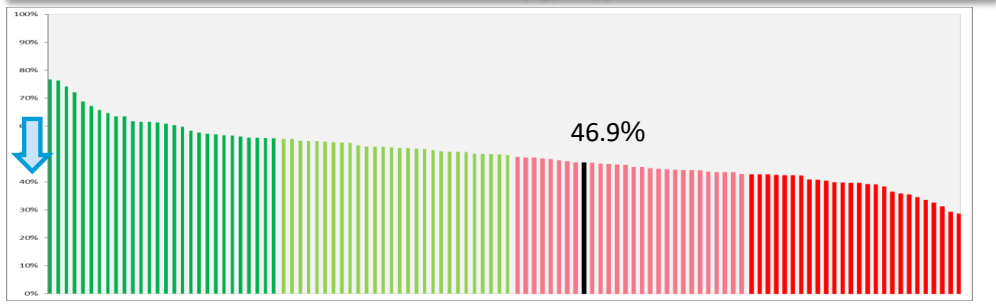
EAS (All) –The Trust was one of 13 West Midlands Trusts which saw a decrease in performance between Nov-22 and Dec-22. This Trust was ranked 6 out of 13; no change from the previous month. The peer group performance ranged from 44.3% to 72.9% with a peer group average of 59.3%; declining from 65.0% the previous month. The England average for Dec-22 was 65.0%; a 3.9% decrease from 68.9% in Nov-22.

EAS (Type 1) – The Trust was one of 13 West Midlands Trusts which saw a decrease in performance between Nov-22 and Dec-22. This Trust was ranked 8 out of 13; we were ranked 10 the previous month. The peer group performance ranged from 32.46% to 67.21% with a peer group average of 47.22%; declining from 52.46% the previous month. The England average for Dec-22 was 49.6%; a 4.9% decrease from 54.5% in Nov-22.

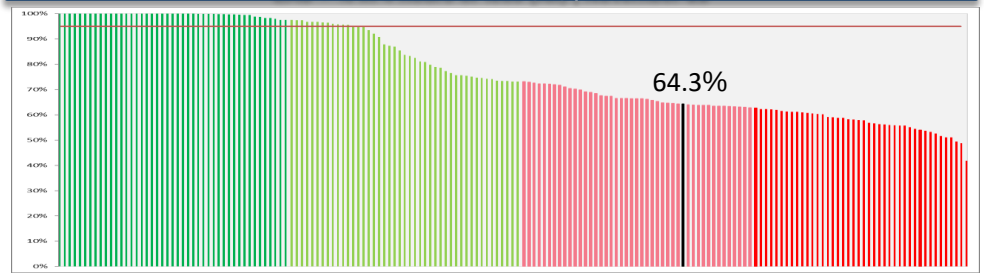
In Dec-22, there were 54,532 patients recorded as spending >12 hours from decision to admit to admission. 401 of these patients were from WAHT; 0.74% of the total.

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

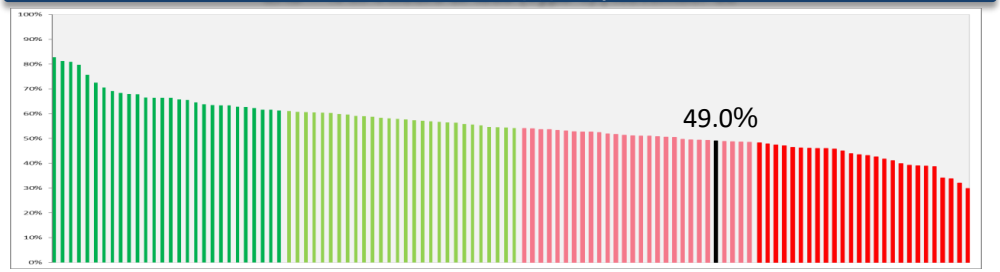
EAS – % in 4 hours or less (Type 1) | December-22



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



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



WAHT — Operational Standard 95%

Elective Recovery - 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) NHS		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS) NHS		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more NHS	Of which, patients waiting 104 days
													

What does the data tells us?

- **2WW referrals** has returned to normal variation as per the expected seasonal trend observed in December. Note that this December's referrals was higher than previous Decembers in keeping with the changing profile patterns experienced since Mar-21.
- **2WW** has changed to special cause improvement with 95% of patients seen within 14 days. 5 specialties achieving operational standard and 2 were 1% below.
- **28 Faster Diagnosis** is still showing normal variation with 4 specialities achieving operational standard and the first time over 70% since Feb-22. The target of 75% is achievable but not consistently.
- **31 Day:** This metric is still deteriorating and the target is unlikely be achieved without intervention.
- **62 Day:** This metric is still deteriorating and the target will not be achieved without intervention and will be limited by needing to reduce the backlog of patients over 62 days.
- **Cancer PTL** is showing a statistically significant variation as there has been a continued upward trend and shift above the mean. However, there has been a further reduction from 3,765 patients at the end of Nov-22 to 3,280 at the end of Dec-22. 356 patients have been diagnosed and 2,922 are classified as suspected.
- **Backlog:** Although reducing in number this metric is deteriorating and the target lies below the current process limits so the target will not be achieved without change. The number of patients waiting 63+ days is 647 and the number of patients waiting 104+ days has decreased to 231. Urology (134) and skin (43) have the largest number of patients waiting over 104 days. 97 of the 231 patients waiting over 104 days are diagnosed and the remaining 133 are suspected.
- Reducing our backlog to the annual plan target of 160 by the end of Mar-23 will require intervention although we continue to make progress against the NHSE mandated weekly trajectory.

What have we been doing?

- The Trust achieved the overall 2ww target for the first time since May 2020 (and then only just that month) with a performance of 95% (not fully validated so subject to minor change). This is a fantastic achievement and credit must go to a good number of areas for turning the performance around, not least of which are Breast, Colorectal, Skin, Upper GI and Urology, and of course the 2ww Booking Office and supporting staff members.
- The newly implemented start of the Urology prostate pathway continues to work well with 2ww appointments made by the 7th day and subsequent MRI being booked within a further 7 days.
- Urology prostate biopsies have been outsourced to help eradicate a backlog at this stage of the pathway.
- Colorectal 2ww telephone triage appointments now within 0-3 days with colonoscopy now being performed by day 10-11 of the pathway in line with best practice pathways (BPP), though note there was a slight blip to this due to Christmas and New Year Bank Holidays along with annual leave (noting that a large portion of this activity is delivered by external contracting company, 18 Week Support).
- BPP report now live for Urology prostate with Colorectal about to go live which provide real-time data for patients going through the pathways and easily depicts current waiting times / bottlenecks / areas for escalation and resolution with the pathway up to diagnosis. Work on Upper GI is well advanced with focus now turning to Lung with a first draft produced and Gynae lined up to be next.

What are we doing next?

- Significant external scrutiny and internal focus remains on the tail end of a number of pathways, not helped by backlogs increasing on almost every cancer specialty over the Christmas and New Year period. Directorates are being asked to agree TCI's for their diagnosed cancer patients and where this is not possible on a timely basis, i.e. Urology prostate, identify suitable and willing patients to be outsourced.
- Progress the conversation around the Dermatology service including the activity currently being undertaken by the community provider, DMC. Key action for WAHT is to agree the model for and progress teledermatology which has been proven in other areas to significantly reduce inappropriate demand on 2WW outpatient services.
- The Gynae pathway remains vulnerable and work between the Directorate and Imaging has resulted in the need for a business case to be written for additional Sonographers, however further work is required on an interim solution whilst the business case is drawn up, hopefully approved and then recruited to.
- The overall cancer workforce contains a significant number of fixed term posts, both administrative and clinical, that were secured from one-off support monies, either from the Cancer Alliance or other sources. Work is now underway to review the full extent of this workforce and is expected to be completed by way of a summary paper by the end of February 2023.

Current Assurance Levels (Dec-22)	Previous Assurance Levels (Nov-22)
2WW – Level 4	2WW - Level 4
31 Day Treatment - Level 5	31 Day Treatment - Level 5
62 Day Referral to Treatment – Level 3	62 Day Referral to Treatment - Level 3

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.

SRO: Paul Brennan

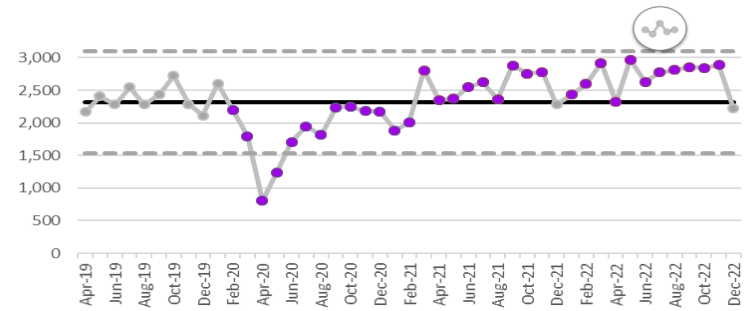
Elective Recovery - Cancer | Month 9 [December] | 2022-23

Responsible Director: Chief Operating Officer | Unvalidated for Dec-22 as at 26th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

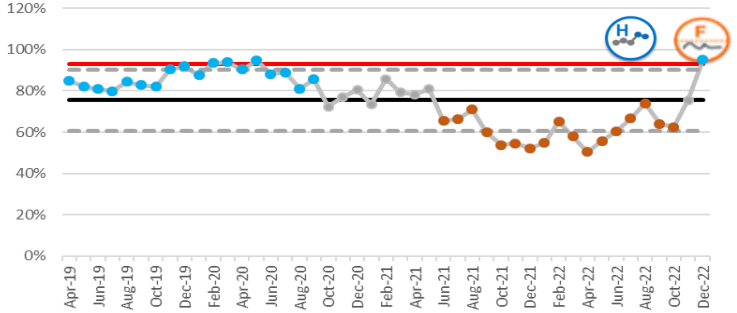
2WW Referrals

2,213



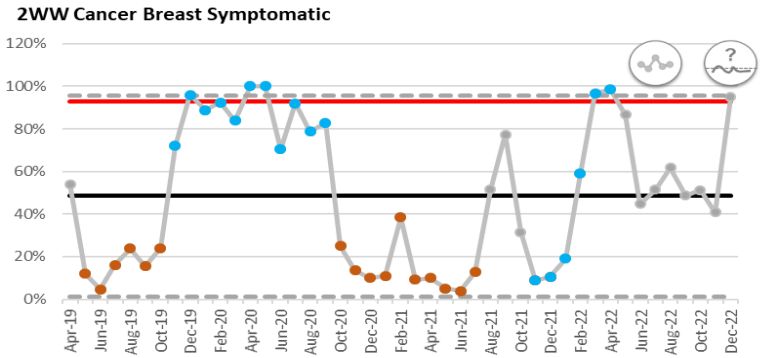
2WW Cancer

95%
2,149
patients seen



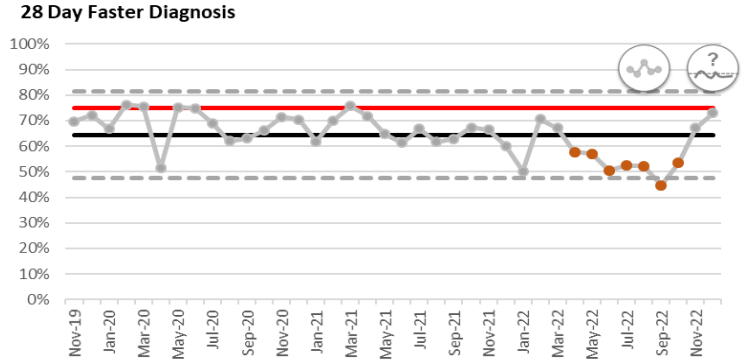
2WW Breast Symptomatic

95%
91 patients seen



28 Day Faster Diagnosis

72%
2,092
patients told



- Purple SPC dots represent special cause variation that is neither improvement or concern

All graphs include Dec-22 data

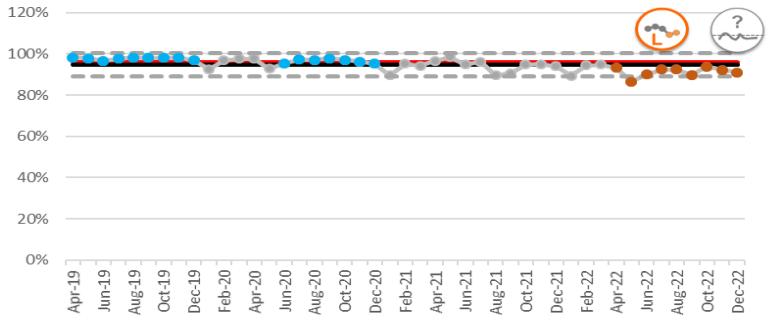
Elective Recovery - Cancer | Month 9 [December] | 2022-23

Responsible Director: Chief Operating Officer | Unvalidated for Dec-22 as at 26th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

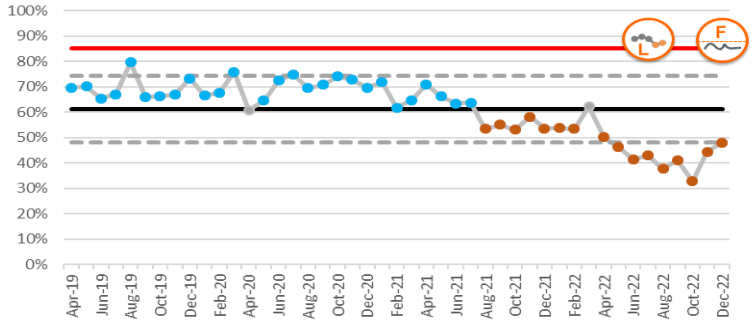
31 Day Cancer

93%
303 patients treated



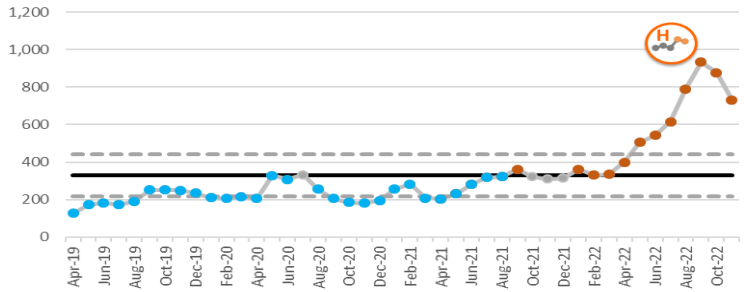
62 Day Cancer

46%
189 patients treated



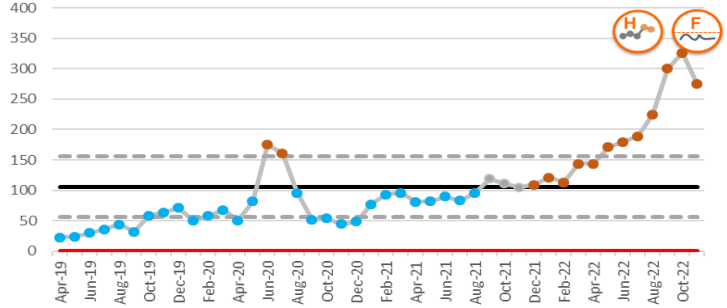
Backlog Patients waiting 63 days or more*

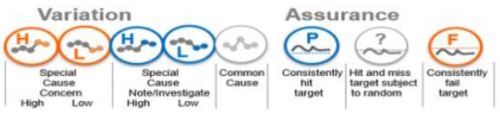
647



Backlog Patients waiting 104 day or more*

231





Key

- Internal target
- Operational standard

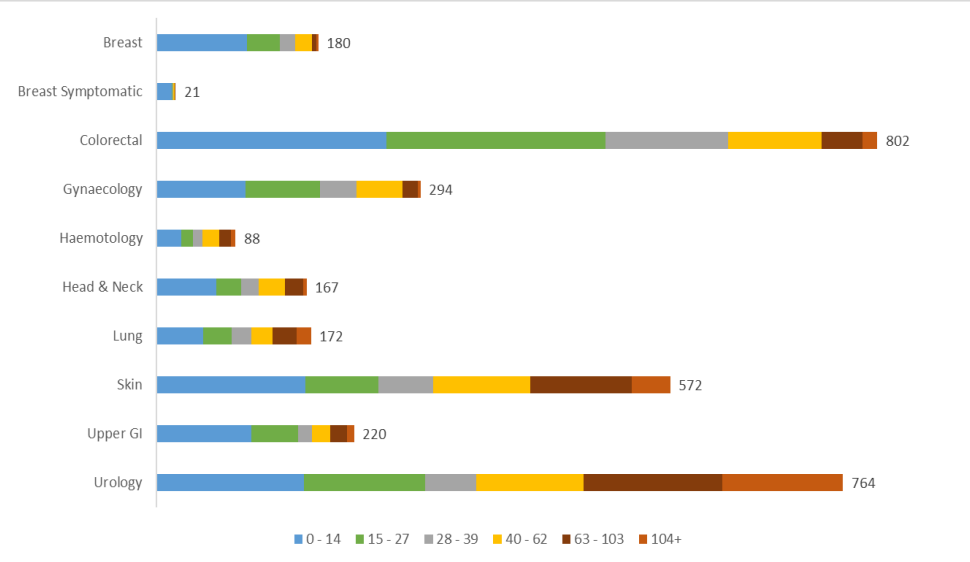
All graphs include Dec-22 data

Elective Recovery - Cancer | Month 9 [December] | 2022-23

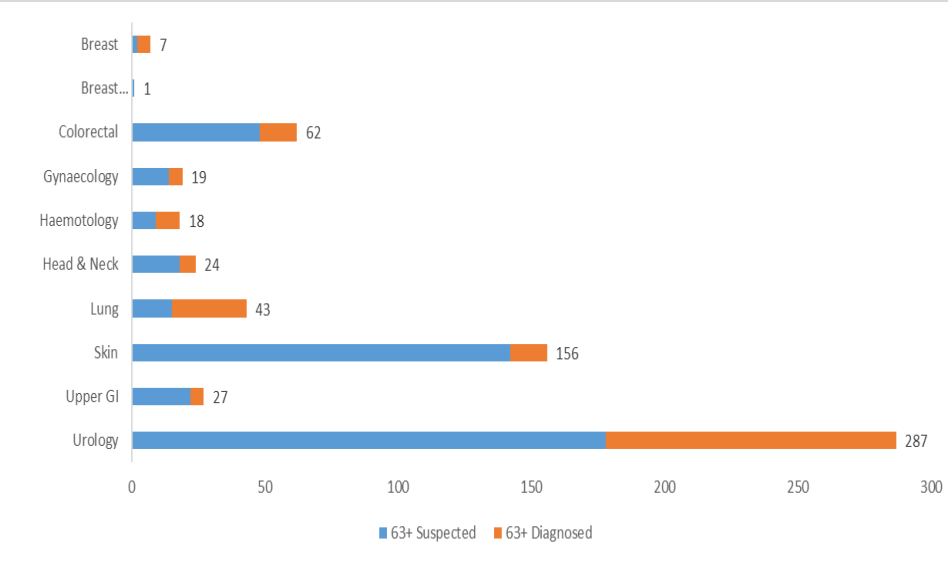
Responsible Director: Chief Operating Officer | Unvalidated for Dec-22 as at 26th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

Cancer PTL by Specialty and Days Wait



Cancer Long Waiter Backlog by Specialty and Status



The graphs above show the number of cancer patients on our PTL and split by days waiting. Colorectal, Skin and Urology have the largest PTLs and patients waiting over 63 days. These specialties are being supported by the best practice pathway work and the skin backlog has reduced from 251 at the end of Nov-22 to 156.

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Cancer Benchmarking

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

National Benchmarking (November 2022)

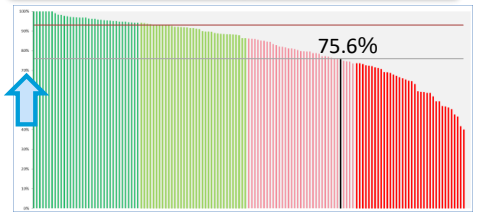
2WW: The Trust was one of 9 of 13 West Midlands Trusts which saw an increase in performance between Oct-22 and Nov-22. This Trust was ranked 10 out of 13; we were ranked 13 the previous month. The peer group performance ranged from 71.2% to 95.8% with a peer group average of 81.3%; improving from 77.1% the previous month. The England average for Nov-22 was 78.8%; a 1.0% increase from 77.8% in Oct-22.

2WW BS: The Trust was one of 6 of 13 West Midlands Trusts which saw a decrease in performance between Oct-22 and Nov-22. This Trust was ranked 11 out of 13; we were ranked 10 the previous month. The peer group performance ranged from 0.0% to 98.8% with a peer group average of 73.7%; declining from 76.6% the previous month. The England average for Nov-22 was 75.3%; a 0.5% decrease from 75.8% in Oct-22.

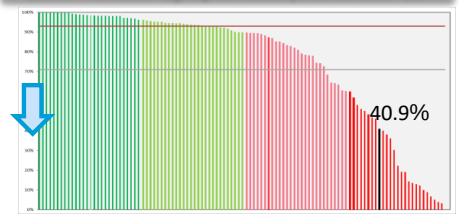
31 days: The Trust was one of 9 of 13 West Midlands Trusts which saw a decrease in performance between Oct-22 and Nov-22. This Trust was ranked 4 out of 13; we were ranked 5 the previous month. The peer group performance ranged from 77.3% to 100.0% with a peer group average of 86.3%; declining from 89.3% the previous month. The England average for Nov-22 was 91.6%; a -0.4% decrease from 92.0% in Oct-22.

62 Days: The Trust was one of 4 of 13 West Midlands Trusts which saw an increase in performance between Oct-22 and Nov-22. This Trust was ranked 11 out of 13; we were ranked 13 the previous month. The peer group performance ranged from 32.5% to 66.4% with a peer group average of 47.2%; declining from 47.6% the previous month. The England average for Nov-22 was 61.0%; a 0.7% increase from 60.3% in Oct-22.

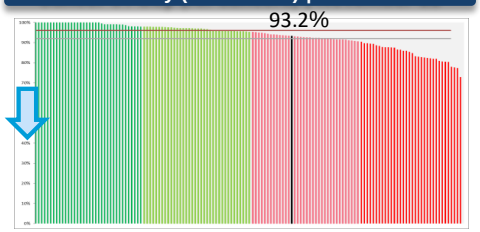
2WW (All cancers) | November-22



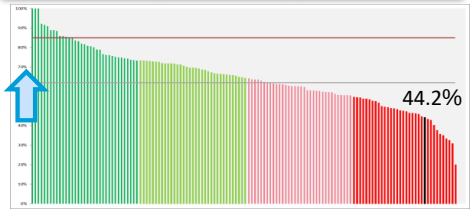
2WW Breast Symptomatic | November-22



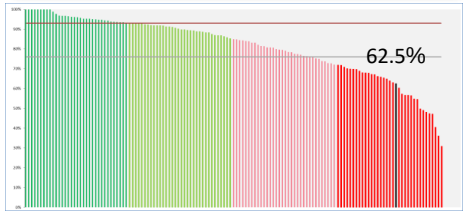
Cancer 31 Day (All cancers) | November-22



Cancer 62 day (All cancers) | November-22

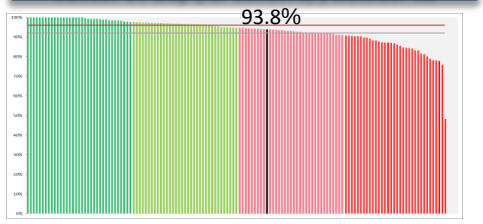


2WW (All cancers) | October-22

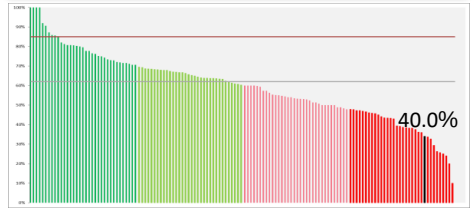


2WW Breast Symptomatic | October-22

Cancer 31 Day (All cancers) | October-22



Cancer 62 day (All cancers) | October-22



WAHT — Operational Standard 93%

WAHT — Operational Standard 93%

WAHT — Operational Standard 96%

WAHT — Operational Standard 85%

18

Elective Recovery – Referral to Treatment

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

Electronic Referral Service (ERS) Referrals		Referrals to Referral Assessment Service (RAS)	Advice & Guidance (A&G)		Total RTT Waiting List	Patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 52+ weeks NHS	Of whom, waiting 78+ weeks NHS	Of whom, waiting 104+ weeks NHS
Total	6,994	6,368	2,249 requests	93% responses within 2 working days						
Non-2WW	4,617									

What does the data tells us?

Referrals (unvalidated)

- **Non-2WW ERS Referrals** are showing special cause variation indicating a sustained increase.
- **Referral Assessment Service:** a total of 6,368 referrals to RAS were made in Dec-22. 97% of the 2WW RAS referrals have been outcomed within 2 working days – returning to our expected achievement of >90% after 3 months between 70% and 80%.
- **A&G Requests** are within normal variation and above the performance threshold.

Referral To Treatment Time (validated)

- The RTT Incomplete waiting list is validated at 69,832. This is not a significant change from the previous months but is the 9th month in a row it has increased.
- RTT performance for Dec-22 is validated at 44.3% compared to 45.5% in Nov-22 and the operational standard target of 92% will not be achieved without change.
- The number of patients waiting over 52 weeks for their first definitive treatment is 8,161, a 58 patient increase from the previous month. Of that cohort, 1,570 patients have been waiting over 78 weeks, increased from 1,284 the previous month, and there were no patients over 104 weeks.

What have we been doing?

- Reviewing the recommendations from the NHSE/I IST audit on RTT and Cancer – several actions have already been completed.
- Continuing with the administration validation – contacting all patients over 52 weeks wait – 10% of the cohort who have responded have been discharged as they no longer required their appointments (780/7800 responses so far).
- We continue to focus on the longest waiting patients to achieve the Mar-23 78+ week breaches target.

What are we doing next?

- National guidance states we now have to book all patients who will breach 78 weeks by the end of March 2023 for their outpatient appts by the end of January (1,200 patients still waiting a first outpatient and 1,500 awaiting a follow up outpatient apt).
- Complete the administration validation for the 52 week breaches, and commence validation to 26 weeks.
- Complete performance modelling for RTT once annual planning activity has been finalised. We already know that we need to complete 57,000 pathways to prevent 65 week breaches at the end of 23/24, double what we had to achieve this year.

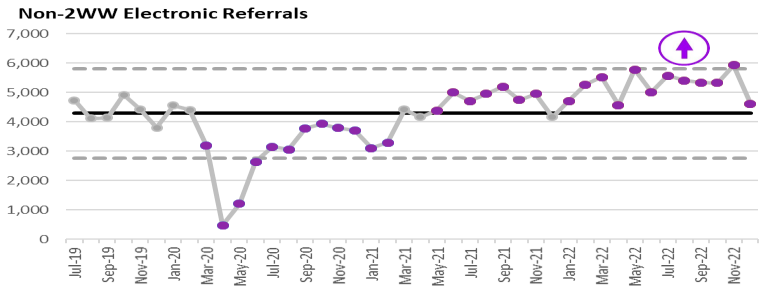
Current Assurance Level: 3 (Dec-22)	**When expected to move to next level of assurance:** When the RTT incomplete waiting list growth starts to reverse, as system plans start to impact on the reduction of referrals and internal plans start to increase the clock stop to start ratio.
Previous Assurance Level: 3 (Nov-22)	**SRO: Paul Brennan**

Elective Recovery – Referral To Treatment | Month 9 [December] | 2022-23

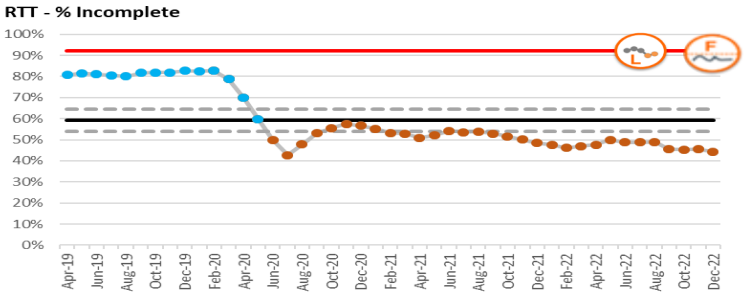
Responsible Director: Chief Operating Officer | Unvalidated for Dec-22 as at 16th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

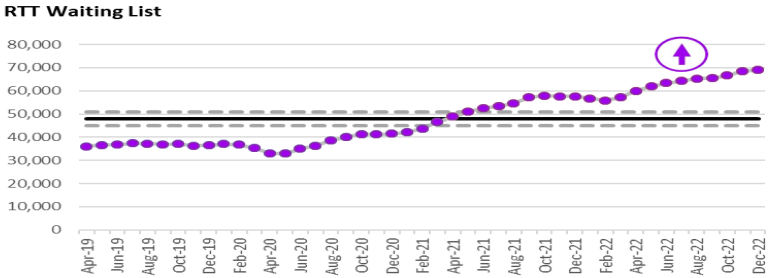
Electronic Referrals Profile (non-2WW)
4,617



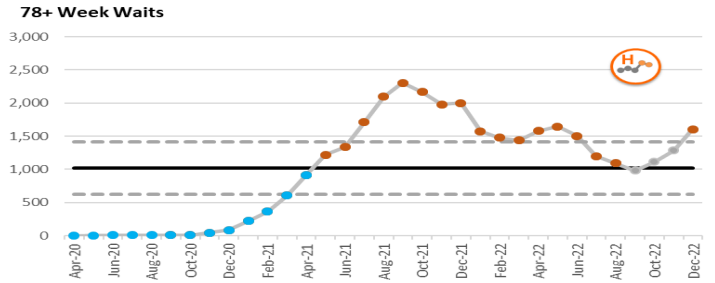
RTT % within 18 weeks
44.3%



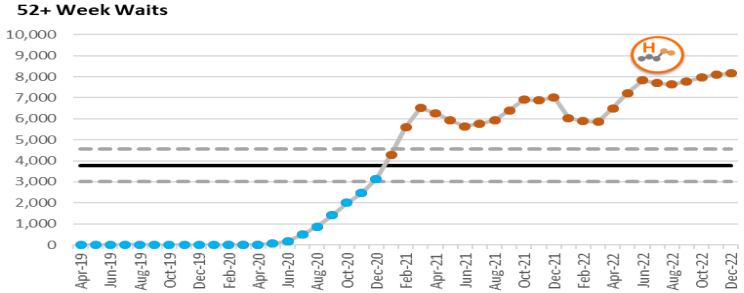
RTT Incomplete PTL
69,832



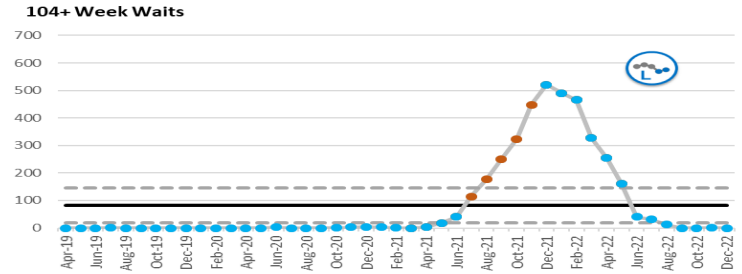
78+ week waits
1,570



52+ week waits
8,161



104+ week waits
0



- Purple SPC dots represent special cause variation that is neither improvement or concern

All graphs include Dec-22 data

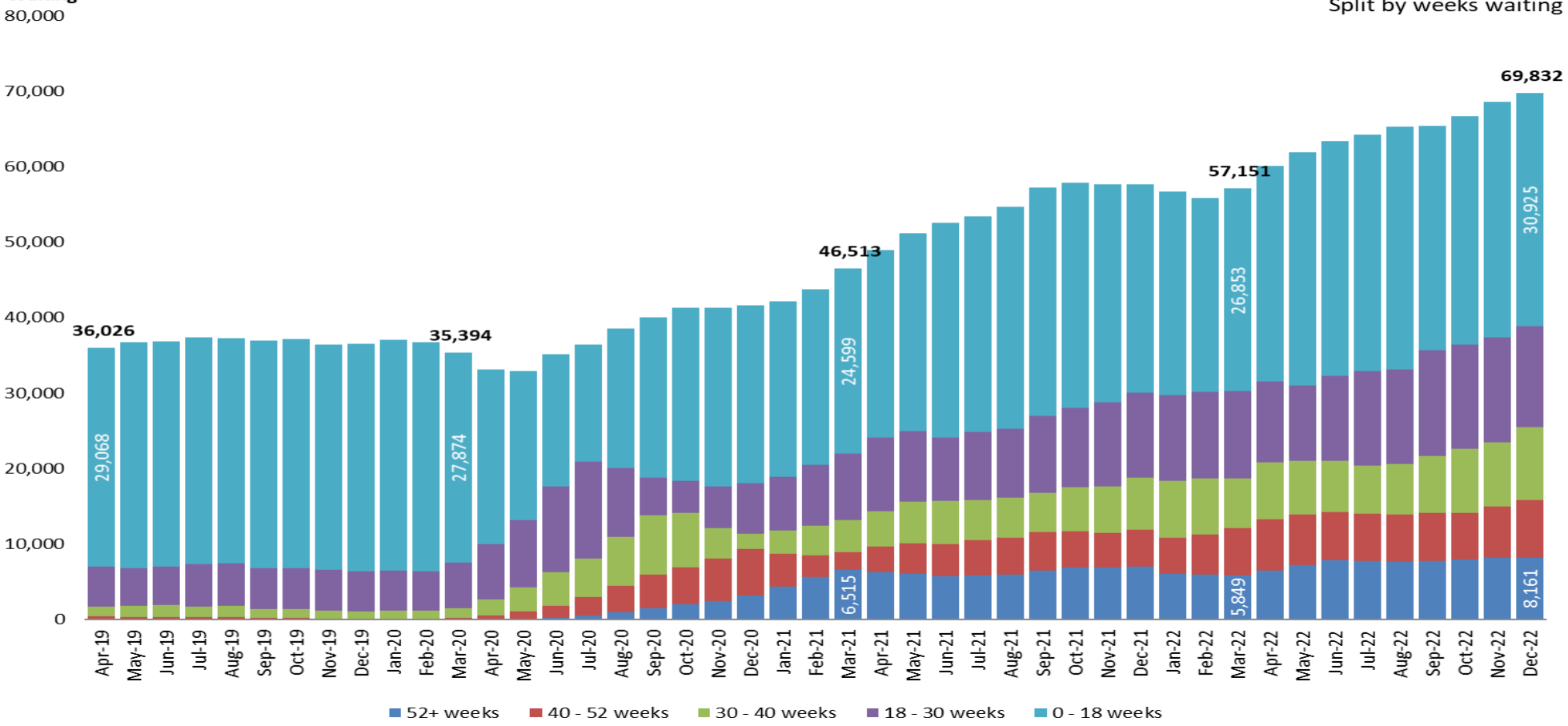
Elective Recovery - RTT Incomplete Waiting List | Month 9 [December] | 2022-23

Responsible Director: Chief Operating Officer | Validated for Dec-22 as at 20th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

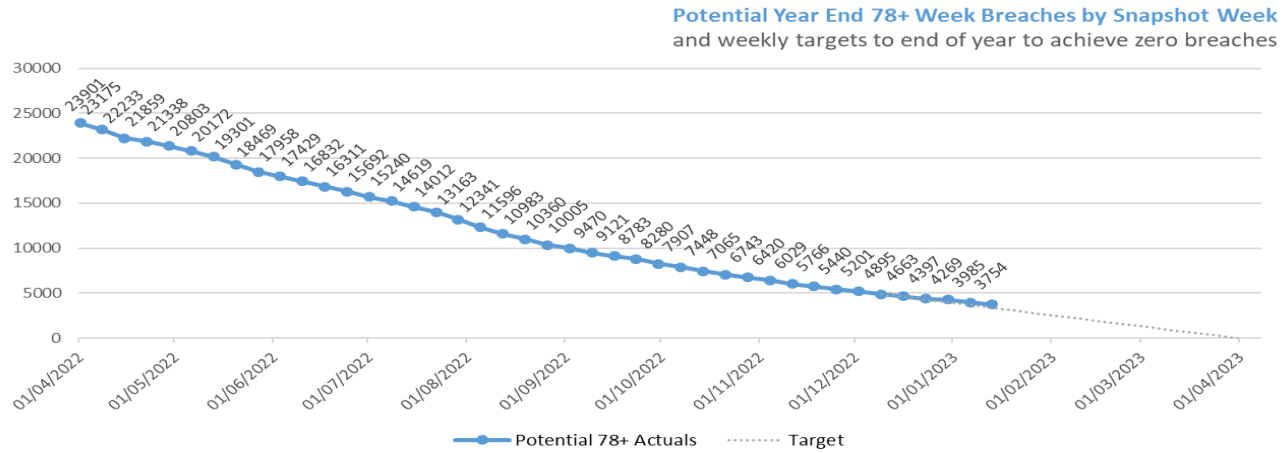
Patients waiting for first definitive treatment Apr-19 to Dec-22

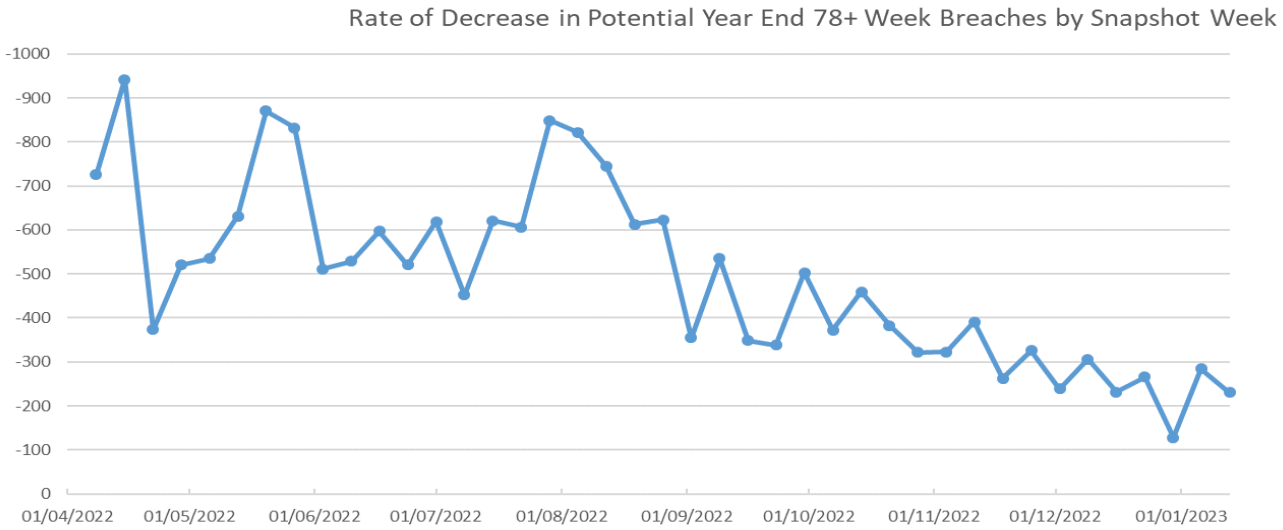
Split by weeks waiting



Elective Recovery - RTT Incomplete Waiting List | Potential 78+ Week Breaches

Responsible Director: Chief Operating Officer | Validated to 13th January 2022





The first graph shows an updated position on our weekly progress to date in reducing the patients who will otherwise breach by April. The target line is still based on ~305 clock stops a week for the remaining 11 weeks to result in zero breaches at month end Mar-23.

At the time of writing, 2,626 of the 3,754 patients are yet to be dated – it is this cohort that NHSE expect Trusts to book appointments for by the end of January, with the resultant outpatient appointments and treatments completed before the end of March. 83% of the 3,754 are under the care of the Surgery Division and 32% specifically General Surgery.

The second graph shows the numerical rate of decrease. The average of the last 4 weeks is 227, 228 for 5 weeks and 241 for 6 weeks; Christmas and industrial has slowed the number of clock stops.

Referral To Treatment Benchmarking

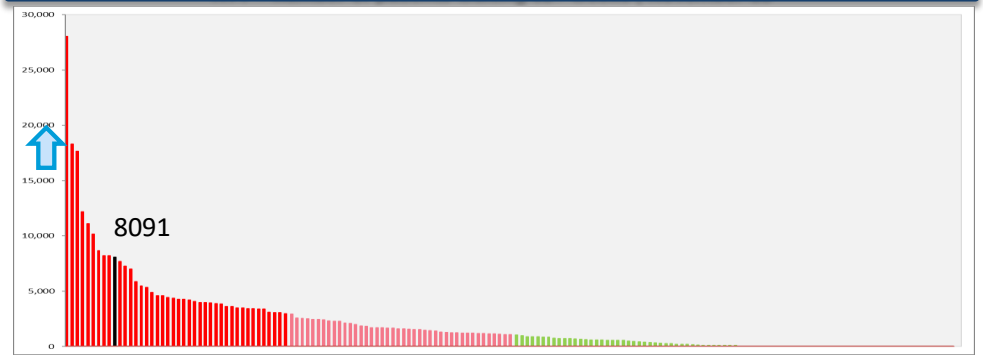
STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

National Benchmarking (November 2022) | The Trust was one of 7 of 12 West Midlands Trusts which saw an increase in performance between Oct-22 and Nov-22. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 41.08% to 70.92% with a peer group average of 53.38%; declining from 53.39% the previous month. The England average for Nov-22 was 60.10%; a 0.0% increase from 60.10% in Oct-22.

- Nationally, there were 406,575 patients waiting 52+ weeks, 8,091 (1.99%) of that cohort were our patients.
- Nationally, there were 48,961 patients waiting 78+ weeks, 1,283 (2.62%) of that cohort were our patients.

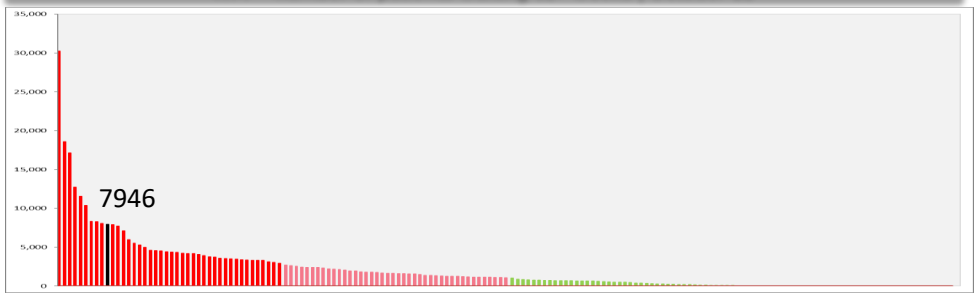
RTT - % patients within 18 weeks | November-22

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



RTT - % patients within 18 weeks | October-22

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



23

Elective Recovery | Outpatients and Elective Inpatients

Annual Plan Activity	Total Outpatient Attendances	Total OP Attendances First	Total OP Attendances Follow-Up	Elective IP Day Case	Elective IP Ordinary	Elective Inpatients	Theatre Utilisation	Cases per list	Lost Utilisation (early starts / late finishes)	On the day cancellations
Target achieved?	✗	✗	✗	✗	✗					

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

- The OP data on slide 21 compares our first SUS submission for Dec22 outpatient attendances to Dec-19 and our annual plan activity targets. As noted in the top row of this table we did not achieve our submitted plan.
- At 4.3%, Model Hospital benchmarking **for Oct-22** shows that our outpatient **DNA rate remains in quartile 1 of all Trusts.**
- In the RTT OP cohort, there are over 34,000 patients waiting for their first appointment. 30% of the total cohort waiting for a first appointment have been dated. Of those not dated 2,375 patients have been waiting over 52 weeks.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Gynaecology, ENT, Urology and Oral Surgery.

Planned Admissions - what does the data tell us?

- In Dec-22, the total number of day cases and EL IP decreased from Nov-22 and both day case (-763) and EL IP (-280) were below the annual plan target for the month.
- Theatre utilisation continues to showing positive improvement.
- The cases per list is showing deteriorating performance; an increase will be required in order to get closer to achieving the annual plan activity targets.
- Lost utilisation due to late start / early finish has returned to normal variation. 493 hours were lost in Dec-22 and is made up of 192 hours that are due to late starts and 302 hours that were early finishes. An average of 1 hour 40 minutes was lost per 4 hour session, noting this is apportioning out the total time lost across all 295 sessions delivered in Dec-22, even if a session itself was fully utilised.
- On the day cancellations are still showing normal variation.
- 89% of eligible patients were rebooked within 28 days for their cancelled operation in Dec-22; this is 24 of 27 patients being rebooked within the required timeframe but no significant change from the mean outcome.

What have we been doing?

- Continuation of developments within the personalised patient portal that will provide higher visibility and self-management for patients.
- Finalise the opportunities for consideration in annual planning from the GIRFT programme.
- TIF2 – Elective Care Hub modelling has been completed. This will come on-stream in August 2023.

What are we doing next?

- Finalising the annual plan in Feb ready for comparison to the national activity and performance targets.
- Review Robotic Processing benefits for Outpatients – limiting factor is the capacity within the Digital team.
- Strengthening the transparency of Outpatient cancellations including late notice annual leave requests.
- Review all Outpatient capacity to ensure that we have effective monitoring of under-utilisation.
- Identifying opportunities for annual planning, including GIRFT recommendations.
- Programme development for additional two theatres – TIF2 –activity, staffing and financial impact being reviewed ready for August 2023 commencement date.

Current Assurance Level: 4 (Dec-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 (Nov-22)	**SRO: Paul Brennan**

Elective Recovery – Outpatient and Elective Activity | Month 9 [December] | 2022-23

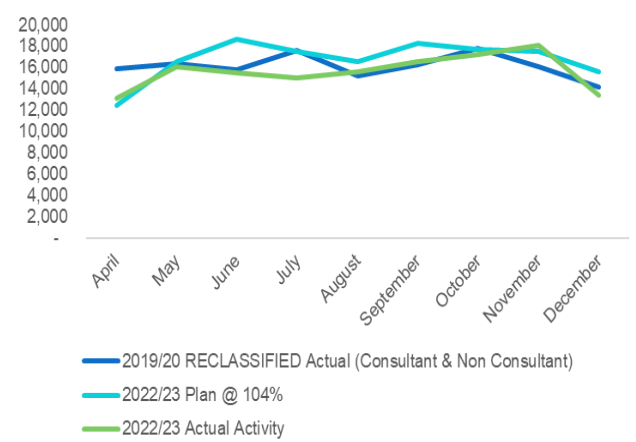
Responsible Director: Chief Operating Officer | Unvalidated for December 2022 (Second SUS Submission)

NHS Worcestershire Acute Hospitals NHS Trust

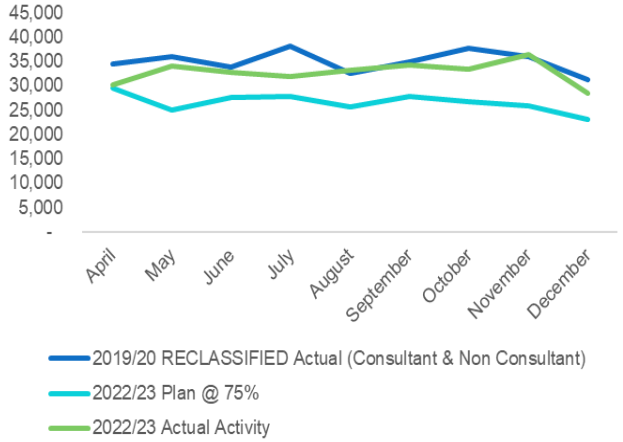
Elective Activity comparing Dec-19 to submitted Annual Plan 22/23 and Dec-22

Activity		Dec-19	Submitted Plan	Dec-22
Outpatient (reclassified)	New	14,148	15,642	13,483
	Follow-up NHS	31,228	22,988	28,856
	Total	**45,376**	**38,630**	**42,339**
Elective	Day Case	6,595	6,930	6,167
	Inpatient	594	744	464
	Total	**7,189**	**7,673**	**6,631**

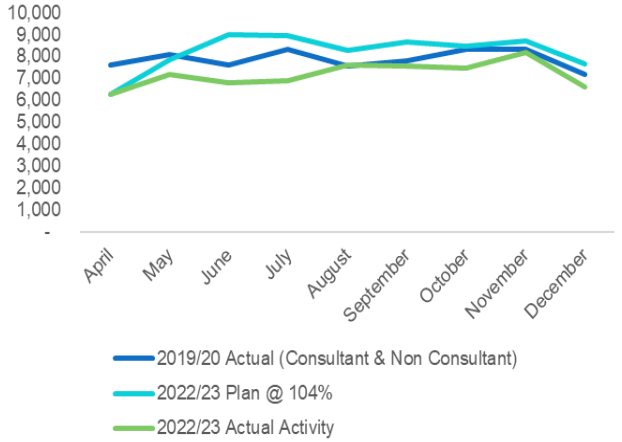
Outpatient New Activity Trend



Outpatient Follow-up Activity Trend



Day Case and Inpatient Activity Trend



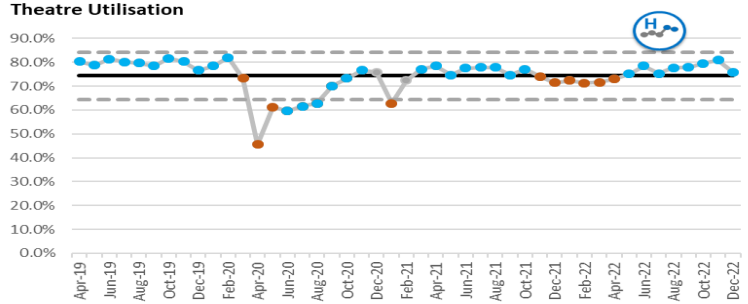
Elective Recovery - Theatre Utilisation | Month 9 [December] | 2022-23

Responsible Director: Chief Operating Officer | Validated for Dec-22 as at 16th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

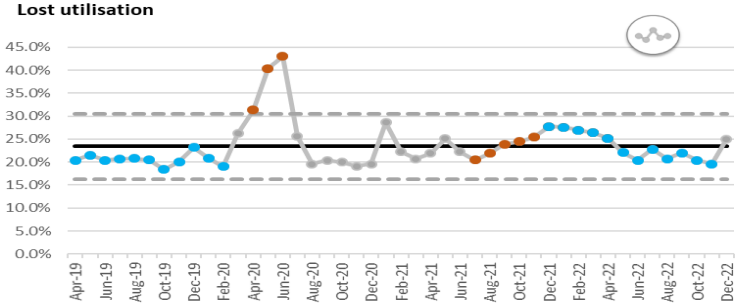
Actual Theatre session utilisation (%)
76%

Theatre Utilisation



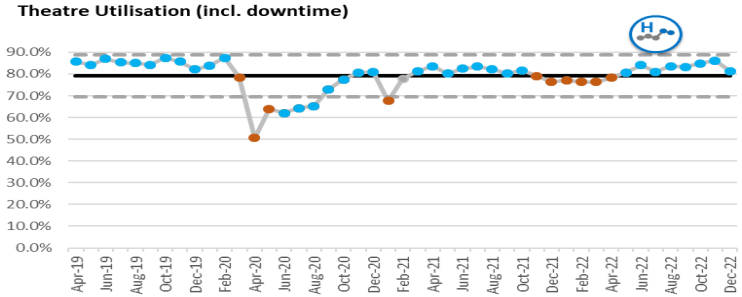
Lost utilisation to late starts and early finishes
25% (494 hours)

Lost utilisation



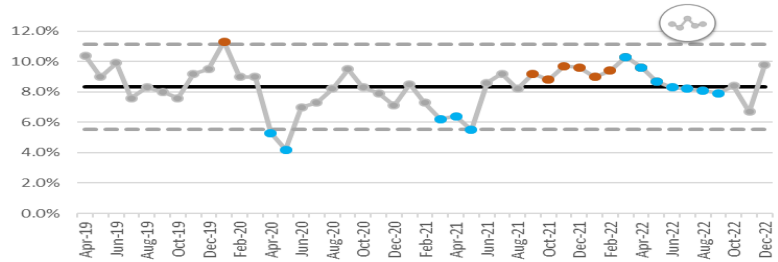
Actual Theatre session utilisation incl. allowed downtime (%)
81%

Theatre Utilisation (incl. downtime)



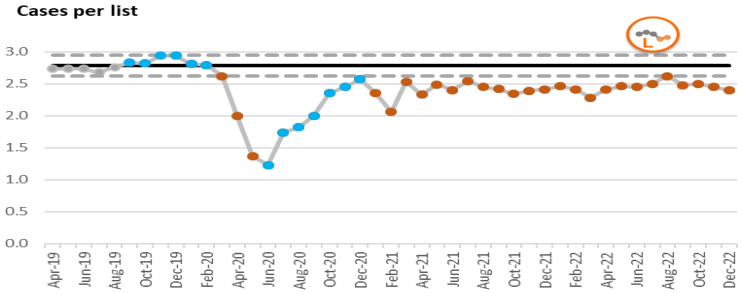
On the day cancellation as a percentage of scheduled procedures (%)
10% (129 patients)

On the day cancellations



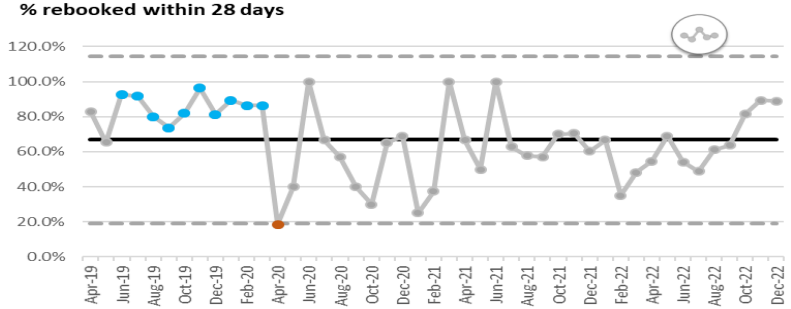
Completed procedures per 4 hour session
2.40

Cases per list



% patients rebooked with 28 days of cancellation
89% (24 of 27 rebooked)

% rebooked within 28 days



All graphs include Dec-22 data

Elective Recovery: DM01 Diagnostics | Waiting List and Activity

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

NHS Worcestershire Acute Hospitals NHS Trust

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

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 78.8% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement.
- The diagnostic waiting list has increased by 536 patients (6%) and the total number of patients waiting 6+ weeks has increased by 400 patients to 2,029. There are 797 patients waiting over 13 weeks (696 in Nov-22).
- Radiology has the largest number of patients waiting, at 4,526 and the number of patients 6+ weeks has increased to 745 from 489 at the end of Nov-22 (mainly due to NOUS).
- The total number of patients waiting for an endoscopy increased as did the number of patients waiting over 6+ weeks. There was a the further increase in patients waiting 6+ weeks for a cystoscopy.
- Physiological science modalities saw an increase in their total PTL and a 70 patient increase in breaching patients.

Activity

- 16,052 DM01 diagnostic tests were undertaken in Dec-22. This is the first time below 17,000 since Jun-22 and is across modalities.
- 25% (4,138 tests) of our total DM01 activity was classified as unscheduled / emergency. 65% were waiting list tests and 9% were planned tests.
- No modality achieved their H2 plan for Dec-22.
- Overall we delivered 85% of this months diagnostics plan and YTD, 9 completed months, we have delivered 97% of the plan. This is 16,884 more tests than YTD 19/20.

RADIOLOGY

What have we been doing?

- Obtained approval for CT mobile extension until Jan-23, CAG for extension to Mar 23 to be submitted
- CAG for continued utilisation of Pertemps on KTC until Dec-23 to be submitted, based on recruitment/workforce plan
- Obtained Cancer Alliance funding for MRI mobile until Mar-23
- Submitted national bid for US machines x 4
- Identified external reporting for Proctograms

What are we going to do next?

- Continue WLI sessions in US.
- Continue WLIs in DEXA to address backlog
- Work with BI and Cancer team to identify and deliver further improvements on 28 day faster diagnosis, commenced weekly PTL meeting- next focus Lung
- Review vetting resource requirements - improving faster vetting, will support improving time to an appointment being allocated
- Obtain financial approval to continue mobiles and US WLIs
- Improve capacity/demand modelling using Pythia
- Work on reducing >13wk waiters

Issues

- Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity
- Concern on delay approving CT mobile extension, significant impact on provision of capacity if removed end Jan

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Cancelled activity across sites due to the nursing strikes. This has significantly impacted the colorectal 2ww pathway.
- Continued with 18 week supporting 18 sessions across ECH and KTC sites.
- Reintroduced telephone pre-assessment for all patients requiring a colonoscopy.
- Rolling out prism remote printing from 12/1/23
- Using Pythia capacity and demand modelling tool

What are we going to do next?

- Recommence text messaging for all outpatient appointments.
- Continue to improve the 2ww pathway to meet best practice pathway.
- First retire and return Gastroenterologist has joined Endoscopy Directorate.
- Scoping opportunities to recruit Physician's Associate for scoping roles
- Introduced an Endoscopist via NHSP; backfilling of sessions to commence following supervised Endoscopy list
- Work on reducing >13wk waiters

Issues

- Ongoing postal strikes continues to be challenging.
- Planned nursing strikes
- 2 members of booking team have confirmed they will be resigning

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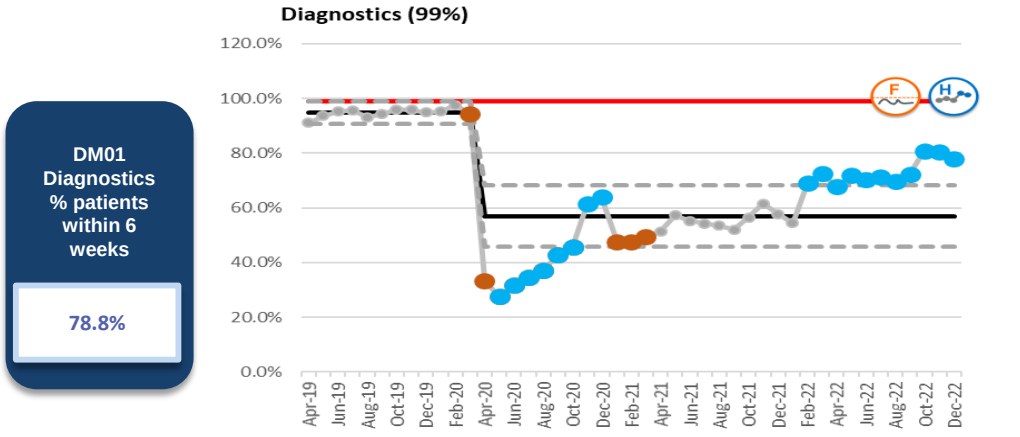
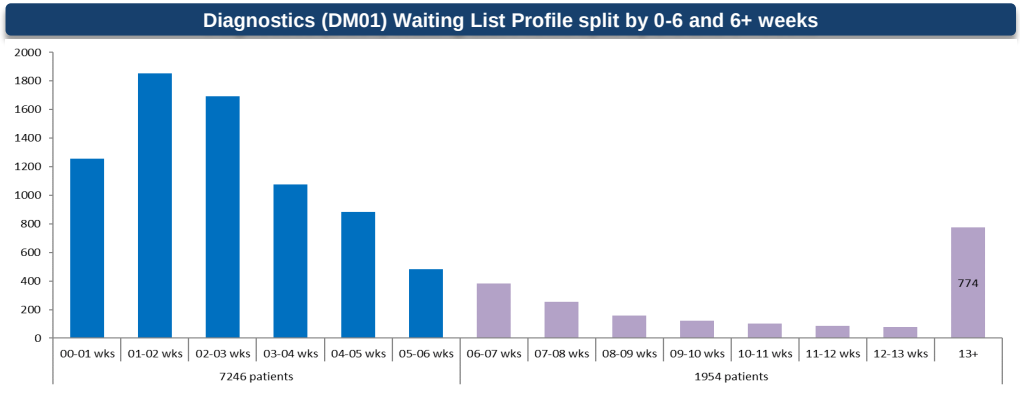
Elective Recovery: DM01 Diagnostics | Waiting List and Activity

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





CARDIOLOGY – ECHO

What have we been doing?

- Improved 6 week breach position
- Ceased Insourcing 27/11/22

What are we going to do next?

Monitor numbers and add WLIs if required
Work on reducing >13wk waiters

Issues

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

RESPIRATORY (Sleep studies)

Issues

- Number of patients that can be diagnosed is limited by available equipment
- Numbers are being increased from 14/11 to 10 patients per day
- Not able to increase capacity further due to staffing and equipment issues
- Only able to offer Monday – Friday service

Current Assurance Level: 5 (Dec-23)

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

Previous assurance level: 5 (Nov-22)

SRO: Paul Brennan

Elective Recovery DM01 Diagnostics | Month 9 [December] 2022-23

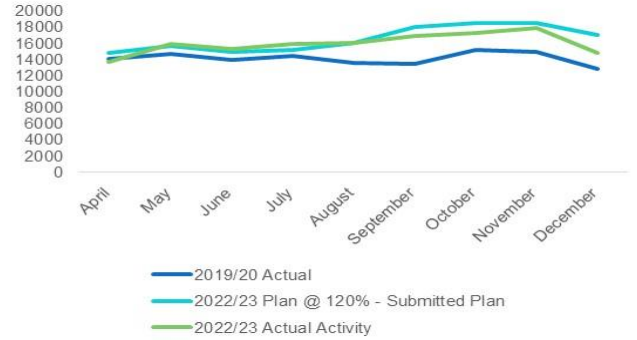
Responsible Director: Chief Operating Officer | Validated for Dec-22 as 20th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

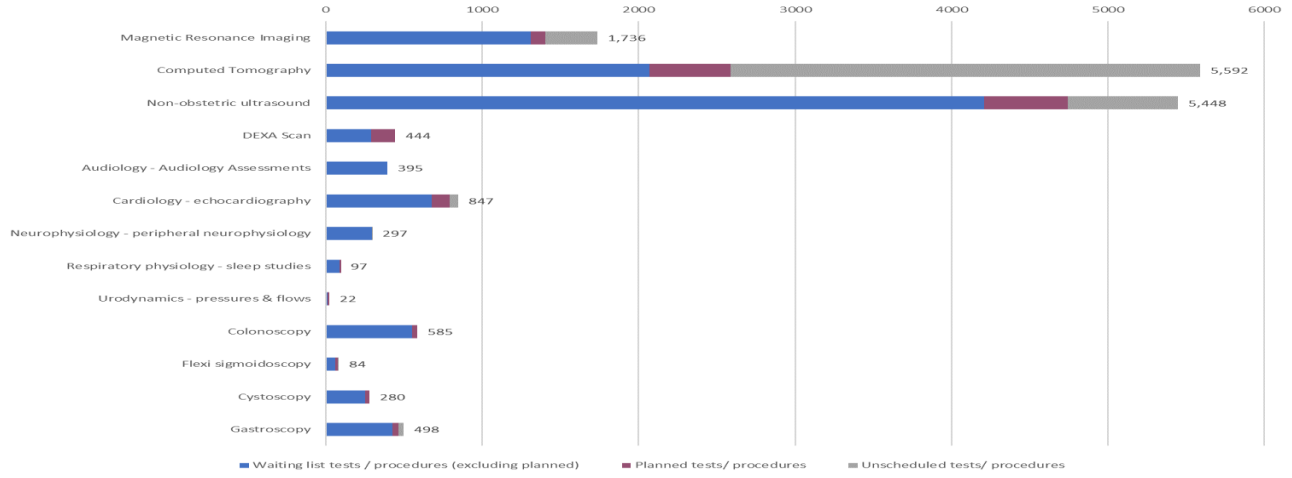
Diagnostic Activity | Annual Plan Monitoring

Annual Plan Activity Modalities		Dec-19	Submitted Plan	Dec-22
Imaging	MRI	1,618	2,447	1,736
	CT	4,259	6,340	5,590
	Non-obstetric ultrasound	4,976	5,952	5,448
Endoscopy	Colonoscopy	523	664	585
	Flexi Sigmoidoscopy	182	109	84
	Gastroscopy	510	565	498
Echocardiography		782	1,001	847
Diagnostics Total		**12,850**	**17,078**	**14,788**

Annual Plan Diagnostics Activity Trend



Total DM01 Activity split by modality and type



MRI, CT, non-obstetric ultrasound and colonoscopy exceeded the activity delivered in Dec-19.

No modality achieved the activity levels in our submitted plan.

73% of all unscheduled activity in Dec-22 were CT tests.

Operational Performance: Diagnostics (DM01) Benchmarking

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

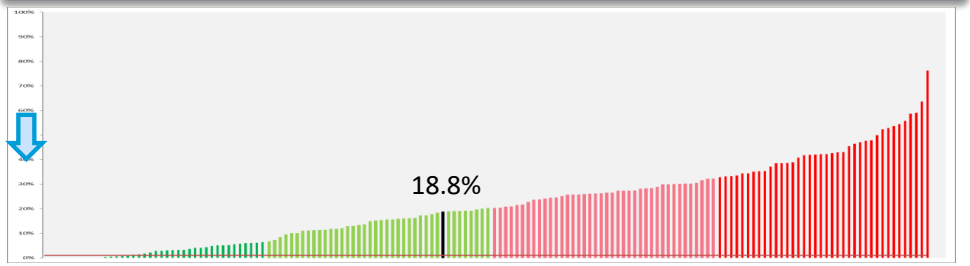
NHS Worcestershire Acute Hospitals NHS Trust

National Benchmarking (November 2022)

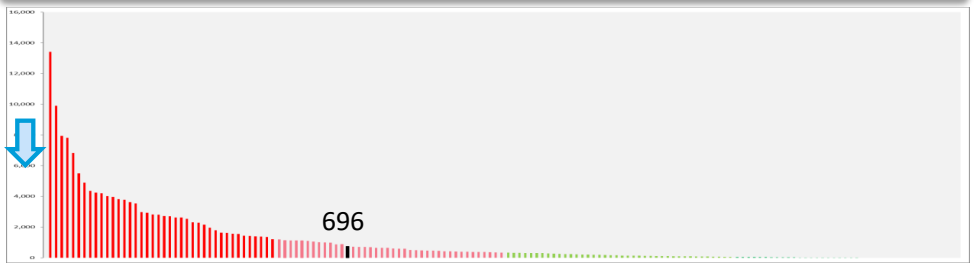
The Trust was one of 7 of 13 West Midlands Trusts which saw an improvement in performance between Oct-22 and Nov-22. This Trust was ranked 5 out of 13; no change from the previous month. The peer group performance ranged from 2.8% to 49.9% with a peer group average of 34.1%; improving from 34.4% the previous month. The England average for Nov-22 was 26.9%; a 0.6% decrease from 27.5% in Oct-22.

- Nationally, there were 426,003 patients recorded as waiting 6+ weeks for their diagnostic test; 1,843 (0.43%) of these patients were from WAHT.
- Nationally, there were 184,187 patients recorded as waiting 13+ weeks for their diagnostic test; 815 (0.44%) of these patients were from WAHT.

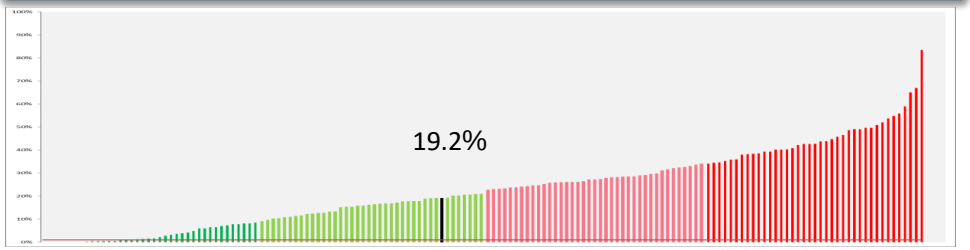
DM01 Diagnostics - % of patients waiting more than 6 weeks | November-22



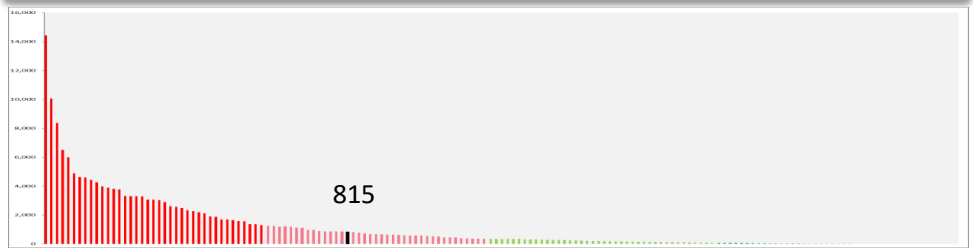
DM01 Diagnostics - number of patients waiting more than 13 weeks | November-22



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



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



WAHT — Operational Standard 1%

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

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Stroke

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

Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q2 22-23 Jul-22 to Sep-22 (validated)			
	E		E		A		N/A	Score	82.0	Grade	A

What does the data tell us?

- A reminder that validated SSNAP scores have been published for Q 2 22-23 and we have achieved a grade A for Q2 22/23 with a score of 82.0.
- The Direct Admission metric is showing cause for concern and the target cannot be achieved without change.
- Although not a statistical change, 49% of patients having a CT within 60 minutes of arrival is a grade A according to SSNAP methodology.
- Patients seen in the TIA clinic within 24 hours continues to show special cause improvement with a run above the mean.

What are we doing to improve?

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

- Patients are assessed in Ambulances during extreme hospital pressures. The consultant team will complete the initial assessment and if confirmed Stroke then patients will bypass the Emergency Department and be transferred directly to ASU.
- Increase in rehabilitation beds (2) provided by the community healthcare trust to support the acute hospital with patients identified and stable for inpatient stroke rehabilitation.
- In order to promote flow throughout the stroke pathway, the on-call Stroke team will assess patients alongside the therapy teams, if appropriate, to prioritise discharging patients directly home from ED/AMU. Ongoing investigations are then requested on an out-patient basis. This ensures that ASU beds are only used for those patients who are not medically fit for discharge.
- The stroke unit continues to ring fence one "boarding" area for Thrombolysis whereby one patient from the unit will be reverse boarded to accommodate a Thrombolysis patient ensuring a seamless transfer to the unit.
- Countywide therapy meetings which include the Health and Care Trust are ongoing– this includes the therapists in the county meeting regularly with the Acute Trust consultant. This encourages communication throughout the stroke pathway to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues with regards to flow and allows our community partners to support patient flow.
- When accepting referrals from AGH, patient demographics are now checked prior to accepting patients to ensure that ASU do not accept out of area patients, thereby impacting on flow through the unit.
- Early conversations with families of patients on the end of life pathway alongside earlier involvement of the OCT to support decision making in terms of final destinations, not only will support flow but also improve patient experience throughout their stroke journey.

Thrombolysis:

- The positive impact of ongoing face-to-face stroke simulation training alongside in-house consultant cover for advice and guidance after 5pm are reflected in the Thrombolysis scores on SSNAP showing an improvement from an E to a D.
- We are still consistently achieving a Level B in the SNNAP score results which is demonstrating all of the improvements we are putting into place as mentioned above.

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

Stroke | Month 8 [November] | 2022-23

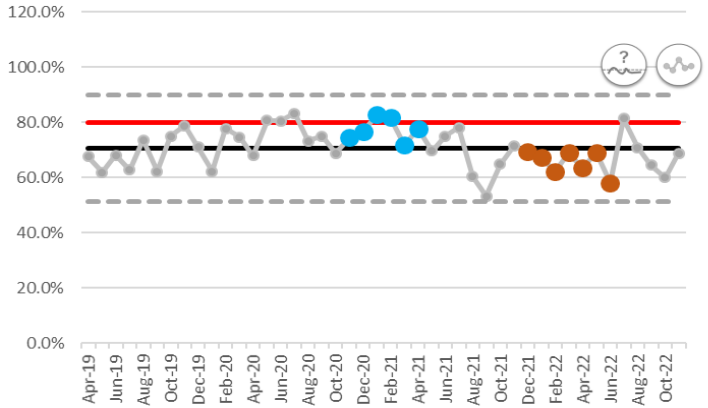
Responsible Director: Chief Operating Officer | Validated for Nov-22 as 16th January 2023

NHS Worcestershire Acute Hospitals NHS Trust

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

69%

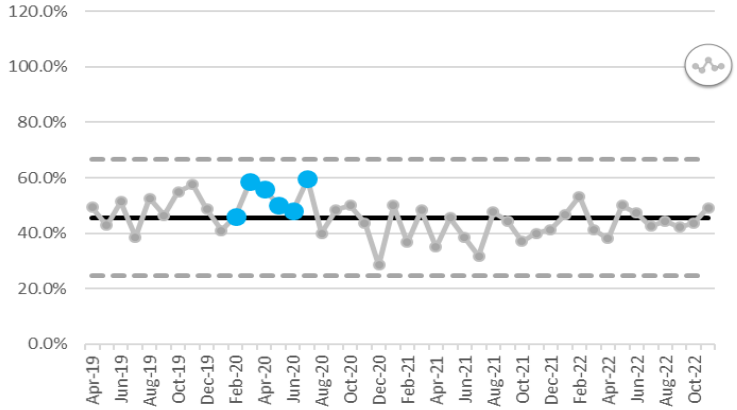
Time spent on Stroke Unit



Stroke : % CT scan within 60 minutes

49%

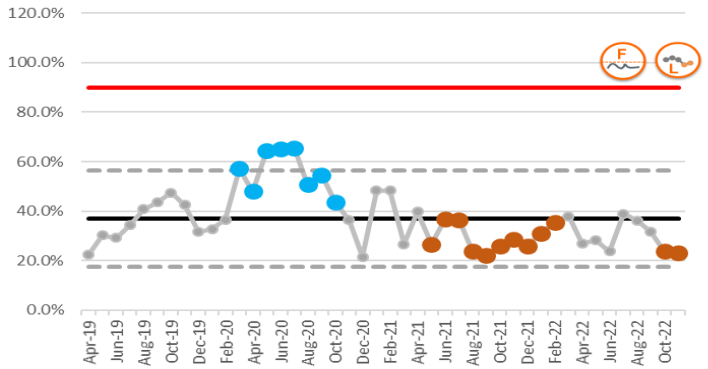
CT within 60 minutes



Stroke : % Direct Admission to Stroke ward

23%

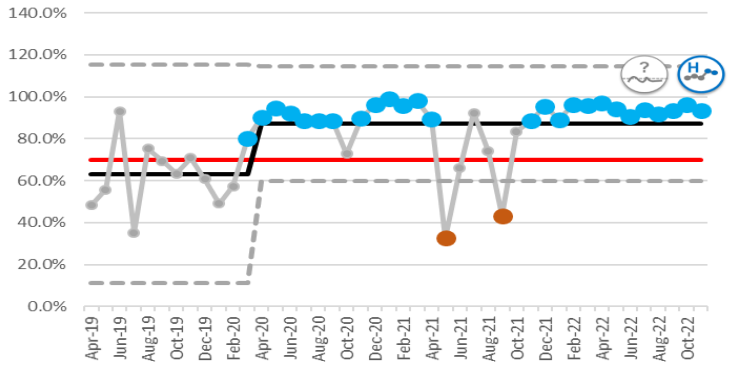
Direct Admission to Stroke Ward



Stroke: % seen in TIA clinic within 24 hours

93%

TIA within 24 hr



All graphs include Nov-22 data

Quality and Safety

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	• We were compliant with all of the in-month infection targets except C-Diff and E-Coli in Dec-22 • We have breached 3 of the year to data infection targets: C-Diff, E-Coli & MSSA. • The Hand Hygiene participation rate increased in Dec-22, failed to achieve the target, and has now shown special cause variation of concern for 8 months. • The Hand Hygiene compliance to practice rate dropped very slightly in Dec-22, still achieved the target and has shown special cause improving variation for 31 of the last 32 months. • All of the high impact intervention audits in Dec-22 achieved a compliance of over 95%.
Antimicrobial Stewardship	• A total of 174 audits were submitted in Dec-22, compared to 257 in Nov-22. • Antimicrobial Stewardship overall compliance increased in Dec-22 to 90.8% and achieved the target of 90%.
SEPSIS 6	• Our performance against the sepsis bundle being given within 1 hour has increased in Nov-22 to 75% but remains non compliant with the 90% target. • The Sepsis screening compliance increased in Nov-22 to 86.8 but failed to meet the target for the second time in 6 months. • Antibiotics provided within 1 hour increased in Nov-22 to 85.3% but still failed to achieve the target of 90%.
Fractured Neck of Femur	• #NOF compliance dropped in Dec-22 to 68.7%, although this is still the 3rd highest performance in the last 12 months. • There were 83 #NOF admissions in Dec-22. • The #NOF target of 85% has not been achieved since Mar-20.
Falls	• The total number of falls fell in Dec-22 to 122, but was still above the in-month target of 103. • We have breached our 22/23 falls trajectory to date by 197. • There was 1 SI fall in Dec-22, which was above the in-month target. • We have achieved the year to date trajectory with a total of 3 actual SI falls compared to a trajectory of 5.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Hospital Acquired Pressure Ulcers (HAPU)	• The total number of HAPUs for Dec 22 increased to 41, and was above the in-month target of 19. • This metric is now showing special cause variation of concern. • We have breached our 22/23 to date trajectory by 73 HAPU's. • There were zero HAPUs causing harm in Dec 22. • We continue to be below our 22/23 to date trajectory by 2 HAPUs causing harm.
Friends & Family Test	• The recommended rate for Inpatients achieved the target at 97.7 % in Dec-22, and this is the 22nd consecutive month compliance has been attained. • The recommended rate for Maternity dropped in Dec-22, and was not compliant at 90.91%. • The recommended rate for Outpatients dropped slightly to 96.56% but still achieved the target. • The recommended rate for A&E increased to 86.15% but still failed to achieve the target.
Complaints	• The % of complaints responded to within 25 days increased significantly in Dec-22 to 74%, but was still below target (80%). • This is the 4th consecutive month that the performance has improved, but also the 6th consecutive month the target has been missed.

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent

C-Diff (Target 79)		E-Coli (Target 30)		MSSA (Target 10)		MRSA (Target 0)		Klebsiella species (Target 35)		Pseudomonas aeruginosa (Target 23)	
Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target	Dec actual vs target	Year to date actual / year to date target
9/6	85/58	5/2	28/23	1/1	13/9	0/0	0/0	2/3	14/26	1/2	6/17

What does the data tell us?

- We were compliant with all of the in-month infection targets except C-Diff and E-Coli in Dec-22
- We have breached 3 of the year to data infection targets: C-Diff, E-Coli & MSSA.
- The Hand Hygiene participation rate increased in Dec-22, failed to achieve the target, and has now shown special cause variation of concern for 8 months.
- The Hand Hygiene compliance to practice rate dropped very slightly in Dec-22, still achieved the target and has shown special cause improving variation for 31 of the last 32 months.
- 7 new COVID outbreaks were declared in Dec-22.
- There are currently 6 ongoing active COVID outbreaks, and 6 in the monitoring phase (09/01/2023).
- There were 6 Influenza outbreaks in Dec-22.
- There are currently 4 Influenza active outbreaks (09/01/2023).
- There was 1 D&V/Norovirus outbreaks in Dec-22.
- There is currently 1 ongoing D&V/Norovirus outbreak (09/01/2023).
- All of the high impact intervention audits in Dec-22 achieved a compliance of over 95%.

- Cdiff continues to be problematic. Action plan in place and quarterly review with NHS E continues.
- Improvements required with regards to diarrhoeal assessment plan in place and information has been sent out via the matrons to implement.
- Strong focus remains with regards to antimicrobial stewardship. Medical Director is advocating for higher engagement with the antimicrobial stewardship group, this is following on from the Prof Wilcox review.
- Influenza has been a huge challenge and the IPC principles of management of positive flu cases remains in place – isolate/cohort for 5 days, administer Tamiflu.
- Risk assessment has been completed with regards to the management of flu contacts and agreed via command structure that flu contacts will not be isolated/cohort but will have an assessment for the administration of prophylaxis within 48 hours of contacts. Individual risk assessment to be completed prior to transfer to the health and care Trust
- At one point we saw more flu cases than COVID, at this time (9/01/23) we have high numbers of COVID (88 COVID and 63 Influenza) however this is an improving picture but we need to take this with caution to ensure we see a sustained reduction.
- Norovirus on ARU was difficult to manage and there was a complete ward closure and reported via the incident reporting system
- Hand Hygiene participation has been escalated via division, overall compliance with hand hygiene remains high but participation requires improvement, communication with matrons has occurred.

Current assurance level – 4 (Dec-22)
Reason: this is based on the complexity of the current levels of multiple infections that we are experiencing and the capacity pressures. We actions in place but at times it can be difficult to enact them due to the capacity issues.

When expected to move to next level of assurance for non Covid: Review in January , the impact of flu and norovirus needs to be considered. The flu season should be nearing completion

Previous assurance level - 4 COVID-19 / 4 for non-Covid (Nov-22)

SRO: Jackie Edwards (Interim CNO)

Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (up to Sep 2022) – *Website still showing Sep-22 data when accessed on 09/01/2023*

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 23rd best for hospital onset-healthcare associated C. difficile infections. Our rate stands at 28.6 cases per 100,000 bed days, which is above both the overall England and Midlands rate.
E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 6th best. Our rate stands at 13.7 cases per 100,000 bed days, which is below the overall England and Midlands rate.
MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 15th best. Our rate stands at 8.9 cases per 100,000 bed days, which is below both the overall England and Midlands rate.
MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits equal 1st. Our rate stands at 0.0 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

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

Area	Count	Per 100,000 bed days
England	6,723	19.9
Midlands NHS Region (Pre ICB)	1,165	18.6
Worcestershire Acute Hospitals	71	28.6

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

Area	Count	Per 100,000 bed days
England	7,584	22.4
Midlands NHS Region (Pre ICB)	1,251	20.0
Worcestershire Acute Hospitals	34	13.7

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

Area	Count	Per 100,000 bed days
England	3,836	11.4
Midlands NHS Region (Pre ICB)	628	10.0
Worcestershire Acute Hospitals	22	8.9

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

Area	Count	Per 100,000 bed days
England	260	0.8
Midlands NHS Region (Pre ICB)	36	0.6
Worcestershire Acute Hospitals	0	0.0

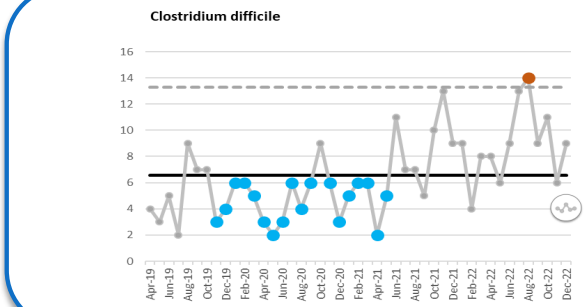
Month 10 [January] | 2022-23 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated position for Dec as 9th Jan 2023

NHS Worcestershire Acute Hospitals NHS Trust

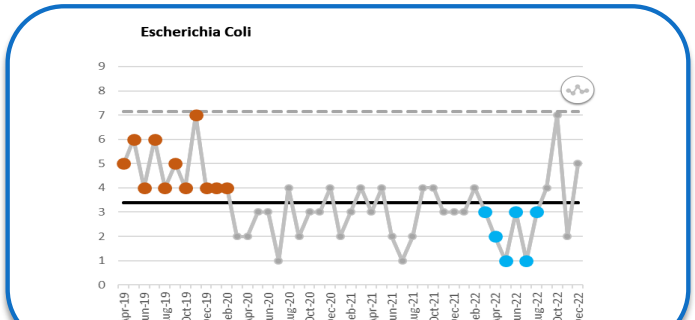
C-Diff

9



E-Coli

5



MSSA

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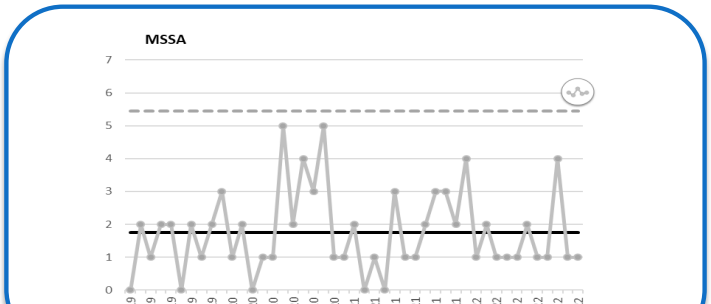
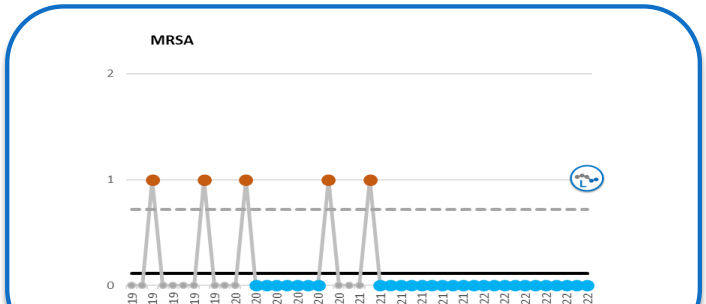
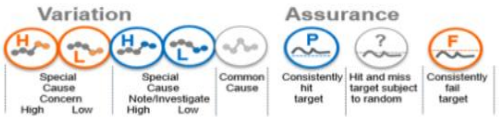


MRSA

0



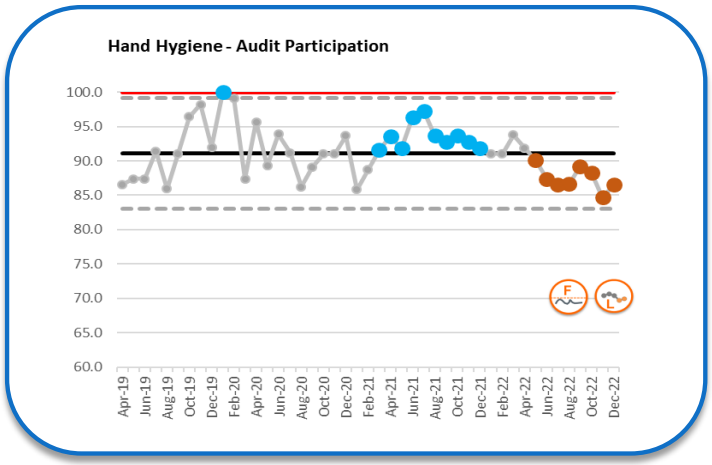


Month 10 [January] | 2022-23 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th January 2023

Hand Hygiene Audit Participation (%)

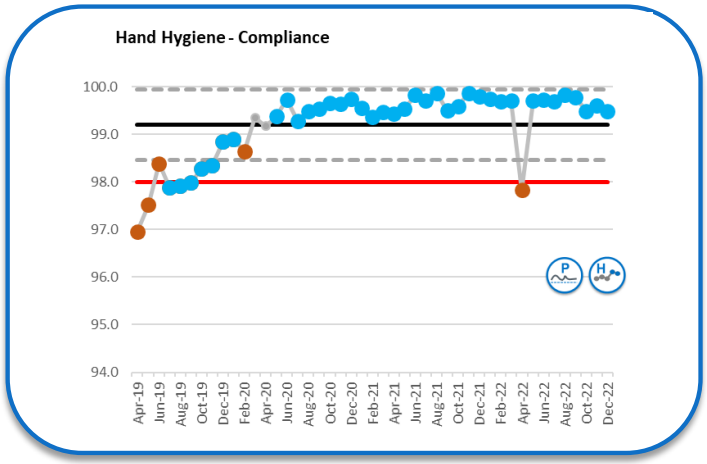
86.5



Please note that % axis does not start at zero.

Hand Hygiene Compliance (%)

99.5



Please note that % axis does not start at zero.

2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Dec-22	Nov-22	Dec-22	Nov-22	Dec-22
	90.91%	94.6%	87.07%	95.1%

What does the data tell us?

- A total of 174 audits were submitted in Dec-22, compared to 257 in Nov-22.
- Antimicrobial Stewardship overall compliance increased in Dec-22 to 90.8% and achieved the target of 90%.
- Patients on Antibiotics in line with guidance or based on specialist advice increased in Dec-22 and achieved the target.
- Patients on Antibiotics reviewed within 72 hours also increased in Dec-22 and achieved the target.

What will we be doing?

- Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors
- Identifying actions to drive improvement in quality (KPIs) of these SSTF audits
- ASG will continue to monitor the use of carbapenems (Trust is no longer a national outlier)
- Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results
- Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories.
- AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s
- Issuing poster guiding staff when to use urine test strips
- Focusing on learning from C diff case reviews where antibiotics may be implicated & developing actions pertaining to AMS to address the recommendations in Prof Wilcox report
- Reviewing the Trustwide quarterly incident report for themes and trends relating to antimicrobial medicines
- Seeking nominations for AMS clinical leads for Speciality Medicine and SCSD
- Developing a communication and action plan to promote IV to oral switches (CQUIN for 23/24)

Current Assurance level – 6 (Dec-22)
Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits

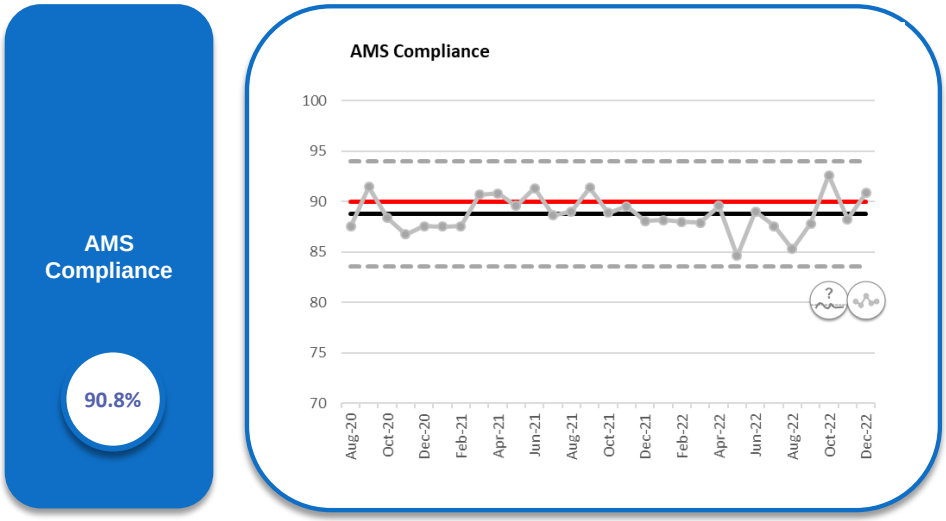
When expected to move to next level of assurance –
This will be next reviewed in April 23, when quarter 4 performance can be assessed.

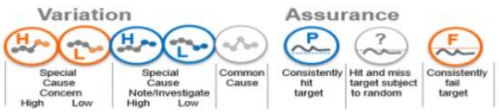
Previous Assurance level – 6 (Nov-22)

SRO: Jackie Edwards (Interim CNO)

Month 10 [January] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th Jan 2023



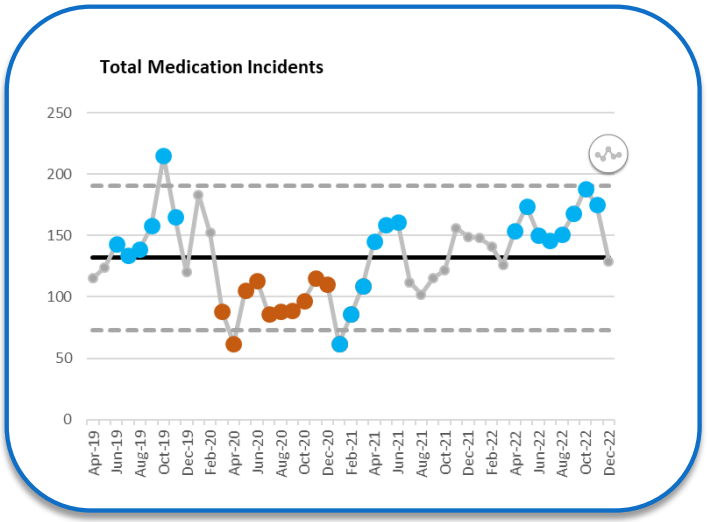


Month 10 [January] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th Jan 2023

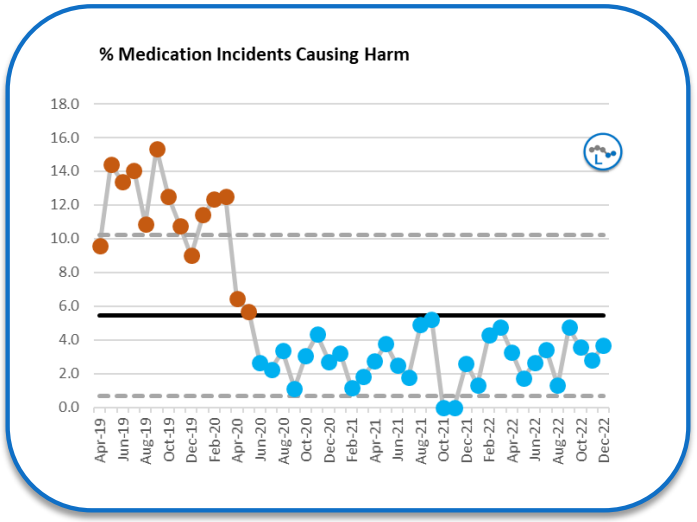
Total Medicine incidents reported

129



Medicine incidents causing harm (%)

3.7%



2.2 Care that is Effective – Improve Delivery in Respect of the SEPIS Six Bundle

Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			91.8%	98.4%	86.9%	91.8%	91.8%

What does the data tell us?

- Our performance against the sepsis bundle being given within 1 hour has increased in Nov-22 to 75% but remains non compliant with the 90% target.
- The Sepsis screening compliance increased in Nov-22 to 86.8 but failed to meet the target for the second time in 6 months.
- Antibiotics provided within 1 hour increased in Nov-22 to 85.3% but still failed to achieve the target of 90%.
- Only 1 of the remaining elements of the Sepsis Six bundle failed to achieve the 90% target.
- The Trust's 12 Month Rolling Crude Death rate up to Oct-22 for Septicemia (except in labour) is 25.3% (In Hospital 15.76% & Out of Hospital 9.51%), which is the 4th lowest in the Midlands (out of 22).[1]
- The Trust's ALOS (Nov-21 to Oct-22) is 9.86 days, which is the 5th lowest in the Midlands.[1]

[1] *Source: HED, accessed 09/01/2023.*

Actions:

- Continued monitoring of Sepsis six compliance & implementation
- Focus on actions following completion of the bundle remains a priority (such as prescribing of antibiotics)
- Medical examiner office currently reviews 50% of deaths across Worcestershire with further roll out expected in Feb 2023 & March 2023 – this will allow for learning from any deaths related to sepsis

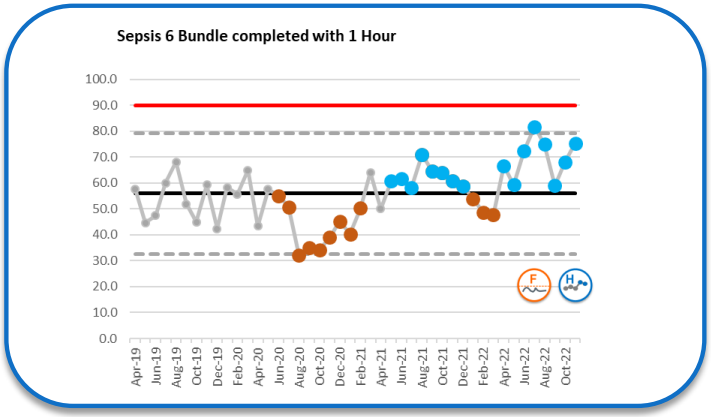
Current Assurance level – 5 (Dec-22)	**When expected to move to next level of assurance**: March 2023
Previous assurance level – 5 (Nov-22)	SRO: Christine Blanshard (CMO)

Month 10 [January] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-22 as 9th Jan 2023

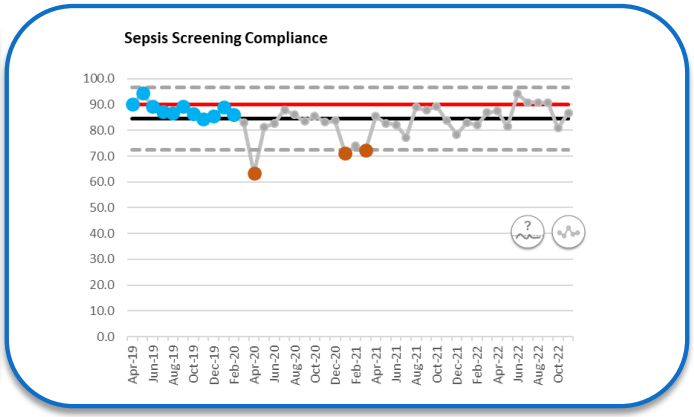
Sepsis 6 Bundle within 1 Hour Compliance (audit)

75.4%



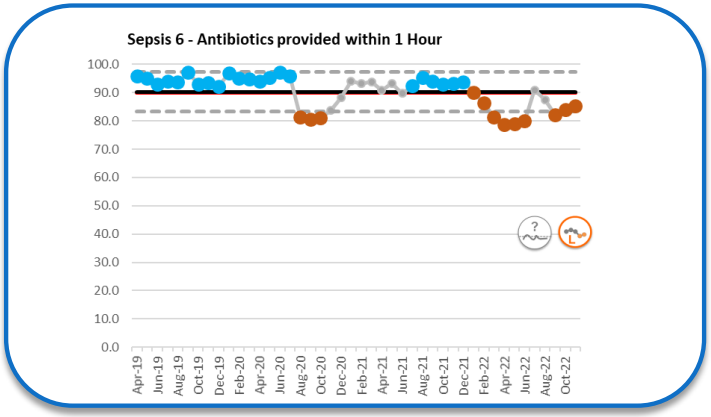
Sepsis Screening Compliance (audit)

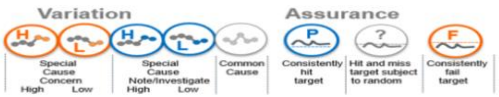
86.8%



Sepsis Screening Antibiotics Compliance (audit)

85.3%





2.2 Care that is Effective – Fractured Neck of Femur (#NOF)

NHS Worcestershire Acute Hospitals NHS Trust

#NOF – Time to Theatre <= 36 Hours

What does the data tell us?

- #NOF compliance dropped in Dec-22 to 68.7%, although this is still the 3rd highest performance in the last 12 months.
- There were 83 #NOF admissions in Dec-22.
- The #NOF target of 85% has not been achieved since Mar-20.

- There were a total of 26 breaches in Dec-22.
- The reasons for delays were
  - 46.2% (12 patients) due to theatre capacity
  - 34.6% (9 patients) due to patients being medically unfit
  - 11.5% (3 patients) due to bed issues
  - 7.7% (2 patients) due to delays in running theatre list

- The average time to theatre in Dec-22 was 31.4 hours.

- The Trust's 12 Month Rolling Crude Death rate up to Oct-22 for #NOF is 12.31% (In Hospital 4.31% & Out of Hospital 7.99%), which is the 10th highest in the Midlands (out of 22).[1]
- The Trust's ALOS (Nov-21 to Oct-22) is 8.91 days, which is the 2nd lowest in the Midlands.[1]

[1] *Source: HED, accessed 09/01/2023.*

What will we be doing?

- Complete, publish and follow action plan from November 2022 meeting.
- Organise first 'Quarterly' NHFD Governance meeting. This needs to be an MDT meeting to tackle whole pathway issues. (March / April 2023)
- (use these as the tool to focus on priority for the following 3 months)

- Appoint Specialist Orthogeriatrician(s) to surgical division (non-consultant grade) to enhance medical support for frail patients.

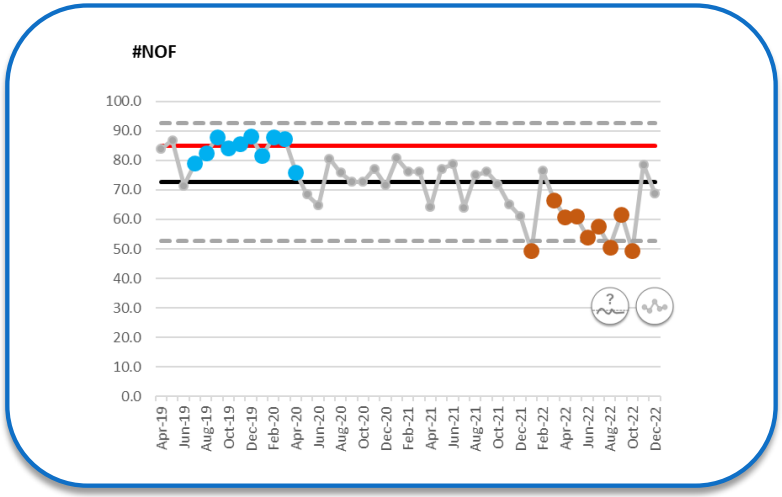
Current assurance level - 5 (Dec-22)	**When expected to move to next level of assurance**: Will be reviewed against Q4 outcomes
Previous assurance level - 5 (Nov-22)	SRO: Christine Blanshard (CMO)

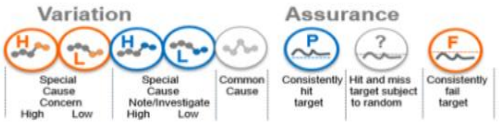
Month 10 [January] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th January 2023

#NOF time to theatre </=36 hours

68.7%





Lockdown Period

COVID Wave

2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Dec-22	Dec-22	Dec-22	Dec-22
			

What does the data tell us?

Total Inpatient Falls

- There was a total of 122 falls in Dec-22 , which was above in-month target of 103.
- This metric is showing special cause variation of concern.
- We have breached our 22/23 falls trajectory to date by 194.

Inpatient falls resulting in Serious Harm

- There was 1 SI fall in Dec-22, which was above the in-month target. of 0, however this SI has been be requested for downgrade following investigation..
- We have achieved the year to date trajectory with a total of 3 actual SI falls compared to a trajectory of 5. This will be 2 actual SI falls if the downgrade is agreed by the ICB.
  (note – The SI fall recorded in Nov-22 was downgraded following an investigation which showed no omissions of care)

What improvements will we make?

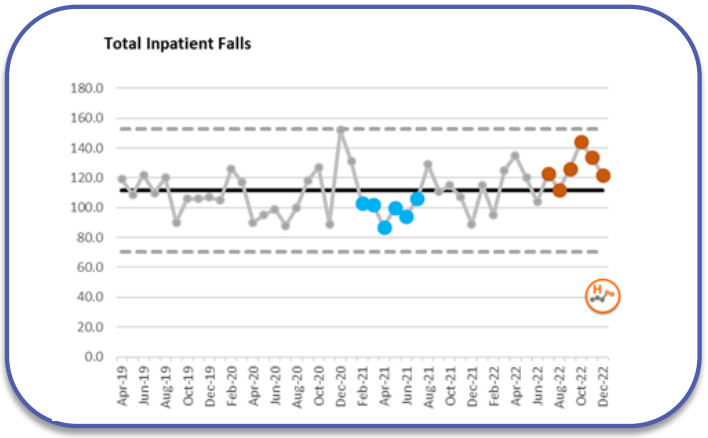
Current Assurance level (Quarter 3) Falls – Level 6	**When expected to move to next level of assurance** Quarter 2 2023/24
Previous assurance level (Quarter 2) Falls – Level 6	**SRO:** Jackie Edwards (Interim CNO)

Month 10 [January] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th Jan 2023

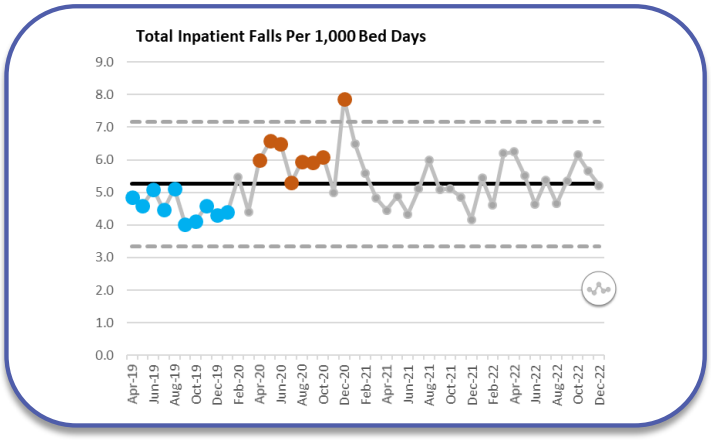
Total Falls

122



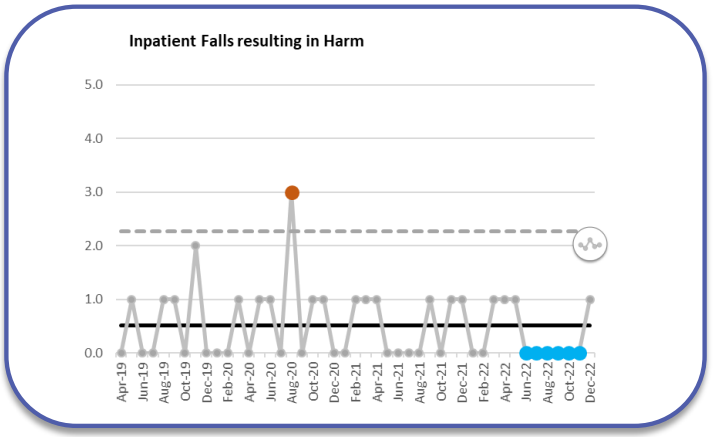
Total Falls per 1,000 bed days

5.21



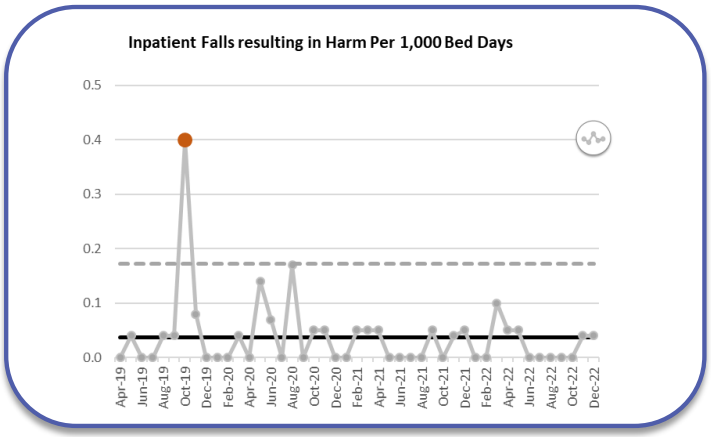
Total SI Falls

1



SI Falls per 1,000 bed days

0.04



2.1 Care that is Safe – Pressure Ulcers

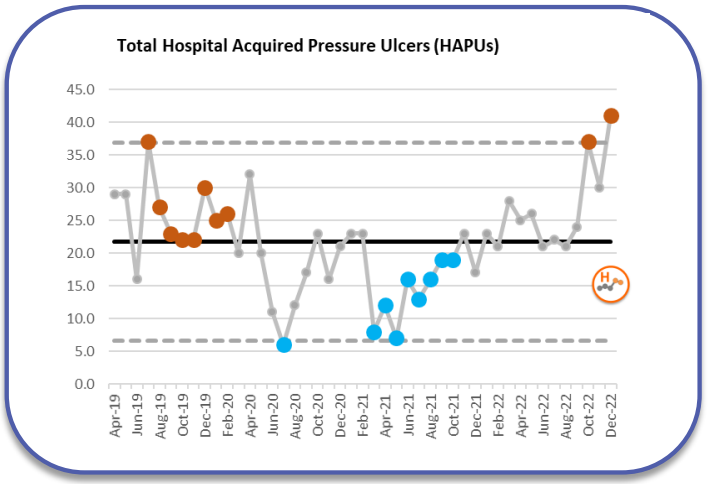
Total Hospital Acquired Pressure Ulcers (HAPUs)	Hospital Acquired Pressure Ulcers Causing Harm
Dec 2022	Dec 2022
	
What does the data tell us? **Total HAPU's** • The total number of HAPUs for Dec 22 increased to 41, and was above the in-month target of 19. • This metric is now showing special cause variation of concern. • We have breached our 22/23 to date trajectory by 73 HAPU's. **HAPU's causing Harm** • There were zero HAPUs causing harm in Dec 22. • We continue to be below our 22/23 to date trajectory by 2 HAPUs causing harm (actual 1 vs trajectory 3).	**What improvements will we make?** • Continued focus on national campaigns and local education through quality improvement plans at ward level. • Learning from Serious Incidents Actions • Bespoke tissue viability training with areas identified increased prevalence. • Advocate that Agency Staff P.U.P induction questionnaires are being implemented for assurance. • Continued Planned educational sessions for all staff (P.U.P training) continue to take place : to increase awareness and implement best practice . • Encourage staff attendance to all educational sessions to increase awareness. • system-wide discussions with County wide CCG a Task and Finish Group has been created to understand themes and trends and to undertake scoping exercise. As a result, a new PUP Resource training pack has been developed for community carers, nursing & residential homes in additional patient information Leaflet. "Think Skin …React to Risk • Promote and advocate robust documentation of patients preadmission / WMAS time scales to be investigated and documented in order to Reflect the high patient acuity and increased patient admissions.
Current Assurance level - 5 (Dec-22)	**When expected to move to next level of assurance** Q4; dependent on outcomes of improvements
Previous assurance level - 6 (Nov-22)	**SRO:** Jackie Edwards (Interim CNO)

Month 10 [January] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th January 2023

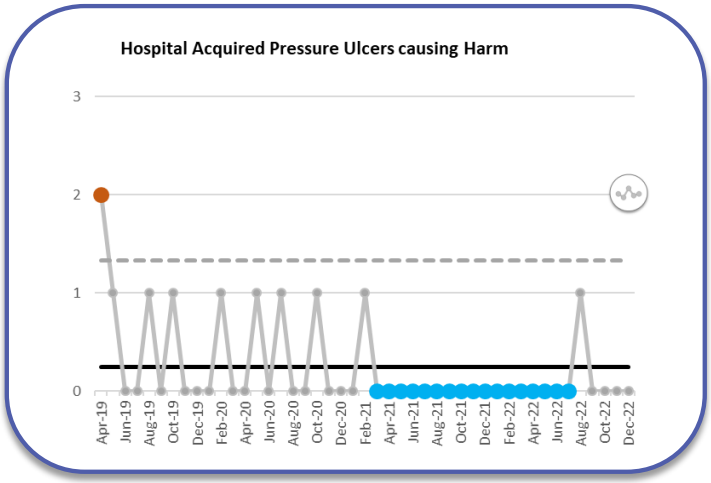
Total HAPU's

41



HAPU's Causing Harm

0



2.3 Care that is a positive experience – Friends and Family

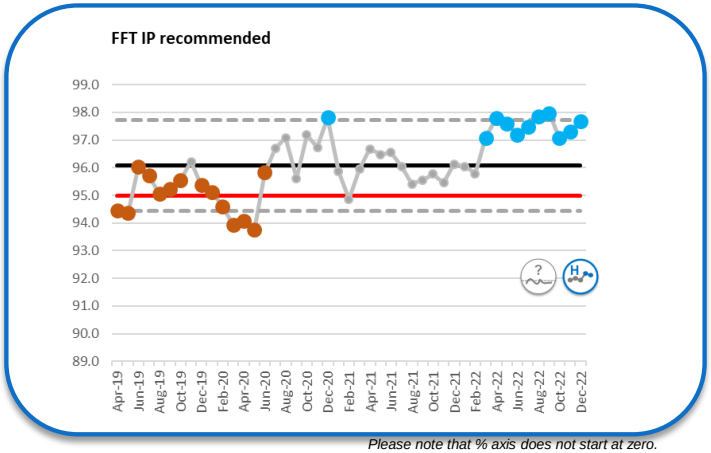
FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended
			
• The recommended rate for Inpatients achieved the target at 97.7 % in Dec-22, and this is the 22nd consecutive month compliance has been attained. The response rate dropped to 35.23, but was also above trust target. • The recommended rate for Maternity dropped in Dec-22, and was not compliant at 90.91%. The response rate also dropped in Dec-22 to 1.89%. It has not achieved the target of 30% since Jul-20, and has not reached double figures since Aug-21. • The recommended rate for Outpatients dropped slightly to 96.56% but still achieved the target. The response rate increased to 12.59 and was again above target. • The recommended rate for A&E increased to 86.15% but still failed to achieve the target. The response rate was virtually unchanged (16.16) and dropped below target for the 2nd consecutive month.			Improvements in maternity are in progression, driven by the Maternity Digital Nurse with advice/support from The Head of Patient, Carer and Public Engagement. This includes: • A poster campaign to advise women how to share feedback on the Badgernet App • Staff messaging to encourage staff to promote feedback and the App • New FFT push notifications (in development) as monthly reminders sent out to women who are using our services A proposed text messaging drive in Lavender Postnatal ward (pilot postnatal ward project due to go live on 09.01.2023) is on hold as requested by the Maternity Division. Current investigation led by the Division into protecting women's confidentiality. The new Patient Experience Lead Nurse will support developments and assurance in FFT (commenced in post in January 2023) including promotion of FFT cards to drive on response rate numbers. The Trust has signed up to the CQC Maternity Survey 2023 (Picker). The Trust continues to work in partnership with Maternity Voices partnership. The project approved by CETM is in development – to support the Trust to gain greater actionable insights from our FFT. Questions have been identified for the two test areas of UEC and Outpatients, a detailed project plan for delivery has been created and the Project team will meet in early January 2023 to agree a timeline for delivery and evaluation. Multi-department approach with IT and Information teams.
Current Assurance level – 5 (Dec-22) **Reason:** sustained improvement seen across areas however response rate remains low in maternity. Supportive actions have been progressed in Q3 and improvement is expected in Q4 2022-23-Q1 2023-2024.			**When expected to move to next level of assurance:** **Will be reviewed against Q4 data**
Previous assurance level – 5 (Nov-22)			**SRO:** Jackie Edwards (Interim CNO)

Month 10 [January] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as at 9th January 2023.

FFT Inpatient Recommended %

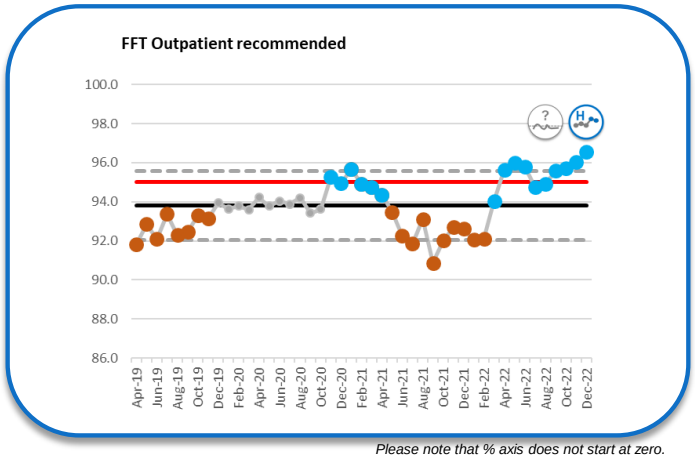
97.69



Please note that % axis does not start at zero.

FFT Outpatient Recommended %

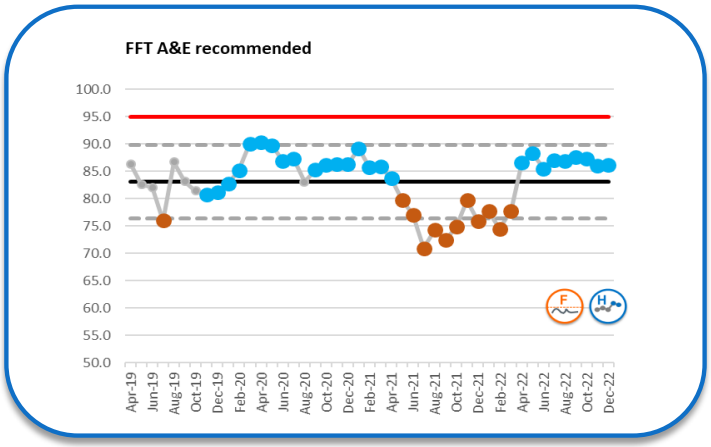
95.56



Please note that % axis does not start at zero.

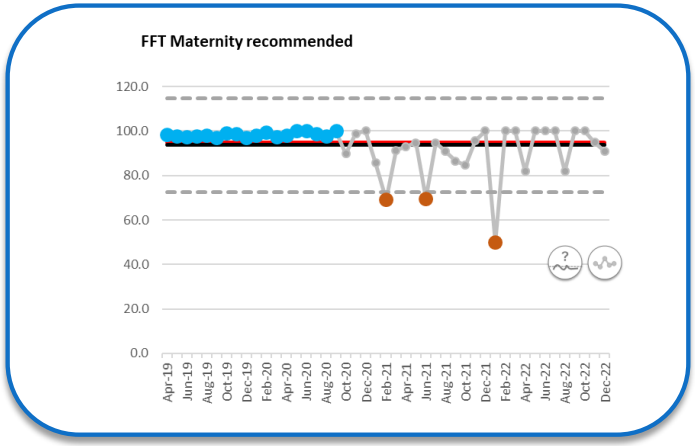
FFT AE Recommended %

86.15



FFT Maternity Recommended

90.91



2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days

What does the data tell us?	What improvements will we make?
• The % of complaints responded to within 25 days increased significantly in Dec-22 to 74%, but was still below target (80%). • This is the 4th consecutive month that the performance has improved, but also the 6th consecutive month the target has been missed. • Complaint numbers have remained increased but Divisional Teams have addressed their backlogs, with the exception of the Surgical Division who at the time of reporting have 38 cases in breach, accounting for 86% of the Trust total breaches, 67% of Surgery's own overall caseload, and almost one third of the Trust's total open cases	• The surgical Division are working to address this backlog following a period of unexpected leave for a number of staff and a vacancy in the Divisional Management Team; improvement for this Division will mean closing the backlog, which will negatively affect the performance percentage for January – given the large proportion of cases which are in breach, the impact on performance of any improvement work is likely to be significant. • If the Surgical backlog can be cleared in January/February, this should result in a return to target by the end of Q4.
Current Assurance Level – 5 (Dec-22) Reason: The high number of breaches is confined to one Division; this demonstrates that demand is greater but established processes are working – the rise has been caused by vacancies and absence at Divisional level	**When expected to move to next level of assurance:** Q4; dependent on reduction of backlog/incoming complaint numbers
Previous assurance level – 5 (Nov-22)	SRO: SRO: Christine Blanshard (CMO)

Month 10 [January] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Dec-22 as 9th Jan 2023

Complaints Responded to Within 25 Days (%)

74%