

Public Board Meeting

Thu 06 July 2023, 13:00 - 14:30

Microsoft Teams

Agenda

13:00 - 13:00 **1. Apologies for Absence**

0 min

Russell Hardy

Apologies were received from Jon Barnes, Glen Burley, David Mowbray, Andy Parker and Jo Rouse.

13:00 - 13:00 **2. Declarations of Interest**

0 min

Russell Hardy

13:00 - 13:00 **3. Minutes of the Meeting held on the 1 June 2023**

0 min

Decision *Russell Hardy*

 3. PUBLIC BOARD MINUTES -JUNE 2023 FM, LF.pdf (16 pages)

13:00 - 13:00 **4. Matters Arising and Actions Update Report**

0 min

Discussion *Russell Hardy*

 4. PUBLIC BOARD ACTION LOG -JULY.pdf (1 pages)

13:00 - 13:00 **5. Items for Review and Assurance**

0 min

5.1. Chief Executive's Report

Discussion *Jane Ives*

 5..1 6th July 2023 - WVT CEO Report - BOD - FINAL v3.pdf (7 pages)

5.2. Integrated Performance Report

Discussion *Jane Ives*

 5.2 WVT IPR Month 02 May 23 v2.pdf (39 pages)

5.2.1. Quality (including Mortality)

Discussion *Lucy Flanagan/Robbie Dedi*

5.2.2. Activity Performance

Discussion *Sarah Parry*

5.2.3. Workforce

Discussion *Geoffrey Etule*

5.2.4. Finance Performance

Discussion *Katie Osmond*

13:00 - 13:00 6. Items for Approval

0 min

6.1. Foundation Group - Worcestershire Acute Hospitals NHS Trust

Decision *Jane Ives*


 6.1 6th July Board - Proposal to Expand the Foundation Group.pdf (4 pages)

6.2. NHS Joint Forward Plan

Decision *Alan Dawson*

 6.2 JFP Board Cov Paper.pdf (4 pages)

 6.2a. HW JFP draft - Main document.pdf (26 pages)

 6.2b. HW JFP draft - Appendix 1. Core areas of focus.pdf (28 pages)

 6.2c. HW JFP draft - Appendix 2. Cross cutting themes.pdf (21 pages)

 6.2d. HW JFP draft - Appendix 3. ICB Duties.pdf (5 pages)

13:00 - 13:00 7. Items for Noting and Information

0 min

7.1. Freedom To Speak Up Annual Report

Discussion *Geoffrey Etule/Den McPherson*

 7.1 FTSU Full Year 2023.pdf (6 pages)

7.2. Patient Experience Quarterly Report

Discussion *Lucy Flanagan*

 7.2 PT Exp Report.pdf (8 pages)

7.3. Maternity Services Quarterly Report

Discussion *Lucy Flanagan/Salma Ibrahim*

 7.3 Maternity Services Q Report LF2.pdf (7 pages)


7.4. Security Update Report


Discussion *Alan Dawson*

 7.4 Security Update Board.pdf (3 pages)

7.5. Divisional Operational Risk Register


Discussion *Erica Hermon*


 7.5 Covering Risk Report for Board Risk.pdf (1 pages)

 7.5a WVT High Risks 15+.pdf (5 pages)

7.6. Preparing for Winter

Discussion *Sarah Parry*




 7.6 Cover Sheet Winter 2324 Bridging Tool July 23.pdf (2 pages)

 7.6a Preparing for Winter.pdf (5 pages)

7.7. Committee Summary Reports:

7.7.1. Foundation Group Strategy Committee 23 May 2023

Discussion *Russell Hardy*

-  7.7.1 Foundation Group Report Front Sheet.pdf (1 pages)
-  7.7.1a Foundation Group Strategy Committee Report.pdf (4 pages)
-  7.7.1b FGSC Paper - Appendix A - FGSC Terms of Reference v2.pdf (3 pages)

7.7.2. Integrated Care Executive 15 May 2023 and 12 June 2023

Discussion *Frances Martin*

-  7.7.2 ICE Update for WVT Board.pdf (3 pages)

7.7.3. Quality Committee 25 May 2023

Discussion *Ian James*

-  7.7.3 QC Board Summary Report - May 23 Public.pdf (3 pages)

7.8. Committee Minutes:


7.8.1. Audit Committee 16 March 2023

Information *NICOLA TWIGG*

-  7.8.1 Audit Committee minutes - March - FINAL.pdf (18 pages)

7.8.2. Quality Committee 27 April 2023

Information *NICOLA TWIGG*

-  7.8.2 QC minutes - April.pdf (21 pages)

13:00 - 13:00 8. Any Other Business

0 min

13:00 - 13:00 9. Questions from Members of the Public

0 min

13:00 - 13:00 10. Acronyms

0 min

-  Z Acronyms - updated 26.06.23.pdf (3 pages)

13:00 - 13:00 11. Date of Next Meeting

0 min

The next meeting will be held on 7 September 2023 at 1.00 pm

WYE VALLEY NHS TRUST
Minutes of the Board of Directors Meeting
Held 1 June 2023 at 1.00 pm
Via MS Teams

Present:

Russell Hardy	RH	Chairman
Glen Burley	GB	Chief Executive
Andrew Cottom	AC	Non-Executive Director (NED)
Lucy Flanagan	LF	Chief Nursing Officer
Jane Ives	JI	Managing Director
Ian James	IJ	Non-Executive Director (NED)
Frances Martin	FMa	Non-Executive Director (NED)
David Mowbray	DM	Chief Medical Officer
Katie Osmond	KO	Chief Finance Officer
Grace Quantock	GQ	Non-Executive Director (NED)
Nicola Twigg	NT	Non-Executive Director (NED)

In attendance:

Jon Barnes	JB	Chief Transformation and Delivery Officer
Geoffrey Etule	GE	Chief People Officer
Erica Hermon	EH	Associate Director of Corporate Governance
Val Jones	VJ	Executive Assistant (For the minutes)
Frank Myers MBE	FM	Associate Non-Executive Director (ANED)
Andrew Parker	AP	Chief Operating Officer
Jo Rouse	JR	Associate Non-Executive Director (ANED)

The Employee of the Month award was presented to Lindsey McLean, Urgent Care Programme Manager (for December) and Claire Seal, Cardiac Physiologist (for January). The Chair read out the reasons why Lindsey and Claire had been nominated for this award.

The Team of the Month award was presented to Arrow Ward. The Chair read out the reasons why the team had been nominated for this award.

Minute

Action

BOD01/06.23

Apologies for Absence

Apologies were received from Alan Dawson, Chief Strategy and Planning Officer.

BOD02/06.23

Quorum

The meeting was quorate.

BOD03/06.23

Declarations of Interest

There were no new declarations received.

BOD04/06.23

Minutes of the meeting held 6 April 2023

Resolved – that the minutes of the meeting held on 6 April 2023 be confirmed as an accurate record and signed by the Chairman.

BOD05/06.23

Matters Arising and Action Log

BOD10/03.23 – Workforce (C) – The Chief People Officer (CPO) advised that the analysis of the impact of the menopause on our workforce will be reported by July 2023. The Chairman noted that we need to ensure that we are a supportive employer, supporting both peri and menopausal staff. The CPO confirmed that there is training in place along with a Menopause Working Group which includes key staff and Trade Unions.

Resolved – that the Action Log be received and noted.

BOD06/06.23

Chief Executive's Report

The Chief Executive (CEO) presented his report and the following key points were noted:

- (a) A National Approach to Improvement – This is being adopted across the NHS. It is positive that this includes a number of positive approaches to improvement, and that no one approach is best. We need to have a systematic approach to improvement. This includes the cultural aspect, giving permission for staff to make changes and react appropriately. There are good examples of how this has shifted across the organisation. The CEO of NHS Providers (previously CEO of Leeds Trust), helped on this national review. He also gave a presentation on this work recently with the Foundation Group Board Workshop. The ten recommendations in the report have been adopted by NHSE. It is also encouraging to see the Care Quality Commission reporting improvement in assessments on how organisations work.
- (b) Virtual Group Improvement Conference – The CEO was part of this event, which was organised by the Urgent Care Programme Manager. This is a great example of how individuals across the Foundation Group share their individual projects with the other teams, with support and encouragement regarding further improvements.
- (c) Group Nursing and Midwifery Care Excellence Conference – This was an in-person event which the CEO and the Chairman attended. It was very positive to see all the Nursing and Midwifery teams coming together and motivating each other.
- (d) Going Further to Reduce Outpatient Waiting Times – There is a meeting with the National Team in the near future including Foundation Group representatives. The main focus is to try to move to a situation where there are no patients waiting over fifty two weeks in an Outpatient setting. We are also looking to improvements in inpatients using the Getting It Right First Time data.
- (e) National Urgent and Emergency Care Recovery Plan – This will be discussed in more detail later on the agenda on how we are undertaking more redesign work locally.
- (f) Association of Groups – In the report is a list of some of the things that the Group have been doing over the last year.

- (g) NHS Provider Licence – The consultation for this has now concluded and the new NHS Provider Licence came into effect from April 2023.
- (h) More From Our Great Teams – Clinical Support Division – This includes an update on Outpatients, Cancer Services, Diagnostic Services and in Pharmacy. It is encouraging to see that there are some positive “green shoots” regarding recruitment which is a subject we have discussed previously at Board and will be keeping a close eye on. Also Pathology – we have talked about the creation of a Network across Herefordshire and Worcestershire and Coventry and Warwickshire and the use of digital technology has made this much more feasible and will enable us to have a more sustainable local service with the potential to have more access into specific expertise with the use of digital imagery.
- (i) The Chairman noted that this has been a very challenging year with a phenomenal amount achieved, recognising that the Trust are doing much better than a number of other Trusts. The whole of the NHS is focused on improving waiting list times for our citizens.
- (j) Mr Myers (ANED) supported the comments made by the CEO. He visited the Phlebotomy Team recently and the impact of Maxims on their processes is really massive. It is amazing how good a system this is and the improvements it has enabled.
- (k) Ms Quantock (NED) queried if there were any other areas that were struggling due to small numbers that remote support would help with as we need to think innovatively around solutions. The CEO confirmed that there were a number of other examples and was keen to look at this with the Foundation Group as we have the ability to use the clinical expertise from all the Trust to create more resilience. Covid helped exacerbate the use of this new technology. There is an opportunity for this way of working to enable us to set up a 24/7 rota for advice and guidance across the Group.
- (l) The Chief Medical Officer (CMO) advised that we are the first Trust in the West Midlands to go live with digital reporting for pathology slides.
- (m) Mr James (NED) felt that we were underselling the digital imaging occurring in Histopathology – we are leading the way in this for a small Trust.

Resolved – that the Chief Executive’s Report be received and noted.

BOD07/06.23

Integrated Performance Report

The Managing Director presented the review of Integrated Performance Report and the following key points were noted:

- a) There are concerns around our Emergency Department (ED) performance. We are broadly in the middle Regionally but nowhere near where we want to be. There are internal and Community responses to this to try to improve and hopefully at the next Board meeting we should have a plan around our planning for next winter to manage this more safely than last winter. There is a huge amount of work going on around this with a lot of staff involved in these discussions. We are engaging with staff and listening to feedback, eg around our Boarding Policy which we know is difficult for both staff and

patients but has had a positive impact on ambulance turnaround and mortality levels.

- b) Cancer – We are making some progress around this but there are some concerns around our diagnostic pathway.
- c) Planned Industrial Action – We managed the Junior Doctors strikes in April really well. We were even complimented externally on how well we managed. There are monthly strikes planned, unless there is a resolution, across the rest of the summer. This has had a huge impact on our planned activity, taking up a lot of energy and resource from our Clinical Leads and Management Teams which means they are not able to undertake improvement work. We need to understand the wider impact these strikes are having on the Trust.
- d) Opportunities – We are doing really well reducing our nurse agency, with more work on medical agency required. This is a real opportunity for us around productivity. There is a lot of work occurring around this to enable us to meet our Financial Plan, which is very stretching.
- e) Progress – There has been a positive change in our HR metrics – all now going in the right direction. This has improved significantly over the last six months, and the Managing Director thanked the CPO and his team for all the effort to enable these improvements.
- f) The Chairman highlighted the enormous amount of investment and project developments that the Managing Director has led on, and thanked her on behalf of the Board of Directors for all her hard work.

Resolved – that the Integrated Performance Report be received and noted.

BOD08/06.23

Quality (including Mortality)

The Chief Nursing Officer (CNO) and the CMO presented the Quality Report (including Mortality) and the following key points were noted:

- (a) Progress against CQC Action Plan – The Care Quality Commission Inspection was held in November 2022. Following this, the Trust were issued with a report which contained 10 Must Dos and 12 Recommendations. The update on these were reported to the Quality Committee in April and confirmed that all but 3 actions had been completed. These will remain Quality Priorities for the forthcoming year, with quarterly reporting to the Quality Committee and a Summary Update to the Board of Directors.
- (b) Standing Down of Incident Responsive Level for Pandemic – For the first time in 3 years, we have been able to release clinical staff from wearing masks and returning to pre-pandemic Infection Prevention measures. Staff are still wearing masks if they require or at patient's request. We are seeing very small numbers of Covid in our bed bases now, and had no Covid positive patients one day last week.

- (c) We have 173 mixed sex breaches in April – we are a national outlier. We only support a mixed sex breach if there is a significant patient risk – ie an ambulance offload or a patient requiring a speciality bed. We are only focusing on this to ensure that these breaches are only occurring when it is clinically acceptable to do so.
- (d) Further detail is included in the report around the high level Place Inspection audits. The charts include our scores across all domains on each of our different sites. In the few instances where we fell below the national average, information on why this was the case was included in the report.
- (e) For the second quarter, we are consistently achieving above the national standard requirements for cleanliness across all of the Trust.
- (f) Staffing Element – The information for April is included in the report. We continue to see very frail and dependent patients who require higher levels of care. Our fill rates are above 100% in some areas due to this. We are also seeing a significant reduction in agency expenditure during the last month.
- (g) The CMO advised that it was another reassuring month for mortality. Our SHMI is 104.9, which is the lowest in the Foundation Group. Our HSMR is higher than we would like, but the CMO is convinced that this is due to the coding for palliative care in our clinical notes. The Mortality Project Manager is pulling together a group regarding this.
- (h) We have had notable falls in our mortality rates relating to fractured neck of femur. When we moved over to the Geriatric Ward, we had a split of the Orthopaedic and Geriatric teams. The CMO was concerned that this might have caused the deterioration, but we are now back on track with regards to that.
- (i) We are linking in with Public Health in Herefordshire regarding the analysis of all deaths in Hereford. We are in the early stages of receiving a great deal of information that we were not involved with before, which is positive.
- (j) The Chairman asked the CNO what her main worry was at the moment. The CNO advised that this is staff resilience. The pandemic had an enormous impact on staff, compounded by the winter pressures and now the industrial action taking place. The Chairman questioned whether there was anything further that the Board of Directors could be doing that we are not currently. The CNO advised that we are doing all the right things, but personally would like more time to be more visible to staff. Staff really appreciate the Executives and NEDs visiting and offering their support.
- (k) The Chairman then asked the CMO what his main worry was at the moment. The CMO advised that this was similar to the CNO, with the continued pressure in ED. We have 36 – 38 predicted number of patients above our bed base this morning for example and similar numbers most mornings. Winter pressures now goes into the summer which is very difficult to deal with as staff are not having a break from these pressures as previously.

Resolved – that the Quality Report (including Mortality) be received and noted.

BOD09/06.23

Activity Performance

The Chief Operating Officer (COO) presented the Activity Performance Report and the following key points were noted:

- (a) Due to the industrial action, we had, in effect, an eleven day weekend in April. This combined with the impact of three Bank Holidays meant we saw the busiest month with over six thousand ED attendances. There continue to be significant pressures on the Front Team and the teams involved.
- (b) In April, we started a review of the Acute Floor part of our Ambulatory ED which we opened due to the increased capacity required during Covid. It became obvious that post Covid, this was not delivering the quality and safety for patients along with the financial aspect required. The ED team held a summit in May led by our Consultant Acute Physician and our ED Consultant, which over seventy staff attended. This was looking at pathways and how we can deliver ED in a different way with the floor plan and staff available. The team also visited George Eliot NHS Trust which has a high performing ED. This also coincided with a Frailty Away Day looking at the same challenges with the Frailty Pathway and how that links in with the Front Door. Key to this is the overall Trust engagement of our Front Door team. There are a number of new ways of working that we are planning to trial following these events, eg utilising an increased Same Day Emergency Care (SDEC), how our Community Urgent Response Team link in and expanding our Virtual Ward.
- (c) Cancer – This is an area of concern with April and May a challenge to meet targets, along with two of our General Surgeons leaving the Trust and the absence of three out of six of our Gastroenterology Consultants. We are losing capacity at Ross as we have had to change the decontamination washer there over a three week period which has all effected our cancer performance.
- (d) Our main concerns are Radiology, Histopathology and Gastroenterology reporting and turnaround times. This is between ten and sixteen days now. There is a full action plan around this including outsourcing some of our elective reporting and also looking at doing the same for some of our inpatients and ED to allow our Radiologists (there are a number of vacancies) to focus on the high priority workload. We are also looking at some of the processes for prioritisation and putting in some Allocation Officers which is a forerunner to some of our Community Diagnostic Centre posts to enable them to track and prioritise the workload for our Radiology teams. In terms of our Histopathology, some of the turnaround times are also challenged and we have a Locum starting this month. Importantly, we have also got the interface between APEX (our Pathology reporting system) and Maxims coming during June. This is planned to improve our worklist management for some of our Consultants regarding decision making. Finally Endoscopy, where there are a number of challenges due to absences, but we have five additional sessions being scheduled over the summer to try and bring our access times down. We have already seen an improvement in April and May from four weeks for access for our patients down to ten days. The additional sessions include support from the Cancer Alliance Funding to bring in an additional Endoscopist.

- (e) 78WW – At the end of May, twenty four patients breached, the majority of which are being treated in early June. The forecasted position for end of June is fourteen patients breaching. All bar one of these patients are due to the challenging Service Level Agreements (SLA) with other providers. We are seeking resolution to these issues.
- (f) The Chairman queried who the SLAs were with. The COO advised that the main concern is with Worcester Acute but we also have some with University Hospital Birmingham.
- (g) The CEO noted the very positive SDEC levels, which is about 45% of our admissions yet the demand is going up at the Front Door and bed occupancy is high. How can we reassure ourselves that SDEC does not become a fast track Outpatient option? The COO advised that there are opportunities within our current volumes in ED due to capacity with SDEC and the footprint of Ambulatory ED. There is a balance between SDEC and Hot Clinic type appointments and we need to ensure that SDEC does not become a super Outpatient clinic.
- (h) Mr Myers (ANED) queried with our excessive numbers in ED whether this is abnormal for us or is this being seen elsewhere and whether there were any ideas as to what is causing these rises. The COO advised that nationally we have seen a natural rise in numbers but locally and Regionally we have also seen this additional increase. We are normally behind the curve with the changes coming ten to fourteen days later. What is driving this is multifaceted.
- (i) Mrs Martin (NED) noted that it would be useful to try to triangulate this with GP trends in activity.
- (j) Mrs Martin (NED) supported the opportunities of redesigning the ED but was concerned about staff resilience with only a three month window to get this flowing well before we get into winter pressures.
- (k) Mrs Martin (NED) asked for an update on AI in terms of machine interpretation in Radiology. The Managing Director advised that this question was asked of the Clinical Support Division at the last Finance & Performance Executive meeting. This is being reviewed by the Regional Radiology Network. There is not a Provider yet that we are able to access.
- (l) The Chief Transformation and Delivery Officer felt regarding the growth in demand, that our long waiting lists are having an impact on Primary and Secondary care whilst patients are waiting for their treatment. He also advised that there are plans for trials to commence shortly on AI for strokes and CTs which University Hospital Birmingham are running and we are involved with.
- (m) The Chairman was interested, given our current levels of productivity and capacity, how long would it take us to get back to what was previously regarded as accepted waiting levels for 18WW and asked the COO to consider this.

Resolved – that the Activity Performance Report be received and noted.

BOD10/06.23

Workforce

The CPO presented the Workforce Report and the following key points were noted:

- (a) It is encouraging to see the improvements in our KPIs after months of hard work. The CPO was confident that over the next few months we will continue to see further positive improvement. There have also been key changes to our recruitment process which we have streamlined to ensure candidates can join the Trust as soon as possible.
- (b) The In Touch campaign started in May – the four key areas around this are included in the report. We are engaging with staff around this across all sites until July. We will use the feedback from staff to inform and advise our comprehensive action plans.
- (c) Our strategic ambition is to be a more flexible employer. We need to ensure no one is rejected for a post due to flexible working needs. All Line Managers are signed up to this.
- (d) Mrs Twigg (NED) highlighted the Band 2 work on career progression with a huge reduction in turnover (11%) year on year. The next challenge is how does this add into agency reduction and can we challenge if this is enough. The other observation made was the Pharmacy issue, which was discussed at the last Quality Committee, which has been going on for a long time and does not seem to be improving. Discussion was held at the meeting around Research work and more Research income that we might be able access if we have more Pharmacists and asked for an update around this issue in a future report. The Chairman noted that we are suffering with challenges with Pharmacy recruitment across the Foundation Group.
- (e) Mr James (NED) noted that there were a number of positives in the report including the feedback in Maternity and the In Touch cards in evidence with the positive feedback from staff around this and what this demonstrates regarding our overall commitment to listen to staff and the impact that this has on staff.

GE

Resolved – that:

- (A) The Workforce Report be received and noted.**
- (B) The Chief People Officer will provide an update on Pharmacy recruitment in a future Workforce Report.**

GE

BOD11/06.23

Finance Performance

The Chief Finance Officer (CFO) presented the Finance Performance Report and the following key points were noted:

- (a) For 2022/23 we had planned our year end deficit at £6.6m, finally achieving a £6.5m deficit.

- (b) We endorsed the draft Financial Plan in our April Board meeting and were exploring further mitigations regarding our deficit plan. The CFO was able to confirm additional funding is now available around diagnostics and redistribution through the Integrated Care System. The final deficit Plan in the pack reflects the deficit of £22.3m for 2023/24. The CFO highlighted that once you take out some of the one-off items, the recurrent deficit is greater than the in year figure and our focus therefore really needs to be on the medium term financial improvement to start to tackle this underlying position.
- (c) Included in the pack are the Month 1 figures, but it is difficult to take any trends at this early stage but it is pleasing to see that our figures are marginally better than planned. Positively, there is a significant step down in the run rate of nurse agency spend and a reduction in medical agency spend (although not at the same level). Agency spend as a percentage of our pay bill this is month is around 8.1%, which is the lowest it has been for a number of months. This is still a significant challenge for us across the year.
- (d) At this point in the year, we have still not fully identified plans to achieve the £15.7m efficiency to hit our overall plans. There was a small underperformance in month although this was mitigated in overall terms in our outturn this month.
- (e) The real focus needs to be on both cost improvement and also productivity improvement to really drive both the waiting list and also our value for money.
- (f) Given the deficit plan for the year, cash will be a problem and we will require cash support from the National Team. There is an established process for doing so although we have not had to use this for some time. Under this process, we need to make a first submission by the middle of June, for which Board endorsement is required.
- (g) Mr Cottom (NED) noted that the gaps in the CPIP need closing along with the additional target allocated which leaves around £7m to find. This is a material figure, not only in cash terms but in organisational terms as well to deliver at this level. The CFO confirmed that this was the amount required, advising that a significant amount of time was spent at the Finance & Performance Committee meetings with each Division to understand their actions locally and to ensure that ownership is being driven down to the lowest level in the organisation and not held centrally. There are a couple of areas that we are focussing on more to further drive these schemes and plans into the schedule which should give us more confidence over the next couple of months.
- (h) The CEO noted that it is disappointing that we cleared our loans a couple of years ago and are now having to borrow cash again. We are still seeking additional funding to recognise the rurality of the Trust, which is a special case as referred to in national guidance. The level we would hope to secure would have resolved this cash gap in our plan.

- (i) Mrs Twigg (NED) queried how far ahead in our financial plans do we need to be to give ourselves more room in the second half of the year and do we almost need to give ourselves a stretch target in the first half of the year to give us more security in the second half to ensure that we achieve our target. Mrs Twigg (Chair of the Audit Committee and NED) noted that a helpful paper on CPIP was presented to the last Audit Committee from our Internal Auditors which picked up on some of these actions would put us in a better place.
- (j) Mrs Twigg (NED) noted that we have three capital projects underway which is a potential risk as we know from previous experience that they can overrun and we need to manage them closely, especially with such a large volume.
- (k) The Chairman noted that our agency pay bill this month is around 8.1% of our total pay bill, and queried what average this needs to be to achieve budget. The CFO will review what figures we need each month to achieve this.

KO

Resolved – that:

- (A) The Finance Performance Report be received and approval given for the request for revenue cash support to ensure minimum daily balances to meet obligations can be maintained.**
- (B) The Chief Finance Officer will review what our agency figures in terms of our pay bill need to be on average each month for us to achieve our budget.**

KO

ITEMS FOR APPROVAL

BOD12/06.23

Draft Annual Report and Annual Governance Statement 2022/23

The CFO and the Associate Director of Corporate Governance (ADCG) presented the Draft Annual Report and Annual Governance Statement 2022/23, and the following key points were noted:

- (a) As we have learnt over the last couple of years, the audit schedule has changed significantly. At the End Of Year Board, there are still gaps in the Annual Report which we are working with the Auditors on to complete. Next year, knowing that this is likely to occur again, we will plan for the Audit Committee to be held first and then our End Of Year Board. The ADCG was seeking approval to delegate authority to the Audit Committee to approve the draft Annual Report and Annual Governance Statement subject to no significant material changes.
- (b) Annual Governance Statement – The draft Audit Opinion provided advised that we have an adequate and effective framework for governance and internal control which is positive. If there are no changes to the document, we are planning to submit the final version to the Audit Committee on 15 June 2023.

- (c) The CFO advised that the draft Annual Accounts are with our External Auditors for review. As advised, there are a couple of gaps within the Annual Report that is presented today. In particular, some of the numbers in the Remuneration Report, which is particularly complex with lots of ratios that include substantive bank and agency staff. Overall we have achieved in line with the planned deficit for the year which is reflected in the Annual Report. We have shared the draft Accounts with Audit Committee members last week for an informal review as part of the process to bring them to a conclusion.
- (d) The CFO advised in terms of the External Audit process, the scale of activities that our External Auditors now have to undertake in order to be able to provide an opinion on the account and their value for money assessment has significantly increased over recent years. This is partly why the national timetable has been extended due to the level of activity that needs to take place. Therefore, the timetable does remain challenging and the teams are working really closely together to ensure that we get that account process and the audit process completed in time. The External Auditors have also brought some of their team on site as well, to help to facilitate the joint working this year, which is something different to what we did last year.
- (e) Finally, the CFO wanted to thank the Finance team and the broader teams across the organisation for their input into completing these accounts which requires a huge amount of effort.

Resolved – that the Draft Annual Report and Annual Governance Statement 2022/23 be received and to delegate responsibility for the final approval of the Report and Accounts to the Audit Committee on 15 June 2023.

BOD13/06.23

Draft Quality Account 2022/23

The CNO presented the draft Quality Account 2022/23 and the following key points were noted:

- (a) The Quality Account has been drafted in line with national guidance and no longer requires an Audit Opinion.
- (b) The Quality Account has been shared through the wider organisation and Quality Committee for comment and feedback. The Quality Committee reviewed the final version last week and recommended submission to the Board of Directors for approval.
- (c) The Quality Account is subject to receipt of an opinion from Healthwatch and the ICS, but given some of the timescales for validation, they require slightly longer than today to provide their opinion. Approval is therefore being sought today, subject to the addition of any opinion received from Healthwatch and the ICS, with the agreement that by exception the CNO will inform the Board of Directors if there are any material objections to the content of the Quality Account. We are required to publish the Quality Account on our website by 30 June 2023.

- (d) Mr James (Chair of the Quality Committee and NED) confirmed support of the Quality Account as a comprehensive account, which is very transparent and open around the challenges we have had. There are also a number of positives within the report, regarding the national reporting learning system for reporting incidents. We are the second highest Trust reporting incidents which says a lot about our open culture and transparency and commitment to learning, with the vast majority of incidents with very low harm.
- (e) The Chairman asked that the final delegation for sign off to be given to the CNO and Mr James (Chair of the Quality Committee and NED) in line with the Foundation Group.

Resolved – that the Draft Quality Account 2022/23 be received and to delegate responsibility for the final approval to the Chief Nursing Officer and Mr James (Chair of the Quality Committee and NED) subject to the addition of any opinion received from Healthwatch and the ICS.

BOD14/06.23

Quality Committee Terms of Reference and Workplan

The CNO presented the Quality Committee Terms of Reference and Workplan and the following key points were noted:

- (a) There are no major or material changes to the function of the Quality Committee. There is a stronger emphasis on Subcommittee reporting to Quality Committee and a quarterly report of the Quality Priorities for 2023/24.
- (b) The Workplan is included for information.

Resolved – that the Quality Committee Terms of Reference and Workplan be received and approved.

BOD15/06.23

Board Assurance Framework

The ADCG presented the Board Assurance Framework and the following key points were noted:

- (a) The new Board Assurance Framework reflects the risks against the Trust achieving their 2023/24 objectives.
- (b) This has been created in consultation with each lead Executive Director.
- (c) The High Risks for the Trust will be presented in July. Due to the transition from Datix to InPhase, an overhaul and refresh of risks alongside an audit was presented to the last Audit Committee.
- (d) The CFO advised that a high risk has been added in relation to the delivery of our Financial Plan and the underlying position (included in the Executive Director Opinion). There was discussion held around whether this should be treated as a high risk (as previously) or a Board Assurance Framework risk. It was agreed to keep it as a high risk.

Resolved – that the Board Assurance Framework be received and approved.

BOD16/06.23

Modern Slavery Act Statement

The ADCG presented the Modern Slavery Act Statement and the following key points were noted:

- (a) This statement allows us to comply with the Modern Slavery Act 2015. This provides assurance that we are doing everything that we say that we are doing.
- (b) Our intention is to host this on our website.

Resolved – that the Modern Slavery Act Statement be received and approved.

BOD17/06.23

Foundation Group Strategy Committee Terms of Reference

Resolved – that the Foundation Group Strategy Committee Terms of Reference be received and approved.

ITEMS FOR NOTING AND INFORMATION

BOD18/06.23

Digital Programme Update

The CFO presented the Digital Programme Update, which was taken as read, and the following key points were noted:

- (a) The report describes the range of activities and projects within the digital programme arena. These are primarily the projects that are focused on either our digital maturity being improved or aligning some of the national frameworks, which is where the funding streams come from. In terms of 2023/24 key areas of focus internally, these include optimising our electronic patient record system, including Digital Nursing and progressing the case for single sign on functionality, and also around our ED system and the associated Business Case.
- (b) Alongside our internal priorities, we engage and support System and Regional wide programs. Digital Pathology has already been discussed in today's meeting, with another good example the shared care record which our Clinicians are increasingly making use of as part of their day-to-day clinical activities.
- (c) Key risks from a programme perspective remain availability of funding. We are still awaiting final confirmation of national funding for 2023/24 in respect of digital and therefore managing the programme with some caution at this point until that is confirmed. Capacity within the Digital Workforce to deliver the range of programmes at the pace that we would wish to do remains a challenge.
- (d) We have engaged in and submitted the current status from a Trust perspective against the national digital maturity assessment process and that supports our ongoing review of prioritisation of programmes and activities.

- (e) The Managing Director noted that this is in the Board Assurance Framework due to the risk of what we have to do. We will not be able to do all that we want to do and we need to. The Managing Director noted that the Digital Nurse Noting System is in use but we know that needs improving. This needs to be a high priority as this is taking up too much nursing time and needs resolving.
- (f) Mr James (NED) noted that we are rightly focusing on the big change programmes to become more digital. Staff often question how we can make more routine improvements to our system once it is in place. Is there an issue around this and how good are we at prioritising those bits of work? The CFO advised that there is an existing process around this. In the last twelve months we have embedded our Clinical Systems Group to ensure that we make incremental improvements as well as the big transformational changes.

Resolved – that the Digital Programme Update be received and noted.

BOD19/06.23

Policy Panel Update

The ADCG presented the Policy Panel Update, which was taken as read, and the following key points were noted:

- (a) The number of Policies about to expire are increasing. These will continue to be reviewed by the Policy Panel.

Resolved – that the Policy Panel Update be received and noted.

COMMITTEE SUMMARY REPORTS

BOD20/06.23

Audit Committee 16 March 2023

Resolved – that the Audit Committee Summary Report 16 March 2023 be received and noted.

BOD21/06.23

Integrated Care Executive 14 February 2023 and 3 April 2023

Mrs Martin (Chair of the Integrated Care Executive) presented the Integrated Care Executive 14 February 2023 and 3 April 2023, which were taken as ready, noting the development of the Memorandum Of Understanding which will come back to the Board of Directors in due course.

Resolved – that the Integrated Care Executive Summary Report 14 February 2023 and 3 April 2023 be received and noted.

BOD22/06.23

Quality Committee Summary Report 30 March 2023 and 27 April 2023

Mr James (Chair of the Quality Committee and NED) presented the Quality Committee Summary Report 30 March 2023 and Mrs Twigg (Chair of the Quality Committee (April 2023) presented the Quality Committee Summary Report 27 April 2023 and the following key points were noted:

- (a) Mr James (Chair of the Quality Committee and NED) noted that half of the March meeting was a workshop led by the Regional NHS Lead for Infection Prevention. This provided a very useful support and challenge session to the second half of the meeting, and highlighted the focus that we have on Maternity Services and the particular reference to multi-disciplinary team working and whether we are accurately reporting some of this work around Ward Rounds and handovers. We saw an improvement in March but are not yet where we need to be.

Resolved – that the Quality Committee Summary Report 30 March 2023 and 27 April 2023 be received and noted.

COMMITTEE MINUTES

BOD23/06.23

Audit Committee 8 December 2022

Mrs Twigg (Audit Committee Chair and NED) presented the Audit Committee minutes 8 December 2022 and the following key points were noted:

- (a) Mrs Twigg (Audit Committee Chair and NED) advised that with everything going on in the background around PFI, this was discussed in the meeting with further meetings being held. The key priority is to provide support around this workload for the Associate Chief Estates and Capital Planning Officer. Interviews are being held next week for this post.
- (b) The new NED joining the Committee will provide more support to the Committee and to the PFI challenges.
- (c) The CEO advised that there is an opportunity to have more consultancy advice at Foundation Group level on the PFI which the Group Strategic Financial Advisor is looking into.

Resolved – that the Audit Committee minutes 8 December 2022 be received and noted.

BOD24/06.23

Foundation Group Board (and Action Log) 3 May 2023

Resolved – that the Foundation Group Board (and Action Log) 3 May 2023 be received and noted.

BOD25/06.23

Quality Committee 23 February 2023 and 30 March 2023

Resolved - that the Quality Committee minutes 23 February 2023 and 30 March 2023 be received and noted.

BOD26/06.23

Any Other Business

There was no further business to discuss.

BOD27/06.23

Questions from Members of the Public

There were no questions received from members of the public.

BOD28/06.23

Date of next meeting

The next meeting was due to be held on 6 July 2023 at 1.00 pm via MS Teams.

WYE VALLEY NHS TRUST
ACTIONS UPDATE: BOARD OF DIRECTORS, THURSDAY 6 JULY 2023

AGENDA ITEM	ACTION	LEAD	COMMENT
BOD15/04.23 Staff Survey Results 6 April 2023	(C) An update on actions taken to improve security in the Trust regarding violence and aggression, will be provided to a future Board of Directors meeting.	AD	Completed – On agenda.
BOD10/06.23 Workforce 01.06.23	(B) The Chief People Officer will provide an update on Pharmacy recruitment in a future Workforce Report.	GE	Completed - The Head of Pharmacy will also be attending the Board Workshop in July to provide an update on developments.
BOD11/06.23 Finance Performance 01.06.23	(B) The Chief Finance Officer will review what our agency figures in terms of our pay bill need to be on average each month for us to achieve our budget.	KO	Our 22/23 Financial Plan is based on an average agency spend across the year of no more than 6.8% of the total pay bill. The plan assumes a higher level of agency use over the first half of the year, reducing in the second half of the year.
ACTIONS IN PROGRESS			
BOD15/04.23 Staff Survey Results 6 April 2023	(D) The Chief People Officer will provide an update at a Board Workshop, prior to the next Staff Survey, on some of the cultural improvements that are being made within the Trust.	GE	The actions and cultural improvements made following the Intouch staff engagement campaign will be shared with the Board prior to the next staff survey.

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Chief Executive Officer Update Report
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Board of Directors
Lead Executive Director:	Chief Executive
Author:	Glen Burley, Chief Executive Officer
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
To update the Board on the reflections of the CEO on current operational and strategic issues.	
2. Recommendation(s)	
For Information	
3. Executive Director Opinion¹	
Assurance can be provided that the information within this update report is accurate and up to date at the time of writing.	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input type="checkbox"/> Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes</p> <p><input type="checkbox"/> Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)</p> <p><input checked="" type="checkbox"/> Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care</p> <p>Digital</p> <p><input type="checkbox"/> Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy</p> <p><input type="checkbox"/> Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways</p> <p>Productivity</p> <p><input type="checkbox"/> Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations</p> <p><input type="checkbox"/> Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre</p>	<p>Sustainability</p> <p><input type="checkbox"/> Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff</p> <p><input type="checkbox"/> Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process</p> <p>Workforce</p> <p><input type="checkbox"/> Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners</p> <p><input type="checkbox"/> Develop a 5 year 'grow our own' workforce plan</p> <p>Research</p> <p><input type="checkbox"/> Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate</p>

1) NHS@75

In the week of our Board meeting, on 5th July, the NHS celebrates its 75th Anniversary. Across the service we have been taking the opportunity to recognise the progress that we have made and the improvements to outcomes and care that have been delivered. We are incredibly lucky to have a universal, free at the point of delivery healthcare system in the country. One significant marker of the worldwide reputation of the NHS is the number of people from all parts of the globe who choose to come to work in the NHS due to its values and outcomes. Our home-grown and international colleagues create huge diversity which combine to innovate and inspire. In October I will have completed 40 years-service in the NHS, so this anniversary prompted me to reflect on the changes that I have seen in just over half of its life. Whilst I cannot profess to get better as I get older, I have great confidence that the NHS will continue to do so.

We will be marking the event across the Group by thanking our wonderful staff.

Leading up to the Anniversary, the Kings Fund produced an excellent piece of analysis which can be found here: [How does the NHS compare to the health care systems of other countries? | The King's Fund \(kingsfund.org.uk\)](#)

This report compares healthcare across a number of different countries and provides some useful markers of where the NHS could do better as well as others where it excels. Ahead of the Anniversary, at the point of writing this piece, we are expecting to see the much awaited publication of the NHS Workforce Strategy. The Kings Fund report provides some really interesting data on the NHS workforce noting that we have fewer doctors and nurses than other developed countries. We very much hope that the Workforce Strategy provides some solutions and resources to address this.

2) FURTHER, FASTER

Further, Faster is the formal name for the National Outpatient waiting times improvement pilot that we are part of as a Group. I provided an overview of the project last month and I am pleased to report that we have seen some further action on this over the past few weeks. Whilst the focus is mainly on outpatient capacity, we are also looking at theatre productivity which is an area where the Trust appears to be able to make some further improvements.

Over the past few weeks there have been a number of specialty level workshops where clinicians from all of the participating Trusts have worked through their relevant Getting it Right First Time (GiRFT) data with national clinical leads.

The national aim of the project Trusts is to seek to deliver the maximum 52 week wait earlier than the national milestone of March 2025. We are currently in a strong position to do so but it is worth noting that, by doing so we will almost certainly get to a position where we provide more mutual aid to surrounding providers. As these patients arrive on our waiting list, they will show as longer waiters, so we will need to ensure that we track our core performance as well as our overall position including these 'imports'.

3) NATIONAL URGENT EMERGENCY CARE (UEC) RECOVERY PLAN

In last month's report I mentioned my role as National Delivery Advisor to the UEC Recovery Plan. Work has already started to provide targeted support to tier 1 (most challenged) and tier 2 Trusts or Systems. The national team are also working on a 'universal offer' to tier 3 (all other) Trusts and Systems. I have recently had sight of a set of UEC maturity indices which I have shared with our internal teams. Whilst our own performance is strong, we need to implement whatever improvements we can ahead of winter.

4) PROVIDER COLLABORATIVE INNOVATORS PROGRAMME

This national programme was launched at an event at the start of June 2023, but work had already commenced in all of the participating sites. We have asked for help in speeding up the development of the lead provider role for all three Trusts in the Group. The anticipated changes to NHS procurement rules have not yet been put in place and hence the programme provides access to national expertise, or permission to tackle any actual or perceived barriers to progress. We are currently dealing with a real-life example of this in Herefordshire which may also provide useful learning for Warwickshire. One issue that we are very mindful of is that the title of 'Lead Provider' may be unhelpful in signalling the nature of the relationship we want to create with Place partners. The term 'Host' is better but even this may not work. Holding the contract will not mean that we will deliver all of the services or make all of the decisions. Through our actions we need to demonstrate that we believe in the home first principles which underpin our strategy and that to deliver this we will make investments in partner organisations, including prevention interventions in primary care.

5) CARE QUALITY COMMISSION (CQC) INSPECTION OF MATERNITY SERVICES

As part of the national programme to review all Maternity Units in the wake of the Ockenden report, we welcomed a visit of the Care Quality Commission on 27th June. We have been keeping tabs on other local visits including and we were actually due to undertake a mock inspection at the time that the visit was announced.

We will provide some verbal feedback at the Board meeting and will bring the formal report from the inspection to Public Board as soon as we have it.

6) NATIONAL VOLUNTEERING TASKFORCE

The attached report (appendix 1) was recently published following the work of the National Volunteering Taskforce. The Taskforce was co-chaired by Dame Ruth May and Helpforce founder Sir Tom Hughes-Hallett and brought together leaders from across government, the NHS, social care, and the voluntary sector. WVT get a mention on page 19. The work of the George Eliot Hospital Contact Centre volunteers is the focus of page 11.

Our volunteers continue to do great work and I would like to take this opportunity to formally thank them and our great staff who help to make them function.

Based on the reputation of our volunteering teams across the Group, I have been asked to sit on a national leadership board to support this work on an ongoing basis. This will be Chaired by Sir Tom Hughes-Hallett.

7) MORE FROM OUT GREAT TEAMS – UPDATE FROM THE MEDICAL DIVISION – JUNE 2023

During this last period, we are delighted to welcome and note some new team members and positions:

- Dr Emma Wales as Associate Chief Medical Officer of the Division;
- Dr Ingrid Du Rand as the new Clinical Lead for the Respiratory team.
- Dr Tom Pickett, Consultant Nephrologist;
- Dr Sarah Hudson, Consultant Cardiologist;

Since our last report the level of pressure has resulted in the hospital operating at Level 4 until February. Difficult enough on its own, things have been further complicated by the on-going strike action (nursing, ambulance teams, junior doctors and now consultant colleagues) which not only takes considerable planning resource but also significant recovery implications as all are often asked to work well above and beyond normal expectations. Our team has responded with energy and creativity to meet the challenges. The effort to continue at this level of intensity isn't taken for granted and it is recognised this will be an on-going challenge. This is of particular importance as the issues with flow remain and will intensify over the winter.

Urgent and Emergency Care

High numbers in our Emergency Department continue with a new record being achieved of 257 attendees in one day. Transformational activity has continued at pace however, with moves within the operational teams and the pressures described, progress is not as fast as we would wish. That said, the engagement across the Trust at the recent summit was exceptional with many initiatives progressing already.

Virtual Ward has now become operational and, though we are in a 'development phase', is already receiving great feedback from patients who have avoided staying in the hospital. Huge amounts of data are being analysed with regular meetings to adapt as we learn. We are not completely recruited to all posts yet, but the progress and early positive impact is encouraging.

Ambulatory and Frailty

The Sentinel Stroke National Audit Programme has returned a 'B' grading which on its own is a significant result but, under the pressures as described, is something to be especially proud of. We remain top of the region for a further quarter.

We have also been successful in recruiting a new Stroke locum which has removed the single point of failure risk that we had. There is also an added bonus that it has enabled different working arrangements which is providing financial savings.

Following the ED summit a now fast maturing plan has been developed to co-locate all of our Same Day Emergency Care services and the Virtual Ward which should realise significant benefits not least by sharing best practice and resource more smartly across our Directorates.

Patient Initiated Follow-Up schemes are now being scaled up across the Directorate with new pathways also started in Diabetes. We're pleased that further plans have been agreed to also scale up in other specialties eg Dermatology. Close liaison with partners continues to further improve; for example, a recent Tele-dermatology feedback session with Primary Care was held to understand improvement areas for both GP and patient experience.

Speciality Medicine

As above, Patient Initiated Follow-Up schemes are also proving successful with our Respiratory team having over 1,000 patients on this initiative.

Another area we are looking to further develop, is broadening our wider teams' knowledge. A recent focus was a Gastroenterology study day led by our Clinical Nursing Specialists around enteral feeding amongst other topics. Feedback from outside of the service was extremely positive and we hope to increase these educational opportunities further.

Divisional clinic utilisation has improved in the period from 75% to 85% which is testament to all of our teams ensuring that we are chasing the marginal gains wherever we can to improve the quality of our service provision to our patients.

8) GOING THE EXTRA MILE AWARDS – FEBRUARY / MARCH 2023

Employee of the Month February 2023 – Natalie Jenkinson

'Natalie started working as a substantive consultant in September. Her initial role was consultant responsible for Garway Ward, at that point, a 20 bedded Frailty Assessment Unit. Over the following months, Frailty SDEC became bedded, the boarding policy was introduced and an additional bed was put in B bay. The outcome of this was that she became responsible for a much larger bed base, often up to 28 patients. Garway has a high turnover of patients. Natalie has worked over and above her job plan since starting and has proved herself to be a high functioning consultant. She has supported nursing staff and more junior medical staff. We would really like her extremely hard work to be acknowledged.'

'Dr Jenkinson took over the role of consultant geriatrician on Garway at a much pressured time for wye valley trust and especially for Frailty, we had increased beds on the ward, poor medical and nursing staffing with increased pressure to discharge patients. Dr Jenkinson as a fairly new consultant embraced this challenge with great grace and strength of personality, nothing was too much trouble, she was always positive and supportive of all members of the MDT, she was caring and compassionate to all of her patients and their relatives, able to explain why they were being nursed in a corridor at times, she was always accountable for decisions on the ward and supportive to the rest of the team at difficult moments, she shows the utmost respect for all members of the team and helped us all provide excellent care at some of the most difficult times the NHS in Hereford has had to cope with in recent years. Dr Jenkinson showed great leadership to the team ensuring that a high quality of care was provided and if there were times when this was difficult she gave support and advice on how things could improve and supported the team to ensure this happened.'

Employee of the Month March 2023 – Lucy Sweeting

'She is incredibly empathetic and compassionate, and has been a consistent source of kindness and support over the last few years. She is the most supportive manager that I have ever had (beginning with my introduction to the Trust as a newly qualified SLT in March 2020 just as COVID measures were enforced, and particularly during what has been quite a difficult couple of months personally). She takes the time to regularly communicate with us all as a team (e.g. through team meetings, offering regular check-ins). She is quick to address any concerns which are raised, and is constantly striving to make things better for both staff and service users. She always takes the time to offer praise (e.g. ending meetings/ email discussions by telling us what a great job we're doing). She is accountable in all of her roles, as a direct line manager and as joint head of service. She ensures that we are all safe (e.g. she regularly checks that we all have the equipment that we need and asks whether we have any concerns relating to our clinic bases). She continuously goes the extra mile both in terms of supporting staff on a personal and professional level, and in terms of improving the service (e.g. she has recently been successful in requesting a substantial increase to staffing levels within the department, as a result of considerable effort on her part). She is consistently respectful of both staff and service users e.g. she has supported me to develop my skills in working with bilingual service users by allowing me to undertake additional training in this area. She has always supported the needs of myself and the rest of the team, and actively listens to our concerns. She has responded positively to suggestions for new/ more flexible ways of working (e.g. the introduction of teletherapy during COVID). She has demonstrated excellence in her role as a manager and has gone above and beyond to offer support to myself and the rest of the team, despite the fact that she constantly has lots of incredibly important things demanding her attention. For example, she always makes the time to meet with me if I have any concerns that I would like to discuss.

She always performs seemingly multiple roles to the best of her abilities. She works collaboratively with our team e.g. she often asks for our opinions about decisions which affect the team as a whole/ our input for how we can make things better. She is always there to reassure, motivate, praise and uplift us all as a team e.g. by encouraging us to reflect on what we are doing well. She is a fantastic and inspirational leader and role model. I think that we're all so used to her being brilliant now that 2 Glen Burley, Chief Executive Russel Hardy, Chairman we take it for granted, and so I wanted to highlight it to make sure that she gets the credit she deserves.'

Team of the Month February 2023, Sharon Davies and Clare Honeyborne

'Both of these housekeepers have demonstrated support for all areas of the medical division. To provide additional training to other housekeepers, requested by other ward sisters to enable areas to be more organised and flow with stock. When short staffed on Lugg Ward both support with patient care, showing excellent teamwork and keeping morale and motivation going. I have started new cleaning for the areas to up standards and they have supported me in the drive with this. Both are always respectful to all staff of levels, communicating all effective needs to colleagues and patients. At times, some patients have no relatives and both ensure they check on all patients, which has enabled a very long stay patient (months) to have attend her mother's funeral via teams due to the rapport and trust the patient had built with them. Allowed to gain confidence. All times, they show compassion to everyone, they are very passionate about their area of work and I feel times house keepers are over looked in their role and I wish for both to feel appreciated. I have only been the ward sitter on Lugg a very short time and they have supported the new way and standards.'

Team of the Month March 2023 – PALS Team

'At a time of increasing operational pressures, with long waits for patients, angry, upset and distressed patients / families and carers are increasingly contacting the PALS team. Their issues are wide ranging but one thing becoming more predominant is the need for immediate resolution to answers. People are tired of waiting. On a daily basis, the team go above and beyond to support patients and their families to resolve their issues. Speaking to colleagues across the Trust, visiting patients on the wards and even conducting searches for patient property. The emotional impact of communications from distressed people in recent months has taken its toll on the team. But it does not stop them from doing everything within their power to help. In a lot of cases coordinating patients concerns on their behalf, even if it is not WVT's responsibility.

They know that patients can find navigation of our healthcare system difficult. Rather than passing them on to other organisations, they reach out on the patient's behalf to seek answers to their questions. The team also respond to staff concerns about patients. Reaching out to patients before they feel the need to raise a concern, building a relationship with the patient and help them to be reassured their healthcare needs are being met. I could not be prouder of how resilient and caring the team are when faced with increasingly challenging discussions on a daily basis. *The team embody all of our Trust values.*

They show compassion every time they pick up the phone or respond to an email. They take accountability once issues have been shared and do not make the patient chase for answers the Trust cannot provide.

They show respect to their colleagues and patients in trying to support everyone to resolve the issues raised. They could not try harder to provide an excellent service for patients.'

Glen Burley
Chief Executive Officer

Managing Director – Executive Summary



Jane Ives
Managing Director

At my recent Leaders Briefing across the organisation I focussed on the need to ‘make hay whilst the sun shines’ to improve elective and emergency pathways and productivity over the course of the summer months to prepare for the coming winter. Even though it doesn't feel very sunny in particular in relation to junior doctor and consultant strikes which are planned for July. The time and effort required to plan for safe services and cancel as little elective activity as possible is draining on our management and senior clinical resources. That said we have a significant amount of improvement activity planned over the coming weeks and months.

The Board has a separate paper on planning for winter which is a cross organisational and system effort that involves all our departments and partners. It includes front door redesign, diagnostic access, internal professional standards in the trust and redesign of discharge to assess pathways and increasing virtual ward and urgent community response outside the hospital walls. The delegation of the management of the better care fund to the one Herefordshire partnership will enable us to improve our discharge pathways.

Doing everything we can to prepare for the winter is our highest priority. The increase in pressure damage suffered by patients last winter in the quality section is a stark reminder of the harm to patients when the urgent care system fails. Last winter ambulance response times tripled to over an hour and the overcrowding of our hospital at its peak was an extra 100 patients above the normal bed base and the additional staff to care for them were not available in the numbers needed.

There is just as much effort going into elective productivity improvement with a 2 week intensive theatre improvement focus started this week and almost all teams involved in the GIRFT and national ‘Going further, faster’ work to learn from other teams and best practice.

The improvement in the faster diagnostic standard over the last couple of months is encouraging but it is not aligned with an improvement in treating cancer within 62 days of referral which are lower than has generally been achieved for the last two months. The reasons are multi-faceted and include endoscopy, radiology and histology reporting on the diagnostic pathway and increases in demand on the 2 week wait pathway. This was a focus in the COO report last month and will take time to improve.

All the management teams have focussed on staff wellbeing, engagement and experience and the results in the HR section continue to improve. Particularly pleasing is the continued improvement in sickness absence levels which are on course to dip below 4% in June and improved retention of health care support workers following the boards approval of the new deal for HCSW last winter. This has also set up the ‘grow our own workforce plans’ that are the focus of today's workshop alongside a similar intervention to retain experienced registered nurses in our wards.

It is notable that stroke mortality has improved to the 10th best in the country and follows through the promise of the improved SSNAP standards that have been noted over the last few quarters. The mortality figures overall have also continued their downward trend.

At month 2 we are meeting our financial plan, but CPIP delivery remains a significant risk and regular divisional escalation meetings with the MD and CFO are planned

Our Quality & Safety – Executive Narrative



David Mowbray

Chief Medical Officer



Lucy Flanagan

Chief Nursing Officer

Quality

The quarter 4 and year end position for the Commissioning for Quality and Innovation (CQUIN) framework is detailed below. NHS front-line worker compliance with flu vaccination was much lower across the whole NHS than in previous years—this is felt to be largely due to the vaccination requirements throughout the pandemic. WVT overall performance was mid ranking when compared to other NHS Trusts.

Whilst it is disappointing not to have achieved the pneumonia CQUIN; quarter on quarter, progress has been made and there is only one element that the trust did not achieve and this was the recording of the pneumonia severity score in ED—this is being addressed and prompts have been added to the ED recording system. We achieved other elements of the CQUIN for timeliness of Chest X-ray and anti-biotic administration.

No	Area	CQUIN	Compliance Measure	Q1	% Q1	Q2	% Q2	Q3	% Q3	Q4	% Q4
CCG1	Trust wide	Flu vaccinations for frontline healthcare workers	70% - 90%	N/A	N/A	N/A	N/A	●	42.5%	●	47.6%
CCG5	Medical	Treatment of community acquired pneumonia in line with BTS care	45% - 70%	●	5%	●	14%	●	37%	●	48%
CCG13	Integrated Care	Malnutrition screening in the community (Community Hospitals)	50% - 70%	●	39%	●	85%	●	91%	●	94%
CCG14	Integrated Care	Assessment, diagnosis and treatment of lower leg wounds	25% - 50%	●	0%	●	38%	●	71%	●	71%
CCG15	Integrated Care	Assessment and documentation of pressure ulcer risk (Community Hospitals)	40% - 60%	●	52%	●	87%	●	87%	●	88%
PSS5	Medical	Achieving priority categorisation of patients within selected surgery and treatment pathways according to clinical guidelines	74% - 98%	N/A	No Cases for inclusion	N/A	No Cases for inclusion	●	100%	N/A	No Cases for inclusion

Mixed Sex Accommodation breaches

The numbers continue to move in the wrong direction and we are an outlier on this measure. The breaches occurred in the following areas: AMU (91), Frome (4), Garway (12), ITU (6), Redbrook (16), Wye (52)

Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	81	240	517	233	150	173	181
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Quality and Safety – Mortality

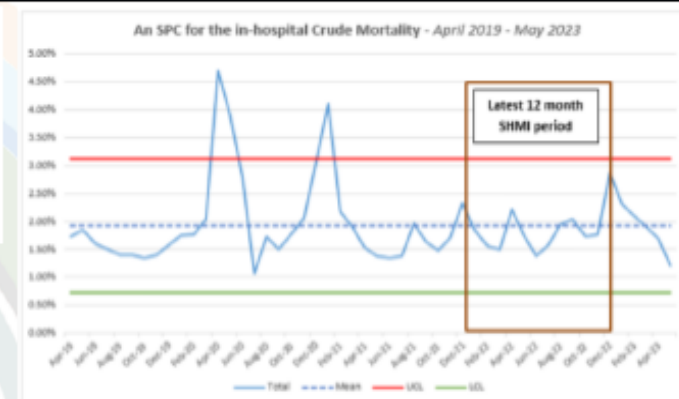
We are driving this measure because:

Mortality was previously reporting a 'higher than expected' level of mortality at WVT, based on our SHMI. The past few months have shown significant continued reductions in our SHMI, and has since returned to an 'as expected' level of mortality for our demographic.

Data

Indicator	Description/Notes	Data month	Month Actual	Change	Direction of Travel
SHMI (NHS Digital)	Rolling 12 month Standardised Hospital Mortality Indicator (inc. post 30 days discharge patients)	Dec-22	103.8	0.4	▲
			101.7	1.1	▲
			104.1	0.3	▲
SHMI (HES based)	Rolling 12 month Standardised Hospital Mortality Indicator (inc. post 30 days discharge patients)	Feb-23	104.0	-0.9	▼
			104.6	-0.4	▼
			101.1	3.6	▼

CCS Group/Origin of Alert	Data month	SHMI	Expected Deaths	Actual Deaths	SHMI Change	Direction of Travel
Chronic Obstructive Pulmonary Disease	Feb-23	123.76	25	31	11.42	▲
Congestive Heart Failure		128.81	47	61	1.39	▲
Fractured Neck of Femur		108.29	34	37	-2.23	▼
Pneumonia		97.46	149	145	-0.29	▼
Septicemia		111.10	77	86	-1.87	▼
Stroke (Acute Cerebrovascular Disease)		79.44	87	69	-4.97	▼



** Benchmarking charts are not available due to an issue with our provider systems.

What the chart tells us:

- Latest SHMI (*HES Based*) from March 2022 to February 2023 shows Wye Valley NHS Trust at 104.0, a further 0.9 reduction this month and a continued return to expected levels, following the winter. This has also been reflected in our in-hospital crude mortality rates, which for April 2023 is at 1.7% for all admissions. Initial data shows a significant reduction in deaths for May 2023 at 1.2%.
- The latest SHMI (*HES-based*) shows a reduction of 4.97 reported this month for deaths attributed to Stroke, which now ranks Wye Valley NHS at 10th (out of 132) in England for mortality rates with a score of 79.44.
- A fourth consecutive reduction in our mortality rates for #NOF to 108.29. Following the removal of several significant peaks in our mortality, the latest 12 month period shows encouraging signs in returning to expected levels.
- Our Clinical Coding KPI's this month indicate a continued low level of palliative care coded deceased patients, which currently sits at more than 50% lower than the national mean. In addition, there is a relatively high proportion of deceased patients with a sign or symptom as their primary diagnosis. These measures are currently being discussed at a task and finish group meeting, which aims to fully understand these measures and their impact, including a robust plan to address areas of concern.
- The latest 12 month rolling (*June 2022 – May 2023*) stillbirth rate has reported a small reduction this month, and remains on track to achieve the National Ambition with a 50% reduction by 2025. In addition, the extended perinatal mortality rate has also reduced to 4.26 deaths per 1000 live births.

Key Actions:

Here are some of the key actions this month:

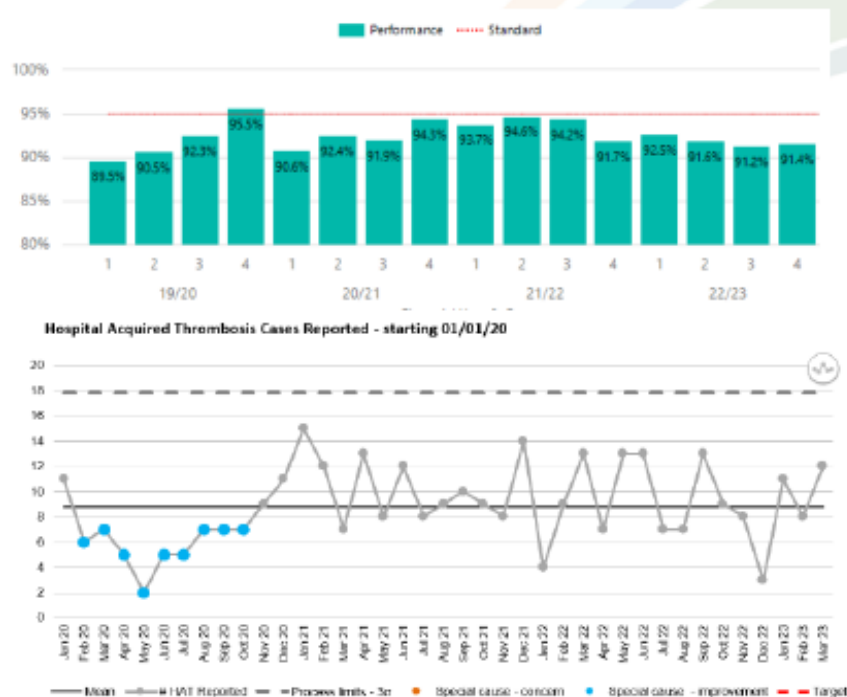
- Following several reported rises in our Heart Failure mortality rates, there is an initial plan to instigate a thematic mortality review of the latest deaths, which will aim to identify any potential issues in care. Further details will be provided in the coming months.
- An application for access to the Primary Care Mortality Database has been submitted, which will allow us access to a wider dataset and will help support identifying potential areas for further investigation.
- A full update on the progress of our Learning from Deaths programme is provided in the report, and outlines the headway on our key mortality areas. Our aim is to ensure that the Trust has a robust system in place to not only to review the deaths, but to flag and identify any potential concerns, and share the learning with the appropriate teams and Divisions.

Quality and Safety – QUALITY PRIORITY– VTE

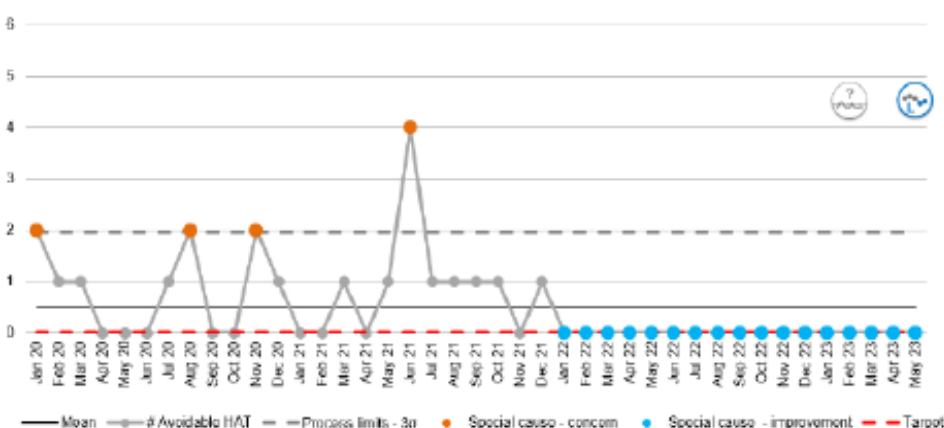
We are driving this measure because:

The Trust has a quality priority to improve compliance with VTE risk assessment target of 95%. The risk assessment is part of best practice associated with the prevention of avoidable hospital thrombosis

Data



Avoidable Hospital Acquired Thrombosis Cases- starting 01/01/20



What the chart tells us:

- The Trust is not meeting the 95% risk assessment target (bar chart)
- Run chart 1 shows all hospital acquired thrombosis—93.5% of these were unavoidable, 321 cases have been reviewed in this time period
- Run chart 2 provides the number of avoidable cases over time

Key Actions:

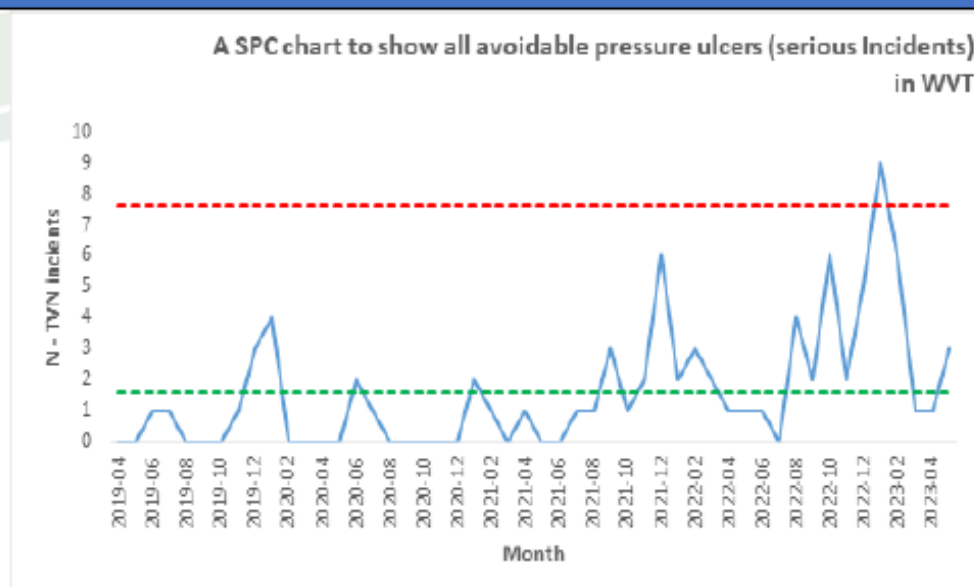
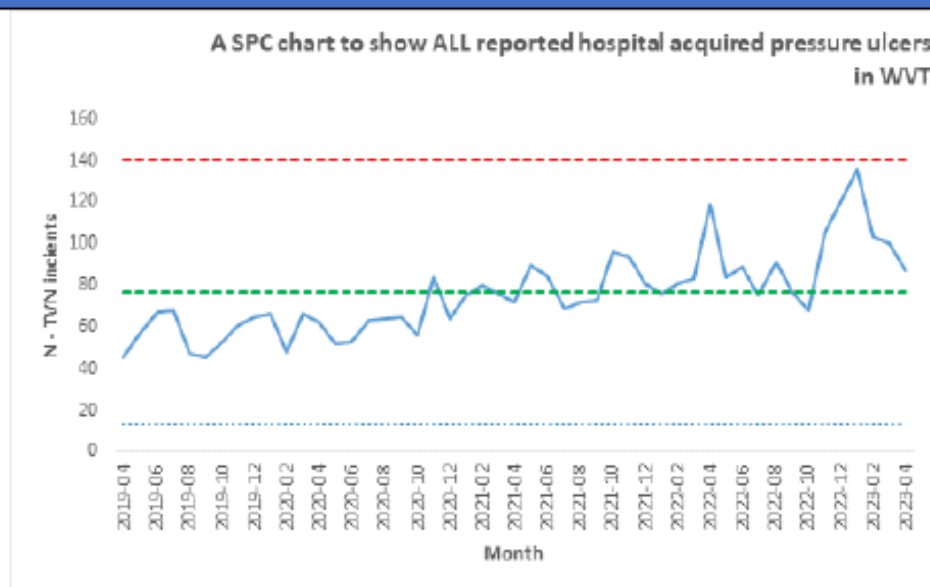
- Electronic system used to prescribe medicines will be updated to mandate the completion of the VTE risk assessment prior to prescribing
- Continue to roll out VTE case note audit, the audit showed almost all (44/50) VTE prescriptions were made before the completion of VTE prophylaxis form. From this we can deduce that it is common for doctors to prescribe VTE prophylaxis, regardless of the risk assessment form being completed.
- It should be noted that whilst we are not meeting the 95% standard regarding VTE assessment, the processes we have put in regarding appropriate prophylaxis measures are such that we have eradicated avoidable clinical harm. The correlation between VTE assessment and development of HAT is weak.
- To support this work the Trust are developing a VTE champion role.
- The Trust continue to strive to meet with VTE Exemplar framework. All criteria are either met or in progress apart from the VTE risk assessment target being met.

Quality and Safety – Pressure Ulcers

We are driving this measure because:

Reducing the incidence of avoidable pressure damage is a quality priority for 2023-24. The Trust has developed an improvement plan to support this.

Data



What do the charts tell us

- The first chart shows all hospital acquired pressure damage and includes all patients who develop pressure damage in our care. This data will include patients where the damage was unavoidable and has occurred due to the underlying condition of the patient
- The second chart identifies those cases that were avoidable. The numbers are low, yet higher than where we would want them to be. The peak between December and February relates to the period when the NHS was under significant pressure and trolley waits within our emergency department were extensive.

Key Actions:

- The Trust has developed an improvement plan to support the aim of reducing pressure ulcers.
- The improvement plan is monitored by a Short Life Working group to provide assurance the actions are having the desired results.
- The improvement plan is supported by a local frailty specific improvement plan due to an increase in the incidence of pressure ulcers in that service.
- Clinical practice updates and bite size education is being provided at ward level and focusses on accurate risk assessment and associated preventative measures
- The plan has a specific focus on the management of patients in ED, particularly given the extended time vulnerable patients may be in the department
- The Trust are trialling a new response to investigating pressure ulcer incidents in line with the new patient safety strategy. This means the Trust will no longer report serious incidents and use RCA methodology to investigate pressure ulcers. A summary case review and identification of care lapses will be required. This will be reviewed against the improvement plan to provide assurance the issues emerging are being addressed. Where required thematic reviews will be undertaken to address wider concerns and ensure all opportunities to improve. The number of cases that would have been serious incidents will continue to be tracked.

Quality and Safety – Staffing

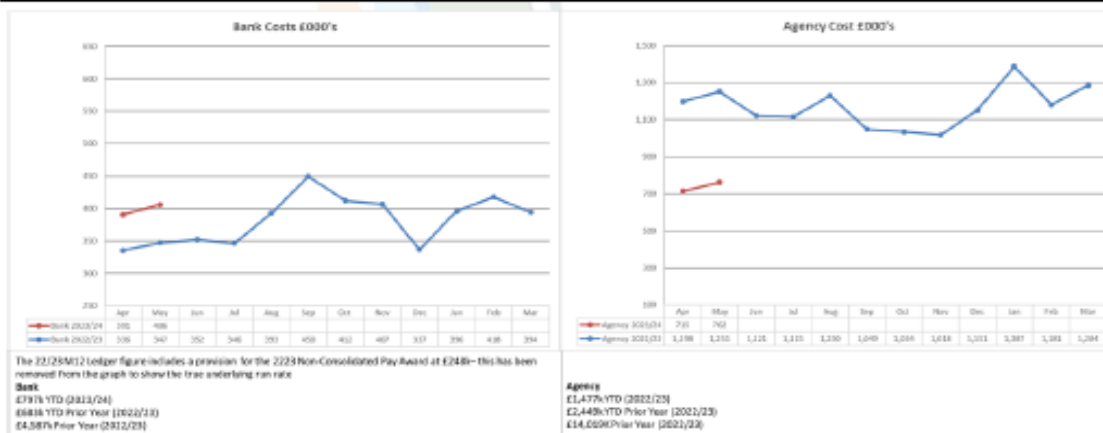
	Day		Night		Overall (Actual) CHPPD
	RN Fill	HCA Fill	RN Fill	HCA Fill	
Primrose Unit	95%	61%	89%	71%	9.2
Maternity Ward	79%	63%	95%	73%	4.5
Children's Ward	123%	138%	109%	102%	14.5
Lugg Ward	101%	97%	99%	137%	6.2
Wye Ward	116%	84%	114%	94%	7.1
Cardiac Care Unit	100%	95%	100%	87%	11.6
Leominster Community Hospital	114%	99%	110%	131%	6.1
Bromyard Community Hospital	111%	97%	102%	111%	6.9
Ross Community Hospital	101%	99%	140%	99%	5.8
Teme Ward	116%	49%	69%	48%	10.2
Redbrook Ward	100%	100%	100%	100%	6.6
Special Baby Care Unit	90%	-	92%	-	14.7
Intensive Care Unit	114%	-	98%	-	29.0
Gilwern Ward	148%	99%	98%	101%	6.5
Acute Medical Unit	120%	89%	95%	124%	8.1
Ashgrove Ward	127%	97%	125%	144%	8.2
Dinmore Ward	134%	76%	102%	105%	6.9
Garway Ward	104%	101%	101%	126%	7.6
Frome Ward	115%	105%	104%	117%	7.6
Arrow Ward	135%	77%	137%	90%	7.8
Women's Health	102%	104%	97%	-	8.8

The NHS England fill rate report (blue chart), summary headlines as follows:

- Gilwern and paediatric excess fill relates to establishments not aligned to working staffing models and are being reviewed
- The frailty wards had a number of dependent patients requiring additional support
- AMU required additional support for a complex patient
- Teme—HCA fill was adjusted due to low bed occupancy and the staff provided support in other areas
- The community hospitals have been support a number of dependent patients at risk of falls

There has been 762K spent on nurse agency during month 2, this is 489K less than the same month last year. The demand for agency has reduced from circa 700 shifts per week in March to circa 400 shifts per week in April and May. This has been achieved through

- Less reliance on high cost/off framework agency (although higher than month 1)
- Less escalation areas open overnight, and opportunities to work differently in ED as front door pressures allow
- Significant improvements in HCA and RN vacancy levels
- Improvements in the management of short term sickness for health care support and registered nursing staff



What the chart tells us:

The chart with percentages measures the nurses and HCA's a ward/clinical area planned to have on duty when the rota was set and then compares this to what actually happened when the shift was worked, once sickness, unexpected leave, unfilled agency shifts and / or additional staff allocated. The data is aggregated for a whole month, in addition it calculates how many care hours each patient receives (CHPPD) in a 24 hour period given the actual staffing. CHPPD can be benchmarked against other trusts, as all trusts are required to collect data in this way.

QUALITY PRIORITY DEEP DIVE

Ensuring patients receive
timely critical medications

June 2023

Background

- Foundation Group signed up to the national Parkinson's meds campaign to improve safety of patients with Parkinson's disease when in our care
- Known local issues with missed doses or delayed doses of time critical medications outside of Parkinson's medications expanded scope of the priority for WVT.
- Self Administration Policy not being utilised as frequently at WVT.

Scope of the priority

- Initial discussions identified as a minimum the priority will include;
 - Parkinson's medications
 - Insulin
 - Opiates
 - Antibiotics

Governance and oversight

- Scope of priority will be discussed at Medicines Safety Committee on 13th July 2023 for approval
- Proposal to Patient Safety Committee will be presented in August 2023 with initial audit data to benchmark against.
- MSC will have direct oversight of the priority and audit data will be included in Medicines Safety reports to PSC
- Deep dive analysis and updates on improvement work to be reported to Quality Committee regularly throughout the year.

Aims

1. To reduce missed and delayed doses of critical medications.
2. To work with Foundation Group colleagues to improve the care of Parkinson's patients by ensuring their medications are received on time every time.



How will we know how we are doing?

1. To reduce missed or delayed doses of critical medications.
 - Audit of critical medications (time dose due and time administered) using EPMA.
 - Monitor by drug group and identify areas of concern to develop targeted action plans and take to MSC for approval. However, will focus on Parkinson's medication in the first instance.



How will we know how we are doing?

2. To work with Foundation Group colleagues to improve the care of Parkinson's patients by ensuring their medications are received on time every time.

- Timely administration audit of critical medications using EPMA.
- Demonstrate participation in and monitor progress of the Group improvement project.
- Attend webinars to review what is being done Nationally.
- Discussed with SWFT their plan of action.
- Medicines Safety Team to promote Parkinsons UK "Get it on Time" campaign in line with SWFTs timeframe to work collaboratively.
- Medicines Safety Team to attend wards and departments on a rolling programme sharing information about importance of critical meds with "ward meds champions."

Parkinson's dataset

May-23

All wards (excludes ED_Tie)

*True Missed (Combined - Deferred and not administered, Red, Medicine unavailable, Patient unavailable)

Report Group	Administered	Administered Late			Missed Dose*	Other Omitted
		30-60 mins	60-120 mins	Over 120		
Amantadine	92	7	4	6		4
Co-beneldopa	716	98	43	3	0	24
Co-careldopa	146	30	9	4		3
Entacapone	103	23	5		2	3
Pramipexole	54	6	3		2	1
Rasagiline	40	12	1	1	1	3
Ropinirole	37	2	4	1	3	10
Rotigotine	10	1	1		3	
Total	1198	179	70	15	17	48

Total	1263
Administered 30 - 60 mins	14.17%
Administered 60 - 120 mins	5.54%
Administered 120+ mins	1.19%
Missed Dose*	1.35%
Other Omitted	3.80%

Other omitted are doses omitted for specific reasons e.g. Nil By Mouth, patient refusing.

For Parkinson's treatment during May:

- 94.9% of prescribed doses were administered.
- 88% of prescribed doses were given within one hour of the prescribed time.
- 1.3% were true missed doses i.e. avoidable.

Next steps

- Comparing WVT data to SWFT/GEH
- Expand data set to wider critical medicines list.
- Monthly data monitoring
- Align WVT to Foundation Group improvement project
- Feedback findings to wards and agree improvement actions via ward based medicines champions
- Review Self Administration of Medicines Procedure to ensure opportunities are maximised to deliver timely medicines administration and promote patients independence.
- Agree reporting of progress via Medicines Safety Committee, Patient Safety Committee and Quality Committee

Our Performance – Executive Narrative



Andy Parker

Chief Operating Officer

May 2023 continued where April 23 left off; with increased Emergency Department [ED] attendances, more than any of the winter months, December to February, only March 23 was higher over the last six months. May also saw the highest day the Trust had seen for ED attendances with 257 patients attending on Monday 22nd May.

As I write this update the third period of Industrial Action by the British Medical Association Junior Doctors has just finished following 72 hours of reduced medical cover across our Trust from 0700hrs Wednesday 14th June to 0700hrs Saturday 17th June. Our pre-planning paid dividends and we are able to continue delivering safe care to our patients despite the continued high demand for urgent and emergency care with ED attendances and ambulance conveyances remaining above the recent average.

Our comprehensive and robust plans meant we have had an increased ability to maintain elective surgery, although, unfortunately, some elective activity has been postponed. This is obviously unfortunate and very much a last resort, but has been necessary to maintain clinical safety for our urgent and emergency pathways, inpatient wards and critical elective patients.

We sincerely hope that resolution, to this particularly issue and other threats of industrial action, is forth coming so we can continue to deliver our elective activity, as we planned, to eradicate any patients waiting greater than 65 weeks for Treatment and deliver the cancer constitutional standards by March 2024.

Our Operational and Clinical teams continue to focus on our Urgent and Emergency Care [UEC] plans to deliver 76% seen, treated and either admitted or discharged within 4 hours, the ED standard for this year. As reported last month the ED summit occurred during May and further work during May and June has seen staff surveys and working group meet to discuss new ways of working across the Acute Floor over the summer period.

These schemes will follow rapid Plan, Do, Study, Act problem solving cycles looking at:

1. Triage / Initial assessments in ED Pit Stop using pathways and developing plans for a revised blended model approach.
2. Improve flow through our ED paediatric area and support patients not waiting in adult waiting area.
3. Diagnostic support to ED. As the ED team moving onto our MAXIMs in July for diagnostics requests and how we can improve throughput and reporting
4. How our previous Ambulatory ED can support an expanded Same Day Emergency Care [SDEC] footprint that included our Frailty SDEC [FSDEC] and incorporates our Virtual Ward functions.
5. Frailty pathway review including direct admission to FSDEC

Our Integrated Care Division continues to work with system partners to improve our Discharge to Assess [D2A] pathways and the system has set up a D2A Board along with working jointly to improve HomeFirst / D2A productivity, continuing its recruitment to HomeFirst and the Hospital@Home bridging community team and increase referrals from 999 and 111.

All this work is now captured in our WVT UEC Quality Improvement Plan and will form part of our monthly Valuing Patients Time Board.

Even with May's challenges our Elective activity for New Outpatients and Electives [combined day cases and Inpatients] were ahead of plan. However, we continue to have a small number of predicted 78 week breaches for elective treatment at the end of June, 14 in total at present.

Our clinical and operational teams have started to engage with a Getting It Right First Time [GIRFT] programme with Foundation Group colleagues and other Trusts across England with a new initiative called "Go Faster, Further". This aims of this project is to get as many specialities as possible below 52 weeks, for non-Admitted / Outpatient pathways, by April 2024, ahead of the national ambition to be at 65 weeks within this timeframe. More on this is future months.

Concerns remain about some of our cancer pathways and significant work has started to review the three areas driving the main issues for our decline in

Operational Performance – Urgent and Emergency Care [UEC] / Emergency Department [ED] Performance

We are driving this measure because:

The National 4 Hour Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at the Emergency Department [ED] where clinically appropriate. Performance has been adversely affected by year on year increases and higher acuity in emergency presentation to our ED.

Assurance



The system is expected to consistently Fail the target

Variation



Special cause variation - cause for concern (indicator where LOW is a concern)

Data Quality Mark



Reasonable Assurance

Performance and Actions

- 6,051 patients attended ED in May which was 416 [equal to two additional days of attendances] more than April. The second busiest month for the last 14 months. The range of attendances varied from 167 to 257, our busiest day every, with 196 being the average daily attendances
- 1,750 ambulances conveyed to the Trust in month which was 42 more than last month. The range in month was 39 to 69. This includes 5% from Worcestershire [86], 4.5% from Shropshire [79] and 12% from Powys [214]
- Ambulance handover delays over 1hr were 8% of all conveyances [138] 76% of all ambulance conveyances had a handover within 30 minutes.
- Same Day Emergency Care [SDEC] treated 793 of all admissions via a Same Day pathway within no overnight admissions.

Actions to Address:

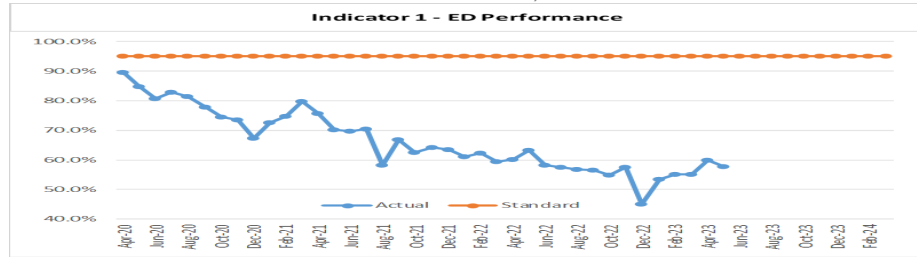
- UEC Action Plan being finalised to cover all elements of transformation/transactional change to deliver 76% and deliver change ahead of winter pressures.

Including

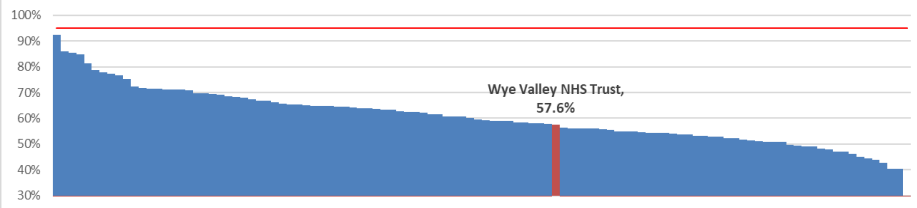
- Acute Floor redesign / SDEC floorplan and missed opportunities / Refreshing and Review all Internal Professional Standards across all departments and the Acute Floor / Frailty pathway review / expanding Virtual Ward capacity
- Out of Hospital: Hospital@Home bridging team expansion to support discharge of patients waiting discharge packages of care at home / Discharge to Assessment Board / Increased 999/111 referral to Community Services / HomeFirst recruitment and capacity
- Valuing Patients Time Agenda, Key areas of focus:
 - Improve Discharge processes through system wide visibility of discharge capacity and barriers, improving patients being discharged before lunch and at weekends .
 - Clearly documented patient centred 'the way we do things here...' for each ward and department.
 - Discharge Audit actions implementation including standardisation of Estimate Discharge Dates

Risks:

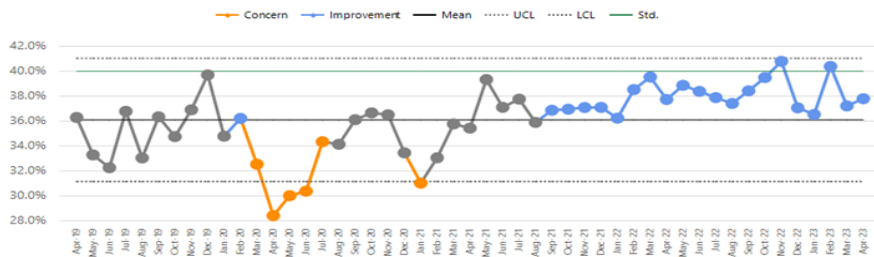
- Sustained pressure in ED attendances and continued challenges with demand and high acuity with fluctuating high levels of attendances and Ambulance conveyances
- Workforce constraints due both medical and nursing teams across the acute floor and our inpatient areas.
- System patient flow constraints due to workforce and capacity.



All NHS Trust 4 Hour Performance; Type 1 Only (WVT Shown)



Same Day Emergency Care [SEDEC] % admission via SDEC pathway



What the charts tells us:

Performance consistently above 80% early in the period but as volume of attendances started to increase with relaxation of national COVID rules and IPC challenges performance started to suffer. Improved performance seen again from December 2020 to March 2021 but coinciding with reduced volumes of attendances.

WVT Type 1 ED performance is 65 / 129 English Trusts for May 2023

We are driving this measure because:

Cancer is one of the leading causes of mortality in the UK. Research suggests that someone in the UK is diagnosed with the disease every two minutes and half of the population born after 1960 will be diagnosed with cancer during their lifetime. There are nine main operational standards for cancer waiting times and three key timeframes in which patients should be seen or treated as part of their cancer pathway. Two key measures are monitored below. 75% of patients getting a cancer diagnosis, or having cancer ruled out, within 28 days of being urgently referred by their GP for suspected cancer and 85% start first treatment within 62 days.

Assurance



The system is expected to consistently Fail the target

Variation



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

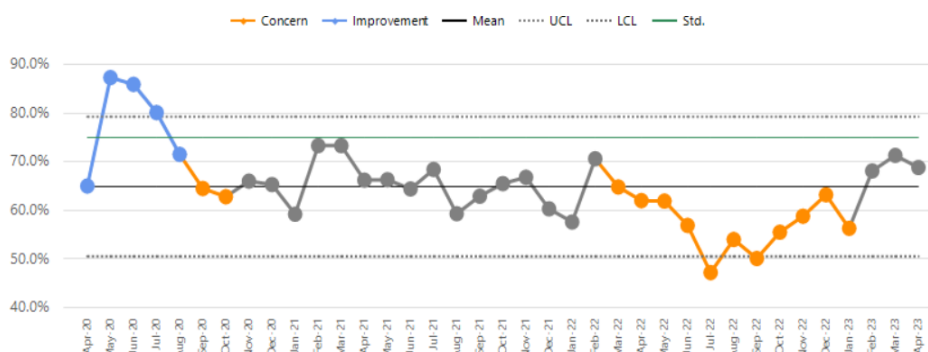
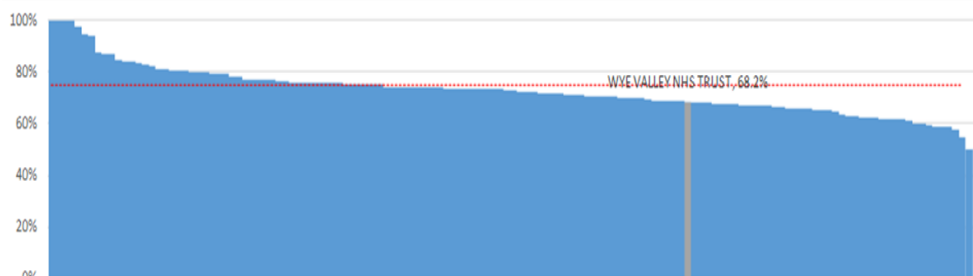
Data Quality Mark



Reasonable
Assurance

28 Day Performance

Wye Valley NHS Trust ranks 96 out of 141 Trusts.



Performance and Actions

Referrals

- Cancer referrals remaining high with a 30% increase compared with two years ago, an additional 2560 patients, which is also 8% above our planning assumptions for 2023/24.
- Referrals remain high in key cancer site specialities, in particular Upper Gastrointestinal [UGI], Lower Gastrointestinal [LGI], Gynaecology, Urology and Lung.

28 Days

- Six pathways failed to meet the target in April Gynaecology, Haematology, LGI, Lung, UGI and Urology.
- There has been an decrease in the FDS performance in April to 69%, this is a 2% decrease compared to March.

Main Specialties impacting on performance reduction:

- Radiology reporting still remains a concern, the average turnaround time for reporting on the cancer pathway is ranging from 2-4 weeks. Daily meetings are now set up between the management team and outsourcing company to discuss capacity and any backlog issues. A WVT diagnostic cancer weekly meeting has also been initiated.
- Histology have vacancies across the consultant team therefore work is being sent to an insourcing company and bank locums, reports can take 3-4 weeks to be sent back. An interface is being tested in relation to reports being uploaded on to the system digitally, once signed off additional bank locums will be taken on to support through virtual working for reporting. Position should improve by mid-July with appointment of locum skin specialist
- Radiologist currently training/completing competency in prostate Magnetic Resonance Imaging , providing additional capacity for this FDS pathway
- Endoscopy capacity is currently 7-14 days wait for all procedures, additional capacity is being offered to substantive clinicians.

Risks:

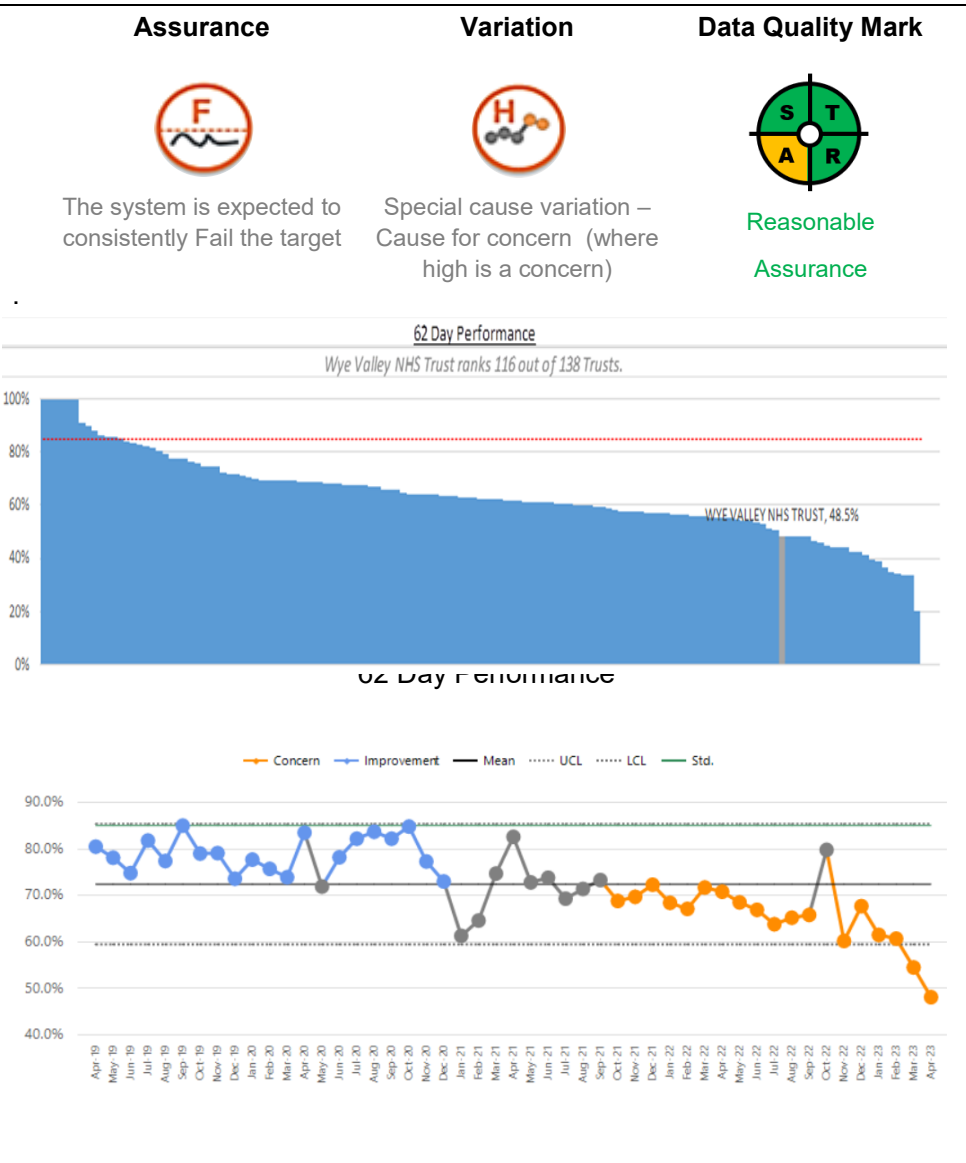
- Cancer referrals continuing to remain above 19/20 levels
- Histology Endoscopy and Radiology capacity still remains to be an issue.

What the charts tell us:

- 28 Day faster diagnosis = Performance against this target was 71.3% and remained below the target of 75%.

We are driving this measure because:

Cancer is one of the leading causes of mortality in the UK. Research suggests that someone in the UK is diagnosed with the disease every two minutes and half of the population born after 1960 will be diagnosed with cancer during their lifetime. There are nine main operational standards for cancer waiting times and three key timeframes in which patients should be seen or treated as part of their cancer pathway. Two key measures are monitored below. 75% of patients getting a cancer diagnosis, or having cancer ruled out, within 28 days of being urgently referred by their GP for suspected cancer and 85% start first treatment within 62 days



Performance and Actions

62 Days:

- The trust position for 62 days in March was 48% with 35 patient breaches.
- The current positions in the number of patients waiting over 63 days for treatment or removal from a cancer pathway is 117 which is above the trajectory put forward as part of our Activity Plan for 23/24.
- The pressures have been the delays with 28 FDS pathway / Diagnostic pathway with radiology reporting, histopathology turnaround times, endoscopy capacity [as described in the previous exception summary overview] and consultant vacancies at speciality level.
- Non specific symptom pathway is currently being looked at as a local solution with a meeting being held in primary care in June to process map the pathway.

Actions

- Meeting arranged with Foundation Group colleagues to discuss their current pathways in UGI which could result in more patients going straight to test in June.
- As a trust to look at all cancer specialities booking first outpatient appointment within 7 days.
- Appointing to a project support officer in cancer services to drive the cancer actions from deep dive, and support specialities with progress outstanding actions.

Risks:

- Histopathology / Radiology vacancies—further workforce challenges ongoing
- Endoscopy Capacity due to workforce shortfalls [See Diagnostics update]
- Impact of further Industrial Action

What the charts tells us:

- 62 day Treatment standard = The Trust performance was 48.1% against a target of 85%.

Operational Performance – Referral to Treatment Performance / Activity / Productivity

We are driving this measure because:

Referral to Treatment [RTT] aims to set out clearly and succinctly the rules and definitions for referral to treatment consultant-led waiting times to ensure that each patient's waiting time clock starts and stops fairly and consistently. The maximum waiting time for non-urgent, consultant-led treatments is 18 weeks for English patients and 26 weeks for Welsh patients from when the referral is received by the Trust either booked through the NHS e-Referral Service, or when a referral letter received.

Activity plans are measured against the Trusts agreed plans as part of the annual Business Planning process with commissioners

Assurance



The system is expected to consistently Fail the target

Variation



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

Data Quality Mark



Reasonable Assurance

Outpatient Activity		Year To Date	Charts	Apr	May
New	2019/20	10309		5026	5283
	Plan This Year	9867		4822	5044
	This Year	10321		4864	5457
	Diff vs 19/20	12		-152	174
	Variance	0%		-3%	3%
	Diff vs Plan	454		42	413
	Variance	5%		1%	8%
Follow Up	2019/20	21293		10402	10891
	Plan This Year	18527		9126	9401
	This Year	21785		10339	11446
	Diff vs 19/20	492		-63	555
	Variance	2%		-1%	5%
	Diff vs Plan	3258		1213	2045
	Variance	18%		13%	22%
Admissions		Year To Date	Charts	Apr	May
Elective Inpatient	2019/20	548		289	259
	Plan This Year	390		191	198
	This Year	423		186	237
	Diff vs 19/20	-125		-103	-22
	Variance	-23%		-36%	-8%
	Diff vs Plan	33		-5	39
	Variance	9%		-3%	19%
Elective Daycase	2019/20	3228		1537	1691
	Plan This Year	2922		1437	1485
	This Year	2852		1323	1529
	Diff vs 19/20	-376		-214	-162
	Variance	-12%		-14%	-10%
	Diff vs Plan	-70		-114	44
	Variance	-2%		-8%	3%

Performance and Actions

Activity Summary:

- New Outpatients [OP] activity was 8% above plan in May
- Elective inpatient was 19% above plan in May
- Elective Day Cases (Excluding Endoscopies) was 3% above plan in May

Theatre Productivity:

Theatre Improvement event two weeks w/c 3rd July 2023

Review all pathways with all stakeholders within Theatres over an intensive programme of review and identify opportunities to increase our utilisation and number of cases per lists to reduce waiting times, deliver our activity plans and improve patient outcomes

The two weeks will focus on all elective and emergency Theatre pathways from Theatre list constructions and preparation for Theatres and conveyancing from wards to Theatres to Theatres start times and reduced "downtime" between cases.

Outpatient productivity

Working with Getting It Right First Time [GIRFT] to go "Faster Further" with non-admitted patients. With particular focus on six/seven key specialities that have the greatest challenge to deliver 52 weeks by the end of March 2024. This programme will look at GIRFT best practice and will support an in-depth review of New:Follow up ratios / Increased Patient Initiated Follow Ups [PIFU] / Reduce Follow Up waiting lists / Increase waiting list validation and benchmark/evaluate national best practicae for local implementation or deliver local defined solutions

Risks:

- Impact of UEC pathways on elective bed base
- Workforce challenges to meet activity plan due to recruitment of substantive and Locum staff and risks around Industrial action.
- Continued high levels of referrals

What the chart tells us:

- Performance against English RTT standards in May was 59.3% - 2.6% increase since last month.
- Performance against the Welsh RTT standards in May was 65.1% - 0.4% increase since last month
- Referral to Treatment Number of Patients over 104 weeks = 1 / over 78 weeks = 23 English on Incomplete Pathways Waiting List

Operational Performance – Diagnostic Performance

We are driving this measure because:

Diagnostic waiting times is a key part of the RTT waiting times measure. Referral to Treatment [RTT] which may include a diagnostic test. Therefore, ensuring patients receive their diagnostic test within 6 weeks is vital to ensuring the delivery of the RTT waiting times standard of 18 weeks / 26 week standard .

Less than 1% of patients should wait 6 weeks or more for a diagnostic test.

Performance and Actions

Imaging:

- Magnetic Resonance Imaging [MRI] achieved 147% of 2019/20 activity last month, supported by additional staffed capacity plan via MRI van 12 days per month, as well as insourced radiographers supporting in-house scanners at weekends.
- Computerized Tomography [CT] achieved 121% of 2019/20 activity last month. Colonography CT [CTC] bookings at 9 days (providing bloods and prescriptions available—continuous review of these processes to improve).
- Non-Obstetric Ultrasound achieved 71% of 2019/20 activity last month (x3 Whole Time Equivalent [WTE] ongoing vacancy). 2.8 WTE positions offered in past month, following interviews and trials.
- MRI prostate and CTC booking availability 3 and 9 days respectively, with a current report turnaround time of 9 and 9 days respectively.
- Regional trajectories complete with zero 13 week waiters from June for imaging
- 86% of imaging waiting list less than 6 weeks wait.

Echocardiography [Echos]:

Patients awaiting Echos are waiting 11/12 weeks. This is due to both sickness and compassionate leave within the Cardiac Physiology team, however insourcing continues to support. As at the time of writing and excluding patient choice, the majority of patients waiting for echos will be <13 weeks by the end of June, with some small risk as some of our >13 week patients are booked up until the very end of the month. The department remain confident that all patients will have been offered/given an appointment within June to prevent breaches.

Endoscopy:

- Urgent appointments being booked at 8 weeks and routines at 12 weeks
- Cancer Alliance funding received to deliver 3 lists per week for suspected cancer patients.
- Temporary staff have been identified and are due to start over the next month
- Non-medical endoscopist looking to take on an additional list per week over the next month
- Identifying opportunities to increase points per list to 11 (requires ongoing clinical consultation and review).
- Recruitment underway to backfill two General Surgeon vacancies which will increase capacity by two lists per week upon completion.

Risks:

- Increased referrals both internal and external. Various work streams on going to reduced referrals
- Workforce challenges to deliver activity plans

Assurance



The system is expected to consistently Fail the target

Variation



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

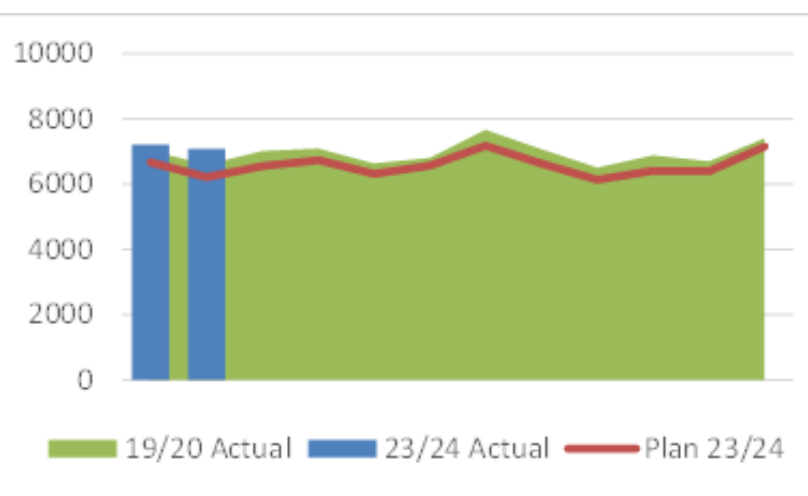
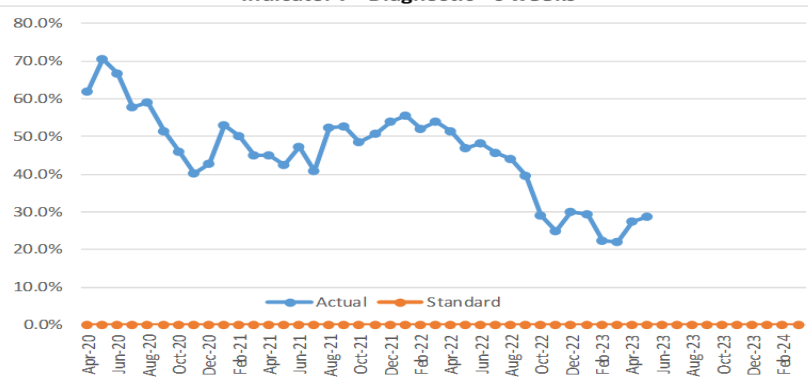
Data Quality Mark



Reasonable

Assurance

Indicator 7 - Diagnostic - 6 weeks



What the charts tells us:

28.9% of patients now waiting greater than 6 weeks. Activity for May was 14% above plan across all Diagnostics

Our Workforce – Executive Narrative



Geoffrey Etule
Chief People Officer

With ongoing industrial action across the NHS, we continue to work closely with our divisional leads and professional union representatives to ensure we have appropriate service plans in place to provide a safe service to our patients. The BMA have announced that junior doctors will be going on strike for 5 days in July (13 to 18 July) and consultants have voted to take strike action in late July. We have received notification that the RCN ballot of nurses for further strike action failed to meet the required threshold. Planning for strike action continues through the WVT industrial action group. In planning for industrial action we are maintaining good relationships with our union representatives and senior clinical colleagues.

Our comprehensive *intouch* WVT wide staff engagement programme which focuses on 4 key questions (*being a more flexible employer, creating a more compassionate & respectful culture, improving the quality of care, improving health & wellbeing*) is progressing very well with good engagement and useful suggestions from staff across all divisions. A report will be presented to the board following the engagement campaign in September.

We continue to see a reduction in sickness absence over the past few months and the % of absence has reduced from a high of 7.1% in December to 4.4% in May 2023. HR teams will continue to sensitively support the management of sickness absence and the close monitoring and management of sickness absence will remain a key priority area for the HR team over the coming year. We have enhanced our wellbeing provisions for staff with a dedicated staff physiotherapist and a mental health & wellbeing nurse located within the occupational health team.

Staff turnover is also improving and we have seen a reduction in turnover for qualified nurses & midwives from 15.24% (Nov 22) to 12.44% (May 23). We have also seen a reduction in staff turnover for band 2 hcsw staff from 28.3% (Jul 22) to 16.26% (May 23).

Active work continues to fill our clinical posts and since April 2023, 29 new international nurses and 4 midwives have joined the trust. Our WVT ambassadors are supporting recruitment events for different staff groups and we continue to work closely with DWP on several joint recruitment events throughout the summer months. The WVT recruitment hub at the Franklin Barnes building is due to be launched on 6 July and this offers a facility to promote WVT careers and job opportunities to the local community.

We remain committed to our equality, diversity, inclusion agenda and we promoted pride month in June. We will be promoting the South Asian Heritage month in July / August. We are working with Group and ICS colleagues on the 6 high impact actions following the recent publication of the NHS EDI Improvement Plan.

Working with Group colleagues and line managers we are promoting flexible working across the trust and showcasing good flexible working practices in view of our strategic aim to be a flexible employer.

Our local DWP team will be visiting the County site on 28 June to promote in work benefits and other services they can offer to support WVT staff, We are working closely with the DWP team to ensure staff are fully aware of additional support they may be entitled to receive from the DWP.

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.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
9.1%	10.2%	11.2%	10.4%	9.0%	9.4%	9.2%	9.1%	8.6%	8.7%	8.7%	7.9%	8.0%

Assurance

Variation

Data Quality Mark



The system is expected to consistently Fail the target

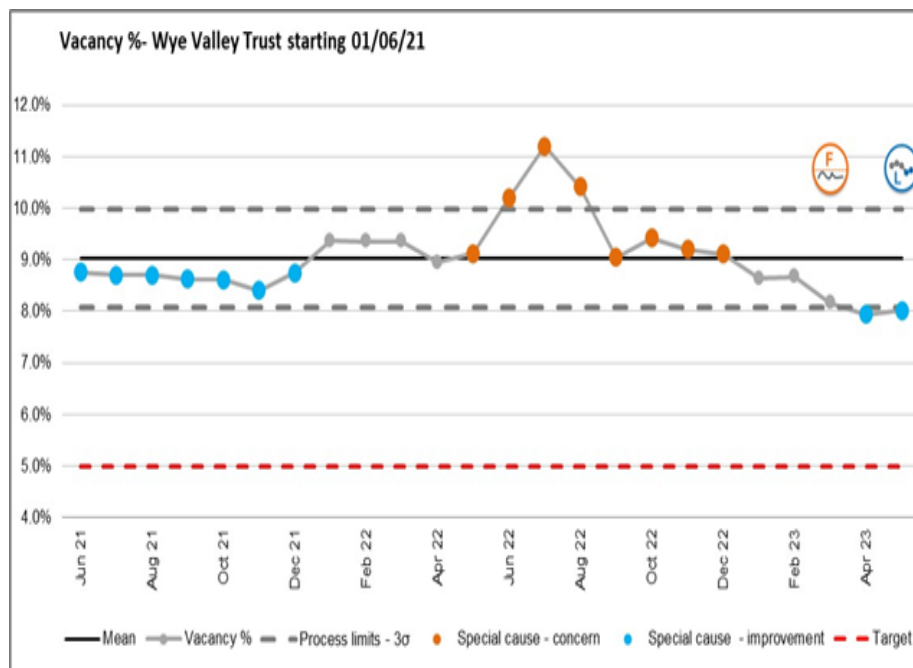


Special cause variation – Cause for concern (where high is a concern)



Reasonable

Assurance



What the chart tells us:

The rolling 12 month position remains fairly consistent across the period between October 2021 and May 2022, although deteriorated in June and July 2022 but has improved in the months following to previous levels in early 2021.

Performance and Actions

HCSW – the success of our HCSW programme continues and the gap at 26/6/23 is now 18.48 wte from 82 wte in July 2022. We continue to proactively recruit to support upcoming vacancy gaps and we are running healthcare recruitment 'boot camps' with Ludlow college and DWP. This offers the opportunity for potential applicants to gain a certificate in care and some clinical experience, through a fast track approach enabling them to be interviewed and be offered a job at the end of the short programme.

N&M - our international recruitment plan for nurses/midwives is on track and since April, 29 nurses & 4 midwives have joined the trust. We have submitted our NHS pastoral Care Quality Award which offers an opportunity for trusts to have their work recognised and to demonstrate their commitment to supporting internationally educated nurses and midwives. We currently have 92.38wte vacancies.

AHP – the ICS AHP collaborative programme has now been completed with 1 international podiatrist arriving in August from South Africa.

M&D - we are working with ID Medical and other agencies to recruit international drs for WVT. Fortnightly meetings with CMO, Medical Staffing Manager & Strategic Medical HR Lead to review progress with vacancies and cases of concern .Overseas recruitment of medics to continue throughout 2023/24. We currently have 59.62wte vacancies.

Pharmacy - to meet workforce challenges, a no. of actions are in place including recruitment and retention incentives, relocation expenses, funded diploma and independent prescribing course, opportunities for remote working, creation of new links with universities and development pathways for staff

We will continue to extend our recruitment events and we are promoting our vacancies Herefordshire wide with a series of events over the coming year. We are also extending WVT presence at regional and national fairs to promote our job opportunities. We now have 26 WVT ambassadors working with HR to promote WVT careers and to support recruitment activities. The new WVT recruitment hub will open in July and managers will be able to use this a recruitment hub to meet and discuss careers and jobs on offer with candidates.

Risks: Clinical vacancies , Band 2 HCSW vacancies

Our Workforce – Sickness

We are driving this measure because:

Due to increased scrutiny and higher levels following the pandemic, aiming to reduce this so wards are appropriately staffed to provide high quality care as well as reducing the reliance on temporary staffing namely agency.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
5.5%	6.5%	6.7%	5.3%	5.4%	6.2%	5.7%	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%

Assurance



The system is expected to consistently Fail the target

Variation



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

Data Quality Mark



Reasonable
Assurance

Performance and Actions

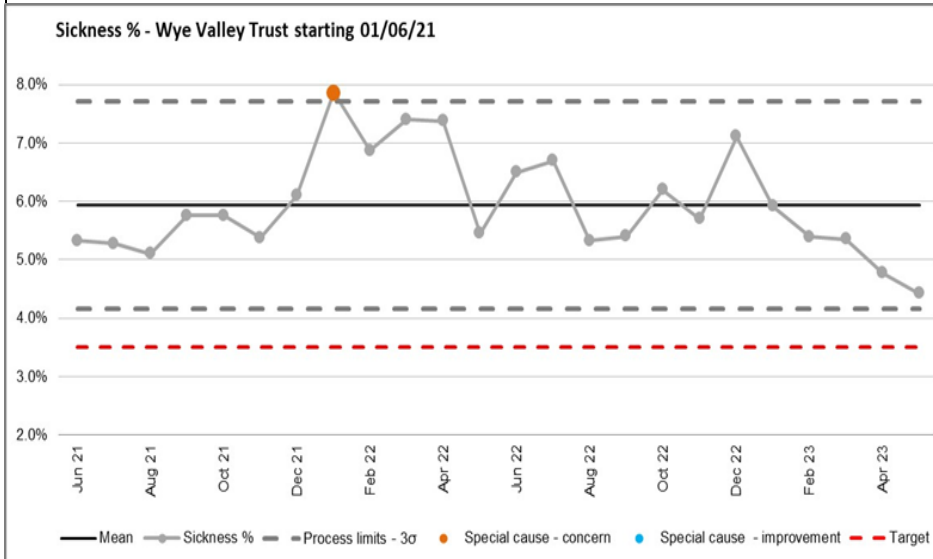
During this month, overall sickness at Trust level has decreased to 4.4%, which is lower compared to a rolling 12 month average sickness of 5.7%. This can be attributed to a reduction in covid absence and focused HR support. The main reasons for absence are cold / flu, gastro problems, mental health issues, msk and long term conditions. The % of sickness absence as of 26/06/23 stands at 3.69% which is the lowest % for over 3 years.

At monthly F&PE meetings, divisions will continue to present comprehensive data on sickness absence which includes heat maps, costs, no. of reviews and % of return to work interviews conducted. These reports are important to show concrete actions being taken to manage and reduce sickness absence across WVT.

HR teams continue to sensitively support the management of long and short term sickness absence and considerable work continues to be done to enhance the wellbeing staff support offer including fast track OH referrals, wellbeing training, more psychological and team based wellbeing support for staff. The wide range of health & wellbeing initiatives (Hereford & Worcestershire mental health hub, employee assistance programme, NHS apps and support lines, face to face counselling, clinical psychology) are still in place for staff.

We have enhanced our wellbeing provisions for staff attending occupational health with a dedicated staff physiotherapist and a mental health & wellbeing nurse for the next 12 months. We also have a menopause support group in place with guidance and peer support for those experiencing difficulties at work.

The close monitoring and management of sickness absence will remain a key priority area for the HR team over the coming year.



What the chart tells us:

The rolling 12 month position shows a fluctuating picture between May 2021 and December 2022, this was mainly due to Covid related absences, as well as other winter pressures such as Flu. However there has been a reduction in the last 5 months to pre pandemic levels.

Our Workforce – Turnover

We are driving this measure because:

To improve retention of staffing levels, maintaining standards to provide high quality care as well as reducing the reliance on temporary staffing namely agency.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
13.6%	14.0%	14.5%	13.7%	13.6%	14.2%	14.4%	14.2%	13.6%	13.5%	12.8%	12.6%	12.0%

Assurance



The system is expected to consistently Fail the target

Variation

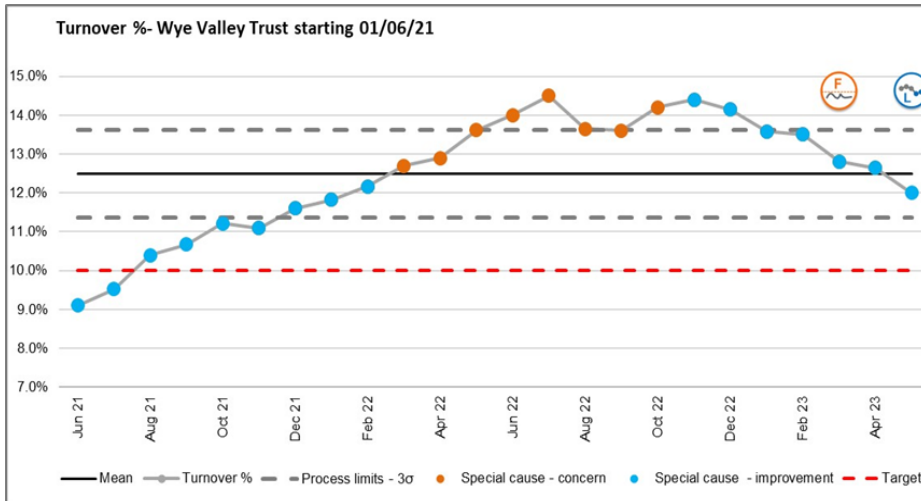


Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable
Assurance



Performance and Actions

The overall rolling 12 month turnover at Trust level is now at 12.0% for May 2022 to May 2023, with an average for the previous 12 month's turnover being 13.6%.

Workforce turnover at WVT is now at the lowest level for the past year (12%) and this is attributable to more concerted efforts by line managers supported by HR in addressing staff turnover through the comprehensive WVT call to action retention plan. Local recruitment & retention working groups are firmly in place across all divisions and new starter surveys and exit interview data are robustly analysed so local actions can be implemented as appropriate. The WVT recruitment & retention working group continues to oversee exit interview surveys and recruitment & retention areas of concern to ensure actions are being progressed in a timely manner to aid recruitment & retention of staff across the trust.

The new WVT pay & career progression framework is having a positive impact on the recruitment & retention of band 2 clinical support workers and turnover for this group has reduced significantly from 28.37% in July 2022 to 16.26% in May 2023.

Turnover rates for qualified nurses at band 5 level has reduced from 15.24% in November 2022 to 12.44% in May 2023 but this is still an area of concern at WVT as is the case in many other NHS trusts. A review of the band 6 staffing establishment has been conducted by the chief nursing officer and a proposal to employ more band 6 nursing staff and associate nurses at band 4 level is being considered.

Over the past 7 years, we have employed over 500 international staff in clinical roles at VWT. Our international recruitment programme will continue over the next year considering the national shortage of qualified clinical staff in hard to fill areas.

Risks:

What the chart tells us:

The rolling 12 month position shows a steady increase across the period between May 2021 and July 2022, then presenting a fluctuating pattern for the last few months, returning to decreasing trend for the last 6 months.

Our Workforce – Appraisal

We are driving this measure because:

To make sure staff feel heard and valued maintaining high standards set

Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
72.2%	70.2%	69.8%	69.7%	71.5%	72.5%	72.8%	74.5%	76.0%	77.1%	77.5%	78.6%

Assurance



The system is expected to consistently Fail the target

Variation

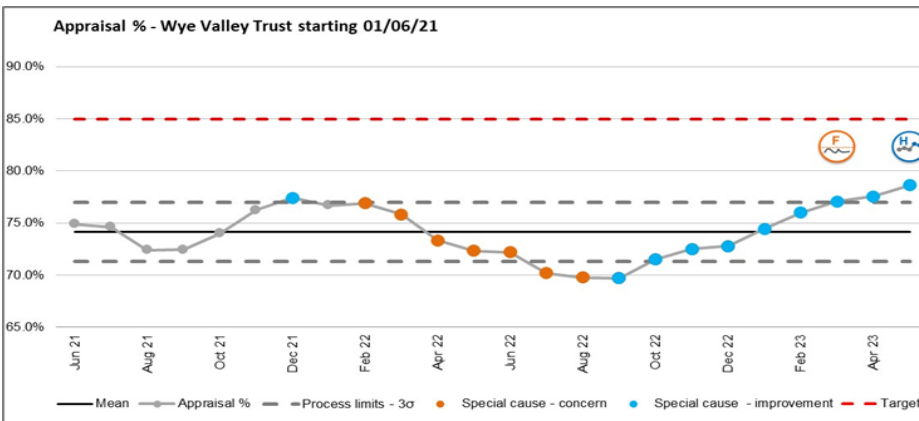


Special cause variation – Cause for concern (where high is a concern)

Data Quality Mark



Reasonable
Assurance



What the chart tells us:

The rolling 12 month position shows a fluctuating low picture across the period between May 2021 and September 2022. This was primarily due to the challenge of maintaining standards during the Covid Pandemic, however it is steadily increasing over the last 8 months.

Performance and Actions

Operational pressures continue to have a significant impact on WVT and NHS wide management capacity to complete performance appraisals. The modified and streamlined appraisal form is being used by line managers in holding wellbeing appraisal conversations with staff. This will continue to be reviewed at F&PE meetings in 2022/23.

Divisional leaders have been asked to ensure outstanding performance appraisals are completed over the next 4 months.

Risks:

Our Workforce – Core Skills

We are driving this measure because:

To make sure all our staff core training is up to date, to ensure high quality of care.

May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
89.4%	89.3%	88.7%	88.5%	88.7%	88.5%	89.1%	88.7%	89.3%	89.6%	89.2%	89.7%	89.3%

Assurance



The system is expected to consistently Fail the target

Variation



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

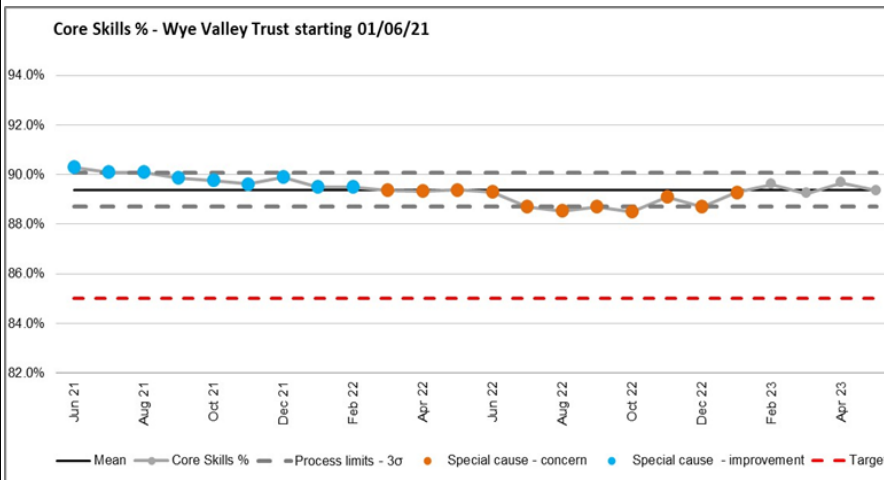
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Assurance

Performance and Actions

The Trust continues to make good progress in this area. This will continue to be reviewed at F&PE meetings



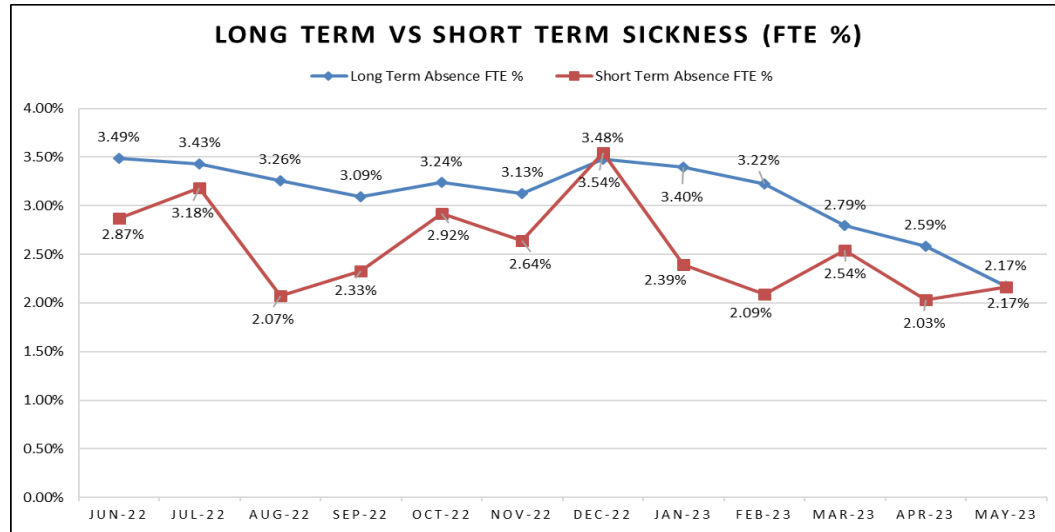
Risks:

What the chart tells us:

The rolling 12 month position remains fairly consistent across the period between May 2021 and May 2023. This was primarily due to the challenge of maintaining standards during the Covid Pandemic.

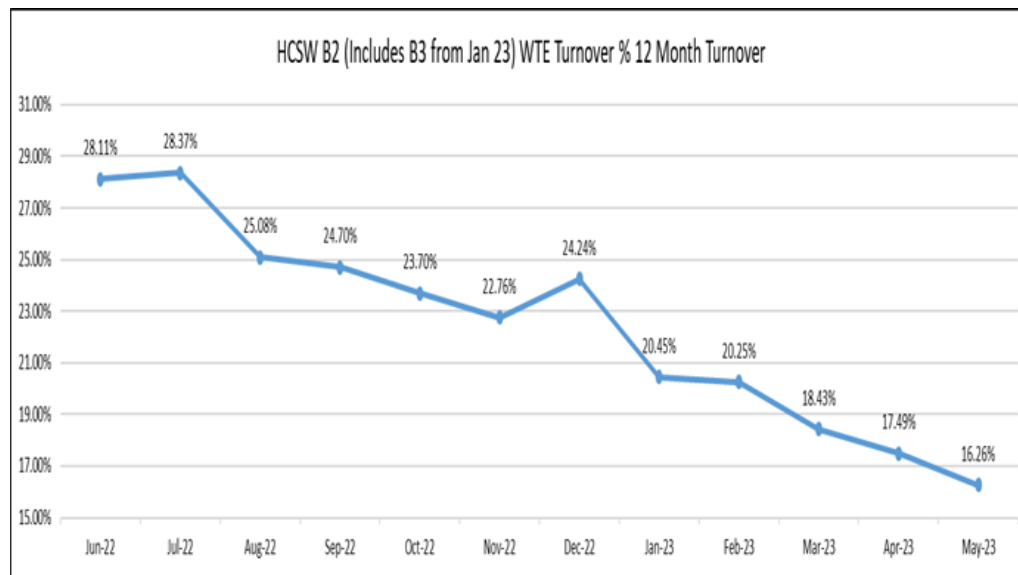
WVT charts on sickness absence & staff turnover for band 2 HCSW and Nurses & Midwives

More rigorous management / HR actions is leading to a reduction in absence

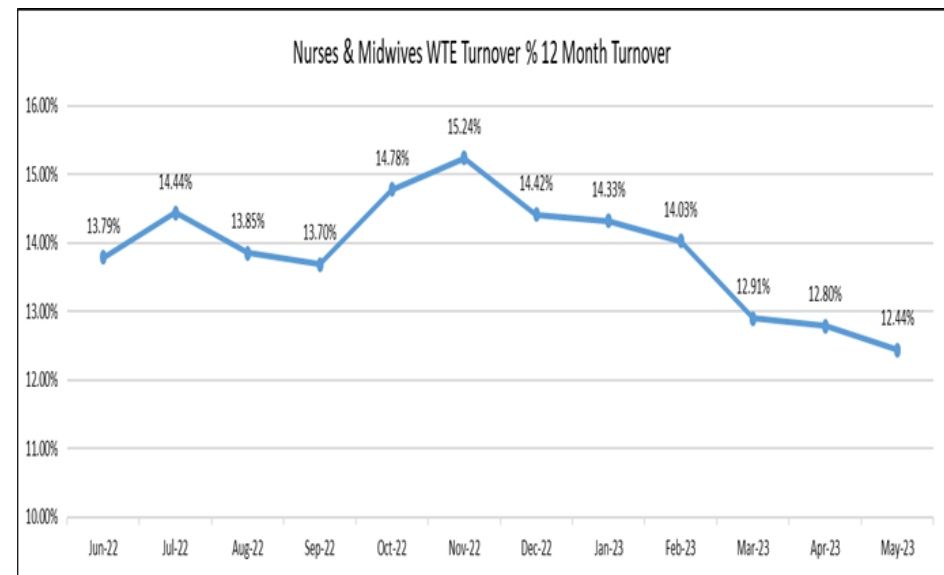


Main reason form absence - Top 5	%
Cold, Cough, Flu - Influenza	20.10%
Gastrointestinal problems	18.38%
Anxiety/stress/depression/other psychiatric illnesses	11.56%
Other musculoskeletal problems	7.02%
Pregnancy related disorders	5.40%

The chart below shows a reduction in turnover for band 2 HCSW



The chart below shows a reduction in turnover over the past few months





Katie Osmond
Chief Finance Officer

Financial Plan 2023/24

The final plan reflects an in year I&E deficit of £22.3m. It is important to note that the recurrent underlying position of the Trust continues to run at a greater level of deficit, once non-recurrent items are removed. As a system with a planned deficit, enhanced financial controls are in place or being implemented.

Income & Expenditure Performance

The financial position at the end of month 2 (May) was a deficit of £5.1m. Although this is broadly on plan year to date there are a number of financial risks to delivery in year, and recurrently. Focused activity to reduce reliance on premium cost agency workforce has resulted in a significant reduction in the nursing agency run rate, and we are also seeing reductions in Medical agency. Delivery of our efficiency requirements and productivity improvement are key to securing delivery of the plan.

The wider Herefordshire and Worcestershire Integrated Care System (ICS) has a planned deficit for 2023/24. The system position to the end of month 2, is adverse to plan, reflective of the level of challenge within the plans and premium capacity utilisation.

Capital

The capital programme for 2023/24 includes high value projects to deliver the new Elective Surgical Hub (ESH), a Community Diagnostics Centre (CDC) and the Integrated Energy scheme phase 2 (IES). Local capital funding has been identified to meet equipment, Digital and backlog maintenance requirements. A prioritisation process has taken place to agree the final programme. Spend in the first two months of the year totals £6.5m.

Cash

The cash position at the beginning of the year was better than planned, due in part to the early receipt of IES funding though this reduced during April and again through May. Despite this the Trust achieved its BPPC target of 95% in May, as measured by volume.

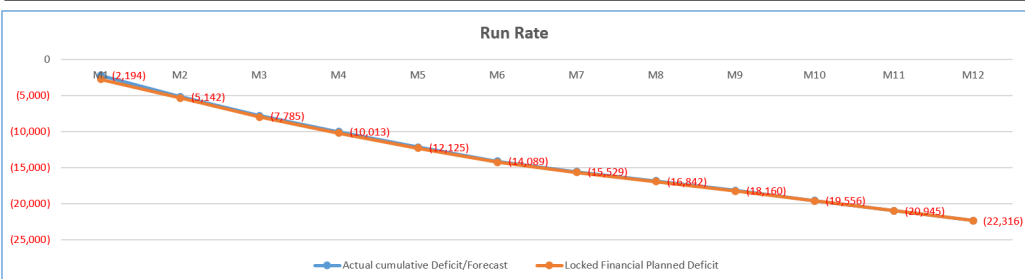
The overall cash position is subject to ongoing management given our deficit plan and the need to access national revenue support during the year. Practical measures such as aligning payables to reflect cash utilisation and working with commissioners to optimise timing of cash flows are explored to ensure requests for revenue cash support are only made where necessary. Following Board endorsement last month, an applications for revenue support for quarter 2 has been made and we are liaising with the national team to agree requirements and mitigations.

Our Finance – Year to Date Income and Expenditure

We are driving this measure because:

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

STATEMENT OF COMPREHENSIVE INCOME -		To Month 2 - 31st May 2023 - 2023/24					
	2022-23 ANNUAL BUDGET £000	YEAR TO DATE			VARIANCE IN CURRENT MONTH £000		
		BUDGET £000	ACTUAL £000	CUMULATIVE VARIANCE £000			
Contract Income	280,906	46,952	46,724	(229)	↓	(58)	
Excluded Drugs	11,954	1,992	2,179	187	↔	(11)	
Non Contracted Activity (NCA's)	1,635	272	272	(0)	↔	0	
Other Income for Patient Care	9,038	1,533	1,556	22	↑	19	
Donations For Non Current Assets	20,500	1,674	5,750	4,076	↑	3,597	
Other Non Patient Income	7,292	1,297	1,184	(113)	↓	(71)	
COVID Funding	332	78	55	(24)	↓	(19)	
NHSE - central (22/23 pay award)	0	0	0	0	↔	0	
Total Operating Income	331,657	53,799	57,720	3,920		3,457	
Pay Expenditure	201,588	34,931	34,218	713	↑	185	
Non Pay Expenditure	86,016	15,077	15,164	(87)	↓	(89)	
Excluded Drugs	23,095	3,725	4,031	(305)	↓	(355)	
Total Operating Expenditure	310,700	53,733	53,413	320		(259)	
EBITDA	20,957	66	4,307	4,240		3,198	
Depreciation	13,704	2,284	2,320	(36)	↓	(6)	
Interest Receivable	574	157	229	72	↑	72	
Interest Payable on Loans	266	44	56	(12)	↓	(6)	
Interest Payable on PFI	6,377	1,063	1,063	(0)	↔	(0)	
Dividends on PDC	3,868	645	645	0	↔	0	
Operating Surplus/ (Deficit)	(2,682)	(3,813)	452	4,264		3,257	
Donated Assets Adjustment	19,634	1,530	5,594	4,064	↑	3,590	
Adj. financial performance retained Surplus/ (Deficit)	(22,316)	(5,343)	(5,141)	200		(333)	



Performance and Actions

The position at the end of month 2 (April) was a deficit of £5.141m. This was marginally ahead the current plan with an overall favourable variance of £200k year to date.

- Pay is underspending overall with some slippage on recruitment linked to capacity and unfilled vacancies. This net position includes agency — 8.4% of total pay costs in May although this has reduced since M12, particularly within nursing agency which saw a stepped reduction in usage in April, though increased marginally in May. Medical bank usage at premium rates further increases this to 12.75% of overall pay. This is driven by volume and price (including off framework supply when unavoidable).
- The plan includes a significant level of additional capacity provided to achieve the operational plan, particularly recovering elective activity.
- We continue to experience significant cost pressures in staffing and non pay cost linked to the urgent care pathways and increased volumes and acuity of patients.
- The Trust has set an annual cost improvement (efficiency) target of £15.7m (of which £2.5m is a further stretch target)

Risks:

Key Financial risks

- Stretch target (£2.5m not delivered).
- Income including potential for funding misalignment with commissioners
- CPIP Cost Efficiency delivery recurrently
- Level of Agency (as % of pay)
- Impact of inflation on non pay expenditure run rates

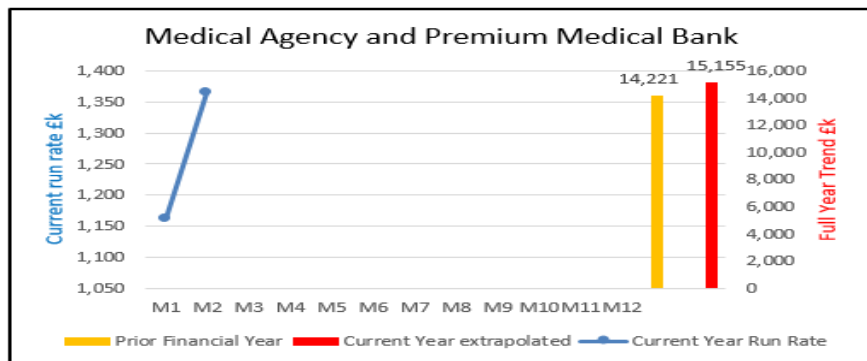
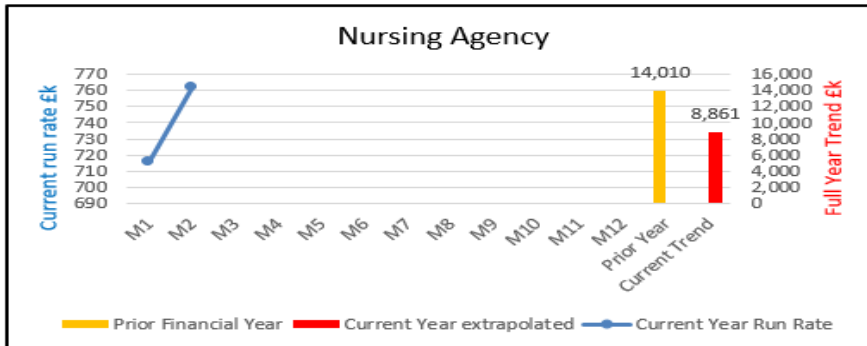
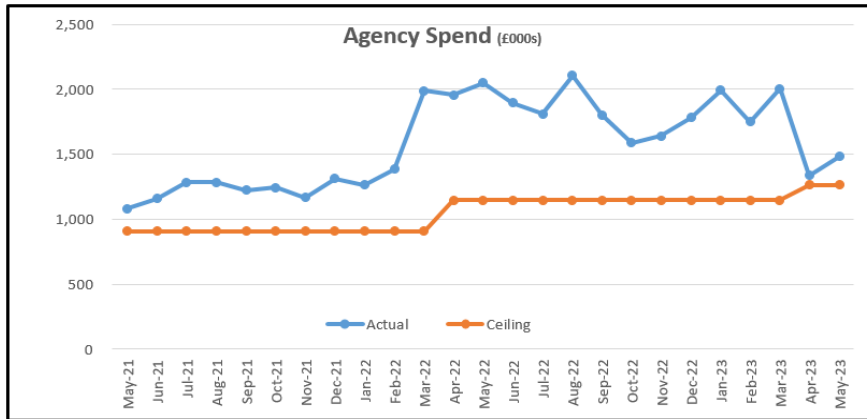
What the chart tells us:

Based on ytd the Trust is currently on target to deliver a deficit of no more than £22.3m though significant risk remains at this point in the year and a full review will be undertaken at the end of quarter 1.

Our Finance – Agency Spend

We are driving this measure because:

Tackling our high agency spend levels (volume and price) is key to successfully mitigating financial risk and delivering the financial plan. Agency spend is well above the NHS Agency Cap Ceiling and is adversely impacting on our use of resources.



Performance and Actions

Agency represents 8.4% of total pay costs year to date. This benchmarks poorly, and is above the NHS Agency Cap Ceiling. There is still a considerable way to get back to an acceptable baseline trend, although there was a marked reduction in month 1 particularly on Nurse Agency usage, this increased marginally in month 2. All agency spend year to date (and excluding premium cost medical bank) has been £2.8m. This represents a premium above the cost of corresponding substantive pay cost for the equivalent clinical hours.

- **Nursing agency:** expenditure, driven by usage has increased in month. Increased control actions through NARP, together with the new Master Vend contract rate changes have shown improvement in the prior few months. The Trust spent £14.0m on nurse agency in the prior year (22-23) and the extrapolated current year position would be £8.9m which is more in line with 21-22.
- **Medical staffing agency and premium cost bank:** Commercial agency and Internal Medical Bank often have a correlation depending upon availability and route into the Trust. Medical bank typically still involves high premium rates, even if marginally lower than agency on average. In month 1 we saw a small decrease in the run rate for medical agency, this has increased in month 2. The Trust spent £14.2m in the prior year (22-23) and the extrapolated run rate (£15.2m) would not deliver the target spend for the year. Increased central controls have been introduced to further influence down the rates currently being paid and where appropriate, volumes used.

Risks:

- Level of Agency (% of pay)
- Increased workforce gaps resulting in greater requirement for temporary workforce.
- Supply and Demand price pressures
- Impact of Industrial Action

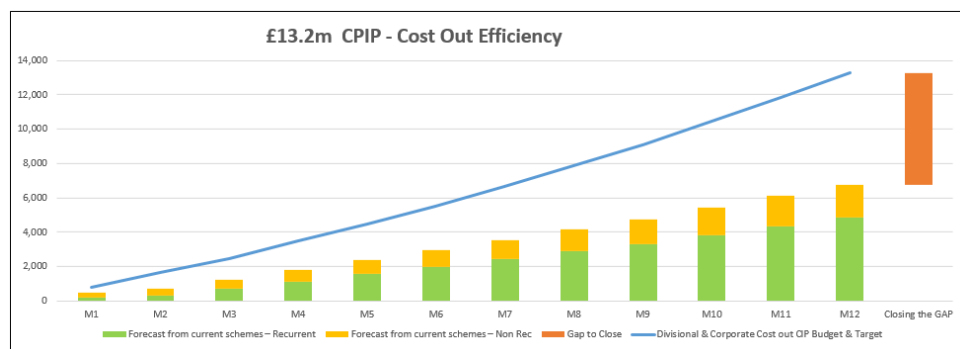
What the chart tells us:

Agency use is at unsustainable levels and poses a significant risk to achievement of the financial plan.

Our Finance – Cost Improvement Programme

We are driving this measure because:

Delivering our cost efficiency programme is key to successfully mitigating financial risk and delivering the financial plan. Maximising recurrent efficiencies is critical to our financial sustainability and tackling our underlying deficit in the medium term.



Performance and Actions

The £15.7m target breaks down into two areas: £13.2m cost out efficiency (of which we are targeting a £7.6m agency reduction); and a further £2.5m stretch target accepted by the Trust as part of concluding the financial plan. Progress is being made against the cost out efficiency requirement though the stretch remains unmitigated.

Operational challenges over quarter 4 hampered the pace of full identification of recurrent plans to meet the cost out efficiency requirement meaning that at Month 2 there is still a large shortfall in identified schemes. Increased scrutiny and oversight is in place including weekly progress tracking and escalation through TMB and F&PE meetings.

Although this drives an adverse variance from plan in month 2, the full effect of this is non recurrently being mitigated.

Focus continues through the F&PE meetings, and a refreshed monthly CPIP meeting to maximise delivery in year, and development of recurrent schemes to support 2023/24 delivery. Reduction in Agency expenditure combined with increased productivity and gains from digital working, all combine to provide significant opportunities for the efficiency challenge all Trusts face.

Risks:

- Cost Improvement (CPIP) underachieves or only achieves non recurrent delivery. Mitigation - Refreshed monthly CPIP meeting, increased focus and management time. Progress will be closely monitored and routinely reported to the Board.

What the chart tells us:

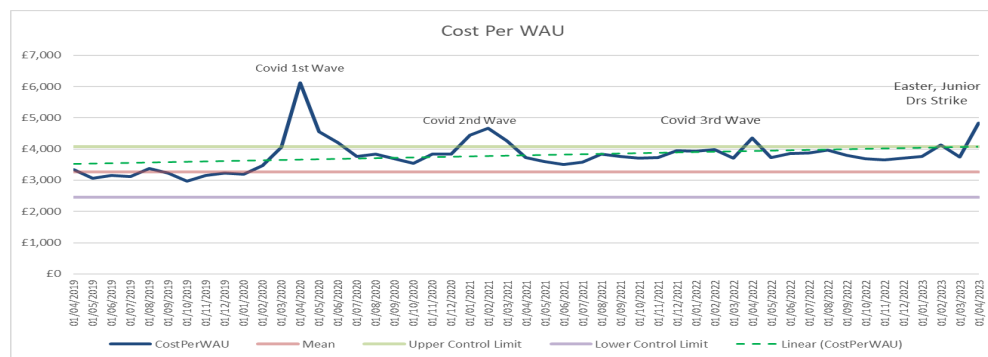
Focus is on converting opportunities into deliverable schemes, particularly recurrent schemes to mitigate the financial risk of underachievement against this programme and into 2024/25.

Our Finance – Productivity Improvement

We are driving this measure because:

Delivering productivity improvements is key to successfully mitigating financial risk and delivering the financial plan. Maximising the activity we undertake within the resources available will ensure best use of system resources and support financial sustainability.

Quality of care, access and outcomes		Responsible Director	Standard	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Elective care	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	96%	101%	99%	116%	106%	101%
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	103%	81%	93%	95%	99%	95%
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	97%	105%	102%	114%	109%	102%
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	109%	95%	105%	100%	108%	101%
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	85%	92%	99%	104%	86%	94%
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	89%	80%	91%	88%	83%	83%



Care must be taken when comparing WAU's reported in different places, as data sources must be consistently applied and will vary. The graphs here apply the WAU methodology to the same defined data sources consistently each month so may be compared as a trend (and across the Foundation Group).

Performance and Actions

Our operational plan requires us to deliver 106% of 19/20 activity (OP New, Inpatient/daycase & endoscopy. OPFU's are capped at 75% of 19/20 activity.)

We also required to have no 65 week waits by the end of March 24. Delivery of our planned levels of activity not only drives recovery of the elective backlog, but also supports our ability to retain Elective Recovery Funding (ERF).

The month w KPIs show that elective activity in volume terms is behind both 19/20 and our plan. On a value basis (as tracked regionally), performance against 19/20 has been stronger than indicated by volumes alone, suggesting a richer case mix.

Current performance gives us a degree of risk associated with the inclusion of Income in our financial position, particularly given the IP/DC performance. There remains a risk of clawback at the end of Quarter 1 if we do not achieve the planned levels.

Cost per Weighted Activity Unit (calculated and reported one month in arrears) remains above the target level. This is a long term trend measure, however as productivity improves we would expect to see a reduction in the cost per WAU.

Risks:

Non delivery of 106% of case mix weighted activity resulting in clawback of system elective activity. Mitigation - Additional capacity funding provided to the Divisions, close monitoring of activity performance and productivity.

What the chart tells us:

Given the significant operational challenges activity levels have not fully recovered to the planned levels, particularly for elective inpatient and day cases. The increased cost base driven by high agency use, coupled with lower than planned activity levels drive a high cost per WAU. Whilst some productivity initiatives have started to deliver, we are not yet seeing the overall level of productivity required.



Our Finance – Capital and Cash

We are driving this measure because:

With limited capital it is important that we invest wisely to maintain our infrastructure, and ensure benefits are realised from strategic developments. Availability of cash is critical for the Trusts continued operations, and is a key early warning metric given the challenged financial environment.



Scheme Type	Interim Annual Plan £k	YTD Plan £k	YTD Actual £k	YTD Variance £k
Digital Total	1,250	126	30	96
Equipment Total	1,593	160	200	(40)
Estates Total	1,630	164	98	66
Total Core Operating (ICS) Capital	4,473	450	328	122
TIF PDC Total	12,602	1,260	298	962
CDC Total	10,296	120	38	82
Frontline Digitalisation PDC Total	3,300	330	72	258
Total National Programme Funding Bids	26,198	1,710	408	1,302
Donated Assets	20,600	2,060	5,750	(3,690)
Grand Total	51,271	4,220	6,486	(2,266)

Cash Balance

Month	Performance	Target	Direction	Rating
Mar	35.0	15.0		
Apr	24.0	23.1		
May	18.5	22.1		

The cash balance at the end of May further reduced compared to the prior month and is below the plan. This reflects an increase in accounts receivable, specifically accruals and a continued reduction in accounts payable. Actions have been taken to secure revenue PDC funding for the second quarter and also to agree phasing of contract payments from the ICB to assist in payment of the quarterly PFI unitary

Better Payment Practice Code

Month	Performance	Target	Direction	Rating
Mar	93.4%	95.0%		
Apr	97.9%	95.0%		
May	97.7%	95.0%		

May's results indicate that on a volume basis, the Trust paid 97.7% of invoices within 30 days which exceeds the target for the second month in succession. The performance as measured in terms of invoice value was 89.5%. The lower performance by value indicates late payment of a few high value invoices.

Performance and Actions

Capital: The overall capital expenditure at Month 2 is £6,486k which represents just under 13% of total budget spent.

The Donated Assets line included £20,100k of budget for Energy centre phase 2 project. This is fully funded via the Salix grant and is shown as overspent for the year to date. This is due to catch up on slippage from the prior year.

The TIF PDC relates to the Elective Surgical Hub. It is projected that more costs may fall within 2023/24 although the overall scheme cost will remain unchanged.

The CDC scheme is in its early stages hence the low spend in the year to date.

Cash: The Trust's cash position is now below plan. Actions have been taken to ensure the availability of cash via a revenue PDC borrowing facility and an agreement with the ICB to phase contract payments to assist in payment of the PFI unitary charge at the beginning of each quarter. The Trust achieved the BPPC target by invoice volume for the second successive month.

Risks:

- General risk regarding the delivery of the capital programme although funding approval for ESH and the CDC has now been received
- Insufficient capital to deliver critical / high risk infrastructure replacements. Mitigation: work with system and regional partners.
- Cash availability and prompt payments worsen due to deficit plan. Mitigation: focus on delivery of financial plan, and rolling cash flow forecasts.

What the chart tells us:

Capital expenditure is broadly in line with plan, and cash balances whilst sufficient, do require more careful management over the next few months.

Our Finance – Statement of Financial Position

We are driving this measure because:

Our Statement of Financial Position (Balance Sheet) is a core financial statement and reflects the overall financial position of the Trust in terms of its assets and liabilities. It provides insight across revenue and capital funding streams, and beyond the current financial year.

May 2023	2022/23	2023/24			
	Accounts £000s	M02 Plan £000s	M02 YTD £000s	Variance £000s	YTD Change £000s
NON-CURRENT ASSETS:					
Property, Plant and Equipment	130,131	125,151	132,038	(6,887)	1,907
Intangible Assets	13,834	15,689	17,305	(1,616)	3,471
Trade and Other Receivables	573	817	0	817	(573)
TOTAL Non Current Assets	144,538	141,657	149,343	(7,686)	4,805
CURRENT ASSETS:					
Inventories	5,316	4,780	5,293	(513)	(23)
Trade and Other Receivables	22,732	13,709	27,809	(14,100)	5,077
Cash and Cash Equivalents	34,969	22,148	18,547	3,601	(16,422)
TOTAL Current Assets	63,017	40,637	51,649	(11,012)	(11,368)
TOTAL ASSETS	207,555	182,294	200,992	(18,698)	(6,563)
CURRENT LIABILITIES					
Trade and other payables	(49,759)	(25,825)	(42,671)	16,846	7,088
Borrowings - Loans, PFI and Finance Leases	(5,779)	(5,878)	(4,755)	(1,123)	1,024
Provisions	(55)	(46)	(46)	0	9
Total Current Liabilities	(55,593)	(31,749)	(47,472)	15,723	8,121
NET CURRENT ASSETS/(LIABILITIES)	7,424	8,888	4,177	4,711	(3,247)
TOTAL ASSETS LESS CURRENT LIABILITIES	151,962	150,545	153,520	(2,975)	1,558
NON-CURRENT LIABILITIES:					
Borrowings - Loans, PFI and Finance Leases	(31,138)	(31,017)	(31,145)	128	(7)
Provisions	(1,686)	(1,579)	(1,686)	107	0
Total Non-Current Liabilities	(32,824)	(32,596)	(32,831)	235	(7)
ASSETS LESS LIABILITIES	119,138	117,949	120,689	(2,740)	1,551
TAXPAYERS EQUITY					
Public dividend capital	270,216	272,899	270,216	2,683	0
Revaluation reserve	28,672	30,874	29,880	994	1,208
Income and expenditure reserve	(179,750)	(185,824)	(179,407)	(6,417)	343
TOTAL	119,138	117,949	120,689	(2,740)	1,551

Performance and Actions

General

The table identifies the statement of financial position as at 31 May 2023 against the plan.

Non-Current Assets

Non-Current assets increased £4.8m in PPE compared to last month largely relating to spend on the Integrated Energy Scheme.

Current Assets

Accounts Receivable increased by £2.7m compared to the previous month. Cash held decreased by £5.5m.

Current Liabilities

Current liabilities decreased by £0.35m compared to last month. Trade payables reduced by £0.8m and provisions have been re-balanced between current and non-current liabilities.

Non-Current Liabilities

Non-current liability movements reflect the on-going repayment of PFI liabilities but also include lease liabilities included as part of the IFRS 16 asset recognition exercise.

Taxpayers Equity

The income and expenditure reserve reflects the deficit for the year to date. The forecast includes an increase in the revaluation reserve in line with the increase in asset values.

Risks:

- The deficit plan presents an ongoing risk to the strength of the SOFP.

What the chart tells us:

There has been little movement to date in the SOFP compared to the year end position.

Wye Valley NHS Trust
Trust Key Performance Indicators (KPIs) - 2023/24

Performance Against Target (Status)

- Meeting Target
- Not Meeting Target

Activity Performance Only

- Over 5% above Target
- 5% above to 2% below Target
- More than 2% below Target to 5% below Target
- Over 5% below Target

Type	Item	Description
Pass/Fail		The system is expected to consistently Fail the target
Pass/Fail		The system is expected to consistently Pass the target
Pass/Fail		The system may achieve or fail the target subject to random variation
Trend Variation		Special cause variation - cause for concern (indicator where HIGH is a concern)
Trend Variation		Special cause variation - cause for concern (indicator where LOW is a concern)
Trend Variation		Common cause variation
Trend Variation		Special cause variation - improvement (indicator where HIGH is GOOD)
Trend Variation		Special cause variation - improvement (indicator where LOW is GOOD)

Example

Data Quality Assurance Questions

- S - Sign Off and Validation**: Is there a named responsible person apart from the person who produced the report who can sign off the data as a true reflection of the activity? Has the data been checked for validity and consistency?
- T - Timely & Complete**: Is the data available and up to date at the time someone is expected to use it to understand the data. Are all the elements of information needed present in the designated data source and no elements of needed information are missing?
- A - Audit & Accuracy**: Are there processes in place for either external or internal audits of the data and how often do these occur (Annual / One Off)?
- R - Robust Systems & Data Capture**: Are there robust systems which have been documented according to data dictionary standards for data capture such that it is at a sufficient granular level?

Overall KPI Rating Key

- No Assurance
- Limited Assurance
- Reasonable Assurance
- Substantial Assurance

Quality of care, access and outcomes		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
Cancer	28 day referral to diagnosis confirmation to patients	Chief Operating Officer	75%	58.8%	63.2%	56.3%	68.1%	71.3%	68.8%		
	2 Week Wait all cancers	Chief Operating Officer	93%	94.2%	91.4%	89.5%	88.8%	88.0%	81.9%		
	Urgent referrals for breast symptoms	Chief Operating Officer	93%	89.5%	82.8%	77.3%	39.3%	63.6%	50.0%		
	Cancer 31 day diagnosis to treatment	Chief Operating Officer	96%	90.1%	86.2%	81.7%	89.6%	91.1%	88.5%		
	Cancer 62 day pathway: Harm reviews - number of breaches over 104 days	Chief Operating Officer		5	10	14	13	12	9		
	Cancer 62 days urgent referral to treatment	Chief Operating Officer	85%	60.2%	67.7%	61.5%	60.7%	54.5%	48.1%		
	Cancer 62-Day National Screening Programme	Chief Operating Officer	90%	83.3%	71.4%	33.3%	0.0%	0.0%	0.0%		
	Cancer consultant upgrade (62 days decision to upgrade)	Chief Operating Officer	85%	60.0%	71.4%	58.5%	74.2%	71.0%	70.4%		
Cancer: number of urgent suspected cancer patients waiting over 62 days	Chief Operating Officer	Plan	100	108	123	115	89	117	112		
Primary care and community services	Community Service Contacts - Total	Chief Operating Officer	v 2022/23	104%	106%	113%	103%	100%	94%	103%	
	Urgent Response > 1st Assessment completed on same day (facilitated discharge & other)	Chief Operating Officer	80%	100%	98.6%	99.2%	100%	98.2%	96.7%	100%	
	Urgent Response > 1st Assessment completed within 2 hours (admission prevention)	Chief Operating Officer	70%	91.1%	80.0%	90.2%	91.7%	83.3%	91.5%	76.5%	
	% emergency admissions discharged to usual place of residence	Chief Operating Officer	90%	90.5%	88.4%	89.2%	89.2%	89.2%	90.3%	89.8%	
Urgent and emergency care	A&E Activity	Chief Operating Officer	Plan	102%	108%	96%	97%	108%	99%	101%	
	Ambulance handover within 15 minutes	Chief Operating Officer	95%	42.5%							
	Ambulance handover within 30 minutes	Chief Operating Officer	98%		58.7%	77.0%	81.0%	82.9%	75.1%	76.2%	
	Ambulance handover over 60 minutes	Chief Operating Officer	0%	6.1%	25.0%	9.2%	6.6%	5.2%	9.0%	9.0%	
	Non Elective Activity - General & Acute (Adult & Paediatrics)	Chief Operating Officer	Plan	111%	110%	115%	113%	117%	118%	111%	
	Same Day Emergency Care (0 LOS Emergency adult admissions)	Chief Operating Officer	>40%	40.8%	37.1%	36.5%	40.4%	37.2%	37.8%	38.2%	
	A&E - % of patients seen within 4 hours	Chief Operating Officer	76%	57.4%	45.1%	54.7%	55.1%	55.2%	59.9%	57.8%	
	A&E - Percentage of patients spending more than 12 hours in A&E	Chief Operating Officer		13.8%	24.6%	19.3%	18.4%	16.2%	9.7%		
	A&E - Time to treatment (median)	Chief Operating Officer		01:34	02:44	01:28	01:36	01:38	01:47	01:51	
	A&E max wait time 4hrs from arrival to departure	Chief Operating Officer		In development - to be reported next month							
	Time to be seen (average from arrival to time seen - clinician)	Chief Operating Officer	<15 minutes	00:46	01:06	00:42	00:41	00:44	00:41	00:36	
	A&E Quality Indicator - 12 Hour Trolley Waits	Chief Operating Officer	0	238	346	288	308	263	107	225	
A&E - Unplanned Re-attendance with 7 days rate	Chief Operating Officer	3%	7.7%	7.2%	7.4%	7.2%	8.3%	7.1%			

Latest Month		Year to Date v Standard		Trend - Apr 2019 to date		Latest Available Monthly Position		Pass/Fail		Trend Variation		DQ Mark	
Numerator	Denominator	Year to Date v Standard	Trend - Apr 2019 to date	WWT Latest month v benchmark	National or Regional	Pass/Fail	Trend Variation						
502	730	68.8%			71.4%			April					
646	789	81.9%			77.7%			April					
12	24	50.0%			72.2%			April					
77	87	88.5%			90.5%			April					
33	68	48.1%			61.0%			April					
0	0.5	0.0%			67.8%			April					
10	14	70.4%			74.4%			April					
28756	27791	99%						Apr					
129	129	98.4%						Apr					
39	51	83.8%			87%			Apr to Mar					
2168	2414	90.0%			91.8%			Apr to Mar					
6051	6008	100%						Nov					
1166	1750	42.6%			26%			May					
138	1750	8.8%			8%			May					
2216	1998	114%						Apr to Mar					
774	2025	38.1%			35%			Apr to Mar					
3497	6051	58.8%			60.4%			May					
545	5635	17.5%			6%			April to March					
					01:51			April to March					
					00:25			Apr to Mar					
107	5309	7.1%			8%			Apr to Mar					

Elective care	Referral to Treatment - Open Pathways (92% within 18 weeks) - English Standard	Chief Operating Officer	92%	61.2%	58.4%	58.6%	59.0%	58.3%	56.7%	59.3%	13302	22439		58.3%	Apr						
	Referral to Treatment - Open Pathways (95% in 26 weeks) - Welsh Standard	Chief Operating Officer	95%	69.4%	68.0%	66.7%	67.5%	67.3%	64.7%	65.1%	2835	4358									
	Referral to Treatment Volume of Patients on Incomplete Pathways Waiting List	Chief Operating Officer		24698	24997	24974	25301	25957	26503	26797											
	Referral to Treatment Number of Patients over 52 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1326	1463	1446	1391	1453	1552	1718				371111							
	Referral to Treatment Number of Patients over 65 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	404	495	490	439	365	417	413				95135							
	Referral to Treatment Number of Patients over 78 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	94	104	94	58	6	27	23				11477							
	Referral to Treatment Number of Patients over 104 weeks on Incomplete Pathways Waiting List	Chief Operating Officer	0	1	2	0	0	0	1	1				523							
	GP Referrals	Chief Operating Officer	2019/20	118%	103%	100%	111%	168%	94%	100%	3318	3313	97%								
	Outpatient Activity - New attendances (% v 2019/20)	Chief Operating Officer	2019/20	105%	96%	101%	99%	116%	106%	101%	5911	5824	104%								
	Outpatient Activity - New attendances (volume v plan)	Chief Operating Officer	Plan	92%	103%	81%	93%	95%	99%	95%	5911	6219	97%								
	Total Outpatient Activity (% v 2019/20)	Chief Operating Officer	2019/20	105%	97%	105%	102%	114%	109%	102%	18144	17871	105%								
	Total Outpatient Activity (volume v plan)	Chief Operating Officer	Plan	98%	109%	95%	105%	100%	108%	101%	18144	17880	104%								
	Total Elective Activity (% v 2019/20)	Chief Operating Officer	2019/20	96%	85%	92%	99%	104%	86%	94%	2817	2989	91%								
	Total Elective Activity (volume v plan)	Chief Operating Officer	Plan	86%	89%	80%	91%	88%	83%	83%	2817	3392	83%								
	BADS Daycase rates	Chief Operating Officer	Actual	78%	78.5%	84.0%	83.8%				662	790	79.6%			82%	Mar to Feb				
	Elective - Theatre Productivity (% Booked sessions used)	Chief Operating Officer	95%								286	294	95.6%								
	Elective - Theatre utilisation (%) - Capped	Chief Operating Officer	85%	New measure calculation from April 2023 inline with GIRFT methodology				79.4%	79.4%					79.4%			75%		April		
	Elective - Theatre utilisation (%) - Uncapped	Chief Operating Officer	85%					87.8%	85.7%					86.8%			80%				
	Cancelled Operations on day of Surgery for non clinical reasons	Chief Operating Officer	10 per month	46	32	16	16	16	10	22			32			18975	Jan to Mar				
	Diagnostic Activity - Computerised Tomography	Chief Operating Officer	Plan	139%	138%	141%	138%	108%	138%	120%	2450	2034	129%								
Diagnostic Activity - Endoscopy	Chief Operating Officer	Plan	121%	100%	122%	131%	123%	50%	126%	719	569	78%									
Diagnostic Activity - Magnetic Resonance Imaging	Chief Operating Officer	Plan	143%	139%	132%	142%	117%	166%	158%	1409	890	162%									
Waiting Times - Diagnostic Waits >6 weeks	Chief Operating Officer	<5%	24.9%	30.0%	29.4%	22.2%	22.0%	27.6%	28.9%	1735	6009				27.6%	Apr					
Maternity - % of women who have seen a midwife by 12 weeks and 6 days of pregnancy	Chief Nursing Officer	90%	94.9%	97.3%	89.3%	96.3%	98.6%	96.7%	94.6%	123	130	95.7%									
Robson category - CS % of Cat 1 deliveries (rolling 6 month)	Chief Medical Officer	<15%	18.5%	15.8%	14.5%	15.2%	16.2%	14.0%	19.3%	21	109	19.3%									
Robson category - CS % of Cat 2 deliveries (rolling 6 month)	Chief Medical Officer	<34%	62.5%	63.4%	63.3%	60.9%	60.0%	58.8%	58.2%	106	182	58.2%									
Robson category - CS % of Cat 5 deliveries (rolling 6 month)	Chief Medical Officer	<60%	87.3%	87.2%	87.0%	88.4%	86.6%	87.3%	87.5%	105	120	87.5%									
Maternity Activity (Deliveries)	Chief Nursing Officer	v 2022/23	97%	95%	70%	99%	117%	111%	109%	161	148	110%									
Midwife to birth ratio	Chief Nursing Officer	1:26	1:29	1:33	1:24	1:24	1:31	1:25													
Maternity - Breast Feeding at 6 - 8 weeks (Community Midwives & Health Visitors) - Latest Quarter (Q1)	Chief Nursing Officer	In development - to be reported next month									0	0									
DNA Rate (Acute Clinics)	Chief Operating Officer	<4%	6.0%	6.8%	6.3%	6.5%	5.8%	5.8%	6.1%	1603	26261	6.0%			7.8%	Apr to Mar					
Outpatient - % OPD Slot Utilisation (All slot types)	Chief Operating Officer	90%	81.6%	79.2%	78.1%	79.3%	78.4%	80.6%	82.5%	14193	17200	81.5%									
Outpatient Activity - Follow Up attendances (% v 2019/20)	Chief Operating Officer	v 2019/20	105%	97%	107%	103%	114%	110%	102%	12233	12047	105%									
Outpatient Activity - Follow Up attendances (volume v plan)	Chief Operating Officer	Plan	100%	112%	102%	110%	102%	112%	105%	12233	11661	108%									
Outpatients Activity - Virtual Total (% of total OP activity)	Chief Operating Officer	25%	23%	25%	26%	25%	23%	25%	22.1%	4006	18144	23.2%			20%	Apr to Mar					

Prevention long term conditions	Chief Nursing Officer	6.7%	10.5%	9.9%	12.4%	7.3%	12.0%	13.7%	22	161								
Maternity - Smoking at Delivery	Chief Nursing Officer																	
Bed Occupancy - Adult General & Acute Wards	Chief Operating Officer	<92%	91%	92%	97%	103%	97%	95%	97%	278	287	96%		95%	May			
Bed occupancy - Community Wards	Chief Operating Officer	<92%	97%	96%	97%	96%	95%	94%	95%	73	76	95%						
Mixed Sex Accommodation Breaches	Chief Nursing Officer	0	81	240	517	233	150	173	181			354		3329	Apr			
Patient ward moves emergency admissions (acute)	Chief Operating Officer		10.2%	9.9%	10.9%	8.6%	7.3%	9.1%	7.5%	90	1198	8.3%						
ALoS - General & Acute Adult Emergency Inpatients	Chief Operating Officer	4.5	4.3	4.4	4.9	4.1	4.5	4.2	4.1	7513	1832	4.2		4.5	Apr to Mar			
ALoS - General & Acute Elective Inpatients	Chief Operating Officer	2.5	2.4	2.3	2.6	2.1	1.8	2.3	2.7	826	310	2.5		2.9	Apr to Mar			
Medically fit for discharge - Acute	Chief Operating Officer	5%				22.7%	22.0%	19.5%	22.5%	8776	1973			23.1%	Dec			
Medically fit for discharge - Community	Chief Operating Officer	10%				57.9%	61.1%	60.4%	58.7%	2366	1388							
Emergency readmissions within 30 days of discharge (G&A only)	Chief Medical Officer	5%	9.1%	10.1%	10.2%	9.1%	6.3%	10.1%		381	3763	10.1%		7.1%	Apr to Mar			
HSMR - Rolling 12 months	Chief Medical Officer	<100	107.7	110.5	109.2	109.1				715	655			100	Feb to Mar			
Mortality SHMI - Rolling 12 months	Chief Medical Officer	<100	103.5	103.8	101.3					1140	1125			100	Jan			
Never Events	Chief Nursing Officer	0	0	0	0	0	1	0	0			0						
MRSA Bacteraemia	Chief Nursing Officer	0	0	0	0	0	0	0	0			0						
MSSA Bacteraemia	Chief Nursing Officer		1	1	0	0	0	1	1			2						
Number of external reportable >AD+1 clostridium difficile cases	Chief Nursing Officer	44	3	4	0	3	5	5	6			11						
Number of falls with moderate harm and above	Chief Nursing Officer	2022/23 (30)	1	1	1	3	5	3	4			7						
Pressure sores (Confirmed avoidable Grade 3,4)	Chief Nursing Officer	0	8	2	3	11	6	3	0			3						
Serious Incidents	Chief Nursing Officer	Actual	14	9	10	30	16	6	6			12						
VTE Risk Assessments	Chief Medical Officer	95%	92.3%	90.7%	89.7%	90.6%	90.4%	89.3%	88.9%	3276	3737	89.1%						
WHO Checklist	Chief Medical Officer	100%		99.5%			99.5%											
% of people who have a TIA who are scanned and treated within 24 hours	Chief Medical Officer	60%	47.7%	79.1%	71.7%	60.7%	48.8%	68.8%	88.6%	31	35	77.1%						
Stroke - % of patients meeting WVT thrombolysis pathway criteria receiving thrombolysis within 60 mins of entry (door to needle time)	Chief Medical Officer	90%	75.0%	62.5%	80.0%	33.3%	75.0%	57.1%	40.0%	2	5	50.0%						
Stroke Indicator 80% patients = 90% stroke ward	Chief Medical Officer	80%	73.6%	71.0%	76.9%	82.9%	88.1%	85.4%	72.0%	18	25	80.3%						
Cleaning Standards: Acute (Very High Risk)	Chief Nursing Officer	98%	In development - to be reported next month							0	0							
Cleaning Standards: Community (Very High Risk)	Chief Nursing Officer	98%	In development - to be reported next month							0	0							
Number of complaints	Chief Nursing Officer	2022/23 (253)	19	18	19	18	25	23	20			43						
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0			0						
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	58.3%	34.8%	50.0%	20.0%	64.7%			11	17	42.5%						
Friends and Family Test - Response Rate (Community)	Chief Nursing Officer	30%	0.1%	0.0%	0.0%	0.0%	0.0%	0.2%		11	5004	0.2%						
Friends and Family Test Score: A&E% Recommended/Experience by Patients	Chief Nursing Officer	95%	Nil Return	Nil Return	Nil Return	Nil Return	0.0%	76.3%	76.0%					80%				
Friends and Family Test Score: Acute % Recommended/Experience by Patients	Chief Nursing Officer	95%	67.0%	80.0%	100.0%	82.2%	89.1%	90.0%	89.1%	156	175	89.6%		94%	February			
Friends and Family Test Score: Community % Recommended/Experience by Patients	Chief Nursing Officer	95%	67.0%	0.0%	100.0%	100.0%	100.0%	81.8%		9	11	81.8%		95%	February			
Friends and Family Test Score: Maternity % Recommended/Experience by Patients	Chief Nursing Officer	95%	100%	100%	100%	0.0%	100.0%	0.0%	100.0%			100.0%		92%	February			
Friends and Family Test: Response rate (A&E)	Chief Nursing Officer	25%	Nil Return	Nil Return	Nil Return	Nil Return	0.0%	21.0%	21.0%									
Friends and Family Test: Response rate (Acute inpatients)	Chief Nursing Officer	30%	2.0%	0.9%	1.0%	20.2%	21.0%	19.0%	20.4%	175	859	19.7%						
Friends and Family Test: Response rate (Maternity)	Chief Nursing Officer	30%	23.0%	3.3%	4.0%	0.0%		0.0%	0.0%	1	0	13.1%						

People		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Looking after our people	Agency (agency spend as a % of total pay bill)	Chief People Officer	6.4%	10.2%	11.1%	12.0%	10.5%	6.9%	8.1%	8.4%
	Appraisals	Chief People Officer	85%	72.4%	72.8%	74.4%	76.0%	77.1%	77.5%	78.6%
	Mandatory Training	Chief People Officer	85%	89.1%	88.7%	89.3%	89.6%	89.2%	89.7%	89.3%
	Overall Sickness	Chief People Officer	3.5%	5.7%	7.1%	5.9%	5.4%	5.4%	4.8%	4.4%
	Staff Turnover Rate (Rolling 12 months)	Chief People Officer	10%	14.4%	14.1%	13.6%	13.5%	12.8%	12.6%	12.0%
	Vacancy Rate	Chief People Officer	5%	9.2%	9.1%	8.6%	8.7%	8.2%	7.9%	8.0%

Latest Month		Year to Date		Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator				WVT Latest month v benchmark	National or Regional			
		8%					?	H	
2333	2968	78%				76%	F	H	
3263	3652	90%				88%	P	H	
4581	103601	5%				6%	F	H	
392	3264	12%					F	H	
292	3644	8%					F	H	

Finance and Use of Resources		Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Finance	I&E - Surplus/(Deficit) (£k)	Chief Finance Officer	≥0	-£623	-£383	-£519	-£517	-£355	-£2,571	-£2,571
	I&E - Margin (%)	Chief Finance Officer	≥0%	-2.5%	-1.5%	-1.9%	-1.9%	-0.8%	-8.9%	-8.9%
	I&E - Variance from plan (£k)	Chief Finance Officer	≥0	-£33	-£39	£36	£13	£201	£157	£43
	I&E - Variance from Plan (%)	Chief Finance Officer	≥0%	5.6%	5.6%	-6.5%	-2.5%	-36.2%	0.5%	0.1%
	CPIP - Variance from plan (£k)	Chief Finance Officer	≥0	£125	-£344	-£717	-£666	-£869	-£614	-£635
	Agency - expenditure (£k)	Chief Finance Officer	N/A	£1,634	£1,874	£1,880	£1,744	£2,017	£1,505	£1,505
	Agency - expenditure as % of total pay	Chief Finance Officer	N/A	10.1%	11.5%	11.4%	10.5%	9.0%	8.8%	8.8%
	Agency - expenditure as % of cap	Chief Finance Officer	≤100%							
	Productivity - Cost per WAU (£k)	Chief Finance Officer	N/A							
	Capital - Variance to plan (£k)	Chief Finance Officer	≥0	-£17	£377	£414	£14	-£107	-£57	-£57
	Cash - Balance at end of month (£m)	Chief Finance Officer	As Per Plan	£21	£22	£18	£22	£35	£19	£19
	BPPC - Invoices paid <30 days (% value £k)	Chief Finance Officer	≥95%	75.8%	77.0%	89.1%	77.4%	85.5%	95.6%	89.5%
	BPPC - Invoices paid <30 days (% volume)	Chief Finance Officer	≥95%	93.0%	93.9%	86.5%	92.6%	93.4%	97.9%	97.7%

Latest Month		Year to Date		Trend - Apr 2019 to date	Latest Available Monthly Position		Pass/Fail	Trend Variation	DQ Mark
Numerator	Denominator				WVT Latest month v benchmark	National or Regional			
		-£5,142							
-£2,571	£28,860	-8.9%							
£43	£28,860	0.3%							
		-£1,249							
		£3,009							
£1,505	£17,138	9%							
		-£114							
		£18.5							
£10,480	£12,257	93.0%							
£5,257	£5,629	98.0%							

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Proposal to Expand the Foundation Group
Status of report:	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Position statement <input type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	N/A
Lead Executive Director:	Chief Executive
Author:	Glen Burley, Chief Executive Officer
1. Purpose of the report	
The purpose of this report is to seek Trust Board approval of Worcester Acute Hospitals NHS Trust to join the Foundation Group as full members.	
2. Recommendation(s)	
The Trust Board is asked to approve this proposal.	
3. Executive Director Opinion¹	
Assurance can be provided that the information within this update report is accurate and up to date at the time of writing.	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input type="checkbox"/> <i>Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes</i></p> <p><input type="checkbox"/> <i>Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)</i></p> <p><input type="checkbox"/> <i>Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care</i></p> <p>Digital</p> <p><input type="checkbox"/> <i>Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy</i></p> <p><input type="checkbox"/> <i>Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways</i></p> <p>Productivity</p> <p><input type="checkbox"/> <i>Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations</i></p> <p><input type="checkbox"/> <i>Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre</i></p>	<p>Sustainability</p> <p><input type="checkbox"/> <i>Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff</i></p> <p><input type="checkbox"/> <i>Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process</i></p> <p>Workforce</p> <p><input type="checkbox"/> <i>Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners</i></p> <p><input type="checkbox"/> <i>Develop a 5 year 'grow our own' workforce plan</i></p> <p>Research</p> <p><input type="checkbox"/> <i>Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate</i></p>

Wye Valley NHS Trust

Report to Public Trust Board – 6 July 2023

Proposal to Expand the Foundation Group

1. Introduction and Executive Summary

- 1.1. This paper sets out the proposal to expand the Foundation Group through the addition of Worcestershire Acute Hospitals NHS Trust (WAHT).
- 1.2. The rationale for WAHT to join the 'Foundation Group', currently comprising South Warwickshire University NHS Foundation Trust (SWFT), George Eliot Hospital NHS Trust (GEH) and Wye Valley NHS Trust (WVT), is based on the opportunity for four Trusts with similar challenges and strategies to share learning and strengthen leadership through being part of a Group collaboration model. In turn this will also support the improvements needed at WAHT to ensure the best possible care for their service users.
- 1.3. The existing Group was created in 2018 when GEH joined the Foundation Group. This was to support sustainable local services for the founding Trusts through increasing the leadership capacity, capability and operational resilience of all organisations and creating a climate where best practice solutions can be developed and implemented.
- 1.4. The model supports the aspirations of all four Trusts to become Integrated Care Organisations supporting the more rapid health and social care integration in all four settings with local partners.
- 1.5. As WVT are already full members of the Foundation Group, the addition of WAHT will provide more opportunities of collaboration within the Hereford and Worcester Integrated Care System (ICS) which would strengthen the Foundation Group's position and also provide better care for our patients.
- 1.6. It is important to note that all four Trusts will remain separate autonomous organisation, with their own Board of Directors, accountable for their performance to regulators and to its local stakeholders.

2. Benefits of the Group Model to WAHT and existing members

- 2.1 In the context of significant leadership deficits in the NHS and the need to reduce corporate overheads, it is widely recognised that we face a future with fewer provider organisations. The Foundation Group model provides a solution to this without the associated loss of identity and focus of a full merger. Further expansion provides more opportunity to develop specialist expertise and to reduce management overhead costs.
- 2.2 To date, much of the partnership working between NHS providers has been on the two extremes - either informal or focussed on more traditional merger and acquisitions. In many cases, NHS mergers have failed. This is usually accredited to a loss of corporate focus and identity due to a concentration on structure rather than culture. One of the key strengths of the Foundation Group model is that it retains separate organisations and respects the distinct cultures of each whilst creating formal mechanisms for sharing best practice and realising local strategy. The expansion of the Group will not compromise the fundamental model of strong collaboration between sovereign Trusts.
- 2.3 WVT, GEH (in collaboration with SWFT) and SWFT are integrated acute and community providers serving large shire geographies with histories of strong partnership working with

local GPs and Social Care. If WAHT joined the Foundation Group all four Trusts would have very similar strategies to develop as key lead providers in the Places in which they operate. This would provide many opportunities for shared learning and consequentially more rapid progress for all. The involvement of the Group in the Provider Collaborative Innovators programme facilitates the rapid deployment of the Lead provider role.

- 2.4 As WVT and WAHT are both members of the Herefordshire and Worcestershire ICS, there would be an opportunity to create a stronger joint voice on the development of clinical strategy and in finding solutions to address any clinical sustainability challenges in collaboration with key tertiary partners.
- 2.5 Some of the biggest opportunities for improvement come from integration through implementation of an integrated care model and through a concentration on improving the flexibility and culture of the combined workforce. By collaborating, sharing best practice solutions there is a great opportunity for all four Trusts to make more rapid progress to improve whole system patient pathways.
- 2.6 The range of services that the four Trusts provide, have many similarities in scale and complexity. The expansion of the Foundation Group to include WAHT will add further opportunities to benchmark the efficiency and quality of services between Trusts and to share best practice workforce sustainability solutions.
- 2.7 It is widely recognised that there is limited leadership capacity and potential within the NHS. Provider organisations find it particularly hard to appoint to director positions, particularly the Chief Executive role. Where they do, they generally have to appoint relatively inexperienced individuals, often in their first Chief Executive role. The Group model creates a much more resilient senior structure, with an experienced CEO and provides opportunities to develop stronger leadership capacity capability across the Group.
- 2.8 Providers of services in adjacent localities have a greater opportunity to collaborate to explore efficiency opportunities, particularly in corporate overheads. Whilst these generally in the NHS account for less than 7% of total expenditure they should still be explored to direct as much resource as we can to direct patient care. Far bigger productivity benefits come from implementation of best practice solutions to workforce and patient pathway challenges but to do so requires effective managerial support functions.
- 2.10 Currently, the arms-length companies (SWFT Clinical Service (CS) and Innovate Healthcare Services Ltd) created by SWFT using Foundation Trust flexibilities provide a number of local enhanced services to the Group and other customers. Subject to approval of individual business cases by joining the Group, WAHT could also benefit by accessing such arrangements which will help further in the identification of Cost Improvement Programmes (CIPs). This increase in scale should also provide benefits to the rest of the Foundation Group.

3. Process

Following informal discussions with the Foundation Group the WAHT Board resolved to seek to join the Foundation Group at their Trust Board meeting on 8 June 2023, and have commenced the process of recruiting a Trust Managing Director, with the Chief Executive and Chair of the Foundation Group heading up WAHT.

All three existing member Boards will consider this paper in their July 2023 meetings and if approved we will seek to put the arrangements in place for WAGHT to fully join the Group from 1 August 2023.

As part of the approval of joining the Foundation Group, WAHT will establish the Group Strategy Committee as a formal Committee of their Board. WAHT will also be required to align their Board meeting timetable so that they can run in parallel to the quarterly Foundation Group Boards meeting

schedule. This paper seeks formal approval for this to proceed and is being considered in conjunction with an identical paper to the GEH and WVT Trust Board meetings.

4. Group Strategy Committee Terms of Reference

The proposed revised Terms of Reference for the Group Strategy Committee attached as Appendix A with amendments in red.

5. Recommendation

The Board is asked to approve the addition of WAHT as a full member of the Foundation Group with effect from 1 August 2023. This will be accomplished through the proposed changes in membership of the Group Strategy Committee and the agreement (by NHSE) to appoint our CEO and Chair into their respective roles.

Glen Burley
Chief Executive

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	NHS Five Year Joint Forward Plan
Status of report:	<input checked="" type="checkbox"/> Approval <input type="checkbox"/> Position statement <input type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Trust Management Board
Lead Executive Director:	Chief Strategy Officer
Author:	Ali Roberts, Associate Director, System Development & Strategy, H&W ICB
Documents covered by this report:	Joint Forward Plan and Appendices

1. Purpose of the report

In July 2022, the Health and Care Act 2022 was implemented, which legally established Integrated Care Systems, including the formation Integrated Care Boards (ICB) and Integrated Care Partnerships (ICP). An ICP is a statutory joint committee between the ICB and the Local Authorities responsible for the provision of Public Health and Social Care Functions in the ICS area. Locally, this has resulted in a three-way committee between:

- NHS Herefordshire and Worcestershire Integrated Care Board
- Herefordshire Council
- Worcestershire County Council

The main role of the ICP is to oversee the production and delivery of an Integrated Care Strategy. The ICP approved the Integrated Care Strategy at its meeting in April and this strategy has now been published. As well as these new requirements in the 2022 Act, the Health and Social Care Act 2012, requires Local Authorities, working through Health and Wellbeing Boards (HWBs) to produce Joint Local Health and Wellbeing Strategies (JLHWS).

Mandatory national NHS guidance requires NHS Partners to produce a Five Year Joint Forward Plan (JFP) to outline how the NHS Partners will contribute to the delivery of the ICS Strategy and the JLHWS. The JFP must also outline how NHS Partners plan to meet mandatory national requirements in the NHS Long Term Plan and any other operational priorities determined which are determined annually.

As such, the JFP is designed to perform the following purposes:

- Meet the requirements set out in the mandatory NHS guidance:
Guidance on developing the Joint Forward Plan (23 December 2022).
- Describe the NHS response partner response to the Integrated Care Strategy.
- Identify how NHS partners will address the priorities set out in the two Joint Local Health and Wellbeing Strategies (JLHWS).

The JFP has been produced as a single NHS Delivery Plan covering the ICB, three NHS Trusts and the two General Practice Boards across Herefordshire and Worcestershire. The development process has enabled local partners to create a document that is owned by all six of the major NHS bodies across the ICS area.

Structure of the Joint Forward Plan

The mandatory guidance says:

“As a minimum, the JFP must describe how the ICB and its partner trusts intend to arrange and/or provide NHS services”.

The mandatory guidance also specifies the individual duties that the plan must address:

<ul style="list-style-type: none"> • Duty to promote integration • Duty to have regard to wider effect of decisions • Financial duties • Implementing JLHWS • Duty to improve quality of services • Duty to reduce inequalities • Duty to promote involvement of each patient • Duty to involve the public 	<ul style="list-style-type: none"> • Duty to provide patient choice • Duty to obtain appropriate advice • Duty to promote innovation • Duty in respect of research • Duty to promote education and training • Duty as to climate change • Addressing the particular needs of children and young persons • Addressing the particular needs of victims of abuse 	<ul style="list-style-type: none"> • Workforce • Performance • Digital/data • Estates • Procurement/supply chain • Population health management • System development • Supporting wider social and economic development
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Effectively the plan should address all services within the scope of the ICB’s statutory duties and this results in a very comprehensive document. To make the plan easily navigable for readers, it has been structured in the following way:

Section	Pages	Focus
Main document	26	The main drive of the plan is about outlining the NHS intention to drive a shift toward more focus on prevention and, when treatment/care is required, it is provided in the best value care setting. Best value care is defined within the plan as the setting that achieves the right balance between clinical need and optimal cost.
Appendix 1	28	This outlines the detailed plans for individual NHS service areas such as urgent care, cancer services, stroke, primary care, mental health etc.
Appendix 2	18	This covers cross cutting themes (such as digital, personalised care, prevention etc) that impact on all NHS service areas and strategic developments such as place-based working and collaboration between NHS providers.
Appendix 3	7	This covers a number of checklists to demonstrate how the JFP addresses specific areas. This includes a specific page cross referencing JFP actions to the priority areas set out in the JLWHS for Worcestershire.

Development process

A working group of the strategy directors across NHS and Primary Care organisations was established to oversee the development of the plan. This group connected with ICS Programme Boards and Forums to generate the content. These Boards and Forums are constituted of staff from partner organisations across the system and therefore the plan has been created from the “ground up”, whilst responding to strategic challenges that have been identified in the ICS Strategy and the two Health and Wellbeing Strategies.

The proposed draft JFP was shared with partners in the middle of May, with a request for final feedback. Feedback was received from all key contributing organisations and the plan was updated to reflect this.

NHS England has reviewed the plan and provided feedback, which has been incorporated in the publication version.

Approval process

The mandatory guidance required all Health and Wellbeing Boards in each ICS area to provide an “opinion” on the extent to which the JFP addressed the priorities set out in the JLWHS.

Herefordshire Health and Wellbeing Board reviewed the JFP on Wednesday 14th June and Worcestershire Health and Wellbeing Board reviewed the JFP on Tuesday 20th June. Both Boards confirmed that the JFP effectively addressed the priorities set out within the two JLHWS. The “opinions” of both Health and Wellbeing Boards have been included in the JFP.

Following this process, the proposed final version of the JFP was shared with Board members of the ICB at the development meeting on 21st June. NHS Trust and Primary Care Partner members were present at the meeting and confirmed that the draft JFP had been endorsed by their host organisations. ***With this collective support confirmed, the main board of the ICB approved the JFP for publication.***

The timing of NHS Board meetings did not enable this endorsement to happen in public forum, so it was agreed that the JFP would be formally approved at the next suitable opportunity for each NHS organisation.

2. Recommendation(s)

The Board is asked to:

1. Formally endorse the Herefordshire and Worcestershire Joint Forward Plan.

3. Executive Director Opinion¹

This very comprehensive document captures both the work of each Place within our ICS but also sets out how the ICB can add value by instigating an agreed approach across both counties. This approach is entirely consistent with the Trust’s strategy, the priorities of the Health and Wellbeing Board and the One Herefordshire Partnership. The following actions will be taken following publication:

- Develop a summary version to be communicated to the workforce and public.
- Develop a Medium-Term Financial Strategy (MTFS) underpin delivery of the JFP.
- Agree a review and refresh process to support a formal update for publication on 31st March 2024 (and each year on this date afterwards).

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.

4. Please tick box for the Trust's 2023/24 Objectives the report relates to:

Quality Improvement

Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes

Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)

Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care

Digital

Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy

Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways

Productivity

Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations

Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre

Sustainability

Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff

Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process

Workforce

Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners

Develop a 5 year 'grow our own' workforce plan

Research

Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate



Driving the shift upstream to more prevention and best value care in the right setting

NHS Five Year Joint Forward Plan

Publication version : 28th June 2023

Driving the shift upstream to more prevention and best value care in the right setting

More focus on:



Self-care and independence, enabling all people to look after their own health and live well with a long term condition



Promoting healthy behaviours which **reduce, delay and prevent** ill health



Co-production, personalised care and support, meeting the needs of individuals



Population health management and better use of data to target efforts



Sustainability of services, and delivery of the right care models



Enabling reduction in:



Healthcare inequalities - access and outcomes including digital exclusion



Days people spend in the **wrong care setting**



The time spent **waiting** to access healthcare



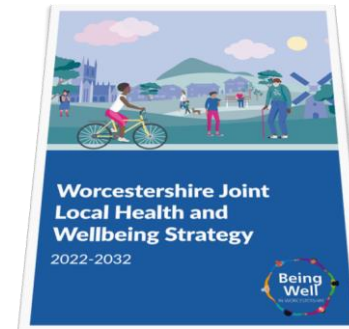
Inefficient use of resources and financial deficits



Avoidable pressures on services



Outlining the NHS contribution to the two Joint Local Health and Wellbeing Strategies.



Contents and navigating the Joint Forward Plan

Section	Content Summary	Page	
The Joint Forward Plan Main Document	Introduction to the Joint Forward Plan by leaders from across the local NHS and the two Health and Wellbeing Boards in Herefordshire and Worcestershire	4	
	This main document outlines the mandatory requirements for the JFP and the strategic planning framework within which it is developed. It goes on to describe the strategic context in terms of areas of strength to build upon and the biggest strategic and operational challenges. The section on workforce, outlines one of the biggest strategic challenges, but also one of the greatest opportunities. The section on finance sets out the financial context and outlining the approach to developing a medium term financial strategy. This section concludes with the main purpose of the plan – which is <i>to drive a shift upstream toward more prevention and best value care in the right setting</i> .	Introduction to the Joint Forward Plan	5
		The strategic context for the Joint Forward Plan	9
		Workforce	13
		Finance	17
		Driving the shift upstream to more prevention and best value care in the right setting	19
		The engagement approach to developing the Joint Forward Plan	24
Appendix 1 Core service areas and pathways	This section of the plan provides information on the development, transformation and improvement plans for specific service areas identified below:		
Appendix 2 Key enablers and strategic system development	<ul style="list-style-type: none"> • Maternity and neonatal care • Early years, children and becoming an adult • Elective, Diagnostics and Cancer Care • Frailty • Palliative and End-of-life 	<ul style="list-style-type: none"> • Learning disability and autism care • Mental health and wellbeing • Long-term Conditions • Stroke care and cardiovascular disease 	
	<ul style="list-style-type: none"> • Urgent and emergency care • Primary Care • General Practice • Pharmacy, Ophthalmic and Dentistry 		
	This section of the plan provides information on the key strategic enabler programmes and strategic developments that will support the core service areas and pathways:		
Appendix 3 The statutory requirements	<ul style="list-style-type: none"> • Quality, Patient safety and experience • Clinical and professional Leadership • Medicines and pharmacy • Health inequalities • Prevention 	<ul style="list-style-type: none"> • Population health management • Personalised care • Working with communities • Commitment to carers • Support to veteran health 	
	<ul style="list-style-type: none"> • NHS Trust Provider Collaboratives • Mental health collaborative 	<ul style="list-style-type: none"> • One Herefordshire Partnership • Worcestershire Place Partnership 	
The section outlines how the ICB meets its statutory duties as set out in the national guidance.			
<ul style="list-style-type: none"> • Cross reference to show how the JFP addresses the specific requirements of the two health and wellbeing strategies. • Nominated lead officer for each duty and a cross reference for demonstrating which section of the JFP addresses the requirement. 			

Introduction to the Joint Forward Plan

This Joint Forward Plan has been produced by NHS Partners across Herefordshire and Worcestershire. It describes the shared priorities that partners will collectively work on over the next five years. In response to the [Integrated Care Strategy](#) and Joint Local Health and Wellbeing Strategies. The strategic intent is to collectively drive the shift upstream to more prevention and achieve best value care in the right setting.

We would like to thank the two Health and wellbeing boards for supporting the plan and recognising its contribution to delivering the two Joint Local Health and Wellbeing strategies. We will continue to work together to enable good health and wellbeing for the people of Herefordshire and Worcestershire.

As representatives of NHS partners in Herefordshire and Worcestershire we endorse the plan on behalf of our organisations, recognising our role in delivering the priorities within it.



Crishni Waring - Chair
NHS H&W ICB



Russell Hardy - Chair
Wye Valley NHS Trust



Mark Yates - Chair
H & W Health and Care NHS Trust



Anita Day - Chair
Worcester Acute Hospitals
NHS Trust



Dr Nikki Burger
On behalf of Worcestershire
General Practice



Dr Nigel Fraser
On behalf of Herefordshire
General Practice

Opinion of Herefordshire Health and Wellbeing Board

The Herefordshire Health and Wellbeing Board are committed to improving the health of our local communities and tackling health inequalities. We recognise the value of working with all our partners, and that our communities need to be at the heart of how we work differently to empower individuals and reduce demand across health and social care.

The NHS Five Year Joint Forward Plan provides a key delivery mechanism for achieving our ambitions as set out in the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategy, recognising the importance of prevention and the wider factors that affect the health and wellbeing of our residents.



Councillor Carole Gandy
Chair of Herefordshire
Health and Wellbeing
Board

Opinion of Worcestershire Health and Wellbeing Board

As partners we are engaged on a common mission. As such, the Integrated Care Strategy, Worcestershire's Joint Local Health and Wellbeing Strategy and this NHS Five Year Joint Forward Plan are well aligned to drive greater integrated working, address health inequalities and importantly, focus on prevention. Promoting good health and preventing people becoming unwell, or escalation where illness occurs, is key to reducing dependency on our health and social care system.

The Health and Wellbeing Board has focused its strategy on good mental health and wellbeing, supported by action on the wider determinants of health. The Joint Forward Plan clearly demonstrates intent to address this priority, through partnership working at county and district collaborative level. NHS partners recognise the inextricable links between the diverse range of social, economic and environmental factors influencing our health, and commit to work together across our system to address these in order to improve health outcomes.



Councillor Karen May,
Chair of Worcestershire
Health and Wellbeing
Board

Introduction to the Joint Forward Plan



The mandatory requirements for the JFP

- The Health & Care Act 2022 requires each Integrated Care Board (ICB) in England, and their partner NHS trusts and foundation trusts, to produce and publish a Joint Forward Plan (JFP).
- As well as setting out how the ICB intends to meet the health needs of the population within its area, the JFP is expected to be a delivery plan for the Integrated Care Strategy of the local Integrated Care Partnership (ICP) and relevant joint local health and wellbeing strategies (JLHWSs), whilst addressing universal NHS commitments.
- As such, the JFP provides a bridge between the ambitions described in the Integrated Care Strategy developed by the ICP and the detailed operational and financial requirements contained in NHS planning submissions.
- Systems have the flexibility to determine the scope of their JFP, as well as how it is developed and structured. Systems are encouraged to use the JFP to develop a delivery plan for the Integrated Care Strategy that is owned by the whole system, including Local Authorities and Voluntary Community and Social Enterprise partners.
- As a minimum though, it should describe how the ICB, its partner NHS trusts intend to meet the physical and mental health needs of their population through arranging and/or providing NHS services.
- This should include delivery of universal NHS commitments and address the four core purposes of ICS.
- The guidance that systems are required to follow sets out 3 principles for Joint Forward Plans:

Principle 1	Principle 2	Principle 3
Fully aligned with the wider system partnership's ambitions.	Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.	Delivery focused, including specific objectives, trajectories and milestones as appropriate.

Appendix 3 sets out the detailed requirements and the system response to those.

The planning framework within which the JFP is set

The Health and Care Act 2022 put **Integrated Care Systems (ICS)** on a statutory footing and has provided the opportunity for local partners across the NHS, Local Government and the Voluntary Community and Social Enterprise to work in a more integrated way in the pursuit of better outcomes for local people.

The act established **Integrated Care Boards (ICB)** and required ICBs to come together with Local Authorities that provide public health and social care functions to form an **Integrated Care Partnership (ICP)**. The core purpose of the ICP is to provide a platform for local partners to come together to agree and **Integrated Care Strategy** for the whole ICS area, addressing the 4 core purposes of ICSs:

- Improve outcomes in population health and healthcare
- Enhance productivity and value for money
- Tackle inequalities in outcomes, experience and access
- Support broader social and economic development

The **Integrated Care Strategy** aligns to the two **Joint Local Health and Wellbeing Strategies (JLHWS)** in the ICS area, and identifies three shared priority areas, which address issues identified in the respective **Joint Strategic Needs Assessments**:

Integrated Care Strategy Shared Priorities across Herefordshire and Worcestershire

Providing the best start in life

Living, ageing and dying well

Preventing ill health and premature death from avoidable causes

This **Joint Forward Plan (JFP)** sets out how NHS Partners will contribute to the delivery of:

- The shared priorities set out in the Integrated Care Strategy
- The priorities identified in the two Joint Local Health and Wellbeing Strategies
- National priorities for the NHS set out in the NHS Long Term Plan and mandatory national planning requirements.

The JFP will not set out new priorities; instead it will describe actions, timelines, targets and performance measures that will demonstrate the core areas of focus that NHS partners will focus on over the coming 5 years.

The JFP is the NHS contribution to The Integrated Care Strategy and

The Integrated Care Partnership approved the system Integrated Care Strategy in April 2023. The strategy sets out the shared ambition of system partners for achieving **Good Health and Wellbeing for Everyone**.

The ambition outlined in the strategy is for **working together with people and communities to enable everybody to enjoy good physical and mental health and live independently for longer**.

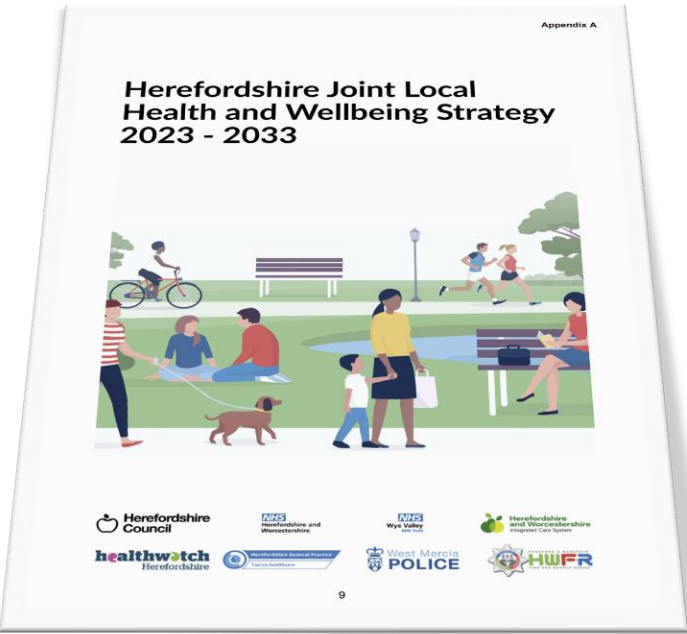
Underpinning the strategy are 8 commitments that partners across the ICS have agreed as being fundamental to delivering integrated care.

The three shared priority themes and underpinning performance measures have been developed directly in response to the Joint Strategic Needs Assessments for each county and the priorities that are reflected in **Joint Local Health and Wellbeing Strategies**.

The strategic enablers bring partners together to work collectively in those areas that provide the essential platform for collaboration and working in a different way.



The JFP is the NHS contribution to The two Health and Wellbeing Strategies



Herefordshire's Joint Local Health and Wellbeing Strategy (JLHWS) was approved in April 2023 and covers a 10-year period.

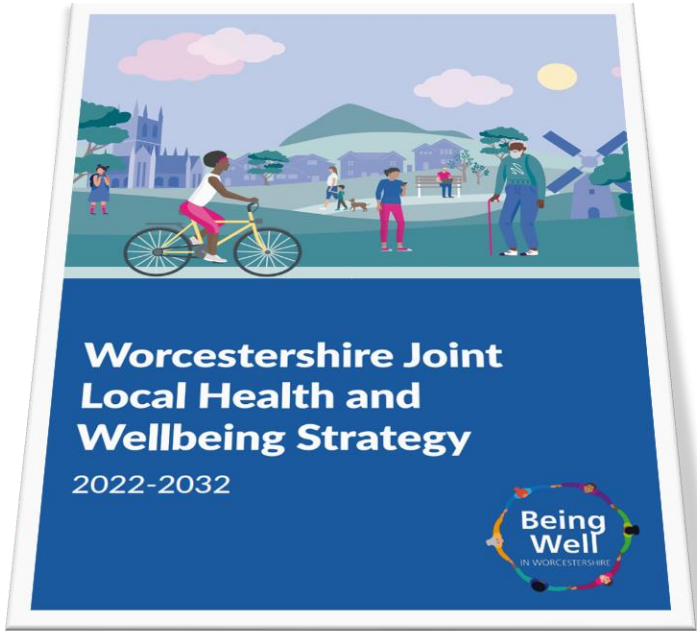
It was developed collectively by partners working together to agree a common ambition and set of priorities that were clearly identified through an extensive engagement exercise.

There is very strong alignment between the JLHWS and the Integrated Care Strategy, with both documents sharing a common vision and complementing priority areas of focus.

Worcestershire's Joint Local Health and Wellbeing Strategy (JLHWS) was approved in November 2022 and also covers a 10-year period.

Development of the strategy occurred in parallel with early work on developing the Integrated Care Strategy, which enabled strong alignment in some key areas.

Mental health runs through all three of the Integrated Care Strategy themes (mental health for children as part of the best start priority; good mental health through living ageing and dying well (particularly focus on therapies and dementia care and reducing suicides as part of the third priority.

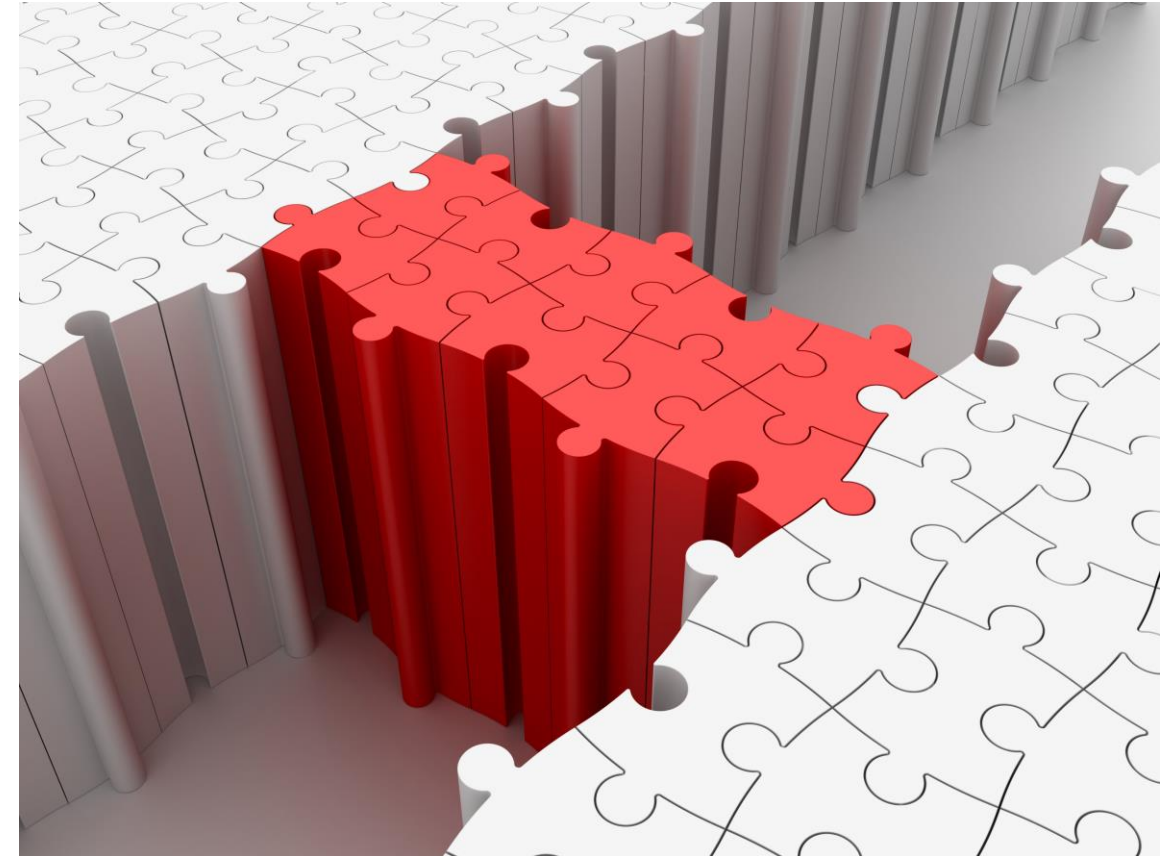


Herefordshire JLHWS Core Priorities	Integrated Care Strategy Priorities		
	Best start in life	Living, Ageing and Dying Well	Prevent ill health and premature death from avoidable causes
Best start in life for children	●	●	
Good mental wellbeing throughout life	●	●	●

Worcestershire JLHWS Core Priorities	Integrated Care Strategy Priorities		
	Best start in life	Living, Ageing and Dying Well	Prevent ill health and premature death from avoidable causes
Good mental health and wellbeing	●	●	●

● Directly aligned priorities where work led and undertaken at county level will directly deliver the Integrated Care Strategy priorities at System level

The Strategic Context for the Joint Forward Plan





Some of the best access to GP service in England

- Strong primary care services provide the foundations for good system working.
- GP Practices are now providing patients with access to around 500,000 appointments a month. This is almost 100,000 appointments per month more than pre-pandemic.
- Patient experience with the GP practice is also strong, with 79% of Herefordshire and Worcestershire residents reporting good or fairly good overall experience, compared to the national average of 72%.



Reduced waits for patients awaiting cancer diagnosis

- Access to urgent cancer diagnosis (within 2 week for people with suspected cancer) is good and performance is improving against the new faster diagnosis standard.
- Reducing inequalities in cancer outcomes by focusing on implementing national cancer awareness campaigns through general practice and communities, such as bowel cancer screening.



Better adult learning disability care in the community

- Partners across the system have worked effectively to facilitate discharge planning for adults with complex needs to ensure they have the opportunity to live within the community.
- Both Local Authorities have developed a Provider Framework that has identified a cohort of trusted providers to build local capacity and ensure that the complexity of needs can be met and are not a barrier to people with complex needs living in the community.



Positive impact on reducing health inequalities

- Through focusing on improving primary care data the standard for recording ethnicity has been met.
- Learning from targeted interventions during the COVID vaccination programme – One of the lowest inequality gaps in uptake of vaccines across England.
- Strong data supported the programme enabling targeted mobile interventions and the use of community assets, this has now shifted into a “Prevention response service” and two place based prevention specifications.



Improved care for patients at end of life

- Understanding the needs of children and families with life limiting long term conditions, as they transition to adult healthcare and palliative, end of life care.
- A local needs assessment was undertaken which led to the development of a bespoke digital Toolkit to provide resources that can support children, young people, their families and carers

[Transition to Adulthood Toolkit :: Herefordshire and Worcestershire Integrated Care System \(hwics.org.uk\)](https://hwics.org.uk)



Recovering diagnostic waits

- National revenue, plus CCG/ICB investment, has secured additional temporary capacity to reduce MRI, CT, NOUS, echocardiography and endoscopy waiting times across the ICS.
- 35,000 additional tests and investigations were delivered via the CDC programme in 22/23.
- Capital and revenue secured for the permanent expansion of existing diagnostic equipment and facilities and the creation of 2 community diagnostic centres at place. Kidderminster Treatment Centre (Worcestershire CDC) went live in 21/2 and the Herefordshire CDC will be operational in 24/5.

Strategic Context - The biggest strategic challenges that NHS partners needs to address

Tackling increasing demand for health and care services

The national challenges for health and social care providers are well documented. Delayed and reduced services during the Covid-19 pandemic have resulted in a backlog where people are now waiting longer for urgent and elective services. Overall, there has been an increase in demand and complexity of need and services are struggling to provide a positive experience with good outcomes for individuals.

At the same time the population is ageing, with over 44,000 more over 65 years olds living in Herefordshire and Worcestershire by 2031, over a quarter of the increase being over 85 year olds. By 2033 there will have been a 50% increase in the number of people who are over the age of 80. Alongside this demographic growth, there will be an increase in frailty, with projections indicating that people living with the highest levels of frailty will increase by around 28% over the next 10 years.

Securing sustainable workforce and clinical models for all services

There are around 40,000 people working in health and care services across the system. Around 17,500 work in Primary and Secondary Care and 22,000 in Social Care. Nationally staff turnover in these areas is higher than it has ever been. In recent years, turnover has been at 15% for staff in the NHS and 30% of staff in social care. Vacancy rates range between 8% -10%. Healthcare support worker and care worker vacancies stand at around 2150. (2000 in Social Care and 150 in NHS). There are also around 600 nurse vacancies across the system (500 in the NHS and 100 in Social Care) and a reliance upon international recruitment. There is also a lack of pharmacy professionals across the system, with increased numbers moving to community pharmacies.

Sickness rates are at around 5.5-6%, likely impacted by poor morale and increased workload as well as ongoing pressures from industrial action. Staff engagement remains average compared to other systems.

Workforce shortages in some specialties have resulted in increased levels of service fragility, particularly in cancer and stroke pathways. In the most extreme examples, such as haematology, emergency service changes have been needed whilst sustainable options were identified. In other instances, to fill gaps in substantive rotas and minimise risks to patients, health and care services have relied heavily on bank and agency staff.

However, with agency spend in 2022/23 being in the region of £70m and accounting for around 9% of the total workforce budget, this is not a financially sustainable solution. As well as the financial pressure it creates, it can also lead to inconsistency in care provision and poorer experiences. Partners across NHS services are working together to reduce the reliance on agency staff to reduce these risks going forward.

Demand and workforce challenges can impact the effectiveness of services to see and treat patients in a timely and clinically safe manner, negatively impacting on healthcare outcomes. Addressing the signs of vulnerability requires early identification and solution-planning with the engagement of clinicians. Subsequently proactive work to pre-emptively identify vulnerabilities has led to the system developing a fragile services framework.

Financial sustainability and optimising use of services

As a deficit financial system, there will be a requirement imposed on all system partners to implement stringent productivity, efficiency and savings programmes. This will require partners to introduce rigorous cost control measures and explore options for reducing service levels to bring spending into line with financial allocations. This will include freezing any new income and halting any service developments or business cases that do not identify lower cost delivery models. This downward pressure needs to be understood in the context of the system being overfunded using the national formula

In September 2022, partners undertook a system wide audit of whether people were being cared for in the most appropriate care setting for their needs at the time. The study showed that just under 25% of the 1,800 people reviewed could have been cared for in a more appropriate care settings – if an optimal balance between capacity, demand and flow efficiency was achieved. The findings have been taken forward as part of the development of system strategic demand and capacity model.

Initial indications from the strategic demand and capacity model work suggest that without change, the system will require between an additional 107 and 166 acute beds in 5 years, and between an additional 216 and 235 acute beds in 10 years time. The upper end of this range is comparable to building new wards that are equivalent in scale to about 2/3rds the size of Hereford County Hospital. Even if the finances were available to fund such expansion, the workforce would not exist to staff it. Therefore, finding mitigating actions and alternative solutions is critical to the delivery of improved health outcomes and reduced health inequalities.

A focus on ensuring care is accessed in the right setting which means moving activity, treatment and resources towards more preventative rather than reactive treatments, as part of the solution. As well ensuring that the wider social determinants of health are addressed through effective alignment of vision, plans and effort with local authority and VCSE partners. For example, the development of the “Community Paradigm” concept and relevant application to local circumstances will be one of the key platforms for making local services both sustainable and effective in supporting improved outcomes for the population.

All partners recognize the importance of developing new and innovative solutions to these challenges. Successful implementation of existing initiatives holds part of the answer, but creating the environment and opportunity for new initiatives is equally important.



Reducing backlogs and long waits for elective care

- Eliminate waits of over 65 weeks by end March 2024, except where patients choose to wait longer
- Deliver an agreed activity target to support achievement of the waiting time target



Reducing long waits for cancer care

- Meet the cancer faster diagnosis standard by March 2024 so that 75% of patients who have been urgently referred by their GP for suspected cancer are diagnosed or have cancer ruled out within 28 days
- Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the 75% early diagnosis ambition by 2028



Long term Plan and Transformation of services

- Improve access to mental health support for children and young people in line with the national ambition
- Increase the number of adults and older adults accessing IAPT treatment
- Work towards eliminating inappropriate adult acute out of area placements
- Improve access to perinatal mental health services
- Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024
- Reduce reliance on inpatient care for people a learning disability and/or autism, while improving the quality of inpatient care



Improving access to diagnostics

- Increase the percentage of patients that received a diagnostic test within six weeks in line with the March 2025 ambition of 95%
- Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and the diagnostics waiting time ambition



Improving access to primary care services

- Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals
- Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need
- Recover dental activity, improving units of dental activity towards pre-pandemic levels



Reducing long waits for urgent care

- Improve A&E waiting times so that no less than 76% of patients are seen within 4 hours by March 2024 with further improvements in 2024/25
- Improve category 2 ambulance response times to an average of 30 minutes across 2023/24, with further improvement towards pre-pandemic levels in 2024/25
- Reduce adult general and acute bed occupancy to 92% or below
- Consistently meet or exceed the 70% 2-hour urgent community response standard

Strategic Context – Workforce - Creating a sustainable inclusive workforce

The quality of the care provided across the NHS is dependent upon having the right number of people, with the right skills in the right places and ensuring that all of our people feel supported, included and developed. The NHS has therefore committed to a People Promise which describes the type of culture that we want to have:

- We are compassionate and inclusive
- We are recognised and rewarded
- We each have a voice counts
- We are safe and healthy
- We are always learning
- We work flexibly
- We are a team

Each NHS provider has a people plan which aligns to the NHS People Promise and a number of workstreams to ensure that this culture thrives within their organisations. The annual Staff Survey provides a measure as to the success of these workstreams.

Across Herefordshire and Worcestershire, NHS providers come together to determine our collective focus under the banner “Better Done Together”.

Priorities for People and Workforce



Attracting more people into the NHS



Retaining people



Planning better for the workforce of the future

This is underpinned by the establishment of an ICS Academy which brings together functional groups to discuss their workforce needs (known as faculties) including for Medical, Nursing and Midwifery, Healthcare Science, Pharmacy, Allied Health Professionals, Voluntary Community Social Enterprise Sector and the Social Care Sector. The Academy also provides some learning and development across all organisations within the system.

People Promise





Attracting more people into the NHS

Limited national supply of clinical workforce means that Herefordshire and Worcestershire NHS has a number of vacancies to fill to ensure a consistent quality of patient care.

These tend to fall into three distinct categories and present differing challenges. They are principally in Nursing, Medical roles, and Clinical Support. Agency expenditure in each of these categories remains high across the NHS and increased recruitment and attraction to the system is therefore a priority, both to fill critical delivery roles and reduce reliance upon expensive agency staff.

The ICS strategy is to grow-your-own skills wherever possible, particularly in entry level roles and Nursing and Allied Health Professional roles, encouraging local people to stay within the system and develop their career here.

Targeted attraction and recruitment of Health Care Assistants, Health Care Support Workers and Care Workers provides a pool of potential future nurses, Allied Health Professionals and other roles in short supply. It also reduces reliance upon agency staff.

There are different approaches being developed towards the attraction and recruitment of medics as these skills take longer to develop and are less easy to grow through apprenticeships.



Medical Staff	Clinical Support	Nursing and Midwifery
<ul style="list-style-type: none"> Vacancies being covered by medical locums in the short term. Limited international recruitment. Longer term, attract more graduates to the area and grow-your-own with the opening of the Three Counties Medical School in Worcester University. Medical 'faculty' work together with TCMS to increase the number of trainees across the system. Working with Worcester University to increase the number of medical student places available and support local people enrolling into these. (100 placements in first year up to 200 thereafter) Greater use of physician associates. (Increase by 10% by Y3) Greater use of Advanced Clinical Practitioners (target in development) 	<ul style="list-style-type: none"> Growing numbers of Health Care Assistants and Health Care Support Workers through greater outreach. (Bring NHS vacancy rate to 5%) Promotional material to attract those New to Care including online presence. A range of recruitment events including physical and online career fairs. (Clear demonstration that recruitment events bring in new staff) Work with schools and further education to bring more people into the NHS through placements. (Increased placement numbers) Clarity of development offers available to everyone. (Development pages on ICS Academy intranet launched) 	<ul style="list-style-type: none"> Vacancies being covered by agency nurses in the short term, international recruitment of nurses in the medium term and a longer-term strategy of 'grow-your-own' nurses through apprenticeships for nurses and nurse associates. (System agreement to develop 100 nurses per annum. Significantly reduce agency spend within 4 years) Establishment of a nursing and midwifery 'faculty' (workforce group) designed to look at the highest risks to the function. A nurse retention programme in development to retain skills. (Net nurse numbers begin to increase) Work ongoing with the Nursing school in Worcester University to offer more placements and ensure more graduates opt to stay in Herefordshire and Worcestershire. (Increased numbers joining NHS from University) Greater use of Advanced Nurse Practitioners



Planning better for the workforce of the future

A clear understanding of the workforce challenges across Herefordshire and Worcestershire is needed at a granular level. Workforce risk is often cited as an impediment to patient care, but this can range from an inability to recruit a particular post through to the need to reimagine a service because the supply is no longer available.

Understanding future demand and the demography of Herefordshire and Worcestershire is vital to reimagine the services that will be needed and the workforce that will be required to deliver these. If supply of the workforce remains as it is today, it will be necessary to come up with new ways to deliver services, often using digital tools to take away some of the repetitive and easily learned tasks.

Teams will need to become more confident in workforce planning, understanding their baseline today and how to resolve immediate operational issues and what needs to change for the workforce of the future.

Workforce planning in Herefordshire and Worcestershire focuses on three lenses – the workforce needed in organisations, by functional group and by pathway or service line. Capability and capacity is being introduced across each of these areas.

This activity has already started e.g building a workforce planning dashboard and providing short term capability to the Trusts. Training is also offered to key groups to enhance their confidence in workforce planning. In addition, business partners and workforce planners are working closely with service leads to better understand workforce risks and connect these to the work of the People Function.

Ultimately the system seeks to build a 2, 5 and 10 year workforce plan across health and social care with associated activity underway.

Activities to deliver this include:

- Building a Workforce Planning dashboard to share data widely.
- Developing workforce planning capability across the NHS through a transformation programme focussed on reviewing public health data for service pathways.
- Providing short term capability to Trusts and following this with the development of future workforce planners for the system.
- The development of the faculties in workforce planning and consideration of public health data for their function.
- Deeper understanding of the operational workforce risks by service line and how to mitigate those in the short and long term.
- Development of innovative new roles, drawing upon clinical knowledge. This includes new apprenticeships, Physician Associate roles, Nurse Associate roles, greater use of Advanced Clinical Practitioners and Healthcare scientists.
- The development of more integrates, cross-organisational / systemwide roles where appropriate.
- Focussed work on converting high agency spend into longer term sustainable workforce through the use of apprenticeships, new roles and digital solutions.
- Working with digital teams to increase the digital capability of staff, enabling them to be more open to future digitalisation of services.

Strategic Context – Finance - The financial history and financial plan for 2023/24

Actual Spending V Formula Allocated to Herefordshire and Worcestershire

Prior to the pandemic the system was under-funded against target using the national funding formula. The closing distance from target in 2019/20 for the 4 CCGs in the ICS area was -3.52%, equivalent to £35m. Any overspends against this allocation were funded using non-recurrent funding sources.

During the pandemic costs were fully funded and system baselines were reset at actual spend levels. In essence, process resulted in historic overspends being incorporated into financial baselines and resulted in a significant change to the base funding level for H&W ICS.

Going into 23/24 this the system is now overfunded against target using the national funding formula by around 4.0%.

Change in spending pattern in recent years

Growth in spend over this period was seen in all areas, with the exception of running costs. Whilst the greatest value was seen in acute services, similar percentages were seen across other areas - most notably the large increase in continuing care. The relatively smaller increases in community services and primary care are not consistent with our forward-looking ambitions around a shift upstream to more prevention, providing care in the right setting to reduce pressure on services further downstream – such as acute care. The ambition over the life of the Joint Forward Plan is to address this imbalance going forward.

Spend Area	19/20	23/24 Plan	Increase	
Acute	£559.2m	£818.3m	+£259.12m	+46.3%
Mental health	£110.5m	£157.4m	+£46.9m	+42.4%
Community Services	£130.0m	£180.4m	+£50.4m	+38.8%
Continuing Care	£68.0m	£109.5m	+£41.5m	+61.0%
Primary Care	£147.1m	£178.8m	+£31.7m	+21.5%
Primary Care Prescribing	£125.6m	£136.2m	+£10.7m	+8.5%
Running costs	£16.3m	£14.7m	£-1.6m	-9.8%

The Plan for 2023/24

The 2023/24 NHS financial plan collectively delivers a £19.2m (1.2%) deficit, against the NHS Operational Planning requirement to set a balanced financial plan. Within this the ICB generated underspend was £55.9m of which £55.7m was allocated to NHS Trusts to improve their financial positions. Worcestershire Acute Hospitals NHS Trust was allocated £42.0m, enabling a balanced financial plan to be delivered and £13.7m was allocated to Wye Valley NHS Trust to reduce the financial deficit.

2023/24 financial plans includes inflationary pressures, both the full-year effect of 2022/23 costs above inflationary funding received, and 2023/24 pressures linked to energy, PFI, continuing health care and prescribing above the national allocated inflationary funding. Whilst the ICS currently has a financial deficit plan this does require an increased delivery in efficiency savings of £73.1m (4.6%). Recurrent delivery of savings will ensure the ICS underlying financial deficit continues to reduce.

Agency expenditure is also a significant financial pressure on the ICS. During 2022/23 the collective spend was £75.6m, for 2023/24 the current expenditure plan assumes agency expenditure will be £51.2m, an improvement of £24.4m. The represents a 32% reduction. The reduction, whilst welcome, still leaves the ICS above the nationally set agency cap by £4.1m as the cap was set at £47.1m.

2023/24 financial plans met the planning requirements for Mental Health Investment Standard for the ICS of a 7.24% uplift and the Better Care Fund Uplift of 5.66%.

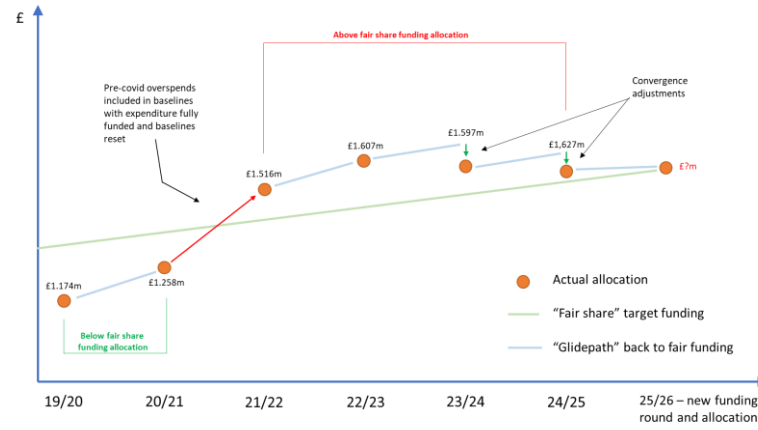
Spend Area	Integrated Care Board	Worcs Acute	Health and Care Trust	Wye Valley	ICS Total
23/24 financial allocation	£0.2m	£0.0m	£2.9m	-£22.3m	-£19.2m (-1.2%)
Delivery Plan Requirements					
Efficiency savings	£19.2m	£28.0m	£10.1m	£15.8m	£73.1m
% efficiency saving	5.7%	4.3%	3.8%	4.6%	4.6%
Trust Agency expenditure	N/A	£24.7m	£13.0m	£13.5m	£51.2m
% of Staffing Cost	N/A	6.5%	6.3%	6.8%	6.5%

Strategic Context – Finance - Developing a medium-term financial strategy

As previously indicated, the system is now overfunded compared to target against the national funding formula. The original allocation would have resulted in the system being overfunded by 4.65% but a convergence adjustment was made to the 23/24 allocation to start bringing funding back in line with target. This resulted in the final 23/24 allocation being +3.98% to target, equivalent to around £55m.

This convergence process will continue in future years to bring spending into line with target against the formula. The consequence is that the financial pressures seen in the plans for 2023/24 will be equally, if not more challenging in the years to come – particularly where savings plans are predicated on one-off in-year savings and accounting treatments rather than robust recurrent savings plans.

Convergence and Glidepath to achieve financial balance



Developing a model for assessing cost v performance

Best value healthcare is about achieving **best possible performance at lowest possible cost**. Through the process of implementing the JFP, a methodology will be developed using the comparative finance and performance tools available to conduct a systematic review of how services compare to other systems and peers. This baselining exercise will be used to inform the development of longer-term transformation plans for each area, which will vary depending on where the services land on the matrix. System wide agreement will be sought to the framework and the metrics as a first step in developing the approach. This work will take place in Q2 or 2023/24.

The need for a medium-term financial strategy

The system is required to achieve financial balance and live within the resources allocated to it and will need to develop a delivery plan that demonstrates how this will be achieved. Developing a Medium-Term Financial Strategy (MTFS) will give the ICS a 'Route to Balance' and show how we will live within the resources that have been allocated. The work to develop the MTFS will incorporate a full review of expenditure including ICB running costs, system wide capital, back-office optimisation and management of the NHS Estate.

The development of the MTFS will have 3 stages within the strategy:

Step 1: Agree the metrics



Step 2: Plot to the matrix



Step 3: Agree the response

- 1 Accept aspects of lower performance (except clinical safety) in the pursuit of improved cost.
- 2 Seek to maintain performance, at same or lower cost through locally owned improvement initiatives.
- 3 Drive improvement at lower cost, make this the priority for centrally supported transformation work where aligned to established priorities.
- 4 Invest to improve by prioritising new resource to these areas where there is alignment to a priority are).
- 5 Maintain current state as far as possible.

Stage 1

This stage will focus on **'where are we now'**, looking at the current drivers of our financial position, the ICS underlying financial position as we exit 2023/24, the opportunities that 'getting it right first time' (GIRFT), model hospital and other benchmarking presents.

Stage 2

This stage will focus on the **'what does our current profile look like'** – using a cost v performance matrix analysis. This will use the NHS funding formula and our ICS need, what we currently spend, what should resource allocation look like, what does place allocation look like, and what is ambition linked to strategic choices from Board. It will balance this position against the level of performance, quality and outcomes we are achieving as a system

Stage 3

This stage will focus on the **'how and when'**. This will focus on tackling the questions: how are we going to make the money work differently in our ICS, how are we going to live within allocated resources, how do we allocate limited growth, how will we make 'flat cash' work and when are we going to get too recurrent and underlying financial balance year 2 or 3.

The core focus

*Driving the shift upstream
to more prevention and
best value care in the right
setting*



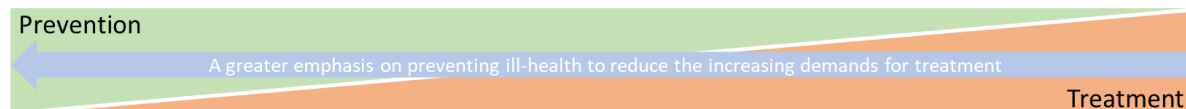
What do we mean by driving the shift upstream to more prevention and best value care in the right setting?

A greater focus on prevention

The major focus of the JFP is on driving a shift to a model of healthcare that places greater emphasis on the **importance of preventing ill-health** rather than a focus on treating the symptoms of it. The NHS cannot achieve this by working in isolation only through effective partnership working and good engagement with communities. This is the emphasis of the Health and Wellbeing Strategies and the Integrated Care Strategy. The core focus of NHS partners in this JFP is on the “20%” of factors that contribute to people’s health and wellbeing outcomes (as per the diagram right).

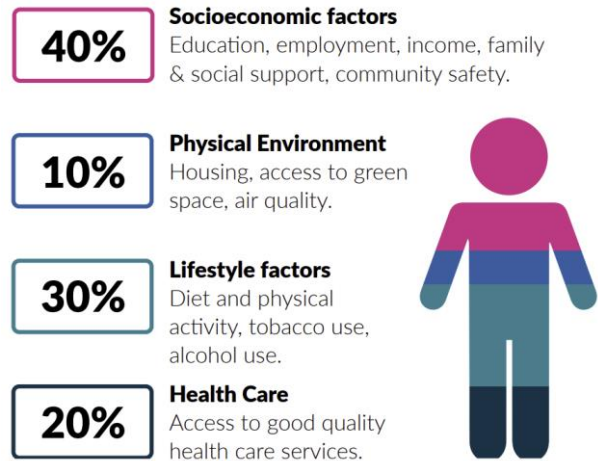
Whilst it is not the core business of the NHS to focus on the wider determinants of health, such as education, employment, housing and environment, as a major employer of around 2.5% of the local population (circa 20,000 employees), many of whom live in the ICS area, NHS bodies clearly have an important role to play and contribution to make.

The focus of this plan though is on the core business of the NHS, which is the provision of services. Through implementation of this plan, there will be a drive through planning and resource allocation approaches over time that increasingly rebalance the prevention v treatment equation:



During the early phases of implementation, the service areas outlined in appendix one, through their respective programme boards, will be charged with the task of identifying what specific actions can be implemented to contribute towards this overall ambition.

This ambition will also be incorporated in the medium-term financial strategy, which will be developed during Q2 of year 1, to be published by September 2023.



Adapted from an illustration of the impact of healthcare and non-healthcare factors on a person's health. Source: Institute for Clinical Systems Improvement Going Beyond Clinical Walls. Solving Complex Problems (October 2014).

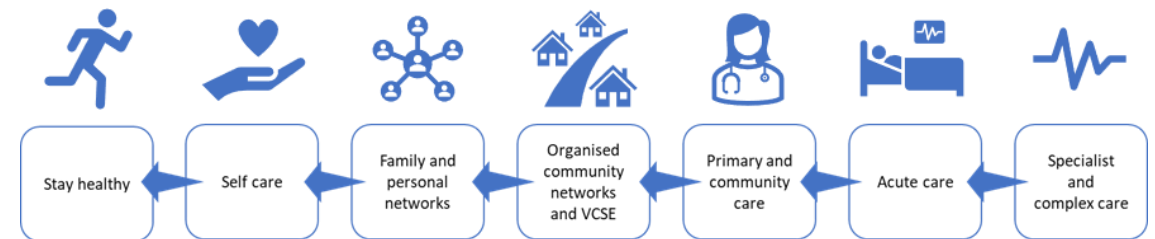
Providing best value care in the right setting

The role of the NHS is to provide care and treatment for people when they need it. The second element of shift in focus is on ensuring that the care is provided in the most optimal setting for the person’s needs at any given point in time. Optimal represents the balance between quality, safety, appropriateness of setting and best cost care. Optimal is not just about cost reduction and financial savings, although savings are a clear beneficial by-product of getting optimal care.

Achieving optimal care settings will typically result in faster recovery from illness and a greater chance of return to independence. For example, a co-produced document called “Supporting patients’ choices to avoid long hospital stays” highlighted that people’s physical & mental ability and independence can decline if they are spending time in a hospital bed unnecessarily. As well as being at risk of acquiring hospital acquired infections, for people aged 80 years and over, 10 days spent in a hospital bed equates to 10 years of muscle wasting. Thus, there is a significant quality and service improvement benefit to be achieved by getting this right.



Providing care in the optimal setting requires NHS partners to work together to deliver more care towards the left-hand side of the spectrum below.



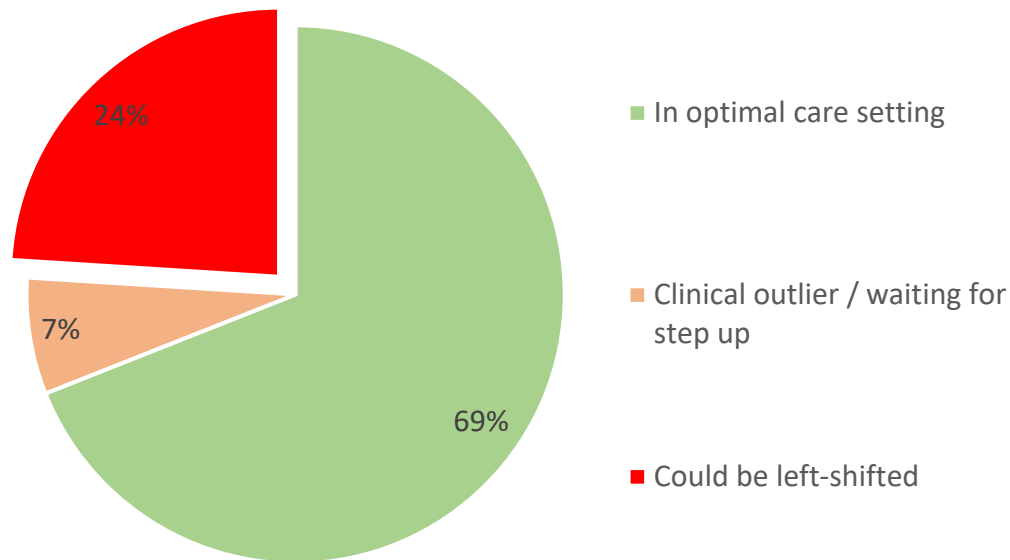
The Point Prevalence Audit we undertook in September 2022 identified that, at the time of the audit, 24% of people could be cared for further along towards the left-hand side of the diagram above. The financial opportunity associated with this cohort, if scaled up annually, was in the region of £12 to £15m, even taking account of the need for the additional capacity required to accommodate them in the other setting. Alongside the quality improvements, the opportunity to achieve this shift in focus is therefore very compelling.

Understanding the issues and opportunities around “optimal care settings” – The Point Prevalence Audit

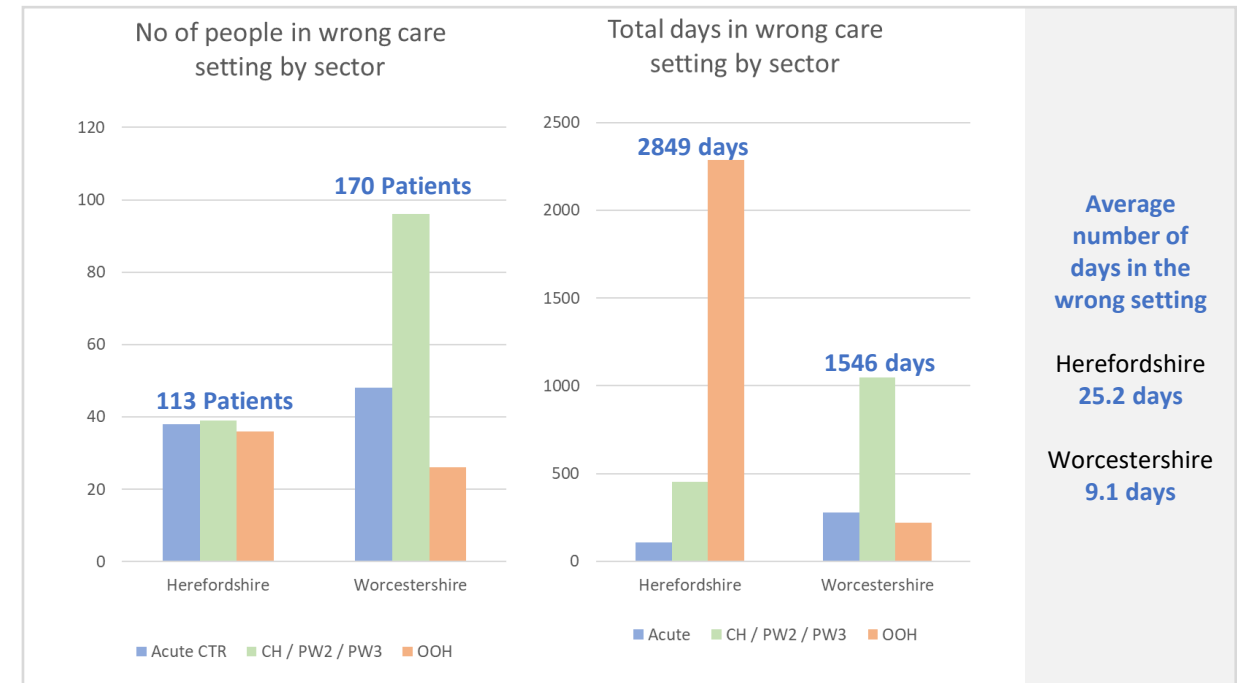
The Point Prevalence Audit

In September 2022 a system wide **Point Prevalence Audit** was conducted to assess the extent to which people in the health and care system are cared for in the most optimal care setting for their needs at the time. The audit looked at 1,800 people across 83 care settings – including acute beds, community beds, discharge pathways and other home-based care such as community teams and virtual wards. The study showed that around 69% were in the right care setting, 7% were clinical outliers or waiting for “step-up” care, but 24% could have been cared for in a lower level of care, that would have been more optimal for their needs.

Point Prevalence Audit Results



- 1,800 patients audited over 83 care settings to answer the question
- ***Is this the optimal care setting for the patient’s needs today?***



The charts above show where the opportunities were identified, by county and type of care setting. Left hand side or optimal care settings are typically less expensive than those on the right-hand side of the spectrum, so an analysis was undertaken to identify the likely cost of “getting it wrong”. This indicated a total cost improvement opportunity of between **£13m and £15m per annum**.

An analysis was also undertaken to identify “what it would have taken” on that day to enable more optimal performance. This indicated that an additional **40 domiciliary care places and 17 care home places in Herefordshire** would have directly enabled the shift to happen in Herefordshire and the equivalent number was **28 domiciliary care places and 8 care home places in Worcestershire**.

As Worcestershire has a population of roughly 3 times greater than Herefordshire, this demonstrates the scale of the challenge in Herefordshire. For example, if Herefordshire was scaled to Worcestershire’s population, then the gap would have been **171 places** (not 57), but if Worcestershire was scaled to Herefordshire’s population, then the gap would only have been **12 places** (not 36).

Building system consensus towards driving the shift upstream to more prevention and best care in the right setting

Achieving this shift in focus cannot be achieved without system consensus. Practical implementation requires capacity to be shifted between different care settings and different providers. Typically, it involves building capacity in social, primary and community settings to free up resources in bedded facilities in community hospitals, acute hospitals and mental health inpatient facilities.

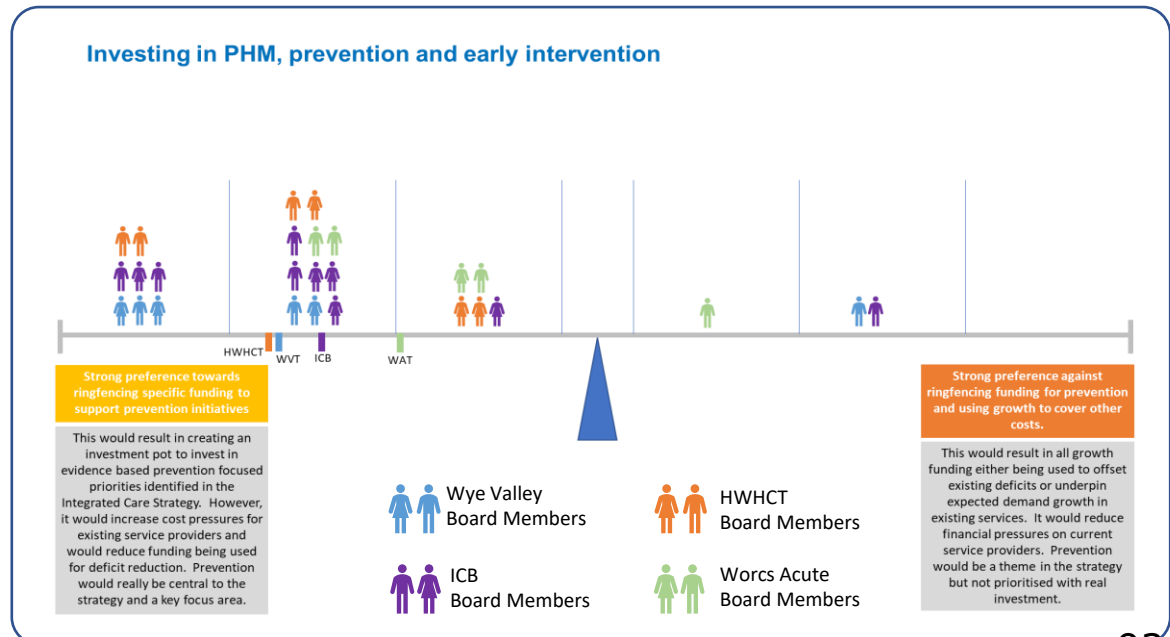
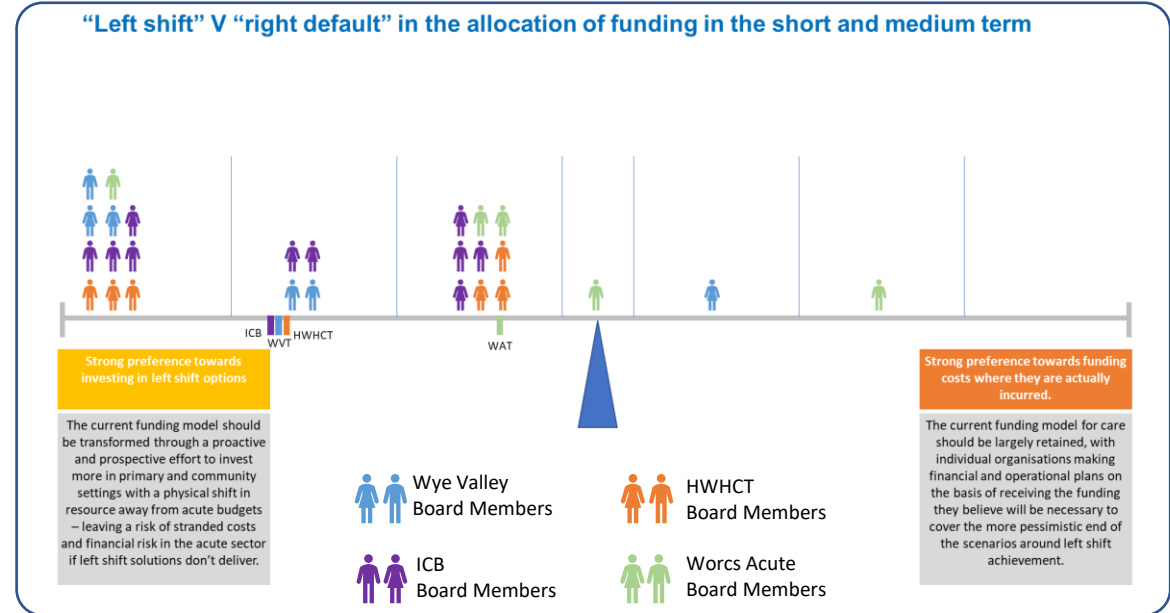
In order to test this consensus a **strategic choices** exercise was undertaken with the main board of the ICB and the non-executive directors of the three NHS Trusts. Individual Board Members were invited to review a briefing pack and complete a Mentimeter exercise to explore their individual perspectives on the shift in focus. For two questions, they were offered mutually exclusive options and asked to move a “slider” towards each option they thought was most desirable – the stronger the viewpoint, the further the slider should be moved. The results are shown in the charts to the right.

The scores were aggregated up to form the organisational score and the results were used in facilitated discussions at a series of face-to-face workshops. Participation in the exercise across each organisation is shown in the table below:

H&W Integrated Care Board	Wye Valley Trust	H&W Health and Care Trust	Worcestershire Acute NHS Trust
<ul style="list-style-type: none"> • Chair • Chief Executive • 5 Non-Executive Members • 2 Primary Care Partner Members • 1 Local Authority Partner Member 	<ul style="list-style-type: none"> • Chair • Managing Director • 3 Non-Executive Directors 	<ul style="list-style-type: none"> • Chair • Chief Executive • 4 Non-Executive Directors 	<ul style="list-style-type: none"> • Chair • Chief Executive • 3 Non-Executive Directors

The charts show the results, both from an individual perspective (anonymized) and from the collective aggregate organizational view. There is clearly a preference across all organisations for setting a strategy that aspires towards the shift in focus (top chart) and supporting this with a funding regime that ringfences investment for prevention initiatives (bottom chart).

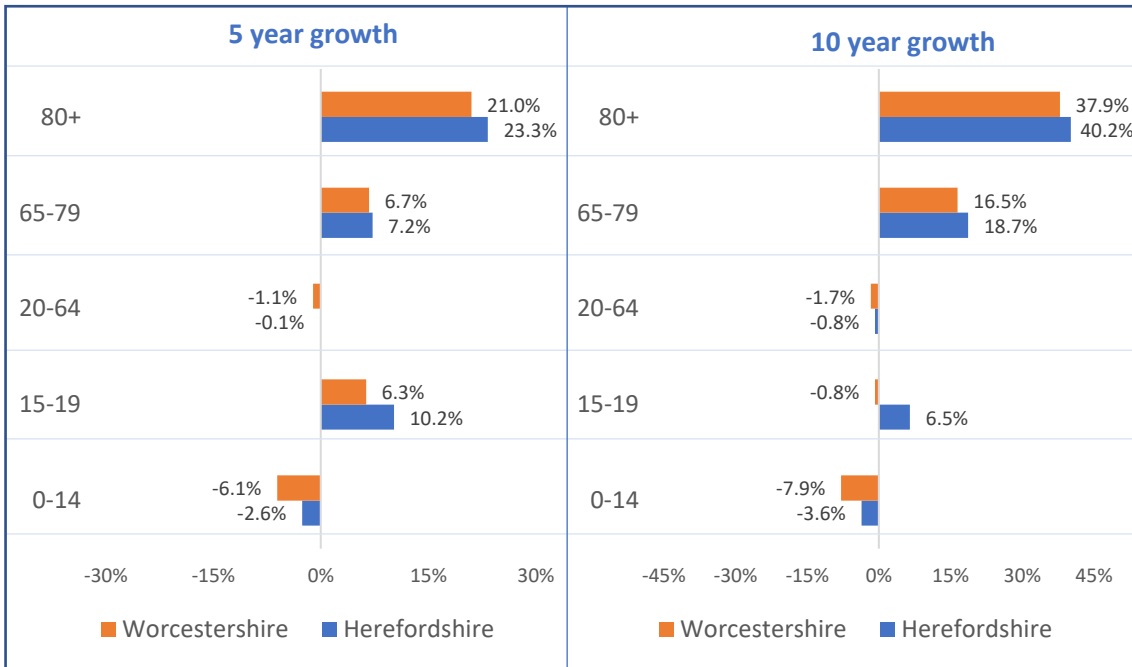
This strong degree of consensus provides a strong platform from which to drive the shift in focus as the core foundation of the Joint Forward Plan.



Developing a better understanding of future demand and capacity requirements

The final element in the strategic planning work to support the development of the JFP has been the development of a system wide **strategic demand and capacity model**. The point prevalence audit results indicated that there is a mismatch between demand and capacity; which ultimately leads to people being treated in care settings that are not optimal for their needs, frequently at higher cost to the system. The first phase of the demand and capacity model work has been to quantify the future impact over 5 years of not optimizing the provision of care. The second phase of the work, to be conducted during the first 3-6 months of JFP implementation will be to model the potential solutions to mitigate that growth in demand.

Population growth: Population numbers are forecast to grow most in the older age groups in the population – more than 20% over 5 years and nearly 40% over 10 years for people aged 80 years or more.



Likely Impact on Frailty Demand: Whilst age alone is not an indicator of future health demand, it does provide a basis for calculating likely levels of frailty that services are likely to be responding to. Initial model projections suggest the following impact:

Frailty Risk Category	10 Yr impact – Herefordshire	10 Yr impact – Worcestershire
No frailty score	+21%	+21%
Low score	+19%	+17%
Moderately low score	+28%	+27%
Moderately high score	+33%	+32%
Highest score	+36%	+38%

Unmet demand: The model calculates the impact of unmet demand (such as people waiting in ambulances or on trollies in A&E that would be admitted if beds were available). However, they are often cared for in unconventional settings for their whole hospital stay.

Sub-optimal flow: The model also calculates the impact sub-optimal flow on projected future bed numbers. There are two main mitigations to this, one of which is increasing the size of the bed pool to enable better flow, the other is to optimize practice to ensure that patients are only admitted when necessary and don't have any delays to their discharge.

Initial aggregate demand impact: Bringing together all aspects of growth, the draft model indicates future demand growth that will need to be mitigated by actions to be delivered under the JFP is an additional 274 beds.

Aggregate acute bed requirement in 5 years under the do nothing scenario	Acute Bed Impact	
Baseline beds	1,245	
Demographic growth	+118	} +274
Non-demographic growth	+63	
Measure of un-met demand	+10	
Impact of sub optimal flow	+83	
Total 5 year bed requirement before mitigating actions	1,519	

Draft findings to be validated

Next steps: Work will be undertaken to test and validate all assumptions before moving onto phase 2 which is to model the impact of initiatives to mitigate this demand growth.

Engagement Approach



Developing the Joint Forward Plan – Engagement approach

As a health and care system we are committed to close working with individuals, communities, partners and wider stakeholders. In developing the **structure and content** of our first Joint Forward Plan, we have built on existing insights from recent engagement, these include:

- **The HW Integrated care strategy : 3 phases of engagement** - A thematic review of relevant existing patient and public engagement undertaken over the last two years. Extensive stakeholder engagement and broader feedback following the publication of the draft integrated care strategy.
- **Joint forward plan insights** – Complimenting the Integrated Care Strategy engagement, narrowing the scope to focus in on health services in line with the NHS Long term plan.
- **Specific engagement** – With NHS partners, including the 3 NHS Trusts, General Practice representatives and the Integrated Care Board.

The engagement strategy for the JFP recognises the benefit of aggregating together information from various sources and using this as a basis for filling in gaps in knowledge. The table below outlines the approach that will be taken to engage on the development of the JFP:

Engagement activity	Period
JFP engagement draft – Sharing and testing with stakeholders and patient and public representative groups	May to June 2023
Patient experience gathering on themes / priorities in plan <ul style="list-style-type: none"> • Strategic approach • Core areas of focus and cross cutting themes 	July to October 2023
Review and make specific recommendations and actions for patient voice to be present pathway meetings and development – Relating to core areas of focus and system enablers	On-going as part of programme board review process
Annual engagement review – Bringing broader themes into the refresh of the JFP	January – February 2024
Inform development of the refreshed JFP for 2024/25	2024 and beyond



Engaging individuals and communities

You can find more detail in [Appendix 2: Key enablers](#), about our commitment to early engagement and ongoing dialogue with people and communities. You can also find out more about our wider system approach to engagement in our [ICS Engagement Strategy](#).

Involvement opportunities are made available here:

<https://www.hwics.org.uk/get-involved/involvement-opportunities>

The Joint Forward Plan is owned equally by the ICB, the three NHS Trusts and the two General Practice Organisations that operate across the system. This joint ownership means that we can work together to support effective engagement and evaluation of delivery throughout the life of the plan.

Engagement insights will be used to develop programmes and also to evaluate their effectiveness. With the publication of the Joint Forward plan being an opportunity to share the core areas of focus for the system over the next few years. This should make it easier for local people to understand where change and improvements are being made and to get involved.

Next steps

- Publication of a summary joint forward plan on the 30th June 2023
- Opportunity to feedback and get involved in more in-depth engagement for specific clinical services pathways
- Embedding engagement insights in the methodology for **“Driving the shift upstream to more prevention and best care in the right setting”**

Implementing the Joint Forward Plan

The implementation approach for the Joint Forward plan reflects the point in time when it was developed - the beginning of 2023/24. At this point in time a number of other key strategies and plans had been developed, or recently approved including:

- **NHS System operational plan for 2023/24** - This outlines the key operational delivery priorities for healthcare during the first year of the Joint Forward Plan. These can be found on page 12.
- **The Integrated Care Strategy for 2023-2033** – This brings together a broad range of partners across the Integrated Care System, around a shared vision for improving health and well-being for everyone and three key priority areas.
- **Worcestershire Joint Local Health and Wellbeing Strategy** – This identifies a key priority focus on Good Mental Health and Well Being, supported by healthy living at all ages; safe thriving and healthy homes, communities and places; quality local jobs and opportunities.
- **Herefordshire Joint Local Health and Wellbeing Strategy** – This identifies two key priorities of Providing the Best Start in Life for Childrens” and “Mental Health and Wellbeing”, supported by six enablers: access, living and ageing well, good work for everyone, supporting those with complex vulnerabilities, housing/homelessness, reducing carbon footprint.

The Joint Local Health and Wellbeing Strategies and the Integrated Care Strategy provide the long-term frame, with the Joint Forward Plan translating this into NHS focused medium-term delivery priorities; and the Operational Plan focusing in turn establishing the annual priorities.

Year 1 implementation focus

During the first year of implementation there are two main streams for the Joint Forward Plan:

- **Stream 1:** Developing and implementing a methodology that identifies the opportunities for **driving the shift upstream to more prevention and best value care in the right setting.**
- **Stream 2:** Delivery of the year 1 priorities for the **core areas of focus and cross cutting themes**

There is a significant role for existing programme boards with the system governance structure to develop, align content and instil ownership of delivery of the plan from the outset.

Stream 1: Developing and implementing a methodology that identifies the opportunities for **driving the shift upstream to more prevention and best care in the right setting.**

Stream 1: Driving the shift upstream to more prevention and best care in the right setting.	Phasing
Senior leader development programme – Bringing partners together to deliver the ambition for the Joint Forward Plan	June onwards
Co designing a methodology for identifying opportunities for upstreaming prevention and delivering more care in the best setting	June to September
Strategic analysis of opportunities – Through engagement with the ICB, Trust Boards and General practice representative boards	September to December
Implementation of the new process for Operational Planning 2024/25	December to March

Stream 2: Delivery of the year 1 priorities for the **core areas of focus and cross cutting themes**

Stream 2: Delivery of year 1 priorities for core areas of focus and cross cutting themes	Phasing
Delivery of the year 1 priorities for the core areas of focus: See appendix 1.	2023/24
Delivery of the year 1 priorities for the cross-cutting themes: See appendix 2.	2023/24
Ongoing focus on system development, ensuring that mechanisms for collaboration are strong and effective in enabling delivery of the priorities within the JFP.	2023/24

Joint forward plan - 2023

Appendix 1: Core areas of focus

This section sets out how the Joint Forward Plan addresses national requirements set out in **the NHS Long Term Plan** and **local priorities** to ensure the NHS makes a positive contribution to improved health outcomes for the population through delivery of high-quality patient centered pathways that are overseen by programme boards across the ICS.



Delivering High quality, patient centred integrated pathways: INTRODUCTION

There are a broad range of work programmes across Herefordshire and Worcestershire, within place and neighbourhoods. These are established to develop and deliver programmes of work focused on local and national priorities including those set out in the <https://www.longtermplan.nhs.uk/>.

In this section you will find a high-level summary of the priorities that are developed and overseen at a system level through Herefordshire and Worcestershire ICS Programme Boards.

Core areas of focus can be found in this document, which include:

1. Maternity and neonatal care
2. Early years, children and becoming an adult
3. Elective, Diagnostics and Cancer Care
4. Frailty
5. Palliative and End-of-life
6. Learning disability and autism care
7. Mental health and wellbeing
8. Long-term Conditions
9. Stroke care
10. Urgent and emergency care
11. Primary Care
12. General Practice
13. Pharmacy, Ophthalmic and Dentistry

Cross cutting themes can be found in Appendix 2 and include:

1. Quality, Patient safety and experience
2. Clinical and care professional Leadership
3. Medicines and pharmacy
4. Health inequalities
5. Prevention
6. Population health management
7. Personalised care
8. Working with communities
9. Commitment to carers
10. Support veteran health
11. Addressing the needs of victims of abuse
12. Digital data and technology
13. Research and innovation
14. Greener NHS

The role of an ICS Programme Board

The ICS Programme Boards are responsible for overseeing delivery of programmes across Herefordshire and Worcestershire, including the Joint Forward Plan, which will include regular reporting on progress against plan delivery and mitigating / escalating risks to delivery through to the ICB Quality, Resources and Delivery Committee..

The ICS Programme Boards bring together organisations to coordinate and oversee delivery of improvement and transformation activities across Herefordshire and Worcestershire. They are responsible for setting the strategic direction and ensuring that comprehensive delivery plans and monitoring frameworks are in place. Whilst the Programme Boards are not decision-making forums, the governance framework allows timely decision making through the ICB Strategic Commissioning Committee.

Joint ownership

The membership of each ICS Programme Board represents the key stakeholders engaged in a particular programme area, including NHS and Local authority partners, HealthWatch, networks and alliances and representatives of the patient voice, in addition to operational and clinical staff. The chart below summarises the governance structure.



Core areas of focus

In this section we answer the following questions for each core area of focus. The programmes of work included will be reviewed and refreshed in the Joint Forward Plan annually.

1. Why this is important?
2. What we are doing
3. What will we deliver and when?
4. Where you can find more detail

1. Why is this important?

High quality maternity and neonatal care is essential in ensuring every child across Herefordshire and Worcestershire has the best start in life. During the past 12 months there have been over 6,400 births across our Local Maternity and Neonatal System (LMNS). Our smoking in pregnancy rates are higher than the national ambition of 6% at 9.3% for 2022/23. Initiation of breastfeeding rates across the LMNS as a whole during 2022/23 were 73.4%, however we know that there are groups within our population where breastfeeding is lower. In 2022/23 over one quarter of women who booked for maternity care had BMI>30. All of these population health factors contribute to health inequalities and poor outcomes for babies and families. Therefore, our LMNS strives to work in partnership to improve our local picture by reducing health inequalities and providing safe, personalised, equitable care.

The LMNS consists of Herefordshire & Worcestershire Maternity and Neonatal Voices Partnerships, Wye Valley NHS Trust, Worcestershire Acute Hospitals NHS Trust, Herefordshire and Worcestershire Integrated Care Board, Herefordshire and Worcestershire Health and Care NHS Trust and the 2 Local Authority Public Health Teams. These organisations work together to improve outcomes for families across our local area.

There is a national focus on maternity services with a drive to improve the quality of care for families and their babies. The Three Year Delivery Plan for Maternity and Neonatal Services was released in Spring 2023.



2. What are we doing?

The Local Maternity and Neonatal System Board brings system partners together to ensure high quality, safe, equitable maternity care and ensures co-production with families across Herefordshire and Worcestershire.

Local priorities for Herefordshire and Worcestershire have been identified as:

- Personalised care
- Quality and safety of care
- Perinatal mental health
- Listening to the voice of families
- Equity and equality
- Growing, developing and maintaining workforce
- Enabling a supportive culture

National programmes and reviews that underpin our local priorities are:-

- Better births
- Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK (MBRRACE-UK)
- Saving babies lives care bundle
- Maternal and neonatal safety improvement programme
- Neonatal Critical Care Review (NCCR)
- Ockenden essential and immediate actions
- Kirkup report
- Perinatal quality surveillance model
- Avoiding Term Admissions Into Neonatal Units (ATAIN)



3. What will we deliver and by when?

Priorities	By Year 3
Listening to women and families with compassion	<ul style="list-style-type: none"> Enabling women to have personalised care through personalised care and support planning. Providing Perinatal Pelvic Health services that meet the needs of patients. Delivering care equitably through the implementation of the Local Maternity and Neonatal System Equity and Equality plan. Enable and empower our Maternity and Neonatal Voices partnerships to represent our local families and co-produce Maternity and Neonatal services,
Supporting our workforce	<ul style="list-style-type: none"> Developing and implementing local evidence-based retention action plans All staff having the supervision, training and support they need.
Developing and sustaining a culture of safety	<ul style="list-style-type: none"> Sharing learning from incidents across the Local Maternity and Neonatal System and learning from incidents at a national and regional level. Promoting positive culture through supportive leadership. Identifying any concerns raising them early and addressing them.
Meeting and improving standards and structures	<ul style="list-style-type: none"> Implementing national evidence-based guidance such as the Saving Babies Lives' Care Bundle V3 and monitoring local progress against outcomes. Using evidence-based tools such as MEWS and NEWTT-2 to better detect concerns and act sooner on safety issues. Making better use of digital technology in maternity and neonatal services through implementing the Local Maternity and Neonatal System digital strategies. Have regular oversight and open scrutiny of data to identify issues and inform learning.

Priorities	By Year 5
High quality, safe, equitable care	<ul style="list-style-type: none"> Developing on the learning from the implementation of the Three Year Plan for Maternity and Neonatal Services. Continuing to facilitate a workforce and culture that supports learning and delivers safe, equitable care.

4. Where you can find more detail?

Birthways website - birthways@nhs.uk

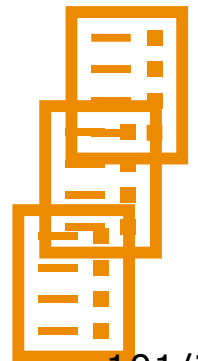
Look at our local infographic, for more information about births across Herefordshire & Worcestershire:

[LMNS Infographic](#)

There are two active Maternity Voices Partnerships (MNVP) in Herefordshire and Worcestershire, this is an opportunity for members of the public to have a say in how maternity services are run in both counties.

If you would like to get involved please contact:-

hwicb.herefordshiremvp@nhs.net – Herefordshire MNVP
hwicb.worcsmvp@nhs.net- Worcestershire MNVP



1. Why is this important?

- Across Herefordshire & Worcestershire Children and Young People (CYP) represent approx. 19% of our population, with approximately 140,000 0-19 years old (Public Health Profiles 2021).
- Overall, this is a good place to live. There are relatively low levels of poverty and deprivation, and many children and young people are happy.
- For children and young people living in areas of high deprivation or experiencing poverty, there are barriers to accessing services.
- Some children and young people are at the biggest risk of poor outcomes. Including those with additional needs; exposed to family and behavioural risks; or with experience of the care system.
- 14.1% of children in Worcestershire and 12.2% in Herefordshire are living in low-income families.
- 65% of children achieve a good level of development at the end of reception in Worcestershire and 71.8% in Herefordshire.
- Emotional wellbeing is a cause for concern in 39% of looked after children in Worcestershire and 42% in Herefordshire.
- The prevalence of overweight (including obesity) of children in Reception is 20% in Worcestershire and 25% in Herefordshire.
- Hospital admissions for children aged 0-14 is a rate of 71.9 per 10,000 for Worcestershire and 100.1 per 10,000 for Herefordshire.
- In Worcestershire 3.9 % of pupils have an Education Health and Care Plan and 2.6% in Herefordshire.



2. What are we doing?

- The Children and Young People Programme Board is delivering the NHSE National Children and Young People's Transformation Programme to meet the commitments in the NHS Long Term Plan, with priority areas of infant mortality, childhood obesity, asthma, diabetes, epilepsy and urgent and emergency care, Emotional Health & Mental Wellbeing and Special Education Needs and Disabilities (SEND).
- The focus is on improving clinical outcomes, enhanced self-management, reduction in variation and health inequalities, improved educational attainment and preparation for adulthood.
- The Childrens Programme Board is working with partners across the system to develop an outcomes-based data dashboard to understand the varying needs of our community.
- Data and insights will be used in evidencing success of pump primed pilot projects in Epilepsy, Diabetes and Asthma in order to make a case for additional resource to make services business-as-usual and to help inform decision on longer term areas of focus particularly around health inequalities.

3. What will we deliver and when?

Priorities	By Year 2	By Year 5
Asthma - to support CYP with asthma, including diagnosis, care planning, and reducing emergency admissions.	<ul style="list-style-type: none"> • Evaluate Children's Community Asthma Team • Establish an approach for Asthma Friendly Schools • Establish a structured approach for roll-out of training & Asthma Competencies Framework (including schools & Primary Care) • Establish robust referral process with housing providers in both counties 	<ul style="list-style-type: none"> • Embed the Asthma Care Bundle, risk stratification in Primary Care, understand & support clinical and CYP training needs • Toolkit for schools with training & support
Epilepsy - Standardised approach to management of childhood Epilepsy.	<ul style="list-style-type: none"> • Improvement to the capacity of epilepsy nurse specialist support across ICS. • Audit for need for psychology and mental health support for patients on the Epilepsy caseload. • Work with partners to develop a pathway for psychological support . 	<ul style="list-style-type: none"> • Engagement in Regional pathway mapping • Embed pilot projects as business-as-usual



Priorities	By Year 2	By Year 5
Obesity – to support a reduction in overweight and obese children across ICS.	<ul style="list-style-type: none"> Integrate a CYP Healthy Weight Strategy within an ICS Wide All Age Healthy Weight Strategy. Pilot Social Prescribing/Coaching roles to take a Whole Family Approach 	<ul style="list-style-type: none"> CYP Obesity Care Pathway will be in place. Hard-to-reach CYP & Families at risk of obesity & in areas of deprivation, are supported to access & shape support to address barriers to lifestyle changes.
Diabetes - Reducing inequality and variation in outcomes.	<ul style="list-style-type: none"> Pilot use of technology with individuals affected by health inequalities. Agree transitions pathway for 16-25 years old, and implementation. 	<ul style="list-style-type: none"> Evaluation of pilot and agree roll-out. Prevention and education aligning with Obesity workstream and improving care and outcomes for CYP living with type 2 diabetes.
Infant Mortality - Improved systems for identifying and supporting families/women whose children are at risk of infant mortality due to modifiable risk factors.	<ul style="list-style-type: none"> Agree the Infant Mortality Strategy, in collaboration with Local Maternity and Neonatal Services Board. 	<ul style="list-style-type: none"> Work with Early Help Partnerships to implement the strategy.
Urgent & emergency care	<ul style="list-style-type: none"> Develop a robust seasonal illness plan Re-launch Handi App in Worcestershire / Launch Handi App in Herefordshire. Develop common conditions pathway document 	<ul style="list-style-type: none"> CYP are engaged in transition services and effective management of long-term conditions to avoid crisis presentations. Consistent pathways across the ICS to provide CYP appropriate care in the most appropriate setting.
CYP & families (CYPF) have access to timely Neurodiverse (ND) diagnostic assessments & support.	<ul style="list-style-type: none"> Re-design ND Care Pathways to reduce waiting times for diagnostic assessments. Work with CYPF and partners to improve support offer pre & post ND diagnosis. Improved access to EWMH support, advice, information and training for ND CYP and their families and for professionals across the system. Ensure information and sign-posting of support for ND CYP, Families and Non-specialists professionals is available & accessible in a centralised-hub. 	<ul style="list-style-type: none"> Raise awareness and understanding of Neurodivergence in CYP workforce. Embed CYP components of All-Age Autism Strategy. Timely and appropriate access to services providing support, advice, information, training and interventions across the system. Provide ND accessible services delivered by skilled and trained providers. Increase uptake of services by ND CYP and families.
Special Educational Needs and Disability (SEND)	<ul style="list-style-type: none"> Increase number of children who are school-ready with appropriate plans in place. Review Paediatric Therapies model of delivery to enhance timely support 	<ul style="list-style-type: none"> Further develop joint commissioning of support & intervention services Working with education settings to enable greater inclusion Improve transition into adulthood Development of a blended workforce
Address healthcare inequalities to improve outcomes for Children and young people	<ul style="list-style-type: none"> Identification of specific interventions to address inequalities experienced by the 'Plus' groups. 	

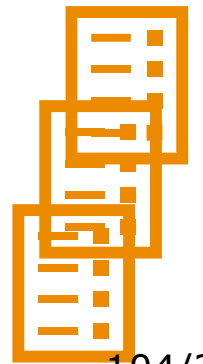


Priorities	By Year 2	By Year 5
Mental Health and Emotional Wellbeing Transformation Plan.	<ul style="list-style-type: none"> • Timely information, advice, and support • Improve mental health services within schools. • Enhance pathways to avoid crisis & enhanced community-based solutions • Promotion of prevention and early intervention activities – <ul style="list-style-type: none"> • Emotional wellbeing tool for primary schools • SHOUT text messaging service to prevent a decline in mental health, nipping in the bud, and a pattern of attendance to A&E 	<ul style="list-style-type: none"> • Increase support within schools • Redesign Neurodiverse pathways • Improve mental health support for 0-25yrs • Increase take-up of annual health checks for 14-25 yrs
Health and Wellbeing of Children Looked After (CLA)	<ul style="list-style-type: none"> • Ensure statutory health assessments for CLA are completed within timeframes and health needs are identified and addressed. • Ensure the health needs of CLA placed outside of the ICS are met. • Improve the process & timeliness of Adoption Medicals in Worcestershire. 	
CYP Community Health Services	<ul style="list-style-type: none"> • Review service specifications for CYP community health services • Review Community Paediatric provision • Complete review of Children Community Nursing services with particular focus on EoL care in Herefordshire • Agree future model of service provision in Therapy Services incorporating 'The Balanced Approach' - universal, targeted and specialist provision. • Review of Worcestershire Child Development Service • Therapies review will be developing a universal strand of provision in Occupational Therapy and Physiotherapy which will have a prevention / early intervention focus • Review Child Development Centre offer which links to early identification and supporting emerging needs. 	<ul style="list-style-type: none"> • Embed system adoption of universal, targeted and specialist approach within children community health services linked with development of the Best Start in Life programme with a focus on prevention and Family Hubs • Explore shared workforce opportunities across the system.
Children's Cancer and planned Care	<ul style="list-style-type: none"> • Work with NHS across Region to ensure specialist care continues to meet children's needs. • Support & enhance Paediatric oncology shared care unit (POSU) at Worcester Acute Hospital to deliver injection-based outpatient chemotherapy • Develop level 2 Paediatric Critical Care capability at Worcestershire Acute Hospital. 	

4. Where you can find more detail?

Engagement opportunities are circulated through parent carer forums and the ICS communications system.

We listen to the voice and experience of children, young people and families facilitated by Action for Children and specific feedback via existing youth forums, compliments and complaints.



1. Why is this important?

To improve patient safety, outcomes and experience we must eradicate all long elective, cancer and diagnostic waits for assessment and treatment.

Waiting times remain in a challenged position post-COVID with waiting times being higher than we would like.

Despite having the 2nd lowest referral rate per 1,000 population, demand has increased circa 14% year on year.

During the pandemic there was a significant reduction in the number of patients being referred with suspected cancer. This has now recovered, but a combination of reduced capacity and sustained levels of increased demand has meant patients are waiting longer for their diagnosis and treatment.

In addition to recovering services, cancer incidence is expected to increase, with Cancer Alliances nationally predicting a 10% increase in cancer referrals.



2. What are we doing?

The Elective, Cancer and Diagnostics Programme Board facilitates an integrated approach to transformation across elective, cancer and diagnostic services.

Key areas of focus are:

- Restoration of services post covid pandemic. This includes elimination of waiting times above 65 weeks by March 2024 and above 52 weeks by March 2025, and restoring waiting times in cancer and diagnostics.
- Achievement of the requirements of NHS Long Term Plan and NHS England Operational Planning Guidance
- Improvement in patient choice
- Delivery of a personalised outpatient model that better meets individual patient need and improves quality of care and patient outcomes.
- Improvement in the resilience of identified vulnerable services
- Digitalisation of services to enhance patient pathways and patient experience e.g. patient portal, remote consultations, remote monitoring
- Transformation of services to maximise productivity and quality across the elective, diagnostics and cancer pathway
- Collaborative working across the ICS to embed National Best Practice
- Delivery of services in primary care and through our screening programmes to increase the number of patients diagnosed with cancer earlier (stages I/II)
- Delivery of Best Practice Timed Cancer pathways across the ICS to ensure patients are assessed, diagnosed and treated quickly, thereby improving their outcomes.



3. What will we deliver and when?

Priorities	By Year 2
Restore waiting times for elective, diagnostics and cancer	<ul style="list-style-type: none"> • Work collaboratively with all providers locally and nationally to increase capacity to support elimination of long waiters • System elective hubs - Alexandra Redditch (WAHT) and Hereford (WVT) • Community diagnostic centre launch in Hereford – increase volume of diagnostic capacity • Elimination of 52 week waits by March 2025 and recovery of waiting times for diagnostics within 6 weeks
Outpatient transformation <ul style="list-style-type: none"> • Referral Optimisation • Maximise Productivity • Reduction of follow ups • Reduce elective waits 	<ul style="list-style-type: none"> • Continue to embed patient initiated follow up (PIFU), helping put patients in control of their follow up appointments and achieving national requirement (5% discharged/moved to PIFU pathway) • Deliver an appropriate reduction in outpatient follow up activity (contribute to required 25% reduction in line with operational planning guidance) • Explore opportunity to embed one stop clinics, aligned to diagnostic development of Community Diagnostic Centres. • Offer Specialist Advice and develop support to help patients prepare for their appointments. • Alignment with Clinically Led Specialty Outpatient Guidance.
Improving screening uptake	<ul style="list-style-type: none"> • Reducing variation in screening uptake in the registered and non-registered population; • Optimisation the PCN DES Supporting Earlier Diagnosis – targeting non-responders and hard to reach groups;
Supporting earlier diagnosis	<ul style="list-style-type: none"> • Implementation of Targeted Lung Health Checks and FIT testing in primary care; • Targeting populations at higher risk of developing cancer; • Implementation of Non-Specific Symptoms pathway; • Implementation of routine testing for Lynch Syndrome and Liver surveillance
Implementing Best Practice Timed Cancer Pathways (BPTP)	<ul style="list-style-type: none"> • Ensuring 5 BPTP are in place across the ICS with a focus on achieving above the 75% 28-FDS standard; • Undertake Demand and Capacity modelling across diagnostics to identify opportunities for innovation/transformation to ensure sustainable timely access; • Transformation and innovation in pathology services
Empowering patients through personalisation of care	<ul style="list-style-type: none"> • Optimisation and expansion of Personalised Care Follow-up pathways; • Development of a Patient Portal to support self-management; • Improving support services for patients living with cancer; • Use of digital technology to support self-management
Longer term vision for planned care	Development of a 3-year strategy for H&W Elective, cancer and diagnostics

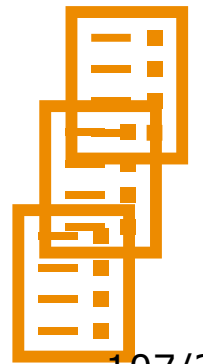


3. What will we deliver and when?

Priorities	By Year 5
Understand and address health inequalities in elective and cancer care	<ul style="list-style-type: none"> Ongoing understanding of inequalities in access, experience and outcomes of care Action plans developed and delivered
Optimisation of pathways	<ul style="list-style-type: none"> Continue to explore digital support/solutions to support patient pathways.

4. Where you can find more detail?

- [Delivery plan for tackling the COVID-19 backlog of elective care](#)
- [Clinically Led Specialty Outpatient Guidance](#)
- [Getting It Right First Time](#)
- *Regional and national strategies for cancer can be found at:*
[Home - West Midlands Cancer Alliance \(wmcanceralliance.nhs.uk\)](#)
- [NHS England » NHS Five Year Forward View](#)
- *Link to the National Cancer Patient Experience Survey:*
[Homepage - National Cancer Patient Experience Survey \(ncpes.co.uk\)](#)



1. Why is this important?

Herefordshire & Worcestershire has an older population structure than the rest of England, with over 65 years increasing and younger populations decreasing.

By 2030 (compared to 2021), it is predicted that the number of people aged 80-84 will increase by 48% in Herefordshire and by 51% in Worcestershire. The increase in the over 85 age group is 36% in Herefordshire and 35% in Worcestershire.

Frailty a long-term condition in which multiple body systems gradually lose their in-built reserves, resulting in an increased risk of unpredictable deterioration from minor events.

Frailty prevalence is significant, there are 7,139 people aged 65+ registered with a GP in Herefordshire & Worcestershire, coded as living with severe frailty or of having a Rockwood score of 7,8,9 which is 8% of our registered population. Half of our 85+ population will live with frailty.

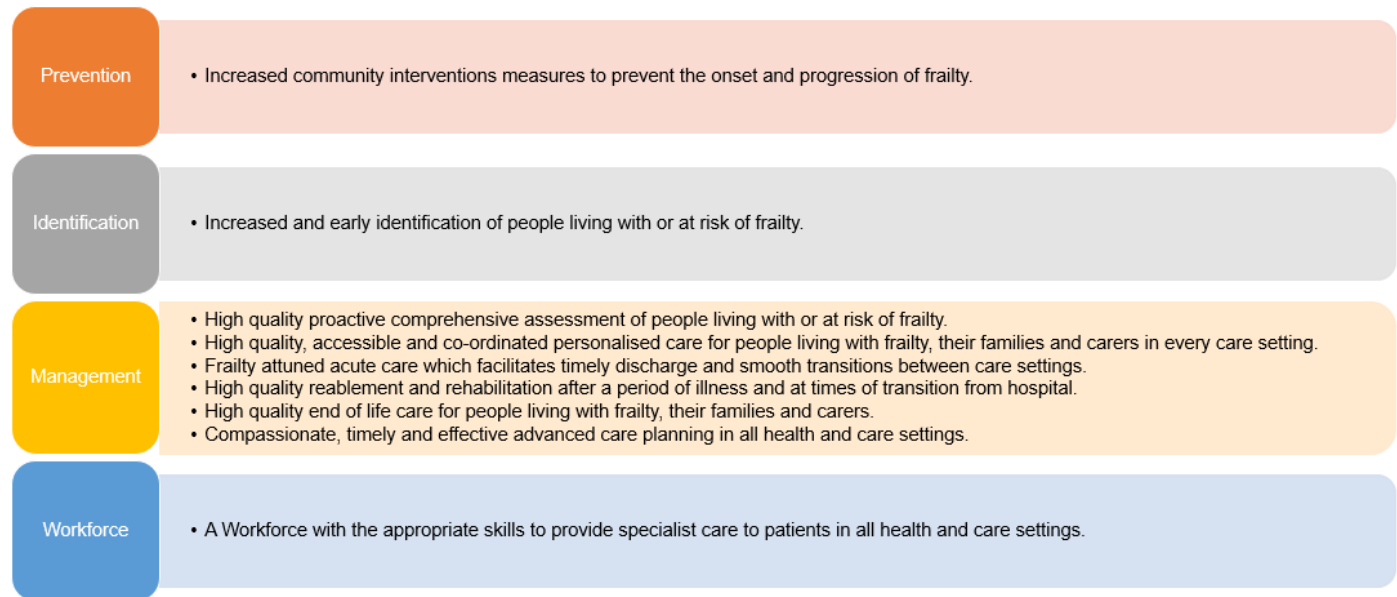


2. What are we doing?

The Herefordshire & Worcestershire ICS Strategy aims to support health and care organisations across Herefordshire and Worcestershire to collaborate and enhance integrated care services for people at risk of or living with frailty.

Our integrated care vision is that “People living in Herefordshire and Worcestershire who are at risk of, or living with frailty will, live well in a supportive community with accessible, personalised and coordinated high-quality care delivered in the most appropriate setting whenever they need it.”

The Strategy has nine key strategic outcomes within four core foundation pillars, as illustrated below. The strategy will be underpinned by place based operational delivery plans.



3. What will we deliver and when?

Priorities	By Year 5
Prevention	<ul style="list-style-type: none"> Increased public awareness of prevention measures for frailty to aid supported self-management. Equitable access to strength and balance classes across the county. Access to a Community Falls prevention service Increased use and awareness of Voluntary sector
Identification	<ul style="list-style-type: none"> To Identify and risk stratify our cohort who are either at highest risk of admission and/or will benefit from holistic assessments and personalised care planning to decrease the risk of further frailty deconditioning.
Management	<ul style="list-style-type: none"> To undertake a proactive Comprehensive Geriatric Assessment (CGA) for Risk Stratified patients across all Neighbourhood Teams (NTs). To implement proactive use of the CGA across all Acute Sites Point of contact following completion of CGA for health care professionals to seek advice and guidance when required. To achieve Co-ordinated care across all care settings Timely access to intensive support pathway and UCR from acute and community settings, including UEC/front door services. Frailty Virtual Ward available across all NTs 24/7 part of care pathway with Frailty SDEC, GEMs and UCR. Geriatrician Advice Service for reactive care pathways To Achieve effective Advance Care planning across Acute and Community care settings undertaken by confident Health Care Professionals Acute and community staff working with GPs, NTs, Community Hospitals & Frailty Virtual Ward staff as part of daily facilitation of patient flow and discharge To deliver co-ordinated, joined up and supportive end of life care Consistent timely prescribing of anticipatory medication Improved confidence in UEC around holding effective end-of-life discussions during emergency admissions Consistent approach to bereavement support.
Workforce	<ul style="list-style-type: none"> Acute Geriatricians and GPs to have exposure to different care settings and work together to share knowledge and develop different skill sets. Increase number of Geriatricians Increase the number of GPwSI Frailty role. Increase number of ACPs across frailty services.

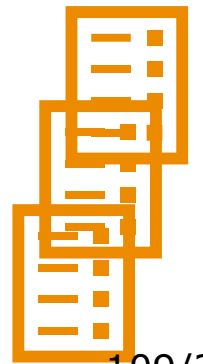
4. Where you can find more detail?

NHSE (2019) *The NHS Long Term Plan*. Available from: [NHS Long Term Plan v1.2 August 2019](#)

NHSE (online) Ageing well and supporting people living with frailty. Available from: [NHS England » Ageing well and supporting people living with frailty](#)

British Geriatric Society. (2023) *Joining the dots: A blueprint for preventing and managing frailty in older people*. Available from: [Joining the dots: A blueprint for preventing and managing frailty in older people | British Geriatrics Society \(bgs.org.uk\)](#)

British Geriatric Society (2020) End of life care in frailty: Identification and Prognostication. Available from: [End of Life Care in Frailty: Identification and prognostication | British Geriatrics Society \(bgs.org.uk\)](#)



1. Why is this important?

Ageing population

Herefordshire and Worcestershire's population is due to increase by approximately 5.4%. H& W have older population structures than the rest of England, with over 65+ increasing and younger populations decreasing.

Increased multimorbidity

The ageing population increase will reflect a significant increase of people living with dementia, frailty and other long-term conditions.

Increased number of deaths

Nationally, deaths are predicted to increase by 22% 2030-2040

Increased number of people dying at home

- The majority of bereaved families included in the national VOICES survey believed the deceased had wanted to die at home (81%), with a selected sample showing 22% had home as place of death documented on death certificates.
- Community services will need to be available to support people to die well at home, if it is their wish and where it is possible.



2. What are we doing?

The Palliative and End-of-Life Programme Board is implementing the Herefordshire and Worcestershire Personalised End-of-Life Care Strategy 2020-2025, working in partnership with representatives of the Hospice sector.

The vision is that “adults and children living in Herefordshire and Worcestershire, regardless of their diagnosis, will be supported to live well until the end of their life”.

It is imperative that care at the end of life is compassionate, tailored to the dying person and people important to them, and includes effective communication and assessments.

The six strategic outcomes are:

1. Increased and early identification of people who would benefit from end of life support and personalised care planning
2. High quality care for people at the end of life, their families and carers in every setting
3. Accessible, coordinated and digitally enabled palliative and end of life services for all patient groups
4. A workforce with the appropriate skills to provide people at the end of their life with high quality care and support
5. High quality bereavement care, support and information available to all
6. An embedded ReSPECT process which supports compassionate, effective and timely Advance Care Planning in all care settings

The key areas of delivery are:

- 24/7 Single point of access (SPOC) for palliative and end of life care advice and support for patients
- Making the best use of digital opportunities to improve communication and sharing of information, e.g. digitalisation of ReSPECT and Advance Statement; digitalisation of the palliative care register; and developing the Shared Care Record (ShCR)
- Review of Bereavement services
- Review of Anticipatory medications
- Development of Palliative and end-of-life care Virtual Ward



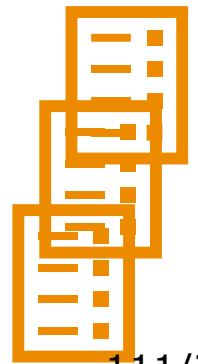
3. What will we deliver and when?

Priorities	By Year 2	By Year 5
24/7 Single point of access to timely support and advice	Service design, proposal, funding opportunities	Service and data review and development as required
Coordinated education and training across the ICS focusing on communication and clinical skills to improve timely recognition of dying, promoting personalised care and advance care planning discussions	Early identification, ambitions mapping, ICS academy, End of Life Care Hub (ECHO) opportunities for sharing learning	Continued ambitions self-assessment, developments required based on those assessments. Continued development and work with ECHO hubs and the ICS academy
Shared access to electronic patient information	Shared Care Record (ShCR), push and pull from EMIS. Worcestershire out of hours access to the ShCR	Shared Care Record- push and pull from other systems. Care home access
Embed ReSPECT process-digital	Digital ReSPECT launch Digital Advance Statement launch Data push and pull from EMIS	Review, data collection, patient and carer feedback. Push and pull data into other systems
Increased early identification of people who will benefit from end of life support and personalised care planning	Education. Primary care template and data sharing into the ShCR. Push and pull data from EMIS	Review of the new primary care template Push and pull data into other systems ICS wide palliative care register-possibly with using clinithink
High quality care for people at the end of life, their families and carers in every setting	Data dashboard to include core 20+5 data. Identify inequalities, geographical inequalities, engaging with hard-to-reach communities. Continue anticipatory medication work. CHC FT review and re procurement. Palliative and End of Life Care (PEoLC) Virtual Ward pilot	Review services and address inequalities ICS PEoLC virtual ward Review impact of changes from the anticipatory medications work CHC FT impact of new service
Data dashboard and strategic needs analysis (SNA)	Work with data analytics team to create new data dashboard and collect new data to inform population needs. Meet with stakeholders to explore results of the SNA	Continue to monitor and update data dashboard Develop any proposals to reflect findings of the SNA
High quality bereavement care, support and information available to all	Bereavement group, mapping of services and update leaflets	Continue to monitor and review bereavement services

4. Where you can find more detail?

Palliative and End of Life Care Programme:

- Herefordshire and Worcestershire Personalised End of Life Care Strategy 2020-2025
[file \(herefordshireandworcestershireccg.nhs.uk\)](https://www.herefordshireandworcestershireccg.nhs.uk/file/herefordshireandworcestershireccg.nhs.uk)
- Ambitions for Palliative and End of Life Care: A national framework for local actions 2021-2026 [ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/ambitions-for-palliative-and-end-of-life-care-2nd-edition.pdf)
- NHSE [NHS England » Resources and support](https://www.nhs.uk/resources-and-support)
- Please email caitlynadkins@nhs.net for more information, to receive the palliative and end of life care ICS newsletter or to become a patient representative or person with lived experience on any of the palliative and end of life care groups.



1. Why is this important?

National LeDeR report findings from 2021:

- 49% of deaths avoidable/ amenable to good health and social care (and at least 2 times higher than general population)
- Life expectancy 20 years less than general population

In addition, for autism, life expectancy is 16 years less than average for population, and over 80% of autistic adults experience mental health difficulties in their life.

The issues are complex. One of the main factors is that people with a Learning Disability and autistic people (LDA) are underserved groups and do not have consistent access to health services in a timely way due to lack of reasonable adjustments and diagnostic overshadowing. This means health care is sometimes accessed or provided at a late stage of presentation, when the health condition is at an advanced stage or the person is in a crisis (leading to Mental Health Act assessment and hospital/ restricted environment admissions, Emergency Department attendance) and fundamental universal services such as routine vaccinations and or cancer screening are delayed or missed.



2. What are we doing?

The Learning Disability Partnerships and the All-Age Autism Board have oversight of the plans to improve outcomes for people with disabilities and people with Autism.

Our vision for people with a learning disability is that all people with a learning disability can live healthy and positive lives, and we will do this by promoting reasonable adjustments and tackling health inequalities across the system.

In section 3 you will see the areas we are going to address in line with the NHS Long term plan commitments:

- Taking action to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- The whole NHS family will improve its understanding of the needs of people with learning disabilities and autism, working together to improve their health and wellbeing. Including training for the workforce, reasonable adjustments and a digital flag in patient records by 23/24.
- Reducing the waiting times for children and young people with suspected autism, and designated key workers for children and young people with the most complex needs.
- Increased investment in personalised care and community support.
- We will continue to focus on improving the quality of inpatient care and timely discharge where appropriate.

These commitments are enabled through the delivery of the key metrics included below:

NHS Oversight framework priorities 22/23 – Recovering our core services and improving productivity – People with a learning disability and autistic people

Ensure 75% of people aged over 14 on GP learning disability registers receive an annual health check and health action plan by March 2024

Reduce reliance on inpatient care, while improving the quality of inpatient care, so that by March 2024 no more than 30 adults with a learning disability and/or who are autistic per million adults and no more than 12–15 under 18s with a learning disability and/or who are autistic per million under 18s are cared for in an inpatient unit



3. What will we deliver and when?

Priorities	By Year 2
GP practices are sensory-friendly and accessible to autistic people	Over 50% of practices assessed and environmental reasonable adjustments in place, led by autistic people
Good quality Learning Disability Annual Health checks routinely given to all people with a Learning Disability	Local Enhanced Service for GPs to increase uptake to over 85%, Health Action Plans over 90%, including 14-24 year olds, supported by quality improvement programme
Vaccination and screening rate for people with a learning disability and autism comparable to general population	Awareness raising and targeted work, built around AHCs
Reduction in avoidable deaths - Learning from the Deaths of People with a Learning Disability Review programme (LeDeR)	Programmes of work following on from LeDeR Learning into Action workstream. Current focus is bowel health management; healthy weight management; suicide reduction for autistic people
Reduction in waiting times for autism diagnosis	Investment in diagnostic services
Support to autistic people post-diagnosis	Review of pathways; investment in support service
Raise awareness and inclusion of autistic people in mainstream services	Roll-out of Oliver McGowan Mandatory Training programme
Reduce number of young people in Tier 4 beds with LDA and sustain current low adult numbers	Key worker service; develop strategies to reduce admission to specialist inpatient beds; review community forensic psychology service and revise specification
Increase community Occupational Therapist, Physical Therapist, Speech and Language Therapist and epilepsy support capacity	Investment in community health service alongside specification review

Priorities	By Year 5
Tackle health inequalities	<ul style="list-style-type: none"> Over 85% of eligible people with a learning disability have an annual health check and over 90% of those have a health action plan
Ensure that people with complex needs are supported to live in the community and admission to in-patient units is avoided	<ul style="list-style-type: none"> Vaccination and screening uptake is on a par with the rest of the population In-patient rates are in line with or better than the national targets Waiting lists for community support is less than 18 weeks Oliver McGowan Mandatory Training has been rolled out across the system

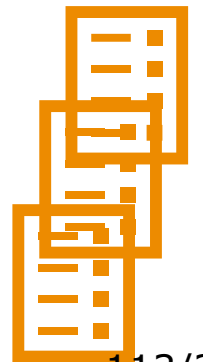
4. Where you can find more detail?

<https://www.hwics.org.uk/our-services/learning-disabilities-and-autism>

Co-production underpins our approach and we work closely with the Learning Disability Partnership Boards and the Autism Partnership Boards in Herefordshire and in Worcestershire. Experts with lived experience are actively involved, with support, in all strategic developments, and co-chair the Partnership Boards. Family carer voices are also strongly represented.

People with a learning disability can contact SpeakEasy NOW if they wish to become involved <https://speakeasynow.org.uk/contact-us/>

Our partnership arrangements also include the Acute and Community Provider Trusts, both Councils and the voluntary and independent sector.



1. Why is this important?

We know that people are waiting longer than they should to access diagnosis and treatment.

After a decade of improving population wellbeing the COVID-19 pandemic is widely considered to have negatively impacted population mental health and wellbeing. Measures of population wellbeing worsened, particularly during the two main waves of the pandemic and have not fully recovered to pre-pandemic levels.

The proportion of adults aged 18 and over reporting a clinically significant level of psychological distress increased from 20.8% in 2019 to 29.5% in April 2020, then falling back to 21.3% by September 2020. There was a subsequent increase to 27.1% in January 2021, followed by a further decrease to 24.5% in late March 2021.

While there has been considerable economic recovery from the initial shocks of the COVID-19 pandemic, new challenges have emerged, with high levels of inflation and a rise in the cost of living. Concerns have been raised about the impact this may have on population mental health .

Furthermore, these challenges have highlighted and widened some of the existing inequalities in mental health and wellbeing in the population.



2. What are we doing and how are we delivering?

A key strategic development as part of the creation of the Integrated Care System has been the establishment of a **Mental Health Collaborative**, which brings together commissioning and provider functions, primary and secondary provision and broader connections to local stakeholders.

The overarching reason for creating the mental health collaborative has been to put the responsibility for organising services and pathways, as close as possible to the front-line services that provide patient care. This marks a significant change from the traditional commissioning model of developing detailed services specifications that providers respond to; much more towards a model of agreeing outcomes that providers design service delivery models to address.

The Herefordshire and Worcestershire Mental Health Collaborative identified 5 priority areas for investment in 2023-24, with an emphasis on prevention and early intervention:

1. Improving access to Children and Young People's Mental Health and Wellbeing Services
2. Physical Health Checks for people with severe mental illness
3. Continuation and review of the successful Suicide Prevention programme
4. Expansion and extension of Perinatal Mental Health services
5. Improving access to Crisis mental health services

In addition, there are five other workstreams for the ICS that include and reflect the long-term plan priorities for mental health in addition to local priorities. These are:

- NHS Talking Therapies
- Early intervention in Psychosis
- Dementia Diagnosis
- Out-of-Area placements
- Adult community mental health

The role of the Herefordshire and Worcestershire Mental Health Collaborative is described in more detail in Appendix 2, theme 15.



3. What will we deliver and when?

Priorities	By Year 2
Children and young people	System wide transformation plan – Prevention and access
NHS Talking therapies	NHS Talking Therapies transformation programme delivering 6 workstreams
Early intervention in Psychosis	Continue to deliver required standards and embed learning
Dementia Diagnosis	Diagnosing Advanced Dementia Mandate pilot evaluation and increase of post-diagnostic services
Perinatal Mental Health	Expanded and extended access, and provision for partner assessment
Out of areas placements (OAP)	Reduction of inappropriate OAPs to nil
Physical Health for people with a serious mental illness (SMI)	Increased uptake of SMI health checks across primary and secondary care, supported by improved joint-working approaches across agencies
Adult community mental health	Full delivery of transformation in line with new national Community Mental Health Framework
Suicide prevention	Review of Suicide Prevention Strategies and expansion of programme
Urgent mental health care	Increased access to 24/7 Urgent Mental Health Line and community crisis alternatives

Priorities	By Year 5
<p>Our 5 Mental Health Strategy priorities are:</p> <ul style="list-style-type: none"> • Community Empowerment • Prevention and Self-Care • Accessible Services • Person-Centred Services • Integrated Services 	<ul style="list-style-type: none"> • Review of Mental Health Strategy for 2024-26 • Delivery of new national priorities • Reduction in health inequalities for people experiencing mental health illness

4. Where you can find more detail?

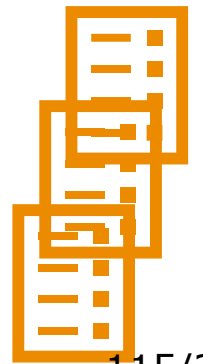
The Herefordshire and Worcestershire Mental Health Strategy 2022-2026 is available here:

<https://herefordshireandworcestershireccg.nhs.uk/policies/corporate/corporate-2/1201-mh-strategy-full-version/file>

The Worcestershire Health and Wellbeing Strategy 2022-2032 also contains a strong mental health focus and is available here:

https://www.worcestershire.gov.uk/sites/default/files/2023-02/health_and_wellbeing_strategy_2022_to_2032.pdf

Public engagement opportunities are advertised through the ICB and local authority websites, as well as on the Herefordshire and Worcestershire Health and Care NHS Trust website.



1. Why is this important?

Herefordshire and Worcestershire has a higher prevalence of core long-term conditions (LTCs) in its population than the national average. This includes, but is not limited to, a higher prevalence of Stroke, Diabetes, Chronic Kidney Disease, Asthma, Atrial Fibrillation (AF), Heart failure and heart disease.

There are higher than national rates of risk factors for developing or exacerbation of key LTCs, e.g. Smoking, Hypertension and Obesity. There is a higher rate of these conditions and their risk factors in our 30% most deprived areas.

Lower health check uptake rates in men and BAME groups also reflect a need to address unwarranted variation.



2. What are we doing?

The work on long-term conditions is overseen by several Programme Boards – Children and Young People Programme Board; Elective Diagnostics and Cancer Programme Board and the Health Inequalities, Prevention and Personalised Care Programme Board.

Across the LTC areas there are six key themes of development planned for the next 5 years:

1. A focus on prevention and early identification of LTCs across the population. Without this approach the demand on our services will be unprecedented, e.g. a further 9, 555 people will be diagnosed with Diabetes by 2025/26.
2. A focus on reducing unwarranted variation in access, experience and outcome, by co-producing targeted offers of support to key, at risk, cohorts.
3. Improving education and supported self-management resources and opportunities, enabling people to live well with their LTC in their community and to reduce their reliance on health services. This includes digital offers of support, but also access to wellbeing support such as social prescribing.
4. To improve the integration of LTC pathways to better meet the needs of patients and reduce duplication. This includes increased multi-disciplinary team working and improved transition from paediatric to adult services.
5. To support the post Covid recovery of early and accurate diagnosis of LTC to be able to implement secondary prevention interventions more quickly and have a greater impact on patient health outcomes.
6. Collaborative working across the ICS in all LTC programmes to embed National Best Practice and encourage collaborative working and best use of resources.



3. What will we deliver and when?

4. Where you can find more detail?

- [Cardiovascular disease high impact interventions \(NHSE\)](#)
- [Getting It Right First Time - GIRFT](#)
- [National Asthma and COPD Audit Programme \(nacap.org.uk\)](#)
- [pulmonary-rehabilitation-service-guidance.pdf \(england.nhs.uk\)](#)
- [RightCare-Asthma-Toolkit.pdf \(england.nhs.uk\)](#)
- [spirometry-commissioning-guidance.pdf \(england.nhs.uk\)](#)



Priorities	By Year 2	By Year 5
Cardiovascular Disease (CVD)	<p>To formalise the draft strategy for CVD and agree a detailed delivery plan focussing on CVD High Impact Interventions with the primary focus on reducing the impact of cardiovascular risk factors – the ABC of CVD (Atrial Fibrillation, high blood pressure/hypertension and cholesterol)</p> <p>Development of an ICS CVD Leads Forum and associated governance structure to lead the implementation of the delivery plan. Working with Primary Care (CVD Forms part of the 23-34 GP Contract / PCN DES requirements) and secondary care.</p> <p>Case Finding – improve identification of heart failure</p> <ul style="list-style-type: none"> - Community Pharmacy case finding - Cholesterol search and risk stratification <p>Optimising Treatment</p> <ul style="list-style-type: none"> - Case finding and direct acting oral anticoagulation to prevent atrial fibrillation (AF) related strokes - Cardiac Rehabilitation for patients post ACS and diagnosis of heart failure - Optimisation of heart failure treatment through annual reviews - Optimising management post ACS, including lipid management 	<ul style="list-style-type: none"> • Well established CVD forum with rolling programme of priorities to support CVD prevention in line with national guidance.
Diabetes	<p>To begin delivery of the Diabetes strategy, including:</p> <ul style="list-style-type: none"> - Improved identification of individuals at high risk of Type II Diabetes. - Improved self-management and education resources for individuals with Type I Diabetes. - To develop a workforce model , that enables integration and better meets anticipated future demand. - Implement continuous glucose monitoring (CGM) for Gestational and Type I Diabetes. - Develop a Dashboard that includes patient reported outcome and experience measures. - Review of specialist diabetes care. 	<ul style="list-style-type: none"> • Improve the Digital offer for enabling supported self-management, including in Children and Young People. • Improve pre-diabetes screening and symptom awareness. • Development of a Diabetes Support Team in Primary Care Networks to deliver care closer to home.
Respiratory	<p>To formalise a clear work programme in collaboration with system partners, including:</p> <ul style="list-style-type: none"> - Increasing the pulmonary rehabilitation offer based on public health data, in order to address unwarranted variation and inequalities in patient access. - Improve supported self-management resources across the COPD and asthma patient journey. - Standardisation of formularies, to reduce reliever medication reliance and move to lower carbon green prescribing options. - To consider adoption of the Getting it Right First Time Programme. - To improve access in primary care to early and accurate diagnosis via Spirometry +/- FeNo. - To provide equity of access across the home oxygen service – assessment and review (HOS-AR) in the ICS including service transformation and resource allocation. 	<ul style="list-style-type: none"> • To have fully accredited Pulmonary Rehabilitation services across the ICS • Achievement of Pulmonary Rehabilitation 5-year plan • To have a coordinated asthma pathway between childrens and adults services, including seamless transition between the two age groups

1. Why is this important?

Stroke Services

1. Lack of 7-day service provision in Hyper Acute/Acute stroke services, and unlikely to deliver in current format;
2. Current medical workforce challenges mean moving the service from 5 – 7 days (in and out of hours) is unlikely to be achievable;
3. Services at both Wye Valley NHS Trust (WVT) and Worcestershire Acute Hospitals NHS Trust (WAT) are classed as fragile due to longstanding medical establishment staffing gaps;
4. Increasing demand for stroke services over the next ten years increase this challenge further with expected demand to increase by 16% at WAT and 15% at WVT.
5. Achievement of **key clinical and performance standards** will continue to be a challenge and unlikely to be achievable unless changes are made to the existing service models;
6. National Clinical Guideline 2023 recommendations presents challenges in compliance;
7. Stroke services have a current risk score of 16 on H&W ICB Risk Register



2. What are we doing?

Stroke – Key areas of focus are:

ICS Stroke Programme Board (SPB) has been operational for several years with stakeholders including care providers across the stroke pathway (Herefordshire, Worcestershire and Powys Teaching Health Board) Healthwatch, West Midlands Ambulance Service, Stroke Association and Patient engagement. The SPB focusses on the entire Stroke Pathway, from Hyper-acute to Rehabilitation.

The Stroke Programme Board is committed to delivering a new, sustainable 7-day acute stroke services model. Updating how services assess and treat patients; ensuring optimal clinical model of care and the best use of resources across the entire pathway, including staffing and use of technology.

In order to address this commitment and review how clinical services are designed to be fit for the future, the SPB has commenced a pre-consultation process and a preferred clinical model has been identified. This model will be subject to demand and capacity modelling, workforce requirement review, equality and financial assessments and a full public consultation process in line with NHSE guidance. It is recognised that this model will require capital investment and is the longer-term strategy required to deliver sustainable stroke services for the future.

Work continues on the **Stroke Services Improvement programme** whilst the longer-term piece of work is developed. This focusses on:

- Workforce development
- Digital enablers
- Performance Standards
- Development of patient pathways, in line with national standards (including the implementation

The Stroke Programme is aligned to and supported by the Integrated Service Delivery Network (ISDN) and The National Stroke Quality Improvement in Rehabilitation (SQuIRe) programme.



3. What will we deliver and when?

Priorities	By Year 2
Service Improvement Programme	<ul style="list-style-type: none"> • Robust medical and nursing workforce with joint working/posts across Hereford County Hospital and Worcester Royal Hospital to ensure resilience; • Advances in digital technology embedded, with virtual consultations part of everyday practice where appropriate; • Continue to transform services in line with National guidance: Service specification for an integrated community stroke service and Clinical Guidelines for Stroke; • Improvement in performance standards.
Sustainable delivery of 7-day acute stroke care model	<ul style="list-style-type: none"> • Completion of NHS Gateway assurance (one and two), Clinical Senate process undertaken and public consultation commenced.

Priorities	By Year 5
Sustainable delivery of 7-day acute stroke care model	<ul style="list-style-type: none"> • Stroke services transformed with agreed clinical pathways embedded and services delivered in line with national guidelines and performance standards.

4. Where you can find more detail?

In January 2022 we considered all the previous patient and public feedback we had received about stroke services. This was summarised in a paper, which is available [here](#).

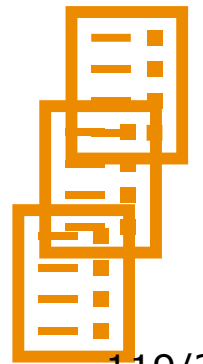
A further Stroke Services issues paper was written in September 2022 and further engagement undertaken :-

[Stroke Services :: Herefordshire and Worcestershire Integrated Care System \(hwics.org.uk\)](https://www.hwics.org.uk/stroke-services)

This feedback is currently being reviewed and a final report will be published by July 2023.

[Integrated Community Service Specification - Feb 2022](#)

[National Clinical Guideline for Stroke 2023](#)



1. Why is this important?

The Urgent and Emergency Care (UEC) system in Herefordshire & Worcestershire is in a challenged position. However, ICB and system partners remain committed to making sustainable improvements across the entire health system to support timely care and efficient patient flow.

The National delivery plan for recovering UEC services sets out core indicators to increase urgent and emergency care capacity by March 2024 including:

1. No less than 76% of patients (in Emergency Departments) are seen within 4 hours
2. Ambulance category 2 mean response time = 30 minutes
3. Achieve an average adult G&A bed occupancy of 92% or below

The system forecast outturn for 2022-23 against these targets which demonstrate the challenged situation are:

1. 62.8%
2. 49.2 Minutes
3. 92.8%



2. What are we doing?

- The Urgent and Emergency Care Programme Board is driving forward improvements for a responsive and affordable urgent and emergency system that meets the population's needs. This includes preventative or activities to manage ill-health before it becomes an emergency. For 2023/24, timely and efficient patient flow is a key priority, reducing ambulance handover delays and minimalising waits within Emergency Departments.
- Shifting more care out of hospital and into the community is one of the improvements outlined in the NHS Long Term Plan and will help ensure we meet the changing health needs of the country over the coming decade. Our plan over 5 years includes a focus on admission avoidance and integrating urgent care.
- Within the Integrated Care Strategy is a commitment to "Making the right service the easiest service to access and providing it as close to home as possible". Ensuring the UEC strategy delivers against this commitment will lead to better services and ultimately improved outcomes for patients across primary, community and acute services.

In pursuit of these key objectives, actions are focused on the following areas:

- Improving productivity and patient safety through opening of the new Worcestershire Emergency Department and Acute Medical Unit.
- Increasing use of SDEC on 22/23 in line with additional capacity and links with community teams and virtual wards.
- Expansion of Urgent Community Response (UCR)
- Virtual wards (VW) scale up
- Targeting 12-hour waits in Emergency Departments (ED) and reducing time in department for admitted patients
- Increasing earlier in the day discharges at Acute Trust, community, and mental health hospital settings.
- Increase weekend discharges to close the gap between weekday and weekend activity in line with regional benchmarking.
- 33.3% pre-midday discharges target across all bedded services
- Focusing on transforming community services to deliver more care at home
- Partnership working with primary care to implement the key components of the Fuller Stocktake.
- Reducing the number of ambulance handover delays
- Optimum use of the Directory of Services
- Effective use of alternatives to ED for 999/111 call assessors and paramedics to avoid ED conveyances.



3. What will we deliver and when?

Priorities	By Year 2
Integrated Urgent Care in the Community	<ul style="list-style-type: none"> Continued expansion of the Urgent community response service Delivery of Community Single Point of Access Strategy Increasing capacity of Virtual Wards Ensure provision of out-of-hours primary care
Effective and efficient Emergency care	<ul style="list-style-type: none"> Delivery of core Emergency Access Standards Develop sustainable solutions for reducing Ambulance Handover Delays Increase use of Same Day Emergency Care Develop a robust and sustainable workforce strategy for acute and general medicine (Worcestershire)
Effective and timely discharges	<ul style="list-style-type: none"> Consistent delivery of agreed Simple and Timely Discharge Targets, which will contribute to the successful delivery of 76% EAS standard and eradication of handover delays Routine delivery of 30% discharge activity occurring before midday Successful implementation of agreed recommendations from the Dr I Sturgess review (Worcestershire) Reduce LoS & Long Length of stay. Continued development / refinement of out of hospital offer supporting flow, which includes the intermediate care strategy

Priorities	By Year 5
Health inequalities	<ul style="list-style-type: none"> Evaluating the outcomes of years 1-3 through a Health inequalities lens, assuring ourselves that the changes have addressed in equity and not widened the gap for different community groups.
Workforce	<ul style="list-style-type: none"> Sustainable workforce plan for education, development, retention and recruitment of UEC workforce.

4. Where you can find more detail?

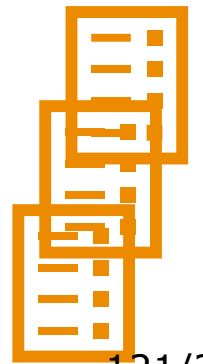
The ICB and ICS system partners are refreshing the UEC Strategy, a link will be shared when this is available.

More information and context for the ICBs priorities can be found within the national recovery plan:

- [B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2023/02/b2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf)

Findings from Healthwatch talking to our patients will inform the focus of other workstreams to ensure care in the right place, at the right time, as close to home as possible, further engagement will be planned with Herefordshire:

[What patients told us about why they “walk in” to A&E Departments in Worcestershire | Healthwatch Worcestershire](#)



1. Why is this important?

- Every day, more than a million people benefit from the advice and support of primary care professionals – acting as a first point of contact for most people accessing the NHS and providing an ongoing relationship to those who need it. This enduring connection to people is what makes primary care so valued by the communities it serves.
- Despite this, there are real signs of genuine and growing discontent with primary care – both from the public who use it and the professionals who work within it. Across Herefordshire & Worcestershire 79% of patients rated their experience with their practice as good. National average is 72%. As an ICB we are ranked 4th best in the Country.
- There are a number of workforce challenges in primary care. Across Herefordshire and Worcestershire, just under 50% of the GP workforce are 10 – 15 years from retirement. Overall there has been a reduction in the number of GP partners and salaried GP's from 2021 to 2023.



2. What are we doing?

Planning and oversight is currently governed via the GP Sustainability and Transformation Forum, with overall accountability with the Strategic Commissioning Committee. Delivery via Herefordshire General Practice and General Practice Worcestershire Boards.

Enabling General Practice Strategy priorities



Integrated Neighbourhoods Teams – developing and supporting services delivered at a neighbourhood level – are central to transformation priorities of the Herefordshire & Worcestershire Integrated Care System



Enhancing services in primary care by prioritising workforce, estates and technology investment at a neighbourhood level will enable our citizens to have better local access to a wider range of services they need when they need it

Creating the conditions to better manage patient demand for primary care will enable GP practices to provide continuity of care to those who want and need it and give increased focus to prevention – support the ICS aspiration to reduce inequality and enhance outcomes.

All designed to ensure that the people who need and want to access primary care can get it, and that GPs have more time to provide continuity of care and deliver more preventative care going forward

NHS Oversight framework priorities 22/23 – Recovering our core services and improving productivity – Primary care

Make it easier for people to contact a GP practice, including by supporting general practice to ensure that everyone who needs an appointment with their GP practice gets one within two weeks and those who contact their practice urgently are assessed the same or next day according to clinical need

Continue on the trajectory to deliver 50 million more appointments in general practice by the end of March 2024

Continue to recruit 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024

Recover dental activity, improving units of dental activity (UDAs) towards pre-pandemic levels

NHS Oversight framework priorities 22/23 – Recovering our core services and improving productivity – Community Health Services

Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals



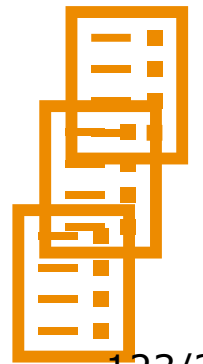
3. What will we deliver and when?

Priorities	By Year 2
Implementation of Fuller Report	<ul style="list-style-type: none"> Lead & co-ordinate ICS response to Fuller & the moving towards a new model of care at Neighbourhood, Place level. Align ICS Digital, Estates & Workforce Groups to the Fuller Framework for Action in collaboration with Herefordshire General Practice and General Practice Worcestershire Boards
General Practice	<ul style="list-style-type: none"> Lead the co-production of a "Enabling General Practice" 3 year strategy with short, medium and long-term priorities beyond the ending of the PCN DES Network. Set in the context current pressures, whilst raising ambition. Support PCNs during 23/24 to ensure maximum benefit from recruitment into the Additional Roles Reimbursement Scheme (ARRS) in accordance with PCN workforce plans. Align local commissioning & investment to deliver a reduction in unwarranted variation, improvement in prevention and tackling health inequalities plus alignment with Fuller
Primary Care Estates	<ul style="list-style-type: none"> Finalisation of the PCN Clinical and Estates Strategies (Phase 2) by 30th June 2023. Commencement of Phase 3 Integrated Estates programme (Q2/3).
Access Improvement Plans	<ul style="list-style-type: none"> Lead and coordinate the response to the National Access Recovery Plan – supporting practices and PCNs deliver their Access Improvement Plans, navigating the national Improvement Programme and Support Level Framework to maximise implementation of transformation support tools locally to enact the necessary change.
Primary Dental services	<ul style="list-style-type: none"> Development of a short, medium and longer-term strategic plan for primary dental services (PDC) - during 2023/4
Delegated responsibilities	<ul style="list-style-type: none"> Development of a dedicated 'Primary Care Board' to replace the current governance structure and provide an expanded platform to include Pharmacy, Ophthalmic and Dental delegated responsibilities which the ICB became responsible for from April 2023.

Priorities	By Year 5
Review and refresh around	<ul style="list-style-type: none"> Review years 1 and 2 of – Enabling general practice and Dental Access strategy Redefine priorities based on progress made and updated PCN/General Practice Contract from April 2024

4. Where you can find more detail?

- Long Term Plan**
<https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
- Hewitt Review**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf
- Fuller Stocktake**
<https://www.england.nhs.uk/wp-content/uploads/2022/05/next-steps-for-integrating-primary-care-fuller-stocktake-report.pdf>
- 2023/24 Priorities & Operational Planning**
<https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf>



General Practice Worcestershire



General Practice Worcestershire's vision is to offer patient-centered healthcare which is high quality, cost-effective and fully integrated with our local partners to ensure a sustainable health service for our communities across Worcestershire. Our vision will be delivered by ensuring we have a happy, valued, supported multi-disciplinary workforce across General Practice.

What will we deliver over the next five years?

- **Access-** delivery of the national access priorities including integrated urgent care, direct access, improving prevention and tackling health inequalities, and supporting improved patient outcomes in the community through proactive primary care.
- **Workforce-** support the ambition to recruit to the ARRS workforce, stabilise the general practice workforce including the partnership model and retaining the workforce including clinical roles in training. We will develop a local general practice workforce strategy for Worcestershire to support Recruitment, Retention & Reform, working closely with Partners.
- **Sustainability-** Become a proven platform for future investment in general practice, supporting sustainable general practice and investment in care closer to the patient. We will continue to deliver high quality, value for money services, harnessing the use of digital innovation in primary care where this supports patient need.
- **Delivery of Integrated Neighbourhood Teams** - develop a programme and timeline for implementation of the Fuller stocktake in Year 1, with phased delivery, via a Place-plan over the next five years.
- **Work with the ICB on the "Enabling General Practice" 3 year strategy** - with short, medium and long term priorities beyond the ending of the PCN DES Network, focusing on sustainable and resilience general practice.

Herefordshire General Practice



What will we deliver over the next five years?

Improved health & Wellbeing

- develop & deliver a local Herefordshire General Practice **Capacity & Access Strategy**, including our work with partners to deliver integrated urgent care, reduce health inequalities and support proactive, relationship based care to those who need it most
- Develop & deliver effective, **local Prevention & Wellbeing Services** in collaboration with partners and communities to promote well-being and tackle inequalities
- Develop & implement a **Quality Framework** for Herefordshire General Practice, driving continuous improvement in the quality of care we deliver.

Thriving & productive General Practice workforce

- Develop & implement a local **General Practice workforce strategy** to support recruitment, retention and role redesign, and that identifies the needs of our teams and attracts, values and supports our workforce
- Continue to implement ambitious plans to not only recruit but support and develop **additional roles in General Practice**, maximising our collective skills and expertise and our productivity
- Work together to embed **new models of care**, such as Herefordshire Remote Health, that not only supports patient access but offers increased flexibility for clinicians.

Sustainable General Practice

- Implement & embed our **revised operating model**, increasing the resilience of our practices and ensuring we are an effective system partner
- Shape development & support delivery of ICS **estates & digital plans**, facilitating access and the delivery of integrated health & social care anchored around our neighbourhoods.

On the 1st April 2023, NHS England delegated the commissioning of the following services to H&W ICB:

- Primary Pharmacy, Ophthalmic and Dental Services, often referred to as POD Services – these are the Primary Care Providers we see on our high streets
- Secondary Care Dental Services, largely provided via our Acute Trusts
- Associated complaints functions for these services

In total – this represents in the region of an additional 330 contracts with a budget of circa £62m – which represents significant additional responsibilities for the ICB.

Responsibility and liability for planning, performance, finance, quality, and importantly improvement of these services has now moved from NHS England to H&W ICB upon delegation. NHSE will remain accountable to the Secretary of State for the services, which means that they will have oversight and assurance of what we are doing and will continue to set contractual standards and service specifications for these nationally agreed contracts.

The aim of delegating these functions to ICBs is to break down the barriers that we sometimes experience as patients due to the lack of integrated pathways – which will give us the opportunity locally to deliver better health and care so that our patients can receive high quality services that are planned and resourced where people need it.

One of the associated risks that we are currently working through as part of the due diligence process is ensuring we have adequate financial resources to allow us to undertake the transformative commissioning that is required to achieve this.

This delegation of services, clearly has a significant workload implication – and to support the management of these functions, we have agreed to work jointly across the West Midlands footprint via a Lead Host commissioning arrangement – Birmingham & Solihull ICB will be the Host on behalf of the six ICBs in the West Midlands, and the staff that currently undertake these functions on behalf of NHSE will transfer their employment to BSOL. We are currently working through what this will look like – it is likely that staff will not formally transfer until July as they are currently part of NHS England's management of change process.

The Host ICB will provide, oversight, leadership, and support for the workforce who will work for and on behalf of, each ICB within the West Mids. This will be supported by a formal hosting agreement between the ICBs. The Host will not make any commissioning decisions on our behalf - all decisions will be made through Joint Committees and their sub-groups which we will be members of.

To support this, it's also been agreed that Herefordshire & Worcestershire will take the Strategic Lead Role for POD services. What this means is – Simon, via the West Mids CEO Group will be the Chief Exec lead for specific programmes such as developing a needs-based allocation formula to support Dental Services for example and escalating any issues to NHSE that may require dispute/resolution.

In addition, as part of NHSEs devolution agenda – other services will be delegated in the future – such as Specialised Services – this will be April 2024, and potentially services such as Childhood Vaccinations & Immunisations and screening programmes.

Where are we now?

- Over the last 10 years there has been a decline in the number of Dental Practitioners providing NHS dental services to patients, this is particularly prevalent in Herefordshire.

Where next?

- Baseline assessment of PDC services to specifically understand the variations in access to PCD, health inequalities, modelling 'levelling-up' to address those inequalities, urgent and emergency care activity, exploring public perceptions and modelling the impacts of extending provision.

How will we get there?

- Development of a dedicated 'Primary Care Programme Board' to replace the current governance structure and provide an expanded platform to include Pharmacy, Ophthalmic and Dental delegated responsibilities.
- Development of a short, medium and longer-term strategic plan for primary dental services (PDC) - during 2023/4

Joint forward plan - 2023

Appendix 2: Strategic Enablers – Cross cutting themes

The section also identifies **how key enabling strategies** will be delivered to support the improved outcomes described in the core areas of focus section.

The section also describes the **strategic system developments** that will ensure that the system has the right structures, capacity and capabilities to deliver the plan.



Strategic Enablers - cross cutting themes and strategic development areas






Cross Cutting Themes

Underpinning and supporting delivery of the core areas of focus outlined in Appendix 1 are a set of strategic enabling functions. These “cross-cut” all service areas and are fundamental components of delivering high quality, patient centred integrate services:

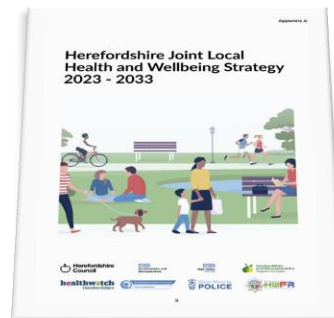
-  1. **Quality safety and patient experience**
-  2. **Clinical and care professional leadership**
-  3. **Medicines and pharmacy**
-  4. **Health inequalities**
-  5. **Prevention**
-  6. **Population health management**
-  7. **Personalised care**
-  8. **Working with communities**
-  9. **Commitment to carers**
-  10. **Support veteran health**
-  11. **Addressing needs of victims of abuse**
-  12. **Digital, data and technology**
-  13. **Research and innovation**
-  14. **Greener NHS**

Strategic System Developments

In addition, there are a suite of strategic system developments that will support improved ways of working to maximise the opportunity for integration, enable greater focus on upstream prevention and delivery of best value health care in the right settings:

-  15. **Mental health collaborative**
-  16. **NHS Trust collaboratives**
-  17. **One Herefordshire Partnership**
-  18. **Worcestershire Place Partnership**
-  19. **Office for the West Midlands ICBs**

Together these supporting enablers provide the platform from which local NHS and Primary Care Partners can work together to deliver the priorities set out in the Integrated Care Strategy, the two Joint Local Health and Wellbeing Strategies and the NHS Long Term Plan



Why is this important?

- What matters to people matters to us
- We have collective and individual responsibility to act in a manner that seeks to eliminate avoidable harm and safeguard those in need of health and social care
- Duty to ensure continuous quality improvement
- Learning and improvement cultures enable collaboration that leads to assurance of sustainable improvements in safety, clinical effectiveness and personalised experience.

What will we deliver and when?

We will ensure key aspects of learning and best practice results in improved outcomes for people with regard to:

- Infection prevention and control
- Safeguarding
- National Patient Safety Strategy and patient safety programme priorities
- Premature, amenable and avoidable mortality

What are we measuring?

A Quality dashboard will summarise key programme and system quality metrics in order to provide levels of assurance, inform priorities for improvement and act as early warning indicators. Examples include specialty specific mortality, cancer survivorship, screening uptake, Annual Health Check uptake, anti-microbial stewardship and stillbirths per 1000 live births.

Who is accountable?

Oversight mechanisms:

- Role of system and place
- Provider and ICB roles and responsibilities

Where can you see more detail?

Link to existing strategies:

- Quality Framework
- Clinical Strategy (ICB and / or individual Trust)

ICS Quality Forum and Clinical and Care Professional Leadership Forum

The ICS Quality Forum and the ICS Clinical and Care Professional Leadership Forum will engage leaders and key stakeholders to come together to collaborate in:

- Sharing intelligence from 'place', system and sources external to the ICS, to identify quality trends and early warning signs that indicate a line of enquiry
- Agreeing priorities that require cross system leadership to collaborate to address
- Seeking and proposing options to address areas requiring improvement
- Facilitate system wide commitment and engagement to drive ownership and delivery of solutions
- Oversee the fragility and vulnerability of critical services, ensuring programme resource and function to secure the safety and continuous improvement toward stability, of services.

ICB Quality Delivery Oversight Subcommittee (QDOS) meeting

- Programme Boards oversee the transformation of pathways to ensure continuous improvement in the safety, effectiveness and experience of care.
- Programme Boards will enable transformation through a quality lens by functioning in a way that ensure priorities are informed by insight and intelligence, with quality metrics at the heart of programme dashboards.
- Application of the ICB Oversight and Assurance Framework and the programme maturity matrix will enable opportunities to strengthen clinical and quality governance engagement in areas where this will be of benefit.
- Key quality insights will be triangulated at the ICB Quality Sub-Group and reported directly to relevant programme boards and summarised in a highlight report to QDOS
- Programme Highlight reports will be triangulated at ICB QDOS, ensuring cross system oversight of key quality risks and mitigation, supporting the escalation of areas that are not making sufficient improvement progress toward high quality services.

ICB Quality Resources and Delivery Committee (QRD)

- QRD has delegated responsibility from the ICB Board to assure the quality and performance of commissioned services.
- QRD receives an integrated report that outlines key performance and quality risks with escalations from QDOS and the minutes of System Quality Board

Next steps

Continue working with partners across the system and regulators to agree, through the ICS Quality Forum, key system quality priorities that add value over and above the quality focus of the ICS Programme Boards.

Why is this important?

As a system we are committed to embedding clinical and professional leadership throughout Primary Care Networks, neighborhood's, place and system structures and in our multidisciplinary forums across Herefordshire and Worcestershire. Our system leadership forum has been in place for a number of years, with the Herefordshire Clinical practitioner forum and Worcestershire clinical practitioner forums operating at place.

Clinical and professional leaders

- Are trusted voices – connected with patients, communities and people working in health and care services
- Have the knowledge and expertise to make difficult decisions about how to use our limited resources most effectively, taking account of these int eh decisions they make
- Can use their diverse professional voices to create innovative solutions to problems
- Work effectively together across system and place, avoiding duplication, adding value, making a difference
- Are committed to collaboration, and will seek to understand each others' professions and the unique contribution they make to improving health and care outcomes for local people – Including those who haven't been as involved in the past.
- Will make time for networking and building relationships across sectors
- Build on good practice and what works well, understanding that the transition to statutory ICS is an opportunity
- Embody leadership values and behaviours reflecting and connecting place and system

What will we deliver and when?

Clinical and Care leadership through delivering priorities: There is a strong clinical presence in the existing governance structures in H&W that support clinically led decision making

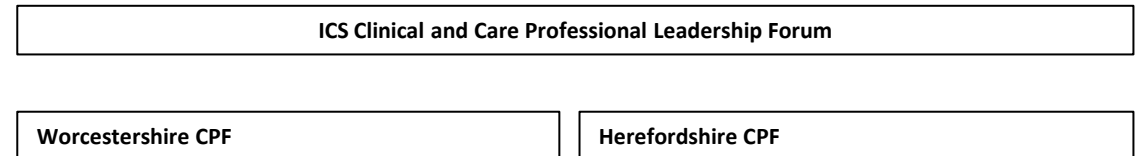
- Clinical leadership in the delivery of the **Getting it Right First Time (GIRFT) priority clinical areas**, focused on clinical productivity as a key enabler for reset and recovery and supporting the best use of resources programme.
- ICB Medical director, Chair of the **Quality, Delivery and Oversight** group, providing support and challenge around solution focused decisions.

Who is accountable?

Recruitment of clinical leads to increase the capacity and capability in the ICB, driving improvement and transformation :

- Deputy Chief Medical Officers
- Interim Chief Clinical information officer
- Primary care, Veteran, military health and Vaccinations
- Clinical lead for social change
- End of life
- Ageing well and frailty

The broad role of the system and place clinical and professional leadership forums are currently under review:



Where can you see more detail and get involved?

- The draft Clinical and Care Professional Leadership Framework describes the approach.

Why is this important?

- Medicines are the most common medical intervention in the NHS¹ and are an important part of preventing disease or slowing disease progression.
- An NHS survey² in 2016 found 48% of adults had taken at least one prescribed medicine in the last week.
- In January 2023³, 9.7% of over 75s were prescribed 10 or more regular medicines in primary care.
- However, medicines are not always taken correctly, and it has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended.¹
- The World Health Organisation⁴ estimated that in some countries approximately 6-7% of hospital admissions appear to be medication related; two-thirds of which are considered avoidable. The problem is likely more pronounced in the elderly, because of multiple risk factors, one of which is taking multiple medicines.
- The NHS in 21-22 spent £17.2 billion on prescribed medicines in England.⁵ H&W annual spend on medicines is in excess of £230 million.
- Antimicrobial resistance (AMR) which is the loss of antimicrobial effectiveness is increasing. The UK Government recognizes this and supports effective and careful use of antimicrobials (antimicrobial stewardship AMS) in the NHS.⁶
- Community pharmacy is an essential part of primary care, offering easy access to health services with 80% of people in England living within a 20-minute walk of a pharmacy.⁷ Community has been delivering an increasing number of clinical services, with more planned.⁷

Who is accountable?

- Medicines and Pharmacy Board, involving representatives from all sectors of the pharmacy profession across the ICS, with oversight of the Medicines and Pharmacy Strategy.

What will we deliver and when?

- Our vision is to ensure the population of Herefordshire and Worcestershire receive safe and effective access to medicines and technologies at the right time and in the right place. Working collaboratively, the system will strive to improve and transform services, reduce health inequalities and deliver new ways of working, always keeping the population and patients at the heart of activity.

Our key priorities are:

Improve health outcomes:	<ul style="list-style-type: none"> • Defined clinical use of medicines and technologies across the ICS through up to date and approved clinical policy, guidance and position statements.
Reduce avoidable harm:	<ul style="list-style-type: none"> • Working across all sectors to co-ordinate work designed to improve medication safety focusing on high-risk medicines. • Focus on safety as patients move between organisations eg. discharge from hospital with changes to medicines supported by the Discharge Medicines Service (DMS) across the ICS. • Increase system awareness and undertaking in medicines audits • Support and implement local antimicrobial stewardship plans.
Productivity and achieving best value:	<ul style="list-style-type: none"> • Working with clinicians to ensure cost effective medicines choice and reducing use of medicines or technologies considered ineffective or low priority.
Service delivery and sustainability	<ul style="list-style-type: none"> • Develop a pharmacy workforce plan to help build a sustainable workforce across all sectors of pharmacy • Using community pharmacy professional expertise for common conditions management; safe medicines use following hospital discharge; blood pressure checks; contraception services; vaccination services and new clinical services as they are introduced. Ensure referral pathways are robust for complete episodes of care.
Greener NHS	<ul style="list-style-type: none"> • Promote the use of environmentally friendly medicines and packaging

References

1. NICE Medicines Optimisation Quality standard [Introduction | Medicines optimisation | Quality standards | NICE](#)
2. [HSE 2016 Summary of findings \(hscic.gov.uk\)](#)
3. Data from Epact polypharmacy dashboard
4. [World Health Organisation](#) Medication Errors
5. NHSBSA: [Prescribing Costs in Hospitals and the Community](#)
6. NICE. [Antimicrobial Stewardship](#)
7. [Delivery plan for recovering access to primary care](#). May 2023

Why is this important?

- ICB's and Local Authorities face legal duties to have regard to reduce health inequalities
- The NHS Long Term Plan requires every local area to develop targets and plans for health inequalities
- The range in life expectancy across the social gradient of the region is 7.5 years for men and 5.1 years for women in Worcestershire; and 6.3 years for men and 4 years for women in Herefordshire.
- Marmot Review estimated that health inequalities cost society £31bn in lost production per annum to local and national economies
- Higher burden of disease in most deprived neighbourhoods costs NHS 22% more per woman and 16% per man, than in least deprived areas

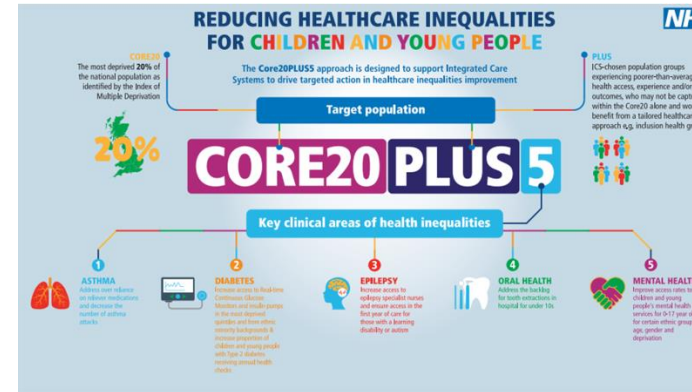
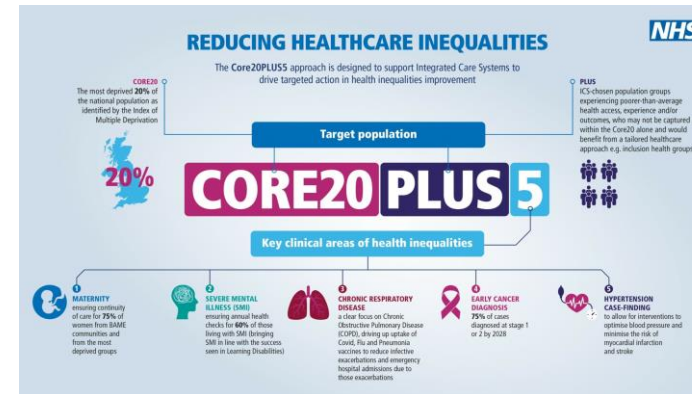
What will we deliver and when?

- The aim of the ICS Herefordshire & Worcestershire strategic intent is to make addressing health inequalities everyone's business. To do this by creating the environment where services support early intervention and prevention. Thus, reducing demand and long-term reliance on the health and care service; avoidable expenditure making services more sustainable.
- Milestones over the next 3 years have been identified and agreed within key change programmes at system level across: workforce training and representation; finance; data and PHM; clinical and medical, contracting and commissioning; planning and programme oversight; engagement, insight and communication.
- Development of a Health Inequalities, Prevention and Personalised Care dashboard bringing together the agreed deliverables into a single view to track progress against trajectories (Q2 2023)

Who is accountable?

- Health Inequalities SROs have been identified within ICB and across all provider Trusts
- Responsibility and delivery of reducing health inequalities sits at system, Place, PCN and neighbourhood level – as such it should cut across all work
- An ICS Health Inequalities, Prevention and Personalised Care Board brings together senior level representation across the system, including Public Health, VCSE, Healthwatch, Primary Care, PCNs, Providers and ICS programme leads such as Elective Care to have strategic oversight of NHS delivery in:
 - Prevention
 - Personalisation
 - Addressing health inequalities
 - To seek assurance on sufficient progress against agreed ICS deliverables.

Where can you see more detail and get involved?



NHS Oversight framework priorities 22/23 – Recovering our core services and improving productivity – Prevention

Continue to address health inequalities and deliver on the Core20PLUS5 approach

Core20PLUS5

- Strategic approach and agreement on PLUS groups.
- Delivery at place through PCNs, Districts Collaboratives, partnerships at Place and neighbourhood level.

[CORE20PLUS5 \(england.nhs.uk\)](https://www.england.nhs.uk/core20plus5/)
[CORE20PLUS5 Children and Young People\(england.nhs.uk\)](https://www.england.nhs.uk/core20plus5-children-and-young-people/)

Why is this important?

- Integrated Care Boards have a duty under Section 14Z34 of the Health and Care Act 2022 “Each integrated care board must exercise its functions with a view to securing continuous improvement in the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness.”

What will we deliver and when?

- Delivery of the Long Term Plan (LTP) deliverables – tobacco dependency programme across maternity, acute inpatients and mental health inpatients. Aiming for fully implemented services by Q4 23/24.
- Continuation of delivery of the Digital Weight Management Programme – continuing to build on successful uptake.
- Review and support to the weight management services in T3 where demand is exceeding capacity. More understanding is needed on the pressure points and efficiencies that can be made within current service provision – transformation work underway in 23/24.
- Review and support of the existing Loneliness contract in Worcestershire to identify opportunities and direction of travel.
- Successful bids for cardiovascular disease and lipid optimisation treatment. Mobilisation and implementation of these pathways through an integrated outreach prevention response service across the ICS footprint. With an independent evaluation in 3 years via the University.

Who is accountable?

SROs in place across the system organisations for Prevention.

- An ICS Health Inequalities, Prevention and Personalised Care Board brings together senior level representation across the system, including Public Health, VCSE, Healthwatch, Primary Care, PCNs, Providers and ICS programme leads such as Elective Care to have strategic oversight of NHS delivery in: Prevention, Personalisation and addressing health inequalities

To seek assurance on sufficient progress against agreed ICS deliverables.

Where can you see more detail and get involved?

Work is underway to develop and implement an outreach prevention response service and enhancement of cardiovascular disease and lipid prevention pathways, across the ICS footprint. The service will be targeted at unregistered and most underserved populations. The aim of the service is to:

To provide a local, accessible mobile community service & MECC offer to our hesitant, unregistered, deprived populations through a range of outreach interventions (prevention, treatment, information & education) wrapped around social advice and support, which meets individual needs.

Rationale - findings from the Strategy Unit publication showed rates of elective and emergency spells by deprivation, that rates of elective spells were lower in our most deprived areas; the opposite was true for emergency spells: rates are higher for those living in our most deprived areas (Quartile 1). Local analysis looking at the PWL and ED activity, split by IMD echoes this finding.

The Prevention Response Service will put in place a full suite of interventions to support individuals and where required support GP registration, before supported handover to onward pathways that meet their needs. Through this, we will build in regular reviews and learning to ensure the service offer and delivery is optimised. Engagement will play a key part in understanding barriers and harnessing this insight to support existing service transformation and redesign. Metrics and outcomes are being agreed collaboratively with partners to ensure we can monitor and deliver health inequality improvements.

Reducing Health Inequalities is embedded within our ICS equality, diversity, inclusion one workforce workstream, inc. inclusive attraction and recruitment, targeted widening participation ventures, e.g. NHS Cadets and professional role inequalities, inclusion and cultural competency development.

NHS Oversight framework priorities 22/23 – Recovering our core services and improving productivity – Prevention

Increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024

Increase the percentage of patients aged between 25 and 84 years with a CVD risk score greater than 20 percent on lipid lowering therapies to 60%

Why is this important?

Population Health management (PHM) is *'an approach to identifying and managing the health and care risks of the local population, segmenting the risks based on needs, and designing services and other interventions to best meet these needs'* (Social Care Institute for Excellence, 2018)

There are many examples of where population health management is happening in Herefordshire and Worcestershire. From developing strategy to person level interventions.

What will we deliver and by when?

PHM is not a new concept and is something that system partners already do. However, it is only at its most effective when both aspects come together and are tackled as part of a single coherent strategy. In essence, PHM has two major components to it:



Combining data to improve our understanding of health risks and opportunities for the population



Putting that data into the hands of people who can organise interventions to make a difference

PHM is already happening across Herefordshire and Worcestershire. For example:

- The PCN level health inequality plans that have been developed to identify and tackle specific local health issues with communities have been developed using PHM principles.
- Population health data shows that black men over the age of 45 are two to three times more likely to develop prostate cancer. As well as flagging a risk in terms of population health outcome, this analysis also exposes a health inequality that targeted action can help to address. In response to this knowledge a proactive screening pilot for Herefordshire residents, has been undertaken. This is an example of Population Health Management.

These are just two of many examples that we could draw upon.

What next?

The ICB will facilitate the creation of a system wide Population Health Management Strategy during 2023/24, this will include:

- Building on the work done to date to create the local Core20Plus5 approach.
- Identifying a clear leadership structure, bringing together information, clinical and strategy capabilities.
- Endorsing clear vision of PHM as an iterative evolution towards a new operating model to guide the change over a 5 years period.
- Calculating the return-on-investment time to support the shift upstream to prevention and enable Developing a community driving adoption, spread and sustainability via use cases choices, and building a movement.
- Developing a PHM analytics capability – including a clear road map linked to the wider analytics development plan and building on the work of the local place-based intelligence cells.
- Developing an approach to interoperability – including clear road map linked to the refreshed digital strategy.
- Building on the governance platform established through the Health Inequalities, Prevention and Personalisation (HIPP) Programme Board.

Who is accountable?

Developing a robust strategy for Population Health Management is a central tenant of the shift upstream to prevention and will therefore become a key corporate project in 2023/24.

The HIPP Board will be responsible for overseeing the development of the strategy.



Why is this important?

Personalisation means health and care services delivering what matters most to each individual in a way that meets them where they are at. Engagement with our local population has told us that this relies on people having clear expectations of what is expected of them and what they can expect of the health or care professional. Services are then able to offer support that is appropriate to the individual's level of need, making the best use of resources and getting the individual to the right support at the right time.

The Comprehensive model of Personalised Care outlines a three-tier approach to implementation: Universal (whole population) interventions; interventions targeted at those with Long-Term Conditions (LTCs) (30% of the population) and specialist interventions (5% of people with complex needs) (NHS, 2019). The NHS Long Term Plan outlines six interlinked components which underpin delivery: Shared Decision Making (SDM); Enabling Choice; Social Prescribing; Supported Self-Management (SSM); Personalised Care and Support Plans (PCSPs) and Personal Health Budgets (PHBs).

Supporting people with LTCs to self-manage is critical to addressing the rapidly growing demand this population represents. Our approach to supporting people to live well with their LTCs has been to raise awareness of how an individual's knowledge, skills and confidence, also termed activation, impacts on their ability to self-manage. Increased patient activation results in fewer GP appointments and fewer A&E admissions.

Who is accountable?

The Health Inequalities, Prevention and Personalisation Board is responsible for delivery of Personalised Care. This is a system wide meeting, with membership across health, the local authority and the Voluntary, Community Social Enterprise. The SRO is the ICB Chief Nursing officer.

Plans for 2023/24

1. To develop a generic implementation guide for using local intelligence and data to inform proactive, personalised interventions for those experiencing inequalities, including measurement of impact. This guide will support the embedding of successful pilot approaches in line with place-based priorities and with a focus on LTCs.
2. To raise staff awareness on the importance of embedding approaches that facilitate shared-decision making, including but not limited to: expectation setting; health literacy and patient activation. This includes access to Personalised Care Institute Accredited training.
3. To improve the quality and range of patient education and supported self-management resources. This includes the roll out of a system wide Long Term Condition video library.
4. To deliver, evaluate and share the learning from two innovative local pilots, the Family Coaching service and the Supporting You service.

'Work on what matters most to us, in a way that meets us where we are at.'



Why is this important?

Our ambition is to place greater emphasis on early engagement and ongoing dialogue and partnerships with people and communities. From these early, open and genuine conversations we can work together with local communities, who are often better placed to create solutions to the health challenges we face.

By understanding our communities, working collaboratively to deliver our 10 Principles:

1. Put the voices of our people and communities at the centre of decision-making and governance
2. Strategic engagement early when developing plans
3. Understand our communities needs, experience, ideas and aspirations for health and care
4. Build relationships with excluded groups, especially those affected by inequalities
5. Work with Healthwatch and the voluntary, community and social enterprise sector
6. Provide clear and accessible information about vision, plans
7. Use community development approaches that empower people and communities
8. Use co-production, insight and engagement to achieve accountable health and care services
9. Co-produce and redesign services and tackle system priorities in partnership with communities
10. Learn from what works and build on the assets of all health and care partners

What will we deliver?

Involvement is a continual and ongoing process. Within the health and care system in Herefordshire and Worcestershire, during 2023/24 we aim to:

- Listen more and broadcast less, and where engagement is an ongoing and iterative process focussed on what matters to people, not something 'done once'
- Hold ongoing conversations with communities about healthcare, built around community groups, forums, networks, social media, and any other place where people come together as a community
- Provide clear and timely feedback to local people about the impact of their involvement
- Develop plans and strategies that are fully informed by engagement with the public and patients
- Use insights and data to improve access to services and support reduction of health inequalities
- Focus on early prevention and supports communities to develop their own solutions to improving their health and wellbeing

Who is accountable?

Legal duties

- All NHS partners have legal duties to involve the public in their decision-making about NHS services.
- The main duties on NHS bodies to make arrangements to involve the public are set out under sections 14Z44 (for NHS Herefordshire and Worcestershire ICB) and section 242 (for NHS trusts) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).
- Within its constitution, NHS Herefordshire and Worcestershire ICB includes, details about the arrangements for public involvement and a statement of the principles to be followed
- The ICB and local NHS trusts are also subject to the new 'triple aim' duty (sections 14Z43 and 26A respectively). This requires these bodies to have regard to the 'triple aim' of better health and wellbeing for everyone, better quality of health services for all individuals and sustainable use of NHS resources.
- The Public Sector Equality Duty requires public bodies to consider all individuals when they carry out their day-to-day work
- The Equality Act 2010 promotes fair treatment of people regardless of protected characteristics

Accountability

- NHS Herefordshire and Worcestershire Integrated Care Board is responsible for ensuring that these legal duties are met across the system.
- The ICB is responsible for arranging effective health and care services for the Herefordshire and Worcestershire population; demonstrating that decision-making is clearly informed by insight
- Herefordshire and Worcestershire Integrated Care Partnership Assembly is responsible for ensuring that strategies for health and wellbeing are based on the needs and aspirations of local communities, and open to scrutiny and challenge
- The One Herefordshire Partnership and Worcestershire Executive Committee are responsible for delivering health and care services shaped by local need

Where can you see more detail and get involved?

- Please see our strategy '[Working with people and communities in Herefordshire and Worcestershire](#)' for more information or contact the [ICB Engagement Team](#).

Why is this important?

Carers are a diverse group, and every caring situation is unique. Carers are people who care for a family member, a friend, or another person in need of assistance or support with daily living. They include those caring for children who have a disability or additional needs, older people, people living with long-term medical conditions, people with a mental illness, people with a disability, people with addiction, people experiencing substance misuse and those receiving palliative care.

The degree to which a carers own life is impacted by their caring role will vary. However, parent carers are most likely to be caring the longest, experience the greatest financial impact and their responsibilities will be greater if they are the sole parent. Some carers may find themselves caring for more than one person, (e.g. caring for their adult child who would not manage without their support and an elderly parent, who is increasingly in need of their support to maintain their own independence). The physical demands of caring may be greatest for those whose cared for is disabled or is frail. The emotional demands on carers may be greatest for those caring for someone at end of life or caring for someone with poor mental health.

According to the last Census (2011), there were 20,676 and 63,685 carers in Herefordshire and Worcestershire respectively, of which 6,678 (32%) and 20,623 (33%) care for more than 20 hours a week. Of these, carer support organisations are in touch with 5,500 carers in Herefordshire, and 11,500 in Worcestershire. However, the Herefordshire Health and Wellbeing survey in 2011 estimated that there were 34,200 carers i.e. 1/6 population and this figure is being used by the Council. The number of carers is expected to rise by 60% by 2030 (Carers Trust).

By supporting carers, we enable people to remain living well within their communities, reducing the demand on health and social care and improving the health and wellbeing of both the carer and the cared for.

Who is accountable?

The Carers programme is a component of the Personalised Care programme and accountability sits with the Health Inequalities, Prevention and Personalisation Board. The Carers reference group was established to develop and enable delivery against our system commitment to carers. These commitments are integral to place based Carer Strategies held by our County Councils.

Our commitment to Carers

As a Carer

1. My experience is valued when developing care plans for the person that I care for.
2. My own physical and mental health needs are recognised and met.
3. I can access relevant information in a format that suits me.
4. I can access support that meets my individual needs.
5. I am supported to maintain a life of my own, outside of my caring role.

As an Organisation

1. We proactively identify, register, support, and signpost carers.
2. We co-produce our services and policies with carers to ensure our services meet their needs.
3. We are flexible, to ensure carers can continue to deliver their caring role.
4. We actively involve carers in decisions that may affect their own and/or their cared for's health and wellbeing.
5. We have a carers lead in our organisation who promotes a 'Carer Aware' culture.

Plans for 2023/24

1. To continue to support the evolution and co-production of the ICS Commitment to Carers.
2. To continue to facilitate the ICS Carer Reference Group to enable monitoring and information sharing between partner organisations to progress against the commitment to carers.

Focus areas within key partner organisations include:

- WAHT: Enhanced support for carers whose cared for is being discharged from hospital; improved recording of carer status; identification of carer champions; providing a physical space for carers and families and promotion of carer rights.
- WVT: Development of a carers charter, support for carers through talk community hub on hospital site, carers ID and associated concessions, carer awareness and shared decision-making training for discharge coordinators.
- HWHCT: Support materials developed, carers passports for staff, carers lead and oversight group in place, review of carers policy and NICE guidance reviewed.
- Primary Care: Carer awareness training offered, proactive offers of social prescribing to carers, registration as a carer and resources to aid self-identification and access to support.

Why this is important and what we are building on?

The Armed Forces community is made up of serving personnel, veterans and their families and carers. There are an estimated 2.4 million veterans living in the UK. Within Herefordshire and Worcestershire there are currently approximately 30,000 military veterans. Herefordshire and Worcestershire ICB has a high density of veterans making up about 4.7% of the patient base. The Armed Forces Act 2021 makes it a legal duty on specified public organisations to have due regard to the principles of the Armed Forces Covenant when exercising their functions. These duties apply to ICBs. As an ICB we are working with system partners to give due regard to the health and social care needs of the Armed Forces Community in the planning and commission of services. We are working on building our engagement with this community to build our understanding for how we can support their health and wellbeing.

What will we deliver and when?

There are a number of objectives to deliver. For the ICB a main objective was to sign the armed forces covenant. The Armed Forces Covenant reflects the moral obligation that exists between the Armed Forces and society. The Covenant commits that the Armed Forces community should not face disadvantage compared to other citizens in the provision of public and commercial services; and special consideration is appropriate in some cases, especially those who have given the most such as the injured or bereaved.

Alongside having the signed the covenant, there is a strong focus to ensure that we improve identification and awareness of this cohort. This will be achieved by running awareness training sessions and increasing the number of veteran friendly practices. Currently in Herefordshire 100% of practices are signed up to the programme, in Worcestershire this is at 60%. We aim to have the training session operational by Autumn 2023 and to increase the number of friendly practices by 10% by this time too.

Who is leading and how we will deliver?

The Clinical Lead on the project is Dr Jonathan Leach OBE, with project management in place to support. This will be delivered through following the key commitments from the Armed Forces Forward View that ICBs use indicators to measure progress. We will work with partner and provider organisations to develop and deliver objectives and actions to reduce any health inequalities and improve healthcare for this population. We will work closely with the service users to understand their needs and requests within the services.

Where can you find more detail and get involved?

If you have any questions or for more information on how to get involved or how this community could benefit your work, please email: hwicb.partnerships@nhs.net



Why is this important?

The ICB has a duty to address the particular needs of victims of abuse, including an assessment of need. Working with health, social care and statutory partners to support victims, tackle perpetrators and prevent abuse. This includes reducing the health inequalities faced by victims of abuse.

What we are building on

There are a range of initiatives and services in place that will be built upon over the lifetime of the joint forward plan, these include:

- Training plan to support upskilling of roving vaccination team to spot those vulnerable to domestic abuse / serious violence etc
- Collaboration between Policing partners and roving vaccination teams in areas of deprivation and inequality.
- Pan West Mercia data group in development
- District collaboratives – working between district councils, primary care networks, community support officers, voluntary sector to identify needs in the local community

There are a number of services and programmes in place to ensure that we are addressing the needs of victims of abuse, these include:

- **Domestic Abuse and Sexual Violence** National Task and Finish group – H&W ICS are members of this group leading recommendations for change, setting national priorities and feeding back through to the Government
- **IRIS** A specialist domestic violence and abuse training support and referral Programme for General Practices that has been positively evaluated in a randomized controlled trial. Iris is a collaboration between primary care and third sector organisations specializing in domestic abuse.(Funding bid has been made.)
- **Climb** A service which delivers early intervention and prevention for those at risk of criminal exploitation.
- **Purple Leaf and West Mercia Rape and Sexual Abuse Support** A charity providing specialist front line support independent advocacy counselling and those affected by any form of sexual violence
- **Drive perpetrator programme** A project which aims to reduce the number of child and adult victims of Domestic Abuse by deterring the perpetrator (in Place)

What we will deliver going forward

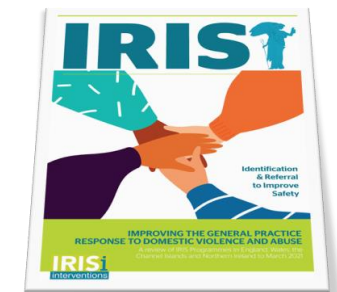
The overall approach is to ensure that all partners are sharing data and intelligence to build up a comprehensive picture of individuals and communities at risk of serious violence, domestic abuse or sexual violence.

Develop and commission services responding to identified cohorts or individuals to support prevention and reduction in serious violence.

- Serious violence duty actions including strategic needs assessment to support action.
- Develop and deliver a system wide group focusing on Domestic Abuse and Sexual Violence prevention.
- Develop system wide data group in partnership with Police, Local Authority, West Midlands Ambulance Service, CSPs and other relevant organisations.
- Develop joint partnership prevention animation in multiple languages to be shown across system.

Who is accountable?

The integrated care board (NHS Herefordshire and Worcestershire) has a specific duty to address the particular needs of victims of abuse. This will be delivered at place through the Herefordshire community safety partnership, Worcestershire community safety partnership and the crime reduction board.



Why is this important?

Digital is not about technology but applying the processes, operating models, culture, ways of working, and technologies of the Internet era to enable our integrated care vision for Herefordshire and Worcestershire. The ambition is to create a digitally enabled health and care system which can both understand and respond to rapidly changing needs, habits, and expectations using the best that technology can provide.

We cannot improve health outcomes and reduce health inequalities without data and technology is key to making health and care services more accessible to parts of our communities. This can be via remote and virtual care, better planning of services and enhanced sharing of patient information. Technology and data can play a core role to reduce elective backlogs, mitigating urgent care pressures, continuing to deliver responsive and timely community and primary care. Digital products can enable personalised preventative care by giving people more control over their lives by providing self-assessment, education, motivation, and monitoring to help them manage their health on their own. We must ensure any digital service is inclusive and provides for everyone's needs by listening to and designing with communities with seldom heard voices more closely.

This requires the adoption of new ways of working in addition to technology. Adopting a service design approach brings a human focus to the development of services and agile delivery ensures development is incremental and focused on delivering value quickly. Addressing the end-to-end experience is an essential part of getting this right. It is essential that we do not create digital services that unwittingly expose those parts of our system already under pressure to greater demand. There is no advantage to introducing a mobile app or website that fixes one step of a process, only for another to break as a result.

What will we deliver and when?

- Simple, consistent experiences across all our digital services – joining up services to give people a convenient, relevant and seamless way to interact with their health and care needs. Ensuring that any digital product or service is inclusive, high quality, safe and effective.
- Ensuring the foundations are in place and enabling integration by sharing care and wellbeing data and intelligence with clinicians, professionals and the population.
- Scaling the use of new digital products through collaboration, prototyping, testing and learning.
- Levelling up our digital maturity – a modern and future proofed infrastructure that enables our ambition of integrated care underpinned by common standards and safe and secure systems.
- Employing technology to deliver more care out of hospital and support people to self-manage their conditions - supporting people to live independently and receive care at or near their home.
- Using data and information to enhance decision making - using intelligence, evidence and analytics to make better decisions to benefit patients, the population and operational efficiencies.

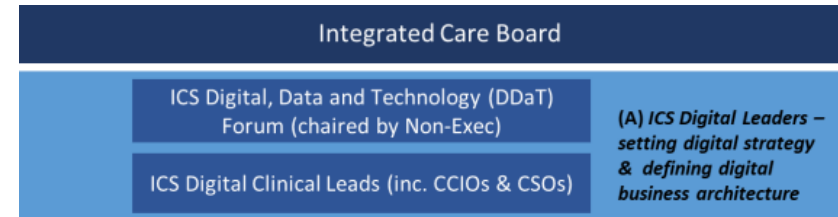
- Advancing digital skills in the workforce to support care pathway improvements and enhancing capacity and capability of workforce to deliver digital transformation. Building the digital specialist skills and the digital, data and technology profession across our system.
- Working collaboratively to deliver effectiveness and efficiencies, by ensuring smart investments and improving productivity to support frontline working.

Our current Six 'Targeted' Delivery Areas are:

- Optimisation and increasing adoption of shared care record.
- Levelling up digital maturity – focus on infrastructure and all Trusts reaching Minimum Digital Foundations.
- Building the capabilities needed for population health management and aligned and standard performance and BI reporting and tools.
- Use of technology to increase staff capacity and organisational productivity specifically RPA, review of telephony and networks.
- Developing our digital and data workforce with focus on graduate and apprentice schemes, and digital literacy of our wider workforce.
- Developing our patient facing digital offer to provide a front door to patients under our care.

Who is accountable?

- One of the ICS Forums focuses on Digital, Data and Technology and brings in the ICS Digital Clinical Leads, these two groups will be responsible for setting the digital agenda and collective vision. Their work will be informed by three workstreams on digital transformation and improvement.
- There are currently seven Groups and Boards focusing on the technicalities of the deliverables including Shared Care Record, Cyber and Data Security and for the Patient Portal. Based on the structures already in place in the NHS Trusts and primary care system in Herefordshire and Worcestershire, the ICB Digital Leaders will work closely with the organisation Boards and Steering Groups.
- There are strong links to the other five ICS Forums where digital plays a central role and vice versa
- Delivery teams are accountable for the outcomes they are set up to deliver.



What existing plans are in place?

- Digital, data & technology annual plan

Why is this important?

As a system we recognise the importance of promoting research and innovation in the provision of healthcare. The ICB Medical Director holds the responsibility for promoting this, ensuring it is clinically led and underpins the delivery of the Joint Forward plan.

What will we deliver and when?

- **Undertake needs assessment** : Summary of research and innovation strategies for WAHT, HWHCT, WVT. (Per capita funding / research.)
- **Assets:** ICS Academy, Knowledge and research school, Collab. Worcester University - Allied health professional school. I&I Bid – Engaging underrepresented communities. (Personalised care.) Innovation – Pods. Research network.
- **Resources:** Increase access to funding, ,E.g. NHIR and working in partnership with the academic health science network.
- **2023/24 priorities:** Development of ICS wide research strategy, building on NHS Trust research frameworks. Building out from health into broader sectors including social care and the voluntary, community and social enterprise sector. Build on innovation working out from what has been delivered to date, building innovation into improvement methodologies, including, but not restricted to digital innovation in line with the system digital strategy.

Innovation - What are we building on?

To help promote innovation across the system, the ICB has created an Innovation Hub called: The CO-LAB www.icscolab.org.uk We believe this is the first example of an ICB-led Innovation Hub. It exists both virtually and physically, located deliberately in a rural community hospitals (Kidderminster Treatment Centre), where we know innovation traditionally receives less focus, but has real chance of improving health services. Approaching it's first year operating, it has had a number of successful initiatives and adoptions of innovation, including:

New Ways of Working and developing new knowledge:

- In partnership with Warwick University's "West Midlands Health and Wellbeing Innovation Network WMHWIN", The CO-LAB ran a 5-day Agile approach for one of our Trusts to help them co-design a new Heart Failure @ Home pathway with a "User focus". The co-design event included staff, commercial innovators and patients. Outputs included a framework for staff to use if interested in this type of approach, supplemented by education webinars.
- It is regularly used as a space anyone in the ICS can use for free to re-imagine pathways and processes. For example, it's used monthly by one of the trust's Transformation guiding board as part of it's Virginia Mason Programme.

Trial and Adoption of Innovation:

- The CO-LAB hosted certified VR anti-anxiety headsets and approached teams to trial. Following a successful trial on our Pediatric Oncology wards, where they reduced anxiety in children needing cannulas, improving patient experience and reducing clinic time, a number of headsets have been purchased for long-term use on those wards and are being trialed across multiple other wards within two Trusts (one within our ICS and one in a neighboring ICS)
- As the host for the first teleconsultation pod from a French-based innovator, The CO-LAB has worked extensively with the company on feasibility, demoing and real-world testing. The pods are now being used in the South East of England and is part of an NIHR bid for the ICS.

Partnerships:

- The CO-LAB has partnered with innovative organisations to understand opportunities and art-of-the-possible to highlight to workstream leads, these include:
 - ICS Partnership with Amazon Web services, where the ICB participates in their Global Healthcare Incubator.
 - Satellite Catapult, currently arranging a trial of drone technology
 - IASME, working with a local innovator to train unemployed Neurodiverse young people for employment in cybersecurity
 - Partnership with multiple Universities, including a successful partnership with the University of Manchester on a systematic review of literature on the implementation of AI in health and care

Staff and wellbeing:

Early on in the hub's life it became apparent there was a significant ask for finding and spreading innovation practice for wellbeing of staff. Initiatives have included:

- Partnering with a Hypnotherapy provider, we setup an agreement to offer the hub's use whilst closed in return for free provision of sessions to front-line staff to address anxiety, sleep deprivation and relaxation. Sessions typically have 20 attendees, with great feedback
- The Hub is provided free of charge to ICS groups who want to host staff celebration or wellbeing events. For example, it is used as part of the International staff process, providing an area for them to come together, and celebrate pre-exam.
- NHSE provided sessions for Wellbeing in Leadership Roles, is being hosted at hub for several trusts in and out of the ICS.

Why is this important?

The climate emergency is also a health emergency.

Poor environmental health contributes to major diseases including cardiac problems, asthma and cancer. Unaddressed, it will disrupt care and affect patients and people at all stages of their lives. Climate change impacts every single person and as such we all have a duty and responsibility to do something about it.

Herefordshire and Worcestershire ICS are committed to embedding environmental and sustainable practices into all areas of our work, as an enabler for better health. We see the work of the green agenda aligned to our principles of delivering high quality care; reducing health inequalities and improving the health and wellbeing for the communities we serve.

Reducing emissions will mean fewer cases of asthma, cancer and heart disease. Many of the drivers of climate change are also the drivers of ill health and health inequalities. In the UK, air pollution is attributable for 1 in 20 deaths, making it the greatest environmental threat to health. We can all play our part in tackling climate change through reducing harmful carbon emissions, which will improve health and save lives.

Environmental health impacts are often unfairly weighted in areas of deprivation and minority ethnic groups. For example, Black, Asian and minority ethnic groups are disproportionately affected by high pollution levels, and children or women exposed to air pollution experience elevated risk of developing health conditions.

What will we deliver and when?

Actions to be delivered during 23/24:

- **Develop an ICS wide Sustainability Impact Assessment (SIA)** - Provides a consistent approach to consciously assessing whether a change in service or new programme will have a positive or negative impact on environmental sustainability and embed this into our decision making
- **Coordinate and deliver system wide comms and engagement** - Will build a foundation of awareness and knowledge across the system as a starting block and support understanding why SIAs need to be completed and spread ideas on actions everyone can take in their work practices. Promote readily available training e.g. ESR Net Zero training.

- **Create a network to support the adoption and spread of both clinical and non clinical carbon reduction innovations where evidence of success exists e.g. pilots** - Create a network and opportunities to share learning across providers, starting with Operational Sustainability leads. ICB sharing best practice from regional and national teams and ensuring the profile of local initiatives are raised nationally.

Future actions

Actions for proceeding years to be reviewed at the end of 23/24 to enable a stock-take and identify and gain a consensus across the Greener NHS SROs of which future actions would add value. Advances in technology, innovation and adoption of best practices is constantly evolving in this field as is the national developments and agendas which impact on systems.

Green Plan opportunities -

Who is accountable?

- Greener NHS SROs have been identified within ICB and across all provider Trusts
- Responsibility and delivery of Trust Green Plans sit at Trust provider level.
- Collectively agreed ICS Greener NHS actions sit at ICB level, working collaboratively with Providers to deliver through their existing governance groups.
- Engagement is undertaken directly with SROs, and operational working and engagement through a system Sustainability Leads group.

Where can you see more detail and get involved?

- ICS Green plan – Later years, priorities.

Where we are now? – What we have achieved together

The mental health collaborative have responded to workforce challenges in recruiting staff to traditional care models, by reallocating resource to provide psychological support through the voluntary and community sector. This provides the foundations for building different approaches to service delivery and engaging VCSE partners more effectively in direct service pathways. This innovation has improved timely access and service user experience, creates a platform for building a new way of working going forward and is consistent with the core principle 5 agreed in the Integrated Care Strategy of “co-producing solutions with our communities and Voluntary & community sector organisations as equal partners with collective responsibility”.

Where next? – Areas of focus

The top 5 priorities for Mental Health Collaborative (MHC) in 23/24 are directly aligned to the Integrated Care Strategy Priorities (as outlined below):

- Children and Young People’s Mental Health: 0-25 service - work to develop a model is ongoing. (Providing the best start in life)
- Perinatal Mental Health – due to its role in preventing future mental ill health and strong evidence base, and its contribution to the Integrated Care Strategy priority (Providing the best start in life)
- SMI Physical Health Checks - based on principles of health inequality, parity of esteem and requirement to improve system performance. Suggestion to fund PCNs (Primary Care Networks) to increase delivery of checks. (Living, ageing and dying well)
- Suicide Prevention - a successful programme with a strong evidence base, as well as a collaborative workstream across agencies. (Reducing ill health and premature death from avoidable causes)
- Crisis Services - particular focus on CYP (Children and Young People) crisis support (likely to link with Crisis Alternatives workstream funded via SDF), while recognising existing commitment around Mental Health Response Vehicles.

Continued focus on mental health crisis prevention and a joined-up community response will ensure people are accessing the best service for their needs in a timely way, reducing avoidable admissions to hospital through the Community Mental Health Transformation programme:

- Including a focus on reducing inequalities, the further development of ARRS (Additional Roles Reimbursement Scheme) roles and the further expansion of the VCSE (Voluntary, Community and Social Enterprise) support in the pathway.
- The redesign of adult mental health acute and rehabilitation clinical pathways (using the GiRFT approach). The reduction of out of area placements.
- Focus on crisis support (likely to link with Crisis Alternatives workstream funded via SDF), while recognising existing commitment around Mental Health Response Vehicles.
- Child and Adolescent Mental Health Services (CAMHS) – including 24/7 CYP Crisis and improving specialist CAMHS provision across Herefordshire and Worcestershire (equitable services etc).

How we will get there? – Development steps

Leads from the ICB and HWCHT met in February 2023 to review the delegation options outlined above and to agree the preferred way forward with associated timescales. The headlines were as follows:

- Our shared commitment is still strong for MHC vision, namely that it should be an integrated function that brings together planning and provision expertise to enhance improvements in delivery through collaborative working.
- Both partners are still committed to full delegation from the ICB to the HWHCT, noting there are some specific outstanding issues that need to be clarified, namely: financial management of S117 trajectories and Out of Area Placements, MHC resourcing and Quality Assurance functions.
- Agreement to move to a joint committee from April (chaired by HWHCT NED) to provide a “line of sight” /assurance for both partners prior to full delegation. This will require some adjustments around membership.
- Agreement to move to full delegation from 1st October (note - proposed timeline and high level action plan now in place).
- NHSE – we will continue to ensure NHSE are involved with these developments and any associated assurance (for example following the process currently being piloted in BSOL ICS)
- LD&A – agreed that the aspiration is still for LD&A to transition to the MHC but that this will follow when the MH delegation is completed and working effectively. The current proposal is a timeline of December 2023 to avoid uncertainty and to recognise the difficulties in disaggregating the LDA and MH resource for the supporting functions (finance/contracts, quality etc)
- Shared commitment to continue to build confidence in the proposed MHC arrangements, with strong engagement and participation from all partners.

Learning from other systems who are moving to lead provider delegated arrangements we can consider developing the following key partnership documents:

- Partnership Agreement – there is an NHSE template that we could consider using..
- Memorandum of Understanding – perhaps mirroring the MoU for 23/24 between the ICB and 1 Herefordshire
- Information Sharing Protocol
- Risk and Benefit Framework – specifically around some of the financial risks, namely s117.

Work is already underway to understand the changes to the HWHCT governance, in particular Committee responsibilities.

Where we are now?

- Wye Valley NHS Trust (WVT) has been a full member of The Foundation Trust Group since 2016.
- In June 2023 it was agreed that that Worcestershire Acute Trust (WHAT) becomes a full member of The Foundation Trust Group from July 2023. This will result in a joint Chief Executive and Chair across the four Foundation Group Hospitals.
- WAHT and WVT has completed a service sustainability analysis, which is now being developed into a work plan. This includes, agreement to form collaborative arrangements and MoU. There is continued joined working on sustainability of vulnerable services with joint WAHT/WVT workshop on Pathology and MaxFax.
- WAHT and Herefordshire and Worcestershire Health and Care Trust – Memorandum of Understanding signed by both Trust Boards and work programme agreed. Co-ordination of progress drive through consistent reporting to both Trust Boards and appropriate system meetings. Current work areas include international nurse recruitment, workforce wellbeing and vaccination, stroke pathway and urgent care.
- WAHT and University Hospitals Birmingham - maintain cancer network access and outcomes, other tertiary referrals.
- WAHT and University Hospitals Coventry and Warwickshire – MDT working on clinical services in head & neck cancer, cardiac electrophysiology, urology cancer. Work progressing on full membership of urology network. Robotic Assisted Surgery for Prostatectomy – WAHT lead provider for collaboration with WVT – service commissioned using UHCW specialist MDT. Improvement partner for Virginian Mason methodology.
- WAHT and West Midlands Cardiology network chaired by our Divisional Director in Specialist Medicine.
- SW Midlands Pathology Network – board approvals received for LIMs outline business case and SM Pathology network collaborative.
- Continued member West Midlands Cancer Alliance.
- The West Midlands Mental Health and Learning Disability and Autism Provider Collaborative was informally formed in 2021 bringing together 7 Trusts in the West Midlands, including Herefordshire and Worcestershire Health and Care NHS Trust based on, Working on the greatest challenges, supporting local systems (ICSs) to improve population health outcomes, playing a critical leadership role by operating as a network of Trusts, building on best practice and developing a regional approach and common set of outcomes, developing innovative clinical and workforce solutions, Horizon scanning to maximise WM PC influence and implementation of changes, Bringing together of a collective view of New models of care, and considering impact of future delegations from specialised commissioning.

Where next? – Areas of focus

- Acute Trusts will continue to strengthen collaborations with during 2023
- Identifying clinical services that would benefit from a collective review
- Continuing to provide mutual aid and reviewing services for closer collaboration
- Taking forward the review of options for Stroke services across H&W
- Contributing to the development of a Pathology Network across the South Midlands
- Continued joint working on sustainability of vulnerable services with joint workshop WVT/WAHT on pathology and Max Fax.
- UHCW - Urology Area Network - MoU in development

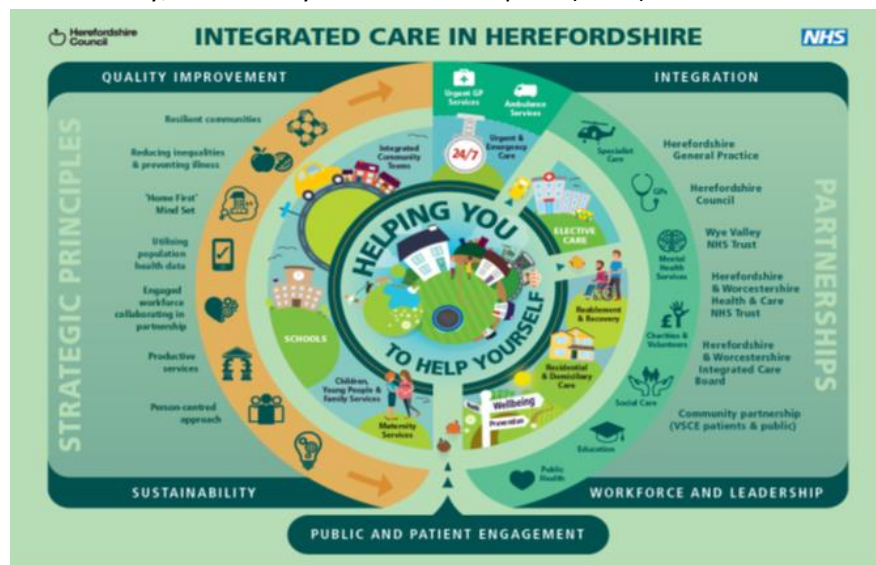
How we will get there? – Development steps

- Formalise provider collaborative arrangement through both Board and implement strategic changes.
- Develop and agree an MOU between Trusts
- Chief Medical Officer / Chef Operating Officer group leading work to bring collaborative service models to maximise capacity in services with large backlogs or other critical issues
- ICB-led methodology for vulnerable services is twofold:
 - At operational level to manage existing or at risk vulnerable clinical services with identified models to support in the short term.
 - Strategically a provider led self-assessment of all clinical services to theme by sustainability / resilience and / or growth domains as part of potential collaborative service model.
- WAHT currently carrying out internal survey of existing collaborative working arrangements.
- Strategically, WAHT continue to test the validity of their clinical service strategy across vertical and horizontal pathways.

The One Herefordshire Partnership (1HP) drives the co-ordinated planning and delivery of the Herefordshire health and care system in order to deliver improvements in health and care outcomes through integrated working. 1HP partners share strategic objectives and reviews business cases, provides a forum for discussion on care pathway changes and approves the objectives set by the Primary Care networks (PCNs).

The One Herefordshire Partnership have a number of strategic priorities:

- Person centred approach – delivering services based around the needs and strengths of the individual
- Resilient Communities – a priority of both the H&WBB and the ICS, recognising the importance of strong communities in supporting citizens and the roles of Anchor Institutions
- Reducing inequalities – understanding that inequalities widened during the pandemic creating a significant disparity in health between the most and least deprived citizens
- Preventing illness – delivering a ‘left shift’ in care from more expensive reactive services for the sick, to more proactive preventative services that deal with the causes of ill health
- Home first as a default – providing care closer to people’s homes
- Efficient and productive services – providing better services whilst lowering overall cost of care
- Utilising population health data – using data to guide the prioritisation and provision of care
- Engaged workforce, collaborating in partnership – delivering through teams that are both clear about the integrated approach and proud of the services they deliver together
- Realising the potential of the voluntary and community sector – working in partnership to create a vibrant and active Voluntary, Community and Social Enterprise (VCSE).



Where we are now? – What we have achieved together

- Community integrated response hub/Virtual GP (vGP) partnership delivering 2hr response
- Herefordshire Remote Health service
- Enhanced care in care homes
- Shared Health Inequalities Strategy
- PCN health inequality initiatives
- MDT working across County on Diabetes
- Hospital at Home Therapy – (Wye Valley NHS Trust) Established Admission Avoidance and early support discharge service.
- Making Every Referral Count and Shared Waiting List Management
- Community Mental Health Transformation
- Community Partnership – 1HP interface with VCSE, public and patient groups
- Quality improvement and learning from ‘Safety in Sync’ sessions
- Improved recruitment to support worker posts through a Place-based approach
- Variety of other workforce achievements

Where next? – Areas of focus

1HP members have identified their work plan for 2023/24,

- Priorities identified by the Herefordshire Health and Wellbeing Board
 - Best Start in Life
 - Mental wellbeing
- Access to General Practice
- Integrated neighbourhood teams
- Integrated urgent care
- Long term conditions
- Working with communities

How we will get there? – Development steps

- Increase the scope of the 1HP arrangement to include the HWBB primary priorities
- Formalise 1HP as delivery arm of HWBB for primary priorities
- Formalise the 1HP arrangement in an MOU between partners and review the terms of reference
- Formalise process for approvals in constituent organisations once 1HP approval reached
- Finalise MOU between 1HP and ICB regarding delegated responsibilities for BCF, Primary Care LES, End of Life Care and Enhanced care in Care Homes

The Worcestershire system spans many partner organisations and sectors. Whilst many have been working together for years, this is now being extended to deliver even greater collaboration as we strive to fully integrate health, public health and social care.

We recognise the required shift to achieve greater integration and have been working to establish a framework for the culture within which we will work, between key partners, by agreeing and centring on our **shared vision and values** and putting people in our communities at the heart of everything we do. We understand that an **equal partnership** between NHS and health, local government and our VCSE sector is vital, and we have been developing shared health and wellbeing principles as follows:

Together we will:-

- Place equal value and emphasis on the **physical health and mental health** and wellbeing
- **Protect health** and focus on supporting the **conditions for good health**
- **Focus on prevention**; to prevent, reduce or delay need for care and support
- **Improve health disparities** particularly for those who are vulnerable, disadvantaged or living with a disability
- **Listen** to people who use our services and strive to improve, ensuring a **quality experience**
- Deliver **proactive and better coordinated** care to help people to stay healthy and independent, based on each person's needs
- Work together in an **evidence-based way** to take to **system wide approaches** to improve health across the life course
- Maximise **shared funding opportunities** to achieve **best value** (including social value)
- Develop and support our **workforce**

District Collaboratives: District Collaboratives bring together statutory health and care services, District Councils, the Voluntary, Community and Social Enterprise (VCSE) and wider partners to deliver against shared priorities with their communities. This is a new way of working and represents a shift in how communities and health and care providers work together. This should see greater local autonomy and resources directed into communities to enable greater control over addressing the underlying causes of ill health through interventions people design for themselves. There is a focus upon building strong, resilient communities, understanding and being able to optimise local assets, whilst articulating gaps and opportunities available to further improve the local offer. We are increasingly seeing that local partnerships are most effective in improving population health and tackling health inequalities.

Where we are now? – What we have achieved together

- Establishment of Voluntary, Community and Social Enterprise Alliance
- Integrated Frailty Strategy developed
- Health and Housing lead role appointed to and work programme agreed
- Established place-based governance and shared local leadership
- MOU between NHS Providers – Herefordshire and Worcestershire Health & Care Trust and Worcester Acute Hospitals Trust – Including: Workforce initiatives, Joint funding for compassionate leadership programme etc.

Where next? – Areas of focus

- Priorities identified by the Worcestershire Health and Wellbeing Board: Good mental health and wellbeing, supported by (1) Healthy living at all ages (2) Safe, thriving and healthy homes, communities and place (3) Quality local jobs and opportunities
- Place based integrated performance report to drive assurance and prioritisation of activities.
- GP Federation across whole county and ensure full support to mature and develop
- Accelerate further development and integration of neighbourhood teams, including consideration of undeserved areas and workforce rebalancing to tackle this.
- Identification and building on local place-based assets to provide foundation for further 'left shift'
- Shared delivery plan across local NHSE Provider Alliance; shared delivery demonstrates maturity of relationship
- Support development and sustainability of VCSE Alliance as an equal partner
- Deliver agreed model of integrated urgent care including GP out of hours services, further reducing pressure on ED front door and thereby supporting flow.
- Deliver outcomes as described in the place-based Frailty Implementation plan
- Demonstrable impact of Health and Housing lead role
- Increasingly looking at shared resources, building on the work of place-based intelligence, engagement and communication cells.
- Support improvements to Stroke pathway to ensure sustainability and high-quality outcomes
- Consider wider integration with other statutory partners eg police, fire

How we will get there? – Development steps

- Developing relationships of trust through working together to deliver place priorities, as listed above.
- Develop systems thinking to enable shared understanding of challenges and solutions across providers.
- Consider implications of adopting Community Paradigm approach and how we can harness local assets to support District Collaborative objectives
- Maximise impact of the collaboration between HWB and other place-based governance infrastructure to deliver sustainable improvements.

The six ICBs in the West Midlands are collaborating to form an Office of the West Midlands. NHS Birmingham and Solihull ICB will host the staff performing these functions from 01 April 2023 and staff will transfer to the BSOL ICB in July 2023.

From April 2024 BSOL will also host for the Midlands team supporting all 11 ICBs for the delegated specialised commissioning portfolio.

The VISION:

Through at scale collaboration and distributive leadership, the Office of WM will add value and benefit to a shared set of common goals and priorities for West Midlands citizens and patients.

Purpose:

The core purpose is to :

- To commission a set of agreed functions at a West Midlands level on behalf of 6 ICBs through shared leadership and joint decision making
- To identify shared priorities and goals and clear projects and work programmes to deliver them
- To bring together in a single host ICB the shared teams and staff supporting the Office of the West Midlands and their ICBs.
- To develop distributive leadership and expertise across an agreed range of functions/teams for the benefit of all ICBs
- To provide a single coherent voice for the West Midlands ICBs where appropriate /a single point of contact/shared voice for change
- To share learning and support improvement across the ICBs
- To achieve best value and efficiency by working at scale where appropriate

Work Programme	Host ICB	Lead CEO
POD / GMaST / Complaints / Secondary Dental	Herefordshire and Worcestershire	Simon Trickett
Operating Model Development	Coventry and Warwickshire	Phil Johns
Collaboratives		
Integrated Staff Hub and OWN hosting	Birmingham and Solihull	David Melbourne
Specialised commissioning		
Commissioning Support Service Review	Shropshire, Telford and Wrekin	Simon Whitehouse
NHS 111/999 Services	Black Country	Mark Axcell
West Midlands Combined Authority		
Immunisations and Vaccinations	Staffordshire and Stoke	Peter Axon



Office of the West Midlands
Partnership of Integrated Care Boards

Joint forward plan - 2023

Appendix 3: Statutory Requirements checklist

This section includes a **cross reference to the two Health and Wellbeing strategies** for Herefordshire and Worcestershire, to identify the extent to which the JFP addresses the priorities set out therein.

The section also identifies which section of the JFP (or other documents) **show how the ICB will meet its statutory duties** as laid out in Appendix 2 of the mandatory guidance.



Mapping to the Herefordshire Health and Wellbeing Strategy

Herefordshire Health and Wellbeing Priorities		Where and How the Joint Forward Plan Addresses this
Core Priority Areas	Best Start in Life For Children	<ul style="list-style-type: none"> • Appendix 1, Theme 1 (Maternity and Neo-natal Care), Appendix 1, Theme 2 (Early years, children and becoming an adult): The core focus of these two areas is directly aligned to the Health and Wellbeing priority or providing the Best Start in Life for Children.
	Good Mental Wellbeing throughout life	<ul style="list-style-type: none"> • Appendix 1, Theme 6 (Learning Disability and Autism Care), Appendix 1, Theme 7 (Mental Health and Wellbeing), Appendix 2, Theme 15 (Mental Health Collaborative): The core focus of these three areas is directly aligned to the Health and Wellbeing priority of supporting Good Mental Wellbeing throughout life.
Supporting Priorities	Improving access to local services	<ul style="list-style-type: none"> • Appendix 1, All Themes – Improving access to core NHS services is a priority running through the work programmes of all core themes, including through the development of virtual wards and an overall ambition to invest more in preventative activities and to provide best value healthcare in the right setting. • Appendix 1, Themes 11, 12 and 13 (Primary Care Themes): Improving access for primary care services will be a specific focus through implementation of the National Access Recovery Plan. Furthermore, the ICB is responsible for commissioning Dental Services from April '23 and is prioritising work to improve access, particularly for those with greatest need. • Appendix 2, Theme 12 (Digital data and technology): A key theme of our digital strategy is to enable greater access to service through digital platforms and to support the development of virtual wards.
	Support people to live and age well	<ul style="list-style-type: none"> • Main Document, overall theme: The focus on upstream investment in prevention and providing best value care in the right setting emphasises the central focus of this plan on supporting people to live and age well. • Appendix 1, All Themes – Improved physical and mental wellbeing is fundamental to all themes in appendix 1, recognising the intent of the overall strategy in the long term to reduce demand on services by investing more time, money and focus on preventative activities • Appendix 2, Theme 5 (Prevention): This sets out how NHS services will work to support local prevention strategies through specific interventions.
	Good work for everyone	<ul style="list-style-type: none"> • Main Document, Workforce Section (page 13) – As a direct employer of more than 20,000 people across the ICS area, the NHS has a direct role in providing good work for everyone. The plan sets out our approach to filling our workforce gaps by attracting more people to work in the NHS, particularly in roles that are perfect for local people such as care assistants who can go onto develop a professional career locally.
	Support those with complex vulnerabilities	<ul style="list-style-type: none"> • Appendix 1, Theme 2 (Early years, children and becoming an adult), Appendix 1, Theme 6 (Learning Disability and Autism Care), These sections outline out work to support people with complex needs. Other services, particularly Primary Care also tailor their approaches to support complex needs. • Appendix 2, Theme 4 (Health Inequalities), Appendix 2 Theme 7 (Personalised Care), Appendix 2 Theme 9 (Commitment to carers), Appendix 2, Theme 10 (Support to veteran health), Appendix 2, Theme 11 (Addressing the needs of victims of abuse): These sections outline specific local actions that will ensure that NHS partners support those people with complex vulnerabilities.
	Improve housing, reduce homelessness	<ul style="list-style-type: none"> • Appendix 2, Theme 6 (Population Health Management): NHS Partners recognise the inextricable link between poor housing / homelessness and poor health outcomes. A core focus of our population health management work will be to identify specific individuals whose health outcomes are impacted in this way and to implement targeted interventions to improve their outcomes.
	Reduce Carbon Footprint	<ul style="list-style-type: none"> • Appendix 2, Theme 14 (Greener NHS), provides an overview of how local NHS partners will contribute to improving the environment and reducing the NHS carbon footprint.

Mapping to the Worcestershire Health and Wellbeing Strategy

Worcestershire Health and Wellbeing Priorities		Where and How the Joint Forward Plan Addresses this	
Core Priority: Good Mental Health and Wellbeing	Whole Population Approach	<ul style="list-style-type: none"> • Appendix 2, Theme 18 (Worcestershire Place Partnership): This section outlines how partners will work together at county and district collaborative level to put integration at the heart of our service delivery. 	The core focus of these areas is directly aligned to the Health and Wellbeing priority of supporting Good Mental Wellbeing throughout life: <ul style="list-style-type: none"> • Appendix 1, Theme 6 (Learning Disability and Autism Care) • Appendix 1, Theme 7 (Mental Health and Wellbeing) • Appendix 2, Theme 15 (Mental Health Collaborative)
	Align and Support Local Strategies	<ul style="list-style-type: none"> • Appendix 2, Theme 6 (Population Health Management): NHS Partners recognise the inextricable link between poor housing / homelessness and poor health outcomes. A core focus of our population health management work will be to identify specific individuals whose health outcomes are impacted in this way and to implement targeted interventions to improve their outcomes. • Appendix 2, Theme 12 (Digital, Data and Technology): 	
	Commitment to reducing health inequalities	<ul style="list-style-type: none"> • Appendix 2, Theme 4 (Health Inequalities), • Appendix 2, Theme 6 (Population Health Management) 	
	Engage local communities over the lifetime of the strategy	<ul style="list-style-type: none"> • Appendix 2, Theme 8 (Working with Communities) • Appendix 2, Theme 9 (Commitment to Carers) 	
Supporting Priorities	Healthy Living at All Ages	<ul style="list-style-type: none"> • Main Document, overall theme: The focus on upstream investment in prevention and providing best value care in the right setting emphasises the central focus of this plan on supporting people to live and age well. • Appendix 1, Theme 2 (Early years, children and becoming an adult), Appendix 1, Theme 4 (Frailty), Appendix 1, Theme 8 (Long term conditions): Improved physical and mental wellbeing is fundamental to all themes in appendix 1, recognising the intent of the overall strategy in the long term to reduce demand on services by investing more time, money and focus on preventative activities. • Appendix 2, Theme 5 (Prevention): This sets out how NHS services will work to support local prevention strategies through specific interventions. 	
	Quality local jobs and opportunities	<ul style="list-style-type: none"> • Main Document, Workforce Section (page 13) – As a direct employer of more than 20,000 people across the ICS area, the NHS has a direct role in providing good work for everyone. The plan sets out our approach to filling our workforce gaps by attracting more people to work in the NHS, particularly in roles that are perfect for local people such as care assistants who can go onto develop a professional career locally. 	
	Safe, thriving and healthy communities and places	<ul style="list-style-type: none"> • Appendix 2, Theme 8 (Working with Communities): This section outlines how we will listen to our communities and use this intelligence to make sure we focus on doing the right things. • Appendix 2, Theme 6 (Population Health Management): NHS Partners recognise the inextricable link between poor housing / homelessness and poor health outcomes. A core focus of our population health management work will be to identify specific individuals whose health outcomes are impacted in this way and to implement targeted interventions to improve their outcomes. • Appendix 2, Theme 14 (Greener NHS), provides an overview of how local NHS partners will contribute to improving the environment and reducing the NHS carbon footprint. 	

Mapping of ICB duties to the Joint Forward Plan

The JFP <u>must</u> set out:	Executive Lead	Description of approach, governance arrangements and links to other evidence and references to demonstrate the ICB duty.
Describing the health services for which the ICB proposes to make arrangements.	Chief Executive	Appendix 1, Core Areas of Service provides an overview of the range of services that the ICB is making arrangements for. The ICB Operating Model and System Development Plan provides more detail on specific areas to demonstrate how services are organised and developed.
Duty to promote integration	Executive Director of Strategy and Integration	The duty to promote integration is inherent to the design of the whole local system, as demonstrated in: Integrated Care Strategy, JPF Main Document, JFP Appendix 1 (Core areas of focus) and Appendix 2 (Enablers) provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas. Additionally, there are a myriad of other documents that outline this, including: ICB Operating Model and Organisational Structure, Better Care Fund, ICB Contribution to the Health and Wellbeing Strategies, Place Partnerships and HIPP Board, Fragile Services Framework, Clinical and Care Professional Leadership Networks
Duty to have regard to the wider effect of decisions	Executive Director of Strategy and Integration Director of Corporate Services	The Four Pillars of Integrated Care Systems , built up from the Triple Aim were the basis of the strategic planning framework that was used to develop the ICS Strategy, the Joint Forward Plan and the linkages they have to the Health and Wellbeing Strategies. The ICB Governance Design, as set out in the ICB Constitution and Governance Handbooks outlines how the Governance Structure of the ICB is designed to ensure that the ICB meets its duty to have regard to the wider effect of its decisions. The main committee for ensuring this happens is the ICB Quality, Resources and Delivery (QRD) Committee, which is supported by the ICB Quality Delivery and Oversight of System Group (QDOS), which pulls together the activities of all the ICS Programme Boards and Forums.
Financial duties	Chief Finance Officer	Main Document, pages 17 and 18 outline the 23/24 Financial Plan. It also outlines arrangements for developing a Medium-Term Financial Strategy, which will be used to set out the plan for returning the system to financial balance. The ICS Finance Forum (chaired by Wye Valley NHS Trust Chairman) is the strategic group that bring finance professionals together to build consensus around the financial plan.
Implementing any Joint Local Health and Wellbeing Strategy	Executive Director of Strategy and Integration	The JFP has been developed to specifically demonstrate how NHS partners will contribute to the delivery of the Integrated Care Strategy and the two Joint Local Health and Wellbeing Strategies. The overall approach to the development of the Integrated Care Strategy and the Operating Model for the system (build around place) has been created to ensure alignment between all strategic plans.
Duty to Improve quality of services	Executive Chief Nurse	Appendix 2, Theme 1 (Quality, Safety and Patient Experience) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to reduce inequalities	Director of Partnerships and Health Inequalities	Appendix 2, Theme 4 (Health Inequalities) and Theme 5 (Prevention) provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to promote the involvement of each patient	Director of Operations – System Programmes	Appendix 2, Theme 7 (Personalised Care) provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to involve the public	Director of Communications & Engagements	Appendix 2, Theme 8 (Working with Communities) provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas. Appendix 2, Theme 6 (Population Health Management) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty as to patient choice	Chief operating officer	Patient choice is a key focus for the ICB. There is a plan for an accreditation process for new providers in development that will be ready in late 2023. Addition, there will be revised patient information to promote choice and support patients decisions. Progress against Patient Choice will be reported through the Elective, Diagnostic and Cancer Programme Board through the SRO for patient choice.
Duty to obtain appropriate advice	Chief Executive, through individual Executive Leads	There are a myriad of different arrangements in place for ensuring that the ICB obtains relevant advice when making decisions. This includes arrangements with a legal firm to provide legal advice, and MOU with public health to provide support for undertaking needs assessments, arrangements with the CSU for provide procurement advice etc.

Mapping of ICB duties to the Joint Forward Plan

The JFP <u>must</u> set out:	Executive Lead	Description of approach, governance arrangements and links to other evidence and references to demonstrate the ICB duty.
Duty to promote innovation	Chief Medical Officer & Director of DDaT	The Chief Medical Officer is responsible for coordinating work across the ICB for promoting Innovation and the ICB employs and Officer within the Digital Team to support this work.
Duty in respect of research	Chief Medical Officer / LTC and Personalised Care Lead	Appendix 2, Theme 12 (Digital Data and Technology) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Duty to promote education and training	Chief People Officer / ICS Academy Director	Main Document Pages 13 to 16 set out the key facets of the ICS System People Plan, which includes details and references to further information on the ICS Academy.
Duty as to climate change	Head of Health Inequalities, prevention and Greener NHS	Appendix 2, Theme 14 (Greener NHS) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Addressing the particular needs of children and young people	Director of Operations – System Programmes	Appendix 1, Theme 2 (Early Years, children and becoming an adult) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Addressing the particular needs of victims of abuse	Director of Partnerships and Health Inequalities, working with the Chief Nursing Officer	Appendix 2, Theme 11 (Addressing the specific needs of victims of abuse) The Director of Partnerships and Health Inequalities and Chief Nursing Officer is coordinating work to link in with external partners to ensure that the ICB fulfils across these areas, in addition to the services in place across Herefordshire and Worcestershire.

Other Recommended Content	Description of approach, governance arrangements and links to other evidence and references to demonstrate the ICB duty.
Workforce	Main Document Pages 13 to 16 set out the key facets of the ICS System People Plan, which includes details and references to further information on the ICS Academy.
Performance	Main Document Page 12 sets out the specific short term performance trajectories that are being aimed for. Longer term trajectories will be developed as part of the new approach to Strategic and Operational Planning and will be incorporated in the first refresh of the JFP.
Digital / Data	Appendix 2, Theme 12 (Digital Data and Technology) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Estates	The System Development Plan and ICS Operating Model documents outline more detail on how the ICB and System Partners meet their statutory requirements in these areas.
Procurement / Supply Chain	
Population Health Management	Appendix 2, Theme 6 (Population Health Management) , provides an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
System Development	Appendix 2, Theme 13 to 18 provide an overview of the approach and links to other documents that demonstrate how the ICB and system partners meet their statutory requirements in these areas.
Supporting Wider Social & Economic Development	The ICB fulfils its statutory duties through membership of the Health and Wellbeing Boards and engagement and contribution to the two Joint Local Health and Wellbeing Strategies, which both have a focus on tackling the wider determinants to health.
Veteran's Health	Appendix 2, Theme 10 for detail on our approach to supporting veteran's health

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Freedom To Speak Up (FTSU)
Status of report:	<input type="checkbox"/> Approval <input checked="" type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Director of HR and OD
Lead Executive Director:	Chief People Officer
Author:	FTSU Guardian - Denise MacPherson
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
<ul style="list-style-type: none"> a. This report provides broad details of Speaking Up events for the year 2022/2023. b. It provides an up-date from the Trust's Freedom to Speak Up Guardian (FTSUG) on progress, exceptions, any themes and learning and on-going plans to continue strengthening arrangements for staff to Speak Up and raise their concerns. c. It also informs the board and public of National FTSU and Local developments that will influence WVT strategy and development and where FTSU objectives contribute to Trust objectives. 	
2. Recommendation(s)	
The Trust actively encourages all line managers to complete module 2 of the National FTSU eLearning training, Listen Up. This will ensure that all line managers know what is expected of them when staff speak up to them and that staff know they will be listened to.	
3. Executive Director Opinion¹	
<ul style="list-style-type: none"> a. Effective speaking up arrangements help to improve the experience of NHS workers and by default this will also improve the patient experience. b. Having a healthy speaking up culture is also an indicator of a well-led trust. 	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
	<p>Workforce</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners <input checked="" type="checkbox"/> Develop a 5 year 'grow our own' workforce plan <p>Research</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate

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.

1. Executive Summary

This paper provides a summary of FTSU activity and themes of concerns raised with the Freedom To Speak Up Guardian (FTSUG) and FTSU Champions at WVT for 2022/23

A summary of FTSUG activity is detailed along with developments and actions that have been taken to further imbed the FTSU role and to encourage a culture of openness. As an example of WVT’s commitment to FTSU the number of hours ring fenced for the FTSUG post has doubled to 3 full days per week from April 2023.

The role of the FTSUG touches many areas of the CQC Well-Led Framework. The Care Quality Commission (CQC) assesses a Trust’s speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question.

2. Summary of Speaking Up in 2022/23

In October 2022 the executive lead, Geoffrey Etule, Non-Executive Director, Ian James, with FTSU in their portfolio and the FTSU Guardian, Denise MacPherson presented an NGO gap analysis and executive review of Speaking Up at WVT to the Trust Board. The outcome was an action plan for FTSU, shown below. In addition a FTSU Policy review was conducted and the updated policy, in the new national format, was published in December 2022.

Speaking Up in 2022/23 Action Plan from the required NGO review

Action Plan from Gap Analysis November 2022 – Updated 11.05.2023

Workers	FTSU Guardian	Leadership
<p>1. KPIs National benchmarking - Model Hospital Annual Staff Survey – We all have a voice that counts. Sub score 2 Raising concerns Quarterly data returns to NGO Local KPI – Exemption report to TMB- Cases open >3 months . Total case numbers per year.</p> <p>2. FTSU eLearning Speak Up Regularly meeting Trust target. 30.4.23 at 88.75% Listen up needs to be reviewed as mandatory</p> <p>3. Policy Review to include new appendix on Detriment Complete and meets the 2022 NHS/NGO template that is required to be implemented by 2024</p>	<p>1. Review ring fenced time Complete. Hours increased by 100% to 3 days at 01.04.23</p> <p>2. Investigate Portal to replace Excel Spreadsheet On going</p>	<p>1. Strategy In progress with SWFT – Two option styles in discussion</p> <p>2. KPIs Listen Up and Follow Up eLearning</p> <p>3. Review NED walkabouts With NED to promote within that Group.</p> <p>4. Get FTSU on the ICS/ICB agenda Complete. Guardian has spoken with ICB lead and their EDI lead to help them embed this within the ICB. ICB to join the H&W guardian group</p> <p>5. Consider Bank Investigators -that are “suitable trained” / experienced With HR to progress</p>

Speaking up data in 2022/23 and aims to reduce the barriers to speaking up.

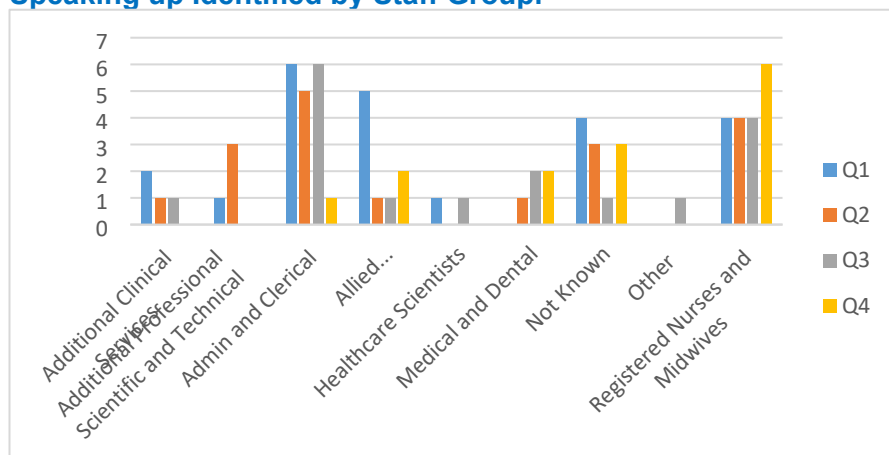
A total of 72 cases have been recorded in 2022/23. In the past 4 years cases have numbered between 70 and 74.

In order to reduce barriers that some staff / staff groups have to speaking up, discussions have been on going with Worcester Acute Trust with the aim to have a WVT Portal where concerns can be raised electronically from anywhere on a smart phone or work computer.

2018 / 19	24	2020 / 21	70	2022/23	72
2019 / 20	73	2021 / 22	74		

The portal has demonstrated, at Worcester Acute Trust to increase speaking up cases giving their trust more opportunities to learn and improve. It also provides up to date data and graphs for reports, aiding quarterly NGO data returns too. Discussions had stalled but are now up and running again. Having Champions across all Divisions and staff groups is an ongoing aim to aide speaking up too.

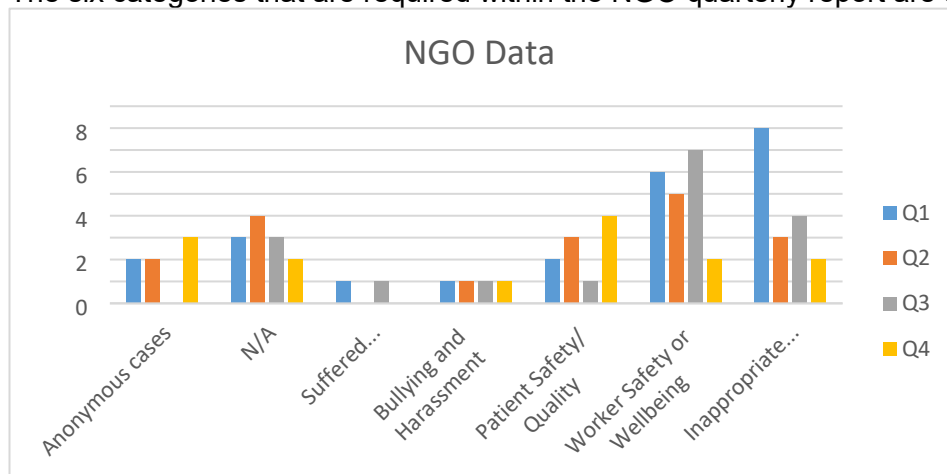
Speaking up Identified by Staff Group.



Administration and Clerical staff along with registered nurses and midwives both spoke up in 18 cases. This equals 25% each of the year’s total. This is reflective of previous years. The third largest group are recorded as anonymous. These staff did not give their name when they approached the Guardian or they were comments or questions posed on the Trust’s Rumour Mill anonymously that required a response from the FTSU Guardian or they were known to a FTSU Champion who acted as an intermediary.

Data returns to National Guardian Office (NGO)

The six categories that are required within the NGO quarterly report are shown in the graph below.



Speaking up events are categorised from the perspective of the individual speaking up or subjectively by the Guardian from the information received. If the picture changes local Guardians have the opportunity to change data on the NGO website.

Behavioural concerns from the three related categories (Detriment/ Bullying & Harassment / Inappropriate behaviours) shown in the chart above make staff relationships and interactions the subject of greatest concern (31.9%) Worker Safety or Wellbeing also adds to this where staff are suffering from stress or anxiety from incidents in the workplace. WVT is not an outlier in this. The NGO FTSU Annual report 2021/22 states, *“poor behaviour remains a cause for concern, with the highest proportion of cases – a third (32.3%) – including an element of behaviours, such as bullying/harassment. This is a rise from 30.1% last year”* The 2022/23 report is due June 2023 but discussions within the Midlands FTSU Network reflect that the situation is likely to be similar. *“A recent study of people who experienced bullying in the workplace found that 75% reported a loss of concentration, memory and overwhelming anxiety, and over 80% felt the ‘anticipation of the next negative event’ – the feeling of constantly walking on eggshells”* Tim Keogh – A Kind Life

While our clinical services are the key to WVT success this will only be achieved if we look after our staff. When concerns are raised we need to demonstrably show we are acting on them. Sometimes getting a timely response to action is difficult in the current climate. Feedback to staff who speak up also needs to be timely if not comprehensive (for confidentiality reasons). The FTSUG works also side the HR team with their staff wellbeing agenda and promotions across the Trust.

Civility Saves Lives

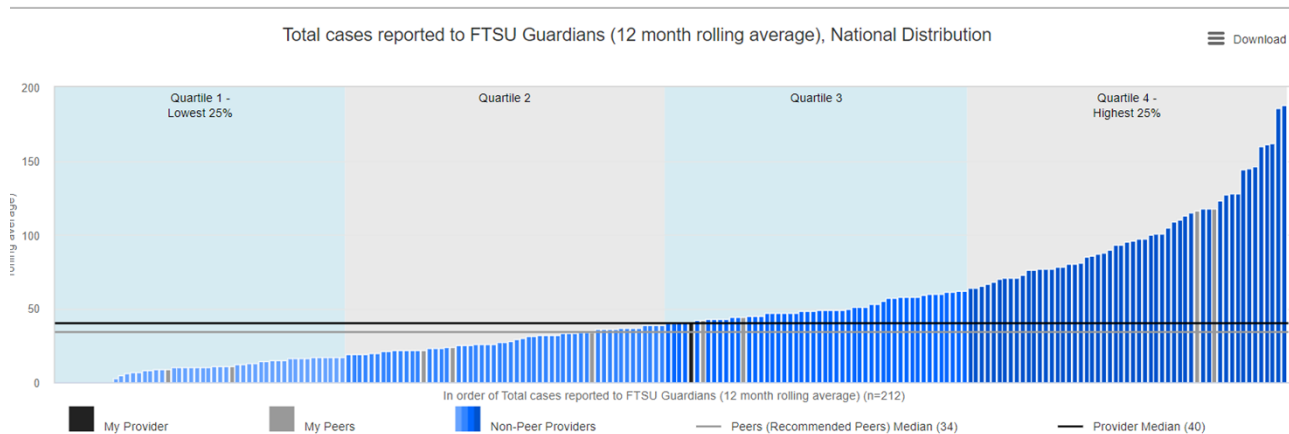
In order to help improve the culture of openness within the Trust, the Guardian assisted by Viv Leech, WVT Training and Education Facilitator, presented a number of Civility Saves Lives sessions across the Trust. Delivery was Trust wide, on line or to departments as a bespoke session again on line or face to face. In 2022 over 400 WVT staff received this training. This training is to continue with our new Guardian who will be offering sessions monthly on MS Teams. What is Civility Saves Lives (CSL)?

- It's about developing and sustaining an open and positive culture, creating a place of physiological safety for staff to feel confident to Speak Up.
- It's about Civility in the workplace. As Chris Turner from the CSL campaign shouts from the roof tops is critical for patient safety and is most certainly about staff safety and wellbeing, removing poor behaviours , bullying and harassment and micro aggression that communicate some sort of bias.
- It's about throwing defensiveness out of the window and being curious to concerns and challenges when things are not right or could be better when someone speaks up to you.

“We are a collective voice for the importance of respect, professional courtesy and valuing each other. We aim to raise awareness of the negative impact that rudeness (incivility) can have in healthcare, so that we can understand the impact of our behaviours” Dr Chris Turner, Consultant in Emergency Medicine

National Comparisons

Unfortunately Model Hospital is late being up dated so the graph below showing the cases reported in a rolling 12 month period includes quarter 4 from 2021/22 and quarters 1 to 3 from 2022/23. WVT is shown as low quartile 3 with the rolling case number being 41. If performance in other Trusts stays the same our concerns, numbering 72 for the four quarters in 2022/23 would put WVT into the low section of quartile 4.



NHS National Staff Survey 2022

The four questions that make up the People Promise section, we all have a voice that counts, raising concerns, is interrogated every year locally, regionally and nationally. This compares the Trust's performance nationally and is an indicator how safe staff feel to Speak Up and how confident they are the Trust will act. Results on Model Hospital not published so our position nationally or regionally not known. The 2022 Staff Survey published in March 2023 shows WVT score to be 6.5 in this section.

Foundation / ICS Staff Survey	2021	Quartile 2021 Model Hospital	2022
SWFT	6.9	Q4 Highest	6.9
Wye Valley	6.7	Q3 Mid /High	6.5
George E	6.4	Q2 Mid/Low	6.2
Worcester Acute	6.4	Q2 Mid/Low	6.4

Lessons Learnt

Openly ask our staff to help. In these cases, Read the Room.

There have been a number of cases throughout the year and more in this current Qu 1 in relation to the use of the English language in the workplace. This has been addressed as the subject of a presentation to Medical Matrons and sisters and within Theatres. The presentation is to be made available for managers to use when this issue arises with an aim to get staff on board and to be aware of the Trust Statement that covers three distinct areas of the work place. The aim is assist staff to be aware of the many challenges to this subject and help them be compassionate and inclusive whatever their position is by putting themselves in everyone's position. There has been success from this approach with staff in Theatres.

Feedback to Staff Speaking Up

Staff who have spoken up need feedback. This has been discussed within the FTSU team and HR business partners. We all agreed that even if we can say very little due to confidentiality we must feedback something, thank staff for Speaking Up and encourage their feedback to us too.

Give staff tools to challenge poor behaviours with compassion.

Research has some amazing statistics showing that tackling this over a coffee with compassion and empathy, results in the vast majority of offenders not re-offending. It generally brings to light that individuals have not realised they have offended and they want to make amends.

Support for managers to have difficult conversations

In the FTSU report to Trust Management Board senior staff have been asked to give their support in this matter. There is also a number of courses that support staff management within our Trust training prospectus.

Selection and Interviewing processes

Staff involved to have completed the Trust's training to ensure process is followed and all actions are transparent.

3. Exception Reports

The number of cases open more than 3 months

At the end April of 2023, 28 cases remained open with 19 being open longer than 3 months. At 26th June open cases have reduced to eight with six open in excess of 3 months exemption. All open will be handed over to Jo Sandford, our new FTSU Trust Guardian, if not closed by July 6th 2023. It is anticipated that only 2 or 3 will need to be handed over and only if the individuals who spoke up are in agreement.

Mandatory Training for FTSU

Division	Freedom to Speak Up - All Workers - No Specified Renewal	Staff Group	Freedom to Speak Up - All Workers - No Specified Renewal
229 Clinical Support Services Division	87.36%	Add Prof Scientific and Technic	90.98%
229 Corporate Division	89.62%	Additional Clinical Services	87.55%
229 Integrated Care Division	89.31%	Administrative and Clerical	89.05%
229 Medical Division	85.20%	Allied Health Professionals	89.23%
229 Surgical Division	88.95%	Estates and Ancillary	84.40%
Overall	88.02%	Healthcare Scientists	85.71%
		Medical and Dental	76.92%
		Nursing and Midwifery Registered	91.33%
		Students	100.00%

WVT was one of the first Trusts in the Midlands to mandate module one, FTSU Speaking Up eLearning. The aim for all mandatory training is for the percentage is 85% or higher to be compliant. At the end of March 2023 FTSU was 88.02%. Current total at the end of April was 88.5%.

National Guardian Office is calling for all three modules of FTSU eLearning to be mandated following on from the results of the 2022 Annual Staff Survey.

"It is disappointing that the staff survey results reflect a decrease in workers' confidence to speak up, and especially concerning that this includes about clinical matters" Jayne Chidgey-Clark National Guardian

4. The WVT FTSU Team

The number of FTSU Champions has varied throughout the year, ending 2020/23 with 28 staff across all Divisions. We are also very proud to have included in this number a team of 6 foundation year doctors. The Guardian actively seeks representation from specific staff groups where there are known barriers to speaking up.

5. Handover

The Trust Board has given time for a transition period for hand over from the outgoing Guardian to the new. This has meant that for open cases no confidentiality has been breached giving time for them to be closed. It has also given opportunity for advice and guidance for the new post holder for the whole of the first quarter. New national guidance was issued in June 2023 by the NGO on the arrangements that Trusts should make for such periods and at WVT we have met and gone beyond what is expected.

On a personal note it has been a privilege to hold a second nationally mandated position at Wye Valley Trust. I will miss the Trust immensely after 32 years but know FTSU is in safe hands with our new Guardian moving forward and the ongoing support of the executive team.

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Patient Experience Report
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Quality Committee
Lead Executive Director:	Chief Nursing Officer
Author:	Natasha Owen, Associate Director of Quality Governance
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
To provide Board with a quarterly update on the activities undertaken in support of improving patient experience.	
2. Recommendation(s)	
Board is asked to note the content of the report.	
3. Executive Director Opinion¹	
The Board is asked to note the following: <ul style="list-style-type: none"> • It has not been possible to provide detailed data analysis for this quarter due to the transition from Datix to InPhase • The Friends and Family test text service is generating a wealth of feedback which is positive, the more detailed divisional analysis is welcomed in order to get behind the detail of the information being received. • It is disappointing that the text survey link is receiving no responses, yet I welcome the volunteers supporting more face-to-face interaction with our patients. • The improvements seen in the complaint response times are promising. • Continued engagement with the Patient Experience Committee is crucial if we are to truly improve patient experience. 	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
Quality Improvement <input type="checkbox"/> Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes <input type="checkbox"/> Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF) <input type="checkbox"/> Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care Digital <input type="checkbox"/> Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy <input type="checkbox"/> Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways Productivity <input type="checkbox"/> Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations <input type="checkbox"/> Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre	Sustainability <input type="checkbox"/> Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff <input type="checkbox"/> Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process Workforce <input type="checkbox"/> Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners <input type="checkbox"/> Develop a 5 year 'grow our own' workforce plan Research <input type="checkbox"/> Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate

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.

Patient Experience Report

Introduction

The report provides an update on patient experience key metrics and areas of improvement in support of the Trust Quality priority - “Using local and national intelligence to improve patient experience”.

Headlines

- The Patient Experience Committee is re-established and meeting monthly with good engagement
- The Trust is receiving increased feedback from patients through the Friends and Family Test service
- The Trust had a complaint partially upheld by the PHSO
- Full data analysis has not been possible given the transition onto the new complaints management system.

Patient Experience Committee

The Patient Experience Committee met in April 2023 after a pause in meeting whilst the function of the committee was reviewed.

The Committee now meet monthly and the new format includes a focus on assurance and improvement. The assurance session focusses on data, ensure understanding of the data, and receive assurance on how this data is used to inform improvement. The improvement session is used to have a focussed discussion on a particular issue or topic and either develop the actions required to generate improvement or receive assurance the improvements required are being addressed.

Improvement topics so far have included; loss of patient property, embedding the patient engagement charter and improving how we engage with patients.

The meeting now has good engagement and representatives from all divisions. In addition, the Committee are progressing with identifying doctors to join to support the response to those issues that sit outside of the nursing/ AHP remit. The aim being to promote and support an MDT approach to improving patient experience.

The Committee reports into the Quality Committee to align with the sub-committee structure reporting schedule.

Friends and Family Test (FFT)

The Trust are now using a text messaging service to receive feedback in line with the national Friends and Family test programme.

FFT text message service rollout

The text messaging service is now live in the following services;

- All inpatient areas (inc. community beds)
- Outpatient departments (exc. Radiology and MRU)

Outstanding are the following services below, with explanation for the delay;

- Community non bedded services (awaiting WVT Informatics team to provide the data to the supplier)
- Maternity (internal resolution of safeguarding issues required)
- Paediatrics (initial meeting held)

FFT Results

The FFT questions and measures changed in 2022 when the programme re-launched after pausing during the pandemic.

Previously Trusts were measured on the satisfaction score provided by patients/ service users and measured on the response rate as a percentage of patient contacts within a month. The Trust are no longer measured on response rate and the FFT question has changed to; overall how was your experience of our service?

Patients are asked to rate from the following options;

- Very poor
- Poor
- Neither good or poor
- Good
- Very Good

These responses are then categorised as positive (very good, good), negative (poor or very poor) and neutral (neither good nor poor). This generates a recommendation rate (percentage) for our services.

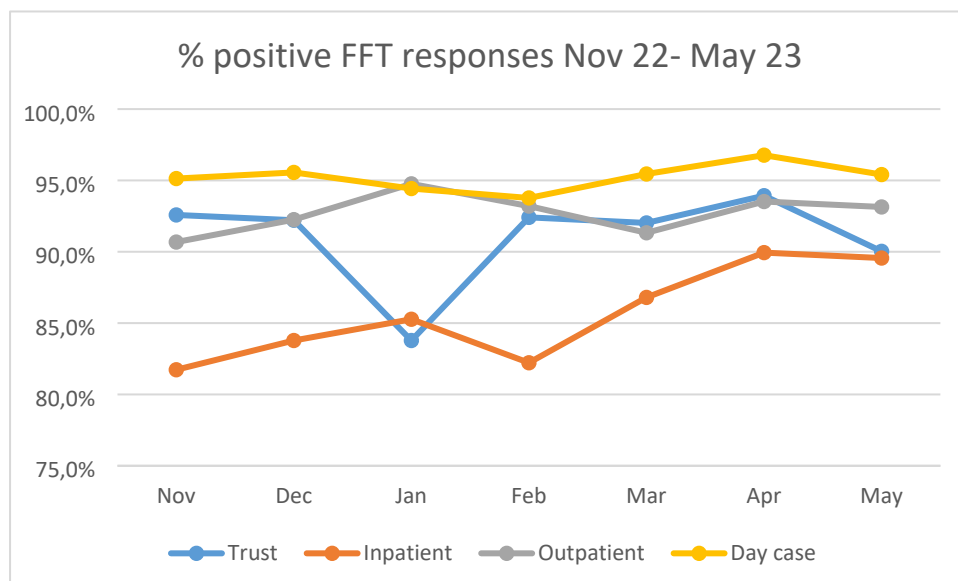
Headlines

Between 1st January 2023- 31st May 2023;

- The Trust has sent 29,896 messages for feedback
- 7863 responses were received (22% response rate overall)
- 92.1% of our patients have given positive feedback
- 6851 patients gave further comments in regards to how they scored their experience

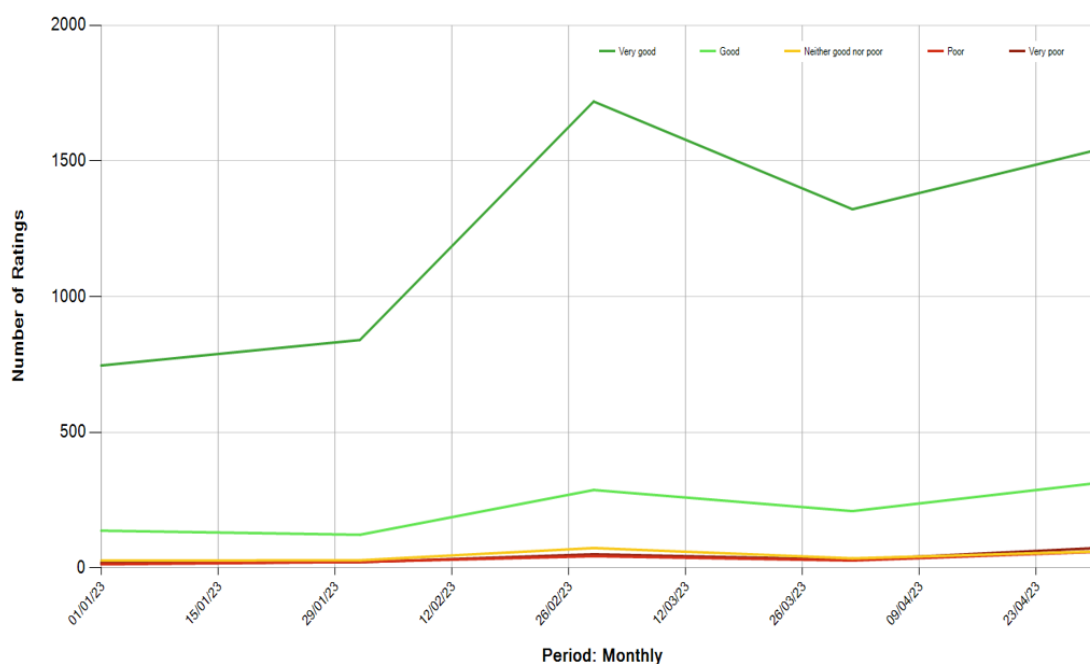
Quantitative Data

Our latest results in the chart below are the percentage of responses that scored their experience positively (recommendation rate).



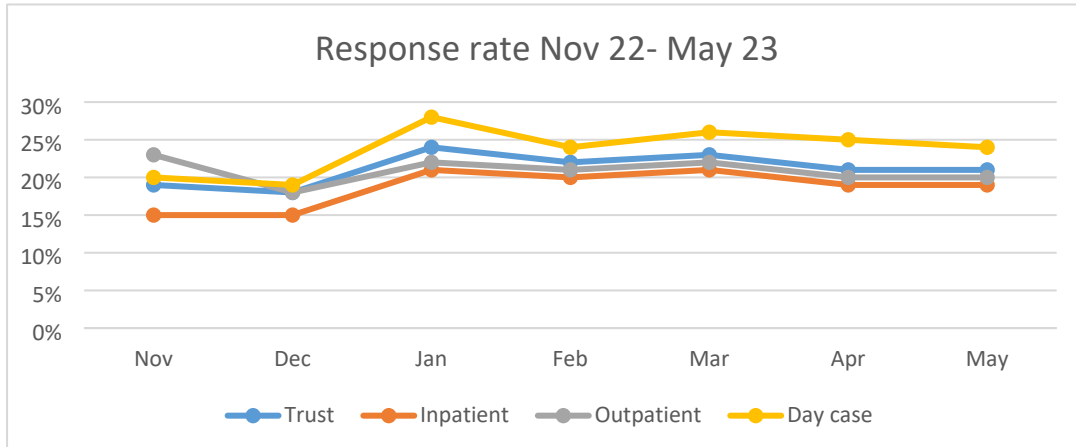
Overall, we have the highest satisfaction ratings in Day Case, followed by outpatients, with the lowest ratings we receive seen in inpatient areas.

The chart below shows the actual response received by patients and overwhelmingly the most popular response is 'very good' month on month.



Prior to the implementation of the text messaging service, the Trust had implemented a QR code process to collect FFT feedback. Our response rate using this method was low between 1% and 6% of patient contacts. This was not providing meaningful data to drive improvement.

Since moving to text messages, the Trust overall response rate is 22% with a breakdown by service type shown in the chart below. The national average response rate is 20% and it is pleasing to see our responses comparable to this figure overall and in some areas exceeding this.



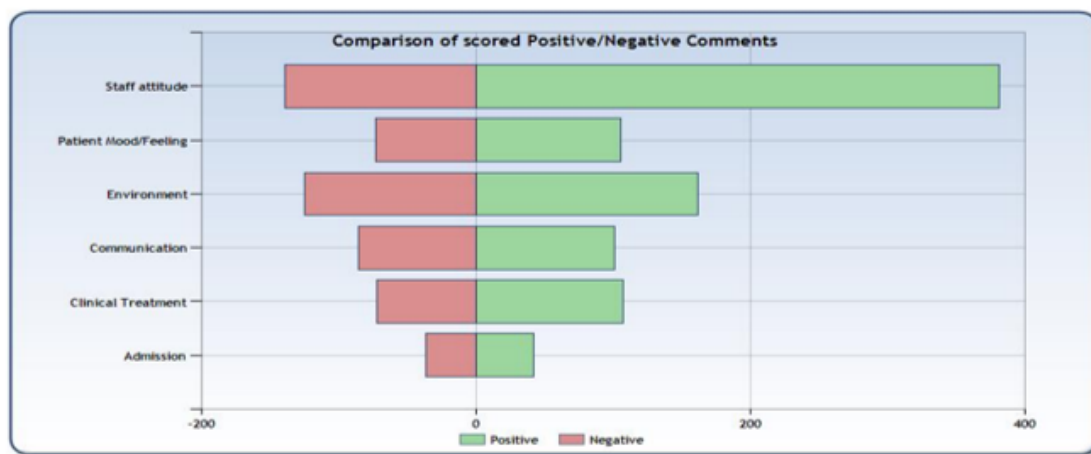
Qualitative Feedback

After patients have answered the initial question, they are asked for comments. The free text comments message provides a wealth of qualitative data. This was reviewed at Trust level at the Patient Experience Committee in June 2023.

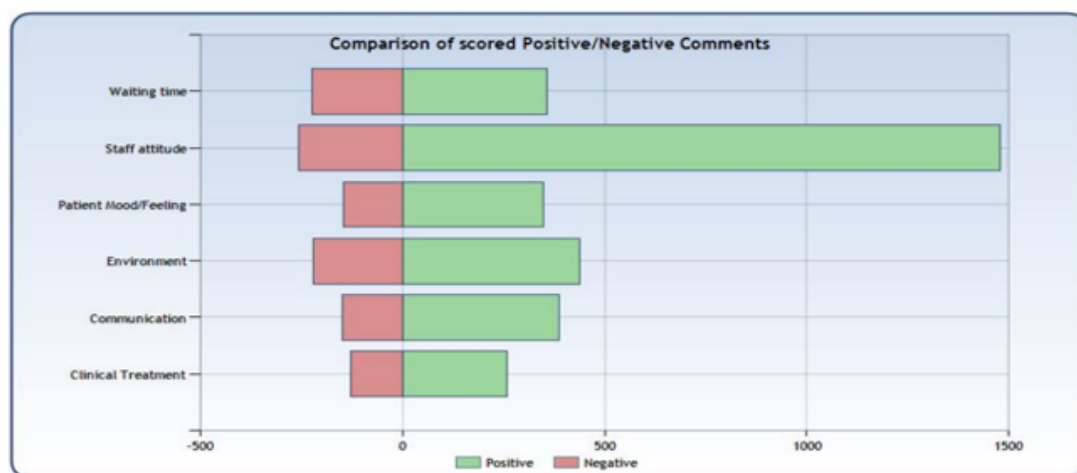
The system allows themes to be identified and categorises the qualitative feedback thematically and by the negative or positive nature of the comment.

The charts below show this broken down by inpatient and outpatient responses.

Inpatient responses



Outpatient responses



Overall outpatient areas have the most positive feedback. However in both inpatient and outpatient areas, for each theme, the positive feedback outweighs the negative.

There were some common themes derived from the negative feedback particularly around waiting times across all areas; waiting time for treatment, waiting time on the day in outpatients, waiting time in ED. Additionally, there are individual interactions and attitudes that need a deeper review. Communication and information given were also common themes when reviewing the trust level information. Divisions will now undertake more detailed analysis of this data and identify areas of good practice and areas for improvement. These will be presented to Patient Experience Committee in July and August.

Surveys

Local surveys

The Trust implemented a rolling programme of local postal surveys to patients, tailored to the service they have used at the Trust. The first set of surveys sent out received a good response and the findings of these have previously been reported to Quality Committee. The first postal survey was introduced before the Trust went live with texting. Subsequent postal surveys are not being returned.

As part of the text service there is an automated text with a link to our local version of the inpatient survey, since this was introduced we have had only one response via this method.

It is possible patients see these methods as duplication or that it is considered too time consuming to complete.

During November 2022, our volunteers undertook face-to-face surveys with inpatients to gather intelligence ahead of the national survey, given the national survey selects from November inpatient stays. This generated a good response with meaningful analytical data to support improvement and the findings of these were reported to Quality Committee at the time.

It is evident where gathering feedback is quick or facilitated (text message or support completing a survey) we are gathering more meaningful data. With this in mind, the Patient Experience Team will develop a rolling programme of volunteer led patient surveys for inpatient and outpatient areas. This will support triangulation of feedback alongside FFT, complaints and concerns.

National surveys

Since last reporting the national maternity patient survey was published and the results and action plans presented at Quality Committee in February 2023.

Headlines

The department identified the following areas of improvement from the survey results and wider feedback including;

- Raising awareness of home birth options
- Improve access to mental health support and provision of information on the website
- Improve breastfeeding support
- Improve privacy and dignity for patients in the maternity unit
- Provision of information, communication and enabling women to make informed choices was a general theme across antenatal, delivery and postnatal services and a key area to make improvements

A comprehensive action plan was developed and incorporated into the wider maternity improvement plan.

The following national surveys will be published in the next two months and will be presented to Quality Committee;

- Urgent and Emergency Care survey (July 2023)
- Inpatient survey (August 2023)

Complaints

This section of the report provides;

- Complaints performance data (where available)
- Information relating to PHSO activity

Complaints data

Quality of care, access and outcomes	Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Number of complaints	Chief Nursing Officer	2022/23 (253)	19	18	19	18	25	23	20
Number of complaints referred to Ombudsman	Chief Nursing Officer	0	0	0	0	0	0	0	0

In February’s report we forecast that the Trust would end the financial year (2022-23) having received less complaints than the previous year. We ended the year with 253 complaints, which is a 29% reduction on the previous year.

Numbers for April and May remain within normal variation compared with the previous 12 months.

Complaint response times

During April and May the complaints management system has been manual due to a delay in the implementation of the Feedback module of the new Inphase system. This has resulted in the Informatics team being unable to produce the response times data for April and May. However, data up to March 2023 is shown below.

Quality of care, access and outcomes	Responsible Director	Standard	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Complaints resolved within policy timeframe	Chief Nursing Officer	90%	58.3%	34.8%	50.0%	20.0%	64.7%		

There was a significant improvement in the timeliness of complaint responses in March; however, there is still a lot of work to do. The Patient Experience Committee will be focussing on this throughout the year. Reporting should resume next month. A thematic analysis of complaints for Q1 will be included in the next deep dive report as it has not been possible to extract this information as we transitioned on to the new system.

PHSO report

A complaint made to the Trust was referred to the PHSO by the complainant who was not assured by our complaint response. The PHSO have now published their report, and have partially upheld the complaint.

The complaint was upheld in relation to the loss of the patient's property, communication relating to ward transfers and provision of bereavement information.

Loss of patient property is a theme that had been identified in recent months from concerns and complaints. This was discussed at the Patient Experience Committee. The Committee identified that the Patient Property policy required updating in light of digital noting. There was an acknowledgement that due to pressures on inpatient beds there are more patient moves, which has meant maintaining oversight of patient property security has become increasingly harder.

Whilst not a clinical issue, the loss of property is a real issue for patients as part of their experience of their care. The Patient Experience Committee are exploring possible improvement initiatives to support this and leading on the review and update of the Patient Property policy.

Conclusion

The data collection methods used locally to gather patient feedback differ in their effectiveness. That team will focus primarily on FFT text feedback and face-to-face services and triangulate feedback with national surveys, complaints and concerns.

The Friends and Family test service is generating a wealth of feedback and how this is being used to generate improvement will be overseen by the Patient Experience Committee. The divisions will report on the detail behind their data in the forthcoming months

The improvements seen in the complaint response times are promising and will continue to be a key focus.

The engagement with the Patient Experience Committee and new approach is positive and will help drive improvements.

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Maternity Services Quarterly Report
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Quality Committee
Lead Executive Director:	Chief Nursing Officer
Author:	Amie Symes, Associate Director of Midwifery
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
To provide Trust Board with a quarterly update in line with Trust, local and national reporting requirements.	
2. Recommendation(s)	
Trust Board is asked to note the report covers Q4 with real-time updates from April and May due to Q1 being incomplete at the time of reporting. The Quality Committee receive the quarterly exception report and further detail through submission of the Perinatal Quality Surveillance Model on a monthly basis.	
3. Executive Director Opinion¹	
<p>This is the first time Board have received the quarterly update in full and comments on content and format are welcome. The Associate Director of Midwifery is working with foundation group colleagues to develop a reporting format that aligns across the group and meets regulatory expectations.</p> <p>The maternity voices partnership has really evolved over the last few years, there is excellent engagement across our services with the MVP and their input into the maternity safety champion discussions are invaluable, as is the feedback from our service users.</p> <p>I welcome the focus on shifting the balance in terms of 'complaints' and the introduction of the birth afterthoughts service.</p> <p>The improving position in terms of maternity workforce is good news and we look forward to welcoming the group of midwives who will join us later this year.</p> <p>The CQC inspected the safety and well led aspects of the service during the week commencing 26 June, with a site visit on 27th. High level feedback will be provided shortly and this will culminate in the publication of a formal report in the forthcoming months.</p>	

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.

4. Please tick box for the Trust's 2023/24 Objectives the report relates to:

Quality Improvement

Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes

Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)

Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care

Digital

Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy

Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways

Productivity

Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations

Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre

Sustainability

Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff

Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process

Workforce

Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners

Develop a 5 year 'grow our own' workforce plan

Research

Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate

Maternity Services Trust Board Quarterly Report

Executive Summary

This report covers the governance activity of the Maternity Department for the period of Q4 22/23, with further summary updates for the period April and May 2023 due to complete data not yet being available for June.

This report addresses four key questions:

- **Are we safe and how do we know?**
- **What is new and different?**
- **What are we especially proud of?**
- **What are we worried about and what are we doing about it?**

The Trust Board is asked to receive this report for information and assurance. This also enables compliance with reporting standards set out in the Clinical Negligence Scheme for Trusts, Year 5 and the Ockenden Report 2022.

Are we safe and how do we know?

This section of the report will focus on the Maternity Quality Indicators that enable us to monitor quality and safety effectively.

Serious Incidents (SI's) and Healthcare Service Investigation Branch (HSIB)

There were 3 new serious incidents reported during Q4, one of which meets criteria for HSIB, and has been reported accordingly (and noted below within HSIB section).

One case involved a mother with a complex obstetric history, who suffered a major haemorrhage. Following a robust MDT review, including the LMNS lead midwife and obstetrician, the management of her admission and birth was deemed appropriate and showed areas of good practice and MDT working.

A second case involved a mother whose pregnancy was complicated by Type 1 diabetes and pregnancy induced hypertension. Following a multi-disciplinary rapid review, it was felt that there were areas of learning around the management and oversight of the mother's diabetes and blood pressure whilst on the maternity ward. The case was reported as an SI and work has already commenced to address these areas; with diabetes being the theme of the month within maternity for April, and safety alerts being shared around diabetes with the team. The service has developed a Task & Finish group, working with the diabetes team and dietetics to delivery on QI for diabetes. This can now be aligned to the Saving Babies Lives Care Bundle Element 5 that was published in May 2023.

The third case was an unplanned birth of a baby at home, born in poor condition. The case fits criteria to be investigated by the Healthcare Safety Investigation Branch (HSIB). The parents have consented and the case has been reported. There were no immediate care issues identified on review at WVT.

There were no incidents graded as moderate or above for the month of April.

In May, there was one incident that met the criteria to be investigated by the Healthcare Safety Investigation Branch (HSIB); consent has not been received so the case will not be investigated by HSIB. A local review has been undertaken with some local learning but no serious concerns in the care delivered.

Mothers and babies: reducing risk through audits and confidential enquiries (MBRRACE)

Deaths are reported to MBRRACE using the identified criteria:

- Late fetal loss; that is a baby delivered between 22 and 23 weeks gestation
- Stillbirths; a baby delivered after 24 weeks gestation with no sign of life
- Neonatal deaths
- A live born baby at 20 weeks gestation or later or with a birthweight of 400g or more who died before 28 completed days after birth.
- Maternal deaths

During the report period, there have been two cases reportable to MBRRACE.

A baby was born at 36 weeks gestation following the mother's attendance with reduced fetal movements. A second baby was born at 25+5 weeks gestation following the mother's attendance with reduced fetal movements. Women and their families are supported through the bereavement midwife and are offered referral to the new Petals Counselling Service.

Complaints

As we drew to a close on the year 22/23 with this Q4 report, it is important to highlight and celebrate the work of the team in maternity services. Whilst there have been a total of 10 complaints across the full financial year of 22/23, this is a marked improvement on the 19 complaints across the year 21/22. We are always disappointed to receive a complaint, but we are very grateful to the women and their families for coming forward to share their experiences to allow us to learn and improve. Through application of learning and a series of service improvements, we hope to reduce further over the coming year.

Concerns

There were no concerns received during Q4.

The ratio of concerns: complaints continues to show that we are top heavy on complaints. We recognise that in some instances women are seeking a debrief opportunity through the complaints process. Given this, we continue to look at ways we can address concerns early, prior to women returning home and are working towards a relaunch of a 'Birth Afterthoughts' service. We have funded a midwife to attend the Birth Trauma Resolution training and are working closely with the Beacon Mental Health Lead Midwife. The newly appointed Consultant Midwife will oversee this work.

Compliments

Data to confirm compliments was not available for Q4, however there were 17 documented compliments across the Maternity Unit in April and a further 16 in May.

What is new and what is different?

Training

Multi-Disciplinary training continues and compliance for the reporting period is noted to have fallen below the 90% standard expected by CNST, however they remain above 80% across all staff groups. This is due to short term unexpected sickness resulting in planned attendances not attending training. There is a clear recovery plan to improve the training compliance. Training has resumed face to face and support workers and theatre teams have been included in this year's TNA to enable the full MDT who work together, to train together.

We are aware that the Trust ability to deliver neonatal life support training has been challenged. This challenge continues as the planned retirement of the Course Director looms. The Resuscitation Lead and Divisional leads have met and have a plan to mitigate this risk.

Service User involvement

Quarterly Maternity Voices Partnership (MVP) meetings continue. Staff and service user representation is generally good, but awareness needs to be raised within our BAME and vulnerable service users groups. Work is underway to raise the profile of these meetings within those groups. The service has worked closely with the MVP to develop a 'Roadshow' where the MVP meetings now take place across the County, including more difficult to reach areas. The MVP has received a funding boost for the coming year which will be part used to improve the groups represented at MVP. Obstetric consultants now attend the meetings at the request of the MVP service users.

The team commenced Co-production training which continues with positive feedback reported by those in attendance.

We are currently working in collaboration with Hereford SANDS group to develop a bereavement garden within the hospital grounds. This can be used as a place of sanctuary for bereaved women and families. Plans are in circulation for agreement and we will keep Board updated.

Consultant Midwife Appointment

We are delighted to have welcomed our new Consultant Midwife, Ami George, during April. Ami is leading on a series of work streams and we look forward to updating the progress of the same in future reports. These include:

- Maternity Triage – remodelling to work to BSOTS (Birmingham symptom specific triage system); reviewing staffing model including recruiting to core staff.
- Implementing the OBSUK care pathway for management of Post-Partum Haemorrhage
- Lead for Maternity Continuity of Carer (MCoC)

Workforce Review – Maternity Continuity of Carer

We have been working with an Independent Consultant Midwife on a consultancy basis, funded by the LMNS. We have undertaken a workforce review to facilitate the first steps of service modelling, working towards a model that can transition to include MCoC provision. To date, we have reviewed our digital data to map women across all known social indices across Herefordshire. This has enabled us to review the current design and operation of the community midwifery teams, and determine scope for improvements with a methodology to achieve the same. We have completed a review of all estate used by the service across the county, to ensure this is fit for purpose. This information has been pulled together to detail the workforce requirements in line with the revised modelling and will likely be complete at the end of July 2023. It is expected that there will be a request for an increase in midwifery workforce, and this will be presented to TMB in line with Trust process.

We welcomed a MCoC project manager into post in January 2023 and she has been busy scoping and networking across the region. This has supported the workforce plans and team structures to facilitate a plan for MCoC.

What are we especially proud?

Team Work

The maternity and obstetric teams have continued to work extremely hard during the reporting period, particularly in March where they saw 153 babies delivered; the highest number in any one month since December 2021. The team continue to pull together and support each other, however we are pleased to report that the midwifery rosters are improving with a much improved vacancy rate, and a much improved agency and bank requirement.

Workforce/Staffing

Board are invited to note the prominence of this section within the 'What are we especially proud of section'; this is a poignant moment for the service. In Q3 we reported consistent improvements on our midwifery staffing position. We have a current vacancy rate of 2.48wte within maternity which increases to 9.02wte with maternity leave. We have welcomed 1 Band 6 midwife, and 3 Band 5 midwives into the Trust in Q4, but are sad to have received 2 further resignations (1 moving on to Health visiting, and 1 for personal business interest reasons).

Following the Trust Recruitment Open Day and a local open day for students, we are delighted to have appointed 12 newly qualified midwives who are all due to commence post in September. We have also welcomed 4 international midwifery recruits who are all now working in the service. They are currently working as Band 4 non-registrants. Two of these passed their OSCEs during June and are now waiting to become live on the NMC Register, a further two have undertaken their OSCEs and are awaiting results. We look forward to sharing those in the next report period. We look forward to them joining the Band 5 NQM pathway upon successful completion of their UK assessments.

CNST

Following the publication of Year 4, we were delighted to declare full compliance with CNST and have received our allocation of funds. We were supported by the LMNS who undertook a peer review of evidence in the run up to submission and extend our thanks to them for the support in doing so. Year 5 was launched at the end of May and the service are currently undertaking a gap analysis and will report this in the next reporting period.

Quality Improvement Forum

Our previously reported Quality Improvement Forum continues and is gaining momentum in its success. We will escalate any safety issues or concerns as they arise.

Caring for you

We are very proud to share that we signed up to the RCM Caring for You Charter on 5th May 2023 – International Day of the Midwife.

This is our commitment to care for midwives and support staff to facilitate them to care for women and their families. We have a half day study day that is being launched in line with this that will include:

- Team building
- Insights work
- Coaching
- Culture influence
- Professional Midwifery Advocate sessions

We celebrated the 5th May with a series of awards and events for our midwives, and were kindly supported by the Communications Team with this work. We shared a profile and narrative of our lovely midwives via the Trust Maternity Facebook page, one for each day in May. This was a wonderful and uplifting experience as the comments from the women and families who have used our service were wonderful.

What are we worried about what are we doing about it?

Diabetes Service

We have experienced a small number of serious incidents that are attributable to women with diabetes. We recognise that we have a series of learning and quality improvements to be undertaken and we have identified a task and finish group to address these concerns. The group is undertaking a full review of the service available and working across the whole MDT to facilitate this. It is significant enough to identify within this report and updates will be provided in future reports until we are assured that service provision for diabetic women has improved. The team are utilising the new element of the Saving Babies Lives Care Bundle that was launched in May as the basis for the improvements required.

Ockenden

Since the publication of the Final Ockenden Review in the summer of 2022, we have completed the self-assessment that was provided by the Regional Team. Although delayed, the Single Delivery Plan was launched at the end of March. This is NHSE 3-5 year plan following the recommendations from Ockenden and the East Kent Report. The LMNS undertook an insights visit in April and the feedback was largely positive with a small number of focussed actions required – focussing solely on the original 7 IEAs from the first report. We were due to have a further visit in June and the service had asked the LMNS to support with the additional 15 IEAs, unfortunately, this visit was postponed due the maternity services CQC inspection taking place on the 27 June 2023.

Since the launch of the Single Delivery Plan, we have received a helpful template of actions and assessment factors from the Midlands Perinatal Regional Team and we are working towards identifying and prioritising our local gaps and actions. We will continue to report progress and share feedback through our quarterly and exception reporting.

Clinical Space

We continue to experience issues with the significant lack of clinical space within maternity. The lack of clinical space is currently impacting maternity triage, and this remains on the risk register – it is our highest scoring risk at a 20 (despite mitigation actions). It is currently affecting patient experience, and staff satisfaction/morale and causes significant congestion at the entrance to the ward and triage. Staffing for triage was also a risk; this is largely mitigated through provision of an additional midwife/support worker from within existing resources although this can be challenging at times of high demand/pressure or if there are gaps in staffing rotas. We have proposals to address this which will require a change to the estate, and we are able to part fund some of this work. This work has been prioritised on the capital plan and we continue to work with our colleagues across estates to plan for this.

Report Ends

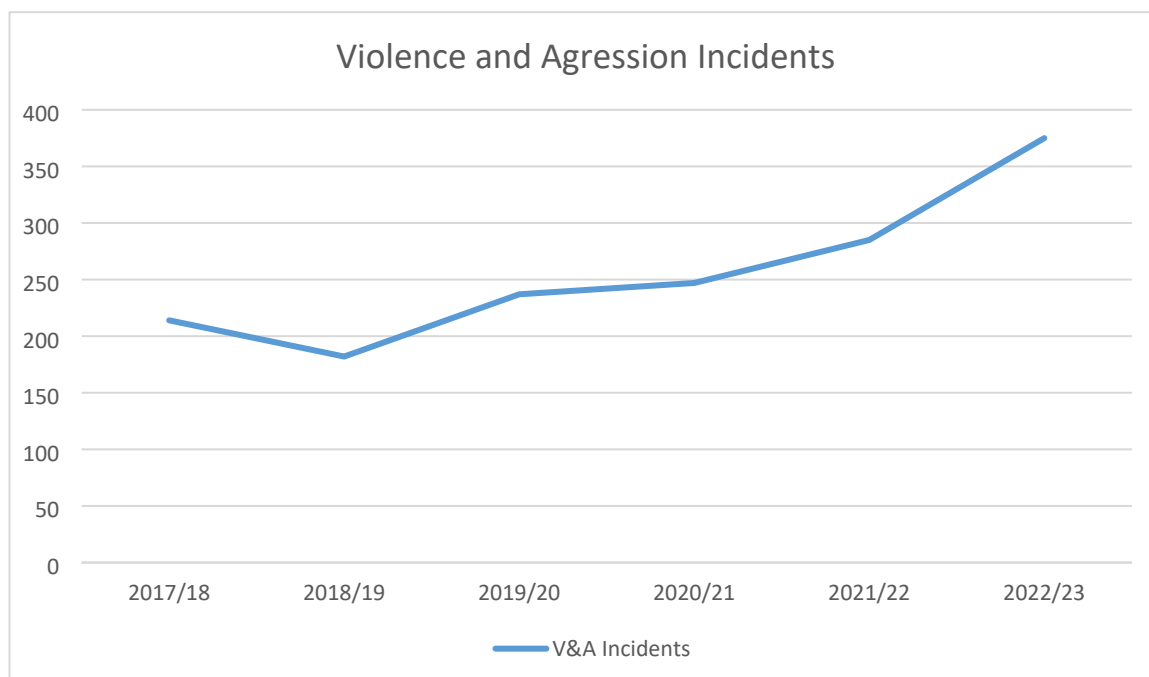
Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Security Update
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	N/A
Lead Executive Director:	Chief Strategy Officer
Author:	Tristan Morgan, Local Security Management Specialist (LSMS)
Documents covered by this report:	N/A
1. Purpose of the report	
At the May Trust Board meeting an update report on the work being done to reduce violence and aggression incidents was requested.	
2. Recommendation(s)	
That members note the progress that Trust has made on improving security for staff, patients and the public.	
3. Executive Director Opinion¹	
Through the previous Operation Nightingale project and the current Security Group, the Trust have delivered a raft of measures designed to reduce incidents and make staff, patients and the public feel safer whilst on our premises. This will continue to be a focus of the Trust and will be under regular review.	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input type="checkbox"/> Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes</p> <p><input type="checkbox"/> Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)</p> <p><input type="checkbox"/> Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care</p> <p>Digital</p> <p><input type="checkbox"/> Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy</p> <p><input type="checkbox"/> Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways</p> <p>Productivity</p> <p><input type="checkbox"/> Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations</p> <p><input type="checkbox"/> Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre</p>	<p>Sustainability</p> <p><input type="checkbox"/> Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff</p> <p><input type="checkbox"/> Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process</p> <p>Workforce</p> <p><input type="checkbox"/> Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners</p> <p><input type="checkbox"/> Develop a 5 year 'grow our own' workforce plan</p> <p>Research</p> <p><input type="checkbox"/> Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate</p>

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.

Background

The Trust needs to provide as practically as possible a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression and violence.

Violence and aggression (V&A) incidents have been increasing steadily for some time, particularly since the Covid pandemic. The graph below demonstrates this in terms of recorded incidents and this triangulates against data provided by the Trust's PFI partner Sodexo for calls for support to the Helpdesk.



Beneath this high level data on incidents lies a further breakdown by perpetrator and type of V&A shown in the table below.

Comparison V&A between 21/22 and 22/23	
Inappropriate behaviour patient	33% increase
Inappropriate behaviour staff on staff	14% reduction
Physical	9% increase
Verbal	30% increase
Racial	50% increase
Sexual	20% increase

It is possible that the impact of the Covid pandemic had a bearing as some patients/public are getting frustrated with waiting times and this may have driven the verbal aggression 30% increase in the last two years. The dramatic increase in racial incidents can be largely be attributed to a single patient that required police intervention.

With data such as these, it is always difficult to differentiate between an actual increase in V&A and an increase in reporting. Staff are certainly reporting more now, encouraged through induction and training sessions from the Trust staff.

Actions taken to reduce V&A incident levels

Operation Nightingale, which was launched by the Trust some years ago developed a multi-disciplinary approach to V&A reduction and developed an action plan that has now migrated to a regular Trust Security Group.

The new Sodexo managed Security Guarding Service – based within ED on the County Hospital site, along with the Supervisor/Manager role linked in to the wider Sodexo service offering, is now in place. The service will be closely monitored but anecdotally, staff have already commented the changes have made them feel safer at work.

Design Council work in ED – The ED team implemented some of the Design Councils principles to help reduce anxiety and stress in waiting patients, so they are aware where they are along their care pathway.

Additional Access Control & CCTV – Enhanced CCTV and access control has been installed within the ED/Pit Stop area, which has closed off some free walk spaces as well as provide CCTV images that can be used by police to secure sanctions against any potential perpetrators.

WVT CCTV Cameras linked to the Police Station – Three CCTV cameras located within ED are being fed encrypted back to the Sergeant's office at the Hereford Police station.

Trust Policy Updates – The Zero Tolerance and Application of Sanctions policy has recently been updated and includes the eviction process, when required. Also racial and hate crime are more prominent to ensure swift action is taken as and when this type of incident occurs.

Regular review meetings with West Mercia Police (WMP) – Regular meetings are taking place with ED leads, LSMS and the Chief Inspector at the Hereford Police Station to work collaboratively around tackling issues that are developing, as well as reviewing issue cases.

De-Escalation and Management of Incident Training (DMI) – 76 Admin/Reception staff have been trained using NHS England funding last financial year on how to de-escalate challenging behaviours, face to face as well as within telephone calls.

Body Worn Cameras (BWC's) – BWC's were purchased for use by security guards, porters, ED staff and site managers when required. These very much act as a deterrent as well as footage is, and has been used, within Police investigations leading towards prosecutions.

Poster Campaign – High impact and West Mercia Police (WMP) linked signage highlighting V&A is not tolerated within WVT premises, including the use of BWC's and CCTV has been displayed in prominent locations.

Police Sanctions – During the 2022/23 financial year there has been seven cases where the Police have either responded to a WVT specific incident, or a multi-agency response which included V&A incidents to Trust staff, where a person has been arrested and prosecuted for their behaviours. Going forwards WMP will ensure that the Trust Security Manager will receive quarterly data on cases investigated by the WMP and actions/sanctions applied to each incident.

Performance against NHSE V&A Reduction Standards – The Trust has undertaken an assessment against the standards and currently the Trust is 85.71% compliant and 14.29% partial compliance. The good multi-agency working within the Operation Nightingale project really has placed the Trust in a better position. A plan is being developed for full compliance against these standards.

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Divisional Operational Risk Register
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Executive Risk Management
Lead Executive Director:	Managing Director
Author:	Erica Hermon
Documents covered by this report:	High Risks 15+ as at 29 June 2023
1. Purpose of the report	
To present the Divisional operational risks.	
2. Recommendation(s)	
The WVT Trust Board is invited to note the operational risks (rated 15 and above) being carried by Divisions within the Trust.	
3. Executive Director Opinion¹	
<p>The Trust's high risks are reviewed bi-monthly by the Executive Risk Committee, with a deep dive of each Divisions' risk registers taking place on a rotational basis.</p> <p>Most recently, the incident and risk management system for the Trust has changed from DATIX to InPhase. All historic risk data has been pulled through to the new system and, alongside the implementation of recommendations from an internal audit, is being reviewed to ensure effective risk management processes and governance continues.</p>	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input type="checkbox"/> <i>Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes</i></p> <p><input type="checkbox"/> <i>Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)</i></p> <p><input type="checkbox"/> <i>Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care</i></p> <p>Digital</p> <p><input type="checkbox"/> <i>Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy</i></p> <p><input type="checkbox"/> <i>Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways</i></p> <p>Productivity</p> <p><input type="checkbox"/> <i>Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations</i></p> <p><input type="checkbox"/> <i>Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre</i></p>	<p>Sustainability</p> <p><input type="checkbox"/> <i>Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff</i></p> <p><input type="checkbox"/> <i>Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process</i></p> <p>Workforce</p> <p><input type="checkbox"/> <i>Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners</i></p> <p><input type="checkbox"/> <i>Develop a 5 year 'grow our own' workforce plan</i></p> <p>Research</p> <p><input type="checkbox"/> <i>Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate</i></p>

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.

Risk Id	Legacy ID	Risk Title	Risk detail	Date added to Register	Division	Initial Risk Rating	Current Consequence Score	Current Likelihood Score	Current Risk Rating	Target Risk Rating	Controls	Gaps in Controls	Monitoring Committee	Last Updated	Assurance	Gaps in Assurance
67	1448	The Covid pandemic has resulted in increased waiting times for planned care patients	The covid pandemic has resulted in large numbers of planned care patients waiting much longer for assessment and treatment. There is a risk that the delay in assessment and/or treatment will lead to patients coming to harm during this time that would have been avoided had treatment been more timely	12-Jan-22	Corporate Division	20	4	4	16	8	<ul style="list-style-type: none"> Inpatient waiting list is 'risk' stratified (P codes) and patients are booked for assessment and/or treatment based on clinical need and where this is equal in chronological order. Diagnostic waiting list is 'risk' stratified (D codes) and patients are booked for assessment and/or treatment based on clinical need and where this is equal in chronological order. Specialities have undertaken periodic waiting list reviews and communicated with patients regarding any change in their condition Waiting list stock take (Harm and Risk Review) undertaken and reported to Quality Committee Long-wait patients (over 15 weeks) on outpatient waiting list written to on a rolling basis each week. Weekly review of long waiting patients and plans Weekly reports including waiting list position (including long waiters), P and D code completeness and activity 	<ul style="list-style-type: none"> Due to capacity constraints the Trust is unable to rapidly deliver sufficient activity to recover wait times to acceptable levels Sharp rise in 2ww and urgent referrals has adversely impacted specialty ability to commit sufficient resource to treat long waiting routine patients Specialty-led waiting list reviews have not provided universal coverage of the whole waiting list No mechanism by which to ensure patients are not coming to harm as a result of continued delays. Health inequalities within the existing waiting lists. ICS response to existing and emerging fragile services. 	(Multiple)	14-Jun-23	<ul style="list-style-type: none"> Weekly PTL meetings review 'long waiting' cohorts and specialty plans - escalated to F&PE and TMB. Quality Committee. Productivity Board Finance and performance executive ICS-led recovery and restoration Regional recovery and restoration Audit of waiting lists 	<ul style="list-style-type: none"> Work with Primary Care to agree and develop shared waiting list management approach.
89	1702	A&E not requesting Radiology electronically	There is a risk of missed scan requests/request errors/requesting delays for radiology from the Emergency Department due to ED using paper requests and not the EPR system/order comms. This could potentially lead to an adverse outcome for a patient.	08-Mar-23	Clinical Support Division	15	3	5	15	3	<ul style="list-style-type: none"> Paper requesting being used by ED Ongoing discussion for ED to use duplicate systems to ensure accuracy and quickest route for scan requests 	<ul style="list-style-type: none"> Errors Delays in Radiology receiving requests Not a firm agreement in place for ED to request electronically 	Clinical Support Quality Board	26-Jun-23	<ul style="list-style-type: none"> Limited number of incidents relating to this risk but has been increasing 	<ul style="list-style-type: none"> Number of incidents relating to errors on paper forms is increasing
164	1545	Capacity of Pharmacy Technical Services Dept	There is a risk of patient harm due to the Pharmacy Technical Services Department being unable to provide aseptically prepared medicines, oral chemotherapy, other aseptically prepared as a result of four out of the five most senior staff resigning since January 2022. Unless locums are secured there is potential for reduced service resulting in cancer patients not receiving their medication. There will also be an impact on the Covid Medicines Delivery Unit. reducing availability of these treatments.	22-Apr-22	Clinical Support Division	25	5	4	20	5	<ul style="list-style-type: none"> Contingency plan being followed to prioritise services Experienced staff being transferred to support technical services from other areas of department Adverts for three of four posts have been placed 	<ul style="list-style-type: none"> Securing locums with technical services experience required for short term cover Recruitment of replacement staff to be undertaken Agreeing plans with Cancer services and CMDU to be completed 	Clinical Support Division Risk Group	27-Apr-23	<ul style="list-style-type: none"> Contingency plan being followed to prioritise services Experienced staff being transferred to support technical services from other areas of department Adverts for three of four posts have been placed 	<ul style="list-style-type: none"> Securing locums with technical services experience required for short term cover Recruitment of replacement staff to be undertaken Agreeing plans with Cancer services and CMDU to be completed
274	1422	Delayed transfers of inpatients waiting for cardiac surgery at UHB	There is a risk to inpatients waiting for cardiac surgery due to lack of surgical capacity at UHB. This could lead to harm to patients and hospital acquired infection and can result in a higher mortality rate.	07-Nov-21	Medical Division	20	4	4	16	8	<ul style="list-style-type: none"> Daily review on ward by Cardiology consultant Escalated by wards to tertiary center 	<ul style="list-style-type: none"> Unable to treat patients at WVT Unable to secure bed at tertiary hospital 	Executive Risk Management	20-Jun-23	<ul style="list-style-type: none"> Feedback at divisional risk meeting. Directorate team are engaged with Midlands Cardiac Pathway Improvement Programme (NHSE - Midlands). 	<ul style="list-style-type: none"> Communication channels between WVT and the tertiary centres are not clear, so we do not have clear information on how the capacity risk is being managed elsewhere.
279	1359	Delays transferring wardable patients from specialist areas	There is a risk of delays in returning patients from specialist areas to ward based care, Due to poor surgical flow and high capacity. Which has the potential to lead to patients remaining unnecessarily in specialist areas and results in delayed care for admitting patients, rehabilitation goals and poor patient experience.	07-Jul-21	Surgical Division	15	3	5	15	3	<ul style="list-style-type: none"> Escalation to Clinical Site Manager and Bed flow meetings and robust communication with the Patient flow coordinator, theatre coordinator and the NIC of the wards. To instigate a warning to the ward of the ETA of pt from specialist area. Datix incidents reported when delays occur in wardable patients Patients clinical condition will continue to be monitored, inclusive of NEWS Score and Clinical observations assessments Specialist area safety Huddles to ensure that situation is monitored and appropriate Escalation to Division for support 	<ul style="list-style-type: none"> Unavailability of ward staff to assist with transfer Lack of adequate nurse staffing levels on wards Levels of high capacity Delays could lead to out of hours patient transfer from Critical Care, which breaches GPICS guidance 		23-May-23	<ul style="list-style-type: none"> ICNARC data reviews the discharge data and how often the GPICS standards are breached. 	<ul style="list-style-type: none"> Delays could lead to out of hours patient transfer from Critical Care, which breaches GPICS guidance

316	1626 Education Centre - Delivery of clinical education	A risk arises that the Trust will be unable to deliver the training it is contractually obliged to deliver. In addition to this resulting in a potential breach of contract, the lack of training capacity has a significant adverse impact on medical education within Herefordshire. A further impact of this is that medical training and recruitment will suffer. At a time when Herefordshire needs to be able to attract and retain medical staff, the loss of training and education capacity could have a severe impact on services. There is also the risk of reputational damage to the Trust arising from perceptions of poor quality medical education arising from lack of facilities. The overall impact is that the Trust could struggle to attract and retain sufficient medical staff to deliver healthcare. One other risk aspect arising from the lack of facilities is the impact on human factors and non-technical skills training for medical staff, which are adversely impacted by the lack of facilities. This will have a knock-on effect on the quality of patient care delivered.	03-Oct-22 Corporate Division	20	4	5	20	12	Project set up under the leadership of the Director of Planning to look at the delivery of new Education facilities. The initial plan for this is to utilise charitable funds to at least part fund the delivery. The options for a charitable fund raising appeal are being considered.	The success of the project and therefore reduction and management of the risk related to clinical education is dependent upon the ability to finance and build the new education centre. No suitable alternative educational space has been identified in the event of not being able to complete the new building. A "plan B" for how to manage a delay in the completion of the building is being worked up with estates colleagues.	Workforce & Development Committee	Exec led project board - chaired by Director of planning Strategic Education Centre funding raising committee - chaired by the Trust Chairman Hoople and Herefordshire council as strategic partners supporting the project and financing options through these partners Architect engaged	Definitive financing options not confirmed with partners Charitable fundraising challenges in current cost of living climate Business case not yet complete and requires Board sign off and final costings from architect which could increase in financial climate.	
423	1543 Fragility of the Haematology service at Wye Valley	There is a risk of providing clinical care to Haematology patients under the care of WVT due to all substantive consultants leaving the Haematology department. This could lead to increased waiting times for routine and urgent patients and delays in cancer patient pathways, which could result in poorer outcomes for patients. This also impacts the labs where there will be no clinical leadership.	20-Apr-22 Clinical Support Division	25	5	3	15	5	<ul style="list-style-type: none"> • Locum consultant secured • Band 7 trainee ACP in post • Lab supporting agreed with Coventry/ Warwick • Out of hours urgent films when on call virtual process agreed with Worcester <ul style="list-style-type: none"> • Out of hours on call filled • In hours on call filled • Some treatment patients at other trusts, most back at WVT • Insourcing available if needed • Heam/SACT navigator in post 	<ul style="list-style-type: none"> • Locum contract only requires one week notice • Unsuccessful recruiting to all substantive • Competency restraints • Blood bank cover - which impacts surgery, maternity and emergencies, needed named consultant to authorise out of hours • 3.6 WTE consultant vacancies and 1 WTE AS long term sickness • All substantive consultants have resigned 	Clinical Support Quality Board	06-Jun-23	Audit of waiting lists CSD monthly governance meeting Limited number of incidents relating to risk Adverts for posts advertised F+PE	ICB options not agreed National shortage of qualified staff
472	1602 High temperatures in the clean utility room on Frome	There is a risk that due to the lack of efficient air conditioning or through ventilation that the temperature will regularly exceed 25°C for a period longer than 7 days. Which has the potential to lead to medications not being efficient. At present there is very limited means available to cool the room	01-Aug-22 Surgical Division	15	3	5	15	6	1. Staff 'prop' the door open when they are in the room – however this is only for 10 minutes when the staff are present	1. Limited ability to cool down the room with current ventilation system 2. No windows in the room to be able to improve ventilation	Estates Project & Operational Meeting	16-May-23	1. Robust monitoring of temperatures by staff 1. Robust reporting and escalation to estates	1. Current air exchange system unable to maintain temperatures at a comfortable level Wall mounted Air conditioning unit required, but no budget identified for this at present.
687	1595 Lack of health psychology	There is currently no provision for health psychology for children and young people who have long term health conditions outside of diabetes. It is well recognised the impact that a diagnosis of a life limiting condition can have on a young person and currently there is no specialist psychology to support them. This has a significant impact on their well-being. Crucial in both acute and community paediatrics.	14-Jul-22 Surgical Division	16	4	4	16	8	Business case for establishment of service to be submitted.	Lack of funding available for service development opportunities There is no Health psychology service currently commissioned. CAMHS will not see these patients as they do not have a mental health condition.		16-May-23	National guidance	Not meeting national guidance; eg NICE Guidelines: NG61: End of life care for infants, children and young people with life-limiting conditions (see risk 1211) and NG206 Myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome: diagnosis and management (see risk 1436); Epilepsy BPT, etc.
731	1696 Lack of Respiratory Support Unit (RSU)	There is a risk of patients receiving sub optimal care on Arrow due to lack of Respiratory Support Unit (RSU) which has led to patient harm resulting in an externally reportable Serious Incident (SI).	20-Feb-23 Medical Division	20	5	3	15	10	<ul style="list-style-type: none"> • The respiratory service has developed an NIV bay. However this bay is not a defined area but is a virtual bay. This means the four beds identified for the use of NIV were created anywhere on the ward depending on patient need. • All ward nursing staff have achieved competencies in caring for patients on NIV/ CPAP/ HFNO 	<ul style="list-style-type: none"> • No overnight Consultant Respiratory medical cover • No Senior Respiratory Physiotherapist (guidelines B7 physio 7 days/ week service) • No dedicated Respiratory Pharmacist (guidelines 7 days/ week service) • Increased ward pressure due to boarding patients • Lack of dedicated NIV bed despite agreement for one ring-fenced bed • Lack of dedicated RSU results in patients not receiving complex care and management from appropriately trained nursing/ medical & AHP staff • Lack of Consultants to cover 7 day service • Lack of ITU step down support for respiratory patients 	(Multiple)	16-May-23	Discussed at; Directorate meetings FP&E Respiratory meeting SI panel Exec Risk Meeting	<ul style="list-style-type: none"> • Lack of identified resource is preventing resolution of the risk.

756	215	Lack of sufficient consultant histopathologists	There is a risk of collapse of the local histopathology service due to insufficient consultant histopathologists. This will lead to delays in patient care, inability to report biopsies locally, reduced/no MDT attendance, potential misdiagnosis and increased stress/sickness levels in the existing staff complement.	03-Nov-11	Clinical Support Division	20	4	4	16	8	<ul style="list-style-type: none"> • Locums employed in the department • Suitable work sent to backlogs or bank • Support from Worcester/SWFT/UHCW 	<ul style="list-style-type: none"> • Locums not always available • A lot of work is not suitable for sending to backlogs 	(Multiple)	01-Jun-23		
789	1415	Long waits in ED caused by a lack of flow results in excess mortality and other significant negative outcomes.	There is a risk of prolonged waits in ED due to a lack of timely bed availability which will result in excess mortality and other adverse outcomes.	03-Nov-21	Medical Division	25	5	4	20	10	<ul style="list-style-type: none"> • Bed flow meetings / pathways in ED 24/7 • Level 2, 3 & 4 OOHs • Improved Operational support for escalation (only available 08:00 - 16:00) that is guaranteed Mon to Fri • Social Distancing Measures / PPE worn by staff & patients • Full Hospital Protocol - this has now been enhanced with the 'Enabling Flow SOP' which was launched on 4 Oct 22 • Herefordshire Gold and Silver meetings • Weekly exec COVID Meetings • Patient Flow Escalation Policy and Procedure PR.121 • Daily review of medical and nursing establishments • Inpatient Covid escalation plans for Blue patients – medical patients and ITU • Integrated Complex Discharge team on site with Adult social care • Consultant ward rounds on all wards across every weekday • New Enabling ED Flow SOP * Medical staff pulled from SDEC (or other area) to prioritise highest priority. 	<ul style="list-style-type: none"> • Completion of full ED SOP; • Reliance on last minute staffing ED escalation areas is not robust. WVT ED does not adhere to the RCEM guidance (Nursing Workforce Standards for Type 1 Emergency Departments October 2020); * There is a lack of medical capacity to fulfill all functions across the Directorate when ED outliers are present. • No updated/entirely appropriate Trust-Wide Escalation Policy, especially relevant for OOH. There is therefore potential that all clinical spaces will be occupied in ED resulting in care in inappropriate locations including inability to offload from ambulance and care on corridors, increasing transmission risk for infectious diseases; • Wards do not currently use evidence-based tools to optimise patient flow; • There is a requirement for more 'lean' processes across the Trust e.g. patient handovers, communication inter-department, discharge planning; • Capacity of internal and external supporting services/partners e.g. community, mental health and diagnostics; 	(Multiple)	12-Jun-23	<ul style="list-style-type: none"> • Tri to Tri • Directorate Tri • PE&PE • Trust risk review meeting • It is at the core due to being fundamentally link to achieving the UEC challenge of minimum 76% on the 4 hour target by march 24. • From a personal view staff morale is also dependent on achieving the risk target and it is therefore in every therefore present in all that we do (values). • Discussed at Quality Committee, this able it to become a Trustwide risk. • Directorate Risk meeting. • ED Summit 	<ul style="list-style-type: none"> • Not standing agenda item for Quality Committee • Not standing agenda item for patient experience committee.
969	1492	Nurse Staffing below baseline establishment in ICU	There is a risk of continuing non compliance with GPICS Nurse staffing standards due to a lack of investment into the baseline nursing establishment which has the potential to lead to non ICU trained nurses deployed to support ICU and result in poor health and wellbeing for staff.	24-Jan-22	Surgical Division	20	4	4	16	8	<ul style="list-style-type: none"> • Suspension of Critical Care Outreach service • Cancellation of Elective admissions • Use of temporary staffing office bookings for critical care trained nurses (long lining where possible to provide continuity and consistency) • Staffing roster signed off 12 weeks in advance by Directorate Matron to identify shifts at risk • Non substantive ICU registrants working within WVT with existing or prior critical care tacit experience and explicit knowledge are prioritised for support at times of redeployment • Daily staffing review to establish appropriate skill mix of staff depending on the acuity and clinical risks • Practice development nurse has an ongoing Foundation study days for redeployed registrants • Minimum of 2 band 6 critical care trained nurses per shift (1 co-ordinator per zone) • Psychological support inclusive of health and wellbeing for all staff inclusive of feedback mechanisms and welfare checks • Agreement to over recruit in ICU to support sickness and maternity leave. 	<ul style="list-style-type: none"> • Nursing staff unfamiliar with environment • Uncertainty in relation to availability of critically care trained nurses from agency • Non substantive ICU registrants working within WVT with existing or prior critical care tacit experience and explicit knowledge are not always made available to staff the unit and cannot be released • Staff not released to attend foundation training • Limited trained capability within the team to recognise early signs and symptoms of PTSD. • During out of hours (weekends) there is reliance on level 2 staffing holder to review risks associated with staffing the surge capacity • Insufficient band 6 wte within the substantive staff - therefore reliance on overtime or bank to cover the required coordinator requirement. 			<ul style="list-style-type: none"> • Monitoring the use of temporary staffing requirements via financial reports and ALLOCATE • Monitoring incidents weekly to identify any trends relating to the use of temporary staffing 	<ul style="list-style-type: none"> • Requests for temporary staffing not always approved.
1180	1488	Risk of delays in maternity triage due to space and current staffing model	There is a risk of substandard service delivery due the lack of physical space in maternity triage, which could lead to women not being able to be seen and monitored in a timely manner. Being unable to provide space has a significant risks to safe and timely midwifery care resulting in serious incident not limited to poor patient experience and poor staff well being and mental health. There have been 2 recent intrapartum stillbirths where triage was felt to be a contributory factor.	17-Jan-22	Surgical Division	15	3	5	15	6	<ul style="list-style-type: none"> • During escalation specialists midwives will provide additional support to maternity triage during the week • Rostered maternity support worker in maternity triage 24/7 with night shift cover • New SOP implemented detailing process for escalation and conflict of clinical opinion • Initial score 15 however recent HSIB findings have identified triage as a greater risk and therefore increased to 20 	<ul style="list-style-type: none"> • Unpredictable workload • Not all specialist midwives feel competent to work in maternity triage and specialise midwives only work the hours of 08.00-16.00hrs • Maternity support worker assigned to maternity triage 24/7 however there are multiple times the maternity triage roster is not covered by a maternity support worker due to challenges to recruit to this role/agency cover 		16-May-23		

1317	1191 Risk of patient harm due to Pharmacy Service reduced capacity/staffing	There is a risk of harm to patients due to the increase in demand on Pharmacy Staff through COVID-19 (Vaccination and treatment), implementation of EPMA, the expansion roles in primary care, expansion of bed base (GAU), implementation of virtual ward, and the inability to recruit into posts in a timely manner, which has led to a lack of workforce capacity and reduced availability of the Pharmacy Service. There is also a lack of availability of locum pharmacists. This has resulted in an inability to meet statutory requirements, a reduction in staffs health and wellbeing resilience, potential increase in medication errors, less timely provision of service less support for procedure, financial review, and strategic development for Divisions/Directorates. There is also an impact on availability of pharmacist time to support clinical trials within the Trust due to the lack of availability of GCP trained pharmacists. This reduces the access to clinical trials within the Trust for our patients.	08-Dec-20 Clinical Support Division	20	4	5	20	4	<ul style="list-style-type: none"> • Prioritisation of clinical service at ward level and technical services to reduce risk to patients and maintain capacity. • Searching for two locum pharmacists but not appointed yet. • Flexible working requests considered for all roles 	<ul style="list-style-type: none"> • Insufficient pharmacist numbers to cover all ward areas and maintain policy and procedure development for Divisions/Directorates • No readily available additional cover (locum or bank). • Medium to long term threat of pharmacy staff shortage due to expansion in services in all sectors. 	(Multiple)	27-Apr-23	Pharmacy staffing reviewed weekly by COO and CMO with Division Lead and CD of Pharmacy. Incident reports completion for medicines related incidents, complaints and PALS concerns. <ul style="list-style-type: none"> • Rota indicating all areas are covered adequately if possible. • Completion of medicines reconciliation at ward level, turnaround time KPIs. • Staff overtime records and sickness records and turnover. • Staff concerns and wellbeing issues raised. Bi monthly report to Patient Safety Committee/Quality Committee on risk status via the Medicines Safety escalation report	None
1388	733 Risk to harm and delivery of community pediatrics service	There is risk of harm to children due to the failure to assess and intervene in a timely way once a referral has been made, given the numbers waiting to be seen by a Community Paediatrician.	09-May-18 Surgical Division	20	4	5	20	8	<ul style="list-style-type: none"> • Additional clinics being undertaken by 2 substantive consultants including Saturdays to reduce backlog. Small amount of funding agreed in business planning to support extra clinics being undertaken. • Filled vacancies have now been filled so service is now restored back to the 2017 WTE staff level. • Pre-Assessment support: <ul style="list-style-type: none"> • Support Health Visitors, nursery staff, portage and Speech and language therapy to offer a level of community based support whilst awaiting assessment. Limited however due to non- specialist skill set. • Diagnostic pathway revised to be more flexible, with acceleration of the diagnostic process for selected children. Efficiency has improved to increase the number of children being assessed however still fails to meet capacity. • Training of allied professionals through multidisciplinary training forum has been delivered - improves support and understanding. 	<ul style="list-style-type: none"> • Not meeting statutory requirements in any subspeciality discipline. • Long waiting times for ASD assessment; submitted as a separate risk. • Additional consultant requested in business planning, not yet approved. • CNS requested in business planning, not yet approved. A • Specialist nurse would fulfil NICE standard as SCN coordinator and also contribute clinically to diagnostic and post diagnostic service. • Coordinate management of waiting lists, collation of multisource information, production of complex reports. • Additional workforce not agreed in business planning. Further review meeting to be held in July with MD and AMD. 	(Multiple)	23-May-23	Weekly monitoring PTL meetings in place - currently 0 78 week breaches	Only able to monitor 78 week breaches not children waiting over 52 weeks
1473	1403 Single Lead Orthodontics Service has become fragile and unstable.	There is a risk to patient care due to the Orthodontics service being a single lead service coupled with the Consultant retiring in March 2022 and a National shortage of Orthodontic specialists. This has led to the Orthodontics service becoming fragile and unstable in its entirety and has resulted in significant waiting times for both Herefordshire and Powys patients and has the potential to result in the service being unable to be provided as of the 1st April 2022 in Herefordshire, this could cause potential harm to patients and the Trust. Following return of consultant following retirement he is not currently available for work. We have no employed medical staff available, are unable to recruit and there are no agency locums.	13-Oct-21 Surgical Division	15	3	5	15	6	<ol style="list-style-type: none"> 1. Fragile in source arrangement with Eden. However will increase sessions as we go through year 2. Issue being led at ICS level. 	No substantive staff currently available	(Multiple)		Contract with Eden	Eden contract is not delivering the required amount of activity. No provision in July. There is no urgent service and there is a lack of ability to see patients experiencing problems at short notice.

1610	893 Trust inability to comply with Fracture neck of femur pathway	There is a risk of increased harm to patients who have been admitted with a fractured neck of femur due to the inability to meet some sections of the integrated care pathway, which has the potential to lead to increased mortality rates and non achievement of best practice tariff, resulting in negative national prominence and continuing to be a national outlier in fractured Neck of Femur.	26-Jun-19 Surgical Division	20	3	5	15	9	<ul style="list-style-type: none"> • #NOF integrated pathway in place. • #Anaesthetic representation at daily trauma meeting. • #Process to utilise CEPOD theatre should the opportunity arise • #Process to cancel elective T&O surgery to accommodate trauma surgery. • #Weekly tracking of Best Practice Tariff #NOF pathway to highlight the themes of why the pathway is not being followed. Issued by the informatics team which feeds into the #NOF clinical lead for review and comment. • #Ring fenced #NOF bed now on Dinmore rather than Redbrook • #Golden Patient. • #Dedicated trauma anaesthetist to optimise #NOF patients in a timely fashion for theatre. This is not happening as yet • #Trauma Theatre sessions per week (increase in sessions in negotiation with the Consultants). 	<ul style="list-style-type: none"> • #Gaps in staffing on Dinmore leading to issues with skill mix amongst the team. • #Time spent in ED prior to transfer when Dinmore ward is full and at time of pressure. • Dedicated anaesthetist not available • No fixed Saturday trauma - theatre staffing is preventing this 	<ul style="list-style-type: none"> • Monthly #NOF meetings to review pathway compliance and general key themes. • No fixed Saturday trauma theatre list, theatre staffing is currently impacting on compliance. 			
1639	1046 Unstable medical establishment workforce in Acute Paediatrics	Due to increased workload created by vacancies, there is a risk of: paediatric consultants and middle grades seeking employment elsewhere; increase in incidents due to use of agency; not achieving RTT due to consultant workforce prioritising the cover of the paediatric ward; financial risk due to the use of agency locums or internal cover /payment of acting down rate for MG cover; shifts may not be covered if unable to secure agency; poor clinician well-being, and increased sickness.	01-Mar-20 Surgical Division	20	4	4	16	6	<ul style="list-style-type: none"> • Robust sickness absence management within policy with input from health at work. • #External locums to cover unfilled shifts. • #Use of peer review/ psychology input to support the team if requested. • Team building: away days undertaken • New rota 'live' from 11.2020 allows for twilight consultant cover - making the daytime acute shifts (CoW) less onerous; Also weekend 2nd consultant resident to assist over the winter months allow for improved 7 days working • Agency doctor for 6 months cover for general paediatric posts (commenced February 2022) middle grade rota is now a 1:4. 	<ul style="list-style-type: none"> • #Consultant position adverts x3 and 12 month NHS locum post have failed to attract candidates to date, one candidate invited to interview declined. • #Uncertainty as to competence of overseas specialty doctors • #Sickness absence may increase. This will be further impacted by Consultants working additional shifts to cover Covid related absence. • #Extensive investment and workforce planning required to deliver 24/7 middle grade cover (5 year plan), but will be very challenging to recruit to full required complement (> 8 MG to deliver 24/7 rota) - there have been 3 failed overseas middle grade recruitment attempts. • #Agency locums generally do not cover twilight or 2nd-on call shifts. • #Back of agency locums for MG shifts results in consultants being asked to 'act down'. • #Current consultant BMA burnout survey completed has shown that the majority of consultants are high risk for burnout. Agency consultant away Nov-Jan 40% vacancy rate in Tier 1 rota from Dec 22. 	(Multiple)	16-May-23	Weekly shift rota review in place to identify if any other options available for cover rather than using substantive workforce.	Shortage of qualified staff in speciality nationally that is affecting recruitment.
1704	Delivery of Financial Plan and improving underlying position	There is a risk that the financial plan will not be achieved in year or an improvement made in the medium term due to the: scale of efficiencies (CPIP) required; impact of inflationary pressures; and, risk to achieving the full income target. This could lead to a worse than planned in-year and underlying deficit resulting in regulatory action and shortfall in cash to meet obligations.	22-May-23 Corporate Division	20	4	4	16	12	<ul style="list-style-type: none"> • CPIP devolved as part of divisional budgets for identification and delivery. • CPIP targets agreed by divisions. • Established process for identification and monitoring of CPIP delivery. • Action plans in place for MARP and NARP. • Activity Plan implementation. 	<ul style="list-style-type: none"> • National inflationary pressures. • Process of early identification and capture of full CPIP plan. • Trust policies and processes require strengthening to ensure compliance. • Lack of recurrent efficiencies within the programme. • Lack of medium term financial plan. 	(Multiple)	22-May-23	<ul style="list-style-type: none"> • Productivity Board routine monitoring of activity plan. • Monthly F&PEs review of CPIP delivery. • MARP and NARP routine review of action plan and compliance with controls. • Integrated performance report to Board. • CPIP Audit Report 	<ul style="list-style-type: none"> • Trust policies and processes require strengthening to ensure regular monitoring and reporting.
1707	Plaster Room Staffing	There is a risk of inadequate staffing within the plaster room due to substantive senior technician being on maternity leave. Which has the potential to lead to no plaster service at WWT (wards, theatres, ED) and could have an adverse effect on a large group of patients.	24-May-23 Clinical Support Division	20	4	5	20	4	<ul style="list-style-type: none"> • Out to agency for Locum cover • Plaster Technicians to cover on normal working day - no cover for planned A/L or unplanned sickness (2 needed daily) 	No Locum cover agreed/available	Clinical Support Quality Board	14-Jun-23	Performance reporting	

Report to:	Private Board
Date of Meeting:	06/07/2023
Title of Report:	Preparing for Winter
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Click or tap here to enter text.
Lead Executive Director:	Chief Operating Officer
Author:	Chief Operating Officer
Documents covered by this report:	Acute Bed Requirements and Operational Urgent and Emergency Care [UEC] Schemes for Winter 23/24
1. Purpose of the report	
<p>To provide the Trust Board with a summary of the Operational plan to deliver improved patient flow, through various work streams, that will impact on the volume of acute non-elective beds required through the winter months.</p> <p>In order to prepare for winter 23/24, whilst we deliver / implement our own Urgency and Emergency Care [UEC] recovery plans we have evaluated their impact on:</p> <ol style="list-style-type: none"> 1. The predicted Acute Bed requirement for the peak of winter pressures 23/24 and subsequent non-elective bed occupancy that will: <ol style="list-style-type: none"> a. Prevent use of unconventional care beds b. Maintain ring-fenced Elective bed capacity 2. That the UEC schemes that are due to be implemented, or expedited, over the pre-winter months deliver the require impact on our non-elective adult acute bed capacity / occupancy for winter 23/24. <p>The impact of these schemes and the risk assessment on their ambition and impact is risk rated and included in the Bridging Diagram that shows the acute beds required in order to manage demand and capacity through the winter period.</p>	
2. Recommendation(s)	
<p>That the Trust Board notes:</p> <ol style="list-style-type: none"> 1. The level of required beds to deliver improvements to patient flow for winter 23/24 2. The number of schemes being implemented across the acute and community services in order to manage demand and reduce bed days. All schemes are additional efficiency / productivity within current budgeted establishments and levels of delivery. 3. The level of ambition is currently varied within schemes and therefore the levels of risk to deliver 4. That based on the current modelling there is a shortfall of 12 acute non-elective beds which equates to a 104% bed occupancy, on average, across the winter period. 5. That the current mitigation could be to maintain the use of Gilwern escalation ward over the winter period. 	

3. Executive Director Opinion¹

The paper attached describes the current position in the operational planning to deliver the recommendations in the NHS England and the Department for Health and Social Care published in “Delivery Plan for recovering Urgent and Emergency Care Services” paper released in January this year, along with delivering our plans to address the required number of acute non-elective beds for winter 23/24.

As described the schemes identified have degrees of ambition / risk based on current know / unknown factors

Based on modelling there is currently a deficit of acute non-elective beds that can only be mitigated with the continuing utilisation of the 16 bedded Gilwern escalation ward.

Use of Gilwern ward will present a significant financial risk of approximately £1m for six months. The unfunded position to keep Gilwern open from October 23 to March 24 will require system support / agreement.

4. Please tick box for the Trust’s 2023/24 Objectives the report relates to:

Quality Improvement

Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes

Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)

Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care

Digital

Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy

Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways

Productivity

Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations

Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre

Sustainability

Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff

Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process

Workforce

Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners

Develop a 5 year ‘grow our own’ workforce plan

Research

Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate

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.

Acute Bed Requirements and Operational UEC Schemes for Winter 23/24

Background / Objective

In early 2023, NHS England and the Department for Health and Social Care published its “Delivery Plan for recovering Urgent and Emergency Care Services” paper which documented the full recovery plans for urgent and emergency care.

The ambition within this paper is that patients waiting less time in Emergency Departments [ED] and delivering 76% 4 hours access standard within each Trust. By improving in-hospital flow this should increase acute bed capacity to meet immediate pressures which should reduce bed occupancy and help meet demand for health and care.

There are key areas within the recovery plan paper that have formulated our plans:

- Improving processes and standardising care
- Increase workforce size and flexibility
- Improving discharge
- Expanding care outside of hospital

This recovery plan paper followed one of the most challenging winters the Trust and rest of the NHS had seen. With significant pressure on our Urgent and Emergency Care [UEC] Pathways with the impact of the twindemic [Covid 19 and seasonal influenza] along with Strep A, the impact of delayed discharges and significant levels of staff absence.

Prior to Winter 22/23 we introduced our Enabling Proactive Flow Standard Operating Procedure [based on the Continuous flow model adopted elsewhere] where we have seen patients “Boarding” as the 5th patient on a 4 bedded bay, in unconventional bed spaces with patients who are either ready for discharge or clinically stable, to increase capacity and reduce congestion in our ED earlier in the day and provide capacity to prevent lengthy Ambulance Handover delays.

During the winter period, which has unfortunately continued into the summer period, the Trust has incorporated this model into our “Surge” Escalation plan and “Boarding” into unconventional bed spaces across 24/7 has become part of our toolkit of consideration to maintain patient flow and de-congest our ED.

In order to prepare for winter 23/24, whilst we deliver / implement our own UEC recovery plans we have evaluated their impact on:

1. The predicted Acute Bed requirement for the peak of winter pressures 23/24 and subsequent non-elective bed occupancy that will:
 - a. Prevent use of unconventional care beds
 - b. Maintain ring-fenced Elective bed capacity

2. That the UEC schemes that are due to be implemented, or expedited, over the pre-winter months deliver the require impact on our non-elective adult acute bed capacity / occupancy for winter 23/24.

UEC Schemes to be delivered for winter 23/24

Below are the schemes that make up our delivery plan ahead of the winter period in order to improve our deliver our own UEC recovery

All bed days saved within these schemes are additional efficiency and productivity, some are confirmed / others are assumed, are within funded budgets and are additional to the level of activity and bed days saved within current models of service delivery:

Scheme Name	High Level Details of Scheme	Risk to delivery	Risk rating
Virtual Ward [VW]	Increase ambition of VW capacity by 50% above funded levels [10 beds] and increase utilisation of available beds across 7 days of the week Successful Recruitment to full establishment to provide a 24/7 service	Recruitment to full team Socialising VW as an admission avoidance and early support discharge alternative	MEDIUM
Same Day Emergency Care [SEDC] Efficiencies	Part of UEC Quality Improvement Plan and part of the review and re-design of pathways and processes across the Acute Floor. Expanding SDEC capacity, both physical and workforce, will reduce ED congestion and support missed opportunities to increase 0 LoS pathways and prevent admissions to acute adult wards Increased efficiency to additional activity within current funded establishment	Potential estates restriction to increase ambition Embed new ways of working within timeframe to deliver saving in bed days Recruitment in conjunction with VW	MEDIUM
Frailty SDEC [FSDEC] and Front Door Frailty Team [FDFT]	Deliver FSDEC / review opportunities to increase productivity across both pathways through one team Increase Consultant Geriatrician presence on Acute Floor	Potential estates restriction to increase ambition Embed new ways of working within timeframe to deliver saving in bed days	MEDIUM
Bridging Team	Provide bridging support whilst awaiting Discharge to Access [D2A] pathway 1 capacity to reduce LoS	Recruitment of Community Support Workers	HIGH
Out Patient Parenteral Antibiotic Therapy [OPAT]	An additional referrals per week -from under referring specialties- general surgery / cardiology / respiratory - will result in Length of Stay [LoS] reduction Converservative estimates as scheme not yet fully worked up. High confidence in current estimated bed days saved - although more could be acheived once clinical discussion occur.	Generation of new referrals	LOW
Urgent Community Response [UCR]	Supporting additional referrals overall, with focus on 999/111 to reduce admissions	111 / 999 referral increase	MEDIUM
Discharge to Access [D2A] Pathway Improvements	Herefordshire Discharge Pathways P1-3 deliver - Improvements should reduce LoS by 1 day per discharge	Based on D2A improvement programme	LOW
VPT- Across Acute and Community Hospital	Delivery Actions related to Quarter 4 22/23 Discharge Audit recommendations Refresh and Review Internal Professional Standards ["The Way we do Things"] / Modern Ward-Board Rounds / embed Criteria to Reside across 7 days / Ward Dashboards Estimated Discharge Dates - 1 bed day saved on each discharge -100 per month	Cultural Change / Buy In / Local Ownership	MEDIUM

Delivery of these schemes are monitored via the Trusts Valuing Patients Time Board, Finance and Performance Executive meetings and the Herefordshire system D2A Board.

Predicted Bed capacity / occupancy and the Bridging Summary

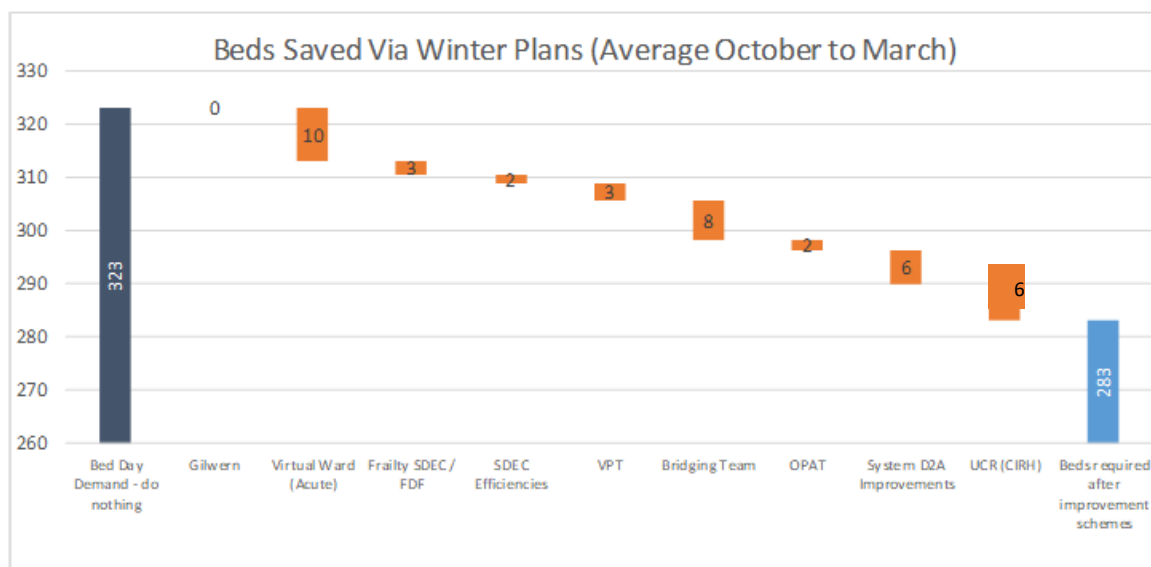


Figure 1 – Bridging Diagram of schemes impact on Beds saved and the remain Beds Required

The predicted acute non-elective adult beds required for winter 23/24, assuming there were no schemes to improve the position, is **323**.

The current funded acute non-elective adult beds in currently **271**.

If there were no developments in place our 271 beds would have a **bed occupancy of 117% or a 52 bed deficit** or equivalent number of patients in unconventional beds on average across the period.

Do nothing:	Winter Average
Beds required	323
Beds available	271
Occupancy	119%

The current UEC schemes equate to 40 beds, if all schemes deliver to ambition and on time. There are risks related to this which are summarised in the previous sections summary table.

Based on the UEC schemes delivering the total of **40 beds of equivalent efficiency savings** this would reduce the **bed occupancy to 104% or a 12 bed deficit** or equivalent number of patients in unconventional beds on average across the period.

Add schemes:

Scheme Impact	40
Beds required	283
Beds available	271
Occupancy	104%

The 12 bed / 104% bed occupancy mitigation plan for this winter, outside of the development of any other schemes not yet identified or resourced, potentially falls to the continued use of our 16 bedded Gilwern escalation ward.

Gilwern ward was always considered our escalation ward but due to ongoing challenges across the Herefordshire system UEC pathways the ward has remained in use since the new frailty wards opened in December 21 / January 22.

If Gilwern was utilised to bridge this shortfall then the overall position would deliver **287 beds**, against a predicted requirement of 283 beds, and a **bed occupancy of 98%**

Add Gilwern:

Add beds	16
Beds required	283
Beds available	287
Occupancy	98%

This position still has a significant risk during peaks and surges of demand and reduced flow meaning additional escalation actions, including the use of unconventional beds, could be required.

It is also worth noting that the 98% bed occupancy does not reflect current operational planning guidance that improving patient flow and reducing bed occupancy to at least 92% is key to achieving the required overall improvement to UEC recovery.

As part of financial plan settlement for 23/24 the full year use of Gilwern was only funded for six months. Whilst the operational and clinical teams work up and implement the UEC schemes we are not in a position to reduce our requirement for these acute non-elective beds and Gilwern will remain open until 30th September 2023. Therefore leaving no budget available for Gilwern to remain open beyond this period.

The unfunded position to keep Gilwern open from October 23 to March 24 will require system support / agreement as the cost will be **approx. £1m** for this period six months, or part of eg. January to March 2024 during peak winter pressure periods.

The Trust has submitted two bids to fund Gilwern for the full year of 23/24 via the Integrated Care Boards [ICB] submission to the UEC Recovery plan for additional non-elective bed capacity as part of the demand capacity and flow submission and also via a separate ICB submission from NHSE Midlands for underspend funds elsewhere across the Region that was being prioritised for Integrated Care Systems who are classed as “Tier 2”, of which the Herefordshire and Worcestershire system in one. Neither have yet been successful.

In summary;

1. The schemes highlighted in this paper are at various levels of maturity and timelines to deliver. The estimated bed days saved is reflected in the Risk Rating where the level of ambition could be underestimated and there is a degree of assumptions within the model. This will be reviewed and reflected over the coming months. This could have a positive impact on the bed days saved / acute non-elective bed deficit and bed occupancy as we approach winter.
2. If the schemes deliver the current assumed level bed days saved then our current winter plan has **a shortfall of 12 acute non-elective beds** or an unfunded solution through Gilwern escalation ward remaining opening for six months, or part of, the October 23 to March 24 period.

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Foundation Group Strategy Committee Report for 23 May 2023
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	Click or tap here to enter text.
Executive/Non-Executive Lead	Glen Burley, Chief Executive
Author:	Chelsea Ireland, Foundation Group EA
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
To provide the Board of Director with an update on the discussions at the last Foundation Group Strategy Committee meeting	
2. Recommendation(s)	
The Board of Directors is asked to receive and note the Foundation Group Strategy Committee report for the meeting held on 23 May 2023.	
3. Executive Director Opinion¹	
Click or tap here to enter text. Number paragraphs 3.1, 3.2 and so on.	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input type="checkbox"/> Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes</p> <p><input type="checkbox"/> Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)</p> <p><input type="checkbox"/> Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care</p> <p>Digital</p> <p><input type="checkbox"/> Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy</p> <p><input type="checkbox"/> Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways</p> <p>Productivity</p> <p><input type="checkbox"/> Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations</p> <p><input type="checkbox"/> Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre</p>	<p>Sustainability</p> <p><input type="checkbox"/> Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff</p> <p><input type="checkbox"/> Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process</p> <p>Workforce</p> <p><input type="checkbox"/> Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners</p> <p><input type="checkbox"/> Develop a 5 year 'grow our own' workforce plan</p> <p>Research</p> <p><input type="checkbox"/> Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate</p>

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.

South Warwickshire NHS Foundation Trust

Report to Board of Directors – 5 July 2023

Foundation Group Strategy Committee Meeting – 23 May 2023

The agenda for this meeting was focused on the following key items:

1. Provider Collaborative Innovators Progress

The Chief Commissioning Officer of SWFT provided the Committee with an update on the Provider Collaborative Innovators progress. She explained what the scheme involved over the past twelve months to help fast track movement and the evolution of Integrated Care Boards (ICBs). The scheme would help start to delegate activity and functions in the Hereford and Warwickshire footprint closer to people and communities. There was support of the Provider Collaborative Innovators Scheme from the Chief Executives of both the Hereford and Worcester (H&W) and the Coventry and Warwickshire (C&W) ICBs. This included how to develop the group into a Host Provider position to start to take on and delegate the commissioning functions.

Warwickshire had struggled with some of the pace regarding moving projects and changes forward to make change over the past twelve months, however the scheme would be a useful platform to get projects completed. Warwickshire's plans over the next twelve months included to move formal decision making for Urgent and Emergency Care (UEC), Out of Hospital (OOH), Continuing Healthcare (CHC) and the Better Care Fund (BCF) into the Warwickshire Care Collaborative so that partners across Warwickshire would have formal responsibility to make decisions on behalf of the ICB. Warwickshire would also like to move into Host Provider status, particularly for OOH as this was a critical area for Warwickshire.

The Chief Transformation and Delivery Officer of WVT provided an update on Herefords progress. WVT had drafted their Memorandum of Understanding (MOU) between the ICB and One Herefordshire. The MOU effectively delegated a range of responsibilities without the need for formal assurance and contracts for One Hereford to take on and monitor the plan. The BCF was Hereford's main focus as they hadn't been sighted on that usage to date from a place health-based perspective. The assurance around the BCF was still proving difficult however once the MOU was in place it would ensure better scrutiny of how the BCF was deployed. Hereford had followed Warwickshire's lead regarding Health Inequalities to try and manage the money locally, however that would not happen until 2024/25. There was a plan for a single point of access for UEC which was fully supported by One Herefordshire and would be a GP led service where all on the day unplanned access would be through a GP hub where the response would be deployed based on needs rather than point of access.

2. Levelling Up

The Deputy Chief Strategy Officer of SWFT provided an update on levelling up for South Warwickshire. It had been approximately one year since their impact report had been created alongside the Purpose Coalition and they had been looking back to ensure they were still delivering against those impact goals. South Warwickshire were running a pilot with aims of boosting respiratory health in Lillington, and they were working across the system to support wellbeing. SWFT were also at a programme that encouraged open recruitment in particular for underrepresented groups.

The Chief Strategy Officer of WVT informed the Committee of WVT's current position on levelling up, and the main point to note was the approval and finalisation of the Hereford Health and Inequalities Strategy. This had been a One Hereford partnership, and very much supported by Public Health and local authority colleagues. The Strategy would focus on Prevention as well as Health Inequalities which mirrored the approach taken by the ICB. He added that there was also work being done with Hereford council around the definition of the future of ledger services in the county. The Group Chairman requested that the WVT include more narrative on the work that Hereford do for military and ex-military families.

The Chief Strategy Officer of GEH presented the Warwickshire North levelling up report and explained that their report alongside the Purpose Coalition had only recently been completed. As part of that work their focus had been to ensure the recommendations contained in the report were aligned to the existing infrastructure. The Chief Strategy Officer of GEH added that North Warwickshire had been working on engagement with Primary Care colleagues regarding sustainability initiatives in respect to prevention activities and ensuring that the Trust's work aligned with local boroughs and their levelling up agenda.

3. Research Update

The Group Director for Research and Development provided an update on the Group's Research developments. He started by highlighting the moves SWFT had made over the last twelve months in support of Research. These included appointments of new roles but also how they were involving Research in conversations and decisions as a Trust. Research was now starting to inform and direct activity. He took the time to acknowledge the newly opened Acorn House at SWFT which was a learning centre and further strengthened the Trust's commitment to Research and Education. WVT had made strong links with the University of Worcester and three counties as it stepped into its Medical School role and had appointed one new Associate Non-Executive Director (NED). GEH probably had the strongest history of Research in the Group for its size and was leading Research in North Warwickshire. They had been sharing trial activity across Coventry and Warwickshire and was offering opportunities across the whole of the ICS patch as well as the Group. He briefly explained that he had been having conversations with WAHT colleagues which had been positive in preparing for any potential thoughts that might occur regarding University Status, and the potentials of Group level university status.

There was a discussion relating to finance and whether the Group were at the point yet where Research was more than covering its costs. The Group Director for Research and Development explained that he wasn't in a position to provide a single point of assurance for the Group, although this was his intended outcome. The Chief Executive elaborated on this point and expressed how there was two ways to establish the financial benefit of Research. One way was the narrow direct costs being covered by income and the other was why was Research one of the Group's strategic pillars and that's because we can deliver better outcomes and we can recruit and retain workforce on the back of that which in turn would reduce temporary staffing costs.

4. Robotics Update – SWFT/WVT Implementation

Mr Ramcharan, Consultant Laparoscopic General and Colorectal Surgeon presented an overview of SWFT's Robotics Surgery implementation. The first business case was written in 2015 for a £2m investment and was part of a five-year plan. Unfortunately, the Covid-19 Pandemic put the Robotics business case on hold, and this was picked back up towards the end of 2021/22, with approval in February 2023 and in March 2023 the delivery of the DaVinci X model arrived. Roll out in Gynaecology, Colorectal and Urology had started. It takes around 18 months for all staff to become fully trained in Robotic Surgery and Andrew Hunter, from Intuitive Surgical, was the representative at SWFT to support the Robots to be up and running over that time period. SWFT's next steps included working on the competencies for Nurses, Surgeons, and Coordinators, with an aim of 18 months to be doing complex surgeries and rolling out other specialities.

The Associate Medical Director of Surgical Specialties at WAHT echoed Mr Ramcharan's challenges and overview. He explained that WVT had worked closely with SWFT regarding which Robot to purchase, and WVT was given the go ahead for a Robot in February 2023 as well. WVT immediately created an Implementation Group and held fortnightly meetings to monitor the progress which was managed by the Deputy General Manager of Surgical Specialties. WVT's specialties were Urology, Gynaecology and Colorectal and very simple small surgeries started in early May 2023.

5. Worcestershire Acute Hospitals NHS Trust (WHAT) UPDATE – ELECTRONIC PATIENT RECORDS (EPR)

The Chief Digital Officer of WAHT provided an overview of the WAHT EPR roll out which was part of an update of the wider Digital Strategy and ecosystem of supporting digital strategies. The EPR Programme Director of WAHT presented the EPR presentation to the Committee which detailed the background to the EPR roll out. This started with the approval of the Digital Strategy in 2019 where 3 pillars were identified - Innovation, Infrastructure and EPR. Altera were selected for their Sunrise product, contracts were signed in April 2020 and deployment was set to start shortly after. The Covid-19 pandemic forced delays for two years of the deployment, however this was formally started in phases on the 1st April 2022. During the two-year delay to implementation, the Trust focused on ensuring they had the right infrastructure to support the Sunrise product, and this included a full reimplementing of PAS, document decomposition and upskilling key team members. On the 23rd January 2023 the WAHT Board gave approval to go live with the first pilot wards, and this went live with a soft launch on the 25th January 2023. There was a 24/7 support command centre for the pilot wards during the roll out period.

6. Group Improvement Update

The Urgent Care Programme Manager presented an overview of the Group Improvement Event that took place from the 15th – 19th May 2023. The Event took place over five days, covering nineteen topics, sixty guest speakers, eight QSIR virtual sessions and an Improvement forum collaboration between the three Trusts.

7. Confidential WAHT Discussion

A confidential discussion regarding WAHT joining the Foundation Group took place where the Chief Executive and Chairman updated colleagues on the next steps.

Recommendation

The Board of Directors is asked to receive and note this report.

Glen Burley
Chief Executive

Foundation Group Strategy Committee

TERMS OF REFERENCE

Remit	The Foundation Group Strategy Committee advises the Boards of South Warwickshire University NHS Foundation Trust, Wye Valley NHS Trust, George Eliot Hospital NHS Trust and Worcestershire Acute Hospitals NHS Trust on all matters relevant to identifying and sharing best practice at pace. The Committee have the ability to benchmark with other partners and bring them into the Committee to do so.
Accountability Arrangements	<p>The Committee is accountable to the Board of Directors of each Trust and is authorised by the Boards to investigate any activity within its terms of reference.</p> <p>It is also authorised to:</p> <ul style="list-style-type: none"> • seek any information it requires from any employees and all employees are directed to co-operate with any request made by the Committee. • ensure the engagement of all Board members in the formation and execution of strategy • decide upon, and require officers to implement, appropriate action to ensure achievement of, or to correct deviation from, the strategic objectives agreed by the Boards.
Responsibilities	<p>The Committee will advise the Boards on the following matters;</p> <p>Strategic Financial and Operational Planning</p> <ul style="list-style-type: none"> • developing strategy and investment plans, including finance, IT, estates, and commercial development • overseeing processes which benchmark clinical outcomes and productivity across the Group supporting the implementation of best practice solutions • developing new working models for corporate functions • developing new business models to progress the development of integrated health and care • developing and executing a communications strategy • developing and maintaining business development capacity and capability across the Group • determining the framework that supports each provider's organisational objectives and targets • developing and supporting achievement of operating, business, efficiency and delivery plans • identifying, reviewing and mitigating strategic risks • proposing and implementing joint working with partner organisations where collaborative approaches will yield tangible improvements and/or efficiencies

South Warwickshire University NHS Foundation Trust
Wye Valley NHS Trust
George Eliot Hospital NHS Trust
Worcestershire Acute Hospitals NHS Trust

	<ul style="list-style-type: none"> • overseeing service transformation and pathway redesign
Membership/ Attendance	<p>Members of the Committee are:</p> <ul style="list-style-type: none"> • Chair of the Trusts • Chief Executive of the Trusts • A Non-Executive Director from each Trust • Managing Director from each Trust • Chief Medical Officer (or equivalent) from each Trust • Chief Strategy Officer from each Trust • Group Strategy Advisor • Group Strategic Financial Advisor • Other Group Advisors • Representatives from Key Partner Organisations (as agreed by the Chair or Chief Executive) <p>Other officers of the Trust may be invited to attend as required.</p> <p>Where a member is unable to attend routinely, an appropriate deputy who will attend on a regular basis should be nominated and notified to the Chair.</p>
Chair	The Chair of the Committee will be the Chair from the Trusts.
Quorum	A quorum shall be six members which will include two Non-Executive Directors (one of which could be the Chair), the Chief Executive and a Managing Director. The quorum should include either a NED or MD from Wye Valley NHS Trust, George Eliot NHS Trust and Worcestershire Acute Hospitals NHS Trust.
Reporting Arrangements	<p>The minutes of the Foundation Group Strategy Committee will be formally recorded and submitted to the respective Boards of Directors. Any confidential matters will be identified as such in the minutes and separately recorded.</p> <p>Each Non-Executive Director of the Foundation Group Strategy Committee will provide a brief report to the following Board of Directors meetings drawing attention to significant developments, highlighting areas where further assurance is required and matters requiring Board decisions. This report will be written by the Committee Administrator to ensure the report is consistent across the Foundation Group.</p> <p>The Committee's agendas and meeting papers will be made available to all Board members of the respective Boards of Directors.</p> <p>The Committee will review its work annually to highlight key issues in the development of the Groups Operational and Financial Strategies and their management, as well as the effectiveness of the Committee.</p>
Frequency of Meeting	The Committee shall normally meet quarterly. The Chair may call an additional meeting if they consider one is necessary.

South Warwickshire University NHS Foundation Trust
Wye Valley NHS Trust
George Eliot Hospital NHS Trust
Worcestershire Acute Hospitals NHS Trust

Administration	<p>The Committee shall be supported by a member of the Corporate Support staff, whose duties in this respect will include:</p> <ul style="list-style-type: none"> • Preparation of agenda in consultation with the Chair • Collation and circulation of papers/ presentations in advance of the meeting • Taking the minutes and agreeing these with the Chair • Keeping a record of matters arising and seeking updates on action points • Producing the summary report for each Trust’s Board of Directors
Date Approved	<p>22 August 2023 Board of Directors of South Warwickshire University NHS Foundation Trust – 5 July 2023</p> <p>Trust Board of Wye Valley NHS Trust – 6 July 2023</p> <p>Trust Board of George Eliot NHS Trust – 4 July 2023</p>
Date Review	<p>Committee Review Date: August 2023 and February 2024 Board Review Date: April 2024</p>

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Update from the Integrated Care Executive (ICE)
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	ICE
Lead Executive Director:	
Author:	Erica Hermon on behalf Frances Martin
Documents covered by this report:	Click or tap here to enter text.
1. Purpose of the report	
To update the WVT Board on the ICE meetings held in May and June 2023.	
2. Recommendation(s)	
The WVT Board is invited to note the continuing development of ICE in providing oversight and assurance in relation to agreed areas of responsibility, including delegated services. There were no issues escalated to the One Herefordshire Partnership (OHP).	
3. Executive Director Opinion¹	
Primary Care Network (PCN) Development	
<p>PCNs have each undergone a review of their maturity matrix to understand what the barriers have been in 2022 and what to focus on in 2023. The priorities for 2023/24 are:</p> <ul style="list-style-type: none"> • Continue with ARRS recruitment • Fuller stocktake • Integrated neighbourhood team development • Maturity matrix and development progress review • Capacity and access • Outreach bus for Covid vaccinations, health checks, AF screening, signposting. • Integrated neighbourhood community teams to focus on developing a clear ambition and developing INTs for Herefordshire <p>All PCNs have development goals in place and the following development needs identified:</p> <ul style="list-style-type: none"> • Integrated focus on PCN estates strategy development • Clarity of PCN leadership teams • Children's Services and community pharmacy representation • Greater Public Health support to analyse data and highlight areas to focus • Development of Community Action Network meetings <p>Fully participating in decision making, PCN Leadership Teams have been established with formal meeting structures and governance, alongside a Herefordshire-level meeting.</p> <p>ICE have requested quantifiable information, which should be available for the next meeting, to be able to measure progress against the maturity matrix in order to: identify those making less progress; and, to assess performance against the national ambitions.</p>	

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.

Integrated Care Home Support

- There has been an increase in ED activity and conveyances by WMAS. Work is ongoing with WVT to interrogate the data to see if the number of conveyances could be reduced.
- There continues to be low use of CIRH by care homes and further promotion of the service is necessary.
- Analysis of mortality reporting for care homes continues by WVT, specifically those care home residents who have been admitted to WVT and died within 30 days of discharge.
- There has been some delay implementing the shared care record and many care homes are without access which is leading to some inconsistencies and possible paper based duplication. Further support is required to improve visibility of this work stream and implementation of the shared care record.
- East PCN are scoping requirements for setting up care home manager meetings
- North and West PCN are using shared learnings from HMG's care home newsletter.
- Joined up approach to reducing falls. Monthly meetings with ICB lead for iStumble are now taking place.
- There continues to be a challenge for providers with recruiting and retaining the workforce.

Urgent Community Response (UCR)

- The virtual ward went live on 24 April 2023, seeing CIRH take referrals from both frailty and acute medicine. As at June 2023, virtual wards had 12 patients on the caseload and was proving effective in keeping patients at home.
- Additional CDM cover is now in place enabling calls to be responded to at weekends. Hospital at Home team are supporting referrals to bridge the gap at Home First.
- The team moved to Elgar House on 26 April 2023 with no disruption in service. Supporting integrated work with virtual GPs, the move has enabled co-location and improved delivery.
- There has been a change in working with WMAS seeing them logging on at 8am to provide a chat function which is monitored throughout the day by the CDM.
- UCR increased its capacity to support junior doctor strike action.
- Gaps have been identified in data capturing but actions are in progress to resolve these, including EMIS support for coding templates. District nursing activity is expected to be included in the dashboard each month.
- SPC charts are now available to provide call handling data to understand why calls are missed and to review the quality of calls taken
- The Hospital at Home bridging team have recruited 3 part time band 3 support workers covering an average case load of 10 per day.

Discharge to Assess (D2A)

The first D2A Board took place on 24 May 2023 focusing on the data requirements. A workshop was also facilitated to address the same.

Falls Service

All Age Commissioning from Herefordshire Council gave an update on the falls response service. Approx. 1000 callouts had been received over the year with the majority of responses being with 34 minutes. Of these: 376 were first time fallers but repeat fallers were still quite high (a minimum of two additional falls was classified as a repeat faller); and, 58 were referred to WMAS.

In developing the service, it was agreed that there needed to be better linkages in terms of navigator services. The service as a whole needed to be more proactive and preventative. To that end, a pilot was taking place looking at predicting and preventing falls by monitoring patterns of behaviour. ICE discussed further having sensors in people's homes – information had been provided by colleagues in Warwickshire. It was also discussed as to how the data available might be used better to link in with other services. With some contracts ending in September 2023, there was an ideal opportunity to take this forward. Consequently, there was an action to be explicit when reporting where planning has got to and how it will be shaped (with the inclusion of PCNs etc).

4. Please tick box for the Trust's 2023/24 Objectives the report relates to:

Quality Improvement

Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes

Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)

Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care

Digital

Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy

Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways

Productivity

Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations

Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre

Sustainability

Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff

Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process

Workforce

Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners

Develop a 5 year 'grow our own' workforce plan

Research

Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate

Report to:	Public Board
Date of Meeting:	06/07/2023
Title of Report:	Quality Committee 25 May 2023 Summary Report
Status of report:	<input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion
Report Approval Route:	N/A
Lead Executive Director:	Chief Nursing Officer
Author:	Ian James NED and Quality Committee Chair
Documents covered by this report:	N/A
1. Purpose of the report	
The Trust Board is asked to receive and note this summary of items discussed	
2. Recommendation(s)	
For information.	
3. Executive Director Opinion¹	
N/A	
4. Please tick box for the Trust's 2023/24 Objectives the report relates to:	
<p>Quality Improvement</p> <p><input checked="" type="checkbox"/> <i>Reduce our infection rates by delivering improvements to our cleanliness and hygiene regimes</i></p> <p><input type="checkbox"/> <i>Reduce discharge delays by working in a more integrated way with One Herefordshire partners through the Better Care Fund (BCF)</i></p> <p><input type="checkbox"/> <i>Reduce waiting times for admission for patients who need urgent and emergency care by reducing demand and optimising ward based care</i></p> <p>Digital</p> <p><input type="checkbox"/> <i>Reduce the need to move paper notes to patient locations by 50% through delivering our Digital Strategy</i></p> <p><input type="checkbox"/> <i>Optimise our digital patient record to reduce waste and duplication in the management of patient care pathways</i></p> <p>Productivity</p> <p><input type="checkbox"/> <i>Increase theatre productivity by increasing the average numbers of patients on lists and reducing cancellations</i></p> <p><input type="checkbox"/> <i>Reduce waiting times by delivering plans for an elective surgical hub and community diagnostic centre</i></p>	<p>Sustainability</p> <p><input type="checkbox"/> <i>Reduce carbon emissions by delivering our Green Plan and launching a green champions programme for staff</i></p> <p><input type="checkbox"/> <i>Increase the influence of One Herefordshire partners in service contracting by developing an agreement with the Integrated Care Board that recognises the responsibility and accountability of Herefordshire partners in the process</i></p> <p>Workforce</p> <p><input type="checkbox"/> <i>Improve recruitment, retention and employment opportunities by implementing more flexible employment practises including the creation of joint career pathways with One Herefordshire partners</i></p> <p><input type="checkbox"/> <i>Develop a 5 year 'grow our own' workforce plan</i></p> <p>Research</p> <p><input type="checkbox"/> <i>Improve patient care by developing an academic programme that will grow our participation in research, increasing both the number of departments that are research active and opportunities for patients to participate</i></p>

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.

Quality Priority – Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs)

Good progress has been made in delivering training including bespoke sessions in key clinical areas including ED which have been well received. Committee was pleased with this positive development and noted that there is also anecdotal evidence of the impact on clinical practice. The next report will include the results of a formal practice audit to provide assurance. Committee also noted the concern regarding likely impact on training of a vacancy in the Safeguarding Team and the work with the ICB to mitigate this impact

Quality Priority - Mortality

Committee noted the continuation in the reduction in our mortality scores with continued reductions in both our in-hospital and out-of-hospital deaths. Committee noted the significant reduction in fractured neck of femur related deaths and the reduction of stroke deaths to 84, having previously been an outlier.

Quality Priority – Infection Prevention

Committee noted that we had 42 C-Diff cases in 22/23 against a target of 44. This remains our major challenge: we benchmark well regarding our other reportable bacteraemia and are not an outlier. Committee noted the current focus on hand hygiene and bare-below-the-elbow including the issues related to over-use of gloves since the pandemic. There are also challenges with compliance for agency, locum and bank staff which need to be picked up as contractual issues where appropriate. Good progress is being made in the Improvement Plan delivery and it was reported that there are no concerns with the progress.

Committee also received its first reformatted report from the Infection Prevention Committee (IPC) which summarises key issues from the reporting sub-committees. This report focussed on cleanliness where there has been sustained improvement and we are now above expected standards in all clinical areas. Quality Committee also reviewed and approved the IPC Terms of reference and its Forward Planner.

Divisional Quarterly Report Medicine

Committee received a comprehensive divisional report and focussed in particular on:

Virtual Wards – Do we understand the quality and safety assurance challenges associated with this new clinical approach? Committee asked for further discussion of some ‘real life’ stories to develop our understanding.

Serious Incidents – The need to address issues associated with pressure ulcers and with falls, including potentially assessing all frail patients/patients over a certain age as ‘at risk’, addressing issues with nurse noting re assessments and reassessments.

Quality Priority – Maternity

Committee received the monthly PQSM report and a report on the LMNS ‘touch-point’ visit.

Committee focused in particular on our “Robson Group” rates in the PQSM report and asked for further input from the lead Obstetrician to understand better how we assess these to assure quality of the service. Committee also noted the good improvements in the recorded level of MDT ward rounds to 92%.

The LMNS report recorded findings from a preliminary visit prior to a more formal visit in conjunction with NHSE in June. This identified a number of areas where we would need to provide evidence to demonstrate appropriate performance levels and overall it was an accurate reflection of our service. Issues identified will be picked up prior to the full visit in June.

Quality Indicators

Mixed-sex accommodation breaches remains a major area of concern and the Committee will continue to review this. We were pleased to note the improvement in response times for complaints.

Quality Account

Committee approved the Quality Account prior to submission to Board.

Nurse Staffing Report

Committee complimented the work done to reduce use of agency staff where numbers have fallen significantly – including down 50% in ED and a 50% reduction in Health care Support worker agency staff.

Clinical Effectiveness Committee Summary Report –

Noted

Patient Experience Committee Summary Report

Quality Committee welcomed the first report from the reinstated Patient Experience Committee and noted its important role in helping to improve and assure service quality and safety.

WYE VALLEY NHS TRUST
Minutes of the Audit Committee
Held on 16 March 2022 at 9:30 a.m. – 12:00 p.m.
Via MS Teams

Present:		
Nicola Twigg	NT	Audit Committee Chair & Non-Executive Director (NED)
Andrew Cottom	AC	Vice Chair, Non-Executive Director (NED)
In attendance:		
Clive Andrews	CA	Associate Chief Finance Officer
Lynn Carpenter	LC	Quality & Safety Matron (For agenda item 5.4)
Mark Coton	MC	RSM Risk Assurance Services LLP., Assistant Manager, Internal Audit
Mike Gennard	MG	RSM Risk Assurance Services LLP., Partner, Internal Audit
John Gwilliam	JG	Head of Clinical Systems (For agenda item 8.3)
Erica Hermon	EH	Associate Director of Corporate Governance/Company Secretary
Ian Howse	IH	Partner, Risk Advisory Team, Deloitte LLP
Asam Hussain	AH	RSM Risk Assurance Services LLP.
Simon Mortimore	SM	Head of Information Technology, Hoople Group Ltd. (For agenda item 8.3)
Katie Osmond	KO	Chief Finance Officer
Lauren Parsons	LP	Senior Manager, Audit & Assurance, Deloitte LLP
Bradley Vaughan	BV	RSM Risk Assurance Services LLP., Manager, Local Counter Fraud Service

Minute		Action
AC001/03.23	<u>APOLOGIES FOR ABSENCE</u>	
	The meeting was recorded for the purpose of producing the minutes. Apologies were noted from Ian James, Non-Executive Director, Frank Myers, MBE, Associate Non-Executive Director and Grace Quantock, Non-Executive Director.	
AC002/03.23	<u>QUORUM & DECLARATION OF INTEREST</u>	
	The meeting was quorate. No declarations of interest were noted.	
AC003/03.23	<u>MINUTES OF THE MEETING HELD ON THE 8 DECEMBER 2022</u>	
	The minutes were agreed as an accurate record of the meeting.	
	<u>Resolved</u> – that the minutes of the meeting held on the 8 December 2022 be confirmed as an accurate record of the meeting and signed off by the Committee Chair.	

AC004/03.23	<u>MATTERS ARISING AND ACTIONS</u>	
	<p>The completed actions on the action log were noted.</p> <p>AC05.1/03.21 – Risk Management Deep Dive and IM&T Programme – Clarity required on the scope expected by the Audit Committee from Divisions to avoid duplication of reporting of risks. Following a discussion it was agreed that the Associate Director of Corporate Governance (ADoCG) continue with the piece of work on Governance Mapping to understand how risks and processes are applied within each team, Division and Directorate. A timescale of a few months was suggested for the completion of the work and the new Chair of Audit Committee Mrs Twigg (NED) will work with the ADoCG in the New Year as part of the handover process. Following the handover, a decision will be taken through the Audit Committee as to whether the deep dives within the organisation would be beneficial.</p> <p>An update on Governance Mapping to be presented at the December meeting with the focus on risk to provide assurance to the Audit Committee. Due to the ADoCG being unable to attend the meeting due to sickness, it was agreed to defer the action until March 2023 and the Chair will discuss Governance Mapping with the ADoCG offline before the next meeting. ACTION COMPLETED</p> <p>AC06.2/09.22 - Recommendation Tracker – Medical Workforce Management revised date to be AGREED once assurance is received by the Chief Finance Officer over the BMA/local negotiating committee dispute involving annual leave policy for medical and dental and if further implications for the Trust are likely. Confirmation was received that the issues and work is ongoing on policy to achieve acceptable refresh. The Chief People Officer and the Chief Medical Officer were following up and it was agreed that the Chief Finance Officer would circulate offline. ACTION CLOSED.</p> <p>AC07.1/09.22 – AC07.1/09.22 – LCFS Progress Report – Mr Cottom (NED) to discuss sickness and return to work interviews with the Chief People Officer to obtain his perspective and what can be achieved to obtain further assurance by the Audit Committee. Confirmation was received that sickness absence, return to work information, including heat maps are reported into the Finance and Performance Executive (F&PE) meetings and will be included in the Internal Audit Plan. ACTION CLOSED</p> <p>AC08.2/09.22 – Losses and compensation – A Benchmarking exercise on Pharmacy losses was undertaken across the Group by the Associate Chief Finance Officer. The Financial Accountant is chasing South Warwickshire Foundation Trust (SWFT) for information for inclusion in the losses and compensation paper. Confirmation was received that information was included in the losses and compensation report this month. ACTION CLOSED.</p> <p>AC08.2/09.22 – Losses and compensation – Senior matrons to be contacted regarding their perspective on the initiative to increase awareness to reduce</p>	

	<p>Information included in the Losses & compensation report. ACTION COMPLETED.</p> <p>AC09.1/12.22 – Audit Plan for 2022/23 – Audit Plan to be circulated before the 16th March to enable members to read and provide the opportunity for formal sign off at the next Audit Committee. Audit Plan is included within the Audit Committee papers. ACTION COMPLETED.</p> <p>AC09.1/12.22 – Audit Plan for 2022/23 – Audit Committee dates to be reviewed around Year End. The Chair agreed that the meeting on the 26th may 2023 would involve the NED’s only reviewing the WVT Accounts and the meeting on the 15th June 2023 would be utilized as the End of Year meeting. ACTION COMPLETED.</p> <p>AC09.1/12.22 – Audit Plan for 2022/23 – The Associate Chief Finance Officer to include the impact of IFRS 16 within the policies paper for the next Audit Committee. Included in the Accounting policies papers. ACTION COMPLETED.</p>	
	<p><u>Resolved</u> – that</p> <p>(A) The Action Update be received and noted.</p>	
AC005/03.23	<u>GOVERNANCE</u>	
AC05.1/03.23	<u>GOVERNANCE MAPPING</u>	
	<p>The Associate Director of Corporate Governance & Company Secretary (ADoCG) presented the Governance Mapping and the following points were noted:-</p> <ul style="list-style-type: none"> ○ It was noted that the sickness absence of the Associate Director of Corporate Governance and the long-term sickness of the Trust Risk lead has impacted on the work required regarding risk; ○ Meetings have now been mapped and have been apportioned into Tiers 1, 2 and 3 relevant to their importance and they are now ready to publish. All meetings have Chairs, Terms of Reference and feedback to Board. Minutes from some of the meetings will now have to be read to conclude if the information within them has been recorded appropriately; ○ A significant change to the governance arrangements going forward will be the replacement of Datix, the Trust Incident Reporting and Risk Management tool for claims and inquests, to enable the Trust to see trends. A new system InPhase will be introduced across the hospital and will take historical data from Datix to allow better triangulation with risk for Serious Incidents (SI’s), claims and incident reporting; ○ The ADoCG confirmed that the meeting structure governance will be shared with governance and risk leads at Divisional level to ascertain how this supports at overall governance level. ACTION ○ Mr Cottam (NED) commented that the governance mapping piece was helpful and highlighted the information presented at Quality Committee 	EH

	<p>and if this provided a risk. The ADoCG responded that there has been a re-design of the Quality Committee meeting (Tier 1) with information being presented at Clinical Effectiveness Audit Committee (Tier 2) and Patient Safety Committee. It was agreed as an action that the governance mapping o include the reporting mechanism and frequency and will be distributed with the Minutes. ACTION</p> <ul style="list-style-type: none"> ○ It was noted that Mr James (NED) now Chairs the Quality Committee and is in the process of reshaping the meeting; ○ Mr Cottam (NED) queried where the midwifery and maternity reporting was presented within the system. It was confirmed that this service is stand alone and reports as a standing agenda item in Quality Committee. The ADoCG will investigate the reporting route of the midwifery and maternity directorate and will feed back after the meeting. ACTION ○ Mrs Twigg (NED) and Chair commented that the governance mapping was very useful and could identify any black holes and duplications in the system. It was suggested that governance mapping is brought back as a standing item on the agenda to receive updates. 	<p>EH</p> <p>EH</p> <p>Agenda item</p>
	<p><u>Resolved</u> – that</p> <p>(A) The Governance Mapping report be received and noted.</p> <p>(B) The meeting structure governance to be shared with governance and risk leads at Divisional level to demonstrate the support provided at overall governance level.</p> <p>(C) Governance mapping to include the reporting mechanism and frequency to be distributed with the Minutes.</p> <p>(D) The ADoCG will investigate the reporting route of the midwifery and maternity directorate and will feed back after the meeting.</p> <p>(E) Governance mapping to be added as a standing item on the agenda.</p>	
<p>AC05.2/03.23</p>	<p><u>UPDATED STANDING ORDERS 2023/24</u></p>	
	<p>The Associate Director of Corporate Governance & Company Secretary presented the Updated Standing Orders 2023/24 and the following points were noted:-</p> <ul style="list-style-type: none"> ○ The purpose of the report is to seek Audit Committee approval of the WVT updated standing orders and Standing Financial Instructions (SFI's); ○ Updated standing orders are required to be reviewed annually, with last year's focus on SFI's, which have now been aligned within the Group. This amendment focusses on standing orders, with significant changes being highlighted by the tracked changes; ○ The key change is around Conflict of Interest and general behaviour and links in with the next item on the agenda, item 5.3, Management of conflicts policy and Declarations of Interest, which will be covered in this agenda item; 	

	<ul style="list-style-type: none"> ○ It was noted that previously the Declarations had free text and allowed for different interpretation of the questions and different quality of answers. The new Declaration Policy is more prescriptive and provides a more immediate response to any conflicts; ○ The issue of not releasing other communications documents to the public was highlighted, which was clear to Board it was less transparent to Audit and Quality Committees ; ○ Mr Cottam (NED) commented on the sense of development and robustness of the Standing Orders; ○ The ADoCG has requested that Wye Valley Trust receive alignment of governance processes across the Group from David Moon, Chief Strategy Advisor. 	
	<p><u>Resolved</u> – that</p> <p>(A) The Updated Standing Orders 2023/24 report be received and APPROVED.</p>	
<p>AC05.3/03.23</p>	<p><u>MANAGEMENT OF CONFLICTS POLICY AND DECLARATIONS OF INTEREST</u></p>	
	<p>The Associate Director of Corporate Governance & Company Secretary presented the Management of Conflicts Policy and Declarations of Interest and the following points were noted:-</p> <ul style="list-style-type: none"> • The ADoCG requested any feedback on the Management of Conflicts Policy and Declarations of Interest; ○ Mrs Twigg (NED) & Chair commented on the Q&A section, which was very useful and questioned how this is embedded into the organisation, for example Consultants conflicts; ○ The ADoCG confirmed that if staff have not completed their Declaration of Interest form, an e mail is sent to the staff member to chase. As part of the NHS contract the Trust are required to publish a list of staff members who do not completed the Declaration of Interest and make the list public facing. Part of the appraisal process for Consultants is to complete the Declaration. Assurance was noted for staff that need to be targeted, the issue however of capturing staff who are not aware that they need to complete a Declaration will be captured through communication within Trust Talk; ○ The Chief Finance Officer (CFO) questioned if audit colleagues had examples of best practice from other clients to improve the documents even further. The Internal Auditors (IA) confirmed that one of their clients sends out notifications when the Declaration of Interest is not completed by a certain date to their manager, which can then be chased. The IA's offered to put the ADoCG in contact with their client in terms of the process. The IA's offered to share any other good practice identified with the CFO and the ADoCG; ○ The testing and process of checking responses was highlighted. The IA's responded that databases for Declarations are inspected, 	

	<p>for example Companies House and access to the British Association of Pharmaceutical Industry declarations where payments have been made to Consultants and doctors;</p> <ul style="list-style-type: none"> ○ The CFO commented that with regard to Consultants, the Chief Medical Officer and the Divisional Associate Medical Officers review and highlight any discrepancies. The Procurement team would also review the Declarations list at the outset to identify individuals who had declared an interest related to a particular supplier, which would signify that the Consultant could not be part of the process. 	
<p>AC05.4/03.23</p>	<p><u>INPHASE IMPLEMENTATION</u></p>	
	<p>The Quality & Safety Matron presented a progress update on the InPhase implementation, the new risk management system at WVT and the following points were noted:-</p> <ul style="list-style-type: none"> • The background and context was presented which included two key drivers for the system, the implementation of the Patient’s Strategy, which has a focus on improving patient safety issues and secondly the redesign by NHS England of the entire national incident reporting system; ○ The current digital risk management system, Datix, reports into two systems which will be replaced by a single system, the Learning from Patient Safety Event service (LFPSE). The new system will support patient safety learning, support patients to report their own incidents and provide a two way system which can extract data for learning; ○ The timeline for the proposed deadline for cut off for the old system is the 30 September 2023, with all Trusts using a test system by the 31 March 2023; ○ A contract has been signed with InPhase and Datix will cease to be used on the 31 March 2023, when a like for like format will be implemented; ○ The Quality & Safety team are managing the project with the support of the Project Manager in InPhase, with the progress of transition being monitored via the Patient Safety Committee with fortnightly updates to Trust Management Board (TMB); ○ The team are aiming for all modules to be operational as soon as possible. New incidents will be reported from the 1 April 2023 and historic data will populate dashboards within the system to include, daily instant report, 12 month rolling reports, falls, pressure ulcers and duty of candour; ○ Confirmation was received that no training had been received, informatics still have to configure their reports and dashboard and reporting packs need to be developed which will provide some slippage from feedback modules and information gaps in month. This will be reported through TMB to highlight light reporting in Month 1. <p>The Audit Committee were asked for questions, which were noted below:-</p>	

	<ul style="list-style-type: none"> ○ Mrs Twigg (NED) and Chair, raised the issue of training and was assured that the training for the question managers, the back office system administrators, the module owners and super users has been completed; ○ Mrs Twigg (NED) and Chair questioned the back-up process for ensuring nothing crucial is missed in the short term of falling between the two systems. The Quality & Safety Matron assured the Committee that the team do not envisage having any missing data although the configuration of the reports are being worked through by the Informatics team; ○ The ADoCG requested that audit colleagues are made aware that there will be a complete change of process with regard to Board Assurance Framework (BAF) and risk assurance and to be aware of the change. It was agreed that an update is provided on the progress of InPhase at the next meeting. ACTION 	EH
	<p><u>Resolved</u> – that</p> <p>(A) The In Phase Implementation presentation be received and noted. (B) A progress update on the InPhase implementation to be provided at the next meeting.</p>	
AC006/03.23	<u>INTERNAL AUDIT</u>	
AC06.1./ 03.23	<u>IA PROGRESS REPORT</u>	
	<p>RSM, UK Internal Auditors (IA) presented the IA progress report and the following points were noted:-</p> <ul style="list-style-type: none"> • Three reports have been received since the last Audit Committee, Financial Sustainability (Final report), Cost and Productivity Improvement Programme (CPIP) (Draft report) and the Discharge Management report (Draft report); • The IA outlined the five reports which are currently in progress, with fieldwork completed and draft reports submitted or fieldwork in progress; • Audits in progress and due to commence are the Audit to Audits, scheduled to commence in April and the Board Assurance Framework (BAF) scheduled to start at the end of March; • An action by the IA's was noted to work with the Chief People Officer and HR team on more realistic dates on Effective Recruitment & Retention, which has been completed and will now be tracked to the revised dates. It was agreed as an action that the IA's will share the revised final Effective Recruitment & Retention report with the ADoCG and the Chief Finance Officer with Non-Executive Directors and at additional Committees with an interest in workforce. ACTION 	IA
	<p><u>Resolved</u> – that</p> <p>(A) The IA progress report be received and noted.</p>	

	(B) Internal Audit to share Effective Recruitment & Retention report and Associate Director of Corporate Governance to distribute to Non-Executive Directors and wider committees with interest in workforce.	
AC06.1.1/03.23	<u>FINANCIAL SUSTAINABILITY SELF-ASSESSMENT</u>	
	<ul style="list-style-type: none"> This agenda item was not discussed. 	
	<p><u>Resolved</u> – that</p> <p>(A) The Financial Sustainability Self-Assessment report be received and noted.</p>	
AC06.2/03.23	<u>RECOMMENDATION TRACKER</u>	
	<p>RSM, UK Internal Auditors (IA) presented the Internal Audit Management Actions Tracking Report and the following points were noted:-</p> <ul style="list-style-type: none"> The tracker provides details of all agreed management actions emanating from Internal Audit work; 24 actions were reported on the tracker, four actions were closed and implemented, 15 actions date not yet reached, one revised due date, with approval by Committee in relation to the joint Procurement Policy, four with no response and one owner being on sick leave and reassignment of that actions; The ownership of the Waiting List Initiative and Additional Payments Policy – Consultants and Associate Specialist is to be established with four actions outstanding; Mrs Twigg (NED) and Chair commented that it was the second time that the joint Procurement policy had been delayed until July, which will then be presented at the September 2023 Audit Committee. The CFO commented that the action was to develop a joint policy around the Foundation Group. The Head of Procurement has been on maternity leave, with a deputy standing in the priorities have not been picked up. It was agreed as an action that the CFO would pick up with the Procurement team to expedite. ACTION Mr Cottam (NED) commented that there were no reports to consider, with five reports promised at the last meeting and nine reports due. The IA's apologised, but explained that the resourcing challenges at the Trust were the reason behind the delay, together with the challenging year. The IA's did comment that the reports were near completion. The challenge of an influx of reports to review at the next meeting was highlighted. The IA's responded that the reports will be issued as they are finalised. It was agreed that the reports will be sent out for colleagues to review and an extraordinary meeting will be arranged to review reports between now and the end of June. ACTION 	<p>KO</p> <p>IA</p>

	<ul style="list-style-type: none"> The IA's gave assurance that the work will be completed and further catch ups with the CFO will be arranged to ensure that reports are on track. 	
	<p><u>Resolved</u> – that</p> <p>(A) The Recommendation Tracker be received and noted.</p> <p>(B) The Chief Finance Officer to discuss the joint Procurement policy with the Procurement Team to progress.</p> <p>(C) An extraordinary meeting to be arranged to review the outstanding reports.</p>	
AC06.3/03.23	<u>INTERNAL AUDIT PLAN 2023/24 – LONG LIST</u>	
	<p>RSM, UK Internal Auditors (IA) presented the Internal Audit Plan 2023/24 – Long List and the following points were noted:-</p> <ul style="list-style-type: none"> The report was taken as read; Internal Audit met with Executive Directors separately to identify areas for inclusion in the 2023/24 internal Audit Plan. A list of areas was compiled and shared with Executive colleagues to provide core assurance; The plan is 48 days in terms of over the budget and includes all of the core areas that are required to provide an opinion; It was noted that there were three immediate areas to reprioritise or pick up as part of the review, these included medical staff leave, staff turnover and PFI change notice performance. If these areas were removed from the plan it would reduce the days to 42; Mrs Twigg (NED) and Chair commented on the Agency spend and if there were enough days available to get what is required and should we be spending more. Agency spend should be top of the list and any extra days should be utilized to focus on this as the Trust is aiming to reduce Agency spend; Included in the long list is staff turnover, medical staff leave, the business planning process and the PFI change notice performance; Mr Cottam (NED) shared an experience regarding Clinical Nurse Specialists (CNS) and concerns around productivity. The negative impact of having the scheme was disproportionate to what we got out of it and the ownership by clinical leaders for these roles. The CFO responded that there may be something in the language rather than removing the CNS from the long list and it could be linked to job planning, but recognise the caution and it may not have the impact that was first thought; It was agreed as an action the Internal Auditors will update and complete the long list and share with Audit Committee members for approval by e mail for ratification at the next meeting. ACTION 	IA
	<u>Resolved</u> – that	

	<p>(A) The Internal Audit Plan 2023/24 – Long List be received and noted. (B) Internal Auditor to update and complete the long list and share with Audit Committee members for approval by e mail for ratification at the next meeting.</p>	
AC07/03.23	<u>COUNTER FRAUD</u>	
AC07.1/03.23	<u>LCFS PROGRESS REPORT</u>	
	<p>The Local Counter Fraud Specialists (LCFS) presented the LCFS Progress Report and the following points were noted:-</p> <ul style="list-style-type: none"> • The LCFS Report Progress report was taken as read; • It was noted that the LCFS had completed the local proactive exercise on Conflicts of Interest, with two low priority actions identified; • A culture survey undertaken by the LCFS resulted in 11 responses, an increase on last year. The team will keep the survey open until the end of May for further responses and the team will liaise with the Communications team; • A gifts and hospitality survey has been completed, with 56 responses received, 2.24% of total staff, which is low. There will be another push for staff to complete the survey by the LCFS; • An identity documentation and verification webinar took place with only three WVT taking part. The Trust are encouraged to invite Matrons and Ward Managers and other members of staff attend as they often undertake ID document checking processes. Another webinar will take place in June; • The release of the NFI data both payroll and creditor matches was highlighted, there has been a decrease from previous years, there is a drive to identify any high level matches to investigate if any are fraudulent, which, if identified, will be discussed with the CFO; • It was noted that there have been six referrals received, one has been closed since the last Audit Committee and there are two referrals pending closure; • The LFCS highlighted mandate fraud alerts, which are on the increase. The team will continue to send communications regarding scam e mails via the WVT Communications team; • The return is due on the 31 May 2023, with one amber action identified and under review. The portal is open and is being populated. A meeting with has been arranged with the CFO and Mrs Twigg (NED) and Chair to discuss the return before submission; • Participation results were highlighted as disappointing. The IA commented that similar results have been received across a number of clients and the team are always looking for ways to improve results. Any input from the Trust would be appreciated; • The CFO agreed to circulate the link to the Culture Survey from LCFS to Divisional colleagues and budget holders to encourage uptake to complete. ACTION 	KO

	<p><u>Resolved</u> – that</p> <p>(A) The LCFS progress report was received and noted.</p> <p>(B) Link to the Culture Survey from LCFS to be circulated by the Chief Finance Officer to Divisional colleagues and budget holders.</p>	
AC07.2/03.23	<u>LCFS WORKPLAN</u>	
	<p>The Local Counter Fraud Specialists (LCFS) presented the LCFS Work plan and the following points were noted:-</p> <ul style="list-style-type: none"> • The LCFS outlined how the plan is pulled together. The number of days outlined to complete the work is 40 days, which was the same as this year; • Added value areas include single tender waiver benchmarking, the gifts and hospitality, findings will be fed back and will also be completed next year and the final one, mandate fraud, the scam phishing exercise and the LCFS advocated that the Trust undertake this; • The LCFS requested that the Audit Committee approve the two considerations, which were are the areas selected for coverage in the work plan appropriate and is the Audit Committee satisfied that the current level of counter fraud resource remains suitable. The Audit Committee gave approval that the LCFS completed both considerations. 	
	<p><u>Resolved</u> – that</p> <p>(A) The LCFS Work plan report was received and APPROVED.</p>	
AC08/03.23	<u>FINANCIAL FOCUS</u>	
AC08.1/03.23	<u>LOSSES AND COMPENSATION</u>	
	<p>The Associate Chief Finance Officer (CFO) presented the Losses and Compensation and the following points were noted:-</p> <ul style="list-style-type: none"> • The Losses and Compensation report was taken as read; • The Audit Committee is requested to consider the Loses and Special Payments made on behalf of the Trust Board; • The Losses and Special Payment made during the third quarter (Q3) compared to the previous year, the losses value is the same, but there has been a reduction the amount of claims; • To undertake benchmarking for Pharmacy Losses across the Group only George Eliot Hospital (GEH) and Wye Valley Trust (WVT) supplied information. Comparative data has been requested from South Warwickshire Foundation Trust (SWFT); • The Pharmacy losses are both mainly due to the cost of expired drugs. GEH Pharmacy losses represent 1.87% of drug costs compared to 0.47% at WVT; • Mr Cottam (NED) commented on the Information Governance breach on the Compensation under Legal obligation, with the value of £3,500.00 reported. The CFO responded that this is a legacy that a 	

	<p>Health Care Support workers had been accessing patient records at Leominster Community Hospital which prompted a Duty of Candour letter which resulted in a number of people pursuing legal action. The Information Commissioners Office has confirmed that they are not taking any further action. It was confirmed that the Claims Officer is monitoring cases closed against the Duty of Candour letters sent and the CFO confirmed that there was a provision in place for this in the year end accounts last year;</p> <ul style="list-style-type: none"> To provide assurance the Clinical Director, Pharmacy & Medicines Optimisation is able to periodically attend and brief the Audit Committee on actions to minimise losses. 	
	<p><u>Resolved</u> – that</p> <p>(A) The Losses and Compensation Payments report was received and APPROVED.</p>	
AC08.2/03.23	<u>SINGLE TENDER WAIVER UPDATE</u>	
	<p>The Chief Finance Officer (CFO) presented the Single Tender Waiver report and the following points were noted:-</p> <ul style="list-style-type: none"> The Procurement team provided a comparison from August 2022 to March 2023 against the same period last year. The report identified a reduction in the level of the value and why you would spend in that period and also that no suppliers had more than one waiver in that current period; Two specific waivers were identified, the first on the Enteral Feeds contract and the second was the boiler replacement at Ross Community Hospital which was largely due to expediency with the availability of capital at Year End, which was supported. 	
	<p><u>Resolved</u> – that</p> <p>(A) The Single Tender Waiver update was received and noted.</p>	
AC08.3/03.23	<u>BUSINESS CONTINUITY UPDATE</u>	

	<p>The Simon Mortimore, Head of Information Technology, Hoople Group Limited and John Gwilliam, Head of Clinical Systems gave a presentation on WVT IT Continuity and Disaster Recovery and the following points were noted:-</p> <ul style="list-style-type: none"> • The presentation was taken as read and the following questions arose from the presentation:- <ul style="list-style-type: none"> ○ Mr Cottam (NED) commented that the last presentation on the progress on the BCP/DR Disaster Recovery took place in December 2021. The two systems highlighted were recognised in the last presentation, digital dictation and out of hours. Hoople Group Limited were asked if they were comfortable that both of the concerns had been covered off. The Head of Information Technology confirmed that digital dictation underwent a very successful pilot on the alternative platform and was due for discussion at the Digital Programme Board, but due to the junior doctors strike the project was pushed back; ○ Out of hours will relate to the Clinical Systems Group in particular as to how the fall of support works, so that is still an ongoing conversation and one that comes up regularly, but it is critical. The project is receiving a lot of attention and is currently amber rated; ○ Apex LIMs – it was noted that the project does not highlight any particular concerns and is action underway; ○ The CFO commented on the Apex LIMs project and highlighted that it links to the regional procurement exercises around Pathology system replacement, the Trust is seeking all Trusts within the Group to link to one LIMs system; ○ Out of hours is linking back to Divisional business continuity plans. This is the piece of work the team are linking in with the Emergency Planning Officer to review the technical approach to disaster recovery business continuity, to ascertain if the teams on the ground know confidently what to do and how to continue working. The CFO suggested that this project should be included in the Work Plan. It was agreed that the ADoCG and the CFO will review the work on Business Continuity Plans and propose a date for presentation to a future Audit Committee. ACTION 	EH/KO
	<p><u>Resolved</u> – that</p> <p>(A) The Business Continuity update was received and noted.</p> <p>(B) The Associate Director of Corporate Governance and Chief Finance Officer to include Business Continuity Plans in the work plans and propose a date to be presented to a future Audit Committee.</p>	
AC08.4/03.23	<u>ACCOUNTING POLICIES CHANGES FOR 2022/23</u>	
	<p>The Associate Chief Finance Officer (ACFO) presented the update on Accounting Policies changes for 2022/23 and the following points were noted:-</p>	

	<ul style="list-style-type: none"> • The purpose of the report is to provide the Audit Committee with a summary of the changes to accounting policies for 2022/23 including the impact of changes to IFRS's and to assess the going concern status for the Trust. The Committee is requested to note and approve the report; • It was noted that Finance has reviewed the accounting policies, that are included as part of the annual accounts and in the light of the latest template that has come out from NHSE have built in some of the local notes. It was agreed that the Associate Chief Finance Officer will circulate the paper, which was not included in the Audit Committee papers, outside of the meeting. ACTION • As part of the Trust's annual accounts for 2022/23 a going concern review is completed. Any issues identified have been reviewed. The main issue identified is the Trust's current performance and past deficits and future year plans which indicate the deficit will continue for the foreseeable future. The Trust has undertaken a review of the key issues pertaining to going concern for 2022/23; • The second issue within the report relates to the accounting policies, IFRS16. This is the first year that IFRS16 is applicable to the Accounts, having been deferred for two years. Finance have provided a brief summary of the estimated impact on the accounts; • Recognition of expenditure is recognised, with the estimate depreciated in interest will be a reduction of £14k that the original operating lease costs, the position is negligible. The overall year account for the same cost, the timing might vary and the impact is fairly minor in terms of the Trust; • Leases - IFRS16 have not yet been applied to PFI assets, due to a delay by the Department of Health to 2023/24 to access the impact centrally. Further guidance is awaited with the expectation to bring any changes on to the balance sheet; • The results have been received for the 2022/23 valuation exercise, which indicates an increase in buildings, in particular the County Hospital site. The valuers have undertaken a review of PFI sites nationally which has resulted nationally in an increase in the valuations; • Mrs Twigg (NED) & Chair commented on the financial and cash situation and questioned if the Trust will require cash support in year. The ACFO responded that the Trust used to have to take out loans on a monthly basis from Department of Health to cover the cost to meet the revenue cash requirements therefore it is actually taken from PDC rather than as loans and the Trust do not have to pay interest. It was noted that there will be an impact in terms of PDC dividends further along the line. Mrs Twigg (NED) and Chair requested that the NED's would be interested in an update on the financials, especially as new NED's have joined the Trust. The CFO confirmed that a section on the cash will be included in the Finance Plan update; • The CFO requested that from a governance perspective regarding the going concern declarations the Audit Committee members endorse the management assessment for the preparation of the accounts on a going concern basis. The report from Audit Committee to the Board would 	<p>CA</p>
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	<p>need to cover off, the Audit Committee’s recommendation to provide assurance that management had endorsed the assessment.</p> <ul style="list-style-type: none"> • Deloitte confirmed that from their perspective the Trust prepare the going concern declaration on a going concern basis and as long as there is a continuing provision of service and there is no letter from the Secretary of State winding the Trust up Deloitte are satisfied. 	
	<p><u>Resolved</u> – that</p> <p>(A) The Accounting Policies Changes for 2022/23 update was received and APPROVED.</p> <p>(B) Associate Chief Finance Officer to circulate the paper relating to Accounting Policies included as part of the Annual Accounts outside of the meeting.</p>	
AC009/03.23	<u>EXTERNAL AUDIT</u>	
AC09.1/03.23	<u>AUDIT PLAN FOR 2022/23 SIGN OFF</u>	
	<p>Deloitte LLP, External Auditors (EA) presented the Audit plan for 2022/23 and the following points were noted:-</p> <ul style="list-style-type: none"> • Four significant risk areas for this year were highlighted within the audit plan, these included recognition of NHS revenue, classification of capital expenditure, completeness of year end accruals and provisions and management override of controls; • It was noted that materiality has increased slightly by £100k due to rise in expenditure; • Changes as a result of an update in auditing standards, ISA 315 and ISA 240 has increased the workload for the EA’s, which has an impact on cost, which is outlined in the fees section (£12,500); • The EA’s outlined the professional fees expected for IFRS 16 (£5,000) and the use of Deloitte Valuation Specialists (£8,000); • Mr Cottam (NED) commented on the timetable and the confidence in the delivery date of the 30th June 2023 and requested reassurance from the EA’s and the CFO. The EA’s responded that a useful debrief on last year had taken place and additional resource had been engaged by WVT to assist. Lauren Parsons, Senior Audit Manager had also been engaged by Deloitte to support with project management. An interim audit has been undertaken, with some final items being chased; • The EA confirmed that work with the three Trusts on pay disclosures had taken place with major progress identified for this year; • The EA confirmed that weekly calls had been arranged with the CFO to unblock any challenges; • The CFO confirmed that the team had taken learning from last year and worked collectively to adopt a clearer plan. Work had commenced earlier in the year and although there were still gaps, resources were now in place. It was noted that all interim items had been closed off. 	
	<u>Resolved</u> – that	

	(A) The Audit Plan for 2022/23 report was received and APPROVED.	
AC10/03.23	<u>AOB</u>	
	<ul style="list-style-type: none"> • The CFO provided an update on the Financial Submission for 2023/24. Private Board were presented with an update at the beginning of March. Based on the draft plan that was submitted at the end of February per the national timetable there was a planned deficit of £50.4 million. A number of assumptions were not concluded and would move with a cut off for February 2023 for submission; • Board had a robust discussion around Agency spend and level of ambition versus level of credibility for plan that can be delivered and reflects the real run rate; • A focus on assumptions across the system nationally and within the organisation has taken place to review the level of ambition on cost improvement or the assumptions around income through the contract. A number of adjustments have been made to the draft plan putting the deficit at £42.5 million making an adjustment around the cost of capacity. The Chief Operating Officer and the Finance team have been working with the Divisions on their capacity plans to confirm and challenge if the Divisions can do more through productivity in their core capacity to reduce the requirement and level of capacity spending. This exercise has reduced the level of capacity spending in the plan to £2.5 to £3 million; • A collaboration with ICB partners have reviewed the stretch income from Wales. The Welsh income tariff is on a payment by results approach and Wales do not fund funding for top ups to the tariffs, COVID allocation or an excess inflation allocation. Contribution by Wales over and above core tariff with their English partners has not been agreed nationally which provides a risk; • Assumption for £2 million of income to support capital charges has not been agreed as yet, this have not been confirmed as yet by regional colleagues with no mitigation; • Nationally there may be more funding of some recognition within plans there is an excess level of inflations, particularly on energy and PFI compared to the amounts funded within the tariff, which is around £5 to £6 million of the current deficit is driven by those items; • It was noted that the ICB has a surplus position, based on the movement, which is expected to be distributed out to the provider organisations which can then be cashed back to reduce the borrowing requirements; • There are a couple of risks not reflected in the plan which will require mitigation. The first being the increase in the valuation, which could increase the value of the assets to drive an increased PDC charge next year, in the region of £0.5 million to £1 million depending on variables; • The second risk is COVID testing. Currently a return is submitted to the national team that the cost has been reimbursed on a matched basis. 	

	<p>All indication show that this will cease from next year, with the ICB receiving far less than the cost that the partners in the system are incurring. Mrs Twigg (NED) and Chair commented that this suggested that the Trust will move away from testing;</p> <ul style="list-style-type: none"> • The CFO commented that the number distributed by the ICB would most likely be in the £3 million bracket; • Mr Cottam (NED) commented that the equivalent figure last year was £6 million and the shortfall is required to be dealt with. The CFO responded that the £6.6 million this year did include the ICB redistribution, with the final amount being £15 million; • Mr Cottam (NED) commented that it is important to deal with the issues relating to this year on a recurrent basis and to stop accumulating a backlog. The CFO responded that the underlying position remains the same year on year. 	
<p>AC12/03.23</p>	<p><u>DATE OF THE NEXT MEETING –</u></p> <p>26 May 2023 - 9:30 a.m. – 10:30 a.m. for Review of draft WVT Accounts with the Non-Executive Directors</p> <p>15th June 2023 – 9:30 a.m. – 12:00 p.m. for End of Year Audit Committee</p>	

WYE VALLEY NHS TRUST
Minutes of the Quality Committee
Held on 27 April 2023 at 1.00 – 4.00 pm
Via MS Teams

Present:

Nicola Twigg	NT	Committee Chair and Non-Executive Director
Lucy Flanagan	LF	Chief Nursing Officer
Frances Martin	FM	Non-Executive Director
David Mowbray	DM	Chief Medical Officer
Natasha Owen	NO	Associate Director of Quality Governance
Grace Quantock	GQ	Non-Executive Director

In attendance:

Kerry Anelli	KA	Integrated Care Boards Representative – Arrived during Item 4
Robbie Dedi	RD	Deputy Chief Medical Officer
Hazel French	HF	Named Nurse Safeguarding Children – For Item 6
Sarah Holliehead	SH	Associate Chief Nurse, Medical Division
Val Jones	VJ	Executive Assistant (for the minutes)
Amanda James	AJ	Matron, Surgical Specialties
Kelly Skyrme	KS	Deputy General Manager/Governance Support, Clinical Support Division - For Item 15
Emma Lunn	EL	Advanced Practitioner MHA, MCA, Dols – For Item 6
Sue Moody	SM	General Manager - Acute and Countywide Services
Emma Smith	ES	Divisional Nurse Director, Surgery
Laura Weston	LW	Lead Infection Prevention Nurse - For Item 18

QC001/04.23	<u>APOLOGIES FOR ABSENCE</u>	
	Apologies were received from Jane Ives, Managing Director, Ian James, Committee Chair and Non-Executive Director, Tony McConkey, Clinical Director, Pharmacy and Medicines Optimisation and Rachael Skinner, Integrated Care Boards Representative.	
QC002/04.23	<u>QUORUM</u>	
	The meeting was quorate.	
QC003/04.23	<u>DECLARATIONS OF INTEREST</u>	
	There were no declarations of interest received.	
QC004/04.23	<u>MINUTES OF THE MEETING HELD ON 30 MARCH 2023</u>	
	<u>Resolved</u> – that the minutes of the meeting held on 30 March 2023 be confirmed as an accurate record of the meeting and signed by the Committee Chair.	
QC005/04.23	<u>ACTION LOG</u>	
	(a) QC006/03.23 - Quality Priority - Nutrition - (B), (C) and (E) - All the actions relating to the Nutrition Report will be covered off in the May Report to the Quality Committee.	

	<u>Resolved</u> – that the Action Log be received and noted.	
	BUSINESS SECTION	
QC006/04.23	<u>QUARTER 4 SAFEGUARDING QUARTERLY REPORTS</u>	
	<p>The Advanced Practitioner MHA, MCA, Dols, Named Nurse Safeguarding Children and the Named Nurse Children in Care presented the Quarter 4 Safeguarding Quarterly Reports and the following key points were noted:</p> <p><u>Adults</u></p> <ul style="list-style-type: none"> • The government have announced that the implementation date for the Liberty Protection Safeguards has been delayed for the lifetime of this government. If the implementation does go ahead, this will not be until at least 2025. • We are continuing to see an upward trend of safeguarding referrals. There were 214 in Quarter 4. Staff are appropriately reporting safeguarding concerns to the team and seeking advice. This trend impacts the team due to their small size, but we are continuing to provide telephone support and routinely review patients on wards and have a high clinical presence. • Initial Health Assessments continue to be an issue. Supplementary training is continuing with a reasonably good uptake. • Training data for the end of March show a sustained position for MCA training. • We are commencing Emergency Department (ED) training for Doctors after a training gap was indicated. • There will also be teaching in the Clinical Practice Weeks for safeguarding, mental health capacity and Deprivation Of Liberty Safeguards in June. • The Chief Medical Officer (CMO) queried if the safeguarding recommendations from HCIB regarding children in ED have been included in this training or have already been addressed. The Named Nurse Safeguarding Children advised that a copy of this report has been sent to key staff in ED along with a meeting arranged with ED staff and colleagues. The Named Nurse Safeguarding Children will discuss with the Advanced Practitioner MHA, MCA, DoLs if joint sessions with the Adult team can be arranged. <p><u>Children</u></p> <ul style="list-style-type: none"> • The workload continues to be pressured for all services in the Trust. • There has been a reduction in the number of children with Child Protection Plans at the end of Quarter 4 which should reduce the number of meetings staff have to attend. 	HF/EL

- Training compliance has been sustained and there has been some improvement in ED staff training at Level 3.
- The MASH Health Practitioner role provided through our team is struggling with capacity due to an increasing workload and the whole team are having to support the hub. This has been raised as a risk as this adds pressure to the team. Due to the increase in workload, other agencies have received funds to increase their resource in MASH, we have not. The ICB have agreed that a Business Case is needed. This was also discussed at the MASH Strategic Partnership and the Local Authority are concerned around the lack of resource. We are managing to cover this as a team where needed. This is also on the Operational Risk Register for the MASH Partnership Group.
- We are still not being notified in a timely way of children who are being taken off and added onto Child Protection Plans. This has been escalated as a risk to the Local Authority and they are trying to resolve what is thought to be an IT issue.
- A Rapid Review was held two weeks ago under partnership guidance for a child admitted to ITU at Wye Valley Trust. The outcome was to move forward to a local Children Safeguarding Practice Review. This will include Worcester as well due to cross border issues. Our own Rapid Review identified some areas of learning and a draft action plan is in place. Good practice has also been identified.
- The audit regarding responsibilities for safeguarded children has been completed but needs signing off. There are actions to come from this audit.
- Mrs Twigg (Chair of the Quality Committee and NED) queried if the MASH role had been allocated to the Trust or was a shared resource across the ICB. The Named Nurse Safeguarding Children advised that this role is funded by the ICB and sits within the Trust but the role needs to take on a wider remit. We have also been asked to support the Looked after Children Team with consent for Initial Health Assessments.
- The CMO noted the pressures on Children's Services and the feeling that there may be too many children on Child Protection Plans (CPP) with a reduction in numbers mentioned, but was concerned that this may lead to pressure to not add children to the CPP. The Named Nurse Safeguarding Children advised that this finding was the result of inspection processes and the response to drivers in the system that created this. The partnership want to ensure that children are in the right place. There has been a lack of investment in early help. We need to ensure that the correct processes are in place and to highlight children with issues earlier on. The findings of the recent OFSTED Inspection will be out in May. The feedback around MASH was very positive with thresholds appropriately applied and a good multi-access culture of working.

- Ms Quantock (NED) noted the number of unaccompanied asylum seeking children coming into the country and queried if there is an anticipation of an increase in numbers and if there is anything being done to prepare for this. The Named Nurse Safeguarding Children was not aware of any government plans currently for any increase in children from Sudan, with no information from the partnership currently received.
- The Chief Nursing Officer (CNO) noted some anomalies in the data in the reports and that many KPIs require manual data collection. We need to ensure that we align the information in the reports, when referring to the same data.

Children Looked After

- There are an increasing number of children in care. Some of this is due to asylum children, with the data split out to show this.
- Most of the children are out of area due to the provision that we can provide.
- We have not been notified of any children coming from Sudan.
- There is a Named Doctor in post from 1 April for six months. A review will take place at the end of this period.
- Medical consent continues to remain a challenge but has a high profile.
- There is still a challenge around health assessments for Children Looked After within twenty days due to sickness and annual leave within the Community Paediatrician team.
- The percentage of Review Health Assessments being undertaken have dropped in this quarter. Ten were not seen but all were offered appointments. Seven of these were due to Foster Carers' lack of availability. This has been raised with the Local Authority.
- There has been a lot of discussion around dentistry and the lack of NHS Dentists. Children Looked After are receiving dental care every six months, with numbers rising each quarter due to the good relationship we have with the dentists.
- Immunizations are at 83%, with high numbers for children out of county as well.

	<ul style="list-style-type: none"> • The CNO asked where we were with modernising the access to health information for care leavers. This could be by a mobile app or other more modern methods of IT. The Named Nurse Safeguarding Children advised that the app is still being developed as the plan was to have the NHS App embedded in this. Most young people already have this app due to having Covid Passports etc and are therefore only using the app for short periods of time. We have since met with the Children and Young People Champions to discuss what they wanted (this had been disbanded with changes with the Local Authority but is being reinvigorated with the Young People’s Your Voice Matters). The plan is to also meet and discuss with 10 - 16 year olds to build up their understanding around their health and the changes in care from child to adult. • The CNO advised that the Children and Young People Finance and Performance Executive meeting was held yesterday with herself and the Chief Transformation and Delivery Officer becoming part of three external meetings with the Local Authority regarding this improvement journey. There is commitment from the partnership and ourselves to create one dashboard for the quality and performance indicators which we can share both internally and externally. Work is in progress to improve services for children regarding capacity and demand. 	
	<p><u>Resolved - that:</u></p> <p>(A) The Quarter 4 2022/23 Safeguarding Quarterly Reports be received and noted.</p> <p>(B) The Named Nurse Safeguarding Children will discuss with the Advanced Practitioner MHA, MCA, DoLs if joint sessions with the Adult team can be arranged regarding the recent safeguarding recommendations from HCIB for children in the Emergency Department.</p>	<p>HF/EL</p>
<p>QC007/04.23</p>	<p><u>QUALITY PRIORITY - PRESSURE ULCER IMPROVEMENT PLAN AND REPORT</u></p>	
	<p>The CNO and the Associate Chief Nurse, Medical Division (ACN) presented the Quality Priority – Pressure Ulcer Improvement Plan and Report and the following key points were noted:</p> <ul style="list-style-type: none"> • This is a new style simplified report. • We have changed the language used to mirror that used for other avoidable harms such as VTE. • The first three graphs included within the report show the Trust level data for all pressure damage, damage that occurred or deteriorated in our care and those that were deemed avoidable (serious incidents), the same graphs are then broken down by service area. 	

- Hospital acquired pressure ulcers include those that occurred or deteriorate in our care. The Pressure Ulcer Panel review all of these pressure ulcers and makes a decision as to whether they were avoidable or not.
- Overall, pressure ulcer incidents across Herefordshire and Powys are increasing. This is particularly post pandemic and is being seen across the country. Since April 2021, there has been a steep increase in pressure ulcers.
- When reviewing the trends frailty and medicine have a higher incidence. The success of the CQUIN in Community Hospitals has seen an improvement regarding assessment of skin integrity but performance for pressure ulcers has remained static, although numbers are low.
- We need to ensure that we have the right equipment and staff with the right skills and knowledge. Pre-Registration Nurses do not appear to be taught around preventing falls, pressure ulcers and medication errors. The CNO has discussed this with Worcester University.
- The Associate CNO is leading on a piece of work about what we do at the Trust regarding induction for our Health Care Support Workers, nurses and other staff regarding pressure ulcer prevention and training. There is an e-learning module but is not mandated.
- Clinical Practice Week - We will take training to the front line rather than in the classroom. The ACN is leading on this. The focus will be on tissue viability, pressure ulcers and wound management. We need to improve the assessment of patients at risk trust-wide.
- We look at pure numbers of patients but should perhaps be looking per 1000 bed days to show actual incidence. We need to explore our options with the Informatics Team.
- There are still a low number of Serious Incidents relating to pressure ulcers but we want to work with our ICS colleagues to consider a revised approach on how we review and learn from tissue viability incidents. The pack includes a high level improvement plan.
- The ACN advised that a thematic analysis has been undertaken in frailty. This was due to feedback from staff raising concerns around a lack of support, our Serious Incidents and an increase in the number of patients requiring support from a Tissue Viability Nurse. Ten Serious Incidents were reviewed over a twenty four month period with reoccurring root cause themes identified.

- The main root cause found was lack of recognition of contributory risk factors. The Risk Analysis was often not completed or not completed in a timely manner with inconsistencies across the wards. There were also inaccuracies in totalling up the scores. A high proportion of the workforce needed guidance with the prescription of care, which was insufficient. Also insufficient equipment was ordered along with a lack of documentation on the wards of what was ordered and when. There was also a lack of referral to Tissue Viability Nurses along with multiple ward moves.
- The main contributory factors identified for pressure ulcers were high risk patients in the Trust, a post pandemic increase in acuity, an increase in patients waiting in ED (sometimes between 12 - 24 hours before being moved to a ward), waiting too long on trolleys and long waits for ambulances. Another risk is the real “burn out” issue and stress for our staff working on the wards and reliance on temporary staff along with additional boarders on wards and escalation areas being opened.
- Digital Nurse Noting has proved problematic in some areas, with agency staff struggling with the new system. When a patient is admitted to a ward from ED with a pressure ulcer, there are 15 documents to complete. A thorough review of this process is obviously needed.
- Photographs of skin damage are not being uploaded along with inconsistency in evidencing the damage.
- There is also a lack of training and education. Training is provided but staff felt they needed advanced training support.
- Serious Incidents are being completed with ongoing actions. It has been identified that Tissue Viability Link Nurses are required for all Frailty Wards.
- We are redesigning the ward handover records to include tissue viability. A hard copy of the body map has also been relaunched as a trial on a ward which has been well received.
- A number of key actions are being undertaken following this review including addressing the key concerns from Serious Incidents regarding general staffing skills and knowledge for pressure ulcers by having a training programme for tissue viability assessment and grading and discharge aftercare.
- Specialist skills and knowledge - We are identifying Tissue Viability Link Nurses (Band 6 and above) to attend training for every ward.
- We are also looking at standardising Digital Nurse Noting documentation, with key representation from Frailty Wards at the Digital Nurse Noting Project Group.

- Equipment - A standardisation of the use of the right equipment and assumption of high risk until found otherwise for patients is needed along with standardised body maps for all patients at risk.
- Clinical Practice Weeks will focus on these key areas from an education point of view.
- Mrs Twigg (Chair and NED) noted the huge effort being put in and the new data being reviewed to try to understand where we can make the most difference regarding pressure ulcer care.
- Mrs Twigg (Chair and NED) noted that some training is not mandated and queried whether this should be. The CNO advised that with the current demands on statutory and mandatory training for staff, it would be difficult to introduce another training session. If we do not add this as a separate module for mandatory training, we need to ensure that we have the right staff joining the organisation and provide them with the right skills and training. Key to this is the ward based champions which is around identifying people who are excited by this subject and want to champion this in their own areas to enable “train the trainer” sessions to take place.
- The Integrated Care Boards Representative thought this was a very good piece of work and agreed that this was more productive than producing a number of Serious Incident Reports. We need to enable a process whereby we can close down a large number of open Serious Incidents that come out of this piece of work. The ACN advised that we will be monitoring compliance and training.
- Mrs Martin (NED) queried whether it was possible to benchmark against our Foundation Group colleagues regarding this. The CNO advised that we do not count our pressure ulcers in the same way, so it is difficult to benchmark. .
- Ms Quantock (NED) noted that we need to be looking at everything we can do to reduce incidents, even if these improvements only have a minimal impact overall. The General Manager - Acute and Countywide Services advised that this is discussed at the Pressure Ulcer Panel each week. Good discussions are held and a Serious Incident is only declared if there is obvious lack of care. If documentation is poor, this is frustrating as the correct care was probably given but cannot be proven.
- The Matron, Surgical Specialties noted that staff found e-learning useful but found face to face training more so.
- The Associate Director of Quality Governance advised that discussions around pressure ulcer care is being discussed with South Warwickshire NHS Foundation Trust. We are also seeking to move away from Root Cause Analysis and will discuss with the ICS.

	<u>Resolved</u> – that the Quality Priority – Pressure Ulcer Improvement Plan and Report be received and noted.	
QC008/04.23	<u>QUALITY PRIORITY - MORTALITY REPORT</u>	
	<p>The CMO presented the Quality Priority - Mortality Report and the following key points were noted:</p> <ul style="list-style-type: none"> • The SHIMI had been reported as rising to 107 but the national data has come through for the same period and showed this at the better reporting position of 104. • The CMO is convinced that the rise in HSMR is due to coding and clinical documentation around palliative care. A meeting with key staff to discuss this in detail is being held. We are also looking at a joint project to improve this, eg change clinical coding or ensuring that it is clear in a patient's notes that they are end of life. • Our Hospital Crude Mortality remains low. There is a peak expected for December and January which will be reviewed in regards to our Reverse Boarding Policy. • Mrs Twigg (Chair and NED) queried if there was a reason to investigate or whether this was being reviewed in case there was an issue. The CMO advised that the Policy is controversial, hence reviewing the numbers. He expected that we will get the balance right with offloading patients off ambulances and boarding patients on wards. • The Risk Adjusted Mortality Index is included to provide assurance. This takes away any coding interpretation of mortality. We are at the national average for this. • Medical Examiner Service - We are on track to deliver this to the whole community by May 2023. Worcester managed to achieve this by the original deadline of April. • Included in the report is the Fractured Neck of Femur audit. There was a spike in our out of hospital fractured neck of femur deaths with the details included of the six patients. It was found that all of these patients were expected to die. • Our stillbirth rate is 3.13 and is on trajectory for the 2025 reduction of 50%. 	
	<u>Resolved</u> – that the Quality Priority - Mortality Report be received and noted.	

<p>QC009/04.23</p>	<p><u>MATERNITY QUARTERLY REPORT</u></p>	
	<p>The Associate Director of Midwifery presented the Maternity Quarterly Report, which was taken as read, and the following key points were noted:</p> <ul style="list-style-type: none"> • There were three Serious Incidents during Quarter 4, which are included in the report. • There was one referral regarding a MBBRACE case. This has been reviewed by the LMNS following the PMRT process and no concerns have been raised regarding care. • Complaints - A number were closed over this quarter. The dashboard to year end in comparison was 19 for 2021/22 and 10 in 2022/23 which is a significant reduction. • There has been some improvement in the ratio of concerns and complaints, but this is still top heavy for complaints. Specific training for staff around this is needed. • Training figures are being maintained. • Bereavement Guardian - Full plans have now been submitted and our new Consultant Midwife is in post. • Workforce Review - We are working towards the end of May time frame and are on track for completion. • The team are very busy and have had a number of challenges, with 153 babies born since December 2021. • CNST - We have declared compliance and are awaiting the final information on this. • There has been a significant improvement in our staffing numbers. We are reducing vacancies in maternity, now down to 2.4WTE. Rota gaps are consistently dropping and there is limited agency usage. We are still utilising some specialists for support. • We have employed one Band 6 and one Band 5 midwife along with international recruits joining us later this year. • There was huge interest in the Midwife Recruitment Day for the Trust. We are recruiting twelve from the latest recruitment drive. This will mean that we will be in a very positive position when they join us in September. • Caring For You - We are signing up to the RCM Caring For You Charter. This is around looking after and the well being of midwives and care workers. We are signing up for this on 5 May 2023 which is also the International Day of the Midwife. 	

	<ul style="list-style-type: none"> • Diabetes Service - There have been a small number of Serious Incidents attributable to women with diabetes. A Task and Finish Group has been set up to review the service and working across the whole MDT to facilitate this. This includes a Consultant and the Lead Nurse from the Diabetic Team. We are working with the Internal Medical Network and they are coming into the Trust to undertake some training and reviewing our Policies and Procedures. • The Ockenden Insight Visit was undertaken yesterday with a full visit due in June. Overall there were no particular issues found. They felt that we were fully sighted on gaps with plans in place around these. • Clinical space, particularly in maternity triage, is still an issue. • Mrs Martin (NED) noted that as the Maternity Safety Champion, it is positive that there are no issues raised that she is not already aware of. The number of midwives wanting to start their career at the Trust is also very positive. • The CNO advised that feedback is expected shortly from the Insight Visit. This needs to be sent to the Region by 5th May, and reviewed by the Trust prior to this. Given the level of scrutiny, there may be some areas that we have previously reported as green on an element now being reported as amber following this visit. This is due to the level of the review undertaken which was more granular than previously. • The CNO noted that the Insight Visit was very heavily rated on maternity with very little insight on Neonatal Services, which has been fed back to the LMNS this morning, which they agreed with. There needs to be an equal balance between both areas. • Ms Quantock (NED) noted the issues with diabetic patients which seems to be an ongoing issue regarding staff outside of the team. Is this something that we need to look at more closely? The Associate Director of Midwifery advised that a formal deep dive has not been undertaken but a review of any gaps locally. There have been gaps in diabetic training and the Policy needs updating. There is also a change in our population which needs to be taken into account as there has been a significant increase in patients presenting with diabetes. A Working Group has been set up to specifically look at these objectives. Ms Quantock (NED) accepted the offer to sit on this meeting. The Associate Director of Midwifery advised that there is not a Lead Diabetes Midwife in post yet, and this will be added to the Forward Plan. 	AS
	<p><u>Resolved</u> – that:</p> <p>(A) The Maternity Quarterly Report be received and noted.</p> <p>(B) The Associate Director of Midwifery will add the lack of a Lead Diabetes Midwife in post onto the Forward Plan.</p>	AS

QC010/04.23	<u>PQSM REPORT</u>	
	<p>The Associate Director of Midwifery presented the PQSM Report and the following key points were noted:</p> <ul style="list-style-type: none"> • A lot of the report had already been covered in the meeting. • Recent feedback from the Maternity Voices Partnership expressed that women felt that they would benefit more from facts, evidence and local/national guidance to aid decision making around their pregnancy and birth choices. Training on having difficult conversations with patients is being planned along with the use of the BRAIN mnemonic when supporting women and their partners to make informed decisions. This will also be the Theme of the Month for June and we will ensure that this is embedded in practice. • The CNO provided an update on the Neonatal Network reconfiguration since the last meeting. There has been a meeting with the Neonatal Network to discuss the proposal put forward by the network in relation to the Trust reducing the number of SCBU cots we have. This would reduce our HDU capacity from two to one and SCBU cots from nine to six. The implications of this change for women and their babies are huge. In addition the Trust would be left with stranded costs due to reduced income but a requirement to staff at the same level. The Neonatal Network are considering our feedback and will report back. 	
	<u>Resolved</u> – that the PQSM Report be received and noted.	
QC011/04.23	<u>SURGICAL DIVISION QUARTERLY REPORT</u>	
	<p>The Divisional Nurse Director, Surgery presented the Surgical Division Quarterly Report and the following key points were noted:</p> <ul style="list-style-type: none"> • There was an increase in this quarter regarding the number of open Serious Incidents in the Division to 41 (including maternity). Five of these are out for review, three are awaiting requests for withdrawals and five went for Executive review last week. • The audit programme is going well. There is only one audit outstanding - the Breast Cancer Services for Older People due to Consultant capacity. This is now moving forward, just awaiting an action plan and Executive Summary. A further audit is due in May. • VTE compliance is improving month on month. This is now generally over 90% each month. The main areas of concern are Womens and Childrens, but this is showing an improvement (67% improving to 81% at the end of the quarter). There is ongoing work to improve this figure further. • Complaints - This is a real area of concern. We started this quarter with a large backlog to be completed, with many overdue. We decided to put in a new process to support the teams in closing these complaints, and we have seen improvements. We are now completing 42% of complaints within the time frame. 	

- Compliments - Data is being received from our text messaging service Envoy, details in the report. Level 1 (best possible care) 181 responses, Level 5 (worst possible care) 3 responses (2 were due to cancellations on the day). Overall, we have 93.5% positive responses.
- Bed Reconfiguration - This has been discussed previously. This occurred in January 2022 and since this time, we have seen a lot of changes that have needed to be made. It has been agreed that Orthopaedics needs to be separated from general surgery, and so they have been separated again. There were also too many surgical beds with issues with Gynaecology and general surgery being together. Further changes during February this year saw a reduced bed based in surgery giving medicine more beds which has had a positive impact. A review on staffing levels is needed to ensure that we have the right staff in the right place to care for our patients.
- The Clinical Lead on Frome Ward has written a timeline entitled "The Frome Journey" on the successful surgical ward reconfiguration at the Trust for our Excellence Event across the Foundation Group in May (included in the report).
- Elective Surgical Hub - The Business Plan has been agreed externally. We are hoping that this will be up and running next May. This should increase theatre capacity by 40%, reduce waiting lists and improve income.
- The Victoria Eye Centre Academy has gone live. This will enable us to undertake high level lists, with staff able to cross cover.
- Surgical Robot - This is moving into theatre this week. It will go live with the first operation in a couple of weeks.
- Recruitment - This is improving - at the beginning of the Quarter we had 130 vacancies, we are now down to 30.
- Colorectal Team - A Cancer Improvement Group has commenced to improve 28 day cancer performance. There has been an increase from 25% from the end of last Quarter to 60% for this quarter.
- Urology Department - The CNS has undertaken additional training and is now able to undertake template biopsies independently, which has freed up Consultant time.
- 78WW - The plan was to achieve no patients waiting by the end of March. We missed this target by four patients, the majority were due to the Junior Doctors strike and the impact that followed.
- Reduction in Activity - Day Case and electives are down although there has been an improvement in the last few weeks. The latest data shows that we are second in the Region for trying to achieve our elective acuity.

	<ul style="list-style-type: none"> • Agency spend for medical and nursing in the Division has increased over the last quarter which is of concern. The medical agency increase is due to vacancies and cover during the Junior Doctors strike. There are robust plans in place to try to reduce this. Nurse agency is going in the right direction. Escalation Areas are open and increases in ITU have led to the increase in costs. • Community Paediatric services are of concern. Children are on the waiting list for over 52 weeks. There is a delay in seeing children for their Local Authority Initial Assessment - additional clinics have been arranged to cope with this backlog. • The CMO highlighted that the Model Hospital cataract list showed that our numbers were the highest achieved in the country and queried this. The Divisional Nurse Director, Surgery advised that this data has already been questioned and related to the high volume of low acuity patients that were seen. Not all lists are undertaking this level of acuity and numbers. • The CNO congratulated the Surgical Division - on a recent visit to Teme and Redbrook Wards. She found the leadership was second to none. They have very low sickness rates and an ethos of looking after and training their staff. This is a highlight of the good work that is occurring across the Trust. 	
	<p><u>Resolved</u> – that the Surgical Division Quarterly Report be received and noted.</p>	
<p>QC012/04.23</p>	<p><u>QUALITY INDICATORS REPORT</u></p>	
	<p>The CNO presented the Quality Indicators Report and the following key points were noted:</p> <ul style="list-style-type: none"> • The Quality Indicators in the report are not validated and may be subject to change. • The report includes the work that has been occurring around mixed sex breaches. We are the worst performing Trust in the Region. This has been raised with ICB colleagues and the Managing Director. This is the focus at each Bed Meeting - we need to reduce our numbers to pre-pandemic figures. • The Never Event that occurred in March is included in the report. This has been subject to a detailed review and does not meet the Never Event criteria and has therefore been withdrawn. • Clostridioide difficile - It is pleasing to note that we were below trajectory at year end. • Friends and Family Test data - This information is missing from the KPIs. The plan was to roll this out to ED, Paediatrics and Maternity, but has been delayed due to capacity issues in the Informatics Department. The CNO has asked the Chief Finance Officer for support with this to progress the roll out more quickly. 	

	<ul style="list-style-type: none"> • Across all Divisions, the improvements in complaint responsiveness was noted and commended by the CNO. 	
	<p><u>Resolved</u> – that the Quality Indicators Report be received and noted.</p>	
<p>QC013/04.23</p>	<p><u>NURSE STAFFING REPORT</u></p>	
	<p>The Divisional Nurse Director, Surgery presented the Nurse Staffing Report and the following key points noted:</p> <ul style="list-style-type: none"> • There were high numbers in ED along with escalation areas utilised during this period. • Numbers have started to reduce in April which is positive. Escalation areas in ED are reducing and all additional beds are closed in the Community Hospitals. • There has been an increase in patient acuity and dependence along with more 1-2-1 care needed. We are looking at these numbers regarding safe care to better understand the data. • Patients being transferred from ITU are having Health Care Support Workers to support with mental health issues rather than Registered Mental Health Nurses, there are more patients liable to falls and more confused which are all contributing to higher staffing numbers. This means fill rates are high with a number of wards above 100%, particularly with Health Care Support Worker numbers. • There is little data on the number of incidents in month due to the change in our risk system to InPhase. • There is an improved picture regarding our vacancy rates for nursing. Sickness rates are also stable. • We are continuing to recruit staff via our international recruitment, focusing on areas with high agency usage. We are recruiting Anaesthetic Practitioners as well as nurses to reduce our agency spend. • A letter was received from the CNO for England this month congratulating the Trust on our International Nursing programme. Details of which are included in the report. • There has been an increase in agency spend for nurses in month. There was a 34.7WTE increase in March mainly due to the use of Health Care Support Workers. The highest areas of spend are ED, Community Hospitals and Frailty. There has been a decrease in Thornbury usage month on month. The focus is to reduce agency spend in April. We are working in a different way, with a presentation on this given to Sisters and Matrons with our Finance colleagues looking at how we can reduce spend. We were using 60WTE agency Health Care Support Workers a few weeks ago, this has now been reduced to 20WTE. 	

	<ul style="list-style-type: none"> • The CNO echoed these comments on agency usage reduction, with this being the role of all senior nurses. The CNO is giving out the OSCE Registration certificates tonight for 40 international nurses which will help support our agency reduction. Successful recruitment of Health Care Support Workers will also help this reduction. Due to the capacity, some of these staff can not undertake their induction until May and June. It was therefore agreed to risk assess individual staff as to when they could start depending on their experience, and undertake their induction once they were in post. Reviews of induction numbers are being undertaken to increase future capacity. • Ms Quantock (NED) noted the increasing levels of Covid and the subsequent closing of bays in wards and was concerned that high risk patients were not in areas with sufficient ventilation. The CNO confirmed that the Trust has a Ventilation Group which reports into the Infection Prevention Committee. Due to differing estate the ventilation standards vary. During Covid, humidifiers were bought and moved around the site where outbreaks or vulnerable patients required it. In answer to a concern raised by Ms Quantock (NED), the CNO confirmed there may be some areas that would not meet updated 2023 standards due to the age of our estate. The CNO agreed to provide Ms Quantock with access to either the ventilation group or to arrange a meeting with the relevant expert within the estates department. • The Matron, Surgical Specialties advised that a productive meeting was held with the Education Team to iron out issues around student workstreams to maintain protected working time. We will utilise them as supernumerary where appropriate to do so following this. 	
	<p><u>Resolved</u> – that the Nurse Staffing Report be received and noted.</p>	
<p>QC014/04.23</p>	<p><u>QUALITY COMMITTEE TERMS OF REFERENCE AND FORWARD PLAN</u></p>	
	<p>The Associate Director of Quality Governance presented the Quality Committee Terms of Reference and Forward Plan and the following key points were noted:</p> <ul style="list-style-type: none"> • The proposed changes to the Terms of Reference are highlighted in yellow. • It was agreed to remove the Chief Operating Officer from the Terms of Reference as this changed had been instituted some time ago. • It was proposed that the new style Serious Incident Report is continued. • The CNO noted that the new Serious Incident Report was agreed by the Quality Committee previously. If the Committee wish to see a particular Serious Incident in detail, this can be brought back to a future meeting. 	

	<ul style="list-style-type: none"> Mrs Twigg (Chair and NED) suggested that if the Managing Director was unable to attend, the Chief Operating Officer could attend in her place. The CNO felt this was not necessary given the Terms Of Reference have only required three Executive Directors as members for the last year, with only two being required for quoracy. 	
	<p><u>Resolved</u> – that the Quality Committee Terms Of Reference and Forward Plan be received and approved (with the agreed changes) and be presented to the Board of Directors for approval.</p>	
QC015/04.23	<p><u>PATIENT SAFETY SUMMARY REPORT</u></p>	
	<p>The Deputy CMO presented the Patient Safety Summary Report and the following key points were noted:</p> <ul style="list-style-type: none"> The Committee received the Standard Operating Procedure for Robotic Surgery. The Committee also received the audit of standards for the Radiology Events and Learning Meetings (REALM) for the first time. A request was made for a Discrepancy Report (includes discrepancies or differences in interpretations of scans) as well as the REALM Report in future. This will enable more oversight and governance regarding discrepancies. The Terms of Reference were not approved within the meeting due to some minor amendments. These were subsequently approved outside of the meeting and the final document included in the report. The Medicines Safety Committee raised a concern in relation to the lack of progress with diabetes improvement and the lack of a Diabetes Safety Committee. We need to explore this being set up as we have continued to see insulin incidents. 	
	<p><u>Resolved</u> - that the Patient Safety Summary Report be received and the Terms Of Reference approved.</p>	
QC016/04.23	<p><u>RADIOLOGY CRITICAL AND INCIDENTAL REPORTING PRESENTATION</u></p>	
	<p>The Deputy CMO and the Deputy General Manager/Governance Support, Clinical Support Division presented the Radiology Critical and Incident Reporting presentation and the following key points were noted:</p> <ul style="list-style-type: none"> An update is being provided six months post implementation of this system. Progress - The CRIS Communicator was launched in October 2022. Processes have been agreed between Radiology, ED and Specialties. The Policy was signed off and launched in November 2022. 	

	<ul style="list-style-type: none"> • Data - No new incidents reported since the implementation of the CRIS Communicator. The table included in the presentation shows the number of alerts by notification type sent via the CRIS Communicator and shows that this system is being used more regularly. • Further Actions - Looking at a process for direct referral to a MDT. There are issues with a few Clinicians/Admin Groups who are not acknowledging the notifications from the new system but there is a process in place within Radiology to chase these responses (the admin team monitor responses three times a day). • There have been no Serious Incidents for missed cancers so far which is positive. • We need to ensure that this system is not being used to send all scans to Clinicians which will dilute this process. • The CMO suggested that this project should be recommended for a HSJ Safety Award due to the number of findings not being picked up immediately previously. The Deputy CMO advised that this process was originally used in Worcester and we are utilising this. The next step is for direct referral to MDT, which the Deputy CMO was not aware of anyone else achieving. There were internal process in place previously to capture these scans, so this is closing the loop on this process. 	
	<p>Resolved - that the Radiology Critical and Incident Reporting presentation be received and noted.</p>	
<p>QC017/04.23</p>	<p><u>CQC ACTION PLAN - QUARTERLY UPDATE</u></p>	
	<p>The Associate Director of Quality Governance presented the CQC Action Plan - Quarterly Update and the following key points were noted:</p> <ul style="list-style-type: none"> • This has been reviewed since last presented and is based on the inspection held in 2022. • The Action Plan has been coded. Blue = completed, resolved. Green = actions in progress and to be completed as expected. Amber = there are no amber actions. • It was agreed to formally close all the blue actions. 	
	<p>Resolved - that the CQC Action Plan - Quarterly Update be received and approval given that all blue actions be formally closed.</p>	

QC018/04.23	<u>DRAFT QUALITY ACCOUNT</u>	
	<p>The Associate Director of Quality Governance provided a verbal update on the Draft Quality Account and the following key points were noted:</p> <ul style="list-style-type: none"> • The final draft version will be circulated to Committee Members for review prior to the next meeting. This is a very large document that needs to be signed off in the May meeting. • Any comments on the draft version need to be emailed back to ensure that the updated version can be presented. • The CNO advised that we are following national guidance regarding the Quality Account which requires a number of matters to be included. This is not subject to Internal Audit review. • The final draft version of the Quality Account will be presented to the end of year Board of Directors meeting in June for approval. 	
	<u>Resolved</u> - that the Draft Quality Account be received and noted.	
QC019/04.23	<u>PLACE INSPECTION RESULTS</u>	
	<p>The Lead Infection Prevention Nurse presented the Place Inspection Results and the following key points were noted:</p> <ul style="list-style-type: none"> • The inspection was undertaken in November and December 2022. This was well supported by Patient Assessors who volunteered to support this inspection. • Due to current pressures, the Trust were advised that we could take longer than the four week allotted period, but we managed to complete this on 1 December. • Some of the questions have changed since the last inspection. The differences are shown on the slides within the report. NHSE have advised that we can compare our results to previous inspections as these are only minor changes. • New questions added or changes to questions in the following domains: Cleanliness, Food and Hygiene, Privacy, Dignity and Wellbeing, Condition, Appearance and Maintenance and Dementia. • Slide 4 of the presentation shows the Trust compared to the national average. We have done well on different sites and overall we have done very well. • There are two elements where we are under the national average - Cleanliness (just under) and Privacy and Wellbeing (3% under). 	

	<ul style="list-style-type: none"> • Privacy - There are some “quick wins” here - ie missing shower curtains and no provision for Minor Procedure Rooms. Others may be a challenge to achieve - eg Multi Faith Rooms are not in all Community Sites. • We are reviewing all of the actions and may have to put some on the Risk Register if they are unachievable eg multifaith rooms on all sites. • There are three categories relating to food - Food, Ward Food and Organisation Food. • The Organisation Food was a Trust questionnaire, completed by the Dietetic Team in advance of the inspection which describes the Trusts food offer and arrangements. For the Food section, volunteers observed the meal service from the start to the finish of the process. The final part - ward food was tasted and rated. • In comparison to the 2019 PLACE Inspection, we have improved across every element in the organisation. • There are areas to improve and we are therefore setting up a Working Work. We are also implementing a PLACE Light Inspection through the year to enable a quick overview of these areas with our volunteers. This will include areas not inspected as part of the PLACE Inspection. • Comparisons with our Foundation Group colleagues and WAH are included in the report. • Mrs Twigg (Chair and NED) questioned how the feedback from the Inspection to enable improvement is received. The Lead Infection Prevention Nurse advised that the Working Group reviews the data. The plan is to send the results to the Patient Experience Committee for a full review and to take forward. • The CNO advised that the nutritional elements have been added to the agendas for the Nutritional Groups. There were also new food standards published in November for review. The remainder sits with the Patient Experience Committee and they will help to shape the action plan. 	
	<p><u>Resolved</u> - that the PLACE Inspection Results be received and noted.</p>	
	<p><u>CONFIDENTIAL SECTION</u></p>	
<p>QC020/04.23</p>	<p><u>BIMONTHLY SERIOUS INCIDENT REPORT</u></p>	
<p>QC021/04.23</p>	<p><u>ANY OTHER BUSINESS</u></p>	
	<p>There was no further business to discuss.</p>	

QC022/04.23	<u>DATE OF NEXT MEETING</u> The next meeting is due to be held on 25 May 2023 at 1.00 pm via MS Teams.	
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Acronym	
AAU	Acute Admissions Unit
AEDB	Accident & Emergency Delivery Board
AHP	Allied Health Professional
AKI	Acute Kidney Injury
AMU	Ambulatory Medical Unit
A&E	Accident & Emergency Department
BAF	Board Assurance Framework
BAME	Black, Asian and Minority Ethnic
BCF	Better Care Funding
CAMHS	Child and Adolescent Mental Health Services
CAS	Central Alert System
CAU	Clinical Assessment Unit
CCU	Coronary Care Unit
C. Diff	Clostridium Difficile
CCG	Clinical Commissioning Group
CPIP	Cost Productivity Improvement Plan
CNST	Clinical Negligence Scheme for Trusts
COPD	Chronic Obstructive Pulmonary Disease
COSHH	Control Of Substances Harmful to Health
CQC	Care Quality Commission
CQUIN	Commissioning for Quality & Innovation
DOLS	Deprivation of Liberty Safeguards
DCU	Day Case Unit
DNA	Did Not Attend
DTI	Deep Tissue Injury
DTOC	Delayed Transfer Of Care
ECIST	Emergency Care Intensive Support Team
ED	Emergency Department
EDD	Expected Date of Discharge
EDS	Electronic Discharge Summary
EPMA	Electronic Prescribing & Medication Administration
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FAU	Frailty Assessment Unit
FBC	Full Business Case
FOI	Freedom of Information
F&F	Friends & Family
FRP	Financial Recovery Plan
FTE	Full Time Equivalent
GAU	Gilwern Assessment Unit
GE	George Eliot Hospital
GIRFT	Getting It Right First Time
GMC	General Medical Council
HASU	Hyper Acute Stroke Unit
HCA	Healthcare Assistant
HCSW	Healthcare Support Worker
HDU	High Dependency Unit
HSE	Health & Safety Executive

HFMA	Healthcare Financial Management Association
HAFD	Hospital Acquired Functional Decline
HSMR	Hospital Standardised Mortality Ratio
HV	Health Visitor
ICS	Integrated Care System
IG	Information Governance
IV	Intravenous
JAG	Joint Advisory Group
KPIs	Key Performance Indicators
LAC	Looked After Children
LAT	Looked After Team
LMNS	Local Maternity and Neonatal System
LOCSIPPS	Local Safety Standards for Invasive Procedures
LOS	Length Of Stay
MASD	Moisture Associated Skin Damage
MCA	Mental Capacity Act
MES	Managed Equipment Services
MHPS	Maintaining High Professional Standards
MIU	Minor Injury Unit
MLU	Midwifery Led Unit
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSSA	Methicillin-Sensitive Staphylococcus Aureus
MASD	Moisture Associated Skin Damage
NEWS	National Early Warning Scores
NHSCFA	NHS Counter Fraud Authority
NHSLA	NHS Litigation Authority
NICE	National Institute for Health & Clinical Excellence
NIV	Non-invasive ventilation
OBC	Outlined Business Case
OOC	Out Of County
OOH	Out Of Hours
PALS	Patient Advice & Liaison Service
PAS	Patient Administration System
PCIP	Patient Care Improvement Plan
PIFU	Patient Initiated Follow Up
PPE	Personal Protective Equipment
PFI	Private Finance Initiative
PID	Project Initiation Document
PIFU	Patient Initiated Follow Up
PLACE	Patient Led Assessment of the Care Environment
PHE	Public Health England
PROMs	Patient Reported Outcome Measures
PTL	Patient Tracking List
QIA	Quality Impact Assessment
QIP	Quality Improvement Programme
RAG	Red, Amber, Green rating
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RGN	Registered General Nurse
RRR	Rapid Responsive Review
RTT	Referral to Treatment

SAA	Surgical Assessment Area
SCBU	Special Care Baby Unit
SDEC	Same Day Emergency Care
SOP	Standard Operating Procedures
SOC	Strategic Outline Case
SSNAP	Sentinel Stroke National Audit Programme
SHMI	Summary Hospital Level Mortality Indicator
SI	Serious Incident
SIRI	Serious Incident Requiring Investigation
SLA	Service Level Agreement
SOP	Standard Operating Procedure
STF	Sustainability and Transformation Funding
STP	Sustainability and Transformation Plan
SWFT	South Warwickshire NHS Foundation Trust
TMB	Trust Management Board
TIA	Transient Ischemic Attack
TOR	Terms of Reference
TTO	To Take Out
TVN	Tissue Viability Nurse
UTI	Urinary Tract Infection
WAH	Worcestershire Acute Hospitals
WTE	Whole Time Equivalent
WHO	World Health Organisation
WVT	Wye Valley NHS Trust
WW	Week Wait
YTD	Year To Date
#NOF	Fractured Neck of Femur