Trust Board Public

Tue 09 April 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*

13:00 - 13:00
0 min

3. Minutes of Meeting held on 12th of March

Decision *Russell Hardy*

Minutes Public Board March 24 SFM.pdf (8 pages)

13:00 - 13:00
0 min

4. Matters Arising and Actions Update

Information *Russell Hardy*

TB Action schedule.pdf (1 pages)

13:00 - 13:05
5 min

5. Items for Review and Assurance

5.1. Chief Executive's Report

Discussion *Glen Burley*

CEO Board Report Apr 2.pdf (6 pages)

5.2. Integrated Performance Report

Discussion *Stephen Collman*

Trust Board IPR Apr-24 (Feb-24_Data)_v0-2.pdf (35 pages)

5.2.1. Quality

Sue Smith

5.2.2. Activity Performance

Helen Lancaster

5.2.3. Workforce

Alison Koeltgen

5.2.4. Finance Performance

NEIL COOK

5.3. Financial Recovery Plan

Discussion *NEIL COOK*

Verbal Update

5.4. Perinatal Report

Information *Justine Jeffery*

- Perinatal Safety Report February 2024.pdf (16 pages)

5.5. Safe Staffing Reports

Information *Sue Smith/Justine Jeffrey*

- Staffing report WAHT Covering Report Template April Board.pdf (8 pages)
- Midwifery Safe Staffing Report February 2024.pdf (6 pages)

13:05 - 13:50
45 min

6. Items for Approval

6.1. Scheme of Delegation & Standing Financial Instructions

Decision *NEIL COOK*

- AAC SoD and SFI Header Sheet - 14.03.2024.pdf (5 pages)
- Detailed Scheme of Delegation November 2022 v8 - March 2024 - final.pdf (43 pages)
- SFIs - July 2021 v6 March 2024 - final.pdf (53 pages)

6.2. Standing Orders

Decision *Erica Hermon*

- 20240308 WAHT Covering Report Standing Orders for AAC.pdf (2 pages)
- GEH WAHT and WVT Standing Orders 2024-25 - V3 (without tracked changes).pdf (36 pages)

6.3. EPRR Annual Report

Decision *Helen Lancaster*

- EPRR Annual report and Board report 23 24 V4 final Edit.pdf (11 pages)

6.4. 2024/25 Objectives

Decision *Jo Newton*

- Trust Board WAHT Annual priorities and objectives for 2425 April 25v0.3.pdf (3 pages)
- 24-25 objectives narrative - v0.3.pdf (5 pages)

13:50 - 14:20
30 min

7. Items for Noting and Information

7.1. Communications Report

Information *Richard Haynes*

- Communications_Engagement_Charity_Board_Report_April24.pdf (5 pages)

7.2. Committee Summary Reports and Minutes

Information *Committee Chairs*

7.2.1. Quality Governance Committee

Julie Moore

QGC Minutes 29 Feb 24.pdf (8 pages)

7.2.2. Audit and Assurance Committee

Colin Horwath

Audit Minutes Feb.pdf (8 pages)
A&AC Board Report.pdf (2 pages)

7.2.3. People and Culture Committee

Karen Martin

02.24 PC Minutes (002).pdf (13 pages)

14:20 - 14:20
0 min

8. Any Other Business

Russell Hardy

14:20 - 14:25
5 min

9. Questions from Members of the Public

Russell Hardy

14:25 - 14:25
0 min

10. Date of Next Meeting

Information *Russell Hardy*

11th June 2024

14:25 - 14:25
0 min

11. Acronyms

Information

Z Acronyms.pdf (3 pages)

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON TUESDAY 12 MARCH 2024 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
	Colin Horwath	Non-Executive Director
	Karen Martin	Non-Executive Director
	Stephen Collman	Managing Director
	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	Associate Non-Executive Director
	Alison Koeltgen	Chief People Officer
	Richard Oosterom	Associate Non-Executive Director
	Helen Lancaster	Chief Operating Officer
In attendance	Justine Jeffery	Director of Midwifery
	Jo Wells	Deputy Company Secretary
	Don Beckett	Healthwatch
	Erica Hermon	Company Secretary
	Jules Walton	Acting Chief Medical Officer
	Julian Berlet	Acting Chief Medical Officer
	Liz Faulkner	Deputy Chief People Officer
	Alison Robinson	Deputy Chief Nursing Officer
Public		Via YouTube
Apologies	Sarah Shingler	Chief Nursing Officer

125/23 **WELCOME**

Mr Hardy welcomed all to the meeting. Alison Koeltgen, Chief People Officer who had recently joined the Trust was welcomed to the meeting. The Board Workshop held earlier in the day focused upon Health Passports, Single Point of Access, financial strategy and recovery and a presentation was shared regarding Allied Health Professionals and the great impact they are having in the Trust. Mr Hardy was assured that the Board are working hard to ensure that the Trust is as productive and efficient as it can be. The Trust was benchmarking well with other Trusts in terms of costs. The Trust was aware of and apologised for long A&E waits. Progress was being made in regard to cancer performance and elective waiting times.

126/23 **ANY OTHER BUSINESS**

No further business was declared.

127/23 **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.

128/23 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 21 DECEMBER 2023**
The minutes were approved.

RESOLVED THAT: The Minutes of the public meeting held on 21 December 2023 were confirmed as a correct record.

129/23 **MINUTES OF THE PUBLIC FOUNDATION GROUP BOARD MEETING MINUTES AND ACTIONS HELD ON 7 FEBRUARY 2024**
The minutes were approved.

RESOLVED THAT: The Minutes of the public meeting held on 7 February 2024 were confirmed as a correct record.

130/23 **ACTION SCHEDULE**
The actions were reviewed and all were complete.

Items for Review & Assurance

131/23 **CHIEF EXECUTIVE'S REPORT**
Mr Burley highlighted the following areas within his report:

- The financial position had been reviewed at the Board Workshop. The Trust was reporting a c£35m deficit this year. Additional costs in relation to the new ED and additional wards agreed during winter were driving factors. The Trust needed to enter financial recovery mode and a plan was being developed. The PFI and demand elements were under review. Teams were working with system partners to reduce the demand for cost covering. Focus was on opportunities with elective activity to generate more income. In regard to costs out, the driver across the NHS is temporary labour costs and increased headcount in order to control locum and agency spend. National planning guidance had not yet been received.
- New rules had been introduced around the repayment of previous year's deficit.
- The final report following a review of Dermatology had been received and assisted in highlighting how such issues could be avoided and how the service can be rebuilt in partnership with Wye Valley Trust.
- Work was underway across the group with Civility Saves Lives.
- The March target to achieve 76% A&E performance will be a challenge, though improvements to performance and ambulance handovers were reported.
- No resolution to industrial action had yet been announced. Mr Burley reiterated that delays to treatment can harm patients.
- Ms Koeltgen was welcomed to the Trust and the great work by the digital team and dietetics teams were highlighted.

Mr Hardy thanked the Association of Dermatologists for undertaking the review within Dermatology.

Mr Oosterom referred to culture and encouraged further discussion at Board Workshops in terms of key pieces of learning. The Digital team were commended for the work they had been doing which had been highlighted by staff at the Alex during a visit. Mr Burley informed

that culture will be focused on along with a review of the staff survey and plans to increase the feedback received.

RESOLVED THAT: The report was noted.

132/23 **INTEGRATED PERFORMANCE REPORT**

Mr Collman introduced the report and highlighted the following key points:

- Urgent and Emergency care have seen increasing attendances in comparison to the same period last year. Focus had been on handovers, which had reduced, though there were still spikes during evenings and weekends.
- Current length of stay was averaging 8.6 days, which is too long. IPC outbreaks have had an impact.
- Focus had been on cancer performance and the number of patients waiting over 62 days.
- The 78 week position remained challenged. Divisions have undertaken work to make reductions.
- There had been an increase in substantive workforce which should impact on agency, but sickness and unplanned activity remained a factor.
- Finance outlined the deficit position and year end.
- Key areas of focus are flow, productivity and agency workforce.

Operational Performance

Ms Lancaster highlighted the following key points:
Improvements were starting to be seen across performance metrics.
Attendance through ED had increased by 13.3% (50 patients a day), which impacts upon on waiting times.
There had been an increase in long length of stay, which impacts flow.
An increase in activity of the Same Day Emergency Care Unit was reported.
There had been an 8% reduction in ambulance handover delays.
A Transformation Programme was underway around Single Point of Access (SPoA). The team were reviewing unnecessary attendances and accessing care through different areas.
There was a drive to improve rapid streaming and triage.
There are a number of fragile services within cancer, but improvements were being seen.
The 62 day cancer backlog had significantly reduced from 399 case in December down to 26.
Faster diagnosis standards have also improved.
Teams were working on reducing long waits on waiting lists and driving to achieve 0 78 week waits. It was unlikely that the Trust would deliver 0 at the end of March and were forecasting between 20-25 patients to be outstanding. The ambition is to reduce the number of patients waiting 65 weeks and aim for 0 by September.

Mr Bramley requested an update on haematology as there were challenges with performance. Ms Lancaster replied that there were small numbers of patients through the pathway who are seen by a number of other specialties. 1 or 2 may breach the 28 day target, though improvements are now being seen.

Mr Horwath referred to the SPoA, advising that it was a great example of multi partner working but asked whether more could be done. Mrs Lancaster replied that SPoA was only established during December 2023 and was still embedding. There are opportunities about widening access and may be further opportunities in the future.

Quality

Ms Robinson informed that there was a continued number of covid outbreaks and reported that there had been approx.50 cases of patients across the Trust for a number of months. Teams were continuing to manage cases following national guidance but it did contribute to length of stay.
An enhanced IPC Risk Assessment had been completed on Aconbury 0 with the support of NHSE. Units to improve air quality had been purchased.
Complaints compliance monitoring continued in relation to overdue complaints and reductions were being made.

Ms Walton reported that mortality is within range.
Concerns remained around sepsis screening reporting which has been challenged with a move to a digital platform. Spot audits were being completed to maintain data integrity.
Neck of femur remains challenged.

Mr Burley referred to the 25 day complaint response target and stated that he would rather the teams fully answered the concerns rather than at pace, ensuring that communication took place if a breach was likely. Ms Robinson replied that the teams were following this practice. Divisions were encouraged to contact complainants within 24 hours of receiving the complaint to ensure that the key points are ascertained.

Mr Murphy queried adherence to IPC national guidelines as other Trusts didn't always seemto be fully following the same guidance. Ms Robinson replied that community hospitals advise that patients should be placed into a side room, which creates delays in discharge. Mr Murphy encouraged pushing back more. Ms Shingler advised that she would take the matter forward with the Partnership Trust. **Action.**

Ms Martin acknowledged the improvements made within complaints, however the additional temporary resource may now have been withdrawn which would impact on further reductions and cautioned creating an additional backlog situation. Ms Robinson informed that the team are working with the surgical division on live complaints and the backlog to ensure they are not breaching.

Mr Bramley queried the timeline of improvement for sepsis reporting. Ms Walton informed that she was unable to provide a timescale but the digital team were working on the rollout in conjunction with the EPR team.

People & Culture

Ms Faulkner advised that there was continued reduction in vacancies and reported a current vacancy rate of 7.6%, in comparison to 11% last year.
Temporary staffing spend had not reduced enough and remains a significant challenge.
Staff turnover remained below target.
There was a seasonal peak of sickness absence reported during December and January but it remains high, particularly in the stress and anxiety area. HR Business Partners are completing a review to ensure that health and wellbeing support is being offered.
Consultant job planning had dropped this month. A new policy was approved in January and teams were liaising with Foundation Group partners to assist with training.
Mandatory training compliance has achieved the target of 90%.

Ms Martin was pleased to hear of the improved vacancy rate. Sickness would be reviewed by the People & Culture Committee, acknowledging that it had an impact on bank and agency spend.

Mr Hardy queried the groups of staff defined as medical and dental on the sickness absence descriptors. Ms Faulkner replied that it related to medical staff: from doctors in training, consultants and dentists. Mr Hardy thanked medical and dental colleagues for consistently low sickness absence. The sickness deep dive by the People & Culture Committee was welcomed.

Finance & Performance

Mr Cook reported that there was a January in month deficit of £5.6m, which is a deterioration in run rate. This was largely due to additional capacity open in winter, which was expected. An improvement of £0.8m than forecast was reported at of the start of year but there is additional risk.

RESOLVED THAT: The report was noted for assurance.

133/23 **PERINATAL SAFETY REPORT**

Ms Jeffrey highlighted the following:

Booking 12+6 weeks is increasing consistently and the quality of data has improved.
Workforce KPIs is improving for midwives but have decreased with Maternity Care Assistants.
Training trajectories are on an upward trend.
All mandatory training was supported last month.
2 stillbirths and a neonatal death were reported in January.
10 moderate harm incidents had been reported which were under investigation.
2 new consultants had been recruited.
New MCAs are being recruited.
All midwives who were expected to arrive in February and March are in place.
Achieved 100% attendance for consultants.
The Picker report was now available and next month's report would include a summary.
There had been a reduction in complaints and PALS.
Sustainability Plan work was underway.
9 out of 10 CNST declarations had been submitted. More information had been requested around requests for funding, which has been provided. The Year 6 scheme should be available in April.
There had been divergence from the saving babies lives bundle in regard to blood pressure monitoring being offered rather than PIGF testing. The appraisal is included within the report with the decision rationale.

Mr Murphy gave thanks to the chaplaincy and bereavement services for the commendable effort offered to patients, which include church services related to each hospital site over the next few months under the logo of "Not Out of Mind".

RESOLVED THAT: The report was noted for assurance.

134/23 **STAFFING REPORTS**

Ms Robinson updated that additional capacity and surge beds have continued due to patient safety.

Ms Jeffrey advised that there was a decreasing trend with sickness absence during February.
September student recruitment was about to commence.
A Birthrate+ tabletop exercise was scheduled. No additional funding was required to support this year.
2 internationally recruited midwives have qualified and will join the team soon.

Mr Murphy queried if the reported staffing incidents caused any patient harm implications. Ms Robinson replied that the team had correlated any staffing incidents against any patient reported harm incidents and there had been none.

RESOLVED THAT: The reports were noted for assurance.

Items for Approval

135/23 **GOING CONCERN**

Mr Cook presented the report which had been reviewed at the Audit & Assurance Committee. The team were working on 5 Year Financial Strategy.
It was recommended that the Board approve that the Trust is operating as a Going Concern.

RESOLVED THAT: The Going Concern was approved.

136/23 **RISK MANAGEMENT FRAMEWORK AND POLICY**

Mr Collman presented the Framework and Policy, advising that sub-committee focus changes have been made to achieve a more robust process.

Ms Sinclair cautioned that the < and > on page 154 were the wrong way round.

Mr Oosterom encouraged outlining what elements had been improved and advised that the Executive Team would hold responsibility for the new process.

Mr Collman advised that focus would be on how it is implemented, risks, risk scoring and challenging that controls are in place for long standing items. The Framework had been designed for consistency and assurance that risks were addressed.

RESOLVED THAT: The Risk Management Framework and Policy was approved.

137/23 **BOARD ASSURANCE FRAMEWORK 2024/25 AND RISK APPETITE**

Ms Hermon introduced the proposed Board Assurance Framework for 2024/25 and focuses on the risk of achieving, that existing controls were recognised and assurances that they are working. Gaps and actions to reduce the risks are included. There is more to do to develop actions, linked in with objectives.

The old risks have not been removed and will be captured on Datix. The Board will have visibility of operational and divisional high risks.

A questionnaire had been issued regarding the view of risk appetite which will allow teams to be informed of the collective risk appetite. It had been done with an ICB approach to see as a system where we may be more risk adverse.

Ms Martin acknowledged the work undertaken in its creation but cautioned the wording of 5474 and 5475. Ms Martin referred to linking to the 4ward improvement system and the controls to address risks to workload. Ms Hermon replied that it is a live document which should be changing. Controls can be tailored and will address the issues.

Ms Sinclair noted that the QIA does not align with the gov.uk Equality Act and that maternity was not included.

The BAF would be presented to the next meeting for final ratification. **Action.**

Ms Hermon added that the BAF will be reviewed on a quarterly rotation.

RESOLVED THAT: The Board Assurance Framework 2024/25 will be presented to the next meeting for final ratification.

138/23 **CNST 2024/25**

Mr Cook advised that there had been an increase of 8.4% on last year. Contributions are largely within maternity.

Mr Cook recommended Board approval.

Mr Hardy queried maternity staffing spend. Ms Jeffrey replied that the Trust currently had 252 midwives. Mr Hardy calculated that spend was in the region of £20m per year on midwife costs and noted that the money could be better invested in more midwives and getting it right first time rather than paying high claims and negligence costs.

Mr Burley suggested sharing a benchmarking report on litigation across the group as an opportunity to learn across the group.

RESOLVED THAT: The CNST 2025/25 was approved

Items for Noting and Information

139/23 **COMMITTEE SUMMARY REPORTS**

Quality Governance Committee

Dame Julie escalated the Aconbury 0 facilities and that it is an unideal environment. All other items reviewed at the Committee had been discussed.

Audit & Assurance Committee

Mr Horwath escalated that the Head of Internal Audit Opinion will likely be a less than significant assurance and will be reflected in the Annual Governance Statement. Some issued have been addressed and some were still being worked on.

People & Culture Committee

Ms Martin informed that there were no further escalations than those outlined within the summary.

Financial Recovery Board

Mr Oosterom informed that the Financial Recovery Board was established in November and focused on run rate reduction and the Performance and Efficiency Programme for next year.

RESOLVED THAT: The Committee Summary Reports were noted.

140/23 **COMMITTEE MINUTES**

Quality Governance Committee

Taken as read.

Audit & Assurance Committee

Taken as read.

People & Culture Committee

Taken as read.

RESOLVED THAT: The Committee Minutes were taken as read.

141/23 **FINANCIAL RECOVERY BOARD TERMS OF REFERENCE**

Ms Hermon presented the Terms of Reference which were reissued for final approval following a previous review.

RESOLVED THAT: The Financial Recovery Board Terms of Reference were approved.

142/23 **ANY OTHER BUSINESS**

Ms Sinclair gave thanks for the inclusion of the acronym list.

Mr Murphy asked for an update on the reception area at Worcester. Mr Collman informed that car parking has been the primary focus of the team working responsible for the reception desk. An update would be provided at the next meeting. **Action**.

Mr Burley suggested that an update on car parking was provided at the next meeting. **Action.**

Mr Hardy informed that there had been a number of queries and comments regarding car parking raised by staff and encouraged members of staff to join the meeting and share practical challenges.

DATE OF NEXT MEETING

The next Public Trust Board will be held on Tuesday 9th April 2024.

Signed _____ Date _____
Chair

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE

RAG Rating Key:

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

Meeting Date	Agenda Item	Minute Number (Ref)	Action Point	Owner	Agreed Due Date	Revised Due Date	Comments/Update	RAG rating
12/03/24	Integrated Performance Report	132/23	IPC national guidelines adherence by community hospitals practice to be discussed with the Partnership Trust.	SS	June 2024			
12/03/24	BAF & Risk Appetite	137/23	The BAF to be presented to the next meeting for final ratification	EH	April 2024	June 24	Will be presented in full in June along with risks.	
12/03/24	AOB	142/23	Car Parking and Worcester reception desk update to be provided at the next meeting	SD/SC	June 2024		Discussions ongoing	

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**09/04/2024**
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

2024/25 NHS Planning Guidance

The NHS Planning Guidance was finally published just before Easter. The overall priority remains to be the recovery of core services and productivity, following the disruption caused by the pandemic.

The key priorities are:

- Maintaining collective focus on quality and safety of services – with specific reference to maternity and neonatal services.
- Improving ambulance response and accident and emergency (A&E) waiting times.
- A reduction in waits of over 65 weeks for elective care and an improvement in core cancer and diagnostic standards.
- Improving access to community and primary care services, including dentistry.
- Improving access to mental health services for patients across all age groups.
- Improving staff experience, retention and attendance.
- Integrated care boards (ICBs), trusts and primary care providers to work together to plan and deliver a balanced net system financial position.

The guidance also sets out a number of key areas where systems are asked to develop longer-term plans. Systems are asked to update their five-year joint forward plans (JFPs) by June 2024 and set out the steps they will take to better join up care and address the causes of morbidity and premature mortality. Systems are asked to include workforce plans in their JFPs, outlining their staff and skill requirements to meet the needs of their populations. Systems are also asked to develop long term infrastructure strategies to underpin their JFPs, outlining a shared view of priorities for estates and capital investment. Guidance on developing a 10-year infrastructure strategy has also been published. Systems are asked to support improving provider digital maturity across all sectors, with a focus on deploying and upgrading electronic patient records and the use of the NHS App.

The guidance restates the focus on delivering the **urgent and emergency care recovery plan**. This includes an ask that a minimum of 78% of patients are seen in A&E within 4 hours in March 2025. NHSE

[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.

will also operate an incentive scheme (with details to be set out separately), rewarding providers with a Type 1 A&E department achieving the greatest level of improvement and/or delivering 80% against the four-hour target by the end of 2024/25.

NHSE recognises the impact that industrial action has had on the ability to deliver the **elective recovery** plan. The immediate priority is to eliminate 65-week waits by 30 September 2024, with systems also asked to reduce the overall size of the waiting list. We are also expected to increase productivity by making improvements towards the 85% day case and 85% theatre utilisation expectations, using GIRFT, and moving procedures to the most appropriate settings. We should also continue to reduce waits for first outpatient appointments. NHSE have also introduced a new metric, measuring the proportion of outpatient attendances that are first or follow up appointments against a nation ambition of 46%.

The national objectives for reducing **cancer waiting times** include improving performance against the 62-day standard to 70% by March 2025. We are also expected to improve performance against the 28-day Faster Diagnosis Standard to 77% by March 2025. We should also increase the percentage of patients receiving a diagnostic test within 6 weeks towards the target of 95% by March 2025.

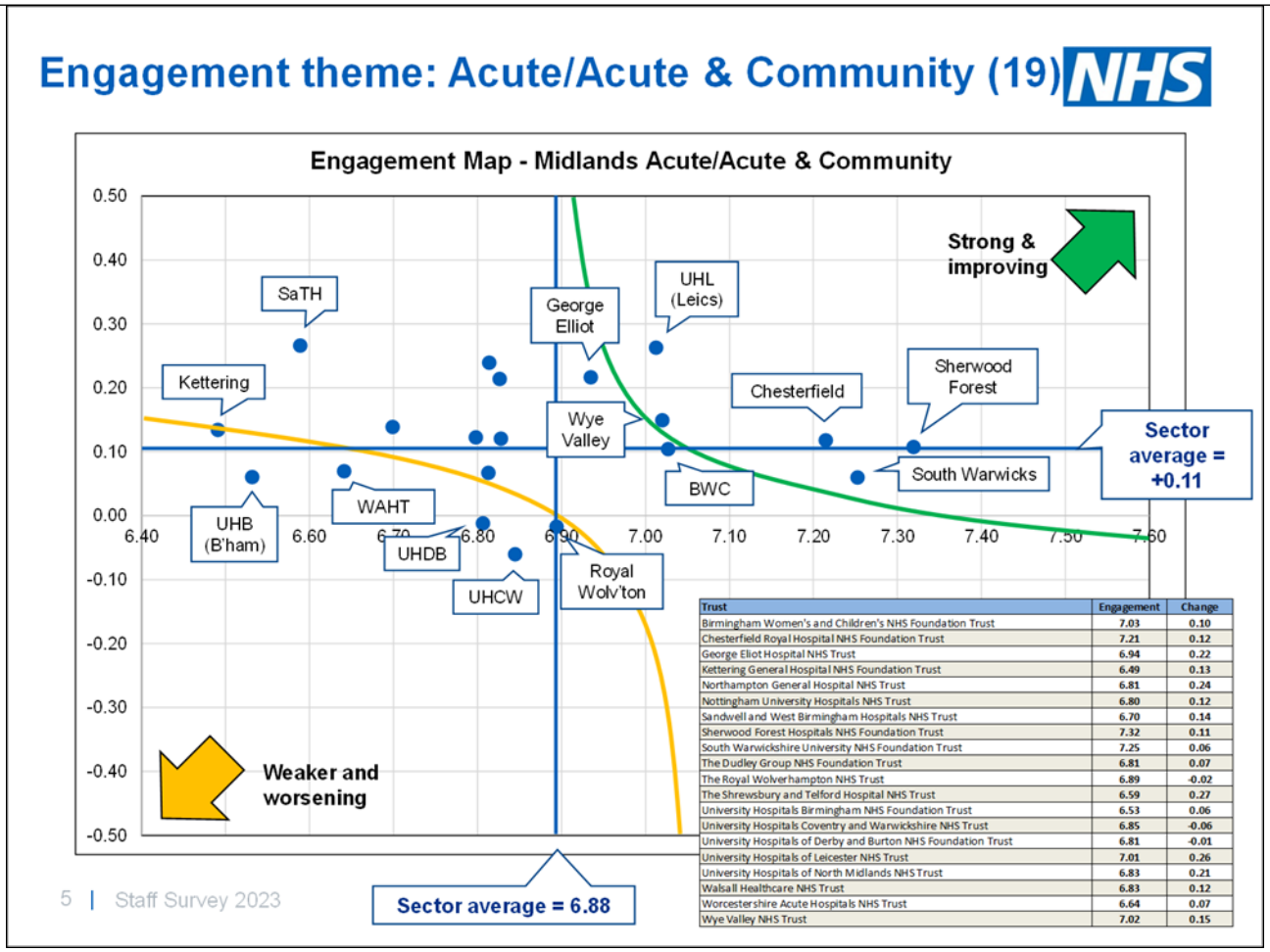
NHSE published two-year revenue allocations for 2023/24 and 2024/25 in January 2023. The planning guidance confirms that NHS England has updated revenue allocations with a further 1% increase in baseline allocations to factor in additional pressures. Capital allocations for 2024/25 have already been published, with the financial incentive element operating in the broadly the same way as 2023/24. The guidance confirms that the 2024/25 payment system will continue with the activity-based payment model for planned elective activity. Integrated care boards (ICBs) and providers are expected to work together to meet the minimum 2.2% efficiency target and raise productivity levels. Systems are expected to improve operational and clinical productivity and make best use of the opportunities provided by Getting It Right First Time (GIRFT), the Model Health System and other benchmarking and best practice guidance. Workforce productivity is expected to improve and as a result we should reduce agency spend as a percentage of the total pay bill. Systems should also release efficiency savings through reducing variation, optimising medicines value and complying with best value frameworks. Systems are also asked to develop action plans to improve workforce productivity, using a new tool to identify the rationale for increases in staffing since 2019/20, based on outcomes, safety, quality, or new service models.

The full guidance and supporting documents are available on the NHSE website.

NHS Staff Survey Analysis

The latest Annual NHS Staff Survey results were published a few weeks ago and the full results have been shared with the Board. In a year where the national results overall have improved somewhat, our own results remained relatively stagnant. If you add to this the fact that our results have been historically relatively poor, we have a clear challenge to make improvements.

I strongly believe that Staff Survey is a great lead indicator for many other important outcomes including patient experience, safety and productivity. It will therefore be an important area of focus for the leadership team. The staff engagement lead at NHS England also tracks some of the key questions from the Survey. The analysis below is part of that work. This table shows an ‘engagement map’ of the Trust in the Midlands. This shows the engagement score (x-axis) versus the change from last year (y-axis) with the national average for the sector also displayed.



Trust	Engagement	Change
Birmingham Women's and Children's NHS Foundation Trust	7.03	0.10
Chesterfield Royal Hospital NHS Foundation Trust	7.21	0.12
George Eliot Hospital NHS Trust	6.94	0.22
Kettering General Hospital NHS Foundation Trust	6.49	0.13
Northampton General Hospital NHS Trust	6.81	0.24
Nottingham University Hospitals NHS Trust	6.80	0.12
Sandwell and West Birmingham Hospitals NHS Trust	6.70	0.14
Sherwood Forest Hospitals NHS Foundation Trust	7.32	0.11
South Warwickshire University NHS Foundation Trust	7.25	0.06
The Dudley Group NHS Foundation Trust	6.81	0.07
The Royal Wolverhampton NHS Trust	6.89	-0.02
The Shrewsbury and Telford Hospital NHS Trust	6.59	0.27
University Hospitals Birmingham NHS Foundation Trust	6.53	0.06
University Hospitals Coventry and Warwickshire NHS Trust	6.85	-0.06
University Hospitals of Derby and Burton NHS Foundation Trust	6.81	-0.01
University Hospitals of Leicester NHS Trust	7.01	0.26
University Hospitals of North Midlands NHS Trust	6.83	0.21
Walsall Healthcare NHS Trust	6.83	0.12
Worcestershire Acute Hospitals NHS Trust	6.64	0.07
Wye Valley NHS Trust	7.02	0.15

It is encouraging to see the Group results together on this chart. South Warwickshire FT, Wye Valley NHS Trust and George Eliot NHS Trust are in the upper right-hand quadrant. Unfortunately, we sit in the opposite quadrant.

<u>The Spring Budget and the NHS</u>

I included some details in last month's report but I am now able to provide a bit more analysis. The main headlines were that the Chancellor announced a £2.5bn revenue funding increase for the NHS in 2024/25, a £3.4bn increase in capital funding for NHS technological and digital transformation over three years from 2025/26 and £35m over three years from 2024/25 to improve maternity safety.

The £2.5bn revenue funding increase for the NHS will protect current funding levels in real terms covering agreed pay awards and inflation assumptions. It is unclear at this stage to what extent this will support the NHS to continue reducing waiting times and improve performance. These details will be set out in Planning Guidance which, at the point of writing this note, still had not been released. The DHSC revenue budget now stands at £171.8bn (24/25). Of which the NHSE allocation is £155.1bn. The £3.4bn additional capital funding will double the investment in digital over the next three years and will be split across several areas:

- £1bn to use data to reduce time spent on administrative tasks e.g. AI to automate back-office functions.
- £2bn to support electronic patient records, upgrading MRI scanners with AI and digitising transfers of care.
- £430m to support access for patients e.g. the NHS App.

In return, NHSE has committed to 1.9% average productivity growth from 2025/26 to 2029/30, rising to 2% over the final two years. The government expects that this will unlock £35bn in productivity savings from 2025/26 to 2029/30 and will convene an external expert advisory panel to support delivery. This represents a substantial increase on historical NHS productivity growth. NHS England will start reporting against new productivity metrics regularly from the second half of 2024/25 at a national integrated care board and trust

level. New incentives will be introduced to reward providers that deliver productivity improvement at a local level. Further detail will be set out in the summer.

The government will also work with NHS England to reduce the costs of agency staffing, including ending the use of off-framework agency staffing from July 2024. Alongside this, NHS England will introduce a wider set of measures to review agency price caps, tighten controls and rules around agency staffing, and improve transparency. The government has framed the NHS productivity plan as a "blueprint for other parts of the public sector to adopt" and is investing £800m in wider public services (including the police and justice system) to drive productivity growth. Relevant government departments will develop detailed productivity plans in the run up to the next spending review, which will put in place a public sector productivity improvement strategy.

The Chancellor also announced £35m investment over three years from 2024/25 to improve maternity safety across England. This will fund several measures, including the roll out of the Avoiding Brain Injuries in Childbirth Programme and Maternity and Neonatal Voice Partnerships. Also, £45m of additional funding for was announced for medical charities research agendas, including £3m for Cancer Research UK.

The Office for Budget Responsibility (OBR) published its Economic and Fiscal Outlook (EFO) alongside the Budget. Overall, the medium-term fiscal outlook has remained relatively similar to the OBR's forecasts in November, with the Chancellor again prioritising tax cuts over public services spending. Key points from the OBR's revised forecasts Consumer price index (CPI) inflation forecasts revised downwards: CPI inflation in the final quarter of last year was 0.6 percentage points lower than the OBR's November forecast at 4.2%. The OBR is forecasting inflation will fall faster than its previous forecasts to average at 2.2% over 2024 and 1.5% over 2025. Larger than anticipated falls in energy prices is the primary driver of lower inflation forecasts. As with CPI inflation, growth is expected to slow over the short term, with the OBR forecasting 1.5% in 2024 and 1.2% in 2025 – around 0.5 percentage points lower than their November forecast.

The Chancellor held firm on his commitment for total Public Sector revenue spending to increase by 1% in real terms, and capital spending is expected to be frozen in cash terms. However, the OBR continues to assume that spending on the NHS will grow by 3.6% a year in real terms, in line with the long-run average real terms growth rate between 1949/50 and 2022/23.

<u>Productivity Improvement</u>

The announcement of a significant focus on productivity was not unexpected and plans to increase the focus on this have already been included in our Annual Objectives. For a little while now I have been having discussions with senior NHSE colleagues about how we could improve the measurement of productivity and the approach to improvement. I have also advocated for a better mechanism of incentivisation to be introduced as I feel that we are in danger of creating a financial regime which rewards spending. It was, therefore, encouraging to see this referenced too and hope to get closer to the details over the coming weeks.

As the Budget announcements identified, we will soon have access to a Trust and System level dashboard which signals opportunities for improvement. My expectation is that this will draw heavily on the Model Hospital data as well as other metrics such as temporary staffing costs, sickness levels, and theatre utilisation. For some time now we have been examining the variation in these areas across the Group and improvement of these metrics has been a key element of the CPIP plans in each Trust.

We feel, however, that the Group is in a relatively unique position to use internal benchmarking to go further. The similarities of the operating model and scale of each Trust in the Group lend them more easily to benchmarking for improvement. Following approval by Group Strategy Committee we will soon be starting a programme across the Group which examines the details beneath the top 6 highest cost specialties in each Trust according to Model Hospital. This will be led by David Mowbray, Group Clinical Advisor, and supported by David Moon, Group Financial Advisor, with the support of a very experienced Operational Manager, Fiona Stevens.

In support of the general focus on productivity improvement we will also be commencing a series of on-line learning events for divisional leaders across the Group which ensures that the skills of demand and capacity management, team job planning, etc., are sharpened using internal expertise. The Group Strategy Committee has already agreed a common approach to team consultant Job Planning to support this.

Foundation Group Improvement Week May 13-17

Following on from last year's successful event, Improvement week is a chance for staff across the Group to join specially arranged sessions offering advice and insight into improving services, making all four Trusts better places to work and to receive care at.

Our Improvement Week provides real life examples of where individuals and teams have made a difference and improved the workplace and the quality of services we deliver. Throughout the week, the on line sessions will give key information on where improvements have been made across the Group, with advice and tips on how they can be implement in other areas.

Sessions have been arranged to focus on:

- Empowerment
- Resilience
- Relationships
- Data driven improvement
- Coproduction
- Health inequalities
- Innovation

Hospital Transformation Programme – Acute Frailty Unity Process Change

The Acute Frailty ward was one of four wards selected to take part in a quality improvement project as part of the Hospital Transformation programme, aimed at enhancing their board round process. The project's objective was to facilitate the delivery of high-quality board rounds throughout the unit, with the goal of improving patient flow. Board rounds involve a summary discussion of each patient, facilitating the allocation of daily tasks necessary for progressing towards a safe discharge. The overarching aim is to identify and resolve any delays in a patients' hospital stay, thereby enhancing patient experience and reducing the risk factors associated with prolonged hospitalisation. From the beginning, the Acute Frailty team at every level has been enthusiastic and engaged, with the ultimate goal of improving patient care. As the weeks have progressed, confidence has grown, and the team is now both confident and competent in leading and participating in efficient, patient-focused board rounds. Another notable achievement is their commitment to participating in and producing a video of their board round to facilitate shared learning Trust-wide. This initiative has received full support from the improvement team and has been celebrated as a positive test of change. The success of the project will pave the way for its expansion Trust-wide, with a vision of improving patient care and reducing delays for our patients.

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

APRIL 2024

TRUST BOARD | v0-2| Up to Feb-24 data

Last updated 3rd April 2024

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

This is a summary of the report highlighting key metrics.

Operational Performance:

Urgent and Emergency Care:

- Urgent and Emergency care faces significant challenges due to factors as increased length of stay, restricted bed use and ward closures due to infection control issues.
- The Hospital Flow program and winter plan have increased inpatient and Same Day Emergency Care capacity, aiming for a step change in Emergency Access Standard.

Cancer Care Prioritisation:

- Year end position for cancer targets show significant improvement that will be reflected in the following months.

Waiting Lists and Specialties:

- Longest waits for patients on waiting lists are decreasing, expected position at year 30- 25 patients over 78 weeks waiting.
- Risk on the goal of reducing maximum wait time to 65 weeks by March 2024.
- Some specialties require significant work in 2024/25. The Trust is working in partnerships with ICB, Foundation Group, and independent sector partners are in place to support.

Quality and Safety:

Hospital-Wide Mortality Indices:

- Currently within normal variation limits.

Sepsis Screening Module Transition:

- Transition to the sepsis screening module on EPR (Electronic Patient Record) remains challenging. A reconfigured version is expected to go live during the week commencing 2nd April. Anticipated improvement in meaningful screening data moving forward.

Infection Targets:

- Compliant with in-month infection target for Pseudomonas. Non-compliant with other year-to-date targets.
- Numerous ward closures due to norovirus and COVID-19 outbreaks. Aconbury zero ward reopened after an extended outbreak, now restricted to 21 beds.
- One MRSA case attributed to ITU (Intensive Care Unit) identified as a contaminant.

Patient Safety Metrics:

- Total falls below last year and national benchmark (4.9 falls per 1,000 bed days). No serious incidents (SI) falls in February 24. Total SI falls to date: 2.
- HAPUs (Hospital-Acquired Pressure Ulcers): 30 in February 24; yearly total: 262 (no harm cases).

Workforce:

Vacancies and Vacancy Rate:

- Vacancies have decreased by **32.58 WTE** this month, resulting in a total of **502 WTE**. This reduction meets the Trust target of **7.5%.**
- **78.88 WTE** were added to the establishment from December 2023 to March 2024 to support additional Winter Capacity.

Temporary workforce Spend:

- Agency spend remains a challenge. Total worked hours (Agency, Bank & Substantive) have increased by **16 WTE**, which is **593 WTE higher** than February 2023.
- Agency spend has reduced to **8.44%** of gross cost (against a target of **6%**). Surgery division achieved the biggest reduction (3.51%), but Level 4 escalation in Urgent Care and Winter Wards impacted overall agency spend. Bank spend is **4.29% higher**, and agency spend is **0.29% higher** compared to the same period last year.

Staff Turnover and Sickness Absence:

- Annual staff turnover meets the target of **11.5%** Monthly sickness absence reduced by **0.39%** to **5.93%**, worse than last February.

Consultant Job Planning and Training Compliance:

- Consultant job planning improved by **3%** to **71%**.
- Mandatory training compliance remains at the Trust target of **90%** (Model Hospital Benchmark: **89.6%**).
- Medical appraisal is above target at **93%**, while non-medical appraisal is below target at **79%** (2% lower than last year).

Finance summary:

Deficit Adjustments:

- The month 11 the deficit has been reduced to £34.9m following confirmation of an additional £1.7m related to Industrial Action in month 12.

Income & Expenditure Performance:

- The month 11, the Trust reported a deficit of £4.4m. The Cumulative deficit to date is £31.4m against a planned deficit of £1.6m.

Capital:

- Total capital plan submitted for 2023/24 was £30.089m. The Revised internal plan at month 10 was £32.921m.
- In month 11, the internal plan includes a new Diagnostic Mobile Imaging scheme funded externally (£240k) and the CHEC lease addition (£12.62m). The revised lease additions and system-funded capital schemes bring the total planned capital expenditure to £48.7m.

Cash:

- The Trust received £16.631m of cash support.
- An additional £5m has been approved and received in March.

OUR OPERATIONAL PERFORMANCE

Helen Lancaster

Chief Operating Officer

At the time of writing, the operational planning guidance has just been released and we are in the midst of planning for 2024/25. Whilst we may not have seen the level of performance improvement in 2023/24 we know that our patients deserve and that we originally intended, I am conscious that in many areas the improvements I have seen since I started with the Trust in July last year are a strong foundation on which we can build into 2024/25. In no sphere is this truer that in Urgent and Emergency care, where we continue to experience significant challenges. As I have written before, a challenging winter period of high acuity, coupled with ongoing industrial action are just some of the complex 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. However, through the Hospital Flow programme and our winter plan we have increased our inpatient capacity, increased our Same Day Emergency Care (SDEC) capacity and centralised services on the Worcester site into a single location and have taken extra actions in March, which we expect to lead to a step change in the Emergency Access Standard and I'm looking forward to being able to update on next time. The continued priority of this programme, and working with our ICS partners, means more improvements are planned into 2024/25.

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. Despite a reported Faster Diagnosis performance below the national target of 75%, we are now confident that our position in March will see a significant improvement following the actions we have taken to resolve the longer than acceptable delays for patients who are referred for suspected skin cancer. 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. Whilst at the end of February we had too many patients waiting over 62-days to start their cancer treatment I am confident also that the actions we have been taking in recent weeks and months to put in place additional capacity across a number of clinical pathways, particularly urology, coupled with the additional actions we have taken in March will see significant improvements by the end of the year which will provide a strong platform for our cancer performance in 2024/25 and the further improvements we know are required as we continue to focus on putting our patients first..

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. Realistically, for some specialties there is still significant work to do in 2024/25 and I know that in partnership with our ICB and Foundation Group partners, as well as partners in the independent sector, we have plans in place to support those specialties where this is the case. For specialties already delivering a maximum wait of 65-weeks, our challenge to those specialties is to continue to drive down the waiting times whilst improving our operational productivity, which 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 and I am looking forward to a refreshed focus on these opportunities in 2024/25.

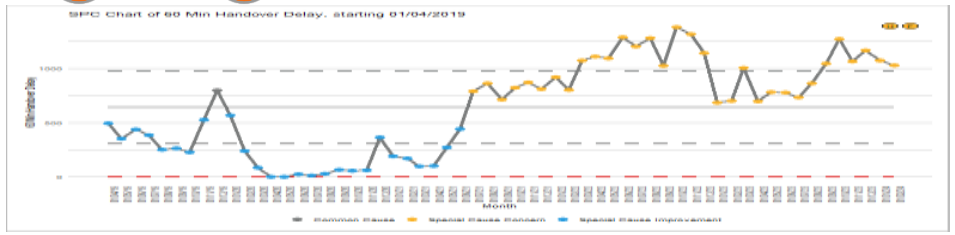
OUR OPERATIONAL PERFORMANCE - URGENT CARE

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.

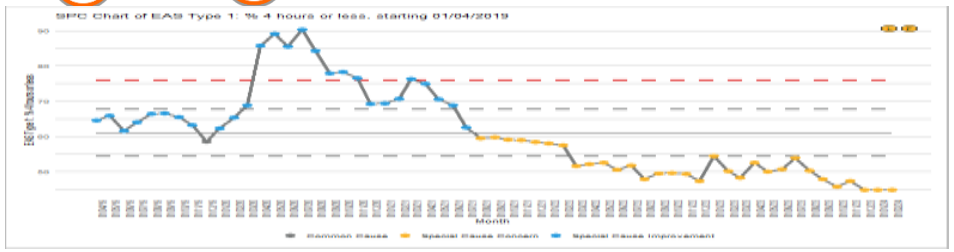
Assurance F **Variation** H

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**.**



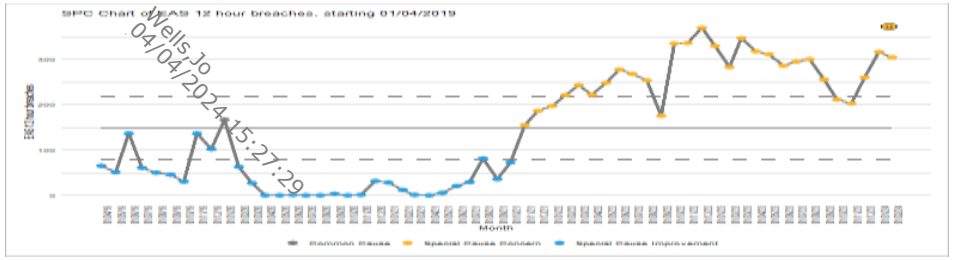
Assurance F **Variation** L

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

12,108 patients attended the Trust's Emergency Departments in February 2024 (1,316 more attendances than Feb-23). 44.8% 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 3,509 patients who arrived by ambulance, 30% were 'handed over' within 15 minutes and 1,029 waited longer than 60 minutes to be handed over. 2,212 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 in place. These actions are expected to deliver up to a 10% performance improvement :

- 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 remains at its lowest point on record.

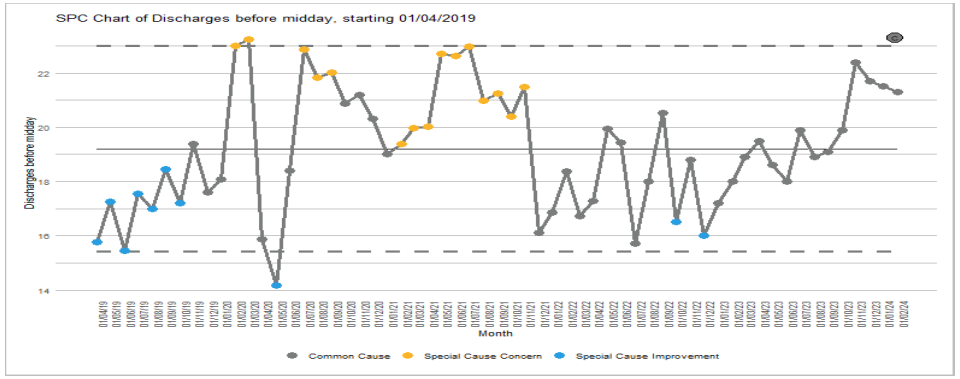
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

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.

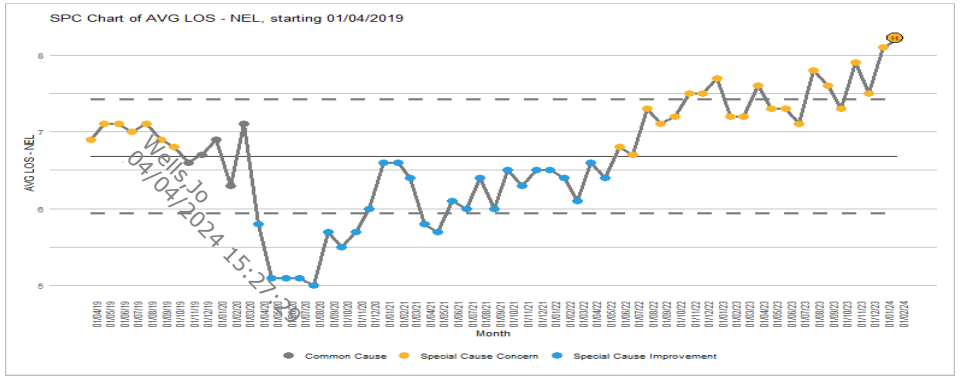
Assurance **Variation**

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 February 2024 but deteriorated for the third month in a row with an average of 21.4% of discharges occurring before midday . This is a contributory factor 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). It is partially offset by patient utilisation of the discharge lounge on both acute sites. The Hospital Flow programme are seeking to understand the drivers for the deterioration given the downward trajectory since the peak in November 2023.

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. There are internal and external drivers to this deteriorating position including the acuity of patients needing a longer acute phase of their treatment and the ongoing care needs leading to complex discharge pathways.

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
- Frailty Programme

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

3,035 patients were discharged from G&A beds and 646 (21.4%) were before midday. The average LOS for a non-elective patient was 8.7 days; when you exclude patients for a zero LOS, this increases to 8.7 days.

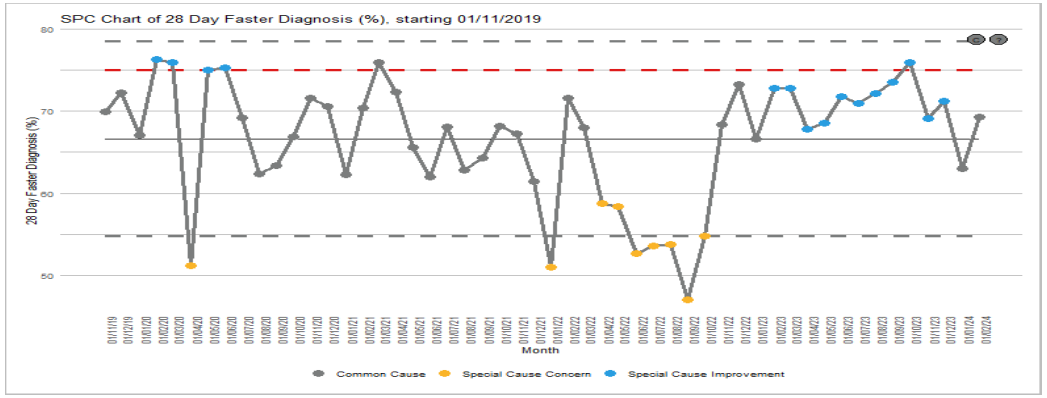
OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

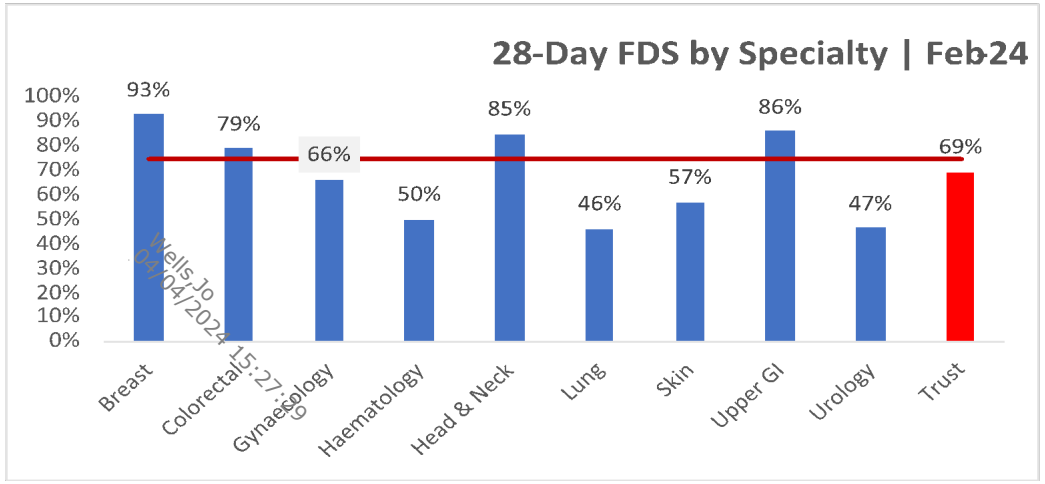
We are driving this measure because

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 2,893 new GP referrals for suspected cancer in February 2024. This is the second highest in 23/24 and therefore the second highest ever; 57 more than Jan-24 which was the second highest when updating this report last month.

Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 69%. This is below the NHSE milestone performance for Feb-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 2,793 patients of their diagnosis (highest number told in 23/24), 855 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. This has seen some recovery in February and is expected to recovery to above 75% in March 2024. Haematology is impacted by late referrals from other specialties and small numbers meaning individuals patients have significant impact of specialty performance
- Increased delivery in Urology in month facilitated by additional insourced LATP capacity, increased mpMRI carve out. These actions have resulted in improvements in LATP waiting times so every patient can be offered an LATP within 7 days and request to reporting for mpMRI is achieving 7 days (in line with Best practice Pathway).. 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 - proposal to cancer Board in April 2024.
- Histopathology reporting supported by significant outsourcing of routine work to deliver 10-day turnaround time., with financial impact to the Trust.

Risks

- Ongoing impact of industrial action.
- Histology, radiology and urological diagnostic capacity remain an issue though this is improving through short term interventions

What the charts tell us

Performance is below the 75% standard for the fourth consecutive month and remains below the SPC improvement threshold resulting in common cause variation.

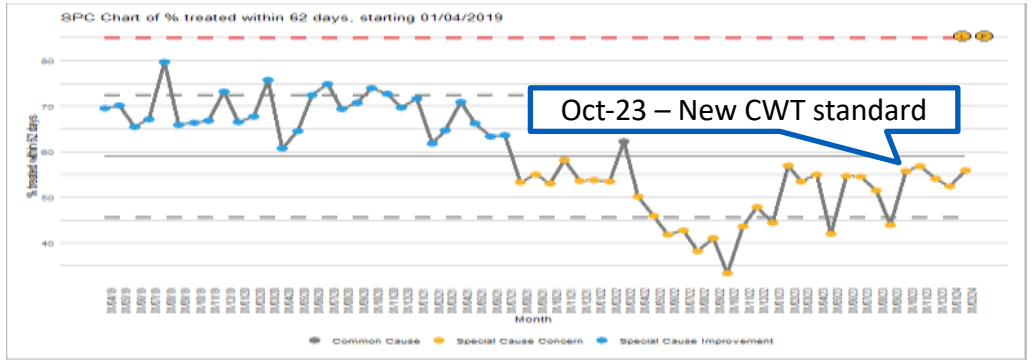
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY START OF TREATMENT STANDARD

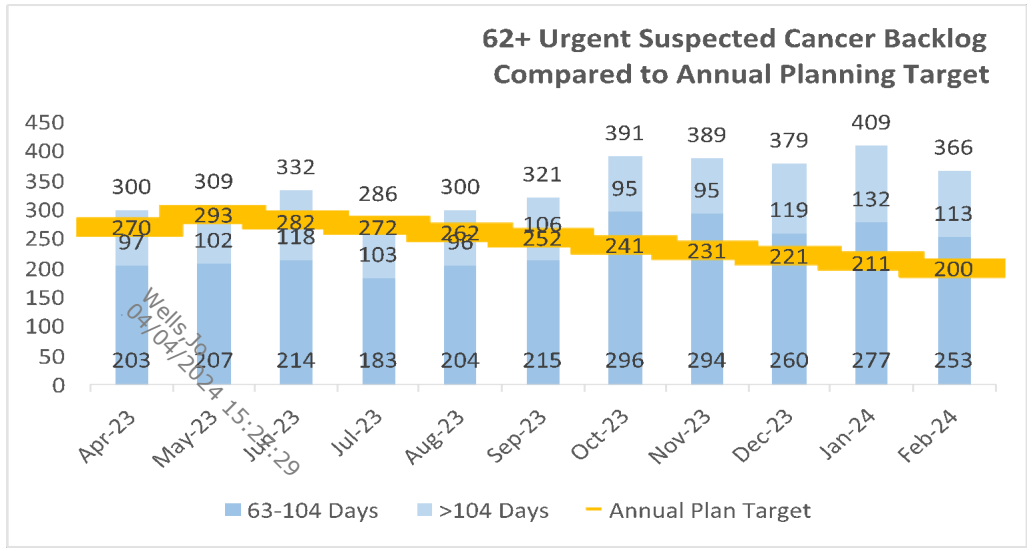
We are driving this measure because

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 February 2024 is currently 55% with 137.5 recorded breaches.

At the end of February there were 366 patients waiting over 62 days (against a planned position of 200). Of those patients waiting, 113 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 62-day backlog continues to be driven by skin and urology, with 264 (72%) of patients still waiting being attributable to those two specialities.

- 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 Cancer Escalation policy due for approval at Cancer Board – April 2024.
- Validation Support and guidance from NHS England national team informing alterations to local validation process in line with cancer guidance
- Improved Cancer tracking and confirm and challenge support by Cancer Recovery Director
- Revised fairshare allocation at tumour site level – all tumour sites (excl. urology) on target to deliver end of year target.
- 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

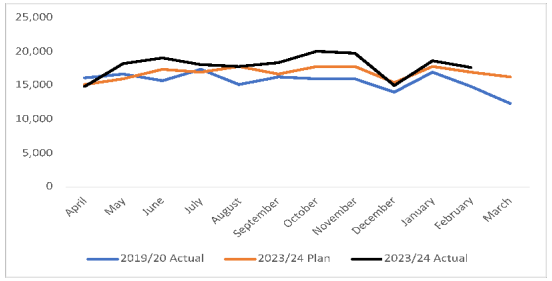
Performance against the cancer waiting times standard has never achieved the 85% target and was been 50% for 12 of the last 24 months. The introduction of the new methodology is noted on the graph.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

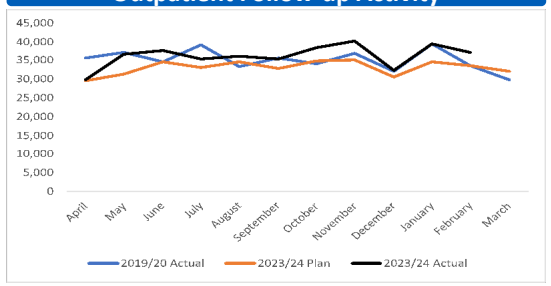
We are driving this measure because

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.

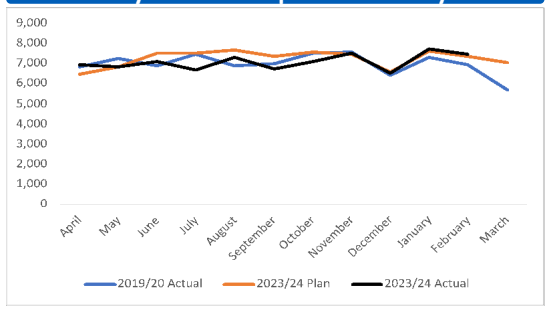
Outpatient New Activity



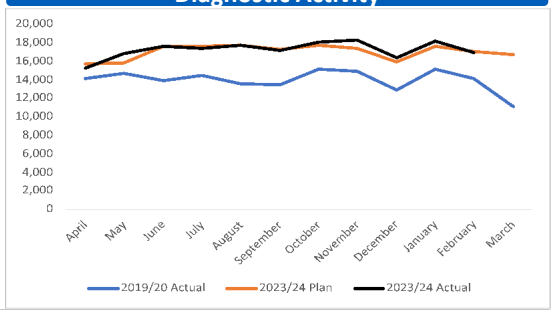
Outpatient Follow-up Activity



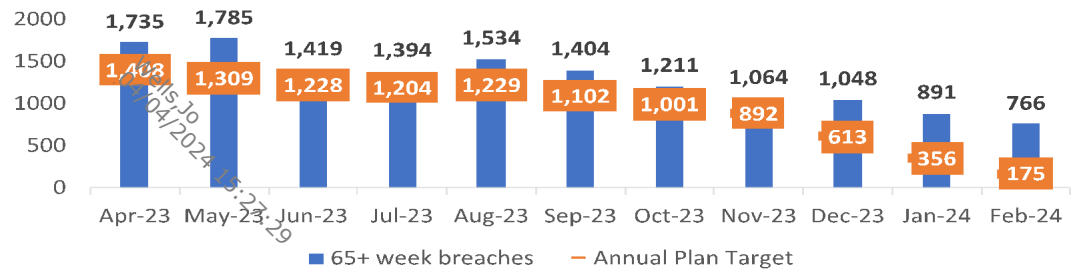
Day Case and Inpatient Activity



Diagnostic Activity



RTT 65+ Week Breaches Compared to Annual Plan Target



Performance and Actions

In February 2024, the Trust delivered 17,619 new outpatient appointments (3.9% above plan) and 37,734 follow up appointments (12% over plan). Inpatient and day case activity was 1.8% above plan, with day case activity +254 spells above plan and elective inpatients under plan by 123 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

RTT validated submission for Feb-24 was 2,672 patients waiting over 52 weeks, of whom 766 were waiting over 65 weeks, 68 over 78 weeks and there were no patients waiting over 104 weeks. Specialties of greatest concern for 78-weeks include General Surgery, Oral and Maxillofacial Surgery and ENT.

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)
- Local stage of treatment targets to be implemented at specialty level – focus on diagnostic phase for longest waiters with exepectation that all patients have had their first outpatient appointment on an RTT pathway no later than 40 weeks.
- Extension of theatre provision across 2.5 sessions , 6 days per week to be rolled out as part of Elective Hub to increase utilisation of available estate
- 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

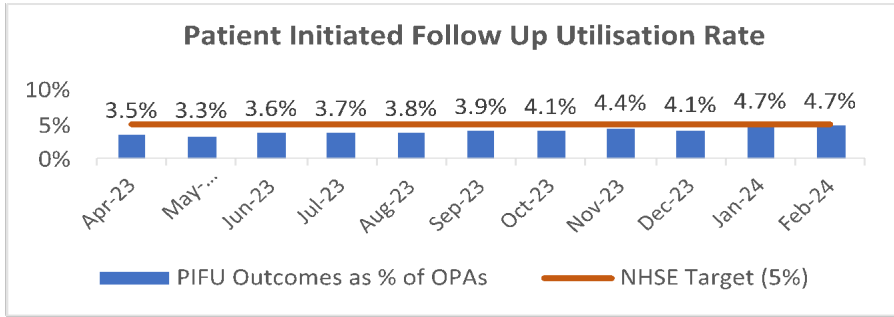
What the charts tell us

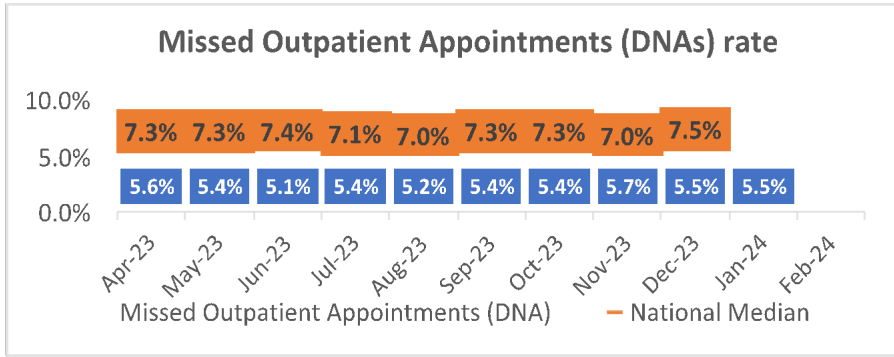
Outpatient New activity is above plan by 662 appointments and follow-ups were higher than plan by 4,113 appointments. These volumes of activity were above Feb-23 and not completely attributable to the extra leap year day in month. Day case and elective inpatient activity was above plan by 131 and overall diagnostic activity was 21 tests above plan in Feb-24 (despite NOUS and Echocardiography unexpectedly below plan).

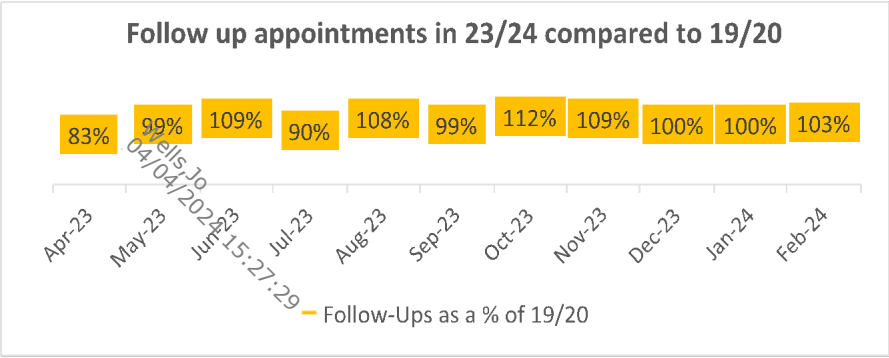
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

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 4.7% in Feb-24 (fifth 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% (Feb-24 not yet available) 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.
- Focus on non-RTT backlog including overdue follow-up and patients on active monitoring. Proposal to Elective and Cancer Deliver Group on Trust approach in April and TMB in May.

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 2,122 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 eleven months YTD.

OUR QUALITY & SAFETY

Dr Jules Walton

Joint Chief Medical Officer

Dr Julian Berlet

Joint Chief Medical Officer

Sarah Shingler

Chief Nursing Officer

Chief Medical Officers

- Hospital wide mortality indices remain within the limits of normal variation.
- The transition to the sepsis screening module on EPR continues to be challenging, but a reconfigured version should be live w/c 2nd April, which should result in meaningful screening data moving forward.
- Our fractured neck of femur pathway is still not delivering the level of care that we would want for our patients. We are trialling a “ring fenced” fractured neck of femur bed to facilitate rapid transfer of patients from the ED and onward to theatre. There are also posts for Orthogeriatricians being actively advertised. Work will continue for this patient group to improve quality and safety.

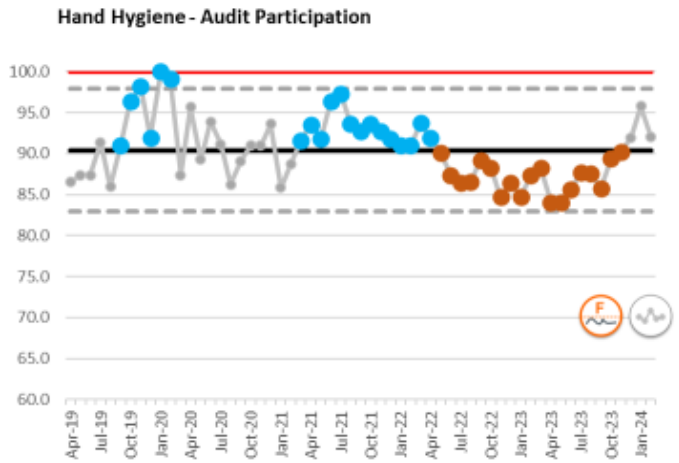
Chief Nursing Officer

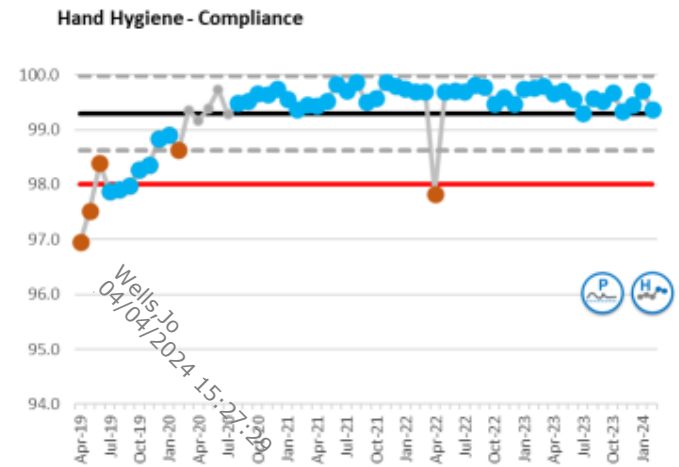
- We are currently compliant with the in-month infection target for Pseudomonas but are not compliant with any of the other year-to-date targets and have already exceeded all year end targets. There have been numerous ward closures due to norovirus and covid outbreaks; Aconbury zero has been reopened following an extended outbreak and has been restricted to 21 beds, this will help with the IPC risk by reducing the number of patients in this footprint. In addition, Aconbury zero are having estates works completed to increase the number of toilets and install showering facilities.
- The 1 MRSA attributed to ITU noted to be a contaminate but learning has been identified, ANTT and improved management of the sonosite ultrasound machine.
- The complaint compliance target to close within 25 days has been achieved in February 24, increasing to 81.8%. This is the first time this target has been met since June 2022. The Trust had 131 complaints still open at the end of February, which is a increase from previous months, and there were 77 new formal complaints received. Of the 131 open complaints, 33 have breached 25 days, of which 23 are within the surgery division. The enhanced interim complaints management team for surgery remain in place with a focus on establishing a sustainable complaints management process for the Division.
- The total number of falls remains below this time last year and remains below the national benchmark in February 24 with 4.9 total falls per 1,00 bed days (national benchmark of 6.63). There were no SI falls in February 24 , meaning there remains a total of 2 SI falls to date in 2023/24.The total number of HAPUs in February 24 was 30, with the yearly total to date of 262. There were zero HAPUs causing harm in February 24, with the total for 23/24 remaining at 1.
- The friends and family response rates and recommended rates have failed to meet the recommended target across in patient wards, outpatients and A&E again in February 24. The Patient Experience Lead Nurse will work closely with all divisions in ensuring that momentum for feedback is maintained alongside the inpatient survey by providing internal communication to raise awareness and attending divisional meeting. This can also be raised in Patient Experience week and at current Matron Meetings. Maternity services are currently reviewing their processes for obtaining feedback.

OUR QUALITY & SAFETY – INFECTION PREVENT 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

- We have failed all in-month targets in Feb-24 except Pseudomonas.
- We are not compliant with any of the year-to-date targets.
- We have already failed all year end targets.
- Norovirus 3 x ward closures, AMU/Acon 0 and Ward 2. Protracted outbreak on Acon 0 due to the environment and lack of toilet facilities
- There are currently 4 active ward COVID outbreaks, and 2 in monitoring (as on 11/03)
- Additionally, there are 4 bay closures due to COVID.
- There are 3 wear Flu outbreaks, and 2 bay closures.
- There are also CPE (1 active and 2 monitoring), C/Diff (2) and VRE (1) (as on 11/03)
- All of the high impact intervention audits were compliant in Feb-24.
- MRSA – ITU noted to be a contaminate but learning has been identified, ANTT and improved management of the sonosite ultrasound machine.

	Feb-24	Year to Date	Year End
	(Actual vs Target)		
C.Diff	15/6	118/71	118/78
E-Coli	10/6	102/65	102/69
MSSA	5/1	36/16	36/17
MRSA	1/0	3/0	3/0
Klebsiella	6/2	35/20	35/21
Pseudomonas	0/1	16/11	16/12

Actions

- Close monitoring of themes and trends has identified lack of assurance regards line management, this is based on information not being recorded on the EPR system. IPC are working with the EPR team to improve the process and the informatic teams are developing a report that reviews compliance with insertion and VIP scores. Task and finish group in place.
- ANTT – training is in place for the nursing teams, further assurance is required on what training/ competence is in place for other clinicians. Dr Walton and Dr Berlet contacted.
- Aconbury 0 are having estates works completed to increase the number of toilets and install showering facilities.
- Cdiff action plan updated and review of incidents with the development of a divisional action plan being developed

Risks

Capacity: Level 4 actions impact on IPC actions as planned meetings involving clinical staff have been cancelled. Aconbury 0 has been restricted to 21 beds, this will help with the IPC risk by reducing the number of patients in this footprint.

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%) but had shown some improvement until Feb-24.

Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (up to Dec 2023, accessed 12/03/2024)

C. Difficile – Out of 23 Acute Trusts in the Midlands (range 0 to 43.2), our Trust sits the 22 nd best, and is **above** both the Midlands and England rates.

E.Coli – Out of the 23 Acute Trusts in the Midlands (range 7.4 to 36.5), our Trust sits the 15 th best and is **below** both the Midlands and England rates.

MSSA – Out of 23 Acute Trusts in the Midlands (range 0 to 17.7), our Trust sits the 20 th best, is **above** both the Midlands and England rates.

MRSA – Out of the 23 Acute Trusts in the Midlands (range 0 to 4.3), our Trust sits equal 1 st best, and is **below** both the Midlands and England rates.

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

Area	Count	Per 100,000 bed days
England	7,289	20.4
Midlands NHS Region (Pre ICB)	1,364	20.5
Worcestershire Acute Hospitals	91	34.2

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

Area	Count	Per 100,000 bed days
England	8,031	22.5
Midlands NHS Region (Pre ICB)	1,386	20.8
Worcestershire Acute Hospitals	51	19.2

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

Area	Count	Per 100,000 bed days
England	3,804	10.7
Midlands NHS Region (Pre ICB)	603	9.0
Worcestershire Acute Hospitals	32	12.0

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

Area	Count	Per 100,000 bed days
England	540	1.5
Midlands NHS Region (Pre ICB)	76	1.1
Worcestershire Acute Hospitals	0	0

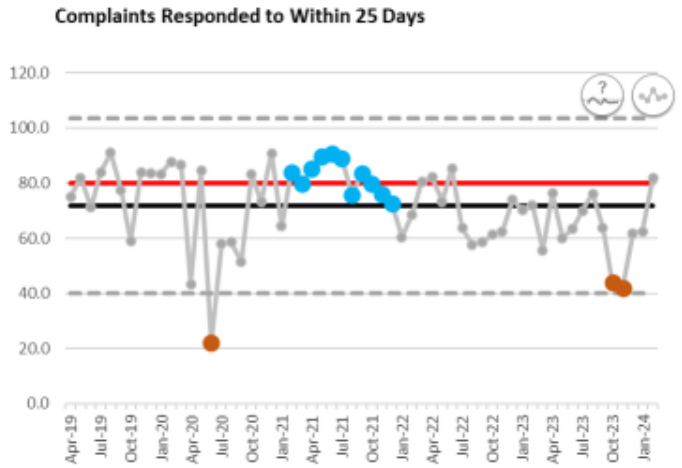
OUR QUALITY & SAFETY - COMPLAINTS

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 77 new formal complaints received within Feb-24 with 18 (39%[1]) called within 5 days to discuss the complaint.
- The Trust had 131 complaints still open at the end of Feb, of which 19 have been reopened.
- Of these 131 complaints, 33 have breached 25 days (5 of which have been reopened)



- The Surgery Division accounts for 60 (45.8%%) of all open complaints and 23 (69.7%) of those that have breached 25 days (5 of which have been reopened).
- There are 2 open complaints which have breached 6 months, 1 in Surgery (reopened) and 1 in W&C.
- **Compliance with complaints closed within 25 days increased to 81.8% in Feb-24 and met the target (80%) for the first time since Jun-22.**

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 has improved this month, but breaches have increased; this means improvement will not 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 in March/April, 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 – IMPROVE DELIVERY IN RESPECT OF THE SEPSIS SIX BUNDLE

We are driving this measure because

Sepsis with shock is a life-threatening condition affecting all ages. NCEPOD 2015 highlighted sepsis as being a leading cause of avoidable death that kills more people than breast, bowel and prostate cancer combined.

Performance

Implementation of a single digital SEPSIS EPR Pathway document has caused short term difficulties for reporting purposes (SEPSIS screening compliance and SEPSIS 6 Bundle implementation within 1 hour) due to inconsistent approaches by staff when recording data.

Actions

A series of actions have been identified at a meeting of the Acting CMO, Governance Teams, EPR Project Team and Information, including;

1. Adjustments required to EPR SEPSIS document form to facilitate single method of data recording by clinical staff.

2. Governance Teams to complete random audits of 10 patients for month, utilising existing GAP report, to monitor compliance

3. Once EPR changes have been made a comms relaunch will take place.

4. The message from Governance to teams at this time, should be all patients with NEWS>=5 should have a SEPSIS pathway completed. With the understanding that we know this is onerous in terms of time, but we are working with the EPR team to adjust the document.

Risks

Ambulance offload delays 3908
Crowding in Emergency Departments 4843, 4963, 4964
Insufficient staffing to deliver safe, timely care 3698, 4192

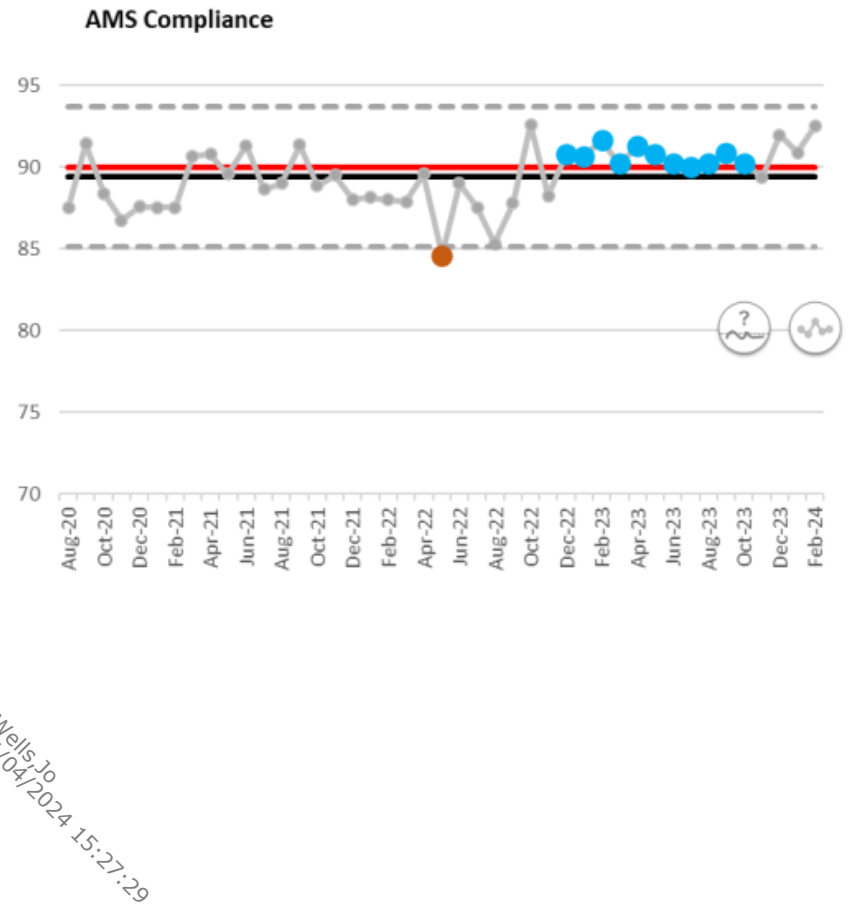
What the charts tell us

n/a

OUR QUALITY & SAFETY – ANTIMICROBIAL STEWARDSHIP

We are driving this measure because

We need an approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness and using Start Smart The Focus principles to reduce the risk of antimicrobial resistance (AMR) while safeguarding the quality of care for patients with infection.



Performance and Actions

- A total of 266 audits were submitted in Feb-24, compared to 248 in Jan-24.
- Antimicrobial Stewardship overall compliance increased in Feb-24 to 92.48% (from 90.87%) and achieved the target.
- Patients on Antibiotics in line with guidance or based on specialist advice was compliant at 96.22%.
- Patients on Antibiotics reviewed within 72 hours also achieved the target with 96.22%.
- Of the 8 elements of the audit, 3 have failed to reach the target this month.

- **Actions**
- Divisional AMS clinical leads will continue to promote participation in the Start Smart Then Focus monthly audits and identify actions to drive improvement in quality (KPIs)
- Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories – reviewing over-labelled prep-packs for 5 days
- Focusing on learning from C diff case reviews where antibiotics may be implicated & developing actions pertaining to AMS (and Prof Wilcox's report)
- Promoting IV to oral switches of antibiotics and reducing length of course.
- Successfully recruited to the AMS lead pharmacist post – commencing April 1st 24
- Undertaking gap analysis against ICB AMS strategy to inform action plan and priorities

Risks

- Operational pressures and medical industrial action prevent necessary attention to AMS

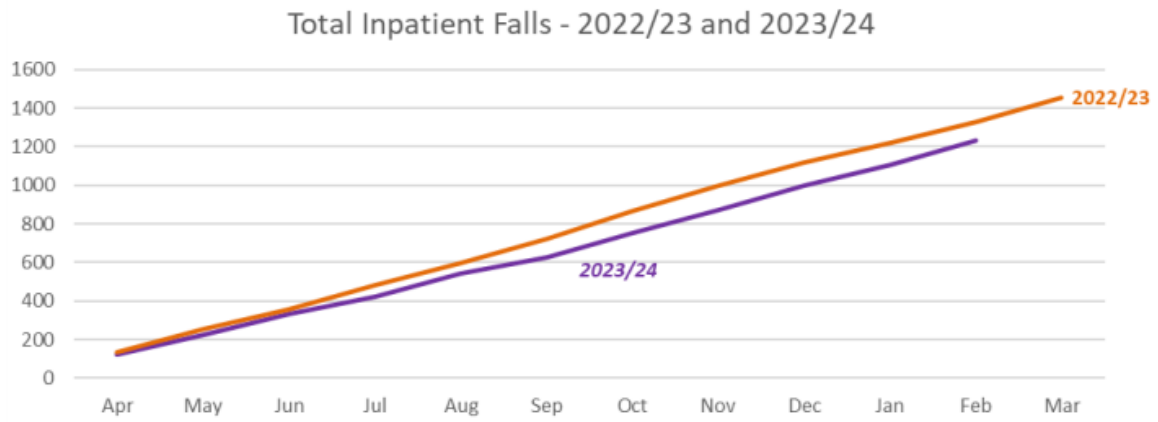
What the charts tell us

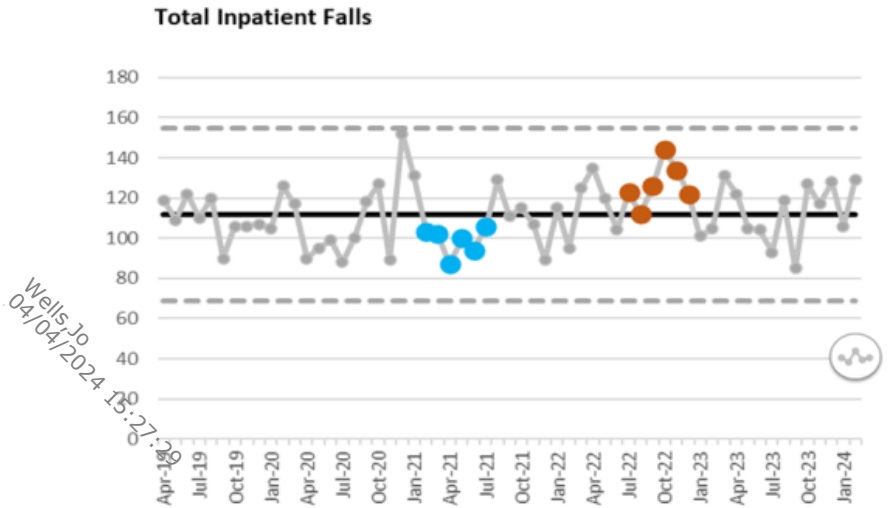
This metric has shown common cause variation for the last 4 months.

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 increased in Feb-24 (129).
- Of these 117 falls the harm caused was: 34 Insignificant, 93 Minor, 2 Moderate & 0 Severe.
- We remained below the national benchmark in February with 4.9 Total Falls per 1,000 bed days (national benchmark 6.63).

Inpatient falls resulting in Serious Harm

- There were 0 SI falls in Feb-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.
- Loan hover-jack (flat lifting equipment) from Alexandra Hospital while purchase of equipment for WRH is complete.

Risks

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

There is an increased risk of complications such as secondary injuries or prolonged pain and discomfort if access to flat lifting equipment is delayed. This delay may impact overall patient outcomes, hindering the hospital's ability to deliver timely and effective care to individuals with suspected fractures.

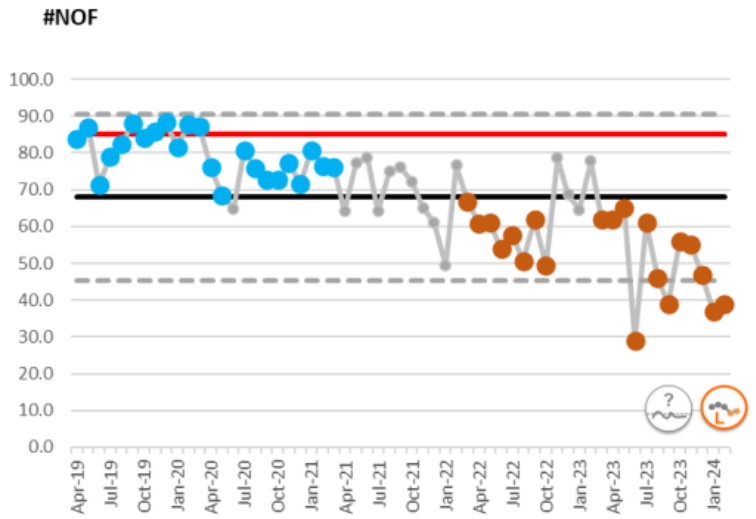
What the charts tell us

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

OUR QUALITY & SAFETY – FRACTURED NECK OF FEMUR

We are driving this measure because

Prompt surgery and appropriate involvement of geriatric medicine has benefits in terms of improved patient outcomes, increased number of independent individuals and reduced mortality, shorter length of stay and more cost-effective care.



- The Trusts Crude Mortality Rate for the period Jan-23 to Dec-23 was 11.59% for the diagnostic group #NOF (in-hospital 4.31% & Out of hospital 7.28%)[1]
- This is the 11th lowest (of 21 Midland Acute Trusts), with the figures ranging from 9.65% to 18.52%.[1]
- The ALOS for #NOF patients in the period Jan-23 to Dec-23 was 10.94 days, although it has been on an upward trend during this period[1]
- This is the lowest ALOS amongst Midland Acute Trusts during this period.[1]

Performance and Actions

- The #NOF target (36 hours) has not been achieved since Mar-20.
- There were 70 (BPT) and 79 (All) #NOF Admissions in Feb-24 (up from 51 and 67 respectively in Jan-24)
- There were a total of 42 (BPT) and 48 (All) breaches in Feb-24 (up from 31 and 42 respectively in Jan-24)
- The primary reasons for BPT breaches in Feb-24 were bed issues and theatre capacity.
- The average time to theatre was 41.4 hours (BPT) and 44.1 hours (All) in Feb-24 (down from 58.9 and 63.6 respectively in Jan-24)

Risks

Theatre and bed capacity continue to be the biggest risks to the effective delivery of the #NOF pathway

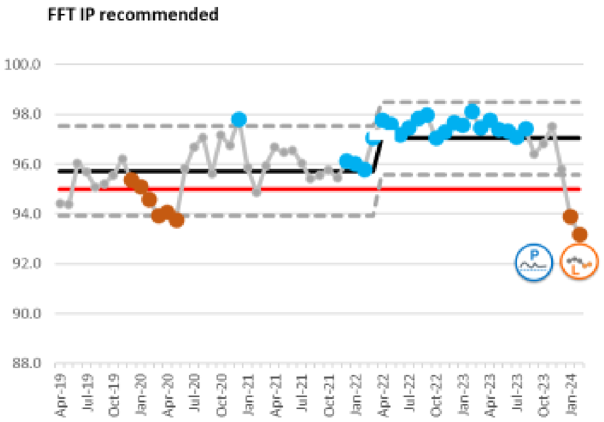
What the charts tell us

- #NOF Time to Theatre has shown special cause variation of concern for the last 12 months.
- In terms of assurance, it is still showing that whether the target will be met is due to random variation

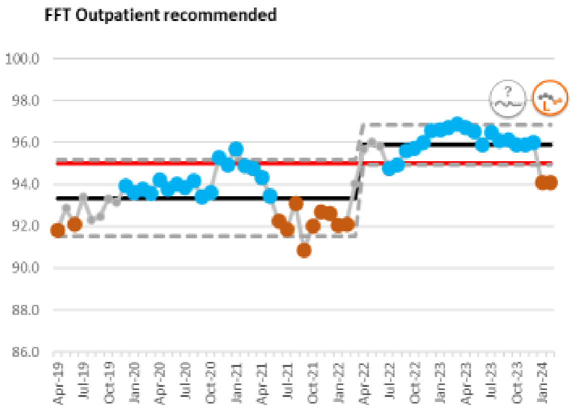
OUR QUALITY & SAFETY – FRIENDS AND FAMILY TEST

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.



Please note that Y axis does not start at zero.



Please note that Y axis does not start at zero.

Performance

- Overall FFT performance has dropped in every area except maternity for the last 2 months (but maternity response rates are so low it is difficult to apply high statistical significance to their scores – there were zero responses in Jan-24)

- Inpatients has failed to reach the recommended target for the last 2 months, having previously been compliant every month since Feb-21.
- Outpatients has failed to reach the recommended target for the last 2 months, having previously been compliant every month since Aug-22.
- Although A&E have never met the recommended target, they had been above 85% since Apr-22 until the last 2 months.
- Maternity achieved the recommended target for 2 of the last 3 months.

Actions

It is unusual for all areas to have not reached the recommended target. Possible causes / rationale:
Staff may think the new inpatient survey which was launched on 5th February 24 has replaced the need to complete FFT . Staff have been informed this is not the case and an internal communication will be sent confirming this.
Due to staff and areas not being able to view their FFT comments since November 23 there may have been a decrease in momentum to get FFT feedback – this situation has now been reviewed and there are plans to address the comments backlog and current feedback.
Feedback from urgent care at WRH is that the department has been at full capacity most days and may be a reason for a drop in feedback rates. Aims to tackle the four hour breach and with the introduction of new staff it is that feedback rates will improve. Alex urgent care feel the decrease is due to acuity in AMU & MSSU.
Patient Experience Lead Nurse will work closely with all divisions in ensuring that momentum for feedback is maintained alongside the inpatient survey by providing internal communication to raise awareness and attending divisional meeting. This can also be raised in Patient Experience week and at current Matron Meetings.
Maternity currently reviewing their processes for obtaining feedback

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.

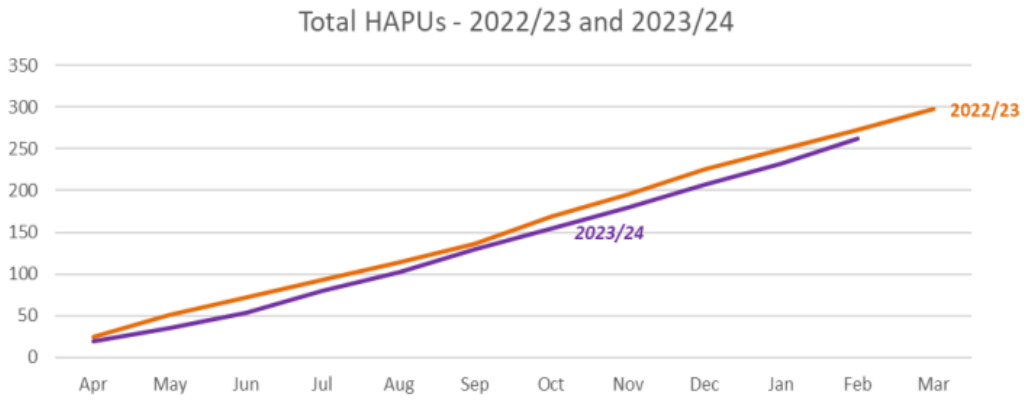
What the charts tell us

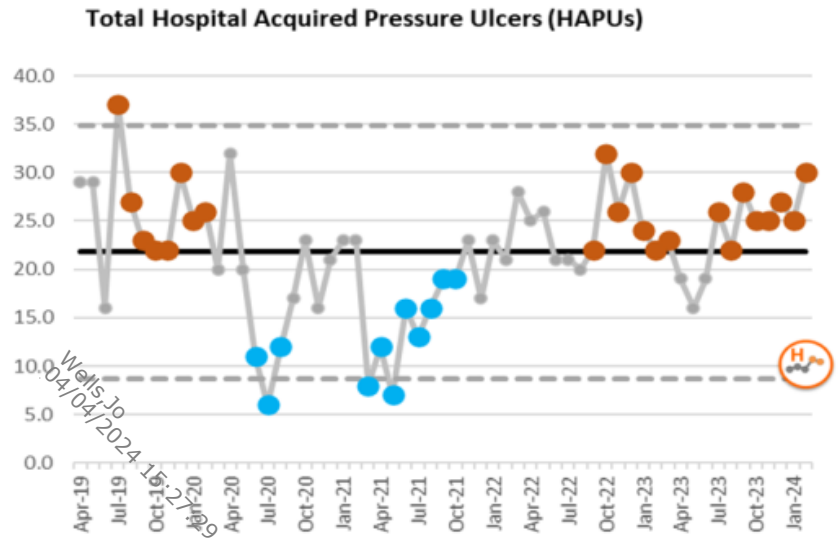
IP, and A&E response rates are showing common cause variation.
Outpatients response rate is showing special cause variation of improvement, whilst W&C response rate is showing special cause variation of concern.

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 number of HAPUs increased in Feb-24 to 30 (25 in Jan), bringing the current total for 2023/24 to 262.
- The total is still below the same time in 2022/23.
- Total HAPUs as a % of Emergency Admissions increased to 0.90% in Feb (from 0.69% in Jan)

HAPU's causing Harm

- There were zero HAPUs causing harm in Feb-24 . (x1 investigation In progress)
- This leaves the total HAPUs causing harm unchanged for 2023/24 at 1.

(Note an increase of beds on both sites compared to 2023 (WRH x 2 new wards, AGH x1 new ward).

- Staff PUP training to Jan 24 = overall 76% . (1824 out of 2557 staff)

Actions

- New monthly divisional TV improvement Group commencing February 2024 .
- Continue to support divisions with Educational Training programmes training for all health professional (bespoke and Trust wide)
- 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 .
- New Tissue Viability PRSIF Governance process launched .

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 .
- 5003:(Risk score 10) Due to increased patient acuity and vacancies in team timely reviews will be impacted.
- 5173 (Risk score 10)TV documentation on sunrise EPR , increased risk of staff inability to document safe care .

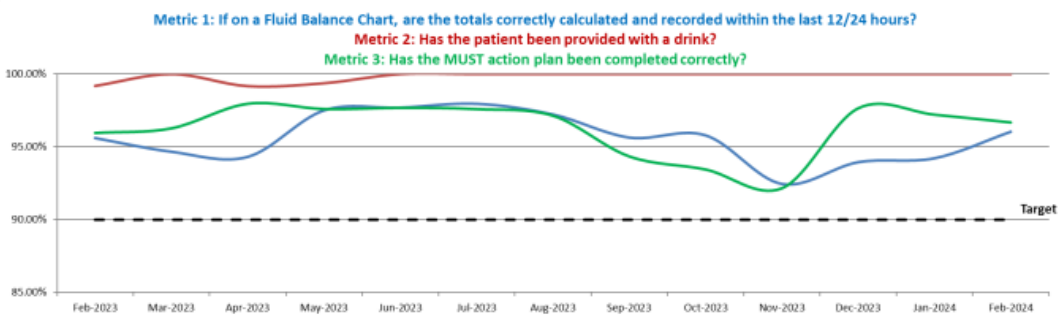
What the charts tell us

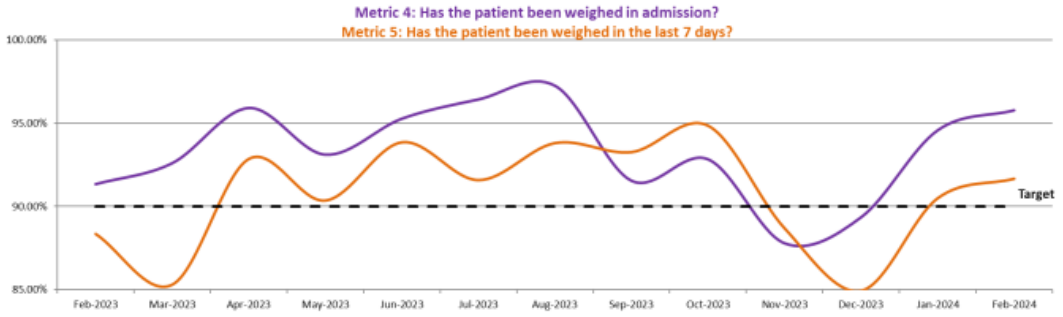
Hospital Acquired Pressure Ulcers has shown special cause variation of concern for the last 8 months.

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.





Please note that Y axis does not start at zero.

Question	11/02/2024	18/02/2024	25/02/2024	03/03/2024
Weighed on Admission	80.91%	82.72%	81.06%	81.58%
Weighed in Last 7 Days	53.37%	58.82%	59.07%	66.51%

Performance and Actions

- Using the data collected from the Quality Check App (see charts), all metrics were compliant with the 90% target in Feb-24

- As part of the Fundamentals of Care project, the data for some of these metrics is also being collected from Sunrise rather than the Quality Check App.
- This results in a much larger cohort.

- For metrics 4 and 5, the EPR data is showing non-compliance(see table).

Actions

- Focus on weights by divisional colleagues with good practice described and shared in N&HSG. Encouraging to see improvement in metrics as a result.
- N&HSG exploring quality concerns around accuracy of fluid balance charts as recorded on EPR
- N&HSG exploring training for medical colleagues to interpret chest imaging for NGT placement
- New improved governance structure for menu sign-off now running and worked well with enhanced scrutiny of proposed menu for inpatients

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.

What the charts tell us

There is a difference in performance for metrics 4 and 5 when comparing Quality Check App and EPR/Sunrise data. This is probably due to the much larger cohort of data obtained from EPR

OUR QUALITY AND SAFETY – STROKE

We are driving this measure because

All Stroke patients should be admitted to our ward within 4 Hours / 90% Stay on Stroke Ward / Specialty Review Within 30 Minutes

SSNAP Domain		2023/24 Q1	Q2	Q3
1	Scanning	B	B	A
2	Stroke unit	E	E	E
3	Thrombolysis	D	D	D
4	Specialist Assessments	A	A	A
5	Occupational therapy	B	B	C
6	Physiotherapy	B	B	A
7	Speech and Language therapy	A	A	C
8	MDT working	B	A	B
9	Standards by discharge	A	A	A
10	Discharge processes	A	A	A
Combined Total Key Indicator score and Level		78	80	76
		B	B	B
Case ascertainment band		90%+	90%+	90%+
Audit compliance band		A	B	A
SSNAP score		78	76	76
Team-centred SSNAP level (after adjustments)		B	B	B

Wells Jo
04/04/2024 15:27:29

Performance and Actions

Performance

- Published data for Q3 2023/24 shows the Trust maintaining a level B and 76 SSNAP score.
- Improved grades were seen in the Scanning and Physiotherapy domains.
- The Occupational Therapy, SLT and MDT Working domains show worsened performance.
- The Trust has improved from a B (88.8%) to an A (92.7%) for overall audit compliance.
- The number of patients in 2023/24 has seen a slight upward trend: Q1 183, Q2 192 and Q3 196 (Team-centred 72h cohort).
- The casemix is showing a reducing number of female patients: Q1 48.6%, Q2 44.8% and Q3 40.3% (Team-centred 72h cohort).

Actions

- Access to the stroke unit remains a concern. We continue to struggle to maintain our primary PCI bed out of hours for thrombolysis patients due to level 4 actions. The stroke team remind the capacity team twice daily of the ward SOP. The stroke unit continues to board an additional 2 patients to support patient flow.
- We anticipate to see an improvement in our thrombolysis rates with the introduction of RAPID Ai and CT perfusion this month.
- Therapy services are reviewing cases to investigate the decrease in occupational therapy score.
- Patients are alerted to the stoke team from WMAS, the stroke team are able to assess the patient much sooner. The stroke team are able to meet the ambulance when it arrives at WRH.
- The stroke team continues to assess patients alongside the therapy teams, if appropriate, to prioritise discharging patients directly home from ED.

Risks

4025 Risk of Stroke patients not receiving timely assessment, diagnosis and treatment due to workforce challenges and vacancies
4214 Risk of poor patient flow due to lack of inpatient rehabilitation beds & Community Stroke Team capacity
5274 Risk of patient harm in Stroke services due to insufficient and unsafe clinical workforce due to industrial action
5283 Risk of patient harm due to no provision for thrombolysis calls out of hours following withdrawal from South West network

What the charts tell us

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

Vacancies on ESR have reduced by 32.58 wte this month to 502 wte Our gross vacancy rate on ESR has therefore reduced to 7.13% compared to 11.63% for February 2023 (298 less vacancies than last year). This meets the Trust target of 7.5% and is a direct result of the increased recruitment activity made possible by the Recruitment and Medical Resourcing business case. 78.88 wte were added to the establishment for the period 1st December 2023 to 31st March 2024 to support additional Winter Capacity. We are now 115.85 wte ahead of our end of year plan which did not include Winter Capacity. A revised plan is in development with the first iteration submitted on 11th March which will include additional beds for Aconbury Zero.

Agency spend remains our biggest challenge. There has been a 16 wte increase in the total worked (Agency, Bank & Substantive) which is 593 wte higher than February 2023. The total number of hours worked by substantive has increased 20 wte in month, bank has increased by 27 wte due to agency swap outs with agency reducing by 31 wte in month. Our increase in wte worked is a direct result of staffing the two additional Winter Wards, and continued use of the escalation areas as well as specialing. Agency spend has reduced by 1.19% to 8.44% of gross cost, against our target of 6%. All clinical divisions have had reduced agency spend except for a slight increase in Women and Childrens but they do still meet target. Surgery have had the biggest reduction (3.51%). Divisions continue to work hard to reduce Agency spend but this has been impacted by Level 4 escalation in Urgent Care and Winter Wards in Specialty Medicine.

Bank spend is 4.29% higher and Agency spend is 0.29% higher compared to the same period last year but this is with the backdrop of having 2 additional winter wards open requiring c 79 wte as well as increased sickness and industrial action.

Our annual staff turnover has continued to meet our target of 11.5% but has increased slightly to 11.12% this month. Our monthly staff turnover is good at 0.69% against a Model Hospital average of 1.13%.

Monthly sickness absence reduced by 0.39% in month to 5.93% which is 0.4% worse than last February. Sickness remains high in all clinical Divisions but all have improved this month except Digital (which has low levels of sickness anyway). Absence due to stress remains higher than pre-pandemic with Women and Childrens an outlier with 43.84% of the Division's in month absence being attributed to S10, followed by Surgery (40.49%). Estates and Facilities are showing as outliers for long-term sickness (4.71%) and SCSD for short term (3.23%). HRBP's are working closely with Divisions to support the management of sickness levels down to below the Collaborative Group target of 4%.

Consultant Job Planning has improved by 3% to 71%. All divisions are of concern with the highest compliance rate being 74% in Specialty Medicine. There are draft plans in place in Urgent Care and SCSD which should improve compliance next month.

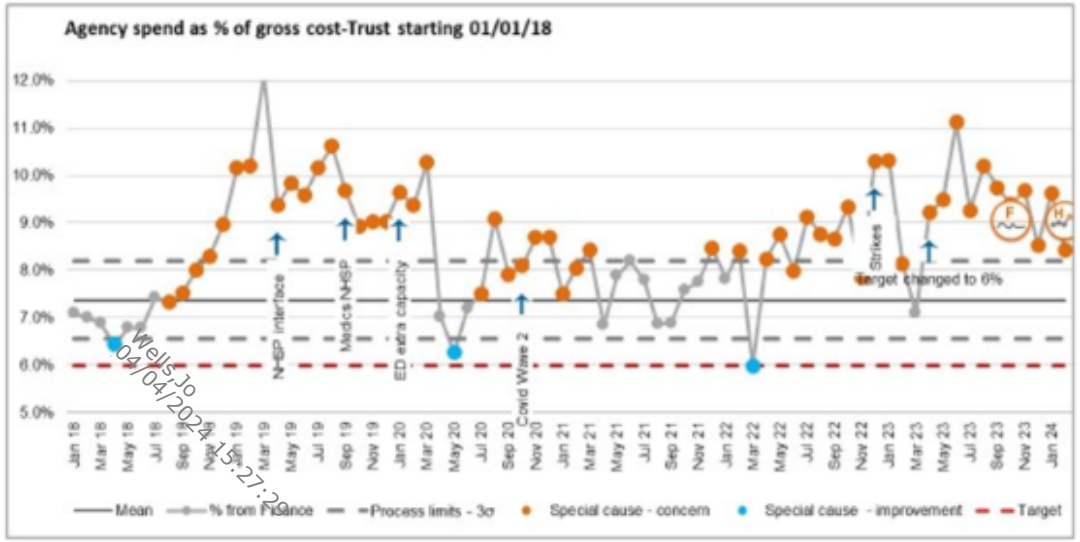
Mandatory training compliance has remained at Trust target at 90% against a Model Hospital Benchmark of 89.6% Medical appraisal has remained at 93% which is above target, but non-medical appraisal is below target at 79% (2% lower than last year).

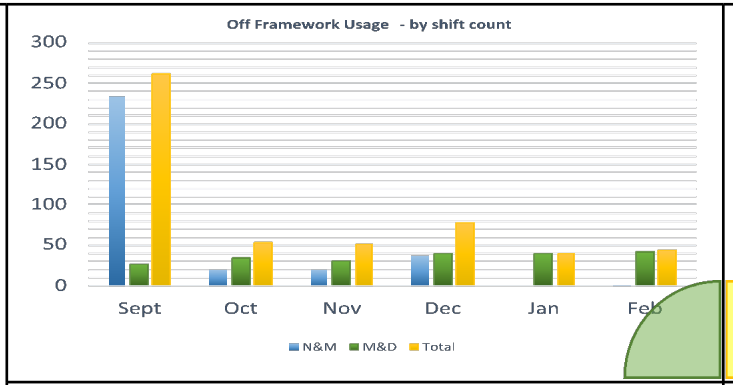
OUR WORKFORCE – REDUCTION OF AGENCY SPEND

We are driving this measure because

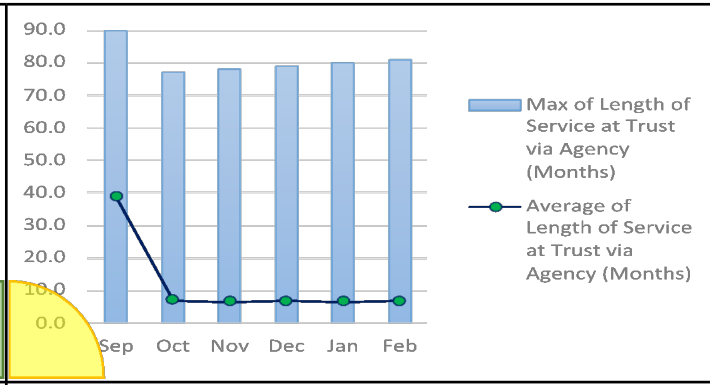
To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and reduced cost to the Trust.

Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
8.15%	7.10%	9.22%	9.49%	11.12%	9.26%	10.21%	9.75%	9.39%	9.69%	8.53%	9.63%	8.44%

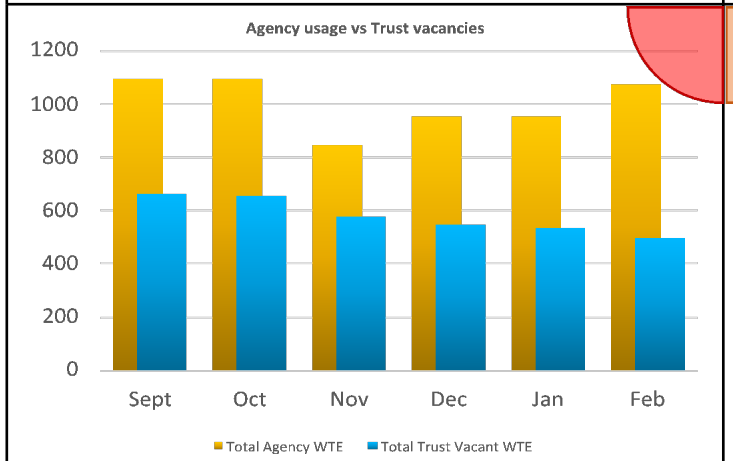




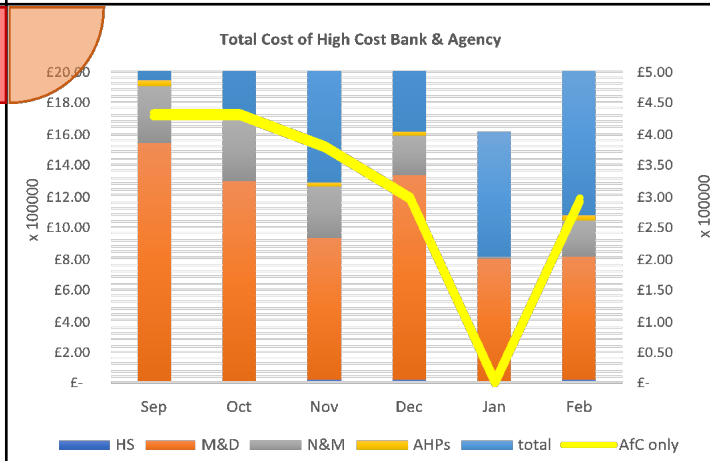
Off framework usage has remained consistent in February, with Medical & Dental being the majority staff group with off framework temporary workers.



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 increased in February despite a decline in the vacancy rate. This suggests a potential overuse of temporary workforce in key areas of Nursing & Midwifery.



Usage of high-cost workers within AfC (particularly N&M) has increased significantly in February whilst the use of M&D high-cost workers has remained static.

What the chart tells us

Agency cost as a % of gross cost has reduced to 8.53% in month. However, this is still 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.

Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
11.6%	11.6%	12.6%	12.6%	12.3%	11.6%	10.6%	9.5%	9.3%	8.25%	8.33%	7.6%	7.13%

Assurance

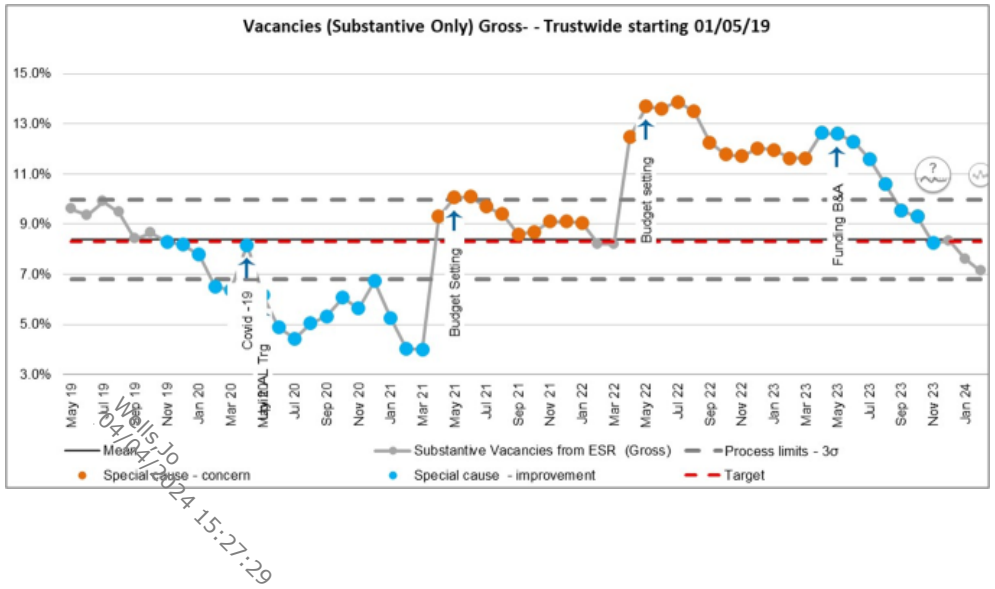
Hit and miss target - Subject to random variation

Variation

Common cause – no significant change

Data Quality Mark

Reasonable Assurance



Wells Jo 04/04/2024 15:27:29

Performance and Actions

- **Starters and Leavers** - We have recruited 49 more starters than leavers this month with 123 new starters processed in month (headcount) which is double what we recruited last February.
- **Healthcare Support Workers** – Our vacancy rate has reduced from 9.36% to 7.81% or 79.8 wte vacancies compared to 95.6 wte last month. We have been actively recruiting HCSWs throughout the year with 37.85 wte starting in February. Our retention for HCSWs requires improvement with 183.59 leavers over the year (7.19 wte in February). We have established a task and finish group to improve the onboarding process.
- **Nursing & Midwifery** - We currently have 65.6 wte Registered Nurse vacancies (compared to 74 wte in January) plus 20.3 wte Midwifery vacancies. Our International Nurse recruitment programme is on track to achieve our target of 150 by 31st March 2024. We had 16.37 wte new starters and 9.27 wte leavers in February. Over the year we have had 196.14 wte Registered Nurse leavers.
- **Allied Health Professionals** – We have 53.4 wte qualified AHP vacancies (compared to 50 wte last month) and 11.3 wte support posts. We have struggled to gain traction with our AHP recruitment in the last 12 months with 68.09 wte leavers . February saw a reduction in leavers to 5.6 but with only 2.63 starters this is a worsening position overall.
- **Medical & Dental**. We have 51 Consultant vacancies (compared to 55 last month)and 35.1 wte Trainee Grade vacancies. We are over-established by 11.9 wte Career Grade posts to fill the gaps. Medical Resourcing are working with clinical directors on targeted recruitment campaigns and successfully recruited 4.77 wte Consultants, 1 Specialty Doctor, 28.43 Specialty Registrars, and 3 Trust Doctors in February.

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 (December 2023 rates)

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 against a target of 7.5% 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.

Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
5.5%	5.6%	5.4%	5.5%	5.3%	5.5%	5.6%	5.67%	6.21%	5.98%	6.34%	6.32%	5.93%

Assurance

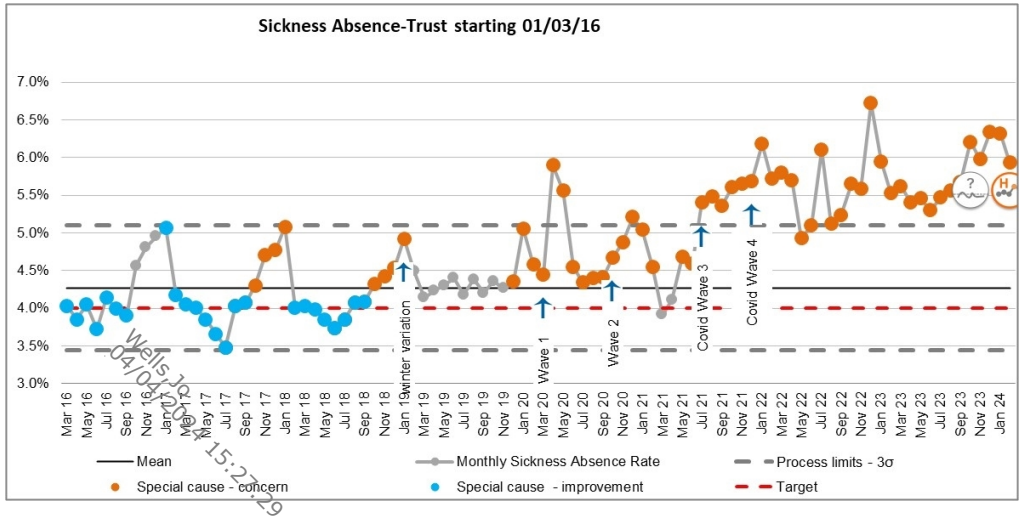
Hit and miss target - Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

- Monthly sickness absence reduced by 0.39% in month to 5.93% which is 0.40% worse than last February.
- Sickness remains high in all clinical Divisions but all divisions have improved this month except Digital (which is low anyway).
- Absence due to stress remains higher than pre-pandemic with Women and Childrens an outlier with 43.84% of the Division's in month absence being attributed to S10, followed by Surgery (40.49%).
- Estates and Facilities are showing as outliers for long-term sickness (4.71%) closely followed by Women and Childrens (4.68%) and SCSD have the highest level of short-term sickness absence (3.23%).
- HRBP's are working closely with Divisions to manage sickness levels down to below the Collaborative Group target of 4%.
- HCAs continue to have the highest levels of sickness across all divisions. There has been significant work in divisions with Prof and Technical and Medical and Dental now meeting the Group target of 4% and AHPs and Admin and Clerical now under 5%.
- Long term sickness has reduced by 0.08% in month to 3.29%. Highest rates are 4.71% in Estates and Facilities and 4.68% in Women and Childrens.
- Short term absence has also reduced by 0.31% to 2.64% with extremely high rates in SCSD (3.23%)
- Our sickness is currently benchmarking poorly against the national position in over half of the staff groups.

Sickness Absence	2024 / 02			
	Trust	Region	Country	National
Add Prof Scientific and Technic	3.59%	4.39%	3.90%	3.89%
Additional Clinical Services	8.53%	7.40%	6.97%	7.07%
Administrative and Clerical	4.91%	4.82%	4.44%	4.46%
Allied Health Professionals	4.56%	4.57%	4.25%	4.27%
Estates and Ancillary	7.16%	7.57%	7.17%	7.33%
Healthcare Scientists	6.00%	3.67%	3.56%	3.53%
Medical and Dental	1.94%	2.09%	1.96%	1.97%
Nursing and Midwifery Registered	6.68%	5.71%	5.26%	5.32%
Students	0.00%	2.65%	2.71%	2.69%

Risks

Increased cost of bank and agency fill. Redeployment to cover additional winter beds, sustained Level 4 escalation, industrial action, and increased temporary staffing are expected to 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. This has improved this month

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.

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

Assurance

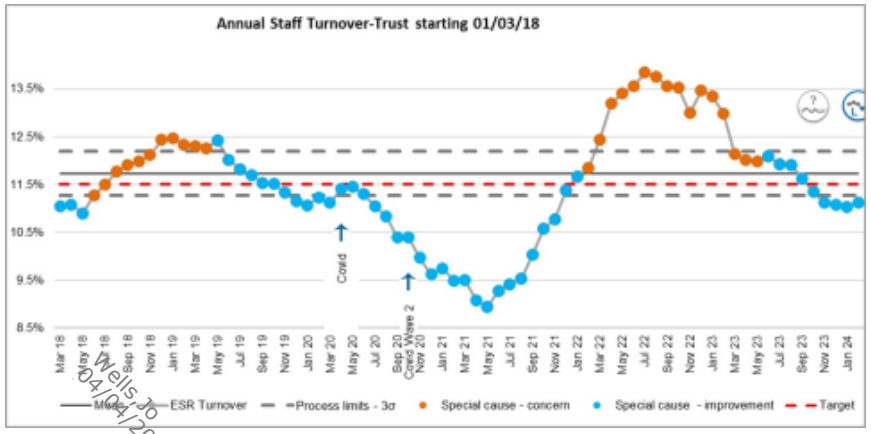
Hit and miss target - Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Wells Jo 04/04/2024 15:27:29

Performance and Actions

- We continue to meet our 11.5% target for annual turnover which is 11.12% which is 1.86% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has improved by 0.22% in month and stands at 0.69%, which remains better than the Model Hospital average. We have 49 more starters than leavers in month.
- Urgent Care is a significant outlier at 1.36% monthly turnover and 14.92% annual turnover) which is a concern and no doubt due to the pressures in the system. Our stability rate on Model Hospital (March 2022 rates) is 98.3% (Quartile 2) compared to national average of 98.4%.
- The current stability rate for February 2024 is 88.08%

The Benchmark Report from ESR shows that the Trusts monthly turnover for February is worse than average for Admin and Clerical, AHP, Healthcare Scientists and Medical and Dental. Nursing and Midwifery, Estates and Ancillary and HCAs are better than average.

In terms of reasons for leaving we benchmark significantly poorly for Work Life Balance, Promotion Incompatible Working Relationships, Retirements and Dismissals for Conduct as demonstrated in this ESR benchmark report which is filtered to those reasons where we are worse than average:

Leaving Reason	2024/02			
	Trust	Region	Country	National
Death in Service	1.33%	0.56%	0.45%	0.48%
Dismissal - Conduct	1.33%	0.89%	0.57%	0.57%
End of Fixed Term Contract - External Rotation	33.33%	7.40%	5.61%	5.39%
Flexi Retirement	4.00%	1.49%	1.27%	1.30%
Retirement - Ill Health	2.67%	0.46%	0.46%	0.52%
Voluntary Early Retirement - no Actuarial Reduction	1.33%	0.33%	0.27%	0.28%
Voluntary Resignation - Better Reward Package	2.67%	1.93%	1.37%	1.35%
Voluntary Resignation - Child Dependants	1.33%	0.84%	0.85%	0.82%
Voluntary Resignation - Health	6.67%	2.30%	2.23%	2.27%
Voluntary Resignation - Incompatible Working Relationships	6.67%	0.91%	0.73%	0.71%
Voluntary Resignation - Lack of Opportunities	1.33%	0.81%	0.98%	0.96%
Voluntary Resignation - Promotion	6.67%	5.45%	5.00%	5.00%
Voluntary Resignation - Relocation	16.00%	6.23%	7.03%	7.04%
Voluntary Resignation - Work Life Balance	12.00%	7.19%	6.43%	6.40%

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 fifth 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.

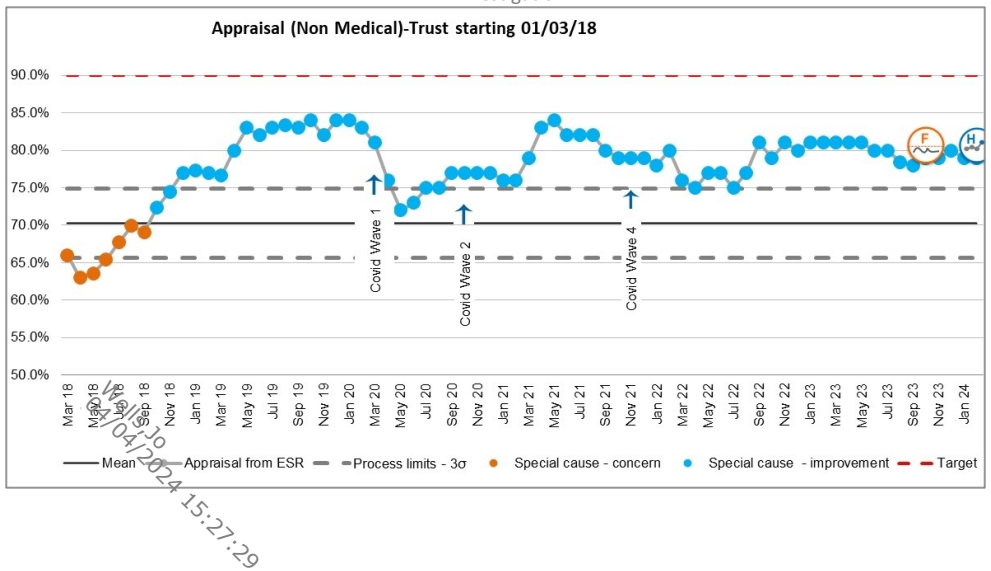
Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24
81%	81%	81%	81%	81%	80%	78%	78%	79%	79%	80%	79%	79%

Assurance | **Variation** | **Data Quality Mark**

The system is expected to consistently Fail the target

Special Cause Variation where High requires investigation

Reasonable Assurance



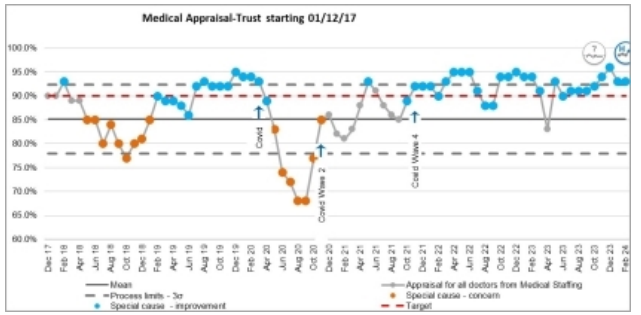
Wells Jo 24/04/2024 15:27:29

Performance and Actions

Appraisal Rate has remained at 79% against a target of 90%. Compliance is 2% 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 69%. Corporate remains a significant outlier in terms of the division despite a 1% improvement this month to 64%.

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

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



Consultant Job Planning has improved by 3% to 71%. Surgery have a 21% improvement but are still an outlier at 68% and Urgent care have improved by 7%. SCSD have dropped 3% to 73% and Women and Children have dropped a further 2% to 67%.

All divisions are of concern with the highest compliance rate being 74% in Specialty Medicine. There are draft plans in place in Urgent Care and SCSD which should improve compliance next month.

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 Role training which will ensure their safety and maintain high quality of care to our patients

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

Assurance

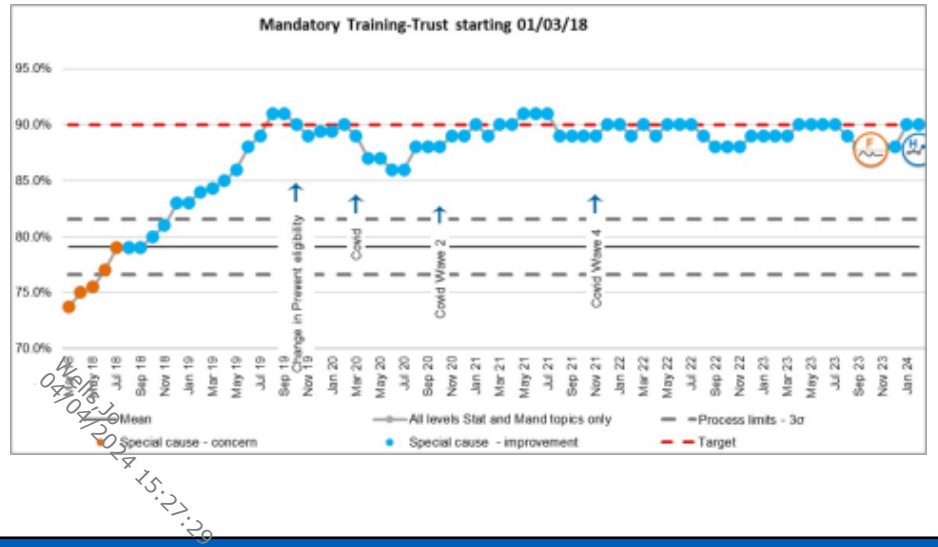
The system is expected to consistently Fail the target

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

Reasonable Assurance



Performance and Actions

Overall mandatory training compliance has remained at Trust target at 90% against a Model Hospital average of 89.6% (2022/23 rates). Outliers are Surgery (86%), Urgent Care and Women and Childrens (both at 87%). All other divisions meet the 90% target.

The Medical and Dental staff group remain outliers across all divisions despite a further 2% improvement to 78%. HCAs and Professional and Technical are slightly short of target at 89% but all other staff groups exceed target.

Mandatory Training	2024 / 02			
	Trust	Region	Country	National
Add Prof Scientific and Technic	84.89%	80.83%	76.23%	76.60%
Additional Clinical Services	85.42%	80.31%	78.59%	78.95%
Administrative and Clerical	88.04%	85.24%	80.17%	80.95%
Allied Health Professionals	90.52%	80.94%	79.76%	79.91%
Estates and Ancillary	87.33%	78.31%	75.80%	76.10%
Healthcare Scientists	88.43%	82.27%	77.84%	78.98%
Medical and Dental	72.32%	60.33%	59.29%	57.86%
Nursing and Midwifery Registered	84.92%	78.99%	75.28%	75.95%
Students	85.00%	81.88%	75.03%	74.69%

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 with no exclusions.

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.

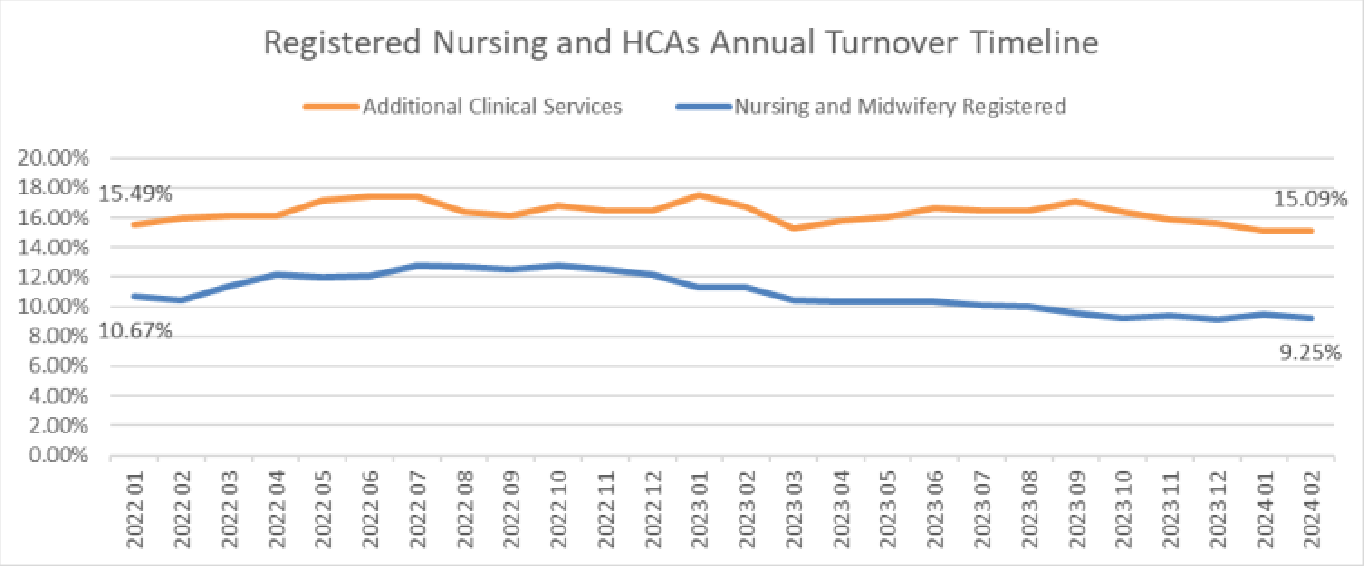
What the chart tells us:

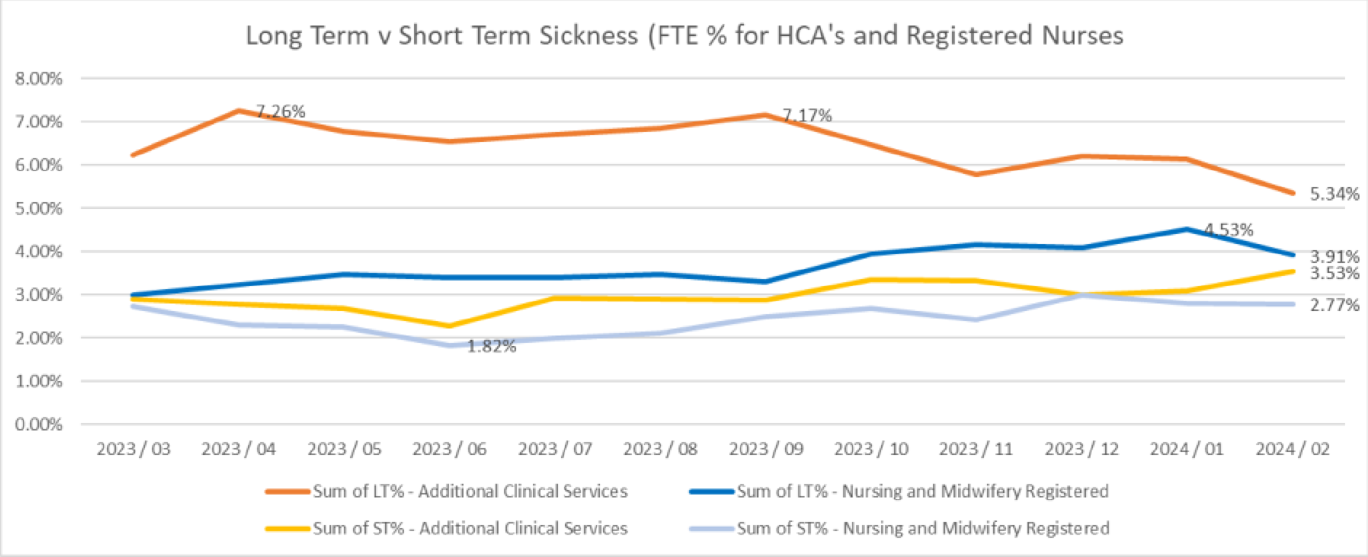
Target has been achieved again this month across the Board.

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

Annual Turnover Main Staff Group	SCSD	Spec Medicine	Surgery	Urgent Care	Women and Children
Additional Clinical Services	13.77%	15.50%	11.86%	19.97%	13.75%
Nursing and Midwifery Registered	8.66%	10.78%	7.12%	10.15%	7.71%
Grand Total	**10.21%**	**12.51%**	**8.91%**	**13.30%**	**8.82%**

Absence Reasons	365 Corporate	365 Digital	365 Specialised Clinical Services Division	365 Specialty Medicine	365 Surgery	365 Urgent Care	365 Women & Children	Grand Total
S10 Anxiety/stress/depression/other psychiatric illnesses	0.70%	0.00%	10.22%	5.71%	5.88%	2.43%	6.93%	31.87%
S12 Other musculoskeletal problems	0.95%	0.00%	4.95%	2.49%	1.18%	0.54%	0.91%	11.02%
S13 Cold, Cough, Flu - Influenza	0.16%	0.00%	3.55%	2.41%	1.37%	1.08%	1.12%	9.68%
S25 Gastrointestinal problems	0.03%	0.00%	1.48%	1.81%	0.81%	1.39%	0.87%	6.38%
S28 Injury, fracture	0.00%	0.00%	1.87%	0.62%	1.77%	0.63%	0.97%	5.86%
S98 Other known causes - not elsewhere classified	0.32%	0.00%	2.26%	1.69%	0.42%	0.60%	0.18%	5.46%
S11 Back Problems	0.00%	0.00%	1.18%	2.11%	0.56%	0.47%	0.25%	4.57%
S26 Genitourinary & gynaecological disorders	0.00%	0.19%	1.62%	0.79%	0.63%	0.44%	0.64%	4.32%
S15 Chest & respiratory problems	0.00%	0.00%	1.30%	1.61%	0.44%	0.04%	0.71%	4.09%
S30 Pregnancy related disorders	0.40%	0.00%	0.62%	0.85%	0.70%	0.70%	0.48%	3.75%
S16 Headache / migraine	0.13%	0.00%	0.56%	0.67%	0.46%	0.35%	0.20%	2.38%
S21 Ear, nose, throat (ENT)	0.00%	0.00%	1.06%	0.44%	0.26%	0.08%	0.17%	2.01%
S19 Heart, cardiac & circulatory problems	0.02%	0.00%	0.45%	0.21%	0.40%	0.00%	0.81%	1.89%
S27 Infectious diseases	0.12%	0.00%	0.79%	0.11%	0.22%	0.15%	0.46%	1.85%
S17 Benign and malignant tumours, cancers	0.00%	0.00%	0.00%	0.76%	0.03%	0.40%	0.32%	1.51%
S29 Nervous system disorders	0.02%	0.00%	0.56%	0.40%	0.01%	0.00%	0.00%	0.98%
S22 Dental and oral problems	0.00%	0.00%	0.52%	0.03%	0.00%	0.00%	0.32%	0.87%
S31 Skin disorders	0.00%	0.00%	0.13%	0.09%	0.00%	0.24%	0.00%	0.46%
S23 Eye problems	0.00%	0.00%	0.00%	0.05%	0.00%	0.40%	0.00%	0.45%
S24 Endocrine / glandular problems	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.35%	0.35%
S14 Asthma	0.00%	0.00%	0.08%	0.00%	0.03%	0.00%	0.13%	0.24%
Grand Total	**2.84%**	**0.19%**	**33.19%**	**22.85%**	**15.17%**	**9.94%**	**15.82%**	**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, once non-recurrent items are removed and financial controls have therefore been extended as a consequence.

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. In M11 this has been reduced to £34.9m following confirmation that the Trust will receive a further £1.7m in M12 relating to Industrial Action.

Income & Expenditure Performance
In M11 the Trust returned a deficit of £4.4m against a planned surplus of £2.3m, an adverse variance of £6.7m. The cumulative deficit to date is £31.4m against a planned deficit of £1.6m, an adverse variance of £29.8m. 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 (£4.9m)
- 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 as a consequence of Industrial Action
- Slippage on the delivery of Productivity and Efficiency Programmes (£15.4m)
- Winter costs in excess of income (£2.8m)
- The impact of excess inflation (£2.4m)
- The costs of temporary staffing above normal levels for both high acuity and hard to appoint to vacant posts totalling (£8.7m)
- Increased non pay costs of delivering activity including tariff drugs cost and greater reliance on insourcing/outsourcing (£8.2m)
- The above is offset by £9.4m over achievement against the Aligned Payment & Incentive (API) target which has been reduced since plans were originally set.

The projected outlook for the year, adjusting for the £1.7m of income supporting the impact of industrial action, remains a £34.9m deficit against plan. Financial recovery measures continue including a Financial Recovery Board that oversees the implementation of revised financial 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 M10 was £32.921m which did not include the remeasurement relating to the CHEC building lease. In Month 11, the internal plan has been updated to reflect a new Diagnostic Mobile Imaging scheme funded externally for £240k and to include the CHEC lease addition of £12.62m. The internal plan now also includes revised lease additions at the end of the year and additional £2.991m of system funded capital schemes confirmed in month 11. These schemes were approved at Februarys Capital Planning & Delivery Group. The total planned capital expenditure for the year is now £48.7m. The Trust received confirmation in month 11 that £500k funding in relation to Front Line Digitisation (FLD) will not be received in 2023/24. The Trust has not incurred any capital expenditure against this expected funding.

Cash
The Trust has received £16.631m of cash support compared to the YTD plan of £15.229m. The Trust application for an additional £5m has been approved and has been received in March. The balance of the capital PDC allocation is expected to be received by the end of March 2024. Close monitoring will be required in the final week of March to ensure that the Trust remains within its external financing limit.

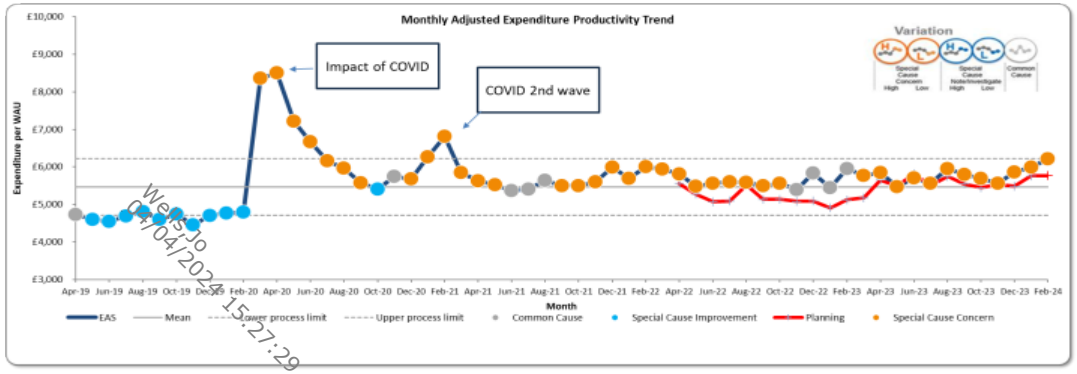
The Trust has submitted an estimated £18m cash support application for April to June of 2024/25. The value will be adjusted as details are updated for the profile of the revenue plan.

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	Feb-24 Plan £'000	Feb-24 Actual £'000	Feb-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	53,562	54,378	816	581,170	599,164	17,994
Other operating income	2,552	3,565	1,013	27,057	29,830	2,773
Employee expenses	(32,097)	(36,688)	(4,591)	(359,190)	(386,876)	(27,686)
Operating expenses excluding employee expenses	(19,652)	(23,704)	(4,052)	(228,517)	(251,952)	(23,435)
OPERATING SURPLUS / (DEFICIT)	**4,366**	**(2,449)**	**(6,815)**	**20,520**	**(9,834)**	**(30,354)**
FINANCE COSTS						
Finance income	20	141	121	680	1,331	651
Finance expense	(1,279)	(1,306)	(27)	(14,077)	(14,105)	(28)
PDC dividends payable/refundable	(802)	(722)	80	(8,831)	(8,616)	215
NET FINANCE COSTS	**(2,061)**	**(1,887)**	**174**	**(22,228)**	**(21,390)**	**838**
Other gains/(losses) including disposal of assets	0	11	11	0	(86)	(86)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**2,305**	**(4,325)**	**(6,630)**	**(1,708)**	**(31,310)**	**(29,602)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**2,305**	**(4,325)**	**(6,630)**	**(1,708)**	**(31,310)**	**(29,602)**
Remove capital donations/grants I&E impact	11	(35)	(46)	114	(90)	(204)
Adjusted financial performance surplus/(deficit)	**2,316**	**(4,360)**	**(6,676)**	**(1,594)**	**(31,400)**	**(29,806)**



Performance and Actions

At the end of Month 11 we report a year to date (YTD) adverse variance of £29.8m. **Our efficiency performance continues to be a key driver representing £15.4m (52%) 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.380 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 capacity totals £8.7m.**

Our M11 deficit of £4.4m is a favourable movement of £1.2m compared to M10. For breakdown of the movement between months see following slide.

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. In M11 this has been reduced to £34.9m following confirmation that the Trust will receive a further £1.7m in M12 relating to Industrial Action.

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

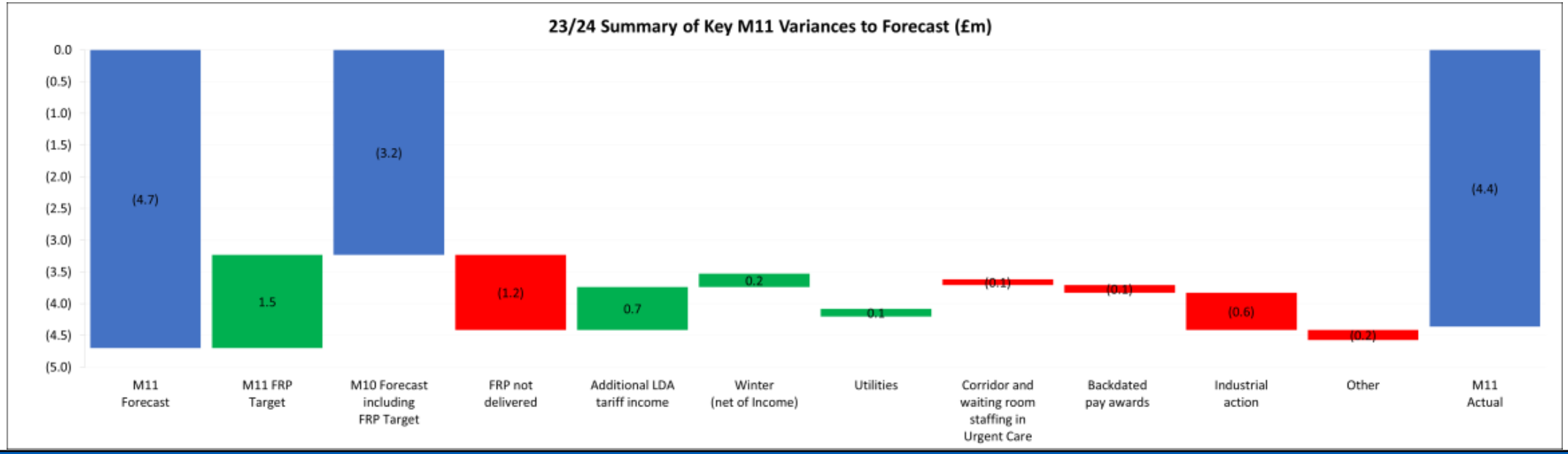
For February our Cost per WAU is 8% higher than plan and 1% higher than January. This means that we are spending more per unit of activity delivered than was in the operational and financial plan. (Note weighted activity can impact this position). Expenditure is 1% lower than January while the weighted activity is 4% lower.

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 M11 this has been reduced to £34.9m following confirmation that the Trust will receive a further £1.7m in M12 relating to Industrial Action.

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 £30m.



This month included £800k risk adjustment to recognise 50% of the £1.6m shortfall on UEC income reducing the remaining risk to £800k. Mitigations include financial recovery plan, balance sheet review and ongoing discussion with ICB.

What the table tells us

Favourable variances in M11 include additional Learning & Development Agreement (LDA) income received (£0.7m), lower winter spend than forecast (£0.2m) and utilities (£0.1m). Adverse variances include corridor and waiting room staffing in Urgent Care (£0.1m), further backdated pay awards (£0.1m) and industrial action (£0.6m).

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

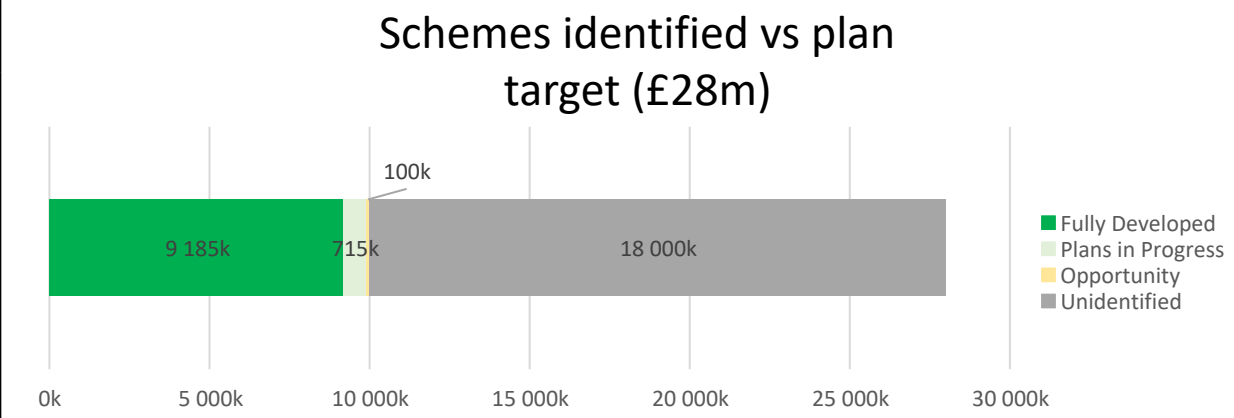
The M11 FRP target was £1.5m, of this the Trust has only delivered £0.3m, an adverse variance of (£1.2m).

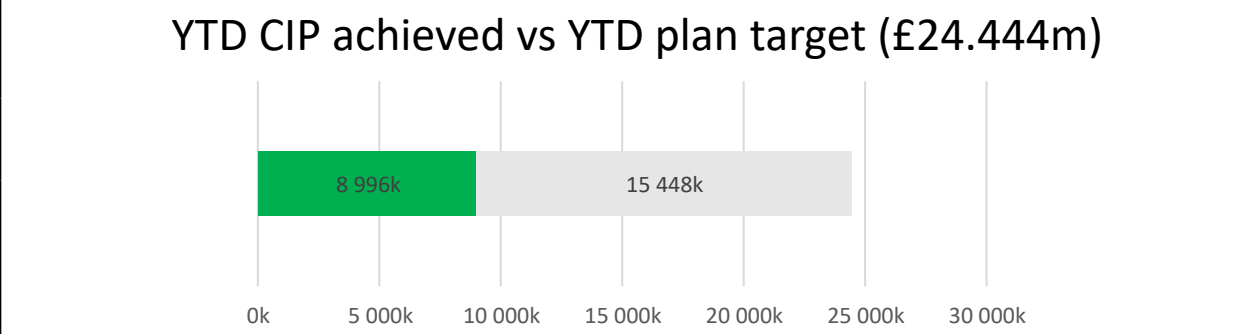
Our current assessment of upside and downside scenarios would indicate a possible upside of £28m deficit and a possible downside of £34.7m.

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 £8.996m actuals delivered against plan £24.444m.
- As part of the reforecast completed in M7 Financial Recovery Plan request from NHSE, schemes with a high-risk status were re-forecast to £0. The forecast value for 23/24 exit was £9.974m at M7. The current forecast exit position for 23/24 is £10.000m.
- The Trust is continuing with the run rate approach for reducing in month expenditure to end of FY which also focuses on CPIP savings for 23/24 and 24/25.
- A number of schemes have under delivered in M11 and which are now expected to transact savings in M12, most notably International Nursing - £155k

Risks

- If the Trust is unable to deliver the plan target of £28m (or the re-forecast £10.000m) this will impact on the Trusts ability to deliver a breakeven position at year end.

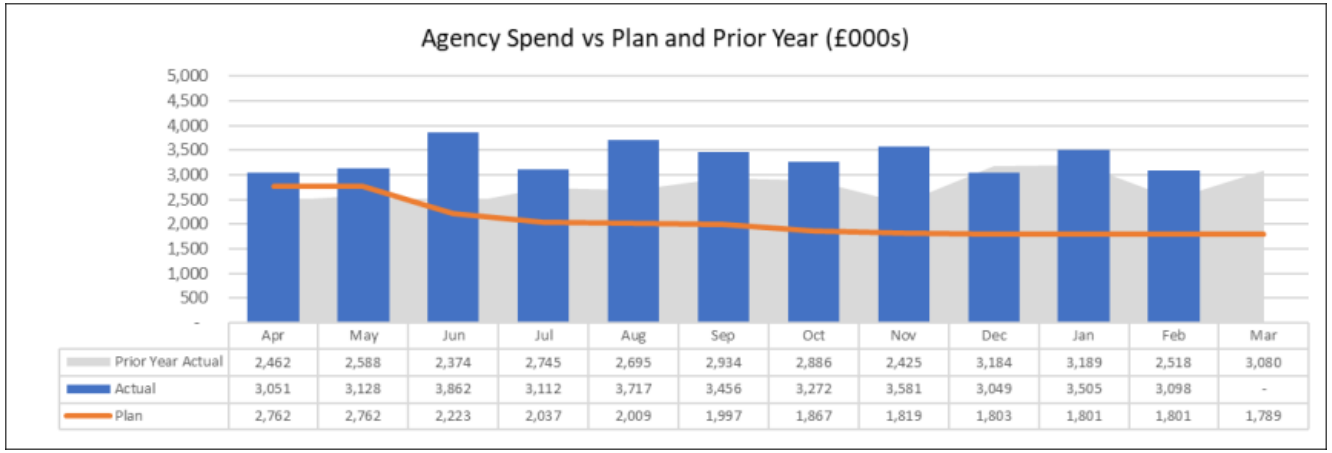
What the charts tell us

M11 delivered actuals of £0.653m against a plan of £3.394m and a re-forecast value of £0.766m. YTD performance is £8.996m of actuals compared to a plan of £24.444m. Using the NHSE categorisation for schemes: £9.185m of schemes are Fully Developed (a decrease of £0.098m compared to M10), £0.715m of schemes are Plans in Progress (a decrease of £0.015m compared to M10). There has been no charge to £0.100m for Opportunity from M10 to M11. As a result, unidentified is £18.000m (an increase of £0.112m compared to M10). The priority is the continuation of the run-rate approach designed to minimise in month expenditure to improve bottom line performance whilst maintaining the development of CPIP for 24/25. Focussing on mitigating any in month under performance to our CPIP 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 £10.000m.

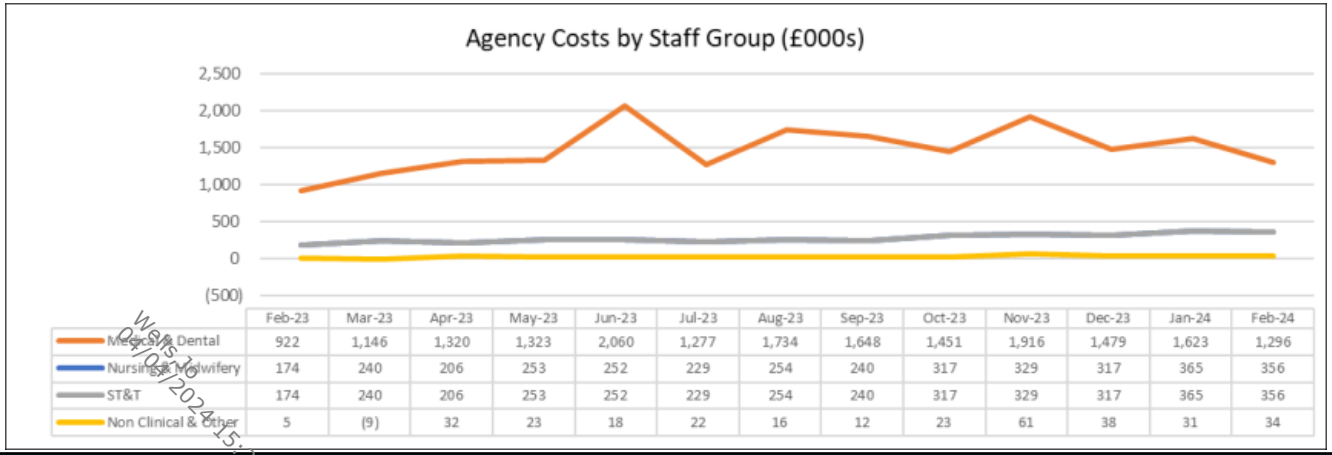
BEST USE OF RESOURCES – AGENCY SPEND

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	3,098	-
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



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Medical & Dental	922	1,146	1,320	1,323	2,060	1,277	1,734	1,648	1,451	1,916	1,479	1,623	1,296
Nursing & Midwifery	174	240	206	253	252	229	254	240	317	329	317	365	356
ST&T	174	240	206	253	252	229	254	240	317	329	317	365	356
Non Clinical & Other	5	(9)	32	23	18	22	16	12	23	61	38	31	34

Performance and Actions

Total agency expenditure in February was £3.1m, a reduction £0.4m compared with January. This represents 8.4% of total staff costs compared to 8.2% in February last year. Of the £0.4m favourable movement, Medical & Dental spend reduced by £0.3m and Nursing & Midwifery reduced by £0.1m. The £0.3m favourable movement in Medics is primarily normalising following retrospective hits last month. The favourable movement on Nursing & Midwifery is due to lower additional capacity and sickness usage.

By staff group agency spend was £1.3m on Medical & Dental (£0.3m reduction compared to M10), £1.4m on Nursing & Midwifery (£0.1m reduction compared to M10), £0.4m on Scientific, Therapeutic & Technical staff (£9k reduction compared to M10) and £34k on Non-Clinical staff (an increase of £3k compared to M10).

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

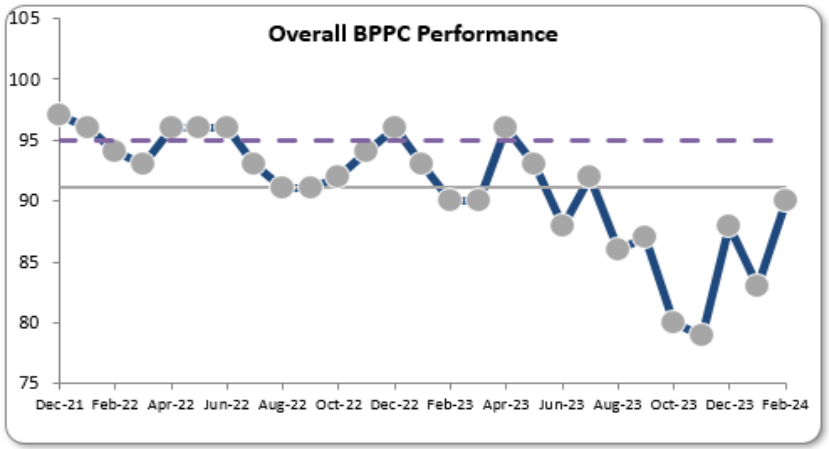
The charts reflect an increasing reliance on temporary staffing some of which can be linked to industrial action and volume of high acuity patients presenting for urgent and emergency care leading to excessive pressure on capacity.

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 11			
	Plan	Actual	Difference
Employee Expenses	301	347	-45
Non Pay (inc. Capital Purchases)	317	359	-43
Income	599	666	66
PDC Income	15	17	1
PDC Revenue Support	0	16	16
			-4



Performance and Actions

At the end of February 2024, the cash balance was £20.333m, which was £4.183m below the plan.

The Trust has received £16.631m of the cash compared to the planned YTD of £15.229m. All capital PDC allocation is expected to be received in March 2024.

The Trust has received £16m in cash support up to the end of February 2024. The Trust application for an additional £5m has been approved and has been received in March. Close monitoring will be required in the final week of March to ensure that the Trust remains within its external financing limit.

The table opposite details the differences from plan and actual cash as at month 11. The expected cash balance for March 2024 (based on assumptions) will be £9.371m. This balance includes the additional revenue support of £5m and the balance of the PDC Capital of £314k. The amount is higher than expected due to assumptions made for VAT, payroll and creditor payments runs, which includes payments for capital.

The Trust has submitted an estimated £18m cash support application for April to June of 2024/25. The value will be adjusted as details are updated for the profile of the revenue plan.

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. Provider Revenue Support will be needed throughout 2024/25, an application is currently in the process of being completed.

What the charts tell us

Better Payment Practice Code (BPPC) performance has improved in month at 88% based on volume of invoices paid and 90% based on value. We are 7.35% under the BPPC target YTD for Value and 5.51% below target for Volume at 89.49% and 87.65% respectively (89% Volume 88% Value) – see chart above
The BPPC performance for the month is 86% based on volume of invoices paid and 83% based on value;

- 7,530 invoices paid out of 8,509 due.
- £25.8m worth of invoices out of £28.7m were paid on time this month.

The Trust is still experiencing issues with Shared Business Services (SBS) its financial services partner regarding the verification of invoices. The Finance team continue to 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 cash support is not approved by NHSE. The Finance team also work with the Divisions to ensure invoices are processed in a timely manner to ensure that the Trust adheres to the BPPC policy.

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**09/04/2024**
Title of Report:	Perinatal Safety Report February 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 Amrat Mahal – Director of Nursing – Women & Children's Division Susie Smith – Maternity & Neonatal Governance Lead Lara Greenway – Matron Neonatal Services
Documents covered by this report:	• NHSE (2020) Perinatal Surveillance Model • NHSR Clinical Negligence Scheme for Trusts - Maternity Incentive Scheme

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,

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 QGC and the Board that the maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

[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.

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*

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											
	March	**April**	**May**	**June**	**July**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
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 report is to 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). This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety and will provide monthly updates to the Local Maternity and Neonatal System (LMNS) via the LMNS Board. The key performance indicators for February 2023 are presented below and RAG rated as
appropriate:

Summary of Key Safety Indicators

Metrics	Target	Current position
Booking completed by 12+6	90%	90%
ATAIN	6%	2.07%
PMR (MBRRACE 2021)	<5.19 per 1000 births (rolling)	3.88
Stillbirth rate (MBRRACE 2021)	<3.54 per 1000 births (rolling)	1.68
NND rate (MBRRACE 2021)	<1.65 per 1000 births (rolling)	2.10
Maternity and Neonatal Moderate or above incidents	-	1
Maternity PALS	-	7
Neonatal PALS		0
Maternity Complaints	-	2
Neonatal Complaints		0

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position
Sickness rate (MWs)	4%	6.73%↓
Turnover rate (rolling) (MWs)	11.5%	7.47%↓
Vacancy rate (MW)	7%	9%↔
Sickness rate (MSWs)	5.5%	11.23%↓
Turnover rate (rolling) (MSWs)	11.5%	12.75↓
Vacancy rate (MSW)	7%	32%↓
Sickness rate (RNs)	4%	10.4% ↓
Sickness rate (NNs)	4%	8.8% ↓
Turnover rate (rolling) (RNs)	11.5%	4.05% ↓
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 trained	70%	54.5% ↔

Summary of Key Training Performance Indicators

Metrics	Target	Current position
PROMPT – Human Factors & Maternity Emergencies	90%	85%↓
PROMPT – Neonatal Basic Life Support	90% (including Doctors)	91%↔
Fetal monitoring	90%	95.5%↑
Trust Mandatory training (non-medical)	90%	84%↔
Trust Mandatory training (Obstetricians)	90%	71%
Maternity PDR rate	90%	69%↔
Neonatal PDR rate	90%	91.94%
Neonatal Life Support (4 yearly) (non-medical)	90%	100%
Neonatal Life Support (4 yearly) (medical)	90%	84%
Neonatal Resuscitation Update (annual) (non-medical)	90%	98%
Neonatal Resuscitation Update (annual) (medical)	90%	77%
Trust Mandatory Training (non-medical)	90%	95%
Trust Mandatory Training (medical)	90%	84%

2. KPI Booking by 12+6 weeks' gestation

The KPI for booking by 12+6 weeks' gestation has increased in month to 90% 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 95% of women are booked by 14 weeks.

Bookings (Count of Women)

	Gestational age at booking (weeks)					
Month	< 10	< 12	< 13	<= 14	< 20	All booked
Feb-24	121	321	386	409	419	429
Total	121	321	386	409	419	429

3. Perinatal Mortality Rate (PMR)

The national average rates for stillbirth and neonatal rates, published by MBRRACE in Autumn 2023 have identified increases 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 rolling crude stillbirth rate for the last 12 months is 1.68 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 now appears to be increasing – however, there are now 3 months within a 12-month period where there have been no stillbirths or neonatal deaths which is continued evidence of improvement in this area.

The Perinatal Mortality Rate for WAHT is presented below in *Figure 1*.

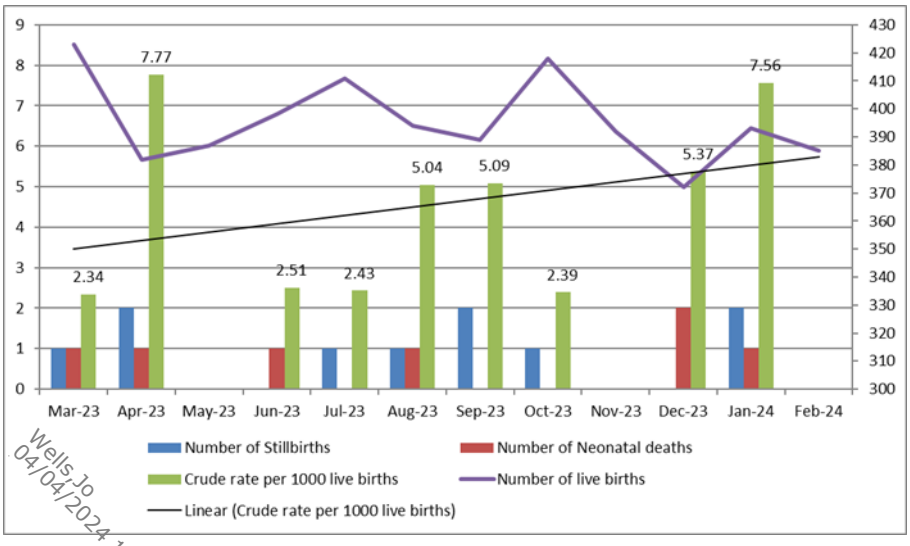


Figure 1. WAHT Perinatal Mortality Rates

It is always important to note that these figures will change when they are reviewed and adjusted by MBRRACE. 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 quarterly perinatal mortality reports should also be discussed with the Trust Executive and Non- Executive Board level safety champions, and this has been added to the Safety Champion agenda. The PMRT report for Q3 is embedded within the appendices (Appendix 1)

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	779	2	2.57*	1	1.28*	0	NO – due late 2026	1

* crude rate ** year to date

3.3 Perinatal Mortality Summary for February 2024.

There were no stillbirths or neonatal deaths in February 2024.

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 (Appendix 1) 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 in October 2023. They are now hosted by the CQC. Their remit and current processes are the same at present however there are 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
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 no cases referred to HSIB in February 2024.

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 and the slides are presented in Appendix 1.

The process for MNSI meetings with members of the Trust is under review.

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

There were 2 incidents reported in January 2024 as below:

Incident date	Ref	Specialty	Category	Subcategory	Severity	Level of investigation
07/02/2024	WEB213882	Maternity (formerly Obstetrics)	Maternity specific	Unexpected transfer to ITU - maternity case	Moderate	Rapid review underway
29/02/2024	WEB216003	Maternity (formerly Obstetrics)	Maternity specific	4th degree tear	Moderate	Rapid review underway

Additional detail will be presented in the Perinatal Incident Report at Private Board.

6. Maternity and Neonatal Training Compliance

The maternity and neonatal teams have individualised role-specific training but there is some MDT cross over training, in particular in regard to neonatal resuscitation.

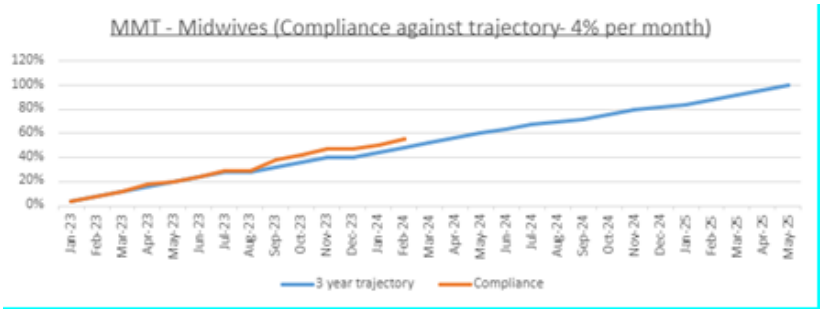
Course	Staff Group	Compliance	Comments
Maternity Mandatory Training – (3 yearly)	Midwives	55% ↑	
Maternity Mandatory Training – (3 yearly)	MSW/MCA	60% ↓	
Annual Saving Babies Lives training	Midwives	88% ↑	

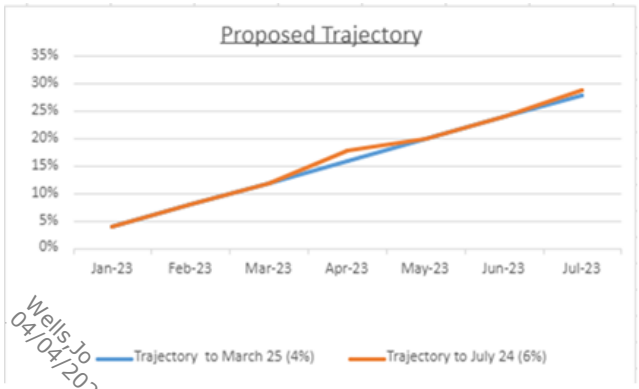
Annual Saving Babies Lives training	MCA/MSW	65% ↔	
Annual Saving Babies Lives training	Obstetricians	80% ↑	
Annual fetal monitoring training (K2)	Midwives	94% ↑	
Annual fetal monitoring training (K2)	Obstetricians (all on rota)	97% ↔	
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	95% ↑	
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	88% ↓	
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	95% ↑	
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	100% ↔	
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	84%	
Neonatal Resuscitation Update (annual)	Neonatal Nurses	98%	
Neonatal Resuscitation Update (annual)	Neonatal Drs	77%	
Trust Mandatory Training	Obstetricians	71%	
Trust Mandatory Training	Midwifery Staff	84%	
Trust Mandatory Training	Neonatal Nurses	95%	
Trust Mandatory Training	Neonatal Drs	84%	

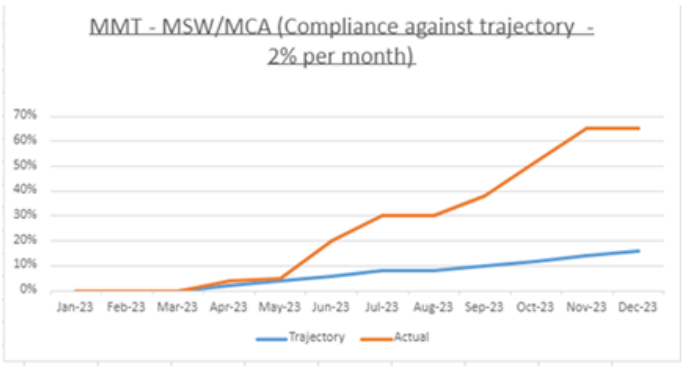
Figure 2. Training Compliance

Maternity specific training:

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.







We continue to work towards 90% 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) continues monthly and it is expected that compliance will continue at its current rate.

Neonatal training:

Mandatory training compliance for medical staff remains an issue as they are employed under different training programmes and currently their training compliance is not transferrable. The directorate team continues to work with line managers to set trajectories and improve their position. Junior doctors change on the first Wednesday of August/December/April (GP/FY1 & 2), and the first Wednesday of September/February (Paediatrics) - every year. All rotation doctors will receive an annual neonatal resuscitation update at induction or within 3 months of starting. Neonatal nurses have achieved 98% 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 2)

There were 384 births in February. 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 vacancy rate has remained the same for midwives but has decreased for MCAs – there are additional staff commencing in March 2024.The rolling turnover rate for midwives remains below Trust target further however for non-registered staff remains high. Further recruitment is planned in both groups.
The supernumerary status of the shift leader was not achieved in February 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 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	83%	n/a	n/a	n/a
Antenatal Ward/Triage	88%	91%	70%	90%
Delivery Suite	93%	90%	60%	84%
Postnatal Ward	83%	89%	72%	81%
Meadow Birth Centre	75%	72%	57%	69%

7.2 Obstetric Medical Staffing including Consultant attendance

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 due to additional funding for the Gynaecology Recovery have a new Substantive Consultant commencing in post at the beginning of May.

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:

Registrars

The registrars work a 1:9 on call rota. We currently have 18.8 WTE in post (funded for 19.6 WTE), with 15 WTE on the on-call rota. In March and April, we will be losing a further 1.2 WTE.

We have 1 Registrar on phased return following an extended period of sickness who is hoping to return to full clinical duties (excluding out of hours on calls) at the beginning of March.

To date, vacant on call shifts have been covered by internal locums. Between March and the beginning of August we have 75 vacant on call shifts. The 4 vacant shifts in March have been filled.

We have raised ATRs for clinical fellows to try and fill these vacancies. We have offered 1 post which has been accepted and due to start on the 20th of April and are currently out to advert for further posts. We are also looking at the use of short-term locums to fill these vacancies.

Medical staffing is a risk on our risk register.

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.

Consultant Attendance

In February consultant presence was achieved in 100% (9/9) 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:

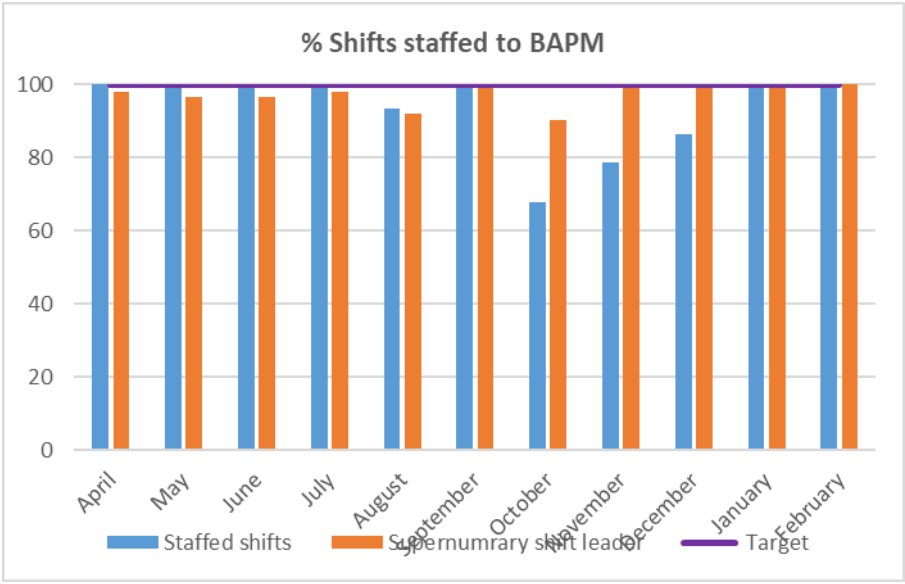
- Completion of safe staffing on Badgernet – three times day
- Monitoring nurse patient ratios as per BAPM
- Monitoring staffing red flags as recommended by NICE guidance
- Daily safety huddles
- SitRep report and bed meetings three times a day
- Monitoring sickness/absence and turnover rates
- Monitoring 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

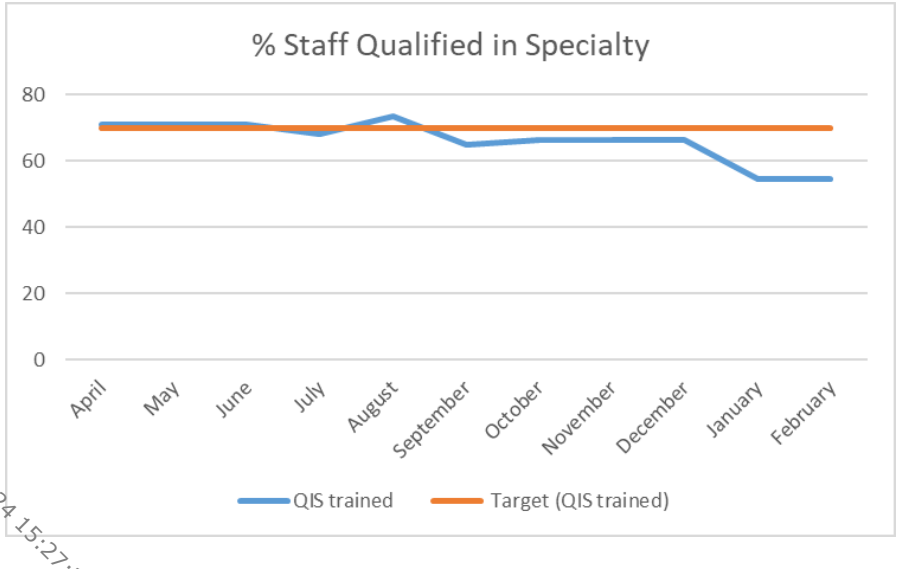
In February 100% of shifts were staffed to BAPM achieving the recommended nurse to patient ratios. Due to high acuity, and a slight gap in QIS vacancies, there were 3 occasions in February where staffing to the QIS toolkit compliance was 78.57%. This was a significant increase on January's compliance which had been 52.78%. The supernumerary status of the shift leader was achieved 100% of the time.

% shift to BAPM chart



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 QIS 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 qualified in specialty (QIS).

% QIS table



Escalation plans are in place and during the month there were no safe staffing red flags.

Sickness absence rates decreased from the previous month to 10.4% for registered nurses and 8.8 % in the non-registered workforce, however this has remained above the Trust target of 4%. 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

Nothing to report in February.

8.2 CQC User Survey 2023

Summary of Findings for Maternity:

The Trust received 183 completed surveys, which equated to a 44% response rate vs the 41% average response rate for all participating Trusts.
Compared with our previous results from 2022, WAHT performed:

- ‘Significant increase’ for 10 questions
- ‘No significant change’ for 39 questions
- ‘Significant decrease’ for 0 questions

Compared with other Trusts, WAHT performed: ‘
About the same’ for 51 questions

- ‘Somewhat worse than expected’ for 2 questions
- Worse than expected’ for 1 question

Based on our performance, the Trust has not been reported as an Outlier.
There are 3 areas for focus in 2024:

- **Information** Maternity service users being given appropriate information and advice on the benefits and risks associated with an induced labour, before being induced.

- **Pain** Maternity service users feeling that healthcare professionals did everything they could to manage their pain in hospital after the birth.

- **Contact** Maternity service users being able to get a member of staff to help when they needed it while in hospital after the birth.

A detailed report has been provided which includes a benchmarking section which shows how WAHT scored for each question, compared with other Trusts that took part Appendix 3). There is also a trend over time section showing WAHT’s results over the last 5 years, highlighting whether there has been a

significant increase or decrease. An action plan will be coproduced with the MNVP and this will be monitored via the safety report.

8.3 Baby Friendly and BLISS Accreditation

The neonatal unit underwent stage 1 Baby Friendly accreditation assessment (BFI) in December and received confirmation of stage 1 accreditation achievement in February. The maternity unit is now working towards '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

Complaints received on a weekly basis at the QRSM. PALS are handled by the clinical team and Matrons and themes noted and discussed as required.

Maternity: In February 2024, 2 formal complaints were received:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
82541	28/02/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
81882	07/02/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Post-treatment complications

In addition, there were 7 Maternity PALS queries were received as below:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
82483	23/02/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
81879	07/02/2024	Maternity (formerly Obstetrics)	Appointments	PALS – Appointment Cancellations
81754	05/02/2024	Maternity (formerly Obstetrics)	Patient Care	PALS – Care needs not adequately met
82190	15/02/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
82267	19/02/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient
82463	22/02/2024	Maternity (formerly Obstetrics)	Patient Care	PALS – Care needs not adequately met
82098	13/02/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient

The most common theme concerns communication/communication with patients – as always, there is the request for debriefs which will feed in to the ongoing work to improve this process.

Neonatal: No formal complaints or PALS were received in February 2024.

9. Safety Champion escalations

The Safety Champions met on 27th February 2024 and the minutes completed (Appendix 4) . Walkabouts took place on Meadow birth centre, Postnatal Ward, TCU and Alex Hub. No immediate safety concerns raised. Items added to the action plan include, Alex - storage of Entonox and staff access at nights, Use of space in the department with Ophthalmology and Administration support. Matron for the maternity hub

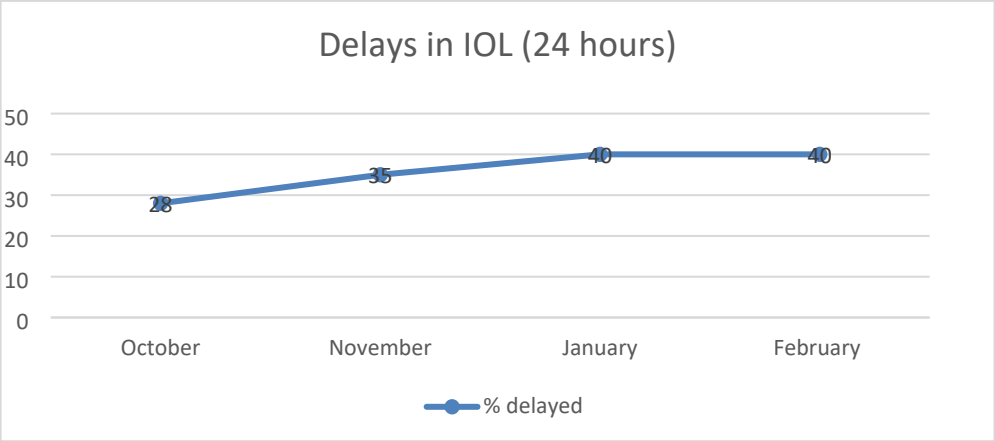
at AGH has been informed and action plan updated. Actions closed this month – thermoregulation, tracking of action plan for this work stream is now on ATAIN and estates are now addressing the glazing issues on delivery suite.

Quad joined the Champions this month as their quarterly meet with the team. The Quad have had their second meeting which was positive, their training is ongoing. The first Perinatal Directorate Meeting is planned.

9.1 Delays in care

Induction of labour

Delays in induction of labour (red flag) are reported in the national and regional sitreps. Delay in induction of labour is recorded via the acuity tool but this is not reliable and does not reflect the daily position. The % of women waiting over 24 hours (awaiting ARM) on the IOL pathway are as follows:



There is a lot of focus on the Induction of labour pathway as delays in care is a significant red flag - a QI project is underway to reduce delays in this pathway.

9.2 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 is anticipated the claims summary will be available in the February 2024 report.

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 from January for the purpose of reporting progress.

11. Coroner Regulation 28 made directly to Trust

No regulation 28 regarding maternity or neonatal care was made to the Trust in February 2024.

12. In-utero and ex –utero activity

1 IUT transfer out as per the network pathway (<27/40).
3 IUT transfers out of the network due to capacity on delivery suite and lack of NICU cots in the region.
3 ex-utero transfers into the unit to help capacity in neighbouring units.
There were 4 exceptions reported in February.
The table below summaries the transfers as per network pathway:

Type of Transfer	February		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	1	1	1 out to BWH as <27/40 1 in from Good Hope needing a level 2 cot.
IUT Transfers for non-clinical reasons	0	0	
IUT Transfers outside of the network	0	3	2 IUT transfers out to Bristol and 1 IUT transfer to Bradford due to a mixture of unavailability of level 3 cots or delivery suite beds.
Ex-utero Transfers for clinical reasons as per network pathway	1	0	1 in from Good Hope needing a level 2 cot
Ex-utero Transfers for non-clinical reasons	2	0	2 in due to capacity at their own units
Ex-Utero Transfers out of network for clinical reasons	0	0	
Delays in transfer in/out	0	0	
IUT or Ex-utero Exceptions	4		3 IUT exceptions in February as women were transferred outside of the Network. 1 Ex-UT exception as delayed repatriation back to Leicester as they have no capacity

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

The new MIS Year 6 scheme is expected in April 2024

Element	Current Status	Actions
1. PMRT	TBC	Awaiting Scheme
2. MSDS		
3. ATAIN		
4. Clinical Workforce		
5. Midwifery Workforce		
6.Saving Babies Lives		
7.MNVP		
8.MDT Training		
9. Safety Champions		
10. NHSR EN Scheme		

14. 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 -we await final confirmation from NHSE to exit the programme.

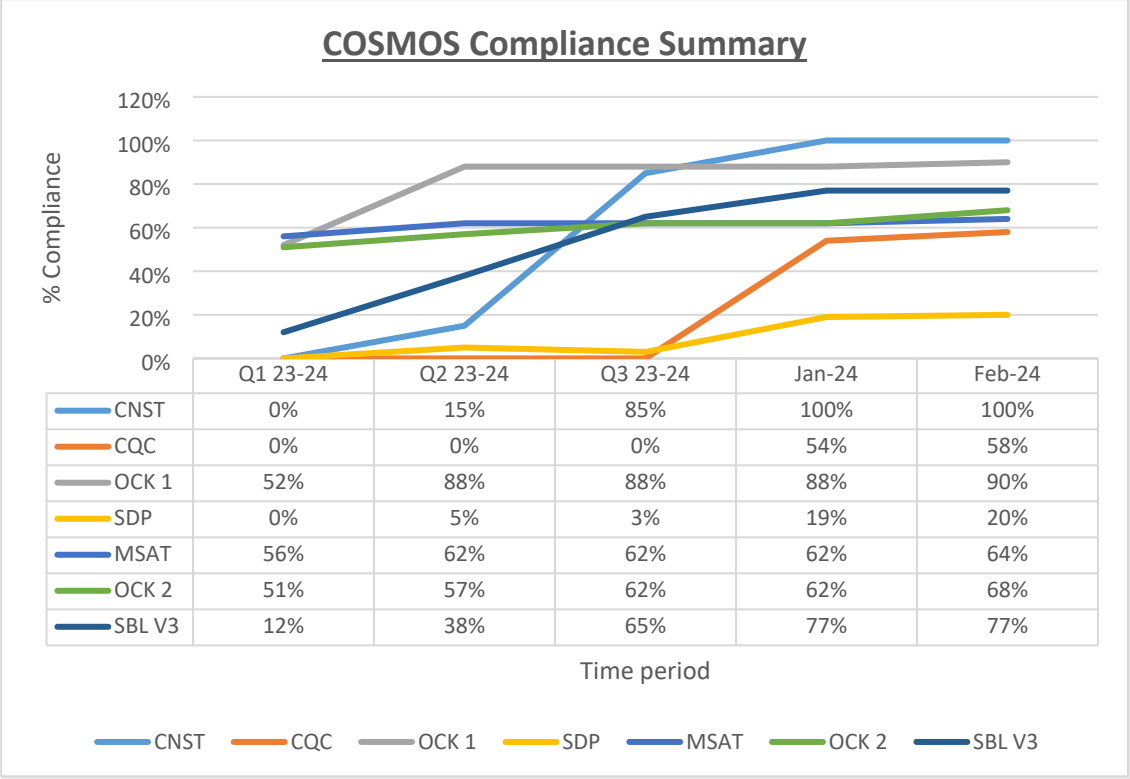
15. COSMOS

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=532) 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 will be combined into the COSMOS work stream from January 2024.

8th Feb 2024		Compliant	In progress	Overdue	Not Started	Total	Compliance
C	CNST	39	3	3	0	39	100%
C	CQC	14	3	7	0	24	58%
O	OCK 1	45	2	2	1	50	90%
S	SDP	13	34	0	17	64	20%
M	MSAT	100	17	23	16	156	64%
O	OCK 2	67	23	4	5	99	68%
S	SBL V3	56	11	0	6	73	77%

The directorates monthly progress is presented below:



	Q1 23-24	Q2 23-24	Q3 23-24	Jan-24	Feb-24
CNST	0%	15%	85%	100%	100%
CQC	0%	0%	0%	54%	58%
OCK 1	52%	88%	88%	88%	90%
SDP	0%	5%	3%	19%	20%
MSAT	56%	62%	62%	62%	64%
OCK 2	51%	57%	62%	62%	68%
SBL V3	12%	38%	65%	77%	77%

Appendices

1. PMRT Q3 Report
2. CQC Survey Slide deck
3. Maternity and Neonatal Safety Champions Meeting Minutes

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**09/042024**
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 February 2024 with numerical data presented for January 2024.

- Neonates – Sickness remains high amongst the qualified in specialty nurses, however due to low acuity and dependency all shifts remained safe, achieving BAPM recommended nurse to patient ratios, and the supernumerary status of the shift leader was maintained throughout February.
- Paediatrics – Paediatric services continue to manage the winter surge with increased activity and high acuity seen through the children's inpatient ward. The fluctuating acuity levels and extremely high turnover of patients on Riverbank along with high sickness levels in registered nurses has meant the RCN recommended nurse to patient ratios were not met on all shifts. However, with professional judgement applied, use of agency nurses and adjusting the nurse-to-patient ratios meant all shifts were declared safe across Riverbank throughout February
- Staffing on all adult areas in patient areas was also safe throughout February 2024
- Domestic recruitment continues for both Registered Nurses (RN's) and Health Care support workers (HCSW) and we are currently on track to achieve 138 of the 150 International nurse target for 23/24 PEPS.
- **Overal**l nursing, midwifery and HCSW pay costs of £14,977,671 in month is an increase of £0.47m compared with spend in December.
- **Substantive** nursing, midwifery and HCA pay spend of £11,587,240m is stable from December 2023.
- **Bank** spend (registered and unregistered) of £1,903,649 in January is an increase in month of £230K.
- **Agency** spend of £1,486,782 in January is an increase of £270k as a result of increased requests and full month effect of the winter funded and additional capacity wards.
- Through January the Trust has used 40.5 hours of Thornbury across all registered nursing grades. 34.5 of these hours were used on New year's day in A&E and ward 12.
- Use of surge capacity including Aconbury 0, expanded PDU Cardiac SDEC, opening of winter wards Avon4 and Ward 15, GRAT nurses and A&E corridor and waiting room, continue to be reliant on the use of temporary staffing solutions.
- Currently budgets do not include substantive uplift for maternity leave cover and sickness, (sickness sits with the NHSP line so reliant on temporary staffing) within the substantive line. A paper will be written to explore whether recruiting substantively to

cover maternity leave or turnover would reduce costs rather than using agency / bank for this cover.

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during February 2024 with numerical data presented for January 2024. Key headlines are:

Vacancy factor (January 2024 data)

- 73.7 WTE **RN vacancies at 3.58%** (reduced from 4.54% in December).
- 95.6 WTE **HCSW vacancies at 9.36%** (decreased from 10.39% in December).

Absence (January 2024 data)

- 307 WTE RN total absence due to vacancy, sickness and maternity leave (decreased from 318.5 WTE in December) versus bank and agency use of 395.21 WTE (increased from 309.77 in December).
- 222.3 WTE HCSW total absence due to vacancy, sickness and maternity leave (stable from 223 in December) versus bank and agency usage of **279.24 WTE** (increased from 237.48 in December).
- The increase in bank and agency usage across both registered and un-registered, despite a stable picture in relation to overall vacancy is disappointing. The ongoing use of additional and winter funded capacity in all divisions should be acknowledged particularly in view of continued tight controls on escalation to agency and stable unified (shift fill) figures.
- Despite January 24 seeing an 86 WTE increase in registered bank and agency usage, it is positive that 36 WTE of this has been filled by bank and 50 additional WTE by agency. With the latter being achieved with only a 10% (of total agency fill) recourse to tier 4 agency. So achieving an 18-month low. This is reflected in a further fall in average hourly qualified nursing agency rates to £37.42 a reduction in month of £1.30 per hour.
- The Trust currently has 87 RNs and 32 HCSWs on maternity leave (stable from December). **Current cover arrangements are via temporary staffing solutions.** Currently budgets do not contain uplift for maternity leave cover and sickness, (sickness sits with the NHSP line so reliant on temporary staffing). Whilst budgeted for, this sits within the bank / agency line so hence is reliant on temporary staffing solutions.

Bank and agency (January 2024 data)

- Bank and agency figures include; Portland insourcing activity, calculated at 0.5 WTE for January 24.
- Total fill of those shifts sent to bank and agency, has increased slightly at **88.7%** (with a stable **bank fill rate of 54.1 (55.4% previous month)** and agency fill of 34.6 (**31.8% previous month)**
- Overall lead-time is stable at 33.5 days and short notice requests have decreased slightly again month on month at 15.4%.
- PA remains in place with executive oversight and approval with weekly reports shared to highlight usage.

Harms

In January 2024 there were 22 insignificant or minor incidents reported. The insignificant harms reported relating to nursing / midwifery staffing, and were largely reported as near misses due to staff absence, rather than patient harm. All incidents were included in NWAG Divisional reports and assurance of mitigation where appropriate has been given.

Safe Staffing

Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)

"*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which are filled'.*
National rates are aimed at achieving 95% across day and night RN and HCSW fill.
Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where able to do so.

Current Trust Position January 2024 data			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	This month has seen fill rates stabilise, with registered and non-registered meeting national targets of 95%. Last dip below 95% for RN October last year. HCSW night fill at 111% is impacted by areas acknowledged to have both high acuity and high numbers of boarders	6
RN	98%	101%		
HCSW	95%	111%		

Care hours per patient day (CHPPD)

In line with National guidance, in addition to the measurement of unified data (filled and unfilled hours), care hours per patient day (CHPPD) are calculated for each inpatient area and uploaded monthly to NHSE.

See Appendix 1 for January 2024 data.
Reference: Supporting NHS providers to deliver the right staff, with the right skills, in the right place at the right time.
2904770 NQB Guidance v1_2_with links A (england.nhs.uk)

The Trust average for CHPPD for January 2024 was **8.4 (down from 8.6 in December)**. The average national range for CHPPD is **9.1** with a variation of **6.33 to 15.48**, which the Trust falls within; however, it should be noted that the Trust is at the lower end of the national variation.

Only one clinical area fell below the minimum variation level, **Aconbury** 4 (Gastro) at **6.0**. This is the second consecutive month that this ward has been below the minimum levels. The overall figure is impacted by the addition of 'boarders' without the impact of which on bed numbers the CHPPD would fall within national acceptable range. A review of staffing levels and acuity on this ward will be undertaken in March and reported on in next month's paper.

4 clinical areas were above the maximum variation level seen nationally, these are consistent from last month:

- ICU WRH

- ICU AGH
- Meadow birth suite
- Ward 1 KTC

All these units are specialised, necessitating staffing to maximum number of beds and acuity rather than actual activity. This will fluctuate greatly each month depending on the patients in each unit at time of measurement at midnight.

Nurse to bed ratio

From the January 24 report there has been no changes to bed state therefore data is unchanged

All adult in patient wards and departments are staffed according to guidance NICE / RCN and where relevant specialist advisory bodies.

See appendix 2 for ward details and the registered nurse to bed ratios.

Reference:
Recommendations | Safe staffing for nursing in adult inpatient wards in acute hospitals | Guidance | NICE
BTS/ICS guideline for the ventilatory management of acute hypercapnic respiratory failure in adults (bmj.com)
UK stroke guidelines | Stroke Association

Vacancy (Trust target 6%)
January 2024 data

There is on-going recruitment to reduce RN vacancies via the domestic and international pipelines

Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy.

Current Trust Position **WTE** **January 2024 data**	**Previous month** **December 2023**	**Model Hospital data Sep 2023 Benchmarking**	**Current level of Assurance**
RN 3.58% (73.7 WTE) HCSW 9.36% (95.6 WTE)	RN 4.54% (93.5 WTE) HCSW 10.39% (106.3 WTE)	RN 12% HCSW 10.4%	6

This has been below the Trust target of 6% consistently since October 23. This shows a correlation with stable unified data from a trained perspective consistently form November.

Staffing of the wards, to provide safe staffing has been mitigated by the use of:

- deploying staff across all wards / departments to ensure safer staffing levels achieved
- employed use of bank and agency workers.

International nurse (IN) recruitment pipeline

The PEP target for International recruitment for 23/24 was 150 Nurses. We are currently on target to deliver 138 of these.

The initial target for the year 24/25 is 100 supported by an internal business case, in the absence of assured external funding from NHSE. This number is open to flex however and our NHSP international recruitment partners have been advised that we may decrease this number depending on vacancies and confidence in local recruitment pipelines.

Domestic and international nursing pipeline

Trajectory of Nursing and Midwifery new starters.

	Oct	Nov	Dec	Jan	Feb	March	Total
Registered Nursing & Midwifery	47	7.2	4.45	11.44	*11.9*	9.57	91.56
International Registered Nursing & Midwifery gaining PIN numbers	8	11	7	13	15	16	70
Registered leavers	39.78	7.76	1.15	13.46	10.4	15.7	-88.28
Balance							+73.28
HCSWs – support to Nursing	14.84	16.2	9.4	17	27.52	17.36	+102.32
Un-registered leavers	14.81	4.4	4.29	9.3	4.2	8.78	-45.78
Balance							+56.54

In addition to the above trajectory, a further 25 RN's will be interviewed in Mar 24.

Further generic HCSWA interviews are booked for the March 18th 2024 and interest in and offers made via the preceptorship advert remain strong.

A recruitment trajectory will be included in the next report to outline the current and cumulative forward trajectory of the recruitment pipeline to recruit to all established RN and HCSW vacant posts.

Bank and Agency Usage
January 2024 data

Bank and agency usage, total combined RN & HC of 674.45 WTE:

Triangulated data for sickness / vacancy and maternity leave gives an overall absence of 529.3 WTE for registered and unregistered nursing.

It is acknowledged that not all these absences will incur the need for temporary staffing, with figures also impacted by the use of additional capacity (80.11 WTE) and winter funded capacity (47.59 WTE).

Model hospital (MH) data shows wards fully established hence the difference from 4.6% (MH) to 16-24% at WAHT.
Also noting, maternity and sickness are not within headroom cover substantively.

Current Trust Position WTE January 2024	Previous Month December 2023	**Model Hospital Data Feb 2023 Benchmarking**	**Current level of assurance**
RN 19% (395.21 WTE) (165.15 Bank / 230.06 Agency) HCSW 27% (279.24 WTE) (252.42 Bank / 26.82 Agency)	RN 15% (309.77 WTE) (128.95 Bank / 180.82 Agency) HCSW 23% (237.48 WTE) (226.94 Bank / 10.54 Agency)	RN 4.6% HCSW Not available	5

Sickness
January 2024 data

Current Trust Position January 24	**Previous Month December 23**	**Model Hospital data May 2023 Benchmarking**	**Current Level of Assurance**
RN 7.19% (146.30 WTE) HCSW 8.85 % (94.7 WTE)	RN 6.88% (140 WTE) HCSW 9.06% (97 WTE)	RN 5.1% HCA 7.0 %	**5**

The Trust target has reduced to 4% in line with the Foundation Collaborative. Reduction of Sickness Absence rates is a key objective within our 10-Point Plan.

Turnover (Trust target 11.5 %)
January 2024 data

Turnover rate is below both the Trust target and model hospital for RN

Current Trust Position January 2024	**Previous Month December 2023**	**Model Hospital data Aug 2023 Benchmarking**	**Current Level of Assurance**
RN Turnover 9.61% HCSW turnover 14.86%	RN Turnover 9.34% HCSW turnover 15.24%	RN Turnover 11.7% HC Turnover 20%	**6**

2. Recommendation(s)

Board members are asked to

1. **Note the content of the report and assurance levels**
2. **Note the key points**

3. Chief Officer/Executive Director Opinion[1]

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

Additional capacity/ surge beds were opened during December 2023, with a full month effect seen in January 2024, and there has been continued use of boarding spaces throughout January 2024 and February 2024 resulting in unplanned spend on temporary staffing. Additional capacity and high acuity in Emergency Departments continues to drive a temporary workforce demand.

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

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

[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.

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'***

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**09/04/2024**
Title of Report:	**Midwifery Safe Staffing Report February 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]

Note for assurance

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'***

Wells Jo
04/04/2024 15:27:29

[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%	6.73%↓	11.23%↓
Turnover rate (rolling)	11.5%	7.47%↓	12.75%↓
Vacancy rate (MW)	7%	9%↔	32% ↓
Maternity Leave	-	5.18 %↓	1.47%↓
Midwife to birth ratio (in post)	1:24	1:20	
1:1 care in labour	100%	100%	
Shift leader SN	100%	Not achieved	

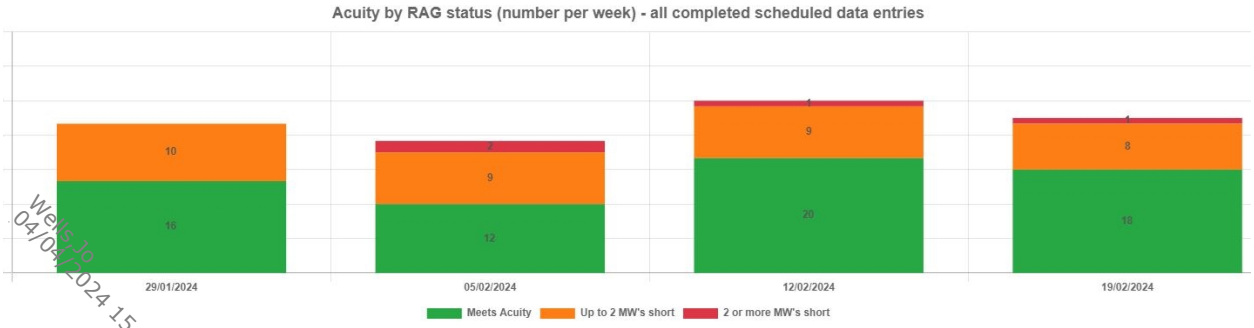
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 63% 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 identical to the previous month. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in February following the mitigations taken that are detailed below.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=20 occasions) of when staff are reallocated from other areas of the inpatient service; this is an

increase in month. In addition, there was nine reported occasions when the community and continuity teams were deployed to supported the inpatient area however escalation took place on fifteen shifts – this is a significant increase in month. There were five reports of staff not being able to take breaks and no reports of staff staying beyond their shift time. There were 2 occasions when concerns were escalated to the manager on call.

Number & % of Management Actions Taken
From 01/02/2024 to 29/02/2024

MA1	Redeploy staff internally	20	56%
MA2	Redeploy staff from community	9	25%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	5	14%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
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	2	6%
MA11	Maternity Unit on Divert	0	0%

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 three occasion as they were providing 1:1 care; this has increased in month. There were two delays in care reported and 1:1 care was recorded at 100%.

Number & % of Red Flags Recorded
From 01/02/2024 to 29/02/2024

RF1	Delayed or cancelled time critical activity	1	20%
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	20%
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	3	60%

Antenatal & Postnatal Wards

The ward acuity tool was relaunch in November. Training has now been completed and the tool was officially relaunched in February. Completion rates have not been consistently met so we are unable to report on this currently. Ward managers continue to support staff to complete.

Staffing incidents

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

1. Staffing below safe minimum – escalation policy enacted (6)
2. No Triage doctor (4)
3. No doctor in ANC (1)
4. Increasing workload in antenatal screening (2)

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 February to offer support to staff and to update staff on current challenges in maternity services. Concerns around support and staff burnout raised – information provided around expected recruitment and management of sickness.

Medication Incidents

There were two no harm medication incidents in February:

1. Change in hypertension treatment
2. Additional dose of paracetamol administered

Monitoring the midwife to birth ratio

The ratio in February was 1:20 (in post) and 1:18 (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	83%	n/a	n/a	n/a
Antenatal Ward/Triage	88%	91%	70%	90%
Delivery Suite	93%	90%	60%	84%
Postnatal Ward	83%	89%	72%	81%
Meadow Birth Centre	75%	72%	57%	69%

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 February and 16 posts were offered. No further support staff recruitment events are currently planned. The next group of midwifery students

Sickness

Sickness absence rates for midwives were reported at 6.73% and 11.23% 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 7.47% for midwives and at 12.75% 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. ***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 a similar % 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 35 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team in February. 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 15 datix reports for staffing and medication incidents submitted, no harm was identified. Sickness absence rates have decreased for midwives and 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 7.47% (MWs) and 12.75% (MSWs & MCA's). The vacancy rate is at 9% for MWs and 32% for MCA's. Further recruitment events are planned for midwives 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:	**09/04/2024**
Title of Report:	Scheme of Delegation and Standing Financial Instructions - Update
Status of report:	**☒Approval ☐Position statement ☐Information ☐Discussion**
Report Approval Route:	Audit and Assurance
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Finance Officer**
Author:	Lynne Walden – Associate Director of Finance; Susana Salva – Deputy Financial Accountant
Documents covered by this report:	Scheme of Delegation and Standing Financial Instructions

1. Purpose of the report

The purpose of this paper is to provide the Committee with the updated Scheme of Delegation (SoD) and the Standing Financial Instructions (SFI's).

The SFI's and SoD have been reviewed and updated in March 2024. Once approved, the intention is to publish them on the Trust Intranet with appropriate communications to all staff, including all Budget Holders and Budget Managers.

The SFI's and SoD's have also been reviewed in line with the other Foundation Group Members.

Budget Holders and Budget Mangers will be asked to review the SoD and SFI's. It is proposed to communicate this in March after Trust Management Board (20th March), prior to formal sign off from Trust Board in April 2024.

For the SOD attached is version 8 as at November 2022 with tracked amendments for ease of reference, to the latest version for March 2024 (version 9). For the SFI's attached is version 6 as at July 2021 with tracked amendments for ease of reference and the latest version for March 2024 (version 7). Also attached are clean versions for approval and for cascading to the Trust staff.

The key areas of change are listed below :

SFI's

- Section 1.0 – Contract of Employment added to the list of documents that provide a business framework for the Trust.
- Section 4.3 – Managing Director responsibilities added to the Roles and Responsibilities.
- Section 4.5.1 – Extension of services added to the engagement of individuals through IR35.
- Section 4.7 – Role of Managing Director added to Contractors and their employees.
- Section 5.1.1 – Approval of bad debts added to Audit and Assurance Committee. NHS improvement replaced by NHSE.
- Section 5.3 – Role of Managing Director added to Role of Internal Audit and Counter Fraud.
- Section 5.5 – Role of Managing Director added to Fraud, Bribery and Corruption.

- Section 5.6 – Role of Managing Director added to Security Management.
- Section 6.1.3 – Role of Managing Director added to Budgetary Control and Reporting.
- Section 7.1 – NHS improvement replaced by NHSE.
- Section 8.3.1 – Salary Overpayment framework added to SFI.
- Section 9.1.3 – NHS improvement replaced by NHSE.
- Section 9.2.2 – Added rules to the General Applicability of Formal Competitive Tendering.
- Section 9.2.7 – Role of Chief Executive was replaced by Managing Director to Items which subsequently breach thresholds after original approval.
- Section 9.3.1 - Role of Chief Executive was replaced by Managing Director to the Admissibility.
- Section 9.3.2 - Role of Managing Director added to Acceptance of Formal Tenders.
- Section 9.3.3 – Flowchart of a contract award governance process added into this new section under the Contracting/Tendering Procedure.
- Section 9.4.4 – Role of Managing Director added to Quotations to be within Financial Limits.
- Section 9.4.5 – Managing director added to the delegated authority.
- Section 9.4.10 – Role of Managing Director added to In-house Services.
- Section 11.1.4 – Role of Managing Director added to Staff Appointments.
- Section 12.1 – Removed the contentious or novel agreements in the Delegation of Authority section.
- Section 12.2.6 – NHS improvement replaced by NHSE.
- Section 13.1 – Additions and amendments on the Capital Investment process following the new guidance. Role of Managing Director added to this section.
- Section 13.5 – Additions and amendments on the Leases (Finance and Operating) process following the new guidance.
- Section 15.2.1 – Role of Managing Director added to Losses and Special Payments Procedures.
- Section 17.1 – Role of Managing Director added to Programme of Risk Management.
- Section 18.3 – NHS improvement replaced by NHSE. Role of Managing Director added to this section.

SOD's

The SOD's were discussed at FPE to give greater autonomy to some Divisions to allow business opportunities that are self-financing / within budget and approved by Finance Business Partner. We have also taken the opportunity to amend the approval limits of the CFO / Deputy/ Associate to avoid excessive burden on the CFO from the increased volumes of transactions coming through from contract renewals and the size of the capital programme that we now have in place annually.

- Section 1.0 – Contract of Employment and Standards of Business Conduct Policy added to the list of documents that provide a business framework for the Trust.

- Section 8 Introduction – Page formatted.

- Section 3a Capital programme and Business Cases – Replaced NHSI by NHSE. Removal of granting and termination of leases that is covered in point 5 and 6. Strategy and Planning Group and FPC updated to Strategic Programme Board and FPE/TME. Funding bids added to the list of matters.

- Section 3b Revenue BC - Replaced NHSI by NHSE. Removal of granting and termination of leases that is covered in point 5 and 6. Funding bids added to the list of matters.

- Section 4a Healthcare Income – Added the new managing director to the delegated authority. Group changed from FPC to FPE/TME.

- Section 4c Non healthcare Income – Added the new managing director to the delegated authority.

- Section 4d Credit of income - Updated job title of delegated authority.

- Section 5 Non-Pay Expenditure – Stated lease agreements and capital schemes in the expenditure. Updates Capital Investments approval. Added the new managing director to the delegated authority. Added a new delegated matter, authorising Certificates of Sponsorship. Added a note for Capital DAF's. Increased the values for Divisional Management Team, Director of Estates & Facilities, Deputy COO, Director of People & Culture, Director of Strategy, Chief Digital Officer, and Chief Finance Officer. Added Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding) to the delegated authority. Added a note for Contract Award Governance and Waivers.

- Section 6 Non-Pay Expenditure Under Financial Recovery – Stated lease agreements and capital schemes in the expenditure. Updated capital investment approval. Added the new managing director to the delegated authority. Added a new delegated matter, authorising Certificates of Sponsorship. Added a note for Capital DAF'S. Increased the values for Divisional Management Team, Director of Estates & Facilities, Deputy COO, Director of People & Culture, Director of Strategy, Chief Digital Officer, and Chief Finance Officer. Added Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding) to the delegated authority. Added a note for Contract Award Governance and Waivers.

- Section 7 Expenditure – Job titles updated. Limits of expenditure changed for the authorisation of NHSSC invoices, NHSP, other payments and authorisation of faster/CHAPS payments. Added Senior Financial Accountant to authorise payments of PAYE, NIC, Pensions, Class 1a NIC, PAYE statements and agreements and NEST. Increased limit for authorising credit notes for the Senior Financial Accountant. Removed Chief Finance Officer from authorising Payroll Costs and submission of VAT returns. Increased the limit to approve Payroll costs to £15m.

- Section 8 Consultancy Services – Added the new managing director to the delegated authority. Replaced NHSI by NHSE. Additional comment to include the extension of services.

- Section 10 Procurement, Quotation and Tendering Procedures – Removed Deputy Head and added Director of Procurement. OJEU levels added.

- Section 11 Waiving procedures – Heading of the section was changed to Single Waiver Procurement Process. Added the new managing director to the delegated authority.

- Section 13.3 Temporary Staff – Included Secondment which also applies to this section.

- Section 13.4 Temporary Staff – Included Secondment which also applies to this section.

- Section 14 Expenditure Charitable & Donated Funds – Updated job title of delegated authority.

- Section 15 Agreements & Licenses – Added the new managing director to the delegated authority.

- Section 17 Losses, Write-off & Compensation – Updated job title of delegated authority. Added the new managing director to the delegated authority.

- Section 18 Losses, Write-off & Compensation – Added the new managing director to the delegated authority.

- Section 20 Petty cash– Add authorising of international nurses. Updated job title of delegated authority.

- Section 21 Petty Cash – Add authorising of international nurses. Updated job title of delegated authority.

- Section 22 Receiving Hospitality – Updated the delegated matter, values were removed and the Policy was changed.

- Section 24 Investment of Funds – Added Gains and Losses from investment.

- Section 25 Non-Financial – Update of the committee. Added the new managing director to the delegated authority.

- Section 26 Delegated Matter – Added the new managing director to the delegated authority. Amended the authorisation for the travel expenses and added another one for the expenses above the limits set.

The SFI's and SoD is an integral part of the financial governance of the Organisation and as such it is important that they are regularly reviewed, and where necessary strengthened or clarified. The amendments proposed in this review have been identified through internal review, and the outputs of audit work.

Appendices

Scheme of Delegation – November 2022 v8 with tracked changes
Scheme of Delegation – November 2022 v8 Final Version
Standing Financial Instructions – July 2021 v6 with tracked changes
Standing Financial Instructions – July 2021 v6

2. Recommendation(s)

The Audit and Assurance Committee is requested to approve the revised Standing Financial Instructions and Scheme of Delegation as at March 2024.

The committee is requested to give approval for the updated Scheme of Delegation and the Standing Financial Instructions to be presented to Trust Management Board in March 2024 and then Trust Board in April 2024.

Finance will be seeking approval to communicate the new SFI's and SoD to all staff following TMB but prior to formal sign off at Trust Board to ensure they are in place for the new financial year 2024/25.

The SoD and the SFI's are reviewed annually and presented to the appropriate committee.

3. Chief Officer/Executive Director Opinion[1]

Recommends approval for the updated Scheme of Delegation and the Standing Financial Instructions to be presented to Trust Board in April 2024.

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'***

Wells Jo
04/04/2024 15:27:29

[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.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Documentation control

Detailed Scheme of Delegation

Reference	
Approving Body	Trust Board (recommended for approval by AAC and TMB)
Date Approved	14th March 2024
Implementation Date	14th March 2024
Version	March 2024 v9
Summary of Changes from Previous version	Section 1.0 – Contract of Employment and Standards of Business Conduct Policy added to the list of documents that provide a business framework for the Trust. Section 8 Introduction – Page formatted. Section 3a Capital programme and Business Cases – Replaced NHSI by NHSE. Removal of granting and termination of leases that is covered in point 5 and 6. Strategy and Planning Group and FPC updated to Strategic Programme Board and FPE/TME. Funding bids added to the list of matters. Section 3b Revenue BC - Replaced NHSI by NHSE. Removal of granting and termination of leases that is covered in point 5 and 6. Funding bids added to the list of matters. Section 4a Healthcare Income – Added the new managing director to the delegated authority. Group changed from FPC to FPE/TME. Section 4c Non healthcare Income – Added the new managing director to the delegated authority. Section 4d Credit of income - Updated job title of delegated authority. Section 5 Non-Pay Expenditure – Stated lease agreements and capital schemes in the expenditure. Updates Capital Investments approval. Added the new managing director to the delegated authority. Added a new delegated matter, authorising Certificates of Sponsorship. Added a note for Capital Daf's. Increased the values for Divisional Management Team, Director of Estates & Facilities, Deputy COO, Director of People & Culture, Director of Strategy, Chief Digital Officer, and Chief Finance Officer. Added Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding) to the delegated authority. Added a note for Contract Award Governance and Waivers. Section 6 Non-Pay Expenditure Under Financial Recovery – Stated lease agreements and capital schemes in the expenditure. Updated capital investment approval. Added the new managing director to the delegated authority. Added a new delegated matter, authorising Certificates of Sponsorship. Added a note for Capital Daf's. Increased the values for Divisional Management Team, Director of Estates & Facilities, Deputy COO, Director of People & Culture, Director of Strategy, Chief Digital Officer, and Chief Finance Officer.

	Added Deputy Director of Finance and Associate Director of Finance (Financial Services & Coding) to the delegated authority. Added a note for Contract Award Governance and Waivers. Section 7 Expenditure – Job titles updated. Limits of expenditure changed for the authorisation of NHSSC invoices, NHSP, other payments and authorisation of faster/CHAPS payments. Added Senior Financial Accountant to authorise payments of PAYE, NIC, Pensions, Class 1a NIC, PAYE statements and agreements and NEST. Increased limit for authorising credit notes for the Senior Financial Accountant. Removed Chief Finance Officer from authorising Payroll Costs and submission of VAT returns. Increased the limit to approve Payroll costs to £15m. Section 8 Consultancy Services – Added the new managing director to the delegated authority. Replaced NHSI by NHSE. Additional comment to include the extension of services. Section 10 Procurement, Quotation and Tendering Procedures – Removed Deputy Head and added Director of Procurement. OJEU levels added. Section 11 Waiving procedures – Heading of the section was changed to Single Waiver Procurement Process. Added the new managing director to the delegated authority. Section 13.3 Temporary Staff – Included Secondment which also applies to this section. Section 13.4 Temporary Staff – Included Secondment which also applies to this section. Section 14 Expenditure Charitable & Donated Funds – Updated job title of delegated authority. Section 15 Agreements & Licenses – Added the new managing director to the delegated authority. Section 17 Losses, Write-off & Compensation – Updated job title of delegated authority. Added the new managing director to the delegated authority. Section 18 Losses, Write-off & Compensation – Added the new managing director to the delegated authority. Section 20 Petty cash– Add authorising of international nurses. Updated job title of delegated authority. Section 21 Petty Cash – Add authorising of international nurses. Updated job title of delegated authority. Section 22 Receiving Hospitality – Updated the delegated matter, values were removed and the Policy was changed. Section 24 Investment of Funds – Added Gains and Losses from investment. Section 25 Non-Financial – Update of the committee. Added the new managing director to the delegated authority.

	Section 26 Delegated Matter – Added the new managing director to the delegated authority. Amended the authorisation for the travel expenses and added another one for the expenses above the limits set.
Supersedes	Version November 2022 v8
Consultations Undertaken	Associate Director of Finance (Financial Services and Coding)
Target Audience	All persons working within the Trust
Next Review Date	February 2025
Lead Executive	Name: Neil Cook, Chief Finance Officer
Lead Manager	Name: Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Author	Name; Lynne Walden, Associate Director of Finance (Financial Services and Coding)
Guidance / Information	wah-tr.Financial-Systems@nhs.net Tel: 01905 760393 Ext: 38369

CONTENTS

Paragraph	Title	Page
1	Introduction	4
2	Executive Summary	4
3	Policy Statement	4
4	Definitions	4
5	Roles and Responsibilities	4
6	Policy and/or Procedural Requirements	4
7	Training and Implementation	4
8	Absence of Officer to whom powers have been delegated	5
Section	**Appendix**	**Page**
1	Management of Budgets	6
2	Maintenance/Operation of Trust Bank Accounts	7
3a	Capital programme and Business Cases	7
3b	Revenue Business Cases	8
4a	Income - Healthcare Income Contracts	9

4b	Income - Healthcare Income Prices	10
4c	Income - Non Healthcare Income Contracts	11
4d	Crediting of Income - The Trust is required to raise credit notes against income which has been incorrectly raised	11
5	Expenditure - Non Pay Expenditure	12
6	Expenditure - Non Pay Expenditure (Under Financial Recovery)	13
7	Expenditure – Purchase Invoices & other Payments Internal Finance Team Only	14
8	Engagement of Individuals not Employed by the Trust/Consultancy Services	17
9	Engagement of Staff through a Subcontract (SLA)	17
10	Procurement, Quotation and Tendering Procedures	17
11	Waiving Procurement Procedures	19
12	Staff – appointment of all staff that fit all of the following criteria.	20
13	Staff – appointment of all staff that DO NOT fit the criteria detailed in section 12	20
14	Expenditure – Charitable & Donated Funds	23
15	Agreements/Licenses	24
16	Condemning and Disposal	25
17	Losses, Write-off & Compensation – Losses, Bad Debts, Damage, Compensation & Stock	26
18	Losses, Write-off & Compensation – Ex-Gratia, Clinical Negligence	28
19	Reporting of Incidents to the Police	30
20	Petty Cash disbursements	31
21	Petty Cash disbursements - (Under Financial Recovery)	31
22	Receiving Hospitality	32
23	Maintenance and Update on Trust Financial Procedures	32
24	Investment of Funds (including Charitable and Endowment Funds)	32
25	Non-Financial	33
26	Delegated Matter – Personnel, Pay and expenses	39

1.0 Introduction

1.1 The Standing orders including the Scheme of Delegation (SoD), Standing Financial Instructions (SFIs), Standards of Business Conduct Policy, Contract of Employment and Fraud Bribery and Corruption Policy provide a comprehensive regulatory and business framework for the Trust. All directors, and all members of staff, should be aware of the existence of these documents and be familiar with all relevant provisions. These rules fulfil the dual role of protecting the Trust's interests and protecting the staff from any possible accusation that they have acted less properly.

2.0 Executive Summary

2.1 The Scheme of Delegation describes the powers which the Board reserves to itself and those which are delegated to officers.

3.0 Policy Statement

3.1 Failure to comply with any part of the Standing orders is a disciplinary matter, which could result in dismissal. Non-compliance may also constitute a criminal offence of fraud in which case the matter will be reported to the trust's local counter fraud specialist in accordance with the Fraud Bribery and Corruption Policy. Where evidence of fraud, corruption or bribery offences is identified, this may also result in referral for prosecution which could lead to the imposition of criminal sanctions.

4.0 Definitions

4.1 See scheme of Delegation in Appendix 1

5.0 Roles and Responsibilities

5.1 The Board is responsible for giving final approval to updated versions of the Scheme of Delegation.

The Audit and Assurance committee is responsible for considering draft revisions prior to submission to the Board.

5.2 The Chief Executive and the Company Secretary are responsible for ensuring that the Scheme of Delegation is maintained and regularly reviewed.

All directors and employees of the Trust are responsible for complying with the Scheme of Delegation.

6.0 Policy and/or Procedural Requirements

6.1 The Scheme of Delegation is provided, in full, at Appendix 1

7.0 Training and Implementation

7.1 There are no special training or implementation requirements arising from this version.

There are no additional resources requirements arising from this version.