Public Trust Board

Tue 08 July 2025, 13:00 - 14:30

Teams

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence

Information *Russell Hardy*

Apologies received from: Michelle Lynch, Catherine Driscoll & Justine Jeffery

13:05 - 13:05
0 min

2. Declarations of Interest

Information *Russell Hardy*

13:05 - 13:10
5 min

3. Minutes of WAHT Board Meeting held on 10 June 2025

Decision *Russell Hardy*

3. Trust Board Minutes 10 June 25.pdf (4 pages)

3.1. Actions and Matters Arising from the meeting held on 10 June 2025

Information *Russell Hardy*

3.1 Public actions.pdf (1 pages)

13:10 - 13:20
10 min

4. Chief Executive's Report

Information *Stephen Collman*

4. CEO Board Report 08.07.25 Final.pdf (5 pages)

13:20 - 13:40
20 min

5. Integrated Performance Report

Information *Stephen Collman*

5. Trust Board IPR Jul-25 (May-25_Data)_0-1.pdf (21 pages)

5.1. Introduction

Stephen Collman

5.2. Operational Performance

Chris Douglas

5.3. Quality & Safety

Sarah Shingler/Jules Walton

5.4. Workforce

Alison Koeltgen

5.5. Finance

Neil Cook

13:40 - 13:45
5 min

6. Safe Staffing Report

6.1. Midwifery

Information *Sarah Shingler*

- 6.1 Midwifery Safe Staffing Report May 2025.pdf (6 pages)

6.2. Nursing

Information *Sarah Shingler*

- 6.2 1 Board and committe covering report June 25 FINAL.pdf (1 pages)
- 6.2 2 New committee report template draft for safer staffing paper (003).pdf (1 pages)

13:45 - 13:50
5 min

7. Green Plan

Decision *Julian Berlet*

- 7. 1 Trust Board front sheet Green plan 25-28.pdf (1 pages)
- 7. 2 Green Plan Refresh 2025-8v8.pdf (24 pages)

13:50 - 13:55
5 min

8. ICB Joint Forward Plan

Information *Julian Berlet*

- 8. 1 ICB Joint Forward Plan WAHT Trust Board 1.1 8th July 2025.pdf (3 pages)
- 8. 2 HW combined JFP Refresh 2025 - FINAL.pdf (89 pages)

13:55 - 14:00
5 min

9. Board Committee Reports

9.1. Quality Governance Committee

Information *Dame Julie Moore*

- 9.1 Minutes for Quality Governance Committee May.pdf (7 pages)

9.2. Audit & Assurance Committee

Information *Colin Horwath*

- 9.2 1 AAC Escalation & Assurance Report 8 May 2025.pdf (3 pages)
- 9.2 2 AAC Escalation & Assurance Report 23 June 2025.pdf (2 pages)

9.3. People & Culture Committee

Information *Karen Martin*

- 9.3. 01.04.25 PC Minutes.pdf (8 pages)

14:00 - 14:00
0 min

10. IPC Annual Report

Information *Sarah Shingler*

- 10.1 Board Cover sheet for IPC Annual report..pdf (2 pages)
- 10. 2 WAHT annual infection prevention and control report 2024-2025 V1 03.06.25.pdf (62 pages)

14:00 - 14:00
0 min

11. Safeguarding Annual Report

Information *Sarah Shingler*

- 11. 1 QGC Safeguarding Covering Report Template 25-26 v1 (002).pdf (1 pages)
- Safeguarding Annual Report 2024_2025.pdf (36 pages)
- 11. 3Safeguarding Annual Report 2024_2025.pdf (6 pages)

14:00 - 14:05
5 min

12. Date of Next Meeting

Information *Russell Hardy*

WAHT Trust Board - 9 September 2025

14:05 - 14:05
0 min

13. Any Other Business & Questions from the Public

Information *Russell Hardy*

14:05 - 14:05
0 min

14. Acronyms

Information

- 14. Acronyms.pdf (3 pages)

Trust Board
10 June 2025 at 1:00pm
Via Microsoft Teams and live streamed on YouTube
Part 1 in Public

Board Members Present (voting)			
Russell Hardy MBE, Chair	RH	Simon Murphy, Non-Executive Director/Deputy Chair	SM
Stephen Collman, Acting Chief Executive Officer	SC	Sarah Shingler, Chief Nursing Officer	SSh
Karen Martin, Non-Executive Director	KM	Colin Horwath, Non-executive Director	CH
Neil Cook, Chief Finance Officer	NC	Julie Moore, Non-Executive Director	JM
Tony Bramley, Non-Executive Director	TB	Jules Walton, Chief Medical Officer	JW
Board Members Present (non-voting			
Ali Koeltgen, Chief People Officer	AK	Jo Newton, Chief Strategy Officer	JN
Julian Berlet, Chief Clinical Strategy Officer	JB	Chris Douglas, Interim Chief Operating Officer	CD
Rebecca Brown, Chief Digital Information Officer	RB	Michelle Lynch, Associate Non-Executive Director	ML
Alex Moran, Associate Non-Executive Director	AM	Catherine Driscoll, Associate Non-Executive Director	CD
Attending			
Gwenny Scott, Company Secretary	GS	Justine Jeffery, Director of Midwifery	JJ
Richard Haynes, Director of Communications & Engagement	RH	Jo Wells, Deputy Company Secretary	JWe
Apologies			
Sue Sinclair, Associate Non-Executive Director	SSi		

Ref	Item	Lead	Purpose	Format	Outcome
1	Apologies for Absence	RH	Information	Verbal	Noted as above
2	Declarations of interest	RH	Information	Verbal	No new declarations
3	Minutes	RH	Approval	Report 1	Approved

RH announced that SSh had successfully been recruited to Managing Director role at Wye Valley NHS Trust and congratulated her in her new role.

RH advised that it was JN's last Board meeting prior to her retirement and wished her well for the future.

The Minutes of the meeting held on 31st March 2025 were approved.

The actions were reviewed.

4	Foundation Group Minutes, Actions & Matters Arising	RH	Approval	Report 2	Approved
5	Chief Executive's Report	GB	Information	Report 3	Accepted

SC presented the report and advised that there were national and regional focus and plan changes. Changes to the model ICB core functions were outlined. The impact will be a more direct performance relationship with the Region. There were significant cost reductions for the ICB and across the system.

Tier 1 meetings had taken place and 3 workstreams were agreed: ED processes, reducing hospital length of stay and improvement work with medicines.
An Operational Excellence Conference had taken place.
Improvement Week had taken place.
Volunteers week had taken place and all were thanked for their impact across the Trust.

RH acknowledged the work of ED staff at both hospital sites to provide the best care possible.

The Board noted the report.

6	Integrated Performance Report	SC	Information	Report 4	Accepted

SC introduced the report, highlighting that significant urgent and emergency care flow pressures were driving performance in terms of both quality and finance. The Trust was managing to maintain elective and cancer performance.

Operational Performance (CD)

Cancer

Trust was broadly on track with annual planning commitments. Work was underway with Wye Valley in regard to skin cancer.
The breast service has struggled in recent months but an improvement was seen in Q2. Urology performance targets remain challenged.
Dermatology changes in June/July would enable improvements.
Diagnostic and audiology patients waiting longer than 6 weeks is an area of concern.

Elective

Fewer than 1,000 patients are currently waiting over 52 weeks.
The Trust was on track with the annual plan.
Specialties have plans in place to address waiting list times.
Ophthalmology graphs have been created and teams are looking at mitigation plans.

Urgent and Emergency Care

RH encouraged teams so seek the help of system partners to ensure our patients are discharged as quickly as possible. SC advised that steps were being taken to reduce length of stay in community hospitals which would lead to better flow and that a pilot was underway.
Programmes were underway within General Medicine and Frailty requirements.
Fractured Neck of Femur patients were being moved out more speedily.
Work was underway around stroke and working with the rehabilitation facility.
Single Point of Access and hospital at home virtual ward work was underway.

RH apologised to the public for delays in UEC. The Trust were trying to make a number of changes at pace and addressing long standing issues.

Quality (SSh and JW)

There had been improvements with the management of complaints.
Falls and hospital acquired infection rates had also been improving. 1 MSR case was reported last month.
Mortality remains within range and continued to be monitored through the learning from deaths framework.
A number of changes had been made with the #NOF pathway including new services and a workforce review.

Workforce (AK)

The main concern is the over reliance on agency staff. The Trust was currently above target and remained an outlier despite progress over the last 2 years. Medical agency is the main driver.
Vacancies and turnover were performing well.
The drivers of additional capacity and pressure were difficult to resolve. Work was underway with divisions to better understand the issues.
There had been a small decrease in sickness absence. Occupational health resources had been enhanced.
Job planning remains an area of concern. A 95% compliance target has been set.
There had been a small reduction in the corporate and infrastructure headcount but there was more work to do. From this week all corporate, admin and clerical roles will be advertised internally in the first instance, in order to optimise opportunity for internal movement.
There is a vacancy control process in place which is risk assessed to minimise impact on clinical services.

SM queried the progress made on job planning and a timeframe to achieve 95%. JW replied that there were historical job plan concerns to resolve but significant progress has been made. A Consistency Panel had recently been established, meeting on a weekly basis to resolve the back log of review processes.

Finance (NC)

In month 1, the Trust was £0.2m adverse to plan. There were challenges around operational delivery and slippage on CPIP.
The Financial Improvement Director was focused on the maturity of plans with divisions. Run rate trajectory mitigations were being reviewed next week.

Capital is ahead of the plan. A plan had been signed off in excess of the allocated resources.
Cash was in a healthy position at year end.
CPIP progress is down against trajectory in terms of the maturity of schemes. Much is profiled in the latter half of the year, therefore there is opportunity to recover. There is a fortnightly CPIP meeting with divisions to review schemes

The Board noted the report.

7	Safer Staffing Reports	JJ/SSh	Information	Report 5	Accepted

Midwifery (JJ)
Staffing was safe across all shifts.
Vacancies have reduced overall. There was a nil vacancy position for midwives.
There were challenges with sickness, turnover and vacancy.
Recruitment is on track.
No harm was reported from staffing incidents.
The draft Birthrate+ report had been received and would be shared in the June staffing report.

Nursing (SSh)
Safe nurse staffing levels were maintained throughout the Trust.
Boarding spaces and temporary escalation areas remained open.
Turnover had reduced to 7.91.
HCA turnover showed a positive trend but challenges remained with pay and opportunities elsewhere.
Spend on reduction of agency had reduced by 30%. Off framework had reduced by 92% and were only utilised for paediatrics awaiting tier 4 beds.

The Board noted the report.

8	Quality Account	SSh	Approval	Report 6	Approved

Additional content around learning had been included.
Quality priorities have been refreshed. Outputs from the Big Quality Conversation and inpatient survey were reviewed.
HOSC external feedback was awaited. Healthwatch responses will also be included within the final report.
The Quality Account has been subject to a vigorous review, including by the Quality Governance Committee which recommended approval.

The Board approved the Quality Account.

9	Scheme of Delegation & Standing Financial Instructions	NC	Approval	Report 7	Approved

NC presented the reports, advising that they were aligned with the Foundation Group.
There were no significant changes to highlight.
Greater detail was included around controls and alignment with business cases.
Sign-off thresholds had been amended.

The Board approved the Scheme of Delegation and Standing Financial Instructions.

10	Committee Summary Reports & Minutes	RH	Information	Report 8	Accepted

Quality Governance Committee
The report was taken as read. There were no highlights not already covered during the meeting.

Audit and Assurance Committee
CH updated that the Draft Head of Internal Audit Opinion has been received and stated significant assurance, which is a positive improvement. The Committee received the draft Annual Governance Statement and this was recommended to the Board for approval. Draft financial statements had been submitted to external audit and the finance team were commended for their production in a tight timeframe. An Extraordinary Board meeting has been scheduled to approve the accounts.

People & Culture Committee

KM advised that the April Committee received an update from the head of AHPs and their impact on flow, which will feature at a Board Workshop.
The Freedom to Speak Up quarterly report was presented. Training has been refreshed and anonymous concerns are reducing.
CH chaired the last meeting and updated that medical agency reduction was discussed and as further work in this area was required.

PFI Expiry Committee
TB updated that 3 outcome objectives were agreed for the next quarter and were detailed within the report.

The Committee minutes were accepted.

11	Trust Seal	GS	Information	Report 9	Accepted

GS presented the Trust Seal report for information and was taken as read.

The Board noted the report.

12	Quality Governance Committee Terms of Reference	SSh	Approval	Report 10	Approved

SSh presented the updated Terms of Reference which had been approved by the Committee.

The Board approved the Quality Committee Terms of Reference.

13	Charles Hastings Educational Centre Update Report	TB	Information	Report 11	Noted

TB updated that a significant bequest has been gifted to enhance the museum facility.

RH thanked the Trustees for the work being done on behalf of education with Worcestershire Acute.

14	Date of Next Meeting	RH	Information	n/a	Noted

The next Trust Board meeting in public would be held on 8 July 2025.

15	Any Other Business and Questions from the Public	RH	Information	n/a	Noted

SC advised that a recent Exec Live discussed car parking. An agreement has been reached with the local authority and thanks were extended regarding car parking at County Hall from 1 August for the Worcestershire Royal site. Other options are being explored for Kidderminster and the Alex. RH acknowledged the unacceptable delays caused to both staff and patients due to the current parking situation..

SM updated that the Trust now has an appropriate Muslim staff facility and thanks were extended to the 2 staff networks involved.

There were no questions from members of the public.

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.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC ACTIONS UPDATE REPORT

Month	Meeting Type	Ref	Item	Action	Due Date	Owner	Status	Update
Jun-25	Public	Jun-25	IPR	Proportion of Estates vacancies to be shared with the Board.	Jul-25	AK	Closed	We have an average vacancy rate of 1.1% across the division (3.6% in Facilities & 1.1% in Estates) We not holding any vacancies, we do have challenge recruiting the right calibre of staff, but we are exploring and actively advertising flexible working, development opportunities etc and we are also looking at how we can grow our own, on the Estates side as it's a competitive market for trade staff.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**08/07/2025**
Title of Report:	Chief Executive Officer's Report
Lead Executive Director:	**Chief Executive Officer**
Author:	Stephen Collman
Reporting Route:	
Appendices included with this report:	
Purpose of report:	☐ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

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

Recommended Actions required by Board or Committee

The Trust Board is requested to note this report.

Executive Director Opinion[1]

1. National Urgent and Emergency Care Plan

The plan sets out urgent reforms to improve patient experience, safety, and flow across urgent and emergency care (UEC), particularly in preparation for Winter 2025/26.

Key Priorities for NHS Trusts and Systems

1. Improving Access and Flow in Emergency Departments

- Meet a maximum 45-minute ambulance handover time; target a 15-minute trajectory.
- Ensure 78% of A&E attendances result in admission, transfer, or discharge within 4 hours.
- Reduce long emergency department waits to under 10%.
- Increase the number of children seen within 4 hours.
- Eliminate mental health ED (Emergency Department) waits over 24 hours and reduce inappropriate out-of-area placements.

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

2. Reducing Unnecessary Hospital Admissions

- Expand Urgent Community Response teams, virtual wards, and neighbourhood multidisciplinary teams.
- Implement “call before convey” principles system-wide.
- Increase use of Same Day Emergency Care (SDEC) and co-located Urgent Treatment Centres (UTCs).

3. Improving Discharge and Reducing Delayed Transfers

- Set stretching targets for Pathway 0–3 discharges.
- Eliminate delays over 48 hours and reduce patients delayed over 21 days.
- Maximise use of community and home-based care, especially during winter surges.

4. Digital and Data Enablement

- Adopt NHS Federated Data Platform across trusts.
- Ensure 100% ambulance access to Connected Care Records by end of 2025/26.
- Use digital forecasting and discharge tracking tools.

5. Vaccination and Infection Prevention

- Set stretch targets for staff and patient flu vaccinations.
- Improve RSV and childhood flu vaccine uptake.
- Ensure winter IPC plans are robust and implemented across systems.

6. Mental Health Crisis and Inpatient Care

- Invest in mental health crisis assessment centres.
- Shorten inpatient stays and reduce high-intensity user re-admissions.
- Eliminate inappropriate out-of-area placements by 2027.

7. Leadership and Accountability

- Submit board-approved winter plans by summer 2025.
- Ensure leadership presence in key operational areas.
- Publish transparent data on corridor care and discharge delays.

2. Winter Plan

The expectations for winter planning have been set out. The submissions need to be made by August 2025 and there is a focus on board visibility and assurance of these. I have summarised the key themes and expectations as:

Priority Areas for System Plans

- Vaccination Coverage:
  - Detailed plans for staff and eligible cohort flu vaccinations (children, adults 18–64 with at-risk conditions, and those 65+).
- Infection Prevention and Control (IPC):

- Systems must show readiness for outbreak management, surge capacity, and Service continuity.

- Board-Level Assurance Requirements

  - Learning from 2024/25: Highlight actionable insights from last winter.
  - Mitigating System Change: Address how standards will be maintained amid national/regional transitions.
  - Leadership Capacity: Appoint a named Winter Director at Director level with operational authority.
  - Delivery Assurance: Boards must confirm that submitted plans are robust enough to handle surge and super-surge scenarios.

  These will drive our qualitative requirements for the plan which are modelling across three scenarios: Baseline, Surge, and Super Surge.

  1. Demand and Capacity

  - Forecasts for ED attendances, emergency admissions, ambulance and NHS 111 activity, mental health crises, and paediatric respiratory trends.
  - Bed capacity across acute, community, social care, virtual wards, and specialist units

  2. Surge Planning

  - Define escalation triggers, capacity stretch limits, and sector-specific impacts.

  3. Vaccination and IPC

  - Weekly vaccination uptake forecasts.
  - IPC impact projections: bed closures, extended length of stay, workforce disruption.

  4. Workforce Resilience

  - Weekly staffing forecasts, absence modelling, surge staffing plans, and bank/agency deployment.

3. Maternity

The Secretary of State has announced a rapid independent investigation into maternity and neonatal services, alongside a new independent taskforce and immediate improvement actions. This follows significant and persistent failings in maternity care across parts of the NHS.

Key concerns highlighted:

- Systemic failures in listening to women and families.
- Ongoing racial and socioeconomic inequalities, particularly affecting Black and Asian women and those in deprived areas.
- Cultural and safety issues within the maternity workforce.
- Wide variation in care quality across trusts.

The actions required by the Trust Board are :

- Ensure that our teams are working effectively together with a positive culture to safety and outcomes.
- Listen directly to affected families and manage staff who lack compassion or openness when mistakes happen.
- Foster the right culture through co-production with local women and Maternity and Neonatal Voice Partnerships.
- Enhance data monitoring on outcomes and experiences to drive improvement.
- Prioritise tackling inequalities

4. Temporary Staffing Spend

There is a renewed focus regarding the goal of minimizing waste in NHS expenditures and an expectation to reduce agency staffing costs by at least 30% in the next financial year, aiming for complete elimination by the end of the current government term.

The Trust is very focussed on Temporary Staffing and in line with the national direction of reducing reliance on agency staff and encourages trusts to prioritize bank work for staffing needs.

5. More From Our Great Teams

We celebrated Volunteers' Week at the start of June by saying a big 'thank you' to the 334 volunteers who give up their time to provide a vital service across our hospitals.

Our volunteers support patients and staff in 16 different roles, including our new Discharge Response service, Chaplaincy, Wayfinders, Patient Experience Volunteer in Maternity, Therapy Dog volunteers and Breastfeeding Friends. They have generously given us 12,987 hours of support in the last 12 months.
As well as hosting thank you lunches for the volunteers at each of our three sites, we also hosted 'Appreciation Station' information stands at each hospital to promote the volunteering service and gather staff and patient feedback.

The week was also an opportunity to encourage and invite more people to give their time to make a difference at their local hospital, with two new rewarding volunteering opportunities available.
At Worcestershire Royal Hospital, a new Peony Volunteer Service is being launched, focussed on supporting people nearing the end of their life.

Volunteers are also being recruited to a new Discharge Response Volunteer (DRV) service at the Alexandra Hospital, Redditch, following the success of the DRV service which launched at Worcestershire Royal Hospital earlier in the year.

Congratulations to our Research Team who have been involved in a groundbreaking UK trial which could reshape the way Chronic Lymphocytic Leukaemia - the most common form of leukaemia in adults - is treated.

The Flair trial saw two targeted cancer drugs perform better than standard chemotherapy, halting disease progression in 94% of patients and offering a chemotherapy-free approach to leukaemia treatment.

Our Research Team was one of the largest recruiters to the study and it is fantastic to see our patients benefit from early access to these highly effective treatments through such an important clinical trial.

Our Tobacco Dependency Prevention programme - offering support for hospital patients in Worcestershire to stop smoking - has proved a huge success helping to save lives, free up hospital bed spaces, and save hundreds of thousands of pounds in treatment.

In its first year the programme, which is offered to all adult inpatients and pregnant women who smoke - has seen 57% of those accepting the offer saying they have quit smoking after just four weeks.

Data from the Inpatient Tobacco Dependency Service Calculator reveals the programme has freed up the equivalent of 1.4 hospital bed spaces per day, saved 52 lives, and reduced hospital readmissions resulting in a cost saving of £253,196.

In recognition of its success, NHS England gave the service a Grade A rating after achieving its Level One Service Quality, for demonstrating a commitment to best practice, reducing health inequalities, and involving patients in the design and delivery of care.

Congratulations to the team.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Integrated Performance Report

Trust Board

Wells,Jo
09/07/2025 09:23:00

JULY 2025

ACTING CHIEF EXECUTIVE OFFICER – EXECUTIVE SUMMARY

Stephen Collman

Acting Chief Executive Officer

Following a challenging start to the financial year in April, we continued to see operational pressures in May, which affected achievement of some of our performance standards and quality priorities. This serves to reinforce the importance of pursuing our objectives to improve patient flow from the 'front door' to discharge and we continue to work closely with our partners to achieve this

Quality

Operational challenges across the patient pathway impacted our ability to progress some of our quality priorities, including improving care for patients with a fractured neck of femur, reducing the rate of infections and reducing the number of falls, although thankfully no falls resulted in severe harm. The number of healthcare acquired pressure ulcers reduced however, and it was pleasing to see progress on antimicrobial stewardship, implementing the Martha's Rule initiative and improving our management of complaints.

Operational Performance

We continue to see high levels of demand in our ED at Worcestershire Royal and while our performance on 4-hour and 12-hour waits improved, the experience for patients is still not what we want and is reflected in the Friends and Family Test Results. We also maintained our focus on discharge and length of stay, with bed occupancy remaining high. Disappointingly, linked to capacity challenges in Oncology, our cancer performance deteriorated, particularly on the faster diagnosis standard. We did sustain our performance on elective care standards in line with out annual plan but, as with all our operational performance standards, we have much more to do.

Workforce

Despite the challenges our staff are facing, our people indicators indicate a broadly stable position, comparing favourably with the previous year. Following investment in more permanent staff our vacancy rate has increased slightly and we were able to reduce usage of agency staff but this remains a significant challenge and a key area of focus. The annual staff turnover rate continued to improve and sickness absence reduced again in May. Improving consultant job planning is an important priority this year and continued to progress, though we need to maintain our focus to achieve the target.

Financial Performance

The challenges described above have been felt in our financial performance at this early stage of the year, with an adverse position of £0.3m compared to our plan driven by under delivery of our efficiency programme (CPIP) and the need for additional resources to support patient flow, including a continued reliance in some areas on agency staff. This is a concern as failure to deliver our CPIP target could impact our ability to access deficit support funding and our teams are working hard to develop and deliver our plans.

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

May 25 has shown performance challenges in several areas. Our ability to get patients with a #NOF to surgery within 36 hours is poor, and this metric reflects end-to-end challenges across the pathway, from bed availability to theatre space to rapid discharge to community hospitals for rehabilitation. We have not achieved an adequate performance in this area for five years. We are currently making changes to the T+O bed base and junior doctor workforce and will be continuing to review the pathway over the coming months to improve the experience and care of our patients.

Antimicrobial stewardship is satisfactory, with pharmacists now providing point audits and feedback of antimicrobial use. The audit methodology will be changing again in the coming months.

We continue to work on the integration of the EPR with the deteriorating patient pathway and prepare to tie this in with the Martha's rule initiative which is being introduced over 25/26.

Overall mortality rates in the Trust remain 'as expected' according to SHMI data.

In May 25 cases of CDiff increased to (from 4 in April 25) and is still showing common cause variation. E Coli, MSSA and Klebsiella have also increased in May 25 whilst pseudomonas aeruginosa BSI has decreased but is still showing common cause variation. There were zero cases of MRSA BSI in May. . All the 11 high impact intervention audits were compliant in May 25. Risks identified are the timely isolation of infective patients alongside the capacity challenges.

Sarah Shingler

Chief Nursing Officer

The complaint compliance target to close within 25 days did not meet the target in May 25 but is still showing an improvement trajectory for the third consecutive month. The Trust had an increased number of complaints still open at the end of May 25 at 116 compared to 110 in April 25. Surgery Division account for 46 of the 116 open complaints and a total of 24 complaints overall had breached 25 days.

The total number of falls in May 25 has increased to 125 (from 105 in April 25) but remains below the national benchmark with 4.49 total falls per 1,000 bed days (national benchmark of 6.63). Highest number of falls in Speciality Medicine Division (45) due to increased LOS and acuity, however there were zero falls with severe harm in May 25 and only 4% classed as moderate. The total number of HAPUs in May 25 decreased to 16 from 19 in April 25 (0.46 HAPU per 1,000 bed days). There were 3 cat 3 HAPU reported in May 25 (2 in Medicine and 1 in Urgent Care) which are being investigated for related harm, and 1 Cat 4 in Women & Childrens – also under investigation as per the PSIRF process.

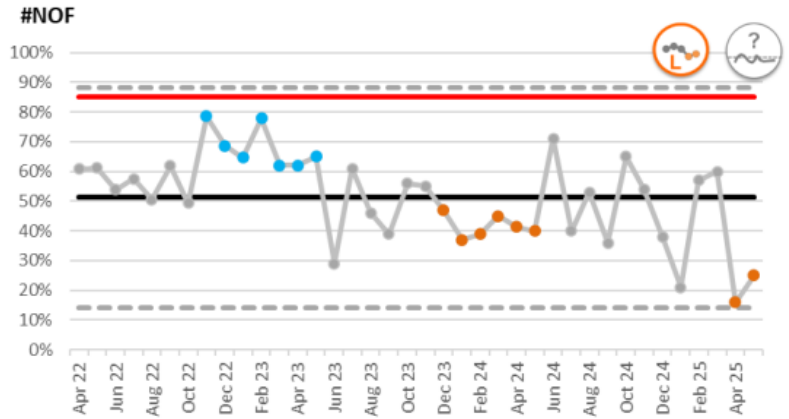
The friends and family recommended rates have met the recommended target (95%) across inpatients (95.6%) but decreased in maternity (94.4%). Outpatients also decreased slightly to 93.6%. ED rates have increased in May to 81.4%. Patient Experience Lead Nurse and Quality Matron continue to monitor and review the use of FFT throughout QAV visits and Ward Accreditation processes, alongside the Inpatient Survey.

All Divisional teams continue to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count.

OUR QUALITY AND 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.



Understanding the performance

- #NOF compliance increased in May-25 to 20% (BPT) and 25% (all) and the target (36 hours) has still not been achieved since Mar-20.
- There were 81 (BPT) and 103 (All) #NOF Admissions in May-25
- There were a total of 65 (BPT) and 77 (All) breaches in May-25
- The primary reasons for BPT breaches in May-25 were Bed Issues (41) and Theatre capacity (22).
- The average time to theatre was 58.5 hours (BPT) and 63.8 hours (All).
- The Trusts Crude Mortality Rate for the period Apr-24 to Mar-25 was 15.78% for the diagnostic group #NOF (in-hospital 6.27% & Out of hospital 9.52%)[1]
- This is the 19th lowest (of 21 Midland Acute Trusts), with the figures ranging from 8.58% to 17.23%.[1]
- The ALOS for #NOF patients in the period Apr-24 to Mar-25 was 14.37 days.
- This is the 4th lowest ALOS amongst Midland Acute Trusts during this period, with figures ranging between 7.44 days and 23.76 days[1]

Actions (SMART)

- Reconfiguration of surgical beds, this will give 17 beds to the trauma team. The plan for these beds would be for 2 day post op NOF's to go to this ward. They would receive othrogeri input. The beds that are then vacated would be for the new NOF's coming through. We would ringfence a NOF bed on Hazel ward and when that is filled, create another NOF bed which would reduce the wait time to theatre.
- Out by 5. This project is for patient's to be sent to POWCH (community hospital) by day 5.
- Nutrition – we are working on patient nutrition to reduce the length of stay.
- Theatre utilisation for trauma. The improvement team are process mapping trauma patients through theatre to look for efficiencies.

Risks

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

[1] *Source: HED, accessed 06/06/2025*

OUR QUALITY AND 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.

Understanding the performance	Actions (SMART)	Risks
• Following discussions at the QGC it was agreed to temporarily pause reporting the SEPSIS compliance metrics whilst improvements are being made to the reporting mechanisms.	• Current State and Future State processes have been mapped and are being discussed with Digital and Reporting colleagues. • These will be discussed and signed off at the next SEPSIS Standard Work Project Group meeting on 16/06/25. • This will then allow the development of a Trustwide SOP for management of SEPSIS to be completed. • The Training Department have started working on a training package.	• Ambulance offload delays 3908 • Crowding in Emergency Departments 4843, 4963, 4964 • Insufficient staffing to deliver safe, timely care 3698, 4192