NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	14 September 2017
Paper number	Enclosure E1

Report provided: (√)							
For approval:		For assurance:	✓	To note:		For information:	

Finance & Performance Committee Report to Trust Board – Month 4

Accountable Director	Phil Mayhew Non-Executive Director
Presented by	Phil Mayhew Non-Executive Director
Author	Jill Robinson Chief Finance Officer Thekla Goodman FPC Committee Administrator

Alignment to the Trust's strategic priorities (√)	Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners	
	Invest and realise the full potential of our staff to provide compassionate and personalised care		Ensure the Trust is financially viable and makes the best use of resources for our patients	✓
	Develop and sustain our business			

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability		Operational Performance	✓
	Quality of Care		Finance and use of resources	✓
	Strategic Change		Stakeholders	

Report previously reviewed by N/A		
Committee/Group	Date	Outcome

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	P2.2 P4.1
Level of assurance and trend Finance, performance and capital – down; Winter Plan - level			
Significant	Limited down/level	None	

Worcestershire Acute Hospitals NHS Trust

Date of meeting	14 September 2017
Paper number	Enclosure E1

Purpose of report	The Finance & Performance Committee (FPC) met on Tuesday, 29 August 2017, the purpose of this report is to highlight the salient points discussed and agreed at the meeting.
Summary of key issues	The Trust has underperformed both financially and operationally which has resulted in the Trust missing key operational performance targets subsequently the Trust is £1.5m adrift of the pre STF plan as at Month 4.
Recommendations	The Board is asked to note: • The criticality of the Capital Programme situation and that the timing of receipt of loans is crucial. • The actions being taken to address the financial run rate through the implementation of the financial recovery plan and improve delivery against the cost improvement programme. • The actions being taken to facilitate better flow through the Trust by improving the discharge process. • The status of the business cases to improve RTT and Cancer trajectories. • The actions taken to improve Theatre Productivity.

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Date of meeting	14 September 2017
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FINANCE & PERFORMANCE COMMITTEE REPORT TO TRUST BOARD

1 Introduction

The Finance & Performance Committee (FPC) meets on a monthly basis to gain assurance that plans are in place to achieve the Trust's agreed Control Total and to deliver the operational performance targets. Achievement of both these items are critical in order to earn the Sustainability & Transformation Fund (STF) monies included within the overall forecast position.

The Committee met on 26 July 2017 (Month 3) and 29 August 2017 (Month 4).

2 Current situation

2.1 Capital Programme

The FPC received a verbal update from the Capital Prioritisation Group (CPG) meeting held on 24 August 2017 and noted that the Group is meeting monthly to manage the Capital Programme and ensure the Trust remains within its Capital Resource Limit (CRL).

The CPG primarily focuses on the management of 3 areas: the Trust's operational schemes ; the Acute Services Review project for which a Sustainability & Transformational Plan (STP) loan submission for £29.6m has been made and approved (but will not be received until 2018/19); and the Primary Care Streaming Services for which £920k has been received.

The Trust has 4 main categories within the Capital Programme (Developments, ICT, Property & Works and Equipment) and with Divisional input has prioritised those schemes deemed critical for business continuity (£3.8m). In addition to this, there are a number of other essential schemes that will require external sources of funding; in July the Trust submitted a loan application for £16.7m to address these other essential schemes.

The Committee noted the severity of the situation in that even if the Trust is successful in securing all or part of this loan, the timing of receipt is crucial in being able to successfully implement the schemes during this financial year. It was also noted that the development of the Acute Services Review (ASR) might also be compromised dependent on receipt of external funding in the current financial year.

Looking forward to 2018/19, the Divisions have been asked to submit their capital bids by end of September and once prioritised, the proposed programme for 2018/19 will be included within the first draft of the Operational Plan to be submitted in October 2017.

2.2 Financial Performance

As at Month 4, the Trust is reporting a year to date deficit of £17.7m which is £1.5m worse than plan. Without robust mitigation the Trust is at risk of not delivering the agreed control total.

Added to this the Trust has not earned £0.8m of the operational element of the STF and £0.6m of the financial element of the STF relating to 2017/18. This funding may be earned in a later period should the financial position recover. This has been partially offset by receipt of £0.4m of STF funding relating to 2016/17 performance. The contributing factors to the adverse position are the lack of delivery of the Cost Improvement Programme (CIP), the continuance of additional capacity (Evergreen) and higher than budgeted establishment in nursing and medical staffing.

To stem the adverse run rate, the Chief Finance Officer tasked the Divisions to develop and submit their individual recovery plans (underpinned by Quality Impact Assessments) to the Finance Department by 16.8.17 which will form the basis of the Trust's £21.1m overall Financial Recovery Plan. To date, £3.8m has been identified with a further £7.3m of potential opportunities. Urgent and rapid action is needed to accelerate this process with close monitoring thereafter to ensure delivery. The Chief Finance Officer will be holding targeted meetings within the next two weeks with each Divisional and Executive Budget Holder.

Similarly, urgent action to re-energise the identification of robust CIP schemes must be taken in parallel to the above work. The Strategic Programme Office (SPO) will hold individual meetings with the Divisional and Corporate leads to refresh the plans for viability and develop new schemes.

A review of the original Model Hospital plans has been undertaken and now contains quantitative information as to where opportunities exist and an initial review has identified the areas where the Trust needs to focus in 2017/18. The opportunities being scoped include Theatre Productivity Improvement Plan, Medical Recruitment Plan, Medical and Nurse rostering. The Committee agreed that the delivery of these larger transformational schemes were the areas that would make a significant positive impact and where the Trust needed to focus.

The progression of the Model Hospital work will eventually be a rolling programme that will underpin the Trust's medium term CIP plan going forwards.

2.3 Operational Performance

The Integrated Performance (Month 4) is presented separately on the agenda and highlights the Trust's position against its operational metrics – in terms of reporting, the Board is asked to confirm the level of detail it requires for future meetings.

In discussion, the FPC noted some marginal improvements on the operational targets, i.e. Referral to Treatment (RTT) and cancer and challenged that concerted effort would facilitate achievement of the Trust's own trajectories as a minimum. The 4 hour Emergency Access Standard (EAS) will take longer to recover.

The Chief Operating Officer referred to the high bed occupancy particularly at Worcestershire Royal Hospital (consistently over 100%) due to the higher number of admissions versus discharges. The Chief Operating Officer gave a brief synopsis of the actions taken to improve and sustain better flow through the Trust such as more effective use of the discharge lounge, 'hot clinics' to review patients in a better environment, smarter assessments of patients presenting to the Emergency Department to avoid un-necessary admittance and so on.

2.3.1 Business Cases to improve RTT and Cancer trajectories

The Committee noted that detailed weekly monitoring continues against milestone trackers and the panel will also make a judgement around the continuation of each scheme based on performance outcome; activity will be ceased immediately should it be decided that any of the business cases are not sustainable. It was noted that in some areas alternative measures had been pursued successfully outside of the business cases.

The Trust, being identified as one of the most challenged providers in 62 day cancer urgent referral to commencement of treatment, was invited to make a bid for additional funding and subsequently allocated £377,841. This money was granted to fund additional capacity in order to accelerate an improvement in performance to 80% by September 2017. This funding is subject to a number of criteria and there is a risk that the Trust does not hit the target by September and therefore would not receive the funding.

In order to ensure the improvements are made, there is intense focus, monitoring patient by patient and an escalation process in place to keep on track within the short timescale. It is expected that there will be underperformance in August and then an acceleration in September and once the backlog has been reduced it is expected that the Trust should maintain the target going forwards.

2.3.2 Theatre Productivity

As has been previously reported, the Theatre Improvement Programme was commissioned through PricewaterhouseCoopers to address theatre under utilisation and increase levels of activity. Specific opportunities were identified following which the Surgery Division successfully initiated a number of the actions and the Trust had begun to see improvement. However, the decision to suspend all non-urgent elective work through winter significantly impacted on the performance in the final quarter of 2016/17. From the start of the new financial year, the programme has been re-energised and a number of actions refreshed to ensure activity levels improve.

In June this year, the Trust engaged Edge Health to undertake an assessment of demand and implied capacity requirements for planned care. The key findings include that the Trust has adequate physical theatre capacity if fully utilised but bed availability does not appear to be aligned to where activity is scheduled.

To progress better efficiency a Theatre Productivity Working group has been established to undertake a radical review of the provision of theatre services to optimise utilisation. In addition to this there will be a facilitated theatre productivity mapping exercise in October with attendance from the Women & Children, Surgery and Specialised Clinical Services Divisions.

2.4 Other Committee Business

2.4.1 **Standing Financial Instructions and Scheme of Delegation**

The Committee received the draft Standing Financial Instructions and Scheme of Delegation for consideration.

Both documents were approved noting that further refinements would be undertaken over the next 6 months and that the Scheme of Delegation allowed flexibility of delegated financial limits at the Chief Financial Officer's discretion during times of financial recovery.

2.4.2 **Board Assurance Framework**

The Committee noted that risk R4.1, a sub-section of '*Ensure the Trust is financially viable and makes the best use of resources for patients'* had increased from 16 to 20 on the risk scoring matrix.

The risk narrative will be updated to demonstrate recent actions and mitigations.

3 Implications

- Failure to achieve the agreed control total will result in losing both the financial and operational elements of the STF.
- Non receipt of the capital loan bid places constraints around the available Trust capital allocation preventing safe decision making and could lead to unintended risk.
- Failure to achieve the required 4 hour Emergency Access Standard trajectory and associated milestones will result in loss of the operational element of the STF even if the financial element is secured.

4 Recommendations

The Board is asked to note:

- The criticality of the Capital Programme situation and that the timing of receipt of loans is crucial.
- The actions being taken to address the financial run rate through the implementation of the financial recovery plan and improve delivery against the cost improvement programme.
- The actions being taken to facilitate better flow through the Trust by improving the discharge process.
- The status of the business cases to improve RTT and Cancer trajectories.
- The actions taken to improve Theatre Productivity.

Compiled by
Jill Robinson
Chief Finance Officer

Director
Phil Mayhew
Finance & Performance Committee Chairman/
Non-Executive Director

NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	14 September 2017
Paper number	Enclosure E2

Report provided:							
For approval:		For assurance:	✓	To note:		For information:	

Financial Performance – Month 4 2017/18

Accountable Director	Jill Robinson Chief Finance Officer
Presented by	Katie Osmond Assistant Director of Finance
Author	Jo Kirwan Assistant Director of Finance Katie Osmond Assistant Director of Finance

Alignment to the Trust's strategic priorities (√)	Deliver safe, high quality, compassionate patient care		Design healthcare around the needs of our patients, with our partners	
	Invest and realise the full potential of our staff to provide compassionate and personalised care		Ensure the Trust is financially viable and makes the best use of resources for our patients	✓
	Develop and sustain our business			

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability		Operational Performance	
	Quality of Care		Finance and use of resources	✓
	Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Finance & Performance Committee	29.8.17	

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y/N	BAF number(s)	R4.1
Level of assurance and trend (up/down/level)			
Significant (up/down/level)	Limited (up/down/level)	None (up/down/level)	

NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	14 September 2017
Paper number	Enclosure E2

Purpose of report	The purpose of this paper is to update the Board of Directors on the financial performance of the Trust.
Summary of key issues	The Trust has recorded a deficit of £17.7m pre STF for the first four months of 2017/18 financial year which is £1.5m worse than plan. Inclusion of the STF from Q1 reduces the YTD deficit to £16m against a plan of £13.5m resulting in a £2.5m adverse variance to plan. This adverse position is largely driven by non-delivery of CIP and the provision of additional capacity.
Recommendations	The Board is asked to note: The financial position, recognising that the underlying deficit remains high compared to plan and that without robust mitigation via the financial recovery actions, the Trust is at risk of not delivering its agreed control total.

Date of meeting	14 September 2017
Paper number	Enclosure E2

Financial Performance – Month 4 2017/18 Report to Trust Board

1 Introduction

The purpose of this paper is to update the Board on the financial performance of the Trust.

2 Current Situation

2.1 Income and Expenditure

At the end of July the Trust is reporting an in month pre Sustainability and Transformational Fund (STF) deficit of £5.1m, which is £1.5m worse than plan. Inclusion of the STF increases the adverse variance by a further £0.8m due to lost STF from performance (£0.2m) and finance (£0.6m).

This has increased the year to date (YTD) deficit to £17.7m pre STF which is £1.5m worse than plan. Inclusion of the STF from Q1 reduces the YTD deficit to £16m against a plan of £13.5m resulting in a £2.5m adverse variance to plan.

The Trust entered July with a £4.6m underlying monthly run rate deficit. We had predicted an adverse variance against plan of £1m primarily due to CIP delivery. In July the run rate increased by £0.5m to £5.1m The key drivers of this increase are:

- Temporary Medical Staffing £0.3m - backfill for annual leave and prior month's shifts booked directly by the Divisions as opposed to the central team. The Trust is working with HCL to pull together a plan to maximise its potential for savings. This will focus on mandating that all bookings are to be administered through the centralised team. This was agreed by TLG on the 16th August 2017.
- RTT business case costs £0.1m for a General Surgeon and Endoscopy outsourcing.
- CIP schemes targeted against a further reduction in agency have not materialised with overall CIP delivery plateauing.

The underlying run rate (excluding non-recurrent items) in July is £4.8m, an increase of £0.2m compared to the Q1 average. This is primarily driven by the RTT business case expenditure.

As noted above, despite the planned level of CIP increasing in July aligned to agency reduction, the actual level of CIP delivery has plateaued. In July the Trust had a plan to deliver £1.6m of savings and has achieved £0.6m resulting in a £1m adverse variance. £0.5m of this is due to unidentified schemes with the remainder due to slippage. YTD the Trust had a plan to deliver £4.5m of savings and has achieved £2.5m resulting in an £2m adverse variance. £1.4m of this is due to insufficient schemes with the remainder due to slippage. The Trust continues to strengthen its CIP governance and has established a Model Hospital Programme Board. The Trust is also targeting a number of high return schemes. These include electronic rostering for medical staffing and theatre productivity.

At the end of Q1 the Trust presented a downside forecast indicating a year end deficit in 2017/18 of £63.8m without mitigation, exceeding the annual plan of £42.7m by £21.1m.

Following the July Committee, the Chief Finance Officer (CFO) wrote out to all of the Executive Directors and Divisional triumvirate management teams to formally request a financial recovery plan be submitted to Finance by the 16th August.

The total value of the financial recovery plans submitted stands at £3.8m. Divisions have identified an additional £7.3m of potential opportunities to further support closure of the gap.

Urgent and rapid action is being undertaken to accelerate this process with close monitoring thereafter to ensure delivery. The CFO is holding targeted meetings in early September with each Divisional and Executive Budget Holder.

2.2 Capital

The Trust has £3.768m of available internally generated capital funding; Finance and Performance Committee (FPC) approved the commencement of the prioritised schemes in 2017/18, as recommended by the Capital Prioritisation Group.

The loan application for 2017/18 was submitted in July 2017 for £16.721m based on the current capital plan.

If the loan is not received then the Trust will have to review and rationalise the capital programme further to live within the available funding. This will result in only the most critical schemes progressing in 2017/18.

2.3 Cash

The Trust's plan requirement for interim revenue support for 2017/18 is £31.2m. This is based on receiving £12.7m Sustainability and Transformation Funding (STF).

Year to date the Trust has received £8.5m of STF cash against an annual requirement of £12.7m. These receipts are from STP payments from Q4 16/17 and year-end bonus payments received in July.

Should the Trust not achieve the A&E standard, then no extra cash is expected to be required due to the higher than anticipated 2016/17 STF receipts. However if the Trust were to fail to achieve the STF control total then a higher level of interim support would be required and the Trust would need to negotiate this with the Department of Health. Additionally, the Trust would also need to manage the level of shortfall against the control total.

3 Implications

- Failure to achieve the agreed control total will result in losing the entitlement to receiving STF.
- Non receipt of the capital loan places constraints around the available Trust capital allocation and will require further prioritisation of the capital programme.
- Failure to achieve agreed operational targets/trajectories will result in losing the operational element of the STF.
- A continuation in the current run rate further enforces the financial instability in the Trust. Further regulatory intervention will occur to address the financial run rate should this deteriorate.

4 Recommendations

The Board is asked to note:

The financial position, recognising that the underlying deficit remains high compared to plan and that without robust mitigation via the financial recovery actions, the Trust is at risk of not delivering its agreed control total.

Compiled by
Jo Kirwan – Assistant Director of Finance
Katie Osmond – Assistant Director of Finance

Director
Jill Robinson – Chief Finance Officer

Report to Trust Board

Worcestershire Acute Hospitals NHS Trust

Finance Report

Jill Robinson

Chief Finance Officer

14th September 2017

July 2017

Month 4

Income & Expenditure Overview – M4

Worcestershire Acute Hospitals NHS Trust

In the month of July the Trust is reporting an in month pre Sustainability and Transformational Fund (STF) deficit of £5.1m, this is £1.5m worse than plan.

This has increased the year to date (YTD) deficit to £17.7m pre STF which is £1.5m worse than plan.

The month 4 deficit plan reduced by £0.5m aligned to CIP plans targeted against agency reduction that have not materialised.

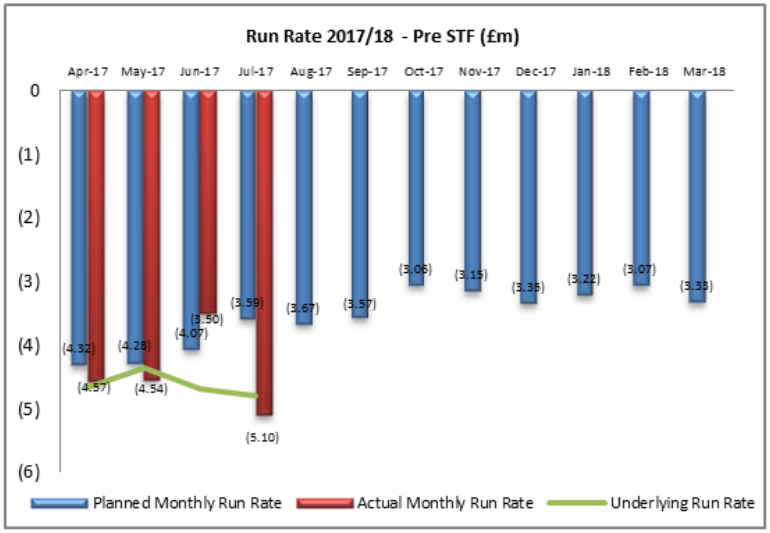
The run rate increased in July predominately due to temporary medical expenditure and costs supporting RTT delivery.

The underlying run rate in July is £4.8m and continues to run at a level significantly higher than plan .

In Month

Income & Expenditure	July 17 (Month 4)			Year to Date		
	Plan £000s	Actual £000s	Var £000s	Plan £000s	Actual £000s	Var £000s
Operating Revenue & Income						
Patient Care Revenue (pre STF)	26,919	27,021	102	106,899	108,777	1,878
Other Operating Income	2,176	2,197	21	8,937	9,114	177
Non PBR Drugs	3,029	3,108	79	12,568	12,262	(306)
Non PBR Devices	241	332	91	1,038	1,158	120
Total Operating Revenue pre STF	**32,365**	**32,658**	**293**	**129,442**	**131,311**	**1,869**
Operating Expenses						
Pay	(21,077)	(22,203)	(1,126)	(85,857)	(88,235)	(2,378)
Non Pay	(9,432)	(10,060)	(628)	(38,057)	(38,998)	(941)
Non PBR Drugs	(3,161)	(3,106)	55	(12,648)	(12,264)	384
Non PBR Devices	(264)	(288)	(24)	(1,060)	(1,137)	(78)
Total Operating Expenses	**(33,935)**	**(35,657)**	**(1,722)**	**(137,622)**	**(140,634)**	**(3,012)**
EBITDA *	**(1,570)**	**(2,999)**	**(1,430)**	**(8,180)**	**(9,323)**	**(1,143)**
EBITDA %	-4.8%	-9.2%		-6.3%	-7.1%	
Depreciation	(646)	(928)	(282)	(3,318)	(3,705)	(387)
Net Interest, Dividends & Gain/(Loss) on asset disposal	(1,376)	(1,182)	195	(4,765)	(4,712)	53
Reported Total Surplus / (Deficit)	**(3,592)**	**(5,109)**	**(1,517)**	**(16,263)**	**(17,740)**	**(1,477)**
Less Impact of Donated Asset Accounting	4	10	6	15	40	25
Surplus / (Deficit) against Control Total pre STF	**(3,588)**	**(5,099)**	**(1,511)**	**(16,248)**	**(17,700)**	**(1,452)**
STF	844	0	(844)	2,743	1,749	(994)
Surplus / (Deficit) against Control Total inc STF	**(2,744)**	**(5,099)**	**(2,355)**	**(13,505)**	**(15,951)**	**(2,446)**
*EBITDA = earnings before interest, tax, depreciation and amortisation						

Monthly (Deficit) / Surplus Run Rate



At the end of July the Trust is reporting an in month pre Sustainability and Transformational Fund (STF) deficit of £5.1m, which is £1.5m worse than plan. Inclusion of the STF increases the adverse variance by a further £0.8m due to lost STF from performance (£0.2m) and finance (£0.6m).

This has increased the year to date (YTD) deficit to £17.7m pre STF which is £1.5m worse than plan. Inclusion of the STF from Q1 reduces the YTD deficit to £16m against a plan of £13.5m resulting in a £2.5m adverse variance to plan.

The Trust entered July with a £4.6m underlying monthly run rate deficit. We had predicted an adverse variance against plan of £1m primarily due to CIP delivery. In July the run rate increased by £0.5m to £5.1m The key drivers of this increase are:

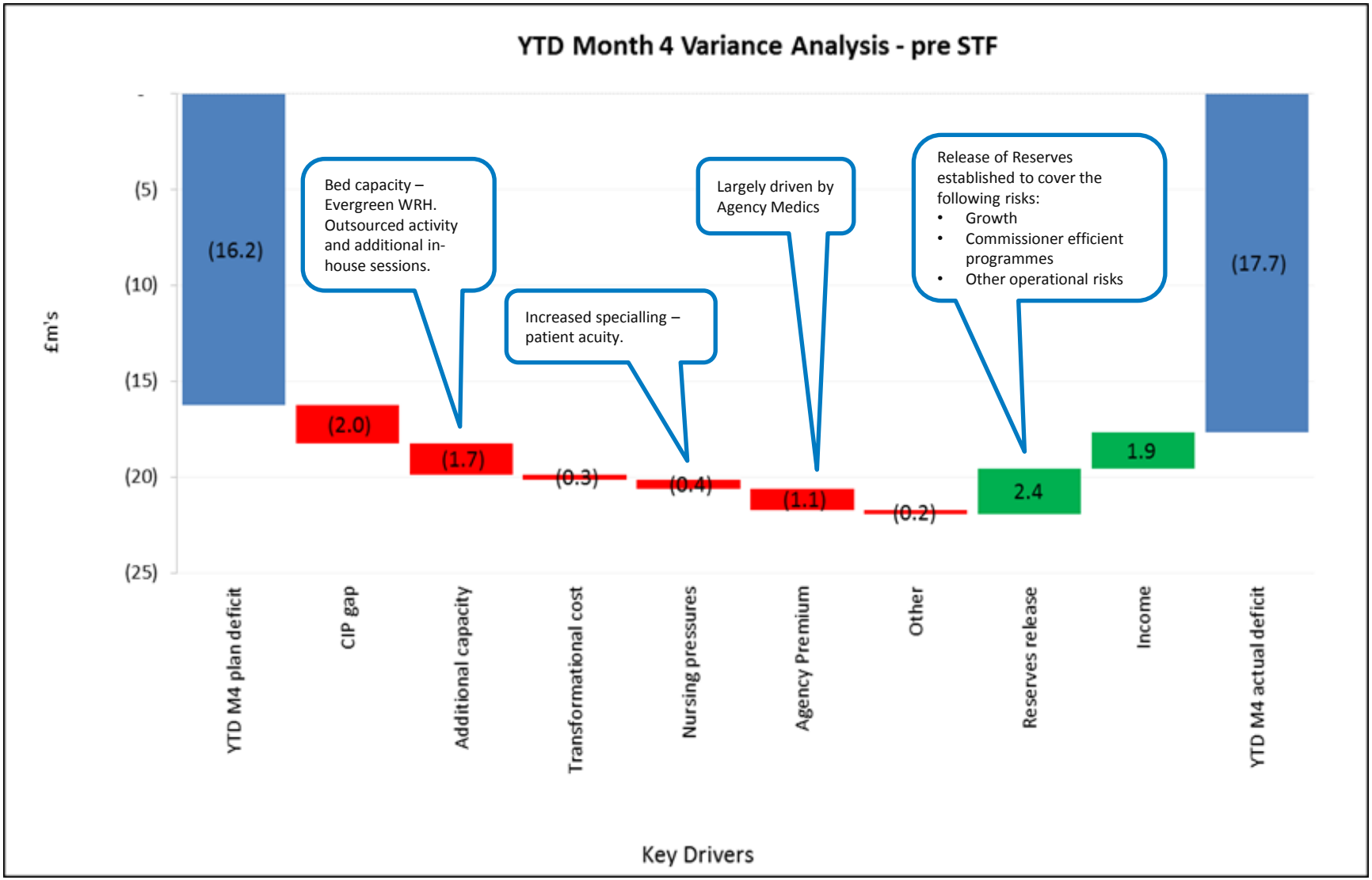
- Temporary Medical Staffing £0.3m - backfill for annual leave and prior month's shifts booked directly by the Divisions as opposed to the central team. The Trust is working with HCL to pull together a plan to maximise its potential for savings. This will focus on mandating that all bookings are to be administered through the centralised team. This was agreed by TLG on the 16th August 2017.
- RTT business case costs £0.1m for a General Surgeon and Endoscopy outsourcing. Performance and return on investment continues to be monitored via the weekly Executive led RTT business case meet.
- CIP schemes targeted against a further reduction in agency have not materialised with overall CIP delivery plateauing.

The underlying run rate in July is £4.8m, an increase of £0.2m compared to the Q1 average primarily driven by the RTT business case expenditure.

A breakdown of the key variances to plan at the end of July are detailed on page 3.

2017/18 - Key Variances pre STF

Worcestershire Acute Hospitals NHS Trust



Income - Summary

Worcestershire Acute Hospitals NHS Trust

Income including STF was £0.6m below plan in July. Excluding STF it was £0.3m above plan.

Inpatients were £0.9m favourable In July:

An improvement in activity for both Day cases 10% and Electives 4% above plan
Emergencies continue to over perform due to limited impact/ delays in the CCGs implementing their QIPPs

Outpatients £0.1m favourable, Maternity £0.2m adverse and Other Contract Income £0.3m adverse

STF £0.8m adverse ; Trust has not achieved the financial control and performance Target.

Income – The combined total reported income (including STF) was £0.9m favourable against the YTD plan. Prior to STF funding there was an income over performance of £1.9m at the end of July. In month there was a £0.6m adverse variance to plan(pre STF £0.3m favourable).

Key movements in July :

- **Inpatients £0.9m favourable** – Emergencies £0.4m, Day case £0.3m and Electives £0.2m were favourable against plan.
  - Emergencies continue to over perform due to limited impact/delays in the CCGs implementing their QIPPs.
  - Day case activity was 10% above plan; Gastro £123k(endoscopies above plan due to increased staffing) and Haem/Oncology £73k (increased activity levels).
  - Elective activity 4% above plan; General Surgery £84k (747 cases more than plan), Urology £33k and Gynae £16k.
- **Outpatients £0.1m favourable (activity 6% above plan**) – Rheumatology £43k; higher activity as a result of increased staffing levels. Haem £22k, ENT £29k and General Surgery £24k were all above their activity plans.
- **Maternity £0.2m adverse** – Deliveries (£67k) and Post & Ante natal visits (£147k). However the plan includes 2% growth whereas births have remained static over the past 12 months.
- **Other Contract Income £0.3m adverse** – Other contractual adjustments ; fines and reconciliation queries.
- **STF Funding £0.8m adverse** – The financial control(70%) and performance element(30% - Emergency Access Standard) targets have not been achieved in month(see STF slide).

CQUINs – Total CQUIN is worth £7.5m; Worcestershire CCGs £6.2m; Associate CCGs £0.5m and NHS England £0.8m. Q1 CQUIN submissions have been sent to commissioners at the end of July (waiting feedback). Failure to delivered the CQUIN targets will result in a risk to payments, albeit the £6.2m for the Worcestershire CCGs is mitigated through the cap/collar arrangement(see CQUIN slide).

Fines - includes £58k for fines expected from Commissioners relating to 2 week cancer waits & mixed sex breaches (outside STF regime).

By Commissioner: Over-performance reported against Worcestershire CCG contract(see cap/collar slide). NHS England (Prescribed Services/Dental/Screening) contract is 4% above plan YTD. Associate contracts are showing a 1% under performance. Non Contract /Out of Area activity is over performing above planned levels YTD by £311k.

	In Month				YTD				Full Year
	Plan £'000	Actual £'000	Var £'000	% £'000	Plan £'000	Actual £'000	Var £'000	% £'000	Initial Plan £'000
Inpatient	12,166	13,057	892	7%	49,094	51,490	2,396	5%	148,739
Outpatient	3,539	3,652	113	3%	14,422	14,526	104	1%	43,635
ED/MIU	1,838	1,846	8	%	7,087	7,205	118	2%	20,861
Maternity	2,179	1,965	(215)	(10%)	8,751	8,097	(655)	(7%)	26,024
Paediatrics	1,238	1,021	(218)	(18%)	4,922	4,524	(399)	(8%)	14,923
Other	9,231	8,920	(311)	(3%)	36,229	36,357	128	%	107,324
Patient Care Income	**30,192**	**30,461**	**269**	**1%**	**120,505**	**122,198**	**1,692**	**1%**	**361,507**
Other Operating Income	**2,176**	**2,197**	**21**	**1%**	**8,937**	**9,114**	**177**	**2%**	**27,155**
Patient Care & Other Operating Income	**32,368**	**32,658**	**290**	1%	**129,442**	**131,311**	**1,869**	1%	**388,662**
STF	**844**	**0**	**(844)**	**(100%)**	**2,743**	**1,749**	**(994)**	**(36%)**	**12,663**
Total Income	**33,212**	**32,658**	**(554)**	**-2%**	**132,185**	**133,060**	**875**	**1%**	**401,325**

Note table above is under standard PbR and for Worcestershire CCG's does not reflect cap/collar position.

Pay Expenditure

Worcestershire Acute Hospitals NHS Trust

Pay expenditure in July was £22.2m, an over spend against plan of £1.1m.

- Substantive pay spend was £18.9m (inc additional sessions)
- Bank pay spend was £1.6m (see page 6).
- Agency pay spend was £1.8m (see page 6).

The overall pay run rate increased in July compared to June by £0.3m predominately due to annual leave cover and prior month expenditure.

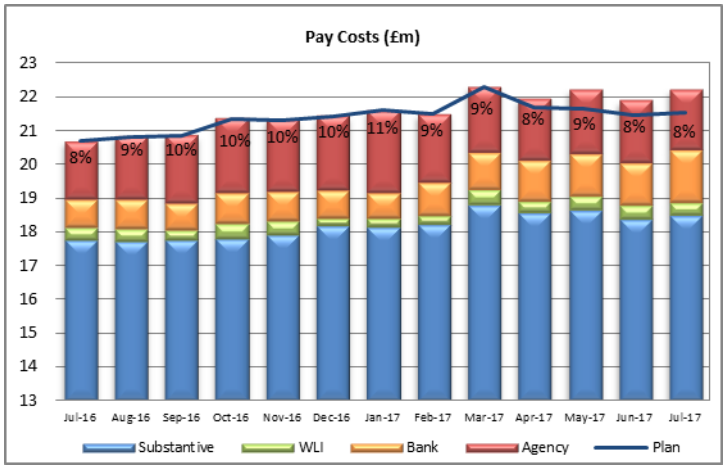
The underlying pay position is £22.2m, an increase of £0.1m due to RTT expenditure. This run rate continues to be in excess of the 2016/17 Q3 average primarily driven by the provision of additional bed capacity.

Month 4

In July total pay expenditure was £22.2m, which is an adverse variance to plan of £1.1m. YTD the Trust is reporting a pay position of £88.2m, a £2.4m over spend against plan.

The over spends on Temporary Medics and Nursing continue to be partially offset by under spends on substantive lines, mainly due to vacancies.

FT Subjective	Jul-17			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Medics - Consultants	(3,730)	(3,450)	280	(15,101)	(13,670)	1,430
Medics - Other	(2,298)	(1,715)	584	(9,233)	(6,952)	2,280
Medics - Agency / Bank	(214)	(1,870)	(1,656)	(1,545)	(6,768)	(5,223)
Total Medics Pay	**(6,243)**	**(7,035)**	**(792)**	**(25,878)**	**(27,390)**	**(1,512)**
Non Clinical	(3,350)	(3,265)	85	(13,530)	(12,745)	785
Non Clinical - Agency / Bank	(24)	(124)	(99)	(155)	(597)	(442)
Total Non Clinical Pay	**(3,375)**	**(3,389)**	**(15)**	**(13,685)**	**(13,342)**	**343**
Nursing & Midwifery	(8,192)	(7,593)	599	(33,220)	(30,831)	2,389
Nursing & Midwifery - Agency / Bank	(45)	(1,238)	(1,193)	(580)	(4,775)	(4,194)
Total Nursing Pay	**(8,237)**	**(8,831)**	**(594)**	**(33,800)**	**(35,605)**	**(1,805)**
ST&T	(2,851)	(2,749)	102	(11,579)	(11,038)	541
ST&T - Agency / Bank	19	(120)	(139)	76	(536)	(612)
Total ST&T Pay	**(2,832)**	**(2,868)**	**(36)**	**(11,503)**	**(11,574)**	**(71)**
Other	(390)	(79)	311	(990)	(323)	668
Total Other Pay	**(390)**	**(79)**	**311**	**(990)**	**(323)**	**668**
TOTAL PAY	**(21,077)**	**(22,203)**	**(1,126)**	**(85,857)**	**(88,235)**	**(2,378)**



Percentages shows proportion of agency spend against total spend.

Consultants

Under spends on substantive consultants, both in month and YTD, are due to ongoing vacant posts. Favourable variances against substantive posts are offset by the costs incurred by bank and agency staff to cover these vacancies. Consultant spend increased in month by £36k, of which £25k was in SCSD for additional on call PAs in Microbiology.

Medics Other

Within other medical staffing, in month under spends on the substantive pay line reflect the ongoing vacancies across all Divisions. This is mainly within Medicine & Surgery, particularly A&E, Diabetes, General Surgery and T&O. However Paediatrics, Gynaecology and Anaesthetics also have a significant level of vacancies. Temporary staffing budget lines are based on the premium element of covering posts.

The overall medics adverse variance is driven by non delivery of CIP schemes, particularly across agency and the premium cost of agency medics. Covering vacancies

Nursing

In month substantive nursing costs were consistent with last month at £7.6m, an under spend of £0.6m against plan. However, these under spends due to vacancies are being partly offset within Surgery due to rostering over and above funded establishments. The four most over spent Surgical wards are under fortnightly escalation to the Divisional Nursing Director. Rosters have been amended and staff reassigned to reduce reliance on bank / agency.

The cost of covering vacancies and the provision of additional capacity on the agency/bank lines increases total nursing costs for July to £8.8m. The pay variance is further compounded this month due to non delivery of CIP plans resulting in a £0.6m adverse variance against plan.

Other

Contained within "Other" is a CIP and phasing adjustment reconciling the overall Trust budget to the plan submitted to NHSI. Actual spend on this line relates to the Apprenticeship Levy charge.

Temporary Pay Expenditure

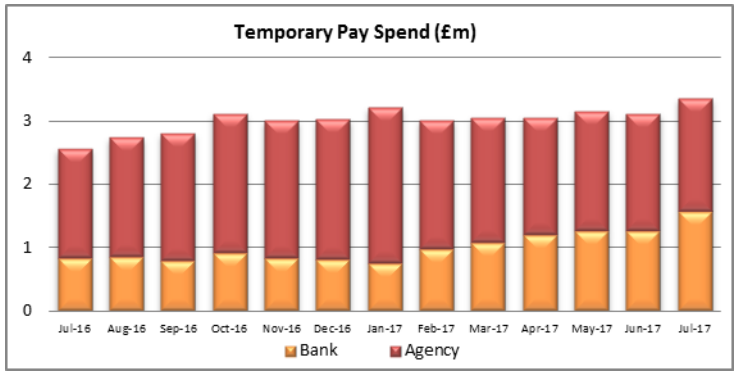
Worcestershire Acute Hospitals NHS Trust

It is important to recognise that the Trust set an internal agency Target for 17/18 of £17.3m.

NHSI set the Trust an annual agency expenditure ceiling for 2017/18 of £22.9m.

At the end of July, total agency spend is £7.37m and represents 8.3% of gross staff costs. This is a £0.27m under the YTD agency ceiling of £7.64m.

As part of the NHSI requirement for a year on year reduction in medical agency, the Trust was set an additional reduction target. At the end of July the YTD medical agency reduction target is £3.46m. The Trust is reporting YTD medical agency expenditure of £3.74m, £0.28m over target.



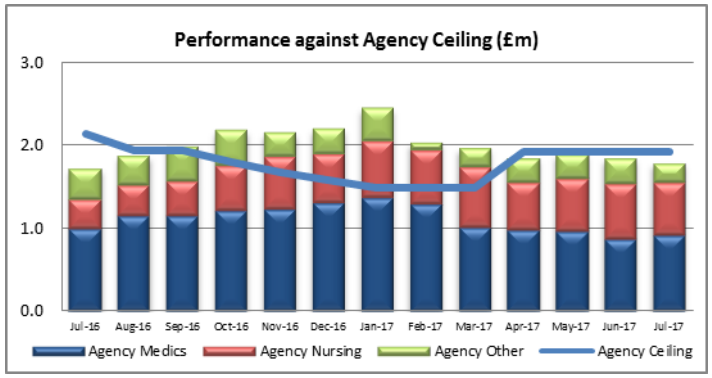
The Trusts spend on its temporary workforce of £3.4m in July is an increase of £0.3m compared to June. This is predominantly driven by cover for annual leave and prior months shifts booked directly by Divisions. The underlying run rate is consistent with Q1.

Agency staffing in month 4 was £1.8m, this is a reduction of £53k compared to last month and is £120k under the monthly NHSI agency ceiling . The agency position includes the release of a provision that covers accumulated employers costs that were paid to bank staff in July. This explains the inflated bank position .

Although agency reports a reduction, within medical agency in particular the Trust has incurred costs as a result of annual leave and prior shifts booked directly by the Divisions as opposed to the central team. The Trust is working with HCL to pull together a plan to maximise its potential for savings on its temporary medical workforce which includes mandating that all bookings are to be administered through the centralised team. This was agreed by TLG on the 16th August 2017.

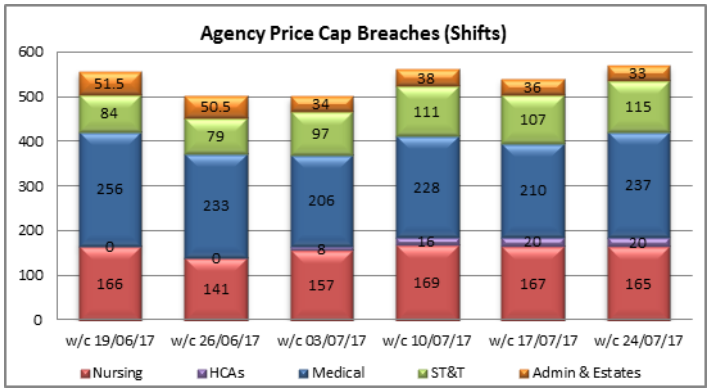
Nursing agency spend has reduced by £27k in month. The majority of this is with Surgery and Medicine. Surgery have seen an £8k reduction on specialing, and both Medicine and Surgery have seen a reduction in agency use following an increase in bank use.

Non clinical and ST&T agency spend have also both reduced this month compared with last month, by £46k and £2k respectively.



Agency Price Cap and Frameworks Compliance

The Trust is obliged to comply with mandatory price caps and approved frameworks for procuring agency staff. In cases where a framework is not used to procure an agency shift these "overrides" are reported to NHSI.



The chart above includes price cap performance only.

Weekly price cap breaches have generally increased over the last couple of weeks, within most staff groups, but particularly within Medics and HCAs. This increase can also be seen within the spend within these staff groups. The Trust is taking steps to mitigate this through financial recovery plans.

Non Pay Expenditure

Worcestershire Acute Hospitals NHS Trust

In July non pay expenditure was £13.5m, an over spend against plan of £0.6m.

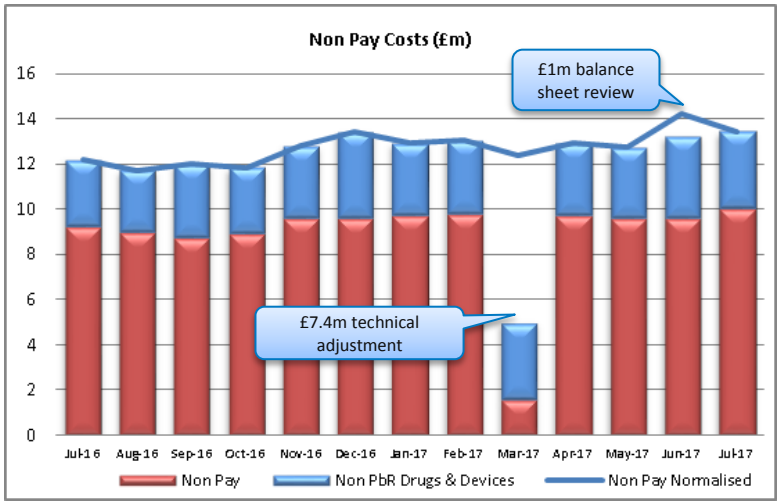
Overall, the key driver of the ytd adverse position is reported within clinical supplies and services driven by increased activity and the cost of outsourcing activity by the T&O and Radiology Directorates.

Month 4

In July total non pay expenditure, excluding depreciation, PDC and interest payable, was £13.5m. Including these items total non pay expenditure is £15.6m.

Non pay expenditure is over plan by £0.7m in month and £1m YTD. The largest

FT Subjective	Jul-17			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Clinical Supplies & Services	(3,226)	(3,500)	(273)	(13,432)	(14,144)	(712)
Drugs	(692)	(705)	(13)	(2,775)	(2,815)	(40)
Non PbR Drugs	(3,161)	(3,106)	55	(12,648)	(12,264)	384
Non PbR Devices	(264)	(288)	(24)	(1,060)	(1,137)	(78)
Establishment Expenses	(366)	(417)	(51)	(1,468)	(1,411)	58
General Supplies & Services	(613)	(763)	(150)	(2,452)	(3,014)	(562)
Other	(4,536)	(4,674)	(138)	(17,930)	(17,615)	315
TOTAL NON PAY	**(12,858)**	**(13,454)**	**(595)**	**(51,764)**	**(52,399)**	**(635)**
Depreciation	(646)	(928)	(281)	(3,318)	(3,705)	(387)
PDC - Dividend	86	(30)	(116)	0	(120)	(121)
Interest Payable	(1,463)	(1,159)	304	(4,774)	(4,607)	167
Impairment Losses	0	0	0	0	0	0
GRAND TOTAL	**(14,882)**	**(15,571)**	**(689)**	**(59,855)**	**(60,832)**	**(976)**



Clinical Supplies & Services

Expenditure on clinical supplies & services was £3.5m in July, a reduction of £0.2m compared to last month . This reduction was driven by a reduction in prosthesis activity and the profiling of the weekly 'top up' of clinical supplies from stores (4 weeks in July as opposed to 5 in June).

The ytd adverse variance is reported against the following key areas:

- Increased activity across Cardiology, Gastro and respiratory represent £0.3m of the adverse YTD variance.
- Outsourced T&O (outside RTT business case) activity explains a further £0.2m. This has now ceased where TCI date was not already agreed with patients.
- Radiology £0.2m due to outsourced reporting as a result of the switch of the 2nd CT scanner at WRH to inpatient activity to support flow. The SCSD division are assessing the benefits of continuing to utilise the 2nd CT scanner for inpatient work.

General Supplies & Services

In month and year to date over spends are largely due to the reclassification of consultancy expenditure in line with NHSI reporting. Budgets for this expenditure are currently held within the "Other" line and need to be re aligned accordingly. This will be actioned quarter 2.

As the year progresses it is necessary to make budget adjustments to the submitted Trust plan and to reallocate reserves as assumptions change. Contained within the "Other" line is Reserves, which contains CIP and phasing adjustments reconciling the overall Trust budget to the plan submitted to NHSI.

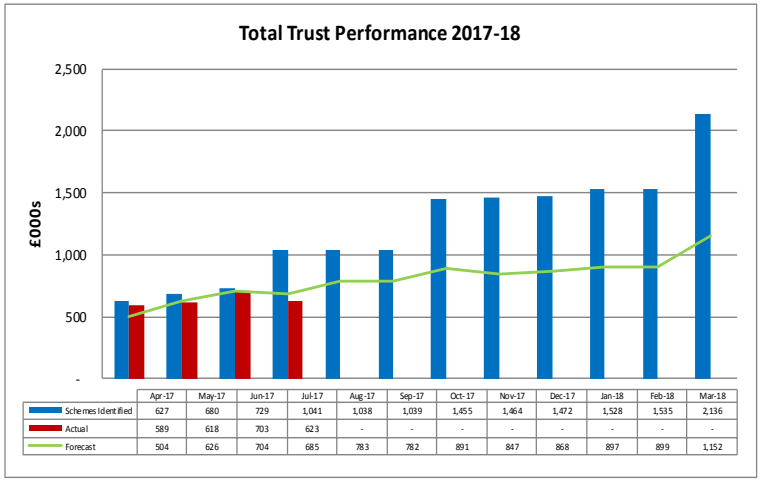
Cost Improvement Programme (CIP)

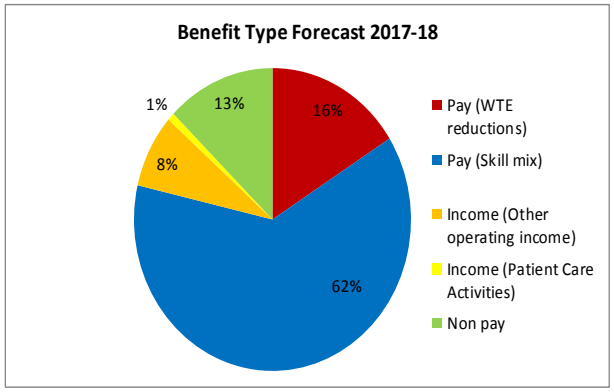
Worcestershire Acute Hospitals NHS Trust

The financial plan assumes efficiency savings of £20.9m (5.3% turnover) are delivered in 2017/18.

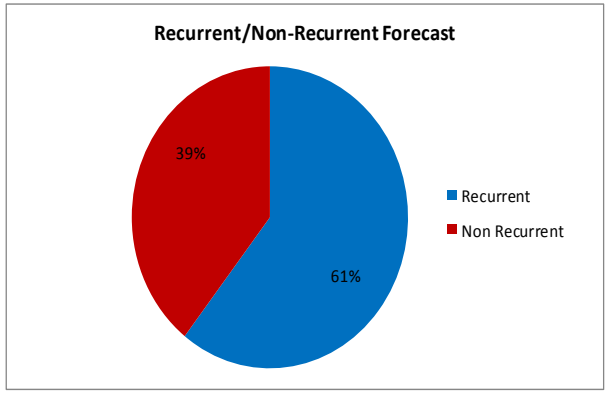
The Trust has schemes totalling £14.7m. This is an increase of £0.8m compared to June, predominately due to the addition of procurement schemes.

The value of unidentified schemes has increased from £4.5m to £6.2m which is largely driven by the contract negotiation scheme within AMIT. These plans did not develop in 2017/18 and have been moved into 2018/19.





Month	Plan	Schemes Identified (£'000)	Actual / Forecast (£'000)	Variance to Plan (£'000)	Variance to Schemes (£'000)
Apr-17	941	627	589	(352)	(38)
May-17	977	680	618	(359)	(62)
Jun-17	1,014	729	703	(311)	(26)
Jul-17	1,575	1,041	623	(952)	(418)
Aug-17	1,580	1,038	783	(797)	(255)
Sep-17	1,598	1,039	782	(816)	(257)
Oct-17	2,146	1,455	891	(1,255)	(564)
Nov-17	2,153	1,464	847	(1,306)	(617)
Dec-17	2,161	1,472	868	(1,293)	(603)
Jan-18	2,213	1,528	897	(1,316)	(631)
Feb-18	2,244	1,535	899	(1,345)	(636)
Mar-18	2,298	2,136	1,152	(1,146)	(984)
	20,900	**14,744**	**9,653**	**(11,247)**	**(5,091)**



Balance Sheet

Worcestershire Acute Hospitals NHS Trust

The Balance Sheet is variant to plan by £9.1m.

The Trust held cash of £10.2m, which is variant from plan by £8.3m. This is due to receipt of STF funding Qtr4 of the last financial year, which is part of August cash flow.

July

	Budget £000s	Actual £000s	Fav/(Adv) £000s	Annual £000s	Forecast £000s	Fav/(Adv) £000s
Assets						
Property, Plant and Equipment, non current	166,762	169,443	2,681	177,152	185,410	8,258
PFI Property, plant & equipment, non current	77,602	82,411	4,809	77,316	85,076	7,760
Intangible Assets, non current	3,649	3,455	(194)	3,768	3,768	0
Trade and Other Receivables, non current	2,196	2,648	452	2,204	2,204	0
Total Non Current Assets	**250,209**	**257,958**	**7,749**	**260,440**	**276,458**	**16,018**
Inventories	6,020	8,173	2,153	5,625	5,625	0
Trade and Other Receivables, current	22,555	22,432	(123)	9,463	12,779	3,316
Other Assets, Current	7,013		(7,013)	3,316	0	(3,316)
Cash and Cash Equivalents	1,900	10,218	8,318	1,900	1,900	0
Assets Held for Sale	840	570	(270)	0	0	0
Total Current Assets	**38,328**	**41,393**	**3,065**	**20,304**	**20,304**	**0**
Total Assets	**288,537**	**299,351**	**10,814**	**280,744**	**296,762**	**16,018**
Current Liabilities						
Trade and Other Payables	(36,716)	(43,570)	(6,854)	(20,054)	(30,025)	(9,971)
Borrowings PFI	(1,293)	(1,294)	(1)	(2,106)	(2,106)	0
DH Revenue Support Loan	(1,334)	(1,334)	0	(39,506)	(39,506)	0
DH Capital Loan	(2,436)	(2,693)	(257)	(2,689)	(2,689)	0
Interest payable on DH Loans	0	(440)	(440)	0	0	0
Provisions	(727)	(944)	(217)	(618)	(618)	0
Other Liabilities	(882)	(889)	(7)	(494)	(494)	0
Total Current Liabilities	**(43,388)**	**(51,165)**	**(7,777)**	**(65,467)**	**(75,438)**	**(9,971)**
Net Current Assets/(Liabilities)	**(5,060)**	**(9,771)**	**(4,711)**	**(45,163)**	**(55,134)**	**(9,971)**
Non Current Liabilities						
Borrowings PFI	(70,114)	(62,810)	7,304	(68,008)	(60,704)	7,304
DH Revenue Support Loan	(124,038)	(124,034)	4	(102,344)	(102,344)	0
DH Capital Loan	(25,055)	(24,798)	257	(35,532)	(35,532)	0
Provisions	(1,429)	(2,985)	(1,556)	(1,653)	(3,428)	(1,775)
Other Liabilities	(3,306)	(3,252)	54	(3,011)	(3,011)	0
Total Non-Current Liabilities	**(223,942)**	**(217,878)**	**6,064**	**(210,548)**	**(205,019)**	**5,529**
Total Assets Employed	**21,207**	**30,308**	**9,101**	**4,729**	**16,305**	**11,576**
Financed by Taxpayers Equity:						
Public Dividend Capital	185,017	185,017	(0)	185,017	185,017	0
Revaluation reserve	54,320	59,107	4,787	54,320	59,107	4,787
Other reserves	(861)	(861)	0	(861)	(861)	0
I&E Reserve - Breakeven Performance	(179,961)	(175,647)	4,314	(196,439)	(189,650)	6,789
I&E Reserve - IFRS Transition and non breakev	(37,308)	(37,308)	0	(37,308)	(37,308)	0
Total Taxpayers Equity	**21,207**	**30,308**	**9,101**	**4,729**	**16,305**	**11,576**

Cash

At the end of July the cash position was £10.2m.

Interim Support/Borrowings

The Trust's plan requirement for interim revenue support for 2017/18 is £31.2m, which is reduced by £12.6m from £43.8m, as the Trust is supported with Sustainability and Transformation Funding (STF) if it delivers to its plan. However, at this stage the Trust does not need to borrow against future STF payments.

Total current and non-current borrowings are summarised in the table below.

	Borrowing Balances		
	Capital £000s	Revenue £000s	Total £000s
Radiotherapy Loan	18,782		18,782
IT Infrastructure Loan	2,970		2,970
Emergency Department Loan	3,169		3,169
Capital Emergency Loan	2,570		2,570
Interim Revenue Support Loan		125,368	125,368
PFI Borrowings	64,104		64,104
Total borrowing	**91,595**	**125,368**	**216,963**

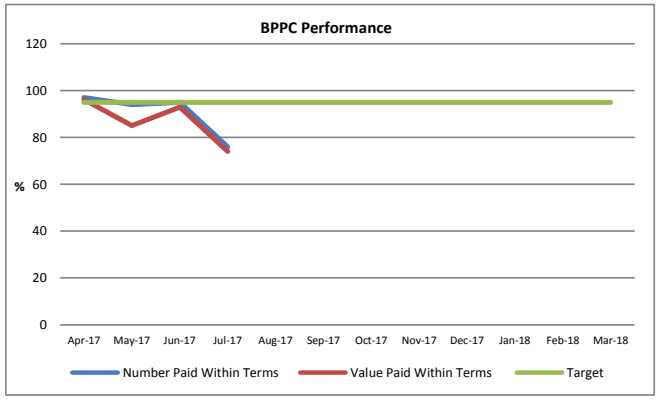
The Trust has not needed to draw down on loan facility in August. However, the August draw down facility of £2,825k will be required for September in addition to the September draw down facility of £2,720k.

Working Capital

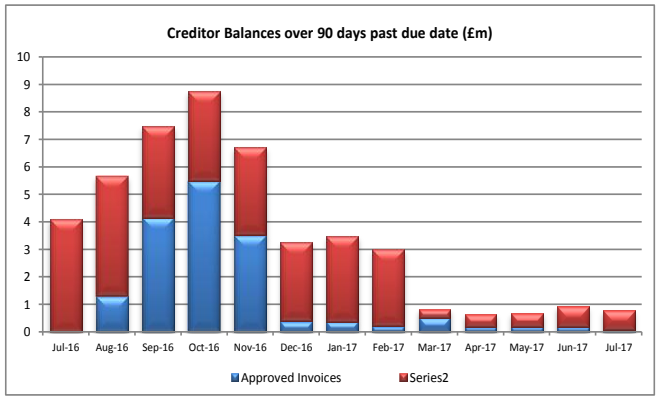
Worcestershire Acute Hospitals NHS Trust

The net working capital value is negative this month (£4.2m).

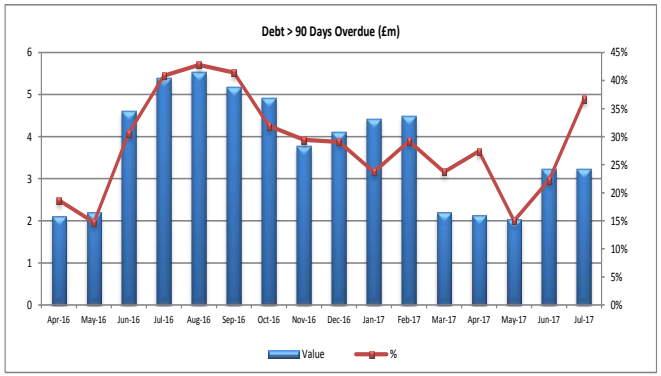
This has a direct impact on the Trust's ability to pay creditors within the credit terms.



Only 76% of creditor invoices have been paid within credit terms and the value of paid invoices on time has also decreased to 72% this month. Net cash flow from operating activities is negative and compromised by payments to creditors.



Outstanding creditors have marginally increased this month, however 85% of the creditors remain in under 30 days in relation to payment status. The over 90 days value remain almost at the same level this month.



The debt over 90 days remains at the same level, however the % of 90+ days debt has increased, which means that the current debt has been paid in July. Within the debt over 90 days overdue disputed invoices are for IT services to CCG's for the value of £696k and £317k for pharmacy gain share with South Worcestershire CCG.

Capital Position 2017/18 – High level

Worcestershire Acute Hospitals NHS Trust

The capital programme can be broken down into three key messages; Trust position ASR and Primary Care Streaming services.

Trust position

- The Trust has £3.768m funding available internally from deprecation and sale of assets.
- The Trust submitted a loan of £16.7m in July 2017.
- The Trust estimated full year forecast is £1,583k overspend prior to any mitigation.
- The Trust has been notified of £210k PDC for Wifi Services in Secondary Care settings, details to follow. This has been excluded from the plan at month 4 but will be incorporated going forward.
- Finance are working with the work stream leads with monthly meetings to monitor the capital expenditure to ensure the leads are able to manage within the limited resources available and the Trust meets its Capital Resource Limit (CRL).
- The plan also excludes the Primary Care Streaming services PDC of £920k which is being managed as a discrete project and funding scheme supporting the winter plan. This is separate to the Trust CRL.

ASR

- A loan submission was made through the Sustainability and Transformation Plan (STP) in April 2017 for the Acute Service Reconfiguration (ASR) scheme totaling £29.6m.
- The Trust has identified £500k internally to continue with the project costs until September 2017.
- An additional £663k is required in 2017/18 for project fees, totaling £1.163m unless receipt of this loan funding is confirmed in 2016/17.

Primary Care Streaming services at WRH

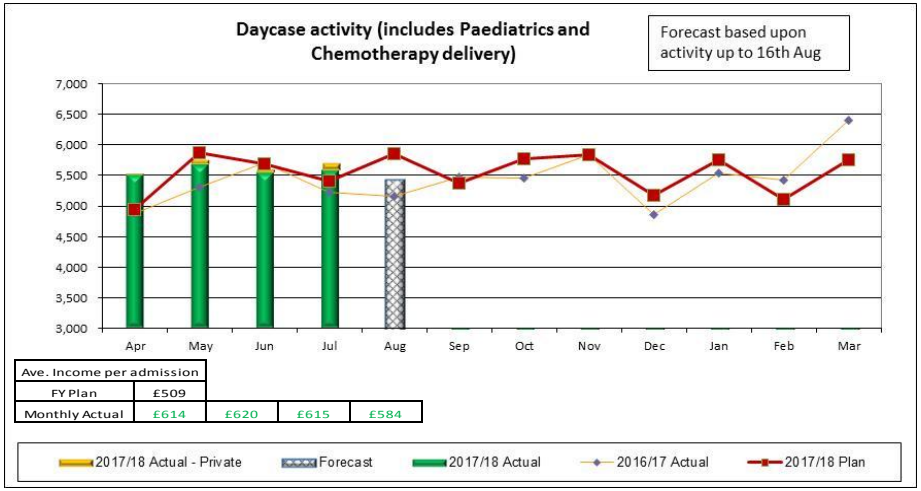
- The Trust has been awarded £920k Public Dividend Capital (PDC) in 2017/18 as noted above.
- Various schemes are being worked through with plans estimated to range from £920k to £2.3m
- Discussions are on going with NHSI about the timings and final PDC available which will support the final winter plans.

Worcestershire Acute Hospitals NHS Trust

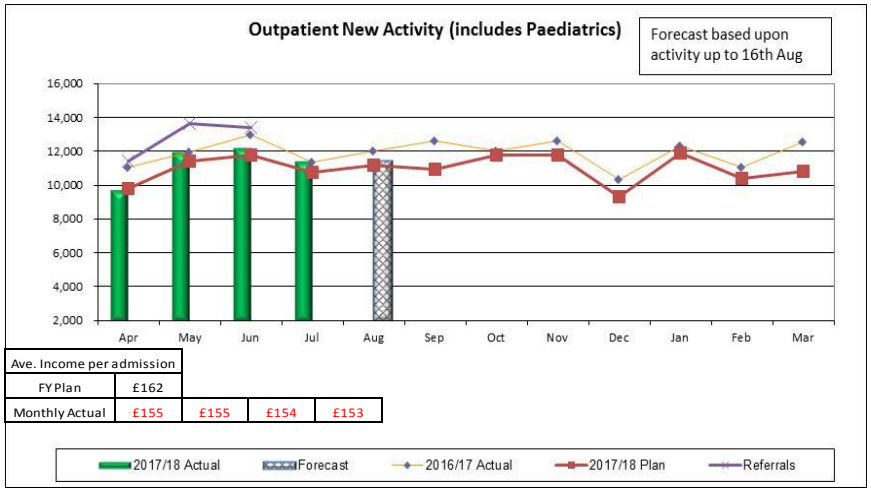
Appendices

Activity - Elective, Day Cases & Outpatients New

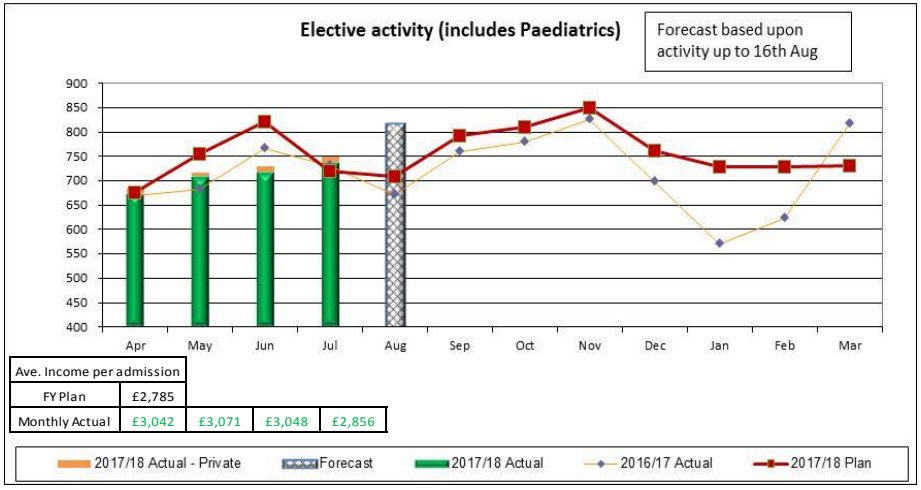
Worcestershire Acute Hospitals NHS Trust



Ave. Income per admission				
FY Plan	£509			
Monthly Actual	£614	£620	£615	£584



Ave. Income per admission				
FY Plan	£162			
Monthly Actual	£155	£155	£154	£153

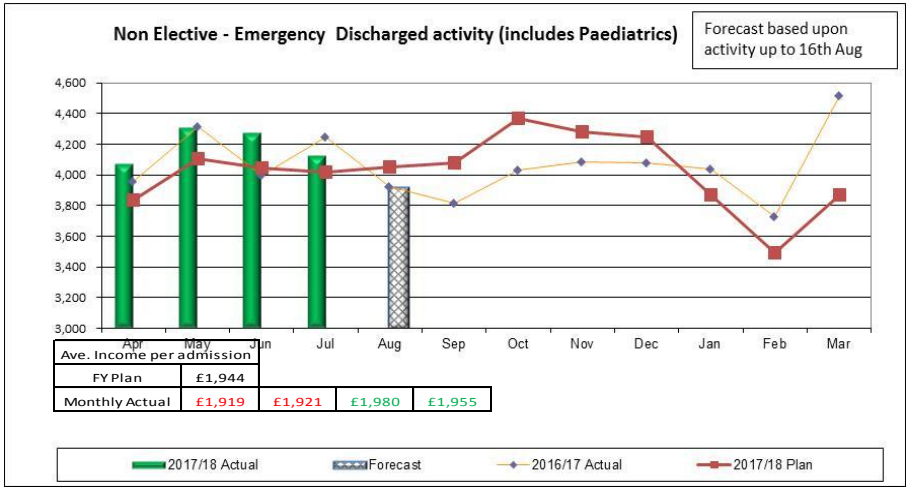


Ave. Income per admission				
FY Plan	£2,785			
Monthly Actual	£3,042	£3,071	£3,048	£2,856

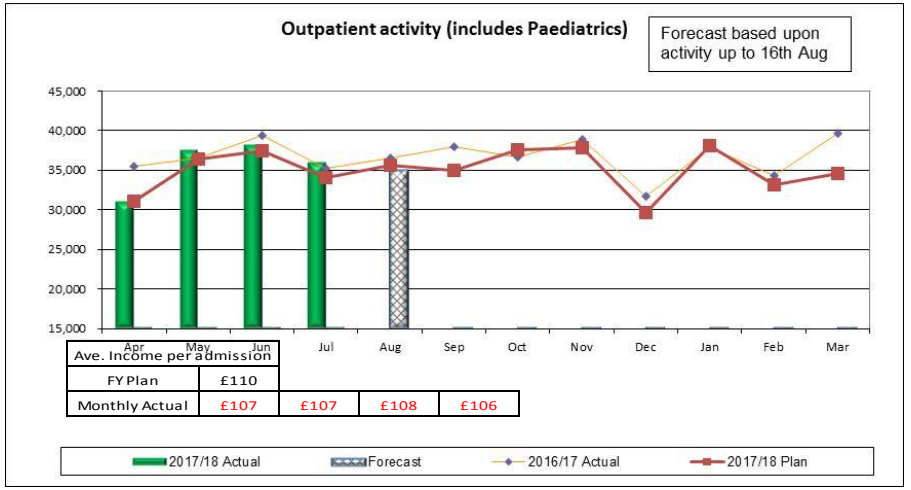
Activity performed within Trust and sent Private				
	Daycase		Elective IP	
	Trust	Private	Trust	Private
Apr	5,518	22	674	7
May	5,694	61	708	8
Jun	5,565	46	717	12
Jul	5,587	113	737	10
Aug	0	0	0	0
Sep	0	0	0	0
Oct	0	0	0	0
Nov	0	0	0	0
Dec	0	0	0	0
Jan	0	0	0	0
Feb	0	0	0	0
Mar	0	0	0	0
YTD	**22,364**	**242**	**2,836**	**37**

Activity - Outpatients, Non Elective and A&E

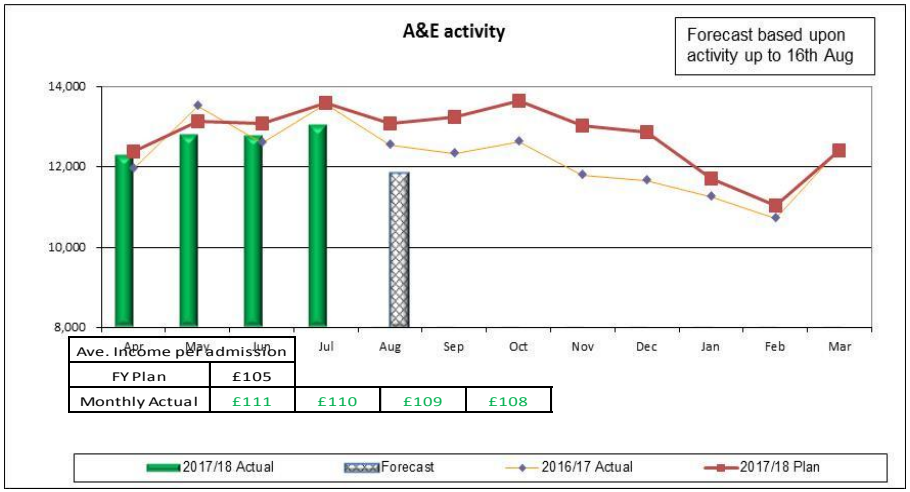
Worcestershire Acute Hospitals NHS Trust



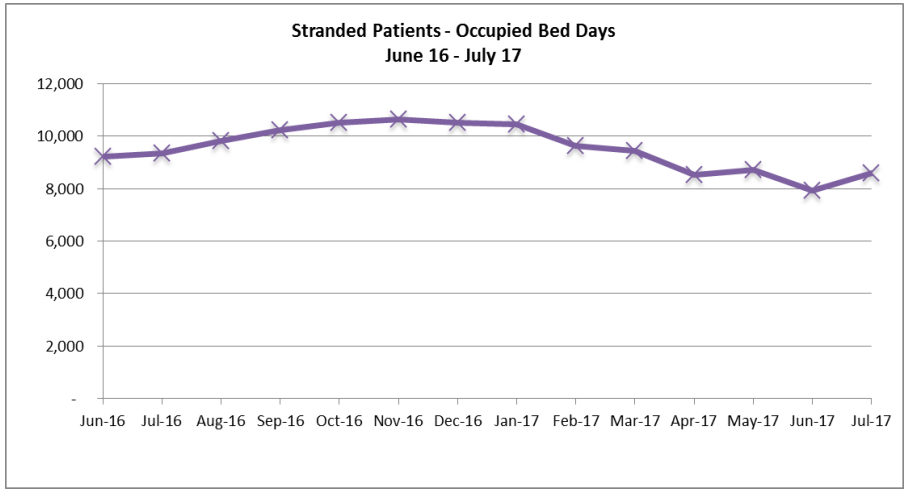
Ave. Income per admission				
FY Plan	£1,944			
Monthly Actual	£1,919	£1,921	£1,980	£1,955



Ave. Income per admission				
FY Plan	£110			
Monthly Actual	£107	£107	£108	£106



Ave. Income per admission				
FY Plan	£105			
Monthly Actual	£111	£110	£109	£108



NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	14 September 2017
Paper number	E3

Report provided:							
For approval:		For assurance:	√	To note:		For information:	

Integrated Performance Report

Accountable Director	Haq Khan (Acting Director of Performance)
Presented by	Haq Khan (Acting Director of Performance)
Author	Rebecca Brown (Assistant Director of Performance and Information)

Alignment to the Trust's strategic priorities (√)	*Deliver safe, high quality, compassionate patient care*	√	*Design healthcare around the needs of our patients, with our partners*	
	Invest and realise the full potential of our staff to provide compassionate and personalised care		*Ensure the Trust is financially viable and makes the best use of resources for our patients*	√
	Develop and sustain our business	√		

Alignment to the Single Oversight Framework (√)	Leadership and Improvement Capability		Operational Performance	√
	Quality of Care		Finance and use of resources	
	Strategic Change		Stakeholders	

Report previously reviewed by		
Committee/Group	Date	Outcome
Finance and Performance Committee	29th August 2017	Received

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	P2.2
Level of assurance and trend (up/down/level)			
Significant (up/down/level)	**Limited** (up/down/**level**)	None (up/down/level)	

NHS
Worcestershire
Acute Hospitals
NHS Trust

Date of meeting	14 September 2017
Paper number	E3

Purpose of report	Overview of performance for July 2017 (Month 4).
Summary of key issues	• Cancer 2 week wait and cancer 62 day trajectories were met in July. • Trajectories for cancer 2 week wait (breast), the emergency access standard (EAS) and diagnostics were missed in July. • The Referral to Treatment (18 week) trajectory was also narrowly missed. • Latest benchmarking shows that performance for the 6 key constitutional operational standards was in the bottom quartile compared to other acute Trusts.
Recommendations	The Board is asked to: 1. Review the Integrated Performance Report for Month 4. 2. Seek assurance as to whether: a. the risks of under-performance in each area have been suitably mitigated, and; b. robust plans are in place to improve performance. 3. Consider the level of detail to be presented to future meetings from the following options: a. The full Integrated Performance Report including all corrective action statements b. The covering report, quadrant and summaries c. The covering report, quadrant, summaries and access to the corrective action statements via a secure online portal

1 Introduction

1.1 This paper presents an overview of performance for July 2017 (Month 4). The report summarises issues with current performance, and areas of risk for the Trust. An exception based approach is taken, escalating areas of particular risk in performance against national and local targets and standards.

2 Background

2.1 The format of the **Integrated Performance Report** was reviewed and enhanced in Month 2 to take into account Non-Executive and Executive direction, and best practice. Positive feedback has been received from other committees and the CCG, appreciative of the common standard and clear summary format.

3 Current situation

3.1 The **Key Performance Indicators** (**KPI) Highlight Quadrant** outlines trends between month 3 and 4 for KPIs in operational performance, quality and safety and workforce (see page 4). Financial Performance metrics are covered in the Finance report and Workforce metrics are managed through the Workforce Committee. The full dashboard covering the sectors of Integrated Performance is available from page 41. The KPI Highlight Quadrant aims to draw out and signpost high level key indicators from the detailed dashboards.

3.2 **National Benchmarking** published for the month of June has identified that the Trust remained ranked last in the Peer Group for 2 week wait cancer and diagnostics and in the bottom quartile for the EAS 4 hour standard and RTT. 62 Day cancer and 2 week wait breast symptomatic moved from being ranked last to being in the bottom quartile.

3.3 The effectiveness of the **Performance Review meetings** has been evaluated by the Executive Team. The meetings have improved but it was concluded that some divisions were not able to provide assurance that improvements would be delivered within the required timescales. SCSD, Urgent Care Division and the Specialty Medicine Division are now receiving support from a nominated executive director to improve governance and to rapidly address the root causes of the current performance levels. The two remaining divisions will continue with their monthly performance review meetings at this time.

3.4 Operational performance **improvement trajectories** have now been agreed with commissioners and regulators as summarised below:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
RTT	83.5%	83.8%	84.0%	84.7%	85.2%	85.7%	86.9%	85.9%	84.9%	87.9%	87.1%	87.2%
52+ week waits		43	37	43	43	26	9	12	8	0	0	0
2 week wait (Breast)	34.0%	41.0%	70.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
2 week wait (All)				75.1%	73.3%	76.2%	83.1%	86.1%	93.0%	93.0%	93.0%	93.0%
62 day cancer waits	73.1%	73.1%	75.3%	75.3%	70.4%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
104+ day waits				20	19	16	14	13	11	9	9	8
EAS	84.2%	85.5%	86.5%	87.8%	89.0%	90.0%	91.1%	92.0%	92.3%	92.3%	93.6%	95.0%
Diagnostic			5.8%	3.9%	4.8%	4.7%	4.1%	3.2%	4.6%	2.9%	1.6%	1.0%
90% of time on stroke ward				75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Direct admission to stroke ward in 4 hrs					40.0%	50.0%	50.0%	60.0%	70.0%	80.0%	80.0%	90.0%
TIA clinic within 24 hrs								40.0%	50.0%	50.0%	60.0%	70.0%
Stroke - 1 hour to scan						50.0%	60.0%	65.0%	75.0%	80.0%	80.0%	80.0%

3.5 A revised trajectory has been agreed with commissioners and regulators for **RTT**. The impact of the non RTT data validation has been removed (~2% per month from August) which needs to be mitigated through commissioners supporting with demand management and review of waiting lists.

3.6 A **2 week wait (all cancers)** trajectory has been agreed with commissioners and regulators. A specialty level bottom up model was used to develop the Trust trajectory; which aims to see patients in line with the 93% standard from December 2017 onwards.

3.7 The Trust's ambition is to deliver the **2 week wait Breast** performance standard from July onwards but it is recognised that this is a significant challenge due to the shortage of breast radiologists.

3.8 The Trust has developed a specialty level bottom up **62 Day Cancer** trajectory that would see 80% of patients receiving their treatment within the requirements of the standard from September onwards. This represents a significant challenge and improvements on this cannot be achieved without additional direct support from commissioners to manage demand.

3.9 A strategic approach to improving performance in planned care is now being overseen by the monthly Elective Care Strategic Oversight Group which includes attendance from the Trust, local commissioners and regulators. The group met for the first time on 9 August. The focus will be on strategic solutions to performance improvement as well addressing the consequences of removing the Non RTT validation impact from the RTT trajectory. The Group will also aim to develop robust plans to achieve the 62 day cancer standard.

3.10 The Chief Operating Officer has set up an internal Elective Access Board that is responsible for supporting and performance managing the delivery of the key planned care standards. The first meeting took place on 5 September and includes attendance by the Director of Performance, Divisional Operational Directors, Finance and Information as well as representation from elective access and cancer teams.

3.11 Work is continuing with NHSI on improving scheduling and management of waiting lists. Current focus is on the management of the endoscopy waiting list.

4. Operational Performance Summary

4.1 2 week waits (All) – Performance continues on an improving trend and is above is above trajectory in July.

4.2 2 week waits (breast) – Performance is improving but is below the trajectory which from July requires achievement of the 93% national standard. Out of the 128 patients referred and seen in July, 20 patients were not seen within 2 weeks all of which were due to patient choice issues related to work commitments or planned holidays.

4.3 62 day cancer – Performance continues to improve and the July checkpoint related to the cancer funding has been met.

4.4 RTT – There is a marginal deterioration in performance which is now slightly below trajectory. This is partly due to the impact of the Non RTT validation. The 52 week trajectory has been met.

4.5 Diagnostics – The performance is slightly below last month but is broadly in line with the trajectory. Endoscopy is on trajectory with the slow uptake of outsourcing mitigated by a reduction in dropped lists through the use of locums. Radiology capacity in ultrasound and CT continues to impact performance.

4.6 EAS – We are not yet seeing an improvement in the performance against the 4 hour standard but a number of the key A&E metrics are improving including reductions in 12 hour breaches and the average time patients spend in the corridor.

4.7 The key risks to delivery are:

- Medical recruitment – both to vacancies and the additional posts agreed in the business cases.
- Endoscopy capacity – addressing the backlog is vital to improving the diagnostics and cancer performance.
- Radiology capacity – Capacity constraints are impacting cancer and diagnostics performance.
- Referrals – Overall referrals are lower than the same period last year but targeted national cancer campaigns are impacting Lung and Lower GI performance in particular.

5 Implications

5.1 Poor operational performance may impact on the system resilience and internal efficiencies.

5.2 Failure to achieve agreed operational targets/trajectories will result in loss of the operational element of the STF.

6 Recommendations

The Board is asked to:

6.1 Review the Integrated Performance Report for Month 4.

6.2 Seek assurance as to whether:

a. the risks of under-performance in each area have been suitably mitigated, and;
b. robust plans are in place to improve performance.

6.3 Consider the level of detail to be presented to future meetings from the following options:

a. The full Integrated Performance Report including all corrective action statements
b. The covering report, quadrant and summaries
c. The covering report, quadrant, summaries and access to the corrective action statements via a secure online portal

KPI Highlight Quadrant - Operational Performance, Quality and Safety, and Workforce

This diagram is indicative only, and is based on trend direction of previous months' performance. The RAG tolerances that are used to determine an indicators performance are either local or nationally set standards rather than the internally set trajectories.
Indicators on the Trust dashboard which are not RAG rated / have no set tolerances / are a subset of a high level indicator are not included.
Financial performance is covered in more detail in the Finance report. Workforce performance is monitored through the Workforce Committee.
Metrics in italics are managed by the Quality Governance Group (QGC)

Arrows indicate direction of movement compared to previous month's performance on the quadrant.

Performance on/above target with positive trend	
Cancer 31 day wait for first treatment: All Cancers	↑
Cancer 31 day for 2nd / subs treatment (surgery)	↑
Cancer 31 day for 2nd / subs treatment (radiotherapy)	↔
Cancer 31 day for 2nd / subs treatment (drug treatment)	↔
Sickness Absence [WORKFORCE]	↑
Never event occurrence	↔
Falls resulting in serious harm	↔
Grade 4 pressure ulcer occurrence	↔
FFT Maternity score	↑

Performance on/above target with negative trend	
FFT acute inpatients score	↓
FFT outpatients score	↓

Page	Performance under target with positive trend	
10	Cancer 2 week wait (all)	↔
15	Cancer 2 week wait (breast)	↔
18	Cancer 62 day wait (all)	↔
23	12 hour trolley breaches	↔
38	Stroke patients seen in TIA clinic within 24 hours	↔
38	Direct Admission (via A&E) to a Stroke Ward	↑
41	Hip fracture time to theatre (all)	↑
	Appraisals non-medical staff [WORKFORCE]	↑
	Mandatory Training Compliance [WORKFORCE]	↑
	Staff Turnover [WORKFORCE]	↑
	Total staff vacancies [WORKFORCE]	↔
	HSMR rolling 12 months	↔
	Grade 3 pressure ulcer occurrence	↑
	Safety Thermometer harm free care score	↔
	Serious Incidents open over 60 days	↔

Page	Performance under target with negative trend	
19	104+ day waits	↓
23	Emergency Access Standard – Trust and MIU	↓
27	RTT – Incomplete	↓
28	52 week waits	↓
33	6 week wait diagnostics	↓
38	CT scan within 1 hour for ED stroke patients	↔
38	80% of Patients spend 90% of time on a Stroke Ward	↓
	Delayed Transfers of Care	↓
	SHMI rolling 12 months	↓
	FFT A&E score	↔
	C Diff	↔
	Mixed sex accommodation breaches	↔
	VTE risk assessment	↔
	Primary and Secondary mortality review completion	↔
	Complaints response	↓

QUAD1

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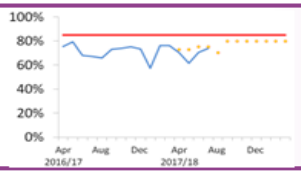
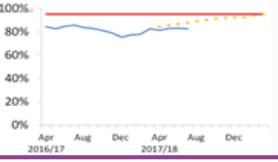
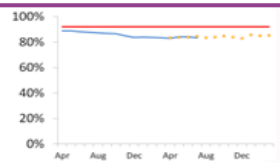
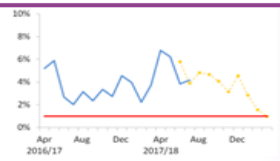
Month 4 2017 Operational Performance Summary

	Description	How we did		Trend	Key actions	What are we aiming for in Aug?
Did we see urgent cancer patients quickly?	**93%** of potential cancer patients seen by a specialist within **2 weeks**.	79.14%	We saw 79.14% of our cancer patients within 2 weeks. **341 patients waited longer.** Particular issues in skin, urology, lower and upper GI, thoracic.		Recruitment in key specialties, use of nurse practitioners, work with CCGs re urgency of 2ww referrals, triaging lists, daily monitoring, introduction of multi-disciplinary approach.	73.3% See more on pg 10
Did we see patients with potential breast cancer quickly?	**93%** of patients with potential **breast cancer** seen by a specialist within **2 weeks**	84.38%	84.38% of patients were seen within 2 weeks. This means that **20 patients were seen outside of the NHS constitutional standard** in July.		Increased week and weekend slots, enhanced consultant radiology cover, proactive cover for breast consultants over summer period.	93% See more on pg 15
How quickly did we start treating cancer patients?	**85%** of cancer patients to start treatment within **62 days.**	75.52%	75.52% of patients started treatment within 62 days. **35 patients waited longer.**		Recruitment in key specialties, additional sessions, business case around insourcing and outsourcing endoscopy, new method of triage, suitable use of Laurel 2 triage room	70.4% See more on pg 18
Are we seeing patients with an emergency within 4 hours?	The Trust should see **95%** of patients within 4 hours from arrival to admission, transfer or discharge	82.43%	Trust performance was 82.43%. At Worcestershire Royal, performance was 63.92% and at the Alexandra performance was 86.46%.		Increase consultant establishment, overseas recruitment, capital funding to enable streaming, reduce 'stranded' patient numbers.	89.0% See more on pg 23
Did we start treatment within18 weeks?	**92%** of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.	83.82%	We treated 83.82% of patients within 18 weeks in July. **6,211 patients waited longer.** Key areas of concern are thoracic, neurology, ophthalmology, T&O, General and Oral surgery.		Actions around recruitment and staff capacity are the most critical factor for RTT. Enhanced nursing roles and additional sessions.	85.2% See more on pg 28
When a patient needs a diagnostic test, do we do this within 6 weeks?	A maximum of **1%** of patients who need a diagnostic test can be seen outside of 6 weeks	4.18%	96% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. 4.18% were waiting 6 or more weeks; **that's 420 patients.** Key areas for improvement are endoscopy and radiology.		New insourcing and outsourcing initiatives, waiting list initiatives, ensuring best use of equipment availability, staff vacant sessions.	4.83% See more on pg 34

RAG rating indicates performance against trajectory not national standard

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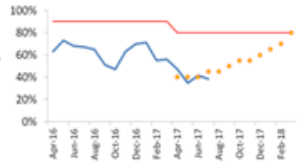
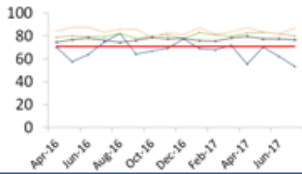
SUMQUAL1

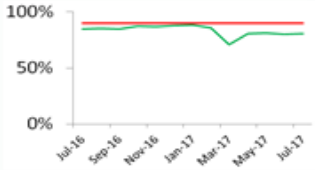
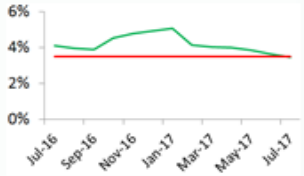
Month 4 2017 Quality & Safety Summary

	Description	How we did		Trend	Key actions	What are we aiming for in Aug?
Do we respond to complaints quickly?	80% of formal complaints should be responded to within 25 days	38.3%	We responded to 38.3% of our formal complaints within 25 days. This means **28** people were waiting for a response longer than they should have been.		More regular progress reviews with ADPE and DCNO. Agency staff recruited to support gaps in governance teams.	45%
Do we assess patients at risk of developing VTE?	At least 95% of patients who require a VTE assessment should receive one	94.1%	We risk assessed 94.1% of our patients who required a VTE assessment. This means **302** patients were not assessed.		Roll-out new assessment form, robust investigations into hospital acquired thrombosis, recruit VTE Lead Nurse as part of Safer Care team.	95%
Are we able to look after patients in same-sex areas?	All patients should be treated in same-sex areas in order to protect their privacy & dignity	40	**40** patients this month were treated in areas where both men and women were being cared for.		Working closely with capacity team to identify medical beds sooner, implementation of new EMSA policy and clarifying 6 hour reporting window with CCG.	0
Would patients and their families recommend us?	Each of our service areas should receive a score of 71 or above from patients and their families	A&E 53.3; Acute 80.0; Mat. 86.6; Out. 76.6	3 out of 4 service areas received on target scores of patients who would be likely or highly likely to recommend our hospital.		Promote new app to capture, report and publicise response rate and scores. Investigate possibility of bringing out-patient data in-house.	>/=71; -; -; -
When a patient dies, do we review their care and treatment?	60% of in-hospital deaths should have a primary mortality review completed	39%	We completed a review on 39% of July deaths. This means **68 deaths** are still awaiting review from July.		Direct management of consultant completion rates alongside resolution of outstanding issues with the electronic system	60%
Do we investigate incidents in a timely manner?	Every Serious Incident recorded should be investigated and closed within 60 days	8	We failed to complete 8 investigations by the 60 day deadline in July.		Weekly meetings with the CCG to close queries. Investigation training to take place. Senior Investigation Manager posts to be considered.	9

RAG ratings for all metrics except 'Complaints Response times' indicate performance against trajectory not national standard. Complaints metric is RAG rated against National Standard of 80%

SUMWF1

Month 4 2017 Workforce Summary

	Description	How we did	Trend	Key actions	What are we aiming for in Aug?
How many of our staff posts are vacant?	We are expected to have fewer than 200 staff vacancies at any one time	496.45	The Trust had 496 vacant staff posts at the end of July 2017. The number of vacancies has not fallen below 400 since June 2016.	 Overseas recruitment drive, revised Nursing Strategy and introduction of Skype interviews for medical recruitment	Medical 87.61
How well do we retain our staff?	A stable workforce has a turnover rate of 12% or less.	12.53%	The Trust currently has a turnover rate of 12.53% which is higher than it should be, but only slightly above the standard 12%.	 The recruitment of permanent staff, reduction in vacancies and the promotion of the Trust as a favourable place to work should have a positive impact on retention levels.	
Have our staff completed the relevant mandatory training?	Over 90% of staff should complete the relevant mandatory training each year	80.66%	80.66% of the necessary mandatory training sessions have been completed by staff. This means 4,022 sessions still require completion.	 Roll out of self-service portal for training. Embed culture of performance review, management ownership of training development.	90%
Do our staff take a lot of time off sick?	The accepted standard sickness rate is 3.5% or less.	3.48%	The Trust currently has a sickness rate of 3.48% which has been falling since the beginning of the year to just below the national standard.	 The Trust continues to offer free counselling and physiotherapy for staff to target the principle reasons for sickness absence.	

RAG rating indicates performance against trajectory not national standard

Consolidated Cancer 2WW Corrective Action Statement | July 2017 Reporting

[CAS from Medicine, Surgery]

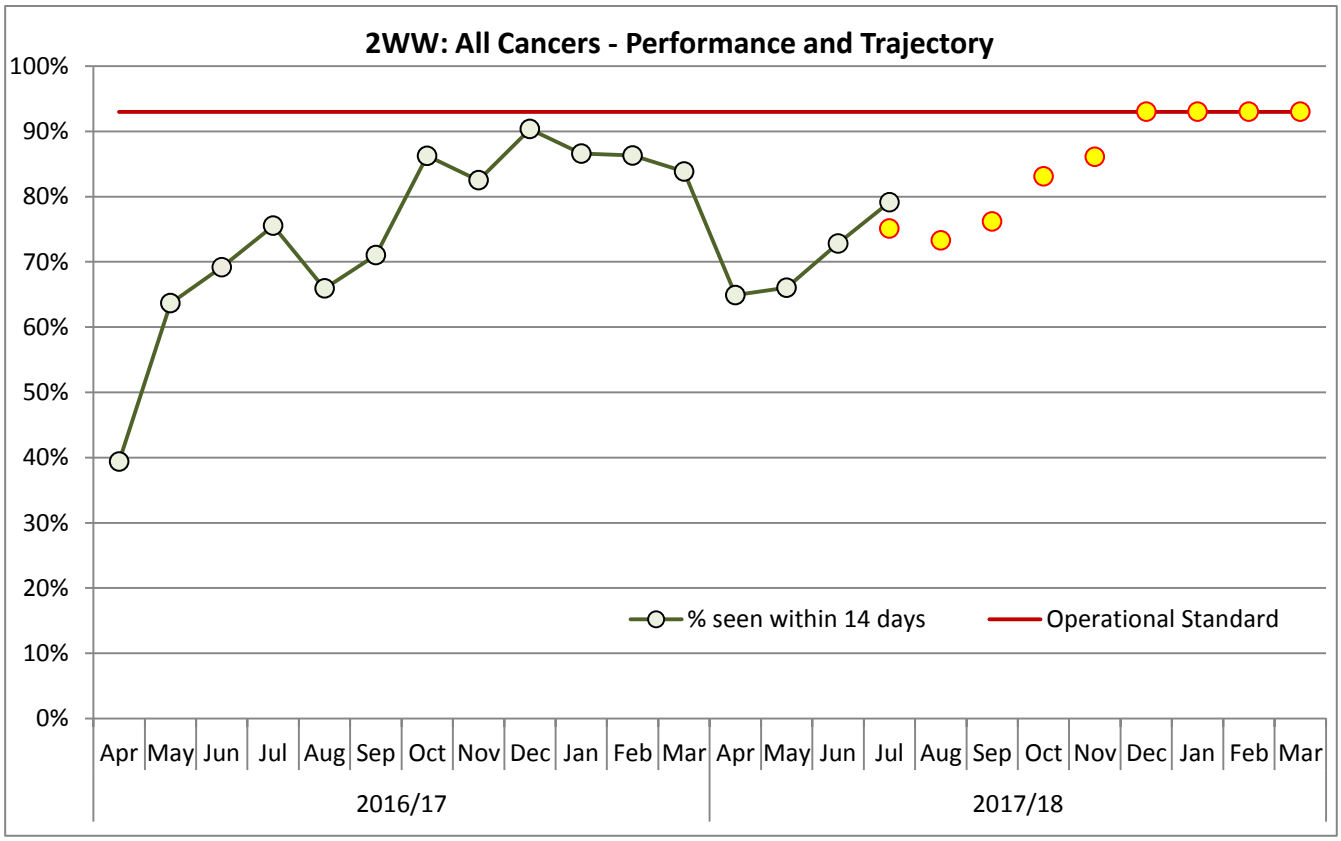
Reporting Month	July 2017
Operational standard	93%
In Month Trajectory	75.10%
In Month Performance	79.14%

July figure at 04/09/17

Performance Overview

Overall Trust performance against this standard has continued to improve since April 2017 though still falls short of the national standard. SCSD and W&C both consistently perform over 92%. The majority of W&C breaches are due to patient choice.

Surgery and Medicine's performance against Skin, Lower GI, Thoracic and Upper GI trajectories remains challenged.

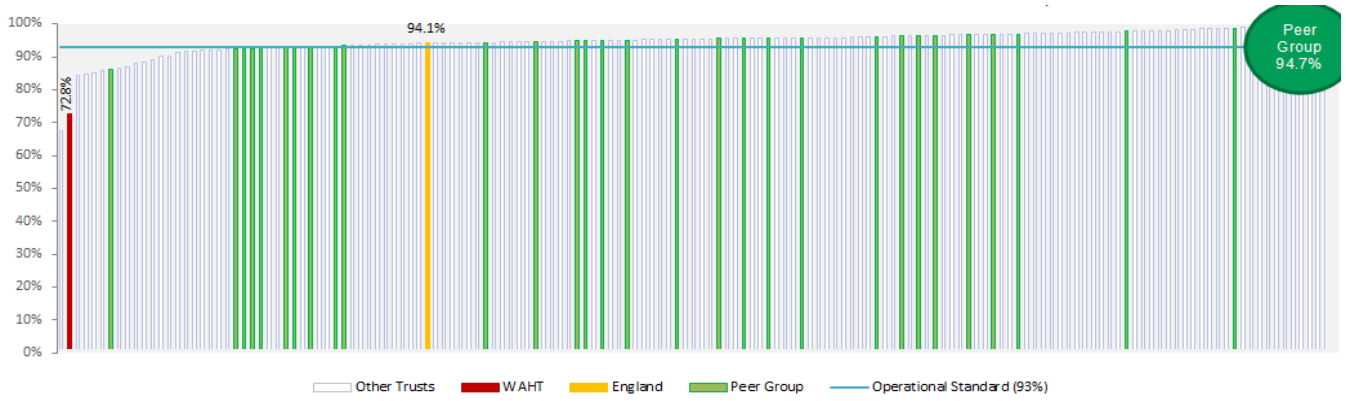


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	64.9%	66.0%	72.8%	79.14%								
Trajectory	-	-	-	75.1%	73.3%	76.2%	83.1%	86.1%	93.0%	93.0%	93.0%	93.0%
Peer Trusts	93.8%	94.7%	94.7%									
National	92.8%	94.0%	94.1%									

Operational Standard: 93% of patients are seen by a specialist within 14 days

Peer Trust and National Data is published one month in arrears

National Benchmarking – The latest published national data is for June 2017. The Trust was one of 14 of the 31 Peer Group Trusts which saw an improvement in performance between May and June. This Trust was ranked 31st of the 31 in June. The peer group performance ranged from 72.8% to 98.6% with a peer group average of 94.7%. The England average for June 17 was 94.1%, a 0.1 percentage point increase from 94.0% in May 17.



Service Commentary

The 5 specialties with significant risks to delivery are **Skin** (demand continues to outstrip capacity and the nationwide shortage of consultant dermatologists continues to pose significant issues with recruitment), **Urology** (capacity just meeting demand; an immediate impact is felt on performance with even a small reduction in staffing), **Lower GI** (demand outstrips capacity and service is heavily reliant on endoscopy capacity), **Lung** (difficulty recruiting to 3 consultant posts resulting in significant lack of out patient appointment capacity), **Upper GI** (inability to recruit to 2 substantive consultant posts and 10% increase in referrals following awareness campaign).

Medicine

The Medicine Division have completed capacity and demand modelling with associated trajectories. The 2WW triage service commenced on 18th July and the division anticipates the impact of this will be seen within the next month following a full month of triage. Across the division patient choice continues to be an important factor (especially during the summer holiday season) and the Trust is working with commissioners to increase patient awareness of the referral reason and the urgency of their appointment. Divisional agreement has been reached to use follow up slots (double) and choose and book slots for 2ww patients.

	April	May	June		July			
Specialty	**2WW (%)**	**2WW (%)**	**2WW (%)**	**Trajectory**	**2WW (%)**	**Trajectory**	**Not seen within 14 days**	**Total Seen**
Lung	67.7%	84.6%	59.0%	57.9%	52.0%	84.6%	24	50
Upper Gastrointestinal	82.3%	87.4%	82.9%	82.4%	85.6%	77.8%	27	187
Medicine Total	80.3%	87.0%	79.2%	78.6%	78.5%	79.2%	51	237

Surgery

Performance against this target continues to improve. The validated July position is 77.9% and the Division over performed against this month's trajectory of 72.4%. The Head & Neck directorate were the only surgical directorate to achieve the 93% target.

Despite improved performance, breast suspected failed to achieve the 93% target. Of 286 referrals, 26 patients breached, all due to patient choice, 11 of this group were not available to attend appointments due to pre booked holidays. There were no breaches due to lack of capacity.

Performance in July for Urology continues to improve compared to the previous months. Lower GI remains static. Regrettably performance within skin continues to be a significant challenge at 45.10%.

	April	May	June		July			
Specialty	**2WW (%)**	**2WW (%)**	**2WW (%)**	**Trajectory**	**2WW (%)**	**Trajectory**	**Not seen within 14 days**	**Total Seen**
Breast	23.8%	41.2%	86.6%	86.6%	90.9%	76.3%	26	286
Head & Neck	94.3%	94.9%	94.1%	94.1%	93.9%	93.2%	10	164
Lower Gastrointestinal	59.4%	71.6%	80.7%	80.7%	80.7%	81.0%	69	358
Skin	67.9%	50.7%	41.95%	42.0%	45.10%	39.0%	157	286
Urological	59.2%	59.5%	66.8%	66.8%	88.4%	87.7%	22	189
Surgery Total	58.2%	60.4%	70.1%	70.1%	77.9%	72.4%	284	1,228

Corrective Actions Log

Specialty	Action	Progress	Lead	Deadline
Thoracic/ Upper GI	Daily monitoring of 2ww escalation lists and identification of sufficient capacity		DDOPs/Directorate Managers	On-going
Thoracic/ Upper GI	Recruitment of substantive consultants to vacant posts	Locum to start in August. 1.6 WTE consultants at WRH now in post. 2 WTE vacancies remain in upper GI.	Divisional Medical Director	On-going
Thoracic	Triage of thoracic 2WW referrals which will downgrade some 2WW referrals.	This commenced on 18th July. Impact to be reported next month.	Thoracic Consultant Body	July 2017
Thoracic	Recruitment of 6 month Locum for Thoracic Cancer Services for cross county cover		DDOP's/Directorate Managers	on-going
Thoracic/ Upper GI	Work with commissioners to ensure GPs increase patient awareness of the reason and urgency of their referral		Deputy COO/CCG Deputy Director of Commissioning	On-going
Upper GI	Endoscopy lists have all been reviewed and all doctors are now carrying out 12 point lists with limited exceptions		Directorate Manager	On-going
Urology	Increased Clinical Capacity	Good progress being made. The directorate were successful in securing an additional middle grade Dr following the overseas	CLS/DM	Complete

		campaign		
Urology	Increased Haematuria Capacity	1: Increased funded capacity has resulted in increased clinical capacity. 2 : A move to standard template across all sites which will be implemented as from 1st August 3: Business case for additional haematuria capacity has been submitted.	CLS/DM	Complete Complete In action
Skin	Explore alternatives to consultant staffing model	Task & Finish group established Scope case for Nurse Consultant. Nurse Practitioners	AMD/DM DDN	31/10/17
Skin	Introduce Multi –disciplinary approach to include Head & Neck, Dermatology & Oncology	To include weekly all day skin service, to include 2 week wait clinics, review clinics, dressing clinics, and parallel minor operating lists. There is initially interest, however will require job plan changes. A review of 2ww referrals is planned to commence in August		In action up to three months
Skin	To continue with current actions : • Commission Locum Drs • Transfer routine/mops out of hour • Recruit to Consultant Dermatology Posts			On going
Lower Gastrointestinal	Mainstream nurse triage service Requirement of additional consultant colorectal surgeon	Business Case completed but not as yet approved. A retrospective review of the 596 patients who have used this service will be undertaken.		30/9/17
All – Patient Choice	There are a significant number of patient choice breeches across all specialties. To mitigate this patients will be offered two appointments regardless of site, if declined or DNA'd referrals will be returned to the GP. We would request that GP's	During July and August the Directorates will contact patients who have declined appointments to understand the reasons why and to confirm the patients understand the urgency of their referral.		On going

	make patients aware they are being referred on a cancer 2ww pathway. During June of 138 breaches 47 were due to patients being on holiday.			

Risk Summary

Specialty	Risks	Risk Score	Mitigations
Thoracic	Triage of thoracic 2WW referrals does not work.		Review of pathway and the impact it is having on the service after 3 months. Changes to be made as necessary
Thoracic	Inability to recruit to vacant consultant posts across county		If recruitment is unsuccessful on the Alex site we will look at creating countywide posts with a rotation to two sites
Thoracic	Increase in referrals due to TV campaign – inability of capacity		Close monitoring of referrals and the impact of the triage service
Upper GI	Inability to recruit to vacant consultant post		Review of JD and further attempt at recruitment/out to agency
Upper GI	Unable to cope with increased demand following TV/Radio campaign		Additional WLI clinics to help clear backlog
Skin/ urology & Colorectal	Additional sessions to job plan are voluntary	16	Consultant continue to pick up additional lists External provider commissioned to support dermatology
Urology / Colorectal	Increased Endoscopy capacity required	16	Endoscopy insourcing will provide support to clear backlog. A review of booking processes is also underway with support from NHSi to ensure capacity is maximised for 2ww and urgent referrals
Colorectal	Business case for Nurse Triage not approved.	12	Business Case scheduled to be presented at TLG in August
All specialities	Breeches due to patient choice are higher than the 7% tolerance	16	

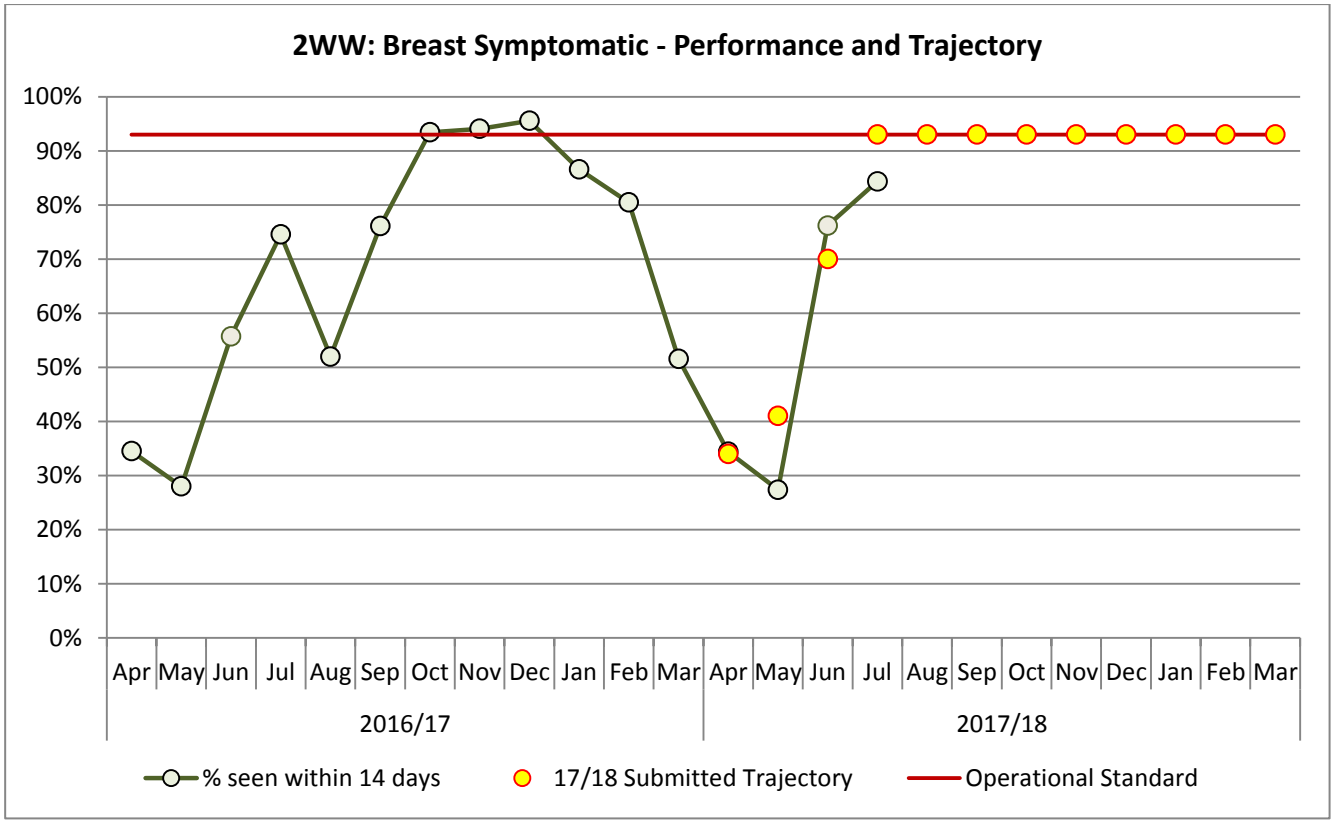
Consolidated Cancer 2WW Breast Corrective Action Statement | July 2017 Reporting

[Surgery only]

Reporting Month	July 2017
In Month Trajectory	93%
In Month Performance	84.38%

July figure at 04/09/17

The Division's Performance against this standard continues to improve. The last validated position in July is 84.38% an improved position to June (76.19%). Patients are referred via a breast symptomatic pathway when they are thought to have a **benign** breast condition and as a result the number of patient choices breaches can be higher than those patients referred on a breast suspected pathway who are being referred as it is thought their breast condition may be malignant. In July out of 128 patients referred and seen, there were 20 patients that breached the standard, all of which were due to patient choice. Reasons for choosing to not attend within 14 days included work commitments and holiday planned.

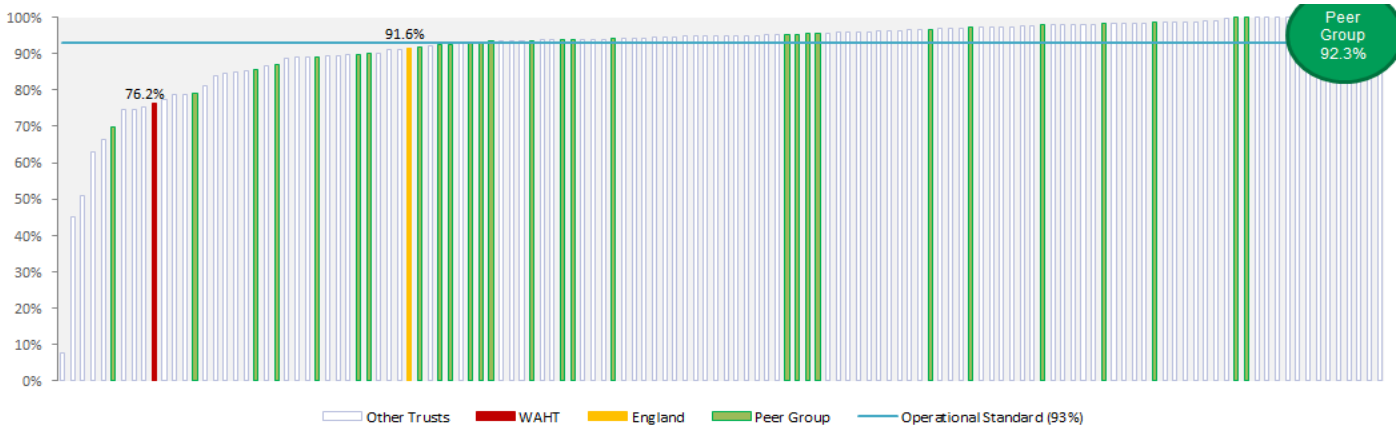


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	34.4%	27.4%	76.2%	84.4%								
Trajectory	34.0%	41.0%	76.2%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
Peer Trusts	91.9%	93.4%	92.3%									
National	89.7%	90.5%	91.6%									

Operational Standard: 93% of patients are seen by a specialist within 14 days

Peer Trust and National Data is published one month in arrears

National Benchmarking – The latest published national data is for June 2017. The Trust was one of 11 of the 29 Peer Group Trusts which saw an improvement in performance between May and June. This Trust was ranked 28th of the 29 in June. The peer group performance ranged from 69.9% to 100.0% with a peer group average of 92.3%. The England average for June17 was 91.6%, a 1.1 percentage point increase from 90.5% in May 17.



Service Commentary

The service entered April in a poor position and this was then compounded by the loss of 2 clinics on Bank Holiday Monday (Easter) an issue repeated in May due to further bank holidays, 57 slots are lost each bank holiday Monday.

The average weekly demand for Breast 2 week wait pathway is 101 referrals (suspected & symptomatic), with the average weekly capacity being 115 joint out patient clinics and Breast Radiology slots. However, due to the relatively small number of consultants in both breast surgery and radiology, a small reduction in capacity has an immediate and significant impact with extended recovery timescales. An imbalance between breast radiology and breast surgeon capacity (2.5WTE Radiologist compared to 5.0 WTE Surgeons in post) and a one stop clinic approach that requires both disciplines to be present, compound potential capacity issues. Performance against this target remains fragile.

A series of cross divisional meetings chaired by the CMO to discuss managerial structure commenced in July. A scoping exercise is now underway the output of which will propose the preferred option. This work is expected to be completed in September.

Corrective Actions Log

	Specialty	Actions	Progress	Lead	Deadline
1	Breast	Increased Breast Consultant sessions planned over the weekend	Additional slots continue to be arranged	Surgery	Completed
2		Additional consultant & Nurse Practitioner clinics scheduled in during the week	Additional sessions are arranged as required	Surgery/SCSD	Completed
3		Increase Consultant Radiology commissioned via locum agency secured	Locum cover ongoing.	SCSD	Completed
4		Increase in Breast Consultant Capacity – July – August to mitigate loss of activity over summer period.	Consultant identified , agreeing terms and conditions	Surgery	Completed

5		Increased Substantive Consultant Radiology capacity	A General radiologist has recently undergone Breast training at Kings College London and will be undertaking additional sessions of breast activity from September Joint post with Wye Valley to support screening services is out to advert.	SCSD	On going
6		Agree a plan with CCG Colleagues that GPs should not refer patients unless they are available to be seen in order to reduce 2ww breaches due to patient choice. Further communications plan to be explored to emphasise the importance of attending despite the reason for referral being benign.		COO	

Risk Summary

	Specialty	Risks	Risk Score	Mitigations
1	Breast Symptomatic	Consultant, radiologist, radiography and nurse practitioner - additional sessions to job plan are voluntary	16	Two additional locums have been secured
2		Additional Radiologist are commissioned via agency and are current commission over cap rates	16	General Radiologist has now completed training and will commence under sessions from September 17 Joint posts with Hereford out to advert
3		The % of patients breaches is considerable higher within this speciality, in particular Breast Symptomatic	9	Implementation of E referral.
4		Resignation of operational manager with SDSC	6	Weekly meeting to continue. Review of roles and responsibilities with breast imaging team

Consolidated Cancer 62 Days Corrective Action Statement | July 2017 Reporting

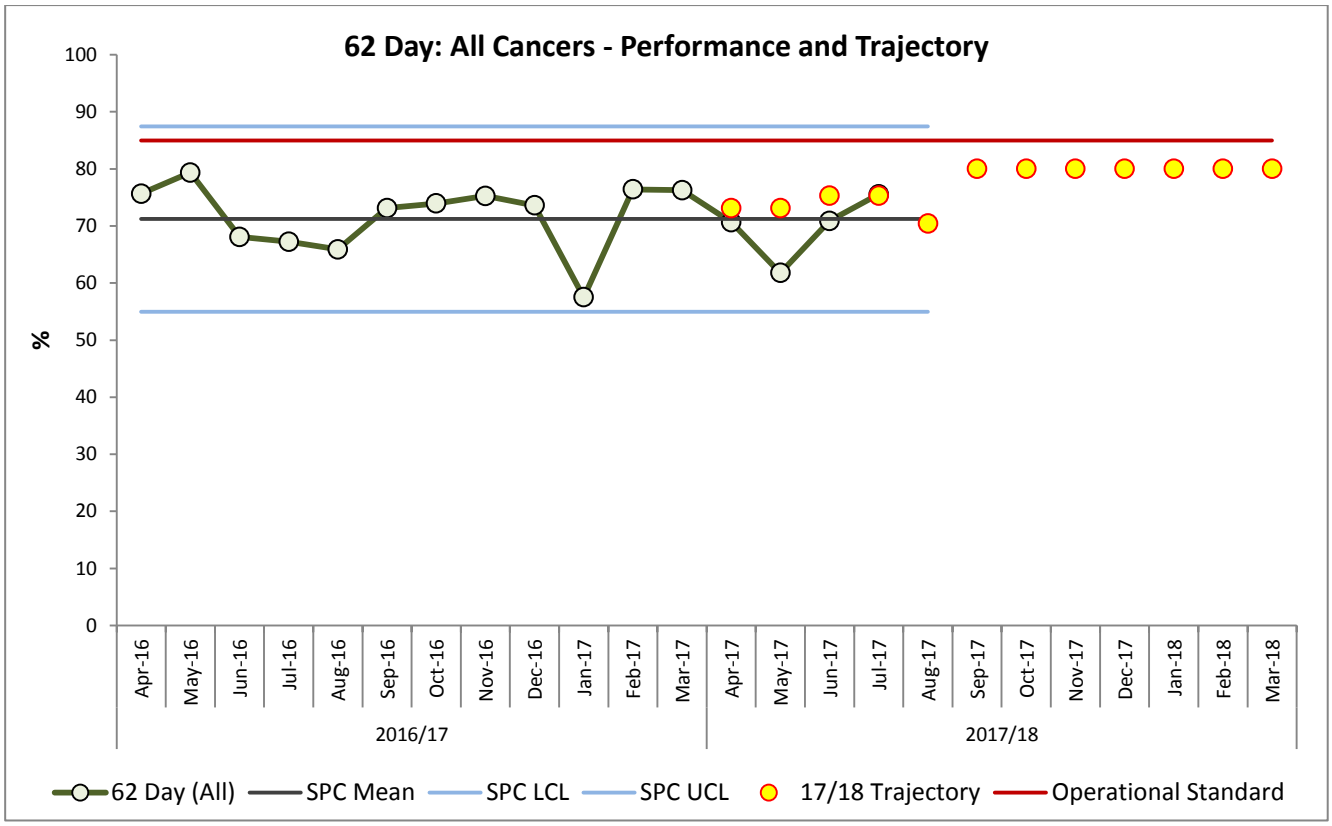
Reporting Month	July 2017
In Month Trajectory	75.30%
In Month Performance	**75.52%**

July figure at 04/09/17

[CAS received from Medicine, Surgery, W&C. SCSD have only small numbers on pathway]

Performance Overview

The Trust's Performance against this standard has been variable over the past 12 months; the latest validated position is July 2017 is 75.52%.

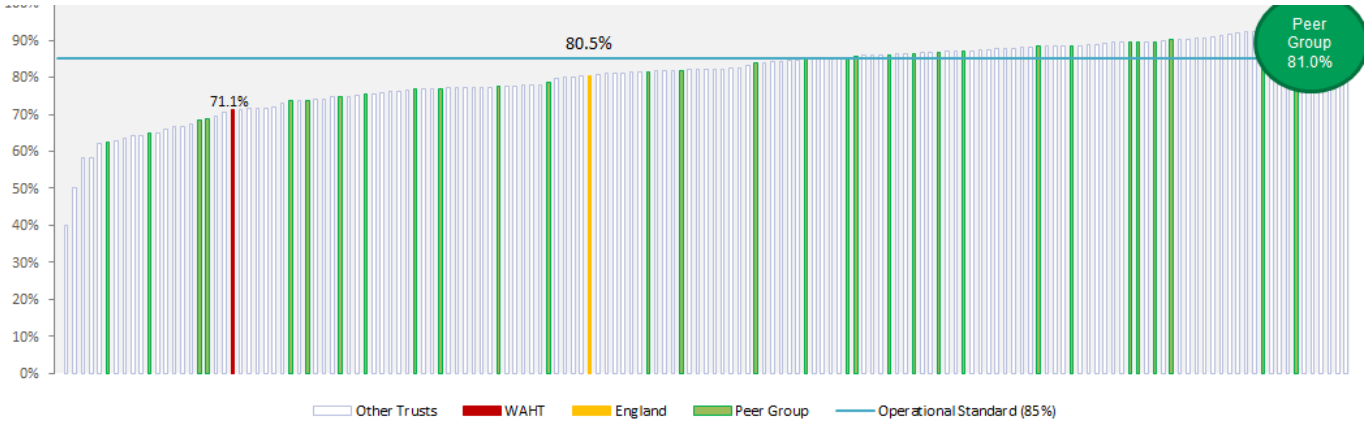


	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	70.7%	61.8%	70.9%	75.5%								
Trajectory	73.1%	73.1%	75.3%	75.3%	70.4%	76.4%	78.0%	79.3%	80.0%	80.0%	80.0%	80.0%
Peer Trusts	83.3%	83.1%	81.0%									
National	82.9%	81.0%	80.5%									

Operational Standard: 85% of patients to be treated within 62 days

Peer Trust and National Data is published one month in arrears

National Benchmarking – The latest published national data is for June 2017. The Trust was one of 11 of the 31 Peer Group Trusts which saw an improvement in performance between May and June. This Trust was ranked 27th of the 31 in June. The peer group performance ranged from 62.6% to 94.2% with a peer group average of 81.0%. The England average for June 17 was 80.5%, a 0.5 percentage point decrease from 81.0% in May 17.



Service Commentary

Medicine

In thoracic earlier this year the Medicine Division lost 3 locums which has severely impacted the 62day performance due to lack of OPA capacity. It is anticipated that the current lung campaign (leading to a 32% increase in referrals in previous years) will also affect the division's ability to deliver target within this pathway. There are now an additional 1.6 WTE consultants in post.

The Medicine Division have completed capacity and demand modelling with associated trajectories and the new 2WW triage service commenced on 18th July. The impact of this is anticipated within the next month following a full month of triage, this service will ultimately have a positive impact on the 62day pathway.

The last validated position for Upper GI is June 2017 at 56.0%. Following the recent campaign this service still experiences a surge in referrals and therefore escalated 2WW patients impacting the rest of the pathway. This service also has a gap of 2 substantive consultants which is further impacting the 62day pathway.

	April	May	June		July			
MEDICINE Specialty	62 Day (%)	62 Day (%)	62 Day (%)	Trajectory	62 Day (%)	Trajectory	Treated over 62 days	Total Treated
Lung	83.30%	50.00%	50.00%	41.7%	28.6%	74.4%	2.5	3.5
Upper GI	62.50%	72.70%	56.00%	56.0%	70.8%	100%	3.5	12.0
Medicine Total	72.60%	63.90%	53.80%	51.4%	61.3%	74.3%	6.0	15.5

MEDICINE Specialty	May (as at 29th May)	June (as at 30th June)	July (as at 21st July)
	104 Day Breaches	104 Day Breaches	104 Day Breaches
Lung	2	1	2
Upper GI	2	1	1
Medicine Total	4	2	3

Surgery

In July 2017 performance in the Surgery Division against the 62 day target – time from urgent referral (2ww) to treatment was 75.8%. In percentage terms, the division is currently over-performing against its trajectory.

Performance against this standard has been impacted by poor access to diagnostics such as Transrectal ultrasound guided (TRUS) biopsy and endoscopy , in particular colonoscopy which impacts upon colorectal and urology cancer site performance. It is disappointing to note as a result of this; the numbers of patients waiting over 104 days remains elevated in both Urology and Lower Gastrointestinal.

Clinical Support Services are currently out sourcing endoscopy activity; an in-source endoscopy partner has also been appointed. Commitment has been given to the Surgery Division that all patients on a cancer pathway will wait a maximum of 2 weeks by December 2017. Please refer to Diagnostic Recovery Plan for further detail.

SURGERY Specialty	April	May	June		July			
	62 Day (%)	62 Day (%)	62 Day (%)	Trajectory	62 Day (%)	Trajectory	Treated over 62 days	Total Treated
Breast	83.3%	84.2%	91.3%	92.9%	100%	85.0%	0	20.5
Head & Neck	28.6%	33.3%	33.3%	22.2%	33.3%	66.2%	4	6
Lower Gastrointestinal	33.3%	36.7%	60.0%	66.7%	56.3%	73.3%	7	16
Skin	95.8%	92.0%	92.6%	91.3%	95.1%	88.9%	1.5	30.5
Urological	59.3%	40.7%	51.4%	48.6%	62.3%	63.4%	14.5	38.5
Surgery Total	**69.8%**	**60.1%**	**73.6%**	**71.4%**	**75.8%**	**62.0%**	**27**	**111.5**

SURGERY Specialty	May (as at 29th May)	June (as at 30th June)	July (as at 21st Aug)
	104 Day Breaches	104 Day Breaches	104 Day Breaches
Breast	1	1	0
Head & Neck	1	0	3
Lower Gastrointestinal	5	9	8
Skin	2	0	1
Urological	5	9	9
Surgery Total	**14**	**19**	**21**

Women's & Children

The majority of patients in this group under the Women and Children's Division are operated on/receive treatment outside the organisation. There are a small number of patients in this category which is demonstrated in the large range of compliance %. The directorate is working towards achievement of the referral to tertiary centre by day 38 standard.

W&C Specialty	April	May	June		July			
	62 Day (%)	62 Day (%)	62 Day (%)	Trajectory	62 Day (%)	Trajectory	Treated over 62 days	Total Treated
Gynaecological	50%	75%	100%	100%	60.0%	66.7%	1.0	2.5

104 day breaches in gynaecology are caused by a number of factors; those outside the control of the Directorate include late referral from other specialties and patient choice/factors. Those within the control or influence of the Directorate are delays in diagnostics, including hysteroscopy. There are no 104 day breaches within the control of the Directorate expected from September 2017 onwards.

W&C Specialty	May	June	July (as at 21st July)
	104 Day Breaches	104 Day Breaches	104 Day Breaches
Gynaecological	3	0	1

Corrective Actions Log

Specialty	Actions	Progress	Lead	Deadline
Gynaecology	Directorate office to 'micro' manage patients through this pathway to ensure compliance with referral by day 38	Weekly waiting list meeting Review of all patients on cancer PTL	DM	On going
Gynaecology	Audit of cancer pathways to identify reasons for extended pathways and breaches (62/104)	Cancer team to pull off 10 pathways for review	DM / Cancer team	End Sept 2017
Gynaecology	Cross divisional working to identify any delays in pathways	DM attendance at weekly 62 day meeting	DM	On going
Gynaecology	implement at least 3 x WLI hysteroscopy clinics per month for 3 months to ensure cancer patients are seen in a timely way and reduce waits earlier in pathway	4 x WLI clinics booked in August 17 AGH/KTC hysteroscopy waiting lists to be managed as one to ensure cancer patients are prioritised in date order	DM	Nov 17 From Aug 17
Thoracic	Advertise for 2 WTE consultants	Job description has been written and is with the Royal College	Dr Lal	Dec
Thoracic	New triage service of 2ww referrals- this is anticipated to reduce 2ww referrals by up to 40%	This has now commenced and we hope to report a positive impact next month	Consultants	Aug 17
Upper GI	Continue to do extra sessions to meet current demand	Ongoing until back log is cleared	Upper GI Consultants	On-going
Upper GI	Recruitment of 2 gastroenterologists	Advert closed- no applicants. Currently considering a future recruitment strategy	Dr Gee	Oct 18
Thoracic	Prevent Laurel 2 procedure room being used for inpatients	This room can now only be used at exec approval	Jo Kenyon	On going
Colorectal and Urology	Inadequate endoscopy capacity to enable colonoscopy and cystoscopy within 2 weeks or less of request.	Clinical Support Services tendered to appoint a partner to in-source endoscopy capacity. It is expected that a partner will be appointed in August. The Division has a trajectory (please see diagnostic CAS) to reduce the number of patients waiting for their scope. Commitment has been given to the Surgical Division that all patients on a cancer pathway will wait a maximum of 2 weeks for their scope by December 2017.	Julian Berlet	30/12/17
Urology	Singular Radical Prostate pathway required	Commence pathway mapping in July with agreed timescales at each milestone	CSL and DM	31 August 2017

Skin	Lack of consultant capacity	Exploration of Consultant Nurse role On-going search for further locums Use of IS providers	CSL and DM	31/10/17

Key risks to delivery of the Trajectory/Target

Specialty	Risks	Risk Score	Mitigations
Gynaecology	Delays in diagnostics outside our control	12	Actions above
Gynaecology	No control of pathway once patient referred outside organisation	8	Cancer team to monitor patients referred on
Thoracic/Upper GI	Failure to recruit		If recruitment is not successful on the Alex site then we will be advertising countywide posts
Thoracic	Large increase in referrals due to current lung cancer campaign		The new triage service will hopefully take some of this pressure and reduce the 2ww patients
Thoracic/Upper GI	Patient with complex pathways and requiring treatment of patients at tertiary centres		Weekly review of all patients and necessary escalations put in place
Breast	Performance still remains fragile	12	To move breast surgery and breast imaging into one Division. Options appraisal work is underway.
Head & Neck	Inability to recruit to medical vacancies	12	Robust recruitment programme
Lower GI	Access to diagnostic capacity	12	In-souring and out sourcing endoscopy capacity
Skin	Reduction is Clinical Consultant Capacity	12	Explore option of creating a dermatology nurse consultant position.
Urology	Access to diagnostic capacity	12	Lease TRUS Biopsy equipment

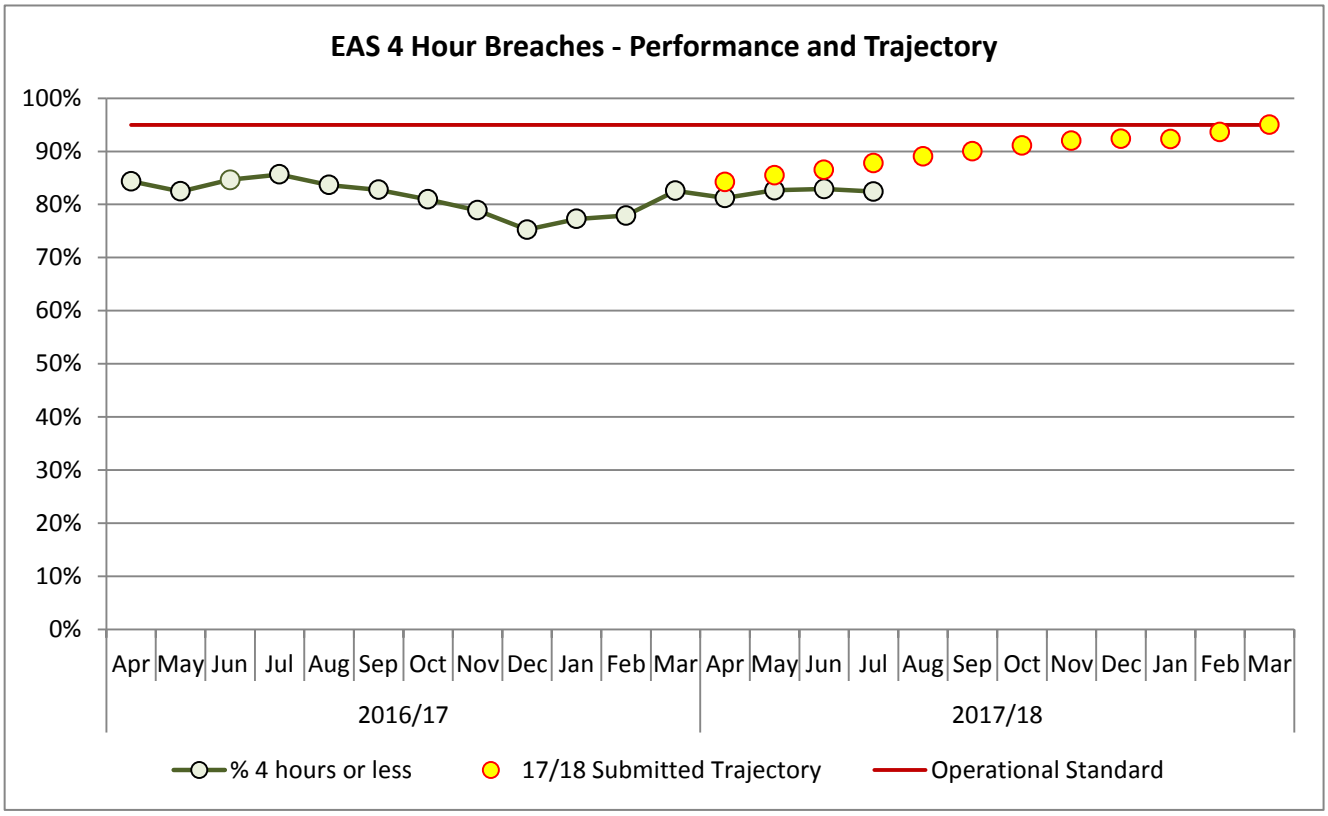
Consolidated EAS Corrective Action Statement | July 2017 Reporting

[Medicine only]

Reporting Month	July 2017
In Month Trajectory	87.8%
In Month Performance	**82.43%**

Performance Overview

The Trust's performance against this target improved between December and March but has plateaued since then. July's performance is consistent with May and June but remains below trajectory. There is a marked difference in performance between the 2 main acute sites (July - WRH 63.92% and AGH 86.46%). The percentage increase in ED attendances to the WRH site year to date is 4.78%. The delays in the transfers of care and the timeliness of ward discharges have had a knock-on effect on the ability to admit patients from ED in a timely way. This has particularly affected the WRH site.



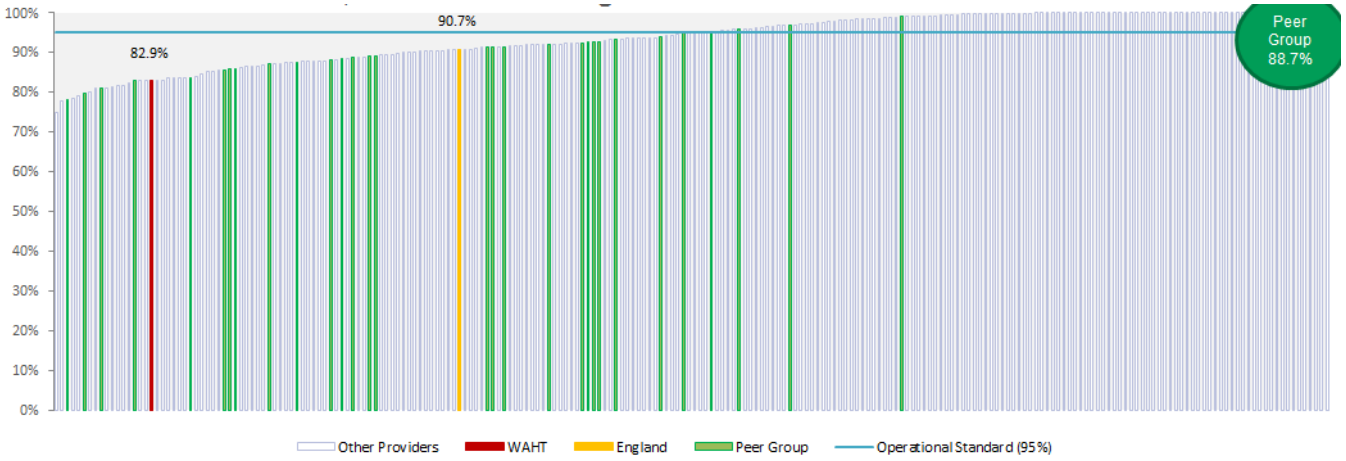
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	81.2%	82.7%	82.9%	82.4%								
Trajectory	84.2%	85.5%	86.5%	87.8%	89.0%	90.0%	91.1%	92.0%	92.3%	92.3%	93.6%	95.0%
Peer Trusts	88.2%	88.0%	89.1%	88.7%								
National	90.5%	89.7%	90.7%	90.3%								

Operational Standard: 95% of patients < 4 hours from arrival to admission, transfer or discharge

Peer Trust and National Data is published one month in arrears

National Benchmarking – The latest published national data is for July 2017 as NHSE and NHS Digital have, at the request of the Office for Statistics Regulation, made improvements to data collection and reporting in order that A&E data is published one month sooner than done previously.

July - The Trust was one of 16 of the 31 Peer Group Trusts which saw a decline in performance between June and July. This Trust was ranked 27th of the 31 in July. The peer group performance ranged from 70.1% to 98.3% with a peer group average of 88.7%. The England average for July 17 was 90.3%, a 0.4 percentage point decrease from 90.7% in June 17.



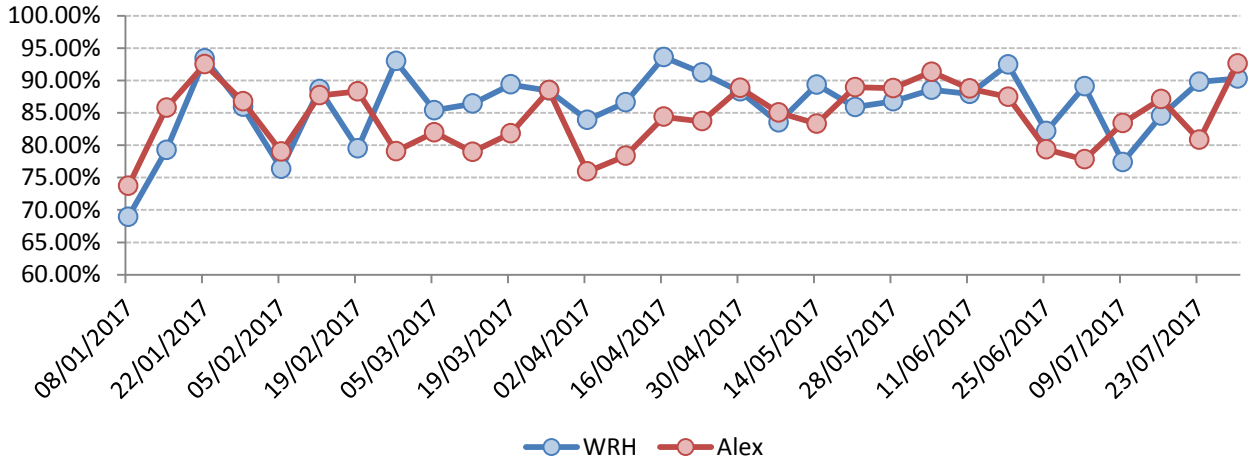
12 hour breaches

Medicine	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	4	5	1	1								
Trajectory	-	-	-	-								

Service Commentary

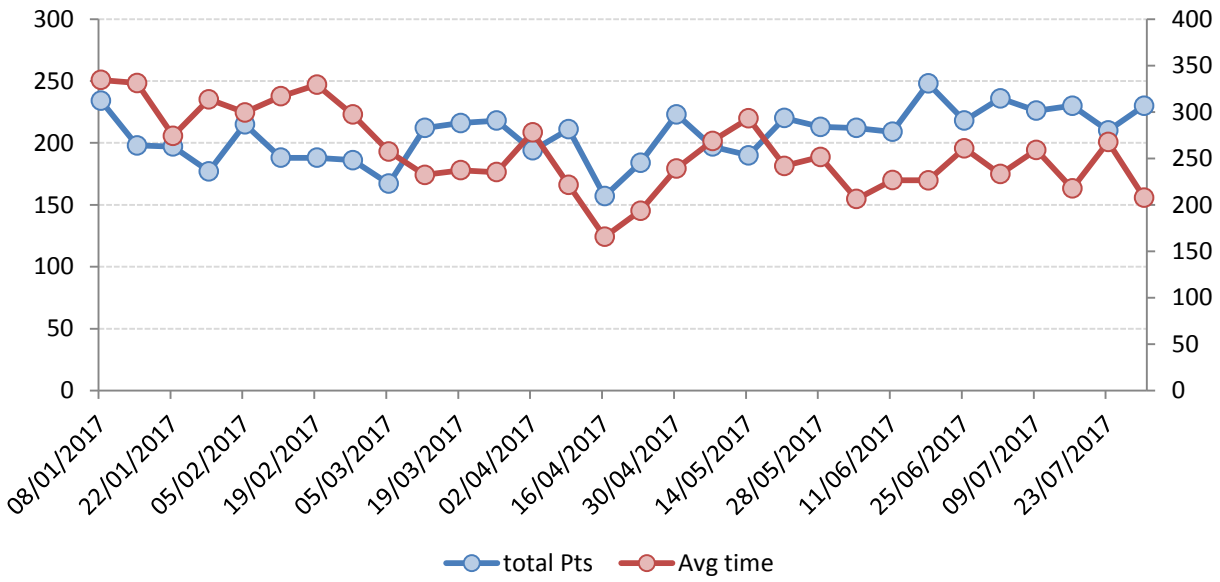
Performance against this standard has been impacted by increased workload (particularly at WRH), medical staffing gaps linked to inability to recruit, IR35, adhering to capped rates and problems securing locum cover and inability to move patients out of WRH ED into a hospital bed. Attendances by ambulance continue to be at a consistently high level of circa 128 per day across the Trust. There have been on average 16.7 delayed ambulance handovers between 30-60min each day across July in comparison to 12 per day in June. There have been on average 2.1 delayed ambulance handovers between 1-2 hours each day across July in comparison to 1.5 per day in June.

Time to Triage – January to July per week



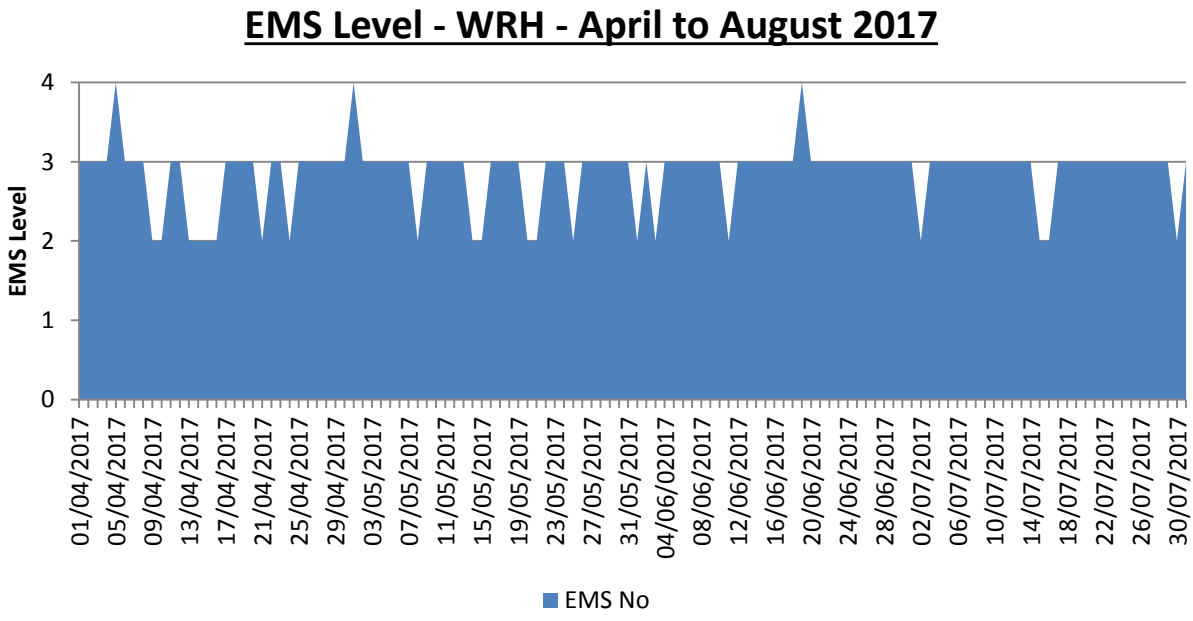
Both sites are showing an improvement in the percentage of patients triaged within 15 minutes of Arrival. Prior to April WRH, for all patients were triaging 84.4% of patients within 15 minutes however post April this has risen to 87.3%. Similarly at the Alex prior to April 82.8% of patients were triaged within 15 minutes however this has now risen to 85.4%.

Number of patients in Corridor and average time spent in corridor per week Jan 17 to July 17



This data shows the number of patients that have spent anytime in the corridor as well as the average time (minutes) a patient has spends in the corridor at WRH. The data is shown by week from January to July. Looking at the data and comparing the periods between January to March and April to July, it does show that on average there has been an increase in the number of patient spending time in the corridor per week (from 199 to 212) however the average time a patient spends in the corridor has decreased from 287 minutes ot 234, a reduction of 53 minutes. Also included are the number of patients that spend time in the corridor after a DTA has been made, therefore waiting to be admitted to a ward.

EMS Levels at WRH from April 2017



There are several contributory factors including:

- Periodic ambulance handover delays (usually during evening surge of ambulances) causing initial delay in SIAN area at start of patient pathway.
- Recruitment difficulties at middle grade meant rota covered by long term locums – capped rate and IR35 reduced pool of locums affecting the quality and consistency of cover.
- Consultant establishment insufficient to introduce new practices such as senior rapid assessment.
- Restricted access to ambulatory pathways due to size of AEC at WRH.
- Problems moving patients (primarily medicine) out of ED due to lack of beds.
- MAU occupied by inpatients and unable to fulfil the role of an assessment unit.

Corrective Actions Log

	Specialty	Actions	Progress	Lead	Deadline
1.	Emergency medicine	Ambulance handover plan developed following ECIP observational audit and subsequent report.	Draft plan completed to be agreed with WMAS. Elements of plan require costing and case being prepared to request funding for equipment & reception estates work.	Lorraine Wilde	August 2017
2.	Emergency Medicine	Successful round of overseas middle grade doctor recruitment complete and 7 middle grade doctors offered substantive posts.	Doctors take up their posts starting in July.	Jules Walton	September 2017
3.	Emergency Medicine	Agreement reached to increase consultant establishment at both WRH and Alex to ensure extended senior cover in the department	WRH posts advertised in June and Alex posts to be advertised in July.	Jules Walton / Abdul Jalil	November 2017
4.	Emergency Medicine	Successful bid for capital funds to facilitate primary care streaming, facilitated by re-providing ambulatory care unit at WRH.	Funds received and plans being finalised identifying preferred option identified.	Sarah Smith	December 2017
5.	Trust - wide	Focused work on reducing the number of stranded patients in order to release inpatient beds.	Daily review regimen established and reporting process established which already shows reducing numbers of stranded patients.	Mags Shaughnessy	Ongoing
6.	Division of Medicine	Reducing length of stay through ensuring every day of a patient's stay adds value to their treatment and reduces the time waiting for diagnostics / treatment / discharge planning.	Intensive R2G week completed and actions continuing to improve flow so to embed best practice.	Steve Jezard	July 2017 and ongoing
7.	Emergency Medicine	Focus on turnover in MAU and MSSU to ensure units work as intended. Both Units currently reverting to base ward operation due to bed pressures in the hospital.	MAU transfers occur daily.	Steve Jezard	August 2017

Key risks to delivery of the Trajectory/Target

	Specialty	Risks	Risk Score	Mitigations
1	Emergency Medicine	Unable to influence WMAS behaviour in terms of handover processes.	6	Ensuring internal actions are taken and that acute staff take control of the handover process
2	Emergency Medicine	Middle grade doctors withdrawing from recruitment process	9	Attractive packages offered.
3	Emergency Medicine	Inability to recruit to Consultant vacancies.	12	Early advertisement to take advantage of several known potential candidates become available for recruitment.
4	Acute and Emergency Medicine	Unable to agree plans to expand AEC in order to facilitate primary care streaming bid.	12	Plans being developed on the basis of temporary short term solution with long term solution being worked in a defined period.
5	Trust wide	Limited ability to reduce the number of stranded patients and ensuring sustained impetus	12	Daily review regimen established
6	Division of Medicine	Maintaining impetus to implement R2G.	12	Post-intensive R2G week arrangements for maintaining impetus.
7	Division of Medicine	MAU & MSSU unable to work as intended due to operational pressures in the hospital.	16	As above

Consolidated RTT Corrective Action Statement | July 2017 Reporting

[CAS received from Medicine, Surgery, W&C, SCSD]

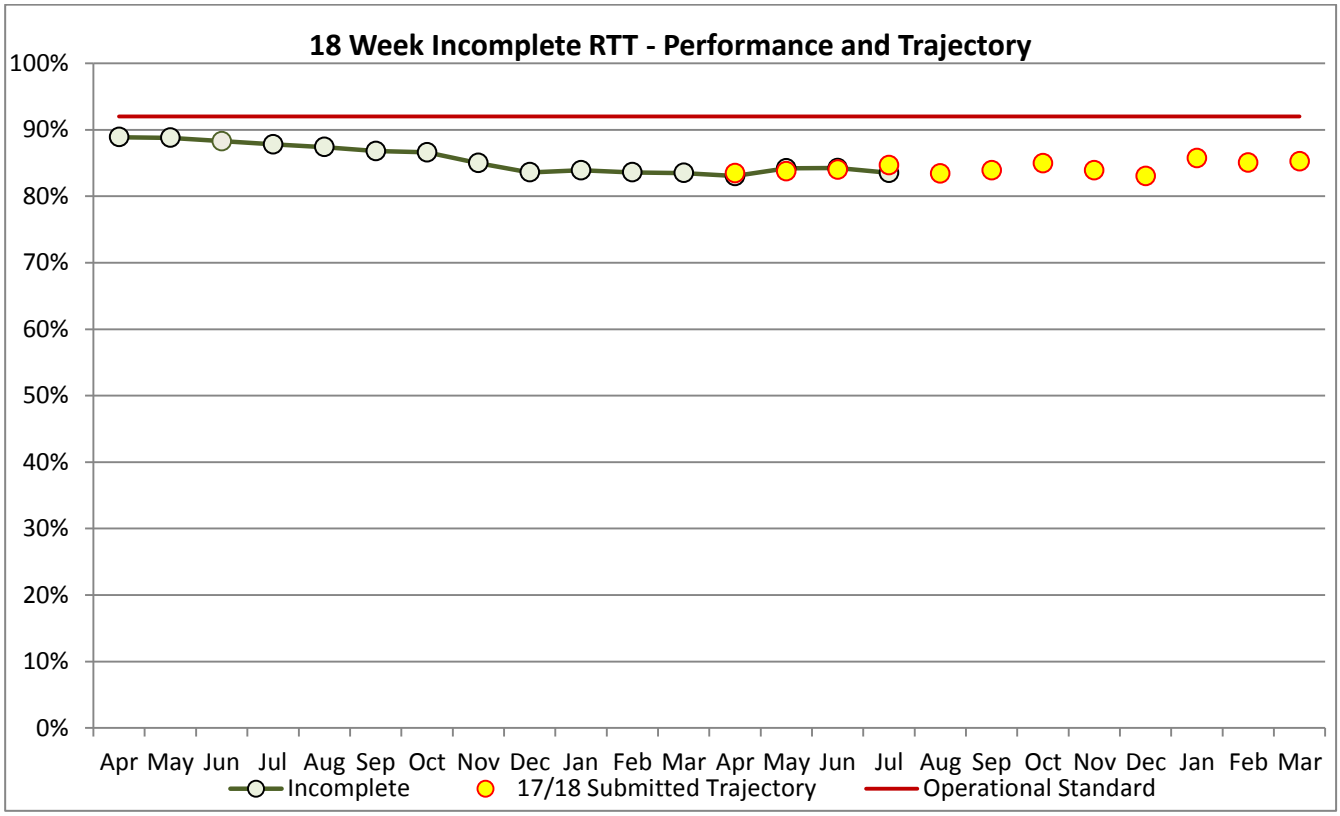
Reporting Month	July 2017
In Month Trajectory	84.7%
In Month Performance	83.82%

July figure (final) at 31/08/17

Performance Overview

The July final performance as at 31 August is 83.82%. The 37 52+ week breaches are below the July trajectory of 43.

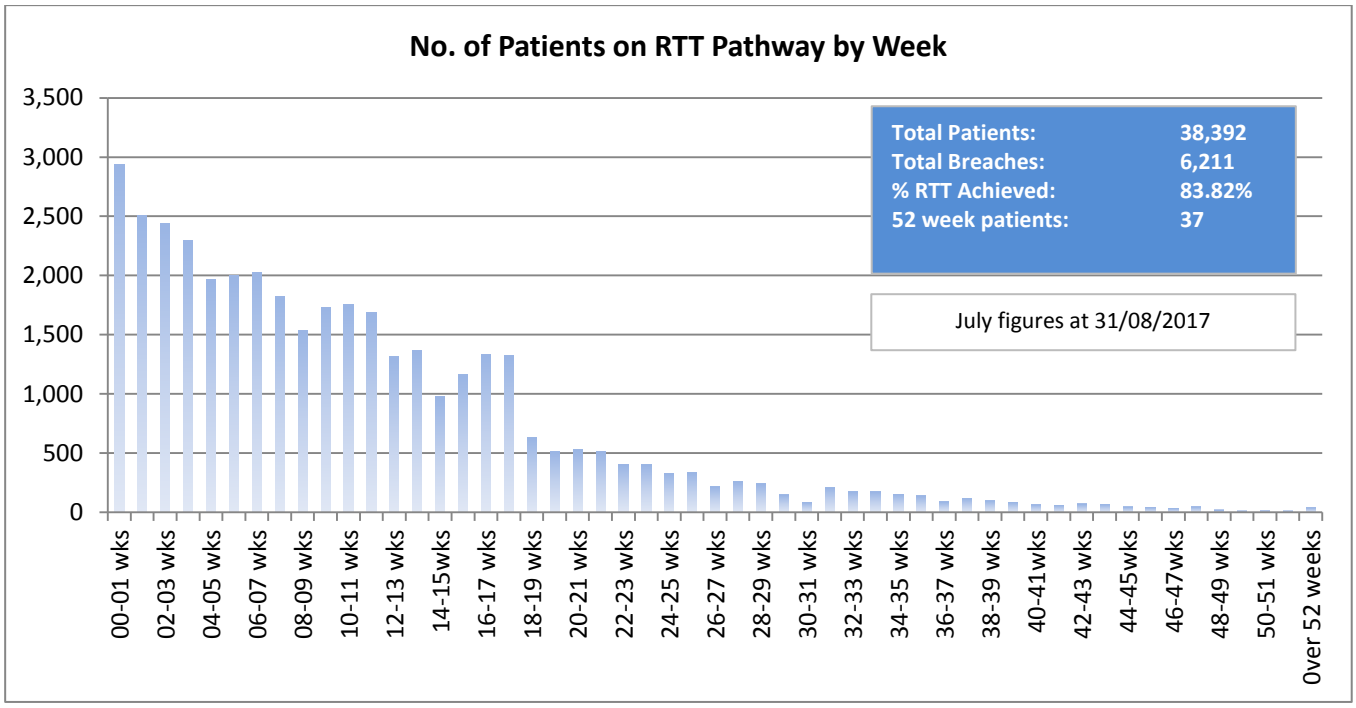
Seven business cases have been approved by the Trust Board as necessary expenditure. As required by FPC, a weekly panel is reviewing responses to pre-implementation queries as well as monitoring activity and performance levels set out in the business cases to ensure the investment delivers the intended level of performance.



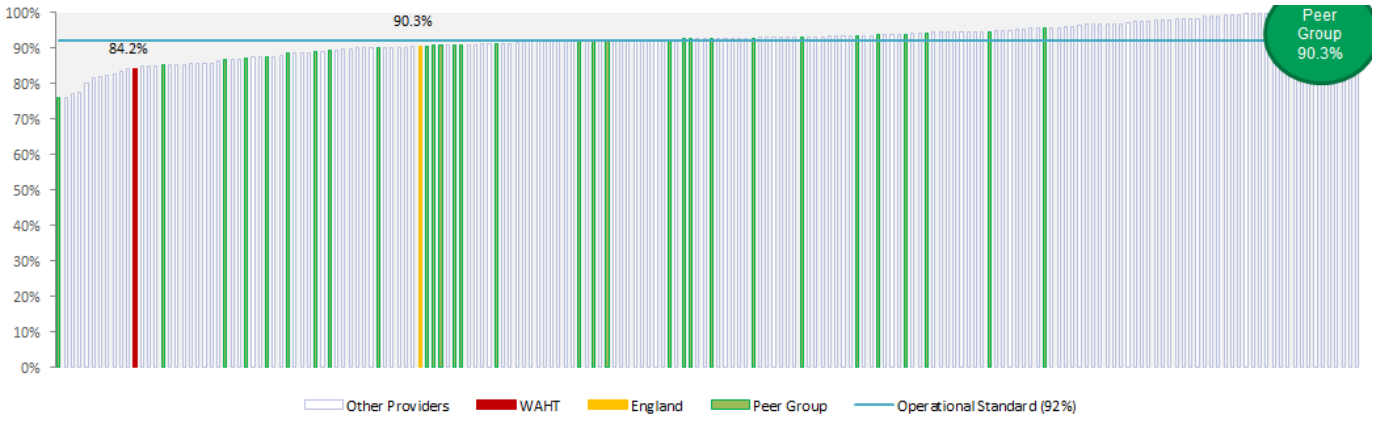
Trust	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	83.0%	84.21%	84.24%	83.82%								
Trajectory	83.5%	83.8%	84.0%	84.7%	85.2%	85.7%	86.9%	85.9%	84.9%	87.9%	87.1%	87.2%
Peer Trusts	90.3%	90.8%	90.3%									
National	89.9%	90.4%	90.3%									

Operational Standard: 92% of patients are treated within 18 weeks

Peer Trust and National Data is published one month in arrears



National Benchmarking – The latest published national data is for June 2017. The Trust was one of 9 of the 29 Peer Group Trusts which saw an improvement in performance between May and June. This Trust was ranked 28th of the 29 in June. The peer group performance ranged from 75.9% to 95.6%. The England average for June 17 was 90.3%, a 0.1 percentage point decrease from 90.4% in May 17.



52+ week waits

Specialty	Apr-17	May-17	Jun-17	Jul-17
Thoracic	5	5	2	5
Urology	1	1	0	2
T&O	15	32	30	24
Gynaecology	0	4	3	4
Oral Surgery	0	1	0	0
General Surgery	0	0	0	1
Radiology	0	0	0	0
Vascular Surgery	0	0	0	1
Total	21	43	35	37

Trust	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	21	43	35	**37**								
Trajectory		43	37	43	43	26	9	12	8	0	0	0

Service Commentary

Challenged specialities are:

- **Thoracic medicine** (inability to recruit and insufficient capacity) and **Neurology** (risk to recruitment)
- **Gynaecology** (inability to recruit)
- **Oral & Max Fac, Dermatology** (demand outstrips capacity, inability to recruit)
- **Ophthalmology** (reduced cataract capacity due to an increasing number of sight threatening conditions)

Medicine

Performance against this standard has been significantly impacted by medical staffing gaps across a number of specialties linked to inability to recruit, IR35 and/or obtain locum cover within the agency cap and historic over reliance on additional activity. All the specialties have had capacity and demand modelling with associated trajectories. The top two specialties with the highest risks to delivery are Thoracic (insufficient capacity and failure to recruit) and neurology (risks to recruitment) and we anticipate a further pressure on the thoracic service and lung cancer with the current 'lung cancer campaign' that is running. In the past we have seen an increase of up to 32% of referrals. Geriatrics is also currently underperforming and this is due to vacancies within the Trust and therefore lack of OPA capacity.

It is anticipated that there will be a further negative impact on this standard following the validation of non-RTT pathways. Based on sample validation the anticipated conversion of non-RTT pathways to RTT pathways is circa 2,500 pathways with associated decrease in performance of circa 2%.

Medicine Specialty	April	May	June	July			
	RTT (%)	RTT (%)	RTT (%)	RTT (%)	Trajectory (%)	Breaches	Waiting List
Thoracic	63.13%	62.70%	64.86%	64.72%	68.95%	551	1,562
Neurology	75.36%	75.44%	77.60%	76.63%	81.82%	193	826
Total	**86.15%**	**87.10%**	**87.21%**	**86.27%**	**86.53%**	**1,159**	**8,440**

Women & Children's

The Division's performance continues below trajectory due to the Gynaecology RTT performance which has worsened due to a continuing shortage of middle grades, the legacy impact of reduced elective operating during last winter and inpatient bed capacity particularly on the WRH site.

The Directorate have been working with 9.0WTE middle grade vacancy between April 17 and August 17. The position is expected to improve in August with the new HEEWM rotation reducing vacancy to 5.1 WTE. The Directorate have also employed 2WTE clinical fellows, which will further reduce the vacancy. Inpatient bed capacity remains a challenge on the WRH site due to the loss of the dedicated gynaecology ward.

W&C Specialty	April	May	June	July			
	RTT (%)	RTT (%)	RTT (%)	RTT (%)	Trajectory (%)	Breaches	Waiting List
Gynaecology	70.52%	70.85%	71.28%	73.07%	78.15%	783	2,742
Total	**77.21%**	**77.04%**	**76.91%**	**77.05 %**	**82.58%**	**835**	**3,671**

Surgery

In June 2017 RTT 92% Incomplete Standard performance for the Surgery Division was 80.80% versus an 81.61% trajectory, with a percentage failure of 0.81% and the number of patients in backlog exceeding the trajectory by 56 patients (trajectory of 3,332 v actual performance of 3,388, a reduction of 114 on previous month).

At time of submission of this CAS report, validation of July performance is completed and signed-off with the position at 80.40% against a trajectory of 81.64%. In percentage terms this is a current gap of 1.24%, the actual number of patients that are currently in backlog is 3,581 versus a trajectory of 3,340 therefore +241 patients against trajectory.

Plans to prevent the potential breaches are continually explored by the Directorate with Director of Operations oversight and scrutiny. An additional orthopaedic consultant commenced in post in July. This additional capacity will help to reduce the number of dropped theatre sessions (54 in July) and the risk of breaches of the 52 week standard.

Surgery Specialty	April	May	June	July			
	RTT (%)	RTT (%)	RTT (%)	RTT (%)	Trajectory (%)	Breaches	Waiting List
Oral and Maxillofacial	75.62%	75.22%	73.65%	75.80%	83.07%	577	2,384
Dermatology	74.34%	76.98%	76.11%	76.05%	91.29%	456	1,904
Total	**78.69%**	**80.21%**	**80.80%**	**80.40%**	**81.64%**	**3,581**	**18,270**

SCSD

Ophthalmology performance against the standard has been significantly impacted by reduced cataract capacity due to an increasing number of sight threatening conditions taking priority over cataract work. The tender for an insourced company has now been placed with a closing date of 14/8/18. This will help deliver the back log activity. A sustainable solution is required for cataract activity as a detailed capacity and demand analysis has been undertaken which shows a significant shortfall in cataract capacity. The current position is 91.18%

Corrective Actions Log

Specialty	Actions	Progress	Lead	Deadline
Thoracic	Advertise for 2 substantive consultants	JD is with the Royal College	Dr Lal	Dec 17
Neurology	Advertise for 2 substantive consultants	Interviews to take place in September 17	Dr Heafield/Sally Hunter	Dec 17
Geriatric	Continue to attempt to recruit locums	With agencies	Caroline Lister	On-going
Gynae	Business case developed for 4 resident on call consultants	Recruitment process has commenced	DDOps	July17
Gynae	Change in structure to support improved utilisation of lists/clinics and progress chasing of long waiters	Good progress	DM	July 17 Sept 17
Gynae	Recruitment for middle grades continues including overseas	No suitable overseas candidates Application for MTI posts made 2x clinical fellow posts appointed to	DM/CD	On going
Gynae	Develop enhanced nurse roles	HoNM working with DM to agree posts/numbers Paper written with plan for specialist and non-specialist nursing roles to support hysteroscopy and ambulatory care – await agreement by Division ATRs for additional nursing roles to	HoNM/DM	October 2017

		be submitted		
Gynae	Targeting of improved middle grade resource from August 2017 to reduce longest OP waits	Additional middle grade resource to be targeted at clinics with longest waits	DM	On-going from August 2017
Ophthalmology	Agree service specification for outsourcing / insourcing	Document is in draft form and under review by clinical teams and divisional management	Emma Streete	Complete
Ophthalmology	Award short term spot contract	Trust wide spot contract tender closed in May identifying a number of potential outsource / insource providers for cataract work	DMT	Aug 2017
Ophthalmology	Sub speciality level capacity & demand to be undertaken	High level C& D completed that identified a gap in a capacity but a detailed review of the subspecialties was deemed necessary	Emma Streete	Complete
Ophthalmology	Business case to be produced based on the detailed C&D to future proof service delivery through a permanent workforce without the reliance of additional sessions and premium rate locums	Sub speciality level C&D needs to be completed The timescales are likely to slip in to September	Emma Streete	31/08/2017
Ophthalmology	Review of potential internal efficiencies	While undertaking sub speciality C&D a number of internal efficiencies have been identified and will form part of the business case to future proof the workforce requirements of the directorate	DMT	31/08/2017
Dermatology	Explore alternatives to consultant staffing model	Directorate is reviewing nursing structure and considering Nurse Consultant roles. Dermatology task group has been established and leadership in the form of a CSL has been put into place. Additional capacity has been sourced from independent sector provider and will commence in August. This will provide an additional 400 new OP slots over 3 month period.	JB/KM	31/10/17
Oral Surgery	Recruit Middle Grade	Interviews in August	JB/HR	31/8/17
Oral Surgery	Anaesthetic consultant triage of all patients listed for WRH site to identify those suitable for transfer to KTC	Commence in July. Will be on-going.	JB/KM	31/8/17
Oral Surgery	Plan to treat 50 osteotomy patients in backlog and give certainty regarding their admission with a DNC standard to be applied.	Plan to be formed and agreed by Divisional Team by 31/7/17	JB	31/7/17

Risk Summary

Specialty	Risks	Risk Score	Mitigations
Thoracic	Failure to recruit to the 2WTE vacancies at the Alex		If recruitment is unsuccessful we will look at creating countywide positions based primarily at WRH with rotations to the Alex site
Thoracic	Complex pathways requiring multiple investigations and therefore causing delays in clock stops		Weekly review of the PTL and escalations in place where appropriate
Thoracic	Patient on an allergy pathway as only one consultant available to cover this speciality causing long delays (up to 52 week) in the pathway		Weekly monitoring and additional WLI clinics taking place to help reduce the long waiting patients
Neurology	Failure to recruit		If recruitment is unsuccessful we will look at a collaborative approach with UHB
Geriatrics	Failure to recruit		We are continuing to chase agencies for appropriate locums
Gynae	Failure to recruit	16	Attempt recruitment to different posts
Gynae	Poor fill rate for August Middle grade rotation	4	Mitigated – all doctors expected on August rotation now in post
Dermatology	High levels of consultant and Clinical Nurse Specialty vacancy	8	External provider providing 280 slots per month from August. Locum agency 80 DC slots per month from August
Oral Surgery	Non recruitment / delay in recruitment to the Staff Grade post	8	Appointed to consultant. Middle grade appointment due August.

Consolidated Diagnostics Corrective Action Statement | July 2017 Reporting

[SCSD only]

Reporting Month	July 2017
In Month Trajectory	3.89%
In Month Performance	4.18%

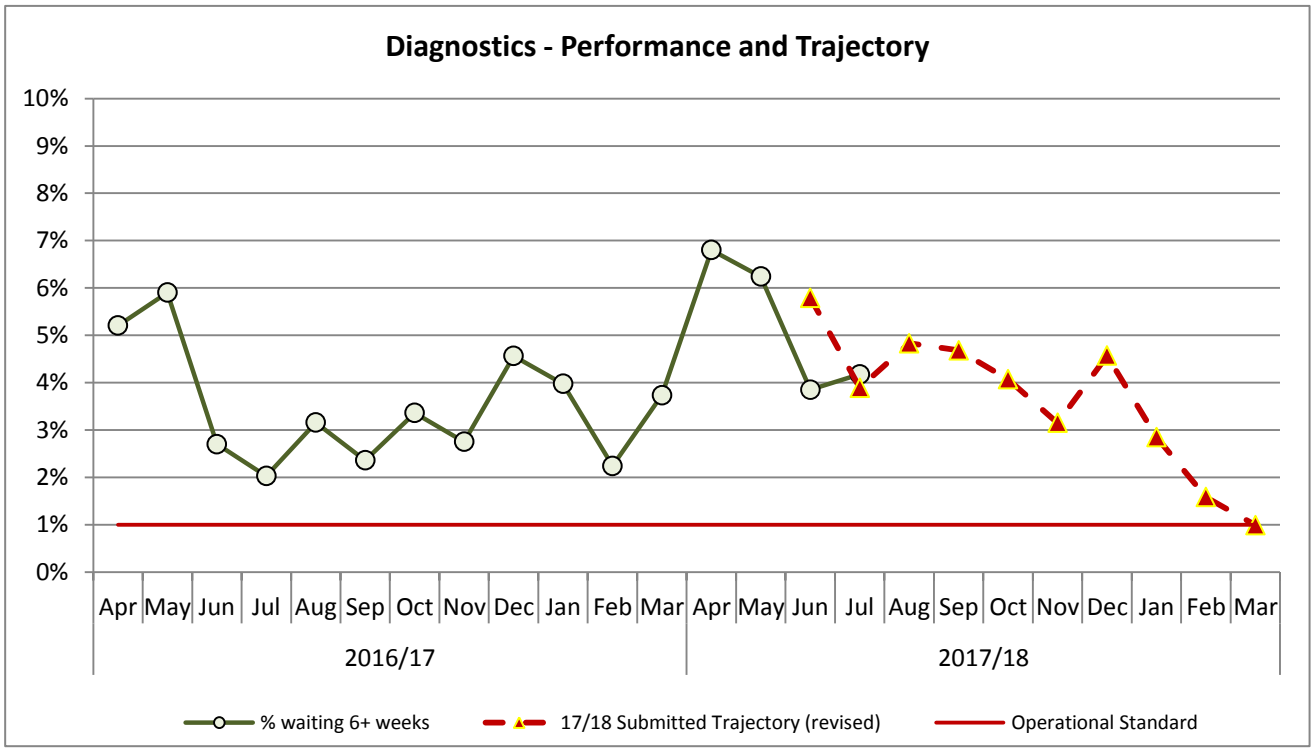
July figure at 17/08/17

Performance Overview

The latest diagnostic figure is 4.18% which is 0.40% off trajectory which equates to 30 patients. Further validation work has been undertaken in endoscopy which should improve the diagnostic position.

In July Endoscopy lost 2 sessions at short notice due a member of the team being involved in a car accident and 1 further session due to short term sickness. These lost sessions would have seen 27 patients.

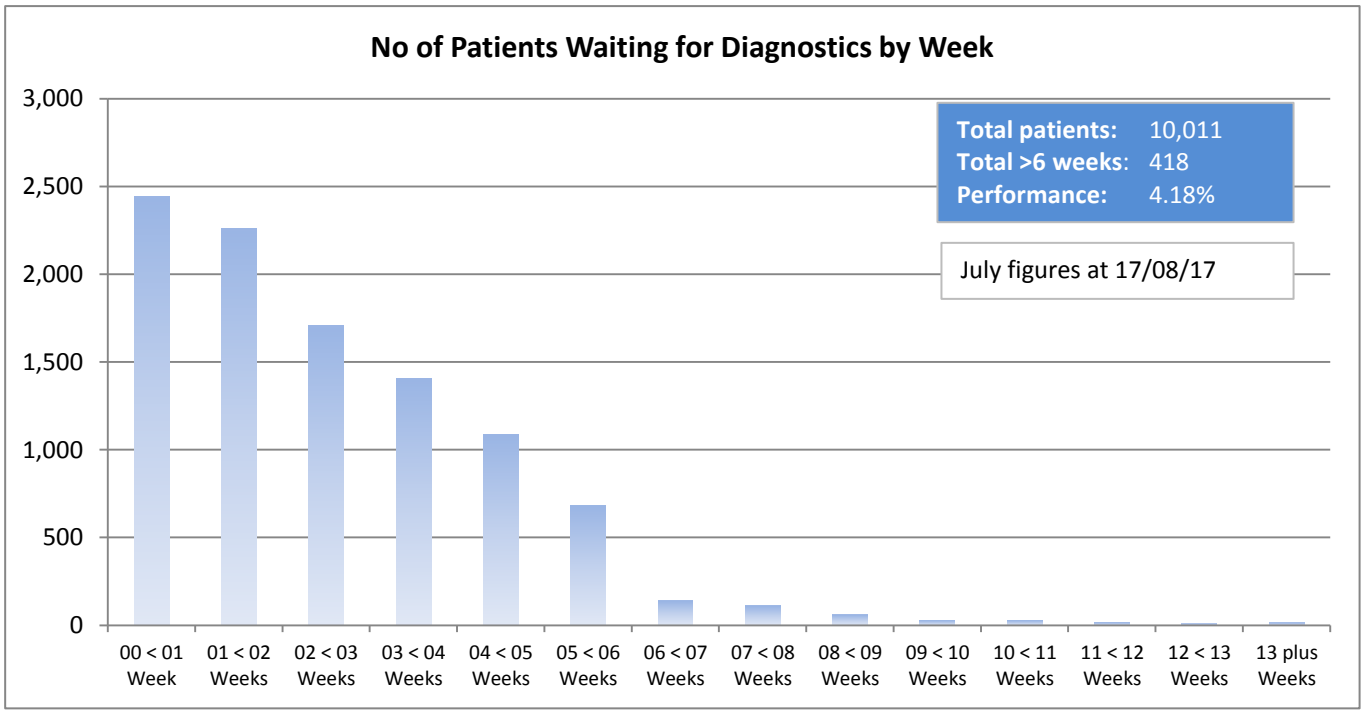
Radiology also lost planned MSK sessions when a secured locum radiologist failed to commence. An alternative locum was requested but none available. This resulted in a loss of 48 slots (4 sessions of 12 patients)



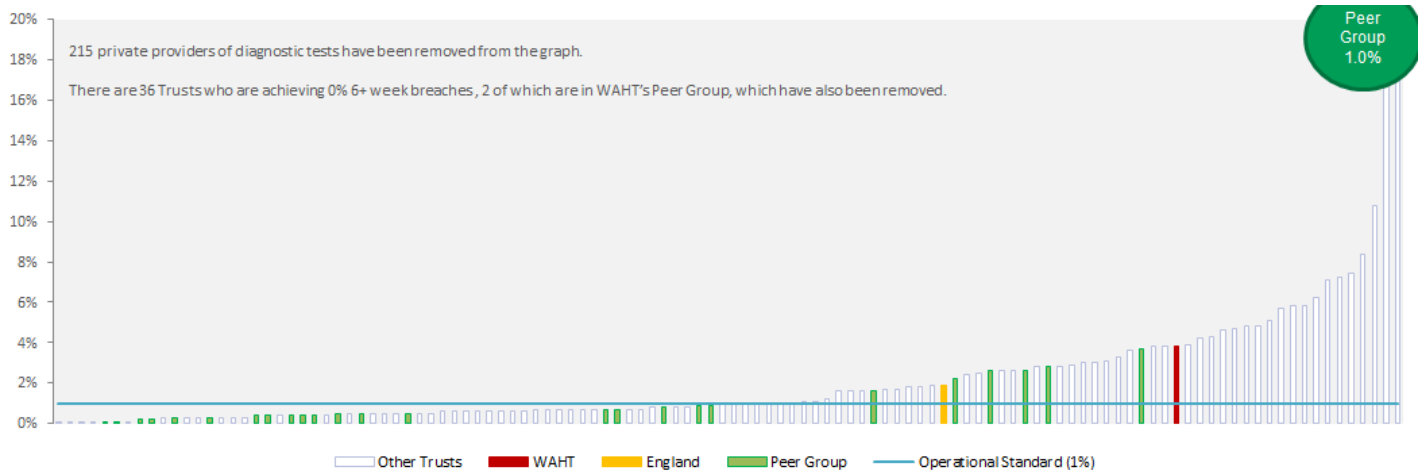
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	6.80%	6.24%	3.85%	4.18%								
Trajectory (revised)	-	-	5.79%	3.89%	4.83%	4.68%	4.07%	3.15%	4.57%	2.85%	1.58%	0.99%
Peer Trusts	1.5%	1.2%	1.0%									
National	1.8%	1.9%	1.9%									

Operational Standard: no more than 1% of patients are waiting for 6 or more weeks for a diagnostic test

Peer Trust and National Data is published one month in arrears



National Benchmarking – The latest published national data is for June 2017. The Trust was one of 21 of the 30 Peer Group Trusts which saw an improvement in performance between May and June; however, this Trust remains ranked 30th of the 30 in June. The peer group performance ranged from 0.00% to 3.85% with a peer group average of 1.0%. The England average for June 17 was 1.9% which has not changed from May 17.



Service Commentary

Endoscopy

The diagnostic performance improved again in July, with Endoscopy achieving the revised trajectory for diagnostics. Dropped session rates improved again in July and rooms are currently occupied above 90%.

56 patients have been treated at St Joseph's in Newport by the end of July with a further patients booked. Regular contact taking place with St Joseph's. Monday morning teleconferences are being held to review the previous week and there is regular contact with the admin lead as processes continue to be refined.

Endoscopy undertook 73 WLI sessions in July and outsourced 184 patients.

A significant amount of validation work was undertaken at the end of July to assist with improving the current position

Endoscopy continue to work with a third outsourced provider to help increase core capacity however activity has been slow through this provider. A number of meetings have been held to try and smooth out the cumbersome admin processes. The insourced tender has been awarded and treatments will start end of August.

Radiology

The position continues to be reliant on additional sessions in CT and additional sessions in ultrasound.

CT capacity continues to rely heavily on waiting list initiatives as inpatient scanning has taken priority.

MSK capacity continues to be the limiting factor in ultrasound and will remain fragile during periods of annual leave. The service continues to try and source locum, but this is challenging. The radiology booking team are monitoring the session requirement closely and booking into additional capacity sessions when identified.

Test		Performance							
		May-17		Jun-17		Jul-17			
		Actual	Trajectory	Actual	Trajectory	Actual	Trajectory	Breaches	List
Imaging	Magnetic Resonance Imaging	0.00%	0.20%	0.10%	0.16%	0.33%	0.16%	6	1,808
	Computed Tomography	0.70%	-	0.30%	-	0.15%	-	2	1,329
	Non-obstetric ultrasound	9.70%	11.12%	3.00%	4.92%	2.90%	0.65%	91	3,139
	Barium Enema	-	-	-	-	-	-	-	-
	DEXA Scan	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	290
	Sub Total	**5.00%**	**5.60%**	**2.00%**	**2.46%**	**1.51%**	**0.80%**	**99**	**6,566**
Physiological Measurement	Audiology - Audiology Assessments	0.50%	0.14%	1.10%	0.34%	0.27%	0.55%	2	744
	Cardiology - echocardiography	0.00%	0.00%	0.00%	0.00%	0.54%	0.00%	4	741
	Cardiology - electrophysiology	-	100.00%	-	-	-	-	-	-
	Neurophysiology - peripheral neurophysiology	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	-	292
	Respiratory physiology - sleep studies	0.00%	0.00%	0.00%	0.00%	5.26%	0.00%	2	38
	Urodynamics - pressures & flows	23.80%	7.35%	20.30%	10.94%	18.57%	8.45%	13	70
	Sub Total	**1.00%**	**0.31%**	**1.00%**	**0.47%**	**1.11%**	**0.51%**	**21**	**1,885**
Endoscopy	Colonoscopy	23.70%	25.33%	23.00%	31.97%	26.57%	31.55%	199	749
	Flexi sigmoidoscopy	6.60%	17.00%	4.80%	21.07%	15.00%	17.55%	12	80
	Cystoscopy	22.90%	23.03%	21.00%	16.15%	12.55%	7.28%	33	263
	Gastroscopy	7.60%	9.31%	8.00%	17.94%	11.54%	11.21%	54	468
	Sub Total	**17.00%**	**20.60%**	**16.00%**	**23.98%**	**19.10%**	**19.80%**	**298**	**1,560**
Total		**6.24%**	**7.48%**	**3.85%**	**5.80%**	**4.18%**	**3.90%**	418	10,011

Corrective Actions Log

	Specialty	Actions	Progress	Lead	Deadline
1	Radiology	Identify un-resourced equipment capacity	Combined with business case	Deena Smith	31/07/17
2	Radiology	Recruit locum CT Radiographer	Locum recruited and started May 2017.	Tracy Robson	21/5/17 Complete
3	Radiology	Identify available capacity in private sector	There is currently no capacity available.	Deena Smith	30/06/17 complete
4	Radiology	Additional activity sessions planned in anticipation of increased referrals as a result of cancer Lung campaign May- August	Daily review of breaches and additional capacity sourced when required	Deena Smith	On going
5	Radiology	Arrange WLI sessions in ultrasound	56 additional sessions arranged for June, this equates to 393 (20 mins) slots	Deena Smith	12/06/17 Complete
6	Endoscopy Surgery Medicine	Continue to attend weekly endoscopy capacity meeting, circulate vacant endoscopy sessions and seek backfill to increase capacity.	First meeting held 22nd May 2017.	Kate Winwood	On going
7	Endoscopy	Circulate vacant sessions to all Clinicians and Nurse Endoscopists.	On-going month on month. Utilisation reports demonstrate approx. 90% utilisation for GI Endoscopy per month.	Kirsty Hinton	On going
8	Endoscopy	Continue to outsource	Outsourcing continuing	Kirsty Hinton	On going
9	Endoscopy	Agree contract for further SPOT provider to undertake outsourcing work for the Trust.	Contract awarded to St Joseph's, Newport.	Lynne Mazzocchi	
10	Endoscopy	Commenced outsourcing 19th June,	Outsource capacity up to 200 patients per month. Slow progress in June and July as process and flows embedding. 70 patients treated up to end of July with a further scheduled	Lynne Mazzocchi / Kirsty Hinton	
11	Endoscopy	Proceed to insourcing tendering process.	Insource up to 250 patients per month. Insourcing tender closed 17/07/17. Contract awarded and provider commencing first list bank holiday weekend	Darren Henderson / Kate Winwood	

Key risks to delivery of the Trajectory/Target

	Specialty	Risks	Risk Score	Mitigations
1	Radiology	Significant increase in CT referrals as a direct result of lung campaign, for which additional capacity cannot be identified		Identify internal and external capacity in advance
2	Radiology	Equipment failure		
3	Radiology	Unavailability of internal and locum staff to provide additional sessions in both CT and MSK		
4	Radiology	Unavailability of external capacity		
5	Endoscopy	The Trust is currently undertaking a review of any patient currently on the NON-RTT PTL this is a Programme of work being delivered with support from the Intensive Support Group. The impact of this is currently being investigated and this trajectory does not include adjustments for the outcome of this Programme.	20	No mitigating actions continue to outsource / progress insourcing.
6	Endoscopy	Patient's reluctance/refusal not to go to outsourcing provider.	12	50% uptake factored into revised trajectory.
7	Endoscopy	Delay to insourcing tender process, impacting start date of insourcing process (October 2017).		Tender closed 17/07/17. First lists to be undertaken bank holiday weekend
8	Endoscopy	Equipment failure due to age of key equipment.	16	Hire in equipment if required.

Consolidated Stroke Corrective Action Statement | July 2017 Reporting

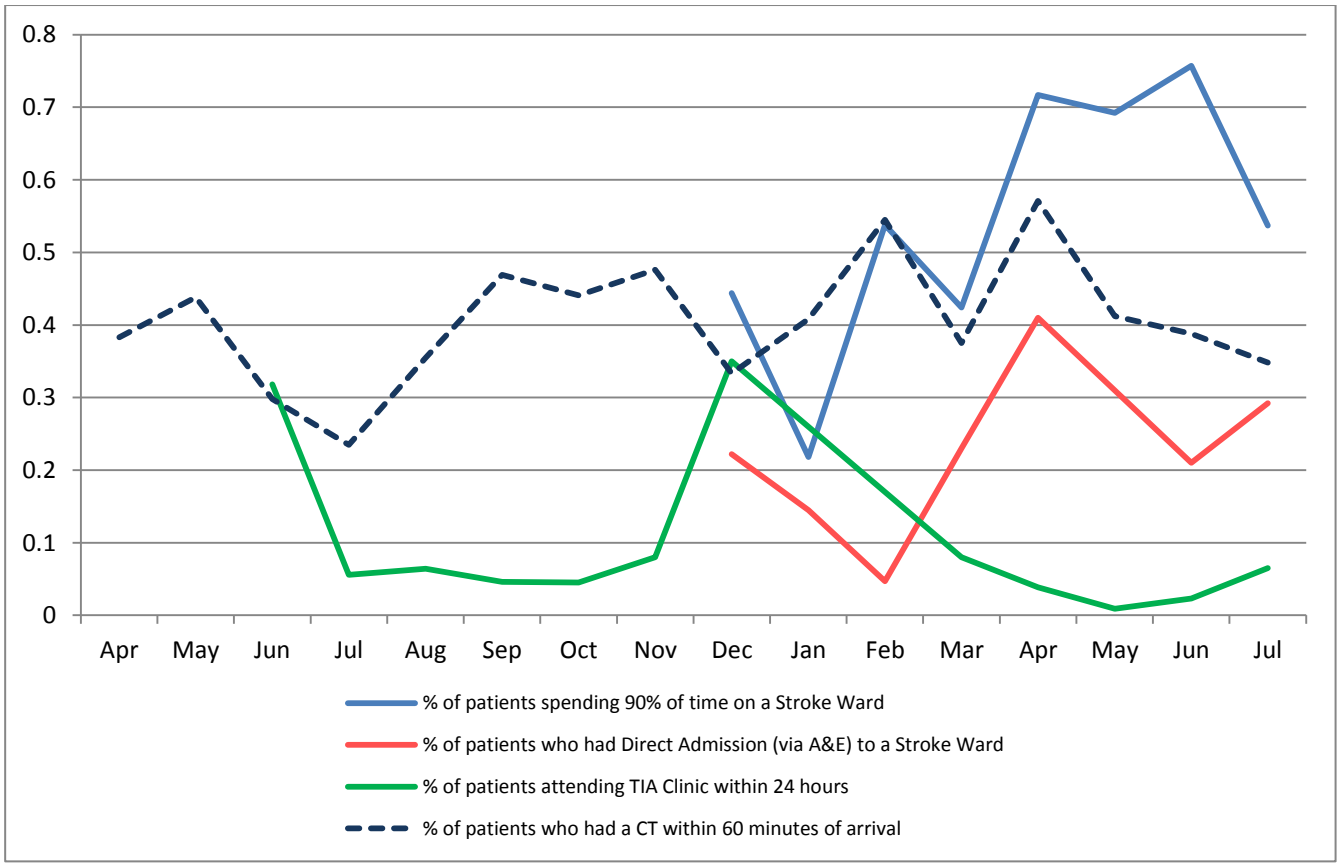
[Medicine only]

Reporting Month			July 2017
CT Scan within 60 Minutes of Arrival			
Operational Standard	80%	In Month Performance	**34.80%**
Direct Admission to a Stroke Ward			
Operational Standard	90%	In Month Performance	**29.20%**
90% of time spent on Stroke Ward			
Operational Standard	80%	In Month Performance	**53.70%**
TIA Clinic within 24 hours			
Operational Standard	70%	In Month Performance	**6.50%**

[These figures will change over time as validation is undertaken]

Performance Overview

The Trust's performance against the 4 metrics below has been consistently below target over the last 18 months. May 17 is the latest fully validated position and does show an improvement in the amount of time patients spend on the Acute Stroke Unit. A further deterioration has been seen for patients being seen within 24 hours of referral to TIA service and is due in the main to significant staffing issues.



Draft Trajectories

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
90% of time spent on Stroke Ward	-	-	-	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
Direct admission to Stroke Ward within 4 hours	-	-	-	-	40.0%	50.0%	50.0%	60.0%	70.0%	80.0%	80.0%	90.0%
TIA Clinic within 24 hours	-	-	-	-	-	-	-	40.0%	50.0%	50.0%	60.0%	70.0%
CT within 60 minutes of arrival	-	-	-	-	-	50.0%	60.0%	65.0%	75.0%	80.0%	80.0%	80.0%

Service Commentary

Performance against these four standards has been significantly impacted by the capacity and flow issues faced across the organisation along with an inability to recruit to substantive consultant vacancies and Clinical Nurse Specialists (4 to all commence by October 2017).

Direct Admission to a stroke ward performance is challenged due to a continual number of patients remaining on the Acute Stroke Unit who are medically fit for rehabilitation (exit block). Capacity issues within the Health and Care Trust remain.

Attendance at TIA clinic within 24 hours of referral is currently not achievable due to the service only being available Monday to Friday and limited clinic slots due to the medical workforce constraints.

The number of patients receiving a CT scan within 1 hour of arrival in A&E remains below target at 34.8% for July, down from 39.0% in June.

A business case is currently being written detailing the workforce investment requirements to provide a sustainable 24/7 stroke service ensuring achievement of all national stroke standards.

NB Data Quality Concern: the latest validated position is May 2017 due to a backlog of coding and entry onto SSNAP database. June and July figures still require full validation. A working group to resolve concerns around data collection and accuracy is being set up to ensure accurate information is reported.

Corrective Actions Log

	Specialty	Actions	Progress	Lead	Deadline
1	Stroke	Employment of 4 Clinical Nurse Specialists to support TIA clinics and Straight to scanner target	4 nurses offered posts – start date confirmed – all in post by end September and trained by end October	Matron – Stroke	30/09/17
2	Stroke	Introduce protected trolley assessment area for stroke and TIA patients for early specialist assessment. Agreement required at Executive Level to remove this 2-bedded area from options for surge capacity.	Space available but continues to be used as surge inpatient capacity. Discussion taking place with COO.	Deputy DOPs	30/09/17
3	Stroke	Ensure adequate HASU capacity to provide treatment and care for all stroke patients in accordance with National Stroke Guidance – 1 space within HASU to be protected at all times.	As above	Deputy DOPs	30/09/17

4	Stroke	HASU and Assessment Trolley SOP to be completed	HASU SOP approved, Assessment trolley SOP to be approved at July Divisional Management Board (18/07/17) COMPLETE	Matron – Stroke	18/07/17
5	Stroke	Devise recruitment plan to recruit into substantive consultant vacancies and advertise	Potential recruits sources from overseas trip plus 1 via head hunting agency. Confirmation required as to offer status	DMD– Specialty Med	31/08/17
6.	Stroke	Finalise workforce strategy plan with health economy partners across the stroke pathway – new models of working to be explored	1st draft of strategy discussed at Stroke Strategy Forum 6/6/17 – further work to be completed in time for next meeting 12/07/17. First draft proposal (mainly ESD) to be discussed at 16th August Stroke Strategy Forum	Clinical Lead	16/08/17
7.	Stroke	Set up Data workstream group to ensure robust and accurate recording of stroke data on both internal OASIS system and external SSNAP reporting tool.	First meeting to be arranged by end August – then weekly on going until data issues resolved	Directorate Support Manager – Stroke	31/08/17
8.	Stroke	Write full Stroke business case to support 24/7 sustainable stroke services	Business case underway – aim to complete by end of Month for Divisional approval.	Deputy DOPs	31/08/17

Key Risks to Delivery

	Specialty	Risks	Risk Score	Mitigations
1	Stroke	Inability to protect 1 HASU bed and assessment trolley area due to on-going capacity issues	12	Agreement with Executive team required to support the protection of these areas. Stroke to regularly feature within the 3 daily bed meetings to highlight demand vs capacity and options explored at each meeting to support correct placement of patients.
2	Stroke	Inability to recruit to substantive consultant vacancies (currently 2.4 WTE)	9	Potential of 2 appointments from India trip and head hunting agency – final checks and offers underway.

Consolidated Fractured Neck of Femur Corrective Action Statement | July 2017 Reporting

[CAS Surgery]

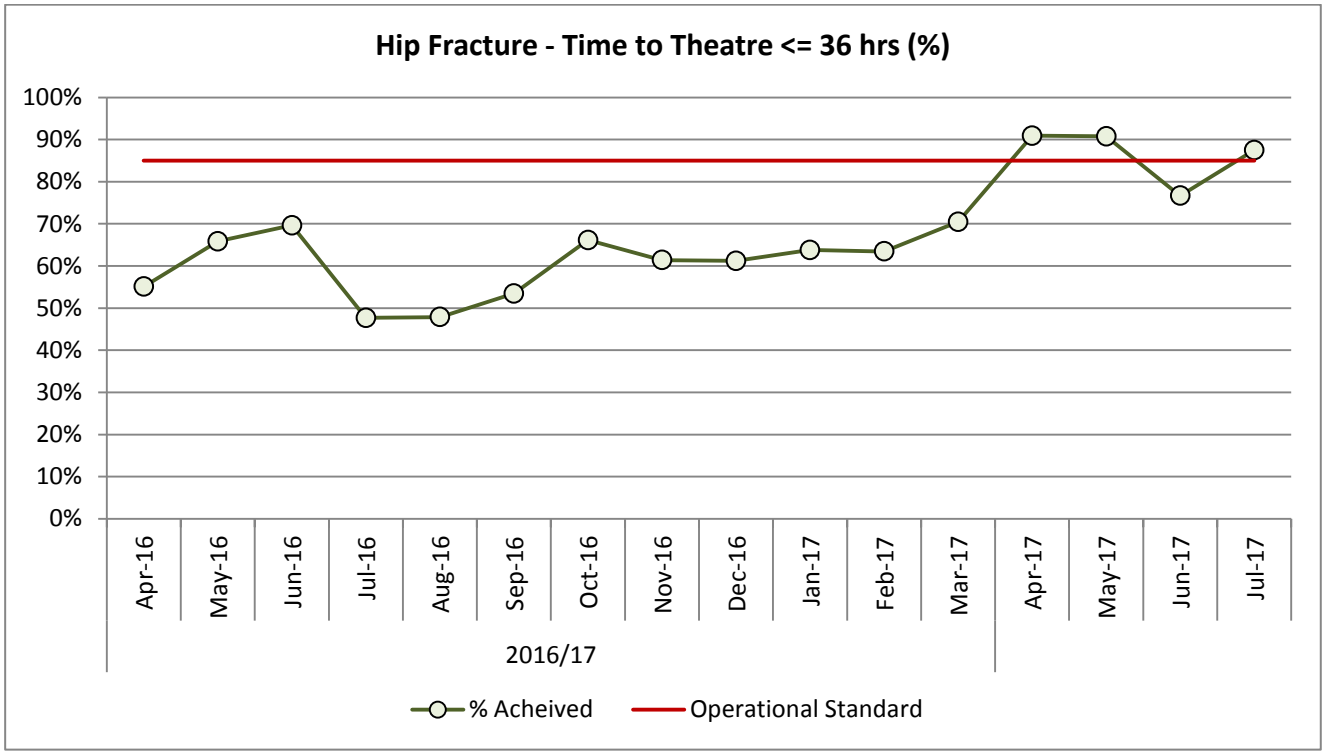
Reporting Month	July 2017
Operational standard	85.0%
In Month Performance	88.0%

**month to date at 02/08/17*

Performance Overview

Improved performance has been experienced against the 36 hour fractured neck of femur standard in April and May with 91% of patients in both months being treated against the 85% standard. This performance deteriorated in June to 76.7%, with Quarter 1 Trust wide performance overall at 86.1%. In July the performance returned to compliance with 88% of patients achieving the standard and in August MTD at 11/8/17, the standard continues to be achieved currently at 92%.

A review of all patients who breach the standard takes place at the weekly trauma mortality and harm meetings.



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Actual	90.9%	90.7%	76.7%	86.1%	88.0%							
Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

National Standard: 85% of patients admitted with a fractured hip undergoing surgery within 36 hours of admission

By site

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
WRH	85.0%	88.0%	80.0%	91.0%								
ALX	100.0%	95.0%	72.0%	83.0%								

Service Commentary

Following the visit from HEE in July the CMO has written to the Directorate (message reinforced with attendance at Trauma Meeting) stating the need to implement a single on-call rota for trauma. Discussions are ongoing to facilitate this.

The weekly trauma meetings that have been held since March have reduced to alternate weeks with the agreement from the CMO and the CNO. CMO has been in attendance regularly to provide support.

Gaps in control:

- An audit of trauma theatre start times and utilisation is being undertaken to determine whether trauma theatre capacity could be used more productively and / or if further trauma capacity is required.
- The escalation process to resolve lack of theatre capacity is being reviewed.
- Radiology is not available to trauma theatres until 0900 and this can delay start times.

Corrective Actions Log

	Action	Lead	Completion due date	When will this have an effect on performance
1.	Review trauma capacity to ensure right-size to demand	MK/SR	31/8/17	TBA
2.	Review the operational escalation process to resolve lack of theatre capacity	MK	31/7/17	1/8/17
3.	Identify solution with SCSD for earlier radiology start times	SH	31/7/17	31/08/2017

Key Risks

Risks	Risk Score	Mitigations
Loss of Jn Dr Training Status		Full action plan developed following visit and attached.

Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: July 2017

*** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE ***

Area	Indicator Type		Indicator	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Current YTD	Prev Year	Tolerance Type	2017/18 Tolerances: On Target	2017/18 Tolerances: Of Concern	2017/18 Tolerances: Action Required	SRO	Data Quality Kitemark
Waits	National	PW1.1.3	6 Week Wait Diagnostics (Proportion of waiting list)	2.03%	3.16%	2.36%	3.36%	2.75%	4.56%	3.98%	2.24%	3.73%	6.80%	6.24%	3.85%	4.18%	5.26%	3.55%	National	<1%	-	>1%	COO	
	National	CW3.0	RTT - Incomplete 92% in 18 Weeks	87.80%	87.36%	86.79%	86.60%	85.00%	83.58%	83.90%	83.59%	83.51%	83.04%	84.21%	84.24%	83.52%	83.52%	83.51%	National	>=92%	-	<92%	COO	
Theatres	Local	PT2.1	Booking Efficiency - ALX	67.00%	74.00%	72.00%	71.00%	72.00%	75.00%	71.00%	72.00%	76.00%	73.00%	74.00%	74.00%	73.00%		-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT2.2	Booking Efficiency - WRH	87.00%	81.00%	81.00%	87.00%	87.00%	75.00%	83.00%	78.00%	83.00%	76.00%	82.00%	81.00%	82.00%		-	Local				COO	
	Local	PT2.3	Booking Efficiency - KGH	70.00%	73.00%	66.00%	68.00%	69.00%	70.00%	71.00%	72.00%	75.00%	73.00%	71.00%	72.00%	68.00%		-	Local				COO	
	Local	PT1.1	Utilisation - ALX	66.00%	73.00%	69.00%	42.00%	69.00%	71.00%	29.00%	67.00%	72.00%	72.00%	69.00%	69.00%	67.00%		-	Local				COO	
	Local	PT1.2	Utilisation - WRH	76.00%	75.00%	75.00%	78.00%	78.00%	71.00%	75.00%	71.00%	76.00%	73.00%	75.00%	74.00%	74.00%		-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	
	Local	PT1.3	Utilisation - KGH	66.00%	70.00%	64.00%	65.00%	66.00%	67.00%	69.00%	70.00%	71.00%	67.00%	67.00%	67.00%	67.00%		-	Local				COO	
	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MIU	85.70%	83.70%	82.80%	80.90%	78.90%	75.30%	76.80%	77.90%	82.57%	81.21%	82.68%	83.0%	82.43%	82.33%	81.50%	National	>=95%	-	<95%	COO	
	Local	CAE2.1	12 hour trolley breaches	1	13	4	4	37	88	177	55	14	4	6	1	1	12		Local	0		0	COO	
A & E	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile	24	32	23	37	36	41	44	43	27	29	28	22	22		-	National	<=15mins	-	>15mins	COO	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile	30	40	35	31	34	34	35	34	27	28	26	24	26		-	National	<=15mins	-	>15mins	COO	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data	59.10%	60.70%	57.40%	54.70%	53.90%	39.20%	39.70%	35.90%	47.70%	51.30%	52.50%	60.60%	57.90%	55.60%	53.20%	National	>=80%	-	<80%	COO	
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data	93.00%	90.30%	90.80%	87.69%	87.70%	78.70%	79.50%	74.90%	86.40%	86.10%	86.80%	92.10%	87.50%	88.10%	88.10%	National	>=95%	-	<95%	COO	
	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data	26	70	43	97	81	157	141	129	60	70	95	43	63	271	731	Local	0		>0	COO	
Cancer *	National	CCAN1.0	31 Days: Wait For First Treatment: All Cancers	99.23%	98.13%	97.25%	98.32%	94.60%	97.63%	95.08%	97.39%	97.64%	97.67%	96.40%	98.14%	98.12%	96.90%	97.06%	National	>=96%	-	<96%	COO	
	National	CCAN5.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers	66.44%	66.15%	72.20%	74.35%	75.25%	73.85%	57.49%	76.40%	76.70%	70.66%	61.78%	70.88%	73.90%	66.10%	71.80%	National	>=85%	-	<85%	COO	
	National	CCAN7.0	62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers *	100.00%	90.00%	75.00%	86.70%	69.60%	50.00%	88.00%	65.00%	64.00%	83.33%	91.67%	81.82%	100.00%	85.30%	73.90%	National	>=90%	-	<90%	COO	
	National	CCAN8.0	2WW: All Cancer Two Week Wait (Suspected cancer)	75.50%	65.90%	71.00%	86.30%	82.50%	90.40%	86.60%	86.30%	83.90%	64.90%	66.03%	72.81%	79.16%	68.50%	74.70%	National	>=93%	-	<93%	COO	
	National	CCAN9.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	74.50%	52.00%	76.10%	93.40%	94.10%	95.60%	86.60%	80.50%	51.80%	34.38%	27.37%	76.19%	84.38%	44.70%	66.60%	National	>=93%	-	<93%	COO	
	National	CCAN10.1	Cancer Long Waiters (104 Day +) includes suspected and diagnosed - treated in month - NEW			11	12	14	11	20	7	13	5	13	4	7	28	151	-	-	-	-	COO	
Stroke	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward (National Definition - from April 2016)									42.40%	72.10%	68.80%	75.70%	53.70%	68.40%		Local	>=80%	-	<80%	COO	
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward (National Definition - from April 2016)									23.00%	46.20%	30.90%	21.20%	29.20%			Local	>=90%	-	<90%	COO	
	Local	CST3.1	TIA (National Definition - from April 2016)	5.60%	6.40%	4.60%	4.50%	8.00%	35.00%			8.02%	3.90%	0.90%	2.30%	6.50%	0		Local	>=60%	-	<60%	COO	
	Local	CST4.0	CT scan within 60 minutes of arrival	23.5%	35.5%	46.9%	44.1%	47.6%	33.3%	40.8%	54.5%	37.5%	57.1%	41.2%	39.0%	34.8%	42.60%	39.20%	-	-	-	-	COO	
Inpatients (All)	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH	100%	100%	100%	100%	99%	99%	99%	99%	99%	96%	98%	98%	99%	98%	100%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX	87%	86%	93%	96%	96%	90%	91%	90%	86%	87%	83%	83%	83%	84%	89%	Local	<90%	90 - 95%	>95%	COO	
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month								48.90%	40.94%	38.75%	38.46%	34.71%	39.30%		48.90%	Local	<=45%	-	>45%		
	National	PIN3.1	Delayed Transfers of Care SitRep (Patients) - Acute/Non-Acute	22	26	39	34	45	25	23	34	33	38	32	15	35	120	383	Local	<30	-	>=30	COO	
	National	PIN3.2	Delayed Transfers of Care SitRep (Days) - Acute/Non-Acute	704	514	1145	1005	1225	1068	706	878	1,186	686	819	734	622	2,861	11021	-	-	-	-	COO	
	Local	PIN4.2	Bed Days Lost Due To Acute Bed No Longer Required (Days)	2,409	2,459	2,899	3,387	3,402	2,933	3,068	3,117	3,428	3,000	3,204	2,671	2,987	11,862	36,498	-	-	-	-	COO	
Elective	National	PEL3.0	28 Day Breaches as a % of Cancellations****	17.7%	22.9%	10.1%	7.1%	40.2%	28.4%	39.0%	13.4%	51.4%	12.9%	22.4%	19.0%	6.58%	14.14%	25.7%	TBC	<=5%	6 - 15%	>15%	COO	
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)	11	11	7	7	39	25	39	9	18	4	11	8	5	28	-	TBC	-	-	-	COO	
Emergency	National	PEL4.2	Urgent Operations Cancelled for 2nd time	1	1	0	0	1	1	0	1	0	1	1	0	0	2	10	National	<=0	-	>0	COO	
	Local	PEM2.0	Length of Stay (All Patients)	4.3	4.7	4.8	4.6	4.6	5.0	5.0	5.0	4.6	4.4	4.4	4.4	4.17	4.4	4.7	Local	TBC	TBC	TBC	COO	
	Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)	5.9	6.4	6.9	6.6	6.8	7.1	7.0	7.3	6.8	6.4	6.4	6.4	6.15	6.3	6.6	-	-	-	-	COO	
Clinical Coding	National	PCC1.0	% of Discharged FCEs not coded by SUS Submissions (approx. 5th working)	2.8%	0.0%	0.0%	0.8%	0.3%	6.2%	0.6%	29.0%	76.7%		50.1%	20.3%				National	<=5%	-	>5%	COO	

** Cancer _this involves small numbers that can impact the variance of the percentages substantially.*

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Data Quality Kite mark descriptions:
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Amber - Potential issue to be investigated
Red - DQ issue identified - significant and urgent review required.
Blue - Unknown will be scheduled for review.
White - No data available to assign DQ kite mark

Worcestershire Acute Hospitals NHS Trust

Quality Metrics Overview

Worcestershire NHS
Acute Hospitals NHS Trust

Reporting Period: July 2017

Patient Safety

Area	Indicator Type	Indicator		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Current YTD	Prev Year	2017/18 Tolerances			SRO	Data Quality Kitemark
																			On Target	Of Concern	Action Required		
Incidents and Never Events	Local	QPS3.3	Incidents - SI's open > 60 days (Awaiting closure - WAHT)	1	4	4	1	2	4	1	0	0	3	11	9	8		-	0	-	>0	CMO	
	National	QPS4.1	Never Events	0	1	0	0	0	0	1	0	0	0	0	0	0	0	2	0	-	>0	CMO	
	Local	QPS6.6	Falls: Total Falls Resulting in Serious Harm (In Month)	1	1	2	2	1	4	2	5	0	2	1	1	3	7	23	<=1	-	>=2	CNO	
	Contractual	QPS7.5	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 3 Avoidable (Monthly)	1	2	3	2	0	4	2	1	0	0	2	1	1	4	18	0	1 - 3	>=4	CNO	
	Contractual	QPS7.7	Pressure Ulcers: New Pts. with Hosp. Acq. Grade 4 Avoidable (Monthly)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>=1	CNO	
Mortality*	National	QPS9.1	Mortality - SHMI (HED tool) Inc. deaths 30 days post discharge - rolling 12 months	111	110	108	109	108	108	107	107						-	-	<100	>=100 to UCL	> UCL	DPS	
	National	QPS9.81	Mortality - HSMR - All Diagnostic Groups - rolling 12 months	110	109	108	109	108	106	109	109	180					-	-	<100	>=100 to UCL	> UCL	DPS	
	National	QPS9.21	% Primary Mortality Reviews completed	59.00%	64.00%	59.00%	59.00%	54.00%	55.00%	54.00%	52.00%	44.90%	45.70%	35.00%	36.80%	39.00%	#N/A		>=60		<60	DPS	
	National	QPS.9.22	% Secondary Mortality Reviews completed	11.00%	0.00%	22.00%	10.00%	33.00%	29.00%	3.00%	0.00%	17.00%	0.00%				-		>=20		<20	DPS	
Safety Thermometer	National	QPS10.1	Safety Thermometer - Harm Free Care Score	94.47%	93.10%	91.78%	91.51%	89.91%	91.79%	94.63%	93.39%	93.63%	90.20%	91.33%	93.14%	93.89%	-	-	>=95%	90% - 94%	<90%	CMO	
VTE	National	QPS11.1	VTE Risk Assessment	95.64%	93.80%	93.89%	92.84%	93.46%	93.40%	93.48%	93.27%	94.20%	94.51%	94.74%	94.34%	94.25%	94.46%	94.27%	>=95%	94% - 94.9%	<94%	CMO	
Infection Control	National	QPS12.1	Clostridium Difficile (Monthly)	3	0	6	4	5	6	3	3	3	2	1	3	4	10	41	16/17 Threshold < = 32 17/18 Threshold < = 32			CNO	
	National	QPS12.4	MRSA Bacteremia - Hospital Attributable (Monthly)	0	0	0	0	1	1	0	1	1	0	0	0	0	0	4	0	-	>0	CNO	
	National	QPS12.131	MRSA Patients Screened (High Risk Wards Only) - Elective	95.80%	95.90%	92.70%	97.10%	96.60%	93.80%	97.00%	96.70%	95.50%	96.40%	97.40%	95.80%	96.40%	96.60%	-	>=95	-	<95%	CNO	
	Contractual	QPS12.14	Ecoli Cases (Trust Attributable)	4	2	5	12	7	5	5	4	6	8	8	8	5	29	67	-	-	-	CNO	

Patient Experience

Complaints & Compliments ****	Local	QEX1.1	Category 2 Complaints - Numbers (In Month) - WHAT	55	70	59	63	68	60	55	51	61						724				CNO	
	Local	QEX1.14	Category 2 Complaints - % responded within 25 days (closed in month) - WHAT	67.0%	65.0%	51.0%	47.0%	63.0%	70.0%	71.0%	55.0%	56.0%						63.0%	>=90	80-90%	<=79%	CNO	
	Local	QEX1.24	Formal Complaints - Numbers (In Month)										33	61	48	45	187		-	-	-	CNO	
	Local	QEX1.26	Formal Complaints - Number per 1,000 Bed Days (YTD)										1.45	2.02	2.02	2.03	2.03		-	-	-	CNO	
	Local	QEX1.37	Formal Complaints - % responded within 25 days (closed in month) - WAHT										45.2%	34.0%	41.1%	37.5%	39.29%		>=80	70-79%	<=69%	CNO	
Friends & Family****	National	QEX2.1	Friends & Family - A&E (Score)	74.7	82.1	64.1	66.8	69.1	77.5	69.0	67.8	71.9	55.4	70.1	62.1	53.3	59.3	70.2	>=71	67-<71	<67	CNO	
	National	QEX2.61	Friends & Family - Acute Wards (Score)	79.2	82.1	78.0	80.0	80.9	78.0	83.0	81.0	80.0	82.4	83.3	81.8	80.0	81.9	-	>=71	67-<71	<67	CNO	
	National	QEX2.7	Friends & Family - Maternity (Score)	83.2	86.0	85.8	79.0	83.0	81.4	87.1	81.6	83.5	87.1	83.7	81.9	84.2	83.8	84.0	>=71	67-<71	<67	CNO	
EMSA	National	QEX3.1	EMSA - Eliminating Mixed Sex Accommodation	0	0	0	0	0	15	0	9	40	36	34	34	40	144	64	0	-	>0	CNO	

Effectiveness of Care

Hip Fracture	National	QEF3.1	Hip Fracture - Time to Theatre <= 36 hrs (%)	47.7%	47.9%	53.4%	66.1%	61.4%	61.2%	63.7%	63.5%	70.5%	91.0%	91.0%	76.7%	87.5%	86.4%	60.0%	>=85%	-	<85%	CMO	
	Local	QEF3.1i	Hip Fracture - Time to Theatre <=36 hours (%) - WRH	40.0%	46.0%	40.0%	67.0%	50.0%	68.0%	59.0%	59.0%	55.0%	85.0%	88.0%	80.0%	91.0%	85.9%	55.7%	>=85%	-	>=85%	CMO	
	Local	QEF 3.1ii	Hip Fracture - Time to Theatre <=36 hours (%) - ALX	60.0%	52.0%	69.0%	66.0%	78.0%	48.0%	71.0%	70.0%	89.0%	100.0%	95.0%	72.0%	83.0%	87.2%	67.2%	>=85%	-	>=85%	CMO	
	National	QEF3.2	Hip Fracture - Time to Theatre <= 36 hrs (%) Excl. Unfit/Non-Operative Treatment Pts	65.0%	77.0%	63.0%	80.0%	67.0%	69.5%	78.7%	76.7%	76.8%	97.0%	94.0%	98.0%	93.0%	96.2%	70.2%	>=85%	-	<85%	CMO	

Risk Register Activity

Effectiveness	Local	QR1.4	% of National Audits with an action plan*										72.0%		53.0%	43.0%			>80%	50%-79%	<50%	CNO	
	Local	QR1.6	% of Local Audits with an action plan							100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			>80%	50% - 79%	<50%	CNO	
	Local	QR1.11	% of Local Audits which have breached the proposed finish date													33.0%			<5%	5% - 20%	>20%	CNO	
	Local	QR1.8	% of NICE assessments outstanding at >8 weeks following publication (due at 12 weeks)										20.0%	19.0%	19.0%	19.0%			<20%	20% - 60%	>60%	CNO	
	Local	QR1.9	% Of NICE assessments completed within 12 weeks following publication										65.0%	81.0%	81.0%	81.0%			>95%	20% - 94%	<20%	CNO	
	Local	QR1.10	% of non or partially compliant NICE guidance with an exception and/or risk report											68.0%	68.0%	68.0%			>80%	30% - 79%	<30%	CNO	

* Data quality issues have been recently identified and rectified; however, it is not possible to apply this process to historic figures.

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Worcestershire Acute Hospitals NHS Trust

Worcestershire NHS
Acute Hospitals NHS Trust

Workforce Metrics Overview

Reporting Period: July 2017

*** PLEASE NOTE THIS IS A DRAFT VERSION WITH PRE-VALIDATED FIGURES WHICH ARE SUBJECT TO CHANGE ***

Area	Indicator Type	Indicator		Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Current YTD	Prev Year	Tolerance Type	2017/18 Tolerances			SRO
																				On Target	Of Concern	Action Required	
Vacancies & Recruitment	Local	WVR1.0	Number of Vacancies - Total	460.82	523.72	499.07	486.45	497.32	511.54	501.63	470.70	436.99	477.83	514.40	508.93	496.45		437	Local	<=200	201-229	>=230	DCE
Turnover	Local	WT1.0	Staff Turnover WTE %	12.7%	12.6%	12.5%	12.6%	13.0%	12.8%	12.8%	12.7%	12.6%	12.5%	12.5%	12.6%	12.5%		12.57%	Local	<>10-12%	<>12-14%	>14%	DoHR
	Local	WT1.3	Nursing Staff Turnover - Qualified	14.4%	14.1%	13.8%	13.9%	13.6%	13.5%	13.2%	13.3%	13.3%	12.9%	12.7%	13.0%	12.9%		13.3%	Local	<>10-12%	<>12-14%	>14%	DoHR
	Local	WT1.4	Nursing Staff Turnover - Unqualified	13.9%	13.5%	13.0%	12.6%	14.1%	14.5%	15.1%	14.4%	14.8%	14.4%	14.9%	15.0%	15.3%		14.8%	Local	<>10-12%	<>12-14%	>14%	DoHR
Sickness & Absence Temporary Staffing	Local	WSA1.0	Sickness Absence Rate Monthly (Total %)	4.13%	3.99%	3.90%	4.56%	4.81%	4.95%	5.07%	4.17%	4.05%	4.01%	3.85%	3.66%	3.48%		4.05%	Local	<= 3.50%	>=3.51% & <=3.99%	>= 4.00%	DoHR
	Local	WTS1.0	Agency Staff - Medics (WTE) Indicative	130.3	145.9	144.2	156.6	154.1	163.3	152.9	155.0	134.3	122.8	132.1	133.7	130.2			Local	<=85	85.1-100	>100	DCE
Induction	Contractual	WIN1.3	% of eligible staff attended Induction		93.0%			96.6%	82.1%			81.4%			95.8%			91.3%	Contractual	>= 90%	80 - 89%	< 80%	DoHR
Statutory and Mandatory Training**	Contractual	WSGC1.0	% of eligible staff trained to safeguarding children level 1						84.8%	84.5%	84.5%	80.3%	91.1%	80.3%	86.5%	100.0%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSGC1.1	% of eligible staff trained to safeguarding children level 2						49.5%	50.4%	52.6%	53.8%	55.1%	55.9%	47.2%	50.2%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSGC1.2	% of eligible staff trained to safeguarding children level 3						32.6%	31.2%	32.2%	32.4%	33.9%	34.4%	22.0%	32.0%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSGC1.3	% of eligible staff trained to safeguarding children level 4						66.7%	50.0%	50.0%	50.0%	50.0%	50.0%	30.0%	83.3%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSGC1.4	% of eligible staff trained to safeguarding children level 5						100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	40.0%	100.0%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSGA1.0	% of eligible staff trained to safeguarding adults level 1						94.5%	94.6%	95.3%	95.6%	95.9%	96.0%	96.0%	92.2%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSGA1.1	% of eligible staff trained to safeguarding adults level 2						35.6%	35.1%	35.3%	36.9%	38.2%	40.1%	41.3%	40.8%			Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
	Contractual	WSMT10.2	% Of Eligible Staff completed Training	84.5%	85.2%	85.0%	87.4%	86.9%	87.9%	88.2%	85.7%	70.8%	80.8%	81.1%	80.3%	80.7%	80.7%	84.8%	Contractual	>= 90%	60.1-89.9%	<=60%	DoHR
Appraisals	Contractual	WAPP1.2	% Of Eligible non-medical Staff Completed Appraisal	78.9%	82.1%	83.4%	84.6%	86.8%	85.3%	83.8%	80.5%	75.8%	73.9%	75.6%	75.3%	76.4%	75.3%	82.2%	Contractual	>= 85%	71 - 84%	< 71%	DoHR
	Contractual	WAPP2.2	% Of Eligible medical Staff Completed Appraisal (excludes Doctors in training)	82.6%	81.4%	81.1%	82.3%	83.4%	83.1%	82.1%	80.2%	81.9%	83.7%	88.6%	88.1%		86.8%	82.1%	Contractual	>= 85%	71 - 84%	< 71%	DoHR
	Contractual	WAPP3.2	% Of Eligible Consultants Who Have Had An Appraisal	86.4%	85.9%	86.0%	85.7%	85.7%	85.8%	83.7%	83.1%	84.4%	86.3%	92.3%	92.1%		90.3%	85.2%	Contractual	>= 85%	71 - 84%	< 71%	DoHR

** Please note that the thresholds for Mandatory Training now reflect the required CCG reporting trajectory of 95% by year end.*

*** With the exception of IG the mandatory training target has been revised from 95% to 90% effective from Feb 2016. Data from Feb 2015 is now calculated against 90% (except IG)*

****WSMT metrics - Please note that Hand Hygiene which was included in 2015/16 has been excluded for 2016/17*