

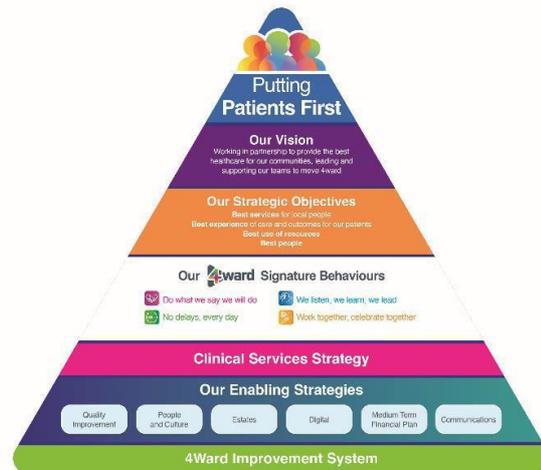
A G E N D A

TRUST BOARD

Monday 18th September 2023

12:30 – 14:30

Microsoft Teams
Live streamed on YouTube.



Russell Hardy
Chair

| Item | Assurance | Action | Enc | Time |
|---|--|----------------------|--------------------------|-------|
| 070/23 | Welcome and apologies for absence: | | | 12:30 |
| 071/23 | Items of Any Other Business To declare any business to be taken under this agenda item | | | |
| 072/23 | Declarations of Interest To declare any interest members may have in connection with the agenda and any further interest(s) acquired since the previous meeting. | | | |
| 073/23 | Patient Story | | | |
| 074/23 | | <i>For approval</i> | Enc A Page 4 | 12:50 |
| | <i>To approve the Minutes of the meeting held on 13th July 2023</i> | | | |
| 075/23 | | <i>For noting</i> | Enc B Page 13 | 12:55 |
| 076/23 | | <i>For noting</i> | Verbal | 13:00 |
| 077/23 | | <i>For noting</i> | Enc C Page 14 | 13:05 |
| 078/23 | | <i>For assurance</i> | Enc D Page 20 | 13:15 |
| | Communications & Engagement Report Director of Communications & Engagement | | | |
| | Level 5 | | | |
| Best Services for Local People <i>BAF 2, 11, 13, 14, 16, 17, 18, 21</i> | | | | |
| 079/23 | | <i>For assurance</i> | Enc E Page 28 | 13:20 |
| | Trust Response to NHSE letter – Verdict in the Trial of Lucy Letby | | | |
| | Level 6 | | | |

| | | | | | |
|--|--|---------|---------------|-------------------|-------|
| | Chief Nursing Officer | | | | |
| 080/23 | UEC Operational Readiness Chief Operating Officer | Level 6 | For assurance | Enc F Page 42 | 13:30 |
| Best Experience of Care and Outcomes for our Patients BAF 3, 4, 11, 19, 20 | | | | | |
| 081/23 | Integrated Performance Report Executive Directors | | For assurance | Enc G Page 62 | 13:40 |
| 082/23 | Committee Assurance Reports Committee Chairs | | For assurance | Page 83 | |
| 083/23 | Protecting Elective Capacity Self Assessment Chief Operating Officer | Level 5 | For approval | Enc H Page 92 | 14:00 |
| 084/23 | Complaints & PALS Annual Report Chief Nursing Officer | Level 5 | For approval | Enc I Page 103 | 14:10 |
| Best Use of Resources BAF 7, 8, 11 | | | | | |
| 085/23 | Standing Orders Director of Corporate Governance | Level 6 | For approval | Enc J Page 125 | 14:20 |
| Best People BAF 9, 10, 11, 15, 17 | | | | | |
| 086/23 | Safest Staffing Report Chief Nursing Officer | | For assurance | Enc K | 14:25 |
| | a) Adult/Nursing | Level 5 | | Page 153 | |
| | b) Midwifery | Level 6 | | Page 162 | |
| Governance | | | | | |
| 087/23 | Any Other Business <i>as previously notified</i> | | | | 14:30 |
| Close | | | | | |

Appendices are enclosed within the Reading Room

Seven Levels of Assurance

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

Board Assurance Framework

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

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

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON
THURSDAY 13 JULY 2023 AT 10:00 AM
AT WORCESTER ROYAL HOSPITAL AND STREAMED ON YOUTUBE**

Present:

| | | |
|--|--|--|
| Chair: | Anita Day | Chair |
| Board members: (voting) | Christine Blanshard Simon Murphy Neil Cook Colin Horwath Tony Bramley Dame Julie Moore Karen Martin Helen Lancaster Sarah Shingler | Chief Medical Officer/Deputy Chief Executive Non-Executive Director Chief Finance Officer/Deputy Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Chief Operating Officer Chief Nursing Officer |
| Board members: (non-voting) | Richard Oosterom Richard Haynes Rebecca Brown Rebecca O'Connor Tina Ricketts Jo Newton Matt Powls | Associate Non-Executive Director Director of Communications and Engagement Chief Information Officer Director of Corporate Governance Director of People and Culture Director of Strategy & Planning Interim Executive Operations Director |
| In attendance | Justine Jeffery Jo Wells Jo Ringshall | Director of Midwifery Deputy Company Secretary Healthwatch |
| Public | | Via YouTube |
| Apologies | Matthew Hopkins Vikki Lewis Sue Sinclair Michelle Lynch | Chief Executive Chief Digital Information Officer Associate Non-Executive Director NExT Director |

054/23 **WELCOME**

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

Ms Day noted that the Junior Doctors industrial action had commenced and would take place over the next 5 days.

Putting patients first is our purpose, underpinned with working in partnership and supporting teams to move forward to deliver strategic objectives. Flexibility was required to address the challenges with pace. The 4Ward Improvement System puts patients at the heart of what we do.

Mr Murphy gave thanks to Ms Day for all she had done during her time with the Trust. Ms Day was wished well for the future.

Ms Shingler and Ms Lancaster were welcomed to the Trust.

055/23 **ANY OTHER BUSINESS**
None.

056/23 **DECLARATIONS OF INTERESTS**

There were no additional declarations pertinent to the agenda. The full list of declarations of interest is on the Trust's website.

Mr Murphy declared that his spouse is Manager of the Worcestershire Adult Safeguarding Board.

057/23 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 8 JUNE 2023**

The minutes were approved.

RESOLVED THAT: The Minutes of the public meeting held on 8 June 2023 were confirmed as a correct record.

058/23 **ACTION SCHEDULE**

The actions were updated as per the log. Only one action remained open and Ms O'Connor was in the process of reviewing the Board Development plan.

059/23 **CHAIR'S REPORT**

Ms Day noted that today marked the first of five days of junior doctors' industrial action spanning the weekend and was immediately before two days of consultant industrial action. There had been challenges to provide medical cover and our services will be significantly impacted. The Trust was working with its partners to continue to provide services and prioritise patients who have been waiting the longest. Teams have had to manage the impact of industrial action over several months and have made extraordinary efforts to keep services running on top of a demanding day job. Thanks were extended colleagues who are trying to keep our patients safe.

Ms Day recognised that the Trust may be faced with difficult decisions in order to keep services running as safely as possible for the residents of Worcestershire and assurance was given that the Board recognised the challenges and are unified with any action that may need to be taken.

Patients who have appointments should continue to attend unless otherwise notified. The local population were asked to choose wisely. The Trust would be prioritising life and limb emergencies and patients with less serious conditions may be asked to go elsewhere or face long waits. Ms Day reminded that 111 could be used to direct patients to the best possible care. The Deputy CEOs wrote to local MPs yesterday to ensure they understand the severity of the situation.

Mr Powls added that system partners have been proactive in providing support.

RESOLVED THAT: The Chair's report was noted.

060/23 **CHIEF EXECUTIVE'S REPORT**

Dr Blanshard presented the report and the following key points were highlighted:

- The site is currently safe given the industrial action. The majority of trainees and members of BMA have taken industrial action and shifts have been covered by a variety of other practitioners. Thanks were extended to those who have stepped in to provide support. Senior cover was present on both sites to ensure there were safe staffing levels at changeover. An agreement had been negotiated with the BMA that

should a patient safety incident arise, specific doctors can be recalled to manage a specific incident. Support from system partners has been welcomed. Thanks were passed to management and operational teams who have worked hard to ensure our services are kept safe during industrial action.

- The Trust were pleased to host a visit to the Alex by two local MPs, who visited the Garden Suite. They observed the exceptional, caring staff and therapeutic environment.
- The Foundation Group Board supported the Trust's application for full membership therefore plans were proceeding to join the Foundation Group from 1st August 2023.
- A 4ward event for middle and senior leadership was well received and had excellent feedback. The leadership contribution will help improve our services for patients.

Mr Murphy had attended the 4ward event and observed a fantastic presentation by a housekeeper regarding a signage initiative which had resulted in a reduction in falls and would be rolled out in other areas. This was testament to how the system works and where small improvements can make a difference. Ms Day added that using the 4ward methodology in the workplace is making efficiencies and the enthusiasm is great to see.

Dame Julie noted the NHS was facing the biggest period of industrial action yet, but there was very little coverage in the media. It was an appalling situation and there should be far more outcry and urgent action being taken.

RESOLVED THAT: The report was noted.

Best Services for Local People

061/23 ANNUAL PLAN 2023/24

Ms Newton presented the Annual Plan which was approved by the Board in private in May. The approach taken was focused upon putting patients first. Three key priorities had been identified and linked with the Three Year Plan: Patient flow, elective recovery and achieving financial balance.

Delivery of a balanced plan is ambitious. Resources had been stood up and an oversight group established. The Plan was presented to the Board to share the risk and ambition. Mr Murphy queried whether the priorities would be reviewed again when the Trust joins the Foundation Group. Ms Newton replied that there will be alignment with Group's strategic moves.

Mr Oosterom noted reference in the report regarding final sign off from divisions and that the system would support the plan and queried whether there was an agreement about how this would take place and could be measured. Mr Oosterom added that industrial action was having an impact on the delivery of the plan and asked if there was any formal guidance on how to manage the impact. Mr Cook replied that £28m was a significant challenge. Workstream leads were in place, working with divisional level and the risk is understood. £4m of schemes had been identified that require the support of the ICB and a mutual aid framework had been created. Challenges remained around discharges and there would be an impact from the industrial action.

Ms Day queried how divisions are being incentivised to achieve programmes. Mr Cook replied that as an organisation, we are jointly responsible. There was a balanced plan which was signed off and workstreams approved. It was clear that as part of the accountability framework, that there is ownership at divisional level. Dr Blanshard added that specific

benefits had not been introduced due to the need for fairness. Teams are rewarded through Thank You Thursdays, face to face meetings or through the staff awards programme.

Assurance level 4 was approved.

RESOLVED THAT: The report was noted.

062/23 **NHS FIVE YEAR JOINT FORWARD PLAN**

Ms Newton presented the plan for noting. The plan was submitted on 30th June and the priorities were consistent with the Three Year Plan and Long Term Plan. It had been developed alongside the Integrated Care Strategy, acknowledging the long term health of the population.

The Board were asked to endorse the Plan and note the next steps.

Mr Oosterom referred to the Medium Term Financial Plan and asked for it to be synchronised. Mr Cook replied that the Trust were involved and were working through a model for the Five Year Financial Strategy. There will be some financial assumptions at both an ICB and Trust level which are closely aligned to ensure that it reflects the reality of what is achievable.

Level 5 assurance was approved.

RESOLVED THAT: The report was noted.

063/23 **SAFEGUARDING ANNUAL REPORT**

Ms Shingler presented the report to provide assurance that the Trust is compliant in relation to its safeguarding responsibilities.

The following key points were highlighted:

- The CQC visited urgent care at Worcester and the Alex. Given the complexity of the pressures at that time, the findings were celebratory. Staff understood and worked well with other agencies.
- Mandatory training compliance remained a concern.
- The amount of work undertaken over the last couple of years has been remarkable and thanks were extended to the team and were encouraged to build on the strong foundations in place.
- The Safeguarding Board Chairs hold the Trust in high regard with the level of assurance offered.

Level 6 assurance was approved.

RESOLVED THAT: The report was noted for assurance.

Best Experience of Care and Outcomes for Patients

064/23 **INTEGRATED PERFORMANCE REPORT**

Ms Brown presented the report, which had been reviewed at sub-committees, with an assurance level of 4.

Operational Performance

- The Trust remains in a challenged position for elective, cancer and urgent care.

- Good progress was being made with 78 week waits, but this was impacted by industrial action.
- Concerns around urology remain. A mutual aid offer had been received to support the backlog.
- Clinically urgent long waiting patients were being prioritised for elective recovery.
- Diagnostics is key to elective cancer recovery.
- Urgent care had seen some good performance but there had been dips which highlights process issues. A plan was in place and admission prevention was under review.
- Challenges were reported around identifying discharges.
- There were external challenges around patient transport and capacity. Not bedding patients in SDEC is an area of focus.

Ms Martin queried the multi-agency element. Ms Lancaster advised that partners and stakeholders have been on the wards identifying patients where there were delays. A plan was being drafted to address the issues.

Mr Bramley referred to MRI capacity and queried the realistic prospect of impact. Ms Lancaster replied that there is a longer term initiative but there are complexities of requests which limits capacity. Dr Blanshard noted there are new techniques which we are using more frequently, but they take longer and not all of our scanners are suitable.

Mr Horwath referred to outpatient transformation and references to clinical and digital capacity which would take time and asked if there were any short terms plans. Ms Lancaster replied that work was underway to enable the developments and flexibility around capacity. Mr Powls noted pace was needed.

Mr Murphy queried the progress being made with system partners regarding flow and admission avoidance. Ms Lancaster confirmed there was focus on the issue. Discussions had taken place with system partners around offers, directing patients and exploring a virtual ward and a model which supports using technology to provide patient care. A meeting was scheduled with primary care next week to look at design models.

Dame Julie asked whether the alternatives to A&E were clear for patients. Mr Haynes replied that partners have been supportive of communication in this respect.

Mr Oosterom was pleased to note that activity levels were met as planned for this month.

Quality

- Complaints remain problematic and continue to increase. Resources to support responses were under review.
- IPC was compliant in month. C.diff and MRSA had breached. The IPC team continue to support wards around hand hygiene, focus on nurse cleaning schedules and PFI service providers.
- Friends & Family Test work regarding patient experience and ensuring patient voice is heard continued.

Ms Martin noted that concerns around complaints has been raised for a number of months and asked if there was a timescale for improvement. Ms Shingler replied that the governance around the process is under review. There needed to be more dedicated support until the backlog is cleared, but there was a view for improvements to be made

within 3 months. Consideration should be given to the scale of the complexities and pressures in the division.

Mr Horwath asked if there was confidence that the CQUIN targets would be achieved. Dr Blanshard replied that there was careful consideration in the selection to ensure they would be achieved and there were currently no concerns.

Dr Blanshard highlighted the increasing number of deaths in ED, many of which were due to the number of patients brought to the Trust at end of life. While the data did not reflect poor care, it does reflect that ED is not the correct environment for these patients and further highlights the importance of the patient flow work.

Issues were reported around getting patients with a fractured neck of femur to theatre due to a large increase in trauma admissions at Worcester and particularly high admissions at the weekend. Dr Blanshard had met with the division to discuss plans to accommodate those patients. Mortality and length of stay was performing well.

Ms Shingler referred to the end of life patients and noted the testing of new pathways which may fast track some of the improvements. The Health & Care Trust were setting up a care coordination hub. Dr Blanshard noted that it is difficult for families when they have a deteriorating patient during evenings and weekends. The Trust needed to work with primary care services and community providers to ensure that services are available 24/7 in order to ensure that patients who wish to die at home are able to.

Ms Day queried whether the RESPECT process was working as it should. Dr Blanshard replied that the issue is when the patient deteriorates and there is not always a service that can help. There is a Learning from Deaths team working with the RESPECT rollout team and would review these issues across the system.

People & Culture

- Areas for improvement focused upon agency reduction and job planning.
- Bank and agency were driven, in part, by sickness absence. A deep dive had been undertaken and a plan would be presented for consideration at TME in August prior to the People & Culture Committee.
- The Trust had previously benchmarked well with sickness absence but performance had now dipped. Absence was not being managed as well as it should and a number of proposals and improvements had been drafted.
- Job planning improvements work continued.

Mr Horwath asked whether the recruitment process was strong enough. Ms Ricketts replied that teams were much better with control and knowing where growth is. There have been 3 posts that did not have the correct authorisation which has been escalated to Executives. Dr Blanshard advised that some of the difficulties encountered were not uncommon, such as a specialist that is funded for an essential service then the funding is withdrawn.

Mr Murphy asked for an update regarding gender identification data inclusion within the report. Ms Ricketts replied that the staff network had been approached for their input and it was anticipated that there would be a better idea of the quality of data within the next few months.

Finance

- Adverse variance of £3.4m was reported.
- The Plan would be highlighted each month.
- Drivers of adverse variance related to employee expenses, impact of industrial action and backdated pay costs.
- PEP had delivered £0.5m against a plan of 0.9m. Strong processes were in place and better assurance.
- Local cost per activity was higher than the Plan and was being driven by expenditure.
- Activity is lower than planned.
- There is a £31m capital programme this year. A risk-based assessment was being created for the requirements of 23/24 which would be discussed with the Region to explore brokerage.
- Cash is not of a concern at this stage.

Mr Oosterom noted two main concerns which related to income and back end loaded. There needed to be assurance of indicators to show that we will deliver. Mr Cook replied that an indication of the degree of confidence would be presented at the Finance & Performance Committee. There was weekly oversight and assurance and Senior Responsible Officers were in place.

Mr Bramley queried if there had been involvement in planning from ICS governance. Mr Cook advised that he was in receipt of draft Terms of Reference which would be circulated to F&P members. The initial ICS meeting was cancelled but it was recognised it is a collective review around spend challenges.

Assurance level 4 was approved.

RESOLVED THAT: The report was noted for assurance.

065/23 COMMITTEE ASSURANCE REPORT

- Finance & Performance – The annual accounts were discussed and a meeting scheduled later in the day for sign off. Land sales were discussed, as was the sense of urgency of the 4ward Improvement System.
- Quality Governance Committee – It was reported that following an NHSE assurance visit, a number of IPC issues were highlighted in a zonal kitchen in the Laurels. The IPC team were working with Estates and PFI to make improvements. A second visit had taken place last week, focused on boarding and overcrowding in ED. There was a concern that the IPC rating with NHSE may be affected as a result.
- People & Culture Committee – A deep dive on bank and agency had taken place. Committee supported the proposal for a Trust wide review of education provision.

RESOLVED THAT: The Committee reports were noted for assurance.

066/23 IMPROVING PATIENT FLOW

Dr Blanshard presented the report and advised that it formed part of the CQC Must Do actions. The delivery of the 76% emergency standard would be a challenge, particularly with the admitted patient pathway. A review of urgent and emergency care pathways had taken place and a number of recommendations were made regarding improvements to patient flow. A benchmarking analysis had been undertaken and there was scope for improvement and using beds more efficiently.

The report concludes to improve flow of patients from admission through to discharge. The Improvements were being approached using the 4ward Improvement System but drawing on all quality improvement tools.

Mr Horwath observed that all issues were clearly addressed and was encouraged by the action plan, but noted it was a very considerable task and asked if there was sufficient support to ensure the actions are dealt with. Dr Blanshard replied that making the improvements demanded people to work in a different way and this had to be undertaken as part of a cultural change piece of work.

Ms Martin asked whether the report had been formally accepted as not all of the recommendations or actions had been agreed. Dr Blanshard replied that the data within the report had been agreed, as was the commentary and analysis. Challenge would be made where there were recommendations without the evidence behind them.

Mr Bramley queried the issues around the length of stay comparison. Dr Blanshard referred to the charts within the report. Pathway 2 worked well in the comparison which meant that efforts needed to be on pathway 0 patients.

Mr Murphy asked if there were any approximate timeframes and of the monitoring progress. Dr Blanshard responded that when the UEC recovery plan was agreed, there were actions agreed within certain timescales. Cultural change is more problematic. In terms of engaging clinical staff, there did need to be a target to aim for alignment with the ED opening and winter. The PMO team would assist with progressing the work.

Mr Oosterom noted that the approach was right, but there needed to be assurance of the delivery timescales. Dr Blanshard replied that the metrics would be reported at the Home First Committee then onwards to F&P. There were 3 workstreams underway with Home First which were: Pre-hospital workstream, patient flow and complex discharges.

Ms Day noted a number of concerns expressed about the pace of short term elements and asked Ms Lancaster and Mr Powls to consider how it could be taken forward. The cultural elements would continue through the 4ward Improvement System.

RESOLVED THAT:

Best People

067/23 SAFEST STAFFING REPORT

a) Adult/Nursing

Ms Shingler presented the report which was taken as read. It was noted that staffing was safe across all sites.

Assurance level 5 was approved.

b) Midwifery

Ms Jeffrey reported that safe staffing was maintained. There had been an increase in turnover but new staff had been recruited.

Assurance level 6 was approved.

RESOLVED THAT: The reports were noted for assurance.

Governance

068/23 **TRUST MANAGEMENT EXECUTIVE TERMS OF REFERENCE**

Ms O'Connor presented the updated Terms of Reference and advised there were minor housekeeping updates which were approved.

RESOLVED THAT: The Trust Management Executive Terms of Reference were approved.

069/23 **ANY OTHER BUSINESS**

Healthwatch were invited to comment and noted the updates in relation to the ED work and reassurance around industrial action. Communication with the public was encouraged as they felt there was very little at a national level.

Thanks were extended Ms Day for her contribution to the Trust and colleagues wished her well for the future.

There was no other business.

DATE OF NEXT MEETING

The next Public Trust Board

Signed _____
Vice Chair

Date _____

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC TRUST BOARD ACTION SCHEDULE

RAG Rating Key:

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

| Meeting Date | Agenda Item | Minute Number (Ref) | Action Point | Owner | Agreed Due Date | Revised Due Date | Comments/Update | RAG rating |
|--------------|-------------|---------------------|--|-------|-----------------|------------------|---|------------|
| 13.01.22 | Charter | 158/21 | Mrs Ricketts and Mr Hopkins to continue the conversation regarding meaningful action and outcome measures and report back to Board in two months | TR | March 2022 | Oct 2023 | Regular updates on progress against implementation of the Charter are provided to the People & Culture Committee. The programme of Board workshops will be reviewed. | |

| | |
|-----------------|--------------------|
| Meeting | Public Trust Board |
| Date of meeting | 18 September 2023 |
| Paper number | Enc C |

Chief Executive Officer's Report

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

| | | | |
|-----------------------------|--|------------------|------------------------------|
| Accountable Director | Glen Burley Chief Executive Officer | | |
| Presented by | Glen Burley, Chief Executive | Author /s | Glen Burley, Chief Executive |

| Alignment to the Trust's strategic objectives (x) | | | | | | | |
|---|---|---|---|-----------------------|---|-------------|---|
| Best services for local people | X | Best experience of care and outcomes for our patients | X | Best use of resources | X | Best people | X |

| Report previously reviewed by | | |
|-------------------------------|------|---------|
| Committee/Group | Date | Outcome |
| N/A | | |

| | |
|------------------------|---|
| Recommendations | The Trust Board is requested to <ul style="list-style-type: none"> Note this report. |
|------------------------|---|

| | |
|--------------------------|---|
| Executive Summary | This report is to brief the Board on various local and national issues. |
|--------------------------|---|

| Risk | | | |
|--|-----|--|-----|
| Which key red risks does this report address? | N/A | What BAF risk does this report address? | N/A |

| | | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|-----|---|
| Assurance Level (x) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | N/A | X |
|----------------------------|---|---|---|---|---|---|---|---|-----|---|

| | |
|-----------------------|---|
| Financial Risk | None directly arising as a result of this report. |
|-----------------------|---|

| Action | | | | | | |
|---|---|--|---|--|-----|---|
| Is there an action plan in place to deliver the desired improvement outcomes? | Y | | N | | N/A | X |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | | N | | | |
| If no has the action plan been revised/ enhanced | Y | | N | | | |
| Timescales to achieve next level of assurance | | | | | | |

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|-----------------|--------------------|
| Meeting | Public Trust Board |
| Date of meeting | 18 September 2023 |
| Paper number | Enc C |

Introduction/Background

My first few weeks in the Trust

I would like to thank everyone for making me feel so welcome following my formal commencement as Chief Executive on 1st August. I am fortunate that I have three excellent Managing Directors leading the other Trusts in the Group. They have facilitated me spending a little more time re-familiarising myself with the Trust and starting to distil the very many issues that the NHS faces locally into a smaller set of top-level priorities. It has been great to see so many familiar faces from my previous time here. Sixteen years is a long time, particularly in an environment as fast changing as the NHS, but the positive culture of our staff has a very familiar feel to it.

In my first week I took the opportunity to invite Dr Ian Sturgess back into the Trust to more fully share the findings from his latest review of urgent and emergency care. This is the fourth, and hopefully last, visit Ian has made to the Trust in recent years and this latest report raises a number of issues and concerns which were flagged with us before. It is important that we don't conclude these are irreparable or to overly-focus on the improvements that sit elsewhere in our urgent and emergency care system. The Board have seen the full report and it is clear that the majority of flow problems in our system are within the acute setting and hence are for us to resolve. The discussions that I have had on these over the past few weeks have helped to triangulate Ian's findings.

I have also spent time with stakeholders, with Non-Executives, Executives and Divisional leaders and of course with our Freedom to Speak Up Guardian and Staff Side lead. I will be sharing a first draft of a Ten Point Plan with Board colleagues separately today and will bring this into a Public Board as soon as possible. The plan aims to articulate more clearly what our main areas of focus as a Board will be. This will then present a clearer picture to our staff of where we will work together to make improvements. You will hear me talk a lot about flow, as I do in all of the Trusts in the Group. Better flow will most importantly provide better care and outcomes for our patients, but it will also address our productivity and efficiency challenges. Importantly it will remove a number of frustrations which our staff experience and allow them to feel that they are doing their best for their patients – which is what they joined the NHS to do.

I am also delighted that we have been able to appoint Stephen Collman to the role of Managing Director and also pleased that he will be able to start with us very soon.

My CEO updates to Board will provide a short overview of any national or local developments since we last met. I will also take the opportunity to look a little more closely at some developments or improvements in one of our divisions or specialties. This will allow me to touch on all parts of the Trust over time.

Conviction of Neonatal Nurse – Lucy Letby

Following the outcome of the trial of Lucy Letby, the NHS has expressed profound apologies to all of the families. These unspeakable crimes have shocked and sickened staff across the NHS, just as they have the entire nation. These acts were a betrayal of patient trust, and we appreciate how distressed and concerned this can leave people feeling. The Department of Health and Social Care has announced that there will be an independent, non-statutory inquiry into the events at the Countess of Chester Hospital NHS Foundation Trust.

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|-----------------|--------------------|
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Although these appalling crimes were the actions of a single individual, this case is a stark reminder of how important it is that the NHS listens carefully to the concerns of patients, families and staff. We continue to monitor a wide range of quality and safety indicators and have well established policies which encourage and support staff to speak up. We also regularly welcome our Freedom to Speak up Guardian to talk to us at our public Board meetings. Our Chair has written to the Non-Executive Chairs of our quality and safety committees across the Group asking them to discuss the report at their next meetings and to provide assurance back to each Board on our local arrangements. Our Group model will also facilitate sharing of best practice on related issues between the four Trusts.

Managing Urgent and Emergency Care alongside Elective Recovery

I was fortunate to be invited to attend the second NHS Recovery Summit which was held in July. As with the first event in January, a series of themed meetings took place over the course of a day. The main focus was the need to ensure that the NHS returns as quickly as possible to its pre-Covid levels of productivity with corresponding access times. The meeting took place in the context of the revisions already made to minimum performance expectations set out in this year's planning guidance. The true change in productivity in urgent and emergency care is really hard to assess as there have been many changes to patient pathways. With growth in same day emergency care, admission avoidance pathways and virtual wards, the patients who are admitted to hospital are generally of a higher acuity. Many of the alternative pathways require the oversight or virtual input of hospital-based specialists, so this activity also needs to be measured and suitably weighted alongside the more traditional counts of admissions and attendances.

It should also be noted that Elective care recovery has been severely impacted by the ongoing industrial action. Despite this, the overall Regional position has moved from worst performing to second best performing. Generally, from a Group perspective, elective recovery has been good although it is recognised that the Herefordshire and Worcestershire system went into Covid with longer waiting times and hence face a tougher battle to achieve the national milestones. There is of course a direct relationship between managing UEC pressures and delivery of elective recovery. This has been historically well recognised across the Group. Last year the 'Operation Ringfence' initiative helped to demonstrate this and has further reinforced the mindset of cancellation avoidance.

As part of the Urgent and Emergency Care recovery plan, for some months now Tier 1 and Tier 2 Trusts and systems have been receiving targeted support from the national and regional teams. The material used for this has now been issued as a 'universal offer' to all. For the part of the NHS not identified for targeted support, this 'offer' represents a range of solutions which can be put in place to improve flow i.e., not mandated but advisable.

Winter planning letter

This year's Winter Planning letter was refreshingly published at the end of July. This allows sufficient time for systems to finalise plans and to submit their winter updates in early September. This has been structured to provide additional guidance on top of the system plans submitted at the start of the year. These plans also set out how the additional funding for discharge, bed occupancy reduction, virtual wards etc were committed and profiled over the year. Colleagues in social care were particularly pleased to see that continuation of last year's funding was clarified at an early stage and that it continues into 2024/25.

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Whilst the creation of a joined up overall winter plan is a responsibility of each ICS, it was useful to see 'Job Cards' for all parts of the system. These set out the respective roles of Ambulance Trusts, Primary Care, Acute Providers etc. These all relate to the 10 High Impact Interventions set out in the UEC Recovery Plan in January. Trust like ours (Acute and specialist NHS trusts) are expected lead the delivery of high-impact interventions 1-4 as set out below:

1. **Same day emergency care (SDEC):** Reducing variation in SDEC provision by providing guidance about operating a variety of SDEC services for at least 12 hours per day, 7 days per week.
2. **Frailty:** Reducing variation in acute frailty service provision. Improving recognition of cases that could benefit from specific frailty services and ensuring referrals to avoid admission.
3. **Inpatient flow and length of stay:** Reducing variation in inpatient care and length of stay for key integrated urgent and emergency care (iUEC) pathways/conditions/cohorts by implementing in-hospital efficiencies and bringing forward discharge processes for pathway 0 patients. This includes through:
 - a. Delivering improvements in ambulance handover times
 - b. Ensure documented internal professional standards are in place for rapid specialty in-reach to urgent and emergency care pathways 24/7 – ensuring that patients requiring admission are moved from the emergency department in line with these standards.
 - c. Put in place mechanisms to monitor performance against these standards and take action to course correct delivery where required.
4. **Community bed productivity and flow:** Reducing variation in inpatient care and length of stay by maximising therapeutic interventions to reduce deconditioning and bringing forward discharge processes.
 - Ensure that general and acute beds are available and open in line with the agreed 2023/24 ICB Operating Plan – including escalating the number of beds as needed in line with the winter addendum to this plan. This includes monitoring and reducing occupancy in the run up to Christmas.
 - Focus on improving performance against the four-hour standard for type one attendances, to contribute to the overall A&E performance target of 76%.
 - Continue focused efforts on patients attending A&E who spend more than 12 hours in department from arrival to discharge, admission or transfer.
 - Ensure clear arrangements for early referral to care transfer hubs where patients are likely to require step-down care following hospital discharge. Align processes and protocols with standard operating procedures for care transfer hubs to reduce variation, minimise discharge delays, maximise access to community rehabilitation and reablement and optimise 7-day working. Provide timely data where needed by care transfer hubs to support governance, operational grip and decision-making and to support intermediate care capacity and demand planning.
 - Ensure that sufficient capacity is in place to protect the elective pathway for both adults and children and young people – with clear triggers in place to open additional non-elective capacity in line with the winter addendum to the 2023/24 Operating Plan.
 - Ensure actions to improve the primary and secondary care interface set out in the Primary Care Access Recovery Plan are implemented with system wide understanding of pressures across the totality of the UEC pathway including primary care.
 - Ensure that robust workforce plans are in place to respond to an increase in demand over the winter period, including planning annual leave to maintain a continuous

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physician presence throughout the Christmas/New Year period. This should include planning for a possible increase in staff sickness associated with an increase in winter illness, including Covid-19 and influenza.

- Implement flexible mechanisms for staff pooling and utilisation of resources across organisational boundaries, including increasing use of staffing banks to onboard both health and care workers to the right part of the pathway utilising 'mutual aid' arrangements where needed and supplemented by digital solutions.
- Ensure that a robust plan is in place for the vaccination of staff, volunteers and patients against influenza and that plans are in place to rapidly respond to any other vaccination programme recommended by the Joint Committee on Vaccination and Immunisation (JCVI)

UEC Performance - Capital incentive

For the first time a capital incentive has been offered to those Trusts which exceed the national performance objective. This is based on achieving at least 90% on the Category 2 ambulance handover 30 mins standard on average over Q3 and Q4 and delivering at least 80% on the A&E performance standard in Q4.

NHS Workforce Plan

Whilst this has been covered in previous Board meetings, this issue is of such importance that I felt that it would be appropriate to add further comment on the first long term (15 year) NHS Workforce plan. This was published alongside the 75th Birthday in July. This was linked to a £2.4bn funding pledge although there is still a lack of clarity on how much of the funding pledge is additional money as opposed to assumed productivity improvements. There is also as yet no mention any supporting capital, although such matters would traditionally be covered in the Government's Autumn Spending Statement.

The plan has three main themes:

Train - Substantially growing the number of doctors, nurses, allied health professionals and support staff.

Retain - A renewed focus and major drive on retention, with better opportunities for career development and improved flexible working options including pensions.

Reform - Working differently and delivering training in new ways. Advances in technology and treatments will be explored and implemented to help the NHS modernise and meet future requirements

The report includes a number of pledges which are aimed at reducing vacancies. This includes:

- Doubling medical school training places to 15,000 by 2031/32, with more places in areas with the greatest shortages.
- Increasing the number of GP training places by 50% to 6,000 by 2031
- Nearly doubling the number of adult nurse training places by 2031, with 24,000 more nurse and midwife training places a year by 2031
- Providing 22% of training for clinical staff through apprenticeship routes by 2031/32
- Introducing medical degree apprenticeships with pilots running in 2024/25 so that by 2031/32 around 2,000 medical students will train by this route.

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- Training more NHS staff domestically – the plan anticipates that in 15 years’ time, we would expect around 9-10.5 % of the workforce to be recruited from overseas compared to nearly a quarter now.
- Ensuring that more than 6,300 clinicians start advanced practice pathways each year by 2031/32
- Increasing training places for nursing associates (NAs) to 10,500 by 2031/32 – by 2036/37, there will be over 64,000 nursing associates working in the NHS, compared to 4,600 today.
- Further pension scheme reform, with an aim to retain 130,000 staff working in the NHS for longer.

Fit and Proper Person Test (FPPT) Framework

NHS England published a new Fit and Proper Person Test (FPPT) Framework for board members in August 2023. Further information, together with the Framework and accompanying documents, can be found on NHS England’s website by clicking on the following link: [NHS England » NHS managers and leaders](#)

The FPPT Framework is in response to the recommendations made by Tom Kark KC in his 2019 Review of the FPPT. The Framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a board member. It has been designed to be fair and proportionate and has been developed with the intention to avoid unnecessary bureaucratic burden on NHS organisations. However, ensuring high standards of leadership in the NHS is crucial and the Framework will help board members build a portfolio to support and provide assurance that they are fit and proper, while demonstrably unfit board members will be prevented from moving between NHS organisations. The FPPT applies to Executive and Non-Executive Directors of Integrated Care Boards, NHS Trusts and Foundation Trusts, NHS England and Care Quality Commission, for interim as well as permanent appointments.

Personal data relating to FPPT assessment will be retained in local record systems and specific data fields in the NHS Electronic Staff Record (ESR). We have therefore communicated to all Board members (voting and non-voting) in the Trust whose details will be included in ESR. By doing so directors have been afforded the opportunity to object if they have concerns regarding the proposed use of their data.

The Chief People Officer and Trust Secretary are working through the implications and ensuring processes are in place to comply with the new Framework.

Issues and options

Recommendations

- The Trust Board is requested to
- Note this report.

Appendices – None

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Communications and Engagement Update

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| For approval: | | For discussion: | | For assurance: | x | To note: | |
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| Accountable Director | Richard Haynes, Director of Communications and Engagement | | |
| Presented by | Richard Haynes | Author /s | Richard Haynes |

| Alignment to the Trust's strategic objectives (x) | | | | | | | |
|---|---|---|---|-----------------------|---|-------------|---|
| Best services for local people | X | Best experience of care and outcomes for our patients | X | Best use of resources | X | Best people | X |

| Report previously reviewed by | | |
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| Committee/Group | Date | Outcome |
| | | |

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| Recommendations | Board members are asked to note the report. |
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| Executive summary | <p>This report provides Board members with examples of significant communications and engagement activities (including charity and fundraising activities where relevant) which have taken place since the last update (June 2023) as well as looking ahead to key communications events/milestones in coming months.</p> <p>In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.</p> |
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| Risk | | | |
|--|--|--|---|
| Which key red risks does this report address? | | What BAF risk does this report address? | BAF Risk 12: If we have a poor reputation then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care |

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| Assurance Level (x) | 0 | 1 | 2 | 3 | 4 | 5 | x | 6 | 7 | N/A |
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| Financial Risk | Related activities carried out within the existing communications budget or covered by the budgets of supported projects or programmes. |
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Action

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| Is there an action plan in place to deliver the desired improvement outcomes? | Y | | N | X | N/A | |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | X | N | | | |
| If no has the action plan been revised/ enhanced | Y | | N | X | | |
| Timescales to achieve next level of assurance | Communications and engagement priorities for 23/24 are aligned with Trust planning priorities and timelines in ways which are consistent with our Communications Strategy, subject to capacity constraints. Progress and issues will be reflected in future Board updates | | | | | |

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Introduction/Background

This report provides Board members with examples of significant communications and engagement activities (including charity and fundraising activities where relevant) which have taken place since the last update (June 2023) as well as looking ahead to key communications events/milestones in coming months.

In the spirit of our 4ward behaviour of work together, celebrate together, this report includes recent examples of our more successful proactive media and social media work which help to showcase our commitment to putting patients first, and further improve the profile and reputation of our Trust as well as supporting the wellbeing of our staff.

Issues and options

Success of Worcestershire Royal Hospital Emergency Department Appeal



Thanks to the generosity of the people of Worcestershire, our fundraising appeal to help put the finishing touches to the new Emergency Department at Worcestershire Royal Hospital has been a great success.

We have raised more than £120,000 against an original target of £50,000. More than half of that came from our first ever cold door drop appeal with the rest coming from corporate sponsors, grants and trusts (including more than £27,000 from Arts Council England).

The door drop performed especially well and well above industry standards. Based on the volume of units sent (68,873) we would expect a 0.5% response rate totalling 344 responses. The average donation to a cold appeal is usually £25 so the expected result from this appeal would have been £8600. Our appeal has solicited three times that so far with 1072 responses (309 online and 763 by post) and has an average donation of £37. (We have removed one large donation from the average total figures in the above.)

The processing of these donations has been labour intensive and we appreciate the support of our finance and cashier colleagues in facilitating this.

The money raised will support a number of enhancements to the ED, including internal and external artwork and secure phone charging units which will be free to use for patients.

At the time of writing this report we were still receiving donations. Plans for the balance of the income include enhancing the staff rest area.

The charity team are planning to host a Thank You event for donors and stakeholders before the ED opens fully to patients to showcase the finished development. A large Thank You installation will display the names and logos of some prominent donors.

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ED Recruitment

A recruitment campaign for urgent and emergency care, focussed on the new ED at WRH, launched in August. Among the resources we developed was a dedicated webpage:

<https://www.worcsacute.nhs.uk/our-trust/work-for-us/join-our-ed>

Embedded on this page are jobs that are currently live on the NHS job page and specific to our Urgent Care Team.

Prompted by the often auto-corrected Trust initials (WAHT being corrected to WHAT will be familiar to many colleagues) we used the WAHT initials and the strapline 'A Life Changing Career' supported by a series of short videos from members of the urgent care team talking about what they love about their jobs, a bespoke job pack and trails of the new ED at WRH, as well as a welcome video from the UEC divisional team (see link below)

[Interested in joining our Urgent Care Team? Come and speak to us V2 - YouTube](#)



VR Headsets for Patients: National media coverage

Working in partnership with colleagues in ICB communications and the Co-Lab at Kidderminster we have secured some excellent local and national media coverage for our use of virtual reality (VR) headsets to improve experience of patient care.

At the end of August, we hosted a visit to Worcestershire Royal by a crew from the BBC's Morning Live programme with presenter Dr Ranj Singh. They were covering the story of 10-year-old Acute Lymphoblastic Leukaemia patient Freddie Gittins who has been successfully using the VR headsets to distract him from the injections he has to have as part of his chemotherapy treatment.

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The result was a very positive piece which ran on Morning Live on 6 September, showing Freddie using a headset while receiving his treatment at WRH and highlighting the role of the Worcestershire Acute Hospitals Charity in funding four VR headsets.

The piece also featured an interview with Dr Rupa Chilvers, Associate Programme Director in the Digital Transformation Team at Herefordshire and Worcestershire ICB, who outlined the benefits of digital technology in healthcare.

The full seven and a half minute piece can be watched [using BBC iPlayer here](#) (it starts at just over 17 minutes into the programme)

Culture Month



This October we are celebrating our culture and diversity throughout the Trust as part of a dedicated Culture Month.

The four weeks – which include a celebration of our staff networks, the sixth anniversary of the launch of our 4ward behaviours, guest speakers and wellbeing events - will encourage staff to get involved in celebrating our diversity and supporting national awareness days.

Each week of the month will be dedicated to specific Trust networks or themes and ends with a Celebration of Culture Month evening concert at Worcester Cathedral on Thursday 26 October.

The free concert - open to all colleagues and their friends and family - allows us to come together to celebrate the richness of our cultural backgrounds and those of the local community through singing, music, dance, words, art, food or drink.

We are providing communications support to all teams involved during the build up to Culture Month sharing messages and developing a suite of visual materials. During the month itself, we will dedicate all desktop screensavers and showcases in Worcestershire Weekly to this theme and capture rolling content to continually share with colleagues.

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Staff Awards Update



Following the launch of our 2023 Staff Recognition Awards, we received more than 350 nominations from colleagues, patients and the public.

The quality of the entries across all categories provided a real challenge for the shortlisting and final judging panels and we would like to thank everyone who took the time and trouble to submit a nomination.

Thanks in no small part to the success of last year’s event, and a great deal of effort by our charity team, we have secured more than £39,000 in sponsorship for the 2023 ceremony which will again be hosted at the studios of our friends at DRPG on the evening of Friday 24 November.

Between now and then, the charity and communications teams will be working hard on the awards brochure, video, script and everything else needed for the evening.

Launch of Rumour Mill



Rumour Mill is a new online service which offers colleagues across our Trust an opportunity to ask and share questions – anonymously if they prefer – if they haven’t been able to get those questions answered anywhere else.

Rumour Mill is a well-established part of the internal communications offer across the rest of the Foundation Group, and following our Trust joining the Group, we launched it locally at the end of August, via Worcestershire Weekly and a link on the intranet homepage.

At the time of writing this report Rumour Mill had been live for just over a week and we had received a total of 30 questions. Unsurprisingly, the first two questions both related to car parking, but subsequent questions have covered a wide variety of topics, from non-medical prescribing to on-site catering arrangements.

The communications team manages Rumour Mill, with input from executive colleagues and other relevant teams on responses where required. (It also offers an additional channel for colleagues to send a ‘shout out’ although our Staff Facebook group is already well used for this purpose.)

Based on experience in other parts of the Foundation Group, we expect high levels of interest and activity in the first few weeks followed by a gradual levelling off, not least as we develop the Frequently Asked Questions section of Rumour Mill, but the initial extra workload is likely to be considerable. We are grateful for the active support of executive and other colleagues in providing timely responses.

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Electronic Patient Record (EPR)

Two members of our communications team, Jaspreet Jagdev, Communications Programme Specialist, and Rebecca Bourne, Head Of Communications, have been invited to run a national webinar for NHS communications leads to share their expertise, hands-on experience and learning from launching EPR.

Titled 'how effective engagement and comms can help ensure successful EPR rollout and stabilisation', this is the next masterclass in NHSEs engagement and comms series, which will focus on ensuring engagement and communications is planned, targeted, and carried out as effectively as it can be to support national EPR implementation processes, as well as helping ongoing stabilisation work post-rollout.

Jaspreet and Rebecca will be supported at the webinar by our recently appointed Chief Digital Engagement Officer Jackie Edwards.

Update on new Trust website and intranet

Work is progressing on the migration of content from our current public facing website to a new content management system (CMS), which should make editing and updating content easier (once training for the relevant members of the communications team is completed.) It should also deliver improvements in accessibility, certainly in terms of website pages although more work will be required on (for instance) documents in pdf format.

The transfer to the new content migration should be completed in early October and until then we are trying to limit website updates to business-critical changes only, with other work being held until the new CMS is working.

A kick off meeting has also been held with digital colleagues to begin developing a project plan for the transfer of our intranet to a new Microsoft SharePoint managed system.

Both these important programmes of work have already taken up a significant amount of communications team capacity and will continue to do so for the next few months.

Other issues which have required significant communications support since the last Board update include:

Industrial action: Internal and external communications support has been required for our response to industrial action by a number of health service unions – and will continue with further industrial action expected by Consultants and Junior Doctors in September and October.

RAAC (Reinforced autoclaved aerated concrete) – media coverage of the issues affecting schools across the country prompted renewed interest in the remedial work being carried out on A Block at Kidderminster, which has now been completed.

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| Conclusion |
| Demand for communications and engagement support continues to grow rapidly and with finite capacity we are trying to focus our time and skills on those areas which will provide most value to the Trust's wider strategic and operational priorities. |
| Recommendations |
| Board members are asked to note the report. |
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Trust response to NHSE letter (18 August 2023) - Verdict in the trial of Lucy Letby

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| For approval: | | For discussion: | x | For assurance: | x | To note: | |
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| Accountable Director | Sarah Shingler Chief Nursing Officer: Executive Board Maternity and Neonatal Safety Champion | | |
| Presented by | Sarah Shingler Chief Nursing Officer | Author /s | Deborah Narburgh, Head of Safeguarding Justine Jeffery, Director of Midwifery Melanie Stinton, Freedom to Speak Up Guardian Amrat Mahal, Director of Nursing – Women & Children Tina Ricketts, Director People & Culture |

| Alignment to the Trust's strategic objectives (x) | | | | | | | |
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| Best services for local people | x | Best experience of care and outcomes for our patients | x | Best use of resources | x | Best people | x |

| Report previously reviewed by | | |
|--------------------------------|------------------------------|--|
| Committee/Group | Date | Outcome |
| Quality Governance Committee | 31 st August 2023 | Changes requested to strengthen paper. Approved for Board. |
| Nursing, Midwifery & AHP Board | 22 nd August 2023 | Development of initial paper for onward progression to QGC |

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| Recommendations | <p>The Board of Directors is asked to consider the 'could this happen here' analogy.</p> <p>This paper outlines the good governance, implementation and oversight at Trust Board level and the assurance that the five points outlined in the NHSE letter have been urgently reviewed.</p> <p>There are robust systems in place across the Trust in relation to early identification of emerging trends in baby deaths, FTSU/Speaking up, Safeguarding etc, however it is vitally important we recognise that those who wish to cause harm will practice outside of these safeguards and vigilance and investigation of near-miss incidents is paramount.</p> <p>Senior Managers and Leaders within the Trust are asked to consider this paper and initial learning from this case, in order to reduce the risk of any such event happening here.</p> |
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Note that the findings from this case are transferrable across all areas of the Trust.

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| Executive summary | <p>Lucy Letby a Neonatal Nurse at the Countess of Chester Hospital's Neonatal Unit was the subject of a Police investigation named Operation Hummingbird. The aim of the investigation was to investigate the alarming and unexplained rise in deaths and near-fatal collapses of premature babies in the Countess of Chester Hospital's neonatal unit.</p> <p>Letby has steadfastly denied all of the 22 charges against her but was found guilty of seven counts of murder and seven of attempted murder, involving six babies. She was further acquitted on two counts of attempted murder while jurors were unable to reach verdicts on six further attempted murder charges.</p> <p>The Health Secretary has subsequently ordered an Independent Inquiry.</p> <p>Initial media reporting on the case has identified potential missed opportunities to stop Letby at an earlier stage, thereby potentially saving lives.</p> <p>On the 18th August 2023 NHSE wrote to all Integrated Care Boards, NHS Trusts and Primary Care Networks and requested that all must urgently ensure:</p> <ol style="list-style-type: none"> 1. All staff have easy access to information on how to speak up. 2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme. 3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place. 4. Boards seek assurance that staff can speak up with confidence and whistle-blowers are treated well. 5. Boards are regularly reporting, reviewing and acting upon available data <p>On 21st August 2023, Lucy Letby was sentenced to, on each offence, a whole life imprisonment order. The early release provision will not apply.</p> |
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| Risk | | | |
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| Which key red risks does this report address? | | What BAF risk does this | |
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| | | report address? | | | | | | | | |
| Assurance Level (x) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | X | 7 | N/A |
| Financial Risk | <i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i> | | | | | | | | | |
| Action | | | | | | | | | | |
| Is there an action plan in place to deliver the desired improvement outcomes? | Y | | N | | | | | | | N/A |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | | N | | | | | | | |
| If no has the action plan been revised/ enhanced | Y | | N | | | | | | | |
| Timescales to achieve next level of assurance | | | | | | | | | | |

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Introduction/Background

Lucy Letby, a Neonatal Nurse at the Countess of Chester Hospital's Neonatal Unit was the subject of a Police investigation named Operation Hummingbird. The aim of the investigation was to investigate the alarming and unexplained rise in deaths and near-fatal collapses of premature babies in the Countess of Chester Hospital's neonatal unit.

In September 2016, Letby was officially informed in a letter from the Royal College of Nursing that she was under investigation over the deaths of babies.

Earlier that year, she had been removed from clinical duties and given a clerical role in the risk and patient safety office by hospital management. At the time, she believed this was to check staff were competent to do their jobs and hoped to return to the job she loved.

She was initially released on police bail but was subsequently arrested twice more and then ultimately charged in November 2020.

Since October 2022, the 33-year-old has been on trial at Manchester Crown Court, accused of murdering seven babies and attempting to murder 10 others between June 2015 and June 2016.

She has steadfastly denied all of the 22 charges against her, but was found guilty of seven counts of murder and seven of attempted murder. Lucy Letby was further acquitted on two counts of attempted murder while jurors were unable to reach verdicts on six further attempted murder charges.

In summing up at sentencing, Mr Justice Goss described Letby actions as “contrary to human instincts of nurturing & caring for babies” “causing deliberate harm intending to kill”, “actions were premeditated, calculated, cunning”. Letby was accused of causing harm and pain to the babies in a number of ways, aiming to mislead clinicians, committing her crimes whilst staff were on breaks, whilst parents were away from babies and falsification of records. Handover records were also found at Letby home, thought to have been retained as a record of her crimes.

Current Position:

The Police have now widened their investigation to other Hospitals where Lucy Letby is known to have worked.

Steve Barclay, The Health Secretary has subsequently ordered an Independent Enquiry into this case.

21.08.2023 Sentencing – Mr Justice Goss handed Lucy Letby on each offence, a whole life imprisonment order. The early release provision will not apply.

Issues and options

The following issues were identified:

1. Gaslighting - she "got away with her campaign of violence for so long" because people "could not contemplate" a nurse was trying to kill babies.

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2. Hospital bosses failed to investigate allegations against Lucy Letby and tried to silence doctors. The hospital delayed calling the police despite months of warnings that the Nurse may have been killing babies.
3. Hospital accused of trying to 'protect its reputation before babies' safety' The hospital's top manager demanded the doctors write an apology to Letby and told them to stop making allegations against her. Two consultants were ordered to attend mediation with Letby, even though they suspected she was killing babies
4. When she was finally moved, Letby was assigned to the risk and patient safety office, where she had access to sensitive documents from the neonatal unit and was in close proximity to senior managers whose job it was to investigate her
5. Deaths were not reported appropriately, which meant the high fatality rate could not be picked up by the wider NHS system
6. Handover sheets and resuscitation records found at Letby home

On the 18th August 2023 NHSE wrote to all Integrated Care Boards, NHS Trusts and Primary Care Networks and requested that all must urgently ensure:

1. All staff have easy access to information on how to speak up.

Staff have a number of routes to raise concerns and this is widely communicated across the Trust through our Behavioural Charter and supporting materials. The routes available include:

| | |
|---------------------|---|
| Freedom to Speak Up | <p>Through the portal on the front page of the intranet or directly to the Guardian or one of the Freedom to Speak Up Champions.</p> <p>Since the launch of the FTSU portal in October 2020 to 31st March 2023 we have had 248 concerns raised. The introduction of the portal has had a positive impact on the number of cases raised and is showing a steady growth. Cases are logged on a confidential database with themes captured; this data is also reported to the national guardian's office on a quarterly basis. Any highlighted areas of concern are escalated to the appropriate director/ manager and an action plan is formulated and agreed.</p> <p>Themes of the recent cases raised centre on poor attitudes and behaviour and bullying and harassment which is consistent with last year.</p> |
| Rumour Mill | <p>Rumour Mill is a new online service which offers colleagues across our Trust an opportunity to ask and share questions – anonymously if they prefer – if they haven't been able to get those questions answered anywhere else.</p> <p>Rumour Mill is a well-established part of the internal communications offer across the rest of the Foundation Group, and following our Trust</p> |

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| | joining the Group, we launched it locally at the end of August, via Worcestershire Weekly and a link on the intranet homepage. |
| Staff networks | We have 4 networks in place to enable the voices of colleagues with protected characteristics to be heard (ethnicity, sexual orientation, disability and faith). We have Freedom to Speak Up Champions (or Guardian attendance) at each of the networks. |
| 4ward Advocates | 4ward advocates can sign post colleagues to the Freedom to Speak up Guardian or Champions |
| Staffside/ trade unions | Contact details are available on the intranet here: <u>Who's Who (worcestershire.nhs.uk)</u> |
| Through their line manager (or senior manager) | Through the embedding of the behavioural charter – speak up, report it, sort it |
| Through Human Resources | Supported by the Freedom to Speak up Policy and Dignity at Work Policy |

Clinical staff have a responsibility through their professional code of conduct to report concerns if they feel that patients are at risk of coming to harm. All clinical staff are supported by the Chief Nursing Officer and Chief Medical Officer in a professional capacity and provide advice and guidance as necessary.

In addition, any member of staff can contact any member of the Board to raise concerns.

We have a cultural heat map in place (based on the staff survey and pulse survey results) which rag rates each department on the raising concerns sub-score and we have a voice that counts sub score. The embedding of the behavioural charter is being prioritised in the departments that are rated red or amber in these areas.

Safeguarding

- All staff undertake mandatory safeguarding training for both adults and children at a level in accordance with their job role. **Gaslighting** - This training includes the ‘think the unthinkable, believe the unbelievable’ ethos
- Chaperone training – available Trustwide via ESR provides examples of professionals who have used their position of trust to abuse and cause harm
- Safeguarding information is available to all staff via the Trust A-Z
- The Trust has an integrated children and adult Safeguarding team available for staff advice and support
- Staff are able to access safeguarding supervision – this is provided by the Named Nurses and staff members within key departments that have undertaken the Richard Swann supervision training
- The Trust has a Named Doctor for Children’s Safeguarding who represents the Trust on the Child Death Overview Panel (CDOP) – the Named Doctor meets on a regular basis with the Head of Safeguarding and Named Nurses – any case specific considerations /concerns are raised

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- Royal College of Nursing - Raising and Escalating Concerns –published June 2023. Will be promoted via the Nursing, Midwifery and AHP Board and associated Nursing forums with immediate effect.
- This is supported by a toolkit which includes culture and criminal concerns: <https://www.rcn.org.uk/employment-and-pay/raising-concerns/Raising-concerns-toolkit>

2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.

The FTSU Guardian and the HR team have awareness of the support scheme and have advertised this to staff. The local FTSU policy has been updated to include detriment and disadvantageous treatment. All individuals that raise a concern to the FTSU Guardian are advised that if they suffer any consequences due to speaking up that they are to advise the FTSU Guardian and the Trust will take action, referral to the support scheme would form part of this. Further communication has been included in the Worcestershire Weekly staff newsletter this month to reiterate a zero tolerance to detriment.

Safeguarding

- The Trust has in place a Managing Allegations Policy - this Policy is ratified with JNCC involvement and reflects the Trust Duty to staff /employees.
- The Managing Allegation Policy & Procedure includes referral to the Local Authority Designated Officer (LADO) in the event the concern involved a person in a position of trust who works with children as part of their job role (or whom is known to have children of their own or access to children e.g. in a voluntary capacity). The LADO process involves Police as a statutory partner.
- Staff support is considered as part of this process.
- Compliance with the Policy forms part of an annual assurance exercise with the ICB Designated Nurse / Deputy CNO
- The Head of Safeguarding is currently in the process of developing an escalation process for staff concerns e.g. HR, Criminal, Safeguarding, Medical, Nursing etc
- **Record keeping arrangements in place in relation to Managing Allegation cases would allow the early identification of repeated concerns in regards to an individual to enable early detection of potential concerns**
- The CNO and DCNO receive regular reports in relation to Position of Trust cases from the Head of Safeguarding, these cases are discussed on a weekly basis with the CNO.

3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

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The embedding of the Behavioural Charter across the Trust is a key mechanism to support staff who may have cultural barriers to raise concerns. The charter has been developed in conjunction with the staff networks.

On site walkabouts the Executive Team, FTSU Guardian and Lead Non-Executive Director target red and amber areas on our cultural heat map to ensure they are aware of the mechanisms to report their concerns.

A category was added to the FTSU portal late last year to enable the identification of staff with protected characteristics to provide them with further support in raising their concern. As well as the portal there are also hard copy forms available for staff to raise concerns so as to not exclude any who may struggle with IT or who are unable to access the app. In addition, members of the staff networks and 4ward Advocates have been trained as FTSU Champions to ensure we have a diverse range of contacts across all of our sites.

Safeguarding

- The Safeguarding Pathway is available on the Trust A-Z and contains a wealth of resources for staff, including team contact details
- Regular staff updates are circulated via the Trust Weekly Brief

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.

Regular Freedom to Speak Up (FTSU) reports are submitted to the Trust Management Executive, People & Culture Committee and Trust Board with FTSU Guardian attendance to support the discussion.

We have a named FTSU Non-Executive Director that undertakes site visits with the FTSU Guardian to seek feedback from colleagues on the FTSU culture.

The 4ward Steering Group has membership from a range of colleagues (FTSU Guardian, 4ward Advocates, Staff Network Chairs, Human Resources, Staffside and Occupational Health) to enable the triangulation of themes raised by staff and to identify any hotspots.

This forum reports to the Trust Management Executive and provides assurance to the People & Culture Committee.

We have completed a FTSU reflection and planning tool in conjunction with the Gap analysis undertaken after the findings of the West Suffolk review: [West Suffolk Review \(england.nhs.uk\)](https://www.england.nhs.uk), which was commissioned in response to events that followed on from an anonymous letter sent and the speaking up arrangements within that Trust. The self-assessment has highlighted good areas of practice:

- The allocated time to the FTSU role
- The support to the Guardian and triangulation of the data
- The appointment and training of the Guardian
- Support that the Guardian receives
- Maintenance of confidentiality
- FTSU champions are clear on their roles

The tool has also identified gaps that we are addressing as set out below:

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- FTSU training for all staff
- Review and implement cover to avoid any gaps in FTSU service
- Review of FTSU communications strategy
- Yearly self-assessment review
- FTSU survey through 4ward advocates and champions

The effectiveness of the FTSU policy is reviewed by the Audit & Assurance Committee each year.

5. Boards are regularly reporting, reviewing and acting upon available data.

- The perinatal team have a robust reporting and investigation processes in place that ensures oversight of all stillbirths, neonatal deaths, maternal deaths and brain injuries. These deaths are investigated internally as serious incidents; if the criteria are met HSIB complete an external review and all other deaths are reviewed using the Perinatal Review Tool. The reviews are multi-professional and peer reviewed across the Local Maternity & Neonatal System. MBRRACE also externally verify the number of deaths reported by Trusts with other national statutory records.
- All unexpected/unexplained neonatal deaths are notified to the Coroner.
- Following the implementation of the Perinatal Surveillance model in 2021 there is an embedded mechanism in place to ensure timely and effective reporting from ward to board.

Following a serious event, the clinical team will immediately inform the leader of the area, local support is arranged for families and staff. The event is notified on the situation report which is completed three times per day and shared with the CNO/CMO. An incident report is submitted which triggers an Initial Case Review; the reviews are discussed weekly at the Divisional Quality Risk and Safety Meeting. This forum is attended by clinicians and leaders from across the four specialities to ensure that there is transparent oversight of all decisions made. The level of investigation is confirmed and commenced. The progress of the investigation is monitored by the Trust Serious Incident Review Group which is chaired by the Trusts Chief Medical Officer or Chief Nursing Officer.

All serious incidents are presented in the maternity safety report which is presented at directorate and divisional governance, sub board quality committees and to the Board. This report also presents the rolling 12-month crude Perinatal Mortality Rate (PMR) and the **adjusted PMR from 2016 is presented within the report to aid identification of any increase in the number of stillbirths, neonatal and maternal deaths.**

- The Divisional Governance team can evidence that they have been proactive in raising concerns when the number of stillbirths or neonatal deaths have increased. **In 2015 and 2018 a 'cluster' of deaths occurred and a thematic review of all deaths that occurred during this time was**

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completed. This was supported by the Trusts Patient Safety Team. No themes or trends were identified.

- Following the sharing of the Lucy Letby case in October 2022 the CNO requested a review of medicines management in the Neonatal Unit. At this time the Trust Lead Pharmacist found excellent compliance with the management of medicines in this area **recognising that those who wished to cause harm would practice outside of these safeguards and vigilance and investigation of near-miss incidents was paramount.**
- Following the most recent staff survey the Women & Children's Divisional Management Team have created an action plan to address the areas of poor performance. The directorates have also distilled those actions into each of the specialities and the progress against the action plans are monitored through directorate management meetings.

Looking forward the perinatal quadumvirate have been invited to attend the National Perinatal Cultural Leadership Programme hosted by NHSE. The identified team will commence the programme in October 2023. A cultural survey will be completed across the perinatal service and actions agreed to help support the team to make improvements where issues are identified

Medical Examiner Role

In the Trust since the end of April 2023, all deaths not referred directly to HM Coroner are reviewed by a Medical Examiner prior to registration occurring. This is for all ages and all settings. All deaths of all ages have been reviewed by a Medical examiner (ME) in the Trust since January 2022. If any issue with care is identified through review of the medical record or after a conversation with the bereaved family the issue is raised with the Trust in the most appropriate manner using the incident reporting system or the PALS and complaints service. If the circumstances of the death require referral to the coroner under the terms of the coroner and Justice act, and this has not already happened, the ME will either make the referral directly or support the parent team in making the referral. The Trust is notified of these referrals via the bereavement office on the site where the death occurred.'

Safeguarding

- The Integrated Safeguarding Team submit quarterly and annual reports taken via the Trust governance structure, which includes the management of allegations
- A comprehensive record of individual cases is retained by the Head of Safeguarding on behalf of the CNO as Executive Lead for Safeguarding
- Datix incident reporting alerts the Integrated Safeguarding Team of specific incidents where there is a safeguarding implication

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| <p><u>Other considerations:</u></p> <p>Confidential handover records were found in Lucy Letby's possession. The Trust has undertaken significant work around information Governance and the safety and security of patient identifiable information. Although, it is thought Letby retained these as a record of her crimes. It would seem timely, to remind staff of their responsibilities in this regard.</p> |
| <p>Conclusion</p> <p>Lucy Letby was a registered professional working in a position of trust. Her victims were some of the most vulnerable babies. Parents entrusted their babies to professionals with the expectation that they would receive the best possible care, that professionals would ensure their safety, and ultimately ensuring the best possible outcomes. Sadly, many of these babies were failed by Letby and the NHS systems and processes meant to protect them.</p> <p>The fallout from this case will be far reaching for the parents and carers of those affected by Lucy Letby crimes. The Judge reported babies as suffering painful deaths and reported lifelong harm for some of the babies who survived.</p> <p>For professionals, there will be a loss of public confidence in dedicated medical and nursing staff, suspicion, and an expectation that we can all do better.</p> <p>This paper outlines the good governance, implementation and oversight at Trust Board level and the assurance that the five points outlined in the letter from NHSE have been urgently reviewed.</p> |
| <p>Recommendations</p> <p>Senior Managers and Leaders within the Trust are asked to consider this paper and any opportunities to action any gaps raised as part of the Lucy Letby case in order to reduce the risk of any such event happening here.</p> <p>The findings from this case are transferrable across all patient groups.</p> |
| <p>Appendices</p> <p>1. NHSE letter 18 August 2023</p> |

- To:
- All integrated care boards and NHS trusts:
 - chairs
 - chief executives
 - chief operating officers
 - medical directors
 - chief nurses
 - heads of primary care
 - directors of medical education
 - Primary care networks:
 - clinical directors
- cc.
- NHS England regions:
 - directors
 - chief nurses
 - medical directors
 - directors of primary care and community services
 - directors of commissioning
 - workforce leads
 - postgraduate deans
 - heads of school
 - regional workforce, training and education directors / regional heads of nursing

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 August 2023

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will co-operate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper [implementation and oversight](#). Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for

communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.

4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the [Fit and Proper Person Framework](#) by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,



Amanda Pritchard
NHS Chief Executive



Sir David Sloman
Chief Operating
Officer
NHS England



Dame Ruth May
Chief Nursing Officer,
England



**Professor Sir
Stephen Powis**
National Medical
Director
NHS England

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UEC Operational Readiness

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

| | | | |
|-----------------------------|--|------------------|--|
| Accountable Director | Helen Lancaster Chief Operating Officer | | |
| Presented by | Helen Lancaster Chief Operating Officer | Author /s | Helen Lancaster Chief Operating Officer |

| Alignment to the Trust's strategic objectives (x) | | | |
|---|--|---|-------------|
| Best services for local people | | Best experience of care and outcomes for our patients | |
| | | Best use of resources | |
| | | | Best people |

| Report previously reviewed by | | |
|-------------------------------|------|---------|
| Committee/Group | Date | Outcome |
| | | |

| | |
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| Recommendations | The board can be assured that plans and mitigations are in place to ensure the new ED opens on 16 th October 2023 |
|------------------------|--|

| | |
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| Executive summary | The original proposed go live date for the move of the existing emergency department into the new building was the 2 nd October, however due to the recently announced industrial action for both junior doctors and consultants, the decision was taken to move the go live date away from any industrial action activity. It is therefore proposed that the department moves into the new facilities on the 16 th October 2023. |
|--------------------------|---|

| Risk | |
|---|---|
| Which key red risks does this report address? | - |
| What BAF risk does this report address? | BAF 19 BAF 20 |
| Assurance Level (x) | 0 1 2 3 4 5 6 X 7 N/A |
| Financial Risk | <i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i> |
| Action | |
| Is there an action plan in place to deliver the desired improvement outcomes? | Y N N/A |
| Are the actions identified starting to or are delivering the desired outcomes? | Y N |
| If no has the action plan been revised/ enhanced | Y N |
| Timescales to achieve next level of assurance | |

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Introduction/Background

Worcestershire Royal Hospital was originally built in 2002 and at that time it was estimated that up to 45,000 patients could be expected to attend the emergency department per year. In 2019/20 the actual number of attendances was c75,000. Demand is projected to grow even further. Post COVID pandemic has seen an increase in the acuity and demand.

The Worcestershire Royal Hospital Emergency Department was designed to provide state of the art facilities for emergency attendances at the hospital. The current department is significantly constrained at peak times in being able to provide sufficient capacity to manage demand for major emergency presentations and flow.

The current configuration of Acute Medicine is sub optimal and comprises two separate areas; Medical Same Day Emergency Care (MSDEC) and Medical Assessment Unit (MAU) and Medical Short Stay Unit (MSSU). Moving MSDEC and MAU into the new Aconbury Building, (which will be above the new ED), will make patient transfer quicker and easier however MSSU is located at the other side of the hospital. Further work is required to scope the location of MSSU however this does not impact on the go live of the new emergency department but may impact on flow until resolved.

Urgent and Emergency Medicine has changed since the current emergency department (ED) was built. The physical arrangements within the Worcestershire Royal Hospital ED no longer provide sufficient consultation and treatment rooms to accommodate existing attendance numbers and additional services such as GP urgent care.

- December 2019: A focused CQC inspection of the ED, found Urgent and Emergency Services to be 'Inadequate'.
- February 2020: A CQC report indicated patients waited too long for assessment and treatment. Patients treated on corridors too frequently and not referred to specialists quickly enough.
- September 2020: The Trust developed a Short Form Business Case to access capital funding of c.£15m for a Major Refurbishment of Urgent and Emergency Care through the Health Infrastructure Plan (HIP) (in addition STP allocation of £2.9 million agreed).
- October 2020: The Short form business case was approved.
- January 2021: The Full Business Case presented to Trust Board was approved.
- February 2021: Building Work commenced. The aims of the build were to:
 - To transform urgent and emergency care services to cope with demand.
 - To redesign physical capacity to safely accommodate current and projected growth in demand.
 - Relocation enabling co-location of ED and acute medicine.
 - Reduce adverse outcomes associated with long length of stay.
 - Maximise Same Day Emergency Care to reduce crowding in the ED.
 - To facilitate new ways of working and new models of care in line with best practice.

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- To redesign and future proof medical staffing model.
- Improvement in performance in regard to national standards.

Issues and options

The original proposed go live date was 2nd October, however due to the recently announced industrial action for both junior Drs and consultants the decision was taken to move the go live date away from any industrial action activity.

Original Timelines for go live 2nd October.

- Possession of the building took place on 25th August.
- Radiology moves in 29th August
- Multiple ongoing live simulations carried out
- Recruitment campaign live and active with good results and response.
- Perfect Week 4th September Learning to Inform development Of SOPs
- MADE W/C 25th September.
- Cut Over Plan in Place For 2nd October -4th October
- Go No Go Criteria Achieved
- EQIA Approved and In Place Including Risk Mitigation
- Communications plan in place

Conclusion

The go live criteria has been met and whilst there a small number of actions not yet complete at the time of writing this report they are not critical actions for go live.

The move to a further date mitigated the biggest risk with 2nd October date. During go live there will need to be an element of double running as one ED stops taking admissions and the other ED begins. This requires the additional response across the organisation to maximise flow and decant the old ED space to the wards in a timely way.

A derogation was considered however this would be required for the organisation not just the ED and if not granted the Go live date of 2nd October would have been stood down a short notice.

Therefore, the option to move the date to 16th October was agreed.

Recommendations

The Emergency Department moves into the new purpose-built facilities on the 16th October 2023.

Appendices

Appendix 1 – Go/No Checklist
Appendix 2 – QIA
Appendix 3 – Cross Over Plan

| Go/No Go Checklist | Last Week BRAG | Decision Owner | Pre-Handover Must Have | Go Live Activity | Comment | Go/No Go Decision Gate | |
|---|---|----------------|---|------------------|--|---|----|
| Move Planning & Coordination | | | | | | | |
| Build (Infrastructure & Environment) | | | | | | | |
| 1 | Fire marshal and staff fire training delivered | N/A | Fred Roden / Ed staff | X | Fred Roden (Fire Marshall) to organise | Fire induction completed for Radiology staff and Fire Testing Carried out 28th August ED staff induction 18th September | Go |
| 2 | Contingency plans change identified and are in place for critical incidents to enable business continuity | N/A | Tom Taylor | X | EPR Manager Tom Taylor is aware of the move plan and will be continually involved over the next few months | Plans are in the process of being updated | Go |
| 3 | Signage / way finding (internal & external) in place & fit for purpose | N/A | Annie Hyett | X | Estates team dealing with internal signage | Internal signage installed - LH/Clinical walkround arranged for 05/09 as changes have been requested by the clinical team, 05th Sept to confirm all changes are complete | Go |
| | Customer / Trust communication | N/A | Richard Haynes/Leanne Halling | X | Will build comms plan based around go live date 16th October | LH will send internal comms to advise of move - 3 weeks prior to move date | Go |
| 4 | All equipment necessary to clinically operate is ordered and installed fit for purpose. | N/A | | | | | |
| | Observations equipment | N/A | Leanne Halling | X | All equipment is ordered | LH meeting with Siemens 04/09 for confirmation on equipment delivery/install/commissioning | Go |
| | Oxygen & suction | N/A | Leanne Halling | X | This is ordered but needs to be checked once installed | LH meeting with Siemens 04/09 for confirmation on equipment delivery/install/commissioning | Go |
| | Nurse call | N/A | Leanne Halling | X | This needs to be checked once handover is taken | Completed as part of handover | Go |
| 5 | The building has had a builders clean | N/A | Speller Metcalfe (Annie Hyett to confirm) | X | Will be completed by build team 21st August | Completed as part of handover | Go |
| 6 | The building has had a clinical clean | N/A | Briony Mills | X | Will be cleaned weekend preceeding move | ISS clean to take place WC 25th September - date to now moved as go live date changed. Will now be completed the weekend 14/15th October | Go |
| 7 | Health & safety early initial review complete, Change requirement identified and implemented. | N/A | Julie Noble | X | Julie has been involved in the programme for some time and has already reviewed. Julie will be invited to review once again after handover | LH to arrange this with Julie week commencing 4th September | Go |
| 8 | Snagging | N/A | Donna Jaynes/Ross Hodson/Clare Bush/Dave Raven/Wendy Joberns-Harris | X | Snagging to be agreed | | Go |
| 9 | Clinical Sign Off | N/A | Dave Raven/Ross Hodson/Donna Jaynes/Clare Bush | X | Sign off to be confirmed | | Go |
| Communications & Engagement | | | | | | | |
| 1 | Trust Communications. Engaged, educated and tasked. | N/A | Richard Haynes / Leanne Halling | X | Richard has been engaged throughout the project and has a communications plan | * LH will send internal comms to advise of move - 3 weeks prior to move date * Partnership open day event to be arranged prior to move by Tom Taylor/Richard Haynes | Go |
| 2 | Engie. Engaged and educated. | N/A | Mark Woodcock | X | Mark has been engaged through the project and will nominate an engie representative for the transitions meeting | In progress Engie engaged via Facilities workstream (meeting on Wednesdays - weekly) | Go |
| 3 | Tech Services. Engaged and educated. | N/A | Oliver Lissimore | X | Richard has been engaged through the project and has an IT rollout plan | Weekly Meeting Arranged with IT tech services has been arranged | Go |
| 4 | Shaun Webb (Siemens). Engaged and educated. | N/A | Shaune Webb/Leanne Halling | X | Shaun has been engaged through the project and will nominate a Siemens representative for the transitions meeting | LeHa meeting Siemens 4th September and Siemens invited to transitions meeting | Go |
| 5 | Procurement for stock & supplies. Engaged and educated. | N/A | Briony Mills | X | Briony will ensure sufficient stock and supplies via ISS and in co-ordination with ED Matron | LH - arranged for top up to take place WC 4th September | Go |
| 6 | Hub / bed management tool. Engaged and educated. | N/A | Rachel Holloway | X | Rachel is new to post - LyTh to meet with Rachel to run through the programme and go live dates | Complete - Rachel Holloway aware of go live date | Go |
| 7 | IT. Engaged and educated. liaise directly with Pete Gunston, Pete will initially need the following information: • Dates • Area Names • No beds / rooms etc on the floor plate Once they are configured our end I believe further communications go out to the system admins.... | N/A | Pete Gunston | X | Pete is aware of the programme and will organise to change patient first at the time of go live | Initial Meeting between Pete and Clinical team has been completed and changes required have been scoped out and agreed. Pete and IT team will make these changes the day before golive (as they are changes to the live system environment). IT resource is agreed. | Go |
| 8 | Computer Centre. Engaged and educated. | N/A | Oliver Lissimore | X | Oliver will inform Computer Centre of the move | Weekly Meeting Arranged with IT tech services | Go |
| 9 | Informatics. Engaged and educated. | N/A | Nikki O'Brien | X | Nikki O'Brien will be invited to transitions meetings or to nominate a substitute (likely to be Ben Hoskins our informatics support officer) | Ben Hoskins attends bi-weekly transitions meeting and all reporting configuration is understood and will be made the weekend before go-live (due to live reporting) | Go |

| | | | | | | | |
|------------------------------|--|-----|---|---|--|---|------------|
| 10 | Finance. Engaged and educated. | N/A | Louise Caruana | X | Louise is aware of the project and is engaged already in staffing budgets and projections | Complete - Louise Caruana and team are aware of go live date | Go |
| 11 | Health Records. Engaged and educated. | N/A | Heather Flemming | X | Heather will be made aware of go live date | Complete - Heather and team are aware of go live date | Go |
| 12 | Coding team. Engaged and educated. | N/A | Vikki Macwhirter | X | Vikki is coding manager and is aware of the move, will keep him informed of go live | Complete - Vikki and team are aware of go live date | Go |
| 13 | ISS. Engaged and educated. | N/A | Mark Woodcock | X | Mark has been engaged through the project and will nominate an engie representative for the transitions meeting | Complete - Mark and team are aware of go live date | Go |
| 14 | IPC. Engaged and educated. | N/A | Julie Bough | X | Julie is aware of the move and will be kept informed of go live date | Complete - Julie and team are aware of go live date | Go |
| 15 | H&S. Engaged and educated. | N/A | Julie Noble | X | Julie is aware of the move and will be kept informed of go live date | Complete - Julie and team are aware of go live date | Go |
| 16 | Microbiology. Engaged and educated. | N/A | Mike Cornes | X | Mike is aware of the move and will be kept informed of the go live date | Complete - Mike and team are aware of go live date | Go |
| 17 | Fire Safety. Engaged and educated. | N/A | Fred Roden | X | Fred is aware of the project and has been invovled from early desgin phase, he will be kept informed of go live dates | Complete - Fred and team are aware of go live date | Go |
| 18 | ICB Engaged and educated. | N/A | Chris Cashmore | X | Chris is aware of the move and will be kept informed of the go live date | Complete - Chris and team are aware of go live date | Go |
| 19 | West Midland Ambulance Service. Engaged and educated. | N/A | Mark Iley | X | Mark Iley WMAS halo has been involved from early stages of design and he will be kept informed of go live dates | Complete - Mark and team are aware of go live date | Go |
| People & Services | | | | | | | |
| 1 | Staff group resource and rotas in place: | | | | | | |
| | Medical staffing | N/A | Ross Hodson | X | Ross is clinical lead and engaged from early stages of the programme. Ross is aware of the go live date and staffing requirements | rota is now being rebuilt around go live date 16th October, will be confirmed in transition meeting 13th September | Go |
| | Nursing staffing | N/A | Donna Jaynes | X | Donna is Matron and engaged from early stages of the programme. Donna is aware of the go live date and staffing requirements. Donna has a recruitment tracking spreadsheet that is updated by Nicky Collins and tracked by Charlie in the ops team | rota is now being rebuilt around go live date 16th October, will be confirmed in transition meeting 13th September | Go |
| | Pharmacy | N/A | Tannia Carruthers | X | Tania is aware of the programme and will be kept aware of the go live dates. We have discussed with her the need to fill omnicells etc | Andrea Ewins is leading on this with the Omnicell team. Omnicells to be filled weekend prior to go live | Go |
| | Reception | N/A | Helen Jenkins | X | Helen is aware of the move and go live date | rota is now being rebuilt around go live date 16th October, will be confirmed in transition meeting 13th September | Go |
| | Therapies | N/A | Jo Kenyon | X | Jo Kenyon will be made aware of go live date and she will ensure therapies are aware | Completed - Therapies Aware | Go |
| | Discharge liaison inc social work | N/A | Asling Crombie | X | Asling are aware of the programme and will be made aware of the go live date | Completed - Asling Aware | Go |
| | Porter, security & cleaning | N/A | Stuart Close | X | Stuart has been engaged through the project and is the representative for the facilities meeting | Completed - Staurt attending (invite extedned to Chris in ISS aswell) | Go |
| 2 | All equipment necessary to clinically operate is in place (including transferred equipment) and commissioned ready for use (nurse call, medical gases etc) | N/A | Leanne Halling/Annie Hyett/Ross Hodson/Donna Jaynes | X | Leanne, Annie, Ross and Donna meet regualry to discuss requirements, They are all part of the Friday afternoon transitions meeting. We will pick up issues every Friday and plan for go live | LH/CB meet daily | Go |
| 3 | Critical operational documents: policies, SOPs, flows, working instructions are in place and have been tested and walked through. | N/A | Gab Kelly | X | Gab will be asked to review documentation as there is a lot of this now stored on the governance web pages | PATHWAYS to be tested in the PERFECT WEEK WC 04th Sept - SOPs to be updated within a 2 WEEK DEADLINE following perfect week | Go |
| 4 | The order of moves is finalised and the service know the date of their move | N/A | Whole Transitions group | X | This plan needs to be understood by the whole transitions team. We will plan this though the transitions group | Go live date is confirmed and service aware of sequence of moves | Go |
| 5 | Move plans for the service are in place and understood by the service teams | N/A | Whole Transitions group | X | This plan needs to be understood by the whole transitions team. We will plan this though the transitions group | Go live date is confirmed and service aware of sequence of moves | Go |
| 6 | All necessary transport arrangements for transferring patients are in place and are in conjunction with the order of moves | N/A | Donna Jaynes and transfer team on the day | X | Donna will lead this with the internal transfer team on move day | Transfer team will be organised and support by the divisional ops team on days of move | Go |
| 7 | All staff who need to attend have attended move briefing / training & orientation | N/A | | | | | Go / No Go |
| | Medical staffing | N/A | Transitions to manage | X | Training and orientation will be available from the 08th Sept - 29th Sept. A timetable of staff is require in order to facilitate this and ensure everyone has had the opportunity to be orientated | Sessions are arranged | Go |
| | Nursing staffing | N/A | Transitions to manage | X | Training and orientation will be available from the 08th Sept - 29th Sept. A timetable of staff is require in order to facilitate this and ensure everyone has had the opportunity to be orientated | Sessions are arranged | Go |
| | Pharmacy | N/A | Transitions to manage | X | Training and orientation will be available from the 08th Sept - 29th Sept. A timetable of staff is require in order to facilitate this and ensure everyone has had the opportunity to be orientated | Sessions are arranged | Go |
| | Reception | N/A | Transitions to manage | X | Training and orientation will be available from the 08th Sept - 29th Sept. A timetable of staff is require in order to facilitate this and ensure everyone has had the opportunity to be orientated | Sessions are arranged | Go |

| | | | | | | | |
|-------------------------------------|--|-----|---|---|---|---|----|
| | Therapies | N/A | Transitions to manage | X | Training and orientation will be available from the 08th Sept - 29th Sept. A timetable of staff is require in order to facilitate this and ensure everyone has had the opportunity to be orientated | Sessions are arranged | Go |
| | Discharge liaison inc social work | N/A | Transitions to manage | X | Training and orientation will be available from the 08th Sept - 29th Sept. A timetable of staff is require in order to facilitate this and ensure everyone has had the opportunity to be orientated | Sessions are arranged | Go |
| 8 | Check with Chris Doughty about the need to complete a test of the Medical Emergency Team response prior to opening | N/A | Donna Jaynes / Chris Doughty | X | SIMS event organised | SIMS 14th September | Go |
| Equipment & Environment | | | | | | | |
| 1 | There are sufficient fittings in place to provide a comfortable environment for patients | N/A | Leanne Halling | X | This is part of the overall design - Leanne Halling is organising waiting area chairs at the moment | Complete - All items ordered have been approved by the clinical team | Go |
| 2 | The removals 'TEAM' has an agreed and finalised schedule of equipment moves for the full move period | N/A | Leanne Halling | X | Removals team is to be arranged and confirmed for the dates of the move | Complete - Move team is inplace for weekend prior to the move | Go |
| 3 | Environmental risk assessment of first floor complete and outcomes managed. | N/A | Julie Nobel | X | Julie will carry out a full environmental risk assessment | Julie will carry out a full environmental risk assessment | Go |
| ICT & Telecommunications | | | | | | | |
| Understand needs and configurations | | | | | | | |
| 1 | All essential ICT infrastructure projects are complete and in operation: fixed network; wireless network. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | All Completed - Additional APs to be installed | Go |
| 2 | All essential ICT enabling & move projects are complete: Commissioning; PC Provision; printing and scanning provision. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | Most PCs, printers and scanners now in place - final printers to be moved on transitions | Go |
| 3 | All corporate ICT systems are amended for the new operation. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | Patient First reconfiguration is agreed by developer (Pete Gunston). To be completed the day before go live as we need live reporting between old and new ED | Go |
| 4 | All essential Telecommunication infrastructure projects are complete and in operation: fixed network; wireless network; phone number strategy; multitone paging. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | * All Fixed Network completed * Wireless Networking complete with exception of APs mentioned in point 1 above, this is for extension of wireless to side VMAS bays, but will be completed and tested in time for go live * Phone Number Strategy, phones will be double jumped between old and new ED (ring in both areas), will be completed in time for go live (double running on the days of transitions) * Multitone paging to remain as is Completed | Go |
| 5 | All essential Telecommunications enabling & move projects are complete: Commissioning; telephone; Faxes, scanning; Switchboard provision. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | In progress, telephone lines have been mapped between old and new ED, switch board will be provided a list in time for go live | Go |
| 6 | TV screens | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | In progress, TV screens delivered, brackets ordered all confirmed to be in place for go live | Go |
| 7 | Reconfigure Trust systems to manage new ward configuration and inform Mike Davies and CC. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | In progress - Pete Gunston leading on this, work to be completed the weekend before go live | Go |
| 8 | Move equipment to new locations. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | Most IT equipment already in place, there is a requirement to move some printers on day of go-live from old ED to new | Go |
| 9 | Install equipment at new locations. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | Most IT equipment already in place, there is a requirement to move some printers on day of go-live from old ED to new | Go |
| 10 | Test equipment in new locations with clinical team to ensure fit for purpose. | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | In progress - EMIS application points identified and will be configured on PCs in new build WC18th Sept by Nick Hodgkins | Go |
| 11 | White board. Requirements understood, physical moved (week of transfer) | N/A | Oliver Lissimore | X | Oliver will address this via the IT workstream and feedback to Transitions Group | Completed - Screens already installed | Go |
| 12 | White board. Requirements understood, installed and made operational. | N/A | Oliver Lissimore | X | | Clinical Lead to confirm the display requirements for these screens | Go |
| Facilities Management | | | | | | | |
| 1 | The building is stocked through a first fill and ready for operation for all areas - pharmacy (stock of CDs & medications). | N/A | Briony Mills / Tania Carruthers / Donna Jaynes/Leanne Halling | X | Briony will pick up the stock for stores etc and Tania will pick up the stock for omniceils - both in correspondance with Donna | 'LH - arranged for top up to take place WC 4th September | Go |
| 2 | Phased approach defined and understood | | | | | | |
| | Keys for doors & cupboards managed | N/A | Leanne Halling / Donna Jaynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | Keys still in the possession of Spellers - awaiting handover to equans | Go |
| | Heating and other supplies turned on | N/A | Leanne Halling / Donna Jaynes | | This will be tested the week before opening | Clinical team inv ited to 'training' on building controls prior to handover - alternative date to be agreed due to non availability | Go |
| | Trolleys, chairs, hoist & slings | N/A | Leanne Halling / Donna Jaynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | All equipment is ordered | Go |

| | | | | | | |
|---|-----|-------------------------------|----|--|--|----|
| Enough curtains | N/A | Leanne Halling / Donna Jeynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | Clinical team to place order (Linda Marshall) | Go |
| Linen / laundry services | N/A | Briony Mills / Donna Jeynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | ISS Services aware of the go live date | Go |
| Jugs & glasses | N/A | Leanne Halling / Donna Jeynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | To be taken from existing ED - new to be bought as required | Go |
| Bins, both waste & sharps | N/A | Leanne Halling / Donna Jeynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | Waste bins due to be delivered WC 4th September | Go |
| Hand gels | N/A | Leanne Halling / Donna Jeynes | | This will be picked up via Friday transitions meeting and dates of delivery conformed | Completed | Go |
| 3 A process flow is in place to govern safe management of instrumentation and supply restocking | N/A | Briony Mills / Donna Jeynes | | Briony to confirm this at transitions meeting | Completed - equans | Go |
| 4 A system is in place to move supplies, consumables etc through the building | N/A | Briony Mills / Donna Jeynes | | Briony to confirm this at transitions meeting | Completed - equans | Go |
| 5 Parking arrangements for patients and visitors are in place (N/A) | N/A | Estates (Annie Hyett) | | Estates to confirm externals plan | Awaiting installation of pay&display machine/Ringo signage | Go |
| 6 Waste disposal management in place | N/A | Briony Mills | | Briony to confirm this at transitions meeting | Completed - ISS | Go |
| Measuring and evaluating success | | | | | | |
| 1 Post implementation reviews set up and managed | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| 2 Benefits identification | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| 3 Disbenefits identification | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| 4 Measures defined | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| 5 Measures monitored | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| 6 Measures reported | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| 7 Data / measures consequences managed | N/A | Transitions Team | No | This will happen approximately three weeks after go live | To be arranged post go live | |
| Operationalisation | | | | | | |
| 1 Move criteria met, pre go live activities delivered | N/A | Triumvirate | X | | Activity in this plan is monitored twice weekly via the transitions group, any risk to go live will be escalated to the Trust Executive | Go |
| 2 Staffing identified for additional resource for medical and nursing | N/A | Ross Hodson/Donna Jeynes | X | | Rotas are being re worked to take into account the change of go live date | Go |
| 3 Go / no go check list complete. Sign off given to operation solution being fit for purpose, any issues outstanding must be manageable whilst operational. Final sign-off from Managers. Includes: | N/A | Triumvirate | X | | | |
| Workforce & staffing rotas in place | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | Top be agreed by the 13th September | Go |
| Training & Orientation | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | Training and orientation session arranged up until the end of September | Go |
| Workflows, Systems & Processes | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | Perfect week WC 04th September is testing workflows and systems | Go |
| Equipment, storage & consumables | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | Equipment, storage and consumables to be in place by the end of September | Go |
| Information technology | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | All IT to be in place by end of September | Go |
| Documentation | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | ED SOP to be updated by the division 01 09 23 and then signed off..... QIA for move to go to QIA panel on the 6th September. Perfect week testing WC 4th Sept and pathway SOPs to be updated after this testing (within 2 weeks of end of event) | Go |
| Team Processes | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | ED SOP to be updated by the division 01 09 23 and then signed off..... QIA for move to go to QIA panel on the 6th September. Perfect week testing WC 4th Sept and pathway SOPs to be updated after this testing (within 2 weeks of end of event) | Go |
| System Test | N/A | Triumvirate | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | System testing to commence Mid September | Go |
| 4 All staff are aware and allocated to their area of work, nursing and medical | N/A | Donna Jeynes | X | Contacted to line 5 above, once go live is confirmed. Plan for go-live date 2nd October is agreed but subject to change dependant on actually go live date | Once Rota is built this will be allocated | Go |
| 5 All staff have been trained in how their service will operate in terms of every task in the working day | N/A | Donna Jeynes | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | Training and orientation session arranged up until the end of September | Go |
| 6 Administrative processes are in place to safely manage patients through the systems | N/A | Donna Jeynes | X | Assurance to be provided to the Triumvirate on transitions meeting 18th September | Training and orientation session arranged up until the end of September | Go |
| Physical transfer | | | | | | |
| 1 Pre-Equipping | N/A | Donna Jeynes | X | | New ED will be pre equipped | Go |
| 2 Staffing of clinical areas | N/A | Donna Jeynes | X | | New ED will be staffed - confirmed once rota finalised | Go |

| | | | | | | | |
|--|--|-----|------------------------------|---|--|---|----|
| 3 | Principles of Patient Transfers | N/A | Donna Jeynes | X | | Patient flow on the day (through Urgnet Care is agreed) | Go |
| 4 | Consumable stock (domestic & catering) | N/A | Donna Jeynes | X | | New ED will be stocked | Go |
| 5 | Specialist nutritional products | N/A | Donna Jeynes | X | | New ED will be stocked | Go |
| 6 | Consumable stock (medical & surgical) | N/A | Donna Jeynes | X | | New ED will be stocked | Go |
| 7 | Medication | N/A | Donna Jeynes | X | | New ED will be stocked | Go |
| 8 | Linen / laundry services | N/A | Donna Jeynes | X | | New ED will be stocked | Go |
| 9 | Medical records, notes trolleys flow | N/A | Donna Jeynes | X | | Medical Records are aware | Go |
| 10 | Keys for doors & cupboards managed | N/A | Donna Jeynes | X | | All required keys will be handed over to clinical team prior to go live | Go |
| 11 | All staff have relevant security access | N/A | Donna Jeynes | X | | Access will be transferred | Go |
| 12 | Staff orientations complete | N/A | Donna Jeynes | X | | Orientation will be completed in time | Go |
| 13 | Patient transfer plan defined | N/A | Donna Jeynes | X | | Plan is agreed for the transitions | Go |
| 14 | All enablers are resourced - Staff, equipment | N/A | Donna Jeynes | X | | ISS, EQUANS ETC are engaged and will be staffed | Go |
| 15 | Knowledge of how supplies will be managed prior to, during and following the move. This includes pharmacy supplies | N/A | Donna Jeynes | X | | 'LH waiting on confirmation of move plan from Clinical team | Go |
| 16 | ICT in place and functional | N/A | Donna Jeynes | X | | ICT will be in place for go live and tested | Go |
| 17 | Ensure all licences and/or accreditations/certificates are in place | N/A | Donna Jeynes | X | | ICT have agreed all licences of Patient first | Go |
| 18 | Dispose of rubbish and junk | N/A | Donna Jeynes | X | | Will be completed by ISS on the days of transfer | Go |
| 19 | Identify any furniture and equipment that can be released early and delivered to the new areas | N/A | Donna Jeynes | X | | 'LH waiting on confirmation of move plan from Clinical team | Go |
| 20 | Ensure staff are identified and tasked to clean medical equipment (both transferring and non transferring), PCs, Faxes, whiteboard printers | N/A | Donna Jeynes | X | | This will be completed by ISS | Go |
| 21 | Liaise with Technical Services and Siemens to ensure that all arrangements for transferring medical and non medical equipment are in place, including: Electrical safety testing Cleaning Barcoding Early transfer | N/A | Donna Jeynes | X | | 'LH waiting on confirmation of move plan from Clinical team | Go |
| Decommissioning of old Emergency Department | | | | | | | |
| 1 | Consumable stock (domestic & catering), manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 2 | Specialist nutritional products, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 3 | Consumable stock (medical & surgical), manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 4 | Medication, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 5 | Rubbish, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 6 | Dirty linen, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 7 | Clean linen, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 8 | Medical records, notes trolleys flow, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 9 | Keys for doors & cupboards managed | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 10 | Digital lock - keep a record of codes, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 11 | Staff rooms / locker room. Leave empty, dispose of rubbish, manage | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 12 | Non-transferring medical equipment. Ensure it is safe and managed | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 13 | Medical gases, ensure safe | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 14 | Non transferring furniture, ensure safe and managed | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 15 | Non transferring electrical equipment, ensure safe and managed | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 16 | All hot and cold water taps, electrical power points and light / please turn off and switch off - Except for fridges | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 17 | Alarms Do not switch off or unplug | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 18 | Windows checked | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 19 | Fixed notice boards/ white dry wipe boards and shelving, check clean | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |
| 20 | Bathroom/toilet areas. Flushed and left clean. | N/A | Donna Jeynes / Clinical Team | | | To be checked by clinical team post move | |



UEC Programme Quality Impact Assessment

Taking pride in our healthcare services

Summary



Move Date: 2nd October 2023

The department has been purposefully designed with a busy, well-functioning ED in mind, this will improve working conditions, staff morale and patient experience.

The ED will be situated directly underneath our Acute Medical Unit, the Medical Same Day Emergency Care Unit and there is a fully equipped Imaging Suite at the heart of the development. The patient journey through the to these areas will be quicker and safer. The removal of all corridor care will reduce safety risks whilst promoting dignity and a better experience for the patients.



Top Risks & Mitigations

Maintaining Clinical Standards / Duty of Quality



| Risk | Consequence | Risk Score | Mitigations |
|--|-------------|------------|--|
| Increased demand through new Paediatric ED due to lack of access to walk-in, OOH services or 24:7 alternatives; Crowding in Paeds ED due to non-delivery of PAU model. None delivery of a PAU would compromise the Acute Service Review. | Major | 16 | <ul style="list-style-type: none"> Review of urgent care provision for children across the county . ARI hub provision over winter Extended access PCN Hubs Delivery of expanded PAU model to enable streaming to PAU and moves of referred patients against internal referral standards |
| Failure to eliminate corridor care in current ED will lead to a move into the new ED and potential for increased ambulance offload delays. | Major | 20 | <ul style="list-style-type: none"> Trust wide Flow-based programme of work aligned to 4ward Improvement Programme to deliver increased discharges from all wards before 11am and generate internal flow Review of Acute Med-Gen Med-Spec Med axis and overall bed base to review current bed model of single speciality wards vs generalist provision Elimination of bedding down on MSDEC in the run up to UEC opening Site-based model to deliver push model out of AMU/MSSU/SAU based on length of stay (24hrs/48hrs) and need to move out to bed base Timeliness of PW2/PW3 discharges and implementation of performance metrics for community beds against predicted demand modelling. Trust Wide Delivery (All Divisions) of Ian Sturgess report recommendations to release flow. Adherence to IPS. Implementation of Criteria Led Discharge and EDD adherence. Increase discharge rate before midday |
| Lack of access to Elgar Suite will lead to long lengths of stay in Malvern Hills Mental Health Suite. | Major | 20 | <ul style="list-style-type: none"> Need clear agreement of pathway access to Elgar MH Suite to enact a pull model from Malvern Hills Suite PLACE based review of provision and need |

Taking pride in our healthcare services

Worcestershire 
Acute Hospitals NHS Trust



Top Risks & Mitigations

Patient Safety

| Risk | Consequence | Risk Score | Mitigations |
|---|-------------|------------|---|
| Reduced flow out of new and old ED meaning increased length of running of two departments. The rest of the hospital will have to agree to robust plans to decant the existing ED. Bed Modelling at WHAT doesn't map against GIRFT modelling for G&A Bed base. | Major | 20 | <ul style="list-style-type: none"> * Communication with the capacity team and speciality divisions to improve flow. * No GP patients through A*E * surgical sop to be reviewed. No spec patients to AMU or MSSU. LOS to be reduced to 24Hrs AMU maximum * ICB support with external partners for timely discharges out of the hospital to improve flow, this includes a four-day period prior to move date, query increased Pathway 1 and 2 capacity and a focus on OOA pathway patients * Hospital to consider MADE event the week prior to move |
| Support requested from all divisions to support staffing the old ED for those inpatients that are awaiting speciality beds. | Major | 25 | <ul style="list-style-type: none"> * Requests made to all divisional triumvirates for support |
| Pressure of Rapid Ambulance offload, there is limited corridor space in the development to facilitate a rapid offload of ambulances at times when the department is already full. | Major | 25 | <ul style="list-style-type: none"> • Requests made to all divisional triumvirates for support in pathway development • Ensure GRAT process in place • Use of the fit to sit area, increase capacity usage • Staged escalation process in ED, including actions attached (Full senior review of all patients) • Any patients referred to specialties to move to areas within 30 minutes (minimum of 6 patients per Division within 30 minutes) • Confirm Divisional Triumvirates have implemented de-escalation of crowded assessment areas (as per UEC SOP) • Surge Plan implemented (attached) categories, Major Incident, Internal Critical, Rapid Offload, Business Continuity • Implement Trust Full Capacity Protocol • Command and Control implemented, led by COO • Flexible use of Medical SDEC space (move based on clinical risk assessment with DD/CD) • Ensuring all speciality patients are moved to assessment areas • Need for formal site-based de-escalation plan in response to service pressures • Risk Assess Boarding on AMU/SDEC |

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Staffing & Capacity Risks

| Risk | Consequence | Risk Score | Mitigations |
|--|-----------------|------------|---|
| Inadequate medical and nursing staffing to open to full capacity | Moderate | 12 | <ul style="list-style-type: none"> • Agency staff • Staff well-being initiatives • Programmed activity • Rota management • Staff Recruitment • Robust Planning • Advance notice to staff that extra shifts will be required for the time of the move • Band 7 cover arrangements - covering both sites • Mutual Aid from ED at AGH, including support from AGH Matron ** Need to staff 12 trolley spaces/beds at the back of SDEC 24:7 to create equivalent trolley spaces to current ED (including corridor, Ms, overflow) • Double GIM rota |
| Increased walk-in demand and 111 referrals to Adult and Childrens' ED in the absence of a co-located Urgent Treatment Centre or agreed system-wide model for delivery of 24:7 access to alternatives to ED | Major | 15 | <ul style="list-style-type: none"> • Co-located Urgent Treatment Centre or assurance, SOP and QIA from ICB that any alternative model will offer equivalent benefits that are observed from co-located UTCs |

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UEC Staffing Proposal



| Location | RN (24/7) | RN – Twilight (11:30 – 00:00) | HCA (24/7) | Reception/Admin (24/7) |
|---|---------------------------------|----------------------------------|---|--|
| Band 7 Coordinator | 1 x Band 7 | | | |
| Majors Coordinator | 1 x Band 6 | | | |
| Resuscitation Room (7 spaces) | 3 | | 1 | |
| Minors | 2-3 ENP (0800-00:00 Service) | | 1 | |
| Majors (17 spaces) | 4 | | 3 | |
| Ambulatory Majors (6 spaces) | 1 | | 1 | 1 |
| Children's Emergency Department (5 spaces) | 2 | 1 | 1 | |
| Ambulance Triage/GRAT/RAT | 3 | | 1 | 1 |
| Walk-in Triage | 1 | | | |
| Second Triage/Minors/Waiting Room | 1 | | 1 | |
| Main Reception (includes children) | | | | 2 |
| Play Therapist | | | 1 | |
| Progress Chaser | | | | 1 x 09:30 – 22:00 |
| Total | 17 Excluding ENP | 1 | 9 Excluding Play Therapist | 4 Excluding Progress Chaser |

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Acute Hospitals NHS Trust



UEC Programme Benefits

| Benefit | |
|---|--|
| Brand New Facility | The whole department is larger and will be brand new. The division has been implementing good programme management and arranged simulation scenarios for staff to test practices in the new area prior to moving. |
| Better Layout of Rooms and Flow Through the Area | The ED will be situated directly underneath our Acute Medical Unit, the Medical Same Day Emergency Care Unit and a fully equipped Imaging Suite is in the heart of the development. |
| Improved Infection Control Possibilities | The new Emergency Department can be sectioned into two halves to isolate areas if required. |
| Better Services for Paediatric Patients | Paediatric patients are well separated from adult areas and the Worcestershire Acute Hospitals Charity has launched a fundraising appeal to support arrangements for items for the children's waiting room and treatment areas. |
| Improved Patient Experience | The whole department is larger and will be brand new. The department is also set out in such a way that flow is much improved making the patient much quicker and safer; adding to the positive patient experience. There will also be a removal of all corridor care and the indignity and safety risks that it creates. |
| Improved Staff Experience | <p>There has recently been a culture of reduced staff morale and an increase in sickness (including stress) in the ED resulting in a high reliance of agency and bank staff. All the benefits previously mentioned will aid to improve the moral of staff and the division has now launched a recruitment campaign to increase staffing and reduce agency reliance.</p> <p>Work for us in our new Urgent and Emergency Care Department - Worcestershire Acute Hospitals NHS Trust (worsacute.nhs.uk)</p> <p style="text-align: right;">  Recruitment Pack V1 </p> |



Move of ED to Aconbury Ground Floor

16th October 2023

Document Information

| | |
|----------------------|---|
| Project name: | Urgent and Emergency Care Major Refurbishment Project – Move of ED to Aconbury Ground Floor |
| Date: | Move date is 16 th October 2023 |
| Author: | Wendy Joberns-Harris (Divisional Director), Clare Bush Divisional Director of Nursing |
| Owner | Urgent Care DMT |
| Version: | V 0.1 |

Move of ED to Aconbury Ground Floor

16th October 2023

Background

A capital funding award was presented to Worcestershire Acute Hospitals Trust (WAHT) with an opportunity to refresh the clinical service delivery model for urgent and emergency care services.

The project comprises of the relocation and expansion to the Emergency Department (ED), co-location of an Acute Medicine Unit which will incorporate a facility for the delivery of a Same Day Emergency Care service.

The first phase of the program of work was to move the Acute Medical Unit (AMU) from its location in the Oncology building and to move Ambulatory Emergency Care (AEC) from its location in the Mulberry Suite to the first floor of Aconbury (the new UEC build).

The second phase of work is now to move the Emergency Department from its current location into the Aconbury Ground Floor and its extension.

This move has been managed via the Move Workstream group (fig.1). The Workstream meets regularly every week (this has recently moved to twice weekly as we get closer to going live) with the purpose of:

- Identifying the right actions to control or mitigate against the adverse consequences of any risks, if they should materialise
- Identifying possible risks in advance and putting mechanisms in place to minimise the likelihood of them materialising with adverse effects (fig.4 top risks)
- Ensuring that decision-making processes during the program are supported by a framework of governance for risk analysis and evaluation.

Time Line (based on 16th October Go Live):

1. 21st August
 - Builders clean complete and hand over to the Trust (Speller Metcalfe)
 - Area locked down so that no equipment is removed from the template (Estates)
 - Daily flushing of water to be completed and results recorded (Estates)
2. 31st August
 - CT Scanner go-live in Aconbury (Andrew Joyce) – full list to commence 04th September.
3. 01st September
 - Signage (internal) final walkthrough (Estates and Equans)
4. 08th September
 - IT to complete set up of equipment (Estates and IT)
 - Staffing Rota's to be confirmed re double running (Urgent Care DDN)