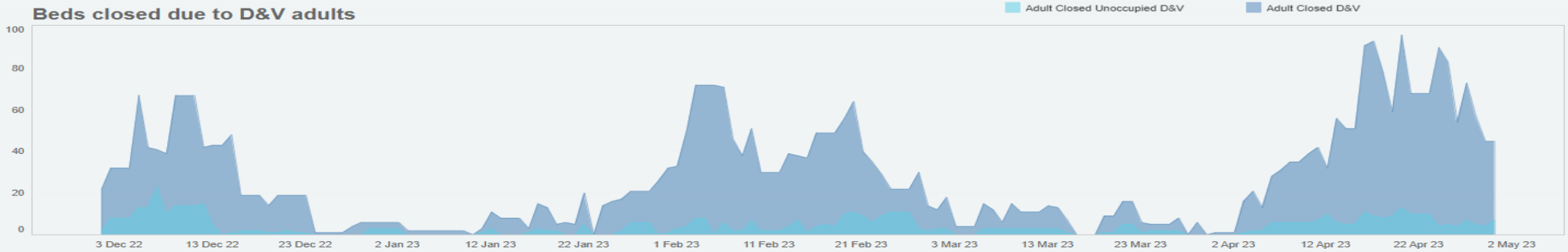
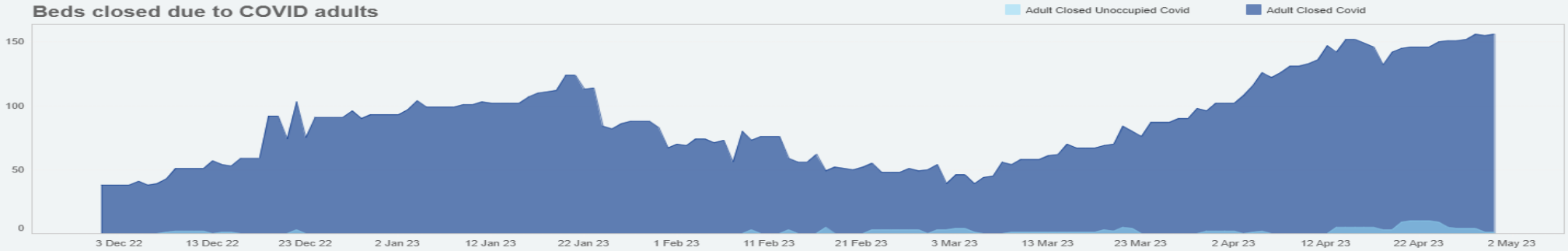
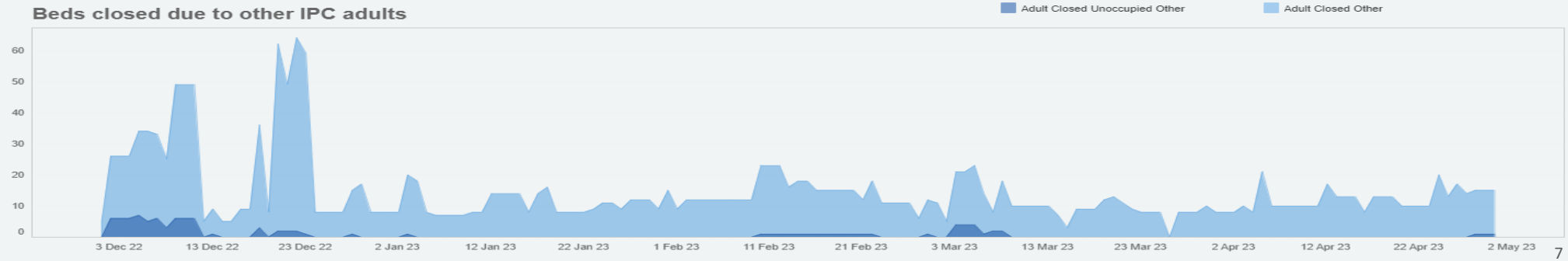
Patient Flow | Month 1 [April] | 2023-24

Responsible Director: Chief Operating Officer | National A&E Dashboard – IPC (1st Dec 22 to 30th April 23)







EAS Benchmarking

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC2: flow and discharge

National Benchmarking (April 2023)

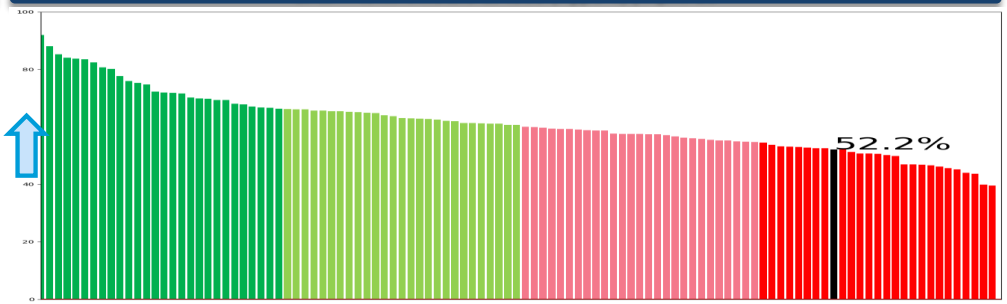
EAS (All) – 13 West Midlands Trusts, including WHAT, saw an increase in performance between Mar-23 and Apr-23. This Trust was ranked 9 out of 13; no change from the previous month. The peer group performance ranged from 53.8% to 83.3% with a peer group average of 69.3%; declining from 65.6% the previous month. The England average for Apr-23 was 74.6%; a 3.1% increase from 71.5% in Mar-23.

EAS (Type 1) – 12 West Midlands Trusts, including WHAT, saw an increase in performance between Mar-23 and Apr-23. This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 45.17% to 82.43% with a peer group average of 56.98%; improving from 52.92% the previous month. The England average for Apr-23 was 60.9%; a 4.1% increase from 56.8% in Mar-23.

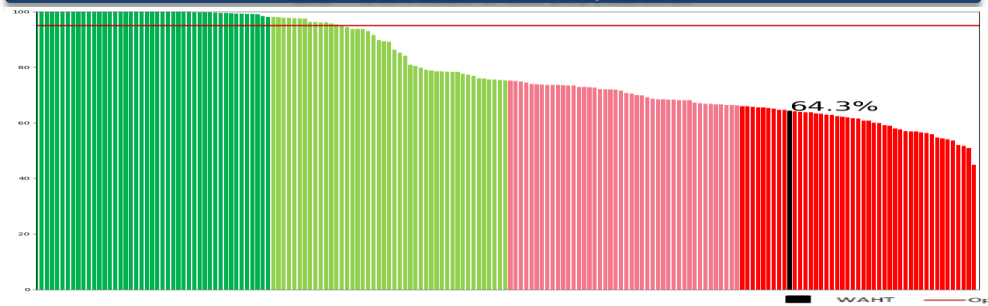
In Apr-23, there were 26,899 patients recorded as spending >12 hours from decision to admit to admission. 317 of these patients were from WAHT; 1.18% of the total.

EAS – % in 4 hours or less (All) | April-23

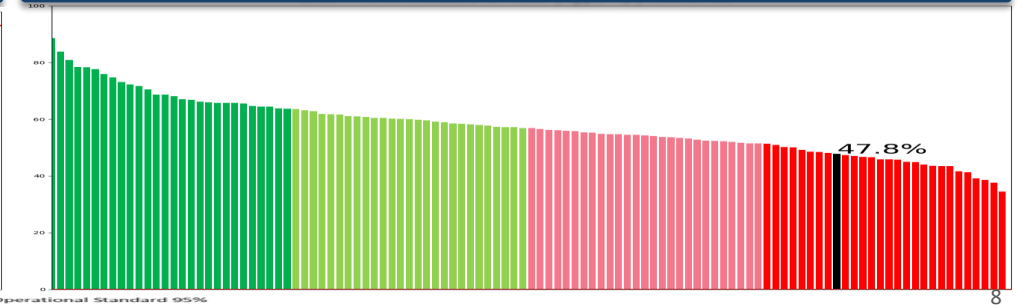
EAS – % in 4 hours or less (Type 1) | April-23



EAS – % in 4 hours or less (All) | March-23



EAS – % in 4 hours or less (Type 1) | March-23



Elective Recovery - Cancer

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

Worcestershire Acute Hospitals NHS Trust

2WW Cancer Referrals	Patients seen within 14 days (All Cancer)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days		Patients treated within 31 days		Patients treated within 62 days		Patients waiting 63 days or mor	Of which, patients waiting 104 days

What does the data tells us?

- **2WW referrals** have been rebased and Apr-23 (at 2,635) has returned to the mean of the Apr-21 onwards period. This is still 314 more referrals than Apr-22.
- **2WW** returned to normal variation with Trust performance reducing from 96% to 84%. 3 specialties achieved the operational standard and 2 specialities were above 90% (Lung, Upper GI). The specialties below 90% were Skin, Gynaecology, H&N and Haematology.
- **2WW Breast Symptomatic** also returned to normal variation this month with performance at 86%.
- **28 Faster Diagnosis** is still showing special cause improvement with a run of 6 points above the mean. The target of 75% is achievable but not consistently. Urology and Haematology had the lowest performance in Apr-23.
- **31 Day:** This metric is still deteriorating and the target is unlikely be achieved without intervention; and we have more down to the 3rd quartile in benchmarking (slide 9).
- **62 Day:** This metric is still deteriorating and the target will not be achieved without intervention and will be limited by needing to reduce the backlog of patients over 62 days. No specialty achieved the 85% standard in Apr-23.
- **Cancer PTL** continues to remain static; March was 3,211 and April was 3,236. 332 patients have been diagnosed and 2,879 are classified as suspected.
- **Backlog:** The 62+ day backlog has returned to normal variation follow the increase in Apr-23. The total number of patients waiting 63+ days is 437 and the number of patients waiting 104+ days is 141. Accountability as a Tier 1 Trust focuses on the urgent suspected referral backlog which, as at 30th April, had increase to 300 (11% of PTL) of which 97 patients were waiting over 104 days. Urology remains the specialty of focus with 154 patients breaching 62 days.

What have we been doing?

- As predicted and driven predominantly by 2ww Skin, the overall Trust performance against the 2ww standard fell below the target of 93%, ending the month at 84% subject to final validation. (2ww Skin 48%). The Skin performance was driven by 18 Weeks Support's (outsourcing agency) inability to provide 2ww clinics on the first weekend of April due to consultant availability. Current performance for May is currently 91% having been impacted by two bank holidays at the start of the month, so May-23 performance is finely in the balance.
- 28 day FDS remained relatively strong at 67% (again subject to final validation) however further work is required on specialties such as Urology and Colorectal if we are to achieve the performance targets set for each quarter and achieve the 75% minimum standard by end of March 2024.
- Unfortunately cancer backlogs rose at the end of April compared to the March position, increasing by 99 from 338 to 437. The position including urgent suspected only, i.e. that which is reported to NHSEI weekly and against which our year-end target is 190, is currently 321 (as at week ending 14/05/2023), with Urology and Colorectal accounting for over 68% of this (Urology at 161 and Colorectal at 58).

What are we doing next?

- Colorectal implemented the new 2ww referral form which precludes patients with negative FIT tests to be referred unless they have specific other symptoms / presentations. To-date in May this has seen a significant reduction in the number of patients being referred via this pathway, which since March 2021 has been receiving referral numbers up to double that which it used to pre Covid-19. Cancer Services are monitoring the position shortly and there is a mechanism in place to measure any direct access referrals for colonoscopy.
- Assurances are being sought around the arrangements to be in place to support the Dermatology department in light of another consultant resignation. This leaves the department with one substantive consultant, one long term locum and 1/2 recent locum appointments, plus the outsourcing company 18 Week Support.
- Work is ongoing in seeking to establish bottom up trajectories for both performance against the cancer standards and backlog reduction targets, with focus on those identified as part of the operational plan, i.e. achievement of the 75% FDS standard and achievement of a backlog of no more than 190 patients (GP suspected cancer only) by end of March 2024.

Current Assurance Levels (May-23)	Previous Assurance Levels (Apr-23)
2WW – Level 5	2WW - Level 5
31 Day Treatment - Level 5	31 Day Treatment - Level 5
62 Day Referral to Treatment – Level 3	62 Day Referral to Treatment - Level 3

When expected to move to next levels of assurance: when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease.

SRO: Chief Operating Officer

Elective Recovery - Cancer | Month 1 [April] 2023-24

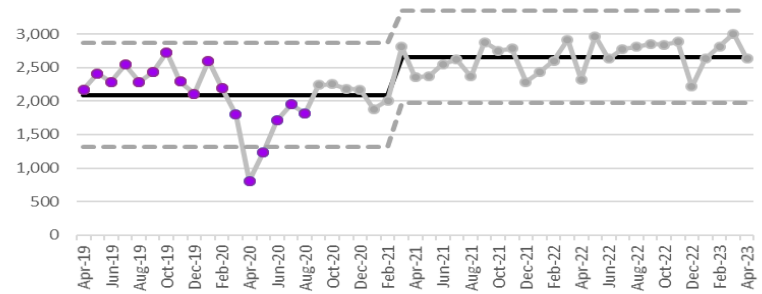
Responsible Director: Chief Operating Officer | Unvalidated for Apr-23 as at 15th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

2WW Referrals

2,635

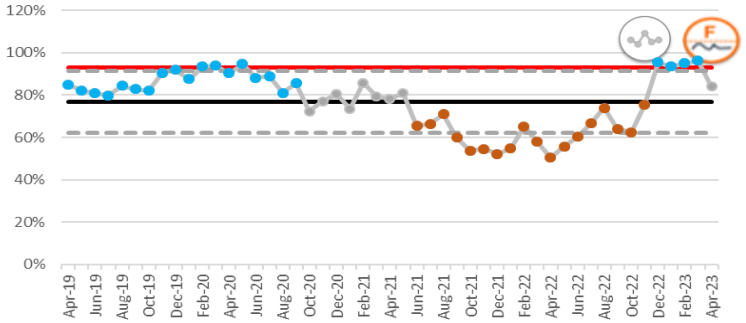
2WW Cancer Referrals



2WW Cancer

84%
2,311 patients seen

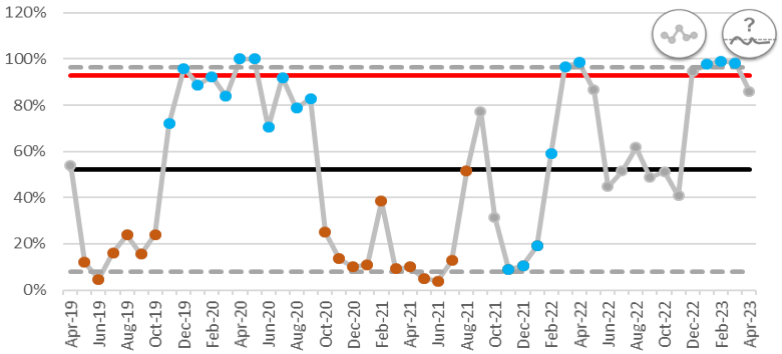
2WW Cancer (All)



2WW Breast Symptomatic

86%
93 patients seen

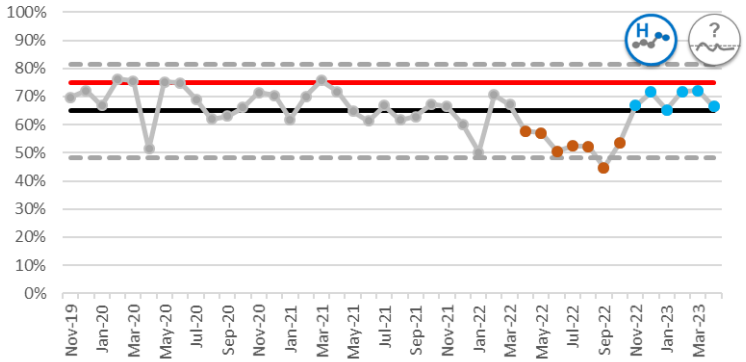
2WW Cancer Breast Symptomatic



28 Day Faster Diagnosis

67%
1,923 patients told

28 Day Faster Diagnosis



- Purple SPC dots represent special cause variation that is neither improvement or concern

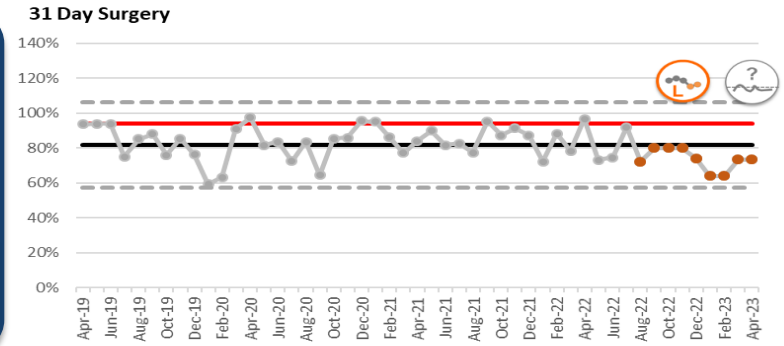
All graphs include April-23 data

Elective Recovery - Cancer | Month 1 [April] 2023-24

Responsible Director: Chief Operating Officer | Unvalidated for Apr-23 as at 15th May 2023

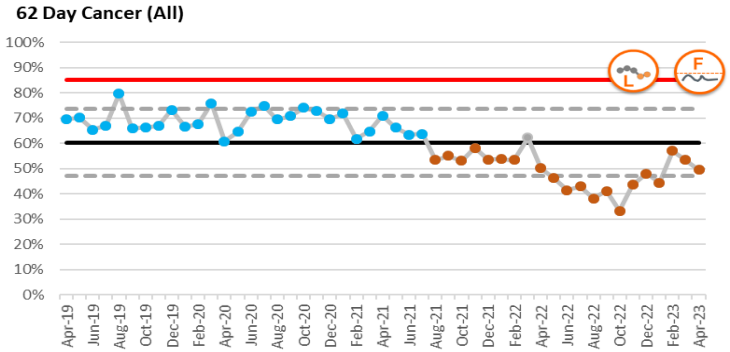
31 Day Cancer

88%
213 patients treated



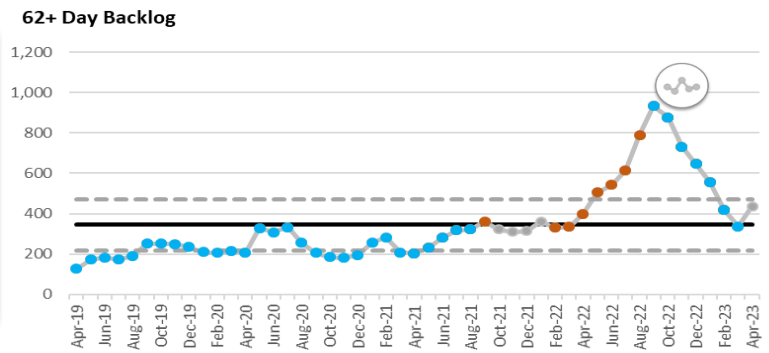
62 Day Cancer

50%
140 people treated



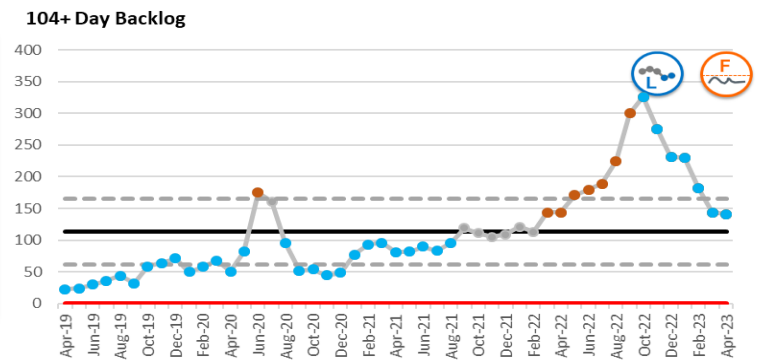
Backlog Patients waiting 63 days or more*

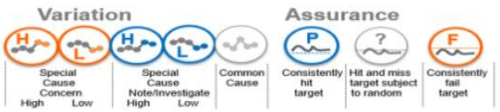
437



Backlog Patients waiting 104 day or more*

141





Key

- Internal target
- Operational standard

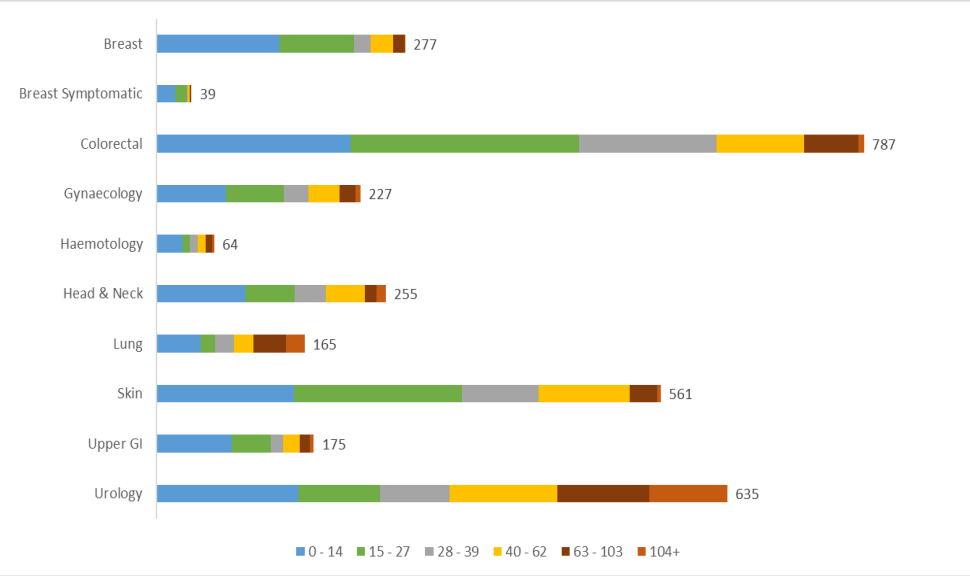
All graphs include April-23 data

Elective Recovery - Cancer | Month 1 [April] 2023-24

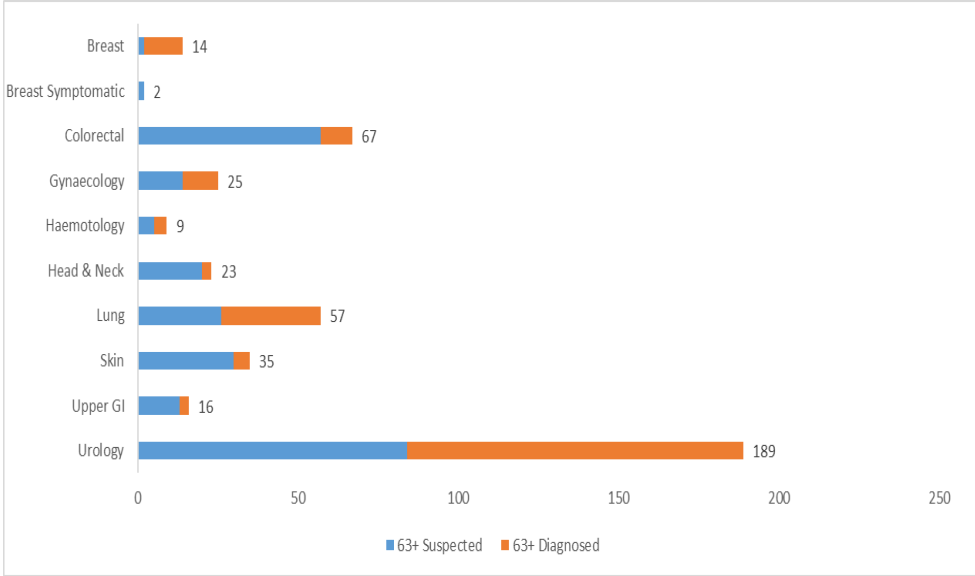
Responsible Director: Chief Operating Officer | Validated for Apr-23 as at 15th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

Cancer PTL by Specialty and Days Wait



Cancer Long Waiter Backlog by Specialty and Status

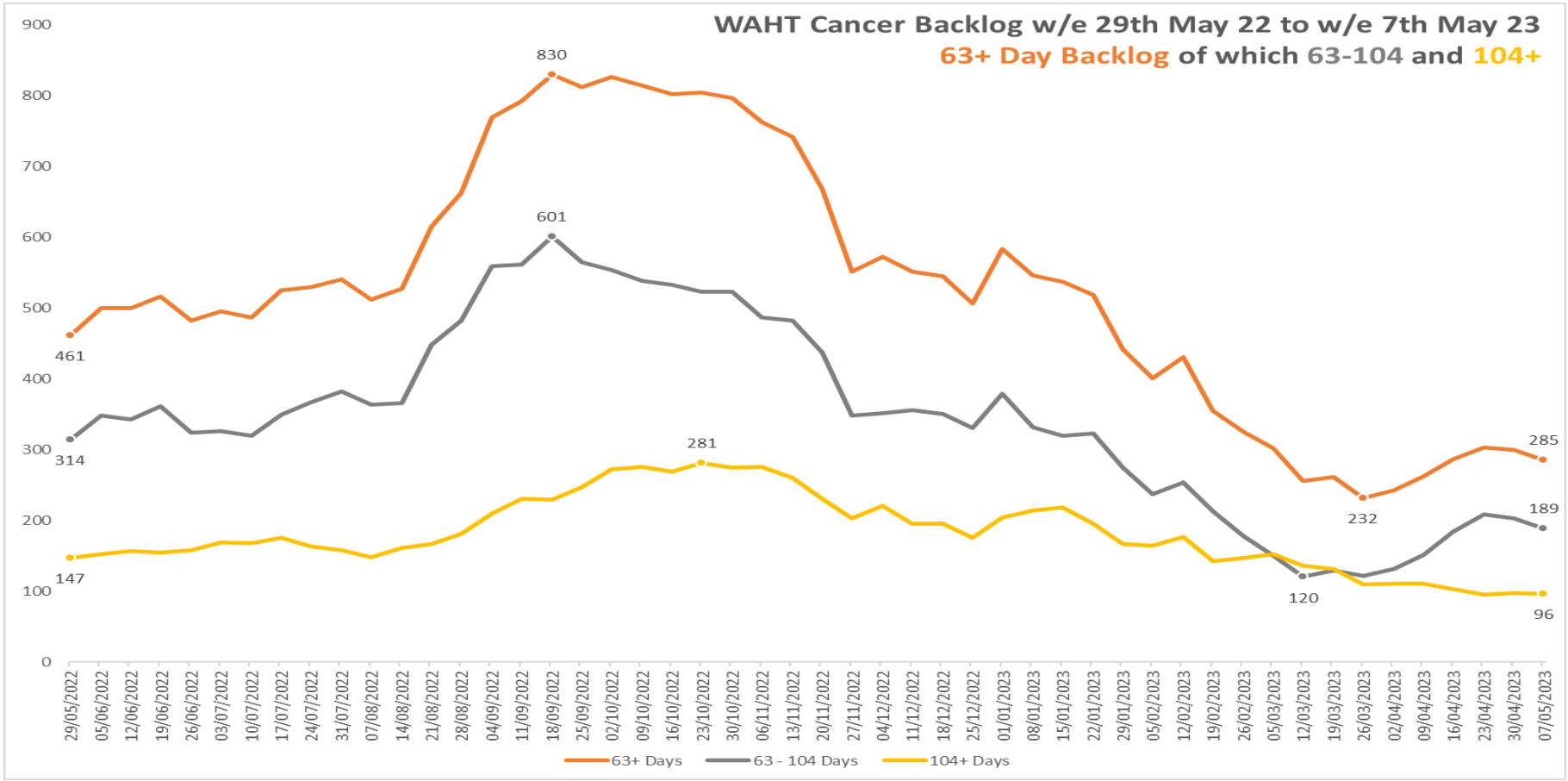


The graphs above show the number of cancer patients on our PTL and split by days waiting.

Colorectal, Skin and Urology have the largest PTLs and patients waiting over 63 days.

Elective Recovery - Cancer | Month 1 [April] 2023-24

Responsible Director: Chief Operating Officer | **Validated for w/e 7th May 2023**



The graphs above show the reduction in our cancer PTL and the improved position in reducing the **urgent suspected referral backlog cohort** (those waiting over 62 days).

Cancer Benchmarking

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery **and reset**

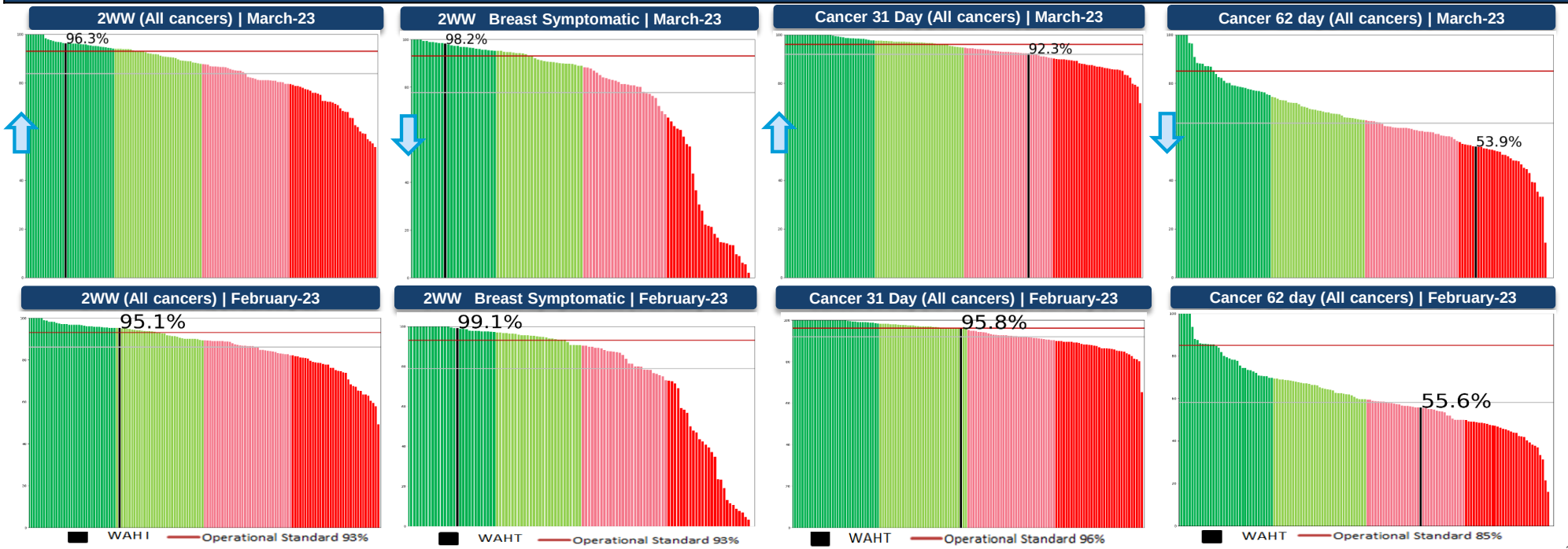
National Benchmarking (March 2023)

2WW: 4 West Midlands Trusts, including WHAT, saw an increase in performance between Feb-23 and Mar-23. This Trust was ranked 2 out of 13; we were ranked 3 the previous month. The peer group performance ranged from 68.1% to 96.4% with a peer group average of 85.1%; declining from 88.1% the previous month. The England average for Mar-23 was 83.9%; a 2.2% decrease from 86.1% in Feb-23.

2WW BS: 10 West Midlands Trusts, including WHAT, saw a decrease in performance between Feb-23 and Mar-23. This Trust was ranked 2 out of 13; we were ranked 1 the previous month. The peer group performance ranged from 9.8% to 100.0% with a peer group average of 67.8%; declining from 82.1% the previous month. The England average for Mar-23 was 77.6%; a 1.3% decrease from 78.9% in Feb-23.

31 days: 10 West Midlands Trusts, including WHAT, saw an increase in performance between Feb-23 and Mar-23. This Trust was ranked 4 out of 13; no change from the previous month. The peer group performance ranged from 80.1% to 100.0% with a peer group average of 88.4%; improving from 88.3% the previous month. The England average for Mar-23 was 91.9%; a 0.1% decrease from 92.0% in Feb-23.

62 Days: 5 West Midlands Trusts, including WHAT, saw a decrease in performance between Feb-23 and Mar-23. This Trust was ranked 8 out of 13; we were ranked 4 the previous month. The peer group performance ranged from 39.3% to 73.6% with a peer group average of 54.4%; improving from 48.6% the previous month. The England average for Mar-23 was 63.5%; a 5.4% increase from 58.1% in Feb-23.



Elective Recovery – Referral to Treatment

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

NHS Worcestershire Acute Hospitals NHS Trust

Electronic Referral Service (ERS) Referrals		Referrals to Referral Assessment Service (RAS)		Advice & Guidance (A&G) Requests		Total RTT Waiting List	Patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		NHS Number of patients waiting 52+ weeks	NHS Of whom, waiting 78+ weeks	NHS Of whom, waiting 104+ weeks
Total	7,597	7,134	84% 2WW responded to within 2 working days	2,455	95% responded to within 2 working days						
Non-2WW	4,962										

What does the data tells us?

Referrals (unvalidated)

- The referrals data has been rebased to reflect that the volumes we have seen since Apr-21 are the new normal. The number received in Apr-23 was 500 more than Apr-22.
- The RAS element of referrals demonstrates a similar pattern. However, outcomes within 2 working days (Cancer) or 14 days (non-cancer) are not at target.
- Looking back at Jan-23, A&G requests resulted in no referral for the same patient (within 90 days) in 73% of requests. This is the normal variation seen in the success of A&G in mitigating unnecessary referrals.

Referral To Treatment Time (validated)

- The RTT Incomplete waiting list is validated at 66,190. This is not a significant change from the previous four months.
- RTT performance for Apr-23 is validated at 46.7%. This is not a significant change from Mar-23 and the operational standard target of 92% will not be achieved without change. Only four specialties are at the operational standard; Clinical Psychology, Clinical Neurophysiology, Stroke Medicine and Infectious Diseases
- The number of patients waiting over 52 weeks for their first definitive treatment at the end of Apr-23 was 6,503, a 432 patient decrease from the previous month. Of that cohort, 2,174 patients were waiting over 65 weeks, 250 patients have been waiting over 78 weeks, decreased from 310 the previous month, and there were no patients over 104 weeks.

What have we been doing?

- A validation exercise of our longest waiters has been undertaken to review those patients who are not clearly linked to a waiting list. Although this has resulted in some clock stops, it has also identified that patients are waiting for diagnostic test results before consultants decide on the next step of the treatment pathway.
- We continue to focus on the longest waiting patients to minimise the number of 78+ week breaches and prioritising patients for the Jun-23 route to zero.
- In-sourcing arrangements have been finalised to provide additional capacity to bring forward more patients earlier in the year in order to improve the likelihood of determining treatments before breaching 65 and / or 78 weeks wait.
- The Elective Recovery Taskforce continues to meet weekly to ensure that any decisions and actions required to expedite the delivery of additional activity to improve the 78 weeks position are timely and not a barrier to progress.

What are we doing next?

- On-going daily management of the patients and our capacity to ensure that long waiters are seen and treated as quickly as possible.
- Although we have contracted insourcing arrangements to support our reduction of 78 week waiters, work continues in reviewing local independent sector provider capacity and exploring capacity outside of the area for patient willing to travel via DMAS (Digital Mutual Aid System). Where any specialty has arising concerns about their capacity to treat, discussions are being held with other insourcing companies to mitigate.

Current Assurance Level: 3 (May-23)	**When expected to move to next level of assurance:** When the RTT incomplete waiting list growth starts to reverse, as system plans start to impact on the reduction of referrals and internal plans start to increase the clock stop to start ratio.
Previous Assurance Level: 3 (Apr-23)	**SRO: Chief Operating Officer**

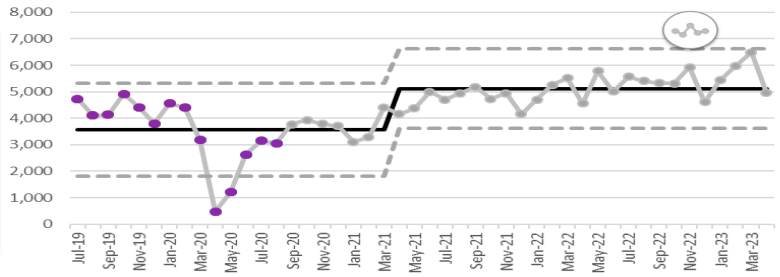
Elective Recovery – Referral To Treatment | Month 1 [April] 2023-24

Responsible Director: Chief Operating Officer | Validated for Apr-23 as at 19th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

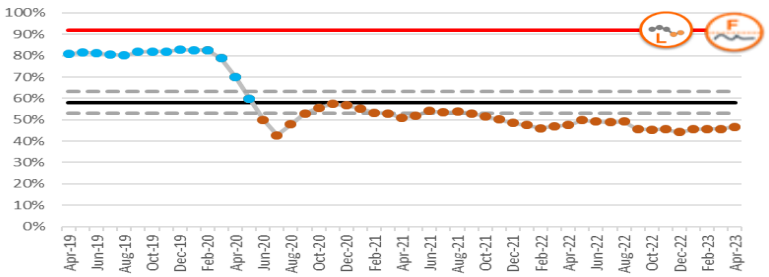
Electronic Referrals Profile (non-2WW)
4,962

Non-2WW Electronic Referrals



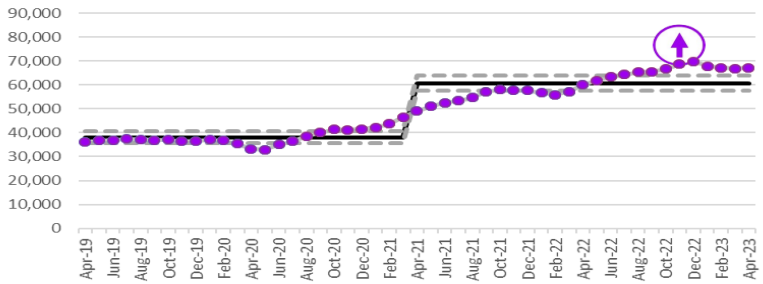
RTT % within 18 weeks
46.7%

RTT - % Incomplete



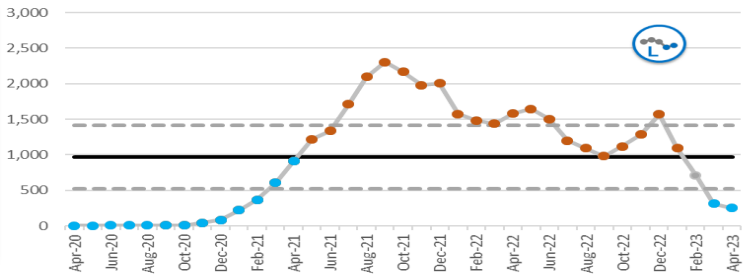
RTT Incomplete PTL
67,190

RTT Waiting List

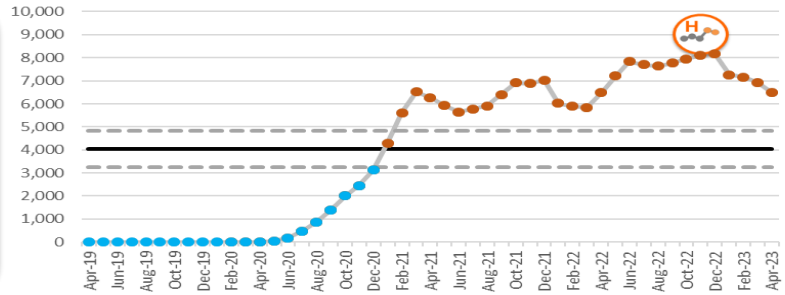


78+ week waits
250

78+ Week Waits

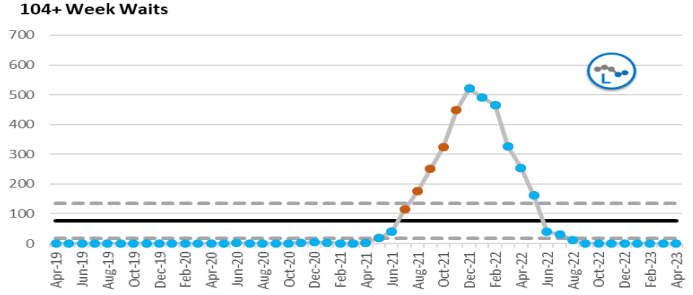


52+ week waits
6,503



104+ week waits
0

104+ Week Waits



- Purple SPC dots represent special cause variation that is neither improvement or concern

All graphs include April-23 data

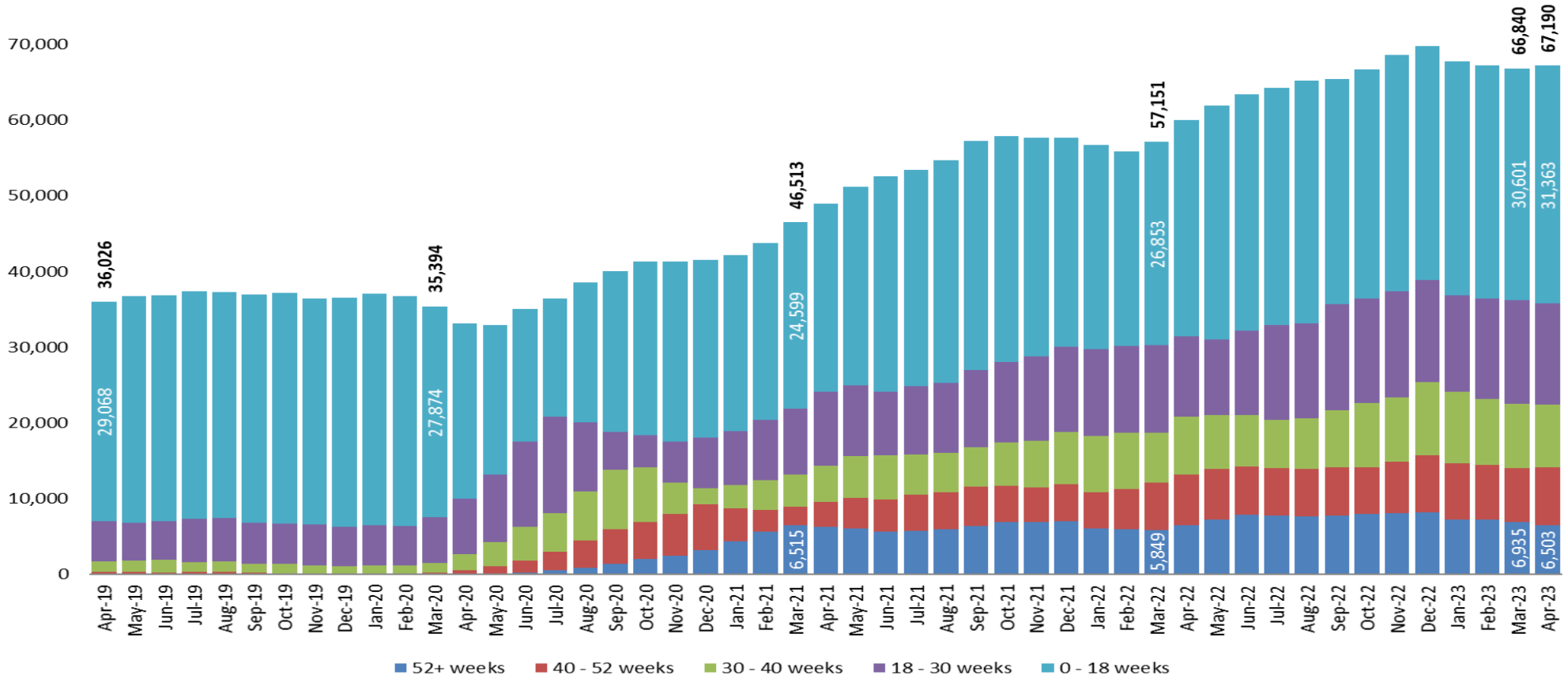
Elective Recovery - RTT Incomplete Waiting List | Month 1 [April] | 2023-24

Responsible Director: Chief Operating Officer | Validated for Apr-23 as at

NHS Worcestershire Acute Hospitals NHS Trust

Patients waiting for first definitive treatment Apr-19 to Apr-23

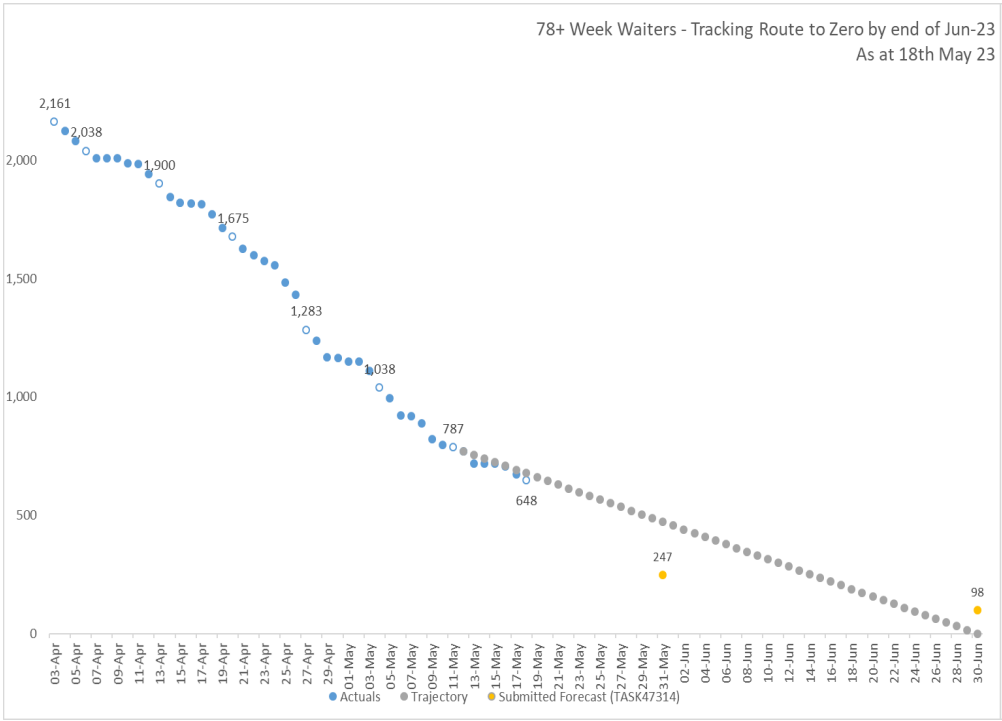
Split by weeks waiting

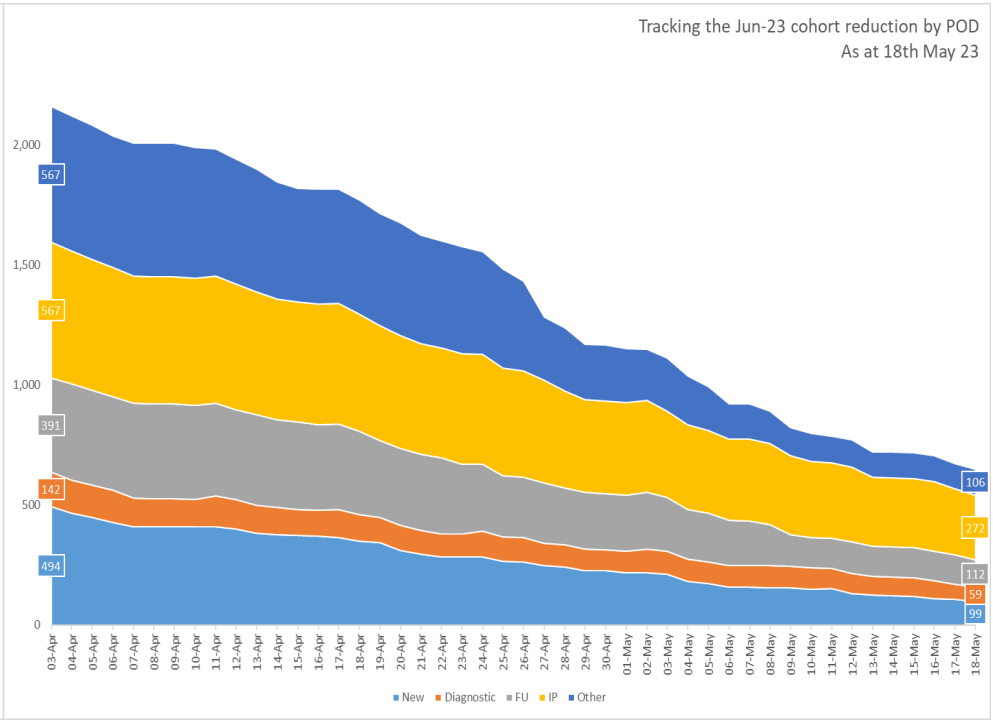


17

Elective Recovery - RTT Incomplete Waiting List | 78+ Week Breaches

Responsible Director: Chief Operating Officer | Live Position (as at 18th May)



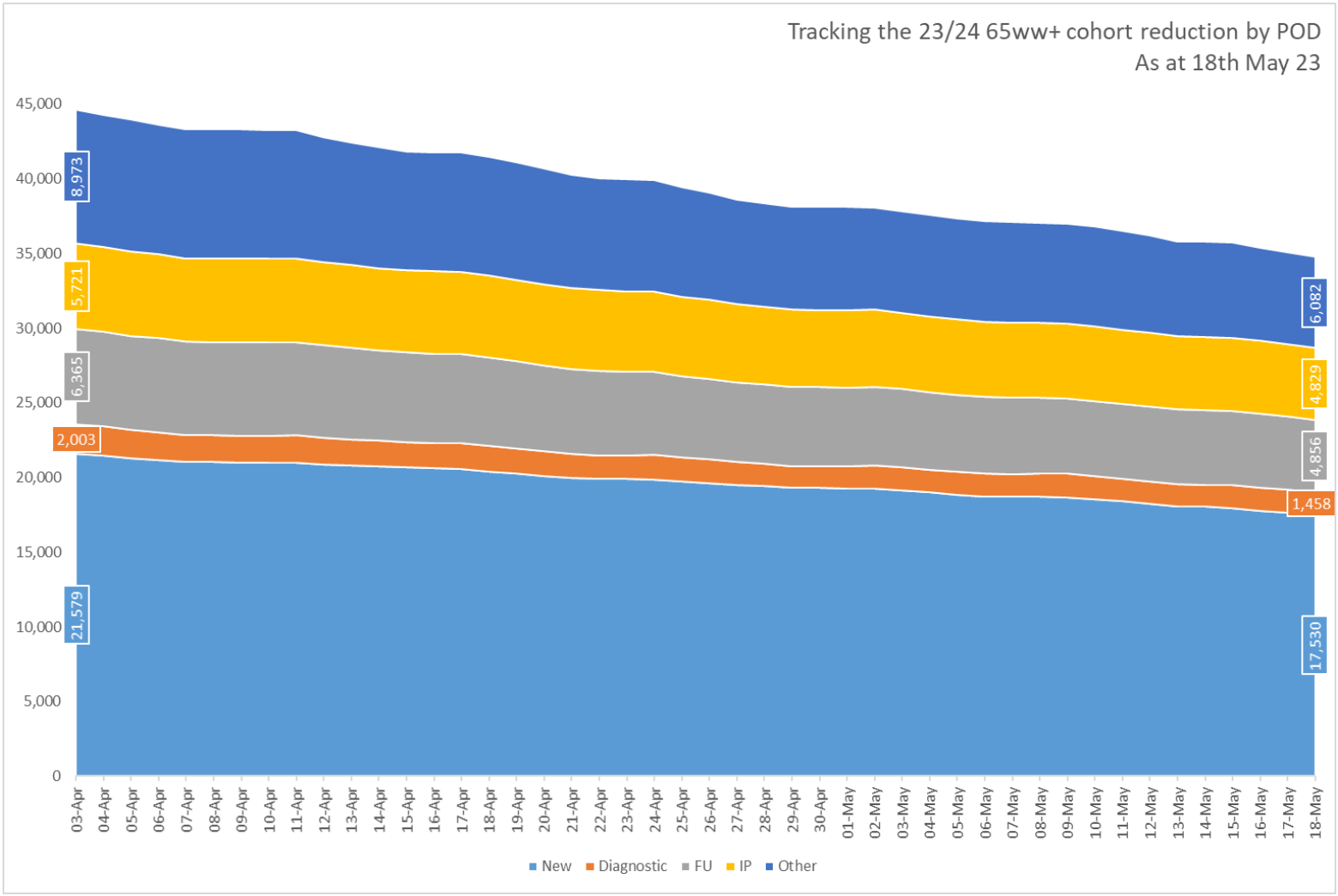


The graphs above demonstrate our progress to date in treating our patients at risk of breaching 78 weeks at the end of Jun-23. The left-hand graph also shows a linear trajectory to zero and our current month-end forecasts which are reviewed on a weekly basis.

The right-hand graph shows the reduction by POD. Following extensive validation, the “Other” cohort now represents patients not currently on a WL. The majority of these patients are waiting for diagnostic test outcomes before a decision can be made on the next steps required.

Elective Recovery - RTT Incomplete Waiting List | 65+ Week Breaches

Responsible Director: Chief Operating Officer | Live Position (as at 18th May)



This graph demonstrates our progress to date in treating our patients at risk of breaching 65 weeks at the end of 23/24.

The graph shows a reduction from 44,641 as at 3rd April to 34,755 patients as at 18th May.

Operational staff are ensuring sufficient capacity is secured to bring forward as many OPA New patients as possible in the year so that we have sufficient time to determine and provide the appropriate treatments.

An extensive validation exercise continues to review the “Other” cohort who are not currently on a WL.

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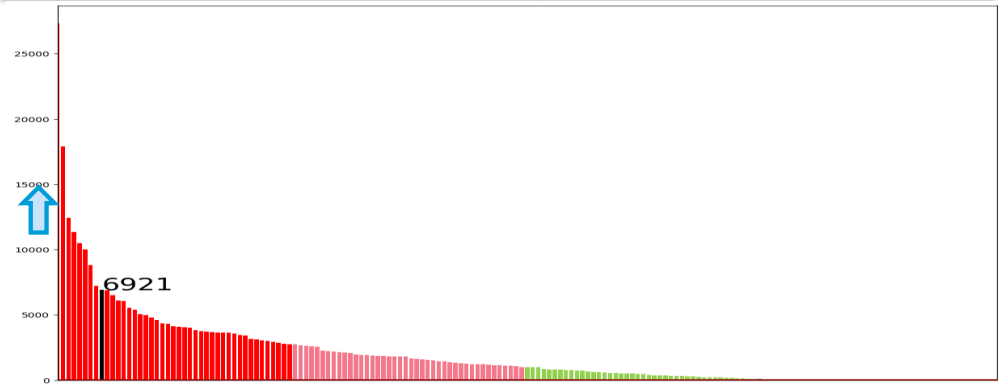
Referral To Treatment Benchmarking

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

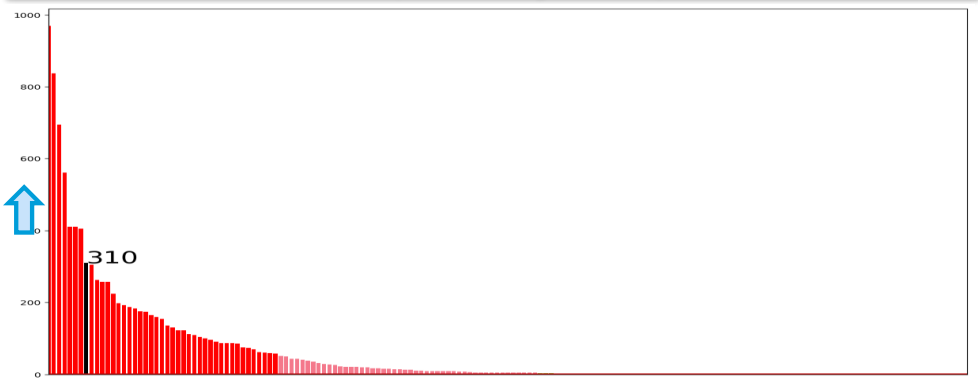
National Benchmarking (March 2023) | 7 West Midlands Trusts, including WHAT, saw an increase in performance between Feb-23 and Mar-23. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 43.69% to 67.71% with a peer group average of 52.61%; improving from 52.35% the previous month. The England average for Mar-23 was 58.60%; a 0.1% increase from 58.50% in Feb-23.

- Nationally, there were 359,758 patients waiting 52+ weeks, 6,921 (1.93%) of that cohort were our patients.
- Nationally, there were 10,737 patients waiting 78+ weeks, 310 (2.89%) of that cohort were our patients.

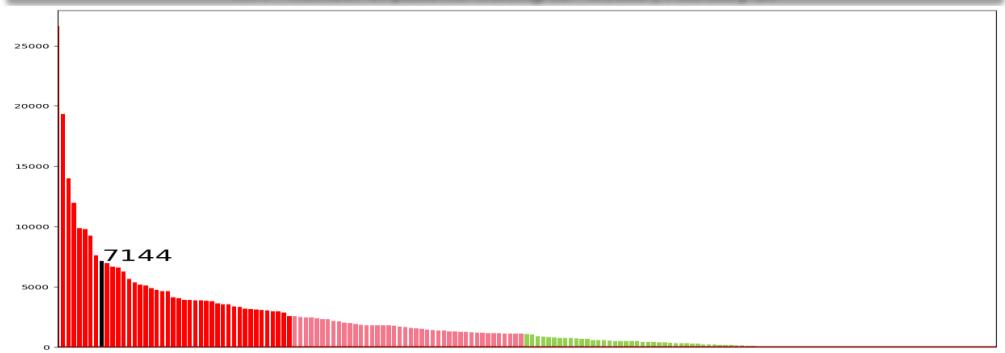
RTT - number of patients waiting 52+ weeks | March-23



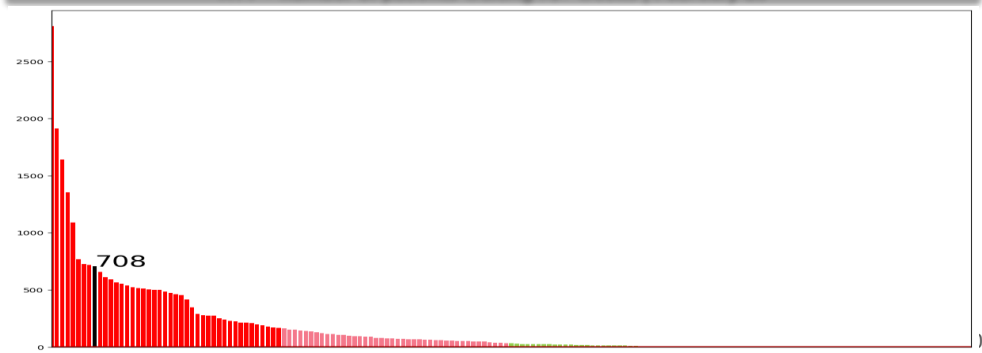
RTT – number of patients waiting 78+ weeks | March-23



RTT - number of patients waiting 52+ weeks | February-23



RTT – number of patients waiting 78+ weeks | February-23



Elective Recovery | Outpatients and Elective Inpatients

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

Annual Plan Activity	Total Outpatient Attendances	Total OP Attendances First	Total OP Attendances Follow-Up	Elective IP Day Case	Elective IP Ordinary	Elective IP	Theatre Utilisation	Cases per list	Lost Utilisation (early starts / late finishes)	On the day cancellations
Target achieved?	N/A	✗ (-362)	✓ (-966)	✓ (+611)	✗ (-104)					

Outpatients - what does the data tell us? (second SUS submission)

- The OP data on slide 21 compares our second SUS submission for Apr-23 outpatient attendances to Apr-19 and our 23/24 annual plan activity targets. As noted in the top row of this table we did not achieve our submitted plan for OPA News but did delivery fewer follows-ups in-line with NHSE ambitions.
- In the RTT Clock Ticking outpatient cohort, there are 35,303 patients waiting for their first appointment. 31% of the total cohort waiting for a first appointment have been dated. Of those not dated patients 2,381 have been waiting over 52 weeks (2,180 last month) noting 5 are waiting 78+ weeks and 317 between 65 and 78 weeks.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are ENT, General Surgery, Urology, Gynaecology and Oral Surgery.

Planned Admissions of Elective Inpatients - what does the data tell us?

- In Apr-23, the combined total number of day cases and EL IP was above plan. This was drive by day case (+611) which in turn was unduly influenced by a delay in transferring IVT from day case to OP+. EL IP (--104) was below the annual plan target.
- Theatre utilisation continues to showing positive improvement.
- The cases per list continues to show deteriorating performance and will require improvement in order to bridge the gap to annual plan activity targets in 23/24.
- Lost utilisation due to late start / early finish remains at normal variation. 356 hours were lost in Apr-23 and is made up of 147 hours that are due to late starts and 209 hours that were early finishes. An average of 1 hour 13 minutes were lost per 4 hour session, noting this is apportioning out the total time lost across all 291 sessions delivered in Apr-23, even if a session itself was fully utilised.
- On the day cancellations are still showing normal variation.
- 71% of eligible patients were rebooked within 28 days for their cancelled operation in Apr-23.

What have we been doing?

- Outpatients Transformation has been re-engaged with a dedicated Programme Manager.
- As noted in the RTT section, a combination of WLI and insourcing capacity has been secured to bring forward first outpatient appointments for our longest waiters.
- Theatre management remains a focus – overall there has been an improvement but remains in the balance with the additional work required to specifically target long waiter patients.

What are we doing next?

- Outpatients Transformation will be one of the upcoming 4ward system improvement areas of focus. The initial rapid process improvement workshop is likely to focus on referrals received to bookings made to understand how our processes can be improved for the benefit of staff and patients.

Current Assurance Level: 4 (May-23)	**When expected to move to next level of assurance: :** This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and in-line with annual planning expectations from NSHE for 2022/23.
Previous Assurance Level: 4 (Apr-23)	**SRO: Chief Operating Officer**

Elective Recovery – Outpatient and Elective Activity | Month 1 [April] 2023-24

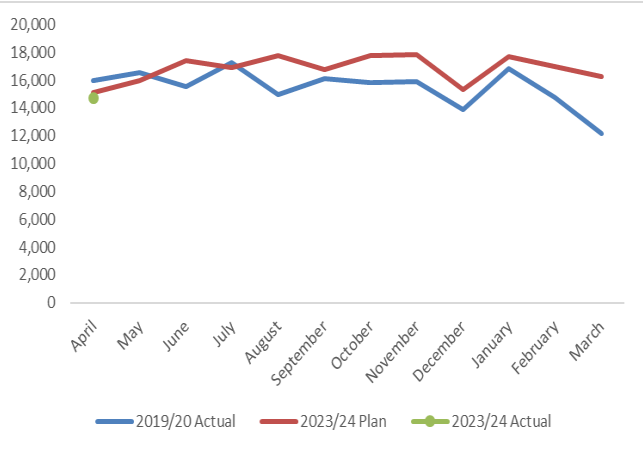
Responsible Director: Chief Operating Officer | Unvalidated for April 2023 (Second SUS Submission)

NHS Worcestershire Acute Hospitals NHS Trust

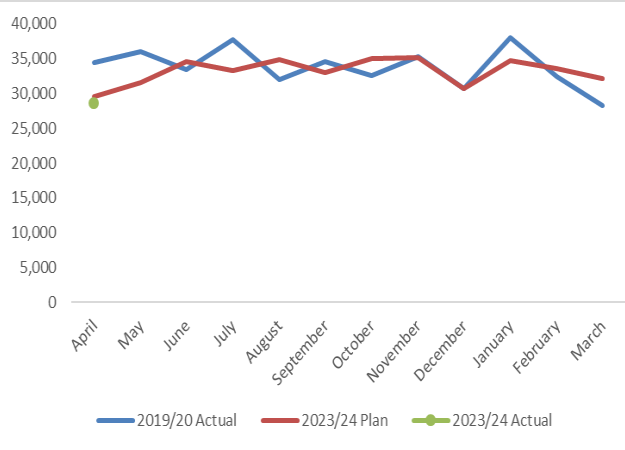
Elective Activity comparing Apr-19 to submitted Annual Plan 23/24 and Apr-23

Activity		Apr-19	Submitted Plan	Apr-23
Outpatient (reclassified)	New	15,945	15,090	14,728
	Follow-up NHS	34,476	29,571	28,605
	Total	**50,421**	**44,661**	**43,333**
Elective	Day Case	6,190	5,920	6,531
	Inpatient	627	536	432
	Total	**6,817**	**6,457**	**6,963**

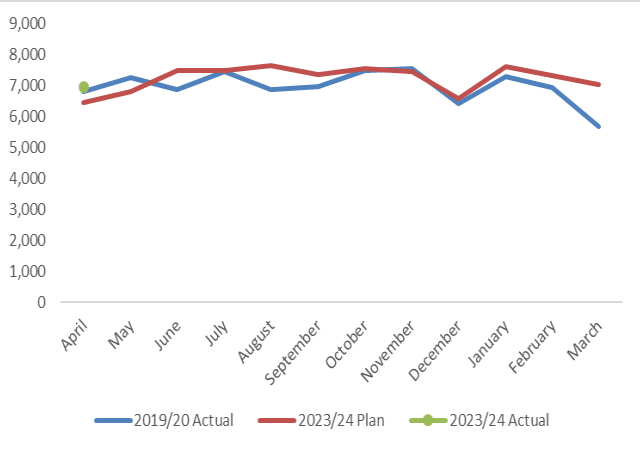
Outpatient New Activity Trend



Outpatient Follow-up Activity Trend



Day Case and Inpatient Activity Trend



Elective Recovery - Theatre Utilisation | Month 1 [April] 2023-24

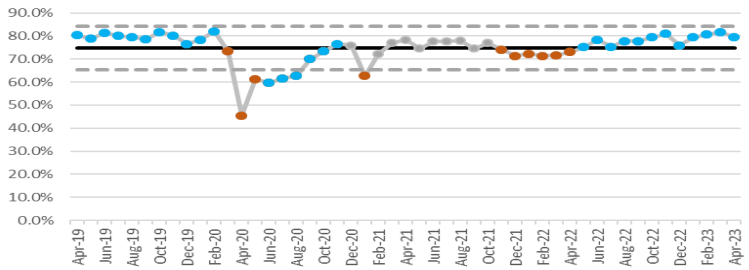
Responsible Director: Chief Operating Officer | Validated for Apr-23 as at 15th May 2023

Worcestershire Acute Hospitals NHS Trust

Actual Theatre session utilisation (%)

80%

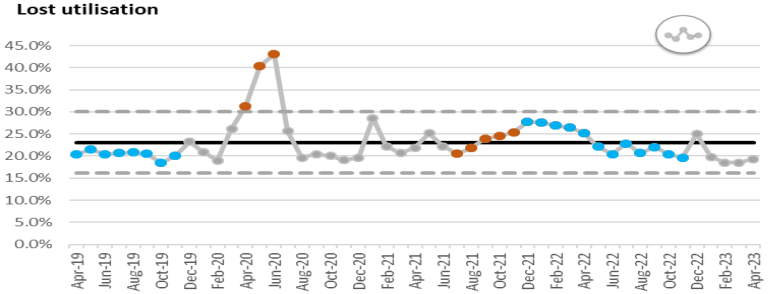
Theatre Utilisation



Lost utilisation to late starts and early finishes

19%

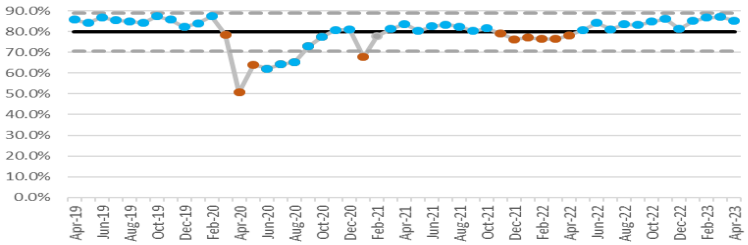
Lost utilisation



Actual Theatre session utilisation incl. allowed downtime (%)

85%

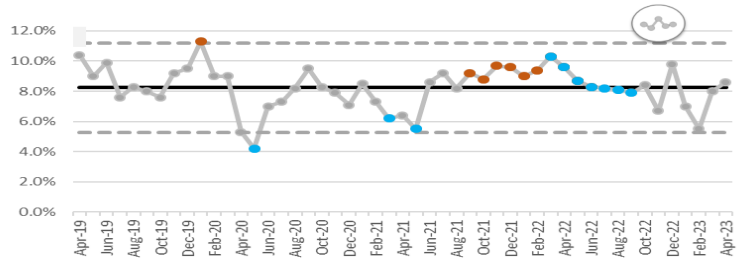
Theatre Utilisation (incl. downtime)



On the day cancellation as a percentage of scheduled procedures (%)

9%

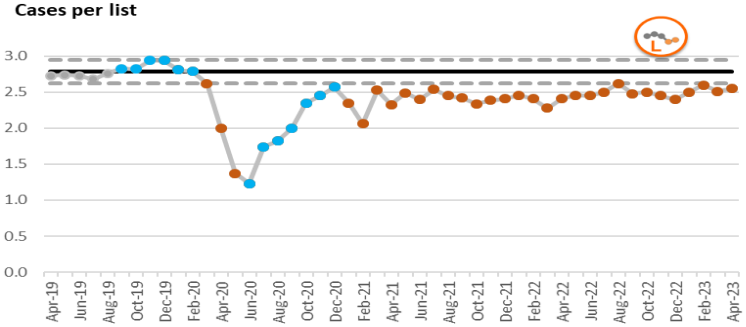
On the day cancellations



Completed procedures per 4 hour session

2.6

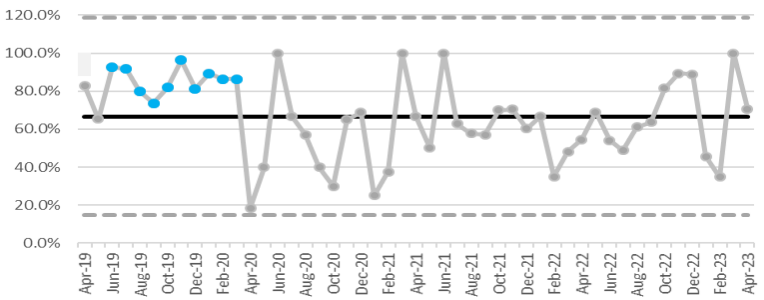
Cases per list



% patients rebooked with 28 days of cancellation

71%

% rebooked within 28 days



All graphs include April-23 data

Elective Recovery: DM01 Diagnostics | Waiting List and Activity

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

NHS Worcestershire Acute Hospitals NHS Trust

Annual Plan Activity	MRI	CT	Non-obstetric ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Echocardiography	DM01	% patients waiting 6+ weeks
Target achieved?	✗ (-303)	✗ (-21)	✗ (-122)	✗ (-132)	✗ (-2)	✗ (-17)	✓ (+150)		

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 84% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement.
- The diagnostic waiting list increased by 603 patients (7% increase) and the total number of patients waiting 6+ weeks has increased by 103 patients to 1,442 (7% increase). There are 462 patients waiting over 13 weeks (572 in Mar-23). 123 of those patients are waiting for a cystoscopy.
- Radiology has the largest number of patients waiting, at 4,159 and the number of patients 6+ weeks has increased from 379 to 613 at the end of Apr-23 (78% of Imaging breaches are waiting for NOUS).
- The total number of patients waiting for an endoscopy increase by 39 and the number of patients waiting over 6+ weeks reduced (-68). 51% of all patients waiting over 6 weeks for an endoscopy are cystoscopy patients.
- Physiological science modalities saw a increase in their total PTL (+866) but there was a 63 patient decrease in breaching patients.

Activity

- 16,793 DM01 diagnostic tests were undertaken in Apr-23.
- 24% (4,076 tests) of our total DM01 activity was classified as unscheduled / emergency. 66% were waiting list tests and 9% were planned tests.
- Only echocardiography achieved their plan for Apr-23 but as noted above CT, Flexi Sigmoidoscopy and Gastroscopy were very close to the plan derived from capacity.
- Overall we delivered 97% of this months diagnostics plan and this was 1,134 more tests than Apr-19.

RADIOLOGY

What have we been doing?

- Commenced interventions CT Insourcing & MRI mobile
- Monitored the intervention of moving CT Colon capacity across county, moved out standard CT OP bookings to WLI to book colons in working hours and increase this capacity- in support of 28 Day diagnosis
- Reviewing potential 13 week breaches to accommodate
- Increased arthrogram slots to reduce potential breaches
- Undertook Cardiac MRI WLI lists, to reduce waiting list
- Continued discussions for Paed GA list in conjunction with W&C Division - to reduce waiting times (risk of 78+ breaches for these)
- WLI for MRI Paed GA
- Provide cancer RAP and monitoring performance
- Formulated Radiographer CT training plans

What are we going to do next?

- Continue to plan Paed MRI GA options and implement regular session
- Review CT Colon capacity
- Continue to undertake US WLI to reduce 6 week waiting and ensure no 13 week breaches
- Follow up with Cancer Alliance team offer of patient tracker- this will support monitoring patients report for MDT etc.
- Request procotgram support though ICS
- Discuss with BMI support with Proctograms,
- X-ray equipment at POWCH being replaced, capacity being maintained via WLIs
- Reviewing Lung pathway with respiratory team to work towards BPP
- Implementing software on MRI scanner at Alex which should assist in reducing exam time and increase capacity
- Holding an away day 12th June with modality leads to look at strategy and annual planning, promoting responsibility to deliver against plans and be involved in future service planning
- Work with W&C to support reduction of 78+ week breaches- identify resources/funding to achieve this
- Submit NIDC annual data submission

Issues

- BMI have reduced US exams they will accept, they will only accept 10 MSK and 5 Thyroid exams per week and have no capacity until June. These exams are not where we have the pressures, so does not help manage referrals.
- MRI prostate exams increased form 4-7 days due to bank holiday and no scope to increase capacity- will affect 28 day pathway
- Reporting Radiographer, who provides large volumes of chest x-ray reports leaving April. Will leave significant gap on reporting time for these exams and working towards improving Lung pathway.
- Concern over volume of CT colon requests

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Continued to use Envoy text messaging to target specific patient groups (13+ week) as well as signposting patients to the Trust links for advice on Low fibre diet and instructions for taking bowel preparation
- Best practice pathway position remains consistent
- Continuing to work on the implementation of Solus roll out date confirmed 10th July.
- Planning for the colonoscopy skills course at KTC 10/11th May
- Internally sought expressions of interest for Spoke Academy lead
- Planning immersive training in colonoscopy for Clinical endoscopist during June.
- Trainee Clinical endoscopist has passed his HEE exam and clinical assessment in flexible sigmoidoscopy now able to scope independently. Endoscopy sessions have been set up for this individual.

What are we going to do next?

- Commence TNE service at ECH with Clinical endoscopist.
- Clinical endoscopist will lead the FIT negative flexible sigmoidoscopy pathway that commenced 2 May 2023
- Focus on dating GI patients > 13 weeks
- Urology waiting list > 13 weeks continues to increase and requires engagement with Surgical Directorate to agree actions
- Commence recruitment process for 2 further trainee clinical endoscopists to start training in August
- Commence recruitment process to recruit 2 Specialist Doctors Implement text messaging to 13+ week waiters once access rights have been increased
- Agree 6 month contract with Genmed Insourcing company to undertake 2 all day sessions at MCH and 1 all day session at KTC
- Undertaking internal moves to repatriate clinicians to the sites that they were working pre-Covid

Issues

- Increasing number of urology patients >13 weeks
- Lack of engagement from Surgical Directorate to agree a plan to reduce 13+ week patients.
- Patient declines / short notice cancellations continues
- Continue to lose our booking co-ordinators to other posts within organisation

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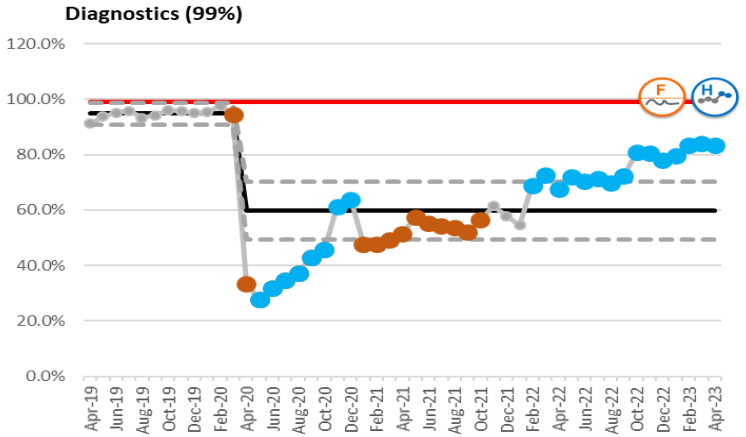
Elective Recovery: DM01 Diagnostics | Waiting List and Activity

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

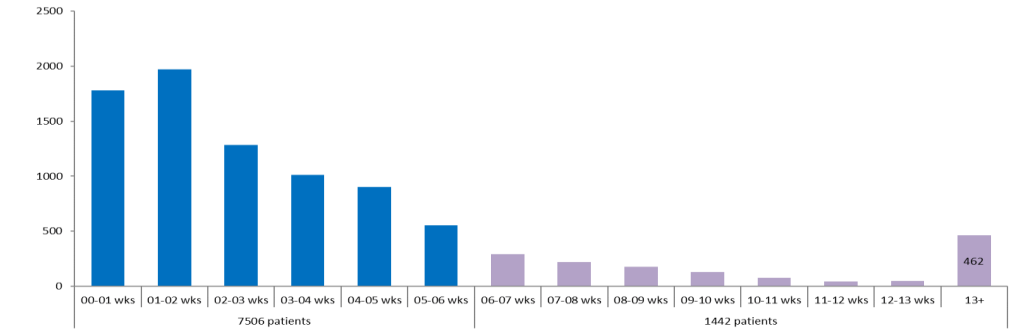
NHS Worcestershire Acute Hospitals NHS Trust

DM01 Diagnostics % patients within 6 weeks

84%



Diagnostics (DM01) Waiting List Profile split by 0-6 and 6+ weeks



CARDIOLOGY – ECHO

What have we been doing?

- WLIs to reduce the backlog
- Currently running at 10 weeks for standard Echo and increased waiting time for complex echo due to consultant availability

What are we going to do next?

- Monitor numbers and add WLIs if required
- Work on reducing >13wk waiters

Issues

- Limited equipment which affects our capacity to manage increasing demands.

RESPIRATORY (Sleep studies)

Issues

- Number of patients that can be diagnosed is limited by available equipment
- Numbers are being increased from 14/11 to 10 patients per day
- Not able to increase capacity further due to staffing and equipment issues
- Only able to offer Monday – Friday service

Current Assurance Level: 5 (May-23)

When expected to move to next level of assurance: This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

Previous assurance level: 5 (Apr-23)

SRO: Chief Operating Officer

Elective Recovery DM01 Diagnostics | Month 1 [April] 2023-24

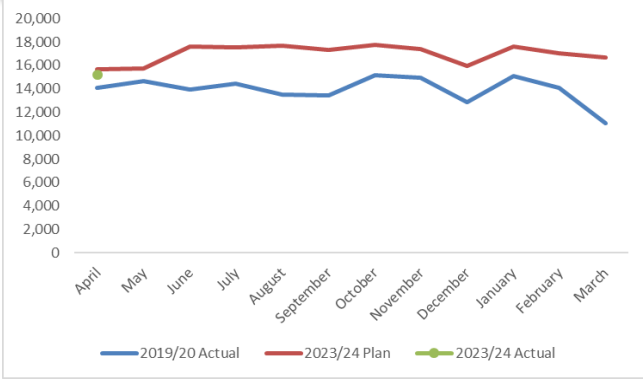
Responsible Director: Chief Operating Officer | Validated for Apr-23 as at 17th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

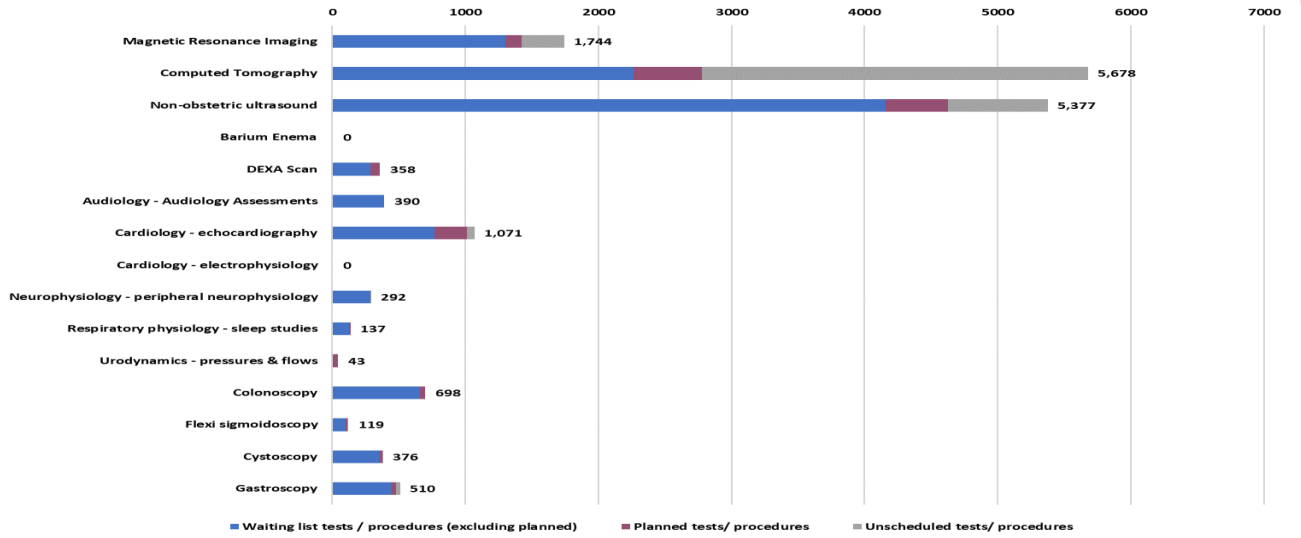
Diagnostic Activity | Annual Plan Monitoring

Annual Plan Activity Modalities		Apr-19	Submitted Plan	Apr-23
Imaging	MRI	1,742	2,047	1,744
	CT	4,442	5,699	5,678
	Non-obstetric ultrasound	5,207	5,499	5,377
Endoscopy	Colonoscopy	619	830	698
	Flexi Sigmoidoscopy	384	121	119
	Gastroscopy	685	527	510
Echocardiography		984	921	1,071
Diagnostics Total		**14,063**	**15,644**	**15,197**

Annual Plan Diagnostics Activity Trend



Total DM01 Activity split by modality and type



MRI, CT, NOUS, Colonoscopy and Echocardiography exceeded Apr-19 activity which remains the benchmark of delivery.

Only echocardiography achieved their submitted plan although CT, Flexi Sigmoidoscopy and Gastroscopy were very close to achieving the levels agreed in the plan (as this was based on capacity).

71% of all unscheduled activity in Apr-23 were CT tests. 24% (4,076) of all tests undertaken in the month were unscheduled.

Operational Performance: Diagnostics (DM01) Benchmarking

STRATEGIC OBJECTIVE TWO: BEST EXPERIENCE OF CARE AND BEST OUTCOMES FOR OUR PATIENTS | BEC1: elective recovery and reset

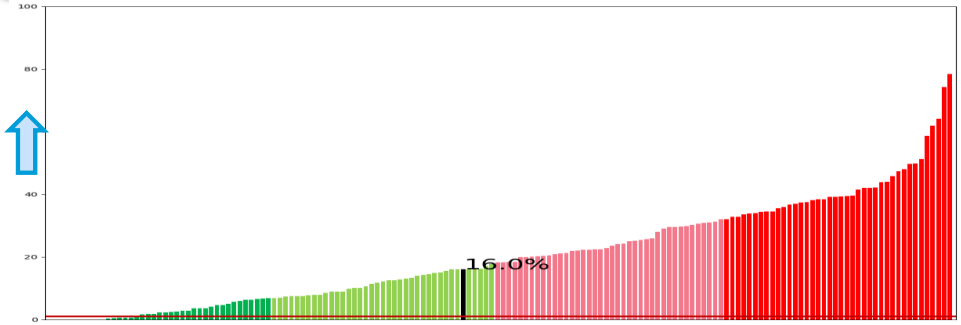
NHS Worcestershire Acute Hospitals NHS Trust

National Benchmarking (March 2023)

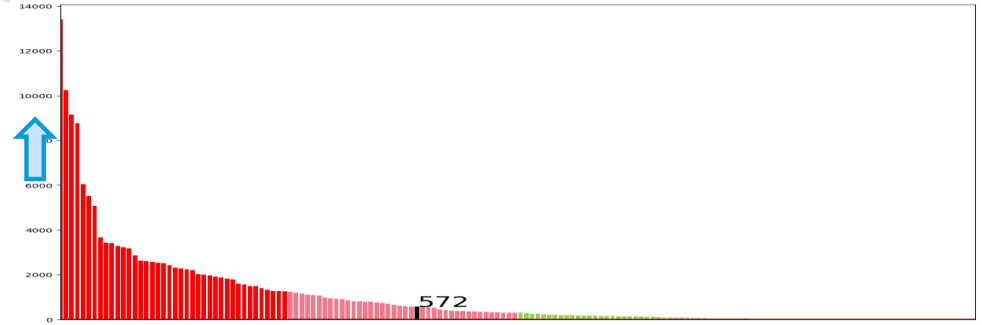
6 West Midlands Trusts, including WHAT, saw an improvement in performance between Feb-23 and Mar-23. This Trust was ranked 4 out of 13; we were ranked 5 the previous month. The peer group performance ranged from 6.7% to 48.0% with a peer group average of 31.3%; declining from 36.8% the previous month. The England average for Mar-23 was 25.0%; a 0.1% decrease from 25.1% in Feb-23.

- Nationally, there were 407,167 patients recorded as waiting 6+ weeks for their diagnostic test; 1,339 (0.33%) of these patients were from WAHT.
- Nationally, there were 166,693 patients recorded as waiting 13+ weeks for their diagnostic test; 572 (0.34%) of these patients were from WAHT.

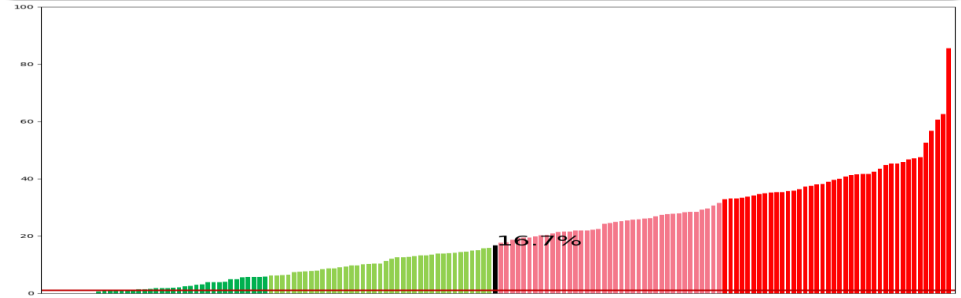
DM01 Diagnostics - % of patients waiting more than 6 weeks | March-23



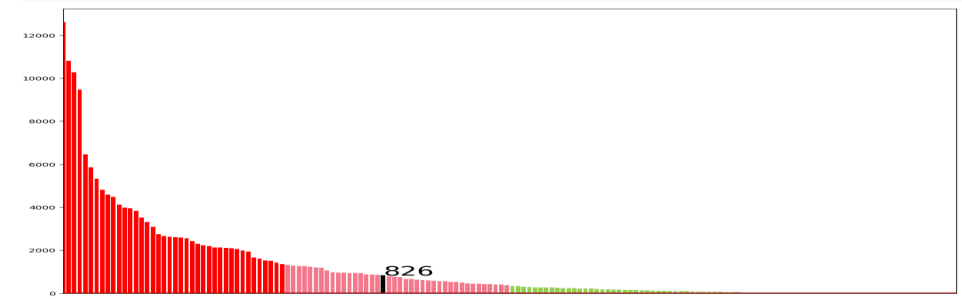
DM01 Diagnostics - number of patients waiting more than 13 weeks | March-23



DM01 Diagnostics - % of patients waiting more than 6 weeks | February-23



DM01 Diagnostics - number of patients waiting more than 13 weeks | February-23



Down arrows represents improvement from previous month i.e. fewer patients waiting > 6 weeks and fewer waiting >13 weeks

Quality & Safety

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices

C-Diff (Target 78)		E-Coli (Target 69)		MSSA (Target 17)		MRSA (Target 0)		Klebsiella species (Target 21)		Pseudomonas aeruginosa (Target 12)	
2022-23 actual vs target	April 2023	2022-23 actual vs target	April 2023	2022-23 actual vs target	April 2023	2022-23 actual vs target	April 2023	2022-23 actual vs target	April 2023	2022-23 actual vs target	April 2023
107 / 79	8	40 / 81	6	19/10	1	0/0	0	17/35	1	7/23	0

What does the data tell us?
2022-23 Review

- The Trust achieved its targets for E-Coli, MSSA, MRSA, Klebsielle and Pseudomonas Aeruginosa
- The Trust did not achieve the target for C.Diff.

April-23

- Converting annual targets to monthly targets have yet to be provided.
- COVID outbreaks are under control and the volumes of infected patients has decreased significantly in recent weeks

Hand Hygiene

- Hand Hygiene Audit Participation fell in Apr-23 to 84.7%, and is showing special cause variation of concern, and will consistently fail to reach the target without additional actions.
- Hand Hygiene Audit Compliance was above 99% for the 12th consecutive month and continues to show special cause improving variation.

Outbreaks

- Two new COVID outbreaks were declared in April.
- There are currently 10 ongoing active COVID Outbreaks, and 5 in the monitoring phase (19/05/2023).
- There is currently one D&V Outbreak (declared 17/05/2023)

HII

- All but one of the high impact intervention audits in Apr-23 achieved a compliance of over 95%.
- The 'Prevent Infection in Chronic Wounds' audit was just below the target at 94%.

What are we doing to make improvements?

- Cdiff action plan remains in place and is actively monitored and updated.
- Infection Prevention have delivered online sessions for the Matrons around roles and responsibilities.
- Scrutiny and Learning with system partners continues and there is DATIX reports produced for antibiotic prescribing
- Divisions continue to work on improve hand hygiene completion

Current Assurance level – Level 4 (May-23)
Reason: this is based on the complexity of the current levels of multiple infections that we are experiencing and the capacity pressures. We have actions in place but at times it can be difficult to enact them due to the capacity issues.

When expected to move to next level of assurance:

- June 2023 – A review of the action plans and evaluation on the effectiveness of plans implemented is needed in April 2023, with additional plans being enacted by June 2023

Previous assurance level - Level 4 COVID-19 / Level 4 for non-Covid (Mar-23)

SRO: Jackie Edwards (Interim CNO)

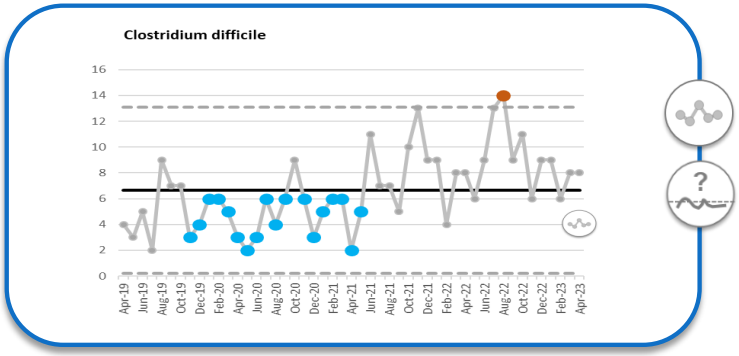
Month 1 [April] | 2023-24 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as at 12th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

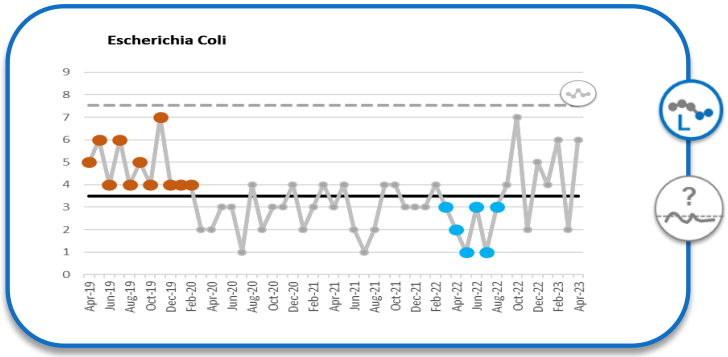
C-Diff

8



E-Coli

6



MSSA

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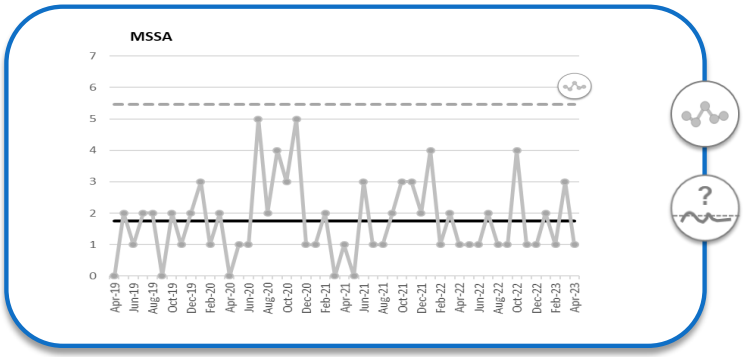
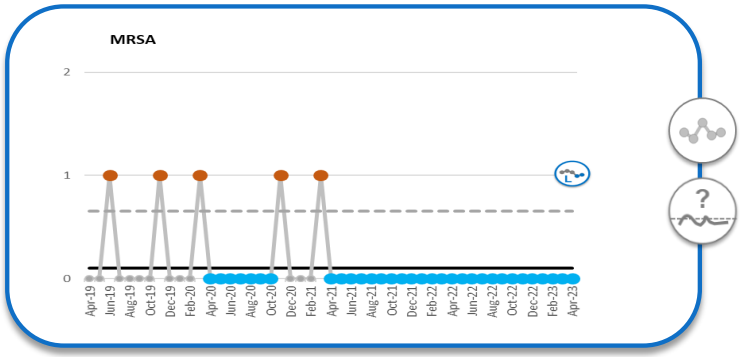


MRSA

0



Lockdown Period

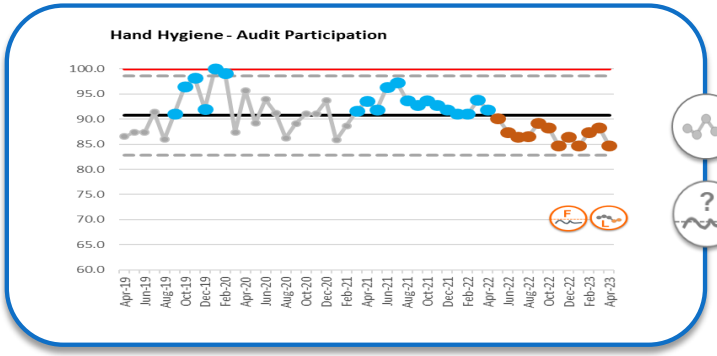
COVID Wave

Month 1 [April] | 2023-24 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as at 12th May 2023

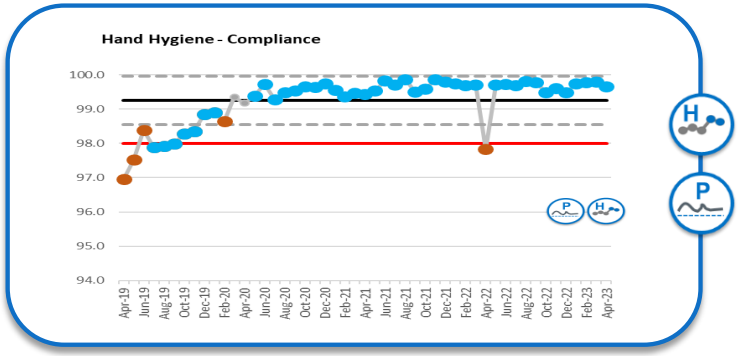
Hand Hygiene Audit Participation (%)

84.7



Hand Hygiene Compliance (%)

99.7



Please note that % axis does not start at zero.

2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Apr-23	Mar-23	Apr-23	Mar-23	Apr-23
	93.2%	93.2%	92.3%	95.3%

What does the data tell us?

- A total of 223 audits were submitted in Apr-23, compared to 288 in Mar-23.
- Antimicrobial Stewardship increased slightly in Apr-23 to 91.3% and achieved the target of 90%.
- Patients on Antibiotics in line with guidance or based on specialist advice was unchanged in Apr-23 and again achieved the target.
- Patients on Antibiotics reviewed within 72 hours increased in Apr-23 and again achieved the target.
- Of the 8 elements of the audit, 3 failed to reach the target this month
  - Drug Allergy Status Recorded: 80.7% (up from 76.8% in Mar-23)
  - Appropriate Tests Requested: 87.2% (down from 88.6% in Mar-23)
  - Duration of Antimicrobial: 80.0% (down from 85.5 % in Mar-23)

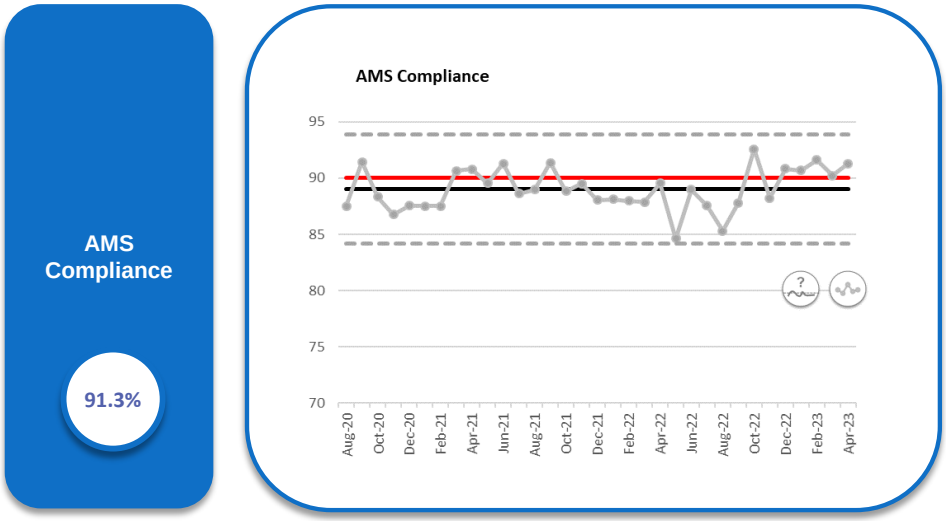
What will we be doing?
What will we be doing?

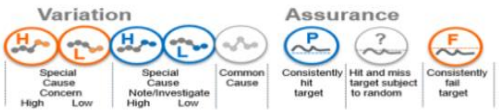
- Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors
- Identifying actions to drive improvement in quality (KPIs) of these SSTF audits
- Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results
- Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories.
- Focusing on learning from C diff case reviews where antibiotics may be implicated & developing actions pertaining to AMS to address the recommendations in Prof Wilcox report
- Reviewing the Trustwide quarterly incident report for themes and trends relating to antimicrobial medicines

Assurance level – level 6 (May-23) Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits	**When expected to move to next level of assurance –** **This will be next reviewed in May 23, when quarter 4 performance can be assessed.**
Assurance level – Level 6 (Apr-23)	**SRO:** Jackie Edwards (CNO)

Month 1 [April] | 2023-24 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as at 15th May 2023





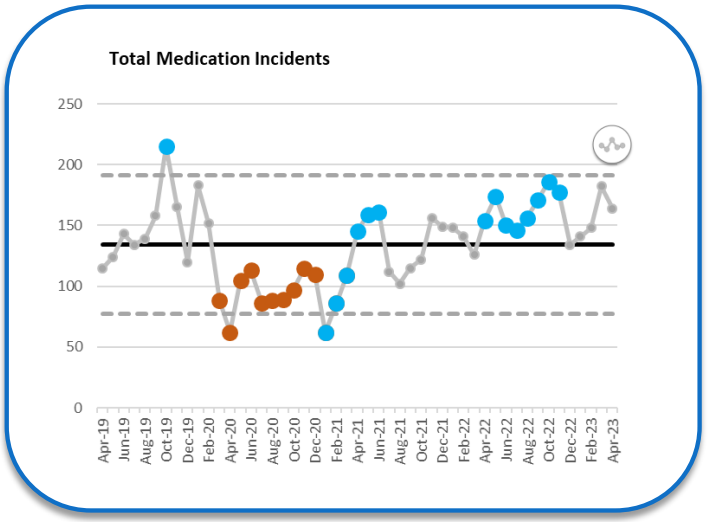
Month 1 [April] | 2023-24 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as at 15th May 2023

Worcestershire Acute Hospitals NHS Trust

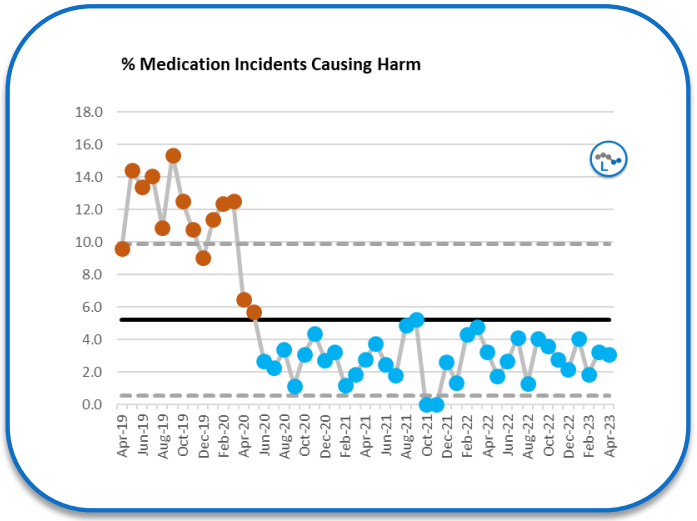
Total Medicine incidents reported

164



Medicine incidents causing harm (%)

3.1%



Lockdown Period
COVID Wave

2.2 Care that is Effective – Improve Delivery in Respect of the SEPIS Six Bundle

Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			77.3%	97.7%	81.8%	81.8%	81.8%

What does the data tell us?

- Our performance against the sepsis bundle being given within 1 hour has dropped in Mar-23 to 61.4%, and remains non compliant with the 90% target.
- This metric shows special cause improving variation for the last 12 months, but continues to consistently fail the target.

- The Sepsis screening compliance dropped in Mar-23 to 82.5% and failed to reach the target.
- The target is within the common cause variation but performance continues to fluctuate.

- Antibiotics provided within 1 hour increased in Mar-23 to 88.6% but just failed to achieve the target of 90%.
- This metric has show special cause variation of concern for the last 8 months.

- One of the remaining five elements of the Sepsis Six bundle achieved the target of 90%.

- The Trust's 12 Month Rolling Crude Death rate up to Feb-23 for Septicemia (except in labour) is 26.12% (In Hospital 15.59% & Out of Hospital 10.53%), which is the 9th lowest in the Midlands (out of 22).[1]

- The Trust's ALOS (Mar-22 to Feb-23) is 10.47 days, which is the 7th lowest in the Midlands (out of 22).[1]

[1] *Source: HED, latest available date as accessed 22/05/2023.*

Actions:

- Continued monitoring of Sepsis six compliance & implementation

- Focus on actions following completion of the bundle remains a priority (such as prescribing of antibiotics)

- Medical examiner office reviews all deaths across Worcestershire – this allows for learning from any deaths related to sepsis (implemented April 2023)

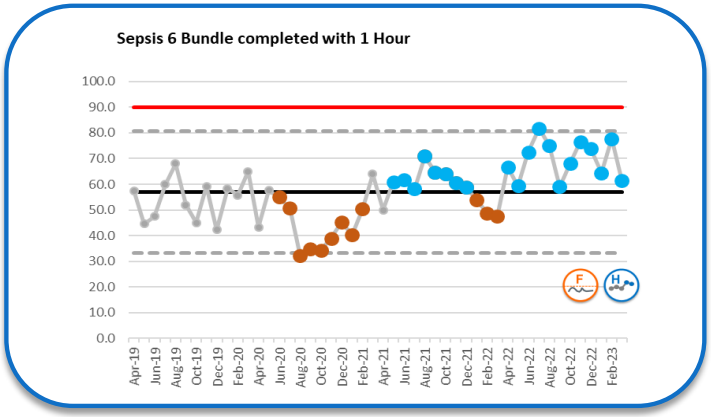
Current Assurance level – 5 (May-23)	**When expected to move to next level of assurance:**
Previous assurance level – 5 (Apr-23)	SRO: Christine Blanshard (CMO)

Month 12 [March] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Mar-23 as at 15th May 2023

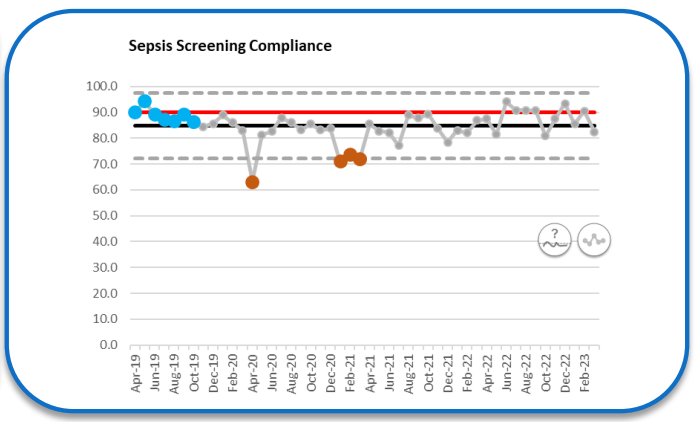
Sepsis 6 Bundle within 1 Hour Compliance (audit)

61.4%



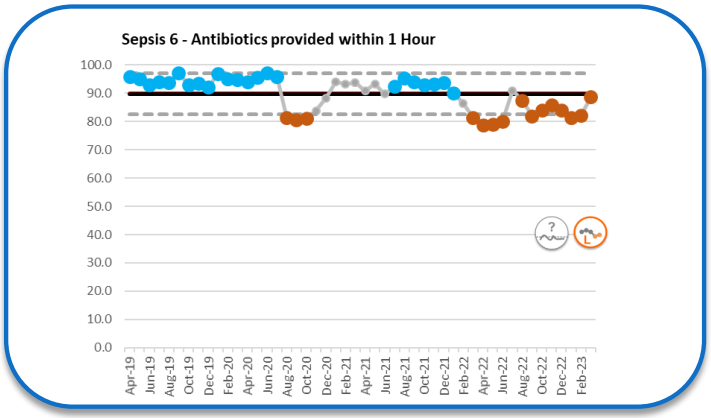
Sepsis Screening Compliance (audit)

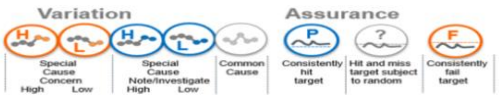
82.5%



Sepsis Screening Antibiotics Compliance (audit)

88.6%





2.2 Care that is Effective – Fractured Neck of Femur (#NOF)

#NOF – Time to Theatre <= 36 Hours

What does the data tell us?

- #NOF compliance was unchanged at 62% in Apr-23, but did not reach the target.
- The #NOF target of 85% has not been achieved since Mar-20.
- There were 69 #NOF admissions in Apr-23.
- There were a total of 26 breaches in Apr-23.
- The primary reasons for delays were;
  - ➢ 50.0% (13 patients) due to theatre capacity
  - ➢ 19.2% (5 patients) due to bed issues
  - ➢ 15.4% (4 patients) due to patients being medically unfit
- The average time to theatre in Apr-23 was 34.6 hours.
- The Trust's 12 Month Rolling Crude Death rate up to Feb-23 for #NOF is 11.55% (In Hospital 4.52% & Out of Hospital 7.04%), which is the 8th highest in the Midlands (out of 22).[1]
- The Trust's ALOS (Mar-22 to Feb-23) is 9.43 days, which is the lowest in the Midlands.[1]

[1] *Source: HED, latest available date as accessed 22/05/2023..*

What will we be doing?

- **Regular Review of Action Plan and Updating**
  - ➢ Trauma improvement meeting
  - ➢ Weekly meeting
- **Hip Fracture Harm Reviews**
  - ➢ All patients who breach 36 hour mark.
  - ➢ Learning fed back to teams / individuals.

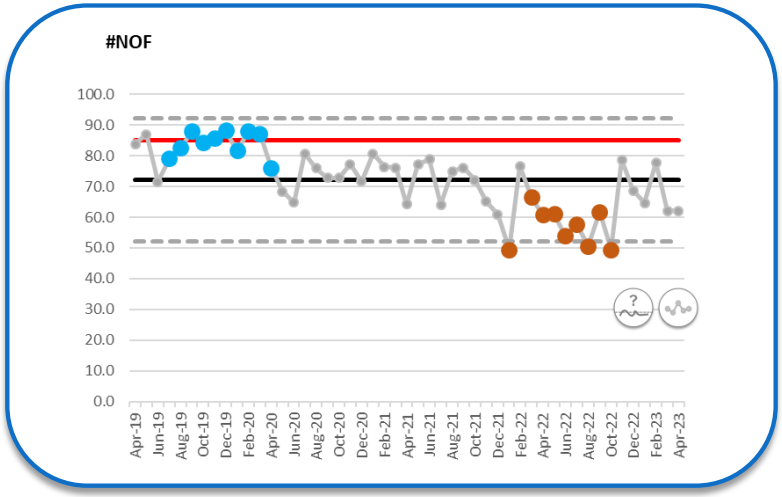
Current assurance level: 4 –agreed at QGC in April	
Previous assurance level: 5 (Mar-23)	SRO: Christine Blanshard (CMO)

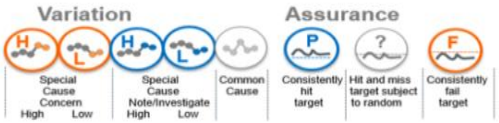
Month 1 [April] | 2023-24 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as 15th May 2023

#NOF time to theatre </=36 hours

62%





Lockdown Period

COVID Wave

Stroke

STRATEGIC OBJECTIVE ONE: BEST SERVICES FOR LOCAL PEOPLE | BS1 Work with partners to deliver high quality seamless care

Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q4 22-23 Jan-23 to Mar-23 (provisional)			
	E		E		A		N/A	Score	72	Grade	B

What does the data tell us?

The Trust's own calculation of 22/23 Q4 SSNAP suggests we should get a score of 72 (grade B).

	2022/23 Q4	
Domain	Score	Grade
1) Scanning	93	B
2) Stroke unit	32	E
3) Thrombolysis	65	C
4) Specialist Assessments	93	A
5) Occupational therapy	63	D
6) Physiotherapy	72	C
7) Speech and Language therapy	74	B
8) MDT working	85	B
9) Standards by discharge	97	A
10) Discharge processes	96	A

Combined Total Key Indicator score	72	B
Case ascertainment band	90%	
Audit compliance band	A	

SSNAP score	72.0	B

Only time spent on the stroke unit is showing special cause concern. Direct Admission is now showing normal variation following an increase to the mean value.

What are we doing to improve?

Patients Admitted Within 4 Hours / 90% Stay on Stroke Ward / Specialty Review Within 30 Minutes

- A band 6 nurse is doing a project, working with the Stroke CNS team to facilitate earlier movement between ASU and ED once a patient has been identified to be admitted to the Stroke unit. This project will look at communication within the team and the process of transfer to create earlier capacity to further improve moving patients in a timely fashion to the Stroke unit.
- Most recently the Clinical lead for stroke and the lead practitioner for stroke have been attending AGH to review possible patients with a diagnosis of Stroke. This has been used as an opportunity to teach/educate on the stroke pathway, identify appropriate patients to transfer to WRH and to make robust plans in terms of ongoing treatment.
- During the most recent industrial action, the consultant nurse has been attending AGH to support their ED in terms of decision making for possible Stroke patients.
- There is currently a post advertised as a Stroke coordinator to work across the pathway between the health and Care trust and Acute to improve the patient journey and patient flow.
- The 20 bedded stroke unit remains ring-fenced for stroke and neurology patients. To facilitate flow, two boarding spaces have been created on the ward. One of these spaces remain free to ensure that there is a bed available at all times to thrombolise a patient if required.
- In order to promote flow throughout the stroke pathway, the on-call Stroke team continues to assess patients alongside the therapy teams, if appropriate, to prioritise discharging patients directly home from ED/AMU. Ongoing investigations are then requested on an out-patient basis. This ensures that ASU beds are only used for those patients who are not medically fit for discharge.
- After a recent ISDN meeting it was agreed that, if possible, patients that are re-admitted from ECH to the Acute trust should be transferred to the ASU if Stroke remains their main issue to manage flow and ongoing stroke input to improve long-term outcomes.
- Ongoing Countywide therapy meetings which include the Health and Care Trust are ongoing – these include therapists in the county meeting regularly with the Acute Trust consultant. This encourages communication throughout the stroke pathway to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues with regards to flow and allows our community partners to support patient flow.
- When accepting referrals from AGH, patient demographics are continued to be checked prior to accepting patients to ensure that ASU do not accept out of area patients, thereby impacting on flow through the unit. This has shown to improve transferring only appropriate patients to Worcester Royal Hospital.
- Patients are assessed in Ambulances during extreme hospital pressures. The consultant team will complete the initial assessment and if confirmed Stroke then patients will bypass the Emergency Department and be transferred directly to ASU.

Thrombolysis:

- The positive impact of ongoing face-to-face stroke simulation training alongside in-house consultant cover for advice and guidance after 5pm is ongoing and this impacts on the good working relationship with the on-call medical registrars.

Current Assurance Level: 5 (May-23)	**When expected to move to next level of assurance:** Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable **sustained** improvements in the SSNAP score / grade.
Previous Assurance Level: 5 (Apr-23)	**SRO:** Christine Blanshard (CMO)

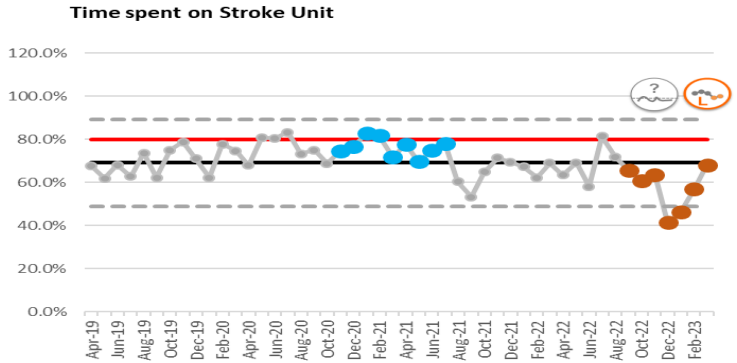
Stroke | Month 12 [March] | 2022-23

Responsible Director: Chief Operating Officer | Validated for Mar-23 as at 23rd May 2023

NHS Worcestershire Acute Hospitals NHS Trust

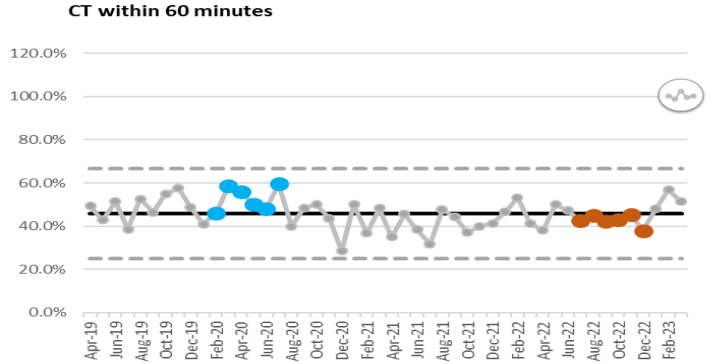
Stroke: % patients spending 90% of time on stroke unit

68.1%



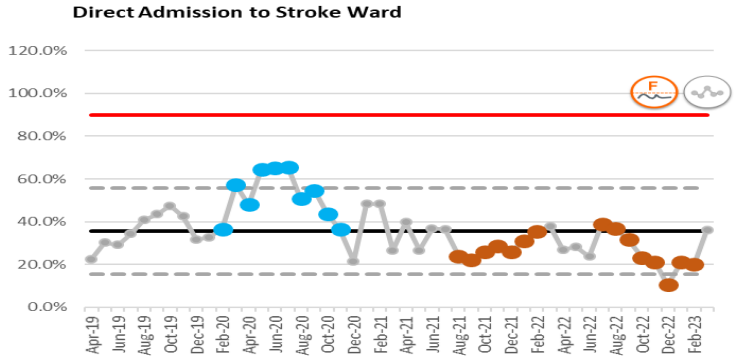
Stroke : % CT scan within 60 minutes

51.4%



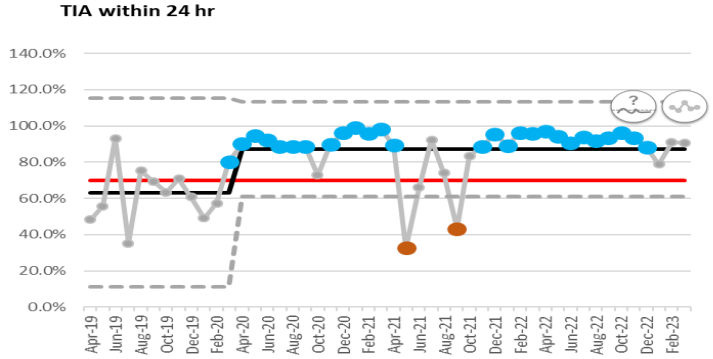
Stroke : % Direct Admission to Stroke ward

36.1%



Stroke: % seen in TIA clinic within 24 hours

90.1%



All graphs include Mar-23 data

2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended

What does the data tell us?

- The continuous improvement in both **Inpatient & Outpatient** recommended rate requires a re-base on the SPC charts for 2023/24, which will be available from June's IPR.
- The recommended rates for both **Inpatient & Outpatient** have achieved target and the response rates were again above target.

- There is no data available for W&C for April. This is likely due to the Division shifting to using Badgernet only.
- Currently the Badgernet FFT module does not meet the national FFT specification, and a call has been logged with the supplier.

- The recommended rate for A&E was unchanged in Apr-23 at 88.4% and again failed to achieve the target. The performance remains within special cause variation of improvement but the target is outside of the upper control limit, indicating that some intervention is required to achieve compliance. The response rate was very slightly up in Apr-23 (21.46%) and was again above trust target.

What are we doing to make improvements?

- Text messaging launched to direct people to FFT online has not resulted in improvement. A new trial is in development combining Antenatal, birth and postnatal wards with promotion via a new discharge video.
- A new monthly Benchmarking report (commencing in May 2023) will support further understanding of the Trust position alongside the West Midlands Peer Group (12 Trusts) - this builds on initial intelligence gained from a 4 month A and E report running from October 2022-January 2023, which demonstrated that Worcestershire Acute Hospitals trust was the only trust with a recommended rate of 90%+. The Trust came highest each month.
- The new monthly report will analyse 4 datasets (A and E, IP, OP and Maternity). Data is being taken directly from NHS England dashboard - NHS England » Friends and Family Test data. It is to be noted that FFT does not provide results that can be used to directly compare providers because of the flexibility of the data collection methods and the variation in local populations. Other robust mechanisms can be used for this such as national patient surveys and outcome measures. It can however support with continued improvement by sharing key data with Divisions for example as well as an understanding of wider context.
- The FFT campaign to continue to support improvements was launched in Patient Experience Week in April 2023. As part of this approach which was led by the Patient Experience and Engagement team, with the support of volunteers, cards were made available to all Divisions and communications banners highlighted that our trust welcomes feedback. Patient representatives an volunteers supported with the card launch and with taking completed cards to wards and departments. This was embedded by a Communications approach (Trust-wide). Boxes will be delivered to departments in May to support the drive to maximise on the different ways that patients and carers can feed back about experiences.
- The FFT Optimisation Project (pilot) involving Outpatients and UEC has been further delayed due to capacity in the IT department and will not be ready to launch as expected in June 2023. The project plan is under review and a task and finish meeting in place for May 2023. This project will support greater actionable insights and understanding from what our patients, carers, their family and friends are telling us.
- Children's: response rate improvement actions are in development (Q1).
- Divisions continue to report FFT data and actions into the quarterly Patient, Carer and Public Engagement steering group to support understanding of themes.

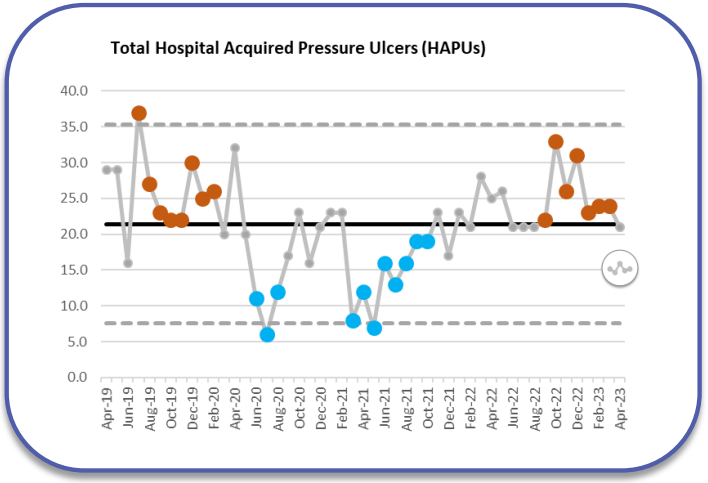
Assurance level – 5 (May-23) **Reason: sustained improvement seen across areas however response rate remains low in maternity. Supportive actions have been progressed in Q4 and improvement is expected from Q2 023-2024.**	**When expected to move to next level of assurance:** Q2- after the A&E pilot has been reviewed and Maternity performance incorporates data from Badgernet.
Previous assurance level – 5 (May-23)	SRO: Jackie Edwards (CNO)

Month 1 [April] | 2023-24 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as 15th May 2023

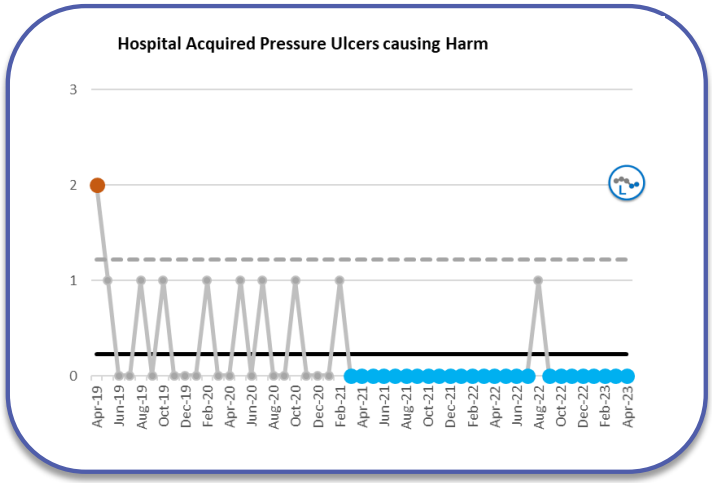
Total HAPUs

21



HAPU's Causing Harm

0



2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days

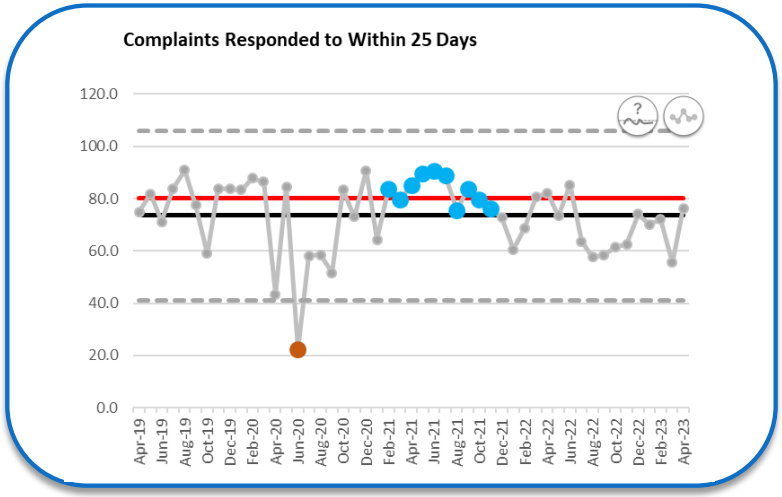
What does the data tell us?	What improvements will we make?
• In total there were 63 new formal complaints received in April-23, with 14 called within 5 days to discuss the complaint. 29 complaints were closed within the 25 workings days (76.3% of all that were closed in April). • The Trust has 146 complaints still open, of which 20 have been reopened. • Of these 146 complaints, 59 have breached 25 days (9 of which have been reopened) • The Surgery Division accounts for 36 of the complaints which have breached 25 days (63% of their open cohort). • The Surgery Division also accounts for 7 of the re-opened complaints which have breached 25 days (64% of their re-opened cohort). • Compliance with complaints closed within 25 days increased in Apr-23 to 76.3%, which is but is the 10th consecutive month that the target has been missed. • Performance continues to display common cause variation. • The SPC chart indicates that as the target (80%) is within the control limits a focus on efficiently utilising the processes currently in place would enable us to meet the target consistently.	• Senior Trust management have been meeting weekly to discuss strategies to address the backlog of Surgical complaints. • The delay in investigating/responding to complaints has been primarily in the operational area of the Surgical Division impeded by the continuous need to plan for industrial action since the start of the year. • There has been an increase in complaints received through 2022-23; in Q4, half of the Surgical Complaints were regarding previous or ongoing Clinical Treatment, which was by some margin the most significant theme. • Early telephone contact is being made with complainants to resolve cases informally where possible. • The quality of clinical responses to complaints has generated some delays. • Additional support will be accessed to help reduce the backlog of complaints.
Assurance Level – 5 (May-23) Reason: The high number of breaches is confined to one Division; established processes are working in other Divisions who have staff whose focus is supporting the administration of Complaints	**When expected to move to next level of assurance:** Q1; dependent on reduction of backlog/incoming complaint numbers
Previous assurance level - 5 (Apr-23)	SRO: Christine Blanshard (CMO)

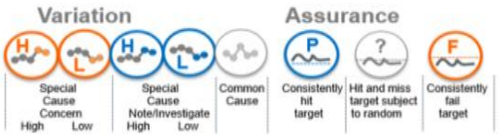
Month 1 [April] 2023-24 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as 12th May 2023

Complaints Responded to Within 25 Days (%)

76.3%



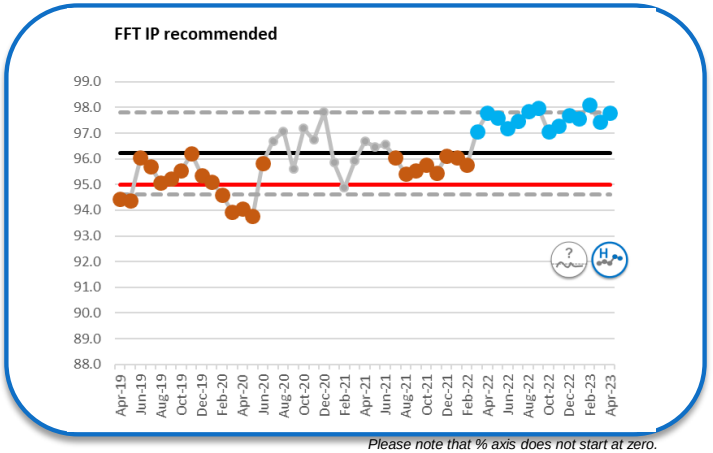


Month 1 [April] 2023-24 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as at 12th May 2023.

FFT Inpatient Recommended %

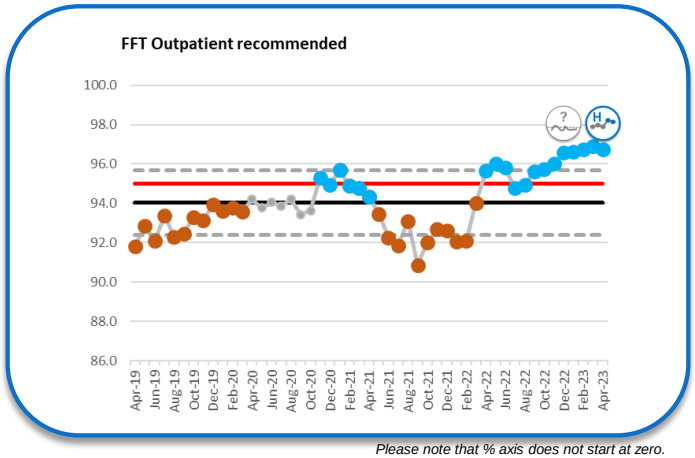
97.8



Please note that % axis does not start at zero.

FFT Outpatient Recommended %

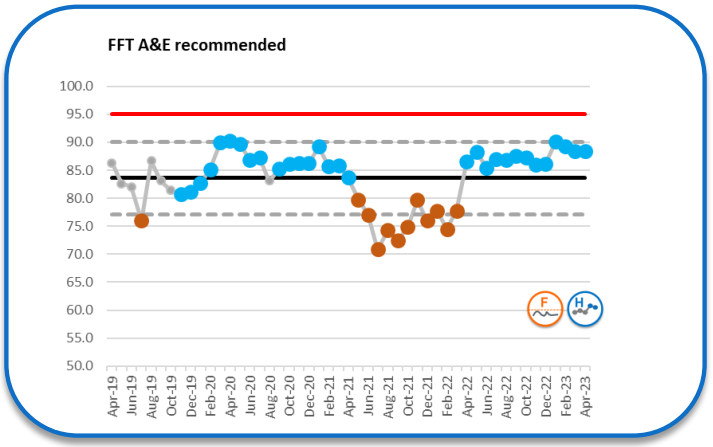
96.73



Please note that % axis does not start at zero.

FFT AE Recommended %

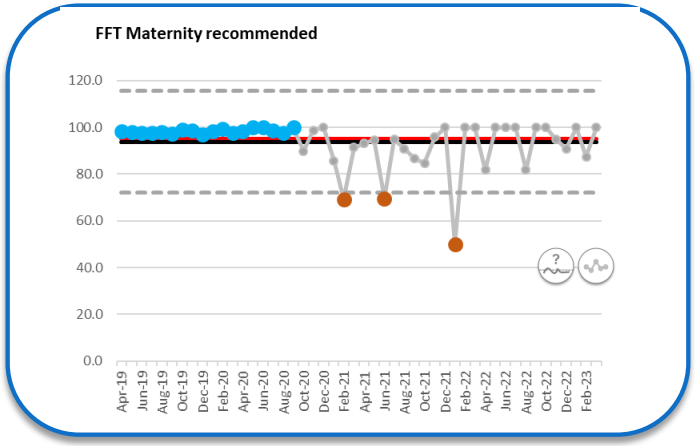
88.4



Please note that % axis does not start at zero.

FFT Maternity Recommended

N/A

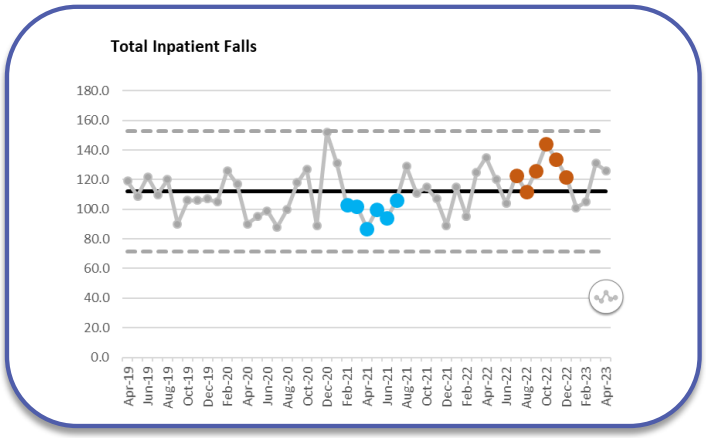


Month 1 [April] | 2023-24 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-23 as 12th May 2023

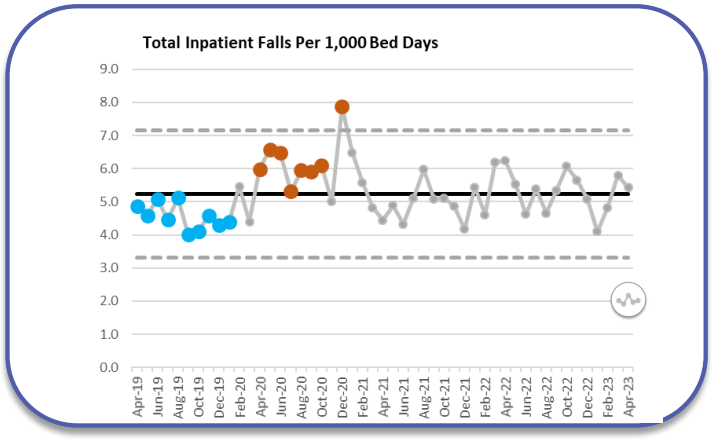
Total Falls

126



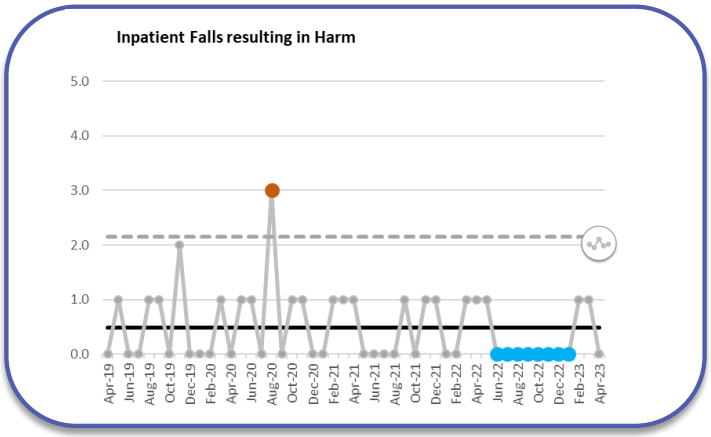
Total Falls per 1,000 bed days

5.43



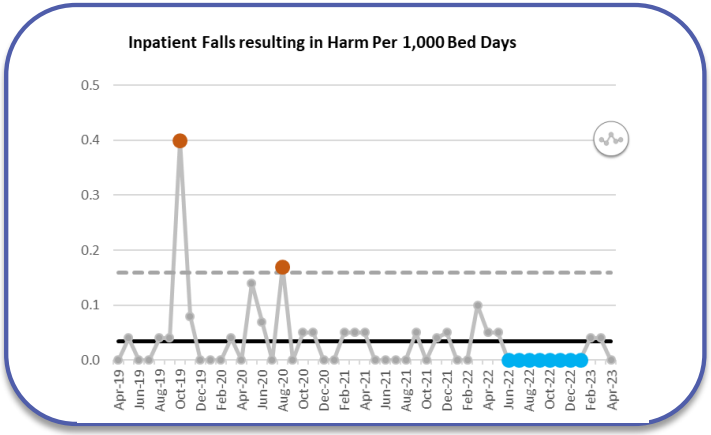
Total SI Falls

0



SI Falls per 1,000 bed days

0



Maternity

Maternity | Month 1 [April] | 2023-24

Responsible Director: Chief Nursing Officer| Unvalidated for April 2023

Worcestershire Acute Hospitals NHS Trust

Admission of full-term babies to neonatal care	Neonatal Deaths (>24+0 weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
							 	381	384

What does the data tell us?

- In Apr-23 there were 381 deliveries and 384 babies born by our Trust. By comparison, there were 342 deliveries and 344 babies born in Apr-22.
- The only metric to show special cause concern is women booked before 12+6 weeks noting that the target (90%) may or may not be achieved.
- The remaining core metrics have not changed significantly and show either a level of natural variation you would expect to see or the statistical significant improvement has been maintained
- There were two stillbirths and one neonatal death in April. There were no maternal deaths noting that the last one was recorded in Apr-22.

What have we been doing?

- Continuing to build our leadership and governance team by:
  - Recruiting 2 new maternity matrons – ongoing as no appointments made
- Current Ockenden evidence submitted and insight visit completed
- Developing systems and processes to deliver CNST in 2023/4
- Confirmation received that NHSR has awarded the Trust funding – still awaiting confirmation of award.
- Recruited 24 wte midwives to commence in Sept 2023
- Recruited MSWs and MCAs

What are we going to do?

- Restart engagement events when staffing levels allow
- Complete new escalation policy
- Continue to preparing for expected CQC visit
- Recruit 2 new leadership roles to support MSWs and retention of staff.
- Explore options for single point of access to improve booking KPI

Current Assurance Level - 5 (May-23)

When expected to move to next level of assurance:

- Completion of work outlined in service improvement plan
- No midwifery vacancies
- No medical staffing vacancies

Previous Assurance Level - 5 (Apr-23)

SRO: Jackie Edwards (Interim CNO)

Maternity | Month 1 [April] | 2023-24

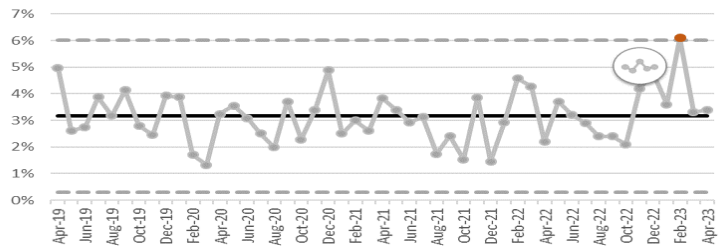
Responsible Director: Chief Nursing Officer| Unvalidated for April 2023

NHS Worcestershire Acute Hospitals NHS Trust

% admission of full-tern babies to neonatal care

3.4% (13 babies)

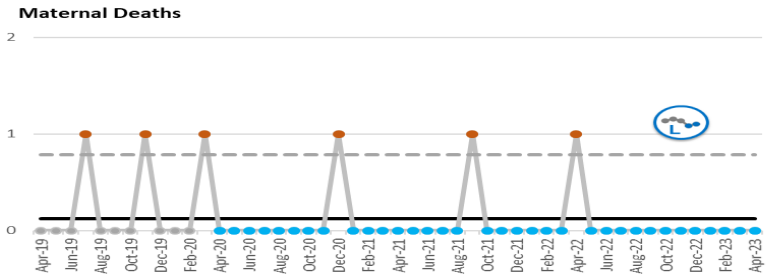
% full-term babies to neonatal



Maternal Deaths

0

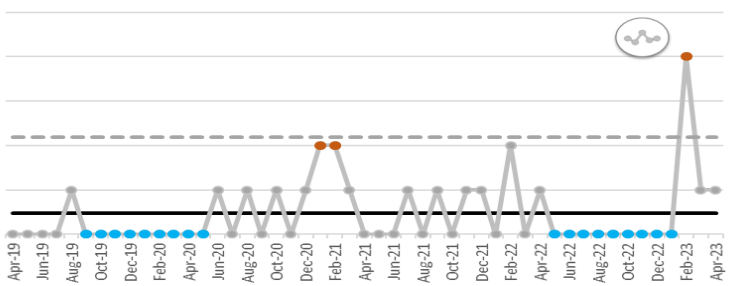
Maternal Deaths



Neonatal Deaths (>24+0 weeks gestation)

1

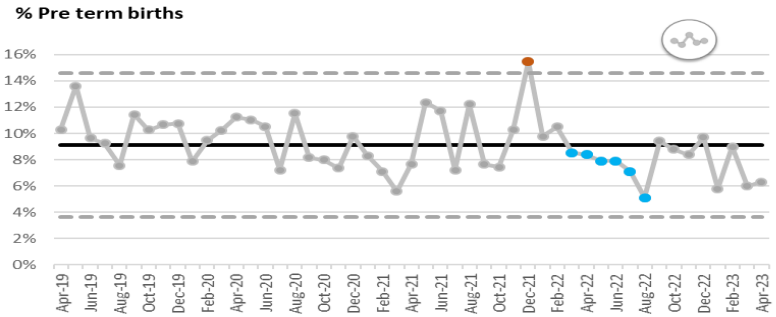
Neonatal deaths



% Pre term births

6%

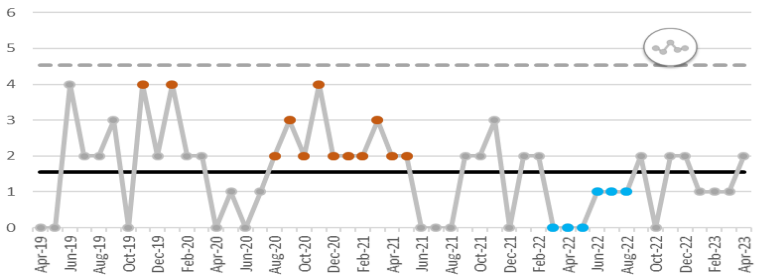
% Pre term births



Stillbirths

2

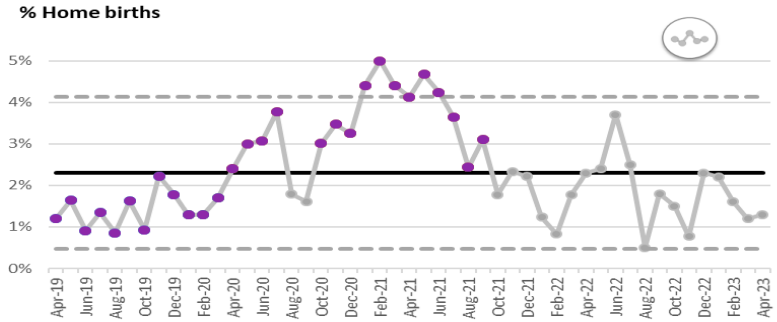
Stillbirths



% Home births

1%

% Home births



Variation

Assurance

- Purple SPC dots represent special cause variation that is neither improvement or concern

Graphs include Apr-23 data – presentation is using the national SPC toolkit.

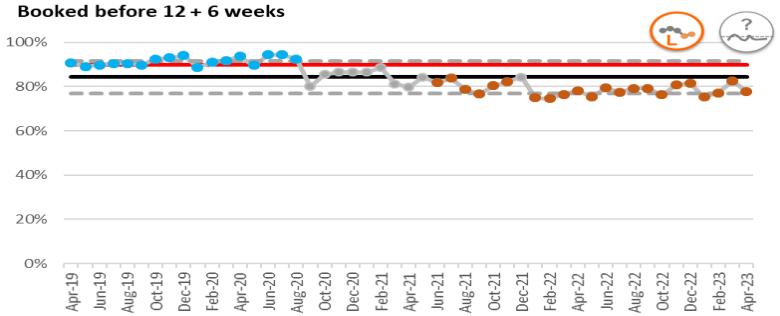
Maternity | Month 1 [April] | 2023-24

Responsible Director: Chief Nursing Officer| Unvalidated for April 2023

NHS Worcestershire Acute Hospitals NHS Trust

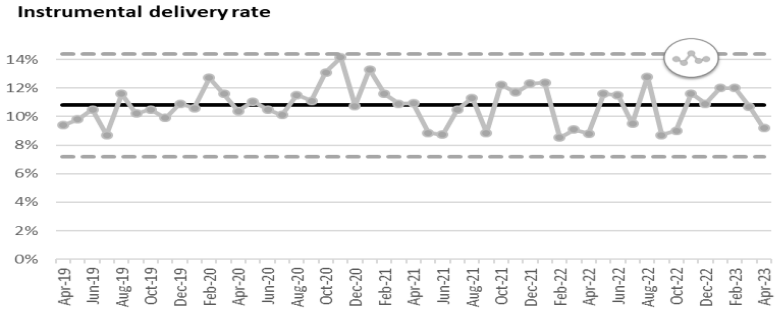
Booked before 12+6 weeks

78%



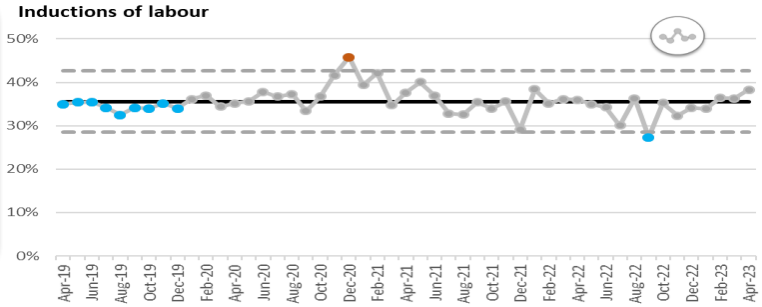
Instrumental Delivery

9%



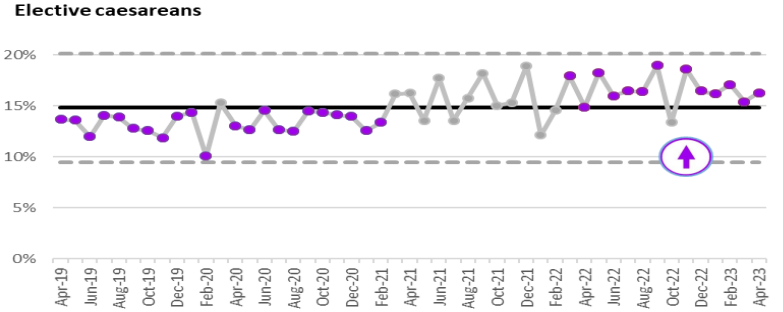
Inductions of labour

38%



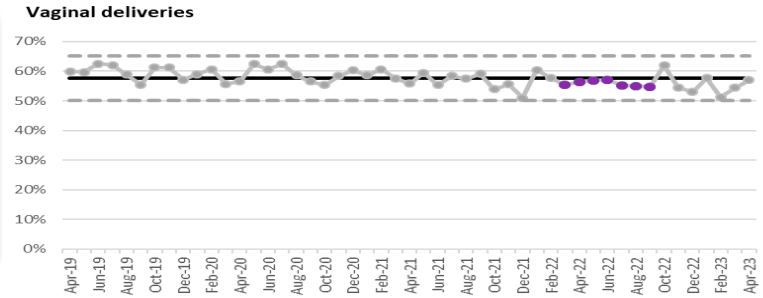
Elective Caesarean

16%



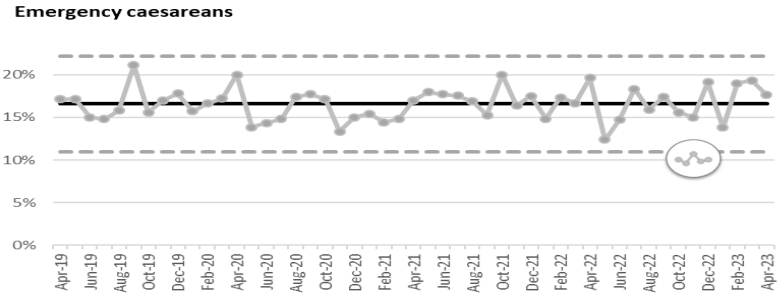
Vaginal Deliveries (non-instrumental)

57%



Emergency Caesarean

18%



- Purple SPC dots represent special cause variation that is neither improvement or concern

Graphs include Apr-23 data – presentation is using the national SPC toolkit.

Workforce

People and Culture Performance Report Month 1 2023-4 - Headlines

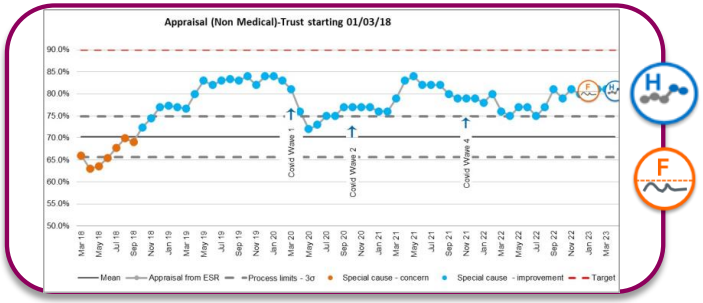
	Comments
Getting the Basics Right	• Overall Mandatory Training Compliance has increased to current target of 90% against a Model Hospital average of 88.4% (2021/22 rates is most recent data) 5 Divisions have improved and only 1 has deteriorated. Digital , SCSD and Estates and Facilities all meet the Trust target of 90%. The Medical and Dental staff group remain outliers across all divisions although on an improving trajectory with a 2% improvement. • Non-Medical appraisal has remained at 81% against a target of 90%. This is 6% higher than the same period last year against a national average on Model Hospital of 76.3%. Medical Appraisal has dropped by 8% to 83% this month which would infer that we have a high percentage of our doctors with an April review date. • Recruitment – Although our leavers have increased by 10 we still recruited 24 more starters than leavers this month. 98 new starters were recruited by our centralised Recruitment and Medical Resourcing teams. Surgery are in a worse position by 4, but other clinical divisions are all in a better position this month. SCSD saw a growth of 11 and Women and Childrens had 8 more starters than leavers.
Performance Against Plan	• Our gross establishment has increased by 86 wte following budget setting. This is mainly due to 54 posts funded for bank and agency being moved to substantive as well as approved business cases that are already in the run rate. • Our gross vacancy rate has increased to 12.64% as a direct result of the increase in establishment. • We have submitted an Interim 5 year plan which will require an additional 355.72 wte recruitment to vacancies by 31st March 2024 with the aim of reducing bank and agency spend. • We are ahead of our revised workforce plan by 18.9 wte.
Drivers of Bank & Agency spend	• Sickness rates have improved by 0.23% this month to 5.40% which is 0.30% better than last year. This equates to an average of 328 wte staff absent each calendar day of the month compared to 341 last month. Urgent Care are an outlier with 6.05% sickness absence. • Our annual turnover has improved by 0.13% to 12.01% which is 1.18% better than the same period last year against a local target of 11.5% • Our Staff Retention rate is currently 87%. Which is drop for 98% last year. Our latest performance on Model Hospital for retention rate is 98.3% against an average of 98.4% and Peer Average of 98.3% (March 2022 rates) • Agency usage has reduced by 60 wte but spend has increased to 9.22% of gross cost. This is primarily due to the increase in Career Grade Agency doctors to cover strike action and gaps in the rota. Agency Spend is 0.98% higher than the same period last year.
Staff Health & Wellbeing	• Cumulative sickness (rolling 12 months) is reduced by 0.03% to 5.80% which is above our 5.5% target but remains better than the 6.2% national average. • Sickness due to S10 (stress and anxiety) has increased marginally to 1.50% but there has been a drop in Covid absence. • Long Term Sickness is broadly unchanged at 3.32% and Short Term has imrproved by 0.07% to at 2.48% which meets our target. Estates and Facilities have the highest long term and short-term cumulative sickness over the past 2 months.

March - Month 1 2023/24 Workforce "Getting the Basics Right" Summary

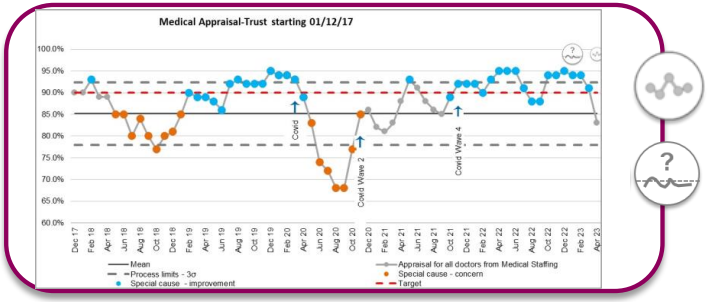
Responsible Director: Director of People and Culture | Validated for April 2023 as 15th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

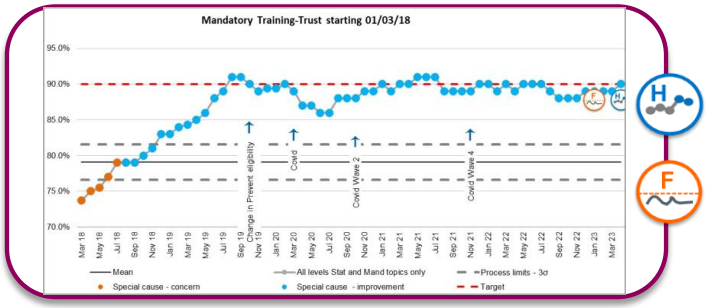
Appraisal (Non-Medical) — 81%



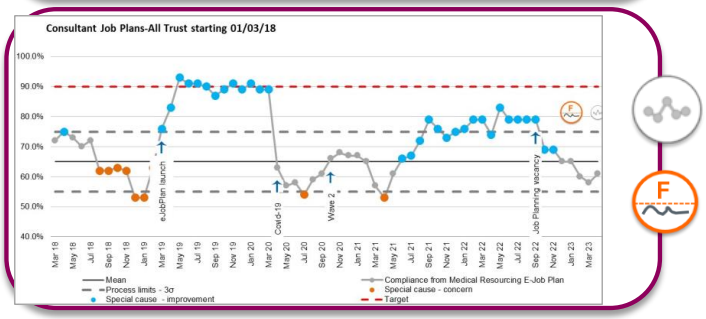
Medical Appraisal — 83%



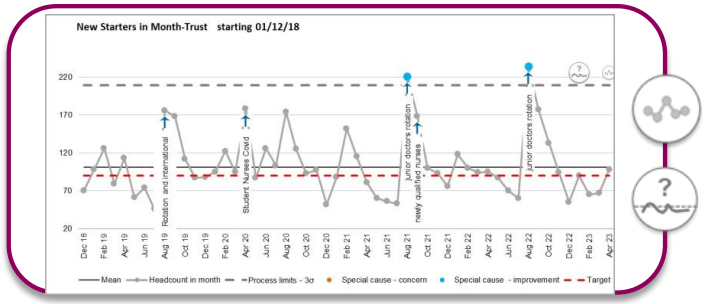
Mandatory Training — 90%



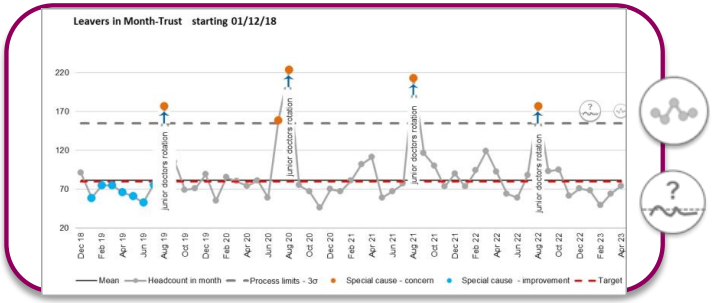
Consultant Job Plans — 61%



New Starters in Month (Headcount) — 98



Leavers in Month (Headcount) — 74



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Workforce Compliance Month 1 – (April 23): - Performance Against Plan

Substantive Gross Funded Establishment (ADI)	Contracted Substantive Staff in Post (ESR)	Planned Substantive SIP by March 2024	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,972 wte	6,090 wte	6425.91	12.64%	6,735 wte	7.49%	9.22%

What does the data tell us?

- **Establishment -** Our gross establishment has increased by 86 wte to 6,995 wte primarily due to movement of 54 bank and agency posts to substantive as well as business cases already in the run rate.
- **Staff in Post** – has increased by 6 wte to 6090 wte
- **Total Hours worked** – The overall picture is an improving trajectory despite the bank holiday and strike action in April. There has been a 101 wte reduction in the overall hours including a 60 wte reduction in bank, 37 wte reduction in agency and 4 wte reduction in substantive.
- **Agency Spend as a % of Gross Cost** – Agency usage has reduced by 60 wte but spend has increased to 9.22% of gross cost. This is primarily due to the increase in Career Grade Agency doctors to cover strike action an gaps in the rota. Agency Spend is 0.98% higher than the same period last year. The overall bank and agency usage has reduced this month by 97 wte which will be a mixture of 1 less day in the month, the start of the new leave year. Surgery is the only division with a small increase in agency spend and usage. All other divisions have been working hard to reduce temporary staffing usage. Urgent Care remains an outlier in terms of both bank and agency usage.
- **Bank spend as a % of gross cost -** Bank spend has reduced by 1.17% to 7.49%

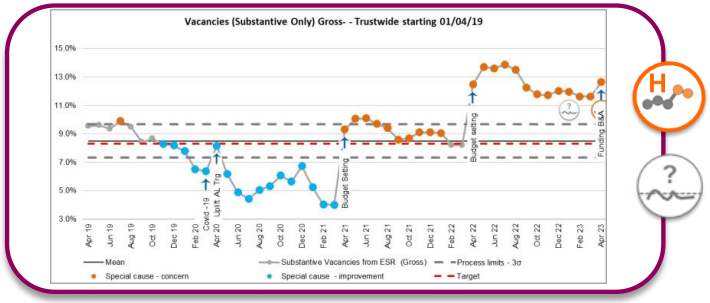
National Benchmarking (April 2023)
We are at the 4th quartile for Nursing agency spend (11.8% of gross cost) but have improved to the 3rd Quartile for Medics Agency spend (10.5% of gross cost) (February 2023 rates)

March - Month 1 2023-24 Workforce "Performance Against Plan" Summary

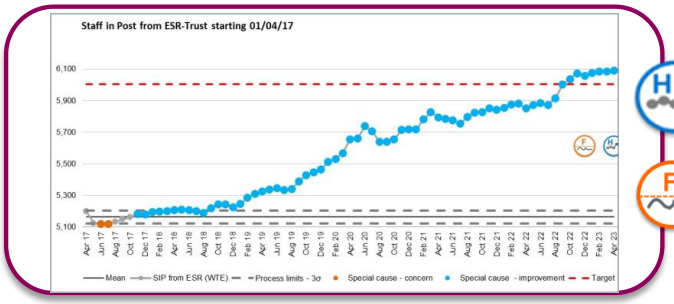
Responsible Director: Director of People and Culture | Validated for April 2023 as 15th May 2023

Gross Funded Establishment
6,972 wte

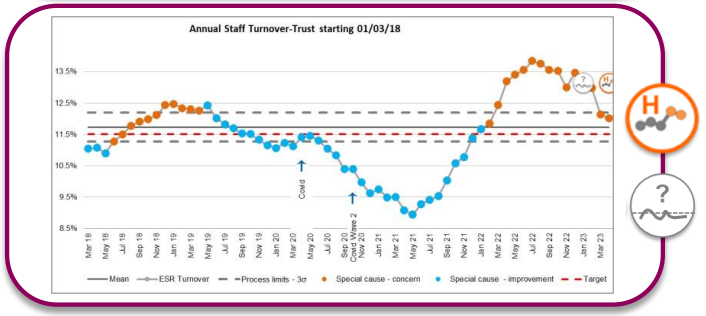
Gross Vacancy % (ESR)
12.64%



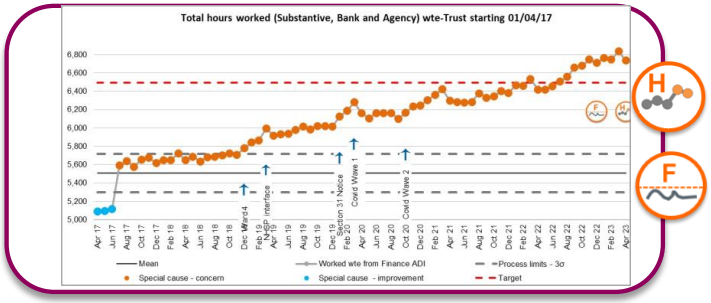
Staff in Post (ESR)
6,090 wte

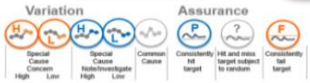


Annual Staff Turnover
12.01%



Total Hours Worked (ADI)
6,735 wte





Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and Amber unchanged since last month.

Workforce Compliance Month 1 – April 23): - Drivers of Bank and Agency Spend

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave (including Strike Action)
12.01%	5.40% 328 wte average per calendar day	196 headcount	581 wte average Per calendar day	75 wte average staff absent per calendar day

What does the data tell us?

- **Staff Turnover** – Our annual turnover has improved by 0.13% to 12.01% and is 1.18% lower than the same period last year. Our monthly turnover has deteriorated by 0.11% to 0.89% We have 24 more starters than leavers this month despite a 10 increase in leavers.
- **Monthly Sickness Absence Rate** –Sickness rates have reduced by 0.22% to 5.40% which is 0.30% better than the same period last year. However the spike in Urgent Care has continued with 6.05% this month. Absence due to S27 (Covid Symptoms) has reduced by 0.13%. Long Term Sickness and short term sickness have remained broadly unchanged at 3.32% and 2.48% respectively. Absence due to Stress and Anxiety has increased marginally this month and Women and Children's Divisions are outliers with 40% of their absence attributed to this factor. Cumulative sickness for the year is broadly unchanged at 5.80%.
- **Maternity/Adoption Leave** – Maternity and Adoption leave remained at 196 which is 37 higher than last year.
- **Annual Leave** – Annual leave has reduced this month which will be due to the start of the new leave year as well as some staff cancelling their leave to cover strikes. There have been an average of 581 staff off on annual leave for each day this month which is 87 less than last month. The biggest increases were in Estates.
- **Other Leave** – Absence due to other leave has dropped by 12 to 75 per calendar day. This does include unpaid leave for Industrial Action for Nurses and Junior Doctors.

National Benchmarking (April 2023)

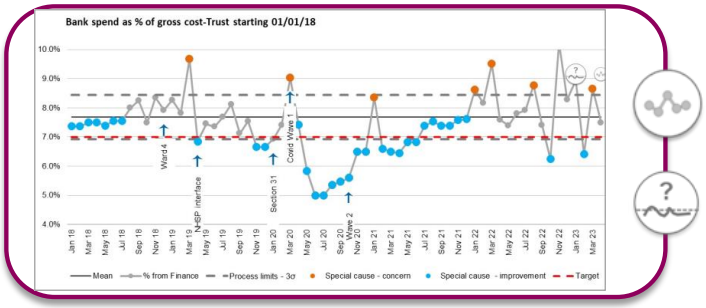
- We are currently in the 2nd Quartile in terms of Sickness on Model Hospital when our sickness was 5.8% against a National median of 6.2% and a Peer Average of 6.8 but latest data for this metric is March 2022 and will not be refreshed until the annual Corporate benchmarking exercise.
- Turnover is good for most staff groups compared to Model Hospital (January 2023 data). Admin and Clerical are the outliers at Quartile 4. AHPs, Estates and Ancillary, and Healthcare Scientists are at Quartile 3

March - Month 1 2023-24 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for April 2023 as 15th May 2023

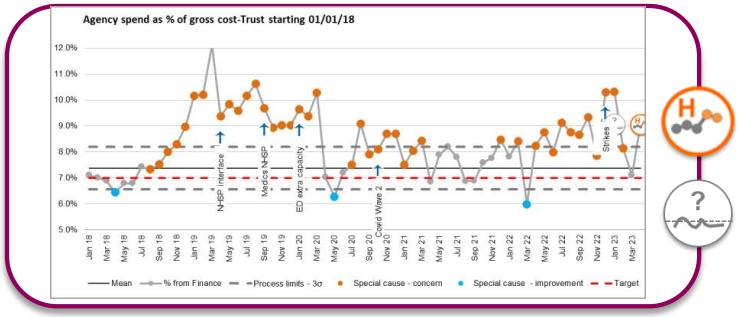
Bank Spend as a % of Gross Cost

7.49%



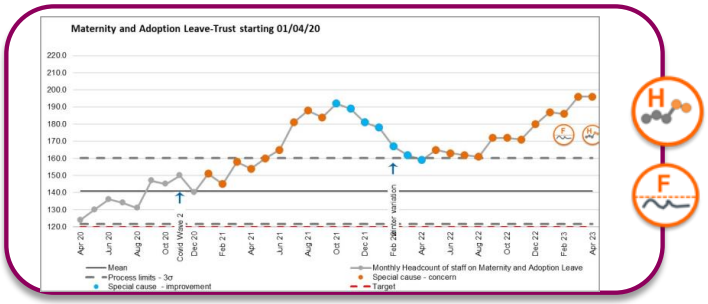
Agency Spend as a % of Gross Cost

9.22%



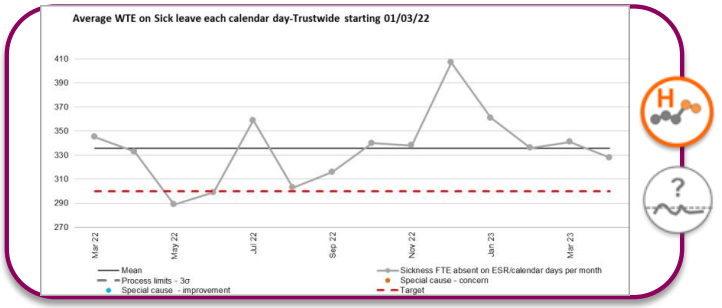
Maternity/ Adoption Leave (Headcount)

196



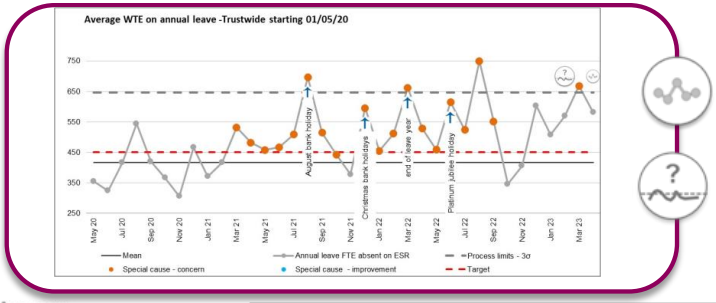
Monthly Average Staff off Sick Per Day

328 wte



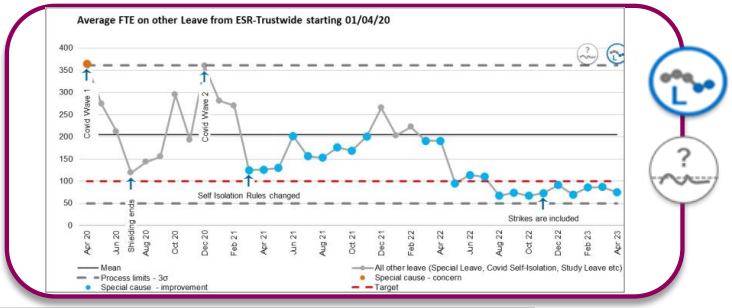
Annual Leave (average staff on leave each day)

581 wte



Monthly Average Staff on Other leave each day

75 wte



Variation Assurance

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

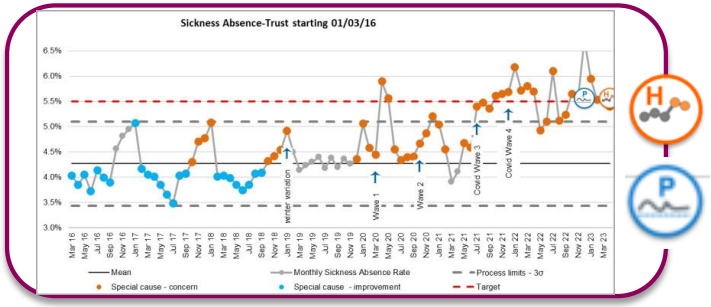
March - Month 1 2023-24 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for April 23 as 15th May 2023

NHS Worcestershire Acute Hospitals NHS Trust

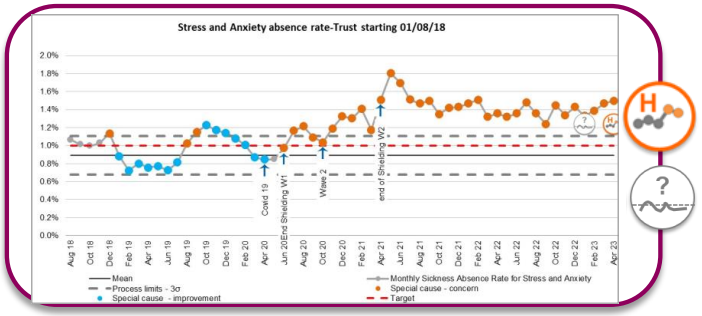
Monthly Staff Sickness Absence Rate

5.40%



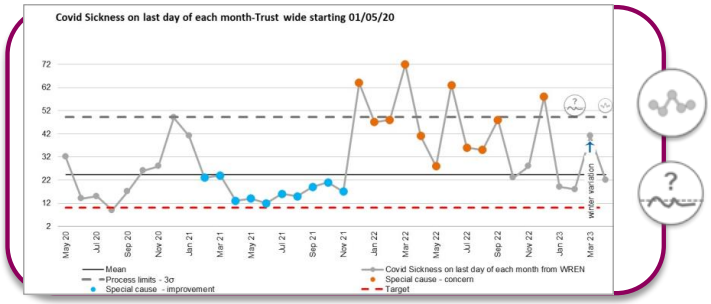
% Staff absent due to Stress and Anxietv (S10)

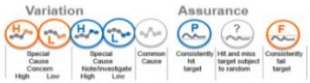
1.50%



Covid Sickness (S27)

22





Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Strategic Priorities: Workforce

Strategic Business Priorities			
BP1: Leadership ***An empowered, well led workforce that delivers better outcomes and performance for our patients***	**BP2: Workforce** ***The right-sized, cost effective workforce that is organised for success. A Staff offer that attracts and retains the best people***	**BP3: Staff Experience** ***A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work***	**BP4: People Function** *A people function that is organised around the optimum employee journey*
Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride putting patients first			

How have we been doing?	**What improvements will we make?**
The areas requiring improvement are: • To reduce our vacancy rate to 7.5% to mitigate the reliance on the temporary workforce • To reduce agency spend to 6% of our total pay bill • To improve Job planning compliance – linking job plans to required activity • To provide colleagues who are absent due to S10 (stress/ anxiety/ depression) with targeted support	• Specific projects including the 4ward behaviours refresh, the development of a behavioural toolkit, the embedding of the Behavioural Charter with a zero-tolerance approach and the establishment of our 'staff offer' will all help to address key themes identified in the 2022 Staff Survey, particularly around raising concerns and recommending the Trust as a place to work. • We are implementing the recruitment business case which will be a key factor in reducing our time to hire • The reduction in agency spend will be driven through our PEP programme • Improvement in job planning compliance is being driven through the Chief Medical officer weekly meeting. • Colleagues who are absent due to mental health conditions are referred to Occupational Health and are signposted to relevant support. We have a wide range of support within out health and wellbeing pin wheel.
Overarching Workforce Performance Level – 5 – April 2023 **Previous Assurance Level - 5 – March 2023**	**To work towards improvement to next assurance level by March 2024**

Finance

Month 1 Key Messages

Finance | Key Messages

2023/24 Plan	Our 2023/24 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 22/23 adjusting for workforce and activity trajectories, inflationary pressures and the full year effect of any PEP schemes or Business cases which started part way through 22/23. We have then overlaid any new PEP Schemes, new Business Cases and applied a vacancy factor. The Trust originally submitted a full year plan deficit of £(50.4)m in March 2023. Recognising the risks of loss of autonomy and access to capital Board members agreed that we should consider whether we could go further. CFO put forward a proposal and requested approval to negotiate as follows: Stretch the PEP by an additional £4m on the proviso that the ICB lead both pieces of work bringing the system together to support delivery > £2m reduction in spend linked to excess temporary capacity incl. corridor care / high cost temporary staffing and £2m reduction in non clinical vacancies linked in particular to a review of back office services. Acceptance of this positive movement from the ICB was reflected by the sharing out of the ICB surplus in a way that resulted in the Trust being able to submit a break even plan.
M1 Financial Reporting	**Month 1** There is no detailed national financial reporting in month 1 2023/24. However, consistent with the regional approach we have considered the financial risk and in addition to a System staff cost return that we have been asked to complete we have also provided an initial assessment of M1 Pay variances as it is imperative that we maintain oversight and understanding of the largest component of our cost base and in particular our temporary staffing expenditure. This report also provides an overview of our Productivity and Efficiency Programme (PEP) for month 1. Another key component in delivery of our financial plan is patient activity notably elective. Work is ongoing to finalise the remaining cost and volume elements of the contract (diagnostic, non PbR drugs and chemotherapy). Although the financial assessment of activity delivered in M1 is not presented in this report. Performance against activity plan is included with the Integrated Performance Report.
	Moving into the 2023/24 Financial year we have reassessed the assurance level of the income and expenditure position given the scale of the challenge against last years plan and the late agreement to a stretch on PEP. The following key risks need resolution in order to achieve the next level of assurance: • Further improvement in the level of identified and level 4 maturity PEP against the £28m (4.2%) target • Delivery of elective activity to plan in order to receive the planned level of income • Confirmation that further funds will not be required to support operational performance / pressures above that which is agreed in the plan or that is provided externally. A Transformation Delivery Board composed of Executive Directors will meet weekly from 16th May to gain oversight and assurance on the collective ownership of the plan by senior clinical and non-clinical leads and of those who do the work in line with our 4Ward Improvement Behaviours and using the tools and techniques of our 4Ward Improvement System. **Level 3** **I&E Delivery Assurance Level:** **Reason**: Breakeven plan submitted for 23/24. The following risks need addressing in order to reach the next level of assurance: • Further improvement in the level of identified and level 4 maturity PEP against the £28m (4.2%) target • Delivery of elective activity to plan in order to receive the planned level of income • Confirmation that further funds will not be required to support operational performance / pressures above that which is agreed in the plan or that is provided externally.

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Expenditure – Employee Expenses

Employee Expenses

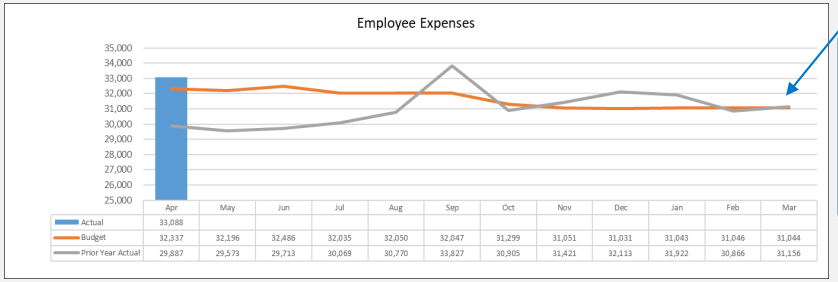
Employee Expenses	Apr-23			Year to Date			WTE		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s	Funded WTE	Contracted WTE	Worked WTE
Medical & Dental	(9,861)	(10,190)	(330)	(9,861)	(10,190)	(330)	921	797	921
Nursing & Midwifery	(13,291)	(13,755)	(463)	(13,291)	(13,755)	(463)	3,314	2,914	3,349
Scientific, Therapeutic & Technical	(4,027)	(4,004)	24	(4,027)	(4,004)	24	1,124	965	980
NHS Infrastructure Support	(5,031)	(5,008)	23	(5,031)	(5,008)	23	1,613	1,450	1,486
Other Pay	(126)	(131)	(5)	(126)	(131)	(5)	0	0	0
Grand Total	**(32,337)**	**(33,088)**	**(751)**	**(32,337)**	**(33,088)**	**(751)**	**6,972**	**6,126**	**6,735**

Employee expenses £0.8m adverse in M1 and £0.8m adverse YTD - Of the adverse variance £0.4m is the impact of acting up/down payments to substantive staff to cover strikes. The remainder of the adverse variance is due to covering additional vacancies (£0.2m) and additional activity (£0.2m). This is partially offset by £0.3m favourable variance on Business Cases.

There is a further adverse variances due to posts funded directly from income (e.g. Cancer Alliance posts) but this has nil impact to the bottom line.

Employee expenses of £33.1m in month 1. This includes an accrual of £0.7m for the 23/24 pay award and £0.3m for the two bank holidays in April. It also includes £0.4m for the impact of acting up/down payments to substantive staff in response to the industrial action.

Total temporary staffing spend of £5.5m was 16.7% of the total pay bill. **Agency** spend in month was £3.1m, consistent with last month. **Bank** spend in month was £2.5m, a reduction of £1.3m compared to the final month of last financial year due to normalising from the M12 position. Heightened Q4 levels continue.



M12 adjusted for one offs:

- Notional Pension Contribution £13.6m
- EWTD £0.4k
- Annual Leave (£0.7m)
- Medics Retro £0.2m
- Pay Award £11.6m
- Strike Action £0.1m
- Overseas Nurses Recognition £0.2m
- Bank Pay Award £0.4m

** In month 12 of 22/23 we receive a notional pension contribution value from NHSE which we report in both income and costs, this is the additional 6.3% employer contribution to the pension scheme paid by NHSE on the Trust's behalf.*

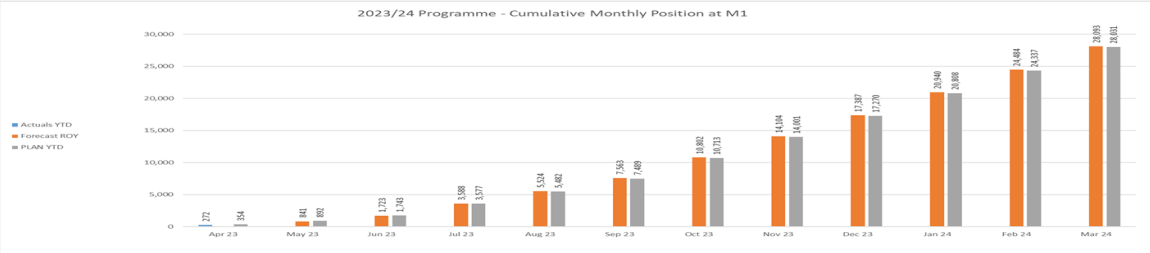
Employee Expenses	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	Mvmt	YTD
Agency	(2,462)	(2,588)	(2,374)	(2,745)	(2,695)	(2,934)	(2,886)	(2,425)	(3,184)	(3,189)	(2,518)	(3,080)	(3,051)	28	(3,051)
Bank	(2,269)	(2,184)	(2,313)	(2,380)	(2,702)	(2,505)	(1,928)	(3,165)	(2,558)	(2,764)	(1,982)	(3,757)	(2,477)	1,280	(2,477)
Temporary Total	**(4,731)**	**(4,772)**	**(4,687)**	**(5,125)**	**(5,397)**	**(5,439)**	**(4,814)**	**(5,590)**	**(5,742)**	**(5,954)**	**(4,500)**	**(6,837)**	**(5,528)**	**1,309**	**(5,528)**
Substantive	(25,156)	(24,801)	(25,026)	(24,944)	(25,373)	(28,388)	(26,091)	(25,832)	(26,371)	(25,968)	(26,366)	(36,565)	(27,560)	9,006	(27,560)
Other	0	0	0	0	0	0	0	0	0	0	0	(13,563)	0	13,563	0
Employee Expenses Total	**(29,887)**	**(29,573)**	**(29,713)**	**(30,069)**	**(30,770)**	**(33,827)**	**(30,905)**	**(31,421)**	**(32,113)**	**(31,922)**	**(30,866)**	**(56,965)**	**(33,088)**	**23,877**	**(33,088)**
Agency %	8.2%	8.8%	8.0%	9.1%	8.8%	8.7%	9.3%	7.7%	9.9%	10.0%	8.2%	5.4%	9.2%	3.8%	9.2%
Bank %	7.6%	7.4%	7.8%	7.9%	8.8%	7.4%	6.2%	10.1%	8.0%	8.7%	6.4%	6.6%	7.5%	0.9%	7.5%
Bank & Agency %	15.8%	16.1%	15.8%	17.0%	17.5%	16.1%	15.6%	17.8%	17.9%	18.7%	14.6%	12.0%	16.7%	4.7%	16.7%

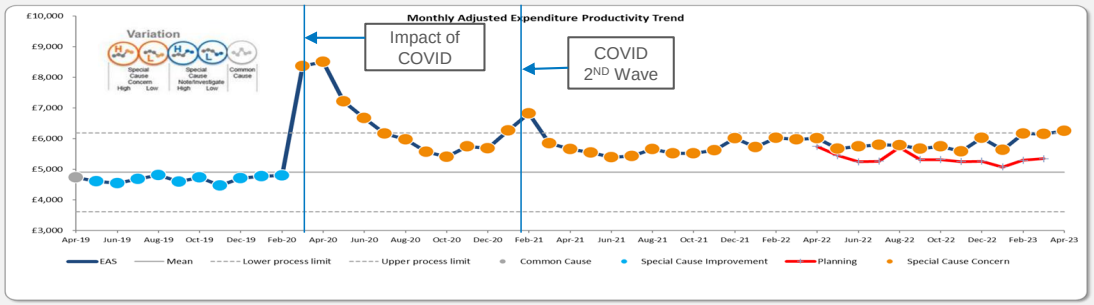
Note – in Feb-23 the Agency and Bank % of Employee expenses would have been 11% and 10% respectively without the beneficial impact of the balance sheet release. Mar-23 figures are significantly skewed by substantive and bank pay awards and by Bank EWTD accrual.

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Productivity & Efficiency	The Productivity and Efficiency Programme target for 23/24 as submitted to NHSE is £28.0m. Month 1 delivered £0.272m of actuals against the plan as submitted to NHSE in May 2023 of £0.354m. A negative variance of £0.082m. Summary details of the M1 variances are included within the following slides by Corporate function and Division.
Adjusted Expenditure Productivity Trend	This SPC measures expenditure against activity, allowing us to follow productivity changes through COVID recovery and to track against forecasted activity going forward. Tracking is currently available at Trust wide level only. The Planning line is based upon June 2022 operational and financial planning submissions. Weighted Activity Unit (WAU) has been used based upon Inpatient/Outpatient/ED activity, adjusted to be weighted equally and allow for working day variations. Expenditure is adjusted for inflation each year. Similar to the Model Hospital cost/WAU metric – BUT NOT EXACTLY THE SAME (cannot directly benchmark). As the WAU relies on coded activity, recent months can still move until coding is complete. Trends in the most recent month should be considered with caution. For this financial year we are spending significantly more per weighted unit of activity than previously (pre-COVID times). • April Cost per WAU is fractionally higher than March • It is also 4% higher than April 22/23 • Usually with costs varying little from month to month, the WAU is only affected by activity volumes changes each month. • The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. Backdated Pay Award has been applied to the correct months to make this comparable. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).





Finance | Key Messages

Productivity Trend – Local WAU Development

Costing team continue to develop a measurement of productivity through locally derived WAUs that can be reported at a Divisional and Directorate level. The key ask from this exercise are:

- Is appropriate and measurable and can be produced monthly and aligns to ledger costs and reported activity levels
- Helps identify trends, changes, improvements at a more granular level for productivity/spend per activity
- Is developed in conjunction with Clinical leaders

We have shared our approach with System finance / costing / PMO colleagues as we are keen to agree a standard way of measuring productivity across the system.

The costing team supported by the Divisional Finance Team have also met with the Surgery Division to review the approach, share the visuals and agree how best to represent the information so that it can be confidently used.

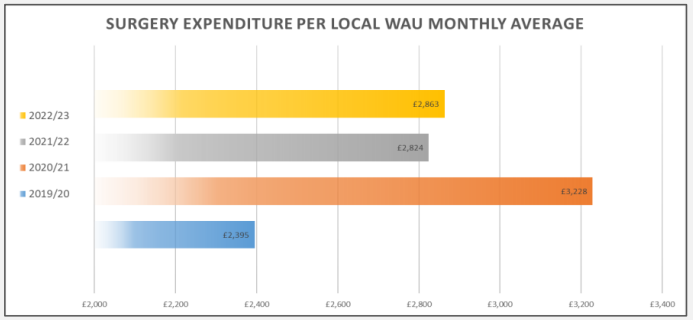
Next steps include a pilot of information through Divisional Boards

Some of the different ways of viewing the measurements that are currently being discussed are below:

Surgery Expenditure per WAU

Directorate	2019/20	2020/21	2021/22	2022/23	Versus 19/20	Versus 21/22
Dermatology	£4,320	£4,920	£3,429	£4,193		
ENT/Audiology	£3,663	£7,405	£4,788	£4,236		
General Surgery	£2,428	£2,777	£2,651	£2,770		
Oral Surgery	£2,548	£5,422	£4,057	£4,219		
Trauma & Orthopaedics	£1,934	£2,438	£2,397	£2,271		
Urology	£1,928	£2,694	£2,169	£2,466		
Vascular	£2,502	£2,754	£2,251	£2,824		

Green spending less per WAU, Red spending more per WAU



Trauma & Orthopaedics Expenditure per WAU variance to 2019/20		Monthly Expenditure per WAU variance to 2019/20	YTD Exp Value £ms
Medical & Dental	Substantive		5.53
	Agency		1.51
	Bank		1.16
NHS Infrastructure Support	Substantive		0.79
	Agency		0.00
	Bank		0.02
Registered Nursing, Midwifery and Health visiting staff	Substantive		2.89
	Agency		1.17
	Bank		0.43
Support to Clinical Staff	Substantive		1.69
	Agency		0.16
	Bank		0.42
Scientific, Therapeutic and Technical staff	Substantive		0.00
	Agency		
	Bank		0.00
Supplies and services – clinical (excluding drugs costs)			5.38
Supplies and services - general			0.05
Drugs costs (drug inventory consumed and purchase of non-inventory drugs)			0.33

Red spent more per activity, Blue spent less

Trauma & Orthopaedics Expenditure per WAU		2019/20	2020/21	2021/22	2022/23	Chart	Versus 19/20	Versus 21/22
Medical & Dental	Substantive	£459	£736	£585	£577			
	Agency	£122	£147	£116	£158			
	Bank	£97	£151	£149	£121			
NHS Infrastructure Support	Substantive	£74	£109	£87	£82			
	Agency	£2	£0	-£0	£0			
	Bank	£0	£0	£1	£2			
Registered Nursing, Midwifery and Health visiting staff	Substantive	£267	£397	£372	£301			
	Agency	£89	£67	£100	£122			
	Bank	£33	£52	£54	£45			
Support to Clinical Staff	Substantive	£154	£237	£222	£176			
	Agency	£0	£10	£5	£16			
	Bank	£59	£74	£71	£44			
Scientific, Therapeutic and Technical staff	Substantive	£0	£0	£4	£0			
	Agency							
	Bank	£0	£0	£0	£0			
Supplies and services – clinical (excluding drugs costs)		£508	£364	£542	£561			
Supplies and services - general		£6	£7	£9	£5			
Drugs costs (drug inventory consumed and purchase of non-inventory drugs)		£34	£47	£45	£35			

Green spending less per WAU, Red spending more per WAU

Appendices

	Variation/Performance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	**Something's going on!** Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	**Something's going on!** Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	**Something good is happening!** Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	**Something's going on!** This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	**Investigate** to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	

	Assurance Icons		
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **within** those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Variation/Performance	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
H	**Excellent | Celebrate and Learn** • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.	**Good | Celebrate and Understand** • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning | Celebrate but Take Action** • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.	**Excellent | Celebrate** • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.
L	**Excellent | Celebrate and Learn** • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.	**Good | Celebrate and Understand** • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning | Celebrate but Take Action** • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.	**Excellent | Celebrate** • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.
(blank)	**Good | Celebrate and Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.	**Average | Investigate and Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning | Investigate and Take Action** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.	**Average | Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.
H	**Concerning | Investigate and Understand** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.	**Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change	**Concerning | Investigate** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.
L	**Concerning | Investigate and Understand** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.	**Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change	**Concerning |Investigate** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.
↗				**Unsure | Investigate and Understand** • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.
↘				**Unsure | Investigate and Understand** • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
(blank)				**Unknown | Watch and Learn** • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric

NHS System Oversight Framework | 2022/23

The following Acute Trust metrics are included in the 22/23 NHS System Oversight Framework – those in black can be found in this version of the IPR and are labelled with this icon - NHS

9. Total patients waiting more than 52 (S009a), 78 (S009b) and 104 (S009c) weeks to start consultant-led treatment
10a. Cancer first treatments (S010a)
11. People waiting longer than 62 days (S011a)
12. % meeting faster diagnosis standard (S012a)
13a. Diagnostic activity levels – Imaging (S013a)
13b.Diagnostic activity levels – Physiological measurement (S013b)
13c. Diagnostic activity levels – Endoscopy (S013c)
19. Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals. (SO19a)
22. Number of stillbirths per 1,000 total births (S022a)
34. Summary Hospital-Level Mortality Indicator (SHMI) (S034a)
35. Overall CQC rating (provision of high-quality care) (S035a)
36. NHS staff survey safety culture theme score (S036a)
38. National Patient Safety Alerts not declared complete by deadline (S038a)
39. Consistency of reporting patient safety incidents (S039a)
40. Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections (S040a)
41. Clostridium difficile infections (S041a)
42. E. coli blood stream infections (S042a)
44a. Antimicrobial resistance: total prescribing of antibiotics in primary care (S044a)
44b. Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (S044b)
59. CQC well-led rating (S059a)
60. NHS Staff Survey compassionate leadership people promise element sub-score (S060a)
63a. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers (S063a, S063b, S063c)
63b. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues
63c. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public
67. NHS Staff Leaver Rate (S067a)
69. NHS Staff Survey Staff engagement theme score (S069a)
72. Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.
101. Outpatient follow-up activity levels compared with 2019/20 baseline
103. Proportion of patients spending more than 12 hours in an emergency department
104. Number of neonatal deaths per 1,000 total live births (S104a)
105. Proportion of patients discharged to usual place of residence (S105a)
116. Proportion of (a) adult acute inpatient or (b) maternity settings offering Tobacco Dependence services
118. Financial Stability (S118a)
119. Financial Efficiency (S119a)
120. Finance – Agency Spend vs agency ceiling(S120a), Agency spend price cap compliance (S120b)

Annual Plan 23/24 Monitoring

NHS Worcestershire Acute Hospitals NHS Trust

Outpatient and Inpatient Activity

New	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	15,945	16,536	15,535	17,293	14,948	16,097	15,794	15,870	13,898	16,808	14,782	12,179
2023/24 Plan	15,090	15,949	17,394	16,931	17,748	16,732	17,737	17,823	15,340	17,720	16,957	16,255
2023/24 Actual	14,728											
2023/24 Plan Achievement (%)	98%											
2023/24 Plan Variance (n)	-362											

Follow-Up	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	34,476	36,021	33,509	37,697	32,018	34,580	32,589	35,302	30,719	38,068	32,395	28,212
2023/24 Plan	29,571	31,546	34,618	33,238	34,821	33,045	34,967	35,154	30,647	34,779	33,621	32,216
2023/24 Actual	28,605											
2023/24 Plan Achievement (%)	97%											
2023/24 Plan Variance (n)	-966											

Day Case	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	6,190	6,560	6,202	6,706	6,185	6,333	6,730	6,821	5,836	6,703	6,269	5,189
2023/24 Plan	5,920	6,240	6,868	6,885	7,017	6,702	6,852	6,756	5,983	6,920	6,683	6,387
2023/24 Actual	6,531											
2023/24 Plan Achievement (%)	110%											
2023/24 Plan Variance (n)	611											

Elective	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	627	690	686	737	690	653	758	716	597	594	682	498
2023/24 Plan	536	565	636	620	638	661	687	687	600	689	658	638
2023/24 Actual	432											
2023/24 Plan Achievement (%)	81%											
2023/24 Plan Variance (n)	-104											

Combined Day Case and Elective	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	6,817	7,250	6,888	7,443	6,875	6,986	7,488	7,537	6,433	7,297	6,951	5,687
2023/24 Plan	6,457	6,804	7,504	7,504	7,656	7,363	7,540	7,444	6,583	7,609	7,341	7,025
2023/24 Actual	6,963											
2023/24 Plan Achievement (%)	108%											
2023/24 Plan Variance (n)	506											

Patient Initiated Follow-Up (PIFU) Outcomes

Metric	April	May	June	July	August	September	October	November	December	January	February	March
2023/24 Plan	1196	1308	1471	1458	1570	1526	1658	1708	2204	2174	2326	2432
2023/24 Actual PIFU Outcomes	1477											
2023/24 Total Outpatient Attendances	43333											
2023/24 PIFU Outcomes as % of Outpatient Attendances	3.41%											

Annual Plan 23/24 Monitoring

NHS Worcestershire Acute Hospitals NHS Trust

Diagnostic Activity

Colonoscopy	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	619	629	623	573	640	612	528	660	523	657	588	496
2023/24 Plan	830	812	892	917	889	893	708	664	615	745	745	741
2023/24 Actual	698											
2023/24 Plan Achievement (%)	84.10%											
2023/24 Plan Variance (n)	-132											

Flexi Sigmoidoscopy	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	384	314	458	303	285	250	194	349	182	392	354	244
2023/24 Plan	121	118	136	140	136	135	144	136	124	151	150	148
2023/24 Actual	119											
2023/24 Plan Achievement (%)	98.35%											
2023/24 Plan Variance (n)	-2											

Gastroscopy	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	685	725	677	514	552	463	542	628	511	690	693	546
2023/24 Plan	527	517	594	609	592	590	628	591	541	658	654	646
2023/24 Actual	510											
2023/24 Plan Achievement (%)	96.77%											
2023/24 Plan Variance (n)	-17											

CT	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	4,442	4,984	4,303	4,480	4,310	4,317	4,692	4,684	4,267	4,774	4,687	4,011
2023/24 Plan	5,699	5,614	6,206	6,291	6,206	6,162	6,336	6,206	5,896	6,206	6,008	5,964
2023/24 Actual	5,678											
2023/24 Plan Achievement (%)	99.63%											
2023/24 Plan Variance (n)	-21											

MRI	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	1,742	1,703	1,723	1,824	1,664	1,630	1,799	1,766	1,620	1,981	1,653	1,331
2023/24 Plan	2,047	2,063	2,275	2,260	2,275	2,244	2,291	2,275	2,118	2,275	2,204	2,173
2023/24 Actual	1,744											
2023/24 Plan Achievement (%)	85.20%											
2023/24 Plan Variance (n)	-303											

Non-Obstetric US	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	5,207	5,309	5,234	5,790	5,287	5,243	6,474	6,024	4,979	5,707	5,406	4,054
2023/24 Plan	5,499	5,663	6,365	6,255	6,447	6,182	6,492	6,418	5,662	6,472	6,178	5,966
2023/24 Actual	5,377											
2023/24 Plan Achievement (%)	97.78%											
2023/24 Plan Variance (n)	-122											

Echocardiography	April	May	June	July	August	September	October	November	December	January	February	March
2019/20 Actual	984	1,009	901	936	789	898	936	838	782	883	717	397
2023/24 Plan	921	972	1,126	1,075	1,126	1,075	1,126	1,126	972	1,126	1,075	1,024
2023/24 Actual	1,071											
2023/24 Plan Achievement (%)	116.29%											
2023/24 Plan Variance (n)	150											

Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

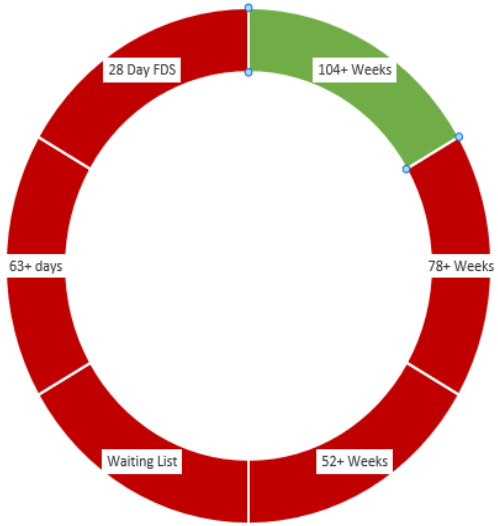
April 2023 | At A Glance

NHS Worcestershire Acute Hospitals NHS Trust

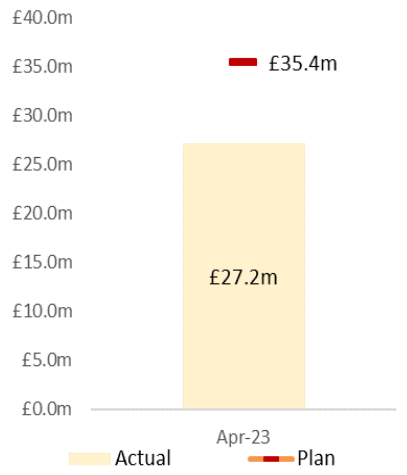
Our Annual Plan

Elective Activity

Elective Performance



22/23 PEP Position



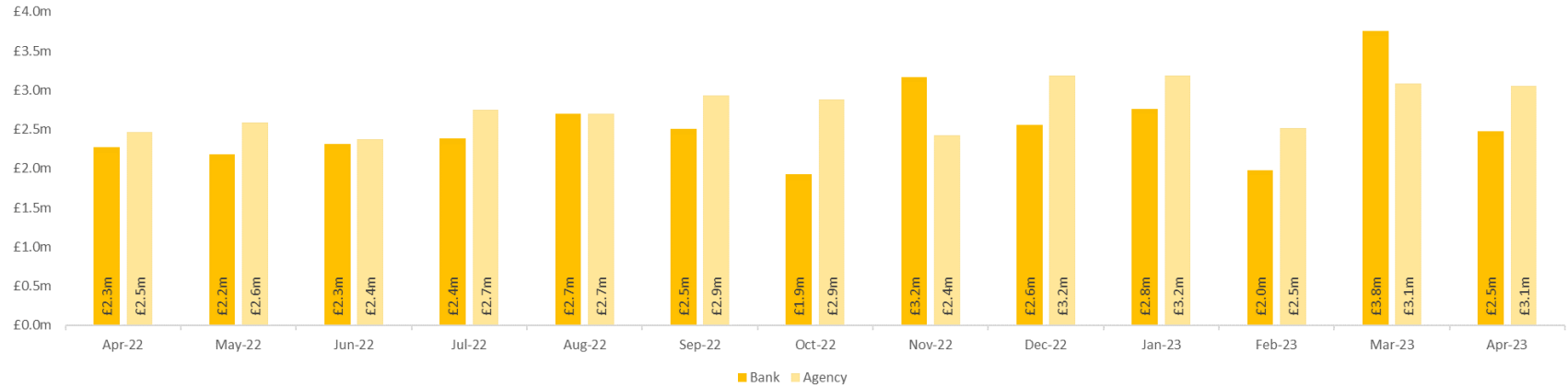
Our Emergency Departments

	Ambulances	60 Min Handover Delays	Self-Presentation	Breaches: 4 hours	Breaches: 12 hours
ED	3,682	696	9,426	5,431	317

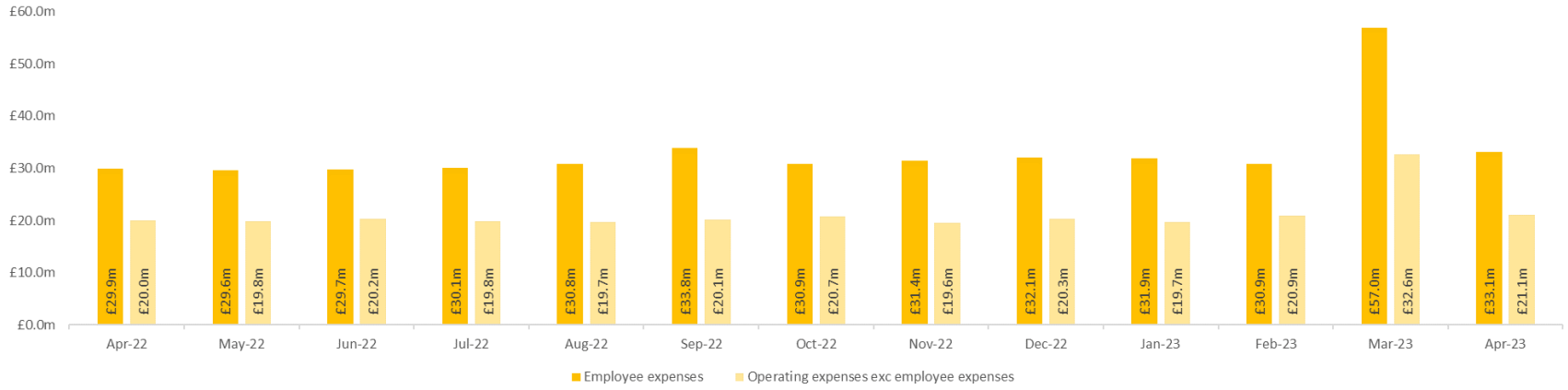
	New Patients Seen	Patients Discharged Home		% of Take
SDEC *AEC and Surgical SDEC*	1,006	852	84.7%	44.8%

April 2023 | At A Glance

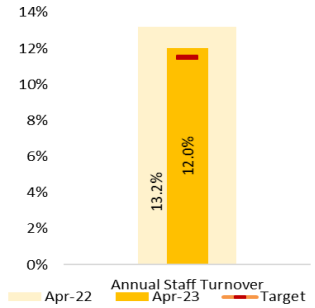
Our Locum / Agency Spend



Our Expenditure Run Rate



Our Staff Turnover



APRIL 2023 IN NUMBERS

Worcestershire Acute Hospitals NHS Trust

9,426

Self-presentation patients (A&E)

3,682

Patients arriving by ambulance

10,967

Inpatients

34,901

Face to Face outpatients

8,432

Telephone consultations

344

Babies

1,114

Elective operations

157

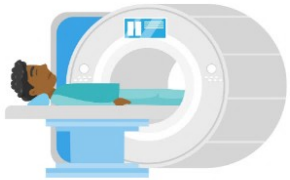
Trauma Operations

165

Emergency Operations

7.0

Average length of stay



16,793

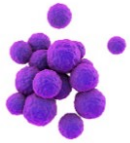
Diagnostics

Putting Patients First

QUALITY AND SAFETY IN NUMBERS

April 2023

NHS Worcestershire Acute Hospitals NHS Trust

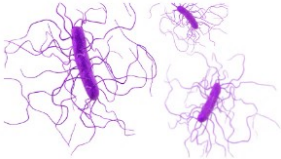


MRSA

0

ECOLI

6



CDIFF

0

MSSA

1

Hand Hygiene

Participation	**84.1**
Compliance	**99.7**

Sepsis

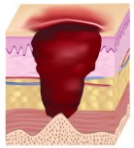
Screening Compliance	**89.2**
Sepsis 6 bundle compliance	**75.8**

ICE reports viewed

Radiology	**88.8**
Pathology	**95.3**

Falls per 1,000 bed days causing harm

0



Pressure Ulcers

All hospital acquired pressure ulcers	**21**
Serious incident pressure ulcers	**0**

Response Rate

A&E	**21.5**
Inpatients	**35.0**
Maternity	**0**
Outpatients	**12.4**

Recommended Rate

A&E	**88.4**
Inpatients	**97.7**
Maternity	**100**
Outpatients	**96.7**

HSMR 12 months rolling (March 22) **102.44**

Mortality Reviews completed </=30 days (Nov-20) **35.50**

Risks overdue review **228**

Risks with overdue actions **267**

Discharged before midday

14.3

Complaints Responses </=25 days

76.3

Total Medicine incidents reported **163**

Medicine incidents causing harm (%) **3.1**