Public Trust Board

Tue 14 October 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: Catherine Driscoll

13:05 - 13:05
0 min

2. Declarations of Interest

Information *Russell Hardy*

13:05 - 13:05
0 min

3. Minutes of WAHT Board Meeting held on 9 September 2025

Decision *Russell Hardy*

3. Public Trust Board Minutes 9 Sept 25.pdf (4 pages)

3.1. Actions and Matters Arising from the meeting held on 9 September 2025

Information *Russell Hardy*

3.1 Public actions.pdf (1 pages)

13:05 - 13:10
5 min

4. Chief Executive's Report

Information *Stephen Collman*

4. CEO Board Report 14.10.25.pdf (3 pages)

13:10 - 13:30
20 min

5. Integrated Performance Report

Information *Stephen Collman*

5. Trust Board IPR Oct-25 (Aug-25_Data)_0-1 (003).pdf (22 pages)

5.1. Introduction

Stephen Collman

5.2. Operational Performance

Chris Douglas

5.3. Quality & Safety

Hayley Flavell/Jules Walton

5.4. Workforce

Alison Koeltgen

5.5. Finance

Neil Cook

13:30 - 13:40
10 min

6. Safe Staffing Report

6.1. Midwifery

Information *Justine Jeffery*

- 6.1 Midwifery Safe Staffing Report August 2025 (004).pdf (7 pages)

6.2. Nursing

Information *Hayley Flavell*

- 6.2 1 Board and committe covering report August 25 (002).pdf (2 pages)
- 6.2 2 Staffing paper August 25.pdf (8 pages)
- 6.2 3 Escalation & Assurance Report Augut 2025 safe staffing (002).pdf (2 pages)

13:40 - 13:45
5 min

7. Board Committee Reports

7.1. Quality Governance Committee

Information *Dame Julie Moore*

- 7.1 Minutes for Quality Governance Committee August 2025.pdf (7 pages)

7.2. Audit & Assurance Committee

Information *Colin Horwath*

- 7.2 Audit and Assurance Committee Escalation and Assurance Report September 2025.pdf (2 pages)

7.3. People & Culture Committee

Information *Karen Martin*

- 7.3 05.08.25 PC Minutes.pdf (5 pages)

13:45 - 13:55
10 min

8. Responsible Officer Report

Information *Jules Walton*

- 8. 1 RO Report Trust Board Cover.pdf (1 pages)
- 8. 2 FQAI August 2025.pdf (19 pages)

13:55 - 14:05
10 min

9. Patient & Public Forum Report

Information *Hayley Flavell/Rosemary Smart*

- 9. 1 October 2025 cover sheet PPF Report AR_.pdf (1 pages)
- 9. 2 October PPF paper AS.pdf (4 pages)
- 9. App 1 Hearing Loop Audit.pdf (5 pages)
- 9. App 2 PPF ToRs.pdf (5 pages)
- 9. App 3 PPF workplan.pdf (1 pages)

14:05 - 14:15
10 min

10. Provider Capability Assessment

Information *Gwenny Scott/Stephen Collman*

- 10. 1 Provider Capability Assessment CoverSheet October 2025.pdf (2 pages)
- 10. 2 WAHT Detailed Provider Capability Assessment October 2025.pdf (7 pages)
- 10. 3 WAHT Provider capability self assessment October 2025.pdf (1 pages)

14:15 - 14:20
5 min

11. Date of Next Meeting

Information *Russell Hardy*

Foundation Group Boards - 5 November 2025

WAHT Trust Board - 9 December 2025

14:20 - 14:25
5 min

12. Any Other Business & Questions from the Public

Information *Russell Hardy*

14:25 - 14:25
0 min

13. Acronyms

Information

13. Acronyms.pdf (3 pages)

Trust Board
9 September 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	Hayley Flavell, Chief Nursing Officer	HF
Tony Bramley, Non-Executive Director	TB	Colin Horwath, Non-executive Director	CH
Neil Cook, Chief Finance Officer	NC	Julie Moore, Non-Executive Director	JM
Jules Walton, Chief Medical Officer	JW		
Board Members Present (non-voting)			
Ali Koeltgen, Chief People Officer	AK	Chris Douglas, Interim Chief Operating Officer	CD
Julian Berlet, Chief Clinical Strategy Officer	JB	Sue Sinclair, Associate Non-Executive Director	SSi
Rebecca Brown, Chief Digital Information Officer	RB	Catherine Driscoll, Associate Non-Executive Director	CDr
Michelle Lynch, Associate Non-Executive Director	ML		
Attending			
Gwenny Scott, Company Secretary	GS	Jo Wells, Deputy Company Secretary	JWe
Richard Haynes, Director of Communications & Engagement	RH	Justine Jeffery, Director of Midwifery	JJ
Susan Smith, Deputy Chief Nursing Officer	SS	Reena Rane, Matron for Trauma and Orthopaedics	RR
Apologies			
Karen Martin, Non-Executive Director	KM	Alex Moran, Associate Non-Executive Director	AM

Ref	Item	Lead	Purpose	Format
1	Apologies for Absence	RH	Information	Verbal
2	Declarations of interest	RH	Information	Verbal

No new declarations of interest were raised. New Board member HF was welcomed.

Ref	Item	Lead	Purpose	Format
3	Minutes and Actions Arising	RH	Approval	Report 1

RH opened the meeting by summarising the Board workshop held earlier in the day where a patient story had been shared, as well as an update on EDI mentoring and reverse mentoring initiatives and a discussion about reorganising services to drive performance. The Trust had achieved reasonable performance so far this year but there were significant challenges ahead, to include winter pressures, potential strike action and the ongoing need to drive productivity and cost efficiency.

The action log was reviewed and all actions were closed, with the following further action agreed: JW to provide a further update on the increasing incidence of stroke including whether this is due to an ageing population.

Ref	Item	Lead	Purpose	Format
3.1	Foundation Group Public Board Minutes and Actions	RH	Approval	Report 2

The Foundation Group Board minutes from the meeting held in public on 6 August 2025 were approved and the actions reviewed.
RH encouraged members of the public to observe foundation group board meetings, which was a valuable forum for sharing best practice.

Ref	Item	Lead	Purpose	Format
4	Chief Executive's Report	SC	Information	Report 2

SC presented the report and provided the following update:

- Multi-Year Planning: The Trust is moving towards multi-year planning, which is expected to improve strategic and financial stability. This shift was welcomed after years of annual planning cycles that limited long-term vision.
- National Oversight Framework: The new framework, published today, places the Trust in Segment 4, primarily due to financial deficit and productivity challenges. The framework is relative, so trusts can move position depending on sector-wide performance.
- Board Capability Framework: All trusts must complete a self-assessment, which will inform the level of support required.

- Resident Doctors' Experience: A national 10-point plan to improve working conditions is being implemented locally, led by JW.
- Achievements:
    - The elective surgical hub at the Alexandra Hospital had received GIRFT accreditation.
    - Cardiology had been awarded a pharmaceutical grant to lead a research project.
    - A volunteer-led garden transformation had taken place at the Alexandra Hospital.

The Board discussed the following key points:

- Car parking issues: The Worcestershire County Council site is available to staff for car parking and staff were encouraged to use it, particularly those working day shifts. A question had been raised from the public about car parking and staff safety. Plans are in place to improve lighting, and security would walk regularly between the sites.
- Mortuary Services: There had been recent media relating to an inspection of mortuary services. It was clarified that the temporary facility referred to is private and secure, with improvements underway to ensure dignity for families.

The Board noted the report.

5	Integrated Performance Report	SC	Information	Report 3

SC introduced the report, highlighting challenges in urgent and emergency care pathways. The Trust has moved from Tier 1 to Tier 2, reflecting improved ambulance handover times. Good progress was being made with elective performance, but cancer remains challenged.

CD, HF, JW, AK and NC provided a summary of the following sections of the report.

Operational Performance (CD)

Urgent and Emergency Care
Improvements in ambulance handover delays and triage performance were reported.
Attendances remain high (>85th percentile), adding pressure to the system.
Funding had been secured for 30 virtual ward beds and 15 respiratory beds, launching in October.
Risks: Further industrial action, failure of community demand management schemes, and complex discharge processes.

Cancer
Cancer performance has deteriorated, with high referral rates, especially in skin and breast.
A Tele dermatology service has been approved to address skin pathway challenges.
Oncology is under pressure due to funding constraints. Consultant goodwill is sustaining services.

Elective
Elective care is broadly on target, with recovery plans in place for challenged specialties (ENT, oral surgery, trauma, orthopaedics, gastroenterology).

Quality (HF and JW)
Improvement work was continuing with antimicrobial stewardship and good compliance was reported.
Progress was being made with the management of deteriorating patient workstreams and Martha's rule implementation.
Mortality indicators remain as expected.
Fractured back of femur remains challenged but improvements are expected to be seen within the next month.

Workforce (AK)
Progress had been made on sickness reduction and temporary staffing in comparison to last year but not at the required pace.
Focus continued on reducing agency demand and supporting staff health and wellbeing.
Emphasis is on a culture of kindness and values-led behaviour to reduce stress related sickness.

Finance (NC)
Performance was £0.1m favourable against the plan.
CPIP slippage was reported due to excess capacity remaining open and industrial action costs.
Non-recurrent benefits such as energy savings and elective income are offsetting challenges.

Cost improvement schemes were not maturing as planned, therefore a deep dive session had been planned with divisions.
There were no reported concerns in regard to cash or capital.

The Board noted the report.

6	Safer Staffing Reports	JJ/HF	Information	Report 4

Midwifery (JJ)
All shifts were safely staffed. Staff had been moved to different areas to mitigate risk.
Staff sickness has reduced.
Turnover and vacancies were low.
Fill rates and care hours per patient

Nursing (HF)
Safe nurse staffing levels were maintained throughout the Trust.
The fill rate was in line with guidance.
Care hours per patient per day were in line with national guidance.
All graduates from the most recent cohort have been offered a placement.

The Board noted the report.

7	Perinatal Safety Report	JJ	Information	Report 5

JJ presented the report, highlighting the following key points:

There had been an increase in the number of complaints but no significant themes had been identified.
Work was ongoing to reduce delays in medication and induction.
Medical workforce middle grade issues continue to be reported but are being mitigated with improved fill from the Deanery.
MNVP engagement has dropped due to staff turnover. An action plan is being developed.
All September/October nursing graduates had been offered placements. Planning for the February cohort is underway.

The Board noted the report.

8	CNST MIS Year 7 Report	JJ	Information	Report 6

JJ presented the CNST quarter 1 report for recording due diligence in terms of the evidence discussed at the Quality Governance Committee.
There were 2 were areas of focus, but there was confidence that the Trust will deliver against all 10 areas this year. A further update will be presented at the end of quarter 2.

The Board noted the report.

9	Winter Plan	CD	Information	Report 7

CD reported that winter planning had started early, integrated with system partners.
The plan is evolving with stress tests and assurance exercises scheduled.
A clinical engagement session was planned and there would be a review of the quality impact assessment.
The main risks were non-delivery of internal/system schemes and the system's assumption of a 2% reduction in ED attendances.
Hospital at home/virtual wards are a key opportunity.
The plan would be submitted to NHSE at the end of the month, based on feedback from stress tests.

NC highlighted that the Trust did not have a fund to support additional capacity over winter.

The assumptions behind the 2% reduction in ED attendances and the lack of an Urgent Treatment Centre were questioned. CD explained that alternatives such as same day access hubs and community response teams were being developed but there was currently a gap without a dedicated urgent treatment centre.

10	Committee Summary Reports & Minutes	RH	Information	Report 7

Quality Governance Committee (JM)
The report taken as read.

Audit and Assurance Committee (CH)
The Trust's response to the External Audit VFM review and the external review of the construction of UEC were highlighted.

People & Culture Committee (KM)
The minutes were taken as read.

PFI Exit Committee (TB)
A Resource Plan is in progress.
A review of managed equipment service contracts was underway as it was identified as a risk.

The Committee reports and minutes were accepted.

11	Date of Next Meeting	RH	Information	n/a
The next Trust Board meeting in public would be held on 14 October 2025				
12	Any Other Business and Questions from the Public	RH	Information	n/a
There was no other business. One question was raised regarding car parking, which was addressed during the CEO Report item.				

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
Sept-25	Public	3/25	Actions Update	JW to provide a further update in relation to whether stroke incidence is increasing due to an ageing population.	Oct-25	JW	Closed	Graph and figures shared with the Board via email on 09/10/25.

Worcestershire Acute Hospitals NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**14/10/2025**
Title of Report:	Chief Executive Officer's Report
Lead Executive Director:	**Chief Executive Officer**
Author:	Stephen Collman
Reporting Route:	
Appendices included with this report:	None
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]

NHS Oversight Framework and Segmentation

The national performance league tables have now been published, and as expected we are confirmed as being in segment 4 based on performance in quarter one of 2025/26. Our underpinning performance across a range of metrics is improving. The focus remains on improving our Urgent and Emergency Care pathways and tackling our underlying financial deficit which currently triggers a financial override, meaning we cannot be higher than segment 3. The Board self-assessment of capability across six thematic areas in line with the national timetable, and it is being considered for sign off by the Board today.

[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.

Winter preparedness

We have collaborated with wider system and NHS partners to stress test our winter plans and ensure we are as well prepared as we can be as we head into the winter period. During September the Trust undertook Integrated Care System (ICS) and NHSE stress testing of Winter plans, with partners. Executives from across the System then attend local ICS and Regional events to further test our readiness with NHS England. This resulted in key actions to address the Place and System assurance plans. These will be completed and will be followed up with weekly ICS Winter Directors meetings across the autumn and winter period. We must improve our delivery of our annual flu vaccine campaign and would encourage everyone to take up the offer.

Medium Term Planning

Following publication of the draft planning framework, The Trust has been working to complete activities in phase one, designed to ensure a robust understanding of the financial baseline from which NHS organisations will exit 2025/26. Having clarity on the exit baseline is critical to ensure medium term plans are based on credible planning assumptions. At our workshop today we have reviewed progress with the planning process. Internally we have started operational planning with divisional and corporate teams working to deliver the core planning assumptions such as workforce planning, demand and capacity assessments and identification of transformation opportunities including Neighbourhood Health. Developing our clinical strategy, engaging with our specialties through specialty reviews is a key enabler underpinning our integrated delivery plan. We are anticipating publication of the final planning guidance in early October, and conclusion of the initial planning cycle before the end of 2025.

More From Our Great Teams

Celebrating our learning and growth opportunities

More than 100 colleagues from wards and departments across our Trust gathered recently for a special event to celebrate the power of learning, leadership, and personal growth.

The celebration event, held at the Charles Hastings Education Centre, WRH, brought together dozens of our apprentices to mark the successful completion of their programmes as well as more than 50 colleagues who have completed leadership courses.

Over the past year, 89 apprentices successfully completed their programmes, while 115 apprentices started an apprenticeship this year. At any given time, around 250 apprentices are enrolled across 42 apprenticeship standards, offered by 32 different training providers. Notably, achievement rates have exceeded the government target of 67% for the past three years, highlighting the continued success of the programme.

The event also celebrated the achievements of 57 colleagues, who together completed 70 leadership courses—from short workshops to transformational programmes like: The 7 Habits of Highly Effective People and The Four Essential Roles. Each achievement represented more than a certificate. It was about people stepping up, choosing to grow, and shaping the future of our Trust.

SAS Doctors:

Last week (6-10 October) was SAS Doctors Week – in the NHS, SAS stands for Specialty, Associate Specialist, and Specialist doctors a vital, highly skilled part of our workforce. SAS doctors are at the frontline of patient care every day, providing expertise, continuity, and support across the Trust. Their clinical and non-clinical skills strengthen departments, free up consultant time, and most importantly, enhance the care we provide to patients. Our commitment is to support this workforce, expand opportunities, and ensure SAS doctors continue to thrive as a valued part of the Trust community.

Ward 1 at Kidderminster Hospital & Treatment Centre

Congratulations to colleagues in Ward 1 at Kidderminster, which was the first ward to receive an Exemplary award in our Care Excellence Accreditation programme. They met the assessment criteria to a high standard, with exemplary practice observed across the department's Quality Assurance visits. This was demonstrated through well organised Ward practice, clear communication among staff, and a strong focus in patient experience and staff wellbeing.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Integrated Performance Report

Trust Board

OCTOBER 2025

ACTING CHIEF EXECUTIVE OFFICER – EXECUTIVE SUMMARY

Stephen Collman

Acting Chief
Executive Officer

This report relates to our activities during August. The summer is no longer a quiet period for the NHS and demand for urgent and emergency services continued to be very high. Our strategies to better manage this demand are beginning to take effect, however, and we saw improvements in ambulance handovers, long ED waits and triage times. We have also tested and further improved our winter plans and we are working on other improvements with NHS England's ECIST team so that we will be in the best position possible to manage the challenging months ahead.

Cancer and elective care both continue to present challenges, but our teams are working hard to reduce waiting times and ensure people are seen as quickly as possible.

A pleasing area of progress is the fractured neck of femur pathway – a quality priority – with new approaches providing a more efficient service and helping ensure we meet our target for timely surgery.

Maintaining our focus on quality indicators is vital when pressures are high. The control of hospital acquired infections is particularly important, so it was pleasing to see positive audit results on infection controls in August and the majority of infections remain below the threshold. This remains a high risk area, however.

From the perspective of our patients, the demand in our EDs has clearly had an impact on the experience of people waiting, with satisfaction rates well below our target but the Friends and Family Test results across inpatient areas and maternity were above 95% reflecting excellent work by our teams.

Following a period of focused work we are now seeing an improved position on the management of formal complaints, which is not only better for the patients and their families, it also helps ensure we are able to make any necessary changes much more quickly.

Unfortunately, the operational challenges we have been experiencing are clearly being felt by many of our staff and we saw an increase in sickness absence and stress. Staff turnover and vacancies continue on a positive trajectory.

Financially, although we are reporting a positive year to date position, performance on our efficiency programme remains behind plan which will impact our cash position and our full year delivery of a balanced financial plan. Financial recovery plans are now in place and will be overseen by our Financial Recovery Board.

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

There have been marked improvements in the fractured neck of femur performance driven by our Clinical Director of Trauma and Orthopaedics. This has been partly due to opening another ward at WRH to collect 'outlying' patients enabling the delivery of a more efficiency trauma and orthopaedic service.

Sepsis training is being re-introduced into the Trust, and work continues integrating the sepsis pathway, deteriorating patient pathway and (eventually) Martha's rule pathway into the EPR.

ePMA is due to launch in the next month. This will hopefully start to bring dividends in terms of improving Antimicrobial Stewardship, with automatic prompts to capture important data such as the reason for each prescription.

Hayley Flavell

Interim Chief Nursing Officer

In August cases of CDiff increased to 44 (from 33 in July) but still below the threshold of 53. E Coli has increased with a YTD total of 42 (threshold 46). MSSA increased with a YTD total of 17, with the threshold at 18. MRSA was unchanged in month with a year-to-date total of 3, failing threshold of zero. Klebsiella unchanged in month with a total of 15 (threshold 15) whilst pseudomonas aeruginosa BSI has increased in month with a YTD total of 9 (threshold 6). All eleven high impact intervention audits were compliant in August . Risks identified are the timely isolation of infective patients alongside the capacity challenges, which sits as an extreme risk number 4816.

The complaint compliance target to close within 25 days increased to 79.8% in August . The Trust had fewer complaints still open at the end of August at 111 compared to 116 in July 25. Surgery Division account for 49 of the 111 open complaints followed by Women and Children's at 18, and a total of 24 complaints overall had breached 25 days.

The total number of falls in August has increased to 135 (from 115 in July) but remains below the national benchmark with 5.26 total falls per 1,000 bed days (national benchmark of 6.63). Highest number of falls in Speciality Medicine Division (48) due to increased LOS and acuity, with 3% classed as moderate harm, and 0.9% with severe harm. 421 people presented to ED with a fall as the chief complaint in August (368 in July) The total number of HAPUs in August decreased to 19 from 21 in July. (0.74 HAPU per 1,000 bed days). There was 1 x cat 3 (urgent care) and zero Cat 4 HAPUs reported in August, round tables are in progress.

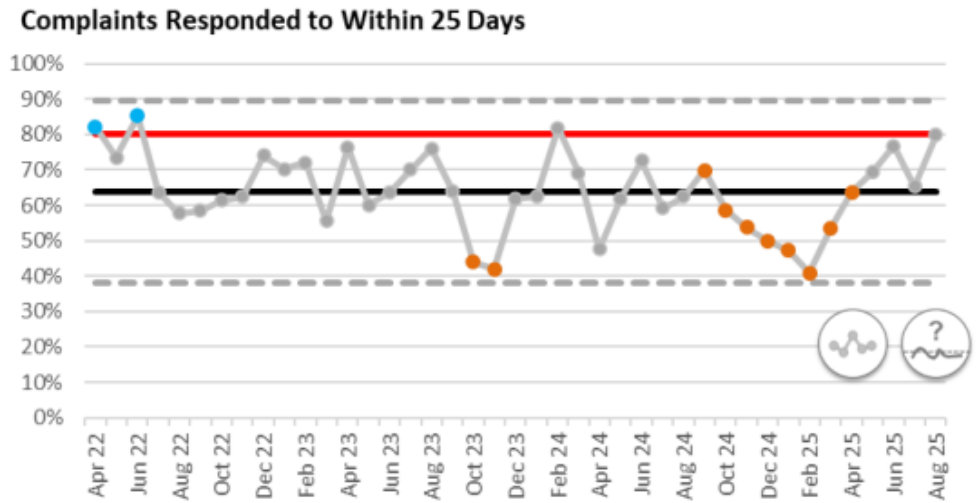
The friends and family recommended rates have met the recommended target (95%) across inpatients (95.3%) and in maternity (96%). Outpatients have increased slightly to 94.1% along with ED whose rates have also increased in August to 84.3.%. The Healthcare Standards Team continue to monitor and review 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 - 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.



Understanding the performance

- Compliance with complaints closed within 25 days increased to 79.8% in Aug-25.
- This metric is showing common cause variation.
- In total there were 78 new formal complaints received within Aug-25 with 37 (56.06%[1]) called within 5 days to discuss the complaint.
- The Trust had 111 complaints still open at the end of Aug-25, of which 21 have been reopened.
- Of these 111 complaints, 24 have breached 25 days (6 of which have been reopened).
- Surgery Division accounts for 49 (44.1%) of the open complaints, followed by W&C 18 (16.2%), Urgent Care 17 (15.3%), SCSD 13 (11.7%), Specialty Medicine 10 (9.0%)and Corporate 4 (3.6%).
- *NOTE: Figures correct at time of snapshot and may differ from live figures.*

[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 (SMART)

- **Divisional engagement:** Ongoing close working with divisions to support timely responses to complaints, with plans to introduce regular divisional catch-ups to review specific challenges
- **Streamlined processes:** Complaints Manager working with divisions to introduce more efficient processes for sharing draft responses, freeing up admin time for both teams.
- **KPI reporting:** Working with the Information Team to develop a WREN report, giving both the Complaints Team and divisions easy access to KPI data. This should be in active use before the end of September
- **Team performance:** Despite high levels of annual leave in August, the team continued to achieve internal KPIs.
- **PHSO engagement:** Continuing to provide information to the PHSO for escalated cases. Their 2024/25 annual data for WAHT shows:

a) 72 complaints received
b) 2 accepted for detailed investigation (1 still under investigation)
c) 0 upheld / 0 partly upheld (1 not upheld)
d) Overall uphold rate: 0%

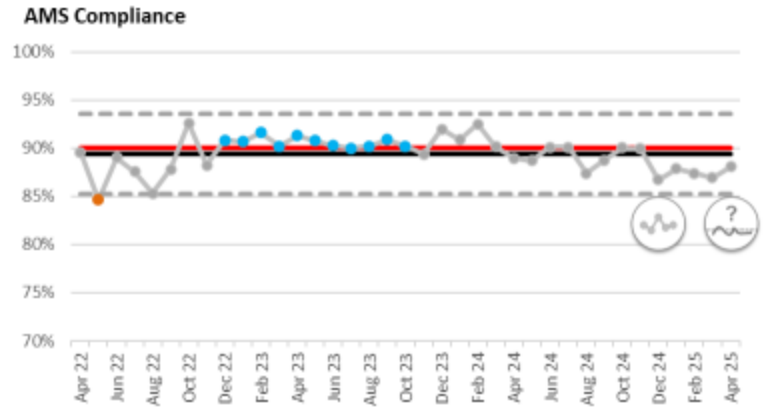
Risks

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

OUR QUALITY AND SAFETY – ANTIMICROBIAL STEWARDSHIP (AMS)

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.



Understanding the performance	Actions (SMART)	Risks
• The AMS monthly performance has not been available since May-25 as the audit had been paused pending redevelopment with more relevant questions. • A new audit has now been set up on GAP. • Data will be recorded on the new audit from Sep-25, and the first report should be available for the Oct-25 IPR. • Additional information should be available following the release of ePMA in Oct-25.	• Focus on audits carried out by Pharmacists to identify actions to drive improvement in quality (KPIs). Q2 antimicrobial audits completed the week commencing 8th September. • AMS education session planned for Pharmacy colleagues. • 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. Actions that can be taken discussed with Consultant Microbiologist. • 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- continuing as an internal audit-(target for 25/26 is Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Achieved the target in all quarters in 24/25 (lower % indicates better performance). Audit completed for quarter 1- achieved 6.19%. Quarter 2 data currently being collated. • Antimicrobial Stewardship meetings terms of reference currently being reviewed- Continuing to encourage wider stakeholder engagement. • Engaging with the ePMA team to review the antimicrobials. • Reviewing the antimicrobials which require closer monitoring. • Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines. • Paediatric sepsis guidelines approved and added to EOLAS.	• Operational pressures prevent necessary attention to AMS

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.

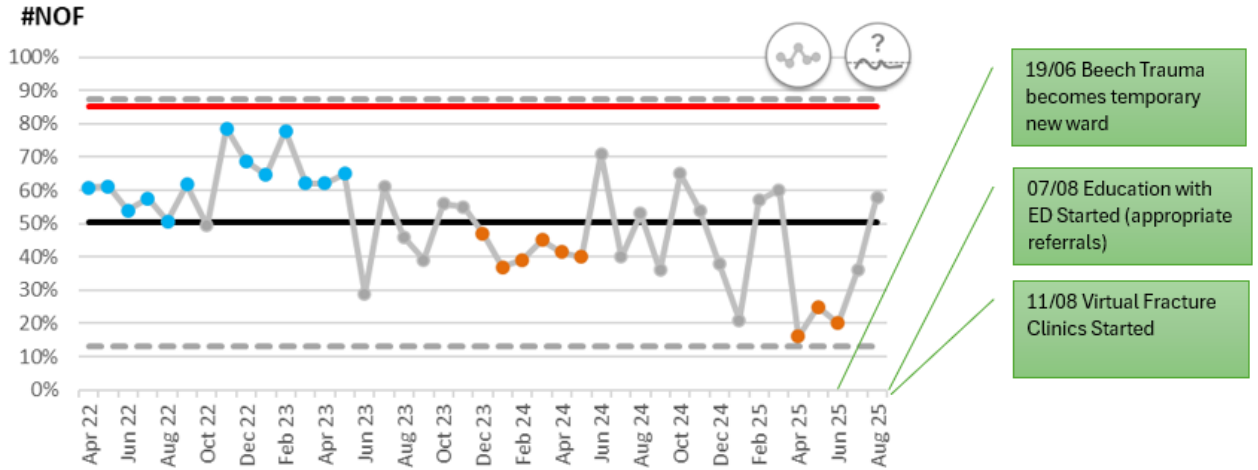
Understanding the performance	Actions (SMART)	Risks

• 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.	• **KEY ISSUE**: need to develop a Trust wide Deteriorating Patient Pathway (DPP) and SEPSIS Pathway.
	
	• Updated current version of sunrise Sepsis wire frame with agreed wording and end-of-life time frames for Sepsis reassessment.
	• Due to additional changes to the wire frame, it is unlikely the digital team will be able to build, test and implement the new Sepsis process before ePMA go live. This pushes back the Sunrise Sepsis update to November 2025.
	
	• **Next Steps;**
	  • Discuss with ePMA digital team around automatic ordering of medications based on deteriorating patients and Sepsis.
	  • Ensure this work is linking in with Martha's Rule working group.
	  • Develop full Sunrise training to sit alongside awareness training on the new digital training platform.
	  • Develop Trustwide Sepsis SOP for the Sunrise process.
		• Ambulance offload delays 3908
		• Crowding in Emergency Departments 4843, 4963, 4964
		• Insufficient staffing to deliver safe, timely care 3698, 4192

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 Aug-25 to 54.8% for BPT patients, and 57.8% for All patients.
- However, the target (36 hours) has still not been achieved since Mar-20.
- There were 73 (BPT) and 83 (All) #NOF Admissions in Aug-25
- There were a total of 33 (BPT) and 35 (All) breaches in Aug-25
- The primary reasons for BPT breaches in Aug-25 were Theatre capacity (27), Bed Issues (12) and medically unfit patients (9).
- The average time to theatre was 41.8 hours (BPT) and 42.5 hours (All).
- The Trusts Crude Mortality Rate for the period Jul-24 to Jun-25 was 13.67% for the diagnostic group #NOF (in-hospital 5.31% & Out of hospital 8.36%)[1]
- This is the 18th lowest (of 21 Midland Acute Trusts), with the figures ranging from 7.09% to 18.27%.[1]
- The ALOS for #NOF patients in the period Jul-24 to Jun-25 was 14.22 days.
- This is the 4th lowest ALOS amongst Midland Acute Trusts during this period, with figures ranging between 8.25 days and 19.48 days[1]

[1] Source: HED, accessed 09/09/2025.

Actions (SMART)

- Ensure actions from trauma improvement meeting action log are regularly monitored and updated.
- Continue work with improvement team with regard to better theatre utilisation.
- Continue support for Beech Trauma ward and education of nursing staff.

Risks

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

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Chief Operating Officer

Our Emergency departments remain busy with continuation of record high monthly attendances over the last six months becoming the new norm. Despite this sustained increase, our teams have reduced the number of delays exceeding 45 minutes to handover patients arriving by ambulance; achieving on or above NHSE baseline target of 80% for the third month in row. We also have fewer patients in our Emergency Departments for more than 12 hours. Our teams continue to push forward with our urgent and emergency improvement work through our 30-, 60-, and 90-day actions which includes the use of navigators and introduction of new dashboards which are contributing to a more than 20% improvement in triage times, emergency access standard for patients streaming to GPs improving by over 4% and reductions in the length of stay in our departments. The focus moving forward is to realign resource to support our departments to improve our performance in seeing and treating our patients in a timelier manner overnight.

As an organisation and as part of a wider system we continue with developing our winter plans and have recently taken part in a regional assurance event and have conducted a system wide stress test of our plans. This has provided assurance around our current plans and mitigation but also identified areas we can strengthen and improve further so that we are in the best possible position to respond to increased urgent and emergency care demands during the winter period, whilst still maintaining and delivering planed care for our patients on elective pathways.

Cancer care for our patients remains challenging and has been impacted by previous months of high referral numbers. Three areas most challenged remain breast, skin and urology pathways. Recovery plans to reduce waiting times for patients to receive diagnosis and treatment are in place and there is evidence of improvement particularly for patients on a urology pathway. Significant work has been undertaken to improve referral pathways with primary care, and a review of the recently introduced gynaecology pathways is underway, whilst breast services have developed a new low risk breast pain pathway which is progressing positively with primary care. These changes will enable services to reduce demand and enable faster diagnosis of patients with breast and gynaecological cancers. For patients referred to us with a possible skin cancer, testing is nearing completion of our new teledermatology service which goes live at the end of September which aims to transform our referral and triage of patients using digital technology to improve our initial triage and diagnosis of patients on a skin cancer pathway. As an organisation we have been successful in securing £1.2m of funding to support initiatives across a variety of specialties to support recovery of our cancer and teams are now progressing with recruitment to posts to increase our capacity in this area

Whilst we are behind where would like to be in terms on meeting our elective annual plan, our elective performance overall continues to see improvements, particularly for the proportion of patients waiting for their first appointment within 18 weeks. Services are performing well with good use of patient-initiated follow-ups, advice and guidance and minimising waste with a variety of strategies including text reminder services to patients. Our theatre productivity programme continues to deliver improvements in the use of theatre facilities, supporting us to treat more patients through improved utilisation and reducing waste. Our surgical specialties have made significant improvements in treating some of our longest wait patients and are now progressing with plans to reduce the number of patients waiting for more than 52 weeks. As a result of a shortfall in our gastroenterology service, patients are experiencing longer waits to receive treatment than we would want, however, the service has recently been successful in gaining support to recruit two additional Consultants to meet our growing demand in this area and the team are taking more immediate actions to increase capacity in the short term whilst the recruitment process progresses. We continue to look at alternative and new ways of working more efficiently in both outpatients and theatres including scoping alternative use of digital solutions and linking in with volunteer services.