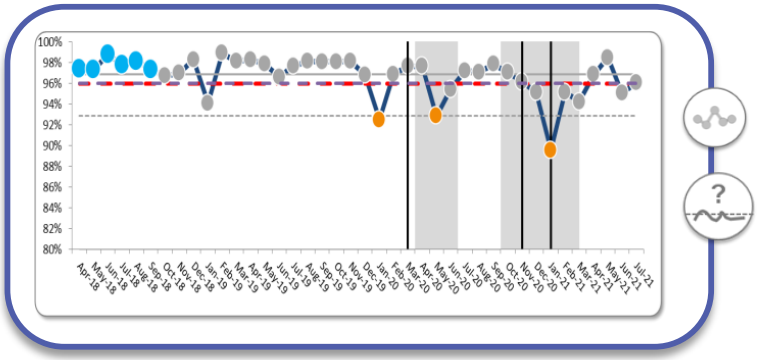
Month 4 [July] | 2021-22 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Validated for July-21 as 1st September 2021

Worcestershire Acute Hospitals NHS Trust

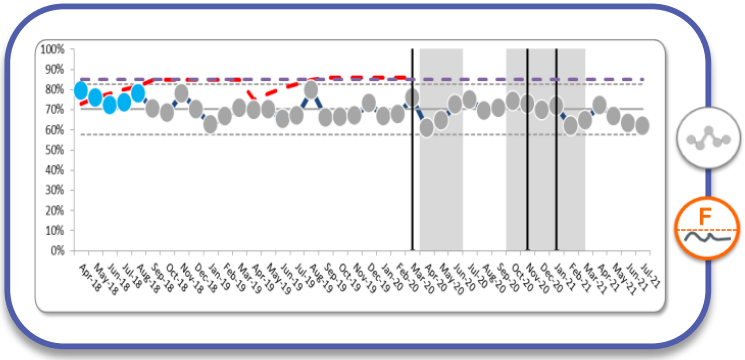
Cancer 31 Day All

96.11%



Cancer 62 Day All

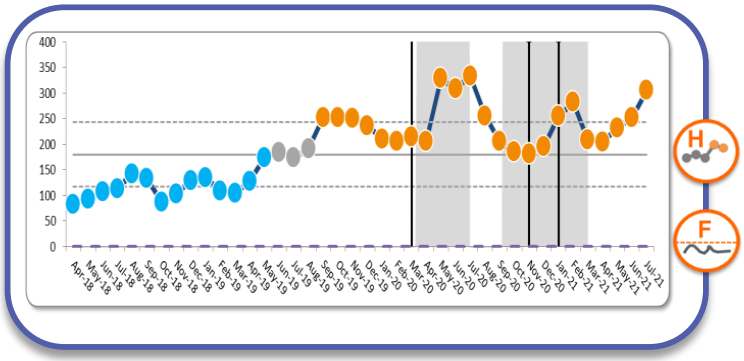
62.99%



Please note that % axis does not start at zero.

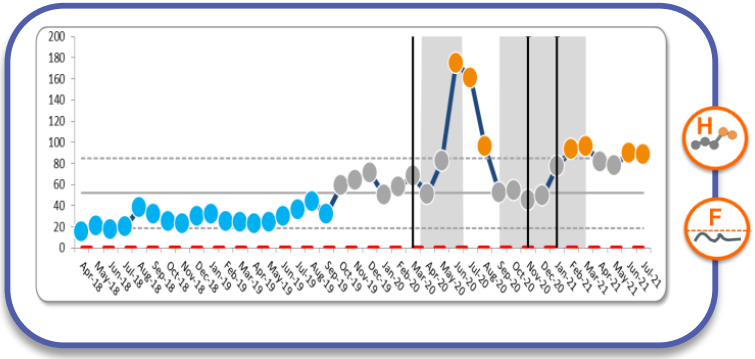
Backlog Patients waiting 62 day or more

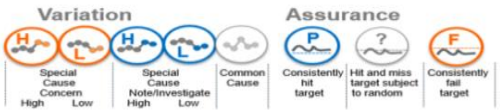
305



Backlog Patients waiting 104 day or more

88





Key

- Internal target
- Operational standard

Lockdown Period

COVID Wave

Operational Performance: Cancer Benchmarking

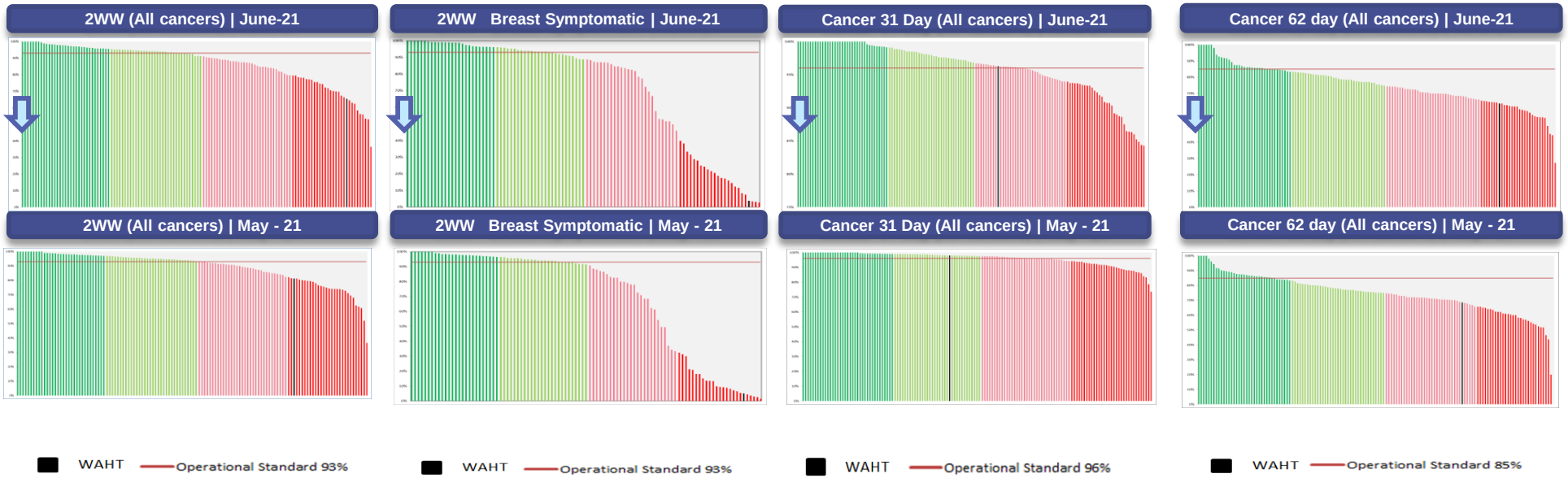
National Benchmarking (June 2021)

2WW: The Trust was one of 8 of 13 West Midlands Trust which saw a decrease in performance between May-21 and Jun-21 This Trust was ranked 13 out of 13; where we were 8 previous month. The peer group performance ranged from 65.49% to 93.31% with a peer group average of 80.49%; declining from 82.68% the previous month. The England average for Jun-21 was 84.90% a -2.6% decrease from 87.50% in May-21.

2WW BS: The Trust was one of 6 of 13 West Midlands Trust which saw a decrease in performance between May-21 and Jun-21 This Trust was ranked 12 out of 13; where we were 11 previous month. The peer group performance ranged from 2.06% to 100.00% with a peer group average of 50.85%; improving from 48.74% the previous month. The England average for Jun-21 was 68.82% a 0.9% increase from 67.94% in May-21.

31 days: The Trust was one of 9 of 13 West Midlands Trust which saw a decrease in performance between May-21 and Jun-21 This Trust was ranked 4 out of 13; where we were 4 previous month. The peer group performance ranged from 84.38% to 98.50% with a peer group average of 92.21%; declining from 92.54% the previous month. The England average for Jun-21 was 94.62% a -0.5% decrease from 95.14% in May-21.

62 Days: The Trust was one of 13 of 13 West Midlands Trust which saw a Trusts in performance between May-21 and Jun-21 This Trust was ranked 8 out of 13; where we were 7 previous month. The peer group performance ranged from 44.33% to 82.46% with a peer group average of 64.53%; improving from 63.66% the previous month. The England average for Jun-21 was 73.27% a 0.3% increase from 72.97% in May-21.



Operational Performance: Planned Care | Waiting Lists

2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G) Requests	Total RTT Waiting List	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 70+ weeks	Of whom, waiting 100+ weeks
Total	7,477	Total	5,037	2,621	53,381	53.50%	4,682	5,774	3,093	185
Non-2WW	4,702	Non-2WW	4,044							

What does the data tells us?

- **ERS Referrals:** a total of 7,477 electronic referrals were made to the Trust in Jul-21, the third month since Feb-21 above 7,000. 4,702 were non-2WW referrals so of the 7,759 electronic referrals 37.1% of these were 2WW cancer which is the second lowest 2WW % against any of the previous 12 months.
- **RAS Referrals:** a total of 5,037 electronic referrals were made to the Trust in Jul-21, the second consecutive month above 5,000. 4,044 were non-2WW and 76.5% were outcomed within 14 working days. Of the 626 2WW RAS referrals, 82.1% were outcomed within 2 working days. 15.7% of RAS referrals were returned to the referrer.
- **A&G Requests:** this continues to be well used and responded to in a timely manner with 2,621 A&G requests received in Jul-21 with 92.9% responded to within 2 working days and 97.4% within 5 working days.
- 71.0% of the 2,387 responses in Apr-21 to A&G requests didn't result in a referral being made for that specialty within 3 months of the response (1,634 didn't result in a referral). Further analysis is being completed into the impact of A&G activity on patient outcomes and will be reported in Sep-21.
- **P Codes** – there has been an increase in inpatient P2 activity but the waiting list for this cohort continues to grow as more patients are clinically prioritised as urgent. The P3 cohort waiting list is decreasing, however, those waiting 70+ weeks is increasing. The waiting list for P4 patients is growing for those patients waiting less than 40 weeks.
- **Referral To Treatment Time** - The Trust has seen a further 1.54% increase in the overall wait list size in Jul-21 compared to Jun-21; from 52,573 to 53,381.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increase to 24,822. This is 726 more patients than the validated Jun-21 snapshot. RTT performance for Jul-21 is validated at 53.50% compared to 54.17% in Jun-21. This remains sustained, significant cause for concern in June-21 and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is currently higher than Jun-21 at 5,774 patients. Of that cohort, 3,093 patients have been waiting over 70 weeks and 185 over 100 weeks. Of the 100+ week cohort, 119 patients are under the orthodontic specialty with the next highest at 22 (urology). Looking back to those patients waiting between 71 and 100 weeks, urology is the highest at 684.

Current Assurance level: 3 (Jul-21)	**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
Previous Assurance Level: 3 (Jun-21)	**SRO: Paul Brennan**

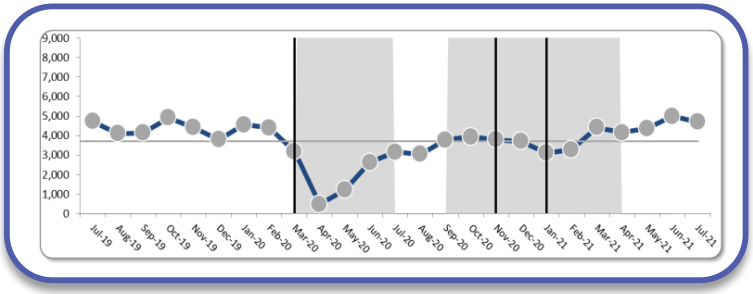
Month 4 [July] | 2021-22 | Operational Performance: RTT

Responsible Director: Chief Operating Officer | Validated for July-21 as 1st Setpember 2021

NHS Worcestershire Acute Hospitals NHS Trust

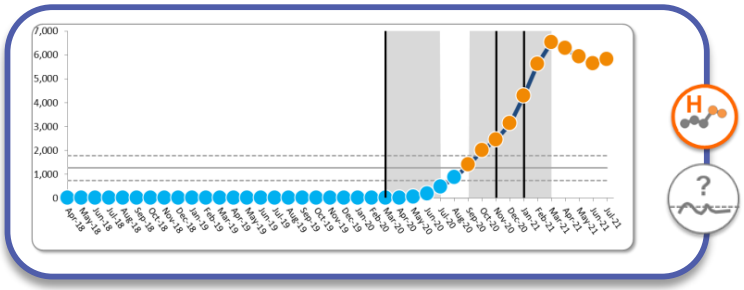
Electronic Referrals Profile

4,702



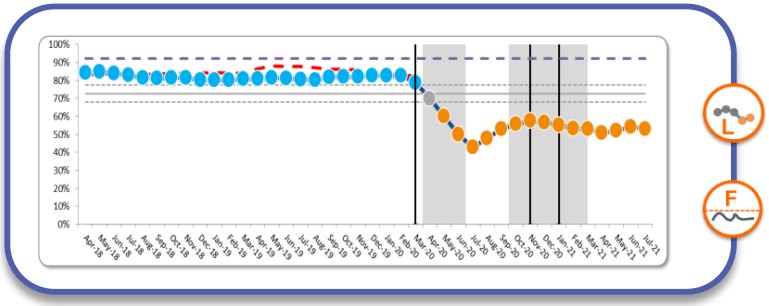
52+ week waits

5,774

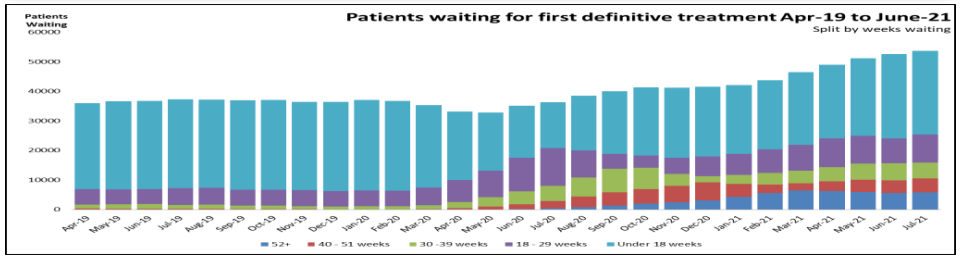


RTT % within 18 weeks

53.50%

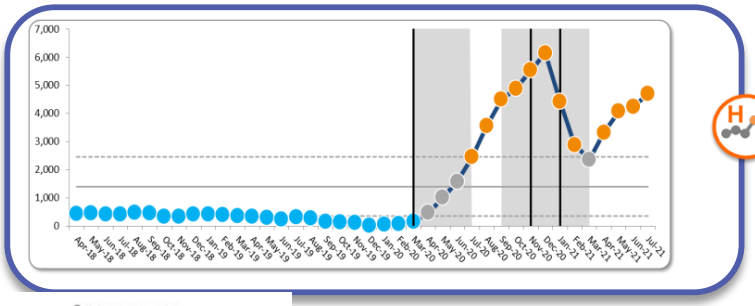


RTT waiting list profile by weeks waiting

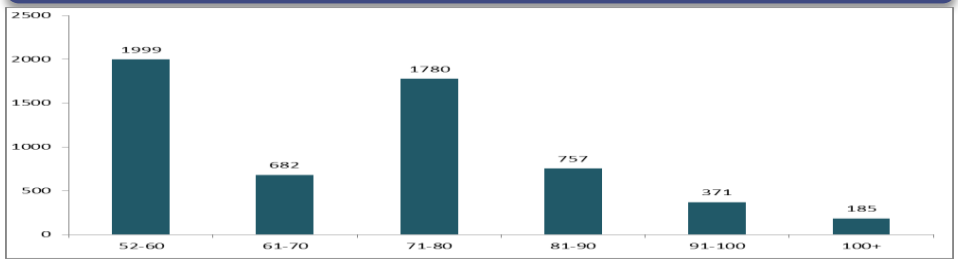


40-52 week waits

4,682



RTT waiting list profile (July-21) | 52+ weeks



Key

- Internal target
- Operational standard

Operational Performance: RTT Benchmarking

2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

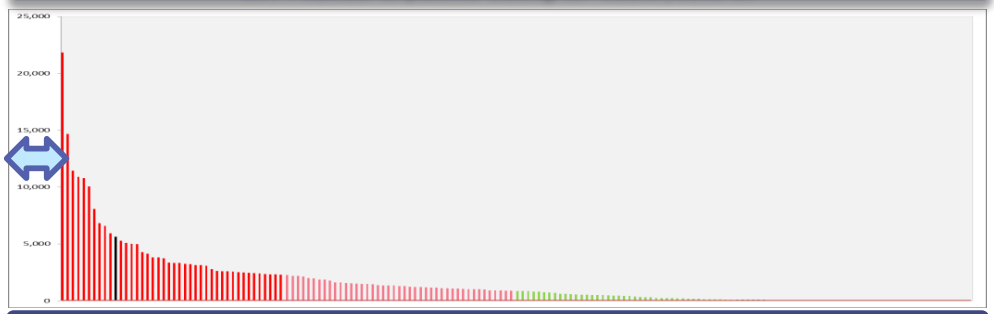
National Benchmarking (June 2021) | The Trust was one of 10 of 12 West Midlands Trust which saw a increase in performance between May-21 and Jun-21 This Trust was ranked 11 out of 13; where we were 11 previous month. The peer group performance ranged from 46.58% to 82.02% with a peer group average of 56.01%; improving from 55.79% the previous month. The England average for Jun-21 was 68.80% a 1.4% increase from 67.40% in May-21.

Nationally, there were 304,803 patients waiting 52+ weeks, 5,625 (1.84%) of that cohort were our patients.

Nationally, there were 166,030 patients waiting 70+ weeks, 2,755 (1.65%) of that cohort were our patients.

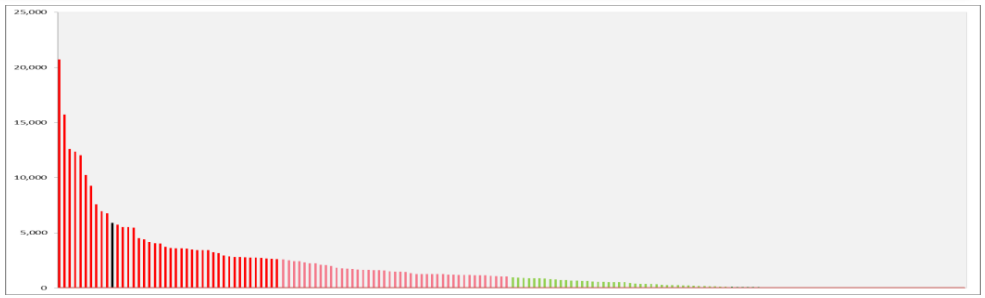
RTT - % patients within 18 weeks | June-21

RTT – number of patients waiting 52+ weeks | June -21



RTT - % patients within 18 weeks | May-21

RTT – number of patients waiting 52+ weeks | May-21



WAHT — Operational Standard 92%

20

Operational Performance: Planned Care | Outpatients and Elective Admissions

2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

Total Outpatient Attendances		Total OP Attendances Face to Face		Total OP Attendances Non Face to Face		% OP Attendances Non Face to Face	Consultant Led First OP Attendances		Consultant Led Follow Up OP Attendances		Elective IP Day Case		Elective IP Ordinary	
40,775	+246	29,084	+4,160	11,691	-3,914	29%	9,907	+111	12,377	-334	6,897	+192	539	-147

Outpatients - what does the data tell us?

- The graphs on slide 23 compare our Jul-21 consultant led outpatient appointments to Jul-19 and our H1 activity target. Although we are not undertaking the same volume of appointments in Jul-21 compared to Jul-19, we achieved or are marginally under our total and face-to-face targets. Non-face-to-face appointments were our area of weakest performance as more patients are needing to be seen in person to determine their treatments.
- The Trust undertook 40,775 outpatient appointments in Jul-21 (consultant and non-consultant led). For context, this is 12,188 fewer appointments than Jul-19 but +233 appointments to the H1 activity target (unvalidated).
- In Jul-19, 51,639 face-to-face appointments took place compared to 29,072 in Jul-21; with the H1 target being exceeded by +4,148. As would be expected with non-face-to-face was not the norm in Jul-19, Jul-21 is considerably higher with 11,690 appointments taking place compared to 1,311. However, we are -3,915 appointments below the H1 target. Of all appointments in the month, 29% (both new and follow-up) were non-face-to-face; the ERF target is 25% or greater.
- As at 9th August, there were 27,166 RTT patients waiting for their first appointment and 6,642 of them have been dated. Of the full cohort, 1,837 patients have been waiting over 52 weeks. The top five specialties with the most 52+ week waiters in this cohort have not changed from Jun-21 and are General Surgery, Orthodontics, Urology, Oral Surgery and T&O.
- When compared to Sep-20, attendances (+8%) and clinics held (+7%) in Jul-21 are showing an increase.
- As a result of the ERF change to 95% of 19/20 activity, we continue to look to increase our patient-initiated follow-up and virtual appointments to make up the difference to the target.

Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation has remained above the mean, at 77.9% and factoring in allowed downtime, this increases to 83.4%. Lost utilisation due to late start / early finish was lower in Jul-21 at 20.8% than in Jun-21 (22.7%).
- In Jul-21, we achieved the combined day case and elective inpatient H1 target; this was due to exceeding the day case plan by +214 which offset the being below the elective inpatient plan by -146. Both day case and elective inpatient saw decreases in their activity levels from Jun-21 to Jul-21.
- 67.6% of eligible patients were rebooked within 28 days for their cancelled operation in Jul-21.
- Across the Independent Sector and Wyre Valley Trust 180 day cases / electives were undertaken; this was -41 fewer compared to Jun-21.

Current Assurance Level: 4 (Jul-21)	**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 the expectation from NSHEI for H2.
Previous Assurance Level: 4 (Jun-21)	**SRO: Paul Brennan**

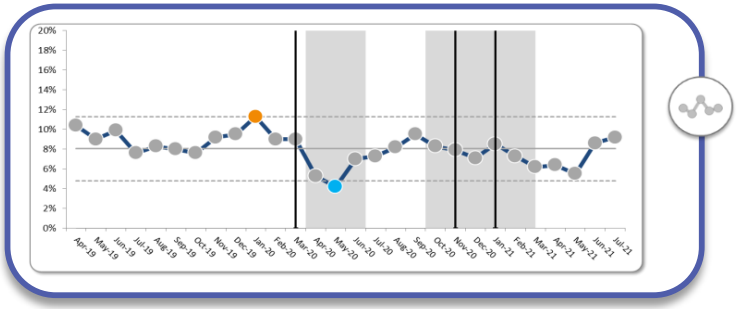
Month 4 [July] | Operational Performance: Theatre Utilisation & Outpatients

Responsible Director: Chief Operating Officer | Validated for July-21 as 12th August 2021

Worcestershire Acute Hospitals NHS Trust

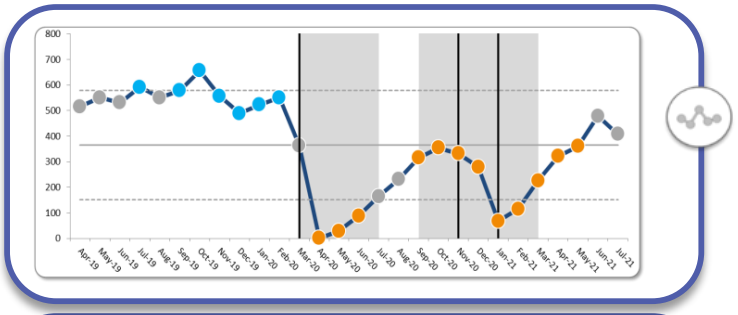
On the day cancellation as a percentage of scheduled procedures (%)

9.20%



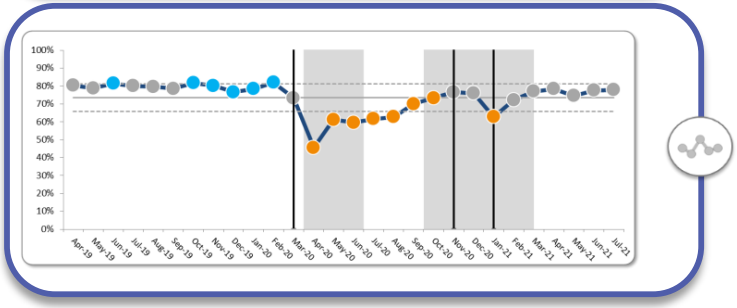
Electives on elective theatre sessions (n)

407



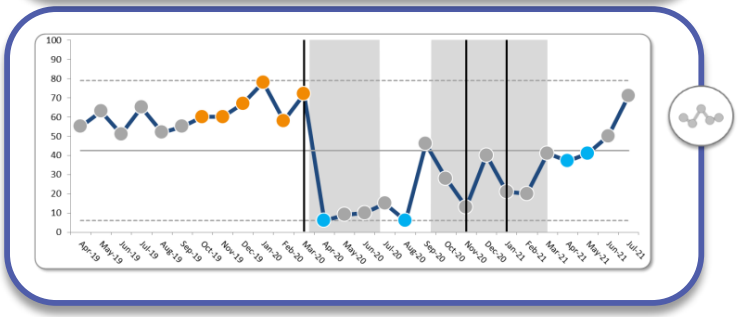
Actual Theatre session utilisation (%)

77.90%



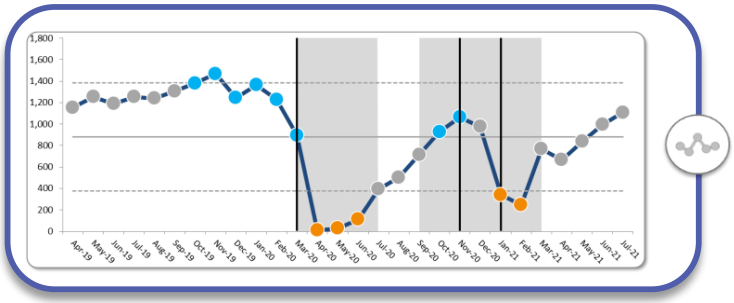
Non-electives & emergencies on elective theatre sessions (n)

71



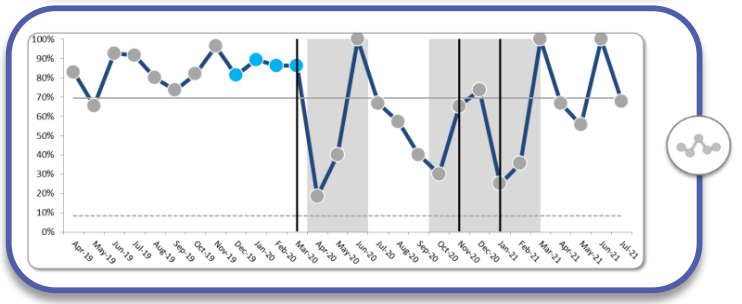
Day cases on elective theatre sessions (n)

1,109



% patients rebooked with 28 days of cancellation

67.57



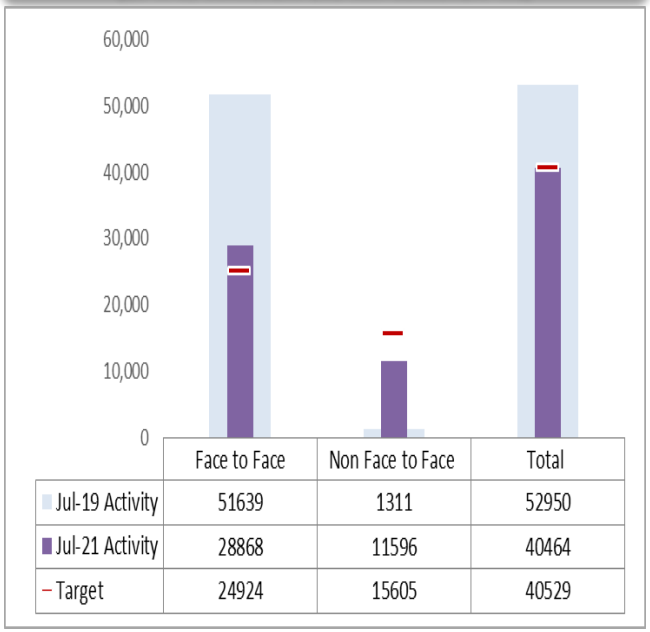
Month 4 [July] | 2021-22 | Operational Performance: Outpatients

Responsible Director: Chief Operating Officer | Unvalidated for July-21 as 9th August 2021

NHS Worcestershire Acute Hospitals NHS Trust

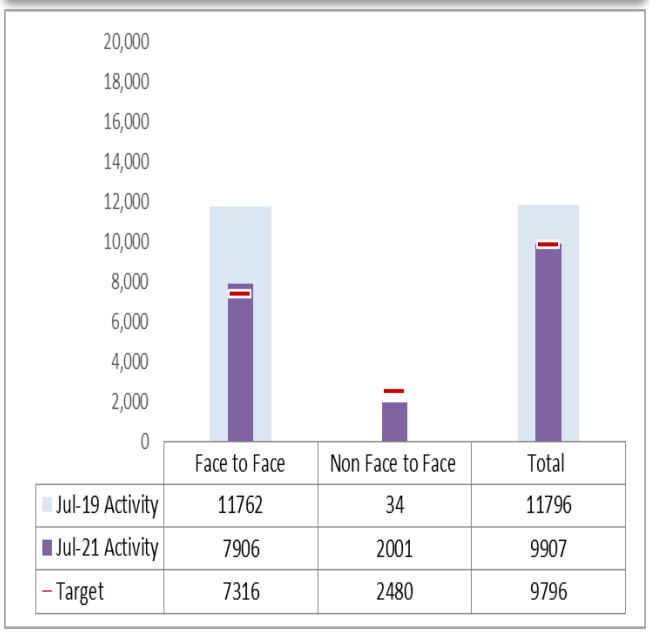
Comparing Outpatients Activity between 2019, 2021 and the H1 activity targets

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



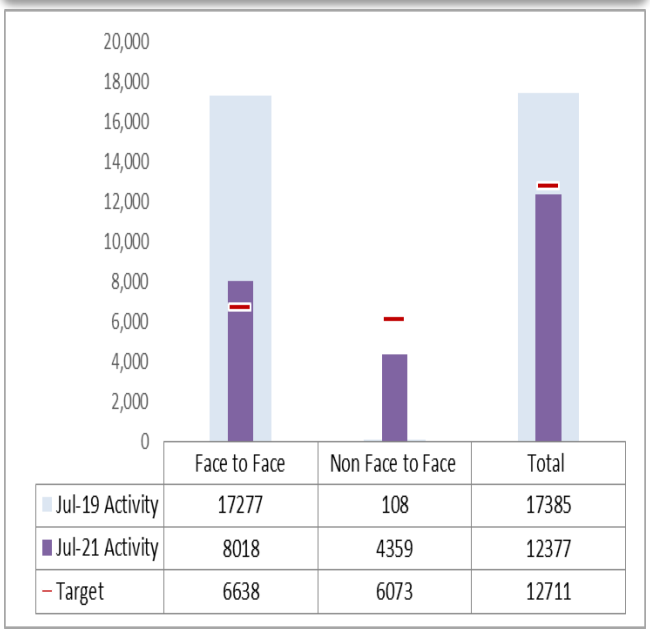
	Face to Face	Non Face to Face	Total
Jul-19 Activity	51639	1311	52950
Jul-21 Activity	28868	11596	40464
Target	24924	15605	40529

Consultant-led first outpatient attendances



	Face to Face	Non Face to Face	Total
Jul-19 Activity	11762	34	11796
Jul-21 Activity	7906	2001	9907
Target	7316	2480	9796

Consultant-led follow-up outpatient attendances



	Face to Face	Non Face to Face	Total
Jul-19 Activity	17277	108	17385
Jul-21 Activity	8018	4359	12377
Target	6638	6073	12711

Operational Performance: DM01 Diagnostics | Waiting List and Activity

2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

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		
12,968	6,183	54.33%	7,804	3,222	58.71%	3,478	1,905	45.23%	1,884	886	52.97%

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 54.33% of patients waiting less than 6 weeks for their diagnostic test which remains consistent with the sustained underperformance since the cessation of elective diagnostic tests due to COVID-19 created a backlog of patients.
- The diagnostic waiting list has increased with the total waiting list currently at 13,166 patients, an increase of 1,691 patients from the previous month.
- The total number of patients waiting 6+ weeks has increased by 864 patients (5,149 in Jun-21) and there are now 2,218 patients waiting over 13 weeks (2,235 in Jun-21).
- Radiology has the largest number of patients waiting at 7,804 and has the largest number of patient waiting over 6 weeks at 3,222; an increase of 1,557 from Jun-21. This is predominantly due to an increase in patients waiting for a CT scan, up by 991 patients to 2,333 in total.

Activity

- 13,873 diagnostic tests were undertaken in Jul-21, 1,610 fewer than Jun-21
- For radiology, only non-obstetric ultrasound achieved its H1 target, whereas MRI and CT showed further increases in activity but not at the planned level.
- For endoscopy, none of the three modalities achieved an H1 target, although gastroscopy was able to increase activity from the previous month.
- Echocardiography did not met the H1 target.

RADIOLOGY

What have we been doing?

- Continued WLI sessions countywide, staff permitting. (4- depends on staff volunteering)
- 5 GP practices have returned review of DEXA patients (5- updates will be complete)
- Commenced discussions with SWBH on support with Nuc Med ARSAC license (4 reliant on discussions identifying mutual agreement)
- Awaiting contract approval for CT mobile with Medneo (4 finance process to be completed)
- Commenced BMI for CT, MRI and US (5 this has commenced and is achieving the small volume offered by BMI)
- ATR`s submitted in support of CT3 business case (5 completed and approved)

What are we going to do next?

- Obtain contract with Medneo to obtain scanner 27th September (4 reliant on procurement process)
- Continue WLI session in CT, MRI and US. (4 reliant on staff)
- Update CRIS with GP DEXA review comments- this will remove some from waiting list (5 this will be completed but only small number of practices have responded)
- Continue Nuc Med discussions with SWBH and Cobalt (4 reliant on agreement)
- Commence recruitment for CT3 staffing (5 will commence recruitment campaign, 4 actually successfully recruiting)
- Commence recruitment campaign with comms team (5 scheduled)

Issues

- CT capacity reduced, having significant impact on 2ww and back log
- MRI staffing low due to sickness and leave, resulting in non-contrast lists only and some reduced sessions with an impact on 2WW and backlog
- Reduced number of WLI as staff not offering additional sessions in MRI and CT

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Continuing the use of IS at BMI for SPOT patients
- Ceased weekday working and maintained 1 room of activity during weekend period for 18 week at ECH due to decontamination issues
- Commenced weekend WLI at WRH, continued weekend WLI at KTC/Alex

What are we going to do next?

- Install 2 new decontamination machines at ECH commencing 10th August. (5)
- Resume weekday working for 18 week w/c 24 August (5)
- Continue to recruit to administrative vacancy. (4)
- Commence recruitment process for an additional fully trained nurse endoscopist to help reduce dropped capacity (5)
- Number of patients on waiting list for a procedure under GA – working with anaesthetics' to develop enhanced sedation service.(4)

Issues

- ERCP capacity is a concern outpatients are repeatedly being cancelled due to inpatient demand
- Number of patients on waiting list for a procedure under GA – working with anaesthetics' to develop enhanced sedation service.

Operational Performance: DM01 Diagnostics

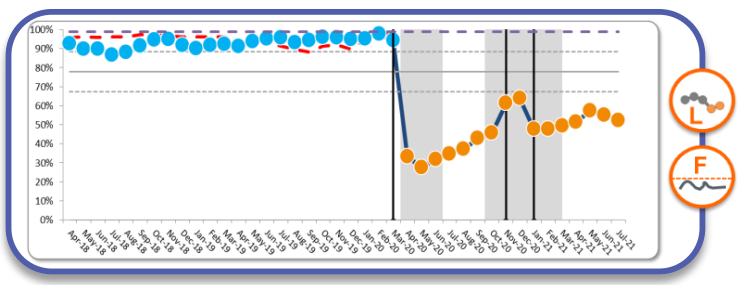
2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

NHS Worcestershire Acute Hospitals NHS Trust

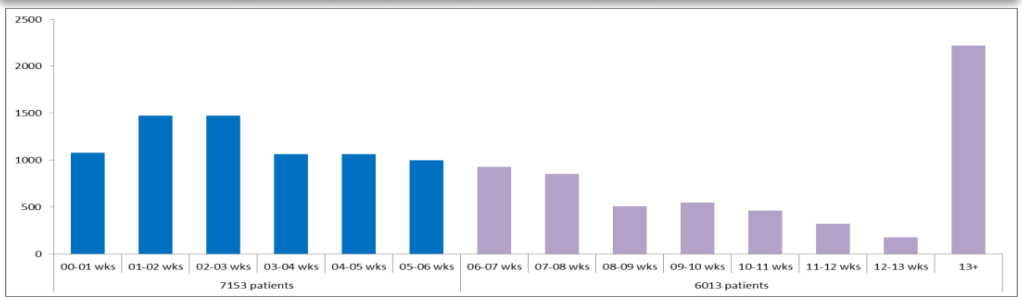
The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks												
Trust Total			Radiology			Physiology			Endoscopy		
12,968	6,183	52.32%	7,804	3,222	58.71%	3,478	1,905	45.23%	1,884	886	52.97%

DM01 Diagnostics % patients within 6 weeks

54.33%



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



NEUROPHYSIOLOGY

What have we been doing?
- Clinical urgency is being reviewed
- Clinics are being booked at KGH once a week.

What are we going to do next?
- Continue with WLI where staffed (4)

Issues
- Staff shortages due to track and trace

CARDIOLOGY – ECHO

What have we been doing?
- Workloads for all sites are prioritised based on urgency
- Backlog is still increasing due to reduced capacity
- WLI clinics are continuing back on referring site
- Have been given agreement to perform Pacing clinics and holter monitors in the assessment PODs which will allow for increased department activity

What are we going to do next?
- WLI clinics to continue where possible if they can be staffed (4)
- Trial POD activity before increasing Echo levels (4)

Issues
- Staff shortages due to track and trace and high vacancy rate

Current Assurance Level: 4 (Jul-21)

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 capacity for routine diagnostic activity. If plans regarding increasing CT and Endoscopy at KTC using Early Adopter money are realised, activity levels will significantly increase from October 2021

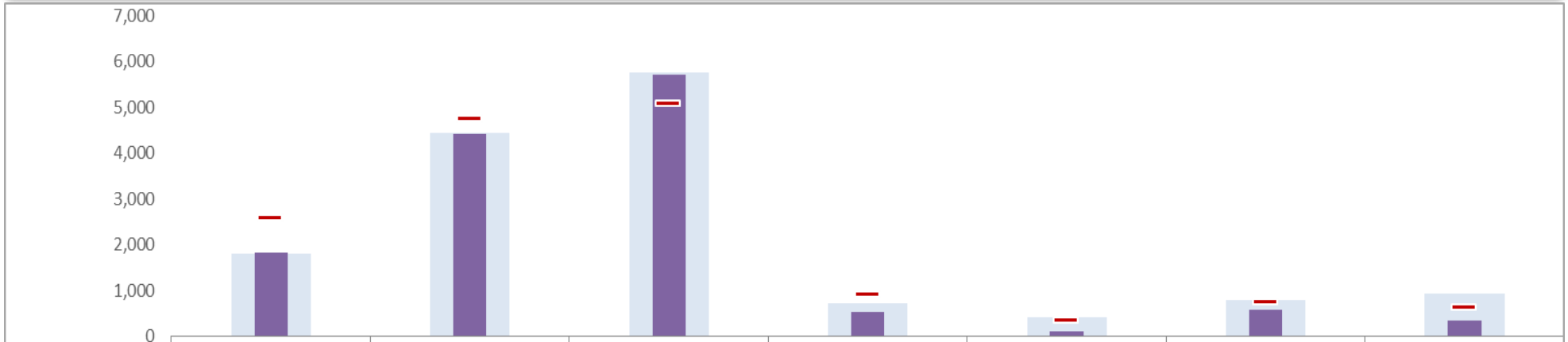
Previous assurance level: 4 (Jun-21)

SRO: Paul Brennan

Month 4 [July] 2021-22 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for July-21 as 1st September 2021

DM01 Diagnostics Activity | June -21 Diagnostic activity compared to H1 restoration plan



	Magnetic Resonance Imaging	Computed Tomography	Non-Obstetric Ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Cardiology - Echocardiography
Jul-19 Activity	1812	4451	5772	734	423	789	932
Jul-21 Activity	1826	4414	5718	546	110	574	360
Target	2565	4750	5076	897	340	728	628

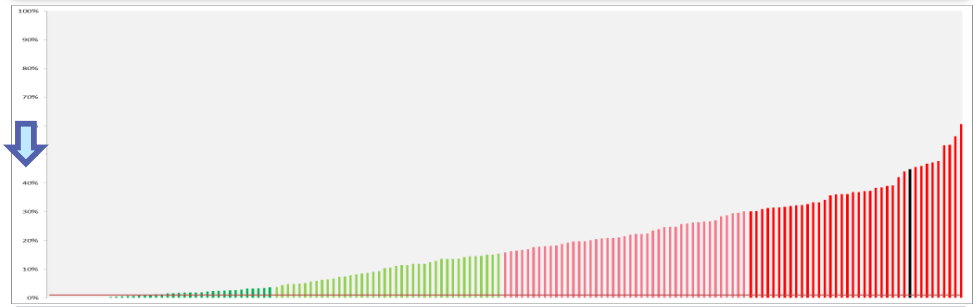
These graphs represent H1 annual planning restoration only, as submitted in the plan. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

Operational Performance: Diagnostics (DM01) Benchmarking

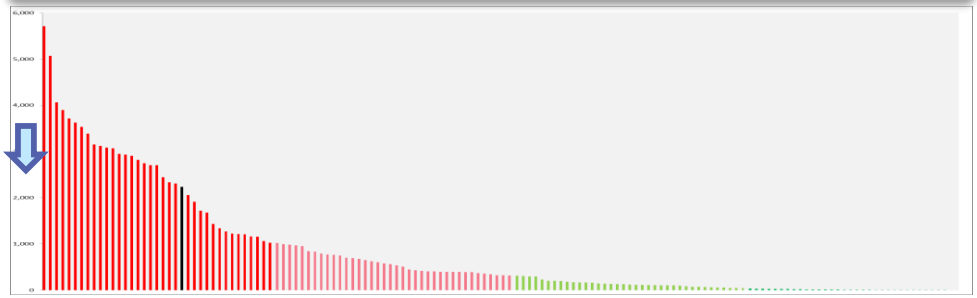
National Benchmarking (June 2021) | The Trust was one of 4 of 13 West Midlands Trust which saw a decrease in performance between May-21 and May-21 This Trust was ranked 12 out of 13; where we were 13 previous month. The peer group performance ranged from 0.96% to 47.71% with a peer group average of 20.75%; 0.223 from 19.78% the previous month. The England average for May-21 was 22.40% a 0.1% decrease from 22.30% in May-21.

In June, there were 123,962 patients recorded as waiting 13+ weeks for their diagnostic test; 2,235 (1.80%) of these patients were from WHAT

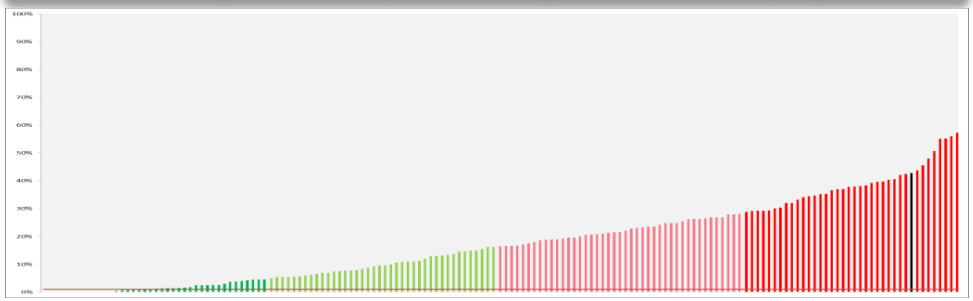
DM01 Diagnostics - % of patients waiting more than 6 weeks | June-21



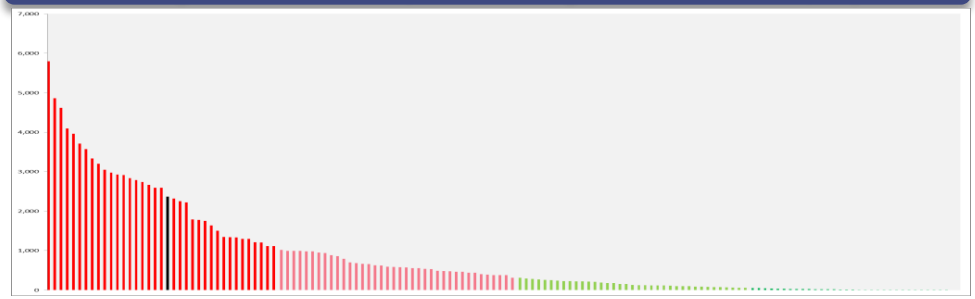
DM01 Diagnostics - number of patients waiting more than 13 weeks | June-21



DM01 Diagnostics - % of patients waiting more than 6 weeks | May-21



DM01 Diagnostics - number of patients waiting more than 13 weeks | May -21



WAHT — Operational Standard 1%

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

27

Operational Performance: Stroke

% of patients spending 90% of time on a Stroke Ward	% of patients who had Direct Admission (via A&E) to a Stroke Ward	% of patients who had a CT within 60 minutes of arrival	% patients seen in TIA clinic within 24 hours	SSNAP Q4 Jan-21 to Mar-21			
72.58 %	37.10%	37.10%	65.57%	Score	66.6	Grade	C

What does the data tell us?

Key Performance Indictors – Monthly Update

- All four main stroke metrics show performance that is within common cause variation.
- Patients spending 90% of their time on a stroke ward shows no significant change in performance since Apr-18. The process is unlikely to achieve the target of 80% consistently but may be expected to vary between 62% and 92%. The performance of 72.58% equates to a grade E from SSNAP.
- Patients who had Direct Admission (via A&E) to a stroke ward shows no significant change in performance since Oct-19. The process will not achieve the target of 90% but may be expected to vary between 14% and 79%. The performance of 37.10% equates to a grade E from SSNAP.
- Patients who had a CT scan within 60 minutes of arrival shows no change since Sept-18. The process will not achieve the target of 80% but may be expected to vary between 21% and 72%. The performance of 37.10% equates to a grade C from SSNAP.
- Patients seen in TIA clinic within 24 hours returned to common cause variation in Jun-21. It has been demonstrated that this metric can achieve the target consistently with 14 consecutive months above 70% from Mar-20 to Apr-21. This is not a SSNAP metric.

What are we doing to improve?

- **Patients Admitted Within 4 Hours** - This is proving to be challenging due to limited flow to Stroke rehab beds. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. Within the acute Trust, the Neurology patients pathway is being reviewed this month to aim to reduce their length of stay if admitted to Stroke unit. Furthermore, there is variable flow out to the community stroke team, which decreases the capacity of inpatient stroke beds. A meeting with WMAS will be arranged in August to share examples of inappropriate pre-alerts.
- **90% Stay on Stroke Ward:** Inappropriate pre-alert, late referral from A&E mainly out-of-hours, reduced cover out-of-hours makes achieving this challenging. To note, the team provides timely therapy and stroke assessment when the patient arrives to the ward. Recruitment is on-going with regards to appointing senior consultants and currently, in the process of interviewing a consultant and preparing to seek Royal College approval for a joint consultant post with QE. This should be ready to be advertised end of September.
- **TIA Patients Seen Within 24 Hours:** The capacity to run weekend TIA clinic has reduced significantly since last month due to shortage in medical cover, the performance is expected to continue for 2-3 months until further consultants are appointed. However, to improve this performance, consultants to triage all TIA referral prior to adding patients to the TIA clinic. Currently in the process of updating the referral form to ensure appropriate patients are referred to the service thereby increasing efficiency.
- **Specialty Review Within 30 Minutes:** All stroke related patients presented in ED are reviewed by Stroke CNS & Consultants. The Stroke front door team are dedicated to ensuring all stoke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. This will be further enhanced when 24/7 CNS cover is introduced, currently going through management of change process.

Current Assurance Level: 5 (Jul-21)	**When expected to move to next level of assurance:** Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable improvements in the SSNAP score / grade. Q1 SSNAP will be published in Sept-21.
Previous Assurance Level: 5 (Jun-21)	**SRO: Paul Brennan**

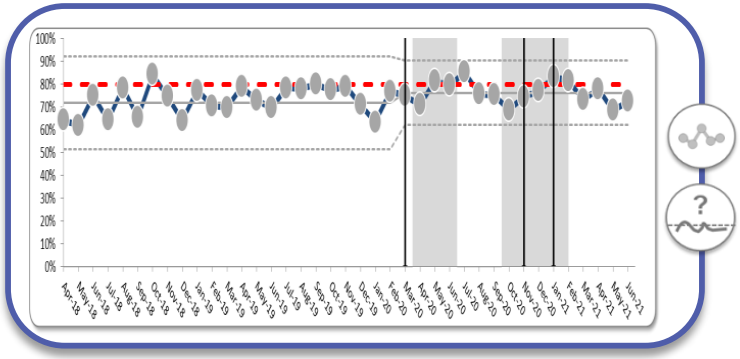
Month 3 [June] | 2021-22 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for Jun-21 as 2nd August 2021

Worcestershire Acute Hospitals NHS Trust

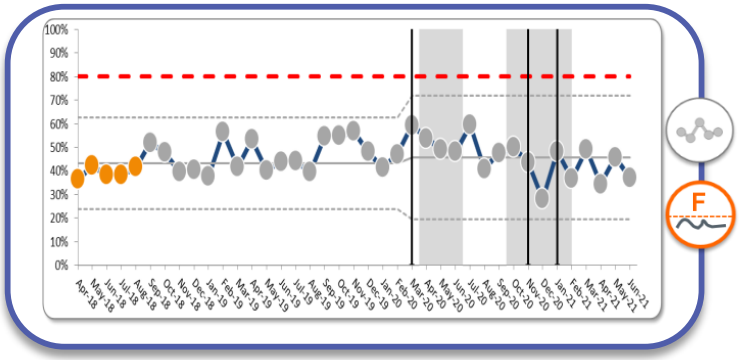
Stroke: % patients spending 90% of time on stroke unit

72.58%



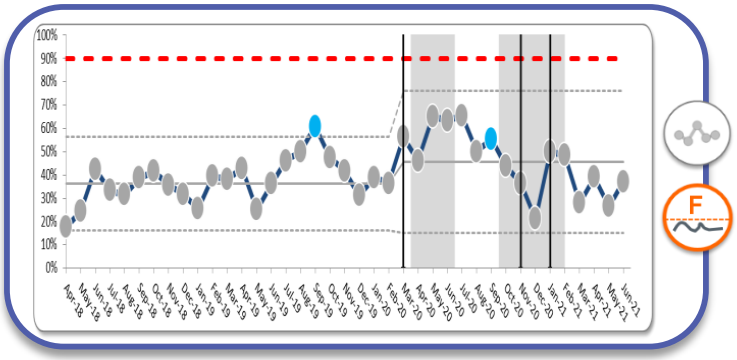
Stroke : % CT scan within 60 minutes

37.10%



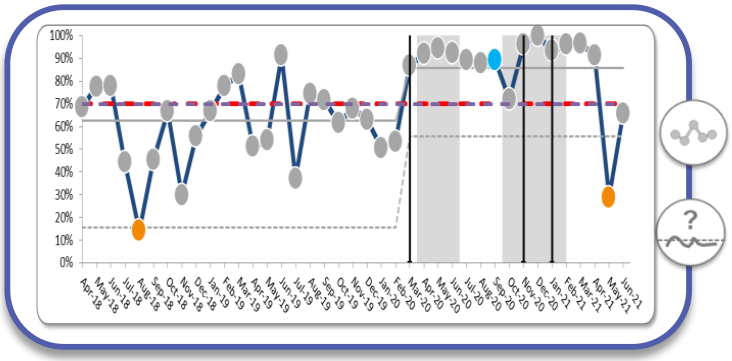
Stroke : % Direct Admission to Stroke ward

37.10%



Stroke: % seen in TIA clinic within 24 hours

65.57%



Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Lockdown Period

COVID Wave

Quality and Safety

Note: Improvement Slides have not been included as Q&S Committee meetings were cancelled due to Trust operating at Level 4.

Summary Performance Table | Month 4 [July] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Jul-21	7	4			4	0	10
	Ecoli	Jul-21	1	4	L		4	0	10
	MSSA	Jul-21	1	0			2	0	6
	MRSA	Jul-21	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Jul-21	0	-			0	0	2
Falls per 1,000 bed days causing harm		Jul-21	0.05	0.04	L		0	0	0
% medicine incidents causing harm		Jul-21	3.6	11.71	L		10	2	18
Hand Hygiene	Hand Hygiene Audit Participation	Jul-21	97.27	100			90	76	103
	Hand Hygiene Compliance to practice	Jul-21	99.71	98	H	P	99	99	100
VTE Assessment Rate		Jul-21	97.24	95	H		96	94	98
Sepsis	Sepsis Screening compliance	Jun-21	82.18	95			83	71	95
	Sepsis 6 bundle compliance	Jun-21	61.68	95		F	51	25	78
#NOF time to theatre <=36 hrs		Jul-21	64.1	85			79	60	97
Mortality Reviews completed <=30 days		Nov-20	35.5	-		P	43	20	67
HSMR 12 month rolling average		Mar-21	98.64	-	L		105	102	108
Complaints responses <=25 days		Jul-21	88.89	80			77	44	110
Ice viewed reports	ICE viewed reports [pathology]	Jun-21	95.61	-		P	96	94	98
	ICE viewed reports [radiology]	Jun-21	83.55	-	L	P	85	81	89

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Jul-21	14.67	20			17.02	12	22
FFT A&E Recommended	Jul-21	70.9	95	L	F	83.98	77	90
FFT Inpatient Response	Jul-21	33.25	30			31.78	24	40
FFT Inpatient Recommended	Jul-21	96.04	95			95.67	94	98
FFT Maternity Response	Jul-21	19.23	30	L		22.18	5	39
FFT Maternity Recommended	Jul-21	94.78	95	L		95.08	82	108
FFT Outpatients Response	Jul-21	10.8	10			10.43	7	14
FFT Outpatients Recommended	Jul-21	91.85	95			93.59	92	95

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Infection prevention and Control	C-Diff	1	3	3	This data is scrutinised at patient level regularly. There are no known issues with this data known at present.
	E-Coli	1	3	3	
	MSSA	1	3	3	
	MRSA	1	3	3	
Hand Hygiene	Hand Hygiene Participation Hand Hygiene Compliance	Unknown	Unknown	N/A	Not yet reviewed. Plan to review the completion of these audits from a data quality perspective (Q2 2021/22)
Sepsis	Sepsis 6 bundle Compliance Sepsis Screening Compliance Sepsis Screening Antibiotics	Unknown	Unknown	N/A	Not yet reviewed. Plan to audit the completion of these audits from a data quality perspective. (Q3 2021/22)
VTE	VTE Assessment 24 Hours VTE Assessment	2	2	4	This metric has had a lot of scrutiny and is reviewed fortnightly in a meeting so no concerns.
ICE Reporting	ICE reports viewed radiology	3	2	6	The data quality issue is in relation are in relation to filing and management of reporting by consultants and allocation of report to correct consultant. There are some small technical issues for which there is currently no resolution. **Mitigation:** There are reports available on WREN at consultant level to provide focus on which reports require viewing and filing.
	ICE reports viewed Pathology	3	2	6	

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Fractured Neck of Femur	NOF time to theatre	2	3	6	Data is captured robustly in a FNOF national database, the data quality between the clinical PAS and the database can be different, however we routinely audit this.
Falls	Falls per 1,000 bed days causing harm	1	1	2	No data quality issues due to the in depth patient level scrutiny.
Pressure Ulcers	All Acquired Pressure Ulcers Serious Incident Pressure Ulcers	1	1	2	No data quality issues due to the in depth patient level scrutiny.
Medicine Incidents	Total medicine Incidents reports Medicine incidents causing harm	Unknown	Unknown		Not yet reviewed. Plan to audit the completion of these audits from a data quality perspective (Q2 2021/22)
Complaints	Complaints Reponses </= 25 days	Unknown	Unknown		

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Mortality	HSMR 12 month rolling	2	2	4	On occasion issues are identified but these are investigated as they arise. No current known issues.
	Mortally review completed </= 30 days	2	3	6	There are still some investigations regarding the accuracy of data in the new bereavement app. Issues may be related to interpretation of how the app should be used and interpretation of which data to record where. **Mitigation:** Detailed review of the app – mortality working group is systematically working through a review of the app.
Friends and Family	A&E Responses Rates Inpatient Responses Rates Maternity Responses Rates Outpatients Responses Rates A&E Recommended Rate Inpatient Recommended Rate Maternity Recommended Rate Outpatients Recommended Rate	No score	No score		

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Infection Control	• *C.difficile* infections did not achieve the in-month target for Jul-21 (7 vs target 5), and is not achieving the year to date trajectory (25 vs target 18) • E-Coli BSI achieved the in-month target for Jul-21 (1 vs target 2), but is not achieving the year to date trajectory (10 vs target 9). • MSSA BSI achieved the in-month target for Jul-21 (1 vs target 1), and is achieving the year to date trajectory (5 vs target 5). • MRSA BSI achieved the in-month target for Jul-21 (0), and is achieving the year to date trajectory of no infections. • The Hand Hygiene audit participation rate rose in Jul-21 to 97.27%, which is the highest achieved in the last 18 months. • Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 18 months. • Antimicrobial Stewardship performance for Jul-21 achieved the 90% target for the indicators 'Antibiotics within guidelines'(90.69%) and 'Reviewed within 72 Hours' (92.12%) • Overall compliance for Antimicrobial Stewardship was 88.63%, which is below the target of 90%.
SEPSIS 6	• The sepsis 6 bundle completed within one hour compliance rose in Jun-21 (61.68%), but the performance is still below the target (90%). • Sepsis 6 screening performance fell very slightly in Jun-21 (82.18%), and has not met the target since May-19. • Sepsis 6 antibiotics provided within one hour compliance fell in Jul-21 (89.72%), and it failed to hit the target for the first time in 6 months.
VTE Assessments	• There has been a sustained improvement in VTE assessments, with the target begin attained every month since April 2019. • VTE 24 hour re-assessment rates are still below target, but have been an on upward trend in the last 12 months rising from 54.69% (Aug-20) to 71.28% (Jul-21).
ICE Reporting	• The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 15 months (range 80.56% to 84.21%). • The Target of 95% for viewing Pathology Reports on ICE has been achieved for 12 consecutive months (range 95.61% to 97.24%).
Fractured Neck of Femur	• The #NOF target of 85% has not been achieved since the start of the pandemic in Mar-20 (87.30%), and fell in Jul-21 (64.1%) after improving for the previous 3 months. • Performance has been over 80% for 3 of the 13 months since the start of the Pandemic, peaking in Jan-21 (80.72%) with a trough in Jul-21 (64.10%).

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	• The recommended rate exceeded the 95% target for Inpatients for the 13th month out of the last 14 (the remaining month was only just under at 94.87%) • The recommended rate for Maternity dropped in Jul-21 (94.78%) and just missed the 95% target. • The recommended rate for Outpatients dropped to 91.85% in Jul-21. Although still above 90%, this is the 7th consecutive month which has seen a small fall (from 95.68% in Jan-21). • The recommended rate for A&E dropped for the 3rd month to 70.90%. Prior to this period it has been above 83% for 12 months.
Complaints	• The % of complaints responded to within 25 days fell slightly in Jul-21 to 88.89%, but was still above target (80%).
Hospital Acquired Pressure Ulcers (HAPU)	• There were zero Serious Incident HAPU's in Jul-21 for the 5th consecutive month. • There were zero Category 4 HAPU's in Jul-21 for the 12th consecutive month. • The monthly target for total HAPUs was achieved with 15 HAPUs in Jul-21. • The total of 50 HAPUs year to date is well under the year to date trajectory of 82.
Falls	• The number of falls per 1000 bed days increased in Jul-21 to 4.98, but is still below the national benchmark of 6.63. • The total number of falls is achieving the year to date trajectory (387 vs target 411). • The number of SI falls per 1000 bed days increased in Jul-21 to 0.05, but is still below the national benchmark of 0.19. • The total number of SI falls is failing to achieve the year to date trajectory (3 vs target 1).

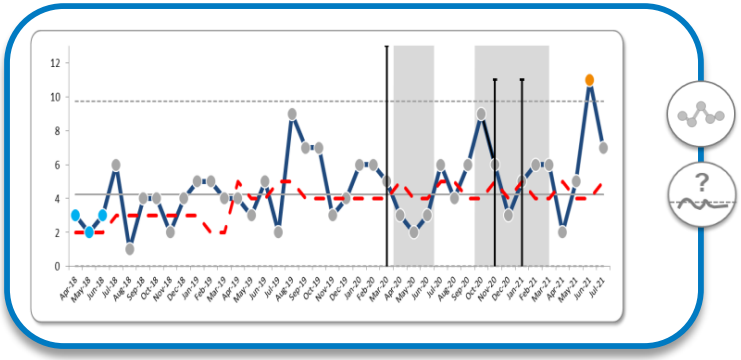
Month 4 [July] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July-21 as 12th August 2021

Worcestershire Acute Hospitals NHS Trust

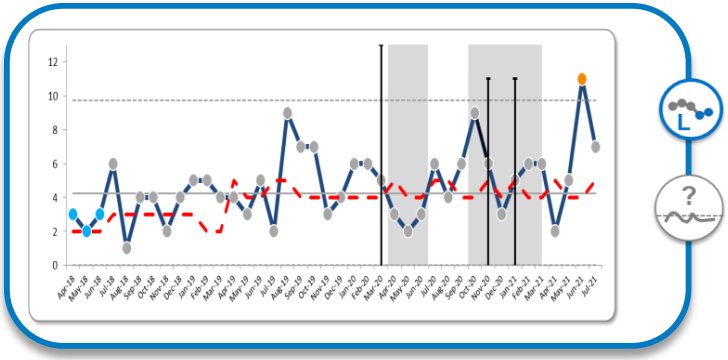
C-Diff

7



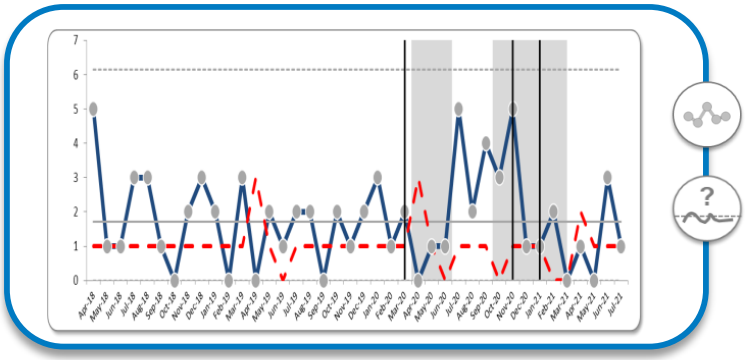
E-Coli

1



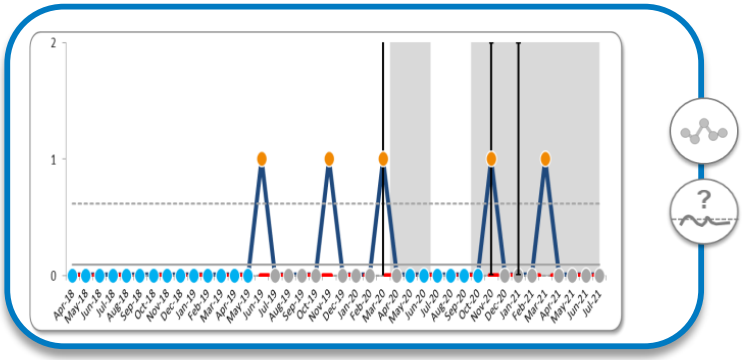
MSSA

1



MRSA

0



Lockdown Period

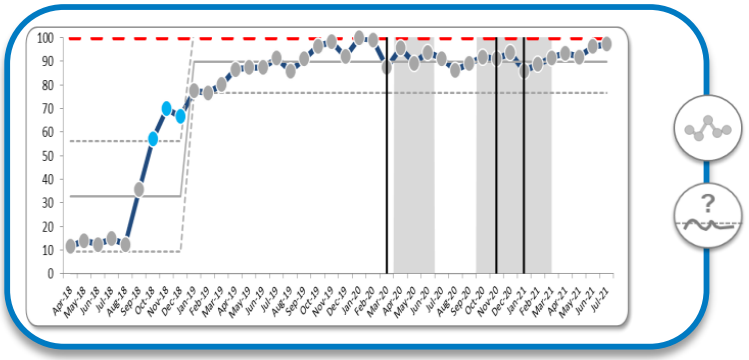
COVID Wave

Month 4 [July] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July-21 as 12th August 2021

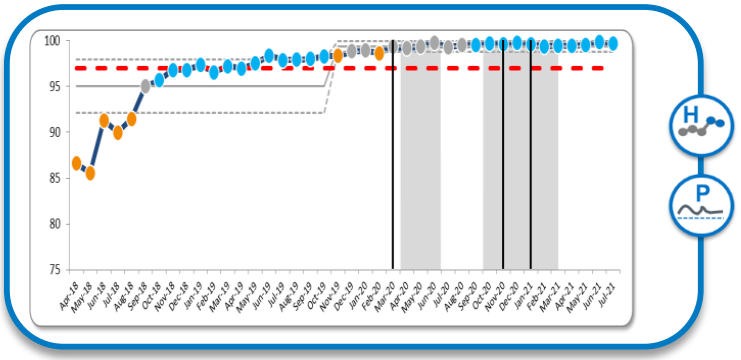
Hand Hygiene Audit Participation (%)

97.27



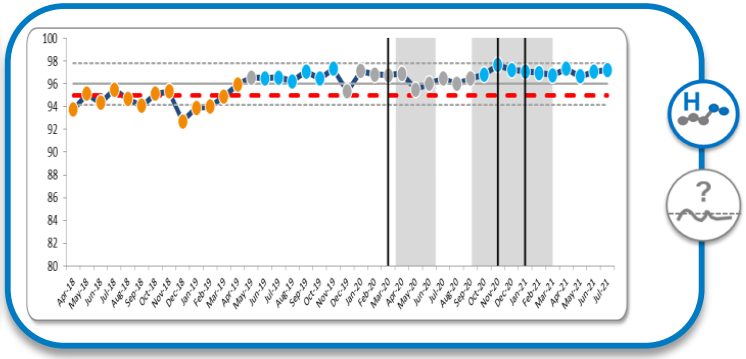
Hand Hygiene Compliance (%)

99.71



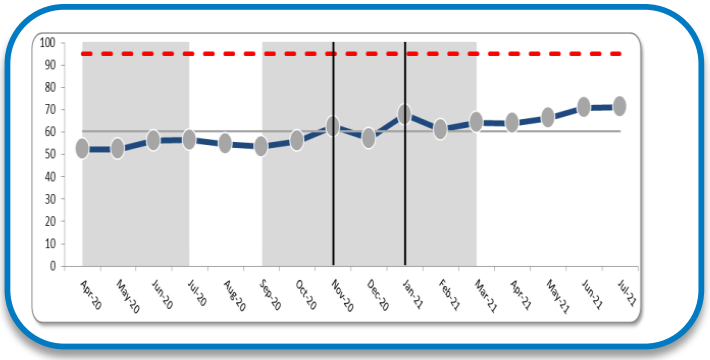
VTE Assessment Compliance (%)

97.24



24 hours VTE Assessment Compliance (%)

71.28



Please note that % axis does not start at zero.

Lockdown Period

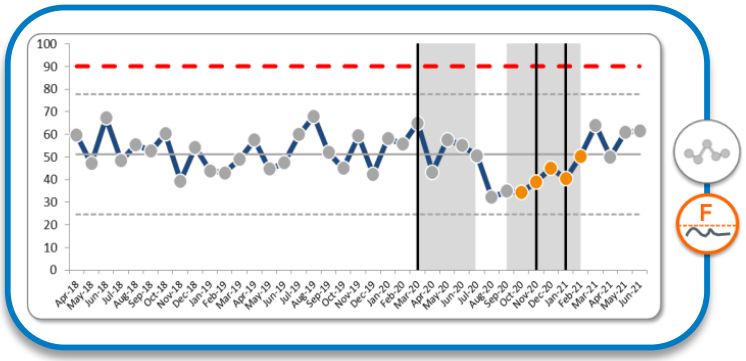
COVID Wave

Month 4 [July] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July-21 as 12th August 2021

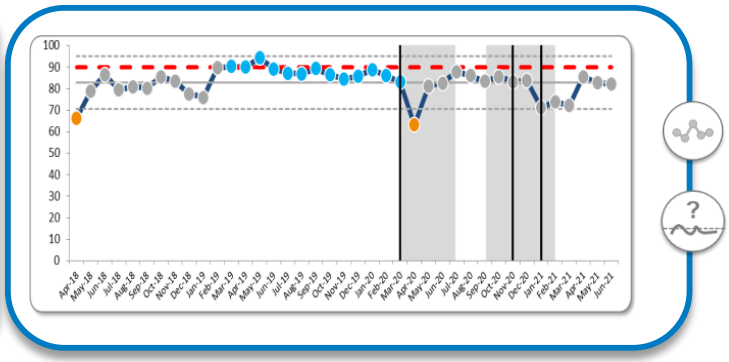
Sepsis 6 Bundle Compliance (audit)

61.68%



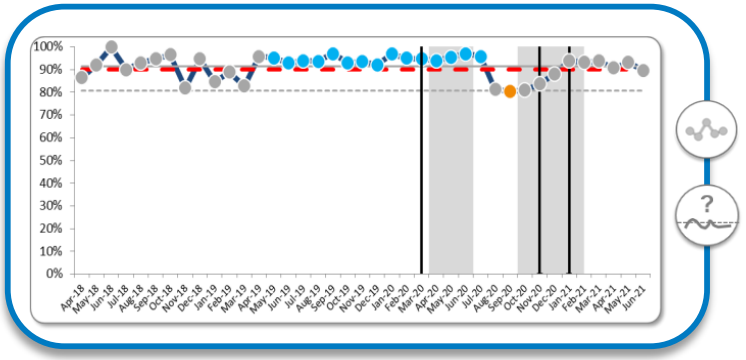
Sepsis Screening Compliance (audit)

82.18%



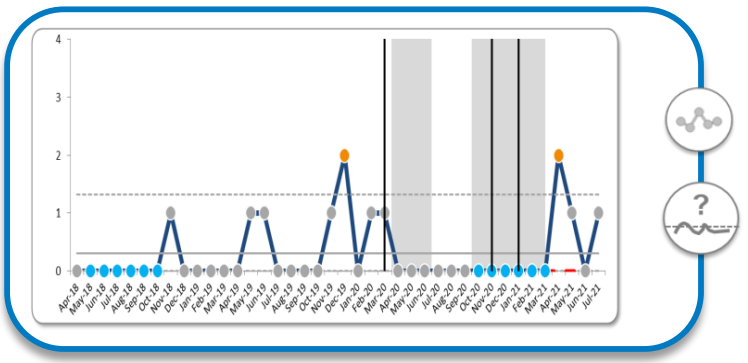
Sepsis Screening Antibiotics Compliance (audit)

89.72%



Never Event

1



Lockdown Period

COVID Wave

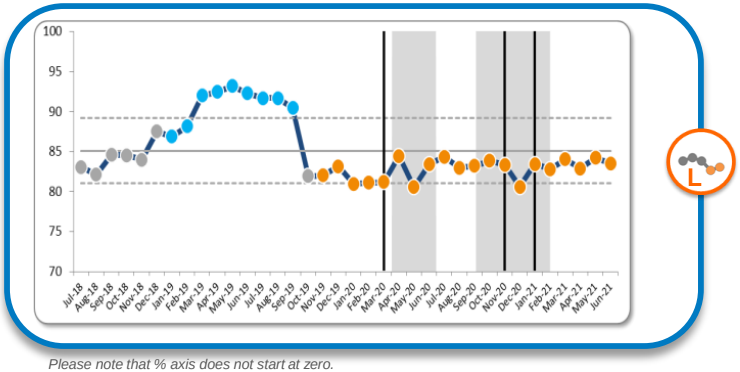
Month 4 [July] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for July-21 as 12th August 2021

NHS Worcestershire Acute Hospitals NHS Trust

ICE reports viewed radiology (%)

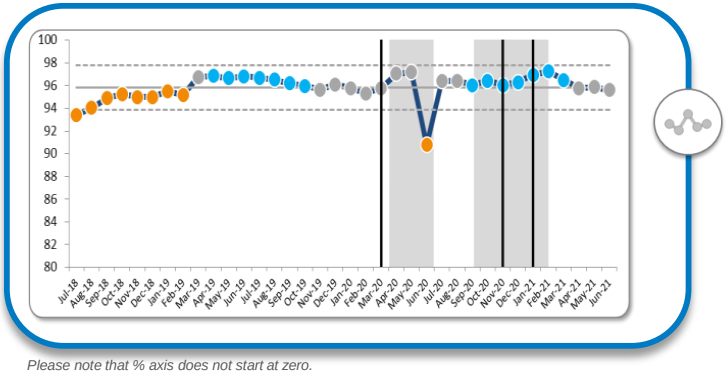
83.55



Please note that % axis does not start at zero.

ICE reports viewed pathology (%)

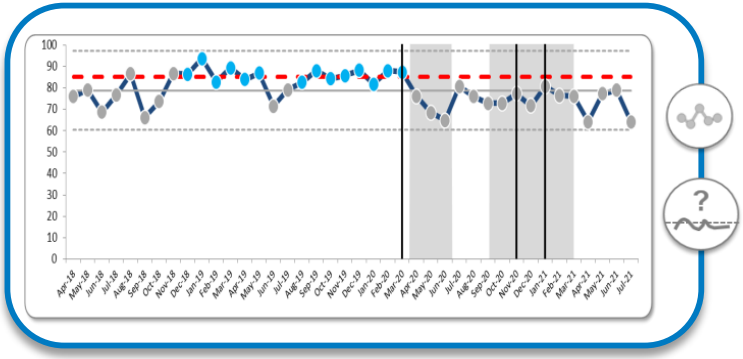
95.61



Please note that % axis does not start at zero.

#NOF time to theatre </=36 hours (%)

64.10%



Lockdown Period

COVID Wave

Maternity

Data Quality Risk Matrix – Maternity

Data Set	Includes	Likelihood	Impact	Total Score	Context
Pregnancy bookings	• Trust bookings • Bookings before made before 12wks + 6days gestation	4 (no change)	3 (no change)	12 (no change)	Paper pregnancy notes weren't migrated to Badgernet so when those women deliver and are 'booked' onto the system, our booking figures are being inflated. The recording of women booked to deliver at the Trust, those receiving antenatal care only and transfers of care is under review. Incorrect booking figures have an impact on service delivery and planning. Booking figures have changed (risen) for previously reported months when refreshed. **Mitigation:** Figures have been adjusted by referencing previous maternity system data. The pregnancies of the green notes cohort have concluded and this is now a historic issue. It is recommended that the service updates the date of entry to the backdated/correct booking date. An audit of booking classifications will be undertaken, with the service and information department currently investigating and monitoring whether backdated bookings are being recorded; accounting for the changes in previous months booking figures.
Deliveries	• Total deliveries • Home deliveries • Vaginal deliveries • Instrumental (Ventouse & Forceps) deliveries • Total Caesareans • Elective Caesareans • Emergency Caesareans • Induced deliveries	2 (changed from 3)	2 (changed from 3)	4 (changed from 9)	The recording of women delivering at the Trust and those receiving postnatal care only having delivered elsewhere is under review. Some caesareans are missing classification (emergency / elective) details. There are discrepancies in the data on inductions due to the multiple ways of recording this in the BadgerNet system. Higher delivery figures on Badgernet will impact the coding process by making it appear that there are deliveries that haven't been created as admissions on OASIS and the Trust delivery activity as being higher than actually occurred. **Mitigation:** Figures have been adjusted by applying business logic to back-end data. Further refinement of logic is on-going and will be reviewed and signed off by the Service . Advice and guidance on the key fields used to identify Trust and non-Trust activity in BadgerNet has been fed back to the maternity service by the information department.

Data Quality Risk Matrix – Maternity

Data Set	Includes	Likelihood	Impact	Total Score	Context
Births	• Total births • Stillbirths • Pre-term births • Admission of term babies to Neonatal care	3 (no change)	2 (no change)	6 (no change)	The correct recording of babies not born at the Trust, where postnatal care is being provided by the Trust, is under review. This affects the total births denominator used in the reporting of safety related ratios for stillbirths, pre-terms and term admissions to neonatal care **Mitigation:** Figures have been adjusted by applying business logic to back-end data. Further refinement of logic is ongoing and will be reviewed and signed-off by the Service. Advice and guidance on the key fields used to identify Trust and non-Trust activity in BadgerNet has been fed back to the maternity service by the information department.
Governance & Safety	• Maternal deaths • Neonatal Deaths	2 (changed from 3)	3 (changed from 5)	6 (changed from 15)	Maternal deaths will always be identified via the PAS system/national reporting / coroner as not all deaths that require investigation occur in our hospital. Maternal deaths will then be aded to Badgernet, with the Digital Midwife leading on education on this and the processes are in place to QA with the Governance Team. Following a review of all of the neonatal deaths by the Director of Midwifery and Chief Nursing Officer it was confirmed that the additional cases (where the gestation was $<24^{+0}$ weeks with signs of life) were sadly terminations for fetal anomalies that are not included in national reporting (but are still submitted to MBRRACE). The reporting of neonatal deaths is now correct as there is clarity on the definitions and a monthly cross check with the W&C Governance team is established.

Month 4 [July] 2021-22 Maternity

% admission of full-tern babies to neonatal care	Neonatal Deaths (>24+0 weeks gestation)	Stillbirths	Maternal Deaths	% Pre-term births	% Home births	Booked before 12+6 weeks	Births
3.3%	1	1	0	6.2%	3.6%	78.1%	418

What does the data tell us?

- There has been no statistical change in the percentage of unexpected term admissions to the neonatal unit
- There have been no maternal deaths and one neonatal death recorded in Jul-21.
- Sadly, there was 1 stillbirth and will be reviewed via PMRT process.
- There has been no statistical change in the percentage of pre-term births
- Home births has moved back within normal process limits for the first time in 7 months; the difference between Jun-21 and Jul-21 is only 2 home births. 3.6% is still higher than performance observed before the step change in Oct-20.
- Last month the % of births by elective caesarean was identified as special cause variation; this has returned to normal variation in Jul-21.
- Only the % mothers booked before 12+6 weeks gestation continues to show special cause variation. A process review has been undertaken as there were differences in approach across the community teams.

What have we been doing?

- Streamlined booking process in Redditch & Bromsgrove to improve KPI
- Monitoring pipeline of new starters and August start dates confirmed for some
- Develop process to monitor delays in IOL pathway
- Providing evidence as requested for NHSEI support programme – diagnostic phase was completed in mid-July
- Reduced sickness absence rates (non COVID)
- Improvement plan agreed at Board
- CNST declaration 10/10 submitted
- Received £317K from Ockenden to support further increase in maternity staffing to support training

What are we doing next?

- Launch improvement plan within Directorate and commence workstreams
- Advertise new posts funded by Ockenden
- Prepare planned spending against CNST monies
- Develop reporting process to Board to reflect all requirements of the perinatal surveillance model

Current Assurance Level: 5 (Jul-21)

When expected to move to next level of assurance:
Following evidence submission to NHSEI for Ockenden and position confirmed
Review of IOL pathway complete
Review of SoP for CoC complete
No midwifery vacancies/reduce sickness absence levels
Complete improvement plan

Previous Assurance Level: 5 (Jun-21)

SRO: Paula Gardner (CNO)

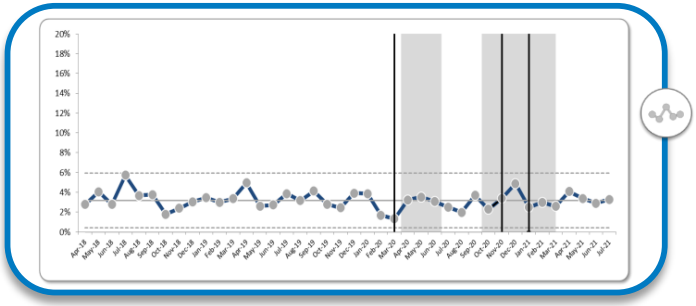
Month 4 [July] 2021-22 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for July-21 as 6th August 2021

NHS Worcestershire Acute Hospitals NHS Trust

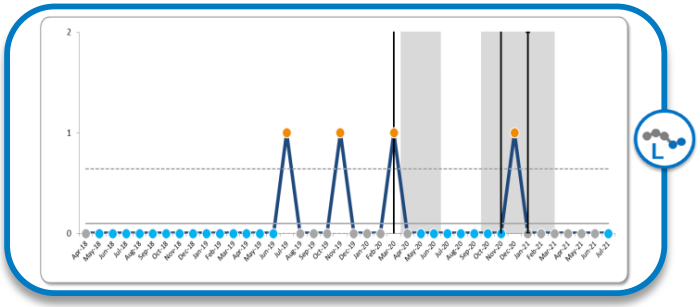
% admission of full-tern babies to neonatal care

3.3%



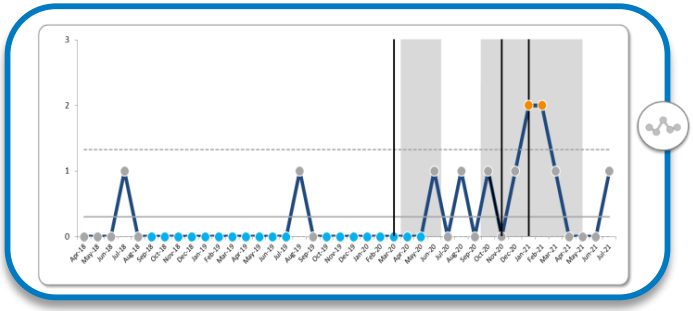
Maternal Deaths

0



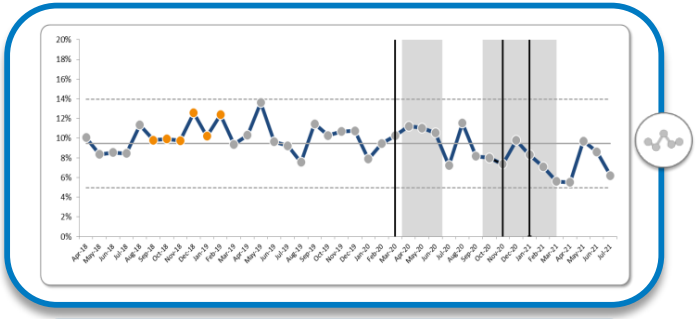
Neonatal Deaths (>24+0 weeks gestation)

1



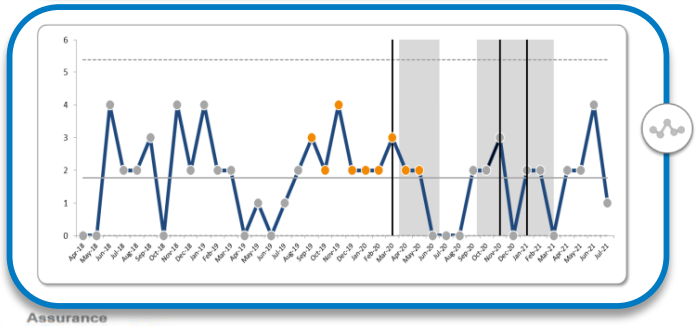
% Pre term births

6.2%



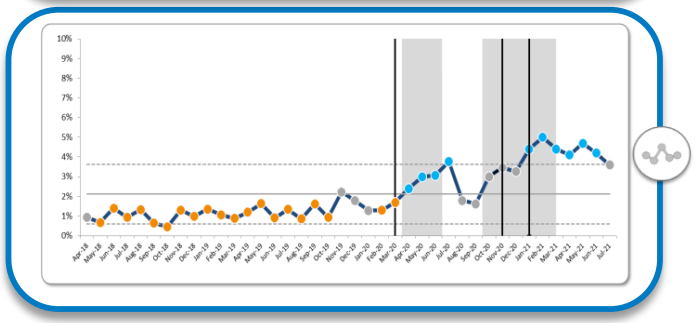
Stillbirths

1



% Home births

3.6%



Variation

Assurance

Lockdown Period

COVID Wave

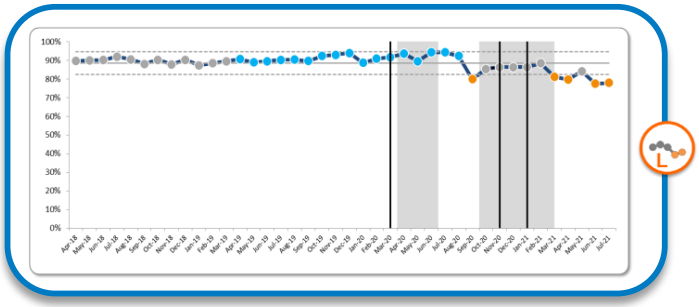
Month 4 [July] 2021-22 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for July-21 as 6th August 2021

NHS Worcestershire Acute Hospitals NHS Trust

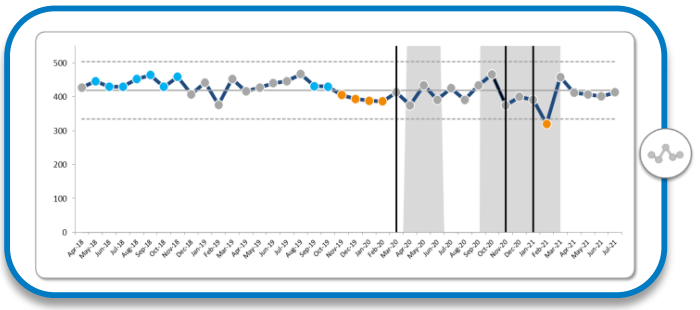
Booked before 12+6 weeks

78.1%



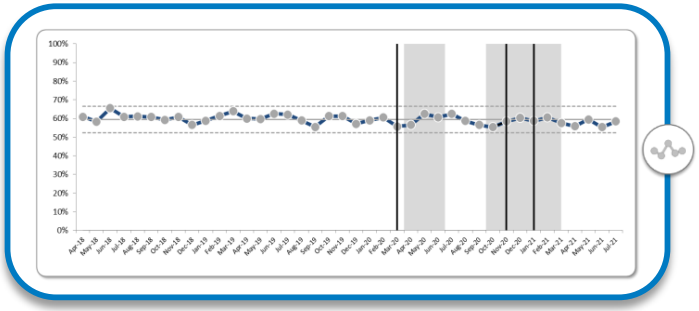
Births

418



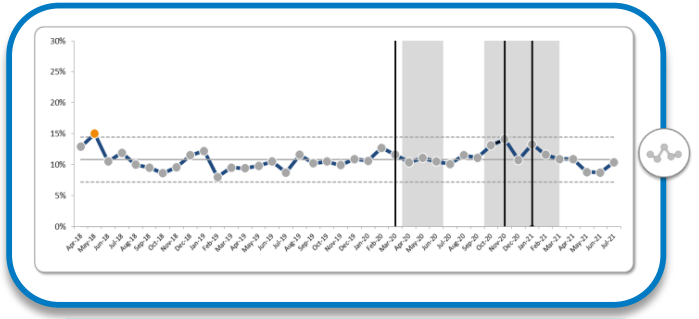
Vaginal Births

58.4%



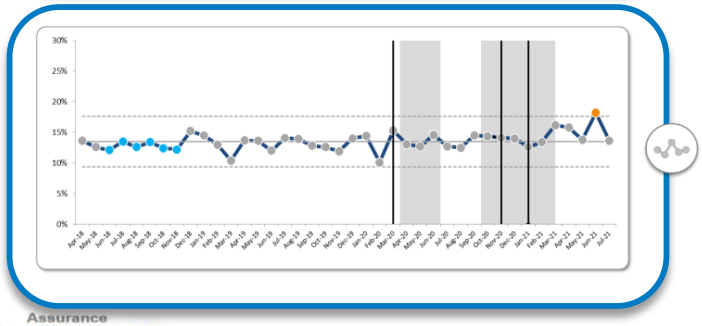
Instrumental rate

10.4%



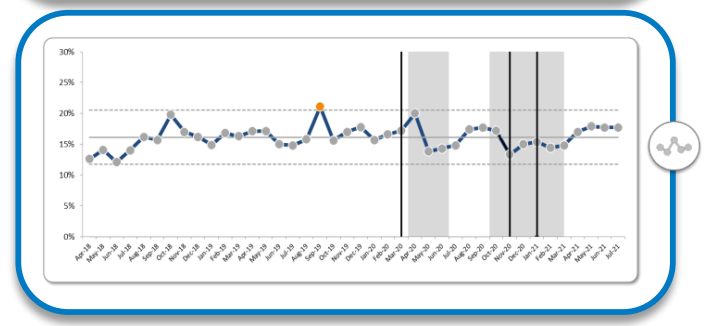
Elective Caesarean

13.6%



Emergency Caesarean

17.7%



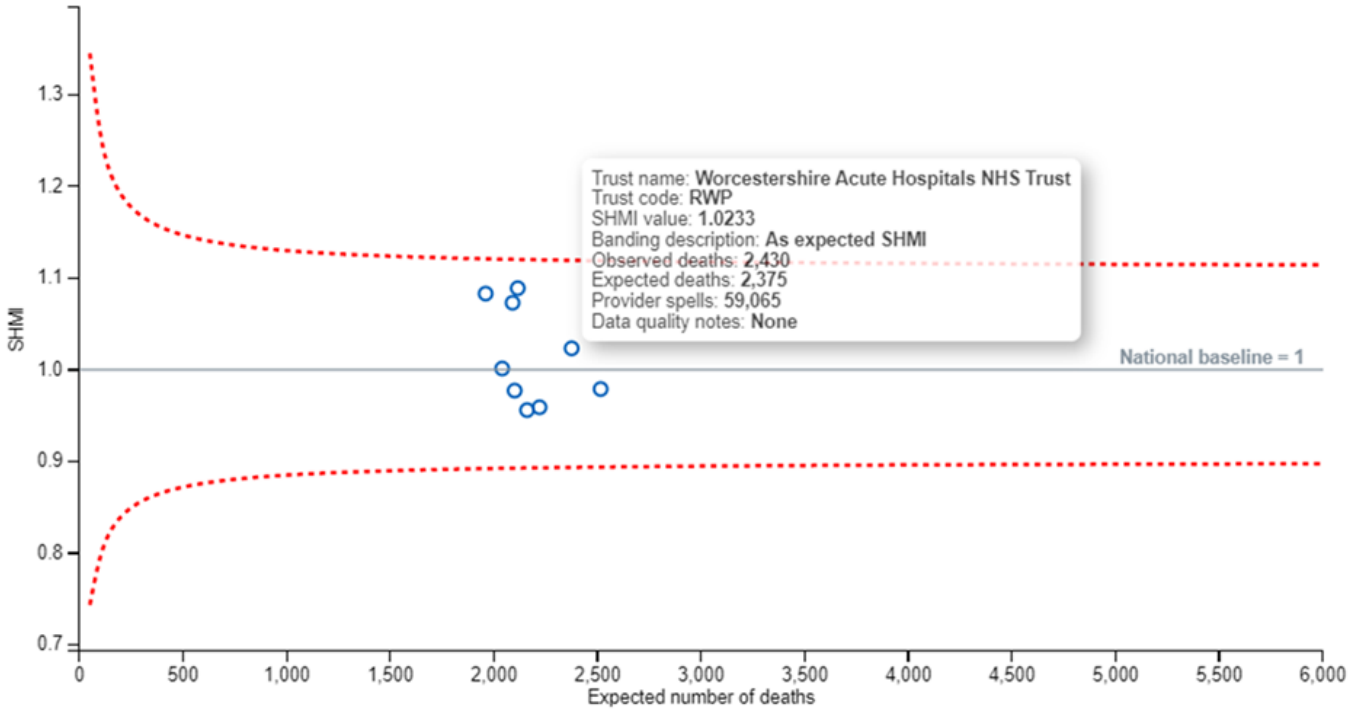
Lockdown Period

COVID Wave

Learning From Deaths

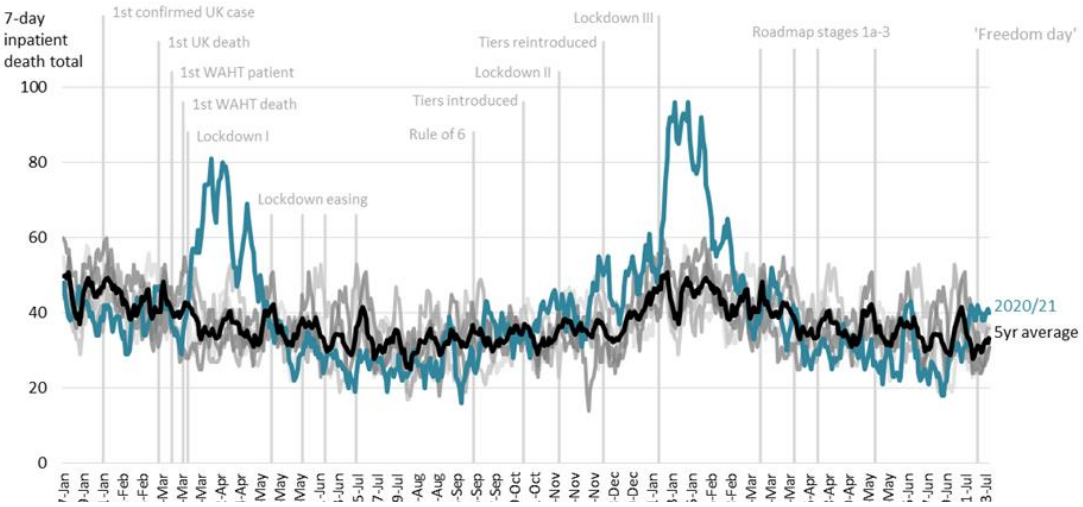
Learning from Deaths - Headlines

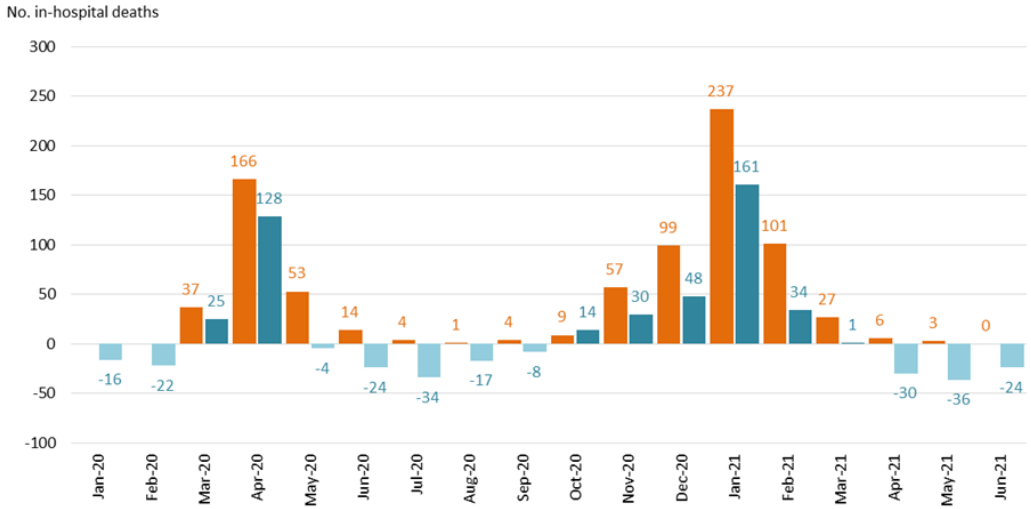
Learning From Deaths	Comments
SHMI	▪ SHMI = 1.0233 (Mar 2020 – Feb 2021) and remains well within 'expected range' at Trust-wide and site level. In respect of our overall SHMI we continue to sit within the middle of our (previously identified) 'mortality peers'. ▪ We remain something on an outlier for out-of-hospital deaths (within 30 days of discharge) as both a % of all mortality and associated SHMI. Although this has no apparent negative impact on our SHMI. Extensive analysis and enquiry have thus far ruled out any malevolent explanations (internal or community based). ▪ No areas (eg. diagnostic groups) are highlighted for concern. On the contrary, Congestive heart failure (non-hypertensive) and Cancer of Bronchus are highlighted with a lower than expected SHMI (ie. fewer deaths than 'expected'. Short-term projections suggest that our SHMI is unlikely to worsen demonstrably over the coming months.
HSMR	▪ HSMR = 98.64 (Apr 2020 – Mar 2021) and is within 'expected range' and below the 'expected' number of inpatient deaths for this period. ▪ There was one possible CUSUM/early warning alert in respect of our HSMR. This relates to Abdominal pain but is likely to be a product of delayed or incomplete coding at the time of our HES submission [note: this turned out to be the case] ▪ Like SHMI, our HSMR is mid-placed compared to our mortality peers and is unlikely to worsen substantially over the coming months. ▪ That both standardised models of mortality are well within their 'expected range' suggests that, global pandemic notwithstanding, we are not seeing any unusual trends in mortality (note: SHMI and HSMR do not include deaths directly relating to Covid-19).
Crude mortality (inc. Covid-19)	▪ Crude mortality paints a slightly inconsistent picture with some areas improving whilst others worsen (albeit only slightly). ▪ As we move through the pandemic and past the peak of wave 2 we can see that our monthly crude mortality rate (inc. Covid-19) and Covid-19 crude mortality rate have improved. ▪ Our crude mortality rate for out-of-hospital Covid-19 deaths increased very slightly. Whilst this does not impact our SHMI, it does corroborate our out-of-hospital mortality being somewhat out of kilter with our overall mortality trends. ▪ We also have a slightly elevated crude mortality rate when compared to our SHMI peers and the national average. ▪ Early July saw a slight rise in inpatient deaths compared to the five-year average and is/was not attributable to Covid-19. This follows on from three consecutive months (Apr – Jun) with fewer than average deaths. This will be explored in subsequent reports.
Other mortality	▪ Our Standardised Paediatric Mortality Index (SPMI = 139.54), whilst within expected range has increased for the second consecutive month (since we have been monitoring this). It is also noticeably higher than our mortality peers. This will be reviewed in more detail in subsequent reports. ▪ Pulmonary embolic deaths are unchanged and are similar to that reported nationally and by our SHMI peers.
Learning from deaths	▪ Whilst we are witnessing a growing backlog in completed mortality reviews (a consequence of the pandemic), those completed reviews show that the vast majority are graded 3 (adequate) or better. ▪ For the period Dec 2020 to Jun 2021 there was just one SJR with an overall care grade of 1 (very poor) and 23 with a grade of 2 (poor). This compares with 280 reviews with an overall care score of 4 (good) and 85 with a score of 5 (excellent). Future reporting will explore the reviews in more detail.
Ongoing / future work	▪ A Mortality Information Working Group was established in May with the aim of providing timely, accurate and reliable information in support of the Divisional mortality and morbidity meetings and identifying any key changes to the current (new) bereavement application. ▪ A bereavement/mortality dashboard has been created and changes to the bereavement application are scheduled for completion and user testing in early September. ▪ Future analysis/reporting will focus on crude mortality, a review of the SPMI and exploring the findings of the SJR process. This moves us from reliance on historic reporting to understand mortality.



Our SHMI continues to be favourable (ie. well within the expected range stipulated by the model) and we remain toward the middle of our previously established ‘mortality peers’.

Learning From Deaths

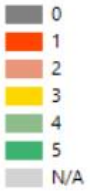


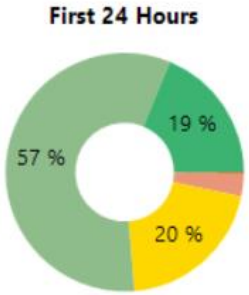


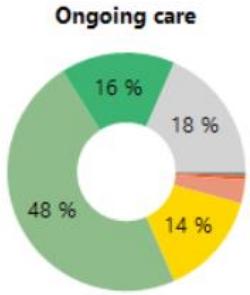
Our crude inpatient mortality has tracked at or below the five year average since the end of wave 2 (although has risen slightly in early July).

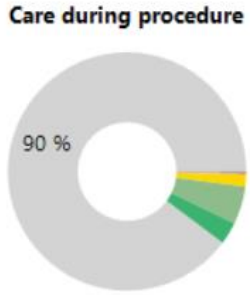
For three consecutive months (Apr-Jun) our crude inpatient mortality has been below that which we would ordinarily expect (ie. compared to 5yr average).

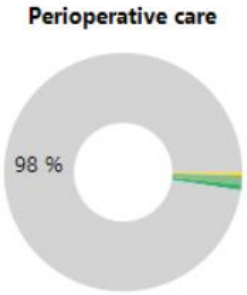
1. Very poor care
2. Poor care
3. Adequate care
4. Good care
5. Excellent care

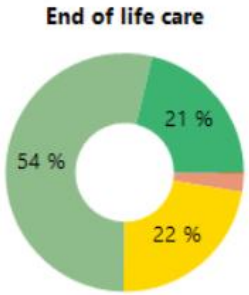


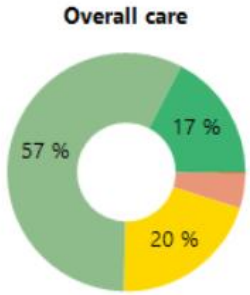


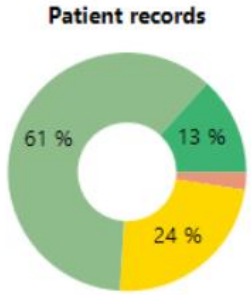












For those SJRs completed between Dec 2020 and June 2021 the quality of care described remains mostly good or excellent.

Workforce

Data Quality Risk Matrix - Workforce

Data Set	Includes	Likelihood	Impact	Total Score	Context
Workforce Compliance	Appraisal (Non-Medical)	3	1	3	We are confident in the reporting which is from nationally created ESR BI reports. However, there have been issues with accuracy of recording by Managers on Self Service. This is addressed by training/screenshots and a supplementary IT link for sending appraisal through for inputting in L&D. Monthly reports are sent to Managers and both Managers and Staff can validate on ESR Self Service.
	Medical Appraisal	1	1	1	There is manual intervention to remove doctors in training but no current issues identified.
	Mandatory Training	3	1	3	We are confident in reporting which is from Competencies set up on OLM and pulled through nationally created BI reports from ESR. However, there are periodic issues reported where staff cannot access training due to IT issues which are resolved individually. Mitigation is for L&D to validate Monthly data and provide commentary on any IT/operational issues.
	Consultant job plans	2	1	2	We are confident in reporting from Allocate e-Job Plan. However, compliance is low due to lack of job planning, or late reporting. Dedicated Job Planning Officer role now in post to review/audit and improve compliance.
	Staff turnover	3	1	3	We are confident in reporting via nationally created BI report. Delays in managers submitting Starter and Leaver forms do result in retrospective adjustment which has been addressed by changing timescale to require forms 8 weeks before start/leave. Annual Payroll audit by CW Audit takes place of Starter and Leaver forms. Monthly Payroll meeting reviews late forms which affect pay.
	Covid risk assessment compliance	4	2	6	There have been issues with the recording of Risk Assessments due to forms not being received, or actioned in a timely manner in Occupational Health due to increased workload. Weekly reports were sent to Divisions for validation. These currently appear to be resolved. There are remaining issues with timeliness of forms for New Starters which is escalated with Divisions.

Data Quality Risk Matrix - Workforce

Data Set	Includes	Likelihood	Impact	Total Score	Context
Workforce Performance	• Substantive Vacancy Rate • Total Vacancies Rate (including Bank and Agency) [Source: Finance ADI]	2	1	2	Vacancies are recorded in the Oracle Finance Ledger and extracted using the ADI . A Vacancy in terms of IPR is a post that is not filled substantively and needs to be recruited to. A vacancy will be Establishment minus Contracted. ADI is a manual process which extracts data from Oracle. Oracle is updated by an automated ESR feed to Oracle each month for substantive staff (weekly for bank). ADI is reviewed by Senior Finance colleagues every month on Day 5 and the Ledger shuts and is signed off on Day 7. We are confident with the process and the checks and balances in place.
	• Growth in Establishment [Source: Finance ADI]	2	1	2	Establishment is recorded in the Oracle Finance Ledger and extracted using the ADI in terms of budget and wte. The process for agreeing changes to budgets is through Business Cases to TME. ADI is a manual process which extracts data from Oracle. The ADI is reviewed by Senior Finance colleagues every month and we are confident with the process and the checks and balances in place.
	• Total hours worked [Source: Finance ADI]	5	2	10	Hours worked for temporary staff feed is a manual process into the Ledger from data extracted from the NHSP portal. There have been issues with the reporting of wte hours worked from NHSP which have been escalated and are being regularly reviewed. The implementation of Allocate Locum on Duty and 247 Time in 2020 highlighted this problem.
	• Monthly staff sickness absence • % Staff absent due to stress and Anxiety [Source: ESR/Allocate HealthRoster]	3	3	9	Sickness (and all absence) from 1st April 2021 are recorded through HealthRoster by Managers. An Absence interface to ESR pulls through once per month on payroll upload. Weekly meetings to review project progress and testing of data pulled through interface. There have been issues identified historically of late or non-reporting of absence which are investigated individually. The full rollout of Rostering to all staff should help to address this. However, this is reliant on Managers inputting roster changes in a timely manner so will require regular review by e-Rostering team.
	• Number of Covid sickness • Number Self Isolating [Source: WREN/Allocate HealthRoster]	3	3	9	These absences have been recorded on HealthRoster since Wave 1 of Covid Pandemic, initially via a Covid Absence Line, and latterly by Managers with rollout of HealthRoster to all staff groups. There were issues initially of late and non-reporting which are being addressed through full rollout of Rostering. Intermittent issues of incorrect categorisation of absence is picked up individually with managers by e-Rostering Team.
	• Bank Spend as % of Gross Cost • Agency Spend as a % of Gross Cost [Source: Finance]	2	1	2	Bank and Agency Spend as a % of Gross cost is calculated by Finance colleagues from the Ledger which is signed off by Senior Finance colleagues through a formal process each month.
	• Maternity/Adoption Leave [Source: ESR]	3	3	9	We are confident of the report which is from a nationally created ESR BI report. However, there is intermittent late reporting of both the commencement and end of maternity leave which is reviewed through Payroll meeting monthly as they impact on Maternity Pay.

People and Culture Performance Report Month 4 - Headlines

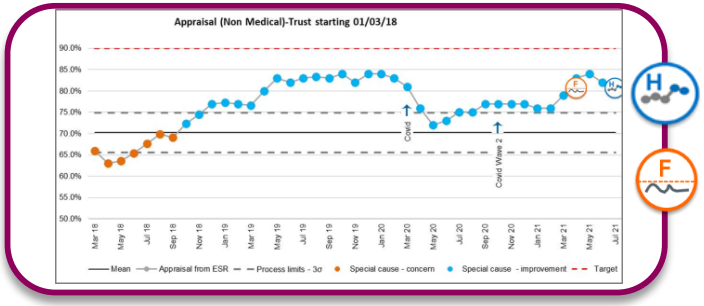
People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	• Mandatory training compliance continues to exceed current Trust target at 91% • Medical appraisal compliance has dropped to 88% but remains above Model Hospital average of 85%. • Non-medical appraisal rate has remained at 82% • There has been an 1% improvement in Consultant Job Planning to 67% but we are still performing below Model Hospital average
Drivers of Bank & Agency spend	• We have a 349 wte increase in establishment compared to the same period last year due to funding of new wards, Covid and business cases at budget setting • Our vacancy rate of 9.7% is above the ONS national average of 8.1%. The increase has been driven by the increase in establishment in April and May. • There are 181 staff on maternity leave compared to 135 staff for the same period last year. This is an increase of 16 in one month. 53 of these are registered nurses and 25 are HCA's which will be driving bank and agency spend on the wards. • Monthly Sickness is 5.4% which is 1.06% higher than the same period last year • The current annual turnover rate is 9.41% which is 1.63% better than the same period last year.
Staff Health & Wellbeing	• Cumulative sickness has increased to 4.77% with Covid • Sickness due to S10 (stress and anxiety) increased by 0.12% to 1.37% • Our staff health and wellbeing offer continues to be communicated to staff at every opportunity • Location by Vocation pilot is progressing with 570 staff on the pilot • Sickness rates for Administrative and Clerical Staff on the LBV pilot are 2.09% compared to 5.04% for those not on the pilot • Flexible Working opportunities are being recorded on ESR • Staff have started to book their Thank You Day through HealthRoster. • 91% of our staff have had the first Covid vaccine and 84% have had their second vaccine

Month 4 [July] 2020-21 Workforce "Getting the Basics Right" Summary

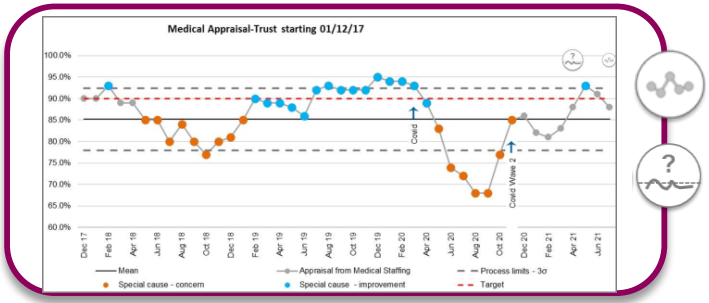
Responsible Director: Director of People and Culture | Validated for July -21 as 12th August 2021

NHS Worcestershire Acute Hospitals NHS Trust

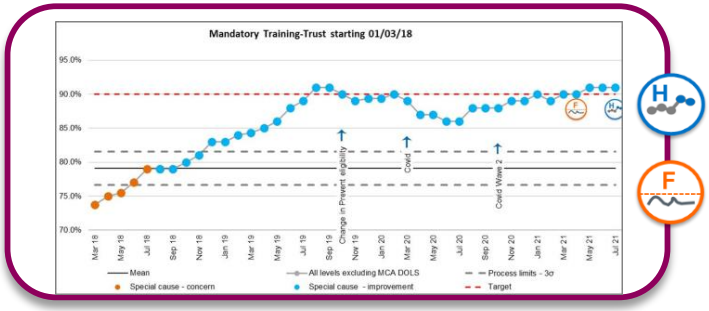
Appraisal (Non-Medical) — 82%



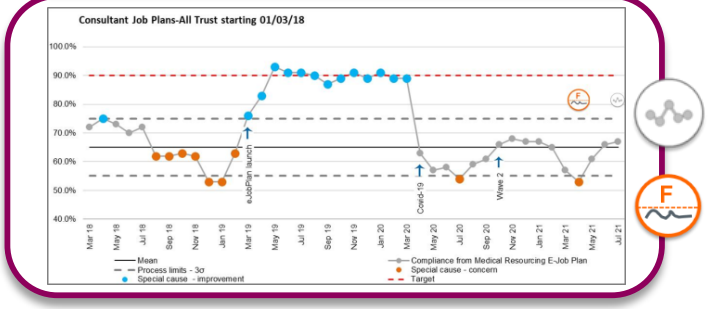
Medical Appraisal — 88%



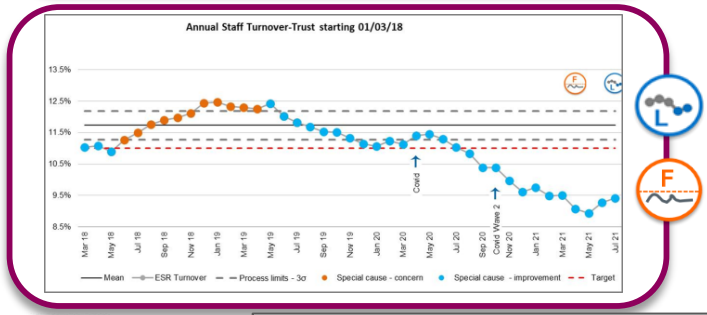
Mandatory Training — 91%



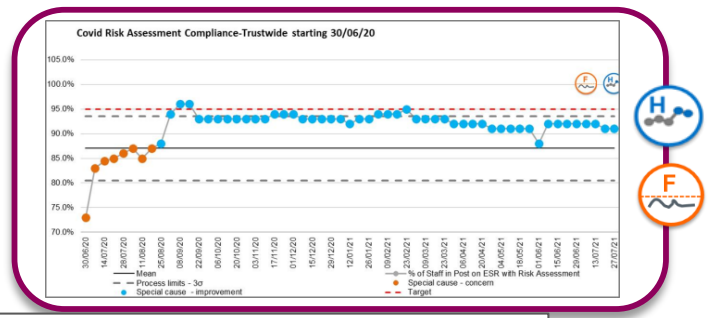
Consultant Job Plans — 67%



Annual Staff Turnover — 9.41%



Covid Risk Assessment Compliance — 91%



Variation: Special Cause Concern High/Low; Special Cause Note/Investigate High/Low; Common Cause

Assurance: Consistently hit target; Hit and miss target subject to random; Consistently fail target

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

Workforce Compliance Month 4 (July 2021): - What does the data tell us?

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
82% and 88%	91% and 85%	67%	9.41%	91%

What does the data tell us?

- **Appraisal** – Compliance remains unchanged at 82% but is 7% higher than the same period last year.
- **Medical Appraisal –** Medical appraisal has dropped by 3% to 88 % this month but is 16% higher than the same period last year
- **Mandatory Training** – Mandatory Training compliance has remained unchanged at 91% this month which is 5% better than the same period last year
- **Essential to Role Training** – Essential to Role training has improved by 1% to 85%.
- **Consultant Job Plans** – Consultant job planning compliance has improved this month by 1% to 67% and is 13% higher than the same period last year. SCSD and Surgery and Speciality Medicine have improved this month but Women and Children's has dropped by 25%.. Urgent Care is the only division that meets the 90% target.
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.13% this month to 9.41% which is 1.63% better than the same period last year. Monthly turnover at 0.81% is better than Model Hospital average of 0.98% where we are in the 2nd quartile
- **Covid Risk Assessment Compliance –** Compliance has declined by 1% to 91% this month

National Benchmarking (July 2021)
Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88% so the Trust is better than average. Performance is better than Model Hospital average of 85% for Medical Appraisal. We remain an outlier for job planning and non-medical appraisal.

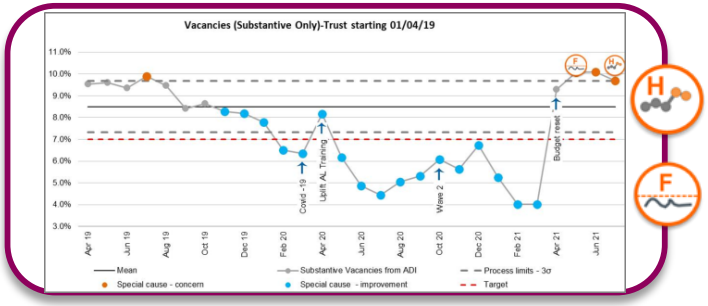
Month 4 [July 2020-21 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for July -21 as 12th August 2021

Worcestershire Acute Hospitals NHS Trust

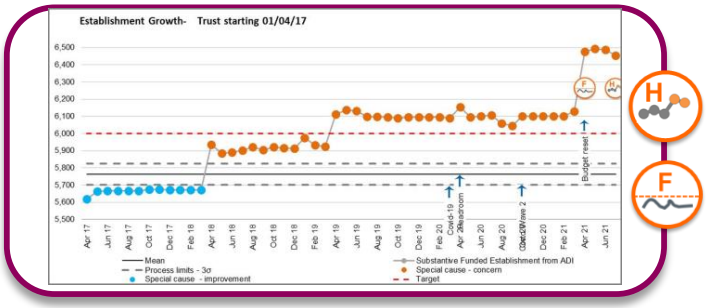
Substantive Vacancy Rate

9.7%



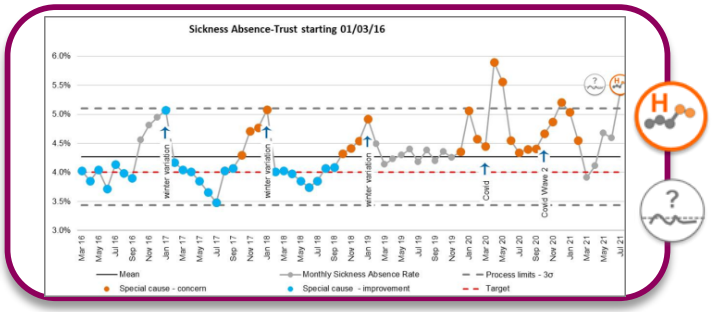
Growth in Establish-ment

6455 wte



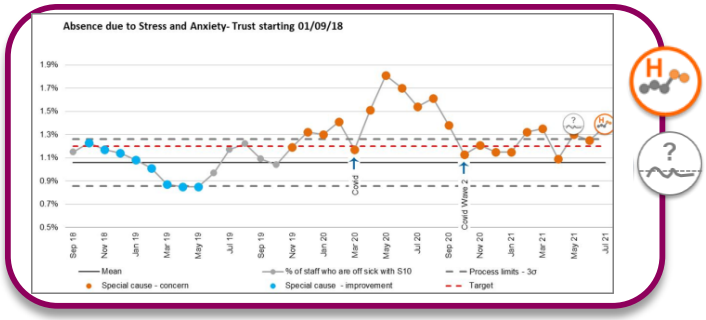
Monthly Staff Sickness Absence

5.4%



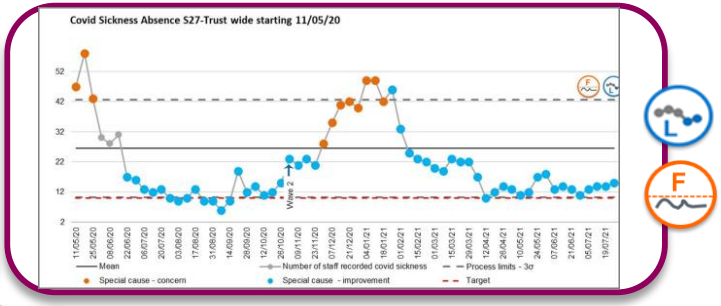
% Staff absent due to Stress and Anxiety (S10)

1.37%



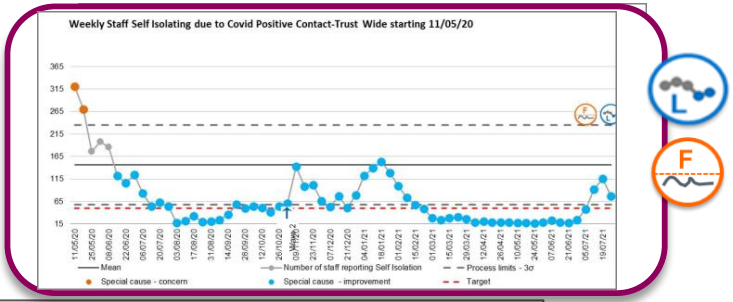
Covid Sickness (S27)

15



Number Self Isolating

77



Variation Assurance

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

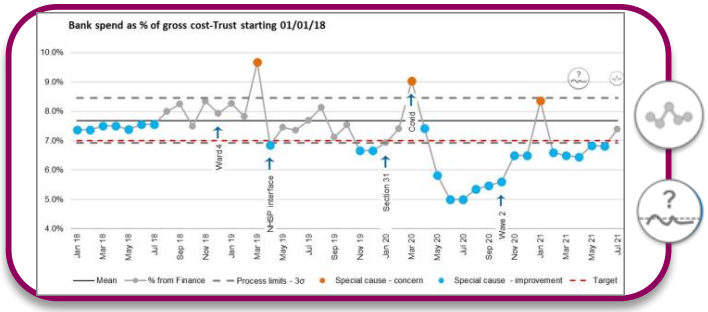
Month 4 [July] 2020-21 "Drivers of Bank and Agency Spend" Summary (continued)

Responsible Director: Director of People and Culture | Validated for July -21 as 12th August 2021

Worcestershire Acute Hospitals NHS Trust

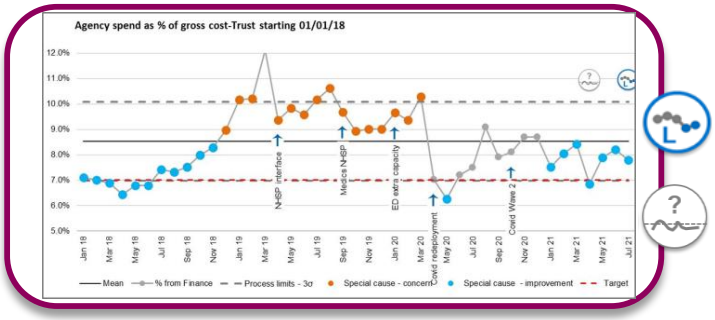
Bank Spend as a % of Gross Cost

7.38%



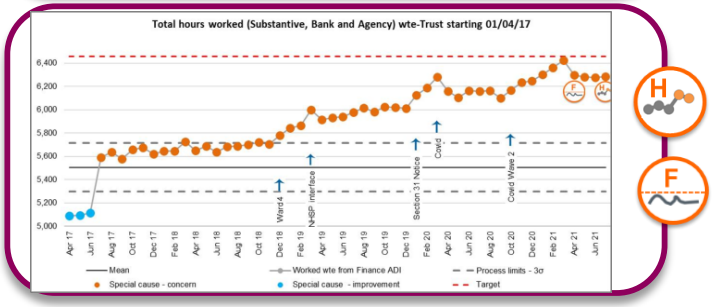
Agency Spend as a % of Gross Cost

7.79%



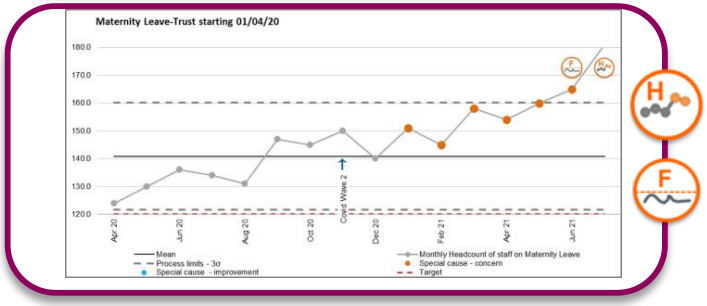
Total Hours Worked

6283 wte



Maternity/ Adoption Leave

181



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

Workforce Performance Month 4 - What does the data tell us?

Substantive Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (S10)	Number of staff off with Covid Sickness (S27) on the last Monday of month	Number of Staff self isolating due to Covid+ contact on the last Monday	Number of Staff on Maternity Leave	Bank and Agency Spend as a % of Gross Cost
9.7%	6,283 wte	5.4% and 4.77%	1.37%	15	77	181	7.38% and 7.79%

What does the data tell us?

- **Vacancy Rate** –Vacancy rates have reduced by 0.45% this month to 9.7%. Our funded establishment has reduced this month by 33 wte but is 349 wte higher than the same period last year when we had a total vacancy rate of 4.44%. We employ broadly the same wte staff in post as last year but the increase in establishment at budget setting is the reason for increased vacancy rate.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased by 8 wte to 6283 wte. Bank has increased by 37 wte and agency has reduced by 4.88 wte with extra hours by substantive reducing by 23 wte.
- **Monthly Sickness Absence Rate** – Sickness has increased by 0.81% to 5.4% which is 1.06% worse than the same period last year. Cumulative sickness has increased to 4.77% from 4.65%.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.12% to 1.37% this month which is 0.22% better than the same period last year in the early months of Wave 1 of the pandemic
- **Absence due to Covid Sickness (S27) –** 15 staff were absent due to Covid symptoms at the end of July compared to 11 at the end of May. This figure includes those staff who have reported sick due to effects of the Covid vaccine. Absence due to self isolation (including family symptoms and Test and Trace) was 77 compared to 24 at the end of June. The trend is reducing from a peak in mid July of 116.
- **Maternity/Adoption Leave** – We continue to see a steady increase in the number of staff on maternity or adoption leave since the start of the pandemic with 181 currently off compared to 165 last month. compared to 134 for the same period last year. 53 of these are Registered Nurses and 25 HCA's which will be impacting on ward bank and agency spend.
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a positive growth in bank spend to 7.38% of gross cost. Agency Spend has reduced by 0.42% to 7.79% this month but this is still 0.29% higher than the same period last year. Urgent care has improved by 5.1% but remains an outlier with 19.37% of its gross staffing costs being agency spend.

National Benchmarking (July 2021)
We remained good at Quartile 2 on Model Hospital for overall sickness with 3.91% compared to 3.92% national average (March 2021 data). Monthly turnover improved on Model Hospital from 4th Quartile to 2nd Quartile (0.84% compared to national average of 0.98% (May 2021 data)

Annual Plan Strategic Objectives: Workforce

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure

Annual Plan: Strategic Objectives | Best people

Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.

How have we been doing?

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

- Non-medical appraisal (3% lower)
- Job Planning (>20% lower)
- Vacancy rates (2% higher than ONS) directly due to increased establishment

Also of note is the continuing high level of bank and agency usage which is a result of:

- Increased levels of long term sickness absence
- 181 staff on maternity leave which is an increase of 16 staff
- Increase in self isolation due to track and trace and family isolation

What improvements will we make?

- Our E-Rostering Team will continue to work with managers to improve annual leave management and categorisation of covid self isolation.
- E-Rostering Team are managing the payment process for Thank You day which requires manual intervention for enhancements.
- We will continue to work with divisions to ensure 95% of patient facing staff are encouraged to take up the Covid vaccine
- We will continue with the implementation of the Best People Programme to reduce premium staffing costs
- We will continue with the Location by Vocation Pilot
- We will continue to improve recording of flexible working opportunities on HealthRoster and ESR
- L&D and Workforce colleagues have met with the relevant topic leads to review the eligibility for Safeguarding Level 2 Training and Moving and Handling Level 2 training for Doctors. This will be reflected on the competency matrix and should improve compliance.

Overarching Workforce Performance Level – 5 – July 2021 **Previous Assurance Level - 5 – June 2021**	**To work towards improvement to next assurance level**

Finance

Our Financial Position | Headlines

Finance	Comments
2021/22 Financial Plan	Given the positive YTD M2 variance across the system, CFOs agreed to offset beneficial YTD M2 variances against the unmitigated system risk in H1 (£6.4m); for us this was £1.8m. A further assessment of ERF achievement was performed following a re-submission of activity. This resulted in a further benefit to our position of £1m. **Our H1 revised plan, inclusive of ERF is a £1.1m surplus.** Our YTD position combined with our operational forecast for M5 and M6 indicates a H1 deficit of £(1.9)m - **£3m adverse to plan**. Our profiled plan assumed that COVID related expenditure would decrease. This planning variance coupled with increased costs in response to COVID is the key drivers of this adverse variance.
Elective Recovery Fund	Q1 has been restated based on latest coded data resulting in the posting of a further £1.3m of ERF income in month. We are now estimating £2.7m YTD in line with the H1 plan. Q2 estimates remain at zero following the change in guidance from 85% to 95% - except for any movement to the June value once all activity is coded.
Productivity and Efficiency	We have so far not received any formal updated planning guidance for H2. However, an increased waste reduction requirement is likely to be applied. In the absence of published guidance national briefing suggests a planning assumption of efficiency in the order of 3% for H2. Schemes to achieve this level have not been identified. H2 planning will include Specialty self-assessment packs to identify opportunities.
H2 Budget	Both the ICS and the Trust continue to work on the H2 budget. The Trust awaits clarification regarding funding. It is unlikely that the H2 budget will be available for approval before October 2021.
Temporary staffing	There has been an increase in Nursing Bank as a result of COVID bed provision and absenteeism. Daily staffing escalation calls continue with last resort escalation to off framework agencies.
Cash	Good cash balances continue, rolling forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.
Capital	Significant capital schemes continue and require ongoing robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes is nearing completion.

Finance | Key Messages

COVID-19 Financial Regime

Due to the continuing COVID-19 pandemic, a revised COVID-19 financial framework will be in place for H1 21/22. System funding envelope, comprising adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H2 2020/21 envelopes adjusted for known pressures and policy priorities. Block payment arrangements will remain in place and signed contracts between NHS commissioners and NHS providers are not required for the H1 2021/22 period. NHS England and NHS Improvement have nationally calculated CCG and NHS provider organisational plans for the H1 period as a default position for systems and organisations to adopt.

H1 2021/22 Internal Plan

The 2021/22 operational financial plan for H1 has been developed from a roll forward of the recurrent cost and non patient income budget from 2019/20 adjusting for an assessment of PEP delivery in 2020/21 and the recurrent impact, identification of cost pressures and an assessment of legacy and approved business cases in 2020/21. We have then overlaid the impacts of additional Covid expenditure (and additional Covid income) and PEP schemes developed by the Divisions. The final step has been to adjust for vacancy factors, activity levels lower than 2019/20 and any slippage in Business cases. **Our initial submission to the system for H1 showed a deficit position of £(2.9)m** this was reassessed to £1.1m surplus including ERF in M2**. Following the bottom up forecasting process undertaken by the Divisions in July we have reassessed this position to a £(1.9)m deficit at M4.**

Delivery of the H1 Internal Financial Plan

Month 4 – July Position

Statement of Comprehensive Income	Jul 21 (Month 4) H1 Plan £000s	Jul 21 (Month 4) Actual £000s	Jul 21 (Month 4) Var to Plan £000s	Year to Date H1 Plan £000s	Year to Date Actual £000s	Year to Date Var to Plan £000s	H1 Plan £000s
Operating Revenue & Income							
Operating income from patient care activities	44,798	45,624	826	178,583	179,117	534	267,840
Other operating income	1,879	2,195	316	7,740	8,634	894	11,586
Operating Expenses							
Employee expenses	(26,880)	(27,353)	(473)	(108,139)	(108,869)	(730)	(162,007)
Operating expenses excluding employee expenses	(17,979)	(18,176)	(197)	(71,019)	(71,432)	(413)	(106,844)
OPERATING SURPLUS / (DEFICIT)	**1,818**	**2,290**	**472**	**7,165**	**7,449**	**284**	**10,575**
Finance Costs							
Finance income	1	0	(1)	4	0	(4)	6
Finance expense	(1,025)	(1,025)	(0)	(4,100)	(4,098)	2	(6,148)
Movement in provisions	0	0	0	0	0	0	0
PDC dividends payable/refundable	(571)	(670)	(99)	(2,284)	(2,383)	(99)	(3,426)
Net Finance Costs	**(1,595)**	**(1,695)**	**(100)**	**(6,380)**	**(6,481)**	**(101)**	**(9,568)**
Other gains/(losses) including disposal of assets	0	0	0	1	12	11	1
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**223**	**595**	**372**	**786**	**980**	**194**	**1,008**
Less impact of Donated Asset Accounting (depreciation only)	10	14	4	30	55	25	48
Adjusted financial performance surplus/(deficit) inc PSF, FRF, MRET & Top-Up	**233**	**609**	**376**	**816**	**1,036**	**220**	**1,056**

Following the bottom up forecasting process undertaken by the Divisions in July we have reassessed this position to a £1.9m deficit at M4.

Against the H1 operational plan of £1.1m, YTD at month 4 (July 2021) we report an **actual surplus of £1m** against the plan £0.8m surplus. **Favourable variance of £0.2m**.

- Combined Income £1.4m above YTD plan of which £1.0m favourable due to ERF and £0.5m Covid O/S envelope reimbursement for Pathology Testing.
- Employee expenses £0.7m adverse to YTD plan despite £0.5m favourable from business case slippage. Pay costs remain in line with M2 and M3 with £0.1m additional in WLI being offset by £0.1m lower substantive pay costs and £0.1m additional Bank spend offset by £0.1m lower Agency.
- Operating expenses £0.4m adverse to YTD plan. £1.3m adverse on Non PbR Drugs being offset by favourable variances caused by Business Case slippage (£0.5m) and Covid (£0.3m).

Increased operating variances in M4 driven by a reduced Operating expense plan. Overall expenditure levels are consistent with last month despite a planning assumption that Covid costs would decrease and PEP delivery would increase.

I&E Delivery Assurance Level: **Level 4**

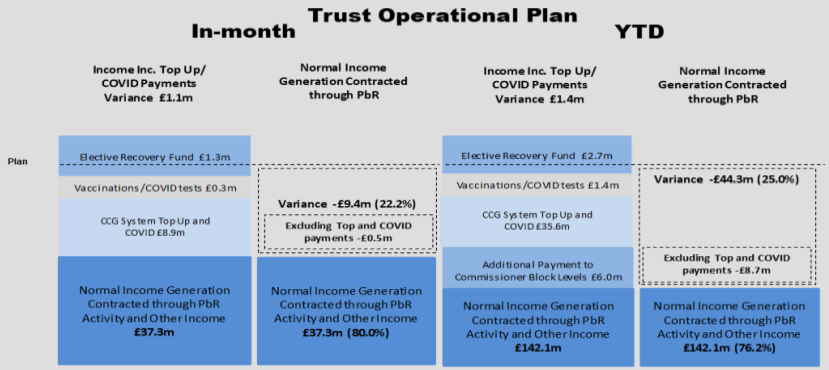
Reason: H1 plan deficit of c.£(2.9)m reassessed to £1.1m surplus. Forecast £(1.9)m deficit. Risks remains over costs of delivering additional activity and the level of temporary staffing expenditure to deliver the activity and respond to the current wave of Covid admissions in the Trust. Controls remain. POSITIVE Financial variance in month. PEP & Temp Staffing remain challenged. Underlying deficit consistent.

Finance | Key Messages

Performance Against Original Internal Operational Trust plan

Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£1.1m** above the Trust's Internal operational plan in July.



£8.9m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement (will continue until September 2021). Trust also can qualify for further funding should the STP achieve activity thresholds set by NHSE & I under **the Elective Recovery Fund framework (ERF)**. The Trust's estimate of the YTD achieved **is £2.7m** (reported in the position). Although system performance will not confirmed until it has been validated by NHSE & I.
To date April's achievement has been confirmed however the same the methodology (shared by NHSE & I) has been applied to derive the financial value for the remaining months.

In month variance £1.1m - £0.7m EFR (£0.4m April's confirmed higher than expected and £0.3m coding catch-up), £0.3m NHSE Drugs & Devices (a retrospective adjustment for final settlement of 2020/21) and £0.1m COVID PCR testing income.

Expenditure

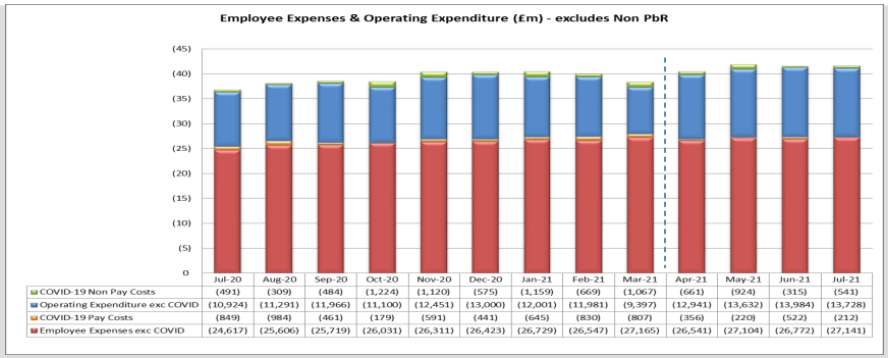
M4 YTD the **combined expenditure** variance is **£1.1m adverse** against the operational plan for H1 (surplus of £1.1m).

Overall **employee expenses** were **£27.4m** in Month 4 (July 21), consistent with June, £0.7m adverse to YTD plan despite £0.5m favourable from business case slippage.

Operating expenses excluding employee expenses were £18.1m in July, £0.2m lower than June and £0.4m adverse to YTD plan.

£0.5m adverse on Non PbR Drugs spend and £0.4m adverse on Clinical Supplies and Services offset by favourable variances of £0.2m on General Supplies and Services and £0.1m each on Establishment expenses and Other Non Pay.

While non PbR Drugs is adverse to plan, due to the positive variance on the CCG block element and the NHSE element being pass through this does not have an adverse impact to the bottom line.



- Month 12 adjusted to remove the following one off items: 6.3% pension adjustment (£12.1m); Provisions for unused annual leave (£3.9m); Consultant job plan updates (£0.7m); Overtime holiday pay entitlements following the settlement of the Flowers legal claim (£0.5m); Central PPE stock adjustment (£6.4m); Impairment losses (£6.6m); and Contract exit costs (£0.2m).
- Above chart excludes Non PbR items.

Finance | Key Messages

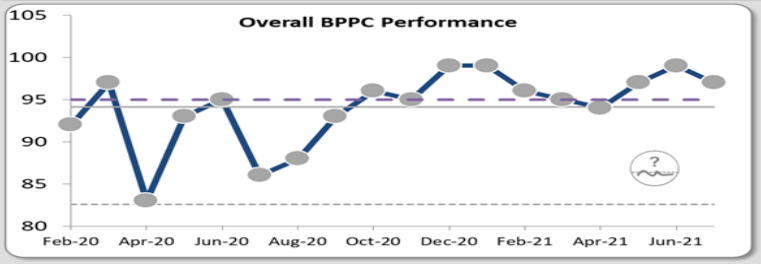
Capital

Capital expenditure for month 4 of financial year 2021/22 is £6.143m, with the majority relating to spend on projects carried over from the previous financial year. The 2021/22 Capital Plan is £51.69m for the financial year, including IFRIC 12. Funding of £6.113m is currently at risk until we have received confirmation from NHSEI that our application has been successful. The remainder of the plan includes the in-year works on the new Urgent and Emergency Care scheme, plus the ASR project subject to Full Business Case national approval. The prioritisation of schemes to ensure we address regulatory risks, infrastructure backlog and replacement of end of life equipment will continue via our CPG in the context of the available resources and the risk of further expenditure requirements coming forward as we progress through the year.

Cash Balance

Capital Assurance Level: **Level 5**

Reason: Significant capital schemes continue into 2021/22 and will require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes nearing completion. Risk remains in medium term.



At the end of July 2021 the cash balance was £36.8m (including un cleared payments of (£2.9m), with £2.1m of capital PDC drawn down this month.

The high cash balance is the result of the timing of receipts from the CCG's and NHSE.

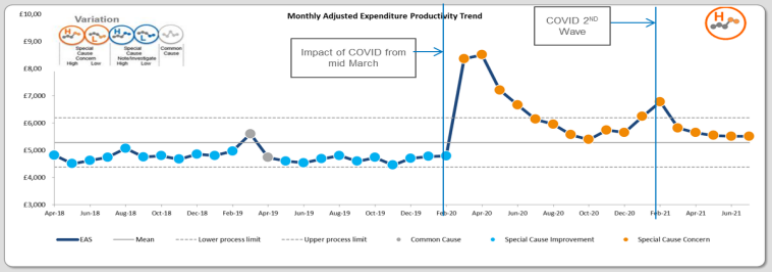
Cash Assurance Level: **Level 6**

Reason: Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.

Productivity & Efficiency

Our internal operational plan for H1 is inclusive of £5.4m of annual Productivity and Efficiency plans. Plans for the H1 period (M1 – M6) total £2m.

	Apr-21 M1	May-21 M2	Jun-21 M3	Jul-21 M4	Aug-21 M5	Sep-21 M6	Oct-21 M7	Nov-21 M8	Dec-21 M9	Jan-22 M10	Feb-22 M11	Mar-22 M12	FY TOTAL
PEP Profile £000's	158	169	328	400	443	460	556	554	565	571	578	581	5,362



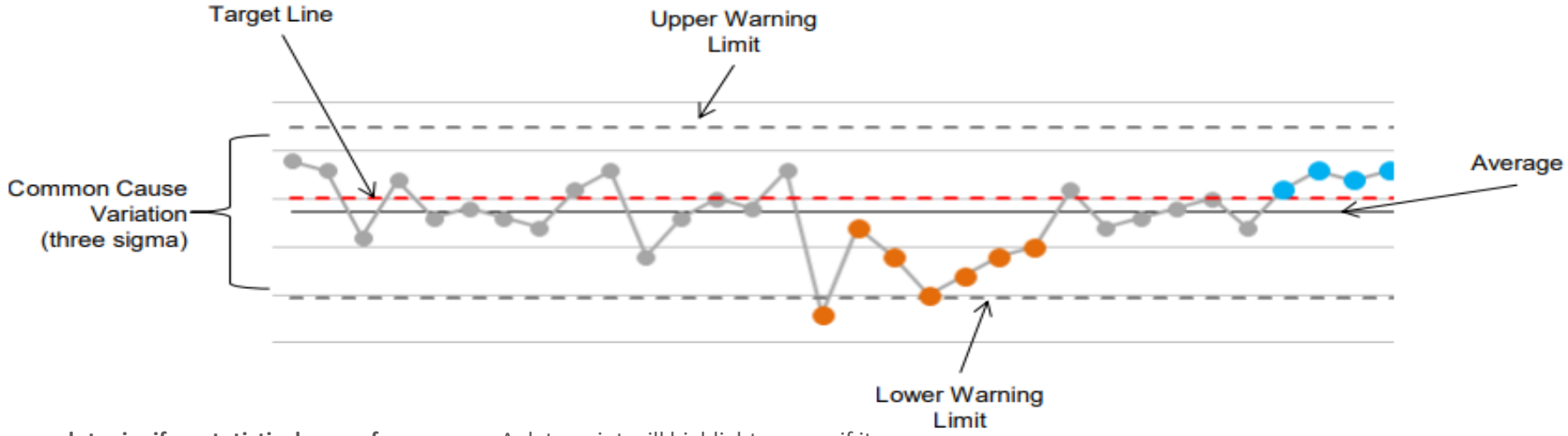
Adjusted Expenditure Productivity Trend:

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.

July has seen the WAU remain constant. Expenditure is the same level as June and the WAU activity has remained at the similar levels of admissions and ED attendances. Outpatients have reduced on June but not to a level/mix to have a material impact.

Appendices

Statistical Process Charts (SPC) Guidance



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:
A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Levels of Assurance

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

JULY 2021 IN NUMBERS

Worcestershire Acute Hospitals NHS Trust

8,230
Walk-in patients (A&E)

4,770
Patients arriving by ambulance

12,243
Inpatients

27,999
Face to Face outpatients

12,331
Telephone consultations

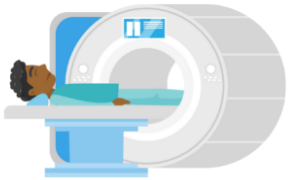
418
Babies

1,470
Elective operations

200
Trauma Operations

351
Emergency Operations

5.6
Average length of stay



14,475
Diagnostics

Putting Patients First 4ward

QUALITY AND SAFETY IN NUMBERS

July 2021

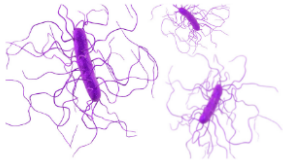
NHS Worcestershire Acute Hospitals NHS Trust

MRSA

0

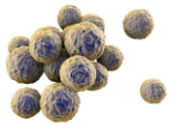
ECOLI

1



CDIFF

7



MSSA

1

Hand Hygiene

Participation	**97.27**
Compliance	**99.71**

Sepsis

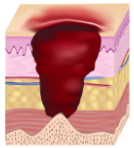
Screening Compliance	**82.18**
Sepsis 6 bundle compliance	**61.68**

ICE reports viewed

Radiology	**95.61**
Pathology	**83.55**

Falls per 1,000 bed days causing harm

1



Pressure Ulcers

All hospital acquired pressure ulcers	**15**
Serious incident pressure ulcers	**0**

Response Rate

A&E	**14.67**
Inpatients	**33.25**
Maternity	**19.23**
Outpatients	**10.80**

Recommended Rate

A&E	**70.90**
Inpatients	**96.04**
Maternity	**94.78**
Outpatients	**91.85**

HSMR 12 months rolling (March21) **98.64**

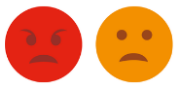
Mortality Reviews completed </=30 days (Nov-20) **35.50**

Risks overdue review **118**

Risks with overdue actions **178**

Discharged before midday

17.40



Complaints Responses </=25 days

88.89

Total Medicine incidents reported **111**

Medicine incidents causing harm (%) **3.60**

Putting Patients First 4ward

WORKFORCE COMPOSITION IN NUMBERS

NHS Worcestershire Acute Hospitals NHS Trust

July 2021

Employees

6,655

BAME employees

17.%

Part-time workers

45%

Female

82%

Registered nurses

1,883 (28%)

Registered midwives

266 (4%)

HCAs, helpers and assistants

1,291 (19%)

Doctors

699 (11%)

Other clinical and scientific staff

842 (13%)

>55

Over age 55

18%

≤30

30 years and under

20%

Staff with less than 2 years service

35%

Staff with 20 years service or over

10%