Trust Board Public

Tue 10 September 2024, 13:00 - 14:30

Agenda

13:00 - 13:00
0 min

1. Welcome and Apologies for Absence

Information *Russell Hardy*

Apologies received from Glen Burley, Justine Jeffery and Catherine Driscoll

13:00 - 13:00
0 min

2. Declarations of Interest and Matters Arising

Information *Russell Hardy*

13:00 - 13:05
5 min

3. Minutes of WAHT Board Meeting held on 23rd July

Decision *Russell Hardy*

All actions are complete

Minutes Public Board July 24.pdf (7 pages)

3.1. Minutes of the Foundation Group Board Meeting held on 7th August and Actions Update

Decision *Russell Hardy*

1. Draft Public FGB Minutes - 7 August 2024.pdf (17 pages)
3. Public FGB Matters Arising and Actions Update Report.pdf (2 pages)

13:05 - 13:45
40 min

4. Items for Review and Assurance

4.1. Chief Executive's Report

Discussion *Stephen Collman*

CEO Board Report 0924 Final.pdf (6 pages)

4.2. Integrated Performance Report

Discussion *Stephen Collman*

Trust Board IPR Aug-24 (Jul-24_Data).pdf (39 pages)
20240904 - WAHT FG IPR Dashboard (up to Jul-24 data) v1-0.pdf (4 pages)

4.2.1. Activity Performance

Helen Lancaster

4.2.2. Quality

Sarah Shingler

4.2.3. Workforce

Alison Koeltgen

4.2.4. Finance Performance

NEIL COOK

4.3. Perinatal Report

Information *Becky Fox*

Perinatal Safety Report - July 2024.pdf (19 pages)

4.4. Safe Staffing Reports

Information *Sarah Shingler/Becky Fox*

July Safer Staffing Report - SS FINAL .pdf (6 pages)
Midwifery Safe Staffing Report July 2024.pdf (7 pages)

13:45 - 14:00
15 min

5. Items for Approval

14:00 - 14:20
20 min

6. Items for Noting and Information

6.1. Committee Summary Reports and Minutes

Information *Committee Chairs*

6.1.1. Quality Governance Committee

Julie Moore

Verbal Update

QGC Minutes 25 July SS.pdf (7 pages)

6.1.2. Audit and Assurance Committee

Colin Horwath

Verbal Update

Audit Minutes Extra June.pdf (2 pages)

6.1.3. People & Culture Committee

Karen Martin

Verbal Update. Previous Minutes presented at June Trust Board.

3. 03.06.24 PC Minutes.pdf (8 pages)

6.1.4. BAF and Risk Report

Information *Sarah Shingler*

20240903 WAHT Board covering report Risk and BAF.pdf (2 pages)
20240903 WAHT BAF Risks.pdf (3 pages)

14:20 - 14:20
0 min

7. Any Other Business

Russell Hardy

14:20 - 14:20

8. Questions from Members of the Public

0 min

Russell Hardy

14:20 - 14:20
0 min

9. Date of Next Meeting

Information *Russell Hardy*

8th October 2024

14:20 - 14:20
0 min

10. Acronyms

Information

Z Acronyms.pdf (3 pages)

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON TUESDAY 23 JULY 2024 AT 1:00 PM VIA MICROSOFT TEAMS AND STREAMED ON YOUTUBE

Present:		
Chair:	Russell Hardy	Chair
Board members: (voting)	Simon Murphy	Deputy Chair
	Dame Julie Moore	Non-Executive Director
	Colin Horwath	Non-Executive Director
	Karen Martin	Non-Executive Director
	Glen Burley	Chief Executive
	Stephen Collman	Managing Director
	Tony Bramley	Non-Executive Director
	Sarah Shingler	Chief Nursing Officer
	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
	Helen Lancaster	Chief Operating Officer
	Vikki Lewis	Chief Digital Information Officer
In attendance	Justine Jeffery	Director of Midwifery
	Chris Byrne	Healthwatch
	Erica Hermon	Company Secretary
	Jules Walton	Acting Chief Medical Officer
	Julian Berlet	Acting Chief Medical Officer
	Michelle Lynch	Associate Non-Executive Director
Public		Via YouTube
Apologies		

001/24 **WELCOME**

Mr Hardy welcomed all to the meeting. A Board Workshop was held earlier in the day which featured a patient story and focused on boarding challenges, developing patient experience, Healthwatch and developing values and behaviours.

Members of the public should be seeing improvements but despite the enormous endeavours, the Trust does not get everything right, but assurance was given that as a board, everything was being done in their power to improve.

002/24 **DECLARATIONS OF INTERESTS**

The full list of declarations of interest is on the Trust's website.
Ms Lewis had given notice of her intention to resign from her Executive post and registered a new interest.
Ms Sinclair updated that her daughter was about to join a local Worcester based group.

003/24 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 11 JUNE 2024 AND ACTIONS UPDATE**

The minutes were approved and the actions were complete.

RESOLVED THAT: The Minutes of the public meeting held on 11 June 2024 were confirmed as a correct record.

Items for Review & Assurance

004/24 **CHIEF EXECUTIVE'S REPORT**

Mr Burley highlighted the following areas within the report:

- A chart depicted the average age of patients in beds over the first quarter of the year. Around ¾ of beds are occupied by older patients admitted in an emergency. The Trust requires adequate frailty services. Work was underway to protect elective beds. Significant progress has been made on developing and expanding the frailty service. There were difficulties to recruit to and appoint consultants but the Trust had now recruited 3 consultants and, in addition, 4 frailty nurse consultants would be joining the team. Effective management of pulling patients out of ED and into frailty drives down length of stay. SDEC (Same Day Emergency Care) has reduced length of stay at Worcester by 4 days. Focus was now to develop frailty at the Alex.
- Ability to invest was needed to tackle increases in demand.
- A business case for the Pathology network was being developed and would be presented to the 4 Boards meeting in August.
- A Dermatology update was included within the report.
- A car parking update was provided and the Trust was moving forward with options.
- A Multi-agency discharge event (MADE) had taken place and looked at improving flow, working with the H&CT with pathways. Healthwatch are focused on discharge being a big concern of patients.
- The new intranet had been launched.

Mr Hardy referred to the chart and that speeding up discharges and reducing length of stay frees up elective beds. The volume into A&E is increasing significantly but funding is not. Mr Hardy was delighted that Princess Anne visited the Trust on Friday to open the new ED. Wendy, Dave and Clare were thanked for escorting Her Royal Highness during the visit.

RESOLVED THAT: The report was noted.

005/24 **INTEGRATED PERFORMANCE REPORT**

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

- Flow is key.
- Attendance numbers were high. The Trust was working with system partners and an audit had been undertaken of ED walk ins to review trends.
- Discharge is being focused upon.
- IPC is impacting flow. A spike of covid admissions was reported and masks were reintroduced in clinical areas. The numbers were now declining.
- Work was underway to reduce excess capacity and improve quality.
- Focus was on productivity and reducing waiting lists.
- Agency costs were reducing.

Operational Performance

Ms Lancaster highlighted the following key points:

The front door was starting to see improvements with a reduction in the number of ambulance handovers and 12 hour ED waits.
Challenges with the EAS standard were reported.
In regard to discharges, there was a trend of 3 groups of patients that tend to have a longer length of stay: waiting immediate rehabilitation and assessment (pathway 3), patients waiting for housing and out of area patients.
Currently, 43 patients on a discharge waiting list totalled 1223 days. Timely discharge out of the hospital needed to be supported.
Cancer standards continued to improve against referrals.
Faster diagnosis and 62 days achieved.
The outpatients DNA rate position was being held as are follow ups.
Diagnostic performance within 6 weeks requires improvement due to significant focus being on cancer.

Mr Burley referred to long stay patients and the recent MADE event, which helped to move patients into other settings and asked whether that was due to the added focus during the event. Ms Lancaster replied that it was a multiagency discharge event which had significant extra focus across all partners. People were making decisions on the spot.

Mr Hardy queried whether any income was received from those patients after initial coding in terms of long-term patients. Mr Cook replied that they were likely to be non-elective patients and therefore was no additional income.

Mr Murphy asked if it was understood what drove the 10% increase in May attendances at A&E and whether it continued. Ms Lancaster replied that the increase has been consistent and an audit had been completed. It's a mixed profile. There have been some changes in minor injuries provision over weekends and there has been a higher acuity. A deep dive was being planned.

Quality
Ms Shingler advised that IPC targets for 2025 had not yet been published.
IPC concerns were reported and a hand hygiene compliance on wards review was underway.
The number of outstanding complaints with surgery remains a concern. There was mandated support in the division for this week.
No serious harm falls had been reported.

Ms Walton informed that there were ongoing concerns with sepsis screening and the switch from paper to electronic records.

Mr Bramley noted a reference to sepsis reporting and queried whether the accuracy of data collection was the issue. Ms Walton replied that it was and related largely to compliance at ward level of electronic capture.

Ms Martin understands the intervention in place around complaints but remained concerned that there is little movement. More assurance was sought that a better outcome will be seen and asked for timescales. Ms Shingler replied that the Executives shared the concern. Different support had been provided previously and the Trust had now utilised governance experts from other divisions to provide support for 6 months. It was expected that a reduction would be seen in the next few months.

Mr Murphy noted a spike in fluid and electrolyte conditions and queried whether it was a wider issue. Ms Walton replied that the Trust was an outlier against national levels. Focused work was underway with nutrition and hydration, electrolyte and fluid recording.

Mr Hardy stated that there was evidence that closing the lid on flushing toilets is beneficial in regard to the number of c.diff cases. Men's toilets at the Trust do not have a lid, which Mr Hardy would discuss with the Director of Estates & Facilities. An audit was taking place regarding how many toilets on site which did not have lids. Dame Julie advised that the only way to ensure there were improvements is to have automatic lid closures as education was often inadequate.

Workforce

Ms Koeltgen updated that there had been an increase to establishment through the implementation of business cases.
Vacancies have also reduced which was complemented by a stable turnover figure.
A slight reduction in sickness absence was reported but it remained a major area of concern in regard to stress and anxiety related illness. A number of Trusts are struggling in this area and was reflective of personal lives not solely workplace related.
Agency remains an area of focus. Sickness and increased capacity areas impact agency use.
Teams were working on localised action plans and improvements are being seen in June reports.
Small improvements had been seen in relation to appraisals but concerns remained around job planning compliance. Work was underway with divisions to reflect accurate data.
Mandatory training achieved consistently good performance and thanks extended to colleagues.

Mr Horwath advised that job planning had been discussed and reviewed at the Audit & Assurance Committee and queried the timeframe. Ms Walton replied that there was currently little consistency of rules applied. It was anticipated to take around 12 months to achieve full compliance but progress will start to be seen over the coming months

Finance Performance

Mr Cook reported a reduction in the full year deficit from £60.3m reported in May to £57.3m in June.
The 2024/25 Financial Plan includes £45.1m of CPIP and non-recurrent system funding of £13.6m.
At the end of month 2, a favourable variance of £0.1m was reported against the revised plan.
There had been a challenge with the ICB with pass through drugs as it is capped this year.
Work was underway with divisions to ensure controls are in place as the year progresses.
A further reduction with capital funding was being seen.
For 2024/25, the planned deficit is £57.3m and as noted above will be funded through the ICB.
It is to be noted that the CPIP's of £45m is assumed to be cash releasing savings and is phased over the full 12 months. If the CPIP is not achieved, the Trust will need to apply for additional cash support.
A challenge was reported with paying creditors within 30 days.
Productivity is a key area of focus this year and an improvement in month 2 had been seen.
CPIP was off track but was being monitored. Meetings had been scheduled to better understand progress against the targets.

RESOLVED THAT: The report was noted for assurance.

006/24 **PERINATAL SAFETY REPORT**

Ms Jeffrey highlighted the following:
The perinatal mortality rate was below the national average.
2 stillbirths and 1 neonatal death was reported in month.

The stillbirth related to the trend with women attending late. A campaign on foetal movement was underway with system partners and users over the next month.
Training is on trajectory to meet targets by December.
5 formal complaints had been received as delays have increased. The situation continued to be monitored.
The formal exit letter from the maternity support programme had been received.
In regard to CNST, there were 2 amber areas which were outlined within the summary.
The MVP have received additional funding.

RESOLVED THAT: The report was noted for assurance.

007/24 **SAFE STAFFING REPORTS**

Ms Shingler informed that staffing on paediatrics, neonates and adults maintained safe levels throughout.

Ms Jeffrey updated that safe staffing levels were met for maternity.

RESOLVED THAT: The reports were noted for assurance.

Items for Approval

008/24 **Climate Adaptation Plan**

Ms Newton presented the Plan, advising that the CQC have introduced a green element to Key Lines of Enquiry (KLOES) as part of the well-led reviews. There were different approaches but we are working collectively.

An action plan was proposed which will require capacity to focus upon. Investing now will help patient safety and service delivery going forward.

Mr Burley advised that an Adaptation Plan is an important response to the issue and asked for an update on progress with reducing the carbon footprint. Ms Newton replied that the Trust had eliminated the use of nitrous oxide but there was a limitation on a current carbon audit.

Mr Hardy encouraged taking sustainability seriously.

Mr Murphy stated that funding sources should be encouraged and queried whether there are specifics regarding what the Trust should be doing. Mr Murphy acknowledged that the Plan was a work in progress and suggested that an update is presented back to a future meeting outlining the priorities and how they will be funded.

Mr Horwath queried the impact it will have on dealing with health and inequalities. Ms Newton replied that there is a strong correlation. Work had started on looking at air quality, which was being coordinated with colleagues from the council.

Dame Julie noted there was a lack of elements in the Plan such as ring and ride, electric charging points and reference to the maintenance programme not being up to date. Dame Julie encouraged linking up as the agenda affects people's health and shouldn't be taken in isolation.

A more detailed plan would be produced. Mr Hardy recognised that the Plan was a work in progress and needed to be embedded within the organisation.

RESOLVED THAT: The Climate Adaptation Plan direction of travel was approved and an updated Plan would be presented at a future meeting.

Items for Noting and Information

009/24 **Operational Plan**

Ms Newton presented the Operational Plan for information. Final approval had been delegated to the Chair and Chief Executive Officer.
The Plan detailed the Annual Plan for this year. Due to the new government change, there may be further information shared in the autumn.

RESOLVED THAT: The Operational Plan was noted.

010/24 **Patient Safety & Quality of Care in Pressurised Services**

Ms Shingler presented the report at the request of NHSE via a letter received on 26th June. NHSE have written to all Boards requesting that Board considered 6 key points. Joint work had been carried out between the interim joint Chief Medical Officer, Chief Operating Officer and the Chief Nursing Officer. Assurance was provided that the Trust does have good governance and oversight at Board level. The Trust continued to work with system partners and continue to treat patients with dignity and respect.

Mr Hardy reiterated that it is essential to support staff when under enormous pressure and that there was no excuse for a lack of compassion, kindness or failure to provide hydration. It was essential to continue to provide compassion in all circumstances. There was also no excuse for lacking compassion to colleagues either.

Mr Burley encouraged improving discharge pathways as a system and there are areas for further improvement. Mr Hardy encouraged moving forward with transformation before the winter period.

Mr Bramley noted a reference to a 6 week review on the Better Care Fund and queried the expected outcome. Ms Lancaster replied that it was not anticipated that there would be a change to where money is being spent across the system, but it is the right time for a review. A lot of the money is committed through pathways and assurance was being sought that it is being spent on the right things and there was no duplication.

Ms Shingler referred to sharing the risk across the system and advised that the Region are holding quality summits and encouraging sharing and making decisions around fundamentals.

RESOLVED THAT: The report was noted.

011/24 **COMMITTEE SUMMARY REPORTS AND MINUTES**

Quality Governance Committee
Dame Julie escalated an issue regarding maternity windows.

Audit & Assurance Committee
Mr Horwath updated that at the last Private Trust Board meeting, delegation of approval of the Annual Report and Annual Governance Statement was given to the Audit & Assurance Committee.
Committee had received the External Audit report and VFM reports.

People & Culture Committee
Ms Martin advised that there had been no Committee since the last Trust Board. The next meeting was scheduled on 6th August.

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

012/24 **ANY OTHER BUSINESS**
There was no other business and no questions from the public.

DATE OF NEXT MEETING
The next Public Trust Board will be held on Tuesday 10th September 2024.

Signed _____ Date _____
Chair

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

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

GEH, SWFT, WAHT and WVT make up the Foundation Group. 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 Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Charles Ashton	(CAs)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Fiona Burton	(FB)	Chief Nursing Officer SWFT
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Neil Cook	(NC)	Chief Finance Officer WAHT
Catherine Free	(CF)	Managing Director GEH
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Helen Lancaster	(HL)	Chief Operating Officer WAHT
Vikki Lewis	(VL)	Group Strategic Chief Digital Data and Technology Officer
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Julie Moore	(JM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Simon Page	(SP)	NED and Vice Chair SWFT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Sarah Raistrick	(SR)	NED GEH
Najam Rashid	(NR)	Chief Medical Officer GEH
David Spraggett	(JR)	NED WVT
Nicola Twigg	(DS)	NED SWFT
Sue Whelan Tracy	(NT)	NED WVT
Robert White	(SWT)	NED SWFT
Umar Zamman	(RW)	NED SWFT
	(UZ)	NED GEH

In attendance:

Jon Barnes	(JB)	Chief Transformation and Delivery Officer WVT
Julian Berlet	(JBe)	Interim Chief Medical Officer WAHT
Rebecca Bourne	(RB)	Head of Communications WAHT

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

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In attendance continued:

Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBu)	Head of Communications WVT
Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CD)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Fiona Gurney	(FG)	Communications Officer WVT (present from minute 24.063)
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
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH/SWFT
Alex Moran	(AMo)	ANED WAHT
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Lisa Peaty	(LP)	Deputy Director of Strategy and Planning WAHT (deputising for Chief Strategy Officer WAHT)
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Alison Robinson	(AR)	Deputy Chief Nursing Officer WAHT (deputising for Chief Nursing Officer WAHT)
Jo Rouse	(JR)	ANED WVT
Sue Sinclair	(SSi)	ANED WAHT
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist

There were four SWFT Governors and two members of the pubic also in attendance.

MINUTE		**ACTION**
24.057	**APOLOGIES FOR ABSENCE** Apologies for absence were received from: Phil Gilbert, NED SWFT; Paramjit Gill, Nominated NED SWFT, Richard Haynes, Director of Communications WAHT; Julie Houlder, NED and Vice Chair GEH; Ian James, NED WVT; Simone Jordan, NED GEH; Rosie Kneafsey, ANED GEH; Zoe Mayhew, Chief Commissioning Officer (Health and Care) SWFT; David Moon, Group Strategic Financial Advisor; Jo Newton, Chief Strategy Officer WAHT; Sarah Shingler, Chief Nursing Officer WAHT; and Jules Walton, Interim Chief Medical Officer WAHT. **Resolved – that the position be noted.**	

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (WAHT)
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Public Minutes of the Foundation Group Boards Meeting
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MINUTE		ACTION
24.058	**DECLARATIONS OF INTEREST** Anil Majithia, NED GEH, declared that he had completed his term with Canal and River Trust and had been appointed as NED for Health Inequalities and Communities at Leicester, Leicestershire and Rutland Integrated Care Board (ICB). Sarah Raistrick, NED GEH, declared that she was a practicing General Practitioner (GP) in the Coventry and Warwickshire ICB. This was not a new declaration but was reiterated due to the nature of the discussions taking place on the agenda. Robert White, NED SWFT, declared that there had been accountancy advice provided to SWFT from RSM UK, where his son was an accountant. He assured the Foundation Group Boards that his son did not work for the public sector of the organisation. **Resolved – that the position be noted.**	
24.059	**PUBLIC MINUTES OF THE MEETING HELD ON 2 MAY 2024** **Resolved – that the public Minutes of the meeting held on 7 February 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
24.060	**CHAIR'S REMARKS** The Group Chair welcomed the new ANEDs of WAHT, Alex Moran and Catherine Driscoll, and the new NED of SWFT, Robert White, to the Foundation Group. The Group Chair acknowledged and thanked the Chief Transformation and Delivery Officer of WVT and the Group Strategic Chief Digital Data and Technology Officer for their contributions to the Foundation Group Boards and wished them well in their future endeavours. The Group Chair took the time to thank the volunteers across the Foundation Group for their work, contribution and fundraising efforts. The Group Chair informed the Foundation Group Boards that he and the Group Chief Executive had reached out to the Chairs of the Black, Asian and Minority Ethnic (BAME) Network to confirm their unwavering support to all colleagues feeling anxious following the distressing events taking place across the country. He added that communications had also been sent around to all staff reiterating each Trust's support and values. A copy of the messages were available upon request. **Resolved – that the Chair's Remarks be received and noted**.	

GEORGE ELIOT HOSPITAL NHS TRUST (GEH)
SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (SWFT)
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Public Minutes of the Foundation Group Boards Meeting
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MINUTE		ACTION
24.061	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.061.01	Foundation Group Performance Report (Minutes 23.058, 23.080.01, 24.007.02 and 24.034.01 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 was an outlier and where any adjustments needed to be made. This work was taking place in August 2024 and an update would be provided at the November 2024 Foundation Group Boards meeting. **Resolved – that the GEH cancer diagnosis from ED attendance update be provided at the Foundation Group Boards meeting in November 2024.**	**CF**
24.061.02	Group Informatics Proposal (Minute 24.042 refers) The Group Strategic Chief Digital Data and Technology Officer informed the Foundation Group Boards that the Informatics and Business Analytics leadership would sit with the WAHT team. The digital data and technology portfolio would be worked through alongside the Group Chief Executive to determine what that should look like in the future. **Resolved – that the position be noted.**	
24.062	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair provided an overview of the Foundation Group Boards Workshop held earlier that day, which focused particularly on prevention and the work each Trust was doing within their communities. Julian Kelly, Chief Financial Officer and Deputy Chief Executive of NHS England (NHSE) attended the meeting and spoke about the challenges faced across the NHS. The Group Chief Executive added that he was pleased to see the level of activity that had gone into the prevention agenda across the Foundation Group and reiterated the importance of prevention continuing to be embedded in improvement work. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	
24.063	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT presented an overview of the WVT performance to the Foundation Group Boards. She explained that she was quite worried regarding the continued congestion in the ED and hospital. She	

MINUTE **ACTION**

added that the hospital was averaging around 30 extra patients to the standard bed base which had continued through the summer period. This was the highest risk on the WVT's risk register and therefore the Trust's top priority. The Managing Director for WVT informed the Foundation Group Boards that pressured faced within the hospital would continue and become more challenged between September 2024 and October 2024. This was due to needing to decant the Accident and Emergency (A&E) Department to enable refurbishment work to be completed. The Managing Director for WVT explained that WVT had done a lot of work to understand the drivers to cause the position the hospital was in. She continued that over the last two years demand had increased significantly, however length of stay had remained the same. The Managing Director for WVT confirmed that focus on demand reduction, internal processes and discharge were taking place. She explained that two key pieces of work were taking place to try and help the hospital congestion. One was around increasing the capacity of community services as well as simplifying the model with a Community Referral Hub from September 2024. The other was challenging integrated neighbourhood teams such as Primary Care Networks (PCNs), General Practitioners (GPs), and community services to reduce patients attending the hospital.

The Managing Director for WVT informed the Foundation Group Boards that she was proud of the Trust's mortality indicators decreasing despite demand and were under 100. She emphasised that mortality was an important indicator therefore to see that decreasing despite the congestion was worth celebrating, as it showed staff were continuously working on improving pathway management and mitigating potential problems.

The Managing Director for WVT concluded by explaining that she had a rising concern with the Trust's waiting list size, going up 9% in twelve months. Work was taking place regarding reducing the list especially long waiters and understanding referral patterns.

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

The Group Chief Executive explained that the Elective Recovery Plan Version Two would be published nationally in due course. One of the concerns that people had currently was that within waiting lists there were patients who needed diagnostic tests. With more diagnostic capacity in place with the Community Diagnostic Centres (CDC), there could be the option to provide Primary Care with direct access to those diagnostic tests which would in turn speed up waiting lists.

The Managing Director for SWFT provided the Foundation Group Boards with SWFT's key performance data. He explained that ED and flow remained a focus area with sustained increase in ED demand which was starting to feel like the new normal in terms of level of demand, particularly around type one attendances (more unwell patients). A lot of the demand was driven by out of

MINUTE		ACTION
	area, however there had also been significant changes in the Coventry and Warwickshire (C&W) system resulting in taking on more activity then previous which had impacted performance. The Managing Director for SWFT highlighted the work from Outpatient Services particularly the work they had led with Outpatient redesign. SWFT's Did Not Attend (DNA) rates remained in the top quartile nationally, however it was felt there was more possibility for improvement. He explained that work alongside Deep Medical, regarding using Artificial Intelligence (AI) to analyse potential DNAs. This would then be piloted to be coupled with volunteers through Helpforce for direct contact with those potential DNA patients. Work had also taken place regarding analysing potential DNA rates and health inequalities, and whether there was more that could be done to address that. He continued by informing the Foundation Group Boards that Patient Initiated Follow Up (PIFU) remained in a positive place, it needed to be rolled out to more services, however a further increase in PIFU rates was expected over coming months. The Managing Director for SWFT highlighted that his area of concern was Cancer Services. SWFT continued to see a sustained high referral rate that was increasing year on year, however there had been some improvement in the faster diagnosis standard. The 62 day standard remained a challenge for SWFT, particularly in Breast Services and Dermatology Services. SWFT's waiting lists were still higher than ideal, with Orthodontics playing a key part in that. Orthodontics was a National and Regional issue, which SWFT had been working closely with the ICB and NHSE to establish a solution for the backlog. As a result, there had been a reduction in both 78 week waits, and 65 week waits. The Managing Director for SWFT concluded by highlighting the reduction in waiting times for Diagnostic Services, which had been driven mainly by the reduction in non-Obstetric ultrasound waits. The demand in CT and X-Ray demand had been watched as growth levels had increased to 14%. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive noted that SWFT's 52 week wait position looked slightly concerning in comparison to the position of the other Trusts in the Foundation Group. The Managing Director for SWFT agreed, he explained that focus had been on long waiters, however he assured the Foundation Group Boards that he would investigate SWFT's 52 week wait position.	**AC**
	The Managing Director for GEH presented the GEH performance data to the Foundation Group Boards. She highlighted GEH's A&E performance and that it was now best in the Foundation Group, however there were still areas to focus on to achieve the 95% performance. GEH continued to see delays within ED, with 51 patients waiting over twelve hours from decision to admitting to then finding a bed in the Trust. There had been improvement from previous months, however remained a focus area. The Managing Director for GEH provided details to why GEH's A&E performance may have improved during June 2024, and it was clear that the work that had taken place around Medically	

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Fit For Discharge (MFFD) had supported this. This work included holding calls twice a day to follow up on patients and discuss who could leave the Trust's care and ensure community plans were in place to prevent delay. This had let to a reduction from around sixty patients in the Trust MFFD to forty patients. The MFFD number had increased in July 2024 but had improved again by the beginning of August 2024. The Managing Director for GEH noted SWFT's success with keeping ambulance handover delays to a minimum and explained that GEH would continue to focus on these as an area for improvement.

The Managing Director for GEH informed the Foundation Group Boards that she was most proud of was GEH's sickness levels. She explained that when the first Foundation Group Boards met GEH had the highest rate of sickness across all Trust's within the Foundation Group. However, sickness rates were now down to 4.6%, which was still higher than the Trust's target but a significant improvement. This showed the work that had taken place focusing on vacancy reduction, feedback from the Staff Survey and listening to staff was working. Appraisal rates were also at 87% which was the highest they had been.

The Managing Director for GEH explained that Cancer Services 62-day standard remained a challenge, however similarly to SWFT, there had been sustained improvement in the faster diagnostic standard. She concluded by informing the Foundation Group Boards that GEH had seen a slight reduction in the 52-week breaches for Elective Care, and there were meetings in place to try and clear long waiters by the end of September 2024.

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

The Group Chief Executive agreed with the Managing Director for GEH that the 62-day cancer indicator needed to be a focus area. He reassured members of the public that the indicator was triggered when a patient was treated. Therefore, some of the long wait patients included in the figures were being treated, but this would lead to a slight deterioration of the performance. The Group Chief Executive expressed that there was confident the figures would start to improve as patients were treated through the system.

The Managing Director for WAHT provided the Foundation Group Boards with an overview of WAHT's performance data. He started by presenting the Urgent Care performance, and in particular the role that occupancy was playing. The Trust had done a detailed analysis which had been shared at WAHT Board around contributions and impact. WAHT had been working with HealthCare Trust Partners regarding different service offers especially for general medicine patients which had been contributing significantly to the occupancy challenges. Two areas of capacity had also not been used, one area was due to lack of funding, and one was due to site works taking place. However, work to resolve these issues was underway and would continue later into 2024.

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	The Managing Director for WAHT informed the Foundation Group Boards that work was being completed with Public Health to undertake analysis of emergency admissions, capturing around 300-400 households. The work had allowed WAHT to look at the top ten areas that were contributing to their emergency admissions. There was a programme of work following this with Public Health and Integrated Care System (ICS) colleagues around what could be done differently. He hoped to hold a WAHT Board Development Session around the work. The Managing Director for WAHT explained that productivity was a focus area for WAHT, and improvements were starting to be seen. There was focus on how productivity linked to Elective Care, Cancer Performance and the overall financial performance of the Trust. WAHT continued to drive down high-cost agency spend, as well as providing focus to the Elective Plan. This was being reflected in the number of patients being seen, particularly when looking at the previously most challenged specialties which were Urology and Dermatology, where more recently WAHT had been in the top fifteen Trusts in terms of numbers treated for Urology. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chief Executive highlighted the improvements seen at WAHT, especially around the Cancer Performance which WAHT had managed to improve to no longer need national monitoring. He noted that sickness levels across the organisation remained challenged, however assured the Foundation Group Boards that reviewing of the staff support functions and analysing underlying trends was being worked through. The Group Chair thanked the WAHT Board and all WAHT colleagues for their continued work and celebrated the Trust's strong and steady progress. **Resolved – that** **A) the Managing Director for SWFT look into the SWFT's 52 week wait position and report back to the SWFT Board of Directors meeting, and** **B) the Foundation Group Performance Report be received and noted.**	**AC**
24.064	**GROUP FINANCE UPDATE INCLUDING PRODUCTIVITY** The Chief Finance Officer for GEH presented the overall financial position across the Foundation Group. He informed the Foundation Group Boards that all four Trusts had very challenging financial targets, which was reflective of the national picture. All four organisations were reporting deficits at the end of the first quarter, however full year plans for SWFT and GEH were planning and delivering small surplus by the end of the year. WVT and WAHT were planning on delivering deficits of £31m and £57m respectively. Challenges such as	

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Urgent and Emergency Care (UEC) increased capacity would impact cost but also inflationary pressures above funded levels. There had been impacts seen from Industrial Action, Elective Recovery, performance and high Cost and Productivity Improvement Plans (CPIP) targets. WVT had particularly been impacted by some of the challenges faced.

The Chief Finance Officer for GEH presented the CPIP data to the Foundation Group Boards. He explained that delivering a financial plan was very dependent on delivering CPIP targets including percentage of turnover. The Foundation Group had very high CPIP targets, however looking at the historic data all Trusts had done well to identify projects for the vast majority of the target. However, the proportion of developed projects varied quite considerably across all four organisations, showing more work was needed in terms of developing the relevant plans into delivery mode. The Chief Finance Officer for GEH assured the Foundation Group Boards that work was also taking place in each Trust to support and oversee the delivery of CPIP targets whilst also connecting other pieces of work such as improvement programmes. There was also work taking place to share best practice and ensuring efforts were not being duplicated across the Foundation Group.

The Chief Finance Officer for GEH provided the Foundation Group Boards with detail on some of the key elements within the financial plan. He started by presenting the temporary staffing costs, which had increased as a proportion of the total pay bill. However more importantly over the last year, particularly recent months, there had been reductions in temporary staffing spend with GEH reducing it significantly. This showed the actions being taken across the Foundation Group to focus on reducing that cost had been having an impact. There was still work that needed to take place to improve agency spend further following NHSE set targets, particularly around price compliance. Procurement colleagues across the Foundation Group were working to reduce agency rates. The Chief Finance Officer for GEH also explained that there were wide variations against the agency ceiling across the Foundation Group, with SWFT and GEH very close to their ceiling and WVT and WAHT some distance away from theirs. WVT and WAHT agreed plans would not get them below their agency ceiling, so there was more to work on in the financial year. The Chief Finance Officer took the time to celebrate good performance at GEH and WAHT in particular, with GEH below their agency ceiling compared to twelve months ago when they were double their ceiling limit. WAHT was also £1m ahead of their plan.

The Chief Finance Officer for GEH presented the other key element to the financial plan, which was Productivity and Elective Recovery. All four Trusts had set Elective Recovery targets above the national requirement which demonstrated a degree of ambition for the Foundation Group to improve productivity. The targets varied between Trusts due to the variation in baseline productivity levels. The year-to-date performance across the Foundation Group in terms of financial value was good and was higher then pre-Covid-19 levels. Work was still taking place to improve the Elective Recovery Fund (ERF)

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performance further, WVT was expecting performance to improve with the opening of the Elective Surgical Hub and GEH had set an internal stretch target to get to the 143% pre-Covid-19 levels of activity in an attempt to mitigate some of the risks faced.

The Chief Finance Officer for WVT presented the data on productivity to the Foundation Group Boards. She explained that more activity needed to be delivered, without relying on more cost to deliver it and this could only be achieved by being even more productive. The focus needed to be on how to improve performance through productivity, but also how Trusts assessed that they were being productive and whether they were improving or not. There was a range of tools available to look at metrics and trends to support this work. Nationally there were new tools being developed to support Trust's understanding their productivity challenge and both the Chief Operating Officers and Chief Finance Officers were engaged in those discussions. The Chief Finance Officer for WVT presented the Foundation Group Boards with a couple of example metrics alongside national benchmarking using the Model Health System which had some nuances but what it did show was that the NHS had seen a productivity reduction compared to pre-Covid-19 and significant workforce growth. The data also showed that there were some positive areas of performance from some of the Trusts in the Foundation Group, and it also demonstrated some clear areas of opportunity. The Chief Finance Officer for WVT went through some of the different tools such as the Cost per Weight Activity Unit (WAU) which attempted to standardise activity and unit cost so that there was a comparable measure that could be used. For example, as the Foundation Group continued to increase ERF performance and reduce temporary staffing costs, the cost per WAU figure would be expected to decrease and would demonstrate whether a Trust was delivering better value.

The Chief Finance Officer for WVT explained that alongside national tools each Trust had also developed local measures due to national tools not being refreshed as might be needed to support operational delivery. Each Trust had developed their own cost per WAU tool, which included a range of other metrics being linked to it to support the deep dives into performance. Following each Trust developing the tool, it showed each Trust had an increased cost per WAU. This spiked during Covid-19 and was slowly reduced during recovery, however cost per WAU remained higher than pre-Covid-19 which could imply activity deterioration. The National Cost Collection Index (NCCI) was another tool that could be used to look at productivity and it also compared provider's costs of carrying out activity and put it into an index to measure the relative cost and adjusted for case-mix. This showed SWFT and GEH below the national average, therefore performing strongly, WAHT was just about at the average and WVT was above average. WVT however was largely affected by its rurality and the excess costs incurred.

The Chief Finance Officer for WVT explained that there was costing intelligence across the Foundation Group and alignment of consistency with financial returns. This provided opportunity to share learning and best practice across

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services. One example of this was in theatres cost per minute, and how to work with the Chief Operating Officers to use the theatre cost per minute to understand what was driving variance. The Chief Finance Officer for WVT concluded by explaining that financial positions remained challenged, however there were various tools available to support productivity improvement and areas to focus on to mitigate increased cost.

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

The Group Chief Executive highlighted the positive progress on reducing agency spend across the Foundation Group. However, he explained there was still a significant opportunity to improve the reduction further with an approximate £68m being spent across the Foundation Group each year based on month three figures. The Group Chief Executive also noted the £44m worth of schemes being worked up across the Foundation Group and highlighted that the challenge would be how to turn that into delivered schemes. The Chief Finance Officer for GEH explained that discussions were taking place internally with regards to the schemes, which included targeted areas that would provide the biggest values. He added that there was also a need to link in with the improvement programme to ensure efforts were not being duplicated.

The Group Chair expressed that he felt CPIPs and income allocations across the Foundation Group were not where they should be so far into the financial year. However, he celebrated the level of performance that was being delivered across the Foundation Group in relation to Elective Recovery despite the ongoing pressures faced in each Trust.

The Managing Director for GEH took the time to thank the analytics teams for pulling the data together in a way that enabled comparisons across the Foundation Group.

The Group Chief Executive informed the Foundation Group Boards that there would be Learning and Improvement Networks launched across the NHS in due course. These would focus specifically on acute productivity and the Foundation Group would be in a West Midlands Network.

Resolved – that the Group Finance Update including Productivity be received and noted.

24.065 **DEEP DIVE INTO ELECTIVE PRODUCTIVITY**

The Chief Operating Officer for WVT presented the Deep Dive into Elective Productivity. He introduced the presentation by providing the Foundation Group Boards with the key priorities across the Foundation Group to deliver improved productivity. They focused around working smarter in a more efficient way and continuously sharing learning and best practice. The Chief Operating Officer for WVT added that all four Trusts were part of the Getting it Right First Time

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(GiRFT) Group B Cohort, where Trusts shared performance and learning. This enabled the Foundation Group to learn from other Trusts as well. The GiRFT Group B also enabled the utilisation and adoption of bed practice from the GiRFT handbooks to ensure transformation, improvement and getting the transactional delivery correct. The Foundation Group was also focused on maintaining a clear divide between Urgent Care and Elective Care pathways.

The Chief Operating Officer for WVT presented the Capped Theatre Utilisation Data to the Foundation Group Boards and explained that it was pleasing to see across the work that had taken place to build and stabilise theatre utilisation. Whilst there was a lot more work to go, all four Trusts were moving in the right direction. When you looked at theatre utilisation by speciality, all Trusts were benchmarking well against General Surgery, however work continued to take place to identify the variation in performance against other specialities such as Urology. The Chief Operating Officer for WVT continued by informing the Foundation Group Boards of the initiatives taking place to improve theatre utilisation across the Foundation Group. Key focus areas moving forward included High Volume, Low Complexity lists and Ear, Nose and Throat (ENT), as well as trying to reduce cancellations by looking at pre-operative planning. The Chief Operating Officer for WVT highlighted the average number of cases per list which showed similar numbers amongst a lot of services, however also areas of shared learning that could still place particularly with Trauma and Orthopaedics for GEH and SWFT. Initiatives had been developed in relation to improving numbers of cases per list, with a common theme for all four Trusts being High Volume Low Complexity cases.

The Chief Operating Officer for WVT provided an overview of the outpatient productivity with ongoing focus on clinic lists and how to maximise productivity. This included job planning and activity reviews around both medical and non-medical staff that delivered outpatient clinics. Work was also taking place in relation to DNA challenges and rolling out PIFU to more services. WAHT had the lowest DNA rate across the Foundation Group and good work was also taking place in SWFT, so there was more work to be done to share learnings to help bring DNA rates down.

The Chief Operating Officer for SWFT presented each Trust's key drivers and improvement areas. GEH had challenges around accuracy of reporting and useable data, ENT capacity which then impacted SWFT, and their theatre planning was a manual process currently due to their planning tool being under development. GEH developing their theatre planning tool would have a significant positive impact and should not be underestimated regarding the benefit it would have. Increased cancer referrals was one of the key drivers across the Foundation Group which caused issues, however there had been improvements shared across the Group including increased volume of cases per list. The Chief Operating Officer for SWFT presented SWFT's key challenges which focused on Orthodontic long waits, Acute Surgical Admission, and Cataracts. SWFT had improved and maintain their theatre metrics for utilisation and productivity which remained a focus area, Endoscopy utilisation

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was strong and the waiting list back log was reducing. WAHT's focus areas included pre-operative capacity and follow-up waiting lists. Their drivers included limited capacity within pre-operative assessment, contributing to late cancellations and services and case mix across sites was not enabling the most efficient through put. The key issues for WVT were the ability to meet the 65-week and 52-week targets and their reliance on premium cost agency. Their drivers were the long waiting patients in Orthopaedics, Opthalmology and ENT as well as maximising ERF and reducing unnecessary follow-up appointments. WVT had started using Allocate Job Planning software to maximise clinical output which would continue to have a positive impact.

The Chief Operating Officer for SWFT concluded the presentation by explaining the next steps, which included using Group-level analytics to look further at outpatient metrics, continuing shared learning and understanding productivity further. She took the time to thank the Group Informatics Lead for producing the level of data in the operational deep dives, as well as the operational teams from across the Foundation Group for continuously working together for improvements.

The Group Chair invited questions and perspectives and of particular note was the following point.

The Group Chief Executive thanked the Chief Operating Officers for an informative presentation. He continued that despite good performance, there was still opportunities for improvements, and therefore encouraged the Chief Operating Officers to continue the work they were doing.

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

24.066 **FOUNDATION GROUP OBJECTIVES UPDATE**

The Group Chief Executive presented the Foundation Group Objectives Update report to the Foundation Group Boards. He explained that the report was to mainly ensure all four Trusts within the Foundation Group had sight of each other's objectives. The report also identified potential objectives in common and encouraged lead Chief Officers to share learning and identify common areas.

Resolved – that the Foundation Group Objectives Update report be received and noted.

24.067 **EQUALITY UPDATE REPORT**

The Chief People Officer for WAHT provided the Foundation Group Boards with detail of the measures put in place to support staff considering recent events within the media. She explained that all four Trusts had a very clear stance against racism and riots, and messages had been sent to all colleagues

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expressing the position. Additional conversations with security teams had taken place as well as putting in supportive measures with Trade Unions, Freedom to Speak Up (FTSU) Guardians, Chaplains and Multi-Faith teams.

The Interim Chief People Officer for SWFT/GEH informed the Foundation Group Boards that GEH's Equality, Diversity and Inclusion (EDI) agenda and priorities were driven by their staff networks. GEH had six active staff networks who worked in collaboration with the EDI and Engagement team to identify priorities and create an inclusive workplace. The Chief People Officer for SWFT/GEH took most of the presentation as read, however highlighted the Armed Forces Community Network, which had achieved the Silver Award for Defence Employer Recognition Scheme. She explained the network did a lot of work alongside veteran organisations to support veterans and their families. Also the EmbRACE Network the Faith, Spirituality and Belief Network had been working together to improve staff experience, inclusive recruitment, as well as arrange of celebratory events for diversity throughout the year. GEH hosted Pride Month on behalf of the ICS in June 2024 which had great engagement. Moving forward GEH would be focusing on improving inclusive recruitment and would be launching campaigns such as the 'Say My Name' campaign.

The Interim Chief People Officer for SWFT/GEH presented an overview of SWFT's EDI work and highlighted that SWFT had seen an increase in staff engagement and as a result of that had launched the antidiscrimination helpdesk. SWFT was proud of the Workforce Disability Network who had achieved the Midlands Inclusivity and Diversity Award Scheme award for Network of the year in the Midlands region. Moving forward SWFT would be focusing on launching the Neurodiversity Network as well as running Neurodiversity Awareness Sessions to ensure those staff members felt supported and that they belonged at SWFT. SWFT would also be hosting the Disability History Month in November/December 2024 on behalf of the ICS.

The Chief People Officer for WAHT provided WAHT's EDI work and highlighted that WAHT had just launched new Values and the Networks would be supporting that work moving forward. She continued that WAHT's Rainbow Badge initiative was very positively received and supported training and inclusivity. WAHT had recently launched speak up training to encourage staff to speak up against discriminatory behaviour or concern. The Chief People Officer for WAHT highlighted the Trust's Supported Internships Program which data showed needed to be an area of focus moving forward to support people with various different needs into employment. She informed the Foundation Group Boards that four interns that were on the program had successfully gained employment as a result, three within the Trust. Next steps would also include inclusive recruitment, embedding the new Trust Value's and further enhance the EDI agenda, and continue with charities including the creation of the new Multifaith Hub.

The Chief People Officer for WVT presented WVT's EDI highlights. He expressed that EDI was about winning hearts and minds, and not just about

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	statutory obligations. He explained that all four Trusts were going above and beyond statutory obligations to try and change culture and set the direction by promoting compassionate and inclusive leadership. WVT had been encouraging all managers to sign up to NHS Inclusive Leadership training, to act as role models within their respective departments and ensue a zero-tolerance approach to any discrimination, bullying, harassment or victimisation. Three Staff Networks had been refreshed and sponsored by Executive Colleagues, they also had Union representation and staff side involvement to encourage good working relationships across the organisation. Through Education, Training, Recruitment and Health and Wellbeing programs, steps were being taken to enhance working environments for staff. He continued that in the previous twelve months WVT had been working with Jobcentre Plus and the Department of Work and Pensions (DWP) and had now been recognised as an exemplar organisation to work for, through that work WVT had also employed fifteen individuals. Moving forward, WVT would continue focusing on EDI and was proud that the Trust had its most diverse workforce it had ever seen. The Group Chair invited questions and perspectives and of particular note were the following points. The Group Chair highlighted the importance of keeping EDI at the top of the Foundation Groups agenda despite the other challenges faced. The Group Chief Executive expressed that it was a worrying time for the country, however it was encouraging to see the Foundation Group leading impressive EDI agendas. The Managing Director for GEH took the time to remind members of the public and the rest of the Foundation Group Boards that work on EDI was not in response to recent events taking place in the country, but because it was the right thing to do. However, how the Foundation Group responded to such events was important. She highlighted that a diverse team, was a strong team and the Foundation Group prided themselves on treating everyone equally. **Resolved – that Equality Update Report be received and noted.**	
24.068	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING HELD ON 16 JULY 2024 (INCLUDING THE FOUNDATION GROUP STRATEGY COMMITTEE ANNUAL REPORT FOR 2023/24 AND ANNUAL REVIEW OF SELF-ASSESSMENT OF EFFECTIVENSS FOR 2023/24)** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting held on 16 July 2024 which included the self-assessment of effectiveness and Annual Report for 2023/24.	

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	The Chief Strategy Officer for SWFT noted that the attendance record within the Foundation Group Strategy Committee Annual Report needed updating to reflect the Deputy Chief Strategy Officer of SWFT as a member on her behalf. The Foundation Group EA agreed that this would be amended accordingly.	CI
	Resolved – that **A) the Foundation Group EA amend the attendance record within the Foundation Group Strategy Committee Annual Report to reflect the Deputy Chief Strategy Officer for SWFT's membership, and** **B) the Foundation Group Strategy Committee report from the meeting held on 16 July 2024 including the Foundation Group Strategy Committee Annual Report for 2023/24 and Annual Review of Self-Assessment of Effectiveness for 2023/24, be received and noted.**	CI
24.069	**ANY OTHER BUSINESS** There was no further business discussed. **Resolved – that the position be noted.**	
24.070	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS** There were no questions from members of the public or SWFT governors. **Resolved – that the position be noted.**	
24.071	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
24.072	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
24.073	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
24.074	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 2 MAY 2024**	
24.075	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
24.076	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 APRIL 2024**	
24.077	**ANY OTHER CONFIDENTIAL BUSINESS**	
24.078	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on 6 November 2024 at 1.30pm via Microsoft Teams.	

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

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

Signed _____ (Group Chair) Date: 6 November 2024
Russell Hardy

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

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 6 NOVEMBER 2024

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
24.068 (07.08.2024) Foundation Group Strategy Committee Report from the Meeting held on 16 July 2024 (including the Foundation Group Strategy Committee Annual Report and Self-Assessment of Effectiveness for 2023/24)	The Foundation Group EA amend the attendance record within the Foundation Group Strategy Committee Annual Report to reflect the Deputy Chief Strategy Officer's membership.	C Ireland	
ACTIONS IN PROGRESS			
23.080.01 (01.11.2023), 23.058 (02.08.2023), 24.007.02 (07.02.2024), 24.035.01 (02.05.2024) and 24.061.01 (07.08.2024) Foundation Group Performance Report	The Managing Director of GEH provide an update on why GEH were an outlier for cancer diagnosis from Emergency Department (ED) attendance at the next Foundation Group Boards meeting.	C Free	An audit will be undertaken in with the Urgent and Emergency Care (UEC) team to prospectively understand the reasons that are driving the number of patients being referred to Cancer pathways from ED. This has been delayed and will take part in August 2024.
24.064 (07.08.2024) Foundation Group Performance Report	The Managing Director for SWFT look into the SWFT's 52 week wait position and report back to the SWFT Board of Directors meeting.	A Carson	
REPORTS SCHEDULED FOR FUTURE MEETINGS			

AGENDA ITEM	ACTION	LEAD	COMMENT

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**10/09/2024**
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]

One Year On

It is just over a year since WAHT joined the Foundation Group and I commenced as CEO of the Trust with Stephen Collman joining at Managing Director in November. It has been a very busy year, and the time has flown by. In October last year the Board approved the 10 Point Plan which was formulated to address immediate quality and performance issues and to set some clear priorities for improvement within the organisation. It is pleasing to see the progress that we have made against these priorities, which I have summarised below against the headings of the Plan:

1. Focus on Flow

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

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

Progress:

We have created a much larger Frailty Team on the WRH site and created a Frailty Assessment Unit and increased Same Day Emergency Care capacity. Data on length of stay reductions was included in last month's report. We have also used the findings from the Ian Sturgess review to increase the focus on flow within the wards and introduced a new General Internal Medicine rota. We have used Multi-

[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.

Agency Discharge Events to highlight best practice at ward level and to identify further opportunities to improve flow. Long ambulance waits have

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

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

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

Progress:

Our Communications team have worked with System partners to convey messages to the public. We have also increased messaging internally on the risks of functional decline. Work has commenced to integrate therapy services with those in the Health and Care Trust. Liaison with the WCC Public Health team on a range of supporting prevention initiatives. This is also one of the 4 'Big Moves' which has been the subject of discussion and progress sharing in our 4 Boards Workshops.

3. Elective care – planning for no delays

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

Progress:

Bed protection strategies in place. Performance against Elective Recovery Fund targets has improved significantly and supports the Financial Recovery Plan. Trust now ranks 8th in the Country on day case rates and has recently gained Elective Hub accreditation at KGH. Further improvements planned for pre-operative assessment processes. Improved cancer performance and removal from Tier 1 national escalation.

4. Staff Experience

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

Progress:

Park and Ride re-introduced at WRH. Multi-storey car park long term solution being developed. Rumour Mill implemented. 'Exec Live' and Senior Leaders Briefings introduced. Internal communications streamlined.

5. Leadership and Structure

We will empower leaders at all levels of the organisation, and help them to support and lead their teams, by giving them fewer priorities, clearer expectations and genuine accountability, underpinned by more effective structures. Immediate changes include bringing together our Urgent & Emergency Care and Specialty Medicine clinical divisions to support our focus on patient flow.

Progress:

We have created a single integrated Urgent Care Division so that the leadership team have responsibility for the medical wards as well as A&E itself. Changes to Executive portfolios and leadership arrangements. Clarity on Divisional contribution to CPIP plan provided and delivery against overall plan much improved. Year to date (month 4) CPIP delivery exceeds last year's total.

6. Governance

We will spend less time in meetings and ensure that any meetings which do take place are kept short and have a clear purpose for everyone involved. Our revised performance and accountability framework will support the delivery of sustainable quality, safety and efficiency improvements.

Progress:

Revised accountability framework in place, revised Executive Finance and Performance arrangements introduced. Meeting disciplines improved.

7. 4ward Improvement System

We will make our improvement system simpler, more accessible and more relevant to our staff and focus on its practical application to deliver our priorities, improve quality and safety and drive efficiency and cost improvement.

Progress:

Visit to University Hospital Leeds VMI site provided opportunity to revise approach. Improvement Board introduced and Accountability Wall revised. Training options revised including shorter, non-mandatory introductory level training. Staff engagement process underway to re-set Trust values and revise 4ward branding.

8. Think (and Act) as a Lead Provider

Looking beyond the walls of our hospitals we will actively work with partners across our health and care system to improve wellbeing of people in the communities we serve, deliver better health outcomes and reduce pressure on our services.

Progress:

Trust leading on system therapy review. Revised bed occupancy plan agreed to improve length of stay and transfer to community hospital beds. Working with ICS to develop a clearer integration strategy with Community Hospitals and Community Services.

9. Tertiary partnerships

Working regionally and with Group colleagues we will build productive, supportive partnerships which improve care for our patients and secure a sustainable future for our more challenged or fragile services.

Progress:

Group Medical Advisor has commenced a Group-wide review. Interim arrangements introduced with Urology supporting a specialist MDT with Gloucester Hospitals. Liaising with WVT who will lead on Dermatology service integration between the two counties. WAHT continues to lead for Stroke services. Arrangements progressing for WAHT and WVT to formally join the South Midlands Pathology Network.

Group review underway to support sustainability of Aseptic Pharmacy service. Regular mutual aid forum between Group operational teams.

10. Big Moves

We will embrace the opportunities open to us as members of the Foundation Group family. We will test and refine our priorities (with our patients, our partners and our people) to make sure that we are meeting the immediate needs of our patients while also delivering improvements that move us closer to achieving our Group's shared long term strategic objectives and 'Big Moves' (including our environmental commitments as a major employer and user of resources).

Progress:

Big Moves continuously reviewed through Group 4 Boards Workshops. This provides opportunities for shared learning and ensures continuous focus. Staff engagement sessions are also testing big moves with staff and Group will review these once the revised NHS Long Term Plan is produced in the Spring. Discussion at August 4 Boards indicated that they will still be relevant within the new political context.

Emerging Priorities of the new Government

We are now around two months into the term of the new Government. Our new Secretary of State (SoS) Wes Streeting, the 34th in the history of the NHS, has started to signal some of his priorities. The pledge to return to meeting the constitutional standards in the life of this parliament is probably the most challenging. The plans to do so will be heavily influenced by the current 'Performance Stocktake' being undertaken by Professor Lord Darzi. I was recently invited to the first of two Expert Reference Group meetings where the extent of the challenge was discussed. Professor Lord Darzi is expected to feed back to the Government later this month and the findings will shape the components of a new NHS 10 Year Plan which is expected in the Spring 2025.

One immediate issue for the new SoS is the dispute with Junior Doctors over last year's pay award and the more recent collective action by General Practitioners (GPs). In addition to these two formal disputes, the other NHS pay Review Bodies will have made recommendations to the Government about pay increases for 2024/25. The NHS is already facing a significant financial challenge and on top of these inflationary pressures there is also a likely requirement to accelerate the delivery of the Elective Recovery Plan if the pledge to return to the constitutional standards is to be met. The approach to these issues is therefore expected to feature in the October 2024 budget.

NHS Constitutional Standards

It has been some time since the NHS was even close to delivering the Constitutional Standards overall. I thought it might be helpful to provide a recap on what the main standards and targets are.

Urgent and Emergency Care (UEC) - whilst we have developed a number of new UEC indicators, the 95% 4-Hour Emergency Access Standard remains the key pledge. We are anticipating that this year's Winter Letter will be published very soon. It is expected that this will focus on safety including reducing very long Accident and Emergency (A&E) waits, introducing more consistent maximum waits for ambulance handovers and clarifying how best to ensure safety if corridor care is instigated to manage peak demand.

This year's UEC 4-hours waiting times standard was set at a 78% minimum in the 2023/24 Planning Guidance. It is anticipated that there will be further capital incentives linked to whole year performance against this. There has also been a suggestion that there may be a partial return to Payment by Results (PbR) in UEC as part of the 2025/26 Planning Guidance. This would be welcomed in my view as the current disconnect between demand and income is not helping with the NHS drive to increase productivity or to move care into the most appropriate setting.

Elective Referral to Treatment Times - the Constitution pledged that patients should be treated within an 18-week standard. Recognising the complexity of some treatment pathways, this was measured against a 92% standard. I anticipate that an updated Elective Recovery Plan will soon be published. It is generally

felt that the re-introduction of PbR has helped to increase the volume of elective activity undertaken. We can therefore expect further use of a tariff incentive. Patient choice and use of Independent Sector will also

still feature. The plan will have to demonstrate how we can transition to full target delivery in a 4-year timeline. Wating list validation will be strengthened, and I would also expect to see a plan to tackle of non-admitted diagnostic waits.

Cancer Access - the 62-day referral to first treatment 85% standard will still be the core indicator. The original Constitution focussed on 2 week waiting times, but this indicator has largely been replaced by the 28-day Faster Diagnostics Standard (FDS). The FDS currently is measured against a 76% standard and hence it is likely that this will be increased. I anticipate that there will be a desire to consistently deliver on the 62-day standard well before the end of this Parliament.

More from our great teams

Congratulations to two of our many great teams at Kidderminster who have recently received national recognition for the quality of the care they provide.

After several months of hard work by a multi-disciplinary team compiling a portfolio of evidence and hosting a visit by a team of external expert reviewers, we were successful in gaining national accreditation for Kidderminster as an elective surgical hub for adult services under a scheme run by NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England.

Elective hubs have a crucial role to play in reducing elective waiting times for patients across a wide range of specialties, including ophthalmology, general surgery, orthopaedics, gynaecology, ear nose and throat, and urology.

The scheme assesses hubs against a framework of clinical and operational standard standards which cover the following key areas:

- The patient pathway
- Staff and training
- Clinical governance and outcomes
- Facilities and ring-fencing
- Utilisation and productivity

As part of the process, the hub team was asked to submit evidence against national accreditation criteria which had been developed by a large cohort of experts, both clinical and non-clinical, and including several Royal Colleges.

That was followed by an inspection visit, led by Professor Tim Briggs, Chair of GIRFT and NHS England's National Director for Clinical Improvement and Elective Recovery. During the day, the inspection team met a number of trust staff as well as patients who had been cared for at Kidderminster.

In their summary of the visit to Kidderminster, the inspectors said: "It was a pleasure to meet such committed and enthusiastic colleagues and were delighted to have the opportunity to meet recent patients. They shared examples and information on good practice and innovation and were open and transparent during interviews and focus sessions. The panel were highly impressed with the standard of your facilities and the dedication of colleagues at Kidderminster and convinced of the opportunity for the Hub to make a material difference to elective recovery for patients in Worcestershire and the wider system."

Work is now under way to secure accreditation for Kidderminster as an elective hub for paediatric service, with that bid due to be submitted later this year as well as securing accreditation for the Alex as an adult elective hub in 2025.

And in a second success for Kidderminster, their endoscopy unit has been awarded national accreditation for providing the highest quality of care to patients. The recognition has come after a rigorous assessment by the Joint Advisory Group (JAG) of the Royal College of Physicians and the British Society of Gastroenterology.

The JAG sets out national standards for endoscopy units throughout the UK, to ensure the quality and safety of patient care. To achieve the accreditation, the unit had to demonstrate excellence across several areas – including clinical quality, patient experience and staff training.

The Kidderminster Endoscopy unit saw almost 9,000 patients over the last year, but recently opened an extension to their state-of-the-art facilities which has added two additional endoscopy rooms, meaning thousands more patients every year will benefit from quicker access to tests.

Staff from the Endoscopy unit were also presented with a British Citizen Award certificate recently after being nominated by a patient for their excellent care.

JAG accreditation is an annual process, so shortly we will be beginning to look at the evidence for our next submission in order to maintain our accreditation, and more importantly, the clinical quality and experience we provide to our patients. Our endoscopy units at Worcester, Redditch, and Malvern - which are currently all accredited too - are due to hold their JAG accreditation visits in October as we hope to receive reaccreditation again.

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

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

Putting Patients First

4ward

NHS
Worcestershire Acute Hospitals
NHS Trust

Integrated Performance Report

AUGUST 2024

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

Last updated 22nd August 2024

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

Context: This report is set against the highest activity the Trust has seen attended our emergency departments. The Trust has commenced the work on Aconbury 0 and reduce the additional capacity to the Pathway Discharge Unit. The financial position remained largely on plan, with a significant focus on the delivery of the Trust efficiency plan, driving productivity and activity. The high bed usage and extended length of stay have contributed to a number of quality indicators.

Operational performance:

Urgent Emergency Care:

- **Patient Attendance**: In July 2024, 13,147 patients attended the Trust's Emergency Departments, with 50% treated and either admitted or discharged within four hours. This represents a 3% increase in attendances compared to July 2023, with an 8.6% increase in walk-in attendances.
- **Ambulance Arrivals**: Of the 3,928 patients arriving by ambulance, 42% were handed over within 15 minutes, while 639 waited longer than 60 minutes. Despite this, total lost hours have decreased compared to the previous month and the preceding three months. However, 1,902 patients (14.5%) spent 12 hours or more in the emergency departments.

Cancer Performance:

- **62-Day Cancer Waiting Time**: The Trust's unvalidated performance for July 2024 is 71%, with 127.5 breaches and 436 patients treated.
- **Cancer Backlog**: 194 patients were waiting over 62 days at the end of July, with 43 waiting over 104 days. The year-end target is to reduce this to no more than 110 patients over 62 days and none over 104 days by the end of September.
- 31-Day Treatment**:** 704 patients received treatment in July 2024, but only 81% were treated within 31 days. Improvement is needed in the timeliness of first and subsequent surgical treatments.

Elective Care:

- **Outpatient and Inpatient Activity**: In July 2024, the Trust delivered 21,264 new outpatient appointments (26 below plan) and 42,050 follow-up appointments (5,724 above plan). Outpatient appointments with a procedure were 694 above plan. Inpatient and day case activity was above plan by 921 cases.
- **RTT Performance**: The unvalidated RTT submission for July 2024 shows 1,891 patients waiting over 52 weeks, 357 waiting over 65 weeks, and no patients waiting over 78 weeks.
- **65-Week Reduction:** The planned reduction to no more than 329 patients waiting over 65 weeks has not been achieved, primarily due to challenges in ENT and Oral and Maxillofacial surgery. However, the total 65-week cohort reduced to 1,179 by the end of July 2024, down from 2,099 in June 2024 and 7,574 in March 2024.

Quality and Safety:

- **Mortality Indices**: Remain within the expected range and are monitored monthly by the DREAMS group.
- **Antimicrobial Stewardship**: Compliance was stable at 90.12% in July 2024, supporting the Infection Prevention and Control strategy.
- **Sepsis and Surgery Performance**: Ongoing issues with sepsis screening performance and time to theatre for neck of femur fracture patients. A review of approaches is underway to improve these areas.
- **Infection Rates**: Klebsiella: Decreased in July 2024 but still shows special cause variation of concern. MRSA: Unchanged with no cases of pseudomonas in July 2024. C.Diff and MSSA: Both increased in July 2024. Covid and CPE Outbreaks: Reduced throughout July 2024 and managed with bay and ward closures.
- **High Impact Intervention Audits**: 10 out of 11 audits were compliant in July 2024.
- **Complaints Management Compliance Target**: The target to close complaints within 25 days decreased to 50.2% in July 2024. Open Complaints: Reduced to 139 from 148 at the end of July 2024, with 72 new formal complaints received. Surgical Division: Specific actions have reduced breached complaints from 76 in June 2024 to 53 in July 2024.
- **Patient Safety**: Falls: Total falls decreased significantly from 128 in June 2024 to 93 in July 2024, remaining below the national benchmark. Health Acquired Pressure Ulcers (HAPU): Increased to 37 in July 2024, with zero causing harm. Staff PUP (Pressure Ulcer) training compliance increased to 85.56%. Divisional Tissue Viability Improvement Group: Established to identify themes and trends to reduce HAPUs.
- **Patient Experience**: Friends and Family Test (FFT): Response and recommendation rates failed to meet the 95% target across outpatients, A&E, and Maternity in July 2024, though there was an increase for A&E and inpatients. Monitoring and Review: Ongoing by the Patient Experience Lead Nurse and Quality Matron. A new FFT card to be launched in August 2024 to facilitate feedback submission.

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

Workforce:

- **Funded Establishment**: This has increased by 1.08 wte this month in Specialty Medicine. vacancy rate reduced in July from 9.28% (678.52 wte vacancies) to 9.19% (672.60 wte vacancies) remains above the Trust target of 7.5%.
- **Agency Spend**: This has increased by 0.7% to 8.6% of gross cost, against our target of 6%. Urgent Care remains an outlier with Agency spend being 24.29% of gross cost. Surgery and SCSD have increased their agency spend % this month, but all other divisions have reduced. Divisions continue to work hard to reduce Agency spend but this has been impacted by Level 4 escalation in Urgent Care. Our agency spend as a % of gross cost is 0.66% lower than the same period last year despite the landscape of having unfunded capacity.
- **Turnover**: Annual staff turnover has continued to meet our target of 11.5% and has reduced again by 0.09% to 10.41% this month which benchmarks well against other Trusts.
- **Sickness Absence**: Monthly sickness absence increased by 0.27% in month to 5.53% which is 0.06% worse than last year. The majority of divisions have had a reduction in sickness absence this month, with the exception of SCSD, Surgery and Women and Children's where there was an increase. Digital and Corporate are the only divisions that meet the group target of 4%. Absence due to Stress continues to be a concern, particularly in Women and Children's with 40.42% of all absence being cited as stress/anxiety.
- **Consultant Job Planning**: This has improved by 3% to 69%. All divisions are of concern with the highest compliance rate being 76% in Surgery. Urgent Care remain at a concerning 33%.
- **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 81% although improved by 1%.

Finance:

- **Income & Expenditure Performance:** Adverse Variance: £0.5m YTD against the revised plan. Key Drivers: £1.7m underperformance in Elective income. £0.6m gap in Diabetes devices funding. Offset by**:** Favourable variances in pay and other non-pay lines.
- **Income:** Patient Care Income: £2m favourable YTD. Includes £4.4m from Non PbR Drugs and Devices. Underachievement in elective (ERF) activity by £1.7m and SR21 activity by £0.2m.
- **Expenses:** Employee Expenses: £0.5m favourable YTD. Adverse variances: £0.3m for additional Consultants in Urgent Care and £0.3m due to Industrial Action. Favourable variances: Vacancies and slippage on Business Cases.
- **Non-Pay Operating Expenses:** £3.2m adverse YTD. Adverse variance: £5m on Non PbR Drugs and Devices (offset by income). Favourable balance: £1.9m driven by insourcing reserves, PFI underspends, and Utilities underspend.
- **Capital: Revised Capital Plan:** £17.637m. External NHSE funding: £2.27m for RAAC and £144k for Alex ED business case. YTD spend: £1.98m, an increase of £317k from month 3.
- **Cash:** Cash Position: £1.617m at the end of month 4. Received £10m advance from ICB for deficit funding. Applied for central cash support for September and October (£7.5m needed for September). Reduced creditor payment runs to cover payroll costs, affecting BPPC % performance. Applying for PDC to support centrally funded schemes.

OUR OPERATIONAL PERFORMANCE

Helen Lancaster

Chief Operating Officer

As ever, operational delivery and achievement of the levels of operational performance we committed to in our annual plan remain key for me and my colleagues across the organisation. Clinical and operational teams continue their relentless focus on improving the waiting times of patients for planned care, cancer care and unplanned care. As a result, at the end of July no patients were waiting more than 78-weeks for treatment by the Trust and the number of patients waiting over 65 weeks continues to come down.

I wrote last time that we were waiting the outcome of the surgical hub accreditation visit at our Kidderminster site and I am pleased to be able to write this month, that our application has been successful – which has been boost of the whole team and really recognising the work that continues to take place across our sites to improve our performance and the care we provide to our patients. The team are keen to continue to build on this with further applications for paediatric hub status and hub status at the Alexandra Hospital also in progress. In addition we have also opened our Urology Intervention Unit and Same Day Emergency Care service at Redditch, both of which are part of the continual work to develop and improve our urology services.

I know my colleagues remain focussed on improving how easily patients can access the high-quality services that colleagues want to deliver for our population every day and whilst we are not yet delivering the operational performance we strive to achieve, this continued focus and commitment to our patients means that:

- The number of patients waiting over an hour on the back on an ambulance remains on a downward trajectory
- The number of patients staying over 21 days in our hospital continues on a downward trajectory
- The percentage of patients referred with suspected cancer, whose diagnosis we can confirm within 28 days has been on an upward trajectory and remains above the national ambition of 77%, having shown special cause improvement
- The percentage of patients with cancer who receive their first treatment within 62-days of referral is on an upward trajectory and is now within model variation having been a special cause concern
- The number of patients on our waiting lists for over 65-weeks continues to come down month-on-month
- Patient Initiated Follow-ups are over 5%
- DNA rates remain significantly below the national average

There is though still many areas where we need to continue and redouble our efforts to improve so that our patients and the wider community we serve can receive the care they need in a timely manner:

- The percentage of patients in our Emergency Departments for longer than four hours needs to improve as does the number and percentage of patients waiting more than 12 hours.
- Whilst are handover delays are reducing, the volume and hours lost remains too high
- Our average Length of stay for patients admitted as an emergency is a special cause concern and whilst we have seen improvements in the last few months it is higher than we would like
- We need to go further and faster in improving the productivity and utilisation of our capacity and estates. In particular, where it is safe and evidence-based to do so, we need to increase the number of patients we treat in our theatres and the numbers of patients we see in our outpatient clinics so that we can reduce our waiting times and access for patients who need our care. These are core priorities for our outpatient and theatre programmes, underpinned by best practice from GIRFT.
- Continue to reduce the total waiting times for patients on our waiting lists – whilst we continue to make improvements the journey to an 18-week maximum wait will not be quick though we continue to use the opportunities and examples from the Getting It Right First Time (GIRFT) Further Faster 40 programme to drive forward with this.

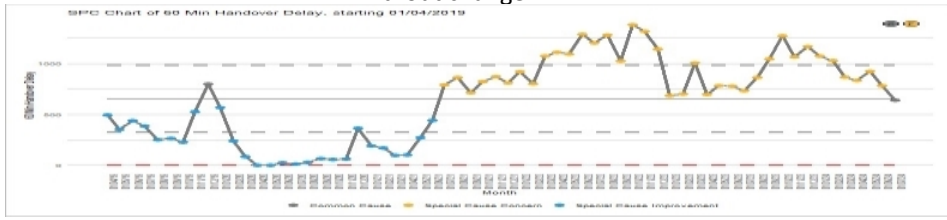
OUR OPERATIONAL PERFORMANCE - URGENT CARE

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.

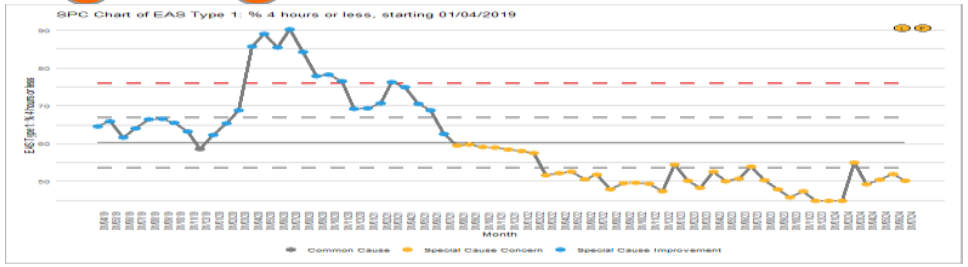
Assurance F **Variation**

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



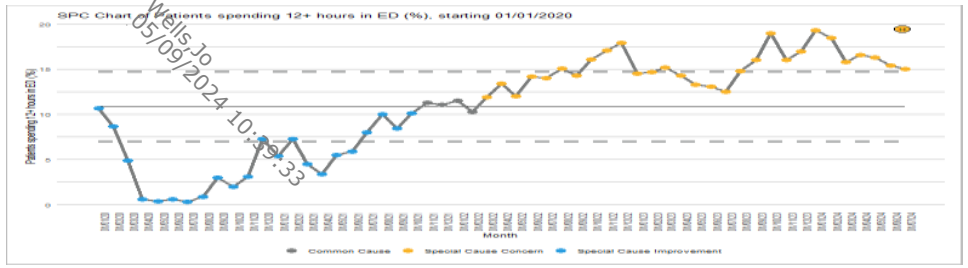
Assurance F **Variation** L

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

13,147 patients attended the Trust's Emergency Departments in Jul -24 and 50% of those patients were treated and either admitted or discharged within four hours of arrival. There has been an increase of 3% in attendances compared to Jul-23, with an 8.6% increase in walk-in attendances.

Of the 3,928 patients who arrived by ambulance, 42% were 'handed over' within 15 minutes and 639 waited longer than 60 minutes to be handed over however total lost hours was down compared to the previous month and the preceding three months the total number of handover delays has decreased compared to the previous three-month period. 1,902 patients (14.5%) spent 12 hours or more in our emergency departments.

Update and Actions

- Increased demand impacting on performance as no corresponding increase in capacity
- Single point of access in WMAS call centre pilot July 2024 with nurse consultant operating from WMAS hub – findings reports to Hospital Flow Delivery Board in September 2024.
- Continued focus on reducing ambulance handover delays as part of clinical site management role working with Emergency Department to reduce number and length of delays, with internal escalation process in place.
- GP streaming specification agreed – procurement to commence September 2024. Estimated timescale – 6 months
- Review of delivery models for MAU / SDEC commenced 1 August 2024, with PDSA approach to options from September 2024
- Urology SDEC launched 1 August 2024 at Alexandra Hospital, alongside Urology Intervention Unit
- Streaming Working Group established
- Following Frailty SDEC pilot, options appraisal presented to Hospital Flow Delivery Board and Trust Management Board in August 2024, with preferred option supported for further development

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
- Closure of inpatient areas reducing available beds, impacting flow from ED and ability of Trust to meet Emergency Access standard
- Impact of GP Collective action
- Implementation f Sunrise clinical system may have short term impact on performance in November 2024
- Remedial estates work required, impacting physical capacity and workflow.

What the charts tell us

Although classified as normal variation, this is the first time since Jul-21 that Ambulance Handover delays are not a significant concern. The other two metrics have been a significant cause for concern since Jul-21.

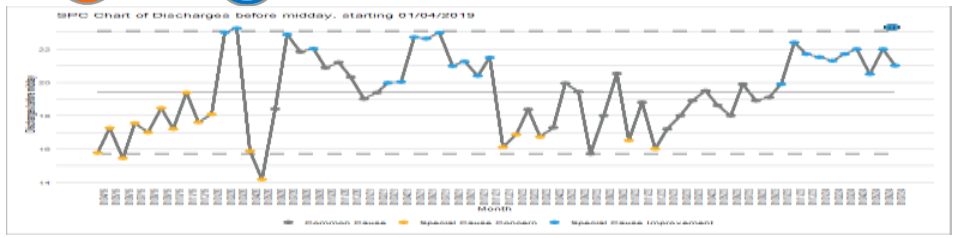
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

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.

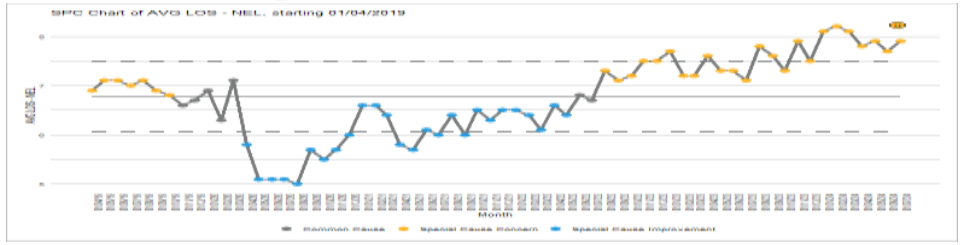
Assurance **Variation**

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



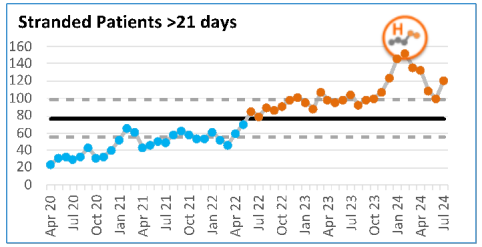
Assurance **Variation**

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



Assurance **Variation**

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



Wells Jo
05/09/2024 10:39:33

Performance and Actions

The percentage of discharges before midday Discharges before midday continues to show significant change in Jul-24 with an average of 21% 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 shows special cause concern. However, there is a downward trend over last 5 months in this regard, supported in June with reduction in number of patients requiring access to Intensive Access and Rehabilitation, following work with system partners

Actions include:

- Integrated Frailty model programme refresh complete
- Frailty SDEC pilot evaluation completed, with options appraisal presented at Trust Management Board in August 2024. Preferred option provided protected capacity and is subject to further development in September
- Long Length of stay escalation process developed, with new education and training offer of discharge in development
- GEMS PDSA at Redditch underway – review and report for October Hospital Flow Deliver Board
- Ward based metrics dashboard to be implemented to raise awareness and demonstrate performance at ward level
- Address barriers and challenges to long length of sat through daily escalations meeting
- Ward based metrics developed – monitored by patient flow team
- Launch of virtual ward with GAU, to test systems and processes. COPD Virtual ward due to launch September 22024

With partners, other schemes to support system flow at Worcestershire place level include:

- Integrated approach to virtual wards with single clinical leadership
- Integrated approach to bed management
- Integrated Therapy service model

Risks

- Patient Acuity
- Clinical engagement
- Place partner support to enable timely discharge to IAR / pathway 3
- Impact of GP collective action

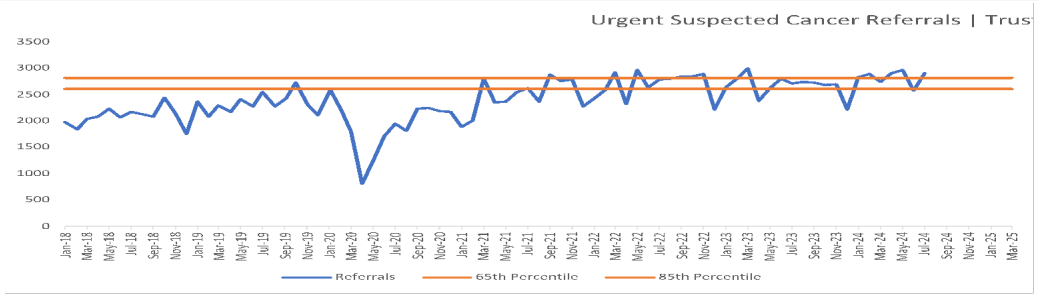
What the charts tell us

3,337 patients were discharged from G&A beds and 703 (21%) were before midday. The average LOS for a non-elective patient was 7.5 days; when you exclude patients with a zero LOS, this increases to 8.0 days. There were 121 patients with a long length of stay (>21 days) as at 31st July, of whom 53 were recorded as medically fit for discharge.

OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

We are driving this measure because

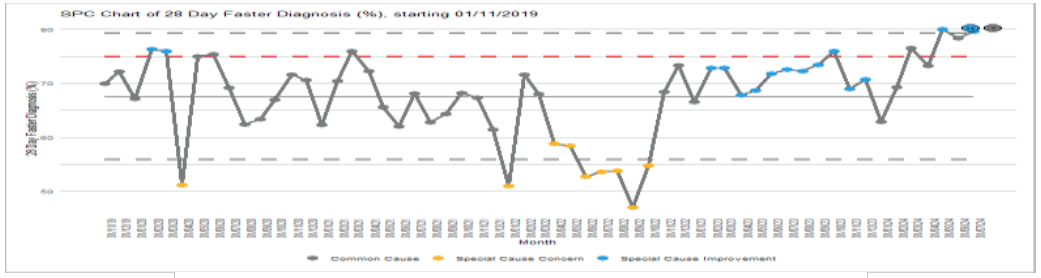
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen 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.

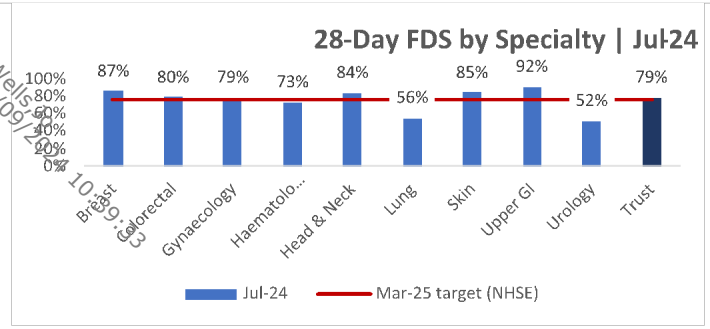


Assurance

Variation

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





Performance and Actions

There were 2,969 new GP referrals for suspected cancer in Jul-24. Our Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 79% for Jul-24. The Trust informed 2,586 patients of their diagnosis with 531 breaches of the 28-days standard.

Updates and Actions

- At Trust level we are on track to deliver our annual planning commitments for FDS though there remains variation in tumour site delivery. The Trust is ahead of its internal Q2 ambition of 76% and above the national standard of 77%.
- Cancer Services Team have developed FDS story packs for every tumour site, pulling together information from various source and best practice, with each pack containing a series of recommendations for the tumour site leads to respond to. Action plan updates expected September.
- Focus for all tumour sites of reducing the percentage of patients informed between days 29 and 35, with work to ensure these patients are informed within 28 days and reducing the overall variation in days of diagnosis.
- Further analysis of pathways for those patient diagnosed with cancer to improve performance for these patients, underpinning delivery of 62-day cancer waiting times. Report to Cancer Board in September 2024.
- Focus on lung – additional West Midlands Cancer Alliance funding secured in August to support fixed term consultant post to increase capacity in FDS pathway (new OPA, bronchoscopy, EBUS) and Urology – multifactorial and ahead of internal standards for Q1. Trial of Straight to Test MRI pathway expected September 2024, streamline of appointments in same month.
- Review of communication methods to support earlier communication of diagnosis to patients to be presented to September Cancer Board

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)
- Impact on DM01 with focus of diagnostics capacity on cancer pathways
- Impact of GP collective action

What the charts tell us

Referrals in Jul-24 have returned to being above the 85th percentile. 28-FDS performance shows special cause improvement.

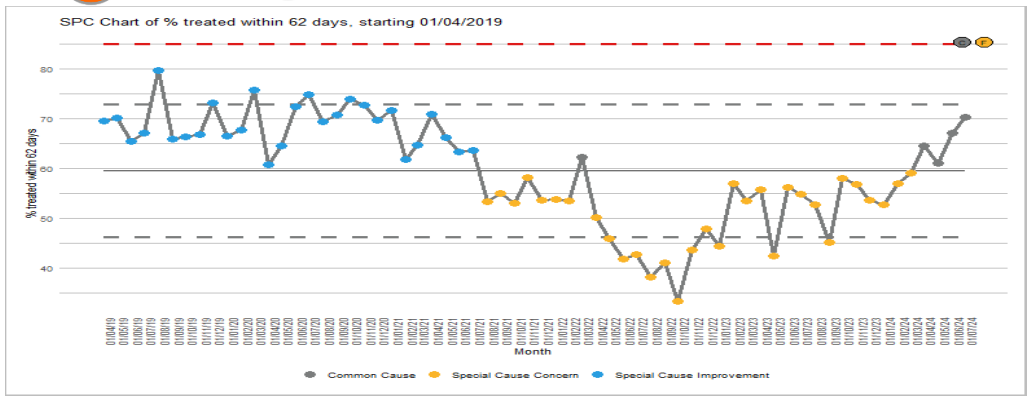
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY & 31 DAY START OF TREATMENT STANDARDS

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.

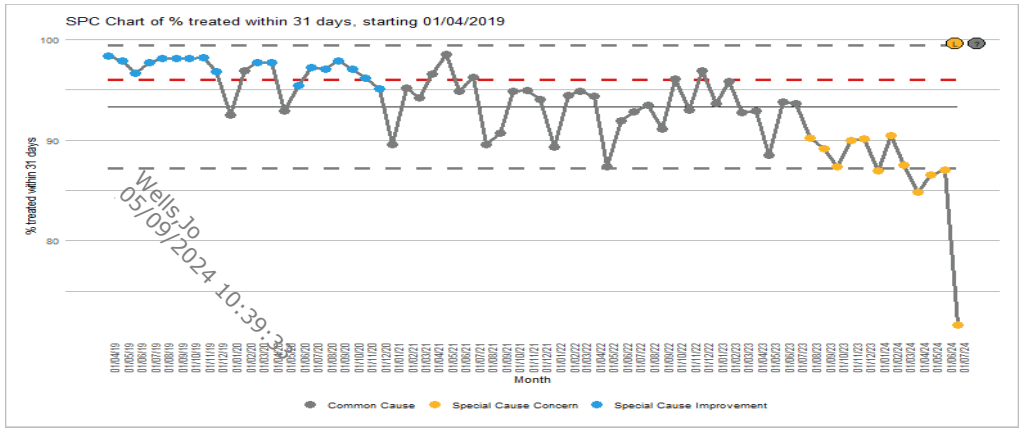
Assurance **Variation**

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's **unvalidated** position for 62 days cancer waiting time performance in Jul-24 is 71% with 127.5 recorded breaches and 436 patients treated.

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 194 (+11 from June) patients over 62 days at the end of July, 43 (-1 from June) of whom were over 104 days.

704 patients were recorded as receiving first or subsequent treatment after decision to treat in Jul-24, however, only 81% 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. For patients requiring treatment at tertiary centres, the Trust is focussed on improving the day of referral to a maximum of 38 days from referral

- Breast – mismatch theatre capacity and demand – review of theatre allocation to be completed by August 2024
- Head and Neck – access to beds on Worcestershire Royal site due to bed pressures. Additional Head and Neck surgeon being recruited, theatre schedule under review.
- Lung – tertiary and oncology access limiting performance. Additional respiratory consultant funding bid submitted to West Midlands Cancer Alliance – funding confirmed August 2024, recruitment underway
- Skin – clearance of treatment backlog – this was expected in June 2024 but has been delayed due to further increase in referrals. Specific challenges with capacity for excisions undertaken by maxillofacial surgeons and increase in complexity with higher proportion of patients with additional comorbidities. Revised recovery trajectory due by end of August. Specialty in weekly escalation with Director of Performance. Longer term development of one-stop service. Challenges in skin cancer are driving reduction in 31-day performance.
- 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. Two locum consultants approved and providing immediate capacity.

Risks

- Histology, radiology and urological diagnostic capacity remain an issue
- Consultant capacity in Oncology
- Waiting times at Tertiary Centres
- Impact of GP collective action

What the charts tell us

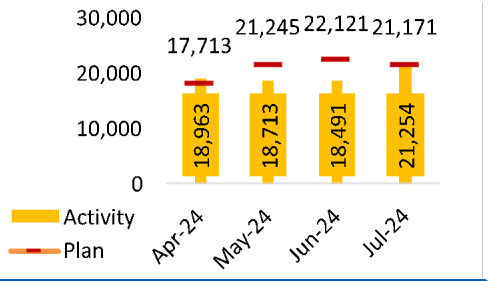
The NWT 85% target for 62 days has never been achieved, however, has transitioned from special cause concern to normal variation. 31-day has been special cause concern since Feb-23.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

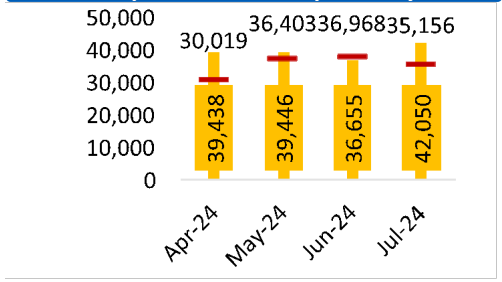
We are driving this measure because

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.

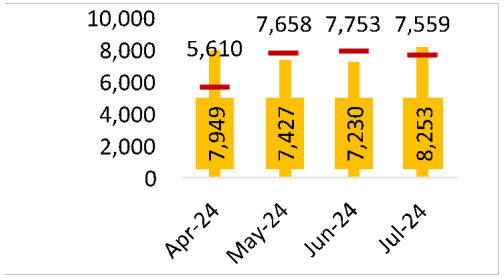
Outpatient New Activity



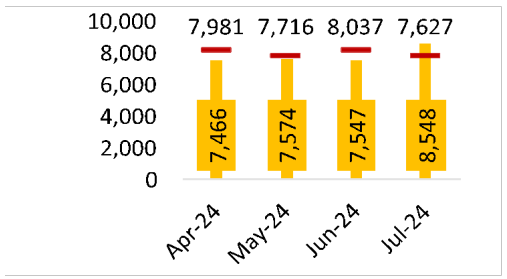
Outpatient Follow-up Activity



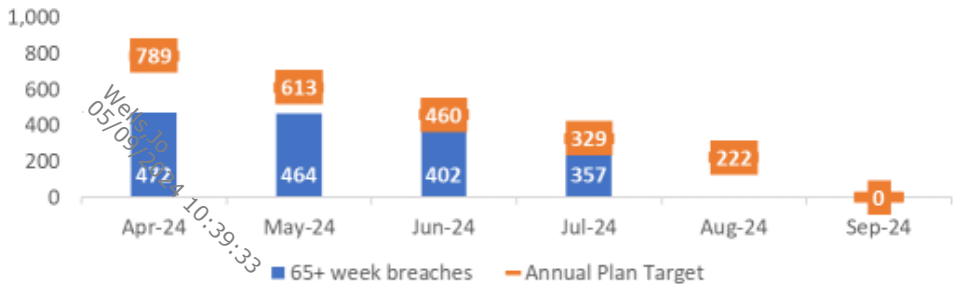
Outpatient Activity with a Procedure



Day Care and EL IP Activity



RTT 65+ Week Breaches Compared to Annual Plan Target



Performance and Actions

In Jul-24 (unvalidated), the Trust delivered 21,264 new outpatient appointments (-26 below plan) and 42,050 follow up appointments (+5,724 above plan). In-line with 24/25 annual planning guidance, we are now reporting on Outpatient appointments with a procedure which was –694 above plan. Inpatient and day case activity was above plan by 921 cases. RTTT unvalidated submission for Jul-24 is 1,891 patients waiting over 52 weeks, of whom 357 were waiting over 65 weeks, and no patients over 78 weeks.

Actions

- Rolling 12-week patient contact and validation programme with patients on waiting list to confirm their ongoing position on waiting list – over 90% of patients contacted in previous 12 weeks in line with regional validation ambition and this position sustained on weekly basis.
- Daily monitoring of 78-week risk cohort within surgery by Divisional Operations Director – decreasing at risk cohort. At end of July 2024, there were no patients waiting over 78-weejs.
- The planned reduction in patients waiting over 65-weeks to no more than 329 has not been achieved. Whilst this was the planned position, the pace of reduction in the specialties of concern – ENT and Oral and Maxillofacial surgery in particular have hampered progress.
- Reduction in total September 65-week cohort to 1179 as at end of July 2024 (down from 2099 at end of June 2024), compared to 7574 at end of March 2024. Largest cohorts in Oral and Maxillofacial Surgery (403), ENT (263) and Urology (142)
- Additional mutual aid support for ENT from foundation group members and other providers of NHS care being sought – particularly for paediatric patients. Exploration of High Intensity Theatre lists including for orthopaedics
- Discussions commenced with commissioners in relation to provider of tier 2 dental services – lack of dedicated service for population increases referrals to secondary care
- Focus on theatre productivity and cases per list through theatre programme and expansion of right procedure right place workstream. Review of specialty theatre allocation – target August 2024.
- Revised Trust Access policy approved – July 2024. Easy Read version to be developed.
- Surgical Hub Accreditation success for Kidderminster site, following national assessment process. Further application for Alexandra Hospital site being developed.
- Review of all GIRFT Further Faster Checklists to ensure that actions taken have embedded sustainability. Focus first on ENT as specialty of concern.
- Focus on reducing elective length of stay – particularly for hip and knee replacements, supported by GIRFT programme (Anaesthetics and Peri-operative Medicine
- Cataract waiting times circa 6 weeks from referral – work to review referral pathways to be led by ICB in line with GIRFT recommendations
- 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.
- Options to support more rapid access to elective care through strategic partnerships to be explored to delivery overall reduction in elective waiting list by March 2025. Scoping phase through Q2.

Risks

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

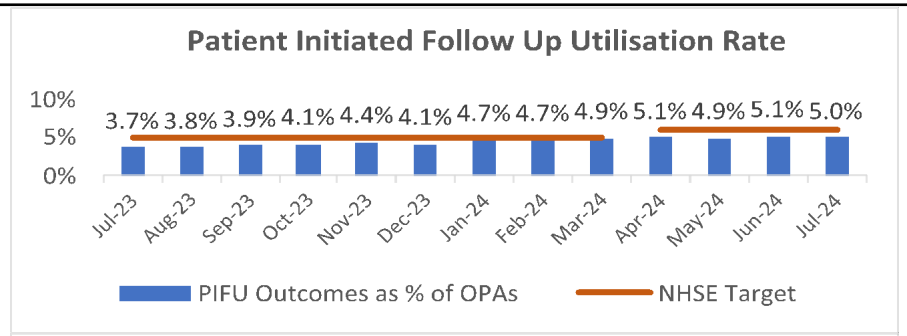
What the charts tell us

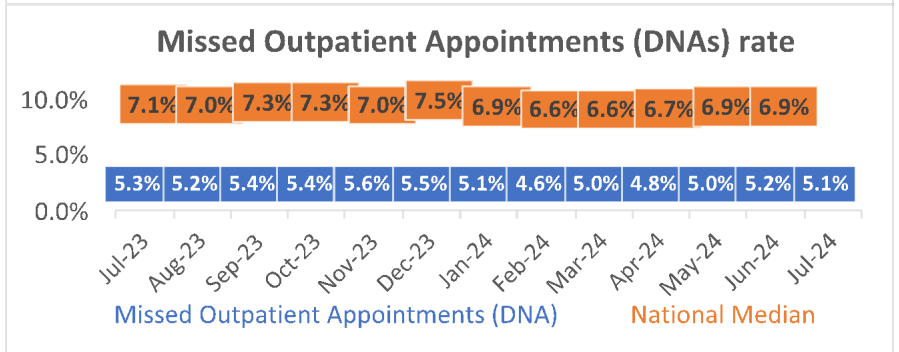
The bullet charts above compare our activity for April through July to our submitted plan for 24/25. Jul-24 data is currently showing that we are below plan for OPA New, and above plan for OPA with a procedure and total Day Case and EL IP activity. We delivered more follow-up appointments than we said we would.

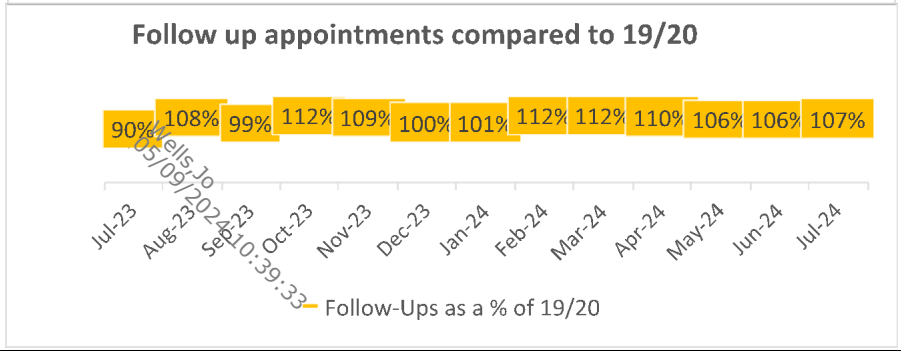
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

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. Performance in Patient Initiated Follow Up (PIFU) is 5.0% in Jul-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 Jul-24 was 5.1% and remains below the national median benchmarking though at a specialty level there is some variation.

Actions

- Outpatient Programme refresh underway within Chief Operating Officer team
- Continued rollout and update in Patient Initiated Follow Up (PIFU) using new national toolkit – focussing on ENT, Oral and Maxillofacial surgery and Respiratory. Specific scheme support PIFU in Cardiology hot clinic activity
- Review of digital systems to support patient monitoring as part of remote monitoring schemes to enable increased PIFU
- DNA audit complete – final report in draft
- Focus on reducing hospital cancellations – deepdive underway due to report September 2024 via programme, with actions to feed into Outpatients Programme
- Review of GIRFT Further Faster checklists to ensure actions embedded sustainable and any other actions required
- Reviw of all clinical templates to reduce unwarranted variation within specialties. National benchmarking exercise underway via GIRFT programme.
- Outpatient Room Booking system rollout commenced – successful pilot completed, with recruitment underway. Rollout expected end of Q3.
- Review of outpatient model to commence in Q3 – as part of outpatient programme phase 2.
- Optimising treatment options through outpatient setting.
- Continued focus on waiting list validation, with rollout for non-RTT patients planned in Q2. Over 90% of patients on RTT waiting list validated within last 12 weeks.
- Focus on non-RTT backlog including overdue follow-up and patients on active monitoring.

Risks

- Clinical engagement
- Lack of single management model for outpatients impact of sustainable adoption of standard work.
- Unknown impact of General Practice Collective action
- Capacity to implement changes alongside day-to-day operational delivery
- Balance between Advice & guidance response and outpatient appointment activity – impact on waiting times and financial impact
- 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 returns to above 5%. **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 Jul-24 shows that we delivered 7% more follows up compared to Jul-19 (~2,700 appointments).

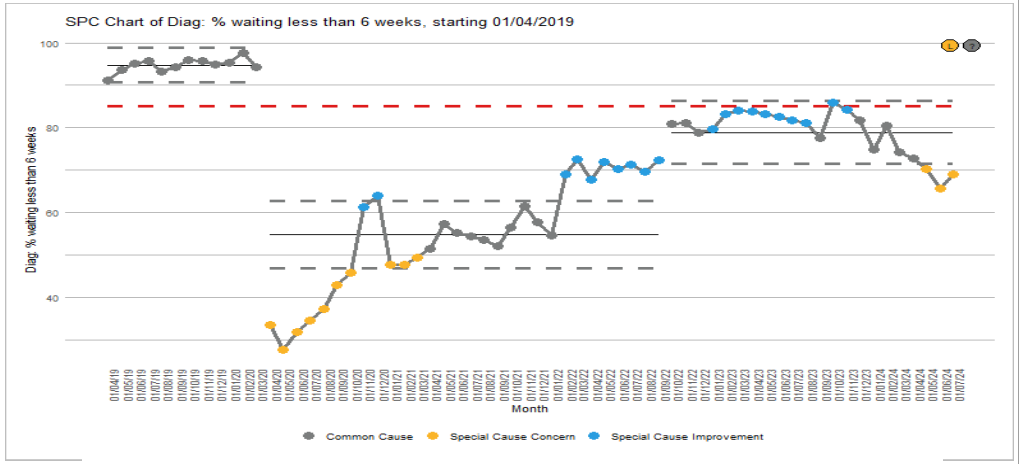
OUR OPERATIONAL PERFORMANCE – DIAGNOSTIC TESTING (DM01)

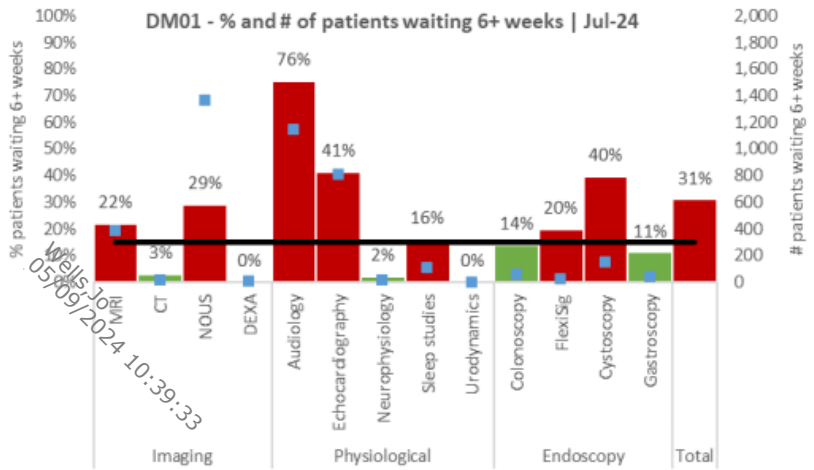
We are driving this measure because

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 submitted performance at the end of Jul-24 was 69% of our patients waiting less than 6 weeks (31% over 6 weeks) with 4,081 of them waiting over 6 weeks, of whom 1,249 were waiting over 13 weeks. The deterioration in performance observed in the last few months can be attributed to 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 plan in place ahead of implementation of endoscopy support worker workforce plan however this is being offset with increase in demand. Further analysis being completed to understand referral patterns / changes.

Audiology Assessments

Recovery Trajectory and action plan in in place with ICB support. Trajectory to eliminate 13 week waits in Q2.

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 because 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. Imaging Strategy in development – expected Q3.

Urology (Cystoscopy)

- Increased capacity planned as part of Urology Intervention Unit business case. Implementation programme for UIU supported by Cancer Improvement Director.
- UIU launched 1 August, with, with full capacity expected September 2024, which will support cystoscopy recovery
- Phase 2 sustainable service delivery model being scoped to reduce reliance on additional short-term, high cost capacity

Sleep Studies

- Impacted by year-on-year increase in referrals
- Case set out for additional respiratory physiology staff – planned July 2024. following completion of demand and capacity
- Introduction of PIFU to sleep services to support capacity for sleep studies.

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 69% is special cause concern; the third time since re-baselining the data. The second chart shows e.g. that 76% of Audiology's waiting list is waiting > 6 weeks and this is 1,145 patients (the blue square).

OUR QUALITY & SAFETY

Dr Jules Walton

Joint Chief Medical Officer

Dr Julian Berlet

Joint Chief Medical Officer

Sarah Shingler

Chief Nursing Officer

We remain within expected range with Mortality Indices and continue to monitor these through our Deteriorating Patient, Resuscitation, End of Life and Mortality Studies (DREAMS) group on a monthly basis.

Antimicrobial Stewardship overall compliance was unchanged in Jul-24 (90.12%) and achieved the target, so continues to support our Infection Prevention and Control strategy.

Despite ongoing work by our teams, we are still seeing challenges in the delivery of sepsis screening performance and time to theatre for our patients sustaining neck of femur fractures. Given this, we are reviewing our approach to both of these areas as new actions are clearly required in order to gain the improvements that we wish for our patients.

The targets for 24/25 remain unpublished, however it is noted that in July 24 Klebsiella decreased compared to June although is still showing special cause variation of concern, whereas MRSA was unchanged and there were no cases of pseudomonas in July 24. Both CDiff and MSSA increased in July 24. The number of Covid and CPE outbreaks have reduced throughout July 24 and continue to be effectively managed with bay and ward closures. 10 of the 11 high impact intervention audits were compliant in July 24.

The complaint compliance target to close within 25 days decreased in July 24 to 50.2% therefore not meeting the target. The Trust had a slightly reduced number of complaints still open at the end of July 24 (139 from 148), and there were 72 new formal complaints received with an increase to 41.8% of complainants being called within 5 days to discuss the complaint. Of the 139 open complaints, 60 have breached 25 days, of which 53 are within the surgery division. There are new specific actions regarding the complaints process within the Surgical Division in place which has already seen a reduction of breached complaints from 76 in June 24 to 53 in July 24.

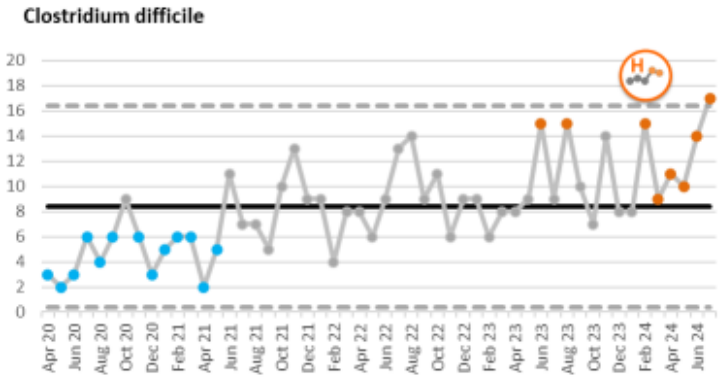
The total number of falls in July 24 has decreased significantly (from 128 in June 24 to 93 in July 24) and remains below the national benchmark with 3.67 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in July 24, however there were 4 falls with moderate harm reported. The total number of HAPUs in July 24 increased to 37 (1.33 HAPU per 1,000 bed days). There were zero HAPUs causing harm in July 24, and the overall staff PUP training compliance has increased again this month to 85.56%. There is a new monthly Divisional TV Improvement Group where any themes and trends will be identified and learning from these reviews will be taken to reduce the number of HAPU in coming months.

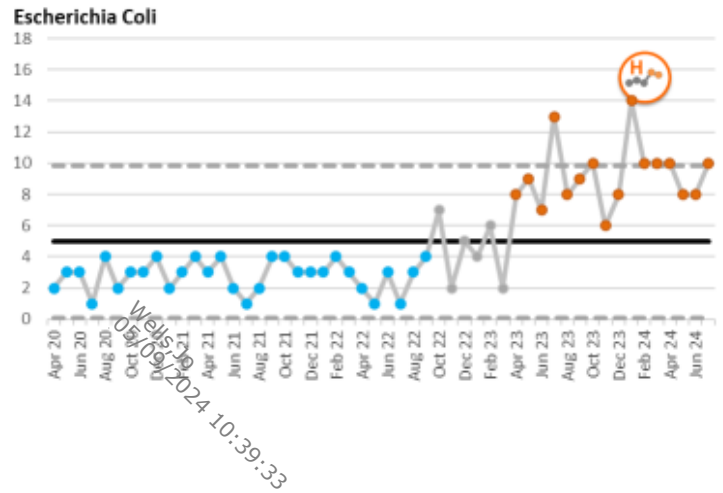
The friends and family response rates and recommended rates have failed to meet the recommended target (95%) across, outpatients, A&E and Maternity in July 24 however, there has been an increase for A&E and inpatients. Patient Experience Lead Nurse and Quality Matron continue to monitor and review the use of FFT throughout QAV visits and Ward Accreditation processes. The use of posters and text messaging continue to be utilised to meet the needs of population age group. All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count. Following the new informatics dashboard being in place in July 24, showing any common themes or trends, there is also a new FFT card being launched in August 2024 for both inpatient and outpatient areas to facilitate easier submission of this feedback.

OUR QUALITY & SAFETY – INFECTION PREVENT AND CONTROL

We are driving this measure because

There is a need to embed our current infection prevention and control policies and practices to achieve a sustained reduction in HCAIs in line with national targets. Scrutiny and learning ensure clinical teams take action to address issues identified as contributing to HCAI cases. Cleanliness standards are routinely monitored as a key outcome measure together with scrutiny of ongoing care of all invasive devices.





Performance and Actions

Note: 2024/25 national targets for reduction of key HCAI infections have not yet been published.

- C.Diff increased in Jul-24 (17) compared to Jun-24 (14) and is showing special variation of concern.
- E-Coli increased in Jul-24 (10) compared to Jun-24 (8) and is showing special variation of concern.
- Klebsiella dropped in Jul-24 (4) compared to Jun-24 (5) and is showing common cause variation.
- MSSA increased in Jul-24 (5) compared to Jun-24 (3) and is showing common cause variation.
- Pseudomonas dropped in Jul-24 (0) compared to Jun-24 (1) and is showing common cause variation.
- MRSA was unchanged in Jul-24 (0) and is showing common cause variation.
- Hand Hygiene Compliance has exceeded the target for the (98%) for the past 2 years 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.
- Ten of the High Impact Intervention (HII) audits were compliant in Jul-24, with four being 100% compliant .
- One HII did not show any audits completed in Jul-24 (Prevent ventilator associated pneumonia)

Actions

- Audit reviews are undertaken for all BSI/HCAI cases, results are fed back to clinical teams together with action plans. Progress is monitored routinely at Scrutiny & Learning meetings
- All HCAIs are routinely discussed and actions agreed at weekly IPC/microbiology meetings
- Antimicrobial stewardship audits and C. difficile ward rounds are undertaken as a key measure in supporting reduction of HCAIs

Risks

Capacity: Outbreaks of infection result in bed / bay and ward closures to limit spread and impacting capacity and patient flow; high level of bedpan washer failures at WRH impact ability to undertake high level disinfection of bedpans and other items. Measures in place to replace with macerators in a planned programme following evaluation.

What the charts tell us

- C.Diff has increased for the last 2 months and is showing special variation of concern for the last 6 months.
- E.Coli is now showing special variation of concern for the last 16 months.

Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (Latest data May-24, accessed 16/08/2024)

C. Difficile – Out of 23 Acute Trusts in the Midlands (range 0 to 40.6), 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 8.7 to 35.9), our Trust sits the 18 th best and is **below** the England rate, but **above** the Midlands rate.

MSSA – Out of 23 Acute Trusts in the Midlands (range 0 to 15.3), our Trust sits the 18 th best and is **above** both the Midlands and England rates.

MRSA – Out of the 23 Acute Trusts in the Midlands (range 0 to 3.8), our Trust sits 15 th best and is **below** the England rate, but **above** the Midlands rate.

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

Area	Count	Per 100,000 bed days
England	7,690	21.4
Midlands NHS Region (Pre ICB)	1,493	22.0
Worcestershire Acute Hospitals	95	34.2

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

Area	Count	Per 100,000 bed days
England	8,200	22.8
Midlands NHS Region (Pre ICB)	1,412	20.8
Worcestershire Acute Hospitals	60	21.6

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

Area	Count	Per 100,000 bed days
England	3,901	10.8
Midlands NHS Region (Pre ICB)	623	9.2
Worcestershire Acute Hospitals	31	11.2

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

Area	Count	Per 100,000 bed days
England	586	1.6
Midlands NHS Region (Pre ICB)	71	1.0
Worcestershire Acute Hospitals	3	1.1

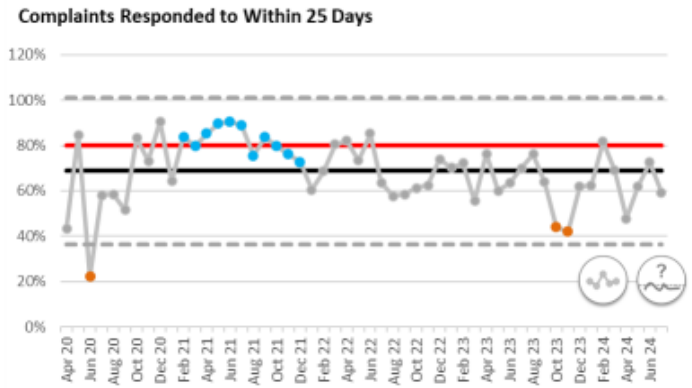
OUR QUALITY & SAFETY – COMPLAINTS

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 72 new formal complaints received within Jul-24 with 23 (41.8%[1]) called within 5 days to discuss the complaint.
- The Trust had 139 complaints still open at the end of Jul, of which 25 have been reopened.
- Of these 139 complaints, 60 have breached 25 days (12 of which have been reopened)



- The Surgery Division accounts for 74 (53.2%) of all open complaints and 53 (81.7%) of those that have already breached 25 days (9 of which have been reopened).
- Compliance with complaints closed within 25 days dropped to 59.2% in Jul-24 and did not meet the target.

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 declined this month, and breaches have increased significantly again; without improvement breaches are projected to accrue into a backlog of circa 100 cases by mid Q3; this year's current trajectory matches the steady increase in breaches over 2023.
- It will not be possible to achieve the KPI until Surgery breaches are reduced to a manageable level (circa 10 or fewer) continuously.
- The Surgical Division has this month recruited a temporary member of staff for 6 months to oversee and track open complaints, as well as introducing new internal email templates setting out expectations and timescales based on previous successful usage in SCSD. At the time of reporting, Surgical Breaches are reducing again.
- Complaints Manager is 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 metric still shows common cause variation and performance continues to fluctuate. The SPC chart indicates that more robust processes and / or increased focus / capacity would enable us to meet the target consistently as the target is within the control limits.

OUR QUALITY & SAFETY – IMPROVE DELIVERY IN RESPECT OF THE SEPSIS SIX BUNDLE

We are driving this measure because

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

Performance

- In Jul-24, after exclusions were applied, there were 1,647 observations with a NEWS2>=5[a] of which 383 (23.25%) had a SEPSIS pathway document completed.
- Of the 200 diagnosed as Septic, 39 (19.5%) had the complete SEPSIS 6 bundle completed in 1 hour.
- Of the individual bundle elements, Oxygen had the highest compliance (46.50%), and Antibiotics had the lowest (33.50%).

- 63 SEPSIS audits were completed on the previous GAP audit system in Jul-24.
- Of these 44 required screening, and 24 (54.5%) had been completed.
- Of those screened 20 were diagnosed Septic, and 17 (85%) had the SEPSIS bundle completed within 1 hour.

- Unfortunately, the new questions which were released on the Vital Signs document, and were meant to help with compliance reporting, are still not being completed regularly.

Could this elevated NEWS2 score be due to infection?

Completed	May-24	Jun-24	Jul-24
Specialty Medicine	4.4%	9.1%	8.3%
Surgical	3.0%	2.5%	4.8%
Urgent Care	2.0%	2.6%	4.0%
SCSD	8.0%	9.4%	10.2%
Trust	**3.4%**	**5.2%**	**6.1%**

- Further reports have been published to WREN, providing a SEPSIS compliance ward breakdown, and a user configurable patient list.

Actions

- Sepsis data/WREN/EPR follow up meeting held 26th July – further actions identified.
- Further Sepsis workshop booked for September
- Additional procedural documents being developed for wards.
- Training under review
- Laurel 2 and 3 running paper audit in parallel to EPR for assurance purposes.

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

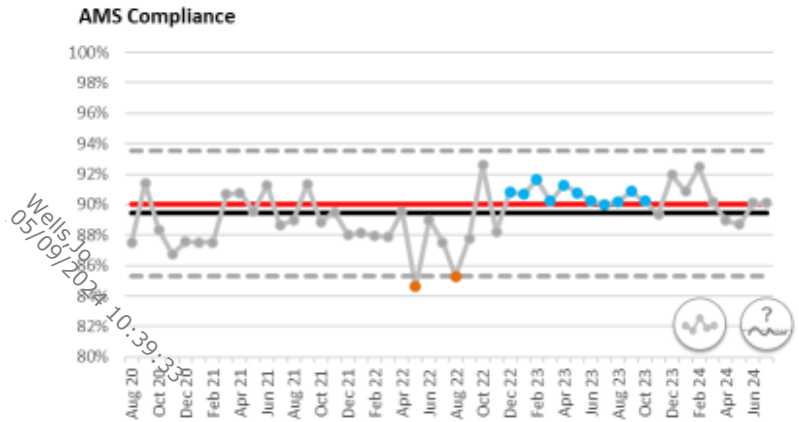
OUR QUALITY & SAFETY – ANTIMICROBIAL STEWARDSHIP

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

- A total of 370 audits were submitted in Jul-24, compared to 305 in Jul-24.
- Antimicrobial Stewardship overall compliance was unchanged in Jul-24 (90.12%) and achieved the target.
- Four of the elements are compliant with the target:
  - "Reviewed Within 72 hours" (92.48%)
  - "Test Results Been Reviewed" (97.82%)
  - "Antibiotics In Line with Guidance" (92.28%)
  - "Documented on the Drug Chart" (97.43%)
- Four of the elements are non-compliant with the target:
  - "Drug Allergy Status" (82.7%)
  - "Duration of Antimicrobial" (80.79%)
  - "Appropriate Tests Requested" (89.11%)
  - "Duration of IV" (86.34%)



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.
- C diff strategic action plan has been devised to help inform divisional action plans to reduce cases where antibiotics may be implicated. Commenced antimicrobial ward rounds- C diff patients actively being reviewed during these ward rounds.
- 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. Achieved 12.03% in Q1. 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).
- Antimicrobial Stewardship meetings took place as planned - Medical industrial plans meant that some ward-based staff were unable to attend. Continuing to encourage wider stakeholder engagement.
- Engaging with the ePMA team to ensure the system can support antimicrobial stewardship including documentation of allergies, length of course and compliance with guidance. Reviewing the antimicrobials which require closer monitoring.
- Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines. Completed highlight report to inform the ICB AMS strategy regarding local priorities.

Risks

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

What the charts tell us

This metric has shown common cause variation for the last 9 months.

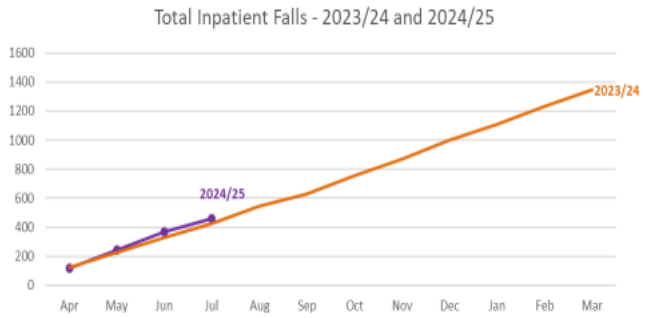
OUR QUALITY & SAFETY – FALLS

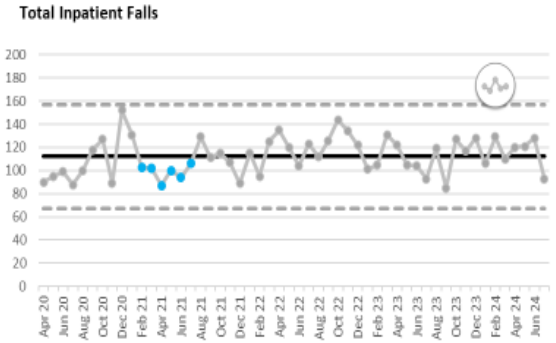
We are driving this measure because

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

Total Inpatient Falls

- The total monthly number of falls dropped significantly in Jul-24 to 93 (c.f. 128 in Jun-24)
- The year to date total falls is 462.





- Trustwide we remained below the national benchmark in July with 3.67 Total Falls per 1,000 bed days (national benchmark 6.63).
- Divisionally, SCSD were outliers in Jul-24 with 7.15 falls per 1,000 bed days. Other Divisions remained below the national benchmark.

	Apr 2024	May 2024	Jun 2024	Jul 2024
Specialised Clinical Services	5.94	4.78	6.12	7.15
Specialty Medicine	4.82	6.19	6.48	4.11
Surgery	4.37	2.76	4.18	3.19
Urgent Care	4.90	4.24	5.20	3.87
Women & Children	0.00	0.00	0.00	0.00

Inpatient falls resulting in moderate or severe harm

- There were 4 falls with moderate injury and 0 falls with severe injury in Jul-24.

Performance and Actions

Performance

- 100% eligible wards participated in the #EndPJParalysis audit in July.
- 90.46% of patient activity was recorded through the app.
- 12 inpatient areas had no falls in July (Aconbury 3, Alex Marlow Unit, Beech B, Beech C, Coronary Care Unit ALX, Surgical High care, T&O side B, Vascular Enhanced Care Unit, Ward 1 KTC, Ward 6, Ward 17, Ward 18).
- Trauma wards at WRH have focused on falls education.
- MSSU WRH have implemented "stay in the bay" tabards to identify staff allocated to do enhanced observations on high falls risk patients. A&E WRH are looking into adopting this.
- Divisions using new PSIRF process to identify opportunities for new learning and improvement.

Actions

- Continue to monitor all falls, including falls with harm weekly, identifying hotspot areas where quality improvement projects (QIP) may be required.
- Weekly check and challenge meetings with Senior Nurse Division Representatives, Falls Lead and DCNO for all moderate and severe harm falls and +3 falls in one week.

Risks

5470: Delayed Access to Flat Lifting Equipment (Hoverjack) Impacting Patient Outcomes
There is an increased risk of complications such as secondary injuries or prolonged pain and discomfort if access to flat lifting equipment is delayed. This delay may impact overall patient outcomes, hindering the hospital's ability to deliver timely and effective care to individuals with suspected fractures. Mitigation plans are in place while delivery of equipment is pending. New Flojac procurement process completed – awaiting CNO approval of DAF.

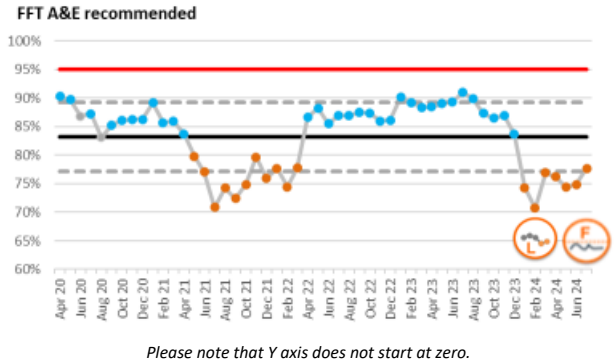
What the charts tell us

The total number of Inpatient falls is above the same time last year but is still showing common cause variation.

OUR QUALITY & SAFETY – FRIENDS AND FAMILY TEST

We are driving this measure because

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



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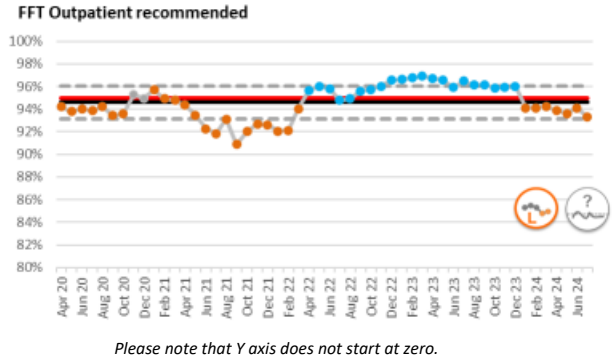


Please note that Y axis does not start at zero.

Performance

- Overall, FFT recommended rates in Jul-24 have increased for A&E (77.7% - up 2.8%) and Inpatients (94.6% - up 0.3%), whilst decreasing for Maternity (88% - down 4.6%) and Outpatients (93.3% - down 0.8%).

- Inpatients has failed to reach the recommended target for the last 7 months, having previously been compliant every month since Feb-21.
- Outpatients has failed to reach the recommended target for the last 7 months, having previously been compliant every month since Aug-22.
- Although A&E have never met the recommended target, they had been above 80% since Apr-22 until the last 7 months.
- Maternity achieved the recommended target for 3 of the last 7 months.

Wells Jo
05/09/2024 10:39:33

Actions

FFT continually reviewed as part of QAV & Ward Accreditation evidence portfolios. Wards do appear to have a system in place for obtaining feedback – encouraged to promote posters and a designated area on the ward so patients / carers can have easy access to provide feedback.
A new informatics dashboard is now in place to indicate where there are common themes and trends within divisions (communication, discharge, waiting etc) this aligns to the inpatient survey so divisions can see where there is positive feedback and where improvements are required. Governance managers, DDN's, matrons and ward managers have been offered a training session for this. It shows 'live' and benchmarking FFT overviews.
Unannounced visits to be planned to WRH & Alex regarding FFT availability and process for completion.
Issues raised via internal matron meetings and via ward / governance meetings – wards encouraged to visually show percentage rates per month.
Internal communications to be released in August with regards to the new FFT 2024 card – this can be used across any inpatient outpatient setting where adults are seen. There is one collective number to make submission easier and sharing of cards with different numbers to cease.
Maternity Lead for Patient experience is looking at themes and trends within the division and how we eliminate manual entry via Badgernet.
The new Intranet 'Source' has been launched in July 2024 and access to FFT still remains insitue so there should be no reported issues with access in order to input.
There is a delay in the NHS publication of the National FFT data for May & June this has been identified and chased by the informatics team for benchmarking purposes.
Continual encouragement for feedback is made with divisions and staff as well as promoting the issue of posters and materials to make access easy for completion

Risks

A&E moved to the new Worcester site in October 23 – potential for FFT feedback percentages reduction/increase –continues to be monitored on a monthly basis
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.

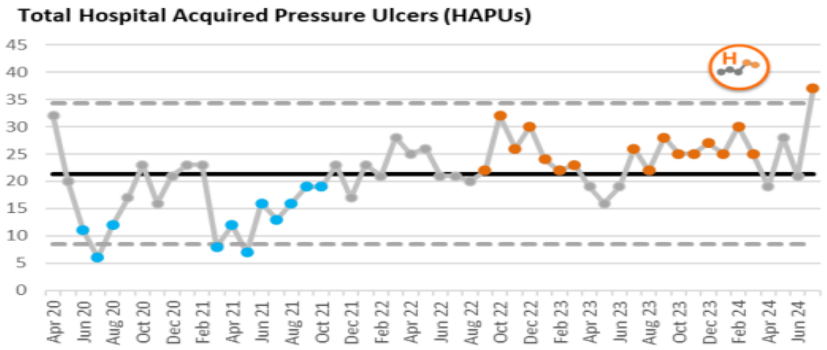
What the charts tell us

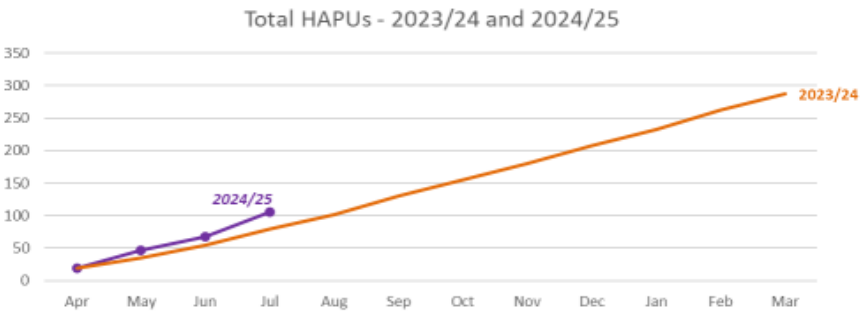
IP, Outpatient and A&E response rates are showing special cause variation of improvement.
Maternity response rate is showing common cause variation.

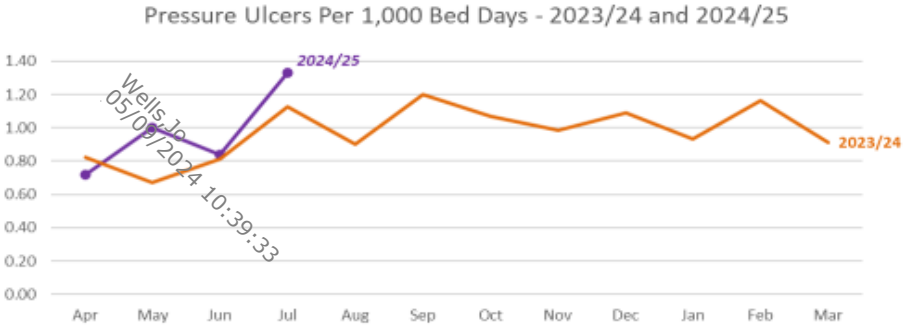
OUR QUALITY & SAFETY – PRESSURE ULCERS

We are driving this measure because

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







Performance and Actions

Total HAPU's

- The number of HAPUs dropped increased in Jul-24 to 37 (21 in Jun), bringing the current total for 2024/25 to 105.
- The total is above the same time last year (80). ***Note an increase of beds on both sites compared to 2023/24 ***
- Total HAPUs per 1,000 bed days rose in Jul-24 to 1.33 (0.84 in Jun)
- Total HAPUs as a % of Emergency Admissions increased to 1.08% in Jul-24 (from 0.61% in Jun)

HAPU's causing Harm

- There were zero HAPUs causing harm in Jul-24 .
- This leaves the total HAPUs causing harm unchanged for 2024/25 at 1.
- 0 New SBAR investigations for July

Actions - Staff PUP training completed : June 24 = overall 83.11% (3129 out of 3765 staff)
July 24 = overall 85.56% (3223 out of 3767 staff)

- Continue to support divisions with Educational Training programmes training for all health professional : PUP , Care certificate, Clinical advisors delivering training to ward areas.
- TV Gap Audit completed for to audit ED Skin bundle documentation on both sites : informatics collating
- SBARS ; forwarded to DDNs who's areas are involved in moderate HAPUs for notification
- Weekly Check & Challenge meeting with DCNO , DDNs , Matrons ,ward managers.

➢ **New monthly divisional TV improvement Group Feedback**

Division	Identified Themes & Trends	Learning
Specialty Medicine	Improve PUP training Compliance	Ward Managers to review
	Delay in offloading Heels	Communication in safety huddles
	Delay in PURAT completion on transfer to ward	Communicate at staff meetings /safety huddles
	Ensure accurate weight recorded	Weighing PAT slide ordered to support
Surgery	Gaps in Ski Maps being completed	body maps Completion on transfer & admission
	Dietician referrals	Ensure completed for those vulnerable patients with wounds in timely manner.
	Persist with repositioning encouragement for those reluctant patients due to pain	To ensure adequate pain relief is prescribed to support reg repositioning
Urgent Care	Skin map inaccuracy	Categorisation training with TV team
	Lack of documented repositioning	TV Lead working in dept to support
	Gaps in skin bundle completion	Ward manager completing Skin bundle Audits

Risks

- 5306 (Risk score 10) TV SSKIN bundles not being completed adequately / accurately: raised with EPR team, unable to support with mandatory fields until phase 3.
- 4571:If patients are inappropriately referred for assessment this may delay specialist input for complex patients leading to serious harm .
- 5003:(Risk score 10) Due to increased patient acuity and vacancies in team timely reviews will be impacted.
- 5173 (Risk score 10)TV documentation on sunrise EPR , increased risk of staff inability to document safe care

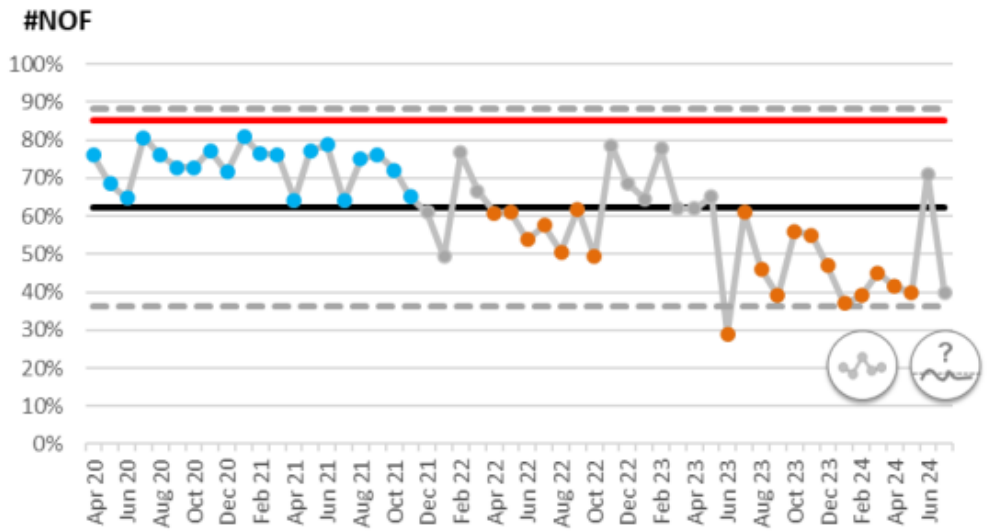
What the charts tell us

Total Hospital Acquired Pressure Ulcers is showing special cause variation of concern

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

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 Jun-23 to May-24 was 13.14% for the diagnostic group #NOF (in-hospital 6.03% & Out of hospital 7.10%)[1]
- This is the 14th lowest (of 21 Midland Acute Trusts), with the figures ranging from 9.17% to 24.24%.[1]
- The ALOS for #NOF patients in the period Jun-23 to May-24 was 12.79 days.
- This is the second lowest ALOS amongst Midland Acute Trusts during this period.[1]

[1] *Source: HED, accessed 16/08/2024*

Performance and Actions

- The #NOF target (36 hours) has not been achieved since Mar-20.
- There were 63 (BPT) and 72 (All) #NOF Admissions in Jul-24.
- There were a total of 38 (BPT) and 43(All) breaches in Jul-24.
- The primary reasons for BPT breaches in Apr-24 were theatre capacity (65.8%) and medically unfit patients(15.8%).
- The average time to theatre was 48.4 hours (BPT) and 52.9 hours.

- During July there were more complex patients requiring medical optimizing, which delayed them going for surgery, or requiring complex surgery which meant waiting for specialized equipment, implants, and certain surgeons to perform the surgery.

Actions

- Ongoing action plan monitored weekly through MDT Trauma Improvement group

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 is currently showing common cause variation.
- In terms of assurance, it is still showing that whether the target will be met is due to random variation.

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

The funded establishment has increased by 1.08 wte this month in Specialty Medicine. Our vacancy rate has reduced in July from 9.28% (678.52 wte vacancies) to 9.19% (672.60 wte vacancies) which although above the Trust target of 7.5%, still compares favourably to a vacancy rate of 11.60% in July last year.

Agency spend remains our biggest challenge despite increased substantive staff in post. There has been a increase of 25 wte agency worked and a reduction of 7 wte bank worked. Our total hours worked is 7344 wte which is 450 wte higher than July last year partly due to staffing for additional capacity and reduced sickness. The increase from last month will be partly due to an extra day in the month. We have used 28 wte worked above our funded establishment primarily due to unfunded capacity. This is however, improved from last month.

We have 132 wte worked over establishment in Specialty Medicine which is linked to additional winter wards. We are 51 wte worked over establishment in Urgent care for reasons including escalation areas and specialing, and 42 wte worked over establishment in Surgery. Cover for sickness will have had some impact.

Agency spend has increased by 0.7% to 8.6% of gross cost, against our target of 6%. Urgent Care remains an outlier with Agency spend being 24.29% of gross cost. Surgery and SCSD have increased their gency spend % this month, but all other divisions have reduced. Divisions continue to work hard to reduce Agency spend but this has been impacted by Level 4 escalation in Urgent Care. Our agency spend as a % of gross cost is 0.66% lower than the same period last year despite the landscape of having unfunded capacity.

Our annual staff turnover has continued to meet our target of 11.5% and has reduced again by 0.09% to 10.41% this month which benchmarks well against other Trusts.

Monthly sickness absence increased by 0.27% in month to 5.53% which is 0.06% worse than last year. The majority of divisions have had a reduction in sickness absence this month, with the exception of SCSD, Surgery and Women and Childrens where there was an increase. Digital and Corporate are the only divisions that meet the group target of 4%. Absence due to Stress continues to be a concern, particularly in Women and Childrens' with 40.42% of all absence being cited as stress/anxiety.

Consultant Job Planning has improved by 3% to 69%. All divisions are of concern with the highest compliance rate being 76% in Surgery. Urgent Care remain at a concerning 33%.

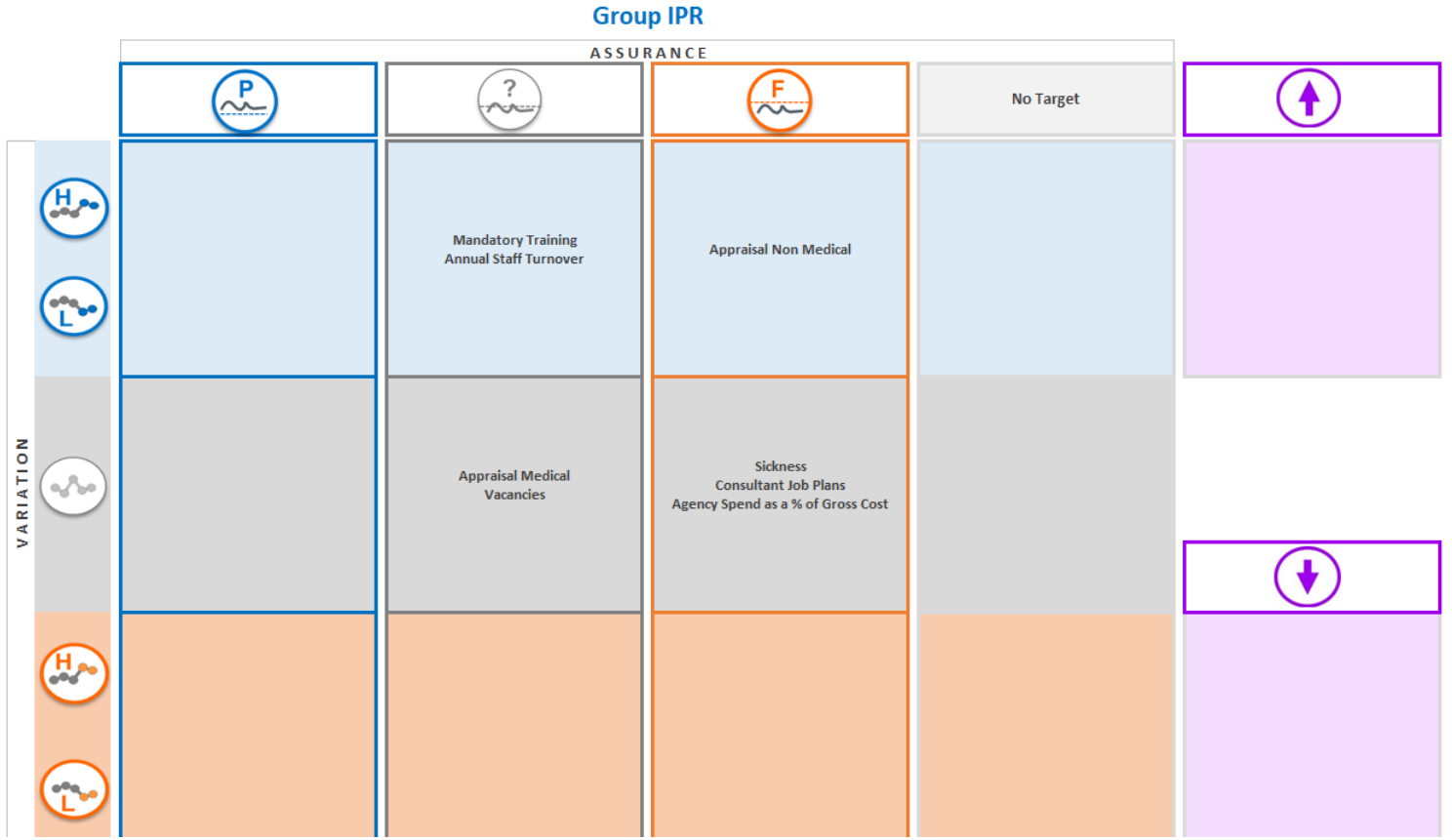
Mandatory training compliance has remained unchanged at 91% which exceeds Trust target against a Model Hospital Benchmark of 89.6%. Non-medical appraisal is below target at 81% although improved by 1%.

OUR WORKFORCE – MATRIX AND SUMMARY VIEW

We have added a Matrix and Summary View this month in line with NHS Digital Good Practice.

This shows an improving position for Mandatory Training and Staff Turnover.

Sickness, Consultant Job Plans and Agency Spend show uncontrolled variation that consistently fails to meet target and therefore are the areas to focus on.



KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Appraisal Non Medical	Jul 24	81%	90%			79%	76%	82%
Mandatory Training	Jul 24	91%	90%			89%	88%	91%
Vacancies	Jul 24	9.19%	7.50%			9.10%	7.04%	11.15%
Sickness	Jul 24	5.53%	4.00%			5.37%	4.43%	6.30%
Annual Staff Turnover	Jul 24	10.41%	11.50%			11.36%	10.69%	12.03%
Agency Spend as a % of Gross Cost	Jul 24	8.60%	6.00%			8.50%	6.19%	10.81%

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.

Jul 23	Aug 23	Sep t 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24
9.26%	10.21%	9.75%	9.39%	9.69%	8.53%	9.63%	8.44%	8.81%	8.61%	8.99%	7.89%	8.60%

Assurance

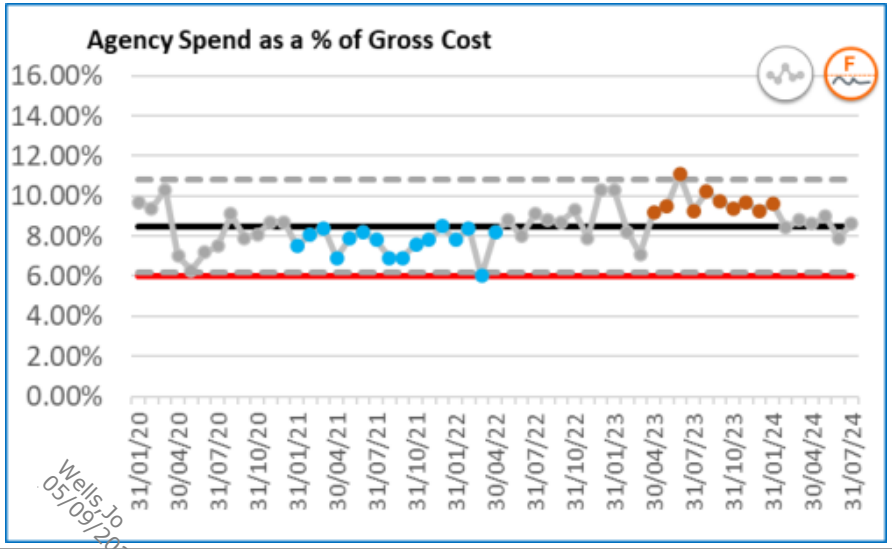
The system is expected to consistently Fail the target

Variation

Common cause – no significant change

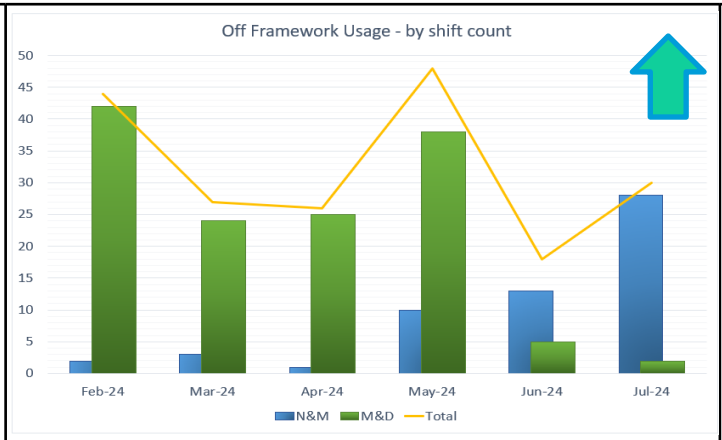
Data Quality Mark

Reasonable Assurance

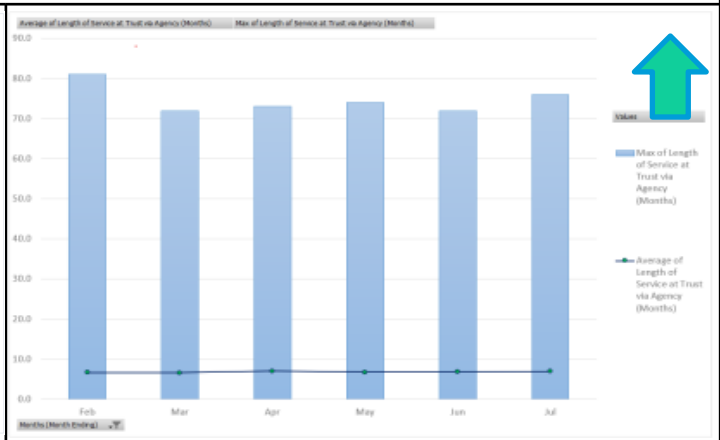


NHSP Actions in June

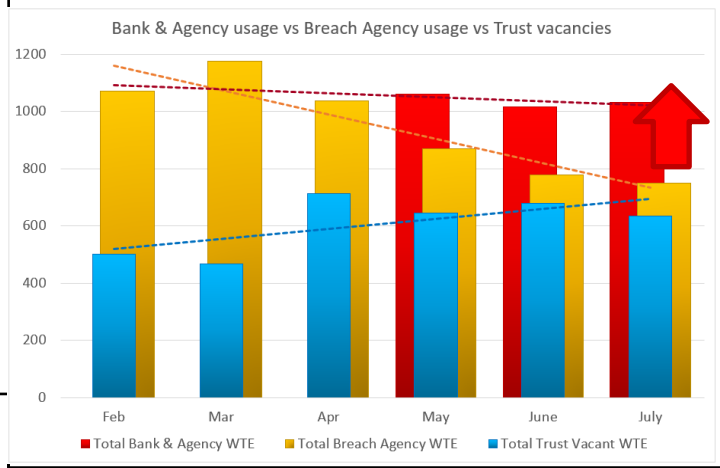
• 59 Ward walks carried out and weekly AGH and monthly KTC drop ins completed. Ward walks changed for new financial year with focus on visiting 40 highest users of NHSP. • 3 new Mandatory Maternity training modules implemented for Bank Only Midwives. Worked closely with division to book all Midwives on to courses provided by the trust. • 517 outbound calls made by shift fill team; 862 inbound calls handled. • Ongoing NTL review including removal of code from band 5's and implementing governance process for authorisation of Nurse in Charge shifts. • Attended SCSD Divisional Board meeting to present AHP paper, further working groups to now be implemented and agency migration/reduction to begin. • Managing agencies who have been displaying poor booking behaviours such as holding shifts, and removal of a key agency from workflow because of non-adherence.



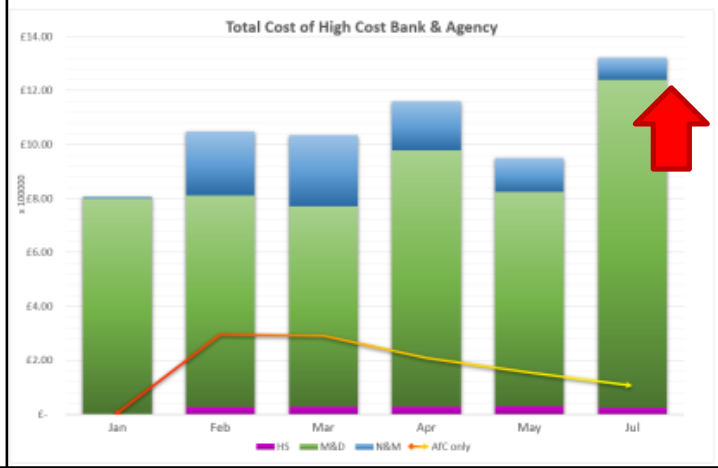
Off framework usage increased overall in July. However, this is solely within N&M, whilst M&D continues to reduce off-framework bookings.



The maximum length of service has increased slightly in July, but the average LoS has remained stable. This could be due to extended leave and will therefore need continued monitoring.



Breach agency usage at the Trust has continued to decrease steadily. However, we can see that there is a comparative increase in total bank & agency usage, which still far outstrips Trust Vacancy WTE.



Usage of high-cost workers has increased in July, Specifically within Medical & Dental. This may be in preparation for changeover at the beginning of August.

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.

Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24
11.6%	10.6%	9.5%	9.3%	8.25%	8.33%	7.6%	7.13%	7.03%	9.77%	9.32%	9.28%	9.19%

Assurance

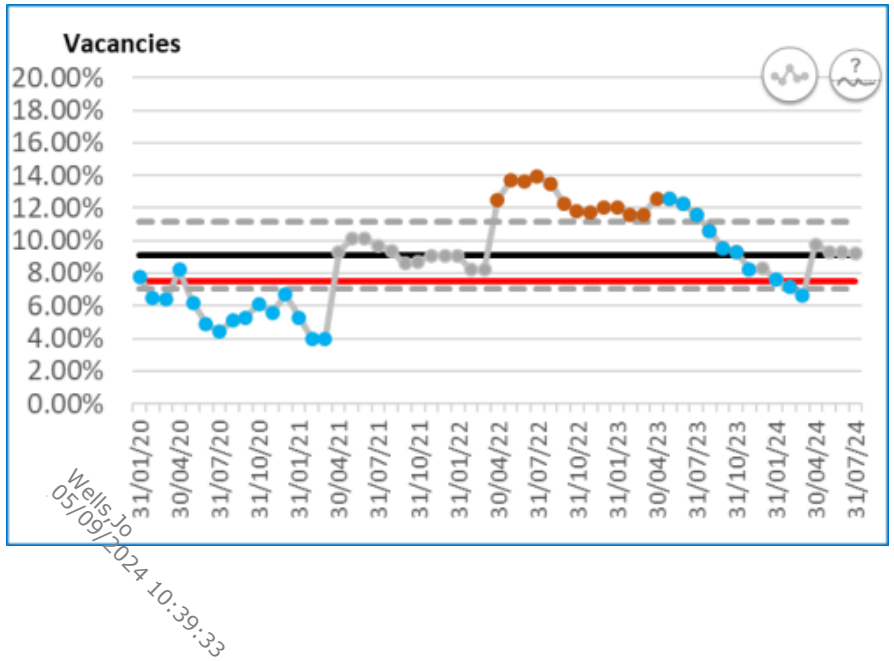
Hit and miss target - Subject to random variation

Variation

Common cause – no significant change

Data Quality Mark

Reasonable Assurance



Performance and Actions

- **Trust-wide Vacancies** Despite the increase in establishment at M1 at budget setting. However, we have continued to make inroads into this with a reduction from 9.28% to 9.19% in July (672.60 wte vacancies). This compares favourably with July last year when we had 805.51 wte vacancies (11.60%). We have 132.91wte less vacancies than last year due to successful recruitment campaigns and reduced turnover.
- **Starters and Leavers** - We have 21 more leavers than starters this month with 79 new starters processed in month (headcount) compared to 90 in July last year.
- **Healthcare Support Workers** – Our vacancy rate has increased from 9.64% to 10.44% (111.59 wte vacancies) The high numbers of vacancies are primarily due to growth in establishment at budget setting as well as turnover of 13.20 wte this month. We have been actively recruiting HCSWs throughout the year but this is not gaining traction.
- **Nursing & Midwifery** - We currently have 148.68 Nursing vacancies compared to 150.46 wte last month. We also have 20.97 wte Midwifery vacancies.
- **Allied Health Professionals** – We have 54 wte vacancies compared to 52.28 wte last month. Recruitment to this staff group is not keeping pace with leavers. We have struggled to gain traction with our AHP recruitment with only 0.52 increase in SIP this month.
- **Medical & Dental**. We have 64.34 wte consultant vacancies which is slightly better than last month We also have 56.04 wte Trainee Grade vacancies but are currently over established by 3.26 wte in career grades to fill gaps. Medical Resourcing are working with clinical directors on targeted recruitment campaigns.

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 for 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.

Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun e 24	July 24
5.5%	5.6%	5.67%	6.21%	5.98%	6.34%	6.32%	5.93%	5.75%	5.91%	5.59%	5.25%	5.53%

Assurance

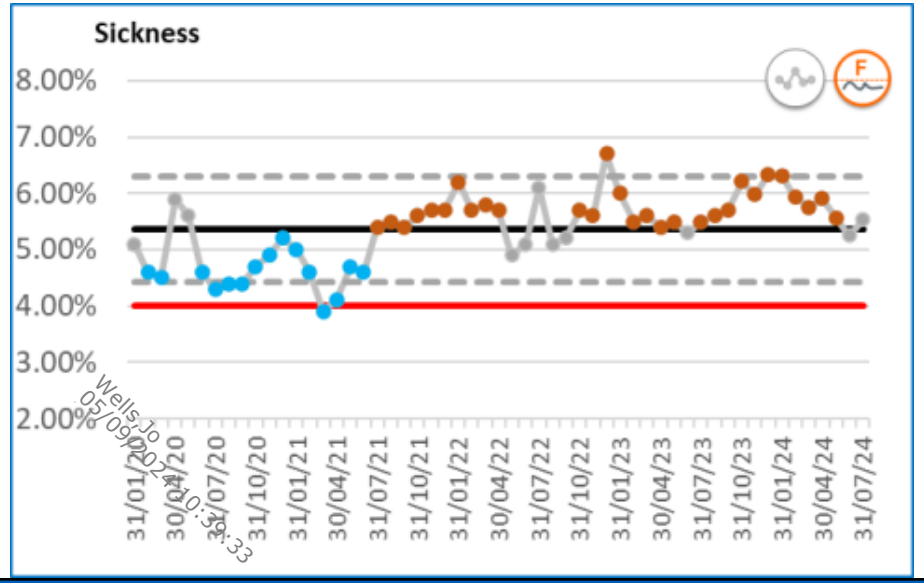
The system is expected to consistently Fail the target

Variation

Common cause – no significant change

Data Quality Mark

Reasonable Assurance



Performance and Actions

- Monthly sickness absence increased by 0.27% in month to 5.53% which is 0.06% worse than last July.
- The majority of divisions have had a reduction in sickness absence this month, with the exception of SCSD, Surgery and Women and Children's.
- Absence due to stress remains higher than pre-pandemic levels. Women and Children's have 40.42% of sickness attributed to S10 (Stress and Anxiety).
- Long term sickness has increased this month to 2.96%. Estates are extremely high at 4.72% which is a worsening position.
- Short term absence has increased by 0.07% to 2.56%. Highest rates are 2.85% in SCSD and 2.76% in Surgery.
- Our sickness % is improving in terms of benchmarking against the national position. We are still outliers in most staff groups. However, Admin and Clerical, AHPs and Medics are all performing well against peers. Scientific and Technical have deteriorated and benchmarks worse than other Trusts in July.

Sickness Absence	2024 / 07			
	Trust	Region	Country	National
Add Prof Scientific and Technic	5.84%	4.45%	3.93%	3.92%
Additional Clinical Services	8.70%	7.88%	7.26%	7.35%
Administrative and Clerical	4.08%	4.66%	4.47%	4.49%
Allied Health Professionals	3.53%	4.44%	4.23%	4.28%
Estates and Ancillary	9.06%	7.69%	7.30%	7.50%
Healthcare Scientists	4.70%	4.04%	3.69%	3.65%
Medical and Dental	1.34%	2.14%	1.97%	1.98%
Nursing and Midwifery Registered	5.93%	5.91%	5.46%	5.54%
Students	0.00%	2.62%	2.94%	2.93%

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 appears to be plateauing at about 5.5%.

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.

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

Assurance

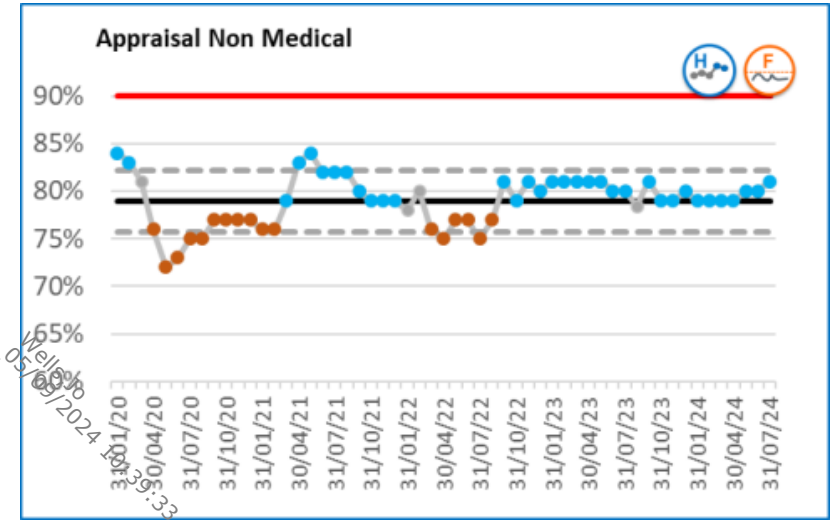
The system is expected to consistently Fail the target

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

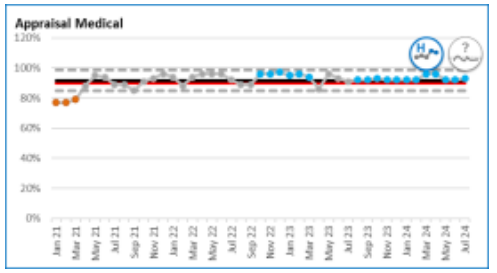
Reasonable Assurance



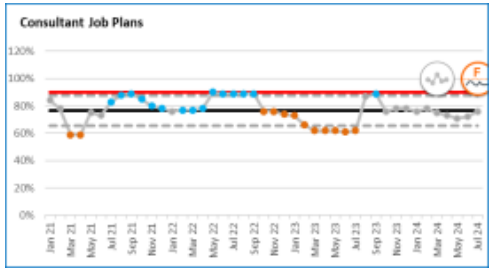
Performance and Actions

Appraisal Rate has improved by 1% to 81% against a target of 90%. Compliance is 1% higher than last year. None of the staff groups meet the target although AHP are closest at 89%. Admin and Clerical and Prof and Tech are outliers with 69% and 77% respectively although both improving slowly. Corporate are outliers with 60%. Digital have had a 9% improvement to 64%. All divisions are below 86%. 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 has dropped to 93% this month primarily due to a drop in Urgent Care to 84%. All other divisions meet target.



Consultant Job Planning has improved by 3% to 69%. Specialty Medicine are unchanged. All other divisions have Improved by between 2% and 4%.
Urgent Care are a significant outlier at 33% which requires attention. All divisions are of concern with the highest compliance rate being a poor 76% in Surgery.



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 but is significantly below target of 90%. Medical Appraisal meets target in all Divisions. Job Plans are well below target.

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.

Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24
11.9%	11.9%	11.6%	11.3%	11.12%	11.07%	11.03%	11.12%	11.29%	11.04%	10.86%	10.49%	10.41%

Assurance

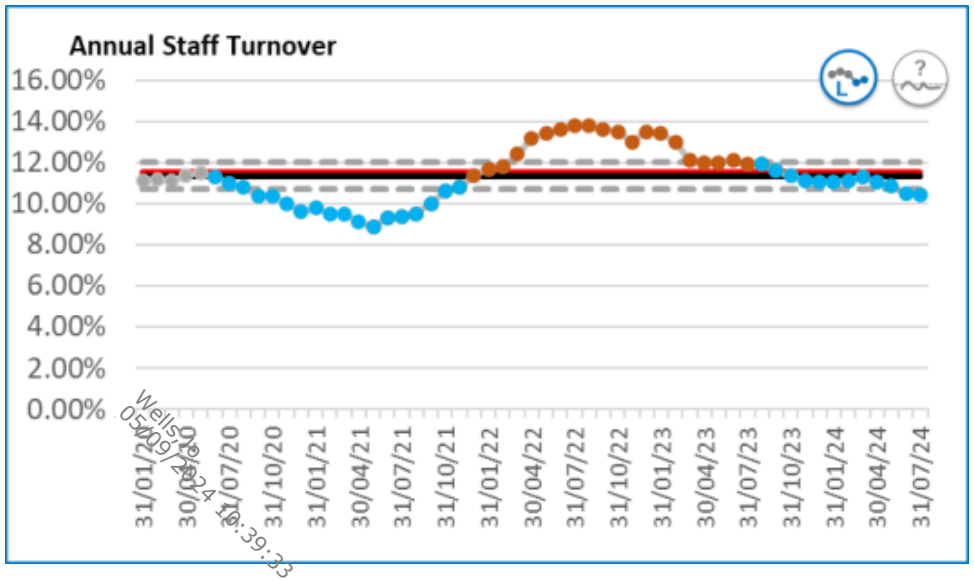
Hit and miss target - Subject to random variation

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 10.41% which is 1.69% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has also reduced by 0.28% in month and stands at 0.70%, which remains better than the Model Hospital average. We have 21 more starters than leavers.
- Estates and Facilities are outliers for monthly turnover. Urgent Care remains a significant outlier for Annual Turnover at 13.78% which his a worsening position
- The current stability rate is 91.10% which is very good.

The National Benchmark Reports from ESR show a Positive position where we are better than average For most staff groups. Estates and Ancillary Turnover Benchmarks poorly in July due to a significant increase. HCAs have shown some improvement but remain Slightly higher than the national benchmark. Our Top reasons for leaving are shown in this table with Flexible Retirement, Worklife Balance, Retirement Age, Health, and Incompatible Working Relationships of concern.

Monthly Turnover	2024 / 07			
	Trust	Region	Country	National
Add Prof Scientific and Technic	1.25%	1.55%	1.02%	1.01%
Additional Clinical Services	1.08%	0.85%	1.05%	1.06%
Administrative and Clerical	0.81%	0.83%	0.94%	0.92%
Allied Health Professionals	0.66%	0.75%	0.78%	0.78%
Estates and Ancillary	1.38%	0.72%	0.78%	0.78%
Healthcare Scientists	0.57%	0.52%	0.71%	0.69%
Medical and Dental	1.11%	1.18%	1.18%	1.18%
Nursing and Midwifery Registered	0.50%	0.56%	0.60%	0.59%
Students	0.00%	0.30%	0.30%	0.31%

Reason for Leaving	2024/07			
	Trust	Region	Country	National
Flexi Retirement	18.03%	1.96%	1.76%	1.79%
Voluntary Resignation - Relocation	11.48%	7.44%	8.66%	8.58%
Voluntary Resignation - Work Life Balance	11.48%	6.82%	6.67%	6.66%
Retirement Age	8.20%	7.44%	5.98%	6.29%
Voluntary Resignation - Health	8.20%	2.72%	2.45%	2.41%
End of Fixed Term Contract	6.56%	4.82%	8.61%	8.45%
Voluntary Resignation - Other/Not Known	6.56%	20.25%	16.31%	16.77%
Voluntary Resignation - Promotion	6.56%	4.89%	5.13%	5.09%
Dismissal - Capability	4.92%	1.17%	1.21%	1.25%
Voluntary Resignation - Child Dependants	4.92%	0.81%	0.74%	0.75%
Voluntary Resignation - Incompatible Working Relationships	4.92%	0.74%	0.70%	0.68%

Risks

AHPs have moved into Quartile 4 for Turnover on Model Hospital which is very poor. Estates and Ancillary, and Medical and Dental are Quartile 3 (Feb 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 comfortably met. We are Quartile 1 (best) on Model hospital (May 2024 data).

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

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

Assurance

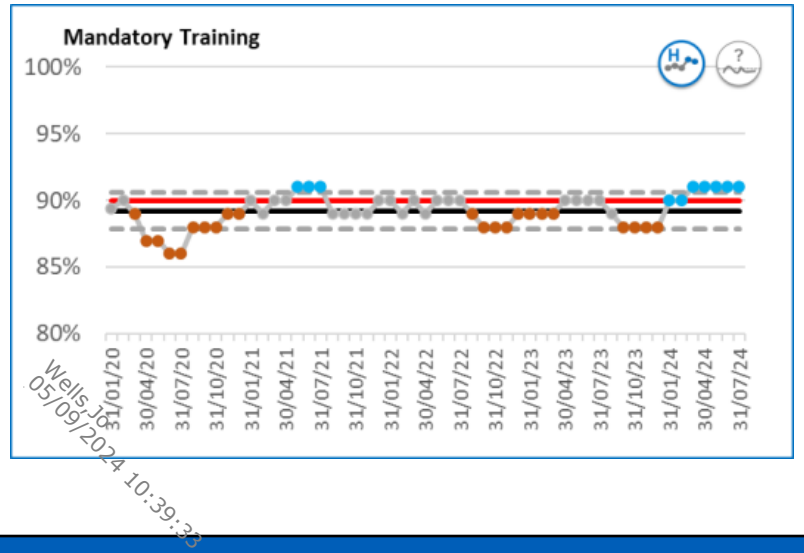
Hit and miss target subject To random variation

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 Children's and Surgery are outliers at 89% but all other divisions meet or exceed target and none have deteriorated.

Medical and Dental are now the only staff group That are below Model Hospital average and Trust target at 81%. This is impacted by Junior Doctor rotations.

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.

Mandatory Training	2024 / 07			
	Trust	Region	Country	National
Add Prof Scientific and Technic	84.34%	80.30%	76.99%	77.59%
Additional Clinical Services	89.03%	80.98%	79.44%	79.88%
Administrative and Clerical	88.56%	84.57%	80.65%	81.52%
Allied Health Professionals	92.29%	81.19%	79.13%	79.42%
Estates and Ancillary	89.33%	77.43%	75.90%	76.40%
Healthcare Scientists	89.72%	82.01%	78.32%	79.69%
Medical and Dental	74.54%	59.23%	59.61%	58.31%
Nursing and Midwifery Registered	89.05%	79.17%	76.38%	77.08%
Students	90.48%	83.87%	77.37%	77.41%

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.

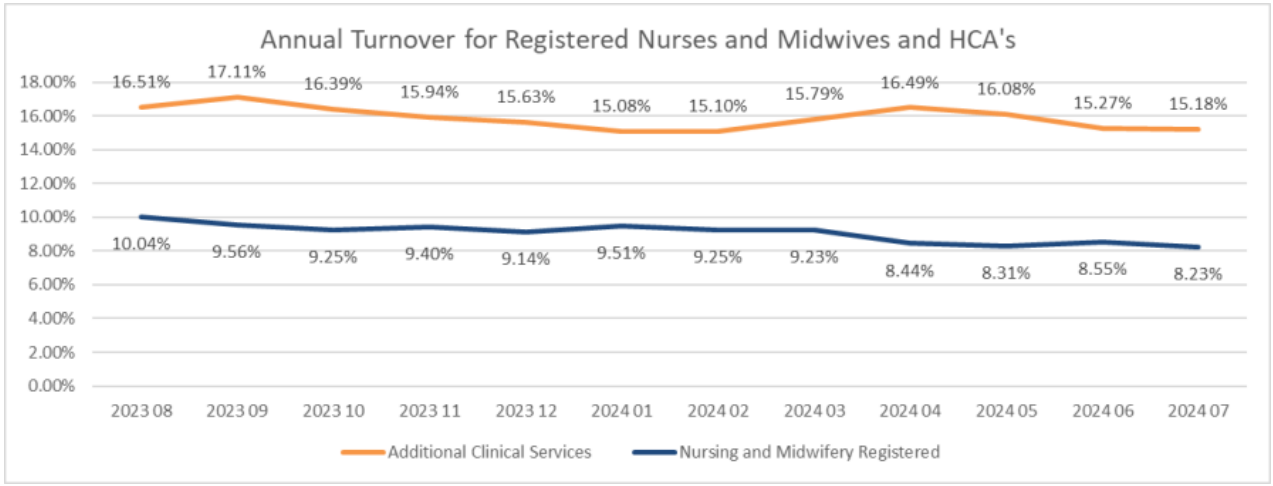
What the chart tells us:

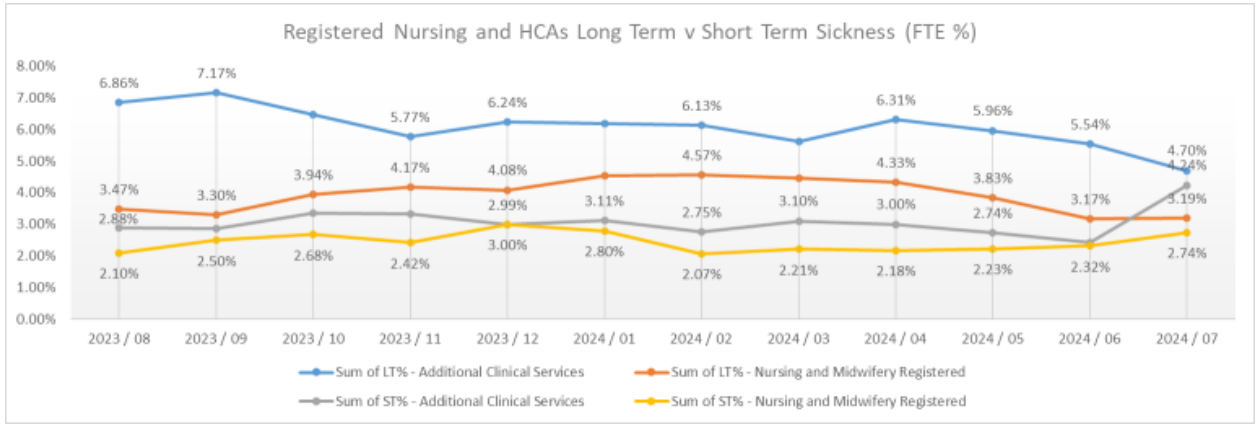
Target has been achieved again this month across the Board and we benchmark significantly better than other Trusts across the Board.

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

Sickness Absence %	Division					
Main Staff Group	SCSD	Spec med	Surgery	Urgent Care	W&C	Grand Total
Additional Clinical Services	9.96%	6.62%	9.28%	10.45%	10.17%	8.96%
Nursing and Midwifery Registered	7.26%	5.83%	5.57%	5.55%	5.09%	6.01%
Grand Total	**8.07%**	**6.10%**	**6.99%**	**7.18%**	**6.02%**	**6.93%**

Reasons for HCA and Reg N&M Sickness	SCSD	Spec Med	Surgery	Urgent Care	W&C	Grand Total
2024 / 07	34.65%	22.95%	16.99%	13.52%	11.88%	100.00%
S10 Anxiety/stress/depression/other psychiatric illnesses	6.62%	3.30%	4.69%	3.05%	4.99%	22.66%
S12 Other musculoskeletal problems	4.34%	4.53%	1.84%	1.50%	0.66%	12.87%
S25 Gastrointestinal problems	2.90%	1.40%	2.73%	1.30%	0.52%	8.86%
S13 Cold, Cough, Flu - Influenza	3.29%	2.19%	1.14%	1.06%	0.64%	8.32%
S98 Other known causes - not elsewhere classified	3.33%	2.78%	0.57%	0.52%	0.35%	7.55%
S27 Infectious diseases	2.08%	2.09%	1.00%	0.90%	0.75%	6.82%
S26 Genitourinary & gynaecological disorders	2.04%	1.34%	0.60%	1.21%	0.80%	5.99%
S11 Back Problems	1.92%	0.96%	0.97%	0.62%	0.92%	5.39%
S28 Injury, fracture	2.13%	0.80%	0.35%	0.42%	0.04%	3.74%
S30 Pregnancy related disorders	1.16%	1.51%	0.20%	0.67%	0.18%	3.72%
S15 Chest & respiratory problems	1.36%	0.24%	0.42%	0.67%	0.61%	3.29%
S21 Ear, nose, throat (ENT)	0.57%	0.35%	0.41%	0.57%	0.36%	2.26%
S19 Heart, cardiac & circulatory problems	0.32%	0.42%	0.66%	0.43%	0.10%	1.93%
S17 Benign and malignant tumours, cancers	0.22%	0.05%	0.79%	0.40%	0.19%	1.65%
S16 Headache / migraine	0.23%	0.50%	0.14%	0.12%	0.06%	1.06%
S18 Blood disorders	0.70%	0.00%	0.01%	0.00%	0.00%	0.71%
S23 Eye problems	0.28%	0.08%	0.24%	0.00%	0.00%	0.60%
S14 Asthma	0.38%	0.11%	0.01%	0.00%	0.00%	0.50%
S20 Burns, poisoning, frostbite, hypothermia	0.30%	0.18%	0.00%	0.00%	0.00%	0.47%
S24 Endocrine / glandular problems	0.01%	0.00%	0.01%	0.00%	0.42%	0.44%
S31 Skin disorders	0.01%	0.03%	0.11%	0.00%	0.29%	0.43%
S22 Dental and oral problems	0.20%	0.11%	0.07%	0.05%	0.00%	0.43%
S29 Nervous system disorders	0.27%	0.00%	0.01%	0.03%	0.01%	0.32%
Available FTE	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grand Total	**34.65%**	**22.95%**	**16.99%**	**13.52%**	**11.88%**	**100.00%**





OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2024/25

The revised plan submitted in June is a full year deficit of £57.3m. The 2024/25 plan includes £45.1m (6% of operating expenses) 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. In M3 we also updated the plan to include the impact of the Consultant Pay award which has a net nil impact to bottom line.

Income & Expenditure Performance

At the end of Month 4 we report a year to date (YTD) adverse variance of £0.5m against the revised plan. This is driven by £1.7m under performance against Elective income targets (after stripping out the pass-through drugs and devices income which is matched in non-pay expenditure) and a gap of £0.6m between income and expenditure relating to previously pass through Diabetes devices where funding is fixed. These adverse variances are partially offset by favourable variances on pay and other non-pay lines (i.e. excluding non PbR Drugs and Devices).

Patient care income is £2m favourable YTD of which £4.4m relates to Non PbR Drugs and Devices pass through income. The balance of £2.4m largely relates to under achievement of elective (ERF) activity of £1.7m and £0.2m of SR21 activity.

Employee expenses are £0.5m favourable YTD – Included adverse variances of £0.3m YTD due to additional Consultants in Urgent Care, and £0.3m of Industrial Action which are offset by favourable variances on vacancies and slippage on Business Cases

Non Pay Operating expenses are £3.2m adverse YTD – Included adverse variance of £5m on Non PbR Drugs and Devices (offset by Income). Note a proportion of the devices budget is now fixed leading to a pressure of c.£0.6m versus pass through income. The £1.9m favourable balance is driven by £1m of insourcing reserves, £0.4m of PFI underspends and Utilities underspend of £0.8m.

Capital

The capital plan for 2024/25 was re-submitted as £12.458m, showing a reduction of £1.898m compared to the previous plan submitted at £14.356m and revised at M3 to £12.561m to include donated equipment. In month 4 we have received external NHSE funding for RAAC of £2.27m and £144k for the development of a business case to support investment in Additional Capacity in Alex ED. The IFRIC 12 additions forecast has increased to £3m based on Q1 additions of £777k and donated assets have increased by £2k. The revised month 4 plan is now £17.637m with these expected additions. The YTD spend at month 4 is £1.98m increasing by £317k compared to month 3.

Cash

The Trust cash position at the end of month 4 was £1.617m. The Trust received notification from the ICB that the deficit financing will now be funded through them although the timing of access to funds is at this point not clear. The Trust has received £10m in August from the ICB as an advance against the deficit funding. Given the lack of confirmation on timing of when the deficit financing will physically be passed to the ICB, the Trust has sought it necessary to apply for central cash support covering September and October. The requirement for September is £7.5m based on current assumptions. If the CPIP is not achieved, the Trust will need to apply for additional cash support.

To ensure that there is adequate cash to cover payroll costs, including Tax, NI and Pensions, the creditor payment runs have been reduced which has significantly reduced the Trust BPPC % performance. Conversations have been held with the ICB regarding cash support ahead of profile to support faster payments.

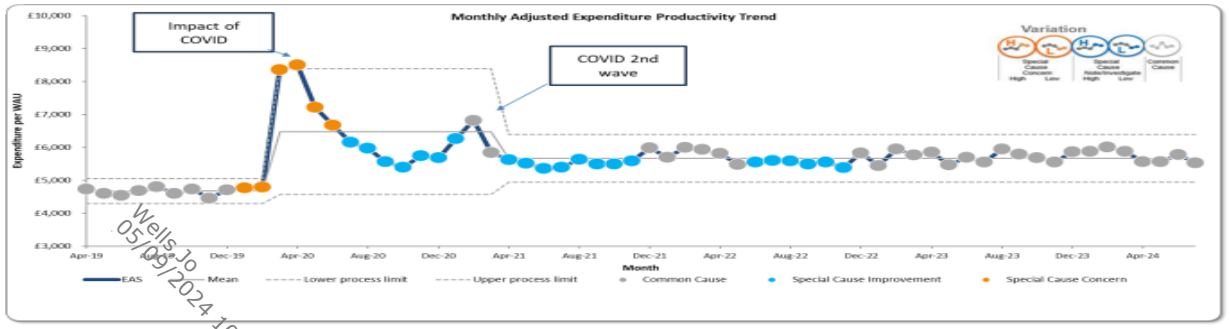
The Trust is applying for PDC in line with approvals to support payment of the centrally funded schemes.

BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

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

Statement of comprehensive income	Jul-24 Plan £'000	Jul-24 Actual £'000	Jul-24 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	53,838	53,115	(723)	216,903	218,868	1,966
Other operating income	2,598	3,046	448	10,556	10,919	363
Employee expenses	(37,139)	(36,690)	449	(149,761)	(149,235)	526
Operating expenses excluding employee expenses	(22,613)	(22,795)	(182)	(91,704)	(94,945)	(3,241)
OPERATING SURPLUS / (DEFICIT)	**(3,317)**	**(3,324)**	**(7)**	**(14,006)**	**(14,393)**	**(387)**
FINANCE COSTS						
Finance income	103	114	11	517	581	64
Finance expense	(934)	(932)	2	(3,737)	(3,730)	7
PDC dividends payable/refundable	(467)	(469)	(2)	(1,869)	(1,875)	(6)
NET FINANCE COSTS	**(1,298)**	**(1,287)**	**11**	**(5,089)**	**(5,024)**	**65**
Other gains/(losses) including disposal of assets	0	2	2	0	(91)	(91)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(4,615)**	**(4,609)**	**6**	**(19,095)**	**(19,508)**	**(412)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(4,615)**	**(4,609)**	**6**	**(19,095)**	**(19,508)**	**(412)**
Remove capital donations/grants/peppercorn lease I&E impact	12	13	1	48	(33)	(81)
Remove loss recognised on peppercorn lease disposals	3,452	3,153	(299)	13,709	12,869	(840)
Adjust PFI revenue costs to UK GAAP basis	(4,363)	(4,064)	299	(17,429)	(16,589)	840
Adjusted financial performance surplus/(deficit)	**(5,514)**	**(5,507)**	**7**	**(22,767)**	**(23,261)**	**(494)**



Performance and Actions

At the end of Month 4 we report a year to date (YTD) adverse variance of £0.5m against the revised plan.

Patient care income £2m favourable YTD of which £4.4m favourable variance relates to pass through Non PbR Drugs and Devices offset by adverse variances of £1.7m underachievement of ERF YTD and £0.2m of SR21 activity.

Employee expenses £0.5 favourable YTD - Included in these variances are adverse variances of £0.3m YTD due to additional Consultants in Urgent Care, and £0.3m of Industrial Action. Adverse variances are offset by favourable variances on Dermatology vacancies (£0.4m), old year accrual release (£0.2m), additional vacancies (£0.3m) and Business Case underspends (£0.2m).

Operating expenses excluding Employee Expenses £3.2m adverse YTD Included in these adverse variances is £5m Non PbR Drugs and Devices YTD (within Supplies and services category) which is offset by Income other than Diabetes Devices where ICB funding is fixed leading to a YTD gap between income and expenditure of c.£0.6m. . The £1.9m favourable balance is driven by £1m of insourcing reserves, £0.4m of PFI underspends and Utilities underspend of £0.8m.

Risks

The challenge of meeting all of the requirements of 24/25 plan across operational performance, workforce and finance should not be underestimated given our underlying exit deficit position from 2023/24. There remains a significant level of risk associated with delivering the plan, for which mitigations continue to be sought.

What the charts tell us

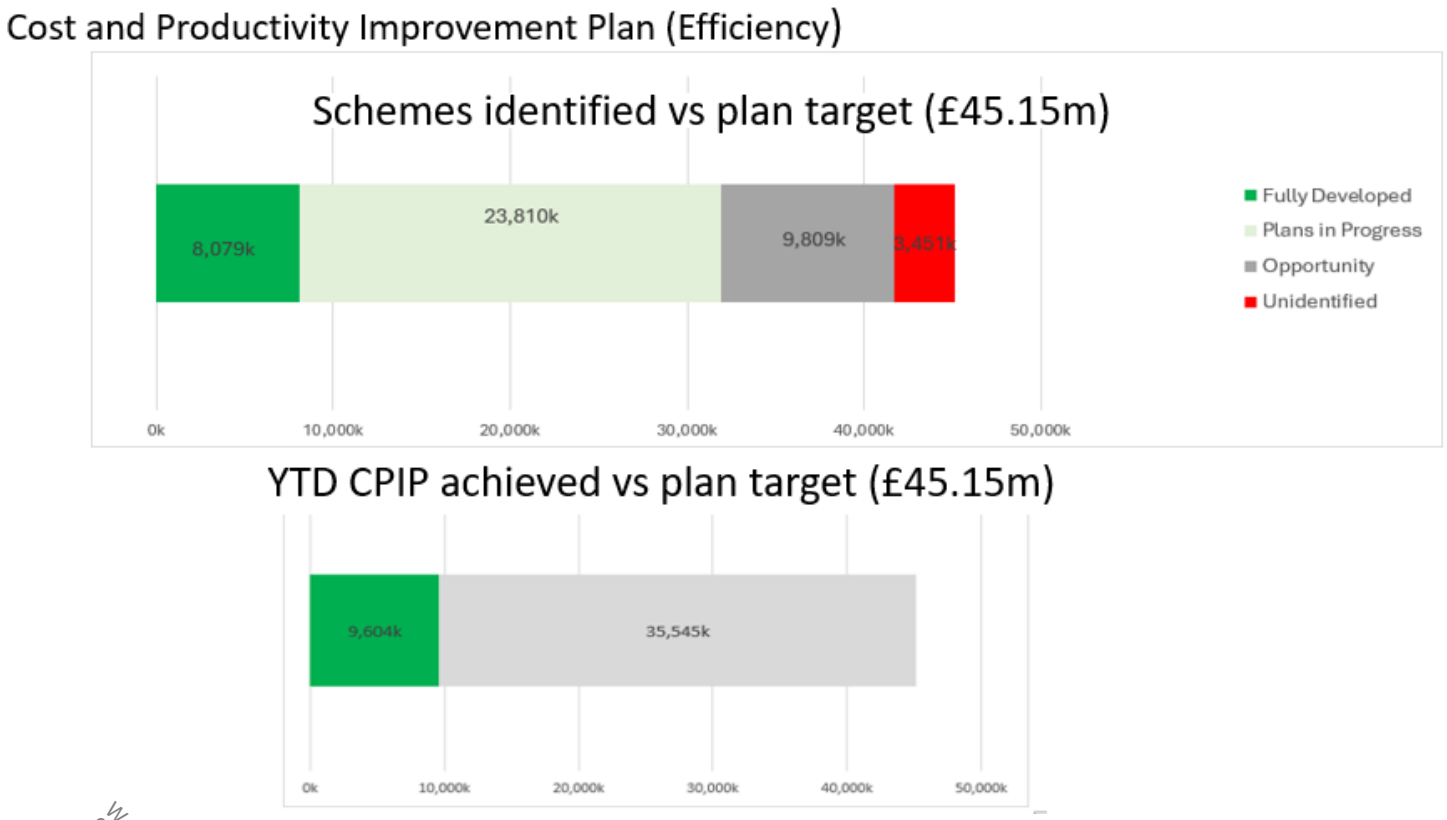
For July our **Cost per WAU is 4% lower than June**. This means we are delivering more activity per spend than in the previous month, though the longer term there is a common cause trend back to December 2022, which means the Cost per WAU has remained consistent during this period. **Expenditure is 2% lower than June**, so spending has come down, and the **activity WAU is 2% higher than June** so we are more productive**.** This is primarily Elective activity that has increased.

We are currently waiting on update on the plan line upon receipt of the revised Divisional activity submissions.

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

We are driving this measure because

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



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Performance and Actions

- The Trusts target for 24/25 as submitted to NHSE in June is £45.14m
- M4 Plan figure was £3.43m
- M4 Actuals delivered £4.04m, an over delivery of £0.61m
- M4 actuals comprise £2.40m recurrent and £1.65m non-recurrent
- A summary of the highest underperforming schemes by value,

Ref	Description	YTD Actual to Plan variance
PE-2425-294	Productivity income	-£491,766
PE-2425-230	Ward 15 & Acute winter funding	-£145,307
PE-2425-245	AHP Integration project	-£111,111
PE-2425-114	Medicines HCD	-£100,000
PE-2425-162	Procurement	-£96,017
PE-2425-102	Ophthalmology Day Case	-£91,667

Risks

- Delivery of the 24/25 target is extremely challenging, but work is continuing to develop existing schemes as well as identifying further cost saving and productivity savings to bridge the gap to target

What the charts tell us

M4 delivered actuals of £4.04m against a plan of £3.43m, an over delivery of £0.64m. M4 actuals comprise £2.40m recurrent and £1.65m non-recurrent. Year to date (YTD) actuals are £9.60m compared to a Plan of £10.20m, an under delivery of £0.60m. The YTD recurrent actuals comprise £6.53m and non-recurrent comprise £3.07m.

There has been progress in the maturity of schemes from month 3 to month 4 with Fully Developed schemes improving from £3.6m to £8.1m and Opportunity / Unidentified improving from £19m / £2.4m to £9.8m / £3.5m.

BEST USE OF RESOURCES – EXPENDITURE

We are driving this measure because

The 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	Year to Date		
	Plan £000s	Actual £000s	Variance £000s
Medical & Dental	(47,091)	(47,769)	(678)
Nursing & Midwifery	(59,448)	(59,926)	(477)
Scientific, Therapeutic & Technical	(19,938)	(18,196)	1,742
NHS Infrastructure Support	(22,744)	(22,776)	(32)
Other Pay	(540)	(566)	(26)
Grand Total	**(149,761)**	**(149,233)**	**527**

Operating Expenditure excluding Employee Expenses	Year to Date		
	Plan £000s	Actual £000s	Variance £000s
Purchase of services from NHS bodies outside of the system	(1,884)	(1,728)	156
Purchase of services from non NHS bodies	(3,645)	(3,096)	549
Drugs Costs	(19,032)	(23,089)	(4,057)
Supplies and services	(30,285)	(32,929)	(2,644)
Other Operating Costs	(36,858)	(34,103)	2,755
Operating Expenditure Total	**(91,704)**	**(94,945)**	**(3,241)**

Performance and Actions

Temporary staffing for reasons of sickness, specialling and maternity have increased against 23/24 by £0.3m YTD, this is currently being managed within the overall vacancy position.

NHSP are working with the Divisions to reduce retrospective bookings as much as possible, accepting that they will be necessary sometimes to cover sickness absences. NHSP have also been working with the Surgery Division to ensure they have the right access to remove shifts which have not been worked and thereby minimise retrospective benefits from late removal of bookings.

A forecast for Diabetes devices is currently being produced to understand the level of risk in the 23/24 if operational plans lead us to spend more than the fixed value of the contract.

What the charts tell us

Employee expenses £0.5m favourable YTD – Included in these variances are adverse variances of £0.3m YTD due to additional consultants in Urgent Care, and £0.3m of Industrial Action. Adverse variances are offset by favourable variances on Dermatology vacancies (£0.4m), old year accrual release (£0.2m), additional vacancies (£0.3m) and Business Case underspends (£0.2m).

Operating expenses excluding Employee Expenses £3.2m adverse YTD – Included in these adverse variances is £5m Non PbR Drugs and Devices YTD (within Supplies and services category) which is offset by Income other than Diabetes Devices where the H&W ICB funding is fixed leading to a YTD gap between income and expenditure of c.£0.6m.Other adverse variances include £0.4m of Dermatology insourcing (within Purchase of services from non-NHS bodies) offset by favourable pay variances, £0.4m of spend relating to Cardiac Pacemakers in excess of plan and £0.1m relating to budget reduction for Microsoft licenses centrally procured where savings are not being seen. Adverse variances are partially offset by £1m of insourcing reserves, Utilities (within Other Operating Costs) and Depreciation by £0.8 and £0.4m of underspend on PFI charges.

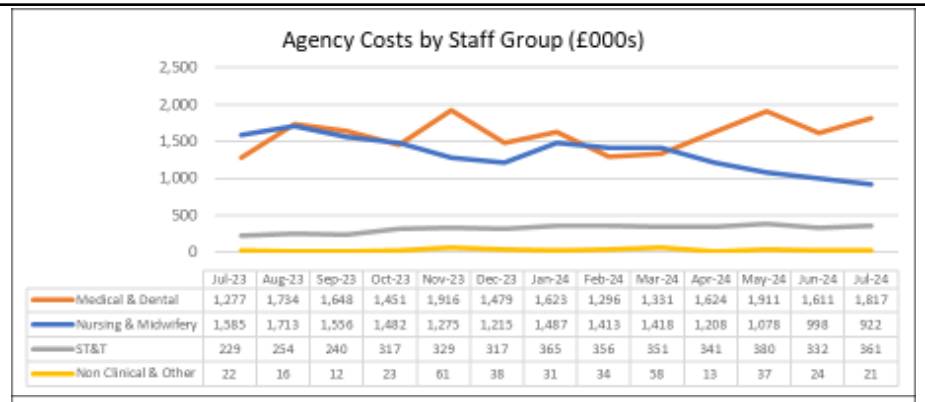
Risks

Non delivery of the CPIP schemes relating to employee expenditure 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.

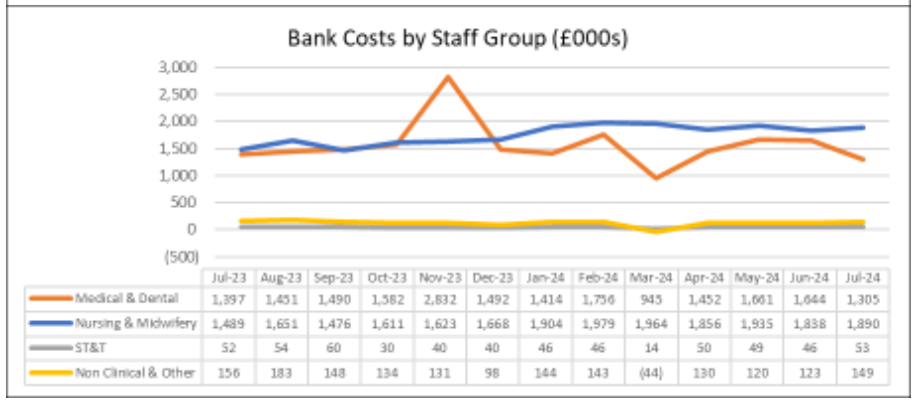
BEST USE OF RESOURCES – BANK AND AGENCY SPEND

We are driving this measure because

Expenditure on bank and agency is a significant driver of our financial performance and consequently our financial plan reflects a challenging target to reduce our agency spend to 3% of the pay bill by the end of 24/25. Delivery of this level of spend reduction is therefore key to achievement of our overall financial plan.



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Medical & Dental	1,277	1,734	1,648	1,451	1,916	1,479	1,623	1,296	1,331	1,624	1,911	1,611	1,817
Nursing & Midwifery	1,585	1,713	1,556	1,482	1,275	1,215	1,487	1,413	1,418	1,208	1,078	998	922
ST&T	229	254	240	317	329	317	365	356	351	341	380	332	361
Non Clinical & Other	22	16	12	23	61	38	31	34	58	13	37	24	21



	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Medical & Dental	1,397	1,451	1,490	1,582	2,832	1,492	1,414	1,756	945	1,452	1,661	1,644	1,305
Nursing & Midwifery	1,489	1,651	1,476	1,611	1,623	1,668	1,904	1,979	1,964	1,856	1,935	1,838	1,890
ST&T	52	54	60	30	40	40	46	46	14	50	49	46	53
Non Clinical & Other	156	183	148	134	131	98	144	143	(44)	130	120	123	149

Performance and Actions

Total agency expenditure in July was £3.1m, this represents 8.5% of total staff costs and is an increase of £0.2m compared with June, all within Medical & Dental spend. The £0.2m increase in Medics is due to increased usage in Surgery, including one off framework Medic engaged, and normalising in SCSD following a low M3.

Total bank expenditure was £3.4m in July, this represents 9.3% of total staff costs and is a reduction of £0.3m compared with last month, all of which was on Medical & Dental. The favourable movement is due to retrospective benefits in month (£0.1m) and the release of an accrual for EWTD in month (£0.2m).

In response to the Medical temporary staffing premium challenge the Doctors workforce group has been relaunched as the Medical agency reduction group with a focus on driving down premium cost and increasing governance and ownership of spend. Divisions are expected to demonstrate active recruitment, job planning compliance and plans to address, temporary staffing actions including increasing Direct Engagement, reducing retrospective shifts, details of escalated shifts and action plans to address.

Agency spend this month is in line with July 2023 with Bank spend c£0.3m higher.

Risks

A lag in delivery of the CPIP programme relating to recruitment will add to the pressure reflected in the Trust's overall financial performance. Emergency pressures continue causing additional capacity to remain open incurring higher agency costs. Sickness also remains significantly higher than the target impacting our ability to remove temporary staffing.

What the charts tell us

The Nursing and Midwifery trend looks very positive with a falling trend on Agency and a steady trend on Bank. However, the Medical trend on Agency is increasing albeit offset with a reduction in Bank in the month.

By staff group agency spend was £1.8m on Medical & Dental (£0.2m increase compared to month 3), £0.9m on Nursing & Midwifery (£76k reduction compared to month 3), £0.4m on Scientific, Therapeutic & Technical staff (£29k increase compared to month 3) and £21k on Non-Clinical staff (a decrease of £3k compared to month 3).

By staff group bank spend was £1.3m on Medical & Dental (£0.3m reduction compared to month 3), £1.9m on Nursing & Midwifery (£51k increase compared to month 3), £53k on Scientific, Therapeutic & Technical staff (£6k increase compared to month 3) and £149k on Non-Clinical staff (an increase of £25k compared to month 3).

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 original (May) plan, revised (July) plan and YTD capital expenditure:

Workstream	Scheme	24/25 Original Internal plan	Adjustments for External Plan	Revised 24/25 External plan £'000	Total YTD Valuation £'000
P&W	Backlog Maintenance b/f			-	332
P&W	Additional P&W Schemes	1,486		1,486	
P&W	Generators (East and West, No 1 & No 2)	71		71	(21)
P&W	Upgraded Fire Compartmentation	343	426	769	118
P&W	HV Works - DNO Substation and Site ISS)	748	-	748	1,110
P&W	Donated P&W Schemes		7	7	2
P&W Total		**2,648**	**433**	**3,081**	**1,540**
Digital	Xerox Scanners	54		54	56
Digital	Xerox - Kainos Upgrades	26		26	(10)
Digital	Additional Digital schemes	-		-	(224)
Digital	Phase 2 - Digital System Production Environment	300	(200)	100	(85)
Digital	Phase 2 - Telephony Systems Critical Upgrades	306	(154)	152	(19)
Digital	LIMS - Infrastructure	763	148	911	527
Digital Total		**1,449**	**-206**	**1,243**	**245**
Equipment	Equipment Schemes	610		610	88
Equipment	Donated Equipment Schemes	-	98	98	98
Equipment Total		**610**	**98**	**708**	**187**
Strategic	Urgent Emergency Care - Additional	570		570	98
Strategic	Cath Lab/IR Feasibility	1,974		1,974	1
Strategic	Acute Service Review - Maternity	3,584	(1,722)	1,862	9
Strategic	Linac Replacement	250		250	-
Strategic	Targeted Investment Fund - Alex Theatres	90		90	(1,051)
Strategic	Community Diagnostic Centres 2				169
Strategic	Reinforced Autoclaved Aerated Concrete				3
Strategic Total		**6,468**	**-1,722**	**4,656**	**-771**
IFRIC 12 PFI	IFRIC 12 PFI Lifecycle replacement	340	2,660	3,000	777
Contingency	System support capital	396	(396)	-	-
Leases	Lease Additions and Remeasurements	1,445		1,445	431
Other Total		**2,181**	**2,264**	**4,445**	**1,208**
Workstream total	**Internal Funded**	**13,356**	**867**	**14,223**	**2,409**

Workstream	Scheme	24/25 External plan £'000	Adjustments for External Plan	Revised 24/25 External plan £'000	Total YTD Valuation £'000
Digital	Front Line Digitisation	1,000		1,000	(427)
Digital Total		**1,000**	**0**	**1,000**	**-427**
Strategic	Additional Capacity - TIF	0	144	144	0
Strategic	RAAC Works at KTC	0	2,270	2,270	
Strategic Total		**0**	**2,414**	**3,414**	**0**
Workstream total	**External Funded**	**1,000**	**2,414**	**3,414**	**-427**
	Total Capital Plan	**14,356**	**3,281**	**17,637**	**1,981**

Performance and Actions

The capital YTD spend at month 4 is £1.98m an overall increase of £317k in Month 4 which is largely attributed to spend on the LIMS Infrastructure Scheme (Mth 3 £27k, Mth 4 £527k).

The capital plan for 2024/25 was re-submitted as £12.458m, showing a reduction of £1.898m compared to the original plan submitted at £14.356m and revised at month 3 to £12.561m. In month 4 we have received external NHSE funding for RAAC of £2.27m and Alex ED Additional Capacity funding to support the business case for £144k. The IFRIC 12 additions forecast has increased to £3m based on Q1 additions of £777k and Donated assets have increased by £2k. The revised M4 plan is now £17.637m.

Risks

There remain several risks around the current capital programme in 2024/25 onwards:

- IFRIC 12 (capital equipment lifecycle programme under PFI) projected additions for the remainder of the year exceed the current full year forecast in the PFI model. The Trust's capital resource limit (CRL) is usually automatically increased to cover IFRIC 12 requirements, however the IFRIC 12 FYF (currently estimated at £3m will likely impact on the Trust cash position for which there is no source of funds. We continue to work with our ICB partners, Foundation Group and NHSE to confirm our understanding and seek an official line on this.
- 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. It is assumed any further additional remedial works to the UEC are funded / recharged to the contractor and therefore not included within the Trust capital plan / FYF.
- Re-costed budget for ASR and the estimated cost as at 2024/25 of £14.5m have been included in the original capital plans for 2024/25, 2025/26 and 2026/27. If the scheme is partly deferred into 2025/26 and 2026/27 due to insufficient internal capital available, then the Trust will need to seek approval via a change control mechanism with NHSE.
- There are some large equipment items beyond their useful life that may require replacement imminently. The Trust is planning for some replacements in future years however additional sources of funding will be required to fund some of these as well as any plans for the enabling works associated with utilising the space from the old Emergency Department.
- The Trust has allocated internal funding of £426k for Fire Compartmentation costs at the Alex site whilst a review is undertaken to estimate the forecast position for 2024/25 onwards. No source of funding has been identified for this scheme and it has been suggested this will be funded from ASR Slippage.

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 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.

Worcestershire Acute Hospitals NHS Trust (WORCESTERSHIRE / RWP)

Cash Flow Forecast

	Period Beginning	01/04/2025	01/05/2025	01/06/2025	01/07/2025	01/08/2025	01/09/2025	01/10/2025	01/11/2025	01/12/2025	01/01/2025	01/02/2025	01/03/2025
	Period Ending	30/04/2025	31/05/2025	30/06/2025	31/07/2025	31/08/2025	30/09/2025	31/10/2025	30/11/2025	31/12/2025	31/01/2025	28/02/2025	31/03/2025
Cash at Beginning of Period		11,384	1,125	1,712	1,182	1,617	1,335	1,523	1,670	2,115	1,343	1,071	1,613
Cash at End of Period		1,125	1,712	1,182	1,617	1,335	1,523	1,670	2,115	1,343	1,071	1,613	1,054

Actuas

Operations £000's	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Total
Cash Receipts from	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
NHS Customers	49,619	54,456	52,398	52,165	50,588	51,676	50,572	50,572	51,676	49,441	50,572	51,676	615,411
Non NHS Customers	541	439	256	561	408	525	525	525	525	525	475	525	5,830
Other Operations	6,762	3,639	3,387	6,617	3,162	2,200	6,224	2,200	2,190	3,340	6,196	2,209	48,126
Cash paid for													
Trade and other payables	(25,056)	(22,935)	(26,176)	(28,426)	(27,245)	(24,737)	(24,737)	(23,137)	(24,737)	(22,337)	(20,775)	(21,475)	(291,776)
Wages	(31,980)	(32,126)	(33,077)	(33,372)	(32,831)	(31,645)	(31,355)	(31,648)	(31,355)	(31,648)	(31,355)	(31,355)	(383,744)
NHSP - Wages - Agency /Bank	(3,366)	(5,456)	(4,121)	(5,266)	(4,248)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(4,426)	(53,439)
Interest on borrowings	0	0	0	0	0	(131)	0	0	0	0	0	(124)	(255)
Net Cashflow from Operations	(3,480)	(1,984)	(7,332)	(7,720)	(10,166)	(6,539)	(3,197)	(5,915)	(6,127)	(5,105)	686	(2,970)	(59,848)
Investing Activities £000's													
Cash Receipts from													
NHS Customers - Depre. Tariff - ICB	964	964	964	964	964	964	964	964	964	964	964	964	11,568
Bank Interest	204	150	112	113	150	124	108	124	120	97	120	116	1,537
Cash paid for													
Purchase of property and equipment	(7,947)	(2,793)	(274)	(423)	(1,229)	(1,228)	(1,228)	(1,228)	(1,228)	(1,228)	(1,228)	(1,228)	(21,262)
Net Cashflow from Investing Activities	(6,779)	(1,679)	802	655	(116)	(140)	(156)	(140)	(144)	(167)	(144)	(148)	(8,157)
Financing Activities £000's													
Cash Receipts from													
Borrowing:													
Deficit Funding	0	0	0	7,500	10,000	0	0	0	0	0	0	0	17,500
Revenue PDC	0	4,250	6,000	0	0	7,500	3,500	5,500	5,500	5,000	0	6,500	43,750
Capital PDC received	0	0	0	0	0	0	0	1,000	0	0	0	0	1,000
Cash paid for													
Repayment of loans	0	0	0	0	0	(334)	0	0	0	0	0	(334)	(668)
PDC	0	0	0	0	0	(300)	0	0	0	0	0	(3,607)	(3,907)
Net Cashflow from Financing Activities	0	4,250	6,000	7,500	10,000	6,866	3,500	6,500	5,500	5,000	0	2,559	57,675
Net Cash Flow	(10,259)	587	(530)	435	(281)	188	147	445	(771)	(272)	542	(559)	(10,330)

Performance and Actions

The Trust cash position at the end of month 4 was £1.617m. The Trust received an advance of £7.5m in July from the ICB.

The Trust received notification from the ICB that the deficit financing will now be funded through them although the timing of access to funds is at this point not clear. The Trust has received a further £10m in August from the ICB as an advance against the deficit funding. Given the lack of confirmation on timing of when the deficit financing will physically be passed to the ICB, the Trust has sought it necessary to apply for central cash support covering September and October. The requirement for September is £7.5m based on current assumptions.

For 2024/25, the planned deficit is £57.3m with the CPIP's of £45m assumed to be all cash releasing savings phased over the full 12 months. If the CPIP is not achieved and the PFI lifecycle spend is ahead of the model of £3m as currently projected, the Trust will need to apply for additional cash support.

To ensure that there is adequate cash to cover payroll costs, including Tax, NI and Pensions, the creditor payment runs have been reduced and is significantly impacting BPPC performance.

Risks

If the CPIP is not achieved, the Trust will need to apply for additional cash support, to enable it to meet its payroll commitments and BPPC target to ensure there is no disruption to the supply of goods and services due to none/late payment of invoices to creditors.

The profile of the PFI lifecycle spend could have implications for cash that will need financing – further discussion with Group experts and NHSE are ensuing to understand the reality of this risk.

The timing of drawdown of deficit financing/cash support is impacting adversely on our BPPC performance

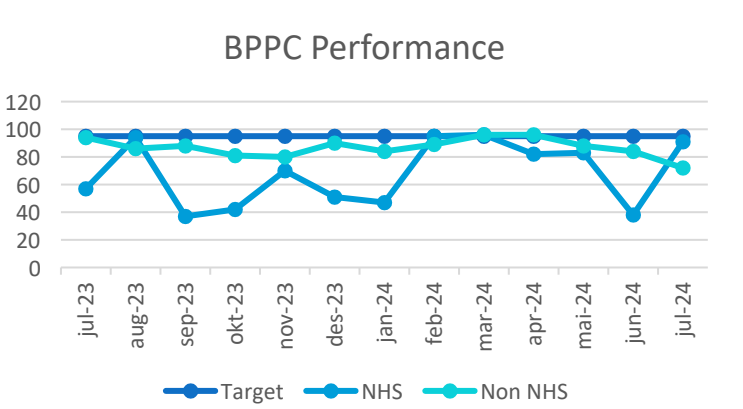
Assumptions made for the above cashflow

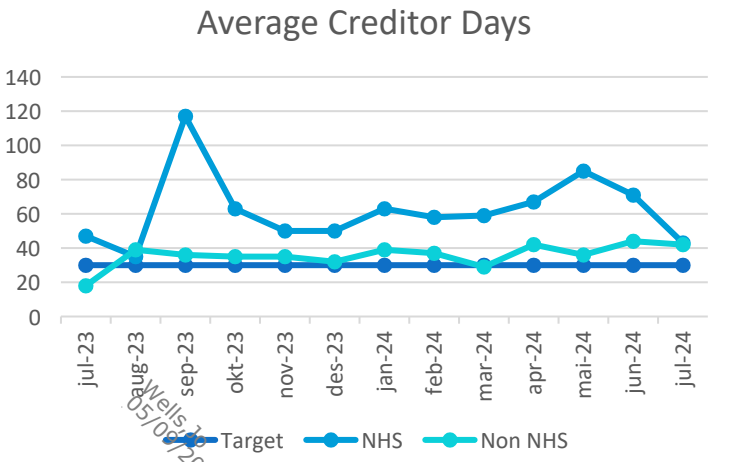
- IFRIC12 Lifecycle cashflow estimates of £3m yet to be factored in
- The pay award of 5.5% has not been factored into the cash flow.
- Non-Pay costs are as per plan, with amounts for payment of creditors set at £1.6m per run (2 per week), if the costs are not reduced as per plan, this will be insufficient, and the payment runs will be significantly reduced each week.

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 BPPC performance for the month of July is 41% based on volume of invoices paid and 64% based on value;

- 4,081 invoices paid out of 9,942 due.
- £20.401m worth of invoices out of £32.052m were paid on time this month.

The Trust will likely need to rely on continued ICB cash advances and PDC support in 2024/25 to enable payment of payroll costs and non-pay expenditure through creditor payment runs.

Creditors payments are being monitored each week and as at 8 August payments due were valued at £6m after £4.6m payments were made (Non-NHS). This was only possible with the additional cash advance from the ICB in August.
The impact of delayed payments on individual suppliers is being monitored and will be assessed on subsequent payment runs to avoid any unintended consequences on any single supplier.

Month	Applied £m's	Received £m's	Shortfall £m's	Date Received
April	0.00	0.00	0.00	-
May	8.50	4.25	-4.25	20/05/24
June	7.50	6.00	-1.50	17/06/24
July	7.50	7.50	0.00	01/07/24
August	4.75	10.00	5.25	01/08/24
Total to-date	28.25	27.75	-0.50	
September	7.50	TBC		

Risks

The BPPC performance has reduced due to the lack of cash. Supplier payments are being monitored and payments made to avoid any supply issues and financial risk to our suppliers.

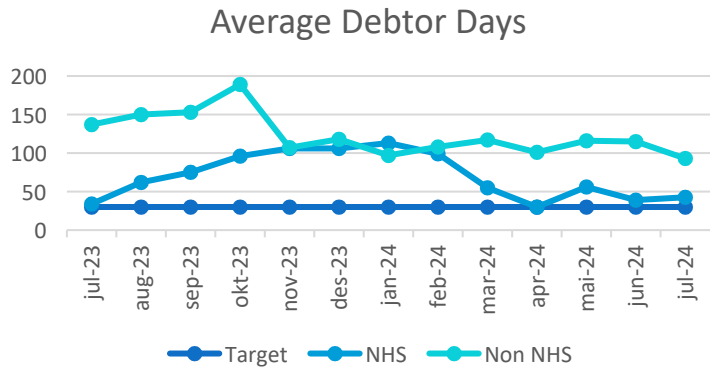
What the charts tell us

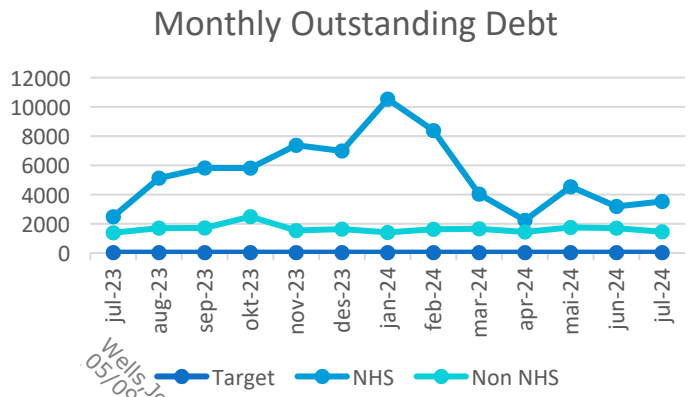
Better Payment Practice Code (BPPC) overall performance for month 4 is 41% based on volume of invoices paid and 64% based on value against a target of 95%. YTD, the BPPC is 69% by volume and 82% by value.
The BPPC chart above details invoices paid based on value for NHS and Non-NHS, which for month 4 is 91% and 63% respectively.
The Average Creditors Days chart above shows the average invoice date to payment date of invoices, which for month 4 is 43 days for NHS and 42 days for Non-NHS – the target is 30 days.

BEST USE OF RESOURCES – CASH

We are driving this measure because

To ensure that all income due to the Trust is invoiced in a timely manner, to enable the collection of the debt to improve the Trust cash flow.





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Performance and Actions

The Trust terms of credit for invoiced income is 30 days from date of invoice.

For month 4, the average days for invoices outstanding are 42.6 days for NHS and 93 for Non-NHS.

The Non-NHS debtor days is distorted by accounts that have been sent to EDR (external debt recovery) and accounts/customers that have a repayment plan – 157 invoices, which is 16% of the total invoices outstanding of 960.

Debt that is over 90 days totals £1.712m (541 invoices, which includes the 157 above). There are 50 NHS invoices £840k and for Non- NHS there are 491 invoices totally £ 872k.

Non-NHS oldest invoices are £100k is under query, £228k relates to invoices being chased under EDR, £85k for Private Patients are collection in progress or in dispute and for pathology services £42k.

Risks

If income is not invoiced regularly or with adequate supporting information, the Trust/SBS will face challenges in collecting the debt and therefore a negative effect on cash flow.

The Trust has monthly meetings with the SBS Collections team, who have been implementing changes in the way the debt is collected and have assured us that there will be an improvement in the next quarter. It is also to be noted that Trust staff also contact customers trying to resolve queries etc. to ensure that the debt is collected.
We continue to work with SBS to ensure they are actively chasing and recovering outstanding debtors as per the SBS contract.

What the charts tell us

Average Debtor Days – 42.6 days for NHS and 93 days for Non-NHS – this is the time from when the invoice is raised to when it is paid by the customer.

Monthly Outstanding Debt – at month 4, the amount of outstanding debt is £4.986m (month 3 - £4.890m) - £3.529m NHS and £1.457 for Non-NHS

The Average Debtors Days chart above shows the average invoice date to payment date of invoices, which for month 3 is 71 days for NHS and 44 days for Non-NHS – the target is 30 days.

Worcestershire Acute Hospitals NHS Trust

Trust Key Performance Indicators (KPIs) - up to May-24 data

Performance Against Target (Status)
- Meeting Target
- Not Meeting Target

Activity Performance Only
- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Example

Data Quality Assurance Questions

S - Sign Off and Validation	Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?
T - Timely & Complete	Is the data available and up to date at the time someone is attempting to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?
A - Audit & Accuracy	Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?
R - Robust Systems & Data Capture	Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Overall KPI Rating Key
No Assurance
Limited Assurance
Reasonable Assurance
Substantial Assurance

Worcestershire Acute Hospitals NHS Trust

Quality of care, access and outcomes		Responsible Director	Standard	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Latest Month Numerator	Latest Month Denominator	Year to Date (v Standard if available)	Latest Available Monthly Position: Latest month v benchmark	Latest Available Monthly Position: National or Regional		SPCs: Pass/ Fail	SPCs: Trend Variation	DQ Mark
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	72.6%	72.8%	73.7%	76.7%	69.7%	71.5%	63.1%	69.5%	76.9%	73.4%	80.0%	78.3%	-	2,310	1,808	77.0%		76.3%	Jun-24			
	2 Week Wait all cancers	Chief Operating Officer	93%	86.3%	68.5%	81.5%	95.0%	95.6%	85.7%	87.9%	88.9%	86.0%	86.0%	89.0%	85.4%	-	2,447	2,090	86.8%		77.6%				
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	55.9%	86.5%	96.6%	99.0%	93.7%	80.0%	77.8%	32.0%	16.8%	35.0%	27.4%	30.0%	-	100	30	30.8%		66.2%				
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	94.7%	89.5%	87.7%	84.7%	90.0%	90.9%	87.2%	88.5%	87.2%	85.3%	87.1%	85.6%	-	326	279	86.0%		91.3%				
	Cancer 31 Days Combined (new standard from Oct 23)	Chief Operating Officer	96%	92.9%	88.6%	89.4%	86.9%	89.4%	89.7%	87.3%	90.5%	87.5%	84.5%	86.8%	87.4%	-	522	456	86.1%		90.9%				
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	54.0%	51.8%	46.1%	52.6%	49.0%	42.3%	42.3%	44.1%	50.6%	57.9%	54.4%	60.4%	-	201	122	57.5%		61.8%				
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	40.0%	51.4%	48.4%	45.7%	58.8%	83.3%	44.4%	67.8%	61.9%	65.8%	59.4%	66.2%	-	33	22	63.9%		68.2%				
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	98.3%	98.4%	95.2%	71.4%	78.2%	77.8%	78.1%	81.9%	79.5%	82.7%	77.2%	82.6%	-	84	69	80.7%		78.1%				
	Cancer 62 days Combined (new standard from Oct 23)	Chief Operating Officer	85%	61.1%	60.9%	59.3%	55.1%	57.5%	54.1%	51.4%	56.7%	58.4%	63.6%	60.9%	66.9%	-	317	212	63.7%		67.4%				
	Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	286	300	321	391	389	379	409	366	141	159	176	145	151									
Urgent and emergency care	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	87.3%	83.6%	84.8%	84.0%	84.3%	82.9%	82.6%	82.3%	84.7%	85.6%	85.5%	85.4%	87.2%	2,908	3,335	85.9%		92.2%	Feb to Jan			
	A&E Activity (any type)	Chief Operating Officer	Plan	18,735	17,957	18,427	18,564	17,403	16,960	17,647	17,190	18,537	18,677	19,875	19,293	19,351			77,196						
	Ambulance handover within 30 minutes	Chief Operating Officer	98%	70%	62%	57%	48%	56%	53%	53%	55%	64%	64%	60%	64%	71%	2,709	3,828	65%		73%	July			
	Ambulance handover over 60 minutes	Chief Operating Officer	0	732	863	1,046	1,272	1,064	1,166	1,072	1,029	869	836	922	784	639			3,181		12%				
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	99.0%	99.6%	96.5%	98.8%	99.9%	99.9%	115.8%	110.8%	112.4%	130.2%	119.2%	103.7%	123.6%	4,685	3,792	118.7%						
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	39%	38%	38%	39%	39%	37%	43.8%	41.3%	41.9%	42.2%	41.7%	38.2%	35.2%	1,627	4,616	39.5%		36%	Feb to Jan			
	A&E - % of patients seen within 4 hours (any type)	Chief Operating Officer	76%	68.4%	66.5%	64.6%	63.1%	62.5%	59.6%	60.5%	61.0%	68.0%	64.4%	66.3%	67.9%	66.2%	6,539	19,351	66.3%		75%	Jul-24			
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer	-	12.5%	14.8%	16.0%	19.0%	16.0%	17.0%	19.3%	18.5%	15.8%	16.6%	16.3%	15.4%	14.5%	1,902	13,147	15.7%		5%	Feb to Jan			
	A&E - Time to treatment	Chief Operating Officer	-	126	128	151	155	152	167	161	166	143	158	150	146	145			150		01:41				
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	15	16	17	19	16	16	16	16	14	14	15	15	15			15		00:22	Feb to Jan			
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	295	300	256	211	203	260	316	304	301	248	271	307	270			1,096						
	A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	6.9%	7.0%	6.6%	6.7%	6.8%	7.1%	6.7%	7.2%	7.5%	6.8%	7.4%	7.5%	7.5%	982	13,147	7.2%		8%	Feb to Jan			

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks)	Chief Operating Officer	**92%**	48.6%	50.3%	50.5%	53.2%	56.3%	55.6%	56.6%	56.0%	54.3%	54.8%	55.9%	56.1%	55.9%	34,278	61,348			58.9%	Jun-24			
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		62,700	61,008	59,842	58,046	58,058	59,242	59,900	61,458	61,753	61,740	62,118	62,152	61,348					7,620,000				
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	5,328	5,152	4,399	3,593	3,194	2,968	2,746	2,672	2,536	2,204	2,089	1,980	1,891					302,693				
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	1,396	1,534	1,404	1,211	1,064	1,048	891	766	587	472	464	402	357					58,024				
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	43	61	88	100	119	125	109	68	27	13	14	4	0					2,621				
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	**0**	3	4	3	3	1	0	0	0	0	0	0	0	0					120				
	GP Referrals (electronic referrals ONLY. Includes RAS even if rejected)	Chief Operating Officer	**2019/20**	8,910	8,878	8,670	8,873	8,970	7,206	9,156	9,374	8,711	9,438	9,533	8,546	9,787			37,304						
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	**2019/20**	104%	118%	113%	126%	124%	107%	110%	120%	136%	118%	112%	119%	123%	21,352	17,421	118%						
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	**Plan**	107%	101%	109%	113%	111%	98%	105%	104%	103%	107%	88%	84%	101%	21,352	21,171	94%						
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	94%	111%	103%	117%	113%	102%	104%	116%	123%	113%	108%	110%	112%	63,707	56,687	111%						
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	**Plan**	107%	103%	108%	111%	113%	103%	111%	111%	107%	122%	101%	94%	113%	63,707	56,327	107%						
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	**2019/20**	90%	106%	96%	95%	100%	101%	105%	107%	129%	110%	104%	109%	115%	8,548	7,443	110%						
	Total Elective Activity (volume v plan)	Chief Operating Officer	**Plan**	89%	95%	91%	94%	101%	99%	101%	102%	104%	94%	98%	94%	112%	8,548	7,627	99%						
	BADS Daycase rates (3 months to month end)	Chief Operating Officer	**Actual**	85%	85%	85%	85%	85%	87%	88%	87%	86.6%	85.0%	83.8%	-	-	4202	5015	-		81%	Dec			
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	**85%**	84%	83%	82%	81%	84%	81%	82%	81%	82%	82%	83%	82%	83%			82%		78%	February			
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	**85%**	87%	87%	85%	84%	88%	84%	84%	83%	85%	84%	86%	85%	86%			85%		82%				
	Cancelled Operations on day of Surgery for non clinical reasons (hospital attributable)	Chief Operating Officer	-	43	40	66	55	63	45	59	40	57	37	49	40	38			164		21,053	Q4 23-24			
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	**Plan**	107.1%	105.2%	101.5%	108.5%	109.4%	112.4%	117.0%	115.0%	117.6%	115.2%	119.4%	114.9%	111.0%	7,463	6,721	115%						
	First	Chief Operating Officer	**Plan**	94.7%	100.1%	79.7%	89.4%	104.2%	91.3%	92.0%	96.0%	84.5%	115.9%	111.6%	96.9%	109.7%	1,585	1,445	109%						
	Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	**Plan**	86.1%	87.7%	86.1%	89.3%	91.9%	102.6%	97.0%	86.0%	89.3%	99.6%	104.7%	96.2%	100.6%	2,467	2,453	100%						
	Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	**<15%**	18.3%	18.9%	22.5%	14.2%	15.8%	18.4%	25.2%	19.5%	25.8%	27.4%	29.7%	34.3%	31.1%	4,081	13,125			22.9%	Jun-24			
Maternity	Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	**90%**	84%	85%	88%	84%	85%	86%	87%	88%	87%	83%	88%	86%	87%	382	437	86%						
	Caesarean section rate for Robson Group 1 women (rolling 6 month)	Chief Medical Officer	**TBC**	5.0%	5.4%	5.8%	5.6%	5.1%	4.4%	4.4%	4.4%	4.7%	5.5%	6.5%	7.2%	-					8.6%	Jun-24			
	Caesarean section rate for Robson Group 2 women (rolling 6 month)	Chief Medical Officer	**TBC**	55.8%	56.8%	58.2%	59.2%	59.6%	60.0%	59.5%	59.6%	59.2%	59.3%	60.1%	60.7%	-					61.0%				
	Caesarean section rate for Robson Group 5 women (rolling 6 month)	Chief Medical Officer	**TBC**	82.3%	82.3%	81.9%	81.9%	82.4%	81.7%	81.4%	81.3%	81.8%	82.9%	82.3%	83.3%	-					83.1%				
	Maternity Activity (Deliveries)	Chief Nursing Officer		404	387	392	393	357	358	396	372	413	372	410	356	376			1,514						
Outpatient transformation	Missed outpatient appointments (DNAs) rate	Chief Operating Officer	**<4%**	5.5%	5.3%	5.5%	5.6%	5.8%	5.8%	5.5%	4.8%	5.0%	4.8%	5.2%	5.3%	5.0%	3,303	62,359	5%		7.4%	Jun-24			
	Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	**90%**	88%	89%	89%	88%	89%	89%	90%	91%	91%	89%	90%	89%	88%	40541	45966	89%						
	Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	**v 2019/20**	90%	108%	99%	112%	109%	100%	101%	114%	118%	110%	106%	106%	108%	42,355	39,266	108%						
	Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	**Plan**	106%	104%	107%	110%	114%	106%	114%	114%	110%	131%	108%	100%	120%	42,355	35,156	114%						
	Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	**25%**	18%	18%	18%	18%	18%	18%	18%	18%	17%	16%	17%	15%	16%	10,527	64,341	17%		18%	Feb to Jan			
Prevention long term conditions	Maternity - Smoking at Delivery	Chief Nursing Officer	-	8%	9%	5%	8%	8%	7%	9%	9%	7%	7.3%	7.8%	7.3%	6.1%	23	382	7.1%						

Safe, high quality care	Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	**<92%**	95%	93%	95%	96%	96%	96%	97%	96%	96%	96%	96%	95%	96%	772	801	96%		92%				
	Mixed Sex Accommodation Breaches	Chief Nursing Officer	**0**	57	51	52	70	65	63	75	102	82	69	67	59	56			251		3,881	Jun-24			
	ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	**4.5**	7.1	7.7	7.3	7.4	7.9	7.5	8.1	8.2	8.1	7.8	7.9	7.7	7.5	21375	2863	7.7		4.4				
	ALoS – General & Acute Elective Inpatients	Chief Operating Officer	**2.5**	3.8	2.9	3.7	3.4	3.4	3.5	3.0	3.7	3.2	3.3	3.1	3.3	2.8	1330	472	3.1		3.1	Feb to Jan			
	Medically fit for discharge - Acute	Chief Operating Officer	**5%**	13%	10%	12%	16%	15%	15%	14%	14%	12%	12%	13%	14%	12%	2748	23963	13.0%		23.1%	Dec			
	Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	**5%**	6.0%	6.2%	7.3%	6.5%	6.6%	7.2%	7.1%	7.9%	8.5%	7.5%	8.2%	7.2%	6.9%	850	12,314	7.5%		7.5%	Jan to Dec			
	Mortality SHMI - Rolling 12 months (new methodology introduced Dec-23 onwards)	Chief Medical Officer	**100**	103.5	102.9	104.3	103.9	104.5	105.8	104.0	103.0	103.5	-	-	-	-				As expected					
	Never Events	Chief Nursing Officer	**0**	2	0	0	0	0	0	0	0	0	0	0	0	0			0						
	MRSA Bacteraemia	Chief Nursing Officer	**0**	1	1	0	0	0	0	0	1	1	0	0	0	0			0						
	MSSA Bacteraemia	Chief Nursing Officer	**17**	3	5	2	0	4	5	2	4	2	3	3	3	2			11						
	Number of external reportable >AD+1 clostridium difficule cases	Chief Nursing Officer	**78**	9	15	10	7	14	8	8	15	9	11	10	14	17			52						
	Number of falls with moderate harm and above	Chief Nursing Officer		3	3	5	6	3	1	4	2	5	3	6	5	13			27						
	Serious Incidents	Chief Nursing Officer	**Actual**	10	15	4	1	0	0	2	1	0	1	1	0	0			2						
	VTE Risk Assessments	Chief Medical Officer	**95%**	93.5%	93.5%	92.7%	92.4%	93.6%	91.0%	93.3%	93.0%	92.2%	96.3%	96.0%	97.0%	Quarterly	11649	12010	97%						
	WHO Checklist	Chief Medical Officer	**100%**	98%	98%	96.1%	97%	97%	98%	98%	97%	98%	98%	98%	99%	98%	1790	1820	98%						
	Stroke: % of high risk TIA patients seen within 24 hours	Chief Medical Officer	**60%**	82%	87%	76%	86%	85%	86%	83%	61%	66%	45%	62%	69%	81%	69	85	64%						
	Stroke: % of patients meeting thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	**90%**	88%	44%	45%	67%	50%	50%	50%	75%	75%	33%	57%	57%	43%	3	7	49%						
	Stroke: 80% of patients spend 90% of time on the Stroke ward	Chief Medical Officer	**80%**	75%	74%	74%	79%	70%	81%	77%	75%	82%	78%	69%	73%	73%	37	51	73%						
	Number of complaints	Chief Nursing Officer	**2022/23 (747)**	60	64	71	63	71	51	88	77	75	80	66	73	72			291						
	Number of complaints referred to, and investigated by, Ombudsman	Chief Nursing Officer	**0**	0	0	0	1	0	0	0	0	0	0	0	0	0			0						
	Complaints resolved within policy timeframe	Chief Nursing Officer	**85%**	70%	76%	64%	44%	42%	62%	63%	82%	69%	48%	62%	73%	61%	45	74	65%						
	Friends and Family Test Score: Recommended/Experience by Patients (A&E)	Chief Nursing Officer	**95%**	91%	90%	87%	86%	87%	84%	74%	71%	77%	76%	75%	75%	78%	1972	2537	76%		79%				
	Friends and Family Test Score: Recommended/Experience by Patients (Acute Inpatients)	Chief Nursing Officer	**95%**	97%	97%	96%	97%	98%	96%	94%	93%	94%	94%	94%	94%	95%	4608	4872	94%		95%	Apr-24			
	Friends and Family Test Score: Recommended/Experience by Patients (Maternity)	Chief Nursing Officer	**95%**	86%	84%	89%	94%	70%	94%	33%	94%	100%	100%	88%	92%	86%	83	96	88%		93%				
	Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	**20%**	22%	25%	22%	17%	21%	14%	23%	23%	23%	22%	23%	21%	22%	2537	11584	22%						
	Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	**30%**	40%	39%	35%	30%	36%	25%	35%	37%	37%	35%	37%	38%	39%	4872	12542	37%						
	Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	**30%**	2%	5%	2%	3%	6%	12%	1%	9%	1%	4%	9%	8%	20%	96	475	10.0%						

People		Responsible Director	Standard	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Latest Month		Year to Date	Latest Available Monthly Position		SPCs		DQ Mark
																	Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/ Fail	Trend Variation	
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	**6%**	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.8%	8.6%	9.0%	7.9%	8.6%			8.5%					
	Appraisals - Non-medical	Chief People Officer	**90%**	80.0%	78.4%	81.0%	79.0%	79.0%	80.0%	79.0%	79.0%	79.0%	79.0%	80.0%	80.0%	81.0%	4,553	5,613	80.0%					
	Appraisals - Medical	Chief People Officer	**90%**	91.0%	91.0%	91.0%	92.0%	94.0%	96.0%	93.0%	93.0%	93.0%	94.0%	96.0%	94.0%	93.0%	503	539	94.3%					
	Mandatory Training	Chief People Officer	**90%**	90%	89%	88%	88%	88%	88%	90%	90%	91.0%	91.0%	91.0%	91.0%	91.0%	76,369	83,663	91.0%					
	Overall Sickness	Chief People Officer	**4$%**	5.5%	5.6%	5.7%	6.2%	6.0%	6.3%	6.3%	5.9%	5.8%	5.9%	5.6%	5.3%	5.5%	11,369	205,694	5.6%					
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	**11.5%**	12%	12%	12%	11%	11%	11%	11%	11%	11%	11%	11%	10%	10%	608	5,841	10.7%					
	Vacancy Rate	Chief People Officer	**7.5%**	12%	11%	10%	9%	8%	8%	8%	7%	7%	10%	9%	9%	9%	673	6,643	9.4%					

Finance and Use of Resources		Responsible Director	Standard	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Latest Month		Year to Date	Latest Available Monthly Position		SPCs		DQ Mark
																	Numerator	Denominator		Latest month v benchmark	National or Regional	Pass/ Fail	Trend Variation	
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	**≥0**	-£2,962	-£2,672	-£201	-£2,331	£2,279	-£4,897	-£5,562	-£4,361	-£3,361	-£7,799	-£4,672	-£5,283	-£5,507			-£23,261					
	I&E - Margin (%)	Chief Finance Officer	**≥0%**	-5.3%	-4.6%	-0.3%	-4.1%	3.7%	-8.7%	-9.8%	-7.5%	-4.7%	-14.0%	-7.8%	-9.1%	-9.8%			-10.1%					
	I&E - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£1,709	-£1,816	£863	-£3,822	£528	-£5,177	-£7,277	-£6,677	-£4,954	£971	-£836	-£635	£7			-£494					
	I&E - Variance from Plan (%)	Chief Finance Officer	**≥0%**	42.0%	32.0%	529.0%	-64.0%	77.0%	-6.0%	-31.0%	-53.0%	-47.0%	-11.0%	22.0%	14.0%	0.0%			2.0%					
	CPIP - Variance from plan (£k)	Chief Finance Officer	**≥0**	-£891	-£1,082	-£1,145	-£2,603	-£1,772	-£2,195	-£2,510	-£2,741	-£1,323	-£643	-£193	-£297	£169			-£875					
	Agency - expenditure (£k)	Chief Finance Officer	**N/A**	-£3,112	-£3,717	-£3,456	-£3,272	-£3,581	-£3,049	-£3,505	-£3,098	-£3,158	£3,186	£3,406	£2,965	£3,121			£12,678					
	Agency - expenditure as % of total pay	Chief Finance Officer	**N/A**	9.3%	10.2%	9.8%	9.4%	9.7%	8.5%	9.6%	8.4%	8.0%	8.6%	9.0%	8%	9%			8.5%					
	Capital - Variance to plan (£k)	Chief Finance Officer	**≥0**	-£3,269	£632	£2,138	-£2,607	-£2,467	£757	£401	-£925	£25,631	£0	£0	-£2,314	-£832			-£3,146					
	Cash - Balance at end of month (£m)	Chief Finance Officer	**As Per Plan**	£11.021m	£5.121m	£4.723m	£7.736m	£1.019m	£1.303m	£7.862m	£20.333m	£11.384m	£1.125m	£1.712m	£1.182m	£1.617m			-					
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	**≥95%**	91.7%	86.1%	86.6%	80.0%	79.4%	88.2%	83.1%	88.5%	95.6%	95.1%	87.9%	83%	64%			-					
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	**≥95%**	96.3%	94.4%	91.3%	82.6%	78.6%	88.2%	85.9%	89.8%	93.3%	87.4%	89.3%	71.5%	41.1%			-					

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2024-2025

Report to:	**Public Board**
Date of Meeting:	**10/09/2024**
Title of Report:	Perinatal Safety Report July 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:	Lara Greenway – Matron Neonatal Services Justine Jeffery – Director of Midwifery Amrat Mahal – Director of Nursing – Women & Children's Division Susie Smith – Maternity & Neonatal Governance Lead
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 the Trust to achieve the national ambition. This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety.

The report will inform 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)

The 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.

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

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

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

CQC Maternity Ratings 2020	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:
Worcester Acute Hospitals NHS Trust	Requires improvement	Requires Improvement	Good	Good	Requires improvement	Good
Maternity Safety Support Programme	No					

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

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

1. Introduction/Background

The purpose of the report is to inform the WAHT Trust Board and the LMNS Board of present or emerging safety concerns or activity being undertaken to ensure safety with a two-way reflection of 'ward to board' insight across the multi-disciplinary, multi-professional maternity services team as outlined in the NHSEI document '*Implementing a revised perinatal quality surveillance model'* (December 2020). This report outlines locally and nationally agreed measures to monitor maternity and neonatal safety and will provide monthly updates to the Local Maternity and Neonatal System (LMNS) via the LMNS Board. The key performance indicators for this month are presented below and RAG rated as appropriate:

Summary of Key Safety Indicators

Metrics	Target	Current position
Booking completed by 12+6	90%	87.4%
ATAIN	6%	5.9%
PMR (MBRRACE 2021)	<5.19 per 1000 births (rolling)	3.18
Stillbirth rate (MBRRACE 2021)	<3.54 per 1000 births (rolling)	1.91
NND rate (MBRRACE 2021)	<1.65 per 1000 births (rolling)	1.27
Maternity and Neonatal Moderate or above incidents	-	2
Maternity PALS	-	11
Neonatal PALS		0
Maternity Complaints	-	5
Neonatal Complaints		1

Summary of Key Workforce Performance Indicators

Metrics	Target	Current position
Sickness rate (MWs)	4%	4.27%↓
Turnover rate (rolling) (MWs)	11.5%	8.92%↓
Vacancy rate (MW)	7%	10%↑
Sickness rate (MSWs)	5.5%	7.12%↓
Turnover rate (rolling) (MSWs)	11.5%	18.12%↑
Vacancy rate (MSW)	7%	14% ↑
Sickness rate (RNs)	4%	4%
Sickness rate (NNs)	4%	4%
Turnover rate (rolling) (RNs)	11.5%	5.43%
Turnover rate (rolling) (NNs)	11.5%	8.14%
Vacancy rate (RN)	7%	0.78%
Vacancy rate (NN)	7%	1.06%
Shifts staffed to BAPM	100%	98.39%
Supernumerary shift leader (NNU)	100%	100%
QIS trained	70%	69.7% ↑

Summary of Key Training Performance Indicators

Metrics	Target	Current position
PROMPT – Human Factors & Maternity Emergencies	90%	81% ↑
PROMPT – Neonatal Basic Life Support	90% (including Doctors and Neonatal Nurses)	87% ↑
Fetal monitoring	90%	95% ↔
Maternity Trust Mandatory training (non-medical)	90%	88%↑
Maternity Trust Mandatory training (Obstetricians)	90%	79% ↑
Maternity PDR rate	90%	65.%↔
Neonatal PDR rate	90%	89.39%
Neonatal Trust Mandatory Training (non-medical)	90%	94.54%
Neonatal Trust Mandatory Training (medical)	90%	83.99%

2. KPI Booking by 12+6 weeks' gestation

The KPI for booking by 12+6 weeks' gestation has not been met this month. The work around maternity self-referral is progressing slowly – an agreed implementation date is not confirmed as this is reliant on

the enactment of the admin review as well as input and a work schedule being agreed with informatics and the digital team.

3. Perinatal Mortality Rate (PMR)

The national average rates for stillbirth and neonatal rates, published by MBRRACE (2021 data) in Autumn 2023 have identified an increase 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 newly updated figures for 2022 births are expected in October 2024.

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 1.91 per 1000 births which is below the national rate. The crude neonatal death rate remains 1.27 per 1000 births which is below the national rate. This leads to a combined rate of 3.18.

It is always important to note that these figures will change when they are reviewed and adjusted by MBRRACE. Small in month variations (including an increase or decrease in the number of live births) can have a significant impact on the overall numbers and rate/trajectory.

The Trust board is required to have oversight of all deaths reviewed and consequent action plans. The quarterly perinatal mortality reports are discussed with the Trust Executive and Non- Executive Board level safety champions and included in the Safety Champion agenda.

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

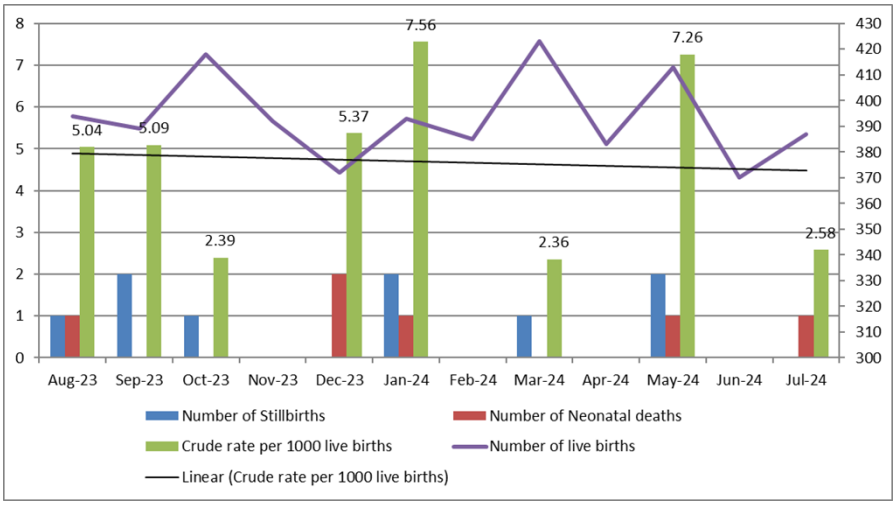


Figure 1. WAHT Perinatal Mortality Rates

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

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

Year	Births	Stillbirths		Neonatal deaths		Maternal deaths	Validated data by ONS & MBRRACE	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	2754	5	1.82**	3	1.09**	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 July 2024.

In July there were no stillbirths in July 2024, sadly there was one neonatal death. Additional detail will be shared in the Perinatal Incident report shared with Private Trust Board.

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

4.1 Background

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

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

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

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

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

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

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

HSIB became Maternity and Neonatal Safety Investigations 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 June 2024:

MNSI reference	Date of case	DOC completed	Stage of investigation
MI036675	January 2024	Yes	Final report received and action plan generated
MI036767	January 2024	Yes	Draft report and comments returned – now with family for factual accuracy.
MI037218	April 2024	Yes	Final report received and action plan generated
MI037490	May 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 continues to be working well so far and will be evaluated in due course.

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

There were two incidents reported in July 2024 – one relates to the neonatal death noted above, the other relates to a uterine rupture which was then appropriately managed. Further details are presented in the Perinatal Incident report.

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.

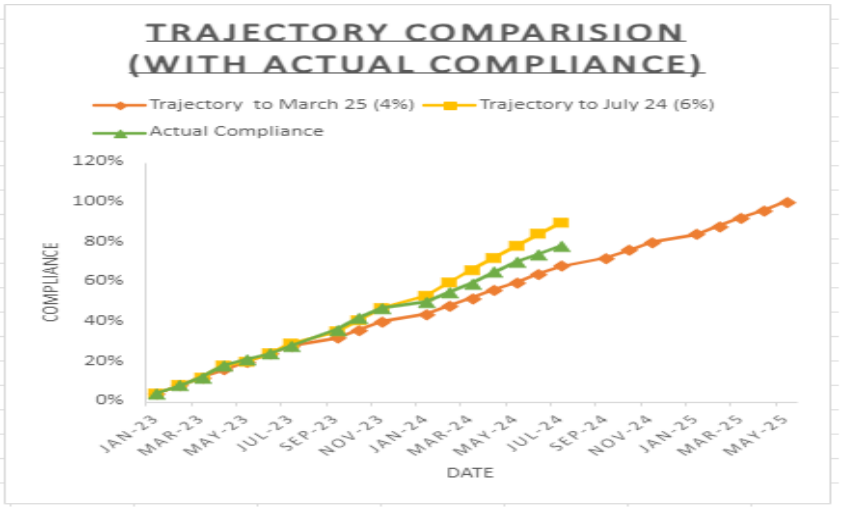
Course	Staff Group	Compliance	Comments
Maternity Mandatory Training – (3 yearly)	Midwives	78% ↑	
Maternity Mandatory Training – (3 yearly)	MSW/MCA	71% ↑	
Annual Saving Babies Lives training	Midwives	94% ↔	
Annual Saving Babies Lives training	MCA/MSW	62% ↑	
Annual Saving Babies Lives training	Obstetricians	70% ↔	
Annual fetal monitoring training	Midwives	94% ↓	Now a f2f study day
Annual fetal monitoring training	Obstetricians (all on rota)	97% ↑	Now a f2f study day
PROMPT training (Human Factors/MDT Obstetric Emergency	Midwives	95% ↑	
PROMPT training (Human Factors/MDT Obstetric Emergency	MSW's	82% ↑	Still under target due to new starters and sickness reducing attendance on the training day
PROMPT training (Human Factors/MDT Obstetric Emergency	Obstetricians (all on rota)	68% ↔	Rotational junior doctor compliance is bringing this figures down (if this was Reg/consultant level would be at 94%)
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	80%	NLS update is high, but full course attendance has dropped. Medical staff out of date requested to book.

Neonatal Resuscitation Update (annual)	Neonatal Nurses	79%	Staff who miss training day through sickness will attend the next PROMPT training for NLS update
Neonatal Resuscitation Update (annual)	Neonatal Drs	97%	
Trust Mandatory Training	Obstetricians	79%↓	
Trust Mandatory Training	Midwifery Staff	88%↑	
Trust Mandatory Training	Neonatal Nurses	94.54%	
Trust Mandatory Training	Neonatal Drs	83.99%	

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 compliance target, just an expectation that Trust's continue to work towards this. It was hoped that the Trust would be able to demonstrate 90% compliance by end of July 2024 but 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.



Neonatal training:

Mandatory training compliance for medical staff has reduced slightly from the previous month. Junior medical staff are employed under different training programmes and currently their training compliance is not transferrable. The Divisional Director is working with the CMO to identify a solution to capturing this training data within the Trust. 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. Neonatal nurses have achieved 94% compliance with their mandatory training.

All rotation doctors receive an annual neonatal resuscitation update at induction or within 3 months of starting. Nurses receive their annual neonatal resuscitation update by attending the Neonatal study day. Clinical Educators within neonates and maternity are working together to combine this training that will be accessible through PROMPT. Four yearly NLS compliance for medical staff has reduced, however their annual update is at 97%.

7. Safe staffing

7.1 Midwifery

Safe midwifery staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Unify data
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board (Appendix 1)

There were 384 births in July. The escalation policy was enacted on nine occasions to reallocate internal staff which is a decrease on previous months. The community and continuity teams were asked to support on five occasions.

The vacancy rate has increased slightly for midwifes and MSW/MCAs – there are additional midwifery staff commencing by the end of November. The rolling turnover rate for midwives remains below Trust target further however for non-registered staff remains high. Sickness absence rates decreased in month.

The supernumerary status of the shift leader was not achieved (NHSR compliant) and 1:1 care in labour was achieved in July.

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	79%	n/a	n/a	n/a
Antenatal Ward/Triage	97%	87%	90%	94%
Delivery Suite	84%	93%	49%	97%
Postnatal Ward	91%	90%	88%	93%
Meadow Birth Centre	64%	64%	81%	73%

7.2 Obstetric Medical Staffing including Consultant attendance

Consultants

We have 22.5 WTE 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 have recently had 2 ATRs approved for Substantive Consultants to fill the PAs we have lost secondary to the increase in SPA and external roles. One post has been recruited into with a start date of the 12th August and the second post is soon to be advertised.

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 19 WTE in post (funded for 19.6 WTE), with 15.2 WTE on the on-call rota.

Our on-call vacancies are being filled internally and with previous employees of the department.

We have a clinical fellow (planned to go up to the middle tier rota) currently working on the junior tier rota. We offered a Urogynaecology Clinical Fellow post following interview on 17 July and are hoping that they will start on 7 August. We are also going out to advert for a Post CCT Clinical Fellow post shortly.

We are in the process of converting 5 of our Clinical Fellows onto permanent contracts and are converting our MTI onto a clinical fellow contract.

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 14.2 WTE (1 WTE is the Clinical Fellow who will move up to the middle tier rota), giving us a vacancy of 2.8 WTE

We have a Physicians Associate working 40hrs/wk. We are currently implanting some guidance for our PA following publication of the BMA document in April 2024.

We are looking at reducing our junior tier posts so that we can re-distribute the funding into our middle tier and have changed our junior rota to a 1:10 from August to enable us to provide more clinical support to the wards, EGAU and Maternity Triage.

Consultant Attendance

In July Consultant presence was achieved in 5 of the 6 cases (83.3%) mandated by the RCOG and Action 4 of CNST.

The one case where it wasn't met was in a spontaneous birth with an episiotomy. Bleeding was secondary to the episiotomy and vulval varicosities. EBL was 1.5L on arrival of the Registrar and the Major Haemorrhage call was activated. The episiotomy was repaired promptly, and the total blood loss was 3006mls. The Consultant was present on the unit but unaware of the incident until later. The patient had 1 unit of blood transfused and was discharged home 3 days following delivery.

A reminder was sent to all Registrars about the need to escalate appropriately and the case was discussed at Obstetric Governance.

Compensatory Rest

There were no episodes in July where a consultant did not meet the required 11 hrs Compensatory Rest.

There was one case where a Consultant was asked to attend the unit twice overnight and their Caesarean section list was covered in the morning to ensure they had adequate time to recover and rest.

7.3 Neonatal Staffing

7.3.1 Neonatal Nursing

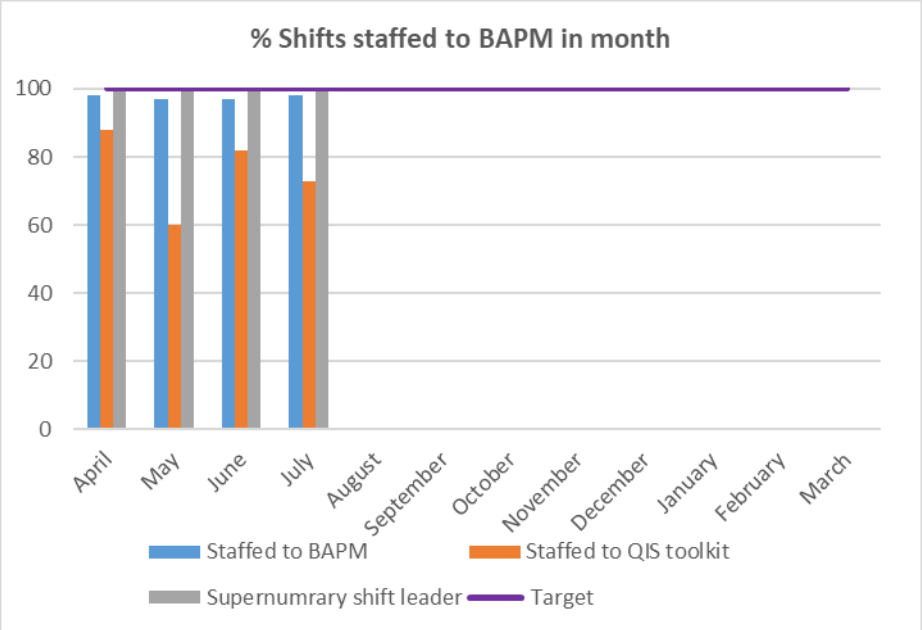
Safe neonatal nurse staffing is monitored by taking the following actions:

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

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

- 1:1 Intensive Care (IC)
- 1:2 High Dependency (HD)
- 1:4 Special Care (SC)
- Supernumerary shift leader

In July 98.39% of shifts were staffed to BAPM. There was a shortfall of 1 shift due to the acuity on the Neonatal Unit. 72.58% of shifts in July were staffed to QIS, this was due to high acuity. The supernumerary status of the shift leader was achieved on every shift and all shifts remained safe.



% shifts to BAPM recommendation

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 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). The number of nurses qualified in specialty increased to 69.7% in July against the 70% recommended. There are 3 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 fifth month in a row, from 4.1% to 4.0% for registered nurses. There was also a decrease in the non-registered workforce from 7.2 % to 4.0%. This gives a total

percentage of 4.2% which is just above the Trust target of 4% and an overall improvement. Staff continue to be directed to health and well-being support.

7.3.2 Neonatal medical staff

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

Currently there is a shortfall of 0.5wte consultant and 5 ANNPs. We have submitted an intention to recruit 0.5 Consultant PAs utilising Ockenden funding. We are holding interviews in mid-July where we hope to be in a position to appoint to a locum consultant role. 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. We are calculating underspends on the rotating doctors to support recruitment of up to 2 middle grade level clinical fellows. This will reinforce the Tier 2 rota.

8. Service User Feedback

8.1 Maternity& Neonatal Voice Partnership

The CQC survey findings have been shared with the MNVP and an action plan has been co-produced, this will be shared in Augusts report.

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; with an aim to submit our action plan in September. The Family Integrated Care Lead will be presenting the action plan to the Division prior to submission.

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. There are no themes/trends identified.

Maternity: In July 2024, 5 formal complaints were received:

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
87474	03/07/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in induction of labour
87371	19/07/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Birth injury (including fetal laceration at LSCS)
88576	29/07/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay in induction of labour
87624	05/07/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Inadequate frequency of observations
87444	16/07/2024	Maternity (formerly Obstetrics)	Clinical Treatment	Delay or failure to undertake scan/x-ray etc

In addition, there were 11 Maternity PALS query received as below, which is an increase from the 1 received in June 2024.

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
88364	26/07/2024	Maternity (formerly Obstetrics)	PALS - Communications	PALS – Communication with patient - TELEPHONE
88101	18/07/2024	Maternity (formerly Obstetrics)	PALS - Signposting	Compliment for Divisional Team - Passed On
88301	25/07/2024	Maternity (formerly Obstetrics)	PALS - Communications	PALS – Communication with patient - TELEPHONE
87480	05/07/2024	Maternity (formerly Obstetrics)	PALS - Communications	PALS – Communication with relatives/carers - IN PERSON
88086	19/07/2024	Maternity (formerly Obstetrics)	PALS - Signposting	Message Directed to Other Department
87971	16/07/2024	Maternity (formerly Obstetrics)	PALS - Signposting	Message Directed to Other Department
88315	25/07/2024	Maternity (formerly Obstetrics)	PALS - Communications	PALS – Communication with patient - IN PERSON
87669	10/07/2024	Maternity (formerly Obstetrics)	PALS - Trust Admin Policies & Procedures (Incl. Patient Records Management)	PALS – Access to Health Records
88488	29/07/2024	Maternity (formerly Obstetrics)	PALS - Communications	PALS – Communication with patient - LETTER
87254	02/07/2024	Maternity (formerly Obstetrics)	PALS - Signposting	Message Directed to Other Department
87267	01/07/2024	Maternity (formerly Obstetrics)	PALS - Communications	PALS – Communication with patient - IN PERSON

Neonatal: 1 formal complaint received in July 2024; no PALS queries were received.

ID	First received	Specialty	Subject (primary)	Sub-subject (primary)
87977	15/07/2024	Neonatal	Clinical Treatment	Delay in induction of labour/failure to monitor development of medical condition in pregnancy and post birth

9. Safety Champion escalations

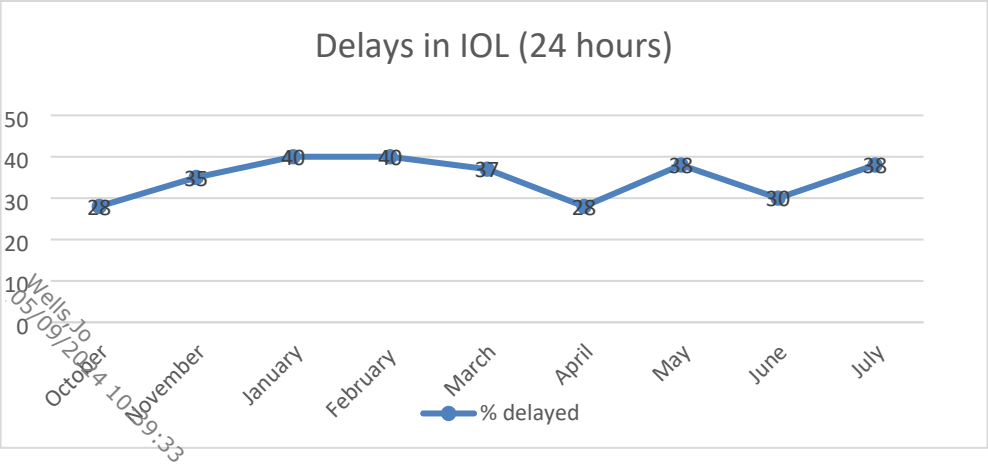
The Safety Champions meeting was scheduled for 23rd July, this was cancelled due to annual leave; the next meeting is panned in August.

9.1 Delays in care

Induction of labour

Delays in induction of labour (red flag) are reported in the national and regional sitreps. Delay in induction of labour is recorded via the acuity tool but this is not reliable and does not reflect the daily position.

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



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

A Q1 report for 2024/2025 report for maternity and neonates will be available in the September report; it had been planned for August but we have now received the detailed information from the legal team regarding the stillbirths claims therefore a deep dive is underway. A further bespoke meeting with NHS Resolution is planned for 24 September 2024 and there will be attendance from the Safety and Learning team, Early Notification Scheme and Maternity Incentive Scheme.

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

The maternity service was rated as good overall. The safe domain remains at 'requires improvement. All actions are monitored via the COSMOS platform and via the Regulatory Compliance Group (monthly).

11. Coroner Regulation 28 made directly to Trust

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

12. In-utero and ex–utero activity

8 IUT transfers out as per the network pathway for <27/40.
4 ex-utero transfers into the unit, 3 being repatriations and 1 WVT baby requiring stepdown to level 2 and closer to home.
1 ex-utero transfer out for medical reasons & 1 repatriation.
There were no transfer exceptions in July.
The table below summaries the transfers as per network pathway:

Type of Transfer	July		Comments
	In	Out	
IUT Transfers for clinical reasons as per network pathway	0	8	8 out – 4 to BWH and 3 to Heartlands as per <27/40 gestation pathway
IUT Transfers for non-clinical reasons	0	0	
IUT Transfers outside of the network	0	0	
Ex-utero Transfers for clinical reasons as per network pathway	1	1	1 in – Hereford baby repat from Heartlands but requiring level 2 care. 1 out - clinical reasons to BCH
Ex-utero Transfers for non-clinical reasons	3	1	3 in – Repatriations; 1 BWH, 1 Heartlands & 1 Taunton due to delivering while on holiday. 1 out – repatriation to Hereford
Ex-Utero Transfers out of network for clinical reasons	0	0	
Delays in transfer in/out	0	0	
IUT or Ex-utero Exceptions	0		

13. MSSP Report

Formal confirmation of our exit from the MSSP was received in June 2024. A sustainability plan has been agreed and shared at Trust Board. Progress with the plan will be monitored by the ICB and a quarterly update will be provided via this report.

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		Quarterly reporting in place. Q1 24-25 PMRT case report.docx NHSR – update 26.6.24 date range moved. Validation commences 1st April 2024 for SA1a) & c)
2. MSDS		No anticipated issues with the data submission
3. ATAIN		Quarterly reporting in place. ATAIN Report Q1 24-25.docx QI project commenced with base line audit presented in Perinatal governance June 24
4. Clinical Workforce		Safety report in place– NCCR implementation plan below: WMNODN NCCR Unit Implementation I Compensatory Rest.docx Audits ongoing for Obstetric staffing
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. Q1 24-25 Evidence shared in this month's report. LMNS validation continues
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. Perinatal Surveillance guideline updated in line with year 6
10. NHSR EN Scheme		Reporting process in place – externally validated.