Move of ED to Aconbury Ground Floor 16th October 2023

5. 26th September
   - Snagging walk around (Estates, Clinician and Ops)
   - Clinical Sign Off (Dave Rave, Clare Bush, Wendy Joberns-Harris, Ross Hodson. Donna Jeynes)

6. 29th September
   - Water testing results to be confirmed

7. 14th / 15th October
   - Move team will commence move of office equipment (Estates)
   - Omnicell filled (Pharmacy)
   - Clinical Clean (Estates and Equans)
   - Staff room furniture and equipment to be moved (Estates)
   - MSDEC to remain empty (of inpatients) on the night of 15th October

8. 16th October
   - ED will stop admitting at 9am to the old ED (walk in/ambulance)
   - New ED will open at 9am for all patients (full ED staffing team)
   - The Trust will prioritise admissions of patients from old ED committing to empty the old ED by 16th October.

Logistics:	• Extra porters are arranged for the move. • Extra nurses have been rostered to enable double running of two areas. • Extra Junior Doctor has been organised. • Matron from AGH will support moves on the 16th October from old ED • Operation's Team will also help support the moves. • Extra radios have been requested to enable quick communication between move teams • QIA is complete (fig.2) • Go / No Go checklist and Actions has been developed (fig.3)

Divisional Requirements to support successful transition	• Existing ED will stop accepting new patients at 9am on the 16th October
	• New ED will open its doors at 9am on 16th October.
	• No patients will be transferred from old ED to new. The destination of patients from the old ED will be:
	  ○ Admit to ward or assessment unit.
	  ○ SDECs
	  ○ Home

Move of ED to Aconbury Ground Floor
16th October 2023

APPENDICES

Fig 1. Programme Governance

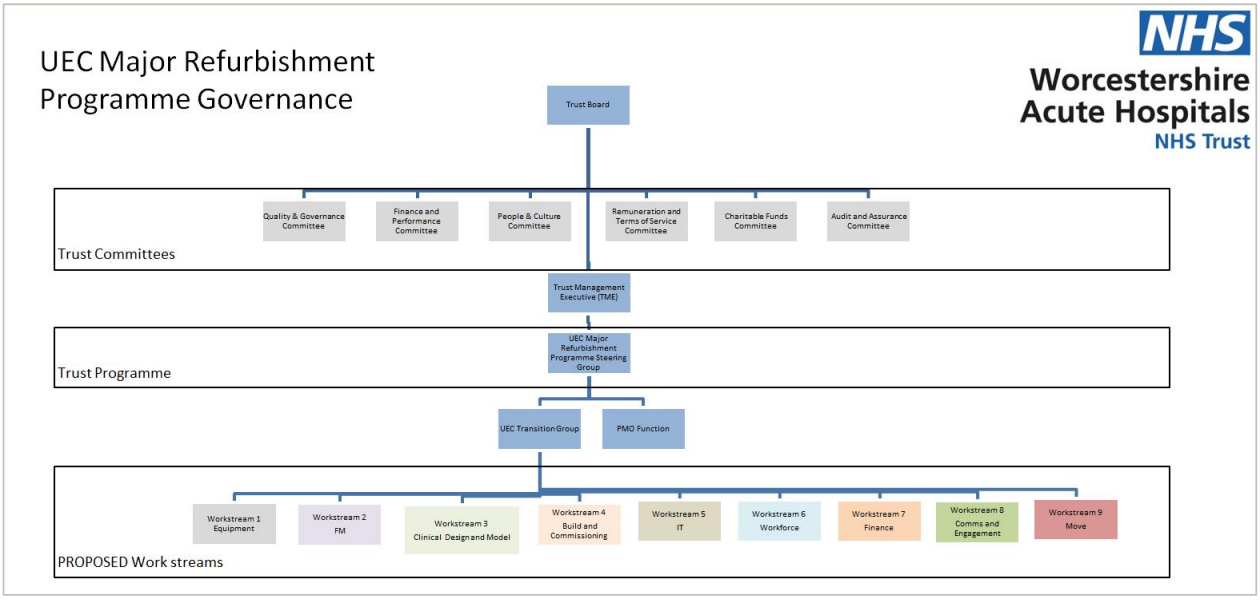


Fig 2. QIA

QIA V5.xlsm WRH ED move to Aconbui

Fig 3. Go / No Go Checklist (this is still a live document – latest version as at 15:00 07th September)

Move of ED to Aconbury Ground Floor 16th October 2023

Ground Floor Go No Go August 2023.

Fig 4. Top 4 Risks

Risk Type	Risk	Mitigation
Operational	**Relocation of clinical services on site** Operational disruption resulting from relocation of clinical services could adversely impact on service quality and improvement	• Early identification of departments and resources that need to be relocated. • Identification of alternate locations and start notification and movement processes
Estates	Water results are not acceptable and therefore pose a clinical risk to opening	• Careful monitoring has been in place and tap filters have been considered in the short term if required
Clinical	Physical distance from main hospital may impact on in-reach specialty support and transfer to ITU	• 3 minute walk from ED to ITU via bridge. This is in line with most new hospital developments, ED and ITU are not usually co-located • Trust Internal Professional Standards require clinical review within 60 minutes
Workforce	Double rota not filled for transition period, resulting in staff gaps	• Early requests to NHSP • Use of agency • Use of PA rates • Cancel of study leave if necessary. • Weekly meeting DDN/Matron for oversight • Discussed in bi-weekly transitions group meeting

Putting Patients First 4ward

NHS Worcestershire Acute Hospitals NHS Trust

Integrated Performance Report

September 2023

Trust Board | FINAL | Up to Jul-23 data

Last updated 11th September 2023

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Dr Christine Blanshard

Chief Medical Officer / Deputy CEO

Neil Cook

Chief Finance Officer / Deputy CEO

This is the first time we have presented our Integrated Performance Report (IPR) in this format. The aim is to give our IPR a more consistent look and feel with similar reports to the other Trusts in the Foundation Group, following our formal acceptance into the Group as full members. We present it in our joint role as Deputy CEOs, and we will continue to do so until our new Managing Director, Stephen Collman, takes up his post later this year.

We continue to focus on improving flow through the hospital as our number one priority and against the backdrop of further Junior Doctors strikes in the month of July, we have seen some improvement in performance in respect of ambulance handover delays with an increase in the percentage of handovers completed within 15 minutes and a reduction in the number of delays over 60 minutes which is great news. Managing flow is one of our core value streams that underpins our work on the 4Ward Improvement System, our partnership with the Virginia Mason Institute.

We have continued to provide elective and cancer services throughout the periods of Industrial Action, however the disruption caused is impacting on our ability to provide timely care for our patients with reduced levels of elective activity and at the end of July we had a total of 43 patients waiting over 78 weeks for treatment and 3 waiting over 104 weeks. We are working closely with our Clinical Divisions to update their delivery plans to remove any over 65 week waits by the end of March 2024, and in this respect, we have invited independent scrutiny of our waiting list management so that we can be assured our systems and processes are fit for purpose.

Achievement of cancer standards continues to be an area of challenge for us particularly in Urology and Dermatology where we are working with system partners, other NHS Trusts and the independent sector to find additional capacity solutions whilst we work up a longer-term sustainable strategy for these services with the support of our Integrated Care Board (ICB) and Foundation Group partners.

Progress on two major capital initiatives continues to progress at pace to enable the opening of the two new theatres at the Alexandra site in September and the new Urgent & Emergency Care facility at the Worcester Royal site in October. Staff are progressing plans for the commissioning of this much needed capacity.

In July we overspent against our plan by £1.7m bringing our cumulative overspend against plan to month 4 of £6.4m. Of this overspend £1.8m is driven by budgetary phasing associated with late agreement of the plan with the ICB which should taper off as we progress through the year and £1.2m is due to one off items of expenditure that we could not have foreseen at the time of writing the plan the majority of which relates to the cost of Industrial Action. The balance relates to pressure on budgets due to high levels of demand for services and patient acuity together with a lag in delivery of our Productivity & Efficiency Programme of £1.4m.

OUR OPERATIONAL PERFORMANCE

Helen Lancaster

Chief Operating Officer

Hospital flow together with Elective and Cancer recovery remain our top two priorities for operational delivery and we continue to focus on delivery in these areas, though this remains a particular challenge for our operational and clinical teams.

Hospital flow remains the number one priority. Whilst we prepare for the opening of our new Emergency Department in October, we continue to focus daily on improving patient flow. In July we saw an increase percentage of ambulance handovers completed within 15 minutes, alongside a decrease in a number of delays over 60 minutes. For the seventh month in a row, we also saw a decrease in percentage of patients spending over 12 hours in our Emergency Departments. However, our Emergency Access Standard remains an area of concern. Led by our Chief Medical Officer, our Patient Flow Improvement Programme continue to focus on making the necessary improvements including maximising the use of assessment areas and other alternatives to Emergency Departments, improvements in clinical site management and ward systems and processes. We have also linked in with Foundation Group colleagues and are working with the ICB to develop and implement a new Integrated Frailty Model.

The impact of the industrial action by British Medical Association Consultants and Junior Doctors continues to have an impact on our ability to deliver the timely care we want for our patients. Whilst we have continued to provide services throughout, as with other hospitals across the country, this has had a knock-on impact on our ability to deliver the levels of elective activity we had originally plan and on our ability eliminate waits for patients over 78-weeks and deliver our planned number of patients waiting over 65-weeks at the end of the month. At the end of July, we had a total 43 patients who are waiting over 78-weeks for treatment and three over 104-weeks. Each Clinical Division is refreshing their delivery plan to achieve 65-week maximum wait by March 2024 and, where possible, ensuring that no patients in our 65-week risk cohort (those patients, who if not treated, will be waiting more than 65-weeks by end of March 2024) will wait longer than end of October 2023 for their first outpatient appointment. As part of good governance, we are also seeking an independent review of our Waiting List Management so we can be assured that our teams and the systems and processes we have in place continue to enable us to put our patients first. Once commissioned and completed, the outcomes of this review will be managed through our new executive-led Elective and Cancer Delivery Group.

Cancer delivery remains an area of challenge with Recovery Action Plans in place in number of specialties to support our delivery of the Faster Diagnosis Standard, 31-day treatment and 62-day referral to treatment standards. With the recent announcement of changes to the cancer performance standards, with are working through with teams that will mean for the organisation and our patients. Our biggest areas of concern continue to be Urology and Dermatology. In Urology, our team are working with partners from Wye Valley and Northampton General Hospital who are providing additional capacity for diagnostics and robotic surgery to bring down our waiting times for both diagnosis and treatment. In Dermatology, a mixture of mutual aid, insourcing and outsourcing arrangements are maintaining service provision in the short term, whilst we work with the ICB and Foundation Group partners to develop and implement a sustainable system wider service that continues to delivery high quality care for our local population.

We continue to work with partners across the system and independent sector through insourcing and outsourcing contracts to support our delivery of the waiting time commitments, which has created additional capacity see and treat patients across a number of pathways. We are also increasing our focus on our internal productivity in both outpatients and theatres – two areas where we have established transformation programmes. In September we will have two additional theatres at the Alexandra Hospital which will provide additional capacity to support delivery. Our teams are finalising the arrangements to operationalise this capacity.

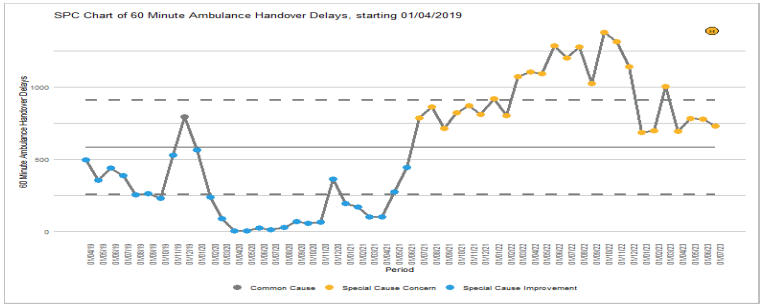
OUR OPERATIONAL PERFORMANCE - URGENT CARE

We are driving this measure because

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

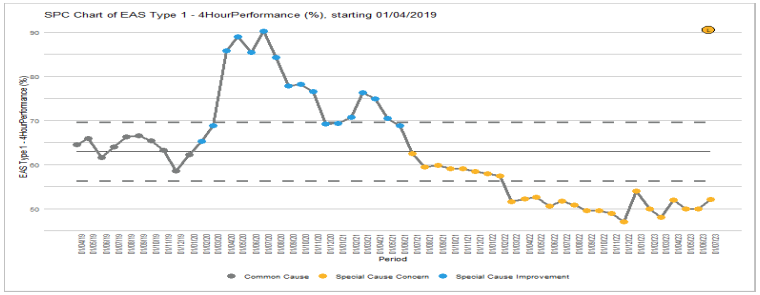
Assurance F **Variation** H

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



Assurance F **Variation** L

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



Performance and Actions

12,635 patients attended The Trust's Emergency Departments in July 2023. 52% of those were treated and either admitted or discharged within four hours of arrival against an expected end of March 2023/24 performance of 76%.

Of the 4,147 patients who arrived by ambulance, 48% were handed over within 15 minutes and 732 who waited longer than 60 minutes prior to handover.

Actions:

- Review of Assessment Areas SOPs to maximise appropriate patients treated through alternative to Emergency Department
- Increased SDEC opening hours to maximise opportunity to stream patients to alternative to Emergency Department
- Review and relaunch of Internal Professional Standards
- No Delay Today events in August and September, with MADE event planned for October 2023
- New Integrated Frailty Service development with support from Foundation Group members – expected phase 1 launch October 2023
- Review of Length of Stay with Divisional action plans to be developed and followed up through Hospital Flow Delivery Group
- Winter Planning event held on 30 August 2023
- Virtual Ward programme in development – Respiratory, General Medicine and Breast and gynaecology
- UEC peer review visit in September 2023
- Winter assurance visit from NHS England on 29 September 2023

Risks

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

What the charts tell us

4 hour and 60-minute ambulance handover performance has been a significant cause for concern since Jul-21.

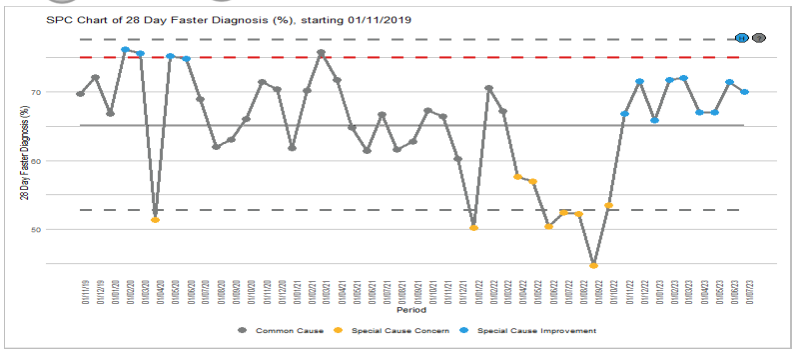
OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

We are driving this measure because

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

Assurance **Variation**

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



Performance and Actions

There were 2,632 new GP referrals for suspected cancer in July 2023. This included a spike in skin cancer referrals at 755, which is the highest on record.

Trust performance against the 28-day Faster Diagnosis Standard dipped in July by one percentage point to 70.4%. This is above the planned performance of 68.9% but below the national standard of 75%, which is expected to be achieved by the end of the financial year.

Main issues impacting performance and actions:

- In some specialties a backlog in clinical administration has led to unwarranted delays in confirming non-cancer diagnosis with some patients. The necessary actions have been taken to address the immediate issue, with options being explored to improve communication to patients with a non-cancer diagnosis to reduce risk.
- Industrial action has led to delays in cancer pathways for some patients due to cancellations of clinics and MDT meeting. Whilst these have been minimal it has had a direct impact on the 28-day standard. Where possible, MDT meetings have been re-provided within 5 working days to mitigate the impact.
- Access to diagnostics, particularly on the Urology and Colorectal pathways remains a concern. In the short term, additional diagnostic capacity for cystoscopy and LATP is being provided through mutual aid by Foundation Group members. In the medium to long term, a business is being developed to increase clinical workforce to undertake these diagnostics locally. Demand for CT colonoscopy has increased due to changes in FIT referral criteria.
- Histology capacity remains a concern. This services is supported with outsourcing of reporting to backfill vacancies and maintain waiting times.

Risks

- Lack of capacity in Dermatology to see and treat the demand
- Ongoing impact of industrial action
- Histology, radiology and urological diagnostic capacity remain an issue

What the charts tell us

Although performance is below the target of 75% it has improved significantly since Nov-22.

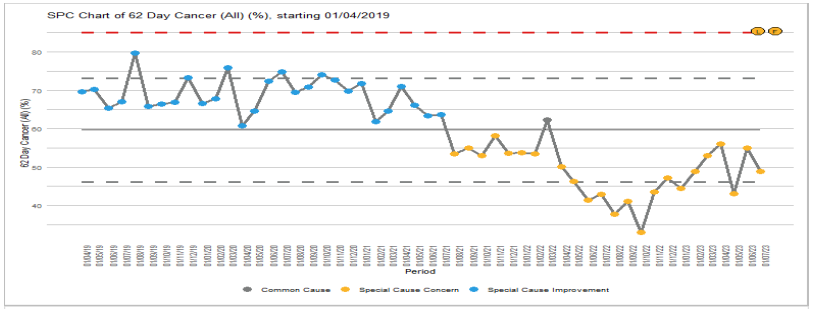
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY START OF TREATMENT STANDARD

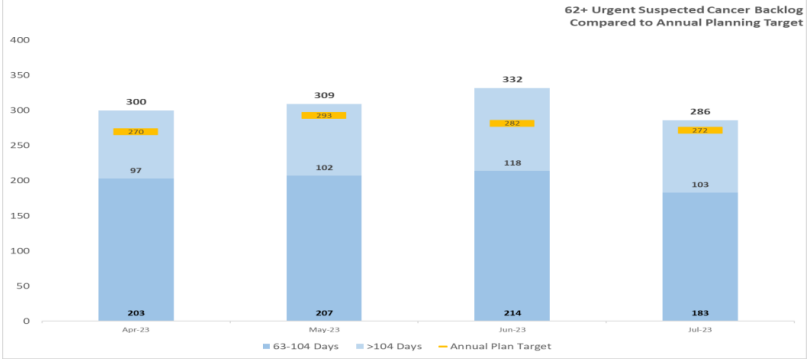
We are driving this measure because

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

Assurance **Variation**

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





Performance and Actions

The Trust position for 62 days in July 2023 was 54% with 110 patient breaches (unvalidated).

As at end of July there where 286 patients waiting over 62 days (against a planned position of 272). Of those patients waiting, 103 were waiting over 104 days. The Trust target for the end of the 2023/24 is to have no more than 190 patients waiting more than 62 days, with a target of 0 patients waiting more than 104 days.

Cancer waiting time standards have recently been revised (with effect from October 2023) – a briefing paper will be presented to Trust Management Board in September setting out the changes before more widely socialising with operational and clinical team.

Many of the drivers for performance align to the FDS performance. In addition, there are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies. In addition, a number of patients are dependent on treatment at tertiary centres – our focus for these patients is to ensure timely transfer of care to the appropriate tertiary provider.

Each specialty has a recovery action plan in place to address the drivers of performance to support the Trust to deliver more timely treatment to patients referred on a suspected cancer pathway.

Specific Task and Finish Groups are in place to focus on delivery of Urology Cancer pathways and Skin Cancer pathways

Risks

- Lack of capacity in Dermatology to see and treat the demand
- Ongoing impact of industrial action
- Histology, radiology and urological diagnostic capacity remain an issue
- Waiting times at Tertiary Centres

What the charts tell us

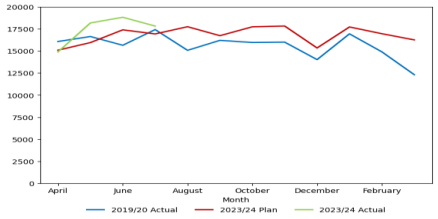
Performance against the cancer waiting times standard has never achieved the 85% target and has been below 50% for 12 of the last 24 months.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

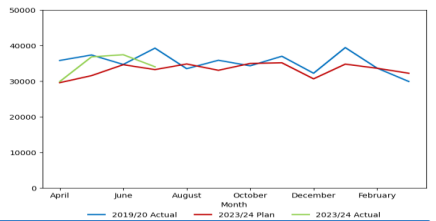
We are driving this measure because

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

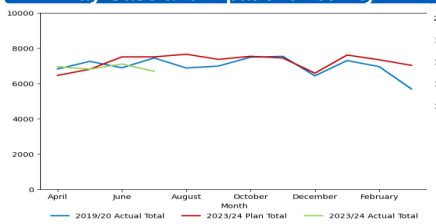
Outpatient New Activity



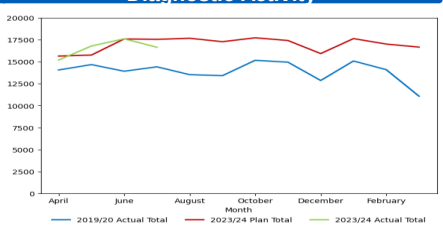
Outpatient Follow-up Activity



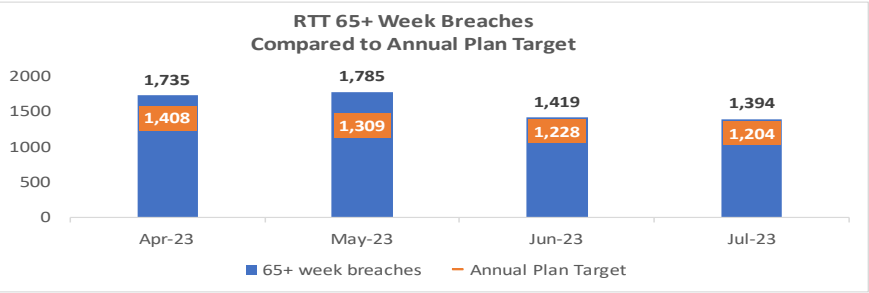
Day Case and Inpatient Activity



Diagnostic Activity



RTT 65+ Week Breaches Compared to Annual Plan Target



Performance and Actions

In July 2023, the Trust delivered 17,970 new outpatients appointments (6.1% over plan) and 34,868 follow up appointments (4.9% over plan). Inpatient and day case activity was 10.8% under plan, with day case activity 663 spells under plan and elective inpatients under plan by 149.

Factors impacting the shortfall in elective activity include:

- Oral and Maxillofacial surgery – gaps in available consultant workforce
- Endoscopy – included insourced activity in plan, which commences in September.
- Ophthalmology – driven by workforce vacancies. Increased in activity expected from September and October, with further consultant start dates in January 2024.

As at end of July there were 1,394 patients waiting over 65 weeks, including 43 over 78 weeks and 3 over 104 weeks.

Actions:

- Ongoing validation of RTT waiting list in line with national guidance
- Partial booking all patients at risk of waiting over 65 weeks at end of March 2024, to ensure they have an appointment before end of October 2023 (unless they choose to wait longer). Based on length of wait from first outpatient to treatment this is seen as an enabler to delivery of 65-week maximum wait by end of March 2024
- Reprofiling plan across remainder of financial year alongside activity forecast to assess residual gap. Divisional teams developing recovery plans by end of September 2023.
- Continued use of additional capacity (waiting list initiatives, insourcing and outsourcing, mutual aid)
- Focus on theatre productivity to maximise throughput through core capacity
- Use of locums to cover hard to fill vacancies)

Risks

- Urgent care demand impacting physical capacity and staffing
- Ongoing Industrial action
- Workforce challenges
- Casemix of long waiters compared to 19/20 impacting value weighted activity

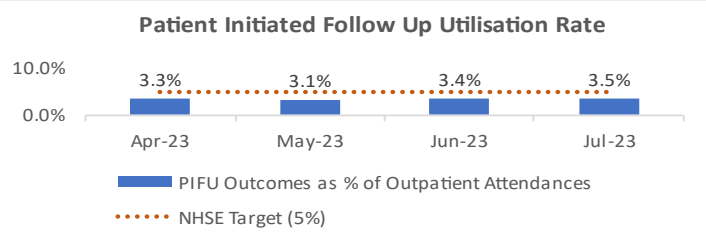
What the charts tell us

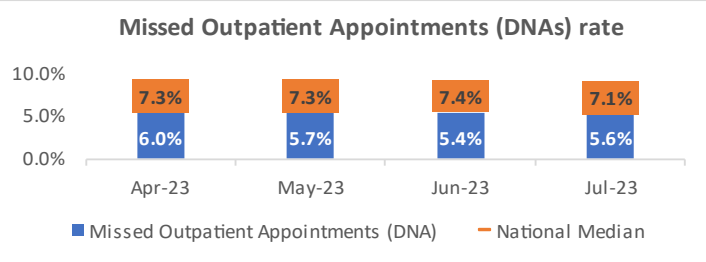
Outpatient New activity exceeded our plan and although follow-ups were higher than plan, it was only by 1,630 appointments and was ~4,300 fewer than Jul-19. Day case and elective inpatient activity remains below plan and diagnostic activity is below plan in Jul-23.

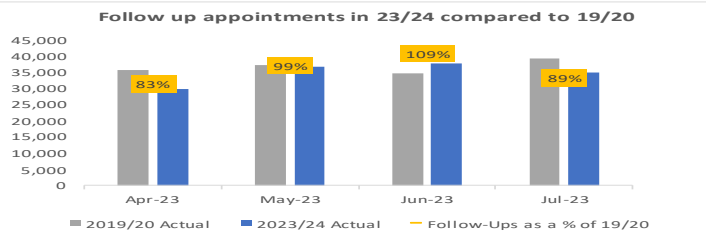
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

We are driving this measure because

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







Performance and Actions

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

Performance in Patient Initiated Follow Up (PIFU) remains static at 3.5%, which is under the 5% national target. However, a large percentage of specialties are delivering PIFU more than the national median at a specialty level.

Trust wide DNA rate in July was 1.5 percentage points below the national median though at a specialty level there is some variation.

Actions

- Divisional teams to develop plans to achieve 85th percentile performance of PIFU
- Recent introduction of two-way SMS has led to reduction in volume of DNAs
- Revision of information shared with primary care to support both referral avoidance and streamlined pathways for patients who are referred (reducing follow ups) – known as common conditions
- Review of follow up waiting lists for PIFU pathway opportunities aligned to national best practice
- Specialty Deep dives by Trust's Outpatients Transformation Programme lead to identify further opportunities for pathway transformation including one-stop clinics, referral guidance for primary care to support direct access
- Access to GIRFT Further, Faster workbooks requested from NHSE
- Audit of DNA to understand reasons for individual DNAs to be undertaken in October to understand broad drivers and put in place appropriate actions
- Review and ongoing management of list of patients with repeat DNAs in line with patient access policy
- Review and appropriate revision of outpatient booking process to ensure appropriate patient choice and reasonable notice

Risks

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

What the charts tell us

PIFU – YTD monthly average we discharge / transfer 1,750 patients; to achieve 5% this needs to be increased to ~2,600. **DNAs** remain below the national median with ~2,900 OP appointments a month currently being missed due to DNA. **Follow-Up reduction** – although not yet at the NSHE 75% ambition, we have delivered fewer appointments in three of the four months YTD.

OUR QUALITY & SAFETY

Dr Christine Blanshard

Chief Medical Officer / Deputy CEO

The Trust's mortality indicators show no concerns in July 2023. The Summary Hospital-level Mortality Indicator (SHMI) remains within the expected range, both at Trust and individual site level. Across the Trust, 63 incidents potentially resulting in moderate harm or above to patients were reported in July, with 6 meeting criteria for Externally reportable Serious Incident (SI) Investigation. Themes identified are delays in treatment and management of deteriorating patients.

A review into 2 week wait pathways, under the new PSIRF framework, has been commenced as a result. The Never Event reported at the end of June 2023 regarding misplaced Nasogastric tube is being investigated with the report on target to be presented on 4th September 2023.

Performance against the sepsis bundle being given within 1 hour has increased in Jun-23 to 75.0% but remains non-compliant with the 90% target. This information is currently obtained by manual audit. The Trust's 12 Month Rolling Crude Death rate up to May-23 for Septicaemia (except in labour) is 28.3%; the 12th lowest in the Midlands (out of 22). The sepsis module with the new Electronic Patient Record is due to launch in September 2023, which should provide improved data capture.

Our fractured neck of femur pathway showed an improvement in July 2023 achieving 65% compliance with best practice tariff indicators (target 85%). Capacity, both in terms of bed availability and theatre were the most common reason for delays. Additional theatre capacity at WRH has been developed for August onwards and a surge management plan is being developed conjointly between T&O and Theatres.

Dermatology services in the Trust are very fragile due to a significant vacancy factor. We are working on a solution with system partners with a particular focus on inpatient reviews and the prescribing of biologics.

Sarah Shingler

Chief Nursing Officer

We are currently not compliant with any of the year-to-date targets for Infection Prevention and Control however we were compliant with the in month infection targets for Klebsiella and Pseudomonas Aeruginosa. There has been an increase in Covid 19 outbreaks with four being declared in July and three to date in August. There are currently zero Cdiff outbreaks and one Pseudomas outbreak in August. Regarding Covid, the outbreak containment and principles are still in place, and isolation of contacts has proven to reduce the duration of outbreaks in areas of highly vulnerable patients. Ward closures are also actioned when there is evidence of rapid transmission.

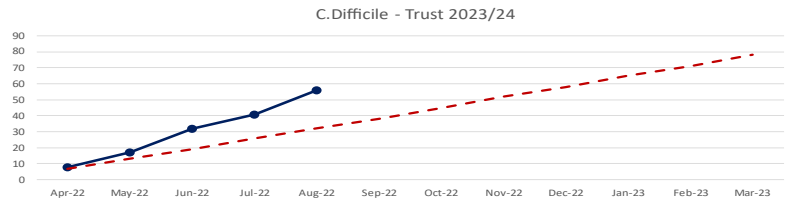
For 2023/24 a new metric is being used to monitor HAPU's which is the total number of HAPU's as a percentage of emergency admissions, with no agreed target or national data that we are able to benchmark against. Total HAPU's as a % of emergency admissions increased to 0.78% in July from 0.69% in June. There were no HAPU's causing harm in July. We continue to monitor POA and liaise with the ICB around this. As part of the new Trust mattress contract there is an updated mattress selection chart as an advisory tool for ward areas and there is ongoing discussion with the digital team around the completion on SSKIN bundles on the new EPR system. CQUIN 12 also continues which requires documentation of a full pressure ulcer risk assessment within 6 hours of admission using a validated scale (such as Waterlow).

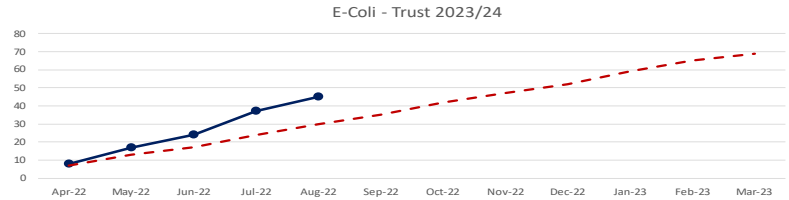
Regarding complaints, the compliance target to close within 25 days has increased this month to 70%, but this is the 13th consecutive month that the target has been missed. The Trust had 130 complaints still open at the end of July, and there were 61 new complaints received in that month. Of the 130, 62 have breached the 25-day target, with the Surgical division holding 53 of those. There is an increased focus of support for the Surgical division to prevent any further complaints breaching. The trajectory for clearing all overdue complaints in the Surgical Division is the end of November 2023 with additional support for the Division for this work commencing on 18th September 2023 (Trajectory - Current overdue =60, 30th September =45, 31st October =25, 30th November =0)

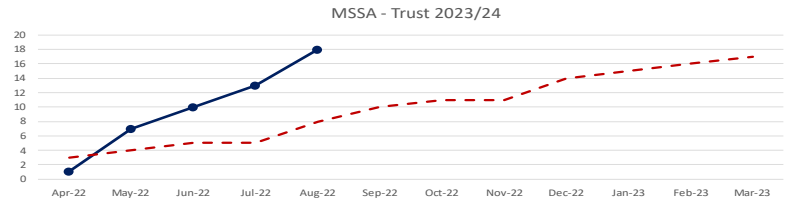
OUR QUALITY & SAFETY - INFECTION PREVENTION AND CONTROL

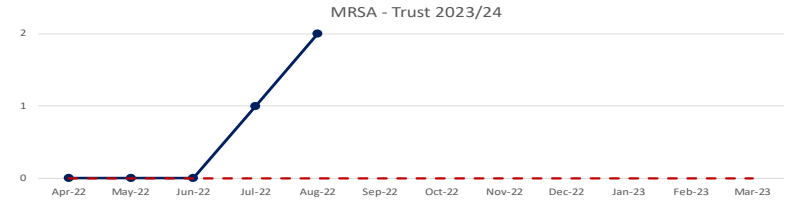
We are driving this measure because

33% of patients said that Infection Prevention and Control is the most important factor in making sure people you care for are safe in our hospitals.









Performance and Actions

- We were compliant with the in-month infection targets for Klebsiella & Pseudomonas Aeruginosa only.
- We are not currently compliant with any of the year-to-date targets.
- E-Coli and MRSA are showing special cause variation of concern.

- **MRSA –** Post infection review completed, identified lack of compliance with 28-day screening policy. SQL link now available to ward staff to check compliance with 28 day screens. IPC will conduct a compliance review to ensure that screening is completed. MRSA unknown status prior to theatre there is a requirement for patients to have decolonisation therapy, attended Surgical Gov meeting to stress the requirement for chlorhexidine washes until MRSA status is known
- **EColi** – noted to be special cause of variation, noted to be hepatobiliary is the most common causative factor. No themes or trends noted regards location.
- **COVID** – there has been an increase in COVID outbreaks and HCAI cases. Testing is required for symptomatic cases only and not on admission. Outbreak containment and principles remain in place, isolation of contacts has proven to reduce the duration of outbreaks in areas of highly vulnerable patients. Ward closures are also actioned when there is evidence of rapid transmission.
- **Laurel 3** – a particular area of concern due to the increase in multiple infections, no root cause noted however there was positive engagement in the multi disciplinary approach.

Risks

- COVID
- MSSA
- Decontamination of medical devices
- Carbapenemase Producing Enterobacteriaceae (CPE)

What the charts tell us

We are not currently compliant with any of the year-to-date targets.

OUR WORKFORCE

Tina Ricketts

Director of People and Culture

Top 3 workforce areas requiring improvement remain as:

- To reduce our agency spend to 6% of our total pay bill. The reduction in spend is being driven through our PEP programme, revised recruitment plan and improved management of sickness absence. Our agency reduction plan was considered by the People & Culture Committee on 1st August 2023.
- To reduce our sickness absence rates to below 4%. A deep dive of sickness absence has identified that the Trust's policy is not being adhered to consistently. An action plan has been developed to address this with oversight through the Best People Steering Group.
- To improve Job planning compliance to above 95% linking job plans to required activity. The Chief Operating Officer and Chief Medical Officer are working with the divisions on their improvement plans

July has remained a challenging month due to the on-going industrial action of Junior Doctors and Consultants. New legislation came into effect to prevent the use of agency workers to cover those taking industrial action. Additional pay costs have been incurred due to the current workforce covering the gaps through additional hours or overtime.

We are 115 wte down against our workforce plan but this is mainly due to the delayed opening of the new Urgent and Emergency Care department and additional theatres at the Alexandra Hospital. We have a high number of new starters in September and October which will address the gap in our plan.

International nurse recruitment continues as planned and we are on track to achieve 150 new nurses by 31st March 2024.

OUR WORKFORCE – STATUTORY AND MANDATORY TRAINING

We are driving this measure because

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

Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
90.0%	90.0%	89.0%	88.0%	88.0%	88.0%	89.0%	89.0%	89.0%	89.0%	90.0%	90.0%	90.0%	90.0%

Assurance

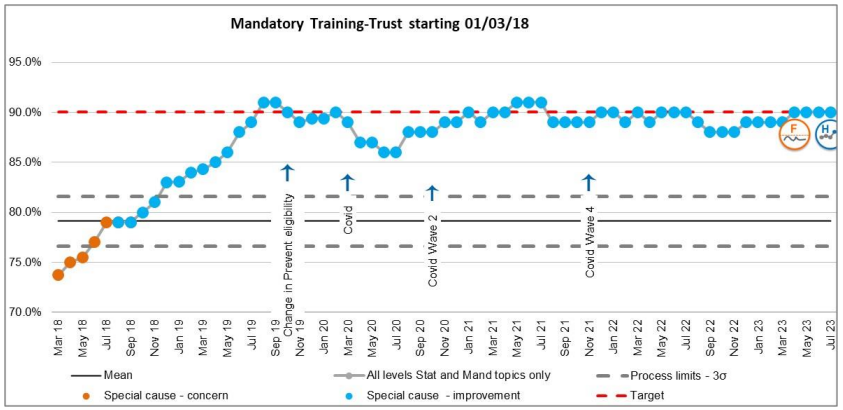
The system is expected to consistently Fail the target

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

Overall **Mandatory Training Compliance** has remained on target at 90% against a Model Hospital average of 88.4% (2021/22 is most recent data on model system).

Urgent Care is an outlier at 85%. 4 out of 8 Divisions meet the target. The Medical and Dental staff group remain outliers across all divisions. We have updated the table using the Electronic Staff Record benchmark data which demonstrates that the Trust continues to benchmark well both regionally and nationally.

	2023 / 06			
	Trust	Region	Country	National
Add Prof Scientific and Technic	82.57%	80.18%	75.17%	75.51%
Additional Clinical Services	85.98%	79.01%	76.52%	76.75%
Administrative and Clerical	86.03%	84.51%	79.33%	79.91%
Allied Health Professionals	90.22%	80.87%	77.25%	77.28%
Estates and Ancillary	86.69%	76.50%	73.90%	74.16%
Healthcare Scientists	86.44%	82.52%	78.32%	79.14%
Medical and Dental	72.66%	59.31%	58.03%	56.36%
Nursing and Midwifery Registered	87.00%	79.43%	74.13%	74.75%
Students	84.21%	84.71%	74.98%	74.90%

Risks

Medics training compliance, and some challenges with legacy IT infrastructure which doesn't support some of the e-learning modules.

What the chart tells us

The rolling 12-month position remains good with the 90% target consistently met. The lowest compliance rate that we have had as a Trust since January 2021 is 89%.

OUR WORKFORCE – APPRAISAL & JOB PLANS

We are driving this measure because

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

Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
77.0%	75.0%	77.0%	81.0%	79.0%	81.0%	80.0%	81.0%	81.0%	81.0%	81.0%	81.0%	80.0%	80.0%

Assurance

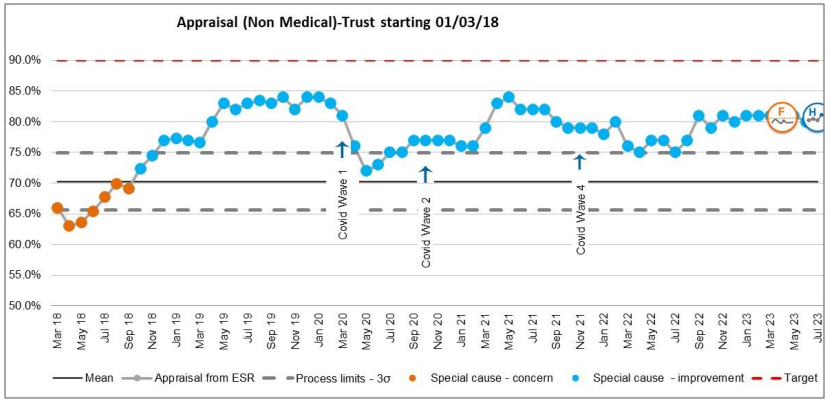
The system is expected to consistently Fail the target

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

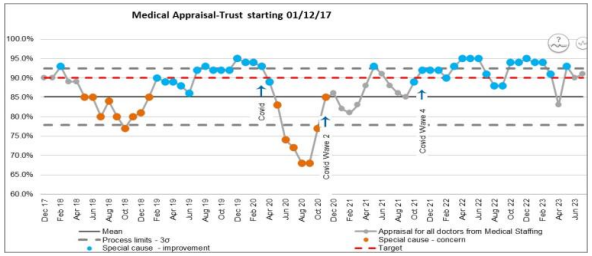
Appraisal rates for non-medical staff are currently 80% compared to 75% last year, and a Mode Hospital average of 76%. Medical appraisal is 91% which is above target of 90%.

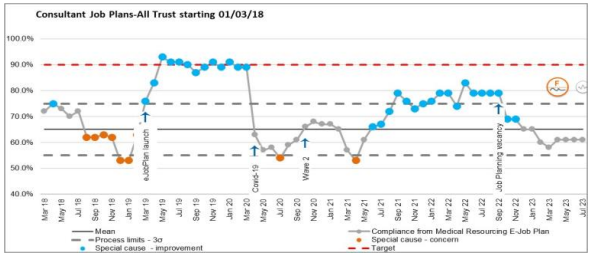
A simplified appraisal form has been launched as well as guidance on wellbeing conversations with staff.

Divisional leaders have been asked via PRMs to ensure outstanding performance appraisals are completed. The Lowest rates are in Corporate teams which may indicate that Managers are not conducting appraisals with staff who are hybrid working.

Consultant Job Planning compliance is unchanged at 61% and is an area of concern. A corrective action plan will be considered by the Finance & Performance Committee in September 2023.

Medical Appraisal is currently at 91% which has been fairly consistently above target of 90% since December 2021.





Risks

Admin and Clerical staff have low levels of appraisal compliance.

What the chart tells us

The rolling 12 month position remains fairly consistent across the period between May 2021 and July 2023, although deteriorated in June and July 2023 and is below target.

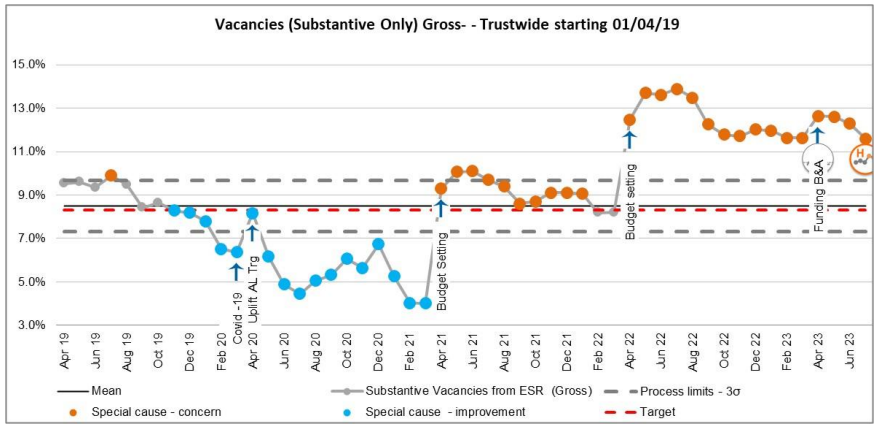
OUR WORKFORCE - VACANCIES

We are driving this measure because

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

Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
13.6%	13.9%	13.5%	12.3%	11.8%	11.7%	12.0%	12.0%	11.6%	11.6%	12.6%	12.6%	12.3%	11.6%

Assurance	Variation	Data Quality Mark
Hit and miss target - Subject to random variation	Special cause variation – Cause for concern (where high is a concern)	Reasonable Assurance



Performance and Actions

Starters and Leavers - We have recruited 26 more starters than leavers this month with 90 new starters processed.

Time to Hire – We have increased capacity in our central recruitment and medical resourcing teams and our time to process checks has improved from 48.55 working days in July 2022 to 39.29 this month

Healthcare Support Workers (HCSW) – We have been actively recruiting HCSWs throughout the year with 35 starting in July (349 new starters in the last 12 months). However, our retention is poor with 241 leavers. This means an net increase of 108 wte. This impacts our vacancies which are currently sat at 125 wte (12.45% vacancy rate). Regular recruitment activity is planned for the rest of the year.

Nursing and Midwifery - our international recruitment plan is on track and since April, 29 nurses & 4 midwives have joined the Trust. We currently have 189 registered nurse vacancies and 30.9 wte midwife vacancies. Our international nurse recruitment programme will bring in a further 104 candidates by the end of 2023/24 meeting our target of 150 in total.

Allied Health Professionals (AHP) – We have 68 qualified AHP and 14 support post vacancies. There have been 81 new starters but 71 leavers in the last 12 months (+10 cumulative effect).We are working with NHS England to bring in International Radiographers

Medical & Dental - Plans are in place to swap out high spend agency locums with substantive recruitment.

Risks

High vacancy rate compared to peer group which is a key driver for agency spend

What the chart tells us

The rolling 12 month position is impacted by Budget Setting each year . We are on an improving trajectory other than April 2023 budget setting where business cases were transacted into the establishment.

OUR WORKFORCE - TURNOVER

We are driving this measure because

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

Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
13.6%	13.8%	13.8%	13.6%	13.5%	13.0%	13.5%	13.4%	13.0%	12.1%	12.0%	12.0%	12.1%	11.9%

Assurance

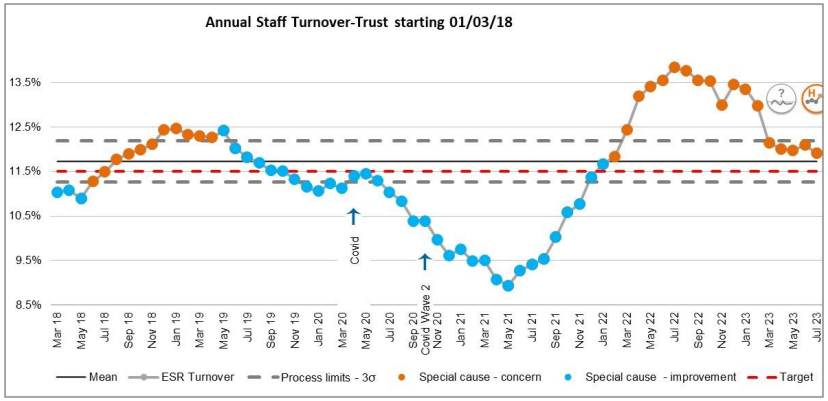
Hit and miss target - Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

Our annual staff turnover has reduced by 0.17% to 11.92% which is 1.92% better than the same period last year against a local target of 11.5%. Our latest performance on Model Hospital for retention is 98.3% against an average of 98.4% and peer average of 98.6% (March 2022 rates).

We have added a benchmarking report from the Electronic Staff Record system comparing us nationally and regionally which demonstrates that we have an issue with turnover in most staff groups, except for registered nurses and Healthcare Scientists.

A deep dive on our staff retention plan is scheduled for the People & Culture Committee in October. We aim to reduce the number of staff leaving due to Work Life Balance during the next year.

Risks

Medical and Dental, Allied Health Professionals and Estates and Ancillary are Quartile 3 on Model Hospital for turnover.

What the chart tells us

The rolling 12-month position remained consist and within the target for the period from November 2019 to January 2022 during the pandemic, but then saw an increase until March 2023. The current position has stabilised and is on an improving trajectory towards our 11.5% target.

OUR WORKFORCE - SICKNESS

We are driving this measure because

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

Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23
5.1%	6.1%	5.1%	5.2%	5.7%	5.6%	6.7%	6.0%	5.5%	5.6%	5.4%	5.5%	5.3%	5.5%

Assurance

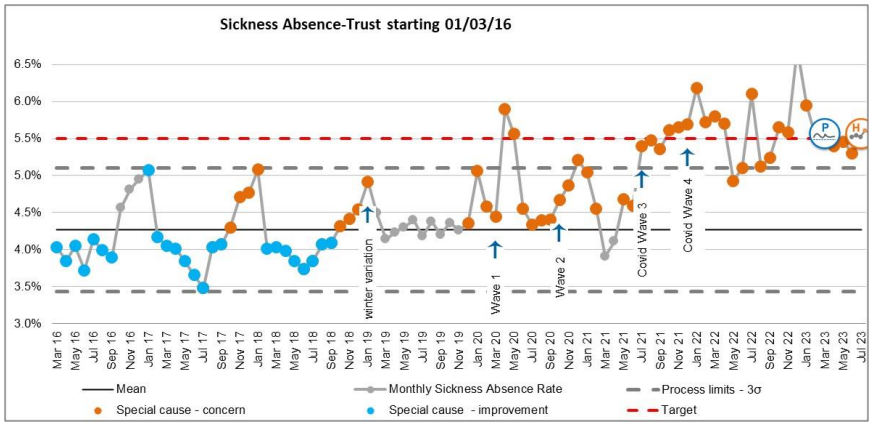
Consistently hits target – NB target will adjust to 4% next month

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

Sickness rates have increased slightly by 0.17% to 5.47% which is 0.63% better than the same period last year. However, our sickness is now benchmarking adversely against the national position in most staff groups.

Estates and Facilities are continuing to present with high levels of sickness absence at 7.27% with 5.38% of this being long term absence (32% of which is due to Stress and Anxiety). Surgery have 6.48% sickness this month which is a 1.23% increase. Urgent Care has improved with 4.61% this month. Absence due to stress has increased by 0.07% to 1.54% which remains higher than pre-pandemic levels. Women and Childrens stand out as an outlier with 39.25% of their absence being due to S10 closely followed by Corporate and Estates and Facilities. SCSD have also presented high levels of S10 absence this month.

HR teams continue to sensitively support the management of long- and short-term sickness absence and considerable work continues to be done to enhance the wellbeing staff support offer including fast track Occupational Health referrals, wellbeing training and psychological wellbeing support for staff.

The wide range of health & wellbeing initiatives (Hereford & Worcestershire mental health hub, employee assistance programme, NHS apps and support lines, face to face counselling, clinical psychology) are in place for staff. The close monitoring and management of sickness absence will remain a key priority for this year and the target will reduce from 5.5% to 4% from next month.

Risks

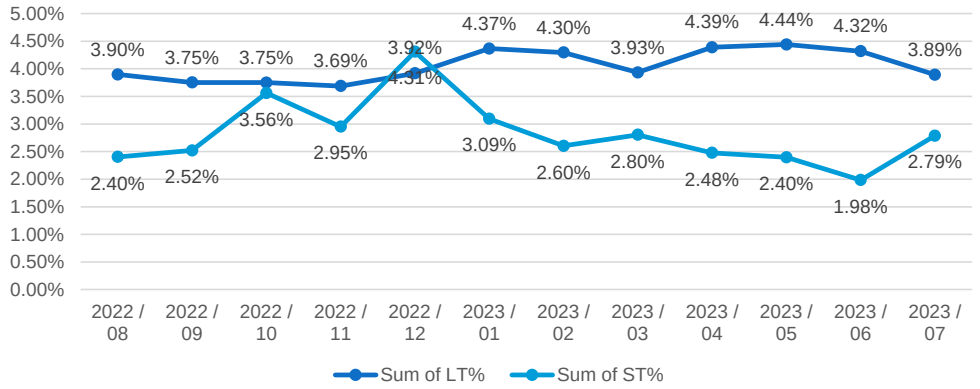
Increased cost of bank and agency fill and cultural shift where higher levels of sickness become the norm.

What the chart tells us

The rolling 12-month position shows a fluctuating picture between May 2021 and December 2022, this was mainly due to Covid related absences, as well as other winter pressures such as Flu. Sickness peaked at 6.7% in December 2022 but is now showing an improving trajectory.

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

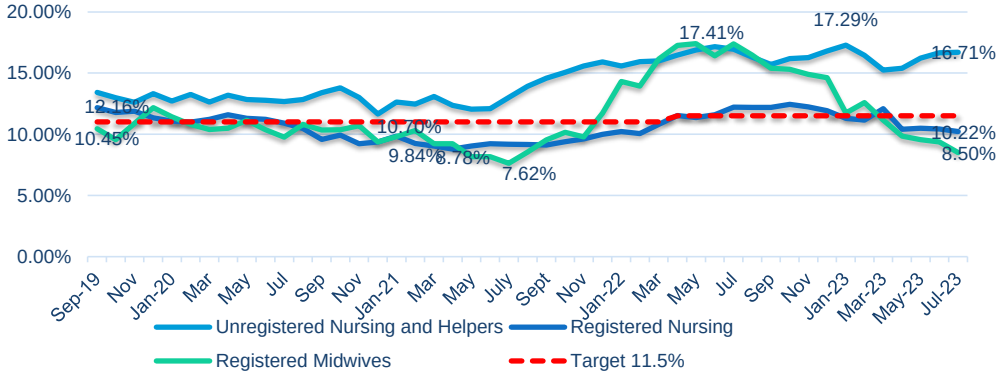
Long Term v Short Term Sickness (FTE %)



Reasons for Sickness

S10 Anxiety/stress/depression/other psychiatric illnesses	0.92%	0.00%	8.08%	4.87%	3.37%	2.78%	4.94%	24.96%
S11 Back Problems	0.07%	0.00%	1.23%	1.25%	0.99%	0.45%	0.46%	4.46%
S12 Other musculoskeletal problems	0.17%	0.00%	4.15%	1.57%	2.36%	0.85%	0.91%	10.01%
S13 Cold, Cough, Flu - Influenza	0.13%	0.00%	2.35%	1.98%	0.87%	0.52%	0.70%	6.54%
S14 Asthma	0.01%	0.00%	0.14%	0.10%	0.13%	0.05%	0.03%	0.46%
S15 Chest & respiratory problems	0.18%	0.00%	1.15%	1.28%	0.63%	0.15%	0.39%	3.77%
S16 Headache / migraine	0.02%	0.00%	0.65%	0.45%	0.23%	0.33%	0.11%	1.77%
S17 Benign and malignant tumours, cancers	0.01%	0.00%	0.95%	1.11%	0.92%	0.20%	0.20%	3.39%
S18 Blood disorders	0.00%	0.00%	0.06%	0.13%	0.04%	0.00%	0.05%	0.28%
S19 Heart, cardiac & circulatory problems	0.00%	0.00%	0.57%	0.35%	0.37%	0.23%	0.30%	1.82%
S20 Burns, poisoning, frostbite, hypothermia	0.00%	0.00%	0.01%	0.01%	0.00%	0.00%	0.02%	0.04%
S21 Ear, nose, throat (ENT)	0.24%	0.00%	0.53%	0.51%	0.25%	0.17%	0.17%	1.88%
S22 Dental and oral problems	0.08%	0.00%	0.23%	0.09%	0.07%	0.02%	0.02%	0.52%
S23 Eye problems	0.00%	0.00%	0.23%	0.08%	0.02%	0.05%	0.02%	0.40%
S24 Endocrine / glandular problems	0.00%	0.00%	0.06%	0.10%	0.02%	0.09%	0.15%	0.42%
S25 Gastrointestinal problems	0.17%	0.00%	2.15%	1.48%	0.92%	0.75%	0.68%	6.15%
S26 Genitourinary & gynaecological disorders	0.13%	0.00%	0.82%	0.82%	0.73%	0.23%	0.40%	3.13%
S27 Infectious diseases	0.38%	0.00%	3.87%	4.30%	1.60%	0.77%	2.89%	13.79%
S28 Injury, fracture	0.06%	0.00%	1.40%	1.06%	0.48%	0.32%	0.96%	4.28%
S29 Nervous system disorders	0.06%	0.00%	0.43%	0.12%	0.08%	0.10%	0.12%	0.90%
S30 Pregnancy related disorders	0.03%	0.00%	0.83%	0.94%	0.87%	0.34%	0.62%	3.63%
S31 Skin disorders	0.03%	0.00%	0.24%	0.12%	0.15%	0.19%	0.06%	0.80%
S98 Other known causes - not elsewhere classified	0.21%	0.03%	1.80%	1.53%	0.64%	0.78%	1.55%	6.54%
S99 Unknown causes / Not specified	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.06%	0.06%
	2.91%	**0.03%**	**31.93%**	**24.25%**	**15.72%**	**9.36%**	**15.79%**	**100.00%**

Annual Turnover by Staff Group - 31st July 2023



Annual Turnover % by Division and Staff Group

Staff Group	Corporate	Specialty Medicine	Urgent Care	SCSD	Surgery	Women and Children
Registered Nurses	15.80%	11.87%	9.47%	8.95%	9.95%	8.43%
Midwives						8.50%
HCAs/Support Workers	16.76%	15.99%	18.28%	16.73%	17.05%	16.29%

BEST USE OF RESOURCES

Neil Cook

Chief Finance Officer

Financial Plan 2023/24

The final plan reflects a break-even plan for the year including £28m (4.2%) of PEP and £20m of Elective Recovery Fund activity. It is important to note that the recurrent underlying position of the Trust continues to run at a greater level of deficit, once non-recurrent items are removed. As a system with a planned deficit, enhanced financial controls are in place.

Income & Expenditure Performance

In month 4 the Trust returned a deficit of £3.0m against a planned deficit of £1.3m deficit representing an adverse variance of £1.7m. The cumulative deficit to month 4 is £13.7m against a planned deficit of £7.2m representing an adverse variance of £6.4m.

The following table summarises the key variances against our submitted plan at the end of month 4 into three categories:

- Timing – those items that currently present as a variance due to a difference in the phasing of the plan versus the phasing of the actual expenditure incurred which are largely because of late revisions to the plan following final agreement of the contract and plan with the ICB.
- Exceptional / Unplanned Items – material expenditure pressures that were not known at the time of the planning submission and typically deemed to be one-off in nature – largely relating to Industrial Action at this point
- Other variances on core budgets requiring further review and assessment to consider mitigation and determine any recurrent impact to the underlying position

		Summary of Key Variances											
		Phasing - Bank Holidays/Other	Weekly Stores Feeds	Phasing - ERF	Additional Income - ERF	Industrial Action	Backdated Pay	PEP	Stretch Income 104%	Tariff Drugs linked to activity	Digital IT contract savings	Other	TOTAL
YTD M4	Timing	(998)	0	(764)									**(1,762)**
	Exceptional / Unplanned Items					(903)	(318)						**(1,221)**
	Other				(1,005)			(1,400)	(333)	(540)	538	(706)	**(3,446)**
		(998)	**0**	**(764)**	**(1,005)**	**(903)**	**(318)**	**(1,400)**	**(333)**	**(540)**	**538**	**(706)**	**(6,429)**

The current estimate of the elective income variance is £1.6m – this is not reflected in the month 4 position. NHSE is expected to issue their calculations on income loss for April 2023 in the coming weeks along with NHSE's monthly phasing of the annual API target.

Capital

The total capital plan submitted for 2023/24 was £30.089m based on local and national funding streams. The spend YTD at month 4 is £7.052m (£6.1m month 3). Risks remain regarding the overall financing for the Urgent & Emergency Care (UEC) scheme and other strategic schemes. The Trust used internally generated funds and slippage on other strategic schemes in 2022/23 to broker a solution into 2023/24. However, the funding for these schemes now needs replenishing. Consequently, the Trust has very limited capital funding for essential maintenance and replacement equipment in 2023/24. Discussions are progressing with ICB and NHSE regarding a longer-term brokerage solution to reduce the risk of overspend on the overall capital programme. The UEC build has been complex and has still to be completely fitted out and there is therefore risk of further unforeseen costs being identified. Planned expenditure was £1.7m however the FYF is estimated at £5.5m in 2023/24. Additional scrutiny will continue whilst completing the ground floor to assess the potential for any further risk. Any additional costs on the UEC will require slippage from elsewhere to offset further costs and ensure that the Trust remains within its Capital Resource Limit.

Cash

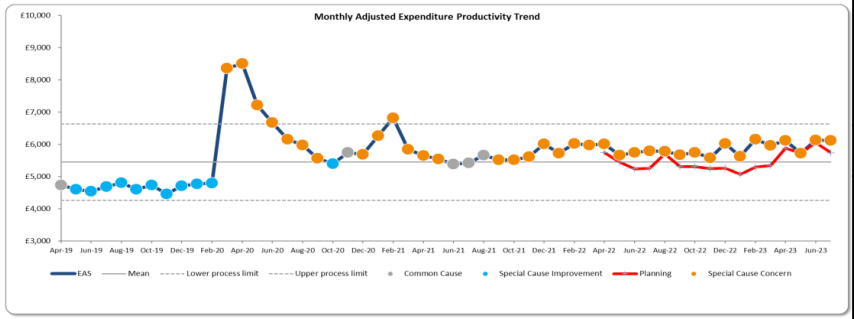
At the end of July 2023, the cash balance was £11m, which was £4.4m below plan reflecting the overspend on I&E. The Trust has drawn down £0.5m of the planned external capital funding of £6.7m. Further work is progressing on mapping out in detail the cash flow for the next few months given the current run rate and pressure on capital spend. Better Payment Practice Code (BPPC) performance has remained stable in month at 96% based on volume of invoices paid and 92% based on value. We are 2.45% under the BPPC target YTD for Value and 0.5% below target for Volume at 92.45% and 94.56% respectively (92% Volume 95% Value).

BEST USE OF RESOURCES – INCOME & EXPENDITURE

We are driving this measure because

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

Statement of comprehensive income	Jul-23 Plan £'000	Jul-23 Actual £'000	Jul-23 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	52,349	53,598	1,249	206,493	208,582	2,089
Other operating income	2,508	2,290	(218)	9,282	9,667	385
Employee expenses	(33,091)	(33,591)	(500)	(131,045)	(134,347)	(3,302)
Operating expenses excluding employee expenses	(21,026)	(23,287)	(2,261)	(84,104)	(89,729)	(5,625)
OPERATING SURPLUS / (DEFICIT)	**740**	**(990)**	**(1,730)**	**626**	**(5,827)**	**(6,453)**
FINANCE COSTS						
Finance income	80	99	19	440	456	16
Finance expense	(1,280)	(1,279)	1	(5,120)	(5,116)	4
PDC dividends payable/refundable	(803)	(803)	0	(3,212)	(3,174)	38
NET FINANCE COSTS	**(2,003)**	**(1,983)**	**20**	**(7,892)**	**(7,834)**	**58**
Other gains/(losses) including disposal of assets	0	0	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(1,263)**	**(2,973)**	**(1,710)**	**(7,266)**	**(13,661)**	**(6,395)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(1,263)**	**(2,973)**	**(1,710)**	**(7,266)**	**(13,661)**	**(6,395)**
Remove capital donations/grants I&E impact	10	11	1	40	6	(34)
Adjusted financial performance surplus/(deficit)	**(1,253)**	**(2,962)**	**(1,709)**	**(7,226)**	**(13,655)**	**(6,429)**
Less gains on disposal of assets	0	0	0	0	0	0
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(1,253)**	**(2,962)**	**(1,709)**	**(7,226)**	**(13,655)**	**(6,429)**



Performance and Actions

At the end of month 4 we reported an adverse variance of £6.4m. Of this £1.8m (27%) is deemed to be due to phasing of the plan and therefore by the end of the year this element of the variance should reduce to nil.

Exceptional items totalling £1.2m (19%) including additional direct costs resulting from Industrial Action. To date this excludes costs of re-scheduling elective activity. Further analysis continues to ensure that all costs have been identified.

Other adverse variances to core budgets include the impact of Elective Recovery Fund (ERF) interventions of £1m that, at this point, do not appear to have increased overall activity levels beyond plan and have therefore not attracted additional income to the Trust. The Elective Task Force continues to meet weekly to review all bids associated with delivery of our 2023/24 plan. The scope of this group has been expanded to include a post implementation review of all interventions.

The 23/24 Productivity and Efficiency (PEP) plan for 23/24 is £28.0m. In month 4 we delivered £0.986m against the plan of £1.877m, an adverse variance of £0.891m. Year to date, we have generated savings of £2.242m against a plan of £3.642m, an adverse variance of £1.400m (38%). The Transformation Delivery Board continues to meet to oversee embedding and delivery of milestones. Dedicated sessions are progressing with Senior Responsible Officers and scheme leads to review milestones and financial forecast for each PEP scheme chaired by the Director of Delivery. Output from these sessions will be incorporated into the Operational financial forecast.

Risks

Unless we recover our elective activity to plan we will not receive the corresponding ERF funding stream. A mitigation will need to be sought which may include a reduction to funding of the £5m ERF budget allocation.

The current estimate of the elective income variance is £1.6m adverse which has not been reflected in the month 4 position pending revised guidance from NHSE on how the impact of Industrial Action will be accounted for.

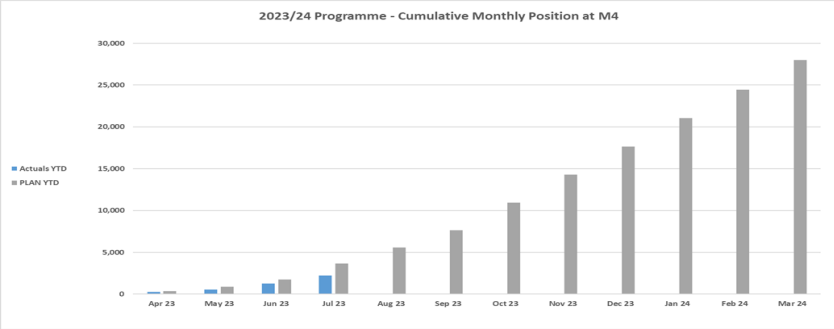
What the charts tell us

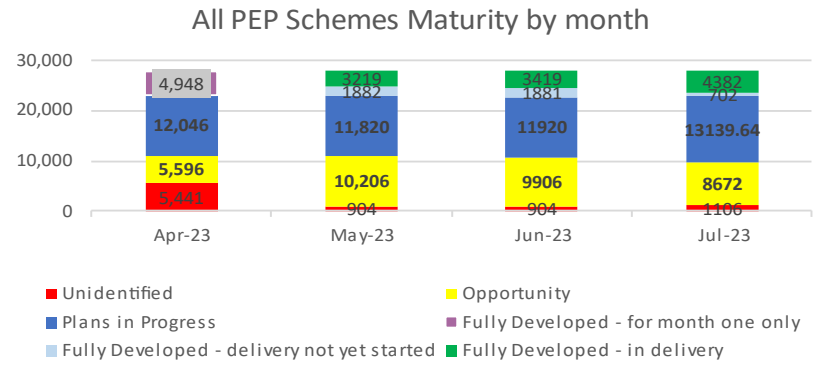
For July our Cost per Weighted Activity Unit (WAU) is 7% higher than plan. We are spending more per unit of activity delivered than was in the operational and financial plan (note uncoded activity can impact this position). Expenditure is 5% higher than plan and WAU's are 2% below plan, so we are spending more than plan after inflation and delivering less of weighted Inpatient, Emergency, Outpatient and ED activity. Year to date our Cost per WAU is 3% higher than plan which is driven by the adjusted expenditure being 4% higher than plan. The WAU's are 1% higher than plan year to date, so overall we are delivering just above the planned level of weighted activity.

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

We are driving this measure because

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





Performance and Actions

The Productivity and Efficiency Programme target for 23/24 as submitted to NHSE in May is £28.0m

M4 delivered £0.986m of actuals against the plan as submitted to NHSE in May 2023 of £1.877m. A negative variance of £0.891m

Year to date, the overall position is actuals £2.242m against a plan of £3.642m, an under delivery of £1.400m

The Transformation Delivery Board continue to meet regularly to hold Senior Responsible Officers (SRO's) and Scheme Leads to account for delivery and to provide support where necessary to unblock bottlenecks preventing progress on delivery. Work is progressing between the Director of Delivery and SRO's to provide a robust forecast for September Finance Committee.

Risks

Slippage on schemes presents a significant risk to achievement of the Trusts planned break even position if mitigations cannot be found. Mitigations are more likely to be non recurrent in nature impacting on the Trusts underlying financial challenge.

What the charts tell us

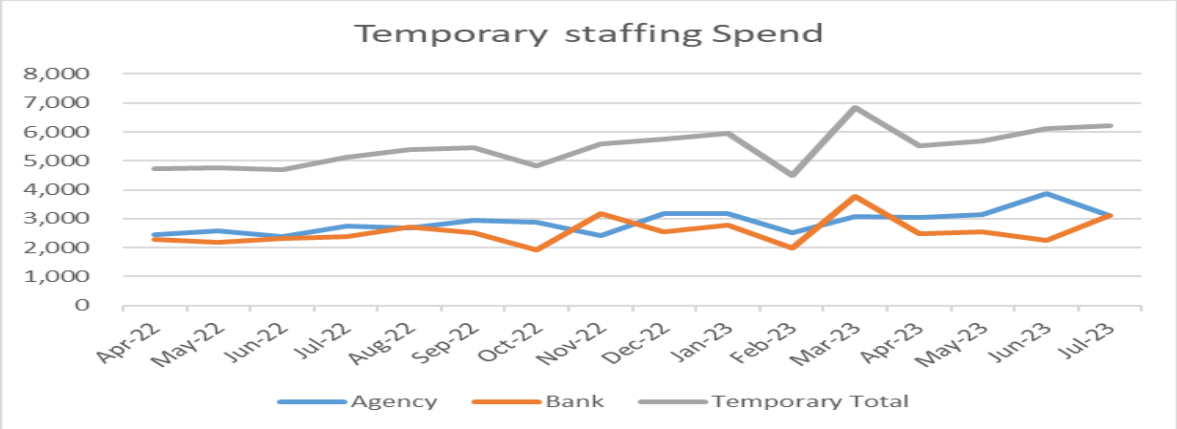
The Maturity Level of PEP schemes for the Trust is detailed within the graph above along with the profile of the savings. In M4 there has been an increase in plans in progress as well as a small increase to Fully Developed – in delivery. The focus is on moving schemes from Opportunity through to Fully Developed and In Delivery.

BEST USE OF RESOURCES – AGENCY SPEND

We are driving this measure because

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

Employee Expenses	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Mvmt	YTD
Agency	(2,745)	(2,695)	(2,934)	(2,886)	(2,425)	(3,184)	(3,189)	(2,518)	(3,080)	(3,051)	(3,128)	(3,862)	(3,112)	750	(13,153)
Bank	(2,380)	(2,702)	(2,505)	(1,928)	(3,165)	(2,558)	(2,764)	(1,982)	(3,757)	(2,477)	(2,542)	(2,264)	(3,094)	(830)	(10,376)
Temporary Total	**(5,125)**	**(5,397)**	**(5,439)**	**(4,814)**	**(5,590)**	**(5,742)**	**(5,954)**	**(4,500)**	**(6,837)**	**(5,528)**	**(5,669)**	**(6,126)**	**(6,206)**	**(79)**	**(23,529)**
Substantive	(24,944)	(25,373)	(28,388)	(26,091)	(25,832)	(26,371)	(25,968)	(26,366)	(36,565)	(27,560)	(27,281)	(28,592)	(27,385)	1,207	(110,818)
Other	0	0	0	0	0	0	0	0	(13,563)	0	0	0	0	0	0
Employee Expenses Total	**(30,069)**	**(30,770)**	**(33,827)**	**(30,905)**	**(31,421)**	**(32,113)**	**(31,922)**	**(30,866)**	**(56,965)**	**(33,088)**	**(32,950)**	**(34,718)**	**(33,591)**	**1,127**	**(134,347)**
Agency %	9.1%	8.8%	8.7%	9.3%	7.7%	9.9%	10.0%	8.2%	5.4%	9.2%	9.5%	11.1%	9.3%	-1.9%	9.8%
Bank %	7.9%	8.8%	7.4%	6.2%	10.1%	8.0%	8.7%	6.4%	6.6%	7.5%	7.7%	6.5%	9.2%	2.7%	7.7%
Bank & Agency %	17.0%	17.5%	16.1%	15.6%	17.8%	17.9%	18.7%	14.6%	12.0%	16.7%	17.2%	17.6%	18.5%	0.8%	17.5%



Performance and Actions

Overall temporary staffing spend has increased by £0.1m in July representing 18.5%.

Agency expenditure has reduced by £0.8m of which £0.4m is due to a retrospective correction of temporary medics data and the remainder is lower usage with worked WTE 10 lower (9 WTE Medics).

Bank Pay has increased by £0.8m of which £0.3m is due to a retrospective correction of temporary medics data and the remainder is higher usage. Booking reasons include covering additional vacancies, maternity leave, 'specialing' and sickness.

Risks

Continued industrial action and a lag in delivery of the productivity and efficiency programme (PEP) schemes relating to recruitment will add to the pressure reflected in the Trusts overall financial performance

What the charts tell us

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

Finance & Performance Committee Assurance Report: 26 July 2023

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Jo Wells, Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	7, 8, 13, 16, 18, 19, 20

Executive Summary

The Committee met virtually on 26 July 2023 and the following key points were raised : Escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
None		

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
ASR Deed of Variation	Not reported		
ASR Programme Review	Level 7		18, 7, 19, 3, 17, 2, 11, 9, 4, 10, 15, 14
Maternity Refurbishment Adaptations DOV	Level 6		3,7,8,11
Moving 4ward on Foundation Group Membership	Not reported		
Integrated Performance Report	Level 4		2 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Chief Finance Officer Report Month 3	Level 3		7, 8
Insourcing Standard Operational Procedure	N/A	N/A	3, 4, 11, 18, 19, 22
PEP and Transformation Delivery Board Update	Level 3	N/A	7, 9, 11, 18
4Ward Improvement System Update	Level 3	N/A	10, 15, 17
Strategic Programme Board Report	Level 4	N/A	7, 8,18,20, 21

Finance and Performance Committee Assurance Report

Executive Summary

The Committee met virtually on 26 July 2023 and the following key points were raised :

Item	Discussion
ASR Deed of Variation	Committee were informed that the exact cost of the Maternity Deed of Variation is not known. An inflationary cost factor has been added to the cost that was agreed to raise it up to £3m. Approval was sought to continue with the DoV process capped at those project costs to ensure there are no critical delays with a caveat that should there be significant funding issues following the business case review, it will not go ahead. **The Deed of Variation was recommended for approved with the caveat that it is capped.**
ASR Programme Review	As the ASR business case was developed around 5/6 years ago around the acute services review, Strategic Programme Board supported taking a lessons learnt approach from the UEC and revisit the business case to verify that the equipment that is required is included in the schedules, the project costs are correct and the design is still fit for purpose. The findings from the review would be presented back to SPB and Committee. **Committee noted the ASR Review.**
Moving 4ward on Foundation Group Membership	The Trust was on plan to move to full Foundation Group membership from 1st August 2023. The Remuneration Committee have met to discuss the technical details and approved the secondment agreements, Memorandum of Understanding and appointments for both the Chief Executive role and Managing Director role. A start date for the MD was currently unknown. Several meetings with Mr Burley, the consultant body and deputies have been arranged throughout August. Ian Sturgess had been invited to attend the meetings. It was proposed that the Transition Group scheduled on 31st July is the last meeting and is stood down once the agreements are in place. Members have been invited to the Foundation Group Board meeting on 2nd August to observe. Active participation would take place from 1st November 2023. **Committee noted the update.**
Integrated Performance Report	It was reported that industrial action did not impact on 78 week waiters or 62 week cancer patients. Elective recovery and cancer performance were seeing small improvements. The route to zero 78 week waits was performing positively though there is a slight deterioration in July due to industrial action. 3 104 breaches were reported and were related to orthognathic patients. Committee expressed concern regarding the less than planned progress with 78 and 104 week waits, despite the insourcing contracts. There was a national challenge with a limited number of clinicians in that speciality and patients spend a considerable amount of time on pathways. Plans were in place. Cancer performance 2 week waits was performing well as was faster diagnosis. Progress was being made on the 62 day backlog. Challenges remained around urology and dermatology. Improvements on 1 hour handover delays was being seen with a downward trajectory. Length of stay within ED work was being focused on along with discharges. Committee were not assured in relation to 31 and 62 day performance and reduced the assurance level to 4. **The report was noted for assurance.**
Chief Finance Officer Report Month 3	At the end of Q1, a £4.7m adverse variance to plan was reported. Phasing of bank holidays and other pay budgets is £1.2m which will right itself over the year and the variance will disappear. ERF and additional interventions were tabled, some of which were against the £5m set aside and contributing towards the timing variance due to the phasing of the budget. ERF spend incurred to date was outlined. The fortnightly Star Chamber will review the post implementation of the ERF applications. Oversight was also provided at the weekly Elective Recovery meetings. An industrial action deeper dive with divisions had taken place which has identified further costs. PEP is £0.5m off plan. The committee noted two main concerns; PEP development & progress and Income and asked for a through forecast in the September meeting. **The report was noted for assurance.**

Finance and Performance Committee Assurance Report

Executive Summary

The Committee met virtually on 26 July 2023 and the following key points were raised :

Item	Discussion
Insourcing Standard Operational Procedure	Committee reviewed the governance report which articulated roles and responsibilities. All parties had been involved in its creation. **The Insourcing Standard Operational Procedure was approved with the following amendments: Escalation reviewed and clarified, Costs to be included, Review of company ownership rewording.**
PEP and Transformation Delivery Board Update	The update was presented for Committee to note the progress of PEP delivery, continued approach and note the case made to NHSE for a 6 month interim Programme Director to support the delivery of PEP. The majority of schemes have milestones with the exception of some surgery elements. Leads and SROs have presented at the Accountability Wall to discuss key issues, status and any slippage. A Consultant lead activity report has been produced. A SOP has been created and events created for Consultants to attend for business intelligence. Check and challenge sessions have been implemented and will be held every 2 weeks to replace the Accountability Wall. The interim Programme Director job description has been drafted and a business case has been submitted to NHSE. A governance process has been created for any schemes that are requested to be removed. While all of this was appreciated, it didn't alleviate the concerns about the maturity of the PEP programmes and the gap in delivery so early in the year. **The update was noted.**
4Ward Improvement System Update	Committee received an update on the 4Ward Improvement System: A 36% increase in doctors attending foundation training was reported. 16% of the workforce had now attended foundation training and 6.5% had completed their fieldwork. Differences were started to be seen during Gemba walks. 12 delegates graduated leaders training. Cohort 3 commenced today with 22 delegates. Share and spread of RPIWs is slow. Conversations were ongoing with Specialty Medicine around support to get wards live with EDS changes. A lack of momentum and urgency was acknowledged and recommendations were made to reduce priorities and focus on the most important issue, which is flow. **The update was noted.**
Strategic Programme Board Report	The update was noted.
Response to draft Terms of Reference ICB Finance and Investment Forum	Committee were informed that the letter had since been expanded to become a joint letter with Wye Valley Trust. A response had been received with the request to meet and discuss concerns. **Committee endorsed the letter of response and the principles outlined in the recommendations.**

Quality Governance Committee Assurance Report – 31 August 2023

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Jo Wells, Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**QGC BAF Risks**	2, 3, 4, 11, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 31 August 2023 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Bed Cleaning	Visibility of key issues	Noting
PFI contract issues/Infection Prevention and Control	Contract Compliance	Discussion/Decision
Verdict in the trial of Lucy Letby	Assurance	Review for assurance

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Verdict in the trial of Lucy Letby	N/A		4, 11
Patient Safety Alerts Report	Level 6	Maintained	4
Safer Care Report	Level 4/6		4
Trust Transfusion Committee	Level 4		4
Cervical Screening Annual Report	N/A		4
National Patient Safety Strategy	Level 4		4
Self-Harm by Ligature Trust wide review	N/A		4
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Complaints & PALS Annual Report	Level 5		2, 4
Urgent & Emergency Care 2022 Survey Overview	Level 5		2, 4

Quality Governance Committee Assurance Report – 31 August 2023

Item	Level of Assurance	Change	BAF Risk
Quality Assurance Visits & Focused Audits Q1	Level 5		4
Board Assurance Framework	Level 5		2, 3, 4, 11, 17, 18, 19, 20
Risk Management Group Escalations	Level 4		

Quality Governance Committee Assurance Report – 31 August 2023

Executive Summary

The Committee met virtually on 31 August 2023 and the following key points were raised:

Item	Discussion
Action log	The actions were reviewed and updates were provided. No other matters were escalated.
Bed cleaning	An update on the action in relation to a bed cleaning facility, approach to audits and capital funding were outlined. Trolley and bed failures were discussed, the data shows the strip down cleans is effective, the issue is in respect of containments. There is strong support from the CNO and work is underway between the IPC and estates teams. The concept designs are in the region of £1.5 – 3m . There is a clear reporting and escalation structure in place. A robust cleaning programme is in place despite a lack of dedicated space. The proposal put forwards meets the minimum standard and requirement. The issue of the triangulation of the quality assurance visits, show that this is an issue and the role of nursing teams is key. Overall, more assurance was required to address the issues and it was agreed that amore detailed **paper setting out the background and the options for the proposed way forward would be presented to the next QGC and be presented to the Board by the DIPC in October.**
CNO/CMO escalations	Laurel zonal kitchen – now open and robust monitoring in place. Disappointingly positive CPE found in Avon zonal kitchen and this has now spread. A review of all kitchens including the main kitchen at WRH has been commissioned by CNO including ISS, Equans, Matrons and internal cleaning teams, with feedback due later today. In the meanwhile, every kitchen will be swabbed for CPE and associated risks were outlined. The risks around the position were discussed, the approach to audit and engagement of contractors were discussed and the issues with managing the PFI contract. Junior doctors – an update was given. Ballots are on gong, there were some on the day cancellation the impact on elective is being quantified.
TIPCC/ PFI Report	The report was outlined and the DAF in relation to the new standards, noting these had been implemented at no cost. The contractual performance arrangement and the issues and implications of the terms and conditions of the contract were discussed in detail. The PFI arrangements are heavily reliant upon staff reporting and there is limited PFI management support. Majority of calls related to standards are following on from audits, but there must be confidence in the response to reporting. Lessons are being learned with regards to life cycling from other members of the foundation group **It was agreed that a paper setting out the background and history of the PFI contract, key IPC/cleanliness issues in relation to the Contract, decisions taken to date and solution/recommendations for the board to consider in the private session.**
Patient Story	Noted
Maternity Safety Report	Escalations on the report were noted and discussed in detail. The position regarding scrub midwives was noted. The updated Maternity Safety Champion approach to visits was outlined. The slight increase in perinatal mortality rate was discussed along with the thresholds for review. The impact of very small numbers and a dropping birth rate was discussed. The broader maternity oversight and monitoring arrangements were outlined and welcomed.
Safer Care	Report noted. Going forwards will be replaced with the fundamentals of care committee and these will be discussed. Hospital acquired functional decline was a key focus area.

Quality Governance Committee Assurance Report – 31 August 2023

Item	Discussion
Letby	Committee considered the 'could this happen here' letter. This was a first cut assurance report to confirm arrangements for F2SU, safeguarding and baby deaths. However, vigilance of near misses and intuition was paramount. Learning applies across the entire Trust and individuals have professional responsibilities and under their Codes of Conduct. The paper was discussed in detail and the implications including those for the Coroner and serious incidents were considered. **A paper will be escalated to the Board**
Patient Safety	Report noted. 100% compliance with alerts. Two open safety alerts are under review by the relevant teams.
Transfusion Ctte	Report noted and the key areas of compliance were outlined. The new automated blood tracking system was noted. Going forwards this item will be an annual report and any serious incidents would be reported.
Cervical Screening	Concerns previously raised regarding the number of colposcopy clinicians had now been resolved and there were no concerns highlighted.
NPSS	A review of components of the Safety Strategy had taken place and concerns raised had actions in place. A further report for assurance would be presented in October.
Anti-ligature report	Incidents were considered and discussed. An escalation in respect of a patient was discussed.
Integrated Performance Report	Report was attempting to align with the foundation group. There are changes and some points from the previous IPR need to be considered further. Earlier conversations were noted and not repeated. Key points on IPC were noted alongside other key clinical themes Stroke was positive, fractured NOF improved but remains challenged and off target. Flow remains challenged especially on handover delays, crowding and corridor care in ED. Improvement work continued in relation to streaming from ED, maximising SDEC, earlier discharge processes, hot clinics and virtual wards. Work is progressing ahead of the new ED opening. Good work is progressing with system partners on Single Point of Access led by CNO and integrated frailty model led by Spec Med. Any further comments were to be highlighted to members
Complaints & PALS Annual Report	23% increase on 22/23. First significant increase in last 10 years and the impact on divisions was noted, especially in surgery. 67% response rate in time. Corporate processes good and some divisional processes are being reviewed to support. Ethnicity profiles are also reflected and no adverse issues identified. Themes, delay to diagnose, clinical assistance, values and behaviours. Actions to support divisions will be addressed via future quarterly reports. Positive performance of W&C division was noted. **Assurance level**
UEC Survey	All Trusts participate in the survey. Overall, the results were positive but there were areas that were an outlier when benchmarked against others. A robust action plan was in place to make improvements. It was noted that many Trust were suffering with quality issues and that the Trust was performing relatively well under very difficult circumstances.
Quality Assurance	Visits were taking place and were well represented.
BAF	Committee noted the reviewed and updated BAF which reconciled the known risk position.
RMG Report	A review of surgery and UEC division risk registers has been requested by CNO to ensure that risks and escalations are scored appropriately and that risks are regularly reviewed..

People & Culture Committee Assurance Report – 1 August 2023

Accountable Non-Executive Director	Presented By	Author
Karen Martin –Non-Executive Director	Karen Martin –Non-Executive Director	Jo Wells, Deputy Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	9, 10, 11, 14, 15, 17, 22

Executive Summary

The Committee met virtually on 1 August and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
No escalations made		

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Overview of the NHS Workforce Plan	N/A		
Integrated People & Culture Report	Level 5	Maintained	9. 10, 14, 15
Deep Dive on Sickness Absence	Level 4		9, 10, 14, 15
Agency Reduction Plan	Level 3/4		7, 9
Safest Staffing Report: Adult Staffing	Level 5		9
Safest Staffing Report: Midwifery Staffing	Level 6		9
Guardian of Safer Working Report	Level 6		9
People & Culture Risk Register	Level 6		

People & Culture Committee Assurance Report – 1 August 2023

Executive Summary

The Committee met virtually on 1 August and the following key points were raised:

Item	Discussion
Staff Story	A Rapid Improvement Workshop had been held regarding the consultant recruitment process. Key lessons were shared and actions implemented as a result.
Overview of the NHS Workforce Plan	The Plan which was issued in June 2023 was presented and included a summary of the Workforce Plan. There had been a gap in oversight previously. Five big wins were highlighted which were linked to internal priorities.
Integrated People & Culture Report	4 priority areas were outlined and a new icons concept was being worked on for implementation. Staff offers were reviewed and Committee were advised that it had been found that colleagues were often not aware of what was available to them. Communication was under review and work was underway with partners to agree lead areas to avoid duplication. There was concern regarding continued reliance on agency and there had been an increase in sickness absence.
Deep Dive on Sickness Absence	A Deep Dive had been undertaken and benchmarked against Foundation Group partners. It was found that sickness absence reasons had not varied largely since before covid, though there had been an increase in mental health issues which is likely due to prolonged pressures in the NHS. The policy had been reviewed and was deemed fit for purpose, though it was not always adhered to, often due to workload. A number of recommendations had been made along with the creation of an action plan and Task & Finish Group for oversight. The recommended target was 4% and the Trust was currently 5.5% absence.
Agency Reduction Plan	The national target was to reduce spend to 3.7%. The figure could not be achieved this year as the Trust was currently just below 10% at month 3. A target to reduce to 6% by March 2024 had been agreed and is in line with system partners. The Trust was reliant upon workforce related PEPs to achieve the 6%. Progress reports would be presented to the Committee.
Safe Staffing Report – Adult/Nurse Staffing	Safe staffing had been met. A second study was underway. Recruitment was progressing well and were on trajectory for overseas nursing staff. Surge capacity continued. Programmed activity rates had reduced from £40 to £35. No quality issues were reported.
Safe Staffing Report – Midwifery Staffing	Midwife KPIs were reported as green but red for support staff. Targeted work was underway which had previously proved effective. 1:1 care in labour and supernumerary had been achieved, however community and continuity midwives had been utilised to keep areas safe. 21wte were expected to join across September. Monthly drop ins for onboarding were taking place. A scrub practitioners business case would be presented to TME in August.
Guardian of Safer Working Report	40 exceptions had been reported regarding excessive hours. 1 immediate safety concern had been raised regarding safe staffing levels but no patient incidents or near misses were reported. The process of appointing a Junior Doctor Liaison Officer was underway to provide support, help and advice. Other organisations had introduced the post successfully.
Risk Register	It was recommended that there was a reduction regarding recruitment function capacity from 8 to 12. The covid risk and injury at work had reduced to 6. A new risk had been added regarding a clinical room at the Alex due to heat.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	18 September 2023
Paper number	Enc H

Protecting and Expanding Elective Capacity

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

Accountable Director	Helen Lancaster, Chief Operating Officer		
Presented by	Helen Lancaster, Chief Operating Officer	**Author /s**	Chris Douglas, Director of Performance

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		Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board are asked to: • Discuss the elements of the self-certification and the Trust's response to each element • Note the inclusion of dedicated Outpatients Transformation and Data Quality sections in the Integrated Performance Report, which will continue to provide increased oversight to Board of the relevant metrics in this regard. • Approve the proposed assurance ratings, for submission to NHS England by 30 September 2023 • Delegate the final sign off of the self-certification to the Chief Executive and Chair form to be submitted to NHS England, following any additional actions as a result of the discussions at Trust Board

Executive summary	Recovery of Elective and Cancer activity and performance are a key priority for the Trust in 2023/24, as the NHS focuses on recovering services and reducing waiting times in the post-COVID era. As part of the recovery, Trust are expected to deliver a maximum wait of 65 weeks by the end of 2023/24 for all patients who are referred for treatment to a consultant-led service. It is anticipated that this maximum wait will further reduce in 2024/25. In August 2023, NHS England wrote to all NHS Trust Chief Executives and Chairs requiring the submission of a Board assurance self-certification by end of September 2023, against a four key areas of focus – validation, first appointments, outpatient follow-ups and support required. For each of the four areas the following levels of assurance are proposed for board approval:

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	• Validation (four elements) – two assured, two partially assured • First Appointments (two elements) – two assured • Outpatient follow-ups (four elements) – three assured, one partially assured • Support required (one element) – one assured Whilst the Trust is making significant progress in reducing waiting times for patients, the focus continues to be on delivering the necessary improvements. For those areas above that are partially assured, further plans in are place or in development which will be overseen by the Elective and Cancer Delivery Group, into the Trust Management Board.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	

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

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	**Y**	X	**N**		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**			
Timescales to achieve next level of assurance	**December 2023**					

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Introduction/Background

Recovery of Elective and Cancer performance is a key priority for the Trust, and part of the expectations set by NHS England in the annual planning guidance for 2023/24. In particular, there are national expectations in relation the volume of activity completed, achieving a maximum waiting time of 65 weeks by the end of March 2024 and reducing follow-up activity (excluding outpatients with procedure) to 75% of 2019/20 levels.

In August 2023, NHS England wrote to NHS acute trusts detailing specific areas of focus regarding outpatients transformation and its contribution to elective recovery. The letter set out the requirement for boards to undertake an assurance self-certification process and have it signed off by Trust chairs and Chief Executives by 30 September 2023.

This paper provides the information to enable the board to complete the self- certification process, and seeks approval to delegate the sign off to the Chair and Chief Executive ahead of the deadline noted above.

Self-Certification Assurance Areas and Evidence

There are four areas that NHS England are seeking assurance:

- Validation
- First Appointments
- Outpatient Follow-ups
- Support Required

The following details the specific requirements of each areas and seeks to provide the necessary information to inform the Board discussion, alongside details available in the Integrated Performance Report:

Validation

The board has received a report showing current validation rates against pre-covid levels and agreed actions to improve this position, utilising available data quality (DQ) reports to target validation, with progress reported to board at monthly intervals. This should include use of the nationally available LUNA system (or similar) to address data quality errors and identify cohorts of patients that need further administrative and clinical validation.

Response:

- An update of Trust Data Quality is reported to the Audit and Assurance Committee. A copy of the latest report, prepared for the July meeting is available in the reading room for Trust Board members. This shows that the Trust's Data Quality Matric Index (DQMI) score for January 2023 (latest available) was 92.3% compared to the overall score for all NHS Trusts of 75.6%.
- The report also details the mandatory data quality rules as part of the Elective Recovery Programme which details a data error rate of 6.6% on the national waiting list submissions on the national LUNA system, compared to a 38% baseline position.
- As a result the Trust's validation team have introduced a Data Quality week, where the team focus on review LUNA and resolving issues as part of their monthly cycle of validation.

- The Trust's Validation strategy is currently be reviewed to include additional key performance indicators that will determine how cohorts for validations are identified. The strategy will be presented at the Data Quality Steering Group. This details the Trust's approach to cohorting patient pathways for validation and accompanying training plan, as well as the relevant roles and responsibilities.
- Data Quality reporting will be added to the Integrated Performance Report, which will increase board visibility of the LUNA metrics and the actions in place to improve performance further.

Proposed Assurance: **Assured**

The board has plans in place to ensure that at least 90% of patients who have been waiting over 12 weeks are contacted and validated (in line with validation guidance) by 31 October 2023, and has sufficient technical and digital resources, skills and capacity to deliver against the above or gaps identified. We are developing a range of digital support offers for providers to improve validation.

Response:

- NHS England published a Validation toolkit and guidance in December 2022. This set out clear expectations in relation to the validation of patients on an RTT pathway as well as patients on a follow-up non-RTT pathway, with a phased roll out plan.
- The Trust's local data demonstrates that at the time of writing, 5,163 open pathways require validating, from a total of 39,583 open pathways over 12 weeks. This is equivalent to 87% of pathways over 12 weeks being validated, against a 90% requirement. To achieve 90% circa 1,200 additional pathways require validation.
- The Trust's current validation process is resource intensive, due to its manual nature. Whilst every contact with a patient is an opportunity to confirm they still require and wish to receive treatment in the Trust, this is supplemented by a resource intensive validation process, which includes a combination of telephone, letters and text messaging to patients.
- In order to meet the requirements of the guidance in full, the Trust is required to regularly revalidate all pathways at the 12, 26 and 52 weeks.
  A multidisciplinary process mapping workshop was held in August 2023, with a follow up scheduled for September. The subsequent delivery and improvement plan for the ongoing revalidation requirement as set out in the guidance will be managed through the Elective and Cancer Delivery Group and presented to Trust Management Board as required. It will include options for further automation through increased use of robotic process automation (RPA) and digital solutions, which are currently being explored. We have advised NHS England that we require support in this requirement.

Proposed Assurance: **Partially Assured**

The board ensures that the RTT rules and guidance and local access policies are applied and actions are properly recorded, with an increasing focus on this as a means to improve data quality. For example, Rule 5 sets out when clocks should be appropriately stopped for 'non-treatment'. Further guidance on operational implementation of the RTT rules and

training can be found on the Elective Care IST FutureNHS page. A clear plan should be in place for communication with patients.

Response:

- The Trust has a patient access policy in place to support the management of patients on a waiting list, at any stage of their treatment. This policy has been developed in line with national guidance on Referral to Treatment Time as published on the NHS England website. This includes clear guidance on what constitutes an appropriate clock stop for non-treatment.
- As part of the Trust's operational management of elective and cancer waiting times, a waiting list meeting is held by the Head of Elective Performance and Access with Directorate Managers on a fortnightly basis where a number of key performance indicators are monitored and reported alongside individual patient updates.
- Dedicated training support is available through a programme of regular and bespoke sessions for all staff. This training is delivered internally and aligned to nationally available training programme.
- An expanded suite of key performance indicators has been identified and a routine report available on the internal reporting system covers this expanded list across outpatients, diagnostics, inpatients. This list includes, but is not limited to reasonable offers, DNAs, patient and hospital cancellations, duplicate entries and patient fitness and availability.
- In addition the Trust validation team validated Referral to Treatment status through a rolling programme. This is set out in the validation strategy, which is currently under review. The strategy allows for some flexibility in the specific cohort validated depending the key performance indicator information. The strategy does include a monthly review of all patient pathways stopped for non-treatment, not aligned to a clinical activity (e.g. appointment or admission).

Proposed Assurance: **Assured**

The board has received a report on the clinical risk of patients sitting in the non RTT cohorts and has built the necessary clinical capacity into operational plans.

Response:

- There are three main cohorts of patients considered (to note, these cohorts are not mutually exclusive):
  - Planned Lists
  - RTT non-current (those who have started their first treatment)
  - Patients on an Active Monitoring Pathways
- The initial specialties of focus are Urology, Ophthalmology, Gastroenterology and Neurology.
- Specific work is required in relation to the patients on active monitoring. There are a total of 51,739 patients on active monitoring, with 15,389 of these pathways moved to active monitoring in the last 12 months. The services with the largest number of patients on active monitoring are Ophthalmology, Urology and Neurology.
- Annual activity plans agreed with Clinical Divisions and signed off by the Trust were developed on the basis of available capacity, clinical need and national

requirements. Whilst the Trust maintains an ambition to reduce follow-ups by 25% compared to 2019/20, as at end of July 2023 the Trust is not on track this ambition. The scale of the backlog of follow-ups waiting, as set out above and the associate clinical risk as determined by the clinical teams are contributory factors.

- Following further data quality checks and technical validation, additional administrative and clinical validation of this cohort is necessary (supported by the NHS England Validation Toolkit and guidance). The corporate validation team have commence validation of non-RTT follow up waiting lists, having developed a specific process for this patient group. It forms part of the wider actions to meet the requirement of the national validation toolkit and guidance.
- Supported by information reports, data analysis and validation resource, divisional teams need to audit their follow up backlogs and explore clinical appropriate options to reduce these backlogs including transfer and discharge to Patient Initiated Follow up, clinical notes review and discharge (ensuring effective and appropriate communication to the GP, group consultation / information sessions and specialty specific opportunities. The initial focus will be on those specialties with the greatest volumes as set out above and plans in place by end of October 2023.
- Divisional plans and progress will be overseen by the executive team through the Divisional Performance Review Meetings, supported by operational oversight and delivery at PTL meetings.

Proposed Assurance: **Partially Assured**

First Appointments

The board has signed off the trust's plan with an ambition that no patient in the 65-week 'cohort' (patients who, if not treated by 31 March 2024, will have breached 65 weeks) will be waiting for a first outpatient appointment after 31 October 2023.

Response:

- As at the time of writing, there are 5,960 patients on the Trust waiting list, who are at risk of waiting longer than 65-weeks at the end of March 2024 who do not have a first appointment booked.
- Of these, 3,953 still require an appointment to be booked.
- Data analysis suggest that for the majority of specialties, core capacity exists into which to book these patients. For a small cohort of specialties (Pain Management, Oral and Maxillofacial Surgery, ENT and General Surgery), there is a forecast shortfall circa 400 patients. Further mitigations are being sought for this cohort however any residual shortfall will be seen in November.
- Analysis of first outpatient attendance to treatment waiting time indicates that this will still enable delivery of 65-week maximum wait (excluding patient choice) by end of March 2023.
- The core booking team has been supplemented with additional capacity through overtime and bank capacity to ensure all patients are contacted and booked in line with the Trust Patient Access policy and a weekly booking trajectory is in place.

Proposed Assurance: **Assured**

The board has signed off the trust's plan to ensure that Independent Sector capacity is being used where necessary to support recovery plans. To include a medium-term view using both insourcing and outsourcing, the Digital Mutual Aid System, virtual outpatient solutions and whole pathway transfers. National support and information on utilisation of the Independent Sector is available via the IS Co-ordination inbox england.iscoordination@nhs.net

Response:

- Where services have identified a shortfall in capacity to deliver the required levels of activity to deliver the necessary reduction in waiting times, additional activity arrangements have been explored in order to support delivery.
- This has included increased activity for Trust teams through waiting list initiatives through both additional weekend activity and picking up vacant sessions Monday to Friday.
- In addition, the Trust has worked with other NHS providers through mutual aid arrangements including other Foundation Group members and through the national Digital Mutual Aid System (DMAS).
- The Trust is working with a number of insourcing providers across a range of specialties to provide additional activity including in General Surgery, ENT, Oral and Maxillofacial Surgery, Gynaecology and Gastroenterology for both outpatient and inpatient activity.
- Requests for insourcing support are submitted by Clinical Divisions and are assessed and signed off by members of the executive team in line with the Trust's governance processes and Standing Financial Instructions, with an Insourcing report presented to the Trust Management Board.
- Additional virtual outpatient solutions and increased capacity for full pathways are explored with the Integrated Care Board

Proposed Assurance: **Assured**

Outpatient Follow-ups

The board has received a report on current performance against submitted planning return trajectory for outpatient follow-up reduction (follow-ups without procedure) and received an options analysis on going further and agreed an improvement plan. The Board has identified transformation priorities for models such as group outpatient follow up appointments, one-stop shops, and pathway redesign focussed on maximising clinical value and minimising unnecessary touchpoints for patients, utilising the wider workforce to maximise clinical capacity.

Response:

- Details of the current performance against submitted planning return trajectory for outpatient follow-up reduction is included in the Outpatients Transformation slide in the Integrated Performance Report and will remain in place as one of the top five areas of focus in the operational delivery section of the report.
- The three specialties for initial focus are Cardiology, Respiratory and Oncology.
- There are risks associated with a planned reduction in follow-up activity in the 2023/24 including a backlog of follow-up appointments that require clinical review and organisational capacity to implement pathway changes. This is

supported by the figures provided earlier in this paper in relation to patients on non-RTT pathways and the associated clinical risk

- Through Divisional Performance Review Meetings, Divisions have been asked to develop local action plans to explore and implement local opportunities to reduce follow ups, including through a review of patient pathways, introduction of one-stop clinics and streamlined referral advice, enabling more clinical information (including test results) to be available to clinical teams at first appointment and reducing the need for multiple visits and a review of clinical practice against guidance for routine review clinics as well as digital opportunities for managing patients in a different way, where clinically appropriate.
- The Outpatient Transformation programme team is completing a programme of deep dives with specialties to explore a range of opportunities related to outpatients which will support both the local action plans for Divisional teams and the wider Trust Outpatient Transformation programme.
- Trust colleagues have met with the Regional Head of Elective Performance and Improvement to seek further examples of good practice across the region and will be working with Foundation Group colleagues for opportunities to adapt and adopt.

Proposed Assurance: **Partially Assured**

The Board has reviewed plans to increase use of PIFU to achieve a minimum of 5%, with a particular focus on the trusts' high-volume specialties and those with the longest waits. PIFU should be implemented in breast, prostate, colorectal and endometrial cancers (and additional cancer types where locally agreed), all of which should be supported by your local Cancer Alliance. Pathways for PIFU should be applied consistently between clinicians in the same specialty.

Response:

- As at July 2023, the Trust's PIFU Utilisation rate was 3.5% against a national target of 5%.
- The Trust's top performing specialties are Dietetics (20.9%), Physiotherapy (15.4%) and Occupational Therapy (13.8%). The priority specialties for improvement are Diabetes, Gastroenterology and General Surgery, where reported PIFU uptake is less than 1%.
- Through the deep dives undertaken by the Trust's Outpatients Transformation programme, additional opportunities are being identified and roll out supported.
- Divisions have been asked to develop improvement plans to achieve 85th percentile performance for each specialty, which will be overseen through the Elective and Cancer Delivery Group.
- There continues to be a focus on data capture and reporting to ensure that all eligible activity across both elective and cancer pathways is appropriately reported to ensure the Trust is not underreporting.
- A patient information video has been developed alongside a patient facing webpage to support patient education, allowing more opportunity for patients to agree to a PIFU pathway in place of a more traditional follow up model.

Proposed Assurance: **Assured**

The board has a plan to reduce the rate of missed appointments (DNAs) by March 2024, through: engaging with patients to understand and address the root causes, making it easier for patients to change their appointments by replying to their appointment reminders, and appropriately applying trust access policies to clinically review patients who miss multiple consecutive appointments.

Response:

- As at July 2023, the Trust DNA rate (as reported in the Integrated Performance Report) was 5.6%, which compared favourably with the national median at 7.1%.
- The Trust has introduced two-way text alert service as an expansion of the appointment reminder service, which enables patients to cancelled their appointment in response to the Trust's text reminder service via SMS rather than having to telephone.
- The Trust is working towards a six-week lead time for booking outpatient appointments and is maintaining a focus on full booking of outpatient appointments where possible, ensuring that all patients are contacted by telephone to agree an appointment date and time. Opportunities to introduce a partial booking system and direct booking will further reinforce patient choice of appointment.
- The Trust previous undertook an audit of patients who had not attended and this will be repeated in quarter three. The outcomes will be shared with the new executive-led Elective and Cancer Delivery Group, who will develop and maintain oversight of delivery of actions to address the identified drivers.
- The Trust continues to manage patients who DNA in line with the Trust's patient access policy and there is increased visibility of patient who have DNA'd multiple appointments through the Trust's Outpatient dashboard.

Proposed Assurance: **Assured**

The board has a plan to increase the use of specialist advice. Many systems are exceeding the planning guidance target and achieving a level of 21 per 100 referrals. Through job planning and clinical templates, the Board understand the impact of workforce capacity to provide advice and has considered how to meet gaps to meet minimum levels of specialist advice. The Trust has utilised the OPRT and GIRFT checklist, national benchmarking data (via Model Health System and data packs) to identify further areas for opportunity

Response:

- Data from national reports shows that we have seen an increase in referrals in the post-COVID period

- Data provided by the NHS England regional team demonstrates that the Trust had a utilisation rate of 54.5% in May 2023, with 9866 requests for advice processed by the Trust, against the 21% utilisation rate set out in the NHS England request.
- Whilst there is variation between clinical services in the Trust, in discussion with the NHS England regional team, further focussed work in this areas is not being prioritised though where opportunities are identified by individual specialties these are being supported by the Outpatients Transformation team through their deep dive programme.

Proposed Assurance: **Assured**

Support Required

The board has discussed and agreed any additional support that maybe required, including from NHS England, and raised with regional colleagues as appropriate.

Response:

- The following support needs have been identified that will support the Trust to deliver the plans above and to make further improvements:
- Additional validation support including access to technical solutions
- Access to GIRFT Further Faster workbooks and other examples of best practice to support more rapid rollout of best practice
- Continue to engage with Foundation Group members to learn from our partners and explore opportunities to adapt and adopt across the Foundation Group
- Access to expertise from National Outpatient Recovery and Transformation programme for General Surgery and ENT to explore evidence based improvements and pathway improvements
- Continued support from Regional Outpatients Transformation team for sharing best practice and access to latest developments.

Proposed Assurance: **Assured**

Conclusion
Following the correspondence received on 4 August 2023, the Trust is expected to submit a self-certification, signed by the Chief Executive and Chair, to NHS England by 30 September following a board discussion.

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The details in the paper above set out relevant information to support the board discussion and includes a proposed assurance rating (assured / partially assured / not assured) against each of the elements set out in the self-certification.

The information presented demonstrated that the Trust is performing well in a number on the key areas already in comparison to national benchmarking and has clear plans in place where further work is required.

There remain areas where further work is required in to development and implementation of actions particularly in relation to comprehensive plans to deliver a 25% reduction in follow up activity 2023/24 and ensuring sufficient operational and clinical capacity exist to manage patients in a non-RTT pathway (including planned, surveillance and active monitoring pathways).

As a result, there are eight areas with a proposed status of assured and a further three areas with a proposed status of partially assured.

Recommendations

The Board are asked to:

- Discuss the elements of the self-certification and the Trust's response to each
- Note the inclusion of dedicated Outpatients Transformation and Data Quality sections in the Integrated Performance Report, which will continue to provide increased oversight to Board of the relevant metrics in this regard.
- Approve the proposed assurance ratings, for submission to NHS England by 30 September 2023
- Delegate the sign off of the self-certification to the Chief Executive and Chair form to be submitted to NHS England, following any additional actions as a result of the discussions at Trust Board

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Complaints & PALS Annual Report 2023

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

Accountable Director	Sarah Shingler, Chief Nursing Officer		
Presented by	Sarah Shingler, Chief Nursing Officer	**Author**	Alex Marshall, Complaints Manager

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
Patient Safety Group Quality Review Meeting	20/07/2023	Approved to go to CGG
Clinical Governance Group	01/08/2023	Approved to go to QGC
Quality Governance Group	31/08/2023	Approved to go to Trust Board

Recommendations	Trust Board are invited to: 1. **APPROVE** the Complaints and PALS Annual Report 2022-23 which is required for publication. 2. **AGREE** the level of assurance

Executive summary	This annual report details the key performance and activity during 2022-2023 for formal complaints and concerns. • In 2022-23 we received **710 formal complaints**, a substantial **increase of 23% on last years figures**. This is the first significant increase seen in over 10 years and has had an impact on the Divisions ability to respond within specified timeframes. • **Complaints response time** performance fell from 80% in 2021-22 to **67%** in 2022-23 which is below the KPI. • In 2023/24 targeted support is being provided to the Divisions who have significant backlogs with recovery trajectories in place to clear before end of Q3. • **14.5% of cases from 2022-23 have been reopened** for further investigation; although the KPI has not been achieved, this is a decrease and a sustained improvement from 2021-22 and 2020-21. • In 2022-23, the Trust recorded **2886 compliments** from patients, carers, relatives and friends. This represents a **26% increase from 2021-22**. We are also aware that the Trust receives many more compliments than those recorded on Datix. • The Trust has strong, well-established processes for dealing with complaints, however the increased amount received in 2022-23 has posed a significant challenge. • A **key priority in 2023/24** is for the Trust to focus more on themes and to understand what patients and families are telling us, this information