Report Overview/Executive Summary

This annual report details the key performance and activity during 2021-2022 for formal complaints and concerns. Worcestershire Acute NHS Hospitals Trust (WAHT) aims to provide the highest possible standards of compassionate care and the very best experience for our patients, their carers, families, friends and for our staff. We have created a culture of continuous improvement and learning which we have driven through our clinical strategy and quality improvement strategy.

We invite the public to share feedback about their experience at our hospitals in a variety of ways, including; the Friends and Family Test, local and national patient surveys, at NHS.uk and the Care Opinion websites, through the Care Quality Commission, consultations, engagement workshops and focus groups and on our online social media platforms. We encourage patients, relatives and carers to tell us of any concerns they may have to support us to understand and make any improvements at the time.

In 2021-22 we received 5900 Patient Advice and Liaison Service (PALS) contacts. The PALS service has seen a year-on-year increase in the number of enquiries received (excepting a reduction due to the pandemic in 2020-21); this has reached a significant increase of 36% in 2021-22.

PALS resolved 79.8% of concerns and enquiries received within 1 working day, which is consistent with 78% for 2019-20 & 2020-21. 93.6% of total cases were responded to between 0-5 working days which was also consistent with 90.5% in 2019-20; this is especially notable given the significant rise in PALS concerns received when compared with 2020-21. Only 0.52% of PALS contacts (31 cases) became formal complaints. This is a sustained improvement and downward trend from 0.87% 2020-21.

The most common subject for PALS, recurring in 2048 cases (35%), was “signposting” by the PALS team – this relates to questions that can be answered by PALS without the need to involve another department. The top 3 subjects (Signposting, Communications & Appointments) each represented a larger share of the overall total in 2021-22 compared to the previous financial year but have remained consistent in terms of position.

The COVID-19 pandemic continues to affect every aspect of life for our patients, their carers, our staff and our community. In contrast to 2020-21 when a nationwide pause was instigated in Q1 by NHS England & NHS Improvement, the complaints process has operated normally in 2021-22 with no changes, with a return to previously established activity levels.

In 2021-22 we received 578 formal complaints. Following a drop in complaints response time performance to 69% in 2020-21, performance was above 80% in 2021-22, meeting the KPI. 16% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 18% in 2019-20. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience. This report includes further detailed performance information and examples of some of the lessons that we have learned from formal complaints during 2021-22.

Clinical Treatment was the most common subject. This is a consistent with the previous two years, although the proportion has increased from 26% to 32% of the total cases. Communications is the second most recurrent subject during 2021-22, consistent with its move into this place in 2020-21 from third place in 2019-20. The proportion has increased. Values & Behaviours has sustained as the third most common subject, as with the above, the proportion has also increased.

In 2021-22, WAHT recorded 2290 compliments from patients, carers, relatives and friends. This represents a 5% decrease from 2020-21 and a significant decrease compared to pre-pandemic levels, it is to be noted that there had been a reduced number of patient admissions, attendances and visitors in the Trust due to COVID-19. The additional pressure on staff throughout the pandemic has also meant that other work was prioritised over the formal recording of compliments. We are also aware that the Trust receives many more compliments than those recorded on Datix; we have plans in place to modify the Datix system in 2022-23 to support all staff to report positive feedback more easily.

Report Purpose

The Trust has a statutory duty to respond to complaints from users of its services and to record and report annually under the Local Authority Social Services and National Health Service Complaints {England} Regulations 2009 on the following areas:

- The number of complaints received
- The number received that were well-founded (Upheld)
- The number referred to the Parliamentary and Health Service Ombudsman (PHSO)
- The subject matter of complaints
- Action taken, or being taken, to improve services as a result of complaints received.

This report examines the formal complaints received by the Worcestershire Acute Hospitals NHS Trust in 2021-22 and provides assurance that the Trust is:

- Recording all complaints received, including those referred to PHSO
- Recording concerns raised through the Patient, Advice and Liaison Service (PALS)
- Noting trends in complaints & concerns, including those upheld
- Taking action to address concerns raised by users of its services

About the Complaints & PALS Teams

The Trust operates a partially centralised Corporate complaints service, which is linked with Divisional Management and Governance teams. The Trust has a Key Performance Indicator (KPI) to respond to more than 80% of formal complaints within 25 working days of receipt, and a KPI of less than 10% of formal complaints to be reopened with further concerns. Complaints and contacts through PALS are recorded on our complaints management system (Datix), which uses specific, detailed codes to capture the nature of the concerns. Datix allows data to be collated into themes, which enables analysis of trends and also serves to capture learning from complaints which can be shared across the organisation to support and improve the patient experience.

Worcestershire Acute Hospitals Trust is committed to resolving concerns at the earliest opportunity and this is often facilitated by a patient, relative or carer discussing their concerns directly with the service at ward/clinic level. PALS is available to provide confidential advice, support and information to any patient, carer or relative on health related matters where it has not been possible to raise their concern with the service directly, or where someone feels that their concern remains unresolved. The PALS team aim to resolve any concerns that are raised with them quickly and informally within 1 working day where possible. Where necessary, our PALS staff support patients, relatives or carers to raise a complaint and provide the necessary support to begin that process.

Formal Complaints & PALS Assurance

The Trust experienced clinical challenges throughout the year, with a significant impact on performance in the winter months (November, December, January and February); performance improved again in March. The Trust successfully managed its caseload of open complaints throughout the year, demonstrating previous quality improvements remained effective and placing the Trust in a strong position to start 2022-23.

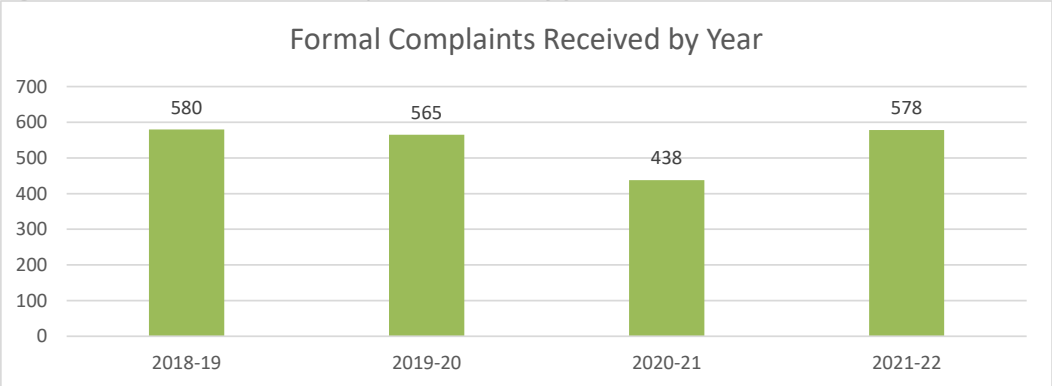
Quality Improvements & Key Achievements		
Informal Resolution	16% of formal complaints were resolved informally by staff engaging with complainants by telephone, consistent with 18% in 2019-20. This provided timely resolution for complainants and improved patient/carer/public satisfaction and experience.	✓
PALS Resolution Times	PALS resolved 79.8% of concerns and enquiries received within 1 working day which is consistent with 78% for 2019-20 & 2020-21. 93.6% of total cases were responded to between 0-5 working days which was also consistent with 90.5% in 2019-20; this is especially notable given the significant rise in PALS concerns received when compared with 2020-21.	✓
PALS to Complaints	0.52% of PALS contacts (31 cases) became formal complaints. This is a sustained improvement and downward trend from 0.87% 2020-21.	✓

Key Performance Indicators		
Respond to 80% complaints within 25 w/d	Against the ongoing impact of Covid-19, the final performance for the year was 80.62%, an improvement from last year and achieving the target.	**Compliant**
Reopen Less than 10% Cases	18.3% of cases from 2020-21 have been reopened for further investigation; this is an increase from 2020-21. A focus in 2022-23 will be on the reasons that complaints are reopened and work will be carried out to design and implement training in complaint response writing to mitigate this.	**Not Compliant**

Complaints Activity

The following sections outline in greater detail the number of complaints received across the Trust in the 2021-22, their distribution across the Trust and its divisions, and performance data and analysis.

Figure 1: The number of formal complaints received by year.



- The Trust received 578 formal complaints in 2021-22, 140 more than in 2019-20, which represents a significant increase of 31.9%; however, this is in line with pre-pandemic data.
- This demonstrates that the reduction in complaints is directly attributable to the lockdowns and suspension of services in 2020-21.

Figure 2: Comparison of the number of complaints received per month by year

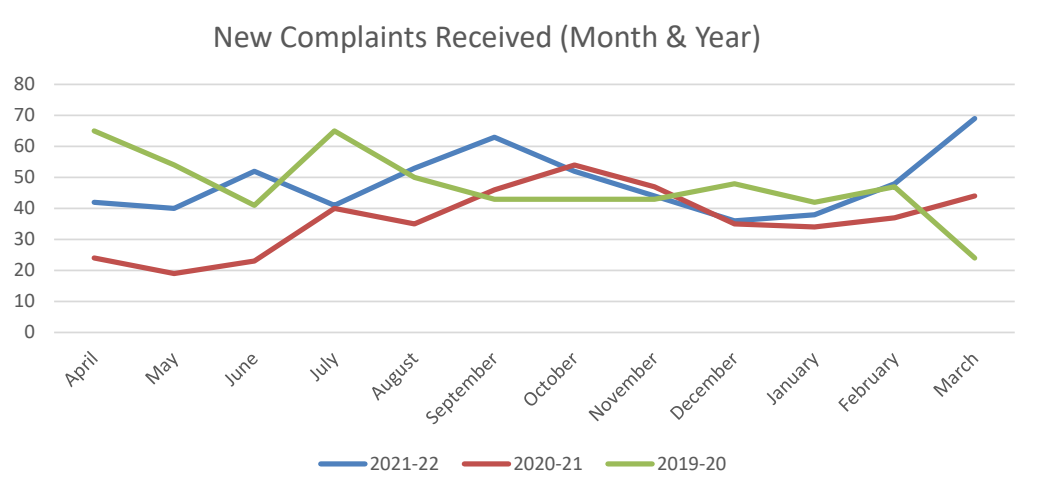


Figure 2 provides an annual comparison of the numbers of complaints received monthly. Complaint numbers do not ordinarily show a specific pattern throughout the months of the year, but in October to March a reduction and subsequent rise can be seen in both 2020-21 and 2019-20 which follows a similar pattern.

Figure 3: Complaints received by Division by year

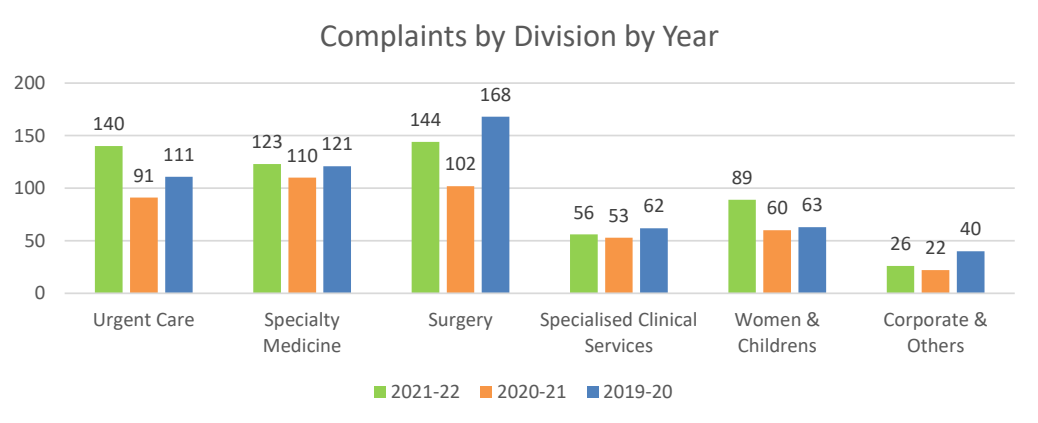


Figure 3 shows that each division experienced an increase in complaints, however numbers in were comparable to pre-pandemic figures in 2019-20; the most significant increase from 2020-21 was seen in Urgent Care, with 53% more cases.

Complaints Performance

Overall performance against the 25 Working Day Response Timescale

The Trust is committed to providing timely complaint responses and has a local standard timescale of a response within 25 working days of receipt. Complaints which require more time to investigate due to complexities should be responded to within 40 working days, and we engage with the complainant to agree this timescale when necessary.

Figure 4: The Trust's performance against the >80% within 25 working days response standard, illustrating a per year view for 2018-19 to present

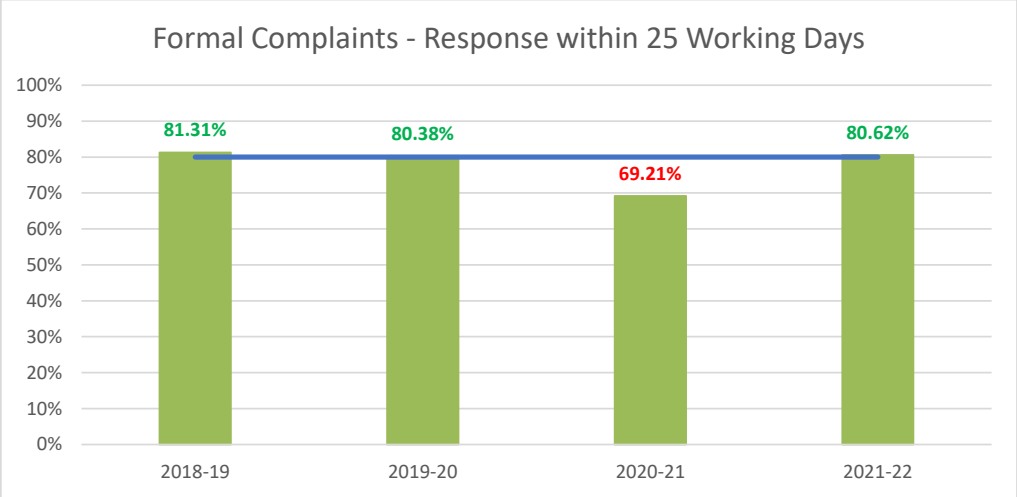


Figure 4 demonstrates the Trust's performance against the 25 working day response standard over the last four financial years; it should be noted that performance in 2021-22 achieved the target despite the ongoing challenges posed by the pandemic.

Figure 5: The Trust's performance against the >80% within 25 working days response standard, illustrating a per month view for 2021-22

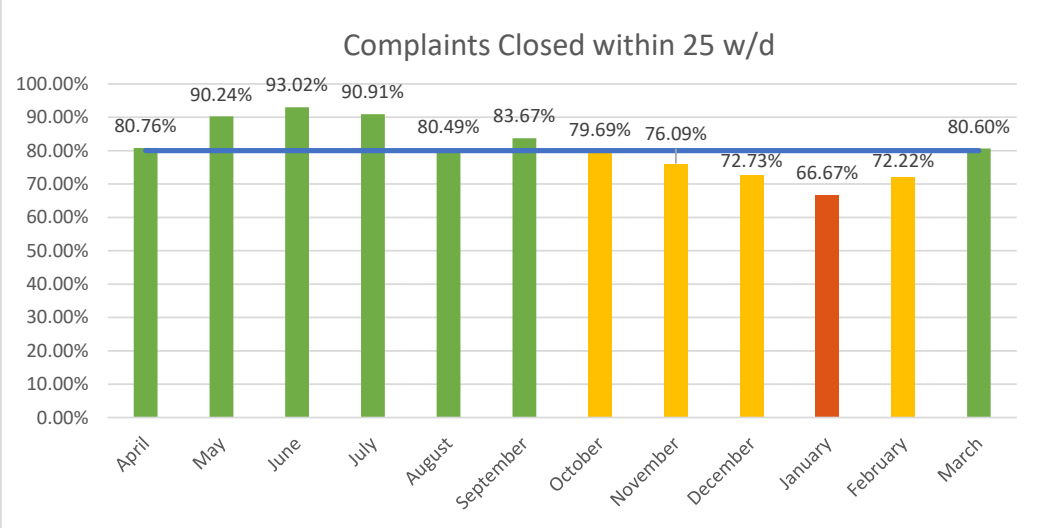


Figure 5 above demonstrates the Trust's performance against the 25 working day response standard broken down by month over 2021-22.

Analysis & Assurance

- There was a slight decrease in performance in October and November, which continued to a low of 66.6% in January, reflecting winter pressures. Significant work was carried out in February and March to improve performance.
- Performance at closing cases within the response timeframe remained consisted during 2021-22, with a 3% reduction in the percentage of all open overdue cases between the start and end of the year.
- There has been an ongoing commitment by all staff involved to ensure that responses are provided as soon as possible to complainants, despite the ongoing pressures of the pandemic on staff who investigate complaints as part of their work.
- During Q1, the number of overdue cases increased; however, all of these were resolved in Q2.

Divisional Achievements

Urgent Care	• Resolved 39% of all Trust complaints informally, and was the division with the highest proportion of complaints resolved in this manner, reflecting the continued focus to address concerns quickly at the department level. • Complaint performance improved from 70% of responses within 25 working days in 2020-21 to 91%, the highest score for this division in the last four years and second highest of all divisions in 2021-22. This performance was achieved alongside a significant increase in the number of complaints being received.	↑
Specialty Medicine	• Specialty Medicine achieved the highest percentage of complaints that were responded to within 25 working days by a division and improved performance from 70% in 2020-21 to 94% in 2021-22. • Specialty Medicine also resolved 90% of PALS concerns within 3 working days throughout 2021-22, an improvement on 84% in 2020-21, demonstrating resolution of concerns before they proceed to a formal complaint.	↑
Surgery	• Although Formal Complaints have risen again in 2021-22 back to pre-pandemic levels Trustwide, • 23 complaints were resolved informally, accounting for 25% of the Trustwide total and 14% of Surgery's overall total.	↑
Specialised Clinical Services Division	• 87% of complaints responded to within time, an improvement from 73% in 2020-21.	↑
Women & Children's	• Performance was improved on 2020-21, despite receiving and resolving 48% more complaints when compared to 2019-20 and 2020-21. • Resolved 14% (13) of complaints informally.	↑

Formal Complaint Themes

A formal complaint can contain multiple concerns with a number of different areas to investigate, and can be cross-divisional, with concerns relating to different specialties.

To understand all of the themes within complaints, the Trust records and logs the complaint details using national subject codes. The codes highlight the broad main subject as well as the specific sub-subjects to support with detailed reporting, analysis & learning.

Table 6 details the most common complaint subjects in 2021-22 and the change from its position compared to 2020-21.

Table 6: Main most common complaint subjects

Top 3 subjects	Top constituent sub-subjects	Percentage of Total number of Complaints received	Position
Clinical Treatment	• Delay or Failure to Diagnose • Delay in Treatment • Delay or Difficulty in Obtaining Clinical Assistance	32%	⇔
Communications	• Communication with relatives/carers • Communication with patient • Conflicting Information	29%	⇧
Values & Behaviours	• Attitude of Nursing Staff • Attitude of Medical Staff • Rudeness	15%	⇧

Analysis of Themes

- **Clinical Treatment** was the most common subject of complaints. This is a consistent with the previous two years, and the proportion increased from 26% to 32% of the total cases.
- **Communications** was the second most recurrent subject during 2021-22, consistent with its move into this place in 2020-21 from third place in 2019-20. The proportion has increased from 24% to 29% of the total cases.
- **Values & Behaviours** has sustained as the third most common subject; the proportion has also increased from 12% to 15% of the total cases.
- **Patient Care** was the second highest recurring subject in 2019-20, but has not been in the top 3 themes of complaints in for the last two years.

Actions

- The themes in complaints are recorded on Datix and reported Quarterly to the Trust's Clinical Governance Group, Trust Management Executive and Quality Governance Committee. The Trust Board receives key data every month.
- Themes and learning from complaints by division is highlighted in bi-monthly divisional reports into the Patient, Carer and Public Engagement Steering Group. This provides a forum to discuss themes and learning and spotlight good practice.

Complaints Demographic Data

Ethnicity of Patient

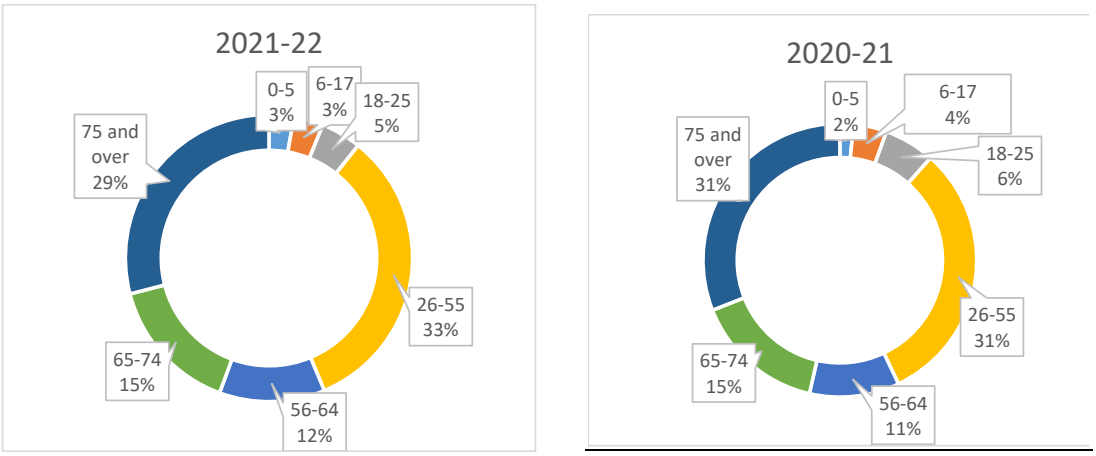
Ethnic origin codes are recorded on the Trust's Patient Administration System; for complaint cases this is added to Datix to capture the ethnic diversity of patients who are the subject of complaints. The ethnicity of the complainant (if they are not the patient) is not recorded. The specific codes have been collated to census date for Worcestershire from 2011 for comparison:

Ethnicity Grouping	Percentage of Complaints	Worcestershire Census Data
White Category Total	95.46%	95.80%
Asian or Asian British	1.20%	2.40%
Other Ethnic Group	0.48%	0.10%
Black or Black British	0.24%	0.40%
Mixed Multiple Ethnic Group	0.24%	1.30%
Not Stated	2.39%	

The large majority of people who were the subject of a complaint in 2021-22 were White-British or White-Other White/White-Irish, reflecting the county's demographic profile. Aside from patients who did not state their ethnicity, 2.16% of complaints related to patients from other ethnic backgrounds.

Age Band of Patients who were subject of Complaints

Figure 7: Age Band of Patients subject of Complaints 2021-22 & 2020-21



In 2021-22 the majority of complaints related to patients aged between 26-55 and aged 75 and over, each making up approx. 30% of the total complaints received; this is consistent with 2019-20 & 2020-21, shown above. These two groupings were also largest when compared with national data.

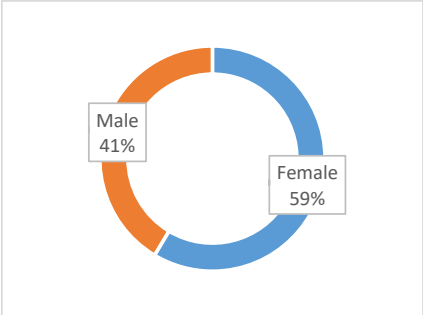
It should be noted that Worcestershire does have a larger proportion of people over 75 compared to the national average.

Actions

- Information is available across the Trust inviting patients, their carers, friends and families to share concerns or complaints; for example this includes posters in Children's departments about young people's rights to ensure that everyone is aware that they have the right to complain about their experience or treatment regardless of age.

Gender of Patients who are the subject of complaints

Figure 8: Gender of Patients subject of Complaints 2021-22



- In 2021-22 the majority of complaints submitted related to female patients, consistent with 2020-21.
- The population of the county based on the latest available census data is approximately 50% female.
- This disparity can be accounted for by the higher than average population of older people in Worcestershire and the average life expectancy being higher for females

Action

In 2021-22, the available gender options on the Datix system were amended the to bring the data to recognise and promote equality and diversity by including options for gender identity and align with the Trust's Patient Administration System

Upheld Status of Complaints

A complaint can be 'Upheld' if:

- we did not get it right for the patient or their family;
- we were not customer focused or open and accountable in our dealings with them;
- we were not fair and proportionate, or;
- there was an area for improvement or redress.

Figure 9: Upheld Status 2021-22 and 2020-21

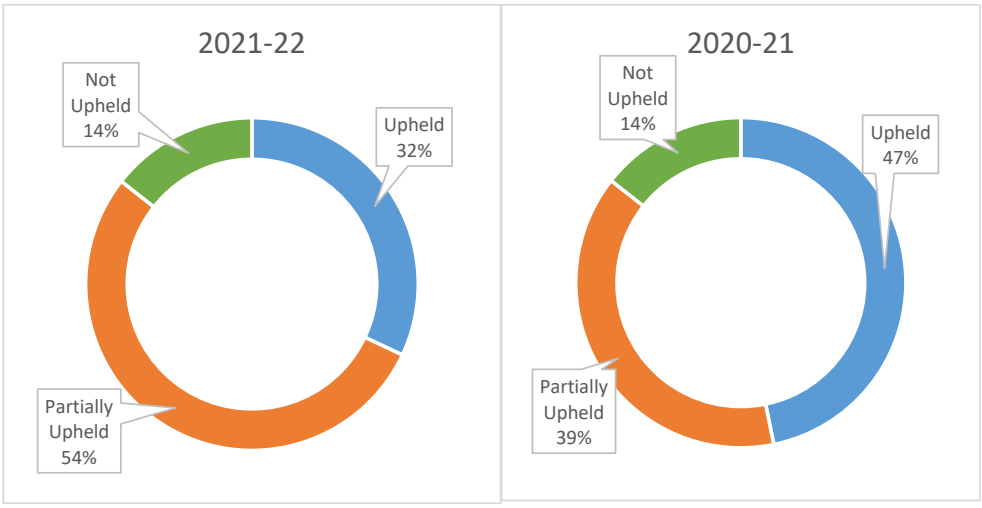


Figure 9 provides a breakdown of the Upheld Status of complaints. Out of 578 cases received in 2020-21:

- 178 were Upheld - 32%, 15% less than in 2020-21
- 298 were Partially Upheld - 54%, 15% more than 2020-21
- 80 were Not Upheld – 14.3%, consistent with 2020-21

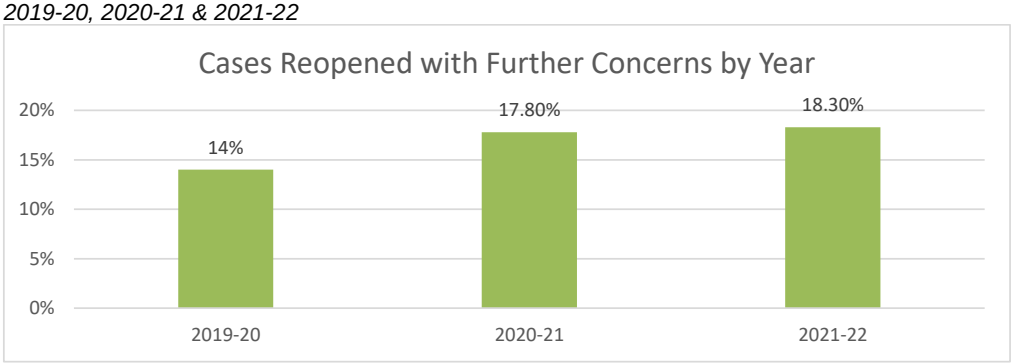
This demonstrates that whilst the number of cases Not Upheld has remained the same, there are fewer cases that have been fully upheld.

Complaints Reopened with Further Concerns

If a person who formally complains to the Trust is dissatisfied with our response, they can contact the Complaints Team again who will reopen their case; this is referred to as a 'further concern' and the process is supported by a local resolution approach.

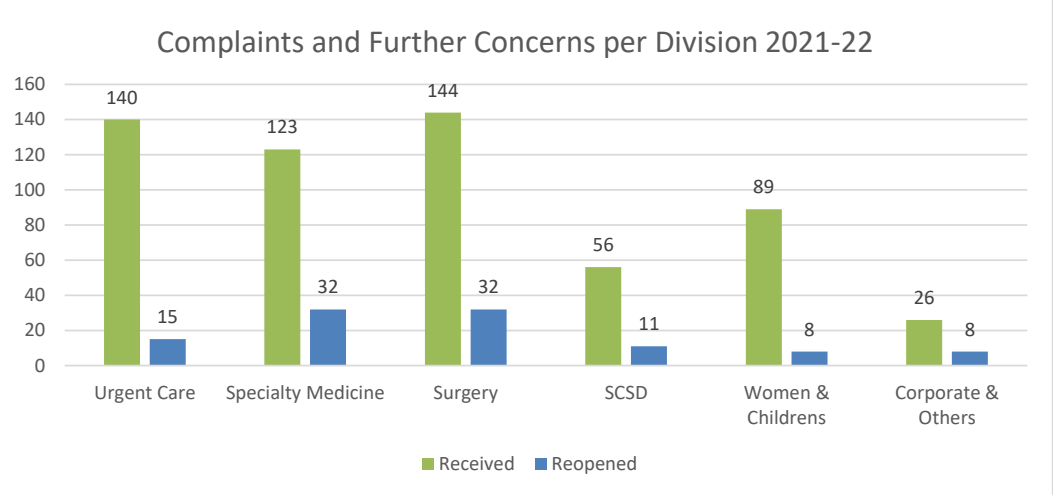
The Trust has a KPI of less than 10% of cases closed to be returned for further review. This KPI has not been achieved since its implementation in 2011, and the figure has remained between 14%-20% consistently in previous years. In 2021-22, 18.2% of complaints received were re-opened for further investigation.

Figure 10: The number of complaints received which were later returned for further local resolution in 2019-20, 2020-21 & 2021-22



As the number of reopened cases can increase throughout the year (given that complainants may choose to reopen their case at any time) the percentage performance has been calculated as a snapshot at the time of reporting (mid-July 2022).

Figure 11: The number of complaints received by Division in 2021-22 and the number of which were later returned for further local resolution



Divisional Breakdown of Further Concerns
Key: arrow direction denotes increase (up) or decrease (down) – RAG rating indicates status

Urgent Care	10% return rate, **reduced from** 2020-21	↓
Specialty Medicine	26% return rate, **consistent** with 2020-21.	↔
Surgery	22% return rate, **an increase** compared to 2020-21.	↑
SCSD	19% return rate, **consistent** with 2019-20 & 2020-21.	↔
Women & Children's	**Maintained achievement for 2 years in a row** with 8.9% cases reopened	↓
Corporate & Other Services	30% return rate, **increased from** 2020-21	↑

Action

- In 2021-22, the importance of initial telephone contact to support resolution and satisfaction for complainants was a key emphasis, with discussion of current performance and targets at regular meetings between Complaints Manager and divisional teams where time permitted; work will be carried out in 2022-23 to reintroduce these meetings on a monthly frequency.

Learning from Complaints

It is important for the Trust to effectively utilise the information it gains as a result of complaints. Monitoring data collected from complaints plays a key role in improving the quality of care received by patients and their experience. The lessons learned and trends identified enable the Trust to learn, change, improve and evolve in response to its complaints.

Included below are a sample of lessons and actions implemented during 2021-22 as a result of formal complaints:

Division	Concern/Complaint	Action Taken/Learning
Urgent Care	Complaint regarding care of patient in Emergency Department and Medical Short Stay unit.	An investigation found that the ward staff should have ensured the family were given regular updates on the patient's condition, any change in their medical condition or the need to update on discharge arrangements. This complaint led to the introduction of a discharge checklist for all patients to prompt communication, documentation and planning.
Specialty Medicine	Patient unhappy with aftercare following discharge from Acute Stroke Unit	The investigation found that the patient had had a poor experience when attempting to access support and advice post-discharge. To improve this all patients will now be given the contact details for the Specialty Team who has provided care during their admission, together with contact numbers of the Stroke Secretarial Team, to ensure that they have a point of contact.
Surgery	A patient sustained an injury due to the fragile condition of their skin; this was not communicated appropriately to the family or logged on the Electronic Discharge Summary (EDS).	The investigation acknowledged that the Trust failed to communicate with this family properly about the incident that took place and did not update the EDS properly. As a result of the complaint, the staff on both wards involved were spoken with and reminded the importance of ensuring all information is included within an EDS, as this is key to providing patients with safe and effective care following their discharge. Staff also received training updates with regard to tissue viability and wound care and were made aware that they can contact the Tissue Viability Team if they are unsure regarding any aspects of wound care, especially with patients whose skin is fragile.
Specialised Clinical Services Division	A patient was booked into a procedure slot and undertook a covid swab, isolation and arranged a carer; on attendance the clinician was found to be unavailable.	An investigation identified that the particular type of special leave booked by the consultant in order to support the armed forces could not be entered onto Allocate, the system for recording unavailability; this resulted in them showing as available and their list being available to book the patient into in error. As a result of the complaint, the Allocate system was amended to ensure that reservist leave can be input by the individual affected, so that this does not occur again.
Women & Children's	Multiple complaints received regarding the delay for induction of labour	A need to improve communication with women and their families was highlighted by these complaints. A video and leaflet was developed in conjunction with Wye Valley NHS Trust and the Maternity Voices Partnership to ensure women know what to expect, the time they may have

		to wait and how they and their babies are being kept safe during the period leading up to induction.
Corporate & Others	A patient with impaired vision wrote in to highlight receiving letters in standard size print despite requesting large print on multiple occasions previously.	The patient was contacted with apologies for this ongoing issue; the feedback was highlighted to the IT department who are developing accessibility options as part of the new Digital Care Record system; this will alleviate this issue and allow digital copies of patient correspondence which can be increased in size or used with screen readers as necessary. The patient was contacted by the team and has been invited to participate in testing and feedback on the system going forward.

Next Steps

- A focus in 2022-23 will be to work with divisional teams to ensure that lessons learned are recorded in high quality and ways to demonstrate evidenced outcomes will be explored.
- Reports on quarterly improvements implemented by divisions and lessons learned following complaints will be presented at the Patient, Carer, Public Engagement Steering Group. This will enable reflection on themes, shared learning and best practice.
- More detailed tracking and reporting of specific actions taken as a result of complaints will be developed within Datix, which can then be shared more easily across the organisation to ensure lessons can be learned by all departments.
- Explore the rollout of surveying patients and carers to gain feedback on the quality of the process and identify areas for improvement
- Produce regular thematic reports on reopened complaints to identify reasons and areas for action/need for additional training.

Parliamentary Health Service Ombudsman (PHSO)

A complainant may refer their complaint to the PHSO if they do not feel that the Trust has responded to all of their concerns, or if they are unhappy with the way in which we have dealt with their complaint. The PHSO provides the Trust with the opportunity to ensure that all local resolution has taken place and provides an independent view on the complaint.

Separate to the Trust's initial findings, the PHSO investigation also results in a separate outcome of Upheld, Partially Upheld or Not Upheld for the complaint, depending on whether they find that the Trust has acted correctly or if there was a problem/failing.

If the complaint is Upheld or Partially Upheld, the PHSO can make recommendations to put things right. The complaint is Not Upheld when the PHSO feels the Trust has acted correctly, or that there was a problem but we have already done enough to put things right.

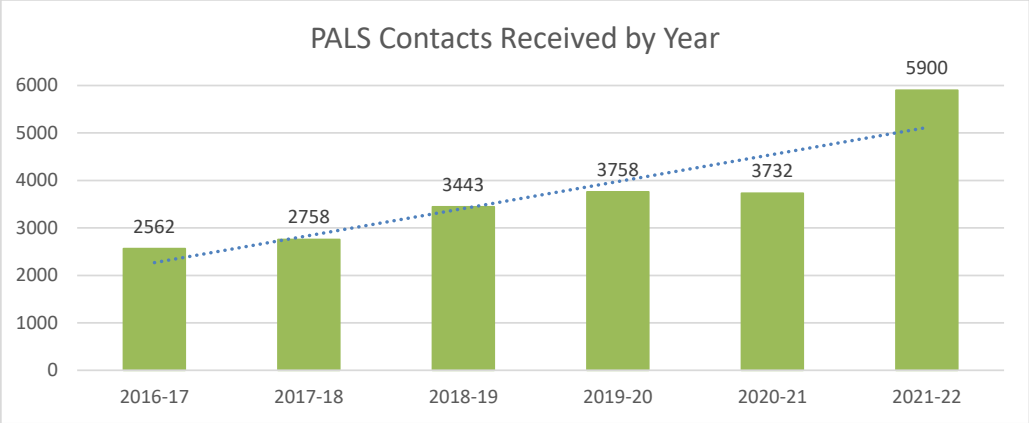
Activity	
⬆	6 cases where the PHSO investigations had commenced in 2020-21 were finalised during 2021-22 1 of these were Upheld, 2 Partially Upheld and 3 Not Upheld.
⬆	In addition during 2021-22 the PHSO confirmed their intention to investigate 2 cases (compared to 4 in 2020-21 and 7 in 2019-20)

Continued Improvement	
⬆	In the case that was Upheld, the complainant was sent a letter of apology and a cheque in recognition of distress caused by delay in a response. In the cases that were Partially Upheld, the complainants were sent letters of apology and detailed action plans formulated by the divisional teams involved outlining how similar issues would be prevented in the future.
⬆	The number of cases taken on by the PHSO during 2021-22 was reduced by 50% when compared to 2020-21.

Patient Advice and Liaison Service (PALS) Activity

The following sections outline the activity carried out by the Patient Advice & Liaison Service over 2021-22, with numbers of cases, themes and response times highlighted.

Figure 12: PALS Annual Numbers

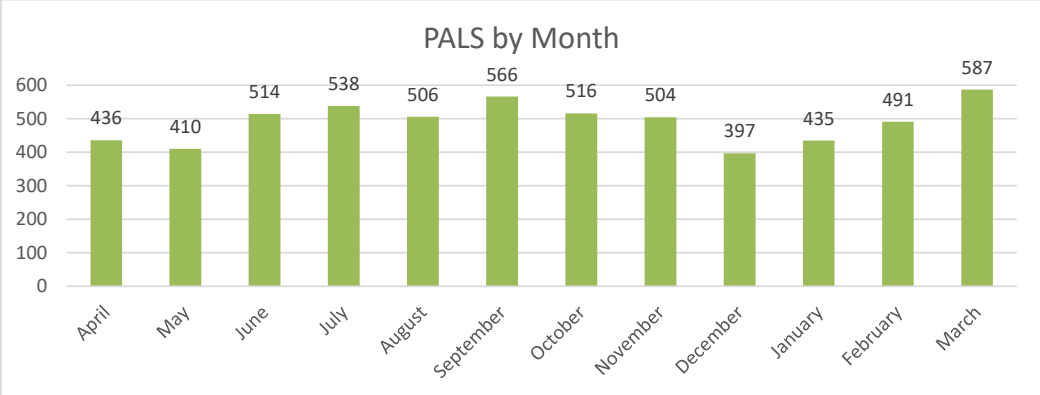


The PALS service has seen a year-on-year increase in the number of enquiries received (excepting a reduction due to the pandemic in 2020-21); this has reached a significant increase of 36% in 2021-22.

The concerns and queries cover every area across the Trust, demonstrating an awareness of the service for the public and staff.

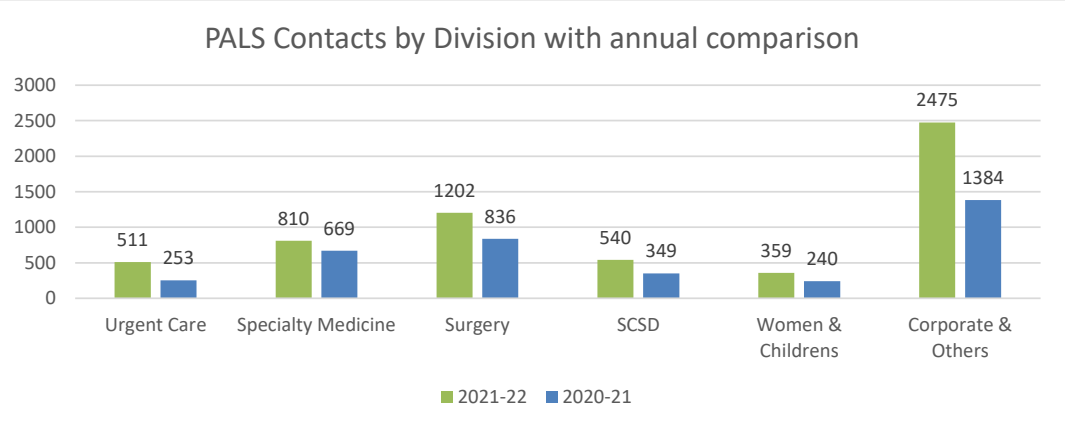
PALS by Month

Figure 13: PALS grouped by month for 21-22



- The breakdown illustrated in the diagram above shows that the numbers of PALS concerns by month have remained at a consistent level and above previous records.
- 8 out of 12 months saw significantly increased numbers not observed in previous years
- March 2022 saw the highest number recorded at the Trust with 587 queries and concerns recorded; this averaged 25 contacts per working day.
- The number of PALS concerns is significantly larger when compared with the number of formal complaints received across the Trust.

Figure 14: PALS by Division



Corporate and Other Services received the greatest number of enquiries in 2021-22, which is consistent with previous years. These related to general advice matters including how to access health records, information on the complaints process and signposting to other services in the community, GP surgeries and the Herefordshire and Worcestershire Health and Care Trust.

PALS Themes

Table 15: Top subjects and related sub-subjects in 2021-22. The position has not changed when compared to the previous year

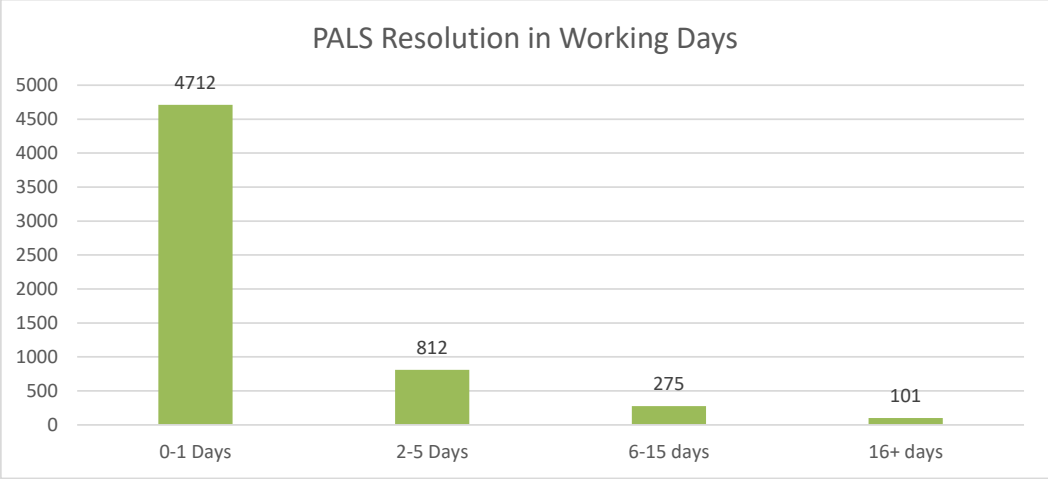
Top 5 Subjects	Top Sub-subjects	Percentage of Total	Position
PALS Signposting	• Redirected to Appropriate Trust • Advice Given – No Action Needed	30%	⟷
Communications	• Other - Communications • Communication with Patient or Relative • Communication with Relatives	22%	⟷
Appointments	• Other – Appointments • Appointment Delay (including Length of Wait) • Failure to Provide Follow-up	17%	⟷
Clinical Treatment	• Other – Clinical Treatment • Delay or Failure in Treatment/Procedure • Delay or Failure to Diagnose	8%	⟷
Trust Admin Policies and Procedures	• Access to Health Records • Trust Administration • Accuracy of Health Records	5%	⟷

- The most common subject, recurring in 2048 cases (35%), was "signposting" by the PALS team – this relates to questions that can be answered by PALS without the need to involve another department.
- In 2020-21 a Covid-19 subject group was added, which was the second most common in that year; this was removed in 2021-22 as it was no longer necessary to separately report on this
- The top 5 subjects each represented a larger share of the overall total in 2021-22 compared to the previous financial year.
- The effect of Covid-19 on inpatient and outpatient activity has led to a rise in calls and queries regarding cancellations and requests for updates on waiting lists.
- The positions of the top 5 subjects have remained consistent with 2020-21.
- It is important to note that communication with patients and relatives alike has been more difficult due to visiting restrictions.

PALS Performance

The PALS team will raise concerns with the relevant department to facilitate resolution as quickly as possible and the Trust aims to respond to all PALS concerns and queries within 1 working day; Figure 16 demonstrates that a significant proportion of the total PALS concerns received are dealt with promptly within this timescale, and that good communication with teams around the Trust is in place to ensure this process; a sustained reduction in formal complaints over the past 4 financial years can be attributed in part to the large volume of concerns that are resolved informally via PALS.

Figure 16: PALS Performance in working days.



Method of Contact

The PALS team can be contacted by telephone, email or by post; an external telephone line is available between 08:30 to 16:30 on weekdays; there is also a facility to leave voicemails which are returned within one working day. The PALS email address is available for patients, carers, families and friends to write in with their concerns; emails are acknowledged and PALS will advise on and discuss the action the service can take to resolve concerns with the relevant teams.

Table 17: Methods of contact for PALS cases – 2021-22 and 2020-21 comparison.

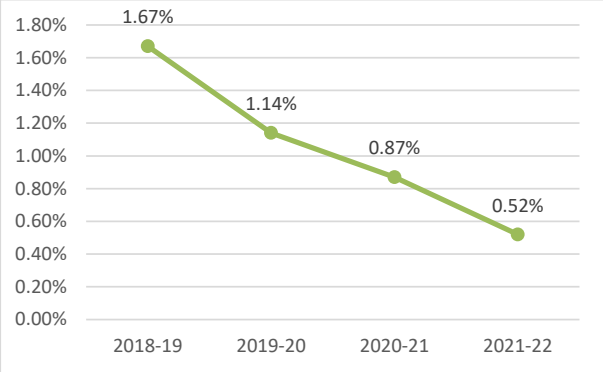
Method	2021-22		2020-21
Telephone	3809 (54% increase)	⇧	2452
Email	2063 (67% increase)	⇧	1229
Letter	28 (34% decrease)	⇩	43

Table 17 demonstrates that the majority of patients, relatives and carers contact the PALS by telephone and this has increased in comparison with 2020-21; email contact has increased by a larger proportion.

PALS to Complaints

One of the aims of the PALS service is to resolve concerns promptly and prevent patients, relatives or carers from needing to engage in a lengthy complaint process; occasionally, despite the efforts of PALS and the divisional teams responsible for resolving concerns, some cases will progress to a formal investigation. Figure 18 overleaf shows the percentage of PALS cases per year that become formal complaints; it should be noted that this figure was below 1% for the second continuous year in 2021-22.

Figure 18: Percentage of PALS which became Formal Complaints by Year



Numbers of PALS have been rising annually, but the number that are not resolved and progress to formal complaints is reducing each year: in 2021-22 only 31 out of 5900 or 0.52% of the total PALS cases received became formal complaints, a reduction on 2020-21.

Continuing to move 4ward - Priorities for 2021-22

We will continue to focus on Quality Indicators throughout 2022-23, to build on progress made before the pandemic and on sustained areas of improvement achieved in 2021-22.

We are aware from public feedback that a prompt, real-time, comprehensive service for the public using the Complaints and PALS services can be effective in resolving the majority of queries or outstanding concerns.

In 2022-23, we will focus on two Quality Indicators as our drivers for continued Quality Improvement:

Quality Indicator 1: We will respond to complaints within 25 working days of receipt and ensure we create learning from the themes from complaints.

Our position for 2021/22 was 80.62%	Our target for 2022/23 is 80%

In 2022/23 we will:

- Hold monthly focused divisional meetings (availability dependant).
- Increase focus on Learning from Complaints.
- Develop a divisional training programme focusing on the quality of responses
- Support the Trust in preparation for a national Complaints Standards Framework currently in development by the Parliamentary & Health Service Ombudsman.

Quality Indicator 2: We will reduce the number of complaints returned from those who are not satisfied with the response.

Our position for 2020/21 was 18.3%	Our target for 2022/23 is 15%

In 2022/23, we will:

- Explore the rollout of surveying patients and carers to gain feedback on the quality of the process and identify areas for improvement
- Review the current service function of the complaints process and Complaints Team to ensure the Trust is ready to meet the National Complaints Standards Framework.
- Explore and examine reopened complaints to identify and report on emerging themes where there are areas for action/need for additional training.

Conclusion

The Complaints and Patient Advice and Liaison Service Annual Report 2021-22 details activity and analyses progress made against key performance and quality indicators within the framework of the continued impact of COVID-19.

Strongly embedded processes and divisional engagement has meant that the Trust was in a strong position to maintain the best possible service for Complaints and PALS contacts throughout 2021-22 and completed the year in a good position to meet performance targets in 2022-23.

A number of initiatives and projects were planned for 2021-22 focusing on the quality of complaint responses and investigations, which could not be progressed due to the significant pressure on staffing teams across the Trust, both corporately and in the divisions; these projects will be revisited in 2022-23.

Both the Complaints and PALS Teams will continue to work towards our ambition to ensure that each and every patient and their carer, family and/or friends have a positive, person-centred, experience of care across our Trust. Learning, identifying and sharing good practice from the investigations into patient/carer complaints and concerns raised remains fundamental to achieving this ambition.

End of Report

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	13th October 2022
Paper number	

Integrated Performance Report – Month 5 2022/23

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Directors	Paul Brennan – Chief Operating Officer, Paula Gardner – Chief Nursing Officer, Christine Blanshard - Chief Medical Officer, Tina Rickets – Director of People & Culture, Neil Cook – Chief Finance Officer		
Presented by	Vikki Lewis – Chief Digital Information Officer	**Author /s**	Steven Price – Senior Performance Manager

Alignment to the Trust's strategic objectives (x)							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	X

Report previously reviewed by		
Committee/Group	**Date**	**Outcome**
TME	21st September 2022	Approved
Finance and Performance	28th September 2022	Assured
Quality Governance	29th September 2022	Assured

Recommendations	The Board is asked to note ▪ this report for assurance ▪ the addition of revised SPC summary icon descriptions and how to interpret them (to the appendix section)

Key Issues

Operational Performance

Elective Recovery

Elective Activity			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Outpatients	News	Plan	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	81,790
	(Target 104%)	Actual	13,158	16,084	15,467	15,014	15,461								75,184
	Follow-ups	Plan	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	135,353
	(Target 75%)	Actual	30,172	34,009	32,784	31,840	32,235								161,040
Inpatients	Day Case	Plan	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	37,305
	(Target 104%)	Actual	5,826	6,652	6,282	6,435	7,096								32,291
	Elective Spells	Plan	455	584	697	707	646	744	663	824	744	766	808	853	3,090
	(Target 104%)	Actual	450	526	525	449	506								2,456
Diagnostics	Imaging	Plan	12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	64,482
	(Target 120%)	Actual	11,723	13,515	13,155	13,608	13,540								65,541
	Endoscopy	Plan	1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	7,865
	(Target 120%)	Actual	1,022	1,285	1,158	1,278	1,374								6,117
	Echocardiography	Plan	806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	4,273
	(Target 120%)	Actual	1,001	1,150	1,008	1,072	1,150								5,381

Table 1

Against the submitted annual plan for Aug-22 we are below our OP New target; however, more appointments have taken place this month than in Aug-19. OP follow-ups continue to be over plan when the target is to reduce this activity. We remain on track with PIFU.

Day case activity was below our plan however Aug-22 was the first month providing over 7,000 day cases in 22/23 and was more than Aug-19. Inpatient (ordinary) was also below plan but our 5-month average for 22/23 is above our delivery for the same period in 21/22.

Our DM01 Diagnostics waiting list showed no significant change at the end of Aug-22 remaining below 10,000. The number of patients 6+ weeks increased to 3,063 and the number of patients waiting 13+ weeks

increased to 925. We completed over 17,700 diagnostics during the month and CT, Flexi Sigmoidoscopy and Echocardiography exceeded their annual plan targets. MRI activity reduced by 20% due to the broken scanner at Kidderminster Treatment Centre. Against our submitted plan, we were within 0.5% of the annual plan requirement of 120% of 19/20 activity.

Elective Performance

Elective Performance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
RTT	104+ week waiters	Plan	250	120	88	0	0	0	0	0	0	0	0	0
	(Zero by July 2022)	Actual	254	161	40	31	12							
	78+ week waiters	Plan	1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0
	(Zero by April 2023)	Actual	1,574	1,631	1,505	1,200	1,093							
	52+ week waiters	Plan	6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400
	(Zero by March 2025)	Actual	6,488	7,127	7,826	7,695	7,633							
	Total Incomplete Waiting List	Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713
		Actual	60,056	61,895	63,391	64,284	65,264							
Cancer	63+ day waiters	Plan	410	500	460	420	380	345	320	285	245	210	185	160
		Actual	400	504	541	615	787							
	28 Day | Patients Told Outcome	Plan	70.5%	71.7%	73.0%	74.0%	74.9%	75.2%	75.3%	75.0%	75.3%	75.9%	75.2%	75.4%
	(CWT Standard - 75%)	Actual	57.7%	57.0%	50.5%	52.4%	52.6%							

Table 2

Consultant-led referral to treatment time

The validated number of patients waiting over 104 weeks for Aug-22 is 12; there are no longer any orthodontic patients breaching 104 weeks. Current data shared by the ICS shows that Herefordshire and Worcestershire has the 4th lowest number of patients still waiting 2+ years for treatment (of the 11 Midland Integrated Care Systems).

The number of patients waiting over 52+ / 78+ weeks have both decreased from Jul-22 but are not yet at, or below, the submitted 22/23 plan.

Cancer

The number of 2WW referrals in Aug-22 remained above the mean for the post-covid monitoring period with lower GI and skin contributing 49%.

Overall 2WW performance has improved in Aug-22 to 74.1%; the highest since 80.8% in May-21. Skin is the most pressured specialty and will require additional 2WW clinic capacity to address the backlog.

Patients not being seen quickly enough after urgent referral and the timeliness of diagnostic testing on our cancer pathways mean we are not achieving the 28-day faster diagnosis standard. This also has the consequence of delays, where required, in treatment within 62 days.

At the end of Aug-22, we recorded 787 patients who have been waiting over 63 days for diagnosis and / or treatment and 225 of those patients have been waiting over 104 days of which 97 are under the care of Urology.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	13th October 2022
Paper number	

Elective Benchmarking

Elective Benchmarking		Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
2WW Cancer Patients Seen	Trust	2,255	2,261	2,525	2,066	2,653	2,294	2,298					
	Peer Average*	1,749	1,906	2,256	2,075	2,184	2,030	2,087					
	WAHT Rank**	5	5	5	6	5	6	6					
2WW Cancer Breast Symptomatic	Trust	116	141	149	66	97	87	70					
	Peer Average*	88	92	101	79	80	77	72					
	WAHT Rank**	5	3	3	8	4	4	6					
28 Day FDS Patients Told Outcome	Trust	2,286	2,110	2,403	1,882	2,376	2,121	2,251					
	Peer Average*	1,774	1,832	2,096	1,943	2,038	1,888	1,983					
	WAHT Rank**	5	6	6	5	6	6	6					
62 Day Patients Treated	Trust	151	154	196	152	165	177	182					
	Peer Average*	111	112	129	118	127	119	113					
	WAHT Rank**	5	4	3	5	4	4	3					
Diagnostics Waiting List	Trust	10,719	10,229	10,031	9,609	10,496	10,312	9,683					
	Peer Average*	13,760	14,410	15,152	14,933	15,832	16,464	16,400					
	WAHT Rank**	6	6	6	6	6	6	6					
Diagnostics Activity	Trust	17,068	16,048	17,956	15,094	17,572	16,963	17,596					
	Peer Average*	14,820	14,557	16,147	14,623	16,024	15,389	16,463					
	WAHT Rank**	5	5	5	6	6	6	6					
RTT 104+ weeks	Trust	489	466	327	253	161	40	31					
	Peer Average*	314	266	323	243	121	45	34					
	WAHT Rank**	11	10	6	6 of 9	8 of 9	4 of 6	4 of 6					
RTT 52+ weeks	Trust	6,025	5,884	5,844	6,481	7,205	7,816	7,683					
	Peer Average*	4,359	4,132	4,341	4,467	4,526	4,747	4,992					
	WAHT Rank**	12	12	12	12	12	12	12					

Table 3

- Benchmarking shows that changes in activity from Jun-22 to Jul-22 were mirrored by the WM peer Trusts with the exception of 62+ day treatments where we increased our activity but the peer average decreased.
- Our Diagnostics waiting list decreased and so did the peer average waiting list size.
- There are still 6 Trusts, including WAHT, recorded as having patients breaching 104 weeks at the end of Jul-22.
- The number of patients waiting over 52+ weeks decreased for the Trust but the average of our peers increased; however, our rank did not change.

Referrals, Bed Occupancy & Advice & Guidance

Referrals, Bed Occupancy & Advice & Guidance			Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment functions	Plan	6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	5,824	4,952	28,312
		Actual	4410	5964	5587	5922	5295								27,178
	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment functions	Plan	3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	15,467
		Actual	2825	3125	3043	2885	2789								14,667
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	692	678	678
		Actual	682	682	682	731	731								702
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	721
		Actual	721	721	721	754	754								738
	Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%	94%
		Actual	95%	96%	95%	97%	97%								95%
A & G	Advice & Guidance - Plan	Plan	2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	12,331
	Advice & Guidance - Actual	Actual	2,306	2,756	2,523	2,633	2,716								12,934

Table 4

In Aug-22 we received c8,000 referrals of which 75% went through the referral assessment service and 11% (715) were returned to the referrer. We also received 2,716 requests for Advice and Guidance and 98% were responded to within 5 working days. Monitoring up to May-21 shows that

approximately 70% of A&G requests do not result in a further request to the same specialty (within 90 days of the initial request).

Urgent and Emergency Care

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
(excluding planned follow-up attendances)	Actual	11,729	12,800	12,259	12,291	11,835							
Patients spending >12 hours from DTA to admission		222	248	277	268	254							
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722	1,787							
Ambulance Conveyances		3,911	4,305	3,944	3,903	3,885							
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202	1,281							
Conversion rate		26.7%	26.0%	26.9%	26.1%	27.3%							

Table 5

Although there have been marginal reductions in patients waiting 12+ hours to admission in our emergency departments, long waits on ambulances and spending 12+ hours in department increased in Aug-22.

Quality and Safety

Fractured Neck of Femur (#NOF):

There were 83 #NOF admissions in Aug-22 and a total of 41 breaches (28 in Jul-22). 68.3% of the breaches were due to theatre capacity and 9.8% due to be patients being medically unfit. The average time to theatre in Jun-22 was 43.8 hours (38.2 in Jul-22).

Infection Prevention and Control

With 14 cases in Aug-22, the C. difficile infection trajectory target was exceeded and we are above the year to date target by 18 cases. The E. coli trajectory target was achieved in month and therefore remains below the year to date target by four cases. There was one MSSA case so we are at our year to date trajectory of no more than 6 cases and the MRSA trajectory target was achieved in Aug-22 as we have had no attributable cases in 22/23.

Our benchmarking against the other Midlands Trusts shows we remain at the 3rd highest for hospital onset-healthcare associated C-Diff cases (rolling 12 months to Jun-22). Our rate stands at 25.0 cases per 100,000 bed days compared to the England rate of 19.3 and a Midlands rate of 17.7. We are 18th for E. coli and 11th for MSSA.

People and Culture

Workforce remains a key risk for the Trust due to the increase in staff turnover and reliance on the temporary workforce.

Recruitment and retention has been our focus in the last reporting period and as a result we have seen slight improvement in both our staff turnover and vacancy rates.

The gap in our workforce plan has reduced from 125wte in month 4 to 82wte this month.

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	13th October 2022
Paper number	

Our Financial Position

Month 5

The position outlined below is based on the revised national planning submission of the 20th June 2022 with a full year deficit of £19.9m.

In M5 the actual **deficit was £2.0m** against a plan of **£1.9m deficit**, an adverse variance of £0.1m (5.3%). This brings the Year to date M5 actual **deficit to £8.8m** against a plan of **£8.6m deficit,** an adverse variance of £0.2m (2.3%).

Statement of comprehensive income	Aug-22 Plan £'000	Aug-22 Actual £'000	Aug-22 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,510	47,946	436	237,014	237,984	
Other operating income	2,656	2,333	(323)	12,671	11,751	(9
Employee expenses	(30,112)	(30,770)	(658)	(149,136)	(150,012)	(8
Operating expenses excluding employee expenses	(20,092)	(19,683)	409	(99,979)	(99,538)	
OPERATING SURPLUS / (DEFICIT)	**(38)**	**(174)**	**(136)**	**570**	**185**	**(3**
FINANCE COSTS						
Finance income	0	47	47	0	197	
Finance expense	(1,165)	(1,169)	(4)	(5,825)	(5,842)	
PDC dividends payable/refundable	(681)	(682)	(1)	(3,406)	(3,407)	
NET FINANCE COSTS	**(1,846)**	**(1,804)**	**42**	**(9,231)**	**(9,052)**	
Other gains/(losses) including disposal of assets	0	232	232	0	251	
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(1,884)**	**(1,746)**	**138**	**(8,661)**	**(8,616)**	
Add back all I&E impairments/(reversals)	0	0	0	0	0	
Surplus/(deficit) before impairments and transfers	**(1,884)**	**(1,746)**	**138**	**(8,661)**	**(8,616)**	
Remove capital donations/grants I&E impact	10	10	0	51	51	
Adjusted financial performance surplus/(deficit)	**(1,874)**	**(1,736)**	**138**	**(8,610)**	**(8,565)**	
Less gains on disposal of assets	0	(232)	(232)	0	(251)	(2
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(1,874)**	**(1,968)**	**(94)**	**(8,610)**	**(8,816)**	**(2**

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £0.1m (0.2%) above the Trust's Operational Plan in August and breakeven Year To Date.

The main adverse variance relates to AMU/PDU funding of £0.4m (year to date) for which there is still no resolution with Commissioners to fund. This is currently being masked in the income position by an over achievement on pass through drugs & devices.The Trust has reported the full £6.8m year to date value of the ERF income in the position (as agreed with ICB & Region). The Trust's actual performance is well below this and we estimate that had the ERF not been fixed we would have lost c£5.1m (75%) of the available ERF income to date against target.

Employee expenses in Month 5 were £0.7m (2.2%) adverse to plan and Year to date £0.9m (0.6%) adverse to plan.

The in-month spend of £30.8m is an increase of £0.7m compared with the July position and is largely driven by an increase in medical training posts from the Deanery of £0.5m above expected levels. Investigations are continuing to support an understanding of this variance and any associated revised projections for the year. Under delivery of PEP continues to be a problem with an in month variance of £0.6m against a plan of £0.8m, a variance of 65.4%. Slippage on business cases and reserves held for investment of £0.6m, are currently offsetting these areas of concern.

Operating expenses in Month 5 were £0.4m (2%) favourable and £0.4m (0.4%) favourable Year To Date.

NHS
Worcestershire Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	13th October 2022
Paper number	

The key driver of the under spend is due to slippage on business cases of £0.4m including strategic capital cases leading to a much lower depreciation charge. However, these are masking a key area of concern relating to under delivery of PEP of £0.4m against a plan of £0.5m a variance of 68.7%.

Full Year Forecast

The Finance and Performance Committee was provided with a top down forecast in July that produced an estimated £27.5m deficit (pre mitigations) based on a number of scenarios which included a high level outline of the mitigations required to deliver the £19.9m deficit plan.

Divisions have been asked to prepare forecasts for their September Performance Review meetings. In addition, they have been asked to review the status of Business Cases that were approved and reflected in our 22/23 plan to understand whether they are having the intended impact and / or the risk impact if we were to pause implementation, and to not commence implementation of those previously planned for implementation later in the year. The outcome of this exercise will be shared in month 6.

At this stage we have not amended our full year forecast from the £19.9m planned deficit position pending this more detailed piece of work and agreement on a course of action.

Productivity and Efficiency

Our Productivity and Efficiency Programme target for 22/23 is £15.7m (c3%). In Month 5 we delivered £0.46m of actuals against the plan of £1.38m, an adverse variance of £0.92m (66.7%).

The cumulative position at Month 5 is therefore £2.023m of actuals against a plan of £4.455m, a negative variance of £2.432m (54.6%).

The 22/23 full year PEP forecast at Month 5 is £8m which is £7.7m (44.6%) under plan.

Capital

22/23 Plan

Capital Position	22/23 Plan £'000	YTD Billed £'000	YTD Unbilled WIP £'000	Total YTD Valuation £'000	M6 - M12 Spend Forecast £'000	22/2 Full Ye
Internally Generated capital	9,642	3,250	407	3,657	7,237	
PDC funding - STP envelope	14,352	1,829	-	1,829	12,450	
Total STP Envelope	**23,994**	**5,080**	**407**	**5,487**	**19,687**	
Externally Funded Schemes	27,076	490	1,069	1,559	24,404	
Lease Additions	10,785			-	10,785	
IFRIC 12 PFI Lifecycle replacement	326	45		45	281	
Total Capital Expenditure	**62,181**	**5,615**	**1,476**	**7,091**	**55,157**	

Our Capital Position at Month 5, being the value of works complete, is £7.1m. This is an increase of £0.8m over month 4. The value of outstanding purchase orders in the system is £6.0m. There is still £55.2m (88.8%) of the capital plan to be delivered in the remaining 7 months of the year subject to business case approval of strategic cases by NHSEI.

All schemes are now being asked to provide more detailed monthly profiles of expenditure to enable decisions to be made on re-profiling and brokerage of spend into future years.

There remain a number of risks around the strategic capital programmes particularly:

- Expenditure on the UEC scheme is over plan by £7.7m and risks remain regarding the financing of the scheme through land sales which may not materialise in the current financial year. Brokerage solutions are being progressed with ICB and Region.
- The timing of the ASR Business Case approval by NHSEI and associated impact on the financing and approval of the TIF2 Theatres project

A Programme Board is currently being constructed to support greater oversight and assurance of major capital and transformation schemes

Cash

At the end of August 2022 the cash balance was £35.2m against a plan of £57.2m. The plan assumed external capital funding of £9.8m which has not been drawn down yet due to the slippage on capital schemes above. The remaining variance is due to an increase in NHS income accrued to date, higher wage costs and the timing of creditor payments compared to plan.

The relatively high cash balance remains the result of the timing of receipts from Commissioners and NHSEI under the continuing COVID era arrangements together with timing of creditor / supplier payments. Requests for Public Dividend Capital (PDC) in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

The cash flow forecast main assumptions are:

- £41.4m PDC capital funding to be received in phased amounts this financial year, with nil drawn down to date. The phasing for capital cash drawn down is being reviewed due to possible delays for some strategic business cases.
- PDC receipts cover part of the Trust's creditor payments, the balance covered by internally generated working capital cash.
- £10.8m has been included for lease funding in 22-23 to cover the planned lease additions. However, there has been no guidance to date from NHSEI to confirm how these new leases will be funded. This will be updated once confirmed.

Risk

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Trust Board
Date of meeting	13th October 2022
Paper number	

Which key red risks does this report address?		**What BAF risk does this report address?**	2, 3, 4, 5, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

Assurance Level (x)	0		1		2		3		4	X	5		6		7		N /A	
Financial Risk	*N/A*																							

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	**Y**		**N**		**N/A**	**X**
Are the actions identified starting to or are delivering the desired outcomes?	**Y**		**N**			
If no has the action plan been revised/ enhanced	**Y**		**N**			
Timescales to achieve next level of assurance						

Recommendations
The Board is asked to note ▪ this report for assurance ▪ the addition of revised SPC summary icon descriptions and how to interpret them (to the appendix section)
Appendices
▪ Trust Board Integrated Performance Report (up to Aug-22 data) ▪ WAHT At A Glance – Aug-22 ▪ WAHT August 2022 in Numbers Infographic ▪ Committee Assurance Statements (Jul-22 meetings)

Integrated Performance Report

NHS Worcestershire Acute Hospitals NHS Trust

Trust Board

13th October 2022

Data: Up to August 2022

Best services for local people, Best experience of care and Best outcomes for our patients, Best use of resources, Best people

Operational Performance

Summary Performance Table | Month 5 [August] 2022-23

	Performance Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
EAS	Percentage of Ambulance handover within 15 minutes	Aug-22	28%	-	L	-	57%	44%	70%
	Time to Initial Assessment - % within 15 minutes	Aug-22	60%	-	L	-	79%	72%	87%
	Average time in Dept for Non Admitted Patients	Aug-22	303	-	H	-	222	195	249
	Average time in Dept for Admitted Patients	Aug-22	829	-	H	-	518	411	625
	% Patients spending more than 12 hours in A&E	Aug-22	15%	-	H	-	7.30%	3.71%	10.88%
	Number of Patient spending more than 12 hours in A&E	Aug-22	1787	-	H	-	851	491	1211
RTT	Incomplete (<18 wks)	Aug-22	49%	92%	L	F	67%	63%	72%
	52+ weeks waiting	Aug-22	7,633	0	H	F	2714	2,076	3,351
	104+ weeks waiting	Aug-22	12	0	L	F	69	15	122
CANCER	2WW All	Aug-22	74%	93%	L	F	79%	65%	92%
	2WW Breast Symptomatic	Aug-22	62%	93%		?	47%	0%	94%
	28 Day Faster Diagnosis	Aug-22	53%	75%		?	65%	49%	81%
	62 Day All	Aug-22	38%	85%	L	F	66%	54%	78%
	104 day waits	Aug-22	225	0	H	F	71	37	105
	31 Day First Treatment	Aug-22	93%	96%	L	?	96%	91%	101%
	31 Day Surgery	Aug-22	72.1 %	94%	H	?	87%	63%	111%
	31 Day Drugs	Aug-22	93%	98%	H	?	97%	87%	106%
	31 Day Radiotherapy	Aug-22	99.0 %	94%		?	99%	93%	106%
	62 Day Screening	Aug-22	76.2 %	90%	H	?	73%	36%	110%
	62 Day Upgrade	Aug-22	96.9 %	90%	H	?	85%	66%	104%
Diagnostics (DM01 only)		Aug-22	70%	99%	H	F	54%	42%	66%
STROKE	CT Scan within 60 minutes	Jul-22	44%	80%		F	45%	23%	67%
	Seen in TIA clinic within 24hrs	Jul-22	94%	70%	H	?	86%	56%	116%
	Direct Admission	Jul-22	38%	90%	L	F	39%	17%	60%
	90% time on a Stroke Ward	Jul-22	82%	80%		?	82%	-136%	299%

Operational Performance Report - Headlines

Operational Performance	Comments
Urgent and Emergency Care (validated)	• In Aug-22, the Trust saw 11,915 patients attend our type 1 sites – below the 21/22 average of 12,866. 4 hour breaches were the highest on record at 6,206 with both sites below 50%. • Long ambulance handover delays and lengthy times in department remained a concern throughout the month.
Patient Flow and Capacity (validated)	• The pressure remains on both hospital sites to manage bed capacity and patient flow, particularly to discharge patients before midday and support our long length of stay and medically fit for discharge patients to leave the hospital when they no longer need an acute hospital bed. Admissions, to alleviate patients waiting in our EDs, have been hindered by reduced bed availability. • The number of long length of stay patients decreased from 93 on the last day of July to 80 on the last day of August; 46 of the 80 were identified as MFFD.
Cancer (validated)	• **Long Waits:** The backlog of patients waiting over 62 days is now 787 and those waiting over 104 days is 225, with urology and skin contributing the most patients to this cohort of our longest waiters (67%). • Cancer referrals in Aug-22 were above the mean of the post-covid period and 49% were made to lower GI and skin. • The overall waiting time standard for 2WW has not been achieved and only two specialties achieved the 93% standard. Lower GI maintained it's improvement despite the consistently high referrals; however, Skin remains our most pressured specialty with only 1.3% of patients seen within two weeks. • The 28 Day Faster Diagnosis standard has not been achieved and remains at risk with referred patients not being seen by a specialist within 14 days. • The 62 day standard has not been achieved with only 38.5% of patients started treatment within 62 days due to delays in the 2WW and diagnostics elements of the pathway in the preceding months. The delays are also impacting the 31 day standard of treatment from decision to treat which continues to show special cause concern and below the 96% standard.
RTT Waiting List (validated)	• **Long Waits:** Our 7,635 patients waiting over a year for treatment can be broken down as follows; between 52 and 78 weeks (6,540), between 78 and 104 weeks (1,081) and those waiting over 104 weeks (12). Of the 12 patients waiting over 104 weeks, none are waiting for orthodontic treatment. The cohort of potential breaches in Sep-22 continues to requires week on week operational and clinical management, with some patients not able to be treated through their own choice to defer or other issues manifesting themselves at pre-op appointments.
Outpatients (Second SUS submission)	• **Long Waits:** There are over 34,000 RTT patients waiting for their first appointment and 25% of the total cohort waiting for a first appointment have been dated. • Based on our second SUS submission Aug-22 saw 47,696 outpatient attendances take place (consultant and non-consultant led). • Albeit unvalidated, 22/23 annual plan OP targets have not been achieved for Aug-22 and the gap is too great to be achieve this through validation and outcome appointments.
Theatres (validated)	• Based on our second SUS submission, we have not achieved our 22/23 annual plan targets for total elective spells in the month with both elective inpatient and day case falling short. • 13 eligible patients who had their operation cancelled have not been rebooked within 28 days in Aug-22; however 23 patients (64%) were.
Diagnostics (validated)	• **Long Waits:** 3,063 patients are waiting over 6 weeks for their diagnostic test and of the total number of breaches, 925 have been waiting over 13 weeks with 62% of our longest waiters attributable to DEXA, echocardiography and colonoscopy. • DM01 performance is at 69.7% patients waiting less than 6 weeks. • Activity in Aug-22 was 17,752 tests. CT, echocardiography and flexi sigmoidoscopy achieved their annual plan activity targets and we were within 0.5% of the submitted activity plan for the month and delivered more tests in Aug-22 than Aug-19.

Operational Performance: Urgent and Emergency Care

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

Percentage of Ambulance handover within 15 minutes	Time to Initial Assessment - % within 15 minutes	Time In Department			
		Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E
27.9%	59.8%	303 mins	829 mins	15.1%	1,787

What does the data tell us?

- **Urgent Care Indicators –** slides 6 and 7 continue to highlight the continued pressure faced by the Trust during Aug-22 with all of the metrics showing special cause concern for the month and for 13 consecutive months. Any changes, although observable in the charts, are not statistically significant.
- **EAS** - The overall EAS performance, which includes KTC and HACW MIUs, was 66.4% in Aug-22. There were 17,413 attendances across all settings and 11,915 attendances at our type 1 settings; in-line with normal variation. However, we continue to receive high levels of walk-in activity which places different demands on the ED teams whilst ambulances handovers remain a concern.
- **EAS Type 1 –** EAS performance at WRH and ALX was 48.3% and 47.4% respectively. 6,206 patients breached the 4 hour standard across our two sites, the highest on record. 1,787 patients spent longer than 12hrs in ED, special cause concern since Sep-21 and 254 patients breached 12 hours whilst waiting for a bed.
- **Ambulance Handovers** - There were 1,281 60 minute ambulance handover delays with breaches at both sites – the sixth month above 1,000 and continues to be special cause concern; this is linked to the capacity, flow and numbers of patients in our ED's which prevented timely offloading. On average, patients waited 143 minutes to be offloaded from an ambulance at WRH, a reduction from 156 minutes in Jul-22.
- **12 hour trolley breaches –** There were 254 validated 12 hour trolley breaches in Aug-22 compared to 268 in Jul-22 – this remains a special cause concern for our processes whilst we don't have beds to admit patients to.
- **Specialty Review times** – Specialty Review times doesn't show cause for concern however, the target cannot be met.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has decreased, albeit not significantly, from 1,396 to 1,384. This metric shows special cause variation because the data points remain outside the upper control limit.
- **Conversion rates** – 3,229 patients were admitted in Aug-22; a Trust conversion rate of 27.3% (the highest in 2022/23). The conversion rate at WRH was 31.2% and the ALX was 22.3%.
- **Aggregated patient delay** (total time in department for admitted patients only per 100 patients – above 6 hours) – this indicator continues to show special cause concern for Aug-22 because the value remains above the upper control limit.

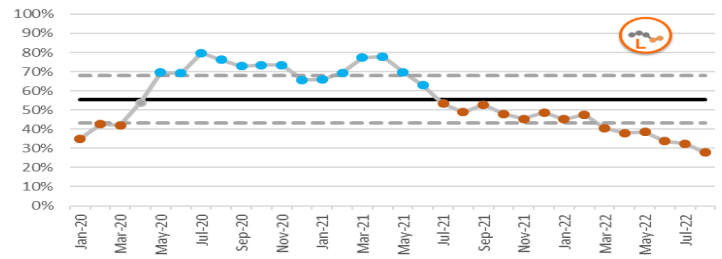
Month 5 [August] | 2022-23 | Operational Performance: Urgent and Emergency Care

Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 12th September 2022

Percentage of Ambulance handover within 15 minutes

27.9%

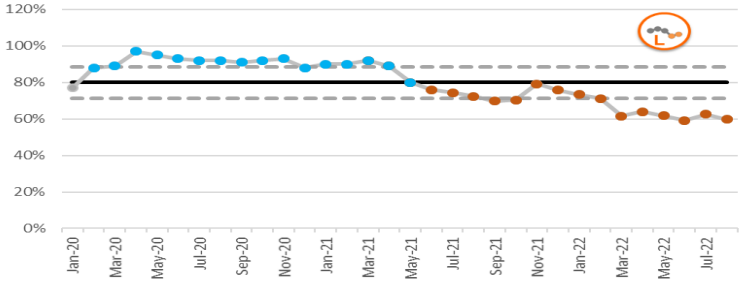
Ambulance handovers within 15 minutes



Time to Initial Assessment - % within 15 minutes

59.8%

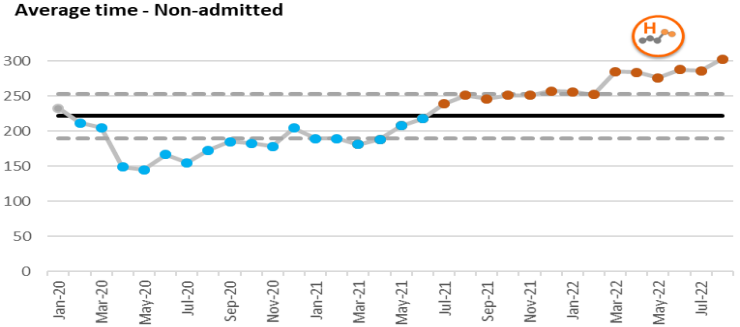
Time to initial assessment within 15 minutes



Average time in Dept for Non Admitted Patients

303 mins

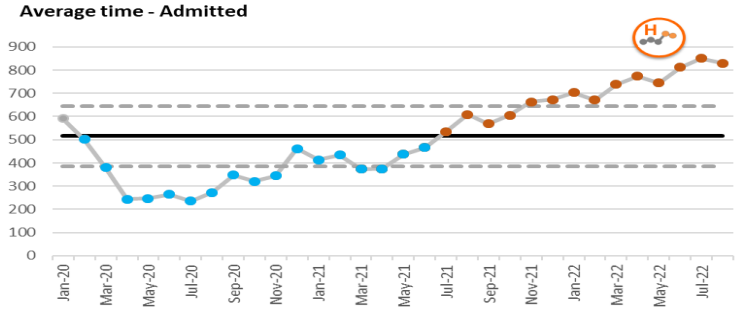
Average time - Non-admitted



Average time in Dept for Admitted Patients

829 mins

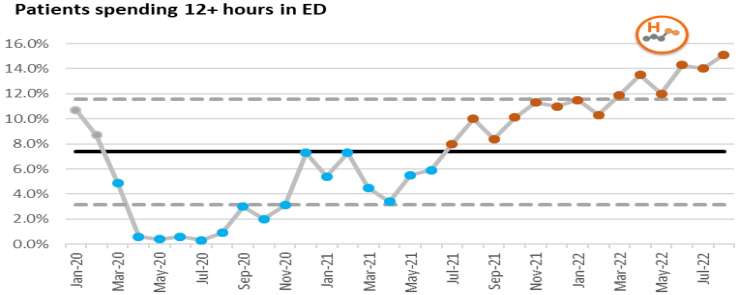
Average time - Admitted



% Patients spending more than 12 hours in ED

15.1%

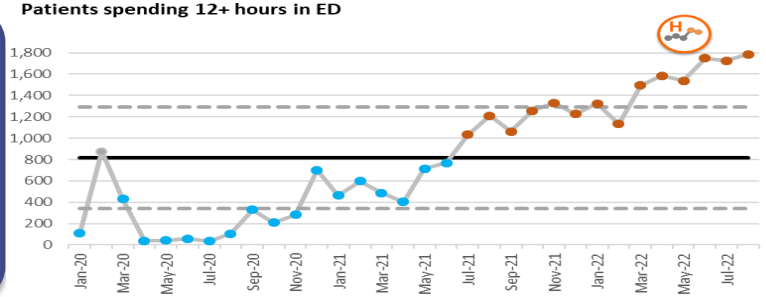
Patients spending 12+ hours in ED



Number of Patients spending more than 12 hours in ED

1,787

Patients spending 12+ hours in ED

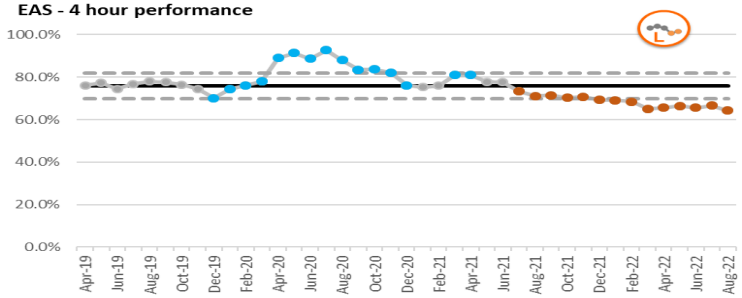


Month 5 [August] | 2022-23 | Operational Performance: Urgent and Emergency Care

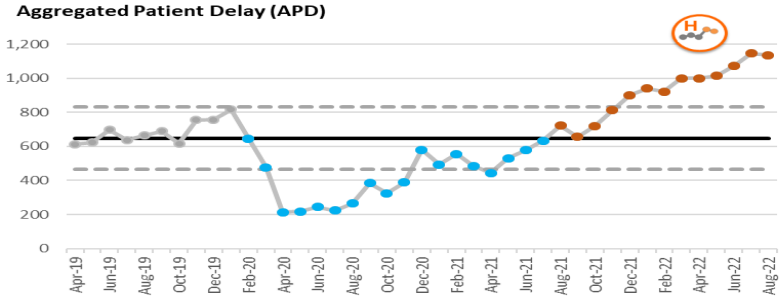
Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 12th September 2022

Worcestershire Acute Hospitals NHS Trust

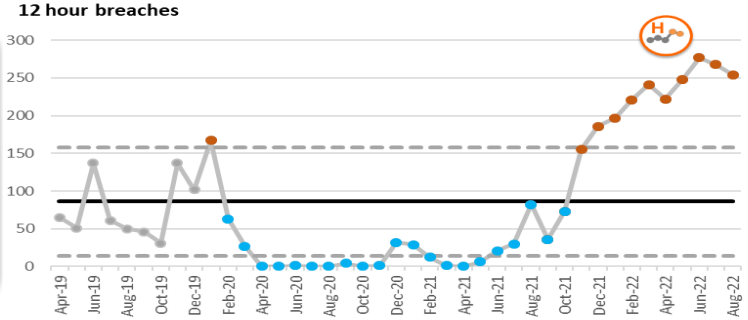
4 Hour EAS (all) 64.3%



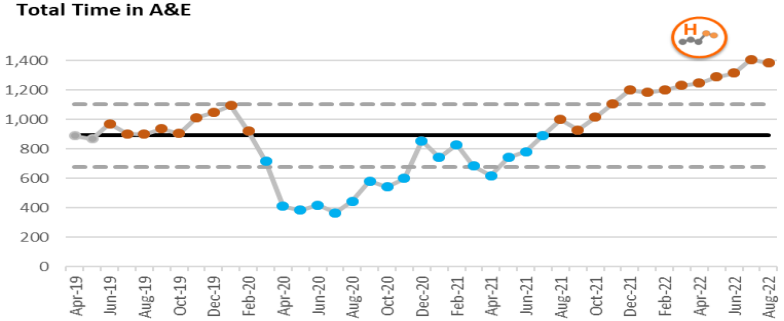
Aggregated Patient Delay (APD) 1,136



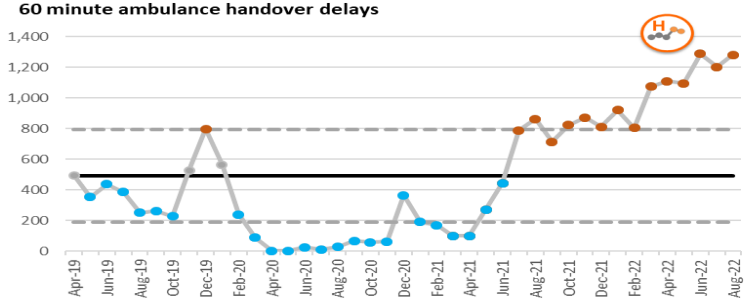
12 Hour Trolley Breaches 254



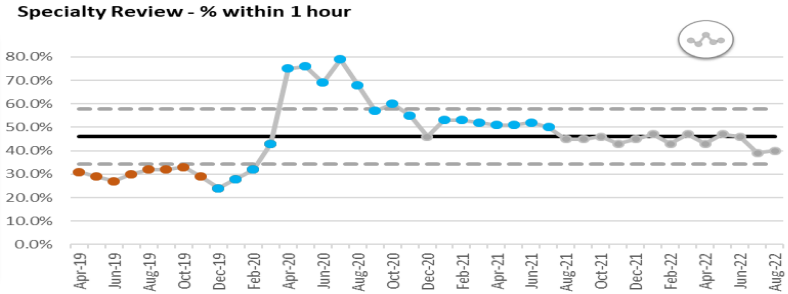
Total time spent in A&E (95th Percentile) 1,384



60 minute Ambulance Handover Delays 1,281



Specialty Review within 1 hour 40.0%



Operational Performance: Urgent Care Benchmarking

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

National Benchmarking (August 2022)

EAS (All) - The Trust was one of 5 of 13 West Midlands Trusts which saw a decrease in performance between Jul-22 and Aug-22. This Trust was ranked 8 out of 13; we were ranked 7 the previous month. The peer group performance ranged from 52.7% to 81.1% with a peer group average of 66.2%; improving from 65.7% the previous month. The England average for Aug-22 was 71.4%; a 0.4% increase from 71.0% in Jul-22.

EAS (Type 1) – The Trust was one of 6 of 13 West Midlands Trusts which saw a decrease in performance between Jul-22 and Aug-22. This Trust was ranked 10 out of 13; we were ranked 8 the previous month. The peer group performance ranged from 40.59% to 71.82% with a peer group average of 54.81%; improving from 53.58% the previous month. The England average for Jul-22 was 58.0%; a 1.0% increase from 57.0% in Jun-22.

In Aug-22, there were 28,756 patients recorded as spending >12 hours from decision to admit to admission. 254 of these patients were from WAHT; 0.91% of the total.

EAS – % in 4 hours or less (All) | August-22

EAS – % in 4 hours or less (Type 1) | August-22

EAS – % in 4 hours or less (All) | July-22

EAS – % in 4 hours or less (Type 1) | July-22

WAHT — Operational Standard 95%

Operational Performance: Patient Flow and Capacity

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

Discharges before Midday (non-covid wards)				Number of patients with a long length of stay (21+ days) (MFFD in brackets)				Overnight Bed Capacity Gap (Target – 0)	Average length of stay in hospital at discharge (non-covid)				30 day re-admission rate (Jun-22)	Discharges as a % of admissions IP only | non-covid wards (Target >100%)			
ALX	17.1%	WRH	18.5%	ALX	25 (18)	WRH	55 (28)	48 Beds	ALX	5.2	WRH	5.7	26.%	ALX	90.1%	WRH	90.7%

What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) is showing special cause variation primarily due to the drop in experienced at the ALX. The target of 33% is not being met.
- As at the last day of the month, the number of patients with a length of stay in excess of 21 days decreased from 93 (31-Jul) to 80 (31-Aug). There were an average of 36 patients deemed MFFD with a LOS >= 21 days each day in Aug-22 across the Trust; a significant variation from previous months. The total number of discharges and transfers is showing common cause variation and discharges are still not exceeding the rate of admission leading to a significant capacity gap.
- **Medically Fit Patients** – the number of MFD patients still on our wards 24 hours after becoming medically fit continues to show special cause in comparison to pre-covid levels.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 5.4 days in Aug-22 and is not showing special cause concern.
- **The 30 day re-admission rate** continues to show special cause improvement due to run of 7 points below the mean.

Current Assurance Level: 4 (Aug-22)	**When expected to move to next level of assurance:** This is dependent on the on-going management of the increase attendances and achieving operational standards.
Previous assurance level: 4 (Jul-22)	**SRO: Paul Brennan**

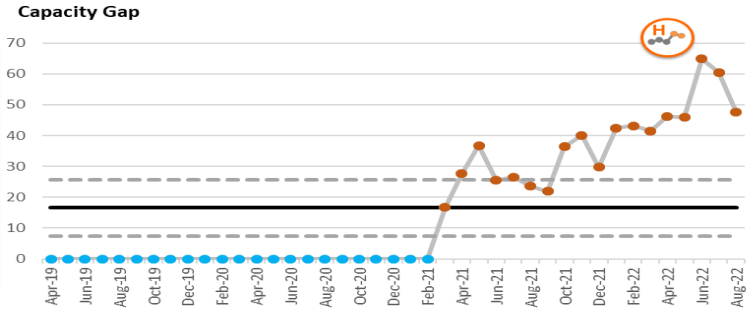
Month 5 [August] | 2022-23 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 12th September 2022

NHS Worcestershire Acute Hospitals NHS Trust

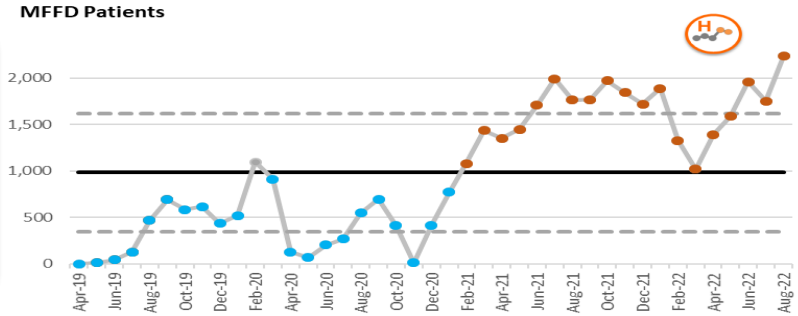
Capacity Gap (Daily avg. excl. EL)

48



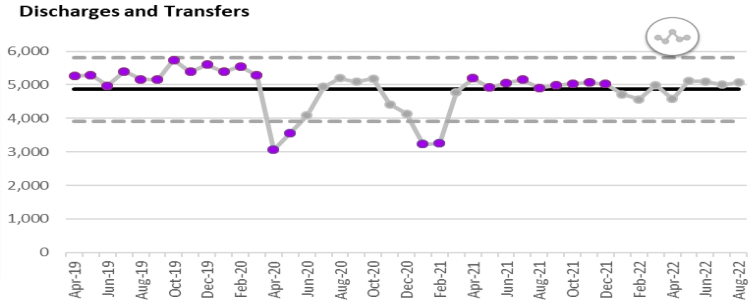
MFFD patients still on the ward 24hrs after becoming MFFD

2,237



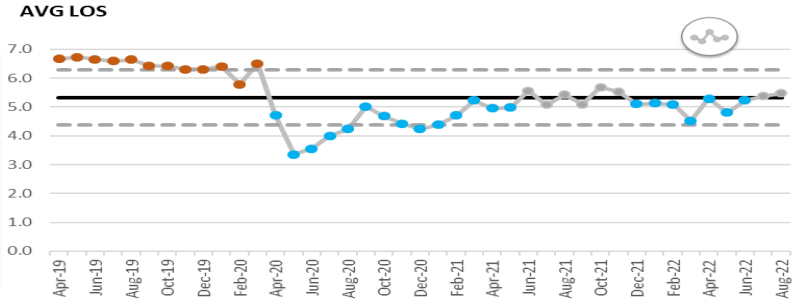
Total Discharges and Transfers

5,071



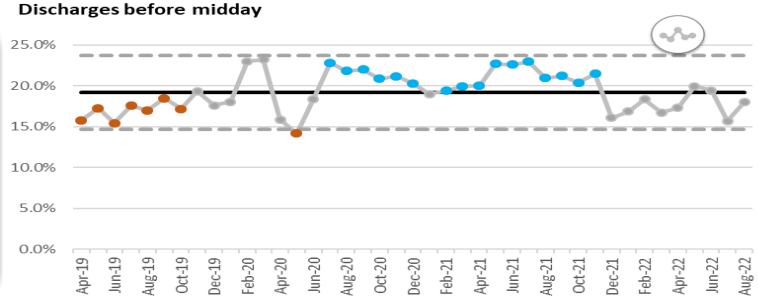
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.5



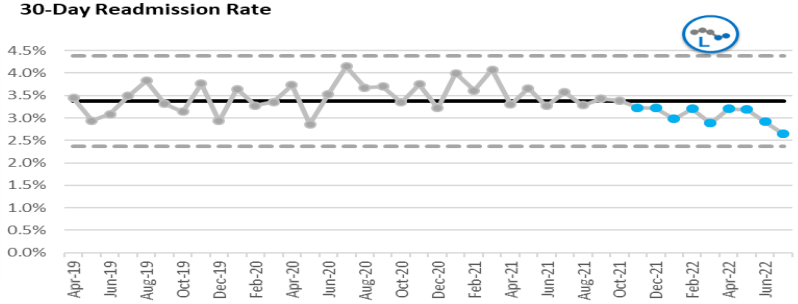
% Discharges before midday (non-covid wards)

18.0%



30 day readmission rate for same clinical condition

2.6%



Key

- Internal target
- Operational standard

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

Operational Performance: Cancer

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

2WW Cancer Referrals	Patients seen within 14 days (All Cancers)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS)		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104 days
2,800	74.1%	2,331 Seen	61.8%	89 Seen	52.4%	2,047 Told	92.6%	269 Treated	38.5%	163 Treated	4,018	787	225

What does the data tells us?

- **2WW referrals** in Aug-22 show no significant change from Jul-22 but are above mean of the last 18 months. Lower GI referrals were 26% of the total, with skin second at 22%.
- **2WW:** The Trust saw 74.1% of patients within 14 days. The recovery in performance seen by colorectal has been maintained and despite improvements in most specialties in the month, capacity remains vulnerable to surges in demand. Only Haematology achieved the 2WW standard in Jul-22.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and will not do so until the timeliness of the 2WW pathway improves. Breast, Upper GI and Head and Neck achieved the standard in Jul-22.
- **31 Day:** Of the 269 patients treated in Aug-22, 249 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This validated performance is below the CWT target of 96% and continues to show special cause variation due being a run of 8+ months below the mean. Upper GI, Skin, Urology and Haematology achieved the operational standard.
- **62 Day:** There are 163 recorded first treatments in Aug-22 with 38.5% within 62 days. This indicator remains special cause concern; no specialties achieved the waiting times standard.
- **Cancer PTL:** As at the 31st August there were 4,018 patients on our PTL. 299 patients having been diagnosed and 3,716 are classified as suspected.
- **Backlog:** The number of patients waiting 62+ days is 787 (including screening and upgrades) and the number of patients waiting 104+ days has increased to 225; both continue to show as special cause concern. Urology (97) and skin (53) have the largest number of patients untreated at. 82 of the 189 patients waiting over 104 days are diagnosed and the remaining 141 are suspected.

What have we been doing?

- **Do what we say we will do:** Pertemps (outsourcing agency) commenced weekend 2ww Skin clinics from mid-August and are contracted to do so at varying levels of capacity until mid-December, though coupled with reduced normal capacity due to annual leave we are only now starting to see the impact of this. Current booking day (as of 14/09/22) is 54 days which is an improvement on the 11 week wait plus seen in August.
- **No delays, every day:** Colorectal 2ww achieved the target for the first time in a year with a performance of 94% (unvalidated) and this has been sustained into September to-date despite referral demand of 738 and 733 for July and August respectively.
- Although not to the same degree as Skin, 2ww breaches continue to occur in Breast, Gynae, Lung, Upper GI and Urology. Setting aside (though still dealing with) the patient choice breaches the underlying theme remains lack of capacity due to either workforce shortages or vulnerability at times of annual leave / bank holidays etc., with various actions described to address this including substantive (and locum) recruitment and WLI's.
- **We listen, we learn, we lead:** Best Practice Dashboards for both Urology prostate and Colorectal pathways are now all but fully validated and are ready to go live on WREN. This should help direct various teams including Directorates and services provided by SCSD to understand the current live performance and address areas in seeking a diagnosis where backlogs have occurred.
- **Work together, celebrate together:** Support from ICB colleagues showed that Cancer Services tracking and escalation was both accurate and timely, with efforts required within specialties to focus on diagnosing (or ruling out diagnosis) and then treating patients.

What are we doing next?

- **Do what we say we will do:** Finalise the detailed performance analysis and trajectories for Skin to ascertain the almost certain capacity gaps and submit to TME a further request for outsourcing support to address these both in the immediate / short term and longer term given current inability to recruit.
- **No delays, every day:** For every pathway there needs to be sufficient ring-fenced capacity for each stage of the patient journey, from initial 2ww appointment and initial diagnostic test, to follow up diagnostics, MDT discussion, cancer diagnosis OPA and TCI / start date for treatment. Work commenced with Breast but this now needs rolling out across all specialties, with initial most OPA and all diagnostics needing to be seen within 7 days of receipt of request.
- **We listen, we learn, we lead:** Continue work on the proposal to implement changes to the Urology prostate pathway in line with both Wye Valley and Oxford Foundation NHS Trusts, with a pilot being sought for a start date in October 2022.
- **Work together, celebrate together:** Actively seeking support from ICB / region for mutual aid for our worst affected pathways of Skin and Urology, Skin in respect to 2ww support and certain surgical procedures for Urology.

Current Assurance Levels (Aug-22)	Previous Assurance Levels (Jul-22)	
2WW – Level 4	2WW - Level 4	**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.
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 3 (F&P 28-9-22)	62 Day Referral to Treatment - Level 4	**SRO:** Paul Brennan

Month 5 [August] | 2022-23 | Operational Performance: Cancer Referrals

Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 5th October 2022

Month 5 [August] | 2022-23 | Operational Performance: Cancer

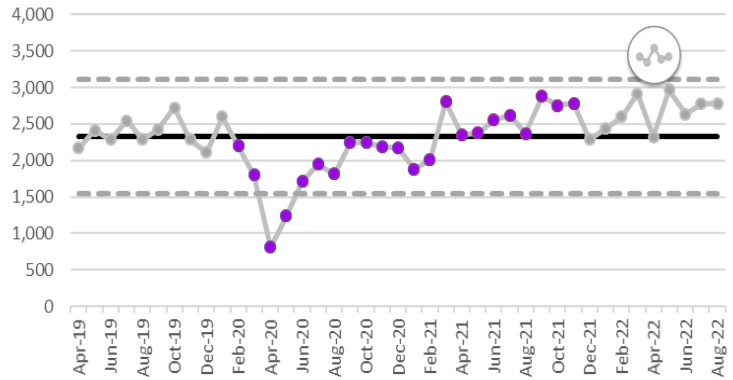
Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 5th October 2022

NHS Worcestershire Acute Hospitals NHS Trust

2WW Referrals

2,800

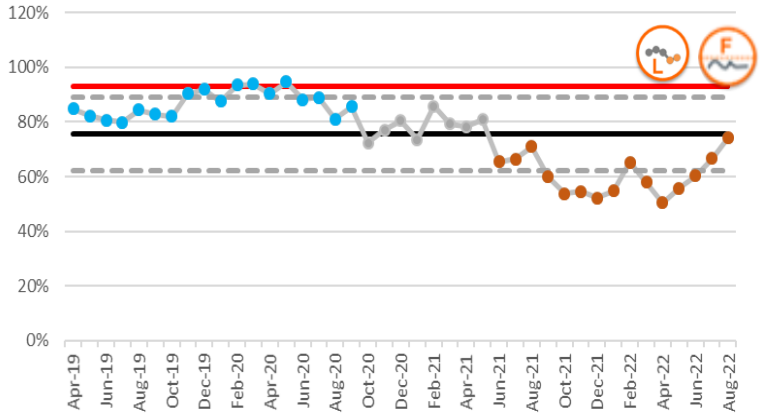
2WW Cancer Referrals



Cancer 2WW All

74.0%

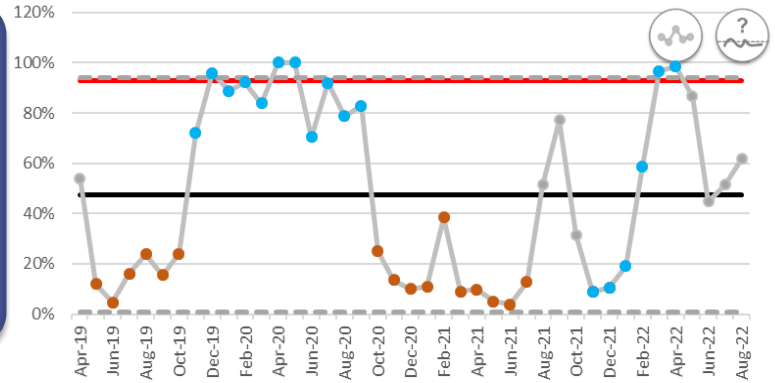
2WW Cancer (All)



Cancer 2WW Breast Symptomatic

61.8%

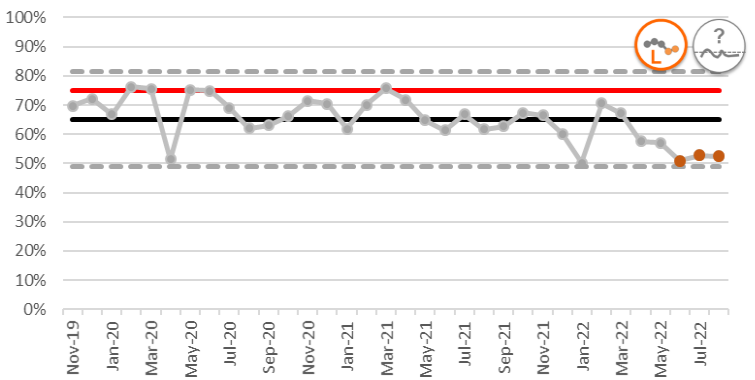
2WW Cancer Breast Symptomatic



Cancer 28 day FDS

52.6%

28 Day Faster Diagnosis



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

Month 5 [August] | 2022-23 | Operational Performance: Cancer

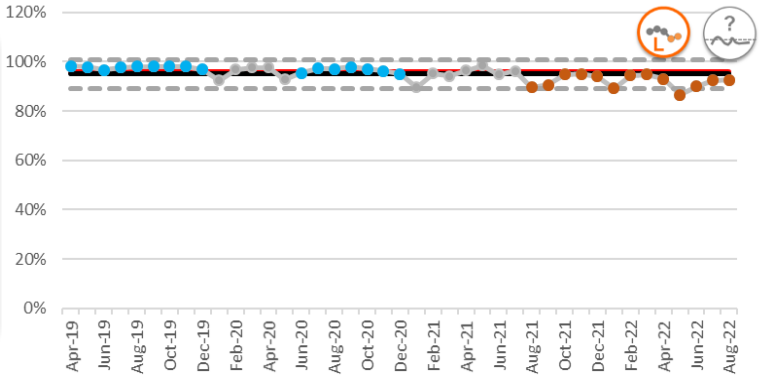
Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 5th October 2022

NHS Worcestershire Acute Hospitals NHS Trust

31 Day Cancer (All)

Cancer 31 Day All

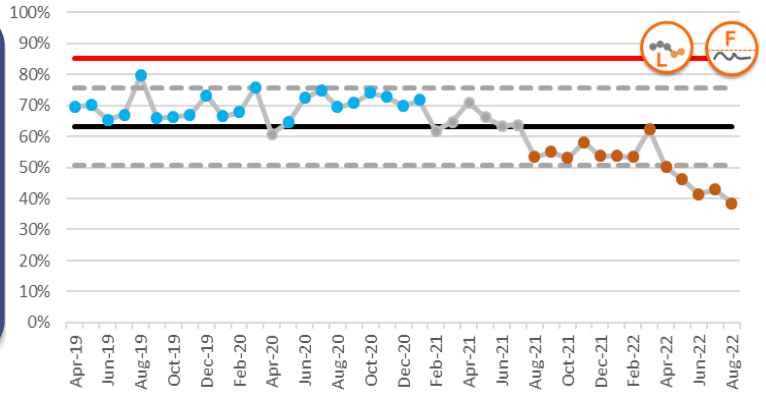
92.9%



62 Day Cancer (All)

Cancer 62 Day All

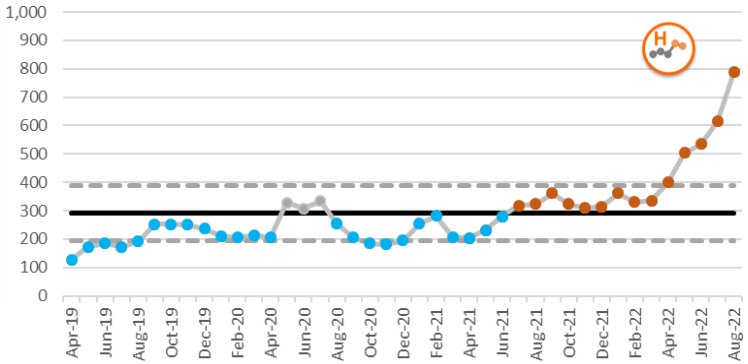
38.5%



62+ Day Backlog

Backlog Patients waiting 62 days or more*

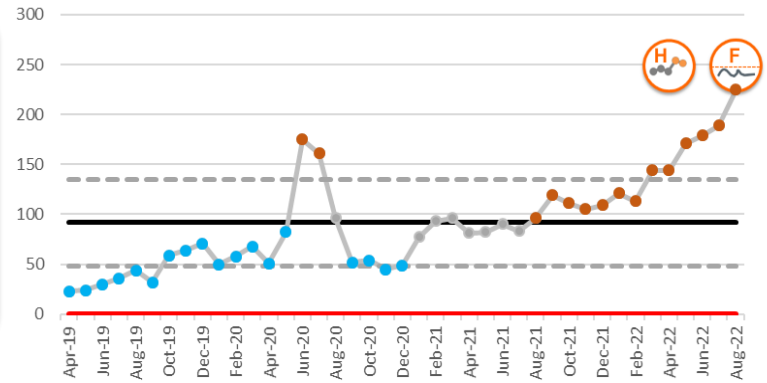
787

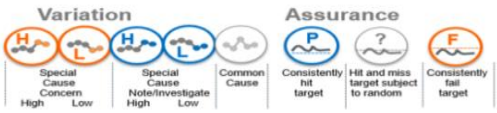


104+ Day Backlog

Backlog Patients waiting 104 day or more*

225





Key

- Internal target
- Operational standard

** Now includes patients from screening and consultant upgrade pathways to align to NSHEI reporting*

Operational Performance: Cancer Benchmarking

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

National Benchmarking (July 2022)

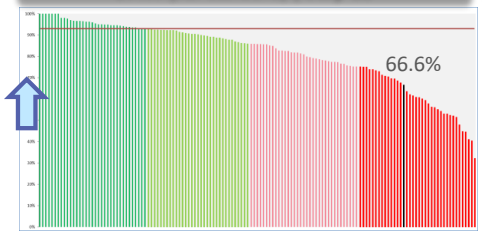
2WW: The Trust was one of 6 of 13 West Midlands Trusts which saw an increase in performance between Jun-22 and Jul-22. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 56.2% to 95.9% with a peer group average of 74.5%; improving from 73.5% the previous month. The England average for Jul-22 was 77.7%; a 0.1% increase from 77.8% in Jun-22.

2WW BS: The Trust was one of 8 of 13 West Midlands Trusts which saw an increase in performance between Jun-22 and Jul-22. This Trust was ranked 10 out of 13; no change from the previous month. The peer group performance ranged from 11.8% to 100.0% with a peer group average of 78.2%; improving from 77.3% the previous month. The England average for Jul-22 was 68.5%; a 2.4% increase from 66.1% in Jun-22.

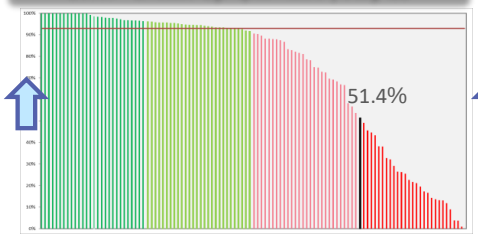
31 days: The Trust was one of 10 of 13 West Midlands Trusts which saw an increase in performance between Jun-22 and Jul-22. This Trust was ranked 7 out of 13; we were ranked 5 the previous month. The peer group performance ranged from 77.6% to 100.0% with a peer group average of 89.5%; improving from 87.6% the previous month. The England average for Jul-22 was 92.9%; a 1.1% increase from 91.8% in Jun-22.

62 Days: The Trust was one of 8 of 13 West Midlands Trusts which saw an increase in performance between Jun-22 and Jul-22. This Trust was ranked 12 out of 13; we were ranked 11 the previous month. The peer group performance ranged from 35.9% to 64.4% with a peer group average of 50.1%; improving from 49.0% the previous month. The England average for May-22 was 61.6%; a 1.7% increase from 59.9% in Apr-22.

2WW (All cancers) | July-22



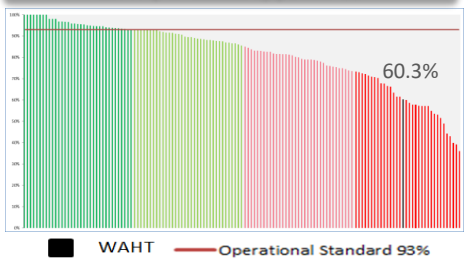
2WW Breast Symptomatic | July-22



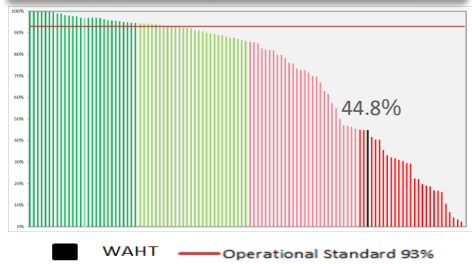
Cancer 31 Day (All cancers) | July-22

Cancer 62 day (All cancers) | July-22

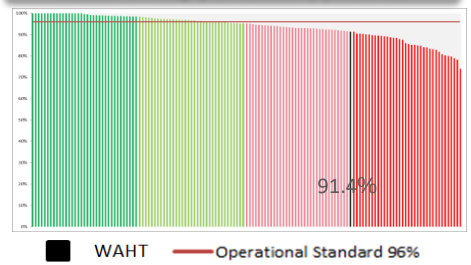
2WW (All cancers) | June-22



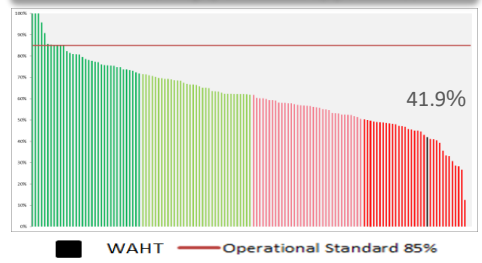
2WW Breast Symptomatic | June-22



Cancer 31 Day (All cancers) | June-22



Cancer 62 day (All cancers) | June-22



15

Operational Performance: Planned Care | Waiting Lists

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

Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G)	Total RTT Waiting List	Number and percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	8,492	Total	6,387	2,785	65,264	32,132	49.2%	6,239	7,633	1,093	12
Non-2WW	5,407	Non-2WW	5,294								

What does the data tells us?

Referrals (unvalidated)

- **ERS Referrals:** a total of 8,492 electronic referrals were made to the Trust in Aug-22 which is 386 per working day compared to 402 in Jul-22.
- 5,407 were non-2WW referrals; of the total electronic referrals, 36% were 2WW cancer and this remains within the expected range.
- **RAS Referrals:** a total of 6,387 RAS referrals were made to the Trust in Aug-22. 5,294 were non-2WW and 72.9% have been outcomed within 14 working days. Of the 1,093 2WW RAS referrals, 95.2% have been outcomed within 2 working days. 11.2% of RAS referrals were returned to the referrer.
- **A&G Requests:** 2,785 A&G requests were received in Aug-22. Of the 2,716 responses made in Aug-22 95.7% have been responded to within 2 working dates and 98% within 5 working days

Referral To Treatment Time (unvalidated)

- The RTT Incomplete waiting list is validated at 65,264, with an additional 980 patients now waiting for treatment from Jul-22.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 33,132. This is 224 more patients than validated Jul-22. RTT performance for Aug-22 is validated at 49.2% compared to 48.8% in Jul-22.
- The number of patients waiting over 52 weeks for their first definitive treatment is 7,633, a 62 patient decrease from the previous month. Of that cohort, 1,093 patients have been waiting over 78 weeks, reduced from 1,200 the previous month, and 12 over 104 weeks. We have not achieved our 104+ weeks annual target for Aug-22 of zero patients and are working towards the zero position required.

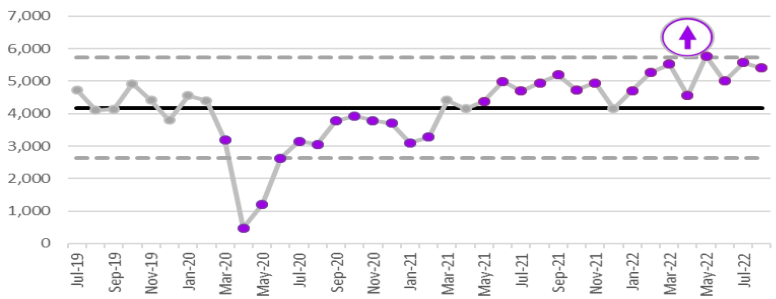
Current Assurance Level: 3 (Aug-22)	**When expected to move to next level of assurance:** This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the 22/23 operational planning requirements. The first milestone will be achieving the elimination of 104+ week waiters.
Previous Assurance Level: 3 (Jul-22)	**SRO: Paul Brennan**

Month 5 [August] | 2022-23 | Operational Performance: RTT

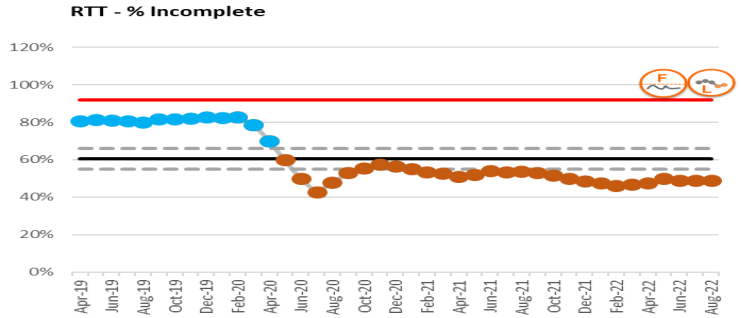
Responsible Director: Chief Operating Officer | Unvalidated for Aug-22 as at 16th September 2022

NHS Worcestershire Acute Hospitals NHS Trust

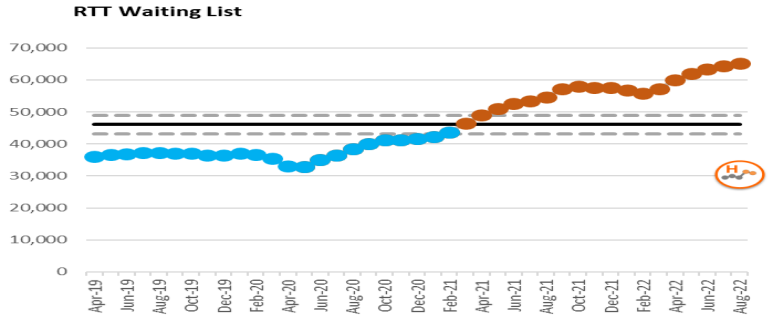
Electronic Referrals Profile (non-2WW) 5,407



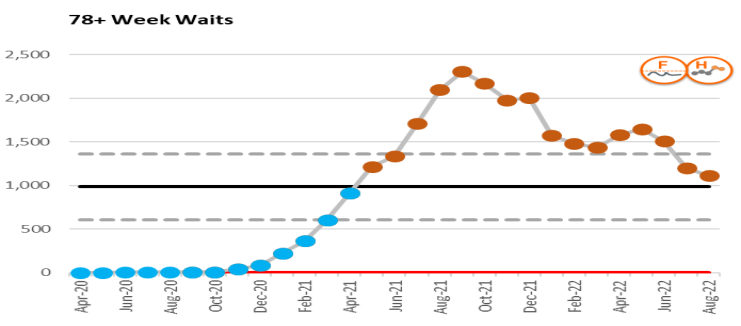
RTT % within 18 weeks 49.2%



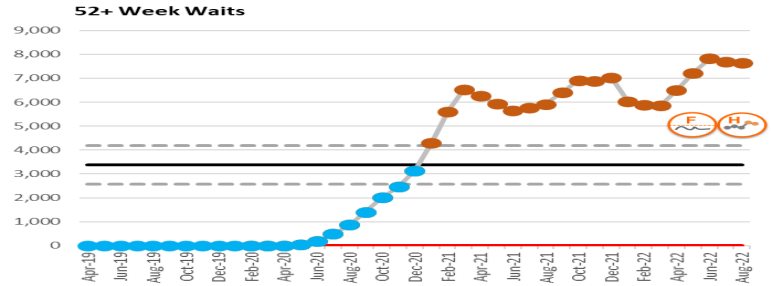
RTT Incomplete PTL 65,264



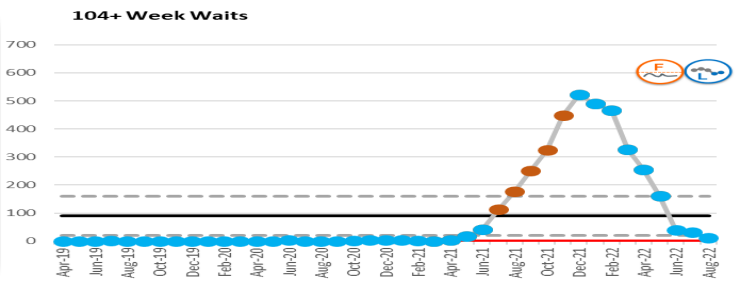
78+ week waits 1,093



52+ week waits 7,633



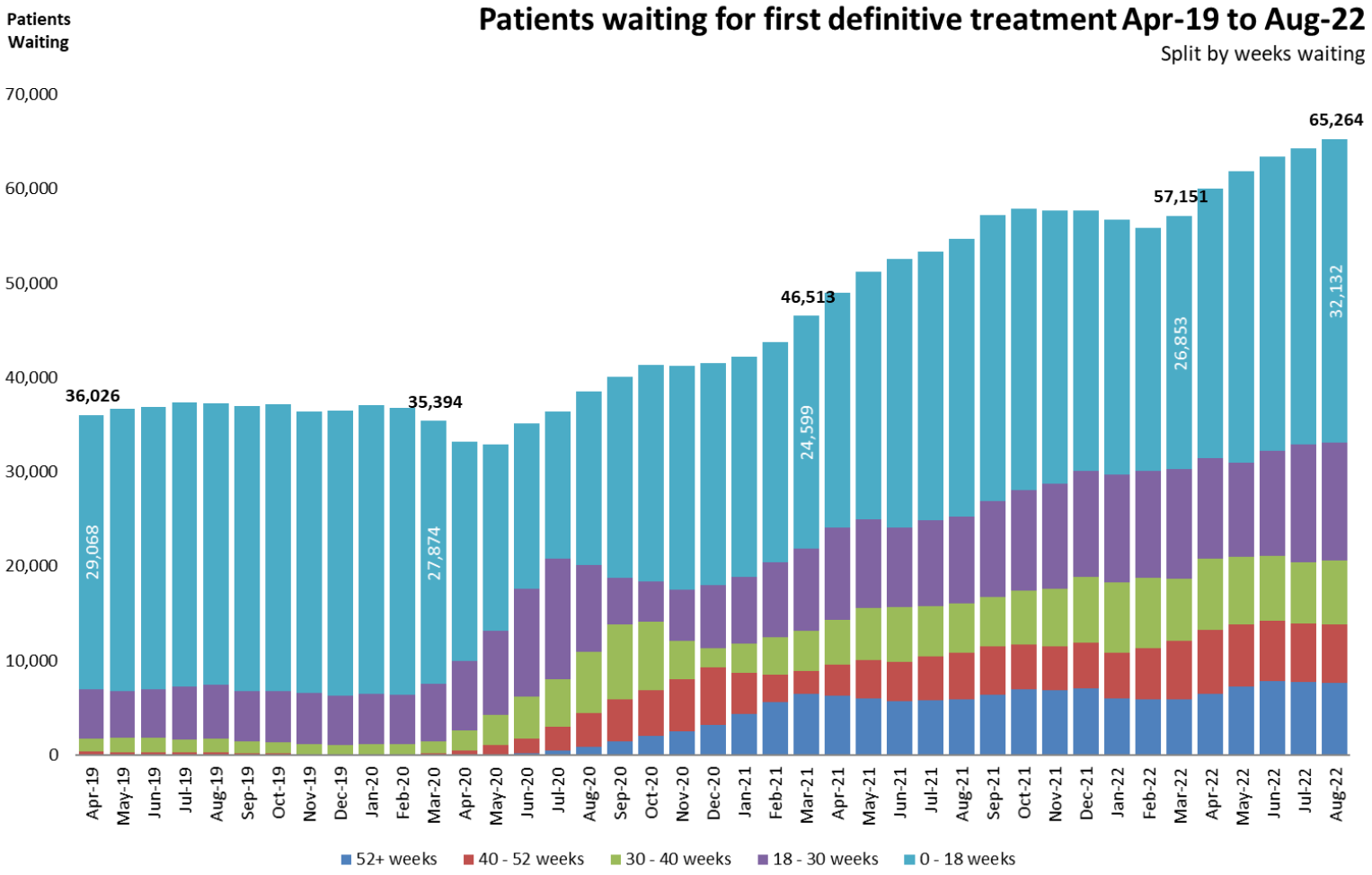
104+ week waits 12



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

Month 5 [August] | 2022-23 | Operational Performance: RTT Incomplete Waiting List

Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 5th October 2022



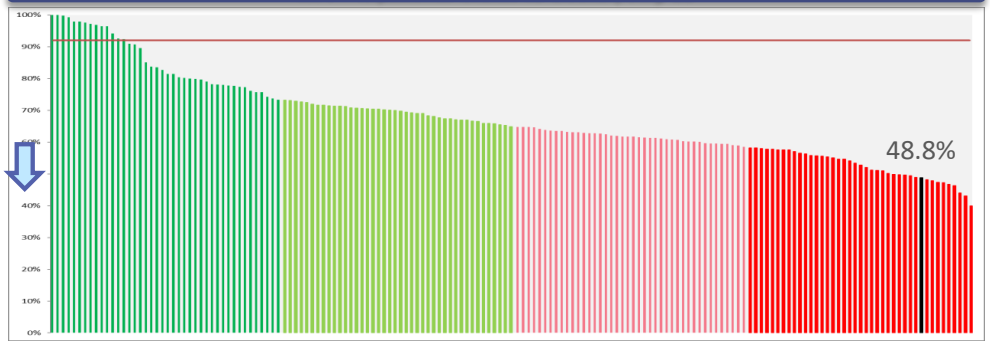
Operational Performance: RTT Benchmarking

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

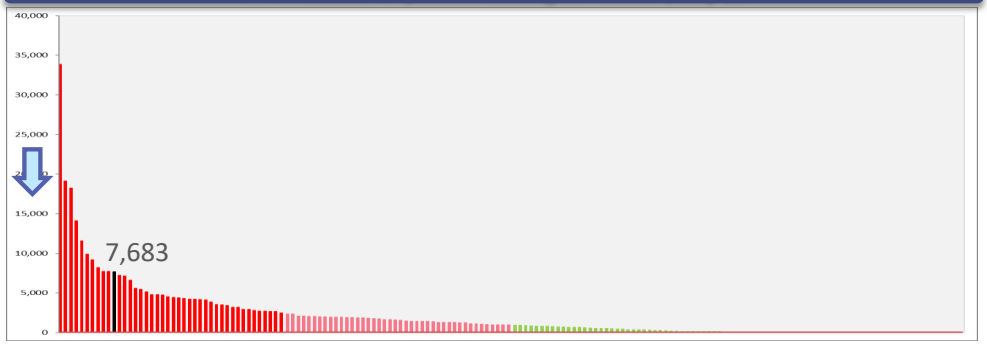
National Benchmarking (June 2022) | The Trust was one of 11 of 12 West Midlands Trusts which saw a decrease in performance between Jun-22 and Jul-22. This Trust was ranked 11 out of 13; we were ranked 12 the previous month. The peer group performance ranged from 0.00% to 71.99% with a peer group average of 50.44%; declining from 56.13% the previous month. The England average for May-22 was 61.00%; a -1.2% decrease from 62.20% in Apr-22.

- Nationally, there were 377,689 patients waiting 52+ weeks, 7,683 (2.0%) of that cohort were our patients.
- Nationally, there were 49,381 patients waiting 78+ weeks, 1,198 (2.4%) of that cohort were our patients.
- Nationally, there were 2,885 patients waiting 104+ weeks, 31 (1.1%) of that cohort were our patients.

RTT - % patients within 18 weeks | July-22

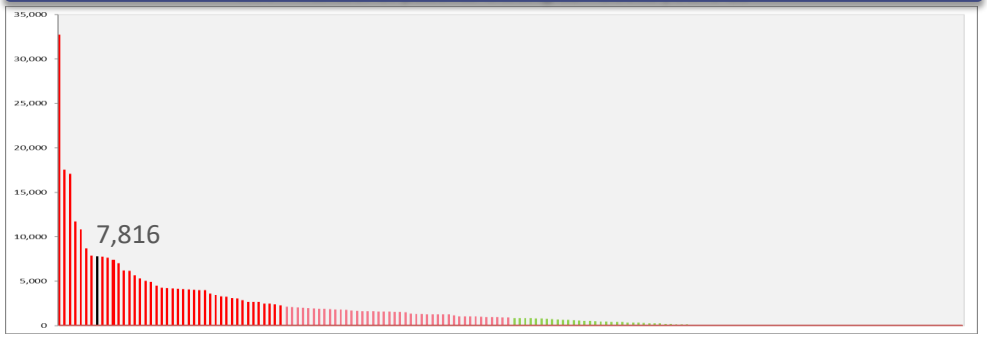


RTT – number of patients waiting 52+ weeks | July-22



RTT - % patients within 18 weeks | June-22

RTT – number of patients waiting 52+ weeks | June-22



Operational Performance: Planned Care | Outpatients and Elective Admissions (2nd SUS Submission)

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

Total Outpatient Attendances		Total OP Attendances First		Total OP Attendances Follow-Up		Elective IP Day Case		Elective IP Ordinary	
47,696	+5,409	15,461	-1,111	32,235	+6,521	7,096	-554	506	-140

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

- The OP graphs on slide 21 compare our unvalidated Aug-22 outpatient attendances to Aug-19 and our annual plan activity target. As noted in the top row of this table we haven't achieved our OP targets. However, we did deliver more first OP appointments in Aug-22 compared to Aug-19.
- The planning guidance target was to reduce the number of follow-ups appointments; this has not happened in Aug-22.
- Model Hospital benchmarking **for Jun-22** shows that our DNA rate is in quartile 1 of all Trusts.
- In the Aug-22 RTT OP cohort, there are over 34,000 RTT patients undated for their first appointment. 25% of the total cohort waiting for a first appointment have been dated. Of those not dated 3,007 patients have been waiting over 52 weeks.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Gynaecology, ENT, Urology and Oral Surgery.

Planned Admissions - what does the data tell us?

- On the day cancellations continues to shows significant improvement with 8.2% of scheduled procedures for Aug-22 cancelled on the day following a sustained downward trend. This is 141 cancellations and 128 of those were not able to be replaced with another patient.
- Theatre utilisation, at 77.7%, is above the mean but is not yet showing positive improvement; it would have to be at least 81% to do this. Factoring in allowed downtime, the utilisation increases to 83.5%. Lost utilisation due to late start / early finish showed no significant change at 20.7%.
- In Aug-22, the number of day cases and EL IP increased from Jul-22. Day case (-554) and EL IP (-140) were below the annual plan target for the month. However, Day Cases were above Aug-19 activity and although below plan, our EL IP activity levels are consistently above 21/22 levels compared to the first five months of the year.
- 63.9% of eligible patients were rebooked within 28 days for their cancelled operation in Aug-22; this is 26 of 36 patients being rebooked within the required timeframe but no significant change from the mean outcome.

Current Assurance Level: 4 (Aug-22)	**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 (Jul-22)	**SRO: Paul Brennan**

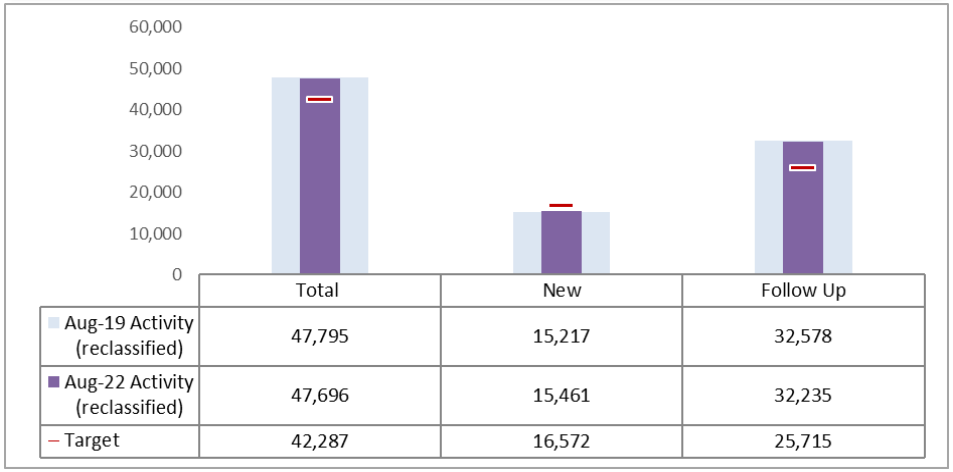
Month 5 [August] | 2022-23 | Operational Performance: Annual Plan Activity

Responsible Director: Chief Operating Officer | Unvalidated for August 2022 (Second SUS Submission)

NHS Worcestershire Acute Hospitals NHS Trust

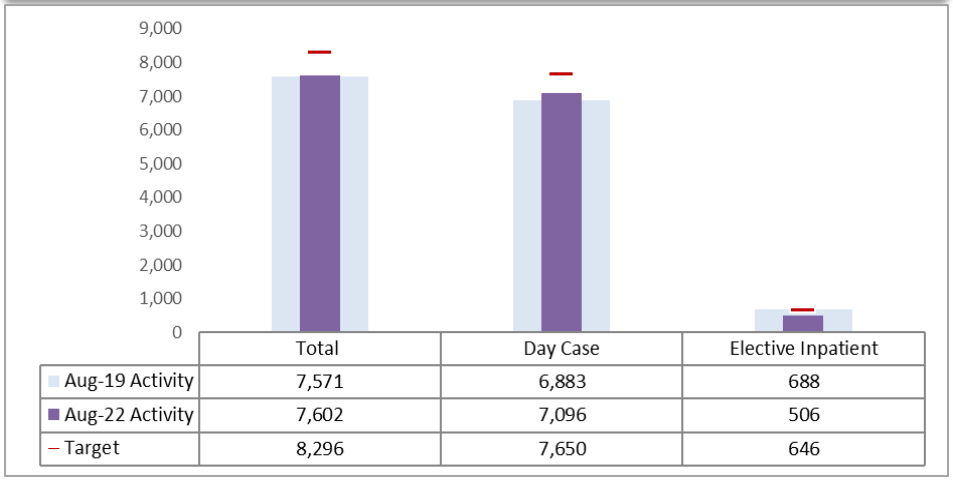
Annual Plan | Aug-22 Activity compared to Aug-19 Activity and Jul-22 Plan

Total outpatient attendances (all TFC; consultant and non consultant led)



	Total	New	Follow Up
Aug-19 Activity (reclassified)	47,795	15,217	32,578
Aug-22 Activity (reclassified)	47,696	15,461	32,235
Target	42,287	16,572	25,715

Day Case and Elective Inpatients



	Total	Day Case	Elective Inpatient
Aug-19 Activity	7,571	6,883	688
Aug-22 Activity	7,602	7,096	506
Target	8,296	7,650	646

Please note the different axes

Month 5 [August] | 2022-23 | Operational Performance: Theatre Utilisation & Outpatients

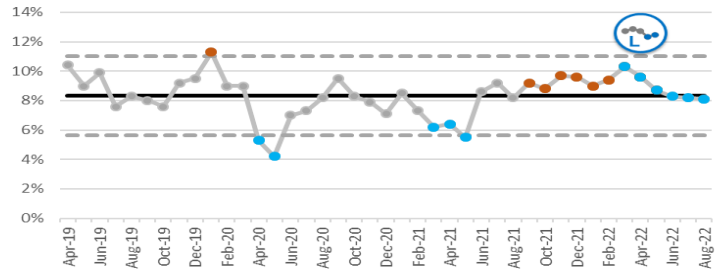
Responsible Director: Chief Operating Officer | Validated for Aug-22 as at 12th September 2022

Worcestershire Acute Hospitals NHS Trust

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

8.1%

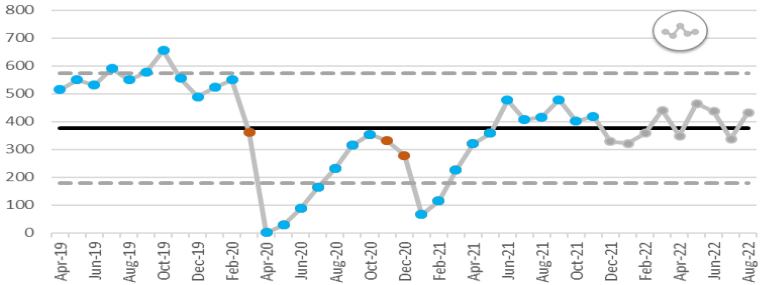
On the day cancellations



Electives on elective theatre sessions (n)

433

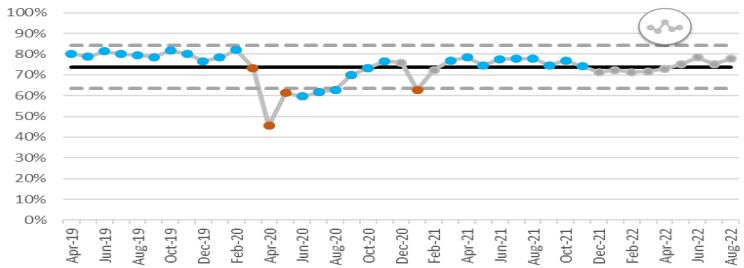
Electives on elective theatre sessions



Actual Theatre session utilisation (%)

77.7%

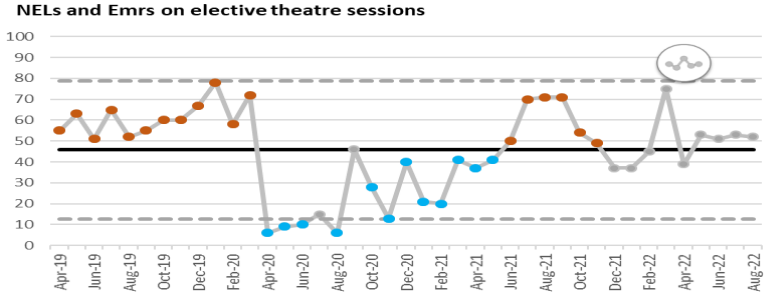
Theatre Utilisation



Non-electives & emergencies on elective theatre sessions (n)

52

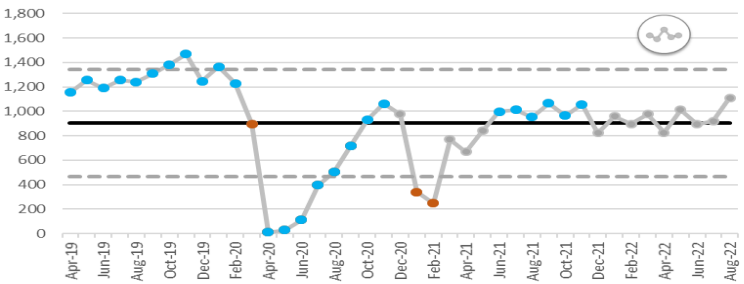
NELs and Emrs on elective theatre sessions



Day cases on elective theatre sessions (n)

1,111

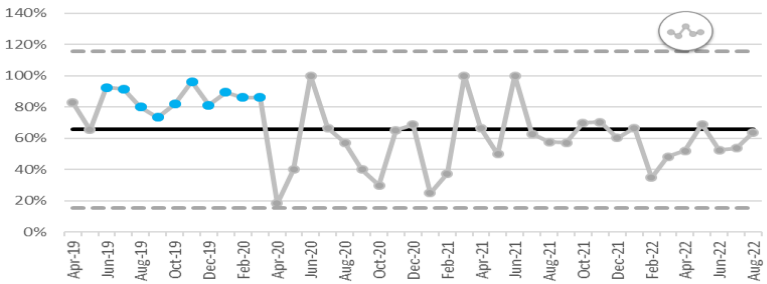
Daycases on elective theatre sessions



% patients rebooked with 28 days of cancellation

63.9%

% rebooked within 28 days



Operational Performance: 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

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

Trust Total			Radiology			Physiology			Endoscopy		
10,093	3,063	69.7%	5,663	1,337	76.4%	2,451	1,039	57.6%	1,979	693	65.0%

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 69.7% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement.
- The diagnostic waiting list has increased by 404 additional patients; this is primarily due to an amendment to correct for missing sleep studies patients (known to, and being managed by, the modality but not being counted in reporting).
- The total number of patients waiting 6+ weeks increased by 290 patients and there are 925 patients waiting over 13 weeks (914 in Jul-22).
- Radiology has the largest number of patients waiting at 5,663, an increase of 595 patients from Jul-22, with those waiting 6+weeks having increased by 226; this was driven predominantly by non-obstetric ultrasound (+210).
- Endoscopy decreased the number of patients waiting over 6+ weeks and their total waiting list size.
- Physiological science modalities also saw an increase in the breaching patients, driven by the sleep studies cohort (as described above).

Activity

- 17,752 diagnostic tests were undertaken in Aug-22. This is the 3rd time in 22/23 above 17,000 tests.
- Of the Imaging modalities, only CT achieved the H2 plan for Aug-22 and only FlexiSig achieved their endoscopy H2 plan target.
- Echocardiography achieved it's H2 plan delivering over 1,000 tests every month in 22/23.
- We were within 0.1% of delivering the required activity to meet our submitted diagnostics plan for Aug-22.

RADIOLOGY

What have been doing?

- Exploring options to increase US activity further, using insourcing.
- Agreed contract extension for MRI mobile until 31/12/22
- Continue WLI session in DEXA and US.
- Submitted caner alliance bid for MRI and CT mobile extensions and additional insource to increase Colon activity
- Inducted 4 new Radiographers

What are we going to do next?

- Explore options to increase DEXA activity further
- Continue induction and training of new recruits
- Continue WLI session in US.
- Work with cancer team to utilise data to assist in achieving improvement on 28 day faster diagnosis, in particular colon and prostate pathways

Issues

- Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity
- Ultrasound capacity to achieve plan reliant on more WLI or insourcing

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Continued to use 18 week endoscopists to provide 6 sessions at KTC
- Appointed 2 trainee nurse endoscopists with the first nurse commencing training W/C 19th September and the second nurse is expected to join the Trust at the end of November.
- Circle have agreed to the transfer of 200 spot patients per month.
- We are backfilling unused BCSP sessions at MCH for symptomatic service

What are we going to do next?

- Progression of the business case for ERCP sessions being delivered in endoscopy .
- Reviewing the cost of opening additional sessions at KTC using 18 Week Support.

Issues

- National shortage bowel preparation and continued postal strikes continues to be challenging for the service.

23

Operational Performance: DM01 Diagnostics | Waiting List and Activity

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

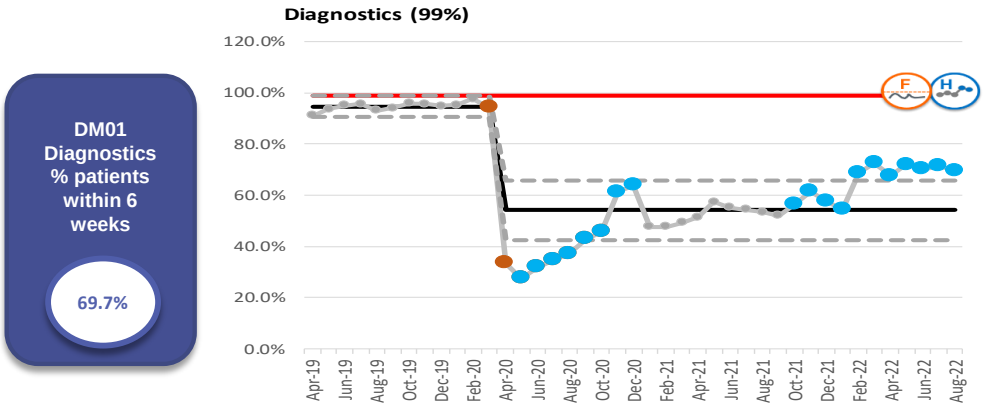
NHS Worcestershire Acute Hospitals NHS Trust

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

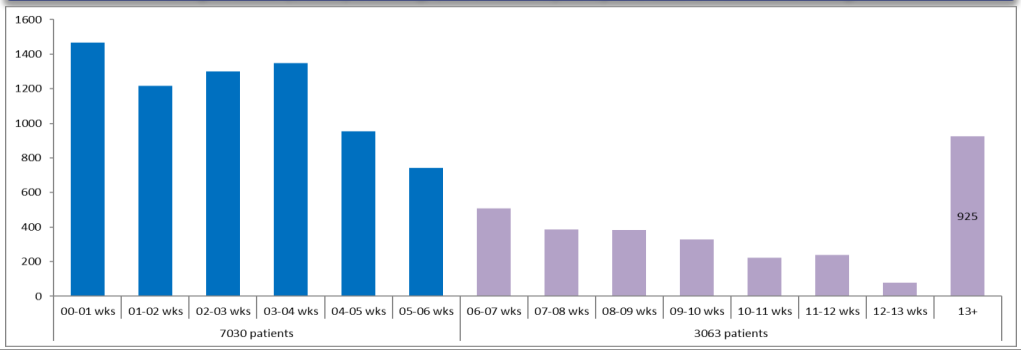
Trust Total			Radiology			Physiology			Endoscopy		
10,093	3,063	69.7%	5,663	1,337	76.4%	2,451	1,039	57.6%	1,979	693	65.0%

DM01 Diagnostics % patients within 6 weeks

69.7%



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



CARDIOLOGY – ECHO

What have we been doing?

- Consultant team have completed clinical validation of the waiting list
- Echo service has returned to sites to allow for services close to home, but with change in appointment timings to allow for increased throughput
- WLIs taken place on weekends to help backlogs and will continue throughout this project
- Insourcing has started but this has been a slow take up

What are we going to do next?

- Continued WLI clinics where possible
- Increasing insourcing option where possible

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
- Not able to increase capacity due to staffing issues
- Only able to offer Monday – Friday service

Current Assurance Level: 5 (Aug-22)

Previous assurance level: 5 (Jul-22)

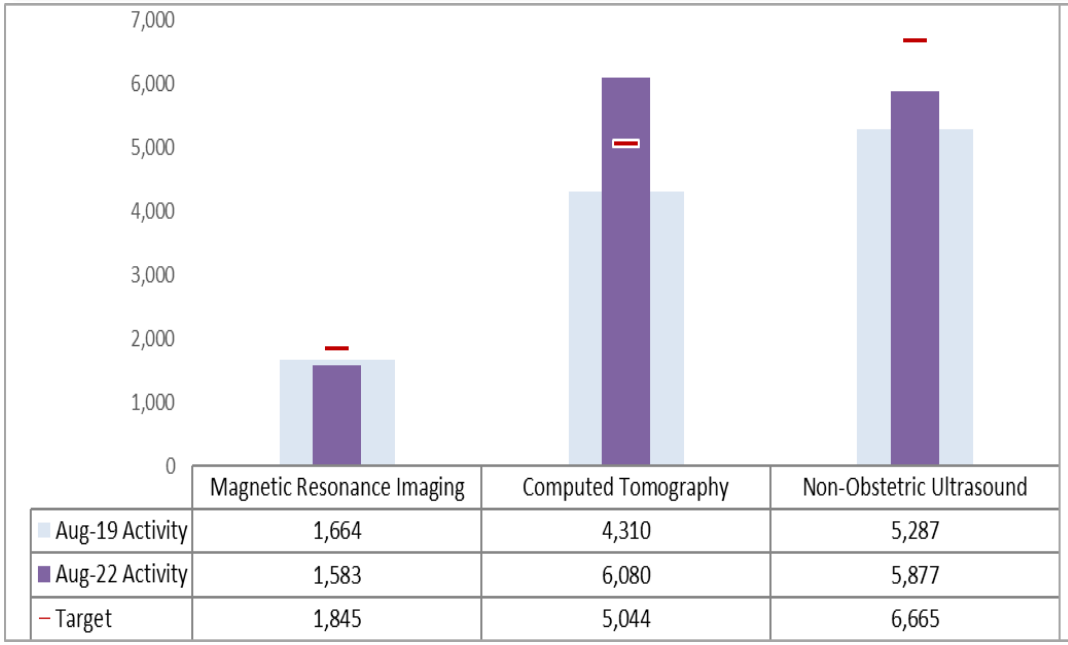
When expected to move to next level of assurance: This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Paul Brennan

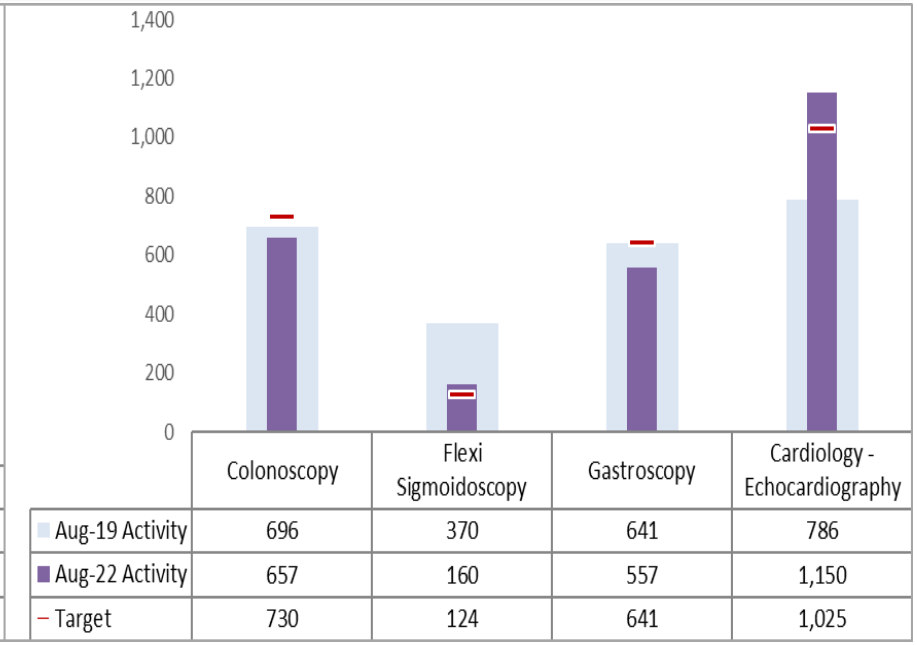
Month 5 [August] 2022-23 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for Aug-22 as 16th 2022

DM01 Diagnostics | August 2022 Diagnostic activity compared to 2019/20 and Annual Plan 22/23



	Magnetic Resonance Imaging	Computed Tomography	Non-Obstetric Ultrasound
Aug-19 Activity	1,664	4,310	5,287
Aug-22 Activity	1,583	6,080	5,877
Target	1,845	5,044	6,665



	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Cardiology - Echocardiography
Aug-19 Activity	696	370	641	786
Aug-22 Activity	657	160	557	1,150
Target	730	124	641	1,025

These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

Please note the different axes.

Operational Performance: Diagnostics (DM01) Benchmarking

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

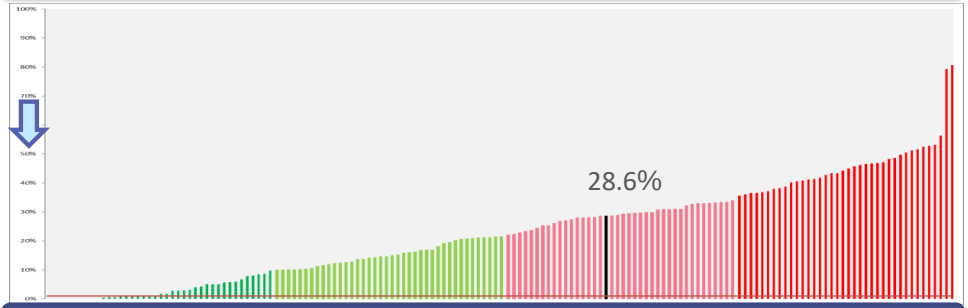
NHS Worcestershire Acute Hospitals NHS Trust

National Benchmarking (July 2022)

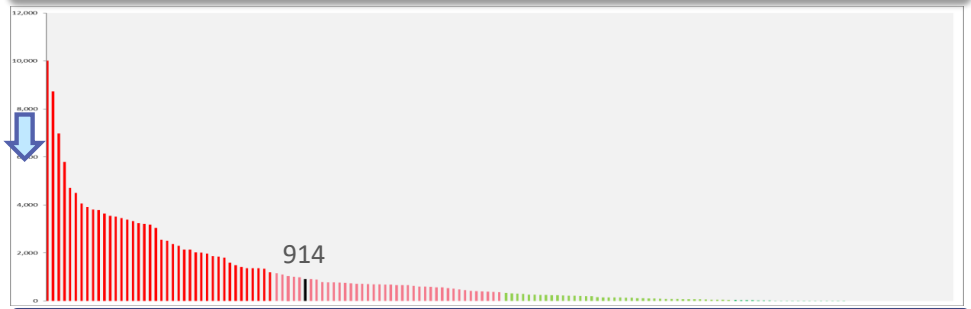
The Trust was one of 6 of 13 West Midlands Trusts which saw an improvement in performance between Jun-22 and Jul-22. This Trust was ranked 6 out of 13; no change from the previous month. The peer group performance ranged from 3.0% to 51.6% with a peer group average of 36.2%; declining from 34.9% the previous month. The England average for Jul-22 was 27.9%; a 0.4% increase from 27.5% in Jun-22.

- Nationally, there were 424,605 patients recorded as waiting 6+ weeks for their diagnostic test; 2,772 (0.7%) of these patients were from WAHT.
- Nationally, there were 164,043 patients recorded as waiting 13+ weeks for their diagnostic test; 914 (0.6%) of these patients were from WAHT.

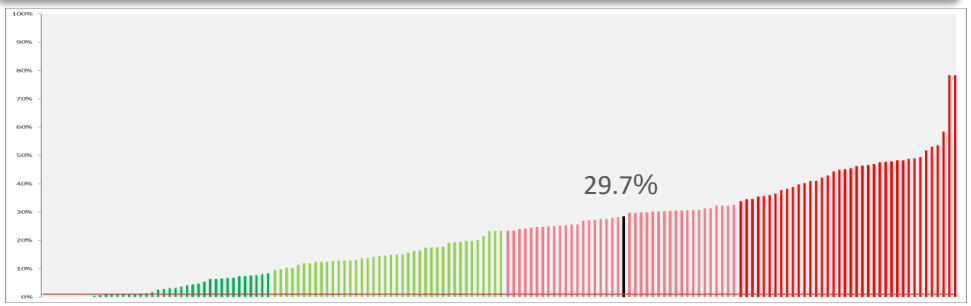
DM01 Diagnostics - % of patients waiting more than 6 weeks | July-22



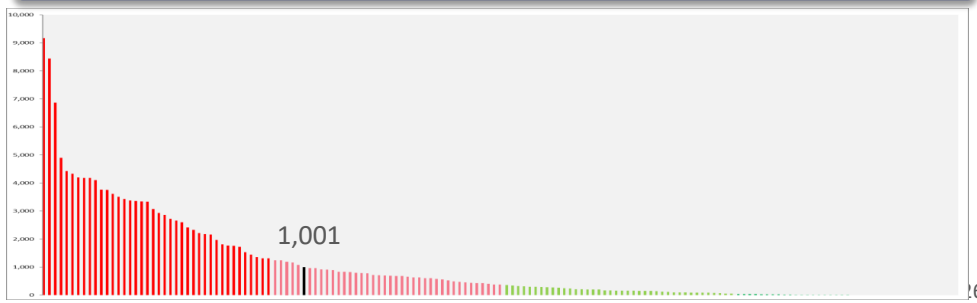
DM01 Diagnostics - number of patients waiting more than 13 weeks | July-22



DM01 Diagnostics - % of patients waiting more than 6 weeks | June-22



DM01 Diagnostics - number of patients waiting more than 13 weeks | June-22



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

Operational Performance: Stroke

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

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		SSNAP Q1 22-23 Apr-22 to Jun-22			
81.8%	C	38.2%	C	43.6%	B	93.9%	N/A	Score	77.9	Grade	B

What does the data tell us?

- Validated SSNAP scores and grades for Q1 22/23 have been published and we achieved a grade B with a score of 77.9. This score is our highest ever. The total indicator score was 82 (grade A); the audit compliance band was B which adjusted the overall score / grade down.

SSNAP Domain		2022/23 Q1
1	Scanning	B
2	Stroke unit	E
3	Thrombolysis	D
4	Specialist Assessments	A
5	Occupational therapy	A
6	Physiotherapy	A
7	Speech and Language therapy	A
8	MDT working	B
9	Standards by discharge	A
10	Discharge processes	A
Combined Total Key Indicator score and Level		82 A
Case ascertainment band		90%+
Audit compliance band		B
SSNAP score		77.9
Team-centred SSNAP level (after adjustments)		B

- No metric is showing special cause concern.
- Patients seen in the TIA clinic within 24 hours continues to show special cause improvement with a run above the mean.

What are we doing to improve?

- **Patients Admitted Within 4 Hours**: This is challenging partly due to limited flow to in-patient Stroke rehab beds, Community Stroke Team capacity, DTA beds, pathway 1 capacity and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. To support this metric due to ongoing flow challenges in the ED department, the team are reviewing any patients that are suspected strokes on the back of ambulances outside ED. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is to be employed by WAHT following the transfer of funding from HACT. This post is in the process of being advertised and this advert should be live by the 16th Sept 2022. This post will provide an overview of stroke capacity across the pathway and support the management of beds across the stroke pathway. Furthermore, a cross county therapy meeting with the Clinical lead for stroke has been commenced to support the flow and enhance patient experience. A reduced number of stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). A substantive consultant commenced 4th July. A 2nd substantive appointment has been made (50% working with academy), who has also commenced. Advert for stroke consultant closed 10th July with no applicants and this is currently back out to advert. A 50/50 stroke/neurology locum post has also been recruited into and is pending a start date which is currently delayed and we are awaiting a update.
- **90% Stay on Stroke Ward**: Issues described above impact on this KPI (delayed admission to ASU along with access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- **Specialty Review Within 30 Minutes**: All referrals to the stroke team (in hours) from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 4 hrs as per national guidance. As above where necessary due to the ED flow issues the team are at times reviewing patients on ambulances when they are unable to be moved into the ED department in a timely manner. To support flow and the stroke pathway through ED, the stroke team proactively moves their own patient to the unit as soon as a bed becomes available. 24/7 CNS is now fully established. A Stroke Nurse Consultant has now also commenced which will support the Stroke team in delivering best practice and further enhancing the patient experience. A local 24/7 stroke on call rota to support thrombolysis decision-making was trialled for the month of February. The impact of this is currently being analysed and has ceased at present due to resource availability. Long-term aim for this to be permanently implemented, however this is being run on goodwill at present so is dependent on successful further recruitment and input from Wye Valley Trust consultants – due to their own current resource issues, they are unable to support this at present.
- **TIA Patients Seen Within 24 Hours**: All referrals now triaged appropriately by Stroke consultant resulting in some rejections. We are improving performance each month and achieving the target of 80% (achieved last 8 months).

Current Assurance Level: 5 (Aug-22)	**When expected to move to next level of assurance:** Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade.
Previous Assurance Level: 5 (Jul-21)	**SRO: Paul Brennan**

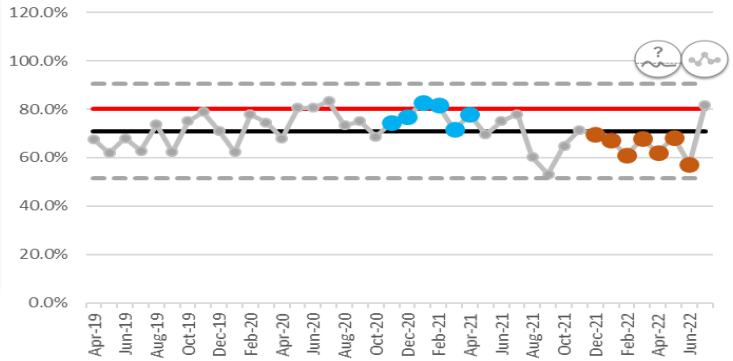
Month 4 [July] | 2022-23 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for Jul-22 as 5th October 2022

Worcestershire Acute Hospitals NHS Trust

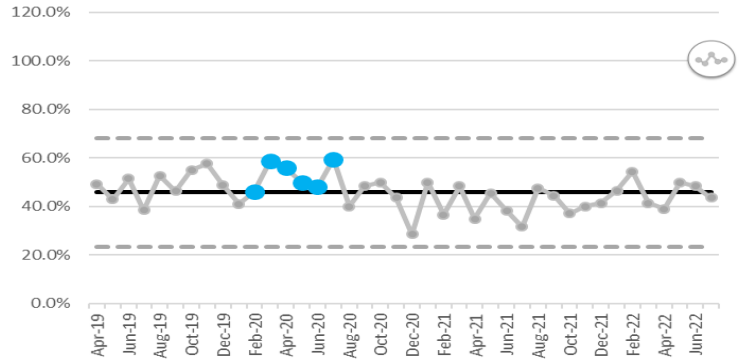
Stroke: % patients spending 90% of time on stroke unit

81.8%



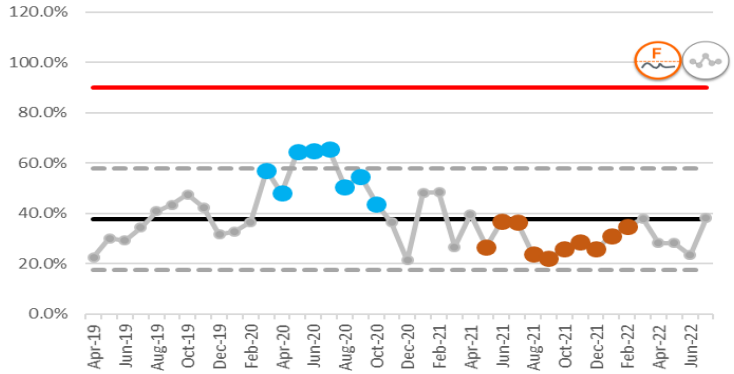
Stroke : % CT scan within 60 minutes

43.6%



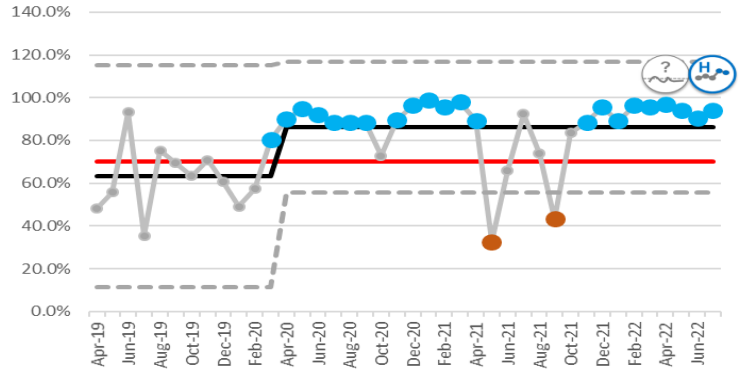
Stroke : % Direct Admission to Stroke ward

38.2%



Stroke: % seen in TIA clinic within 24 hours

93.9%



Quality and Safety

Summary Performance Table | Month 5 [August] 2022-23

NHS Worcestershire Acute Hospitals NHS Trust

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Aug-22	14	6			5	0	11
	Ecoli	Aug-22	3	3	L		4	0	9
	MSSA	Aug-22	1	1			2	0	6
	MRSA	Aug-22	0	0	L		0	0	0
Hospital Acquired Pressure Ulcers: Serious Incidents		Aug-22	1	-			0	0	2
Falls per 1,000 bed days causing harm		Aug-22	0	0.04			0	0	0
% medicine incidents causing harm		Aug-22	2.0	11.7		P	3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	Aug-22	86.6	100			91	79	102
	Hand Hygiene Compliance to practice	Aug-22	99.8	98		P	99	99	100
VTE Assessment Rate		Aug-22	93	95	L		96	94	98
Sepsis	Sepsis Screening compliance	Jul-22	89.7	95			83	71	96
	Sepsis 6 bundle compliance	Jul-22	66.97	95		F	54	29	78
#NOF time to theatre <=36 hrs		Aug-22	50.6	85	L		75	56	94
Complaints responses <=25 days		Aug-22	57.7	80			76	46	107
Ice viewed reports	ICE viewed reports [pathology]	Jul-22	94.8	-	L	P	95	93	97
	ICE viewed reports [radiology]	Jul-22	88.4	-	H	P	86	83	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Aug-22	22.12	20			17.33	12	23
FFT A&E Recommended	Aug-22	86.91	95		F	82.75	76	90
FFT Inpatient Response	Aug-22	39.2	30			31.93	24	39
FFT Inpatient Recommended	Aug-22	97.86	95	H		95.95	94	98
FFT Maternity Response	Aug-22	1.85	30	L	F	16.54	3	30
FFT Maternity Recommended	Aug-22	81.82	95			93.54	73	114
FFT Outpatients Response	Aug-22	11.13	10			10.57	7	14
FFT Outpatients Recommended	Aug-22	94.92	95			93.59	92	95

Maternity

Month 5 [August] | 2022-23 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for Aug-22

Admission of full-term babies to neonatal care		Neonatal Deaths (>24+0 weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births		Home births		Booked before 12+6 weeks		Births	Babies
10	1.7%	0	1	0	22	5.1%	2	0.5%	374	79.2%	422	431

What does the data tell us?

- The percentage of pre-term births and stillbirths are both showing special cause improvement due to a consistent downwards trend.
- Although not improvement or concern, vaginal deliveries and elective caesareans are both showing special cause variation. These metrics are linked as a reduction in vaginal deliveries is being balanced by an increase in elective c-sections.
- The only metric to show special cause concern is Booked before 12+6 weeks. Even when adjusting the SPC chart for the transition to Badgernet the last 6 months have been below the mean for the period since Sept-20, which is 81%, and therefore shows special cause concern.
- There was one stillbirth in month, but no maternal or neonatal deaths in Aug-22.

What have we been doing?

- Service Improvement Plan remains paused due to service challenges (staff not available for engagement)
- Further funding received from NHSE to support Ockenden recommendations – changes to the governance team agreed
- Commenced monthly compliance and assurance meetings following recruitment of specialist midwives
- Review and take action on booking at 12+6
- Review evidence for 'must do's' and should do's
- Completed NHSE maternity self-assessment action plan – evidence to be collated
- Completed Ockenden action plan for the final report and evidence collated
- 14 WTE midwives in pipeline and expected in Set/Oct
- Submitted bid for IR – further information requested

What are we going to do?

- Restart engagement events for MSIP when staffing allows
- Preparing for expected CQC visit
- Recruitment events for Midwives
- Prepare one over arching action plan for all maternity improvements.

Current Assurance Level: 5 (Aug-22)

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 (Jul-22)

SRO: Paula Gardner (CNO)

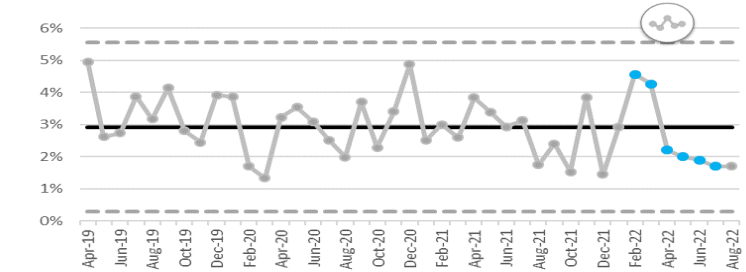
Month 5 [August] | 2022-23 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for Aug-22

NHS Worcestershire Acute Hospitals NHS Trust

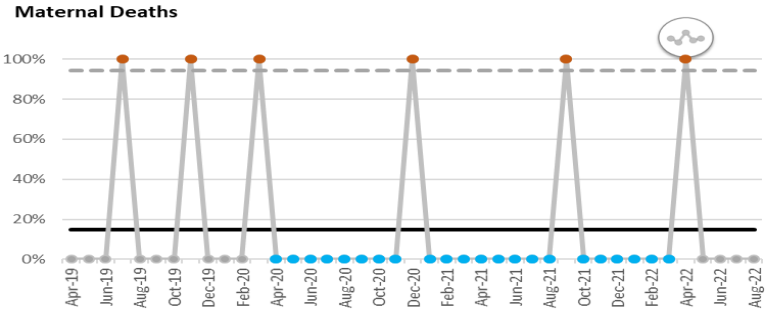
% admission of full-tern babies to neonatal care

1.7%



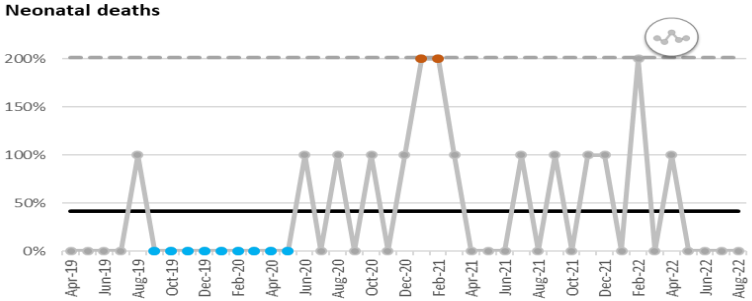
Maternal Deaths

0



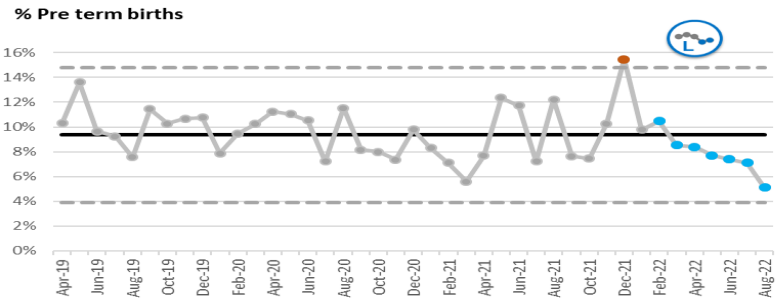
Neonatal Deaths (>24+0 weeks gestation)

0



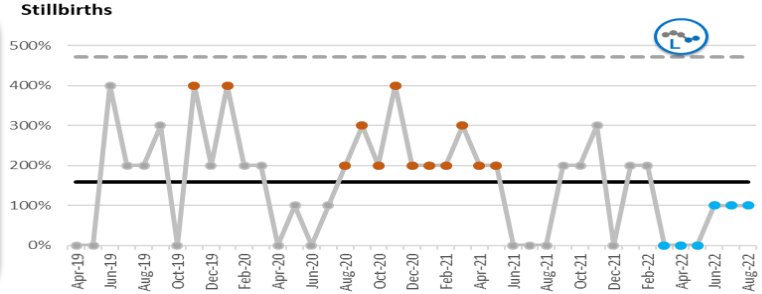
% Pre term births

5.1%



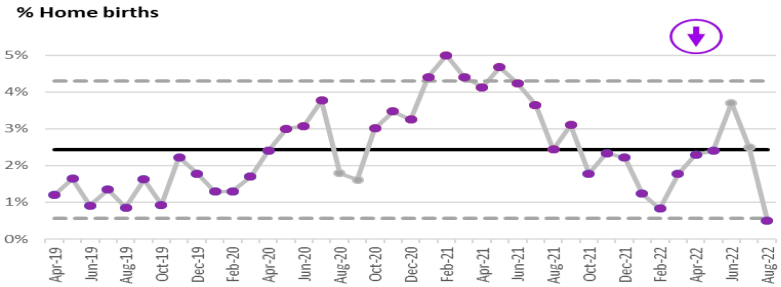
Stillbirths

1



% Home births

0.5%



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

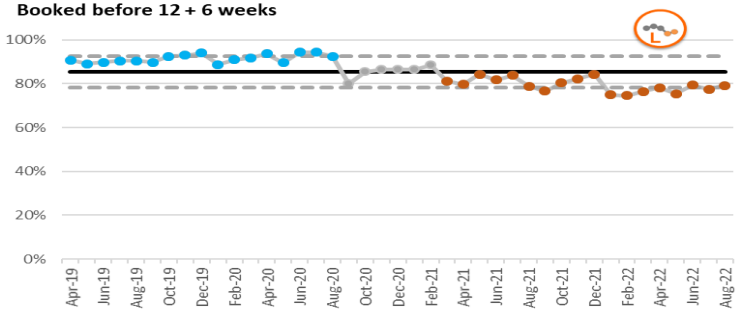
Month 5 [August] | 2022-23 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for Aug-22

NHS Worcestershire Acute Hospitals NHS Trust

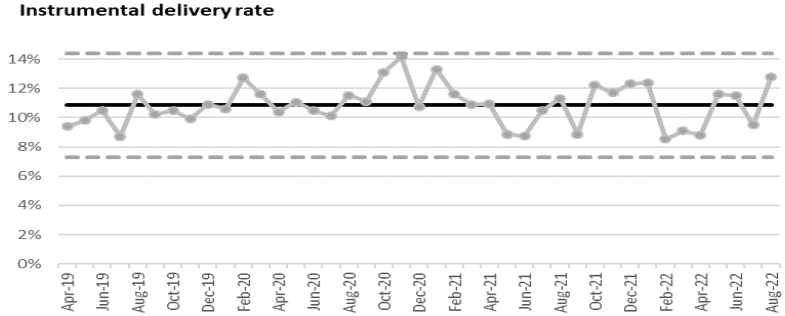
Booked before 12+6 weeks

79.2%



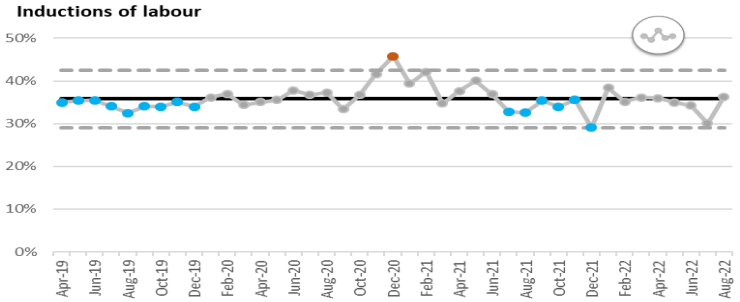
Instrumental Delivery

12.8%



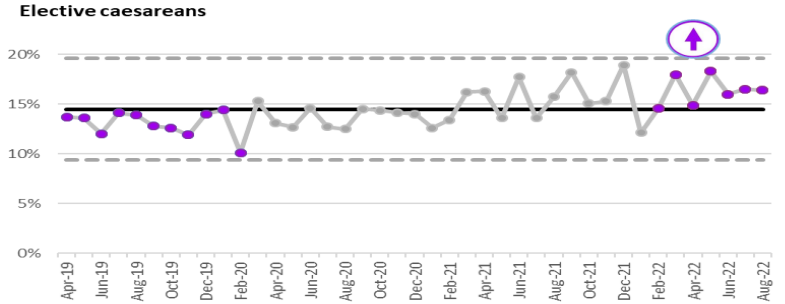
Inductions of labour

36.3%



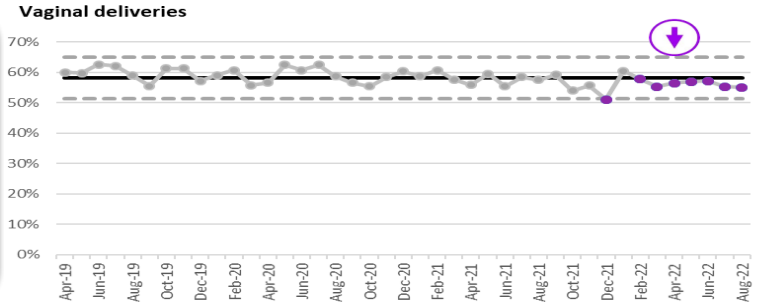
Elective Caesarean

16.4%



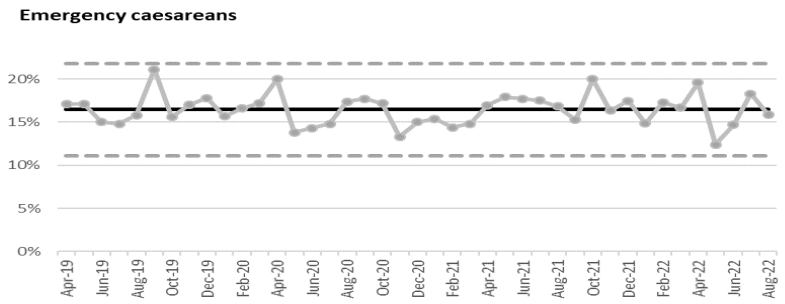
Vaginal Deliveries (non-instrumental)

55.0%



Emergency Caesarean

15.9%



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

Workforce

People and Culture Performance Report Month 5 -

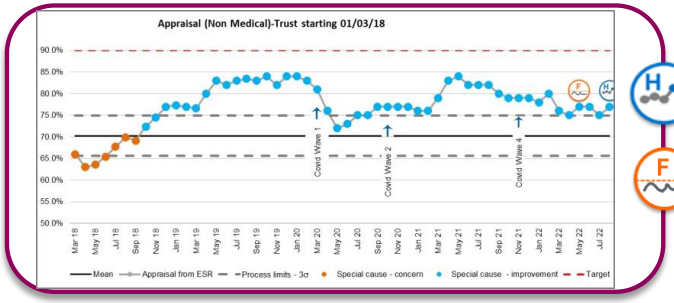
	Comments
Getting the Basics Right	• Mandatory training has dropped to 89% this month against a Model Hospital average of 88% and a Trust target of 90%. • Non medical appraisal has improved by 2% to 77% compared with the national average of 78% and Trust target of 90%. • Recruitment – we have 57 more starters than leavers this month, partly due to junior doctors rotation. We are shown on Model Hospital as recruiting more staff per 1000 headcount that the national average but this is still not meeting the demand. We lost 18 registered nurses this month including 5 retirements and 6 to work life balance.
Performance Against Plan	• Our gross establishment has increased by 18 wte this month to 6,838 wte . The growth is 1 medical consultant (Deputy CMO), 6 registered nurses and 9 HCAs in Acute Medical Unit (WRH), and 2 Admin in Cancer Co-ordination • The application of £12m Vacancy Factor to each division reduces this by 286 wte to 6,551 wte. • We are currently 82 wte adrift from our workforce plan submitted in June primarily due to significantly higher than planned leavers in March and July. This is an improvement from month 4 which was 125 wte adrift.
Drivers of Bank & Agency spend	• Monthly sickness has dropped by 0.98% to 5.12% against a national monthly average of 6.2%. This equates to an average of 303 wte staff absent each calendar day of the month. Our sickness absence target has been adjusted to 5.5% for 2022/23 to take account of covid (previously 4%). The increase in sickness is primarily related to Covid sickness but there has also been an increase in stress related absence. However, this appears to be improving with Covid absence dropping by 0.83% and stress absence dropping by 0.12% this month. • There are 161 staff on maternity leave, and 67 wte on other leave each day which are both reducing. Annual leave in August has increased by 226 to an average of 750 staff of each calendar day. This compares to an average of 140 on maternity leave pre covid, and 481 on annual leave each day over the last 2 years. • The annual turnover rate remains of concern but has slightly improved by 0.08% this month to 13.76% against a target of 11.5%. This is 4.23% worse than the same period last year.
Staff Health & Wellbeing	• Cumulative sickness (rolling 12 months) has reduced marginally to 5.67% which is above our 5.5% target but remains better than 6.2% national average. • Sickness due to S10 (stress and anxiety) reduced by 0.12% this month to 1.36% • Surgery, Specialty Medicine and Digital now have a lower level of S10 absence than pre-pandemic levels.

Month 5 [August] 2022/23 Workforce "Getting the Basics Right" Summary

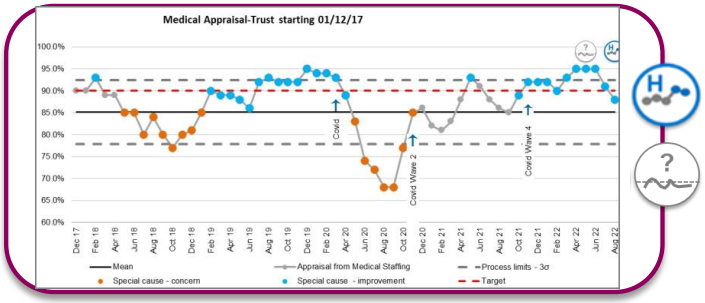
Responsible Director: Director of People and Culture | Validated for August 2022 as 11th September 2022

NHS Worcestershire Acute Hospitals NHS Trust

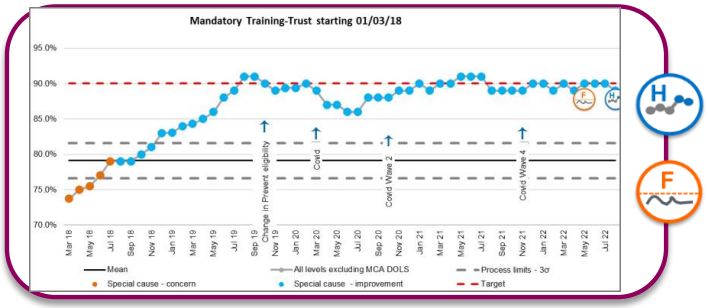
Appraisal (Non-Medical) — 77%



Medical Appraisal — 88%



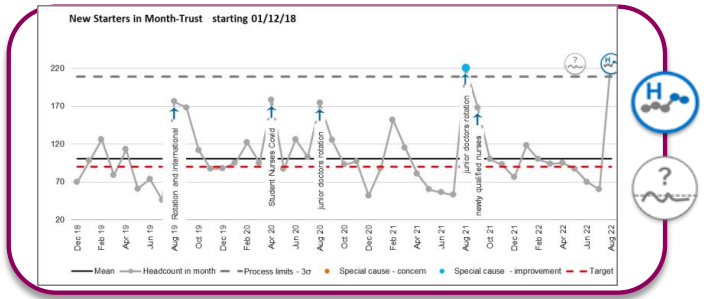
Mandatory Training — 89%



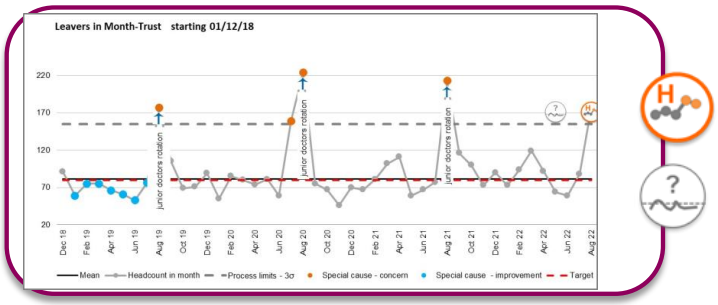
Consultant Job Plans — 79%

There is no data available this month.

New Starters in Month — 234



Leavers in Month — 177



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

Workforce Compliance Month 5 – (August 22): - Performance Against Plan

Substantive Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan SIP by August 2022	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,838 wte (Net establishment is: 6,551 wte)	5,915wte	5,997 wte	13.49% (Net rate is: 8.72%)	6,558 wte	8.78%	8.76%

What does the data tell us?

- **Staff in Post** – has increased this month by 42 wte to 5,915 wte against an increased establishment of 6,838 wte (gross) or 6,551 wte (net) with vacancy factor removed.
- **Total Hours worked** – has increased by 52wte (comprised of an overall increase of 13 bank and 44 wte substantive. There has been a reduction of 5 wte in agency despite the high annual leave this month which would indicate better planning of leave. Increase in hours are primarily 11 wte in Medics Anaesthetics, 6 Medics in Gynae, 4 medics in Paediatrics, 4 wte Radiography, 3 Midwives, 3 Bed Management, 3 Endoscopy Nurses, 3 Oncologists, 3 Renal Nursing, and 6 A&E Nurses.
- **Agency Hours worked** – Women and Children have increased temporary staff hours worked by 29 which correlates with higher vacancies, high turnover and high sickness levels, however this has primarily been covered by bank rather than agency. Specialty Medicine has increased temporary staff hours worked by 11 wte, and Surgery by 10 wte.
- **Agency Spend as a % of Gross Cost** – Agency cost as a % of gross cost has reduced by 0.37% this month to 8.76%. Agency spend as a % of gross cost has reduced in all divisons except Specialty Medicine and Surgery. Urgent Care division mains an outlier with 24.61% of gross cost attributed to agency staff.
- **Bank spend as a % of gross cost -** Bank staff spend as a % of gross spend has increased by 0.87% to 8.78% but this spend is encouraged to avoid agency or overtime. Bank hours are higher than agency hours worked this month which is positive and better than the national benchmark of 7.8% of gross cost.

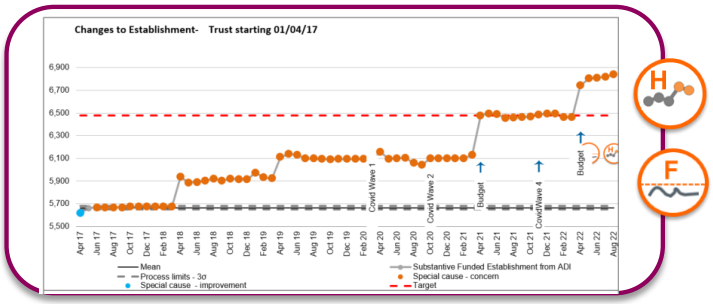
National Benchmarking (July 2022)
We are in the 4th quartile (Worst) for Nursing Agency spend with 10.2% of gross cost compared to national average of 6.4% (June 2022 rates). We have improved to the 3rd quartile for Medical Agency spend with 11.9% compared to national average of 7.4% and Peer median of 10.9% (June 2022 rates).

Month 5 [August] 2022-23 Workforce "Performance Against Plan" Summary

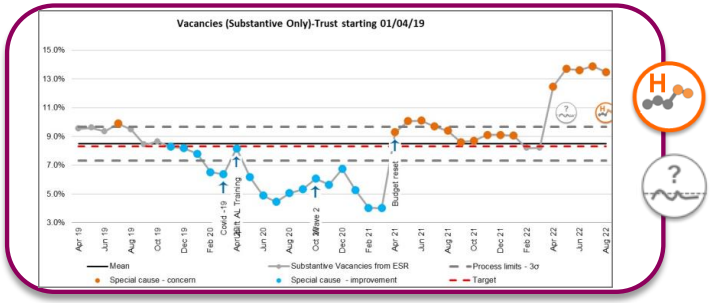
Responsible Director: Director of People and Culture | Validated for August 2022 as 11th September 2022

NHS Worcestershire Acute Hospitals NHS Trust

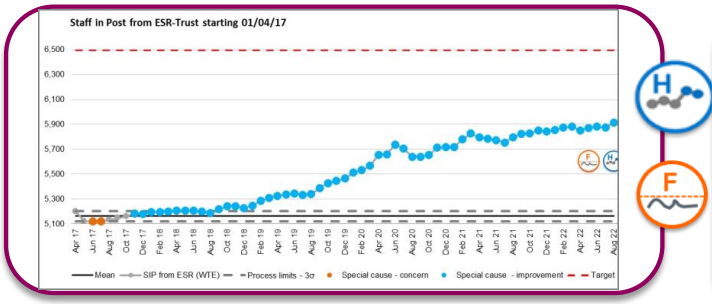
Gross Funded Establishment
6,838 wte



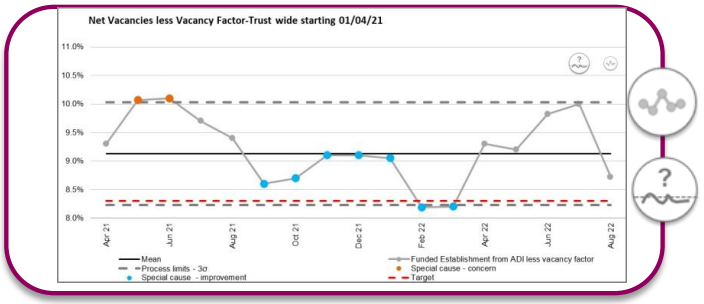
Gross Vacancy %
13.49%



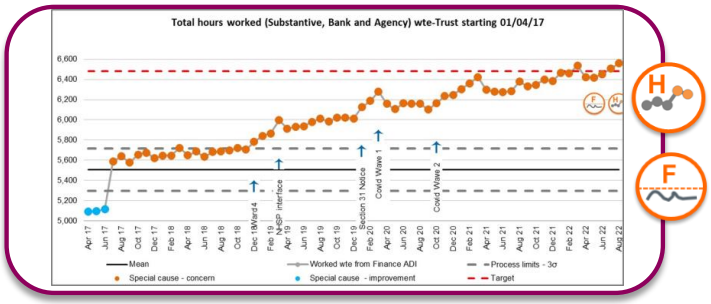
Staff in Post (ESR)
5915 wte



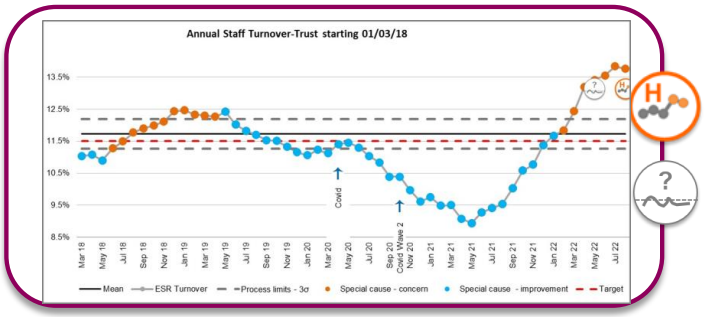
Net Vacancy % (less vacancy factor)
8.72%



Total Hours Worked (ADI)
6,558 wte



Annual Staff Turnover
13.76%



Variation Assurance

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

Workforce Compliance Month 5 – August 22): - Drivers of Bank and Agency Spend

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave	Booking Reasons
13.76%	5.12% 303 wte average per day	161 headcount	750 wte average per day	67 wte average per day	Vacancies, Sickness, Additional Beds, specialling, maternity and covid

What does the data tell us?

- **Staff Turnover** – Staff annual turnover has improved by 0.08% this month to 13.76% which is 4.23% worse than the same period last year. This remains above our 11.5% target which was already adjusted for covid.
- **Monthly Sickness Absence Rate** – Sickness has reduced by 0.98 % to 5.12% which is 0.36% better than the same period last year. Cumulative sickness for the 12 month period has also reduced by 0.02% to 5.67% which is 0.81% higher than the same period last year. Sickness rates are driven by high levels of Long Term Sickness in all divisions except for Digital, with Estates and Facilities and Women and Children's continuing to be hotspot areas. The average number of staff off sick each day has reduced by 56 per day to 303 wte (including 94 registered nurses, 82 HCAs, and 10 medics).
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has reduced by 1 wte to 161 which is 4 less than the same period last year. We are on an improving trajectory to the pre covid average of around 135 on maternity leave.
- **Annual Leave** – An average of 750 wte staff were on leave each day compared to 524 wte last month. This increase is due to bank holidays falling in the period and school holidays.. The average number of staff on leave each day over the last 2 years is 481.
- **Other leave** – An average of 67 wte were absent each day due to Other Leave which will include special leave, study leave, self isolation for Covid etc. This has reduced by 43 wte from last month
- **Booking Reasons** – 750 wte staff were booked via NHS Professionals to cover gaps compared to 761 wte last month. This included 436 wte staff booked to cover vacancies, 141 wte for sickness (including 84 Registered Nursing and 52 HCAs), 38 wte additional beds/capacity, 19 to cover maternity, 18 for Covid additional staff, 29 specialling, 14 redeployment, 11 unplanned leave and 9 for covid absence

National Benchmarking (July 2022)

Our Monthly Staff Turnover on Model Hospital had increased to Quartile 3 overall with a rate of 1.18% compared to national average of 1.13% (April 2022 data). Our turnover of Registered Nurses was good at 9.5% compared to national average of 13.1% (March 2022 rates) but this is expected to have declined when the data is refreshed. Turnover of medics is high at Quartile 3 (33.3% compared to national average of 30.6% (March 2022 rates). We have remained in the 2nd Quartile in terms of Sickness on Model Hospital as at March 2022 (latest data) when our sickness was 5.8% against a National median of 6.2% and a peer median of 6.8%.

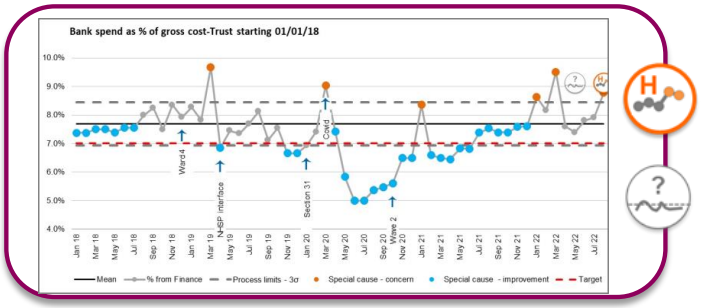
Month 5 [August] 2022-23 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for August 2022 as 11th September 2022

NHS Worcestershire Acute Hospitals NHS Trust

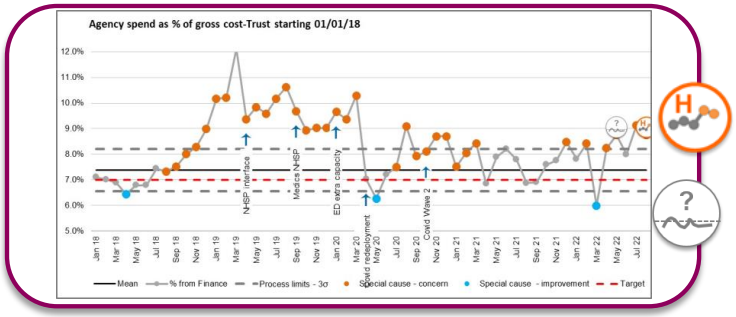
Bank Spend as a % of Gross Cost

8.78%



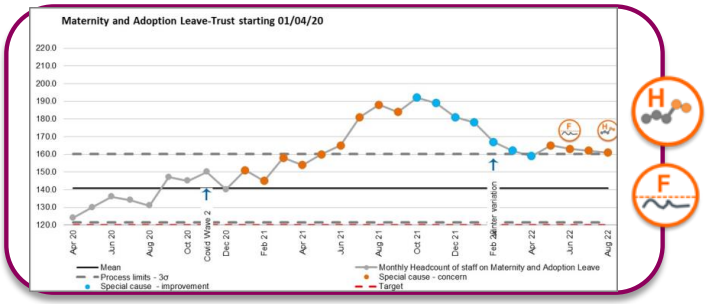
Agency Spend as a % of Gross Cost

8.76%



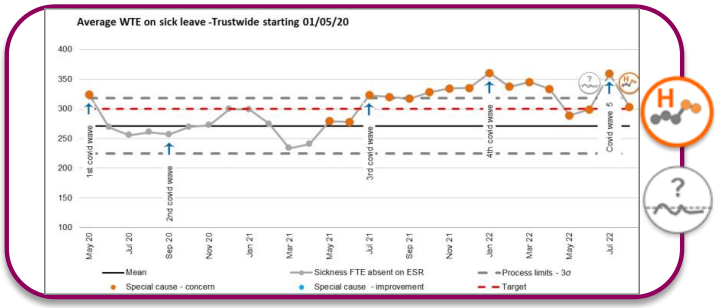
Maternity/ Adoption Leave (Headcount)

161



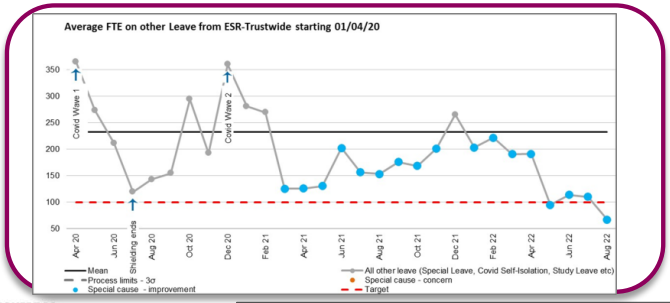
Monthly Average Staff of Sick Per Day

303 wte



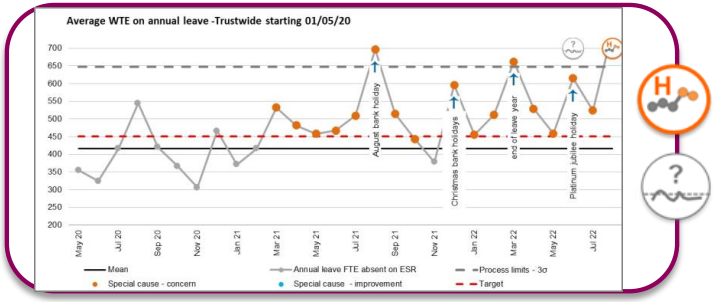
Any Other Leave (Average FTE per day)

67 wte



Annual Leave (average staff on leave each day)

750 wte



Variation Assurance

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

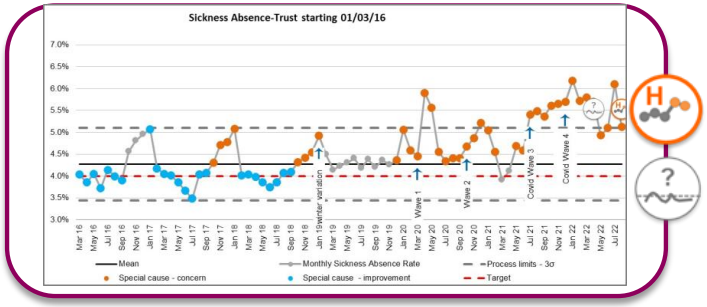
Month 5 [August] 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for August 22 as 11th September 2022

NHS Worcestershire Acute Hospitals NHS Trust

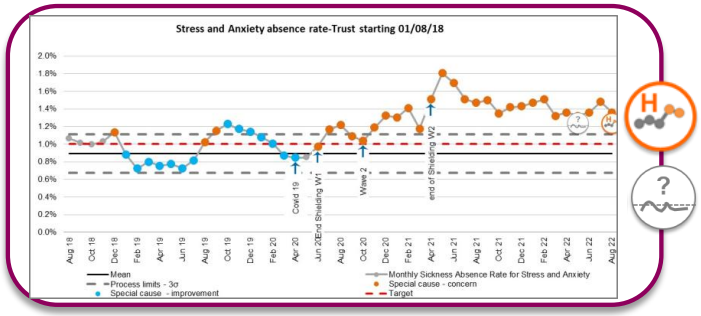
Monthly Staff Sickness Absence Rate

5.12%



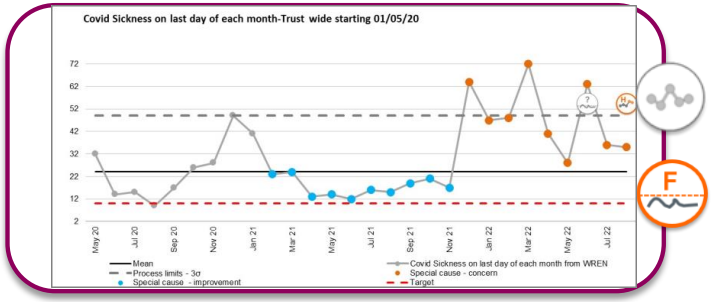
% Staff absent due to Stress and Anxiety (S10)

1.36%



Covid Sickness (S27)

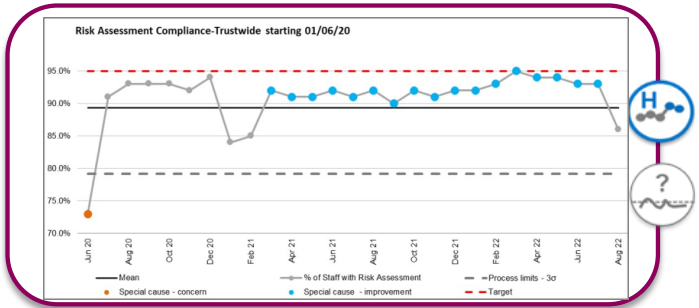
35



Trust Sickness compared to Model Hospital Benchmark

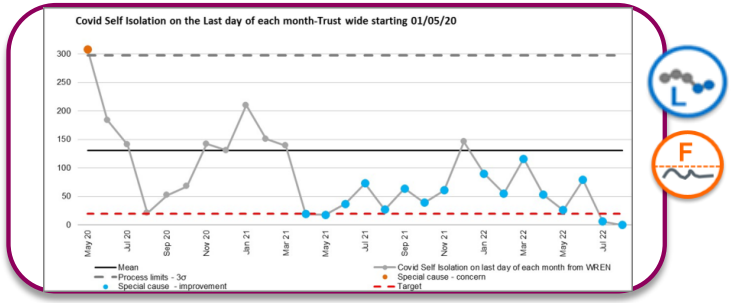
Covid Risk Assessment Compliance

86%



Number Self Isolating

0



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 Planning and Transformation** ***The right-sized, cost effective workforce that is organised for success***	**BP3: OD and Staff Experience** ***A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work***	**BP4: Future of HR and OD** *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

How have we been doing?

The following areas are where we perform below peer group average:

- Month on month increase in staff turnover (we are now in the 3rd quartile) although this has improved this month

Also of note is the sustained use of bank and agency usage (we are in the worst quartile) which is a result of:

- Opening of the Acute Medical Unit and Pathway Discharge Unit
- Increased vacancies due to the increase in turnover
- Continued higher levels of sickness absence
- Increased patient acuity (specialing)
- Increased annual leave due to holiday season, good weather and lifting of covid restrictions
- Additional bank holiday
- Continued use of surge areas

- Sickness absence rates are lower than Model Hospital average

What improvements will we make?

- We have developed the people and culture 3 year plan and in year 1 are focusing on recruitment and improving the retention of colleagues
- We are reducing our time to recruit through the recruitment value stream
- We have launched NHS Jobs 3 which will interface with ESR to improve user experience, reduce duplication and will improve reporting
- We continue to address our reliance on the temporary workforce through the Best People Programme
- We have improved the visibility of establishment and vacancy information by uploading data into ESR and HealthRoster.
- We have implemented the national changes to AfC terms and conditions which will bring sickness payments for staff on Covid S27 back in line with other sickness.

Overarching Workforce Performance Level – 4 – July 2022 **Previous Assurance Level - 5 – June 2022**	**To work towards improvement to next assurance level**

Finance

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

2022/23 Plan

Our 2022/23 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 21/22 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 21/22. 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 £(42.4)m in April 2022. Following a re distributions of income from the CCG the Trust's plan was resubmitted in June 2022 with a full year deficit of £(19.9)m.

Income & Expenditure Overview

Month 5

In M5 actual **deficit of £(2.0)m** against a plan of **£(1.9)m deficit**, an adverse variance of £0.1m. YTD M5 actual **deficit of £(8.8)m** against an plan of **£(8.6)m deficit,** an adverse variance of £0.2m.

Statement of comprehensive income	Aug-22 Plan £'000	Aug-22 Actual £'000	Aug-22 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,510	47,946	436	237,014	237,984	970
Other operating income	2,656	2,333	(323)	12,671	11,751	(920)
Employee expenses	(30,112)	(30,770)	(658)	(149,136)	(150,012)	(876)
Operating expenses excluding employee expenses	(20,092)	(19,683)	409	(99,979)	(99,538)	441
OPERATING SURPLUS / (DEFICIT)	**(38)**	**(174)**	**(136)**	**570**	**185**	**(385)**
FINANCE COSTS						
Finance income	0	47	47	0	197	197
Finance expense	(1,165)	(1,169)	(4)	(5,825)	(5,842)	(17)
PDC dividends payable/refundable	(681)	(682)	(1)	(3,406)	(3,407)	(1)
NET FINANCE COSTS	**(1,846)**	**(1,804)**	**42**	**(9,231)**	**(9,052)**	**179**
Other gains/(losses) including disposal of assets	0	232	232	0	251	251
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(1,884)**	**(1,746)**	**138**	**(8,661)**	**(8,616)**	**45**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(1,884)**	**(1,746)**	**138**	**(8,661)**	**(8,616)**	**45**
Remove capital donations/grants I&E impact	10	10	0	51	51	0
Adjusted financial performance surplus/(deficit)	**(1,874)**	**(1,736)**	**138**	**(8,610)**	**(8,565)**	**45**
Less gains on disposal of assets	0	(232)	(232)	0	(251)	(251)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(1,874)**	**(1,968)**	**(94)**	**(8,610)**	**(8,816)**	**(206)**

I&E Delivery Assurance Level: Level 3

Reason: £(19.9)m deficit plan submitted for 22/23 with risks to delivery including (but not limited to):

- Inability to deliver unidentified PEP – note current forecast is £8m against £15.7m plan
- Slippage on any identified transformational PEP
- Failure to secure funding for Pathway Discharge Unit (PDU) – this is currently not agreed
- Variance to delivery of planned activity to access ERF 104%, - we are not currently achieving this
- Pay and non pay inflation above Tariff levels

Assurance level remains at level 3 as a result of M5 forecasting exercise due to result being a deficit significantly larger than the £(19.9)m full year plan. Further work to refine this forecast will be done during M6 to assess options for reducing the gap to plan.

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £0.1m above the Trust's Operational Plan in August and breakeven YTD.

Key variances

- Here/Worc ICB in month £0.4m – Drugs & Devices £0.3m and an CHD income of £0.1m.
- NHS England In month £0.2m – Non PbR Drugs & Devices.
- Other Operating Income (£0.1m) – Other Non Patient Care income £0.2m, Training & Education (£0.1m) and Car Parking (£0.2m) with the postponement of the charging.
- O/S COVID in month (£0.1m)
- AMU/PDU in month (£0.4m) –AMU/PDU funding in the Trust's Operational Plan but no agreement from commissioners for funding.

The Trust has reported the full value of the ERF income (YTD £6.8m) in the position (agreed by the System). The Trust's actual performance is below this.

Employee expenses in M5 £0.7m adverse and YTD £0.9m adverse – In month spend of £30.8m is an increase of £0.7m compared with the July position. Adverse variances due to covering more vacancies – including an increased Deanery fill (£0.5m) and undelivered PEP (£0.6m), and retro hits for Medics (£0.2m) partially offset by favourable variances in month against employee expenses due to Business Case slippage (£0.3m), ERF (£0.3m) and COVID (£0.1m). Of the Business Case slippage £62k Ockenden and Surgery Reserve held centrally, £80k SCSD of which £41k CDH, £48k Corporate including SIM and Bed Management, £44k DCR.

Operating expenses in M5 £0.4m favourable and YTD £0.4m favourable – Favourable variances include:

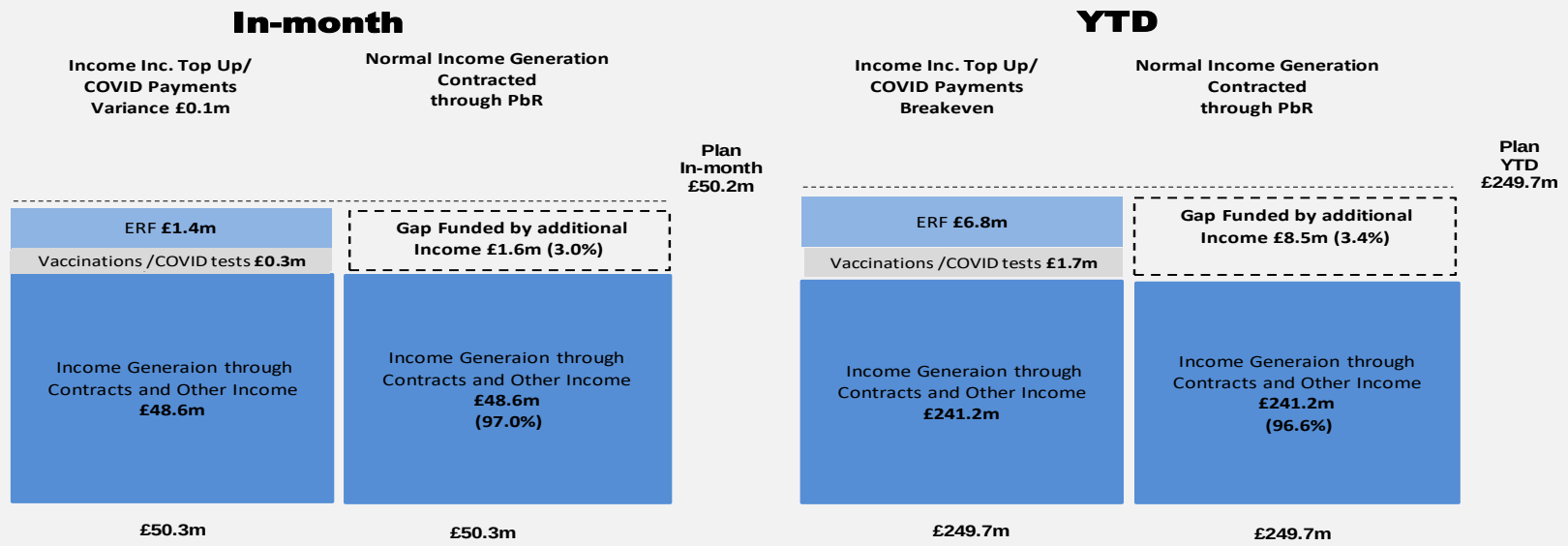
- Business Case slippage (£0.4m) of which £0.2m International Nurses, £0.1m DCR.
- Depreciation (£0.9m) of which £0.5m relates to a YTD correction of depreciation to account for slippage in capital plan and the remainder offsets the adverse variance on operating lease expenditure (£0.2m).
- Lower supplies and services linked to activity (£0.2m)
- Invoice for exit fees for removal of circuits received in M3 now identified as relating to 21/22 and written back against the provision (£0.2m).

Partially offset by adverse variances due to:

- Non PbR Drugs – offset by income (£0.7m) and linked to higher activity.
- Unachieved PEP (£0.4m)
- Operating lease expenditure (£0.2m) which most offsets with Depreciation above.

Finance | Key Messages

Income



The Combined Income was £0.1m above the Trust's Operational Plan in August.

Key Variances In August:

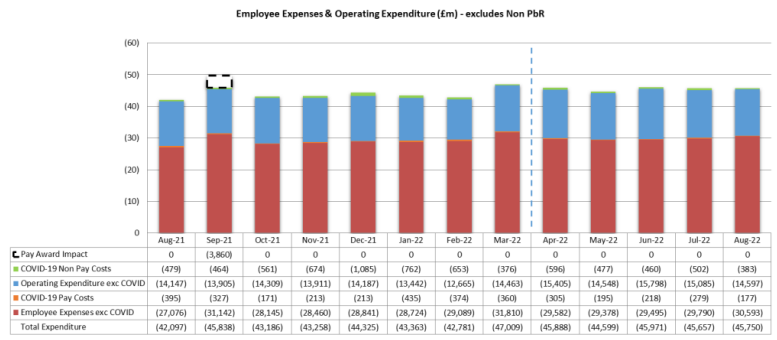
- Pass through Drugs & Devices £0.7m for ICBs and NHS England
- COVID PCR testing (£0.1m) – recovery of expenditure for additional income
- AMU/PDU reconfiguration (£0.4m) – the funding expectation is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income (£0.1m) – Other Non Patient Care income £0.2m , Training & Education (£0.1m) and Car Parking (£0.2m) with the postponement of the charging

Elective Recovery Fund framework (ERF) - The Trust has reported the full value of the ERF income (YTD £6.8m) in the position, this has been agreed by the System. The current position has not been adjusted for any risk, the ICB and Regional expectation is that April to Sept ERF monies will be paid regardless of performance.

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Expenditure



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Pay Award Impact	0	(3,860)	0	0	0	0	0	0	0	0	0	0	0
COVID-19 Non Pay Costs	(479)	(464)	(561)	(674)	(1,085)	(762)	(653)	(376)	(596)	(477)	(460)	(502)	(383)
Operating Expenditure exc COVID	(14,147)	(13,905)	(14,309)	(13,911)	(14,187)	(13,442)	(12,665)	(14,463)	(15,405)	(14,548)	(15,798)	(15,085)	(14,597)
COVID-19 Pay Costs	(395)	(327)	(171)	(213)	(213)	(435)	(374)	(360)	(305)	(195)	(218)	(279)	(177)
Employee Expenses exc COVID	(27,076)	(31,142)	(28,145)	(28,460)	(28,841)	(28,724)	(29,089)	(31,810)	(29,582)	(29,378)	(29,495)	(29,790)	(30,593)
Total Expenditure	(42,097)	(45,838)	(43,186)	(43,258)	(44,325)	(43,363)	(42,781)	(47,009)	(45,888)	(44,599)	(45,971)	(45,657)	(45,750)

Above chart excludes Non PbR items. Month 12 adjusted to remove key one off items.

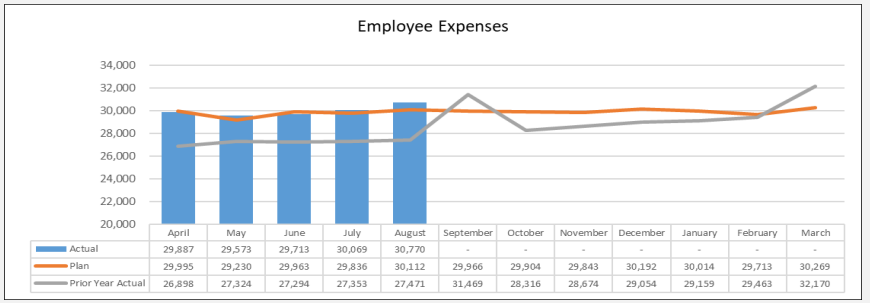
Overall employee expenses of £30.8m in month 5 is an increase of £0.7m compared with the July position. Substantive pay (excluding WLI) has increased in month by of £0.5m, £0.3m of this was substantive nursing, of which £0.1m is due to the August bank holiday and £0.1m due to the impact of weekend enhancements. Substantive medical pay increases of £0.2m are due to an increase in worked WTE of 36 across the Trust, the majority of which are in SCSD. Most of the additional fill is due to the Deanery rotation.

Total temporary staffing spend of £5.4m is an increase of £0.3m in month and was 17.5% of the total pay bill. Bank spend increases of £0.3m are on Medical & Dental, £0.2m of this within Urgent Care mostly due to normalisation following shift validation exercise in M4 which removed historic shifts not worked, as well as a £0.1m retro hit in Specialty Medicine. Agency spend in line with M4.

Overall operating expenses excluding Non PbR were £15.0m in month 5, a reduction of £0.6m compared with the July position which is largely due to favourable movements on Depreciation and Establishment. Depreciation decreases of £0.5m are due to a reforecast to account for slippage in the capital plan. Favourable movements on Establishment largely reflect the write back of an old year invoice for exit fees (£0.2m) in month.

Non PbR spend has increased by £0.4m in month, with an increase of £0.6m on drugs being partially offset by a £0.1m reduction on devices. The majority of the drugs movement is in Oncology (£0.3m), which is a mixture of activity related and type of patient, and £0.2m due to the cyclical nature of homecare prescribing for Infectious Diseases, Dermatology and Rheumatology.

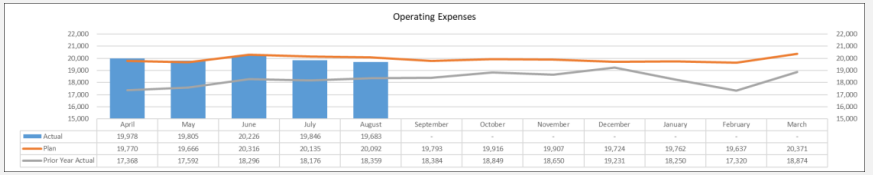
Employee Expenses



	April	May	June	July	August	September	October	November	December	January	February	March
Actual	29,887	29,573	29,713	30,069	30,770	-	-	-	-	-	-	-
Plan	29,995	29,230	29,963	29,836	30,112	29,966	29,904	29,843	30,192	30,014	29,713	30,269
Prior Year Actual	26,898	27,324	27,294	27,353	27,471	31,469	28,316	28,674	29,054	29,159	29,463	32,170

Employee Expenses	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Mvmt	YTD
Agency	(1,888)	(2,172)	(2,149)	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(2,462)	(2,588)	(2,374)	(2,745)	(2,695)	51	(12,863)
Bank	(2,067)	(2,327)	(2,085)	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(2,269)	(2,184)	(2,313)	(2,380)	(2,702)	(323)	(11,848)
Temporary Total	**(3,955)**	**(4,498)**	**(4,235)**	**(4,400)**	**(4,671)**	**(4,795)**	**(4,883)**	**(6,981)**	**(4,731)**	**(4,772)**	**(4,687)**	**(5,125)**	**(5,397)**	**(272)**	**(24,712)**
WLI	(295)	(316)	(332)	(271)	(328)	(285)	(420)	(611)	(330)	(403)	(296)	(439)	(395)	44	(1,863)
Substantive	(23,221)	(26,655)	(23,750)	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(24,826)	(24,398)	(24,730)	(24,505)	(24,978)	(473)	(123,437)
Substantive Total	**(23,516)**	**(26,970)**	**(24,082)**	**(24,273)**	**(24,382)**	**(24,364)**	**(24,580)**	**(25,189)**	**(25,156)**	**(24,801)**	**(25,026)**	**(24,944)**	**(25,373)**	**(429)**	**(125,300)**
Employee Expenses Total	**(27,471)**	**(31,469)**	**(28,316)**	**(28,674)**	**(29,054)**	**(29,159)**	**(29,463)**	**(32,170)**	**(29,887)**	**(29,573)**	**(29,713)**	**(30,069)**	**(30,770)**	**(701)**	**(150,012)**
Agency %	6.9%	6.9%	7.6%	7.8%	8.5%	7.8%	8.4%	8.4%	8.2%	8.8%	8.0%	9.1%	8.8%	-0.4%	42.9%
Bank %	7.5%	7.4%	7.4%	7.6%	7.6%	8.6%	8.2%	13.3%	7.6%	7.4%	7.8%	7.9%	8.8%	0.9%	39.5%
Bank & Agency %	14.4%	14.3%	15.0%	15.3%	16.1%	16.4%	16.6%	21.7%	15.8%	16.1%	15.8%	17.0%	17.5%	0.5%	82.3%

Operating Expenses



Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Capital

The Capital Plan for 2022/23 is a total of £62.2m, as per the latest plan submission in June 2022. This plan has not changed from the original submission earlier in the year. The Trust Capital Position at month 5, being the value of works complete, is £7.1m. This is an increase of £0.8m since month 4. The value of purchase orders currently in the system is a total value of £6.0m, an increase of £0.5m since month 4. The Trust has insufficient funding to manage its backlog maintenance and urgent schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified. In addition to this, £11.1m of currently unapproved PDC funding is required to ensure that the ASR and Elective Theatre Hubs projects can be completed. The Trust are currently working with NHSEI colleagues to find a solution to this risk during 2022/23 and 2023/24. The risk remains medium term.

Capital Assurance Level: Level 4

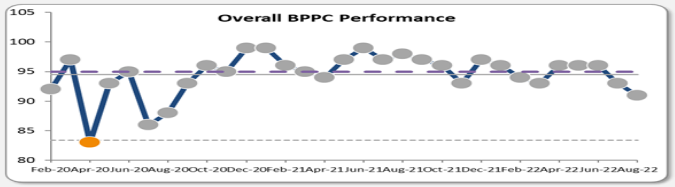
Reason: Major capital schemes continue into 2022/23. Risk remains in medium term. The Trust has insufficient funding to manage its backlog maintenance, urgent schemes and Strategic schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified.

Cash Balance

At the end of August 2022 the cash balance was £35.2m against a plan of £57.2m. The plan assumed external capital funding of £9.8m which has not been drawn down yet and the remaining variance is due to an increase in NHS income accrued to date, higher wage costs and the timing of creditor payments compared to plan. The relatively high cash balance remains the result of the timing of receipts from the CCG's and NHSE under the continuing COVID era arrangements together with timing of creditor / supplier payments. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD.

Cash Assurance Level: Level 6

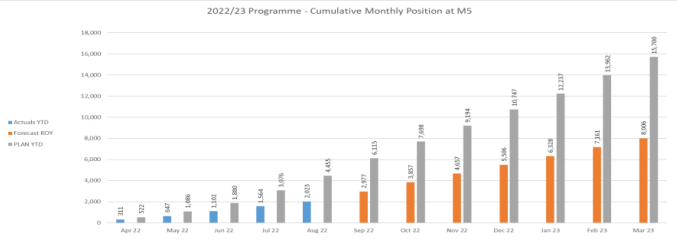
Reason: Good cash balances, rolling cash flow forecasting well established, achieving BPPC target even though the trend is downward which is due to delays within SBS scanning invoices and as such payments. There is a positive SPC trend on aged debtors and cash. Risks remain around sustainability given (£19.9m) deficit 22/23 submitted plan.



BPPC Target 95%, Volumes paid achieved 96%, however value of invoices paid in the 30 day terms was 90%. This is due to delays at SBS for scanning of invoices and late approval of invoices internally over the 30 day terms. Both issues are being addressed.

Productivity & Efficiency

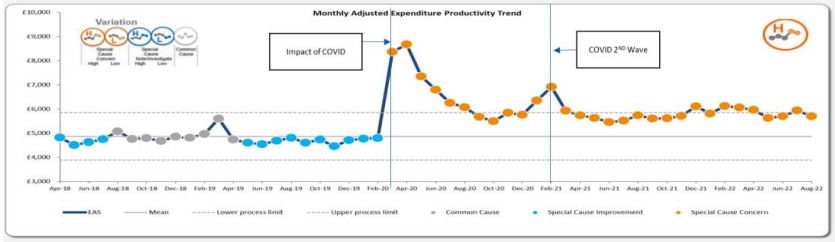
Month 5 delivered £0.5m of actuals against the plan as submitted to NHSE/I in April 2022 of £1.4m. A negative variance of £0.9m. £0.4m due to unidentified schemes, £0.2m cross cutting schemes, £0.1m Nursing schemes including Unfunded additional hours/shift management and HCA Recruitment Campaign.



Adjusted Expenditure Productivity Trend:

COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.

August Cost per WAU has decreased from July due to increased activity volumes in Day case, Elective IP and Outpatients. With costs predominantly fixed 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. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings) .



Appendices