Trust Board Public

Tue 11 June 2024, 13:00 - 14:30

Agenda

13:00 - 13:00
0 min

1. Apologies for Absence

Information *Simon Murphy*

13:00 - 13:00
0 min

2. Declarations of Interest and Matters Arising

Information *Simon Murphy*

13:00 - 13:00
0 min

3. Minutes of WAHT Board Meeting held on 9th of March and Actions Update

Decision *Simon Murphy*

- Minutes Public Board Apr 24.pdf (7 pages)
- TB Action schedule.pdf (1 pages)

13:00 - 13:05
5 min

4. Foundation Group Board Minutes and Actions Update

Information *Simon Murphy*

- 1. Draft Public FGB Minutes - 2 May 2024.pdf (14 pages)
- 3. Public FGB Actions Update Report - 2 May 2024.pdf (2 pages)

13:05 - 13:45
40 min

5. Items for Review and Assurance

5.1. Chief Executive's Report

Discussion *Stephen Collman*

- CEO Board Report 0624.pdf (5 pages)

5.2. Integrated Performance Report

Discussion *Stephen Collman*

- Trust Board IPR Jun-24 (Apr-24_Data)_v0-1 (003).pdf (36 pages)

5.2.1. Activity Performance

Helen Lancaster

5.2.2. Quality

Sarah Shingler

5.2.3. Workforce

Alison Koeltgen

Wells Jo
06/06/2024 11:05:51

5.2.4. Finance Performance

NEIL COOK

5.3. Perinatal Report

Information *Justine Jeffery*

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

5.4. MBRRACE Report 2022

Discussion *Justine Jeffery*

- MBRRACE 2022 report review - v3.pdf (8 pages)

5.5. Safe Staffing Reports

Information *Sarah Shingler/Justine Jeffrey*

- April safer staffing report SS comments.pdf (9 pages)
- Midwifery Safe Staffing Report April 2024.pdf (6 pages)

13:45 - 14:20
35 min

6. Items for Approval

6.1. ICS Joint Forward Plan

Decision *Jo Newton*

- JFP WAHT cover paper June 24 v0.2.pdf (3 pages)
- Annex A HW JFP - Main document 2425.pdf (30 pages)
- Annex A i HW JFP - Appendix 1. Core areas of focus 2425.pdf (35 pages)
- Annex Aii HW JFP - Appendix 2. Cross cutting themes 2425.pdf (21 pages)
- Annex A iii HW JFP - Appendix 3. ICB Duties 2425.pdf (5 pages)

6.2. Financial Recovery Plan

Decision *NEIL COOK*

Verbal Update

6.3. Quality Account

Decision *Sarah Shingler*

- Quality Account 2023_24.pdf (2 pages)
- Quality Account 2023-24 Working Draft v5.pdf (81 pages)

6.4. IPC Annual Report

Decision *Sarah Shingler*

- WAHT Covering Report Template QGC IPC SS.pdf (2 pages)
- 12. WAHT Annual Infection Prevention report 2023-24 v6 FINAL.pdf (41 pages)
- 9. nipc-board-assurance-framework v5 May 2024.pdf (10 pages)

6.5. Safeguarding Annual Report

Wells Jo
06/06/2024 11:05:51

Decision *Sarah Shingler*

- Safeguarding cover paper June 24 AR.pdf (2 pages)
- Safeguarding Report 2023_2024.pdf (30 pages)

14:20 - 14:30

7. Items for Noting and Information

10 min

7.1. Committee Summary Reports and Minutes

Information *Committee Chairs*

7.1.1. Quality Governance Committee

Julie Moore /Sue Sinclair

Verbal Update

QGC Minutes 25 Apr 24 SS.pdf (8 pages)

7.1.2. Audit and Assurance Committee

Colin Horwath

Verbal Update

Audit Minutes Mar.pdf (8 pages)

7.1.3. People and Culture Committee

Karen Martin

Verbal Update

3. 02.04.24 PC Minutes (002).pdf (10 pages)

7.2. BAF and Extreme Risks

Discussion *Sarah Shingler*

20240605 WAHT Board covering report Risk and BAF.pdf (2 pages)
20240603 WAHT Very High Risks.pdf (28 pages)
20240605 WAHT Board BAF with direction.pdf (6 pages)

14:30 - 14:30
0 min

8. Any Other Business

Simon Murphy

14:30 - 14:30
0 min

9. Questions from Members of the Public

Simon Murphy

14:30 - 14:30
0 min

10. Date of Next Meeting

Information *Simon Murphy*

9th July 2024

14:30 - 14:30
0 min

11. Acronyms

Information

Z Acronyms.pdf (3 pages)

Wells,Jo
06/06/2024 11:05:51

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON TUESDAY 9 APRIL 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
	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
	Chris Byrne	Healthwatch
	Erica Hermon	Company Secretary
	Jules Walton	Acting Chief Medical Officer
	Julian Berlet	Acting Chief Medical Officer
	Sue Smith	Deputy Chief Nursing Officer
	Rebecca Brown	Chief Information Officer
Public		Via YouTube
Apologies	Sarah Shingler	Chief Nursing Officer
	Vikki Lewis	Chief Digital Information Officer
	Michelle Lynch	Associate Non-Executive Director

001/24 **WELCOME**

Mr Hardy welcomed all to the meeting. The workshop heard earlier in the day included a patient Story, discussion on the Financial Recovery Plan, culture and values within the Trust and a Board Evaluation Summary.

002/24 **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.

Wells Jo 06/06/2024 11:

Ms Moore updated that she very recently had a further interest to include in her declarations in relation to a non-profit hearing aid charity.

003/24 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 12 MARCH 2024**

The minutes were approved.

RESOLVED THAT: The Minutes of the public meeting held on 12 March 2024 were confirmed as a correct record.

004/24 **MATTERS ARISING AND ACTIONS UPDATE**

The actions were reviewed.

Items for Review & Assurance

005/24 **CHIEF EXECUTIVE'S REPORT**

Mr Burley highlighted the following areas within his report:

- Planning Guidance was published 1 working day before the new financial year. There were no unexpected elements. A summary of targets and milestones was provided:
  - Urgent and emergency care move to the 78% target.
  - Elective recovery 65 week waits had moved to 30th September.
  - No 52 week guidance was provided.
  - There was a push on achieving high levels of day case and theatre utilisation.
  - Focus was on productivity.
  - The Trust aim is to ensure we deliver more activity in a number of different ways.
  - Staff engagement indicators are important.
  - Agency staffing and off framework agency will have focus across the NHS. There is a July milestone to stop using off framework agency.

The Trust does have the ability to compare and contrast more within the Group.
Virtual events and sharing best practice were underway.
Focus was on the acute frailty unit team and enhanced processes.

Mr Hardy gave thanks to the teams. The Trust was determined to deliver the best possible care to the people of Worcestershire.

RESOLVED THAT: The report was noted.

006/24 **INTEGRATED PERFORMANCE REPORT**

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

- Sustained pressure, particularly within urgent and emergency care.
- Attendance numbers remain high.
- Focus was on standards, elective procedures, cancer and ambulance handover delays. Length of stay is a key driver.

<u>Operational Performance</u>

Ms Lancaster highlighted the following key points:
Improvements had been seen within urgent and emergency care across all metrics. A 7% improvement combined was reported.
There had been a reduction in over 60 minute ambulance delays, the number of patients through SDEC and improvements with the number of discharges before 10am.
The cancer 62 day backlog had reduced down to 190 patients. 141 cases had been delivered and is 26% under what the Trust were asked to deliver.
Faster diagnosis standard was achieved.
Long waits elective achieved but 29 patients breached.
78 week target is on track and aiming for 0 in April.

Wells Jo 06/06/2024 11:05:51

Mr Burley stated that it was reassuring that there are exit pathways which can be improved and keeping the focus on.

Mr Hardy encouraged making sure flow into the community setting occurs much more smoothly. Home is the best and safest setting for health recovery.

Mr Oosterom queried why there was a decline in theatre utilisation. Ms Lancaster replied that though there had been length of stay improvements at the Alex, there are challenges with patients on pathway length of stay increasing. Discharge hub actions are underway.
A Frailty Assessment Area launching next week should have a positive impact on the reduction of length of stay metrics.

In terms of theatre productivity, Kidderminster is undergoing assessment to be an elective hub of excellence. Maximising opportunities was under review.

Mr Hardy extended his thanks to the clinical theatre teams adopting innovative opportunities.

Mr Bramley referred to urgent care risks and asked for clarity regarding a reference to won provisions or other provider provisions being developed further. Ms Lancaster replied that it was a mix – community response, patient redirection and length of time of SDEC opening.

Quality

Ms Smith reported that IPC continued to have ward closures with norovirus and covid outbreaks.
Aconbury has now reopened and has improved facilities.
Complaints performance was 81.8% and is now compliant with targets.
Falls remain below the national benchmark.
0 pressure ulcers which were hospital acquired resulting in harm were reported.
An inpatient survey has been introduced.

Mr Hardy commended the pressure ulcer work.
Mr Murphy informed that the Trust was equal best across the region and gave thanks to the teams.

Mr Bramley referred to IPC and the first action referenced a lack of assurance around line management of EPR. Ms Smith replied that there had been more MRSA incidents reported. Close monitoring was in place along with fluid line audits. The Trust is compliant with auditing and no increases had been seen.

Mr Burley advised that c.diff is concerning in comparison to other Trusts in the region and queried whether there was a difference in performance across both sites. Ms Smith replied that cases are across both sites. No attributable gaps had been identified and no themes emerging from reviews.

Ms Sinclair asked if progress had been made with fractured neck of femur performance. Ms Walton replied that work was ongoing and would include an update in the next report.

Workforce

Ms Koeltgen updated that vacancies are reducing. There are almost 300 less vacancies than this time last year. The hotspot areas were known along with AHP vacancy issues. Medical vacancies contribute to agency use. Steps were being taken to try to reduce medical agency usage including looking at supporting better rostering, support to planning and avoiding off framework agencies.

Wells Jo
06/06/2024 11:19:18

Nursing and midwifery have maintained a good position of driving down off framework agency. Focus is on sickness. Areas of concern are around stress and anxiety. The Trust remains above pre-pandemic levels for those reasons and hotspot areas are receiving additional focus. A number of interventions are in place and reviewed regularly to better support managers. The Trust does benchmark poorly nationally with sickness. Best practice is being reviewed.

Mr Horwath queried whether enough was being done in relation to managing sickness. Ms Koeltgen replied that there is good support in place and there was nothing obvious that the Trust was not doing. Pastoral pieces were being looked at and steps being taken to move forward around culture so colleagues reach out for help and support provided earlier.

Mr Oosterom observed that though vacancy rate is low, there was little reduction in bank and agency. Ms Koeltgen replied that medical agency use requires greater scrutiny.

Mr Burley advised that the analysis of sickness reasons shows the lowest levels within the urgent and emergency care team.

Finance Performance

Mr Cook highlighted a £36.6m deficit and a projected deficit of £34.9m. There was confidence that the Trust will remain within that figure.
Month 11 actual deficit ended with £4.4m.
The Trust had a challenged financial recovery stretch.
The risk around shortfall of funding in urgent and emergency care had been factored in.
The Trust was likely to exit the year at £10m with CPIP.
Cash remained within limits.
In regard to the capital resource limit, the Trust had been given access to an additional £2.9m.
The ICB expected adjustment within the allowable spend.

Mr Bramley queried what triggered the remeasurements of the lease of CHEC. Mr Cook replied that it was previously recorded as a capital lease, now it is revenue. There was no impact on the overall bottom line.

Mr Murphy informed that achieving the target was a challenge but the Trust did do what we said we would.

RESOLVED THAT: The report was noted for assurance.

007/24 **FINANCIAL RECOVERY PLAN**

Mr Cook updated that the team were working on a Financial Strategy with the Financial Recovery Board and was presented at the Board Development Workshop.
A review of the underlying drivers of deficit was being completed and a plan and timeline that is realistically achievable is being created. The Plan would be presented at a future Board meeting.

Mr Hardy encouraged aggression with elective recovery work for next year to make reductions though it will put pressure on the organisation.

Mr Burley added that operational budgets will be issued to divisions.
Mr Hardy advised that the Plan should be owned by budget holders.

Wells Jo
06/06/2024 11:05:

RESOLVED THAT: The report was noted for assurance.

008/24 **PERINATAL SAFETY REPORT**

Ms Jeffrey highlighted the following:

Booking 12+6 weeks had been met for the first time since covid. Data cleansing and increased performance from informatics has assisted in the improvements.
No stillbirths or neonatal deaths were reported in February.
Mortality rate remains lower than the national average.
No new cases had been reported to MNSI in month.
The CQC maternity survey was received last month. The Trust had improved in 10 of the questions. There were no significant decreases.
There were 3 areas for specific attention: Information, pain management and family contact. These formed part of a quality improvement project which was underway.
The CNST year 6 scheme had been received.

Mr Burley expressed concern with the delays of induction of labour and asked how it benchmarked against others. Ms Jeffrey replied that no percentages were reported but was under review. There are different parts of the pathway that create delays.

Mr Hardy queried how many babies are delivered each month. Ms Jeffrey replied that it was in the region of 400. Caesarean had no national agreed numbers but could be anything between 30-40%.

RESOLVED THAT: The report was noted for assurance.

009/24 **SAFE STAFFING REPORTS**

Ms Smith reported that staffing remained safe throughout February across inpatient areas.
Temporary workforce was driven by additional capacity and boarding.
Vacancy rates had reduced.
Turnover rates were reducing.

Ms Jeffrey added that though safety was maintained, there had been a Continuity of Carer issue. The Trust had not used any agency since October 2023.

Ms Martin referred to high-cost agency and asked if there was a threshold in place for managers prior to incurring high costs. Ms Smith confirmed that control measures are in place and bank workers can now replace agency staff shifts.

RESOLVED THAT: The reports were noted for assurance.

Items for Approval

010/24 **SCHEME OF DELEGATION & STANDING FINANCIAL INSTRUCTIONS**

Mr Cook informed that the SoD and SFIs had been reviewed across the Foundation Group to assure there was consistency.
Individual changes were detailed.
There are increased approvals limits for both divisions and directors.
Both had been reviewed in detail at the Audit & Assurance Committee and recommended for approval.

RESOLVED THAT: The Scheme of Delegation and Standing Financial Instructions were approved.

Wells Jo 06/06/2024 11:05:55

011/24 **STANDING ORDERS**

Ms Hermon presented the Standing Orders which were the regular proceedings of business and were now in use across the Foundation Group.
The use of these key documents will be promoted to staff within the Trust.

RESOLVED THAT: The Standing Orders were approved.

012/24 **EPRR ANNUAL REPORT**

Ms Lancaster presented the report for approval, which was taken as read.

RESOLVED THAT: The EPRR Annual Report was approved.

013/24 **2024/25 OBJECTIVES**

The 2024/25 Objectives had been reviewed at a Board Workshop and included progress on the 10 Point Plan.

Ms Newton informed that feedback had been reflected upon and an additional section had been included around financial sustainability proposals. 4 key priorities had been identified:

- Flow and Discharge
- Elective Care
- Workforce
- Sustainability

The Objectives will be cascaded through divisions down to individuals.

Mr Bramley queried if there were any additional items within the last-minute planning guidance to detail. Ms Newton replied that there was no effect.

Mr Horwath sought assurance that the Objectives triangulate to the Financial Strategy and sustainability. Ms Newton replied that it did and was consistent.

Mr Hardy encouraged being clear on the things we would like to do and those which are not a priority.

RESOLVED THAT: The 2024/25 Objectives were approved.

Items for Noting and Information

014/24 **COMMUNICATIONS REPORT**

Mr Haynes updated that Exec Live has received positive feedback.
Lots of work with the new Intranet and mapping content was underway. The Trust was close to going live and user testing is underway.
An update on the charity was provided including the installation of staff wellbeing areas at the Alex and Kidderminster and progressing plans for the Worcester site.
A more robust database of donors and proactivity engagement was being built.

RESOLVED THAT: The report was noted.

015/24 **COMMITTEE SUMMARY REPORTS AND MINUTES**

<u>Quality Governance Committee</u>

Dame Julie updated that the Committee held during March reported an improvement with cleaning standards, and the Trust was going to be a pilot for Martha's Rule. Mr Hardy elaborated that Martha's Rule related to the right to request a second opinion on diagnosis and prognosis.

Wells Jo
06/06/2024 11:05:51

<u>Audit & Assurance Committee</u>

Mr Horwath informed that the Committee recommended the acceptance of the revised Standing Orders and SFIs. They are requirements of staff and need to be complied with. Instances of non-compliance are reviewed by the Committee. Focus is on breaches.

People & Culture Committee

Ms Martin updated that the February Committee agreed and approved the On-Call Policy. The April meeting received an update from Freedom to Speak Up and that there had been an increase in the number of concerns raised. The increase was being taken as a positive sign of people feeling confident to raise concerns. Workforce statistic reports are being introduced and are a welcome addition, though they were not mandated reports.

Mr Hardy was encouraged that proposals are consistent with the Foundation Group and extended his thanks to the staff networks who are doing vital work within the Trust.

RESOLVED THAT: The Committee Minutes were taken as read and the updates noted.

016/24 **ANY OTHER BUSINESS**

Mr Byrne recognised the positive improvements being made. The area of most concern is around the workforce gaps, particularly with fragile and vulnerable services. Mr Burley replied that work was underway across the Group, reviewing fragile services and opportunities of working together.

DATE OF NEXT MEETING

The next Public Trust Board will be held on Tuesday 11th June 2024.

Signed _____ Date _____
Chair

Wells Jo
06/06/2024 11:05:51

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.	SSh	June 2024		Ongoing	
12/03/24	BAF & Risk Appetite	137/23	The BAF to be presented to the next meeting for final ratification	EH	April 2024	June 2024	Will be presented in full in June along with risks. On agenda	
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. Working to find practical and working solutions to issues. Update provided at meeting.	

Wells Jo
06/06/2024 11:05:51

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

Public Minutes of the Foundation Group Boards Meeting
Held on Thursday 2 May 2024 at 1.30pm via Microsoft Teams

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

Present:

Russell Hardy	(RH)	Group Chairman
Charles Ashton	(CA)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Richard Colley	(RC)	NED SWFT
Neil Cook	(NC)	Chief Finance Officer WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WHAT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Chief Digital Information Officer WAHT
Kim Li	(KL)	Chief Finance Officer SWFT
Anil Majithia	(AM)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SM)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Simon Page	(SP)	NED and Vice Chair SWFT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Naj Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Sue Whelan Tracy	(SWT)	NED SWFT
Umar Zamman	(UZ)	NED GEH

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In attendance:

Sarah Assinder	(SA)	Deputy Chief Operating Officer WVT (deputising for Chief Operating Officer WVT)
Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
Julian Berlet	(JBe)	Deputy Chief Medical Officer WAHT
Rebecca Bourne	(RB)	Head of Communications WAHT

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

Public Minutes of the Foundation Group Boards Meeting
Held on Thursday 2 May 2024 at 1.30pm via Microsoft Teams

Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Laura Gibson	(LG)	Associate Chief Operating Officer GEH (observing)
Phil Gilbert	(PGi)	NED (Non-Voting) SWFT
Jeanette Halborg	(JH)	Deputy Chief Nursing Officer GEH (deputising for the Chief Nursing Officer GEH)
Richard Haynes	(Rha)	Director of Communications WAHT
Erica Hermon	(EH)	Associate Director of Corporate Governance WVT and Company Secretary WVT/WAHT
Oli Hiscoe	(OH)	ANED SWFT
Alison Koeltgen	(AK)	Chief People Officer WAHT
Rosie Kneafsey	(RK)	ANED GEH
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KL)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Tom Morgan-Jones	(TMJ)	Deputy Chief Medical Officer WVT (deputising for Chief Medical Officer WVT)
Jo Newton	(JN)	Director of Strategy and Planning WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Gertie Nic Philib	(GP)	Chief People Officer GEH/SWFT
Richard Oosterom	(RO)	ANED WAHT
Barti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
James Turner	(JT)	Head of Communications and Engagement GEH
Jules Walton	(JW)	Deputy Chief Medical Officer WAHT

There were four SWFT Governors, and three guest observers in attendance. There was one member of the pubic in attendance.

MINUTE		ACTION
24.032	**APOLOGIES FOR ABSENCE** Apologies for absence were received from: Paul Capener, ANED GEH; Paramjit Gil, Nominated NED SWFT; Sophie Gilkes, Chief Strategy Officer SWFT; Natalie Green, Chief Nursing Officer GEH; Mark Hetherington, ANED GEH; Julie Houlder, NED and Vice Chair GEH; Simone Jordan, NED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Dame Julie Moore, NED WAHT; Andrew Parker, Chief Operating Officer WVT; and Jo Rouse, NED WVT. **Resolved – that the position be noted.**	
24.033	**DECLARATIONS OF INTEREST**	

Wells Jo 06/06/2024 11:03:51

MINUTE		ACTION
	The Group Chairman declared that his son had been made the Director of Strategy for GB UK Group Limited. **Resolved – that the position be noted.**	
24.034	**PUBLIC MINUTES OF THE MEETING HELD ON 7 FEBRUARY 2024** Mr Lappin (ANED WVT) noted that his title was incorrect and needed amending to be Associate Non-Executive Director of WVT. **Resolved – that the public minutes of the meeting held on 7 February 2024 be confirmed as an accurate record of the meeting subject to the amendments above and signed by the Group Chairman.**	
24.035	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.035.01	Foundation Group Performance Report (minutes 23.058, 23.080.01 and 24.007.02 refers) The Managing Director for GEH confirmed that the cancer diagnosis following Emergency Department (ED) attendance data had been received. She shared this with the Foundation Group Boards and explained that GEH was an outlier. The next piece of work was to understand why GEH were an outlier and where any adjustments needed to be made. The Group Chairman requested that the action remain open and the Managing Director of GEH provide an update on the progress of GEH next time. **Resolved – that the GEH cancer diagnosis from ED attendance update be provided at the August 2024 meeting.**	**CF**
24.035.02	Deep Dive into Additional Performance Measures – Theatre Productivity (minutes 23.060 and 24.007 refers) The Chief Operating Officer for GEH confirmed that Theatre Productivity was being worked through as part of the Deep Dives schedule of the Chief Operating Officers. He assured the Foundation Group Boards that Theatre Productivity would be picked up at the August 2024 meeting as a deep dive. **Resolved – that the Chief Operating Officers look into recording Theatre Utilisation data by cost per minute rather than by a percentage.**	**COOs**
24.035.03	Equality Update – NHS Equality Delivery Scheme (EDS) (minute 24.013 refers) The Chief Operating Officer for SWFT/GEH confirmed that the EDI leads were working through the EDS assessment work and acting as peers for each other. As part of the work, they were ensuring that the EDS report captured citizens from Groups which were harder to reach.	

Wells Jay 06/05/2024 11:05:15

MINUTE		ACTION
	Resolved – that the position be noted.	
24.036	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chairman provided an overview of the discussions from the Foundation Group Workshop. He highlighted the four sessions that made up the Foundation Group Boards Workshop which included guest speaker, Sir Jim Mackey, Chief Executive Newcastle Upon Tyne Hospitals NHS Foundation Trust and National Director of Elective Recovery. The Group Chairman explained that Sir Jim Mackey's update included encouraging the Foundation Group to continue sharing best practice at pace with a particular focus on integration at place and productivity. The Group Chairman continued that there had been an update on the Foundation Group's approach to being a flexible employer, followed by an update on Warwickshire's Discharge Front Runner Programme and Herefordshire Better Care Fund. He took the time to highlight the importance of Flow and the work taking place across the organisations to minimise length of stay. The Group Chairman concluded that the Foundation Group Boards Workshop ended with a session from Partners at Weightmans LLP on the four Boards legal responsibilities individually and as a collective. **Resolved – that the position be noted.**	
24.037	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT provided an update on WVT's key performance data. She highlighted that Theatre Productivity was a concern despite being an improving picture. Theatre Productivity had improved from seventy-five percent to eighty percent, however productivity needed to be eighty-five percent to meet the National standard. The Managing Director for WVT explained that Theatre usage had become a focus as well as productivity and improvement was being seen. The Managing Director for WVT noted that sickness levels at WVT were the lowest they had been at four percent however this was being monitored with a focus on health and wellbeing to ensure they stayed low. The Managing Director for WVT informed the Foundation Group Boards that she was most proud of Cancer performance, with WVT having met the February and March 2024 Faster Diagnosis Standard. This had exceeded the National target for March 2025. She then confirmed that WVT were on track to exceed the 62-day performance target nationally of seventy percent by March 2025, meaning sustainable improvement in Cancer pathways for the Trust. The Managing Director for SWFT provided an update on SWFT's key performance data. He focused initially on SWFT's ED performance highlighting how 300 attendances in a day used to be unheard of but had now become routine. He explained how this demonstrated the immense increase in demand on services. However, the Managing Director for SWFT celebrated how the ED	

Wells Jo
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MINUTE		ACTION
	teams had coped, with SWFT ending March 2024 as one of the top performing Trusts nationally for four-hour performance and ambulance handover times. This supported the approach SWFT had taken to address flow across the hospital to support pressures in ED. The Managing Director for SWFT informed the Foundation Group Boards that SWFT should be able to access a portion of capital funding for being a top performing Trust but also for the improvement seen between January and March 2024. He took the time to thank the Operational Teams and the Chief Operating Officer for SWFT. The Managing Director for SWFT explained that he was closely monitoring Cancer and Diagnostics waits across the Trust. He explained that SWFT were slightly below the trajectory for the 62-day standard for Cancer performance, and they were below the desired position for Diagnostic waits. He explained that this was mainly due to particularly high referral numbers seen in the last twelve months, and performance in non-obstetric ultrasound. The Managing Director for SWFT continued that despite this, both had seen real improvement in recent months, partly due to investment in staffing and would remain an area of focus to ensure that improvement was maintained. The Managing Director for SWFT informed the Foundation Group Boards that he was most worried about Orthodontics and Orthodontic waits. The Trust had done well to reduce long waits across all services and had no patients waiting longer than 65 weeks at the end of 2023, apart from in Orthodontics. He continued that there was a national issue for recruitment to Orthodontic Services and SWFT had been working with the Integrated Care Board (ICB) and NHS England (NHSE) for support due to the lack of capacity to get through their waiting list. The Managing Director assured the Foundation Group Boards that the Trust had been informed that there were providers who were willing to support the Trust, and therefore improvement should be seen in coming months. The Managing Director for GEH provided the Foundation Group Boards with an update on GEH's key performance data. She highlighted that GEH had exceeded the 76 percent standard for four-hour performance, however this was under challenging conditions and flow remained a challenge with delays for patients waiting admission still high. The Managing Director for GEH added that ambulance performance had improved in to April 2024. She took the time to thank the Operational teams for delivering the standards that they had been given despite the pressures. The Managing Director for GEH informed the Foundation Group Boards that both mortality figures, SHMI (Summary Hospital-Level Mortality Indicator) and HSMR (Hospital Standardised Mortality Ratios) were within expected range, and SHMI had reduced further since the report had been published. She highlighted that it was pleasing to see both mortality figures in expected range for the first time in a while. The Managing Director for GEH explained that she was pleased to report an improvement in the Cancer 28-day Referral to Diagnostic Confirmation Standard which the Trust had been struggling to achieve. She added there had also been an improvement in the 62-days for treatment figure, however there was still work to do. The Managing Director for GEH continued that the Referral to Treatment (RTT) figures were improving, with the Trust hoping to eliminate patients waiting 65-weeks or longer by the end of May 2024. She concluded by highlighting the work that GEH were doing on Theatre Utilisation, and this had	

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MINUTE		ACTION
	been aided by opening two new wards to co-locate surgical services together, meaning patients were able to recover on wards and not in operating theatres. The Managing Director for WAHT provided an overview of WAHT key performance areas. He explained that ED had seen improvements in similar areas to the rest of the Foundation Group Trusts, which was pleasing, but particularly there had been an improvement in Handover delays which had been an issue for WAHT for a while. The Managing Director for WAHT explained that there had been a high-risk number of attendances through the ED department, especially walk-ins, and therefore the Trust was completing an attendance audit with the ICB. In terms of Cancer Performance, the Trust had had over 400 patients waiting over 62-days, and this had now been reduced to under190 for which the Trust had received a letter of thanks from the National Cancer Team. The Managing Director for WAHT highlighted WAHT work around RTT 78-weeks breaches, which had been reduced from 150 to 27. He added that there was a plan in place to eliminate 78-week-waits completely by the end of July 2024. The Managing Director for WAHT thanked WVT for their work with WAHT around fragile services to put more robust plans in place. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive started by celebrating WAHT's improvement achievements, particularly around Cancer and their letter from the National Cancer Team. He expressed the importance of Theatre Utilisation, highlighting that the theatre start time analysis in the Foundation Group Performance report indicated that the majority of theatre lists were not starting on time. The Foundation Group Chief Executive explained that often it was about not having the first bed availability for the first patient as this would inevitably delay theatre starting. He expressed the need to ensure robust plans were in place to prevent this happening and therefore maximising Theatres capacity to drive down waiting lists. **Resolved – that the Foundation Group Performance Report be received and noted.**	
24.038	**DEEP DIVE INTO URGENT AND EMERGENCY CARE (UEC)** The Chief Operating Officer for GEH presented the Deep Dive into UEC to the Foundation Group Boards. He explained that as a group the Chief Operating Officers from across the Foundation Group work together on a range of topics to share best practice and learnings. The Chief Operating Officer for GEH added that the Chief Operating Officers had focused on Same Day Emergency Care (SDEC), Attendance Avoidance, Admission and Discharge Pathways and Virtual Wards as part of their deep dive into UEC. The Chief Operating Officer for GEH highlighted that WAHT appeared to have a higher overall attendance compared to the rest of the Trusts in the Foundation Group, however their data included Worcestershire Royal Hospital, Alexandra Hospital and Kidderminster Hospital. The Chief Operating Officer for GEH provided an overview of activity	

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MINUTE		ACTION

across the Group in each focus area, which highlighted key focus areas moving forward. He explained that when you looked at the data broken down in different ways, for example by type one (more unwell) attendances per 1000 population, all hospitals in the Foundation Group were largely similar but WAHT had the lowest figure despite having the highest overall attendance rate. He highlighted that looking at the data in different ways had helped the Chief Operating Officers have an overall picture and determine future focus areas. The Chief Operating Officer for GEH also presented the Virtual Wards comparison data which showed that the only Virtual Ward service that each Trust had in common was the Intravenous Outpatient (IV OPAT) service. This showed the extent that the Foundation Group could learn from each other, by using pre-existing pathways and standard operating procedures to quickly set up services elsewhere in the Foundation Group.

The Chief Operating Officer at WAHT presented the key issues, drivers, and improvements for each organisation. Key challenges across the Foundation Group were mainly around overcrowding in ED, sedate flow, bed capacity and intelligence conveyancing. The Chief Operating Officer for WAHT presented the Foundation Group Boards with the common opportunities across the Foundation Group and these included SDEC, improving Length of Stay (LoS), Single Point of Access developments, OPAT expansion, Consultant Connect learning, and developing the Virtual Ward offer. She continued by explaining the next steps which included plans to hold a Foundation Group Debrief Winter Planning Summit to identify any sharing of best practice or implementation of plans, and early preparation for next winter, to develop an SDEC Community of Practice, and to focus on Demand and Capacity on Bed Modelling and Population.

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

The Group Chief Executive thanked the Chief Operating Officers for their presentation, and highlighted how interesting it was to see their joined-up approach to working and continued improvement. He noted the Virtual Wards slide and emphasised that the challenge would be establishing how big Virtual Wards capacity was or could be. Therefore, the demand and capacity work within the future work plans of the Chief Operating Officers was important to provide the answer, but also to determine whether the current services offered on Virtual Wards were the right services to maximise capacity.

The Group Chairman took the time to remind the public of the current pressure faced by the NHS and in particular ED departments. He expressed the need for members of the public to do their part in looking after themselves, however assured them that if they needed to attend Accident and Emergency (A&E) then the NHS teams were there to look after them.

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A discussion took place on A&E attendances and the need to discharge patients quickly if they could be seen elsewhere.

MINUTE		ACTION

Resolved – that the Deep Dive into UEC be received and noted.

24.039 **SAFE STAFFING OVERVIEW**

The Chief Nursing Officer for SWFT presented the Safe Staffing Overview to the Foundation Group Boards. She explained that the purpose of the Safe Staffing Overview was to ensure the right number of staff with the right skills were deployed to the right place to meet the demand at the time, but this had to be balanced with the need of the staff as well. The Dashboard showed all Trusts in the Foundation Group were fairly consistent with their Nurse Staffing Key Performance Indicators (KPIs), however there was one area for SWFT that she was looking into which was vacancy rates. The Chief Nursing Officer for SWFT highlighted that there was a joint risk across all Trusts, and that was the need to stop using off-framework agency companies. The Chief Nursing Officer for SWFT highlighted that this was the right thing to do however, it did pose a risk particularly around Paediatrics which was an incredibly hard speciality to recruit into. The Chief Nursing Officer for SWFT highlighted that SWFT's agency and bank spend had improved, particularly around Nurse agency spend. She concluded by informing the Foundation Group Boards that she was Chair of Project 1000 which was a project in the Coventry and Warwick System to recruit and retain 1000 more nurses over the period of three years.

The Chief Nursing Officer for WVT presented WVT's overview to the Foundation Group Boards and explained that the position was largely similar to quarter three (Q3) given the winter period. She highlighted the Trust's strong vacancy position, however noted that this would deteriorate slightly in quarter one (Q1) due to the changing of the Nurse staffing establishments in line with acuity reviews. The Chief Nursing Officer for WVT explained that previously WVT was an outlier with its time-out provision and this was now aligned to the rest of the Foundation Group. She added that sickness performance had improved and WVT had ended the financial year with an improvement on agency spend, however this remained a focus area. The Chief Nursing Officer for WVT explained that she was concerned about Pressure Ulcers, and whether WVT were reporting these in the same way as the rest of the Foundation Group, and she would be working with SWFT to improve these.

The Deputy Chief Nursing Officer for GEH presented GEH's overview to the Foundation Group Boards highlighted a very similar position to the rest of the Trusts in the Foundation Group. She explained that agency spend had improved significantly, with GEH already below the national target, and this would continue to be reduced over the course of the year. The Deputy Chief Nursing Officer for GEH highlighted the successful recruitment of International Nurses, and informed the Foundation Group Boards that all International Nurses were now at GEH and would be included in Nurse Staffing figures by July 2024. She explained that the Trust's current vacancy position may deteriorate in Q1 following the acuity reviews and increasing capacity with the opening of two extra wards which would need staffing. The Deputy Chief Nursing Officer for GEH expressed that she was most concerned about the

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MINUTE		ACTION
	continued challenge to recruit Registered Nurses, and also like WVT GEH were showing as an outlier for Pressure Ulcers which were being investigated. The Chief Nursing Officer for WAHT echoed the other Chief Nursing Officer's overviews and added that WAHT were also reducing our off-framework agencies where possible but were having to use them still for specialist 1:1 care. The Chief Nursing Officer for WAHT celebrated the incredibly low rates of harm despite the challenges around capacity currently faced in each of the Trusts within the Foundation Group. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive thanked the Chief Nursing Officers for their commitment to reducing agency spend across the Foundation Group. He explained that acuity reviews often highlighted the need for recruitment, and he queried whether prior to recruiting the experience of staff was taken into consideration. The Chief Nursing Officer for SWFT assured the Group Chief Executive that experience was not considered however the overall functioning of a ward and their likelihood of recruitment was factored into any decisions before recruiting. The Managing Director for WVT queried whether 1:1 specialist care was benchmarked across the Foundation Group. The Chief Nursing Officer for WAHT explained that they were not currently benchmarked, however they were incredibly low numbers. Despite this, it was something that they would be looking into to ensure a sustainable approach across the Foundation Group. **Resolved – that the Safe Staffing Overview be received and noted.**	
24.040	**IMPLEMENTATION OF THE SEXUAL SAFETY CHARTER** The Chief People Officer for GEH/SWFT presented the Implementation of the Sexual Safety Charter to the Foundation Group Boards. She explained that the Sexual Safety Charter was launched in 2023 and built on the Domestic Abuse and Sexual Violence Programme. The Sexual Safety Charter set out clearly its principles and these aligned to to each Trusts' values; that sexual harassment, inappropriate behaviours and misogynistic behaviours had no place in the organisations. The Sexual Safety Charter sets out a zero-tolerance approach to unwanted and inappropriate sexual behaviour and misogyny and set the ten principles for how to create a safe and supportive environment for all staff. The Chief People Officer for GEH/SWFT informed the Foundation Group Boards that the 2023/24 staff survey was the first year to have a question on unwanted sexual behaviour and this was included in the report for information. However, it demonstrated that across the NHS, one intwelve staff members had experienced unwanted sexual behaviour from members of the public and one in twenty-six staff members from other members of staff. The 2024/25 priorities set out that each NHS organisation should sign up to the sexual safety charter and the Chief People Officer for GEH/SWFT assured the Foundation Group	

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MINUTE		ACTION
	Boards and members of the public that all four organisations in the Foundation Group had signed up. The Chief People Officer detailed the work that was being undertaken on the Implementation of the Sexual Safety Charter, including work on the Behaviour Value Frameworks, Communication Campaigns, Working with FTSU Guardians, improvements in terms of Sexual Safety Policies, Dignity at Work and Safeguarding Policies and support and sign posting for colleagues. Work also continued to eradicate inappropriate behaviour. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chairman drew attention to the impactful numbers of the report and how horrific they were. He highlighted that it was important to not normalise them. The Group Chairman expressed the need to ensure the Foundation Group were doing all they could to support staff and members of the public in a safe way. A discussion took place around national schemes and safe words and the Group Chairman requested that the Chief People Officers take the discussions and ideas away and discuss further. **Resolved – that** **A) the Chief People Officers discuss ways to further support staff and members of the public with national schemes and safe words, and** **B) the Implementation of the Sexual Safety Charter be received and noted.**	**CPOs**
24.041	**ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE** The Company Secretary for WAHT/WVT presented the Annual Review of Board Committee Terms of Reference to the Foundation Group Boards. She explained that the Quality Committees' terms of reference needed more work before they could be standardised so were not included in the Report. Moving forward there was also a plan to look at standardising other documents including Trust Management Boards terms of references and Finance and Performance Committee's terms of references. The Foundation Group Boards approved and ratified the combined Foundation Group terms of reference for the Audit Committee, Appointments and Remuneration Committee and Foundation Group Strategy Committee. The Foundation Group Boards received and noted the combined Foundation Group terms of reference for Charity Trustee. The Foundation Group Boards received and noted the update on the terms of reference for the Clinical Governance Committee, Quality Assurance Committee, Quality Committee and Quality Governance Committee for the individual Trusts in the Foundation Group.	

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MINUTE		ACTION
	The Foundation Group Boards received and noted the update on the Foundation Group combined Terms of Reference for the Trust Management Board and Finance and Performance Executive. **Resolved – that the Annual Review of Board Committee Terms of Reference be approved and ratified as detailed above and received and noted as detailed above.**	
24.042	**GROUP DIGITAL TRANSFORMATION UPDATE** The Chief Digital Information Officer for WAHT presented the Group Digital Transformation Update to the Foundation Group Boards. She explained that the report came off the back of the update that went to Foundation Group Strategy Committee in February 2024 and pre-dated the most recent update to the Committee in April 2024, hence some of the timelines in the paper needed to be revisited. The Chief Digital Technology Officer for WAHT explained that there was a need to lean into technology and avoid technology silos to maximise productivity and improve efficiency, whilst also improving patient and workforce experience. She explained that Doctor Tim Ferriss had recently been welcomed back to NHSE and he was previously the National Transformation Director, with a real focus on digital convergence and the benefit that digital convergence could bring to everybody. The Chief Digital Transformation Officer for WAHT expressed that it was also important to embrace digital initiatives to support the gap around health inequalities. She added that the paper detailed how to leverage at scale the Digital Data and Technology (DDAT) portfolio across all functions. It also detailed how to work together to build on work that had already been done specifically by the Group Analytics Board (GAB), however recognised the different levels of digital maturity across the Foundation Group. The Chief Digital Transformation Officer for WAHT explained that the Group Informatics Proposal articulated five frames of reference for work through the DDAT portfolio which was Strategic Digital Leadership, Business Intelligence and Informatics, Digital Applications, Implementation and Optimization Infrastructure, and Innovation and Engagement. She continued that recently, there had been the publication of the Digital Maturity Assessment that was a national assessment with over 480 questions relating to digital maturity and digital capabilities. She expressed how the Digital Maturity Assessment would form a baseline to be unable to work and centre investment. The Chief Digital Transformation Officer for WAHT concluded by explaining that there was going to be £3.2 billion available for NHS Technology and we need to work together to understand how we can leverage tech to increase productivity. The Group Chairman invited questions and perspectives, and of particular note were the following points. The Group Chief Executive thanked the Chief Digital Information Officer for WAHT for her work on developing a more resilient analytics service across the Foundation Group. He highlighted that the Group Digital Transformation	

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MINUTE		ACTION
	Proposal and leadership structure would not take away the need for the individual Trust's accountability and ownership. The Group Chief Executive noted the reference to the NHS Technology funding coming in 2025 and that now was the time to focus on the Group Informatics and Technology Leadership and strategic approach in readiness for the investment. The Managing Director for WVT queried how the workstreams were going to report back to the four Boards and requested that the Chief Digital Transformation Officer for WAHT work through this. The Foundation Group Boards approved and ratified the Group Digital Transformation Proposal recognising that: • the proposed leadership structure would not take away the need for individual Trust's accountability and ownership; • specific analytical elements would be further developed through the established GAB structure and approach; and • the timelines set out in the paper would be revisited. **Resolved – that the** **A) the Chief Digital Transformation Officer for WAHT work through the reporting structure of the workstreams, and** **B) the Group Digital Transformation Proposal be approved and ratified.**	**VL**
24.043	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING HELD ON THE 16 APRIL 2024** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting on the 16th April 2024. **Resolved – that Foundation Group Strategy Committee Report from the Meeting held on the 16th April 2024 be received and noted.**	
24.044	**FIT AND PROPER PERSONS TEST ANNUAL DECLARATIONS** The Trust Secretary for SWFT/GEH presented the Fit and Proper Persons Test Annual Declarations to the Foundation Group Boards. She explained that the new Fit and Proper Persons Framework for Board members was published in August 2023. The report demonstrates that all Board Members within the Foundation Group are compliant with the new Framework, and all Board Members (voting and non-voting) have completed their annual declarations. The Trust Secretary for SWFT/GEH and the Trust Secretary for WAHT/WVT have completed Fit and Proper Persons checks. **Resolved – that the Fit and Proper Persons Test Annual Declarations be received and noted.**	

Wells Jo 06/06/2024 11:03:51

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

Public Minutes of the Foundation Group Boards Meeting
Held on Thursday 2 May 2024 at 1.30pm via Microsoft Teams

MINUTE		ACTION
24.045	**ANY OTHER BUSINESS** There was no further business discussed. **Resolved – that the position be noted.**	
24.046	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
24.018.01	Question from a SWFT Public Governor (West Stratford and Borders) The following question was submitted by the Public Governor in advance of the meeting: *'There is reference in the Deep Dive on UEC in the SWFT section to a private ambulance. Are SWFT providing this service or using this service and to what end?''* The Chief Operating Officer for SWFT explained that SWFT had been using a private ambulance service for patients that were waiting to be discharged back to their usual place of residence. Usually this would be provided by West Midland Ambulance Service (WMAS), however WMAS they had been incredibly strained with the increase in demand especially over the winter months. The Chief Operating Officer for SWFT added that SWFT therefore employed the support from a private ambulance company which had helped maintain flow and prevented longer lengths of stay for patients. **Resolved – that the position be noted.**	
24.047	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
24.048	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
24.049	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
24.050	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 7 FEBRUARY 2024**	
24.051	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.052	**FOUNDATION GROUP LITIGATION BENCHMARKING**	
24.053	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 JANUARY 2024**	
24.054	**ANY OTHER CONFIDENTIAL BUSINESS**	
24.055	**ELECTRONIC PATIENT RECORDS (EPR) UPDATE AND APPROVAL**	

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

Public Minutes of the Foundation Group Boards Meeting
Held on Thursday 2 May 2024 at 1.30pm via Microsoft Teams

MINUTE		ACTION
24.056	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on 7 August 2024 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chairman) Date: 7 August 2024
Russell Hardy

Wells Jo
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SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST
GEORGE ELIOT HOSPITAL NHS TRUST
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST
WYE VALLEY NHS TRUST

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 2 MAY 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023), 23.058 (02.08.2023), 24.007.02 (07.02.2024) and 24.035.01 (02.05.2024) Foundation Group Performance Report	The Managing Director of GEH provide an update on why GEH were an outlier for cancer diagnosis from ED attendance at the next Foundation Group Boards meeting.	C Free	
23.060 (02.08.2023), 24.007.03, 24.009 (07.02.2024) and 24.035.02 (02.05.2024) Deep Dive into Additional Performance Measures – Theatre Productivity	The Chief Operating Officers look into recording theatre utilisation data by cost per minute rather than by a percentage. The Chief Operating Officers' look at the variations in the Foundation Group Performance Report, particularly around theatre utilisation, and look at where improvements on productivity could be made across the Group based on best practice.	H Heran / R Snead / A Parker / H Lancaster	Chief Operating Officers are in the process of recalculating theatre productivity to include an indication of the resource cost per unit. Theatre Productivity and Utilisation would be picked up as part of the COO's deep dives schedule in August 2024
24.040 (02.05.2024) Implementation of the Sexual Safety Charter	The Chief People Officer's discuss ways to further support staff and members of the public with national schemes and safe words.	G Nic Philib / Geoffrey Etule / A Keoltgen	
24.042 (02.05.2024) Group Informatics Proposal	The Chief Digital Transformation Officer for WAHT work through the reporting structure of the workstreams.	V Lewis	

Wed 08 May 2024 11:05:00

REPORTS SCHEDULED FOR FUTURE MEETINGS			

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Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
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]

Foundation Group Improvement Week 2024

The week was designed, planned, and delivered by collaborating across the Foundation Group's Improvement teams and offered free to all colleagues and place and system partners. The five days were themed around Prof Helen Bevan's conditions for "positive deviants" to achieve change. Guest speakers included Prof Helen Bevan, Sonia Sparkles, Russell "Rusty" Earnshaw, NHS England, Dr Emily Rowe and the Coventry and Warwickshire Maternity and Neonatal Partnership Chair. Topics ranged from failing forward, co-production, sketch-noting, self-improvement, connections, and a 'mash-up' of the four improvement forums sharing improvement projects. In addition, 9 training sessions were offered that blended VMI, QSIR and bespoke training in data, prevention and health inequalities.

The week was well attended throughout, with good representation from all four organisations, and 132 people outside the foundation group attending. In total there was an attendance of 1868, by 771 individuals, averaging 104 colleagues at each session. This improved on last year's average of 45 and had the highest attendance in a session of 337. Feedback is overwhelmingly positive, with participants rating it as varied, interesting and a good use of time. Two learning points were to ensure managers encouraged attendance and facilitated time to attend. Colleagues unable to attend can watch back on the digital 'goody-bag' being shared. Overall, a theme came through about the power of connections in improvement, and improvement week helped these to form and strengthen. The sessions were engaging, informative and permissive, generating enthusiasm and discussion outside of the sessions. The week offered insight into topics that supported all 5 of the NHS IMPACT domains and the Big Moves to support our improvement culture. Participants were up-skilled and encouraged to return their learning to their teams, find their foundation group counterparts and take their next step in improvement.

Our Approach to Improvement

We reviewed our approach to Improvement as part of the 10 Point Plan. Elsewhere in the Group we use the Quality, Service Improvement and Redesign (QSIR) methodology. QSIR was designed in the NHS but is not dissimilar in principle to our own Virginia Mason Institute (VMI) approach. The Trust invested in

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[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.

VMI as part of a collaboration which commenced three years ago, and which will formally come to an end in October. At which point the Trust will be self-sufficient and will be able to train and support staff on an ongoing basis. The 10 Point Plan review stressed the need to make the training more accessible to all staff and this has been responded to well. We have also now adopted a similar approach to miniating our improvement focus as we see elsewhere in the Group. This entails a regular sharing and celebrating event and an overarching Improvement Board. The Improvement Board will report directly to Board on how we skill-up staff to tackle improvement as well as reviewing material investments and ensuring that our improvement capacity is evenly distributed between organisational objectives and local opportunities for improvement highlighted by our staff. I also think that it is important to consider improvement in its widest sense which ensures that quality, productivity, and cost improvement are not separately siloed as they often interrelate to improve services and access for our patients.

The sharing event that we have now launched is called Transformation Tuesday. This mirrors the event in Wye Valley Trust and will take place on alternate Tuesdays to theirs. Transformation Tuesday takes place virtually and provides a forum which any staff member can attend where improvement projects are shared in quick fire style to celebrate and share the learning. Sometimes we learn more from our 'failures' than we do from our successes, so we will share these too and in doing so foster a culture which encourages learning and is permissive to the endeavours of continuous improvement. AS set out above, the Group provides a fantastic environment to share learning between similar Trusts facing similar challenges. We therefore also encourage cross-fertilisation between the forums across the Group. This includes 'Fab Friday' at George Eliot Hospital NHS Trust and 'Open 2 Change' at South Warwickshire University Foundation Trust.

Visit to the Worcestershire Royal Hospital (WRH) Breast Unit

Having joined the Trust in August of last year the time has really flown by. I know that Stephen as Managing Director is getting out and about much more than I can, but I always try to punctuate my often too busy schedule with visits to clinical and non-clinical areas across the Group. A few days ago, I had the very great pleasure of visiting the Breast Unit at WRH. It is a fantastic, one-stop facility which supports patients from Worcestershire as well as Herefordshire. Supported by its own dedicated Charity, the Unit is an absolute centre of excellence and the attention to detail in the design and layout of the unit is truly impressive. It is always nice to experience the pride that staff have when they know that they are delivering great care in great surroundings.

I appreciate that it will not have been easy for the team to create such a great facility but clearly through their commitment and hard work they have pulled it off. I would like to thank Dr Penny Haggett, Consultant Radiologist for showing me around and for the leadership that she and Consultant Surgeon, Mr Stephen Thrush have shown over the years to take the services to where it is today.

Integrated Single Point of Access (ISPA)

I also recently had the pleasure of visiting the ISPA team who are based on the WRH site. I was very impressed with the way that the service has been set up and the skills of the team involved. Through this team, we have the ability to reduce the number of patients who are brought to our Emergency Departments when they could have accessed more appropriate alternative services. For the service to work most effectively we will need to ensure that it is used by primary care, care homes and Ambulance eservice colleagues. Looking at the data, the latter still shows scope for improvement and as a consequence I have flagged the opportunity with the CEO of West Midlands Ambulance Service FT who has responded positively.

Financial Escalation Meetings

Following the second submission of 2024/25 Financial Plans to NHS England, all systems in deficit have held escalation meetings with Regional and National colleagues. For us, the meeting took place on 10th May. The view of NHSE is that all systems have been given sufficient funding to ensure that their financial plan for this year broadly matches that of last year. Unfortunately, many Systems, including our own are not able to confirm this 'steady state' position. In most cases this is due to a combination of factors including the impact of using non-recurrent funding to support last year's plan. Much of the

Wed 15 May 2024 12:53:14

challenge from NHSE where deficits have increased has been scrutiny on overall increases in headcount which have not delivered increases in activity or reductions in temporary labour costs. Improvements in Urgent and Emergency care pathways should protect elective capacity better to secure elective recovery fund payments for reducing the waiting list. Increases in elective activity, alongside reductions in premium temporary labour costs feature heavily in our challenging financial plans, a situation replicated across the Group.

The overall System financial plan still delivers a large deficit. Both WAHT and Wye Valley NHST currently have deficit plans in part driven by a loss of non-recurrent income compared to last year. A further stretch to cost improvement plans has been proposed which, together with some other changes would reduce the overall system deficit to a position of around £80m. At the stage of writing this report the revised deficit plan has not been signed off as acceptable by NHSE.

These are very financially challenging times for the NHS. Our revised deficit is now just below £60m and our Cost and Productivity Improvement plan target for the year now sits at a figure just above £45m, just over 6.6% of turnover. This represents the highest level of cost and productivity improvement that we have ever set out to deliver. The productivity element of the plan will be key to pulling this off as this is certainly one of the best ways to improve our finances as it entails treating more patients and reducing waiting times. Across the Trust there is a strong desire to deliver our required improvements in this way.

Workforce Productivity Diagnostic Tool

The tool was launched shortly before the May national CEOs meeting as part of a suite of tools to support productivity improvement. The data supporting it will be regularly updated and will include more timely data than we have previously seen within the Model Hospital analysis. The first release of the tool included data up to month 5 of 2023/24 and allowed comparison between this and the 2019/20 financial year (last comparative year prior to Covid) and the 2023/24 full year. Trusts are encouraged to work through the data and to assess correlation to staff survey results and relevant workforce management initiatives such as job planning compliance and electronic rostering.

Increases in headcount are compared to value-weighted activity volumes. Based on the national analysis, adjusted productivity in 2023/24 was felt to be around 11% lower than before the pandemic or 8% when adjusted for the impact of industrial action. Nationally four factors are said to explain roughly half of the decline: increasing costs as infrastructure and tech is upgraded; increased length of stay for patients; increasingly expensive new medicines; and temporary staffing costs. However, this still leaves a gap which has not yet been explained from national data. In particular, we cannot yet estimate the impact of reduced staff discretionary effort as we have come through the pandemic and industrial action. NHSE have also suggested that the loss of experienced workers after Covid could have contributed. In relation to length of stay, it said this was partly due to rising acuity, but also disruption to operational processes and constraints on out of hospital capacity in particular social care where domiciliary care capacity has been recovering post-pandemic.

The service has faced criticism for its major increases in staffing and funding whilst not delivering significantly more activity. Current measurements of productivity need to be improved, particularly where service delivery models have changed. Particularly as certain activity types, including diagnostics, advice and guidance, and same day emergency care, are not included in the analysis.

The local data shows that a workforce growth of 10%, delivered an activity reduction of 1.4% , which equates using their methodology to a 10.4% overall implied productivity fall. The year-on year data showed a productivity increase of 0.4%. These new tools are likely to feature heavily across the NHS over the next few years. We will therefore ensure that they are captured in our performance dashboard.

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Further Capital Incentives for A&E Performance in 2024/25

NHSE announced earlier this month that its capital incentives scheme for improved emergency care performance will return this year. Up to £150m of funding will again be available for 2025-26 capital budgets for trusts which can demonstrate improved performance against the four-hour waiting time

standard and category two ambulance response times. It will also be used to reduce 12-hour accident and emergency delays for the first time.

Reducing Premium Temporary Labour Costs

I recently took part in a BBC interview to highlight the excessive costs to the NHS of using off-framework staffing agencies. The specific example used, the Thornbury Agency, charge the NHS up to £2,000 for individual nurse shifts with only a proportion of the fee going to the clinician. Off framework agencies are those who refuse to operate within the cap set by NHSE which is deemed to be a realistic maximum charge to cover vacant shifts.

The NHS has set an objective to completely irradicate the use of off framework agencies from July of this year. This will not be an easy task as some agencies have targeted recruitment of staff from specialist areas in the NHS where staffing is most challenged. We hope that by making a coordinated effort, the NHS could potentially rid itself of these high-cost agencies, or at least significantly reduce the volume of activity they undertake. The nurses who work for these agencies are being encouraged to take up roles within the NHS or to move to those agencies which are willing to work within the framework pricing model. All four Trusts in the Group offer flexible working patterns for clinical staff which are able to match those offered by these agencies. Direct employment in the NHS is potentially even more flexible and convenient as we generally leave high-cost agency requests until the last minute when all other options have been exhausted.

More from our great teams

Two day-case knee replacements mark a double first for our Trust

Congratulations to the multi-disciplinary teams at the Alexandra and Kidderminster who last month celebrated a double first with not one, but two knee replacement patients having their operation and going home on the very same day at two of the Trust's hospitals.

The patients were both back home within 12 hours of their procedures at the Alexandra Hospital, Redditch and Kidderminster Treatment Centre - marking the first time the Trust has provided total joint replacements as day case procedures.

The same day treatment marks a new way of providing joint replacements at the Trust for patients who are fit and well enough, providing them with enhanced support for their recovery including post-operative physiotherapy almost immediately after they come out of the operating theatre. This means that within around four hours of having their surgery they are able to walk on crutches and can be safely discharged to continue their recovery in the comfort of their own homes with ongoing support and advice available if they need it.

Day case surgery offers considerable health benefits for all patients who can be safely treated in that way, but it also helps the Trust to free up beds on our surgical wards for those who require a longer stay in hospital, and provide a variety of procedures, more quickly, further reducing waiting times for local people.

Praise for Critical Care team at Worcestershire Royal

Congratulations also to the Critical Care team at Worcestershire Royal who received an extremely positive report and improved rating from the Care Quality Commission.

In a report which gave them an overall rating of 'Good', the CQC inspectors noted that "leaders and staff were working together well to ensure people received good care and there was a positive culture within the service. Leaders collaborated with partner organisations to help improve services. For example, the trust worked with in partnership with a local Aspergers Syndrome support group to find out how they could improve this community's experience of critical care and worked with other local partners to develop an Autism policy for the trust."

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The report continues: “We found staff treated people with compassion and kindness. They took time to support people and their relatives and to understand what was important to them, ensuring they retained what was special in their lives. Additionally, staff built trusting relationships with people and their relatives, giving them help, emotional support and advice when they needed it. The nature of a critical care unit means that people can’t always be involved in decisions about their care. However, whenever possible, relatives were consulted on their loved ones’ care and their views were considered.

“Staff should be extremely proud of the care they’re providing to people using the service and their families. Other providers of similar services should look at this report to see if there’s anything they can learn.”

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
06/06/2024 11:05:51

Putting Patients First

4ward

NHS
Worcestershire Acute Hospitals
NHS Trust

Integrated Performance Report

JUNE 2024

Wells
06/06/2024 11:05:12

Trust Board| v0-1| Up to Apr-24 data

Last updated 3rd June 2024

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

Context: This month covers the period in which significant workforce, finance and activity planning has been undertaken to conclude system agreements. This has led to a plan that is challenging in terms of financial delivery and underpinned by the need to substantial increase the activity and productivity of our services. Alongside this the Trust is enhancing the controls on workforce spend, in particular high cost agency and temporary spends. The Trust remains committed to delivering this, and the operational and quality standards expected.

Operational performance: Urgent and Emergency Care activity was 1565 greater than same period in 2023. 48.8% were seen within 4 hours. 39% of patients arrived by ambulance and 836 waited longer than hour for handover. We have seen a cumulative reduction for hours lost at both sites. There was a continued reduction in the number of patients waiting over 12 hours in ED. The length of stay for patients continues to increase, as does the number over 21 days. In cancer performance the Trust has been de escalated from Tier 1 (national escalation) to Tier 2 (regional escalation). The Trust had 2941 referrals in April the highest since March 2023. The Faster Diagnosis Standard is an unvalidated performance 73%. The performance against 62 day targets is 63%. 404 were treated in month which is the highest achieved. For Elective procedures 2204 are waiting over 52 weeks, with 472 over 65 weeks and 13 over 78 weeks.

Quality and Safety: Mortality remains within expected ranges, though with Summary Hospital Level Mortality Indicator (SHMI) for the Alexandra Hospital work is underway to review after a rise. Sepsis screening module has been launched on 8th May for our electronic systems. A number of infection types have increased from the same month in 2023. Surgical division complaint responses are an area of focus due to high numbers overdue. Falls remain under the national benchmark per 1000 bed days.

Workforce: Monthly sickness absence increased by 0.16% to 5.91%.Job planning is an area of focus due to low compliance at 69%, though SCSD being the highest at 73%. Mandatory training compliance remains at 91%. Medical appraisal requires improvement at 79%. Vacancies have increased but this due to the increase in funded establishment. Primarily, this is the permanent recruitment of the two winter wards. Other business cases are linked to reduction of high cost agency spends and increasing activity. Strengthened vacancy control processes for non clinical posts are in place.

Finance: An initial assessment of income, and pay and non pay is provided. It shows pay £67,000 under plan, non pay £241 000 under plan and income circa £ 1 million. CPIP will be transacted from month 2.

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OUR OPERATIONAL PERFORMANCE

Helen Lancaster

Chief Operating Officer

Our April performance reflects the challenges in sustaining improvements we have seen in elective care, cancer waiting times and in Urgent and Emergency Care on a month-to-month basis. April 2024 was again a month of high volumes of attendances but, unlike March, the percentage who were in our Emergency Departments for no more than four hours did decrease. Working with our partners we are focussing on reducing delays in discharge and enabling patients across Worcestershire to be in the right place for their care. We are also implementing changes in our internal services and processes to support improvements in flow, as well as introducing new services and approaches.

Cancer care remains a top priority for the organisation. The teams locally are now driving towards our local ambitions for 2024/25 for patients in all tumour sites and our commitment to diagnosis more patients within 28-days, with a particular focus on improving this for patients with a cancer diagnosis, which is the first step in enabling as many patients as possible to start their treatment within 62-days. This does represent a real challenge for the organisation but one which I know my colleagues are fully committed to delivering, in collaboration with our local ICB and our tertiary partners. Tier 2 meetings with NHS England are now in place and we continue to provide assurance that we are improving the delivery of timely care to our patients.

We continue to reduce our longest waiters each month but still have a small cohort of patients who are either at risk of breaching or are already waiting over 78-weeks. Our plans to reach 0 by the end of May for 78-weeks remain but are challenged by patient complexity and choice and we are working hard across multiple specialties to deliver 0 65-week waits at the end of September 2024, in line with the national ambition. This includes ensuring that all patients who still require their first outpatient appointment are booked and seen by the end of June.

We are working with foundation group partners and independent sector providers to treat our longest waiting patients and are actively offering patient's choice of provider where we can, to enable patients to receive their treatment as quickly as possible.

Our clinical divisions are developing operational delivery plans to increase the volumes of activity they can deliver through operational productivity so we can treat more patients this year particularly through the share and spread of the GIRFT Further Faster programme which will support us to help patients to attend their appointments, reduce the number of patients cancelled on the day of surgery and to ensure that we make best use of the resources we have across the organisation.

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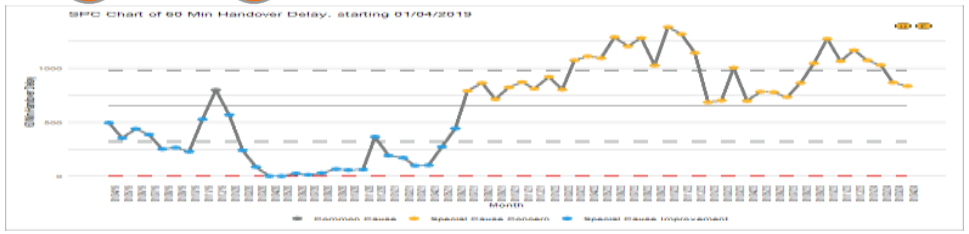
OUR OPERATIONAL PERFORMANCE - URGENT CARE

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.

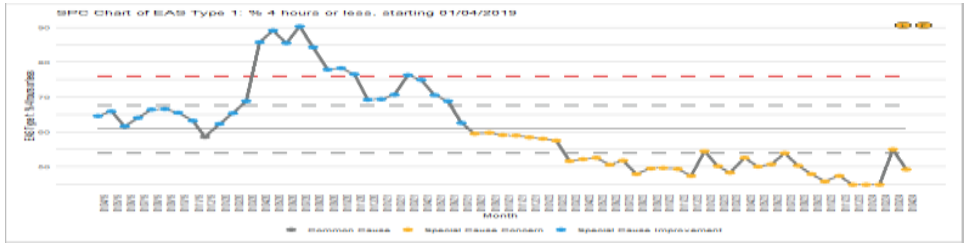
Assurance F **Variation** H

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.



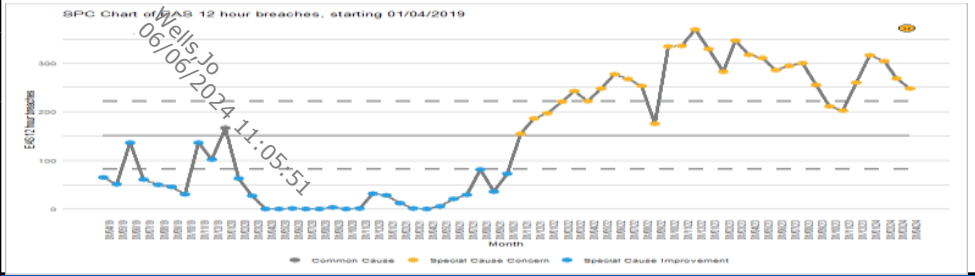
Assurance F **Variation** L

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

12,092 patients attended the Trust's Emergency Departments in Apr-24 (1,565 more attendances than Apr-23). 48.8% of those were treated and either admitted or discharged within four hours of arrival. The operational planning guidance for 24/25 established a performance expectation of a minimum of 78% at Mar-25.

Of the 3,805 patients who arrived by ambulance, 39% were 'handed over' within 15 minutes and 836 waited longer than 60 minutes to be handed over. 2,143 patients (17%) spent 12 or more hours in our emergency departments.

Update and Actions

- Single point of access in place – including 'call before convey' provision for West Midlands Ambulance Service
- Increased Surgical SDEC provision – working alongside Medical SDEC in the former Emergency Department Footprint.
- Frailty SDEC now live and undertaking an 8-week PDSA improvement cycle.
- Robust discharge escalation process developed and in place to drive the number of long length of stay patients down and to identify challenges and barriers.
- Internal Professional Standards Board rounds successfully embedded in 4 wards (next 2 wards will be Avon 4 & Ward 14 at ALX)
- EDS rolled out to 4 priority wards, supported by MSSU and MAU. Planned full roll out across all medicine wards at WRH

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.

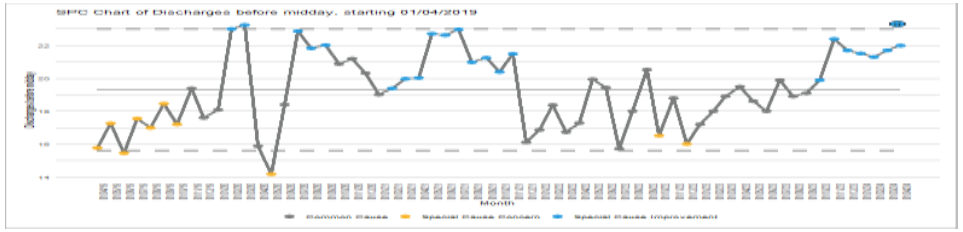
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

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.

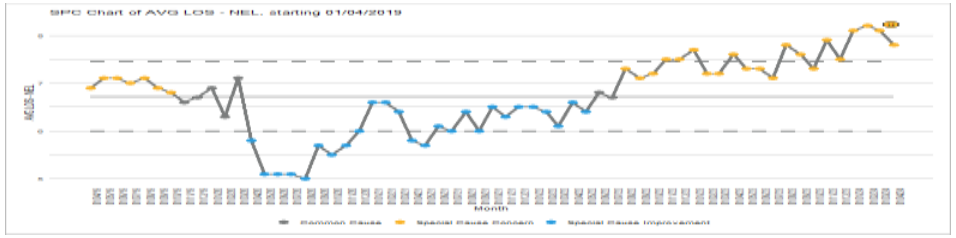
Assurance F **Variation** H

This metric is **improving.** The target (33%) lies above the process limits so we know that the **target will not be achieved** without change**.**



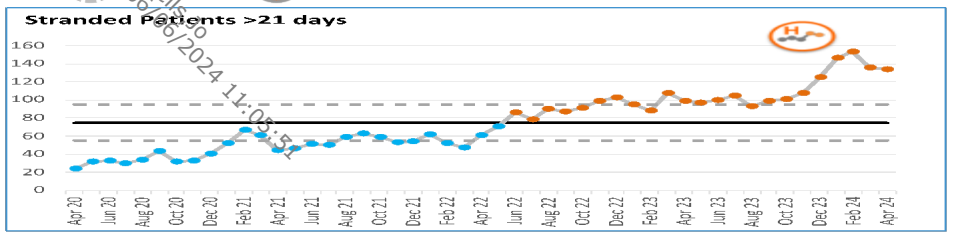
Assurance **Variation** H

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



Assurance **Variation** H

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



Performance and Actions

Discharges before midday showed no significant change in March 2024 with an average of 21.9% 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 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

- Patient Acuity
- Clinical engagement

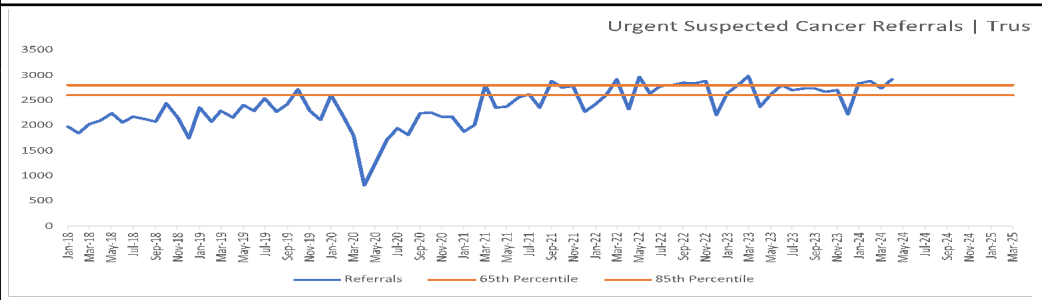
What the charts tell us

In March 3,336 patients were discharged from G&A beds and 727 (21.9%) were before midday. The average LOS for a non-elective patient was 7.8 days; when you exclude patients for a zero LOS, this increases to 8.3 days.

OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

We are driving this measure because

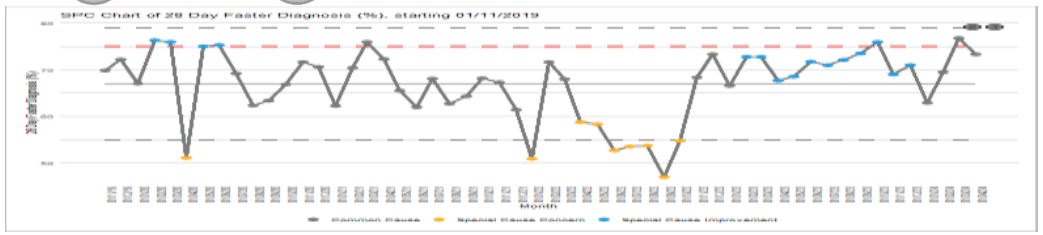
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen or treated as part of their pathway and those key measures are monitored in these slides. 75% of patients referred for suspected cancer should receive a diagnosis within 28 days (Faster Diagnosis Standard), 96% of patients should start their treatment with 31 days of a Decision to Treat and 85% of patients with a cancer diagnosis should start their treatment within 62 days.

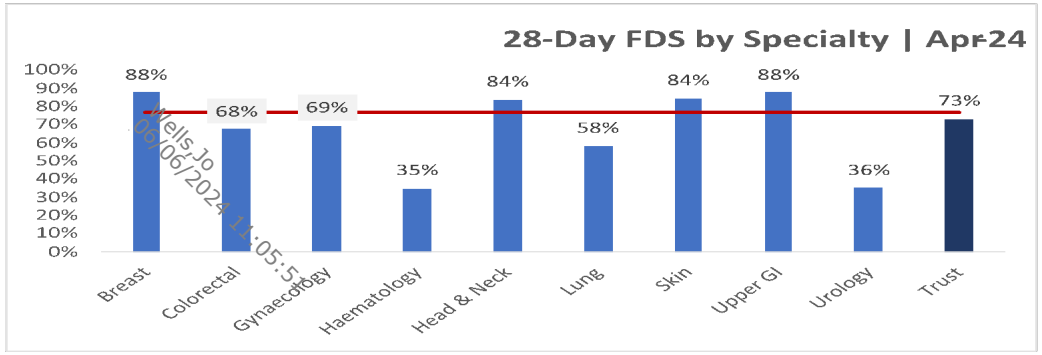


Assurance

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 2,941 new GP referrals for suspected cancer in Apr-24; the last time there were >2900 referrals in a month was Mar-23. Our Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 73% for Apr-24. The Trust informed 2,995 patients of their diagnosis with 786 breaches of the 28-days standard. The two previous instances of informing >2,900 patients saw the Trust's performance at 54% and 68%.

Updates and Actions

- The Trust has been de-escalated to tier 2 (regional escalation) from tier 1 (national escalation) due to improvements in cancer performance
- Quarterly tumour site level targets confirmed – this recognises the challenges and additional complexities and where there are opportunities to go further and faster, to support the Trust to deliver at least 77% by end of March 2025.
- Current FDS performance dipped just below the 75% standard in April 2024 driven by decreased in performance in Colorectal and Urology. For colorectal this was caused by a combination of leave and unplanned sickness absence in the teams, leading to delays in triage. This is expected to recover for May 2024.
- In Urology, triage capacity and post-MDT capacity continue to be reliant on additional capacity. In April, additional capacity to support was not in place due to a reduction in short term medical cover. Further opportunities to streamline diagnostic pathway being progress by directorate team with support from Cancer Improvement Director.
- As expected, Skin has recovered its FDS performance and is now expected to maintain performance over 80%
- Refreshed Cancer Improvement Plans being developed for all tumour sites - regional priority tumours sites – Colorectal, Gynaecology, Skin and Urology.
- Histopathology reporting supported by significant outsourcing of routine work to deliver 10-day turnaround time., with financial impact to the Trust.

Risks

- Histology, radiology and urological clinical capacity for outpatient appointments remain an issue though this is improving through short term interventions
- Financial impact of additional capacity to support diagnostic pathway (particularly pathology and imaging)

What the charts tell us

Referrals are above 85th percentile and third highest month on record. 28-FDS performance shows common cause variation. Four specialties achieved the Mar-25 standard of 77%

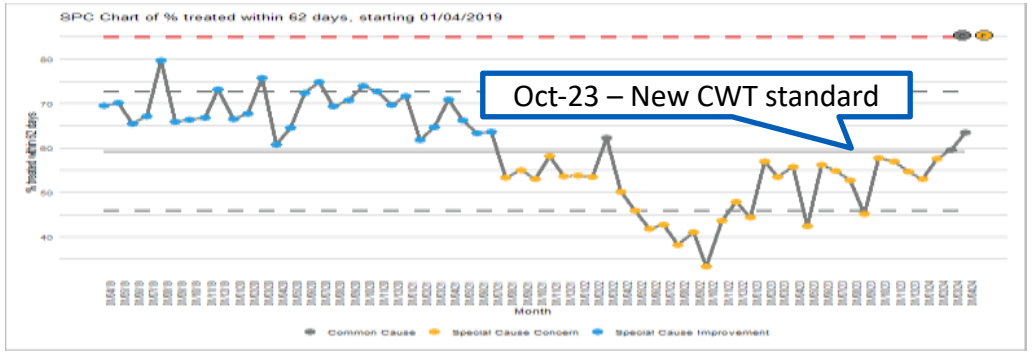
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY & 31 DAY START OF TREATMENT STANDARD

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 and those key measures are monitored in these slides. 75% of patients referred for suspected cancer should receive a diagnosis within 28 days (Faster Diagnosis Standard), 96% of patients should start their treatment with 31 days of a Decision to Treat and 85% of patients with a cancer diagnosis should start their treatment within 62 days.

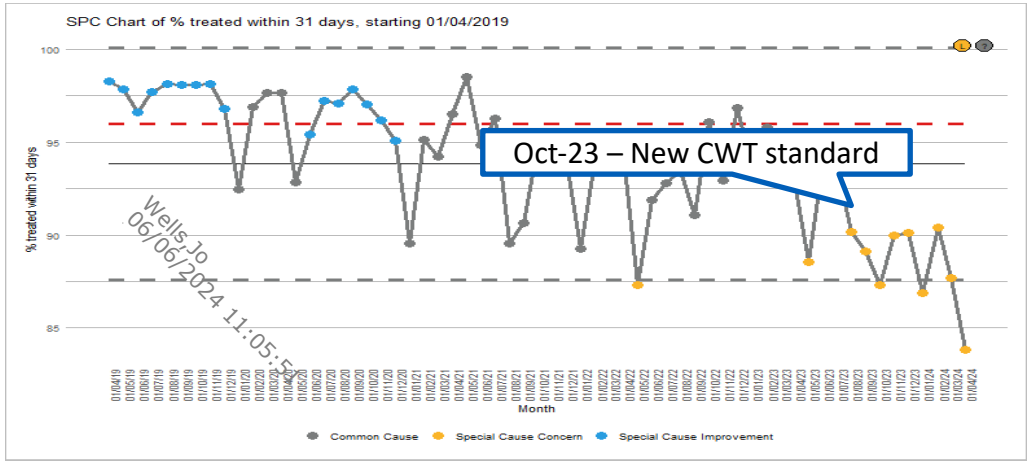
Assurance **Variation**

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



Assurance **Variation**

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



Performance and Actions

The Trust unvalidated position for 62 days cancer waiting time performance in Apr-24 is 63% with 148 recorded breaches and 404 patients treated. This is the most recorded treatments in a month on record.

Those patient waiting longer than 62 days (cancer backlog) continues to be reviewed and monitored daily. Quarterly targets have been confirmed at specialty level for **all pathways** (not just urgent suspected which was the focus in 23/24) with a year-end target of no more than 110 patients over 62 days and no patients over 104 days at the end of September. There were 198 patients over 62 days at the end of April, 49 of whom were over 104 days.

Although 674 patients were recorded as receiving first or subsequent treatment after decision to treat, only 84% were treated within 31 days. Timeliness of first treatment and subsequent surgery treatments are the areas to improve.

Many of the drivers for performance align to the FDS performance. A focus on improving performance against the FDS standards for patients with cancer is being driven through the Elective and Cancer Delivery Group and Cancer Board. In addition, there are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies.

- Oncology capacity is impacting performance in several tumour sites – additional capacity clinics continue to support delivery however these are not sustainable in the long term, which represents a risk to delivery. Longer term workforce plan in development and expected in July 2024. Strategic partnerships to be explored to support sustainability.
- New Cancer Access and Escalation policy approved
- Tumour site level improvement standards defined and issued to all tumour site to ensure at least 70% of patients within cancer start their treatment within 62 days by the end of 2024 at Trust level, with variation depending on current performance at tumour site level. In addition, the Trust will continue to reduce the number of patients over 62-day by the end of 2024/25 and eliminate 104-day waits for all tumour sites by the end of September 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

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

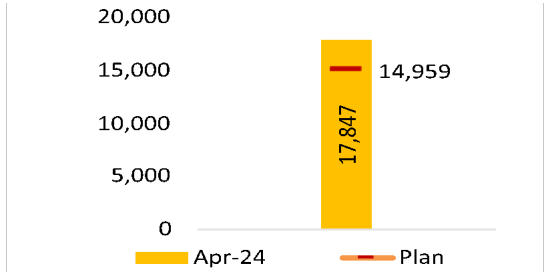
The CWT 85% target for 62 days has never been achieved, however, has transitioned from special cause concern to normal variation. 31-day has been special cause concern since Feb-23.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

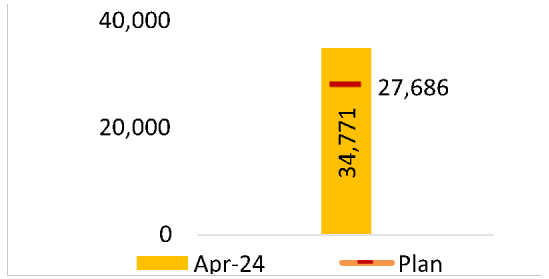
We are driving this measure because

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 Sep-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.

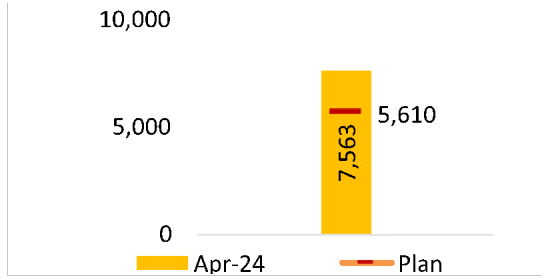
Outpatient New Activity



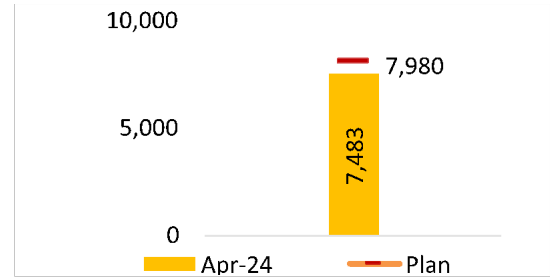
Outpatient Follow-up Activity



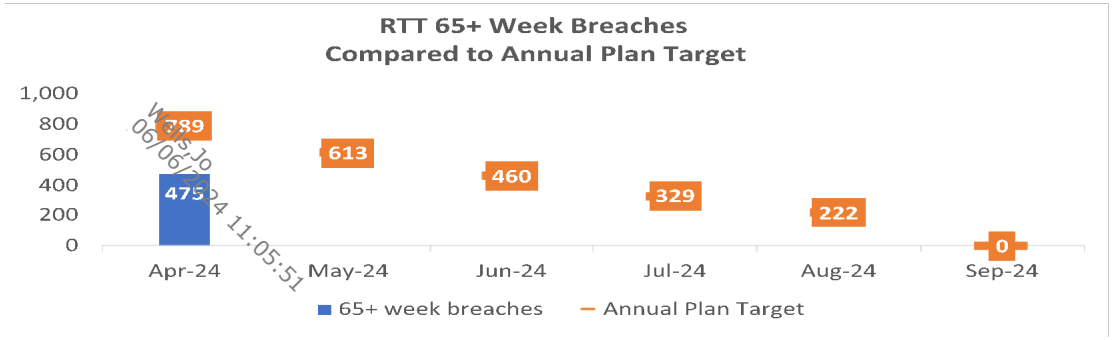
Outpatient Activity with a Procedure



Day Care and EL IP Activity



RTT 65+ Week Breaches Compared to Annual Plan Target



Performance and Actions

In April 2024 (unvalidated), the Trust delivered 17,847 new outpatient appointments (19% above plan) and 34,771 follow up appointments (26% over plan). In-line with 24/25 annual planning guidance, we are now reporting on Outpatient appointments with a procedure which was 35% above plan. Inpatient and day case activity was below plan by 6%.

RTT validated submission for Apr-24 is 2,204 patients waiting over 52 weeks, of whom 472 were waiting over 65 weeks, 13 over 78 weeks and there were no patients waiting over 104 weeks. Specialties of greatest concern for 65-weeks include Oral Surgery and ENT with >150 patients breaching at month end.

Actions

- Ongoing validation of RTT waiting list in line with national guidance – rolling 12-week programme.
- Daily monitoring of 78-week risk cohort within surgery by Divisional Operations Director – focus on eliminating 78-week waits by May 2024
- Trust commitment to eliminate all 65-week waits by end of September 2024 at the latest in line with annual planning guidance. All patients in this cohort will be seen for their new appointment by end of June 2024
- Mutual aid support from Foundation Group and other NHS provider as well as independent sector but increasingly additional capacity within the Trust is enabling improvements.
- Trust Access policy being refreshed to align to latest guidance – Approval target July 2024
- Additional capacity and productivity opportunities to support delivery – focus on outpatient transformation and impact of GIRFT Further Faster as well as full year impact of additional theatre capacity at Alexandra Hospital site.
- Theatre Programme focus on opportunity linked to a reduction of on-the-day theatre cancellations. ENT and Maxillofacial Surgery impacted by bed pressures on Worcestershire Royal site
- Review of bed allocation to right size bed base for specialties
- Focus on reducing elective length of stay – particularly for hip and knee replacements, supported by GIRFT programme (Anaesthetics and Peri-operative Medicine). First for Worcestershire Day case knee replacement planned for April 2024.
- 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
- Reinforcement of theatre booking policy to ensure maximal use of capacity
- Use of locums to cover hard to fill vacancies
- Review of theatre allocation to deliver maximum benefit for patients

Risks

- Urgent care demand impacting physical capacity and staffing
- Workforce challenges

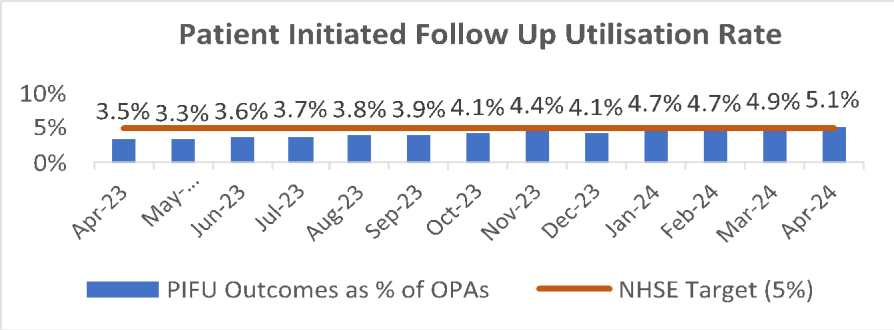
What the charts tell us

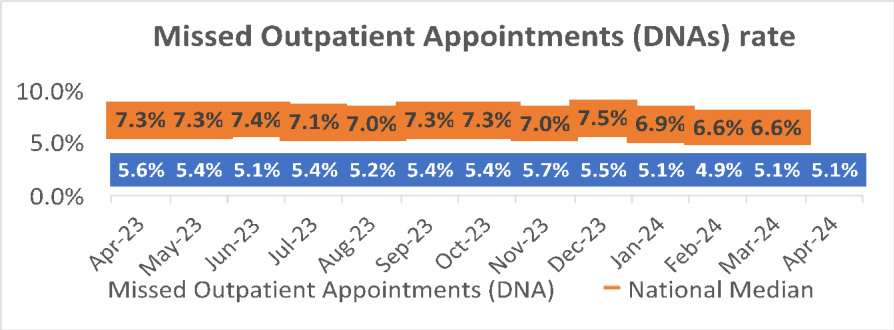
The bullet charts above compare our unvalidated activity for Apr-24 to our submitted plan for 24/25. The only metric below plan is Day Case and Elective Inpatient combined with Day Case -462 and elective inpatient -35 to plan; an overall difference of -497.

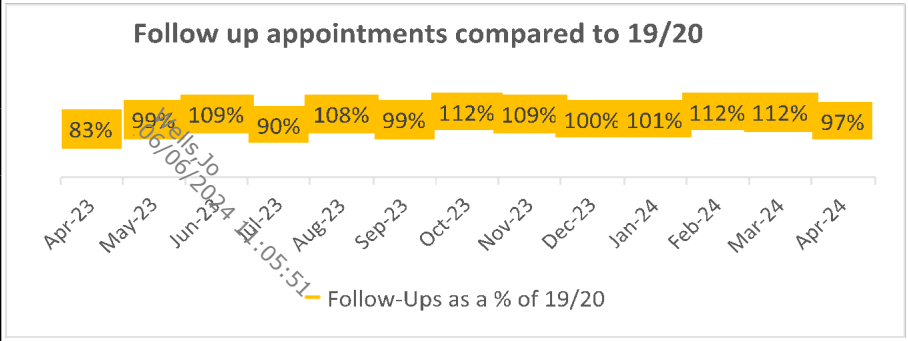
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

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 5.13% in Apr-24. It continues to be the case that a large percentage of specialties are delivering PIFU more than their national median comparator.

Trust wide DNA rate in April was 5.1% and remains below the national median benchmarking though at a specialty level there is some variation.

Actions

- Divisional plans to achieve 85th percentile performance of PIFU – increasing focus to support annual plan delivery
- 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, with gynaecology common conditions document now launched to primary care
- Review of follow up waiting lists for PIFU pathway opportunities aligned to national best practice and clinical risk – to be funded through GIRFT Further Faster monies
- 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 with a DNA Improvement Plan in place
- Continued focus on waiting list validation, with rollout for non-RTT patients planned in Q2
- Focus on non-RTT backlog including overdue follow-up and patients on active monitoring.

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 – PIFU rate has increased to above 5% for the first time. **DNAs** remain below the national median with ~2,900 OP appointments a month currently being missed due to DNA. **Follow-Up reduction** – unvalidated data for Apr-24 shows that we delivered 3% fewer follows up in Apr-24 compared to Apr-19 (~1,000 appointments).

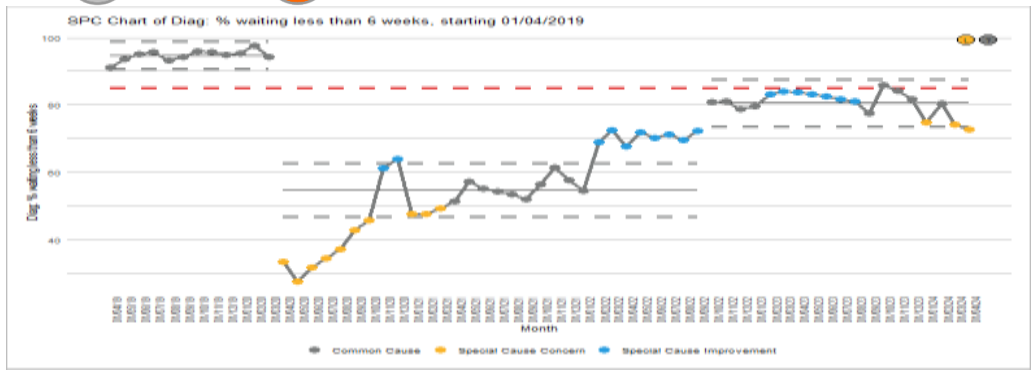
OUR OPERATIONAL PERFORMANCE – DIAGNOSTIC TESTING (DM01)

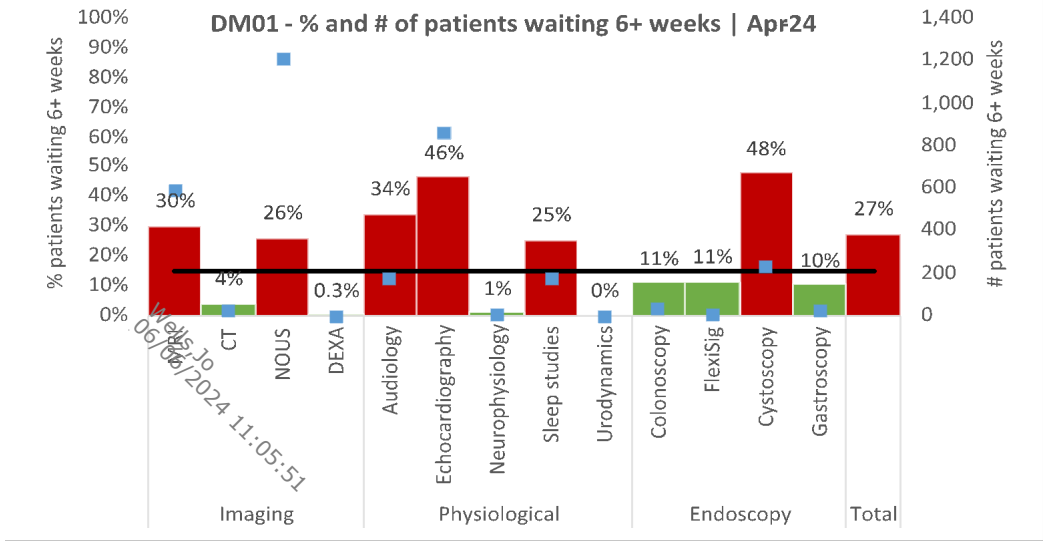
We are driving this measure because

Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

Assurance **Variation**

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





Performance and Actions

Our overall performance at the end of Apr-24 was 73% waiting less than 6 weeks (27% over 6 weeks) with 3,338 patients waiting over 6 weeks, of whom 702 were waiting over 13 weeks. The deterioration in performance observed in the last few months can be seen across multiple modalities (second graph on the left).

Updates and Actions

Echocardiography

- Mismatch demand and capacity, impacted by vacancies within cardiopulmonary team – reliance on additional capacity outside of core to deliver service. Additional capacity delivery proposed to support recovery of waiting time, pending discussion and approval with executive team.
- Additional support worker case developed to supported additional 3000 echocardiograms per annum – pending discussion and approval

Audiology Assessments

- Improving position for third month in a row.
- Recovery Trajectory and action plan in in place with ICB support

MRI

- Recent deterioration linked directly to increased focus on delivery of cancer standards with additional carve out to respond to increased demand, particularly in urology cancer as a result of media interest
- Additional mobile capacity from Wye Valley increases short term capacity with medium – long term strategic options being developed and expected August 2024

Urology (Cystoscopy and Urodynamics)

- Urology diagnostic tests remain challenged.
- Review of best practice on waiting list management in line with NHS England guidance
- Increased capacity planned as part of Urology Intervention Unit business case. Implementation programme for UIU supported by Cancer Improvement Director. Recruitment in progress with phased increased in UIU capacity from June 2024, with full capacity expected September 2024

Risks

- Financial impact due to reliance on additional capacity
- Delays in diagnostics impact elective and cancer recovery
- Competing priorities for diagnostics modalities (balancing cancer recovery, and Diagnostics waiting time standards)
- Ensuring sufficient capacity for surveillance patients for surveillance scans and tests

What the charts tell us

The first chart shows that performance of 73% is special cause concern; the third time since re-baselining the data. The second chart shows e.g. that 46% of Echocardiography's waiting list is > 6 weeks and this is 857 patients (the blue squares). The most breaches over 6 weeks are sat with non-obstetric ultrasound (NOUS), 1,209 patients.

OUR QUALITY & SAFETY

Dr Jules Walton

Joint Chief Medical Officer

Mortality indices remain within the range of expected variation. We are potentially seeing a rise in our Summary Hospital-level Mortality Indicator (SHMI) for the Alexandra site, so are reviewing this to understand the cause and identify any actions that will be required.

There has been renewed focus on the Fractured Neck of Femur pathway with good engagement from the multidisciplinary team across both Surgery and SCSD. Several new actions are being taken, in line with improvement principles, which are being monitored through a weekly review meeting.

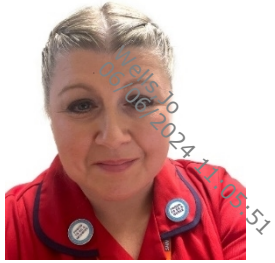
The Sepsis screening module was launched in our EPR on the 8th May. Assurance from manual audits has been maintained while we transition to Sepsis screening electronically. A sample of patients identified to be at risk of sepsis during April showed that 87.9% of them had the sepsis treatment bundle implemented within 1 hour.

Dr Julian Berlet

Joint Chief Medical Officer

The targets for 24/25 have not yet been published, however it is noted that in April 24 Cdiff, MSSA, Pseudomonas and Klebsiella infections have all increased from the same month in 2023. The number of flu and covid outbreaks have reduced in month with one CPE outbreak and one D&V outbreak declared, which have been effectively managed with bay and ward closures. There are four high impact intervention audits which were non-compliant in Apr-24, which are being investigated to ascertain the root cause for this non-compliance.

The complaint compliance target to close within 25 days dropped to 47.7% and did not meet the target. The Trust had 133 complaints still open at the end of April 24, which is a decrease from previous month, and there were 80 new formal complaints received with 30% called within 5 days to discuss the complaint. Of the 133 open complaints, 31 have breached 25 days, of which 23 are within the surgery division. No complaints have breached over 3 months. There are specific actions regarding the complaints process within the Surgical Division.



Sarah Shingler

Chief Nursing Officer

The total number of falls remains below the national benchmark in April 24 with 4.53 total falls per 1,000 bed days (national benchmark of 6.63). There were no SI falls in April 24. The total number of HAPUs in April 24 was 19 (0.83 HAPU per 1,000 bed days), which is a decrease from last month. There were zero HAPUs causing harm in April 24.

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 April 24 and Maternity remains unchanged . Patient Experience Lead Nurse and Quality Matron to monitor and will be reviewing the use of FFT throughout QAV visits and Ward Accreditation processes. A new Maternity Patient Experience Lead is now in post who will be engaging and launching methods of gaining feedback from all maternity areas and also making links with Maternity Neonatal Voices Partnership. All governance managers are aware of the FFT results for their divisions via Patient Carer and Public engagement meeting and have been asked to raise awareness at internal meetings about the decrease and to action and promote feedback making every contact count.

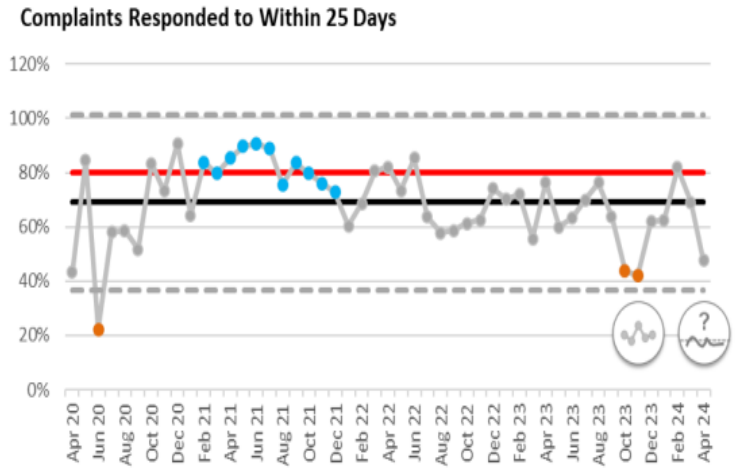
OUR QUALITY & SAFETY - COMPLAINTS

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 80 new formal complaints received within Apr-24 with 16 (30%[1]) called within 5 days to discuss the complaint.
- The Trust had 133 complaints still open at the end of Apr, of which 22 have been reopened.
- Of these 133 complaints, 31 have breached 25 days (8 of which have been reopened)



- The Surgery Division accounts for 64 (48.1%) of all open complaints and 23 (74.2%) of those that have already breached 25 days (5 of which have been reopened).
- Compliance with complaints closed within 25 days dropped to 47.7% in Apr-24 and did not meet the target.

Wells Jo
06/06/2024 11:05:51

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 worsened this month, but breaches have reduced slightly again and remain stable at the time of reporting; it will not be possible to achieve the KPI until Surgery breaches are reduced to a manageable level (circa 5 or less) continuously.
- All breaches are within 3 months overdue at the time of reporting
- With the current number of breaches, and accounting for the larger proportion of open cases received which are due in May/June, there remains 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
  - Limited additional support to division continues until end of May 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.
- Compliance reporting is also circulated monthly to each Division, demonstrating where each needs to improve in relation to timeliness of responses, phone calls to complainants and completion of complaints actions and learning.
- 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

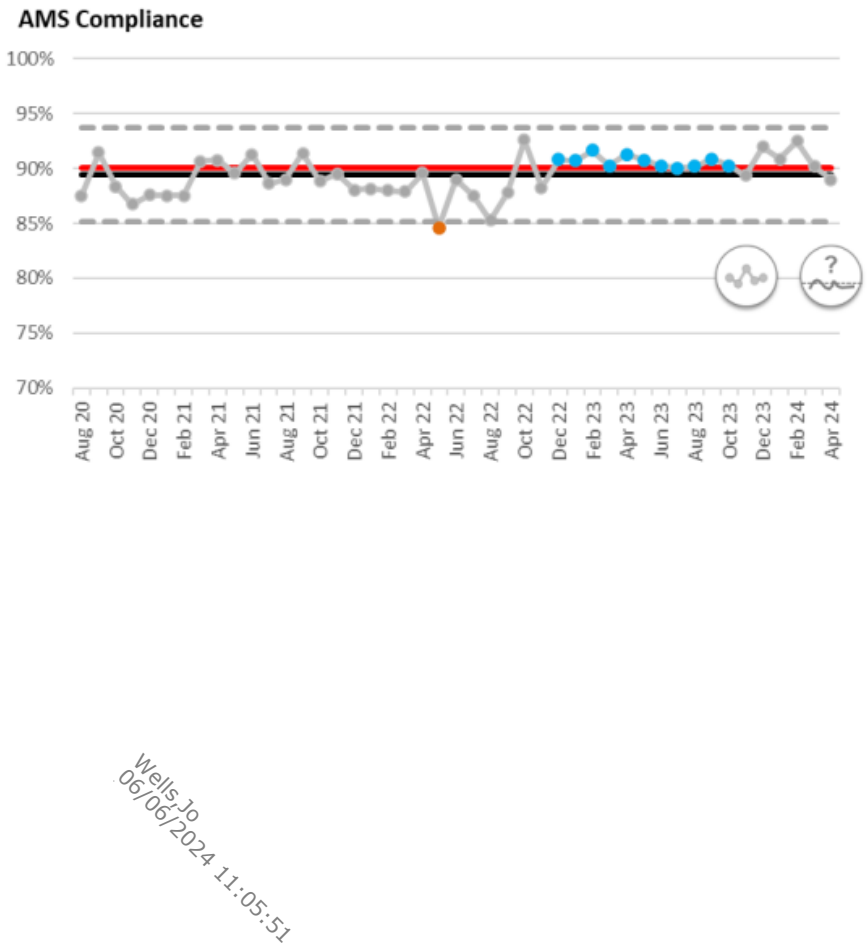
What the charts tell us

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 - 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 314 audits were submitted in Apr-24, compared to 334 in Mar-24.
- Antimicrobial Stewardship overall compliance dropped in Apr-24 to 88.97% (from 89.60%) and failed to achieve the target.
- Patients on Antibiotics in line with guidance or based on specialist advice was compliant at 95.09%.
- Patients on Antibiotics reviewed within 72 hours just failed the target with 89.95%.
- Of the 8 elements of the audit, 5 others have failed to reach the target this month (Drug Allergy Status, Appropriate Tests Requested, Reviewed within 72 hours, Duration of IV and Duration of Antimicrobial), with results ranging from 79.3% to 89.95%.

Actions

- Focus on monthly audits and identify actions to drive improvement in quality (KPIs)
- Continuing to monitor the compliance with antimicrobial guidelines and consumption to achieve reduction targets specified in standard contract for Watch and Reserve categories- continue towards 10% reduction.
- Reviewing and developing an overarching C diff strategic action plan is underway to help inform divisional action plans to reduce cases where antibiotics may be implicated.
- Promoting IV to oral switches of antibiotics (target for 24/25 is Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Minimum < 25% and maximum 15% (lower % indicates better performance), and reducing length of course (e.g. reviewing PGDs and over-labelled prep-packs for 5 days cf 7 days).
- AMS lead pharmacist- commenced April 1st 24.
- Reviewed the Antimicrobial Stewardship terms of reference including format and frequency of meetings to encourage wider stakeholder engagement including nurses and advanced clinical practitioners.
- Reviewed the Antimicrobial Stewardship policy and included role of group in reviewing patient group directives and role in implementing EPMA.
- Engaging with the ePMA team to ensure the system can support antimicrobial stewardship including documentation of allergies, length of course and compliance with guidance.

Risks

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

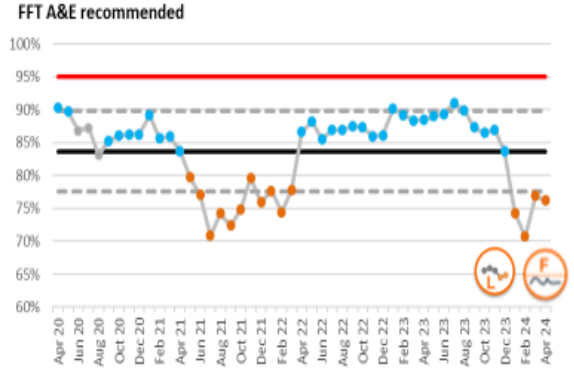
What the charts tell us

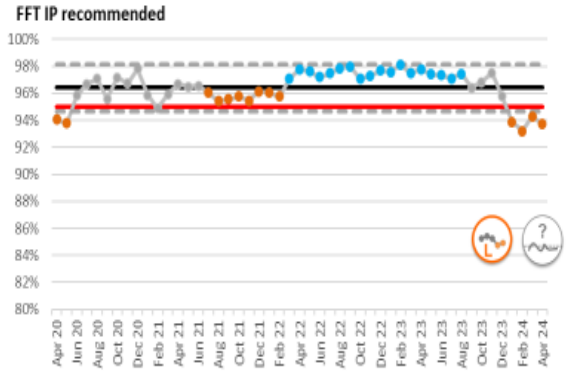
This metric has shown common cause variation for the last 6 months.

OUR QUALITY & SAFETY – FRIENDS AND FAMILY

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.

Performance

- FFT recommended rates in Apr-24 dropped slightly for A&E (down 0.7% to 76.2%), IP (down 0.7% to 93.7%) and OP (down 0.3% to 93.9%), whilst Maternity remained unchanged.
- All areas were still non-compliant with the target (95%), except Maternity which was unchanged at 100% (but maternity response rates are so low it is difficult to apply high statistical significance to their scores)
- Inpatients has failed to reach the recommended target for the last 4 months (although still over 93% each month), having previously been compliant every month since Feb-21.
- Outpatients has failed to reach the recommended target for the last 4 months (although still reaching 93% every month), 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 5 months.
- Maternity achieved the recommended target for 4 of the last 5 months.

Actions

- Patient Experience Lead Nurse and Quality Matron to monitor and will be reviewing the use of FFT throughout QAV visits and Ward Accreditation processes.
- Night time visits also planned in June and then monthly where unannounced visits will check FFT across all areas.
- Patient Experience week was the 29th April – 3rd May and FFT and its importance was raised across three sites via stands. Engagement held with staff and public and the consensus was that feedback options had been offered.
- Internal communications released in the form of a screensaver and via Worcestershire Weekly in April 24 to remind staff about the importance of gaining feedback especially from those with disabilities (including hidden) this can also be raised with external stakeholders via the LD external steering group, sight concern etc.
- Maternity – new Patient Experience Lead now in post who will be engaging and launching methods of gaining feedback from all maternity areas and also making links with Maternity Neonatal Voices Partnership to see how feedback can be shared. Close working planned between PE leads to improve rates. Considering posters, text messaging etc.
- Governance managers aware of the FFT results for their divisions via Patient Carer and Public engagement meeting and have been asked to raise awareness at internal meetings about the decrease and to action and promote feedback making every contact count.
- A new FFT card is being developed which will be for inpatients or outpatients to reduce the risk of departments amending the original cards and questions and data being lost (as it cant be entered if not on the FFT template), draft currently with print room internal communications to be sent in June in readiness for staff to order new cards.
- Inpatient survey results have been launched for the first time in May so hopefully this will alleviate the confusion between needing to do FFT feedback and Inpatient survey feedback this has also been communicated to staff.

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.

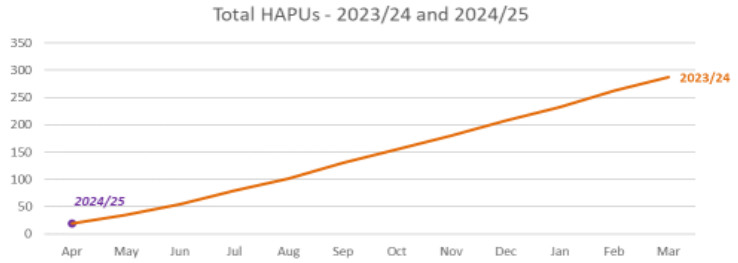
What the charts tell us

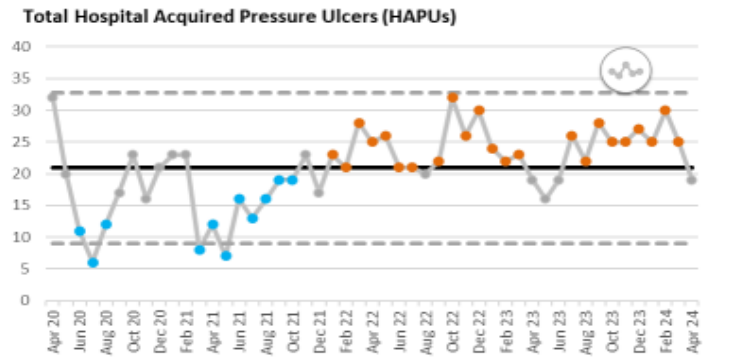
IP and A&E recommended rates are showing special cause variation of concern, whilst OP and Maternity recommended rates are showing common cause variation..
All response rates are showing common cause variation.

OUR QUALITY & SAFETY – PRESSURE ULCERS

We are driving this measure because

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





Total HAPU's

- **The total number of HAPUs in 2023/24 was 287, which was a 3.4% reduction from 2022/23**
- The number of HAPUs decreased in Apr-24 to 19 (25 in Mar).
- Total HAPUs per 1,000 bed days dropped in Apr-24 to 0.83 (0.91 in Mar)
- Total HAPUs as a % of Emergency Admissions also dropped to 0.58% in Apr (from 0.65% in Mar)

Note an increase of beds on both sites compared to 2022/23

HAPU's causing Harm

- **The total number of HAPUs causing harm in 2023/24 was 1, which is the same as 2022/23**
- There were zero HAPUs causing harm in Apr-24.
- **Incidents x 2 investigated as SI's** :

  (March 2024) AAR being completed .

  (Nov 2023) Acute liaising with ICB,ICS to establish lapses & learning.

Performance and Actions

Actions

- Staff PUP training April 24 = overall 75.6% (2824 out of 3734 staff)

Wounds are Cared For :

- TV support with implementation of wound trolleys on ward areas.
- Wound assessment training days for trained staff across sites (including NPWT).
- Development of Abdominal surgical wound pathway : in support to aim to reduce SSI .

- New monthly divisional TV improvement Group commencing February 2024:

Actions Identified :	**Learning identified:**
PUP patient Leaflets /patient education :	**PUP leaflet for review at next meeting**
Importance of clear /concise documentation	**EPR 'Flash Box' on sskin bundle .**
Agency Nurse training :	**Workforce Lead & NHSP working on .**
Nutritional /Dietician support:	**Raised with Lead Dietician discuss at N&H group**
Daily Huddles ED :	**NIC to discuss at risk patients /known damage**
Completion of Skin maps /PUP care plans :	**TV delivered support ED Dept on both sites**

- Continue to support divisions with Educational Training programmes training for all health professional : PUP , Care certificate, Clinical advisors delivering training to ward areas.
- Essential to role PUP training to improve divisional training continues .
- New PSIRF patient safety process implemented.

Risks

5306 (score 10) Incomplete Sskin Bundle completion
5173 (score 10) EPR TV documentation , increased risk inability for staff to document safe care.
5003 (score 10) TV vacancies : timely reviews affected

What the charts tell us

Total Hospital Acquired Pressure Ulcers is now showing common cause variation

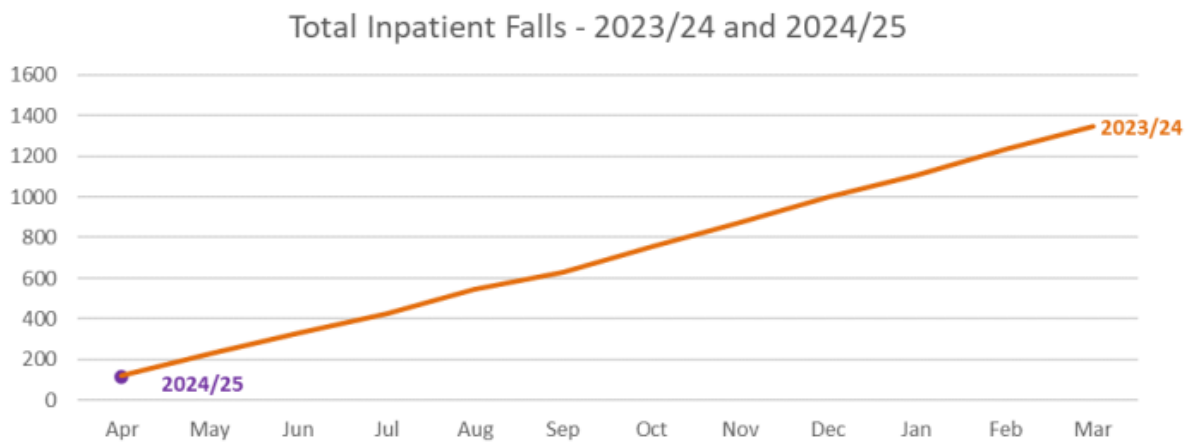
Hospital Acquired Pressure Ulcers Causing Harm has shown special cause variation of improvement for the last 12 months.

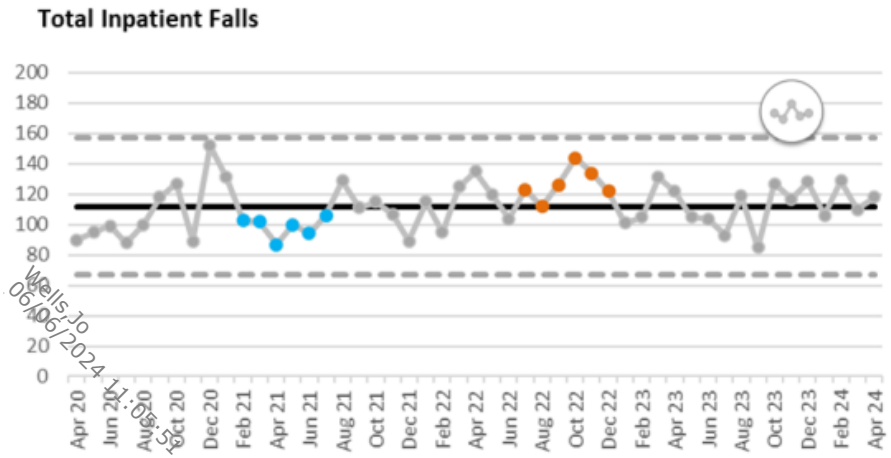
Uncontrolled when printed

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 number of falls in 2023/24 was 1,345 which was a 7.7% reduction from 2022/23**
- The total monthly number of falls increased in Apr-24 (120 c.f. Mar-24 110).
- Of these 120 falls the harm caused was: 36 Insignificant, 81 Minor, 2 Moderate & 1 Severe.
- We remained under the national benchmark with 4.53 Total Falls per 1,000 Bed Days (national target 6.63).

Inpatient falls resulting in Serious Harm

- **There were 2 SI falls in 2023/24, which was a 50% reduction from 2022/23.**
- There were 0 SI falls in Apr-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 until order for additional equipment for WRH is received.
- All Divisions to participate in #EndPJParalysis audit.
- Divisions to improve participation of #EndPJParalysis audit

Risks

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

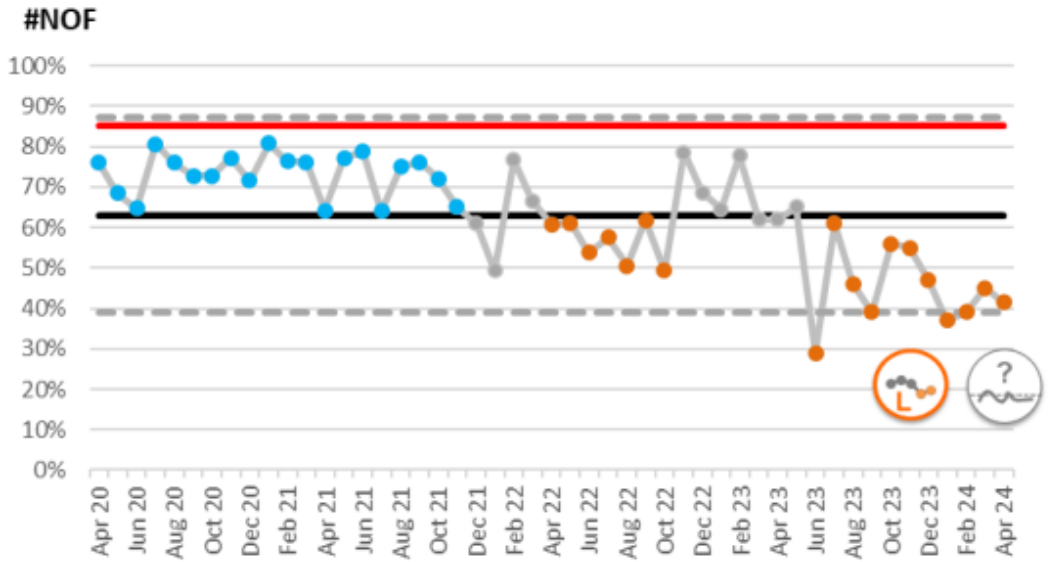
What the charts tell us

The total number of Inpatient falls is below the same time last year and is showing common cause variation.
Inpatient falls causing serious harm has shown special cause variation of improvement for 7 months.

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 Mar-23 to Feb-24 was 11.96% for the diagnostic group #NOF (in-hospital 4.45% & Out of hospital 7.51%)[1]
- This is the 11th lowest (of 21 Midland Acute Trusts), with the figures ranging from 9.45% to 26.92%.[1]
- The ALOS for #NOF patients in the period Mar-23 to Feb-24 was 11.94 days.
- This is the lowest ALOS amongst Midland Acute Trusts during this period.[1]

[1] Source: HED, accessed 13/05/2024

Wells, Jo 06/06/2024 14:05:51

Performance and Actions

- The #NOF target (36 hours) has not been achieved since Mar-20.
- There were 74 (BPT) and 84 (All) #NOF Admissions in Apr-24 (c.f. 82 and 91 respectively in Mar-24)
- There were a total of 51 (BPT) and 54 (All) breaches in Apr-24 (c.f. 47 and 50 respectively in Mar-24)
- The primary reasons for BPT breaches in Apr-24 were theatre capacity (54.9%) and bed issues (29.4%).
- The average time to theatre was 42.3 hours (BPT) and 41.4 hours (All) in Mar-24 (c.f. 41.8 and 42.1 respectively in Mar-24)

Actions

- Changes in analgesia prescriptions and anaesthetic prescriptions to allow early mobilisation
- Improved communication tool (MS Trauma white board) between surgeons, anaesthetists and theatre staff the aid theatre efficiency.
- Home First initiative trying to reduce the amount of patients requiring pathways by getting patients back to their own homes. This requires good timely orthogeriatrician input, staff education around early mobilisation, catheter removal, nutrition, interdisciplinary working. Working with the ICB to improve hip and femoral fracture care in the community and provide rehabilitation support.
- Moving complex upper limb to Alex therefore freeing up both bed and theatre capacity at WRH
- Trial of self-management of beds.

Risks

- Risk 4873 Theatre and bed capacity continue to be the biggest risks to the effective delivery of the #NOF pathway.
- Risk 4470 lack of orthogeriatrician

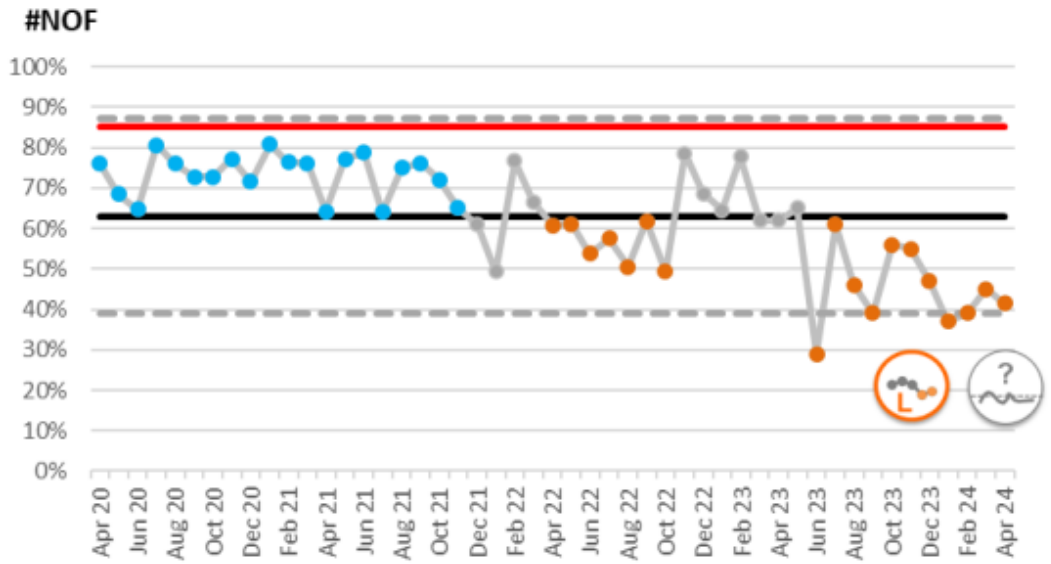
What the charts tell us

- #NOF Time to Theatre continues to show special cause variation of concern.
- In terms of assurance, it is still showing that whether the target will be met is due to random 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 Mar-23 to Feb-24 was 11.96% for the diagnostic group #NOF (in-hospital 4.45% & Out of hospital 7.51%)[1]
- This is the 11th lowest (of 21 Midland Acute Trusts), with the figures ranging from 9.45% to 26.92%.[1]
- The ALOS for #NOF patients in the period Mar-23 to Feb-24 was 11.94 days.
- This is the lowest ALOS amongst Midland Acute Trusts during this period.[1]

[1] *Source: HED, accessed 13/05/2024*

Wells, Jo (RWK) 06/06/2024 14:05:51

Performance and Actions

- The #NOF target (36 hours) has not been achieved since Mar-20.
- There were 74 (BPT) and 84 (All) #NOF Admissions in Apr-24 (c.f. 82 and 91 respectively in Mar-24)
- There were a total of 51 (BPT) and 54 (All) breaches in Apr-24 (c.f. 47 and 50 respectively in Mar-24)
- The primary reasons for BPT breaches in Apr-24 were theatre capacity (54.9%) and bed issues (29.4%).
- The average time to theatre was 42.3 hours (BPT) and 41.4 hours (All) in Mar-24 (c.f. 41.8 and 42.1 respectively in Mar-24)

Actions

Risks

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

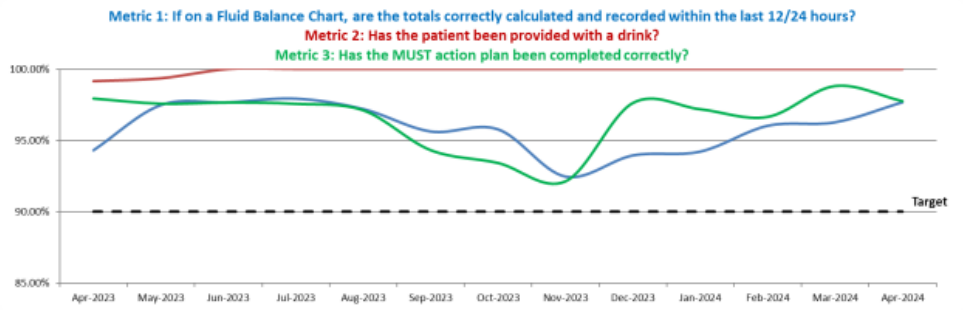
What the charts tell us

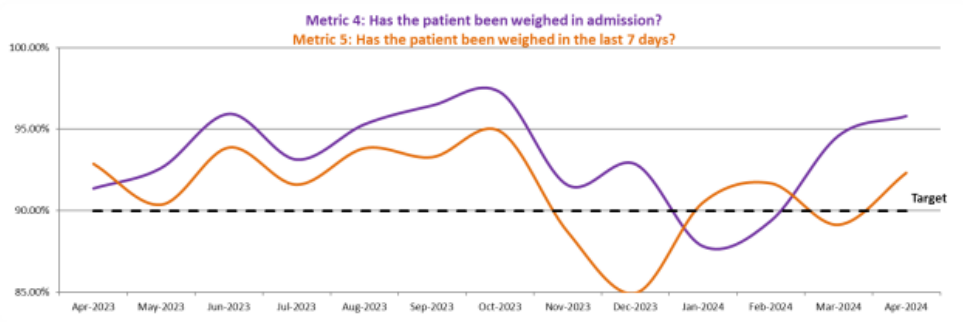
- #NOF Time to Theatre continues to show special cause variation of concern.
- In terms of assurance, it is still showing that whether the target will be met is due to random variation

OUR QUALITY & SAFETY – NUTRITION AND HYDRATION

We are driving this measure because

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





Please note that Y axis does not start at zero.

Metric	14 Apr 2024	21 Apr 2024	28 Apr 2024	05 May 2024
Weighed in Last 7 Days	61.42%	67.72%	60.20%	64.18%
Weight on Admission	73.34%	70.91%	67.65%	69.09%

Wells Jo
06/06/2024 11:05:51

Performance and Actions

- Using the data collected from the Quality Check App (see charts), all metrics were compliant with the 90% target in Apr-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 EPR discrepancies for fluid balance recording being led by CNIO
- Ongoing work for divisional colleagues on recording weight in the last 7 days and weight on admission
- Outcome from Coroner's Court relating to management of nutrition needs in the Trust requires ongoing work to reduce future risk of harm to patients

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.

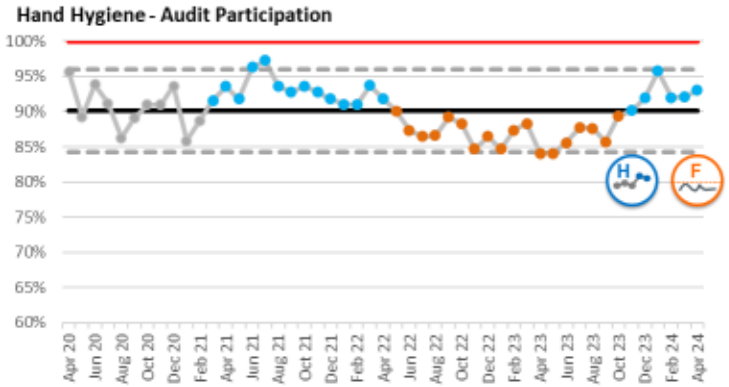
What the charts tell us

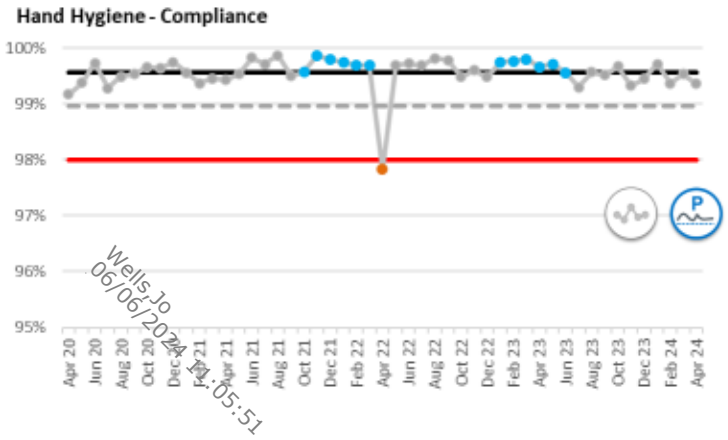
There is a difference in performance for metrics 4 and 5 when comparing Quality Check App and EPR/Sunrise data. This is probably due to the much larger cohort of data obtained from EPR.

OUR QUALITY AND SAFETY – INFECTION PREVENTION AND CONTROL

We are driving this measure because

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





Performance and Actions

- 2024/25 targets have not yet been published.
- C.Diff (11), MSSA (5) and Pseudomonas (2) increased in Apr-24 compared to Mar-23 but are showing common cause variation.
- E-Coli (10) was unchanged in Apr-24 and is showing special cause variation of concern.
- MRSA (0) dropped in Apr-24 and is now showing common cause variation.
- Klebsiella (3) increased in Apr-24 and has shown special cause variation of concern for 9 months.
- A new CPE outbreak was declared on WRH Avon 4 on 14/05/2024.
- A new D&V outbreak was declared on WRH PDU on 13/05/2024.
- New COVID outbreaks have been declared on WRH Avon 3 (06/05), ALEX Ward 9 (03/05) and ALEX Ward 2 (09/05).
- Four of the high impact intervention audits were non-compliant in Apr-24, "*Prevent infection associated with central venous access devices - Insertion Phase" (75.56%), "Prevent infection associated with central venous access devices - Ongoing Care" (93.47%), Prevent surgical site infection - Intraoperative phase" (94.90%),* and *"Prevent infection in chronic wounds*" (90.91%)

Actions

- All HCAI cases are reviewed, and themes and trends reviewed. All cases are discussed at Divisional Governance have clear action plans in place, common themes are lack of diarrhoea risk assessment, gaps in PVD management
- PVD task and finish group have completed the Peripheral Vascular Device video for EPR instruction. This is a Priority for adjustments to the ERP to ensure that the information is recorded correctly and is easier to use.
- PDU – quickly resolved D&V outbreak, not norovirus
- Move to PSIRF management for incidents now on DATIX and focus on actions and learning
- Nationally there has been a rise in Gram negative infections and the is current under review by UKSHA, this is reflective in the Trust figures
- Review of High impact interventions is under way.

Risks

Capacity: Level 4 actions impact on IPC actions as planned meetings involving clinical staff have been cancelled.

What the charts tell us

- Hand Hygiene Compliance has exceeded the target for the (98%) for the past 23 months and is showing common cause variation.
- However, Hand Hygiene Audit participation is still not compliant with the target (100%) but is showing special cause variation of improvement.

Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (Latest data Feb-24, accessed 15/05/2024)

C. Difficile – Out of 23 Acute Trusts in the Midlands (range 0 to 43.6), 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 8.9 to 36.4), our Trust sits the 19 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 21 st best, and is **above** both the Midlands and England rates.

MRSA – Out of the 23 Acute Trusts in the Midlands (range 0 to 3.9), 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	7,429	20.8
Midlands NHS Region (Pre ICB)	1,401	20.8
Worcestershire Acute Hospitals	94	34.7

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

Area	Count	Per 100,000 bed days
England	8,106	22.6
Midlands NHS Region (Pre ICB)	1,380	20.5
Worcestershire Acute Hospitals	55	20.3

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

Area	Count	Per 100,000 bed days
England	3,862	10.8
Midlands NHS Region (Pre ICB)	605	9.0
Worcestershire Acute Hospitals	35	12.9

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

Area	Count	Per 100,000 bed days
England	552	1.5
Midlands NHS Region (Pre ICB)	74	1.1
Worcestershire Acute Hospitals	0	0

OUR QUALITY & SAFETY - IMPROVE DELIVERY IN RESPECT OF THE SEPIS 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.

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.

Wells Jo
06/06/2024 11:05:51

Actions

The New EPR SEPSIS document go live on 18th April 2024 did not take place.

The document did go live on 8th May 2024 and new reporting should be in place by the next QGC meeting.

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 WORKFORCE

Ali Koeltgen

Chief People Officer

Vacancies on ESR have been impacted this month by a 257.93 increase in funded establishment due to transaction of business cases at budget setting which is normal at this time of year. This has had the effect of increasing our vacancies from 466.91 wte (7.03% vacancy rate) to 713.62 wte (9.77% vacancy rate). This has taken us above the Trust target of 7.5%. However, this compares favourably to a vacancy rate of 12.64% in April last year.

Agency spend remains our biggest challenge despite increased substantive staff in post. There has been a 133 wte decrease in the total wte worked (Agency, Bank & Substantive) which is 576 wte higher than April 2023 partly due to staffing winter wards and PDU. That decrease together with the increase in funded establishment for business cases that are already transacted means that we are now only using 9wte worked wte more than our funded establishment.

We have 117 wte worked over establishment in Specialty Medicine which is linked to additional winter wards. We are 74 wte worked over establishment in Urgent care for reasons including escalation areas and specialing, and 26 wte worked over establishment in Surgery.

Agency spend has reduced by 0.20% to 8.61% of gross cost, against our target of 6%. There has been reduction in agency spend of 2.27% to 23.54% in Urgent Care but this division is still an outlier. Digital have no agency spend. Surgery and Estates and Facilities are the only divisions with increase (Surgery increased b7 2.49% to 14.47%). 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. Our agency spend is 0.61% lower than the same period last year despite the landscape of having winter wards open that require c88 wte temporary staffing.

Our annual staff turnover has continued to meet our target of 11.5% and has reduced by 0.25% to 11.04% this month. Our monthly staff turnover is very good at 0.66% against a Model Hospital average of 1.13%.

Monthly sickness absence increased by 0.16% in month to 5.91% which is 0.43% worse than April last year. The majority of divisions have had an increase in sickness absence this month, with the exception of Estates and Facilities and Specialty Medicine. Digital is the only division that meets the group target of 4% with the next closest being Specialty Medicine with 5.58%. Absence due to stress remains higher than pre-pandemic with Corporate, Urgent Care and Women and Childrens outliers with over 42% of their absence attributed to S10. Surgery and Women and Childrens are showing as outliers for long-term sickness with 3.87% and 3.74% respectively. SCSD and Urgent Care have the highest levels of short term sickness (2.93% and 2.91%). HRBP's are working closely with Divisions to manage sickness levels down.

Wells Jo
06/06/2024 11:05:51

Consultant Job Planning has deteriorated by 4% to 69%. All divisions are of concern with the highest compliance rate being 73% in SCSD.

Mandatory training compliance has remained unchanged at 91% which exceeds Trust target against a Model Hospital Benchmark of 89.6%. Non-medical appraisal is below target at 79% (2% lower than last year) and unchanged from last month.

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.

Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
9.22%	9.49%	11.12 %	9.26%	10.21%	9.75%	9.39%	9.69%	8.53%	9.63%	8.44%	8.81%	8.61%

Assurance

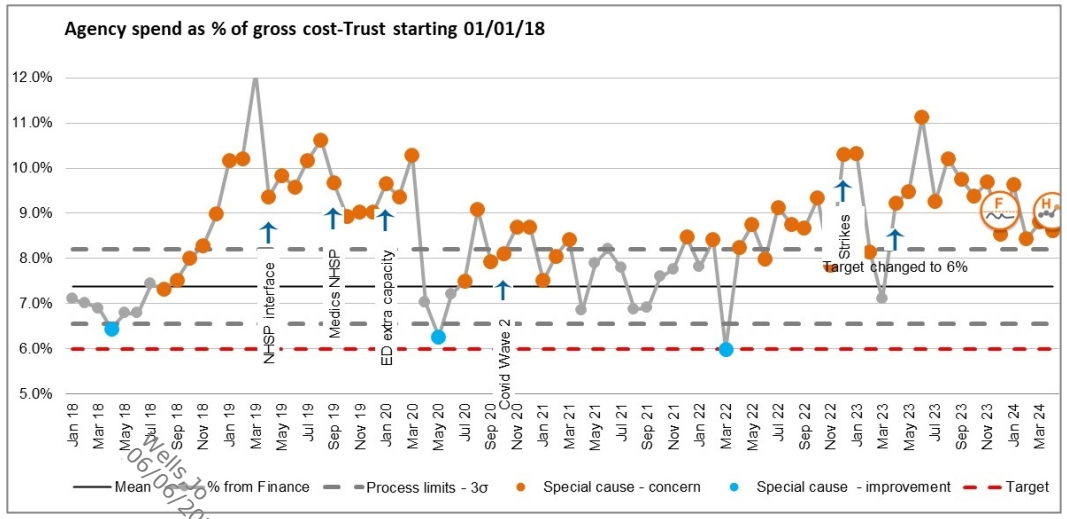
The system is expected to consistently Fail the target

Variation

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

Data Quality Mark

Reasonable Assurance



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

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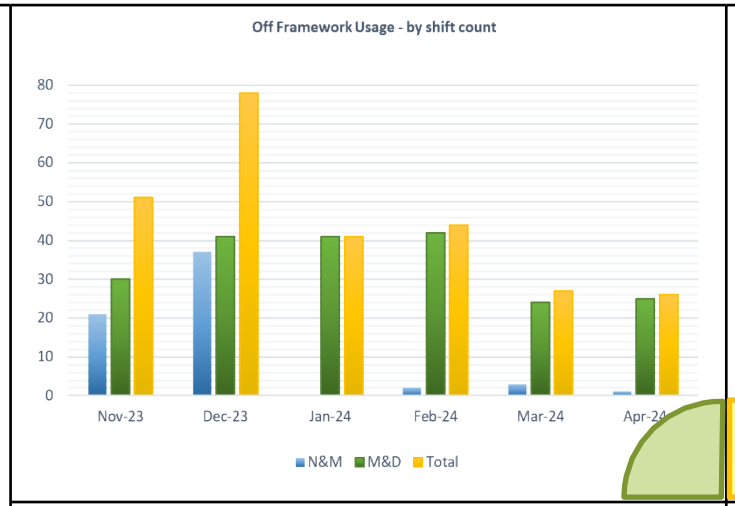
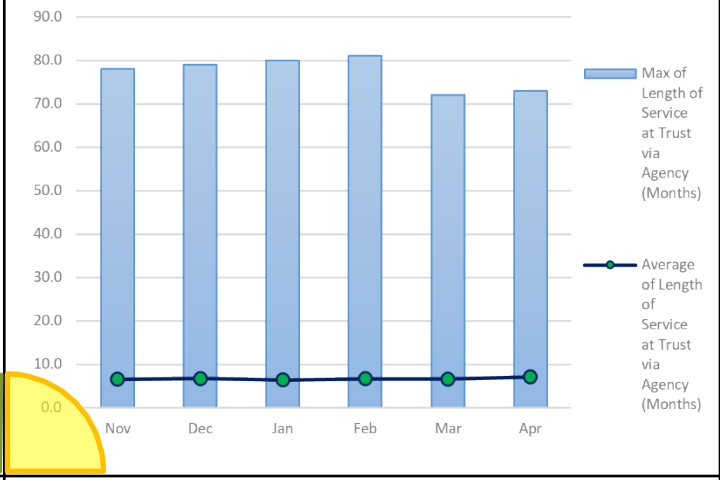
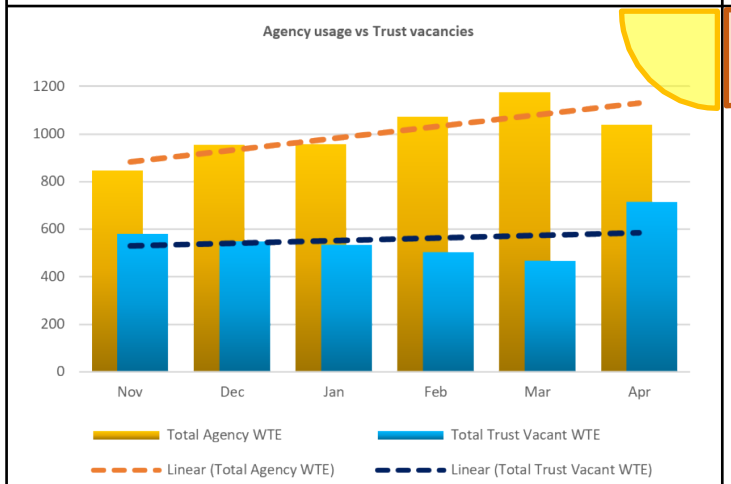


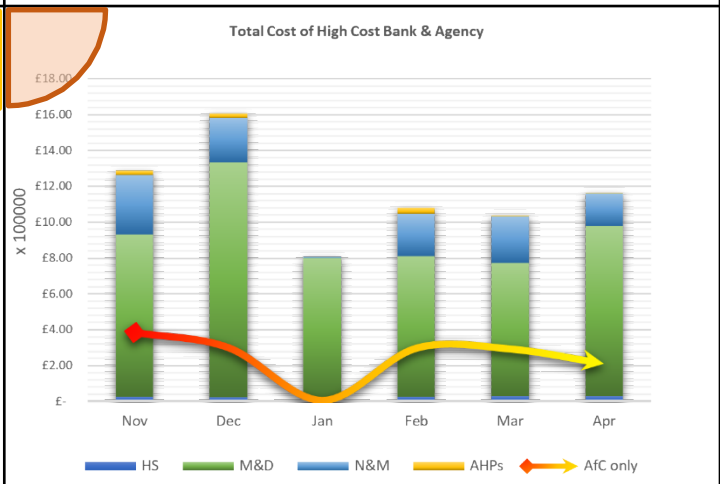
Off framework usage has remained static in April, with Medical & Dental still being the majority staff group with off framework temporary workers.



The maximum length of service has increased slightly in April. The average length of service has also increased slightly as no further replacements have been made since March.



Agency usage at the Trust has decreased in April. Alongside an increase in Trust Total Vacancy, this is a positive movement in the data.



Usage of high-cost workers has increased overall. However, this increase can be attributed solely to M&D, as Non-Medic high-cost workers have actually reduced in month.

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.

Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
12.6%	12.6%	12.3%	11.6%	10.6%	9.5%	9.3%	8.25%	8.33%	7.6%	7.13%	7.03%	9.77%

Assurance

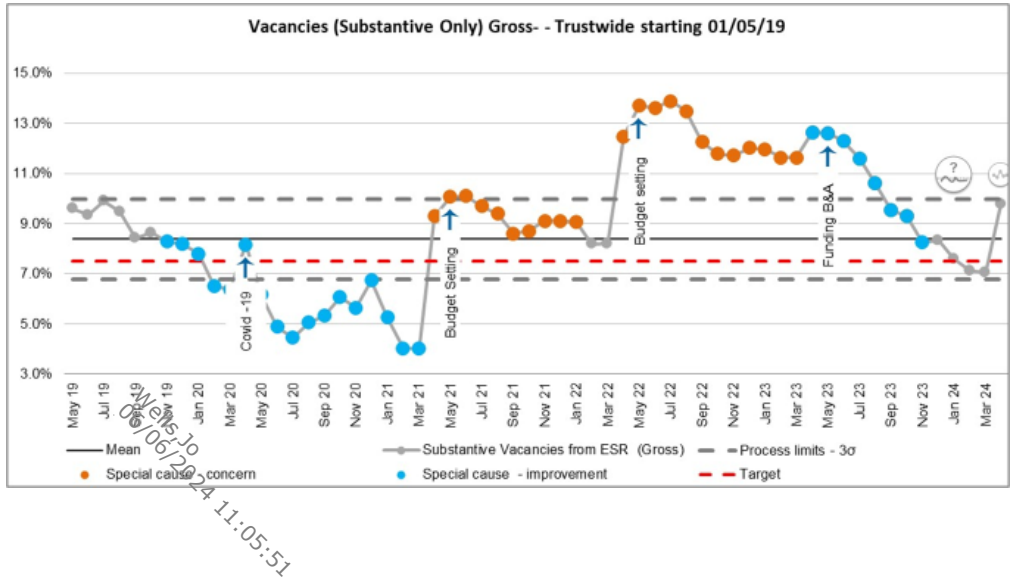
Hit and miss target - Subject to random variation

Variation

Common cause – no significant change

Data Quality Mark

Reasonable Assurance



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Performance and Actions

- **Trust-wide Vacancies** have increased by 246.71 wte as a direct result of additional posts being added due to transacted business cases. This is a normal occurrence in M1. This establishment increase has a direct impact on our vacancy rate on ESR which has increased from 7.03% to 9.77%. This still compares favourably with April last year when it was 12.64% (167.72 wte less vacancies than last year).
- **Starters and Leavers** - We have recruited 46 more starters than leavers this month with 115 new starters processed in month (headcount) compared to 98 in April last year.
- **Healthcare Support Workers** – Our vacancy rate has increased from 5.9% to 9.96% (106 wte vacancies compared to 60.3 wte last month). This is due to growth in establishment at budget setting. We have been actively recruiting HCSWs throughout the year with 30.73 wte starting in April (448.94 wte over the year). Our retention for HCSWs requires improvement with 199.45 leavers over the year (17.99 wte in April).
- **Nursing & Midwifery** - We currently have 178.5 vacancies compared to 57.9 wte last month due to business cases transacted at budget setting. We brought in 151 international Nurses over the year which met our target. We had 20.36 wte new starters and 6.79 wte leavers in April. Over the year we have had 181 wte Registered Nurse leavers and 280.32 starters.
- **Allied Health Professionals** – We have 58.7 wte vacancies compared to 56.2 wte last month due to increased establishment at budget setting. Recruitment to this staff group is not keeping pace with leavers. We have struggled to gain traction with our AHP recruitment in the last 12 months with 65.85 wte leavers. April saw a lower level of leavers of 3.4 wte against 10.0 wte starters which is a positive step. Overall, we have recruited 81.4 wte AHPs over the year.
- **Medical & Dental**. We have 62.9 consultant vacancies compared to 53 last month primarily due to growth in establishment. We also have 3.2 Career Grade and 39 Trainee Grade vacancies. Medical Resourcing are working with clinical directors on targeted recruitment campaigns and successfully recruited 1 Consultant 2 wte career grades and 15.51 wte Trainee Grades in April.

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 and April 2024 budget setting where business cases were transacted into the establishment.

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)

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.

Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
5.4%	5.5%	5.3%	5.5%	5.6%	5.67%	6.21%	5.98%	6.34%	6.32%	5.93%	5.75%	5.91%

Assurance

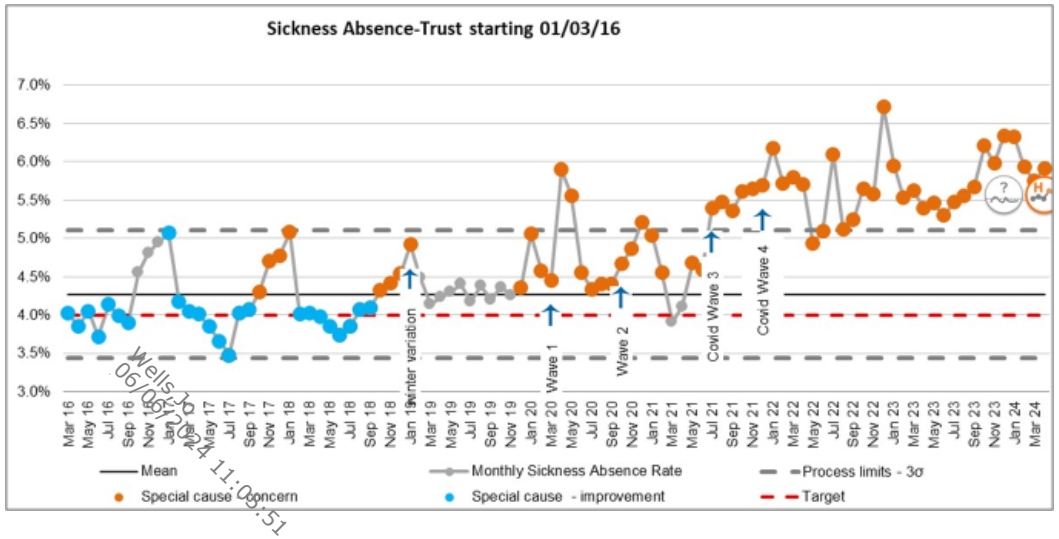
Hit and miss target - Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

- Monthly sickness absence increased by 0.16% in month to 5.91% which is 0.43% worse than last April.
- The majority of divisions have had an increase in sickness absence this month with the exception of Estates and Facilities and Specialty Medicine.
- Absence due to stress remains higher than pre-pandemic with Corporate, Urgent Care and Women and Childrens outliers with over 42% of their absence attributed to S10.
- Long term sickness has increased by 0.16% in month to 3.24%. Highest rates are 3.87% in surgery and 3.74% in Women and Childrens
- Short term absence is broadly unchanged at 2.67% with extremely high rates in SCSD and Urgent Care.
- Our sickness is benchmarking poorly against the national position in over half of the staff groups.

Sickness Absence	2024 / 04			
	Trust	Region	Country	National
Add Prof Scientific and Technic	3.71%	3.78%	3.51%	3.51%
Additional Clinical Services	8.99%	7.03%	6.72%	6.80%
Administrative and Clerical	5.65%	4.22%	4.07%	4.11%
Allied Health Professionals	3.16%	4.04%	3.92%	3.93%
Estates and Ancillary	8.01%	7.17%	6.83%	6.98%
Healthcare Scientists	5.94%	3.22%	3.27%	3.25%
Medical and Dental	0.80%	1.80%	1.85%	1.86%
Nursing and Midwifery Registered	6.49%	5.44%	5.06%	5.13%
Students	0.00%	1.98%	2.16%	2.16%

Risks

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 and agency fill.

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.

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.

Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
12.0%	12.0%	12.1%	11.9%	11.9%	11.6%	11.3%	11.12%	11.07%	11.03%	11.12%	11.29%	11.04%

Assurance

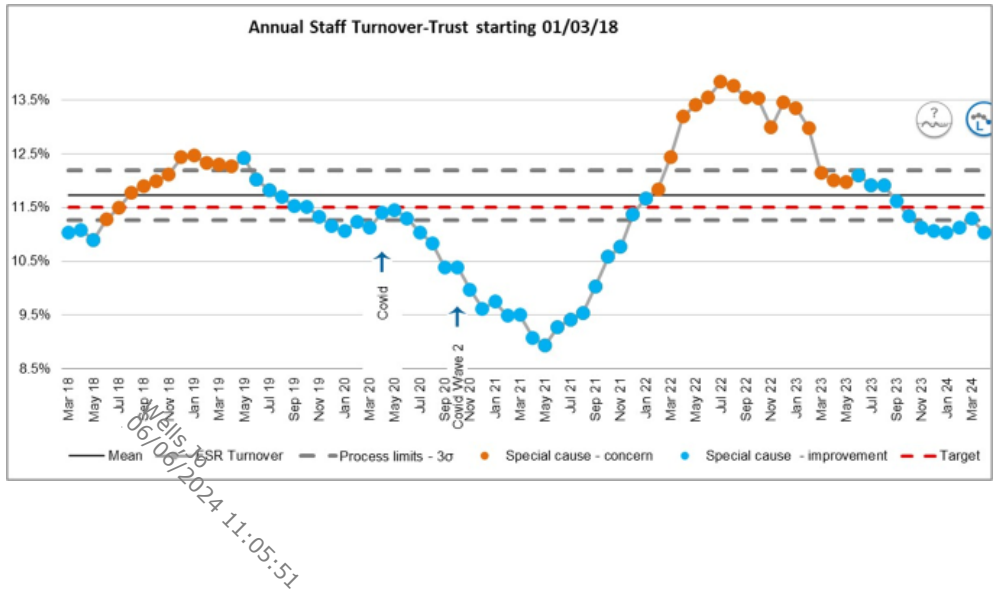
Hit and miss target - Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

- We continue to meet our 11.5% target for annual turnover at 11.03% which is 0.97% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has reduced by 0.27% in month and stands at 0.66%, which remains better than the Model Hospital average. We have 46 more starters than leavers in month.
- Women and Childrens and SCSD are outliers for monthly turnover. Urgent Care is an outlier for Annual Turnover. The current stability rate is 90.77% which is excellent.

The Benchmark Report from ESR shows that the Trusts monthly turnover for April was worse than average for Medical and Dental and HCAs. All other staff groups Are better than average.

In terms of reasons for leaving we benchmark poorly for Work Life Balance, Incompatible Working Relationships, Health and Promotion. We have a higher % accessing flexible retirement. as demonstrated in this ESR benchmark report which is filtered to those reasons where we are worse than Average.

eaving Reason	2024 / 04			
	Trust	Region	Country	National
End of Fixed Term Contract - External Rotation	23.61%	4.43%	3.37%	3.24%
Voluntary Resignation - Work Life Balance	18.06%	6.47%	6.55%	6.48%
luntary Resignation - Relocation	12.50%	5.24%	6.73%	6.69%
Voluntary Resignation - Incompatible Working Relationships	9.72%	0.67%	0.68%	0.67%
luntary Resignation - Health	8.33%	2.12%	2.22%	2.22%
luntary Resignation - Promotion	5.56%	4.15%	4.44%	4.47%
xi Retirement	4.17%	1.64%	1.83%	1.89%
tirement Age	4.17%	6.59%	6.13%	6.49%
Voluntary Resignation - Other/Not Known	4.17%	13.04%	16.32%	16.73%
Voluntary Resignation - Better Reward Package	2.78%	1.48%	1.56%	1.54%
smissal - Capability	1.39%	1.03%	1.17%	1.17%
smissal - Conduct	1.39%	0.49%	0.44%	0.43%
is Not Worked	1.39%	11.41%	6.47%	6.33%
egnancy	1.39%	0.04%	0.02%	0.02%
Voluntary Resignation - Lack of Opportunities	1.39%	0.93%	1.01%	0.97%

Risks

Estates and Ancillary, AHPs and Medical and Dental are Quartile 3 on Model Hospital for turnover (Jan 24 rates) 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 seventh month in a row.

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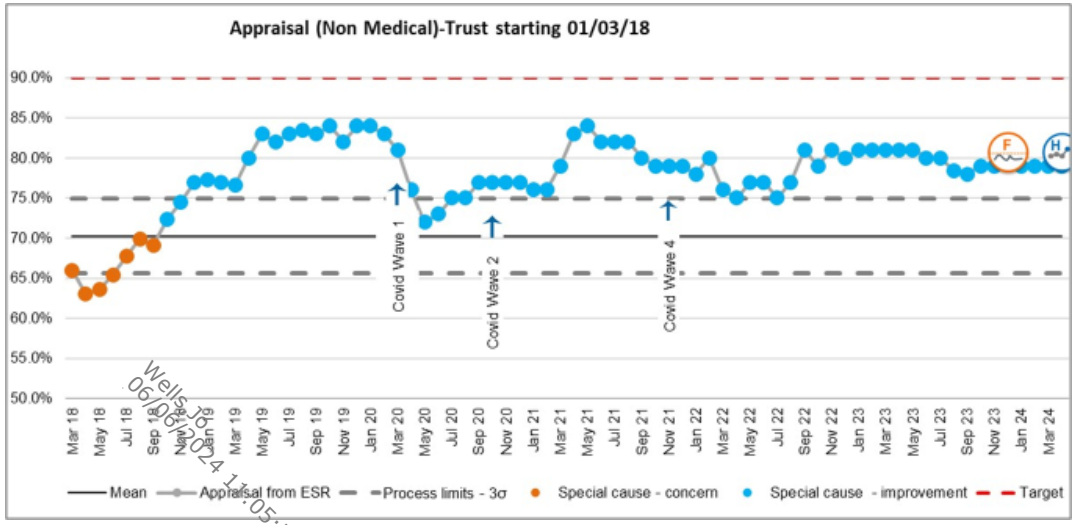
OUR WORKFORCE – APPRAISAL AND JOB PLANS

We are driving this measure because:

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

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

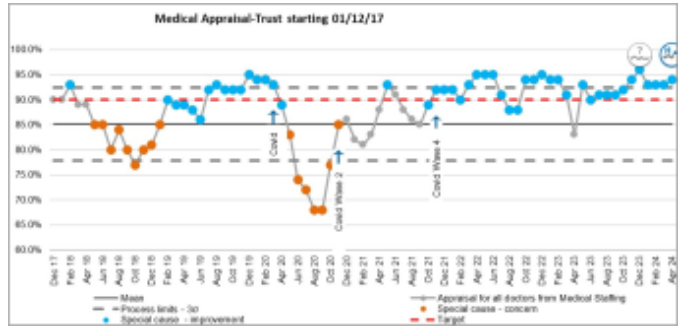


Performance and Actions

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 Admin and Clerical and Estates and Facilities showing as outliers with 72%. Digital are significant outliers in terms of the division at 52% respectively.

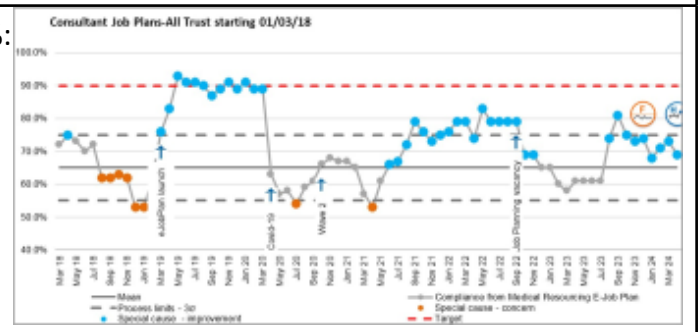
This is against a Model Hospital average of 80.9% (revised 2022/23 rates). We are at Quartile 3 on model hospital.

Medical Appraisal has been fairly consistently above target of 90% since December 2021 and is 94% this month:



Consultant Job Planning has deteriorated by 4% to 69%: All divisions have deteriorated with Surgery an outlier with a 7% reduction. Urgent Care remain an outlier at 62% due to a significant number (8%) dropping off during March.

All divisions are of concern with the highest compliance rate being 73% in SCSD.



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

Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24
90%	90%	90%	90%	89%	88%	88%	88%	88%	90%	90%	91%	91%

Assurance

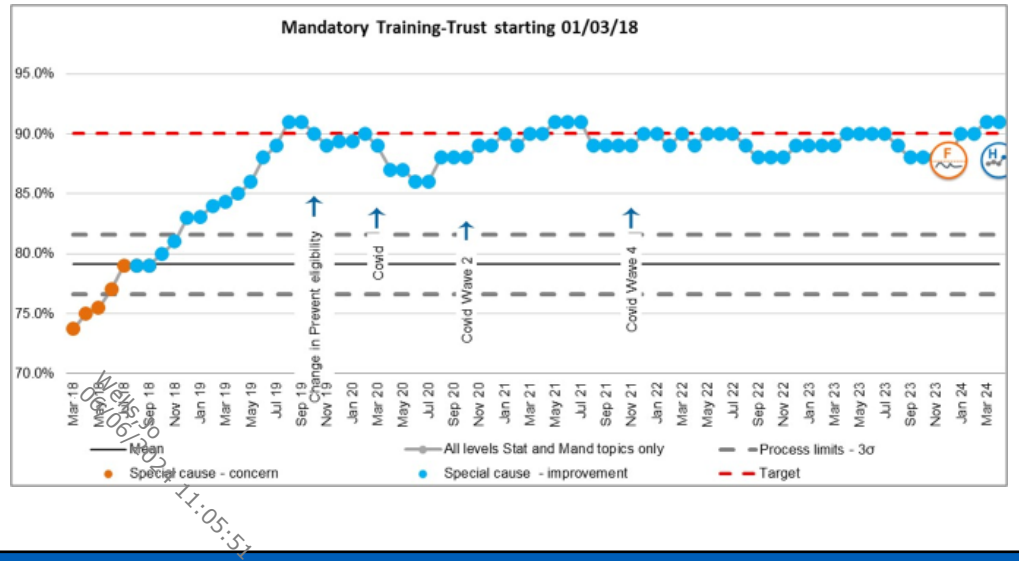
The system is expected to consistently Fail the target

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

Reasonable Assurance



Performance and Actions

Overall mandatory training compliance has remained at 91% against a Model Hospital average of 89.6% (2022/23 rates). Women and Childrens are outliers at 87% followed by Urgent Care and Surgery at 88%.

The majority of Divisions have stayed the same this month with the exception of Digital and Specialty Medicine who have dropped by 1%.

Medical and Dental are now the only staff group That are below Model Hospital average and Trust target although they have improved again by 1%.

Mandatory Training	2024 / 04			
	Trust	Region	Country	National
Add Prof Scientific and Technic	83.41%	80.50%	76.39%	76.87%
Additional Clinical Services	84.36%	80.11%	78.38%	78.90%
Administrative and Clerical	89.34%	84.83%	79.75%	80.69%
Allied Health Professionals	89.59%	80.75%	78.75%	79.06%
Estates and Ancillary	88.66%	77.71%	75.52%	75.95%
Healthcare Scientists	88.65%	81.87%	77.76%	79.06%
Medical and Dental	75.40%	60.08%	59.70%	58.25%
Nursing and Midwifery Registered	86.13%	78.70%	75.41%	76.12%
Students	90.00%	81.77%	74.30%	74.34%

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:

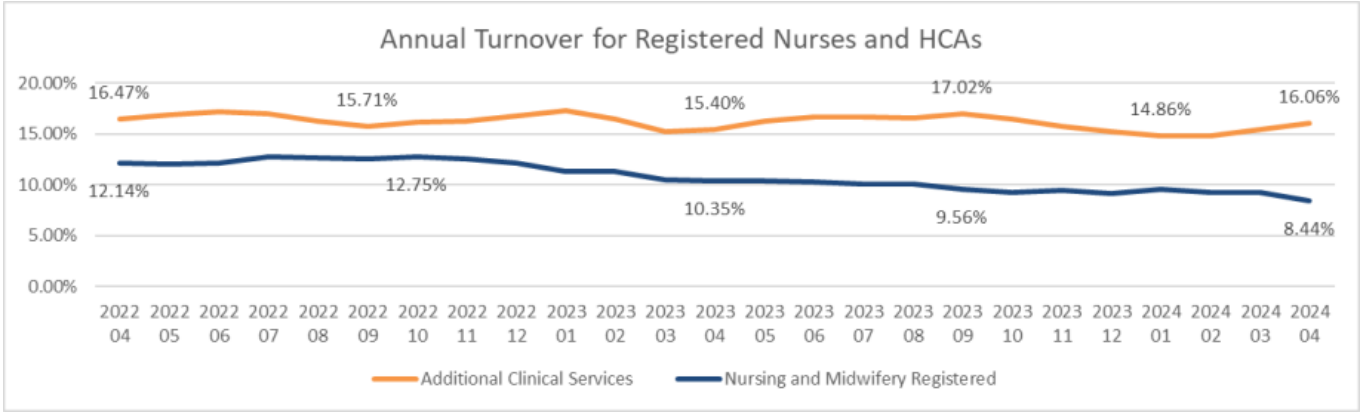
Medical and dental training compliance, and some challenges with legacy IT infrastructure which doesn't consistently support some of the e-learning modules. Escalation to Level 4 and ongoing industrial action means that some face-to-face training is cancelled.

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

Sickness Absence	Column Labels				
Main Staff Group	SCSD	Spec med	Surgery	Urgent Care	W&C
Additional Clinical Services	8.31%	8.22%	8.68%	9.47%	10.39%
Nursing and Midwifery Registered	6.42%	5.87%	6.56%	4.86%	6.80%
Grand Total	**7.24%**	**6.86%**	**7.40%**	**6.31%**	**7.53%**



Main Staff Group	SCSD	Spec med	Surgery	Urgent Care	W&C
Available FTE	0.00%	0.00%	0.00%	0.00%	0.00%
S10 Anxiety/stress/depression/other psychiatric illnesses	7.36%	4.28%	4.74%	3.88%	5.19%
S11 Back Problems	1.23%	1.53%	1.12%	0.36%	0.46%
S12 Other musculoskeletal problems	3.90%	1.72%	2.04%	1.14%	1.15%
S13 Cold, Cough, Flu - Influenza	2.97%	2.38%	1.20%	0.79%	0.94%
S14 Asthma	0.21%	0.03%	0.16%	0.02%	0.03%
S15 Chest & respiratory problems	1.22%	1.57%	0.48%	0.15%	0.54%
S16 Headache / migraine	0.84%	0.50%	0.47%	0.48%	0.17%
S17 Benign and malignant tumours, cancers	0.33%	1.12%	0.87%	0.35%	0.39%
S18 Blood disorders	0.01%	0.13%	0.04%	0.00%	0.03%
S19 Heart, cardiac & circulatory problems	0.39%	0.36%	0.26%	0.14%	0.31%
S20 Burns, poisoning, frostbite, hypothermia	0.02%	0.01%	0.01%	0.00%	0.00%
S21 Ear, nose, throat (ENT)	0.58%	0.44%	0.34%	0.16%	0.22%
S22 Dental and oral problems	0.40%	0.08%	0.08%	0.03%	0.09%
S23 Eye problems	0.27%	0.16%	0.03%	0.05%	0.04%
S24 Endocrine / glandular problems	0.02%	0.07%	0.04%	0.06%	0.18%
S25 Gastrointestinal problems	2.16%	1.57%	1.05%	0.84%	0.68%
S26 Genitourinary & gynaecological disorders	1.04%	0.91%	0.63%	0.35%	0.48%
S27 Infectious diseases	2.94%	2.63%	1.32%	0.74%	1.53%
S28 Injury, fracture	1.62%	0.80%	0.73%	0.39%	0.88%
S29 Nervous system disorders	0.54%	0.27%	0.10%	0.07%	0.16%
S30 Pregnancy related disorders	0.91%	1.56%	0.92%	0.65%	0.62%
S31 Skin disorders	0.28%	0.08%	0.17%	0.30%	0.05%
S98 Other known causes - not elsewhere classified	2.30%	1.91%	0.44%	0.68%	1.35%
S99 Unknown causes / Not specified	0.00%	0.00%	0.00%	0.00%	0.00%
Grand Total	**31.55%**	**24.11%**	**17.23%**	**11.62%**	**15.48%**

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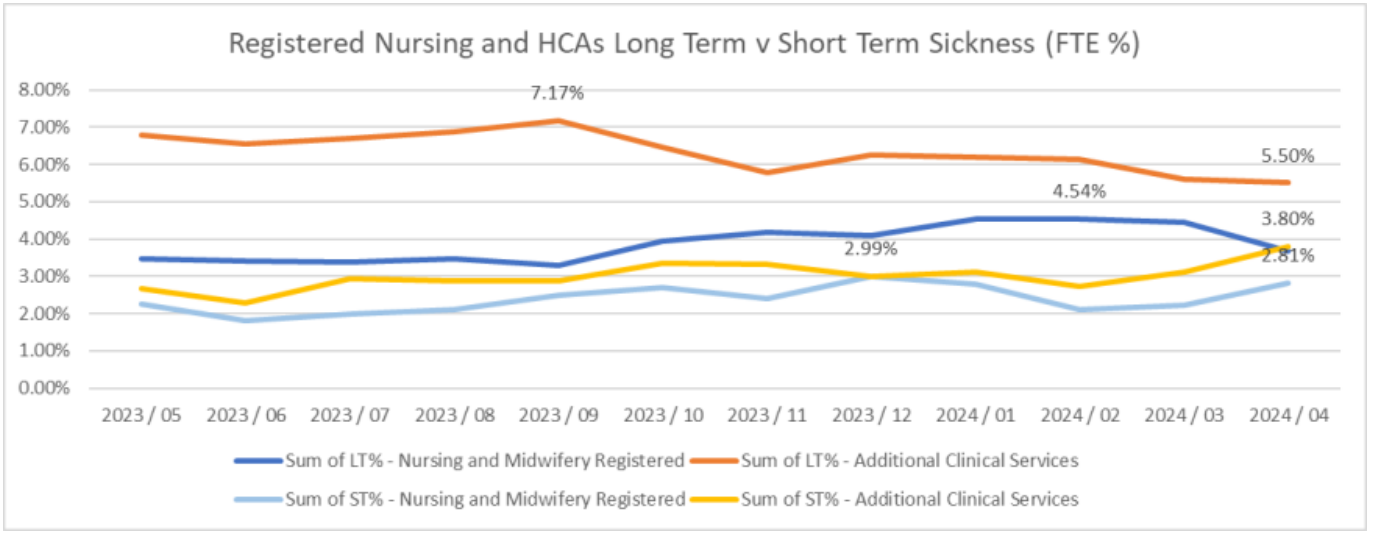

OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2024/25

The plan submitted in May is a full year deficit of £60.3m. This includes £43.9m (5.8%) of CPIP and non-recurrent system funding of £13.6m. 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 consequently.

Income & Expenditure Performance

There is no detailed national financial reporting in month 1 2024/25. However, considering the financial risks contained in the plan, we have provided an initial assessment of M1 income aligned to Elective Recovery, Pay and Non-Pay variances excluding pass through drug and devices as it is imperative that we maintain oversight and understanding of our income and cost base.

Capital

The total capital plan submitted for 2024/25 was £14.356m. The plan assumes £1m of external funding for the ongoing Front Line Digitalisation Scheme (FLD) with the remaining schemes funded through internal system envelope funding of £11.571m. The plan also includes £1.4m of lease additions and £340k for PFI replacement equipment, included within the Trust's Capital Resource Limit (CRL). Significant schemes planned to take place in 2024/25 include Acute Service Review scheme (ASR) (£3.6m), Cath Lab (£2m) and LIMS (£763k).

Cash

The Trust cash position at the end of month 1 was £1.125m. The Trust has submitted a quarter 1 2024/25 revenue support application for cash support of £17m, to be paid in May (£8.5m) and June (£8.5m). The Trust has been notified that the amount of £4.25m has been approved for May, which is 50% of the request. The request for June has been re-submitted on 20th May 2024, for £7.5m. NHSE's CFO office advised that only 50% of the cash support requested for May was provided due to the finalisation of all Trusts planning submission.

Following on from the Plan submission on 3 May 2024, it is anticipated that the Trust will need circa £56m revenue support for 2024/25 for the planned deficit. It is to be noted that the CPIP's of £44m is assumed to be cash releasing savings which is phased over the full 12 months. If the CPIP is not achieved, the Trust will need to apply for additional cash support.

Due to the reducing levels of cash, the creditor payment runs are being closely monitored and adjusted as required, to ensure that there is adequate cash to cover payroll costs, including Tax, NI and Pensions, this will significantly reduce the Trust BPPC %.

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BEST USE OF RESOURCES – EMPLOYEE EXPENSES

We are driving this measure because

The Employee 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.

Employee Expenses	Apr-24			Year to Date			WTE		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s	Funded WTE	Contracted WTE	Worked WTE
Medical & Dental	(11,542)	(11,616)	(74)	(11,542)	(11,616)	(74)	935	834	947
Nursing & Midwifery	(15,368)	(15,155)	213	(15,368)	(15,155)	213	3,504	3,199	3,699
Scientific, Therapeutic & Technical	(4,510)	(4,541)	(31)	(4,510)	(4,541)	(31)	1,171	1,023	1,062
NHS Infrastructure Support	(5,684)	(5,724)	(40)	(5,684)	(5,724)	(40)	1,692	1,588	1,603
Other Pay	(135)	(137)	(2)	(135)	(137)	(2)	0	0	0
Grand Total	**(37,239)**	**(37,172)**	**67**	**(37,239)**	**(37,172)**	**67**	**7,302**	**6,644**	**7,311**

In 2023/24, month 12 one offs include: Notional Pension Contribution £15.1m; Band 2 to 3 uplift £2.4m; Pay Award £0.3m.

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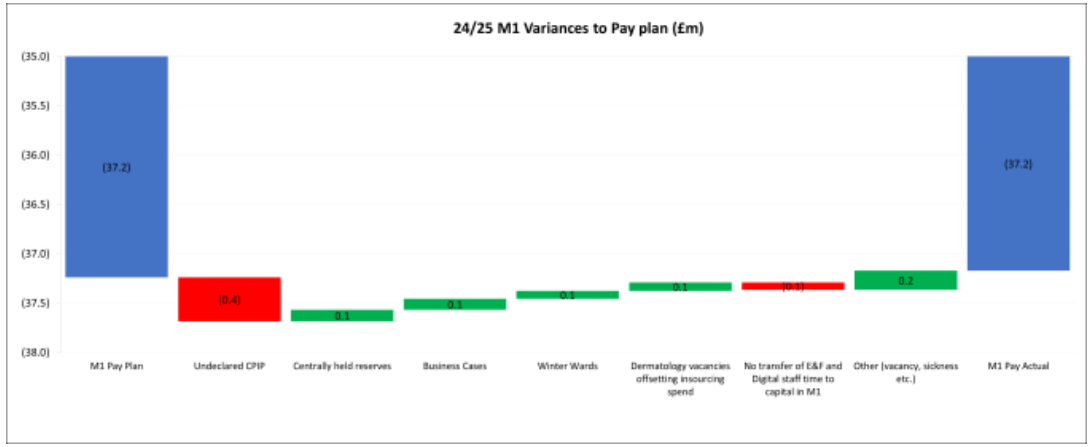
Performance and Actions

Employee expenses £37.2m in month, £0.1m favourable to plan**.** Variances as below:



Note in M1 no CPIP has been declared pending agreement of key KPIs required to assess the value of scheme delivery and QIA approval.

Risks

Non delivery of the CPIP schemes relating to employee expenditure and continued industrial action will add to the pressure reflected in the Trust's overall financial performance. Emergency pressures also continue causing additional capacity to remain open incurring agency costs, and higher than planned sickness levels also impact our ability to remove temporary staffing.

What the charts tell us

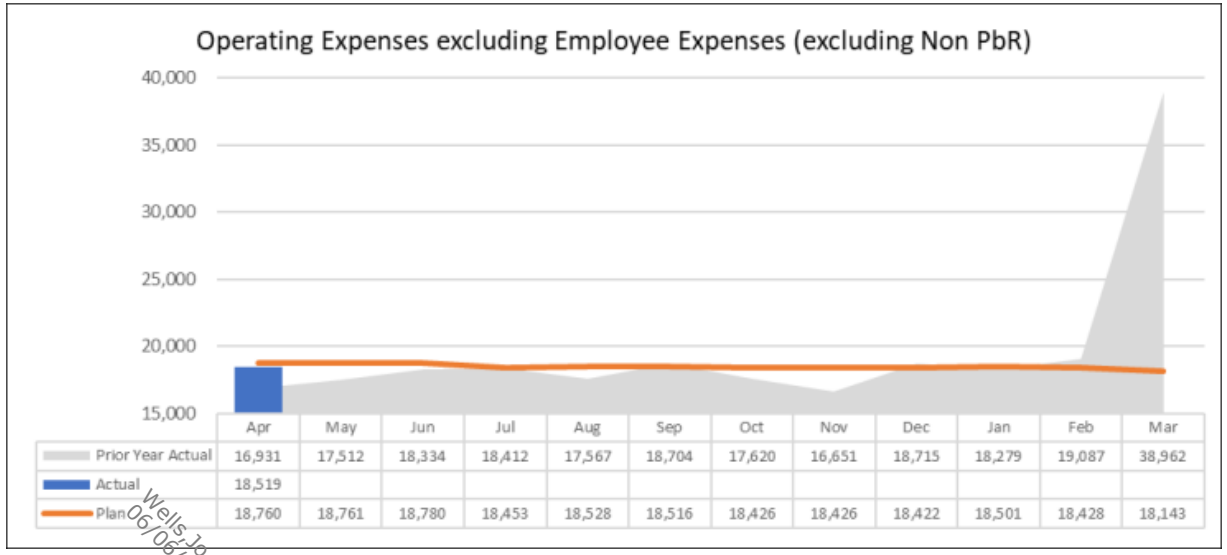
Employee expenses of £37.2m in month 1, £0.1m favourable to plan. Favourable variances include items held in central reserves including cost pressures that will be offset against CPIP (£0.1m), slippage on Business Cases (£0.1m), lower spend on winter wards due to use of more substantive staff than planned (£0.1m), vacancies in Dermatology which are offsetting an adverse non pay spend (£0.1m) and lower levels of bank and agency usage for sickness, vacancy and maternity leave (£0.2m). Adverse variances include undeclared CPIP (£0.4m) and staff working on projects within E&F and Digital where costs were not capitalised in M1. Note however that in M1 no CPIP has been declared pending agreement of key KPIs required to assess the value of scheme delivery and QIA approval. This will be re assessed in M2.

BEST USE OF RESOURCES – OPERATING EXPENSES

We are driving this measure because

The Operating 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.

Operating Expenditure excluding Employee Expenses	Apr-24			Year to Date		
	Plan £000s	Actual £000s	Variance £000s	Plan £000s	Actual £000s	Variance £000s
Purchase of services from NHS bodies outside of the system	(469)	(427)	42	(469)	(427)	42
Purchase of services from non NHS bodies	(996)	(820)	176	(996)	(820)	176
Drugs Costs	(1,113)	(1,122)	(9)	(1,113)	(1,122)	(9)
Supplies and services	(4,642)	(4,694)	(52)	(4,642)	(4,694)	(52)
Other Operating Costs	(11,540)	(11,457)	83	(11,540)	(11,457)	83
Operating Expenditure (excluding Non PbR Drugs and Devices)	**(18,760)**	**(18,519)**	**241**	**(18,760)**	**(18,519)**	**241**



** In 2023/24, month 12 including one offs: Impairments £29.3m; Donated PPE £0.3m.*

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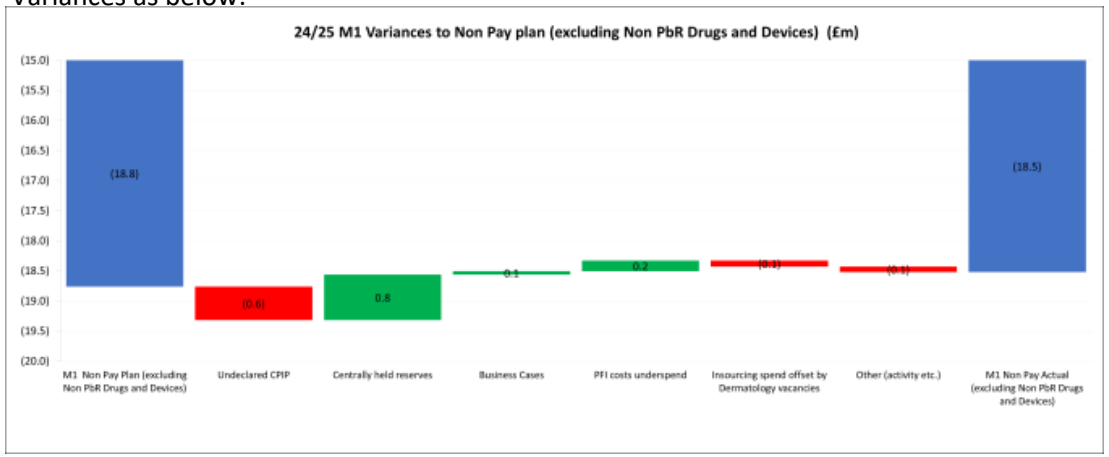
Performance and Actions

Operating expenses excluding Non PbR Drugs and Devices £0.2m favourable in month – Variances as below:



Risks

Non delivery of the CPIP schemes relating to non-pay will add to the pressure reflected in the Trust's overall financial performance. We continue to monitor and highlight inflationary pressures in excess of tariff. Where additional activity is being delivered at high cost; the Trust needs to remove the reliance on insourcing by maximising use of own resource.

What the charts tell us

Operating expenses excluding Non PbR Drugs and Devices £0.2m favourable in month. Favourable variances include items held in central reserves including cost pressure funding that will be offset against CPIP (£0.8m), slippage on Business Cases (£0.1m) and underspend on PFI charges (£0.2m). Adverse variances include undeclared CPIP (£0.6m), Insourcing costs in Dermatology offset by substantive vacancies (£0.1m) and an additional £0.1m of costs relating to additional activity.

BEST USE OF RESOURCES – ELECTIVE ERF INCOME

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.

Plan	Actual	Variance
Income	Income	Income
£9,497,842	£10,794,201	£1,296,359

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Performance and Actions

The Trust's plan assumes delivery of a level of activity to achieve £141m of Elective Income contained within the variable element of the aligned payment and Incentive (API) Income plan in 24/25.

In M1 we report an over achievement of £1.3m.

Risks

Planned activity for April is lower than subsequent months, so over delivery against April target may not be representative of the rest of the financial year.

Due to 86% of episodes being uncoded for M1 at the time of reporting this position is subject to change during M2 as the percentage coded increases.

What the charts tell us

In M1 we report an over achievement against Elective ERF Income of £1.3m.

BEST USE OF RESOURCES – CAPITAL

We are driving this measure because

The Capital investment programme to replace existing and invest in new additional assets is key to driving improved clinical and financial sustainability. Given the size of capital programme there is a significant risk that the Trust has insufficient funding to support maintenance requirements and urgent replacement schemes.

2024/25 plan and YTD capital expenditure:

Workstream	Scheme	24/25 Original Internal plan £'000	Total YTD Valuation £'000
P&W	Backlog Maintenance b/f	-	-
P&W	Additional P&W Schemes	1,486	235
P&W	Generators (East and West, No 1 & No 2)	71	
P&W	Upgraded Fire Compartmentation	343	
P&W	HV Works - DNO Substation and Site ISS)	748	
P&W Total		**2,648**	**235**
Digital	Xerox Scanners	54	-
Digital	Xerox - Kainos Upgrades	26	-
Digital	Additional Digital schemes	-	18
Digital	Phase 2 - Digital System Production Environment	300	
Digital	Phase 2 - Telephony Systems Critical Upgrades	306	(78)
Digital	LIMS - Infrastructure	763	
Digital Total		**1,449**	**(60)**
Equipment	Equipment Schemes	610	129
Equipment	Donated Equipment Schemes	-	-
Equipment Total		**610**	**129**
Strategic	Urgent Emergency Care - Additional	570	94
Strategic	Cath Lab/IR Feasibility	1,974	-
Strategic	Acute Service Review - Maternity	3,584	32
Strategic	Linac Replacement	250	-
Strategic	Targeted Investment Fund - Alex Theatres	90	63
Strategic	Community Diagnostic Centres 2		(48)
Strategic	Reinforced Autoclaved Aerated Concrete		4
Strategic Total		**6,468**	**145**
Lease Additions	New Leases		-
IFRIC 12 PFI	IFRIC 12 PFI Lifecycle replacement	340	16
Contingency	System support capital	396	
Lease Remeasurement	Leases	1,445	
Lease Remeasurement	Charles Hasting Education Centre Lease		
Other Total		**2,181**	**16**
Workstream total	**Internal Funded**	**13,356**	**465**

Workstream	Scheme	24/25 External plan £'000	Total YTD Valuation £'000
Digital	Front Line Digitisation	1,000	206
Digital Total		**1,000**	**206**
Workstream total	**External Funded**	**1,000**	**206**
	Total Capital Plan	**14,356**	**671**

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Performance and Actions

The total final capital plan submitted for 2024/25 was £14.356m. The plan assumes £1m of external funding for the ongoing Front Line Digitalisation Scheme (FLD) with the remaining schemes funded through internal system envelope funding of £11.571m.

The plan also includes £1.4m of lease additions and £340k for PFI replacement equipment, included within the Trust's Capital Resource Limit (CRL).

Significant schemes planned to take place in 2024/25 include Acute Service Review scheme (ASR) (£3.6m), Cath Lab (£2m) and LIMS (£763k).

The capital YTD spend at month 1 is £671k. This is mainly attributed to spend in Property & Works (P&W) schemes and the continuation of the Frontline Digitalisation Scheme.

Risks

There remains several risks around the capital programmes in 2024/25:

- The completed UEC build has been complex and there is therefore a risk of further unforeseen costs being identified that require funding in 2024/25. Additional costs have been identified to date and included in the capital plan submitted for 2024/25 at £570k.
- Re-costed budget for ASR and the estimated cost as at 24/25 of £14.5m has been included in the capital plans for 2024/25, 2025/26 and 2026/27.
- The 2024/25 plan highlights that without system funding, there is significant risk that the Trust has insufficient funding to support backlog maintenance requirements and urgent replacement schemes.
- The workstream leads are updating information on the schemes that have not been prioritised for 2024/25 due to lack of funding sources to highlight the highest risk areas. Details of these will follow once finalised.
- There is an assumption the £1m FLD monies will be received.

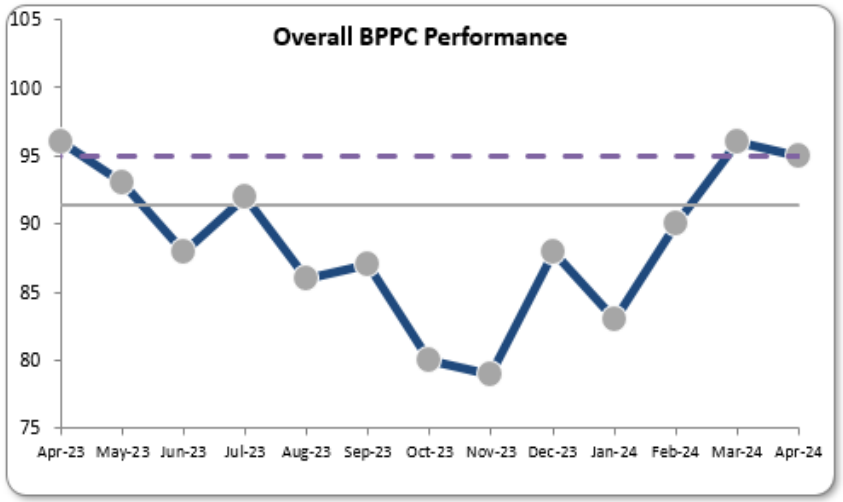
What the charts tell us

Ongoing capital expenditure on internal schemes continue to impact and delay a significant proportion of spend on backlog maintenance and equipment replacement. Discussions are continuing with ICB & Region regarding a longer-term solution for 2024/25. The finance team will continue to work with the workstream leads to ensure all expected costs are identified at this stage.

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 as per the BPPC guidance.



Performance and Actions

The Trust cash position at the end of month 1 was £1.125m. The Trust has submitted a quarter 1 2024/25 revenue support application for cash support of £17m, to be paid in May (£8.5m) and June (£8.5m). The Trust has been notified that the amount of £4.25m has been approved for May, which is 50% of the request. The request for June has been re-submitted on 20th May 2024, for £7.5m. NHSE's CFO office advised that only 50% of the cash support requested for May was provided due to the finalisation of all Trusts planning submission.

Following on from the Plan submission on 3 May 2024, it is anticipated that the Trust will need circa £56m revenue support for 2024/25 for the planned deficit. It is to be noted that the CPIP's of £44m is assumed to be cash releasing savings which is phased over the full 12 months. If the CPIP is not achieved, the Trust will need to apply for additional cash support.

Risks

Due to the reducing levels of cash, the creditor payment runs are being closely monitored and adjusted as required, to ensure that there is adequate cash to cover payroll costs, including Tax, NI and Pensions, this will significantly reduce the Trust BPPC %.
Provider Revenue Support will be needed throughout 2024/25, the Trust has been notified of £4.250m approved for May 2024, but June is yet to be approved. The estimated July cash support will be for £9.5m to be submitted to NHSE by 12th June.

If the Trust's applications are not approved, then we will have to reduce the creditor payment runs, which will significantly reduce the BPPC and could disrupt the supply of goods and services due to late payment of invoices to creditors.

Wells Jo
06/06/2024 11:01:51

What the charts tell us

Better Payment Practice Code (BPPC) performance for month 1 is 87% based on volume of invoices paid and 95% based on value. We are on target for the BPPC target YTD for Value and are 8% below target for Volume – see chart above
The BPPC performance for the month is 87% based on volume of invoices paid and 95% based on value;

- 4,879 invoices paid out of 5,580 due.
- £30.3m worth of invoices out of £31.9m were paid on time this month.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	Perinatal Safety Report April 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,
2. Receive **Assurance** that our maternity and neonatal services are meeting the national requirements outlined in the documents covered by this report.

3. Chief Officer/Executive Director Opinion[1]

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

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

Wells Jo
06/06/2024 11:05:51

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

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

Wells Jo
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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											
	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	March	April
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

Wells Jo
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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 March 2024 are presented below and RAG rated as appropriate:

Summary of Key Safety Indicators

Metrics	Target	Current position
Booking completed by 12+6	90%	81%
ATAIN	6%	3.65%
PMR (MBRRACE 2021)	<5.19 per 1000 births (rolling)	2.95
Stillbirth rate (MBRRACE 2021)	<3.54 per 1000 births (rolling)	1.66
NND rate (MBRRACE 2021)	<1.65 per 1000 births (rolling)	1.26
Maternity and Neonatal Moderate or above incidents	-	1
Maternity PALS	-	6
Neonatal PALS		0
Maternity Complaints	-	5
Neonatal Complaints		0

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position
Sickness rate (MWs)	4%	5.50%↓
Turnover rate (rolling) (MWs)	11.5%	7.61%↑
Vacancy rate (MW)	7%	8%↔
Sickness rate (MSWs)	5.5%	10.79%↓
Turnover rate (rolling) (MSWs)	11.5%	14.36%↓
Vacancy rate (MSW)	7%	21%↓
Sickness rate (RNs)	4%	6.57%↓
Sickness rate (NNs)	4%	6.3% ↑
Turnover rate (rolling) (RNs)	11.5%	4.06%
Turnover rate (rolling) (NNs)	11.5%	8.14%
Vacancy rate (RN)	7%	7.5%
Vacancy rate (NN)	7%	9.24%
Shifts staffed to BAPM	100%	98.33%
Supernumerary shift leader (NNU)	100%	100%
QIS trained	70%	60.5%

Summary of Key Training Performance Indicators

Metrics	Target	Current position
PROMPT – Human Factors & Maternity Emergencies	90%	84% ↓
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	84% ↓
Fetal monitoring	90%	90% ↑
Trust Mandatory training (non-medical)	90%	85%↓
Trust Mandatory training (Obstetricians)	90%	75%↑
Maternity PDR rate	90%	68%
Neonatal PDR rate	90%	85.48% ↑
Trust Mandatory Training (non-medical)	90%	93.24%
Trust Mandatory Training (medical)	90%	80% ↓

Wells 10/06/2024 11:05:53

2. KPI Booking by 12+6 weeks' gestation

The KPI for booking by 12+6 weeks' gestation has decreased in month to 81% The work around single point of access is in progress with a delayed implementation date of July 2024.

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 Trust for the last 12 months is 1.66 per 1000 births which is below the national rate. The crude neonatal death rate is now 1.26 per 1000 births is below the national rate. As can be seen from the graph below, the trajectory for perinatal mortality now appears to be increasing; however, there are 4 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*.

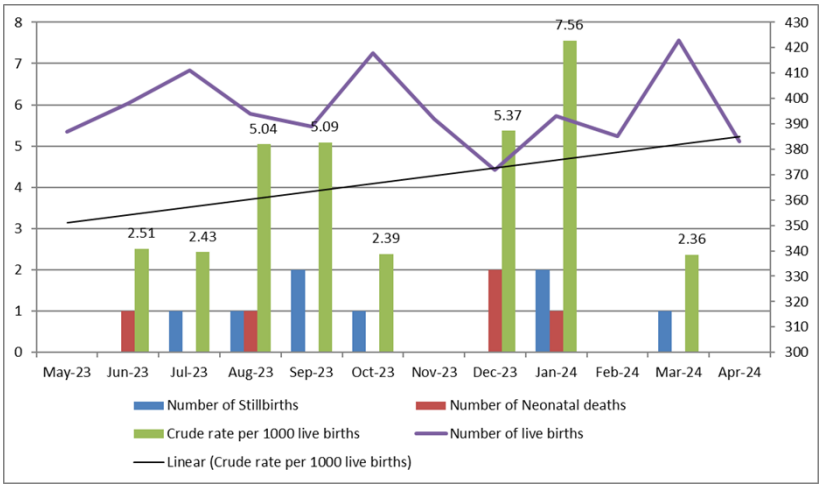


Figure 1. WAHT Perinatal Mortality Rates

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 MBRRACE 2022 perinatal surveillance report for the Trust was received in March 2024 – this is for the Trust only and the national state of the nation report will be released later this year along with the national perinatal mortality rate figures. This final report, which is verified with the Office of National Statistics, confirmed that in 2022 we had 17 stillbirths and 5 neonatal deaths (we had previously recorded 6), therefore the table below has been adjusted accordingly. A detailed report is available in the Board papers.

Wels Board 1-05-24

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	Comparator group average rate	Term babies- 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	4843	17	3.21	5	1.12	1	YES – stabilised and adjusted		4
2023	4781	10	2.09*	10	2.09*	0	NO		3 (1 also NND)
2024	1584	3	1.89**	1	0.63**	0	NO		2

*crude rate ** year to date

Key:

Rate suppressed due to small numbers
Rate over 15% lower than comparator group average
Rate 5 to 15% lower than comparator group average
Rate within 5% of comparator group average
Rate over 5% higher than comparator group average

3.3 Perinatal Mortality Summary for April 2024.

There were no stillbirths or neonatal deaths in April 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:

Wales Jo
06/06/2024 14:05:5

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; one case was referred in April 2024:

MNSI reference	Date of case	DOC completed	Stage of investigation
MI034704	October 2023	Yes	Draft report received and comments returned to MNSI
MI036534	November 2023	Yes	Draft report received and comments returned to MNSI
MI036675	January 2024	Yes	Investigation underway
MI036767	January 2024	Yes	Investigation underway
MI037218	April 2024	Yes	Investigation underway

MNSI Quality Review Meetings

The Trust continues to undertake a pilot with MNSI for improving the process of working with the Trust; the Governance Lead and the Link Investigator meet every 2 weeks to share any issues/concerns/updates, and the DOM and MNSI Team Leader meet once a month to discuss emerging themes, trends and safety concerns. This appears to be working well so far and will be evaluated in due course.

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

There was 1 incident reported in April 2024 which has been referred to MNSI. 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	59% ↑	
Maternity Mandatory Training – (3 yearly)	MSW/MCA	65% ↑	
Annual Saving Babies Lives training	Midwives	87% ↓	
Annual Saving Babies Lives training	MCA/MSW	56% ↓	
Annual Saving Babies Lives training	Obstetricians	70% ↓	
Annual fetal monitoring training	Midwives	90% ↑	Now a f2f study day
Annual fetal monitoring training	Obstetricians (all on rota)	85% ↑	Now a f2f study day
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	95% ↔	
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	87% ↓	
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota)	75% ↓	

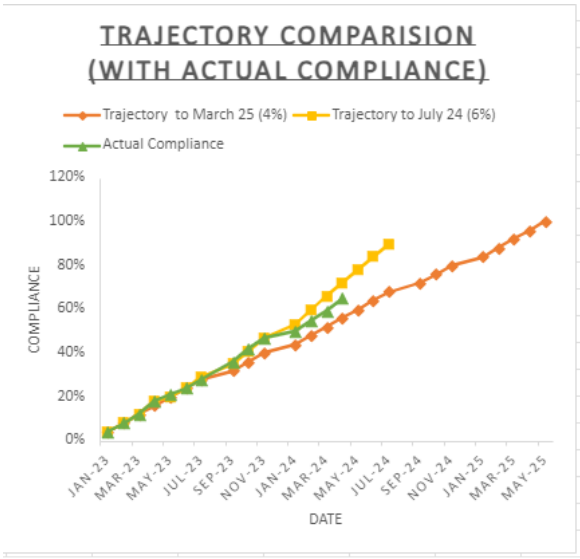
PROMPT training (Human Factors/MDT Obstetric Emergency	Anaesthetists (all on rota)	78% ↔	
Neonatal Life Support	Midwives	95% ↔	
Neonatal Life Support (NLS 4yearly)	Neonatal Nurses	100% ↔	
Neonatal Life Support (NLS 4yearly)	Neonatal Drs	90%	
Neonatal Resuscitation Update (annual)	Neonatal Nurses	83% ↓	Neonatal study day being held in May which will improve compliance
Neonatal Resuscitation Update (annual)	Neonatal Drs	73%	New junior doctors starting in April reduced the compliance down
Trust Mandatory Training	Obstetricians	75%↑	
Trust Mandatory Training	Midwifery Staff	85%↔	
Trust Mandatory Training	Neonatal Nurses	93.24%	
Trust Mandatory Training	Neonatal Drs	80% ↓	

Figure 2. Training Compliance

Maternity specific training:

The expected trajectories for compliance to meet the Core Competency framework V2 are presented below, however in year 6 MIS there is no set target for compliance, just an expectation that Trust's continue to work towards this. It is anticipated that the Trust will be able to evidence 83% compliance by July 2024 but thus far this has been affected by staff members not being able to attend due to sickness and requirement to cover ward areas to ensure safe staffing.

The support worker figures have affected due to many new starters and the bookings have had to be spread out evening over the year so most of the new starters are non-compliant, but this will pick up again.



We continue to work towards 90% compliance for fetal monitoring training; this is now a face to face study day only and all staff who are now out of date have been booked on to the study day in either April or May 2024 and their line managers informed.

Mrs Jo
06/06/2024 11:09:51

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 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. Due to this doctors training has reduced to 80% in April, whilst Neonatal nurses have achieved 93% compliance. All rotation doctors receive an annual neonatal resuscitation update at induction or within 3 months of starting. Nurses receive their annual NLS update by attending an annual Neonatal study day.

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 378 births in April. The escalation policy was enacted on 13 occasions to reallocate staff internally as required – this is a significant decrease on previous months. The community and continuity teams were asked to support on one occasion.

The vacancy rate has remained static for midwives and MCAs – there are additional staff commencing in October 2024.The rolling turnover rate for midwives remains below Trust target further however for non-registered staff remains high but is reducing.

The supernumerary status of the shift leader was not achieved in April however 1:1 care in labour was achieved in month. Sickness absence rates for midwives and support staff decreased in month.

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	90%	n/a	n/a	n/a
Antenatal Ward/Triage	91%	91%	79%	99%
Delivery Suite	102%	102%	62%	96%
Postnatal Ward	89%	79%	82%	88%
Meadow Birth Centre	80%	79%	73%	87%

7.2 Obstetric Medical Staffing including Consultant attendance

Wells Jo 06/06/2024 11:25:08

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 we have a new Substantive Consultant commencing in post on the 6th 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 an action plan in place which is presented in the CNST table as evidence for Safety action 4.

Registrars

The registrars work a 1:9 on call rota. We currently have 17.6 WTE in post (funded for 19.6 WTE), with 14.6 WTE on the on-call rota.

Our on-call vacancies are being filled internally and by locums. We currently have 1 long term locum in post. Unfortunately, we had to terminate the contract of our other locum early due to concerns raised about his ability to manage the workload within our unit.

We had a clinical fellow commence in post at the end of April, who is currently working on the junior tier rota, and a further 2 are starting in July. We are also going out to advert for 1 further Clinical Fellow post and are looking to explore employing further MTIs.

We have submitted an application for a Urogynaecology Subspeciality Training post which will be a joint position with Leicester. If successful it is envisaged that they will commence at WAHT in August 2025.

Medical staffing is on our risk register.

Junior Grades

The junior tier works a 1:9 on call rota. We currently have 15.2 WTE (1 WTE is the Clinical Fellow who will move up to the middle tier rota), giving us a vacancy of 1.8 WTE

Our Physicians Associate has commenced on Maternity Leave.

We are looking at reducing our junior tier posts so that we can re-distribute the funding into our middle tier.

Consultant Attendance

In April Consultant presence was achieved in 100% (8/8) 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:

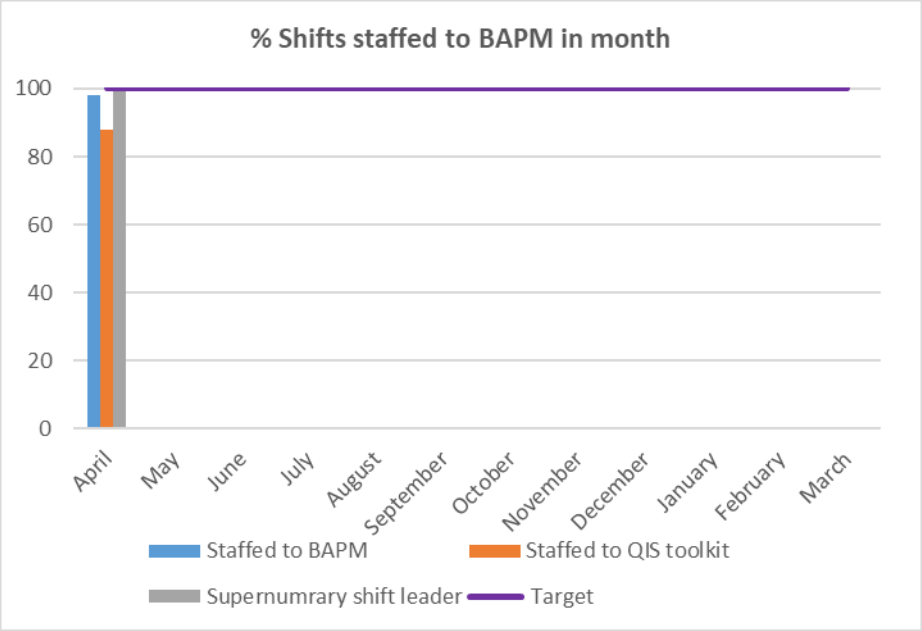
- Completion of safe staffing on Badgernet – three times day
- Monitoring nurse patient ratios as per BAPM
- Monitoring staffing red flags as recommended by NICE guidance
- Daily safety huddles
- SitRep report and bed meetings three times a day
- Monitoring sickness/absence and turnover rates
- Monitoring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

Wells Jo
06/06/2024 11:45:51

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 April 98.33% of shifts were staffed to BAPM. There was a shortfall of 1 shift due to the high number of babies on TCU. Based on BAPM, 8.3 staff were required for the number of babies and there were 8 staff on duty. 88.33% of shifts in April were staffed to QIS, this was due to high acuity on TCU and intensive care. The supernumerary status of the shift leader was achieved on every shift and all shift remained safe.



% shift to BAPM

It is important to note whilst the number of qualified in specialty (QIS) is below the BAPM recommended, with on-going nurse recruitment the percentage of compliance will fluctuate. It also 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). There are 4 staff allocated to commence the critical care course later this year and there has been recent appointment of nurses already QIS which will improve the overall compliance.

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

Sickness absence rates decreased for the third month in a row, from 7.46% to 6.57% for registered nurses. There was a very slight increase in the non-registered workforce from 6.1 % to 6.3%. This remains 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

Wellbeing 06/03/2024 11:04:51

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 with 12 month fixed term contracts. We are

collating supporting data and support from other Trusts to build the business case for ANNP roles and aim to be closer with a strong case that stands up financially by late summer 2024.

8. Service User Feedback

8.1 Maternity& Neonatal Voice Partnership

The CQC survey findings have been shared with the MNVP and plans have been made to coproduce an action plan.

8.2 Baby Friendly and BLISS Accreditation

The neonatal unit was awarded stage 1 accreditation at the beginning of the year and is now working towards stage 2. 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 last year due to the overwhelming number of applications received nationwide. The aim for our next submission is May 2024.

8.3 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 April 2024, 5 formal complaints were received:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
83987	05/04/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in treatment
84657	25/04/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure in observations
83807	02/04/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure to diagnose (inc e.g. missed fracture)
83803	02/04/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Stillbirth (excluding known fetal abnormatlities)
83783	02/04/2024	Maternity (formerly Obstetrics)	Patient Care	Other (patient care)

In addition, there were 6 Maternity PALS queries were received as below:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
84168	12/04/2024	Maternity (formerly Obstetrics)	Trust Admin Policies & Procedures (Incl. Patient Records Management)	PALS – Access to Health Records
83830	04/04/2024	Maternity (formerly Obstetrics)	PALS - Signposting	Message Directed to Other Department
84371	17/04/2024	Maternity (formerly Obstetrics)	Access to Treatment or Drugs	PALS – Access to Services
83996	08/04/2024	Maternity (formerly Obstetrics)	Clinical Treatment	PALS – Delay or Failure to undertake scan/x-ray etc
83890	05/04/2024	Maternity (formerly Obstetrics)	Communications	PALS – Communication with patient.
84643	24/04/2024	Maternity (formerly Obstetrics)	Values and Behaviours (Staff)	PALS – Breach of Confidentiality by Staff

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No themes were identified this month.

Neonatal: 0 formal complaints or PALS were received in April 2024.

9. Safety Champion escalations

The most recent Safety Champions meeting was held on 23rd April 2024, the minutes of the meeting are presented in Appendix 3. No safety concerns were raised. The following issues were highlighted by staff in maternity NNU and Delivery Suite:

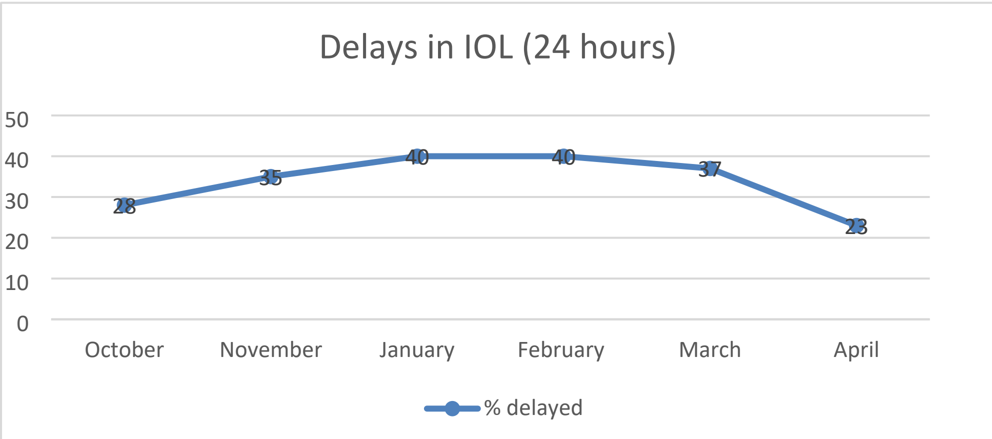
- Baby tagging audit being repeated as tags appear to be too sensitive.
- Temperature surrounding windows remains a concern.
- Reinforced daily checks of resuscitaire's.

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. There was a notable reduction in delays in April.

The % of women waiting over 24 hours (awaiting ARM) on the IOL pathway are as follows



Induction of labour pathway remains a focus 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 and we now have access. NHS Resolution Safety and Learning leads are attending a meeting on 10 June 2024 to provide some support and training on effective use of the scorecard.

A Q4 report for maternity and neonates will be included in the report next month to ensure maximum information is included following the meeting with NHSR.

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 actions are monitored via the COSMOS platform.

11. Coroner Regulation 28 made directly to Trust

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

12. In-utero and ex–utero activity

2 IUT transfers out as per the network pathway (<27/40).
1 IUT transfer out of the network due to capacity of delivery suite beds and NNU cots in the region.
3 ex-utero transfers into the unit, 2 to help capacity in neighbouring units, and 1 repatriation back to WRH.
4 ex-utero transfers out for repatriation back to their booking units.
There was 1 exception reported in April.
The table below summaries the transfers as per network pathway:

Type of Transfer	September		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	4	2	2 out – 1 to BWH and 1 to Heartlands as <27/40 4 in -1 in from Hereford, 1 from BWH, 1 from Good Hope & 1 from Warwick all requiring level 2 cots
IUT Transfers for non-clinical reasons	2	0	1 in from Hereford & 1 from BWH for capacity reasons
IUT Transfers outside of the network	0	1	1 IUT transfer out to Bristol due to a mixture of unavailability of level 3 cots or delivery suite beds in the Network.
Ex-utero Transfers for clinical reasons as per network pathway	2	2	2 in from Good Hope requiring level 2 cot. 2 out for clinical reasons, 1 went to Heartlands & 1 to New Cross.
Ex-utero Transfers for non-clinical reasons	1	4	1 repatriation in from Heartlands. 4 repatriations back to their own units (Good Hope & Hereford)
Ex-Utero Transfers out of network for clinical reasons	0	0	
Delays in transfer in/out	0	0	
IUT or Ex-utero Exceptions	1		IUT transfer to Bristol

13. 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 still await final confirmation from NHSE to exit the programme.

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

The new MIS Year 6 scheme was published at the beginning of April 24. An action plan has been completed and added to the CCOSMOSS platform to support ongoing monitoring and the collection and storage of evidence.

There are a number of changes noted within the scheme in Safety Actions 3,5,6, 7 & 8. A summary position is outlined below:

Element	Current Status	Actions
1. PMRT Wells Jo 06/06/2024 11:05:51		Quarterly reporting in place. One baby notified outside the 7-day reporting window. Q4 23-24 PMRT report.docx
2. MSDS		No anticipated issues with the data submission

3. ATAIN		Quarterly reporting in place.. ATAIN Report Q4 23-24.docx
4. Clinical Workforce		Safety report in place– NCCR implementation plan below: WMNODN NCCR Unit Implementation P Compensatory Rest.docx
5. Midwifery Workforce		Monthly staffing report in place. SN status of the SL requirement changed in Yr6 scheme
6.Saving Babies Lives		Quarterly audit reporting in place. Saving Babies Lives - 6 Elements quarterly a 05.01 Latest SBLv3 Dashboard and audit
7.MNVP		Some changes to this year's requirements –additional funding available to support implementation
8.MDT Training		On target
9. Safety Champions		Reporting process in place. Roles embedded and SC meetings working well.
10. NHSR EN Scheme		Reporting process in place – externally validated.

15. CCOSMOSS

CCOSMOS is a local acronym for Clinical Negligence Scheme for Trusts (CNST), CQC, Ockenden 1, Single Delivery Plan (SDP), Maternity Self-Assessment Tool, Ockenden 2, Saving Babies Lives (SBL) and Safety Champions. The recommendations/actions (n=505) 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 Ockenden actions into one document. A summary document outlining the end of year position is presented in appendix 4. the first year of the three-year programme. This includes detailed levels of compliance broken down into the individual themes and objectives and also snapshots of the national reporting platform.

10th April 2024		Compliant	In progress	Overdue	Not Started	Total	Compliance
C	CNST	0	0	0	0	30	0%
C	CQC	16	1	7	0	24	67%
O	OCK 1	45	2	2	1	49	90%
S	SDP	19	40	1	4	64	30%
M	MSAT	100	17	22	16	156	64%
O	OCK 2	69	23	4	3	99	70%

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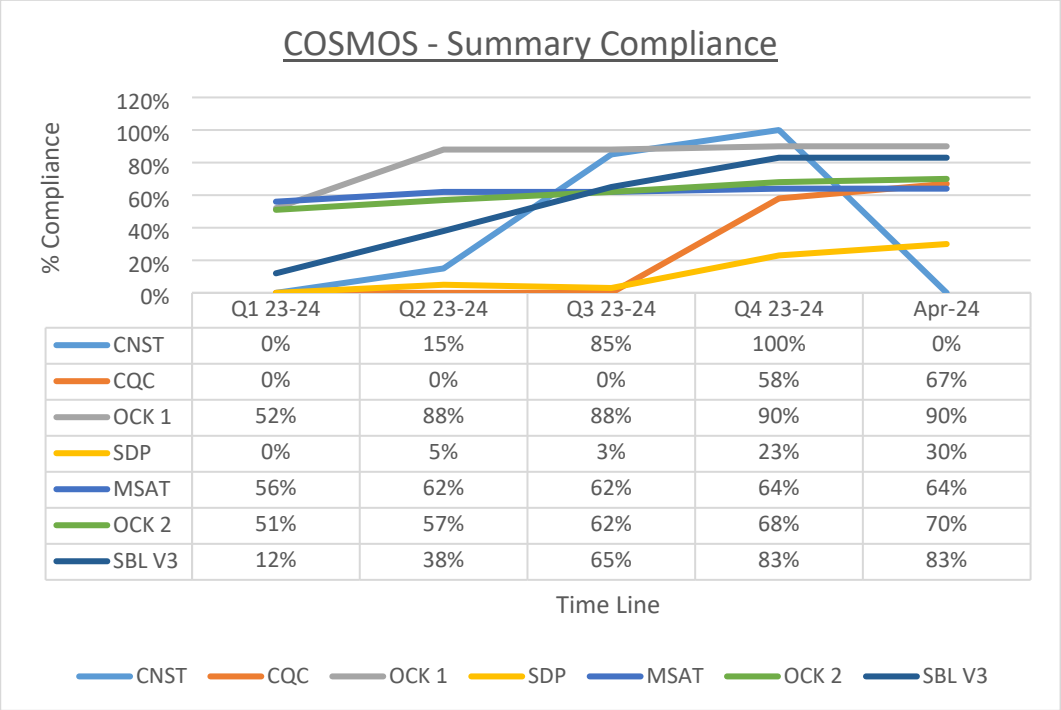
S	SBL V3	NHS Futures - Implementation tool (awaiting validation from LMNS 27th March 24)	83%

The directorates monthly progress is presented below:



	Q1 23-24	Q2 23-24	Q3 23-24	Q4 23-24	Apr-24
CNST	0%	15%	85%	100%	0%
CQC	0%	0%	0%	58%	67%
OCK 1	52%	88%	88%	90%	90%
SDP	0%	5%	3%	23%	30%
MSAT	56%	62%	62%	64%	64%
OCK 2	51%	57%	62%	68%	70%
SBL V3	12%	38%	65%	83%	83%

Conclusion

This report provides a monthly update on key maternity and neonatal safety initiatives which will support WAHT to achieve the national ambition. The report provides the evidence outlined within the revised perinatal surveillance model and will also assist the directorates to collate evidence for NHS Resolutions Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.

Recommendations

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

Appendices

1. MNSI Monthly Summary
2. Midwifery Staffing Report
3. Maternity and Neonatal Safety Champions Meeting Minutes
4. Single Delivery Plan – Annual position Year 1

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Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	MBRRACE-UK Perinatal Mortality Surveillance for 2022
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:	Susie Smith – Maternity & Neonatal Governance Lead
Documents covered by this report:	• MBRRACE-UK 2022 Trust report for Perinatal Mortality Surveillance

1. Purpose of the report

To present the findings from the Trust-specific MBRRACE-UK Perinatal Mortality Surveillance Report for births in 2022. This report contains a summary of all the perinatal mortality cases in 2022 with the level of investigation detailed as required. It is important to note that this report precedes the release of the national MBRRACE report for 2022 which is scheduled for publication in Autumn 2024.

2. Recommendation(s)

Trust Board are invited to:

- To note the findings from the Trust-specific MBRRACE-UK Perinatal Mortality Surveillance Report for births in 2022

3. Chief Officer/Executive Director Opinion[1]

This report provides assurance that all cases of perinatal mortality have been reviewed appropriately, actions identified and completed timely. Continued participation in use of the PMRT is now well-embedded supported by a system wide team to ensure robust external review and challenge from experienced clinicians and allows shared learning across the system and will support continuous learning and improvement in the care of mothers, babies and their families.

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***

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[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 national MBRRACE-UK Perinatal Mortality Surveillance Report for births in 2022 is scheduled for publication in Autumn 2024. However, MBRRACE-UK recently published a supplementary report for each Trust, reporting on local stillbirths and neonatal deaths from 2022. The full report can be found embedded below.

MB278-2022-rep.pdf

MBRRACE-UK have advised that the mortality rates and other data in the report might differ from other local and national reports, as births before 24 weeks' gestational age and terminations of pregnancy have been excluded. Neonatal deaths are reported by place of birth, irrespective of where the death occurred.

This year the report includes new data on pages 1 and 2:

- Mortality rates including and excluding deaths due to congenital anomalies.
- Additional information about trends in mortality rates at our Trust.
- A more detailed comparison with other organisations in our comparator group.

To enable MBRRACE-UK to release organisation-level data earlier in the year, the annual report containing national-level data will now be published later in the year. The national extended perinatal mortality rate (PMR) for 2022 has not yet been formally published but predicted to be 5.0 per 1000 births when taken from the report. The report compares local outcomes to 'similar Trust's and Health Boards'.

The individualised report for WAHT identifies that there were 17 stillbirths and 5 neonatal deaths in 2022. It is important to note that these figures exclude births before 24 weeks and all terminations of pregnancy but includes babies with congenital anomalies. Neonatal deaths are reported by place of birth irrespective of where death occurred.

The report gives WAHT a stabilised and adjusted extended perinatal mortality rate of 4.54 which is up to 5% lower compared to similar Trust's and Health Boards (WAHT has been included in the comparator group with 4,000 or more births per annum). The specific UK data for stillbirth and neonatal mortality rates overall are not given therefore a comparison cannot be reached at this time.

Deaths relating to births before 24 weeks' gestational age (often known as late fetal losses) have been reported separately as there is variation across the UK as to whether babies at this gestation are reported as a late fetal loss or a neonatal death which biases mortality rates. WAHT continues to ensure that all late fetal losses at 22 to 23 weeks' gestational age are reported to MBRRACE-UK.

The PMR given are stabilised and adjusted to take into account mother's age, socio-economic deprivation, baby's sex and ethnicity, multiplicity, and (for neonatal deaths only) gestational age at birth. In addition, to account for the wide variation in case-mix, all Trusts and Health Boards have been classified hierarchically into five comparator groups: (i) Level 3 Neonatal Intensive Care Unit (NICU) and surgical provision (units routinely accepting for birth babies with a known congenital anomaly likely to require surgery in the neonatal period); (ii) Level 3 NICU; (iii) 4,000 or more births per annum at 22 weeks or later; (iv) 2,000-3,999 births per annum at 22 weeks or later; (v) under 2,000 births per annum at 22 weeks or later.

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MBRRACE data has identified that the demographic details of the babies born in the Trust are broadly in line with national statistics in terms of age of the mother, socio-economic deprivation and gestational age, though it is noted that with regard to ethnicity the Trust figure stands at 86% white population where the national average is 68%. This does not account for language barriers and challenges that the local population experience however this is a focus for the maternity team.

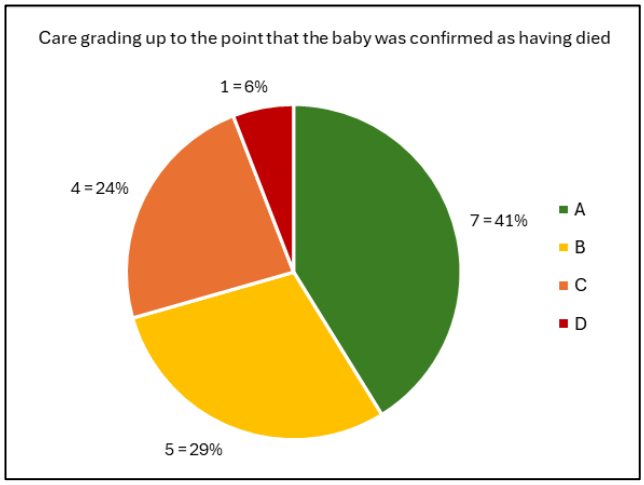
Review and discussion

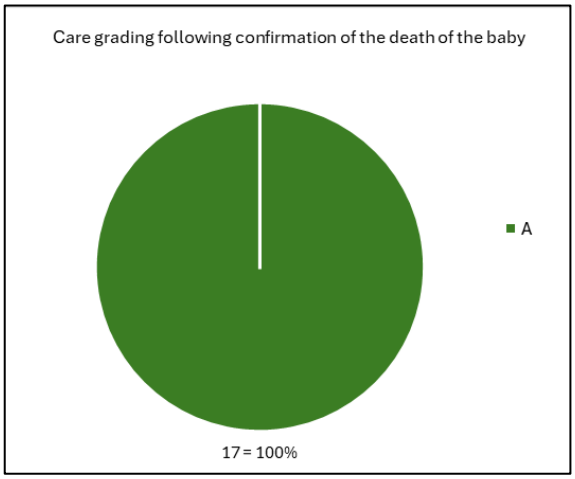
All 22 cases that are included in the MBRRACE data have been reviewed by our multi-disciplinary Perinatal Mortality Review Group. This group meets monthly and has external representation in accordance with MBRRACE guidance which historically would be colleagues from the other Trust in the local system. In 2023 this process was formalised as a LMNS wide PMRT review group. All cases were rapidly reviewed at the time of death and were reviewed again using the nationally mandated Perinatal Mortality Review Tool which is administered by MBRRACE; facilitating an in-depth review of care which is benchmarked against national guidance. The care grading's are available within the Appendices.

In addition, the cases where we have contributed to the review organised and led by another organisation (either because the mother was transferred antenatally and gave birth there, or because the baby was born at WAHT and transferred post-birth and died elsewhere) and the late fetal losses (between 22+0 – 23+6 weeks' gestation) have also been included for completeness. These cases have also been reviewed where possible by the Trust. Full grading's have not always been given as WAHT can only report on the care we provided (for example, if a woman had antenatal care with WAHT, and then transferred elsewhere to give birth and neonatal care was provided there, only the antenatal care grading is included).

Stillbirths:

There were 17 stillbirths in 2022 recorded for this Trust.





The stillbirth grading's are split into two elements as below.

Care grading up to the point that the baby was confirmed as having died:

With regard to the care provided to the mother and their baby up to the point that the baby was confirmed as having died identifies that in 7 (41%) cases, the care was graded as A – no care issues were identified.

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There were 5 (29%) cases where it was identified that there were care issues that did not make a difference to the outcome for the baby (grade B); these are the cases that identify opportunities to share learning and make improvements in care.

The reasons for these grading's were varied:

- not always following up urine retesting post antibiotics,
- occasional incomplete documentation,
- lack of referral based on previous cervical surgery (in part because the depth of the LLETZ sample was unclear),
- carbon monoxide (CO) monitoring not always being taken (when it had been reinstated post-COVID suspension; though this is much improved since the 2021 report) ,
- vigilance regarding changing BP (even when considered within 'normal' parameters).

Learning was shared with staff - changes to processes and guidance has been completed as needed.

There were 4 cases (24%) where the care was graded as C where there were care issues that may have made a difference to the outcome, and 1 case (6%) where the care was graded as D (care issues that were likely to have made a difference to the outcome); this is the same compared to 2021 data where there were also 6 cases at grade C and D. Three of the cases were investigated as Serious Investigations in accordance with the guidance at the time following initial rapid review. The two remaining were identified as grade C following MDT review as part of the PMRT.

A summary of the cases graded C and D including learning and actions is within appendix 1.

Care grading following confirmation of the death of the baby:

In 100% of cases, the care following confirmation that the baby had died was graded as A which is highly commendable and an improvement in care noted from the outcomes reported in 2021.

Stillbirths timing:

MBRRACE have identified that we had one intrapartum stillbirth in 2022 (case 80597) at 28 weeks gestation; this baby was known to have a poor prognosis. The parents wished to let events happen as nature intended and continued with the pregnancy with the support of the team.

The majority (n=15) of the stillbirths occurred in the antenatal period with sadly one intrapartum stillbirth reported (as above) and one stillbirth being recorded as unknown – this relates to a case where a woman had not booked for antenatal care and attended in labour.

This is an unchanged position for the Trust which reflects the ongoing hard work and improvements in care that the team continue to make.

Neonatal deaths:

There were 5 neonatal deaths post 24 weeks' gestation, for babies born at the Trust in 2022. Three were early neonatal deaths (0-6 days) and two were late neonatal deaths (7-28 days). All are singleton births. The care grading's are below, and though similar to the stillbirth gradings, are split into 3 elements:

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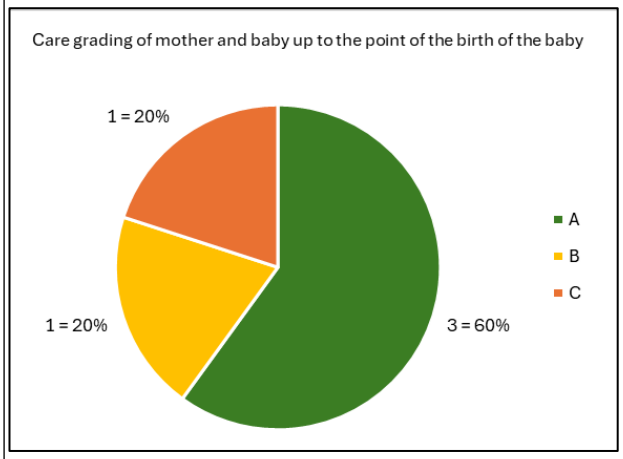
Care grading of mother and baby up to the point of the birth of the baby:

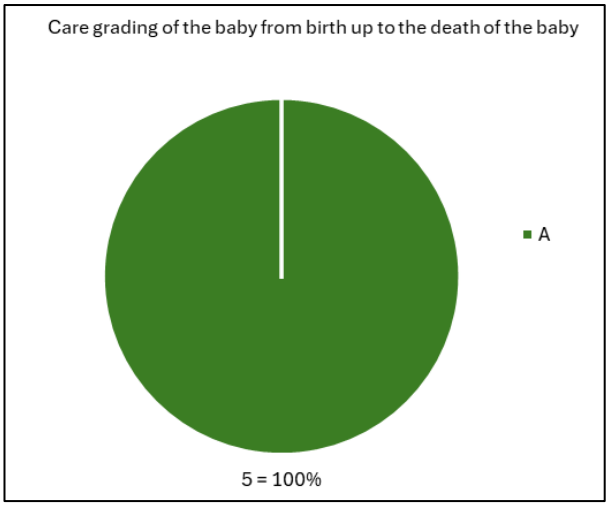


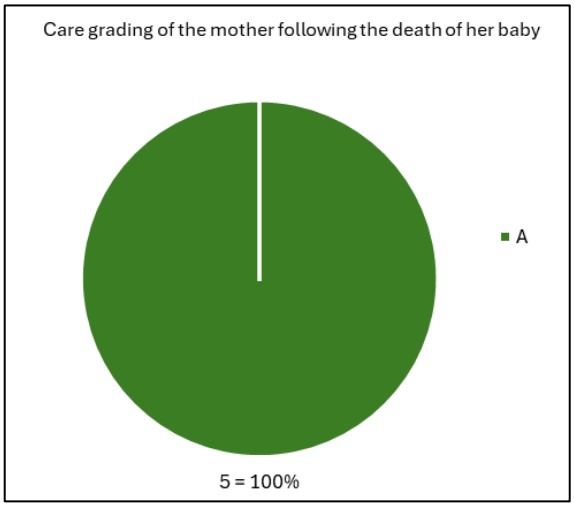
For 3 (60%) of these cases, there were no issues identified with care (all graded as 'A').

There was one case (83579) graded as B where a follow up urine test was not sent to check clearance of GBS following antibiotics; the guidance has since been re-written and shared.

The other case (80147), graded as C, was investigated as a Serious Incident and a summary of the investigation is in appendix 1. There has been no repeat of this case to date.

Care grading of the baby from birth up to the death of the baby & Care grading of mother following the death of her baby:





As for the care provided by the Trust no issues were identified for either the care of the baby or the mother in all cases. In four cases the baby died at one of the regional level 3 neonatal units. This is the agreed pathway for transfer of critically unwell babies after birth who are not suitable to be cared for in the local neonatal unit (level 2) and require critical care (level 3).

Cases asked to contribute to but not in WAHT numbers:

The Trust was asked to participate in 3 reviews where the stillbirth or neonatal death were not reported in the data for WHAT. This occurs when a baby was not born at the Trust but we have provided care at some stage in the perinatal pathway.

In all of the cases, we provided some/all of the antenatal care prior to transfer. One of the cases (82107) was a late fetal loss and is summarised below.

In the two other cases (81878) and 84978), the care was graded as B at WAHT, with one case having issues with potential non-testing of an endocrinology issue (self-reported by the woman) and the other case (84978) the care at the Trust was graded as A with no issues identified.

Late fetal losses:

A late fetal loss is defined as a baby born between 22+0- and 23+6-weeks' gestation. Some of these babies are born alive on the edge of viability and survive though the risks are high for these groups of babies. MBRRACE do not currently include these babies in the stillbirth and neonatal death perinatal mortality figures for the Trust, but we are expected to review the cases using the PMRT tool to learn lessons and review the care provided; these cases are included in the report.

In 2022, there was only one baby born at this gestation – this is an 80% reduction on the figures from 2021 (when there were 5). This case was for a mother who was transferred to a tertiary level 3 unit outside of the network and gave birth there but the baby sadly died 4 weeks later (case 82107) - was a complex case and the care at the Trust was graded as C. A summary of the recommendations and learning is summarised in the appendix 1.

Cause of death:

The causes for all stillbirths are infection (3), fetal (1), cord (1), placental (8), and unknown (4) are reported. For neonatal deaths the causes are reported as: infection (2), congenital anomaly (1) and placental (2) are the causes.

Offering of Post-mortem:

100% of families who have experienced a stillbirth or neonatal death in the Trust were offered a postmortem compared to the national average of 98% and 91% respectively.

Completeness of data:

At WAHT the data completeness for 12 out of 18 aspects of the data collected is 100%. Where there are exceptions, some of the missing data is because the details were entered as part of the surveillance data by external Trust's though it is within our gift to correct prior to submission. However, none of the metrics are less than 88.8% complete. With the additional administrative support in the W&C Governance team, it is anticipated that compliance with completeness with data will improve in 2023 data.

Notification of deaths within 7 days:

In terms of notification of deaths notified, WAHT achieved 88% of notification of stillbirths and late fetal losses being notified within 7 days which is slightly below the UK average for 2022. According to the MBRRACE data, 0% of neonatal deaths were notified within 7 days, however, only one of the cases was for a baby who died within the Trust; this case was reported on day 8 (rather than by day 7). The poor compliance with reporting from other Trusts where babies died is outside of our control, however, compliance is now monitored as part of the NHS Resolution CNST- Maternity Incentive Scheme so it is likely this will improve. All of the reporters within the Trust have been reminded of the importance of timely notification to MBRRACE and this will continue to be monitored.

Recommendations

The Trust Board is asked to note the findings of this report. This report also provides assurance that there is a robust process for reporting, reviewing and learning from all deaths.

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Appendix 1			
PMRT stillbirth grading criteria	Care grading categories for stillbirtl	*PMRT neonatal death grading criteria*	Neonatal death gradings.docx
Case Number 79230 (grade C)	***PMRT investigation*** - *There was a missed opportunity to refer the woman for a Fetal Medicine scan when she reported no movements from 24 weeks, however, it is possible that the outcome would still have been the same given the IUGR status of the baby when they were born.* - *The RFM guidance was reviewed and reshared, and learning shared with all staff.*		
Case Number 82471 (grade C)	***PMRT investigation*** - *there was a missed opportunity for the woman to be reviewed by one of the medical team when she attended with reduced fetal movements though the CTG was normal and reassuring.* - *It was acknowledged that there is no certainty the outcome would have changed following medical review.* - *The RFM guidance was reviewed and reshared, and learning shared with all staff.*		
Case Number 93709 (grade C)	***PMRT investigation*** - *It was very difficult for staff to determine if the CTG should be interpreted as 'antenatal' or 'intrapartum' – depending on the interpretation the management plan would have altered.* - *The preterm and preterm labour guidance was reviewed in particular with regard to management of cervical sutures and developing abdominal pain.*		
Case Number 82471 (grade C)	***SI investigation*** *Recommendations/Lessons learned/actions taken:* - *CO monitoring compliance is being monitored by the Public Health midwives and action taken as needed.* - *Ask Clevermed to confirm timeframe for implementation for adding RFM leaflet to antenatal assessment (change request already submitted)* - *Printed and laminated copies of Tommy's RFM leaflet to be circulated and available in all ANC and DAU countywide.* - *Share with all maternity staff importance of checking women know where and how to access leaflets within the app (the app is different to what clinical staff see as the app is personal/individual to the woman)* - *All women who attend Triage to be asked to read the RFM leaflet within their app while they are within the unit for review – staff to then document this has been asked of them within notes.* - *Ensure activity and acuity is captured 4 hourlies as per acuity tool and all staff reminded of escalation process when unable to review/see women in accordance with BSOTS algorithm.* - *Review how usage of the Badgernet app is shared with women to ensure it is user friendly and works properly.* - *Consider having paper copies of RFM leaflet available for women to take away if they wish.* - *Ask Clevermed to include link to Tommy's 'Movement Matters' YouTube video on Badgernet app for all women to access.*		
Case Number 81995 (grade D)	***SI investigation*** *Recommendations/Lessons learned/actions taken:* - *Continuation of review and alteration of aspirin risk assessment – meeting was held on 11.11.2022 with Guideline and Audit Midwife, Obstetric and Fetal Medicine Lead, Consultant and Clinical Director and changes are planned – Digital Midwife is also involved in this.* - *Reviewing of ICE results as a trend is required – rather than on an individual basis.* - *Arranging timely follow up following receipt of abnormal results is essential to ensure all appropriate monitoring and investigations can be carried out.* - *Reiterating importance of accuracy when completing VTE calculation* - *Review of guidance regarding management of urine infections and follow up of repeat samples.* - *Documentation was lacking on several occasions – e.g. Missing booking appointment, lack of documentation regarding management plans etc.*		
Case Number 80147 (grade C)	***SI investigation*** *Recommendations/Lessons learned/actions taken:* - *The GBS guideline has already been re-written and approved at Medicines Safety Committee and Maternity Governance in July 2022 and it will imminently be uploaded to the intranet for all staff to be able to access.* - *A review of the management plan options is required with the Digital Midwife* - *All staff have been reminded of the process for caring for women with a current or previous, GBS infection via staff communications and email.* - *The importance of calculation of VTE score accurately has been impressed on staff and recognition that factors do change, and this is important (e.g. Smoking status)* - *Organise a GBS management scoping meeting to review how GBS is managed in all women of reproductive age across the county, to ensure all women who are carriers are aware, whether they are pregnant or not.*		
Case number 82107	***PMRT investigation***		

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(grade C)	- *The woman was assessed as high risk and in need of aspirin, but aspirin was not prescribed - reiteration to all staff women must be weighed at booking so BMI can be calculated accurately.* - *Revamping and resharing of aspirin guideline to ensure all, made mandatory to complete at booking and also covered on annual SBL study day.* - *Prescription of methyldopa was not felt to be best option for BP treatment – hypertension guideline already re-written to include new national changes shared with all staff*
Case list for 2022	CaseListForYear240519-ID-ByYear.csv

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Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	Nurse Staffing Report – April 2024
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Choose an item.
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Nursing Officer**
Author:	Sue Smith, Deputy Chief Nurse
Documents covered by this report:	Nurse Staffing Report

1. Purpose of the report

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

Vacancy factor (March 2024 data)

- 57.9 WTE **RN vacancies at 2.84%** (reduced from 3.19% in February).
- 60.3 WTE **HCSW vacancies at 5.90%** (decreased from 7.81% in February).

Absence (March 2024 data)

- 292.9.74 WTE RN total absence due to vacancy, sickness and maternity leave (decreased from 307 WTE in January) versus bank and agency use of 433.55 WTE (increased from 401.14 in February).
- 177.67 WTE HCSW total absence due to vacancy, sickness and maternity leave (stable from 222 in January) versus bank and agency usage of 326.76 WTE (increased from 293.05 WTE in February), with marginal increases seen in additional capacity, maternity leave and vacancy. Coding figures indicate this is an area for focus in the coming months to ensure that we are correctly coding / attributing out temp staff spend.
- The use of temporary staffing has increased slightly from February 24, with urgent care and speciality medicine both having seen the most significant increases in requests since the beginning of December. 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.
- March saw a slight increase in the average hourly agency rate with an increase of 0.67p. It is expected however that following renewed agency negotiation and further amendments to the internal controls and escalation process that a reduction in this will be seen in the coming months.
- The Trust currently has 90 RNs and 34 HCSWs on maternity leave (stable from February). **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.

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Bank and agency (March 2024 data)

- Total fill of those shifts sent to bank and agency, has increased again month on month at **92.2%** with a further increase in **bank fill rate at 59.2% (56.9% previous month)** and slight decrease in **agency fill of 33.1%** (**33.9% previous month)**

- Overall lead-time has improved further at 38.5 days and short notice requests have decreased slightly again month on month at 12.6%.
- PA remains in place with executive oversight and approval with weekly reports shared to highlight usage.

2. Recommendation(s)

Board members are invited to:

1. **NOTE** the content of the report and the assurance levels
2. **NOTE** the following key points:

- Staffing on Paediatrics and neonates has been maintained at safe levels throughout April 2024.
- Staffing on all adult areas in patient areas was also safe throughout April 2024.
- Domestic recruitment continues for both Registered Nurses (RN's) and Health Care support workers (HCSW) and with March arrivals and internal conversions we will have achieved 151 of the 150 International nurse target for 23/24.
- **Overall** nursing, midwifery and HCSW pay costs of £18,309,385 in month, this is an increase of £3.2 compared with spend in February with the increase being largely attributable to an increase in substantive spend (see graph p7).
- **Substantive** nursing, midwifery and HCA pay spend of £14,927,887 is increased from £11,639,753 in February 2024.
- **Bank** spend (registered and unregistered) of £1,963,972 is slightly reduced from £1,979,321 in February.
- **Agency** spend of £1,344,400 is decreased by £142 K from £1,486,782 in February.
- Throughout March 2024, the Trust has used 11.5 hours of 'off framework' agency (Green staff) across all registered nursing grades. All of these hours were on Riverbank Paediatrics to support a young person awaiting a Tier 4 bed who required 2-1 support.
  Use of surge capacity including Aconbury 0, expanded PDU Cardiac SDEC, opening of winter wards Avon 4 and Ward 15, GRAT nurses and A&E corridor and waiting room, continue to be reliant on the use of temporary staffing solutions. It should be noted that the additional capacity beds on PDU closed on the 19th April 2024.

3. Chief Officer/Executive Director Opinion[1]

Staffing on Paediatrics and neonates has been maintained at safe levels throughout April 2024.

Staffing on all adult areas in patient areas was also safe throughout 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'***

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[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

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for March 2024

This assessment is in line with Health and Social care regulations:
Regulation 12: Safe Care and treatment
Regulation 17: Good Governance
Regulation 18: Safe Staffing

Issues & options

Harms

In April 2024 there were 26 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 HCA 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 March 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 2023. HCSW night fill at 113% is raised but stable for the 3rd month and is impacted by areas acknowledged to have both high acuity and high numbers of boarders	6
RN	97%	101%		
HCSW	100%	113%		

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.

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See Appendix 1 for March 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 March 2024 was **8.7 (improved from 8.6 in February)**. 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.

Aconbury 3 and 4 both fell below the lower range at 6.1 and 6.2 respectively. This is partly due to boarding of additional patients and the impact of bed occupancy. - there was no increase in HAPU or falls in these areas during this period.

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

- ICU WRH
- ICU AGH
- Meadow birth suite
- NICU
- 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 February 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%)

March 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.

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Current Trust Position WTE March 2024 data	Previous month February 2023	Model Hospital data Sep 2023 Benchmarking	Current level of Assurance
RN 2.84% (57.9 WTE) HCSW 5.90%(60.3 WTE)	RN 3.19% (65.6 WTE) HCSW 7.81%	RN 12% HCSW 10.4%	6

RN has been below the Trust target of 6% consistently since October 23. This shows a correlation with stable unified data from a registered nurse perspective consistently from November 23. HCSW vacancies are now below the Trust target of 6%.

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. With March arrivals and internal conversions, we exceeded this target bringing in 151 nurses.

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.

The International recruitment training team (part of professional development), has also outsourced the program in the last financial year creating **£17,739 of income in 23/24.**
This is something we will look to replicate and expand upon in the coming financial year and will work with our ICS colleagues to identify opportunities for us to support the local health economy.

Domestic and international nursing recruitment

Recruitment and retention of Registered Nursing, Midwifery and HCSW new starters and leavers

	Oct	Nov	Dec	Jan	Feb	March	April	Total
Registered Nursing & Midwifery	47	7.2	4.45	11.44	*11.9*	12.37	20.36	114.72
International Registered Nursing & Midwifery gaining PIN numbers	8	11	7	13	15	16	8	+78

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Registered leavers	39.78	7.76	1.15	13.46	10.4	16.89	6.79	-96.23
Balance								+96.49
HCSWs – support to Nursing	14.84	16.2	9.4	17	27.52	36.49	23.93	+145.38
Un-registered leavers	14.81	4.4	4.29	9.3	4.2	11.99	15.35	-64.34
Balance								+81.04

Further generic HCSW interviews are booked for the beginning of June 24 for both WRH and AGH sites 2024 and offers made via the preceptorship advert remain strong.

In light of national targets from nursing apprenticeships we are actively working to increase our RNA, RNDA and top up apprenticeships. The Trust is actively engaging with the Herefordshire and Worcestershire ICS to work through a strategy for financial backfill to wards to cover the cost of seconding staff on apprenticeship and clinical hours to replace this. Further detail will be provided once funding stream has been clarified.

The Trust working with the ICS and Heart of Worcestershire College Redditch, to undertake the first pilot cohort of RCN cadets commencing September 24.

Interviews for 'new to care' HCA Apprenticeships will be held on the week commencing 27th May 2024 with good levels of interest.

Bank and Agency Usage
March 2024 data

Bank and agency usage, total combined RN & HCSW of 760.31 WTE:
Triangulated data for sickness / vacancy and maternity leave gives an overall absence of 494.56 WTE for registered and unregistered nursing (not including midwifery) 471.35 WTE.

It should be acknowledged that not all these absences will incur the need for temporary staffing, with figures also impacted by the use of additional capacity (93.4 WTE from 121.39 WTE in February) and winter funded capacity 55.2 WTE from 64.17 WTE previous in February.

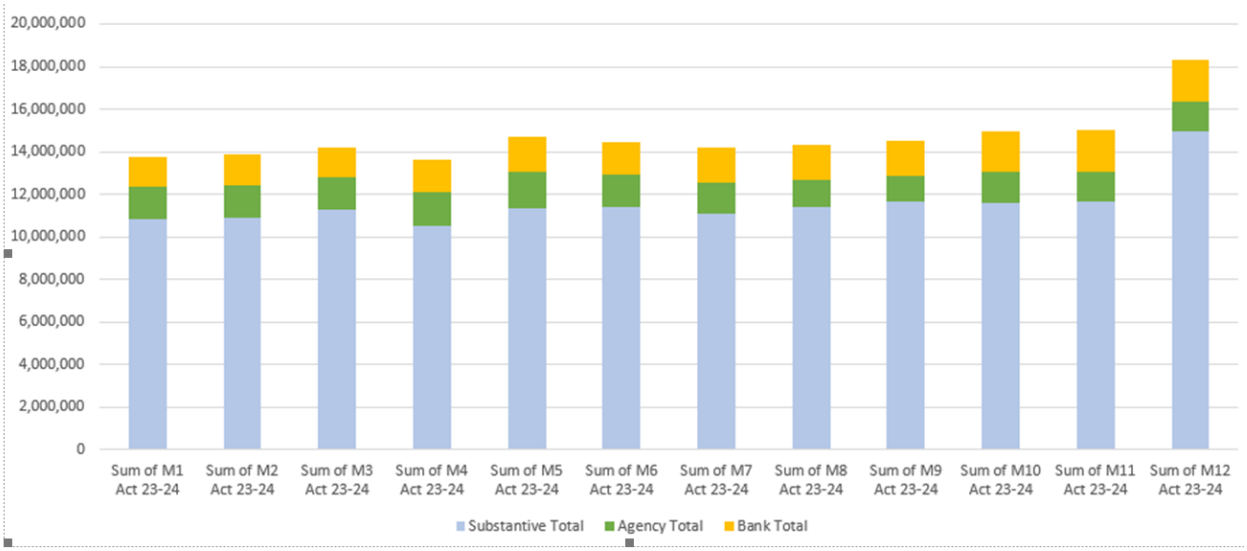
Model hospital (MH) data shows wards fully established hence the difference from 4.6% (MH) to 16-24% at WAHT.
Also noting, maternity and sickness are not within headroom cover substantively.

Current Trust Position WTE March 2024	Previous Month February 2024	**Model Hospital Data Sep 2023 Benchmarking**	**Current level of assurance**
RN 20.2% (433.5 WTE) (195.68 Bank / 237.87 Agency) HCSW 32.7% (326.76 WTE)	RN 18.85% (401.14 WTE) (175.66 Bank / 225.48 Agency) HCSW 29% (293.05 WTE)	RN 4.8% HCSW Not available	5

(29.09 Bank / 27.67 Agency)	(266.57 Bank / 26.48 Agency)		

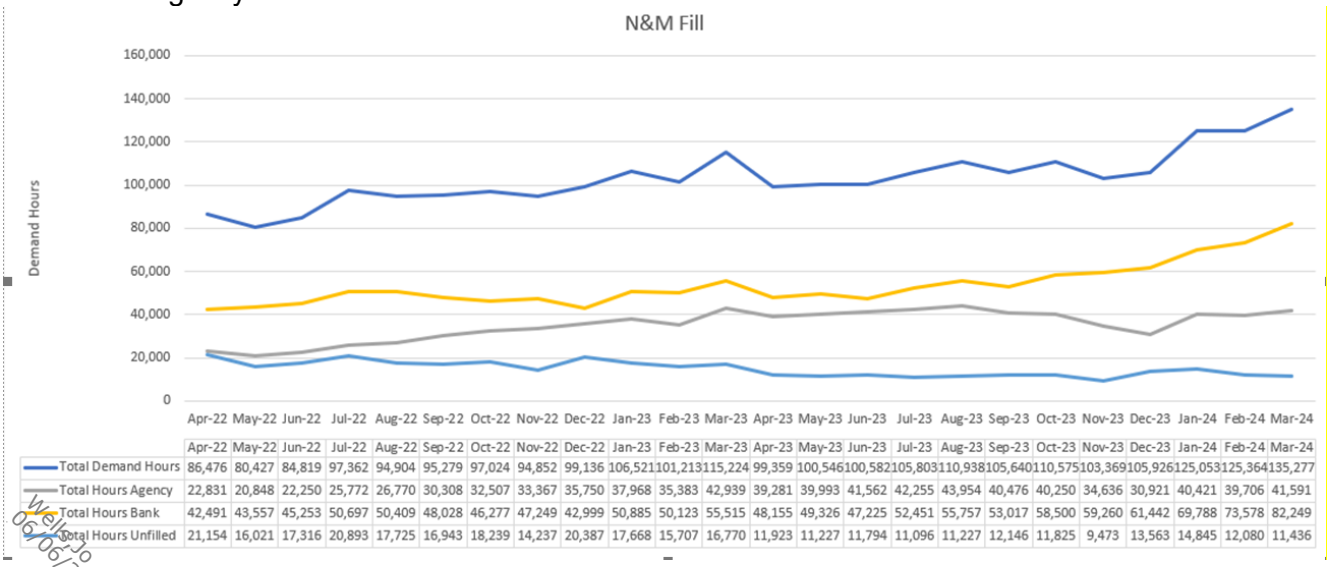
The 8 additional 'winter pressure' beds on PDU closed on the 19th of April 2024; as these were reliant to temporary staffing it is anticipated that this will positively impact temporary spend next month.

Graph showing trend of substantive / bank and agency spend



Graph showing demand & fill rates since April 2022

Data illustrates the stable fill rate despite an increase in demand as well as swap out of agency for bank workers as agency controls have taken affect.



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Total Demand Hours	86,476	80,427	84,819	97,362	94,904	95,279	97,024	94,852	99,136	106,521	101,213	115,224	99,359	100,546	100,582	105,803	110,938	105,640	110,575	103,369	105,926	125,053	125,364	135,277
Total Hours Agency	22,831	20,848	22,250	25,772	26,770	30,308	32,507	33,367	35,750	37,968	35,383	42,939	39,281	39,993	41,562	42,255	43,954	40,476	40,250	34,636	30,921	40,421	39,706	41,591
Total Hours Bank	42,491	43,557	45,253	50,697	50,409	48,028	46,277	47,249	42,999	50,885	50,123	55,515	48,155	49,326	47,225	52,451	55,757	53,017	58,500	59,260	61,442	69,788	73,578	82,249
Total Hours Unfilled	21,154	16,021	17,316	20,893	17,725	16,943	18,239	14,237	20,387	17,668	15,707	16,770	11,923	11,227	11,794	11,096	11,227	12,146	11,825	9,473	13,563	14,845	12,080	11,436

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Sickness
March 2024 data (% reflects updated headcount)

Current Trust Position March 24	**Previous Month February 24**	**Model Hospital data Dec 2023 Benchmarking**	**Current Level of Assurance**
RN 6.8% 145.78 (WTE) HCSW 8.36% 83.37 (WTE)	RN 6.73% 143.19 (WTE) HCSW 8.53% 84 (WTE)	RN 6.1% HCA 8.1 %	**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.

HCA's are in quartile 3 and Registered Nursing and Midwifery in Quartile 4 when benchmarked against Model Hospital.
HRBPs are working with Divisions to ensure that staff who hit triggers against the Sickness Absence Policy have review meeting.

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

Turnover (Trust target 11.5 %)
March 2024 data

Current Trust Position March 2024	**Previous Month February 2024**	**Model Hospital data Dec 2023 Benchmarking**	**Current Level of Assurance**
RN Turnover 9.49% HCSW turnover 15.48%	RN Turnover 9.45% HCSW turnover 14.84%	RN Turnover 10.9% HC Turnover 23%	**6**

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Appendices		
Appendix 1	Care hours per patient day (CHPPD)	CHPPD for March 2024.xlsx
Appendix 2	Nurse: patient ratio per ward	Nurse to bed
Appendix 3	Agency cascade for RN00 effective 11th April 2023	Agency cascade from December 1st 2(
Appendix 4	Interventions to reduce Temporary staffing costs - timeline	Angency internention reductior
Appendix 5	Agency workflow – update April 2024	Worcestershire Acute Hospitals NHS Trust v

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Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	**Midwifery Safe Staffing Report April 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.

2. Recommendation(s)

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

3. Chief Officer/Executive Director Opinion[1]

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

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

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

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[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
- Sickness absence, vacancy and turnover rates
- Recruitment & retention
- 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%	5.50%↓	10.79%↓
Turnover rate (rolling)	11.5%	7.61%↑	14.36%↓
Vacancy rate (MW)	7%	8%↑	21% ↓
Maternity Leave	-	4.22 %↓	1.38%↓
Midwife to birth ratio (in post)	1:24	1:20	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Not achieved	

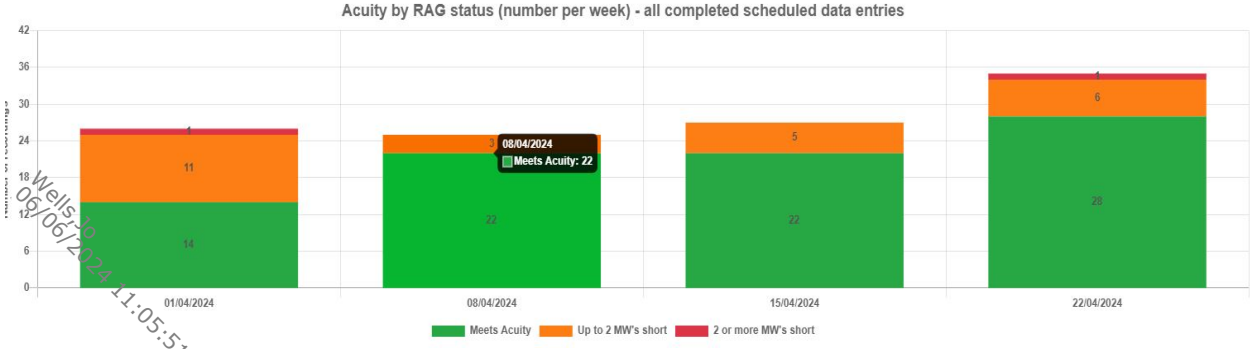
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 67% of the expected intervals therefore the data presented is not reliable. The agreed timings have been amended to improve completion however this has not improved the current position.

The diagram below demonstrates when staffing was met or did not meet the acuity. From the information available the acuity was met in 76% of the time and recorded at 24% when the acuity was not met prior to any actions taken. This is a significant improvement to the previous month. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in April following the mitigations taken that are detailed below.



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The mitigations taken are presented in the diagram below and demonstrate the frequency (n=12

occasions) of when staff are reallocated from other areas of the inpatient service; this is a decrease of 18 occasions in month. In addition, there was one reported occasions when the community teams were deployed to supported the inpatient area however the continuity of care team were asked to support on one occasion – this is a significant decrease in month. There were three reports of staff not being able to take breaks and no reports of staff staying beyond their shift time. There were no concerns escalated to the manager on call.

Number & % of Management Actions Taken
From 01/04/2024 to 30/04/2024

MA1	Redeploy staff internally	11
MA2	Redeploy staff from community	1
MA3	Redeploy staff from training	0
MA4	Staff unable to take allocated breaks	3
MA5	Staff stayed beyond rostered hours	0
MA6	Specialist midwife working clinically	0
MA7	Manager/Matron working clinically	0
MA8	Staff sourced from bank/agency	0
MA9	Utilise on call midwife	0
MA10	Escalate to Manager on call	0
MA11	Maternity Unit on Divert	0
	Total	15

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 two occasions however it was planned and they were supernummary at the onset of the shift. There was one reported delay in care reported.

Number & % of Red Flags Recorded
From 01/04/2024 to 30/04/2024

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

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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 two no harm staffing incidents:

1. Reduced on – call availability to provide homebirth support
2. Delay in elective CS due to availability of medical staffing.

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 April to offer support to staff and to update staff on current challenges in maternity services.

Medication Incidents

There were four no harm medication incidents:

1. Delay in antibiotic administration
2. Missing FP10 – later found
3. Prescription error – additional dose of Paracetamol given outside of PGD
4. Paracetamol given before 4 hourly interval

Monitoring the midwife to birth ratio

The ratio in April 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 multi professional huddle 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 Deputy Director of Midwifery with an escalation to the Director of Midwifery as required. No additional huddles were held in April. 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	90%	n/a	n/a	n/a
Antenatal Ward/Triage	91%	91%	79%	99%
Delivery Suite	102%	102%	62%	96%
Postnatal Ward	89%	79%	82%	88%
Meadow Birth Centre	80%	79%	73%	87%

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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 now 17 unfilled clinical midwifery posts and 3 unfilled specialist roles – vacancy rate remains at 8%. Following a successful recruitment event 16.8WTE midwives have received offers and are expected to be on boarded by Sept/October 2024.
There are 11 WTE MCA posts vacant with 3WTE in the pipeline – we also have a number of staff requesting to increase their hours.

Sickness

Sickness absence rates for midwives were reported at 5.50% and 10.79% for non-registered staff – decrease in both groups.

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.

Turnover

The rolling turnover rate is at 7.61% for midwives and at 14.36% for non-registered staff. The PDM for MSW/MCA is currently working with HR to ensure that this group are aware of the Trust offer around Health and Wellbeing and also the development opportunities.

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.
- Monthly 'drop - in' sessions led by the DoM.
- Safety Champion walkabouts

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

Conclusion

There was an increase % 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 13 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team in April on two occasions.

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 6 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 7.61% (MWs) and 14.36% (MSWs & MCA's). The vacancy rate is at 8% for MWs and 21% for MCA's. There are 16.8wte midwives in the pipeline and 3WTE MCAs.

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

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NHS
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Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**11/06/2024**
Title of Report:	Herefordshire and Worcestershire ICS Joint Forward Plan
Status of report:	☒**Approval** ☐**Position statement** ☐**Information** ☐**Discussion**
Report Approval Route:	Trust Management Board
If Other, provide details:	ICB Board approval 15/05/2024
Lead Chief Officer/Director:	**Director of Strategy and Planning**
Author:	Jo Newton, Director of Strategy & Planning Ali Roberts, Associate Director, System Development & Strategy, Herefordshire & Worcestershire ICB
Documents covered by this report:	Herefordshire & Worcestershire ICS Joint Forward Plan

1. Purpose of the report

The purpose of the report is to present the near final Herefordshire and Worcestershire ICS Joint Forward Plan (JFP). This is a mandatory document which outlines how ICS partners will contribute to the delivery of ICS strategy and national requirements set out in the NHS Long Term Plan.

2. Recommendation(s)

The board is asked to:

- ratify the updated JFP (attached as Annex A) ahead of its publication on the ICS website at the end of June 2024.
- delegate final approval of the JFP to the Managing Director when work in the 'next steps' section of this paper is complete

3. Chief Officer/Executive Director Opinion[1]

The refreshed JFP focuses on development of the ICS priorities delivered during 2023/24. There are no significant revisions or changes of direction. The 2024/25 JFP has been developed with system partners and is aligned with 2024/25 operational planning priorities. The plan was considered by Trust management Board on 6th March 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'***

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[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.

Herefordshire and Worcestershire - NHS Five Year Joint Forward Plan update for 2024/25

Introduction

Mandatory national NHS guidance requires ICS partners to produce a Five Year Joint Forward Plan (JFP) to outline how NHS Partners will contribute to the delivery of the ICS Strategy and the Health and Wellbeing Board's Joint Local Health and Wellbeing Strategy (JLHWS). The JFP must also outline how NHS partners plan to meet mandatory national requirements in the NHS Long Term Plan and any other annual operational priorities which have been determined.

In July 2023, NHS partners in Herefordshire and Worcestershire developed and agreed the first Joint Forward Plan (JFP) which can be found at https://www.hwics.org.uk/priorities/nhs-joint-forward-plan The development process for 2024/5 has enabled local partners to create a refreshed JFP that is jointly and equally owned by all six of the major NHS bodies across the ICS area. A working group of strategy directors from NHS and Primary Care organisations across the ICS has overseen the approach to its development. The group has also overseen operational planning to help ensure that strategic and operational planning remain integrated.

Original NHS England guidance on updating JFPs required ICSs to publish refreshed plans by 31 March each year. However, due to the delay in the publication of the operational planning guidance for 2024/25, the publication timeline was delayed to the end of June 2024. This allows for formal provider board endorsement of the updated JFP.

Structure of the Joint Forward Plan

The refreshed JFP for Herefordshire and Worcestershire (Annex A) focuses on the ICS development priorities delivered during 2023/24. There are no significant revisions or changes of direction. The plan is aligned with 2024/25 operational planning priorities. The plan addresses all services within the scope of the ICB's statutory duties and system priorities for NHS partners resulting in a lengthy document. The document (Annex A) has been structured in the following way to make it easier to navigate:

Section	Focus
Main document	The main document outlines the NHS intention to put greater emphasis on prevention and the provision of treatment/care (when it is required) in the best value care setting. Best value care is defined as the setting that achieves the right balance between clinical need and optimal cost.
Appendix 1	Outlines the detailed plans for individual NHS service areas such as urgent care, cancer services, stroke, primary care, mental health etc.
Appendix 2	Covers cross cutting themes (such as digital, personalised care, prevention etc) that impact on all NHS service areas and strategic developments (such as place-based working and collaboration between NHS providers).
Appendix 3	Covers a number of checklists to demonstrate how the JFP addresses specific areas. This includes a specific page cross referencing JFP actions to the priority areas set out in the JLHWS for Worcestershire.

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The ICB Board approved this version of the 2024/25 JFP at their public board meeting on the 15th May 2024. The main changes between the original publication of the 2023/24 JFP in June 2023 and this refresh are:

1) Main document:
   - Updates to leadership including the Foundation Group model.

- Latest statistics and updated priorities in workforce section.
- Addition of 2024/25 programme Best Use of Resources and Benefits Realisation.
- Update to 2023/24 Point Prevalence Audit results and incorporation of the Demand and Capacity modelling work.
- Updated section on Population Health Management approach added to main section, noting role in delivering left shift.
- Finalised summary of overall delivery during 2023/24.
- Updates to 2024/25 performance trajectories in line with national operational planning guidance when published.

2) Appendices 1, 2 and 3:
   - Summary of 2023/24 delivery added to each section.
   - Priorities and actions updated to reflect the rolling 5-year period.
   - Governance and ownership updated, including additional delegated services.

Next steps
The following actions will be taken in advance of final publication on the ICS website the 30th June 2024:

- Updates to the financial trajectories in the main document when agreed.
- Public and workforce summary developed.

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