Trust Board Public

Tue 12 March 2024, 13:00 - 14:30

Agenda

13:00 - 13:00
0 min

1. Apologies for Absence

Information *Russell Hardy*

13:00 - 13:00
0 min

2. Declarations of Interest

Information *Russell Hardy*

Verbal

13:00 - 13:00
0 min

3. Minutes of Meeting held on 21st of December 2023

Decision *Russell Hardy*

Minutes Public Board Dec 23.pdf (7 pages)

3.1. Foundation Group Public Trust Board Minutes & Actions - 7 February 2024

Decision *Russell Hardy*

Draft Public FGB Minutes - 7 February 2024.pdf (16 pages)
FGB Public Actions Update Report - 7 February 2023.pdf (2 pages)

13:00 - 13:05
5 min

4. Matters Arising and Actions Update

Information *Russell Hardy*

TB Action schedule.pdf (1 pages)

4.1. Board Workshop Update

Information *Russell Hardy*

Verbal Update

13:05 - 13:35
30 min

5. Items for Review and Assurance

5.1. Chief Executive's Report

Information *Glen Burley*

CEO Board Report 0324.pdf (5 pages)

5.2. Integrated Performance Report

Information *Stephen Collman*

IPR Mar-24 (Jan-24_Data)_v0-1 (3).pdf (30 pages)

5.2.1. Quality

Information *Sarah Shingler*

5.2.2. Activity Performance

Information *Helen Lancaster*

5.2.3. Workforce

Information *Liz Faulkner*

5.2.4. Finance Performance

Information *NEIL COOK*

5.3. Perinatal Safety Report

Information *Justine Jeffrey*

- Perinatal Safety Report Jan 24 Final.pdf (17 pages)
- Perinatal app 1 Picker.pdf (9 pages)
- Perinatal app 2.pdf (6 pages)
- Perinatal app 3.pdf (11 pages)

5.4. Staffing Reports

Information *Sarah Shingler*

- Staffing report WAHT Covering Report Template March Board.pdf (2 pages)
- Midwifery Staffing.pdf (7 pages)

13:35 - 13:55
20 min

6. Items for Approval

6.1. Going Concern

Decision *NEIL COOK*

- Going Concern.pdf (5 pages)
- Going Concern Appendix A.pdf (2 pages)
- Going Concern Appendix B - 10_Point_Plan_Summary_and_List.pdf (8 pages)

6.2. Risk Management Framework

Decision *Sarah Shingler*

6.2.1. Risk Management Framework and Policy

Decision *Sarah Shingler*

- 20240306 - WAHT Public Board Covering Report Risk Framework.pdf (2 pages)
- 20240306 NEW risk-management-framework-policy-and-procedures DRAFT updated.pdf (28 pages)

6.2.2. Board Assurance Framework 2024/25 and Risk Appetite

Discussion *Erica Hermon*

- 20240329 WAHT Covering Report BAF and Risk Appetite.pdf (2 pages)
- 20240229 WAHT BAF as at 29 Feb 24 v2.pdf (8 pages)
- 20240111 WVT Risk Appetite Template.pdf (1 pages)

6.3. CNST 24/25

Decision *NEIL COOK*

- CNST Covering Report.pdf (2 pages)
- CAG - Contract Award Governance Report - CNST 2024.25.pdf (7 pages)

13:55 - 14:25
30 min

7. Items for Noting and Information

7.1. Committee Summary Reports

Information *Committee Chairs*

7.1.1. Quality Governance Committee

Information *Committee Chair*

Verbal Update

7.1.2. Audit & Assurance Committee

Information *Committee Chair*

A&AC Board Report.pdf (2 pages)

7.1.3. People & Culture Committee

Information *Committee Chair*

P&C Board Report.pdf (2 pages)

7.1.4. Financial Recovery Board

Information *Committee Chair*

Verbal Update

7.2. Committee Minutes

Information *Erica Hermon*

QGC Minutes 25 Jan.pdf (8 pages)
Audit Minutes 14 Nov.pdf (7 pages)
PC Minutes 5 Dec.pdf (15 pages)

7.3. Financial Recovery Board Terms of Reference

Decision *Erica Hermon*

FRB Terms of Reference_v2FINAL_.pdf (4 pages)

14:25 - 14:25
0 min

8. Any Other Business

Information *Russell Hardy*

14:25 - 14:25
0 min

9. Questions from Members of the Public

Discussion *Russell Hardy*

14:25 - 14:25
0 min

10. Date of Next Meeting - 9th April 2024

Information *Russell Hardy*

14:25 - 14:25

11. Acronyms

0 min

Information

Z Acronyms - updated 08.09.23.pdf (3 pages)

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON THURSDAY 21 DECEMBER 2023 AT 1:00 PM VIA MICROSOFT TEAMS AND STREAMED ON YOUTUBE

Present:		
Chair:	Russell Hardy	Chair
Board members: (voting)	Glen Burley	Chief Executive
	Simon Murphy	Non-Executive Director
	Dame Julie Moore	Non-Executive Director
	Karen Martin	Non-Executive Director
	Stephen Collman	Managing Director
	Sarah Shingler	Chief Nursing Officer
	Tony Bramley	Non-Executive Director
	Neil Cook	Chief Finance Officer
Board members: (non-voting)	Sue Sinclair	Associate Non-Executive Director
	Richard Haynes	Director of Communications and Engagement
	Jo Newton	Director of Strategy & Planning
	Vikki Lewis	Chief Digital Information Officer
	Michelle Lynch	NExT Director
	Tina Ricketts	Director of People and Culture
	Richard Oosterom	Associate Non-Executive Director
	Helen Lancaster	Chief Operating Officer
In attendance	Justine Jeffery	Director of Midwifery
	Jo Wells	Deputy Company Secretary
	Jo Ringshall	Healthwatch
	Erica Hermon	Company Secretary
	Jules Walton	Deputy Chief Medical Officer
	Allan Bailey	Associate Director of Clinical Governance, Patient Safety & Risk
	Jane Wardlaw	Compliance & Assurance Midwife
Public		Via YouTube
Apologies	Christine Blanshard	Chief Medical Director
	Colin Horwath	Non-Executive Director

109/23 **WELCOME**

Mr Hardy welcomed all to the meeting. The Board Workshop held earlier in the day focused upon flow, hospital acquired functional decline and also included a presentation on the Winter Plan and discussion on financial challenges.

From January 2024, Michelle Lynch will become an Associate Non-Executive Director at the Trust. Mr Hardy also said farewell to Tina Ricketts who would be leaving the Trust in February 2024 and was wished well for the future. Ms Ricketts was thanked for her time at the Trust and assistance with improved vacancy rates, wellbeing work and staff networks.

110/23 **ANY OTHER BUSINESS**

No further business was declared.

111/23 **DECLARATIONS OF INTERESTS**
There were no additional declarations pertinent to the agenda. The full list of declarations of interest is on the Trust's website.

112/23 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 19 OCTOBER 2023**
The minutes were approved.

RESOLVED THAT: The Minutes of the public meeting held on 19 October 2023 were confirmed as a correct record.

113/23 **ACTION SCHEDULE**
The actions were updated as per the log. Regular updates in relation to the Charter would continue to be reported.

Items for Review & Assurance

114/23 **CHIEF EXECUTIVE'S REPORT**
Mr Burley highlighted the following areas within his report:

- NHS Finance position and productivity challenge: There had been a request to the Treasury for more funding. Additional money was required to support the cost of industrial action and the elective threshold. The Trust faced huge cost pressures and meetings were taking place with the Regional and National teams to discuss consequences. A longer-term financial plan was being developed and would include improvements in flow and quality.
- Challenge was reported with relation to head count numbers and focus was on productivity.
- The Intelligent Board Guide was being rewritten.
- Thanks were extended to our volunteers for the work that they do and helping to improve care to patients.
- Leadership development programme work is underway.
- The staff psychological wellbeing service has now been given permanent funding.

Mr Murphy queried whether RAAC was a major issue. Mr Burley replied that the issue is the impact on the national capital budget for the NHS. The Trust had a minor issue at Kidderminster but there was concern that without any additional capital funding, priority will be given to other sites with bigger needs.

Mr Hardy reiterated thanks to volunteers.

RESOLVED THAT: The report was noted.

115/23 **INTEGRATED PERFORMANCE REPORT**
Mr Collman introduced the report and highlighted flow as an issue. The Trust remained in Tier 2 for urgent and emergency care and there was particular focus on ambulance waits.
2 areas within cancer are challenged – dermatology and urology. Teams were working with partners to make improvements but remained in Tier 1.
A good CQC rating for the maternity service was recently announced.

Operational Performance

Ms Lancaster referred to the Winter Plan and flow metrics, advising that Single Point of Access (SPOA) commenced at the beginning of December. There would be opportunity to challenge pathways for the benefit of patients.
A virtual ward programme (respiratory) was due to start in January with a view to getting patients home sooner.
Weekend working with junior doctors was being supported.
Extra capacity had been opened, consisting of 22 beds at Worcester and 15 at the Alex.
Current bed occupancy is 95%, therefore there was flow.
A positive position on DNA rates and PIFU was reported.
Challenges within urology cancer continued and mutual aid support was in place with Northampton. Plans to improve diagnostic pathways were underway. Skin/dermatology also remains challenged; however cancer is recovering across all other tumour sites.

Mr Murphy was pleased to hear that SPOA was now running and observed that clinical engagement has been highlighted as a risk in several areas of the report. Ms Lancaster informed that she was working with divisions to own the challenges and create plans for improvements.

Mr Oosterom asked for an update on tackling patient follow ups. Ms Lancaster replied that there is a backlog and teams were working through to understand the clinical risks.

Mr Cook informed that the Winter Plan isn't currently affordable by £400k, however mitigation plans were built on the right thing to do for patients and reducing length of stay. Mr Burley added that better managed urgent care would give elective capacity to ensure delivery on income targets.

Quality
Ms Shingler advised that hospital acquired pressure ulcers were declining and there were no escalations.

Mr Oosterom referred to the action plan for fractured neck of femur and asked for a progress update. Ms Walton replied that it is an area of ongoing concern. There had been an operational support challenge and issues with governance structures which will be reviewed again in the new year. Ms Lancaster added that there are capacity issues within the trauma footprint and that flow is key.

Mr Bramley asked for an update on the sepsis bundle. Ms Walton replied that the Trust was in the process of moving the screening process onto the new Electronic Patient Record (EPR).

People & Culture
Ms Ricketts updated that there had been an improvement in the trajectory of turnover and vacancy rate but a reduction in agency spend was not being seen. The workforce plan for this year was on track. Long-term sickness absence had improved, however short-term sickness had increased.
Work was underway with job plans and the job planning policy had been approved at Trust Management Board this week.

Mr Oosterom queried when improvements would be seen with job plans. Ms Ricketts would provide a timeline outside of the meeting following discussion with Execs. **Action.**

Ms Martin queried the level of confidence now the controls were in place for authorising bank or agency spend. Ms Ricketts replied that there was confidence with non-medical staffing but in regard to medical staffing, there is room for improvement. There are still a number of

retrospective requests being submitted. There is a lack of e-rostering support with medical staffing but regular audits are being completed.
Mr Burley stated that controls around agency and recruitment are reasonably solid and suggested a review at the Financial Recovery Board.

Finance & Performance
Mr Cook advised that agency and insourcing are a challenge.
A deficit of £34.9m was projected.
Divisions were targeting improvements in the run rate.
In terms of capital, frontline digitisation was continuing ahead of receipt of the Memorandums of Understandings. There is a potential risk of the lack of traction on money being received.
The impact of the financial position on cash is having an impact. The Trust is challenged with cash support from NHSE in a timely manner. The Trust supported additional cash applied for in Q4 of £14m.

RESOLVED THAT: The report was noted for assurance.

116/23 **PERINATAL SAFETY REPORT**
Mr Hardy congratulated the maternity team of the outcome of the CQC report.

Ms Jeffrey highlighted the following:
Perinatal mortality rate remains below average. A plan was in place to reduce stillbirths in year by 40% as part of the saving babies lives care bundle.
The new CQC action plan will form part of the report.
There had been a reduction in vacancies and turnover.
An increase in seasonal short term sickness was reported.
Maternity Support Workers (MSWs) is an area of concern but recruitment is underway.

Mr Hardy stated that the continuity of care service is exceptional and that the team are doing a great job.

RESOLVED THAT: The report was noted for assurance.

Items for Approval

117/23 **ADDRESSING THE SIGNIFICANT FINANCIAL CHALLENGES FOLLOWING INDUSTRIAL ACTION**
Mr Cook presented the revised projection to the end of the financial year.
The report had previously been presented to the Board outside of Committee meetings and was approved for central submission. Additional winter funding was included along with the costs of supporting industrial action.

Mr Burley emphasised the support to cover industrial action costs was prior to the industrial action announcement of further action that is taking place this week and during January.

RESOLVED THAT: The report was approved.

118/23 **PATIENT SAFETY INCIDENT RESPONSE PLAN**
Ms Shingler introduced the report and advised that it will replace the current Serious Incident Plan. The new framework had been running since October but would be formally adopted from January.

Ms Shingler sought approval of the new framework to submit to the Integrated Care Board (ICB) for approval.

Mr Hardy thanked Mr Bailey for the work undertaken.

RESOLVED THAT: The Patient Safety Incident Response Plan was approved.

119/23 **Clinical Negligence Scheme for Trusts (CNST) DECLARATIONS**

Ms Wardlaw presented the CNST report which applies to all Acute Trusts and relates to 10 requirements.

The Trust year 4 compliance status was reported as 2 out of 10 requirements. Significant progress had made this year and dedicated resource had been bought in to support the actions. The team had agreed that the Trust declares compliance with 9 out of the 10 requirements this year. Non-compliance was being declared with action 5 relating to midwifery workforce as the Trust did not achieve supernumerary status in 4 months of the reporting period. This was due to staff requirements to attend theatre to provide cover. A business case had now approved in order for this practice to cease.

The Local Maternity Neonatal System (LMNS) have completed a review and raised 3 enquiries which have been successfully responded to.

The trajectory for mandatory training has been changed from 4% per month to 6% to ensure that 90% compliance is met by July 2024.

Additional evidence will be provided within the Perinatal Report next month.
The LMNS programme has agreed that the Trust should declare 9 out of 10. The Trust was required to make the submission by 4th February. An action plan against action 5 will be submitted.

Mr Cook queried the deadline that the Trust needed to be compliant to achieve 10 out of 10 for next year. Ms Wardlaw replied that dates had not been released but it was anticipated to be around Spring. Ms Jeffery informed that by April, staff should be in place and trained. There was confidence that the Trust would be able to report 10 out of 10 next year.

Ms Martin referred to the trajectory and asked whether there was a level of confidence with staff capacity to achieve it. Ms Jeffrey replied that it will be a challenge for the first 6 months of the year. Days could be increased in the second half of the year.

RESOLVED THAT: The CNST Declarations were approved.

120/23 **MATERNITY SAFETY SUPPORT PROGRAMME**

Ms Jeffrey presented the report which outlined the current position including Ockenden and CNST recommendations. The Trust had met the majority of the actions outlined in the action plan. Any remaining are underway or are business as usual.

It was proposed that as the Trust have met the agreed level of achievement, it was recommended that a formal request to exit the programme is made.

RESOLVED THAT: The Maternity Safety Support Programme was approved.

Items for Noting and Information

121/23 **COMMUNICATIONS AND ENGAGEMENT REPORT**

Mr Haynes presented the report and extended thanks to teams for their work over the year. The report focused on areas that demonstrated the value of teams and tangible benefits. Discussions are underway regarding reshaping the narrative around the strategic direction of travel.

Continued focus was on building on the progress already made at a Place and system level including winter and home before lunch. Alignment approaches across the Trust such as staff recognition, upskilling colleagues and driving effective communications were included within the report.

Mr Murphy queried if there were any items of concern. Mr Haynes replied that all staff should be focused on making a contribution to reducing the run rate by constantly reviewing the priorities and focus on the 10 Point Plan.

Mr Burley gave thanks to the team.

RESOLVED THAT: The report was noted for assurance.

122/23 **COMMITTEE TERMS OF REFERENCE**

Financial Recovery Board Terms of Reference

Ms Hermon presented the Terms of Reference which were subject to further revision and would be presented at the next meeting for final approval.

RESOLVED THAT: The report was noted for assurance.

123/23 **COMMITTEE SUMMARY REPORTS AND MINUTES**

Foundation Group Board Minutes

Taken as read. Mr Hardy encouraged members of the public to attend.

Quality Governance Committee

Taken as read.

Audit & Assurance Committee

Taken as read.

People & Culture Committee

Ms Martin referred to the meeting held on 5th December and advised that Committee discussed Freedom to Speak Up and improving transparency of sharing of themes and outcomes. Mr Hardy stated that colleagues were encouraged to speak up on any issues.

RESOLVED THAT: The minutes were taken as read.

124/23 **ANY OTHER BUSINESS**

Mr Haynes advised that the Trust was running a Christmas appeal to raise £20k for day beds to support a better experience for families of loved ones, particularly at end of life care.

Mr Hardy wished everyone a very happy Christmas.

DATE OF NEXT MEETING
The next Public Trust Board will be held on Tuesday 12th March 2024.

Signed _____ Date _____
Chair

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams

GEH, SWFT, WAHT and WVT make up the Foundation Group Boards. Every quarter they meet in parallel for a joint Boards meeting. It is important to note that each Board is acting in accordance with its Standing Orders.

Present:

Russell Hardy	(RH)	Group Chairman
Chizo Agwu	(CA)	Chief Medical Officer WVT
Charles Ashton	(CAs)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Richard Colley	(RC)	NED SWFT
Neil Cook	(NC)	Chief Finance Officer WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Paramjit Gill	(PG)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WHAT (present from minute 24.013)
Julie Houlder	(JH)	NED and Vice Chair GEH
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Chief Digital Information Officer WAHT
Kim Li	(KL)	Chief Finance Officer SWFT
Michelle Lynch	(ML)	Associate NED (ANED) WAHT
Anil Majithia	(AM)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Dame Julie Moore	(JM)	NED WAHT
Richard Oosterom	(RO)	ANED WAHT
Simon Page	(SP)	NED and Vice Chair SWFT (present from minute 24.009)
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Naj Rashid	(NR)	Chief Medical Officer GEH
Jo Rouse	(JR)	NED WVT
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
Nicola Twigg	(NT)	NED WVT
Sue Whelan Tracy	(SWT)	NED SWFT
Umar Zamman	(UZ)	NED GEH

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)

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In attendance:

Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
Julian Berlet	(JBe)	Deputy Chief Medical Officer WAHT (present from minute 24.012)
Ellie Bulmer	(EB)	ANED WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Richard Haynes	(Rha)	Director of Communications WAHT
Mark Hetherington	(MH)	ANED GEH
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Suzi Joberns	(SJ)	Deputy Chief Finance Officer WVT (deputising for the Chief Finance Officer)
Rosie Kneafsey	(RK)	ANED GEH
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KL)	Communications Officer WAHT
Jo Newton	(JN)	Director of Strategy and Planning WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH/SWFT
Peter Orton	(PO)	Communications Officer WAHT
Jackie Richards	(JR)	ANED GEH
Tina Ricketts	(TR)	Director of People and Culture WAHT
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS	Chief Operating Officer GEH
Leigh Tranter	(LT)	Communications Manager SWFT
Jules Walton	(JW)	Deputy Chief Medical Officer WAHT

There were six SWFT Governors, and two guest observers in attendance. There were no members of the pubic in attendance.

MINUTE		ACTION
24.001	**APOLOGIES FOR ABSENCE** Apologies for absence were received from: Sarah Collett, Trust Secretary GEH/SWFT; Simone Jordan, NED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Katie Osmond, Chief Finance Officer WVT; Bharti Patel, ANED SWFT; and, David Spraggett, NED SWFT. **Resolved – that the position be noted.**	
24.002	**DECLARATIONS OF INTEREST** The Chief Finance Officer for GEH declared that he had been made the appointed NED for Innovate Healthcare Services Ltd.	

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MINUTE		ACTION
	Dame Julie Moore (NED WAHT) declared that she had been appointed as Chair of Health Data Research UK. **Resolved – that the position be noted.**	
24.003	**GEH PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023** Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes. **Resolved – that the GEH public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
24.004	**SWFT PUBLIC MINUTES OF THE MEETNG HELD ON 1 NOVEMBER 2023** Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes. **Resolved – that the SWFT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
24.005	**WAHT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023** Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes. **Resolved – that the WAHT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
24.006	**WVT PUBLIC MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023** Mrs Martin (NED WAHT) noted that she was marked as in attendance at the 1 November 2023 meeting rather than in the apologies section. She requested that this be amended to the minutes. **Resolved – that the WVT public Minutes of the meeting held on 1 November 2023 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
24.007	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.007.01	Chairman's Remarks	

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
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Public Minutes of the Foundation Group Boards Meeting
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MINUTE		ACTION
	The Group Chairman started the meeting by informing the Foundation Group Boards of the sad passing of Winston Crasto, Consultant and Clinical Director of Medicine for GEH. He explained how Winston was a loved colleague and would be greatly missed by all who worked with him. The Group Chairman passed on his sincere condolences to Winston's family. **Resolved – that the position be noted.**	
24.007.02	Foundation Group Performance Report (minutes 23.058 and 23.080.01 refers) The Managing Director for WVT confirmed that the cancer diagnosis following ED attendance data had been received. This would be included in the next Foundation Group Performance Report at the May 2024 meeting. **Resolved – that the cancer diagnosis from ED attendance be included in the May 2024 performance report.**	**MDs**
24.007.03	Deep Dive into Additional Performance Measures – Theatre Productivity (minute 23.060 refers) The Chief Operating Officer for WVT confirmed that work was ongoing to record theatre utilisation data by cost per minute rather than by a percentage. He confirmed that this should be available in time for the May 2024 meeting. **Resolved – that the Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.**	**COOs**
24.007.04	Gender Pay Gap Annual Report (minute 23.084 refers) The Chief Operating Officer for SWFT/GEH confirmed that a detailed breakdown as to the female to male pay gap by professional group and from across each of the nine protected characteristics had been shared with the individual organisations. **Resolved – that the position be noted.**	
24.008	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chairman provided an overview of the Foundation Group Boards Workshop and Cyber Security Training that had taken place in the morning prior to Foundation Group Boards. He explained that there had been a session on productivity from Lord Patrick Carter of Coles, and an important progress update on South Midlands Pathology which would improve pathology services for patients. The Group Chairman took the time to urge the public and members of the Foundation Group Boards to protect themselves online by updating their	

MINUTE		ACTION
	passwords, using a password manager where possible and not using the same or easily guessed passwords. **Resolved – that the position be noted.**	
24.009	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT presented the WVT update on performance to the Boards. She explained that the Emergency Department (ED) continued to be an area of concern, however performance was average compared nationally. With that said there had been an unannounced Care Quality Commission (CQC) visit in December that raised serious concerns about safety and reinforced that a congested ED was not a safe ED. The Managing Director for WVT explained that WVT's ED had been the subject of continuous redesign since Covid-19 but that the CQC had identified that the pathway didn't work effectively and consistently when faced with a congested department. She assured the Boards that WVT had responded to the initial safety concerns, partly by increasing the staffing level, but also by implementing operational digital dashboards. The Managing Director for WVT continued that the main cause of the congestion through ED was due to what was going on outside ED. She explained that a summit with the senior clinical teams and managers in the Trust had taken place to investigate why the department had become so busy since Covid-19, going from a 20 bed deficit to nearer a 60 bed deficit on a daily basis. The Managing Director informed the Boards that there were three main drivers: a growth in demand; a growth in length of stay; and, the medically fit for discharge (MFFD) cohort changing. She added that the prioritisation moving forward to address these issues would be industrialising Virtual Wards and implementing simplifying access into the community services, maximising Same Day Emergency Care (SDEC) and working with colleagues around Discharge to Assess (D2A) pathways. Added to this was the need to look at the broader demand and capacity analysis against the acute bed capacity. The Managing Director for WVT also highlighted that WVT's faster diagnosis standard had improved further since the figure in the Boards report and was now at 73 per cent in December and WVT had maintained that for January 2024. She went on to explain that this was nearing national average and would also start to improve the 62 day referral to treatment target for cancers. The Managing Director concluded by expressing that she was proud that despite the congestion in the hospital and ED, the Trust had managed to maintain their mortality statistics and were best in the Foundation Group in this area. She did provide the Boards with a warning that WVT's mortality indicators would be affected over the next 6-12 months once the SDEC coding was changed in April 2024. The Group Chairman invited questions and perspectives, and of particular note were the following points.	

MINUTE		ACTION
	Mr Oosterom (NED WAHT) queried about what it would take to scale up Virtual Wards. The Managing Director for WVT explained that it was about implementing it across all of the Trust's specialties but also aligning it more effectively to the community urgent response team and the right clinical advice at the right point of a patient's pathway. The Group Chief Executive added that following conversations with one of the National Urgent and Emergency Care Leads, there was recent analysis in the Health Service Journal (HSJ) that virtual wards were not that cost effective, however this was due to the scaling issue. One of the suggestions was to use Virtual Wards as a way of getting all patients home first more rapidly, and all specialties or wards have a cohort of patients that they are caring for in the community. He explained that this would help facilitate the earlier discharge and in turn improve outcomes. The Group Chief Executive felt that Virtual Wards was a big opportunity and something that the Foundation Group should be using to avoid admission as much as possible. The Managing Director for SWFT presented the SWFT update on performance to the Boards. He highlighted that ED had been a challenge for SWFT following a difficult winter, which had resulted in a drop in ED performance especially ambulance hand over time and 4hr performance. However, SWFT remained well within national average for ED performance and the drop had been due to a number of factors. The Managing Director for SWFT went on to explain that these factors included an increase in attendances to ED, around 20 per cent of ambulance activity being from out of area, occupancy had remained high in the hospital which had also impacted flow through ED. He highlighted that despite these challenges the Trust remained in a better place compared to previous winters which demonstrated the learning that had taken place. The Managing Director for SWFT took the time to thank community teams for their support in diverting patients away from ED and supporting with some of the urgent care needed within the community. He explained that this was reflected through the intention to award the Trust with the new Lead Provider for Community Integrator Services in Warwickshire. The Managing Director for SWFT highlighted the work that had taken place to sustain the 28 Day Faster Diagnosis Standard in Cancer Services, which had been sustained despite a large increase in two week wait (2ww) referrals. He explained that work was ongoing in the system regarding the Referral to Treatment (RTT) standards and remained a focus area. The Managing Director for SWFT thanked the work of the Trust's Theatre's, Endoscopy and ENT teams for sustained and increased theatre utilisation. The Group Chairman invited questions and perspectives, and of particular note were the following points. Mrs Whelan Tracy (NED SWFT) informed the Managing Director for SWFT that she was continuing to be made aware of information suggesting that there were safety concerns from patients in a South Warwickshire area still waiting their first Oncology appointment. She queried whether there was any assurance around this matter that could be given and whether it had been raised with the CQC. The Managing Director for SWFT explained that this did remain an area	

MINUTE		ACTION

of concern and focus for SWFT, however the concerns were not being seen through complaints but that didn't mean it was not being picked up or focused on. He assured the Boards that the Trust always have and continue to maintain dialog with the CQC over cancer and cancer issues. The Chief Nursing Officer for SWFT added that she met with the CQC on a monthly basis informally and shared the Trust's concerns about oncology during these meetings. She added that there was a monthly System Quality Review Meeting which was a formal meeting where she had also repeatedly raised her concerns over Oncology for the Trust and the system, and the CQC were supporting the Trust with those conversations.

The Managing Director for GEH presented the GEH update on performance to the Boards. She started by informing the Boards that GEH's ED performance remained challenged, and performance was expected to drop following a particularly challenging few weeks. The Managing Director for GEH expressed her apologies to GEH patients for the pressures faced and thanked the teams at GEH for ensuring safe care in such challenging circumstances. The Managing Director for GEH went on to discuss the mortality indicators for GEH and the Standard Hospital Mortality Indicators (SHMI) between August and July 2023 which were higher than expected, however this had returned back into normal range. She explained that previously staff sickness levels had been a challenge and whilst this was still an area of focus, absence was starting to reduce across the Trust. The Managing Director for GEH informed the Boards that Cancer performance was the Trust's biggest challenge despite the ED challenges, and the faster diagnosis standard had been affected significantly in December 2023. She explained that this was due to the fragility in the Urology workforce but also the high number of 2ww referrals into Breast Cancer. The Managing Director for GEH took the time to thank both SWFT and University Hospitals Coventry and Warwickshire (UHCW) who had supported GEH with this work. She assured the Boards that these had now improved and that the Trust was aiming to get to 75 per cent by March 2024 which was the national standard.

The Managing Director for GEH added that Elective work continued to improve and despite the challenges Elective work had maintained throughout January and into February 2024. She noted that RTT had slipped however work was underway to determine what could be done in house and what they needed to link in with partners on.

The Group Chairman invited questions and perspectives, and of particular note were the following points.

Mr Zamman (NED GEH) queried whether mortality rates were being monitored by deprivation considering that the Foundation Group were focusing on health inequalities and prevention. The Managing Director for GEH assured Mr Zamman that mortality was measured in two different ways, and they do take into account deprivation as part of that measure.

MINUTE		ACTION
	The Managing Director for WAHT presented the WAHT performance update to the Boards. He started with ED and explained that the Trust were working with community partners to develop their single point of access which was part one of the Trust's strategy to grow SDEC areas. The Managing Director for WAHT explained that ambulance handover delays continued to be a problem, especially at weekends and a large focus continued to be on improving this. The Managing Director for WAHT highlighted that flow continued to be an issue for WAHT and was the main issue driving metrics down, however the underlying reason of the issues relating to flow stemmed from the Frailty Model and General Medicine. A significant amount of work was taking place to restructure these areas in the short and medium term. The Managing Director for WAHT added that Cancer performance remained a key area to improve for WAHT with concerns specifically around Urology and Dermatology. He continued that WAHT had commissioned an external review into Urology to look at a pathway design and the report following this review had just been received back. WVT had been supporting WAHT with Dermatology and the Managing Director for WAHT expressed his thanks to those teams and highlighted the benefit of the Foundation Group, especially around improving fragile services. He concluded by informing the Boards that Elective work continued to be challenged however the Trust was looking into mutual aid options and internal capacity. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive highlighted that one of the challenges at the moment is ensuring we are delivering on the 76 per cent performance during March and there is a lot of effort from all Trust in the group on that. But this report has a lot of informative information to highlight variation across the trust. Variation is quite stark in the theatres utilisation across the group so he encouraged the COOs to make connections with the teams that are leading on this to ensure each trust was getting value out of that capacity as it will not only help financially but improve performance. The Group Chairman took the time to apologies to WAHT employees for the current staff car parking set up. He offered assurance that discussions and work were taking place behind the scenes to try and resolve staff parking issues as priority and that in the meantime WAHT staff would not be being charged for car parking. The Group Chairman also thanked all of the Foundation Group's front line teams for their continued efforts to provide safe, effective care. **Resolved – that** **A) The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice, and** **B) the Foundation Group Performance report be received and noted.**	**COOs**

MINUTE		ACTION
24.010	**GROUP ANALYTICS UPDATE** The Chief Finance Officer for GEH informed the Boards that progress continued to be made with Group Analytics Programme, however this had slowed down due to the pressures faced across the Foundation Group. He highlighted that the Group Analytics Board had been developing the capacity and capability of the informatics function, and the key element had been developing the Group Informatics Forum which enabled Informatics colleagues to share best practice between themselves. The Chief Finance Officer for GEH explained that Power BI had also been implemented as part of the Foundation Group's reporting tools to give access to the latest reporting technology. Each Trust were at different stages of developing reporting dashboards through Power BI, however developing them had been more challenging than envisioned and work was taking place to try and streamline the process. The Chief Finance Officer for GEH informed the Boards that work continued regarding making sharing data across the Foundation Group easier, which in turn would help the Informatics teams with their workload. The Chief Finance Officer for GEH highlighted was the adding of kite marks to the metrics, the deadline to complete this work had been pushed back slightly from March 2024 to June 2024. Finally he took the time to thank colleagues for attending the Informatics Workshops and thanked WAHT Informatics colleagues for joining the Group Analytics Board and Informatics team so seamlessly, and expressed what a welcomed member of the Group they were. Moving forward the Group Analytics Board would start to focus on developing an information led culture across the Foundation Group, which would start with developing teams and using informatics to drive decision making. The Group Chairman invited questions and perspectives, and of particular note were the following points. Mr Oosterom (NED WAHT) thanked the Chief Finance Officer for GEH for a comprehensive overview and expressed how important the Informatics work was to ensure operational excellence. He explained that there seemed to be an issue with lack of resources to support each Trust's change programmes across the Foundation Group and was there a way to draw on everyone's skills across the Group to solve this. The Chef Finance Officer for GEH expressed that there had been discussions regarding how to utilise collective expertise across the Foundation Group in terms of analytics. The Group Chief Executive offered additional assurance that the Chief Digital Transformation Officer for WAHT would be supporting that work moving forward following a discussion at Foundation Group Strategy Committee which was detailed in the Foundation Group Strategy Committee report in the meeting papers. Mr Murphy (NED WAHT) queried whether AI and Robot automation not being a priority in regard to upcoming work would have an impact. The Chief Finance Officer for GEH explained that AI hadn't been a priority for the last couple of years, however moving forward it does need to be picked up again and is something we are looking into regarding how that links in with the digital	

MINUTE		ACTION

agenda. The Chief Digital Transformation Officer for WAHT explained that AI was broader than analytics and would be being picked up through the innovation work that was on the upcoming digital agenda.

Resolved – that the position be noted.

24.011 **MUTUAL AID FOR ELECTIVE PATIENTS DEEP DIVE**

The Chief Operating Officer for SWFT explained that, post Covid-19, waiting lists had increased substantially and recovering this had been a challenge. As a way of resolving the recovery challenge there had been a national push to look into mutual aid across systems and regions to bring down backlogs. Working as a Foundation Group had been beneficial and had been easier to facilitate and progress patients. The Chief Operating Officer for SWFT explained that a monthly Foundation Group Operational Group had been set up to discuss any operational issues, but it also meant that each Trust could understand each other's priorities and upcoming work. She continued, that further to this there was a fortnightly mutual aid meeting where specialties that needed support would be discussed and appropriate processes but in place. However, in addition to this, the meetings had also enabled the operational teams across the Foundation Group get to know each other and build working relationships. This had resulted in solutions being put in place in a timelier manner, and therefore supported the reduction of waiting times for patients which had been key.

The Chief Operating Officer for WAHT shared a patient success story from ITV News with the Boards. The success story shared how a patients surgery waiting time had reduced from 3 years to 2 weeks, and the Chief Operating Officer for WAHT explained that it highlighted why using resources across the Foundation Group better was the right way forward for patients. She went on to explain that putting the process in place to enable mutual aid across the Foundation Group wasn't easy and there were challenges that still needed to be resolved, these included being able to provide consistent pre-operative care for patients transferred mid-pathway, asking patients to travel or attend virtual appointments due to being unable to dispatch staff to patient areas following the increase in services demand, claiming income from the Welsh NHS system for patients who reside in Wales, and a lot of patients were not wanting to travel for treatment especially for major surgery due to the distance home, being away from friends and family and the post-op follow up visits. The Chief Operating Officer for WAHT informed the Boards that processes were also proving challenging, such as agreeing a standardised clinical criteria for listing for surgery, clearance of the 65ww and 78ww, contacting patients and administrative challenges, and managing patient expectations if the mutual aid offer was unsuccessful or the patient was unable to travel.

The Chief Operating Officer for WAHT highlighted that harmonisation of waiting lists at a Group level was the focus moving forward. She explained that waiting lists continued to rise and harmonising these across the Foundation Group would enable these to be managed more effectively and get patients seen

MINUTE		ACTION
	quicker. The Chief Operating Officer for WAHT added that the Foundation Group Operational meetings would continue to take place for improving performance opportunities, and to explore whether post-operative care could be carried out closer to the patient's home if their treatment/operation took place out of area. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chairman thanked all the Chief Operating Officers, Chief Medical Officers and Chief Nursing Officer's from across the Foundation Group for the time and effort being put into make this work for patients. The Group Chief Executive expressed that it was interesting to see the reciprocation between the organisation to address the back logs. However, he highlighted that eventually the goal should be that each organisation was optimising their capacity and meeting local catchment area volumes, so patients weren't being asked to travel. Mrs Martin (NED WVT) emphasised the importance of working with community colleagues to support patient transport needs which could help with uptake when mutual aid was out of area for the patient. **Resolved – that the Mutual Aid for Elective patients deep dive be received and noted.**	
24.012	**SAFE STAFFING OVERVIEW (TO INCLUDE NURSE PER BED RATIO)** The Chief Nursing Officer for WAHT presented the safe staffing overview to the Boards. She explained that over recent months the Chief Nursing Officers from across the Foundation Group had been working together to standardise the Key Performance Indicators (KPIs) around safe staffing and standardise how these were reported. The Chief Nursing Officer for SWFT explained that Nurse staffing at SWFT had been a challenge for the last three months, with on average 20 extra beds requiring staffing. On top of this she explained that SWFT were seeing higher acuity patients requiring additional staff. There had also been more mental health patients needed to be cared for in an acute setting would require additional staff due to the lack of tier 3 mental health provisions, SWFT were in contact with the Coventry and Warwickshire system colleagues to resolve these pathway issues. The Chief Nursing Officer for SWFT continued that the Trust had seen a higher than usual vacancy rate in paediatric nursing, and work was taking place to find a solution. Despite this SWFT agency spend had reduced and this was due to the focus around recruitment and retention that had taken place and challenging the use of agency Nurses which came at premium cost. The Chief Nursing Officer for SWFT assured the Boards that	

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there had been no correlation in the harm related to unsafe staffing which was reassuring to the Trust but also the public.

The Chief Nursing Officer for WVT provided an overview for WVT, explaining that staffing levels were safe however this was not being achieved at the best value for money or quality of care due to having to rely heavily on agency and temporary workforce. She added that this was due to budgets not aligning with the establishments, despite vacancy's being low. Due to this there was a need for 20 whole time equivalents (wte) on top of current staffing levels to ensure patient safety was met. This was a continuous issue and had been for around two years due to the bed occupancy remaining high. Therefore a paper had been submitted to the Trust's Management Board to align budgets with the establishment needs and recruit substantive nurses, and in turn improve value for money and quality of care.

The Chief Nursing Officer for GEH explained that GEH along with the other Trust's in the Foundation Group, had extra patients being bedded above planned figures. This was averaging around 32 extra a day, and required 28wte Nurses and 14 Health Care Support Workers (HSWs) to ensure patient safety was met. Despite these challenges she was pleased to report that the Trust's agency spends had reduced and they hadn't had to use off framework agencies since July 2023. The Chief Nursing Officer for GEH explained that the Trust's specialist area's used the most agency staff, however this was still higher than ideal and moving forward there would be a focus on staff retention. She informed the Boards that staffing levels were considered daily and as part of all incidents reported, and she was pleased to report that despite staffing challenges and bed occupancy, harm levels had not been affected. Finally, the Chief Nursing Officer for GEH explained that the dashboard in the report showed GEH's care hours per patient as the lowest in the group and offered assurance that she was working with her teams to improve those levels.

The Chief Nursing Officer for WAHT echoed the other Chief Nursing Officer's challenges with bed occupancy and staffing challenges. However, she was pleased to report that there had been a reduction month on month in regard to agency spend and she had been linking in with WVT on how to improve WAHT's vacancy rates. The Chief Nursing Officer for WAHT highlighted that WAHT had not had any falls with harm and was proud of the Trust's harm indicators in general at the moment. Moving forward over the next four to eight weeks there would be a focus on nurse to bed ratios and how to improve that figure, as well as looking at the opportunities with Registered Nurse Associates (RNAs) and skill mix revies.

The Group Chairman invited questions and perspectives, and of particular note were the following points.

The Group Chief Executive thanked the Chief Nursing Officers for an interesting report and explained how fascinating he had found the comparison across the Foundation Group on Nurse Staffing. He explained that going forward it would be good to see Bank Staff and Agency Staff separated in terms of temporary

MINUTE		ACTION
	workforce. This was due to Bank Staff being essential to managing rotas in a good way, whereas Agency were wanting to be avoided. The Group Chief Executive expressed that the Safer Staffing toolkit was also something to be mindful of, as this didn't consider the experience of staff but just the number of staff. He also noted that it was interesting to see areas that had a low vacancy rate but were still requiring additional staff, which would indicate that the staffing budget for that area was too low. The Managing Director for GEH queried with the Chief Nursing Officer for GEH whether the incident figure was correct in the dashboard. She queried this due to the Trust having the highest vacancy rate and lowest care hours per patient. The Chief Nursing Officer for GEH agreed that the figures seem incredibly low for November and December 2023. She felt this was due to several factors, one being improving the vacancy rate around that time, but also it was likely that there had been under reporting of incidents on Datix. **Resolved – that the safe staffing overview including nurse per bed ratio be received and noted.**	
24.013	**EQAULITY UPDATE – NHS EQUALITY DELIVERY SCHEME (EDS 2022)** The Group Chairman took the time at the start of the EDS update to say thank you to the Director of People and Culture at WAHT as this would be her last Foundation Group Boards before leaving WAHT. He thanked the Director of People and Culture at WAHT for the phenomenal efforts that she had put in for several years at WAHT and wished her well in her future endeavours. The Chief People Officer for GEH/SWFT presented the EDS update to the Boards. She explained the EDS is well known in the NHS since 2011. It was updated most recently in 2022 and was essentially an improvement framework to improve services for patients but also staff to create and open and inclusive culture, meeting obligations under The Equality Act 2010 and the Public Sector Equality Duty. She explained that there were 11 outcomes across three domains that were required to be reviewed and published from March 2024. The three domains were Commissioned or Provisioned Services, Workforce Health and Wellbeing and Inclusive Leadership. The Chief People Officer for GEH/SWFT informed the Foundation Group Boards that it was set out in the basis of the guidance that key stakeholder groups should be included, with a wide frame variety of people inputting including the public, patients, staff, trade unions, HR professionals and staff networks. She assured the Boards that the work had been undertaken in each Trust and was pleased to report that there were no areas across the Foundation Group with underdeveloped activity against the EDS. The Chief People Officer for GEH/SWFT added that there was plenty of opportunity from the review to share and learn across the Foundation Group to improve equality system. The Group Chairman invited questions and perspectives, and of particular note were the following points.	

MINUTE		ACTION
	Mrs Whelan Tracy sought assurance that the three services reviewed in the EDS report captured citizens from identity groups which were harder to reach. The Chief People Officer for GEH/SWFT confirmed that she would look into this further, however assured the Boards that the review would continue to expand each year capturing both community and acute services as part of the review. The Managing Director for WVT queried whether the thresholds and criteria were being applied in the same way across the Group, and it was agreed that this would be picked up outside of the meeting. The Managing Director for WAHT recommended that a peer network be set up as part of the EDS review as it would be very easy to have a biased view against your own service and organisation. **Resolved – that** **A) the Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group, and**	**CPOs**
	B) the Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased, and	**CPOs**
	C) the Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach, and	**CPOs**
	D) the Equality update be received and noted.	
24.014	**FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS 2024/25 FOR APPROVAL** The Foundation Group Boards approved the 2024/25 Foundation Group Boards Schedule of Business and noted that it would continue to mature as the meeting developed. **Resolved – that Foundation Group Boards Schedule of Business for 2024/25 be approved and ratified.**	
24.015	**FOUNDATION GROUP STRATEGY COMMITTEE ANNUAL REPORT 2022/23** The Foundation Group Boards received and noted the Foundation Group Strategy Committee Annual Report for 2022/23. **Resolved – that the Foundation Group Strategy Committee Annual Report for 2022/23 be received and noted.**	
24.016	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 16 JANUARY 2024**	

MINUTE		ACTION
	The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting on the 16 January 2024. The Group Chairman highlighted in particular the Group Job Planning discussion and how to move forward with job plans focused on demand and capacity. The Group Chairman also drew attention to the Group Digital Scope Proposal that would see the Chief Digital Transformation Officer for WAHT take on a Group leadership position in digital transformation moving forward. **Resolved – that the Foundation Group Strategy Committee report from the meeting held on the 16 January 2024 be received and noted.**	
24.017	**ANY OTHER BUSINESS** There was no further business discussed. **Resolved – that the position be noted.**	
24.018	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
24.018.01	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'Is it considered appropriate for there to be more Executives appointed jointly to different Trusts to develop more Group actions, or is the appointment of executives to single Trusts the best way to deliver improvements in each of the Group Trusts?'* The Group Chief Executive explained that the Foundation Group model worked across the four Trusts because accountability sat with the individual Chief Officer's of each Trust. He continued that whilst there were Group level roles, these were advisory, and accountability still sat with the individual Chief Officer's the same way it does when an individual Chief Officer leads on something on behalf of the Foundation Group. **Resolved – that the position be noted.**	
24.019	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
24.020	**APOLOGIES FOR ABSENCE**	
24.021	**DECLARATIONS OF INTEREST**	
24.022	**GEH CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**	
24.023	**SWFT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**	

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
WYE VALLEY NHS TRUST (WVT)

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 7 February 2024 at 1.30pm via Microsoft Teams

MINUTE		ACTION
24.024	**WAHT CONFIDENTIAL MINUTES OF THE MEETING HELD ON 1 NOVEMBER 2023**	
24.025	**WVT CONFIDENTIAL MINUTES OF THE MEETING HELD ON THE 1 NOVEMBER 2023**	
24.026	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.027	**STAFF SURVEY**	
24.028	**FOUNDATION GROUP OBJECTIVES**	
24.029	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 18 OCTOBER 2023**	
24.030	**ANY OTHER BUSINESS**	
24.031	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on 1 May 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman) Date: 1 May 2024
Russell Hardy

SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST GEORGE ELIOT HOSPITAL NHS TRUST

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
WYE VALLEY NHS TRUST

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING - 7 FEBRUARY 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023), 23.058 (02.08.2023) and 24.007.02 (07.02.2024) Foundation Group Performance Report	The Managing Directors ensure analysis takes place to compare cancer diagnosis from ED attendance across each Trust.	J Ives / A Carson / C Free / S Collman	Update from Foundation Group Boards on the 7 February 2024 – that the data had been received and would be included in the May 2024 meeting report.
23.060 (02.08.2023) and 24.007.03 (07.02.2024) Deep Dive into Additional Performance Measures – Theatre Productivity	The Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage.	H Heran / R Snead / A Parker / H Lancaster	Chief Operating Officers are in the process of recalculating theatre productivity to include an indication of the resource cost per unit.
24.009 (07.02.2024) Foundation Group Performance Report	The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice.	H Heran / R Snead / A Parker / H Lancaster	
24.013 (07.02.2024) Equality Update – NHS Equality Delivery Scheme (EDS 2022)	The Chief People Officers ensure that the EDS review thresholds and criteria were being applied the same way across the Foundation Group	G Nic Philip / G Etule / T Ricketts	

	The Chief People Officers look at setting up a peer network as part of the EDS review process due to the risk of unconscious biased. The Chief People Officers ensure that the three services in the EDS report captured citizens from groups which were harder to reach.		
REPORTS SCHEDULED FOR FUTURE MEETINGS			

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
21/12/23	Integrated Performance Report	115/23	Mrs Ricketts to provide a timeline regarding job plans following discussion with Executives.	TR	March 2024	March 2024	Complete.	

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**12/03/2024**
Title of Report:	Chief Executive Officer's Report
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Other
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Executive**
Author:	Glen Burley, Chief Executive
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

This report is to brief the Board on various local and national issues.

2. Recommendation(s)

The Trust Board is requested to note this report.

3. Chief Officer/Executive Director Opinion[1]

Introduction/Background

Our Financial Position

As reported in December, we will fall significantly short of delivering this year's planned breakeven position with an anticipated £34.9m deficit. With expectation of funding to cover the back-fill costs of strikes, we remain on track to deliver this revised forecast. We have undertaken an independent review of our original financial plan and our capability to deliver it. The review was carried out by our Group Strategic Financial advisor with the support of a highly experienced NHS CFO.

The review concluded that the plan we set for the year involved productivity improvements on a scale which was not deliverable. The review also concluded that weaknesses in the plan were further exacerbated by weaknesses in the Trust's overall approach to its delivery. The report positively reflects on the capability of some of our divisional teams and also highlights some recommendations for the wider Integrated Care System which they are responding to. In response to the overall position, we have created a Financial Recovery Board, supported on a temporary basis by an experienced Turnaround Director. We will be discussing the report, our response to its recommendations and our Financial Recovery Plan elsewhere on the agenda.

It is clear that next year's financial plan is likely to result in a sizeable deficit also. One reason for this is that this year £42m of our income was given on a non-recurrent basis. However, this is not matched with non-recurrent costs. The magnitude of the required improvement means that our recovery plan will need to run over several years to get to a normal position. It will also need to focus on things that we can directly control or influence recognising that elements of our cost base, such as the PFI unitary charge are non-influenceable.

2024/25 Planning Guidance

As previously reported to Board, publication of the Planning Guidance to support 2024/25 contracts and finance has been delayed. We have seen some draft guidance and had an update briefing on Budget Day. As I write this note it is currently unclear when the full Guidance will be finalised. The information received to date at least helps to clarify a number of questions relating to tariff uplifts and funding for Integrated Care

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

Systems. At this stage we do not know what the performance expectations are for next year. These are still being negotiated with the Government in the context of the deterioration of the overall financial position of the NHS reported before Christmas.

It is anticipated that the final publication will include a requirement for further improvements in elective long waits, the cancer Faster Diagnostic Standard, Ambulance Response times and waiting times in Emergency Departments. Whilst these are likely to be incrementally less ambitious than anticipated a year ago, they will nonetheless still be very challenging with demand continuing to rise and capital and revenue funding restricted.

Whilst all Integrated Care Systems are expected to manage within their financial allocations, many including our own are already struggling to do so. The draft guidance makes it clear that any overspends will need to be repaid. Although repayments will be capped at a maximum of 0.5% of allocations and will not be repayable until 2 years after the year in which the deficit arose.

Despite the uncertainty we are using the draft guidance to support budget setting, however the absence of clarity on some performance standards makes the supporting capacity planning work more difficult.

The Budget included confirmation that additional revenue funding will be provided to cover the pay awards announced so far, noting that there is still no settlement with junior doctors or consultants. This should in theory provide the NHS with steady state funding although the impacts of inflation on the NHS will determine if this is the case. Demand however continues to rise. In order to address this, a capital allocation of £3.4bn was also announced. The aim of this allocation is to improve productivity through digitisation. We await details of how and when this will be made available.

British Association of Dermatologists Report

In the summer the Trust commissioned a report from the British Association of Dermatologists following the collapse of the Trust's Dermatology Service. The report focussed on the views of the Dermatology team and has made a number of specific recommendations for improvement, many of which we were already acting on. The report references the behaviour of some identifiable individuals within the Trust and hence I am not bringing into our public meeting. I do however think that the key findings of the report should be shared in this part of the meeting.

It is sad to reflect that the relationships within the clinical team and between the team and senior leaders in the Trust deteriorated to the extent that it did. Ultimately this led to the departure of all the consultants and compromised the effective diagnosis and treatment of local patients. We are now working very closely with colleagues in our partner Trust, Wye Valley, to rebuild the local service using Wye Valley as the Lead Provider. I have met with the Dermatology Nursing team to thank them for helping to hold the service together and to ensure that they are closely involved in planning what we do next.

Everything that I have heard leads me to conclude that the severity of this situation could have been avoided if action had been taken earlier by the Trust. It is therefore important that we learn wider lessons as an organisation. This concern has also been fuelled by my worry that the response rate to the National Staff Survey was very low compared to elsewhere in the Group. All our staff need to feel that their views matter and that we will act on concerns or opportunities for improvement.

In response to the 10 Point Plan, we have already introduced our anonymous Staff Portal 'The Rumour Mill'. This provides useful insights into issues and concerns so that we can take action. Elsewhere in the 10 Point Plan we agreed to review our approach to the 4ward Improvement programme. The aim here is to ensure that Improvement is everyone's business and that we have a less cumbersome approach to training and programme management.

Whilst we have a behavioural charter, this clearly wasn't being followed in the case of Dermatology team. The credibility of the organisation, and leadership of the Trust comes from our actions much more than our words. Our focus therefore needs to be on ensuring that all our People Promises are the lived reality of our staff.

Prior to WAHT joining, the Group introduced training on an approach called 'Civility Saves Lives'. This recognises that friendly, supportive teams are safer and more effective. The programme has been

developed by clinicians, for clinicians and has been very well received in the other Trusts. This will be one component of our response.

March A&E Performance Target

In the 2023/24 Planning Guidance the NHS was asked to deliver improvements in A&E waiting times and ambulance handover delays. One target associated with A&E waits was to deliver at least 76% against the 4 hour waiting times target during March. We have put a number of additional measures into place over March to seek to deliver this standard. The changes that we are implementing will help us to test improvements to flow which may be sustainable into 2024/25. We recognise that it would be challenging to deliver this standard at present, the likely overspill of the impact of industrial action at the start of the month will be further exacerbated by the impact of an Easter Bank Holiday weekend at the end of the month. But some of the changes that we have recently introduced have led to improvements in waiting times. We will seek to achieve the target and will update on progress at the Board meeting.

Further Strike Action by Doctors

As I write this report the BMA have announced that Junior doctors will carry out a further five full days of strike action before the end of February. By the time we meet as a Board, this will have taken place. The strike ran from 7am on Saturday 24 February to 11.59pm on Wednesday 28 February. Although the BMA had also suggested that negotiations could continue if the Secretary of State granted a four-week extension to the current strike mandate, which expired on 29 February.

The BMA are also re-balloting junior doctors on both strike action and action short of striking and urging them to vote yes to both options. The ballot runs until 20 March and, if successful, would give the BMA a mandate until the autumn. Previous ballots have resulted in very strong support for strikes on turnouts of more than 70 per cent. Since March 2023, junior doctors have staged 10 strikes over a total of 34 days. Consultants also recently rejected the government's pay offer, although this was by a very narrow margin.

It is not for me to comment on the politics of this or on the behaviour on either side of the negotiations, but we desperately need a resolution. Despite the valiant efforts of other clinicians and NHS managers, patients are being harmed by this dispute. Even though we have maintained urgent and emergency services, any treatment delay brigs risk and potential harm. Also, the cancellation and re-booking of patients and the coordination of cover arrangements over each strike day ties up clinical and management time which could be better spent on tackling our more strategic challenges. As you can see from our finance report later in the agenda, the added costs have led to a further deterioration in NHS finances.

Changes to our Board

I am pleased to welcome Alison Koeltgen as our new Chief People Officer who joined the Trust this month. Following the departure of Christine Blanchard as Chief Medical Officer I am very grateful to her two Deputies, Jules Walton and Julain Berlet who have agreed to jointly fill this role for an initial period of six months.

More from our great teams

Digital

Digital transformation is a key driver in supporting the ambitions set out in our strategic wheel of big moves. Advances in the use of data, through digital technology are crucial in supporting the journey of change and evolution required for the Trust. Working in partnership is a 'must do' to deliver the continuous improvement required for implementation of any form of Electronic patient record (EPR) and patient facing digital initiatives to support our staff in communicating better and enable people to access the care they need in a timely easy manner. Board approval of the digital strategy in 2019 signalled to our staff the importance of the cultural transformation commitment and new ways of working with a focus on three pillars: digital investment and delivery, reliable and secure infrastructure and digital care record implementation and innovation. Leading this big move the Digital division adopted the 'one team' approach with multidisciplinary colleagues coming together across the trust adopting a shared governance model and a devolved leadership approach. This principle of teamwork throughout the programme is one of the biggest factors in the successful deployment of the electronic patient record to date.

The team have become award winning from the success of the programme to date: recognised in the staff award 2023 and from invitations to share the learning and experiences at four national conferences. The team are celebrating their first year having implemented an upgrade to the existing infrastructure in terms of connectivity which has seen dramatic improvements for staff and given an assurance of wireless access, desktop and laptop hardware, and upgrading operating system to windows 10. The EPR has been rolled out to fifty-one inpatient clinical areas. This demonstrates we are well on the way to becoming Worcestershire's Digital Trust and support improvements in our digital maturity adopting. The focus for the team going forward is in realising benefits. The benefits are being broken down into safety, quality, timely care, sustainability, and efficiency. The first year has seen: -

- Increased adoption with on average 35,000 clinical documents being created daily with on average 350 clinical staff using the EPR at any one time.
- All clinical notes are now dated and signed, and improvement seen in the accuracy of documentation leading in cases such as recording of tissue viability to a position of eradication of paper records.
- Per clinician time reduction to review patient notes on ward rounds compared to having to search for paper documentation.
- On average over 20 minutes per week reduction in ward audits
- Reduction in time and cost scanning notes

The next two years promises to be very exciting with current plans including, further additions to Trust wide EPR documents to support inpatient care, roll out to outpatient settings with cardiology as the forerunning, paediatrics, Emergency and Minor injury units (including 3 MIUs from health and Care Trust) and electronic prescribing and medicines administration.

The aims for the team going forward are in building clinical digital leadership through enhanced clinical engagement that will support the ambitions where all phases of this large complex programme ensure key clinical information supports the best possible outcomes for our patients and is available at the touch of a button and in a single system.

Nutrition and Dietetics team

Nutrition and Dietetics is a team of 36 dietitians (23WTE) who cover the Trust across 8 speciality teams (medicine, surgery, weight management, paediatric diabetes, oncology, general paediatrics, bariatric surgery, renal). The department embraces the Trust values reflected in the personal and clinical development work they undertake, for example, their recent team engagement work with the Organisational Development (Rich Luckman) resulted in identifying how they wanted to develop as a team and move forward together to improve patient care and wellbeing (see Worcestershire Weekly 6th Feb 4WARD showcase report). The team collaborate with the Improvement Team for service delivery issues they've identified in the Trust and currently have two projects ongoing with Sarah Neale e.g. reducing waiting times to assessment.

Positive patient care feedback is regularly received by the team. For example, a patient in their eighties was admitted 2 weeks post radiotherapy as they couldn't eat or drink well. The Head and neck Oncology team worked closely with the ward nursing staff, Endoscopy, Nutrition MDT, Nutricia Nurse team for training and with Speech and language therapists to get patient safely home on artificial feeding due to an unsafe swallow. This involved timely reviews, communication and advocating for the patient. The patient said he was very happy to go home so quickly as he was very keen to see his dog.

Another patient wrote to us about their Tier 4 Bariatric Dietetic Service experience 'So once again, thank you so much and many thanks to your hospital managers for seeing the benefits of preventive treatment. I have copied your hospital PALS and will forward a separate email to The Secretary of State for Health and Social Care. The Rt Hon Victoria Atkins MP. And local MP as it is vital, we recognise the forward thinking that goes with preventative care, [and provide] such a tremendous service.'

The team are leading the way for AHP's with research at a national and international level with several members (Weight management, bariatric surgery and renal) working with research teams and local universities and wider. They have reached out to other Trusts in the group to share best practice. The team

have developed links with the Living Well with Long-term Conditions, University of Worcester research department and the ICS Long-term Conditions Lead to help shape and influence future care for the county through ongoing service evaluation and digital research projects.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:	
☐ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☐ ***Governance***	☐ ***Improve Staff Experience***
☐ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☐ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

Putting Patients First

4ward

NHS
Worcestershire Acute Hospitals
NHS Trust

Integrated Performance Report

MARCH 2024

TRUST BOARD | v0-1| Up to Jan-24 data

Last updated 4th March 2024

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

The report details a period that has seen increased demand through Urgent and Emergency Care services. Attendances were 1,467 higher than same period last year. Of those 3,817 were conveyed by Ambulance. The Emergency Access Standard, the number of patients waiting handover and those waiting over 12 hours within the emergency department have increased. There is an improvement in the aggregate waiting times for ambulance handovers. This has driven an increase in the non-elective length of stay to 8.6 days. The optimal from bed modelling is circa 6 days.

The impact of the extended infection outbreak on Aconbury 0 has compounded this and contributed to the increased length of stay. Despite this the number of falls remained at 3.91 per one thousand bed days.

The focus within March is on driving a focussed improvement approach to the 4-hour standard and reduce length of stay.
The Trust has improved the number of patients waiting over 62 days for cancer treatment. This is the live data used and will be reflected in future performance reports. There has been significant improvement in both dermatology and Urology that have been the two most challenged specialties for the Trust.
Alongside this, the Trust has reduced the number of patients waiting over 78 weeks. The target is for zero at the year end. The risk has reduced from circa 150 patients to under forty. The Division continue to drive this.

The complaint response rate has been highlighted through divisional finance and performance and is improving for the second month, to 62.5%. The greatest improvement in Surgery from a backlog of 80 in October to 13 at present.

The Trust has increased the substantive workforce and reduced the vacancy rate. However, due to the additional winter capacity, management of additional patients on wards and within the emergency departments agency spend has increased by 1.10%. This is 0.69% than last and does include the provision of two additional wards. The work within the financial recovery programme is seeing the reduction of expenditure on high-cost locums, predominately in Surgery and SCSD. This is a key focus within the planning for the next year.

Annual turnover remains slightly under Trust target at 11.03%. Sickness absence remans high in month at 6.34%. This again drives the level of bank and agency. HR business partners are working closely with Divisions to reduce.
A key priority discussed through the financial recovery process and Trust Management Executive is the improvement required in job planning. The focus is within the surgical division and will be a key factor in driving productivity, improving the Trust elective recovery funding in the next year and the reduction in temporary solutions such as insourcing.

Thes factors contribute to the overall Trust financial position. This is a cumulative deficit of £27 million. The projected deficit at year end remains £36.6 million. The key drivers of this remain the under delivery on the productivity and efficiency schemes. The Trust capital has been committed for the year and work is ongoing to identify opportunities for an additional £2.9 million based upon increased system allocation. Schemes that positively impact on the capital demands or release revenue are being prioritised.

OUR OPERATIONAL PERFORMANCE

Helen Lancaster

Chief Operating Officer

At the time of writing, we continue to experience a challenging winter period with high acuity and ongoing industrial action just some of the contributory factors which have had a significant impact on our ability to make the improvements in our performance which we continue to strive to deliver. As part of our winter plan we opened additional inpatient capacity to support flow, increased our Same day Emergency Care provision – including its relocation to the former Emergency Department space and bringing together our medical and surgical services – and launched the Single Point of Access for urgent care, which is supporting clinical teams across the wider system to ensure that patients are accessing the most appropriate care for their condition and reducing the need for patients to attend one of our Emergency Departments. We have introduced a 'call before convey' service to support the Ambulance Services specifically and continue our work with system partners to improve system wide flow. We know we must do better for our patients and staff, so we are planning a 'super month' in March 2024 with even more resources focussed on trialling new ideas and approaches.

Cancer care remains a top priority for the organisation and with the support of the local Integrated Care Board and NHS England, we are starting to see the improvements that we want to deliver. Unfortunately, are reported performance against the Faster Diagnosis Standard remained below the expected level in January whilst we worked through the challenges we faced in our skin cancer service but I have every confidence that the clinical and operational teams remain committed to delivery on our commitment to confirm a diagnosis for patients referred with a suspicion of cancer within 28 days in at least 75% of cases in March 2024 enabling us to reassure patients who don't have cancer and to support those with a cancer diagnosis. There is variation between tumour sites, and we continue to focus our efforts on those with the greatest challenge as we know that for our patients it is important to have a confirmed diagnosis as quickly as possible to ensure they can access the treatment and support they require where they do have cancer, and to rule out a cancer diagnosis where we can. Many of our services have reduced the number of patients waiting over 62-days following an urgent, suspected cancer referral to the expected levels and the work of the clinical and operational teams, supported by Cancer Services, means we are currently on track to deliver our fair share reduction in every specialty except Urology. In those specialties we are turning our attention to improving our deliver of the 62-day cancer standard whilst we work through a longer-term improvement plan in urology.

For patients on our waiting lists, we continue to see a reduce in the longest waits, but we are not on track to reduce our maximum wait to 65-weeks by the end of March 2024 as planned. Many specialties will deliver this maximum wait and we are working with our ICB and Foundation Group partners to support those specialties where this is not on track. Given the operational and financial challenges, improving our operational productivity is key to sustainable delivery. Our theatre and outpatients' transformation programmes continue to focus on delivering the improvements necessary to support productivity improvements and we have already seen progress in some areas, particularly DNA rates and theatre utilisation. However, there is still more to do to make the most of the opportunities we have and to reduce the unwarranted variation.

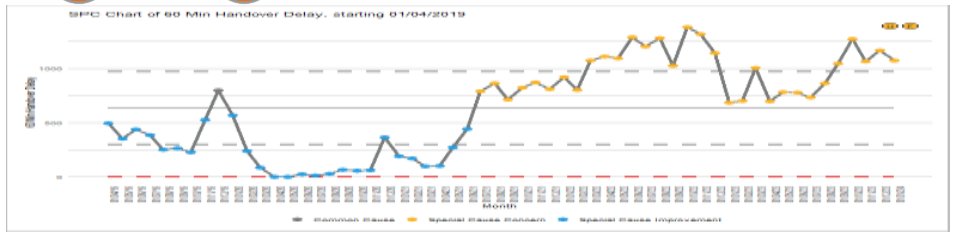
OUR OPERATIONAL PERFORMANCE - URGENT CARE

We are driving this measure because

The national Emergency Access Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at any Emergency Department. In addition, the effective and timely handover of patients arriving by ambulance enables patients waiting in the community to access care in a timelier manner and is an indicator of system flow.

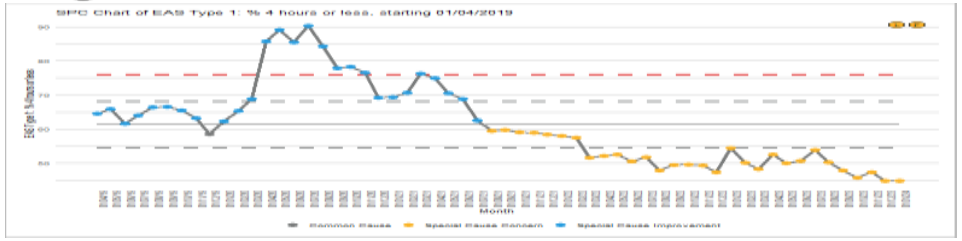
Assurance F **Variation** H

The Ambulance Handover metric is **deteriorating.** The target (0) lies below the process limits so we know that the **target will not be achieved** without change**.**



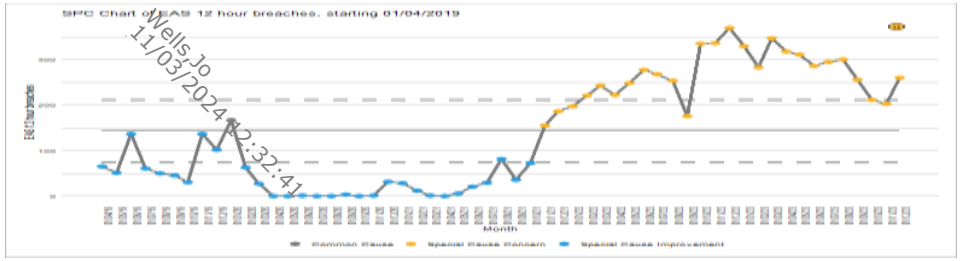
Assurance F **Variation** L

The EAS type 1 metric is **deteriorating.** The target (76%) lies above the process limits so we know that the **target will not be achieved** without change**.**



Assurance **Variation** H

The patients spending >12 hours in ED metric is **deteriorating.** There is currently no target for this metric.



Performance and Actions

12,463 patients attended the Trust's Emergency Departments in January 2024 (1,467 more attendances than Jan-23). 44.1% of those were treated and either admitted or discharged within four hours of arrival. The operational planning guidance for 2023/24 set a target of at least 76% by the end of March 2024.

Of the 3,817 patients who arrived by ambulance, 27% were 'handed over' within 15 minutes and 1,072 waited longer than 60 minutes to be handed over. 2,400 patients (19%) spent 12 or more hours in our emergency departments.

Update and Actions

- Additional winter beds on both sites opened mid-December and remain open
- Single point of access in place – including 'call before convey' provision for West Midlands Ambulance Service
- Revised ICS Ambulance Handover protocol – for management and avoidance of long ambulance handover delays
- Increased Surgical SDEC provision – working alongside Medical SDEC in the former Emergency Department Footprint

In addition, as part of the focus on improving performance in March 2024, additional actions are planned:

- Emergency Department consultant presence overnight in both Emergency Departments
- Physician based in Single point of access to review all referrals
- Specialty consultants to be based in Emergency Department for immediate Senior specialty review
- Increased provision of therapy support to Emergency Departments
- Increased provision of imaging capacity

Risks

- In-hospital and system flow constraints due to workforce and capacity
- Patient acuity
- Fluctuating demand
- Insufficient alternatives to Emergency Department for patient with urgent, non-emergency needs

What the charts tell us

All three metrics have been a significant cause for concern since Jul-21. Type 1 4-hour performance was at its lowest point on record in Jan-24 and patients spending 12+ hours in dept was the highest.

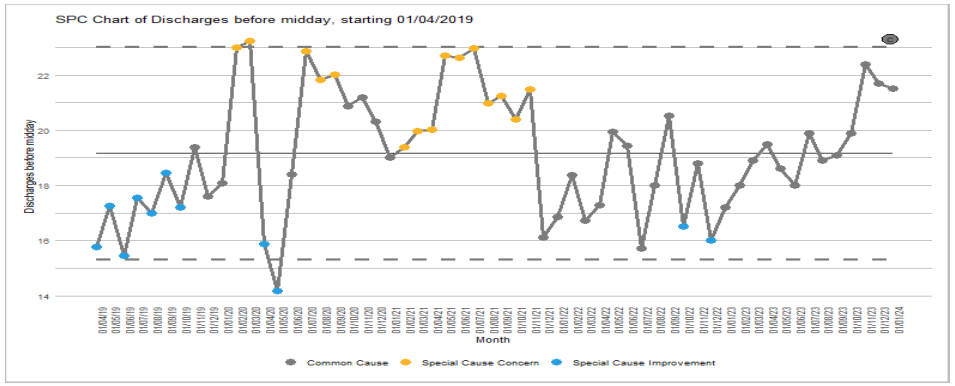
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

We are driving this measure because

Hospital flow is a significant contributor to overcrowding in the Trust' Emergency Departments and consequently on the safety of the Emergency Department. Improving these measures will support reduction in ambulance handover delays as well as reducing the time take patients stay in the Emergency Department. Most importantly, reducing the length of time patients are not in their usual place of residence (by reducing the length of stay) reduce the risks associated with functional hospital decline; and will enable those patients who need a bed in our hospitals to access the most appropriate bed in a timely manner.

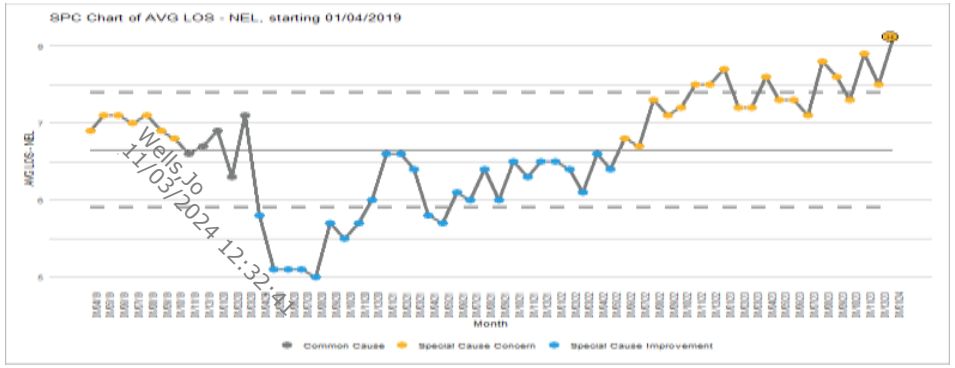
Assurance **Variation**

This metric is **not changing significantly.** It shows the level of natural variation you can expect to see. The target (33%) lies below the process limits so we know that the **target will not be achieved** without change**.**



Assurance **Variation**

This metric is **deteriorating.** There is no target for this metric.



Performance and Actions

Discharges before midday showed no significant change in January 2024. There has been no sustained improvement in the percentage of discharges before midday, which is impacting on the Trust's ability to deliver effective hospital flow and ensure timely admission for patients from the Trust's Emergency Departments (and other emergency admissions).

The length of stay for non-elective admitted patients has continued to rise since August 2020 and remains on an upward trajectory. The Trust opened additional inpatient capacity as part of its winter plan, which has delivered a benefit to site safety. The Trust continues to utilise inpatient boarding as part of its escalation policy.

The Hospital Flow programme, led by the Urgent and Emergency Care Programme Director, is currently focussed on the delivery of improvements to support increased compliance with the Emergency Access Standard. Actions include:

- Same day discharge for all patients on complex discharge pathways
- Increased voluntary sector discharge support
- Increased in-hospital therapy provision
- Increased Virtual Ward provision

The Hospital Flow Delivery Group, chaired by the Chief Operating Officer, oversees delivery of the programme and reports to the Trust Management Board.

Risks

- Industrial Action
- Patient Acuity
- Clinical engagement

What the charts tell us

3,227 patients were discharged from G&A beds and 693 (21.5%) were before midday. The average LOS for a non-elective patient was 8.1 days; when you exclude patients for a zero LOS, this increases to 8.6 days.

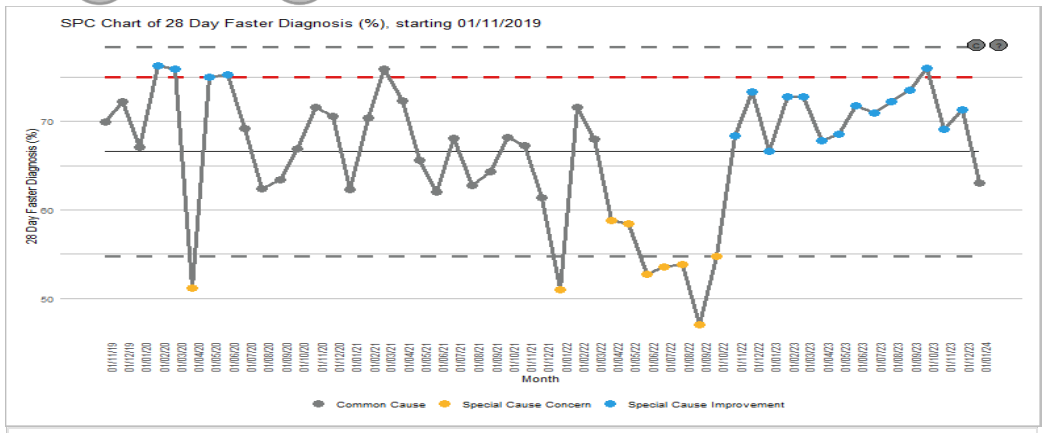
OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

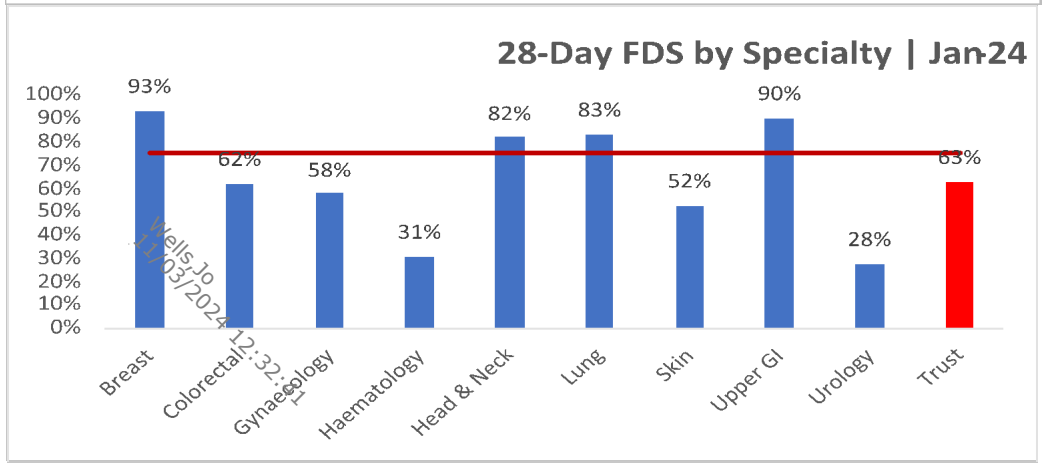
We are driving this measure because

Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer within their lifetime. There are three key timeframes in which patients should be seen or treated as part of their pathway. Two key measures are monitored in these slides. 75% of patients referred for suspected cancer should receive a diagnosis within 28 days (Faster Diagnosis Standard) and 85% of patients with a cancer diagnosis should start their treatment within 62 days.

Assurance **Variation**

This metric is **not changing significantly**. The target lies within the process limits so we know that the **target may or may not** be achieved**.**





Performance and Actions

There were 2,825 new GP referrals for suspected cancer in January 2024. This is the second highest in 23/24 and therefore the second highest ever.

Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 63%. This is below the NHSE milestone performance for Jan-24 and below the national standard of 75%, which is expected to be achieved by the end of the financial year. Although the Trust informed 2,741 patients of their diagnosis (highest number told in 23/24), 1,014 had breached the 28-days standard.

Updates and Actions

- Dip in performance in Faster Diagnosis Standard driven by clearance of backlog in skin cancer pathway, in confirming a non-cancer diagnosis in December and January. Haematology is impacted by late referrals from other specialties and small numbers meaning individuals patients have significant impact of specialty performance
- Low delivery in Urology in month – additional insourced LATP capacity from February to support and increased mpMRI carve out to deliver waiting times. Part of wider Urology Cancer Improvement plan including implementation of Urology business case from April 2024.
- Tumour site level improvement trajectories in place to deliver 75% national ambition in March 2024.
- Cancer Services reviewing alternative methods of communicating non-cancer diagnosis to support improvements in delivery and releasing administrative and clinical time.
- Histopathology reporting supported by significant outsourcing of routine work to deliver 10-day turnaround time.

Risks

- Ongoing impact of industrial action.
- Histology, radiology and urological diagnostic capacity remain an issue.

What the charts tell us

Performance is below the 75% standard for the third consecutive month and dropped below the SPC improvement threshold to show common cause variation.

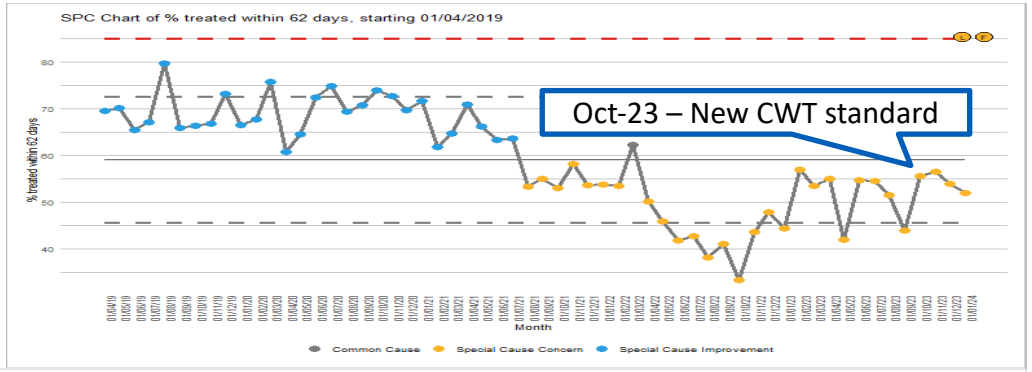
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY START OF TREATMENT STANDARD

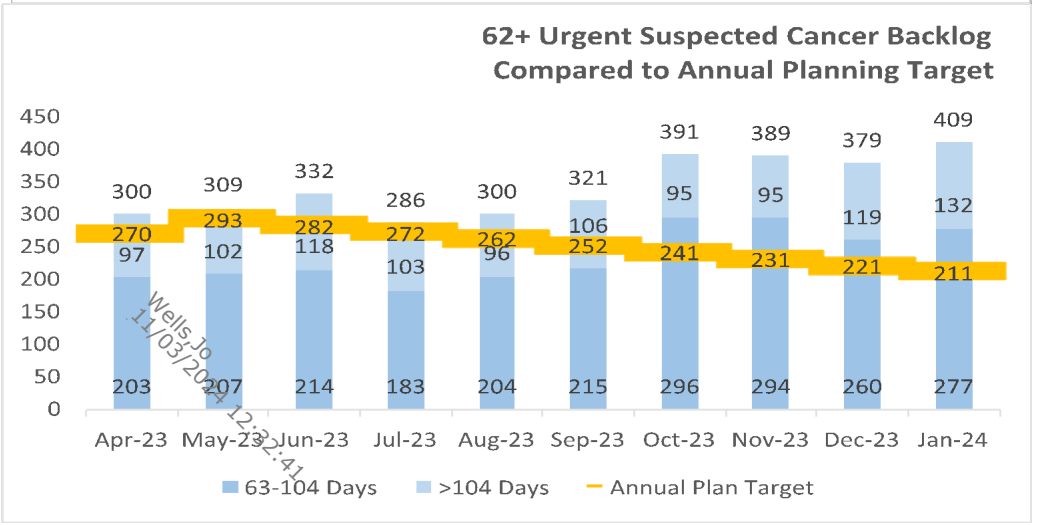
We are driving this measure because

Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen or treated as part of their pathway. Two key measures are monitored in these slides. 75% of patients referred for suspected cancer should receive a diagnosis within 28 days (Faster Diagnosis Standard) and 85% of patients with a cancer diagnosis should start their treatment within 62 days.

Assurance **Variation**

This metric is **deteriorating.** The target lies above the process limits so we know that the **target will not be achieved** without change**.**





Performance and Actions

The Trust unvalidated position for 62 days cancer waiting time performance in January 2024 is currently 52% with 165.5 recorded breaches.

At the end of January there were 409 patients waiting over 62 days (against a planned position of 211). Of those patients waiting, 132 were waiting over 104 days. The Trust target for the end of the 2023/24 is to have no more than 190 patients waiting more than 62 days, with a target of 0 patients waiting more than 104 days.

The increase in the 62-day backlog continues to be driven by skin and urology, with 282 (69%) of patients still waiting being attributable to those two specialities.

- Reducing the 62-day backlog will impact on timeline of improving performance against 62-day waiting time standard, with current focus in reducing backlog impact on 62-day performance.
- Many of the drivers for performance align to the FDS performance. In addition, there are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies.
- Divisional teams leading weekly waiting list meetings for all patients over 62 days in initial phase, with daily oversight of the longest waiters. Increased oversight in urology and skin with additional support from Cancer Recovery Director supporting reducing reportable backlog
- Revised fairshare allocation at tumour site level – all tumour sites (excluding urology) on target to deliver end of year fairshare
- Each specialty has a recovery action plan in place to address the drivers of performance to support the Trust to deliver more timely treatment to patients referred on a suspected cancer pathway. These are overseen by the Deputy Chief Operating Officer, with specialty specific groups in place for greater oversight of most challenged specialties.

Risks

- Ongoing impact of industrial action
- Histology, radiology and urological diagnostic capacity remain an issue
- Consultant capacity in Oncology
- Waiting times at Tertiary Centres

What the charts tell us

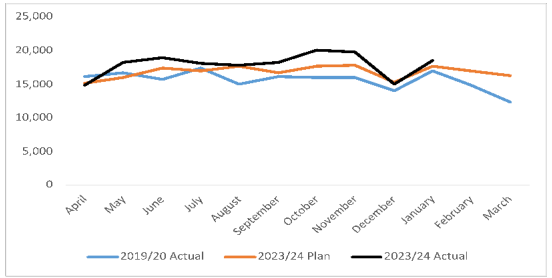
Performance against the cancer waiting times standard has never achieved the 85% target and was been 50% for 12 of the last 24 months. The introduction of the new methodology is noted on the graph.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

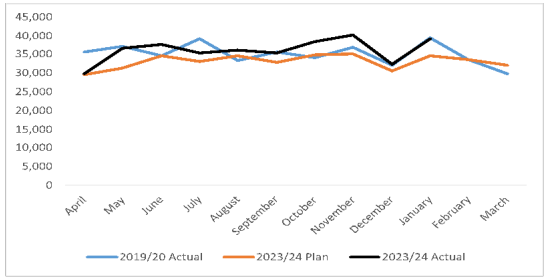
We are driving this measure because

Elective recovery is a key priority to ensure that patients can access the treatment they need in as timely a manner as possible. To reduce the impact of waiting for non-urgent, consultant-led treatment, the Trust made a commitment to deliver a maximum wait of 65 weeks by the end of the 2023/24 as part of our journey to recovering the 18-week Referral to Treatment standard as set out in the NHS constitution; and put in place annual activity plans to enable this.

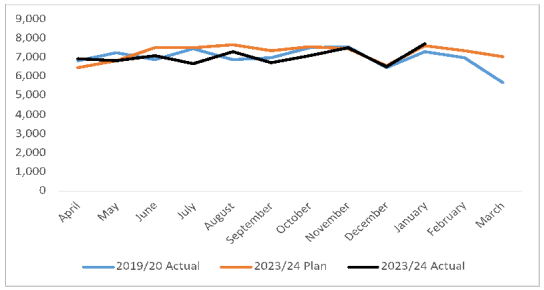
Outpatient New Activity



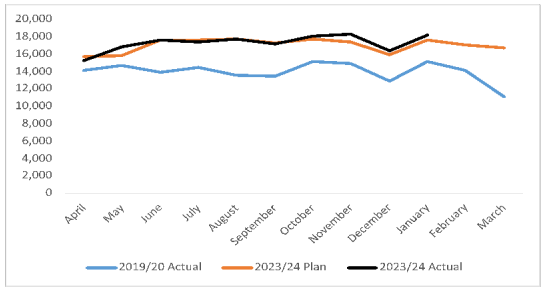
Outpatient Follow-up Activity



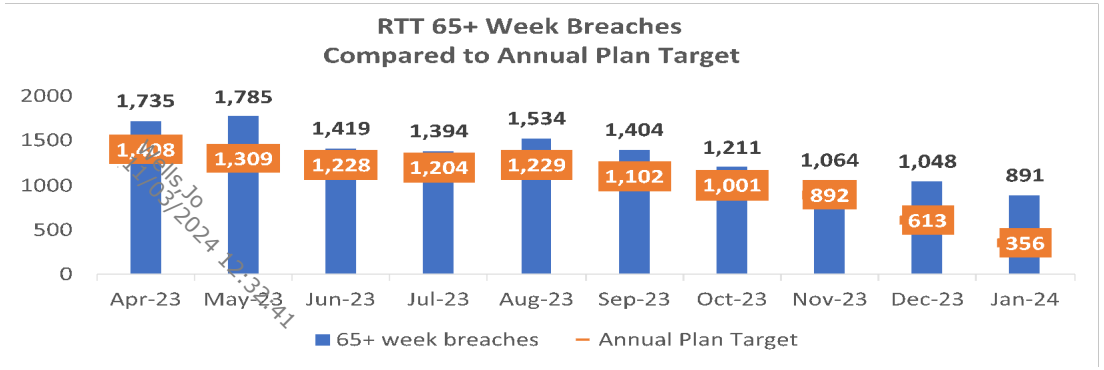
Day Case and Inpatient Activity



Diagnostic Activity



RTT 65+ Week Breaches Compared to Annual Plan Target



Performance and Actions

In January 2024, the Trust delivered 18,506 new outpatient appointments (4% above plan) and 39,306 follow up appointments (13% over plan). Inpatient and day case activity was 1.2% above plan, with day case activity +256 spells above plan and elective inpatients under plan by 162 spells.

Factors impacting the shortfall in elective activity include:

- Delayed opening of additional theatre capacity at the Alexandra Hospital site – capacity fully open in December 2023
- Ophthalmology – driven by workforce vacancies. Increased in activity in Q3 and again in Q4
- ENT and Oral & Maxillofacial surgery – workforce availability and impact of medical outliers on surgery beds at Worcestershire Royal site

As at end of January there were 2,746 patients waiting over 52 weeks, of whom 891 were waiting over 65 weeks, 109 over 78 weeks and there were no patients waiting over 104 weeks.

Actions

- Ongoing validation of RTT waiting list in line with national guidance. Digital solution implemented in January 2024 (delayed from November 2023 due to supplier issues) has increased coverage of validation within 12 weeks
- Reduction in use of insourcing partly offset by increase in mutual aid from Foundation Group Members and Independent Sector (though existing contractual arrangements) continues to support recovery of waiting times.
- Patient Initiated Digital Mutual Aid System – phase 1 completed in Q3. Phase 2 expected to be launched March / April 2024 (national timetable)
- Focus on productivity to maximise throughput through core capacity in theatre and outpatients
- Positive NHS England Theatre Review at end of December – including areas of best practice to be showcased regionally and nationally. Recommendation report received and actions overseen via Theatre Programme and Elective and Cancer Delivery Group.
- Planned application for surgical hub accreditation at Kidderminster (subject to successful application and assessment) in Summer 2024, with ambition for Alexandra Hospital surgical hub accreditation to follow – end of November to support going further on theatre productivity
- Reinforcement of theatre booking policy to ensure maximal use of capacity
- Use of locums to cover hard to fill vacancies

Risks

- Urgent care demand impacting physical capacity and staffing
- Ongoing Industrial action
- Workforce challenges

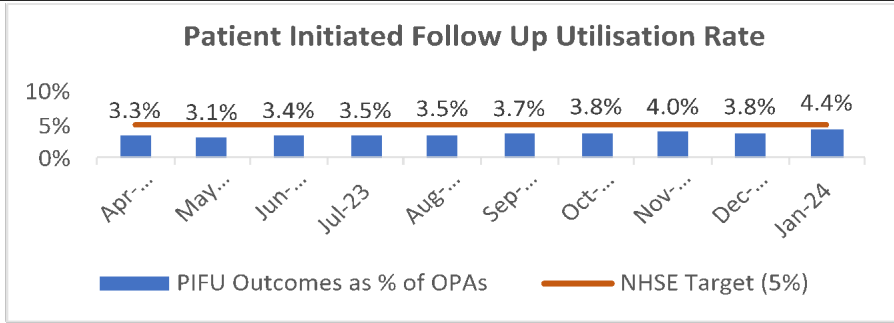
What the charts tell us

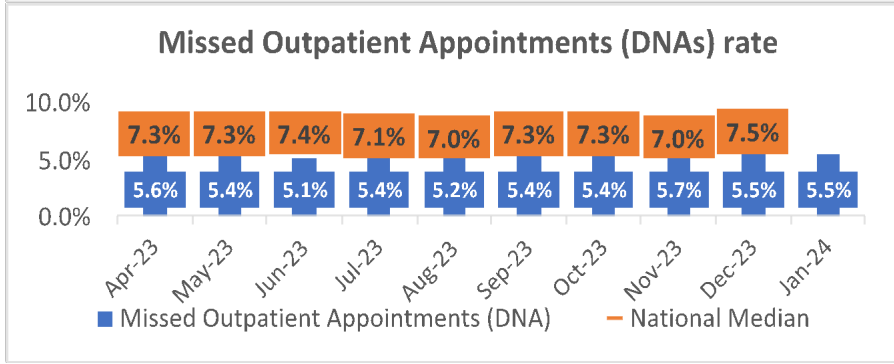
Outpatient New activity is above plan by 768 appointments and follow-ups were higher than plan by 4,527 appointments. This volume of activity was in line with Jan-23. Day case and elective inpatient activity remains below plan and overall diagnostic activity is 560 above plan in Jan-24.

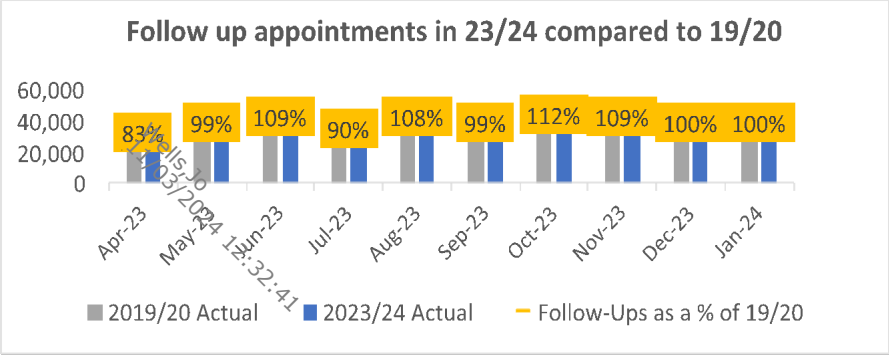
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

We are driving this measure because

Transforming and modernising how we deliver outpatient services so patients can be seen more quickly and interact with services in a way that suits their lives. This in turn, enables faster diagnosis and treatment to support Trust delivery of Referral to Treatment times as well as ensuring patients have more control and greater choice over how and when they access care.







Performance and Actions

Outpatient Transformation encompasses a broad remit. The focus in this report is on those elements that form part of annual plan expectations and immediate operational delivery, rather than the broader Trust Outpatients Transformation Programme. Of note is the expectation that the Trust delivers a reduction in follow-up activity to no more than 75% of 2019/20 activity.

Performance in Patient Initiated Follow Up (PIFU) increased to 4.4% in Jan-24 (second month above 4%), although still under the 5% national target. However, a large percentage of specialties are delivering PIFU more than the national median at a specialty level.

Trust wide DNA rate in January was 5.5% and remains below the national median though at a specialty level there is some variation.

Actions

- Divisional plans to achieve 85th percentile performance of PIFU
- Revision of information shared with primary care to support both referral avoidance and streamlined pathways for patients who are referred (reducing follow ups) – known as common conditions
- Review of follow up waiting lists for PIFU pathway opportunities aligned to national best practice and clinical risk
- Trust now part of Getting It Right First Time (GIRFT) Further Faster cohort two – specialty specific handbooks with best practice initiative and opportunities shared. 15 specialties part of programme with five specialties prioritised locally (ENT, Urology, Trauma and Orthopaedics, Oral and Maxillofacial Surgery, Gastroenterology).
- Focus on continuing the reduction in DNAs and clinical cancellation as well as supporting a reduction in follow ups through validation, use of PIFU and increased use of one-stop clinics
- Implementation of digital validation in line with national guidance – 10,000 SMS sent in first cohort
- Additional GIRFT funding has been made available to support GIRFT Further Faster programme.

Risks

- Clinical engagement
- Capacity to implement changes alongside day-to-day operational delivery
- Finance available to invest in people and technical solutions
- Size of follow-up waiting list limits opportunity to reduce follow-ups

What the charts tell us

PIFU – YTD monthly average we discharge / transfer 1,980 patients; to achieve 5% this needs to be increased to ~2,600. **DNAs** remain below the national median with ~2,900 OP appointments a month currently being missed due to DNA. **Follow-Up reduction** – although not yet at the NSHE 75% ambition, we have delivered fewer appointments in five of the ten months YTD.

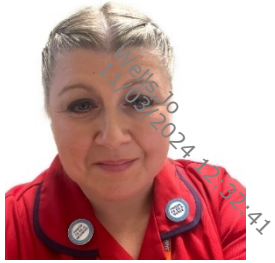
OUR QUALITY & SAFETY

Dr Jules Walton

Joint Chief Medical Officer

Dr Julian Berlet

Joint Chief Medical Officer



Sarah Shingler

Chief Nursing Officer

We are currently compliant with the in-month infection target for MRSA but are not compliant with any of the other year-to-date targets and have already exceeded all year end targets. The CDiff care plan that was launched on 10th October 23 has had all actions completed. Aconbury zero has been in extended outbreak despite enhanced cleaning being in place and patients being cohorted. An enhanced IPC risk assessment has been completed due to environmental concerns on Aconbury 0 and 'rediair' units have been purchased to improve air quality. The outbreak on Aconbury zero has continued into February and all enhanced actions remain in place.

The total number of falls remains below this time last year and remains below the national benchmark in January 24 with 3.91 total falls per 1,00 bed days (national benchmark of 6.63). There were no SI falls in January 24 , meaning there remains a total of 2 SI falls to date in 2023/24.The total number of HAPUs in January 24 was 25, with the yearly total to date of 232. This is a decrease of 17 from 22/23 in the same time period. There were zero HAPUs causing harm in January 24, with the total for 23/24 remaining at 1.

The Hydration and Nutrition metrics regarding weighing patients continue to show inconsistencies across all Divisions and an action has been identified to improve compliance in this area of poor performance; pat slide weighing scales are being introduced following usage in some areas showed an increase in compliance. This will continue to be monitored at the Nutrition and Hydration Steering Group. The completion of input and output on fluid balance charts on EPR has been highlighted as an issue; the process of how to record this will be communicated to ward teams and compliance will continue to be monitored at the Nutrition and Hydration Steering Group.

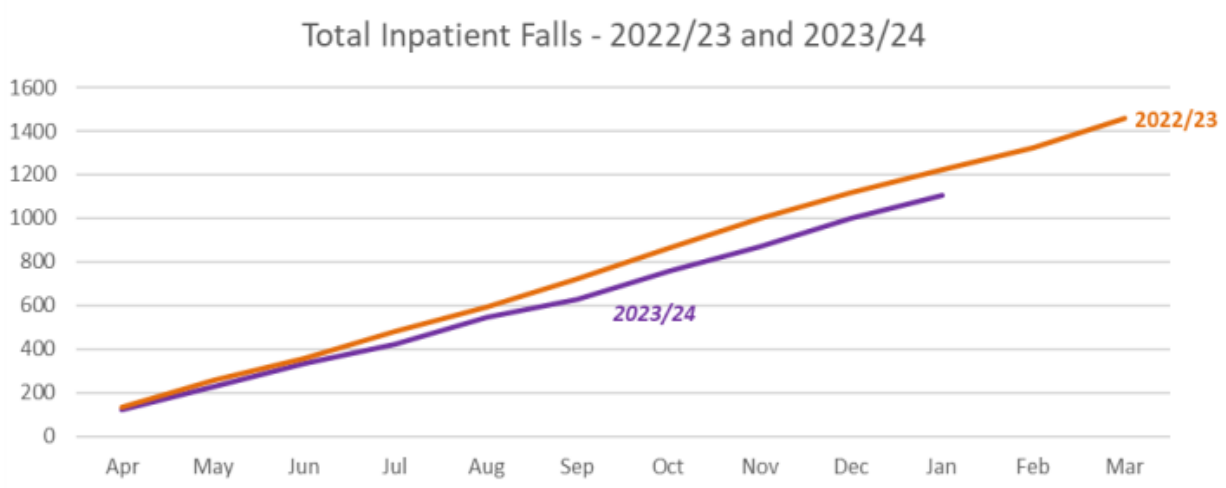
The complaint compliance target to close within 25 days has not been achieved again in January 24, however it has increased for the second consecutive month and is now at 62.5%. The Trust had 109 complaints still open at the end of January, which is a decrease from previous months, and there were 88 new formal complaints received. Of the 109 open complaints, 21 have breached 25 days, of which 13 are within the surgery division. An enhanced interim complaints management team for surgery have been in place since October resulting in a significant decrease from 80 in October 23 to 13. The Women's and Children's division has also reduced their backlog of overdue complaints during January 24.

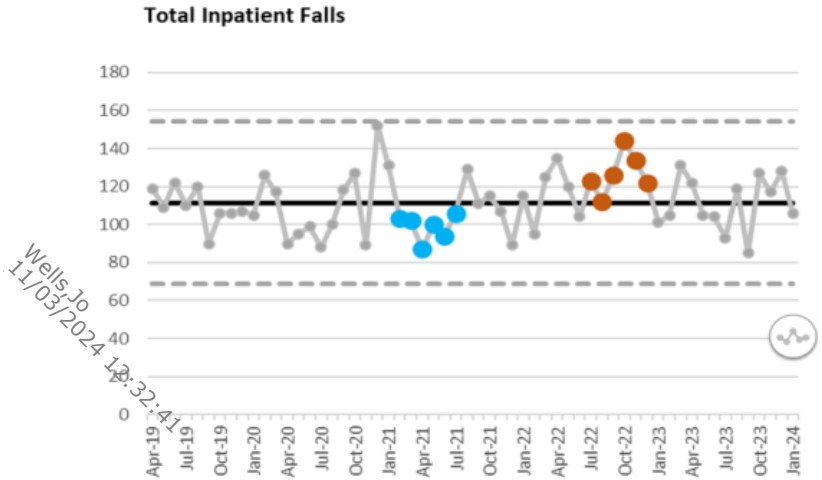
The friends and family recommended rates have fallen slightly across in patient wards, outpatients and A&E in January 24. The promotion of the F&F test is being encouraged across all areas with QR codes being introduced alongside the text and card methods of completion, as the drop-in recommended rate may be due to a lower completion rate. This will be monitored closely over the next few months. Maternity are to confirm their plans for implementation of FFT feedback options, as there were no responses from Maternity in January 24. They are working with the 'Maternity Neonatal Voices partnership' and the 'George Elliot Hospital' to explore options.

OUR QUALITY & SAFETY – FALLS

We are driving this measure because

Falls and falls related injuries are a major cause of disability and the leading cause of mortality due to injury in older people in the UK. Falls are associated with increased length of stay, additional surgery and unplanned treatment.





Performance and Actions

Total Inpatient Falls

- The total monthly number of falls in January was 106, a reduction from the previous month (128)
- We remained below the national benchmarking in January with 3.91 falls per 1000 bed days (benchmark 6.63)

Inpatient falls resulting in Serious Harm

- There were 0 SI falls in Jan-24.
- This means there have been a total of 2 SI falls to date in 2023/24.

Actions

- Continue to monitor all falls, including falls with harm weekly, identifying hotspot areas where quality improvement projects (QIP) may be required.
- Divisions to improve completion of falls documentation on EPR.
- All inpatient areas to continue recording patient activity via the #EndPJParalysis.

Risks

5470: Delayed Access to Flat Lifting Equipment (Hoverjack) Impacting Patient Outcomes

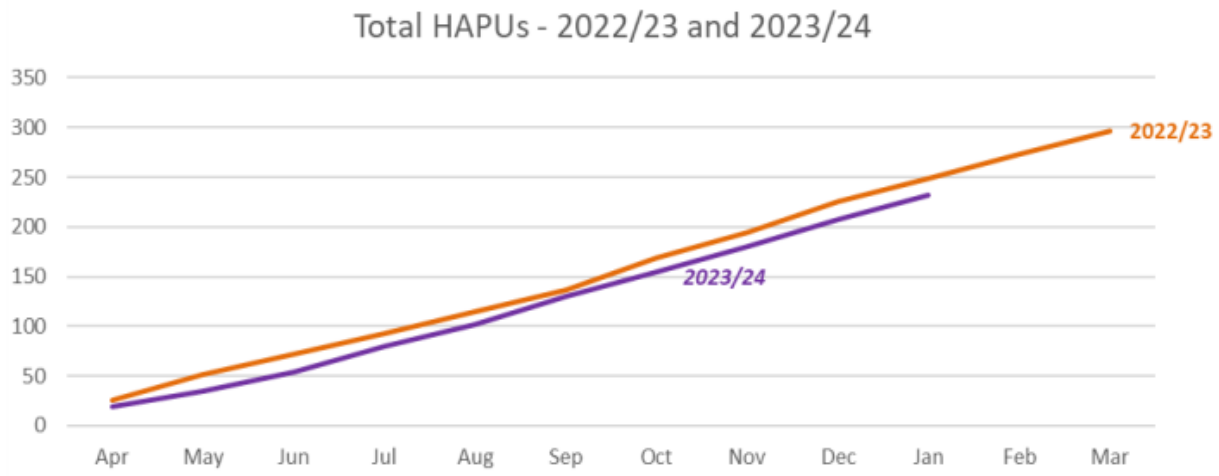
What the charts tell us

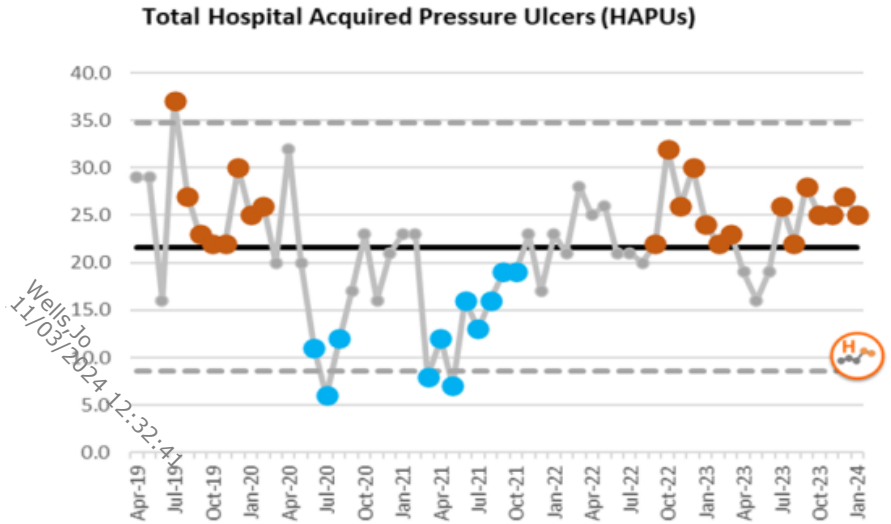
The total number of Inpatient falls is below the same time last year and is showing common cause variation.

OUR QUALITY & SAFETY – PRESSURE ULCERS

We are driving this measure because

In support of WAHT Quality and Patient safety plan priorities to improve on our progress achieved in reducing the number of causative hospital acquired pressure ulcers (HAPU).





Performance and Actions

Total HAPU's

- The Total Number of HAPUs for Jan-24 was 25, which is an increase of 2 from Jan-23
- The Yearly Total of HAPUS for 2023/24 is 232, which is a decrease of 17 from 2022/23.

HAPU's causing Harm

- There were zero HAPUs causing harm in Jan-24.
- The total HAPUs causing harm for 2023/24 is one.

Actions

- New monthly divisional TV improvement Group commencing February 2024 .
- Continue to support divisions with Educational Training programmes training for all health professional
- CQUIN 12 continues . (Documentation of a full pressure ulcer risk assessment (within 6hrs) using a validated scale, such as Waterlow in progress to support Quality and improvement.
- clinical staff to complete essential to role PUP training to improve divisional training continues .
- Quarterly certificates sent to Areas with Zero HAPUs continues.
- New Dressing Evaluation to commence in Feb 23(3 ward areas) with aim to improve wound healing .

Risks

- 5306 (Risk score 10) TV SSKIN bundles not being completed adequately / accurately: raised with EPR team, unable to support with mandatory fields until phase 3.
- 4571 If patients are inappropriately referred for assessment this may delay specialist input for complex patients leading to serious harm .
- Due to increased patient acuity and vacancies in team timely reviews will be impacted.

What the charts tell us

Total Hospital Acquired Pressure Ulcers is showing common cause variation.

OUR QUALITY & SAFETY – NUTRITION AND HYDRATION

We are driving this measure because

Nutrition and hydration is a vital area for high quality care of our patients. We need robust governance and assurance processes to ensure we are meeting, or working to meet, the standards set by NHSE.

Wards under performing who have one of the five lowest compliances in both the latest and previous 4 month average report.

Previous Report Summary (Sep 23 to Dec 23)

Has the patient been weighed on admission?

Ward	% compliance
HAZEL TRAUMA UNIT	55.88%
T&O SIDE B WARD	68.00%
WRH MEDICAL SDEC	70.30%
BEECH B (New)	72.92%
AVON 2 (NEW)	73.33%

Has the patient been weighed in the last 7 days?

Ward	% compliance
HAZEL TRAUMA UNIT	26.32%
LAUREL 2 ONCOLOGY	61.54%
LAUREL 1 VASCULAR	62.50%
BEECH B (New)	64.52%
T&O SIDE B WARD	70.37%

If on a Fluid Balance Chart, are the totals correctly calculated and recorded within the last 12/24 hours?

Ward	% compliance
WRH PATHWAY DISCHARGE UNIT	50.00%
MAU WRH	68.89%
MEDICAL SHORT STAY (New)	75.76%
ALEX AMU	81.82%
WORCESTER A&E	86.16%

Latest Report Summary (Oct 23 to Jan 24)

Ward	% compliance
HAZEL TRAUMA UNIT	41.03%
T&O SIDE B WARD	63.64%
AVON 2 (NEW)	70.00%
WRH MEDICAL SDEC	77.78%
AVON 3	78.13%

Ward	% compliance
HAZEL TRAUMA UNIT	28.00%
HEAD AND NECK	47.06%
WRH MEDICAL SDEC	50.00%
LAUREL 2 ONCOLOGY	54.55%
T&O SIDE B WARD	65.38%

Ward	% compliance
WRH PATHWAY DISCHARGE UNIT	0.00%
MAU WRH	66.67%
LAUREL 1 VASCULAR	72.73%
ALEX AMU	75.00%
WORCESTER A&E	83.92%

Source: Quality Check App

Actions

Actions

- Inconsistent performance on weight on admission and weight every 7 days across divisions. N&HSG have been monitoring this and asking for assurance from divisional colleagues. N&HSG has agreed from a quality and safety perspective to the roll out of pat slide weighing scales, as these have proven to help with compliance in some areas. This will continue to be monitored via divisional reporting.
- Issues around the accuracy of fluid balance charts. There is unreliable compliance reporting on EPR, with actual fluid input and output not being accurately reflected in the record. This was demonstrated at the recent N&HSG. The issues have been specifically identified on WRH Surgical ward areas at present. This is being investigated to check medical wards and the Alex. This is an emerging clinical risk and will require high priority actions as we understand the nature and scale of the difficulties. Process for how to record fluid balance needs to be harmonised and communicated to ward teams.
- Inconsistency with medical colleagues placing or interpreting the placement of NGTs. There was a never event with incorrect placement last year and recently uncertainty on wanting to interpret the X-ray showing NGT placement. N&HSG noted that the development of the NG Pod device use will improve this greatly. We need to ensure that for patients who do require X-ray that interpretation of this is as robust as possible. This requires discussion with imaging on how we can support less confident clinicians on interpreting this. Need engagement from medical colleagues on this.

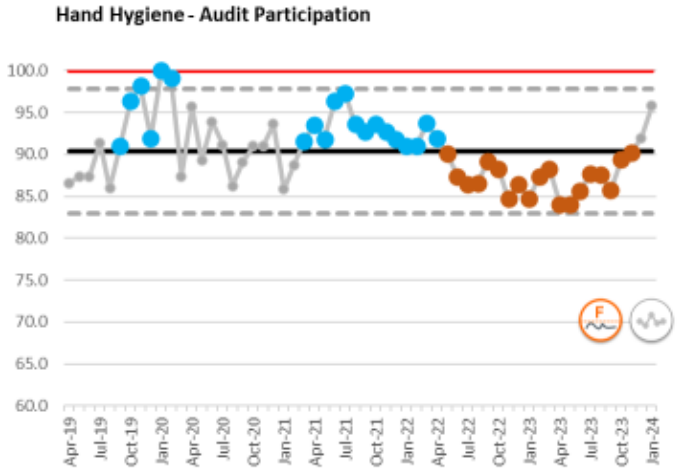
Risks

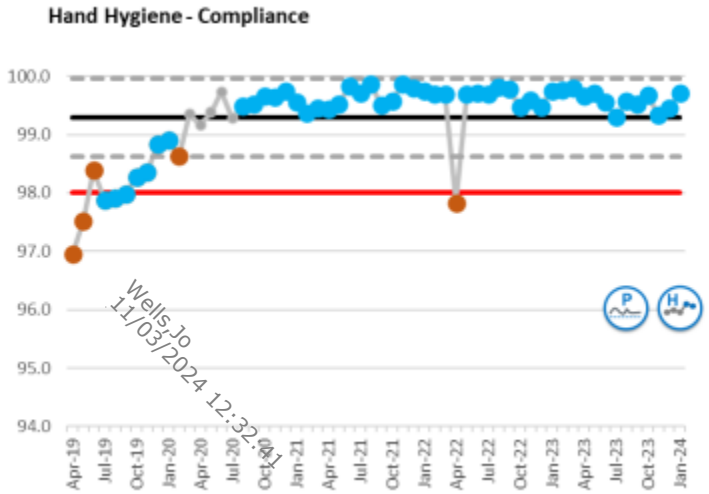
- 5268 Risk of harm to patients requiring parenteral nutrition due to lack of dietetic staffing trust wide.
- 5260 Non timely access to nutritional management for patients trust wide.
- 4898 Risk of harm to patients requiring parenteral nutrition due to insufficient pharmacy levels to safely manage demand.
- 4880 updated to reflect full risk of inconsistent NGT placement training and recommended for addition to the Corporate Risk Register

OUR QUALITY & SAFETY – INFECTION PREVENTION AND CONTROL

We are driving this measure because:

There is a need to embed our current infection prevention and control policies and practices and achieve Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards and ongoing care of invasive devices.





Performance and Actions

Infections

- We were compliant with only the MRSA in-month infection targets in Jan-24.
- We are not currently compliant with any of the year-to-date targets.
- We have already failed all year end targets as well.

	Jan-24	Year to Date	Year End
	(Actual vs Target)		
C.Diff	8/7	95/58	103/78
E-Coli	14/7	92/59	92/69
MSSA	2/1	31/15	31/17
MRSA	0/0	2/0	2/0
Klebsiella	2/1	29/18	29/21
Pseudomonas	2/1	16/10	16/12

Audits

- Hand Hygiene Audit Participation rates increased in Jan-24 to 95.58%.
- Hand Hygiene Practice Compliance also increased slightly in Jan-24 to 99.71%.
- High Impact Interventions were all compliant with the 95% target.

Actions

- PVD task and finish group, review of PVD pack usage
- Strengthening the EPR processes for recording of VIP scores – high impact interventions and weekly ward audits
- Relaunch of policy via Governance teams
- Cdiff action plan in place and actions completed
- AMS processes in place and monitored via Antimicrobial stewardship Group
- 28 day and admission screening compliance reporting under development

Risks

Capacity/flow/boarding/increased length of stay. It is well documented that increased length of stay will increase your risk of HCAI.
Outbreak management and isolation can be challenging when the demand for siderooms outweighs the capacity. Risk assessments and mitigations are in place to ensure patient, staff and visitor safety is maintained.
Aconbury 0 has an enhanced IPC risk assessment completed due to the environmental concerns – 2 x toilets for up to 30 pts, currently there is an extended outbreak in this area despite enhanced cleaning cohorting of patients. Pending the purchase of rediair units to improve the air quality, also scoping exercise to increase the number of toilets and add shower facilities.

What the charts tell us

- Hand Hygiene Compliance has exceeded the target for the (98%) for the past 21 months and is showing special cause variation of improvement.
- However, Hand Hygiene Audit participation (see SPC) is still not compliant with the target (100%) and is showing common cause variation.

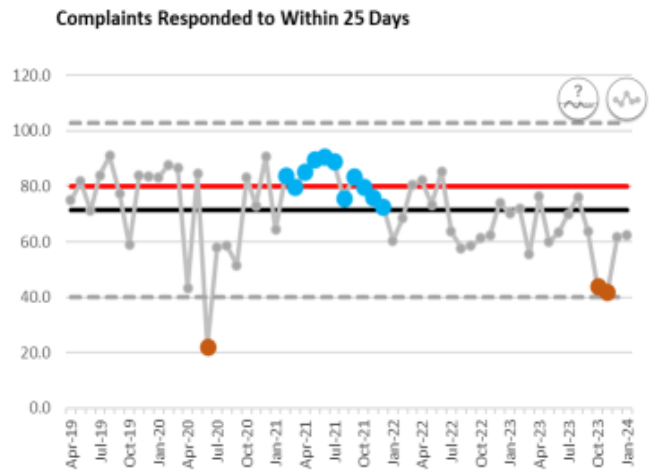
OUR QUALITY & SAFETY – COMPLAINTS

We are driving this measure because

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints services can be effective in resolving the majority of complaints, queries or outstanding concerns.

Performance

- In total there were 88 new formal complaints received within Jan-24 with 31 (45.6%[1]) called within 5 days to discuss the complaint.
- The Trust had 109 complaints still open at the end of Jan , of which 16 have been reopened.
- Of these 109 complaints, 21 have breached 25 days (6 of which have been reopened)



- Compliance with complaints closed within 25 days increased for the 2nd consecutive month to 62.5%, but this is the 19th consecutive month that the target (80%) has been missed.
- The Women & Children's Division have significantly reduced their backlog of overdue complaint cases over January.
- The Surgical Division made significant progress in December and the early part of January to reduce their backlog of overdue complaints from 80 in October to a low of 13 at 29/01/2024, this was possible due to increased capacity from temporary staff in the Division. This resource is now significantly reduced, and Surgical breaches are beginning to accumulate again at speed (25 at 26/02/2024, almost doubling in one month).

1 *The Denominator used when calculating the "% New Formal Complaints Telephoned in 5 Days" excludes those New Complaints received in the last 5 working days of the month*

Actions

- Performance will not improve significantly or maintain above KPI until Surgery breaches are reduced to a manageable level continuously.
- At the current rate of increasing breaches, and accounting for the larger proportion of open cases received which are due over the next month, there is a risk of these breaches quickly growing back to an overwhelming number, as happened in February 2023.
- Surgical Division actions include:
  - Internal Divisional SOP devised, approved and circulated
  - Individual meetings with DM's to aid understanding of roles and responsibilities
  - Limited additional support to division continues until end of March 24
  - Weekly divisional meeting to monitor and aid progress
- Complaints Manager is now reporting monthly on activity, as well as breaches and any potential upcoming issues to Head of Patient Safety and Complaints and Associate Director of Patient Safety & Risk, so that any concerns can be escalated.
- Upcoming breach cases are highlighted in the narrative email sent with the Complaints Sitrep to more directly alert to investigators and senior staff.

Risks

Reputational Damage, further resource depletion due to ongoing correspondence with extended open cases, distress to patients and relatives

What the charts tell us

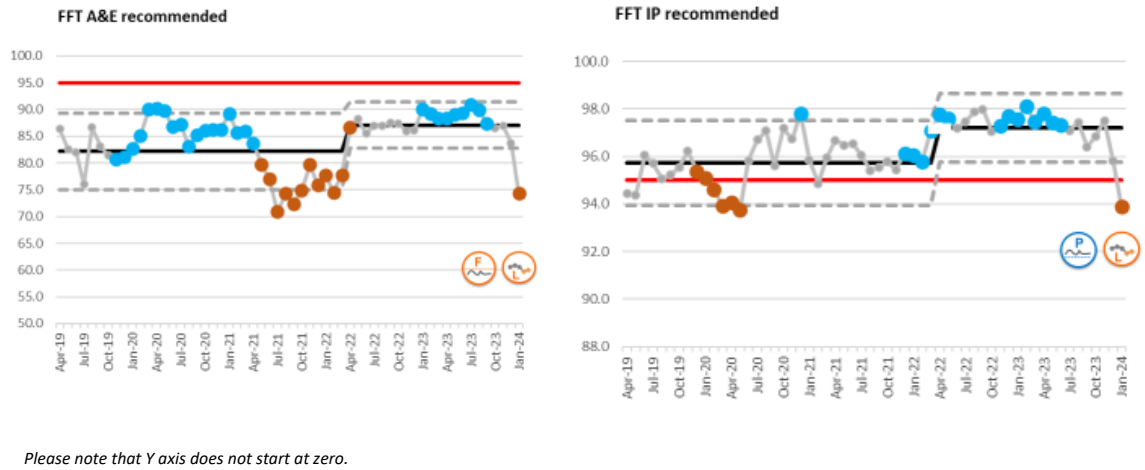
The target is within the common cause variation but performance continues to fluctuate. The SPC chart indicates that more robust processes and / or increased focus / capacity would enable us to meet the target consistently as the target is within the control limits.

OUR QUALITY & SAFETY – FRIENDS AND FAMILY TEST

We are driving this measure because

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

Performance



Please note that Y axis does not start at zero.

- Inpatients recommended rate dropped in Jan-24 to 93.9% and dropped below the target for the first time since Feb-21. All sites except WRH (90.8%) were compliant in Jan-24.
- Outpatients recommended rate dropped slightly in Jan-24 to 91.4% and dropped below the target for the first time since Aug-22
- A&E the recommended rate dropped in Jan-24 to 74.3% target, this is the first time the rate has dropped below 85% since Apr-22.
- There were no responses from Maternity in Jan-24

Actions

- QR code posters have been developed and made available to staff across various divisions since January 2024 – an internal communication was also issued at the time of the introduction. This is alongside card and texts methods used for feedback.
- Maternity are in discussions about developing their own QR poster in conjunction with Neonatal Voices Partnership. The division also need to consider feedback options for FFT and how this can be implemented. Discussions have now taken place with George Elliott Hospital patient experience about how they ascertain such high percentages for feedback month on month. Need to confirm forward plan. Lead Matron and DDN to consider possible options.
- Governance managers are aware of the drop in FFT responses and to work with Matrons, Ward Managers and the Lead Nurse for Patient Governance in ensuring that the importance of FFT feedback is maintained and promoted.
- Lead Nurse for Patient Experience to attend Matrons meetings to discuss any FFT concerns or issues for reporting.
- Possible drop may be due to the winter pressures and staff not having time to promote the FFT adequately.

Risks

A&E to be reviewed as moving to new department on the Worcester site in October 23 – potential for FFT feedback percentages reduction/increase – to be monitored.
Maternity – Following the trial and review, if FFT paper feedback does not increase percentages for feedback, the Trust will need to consider other data collection methods alongside West Midlands Peer Group actions taken to increase response rates.

What the charts tell us

A&E and Inpatients are both showing special cause variation of concern for the first time in many months. This will be monitored to ascertain whether it is a one off or the beginning of a trend.

OUR WORKFORCE

Tina Ricketts

Director of People and Culture

Vacancies on ESR have reduced by 51 wte this month to 535 wte,. Our gross vacancy rate on ESR has therefore reduced to 7.60% compared to 11.96% for January 2023 (288 less vacancies than last year). This is a direct result of the increased recruitment activity made possible by the Recruitment and Medical Resourcing business case. 78.88 wte have been added to the establishment for the period 1st December 2023 to 31st March 2024 to support the additional Winter Capacity. We are now 120wte ahead of plan year to date and 79wte ahead of our end of year plan which will help mitigate the use of bank and agency for the winter wards.

Agency spend remains our biggest challenge. There has been a 175wte increase in the total worked (Agency, Bank & Substantive) which is 561 wte higher than January 2023. The total number of hours worked by substantive has increased 25 wte in month, bank has increased by 68 wte due to agency swap outs with agency increasing by 82 wte in month as a direct result of staffing the two additional Winter Wards and continued use of the escalation areas. Agency spend has increased by 1.10% to 9.63% of gross cost, against our target of 6%. Urgent Care has had the highest increase in agency spend with 26.18% of gross spend. However, agency spend is 0.69% lower compared to the same period last year.

Our annual staff turnover has continued to meet our target of 11.5% and has reduced again to 11.03% this month. Our monthly staff turnover is good at 0.91% against a Model Hospital average of 1.13%.

Monthly sickness absence reduced marginally by 0.02% in month to 6.34% which is 0.37% worse than January 2023. Sickness is generally higher in December and January due to seasonal illness. Sickness remains high in all clinical divisions which have all deteriorated in January, except for Surgery. Absence due to stress (S10) remains higher than pre-pandemic with Corporate an outlier with 40.79% of the Division's in month absence being attributed to S10, followed by Women and Childrens (39.45%) and Surgery (37.12%). We have added a monthly cut of both short and long-term sickness to give an earlier predictor of trends. Women and Children are showing as outliers for long-term sickness (5.05%) and Urgent care for short term (6.56%). Sickness absence management will remain a focus at divisional performance review meetings and HRBPs are working with Divisions on their sickness absence management.

Consultant Job Planning has deteriorated by 6% to 68% with all divisions in a worsening position apart from Urgent Care who are unchanged at 64%. Surgery remain an outlier with a deteriorating position of 47%. Women and Children have dropped from their 100% across the board compliance and are now 69% for Consultants and 78% for SAS Doctors. All divisions are of concern with the highest compliance rate being 76% in SCSD.

Mandatory training compliance has improved by 2% to Trust target of 90% against a Model Hospital Benchmark of 89.6% Medical appraisal has dropped to 93% which is above target.

OUR WORKFORCE – REDUCTION OF AGENCY SPEND

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and reduced cost to the Trust.

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24
10.32%	8.15%	7.1%	9.22%	9.49%	11.12%	9.26%	10.21%	9.75%	9.39%	9.69%	8.53%	9.63%

Assurance

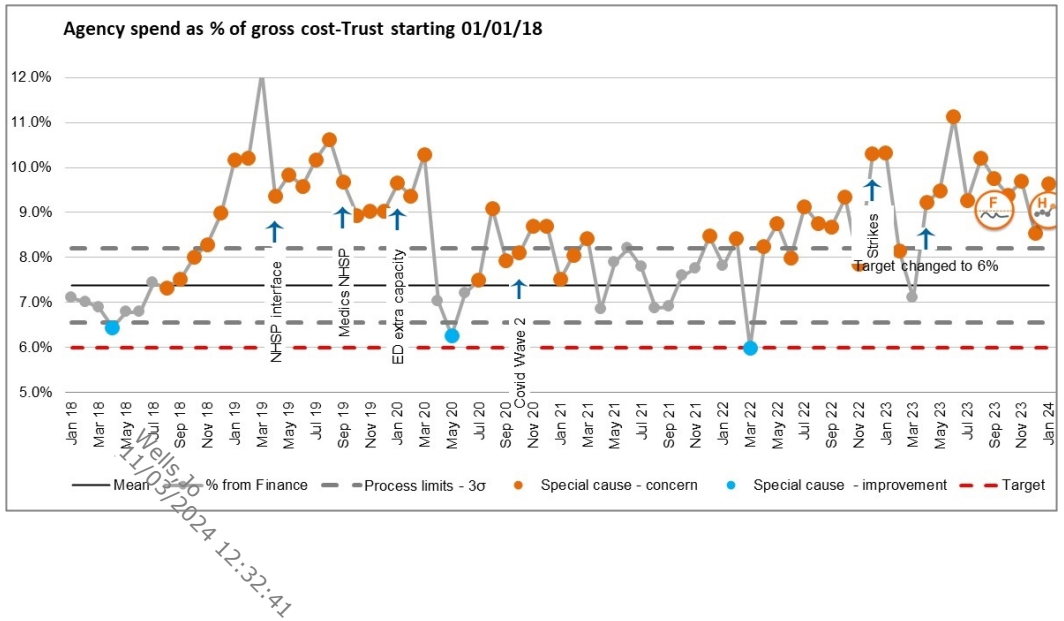
The system is expected to consistently Fail the target

Variation

Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark

Reasonable Assurance



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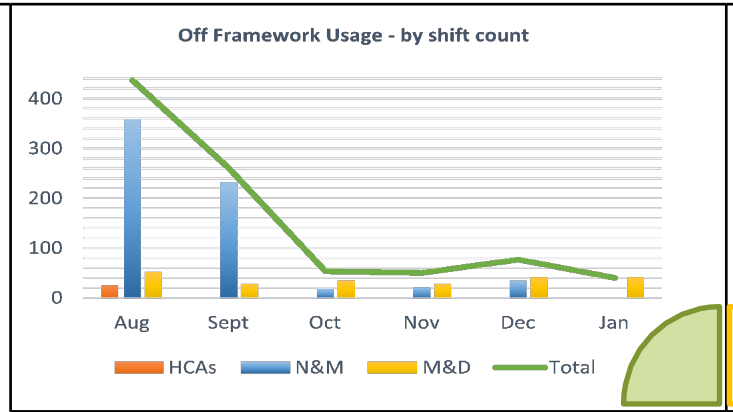
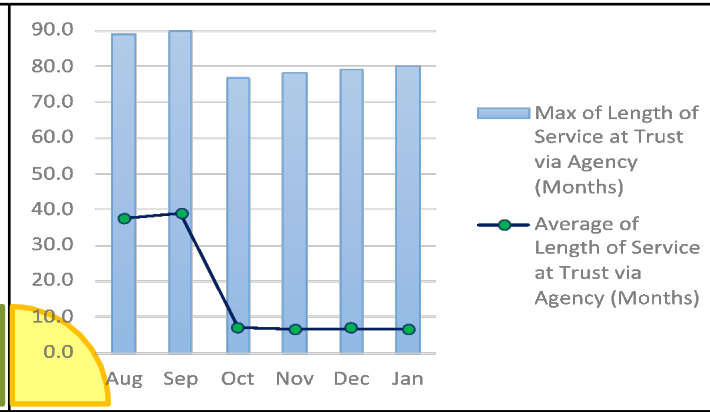
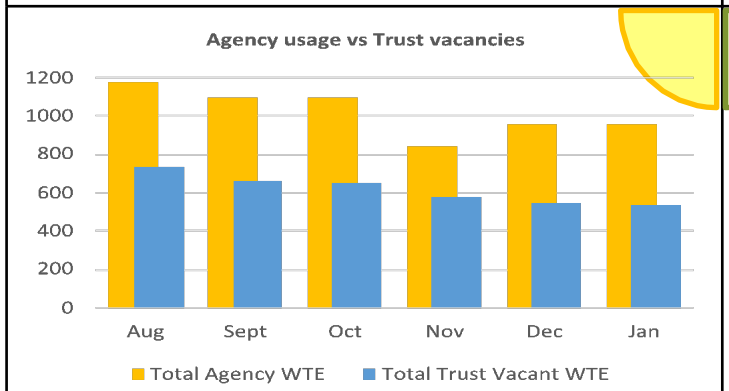


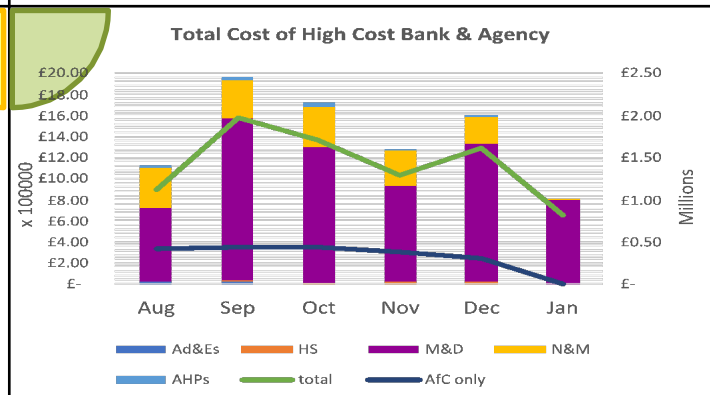
As expected, off framework usage has reduced in January, with Medical & Dental being the only staff group with off framework temporary workers.



The average length of service has increased slightly as few further replacements have been made since the large reductions in October. This will need continued monitoring to remain low.



Agency usage at the Trust has remained static across December and January, with minor changes to the overall vacancy rate. This implies there is consistent usage for gap cover.



We are continuing to see a very positive reduction in the use of high-cost workers within AfC. Within M&D high-cost usage has reduced but remains significant.

What the chart tells us

Agency cost as a % of gross cost has increased from 8.53% to 9.63% in month which is above our target of 6%. A number of actions are being taken to reduce temporary staffing costs including our targeted PEP programme, enhanced recruitment plans and improved management of sickness absence.

OUR WORKFORCE - VACANCY

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24
12.0%	11.6%	11.6%	12.6%	12.6%	12.3%	11.6%	10.6%	9.5%	9.3%	8.25%	8.33%	7.6%

Assurance

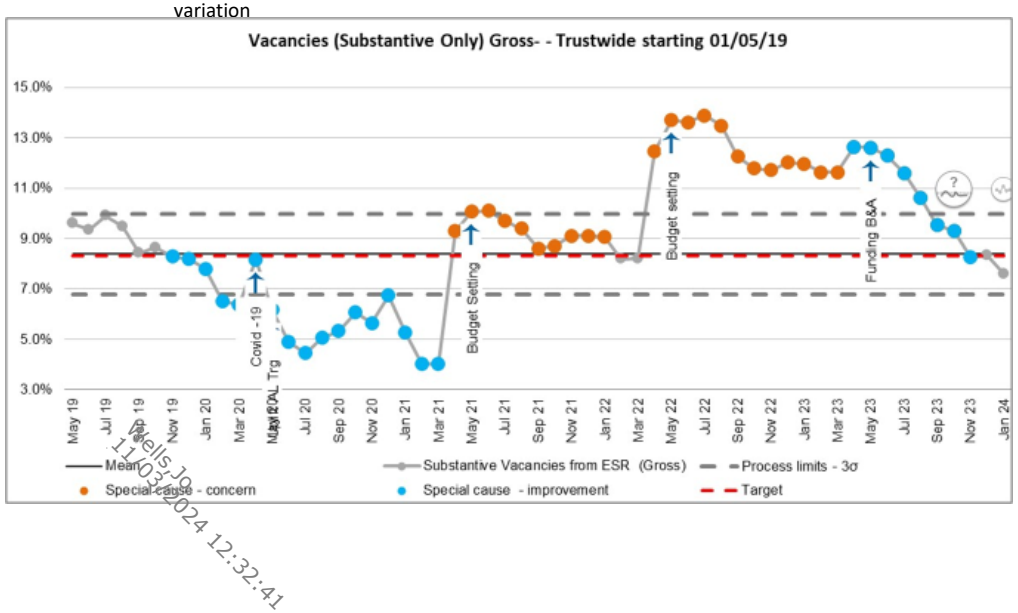
Hit and miss target - Subject to random variation

Variation

Common cause – no significant change

Data Quality Mark

Reasonable Assurance



Performance and Actions

- **Starters and Leavers** - We have recruited 68 more starters than leavers this month with 141 new starters processed in month (headcount).
- **Time to Hire** – Our time to process checks for doctors has reduced to 49 working days this month.
- **Healthcare Support Workers** – Our vacancy rate has reduced from 10.39% to 9.36% or 95.6 wte vacancies compared to 106 wte last month. We have been actively recruiting HCSWs throughout the year with 41 starting in January. Our retention for HCSWs requires improvement with 232 leavers over the year (18 in January). We have established a task and finish group to improve the onboarding process.
- **Nursing & Midwifery** - We currently have 74wte Registered Nurse vacancies (compared to 94 in December) plus 22wte Midwifery vacancies. Our International Nurse recruitment programme is on track to achieve our target of 150 by 31st March 2024. We had 19 new starters and 17 leavers in January. We have had 235 Nurse leavers over the year.
- **Allied Health Professionals**– We have 50wte qualified AHP vacancies (compared to 46 wte last month) and 11wte support posts. We have struggled to gain traction with our AHP recruitment in the last 12 months with 80 leavers . January saw a reduction in leavers to 9 but with 9 starters this is an overall break even position.
- **Medical & Dental**. We have 55 Consultant vacancies (compared to 61 last month)and 58.4 Trainee Grade vacancies. We are over-established by 13.6 wte Career Grade posts to fill the gaps. Medical Resourcing are working with clinical directors on targeted recruitment campaigns and successfully recruited 7 Consultants, 1 Specialty Doctor and 1 Specialty Registrar in January.

We benchmark well against Model Hospital for our vacancy rate with Registered Nursing at Quartile 1 and HCAs at Quartile 2. Medics and AHPs are Quartile 3.

Risks

Healthcare support worker retention, hard to recruit medical vacancies and an increasing establishment.

What the chart tells us

We are on an improving trajectory other than April 2023 budget setting where business cases were transacted into the establishment.

OUR WORKFORCE - SICKNESS

We are driving this measure because

Due to increased scrutiny and higher sickness levels following the pandemic the Trust aims to reduce sickness levels to provide high quality care, and reduction of agency spend, as well as improving morale of staff.

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
6.0%	5.5%	5.6%	5.4%	5.5%	5.3%	5.5%	5.6%	5.67%	6.21%	5.98%	6.34%	6.32%

Assurance

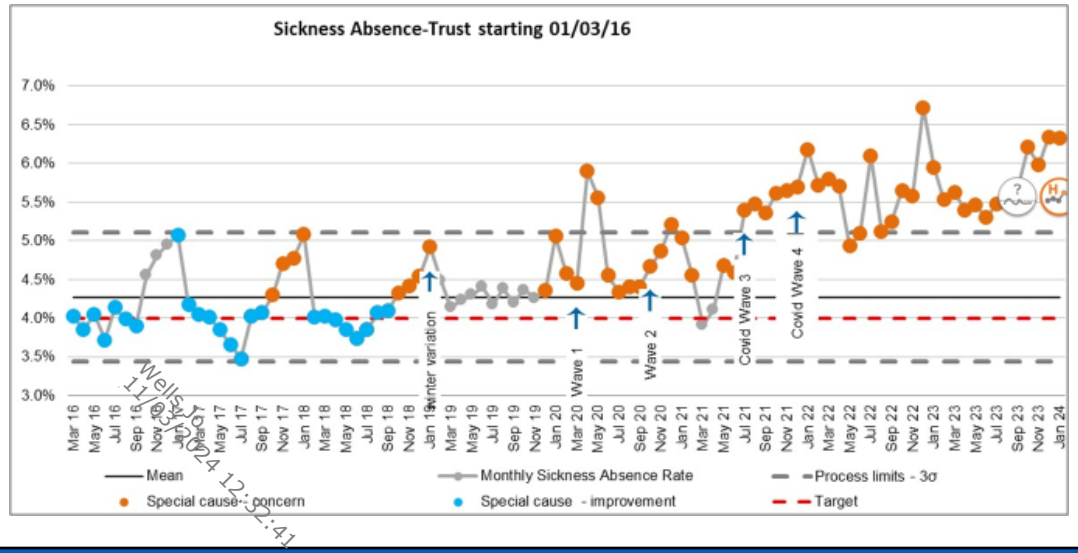
Hit and miss target - Subject to random variation

Variation

Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark

Reasonable Assurance



Performance and Actions

- Monthly sickness rates have reduced marginally by 0.02% to 6.32%, which is 0.37% higher than the same period last year.
- HCAs continue to have the highest levels of sickness across all divisions but Medical and Dental are the only group that meets the Group target of 4%.
- All staff groups in Surgery are of concern with the exception of Medical and Dental. Estates and Ancillary continue to be of concern. 3 staff groups out of 8 have improved this month.
- Stress and Anxiety (S10) has increased again and now accounts for 30.97% of the in-month sickness absence. 40.79% of S10 sickness is in Corporate, 39.45% in Women and Children's and 37.12% in Surgery.
- Long term sickness has reduced by 0.03% in month to 3.37% with the highest rates in Women and Childrens (5.05%)
- Short term absence has increased by 0.01% to 2.95% with extremely high rates in Urgent Care (6.56%)
- Our sickness is currently benchmarking poorly against the national position in most staff groups
- Management of sickness absence will remain a key priority to achieve the 4% target.

Sickness Absence	2024 / 01			
	Trust	Region	Country	National
Add Prof Scientific and Technic	4.40%	4.48%	4.15%	4.15%
Additional Clinical Services	8.85%	8.05%	7.66%	7.73%
Administrative and Clerical	5.17%	5.02%	4.70%	4.73%
Allied Health Professionals	5.18%	4.98%	4.62%	4.64%
Estates and Ancillary	8.65%	7.80%	7.74%	7.89%
Healthcare Scientists	5.29%	3.91%	3.90%	3.83%
Medical and Dental	1.71%	2.05%	1.98%	1.99%
Nursing and Midwifery Registered	7.27%	6.26%	5.81%	5.87%
Students	0.00%	2.66%	2.87%	2.86%

Risks

Increased cost of bank and agency fill. Redeployment to cover additional winter beds, sustained Level 4 escalation, industrial action, and increased temporary staffing may have an adverse impact on sickness levels.

What the chart tells us

The elevated period between May 2021 and December 2022 reflects covid impact in addition to other winter pressures such as Flu. Since the peak in sickness absence in Dec 2022 (6.7%), the trajectory has improved but appeared to be plateauing at about 5.5%. However, there was a sharp increase in October 2023, primarily in long-term sickness for Stress and Anxiety which appears to be continuing.

OUR WORKFORCE - TURNOVER

We are driving this measure because

To improve retention, maintain staffing levels, improve morale, and enable the reduction of temporary staffing to maintain a high quality of care.

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
13.4%	13.0%	12.1%	12.0%	12.0%	12.1%	11.9%	11.9%	11.6%	11.3%	11.12%	11.07%	11.03%

Assurance

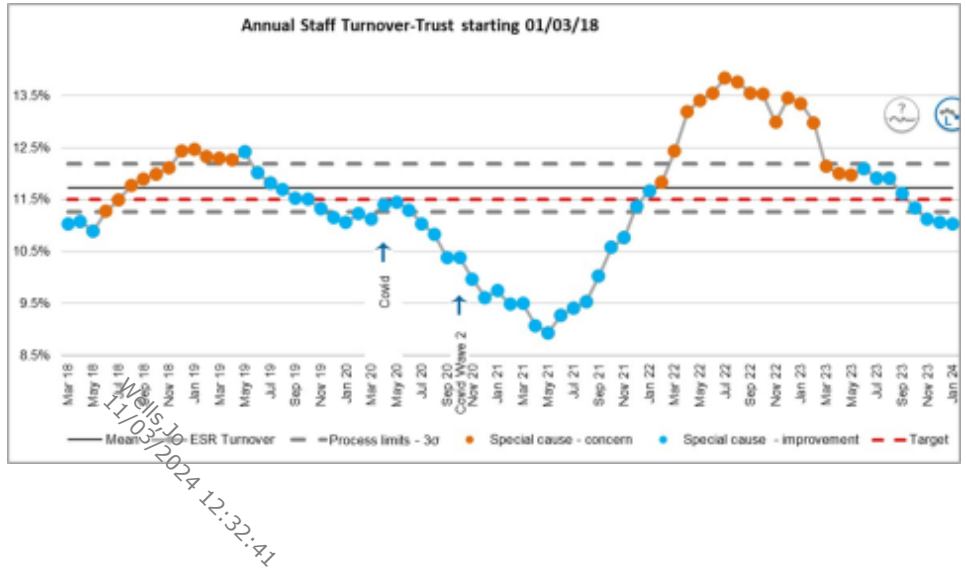
Hit and miss target - Subject to random variation

Variation

Special Cause of improving nature or lower pressures due to lower values.

Data Quality Mark

Reasonable Assurance



Performance and Actions

Our annual staff turnover has reduced by 0.04% to 11.03% which is 2.32% better than the same period last year. This means that we have continued to achieve our local target of 11.5%.

Workforce annual turnover is currently at the lowest level for the past year. Turnover rates for registered nurses have increased slightly to 9.61%, and Midwives increased to 8.62%, and Medics improved to 5.95%

The Benchmark Report from ESR shows that the Trusts monthly turnover for January is worse than average in all staff groups except Add Prof and Tech, and Estates and Admin. Nursing monthly turnover is broadly average.

We aim to reduce the number of staff leaving due to work life balance during the next year through our focus on flexible working.

Monthly Turnover	2024 / 01			
	Trust	Region	Country	National
Add Prof Scientific and Technic	0.00%	0.88%	1.15%	1.13%
Additional Clinical Services	1.13%	0.71%	0.94%	0.92%
Administrative and Clerical	1.04%	0.82%	0.92%	0.90%
Allied Health Professionals	1.92%	0.74%	0.82%	0.81%
Estates and Ancillary	0.56%	0.64%	0.73%	0.74%
Healthcare Scientists	1.13%	0.91%	0.77%	0.75%
Medical and Dental	1.06%	0.70%	0.78%	0.79%
Nursing and Midwifery Registered	0.72%	0.61%	0.72%	0.71%
Students	0.00%	0.34%	0.63%	0.61%

Risks

Estates and Ancillary, AHPs and Medical and Dental are Quartile 3 on Model Hospital for turnover. Retention of these groups is important in terms of reducing bank and agency spend and improving morale of teams.

What the chart tells us

Annual Staff Turnover continues on an improving downward trajectory with the 11.5% target met for the third month in a row.

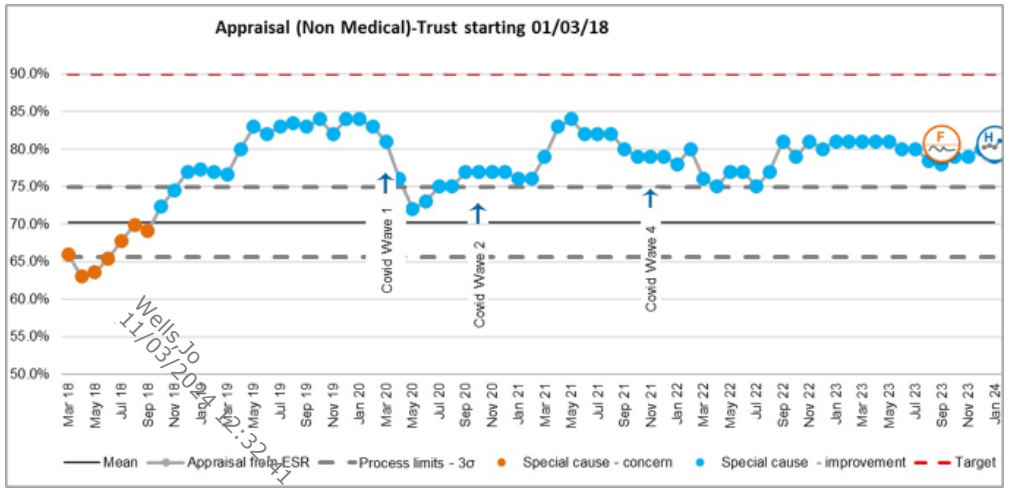
OUR WORKFORCE – APPRAISAL AND JOB PLANS

We are driving this measure because:

To ensure our staff feel heard and valued which will maintain high standards and improve retention.

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
80%	81%	81%	81%	81%	81%	80%	78%	78%	79%	79%	80%	79%

Assurance	Variation	Data Quality Mark
The system is expected to consistently Fail the target	Special Cause Variation where High requires investigation	Reasonable Assurance



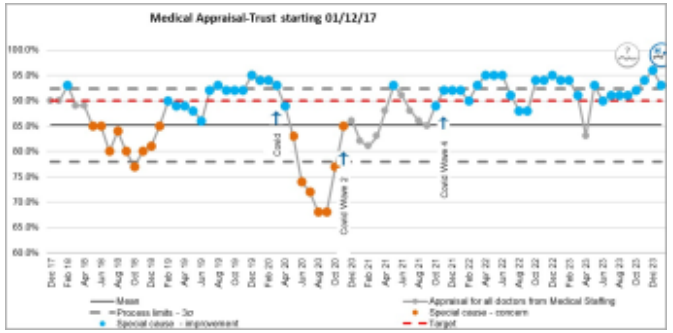
Performance and Actions

Appraisal Rate has dropped by 1% to 79% against a target of 90%. Compliance is 8% lower than the same period last year. All staff groups are below the 90% target with Professional Scientific and Technical showing as an outlier with 68%. Corporate remains a significant outlier in terms of the division despite a 1% improvement this month to 63%.

This is against a Model Hospital average of 80.9% (revised 2022/23 rates). We are at Quartile 3 on model hospital.

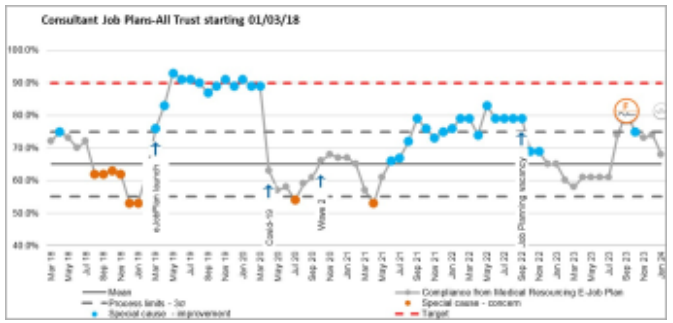
A revised appraisal form has been launched to include career conversations, as well as further guidance on Wellbeing Conversations with staff and training for Managers.

Medical Appraisal is currently at 93% and has been fairly consistently above target of 90% since December 2021:



Consultant Job Planning has deteriorated by 6% to 68% with all divisions in a worsening position apart from Urgent Care who are unchanged at 64%. Surgery remain an outlier with a deteriorating position of 47%.

Women and Children have dropped from their 100% across the board compliance and are now 69% for Consultants and 78% for SAS Doctors.



Risks

Admin and Clerical staff (particularly those in Corporate Teams) have low levels of appraisal compliance.

What the chart tells us

The rolling 12-month appraisal position remains fairly consistent across the period between May 2021 and July 2023 but then deteriorated and is significantly below target of 90%.

OUR WORKFORCE – STATUTORY AND MANDATORY TRAINING

We are driving this measure because:

To ensure that all our staff maintain mandatory and essential to roll training which will ensure their safety and maintain high quality of care to our patients

Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
89%	89%	89%	90%	90%	90%	90%	89%	88%	88%	88%	88%	90%

Assurance

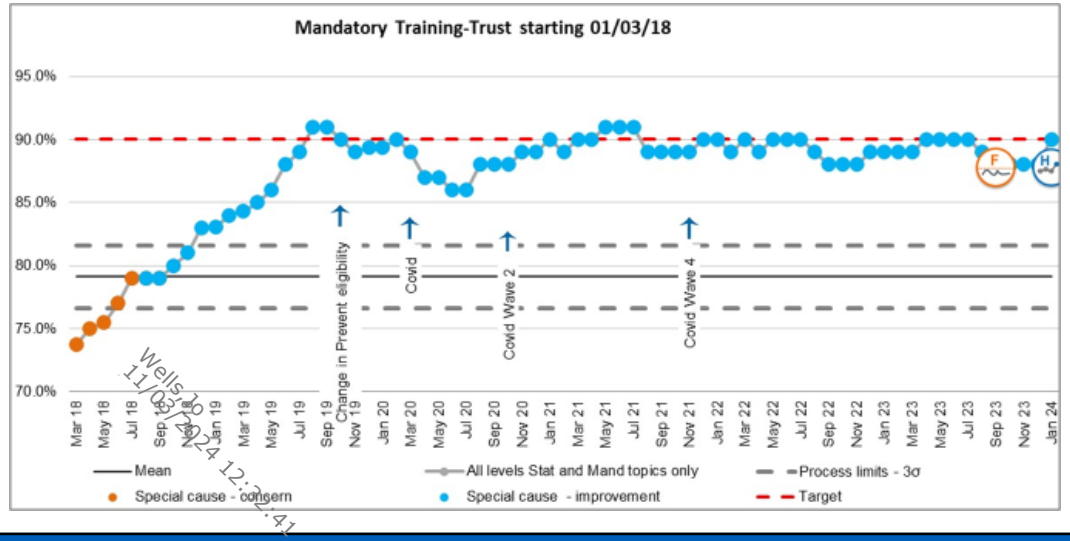
The system is expected to consistently Fail the target

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

Reasonable Assurance



Performance and Actions

Overall mandatory training compliance has improved by 2% to meet Trust target at 90% against a Model Hospital average of 89.6% (2022/23 rates). Outliers are Surgery (85%), Urgent Care (86%) and Women and Childrens (87%). All other divisions meet 90% target. The Medical and Dental staff group remain outliers across all divisions despite a 2% improvement to 76%. We have updated the table using the ESR benchmark data which demonstrates that the Trust continues to benchmark very well both regionally and nationally from ESR data. Indeed we are better than Regional, and National in all staff groups. This would indicate that other Trusts are taking out exclusions in what they send to Model Hospital as ESR reports are from raw data:

Mandatory Training	2024 / 01			
	Trust	Region	Country	National
Add Prof Scientific and Technic	84.70%	80.79%	75.95%	76.32%
Additional Clinical Services	84.63%	80.41%	78.09%	78.46%
Administrative and Clerical	86.92%	85.20%	80.15%	80.89%
Allied Health Professionals	91.45%	81.13%	79.18%	79.32%
Estates and Ancillary	84.41%	78.07%	75.55%	75.91%
Healthcare Scientists	88.39%	82.01%	78.03%	79.09%
Medical and Dental	70.80%	60.63%	59.12%	57.67%
Nursing and Midwifery Registered	83.92%	79.24%	75.18%	75.83%
Students	88.89%	82.17%	73.68%	73.08%

Risks:

Medical and dental training compliance, and some challenges with legacy IT infrastructure which doesn't consistently support some of the e-learning modules. Escalation to Level 4 and ongoing industrial action means that some face to face training is cancelled.

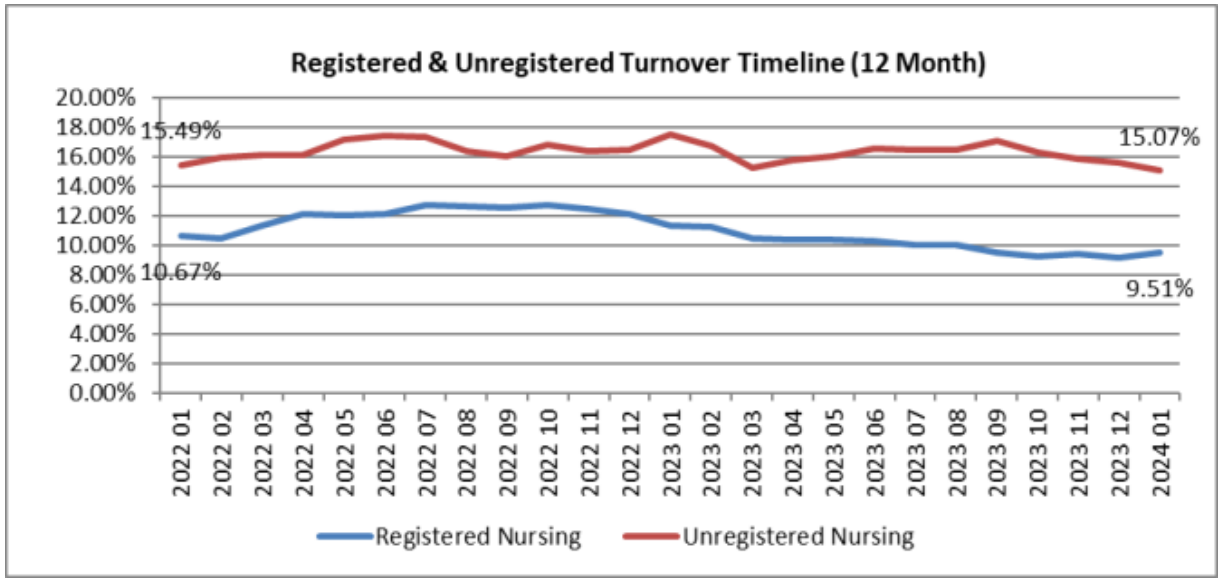
What the chart tells us:

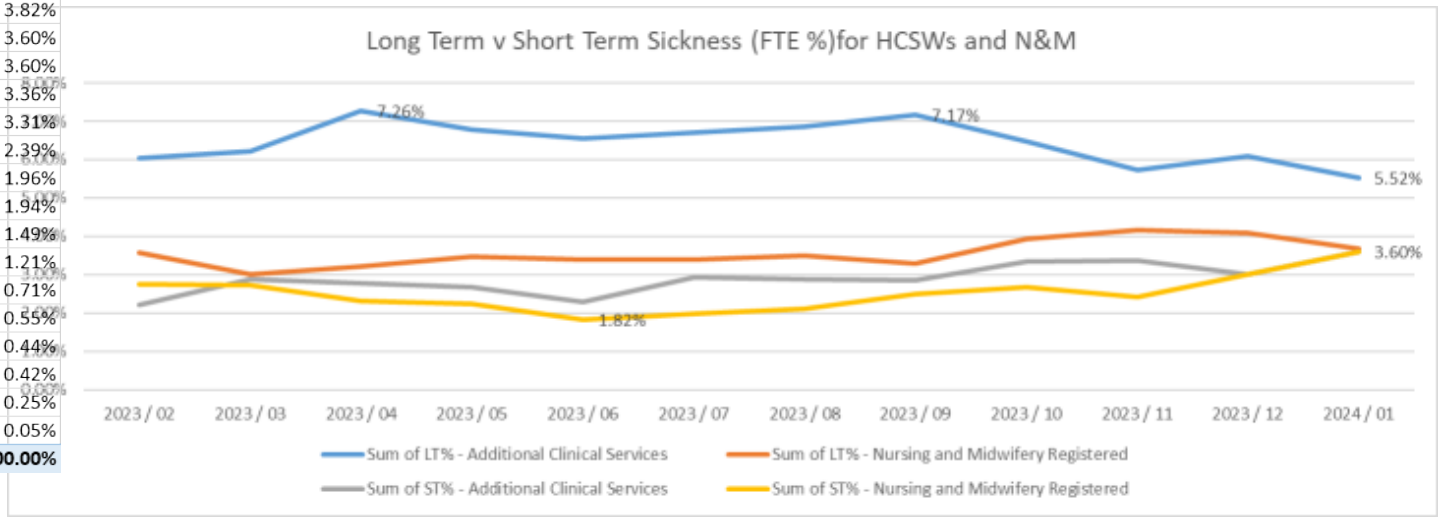
Compliance has improved to target this month.

WAHT Charts on Sickness Absence and Turnover for HCSWs and Registered Nurses and Midwives

Annual Turnover	Division				
Main Staff Group	SCSD	Specialty Med	Surgery	Urgent Care	Women and Children
Additional Clinical Services	14.08%	15.31%	11.46%	20.11%	14.02%
Nursing and Midwifery Registered	8.62%	11.15%	7.92%	9.44%	8.95%

Absence Reason	Spec Med	Urgent Care	SCSD	Surgery	W&C	Grand Total
S10 Anxiety/stress/depression/other psychiatric illnesses	4.86%	3.52%	9.46%	5.70%	7.14%	30.68%
S13 Cold, Cough, Flu - Influenza	3.15%	2.00%	5.23%	1.88%	2.32%	14.57%
S12 Other musculoskeletal problems	1.67%	0.67%	3.51%	1.68%	1.55%	9.07%
S25 Gastrointestinal problems	1.72%	0.90%	2.03%	0.85%	0.51%	6.02%
S98 Other known causes - not elsewhere classified	1.54%	1.03%	2.85%	0.14%	0.44%	6.01%
S28 Injury, fracture	0.15%	1.02%	1.35%	1.28%	0.72%	4.52%
S11 Back Problems	1.47%	0.66%	0.95%	0.49%	0.26%	3.82%
S26 Genitourinary & gynaecological disorders	0.59%	0.12%	1.69%	0.60%	0.60%	3.60%
S27 Infectious diseases	0.86%	0.39%	1.41%	0.48%	0.47%	3.60%
S30 Pregnancy related disorders	1.21%	0.47%	0.45%	0.75%	0.48%	3.36%
S15 Chest & respiratory problems	1.06%	0.07%	0.97%	0.34%	0.87%	3.31%
S16 Headache / migraine	0.53%	0.16%	0.51%	0.76%	0.44%	2.39%
S19 Heart, cardiac & circulatory problems	0.68%	0.09%	0.36%	0.39%	0.44%	1.96%
S17 Benign and malignant tumours, cancers	0.74%	0.39%	0.00%	0.30%	0.52%	1.94%
S21 Ear, nose, throat (ENT)	0.33%	0.19%	0.59%	0.19%	0.18%	1.49%
S29 Nervous system disorders	0.46%	0.00%	0.56%	0.00%	0.19%	1.21%
S22 Dental and oral problems	0.00%	0.04%	0.36%	0.00%	0.31%	0.71%
S31 Skin disorders	0.23%	0.29%	0.00%	0.00%	0.03%	0.55%
S14 Asthma	0.00%	0.12%	0.17%	0.14%	0.00%	0.44%
S24 Endocrine / glandular problems	0.05%	0.09%	0.00%	0.11%	0.18%	0.42%
S23 Eye problems	0.00%	0.00%	0.14%	0.04%	0.06%	0.25%
S18 Blood disorders	0.05%	0.00%	0.00%	0.00%	0.00%	0.05%
	21.35%	12.22%	32.61%	16.12%	17.70%	100.00%





OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2023/24
The final plan reflects a break-even plan for the year including £28m (4.2%) of PEP and £20m of Elective Recovery Fund activity. It is important to note that the recurrent underlying position of the Trust continues to run at a greater level of deficit due to the significant level of non-recurrent funding received from Herefordshire & Worcestershire ICB. During M9 we agreed a revised full year forecast of (£34.9m) deficit which was subsequently increased to (£36.6m) deficit after the effects of Industrial Action in December and January were included.

Income & Expenditure Performance
In M10 the Trust returned a deficit of £5.6m against a planned surplus of £1.7m, an adverse variance of £7.3m. The cumulative deficit to date is £27.0m against a planned deficit of £3.9m, an adverse variance of £23.1m. Key drivers of the variance include:

- Exceptional / Unplanned Items including the costs of industrial action, backdated pay awards and the cost of 1:1 specialist care for high acuity patients totalling (£3.9m)
- The above has been supported by receipt of £5m income (received in month 8) from the £800m National Settlement to recognise the significant financial challenges created by disruption to services because of Industrial Action
- Slippage on the delivery of Productivity and Efficiency Programmes of (£12.7m)
- The impact of excess inflation (£2.1m)
- The costs of temporary staffing above normal levels for both high acuity and hard to appoint to vacant posts totalling (£8.6m)
- Increased non pay costs of delivering activity including tariff drugs cost and greater reliance on insourcing/outsourcing (£8.0m)
- The above is offset by over achievement against the API targets which have been reduced since plans were originally set £8.0m

The projected outlook for the year remains a £36.6m deficit against plan. Financial recovery measures have been instigated including the setup of a Financial Recovery Board to oversee the delivery of revised financial and operational delivery targets for each Division for the remainder of the financial year. Wrap around support is being provided to Divisions on this improvement journey which includes 3rd party expertise to help co-ordinate and lead delivery.

Capital
The total capital plan submitted for 2023/24 was £30.089m and the revised internal plan at M9 was £34.191m. This excluding leases of £12.8m and FLD £500k which are not yet funded, nor part of the Trust approved CRL as at month 10. In M10 additional externally funded schemes for Breast panels (£65k) and Tomo Upgrade (£54k) were approved. The internal plan has reduced by £1.4m in month 10 to accurately reflect the expect lease additions and lease remeasurements at the end of the year, and IFRIC 12 additions forecast increased by £100k due to Q3 and expected Q4 additions, resulting in a new plan of £32.9m. The capital YTD spend at month 10 is £20.3m, £1.9m higher than Month 9.
The capital FYF for 2023/24 is expected to be fully committed. The Trust has been advised there is additional CRL and cash of £2.991m allocated to the Trust from the system allocation, (linked to the 2022/23 revenue system position). Additional P&W and equipment schemes are being identified to utilise this additional funding on the criteria of reducing on going revenue costs or essential schemes brought forward from 2024/25 into 2023/24. The funding mechanism for this additional CRL and cash has yet to be confirmed.

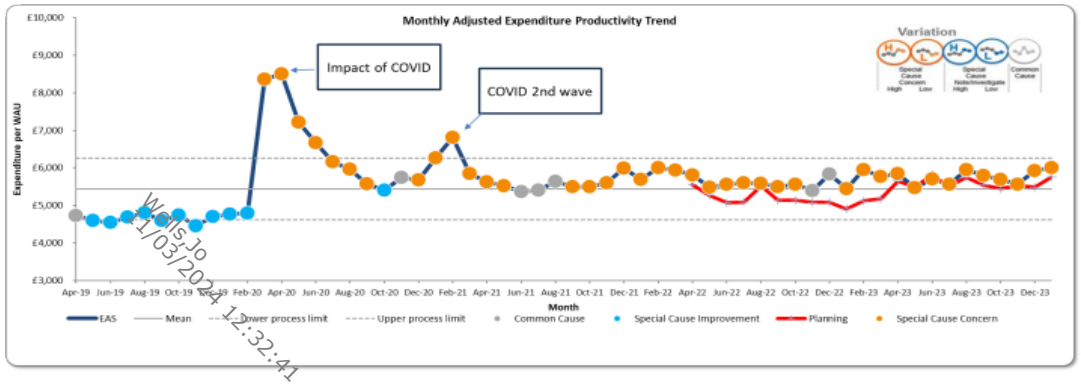
Cash
The Trust has received £9.05m of the cash backed £14.6m central capital funding up to month 10, leaving the balance of the full £16.946m expected funds to be received in Quarter 4. The Trust received an additional £11m cash support in January and £2m will be received in February 2024. Based on the revised FYF for 2023/24 the Trust has applied for an additional £5m in March, this amount takes into account that the MOU's have now been approved for submission for the capital funds for FLD (£7.1m). Close monitoring will be required in the final week of March to ensure that the Trust avoids an overdraft, and this will be done through the creditor's payments.

BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

The Income and Expenditure plan reflects the Trust's operational plan, and the resources available to the Trust to achieve its objectives. Variances from the plan should be understood, and wherever possible mitigations identified to manage the financial risk and ensure effective use of resources.

Statement of comprehensive income	Jan-24 Plan £'000	Jan-24 Actual £'000	Jan-24 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	53,975	54,285	310	527,608	544,786	17,178
Other operating income	2,552	2,756	204	24,505	26,265	1,760
Employee expenses	(32,096)	(36,418)	(4,322)	(327,093)	(350,188)	(23,095)
Operating expenses excluding employee expenses	(20,667)	(24,277)	(3,610)	(208,865)	(228,245)	(19,380)
OPERATING SURPLUS / (DEFICIT)	**3,765**	**(3,654)**	**(7,419)**	**16,154**	**(7,382)**	**(23,536)**
FINANCE COSTS						
Finance income	20	121	101	660	1,190	530
Finance expense	(1,279)	(1,277)	2	(12,798)	(12,802)	(4)
PDC dividends payable/refundable	(802)	(669)	133	(8,029)	(7,894)	135
NET FINANCE COSTS	**(2,061)**	**(1,825)**	**236**	**(20,167)**	**(19,506)**	**661**
Other gains/(losses) including disposal of assets	0	(95)	(95)	0	(97)	(97)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**1,704**	**(5,574)**	**(7,278)**	**(4,013)**	**(26,985)**	**(22,972)**
Add back all I&E impairments/(reversals)	0	1	1	0	1	1
Surplus/(deficit) before impairments and transfers	**1,704**	**(5,573)**	**(7,277)**	**(4,013)**	**(26,984)**	**(22,971)**
Remove capital donations/grants I&E impact	11	11	0	103	(55)	(158)
Adjusted financial performance surplus/(deficit)	**1,715**	**(5,562)**	**(7,277)**	**(3,910)**	**(27,039)**	**(23,129)**



Performance and Actions

At the end of Month 10 we report a year to date (YTD) adverse variance of £23.1m. **Our efficiency performance continues to be a key driver representing £12.7m (55%) of this adverse variance**. Temporary staffing costs continue to exceed prior year levels driven by year-on-year volume and rate increases with total worked WTE c.350 higher in 23/24 than in 22/23 across all staff groups. **The costs of temporary staffing above normal levels for high acuity care, hard to appoint to vacant posts and winter capacity totals £8.6m.**

Our M10 deficit of £5.6m is an adverse movement of £0.7m compared to M9. Normalising movements total £1.8m. The £1.8m is made up of lower activity driving lower API income in December (£1.2m), 2 bank holidays compared to 1 in January (£0.2m), higher non pay costs due to a 5-week supplies month in December compared to 4 weeks in January (£0.5m), one off Xerox credit note received in December (£0.2m) and a seasonal peak in gas usage in December (£0.1m). Income adjustments in month move the position £2.7m adverse including recognising a YTD reduction on pass through Drugs and Devices with our ICB and a risk on Diagnostics due to differences in the baseline. This is partially offset by other favourable movement in Income including £0.5m of winter funding in M10. A further correction of £0.6m has been posted YTD to Medics in M10 following updated information from NHSP on reported rates which offsets pressures on pay caused by corridor and waiting room staffing, and other pressures on pay caused by sickness and vacancy. Linen and Laundry credits in E&F as a result of invoices being raised at incorrect rates have offset increased losses on drugs in month.

Risks

In response to the National two-week exercise to agree actions to deliver priorities for the remainder of the financial year our financial forecast submission was not compliant with the requirement to break-even as we submitted a deficit of £34.9m against our breakeven plan (subsequently increased to (£36.6m) deficit after the effects of Industrial Action in December and January were included. This forecast has subsequently been recognised by NHSE.

The Turnaround Director commenced new style run-rate meetings during December to mitigate any further in month under performance and target further savings from improvements to run-rates. Run rate savings continue to be captured for reporting.

What the charts tell us

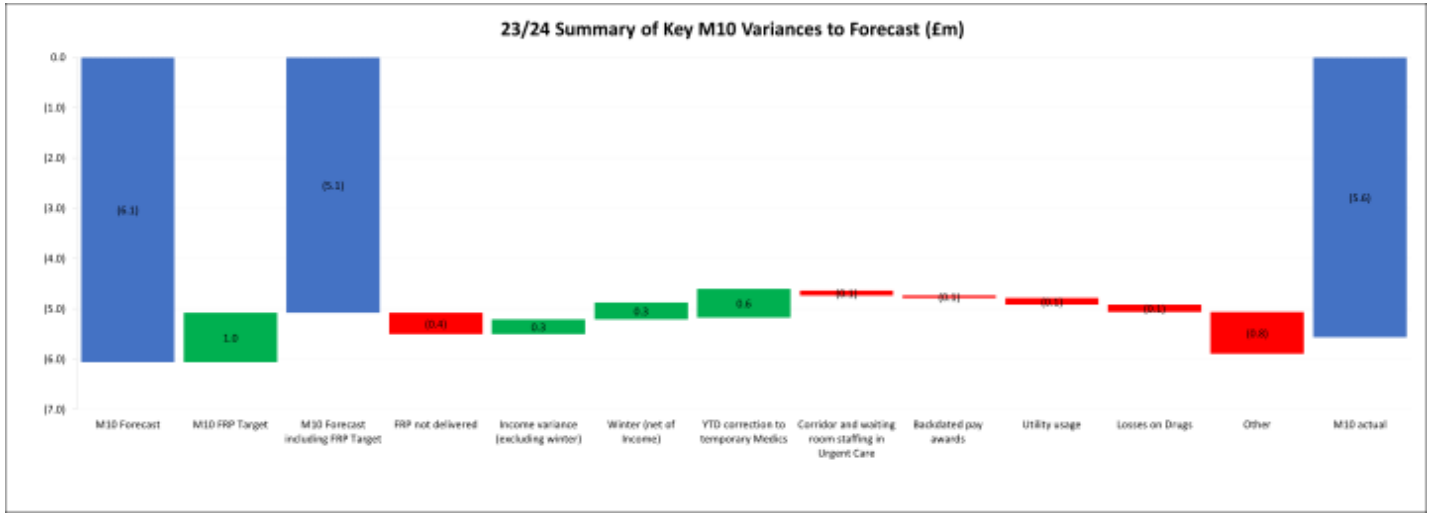
For January our Cost per WAU is 4% higher than plan and 1% higher than December. This means that we are spending more per unit of activity delivered than was in the operational and financial plan. (Note weighted activity can impact this position). Expenditure is 2% higher than December while the weighted activity is 1% increased.

BEST USE OF RESOURCES – INCOME & EXPENDITURE FORECAST

We are driving this measure because

In response to the rapid National two-week exercise to agree actions to deliver priorities for the remainder of the financial year our financial forecast submission was not compliant with the requirement to break-even as we submitted a deficit of £34.9m against our breakeven plan which was subsequently increased to (£36.6m) deficit after the effects of Industrial Action in December and January were included.

In response to the deficit forecast submitted by the Trust Financial Recovery Plan targets totalling £4.9m to be delivered over M9-M12 were issued to Divisions. Achievement of recurrent savings against these targets is important to reduce the run rate into 24/25. If delivered this would improve the Trust's year end position to £31.7m.



RISKS ASSESSMENT - FORECAST				
Category	Item	Mitigation	Downside	Upside
Base Forecast			(36.6)	(36.6)
FRP	FRP targets of £4.9m issued to Divisions. YTD to M9 Divisions have delivered £0.4m	Enhance pace of delivery and oversight through run rate reduction meetings.	0.7	4.9
Industrial Action	Further strike action announced for 24-28 February 2024, no further industrial action was included in the forecast	Full capture of costs to cover and loss of income for reporting to ICB and NHSE	(0.4)	(0.4)
Income	Risk of shortfall on UEC Income	Continue to discuss with ICB.	(1.6)	0.0
Balance Sheet	Balance Sheet benefits - current estimate	Continue monitoring of year end hits and benefits.	0.0	2.0
Planned Deficit adjusted for risk			(37.9)	(30.1)

What the table tells us

Favourable variances in M10 include income due to higher activity net of the adjustments made for drugs and devices and diagnostics (£0.3m), lower winter spend than forecast and further YTD correction to temporary Medics in M10 following updated information from NHSP on reported rates. Adverse variances include corridor and waiting room staffing in Urgent Care (£0.1m), further backdated pay awards (£0.1m), higher gas expenditure due to seasonality (£0.1m), and increased drugs losses in month (£0.1m).

These variances will be assessed to determine the likely impact in remaining months of the year alongside identification of mitigations where required.

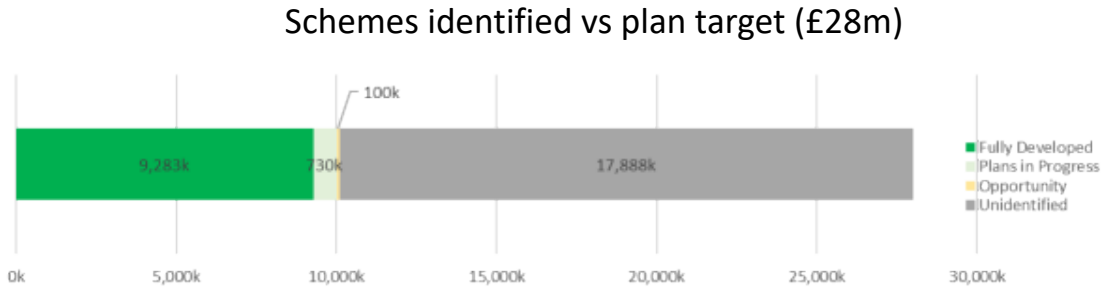
The M10 FRP target was £1.0m, of this the Trust has delivered £0.6m, an adverse variance of (£0.4m).

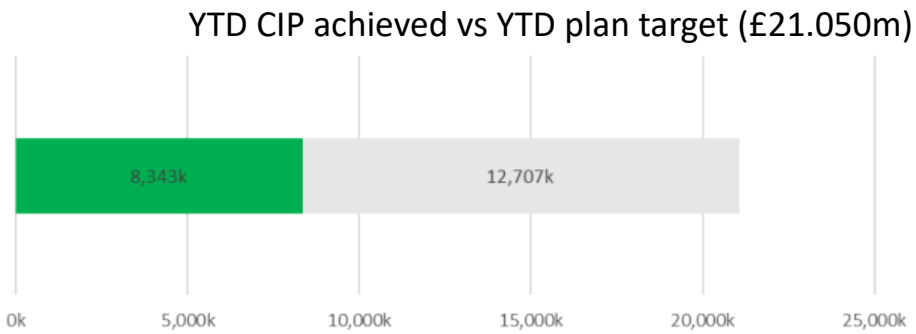
Our current assessment of upside and downside scenarios would indicate a possible upside of £30.1m deficit and a possible downside of £37.9m.

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

We are driving this measure because

If the Trust fails to identify recurrent Productivity & Efficiency Plans (PEP) and put in place sufficient resources and governance arrangements to drive delivery, then it will not achieve financial sustainability.





Performance and Actions

- The Trusts target for 23/24 submitted to NHSE is £28m. YTD £8.343m actuals delivered against plan £21.050m.
- As part of the reforecast completed in M7 Financial Recovery Plan request from NHSE, schemes with a high-risk status have been re-forecast to £0. The forecast value for 23/24 exit was £9.974m. The current forecast exit position for 23/24 is £10.112m.
- The Trust is continuing with the run rate approach for reducing in month expenditure to end of FY which also focuses on CIP savings for 23/24 and 24/25.
- A number of schemes have under delivered in M10 (International Nursing - £0.157m), which are expected to deliver saving in M11

Risks

- If the Trust is unable to deliver the plan target of £28m (or the re-forecast £9.974m) this will impact on the Trusts ability to deliver a breakeven position at year end.
- The Trust has commenced Annual Planning for 24/25 with Divisions and Corporate teams developing CIP ideas which may impact on the capacity and ability to continue progressing with 23/24.

What the charts tell us

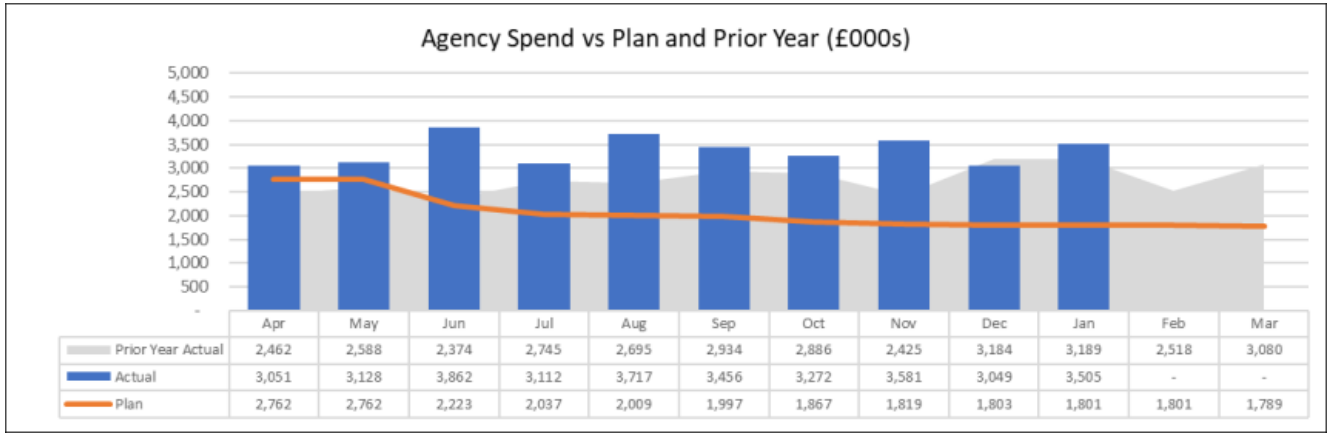
M10 delivered actuals of £0.882m against a plan of £4.112m and a re-forecast value of £0.997m. YTD performance is £8.343m of actuals compared to a plan of £21.050m. Using the NHSE categorisation for schemes: £9.283m of schemes are Fully Developed (an increase of £0.885m compared to M9), £0.730m of schemes are Plans in Progress (a decrease of £1.126m compared to M9). £0.100m has been added as Opportunity (M9 was £0). As a result, unidentified is £17.888m (an increase of £0.142m compared to M9).

The priority is to continue with the implementation of run-rate meetings designed to mitigate any further in month CIP under performance and target further savings from improvements to Division and Corporate team run-rates before the end of the FY. Focussing on mitigating any in month under performance to our CIP programme will ensure we improve upon our re-forecasted position completed in M7 as reported to NHSE being £9.974m. Our latest forecast is to exit 23/24 at £10.112m.

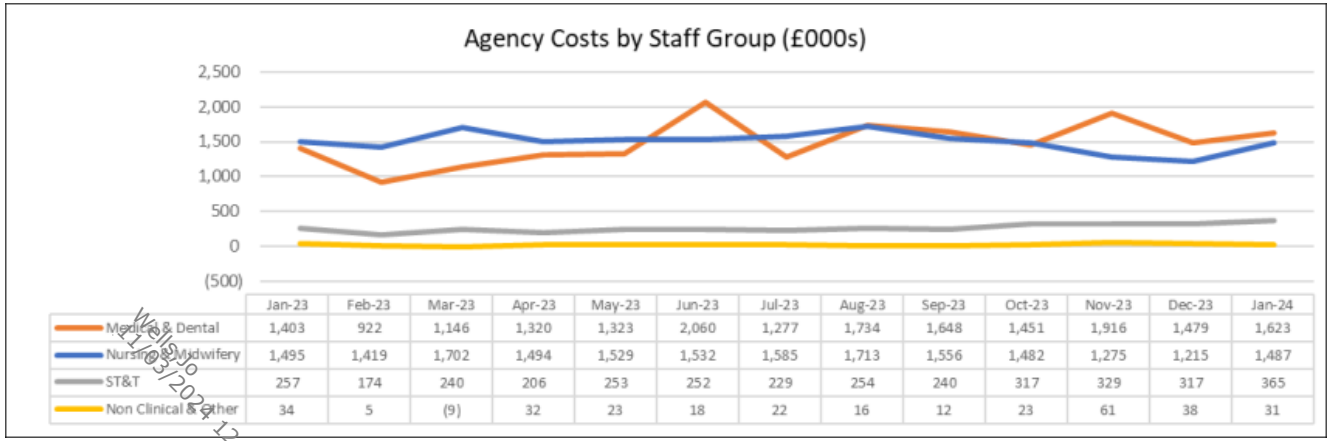
BEST USE OF RESOURCES – AGENCY SPEND

We are driving this measure because

Expenditure on high-cost agency is a significant driver of our financial performance and consequently our financial plan reflects a challenging target to reduce our agency spend to 6% of the pay bill. Delivery of this level of spend reduction is therefore key to achievement of our overall financial plan.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Prior Year Actual	2,462	2,588	2,374	2,745	2,695	2,934	2,886	2,425	3,184	3,189	2,518	3,080
Actual	3,051	3,128	3,862	3,112	3,717	3,456	3,272	3,581	3,049	3,505	-	-
Plan	2,762	2,762	2,223	2,037	2,009	1,997	1,867	1,819	1,803	1,801	1,801	1,789



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
Medics & Dental	1,403	922	1,146	1,320	1,323	2,060	1,277	1,734	1,648	1,451	1,916	1,479	1,623
Nursing & Midwifery	1,495	1,419	1,702	1,494	1,529	1,532	1,585	1,713	1,556	1,482	1,275	1,215	1,487
ST&T	257	174	240	206	253	252	229	254	240	317	329	317	365
Non Clinical & Other	34	5	(9)	32	23	18	22	16	12	23	61	38	31

Performance and Actions

Total agency expenditure in January was £3.5m, an increase of £0.5m compared with December. This represents 9.6% of total staff costs compared to 10.5% in January last year. Of the £0.5m adverse movement, Medical & Dental spend increased by £0.1m and Nursing & Midwifery increased by £0.3m. The £0.1m adverse movement in Medics is primarily due to retrospective hits in Urgent Care and Surgery. The adverse movement on Nursing & Midwifery is made up of £0.1m adverse for corridor and waiting room staffing in Urgent Care, £0.1m increase in spend across the Trust relating to sickness and specialling and a further £0.1m relating to staffing the winter plan.

By staff group agency spend was £1.6m on Medical & Dental (£0.1m increase compared to M9), £1.5m on Nursing & Midwifery (£0.3m increase compared to M9), £0.4m on Scientific, Therapeutic & Technical staff (£48k increase compared to M9) and £31k on Non-Clinical staff (a reduction of £7k compared to M9).

Risks

Continued Industrial Action and a lag in delivery of the productivity and efficiency programme (PEP) schemes relating to recruitment will add to the pressure reflected in the Trust's overall financial performance. Emergency pressures continue causing additional capacity to remain open incurring higher agency costs. Sickness also remains significantly higher than the target impacting our ability to remove temporary staffing.

What the charts tell us

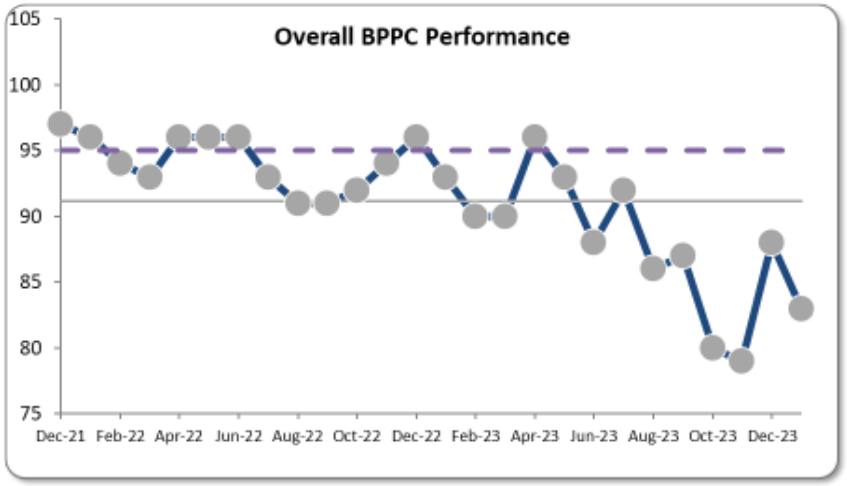
The charts reflect an increasing reliance on temporary staffing some of which can be linked to industrial action and volume of high acuity patients presenting for urgent and emergency care leading to excessive pressure on capacity.

BEST USE OF RESOURCES – CASH

We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers.

Cashflow - movement from plan as at mth 10			
	Plan	Actual	Difference
Employee Expenses	274	315	-41
Non Pay (inc. Capital Purchases)	296	330	-34
Income	545	602	57
PDC Income	15	9	-6
PDC Revenue Support	0	14	14
			-10



Performance and Actions

At the end of January 2024, the cash balance was £7.862m, which was £9.992m below the plan.

The planned external capital funding up to and including month 10 was £14.6m in the plan, £9.050m has been received. PDC capital funding is excepted at the end of Q4 for the full £16.946m included in the plan. The Trust has now had confirmation that the additional FLD contribution towards the Trust capital programme, which is factored into the cashflow.

The Trust received an additional £11m PDC Revenue Support in January, with a further £2m to be received in February.

The table opposite details the differences from plan and actual cash as at month 10. The expected cash balance for February 2024 (based on assumptions) will be £4.140m. This balance includes the additional revenue support of £2m and PDC Capital of £483k. The Trust received £11m cash support in January and £2m in February 2024. There is a further application submitted for £5m for March 2024 which is awaiting approval.

Risks

Due to the reducing levels of cash, the creditor payment runs are being closely monitored and adjusted to ensure that the wage costs for the month can be met. Delays to cash financing will affect our Better Payments Practise Code (BPPC) performance.
Board approval was given for additional PDC Revenue Support in March of c£4m, the amount applied for was £5m.

What the charts tell us

Better Payment Practice Code (BPPC) performance has declined in month at 86% based on volume of invoices paid and 83% based on value. We are 7.55 under the BPPC target YTD for Value and 5.4 below target for Volume at 87.45% and 89.6% respectively (90% Volume 87% Value) – see chart above
The BPPC performance for the month is 86% based on volume of invoices paid and 83% based on value;

- 7,427 invoices paid out of 8,647 due.
- £28.7m worth of invoices out of £34.6m were paid on time this month.

We are 7.55% under the BPPC target YTD for Value and 5.4% below target for Volume at 87.45% and 89.6% respectively (87% Volume 90% Value). Throughout January, no payment runs were reduced due to cash flow, the decline in month was due three invoices totalling £2.46m, one for an invoice that was received but had no purchase order (£1.372m) and the balance was due to late approval of the invoices.
The Trust is still experiencing issues with SBS and the verification of invoices. The Finance team are working closely with SBS to resolve the issues with verification and scanning delays.As the level of cash reduces due to increased costs, the BPPC will further decline if additional Revenue Support is not approved by NHSE.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**12/03/2024**
Title of Report:	Perinatal Safety Report January 2024
January	☐**Approval** ☐**Position statement** ☒**Information** ☒**Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Justine Jeffery - Director of Midwifery Susie Smith - Maternity & Neonatal Governance Lead Amrat Mahal - Divisional Director of Nursing Lara Greenway - Neonatal Matron
Documents covered by this report:	• NHSE (2020) Perinatal Surveillance Model • NHSR Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme • NICE guidance (2015) NG4 'Safe Midwifery Staffing for Maternity Settings' • the National Neonatal Critical Care Review (2020) • the British Association of Perinatal Medicine (BAPM)(2010) Service standards for hospitals providing neonatal care • DoH(2009) Toolkit for High Quality Neonatal Services

1. Purpose of the report

The purpose of the paper is to provide a monthly update on key maternity and neonatal safety initiatives which will support WAHT to achieve the national ambition. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety.

The report will inform the WAHT Trust Board and the LMNS Board of present or emerging safety concerns or activity being undertaken to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model*' (December 2020).

The report will also present the evidence required for the NHS Resolution, Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme.

2. Recommendation(s)

Trust Board are invited to:

1. **Note** and **Discuss** the content of the report,
2. Receive **Assurance** that our maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

3. Chief Officer/Executive Director Opinion[1]

The CNO offers assurance to the Board that the maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☐ *Think/Act as a Lead Provider*
☒ *Governance*	☒ *Improve Staff Experience*
☐ *Home First Mindset*	☐ *Tertiary Partnerships*
☐ *4ward Improvement System*	☐ *Leadership and Structures*
☐ *Elective Care: No Delays*	☐ *Strategic 'Big Moves*

CQC Maternity Ratings 2020	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
Worcester Acute Hospitals NHS Trust	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Good
Maternity Safety Support Programme	Yes - Scott Johnston					

	2023											
	Feb	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**
1.Findings of review of all perinatal deaths using the real time data monitoring tool	√	√	√	√	√	√	√	√	√	√	√	√
2. Findings of review of all cases eligible for referral to HSIB	√	√	√	√	√	√	√	√	√	√	√	√
Report on: 2a. The number of incidents logged graded as moderate or above and what actions are being taken	√	√	√	√	√	√	√	√	√	√	√	√
2b. Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training	√	√	√	√	√	√	√	√	√	√	√	√
2c. Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite, gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively	√	√	√	√	√	√	√	√	√	√	√	√
3.Service User Voice Feedback	√	√	√	√	√	√	√	√	√	√	√	√
4.Staff feedback from frontline champion and walk-abouts	√	√	√	√	√	√	√	√	√	√	√	√
5.HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust	√	√	√	√	√	√	√	√	√	√	√	√
6.Coroner Reg 28 made directly to Trust	√	√	√	√	√	√	√	√	√	√	√	√
7.Progress in achievement of CNST 10	√	√	√	√	√	√	√	√	√	√	√	√

8.Proportion of midwives responding with 'Agree' or 'Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment	Annual report
9.Proportion of speciality trainees in Obstetrics & Gynaecology responding with 'excellent' or 'good' on how they would rate the quality of clinical supervision out of hours	Annual report

1. Introduction/Background

The purpose of the paper is to provide a monthly update on key maternity and neonatal safety initiatives which will support WAHT to achieve the national ambition. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety.

The report will inform the WAHT Trust Board and the LMNS Board of present or emerging safety concerns or activity being undertaken to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model'* (December 2020).

The report will also present the evidence required for the NHS Resolution, Clinical Negligence Scheme for Trusts (CNST) - Maternity Incentive Scheme.

The key performance indicators for January 2024 are presented below and RAG rated where appropriate:

Summary of Key Safety Indicators

Metrics	Target	Current position
Booking completed by 12+6	90%	87%
ATAIN	6%	4.32%
PMR (MBRRACE 2021)	<5.19 per 1000 births (rolling)	3.99 ↓
Stillbirth rate (MBRRACE 2021)	<3.54 per 1000 births (rolling)	1.89 ↓
NND rate (MBRRACE 2021)	<1.65 per 1000 births (rolling)	2.10 ↑
Maternity and Neonatal PSII reported	-	0
Maternity and Neonatal Moderate or above incidents	-	10 ↑
Maternity PALS	-	8↑
Neonatal PALS		0↔
Maternity Complaints	-	2↓
Neonatal Complaints		0↔

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position
Sickness rate (MWs)	4%	7.97↓
Turnover rate (rolling) (MWs)	11.5%	8.62%↑
Vacancy rate (MW)	7%	9%↔
Sickness rate (MSWs)	5.5%	16.8%↑
Turnover rate (rolling) (MSWs)	11.5%	13.1%↓
Vacancy rate (MSW)	7%	37% ↑
Sickness rate (RNs)	4%	10.7%
Sickness rate (NNs)	4%	10.84%
Turnover rate (rolling) (RNs)	11.5%	6.57%
Turnover rate (rolling) (NNs)	11.5%	8.14%
Vacancy rate (RN)	7%	7.93%
Vacancy rate (NN)	7%	9.31%
Shifts staffed to BAPM	100%	100%
Supernumerary shift leader (NNU)	100%	100%
QIS per shift compliance	100%	54.5%

Summary of Key Training Performance Indicators

Metrics	Target	Current position
PROMPT – Human Factors & Maternity Emergencies	90%	86.5%
PROMPT – Neonatal Life Support	90% (excluding Doctors)	97%
Fetal monitoring	90%	91%
Trust Mandatory training (non-medical)	90%	87%
Trust Mandatory training (Obstetricians)	90%	70%
Maternity PDR rate	90%	70%
Neonatal PDR rate	90%	91.8%
Neonatal Life Support (4 yearly) (non-medical)	90%	100%
Neonatal Life Support (4 yearly) (medical)	90%	Data awaited
Neonatal Resuscitation Update (annual) (non-medical)	90%	95.5%

Neonatal Resuscitation Update (annual) (medical)	90%	96%
Trust Mandatory Training (non-medical)	90%	92.85%
Trust Mandatory Training (paediatricians)	90%	81.44%

2. KPI Booking by 12+6 weeks' gestation

The KPI for booking by 12+6 weeks' gestation has increased in month to 87%. The work around single point of access is in progress with an implementation date of April 2024. The table below shows the breakdown, by week of gestation. It is noted that 94% of women are booked by 14 weeks.

Bookings (Count of Women)

	Gestational age at booking (weeks)					
Month	< 10	< 12	< 13	<= 14	< 20	All booked
Jan-24	123	365	448	485	499	517
Total	123	365	448	485	499	517

3. Perinatal Mortality Rate (PMR)

Following the recent MBRRACE publications there are newly published national average rates for stillbirth and neonatal rates, which have increased from previous years. The stillbirth rate is now 3.54 per 1000 births and for neonatal deaths, the rate is 1.65 per 1000 births.

The national extended perinatal mortality rate is 5.19 per 1000 births. Rates are adjusted for a variety of characteristics such as socio-economic deprivation, maternal age, ethnicity etc, which the figures below are not; these are the crude figures. It is important to note that neonatal deaths (up to 28 days' post birth) are counted at place of birth, rather than place of death. This includes for those babies diagnosed with congenital anomalies and complex cases requiring surgery at tertiary centres.

3.1 Local Rates

The crude stillbirth rate for this period is 1.89 per 1000 births which is below the new national rate. The crude neonatal death rate is 2.10 per 1000 births is above the new national rate. As can be seen from the graph below, the trajectory for perinatal mortality continues to decrease.

It should be noted that the overall trend for the Trust over the last 10 years has been a steady decline in perinatal deaths as evidenced below in Figure 1; ongoing work is required to continue to aim for a 50% reduction in stillbirth, neonatal death and HIE by 2025 and though progress is being made, it is possible the Trust will not meet this target, in particular for neonatal deaths but this is reflected nationally. It is important to note that for our Trust, there is no evidence that our neonatal deaths are secondary to poor care, and are more in relation to complex conditions or congenital anomalies which are not compatible with life.

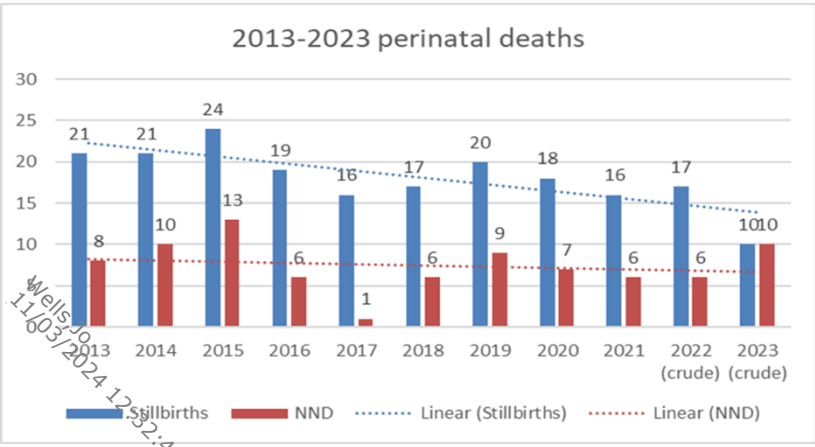


Figure 1: 2013-2023 Perinatal deaths for WAHT

It is important to note that the figures stated above will change when they are reviewed and adjusted by MBRRACE for 2022 and 2023 – all previous years have now been validated and agreed. Small monthly variations (including an increase or decrease in the number of live births) can have a significant impact on the overall numbers and rate. The Trust board is required to have oversight of all deaths reviewed and consequent action plans. The Perinatal Mortality Rate for WAHT is presented below in *Figure 2*.

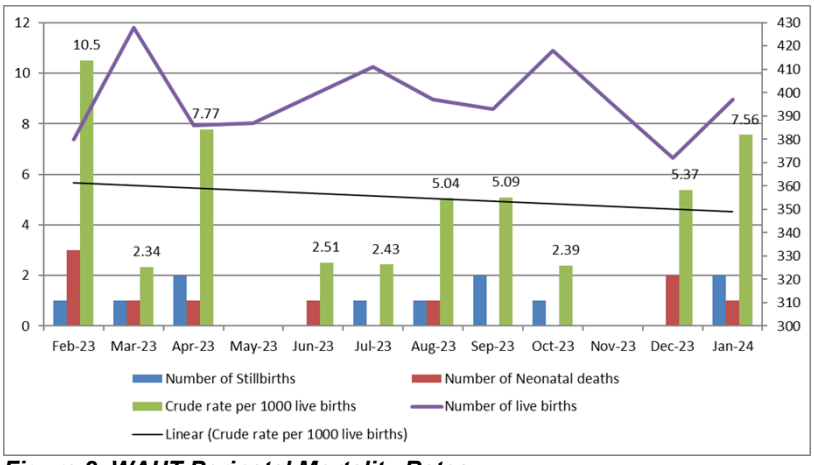


Figure 2. WAHT Perinatal Mortality Rates

3.2 Annual data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic cooling.

The table below presents the annual local data for stillbirths, neonatal deaths, maternal deaths and babies transferred for therapeutic hypothermia from 2018 and demonstrates that the PMR is consistently within the national average for the last 4 years; 2022 and 2023 figures are crude data. This table also reports term babies transferred for therapeutic hypothermia; it must be noted that not all referrals result in a diagnosis of Hypoxic-Ischaemic Encephalopathy (HIE).

Year	Births	Stillbirths		Neonatal deaths		Maternal deaths	Validated data by ONS & MBRRACE	Term babies transferred for therapeutic hypothermia/ HIE
		Count	Rate per 1000 births	Count	Rate per 1000 births			
2018	5248	17	3.40	6	1.14	0	YES – stabilised and adjusted	Not available
2019	5200	20	3.05	9	1.29	2	YES – stabilised and adjusted	6
2020	4941	17	3.25	7	1.18	2	YES – stabilised and adjusted	4
2021	4996	16	3.26	6	1.09	1	YES – stabilised and adjusted	4
2022	4847	17	3.51*	6	1.24*	1	NO – due late 2024	4
2023	4781	10	2.09*	10	2.09*	0	No – due late 2025	3 (1 also NND)
2024	397	2	5.04**	1	5.52**	0	No – due late 2026	1

* crude rate ** year to date

3.3 Perinatal Mortality Summary for January 2024.

There were 2 stillbirths and 1 neonatal death in January 2024 which are explored in more detail in the Perinatal Incident report submitted to Private Trust Board. No omissions in care have been identified – all recommended cases will be reviewed via the Perinatal Mortality Review Tool (PMRT).

4. Maternity and Neonatal Safety Investigations (MNSI formerly known as HSIB) and Maternity Serious Incidents (SIs)

4.1 Background

The National Maternity Safety Ambition, initially launched in November 2015, aims to halve the rates of stillbirths, neonatal and maternal deaths, and brain injuries that occur soon after birth, by 2025. All cases which meet the following defined criteria are reported to MNSI and are reported in detail to the Board alongside all maternity Serious Incidents:

All term babies (at least 37 completed weeks of gestation) born following labour who have one of the following outcomes:

Maternal Deaths: Direct or indirect maternal deaths of women while pregnant or within 42 days of the end of pregnancy

Intrapartum stillbirth: where the baby was thought to be alive at the start of labour but was born with no signs of life.

Early neonatal death: when the baby died within the first week of life (0-6 days) of any cause.

Severe brain injury diagnosed in the first seven days of life, when the baby:

- *Was diagnosed with grade III hypoxic ischaemic encephalopathy (HIE) or*
- *Was therapeutically cooled (active cooling only) or*
- *Had decreased central tone and was comatose and had seizures of any kind*

HSIB became Maternity and Neonatal Safety Investigations(MSNI) in October 2023. They are now hosted by the CQC. Their remit and current processes are the same at present however there have been some changes to current practices.

Current MNSI cases:
A summary of the current MNSI cases is below:

MNSI reference	Date of case	DOC completed	Stage of investigation
MI023420	February 2023	Yes	Final report received and action plan generated
MI023421	February 2023	Yes	Final report received and action plan generated
MI033054	September 2023	Yes	Final report received and action plan in progress
MI034704	October 2023	Yes	Investigation ongoing – interviews completed
MI036534	November 2023	Yes	Initial investigation underway – family meeting completed by MNSI
MI036675	January 2024	Yes	Initial investigation underway – family meeting completed by MNSI
MI036767	January 2024	Yes	MNSI accepted case on 08.02.2024 – family consent awaited

There were two cases referred to MNSI in January 2024 – one has been accepted and the initial investigation is underway. The other case was paused pending triage by the clinical team and has recently been accepted; formal family consent is outstanding. Both of these cases are explored in more detail in the Perinatal Incident report submitted to Private Trust Board.

MNSI Quality Review Meetings

The maternity governance and leadership team along with the Chief Nursing Officer, continue to attend the MNSI QRM meetings; the latest meeting was on 20 December 2023. The meeting schedule for 2024 has not yet been agreed.

5. Incidents reported moderate or above in Maternity and Neonates in January 2024.

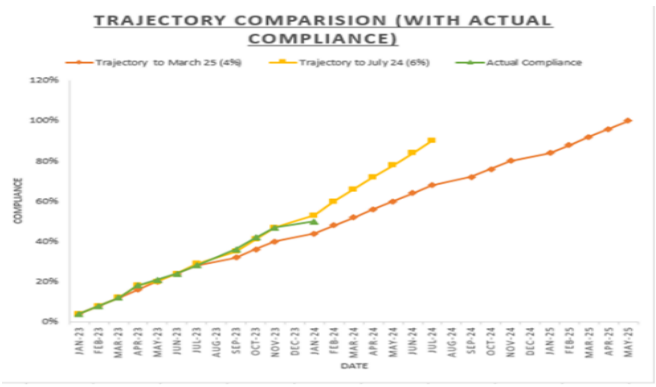
There were 10 incidents reported in January 2024 as below. As with the perinatal mortality cases and MNSI referrals, additional detail will be presented in the Perinatal Incident Report at Private Board.

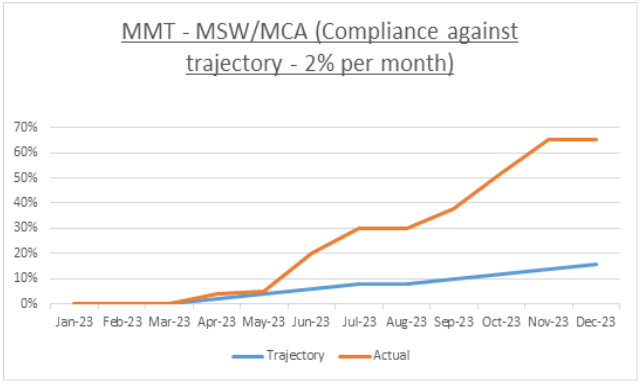
Incident date	Ref	Specialty	Category	Subcategory	Severity
01/01/2024	WEB211678	Maternity (formerly Obstetrics)	Maternity specific	Return to theatre (Obstetric)	Moderate
16/01/2024	WEB212476	Maternity (formerly Obstetrics)	Maternity specific	Significant retention of urine	Moderate
16/01/2024	WEB212488	Maternity (formerly Obstetrics)	Maternity specific	PPH >1500ml or ANY PPH = Fall in Hb>40 gdl or Acute blood transfusion of 4 units.	Moderate
18/01/2024	WEB212577	Maternity (formerly Obstetrics)	Patient injury	Accidental (patient injury)	Moderate
25/01/2024	WEB213221	Maternity (formerly Obstetrics)	Maternity specific	Peripartum Hysterectomy	Moderate
25/01/2024	WEB213262	Maternity (formerly Obstetrics)	Patient injury	Post-treatment/surgery complication	Moderate
30/01/2024	WEB213271	Maternity (formerly Obstetrics)	Cancellation/delay	Diagnosis	Moderate
29/01/2024	WEB214184	Maternity (formerly Obstetrics)	Cancellation/delay	Treatment	Moderate
03/01/2024	WEB211945	Neonatal	Maternity specific	Transfer for therapeutic	Moderate
11/01/2024	WEB212213	Neonatal	Maternity specific	Delayed or missed diagnosis	Moderate

6. Maternity and Neonatal Training Compliance

Maternity:

The expected trajectories for compliance to meet the Core Competency framework V2 are presented below. The compliance is on track for midwives and is exceeding the trajectory for MSW/MCA staff. Unfortunately, due to lower than safe staffing levels the Maternity Mandatory Training sessions were cancelled in December 2023 to support the inpatient areas and therefore compliance has not changed from the previous report.





Work continues to meet compliance for fetal monitoring training and additional support and escalation is underway for individuals who have not completed the training package.

PROMPT training (obstetric emergency skills and human factors training inc neonatal life support) continued at pace in December and in excess of the required 90% compliance for all staff groups was achieved by the end of December 2023. This is recognition of the team's hard work and commitment.

Neonatal training:

The neonatal directorate team continues to work with line managers to set trajectories to improve the current position. As junior doctors rotate frequently throughout the year mandatory training compliance is an ongoing challenge. This is because they are employed under different training programmes and currently their training compliance is not transferrable. In January compliance significantly improved to 81.44% noting this remains below the Trust target. Neonatal nurses have achieved 93.85% compliance.

Course	Staff Group	Compliance (expected standard is ≥90%)	Comments
Annual Saving Babies Lives training (online and face to face)	Midwives	81% ↑	Significant increase from 47% in Dec 2023
Annual Saving Babies Lives training (online and face to face)	MSW/MCA	65% ↔	
Annual Saving Babies Lives training (online and face to face)	Obstetricians	73% ↑	Significant increase from 47% in Dec 2023
3 day Maternity Mandatory Training – (3 yearly)	Midwives	50%↔	
2 day Maternity Mandatory Training – (3 yearly)	MCA/MSW	65%↔	
Annual fetal monitoring training (K2)	Midwives	85% ↑	
Annual fetal monitoring training (K2)	Obstetricians (all on rota)	97% ↔	
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	94% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	95% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota)	79% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota)	78% ↓	
Neonatal Life Support	Midwives	94% ↓	
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	100% ↔	
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	Data awaited	
Neonatal Resuscitation Update (annual)	Neonatal Nurses	95.5% ↓	
Neonatal Resuscitation Update (annual)	Neonatal Drs	96%	
Trust Mandatory Training	Obstetricians	70%↓	
Trust Mandatory Training	Midwifery Staff	87%↔	
Trust Mandatory Training	Neonatal Nurses	92.85% ↓	
Trust Mandatory Training	Neonatal Drs	81.44%	Significant increase seen from 70.45% in Dec 2023

Figure 3. Training Compliance

7. Safe staffing

7.1 Midwifery

Safe midwifery staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Unify data
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates

- Recruitment/Vacancy Rate
- Monthly report to Board (Appendix 1)

There were 402 births in January. The escalation policy was enacted to reallocate staff internally as required. The community and continuity teams were required to support the inpatient team in month to ensure that staffing met acuity.

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service. Again, the rates reported demonstrate some improvement in fill rates.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	87%	100%	n/a	n/a
Antenatal Ward/Triage	89%	89%	70%	75%
Delivery Suite	99%	97%	52%	86%
Postnatal Ward	89%	89%	69%	61%
Meadow Birth Centre	67%	74%	41%	42%

The supernumerary status of the shift leader was not achieved in January however 1:1 care in labour was achieved in month. Sickness absence rates for midwives increased in month and remains high in the support staff groups.

The vacancy rate has remained the same however staff in both groups have been offered posts in December with expected start dates of Feb/March 2024.The rolling turnover rate for midwives remains below Trust target however for non-registered staff has remained high. Following a recruitment event 7 WTE MCA posts were offered with further recruitment is planned in February.

7.2 Obstetric Medical Staffing including Consultant attendance

Registrars

The registrars work a 1:9 on call rota. We are currently over established with 20.8 WTE (funded for 19.6 WTE), with 15.8 WTE on the on-call rota.
We have 2 on periods of phased return following extended periods of sickness.
Between February and April, we will be losing 3WTE (2 WTE from the on-call rota). We have raised ATRs for clinical fellows to try and fill these vacancies and have offered 2 posts.

Junior Grades

The junior tier works a 1:9 on call rota. We currently have a 13.6 WTE, giving us a vacancy of 3.4 WTE and a Physicians Associate working 17hrs/wk.

Consultants

We have 21.75WTE Consultants in post. The consultants at WRH work either a 1:10 Obstetric on call or a 1:20 on call depending on whether they are also on the Gynaecology on call rota. There are 8 consultants purely on the Obstetric on call rota and 5 who do both Obstetrics and Gynaecology. We currently have no vacancies, but we do have a consultant who is off night on call duty (Gynaecology on calls) due to health issues pending review.

With the rota structured as it is there is potential for our consultants not to fulfil the compensatory rest period as outlined by the RCOG. To address and monitor this we have the following action plan in place:

Compensatory Rest - Monitoring Action Log				
	Action required	**Action assigned**	**Time Scale**	**Progress**
1	Consultant on call days and clinical activity to be reviewed in the next round of job planning in January to see if we can facilitate it.	Clinical Director – Laura Veal	Job planning Nov 23 - Jan 24	Job planning commenced in Nov.
2	The on-call rota template will be reviewed to see if we can amend it to align with the requirements	Clinical Director – Laura Veal	Job planning Nov 23 - Jan 24	Unlikely to be able to achieve with the current staffing numbers. Ensuring that no operating lists are organised the day after an on call.
3	Meeting set up with Regional Lead to discuss implications of this requirement	Clinical Director – Laura Veal	Dec 23	Meeting took place on Friday 1st Dec. Difficulties acknowledged across the LMNS. Acknowledged may not be possible to change the rota but processes can be put in place to minimise risk e.g. not operating the day after an on call
4	Compensatory rest will be audited on a monthly basis	Zoe Marshall	Monthly basis moving forwards (to start in December 23 once process for monitoring decided)	Audit document set up on Microsoft Teams channel – Nov 23.
5	Consultants will be educated on the requirements and the escalation process when they do not receive adequate rest	Clinical Director – Laura Veal	December 23 - Once process for monitoring decided	SOP on Obstetric staffing including compensatory risk shared with all consultants in October and approved through both Gynae and Obstetric Governance - Oct 23

We have appointed 2 new Substantive Consultants. One will replace a locum consultant post and one is a new post funded for the Gynaecology recovery.

Consultant Attendance

In January consultant presence was achieved in 100% (10/10) of the cases mandated by the RCOG and Action 4 of CNST.

7.3 Neonatal Staffing

7.3.1 Neonatal Nursing

Safe neonatal nurse staffing is monitored by taking the following actions:

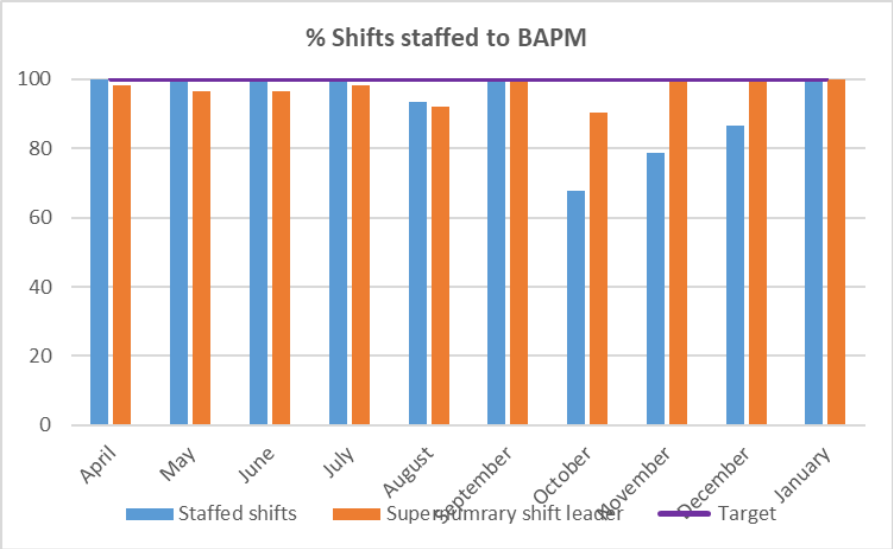
- Completion of safe staffing on Badgernet – three times day
- Monitoring nurse patient ratios as per BAPM
- Monitoring staffing red flags as recommended by NICE guidance
- Daily safety huddles
- SitRep report and bed meetings three times a day
- Monitoring sickness/absence and turnover rates
- Monitoring recruitment/vacancy rates
- Daily escalation - temporary NHSP and Agency staffing
- Monthly safe staffing report to Nursing Workforce Advisory Group (NWAG)

The unit provides the following nurse-patient ratios to meet BAPM:

- 1:1 Intensive Care (IC)
- 1:2 High Dependency (HD)

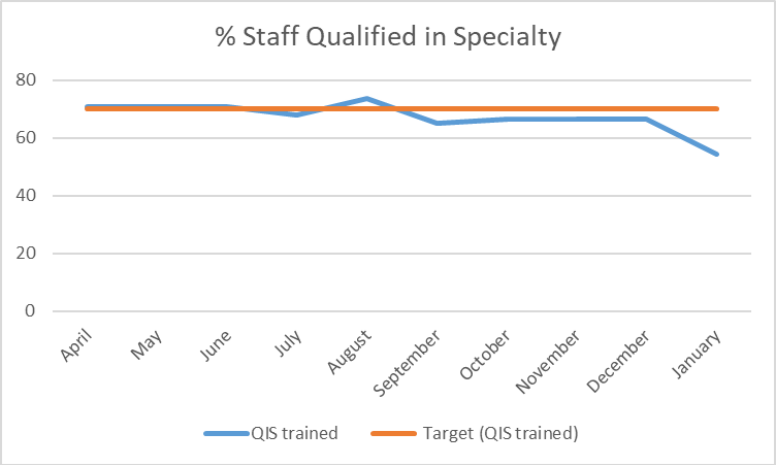
- 1:4 Special Care (SC)
- Supernumerary shift leader

All shifts were staffed to BAPM, and the supernumerary status of the shift leader was achieved with all shifts safely staffed.



% shift to BAPM

It is important to note whilst the number of qualified in specialty (QIS) is below the BAPM recommended, with the on-going nurse recruitment the percentage of nurses qualified in specialty will fluctuate due to the appointment of non-QIS trained nurses and it takes a minimum of 9 months to complete the neonatal foundation course before individuals can be considered for the neonatal critical care course to become QIS.



% Qualified in Specialty

Escalation plans are in place and during the month there were no safe staffing red flags. Sickness absence rates increased from the previous month to 10.7% for registered nurses and a slight decrease to 10.84% in the non-registered workforce. This remains above the Trust target of 4% and a real challenge for the team. Staff continue to be directed to health and well-being support.

7.3.2 Neonatal medical staff

The current on-call rota for out of hours is combined for paediatrics and neonatal. To meet BAPM safe medical staffing there is a need for 8 on-call neonatal consultants and 6 Advanced Neonatal Nurse Practitioners (ANNP) to support the implementation of a separate paediatric and neonatal medical rota

Currently there is a shortfall of 0.5wte consultant and 5 ANNPs. We have submitted an intention to recruit 0.5 Consultant PAs utilising Ockenden funding and aim to offer these hours in-house. We are still exploring ANNP options and have made a recent decision to extend contracts for 2 of our clinical fellows for 12 months and replace 2 other clinical fellows who are leaving with 12 month fixed term contracts. We are collating supporting data and support from other Trusts to build the business case for ANNP roles and aim to be closer with a strong case that stands up financially by late summer 2024.

8. Service User Feedback

8.1 Maternity& Neonatal Voice Partnership

The MNVP continues to work with the maternity directorate many action plans in response to numerous surveys. The new coproduced induction of labour video is expected to be completed by February. Work continues to introduce the BRAIN acronym which will support informed counselling for all procedures across maternity services.

8.2 Picker Survey

The previously agreed action plan (Appendix 2) has been reviewed to ensure that the actions remain SMART. There has been no further progress on this plan in month. We await the results of the 2023 survey which are currently embargoed. It is expected that these will be released in February.

8.3 Baby Friendly and BLISS Accreditation

The neonatal unit underwent stage 1 Baby Friendly accreditation assessment (BFI) in December and are awaiting an outcome report. The maternity unit is now working towards the 'GOLD'.

The neonatal unit is also working towards silver BLISS accreditation; however, BLISS paused the submission of applications in Q3 of this year due to the overwhelming number of applications received nationwide. The aim for our next submission is May 2024.

8.4 Complaints and PALS feedback – Maternity and Neonates

PALS are handled by the clinical team and Matrons and themes noted and discussed as required.

Maternity: In January 2024, there were 10 Maternity PALS queries were received as below:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
81353	24/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
81132	18/01/2024	Maternity (formerly Obstetrics)	Patient Care	PALS – Failure to provide adequate care (inc overall level of care provided
80662	05/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
81591	31/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
80559	02/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
81152	19/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
81131	18/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
80547	02/01/2024	Maternity (formerly Obstetrics)	Patient Care	PALS – Care needs not adequately met
81253	22/01/2024	Maternity (formerly Obstetrics)	Clinical Treatment	PALS – Delay or difficulty in obtaining clinical assistance.
80534	02/01/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient

The most common concern reported is communication/communication with patients, however on further review there are no common themes and most are requests for debrief appointments to explore the care pathway further. The new Patient Experience Midwife starts in post in April 2024, and this is

something that will be a priority to ensure women and their families can access the information they need prior to discharge and also develop a direct access process to the debrief service.

In addition,2 formal complaints were received:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
80750	08/01/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure in ordering tests
81405	25/01/2024	Maternity (formerly Obstetrics)	Values and Behaviours (Staff)	Rudeness

Complaints are reviewed weekly at the Quality Risk &Safety Meeting.

Neonatal: No complaints or PALS were received in January 2024.

9. Safety Champion escalations

The Safety Champions met on 23rd January 2024; the minutes are presented in appendix 3. Walkabouts took place on Triage, DAU, AN Screening team, Delivery Suite and NNU. There were new escalations (none classed as immediate safety concerns) as follows: staffing in the AN screening team and DAU, double glazing in birth rooms on Delivery suite, milk fridge on NNU, risk of lone working in DAU and the ordering of equipment. All issues have been resolved with the exception of the windows (estates involved).

9.1 Claims scorecard review in conjunction with incidents and complaints

An updated version of the NHS Resolution claims scorecard was released recently; however, access is still proving difficult. We have escalated this to NHS Resolution and it appears it is an issue within the Trust. Assistance has been sought from IT and it is now anticipated the claims summary will be available in the March 2024 report. This has been discussed at PSIRG as access is required for the whole Trust, not just maternity and neonates.

10. HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust

The maternity service was rated good overall. The safe domain remains at 'requires improvement. All new actions will be included in COSMOS in January for the purpose of reporting progress.

11. Coroner Regulation 28 made directly to Trust

No regulation 28 was made to the Trust in January 2024.

12. MSSP Report

The Chief Midwifery Officer and the Maternity Improvement Advisor have confirmed that the exit criteria have been met. A sustainability plan has been agreed and shared at Trust Board. Exit request agreement received. The sustainability plan will be overseen by the ICB and will be discussed at the LMNS Board meeting in January 2024. We await final confirmation of exit from NHSE.

13. In-utero and ex –utero activity

There were 2 IUT transfers out as per the network pathway (<27/40). There were 3 in-utero transfers accepted in as level 2 cots were needed. There were 3 ex-utero transfers out of the unit for clinical reasons and 2 for non-clinical reasons. There were 2 repatriations out, both going to Hereford. There were no exceptions reported in January. The table below summaries the transfers as per network pathway:

Type of Transfer	Nov		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	3	2	2 out to New Cross and BWH as <27/40 3 in from Good Hope needing a level 2 cot.
IUT Transfers for non-clinical reasons	0	0	
IUT Transfers outside of the network	0	0	
Ex-utero Transfers for clinical reasons as per network pathway	0	3	1 out to Heartlands for cooling 2 out to BCH for surgical reasons
Ex-utero Transfers for non-clinical reasons	2	2	1 in due to repatriation & 1 in for social reasons 2 repatriations back to Hereford
Ex-Utero Transfers out of network for clinical reasons	0	0	
Delays in transfer in/out	0	0	
IUT or Ex-utero Exceptions	0		No exceptions in January

14. Progress in achievement of NHSR CNST 10 – Maternity Incentive Scheme

The board declaration and action plan for Year 5 was submitted on 25th January 2024- we await the outcome of our requested funding to support the delivery of safety action 5 in 2024/5.
The new MIS Year 6 scheme is expected in April 2024. The information reported below for element 6 and 9 is based on the year 5 scheme and is provided ahead of the publication of the year 6 scheme to ensure that Board are sighted on information that is likely to be included in the Year 6 scheme and no breaches in reporting occur.

Element	Current Status	Actions
1. PMRT	TBC	Awaiting Scheme
2. MSDS	TBC	Awaiting Scheme
3. ATAIN	TBC	Awaiting Scheme
4. Clinical Workforce	TBC	Awaiting Scheme
5. Midwifery Workforce	TBC	Safe staffing report presented in appendices
6.Saving Babies Lives	TBC	Quarterly audits presented in report (Appendix 4).
7.MNVP	TBC	Awaiting Scheme
8.MDT Training	TBC	Awaiting Scheme
9. Safety Champions	TBC	Safety Champion information in report appendices
10. NHSR EN Scheme	TBC	Awaiting Scheme

15. Saving Babies Lives Care Bundle V3 – divergence from care bundle recommendation.

The Saving Babies Lives care bundle provides evidence based best practice for providers and commissioners of maternity care across England to reduce perinatal mortality. The bundle is now in its third edition and seventh year; it continues to innovate and drive forward quality reducing stillbirths and neonatal deaths in England.

There is a divergence from one recommendation in the SBL care bundle (2.14 in the presence of hypertension NICE guidance on the use of PIGF/sflt1 testing should be followed) and therefore the maternity service is required to share this divergence with the Trust and LMNS Board. Following discussion at the maternity governance meeting in 2021 a clinical decision was taken to adopt home blood pressure monitoring as a safe alternative to introducing PIGF/ sflt1. The option appraisal and rationale for this decision is presented in appendix 5.

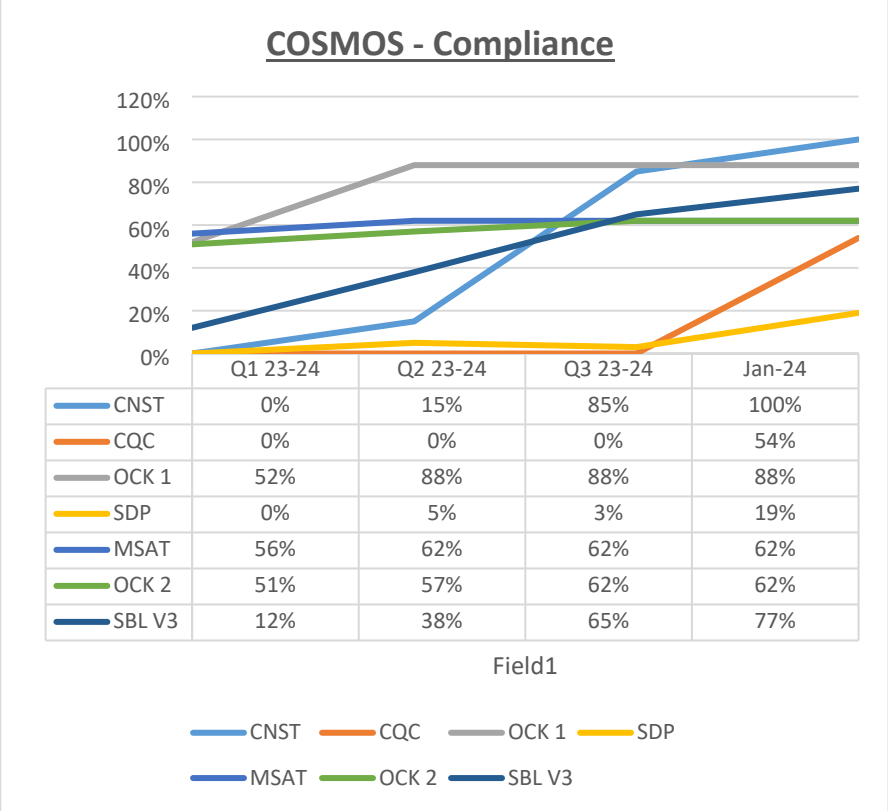
16. COSMOS

COSMOS is a local acronym for Clinical Negligence Scheme for Trusts (CNST), Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2 and Saving Babies Lives (SBL). The recommendations/actions (n=494) from all these national documents have been captured within a TEAMs platform to ensure that the directorate can track the progress of actions completed, communicate with leads and demonstrate monthly position/compliance.

The Single Delivery Plan has distilled several actions into one document; the maternity team will focus on the SDP following submission of CNST. The most recent position is presented below. The CQC Action plan has now been combined into the COSMOS work stream.

8th Jan 2024		Compliant	In progress	Overdue	Not Started	Total	Compliance
C	CNST	39	0	0	0	39	100%
C	CQC	13	5	5	1	24	54%
O	OCK 1	44	3	2	1	50	88%
S	SDP	10	30	0	23	63	16%
M	MSAT	96	22	21	17	156	62%
O	OCK 2	61	31	2	5	99	62%
S	SBL V3	56	11	0	6	73	77%

The directorates monthly progress is presented below:



Conclusion
This report provides a monthly update on key maternity and neonatal safety initiatives which will support WAHT to achieve the national ambition. The report provides the evidence outlined within the revised perinatal surveillance model and will also assist the directorates to collate evidence for NHS Resolutions Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.
Recommendations
The Board is asked to note the content of this report for information and assurance.
Appendices
1. Picker Action Plan 2. Maternity and Neonatal Safety Champions Meeting Minutes 3. Saving Babies Lives Divergence – Element 2.14

Picker Action Plan 2022/23

Division	Women and Children's	Action Plan Lead:	Justine Jeffery

No	Issue identified	Action	Person Responsible	Completion Timescale	Date Completed	Supportive Evidence
1.	Offered a choice of where to have baby	Improve discussion around Place of Birth	R Fox	Ongoing	Ongoing	• Place of Birth Training to be offered to all CMW and CoCMWs using the following resource from NICE https://www.nice.org.uk/guidance/cg190/resources/choosing-place-of-birth-resource-for-midwives-msword-248730877
		Ensure all birthing options are available to women	K. Horton	September 2022	Complete	• MBC reopened in Summer 2022
		Identify what good looks like	R.Fox	November 2022	Complete	• Review findings in CoC survey

2.	Given information on risks of induced labour	IOL work stream to improve information available to women	K Horton	July 2022	Complete	IOL booklet available to all women –review feedback from complaints, compliments and users. Reduction in IOL complaints noted from September 2022 IOL video now complete Clinical pathway agreed
		LMNS wide information booklet available to support conversations	C. Wilson	Dec 2022	Complete	
		Create a video to share information with women and families	C Wilson	June 2023	Complete	

		Reintroduction of birth partners attending ANC for all women	M. Stewart		Complete	
3.	Given enough information about where to have your baby	Improve discussion around Place of Birth	R Fox	Ongoing	Ongoing	• Place of Birth Training to be offered to all CMW and CoCMWs using the following resource from NICE *https://www.nice.org.uk/guidance/cg190/resources/choosing-place-of-birth-resource-for-midwives-msword-248730877*
		Ensure all birthing options are available to women	K. Horton	September 2022	Complete	• MBC reopened in Summer 2022
		Identify what good looks like	R..Fox	November 2022	Complete	• Review findings in CoC survey

4.	Found partner was able to stay with them as long as they wanted (in hospital after birth	Return to pre COVID access for birth partners	Ward Mangers	September 2022	Complete	SoP for visiting agreed in September 2022 Open access for all birth partners commenced 1st June 2023
5	Told who to contact for advice about mental health after having baby	Ensure Midwives are aware of options available, to include "Beacon", new Maternal Mental Health Service run in conjunction with Health and Care Trust	R Fox	April 2023	Complete	

		Ensure all Midwives are familiar with referral process Conduct audit to review recommended reading via Badgernet and how many service users access it SOP for sharing information between MWs and HVs will help to support this			Complete Complete	
6.	Felt they were given enough information before induction	IOL work stream to improve information available to women	K Horton	July 2022	Complete	IOL booklet available to all women –review feedback from complaints, compliments and users. Reduction in IOL complaints noted from September 2022

		LMNS wide information booklet available to support conversations			Complete	
		Create a video to share information with women and families	C. Wilson	Dec 2022	Complete	
		Reintroduction of birth partners attending ANC for all women	M. Stewart		Complete	

7.	Felt they they were given appropriate advice and support at the start of labour	Reintroduce BSOTs system to ensure standardised information offered to women in the latenet phase of labour	M. Tongue	Dec 2022	Complete	BSOTs relaunched 10th July 2023 – see local action plan
		Strengthen latent phase of labour guidance	Audit & Guideline MW	Dec 2022	Complete	
		Install bath on antenatal ward to support women in latent labour	M.Tongue	July 2022	Completed	

Wells Jo 11/03/2024 12:32:41

8.	Given enough information about coronavirus restrictions and any implications for maternity care	Ensure most up to date information available on Trust website Add information to Badger App and utilise push notifications when possible	Digital Midwife	Ongoing as updates received by Trust	Complete	
9.	Given enough information about where to have baby	Improve discussion around Place of Birth	R Fox K. Horton	Ongoing	Ongoing Complete	• Place of Birth Training to be offered to all CMW and CoCMWs using the following resource from NICE *https://www.nice.org.uk/guidance/cg190/resources/choosing-place-of-birth-resource-for-midwives-msword-248730877* • MBC reopened in Summer 2022

		Ensure all birthing options are available to women		September 2022		
10	Felt midwives aware of medical history (postnatal)	Ensure that discharge information is accurate and timely Ensure staff providing PN care in the Community are aware of how to access Birth Summary and PN plan of care	Digital Midwives	March 2023	Completed	

Maternity Safety Champions Meeting
Tuesday 23rd January 11:00-12:00
Via Microsoft Teams

Attendance			
Present:	Lara Greenway	LG	Safety Champion- Matron Neonates
	Sue Sinclair	SSi	Safety Champion- Non-Executive Director
	Susie Smith	SSm	Maternity Governance Manager
	Jane Wardlaw	JW	Assurance and Compliance Midwife
	Sarah Shingler	SSh	Safety Champion- Chief Nursing Officer
	Anna Fabre-Gray	AFG	Safety Champion- Consultant Obstetrician
	Jess Thompson	JT	Safety Champion- Preceptorship Midwife
From 11:50	Justine Jeffery	JJ	Director of Midwifery
Notes:	Jessica Bryant	JB	Divisional Administrator
Apologies:			
Quad to only attend every quarter			
	Laura Veal	LV	Clinical Director Obstetrics (Quad)
	Wasiullah Shinwari	WS	Clinical Director Children's (Quad)
	Rebecca Fox	RF	Deputy Director of Midwifery (Quad)
	Sinead Tullett	ST	Directorate Manager Maternity (Quad)

A G E N D A

Agenda Item	Item	Action Lead
1	**Welcome and apologies** • JW welcomed everyone to the meeting. • Apologies are noted as above.	
2	**Review of notes from previous meeting** • The notes of the previous meeting were agreed as an accurate record.	
3	**Action plan review (closing the loop)** • Action plan has been updated.	
4	**Walkabouts** LG/JT/AFG: • LG, JT and AFG visited triage, DAU, and screening/fetal medicine. • No safety concerns were raised in Triage. • It was noted that there is still an issue with the Dr assigned to Triage not introducing themselves to the team each day. An audit was presented at the last Maternity Governance that showed only 22% of shifts have a named Dr allocated. • It was noted that this could improve once the ACP trainee has finished their training. They will be able to provide more support to the Triage team in place of a Dr.	

Agenda Item	Item	Action Lead
	• DAU reported staffing concerns. It was noted that the DAU team are aware that more midwives are expected to join the team in the coming months. • It was noted that DAU staff are often lone workers on evenings and weekends. The 223-bleep holder sometimes checks on them, but this isn't consistent. • The 223 bleep holders have a checklist, and it was confirmed that DAU wasn't on there. This has been fed back to the Matron for the area. • Becky Fox and LG have developed a lone worker policy. It was agreed that DAU will be added. • DAU now have their Resus trolley, but it currently not operational. They are waiting for a defibrillator and suction. LG raised this with the Matron to see if they had been ordered. • JT noted that the adminstration of Ferinject is still ongoing whilst awaiting a fully working Resus trolley. • Screening/fetal medicine raised that the lead midwife is currently on secondment for scan training. This role is covered, but they are 15 hours short. • This has caused a significant shift in the team's workload. They have not been able to complete their data are audit duties as they have been working clinically. This has led to targets being missed. • LG noted that the team did suggest solutions to the above issues and felt that a meeting to discuss them would be beneficial. • The team noted that the issues have been raised with the Matron for the area, but there hasn't been a response yet. LG also raised the issues with the Matron. • AFG noted that the fluctuation in referrals isn't uncommon, but the levels are higher than usual. • AFG also noted that the secondment cover didn't come in until December, and the member of staff went on secondment in September. The secondment was known about for a long time. • Concerns have been escalated to the management team. • SaSh noted that no concerns have been reported via the Board reports. • SuSm noted that no Datix have come through about this and it isn't on the maternity risk register. • SaSh asked that a verbal update is given my SuSm at the Quality Governance Meeting on Thursday. • SaSh noted that she is concerned about the delays in scans and potential for harm.	

Agenda Item	Item	Action Lead
	SaSh/SuSi: • SaSh and SuSi noted that areas seemed quiet on their walkaround. • Triage was slightly hot, but no concerns were raised. • Cause for concern was raised about a CQC action. An additional telephone line was supposed to be put into Triage for patients. • On the walkabout, SaSh and SuSi noted that Delivery Suite had to notify Triage of a patient. This does show that the note on Badger Net is working. • 15-minute reviews were taking place in accordance with CQC advice. • It was noted that the ACP trainee has done an audit of their impact on Triage. This was presented at Maternity Governance. • Wait times for patients reduced significantly when she was on shift in Triage. • Concern was raised about keeping babies warm on Delivery Suite. • The business case for double glazing was turned down due to cost. SaSh will pick this up with JJ. • Audits on baby temperature are being done on Delivery Suite. • Areas were well staffed, and staff were happy. • There was positive feedback from students. • The quality boards were up to date. • The milk fridge on NNU is still an issue. SaSh will pick up with estates.	
5	**COSMOS update** • CNST has been confirmed as 100% compliant. The service fell down on scrub nurses in obstetric theatre, but a business case has been raised for this. The business case will be submitted on 25th January. • The safety action 5 action plan is due in February. • JW confirmed that the CQC action plan has been incorporated into COSMOS. • Linda Haynes has been appointed as the lead for SBL. The quarterly audits are ongoing. • The SDP compliance has raised to 19%, from 3% in December. • The next meeting with he LMNS will be in March. • Signs have been developed to direct staff to ED through the hospital. They have a black square that will be known to staff as the route to ED. • The black square was chosen as estates confirmed that there would be safety concerns with using “staff access to ED”. The concern was that patients would use the route to access ED too. • There is also a video available to staff that shows the route.	

Agenda Item	Item	Action Lead
	• The signs went to Maternity Governance on Friday. Concerns were raised by 2 people on the meeting that the signs may be confusing and that the signs should say "staff access to ED". • The Governance meeting also noted that there should be an expectation for staff to orient themselves with the route. • JW asked the group for their opinion on the signs. • It was noted that the video and signs were well received by Maternity staff on the Face Book page. • SuSi asked if the signs would be made clear to locum staff. JW confirmed that it would be in the pack they get, and other staff would be able to make them aware. • SaSh confirmed that she thinks that signs are sensible with the black square. • The group agreed that they were happy to keep the signs as they are. • The group agreed that the safety champions should walk the route to ED to help encourage staff to familiarise themselves too.	
6	**Compliance safety action 9- CNST** • Update above. • It was noted that the training trajectories have been changed for MMT. The trajectory is now getting 8% of staff trained each month. This amounts to 2-4 extra staff per month.	
7	**PMRT quarterly report update** • The Q3 report will be available next month. • The perinatal mortality rate is improving. • 10 stillbirths were recorded in 2023. This is an almost 50% reduction on 2022 figures. • Neonatal deaths have increased slightly. Half of deaths recorded recently have been to congenital abnormalities not compatible with life that were either undiagnosed, or the family wished to continue with the pregnancy.	
8	**MNSI (Formerly HSIB) Cases** • A few case reports from February 2023 have been received. • Other cases are still being investigated. • One referral has been received so far this year. This was for a baby with shoulder dystocia that required cooling. SuSm will be contacting the family today to check they're okay with HSIS. The family haven't been answering the phone to unknown numbers so contact hasn't been possible to date.	
9	**ATAIN action plan review** • ATAIN is still well below the national benchmark. The Q3 report is in progress. No concerns need to be raised.	

Agenda Item	Item	Action Lead
	• December was 2.15%, November was 3.57% and October was 3.58%. • The theme of ATAIN cases was respiratory issues due to TTN. • The ANP is doing a campaign on the temperature of babies. A good mix of staff members have come forward to support the campaign. • The thermometers are still part of the action plan, along with heated towel rails and monitors.	
10	**Risk register review** • No update.	
11	**Service improvements- PSIRF** • No update.	
12	**Q2 claims scorecard information review** • No update.	
13	**SCORE survey (insight)** • JW asked the group if they would like the Retention Midwife to come to the meetings quarterly and present her findings on the local staff survey. • The group agreed that this would be good to hear at this meeting.	
14	**Local culture- safety champions support for the Quadrumvirate in their work to better understand and craft local culture** • JW noted that the Quad have now completed their training. • They are due to attend the next meeting.	
15	**Key escalations to Trust Board** • Nothing to escalate.	
16	**Any other business** • LG and JT have been invited to attend a course at Loughborough University. • SuSi has also been invited. • It's believed that JJ put names forward, however LG wasn't sure that they were the correct people to attend the training. • There is a big time commitment to the training. SuSi noted that she would struggle to complete this is the time she is contracted to the Trust. • JW has spoken to Loughborough University. It was a national course that they weren't able to fill, so it was then opened up to Maternity Units and Pharmacies. • Patient Safety Leads were the intended attendees. • SaSh noted that she will be the one to attend as it is regarding generic patient safety, not specifically Maternity patient safety.	
Director of Midwifery joining to discuss action plan		

Agenda Item	Item	Action Lead
17	**Discussion of action plan with DOM** • It was noted that notice has been served for the Children's Centre in Malvern. The LMNS are unable to help with this in the 23/24 financial year. The Trust will pay for accommodation at Malvern Community Hospital until then. • Part of the cost will be offset from not paying for waste collection from the Sunshine Centre. • Existing SLAs are also being reviewed. • JJ confirmed that the action can be closed. • The patient story is due to be heard in April. • It was agreed that thermoregulation will sit within the ATAIN action plan. The next ATAIN meeting is in February. • The issue with single glazed windows on Delivery Suite will remain on the action plan. • The action regarding ACP roles will be handed over to Becky Fox. • Timescales for actions will be put in place. • JJ confirmed that there is a role for the ACP trainee once she has completed her training. JJ will reconfirm this with the ACP trainee. • The DAU lone worker and 223 bleep checking on them should be added to the action plan. • SuSm noted that the screening/fetal medicine team have met with the relevant Maternity Matron to discuss their concerns. • JJ will pick up the backfill of hours for the secondment posts with Becky Fox. • JJ will investigate whether the additional telephone line has been added to Triage and whether it is operational. • AFG noted that there may be a bigger issue with telephone lines, as the new consultant offices are waiting for new lines that were requested months ago. AFG will pick this up with the Directorate Team.	
18	**Date of next meeting** Tuesday 27th February 2024, 11:00-12:00, via MS Teams	

NHS England Midlands

Reviewing local guidance which diverges from Saving Babies' Lives Care Bundle version 3 (SBLCBv3) recommended practice.

Reviewing Local Guidance which diverges from SBLCBv3 recommended practice.

Publishing approval number:

Version number: 2.1

First published: 6.2.20

Updated: 28.07.2023

Prepared by: Midlands Perinatal Team

Contents

1. Introduction

The Midlands Perinatal Team's role is to support full implementation of Saving Babies' Lives Care Bundle (SBLCB) and advise providers and commissioners when local guidance diverges from recommended national guidance. A model has been developed to review practice that diverges from SBLCBv3 national guidance.

The Midlands Perinatal Team will establish a Peer Review Panel composed of Safety Champions and relevant Clinical Leads, external to the trust concerned, to make recommendations. This model includes a:

- Notification Process
- Trust rationale, evidence base and justification for divergence from national guidance
- Peer Review Panel to review rationale and reject or accept modifications and make recommendations to the commissioners and trust.

It is envisaged that local providers will endeavour to consolidate efforts in relation to SBLCB version 3 to align with national guidance. The process in place will build on the role of the Midlands Perinatal Team in providing bespoke support to support trusts to achieve full implementation of SBLCB v3. A divergence from national guidance should be used as a temporary measure, a clear action plan with timelines as to how and when full implementation will be achieved will need to be developed by the trust and monitored by the LMNS and lead commissioner.

2. Notification Process

Providers working with commissioners who require there to be a variation from SBLCB version 3 can sense check their proposal through peers with facilitation from the Midlands Perinatal Team (MPT). Providers and maternity commissioners can seek MPT support via england.midlandsperinatal@nhs.net.

The template in Appendix 1 should be completed outlining the variation, its rationale and any supporting evidence to england.midlandsperinatal@nhs.net this will be reviewed by the Midlands Perinatal Teams, Regional Lead Obstetrician, Regional Chief Midwife and a Peer Review Panel. The Peer Review Panel will review any submissions within 28 days of receipt.

3 The Role of the Peer Review Panel

The MPT will establish a panel external to the index Trust or Commissioner to review the plan, review if it is acceptable clinical practice and consider the response. The panel will be chaired by the MPT Regional Lead Obstetrician or the relevant Regional SBLCB Clinical lead and will comprise of 3 clinicians with recognised relevant expertise in the clinical area. The panel will consider the impact of the proposal on:

- Safety
- Choice

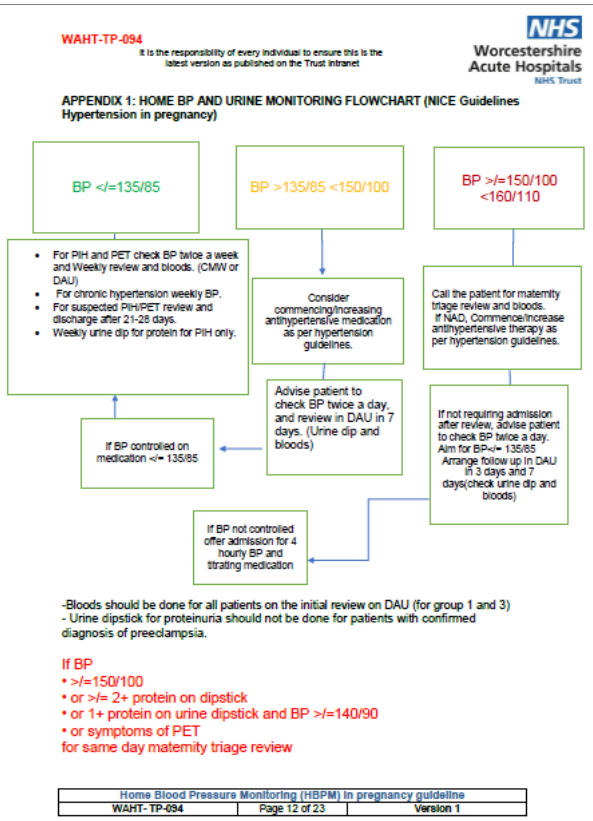
- Deliverability
- Equality impact
- Evidence

The Panel will make recommendations which will then be forwarded to the lead commissioner, LMNS Quality lead and trust lead which then will be agreed locally within 28 days of receipt. Once the local agreement has been made the MPT is to be notified of the outcome.

Appendix 1: Trust divergence from Saving Babies Lives Care Bundle v3 National Guidance Template.

Trust:	Worcestershire Acute Hospitals
LMNS:	Hereford and Worcester
Trust Lead:	Justine Jeffery
Commissioning Lead:	
Date:	25.1.24
Outline Element Variation:	
1. Which pathway does this refer to?	*Element 2* *2.14 – In the presence of hypertension NICE guidance on the use of PIGF/sflt1 testing should be followed*.
2. Describe how the proposed pathway varies from recommended practice?	We will be using 'Home blood pressure monitoring' (HBPM) instead of the testing using PIGF/sflt1 as a marker for PIH/PET Attached below is the pilot study conducted by the trust in 2021 and explains extensively our rationale for not adopting for PIGF/sflt1. Also, for assurance the evidence of its presentation at Maternity Quality Governance March 23. presentation PLGF Final (1).pptx Agenda Maternity Quality Governance M Minutes Maternity QGM 19 03 21.docx
3. What is the rationale for this pathway amendment?	<table><tr><th>PIGF testing</th><th>HBPM</th></tr><tr><td>20-34+6 weeks</td><td>All through pregnancy and postnatal</td></tr><tr><td>Only for suspected PET</td><td>Chronic HTN, gestational HTN, preeclampsia, suspected preeclampsia, high risk of PET.</td></tr><tr><td>£96/ test £24000/annum, if done for 5% of patients once only</td><td>£65/monitor (on loan) 5000/annum for software system(1st year free)</td></tr><tr><td>Help in rule out preeclampsia, not recommended to rule in.</td><td>Can be used to rule in or rule out preeclampsia. (HTN is basic element of preeclampsia)</td></tr><tr><td>Has no role in monitoring or follow up of cases of preeclampsia</td><td>Can be used in monitoring, follow up and management of all hypertensive disorders of pregnancy.</td></tr></table> **Objectives of implementation of HBPM** a) To provide patient care better aligned with NICE guidelines on Hypertension in Pregnancy recommending HBPM. b) To align with the NHSE/Trust's strategic objective of adopting digital technology for remote monitoring of patient care. c) To reduce the number of face-to-face (F2F) contacts within the community, antenatal clinic (ANC) and day assessment unit (DAU) for blood

	pressure and urine monitoring during pregnancy and the immediate postnatal period without compromising maternal and pregnancy outcomes. d) To reduce inpatient admission for BP monitoring. e) To improve the Hypertension monitoring services provided by the Trust by facilitating a reliable monitoring and timely clinical review, hence to improve patient care and safety. f) To enhance patient centred care, more patients' involvement and increase their sense of control on their own care. g) To make BP monitoring easier and less time consuming which allows better compliance h) To enable a wider choice for the women for BP surveillance. i) To reduce the healthcare costs and workload associated with monitoring of Hypertension in pregnancy/postpartum through reducing face-to-face contacts within the community, ANC, DAU and inpatient admissions for blood pressure and urine monitoring during pregnancy and the immediate postnatal period j) To reduce the patient costs, time and inconvenience associated with accessing these services as an out/in-patient for BP monitoring. k) To provide effective solution for white coat hypertension and masked hypertension.
4. What is the evidence base?	• Please see presentation attached • The Royal College of Obstetricians and Gynaecologists (RCOG) made recommendations published in March 2020 for the healthcare professionals on self-monitoring of BP in pregnancy as a reliable and acceptable means of monitoring hypertensive patients during pregnancy and postpartum compared with the traditional pathways of outpatient BP monitoring. Many maternity care providers in the UK have successfully implemented the new service model of Home Blood Pressure Monitoring (HBPM) and shown to reduce the number of hospital visits required by patients.



WAHT-TP-094
It is the responsibility of every individual to ensure this is the latest version as published on the Trust intranet

Worcestershire Acute Hospitals NHS Trust

APPENDIX 1: HOME BP AND URINE MONITORING FLOWCHART (NICE Guidelines Hypertension in pregnancy)

-Bloods should be done for all patients on the initial review on DAU (for group 1 and 3)
- Urine dipstick for proteinuria should not be done for patients with confirmed diagnosis of preeclampsia.

If BP
- >/=150/100
- or >/= 2+ protein on dipstick
- or 1+ protein on urine dipstick and BP >/=140/90
- or symptoms of PET

for same day maternity triage review

5. How have service users been engaged in developing this revised pathway?

Improved patient involvement and personalised care. Service users continue to have the option of the same pathway of care.

	Current process - health care-based BP monitoring	HBPM
Service Description	BP is monitored by a health care professional either at home or clinic.	BP is self-monitored by the patient at home.
The process	If BP is high, the woman may be reviewed immediately by health care provider and may be directed to Maternity Triage/DAU or the AN ward for further assessment.	If BP is high, woman contacts the DAU or triage and she may be recalled for further assessment.
Patient choice	No alternate option available.	Option of either HBPM or by health care-based BP monitoring.
Patient involvement	Less patient involvement in her own care.	More patient involvement in her own care.
Benefits and disadvantages	Time consuming, costly, increased face to face contacts and may need inpatient admission if BP needs to be monitored more than once daily.	BP can be monitored with any frequency without hospital admission. Cost effective, safe and user friendly. This option may disadvantage some women who are less digitally literate. Therefore, the current process is still an option for those women.

6. What is the difference in resources required as a result of this change?	Please see presentation
7. What is the likely service impact of the proposed change?	Please see presentation
Justification: How will this amendment support improved reduction in stillbirths, perinatal mortality and Hypoxic brain injury?	*Please provide relevant documents and evidence* Guideline is attached below and its approval via our Maternity Governance meeting. Home Blood Pressure Monitoring (HBPM) in 9. Minutes Maternity Quality Governance M
Are the Maternity commissioner and trust board in agreement with the proposed changes?	
Has your Local Maternity & Neonatal System been communicated and involved with the process?	LMNS where first made aware of divergence on this element on the 29th November 23.

Appendix 2: Midlands Perinatal Team and Expert Panel Recommendations Template:

Trust:	
LMNS:	
Trust Lead:	
Commissioning Lead :	
Panel Review Date:	
Panel Review Members: **Name, job role and trust**	
1	
2	
3	
Recommendations from panel members:	
Risks identified:	

Please notify the MPT of the outcome and local agreement within 28 days of receipt to england.midlandsperinatal@nhs.net	
1. What has been agreed locally with commissioners & LMNS?	
2. What is the process for review?	
3. Has this variation been signed off by the trust board which acknowledges sign off from local commissioners and the Midlands Perinatal Team recommendations?	

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**12/03/2024**
Title of Report:	Nurse Staffing Report
Status of report:	☐**Approval** ☒**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Sue Smith DCNO, Clare Alexander Lead for N&M workforce
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

To provide an overview of the staffing safeguards for nursing of wards and critical care units during January 2024 with numerical data presented for December 2023.

2. Recommendation(s)

Board members are asked to:

1. **Note** the content of the report and assurance levels
2. **Note** the continued improvement in reduction in agency spend, vacancy rates and attrition numbers for RNs and HCAs'

3. Chief Officer/Executive Director Opinion[1]

This report provides assurance that safe staffing was reported throughout January 2024 with consistent fill rates being reported on the 'safer staffing return' in December 2023. Also to note, there was correlation between staffing incidents and reported patient harm.

Additional capacity/ surge beds were opened during December 2023 and there has been continued use of boarding spaces throughout December 2023 and January 2024 resulting in unplanned spend on temporary staffing. Additional capacity and high acuity in Emergency Departments is also driving a temporary workforce demand.

Vacancy rates for Registered Nurses and Healthcare Support Workers continue to reduce, with turnover rates for both groups of staff starting to reduce.

Work is ongoing to ensure controls are in place for use of bank and agency, specifically high cost agencies.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☐ *Think/Act as a Lead Provider*
☒ *Governance*	☒ *Improve Staff Experience*
☐ *Home First Mindset*	☐ *Tertiary Partnerships*
☐ *4ward Improvement System*	☒ *Leadership and Structures*
☐ *Elective Care: No Delays*	☐ *Strategic 'Big Moves'*

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**12/03/2024**
Title of Report:	**Midwifery Safe Staffing Report January 2024**
Status of report:	**☐Approval ☐Position statement ☒Information ☒Discussion**
Report Approval Route:	Quality Governance Ctte
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Justine Jeffery Director of Midwifery
Documents covered by this report:	• NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • NHSR Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme • NHSE (2020) Perinatal Surveillance Model

1. Purpose of the report

The purpose of this report is to provide assurance that midwifery staffing is monitored and to note actions taken to mitigate any shortfalls. For noting this report also provides the biannual birth rate plus table top audit results.

2. Recommendation(s)

The Board is asked to note how safe midwifery staffing is monitored, and actions taken to mitigate any shortfalls. Also to note any risks associated with achieving safe levels of midwifery staffing.

3. Chief Officer/Executive Director Opinion[1]

The report offers assurance to the Board that there are robust processes in place to monitor midwifery staffing levels and that appropriate actions are taken to mitigate the risk when staffing gaps occur.

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

☐ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☒ ***Governance***	☐ ***Improve Staff Experience***
☐ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☐ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored.

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits.

The summary of the workforce KPIs are as follows:

Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	7.97%↓	16.8%↑
Turnover rate (rolling)	11.5%	8.62%↑	13.1%↓
Vacancy rate (MW)	7%	9%↔	37% ↑
Maternity Leave	-	5.68 %	1.54%
Midwife to birth ratio (in post)	1:24	1:21	
1:1 care in labour	100%	100%	
Shift leader SN	100%	Not achieved	

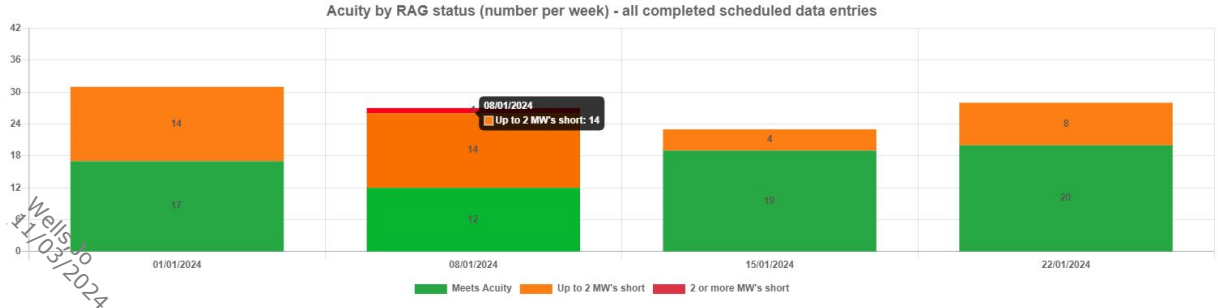
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 65% of the expected intervals therefore the data presented is not reliable. The agreed timings have been amended to improve completion.

The diagram below demonstrates when staffing was met or did not meet the acuity. From the information available the acuity was met in 62% of the time and recorded at 38% when the acuity was not met prior to any actions taken. This is a slight decrease from the previous month. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in January following the mitigations taken that are detailed below.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=14 occasions) of when staff are reallocated from other areas of the inpatient service; this is a slight decrease in month. In addition, there was one reported occasions when the community

and continuity teams were deployed to supported the inpatient area however escalation took place on eight shifts – this is an increase in month. There were two reports of staff not being able to take breaks and no reports of staff staying beyond their shift time. There was 1 report of non-clinical staff and managers working clinically to support however this is also underreported.

Number & % of Management Actions Taken

From 01/01/2024 to 31/01/2024

MA1	Redeploy staff internally	14	78%
MA2	Redeploy staff from community	1	6%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	2	11%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	1	6%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	0	0%
MA11	Maternity Unit on Divert	0	0%
	Total	18	

Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'

All of the NICE recommended red flags can be reported within the acuity app and are presented below. The labour ward coordinator reported that they were not supernumerary on one occasion as they were providing 1:1 care; this has decreased in month. There was one delay in care reported and 1:1 care was recorded at 100%.

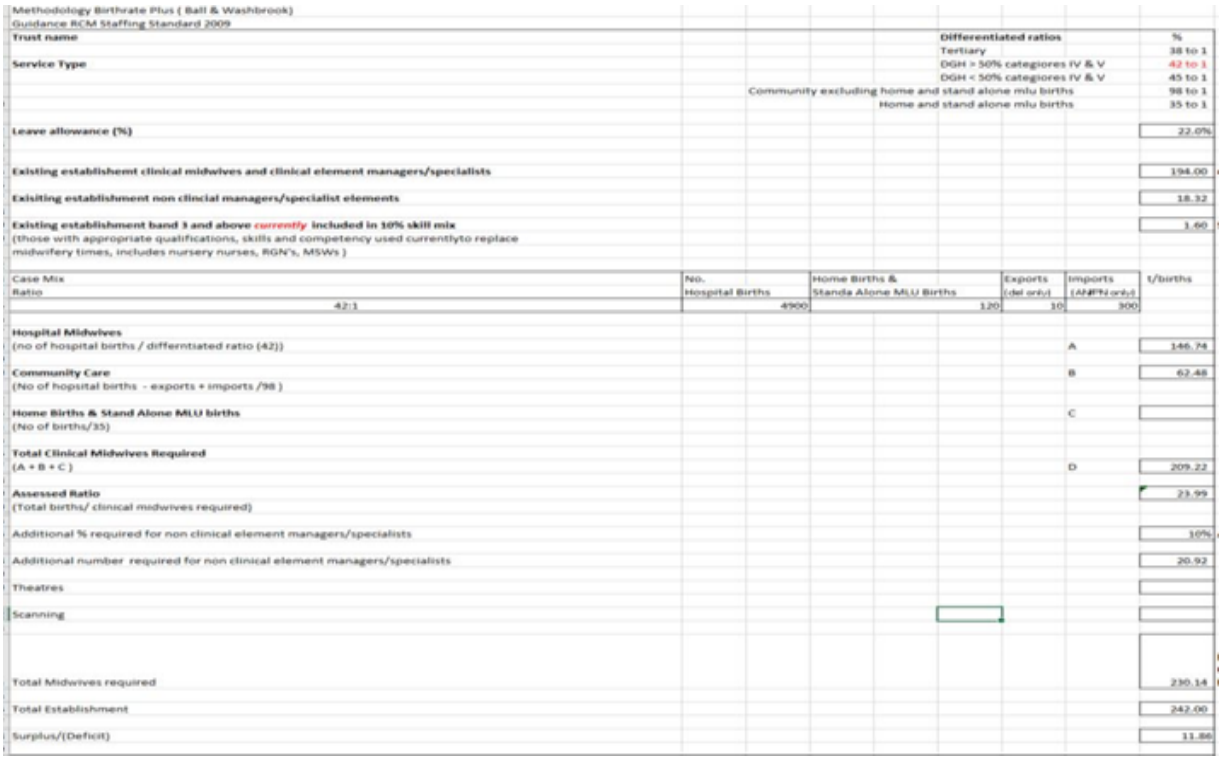
Number & % of Red Flags Recorded

From 01/01/2024 to 31/01/2024

RF1	Delayed or cancelled time critical activity	0	0%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	1	50%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	1	50%
	Total	2	

Birthrate Plus 6 monthly desktop audit

The current recommended establishment is presented below:



Methodology Birthrate Plus (Ball & Washbrook)					
Guidance RCM Staffing Standard 2009					
Trust name				**Differentiated ratios**	%
				Tertiary	38 to 1
Service Type				DGH > 50% categiores IV & V	42 to 1
				DGH < 50% categiores IV & V	45 to 1
			Community excluding home and stand alone mlu births		98 to 1
			Home and stand alone mlu births		35 to 1
Leave allowance (%)					22.0%
Existing establishemt clinical midwives and clinical element managers/specialists					194.00
Exisiting establishment non clincial managers/specialist elements					18.32
Existing establishment band 3 and above *currently* included in 10% skill mix (those with appropriate qualifications, skills and competency used currentlyto replace midwifery times, includes nursery nurses, RGN's, MSWs)					1.60
Case Mix Ratio	No. Hospital Births	Home Births & Standa Alone MLU Births	Exports (del only)	Imports (ANPN only)	t/births
42:1	4900	120	10	300	
Hospital Midwives (no of hospital births / differntiated ratio (42))				A	146.74
Community Care (No of hospital births - exports + imports /98)				B	62.48
Home Births & Stand Alone MLU births (No of births/35)				C	
Total Clinical Midwives Required (A + B + C)				D	209.22
Assessed Ratio (Total births/ clinical midwives required)					23.99
Additional % required for non clinical element managers/specialists					10%
Additional number required for non clinical element managers/specialists					20.92
Theatres					
Scanning					
Total Midwives required					230.14
Total Establishment					242.00
Surplus/(Deficit)					11.86

Non Clinical Midwifery Roles

Within the tool a 10% increase in midwifery time is applied to support governance, specialist and leadership roles (20 WTE locally). This % increase has not been amended since the national changes were introduced as outlined in Ockenden and the NHSE Self-Assessment tool. There are a 21 additional roles that have been funded by NHSE and the local council to support the Trust to deliver the national recommendations and ensure that national targets are met.

Funded establishment

The total requirement to deliver a safe maternity service is 230.16 WTE. The current funded midwifery establishment is 251 WTE therefore no additional funding is currently required.

Antenatal & Postnatal Wards

The ward acuity tool was relaunch in November. Training events are currently underway and once the completion rate is above the required 80% the data will be included in this report. Completion rates not yet met.

Staffing incidents

There were thirteen staffing incidents reported in January via Datix and no harm was recorded. The following incidents were reported:

1. Staffing below safe minimum – escalation policy enacted (2)
2. No Triage doctor (9)
3. Increasing workload in fetal medicine (1)
4. In sufficient gynaecology nurse staffing – patient transferred to maternity (1)

It is noted that any reduction in available staff results in increased stress and anxiety for the team. Staff drop in events have continued throughout January to offer support to staff and to update staff on current challenges in maternity services. No safety issues or staffing concerns were raised at the last meeting.

Medication Incidents

There were six no harm medication incidents in January:

- Incorrect prescription taken to pharmacy
- Delay in IVAB (neonate)
- Syringe found in bed post operatively
- Incorrect dose of Enoxaparin
- Gentamycin levels taken too early – delayed dose
- Steroids administered – Blood sugar monitoring omitted

Monitoring the midwife to birth ratio

The ratio in January was 1:21 (in post) and 1:19 (funded). The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. Additional huddles were held in January alongside system huddles for mutual aid. Bed meetings are held three times per day and are attended by the Directorate teams. Information from the SitRep is discussed at this meeting.

Unify Data

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service. Again the rates reported demonstrate some improvement in fill rates.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	87%	100%	n/a	n/a
Antenatal Ward/Triage	89%	89%	70%	75%
Delivery Suite	99%	97%	52%	86%
Postnatal Ward	89%	89%	69%	61%
Meadow Birth Centre	67%	74%	41%	42%

Maternity SitRep

The maternity SitRep continues to be completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional SitRep is submitted daily.

National Maternity SitRep

The national COVID SitRep was stood down in October. A revise national maternity submission is now available and is completed each fortnight; it is expected that the regional sitrep will be rolled out across England.

Vacancy

There are 18 unfilled clinical midwifery posts and 6 unfilled leaderships and specialist roles – vacancy rate 9%. A further 14 WTE midwives are in the pipeline to start in March 2024. There are 18 WTE MCA vacant posts; there are 3 WTE MSW vacancies. A recruitment event took place in December and 7 posts were offered. Further recruitment is arranged for both staff groups.

Sickness

Sickness absence rates for midwives were reported at 7.97% and 16.8% for non-registered staff. This is a further increase in month for non – registered staff but a decrease for midwives.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Regular walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Health and wellbeing work stream actions

Turnover

The rolling turnover rate is at 8.62% for midwives and at 13.1% for non-registered staff. The retention midwife is working with the team to introduce a number of initiatives to maintain the improvement achieved in retaining staff. The Practice Development Midwife for MSW/MCAs is in the process of recruiting further staff; ensuring that the existing staff have the knowledge and skills required and are prepared to undertake their apprenticeship training.

Risk Register –staffing

Risk ID	Narrative	Risk Rating
4208	If maternity safe staffing levels are not maintained this may impact on safety and outcomes for mothers and babies	**5**

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed/staffing meeting daily
- SitRep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Fortnightly ‘drop - in’ sessions led by the DoM continued in month.
- Safety Champion walkabouts

- Ongoing retention work led by retention midwife and Practice Development Midwife for MSW/MCAs.

Conclusion

There was an increase in the % of time that acuity was met on delivery suite without mitigation taken. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 22 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team in January.

Red flags were reported via the acuity app; the supernumerary status of the shift leader was not maintained however 1:1 care in labour was achieved. Of the 19 datix reports for staffing and medication incidents submitted, no harm was identified.

Sickness absence rates have decreased for midwives however have increased for non-registered staff. Ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.

The rolling turnover rate is at 7.97% (MWs) and 16.8% (MSWs & MCA's). The vacancy rate is at 9% for MWs and 37% for MCA's. Further recruitment events are planned for midwives and MCAs in 2024.

Any reduction in available staff on duty will impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.

Recommendations

The Board is asked to note the content of this report for information and assurance

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**12/03/2024**
Title of Report:	Going Concern Paper 2023/24
Status of report:	☒**Approval** ☐**Position statement** ☒**Information** ☒**Discussion**
Report Approval Route:	Other
If Other, provide details:	Trust Board
Lead Chief Officer/Director:	**Chief Finance Officer**
Author:	Lynne Walden – Associated Director of Finance (Financial Services & Coding) Charlotte Ogden – Senior Financial Accountant
Documents covered by this report:	Appendix A – DHSC Group Accounting Manual extract Appendix B – 10 Point Plan

1. Purpose of the report

The concept of "going concern" is one of the fundamental principles underpinning the accounting regime used in preparation of our financial statements. Essentially it means the Directors believe we have the resources in place to remain viable for the foreseeable future. Directors should consider the specific events, conditions and factors that individually or collectively, might cast significant doubt on the going concern assumption.

We must comply in the preparation of our annual accounts to the NHS Group Accounting Manual (GAM). The going concern section has been included in Appendix 1 for reference.

Financial planning for 2023/24 was submitted on 4th May 2023 resulting in a planned breakeven position for 2023/24. The latest full year forecast per month 9 reporting is that the Trust will deliver a full year deficit of £34.9m driven by the impact of continued Industrial Action, higher than planned inflationary cost pressures, expensive insourcing of services to support cancer and long waits, significant slippage on PEP delivery and overspends on workforce related to high-cost bank and agency premiums. The Trust has applied for cash support during 2023/24 due to the revised forecast position.

The projected deficit for 2023/24 will be the 11th consecutive year in which the Trust has not achieved it's in year breakeven duty to contain expenditure within the resources available. A continued breach will result in the requirement for a further referral by the external auditor to the Secretary of State.

In the NHSE breakeven duty guidance April 2018 an auditors responsibilities are defined as follows:

"The external auditors of NHS trusts have responsibilities under section 30 of the Local Audit and Accountability Act 2014 to report on unlawful matters by issuing a referral to the Secretary of State. External auditors are also required to follow the Comptroller and Auditor General's Code of Audit Practice, issued by the National Audit Office (NAO), and have regard to the accompanying auditor guidance notes (AGNs). These are available on the NAO website and AGN07 explains the auditor's responsibilities for reporting. "Auditors generally consider a trust's failure to meet the breakeven duty requirements to be an unlawful matter requiring a referral to the Secretary of State."

The primary risk to going concern status is the underlying financial deficit and a resultant shortfall in cash to discharge liabilities.

A facility to access cash support has remained in place in line with the standard NHSE process. All cash support requests submitted in the current and previous years in line with national policy have been

approved. On this basis there is no reason to believe that support would cease to be available if required, or that the terms on which it is provided would change.

The Trust has accessed the facility of cash support in December, January and February and will closely monitor each month up to 31 March 2024 and beyond in to 2024/25 to assess if further support will be required.

On the balance of assessment of the various risks, opportunities and uncertainties, the Chief Finance Officer recommends that the Trust considers itself to be a going concern in line with published guidance. On this basis, the Committee is requested to consider and endorse this recommendation for approval at the Trust Board.

Accounting standard IAS1, Presentation of Financial Statements, requires each year as part of the accounts preparation process, management makes an assessment of the entity's ability to continue as a going concern. The Treasury's Financial Reporting Manual (FReM) interprets the requirements set out in IAS 1 (paras 25-26) as below:

- *The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern*

- *However, a trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up*

- *Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements.*

- *Where a body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.*

The Going Concern Assessment is primarily derived from the historical financial position of the Trust, with an assessment of the future risks, opportunities and uncertainties, including for example any:

- Financial conditions
    - Historic financial performance
    - Future financial plan
    - Cost Improvement/Efficiency savings/ risk assessed delivery
    - Liquidity and ability to meet liabilities.
    - Existing borrowing and access to borrowing

- Operating conditions
    - Change in management structures
    - Change in commissioned services
    -
- Risk of non-compliance with Terms of Authorisation

MASTER_FINAL_2023-24_FReM.pdf (publishing.service.gov.uk)

We are currently reviewing the 2023/24 underlying exit position and are preparing both a detailed plan for 2024/25 which will include assumptions around the on-going provision of services and a medium term 5 year financial strategy to identify further mechanisms to support financial sustainability. Of significance in relation to going concern are:

- We are a key partner in the Herefordshire and Worcestershire ICB which sets out the vision for healthcare services in the two counties in the medium term.
- We are now part of the Foundation Group working with Wye Valley, George Elliott and South Warwickshire Hospitals with a single Chair and a single Chief Executive and with common Governance arrangements.
- The Trusts immediate priorities have been focussed into a 10 point plan (Appendix B attached) with the top priorities being improving hospital flow and discharges and the consequential patient experience and to also improve the staff experience to retain and attract the best workforce.
- We are focussing on a Financial Recovery Plan and 5 year financial strategy that will see us become more financially sustainable. A Turnaround Director has been appointed until the end of March with the support of NHSE to work with Directors and Divisions to deliver the revised run rate trajectory submitted to NHSE and an improved run rate for the start of the 24/25 financial year.
- We are actively working with system partners and the Foundation Group to address those services that are most challenged by scale and workforce scarcity to provide a more sustainable offer for our patients.
- There has been significant investment in health care infrastructure to support improved capacity, productivity and efficiency of services including, a new Urgent & emergency Care Centre on the Worcester site, new Theatres at the Alexandra site and new Diagnostic services at the Kidderminster site.
- The expensive early adopter cost plus PFI contract, which has been a significant contributor to the Trusts financial challenges comes to an end in just over 7 years and the Trust is working with its Foundation Group partner, Wye Valley NHS Trust on planning for the handover given that they are a year ahead of us in the process.

<u>Other Financial Considerations</u>

- The Trust has experienced a challenging financial position over recent years, with historic performance showing substantial operating losses as set out below:

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Estimated 2023/24 £000
Breakeven duty in-year financial performance	(52,562)	(68,790)	(80,844)	6,652	(1,082)	(19,775)	(35,000)
Breakeven duty cumulative position	(199,577)	(268,367)	(349,211)	(342,559)	(343,641)	(363,416)	(398,416)
Operating income	400,918	411,966	443,722	559,003	596,391	644,967	685,477
Cumulative breakeven position as a percentage of operating income	(49.8%)	(65.1%)	(78.7%)	(61.3%)	(57.6%)	(56.3%)	(58.1%)

- This shows that the Trust is currently forecasting that it will fail to achieve its statutory duty to break even taking one year with another.

- There have been requests for cash support in 2023/24, £3m, £11m and £2m in December 2023, January 2024 and February 2024 respectively.

- The Trust continues to repay its two Normal Course of Business (NCB) capital loans. There will be two repayments due in 2023/24; Sept 2023 and March 2024 totalling £0.949m

- The cash balance at the end of Month 9 was +£1.3m and forecast year end position is overdrawn by £3.7m however this estimate is being closely monitored and if there was no improvement then we will be seeking approval from the Trust Board for additional cash support from NHSE.

- An operational plan for 2024/25 is being prepared for submission to NHSE on 16th March as part of an agreed position with the H&W ICB and its partners across the system. This plan will set out the planned income, activity, workforce and expenditure requirements for 2024/25 together with the required efficiency and productivity plans required as part of the system submission. Unless there is a material change in the national funding architecture it is anticipated that this will continue to reflect a deficit position, and exposure to a level of risks that will require mitigation.

- A key consideration is whether we will have the cash resources to meet our obligations as they fall due in the foreseeable future. There is a comprehensive cash management and forecasting process in place, including daily, weekly and monthly cash flow forecasting and careful working capital management.

- Access to cash support remains available if required through monthly requests to the Department of Health and Social Care in line with the standard NHSE policy and process.

Assessment of Going Concern

Whilst we remain in a recurrent financially challenged position, and face a number of risks and uncertainties, there is clear evidence of continued provision of services being planned by both NHSE, ICB and the Trust itself in order to provide much needed services for the population of Worcestershire and the surrounding population.

On the balance of assessment of the various risks, opportunities and uncertainties, the CFO recommends that the Trust considers itself to be a going concern in line with the accepted definition for public sector bodies. Neither NHSE, nor DHSC have deemed the going concern basis to be inappropriate for the Trust.

2. Recommendation(s)

The Trust Board is requested to consider and endorse the Chief Finance Officer's recommendation that the Trust is a going concern.

3. Chief Officer/Executive Director Opinion[1]

4. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:

[1] Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

☐ *Focus on Flow*	☐ *Think/Act as a Lead Provider*
☒ *Governance*	☐ *Improve Staff Experience*
☐ *Home First Mindset*	☐ *Tertiary Partnerships*
☐ *4ward Improvement System*	☐ *Leadership and Structures*
☐ *Elective Care: No Delays*	☐ *Strategic 'Big Moves'*

Appendix A – Going Concern Extract – Group Accounting Manual 2023/24

4.18 The FReM notes that in applying paragraphs 25 to 26 of IAS 1, preparers of financial statements should be aware of the following interpretations of Going Concern for the public sector context.

4.19 For non-trading entities in the public sector, the anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents, is normally sufficient evidence of going concern.

4.20 A trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up.

4.21 Sponsored entities whose statements of financial position show total net liabilities must prepare their financial statements on the going concern basis unless, after discussion with their sponsor division or relevant national body, the going concern basis is deemed inappropriate.

4.22 Where an entity ceases to exist, it must consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern in its final set of financial statements.

4.23 While an entity will disclose its demise in various areas of its Annual Report and Accounts such as in the Performance Report and cross reference this in its going concern disclosure, this event does not prevent the accounts being prepared on a going concern basis or give rise to a material uncertainty in relation to the going concern of the entity.

4.24 DHSC group bodies must therefore prepare their accounts on a going concern basis unless informed by the relevant national body or DHSC sponsor of the intention for dissolution without transfer of services or function to another entity.

4.25 Where a DHSC group body is aware of material uncertainties in respect of events or conditions that may bring into question the going concern ability of the entity, these uncertainties must be disclosed.

4.26 As the continued provision of service approach, per paragraph 4.22, applies to DHSC group bodies, material uncertainties requiring disclosure will only arise in very exceptional circumstances.

4.27 Should a DHSC group body have concerns about its “going concern” status (and this will only be the case if there is a prospect of services ceasing altogether), or whether a material uncertainty is required to be disclosed (which will only arise in exceptional circumstances), it must raise the issue with its sponsor division or relevant national body as soon as possible.

4.28 Consideration of risks to the financial sustainability of the organisation is a separate matter to the application of the going concern concept. Determining the financial sustainability of the organisation requires an assessment of its anticipated resources in

the medium term. Any identified significant risk to financial sustainability is likely to form part of the risks disclosures included in the wider performance report, but is a separate matter from the going concern assessment.

Our Ten Point Plan

Our Ten Point Plan (a summary)

1. Focus on Flow	6. Governance
2. Home First mindset	7. 4ward Improvement System
3. Elective Care: No delays	8. Think/act as a lead provider
4. Improve staff experience	9. Tertiary partnerships
5. Leadership and Structures	10. Strategic ‘big moves’

Our Ten Point Plan

1. Focus on Flow

Our most immediate priority is improving patient flow across all parts of our urgent and emergency care pathway. We will work together across our Trust to make sure that patients in need of urgent care do not spend a minute longer in any part of our hospital than they need to. That includes tackling long ambulance waits outside our emergency departments which are an unacceptable cause of harm to some our sickest patients.

We will improve our hospital pathways for general acute patients, including patients with frailty. This will reinforce our zero tolerance of avoidable delays at any stage of a patient's journey to reduce harm, deliver a better patient experience and ease pressure on our staff. This will be underpinned by a 'whole hospital' approach, a refresh of our internal professional standards for all clinical teams and a Trustwide commitment to getting the basics right.

Our Ten Point Plan (cont'd)

2. Home First Mindset/There's No Place Like Home

Improving urgent flow will help to protect our patients from harm but helping them to avoid coming into hospital at all will keep them even safer, protecting them from hospital acquired functional decline, infections and the risk of falls.

A greater focus on the wellbeing of our population, working on prevention in the communities we care for and increased use of same day emergency care services will all help us to keep people out of our hospitals and safely at home. In familiar surroundings they are more easily able to maintain their physical and mental wellbeing and spend more time with their family, friends – even their pets.

Our Ten Point Plan (cont'd)

3. Elective care – planning for no delays

We will make best and most efficient use of our services and facilities to make sure that every patient on our waiting list gets the most timely treatment possible, building and protecting our own elective capacity, adopting a 'no cancellation' policy and ending our reliance on insourcing from external providers.

4. Staff Experience

Making our hospitals even better places to work helps us to attract, and keep, the best people and deliver even better patient care. We will strive to be a very flexible employer and tackle the issues that we know impact on our people every day – that includes basics like getting to and from work easily and being able to park. We will encourage our staff to raise concerns through formal and informal channels.