



**Worcestershire  
Acute Hospitals**  
NHS Trust

*Putting Patients First*

# Annual Plan

## 2019/2020





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# Welcome

## Welcome to our annual plan for 2019/20.

Worcestershire Acute Hospitals NHS Trust continues to operate in a challenged environment:

- Quality Special Measures since Dec 2015
- Longstanding operational performance issues
- Longstanding financial deficit
- Significant financial deterioration in 2018/19

However, the Trust now has an agreed strategy and a plan for turning around the performance of the organisation and exiting special measures at the earliest opportunity. This annual plan outlines how we will deliver the ambitions of our strategy in year 1 as we embark on our improvement journey.

This document sets out our strategy for the organisation, something which has been lacking for a number of years, and signals a shift from a reactive to a proactive approach to planning and delivery. Our Trust Strategy symbolises an organisation that is confident about the future and clear about its purpose; ***Putting Patients First.***

Our staff, who have remained committed and loyal to the organisation in the face of our challenges, have helped shape our strategy and are supportive of our purpose and the direction set by our new strategy. They recently welcomed the Care Quality Commission back to the organisation to witness the improvements they have delivered for patients.

As we set out on our exciting new journey which this year includes some important strategic and capital developments, we aim to stabilise our operational and financial performance and create the right conditions for sustainable and ongoing improvements in the quality and safety of the services we provide to our patients, further improving patient outcomes and securing a sustainable workforce for the future.

We are confident that with the right support and development our dedicated teams are ready to meet the challenges and realise the opportunities that 2019/20 will undoubtedly bring.



# Introduction

## What we do

Worcestershire Acute Hospitals NHS Trust **is a provider of** a broad range of hospital-based services, operating over 3 main sites in Worcestershire, serving a population of approximately 580,000 people. The Trust works in partnership with local GPs and other providers of hospital and community-based services to meet the needs of local communities. The Trust is a key partner in the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP) and is committed to the development of an Integrated Care System over the coming year as we in turn develop our strategy for clinical services and partnership.

We are currently rated as 'Inadequate' by our regulators the Care Quality Commission (CQC) and at the time of writing remain in quality special measures. However, our teams have worked tirelessly over the past two years to improve the care we deliver to patients across all services on all our sites, and in everything we do. **Our next comprehensive inspection by the CQC is already underway.**

**The Trust's financial performance deteriorated** significantly in 2018/19 against a backdrop of increased operational challenges and recruitment and retention difficulties. In 2018/19 the Emergency Departments at Worcestershire Acute Hospitals NHS Trust saw a 3.8% increase in attendances over the previous year. Over the past three years the proportion of patients attending aged over 65 years has increased by 13%.

We have recently launched our new strategy, Putting Patients First outlining our vision, purpose and ambitions for the next 5 years. The ambition in this first year is to stabilise our operational and financial performance. Our strategy is underpinned by a number of enabling strategies, some of which are currently in development.



The development of these strategies is a priority in our annual plan for 2019/20.

This document outlines our annual plan for 2019/20, our priorities and actions for the year ahead which are all aimed at further improving the quality, safety and sustainability of the

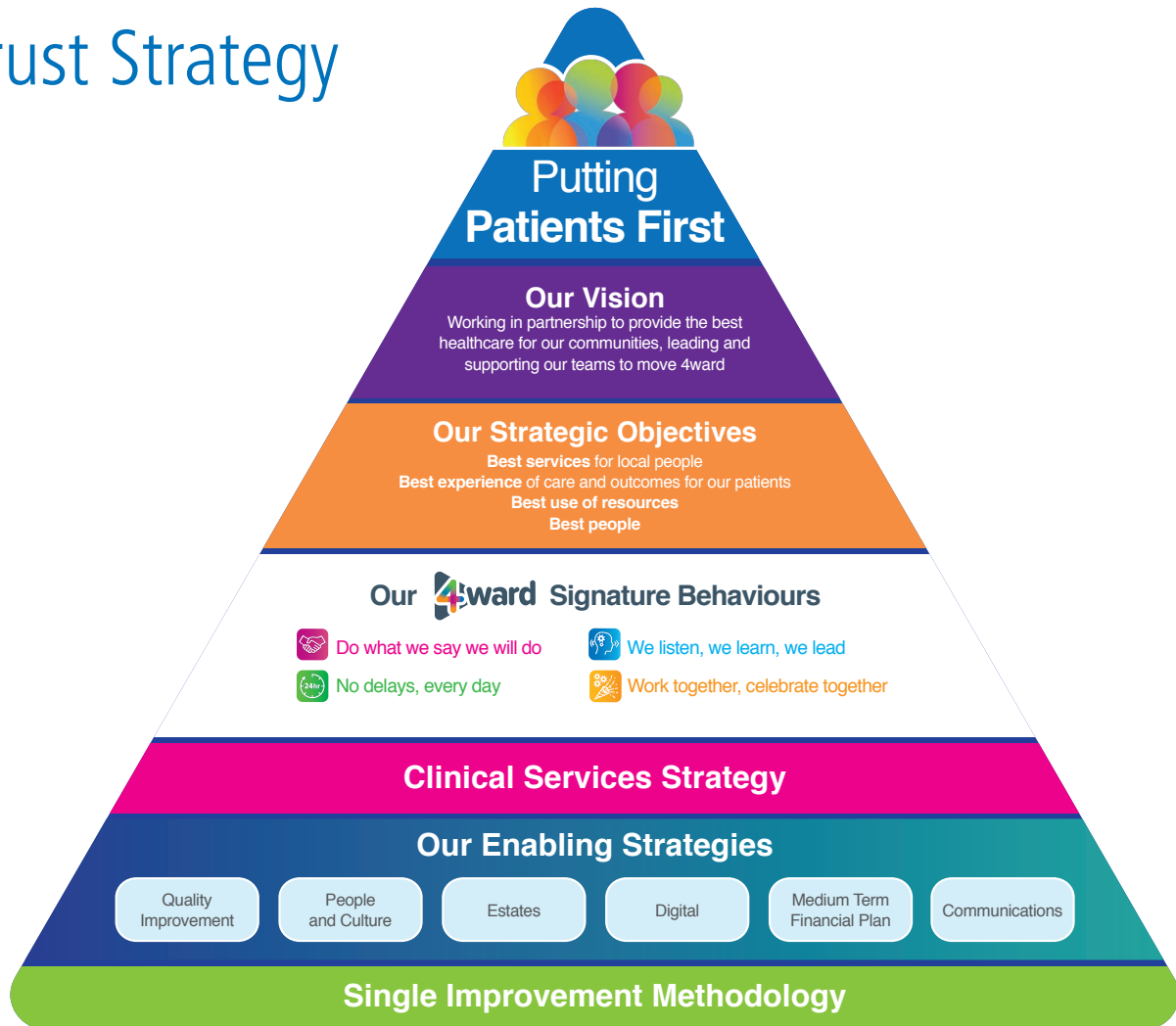
services we provide to patients and improving our performance against key standards and targets. Our annual plan also includes some exciting new developments which will ensure our patients continue to access the most effective, efficient, evidence-based healthcare within the resources available.

## Highlights from what we achieved in 2018/19

<b>Quality Improvement Strategy</b>	A wide-reaching planned approach to improvement in the quality of care
<b>People and Culture Strategy</b>	A comprehensive programme of work to support a skilled, engaged and supported workforce
<b>Link Bridge development</b>	Aconbury East Ward block brought under one roof with the main Worcestershire Royal Hospital (WRH) site
<b>7/7 Frailty pathway</b>	County Frailty Assessment service extended to 7 days a week at the Alexandra Hospital, Redditch (AH)
<b>Increased ward capacity</b>	Avon 5 Ward (28 beds) at WRH, Wards 1 (19 beds) and 4 (16 beds) at AH
<b>New hip fracture pathway across acute and community</b>	Supporting consistent achievement of hip fracture surgery within 36 hours for the majority of patients in Worcestershire
<b>4ward</b>	We continued to embed our 4ward signature behaviours, with our teams showcasing their achievements

We want to build on these achievements in the year ahead aligning our priorities to delivery of our new Trust strategy.

# Trust Strategy



## Our vision:

Working in partnership to provide the best healthcare for our communities, leading and supporting our teams to move 4ward

## Our purpose:

Putting Patients First

## Our strategic objectives:

- ▶ Best services for local people
- ▶ Best experience of care and best outcomes for our patients
- ▶ Best use of resources
- ▶ Best People

Our new strategy was developed by the Trust Board towards the end of 2018/19 and was launched for engagement and consultation with staff and key stakeholders at the start of 2019/20. This strategy was developed to set a new course for the Trust following the conclusion of service changes from the Future of Acute Hospital Services in Worcestershire (FoAHSW) programme, and to set the ambition for the Trust to improve and develop in partnership with staff, patients and partner organisations.

A more detailed description of our purpose, vision and strategic objectives is included in appendix one.

# Our priorities for 2019/20

We know the areas where we need to improve though we also know that we can't improve everything at once and we have to prioritise the improvements we wish to make, and the developments we wish to implement this year. These are aligned to our new strategic objectives and delivered through actions in relation to:

- ▶ Strategy
- ▶ Operational Performance
- ▶ Quality
- ▶ Finance
- ▶ People and Culture

## Strategy

**We have identified the following strategy improvement priorities for 2019/20:**

<b>Strategic objective</b> BEST SERVICES FOR LOCAL PEOPLE	
<b>Improvement priority</b>	<b>Measured by</b>
Develop an overarching Trust Strategy including a Clinical Services Strategy and a Digital Strategy	▶ Strategy documents developed and published by October 2019
More effective alignment of our capacity with our current and future demand for our services	▶ Work plan for service redesign completed by October 2019 ▶ Annual plan refresh by December 2019
Improve medical staff engagement and leadership alignment with our strategic objectives, annual goals and improvement priorities	▶ Increased participation levels in 4ward processes ▶ Full complement of directorate clinical leaders in post by September 2019 ▶ Signed off job plans >90% by Q3 2019/20



## **Clinical Services Strategy**

Work has started in 2019/20 to develop a 5-year clinical services strategy for the Trust. This is being developed in collaboration with our clinical specialties and other key stakeholders, to ensure that we provide high quality sustainable services now and into the future for people in Worcestershire and neighbouring communities.

This will ensure that we continue to provide local access to an appropriate range of hospital-based services and provide a platform from which we can; improve patient experience; recruit high quality staff; and make the most effective use of our three main hospital sites. The clinical services strategy will be published in October 2019.

## **Enabling Strategies**

Our new estates strategy and a medium-term financial plan will be developed alongside the clinical services strategy in 2019/20.

We delivered a number of significant capital schemes in 2018/19 which included the opening of a link bridge at Worcestershire Royal Hospital site linking the main PFI hospital building to the former Aconbury East ward block. Work also commenced on the extensive renovation and refurbishment of the Aconbury East building which will reopen in phases during 2019/20 to provide four new ward areas and 79 beds on the 2nd and 3rd floors. The Trust was able to achieve this through capital loan applications that are consolidated in the Acute Services Review (ASR) full business case which is due for completion later in 2019, in order to access the full £29.6m earmarked capital funding. This includes funding for further schemes relating to Women's and Children's services at Worcestershire Royal Hospital and Theatres and Endoscopy at the Alexandra Hospital, Redditch.

The Trust has had approval for further capital funding in 2019/20 to support the £4m programme to reconfigure breast screening services in support of the Herefordshire and

Worcestershire Breast Screening Programme. Work on the outline business case is due to commence in June 2019 with a view to completing the schemes at the Worcester and Redditch hospital sites in 2020.

## **Digital Strategy**

The Trust will publish the long awaited Digital Strategy and high level implementation plan in 2019/20 which will set out to transform clinical service delivery through digitalisation. The Digital Strategy will ensure that the Trust is well placed to access any ring-fenced digital development funds that may become available during 2019/20 and beyond.

## Performance improvement

We have identified the following performance improvement priorities for 2019/20:

<b>Strategic objective</b> BEST SERVICES FOR LOCAL PEOPLE	
Improvement priority	Measured by
Re-engineer the site management arrangements to better support health & safety and patient flow processes and to align operational capacity with the monthly activity plan.	<ul style="list-style-type: none"> <li>▶ New site management model in place by September 2019</li> <li>▶ 30% Discharges pre midday and median discharge time of 4pm each day by September 2019</li> <li>▶ Delivery of our weekly activity</li> <li>▶ Reduced discharge process complaints</li> <li>▶ Reduce medically fit for discharge/super stranded patients</li> </ul>
Improve our discharge planning processes leading to better patient flow.	

Activity plans set out the level of demand we expect in 2019/20 and indicate the resources we will need to deliver that demand. Activity includes planned referrals from GPs and other health

professionals for outpatient services and any onward care. It also includes emergency activity (either referred from GPs, brought by ambulance or patient self-referrals).

The table below shows the activity that we expect to provide at the Trust in 2019/20.

Activity Type	2019/20 Plan
A&E Attendances	199,581
Day cases	86,705
Elective Inpatients	8,296
Non-elective Inpatients	63,231
Outpatients	479,648

The activity plan reflects some of the extra work we need to do in 2019/20 to improve our operational performance in respect of national waiting time standards.

**The table below describes our performance improvement trajectories against the key waiting time standards.**

Standard	Target	March 2019 Baseline	September 2019 Plan	March 2020 Plan
Emergency Access Standard < 4 hrs	95.0%	76.6%	86.2%	86.0%
RTT < 18 weeks	92.0%	81.5%	86.0%	82.4%
Diagnostics > 6 weeks	1.0%	7.7%	11.7%	1.0%
Cancer 62 days	85.0%	66.9%	86.0%	86.0%

The contract and activity plan agreed with our commissioners should allow the Trust to fully recover the diagnostic waiting time standard and the cancer 62 days referral to treatment standard; however the Trust would need to deliver an additional cohort of activity not currently either funded or resourced in the plan in order to achieve the 18 week referral to treatment (RTT) standard. Whilst we are planning for only marginal improvement in performance against the RTT standard it plans to bring waiting times down to within 40 weeks maximum during 2019/20.

We are planning for improvement against the emergency access (4 hr wait) standard in 2019/20 through the roll out of the clinically – led Worcestershire Home First Urgent Care Improvement Plan. Through improvement in capacity and flow, the key aim of this programme is to eradicate corridor care in the Emergency Departments and minimise ambulance handover delays.

The main work streams in the programme include:

- ▶ SAFER discharge bundle
- ▶ Primary Care streaming
- ▶ Clinical site management
- ▶ Stranded patients
- ▶ Internal professional standards

A further breakdown of the performance improvement trajectories is included in appendix two to this document.

## Quality

We have identified the following quality improvement priorities for 2019/20:

<b>Strategic objective</b> BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS	
Improvement priority	Measured by
Embed our infection prevention and control (IPC) recovery plan	<ul style="list-style-type: none"> <li>► Delivery within or below C.Difficile &amp; MSSA trajectory</li> <li>► 95% IPC or handwashing audit compliance</li> </ul>
Embed our risk management policy and procedures within the clinical division	<ul style="list-style-type: none"> <li>► Reduction in red rated risks</li> <li>► Better alignment between corporate risk register and operational plan.</li> </ul>
Reduce medicines management incidents leading to patient harm	<ul style="list-style-type: none"> <li>► Reduced number of medication incidents to &lt;4.25 per 1000 bed days</li> </ul>
Strengthen our compliance with health and safety practices & regulations	<ul style="list-style-type: none"> <li>► Improved scores in environment risk assessment and 100% coverage</li> </ul>
Improve our learning from deaths processes	<ul style="list-style-type: none"> <li>► Full implementation of national guidance</li> <li>► Required number of Medical Examiners in place by September 2019</li> </ul>

At the start of 2018/19 we launched a comprehensive Quality Improvement Strategy.

Within this we define quality as being three main equally important elements;

- care that is safe;
- care that is clinically effective;
- that is a positive experience for our patients, their families and our staff

Each of our clinical divisions have developed their own quality improvement plans across these themes and ambitions, we also launched the Quality Improvement Faculty providing access to quality improvement training, and commenced the implementation of a ward accreditation

programme *Path to Platinum* through which clinical teams can aspire to the highest standards of quality care.

We will be developing these strategies and plans further during the year as we enter year two of the Quality Improvement Strategy in 2019/20. In particular, we have started to explore and evaluate a range of approaches to improvement with a view to implementing a **single improvement methodology** as we enter the next phase of our improvement journey.

We also aim to achieve all of our Commissioning for Quality and Innovation (CQUINs) targets which improve quality and bring additional resource to reinvest in the Trust.

# Delivering our Quality Improvement Strategy

## Quality Improvement Strategy



### Our Signature Behaviours

-  Do what we say we will do
-  No delays, every day
-  We listen, we learn, we lead
-  Work together, celebrate together



#### Care that is safe

- We will give every patient consistently safe, high quality and compassionate care.
- We will protect every patient from unintended or unexpected harm.
- We will improve care by learning from our mistakes.
- Our staff will be taught the clinical and improvement skills required to provide high quality care. We will work together to achieve excellence.

#### Care that is clinically effective

- We will do the right thing for patients by ensuring decisions about healthcare are based on the best available, current, valid and reliable evidence.
- We will work in the right way by developing a workforce that is skilled and competent to deliver the care required.
- We will provide treatment at the point of need in a timely manner.
- We will ensure patients have the right outcome to ensure maximum health gain for their clinical circumstances.

#### Care that is a positive experience for patients and their carers

- We will develop a culture where patients, and their carers are at the forefront of all we do.
- To develop a culture of person centred and family centred care.
- To develop a culture that supports continuous improvement by delivering services to the patient, their carers and the community that is responsive to the information they are telling us.
- We will include patients, their carers and our community partners in our Patient Experience Strategy and Engagement Plan that will achieve a cultural transformation, promoting a genuine shift in power and control.

### Quality Improvement Faculty

- Quality Hub to triangulate learning
- Quality Informatics and Quality Improvement Training to support teams
- Ward Accreditation

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## Finance

We have identified the following finance improvement priorities for 2019/20:

Strategic objective	
BEST USE OF RESOURCES	
Improvement priority	Measured by
Strengthen pay controls and use of resources including compliance with electronic rostering and agency booking controls and weekly review of all vacancies and structures across the Trust	<ul style="list-style-type: none"> <li>▶ Delivery of a stretch target deficit outturn of £(73)m</li> <li>▶ Quarter on quarter improved income (margin) and expenditure run rates.</li> </ul>
Review underlying finance position including impact of significant long-term committed /outsourced high value contracts	<ul style="list-style-type: none"> <li>▶ A CIP total of £22.5m to support achievement of stretch target outturn of £(73)m</li> </ul>
Develop Medium Term Financial Plan (3 years) aligned to outputs of the Clinical Services Strategy and associated enabling strategies	<ul style="list-style-type: none"> <li>▶ Deliver a Medium Term Financial Plan by December 2019 to form the basis of the 2020/21 plan.</li> </ul>

We had a deficit outturn of £(73.7)m for the 2018/19 financial year against a deficit plan of £(41.5)m which represents an adverse variance of £(32.2)m to the original plan. This level of variance is of significant concern and the Trust needs to recover its financial position in the medium term, starting in 2019/20.

Detailed financial plans have been developed for 2019/20 via budget setting, capacity planning and contract discussions with commissioners. The 2019/20 plan takes account of the increased pressures experienced in 2018/19 along with in-year developments including further significant investment in bed capacity to improve patient flow. This results in an increased underlying out-turn deficit which has led to the 2019/20 initial plan being set at a deficit forecast of £(82.8)m. We have however set ourselves a stretch target to increase the level of efficiency savings and improve this deficit to £(73)m, which would deliver a financial position no worse than 2018/19.

### Efficiency Savings for 2019/20

Currently, to deliver our stretch target we need to achieve an internal cost improvement programme (CIP) of £22.5m in 2019/20, which however falls short of the amount required to bridge the gap between the Trust plan and the 2019/20 deficit control total £ (64.6)m issued to the Trust by NHS Improvement in January 2019.

We continue to work to identify schemes that will deliver our £22.5m savings target with further schemes being developed around increased productivity in theatres and outpatients as well as the review of high value contracts supporting work we have historically outsourced.

We need all our teams to be engaged in improving our finances and we have introduced a finance improvement group chaired by the Chief Executive and workshops for budget holders and teams across the clinical and corporate divisions to develop roles and responsibilities and to commence work on further opportunity identification.

We are a significant outlier in terms of expenditure on temporary staffing. In 2018/19 we spent £46m on temporary staffing, as a result of increases in ward capacity and establishment, longstanding vacancies and ad hoc staffing for inpatient surge areas. This included premium costs of £17.5m. In 2019/20 we plan to reduce this premium by c50% resulting in a £9m saving through increased

control over temporary staff, advanced and block booking and fixed pay rates, substantive recruitment and more efficient rostering of substantive staff already in post. The Urgent Care Improvement Plan, Home First Worcestershire, is also an important enabler of cost savings from reduced reliance on capacity escalation areas and the associated on ad hoc staffing.

## People and culture

We have identified the following people and culture improvement priorities for 2019/20:

Strategic objective BEST PEOPLE	
Improvement priority	Measured by
Refresh our recruitment and retention plan and reengineer our recruitment and retention practices and approach	<ul style="list-style-type: none"> <li>▶ Overall turnover rate reduced by 1% by 31st March 2020</li> <li>▶ Vacancy rate of &lt;9% by 31st March 2020</li> </ul>
Achieve 90% compliance with mandatory training	<ul style="list-style-type: none"> <li>▶ Full compliance across all staff groups</li> </ul>
Improve the training experience for junior doctors in line with their feedback	<ul style="list-style-type: none"> <li>▶ Discharge from enhanced oversight arrangements by Health Education England</li> </ul>

Our People and Culture Strategy 2018/19 to 2020/21 is based on the following model:



The People and Culture Strategy is supported by a comprehensive plan that outlines the key actions we will take to ensure we have a workforce with the capacity and capability to meet our aspirations and to deliver safe and effective patient care. There is a people and culture dashboard in place to measure our progress. We will refresh the People and Culture Strategy in line with the new Trust Strategy in 2019/20.

At the end of 2018/19 there were 5,372 staff in post against an establishment of 5,923, which represents a vacancy rate of 9.3%. This is an increase of 2.3% since the end of the previous year; however the establishment has increased over the same period due to significant ward expansion at both acute hospital sites. Over the same period staff turnover increased from 11.04% at the end of 2017/18 to 12.30% at the end of 2018/19.

Although we have made material inroads into medical consultant recruitment, there are still high levels of clinical staff vacancies across the organisation. Recruitment and retention continue to be key priorities especially in light of the current level of staff turnover. There are a number of areas in which we are working to improve the experience of staff already in post and to attract new staff. These include new opportunities for staff development such as leadership development. We are also reviewing its flexible working arrangements, working with Timewise, a social enterprise, to ensure that we explore all the avenues for staff to be able to work flexibly.

4Ward is core to the Trust Strategy and during 2019/20 the only change will be in relation to the 4ward checkpoint which, as a final step in the process, has struck a dissonant chord with staff. The 4ward steering group will work with the 4ward Advocates to redesign step 4 to measure our culture development in a way that staff feel is more in tune with the overall ethos of the programme.

## Workforce engagement

We engage with staff in a number of different ways including monthly team briefings for the top 100 leaders in the organisation led by the Chief Executive, Meet the Chief Sessions and the weekly Chief Executive message. We are continuing to embed the 4ward culture change programme through the 4ward signature behaviours and the 'four step process' which recognises the achievements of teams in respect of their commitment to 4ward.

# Annual Plan Governance & Risks

We will assure the delivery of our annual plan goals and improvement priorities through clinical divisional and corporate directorate performance review meetings and regular updates to the Trust Management Executive meeting.

To support this, our integrated performance report (IPR) will be updated to align with the priorities and measures included in this plan. The subsections within the IPR, Quality, Performance, Finance and Workforce are overseen by the relevant board committee.

There will be a mid – year review of progress at the Trust Board in the autumn, 2019.

The Plan will form the foundation of our continued work to ensure that we meet our undertakings.

**The key risks in the delivery of this annual plan are listed below.**

## Finance

**Risk: Inability to deliver the efficiency savings programme**

- ▶ Mitigation: the Financial Improvement Group is in place to rigorously monitor Trust finances and cost improvement/efficiency measures

**Risk: Lack of control of bank & agency spend**

- ▶ Mitigation: robust rules around requesting use of agency staff are in place. Recruitment and retention plans are in place

## Workforce

**Risk: Workforce recruitment and retention**

- ▶ Mitigation: recruitment and retention plans are in place, along with workforce development initiatives and skills development programmes

## Operational performance

**Risk: Uncontrollable demand for services**

- ▶ Mitigation: capacity and escalation plans in place which will be reviewed regularly. Improvement plan for urgent care in place.

## Quality

**Risk: Non-delivery of CQC inspection requirements**

- ▶ Mitigation: a robust quality improvement strategy and action plan in place with rigorous monitoring

## Conclusion

During 2019/20 we will stabilise the organisation both operationally and financially. We will reflect on the findings of the Care Quality Commission inspection and build their recommendations into our quality improvement plan.

We will focus on developing our strategic plans and building a strong foundation for meeting our undertakings in relation to quality, performance and finance. Staff development and engagement will be crucial components to being successful and our People and Culture Strategy will be refreshed to reflect our emerging priorities.

We are committed to delivering the quality and efficiency savings programme and meeting our financial plan. Progress will be monitored, any slippage will be addressed and staff will be supported to address anything that prevents the achievement of their plans through the performance review meetings.

We are committed to providing high quality, timely care to the population we serve and will implement the priorities outlined in this plan,

particularly in respect of the national standards and any required improvements identified by CQC.

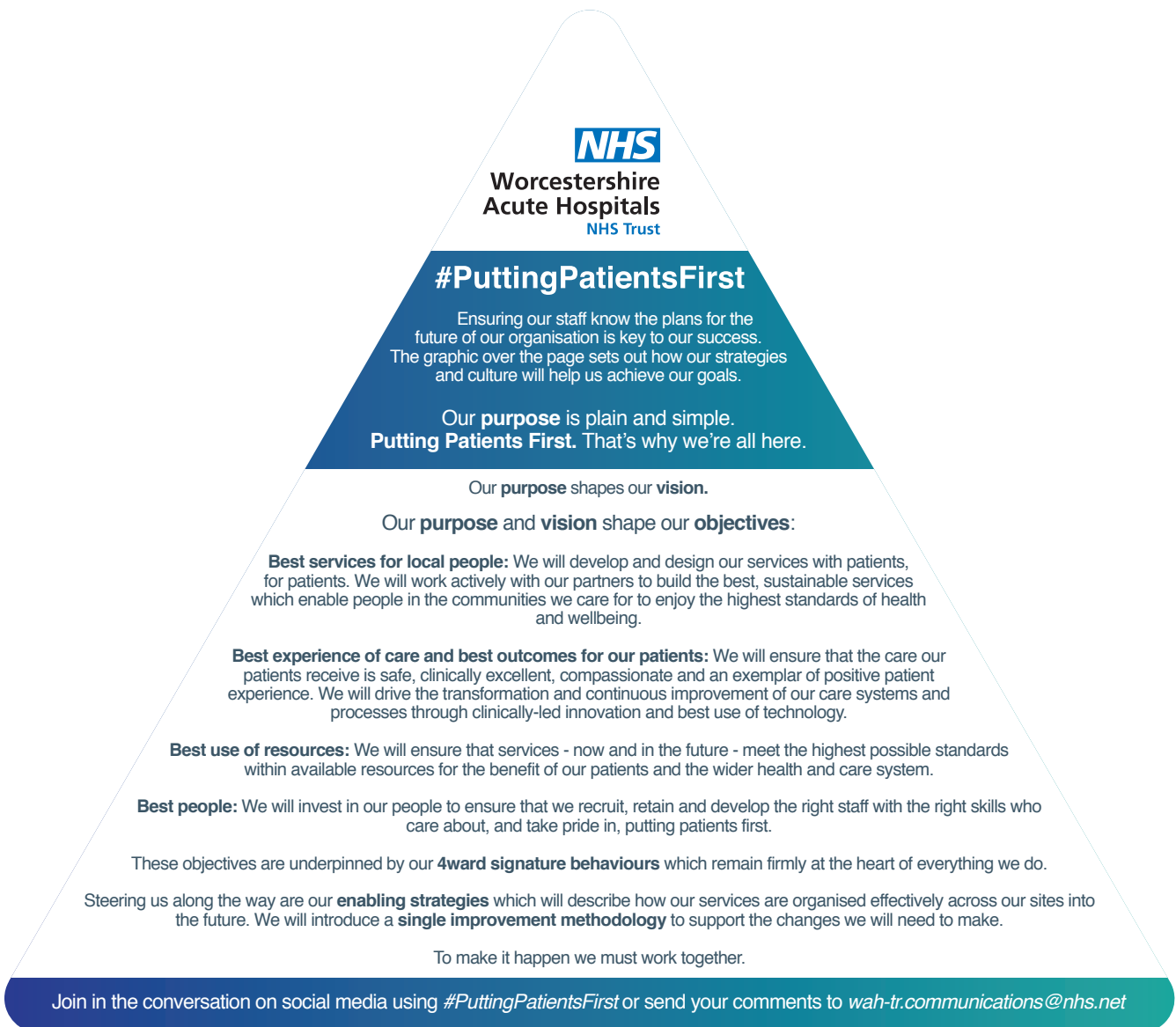
During the first half of 2019/20 we will develop a new strategy for clinical services at the Trust engaging all the service teams in its development and implementation. We will maximise the benefits of collaborative working in developing this strategy, embracing the opportunities presented by the Herefordshire and Worcestershire Sustainability and Transformation Partnership and the development of the local integrated care system (ICS) and through the implementation of new technologies as we look to implement our digital strategy.

We recognise that we need to continue to invest in and develop our workforce and continue to engage with patients. We will act on their feedback and continue to focus on our priorities for improving the quality of patient care and the patient experience.



# Appendix 1

## Trust Vision, Purpose and Strategic Objectives



# Appendix 2 - Performance Improvement Trajectories

	Forecast Out-turn 31/03/2019 March 2019	Plan 30/04/2019 Month 1	Plan 31/05/2019 Month 2	Plan 30/06/2019 Month 3	Plan 31/07/2019 Month 4	Plan 31/08/2019 Month 5	Plan 30/09/2019 Month 6	Plan 31/10/2019 Month 7	Plan 30/11/2019 Month 8	Plan 31/12/2019 Month 9	Plan 31/01/2020 Month 10	Plan 29/02/2020 Month 11	Plan 31/03/2020 Month 12
<b>Accident and Emergency</b>													
Accident and Emergency - >4 hour wait	3,752	3,915	3,811	3,727	3,726	3,013	2,289	2,324	2,246	2,196	2,262	2,093	2,301
Accident and Emergency - Total Patients	16,024	15,918	17,809	17,565	18,724	16,834	16,594	16,891	16,046	15,689	16,160	14,955	16,435
Accident and Emergency - Performance % (95% standard)	76.6%	75.4%	78.6%	78.8%	80.1%	82.1%	86.2%	86.2%	86.0%	86.0%	86.0%	86.0%	86.0%
<b>Ambulance Handovers</b>													
Count of all patients arriving by ambulance (types 1, 2 and 3)	4,604	4,058	4,171	4,177	4,446	4,277	4,155	4,487	4,370	4,694	4,707	4,280	4,696
Count of handover delays 15-30 minutes	1,861	1,420	1,251	1,149	1,112	855	831	673	655	704	706	642	470
Count of handover delays 30-60 minutes	569	609	626	522	445	428	416	292	284	376	377	428	470
Count of handover delays 60+ minutes	227	203	209	209	222	214	208	269	262	329	330	107	0
<b>Diagnostics Test Waiting Times</b>													
March 2019													
Number Waiting < 6 Wks	7,249	9,645	10,100	10,306	9,802	9,189	9,302	9,912	9,152	8,341	7,697	8,288	9,015
Total Number Waiting	7,853	10,442	10,661	11,050	10,722	10,265	10,540	10,859	9,958	9,292	8,103	8,570	9,103
Performance % (1% standard)	7.7%	7.6%	5.3%	6.7%	8.6%	10.5%	11.7%	8.7%	8.1%	10.2%	5.0%	3.3%	1.0%
<b>Referral to Treatment</b>													
As at 31 March 2019													
Number of incomplete RTT pathways <= 18 weeks	29,211	30,395	32,227	32,265	31,864	31,593	31,005	31,230	31,302	29,427	29,602	30,311	30,302
Number of incomplete RTT pathways Total	35,854	35,149	36,595	36,780	36,338	36,341	36,049	36,207	36,480	35,632	35,638	36,543	36,762
Referral to treatment Incompletes - Performance % (92% standard)	81.5%	86.5%	88.1%	87.7%	87.7%	86.9%	86.0%	86.3%	85.8%	82.6%	83.1%	82.9%	82.4%
Number of incomplete RTT pathways >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of completed admitted RTT pathways	28,438	2,263	2,459	2,356	2,551	2,317	2,372	2,656	2,834	1,992	2,301	2,275	2,427
Number of completed non-admitted RTT pathways	92,732	9,755	10,539	9,967	10,275	9,655	9,353	10,415	9,030	7,220	10,330	9,427	9,559
Number of New RTT pathways (clock starts)	150,222	13,607	14,453	12,213	12,333	11,996	11,419	12,891	12,127	8,282	12,695	12,645	12,291

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Cancer	March 2019	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
<b>Cancer Waiting Times - 2 Week Wait</b>	<i>i</i>												
Number Seen < 2 Wks	1,843.0	1,750	1,940	1,795	1,875	1,966	1,945	2,161	1,788	1,710	1,795	1,770	1,863
Total Number Seen	2,001.0	1,863	2,066	1,917	1,996	2,091	2,073	2,300	1,915	1,789	1,923	1,882	2,001
Performance % (93% standard)	92.1%	93.9%	93.9%	93.6%	93.9%	94.0%	93.8%	94.0%	93.4%	95.6%	93.3%	94.0%	93.1%
<b>Cancer Waiting Times - 2 Week Wait (Breast)</b>	<i>i</i>												
Number Seen < 2 Wks	145.0	74	88	39	98	134	130	134	160	131	155	144	145
Total Number Seen	171.0	161	170	141	176	154	138	137	172	135	169	150	171
Performance % (93% standard)	84.8%	46.0%	51.8%	27.7%	55.7%	87.0%	94.2%	97.8%	93.0%	97.0%	91.7%	96.0%	84.8%
<b>Cancer Waiting Times - 31 Day First Treatment</b>	<i>i</i>												
Number Treated < 31 Days	210.0	224	290	247	269	265	257	296	258	231	254	272	210
Total Number Seen	216.0	230	298	250	275	270	264	306	266	235	270	275	216
Performance % (96% standard)	97.2%	97.4%	97.3%	98.8%	97.8%	98.1%	97.3%	96.7%	97.0%	98.3%	94.1%	98.9%	97.2%
<b>Cancer Waiting Times - 31 Day Surgery</b>	<i>i</i>												
Number Treated < 31 Days	23.0	27	33	31	36	37	19	32	23	26	38	28	23
Total Number Seen	24.0	28	34	32	36	37	20	32	23	26	41	30	24
Performance % (94% standard)	95.8%	96.4%	97.1%	96.9%	100.0%	100.0%	95.0%	100.0%	100.0%	100.0%	92.7%	93.3%	95.8%
<b>Cancer Waiting Times - 31 Day Drugs</b>	<i>i</i>												
Number Treated < 31 Days	22.0	20	44	27	28	24	7	23	20	10	24	11	22
Total Number Seen	22.0	22	44	28	28	24	7	23	20	10	24	11	22
Performance % (98% standard)	100.0%	90.9%	100.0%	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Cancer Waiting Times - 31 Day Radiotherapy</b>	<i>i</i>												
Number Treated < 31 Days	23.0	8	14	15	16	6	2	5	7	6	3	93	23
Total Number Seen	23.0	8	14	15	16	6	2	5	7	6	3	93	23
Performance % (94% standard)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
<b>Cancer Waiting Times - 62 Day GP Referral</b>	<i>i</i>												
Number Treated < 62 Days	84	132	137	142	146	149	151	151	151	151	151	151	151
Total Number Seen	126	176	176	176	176	176	176	176	176	176	176	176	176
Performance % (85% standard)	66.9%	74.9%	78.1%	80.9%	82.9%	84.9%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
<b>Cancer Waiting Times - 62 Day Screening</b>	<i>i</i>												
Number Treated < 62 Days	13.0	12	23	18	20	18	21	17	18	15	13	20	13
Total Number Seen	16.0	14	27	20	22	24	28	26	23	16	21	23	16
Performance % (90% standard)	81.3%	85.2%	85.2%	90.0%	90.7%	76.6%	73.2%	65.4%	78.3%	93.5%	63.4%	87.0%	81.3%
<b>Cancer Waiting Times - 62 Day Upgrade</b>	<i>i</i>												
Number Treated < 62 Days	8.5	7	5	7	8	8	5	8	8	6	8	8	9
Total Number Seen	13.0	10	8	11	9	10	6	13	10	10	12	10	13
Performance % (no standard)	65.4%	70.0%	62.5%	59.1%	83.3%	80.0%	90.9%	60.0%	75.0%	55.0%	62.5%	84.2%	65.4%



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