Trust Board Public

Mon 03 March 2025, 13:00 - 14:30

Online

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence

Information *Russell Hardy*

13:05 - 13:05
0 min

2. Declarations of Interest and Matters Arising

Information *Russell Hardy*

13:05 - 13:10
5 min

3. Minutes of WAHT Board Meeting held on 10 December 2024

Decision *Russell Hardy*

1. Trust Board Minutes December 2024_Public.pdf (6 pages)

3.1. Matters Arising from the meeting held on the 10th December 2024

Public actions.pdf (1 pages)

13:10 - 13:10
0 min

4. Minutes of Foundation Group Board (Draft) held on 5 February 2025

4. Draft Public FGB Minutes - 5 February 2025.pdf (14 pages)

4.1. Foundation Group Matters Arising

4.1 Draft Public FGB Matters Arising and Actions Update Report.pdf (1 pages)

13:10 - 13:20
10 min

5. Chief Executive’s Report

Glen Burley

5. CEO Board Report 03032025 Final with App.pdf (9 pages)

13:20 - 13:45
25 min

6. Integrated Performance Report

Stephen Collman

6. Trust Board IPR Feb-25 (Jan-25_Data).pdf (40 pages)
6. 20250224 - WAHT FG IPR Dashboard (up to Jan-25) v1-0.pdf (4 pages)

6.1. Introduction

Stephen Collman

6.2. Operational Performance

Chris Douglas

6.3. Quality & Safety

Sarah Shingler/Jules Walton

6.4. Workforce

Alison Koeltgen

6.5. Finance

Neil Cook

13:45 - 13:50
5 min

7. Perinatal Safety Report

Justine Jeffery

7. Jan 2025 Perinatal Safety Report.pdf (18 pages)

13:50 - 13:55
5 min

8. Safe Staffing Report

8.1. Midwifery

Justine Jeffery

8.1 Midwifery Safe Staffing Report January 2025.pdf (7 pages)

8.2. Nursing

Sarah Shingler

8.2 Safe Staffing Paper Public Board March 2025.pdf (8 pages)

13:55 - 14:00
5 min

9. Patient and Public Forum Report

Information *Sarah Shingler*

9. PPF Board Report March 2025 Final.pdf (5 pages)

14:00 - 14:05
5 min

10. Board Committee Reports

10.1. Quality Governance Committee

Dame Julie Moore

10.1 QGC Minutes November 2024.pdf (11 pages)

10.2. Audit & Assurance Committee

Colin Horwath

Audit Minutes Nov.pdf (7 pages)

10.3. People and Culture Committee

Karen Martin

10.3 . People and Culture Committee Minutes Dec 24.pdf (9 pages)

14:05 - 14:10
5 min

11. Board Assurance Framework & High Risk Update

Information *Gwenny Scott*

- 11. BAF covering report TB March 2025.pdf (1 pages)
- 11. Board Assurance Framework_High Risk Report to TB March 2025.pdf (3 pages)

14:10 - 14:15
5 min

12. Date of Next Meeting

Information *Russell Hardy*

WAHT Trust Board - 31 March 2025

Foundation Group Trust Board - 7 May 2025

14:15 - 14:15
0 min

13. Any Other Business & Questions from the Public

Information *Russell Hardy*

14:15 - 14:15
0 min

14. Acronyms

Information

- 13. Acronyms.pdf (3 pages)

14:15 - 14:15
0 min

15. Public Question Responses - December 2024

Information

- Trust Board Response to Public Questions Dec 2024 Complaints.pdf (4 pages)
- Trust Board Response to Public Questions Dec 2024 Mortality.pdf (3 pages)
- Trust Board Response to Public Questions Dec 2024 Changing Area.pdf (1 pages)

NHS
Worcestershire
Acute Hospitals
NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD ON TUESDAY 10 DECEMBER 2024 AT 1:00 PM VIA MICROSOFT TEAMS AND LIVE STREAMED ON YOUTUBE PART 1 IN PUBLIC

Present:			
Board members: (voting)	Russell Hardy	RH	Chair
	Simon Murphy	SM	Deputy Chair
	Dame Julie Moore	JM	Non-Executive Director
	Colin Horwath	CH	Non-Executive Officer
	Karen Martin	KM	Non-Executive Director
	Glen Burley	GB	Chief Executive Officer
	Stephen Collman	SC	Managing Director
	Tony Bramley	TB	Non-Executive Director
	Sarah Shingler	SSh	Chief Nursing Officer
	Neil Cook	NC	Chief Finance Officer
	Jules Walton	JW	Acting Chief Medical Officer
	Jilian Berlet	JB	Acting Chief Medical Officer
Board members: (non-voting)	Chris Douglas	CD	Acting Chief Operating Officer
	Jo Newton	JN	Chief Strategy & Sustainability Officer
	Alison Koeltgen	AK	Chief People Officer
	Rebecca Brown	RB	Acting Chief Digital Information Officer
	Alex Moran	AM	Associate Non-Executive Director
	Michelle Lynch	ML	Associate Non-Executive Director
	Sue Sinclair	SSi	Associate Non-Executive Director
In attendance	Justine Jeffery	JJ	Director of Midwifery
	Gwenny Scott	GS	Company Secretary
	Richard Haynes	RH	Director of Communications and Engagement
	Melanie Stinton	MS	Freedom To Speak Up Guardian
Apologies	Helen Lancaster	HL	Chief Operating Officer

001/24 WELCOME AND APOLOGIES
RH welcomed all present, attending and observing to the meeting. Apologies were noted as above. A Board Workshop had been held earlier in the day with three topics: Winter Plan, Active Bystander Training and a patient story. RH acknowledged the busy period for all hospitals and extended his gratitude to the frontline and behind the scenes staff for their efforts.
002/24 DECLARATIONS OF INTERESTS
SM declared his new role as Chair of the West Midlands Labour Finance and Industry Group, a voluntary position. AM declared his appointment as Vice Chair of the NBCC's Business Board, also a voluntary role. RH noted his retirement as Chair of Your Cherished since the last Board meeting.

003/24 MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON 8 OCTOBER 2024 AND ACTIONS UPDATE

TB queried a previous action in relation to the risk register concerning telephony. RB would arrange to brief TB separately.

The minutes of the public meeting held on 8 October 2024 were confirmed as a correct record and approved.

004/24 CHIEF EXECUTIVE'S REPORT

GB presented the report, highlighting the following:

- High levels of demand continued within the Trust, as across the NHS and it was essential in this context to balance urgent care pressures with elective and cancer activity.
- A refresh of the Single Operating Framework was in progress, which would impact organisational freedom and access to discretionary capital funding based on performance. Staff survey results would continue to have a significant impact on performance indicators.
- Following improvements in the Trust's cancer performance, national level monitoring had been stood down.
- NHS England had published The Insightful Board, a guidance document for provider boards which was under review internally.
- The Kidderminster paediatric surgical hub had received accreditation as part of NHS England's Getting It Right First Time collaboration with the Royal College of Surgeons.

The Board noted the report.

005/24 INTEGRATED PERFORMANCE REPORT

SC introduced the report and highlighted the following key points:

- There had been an increase in the number of ED attendances, including walk-in attendances, causing pressure within the department and ambulance congestion.
- An increase of flu and COVID had impacted bed capacity. The uptake of vaccinations among staff and the public was encouraged.
- There had been positive progress on elective and cancer activity despite operational pressures.
- Focused support continued in relation to sickness levels, which impacted temporary staffing levels and finances.

Operational Performance

- Cancer and Elective

Cancer performance continued to be more positive, as above.

Regarding elective recovery, 57 patients were waiting over 65 weeks in October and work continued towards the target of zero patients waiting over 65 weeks by the end of December.

There were concerns about the number of patient cancellations on the day of surgery, with over 50 in October.

- Urgent and Emergency Care

There were significant increases in demand in October and November and additional pressures related to the launch of the new EPR and flooring refurbishment in ED.

Ambulance handovers remained an issue, with 36 over 8-hour delays reported in October. Enhanced escalation processes were in place.

The use of temporary escalation spaces continued.

Due to these extreme pressures three critical incidents had been called over the period.

The Board discussed the following key points:

- The impact of the pressures on staff was acknowledged.

- Minimising patient-initiated cancellations was essential. The Trust was working with a voluntary organisation which worked with patients to support their attendance and to identify slots that could be used by others, which should increase productivity in both outpatients and inpatients.
- An ED audit was planned by the ICB to understand access issues and patterns.
- Discussions with system partners continued regarding improving patient flow.

Quality
There had been a reduction in hospital acquired infections overall. However, the number of C.difficile cases remained a concern and the action plan was being reviewed.
Complaint response rates were not meeting the 25-day compliance target but there were improvements.
The surgical division was ahead of trajectory to clear the backlog of overdue complaints.
The number of falls had increased, particularly within ED at Worcester, largely associated with overcrowding and corridor care. None of the falls had resulted in harm.
Mortality remained within the expected range. Potential changes at the Alexandra Hospital site were being monitored.
Antimicrobial stewardship was showing improvement.
Fractured neck of femur time to theatre performance remained challenged.
Sepsis screening remained a challenge but a new clinical lead would help drive improvements.

Workforce
Vacancy and turnover rates had been maintained ahead of target, indicating good workforce stability.
Some hotspots, such as Healthcare Assistants, were being reviewed.
Bank and agency expenditure remained the greatest challenge but had improved as a percentage of total staffing costs.
Mandatory training rates were positive overall and only below target in Urgent Care.
Consultant Job Planning remained a concern but had improved. Urgent Care was again a hot spot area.
The Board extended thanks to those who had completed the staff survey; a return rate of 46% was forecast, which was an improvement on last year's 31%.
The Board discussed agency cost and noted that the reasons in each case were recorded, for example, whether it was aligned to additional activity and the winter plan or linked to staff vacancies or absence.

Finance
At the end of month 7 there was an adverse variance of £0.2m against the revised plan – an improvement of £0.4m in month. There was a shortfall in national funding for the pay award but locally this had been supplemented by the ICB.
Elective income targets had been met and there was an underspend in some areas.
There had been an overperformance on the CPIP year to date but over £4m was non-recurrent, which would be carried into next year.
Additional capital funds had been received and there was a focus on ensuring expenditure of the full capital programme by year end.
There were no anticipated cash challenges.

The report was noted for assurance.

006/24 PERINATAL SAFETY REPORT

JJ presented the report and the Board discussed the following key points.
There were some concerns about sickness levels, particularly among Maternity Support Workers, where there was a seasonal variance and also a number of long-term issues; HR business partners were supporting teams to develop improvement plans.
The Board agreed that driving down sickness absence overall was essential for delivery of the Trust's plans.
A maternity self-referral process had been launched which was expected to result in improvements on booking performance indicators.
The perinatal mortality rate continued to be lower than the national average, driven by a reduced stillbirth rate and high compliance with the saving babies lives care bundle.
Training performance had improved in line with the trajectory to meet the CNST requirement.
Overall compliance of 9/10 maternity safety standards had now been achieved ahead of the annual CNST submission.
The Maternity Voices Partnership was making good progress and working with colleagues across the Foundation Group on coproduction projects.

The report was noted for assurance.

007/24 SAFE STAFFING REPORTS

- Midwifery

JJ reported a challenging period with high levels of demand and the sickness issues referenced above. However, safety was maintained through deployment of staff from other areas, with no red flags in relation to one to one care.
Vacancy numbers were reducing in line with a trajectory to achieve close to zero by the end of March.

- Nursing

SS reported that safe nurse staffing levels were maintained throughout the Trust, though this was particularly challenging in Neonatal Services.
The Trust remained compliant with National Quality Board staffing recommendations and improvements continued to be made on agency staffing reduction and compliance with processes.
The nurse vacancy rate continued to improve and benchmarked well.

The reports were noted for assurance.

008/24 Freedom To Speak Up Report

MS presented the report and the Board discussed the following key points.
There had been an increase in the number of concerns and a reduction in anonymous contacts, which were both positive indicators.
The main themes identified were attitudes and behaviours. MS continued to work with directorates and staff groups on these areas.
Hate crime sessions took place in October and received positive feedback.
The Board expressed its appreciation to MS for her work.

The report was noted for assurance.

009/24 COMMITTEE SUMMARY REPORTS AND MINUTES

Quality Governance Committee

JM presented the minutes, which were taken as read. It was noted that a correction would be made in the minutes regarding patient deaths.

Audit and Assurance Committee
CH reported that a key area of consideration was a review of job planning. Revised timeframes had been agreed and detailed oversight would be undertaken by the People and Culture Committee.
The Committee also received a helpful presentation on cyber security and assurance that the Trust was maintaining good controls but this remained a very high risk area.

People & Culture Committee
KM highlighted the following key points from the last meeting:

- A staff story related to sexual safety concerns where there was a swift and positive response from the department.
- A plan to introduce reciprocal mentoring, which the Committee supported.
- The workforce race equality and disability equality scheme reports were approved prior to publication alongside action plans.

The Board expressed its thanks to the leads of each staff network for their work in supporting staff across the organisation.

Foundation Group Minutes and Actions
The minutes were taken as read.

The Committee minutes were accepted.

010/24 COMMUNICATIONS UPDATE

RH provided an update on the communications activities, highlighting the successful staff survey campaign and the high response rate.
Progress continued on the charity lottery, with plans to launch in summer 2025.

The report was noted.

011/24 CHARLES HASTINGS EDUCATION CENTRE UPDATE

TB reported on the positive relationship with the trustees of the Charles Hastings Education Centre and the focus on developing the Clinical Simulation facility.

The report was noted.

012/24 BOARD ASSURANCE FRAMEWORK

GS presented the report, which was noted.
A new format was in development which would have a greater focus on actions and assurances.

The report was noted.

013/24 ANY OTHER BUSINESS

There was no other business.

014/24 QUESTIONS FROM MEMBERS OF THE PUBLIC Three members of the public had submitted questions, the answers to which were too complex for a verbal response. These related to learning from deaths, the complaints process and facilities for trans identifying staff. Individual replies would be sent to the members of public and the written responses would be published on the website alongside the next Board meeting pack.
The Board resolved to exclude members of the public from Part II of the meeting as matters under discussion were exempt from disclosure to the public under the Freedom of Information Act.

Signed _____ Date _____
Chair

Future meeting dates:
Foundation Group Boards meeting, Wednesday 5 February 2025.
Trust Board meeting, Monday 3 March 2025.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC ACTIONS UPDATE REPORT

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
003/24	Update on telephony provided to TB	RB	
ACTIONS IN PROGRESS			
REPORTS SCHEDULED FOR FUTURE MEETINGS			

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

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

Russell Hardy	(RH)	Group Chair
Chizo Agwu	(CAg)	Chief Medical Officer WVT
Varadarajan Baskar	(VB)	Chief Medical Officer SWFT
Yasmin Becker	(YB)	Non-Executive Director (NED) SWFT
Julian Berlet	(JB)	Chief Clinical Strategy Officer WAHT
Tony Bramley	(TB)	NED WAHT
Glen Burley	(GB)	Group Chief Executive
Adam Carson	(AC)	Managing Director SWFT
Stephen Collman	(SC)	Managing Director WAHT
Chris Douglas	(CD)	Acting Chief Operating Officer WAHT
Lucy Flanagan	(LF)	Chief Nursing Officer WVT
Catherine Free	(CF)	Managing Director GEH
Phil Gilbert	(PG)	NED SWFT
Sophie Gilkes	(SG)	Chief Strategy Officer SWFT
Paramjit Gill	(PGi)	Nominated NED SWFT
Natalie Green	(NG)	Chief Nursing Officer GEH
Harkamal Heran	(HH)	Chief Operating Officer SWFT
Sharon Hill	(SH)	NED WVT
Colin Horwath	(CH)	NED WAHT
Jane Ives	(JI)	Managing Director WVT
Ian James	(IJ)	NED WVT
Haq Khan	(HK)	Chief Finance Officer GEH
Kim Li	(KLi)	Chief Finance Officer SWFT
Anil Majithia	(AMa)	NED GEH
Frances Martin	(FM)	NED and Vice Chair WVT
Karen Martin	(KM)	NED WAHT
Simon Murphy	(SMu)	NED and Deputy Chair WAHT
Katie Osmond	(KO)	Chief Finance Officer WVT
Andrew Parker	(AP)	Chief Operating Officer WVT
Grace Quantock	(GQ)	NED WVT
Najam Rashid	(NR)	Chief Medical Officer GEH
Sarah Shingler	(SS)	Chief Nursing Officer WAHT
David Spraggett	(DS)	NED SWFT
Nicola Twigg	(NT)	NED WVT
Jules Walton	(JW)	Acting Chief Medical Officer WAHT
Ellie Ward	(EW)	Acting Chief Nursing Officer SWFT
Robert White	(RW)	NED SWFT
Umar Zamman	(UZ)	NED GEH

In attendance:

Adrian Stokes	(AS)	Group Management Consultant
Rebecca Brown	(RBr)	Chief Information Officer WAHT
Ellie Bulmer	(EB)	Associate Non-Executive Director (ANED) WVT
John Burnett	(JBu)	Head of Communications WVT

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

Paul Capener	(PC)	ANED GEH
Oliver Cofler	(OC)	ANED SWFT
Sarah Collett	(SCo)	Trust Secretary GEH/SWFT
Alan Dawson	(AD)	Chief Strategy Officer WVT
Catherine Driscoll	(CDr)	ANED WAHT
Geoffrey Etule	(GE)	Chief People Officer WVT
Richard Haynes	(RH)	Director of Communications WAHT
Oli Hiscoe	(OH)	ANED SWFT
Jo Kirwan	(JK)	Deputy Director of Finance WAHT (deputising for Chief Finance Officer WAHT)
Rosie Kneafsey	(RK)	ANED GEH
Alison Koeltgen	(AK)	Chief People Officer WAHT
Chelsea Ireland	(CI)	Foundation Group EA (Meeting Administrator)
Elva Jordan-Boyd	(EJB)	Interim Chief People Officer SWFT
Kieran Lappin	(KLa)	ANED WVT
Michelle Lynch	(ML)	ANED WAHT
Sara MacLeod	(SMa)	Interim Chief People Officer GEH
Alex Moran	(AMo)	ANED WAHT
Laura Nelson	(LN)	Chief Integration Officer – Coventry and Warwickshire Integrated Care Board (observing)
Jenni Northcote	(JNo)	Chief Strategy Officer GEH
Bharti Patel	(BP)	ANED SWFT
Mary Powell	(MP)	Head of Strategic Communications SWFT
Jackie Richards	(JR)	ANED GEH
Jo Rouse	(JR)	ANED WVT
Gwenny Scott	(GS)	Associate Director of Corporate Governance/Company Secretary WAHT/WVT
Robin Snead	(RS)	Chief Operating Officer GEH
Vidhya Sumesh	(VS)	Group Business Information Specialist (observing)
James Turner	(JT)	Head of Communications GEH
Sue Whelan Tracy	(SWT)	NED SWFT (non-voting)

Apologies:

Neil Cook	(NC)	Chief Finance Officer WAHT
Julie Houlder	(JH)	NED and Vice Chair GEH
Simone Jordan	(SJ)	NED GEH
Zoe Mayhew	(ZM)	Chief Commissioning Officer (Health and Care) SWFT
Jo Newton	(JN)	Chief Strategy Officer WAHT
Simon Page	(SP)	NED and Vice Chair SWFT
Sarah Raistrick	(SR)	NED GEH
Sue Sinclair	(SSi)	ANED WAHT

There were four SWFT Governors and seven members of the public also in attendance.

MINUTE		ACTION
25.001	**DECLARATIONS OF INTEREST** Paul Capener, ANED GEH declared that he no longer had a consulting	

MINUTE		ACTION
	company and now operated self-employed under Paul Capener Governance Services. Grace Quantock, NED WVT declared that she had joined the Judicial Appointments Commission as a panel member. **Resolved – that the position be noted.**	
25.002	**PUBLIC MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2024** **Resolved – that the public Minutes of the Foundation Group Boards meeting held on 6 November 2024 be confirmed as an accurate record of the meeting and signed by the Group Chair.**	
25.003	**MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.003.01	Completed Actions All actions on the Actions Update Report had been completed and would be removed. **Resolved – that the position be noted.**	
25.004	**OVERVIEW OF KEY DISCUSSIONS FROM THE FOUNDATION GROUP BOARDS WORKSHOP** The Group Chair provided an overview of the Foundation Group Boards Workshop, which focused around three key items. Firstly John Drew, Director of Workforce, Training and Education for NHS England (NHSE) gave a talk about the Staff Survey, the Foundation Groups results, and the improvement being seen. The Foundation Group worked heavily on the Staff Survey results to ensure all Trusts are a happy and enjoyable place to work, which in turn would deliver better care to patients. The Group Chair continued that a presentation was then provided on Clinical Safety by Rebecca Brown, Chief Digital Information Officer for WAHT. This was particularly relevant with the development of Artificial Intelligence being seen and the roll out of Electronic Patient Records (EPR) at SWFT and GEH. Finally, the Foundation Group were provided with an update from the Chief People Officers on one of the Foundation Groups 'Big Moves, Be a Very Flexible Employer'. This highlighted how essential it was to retain the most experienced and talented staff, and to do this was to ensure we were enabling a work-life balance. **Resolved – that the Overview of Key Discussions from the Foundation Group Boards Workshop be received and noted.**	

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
25.005	**FOUNDATION GROUP PERFORMANCE REPORT** The Managing Director for WVT provided an update on WVTs performance. She explained that over the winter period Urgent and Emergency Care (UEC) had been challenged nationally. Despite the challenges WVT were reporting above the national average for the Emergency Department (ED), where half of attendances were being managed on the Same Day Emergency Care (SDEC) pathway. The Managing Director for WVT continued that as at the time of the meeting, WVT had thirty patients in temporary escalation spaces, and twenty patients in ED waiting for beds. This highlighted that despite the work taking place, there was still a way to go, and reducing demand for emergency beds would be a focus for 2025/26. Despite the UEC challenges, WVTs Elective Care Metrics continued to improve, with the Trust ranking near the top regionally for productivity compared to pre-Covid-19. The Managing Director for WVT concluded with an update on Cancer performance highlighting that the 62-day performance had improved within the previous twelve months, and WVT were already on track to beat the 2025/26 targets set. The Managing Director for SWFT started by celebrating that SWFT had been awarded the prestigious Trust of the Year award, at the annual Health Service Journal (HSJ) awards in November 2024. The award highlighted the positive work taking place across the Trust including performance, culture, and improvement but most notably the staff and the hard work they continued to put in every day. The Managing Director for SWFT explained that UEC continued to be a challenge through December 2024, followed by a worse January 2025. This resulted in SWFT calling its first ever Critical Incident at the start of the month. Work had commenced to understand the lack of flow a bit further, however one of the drivers continued to be out of area activity, with SWFT being one of the biggest importers in the West Midlands. The Managing Director explained that between January 2023 and January 2025, the Trust had seen a 99% increase of attendances from Coventry postcodes, a 154% increase in Coventry admissions, a 169% increase in attendances from Rugby and 233% increase in admissions from Rugby. That sets against growth in South Warwickshire to an overall growth of 18%. This wasn't a sustainable position and would be monitored closely moving forward. The Managing Director for SWFT highlighted an improvement in the Faster Diagnosis Standard (FDS) at 84% and thanked the teams involved. There was fragility to be aware of however, especially over the next few months due to the high number of referrals being seen. He concluded by informing the Foundation Group Boards that sickness rates at SWFT had increased slightly over the winter months, but the Trust was being watchful of these and ensuring managers were offering support available. The Managing Director for GEH raised similar concerns regarding winter pressures around UEC to SWFT and WVT. She added that an increase in flu that had also arrived earlier than expected had impacted the increase in demand. The Managing Director for GEH explained that the rise in demand and resulted in the Trust's worst 4hr performance all year. This has been made	

MINUTE **ACTION**

worse by bed occupancy and Medically Fit For Discharge (MFFD) sitting at 58 patients, equating to two wards' worth of patients that could be being cared for elsewhere but instead were in acute beds. MFFD patients being in acute beds meant that temporary escalation spaces were being used in the ED. The Managing Director for GEH highlighted that SDEC was at 47% which had continued to increase throughout the year and was the result of GEH heavily investing in SDEC though virtual wards and avoiding admissions where possible. She continued that GEH had managed to protect Elective work activity and the Elective Recovery Fund (ERF) delivery. Waiting lists continued to be an issue with some patients waiting over 64 weeks, however this continued to be a focus area, the Trust was working hard ensure no patients were waiting over 52 weeks. The Managing Director for GEH explained that Cancer performance continued to be a key focus area, as this had dropped mainly driven by an increase of Breast Cancer referrals. She concluded by highlighting that the FDS for GEH had improved, however did fluctuate so Cancer and Diagnostic pathways were being streamlined to remove blockages and bring wait times in line with national standards.

The Managing Director for WAHT provided an overview of 'hat's performance. In line with the other Trusts in the Foundation Group UEC continued to be a challenge, however WAHT had seen a deterioration around the Urgent and Emergency Access Standard and continued to struggle with long ambulance handover delays. He added that discussions with NHSE had taken place to address these issues however it was important to note that these had been impacted by the EPR role out, site work and the significant increase in lfu. The Managing Director for WAHT explained that WAHT had also seen a significant increase in walk-ins.,. Despite the challenges WAHT had seen rapid improvements particularly around ambulance handovers, which had been helped by an Advanced Clinical Practicitioner (ACP) doing a five/ten-minute review of patients on the Worcestershire Royal Hospital site. Patients received an ACP assessment and were pulled through one of the SDEC pathways where appropriate. Whilst improvements were being seen already through SDEC this had grown and acuity had shifted, resulting in a better patient experience. The knock-on of this had been fewer diversions being needed to the Alexandra Hospital. The Managing Director for WAHT highlighted that the Trust's discharge profile was improving with daily discharge targets being hit more regularly and most recently 70-80 discharges on a weekend whereas previously this was around 30-40. He concluded that there was still a way to go with focus shifting to the front door demand management, integration with community services, and the work on frailty and trauma.

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

The Group Chair asked each Managing Director their current MFFD figures which were as follows, WVT 34, SWFT 51, GEH 58 and WAHT 133. He explained that based on those numbers there was over 250 people MFFD in an acute bed. It cost on average £450 to stay in an acute bed, in another care

MINUTE		ACTION
	setting this was around £150, resulting in a NET saving of around £300. This meant in the Foundation Group alone there was over £27mil of NET saving if with system partners' MFFD and flow efficiency were resolved. The Group Chief Executive noted the challenges faced by UEC services and added that the challenges faced by Trusts in terms of demand added to the difficulty in discharging patients. On top of this the challenges added to safety, quality and financial challenges faced by the NHS. The Group Chief Executive therefore took the time to express how impressed he was with how all four Trusts had responded to the challenges faced over the past twelve months. He added that all four Trusts' ambulance delays had been reduced significantly. The Group Chief Executive explained that moving forward The Planning Guidance had been released at the end of January 2025, which would allow the Foundation Group to calculate activity versus price which should show clear productivity focus areas and where the highest demand was. Paul Capener, NED GEH highlighted that not much detail was discussed in relation to outpatients, however this was showing as a problem across the Foundation Group. He sought assurance that there was sufficient focus being given to Outpatients given the national agenda and the push on Referral to Treatment (RTT). The Group Chief Executive responded that it would be a good idea to do a deep dive into this for next time, especially with some of the work taking place to reduce Did Not Attend (DNA) rates and follow ups. Sarah Raistrick, NED GEH queried whether the increase in some of the pressures as a result of Flu had been triangulated with the lower uptake in Flu vaccinations. In particular, had those who had been admitted due to Flu had the vaccine. The Managing Director GEH responded that no, this had not been done, and it was likely to be something discussed at the Quality Committees. However, she encouraged members of the public and colleagues to get vaccinated as it was the best way to protect each other and patients. The Group Medical Advisor requested that a deep dive into perinatal deaths in comparison to national mean also be scheduled for a future meeting. **Resolved – that** **A) the Foundation Group Performance Report be received and noted;** **B) the Chief Operating Officers to present a deep dive into Outpatients at the next Foundation Group Boards meeting;** **C) the Chief Operating Officers to present a deep dive on perinatal deaths in comparison to national mean at a future Foundation Group Boards meeting.**	**COOs** **COOs**
25.006	**DIAGNOSTICS DEEP DIVE** The Chief Operating Officer for SWFT started by explaining that Diagnostics underpinned everything, however demand on Diagnostics services was rising. Unfortunately, a lack of infrastructure combined with staffing shortages meant	

MINUTE		ACTION

waiting lists were growing. She explained that both NICE guidance and the Elective Recovery Plan (ERP) positioned diagnostics at the cornerstone of modern healthcare delivery, and critical tools and accurate clinical decision-making. The ERP underlines diagnostics as pivotal in addressing backlogs and meeting increasing demand.

The Chief Operating Officer for SWFT explained that nationally the number of patients on a waiting list for diagnostic tests and the overall number of tests continued to grow. As a Foundation Group the number of tests carried out had grown, however the waiting lists were more stable. All Trusts had reduced the number of patients waiting over thirteen weeks for a diagnostic test, however this remained a challenge for WAHT. Diagnostics was complicated and was more than just imaging, for example Endoscopy and Physiological Measurement were both important parts of diagnostics that came with their own demands. The challenges faced by each organisation were therefore quite different. For GEH whilst they have an overall stable waiting list, DEXA Scans for over six and thirteen weeks was challenged. SWFT had struggled with Audiology and non-obstetric ultrasound. WAHT Audiology and MRI were challenges. Whilst WVT had fragilities across all diagnostics, they had an overall improvement in waiting times.

The Chief Operating Officer for WAHT continued that whilst all Trusts had managed to reduce backlogs across the Foundation Group, with more tests being carried out and sustaining the waiting list position, reporting turnaround times was a challenge. There was consistent good performance of turnaround times within 4hrs for tests in ED. However urgent inpatient reporting looked low, and cancer pathways within three days for GEH. The Chief Operating Officer for WAHT explained that reporting is a particular challenge but was linked to the increase in demand for diagnostics and there was variation across the Foundation Group in percentages but also how this was being addressed locally within the different organisations. All Trusts were looking at increasing workforce and changing practice around access to diagnostics and report turnaround times. The Chief Operating Officer for WAHT explain that looking at the broader challenges there were clear examples of where best practice could be adopted across the Foundation Group. He continued by celebrating the successes across the Foundation Group particularly around reducing the backlogs overall, and the progress of Community Diagnostic Hubs. The Chief Operating Officer for WAHT concluded by explaining that moving forward we want to look at how each Trust was using resource, and how each Trust was comparing productivity wise and looking at the elective pathways.

The Chief Medical Officer for WVT explained that the Chief Medical Officers across the Foundation Group had picked out three key areas for improving diagnostics, similarly to what had already been presented. The first area was the need to increase workforce, due to many areas having limited specialty skills. She continued that demand was another area. Demand for diagnostics across the different modalities was increasing which would be multifactorial, however it provided the opportunity to share best practice in terms of demand

MINUTE	ACTION

management and ensuring clear pathway criteria for referral. The Chief Medical Officer for WVT explained that the third area was AI and the number of opportunities this provided both in increasing diagnostic accuracy and improving productivity and efficiency. However, it was noted that this did not come without its risks. The Chief Medical Officer at SWFT added that demand was growing and whilst testing had improved and waiting lists were being reasonably managed, that was also under significant cost pressure, and it was the reporting challenges that remained the real issue. The sporadic scarcity of expertise in some locations needed to be addressed.

The Chief Medical Officer for GEH explained that GEH had been trailing AI since December 2024, which showed an improvement in productivity and some quality. The GEH Urgent Treatment Centres were on the edge of the department and clinicians were having to get right the way across the other side of the hospital to find a consultant to report on a diagnostics test. Through the use of AI GEH had managed to cut that out and had already seen that they were able to report much quicker. The reports were then reviewed by a Consultant the following day and so far, they had not found any sort of risk or anything significant missed.

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

The Group Medical Advisor advised that there was a lot of work taking place with the West Midlands Imaging Network who could support this work and resolve some of the issues.

The Group Chair thanked the Chief Operating Officers and Chief Medical Officers for their presentation. He agreed with the Chief Medical Officers that AI seemed an incredibly exciting development, especially for fragile services and driving productivity.

The Group Chief Executive informed the Foundation Group Boards that he had asked the Group Medical Advisor to convene a forum, particularly in Radiology, with the Clinical and Operational Leads to initiate conversations around resolving these issues. That forum wouldn't necessarily be able to solve all the issues however it would provide good opportunities for leadership to emerge and move things forward. He added that one of things that needs to be looked into was a common reporting platform and that would be something that the West Midlands Imaging Network could help with. The other area to think about was Histopathology, and through digitalisation would improve productivity and provide a way to manage capacity across the Foundation Group. It would also allow individuals to sub-specialise which is a good way to recruit and retain Consultants.

Resolved – that the Diagnostics Deep Dive be received and noted.

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
25.007	**EMERGENCY DEPARTMENT BENCHMARKING** The Chief Operating Officer for WVT presented the ED Benchmarking report to the Foundation Group Boards. He provided the initial background for the piece of work which had been requested by the Group Chief Executive around increased funding and whether that could be used for admission avoidance and increased discharging. It was important to note that this was ongoing and would continue to progress. The Chief Operating Officer for WVT explained that all EDs within the Foundation Group had faced particularly challenged winters from Flu, RSV, Covid-19, attendances and admissions. However, this was no longer something being faced just during winter months but instead had become a year-round pressure which was increasing year on year. Pressures in the ED were often an indicator of a wider issue across Trusts, systems and Health and Social Care. To address the issues various methods and work streams had been put in place to address ED congestion whether that was virtual wards, Urgent Community Response teams, empowering neighbourhood teams or working with local authorities around discharge management. On top of this internal schemes had been put in place to address flow, length of stay as well as improving ED practices. The Chief Operating Officer for WVT continued that often the additional measures put in place to support ED because of congestion and to maintain patient safety, results in additional staffing and opening surge areas inside or outside of ED. He explained that this piece of work was about understanding the current states of our EDs, productivity and where we could share learning to improve pathways. The Chief Operating Officer for WVT explained that in order to measure and compare EDs in a uniform way the Chief Operating Officers and Chief Finance Officer had looked at Model Hospital which collected data in the same way for all Trusts. This provided detail on how all EDs and UEC pathways performed and how each ED across the group was unique. The Chief Operating Officer for WVT noted that it also provided detail on productivity, but this need further reviewing but would help locate areas of inquisitive behaviour and where improvements in contrast to other EDs could be made. He concluded that all EDs were increasingly congested and struggling to get to pre-Covid-19 levels of 4hr Emergency Access Standard (EAS). Each of the EDs across the Foundation Group were different in their specific challenges, however all had differing solutions and resources to address their respective challenges. The Chief Finance Officer for WVT presented the financial analysis specifically looking at EDs and built on some of the work already standardised in review of the cost per weighted activity. She took the time to thank the Finance Teams across the Foundation Group for working closely together to align methodology to allow cross comparison. The Chief Finance Officer for WVT explained that the analysis had helped identify the resources that were utilised in ED relative to workforce levels, volumes of patients and the time that patients were spending in each department. Broadly the data did triangulate with the	

MINUTE		ACTION

performance metrics, meaning increases in demand were driving an increased use of resources, often at premium rates. The Chief Finance Officer for WVT continued that that additional costs were needed to safely manage congestion through the UEC pathways. However this was often done in a reactive way to demand pressures, which was what drives the premium in cost base. She explained that the increase in spend wasn't just seen in EDs but was seen through the pathway including how to utilise and staff temporary escalation spaces. The Chief Finance Officer for WVT concluded that moving forward it was important to use the early intelligence and benchmarking to better understand the drivers of variation throughout the UEC pathway. In particular in the EDs, and how that could be converted into opportunities to better utilise resources.

The Chief Operating Officer for WVT explained the next steps and actions. There was still a lot of work that needed doing in relation to ED productivity and efficiency including to understand the cost differences. To enable decongestion of EDs and improve cost per unit it was important to look at the workforce models across the Foundation Group and what learning could be shared. Another key factor would be managing temporary escalation spaces, developing the Urgent Community Response teams and Virtual Wards.

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

The Group Chief Executive reassured members of the public that ambulances waiting outside ED departments did not mean patients had not been seen. They would have been reviewed on arrival and usually waiting to be admitted into hospital. One of the best ways to address the issue would be to have the NHS come to them if they were in a care home, or through call before convey which would allow consultants to advise on the best possible service. Often this allowed patients to go straight to SDEC or Frailty, avoiding a long wait in ED.

Karen Martin, NED WAHT, queried why the Alexandra Hospital was an outlier in regard to age profile. The Chief Operating Officer for WAHT explained that this was partly driven by the pathway for paediatric patients, with paediatric centralised mostly through the Worcestershire Royal Hospital. The Managing Director for WAHT added that it was also in part due to pathway changes. A lot of acute pathways are managed through Worcestershire Royal Hospital, and the lower acuity patients will be diverted up to the Alexandra Hospital.

The Group Chair queried what the ambulance pit-stop model with the ACP review was indicating in terms of patients who didn't need to be in an ambulance. The Chief Nursing Officer for WAHT responded that this was looking at around 35-45%.

The Vice Chair for WVT recommended at a future Foundation Group Boards meeting the work on ED wait times be triangulated in relation to mortality and morbidity.

MINUTE		ACTION
	Resolved – that **A) the Emergency Department Benchmarking be received and noted;** **B) the Chief Operating Officers and Chief Medical Officers look into ED wait times and their relation to mortality and morbidity.**	**COOs/ CMOs**
25.008	**EQUALITY, DIVERSITY AND INCLUSION (EDI) UPDATE** The Chief People Officer for WVT started by informing the Foundation Group Boards that it was important to note when EDI was referred to it all came down to the staff experience. This was evident when you look at the performance measures for EDI, which were all geared towards enhancing the employee experience, therefore by attaining EDI goals the Foundation Group was creating a psychologically safe and compassionate working environment. The Chief People Officer for WVT continued that there were ten key areas in the NHS Constitution that addressed reducing health inequalities, these aligned with the Foundation Groups strategic priorities. He added that when compared to the NHS Constitution it was clear the Foundation Group was acting as an anchor organisation for health inequalities. The Chief People Officer for WVT informed the Foundation Group Boards that in 2024 the NHS brought into effect six High Impact Actions to show progress made to address prejudice and discrimination within the health service. These actions were as follows: 1) Chief Executive's Chairs and Board members should put EDI objectives in place that they are personally responsible for. 2) Employ and develop staff in a fair and inclusive way and target groups that are under-represented in the organisation. 3) Write and put and improvement plan in place to end pay gaps. 4) Write and put an improvement plan in place that deals with health inequality in the workforce. 5) Set up a detailed programme for NHS staff recruited countries outside the UK. 6) Create a workplace that ends bullying, discrimination, harassment, and physical violence at work. The Chief People Officer for WVT provided an overview of the Annual Staff Survey results, which showed all four organisations taking the right steps to address EDI requirements from the people promise. He continued that each Trust also had programmes in place to address the High Impact Actions and had created a dashboard to establish the position against each action, with some areas that still needed focus, particularly around action six now that the Sexual Safety Charter was in place. The Group Chair invited questions and perspectives and of particular note were the following points. Sue Whelan Tracy, NED SWFT thanked the Chief People Officers for their presentation. She highlighted that it was key with EDI to build managers' confidence to be able listen to the complex and difficult situations and to act on	

MINUTE		ACTION
	them appropriately. She queried whether training to support this had been rolled out, specifically at SWFT. The Interim Chief People Officer for SWFT offered assurance that this was being looked at, and recently a new learning management system had been developed to try and ensure the relevant packages could be accessible. **Resolved – that the Equality, Diversity and Inclusion Update be received and noted.**	
25.009	**FOUNDATION GROUP BOARDS SCHEDULE OF BUSINESS FOR APPROVAL** The Foundation Group Boards Schedule of Business for 2025/26 was approved and ratified. **Resolved – that the Foundation Group Boards Schedule of Business be approved and ratified.**	
25.010	**ANNUAL REVIEW OF BOARD COMMITTEE TERMS OF REFERENCE** The Trust Secretary for GEH/SWFT presented the Board Committee Terms of Reference to the Foundation Group Boards. This included Audit Committees, Appointments and Remuneration Committees, and the Foundation Group Strategy Committee. The report included an update on the Charity Trustees Terms of Reference which would go through individual Charity Trustees for approval. There was also an update on the Quality Committees Terms of Reference which would go through individual Quality Committees and then onto individual Trust Board meetings for approval. The Associate Director of Corporate Governance/Company Secretary for WHAT/WVT added that the Audit Committee Terms of Reference changes had been made to align more closely with the Code of Governance. **Resolved – that the Annual review of Board Committee Terms of Reference be approved and ratified.**	
25.011	**FOUNDATION GROUP STRATEGY COMMITTEE REPORT FROM THE MEETING ON THE 17 DECEMBER 2024** The Foundation Group Boards received and noted the Foundation Group Strategy Committee report from the meeting that took place on the 17 December 2024. **Resolved – that the Foundation Group Strategy Committee Report from the meeting held on 17 December 2024 be received and noted.**	

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

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
25.012	**ANY OTHER BUSINESS**	
25.012.01	Chair's Remarks The Group Chair advised the Foundation Group Boards that Sue Whelan Tracy, NED SWFT and Simon Page, Vice Chair SWFT would be standing down as NEDs on the 8 February 2025 as their term came to an end. He took the time to thank them for their commitment over the years and wished them well in their future endeavours. **Resolved – that the position be noted.**	
25.013	**QUESTIONS FROM MEMBERS OF THE PUBLIC AND SWFT GOVERNORS**	
25.013.01	Question from a Member of the Public The following question was submitted by a member of the public in advance of the meeting: *'Do any of the hospitals in the Foundation Group allow members of staff who are trans-identifying men (i.e. biological males), to use the women's (biological females), changing rooms and toilets? If so, which hospitals in the Foundation Group allow this?'* The Group Chair advised that the Foundation Group greatly valued people of different races, different sexual orientations and different beliefs. All are treated with respect and kindness and staff were encouraged to use whichever facility best reflected their gender. He concluded that this would continue to be the Foundation Groups position, and with new builds taking place gender neutral bathrooms would start to be introduced. **Resolved – that the position be noted.**	
25.013.02	Question from a Member of the Public The following question was submitted by a member of the public in advance of the meeting: *'Will the Board engage in talks with Worcestershire Country Council to consider the possibility of the NHS purchasing the land at the County Hall estate currently used as a car park, to be used by visitors to Worcestershire Royal Hospital, thus easing parking problems at the hospital?''* The Managing Director for WAHT informed the Foundation Group Boards that there were several discussions taking place with partners to try and resolve the car parking issues faced at Worcestershire Royal Hospital. The conversations were confidential so detail could not currently be shared but the Managing Director offered assurance that he would keep the Foundation Group Boards	

Public Minutes of the Foundation Group Boards Meeting
Held on Wednesday 5 February 2025 at 1.30pm via Microsoft Teams

MINUTE		ACTION
	and public up to date as things moved forward. The Group Chairman added that he symphonised with the public regarding car parking and assured them that it was a subject that continued to be a focus for the entire WAHT Board. **Resolved – that the position be noted.**	
25.014	**ADJOURNMENT TO DISCUSS MATTERS OF A CONFIDENTIAL NATURE**	
25.015	**CONFIDENTIAL APOLOGIES FOR ABSENCE**	
25.016	**CONFIDENTIAL DECLARATIONS OF INTEREST**	
25.017	**CONFIDENTIAL MINUTES OF THE MEETING HELD ON 6 NOVEMBER 2024**	
25.018	**CONFIDENTIAL MATTERS ARISING AND ACTIONS UPDATE REPORT**	
25.019	**APPOINTMENT OF EXTERNAL AUDITORS**	
25.020	**FOUNDATION GROUP STRATEGY COMMITTEE MINUTES FROM THE MEETING HELD ON 16 JULY 2024**	
25.021	**ANY OTHER CONFIDENTIAL BUSINESS**	
25.022	**DATE AND TIME OF NEXT MEETING** The next Foundation Group Boards meeting would be held on Wednesday 7 May 2025 at 1.30pm via Microsoft Teams.	

Signed _____ (Group Chair) Date: 7 May 2025
Russell Hardy

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

PUBLIC ACTIONS UPDATE REPORT: FOUNDATION GROUP BOARDS MEETING – 7 MAY 2025

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
ACTIONS IN PROGRESS			
25.005 (05.02.2025) Foundation Group Performance Report	The Chief Operating Officers present a deep dive into Outpatients at the next Foundation Group Boards meeting. The Chief Operating Officers present a deep dive in perinatal deaths in comparison to national mean at a future Foundation Group Boards meeting.	H Heran / A Parker / R Snead / C Douglas H Heran / A Parker / R Snead / C Douglas	
25.007 (05.02.2025) Emergency Department Benchmarking	The Chief Operating Officers and Chief Medical Officers look into ED wait times and their relation to mortality and morbidity.	H Heran / A Parker / R Snead / C Douglas / N Rashid / V Baskar / J Walton / C Agwu	
REPORTS SCHEDULED FOR FUTURE MEETINGS			

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**03/03/2025**
Title of Report:	Chief Executive Officer's Report
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Other
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Executive**
Author:	Glen Burley, Chief Executive
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

This report is to brief the Board on various local and national issues.

2. Recommendation(s)

The Trust Board is requested to note this report.

3. Chief Officer/Executive Director Opinion[1]

Removal of Improvement Notices

In February 2025 I was delighted to receive formal notification of the removal of regulatory notices on the Trust by NHSE. These 'undertakings' have been in place for several years having originally been put in place due to concerns about quality, safety, and operational performance. This therefore marks a significant turning point in the fortunes of the Trust. NHSE removed four separate undertakings, the longest of which (quality of care) dated back to 2022. This followed an earlier Care Quality Commission (CQC) inspection of UEC. This year's much more positive inspection triggered the change in status. The other notices related to cancer performance, diagnostics performance, and elective waiting times recovery.

We now only have one Improvement Notice which relates to UEC. As the Board will know, we have already made a number of improvements to the urgent care pathways in the Trust and in the local healthcare system. We will now focus on our remaining actions and agree an improvement trajectory with NHSE.

I have attached the updated regulatory notice for information (Appendix A).

NHS 10 Year Plan and Social Care Reform

The various 'vision' groups have now concluded their work which has been passed on to the 'enabler' groups. The enabler groups are due to finish their work by the end of February 2025 with the intention that The Long Term Plan is published in the Spring. It has also recently been announced that Tom Kibasi, an NHS Chair, has been asked to write the report. Tom assisted Lord Darzi in his investigation report last year. The national equivalents of our Foundation Group 'Big Moves' have already been articulated. These 'mission shifts' are from analogue to digital, from treatment to prevention and from hospital to home. The work of the vision groups reinforces these principles and focusses heavily on localisation and digitisation of healthcare. Initial guidance on the development of a neighbourhood health focus has also been released alongside the annual Planning Guidance.

Social Care reform is not within the brief of the NHS Plan, but a Royal Commission on social care has also been announced. Whilst the aim to achieve cross-party consensus on Social Care Policy is welcome, the timeline for completion of the Commission is likely to be two or three winters away. It is therefore anticipated that there will be some policy changes ahead of this. One already announced in this year's Planning

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

Guidance is a change to the Better Care Fund oversight arrangements. This follows the general move to delegate decisions to a more local level and to reduce ring fencing funding based on national priorities.

Annual Planning Guidance

After a longer than normal delay, 2025/26 NHS Planning Guidance and supporting material was finally published on 28th January 2025. The delay appears to have been driven by the need to adjust ambitions for improvement in the context of a very challenging financial settlement. One of the reasons why the financial position looks worse than it otherwise might have, is the fact that many parts of the NHS are behind their 2024/25 recovery plans. Inflationary, including pay award pressures, have also contrived to reduce the potential for growth funding. Consequently, many items previously subject to national ring-fencing have been removed. We have also seen a move away from a nationally funded Elective Recovery Fund (ERF) pot to something which is capped at System level.

We will also soon see the publication of a more detailed Urgent and Emergency Care (UEC) Reform Plan. This will include further details on the Planning Guidance pledge that all type 1 Accident and Emergency (A&E) Departments will need to have a co-located Urgent Treatment Centre (UTC), and that capital will be available to facilitate this move. In the case of the Foundation Group, only George Eliot Hospital (GEH) currently has an on-site UTC. I have mixed views about the benefits of UTCs. Whilst any increase in acute capacity will help with A&E demand, UTCs can potentially drive more patients onto an acute site from Primary Care. This may not be the best model for patients and will add cost to those sites that run one.

The Planning Guidance included the following key objectives for acute providers:

- Re-statement of the aim to return to the 18-week Referral to Treatment (RTT) elective wating times target through a 5% improvement in all Trusts in year with an overall NHS position of 65% required.
- All providers expected to get to at least 60% RTT, and 67% for non-admitted pathways.
- No more than 1% of the waiting list to be over 52-weeks.
- 62-day cancer standard - 75% by March 2026.
- 28-day Faster Diagnostics Standard (FDS) - 80% by March 2026.
- 4hr Emergency Access Standard (EAS) - 78% by March 2026.
- Also 'a higher proportion' year-on-year of patients treated in Emergency Departments (ED) within 12hrs.
- Category 2 Ambulance response times not worse than 30 minutes average over the year.
- Each Trust to reduce agency spend by at least 30% year-on-year, and bank spend to reduce by 10%.
- Reduce the Whole time Equivalent (WTE) productivity gap compared to pre-Covid-19 position (i.e. improving the workforce productivity tool measure).

UEC Reform Plan

The national update of the UEC Reform Plan is expected to be published very soon. The Planning Guidance indicated that the following top ten areas of focus will remain. This includes the retention of the 78% EAS standard in 2025/26.

- Improving vaccination rates and targeted preventative winter virus care.
- Reducing 111 calls put through to 999 or directed to ED.
- Improve Hear & Treat, See & Treat, and Reduce Avoidable Conveyances.
- Reducing ambulance handover delays.
- Rapid triage at the front door to navigate patients quickly to the right care and avoid admission wherever possible.
- Getting into a hospital bed more quickly for those who need one.
- Improving access to specialist out-of-hospital provision.
- Shorter Length of Stay.
- Reduce discharge delays.
- Standardising and scaling the six core components of neighbourhood health.

Productivity Improvement Tool

A further addition to the national suite of productivity improvement tools has also been published. Since publication, David Moon, Group Strategic Financial Advisor, and I have had the chance to talk to the

national team about the methodology. It builds on some of the Model Hospital analysis and hopefully complements the national reference cost data. Like most national tools though, the methodology needs to be fully understood to get the maximum benefit from the data. The rankings section on clinical productivity opportunities is perhaps the hardest section to follow. This is not helped by the footnote being wrong in that it suggests that the ranking is in the wrong order. The 'opportunity' calculation also includes a base 2% (i.e. the national efficiency requirement for 2025/26) for all Trusts even if you are ranked as the most efficient on current cost. The opportunity only increases for the lowest performing two thirds of Trusts and then not by much. It is therefore quite misleading.

There is then a corporate services opportunity which seem to allow some Trusts to count corporate costs differently and which doesn't seem to handle the PFI issues well. As set out in the planning guidance it identifies savings opportunities for temporary staffing including agency and bank expenditure. Whilst some bank expenditure is not cost effective, for many Trusts Banks are uses as a mechanism to pay part time staff to do additional shifts - which is good flexible working.

Whilst we have taken the time to understand the peculiarities of the tool, I fear that many will not. This will lead to some missed opportunities and potentially the wrong conclusions will be drawn. But we will explore them further internally.

Elective Recovery Plan Refresh

In addition to the move away from a nationally funded Elective Recovery Fund (ERF), the other big change in this updated plan is the move back to the constitutional standards performance measure of Referral to Treatment Time (RTT). The plan requires all providers to improve their headline RTT performance by 5% although it strongly hints towards waiting list validation being one of the significant contributors. It doesn't specifically mention a long waiting time maximum, although indications are that 52-weeks will be a backstop measure quite soon. Other significant elements of the plan are:

- Expanded use of the NHS App for consultation, booking and choice.
- Outpatient Productivity/Transformation including 'did not attend' (DNA) reduction, booking productivity, increasing Patient Initiated Follow-Ups (PIFU), more use of Advice and Guidance (A&G) to primary care, and incentivisation of Best Practice Pathways.
- Diagnostics pathway improvement, use of Community Diagnostic Centres (CDCs) and opening times and direct access for General Practitioners (GPs).
- Financial Framework - Confirmation of the cap on ERF, some tariff changes, A&G split with GPs (which will incentivise GPs to use this more), payment for validation.
- Use of the Independent Sector including through easier NHS App Choice

National Staff Survey 2024

The Staff Survey remains my most important lead indicator of quality, safety and operational performance. This was strongly reinforced by John Drew, the guest speaker at our February 2025 Foundation Group Boards Workshop. John is currently regional Director of Workforce, Training and Education but previously led on the Staff Survey for NHS England (NHSE). He demonstrated the very close corelation between the results of the survey and all aspects of organisational performance. By the time that we next meet as a Board this year's survey will probably have been published. The results are currently under embargo, but I am anticipating farther improvements in all Trusts within the Group. The actual results will be shared as soon as they are published.

More From Our Great Teams

Congratulations to our children’s services team at Kidderminster and our stroke team at Worcestershire Royal who were both praised by the Care Quality Commission (CQC) for improvements they have made to their services.

For KTC children’s services, their ratings in the domains of ‘safe’, ‘responsive’ and ‘well led’ all moved up to Good which meant the overall rating for their service also moved up to Good. Meanwhile, the stroke team at WRH saw their rating in the ‘effective’ domain move up to Good.

Teams across our hospitals work incredibly hard, often in very challenging circumstances, to offer the best care for all our patients. To see those efforts reflected and recognised by the CQC with these improved ratings is a great morale boost for our children's and stroke teams. I hope it will also help to reassure our patients that we are committed to doing everything we can to deliver safe, high quality, and efficient care across all our services.

As well as highlighting the progress we have made, the CQC's reports, which were published last month and followed inspections in September and August last year, also made suggestions for further improvements. We welcome those suggestions and have already begun developing action plans that will help make our services even better.

Well done, also, to everyone involved in the completion of the new Staff Wellbeing and Relaxation Room at WRH which is now open. The opening of the new facility at WRH follows the opening last year of staff wellbeing spaces at the Alex and Kidderminster. All three were made possible by generous contributions from our Worcestershire Acute Hospitals Charity and NHS Charities Together.

While the Alex and KTC spaces are found in their respective hospitals' education centres, the WRH space was uses a creatively repurposed and enhanced space on the lower ground floor of WRH. All three offer spaces for colleagues to take time out from their busy working days to hold a wellbeing conversation in privacy, to rest, relax or reflect, or to simply take time out from a busy ward or department.

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

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

REPLACEMENT ENFORCEMENT UNDERTAKINGS

LICENSEE:
Worcestershire Acute Hospitals NHS Trust ("the Licensee")
Charles Hastings Way
Worcester
WR5 1DD

DATE OF ISSUE: 3rd February 2025

1. DEFINITIONS

In this document:

"the conditions of the Licence" means the conditions of the licence held by providers of NHS services under Chapter 3 of Part 3 of the Health and Social Care Act 2012.

From 1 April 2023 NHS trusts have been required to hold and comply with such a licence. Prior to 1 April 2023 NHS England, acting in exercise of its functions under section 27A of the NHS Act 2006, expected NHS trusts to comply with such conditions.

"NHS Improvement" means the National Health Service Trust Development Authority, which was abolished and its functions transferred to NHS England on 1 July 2022 by the Health and Care Act 2022. Any references to NHS Improvement should be taken to mean NHS England.

2. BACKGROUND

2.1 NHS England accepted enforcement undertakings from the Licensee in May 2019 and then again July 2022 in relation to:

- Quality of care (CQC inadequate rating for Urgent and Emergency Care)
- Operational performance (Emergency Care, Diagnostics, Cancer and Elective Recovery)

2.2 In January 2025, a compliance certificate was issued for the undertakings related to quality of care and for the undertakings related to operational performance in respect of Elective Recovery and Cancer. Undertakings against Diagnostics performance were discontinued and not renewed.

2.3 NHS England continues to have concerns related to operational performance in respect of Urgent and Emergency Care. The undertakings below replace and supersede the remaining 2022 undertakings.

3. DECISION

NHS England, on the basis of the grounds set out below, and having regard to its Enforcement Guidance, has decided to accept from the Licensee the enforcement undertakings specified below pursuant to its powers under section 106 of the Health and Social Care Act 2012 ("the Act").

4. GROUNDS

4.1 The Licensee

4.1.1 The Licensee is the holder of a licence granted under section 87 of the Act.

4.2 Issues and need for action

4.2.1 NHS England has reasonable grounds to suspect that the Licensee has provided and is providing health care services for the purposes of the health service in England while failing to comply with and apply those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a provider of health care services to the NHS, specifically the following conditions of the Licence: NHS2 (5)(a), NHS2(5)(d), NHS2(5)(f) and NHS2(5)(g).

4.2.2 In particular:

Operational performance

Urgent and Emergency Care (UEC):

4.2.2.1 The Licensee continues to experience challenges in relation to delivery of Urgent and Emergency Care performance; including delays to ambulance handover and flow within the UEC pathway and when discharging patients.

4.2.3 Need for action:

4.2.3.1 NHS England believes that the action which the Licensee has undertaken to take pursuant to the undertakings recorded here is action required to secure that the breaches in question do not continue or recur.

5. APPROPRIATENESS OF UNDERTAKINGS

In considering the appropriateness of accepting in this case the undertakings set out below, NHS England has taken into account the matters set out in its Enforcement Guidance.

6. UNDERTAKINGS

NHS England has agreed to accept, and the Licensee has agreed to give the following undertakings.

1. Operational Performance – Urgent and Emergency Care

1.1 The Licensee will take all reasonable steps to recover the operational performance and to achieve sustainable compliance with the urgent and emergency care constitutional standards as set out in agreed improvement trajectories, in line with the national expectation.

1.1.1 The Licensee will ensure that patients are reviewed more quickly within the Emergency Department with more patients being admitted, transferred or discharged within four hours through an agreed upon recovery trajectory.

1.1.2 The Licensee will ensure that there is sustained improvement in Ambulance Handover times and that this improvement is in line with an agreed trajectory, to support a sustained improvement in Ambulance Category 2 response times.

1.2 The Licensee will, by a date to be agreed with NHS England, ensure that there is a robust Urgent and Emergency Care improvement plan (the UEC plan) in place to meet the requirements of 1.1, which has been agreed with NHS England. This plan should align to the wider Herefordshire and Worcestershire system improvement plan.

1.3 The UEC plan will, in particular:

1.3.1 Include the actions required to meet the requirements of paragraph 1.1 covering capacity and flow in the Emergency Department and wider organisation, with appropriate timescales, key performance indicators and resourcing;

1.3.2 Include associated trajectories in line with the ambitions ascribed in the NHS Priorities and Operational Planning Guidance (2025/26), as agreed with NHS England and which is in alignment with the agreed Herefordshire and Worcestershire system trajectory, for how the Licensee will meet national expectations in relation to the UEC targets on a sustainable basis;

1.3.3 Describe the key risks to meeting the requirements of paragraph 1.1 and mitigating actions being taken;

1.3.4 Be based on realistic assumptions;

1.3.5 Reflect collaborative working with key system partners and other stakeholders;

1.3.6 Set out the key performance indicators which the Licensee will use to measure progress against each action, and expected impact on overall UEC performance

1.4 The Licensee will incorporate any comments or amendments regarding the UEC plan made by NHS England, or a third party if such assurance is requested by NHS England, and will send a revised UEC plan by a date agreed with NHS England.

1.5 The Licensee will implement all the actions within its control in the UEC plan within the timescales set out in the UEC plan, unless otherwise agreed by NHS England.

1.6 The Licensee will report to NHS England on the implementation of the UEC plan each month or at an alternative frequency determined by NHS England and notified to the Licensee, in a form to be specified by NHS England.

1.7 The Licensee will keep the UEC plan and its delivery under review and provide appropriate assurance to its Board regarding progress towards meeting the UEC Plan, such assurance to be provided to NHS England.

1.8 The Licensee will notify NHS England as soon as practicable when it becomes aware of matters which materially affect the Licensee's ability to deliver the UEC Plan, and the Licensee shall promptly update the UEC Plan to address those matters. The Licensee shall submit any updated UEC Plan within five working days to NHS England.

1.9 The Licensee will ensure that the delivery of all undertakings in relation to operational performance and other measures to improve operational performance do not compromise its overall financial position. The Licensee will keep the financial cost of its improvements under close review and will notify NHS England as soon as practicable

of any matters which are identified as potentially having a material impact on the Licensee's overall financial position.

2. Programme Management

2.1 The Licensee will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.

2.2 Such programme management and governance arrangements must enable the Board to:

2.2.1 obtain clear oversight over the process in delivering these undertakings;
2.2.2 obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
2.2.3 hold individuals to account for the delivery of the undertakings.

3. Meetings and Reports

3.1 The Licensee will provide quarterly reports to NHS England on its progress in complying with the undertakings set out above.

3.2 The Licensee will attend meetings or, if NHS England stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS England. These meetings will take place once a month unless NHS England otherwise stipulates, at a time and place to be specified by NHS England and with attendees specified by NHS England.

3.3 Upon request, the Licensee will provide NHS England with the evidence, reports or other information relied on by its Board in relation to assessing its progress in delivering these undertakings.

3.4 The Licensee will comply with any additional reporting or information requests made by NHS England.

The undertakings set out above are without prejudice to the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence, including any additional licence condition imposed under section 111 of the Act and those conditions relating to:

- compliance with the health care standards binding on the Licensee; and
- compliance with all requirements concerning quality of care.

Any failure to comply with the above undertakings will render the Licensee liable to further formal action by NHS England. This could include the imposition of discretionary requirements under section 105 of the Act in respect of the breach in respect of which the undertakings were given and/or revocation of the licence pursuant to section 89 of the Act.

Where NHS England is satisfied that the Licensee has given inaccurate, misleading or incomplete information in relation to the undertakings: (i) NHS England may treat the Licensee as having failed to comply with the undertakings; and (ii) if NHS England decides so to treat the Licensee, NHS England must by notice revoke any compliance certificate given to the Licensee in respect of compliance with the relevant undertakings.

THE LICENSEE

Signed

Glen Burley
Chair or Chief Executive of Worcestershire Acute Hospitals NHS Trust

Dated: 7 February 2025

NHS ENGLAND

Signed

Rebecca Farmer
Director of System Co-ordination and Oversight – West Midlands

Dated: 3rd February 2025

Putting Patients First

4ward

NHS
Worcestershire Acute Hospitals
NHS Trust

Integrated Performance Report

FEBRUARY 2025

Trust Board| v0-1 | Up to Jan-25 data

Last updated 21 February 2025

Stephen Collman

Managing Director

OPERATIONAL PERFORMANCE

Urgent Emergency Care

- Patient Attendance: In January 2025, 12,350 patients attended the Trust Emergency Department. This was a 0.9% decrease from January 2024. Walk in attendances decreased by 1.3% and there was a decrease in ambulance conveyances of 5.2%. 42% of patients were treated and either admitted or discharged within four hours.
- Ambulance Handovers: Of the 3,617 patients that arrived by ambulance, 29% were handed over within 15 minutes. 1,365 patients waited longer than 45 minutes for handover and 1,134 patients waited longer than 60 minutes for handover. Whilst 2,629 patients (21%) spent 12 hours or more in the emergency departments.

Cancer Performance

- 28 Day Faster Diagnosis: The Trust received 2,995 new GP referrals for suspected cancer in January 2025, the highest on record. The Trust unvalidated performance against the 28-day Faster Diagnosis Standard (FDS) for January 2025 was 77%. 2,371 patients were informed of their diagnosis. There were 546 breaches against the 28-day standard.
- Cancer Backlog : There were 185 patients over waiting over 62 days at the end of January, with 42 patients over 104 days.
- 31 Day Performance: 601 patients received first or subsequent treatment, with 521 treated within 31 days.

Elective Care

- Outpatient & Inpatient: In January 2025 the Trust delivered 21,339 new outpatient appointments (491 below plan) and 41,103 follow-up appointments (778 above plan). Inpatient and day case activity was 125 cases below plan.
- RTT Performance: The unvalidated RTT position for January 2025 shows 1,024 patients waiting over 52 weeks, 39 patients waiting over 65 weeks, 3 patients waiting over 78 weeks, including one patient over 104 weeks. The total waiting list reduced to 55,581, a 10% reduction from its peak in June 2024.

Stephen Collman

Managing Director

QUALITY & SAFETY

- Antimicrobial Stewardship: Antimicrobial Stewardship overall compliance increased in Jan-25 (87.86%) but did not achieve the target.
- Infection Rates: C. Diff: Dropped to 7 cases in January 2025 from 14 cases in December 2024 and IS now showing common cause variation. Klebsiella species BSI Increased to 4 cases in January 2025. MRSA BSI remained unchanged at 0 cases in January 2025. MSSA BSI increased to 4 cases in January 2025.
- High Impact Intervention Audits: All 11 audits were compliant in January 2025 with 3 being 100% compliant.
- Complaints Management Compliance Target: In total there were 81 new formal complaints received in Jan-25. Of these 154 complaints, 63 have breached 25 days (11 of which have been reopened) and 2 have breached 6 months.
- Patient Safety - Falls: 141 falls in January 2025, up from 110 in December 2024.
- Patient Experience: Friends and Family Test (FFT): Maternity: 97.5% (up 5.8%, Outpatients: 94.8% (up 1.3%), A&E: 82.6% (up 20.4%), Inpatients: 96.0% (up 1.6%)

WORKFORCE

- Funded Establishment: Funded establishment is 367.16 WTE higher than January 2024 due to agreed business cases.
- Vacancy Rate: This has increased from 5.25% (382.97 WTE) to 6.15% (455.25 WTE) and still meets the Trust revised target of 7% and compares favourably to a vacancy rate of 7.6% in January last year.
- Agency Spend: This remains the biggest challenge. There has been an increase in agency worked in January but agency cost as a % spend has reduced by 0.81% to 6.92% against a 6% target. This reflects the focus that divisions have taken on removing high cost agency bookings.
- Turnover: Annual staff turnover at 9.74% has continued to meet our target of 11.5%.
- Sickness Absence: Monthly sickness absence has increased by 0.16% from last month to 6.06%. This is 0.26% better than the January last year. The % of absence attributed to stress has increased to 26.69% with Urgent Care, Corporate, Digital (small staff group) and Women and Children's all exceeding 30%.
- Consultant Job Planning: This remains at 75%
- Mandatory Training: This consistently meets target at 90%.

Stephen Collman

Managing Director

FINANCE

- Income & Expenditure Performance: At the end of Month 10, the Trust reports a YTD breakeven position against the revised plan, with a £0.5m improvement in the month.
- Income: 18.7m favourable YTD (£8.2m after stripping out non-pass-through drugs and devices).
- Expenses:. £4.2m adverse YTD. Adverse variances due to CPIP under delivery, Industrial Action costs, Histology Reporting growth, temporary Medics, ED Consultant costs, winter pressures, and A&E Flooring Costs.
- Non-Pay Operating Expenses:. 15.2m adverse YTD (£4.7m after stripping out pass-through drugs and devices).
- Capital Revised Plan: Capital YTD spend at month 10 is £10.3m, with over £16m of schemes profiled to deliver over the final 2 months of the year.
- Cash: Cash position: Cash position at the end of month 10 was £14.106m.

Chris Douglas

Acting Chief Operating Officer

The well-documented surge in seasonal respiratory conditions, including influenza, RSV, and COVID, have increased patient acuity and impacted flow, particularly for those requiring admission. While overall attendances in January were broadly in line with last year, these pressures have required enhanced internal measures.

Despite these challenges, teams have used this period to implement pilots and strengthen existing initiatives. The ambulance pitstop model was fully established at Worcestershire Royal in January 2025, providing direct streaming from ambulances to alternative pathways via Advanced Clinical Practitioners. Following the success of the pilot, work is underway to secure a substantive service in collaboration with the Single Point of Access, alongside considerations for a similar model at Alexandra Hospital. Additionally, WMAS has increased Call Before Convey for all non-alerted adults, with further optimisation needed in conjunction with the ambulance pitstop model. The longest ambulance delays are occurring less frequently but continue to disproportionately impact some patients.

Promisingly, the profile of discharges across the week is starting to shift, with an increase in weekend discharges which is smoothing out our performance and supporting patient flow. However, challenges remain for supported discharges, with a high proportion of patients waiting supported discharge. We continue to work with partners to ensure timely discharge for those no longer requiring acute care and have developed are developing a revised model for managing patients with complex discharge requirement. An implementation workshop planned for late February 2025 aims to support decision making for onward care needs at the patient's bedside, reduce duplication in process and speed up the process to ensure our patients receive the ongoing care in a more suitable setting at the earliest opportunity.

The pace of our cancer recovery programme has slowed. While 28-day performance is in line with the March 2025 target, some specialties are managing a significant increase in referrals, impacting the timeliness of key cancer pathway milestones. Close management of 31-day and 62-day treatments will be essential to ensure delivery against 2025/26 expectations.

The reduction in our RTT waiting list continues, now 10% lower than the most recent peak in June 2024. The recently published March 2026 target is for no more than 1% of our waiting list to exceed 52 weeks, and with January 2025 performance at 1.9%, we feel that we are on track to deliver this key milestone. A small number of specialties remain focused on patients waiting over 65 weeks and are working to ensure appropriate treatment plans are in place to reduce this cohort as much as possible by the end of March 2025.

Productivity and efficiency will remain key priorities as we align our plans with the deliverables set out in NHSE's *2025/26 priorities and operational planning guidance*. Further details will be shared as we finalise agreements with system partners and regulators on delivering the best outcomes for patients within the available funding.

OUR OPERATIONAL PERFORMANCE - URGENT CARE

We are driving this measure because

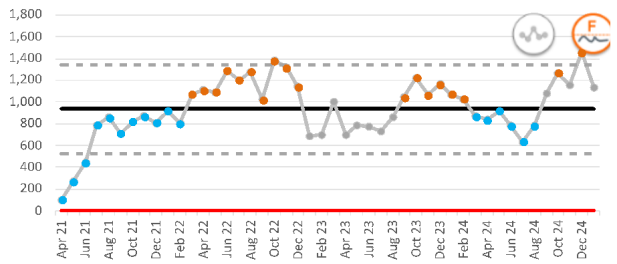
The national Emergency Access Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at any Emergency Department. In addition, the effective and timely handover of patients arriving by ambulance enables patients waiting in the community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

Assurance **Variation**

F

The Ambulance Handover metric is showing **no significant change**. The target (0) lies below the process limits so we know that the **target will not be achieved** without change.

60 Minute Handover Delay

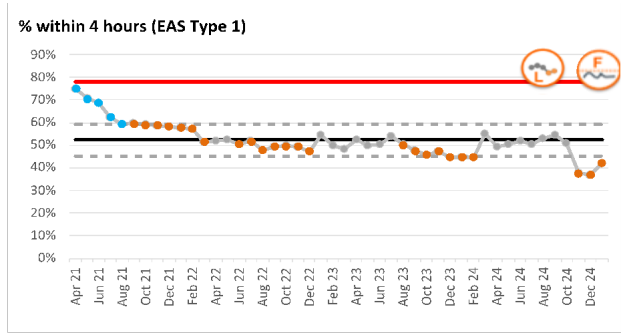


Assurance **Variation**

F L

The EAS type 1 metric is **deteriorating.** The Mar-25 target (78%) lies above the process limits so we know that the **target will not be achieved** without change**.**

% within 4 hours (EAS Type 1)

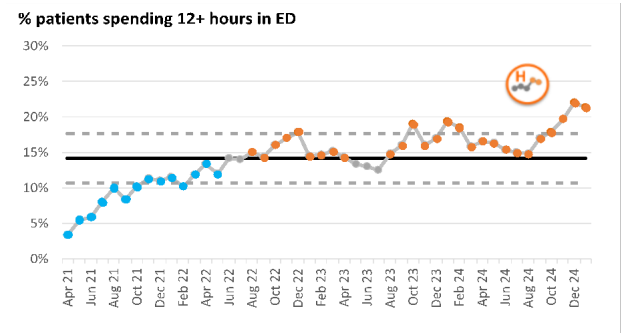


Assurance **Variation**

H

The patients spending >12 hours in ED metric is **deteriorating.** There is currently no target for this metric.

% patients spending 12+ hours in ED



Performance and Actions

12,350 patients attended the Trust's Emergency Departments in Jan-25 and 42% of those patients were treated and either admitted or discharged within four hours of arrival. This was a decreased of 0.9% in attendances compared to Jan-24, with an 1.3% decrease in walk-in attendances and 5.2% decrease in ambulance conveyances.

Of the 3,617 patients who arrived by ambulance, 29% were 'handed over' within 15 minutes, 1,365 waited longer than 45 minutes and 1,134 waited longer than 60 minutes to be handed over. 2,629 patients (21%) spent 12 hours or more in our emergency departments.

Update and Actions

- January attendances across our hospitals were broadly in line with the same period last year, however the Trust saw a significant impact of seasonal respiratory conditions including influenza, respiratory syncytial virus (RSV) and COVID which increase the acuity of patients attending and impacted on flow from the department particularly for patients requiring admissions
- The longest of ambulance delays are less frequent but disproportionately impact the same patient cohort. A refreshed internal frailty programme is being developed, led by the CNO as SRO.
- Following an audit of attendances in December on Worcestershire Royal site, a subsequent audit on Alexandra Hospital site has now been completed. At the time of writing the outcome report from the auditors is not available however initial feedback demonstrated similar themes.
- Established Ambulance Pitstop model on Worcestershire Royal site from January 2025 – direct streaming from Ambulances to alternative pathways led by Advanced Clinical Practitioners seven days a week. Following initial pilot phase, the case for a substantive service in collaboration with the Single Point of Access is being developed for rapid implementation. Consideration of options for similar model on Alexandra Hospital site.
- Increase Call before Convey instigated by West Midlands Ambulance Service (WMAS) for all non-alerted adults. More to do with partners in WMAS to optimise this service, in conjunction with ambulance pitstop
- Established Executive of the Day model introduced, leading the internal command and control structures
- Increased medical staffing overnight in ED to support reducing time to be seen in ED. Focus on Urgent Care team on clinical productivity
- Extended medical SDEC opening hours at WRH to midnight – demonstrable increase in throughput in December
- Divisional contribution to Urgent and Emergency Care overseen through Finance and Performance Executive

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
- Perceived ongoing impact of Implementation of Sunrise clinical system

What the charts tell us

60 minute ambulance handover delays has returned to normal variation. The other two metrics show significant concern.

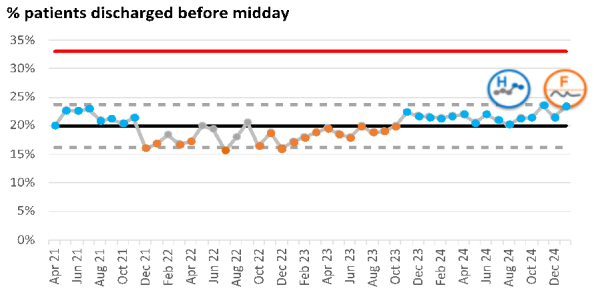
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

We are driving this measure because

Hospital flow is a significant contributor to overcrowding in the Trust' Emergency Departments and consequently on the safety of the Emergency Department. Improving these measures will support reduction in ambulance handover delays as well as reducing the time take patients stay in the Emergency Department. Most importantly, reducing the length of time patients are not in their usual place of residence (by reducing the length of stay) reduce the risks associated with functional hospital decline; and will enable those patients who need a bed in our hospitals to access the most appropriate bed in a timely manner.

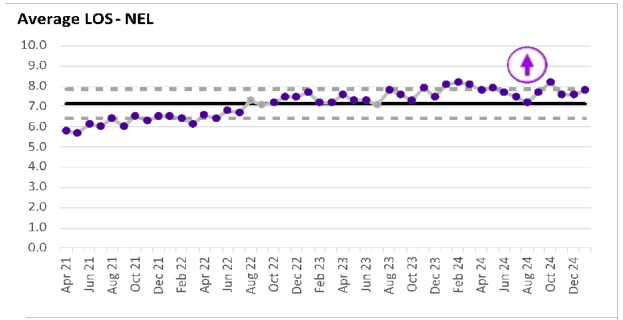
Assurance **Variation**

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



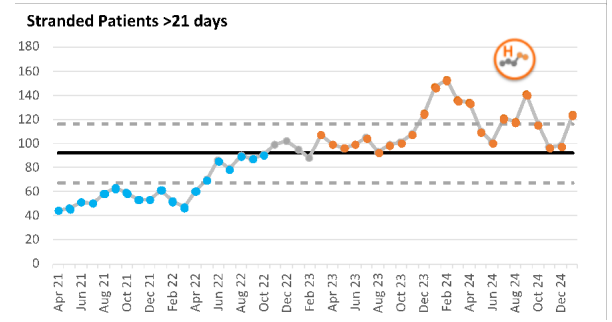
Assurance **Variation**

This metric is **showing variation of an increasing nature.** There is no target for this metric.



Assurance **Variation**

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



Performance and Actions

The Trust continues to focus on getting our patients ready to go – with a focus on the internal actions colleagues need to take. However, we continue to see challenges with delays for patients requiring access to pathway 2 facilities and long waits for patients requiring more complex pathway 1 discharge

Update and Actions

- Delivery against simple discharge target throughout January = 103.3%
- Delivery against complex discharge target throughout December = 100.4%%
- Review of specialty LoS and benchmarking across peers – specialty level action focus
- The profile of discharges across the week is starting to change, with increased discharges now being seen across the weekend.
- Launch of General Internal Medicine model, with dedicated ward on WRH site – demonstrable reduction in Length of Stay on AMU towards 24hours.
- Reduction in number of patients staying over 48 hours in Emergency Department. RCA and Harm Review completed for all, with lesson learnt collated and shared
- Review of discharge focussed forums – with streamline approach from February 2025 within internal focus led by Deputy CNO through daily discharge huddles, into weekly complex discharge cell with system partners. Operational escalation remain in place to support immediate response where required
- Launch of Community General Medicine model ('out by five') for frailty and fragility fractures in partnership with community provider – launched January 2025
- Focus on 'daily 8' for each ward across WRH and Alex, with eight patients whom teams are focussed on discharging today. Increasing number of potential patients being supported to be 'ready to go'
- Challenges with high volumes of patients with no reason to reside with 65-70% waiting on onward care team actions.
- High level model agreed for revised complex discharge process, with implementation workshop late February 2025 – this will streamline the process for patients requiring a complex discharge from acute hospitals and reduce duplication
- Length of Stay programme and review of Internal Professional Standards led by Chief Medical Officer
- Operational Management and oversight arrangements refresh led by Chief Operating Officer
- Refreshed Place Based delivery committee established, chair by Trust Managing Director established to have oversight of all system partners contribution to flow.

Risks

- Patient Acuity
- Clinical engagement
- Place partner support to enable timely discharge of patients requiring a complex pathway discharge particularly to support the management of system wide risk caused by long ambulance delays

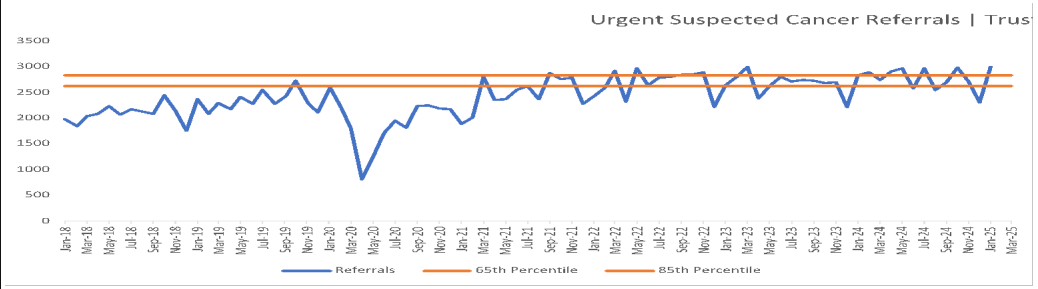
What the charts tell us

3,365 patients were discharged from G&A beds and 746 (22%) were before midday; this is 4 more discharges than Jan-24. The average LOS for a non-elective patient was 7.8 days; when you exclude patients with a zero LOS, this increases to 8.4 days. There were 124 patients with a long length of stay (>21 days) as at 31st January, of whom 51 were recorded as medically fit for discharge.

OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

We are driving this measure because

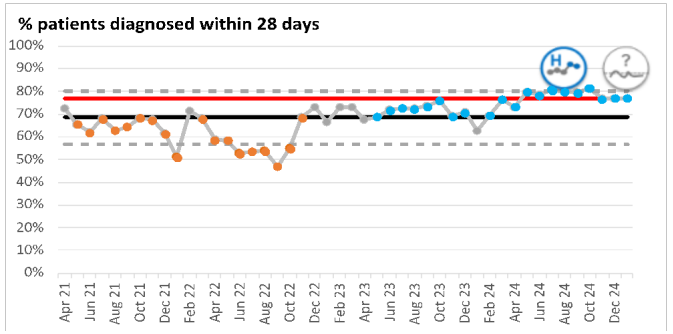
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen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

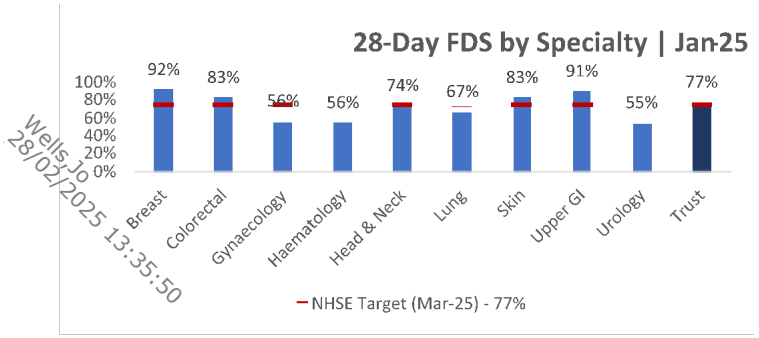


Assurance

Variation

This metric is **improving**. The Mar-25 target (77%) lies within the process limits so we know that the target **may or may not** be achieved.





Performance and Actions

There were 2,995 new GP referrals for suspected cancer in Jan-25 (highest on record). Our Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 77% for Jan-25. The Trust informed 2,371 patients of their diagnosis with 546 breaches of the 28-days standard.

Updates and Actions

- The Trust was de-escalated from national tiering for Cancer in November 2024 following a sustained period of improvement and was not escalated back into tiering oversight following the most recent national review of trusts' performance in January 2025.
- At Trust level we are on track to deliver our annual planning commitments for FDS though there remains variation in tumour site delivery. The Trust remains ahead of the 77% national standard, albeit by a smaller margin in most recent months.
- Specific focus on drivers for performance in all specialties with Tumour site plans to support improvements in performance for those patients with a cancer diagnosis in all tumour site as underpins more timely access to treatment. In support of this, FDS stories by tumour site have been rerun and issued by the Cancer team for operational and clinical teams to consider further actions / improvement, with delivery overseen through Cancer Delivery Group into Elective and Cancer Delivery Group into TMB.
- Histopathology capacity impacting across multiple pathways. Services already utilising significant volume of outsourced reporting. Further tumour site considering this option due to service fragility locally. Limited options for immediate mutual aid as a national challenge.
- Access to diagnostics being prioritised for patients within suspected cancer but impacted by overall capacity.

Risks

- Histology, radiology and clinical capacity for outpatient appointments remain an issue though this is improving through short term interventions.
- Financial impact of additional capacity to support diagnostic pathway (particularly pathology and imaging).
- Impact on DM01 with focus of diagnostics capacity on cancer pathways.
- Impact of GP collective action.

What the charts tell us

The increase in referrals in Jan-25 is normal seasonal variation (but 5.5 % higher than Jan-24). 28-FDS performance continues to shows special cause improvement. We are at the NHSE Mar-25 target of 77%; 4 of 9 specialties are above it.

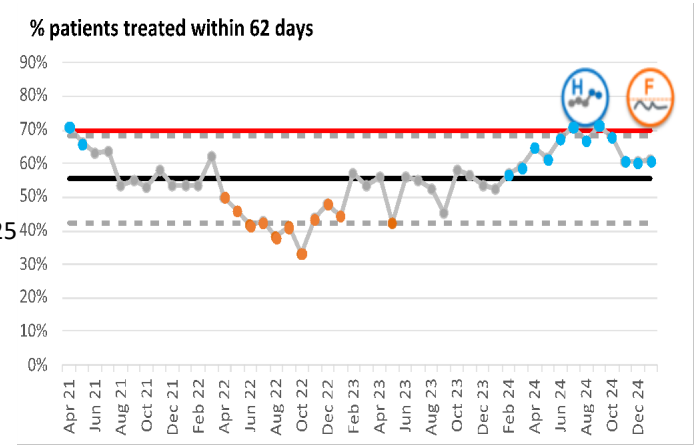
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY & 31 DAY START OF TREATMENT STANDARDS

We are driving this measure because

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

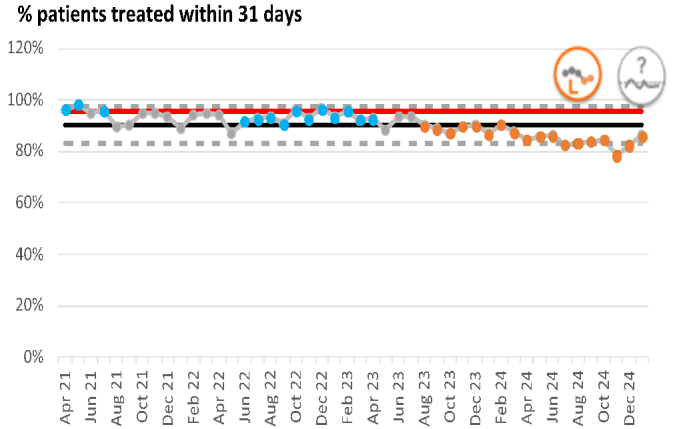
Assurance **Variation**

This metric is showing **no significant change**. The 24/25 target (70%) lies above the process limits so we know that the target **will not be achieved** without change.



Assurance **Variation**

This metric is **deteriorating**. The target (96%) lies within the process limits so we know that the target **may or may not** be achieved.



Performance and Actions

The Trust's **unvalidated** position for 62 days cancer waiting time performance in Jan-25 is 61% with 143 recorded breaches and 370 patients treated. Those patient waiting longer than 62 days (cancer backlog) continues to be reviewed and monitored daily. Quarterly targets have been confirmed at specialty level for **all pathways** (not just urgent suspected which was the focus in 23/24) with a year-end target of no more than 110 patients over 62 days and no patients over 104 days at the end of September (which was not achieved). There were 185 (-2 from December) patients over 62 days at the end of January, 42 (+8 from December) of whom were over 104 days.

601 patients were recorded as receiving first or subsequent treatment after decision to treat in Jan-25, however, with 521 treated within 31 days. This is primarily linked to skin, breast and urology patients. 31-day performance for non-surgical modalities is compliant with 96% standard, however surgical performance is below the expected level so is the focus on actions to improve 31-day compliance alongside timeliness of first treatments from decision to treat.

Directorates have been asked to develop new Cancer Improvement Plans to put in place actions to make step change in performance towards constitutional standards for cancer for both 31-day and 62-day standard.

Some of the drivers for 62-day performance align to the FDS performance. A focus on improving performance against the FDS standards for patients with cancer is being driven through the Cancer Delivery Group and Cancer Board. In addition, there are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies, and in addition there is the impact of the waiting time / delay in accessing Oncology services via initial OPA. For patients requiring treatment at tertiary centres, the Trust is focussed on improving the day of referral to a maximum of 38 days from referral

- **Breast** – mismatch theatre capacity and demand – additional consultant commenced January 2025. This will support recovery of 31-day and 62-day standard. Impacted by delays in surgical moves to free up theatre at KTC but team picking up session through team working and 6-4-2 process.
- **Lung** – tertiary and oncology access limiting performance. Improvements in FDS will support patient transfer to tertiary centres for surgical treatment by day 38. Reducing number of patients waiting over 62 and 104 days to access treatment is a positive particularly given the time sensitive nature of this pathway. The service have been unable to source additional locum to increase capacity.
- **Skin** continues to have impact on overall 31-day performance due to volume and tumour site performance and is major contributor. Whilst Skin 62-day performance is above 70% national expectation, further work is required to return skin performance to the expected levels at 85%+. Recovery is off track for both 62-day and 31-day performance, driven by delays in recovery and backlog clearance.
- **Urology** – deterioration in all spheres in cancer indicators. Impacted by temporary reduction in clinical capacity and increase in demand for services, especially prostate but also haematuria to a good degree.
- **Oncology** capacity is impacting performance in several tumour sites – additional capacity clinics continue to support delivery however these are not sustainable in the long term, which represents a risk to delivery. Exec approval to over recruit to two consultant posts. A full business case based on remodelled workforce plan being developed on the back of workforce modelling.

Risks

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

What the charts tell us

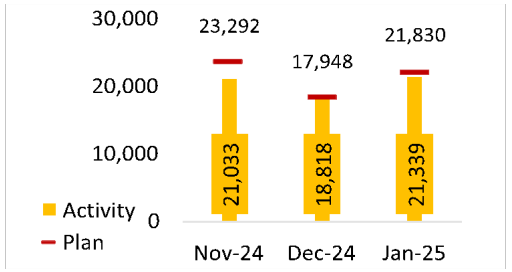
The 70% target (Mar-25) for 62 days has been achieved in year on two occasions and performance is continuing to show significant improvement. 31-day has been special cause concern since Feb-23.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

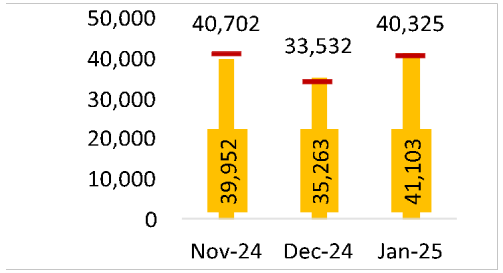
We are driving this measure because

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

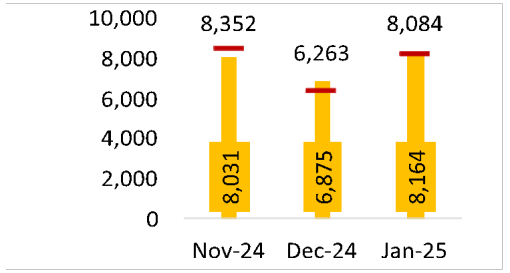
Outpatient New Activity



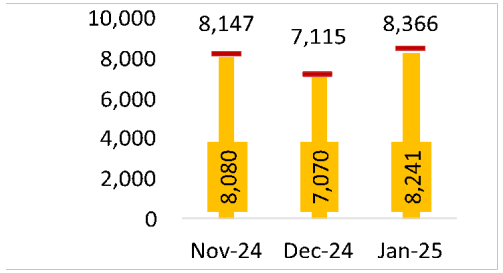
Outpatient Follow-up Activity



Outpatient Activity with a Procedure

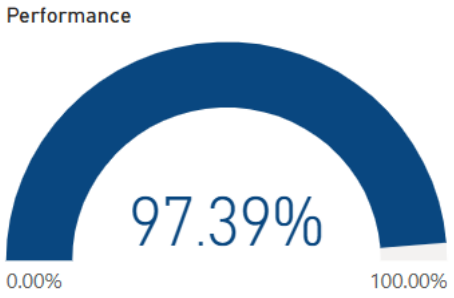


Day Care and EL IP Activity



Proportion of Jan-25 FCEs coded (as at 14th February)

333 Uncoded Spells	12443 Coded Spells
478 Uncoded FCEs	14722 Coded FCEs



Performance and Actions

In Dec-24 (unvalidated), the Trust delivered 21,339 new outpatient appointments (491 below plan) and 41,103 follow up appointments (778 above plan). In-line with 24/25 annual planning guidance, we are now reporting on Outpatient appointments with a procedure which was 80 above plan. Inpatient and day case activity was below plan by 125 cases. Our RTT validated submission for Jan-25 is 1,024 patients waiting over 52 weeks (1.8% of all patients waiting), of whom 39 were waiting over 65 weeks, three patients over 78 weeks which includes one patient over 104 weeks; 55.3% of patients are waiting less than 18 weeks for their first definitive treatment. Our Mar-26 target will be 61.5%. Our total waiting list had reduced to 55,581, an in-year 10% reduction from it's peak in Jun-24.

Actions

- Three patients were reported as waiting over 78-weeks at the end of December which carried over from December and have treatment plans in place for February. A full RCA was completed, with no common themes identified.
- One patient reported over 104-weeks at the end of January for gastroenterology was an unexpected pop up. The breach was validated and confirmed and route cause identified. The patient is progressing through pathway but requires further investigation before treatment plan agreed.
- A number of surgical specialties remain challenged with a small number of cases in ENT, General Surgery, Urology , T&O , ENT , Ophthalmology, OMFS breaching 65 weeks. Additional COO oversight for the remainder of the year is in place to support route to zero breaches.
- Additional insourcing has been secured for ENT and Oral and Maxillofacial Surgery as a key part of this delivery – as two of our biggest contributing services to long waits. IN addition, additional internal capacity is also in place
- Limited mutual aid or independent sector capacity available to support further reduction – supported by foundation Group members where possible. ENT regionally is a specialty of concern for long waits and the Trust is working with partners to adapt and adopt community ENT pathways developed by the Getting It Right First Time (GIRFT) programme. This is being led by the Integrated Care Board
- Alexandra Hospital Redditch commences onboarding in February which is the first step towards becoming an accredited elective hub with a full assessment scheduled June 25. This will hopefully join Kidderminster elective hub which has successfully achieved accredited status for both adults and paediatrics.
- Work being led by Integrated Care Board to commence on cataract pathway in line GIRFT recommendations to ensure optimal use of system wide capacity though indications are this is not imminent for implementation.
- On track to eliminate 52-week waits for patients under 18, excluding ENT. Recovery plan and Trajectory refresh – with direct COO oversight.

Risks

- Urgent care demand impacting physical capacity and staffing
- Workforce challenges
- Lack of ophthalmology single point of access impacting service sustainability of ophthalmology in the acute Trust

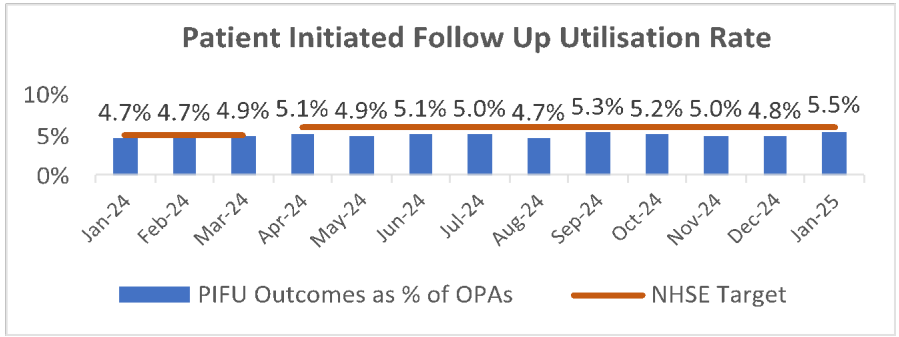
What the charts tell us

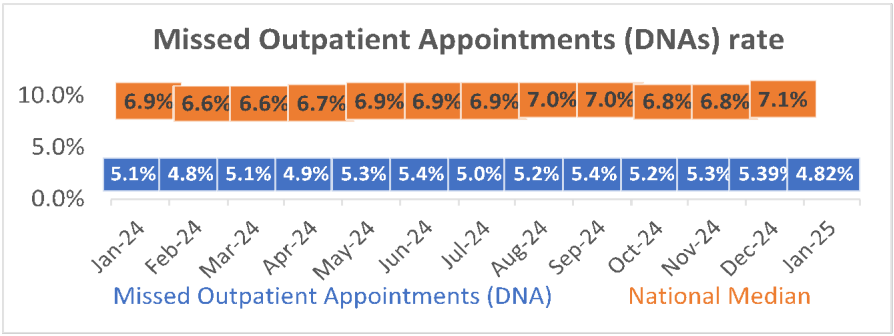
The bullet charts above compare our activity for the most recent three months against submitted plan for 24/25. Jan-25 data is currently showing that we are below plan for OPA New and above plan for OPA with a procedure. We are below the plan for total Day Case and EL IP activity. We delivered more follow-up appointments than we said we would.

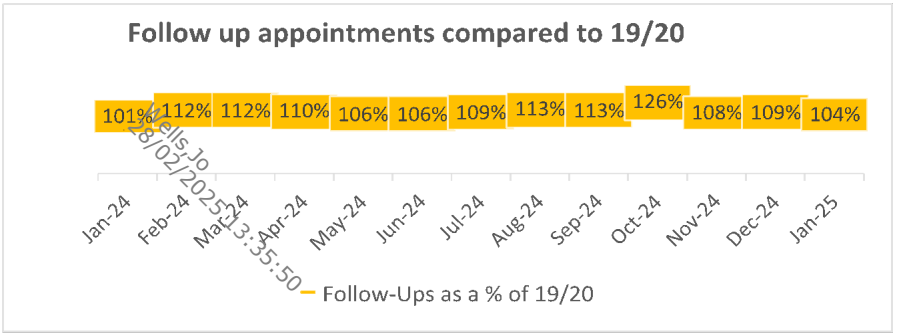
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

We are driving this measure because

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







Performance and Actions

Outpatient Transformation encompasses a broad remit. The5-yearhis report is on those elements that form part of annual plan expectations and immediate operational delivery, rather than the broader Trust Outpatients Transformation Programme. Performance in Patient Initiated Follow Up (PIFU) is 5.5% in Jan-25. It continues to be the case, that a large percentage of specialties are delivering PIFU more than their national median comparator. Trust wide DNA rate in Jan-25 was 4.8% and remains below the national median benchmarking though at a specialty level there is some variation, but patients negotiating their appointment has had a positive impact in some specialties.

Actions

- Continue to drive improvements through GIRFT Further Faster and use of specialty checklists
- Maintain the focus on validation and improving our communication and interaction with patients who are waiting for care. Pt Portal go live this month.
- Finalise review of clinical templates and implementation of standardised templates in line with best practice at specialty level, supported through GIRFT programme, and contributing to Trust's annual planning
- Optimise impact of room booking system and maximising estate utilisation
- Expansion of left shift into long-term procedure from theatres, following the successful move of LA TP's

Outpatients requires significant focus to optimise the productivity and efficiency opportunities in line with the Elective Reform Plan including a review of the outpatient model and estate

- Identification of operational lead to drive Outpatient Transformation, within COO portfolio
- Focus on national priority specialties – ENT, gastroenterology, respiratory, urology and cardiology
- Expansion of remote monitoring and remote consultation
- Increase percentage of patients offered Patient initiated follow up, particularly to support the management of long-term conditions
- Roll out of consistent model of collective care approaches including group appointments and one-stop clinics
- Focus on how outpatient approaches can have positive impact on health inequalities
- Expansion of Robotic Process Automation and use of AI to support effective booking and further reduction in missed appointments
- Increased standardisation of outpatient aspect of clinical work through job planning, to meet service needs
- Continued rollout and update in Patient Initiated Follow Up (PIFU) using new national toolkit – focussing on ENT, General surgery, Diabetes's and Respiratory.
- Review of digital systems to support patient monitoring as part of remote monitoring schemes to enable increased PIFU
- Focus through Learning and Improvement Network on Outpatient Clinic utilisation to maximise the number of patients able to access outpatient appointments

Risks

- Clinical engagement
- Lack of single management model for outpatients impacts sustainable adoption of standard work.
- Operational and change management capacity drive forward
- Capacity to implement changes alongside day-to-day operational delivery
- Finance available to invest in people and technical solutions
- Size of follow-up waiting list limits opportunity to reduce follow-ups

What the charts tell us

PIFU – PIFU rate rose back above 5% in Jan-25. **DNAs** remain below the national median with ~3,100 OP appointments a month currently being missed due to DNA. Jan-25 performance of 4.8% is the first time since Apr-24 that DNA's have been below 5%. **Follow-Up reduction** – unvalidated data for Jan-25 shows that we delivered 4% more follows up compared to Jan-20 (~1,700 appointments).

OUR OPERATIONAL PERFORMANCE – DIAGNOSTIC TESTING (DM01)

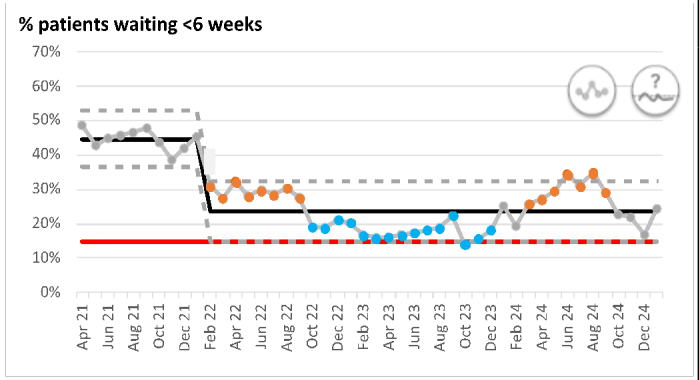
We are driving this measure because

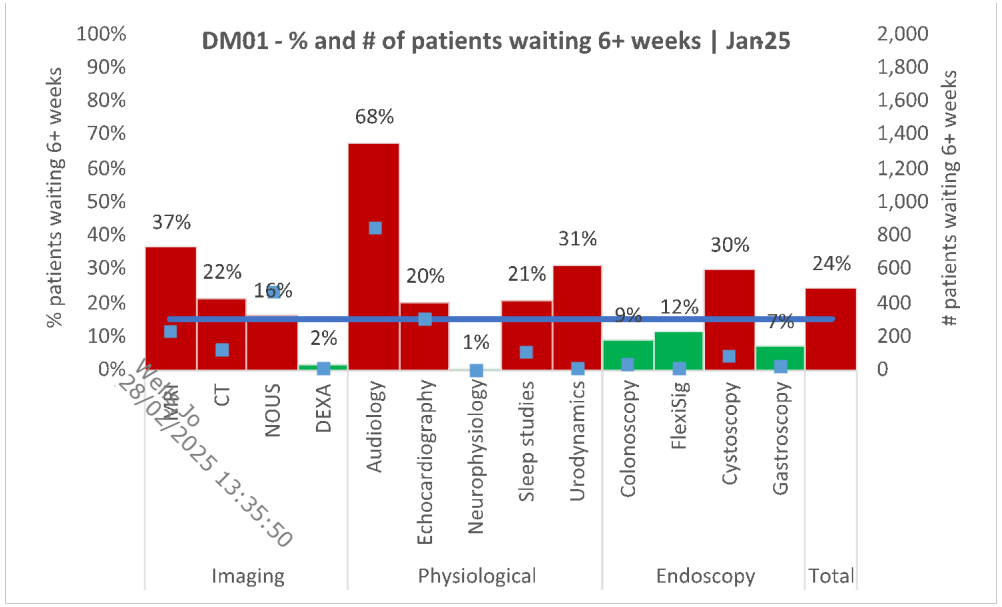
Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

Assurance **Variation**

This metric is showing **no significant change**.

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





Performance and Actions

Our unvalidated performance at the end of Jan-25 is 76% of our patients waiting less than 6 weeks (24% over 6 weeks) with 2,224 of them waiting over 6 weeks, of whom 788 waiting over 13 weeks. Eight modalities are over the 15% threshold (second graph on the left).

Updates and Actions

Echocardiography - Mismatch demand and capacity, impacted by vacancies within cardiopulmonary team – reliance on additional capacity outside of core to deliver service. Additional capacity delivery plan in place ahead of implementation of endoscopy support worker workforce plan however this is being offset with increase in demand. Insourcing now in place to clear backlog in January 2025, with DM01 recovery by end of financial year.

Audiology Assessments – improvement Trajectory and action plan in in place with ICB support. Still remains a significant concern with a clear deliverable route to recovery not yet in place. Additional capacity has been secured which will support further improvement in performance but transformation of ways of working being scoped for sustainable recovery plan.

MRI - Additional mobile MRI capacity. Outstanding challenge for those patients requiring a general anaesthetic for procedure.

Urology (Cystoscopy)

- Increased capacity planned as part of Urology Intervention Unit business case.
- Phase 2 sustainable service delivery model being scoped to reduce reliance on additional short-term, high-cost capacity with no patients waiting over 13 weeks from November 2024, with 6-week standard delivery into Q4. performance is on a positive downward trajectory into March 2025.

Urology (Cystoscopy)

- Known date issue – being resolved. Service has provided mutual aid to other group members.

ICB leading development of CDC options appraisal with input from Trust colleagues.
Further work to understand full impact of Targeted Lung Health Checks to be completed as part of ICS wide programme.

Risks

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

What the charts tell us

The first chart shows that performance of 76% continues the trend of normal variation. The second chart shows e.g. that 68% of Audiology's waiting list is waiting > 6 weeks and this is 842 patients (the blue square).

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

Mortality rates within the Trust and on both acute sites remain within control limits as defined by the SHMI criteria and are described “as expected”.

We are continuing to explore how to improve sepsis screening compliance through EPR, with the assurance that overall mortality rates from sepsis remain “as expected”.

Time to theatre performance for our patients with neck of femur fractures remains variable and is still dependant on theatre availability and access to appropriate inpatient beds. This group of patients are being prioritised for timely transfer to a community bed from day 5 post operatively, which should help to deliver some improvements to this patient pathway and to the patients recovery.

In January 2025 cases of CDiff decreased to 7 (from 14 in December) and is now showing common cause variation. E Coli has also decreased in January but pseudomonas and klebsiella have both increased. There have been no cases of MRSA in January but MSSA increased to 4. All 11 high impact intervention audits were compliant in January with 3 being 100% compliant. Focus during January has been on respiratory infections to support capacity and flow, given high numbers of patients with influenza.

Sarah Shingler

Chief Nursing Officer

The complaint compliance target to close within 25 days decreased again in January to 47.27% and did not meet the target. The Trust had an increased number of complaints still open at the end of January (154). Of these 154 open complaints, 63 had breached 25 days; 39 of the 63 are within the surgery division. The current position for Surgery as of 17 February 2025 is 32 overdue with plans in place to continue to reduce the new backlog to zero by 28/2/25. The Trust Complaints Policy is undergoing review with amendments to improve processes and align with PHSO expected standards.

The total number of falls in January 2025 has increased to 141(from 110 in December 24 and 117 in November 24) but remains below the national benchmark with 5.23 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in January. The total number of HAPUs in January increased slightly to 24 (0.9 HAPU per 1,000 bed days) bringing the current total for 2024/25 to 222, which is below the same time last year. There was 0 HAPU reported causing moderate harm.

The friends and family response rates and recommended rates have met the recommended target (95%) across Maternity (97.5%) and Inpatients (96%). . Out-patient areas were just outside of compliance at 94.8% and although ED did not meet the target compliance it recorded its highest ever performance at 82.6% with an increase in month of 20.4%.

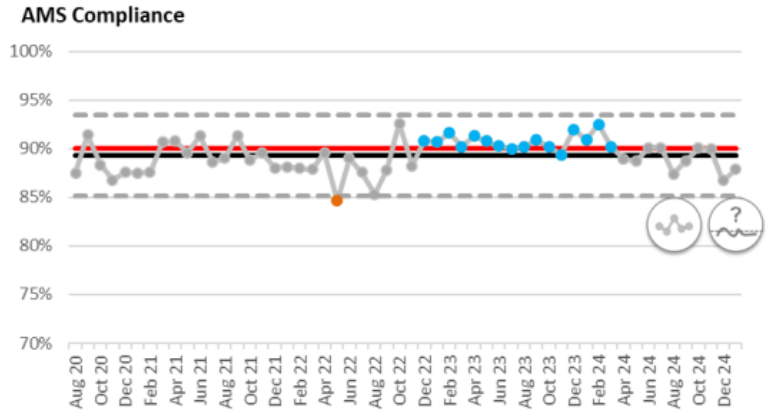
OUR QUALITY & SAFETY – ANTIMICROBIAL STEWARDSHIP

We are driving this measure because

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

Performance

- A total of 429 audits were submitted in Jan-25, compared to 240 in Dec-24.
- Antimicrobial Stewardship overall compliance increased in Jan-25 (87.86%) but did not achieve the target.



- Two of the elements are compliant with the target:
  - "Microbiology/Chest X-Ray Test Results Reviewed" (95.79%)
  - "Indication for Antimicrobial on Chart" (92.95%)

- Six of the elements are non-compliant with the target:
  - "Drug Allergy Status on Chart" (84.06%)
  - "Prescribed Antimicrobial Within Guidelines" (88.52%)
  - "Appropriate Tests Requested" (86.72%)
  - "Duration of IV<=48 Hours or According to Guidelines" (85.35%)
  - "Duration of Antimicrobial<=5 Days or According to Guidelines" (79.12%)
  - "Antibiotic Prescription Reviewed Within 72 hours" (88.89%)

Actions

- Focus on monthly audits and identify actions to drive improvement in quality (KPIs).
- Antimicrobial teaching session carried out for Pharmacists.
- Continuing to monitor the compliance with antimicrobial guidelines and consumption to achieve reduction targets specified in standard contract for Watch and Reserve categories- continue towards -10% reduction: target not achieved for Q2. Requires further discussion and actions in Antimicrobial Stewardship Meeting.
- C diff strategic action plan has been devised to help inform divisional action plans to reduce cases where antibiotics may be implicated. Commenced antimicrobial ward rounds- C diff patients actively being reviewed during these ward rounds.
- Promoting IV to oral switches of antibiotics (target for 24/25 is Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Achieved 16.19% in Q3 (Q1= 12.03%). Minimum < 25% and maximum 15% (lower % indicates better performance).
- Antimicrobial Stewardship meetings took place as planned - Continuing to encourage wider stakeholder engagement.
- Engaging with the ePMA team to ensure the system can support antimicrobial stewardship including documentation of allergies, length of course and compliance with guidance- to pilot 24-hour Frequencies on agreed wards for the IV Abx.
- Reviewing the antimicrobials which require closer monitoring.
- Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines.

Risks

- Operational pressures prevent necessary attention to AMS

What the charts tell us

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

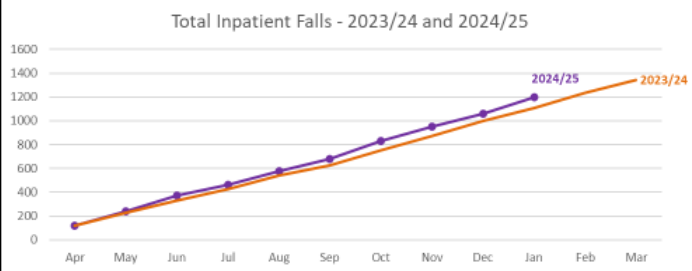
OUR QUALITY & SAFETY – FALLS

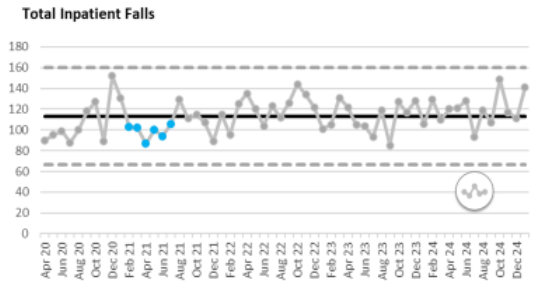
We are driving this measure because

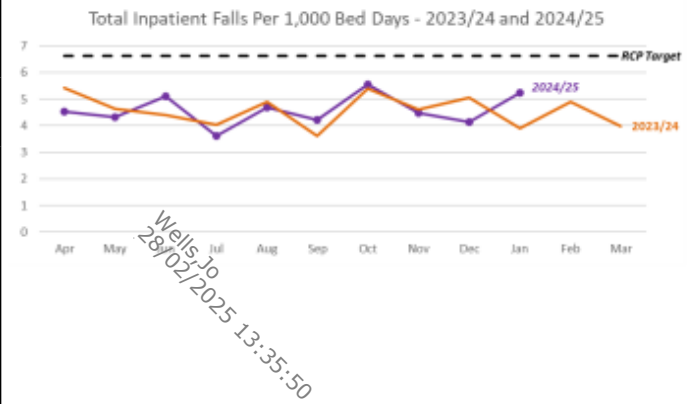
Falls and falls related injuries are a major cause of disability and the leading cause of mortality due to injury in older people in the UK. Falls are associated with increased length of stay, additional surgery and unplanned treatment.

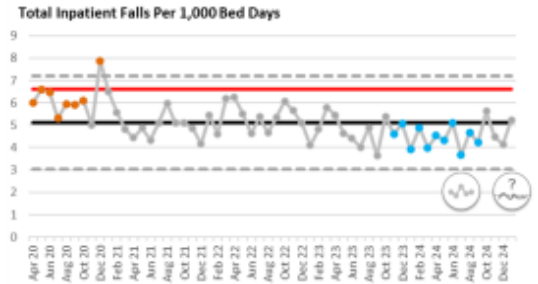
Total Inpatient Falls

- The total monthly number of falls in Jan-25 was 141 (up from 110 in Dec-24).
- The numbers of falls this year to date is 1,200, which is above this time last year (1,106). (There has also been an increase in inpatient capacity)
- Falls per 1,000 Bed Days increased to 5.23 in Jan-25(4.15 in Dec) and is above the same time last year (3.91). However, the figure is still below the national benchmark of 6.63.









Wells Jo
28/02/2025 13:35:50

Performance and Actions

Performance

- The highest number of falls were reported in Urgent Care and Speciality Medicine (both 47), followed by Surgery (35), SCSD (11) and W&C (0). (Note - 1 classified as 'other')
- Out of the total 141 falls, 27.7% were classified as insignificant, 68.1% as minor, 4.3% as moderate harm , 0% as Severe and 0% as Catastrophic.

- 288 people presented to A&E with a fall as the chief complaint; admission conversion 45.49%. ICS completing exploration of referral to Neighbourhood Teams Falls Assessment service as part of efforts to improve Worcestershire Falls Pathway (out of hospital).

Action

- All eligible wards participated in the #EndPJParalysis audit in January.
- National Audit of Inpatient Falls (NAIF) criteria extended from January '25 to include other injuries in addition to hip fracture.

Risks

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

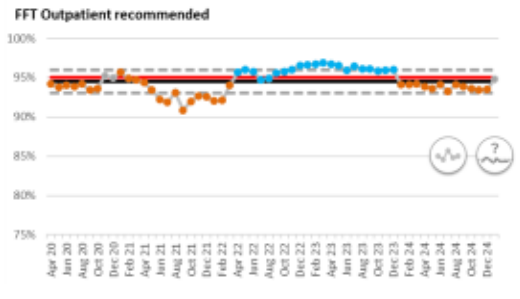
What the charts tell us

The total number of Inpatient falls is showing common cause variation.
Total Falls per 1,000 bed days is showing common cause variation.

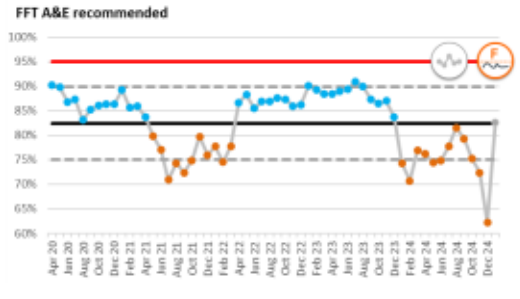
OUR QUALITY & SAFETY – FRIENDS AND FAMILY TEST

We are driving this measure because

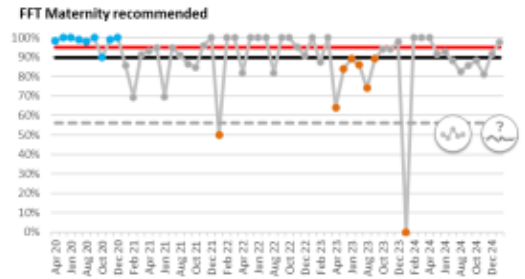
Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised.

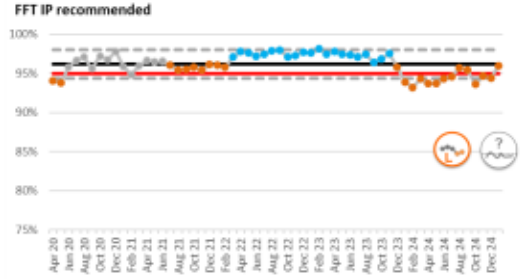


Please note that Y axis does not start at zero.



Please note that Y axis does not start at zero.





Performance

- FFT recommended rates increased in all areas in Jan-25: Maternity 97.5% (up 5.8%), Outpatients 94.8% (up 1.3%%), A&E 82.6% (up 20.4%) and Inpatients 96.0% (up 1.6%).
- Inpatients and Maternity both achieved the 95% target
- Outpatients only just fell below the target but has been non-compliant every month in 2024/25 (although the lowest has been 93.3%).
- A&E was non-compliant but recorded its highest performance in 2024/25.

Actions

- Marked increase in FFT recommended rates in all areas in Jan 25 which is a positive picture given ongoing winter pressures
- A&E continued to have level 4 and critical incidents in January.
- It was identified recently that text messaging to ED had stopped when ED was moved over to Sunrise on 4th November and is still currently in the process of being resolved.
- In addition to this SDECs, that moved across to Sunrise - ED from November, have been excluded from the AE eligible patients until a decision on where they fit is agreed. Informatics team are investigating.
- In Jan 25 was a new version 2 FFT dashboard created - this now provides a sub area to provide – a live survey comparison page to review response and recommended rates. A Benchmarking survey comparison page to check response and recommended rates and ranking compared to 12 other Trusts. A live comments page and a live breakdown page that shows submission type – card, QR code and text message as well as age and ethnicity. This has been communicated to staff via internal communications and informatics can be accessed to provide support on its use if required. The dashboard continues to be used well by divisions to ascertain more conclusive information
- Lead Nurse for Patient Experience will promote FFT within Patient Experience week in April 25
- FFT promotion reviewed at ward QAV and CEA's as well as how accessible they are to patients / families and where the feedback is presented as well as any quick wins or changes initiated from feedback
- In Q3 FFT to be made accessible in main reception area at WRH to see if we receive feedback around environment of the reception area the warmth and seating as this is being mentioned verbally by patients and their visitors as well as staff and volunteers. This is ongoing
- ANP's have devised an updated version of FFT in order to get relevant feedback pertaining to their area of work – this is a trail data will now be available in Q1
- Fracture clinic are also going to be asking more pertinent questions from their patients results should be available within Q2
- We now have a volunteer promoting FFT within the Maternity postnatal ward – this has led to a response rate increase from 15% in Dec to 25% in Jan and recommended rate increase to over 100% which is a really positive indicator to have volunteers supporting FFT promotion.

Risks

A&E continue through Q3 and into Q4 to be under extreme pressure with patient acuity and waits in the department. Patients may be completing the Inpatient Survey rather than FFT although FFT should still be completed in areas that are not overnight stays.

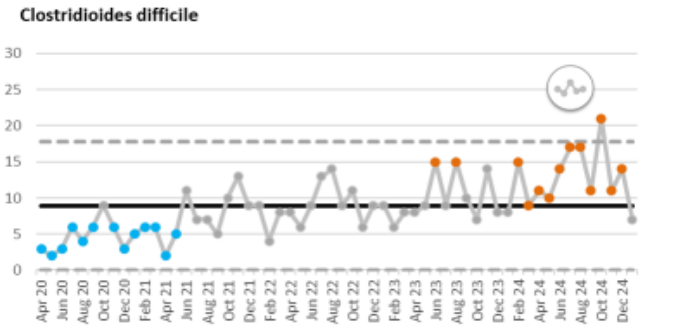
What the charts tell us

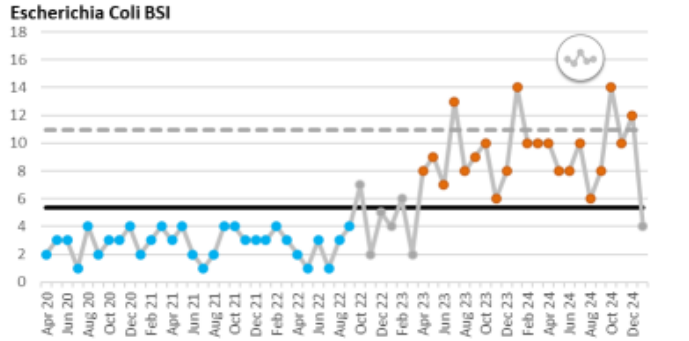
IP and Outpatient response rates are showing common cause variation, whilst Maternity response rates are showing special cause variation of improvement.
Due a technical issue with the introduction of ED Sunrise, texts were not sent to patients in Dec and most of Jan – a fix was implemented on Jan 20th and figures are expected to rise in Feb.

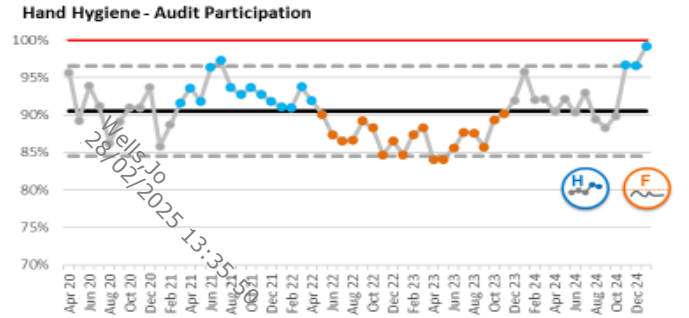
OUR QUALITY & SAFETY – INFECTION PREVENTION AND CONTROL

We are driving this measure because

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







Performance and Actions

- C.diff dropped in Jan-25 (7 c.f. 14 in Dec-24) and is now showing common cause variation.
- E-Coli BSI (4) also dropped in Jan-25 and is now showing common cause variation.
- Pseudomonas aeruginosa BSI (1) increased in Jan-25, and is showing common cause variation
- Klebsiella species BSI (4) increased in Jan-25, and is showing common cause variation
- MRSA BSI (0) was unchanged in Jan-25 and continues to show special cause variation of improvement
- Internal ambition: MSSA BSI (4) increased in Jan-25 and is showing common cause variation.
- The internal ambition is being reviewed via TIPCC as it is unrealistically challenging at present.
- Hand Hygiene Compliance has exceeded (met) the target for the (99.6%) every month since Apr-22 an iation.
- Hand Hygiene Audit participation (99.1%) is compliant with the target (100%) for the 3rd consecutive month and is showing special cause variation of improvement.
- All 11 of the High Impact Intervention (HII) audits were compliant in Jan-25, with three being 100% compliant .

	Jan-25 (Actual vs Target)	To Date (Actual vs Target)
C.Diff	7/12	132/108
E-Coli	4/10	89/93
MSSA	4/1	36/15
MRSA	0/0	0/0
Klebsiella	4/3	33/29
Pseudomonas	1/1	9/12

Actions

- Focus during January has needed to be on respiratory infections to support capacity and flow, given very high numbers of patients with influenza, as well as COVID and RSV infections.
- Divisions have reviewed patients with C.diff from November and December and presented to the Scrutiny and Learning Group. Action plans are in place to address learning which was fed into TIPCC in February.
- The team participated in the system meeting led by NHSE to review C.diff and continue to attend the weekly NHSE winter briefings.
- The team are planning an internal meeting with Governance to review E coli BSI and how we best capture learning from these moving forward.

Risks

Capacity: Level 4 actions impact on IPC actions as planned meetings involving clinical staff have been cancelled. Level of activity and high level of bed occupancy limits the ability to isolate patients in a timely manner, increasing risk of infection spread. This has been particularly challenging during January 25 due to high number of flu and respiratory symptomatic patients. The impact is mitigated where possible, but a number of patients with infections have been unable to be isolated. This has impacted on the cleaning and deep cleaning of areas. Continuing bedpan washer issues impact the ability to undertake high level disinfection of bedpans and other items. Work on a solution is in progress with trials of equipment taking place.

What the charts tell us

- C.Diff has shown special variation of concern for 11 of the last months. Note this is a common pattern nationally with UKHSA currently running a national incident in relation to overall increased numbers.
- E-Coli BSI has shown special variation of concern for 21 of the last 22 months.
- Internal improvement ambition: MSSA BSI is showing common cause variation for the last 3 months.

OUR QUALITY & SAFETY – PRESSURE ULCERS

We are driving this measure because

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

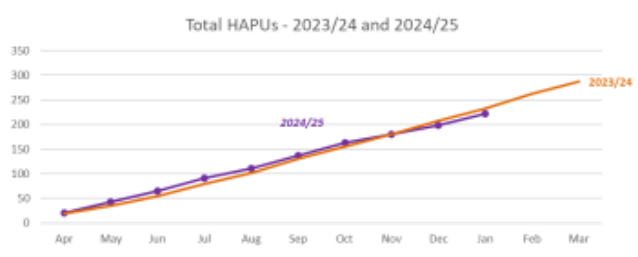
Performance

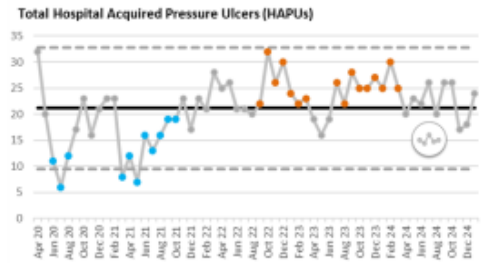
Total HAPU's

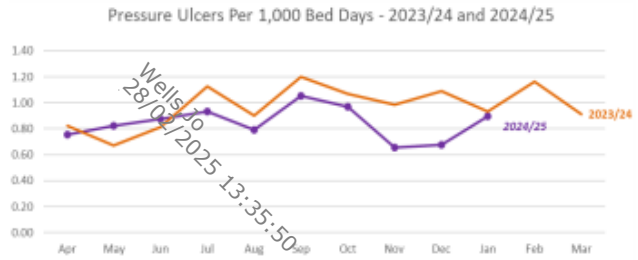
- The number of HAPUs increased in Jan-25 to 24 (18 in Dec), bringing the current total for 2024/25 to 222[1].
- The total is below the same time last year (232)[2]
- Total HAPUs per 1,000 bed days increased in Jan-25 to 0.90 (0.68 in Dec)
- Total HAPUs as a % of Emergency Admissions increased to 0.87% in Jan-25 (from 0.62% in Dec)

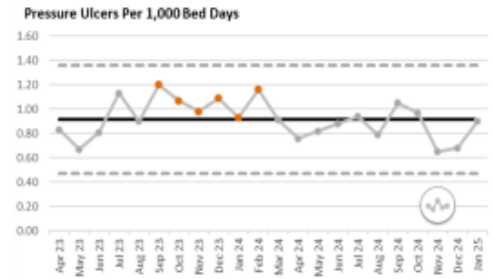
HAPU's causing Harm

- There were 0 HAPU's causing harm in Jan-25
- This leaves the total HAPUs causing harm unchanged for 2024/25 at 1.









[1] Figures extracted on 10/02/2025 and are subject to change dependant on grading review.
[2] Note an increase of beds on both sites compared to 2023/24

Actions

- Tissue Viability team completing 3rd ED Gap Audit (SSKIN Bundle documentation)Both sites.
- Task & finish group with ED & WMAS to identify methods to support patients PUP if delayed on ambulances.
- Incident report(Datix) changes made .Questions added to gain further information around ED / ambulance waits. If patients in ED dept>12hrs & location (waiting area ,majors ,corridor) ,surface (chair , trolley / stretcher /Hosp mattress).
- Monthly Categorisation Workshops, delivered by TV Team to support with improving pressure Ulcer categorisation/reporting.
- **Shared learning from Monthly Tissue Viabilty Gov steering Group:**

Division	Identified Learing
SCSD	Documentation did not always demonstrate care & comfort overnight however nurse evaluations on care plan indicates alternate positioning. Weight only estimated Missed Waterlow scores Importance of documenting when pressure areas checked, evidence of areas being checked but not documented Gaps in completing Sskin bundle Break down in skin correlated with increased no compliance in repositioning
Surgery	• The introduction of the 10-day turnaround (local Division target) for ASSKINGS has encouraged focus at ward level for completion of timely reports. • Pressure Ulcers continue to be discussed at Divisional Weekly Governance meeting with good engagement and discussions. • VAC and PICO training confirmed with Ward manager where incident took place & TVN team. • Skin traction training being arranged on Trauma and Orthopaedic wards • Lack of knowledge and education of where to find/input dressing plans on Sunrise. - CNIO requested for learning packs to disseminate information to ward staff. - TV display board highlights the ward focus areas with a staff signature sheet to confirm competent. - Screen shots of how to access dressing plans on Sunrise located on the TV display board. • Gaps in VAC and PICO training identified in recent incident.
Urgent care	Categorisation training - Gov Team visiting all UC areas to carry out training with staff Re-share the waterlow top tips Increased acuity and numbers in Urgent Care - increase in HAPD Looking at mitigations when patients are unable to be repositioned 2 hourly, understanding what patients need 2 hourly turns.

Staff PUP training %s: Dec 24 = Total staff 3913 (3504 completed training)= 89.55%
Jan 25 = Total staff 3938 (3576 completed training) = 90.81%

Risks

- **5306** (Risk score 10) TV SSKIN bundles not being completed adequately / accurately: raised with EPR team, unable to support with mandatory fields until phase 3.
- **5173** (Risk score 10)TV documentation on sunrise EPR , increased risk of staff inability to document safe care
- **5748** (risk score 8) Increased risk of pressure injuries due to faulty inner cells within Hybrid mattresses.
- **5807** (risk Score 15) Current Wound assessment documentation on EPR risks inaccurate wound assessment /documentation.

What the charts tell us

Total Hospital Acquired Pressure Ulcers is showing common cause variation.

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

We are driving this measure because

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

Performance

- In Jan-25, after exclusions were applied, there were 1,968 observations with a NEWS2>=5[1] of which 553 (28.10%) had a SEPSIS pathway document completed.
- Of the 315 diagnosed as Septic, 51 (16.19%) had the complete SEPSIS 6 bundle completed in 1 hour.
- Of the individual bundle elements, Oxygen had the highest compliance (49.21%), and Blood had the lowest (37.14%)
- The question 'Could this elevated NEWS2 Score be due to infection?' was only completed on 4.73% of the 'Vital Signs Measurement Documents' which recorded NEWS>=5 in Jan-25. This is potentially skewing the compliance figures considerably as if answered 'No' these records would be excluded from the reporting cohort. This is one of the factors being considered by the SEPSIS Working Group
- The SEPSIS Working Group met on 27/01/2025 and produced a process flow chart as part of the project to improve SEPSIS reporting on Sunrise.

Wells Jo
28/02/2025 13:35:50

[1] *Note a single patient can have multiple NEWS>=5*
[2] *NICE quality standards | Goals and outcome measures | Sepsis | CKS | NICE*

Actions

- Dr W.Shinwari has been identified as the Lead for SEPSIS.
- The SEPSIS Working Group is due to meet again on 03/03/2025 to plan the next steps in the redevelopment of the SEPSIS reporting process.

Risks

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

What the charts tell us

n/a

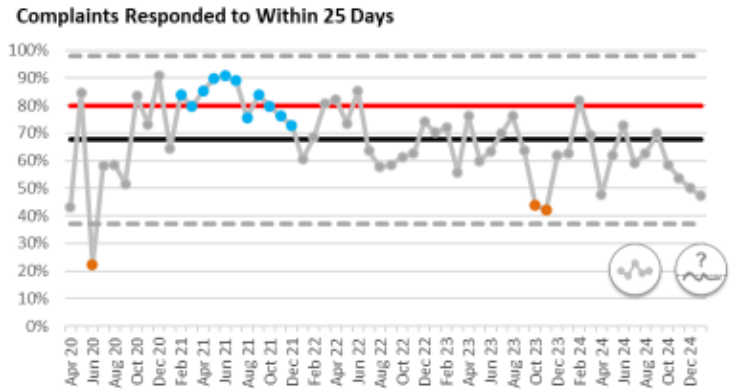
OUR QUALITY & SAFETY – COMPLAINTS

We are driving this measure because

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints services can be effective in resolving the majority of complaints, queries or outstanding concerns.

Performance

- In total there were 81 new formal complaints received within Jan-25 with 22 (35.48%[1]) called within 5 days to discuss the complaint.
- The Trust had 154 complaints still open at the end of Jan, of which 22 have been reopened.
- Of these 154 complaints, 63 have breached 25 days (11 of which have been reopened) and 2 have breached 6 months.



- The Surgery Division accounts for 72 (46.7%) of all open complaints and 39 (61.9%) of those that have already breached 25 days
- Compliance with complaints closed within 25 days dropped to 47.27% in Jan-25 and did not meet the target.

1 *The Denominator used when calculating the "% New Formal Complaints Telephoned in 5 Days" excludes those New Complaints received in the last 5 working days of the month*

Actions

- The focus on closing the trajectory backlog cases in Surgical Division is partially responsible for the Trustwide reduction in compliance to the 25 w/d response target.
- The complaints team are working closely with the Surgical Governance team to continue to support them with their backlog of overdue complaints, while working to identify plans and processes to prevent the reoccurrence of a backlog
- Trustwide, it will continue to be unachievable to meet KPI's until this is addressed.
- The new Complaints Manager joined the Trust at the beginning of January and is continuing to work closely with the Divisions, PALS and Complaints Team Leader and Head of Complaints to identify incremental process improvements that will improve the efficiency and quality of the service.
- "Responding to Complaints" Training has been launched for all Divisions – so far, the feedback has been positive with 100% of respondents stating that their knowledge and understanding after the course was "significantly higher" than before. Divisions are being encouraged to send delegates not just from the Governance teams, but also from the wider division where appropriate to do so.
- The Trust Complaints Policy is undergoing review with amendments to improve processes and align with PHSO Expected Standards

Risks

Reputational Damage, further resource depletion due to ongoing correspondence with extended open cases, distress to patients and relatives

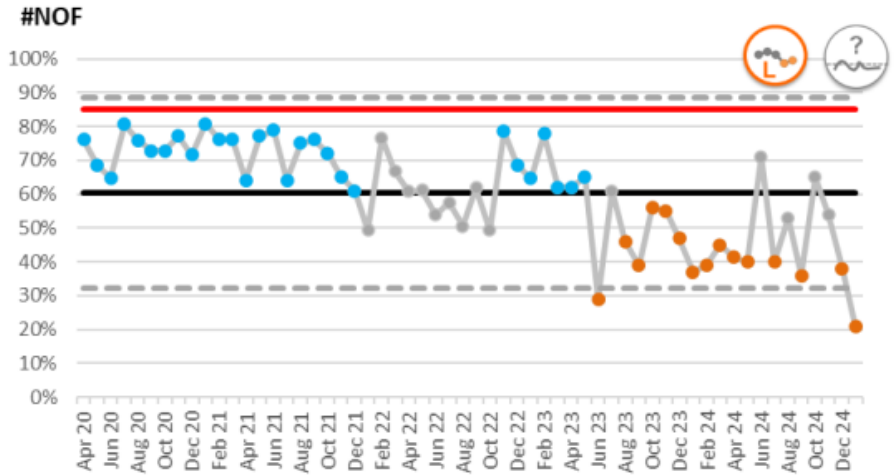
What the charts tell us

The metric still shows common cause variation and performance continues to fluctuate. The SPC chart indicates that more robust processes and / or increased focus / capacity would enable us to meet the target consistently as the target is within the control limits.

OUR QUALITY & SAFETY – FRACTURED NECK OF FEMUR (#NOF)

We are driving this measure because

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



- The Trusts Crude Mortality Rate for the period Dec-23 to Nov-24 was 12.77% for the diagnostic group #NOF (in-hospital 5.91% & Out of hospital 6.85%)[1]
- This is the 14th lowest (of 21 Midland Acute Trusts), with the figures ranging from 8.90% to 35.09%.[1]
- The ALOS for #NOF patients in the period Dec-23 to Nov-24 was 13.80 days.
- This is the 3rd lowest ALOS amongst Midland Acute Trusts during this period, with figures ranging between 11.75 days and 25.47 days[1]

[1] *Source: HED, accessed 11/02/2025*

Performance and Actions

- #NOF compliance dropped in Jan-25 to 20.9% (BPT) and 21.2% (all) and the target (36 hours) has still not been achieved since Mar-20.
- There were 91 (BPT) and 104 (All) #NOF Admissions in Jan-25
- There were a total of 72 (BPT) and 82 (All) breaches in Jan-25
- The primary reasons for BPT breaches in Jan-25 were bed issues (31 patients) ,Theatre capacity (29), and complex surgery (9)
- The average time to theatre was 64.9 hours (BPT) and 69.4 hours (All).

Actions

Risks

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

What the charts tell us

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

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

The biggest impact this month is the 115.90 wte growth in overall funded establishment. This includes reduction of 10.27 wte in Specialty Medicine which is cost centre moves to Urgent Care. Increases are 105.71 wte in Urgent Care as a result of substantive establishment funding for areas, and 20.46 wte in Women and Children's for Paediatric Business Case. Funded establishment is 367.16 wte higher than January last year due to agreed business cases.

Our vacancy rate has subsequently increased from 5.25% (382.97 wte) to 6.15% (455.25 wte). This still meets the Trust revised target of 7% and compares favourably to a vacancy rate of 7.6% in January last year.

We are now 172.79 wte ahead of our plan for January and 146.79 wte ahead of our end of year plan. Rebasing of our establishment in the next submission of our plan will balance some of this out. Some over recruitment has been a response to critical incident for winter in order to reduce agency spend. The revised headline plan will be submitted to the ICB by 20th February.

Agency spend remains our biggest challenge. There has been a 21.96 wte increase in agency worked in January but agency cost as a % of gross spend has reduced by 0.81% to 6.92% against a 6% target. This reflects the focus that divisions have taken on removing high cost agency bookings. Urgent Care has achieved a 6.54% reduction but is still the highest at 16.55% agency cost as a % of gross cost.

There has been an 85 wte increase in the total wte worked (Agency, Bank & Substantive) which is 345 wte higher than January 2024. This needs to be taken in context of a system wide critical incident declared and additional boarding and corridor care plus increased establishment. The total number of hours worked by substantive has increased by 17 wte in month and 467 wte in year which reflects an increase in SIP. Bank has increased by 46.13 wte in month and reduced by 26 wte in year due to recruitment. Agency has increased by 21.96 wte in month and reduced by 97 wte in year. Urgent Care and SCSD have the highest agency usage primarily due to escalation requirements. Specialty Medicine has worked 124 wte above its agreed establishment, Urgent Care 144 above establishment and Surgery 72 above establishment.

Our annual staff turnover at 9.74% has continued to meet our target of 11.5%. We benchmark well against other Trusts at Quartile 1 (best) on Model Hospital (November 2024 rates).

Monthly sickness absence has increased by 0.16% from last month to 6.06% which is normal seasonal variation with coughs, colds and flu in the community. This is 0.26% better than the January last year. The % of absence attributed to stress has increased to 26.69% with Urgent Care, Corporate, Digital (small staff group) and Women and Children's all exceeding 30%.

Consultant Job Planning has remained at 75%. The excellent performance in SCSD (92%) and Women and Children's (91%) is being counteracted by poor compliance in other divisions. Urgent Care are outliers with a 1% reduction to a 17%. NHSE have set a new national target of 95% for Job Planning from February 2025 which will be monitored by the ICB monthly via the Provider Workforce Return (PWR).

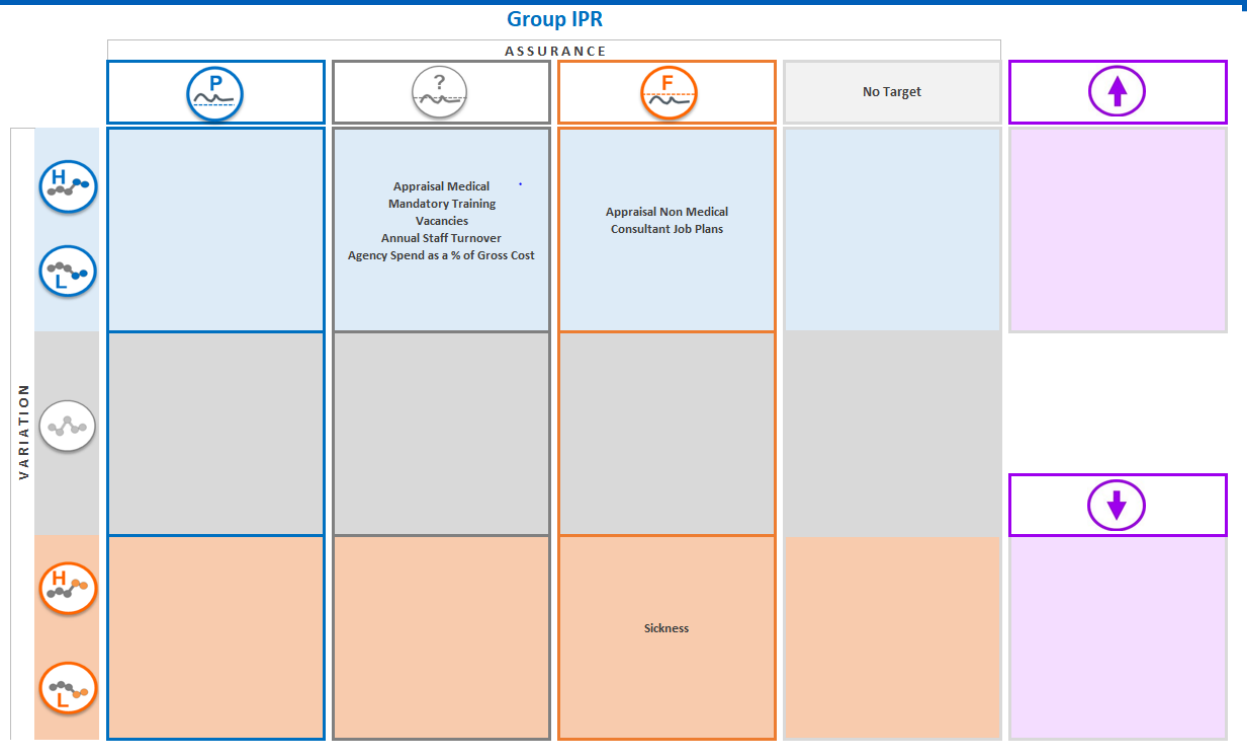
Mandatory training compliance consistently meets target at 90% but falls short of Model Hospital Benchmark of 90.9%. Non-medical appraisal is below target at 84% and is unchanged.

OUR WORKFORCE – MATRIX AND SUMMARY VIEW

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

Vacancies, Medical Appraisal, Annual Staff Turnover and Mandatory Training are meeting target. Vacancy Target reduced to 7% from October 2024 but is still being achieved.

Sickness is consistently failing to meet Group target of 4%. Non-Medical Appraisal and Consultant job Plans are also failing target.



Group IPR

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Appraisal Non Medical	Jan 25	84%	90%	H	F	79%	76%	82%
Appraisal Medical	Jan 25	96%	90%	H	?	89%	83%	96%
Mandatory Training	Jan 25	90%	90%	H	?	89%	88%	90%
Vacancies	Jan 25	6.15%	7.00%	L	?	9.00%	6.81%	11.18%
Sickness	Jan 25	6.06%	4.00%	H	F	5.42%	4.55%	6.29%
Annual Staff Turnover	Jan 25	9.74%	11.50%	L	?	11.23%	10.57%	11.90%
Consultant Job Plans	Jan 25	75%	90%	H	F	69%	60%	77%
Agency Spend as a % of Gross Cost	Jan 25	6.92%	6.00%	L	?	8.30%	5.97%	10.62%

OUR WORKFORCE – REDUCTION OF AGENCY SPEND

We are driving this measure because

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

Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
9.63%	8.44%	8.81%	8.61%	8.99%	7.89%	8.60%	7.93%	8.29%	5.26%	6.89%	7.73%	6.92%

Assurance

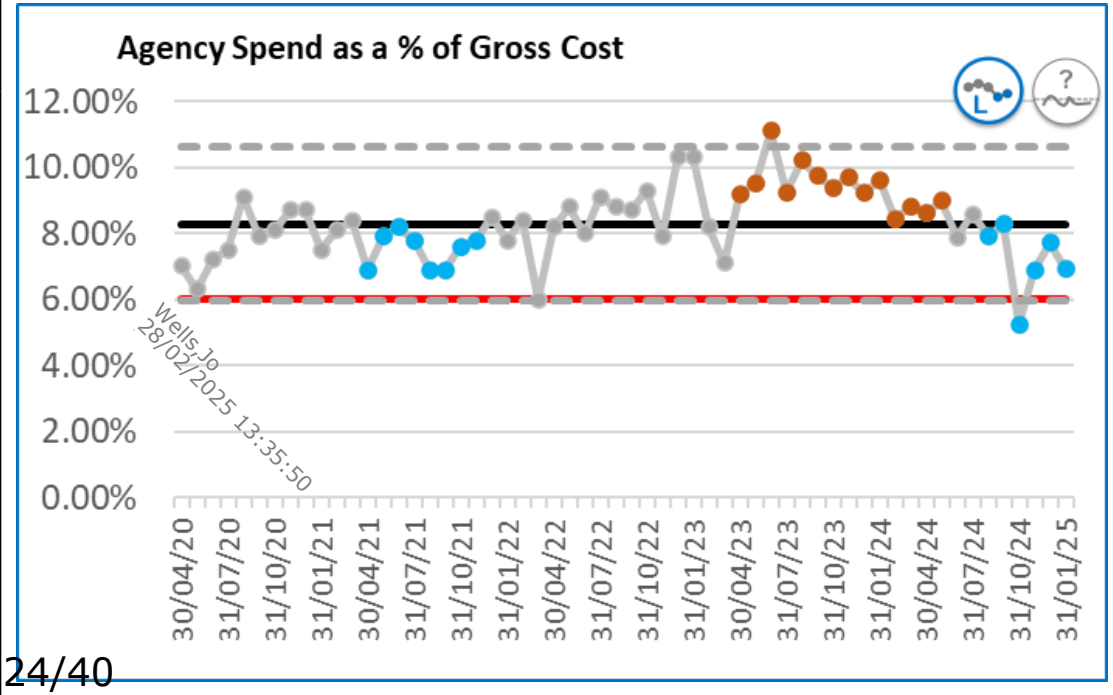
Hit and miss target
Subject to random variation

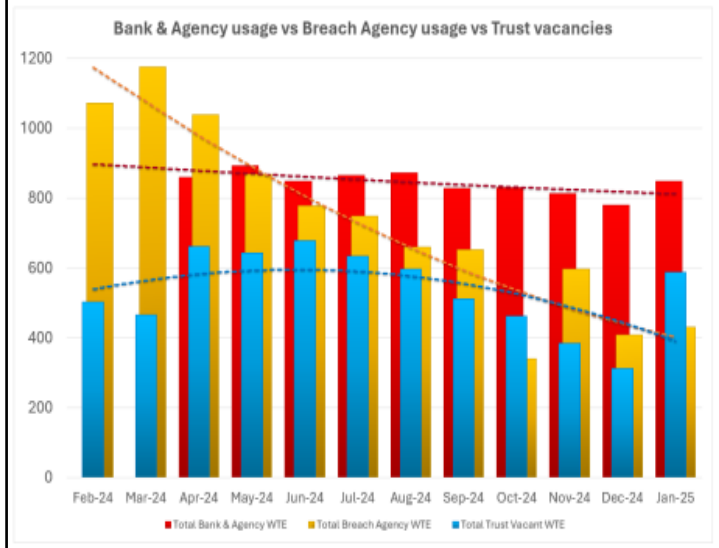
Variation

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

Data Quality Mark

Reasonable Assurance



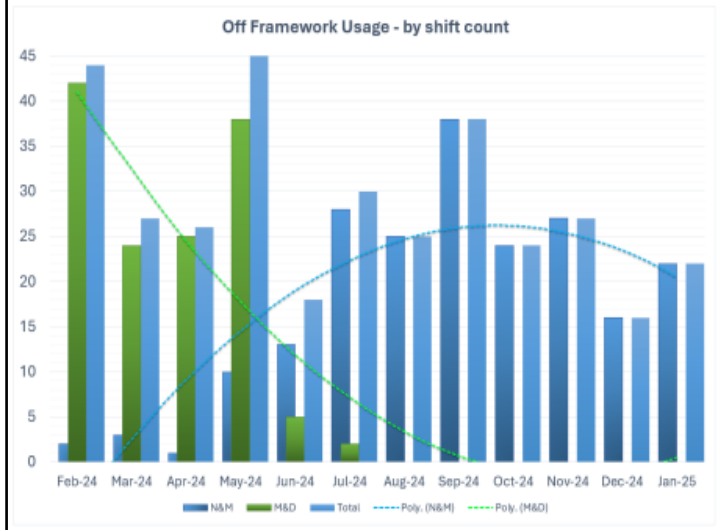


Although agency bank and agency usage has increased in January 25, this is in line with increased substantive vacancy.

This is an expected increase for the time of year, with increased sickness absence and annual leave usage.

Although substantive vacancy increased by 276.6 WTE in January, B&A usage only increased by 68.09 WTE, with breach B&A only seeing an increase of 21.81 WTE.

This indicates that there is a level of robustness built into the rosters, and that effective management of the booking and tiering systems has encouraged better temporary workforce engagement.

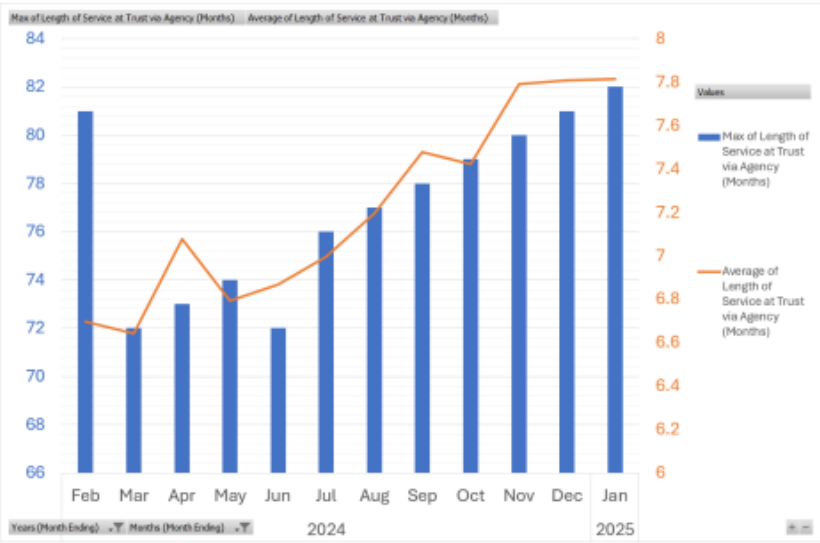


Framework usage has increased marginally in Jan 2025. However, this is still indicative of 1 singular off framework worker within a vacant hard-to-fill post. This booking has a fixed end date of 28th February 2025, which has not been extended, and as such we expect to meet our target of zero off-framework usage by 1st April 2025.

OUR WORKFORCE – REDUCTION OF AGENCY SPEND

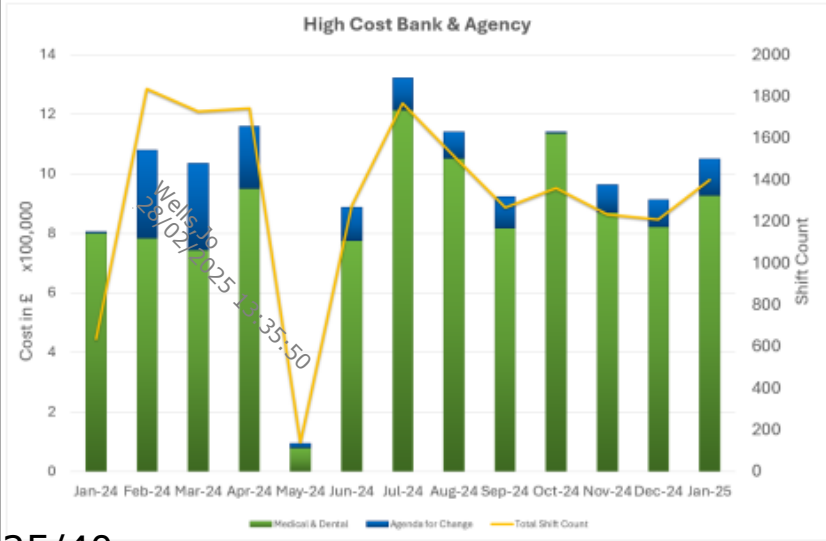
We are driving this measure because

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



NHSI Staff Group	LoS (months)	Band	Department	Job Role	Reason for usage
Nursing, Midwifery & Health Visiting	82	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy
Nursing, Midwifery & Health Visiting	79	AFC Band 5	Adult	Registered Nurse - A&E	Sickness
Nursing, Midwifery & Health Visiting	76	AFC Band 5	Adult	Registered Nurse - Gen Acute	Sickness
Nursing, Midwifery & Health Visiting	68	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy
Nursing, Midwifery & Health Visiting	63	AFC Band 5	Adult	Registered Nurse - Gen Acute	Sickness
Healthcare Science	46	AFC Band 7	Physiology	Cardiac Physiologist Band 7 - Gen Acute	Additional Capacity
Nursing, Midwifery & Health Visiting	45	AFC Band 5	Adult	Registered Nurse - Gen Acute	Sickness
Nursing, Midwifery & Health Visiting	43	AFC Band 5	Adult	Registered Nurse - Gen Acute	Additional Capacity
Nursing, Midwifery & Health Visiting	43	AFC Band 5	Adult	Registered Nurse - Oncology	Unplanned Leave
Healthcare Science	40	AFC Band 8A	Pharmacy	Consultant Pharmacist - Gen Acute	Vacancy

Maximum length of service continues to increase across the Trust. However, average length of service has remained relatively stable across the year. This, coupled with a low standard deviation from the average, implies that the maximum length of service is being impacted by a small number of outlier workers, and therefore should not be overly concerning.



NHSI Staff Group	*Role*	Department	Agency	Cost Per Hour	Reason for usage
Medical & Dental	*Consultant*	Medics Histo WRH	Bank/ADP	£ 154.19	
Medical & Dental	*Consultant*	Medics Histo WRH	Bank/ADP	£ 154.19	
Medical & Dental	*Consultant*	Medics Histo WRH	Bank/ADP	£ 149.48	
Medical & Dental	*Consultant*	Medics Histo WRH	Bank/ADP	£ 149.48	
Medical & Dental	*Consultant*	Medics Histo WRH	Bank/ADP	£ 149.48	
Medical & Dental	*Consultant*	Medics Histo WRH	Bank/ADP	£ 149.48	
Medical & Dental	*Consultant*	Oncology	TXM Healthcare	£ 149.15	Vacancy
Medical & Dental	*Consultant*	Medics A&E AGH	Bank/ADP	£ 147.12	
Medical & Dental	*Consultant*	Medics A&E AGH	Bank/ADP	£ 142.41	
Medical & Dental	*Consultant*	Medics Obs & Gyn WRH	Bank/ADP	£ 142.41	
Medical & Dental	*Consultant*	Medics Obs & Gyn WRH	Bank/ADP	£ 142.41	
Medical & Dental	*Consultant*	Acute Medicine	Pulse	£ 139.00	Additional Capacity
Medical & Dental	*Consultant*	Urology	Pertemps Med	£ 137.50	Vacancy
Medical & Dental	*Consultant*	Acute Medicine	DRC Locums	£ 134.00	Vacancy
Medical & Dental	*Consultant*	Dermatology	National Locums	£ 134.00	Vacancy
Medical & Dental	*Consultant*	Acute Medicine	Pulse	£ 129.00	Additional Capacity
Medical & Dental	*Consultant*	Obstetrics and	Medsol HS	£ 128.30	Vacancy
Medical & Dental	*Consultant*	Acute Medicine	Athona	£ 126.65	Vacancy
Medical & Dental	*Consultant*	Outliers	Medsol HS	£ 124.00	Additional Capacity
Medical & Dental	*Consultant*	Geriatrics	Medsol HS	£ 124.00	Additional Capacity

Total cost of high-costs has increased in Jan 2025. However, this is in line with the overall trend of higher vacancy and higher B&A usage in general. This is also within expectations for the 12-month trend analysis of high-cost usage, which is undergoing further investigation to identify cost-saving strategies.

Medical & Dental remain the highest usage are for high-cost workers. However, further analysis on % above cap may affect this metric.

OUR WORKFORCE - VACANCY

We are driving this measure because

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

Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
7.6%	7.13%	7.03%	9.77%	9.32%	9.28%	9.19%	8.17%	6.99%	6.31%	5.73%	5.25%	6.15%

Assurance

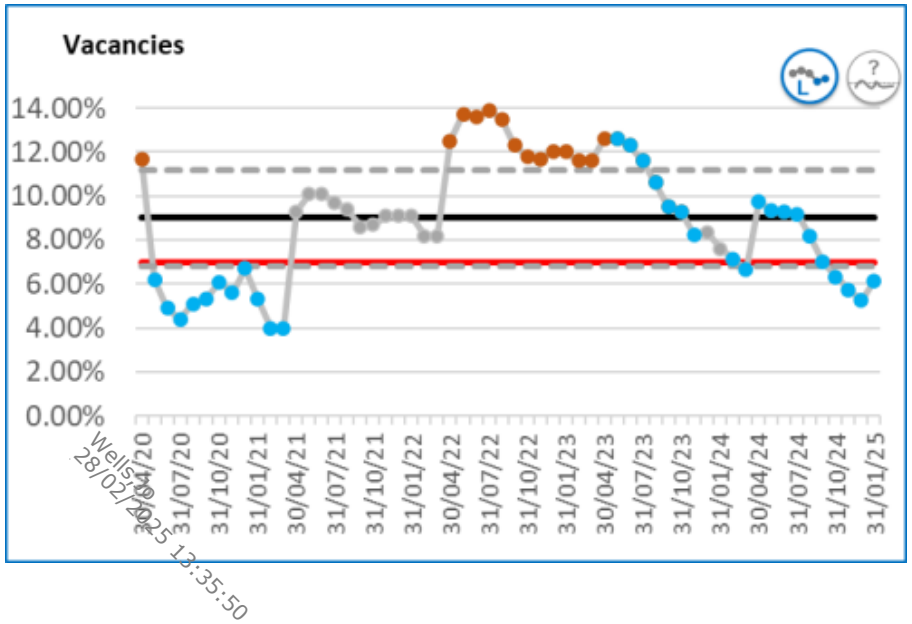
Hit and miss target
Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

- **Trust-wide Vacancies** The overall funded establishment has increased by 115.90 wte . This includes reduction of 10.27 wte in Specialty Medicine which is cost centre move to Urgent Care. Establishment increases are 105.71 wte in Urgent Care due to substantive funding amendments and 20.46 wte in Women and Childrens for Paediatric Business Case. Our vacancy rates have increased by 0.89% overall to 6.15%. Urgent Care has increased from 10.24% to 20.46%. We still have 79.57 less vacancies overall than last year due to successful recruitment campaigns and reduced turnover.
- **Performance to Plan** We have now achieved our plan for March 2025 and further recruitment is putting us over plan. Some over recruitment has impacted on bank and agency usage which has helped with winter. A revised plan is to be submitted on 20th February which will rebase the establishment.
- **Starters and Leavers** - We have 50 more starters than leavers this month with 118 new starters processed in month (headcount).
- **Healthcare Support Workers** – Our vacancy rate has deteriorated from 7.19% (75.77 wte vacancies) to 11.04% (121.80 wte vacancies. This is directly due to growth in establishment in Urgent Care and Paediatrics.
- **Nursing & Midwifery** - We currently have 64.06 wte Registered Nursing vacancies (2.89% vacancy rate) which has deteriorated due to increased establishment. Our Registered Midwifery vacancies have reduced to 6.89 (2.73%)
- **Allied Health Professionals** – We have 15.27 wte AHP vacancies compared to 18.69 wte last month. Recruitment to this staff group is now starting to keep pace with leavers. This is a 47.76 wte increase on AHP SIP last year.
- **Medical & Dental**. We have 47.31 wte Consultant vacancies compared to 52.82 wte last month (improving position). We have 32.27 wte Trainee Grade vacancies. We are over established by 21.83 wte in career grades to fill gaps. Medical Resourcing are working with clinical directors on targeted recruitment campaigns.

Risks

Healthcare support worker retention, hard to recruit medical vacancies and an increasing establishment.

What the chart tells us

We have met the current target of 7.5%. Target reduced from October to 7%. We remain on an improving trajectory other than in April each year at budget setting where business cases are transacted into the establishment. We benchmark well against Model Hospital for our vacancy rate with Registered Nursing, Midwives and AHPs at Quartile 1. Medics are Quartile 3 (Nov 2024 rates). Our issue now is that our recruitment is over-achieving against our plan as we have already exceeded our plan for March 2025 by 146.79 wte.

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.

Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	July 24	Aug 24	Sep t 24	Oct 24	Nov 24	Dec 24	Jan 25
6.32%	5.93%	5.75%	5.91%	5.59%	5.25%	5.53%	5.02%	5.06%	5.49%	5.62%	5.90%	6.06%

Assurance

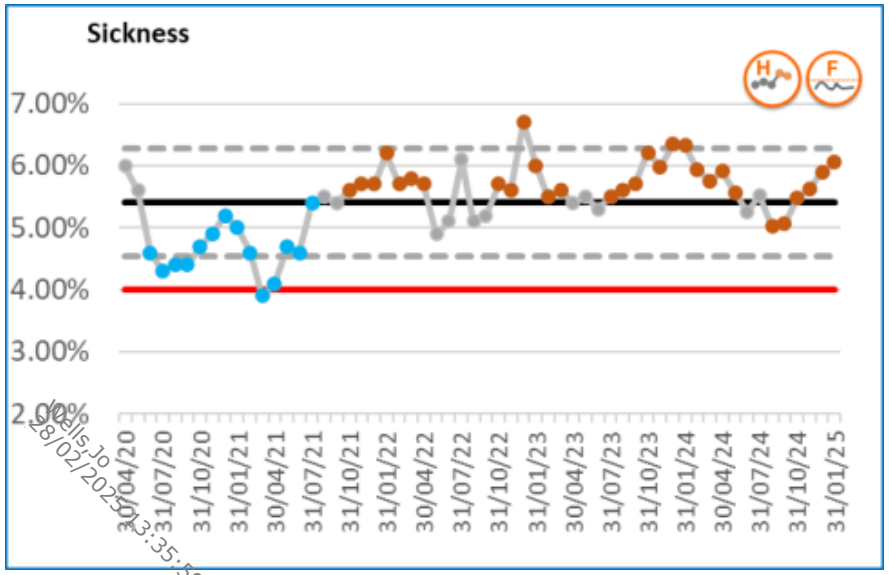
The system is expected to consistently Fail the target

Variation

Special Cause concerning variation

Data Quality Mark

Reasonable Assurance



Performance and Actions

- Monthly sickness absence has increased by 0.16% to 6.06% which is 0.26% better than last January
- Reductions in all divisions have seen an increase with the highest increase in Digital, Women and children and Specialty Medicine. Estates and Facilities are outliers with a very high 10.10%.
- Absence due to stress remains higher than pre-pandemic levels. Urgent Care, Corporate, Digital and Women and Childrens all have over 30% of sickness attributed to S10 (Stress and Anxiety)
- Long term sickness has reduced this month to 2.92%. Estates and Ancillary are very high at 6.32%.
- Short term absence has increased by 0.30% to 3.14%. Highest rates are 3.78% in Estates and Facilities and 3.40% in Women and Children's.
- Our sickness % has improved when benchmarked against the national position for all groups except Healthcare Scientists who are a very small group.
- Although we consider our Sickness Levels high and short of our 4% Group target it would appear that sickness levels are currently high across our Region compared to the national position.

Sickness Absence	2025 / 01			
	Trust	Region	Country	National
Add Prof Scientific and Technic	2.44%	4.50%	4.17%	4.18%
Additional Clinical Services	4.70%	8.15%	7.78%	7.89%
Administrative and Clerical	3.21%	5.11%	4.78%	4.81%
Allied Health Professionals	2.38%	4.71%	4.72%	4.73%
Estates and Ancillary	7.17%	8.25%	7.90%	8.10%
Healthcare Scientists	3.75%	3.47%	3.69%	3.71%
Medical and Dental	1.08%	2.21%	2.10%	2.12%
Nursing and Midwifery Registered	3.99%	6.23%	5.91%	6.00%
Students	0.00%	2.60%	3.01%	3.01%

Risks

Redeployment to cover additional winter beds, sustained Level 4 escalation, and increased temporary staffing are expected to have an adverse impact on sickness levels and agency fill.

What the chart tells us

The elevated period between May 2021 and December 2022 reflects covid impact in addition to other winter pressures such as Flu. Since the peak in sickness absence in Dec 2022 (6.7%), the trajectory has improved and was stabilising at around 5% against group target of 4%. However, sickness has been creeping up since August with Level 4 escalation.

OUR WORKFORCE – APPRAISAL AND JOB PLANS

We are driving this measure because:

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

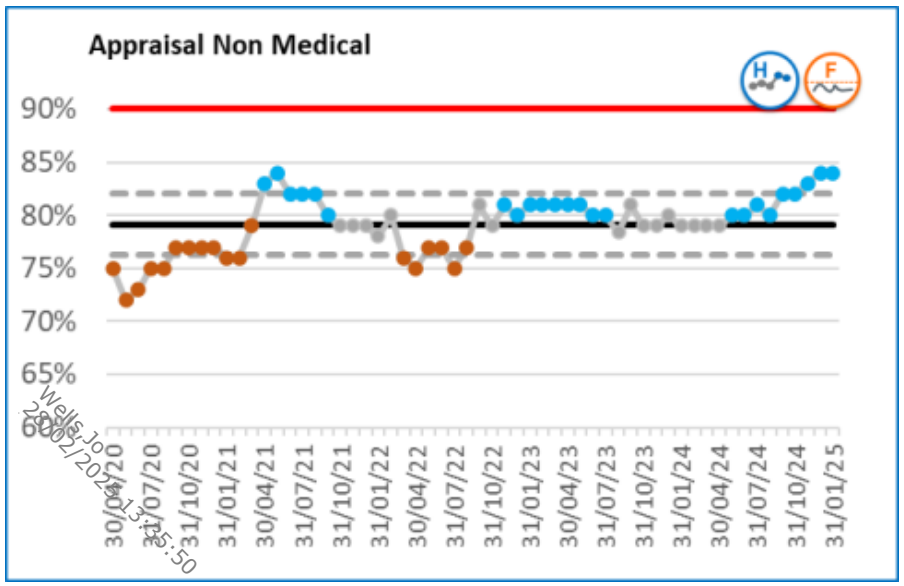
Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sep t 24	Oct 24	Nov 24	Dec 24	Jan 25
79%	79%	79%	79%	80%	80%	81%	80%	82%	82%	83%	84%	84%

Variation

The system is expected to consistently Fail the target

Special Cause Variation where High requires investigation

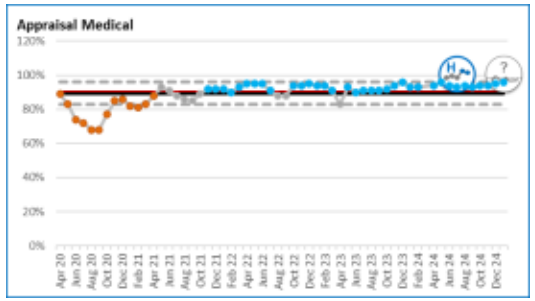
Reasonable Assurance



Performance and Actions

Appraisal Rate has remained at 84% against a target of 90%. Compliance is 5% higher than last year. Urgent Care have dropped by 2% and Specialty Medicine and Surgery have dropped by 1%. Women and Childrens are the only clinical division to have improved. SCSD are closest to target at 89%. In terms of staff groups, Admin and Clerical are outliers with 75% (improving). Corporate are outliers with 68%. This is against a Model Hospital average of 82% (latest 2023/24 rates). We are at Quartile 2 on model hospital.

Medical Appraisal has been fairly consistently above target of 90% since December 2021 and has improved to 96% this month. All divisions divisions comfortably meet the target.



Consultant Job Planning has remained at 75%. Urgent Care are outliers at 17% having deteriorated by 1% . Specialty Medicine have dropped by 6%. Surgery and SCSD have Improved and SCSD have achieved current target with 93%.

NHSE have imposed a national 95% target for job planning effective from February 2025 which will be required to be reported via PWR.

Risks

Admin and Clerical staff (particularly those in Corporate Teams) have low levels of appraisal compliance.

What the chart tells us

The rolling 12-month appraisal position remains fairly consistent but is below the target of 90%. Medical Appraisal meets target in all Divisions. Job Plans are well below target and this will be monitored by NHSE from February 2025 against a new national target of 95%.

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.

Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
11.03%	11.12%	11.29%	11.04%	10.86%	10.49%	10.41%	10.27%	10.39%	10.06%	9.82%	9.93%	9.74%

Assurance

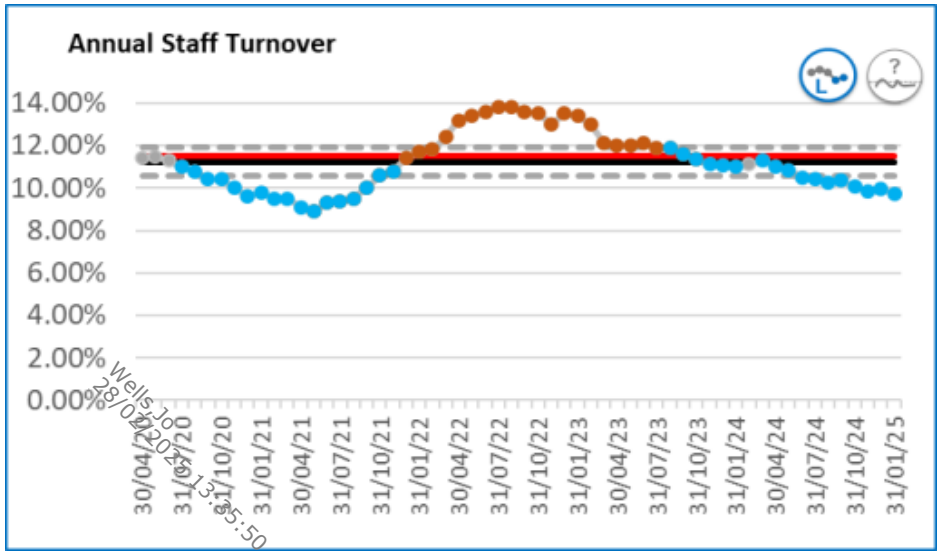
Hit and miss target - Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

- We continue to meet our 11.5% target for annual turnover at 9.74% which is 1.29% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has reduced by 0.15% in month and stands at 0.76%.
- We have 50 more starters than leavers.
- Urgent Care are outliers for both monthly and annual turnover.
- The current stability rate is 91.80% which is good.

The National Benchmark Reports from ESR show our Trust to be worse than our peers both Regionally and Nationally in January 2025 for all groups except Estates and Ancillary and HCAs. However, we know that our Annual Turnover has been good for the whole of this year.

Top reasons for leaving are shown in this table with Work Life Balance, Flexi Retirement, Pay and Reward, Dismissal, End of Fixed Term Contract and Age Retirement showing as Higher than the Regional and National position.

Monthly Turnover	2025 / 01			
	Trust	Region	Country	National
Add Prof Scientific and Technic	1.08%	0.72%	0.82%	0.82%
Additional Clinical Services	0.78%	0.70%	0.87%	0.86%
Administrative and Clerical	0.85%	0.80%	0.83%	0.82%
Allied Health Professionals	1.39%	0.68%	0.75%	0.74%
Estates and Ancillary	0.42%	0.76%	0.75%	0.75%
Healthcare Scientists	0.99%	0.66%	0.71%	0.68%
Medical and Dental	1.00%	0.62%	0.69%	0.70%
Nursing and Midwifery Registered	0.73%	0.49%	0.56%	0.56%
Students	0.00%	0.72%	0.78%	0.77%

Leaving Reason	2025 / 01			
	Trust	Region	Country	National
Voluntary Resignation - Relocation	23.19%	5.22%	7.43%	7.27%
Voluntary Resignation - Work Life Balance	13.04%	4.68%	5.95%	5.84%
Flexi Retirement	8.70%	1.41%	1.50%	1.46%
Voluntary Resignation - Child Dependants	5.80%	0.75%	0.92%	0.88%
Voluntary Resignation - Other/Not Known	5.80%	6.59%	8.86%	8.87%
Voluntary Resignation - Pay and Reward Related	5.80%	0.98%	1.10%	1.07%
Dismissal - Capability	4.35%	0.91%	1.20%	1.19%
End of Fixed Term Contract	4.35%	2.00%	2.64%	2.53%
Retirement Age	4.35%	3.95%	4.19%	4.39%
Voluntary Early Retirement - no Actuarial Reduction	4.35%	0.25%	0.23%	0.26%
Voluntary Resignation - Health	4.35%	1.62%	2.04%	2.02%
Voluntary Resignation - Incompatible Working Relationships	4.35%	0.58%	0.59%	0.58%
Voluntary Resignation - Promotion	4.35%	4.18%	5.56%	5.46%
Voluntary Resignation - Lack of Opportunities	2.90%	0.67%	1.03%	1.00%
Dismissal - Some Other Substantial Reason	1.45%	0.37%	0.43%	0.41%
End of Fixed Term Contract - End of Work Requirement	1.45%	0.23%	0.33%	0.33%

Risks

Registered Nurses, Professional and Technical and Admin and Clerical are at Quartile 1 on Model Hospital and the remaining groups are Quartile 2 or 3 (August 2024 rates). Retention of Medical and Dental and Nursing groups is important in terms of reducing bank and agency spend and improving morale of teams.

What the chart tells us

Annual Staff Turnover continues on an improving downward trajectory with the 11.5% target comfortably met. We are Quartile 1 (best) on Model Hospital for Annual Turnover (November 2024 data).

OUR WORKFORCE – STATUTORY AND MANDATORY TRAINING

We are driving this measure because:

To ensure that all our staff maintain Mandatory and Essential to Role training which will ensure their safety and maintain high quality of care to our patients

Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25
90%	90%	91%	91%	91%	91%	91%	91%	90%	90%	90%	90%	90%

Assurance

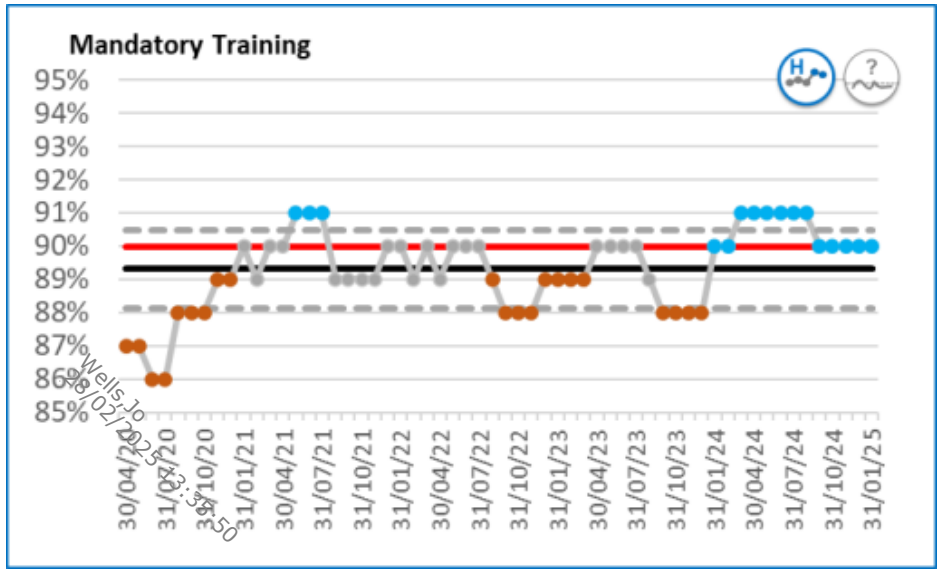
Hit and miss target subject
To random variation

Variation

Special Cause
Variation where High
requires investigation

Data Quality Mark

Reasonable
Assurance



Performance and Actions

Overall mandatory training continues to meet target and remains at 90% against a Model Hospital average of 90.9% (2023/24 rates). Urgent Care remain as outliers at 85% (improving) and Surgery and Women and Childrens also fall short of target.

Medical and Dental are outliers at 77%. All other Staff groups meet the 90% Trust target.

The Trust is benchmarking well compared to peers regionally and nationally from ESR data for all staff groups

This would indicate that other Trusts are taking out exclusions in what they send to Model Hospital as ESR reports are from raw data with no exclusions.

Mandatory Training	2025 / 01			
	Trust	Region	Country	National
Add Prof Scientific and Technic	82.80%	78.39%	77.04%	77.77%
Additional Clinical Services	86.35%	81.73%	80.09%	80.61%
Administrative and Clerical	84.88%	85.04%	81.17%	82.16%
Allied Health Professionals	88.19%	81.50%	80.75%	81.03%
Estates and Ancillary	89.54%	76.59%	75.84%	76.48%
Healthcare Scientists	88.06%	83.95%	78.78%	80.13%
Medical and Dental	68.28%	59.62%	58.52%	57.42%
Nursing and Midwifery Registered	84.33%	80.60%	76.36%	77.10%
Students	84.40%	84.02%	78.67%	78.35%

Risks:

Medical and dental training compliance, and some challenges with legacy IT infrastructure which doesn't consistently support some of the e-learning modules. Escalation to Level 4 and the System Wide Critical incident in December means that some face to face training has been cancelled which has impacted on compliance.

What the chart tells us:

Urgent Care, Surgery and Women and Children's are below target. We have now slipped behind Model Hospital average

OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2024/25
The £57.3m deficit plan submitted in June has been amended in month 6 to include the impact of the non recurrent deficit support (£51.7m) leaving a **revised plan of £5.7m deficit**. In M7 we updated the plan for the income and expenditure relating to the pay award across all staff groups, the impact of this is net nil to the bottom line and so does not alter the planned deficit.

Income & Expenditure Performance
At the end of Month 10 we report a year to date (YTD) breakeven position against the revised plan, which is an improvement of £0.5m in the month. The improvement in the month is driven by interest income on cash balances and a benefit on the below the line adjustment for the change in accounting treatment on the PFI contract. Adverse variances on pay and non pay continue to be mitigated by favourable variances on income subject to payment for activity above the ERF cap.

Income is £18.7m favourable YTD (£8.2m after stripping out non pass through drugs and devices) – favourable variances include £1m of additional Education & Training, £2.4m on elective income targets including £0.5m prior year, £1.7m additional ICB income, £0.3m of Industrial Action funding, £1.3m of Cancer Alliance income, £0.8m of deferred income released into the position supporting CPIP delivery and £0.3m of income relating to the costs of A&E flooring. Adverse variances include £0.5m relating to SR21 income, £0.3m car parking income and £0.3m of Diagnostic income risk.

Employee expenses are £4.2m adverse YTD – adverse variances relating to CPIP under delivery of £1.8m, Industrial Action costs £0.4m, Histology Reporting growth of £0.5m, additional temporary Medics supporting flow of £0.5m, additional ED Consultant costs of £0.6m, £1.2m of winter pressures and A&E Flooring Costs of £0.2m (offset by income). These are partially offset by favourable variances in; Dermatology of £0.9m due to vacancies (offsetting insourcing spend) and £0.9m on CDC due to the 5th Endoscopy room not yet being open.

Operating expenses excluding Employee Expenses are £15.2m adverse YTD (£4.7m after stripping out pass through drugs and devices) - this includes adverse variances of £12.9m on Non PbR Drugs and Devices (leaving a pressure on the H&W ICB fixed price contract of £2.3m), activity related spend of £1.5m in Specialty Medicine, tariff Drugs spend of £0.3m, Radiology reporting of £0.4m and Dermatology insourcing costs of £1.3m, the remainder being activity related spend on clinical supplies of £3.2m. This is partially offset by underspends relating to utility costs of £0.8m (excluding £1.1m declared as CPIP YTD), and insourcing reserves of £2.2m as well as £1.4m over delivery on CPIP.

Capital – In month 10 the Trust has received notification of an additional £1.626m of external funding for the National Energy Efficiency and Renewable Energy Scheme (NEEF). The plan for IFRIC 12 replacement schemes has increased by £600k, along with receiving charitable funded equipment worth £56k. The full year plan is now £26.8m. The capital YTD spend at month 10 is £10.3m which is an overall increase of £3.2m from M9.. There is still over £16m of schemes profiled to deliver over the final 2 months of the year which is being monitored weekly with workstream leads to ensure delivery by year end.

Cash – The Trust cash position at the end of month 10 was £14.106m. The Trust has received the notified deficit support and pay award funding from the ICB to month 10 with the balance confirmed as being profiled over the remainder of the financial year. Creditor Payments falling due continue to be monitored daily to meet commitments whilst ensuring that sufficient cash is available for the remainder of the financial year to cover payroll and associated costs.