Operational Performance: Urgent and Emergency Care

Percentage of Ambulance handover within 15 minutes	Time to Initial Assessment - % within 15 minutes	Time In Department			
		Average (mean) time in Dept. for Non Admitted Patients	Average (mean) time in Dept. for Admitted Patients	% Patients spending more than 12 hours in A&E	Number of Patient spending more than 12 hours in A&E
37.9%	63.9%	284 mins	774 mins	13.5%	1,580

What does the data tell us?

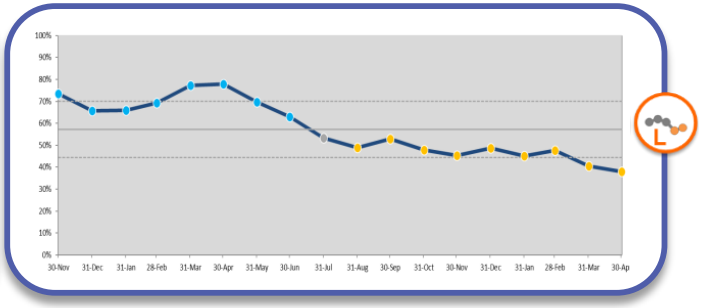
- **Urgent Care Indicators –** slides 6 and 7 continue to highlight the continued pressure faced by the Trust during Apr-22 with all of the metrics showing special cause concern for the month and for 9 consecutive months.
- **EAS** - The overall EAS performance, which includes KTC and HACW MIUs, was 67.17% in Apr-22 – although 2 percentage point increase from Mar-22, this is the 10th month of special cause concern. Attendances across all settings were above 17,000 and almost 12,000 for our type 1 settings.
- **EAS Type 1 –** EAS performance at both WRH and ALX was 52.85% and52.64% respectively. 5,643 patients breached the 4 hour standard at our two sites 436 fewer than Mar-22's breaches. 1,580 patients spent longer than 12hrs in ED, special cause concern since Sep-21.
- **Ambulance Handovers** - There were 1,050 60 minute ambulance handover delays with breaches at both sites – the second month above 1,000 and continues to be special cause concern; this is linked to the capacity, flow and numbers of patients in our ED's which prevented timely offloading. On average, patients waited 150 minutes to be offloaded from an ambulance at WRH.
- **12 hour trolley breaches –** There were 222 validated 12 hour trolley breaches in Apr-22 compared to 241 in Mar-22 – this remains a special cause concern for our processes.
- **Specialty Review times** – Specialty Review times continue to show cause for concern with 11 consecutive months below the mean; the target cannot be met.
- **Total Time in A&E:** The 95th percentile for patients total time in the Emergency departments has increase, albeit not significantly, from 1,231 to 1,237 . This metric shows special cause variation because the last four months are outside the upper control limit and shows a run of 11 months above the mean.
- **Conversion rates** – 3,131 patients were admitted in Apr-22; a Trust conversion rate of 26.69%. The conversion rate at WRH was 29.74% and the ALX was 22.73%.
- **Aggregated patient delay** (total time in department for admitted patients only per 100 patients – above 6 hours) – this indicator continues to show special cause concern for Apr-22 because the value is above the upper control limit for the fifth consecutive month.

Month 1 [April] | 2022-23 | Operational Performance: Urgent and Emergency Care

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

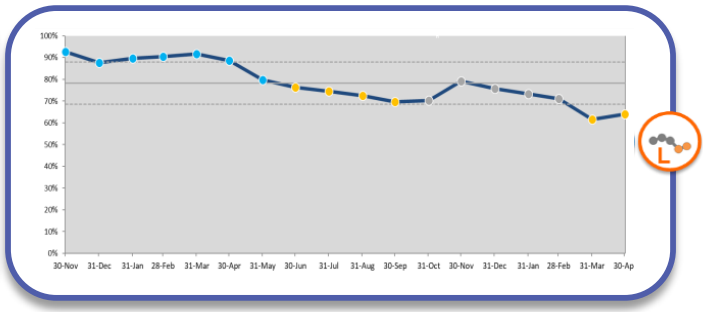
Percentage of Ambulance handover within 15 minutes

37.9%



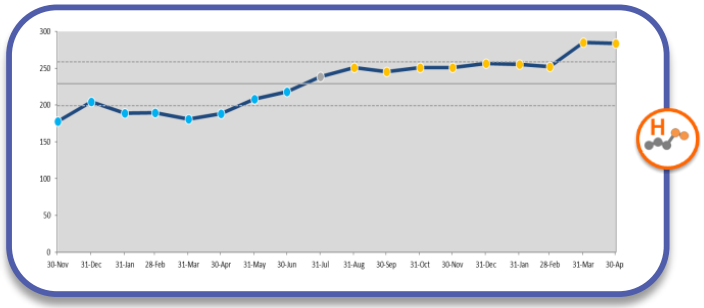
Time to Initial Assessment - % within 15 minutes

63.9%



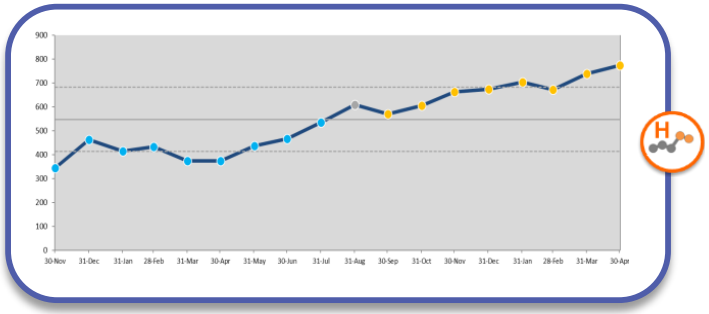
Average time in Dept for Non Admitted Patients

284 mins



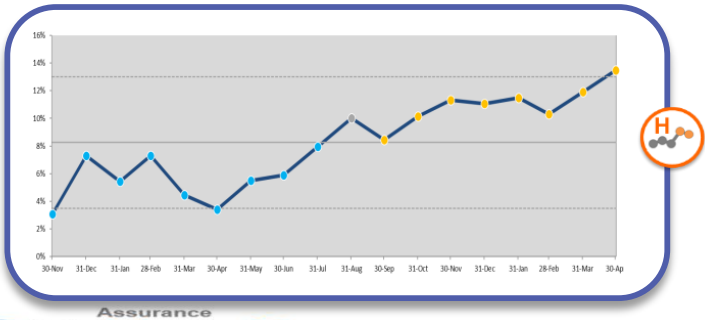
Average time in Dept for Admitted Patients

774 mins



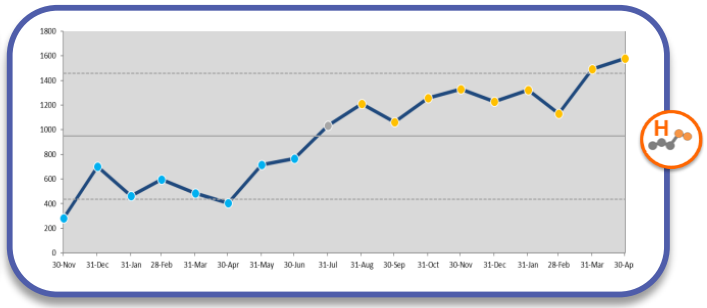
% Patients spending more than 12 hours in A&E

13.5%



Number of Patients spending more than 12 hours in A&E

1,580

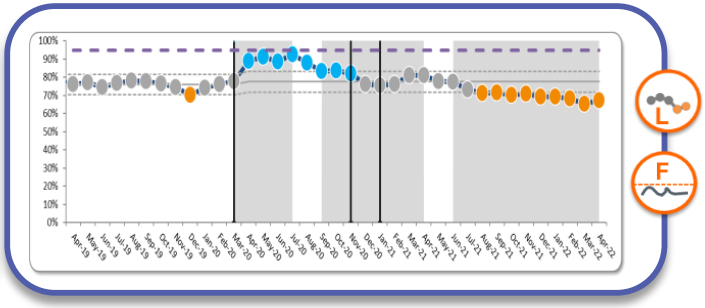


Month 1 [April] | 2022-23 | Operational Performance: Urgent and Emergency Care

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

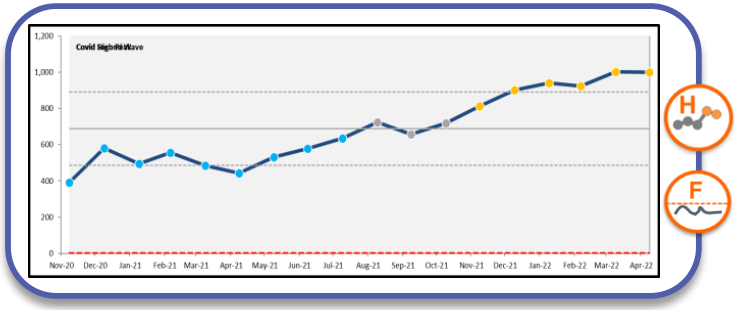
4 Hour EAS (all)

67.17%



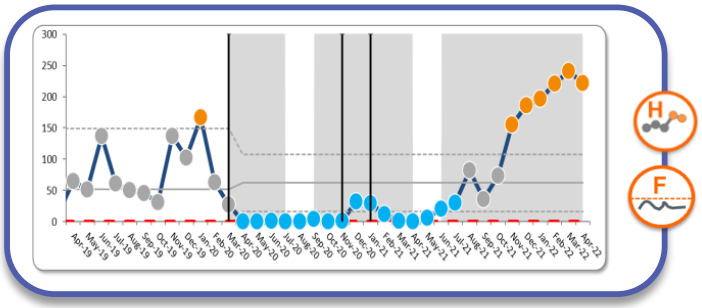
Aggregated Patient Delay (APD)

1,000



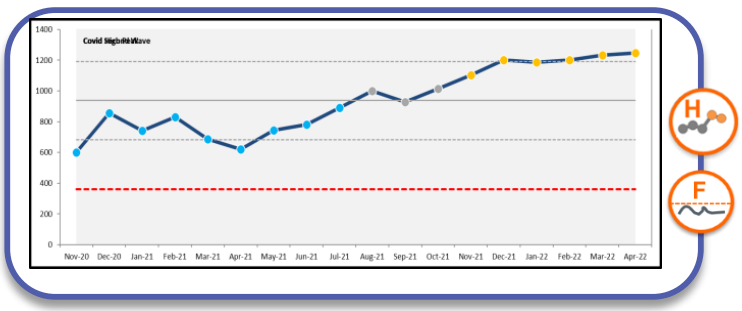
12 Hour Trolley Breaches

222



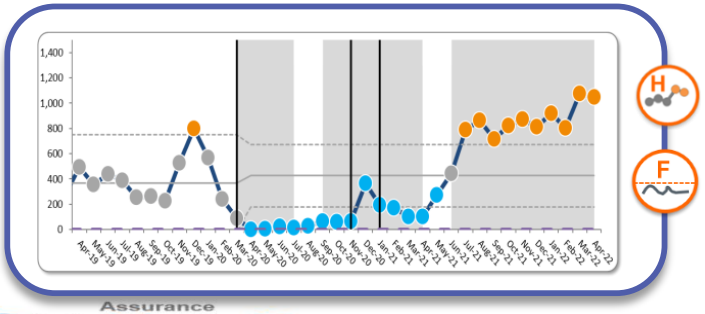
Total time spent in A&E (95th Percentile)

1,247



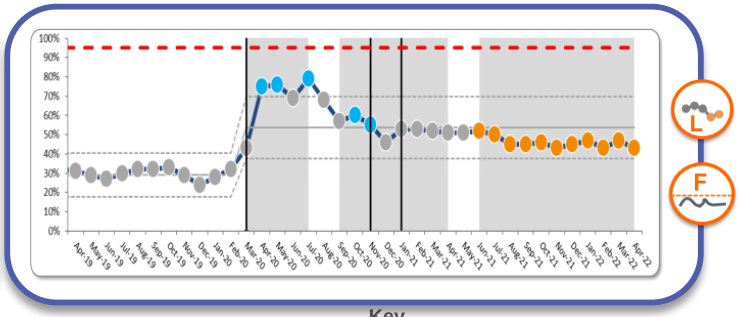
60 minute Ambulance Handover Delays

1,050



Specialty Review within 1 hour

43%



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

Key
- Internal target
- Operational standard

Operational Performance: Urgent Care Benchmarking

2.4 - Complete the implementation of Home First Worcestershire to eradicate corridor care and minimise ambulance handover and admission delays

National Benchmarking (April 2022)

EAS (All) –The Trust was one of 6 of 13 West Midlands Trust which saw a increase in performance between Mar-22 and Apr-22. This Trust was ranked 7 out of 13; we were ranked 8th the previous month. The peer group performance ranged from 54.75% to 82.00% with a peer group average of 66.71%; improving from 65.81% the previous month. The England average for Apr-22 was 72.26%; a 0.7% increase from 71.60% in Mar-22.

(Type 1) - The Trust was one of 7 of 13 West Midlands Trust which saw a Increase in performance between Mar-22 and Apr-22. This Trust was ranked 9 out of 13; we were ranked 8th the previous month. The peer group performance ranged from 43.05% to 72.47% with a peer group average of 55.47%; improving from 53.74% the previous month. The England average for Apr-22 was 58.99%; a 0.4% increase from 58.60% in Mar-22.

In Apr-22, there were 24,138 patients recorded as spending >12 hours from decision to admit to admission. 221 of these patients were from WAHT; 1.56% of the total.

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

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

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

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

WAHT — Operational Standard 95%

8

Operational Performance: Patient Flow and Capacity

2.4 - Complete the implementation of Home First Worcestershire to eradicate corridor care and minimise ambulance handover and admission delays

Discharges before Midday (non-covid wards)				Number of patients with a long length of stay (21+ days)				Overnight Bed Capacity Gap (Target – 0)	Average length of stay in hospital at discharge (non-covid)				30 day re-admission rate (Mar-22)	Discharges as a % of admissions IP only | non-covid wards (Target >100%)			
WRH	15.7%	ALX	20.0%	WRH	42	ALX	18	46 beds	WRH	5.6	ALX	4.8	2.4%	WRH	90.5%	ALX	92.0%

What does the data tell us?

- **Discharges** – Before 12pm discharges (on non-COVID wards) is showing common cause variation with the ALX outperforming WRH. As at the last day of the month, the number of patients with a length of stay in excess of 21 days increase from 56 (31-Mar) to 60 (30-Apr). There were an average of 18 patients deemed MFFD with a LOS >= 21 days each day in April across the Trust. The total number of discharges and transfers is showing common cause variation and discharges are still not exceeding the rate of admission leading to a significant capacity gap.
- **Bed Capacity** - Our G&A bed base is 752; transition to the presenting complaint model means beds were no longer explicitly ring-fenced for Covid patients unless that was their presenting complaint. However, outbreaks across our ward base continue to result in full and partial closures over the month.
- **Medically Fit Patients** – the number of MFD patients still on our wards 24 hours after becoming medically fit continues to not show special cause concern even though the support packages for care at home, or places in care homes, cannot be realised; it was still 1,391 patients.
- **Length of Stay** – the LOS on our non-covid wards is showing no significant change at 5.3 days in Apr-22 and is not showing special cause concern.
- **The 30 day re-admission rate** continues to show no significant change.

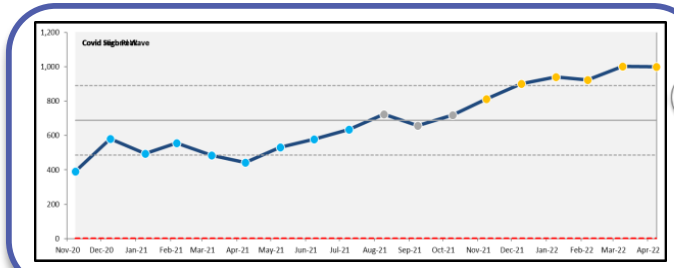
Current Assurance Level: 4 (Apr-22)	**When expected to move to next level of assurance:** This is dependent on the on-going management of the increase attendances and achieving operational standards.
Previous assurance level: 4 (Mar-22)	**SRO: Paul Brennan**

Month 1 [April] | 2022-23 | Operational Performance: Patient Flow and Capacity

Responsible Director: Chief Operating Officer | Validated for Apr-22 as at 13th May 2022

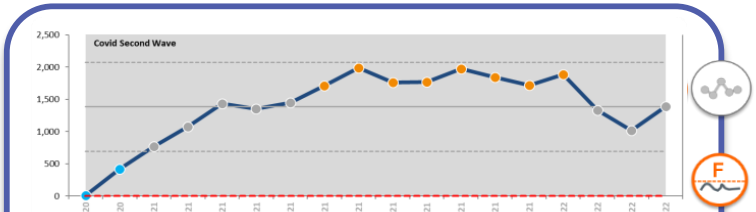
Capacity Gap (Daily avg. excl. EL)

46



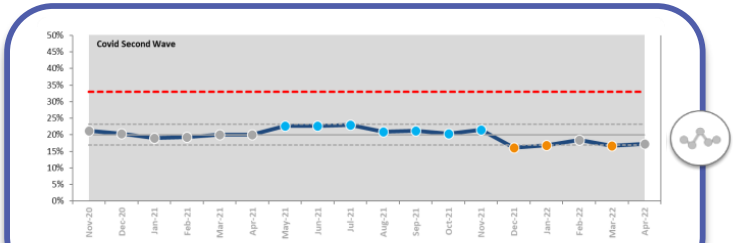
MFFD patients still on the ward 24hrs after becoming MFFD

1,391



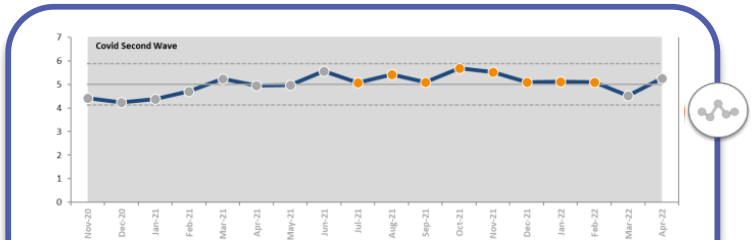
Total Discharges and Transfers

4,612



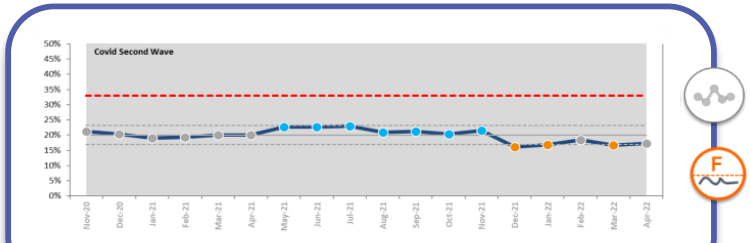
Average Length of Stay in Hospital at Discharge (non-covid wards)

5.3



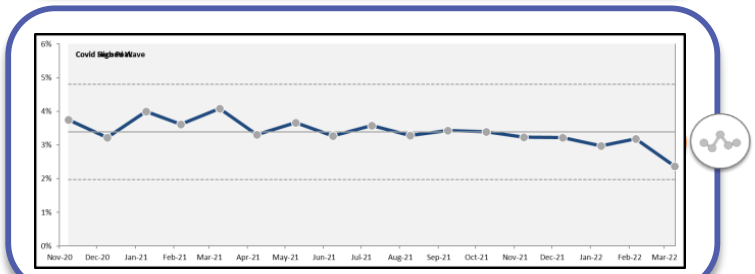
% Discharges before midday (non-covid wards)

17.3%



30 day readmission rate for same clinical condition

2.4%



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

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

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

Key

- Internal target
- Operational standard

Operational Performance: Cancer

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

NHS Worcestershire Acute Hospitals NHS Trust

2WW Cancer Referrals	Patients seen within 14 days (All Cancers)		Patients seen within 14 days (Breast Symptoms)		Patients told cancer diagnosis outcome within 28 days (FDS)		Patients treated within 31 days		Patients treated within 62 days		Total Cancer PTL	Patients waiting 63 days or more	Of which, patients waiting 104+ days
2,266	50.54%	2,044 seen	98.46%	65 seen	57.63%	1,881 told	92.83%	251 treated	50.32%	154 treated	3,114	400	145

What does the data tells us?

- **Referrals** decreased by 20% from Mar-22's all-time high, across all specialties. Lower GI referrals were 23% of the total and still at volumes not experienced pre-pandemic.
- **2WW:** The Trust saw 50.54% of patients within 14 days. Of the 1,011 breaches, 809 (80%) were attributable to Lower GI and Skin; Haematology, Breast and Breast Symptomatic were the only specialties to achieve the 2WW standard. This overall performance continues to be special cause concern as a result of the high number of breaches in the face of consistent, increased demand.
- **28 Faster Diagnosis:** The Trust has yet to achieve the FDS target of 75% and will not do so until the timeliness of the 2WW pathway improves. Upper GI, Breast and Skin have achieved the standard in Apr-22. Lower GI and Urology are the weakest performing specialties.
- **31 Day:** Of the 251 patients treated in Apr-22, 233 waited less than 31 days for their first definitive treatment from receiving their diagnosis. This unvalidated performance is below the CWT target of 96% and continues to show special cause variation due being a run of 7+ months below the mean.
- **62 Day:** There are 154 recorded first treatments in Apr-22 with 50.32% within 62 days. This indicator remains special cause concern; the only specialties to achieve the standard were Skin and Gynaecology.
- **Cancer PTL:** As at the 30th April there were 3,114 patients on our PTL. 180 patients having been diagnosed, 2,048 are still suspected and the remaining 886 patients are between 0-14 days.
- **Backlog:** The number of patients waiting 62+ days has increased from 335 to 400 (not including screening or upgrades) and the number of patients waiting 104+ days has increased from 144 to 145 patients; both continue to show as special cause concern. Urology and colorectal have the largest number of patients untreated. 64 of the 145 patients waiting over 104 days are diagnosed and the remaining 81 are suspected.

What have we been doing?

- **Do what we say we will do:** Breast has achieved both the 2ww and 28 day FDS standards for two months running and is making good progress towards achieving the 62 day standard.
- **No delays, every day:** Work underway to stem the sustained and unprecedented levels of 2ww Colorectal referrals with a mini audit showing only 50% of patients had been physically seen by the referring GP. Comms to go out plus a possible change to the 2ww referral form being looked into.
- Telephone clinic implemented to speed up post MRI reviews / counselling for biopsy on the Urology prostate pathway.
- **We listen, we learn, we lead:** Further work back underway to implement Teledermatology following a seemingly successful pilot within Herefordshire.
- Secondment agreed for a key member of the Cancer Services team to operationally support the General Surgery and Urology Directorate in light of a fixed term gap.
- **Work together, celebrate together:** Additional support from the community Dermatology service being sought in conjunction with ICS colleagues to support unsustainable levels of 2ww demand alongside significant ongoing workforce challenges.

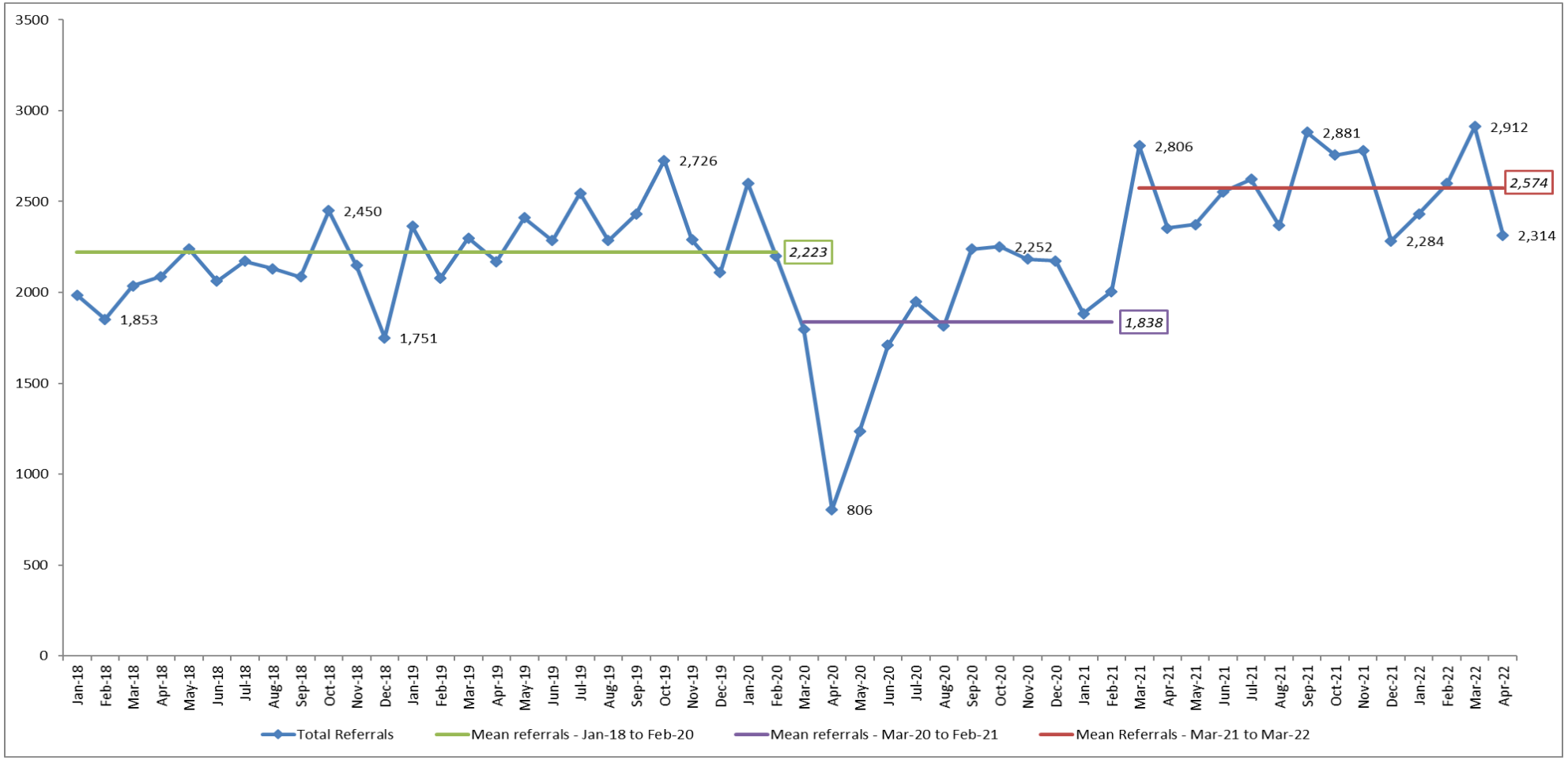
What are we doing next?

- **Do what we say we will do:** Workforce review for Gynaecology in light of recent increased breaches due to capacity and demand mismatches.
- **No delays, every day:** Implementation of new Cancer Services team leadership structure to provide enhanced scrutiny and validation of the growing PTLs, despite a new gap created by the aforementioned supported secondment where the need (and benefit to cancer patients) was felt to be greater.
- **We listen, we learn, we lead:** ICS supported audit of negative and low level positive FIT tests to be commenced with a view to informing an evidence based primary care led follow up management plan prior to referral to the 2ww Colorectal service
- **Work together, celebrate together:** Follow up offer of external project management support from NHSEI with a view to providing some focus and support for the Urology cancer pathways as a priority.

Current Assurance Levels (Apr-22)	Previous Assurance Levels (Mar-22)	
2WW – Level 4	2WW - Level 4	**When expected to move to next levels of assurance:** when we are consistently meeting the operational standards of cancer waiting times and the backlog of patients waiting for diagnosis / treatment starts to decrease.
31 Day Treatment - Level 5	31 Day Treatment - Level 5	
62 Day Referral to Treatment – Level 4	62 Day Referral to Treatment - Level 4	**SRO:** Paul Brennan

Operational Performance: Cancer Referrals

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



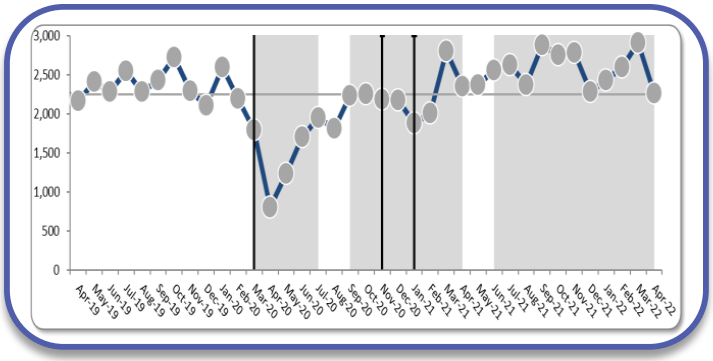
Month 1 [April] | 2022-23 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for Apr-22 as at 31st May 2022

NHS Worcestershire Acute Hospitals NHS Trust

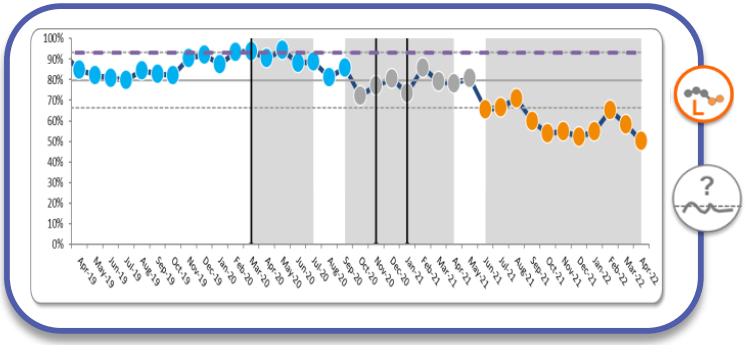
2WW Referrals

2,266



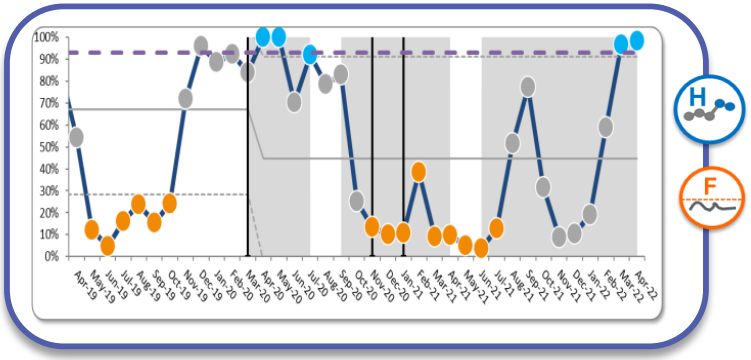
Cancer 2WW All

50.54%



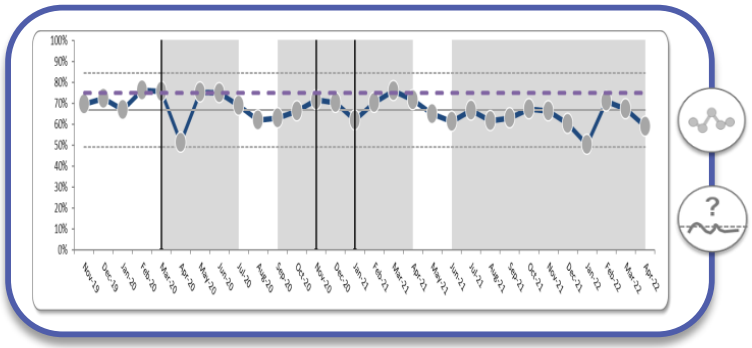
Cancer 2WW Breast Symptomatic

98.46%



Cancer 28 day FDS

57.63%



Key

- Internal target
- Operational standard

COVID Wave

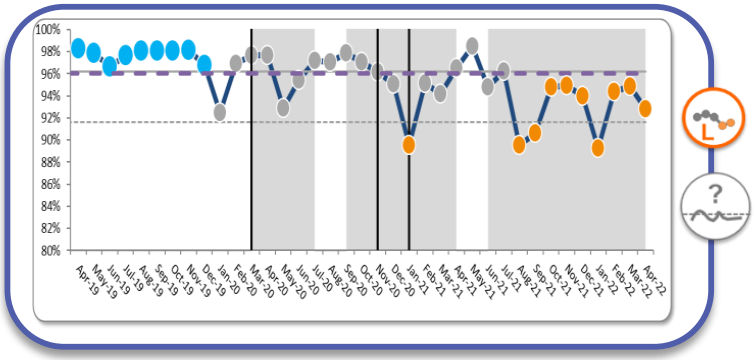
Lockdown

Month 1 [April] | 2022-23 | Operational Performance: Cancer

Responsible Director: Chief Operating Officer | Unvalidated for Apr-22 as at 31st May 2022

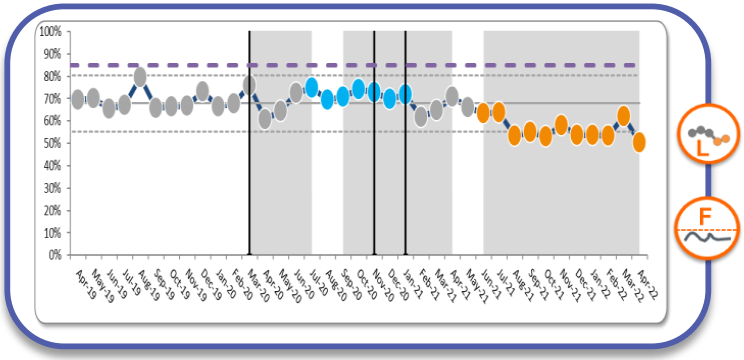
Cancer 31 Day All

92.83%



Cancer 62 Day All

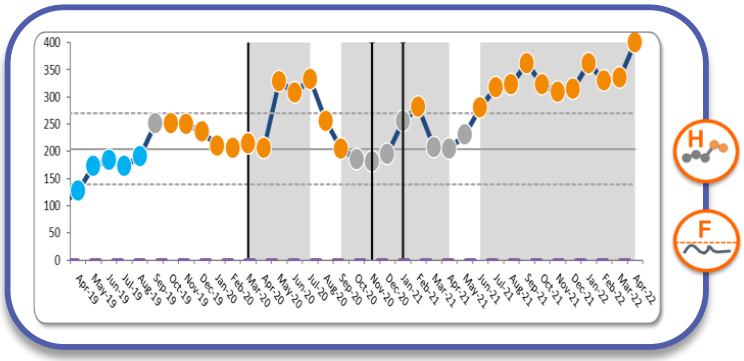
50.32%



Please note that % axis does not start at zero.

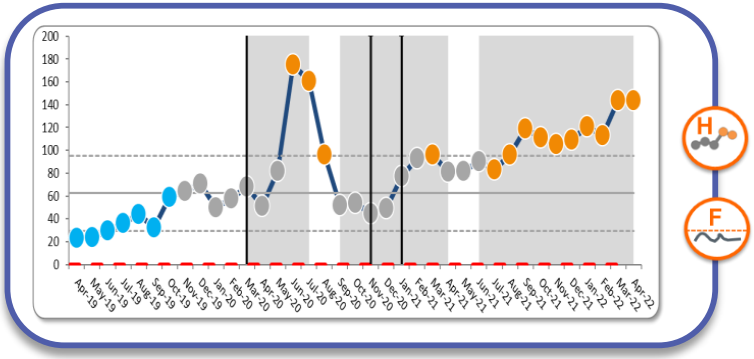
Backlog Patients waiting 62 day or more

400



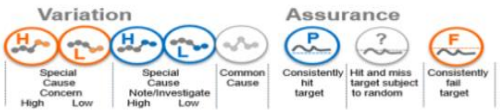
Backlog Patients waiting 104 day or more

145



Key

- Internal target
- Operational standard
- COVID Wave
- Lockdown



Operational Performance: Cancer Benchmarking

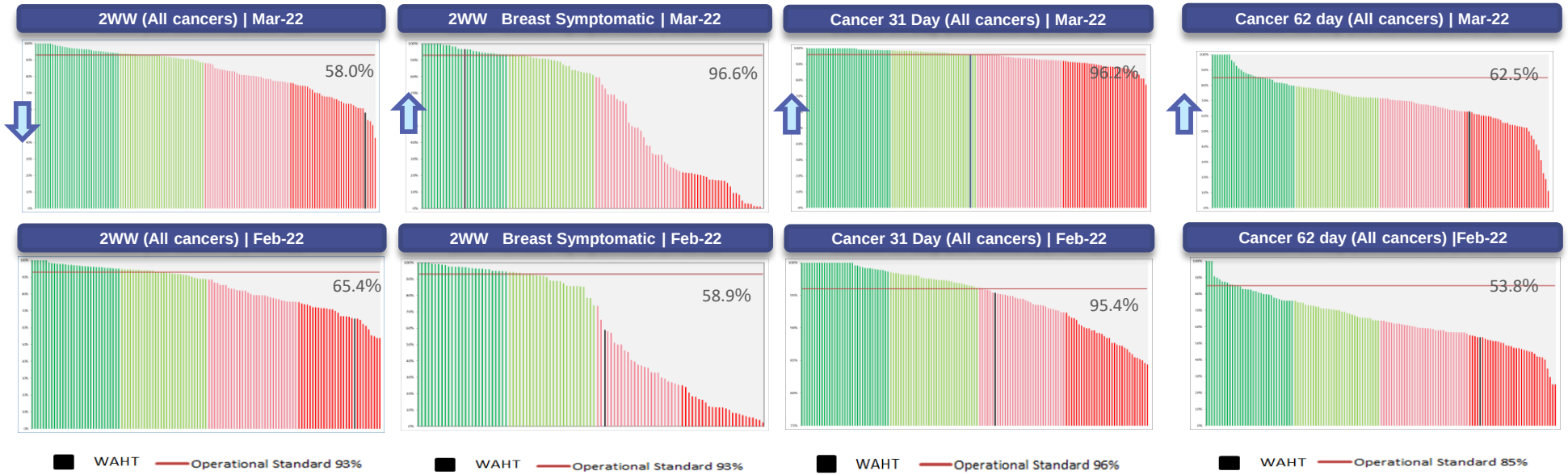
National Benchmarking (March 2022)

2WW: The Trust was one of 10 of 13 West Midlands Trust which saw a decrease in performance between Feb-22 and Mar-22. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 50.47% to 96.68% with a peer group average of 73.22%; declining from 75.17% the previous month. The England average for Mar-22 was 80.66%; a -0.1% decrease from 80.56% in Feb-22.

2WW BS: The Trust was one of 7 of 13 West Midlands Trust which saw a increase in performance between Feb-22 and Mar-22. This Trust was ranked 3 out of 13; we were ranked 6th the previous month. The peer group performance ranged from 3.13% to 100.00% with a peer group average of 48.89%; improving from 45.53% the previous month. The England average for Mar-22 was 59.47%; a 0.0% increase from 59.47% in Feb-22.

31 days: The Trust was one of 5 of 13 West Midlands Trust which saw a increase in performance between Feb-22 and Mar-22. This Trust was ranked 3 out of 13; we were ranked 4th the previous month. The peer group performance ranged from 81.03% to 100.00% with a peer group average of 90.64%; declining from 91.21% the previous month. The England average for Mar-22 was 93.44%; a -0.2% decrease from 93.68% in Feb-22.

62 Days: The Trust was one of 10 of 13 West Midlands Trust which saw a increase in performance between Feb-22 and Mar-22. This Trust was ranked 7 out of 13; no change from the previous month.
The peer group performance ranged from 31.14% to 71.33% with a peer group average of 54.94%; improving from 50.19% the previous month. The England average for Mar-22 was 67.35%; a 5.2% increase from 62.11% in Feb-22.



Operational Performance: Planned Care | Waiting Lists

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

Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G)	Total RTT Waiting List	Number and percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	7,031	Total	5,125	2,299	60,056	28,578	47.59%	6,714	6,490	1,578	254
Non-2WW	4,562	Non-2WW	4,362								

What does the data tells us?

Referrals (unvalidated)

- **ERS Referrals:** a total of 7,031 electronic referrals were made to the Trust in Apr-22 which is, working day, lower when comparing Apr-22 = 370 to Mar-22 = 373.
- 4,562 were non-2WW referrals so of the total electronic referrals, 35.2% were 2WW cancer, this was within the expected range.
- **RAS Referrals:** a total of 5,125 RAS referrals were made to the Trust in Apr-22. 4,362 were non-2WW and 69.4% have been outcomed within 14 working days. Of the 763 2WW RAS referrals, 95.8% have been outcomed within 2 working days. 13.4% of RAS referrals were returned to the referrer.
- **A&G Requests:** 2,299 A&G requests were received in Apr-22, lower than any month in 21/22, with 92.0% responded to within 2 working days and 97.5% within 5 working days.

Referral To Treatment Time (unvalidated)

- The RTT Incomplete waiting list was reviewed, as it had reached 60,000 and was found to be a genuine increase due to clock starts and transfers in planned care.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 31,478. This is 1,180 more patients than the validated Mar-22 snapshot and a 3.75% increase. RTT performance for Apr-22 is validated at 47.59% compared to 46.99% in Mar-22. This remains sustained, significant cause for concern and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is 6,490 patients, a 641 increase from the previous month. Of that cohort, 1,578 patients have been waiting over 78 weeks and 254 over 104 weeks. Of the 104+ week cohort, 201 patients are under the orthodontic specialty with the next highest at 22 (general surgery) and 10 (urology).

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

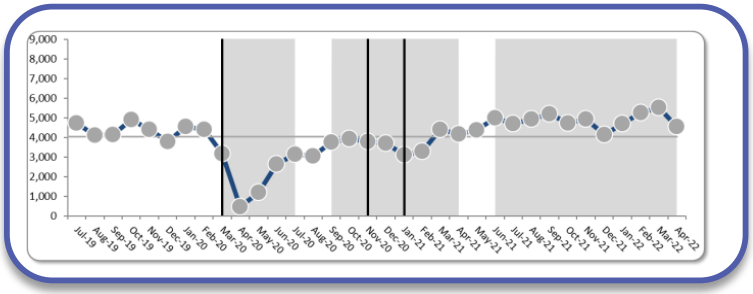
Month 1 [April] | 2022-23 | Operational Performance: RTT

Responsible Director: Chief Operating Officer | Validated for Apr-22 as at 25th May 2022

NHS Worcestershire Acute Hospitals NHS Trust

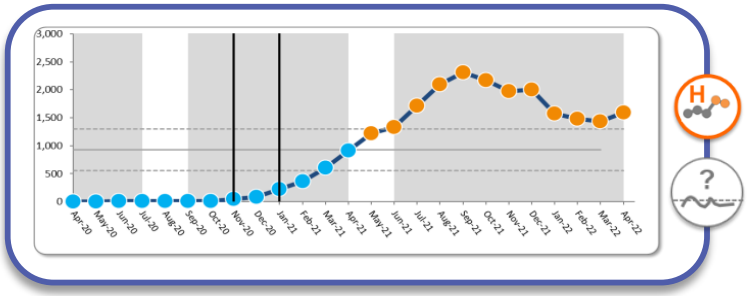
Electronic Referrals Profile (non-2WW)

4,562



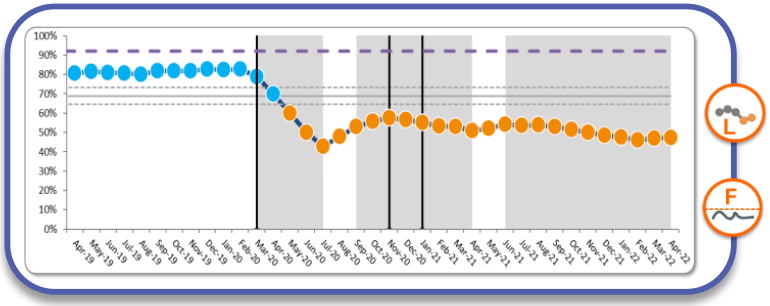
78+ week waits

1,578



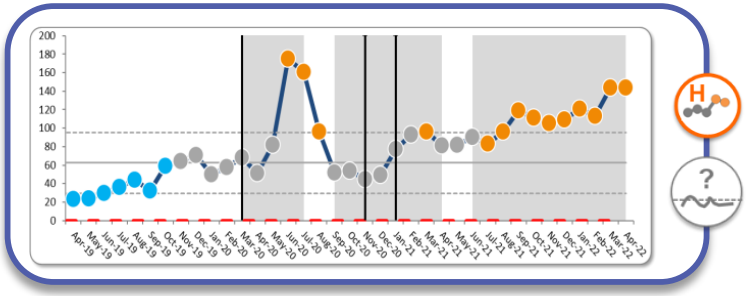
RTT % within 18 weeks

47.59%



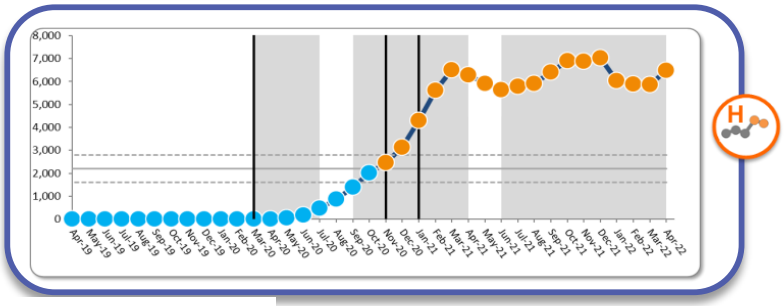
104+ week waits

254

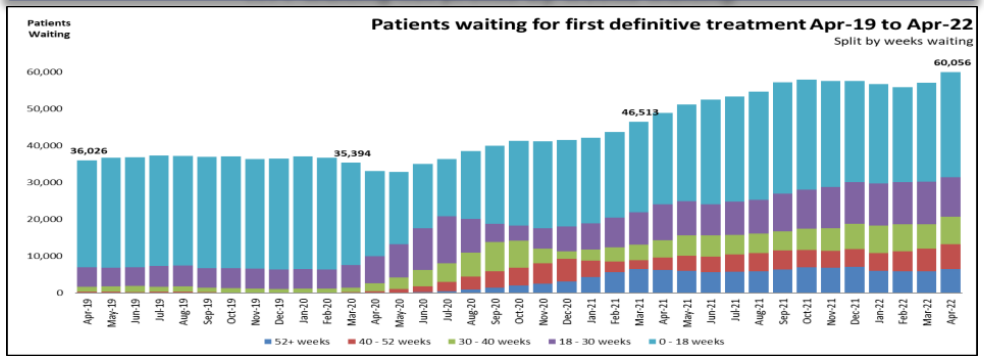


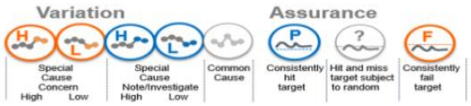
52+ week waits

6,490



RTT waiting list profile by weeks waiting





Key

- Internal target
- Operational standard

Operational Performance: RTT Benchmarking

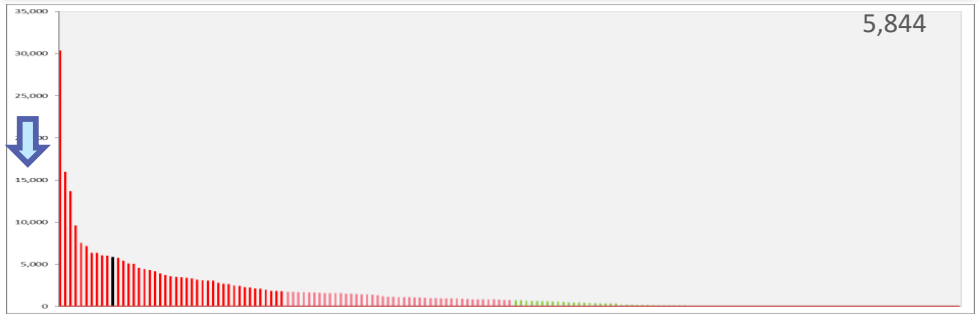
2.4 - Maintain access to all emergency surgery (inc trauma) and triage elective waiting list to prioritise access for those at greatest risk of harm from delay

National Benchmarking (March 2022) | The Trust was one of 5 of 12 West Midlands Trust which saw a increase in performance between Feb-22 and Mar-22. This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 41.95% to 78.20% with a peer group average of 52.12%; declining from 52.13% the previous month. The England average for Mar-22 was 62.42%; a -0.5% decrease from 62.90% in Feb-22.

Nationally, there were 306,286 patients waiting 52+ weeks, 5,884 (1.91%) of that cohort were our patients.
Nationally, there were 118,872 patients waiting 78+ weeks, 1,434 (1.21%) of that cohort were our patients.
Nationally, there were 16,796 patients waiting 104+ weeks, 327 (1.95%) of that cohort were our patients.

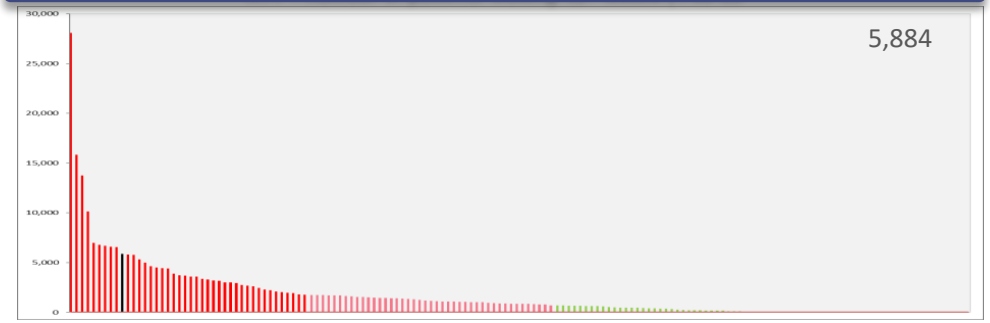
RTT - % patients within 18 weeks | Mar-22

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



RTT - % patients within 18 weeks | Feb-22

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



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

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

Total Outpatient Attendances		Total OP Attendances First		Total OP Attendances Follow-Up		Elective IP Day Case		Elective IP Ordinary	
41,944	+1,478	12,488	-3,198	29,456	+4,676	5,824	-816	455	-60

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

- The OP graphs on slide 20 compare our Apr-22 outpatient attendances to Apr-19 and our annual plan activity target. As noted in the top row of this table we haven't achieved our OP targets, noting that **the data is not validated through SUS, but has been reclassified for the First / Follow Up issue.** The planning guidance target was to reduce the number of follow-ups appointments; this has not happened in Apr-22.
- In the Apr-22 RTT OP cohort, there are 34,222 RTT patients still waiting for their first appointment, 23.0% of them have been dated and of the total cohort, 2,955 patients have been waiting over 52 weeks. 76% of these longest waiters are undated.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort has not changed and are General Surgery, Orthodontics, Urology, Gynaecology and T&O.

Planned Admissions - what does the data tell us?

- On the day cancellations shows significant concern for the second month with 9.2% of scheduled procedures for Apr-22 cancelled on the day. This is 124 cancellations and 114 of those were not able to be replaced with another patient.
- Theatre utilisation, at 73.0%, is still just above the mean (74%) and is not yet showing positive improvement. Factoring in allowed downtime, the utilisation increases to 78.3%. Lost utilisation due to late start / early finish showed no significant change at 25.2%
- In Apr-22, the number of day cases and elective ordinary cases decreased from Mar-22; Day case (-820) and EL IP (-58) are below the annual plan target for the month. Our overall elective activity is currently unvalidated at -878 to plan.
- 56.5% of eligible patients were rebooked within 28 days for their cancelled operation in Apr-22, with 13 of 23 patients being rebooked within the required timeframe.

Current Assurance Level: 4 (Apr-22)	**When expected to move to next level of assurance: :** This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and the expectation from NSHEI for 2022/23.
Previous Assurance Level: 4 (Mar-22)	**SRO: Paul Brennan**

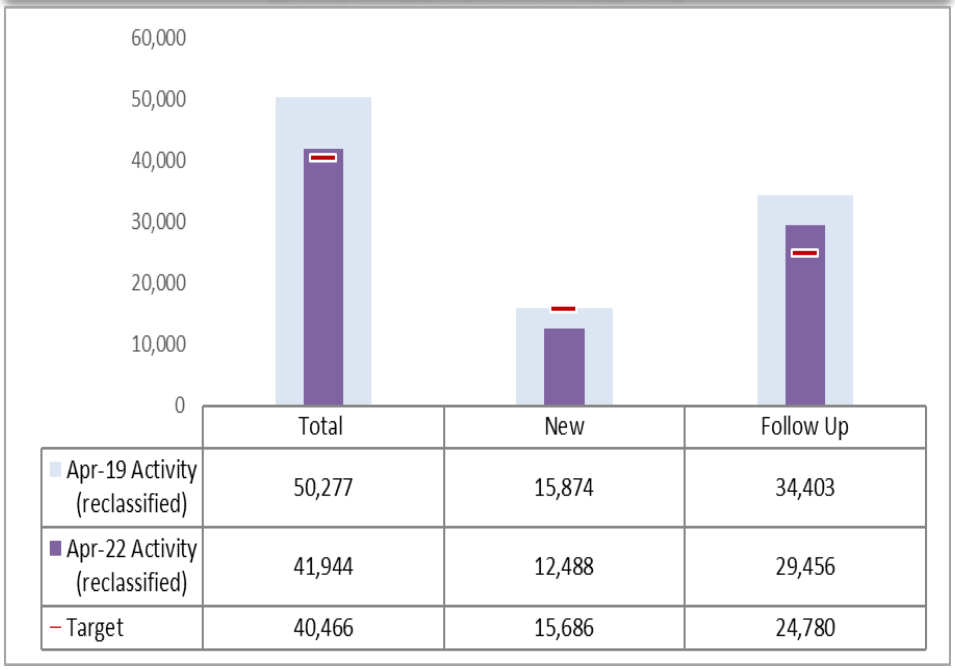
Month 1 [April] | 2022-23 | Operational Performance: Annual Plan Activity

Responsible Director: Chief Operating Officer | Unvalidated for April 2022 (2nd SUS Submission)

NHS Worcestershire Acute Hospitals NHS Trust

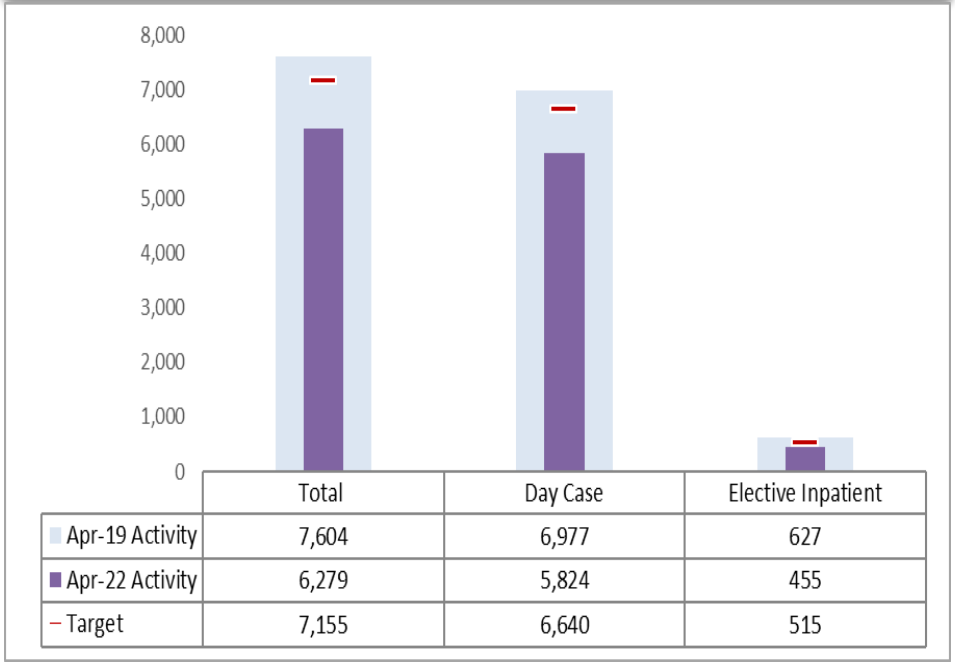
Annual Plan | Apr-22 Activity compared to Apr-19 Activity and Apr-22 Plan

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



	Total	New	Follow Up
Apr-19 Activity (reclassified)	50,277	15,874	34,403
Apr-22 Activity (reclassified)	41,944	12,488	29,456
Target	40,466	15,686	24,780

Day Case and Elective Inpatients



	Total	Day Case	Elective Inpatient
Apr-19 Activity	7,604	6,977	627
Apr-22 Activity	6,279	5,824	455
Target	7,155	6,640	515

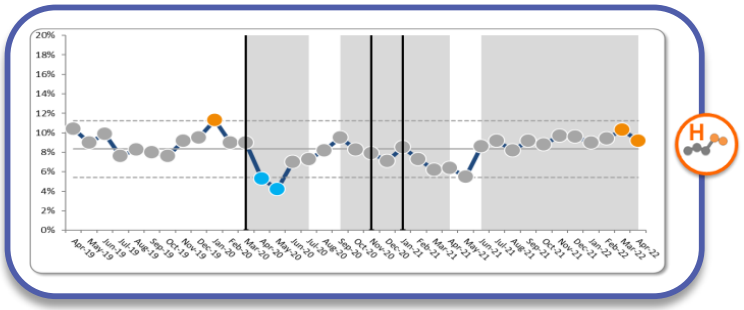
Please note the different axes

Month 1 [April] | 2022-23 | Operational Performance: Theatre Utilisation & Outpatients

Responsible Director: Chief Operating Officer | Validated for Apr-22 as at 25th May 2022

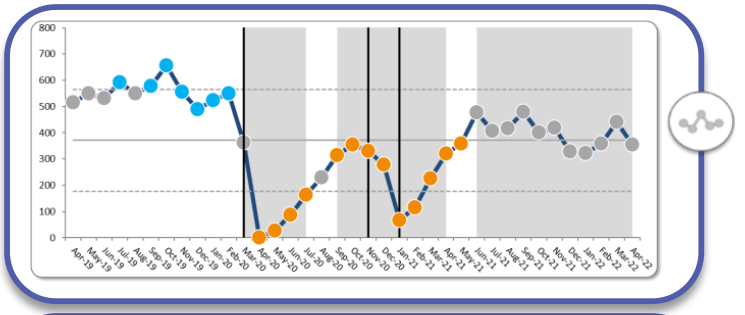
On the day cancellation as a percentage of scheduled procedures (%)

9.2%



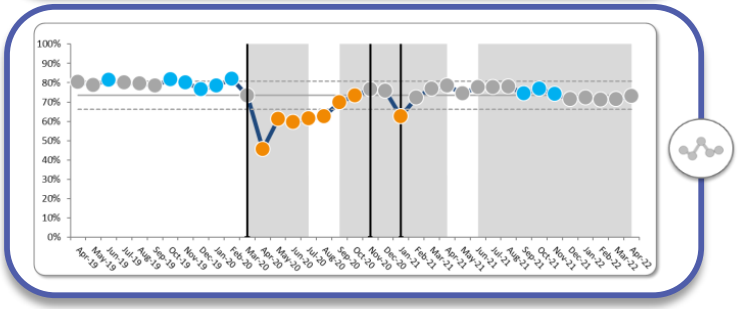
Electives on elective theatre sessions (n)

354



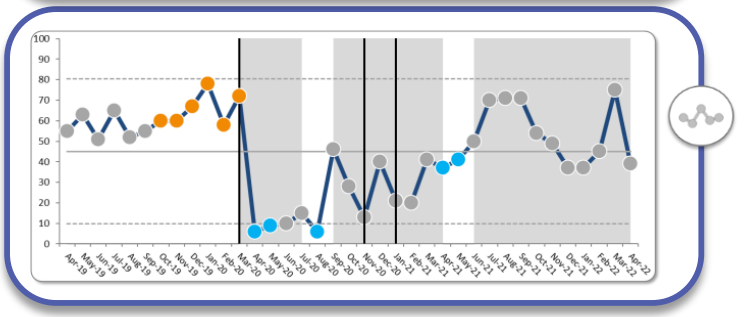
Actual Theatre session utilisation (%)

73.0%



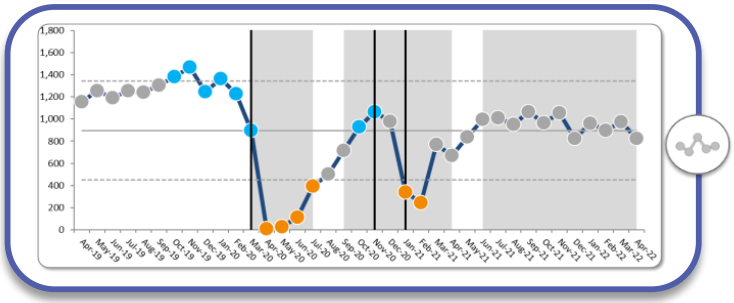
Non-electives & emergencies on elective theatre sessions (n)

39



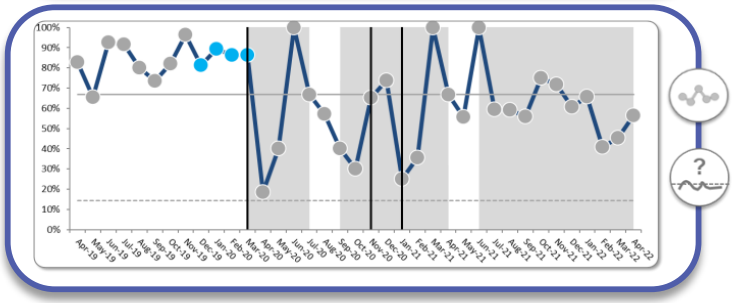
Day cases on elective theatre sessions (n)

823



% patients rebooked with 28 days of cancellation

56.5%



Operational Performance: DM01 Diagnostics | Waiting List and Activity

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

NHS Worcestershire Acute Hospitals NHS Trust

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks											
Trust Total			Radiology			Physiology			Endoscopy		
9,616	3,112	67.64%	5,471	1,567	71.36%	2,680	991	63.02%	1,465	554	62.18%

What does the data tell us?

DM01 Waiting List

- The DM01 performance is validated at 67.64% of patients waiting less than 6 weeks for their diagnostic test, compared to 72.60% the previous month.
- The diagnostic waiting list has decreased by a further 3.57%, and is a decrease of 525 patients from the previous month.
- The total number of patients waiting 6+ weeks has increased by 361 patients and there are 879 patients waiting over 13 weeks (1,100 in Mar-22).
- Radiology has the largest number of patients waiting at 5,471, a decrease of 97 patients from Mar-22, with those waiting 6+weeks having increased by 445. CT's improved position has been maintained but offset by an increase in breaches in non-obstetric ultrasound (from 388 to 806).
- Endoscopy has increased the number of patients waiting over 6+ weeks by 85 and their total waiting list size by 229.
- Physiological science modalities saw an 555 patient decrease in the total waiting list, driven by echocardiography and sleep studies, and the number of patients waiting over 6 weeks by 169.

Activity

- 15,121 diagnostic tests were undertaken in Apr-22, after 3 months above 16,000.
- Of the Imaging modalities, only CT achieved the H2 plan for Apr-22.
- All three endoscopy modalities missed their H2 plan target
- Echocardiography achieved it's H2 plan, +195 to plan, delivering over 1,000 tests for the third time in four months.

RADIOLOGY

What have we been doing?

- Continued CT mobile utilisation
- Continued WLI sessions countywide, staff permitting.
- Continued DEXA WLI sessions
- Offered total of 44 Radiology posts, to include Radiographer, Governance, management and admin posts 9 overseas Radiographer posts
- Commenced consultation with IR nurses for OOH component
- Engaged with external agency to provide Radiographers for 6 months while recruitment processes are completed- in procurement stage, to commence 1st June
- Radiologist interviews 19th May
- Took handover of new Ultrasound room KTC

What are we going to do next?

- Identify capacity requirement CT or MRI
- Extend CT mobile contract for reimbursement of breakdown days
- Identify funds to extend MRI mobile
- Identify funds to extend CT mobile
- Continue WLI session in CT, MRI, DEXA and US.
- Review DNA rates
- Review 2ww capacity, in particular Breast
- Review Radiographer training plans
- Commence IR Radiographer training

Issues

- Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity, but we also have sickness in this group of staff
- Reduced number of WLI as staff not offering additional sessions and due to sickness
- Increase in Breast 2ww demand for MRI- no available capacity in hours, discussing with Breast how we can utilise OOH available capacity

ENDOSCOPY (inc. Gynaecology & Urology)

What have we been doing?

- Opened CDC KTC
- Continued use of the mobile unit contract being extended for further 5 months.
- Ceased LFT for lower GI procedures but continued testing for all AGP this is improving patient uptake.
- Continuing to recruit/ train newly appointed booking staff
- Undertaking a review of the administrative structure.
- Recruited to the Consultant Nurse endoscopist position (internal appointment)
- Recruited to the 8a Nurse endoscopist position (internal appointment)
- Increased number of sessions at ECH as nurse staffing has allowed.

What are we going to do next?

- Re commencing outsourcing to BMI for planned patients only.
- Continuing to explore options to provide ERCP sessions in alternative location & scoping equipment .
- Introducing econsent2 at KTC

Issues

- Capacity of booking team to book patients continuing to be an issue
- Booking patients is an issue due to covid swab and isolation period – patients declining appointments.

Operational Performance: DM01 Diagnostics | Waiting List and Activity

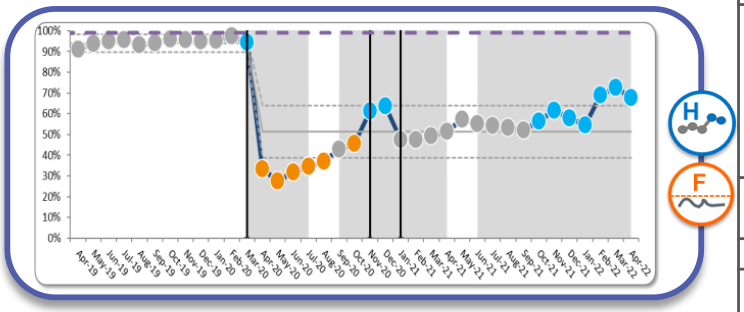
2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

Worcestershire Acute Hospitals NHS Trust

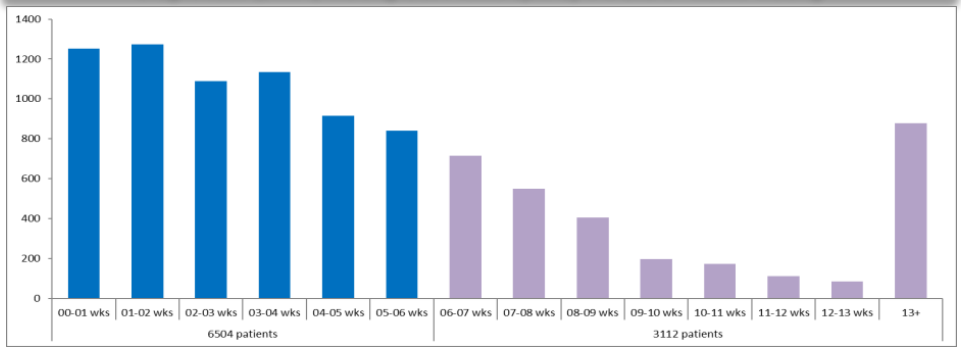
The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks												
Trust Total			Radiology			Physiology			Endoscopy		
9,616	3,112	67.64%	5,471	1,567	71.36%	2,680	991	63.02%	1,465	554	62.18%

DM01 Diagnostics % patients within 6 weeks

67.64%



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



Respiratory Physiology - Sleep Studies

What have we been doing?

- Service has changed to drive through service at WRH
- All referrals are validated by a senior member of the team

What are we going to do next?

- Look into ways of increasing the throughputs but limited by equipment availability

Issues

- Limited equipment which affects the increasing demands

CARDIOLOGY – ECHO

What have we been doing?

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

What are we going to do next?

- Continued WLI clinics where possible

Issues

- Staff shortages due to high vacancy rate
- Difficulty in obtaining and retaining locums

Current Assurance Level: 5 (Apr-22)

Previous assurance level: 5 (Mar-22)

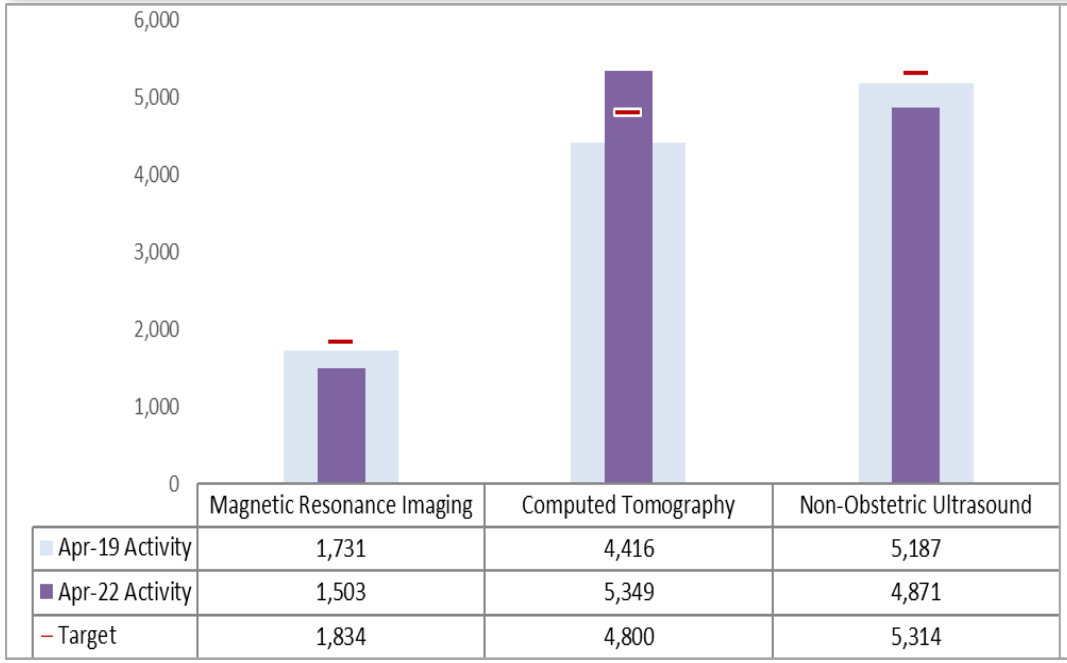
When expected to move to next level of assurance: This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Paul Brennan

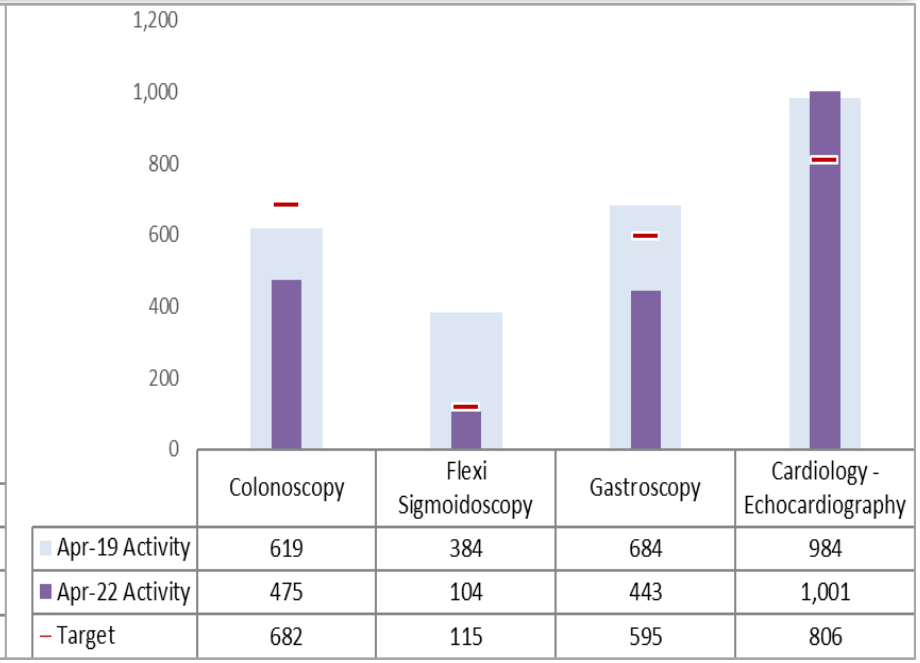
Month 1 [April] 2022-23 | Operational Performance: DM01 Diagnostics

Responsible Director: Chief Operating Officer | Validated for April-22 as 31st May 2022

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



	Magnetic Resonance Imaging	Computed Tomography	Non-Obstetric Ultrasound
Apr-19 Activity	1,731	4,416	5,187
Apr-22 Activity	1,503	5,349	4,871
Target	1,834	4,800	5,314



	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Cardiology - Echocardiography
Apr-19 Activity	619	384	684	984
Apr-22 Activity	475	104	443	1,001
Target	682	115	595	806

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

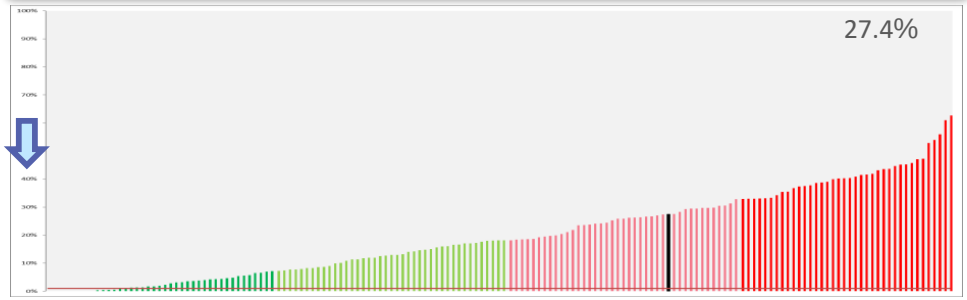
Please note the different axes.

Operational Performance: Diagnostics (DM01) Benchmarking

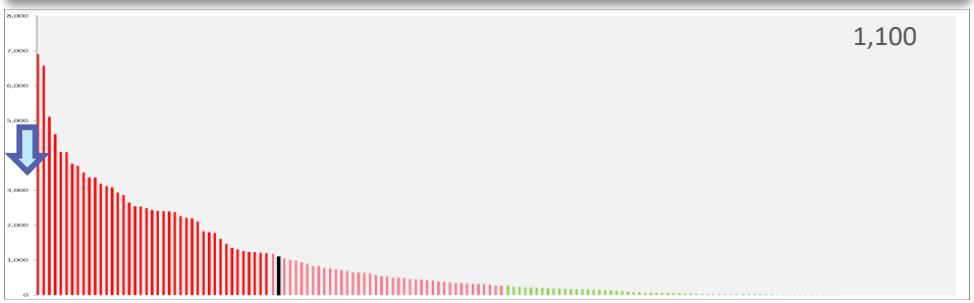
National Benchmarking (February 2022) | The Trust was one of 2 of 13 West Midlands Trust which saw an improvement in performance between Feb-22 and Mar-22. This Trust was ranked 6 out of 13; we were ranked 7th the previous month. The peer group performance ranged from 3.84% to 53.96% with a peer group average of 32.07%; declining from 29.30% the previous month. The England average for Mar-22 was 24.85%; a 0.9% decrease from 24.00% in Feb-22.

In Mar-22 , there were 145,545 patients recorded as waiting 13+ weeks for their diagnostic test; 1,100 (0.76%) of these patients were from WHAT.

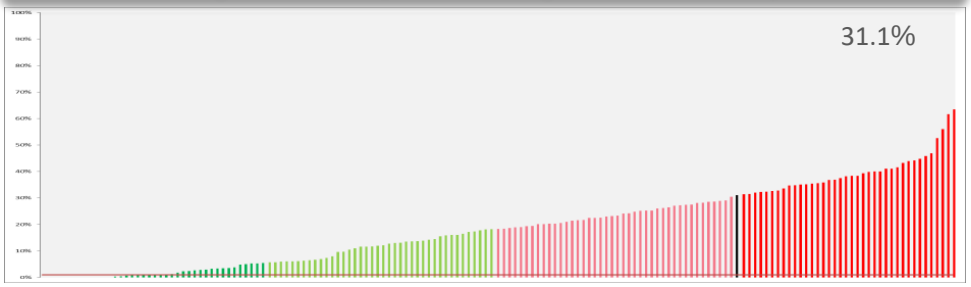
DM01 Diagnostics - % of patients waiting more than 6 weeks | Mar-22



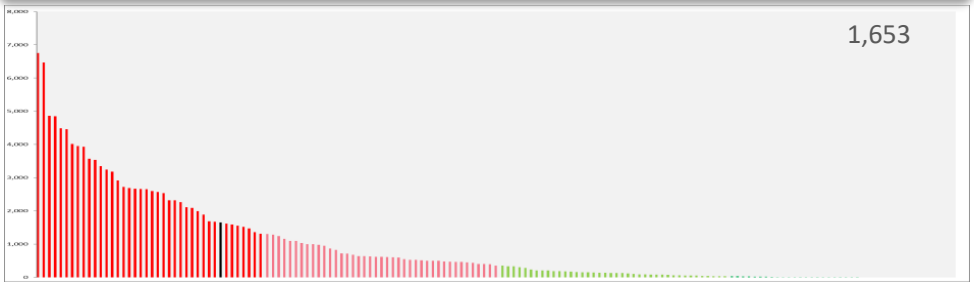
DM01 Diagnostics - number of patients waiting more than 13 weeks | Mar-22



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



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



WAHT — Operational Standard 1%

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

25

Operational Performance: Stroke

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		Provisional SSNAP Q4 21-22 Jan-22 to Mar-22			
69.49%	E	38.98%	E	40.68%	C	95.73%	N/A	Score	72.0	Grade	B

What does the data tell us?

- Our provisional calculation for Q4 SSNAP, before publication in Jun-22, indicates maintaining a score of 72 and a grade B.

	2021/22 Q4	
Domain	Score	Grade
1) Scanning	85	B
2) Stroke unit	37	E
3) Thrombolysis	45	D
4) Specialist Assessments	86	B
5) Occupational therapy	76	B
6) Physiotherapy	72	C
7) Speech and Language therapy	76	A
8) MDT working	85	B
9) Standards by discharge	92	B
10) Discharge processes	100	A

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

SSNAP score	72.0	B

- The Scanning domain improved to a grade B (from C), Thrombolysis to a grade D (from E) and Speech and Language to a grade A (from C). Occupational Therapy (A to B), Physiotherapy (A to C) and Standards by Discharge (A to B) all decreased in grade.
- There has been no change in the SPC charts with time spent on the stroke ward and direct admission within 4 hours still showing special cause concern. These remain the limiting factors in improving the SSNAP grade from B to A.

What are we doing to improve?

- Patients Admitted Within 4 Hours: This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) has again closed with no adverts. Plan to have funding transferred to Acute Trust and for us to employ – discussions ongoing with HACT. This post will provide an overview of stroke capacity across the pathway and support the management of beds across the stroke pathway. Examples of inappropriate pre-alerts have been sent to WMAS and still awaiting a response. Limited stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). A substantive consultant has been appointed (commences July 22). A 2nd substantive appointment has been made (50% working with academy), date of commencement to be confirmed. Plan to raise ATR to attempt WRH recruitment only following 2 failed attempts to recruit to a joint post with Wye Valley Trust. Equivalent of 1WTE mutual aid from UHNM in place, along with 1 agency locum and limited support from Neurology team.
- 90% Stay on Stroke Ward: Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- Specialty Review Within 30 Minutes: All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. 24/7 CNS cover has now commenced(7th February 2022) which will support improvements in this metric. A Stroke Nurse Consultant has now also commenced which will support this metric. A local 24/7 stroke on call rota to support thrombolysis decision-making was trialled for the month of February. The impact of this is currently being analysed and has ceased at present due to resource availability. Long term aim for this to be permanently implemented, however this is being run on goodwill at present so is dependent on successful further recruitment and input from Wye Valley Trust consultants – due to their own current resource issues, they are unable to support this at present.
- TIA Patients Seen Within 24 Hours: All referrals now triaged appropriately by Stroke consultant resulting in some rejections. We are improving performance each month and achieving the target of 80% (achieved last 6 months).

Current Assurance Level: 5 (Apr-22)

When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade. Q4 SSNAP will be published in Jun-22.

Previous Assurance Level: 5 (Mar-21)

SRO: Paul Brennan

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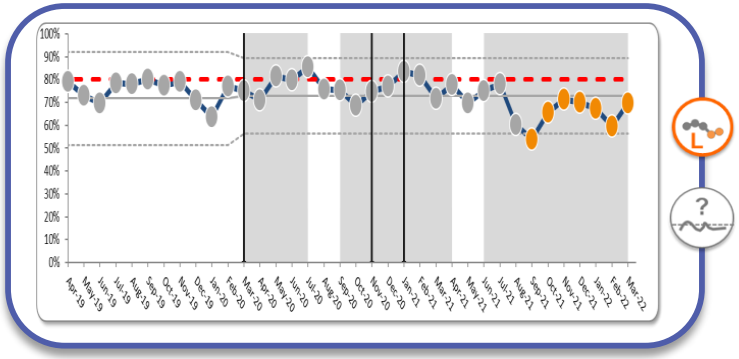
Month 12 [March] | 2021-22 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for Mar-22 as 12th May 2022

Worcestershire Acute Hospitals NHS Trust

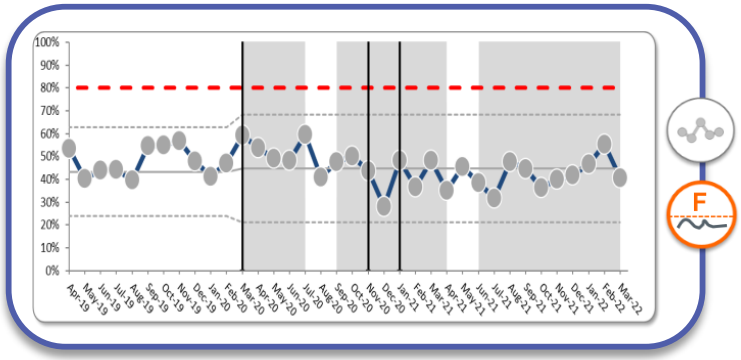
Stroke: % patients spending 90% of time on stroke unit

69.49%



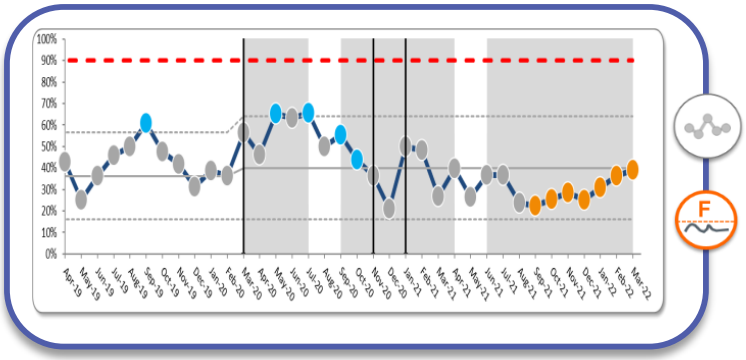
Stroke : % CT scan within 60 minutes

40.68%



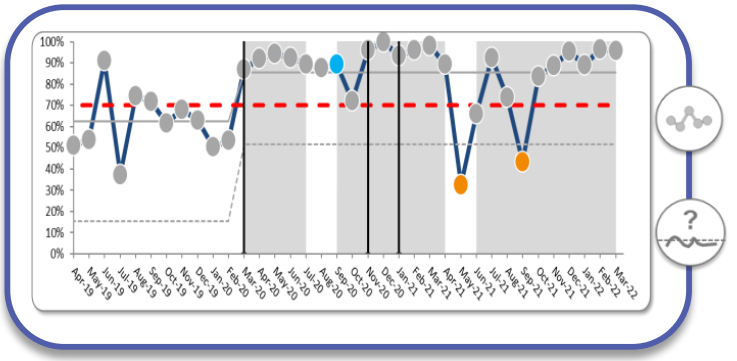
Stroke : % Direct Admission to Stroke ward

38.98%



Stroke: % seen in TIA clinic within 24 hours

95.73%



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

COVID Wave
Lockdown

Quality and Safety

Summary Performance Table | Month 1 [April] 2022-23

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Apr-22	8	4		?	5	0	10
	Ecoli	Apr-22	2	4	L	?	4	0	9
	MSSA	Apr-22	1	0		?	#N/A	#N/A	#N/A
	MRSA	Apr-22	0	0	L	?	#N/A	#N/A	#N/A
Hospital Acquired Pressure Ulcers: Serious Incidents		Apr-22	0	-		?	0	0	2
Falls per 1,000 bed days causing harm		Apr-22	0.09	0.04		?	0	0	0
% medicine incidents causing harm		Apr-22	5.7	11.71		P	3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	Apr-22	91.89	100		?	91	79	103
	Hand Hygiene Compliance to practice	Apr-22	97.83	98		P	99	99	100
VTE Assessment Rate		Apr-22	93.04	95	L	?	96	94	98
Sepsis	Sepsis Screening compliance	Mar-22	86.96	95		?	83	71	95
	Sepsis 6 bundle compliance	Mar-22	47.67	95	L	F	53	29	76
#NOF time to theatre <=36 hrs		Apr-22	60.81	85		?	77	57	96
Mortality Reviews completed <=30 days		Nov-20	35.5	-		P	43	20	67
HSMR 12 month rolling average		Jun-21	95.61	-	L	?	104	101	107
Complaints responses <=25 days		Apr-22	#N/A	80		?	77	46	107
Ice viewed reports	ICE viewed reports [pathology]	Mar-22	93.35	-	L	P	95	93	97
	ICE viewed reports [radiology]	Mar-22	88.93	-	H	P	86	82	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Apr-22	15.6	20		?	17.24	12	23
FFT A&E Recommended	Apr-22	86.63	95		F	82.30	75	90
FFT Inpatient Response	Apr-22	33.09	30		?	31.68	24	39
FFT Inpatient Recommended	Apr-22	97.78	95	H	?	95.78	94	98
FFT Maternity Response	Apr-22	2.05	30	L	?	18.03	4	32
FFT Maternity Recommended	Apr-22	81.82	95		?	93.34	73	114
FFT Outpatients Response	Apr-22	11.27	10		?	10.45	7	14
FT Outpatients Recommende	Apr-22	95.64	95		?	93.40	91	95

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	• Based on last year's trajectories, we have not met the monthly trajectory set for C.difficile infections. We have not yet received updated national targets for 22/23. • The 12-month 30-day all-cause crude mortality rate has breached the 20% trigger point for four consecutive months. • For the first time in 31 months, the Hand Hygiene compliance to practice rate dropped below the 98% target. SCSD achieved under 95%. • All of the high impact intervention audits in Apr-22 achieved a compliance of over 95%. • Antimicrobial Stewardship overall compliance for Apr-22 increased slightly at 89.6% but missed the target of 90%. • Patients on Antibiotics in line with guidance or based on specialist advice in Apr-22 was 92.9% and achieved the target of 90%. • Patients on Antibiotics reviewed within 72 hours in Apr-22 was 93.2% and achieved the target of 90%. • 3 new COVID outbreaks were declared in Apr-22. There are currently 2 ongoing active COVID outbreaks and a further 7 in the monitoring phase. There is also 1 active flu outbreaks.
SEPSIS 6	• Our performance against the sepsis bundle being given within 1 hour has increased in Mar-22 and is showing normal cause variation. • Both the sepsis six screening compliance and antibiotics provided within one hour missed the 90% target in Mar-22. • Our crude out-of-hospital death rate is 9.1% and nationally we sit in the top 20 highest reporting Acute Trusts. In the Midlands, we have the 5th highest rate. • Our average LOS for patients with sepsis is 8.89 days, which is the 15th lowest nationally and the 4th lowest in the Midlands.
VTE Assessments	• For the third month running, we have not achieved the Trust target of 95%. However, W&C are now entering VTE assessments via Badgernet which have not yet been factored into the Trust results. • Excluding W&C, the Surgical Division were the only Division to not achieve the 95% target.
ICE Reporting	• The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 24 months (range 80.56% to 91.37%). • The Target of 95% for viewing Pathology Reports on ICE was missed for the ninth month running in Mar-22 at 93.4%.
Fractured Neck of Femur	• There were 74 #NOF admissions in April. Our performance within 36 hours was 60.8% and the average time to theatre was 40.9 hours. • There were a total of 29 breaches in April – 48% were due to the patient being medically unfit and 28% were due to theatre capacity issues. • Nationally, we have the 8th highest crude mortality rate and the 2nd highest in the Midlands.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	• The recommended rate for Inpatients is showing special cause variation this month. The target has been achieved for the last 14 months. • The recommended rate for Maternity was below target at 81.8%. The response rate for Apr-22 was only 2.1%, which equates overall to 11 responses. • The recommended rate for Outpatients is showing special cause variation this month. This is our highest performance to date. We also achieved a response rate of over 11%. • The recommended rate for A&E has improved and we are now showing normal cause variation. We did not achieve the 20% response rate target again this month.
Complaints	• Complaints responded to within 25 working days is showing normal variation. The target has been achieved for the second month running, at 82.1%.
Hospital Acquired Pressure Ulcers (HAPU)	• There were 25 HAPUs in Apr-22 and we are showing normal variation. • There were 52 Cat 3, 4 or Unstageable pressure ulcers on admission in Apr-22 which is showing normal variation.
Falls	• There were 132 falls in Apr-22, which equated to 6.24 falls per 1,000 bed days which remains below the national benchmark of 6.63. • There were 2 SI falls in Apr-22 both of which occurred on Specialty Medicine wards.
Never Events	• There was one never event in Apr-22, which occurred in Alex Theatres.
MSA Breaches	• In Apr-22, we had a total of 46 MSA breaches (57 last month).

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent

C-Diff * National target of 79		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA		Klebsiella species		Pseudomonas aeruginosa	
Apr actual vs target	Year to date actual / year to date target	Apr actual vs target	Year to date actual / year to date target	Apr actual vs target	Year to date actual / year to date target	Apr actual vs target	Year to date actual / year to date target	Apr actual vs target	Year to date actual / year to date target	Apr actual vs target	Year to date actual / year to date target
8/7	8/7	2/3	2/3	1/2	1/2	0/0	0/0	3/2	3/2	0/2	0/2

What does the data tell us?

- We have not yet received updated national targets for 22/23.
- Based on last year's trajectories, we have not met the monthly trajectory set for C.difficile infections.
- The 12-month 30-day all-cause crude mortality rate has breached the 20% trigger point for four consecutive months. There are some signs that this might correct downwards slightly over the next few months but there has been an overall rise in overall C. diff infections and (to a similar extent) associated mortality.

- 9/111 areas in Apr-22 did not achieve their 100% Hand Hygiene participation rate.
- For the first time in 31 months, the Hand Hygiene compliance to practice rate dropped below the 98% target. SCSD achieved under 95%.

- 3 new COVID outbreaks were declared in Apr-22. There are currently 2 ongoing active COVID outbreaks and a further 7 in the monitoring phase. There is also 1 active flu outbreak.

- All of the high impact intervention audits in Apr-22 achieved a compliance of over 95%. The audit with the lowest compliance was the "*Prevent catheter associated urinary tract infection - Ongoing care*" audit (97.6%).

- Detailed annual review of CDI has been completed. This highlights 29% of cases are linked to wards in the Aconbury Building. Whilst there has been continued focus on standards within the wards, recent walkabouts in general areas of the building have highlighted concerns over standards in corridors and ancillary areas.
- Detailed additional actions are being focussed on the Aconbury building in Q1 22-23.
- Managing the general environment is complicated, as it is part of the retained estate buildings but with the estate and cleaning managed by PFI partners, and has a large capital development programme within the building footprint.
- Weekly Aconbury Building Environmental Review Meetings being held by the DIPC with PFI partners and the Capital Team during May 22 to drive rapid improvement in standards, and ensure collaborative working.
- Weekly walkabouts by senior leaders in place.

- A location for the bed and trolley deep cleaning facility has been identified on both sites. Work is progressing to operationalise the Alex site facility. The WRH site location will need capital works to enable it to progress, and that is presently being worked on.

- Further tabletop review meeting held with NHSEI, UKHSA, and CCG on 06-05-22 to review our learning and actions in relation to CDI. The written report is awaited.

Assurance level – Level 6 COVID-19 / Level 5 for non-Covid (Apr-22)
Reason: Increase in LoA (non-covid) agreed in April 22 to L5. Remains at this level due to C.difficile

When expected to move to next level of assurance for non Covid:
This will be next reviewed in July 22, when quarter 1 performance can be assessed.

Previous assurance level (Feb-22) –Level 6 COVID-19 / Level 4 for non-Covid

SRO: Paula Gardner(CNO)

Infection Prevention and Control Benchmarking

Source: Fingertips (up to February 2022)

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 4th highest for hospital onset-healthcare associated C. difficile infections. Our rate stands at 23.9 cases per 100,000 bed days, which is above both the overall England and Midlands rate. Wye Valley is the highest Trust and has a rate of 53.1 cases per 100k bed days.
E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 7th best. Our rate stands at 15.2 cases per 100,000 bed days, which is below the overall England and Midlands rate.
MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 10th best. Our rate stands at 8.6 cases per 100,000 bed days, which is below both the overall England and Midlands rate.
MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 3rd best. Our rate stands at 0.4 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

C. Difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases| Feb-22

Area	Count	Per 100,000 bed days
England	5,952	18.7
Midlands NHS Region	1,001	16.7
Worcestershire Acute Hospitals	58	23.9

E. Coli hospital-onset cases counts and 12-month rolling rates | Feb-22

Area	Count	Per 100,000 bed days
England	7,060	22.1
Midlands NHS Region	1,221	20.4
Worcestershire Acute Hospitals	37	15.2

MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset | Feb-22

Area	Count	Per 100,000 bed days
England	3,695	11.6
Midlands NHS Region	610	10.2
Worcestershire Acute Hospitals	21	8.6

MRSA cases counts and 12-month rolling rates of hospital-onset | Feb-22

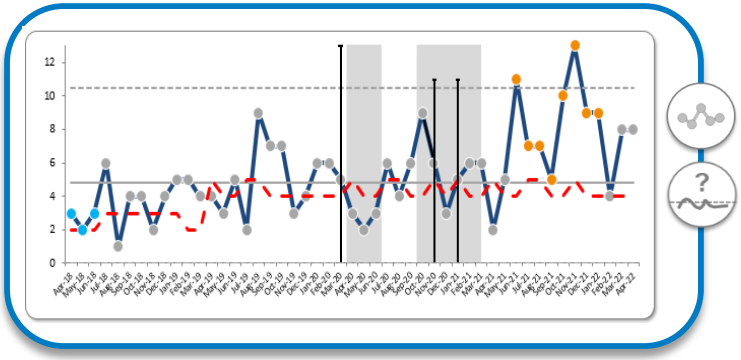
Area	Count	Per 100,000 bed days
England	236	0.7
Midlands NHS Region	35	0.6
Worcestershire Acute Hospitals	1	0.4

Month 1 [April] | 2022-23 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

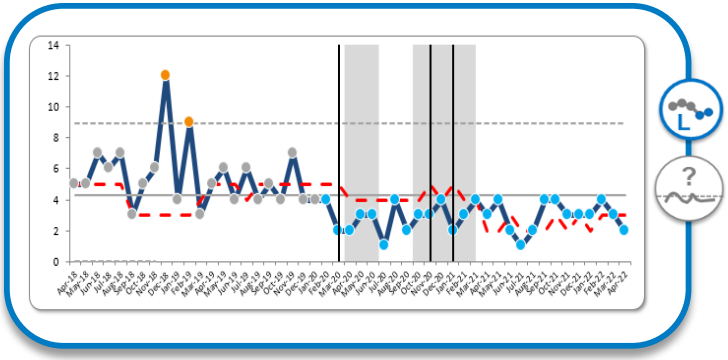
C-Diff

8



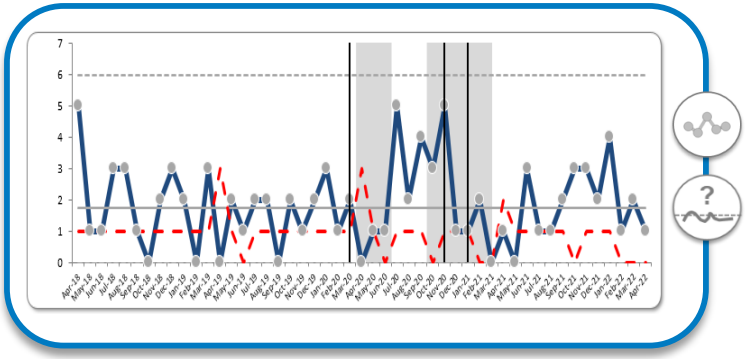
E-Coli

2



MSSA

1



MRSA

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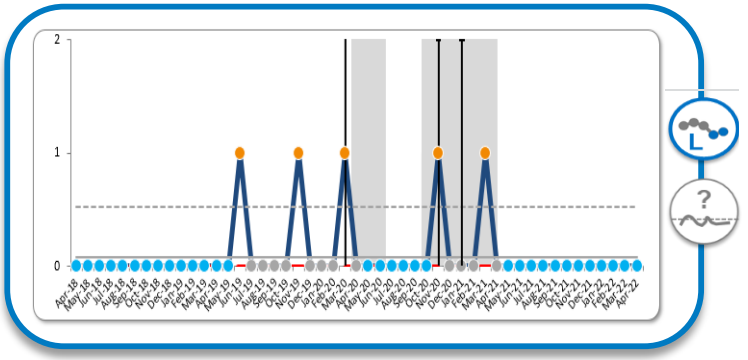


Lockdown Period

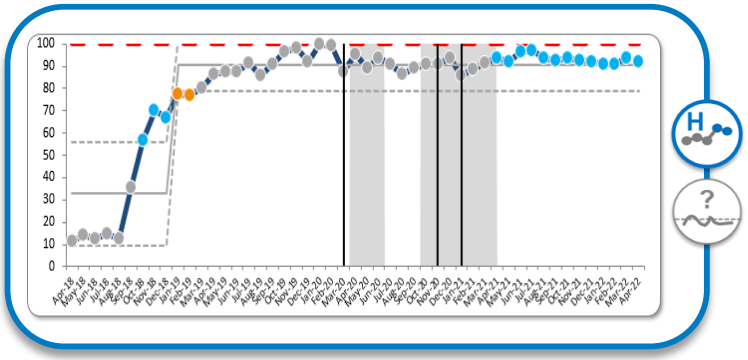
COVID Wave

Month 1 [April] | 2022-23 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

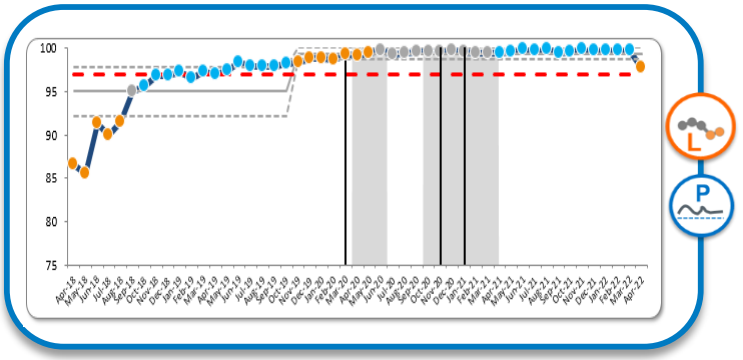
Hand Hygiene Audit Participation (%)

91.9%



Hand Hygiene Compliance (%)

97.8%



Lockdown Period
COVID Wave

2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance (Target 90%)		Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Apr-22	Mar-22	Apr-22	Mar-22	Apr-22	Mar-22
89.6%	87.9%	92.9%	91.9%	93.2%	94.5%

What does the data tell us?

- A total of 227 audits were submitted in Apr-22, compared to 352 in Mar-22.
- Antimicrobial Stewardship overall compliance for Apr-22 increased slightly at 89.6% but missed the target of 90%.
- Patients on Antibiotics in line with guidance or based on specialist advice in Apr-22 was 92.9% and achieved the target of 90%.
- Patients on Antibiotics reviewed within 72 hours in Apr-22 was 93.2% and achieved the target of 90%.

What will we be doing?

- Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors
- ASG will continue to monitor the use of carbapenems (current use now sits below base-line pre-Covid levels)
- Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results
- Reviewing antimicrobial guidelines and monitoring antimicrobial consumption to achieve reduction targets specified in standard contract for 'Watch' and 'Reserve' categories. Significant antimicrobial treatment guideline review and update undertaken and published in April 2022.
- AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s
- Focusing on accurate completion of allergy documentation to include nature of allergic reaction and implementing a penicillin allergy de-labelling algorithm.
- Focusing on learning from C diff case reviews where antibiotics may be implicated
- AMS QI project underway across Urgent Care division with a focus on identifying and addressing AMS barriers through behaviour change orientated interventions.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-21) - Antimicrobial stewardship level of assurance is 6 as assessed by ASG on 28/04/2022.
Reason: Current performance in relation to C.difficile and MSSA BSI

When expected to move to next level of assurance for non Covid:
This will be next reviewed in July 22, when quarter 1 performance can be assessed.

Previous assurance level (Feb 22) –Level 6 COVID-19 / Level 4 for non-Covid

SRO: Paula Gardner(CNO)

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

Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
54.2%	85.5%	83.3%	77.1%	97.8%	89.6%	72.9%	68.8%

What does the data tell us?

- Our performance against the sepsis bundle being given within 1 hour has increased in Mar-22 and is showing normal cause variation. Action: 1& 4
- Between Apr-21 and Feb-22, there were 930 patients that had a diagnosis of sepsis, of which 237 (25.5%) unfortunately died.
- Our Crude in-hospital death rate is 16.3%. Nationally, we sit in the lower quarter of reporting Acute Trusts and we have one of the lowest rates seen across the Trusts within the Midlands.
- However, our out-of -hospital death rate is 9.1% and nationally we sit in the top 20 highest reporting Acute Trusts. In the Midlands, we have the 5th highest rate. Action: 2&3.
- Our average LOS for patients with sepsis is 8.89 days, which is the 15th lowest nationally and the 4th lowest in the Midlands. Action: 2& 3

Actions:

1. Screening of 'Suspected Sepsis' patients and the 'face to face' review on the same form to avoid duplication in the medical/nursing notes by using the new documentation.
2. A retrospective audit will take place to determine the causes of out of hospital deaths and whether there is any cause for concern.
3. All deaths, including those in community will have mortality review, once additional medical examiners are in post (August 2022)– this will help to identify concerns in real time and ensure learning across divisions.
4. Specialty Medicine are carrying out real time sepsis audits, which will allow for improvements and learning.
5. DCMO will meet with the sepsis lead to ensure appropriate reporting and escalation
6. Speciality medicine have introduced the following to increase completion rates:
   - Monthly Sepsis six links nurse meetings
   - Quarterly sepsis six newsletter
   - Additional training of the junior doctors at AGH

Assurance level – Level 5 (Feb-22)	**When expected to move to next level of assurance**: Following deep dive audit.
Previous assurance level – Level 5 (Oct-21)	SRO: Christine Blanshard (CMO)

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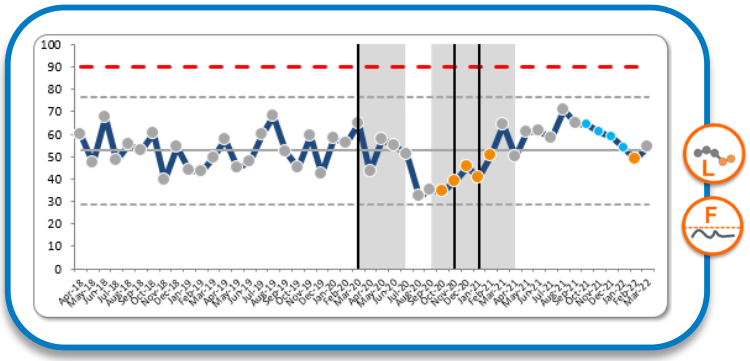
Month 1 [April] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

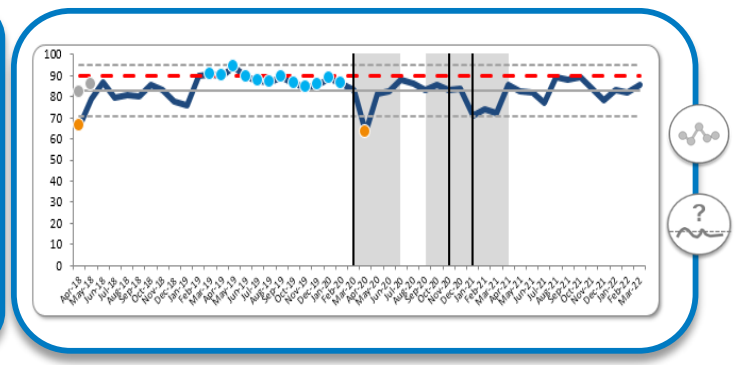
Sepsis 6 Bundle Compliance (audit)

54.2%



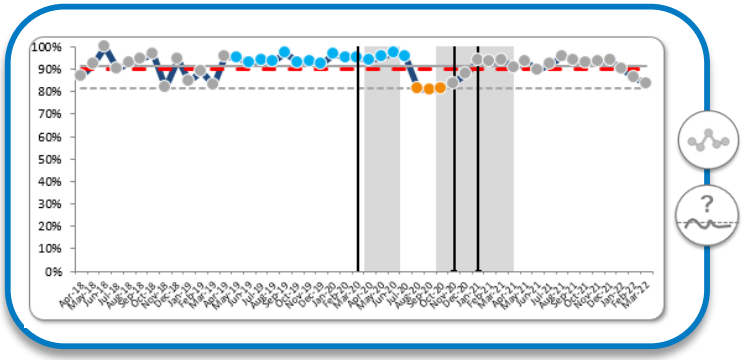
Sepsis Screening Compliance (audit)

85.5%



Sepsis Screening Antibiotics Compliance (audit)

83.3%



2.2 Care that is Effective – VTE assessment and VTE assessments within 24 hours

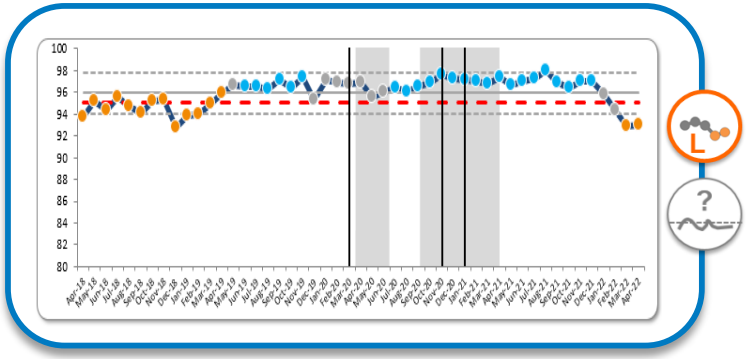
VTE assessment on admission to hospital	
Apr-22	Target
93%	95%
What does the data tell us? • We are aware the inclusion of W&C data means we are not meeting the target. However, W&C are now entering VTE assessments via Badgernet which have not yet been factored into the Trust results. The Information team are currently working on extracting this data into the Data Warehouse.	**What improvements will we make?** • Trust Thrombosis committee are continuing to monitor actions following the completion of VTE assessments to ensure learning and improved practice • A new audit tool has been designed for all to use, which following the last meeting discussion on taking a new approach on what is recorded and lessons learnt. Divisional results will be presented at July's Trust Thrombosis Committee. This will ensure that enoxaparin is prescribed and administered where appropriate. • Junior doctor has been invited to attend Thrombosis Committee regularly; in July they are expected to report the results of the new GAP Audit (10 patients per month) • No HAT's have been reported.
Assurance Level: 7	**When expected to move to next level of assurance** : N/A
	SRO: Christine Blanshard (CMO)

Month 1 [April] | 2022-23 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

VTE Assessment Compliance (%)

93%



Please note that % axis does not start at zero.

2.2 Care that is effective – EDS Completion

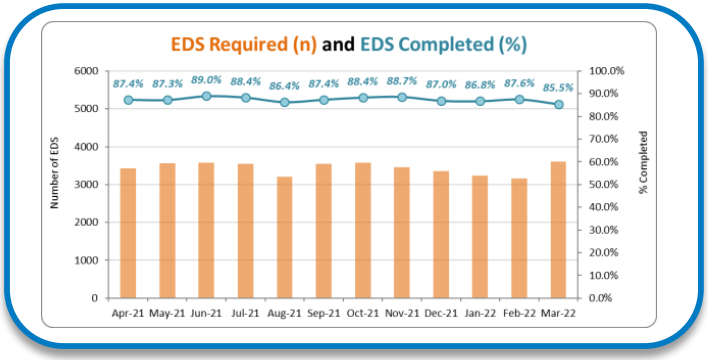
% EDS Completed	% EDS Completed and Uploaded to GP
86% - Mar 2022 (88% - Feb 2022)	80% - Mar 2022 (83% - Feb 2022)
What does the data tell us? • The Target of 95% for completion of Electronic Discharge Summaries (EDS) has not been met in 2021/22, ranging from 85% to 89% • The Target of 95% for completion of Electronic Discharge Summaries (EDS) and uploaded to GP has also not been met in 2021/22, ranging from 80% to 84%. **What have we been doing?** • The 524 missing EDS's for Mar-22 were reviewed and it appears that 501 (96%) are showing as having been printed. (A check of the 394 showing as not completed for February also show that 378 (96%) were printed).	**What will we be doing?** • Full audit of the 501 (Mar) and 378 (Feb) EDS's which are showing as 'Not Completed' but appear to have had an associated event letter printed. • The aim is to examine the event letters, and ascertain whether the EDS was completed and a different process is in place, or whether there is a Data Quality issue within the reporting system.
Assurance level – TBC	**When expected to move to next level of assurance**: **TBC**
Previous assurance level: Not previously rated	SRO: Christine Blanshard (CMO)

Month 1 [April] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Mar-22 as 9th May 2022

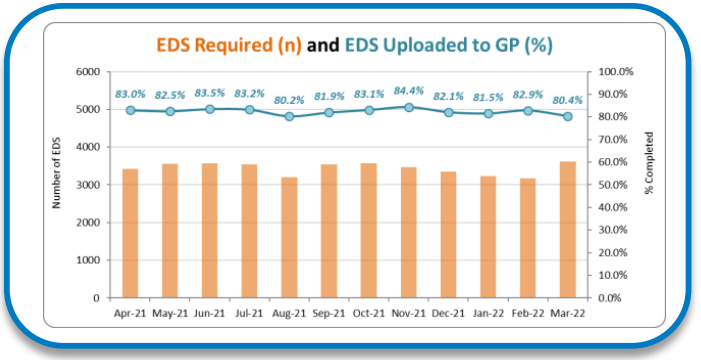
EDS Completed (%)

85.5%



EDS Completed and Uploaded to GP (%)

80.4%



2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed – ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
88.9% - Mar 2022 (90.4% - Feb 2022)	77.3% (75.5%)	93.4% (92.6%)	76.9% (69.7%)

What does the data tell us?

- The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 24 months (range 80.56% to 91.37%).
- The Target of 95% for viewing Pathology Reports on ICE was missed for the ninth month running in Mar-22 at 93.4%.
- Radiology reports filed on ICE has remained above 70% for ten consecutive months.
- Pathology reports filed on ICE has increased in Mar-22 to 76.9%.

What will we be doing?

- Auto filing of all GP results will be implemented which will improve filing rates and reduce delays for our consultants when filing
- A review of the targets will be undertaken to ensure they are in line with the quality standards.

Assurance level – Level 5 (Apr 2022)

When expected to move to next level of assurance:
Once appropriate targets have been set

Previous assurance level: Level 5 (Feb)

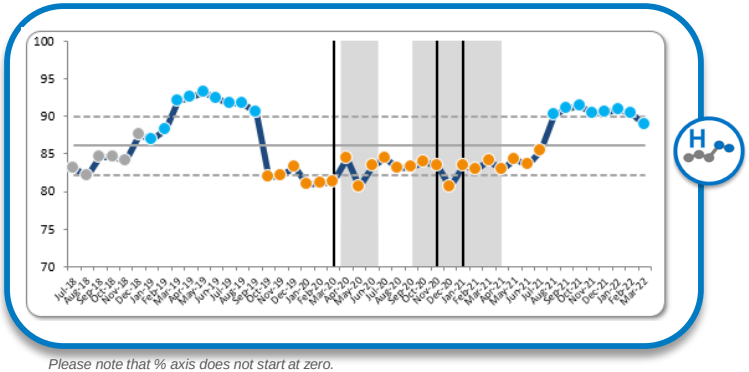
SRO: Christine Blanshard (CMO)

Month 1 [April] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Mar-22 as 9th May 2022

ICE reports viewed radiology (%)

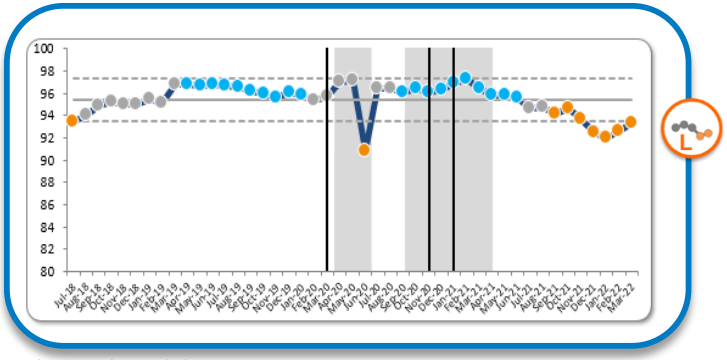
88.9%



Please note that % axis does not start at zero.

ICE reports viewed pathology (%)

93.4%



Please note that % axis does not start at zero.

Lockdown Period

COVID Wave

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

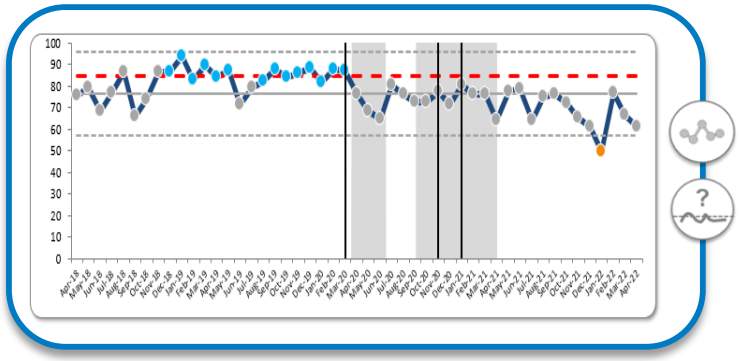
#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
60.8% (Apr 2022) 66.7% (Mar 2022)	75% (Apr 2022) 70.7% (Mar 2022)
What does the data tell us? • We have seen a decrease in the #NOF compliance in Apr-22 but we are showing normal cause variation. • There were 74 #NOF admissions in April (87 in March). • The #NOF target of 85% has not been achieved for 2 years. • There were a total of 29 breaches in April (also 29 in March); 48% of the breaches were due to the patient being medically unfit/ non-operative management and 28% were due to theatre capacity. Other reasons include further imaging of #NOF site required (7%), patient not starved (3%), patient awaiting THR (3%), delayed presentation (3%) and delay in running of theatre list (3%). • The average time to theatre was 40.9 hours (31.8 in March). • Our Crude Death Rate for #NOF is 15.3%. Nationally, we have the 8th highest rate and the 2nd highest rate in the Midlands. Our average LOS is 10.4 days, which is the second lowest nationally and the lowest in the Midlands.	**What will we be doing?** • Centralising all Inpatient Trauma to WRH site from 13th November as a result increasing Trauma theatre capacity by one 4 hour session per day. • Changing consultant on-call pattern to ensure there is always a hip surgeon available to operate. • Increasing weekend Trauma Theatre from 2 sessions to 4 where staffing allows in the short term. Long term business case required to staff additional 2 sessions at weekends. • Escalating the need for ring fenced #NoF beds in the community (previously the department had access to 9 beds) this will ensure constant flow.
Current assurance level: 5 (Nov-21)	**When expected to move to next level of assurance**: Mar-22
Previous assurance level: 5 (Oct-21)	SRO: Christine Blanshard (CMO)

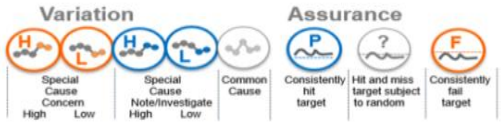
Month 1 [April] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

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

60.8%





Lockdown Period

COVID Wave

2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Apr-22	Target	Apr-22	Target	Apr-22	Target	Apr-22	Target
97.8%	95%	95.6%	95%	86.6%	95%	81.8%	95%

What does the data tell us?

- The recommended rate for Inpatients is showing special cause variation this month. The target has been achieved for the last 14 months.
- The recommended rate for Maternity was below target at 81.8%. The response rate for Apr-22 was only 2.1%, which equates overall to 11 responses.
- The recommended rate for Outpatients is showing special cause variation this month. This is our highest performance to date. We also achieved a response rate of over 11%.
- The recommended rate for A&E has improved and we are now showing normal cause variation. We did not achieve the 20% response rate target again this month.

What improvements will we make?

- A new Quarterly reporting template and governance process will support a greater understanding of what our feedback is telling us and how we are learning/sharing. This report will be generated Divisionally and discussed at the Patient, Carer and Public Engagement steering group and presented at Clinical Governance Committee.
- The Lead Nurse for Patient Experience (PE) and a member from the Digital team have scheduled a "walk around" to discuss FFT at ward level while reviewing iPad connectivity – some areas had experienced issues relating to completing FFT digitally.
- Pan action plan is in place to refocus teams on offering and encouraging patients to complete FFT to increase responses.
- A Xerox review of FFT cards is ongoing (due to the volume of cards registered). All out of date cards are being removed from the Xerox register. A relaunch will follow, subject to Bronze agreement.
- Our Lead Nurse for PE will meet with the Informatics team to explore a monthly FFT 'league table' report for each area to increase FFT communication with the aim of generating healthy competition to improve responses and move up the table to the Trusts 'Top 10'. This approach has worked successfully in Speciality Medicine Division.

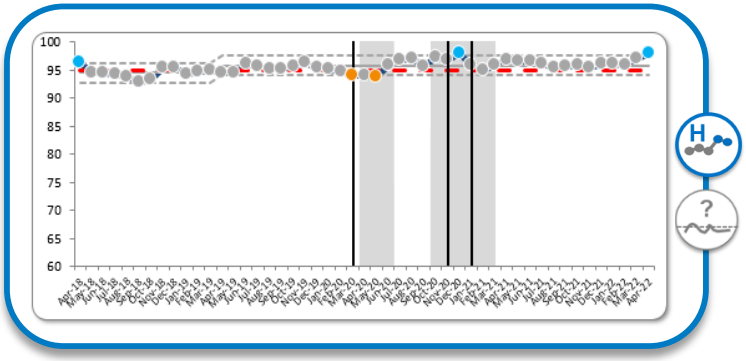
Assurance level – Level 5 (Nov-21)	**When expected to move to next level of assurance: Q2 2022/23**
Previous assurance level – Level 5 (Oct-21)	**SRO:** Paula Gardner (CNO)

Month 1 [April] | 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

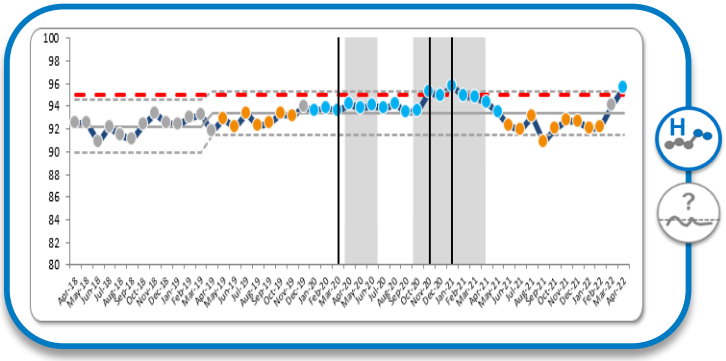
FFT Inpatient Recommended %

97.8%



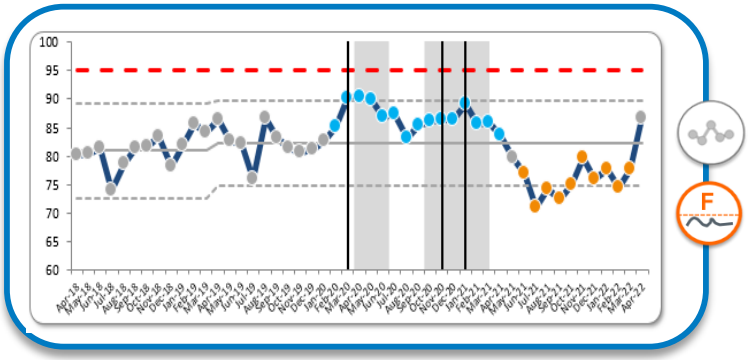
FFT Outpatient Recommended %

95.6%



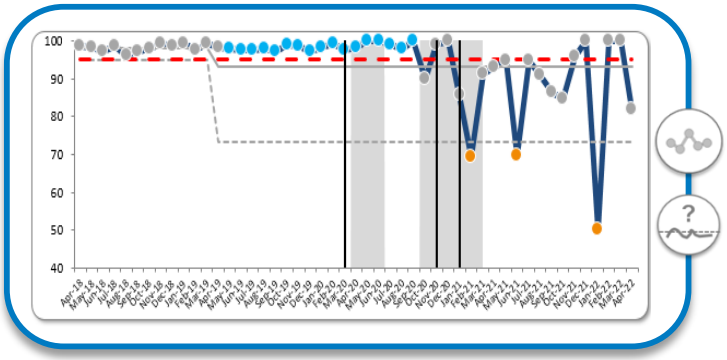
FFT AE Recommended %

86.6%



FFT Maternity Recommended

81.8%



Lockdown Period

COVID Wave

2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days	
Apr-22	Target
82.1%	80%

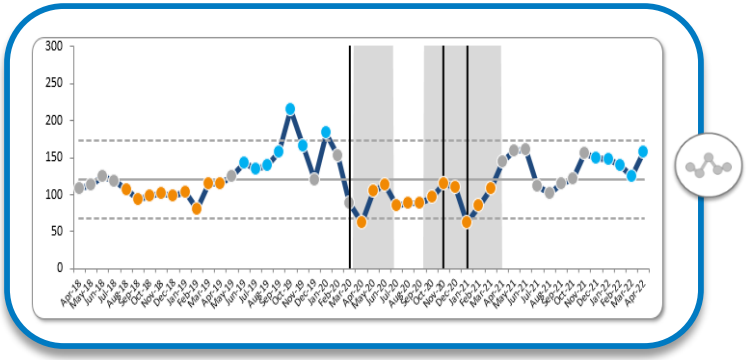
What does the data tell us?	What improvements will we make?
• Complaints responded to within 25 working days is showing normal variation. The target has been achieved for the second month running, at 82.1%. • In Nov to Feb an average of 40 complaints were received each month; in March and April this has increased to an average of 65 per month; this has affected the ability of some Divisional Teams to manage the caseload as effectively, whilst dealing with ongoing Covid pressures and additional winter pressures. • Despite this increase the performance has sustained in March and April, however this may be impacted negatively in May as a result of the increased caseload. • The increase in complaints numbers continues to be reflected countywide, and across the West Midlands region.	• The Complaints Team have been piloting a process in Urgent Care and Women and Children's Divisions to agree "terms of reference" for complaints at the start of the process, in order to produce template responses which will reduce the work for Divisional Teams in completing drafts. The impact of this pilot on timeliness of response drafts and quality (measured by reopened figure) will be carried out later in Q1 2022-2023. • Continuing improvements from the last quarter, all Corporate cases will be reviewed at the earliest opportunity by the Complaints Manager to aim for early resolution. • The total number of complaints increased in March and April, and the number of breaches have increased in turn. Continued focus will be devoted to monitoring performance and processing complaint responses ASAP through May.
Current Assurance Level – Level 5	**When expected to move to next level of assurance: N/A**
Previous Assurance Level – Level 5	**SRO:** Paula Gardner (CNO)

Month 1 [April] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

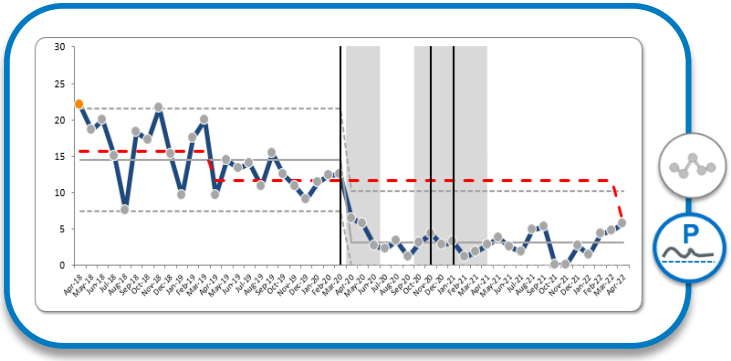
Total Medicine incidents reported

158



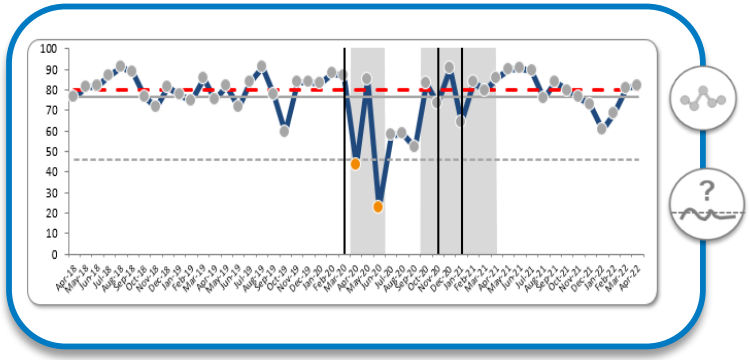
Medicine incidents causing harm (%)

5.7%



Complaints Responses </= 25 days (%)

82.1%



Lockdown Period

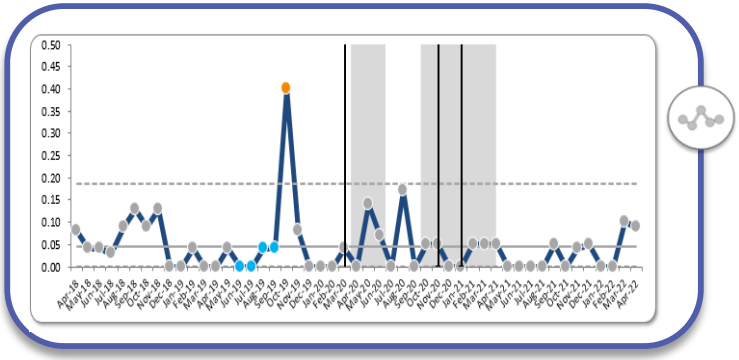
COVID Wave

Month 1 [April] | 2022-23 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Apr-22 as 9th May 2022

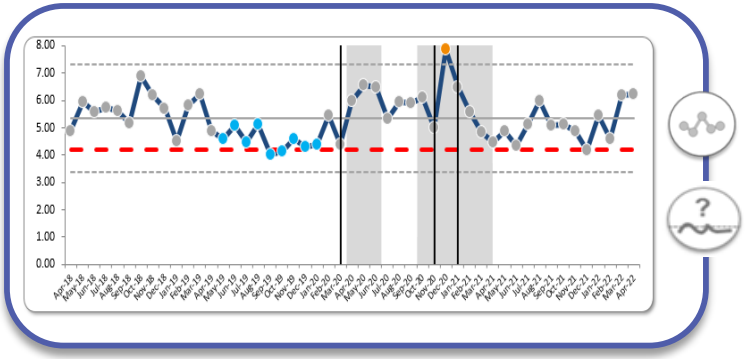
Falls per 1,000 bed days causing harm

0.09



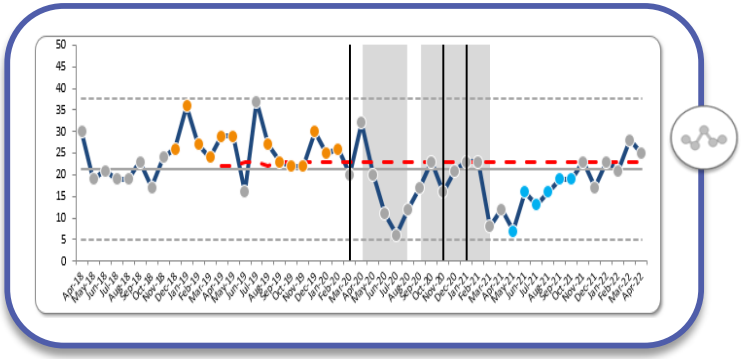
Falls per 1,000 bed days

6.24



All Hospital Acquired Pressure Ulcers

25



Maternity

Month 1 [April] 2022-23 Maternity

Admission of full-term babies to neonatal care		Neonatal Deaths (>24+0 weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births		Home births		Booked before 12+6 weeks		Births	Babies
16	4.7%	1	0	0	31	9.0%	8	2.3%	454	79.7%	341	343

What does the data tell us?

- The only metric to show special cause concern is booked before 12^{+6} weeks. It remains below the lower confidence interval, although the data included in the chart is being compared to our previous booking process before BadgerNet was introduced.
- Sadly there was one neonatal death in the month, but there were no stillbirths or maternal deaths.
- A revised Maternity and Neonates dashboard, created in conjunction with the LMNS, has been drafted. The detail of the specification for the new metrics is in the process of being agreed so that there is consistency between WAHT and WVT.
- Once signed off, the dashboard will be available for Committees and Trust Board to review.

What have we been doing?

- Service Improvement Plan remains paused due to pandemic however some activities have continued
- Responding to the Final Ockenden report/NHSE letter re CoC following engagement events with staff
- Completed local LMNS insight visit for Ockenden evidence
- Employed two further posts to support safety agenda.
- Bid submitted to for monies to support employment of a retention midwife
- Advertised PH midwife posts.
- First cohort of MSWs commenced apprenticeship training

- Restart engagement events for MSIP when staffing allows
- Continuing work to achieve compliance for all Ockenden recommendations
- Prepare to recruit further specialist posts to include Digital Midwife, retention midwife and MSW workforce lead
- Commence QI work to improve compliance with decision to delivery intervals for Cat 1 & 2 caesarean sections
- Still await relaunch of year 4 CNST scheme

Current Assurance Level: 5 (Apr-22)

When expected to move to next level of assurance:

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

Previous Assurance Level: 5 (Mar-22)

SRO: Paula Gardner (CNO)

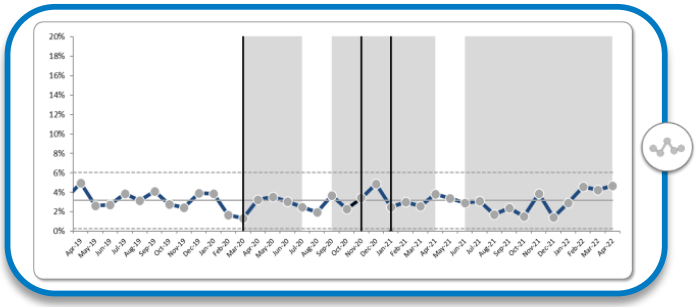
53

Month 1 [April] | 2022-23 Maternity Summary

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

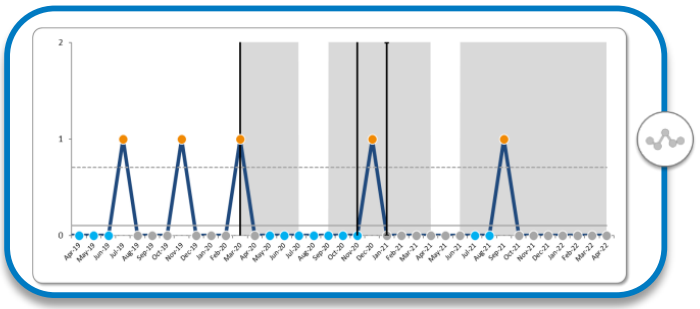
% admission of full-tern babies to neonatal care

4.7%



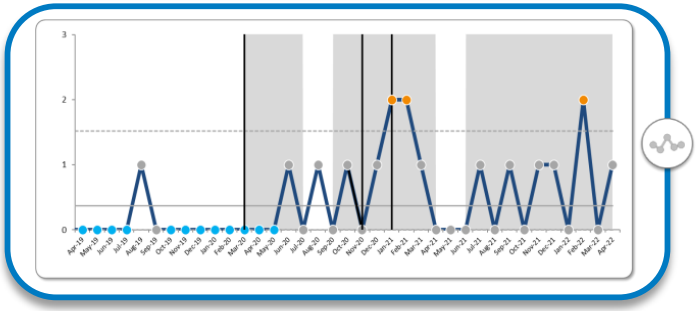
Maternal Deaths

0



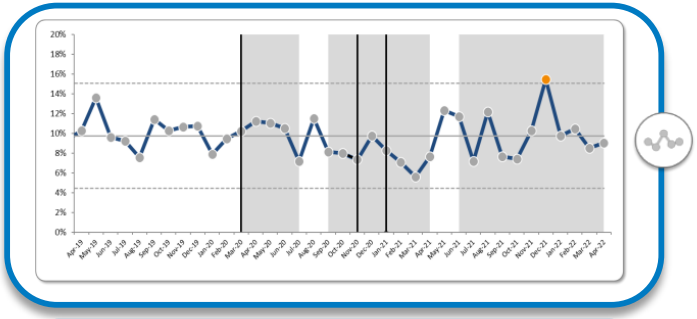
Neonatal Deaths (>24+0 weeks gestation)

1



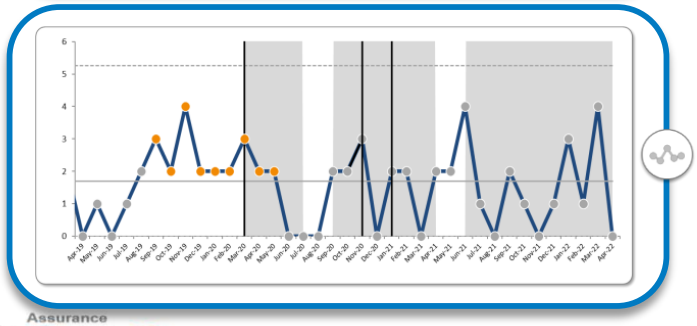
% Pre term births

9.0%



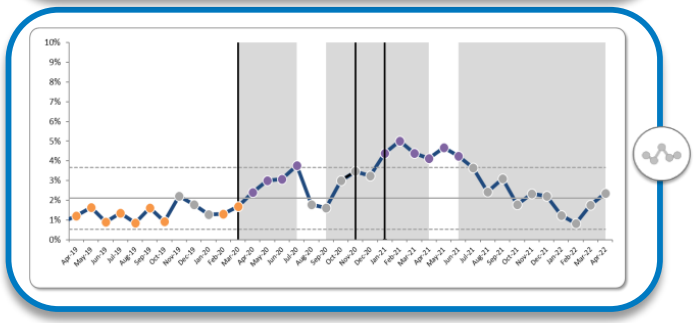
Stillbirths

0



% Home births

2.3%



Variation

Assurance

Lockdown Period

COVID Wave

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

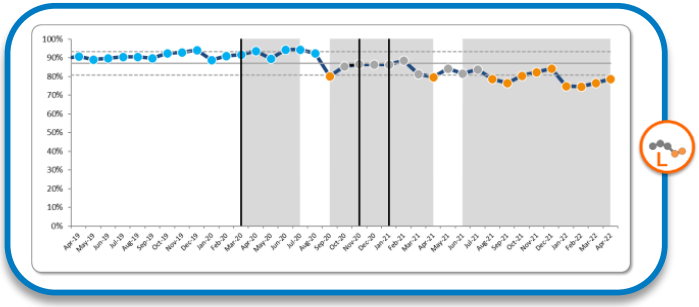
Month 1 [April] | 2022-23 Maternity Summary

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

NHS Worcestershire Acute Hospitals NHS Trust

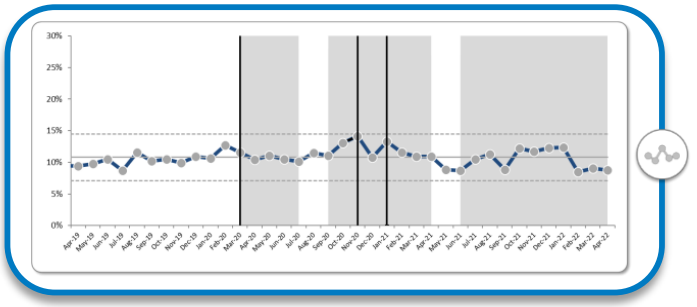
Booked before 12+6 weeks

78.6%



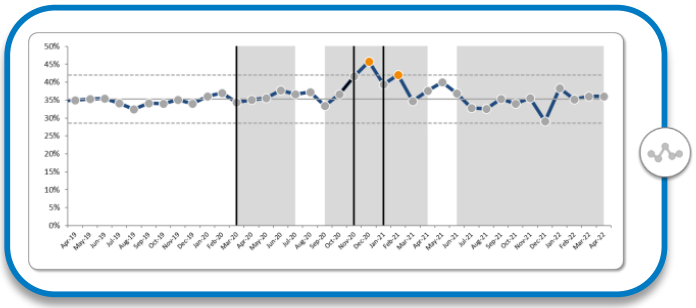
Instrumental Delivery

8.8%



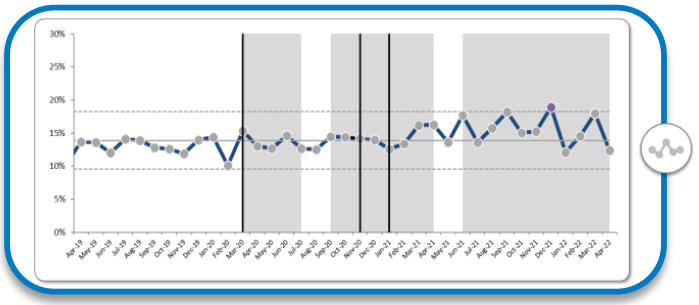
Inductions of labour

36.1%



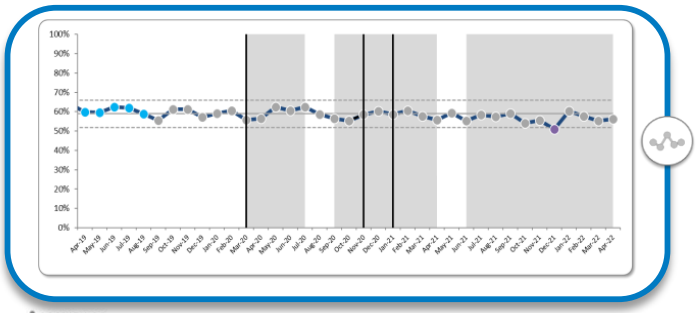
Elective Caesarean

12.4%



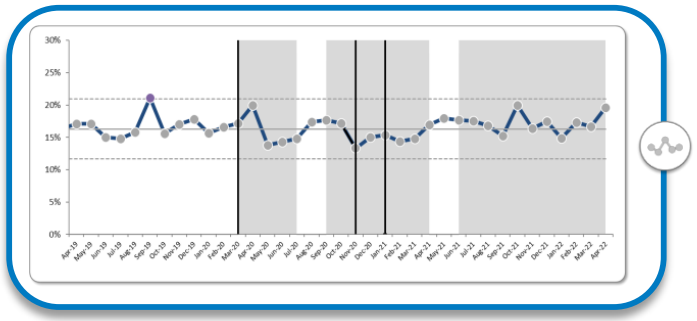
Vaginal Deliveries (non-instrumental)

56.3%



Emergency Caesarean

19.6%



Lockdown Period
COVID Wave

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

Workforce

People and Culture Performance Report Month 1 - Headlines

People & Culture	Comments
Getting the Basics Right	• Mandatory training has dropped by 1% to 89% this month against a Model Hospital average of 88% and a Trust target of 90%. • Medical appraisal compliance has increased to 95% compared to Model Hospital national average of 78% and Trust target of 90% • Non medical appraisal is 75% compared with the national average of 78% and Trust target of 90%. • Consultant Job Planning has dropped to 74% this month which is 21% better than the same period last year. • Recruitment – we have 3 wte more starters than leavers this month.
Performance Against Plan	• Establishment following budget setting is currently being validated by Finance and HR.
Drivers of Bank & Agency spend	• Monthly sickness has reduced to 5.7% which equates to an average of 333 wte staff absence each day of the month, against a national average of 6.7%. • Our local sickness absence target has been adjusted to 5.5% for 2022/23 to take account of Covid (previously 4%). • The annual turnover rate is of concern as it has increased again this month from 12.43% to 13.19% against a target of 11.5%. This is 4.11% worse than the same period last year. • There are 159 staff on maternity leave and an average of 529 wte staff on Annual Leave and 191 wte on other leave each day. • 672 wte NHSP staff were booked to cover vacancies, sickness, additional beds and Covid absence/activity.
Staff Health & Wellbeing	• Cumulative sickness has increased to 5.57% for the 12 month period which is 0.85% higher than last year • Sickness due to S10 (stress and anxiety) increased by 0.04% this month to 1.36%. Surgery are the only division that has a lower level of S10 absence than pre-pandemic levels. • Wellbeing Conversations are continuing with training for Managers available on ESR although not mandated. • 96% of staff have had the first Covid vaccine, 94% have had their second vaccine and 81% have had their Booster.

Workforce Compliance Month 1 – (April 22): - Getting the Basics Right

Appraisal	Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Starters	Leavers
75%	95%	89% and 88%	74%	95	92

What does the data tell us?

- **Appraisal** – Non-medical appraisal rate has dropped by 1% to 75% which is 8% lower than the same period last year. National average has dropped to 78% on Model Hospital. All divisions and all staff groups are below target of 90% with much work to do despite this being raised as a priority at PRM's.
- **Medical Appraisal –** Medical appraisal has improved by 2% to 95% this month which is 10% higher than the same period last year. Urgent care is an outlier at 87% with all other divisions above 90% target.
- **Mandatory Training** – Mandatory Training compliance has dropped by 1% to 89% this month which is still 1% better than National average Women and Children's division remain as an outlier at 84%. Medical and Dental staff group remain below target across all divisions except SCSD.
- **Essential to Role Training** – Essential to Role training has remained at 88%. A new competency of Insulin has been launched with 69% compliance since launch (7% improvement). New competencies are not included in the total for the first 3 months.
- **Consultant Job Plans** – Consultant Job Planning compliance has dropped by 5% to 74% which is 21% higher than the same period last year. Surgery remains an outlier at only 49% compliance for Consultants and 10% for SAS Doctors. Women and Children are the only division to meet target.
- **Recruitment/starters** – We had 95 new starters and 92 leavers so have improved by 3 wte overall.

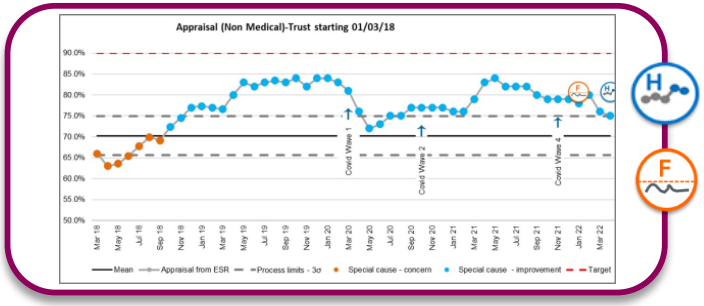
National Benchmarking (April 2022)
The national average for appraisals on Model Hospital has reduced to 78% (2020/21 rates) with our Trust recorded on Model Hospital at 79%. There is no longer a national benchmark for job planning. Model Hospital National Benchmark for Mandatory Training compliance has dropped to 88% with our Trust recording 90% on Model Hospital (2020/21 rates) so we are better than average.

Month 1 [April] 2022/23 Workforce "Getting the Basics Right" Summary

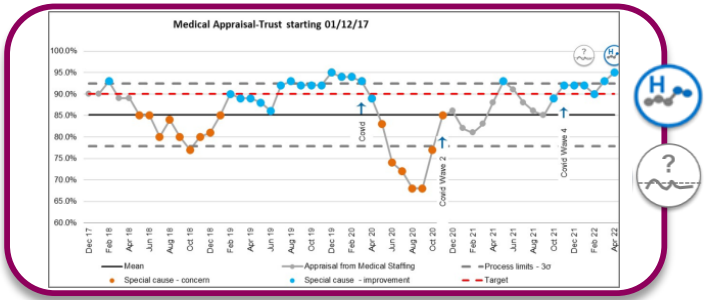
Responsible Director: Director of People and Culture | Validated for April 2022 as 12th May 2022

NHS Worcestershire Acute Hospitals NHS Trust

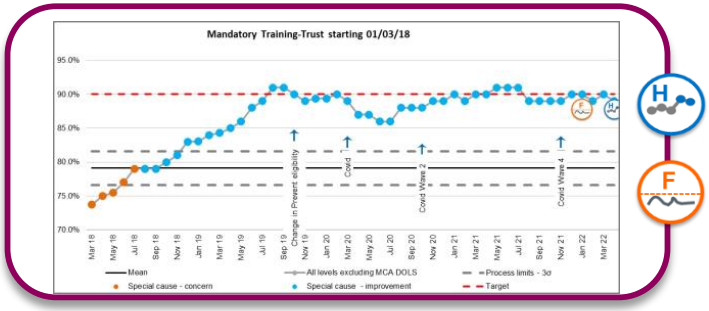
Appraisal (Non-Medical) — 75%



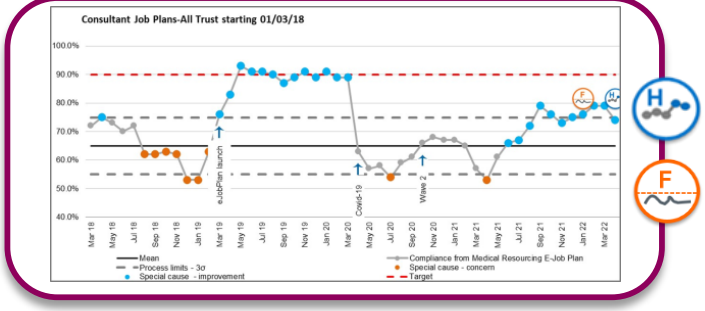
Medical Appraisal — 95%



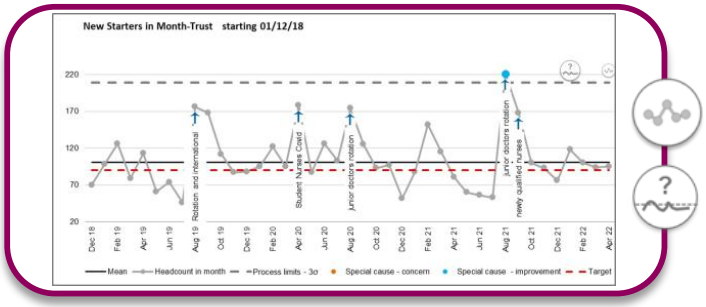
Mandatory Training — 89%



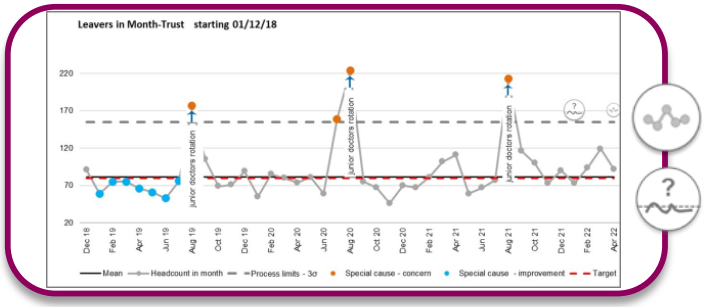
Consultant Job Plans — 74%



New Starters in Month — 95



Leavers in Month — 92



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

Workforce Compliance Month 1 – (April 22): - Performance Against Plan

Substantive Establishment (ADI)	Contracted Staff in Post (ESR)	Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
TBC following validation between HR and Finance following budget setting	5851 wte	*TBC following validation between HR and Finance following budget setting*	6420 wte	7.59%	8.24%

What does the data tell us?

- **Staff in Post** – has reduced this month by 30 wte to 5851 wte.
- **Total Hours worked** – has reduced this month by 115 wte (a reduction of 87 in bank and 31 wte in agency and an increase in 4 wte Substantive)
- **Agency Spend as a % of Gross Cost** – Although usage has dropped this month Agency spend as a % of gross cost has increased by 2.25% to 8.24%. However, this is primarily due to the credit payment in March in respect of Digital and Estates and Facilities Divisions. Spend in SCSD, Women and Children's Division and Estates and Facilities have increased but improvement has been seen elsewhere. Urgent Care remains an outlier for Agency spend with 23.16% of the overall pay bill . Agency spend as a % of gross cost is showing a consistent downward trend from a peak of 12.1% in March 2019.
- **Bank spend as a % of gross cost -** Bank staff spend as a % of gross spend has reduced by 1.92% to 7.59%.

National Benchmarking (April 2022)
We are Quartile 4 for our use of Temporary Medics staffing with 14.4% of spend compared to National Average of 11.5% (June 2021). We are in the 4th quartile (Worst) for Nursing Agency spend with 10% compared to national average of 5.2% (Feb 2022 rates). We are also in the 4th quartile for Medical Agency spend with 13.2% compared to national average of 6.5%

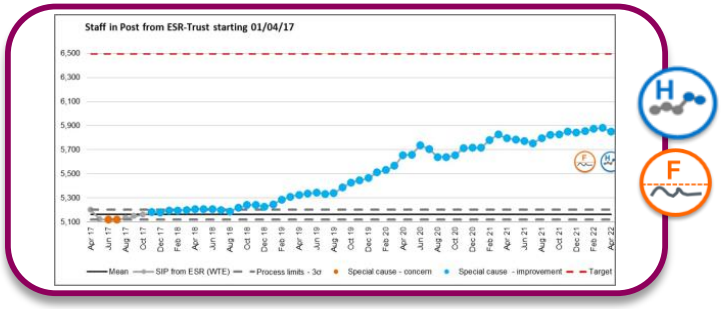
Month 1 [April] 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for April -22 as 12th May 2022

NHS Worcestershire Acute Hospitals NHS Trust

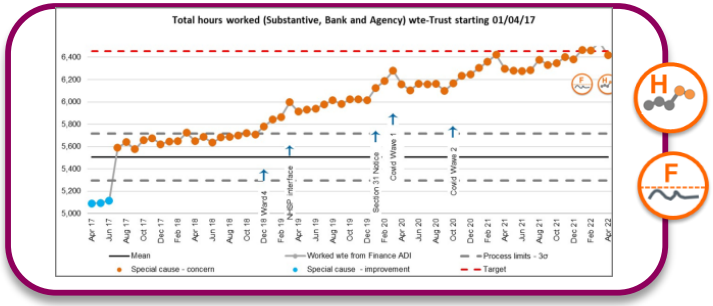
Contracted Staff in Post (ESR)

5851 wte



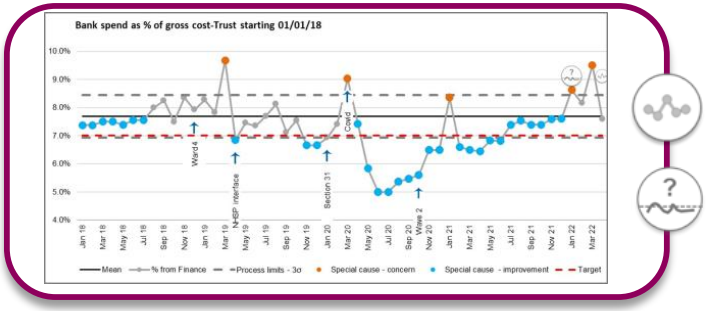
Total Hours Worked (ADI)

6420 wte



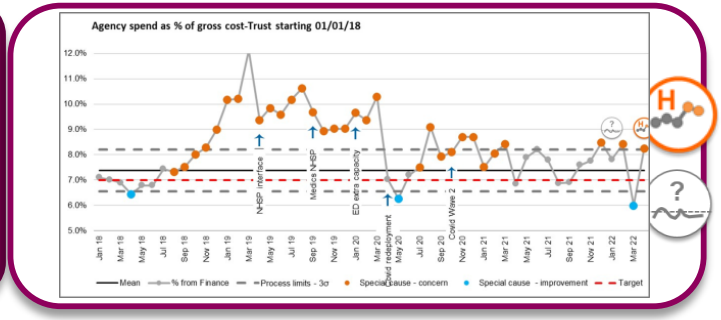
Bank Spend as a % of Gross Cost

7.59%



Agency Spend as a % of Gross Cost

8.24%



Variation Assurance

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Workforce Compliance Month 1 – (April 22): - Drivers of Bank and Agency Spend

Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave	Booking Reasons
13.19%	5.7% 333 wte average	159	529 wte average	191 wte average	Vacancies, Sickness, Additional Beds and Covid

What does the data tell us?

- **Staff Turnover** – Staff annual turnover has deteriorated by 0.76% this month to 13.19% which is 4.11% worse than the same period last year. This is well above our 11.5% target which was already adjusted for Covid.
- **Monthly Sickness Absence Rate** – Sickness has reduced by 0.1 % to 5.7% which is 1.71% worse than the same period last year. Cumulative sickness for the 12 month period has increased from 5.43% to 5.57% which is 0.85% higher than the same period last year. Sickness rates are driven by high levels of Long Term Sickness in all divisions except for Digital with Estates and Facilities and Women and Childrens as hotspot areas. We have been asked to present absence in terms of WTE absent each month so that it can be more easily tracked and this shows an average of 333 wte staff off sick on any one day (including 108 registered nurses and 95 HCA's).
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has dropped by 53 this month to 159 which is only 4 more than the same period last year.
- **Annual Leave** – An average of 529 wte staff were on Annual leave each during April. This is a drop of 133 wte from 662 wte in March when staff were using up their annual leave at the end of the leave year.
- **Other leave** – An average of 191 wte were absent due to Other Leave which will include special leave, study leave, self isolation for Covid etc. This has reduced by 31 wte from last month.
- **Booking Reasons** – 672 wte staff were booked via NHSP to cover gaps. This included 367.9 wte staff were booked for the reason of covering vacancies, 118.5 for sickness (primarily Registered Nursing), 55.3 Additional Beds and 30.4 wte to cover covid absence.

National Benchmarking (April 2022)

Our Annual Turnover on Model Hospital remains within Quartile 2 for all staff groups apart from Medics and Healthcare Scientists who are of concern at Quartile 3 (Dec 2021 latest data). We have improved to the 2nd Quartile in terms of Sickness on Model Hospital as at February 2022 (latest data) when our sickness was 5.8% against a National median of 5.8%. All staff groups are Quartile 2 except for Midwives and AHPs who are Quartile 3.

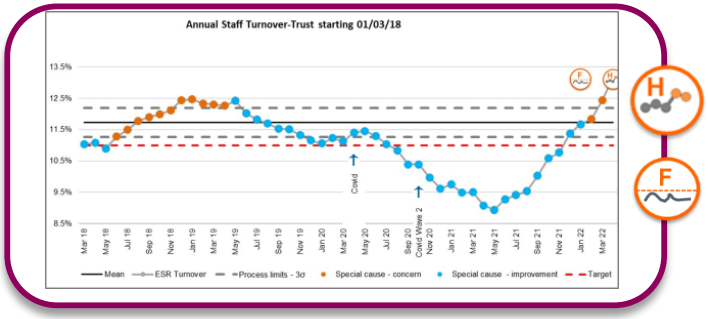
Month 1[April] 2022-23 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for April -22 as 12th May 2022

NHS Worcestershire Acute Hospitals NHS Trust

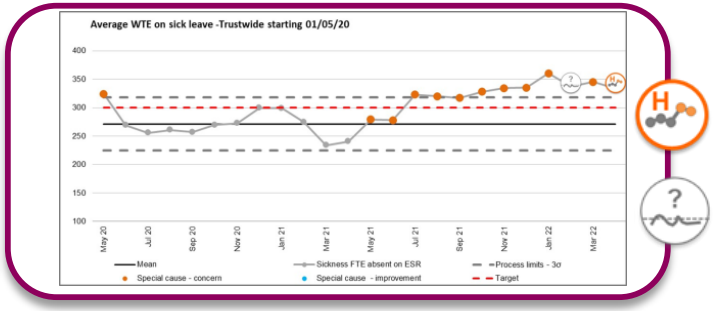
Annual Staff Turnover

13.19%



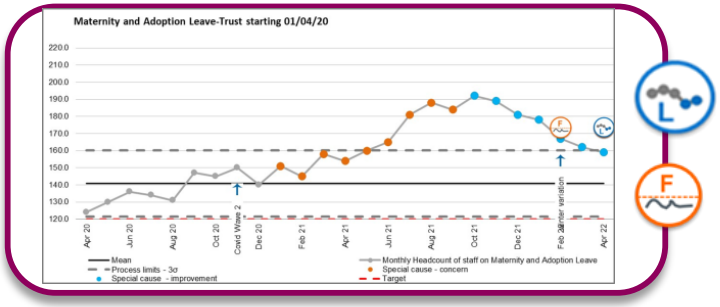
Monthly Average Staff of Sick Per Day

333 wte



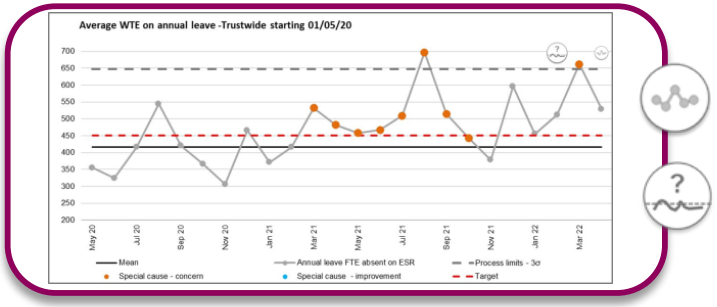
Maternity/ Adoption Leave (Headcount)

159



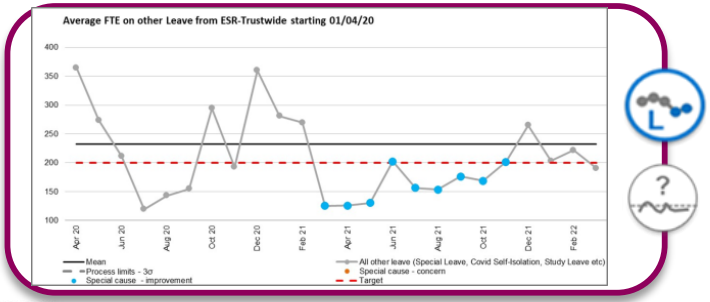
Annual Leave (average staff on leave each day

529 wte



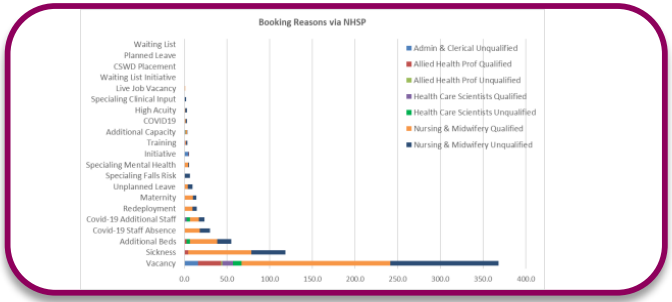
Any Other Leave (Average FTE per day)

191 wte



Booking reasons via NHSP

672 wte



Variation Assurance

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

Workforce Compliance Month 1 – (April 22): - Health and Wellbeing

Covid Risk Assessments	Absence due to S10 Stress and Anxiety	Absence due to S27 Covid Symptoms	Absence due to Covid Self Isolation
94%	1.36%	39 staff	39 staff

What does the data tell us?

- **Covid Risk Assessment Compliance –** Compliance has remained at 94% this month against 95% target.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.04% to 1.36% this month which is 0.27% worse than April last year.
- **Absence due to Covid Sickness (S27) –** 39 staff were absent due to Covid symptoms at the end of April compared to 52 at the end of March. This figure includes those staff who have reported sick due to effects of the Covid vaccine.
- **Absence due to Covid Self Isolation -** Absence due to self isolation (including family symptoms) dropped from 60 to 39 compared to our peak in mid July 2020 of 116.

National Benchmarking (April 2022)
We have improved to the 2nd Quartile in terms of Sickness on Model Hospital as at February 2022 (latest data) when our sickness was 5.8% against a National median of 5.8%. All staff groups are Quartile 2 except for Midwives and AHPs who are Quartile 3 (February 2022 rates).

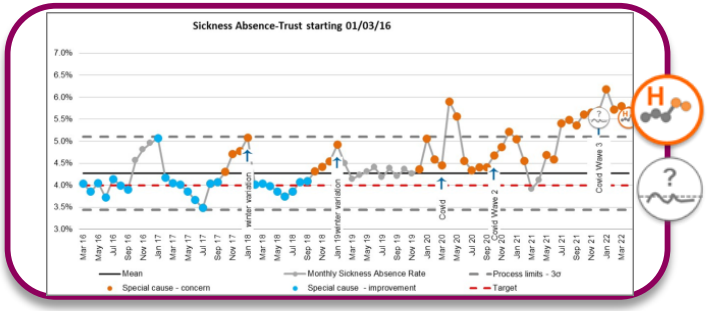
Month 1 [April] 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for April -22 as 12th May 2022

NHS Worcestershire Acute Hospitals NHS Trust

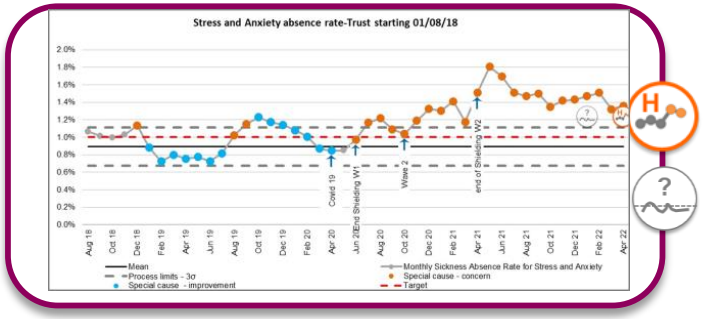
Monthly Staff Sickness Absence Rate

5.7%



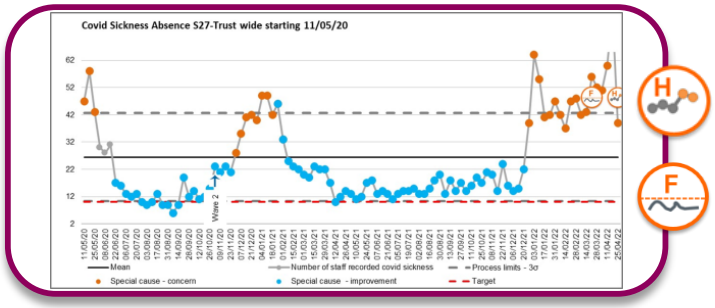
% Staff absent due to Stress and Anxiety (S10)

1.36%



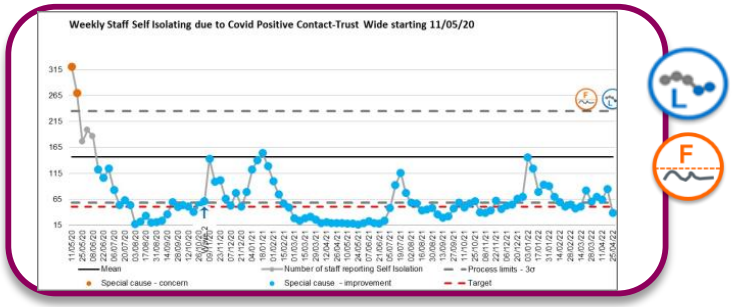
Covid Sickness (S27)

39



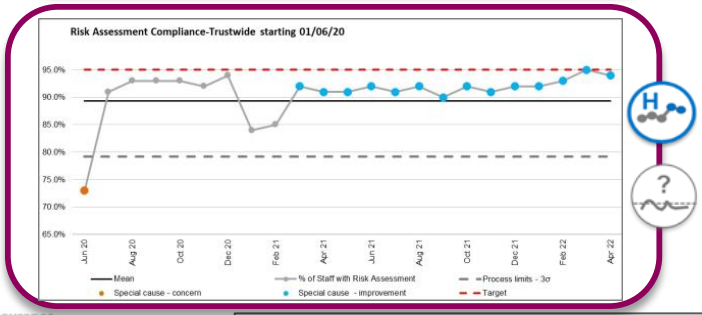
Number Self Isolating

39



Covid Risk Assessment Compliance

94%



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

Strategic Priorities: Workforce

Strategic Business Priorities			
BP1: Leadership ***An empowered, well led workforce that delivers better outcomes and Performance***	**BP2: Workforce Planning and Transformation** ***The right-sized, cost effective workforce that is organised for success***	**BP3: OD and Staff Experience** ***A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work***	**BP4: Future of HR and OD** *A people function that is organised around the optimum employee journey*

Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride

How have we been doing?

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

- Vacancy rates for Medics (3% higher than national average)
- Month on month increase in staff turnover

Also of note is the increase in bank and agency usage which is a result of:

- Continued higher levels of long term sickness absence
- Increased patient acuity and use of surge areas
- Reduction of bank bookings
- A refresh of the 4ward behaviours has now been completed with consultation and engagement now taking place with the Execs
- The drafts of the workforce Diversity and Inclusion 7 point plan has been presented to the IDEA committee and supported. Next steps are to engage with Divisions working through HR Business Partners to agree a Divisional SRO's and the Divisional plans [and content].
- Behavioural Charter group has agreed to focus on Violence and Aggression and work on promoting zero tolerance is underway. The Charter will need much more promotional activity for the message to reach all parts of our Trust.
- We have successfully launched the our new inclusive recruitment practice for AfC 8A and above. As adoption increases and more roles are advertised, the summary results will be included in the 7 point EDI plan for Trust and Divisions

What improvements will we make?

- We have developed our 3 year plan and in year 1 will focus on improving the retention of colleagues to address the increase in staff turnover
- We have launched the recruitment value stream using our 4ward improvement system
- We are working with Finance colleagues to improve visibility of establishment and vacancy information by uploading ADI data into ESR and HealthRoster.
- We will continue with the implementation of the Best People Programme to reduce our reliance on the temporary workforce.
- We will continue work to enhance the flexible working offer to staff including Location by Vocation
- Workshops with staff networks and divisions are planned for the coming month subject to operational pressures allowing colleagues to engage successfully.
- We will develop a Health and Wellbeing Plan

Overarching Workforce Performance Level – 5 – April 2022 **Previous Assurance Level - 5 – March 2022**	**To work towards improvement to next assurance level**

Finance

Finance Report - Headlines

Finance	Comments

Month 1 April Position

Note – although there is no national requirement to submit M1 2022/23 financial results due to on-going year end account activities and planning, we have compiled and presented below an assessment for internal reporting purposes.

Statement of comprehensive income	Plan In Month £'000	Actual In Month £'000	Variance In Month £'000	Plan YTD £'000	Actual YTD £'000	Variance YTD £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	45,320	45,895	575	45,320	45,895	575
Other operating income	2,453	2,051	(402)	2,453	2,051	(402)
Employee expenses	(30,229)	(29,887)	342	(30,229)	(29,887)	342
Operating expenses excluding employee expenses	(20,376)	(19,978)	398	(20,376)	(19,978)	398
OPERATING SURPLUS / (DEFICIT)	**(2,832)**	**(1,919)**	**913**	**(2,832)**	**(1,919)**	**913**
FINANCE COSTS						
Finance income	0	31	31	0	31	31
Finance expense	(1,165)	(1,138)	27	(1,165)	(1,138)	27
PDC dividends payable/refundable	(697)	(698)	(1)	(697)	(698)	(1)
NET FINANCE COSTS	**(1,862)**	**(1,805)**	**57**	**(1,862)**	**(1,805)**	**57**
Other gains/(losses) including disposal of assets	0	0	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(4,694)**	**(3,724)**	**970**	**(4,694)**	**(3,724)**	**970**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(4,694)**	**(3,724)**	**970**	**(4,694)**	**(3,724)**	**970**
Remove capital donations/grants I&E impact	10	0	(10)	10	0	(10)
Adjusted financial performance surplus/(deficit)	**(4,684)**	**(3,724)**	**960**	**(4,684)**	**(3,724)**	**960**
Less gains on disposal of assets	0	0	0	0	0	0
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(4,684)**	**(3,724)**	**960**	**(4,684)**	**(3,724)**	**960**

M1 plan of £(4.7)m deficit actual deficit of £(3.7)m, a positive variance of £1.0m. n.b treatment of H&W ICS ERF 1/12 receipt beneficial £1.4m

Combined Income in month variance £0.2m favourable
The Trust has reported the full value of the ERF income received from the H&W ICS in the position (as consistent within the System). The current position has not been adjusted for any risk of under activity given 25% of total ERF funding will be left within system and will be reviewed after the first quarter as performance post covid is expected to improve.

Employee expenses in month variance £0.3m favourable
Employee expenses were £29.9m in month 1, a favourable variance of £0.3m against the £(30.2)m plan in month. Favourable variances against employee expenses in month are due to vacancy – net of temporary staffing and the vacancy factor and WLI (£0.1m), business case and central adjustments slippage (£0.5m) offset by adverse variances of undelivered PEP - mainly for unidentified schemes (£0.2m)

Operating expenses in month variance £0.4m favourable – favourable variances against operating expenses in month are on depreciation due to delayed completion in respect of 21/22 capital projects (£0.2m), business case and central adjustments slippage (£0.5m), seasonal variations in energy consumption (£0.1m), lower outsourcing spend in SCSD (£0.1m), net lower Covid spend (£0.1m) (made up of £0.2m underspend on Pathology testing partially offset by £0.1m overspend on cleaning) offset by activity related spend on clinical supplies and services (£0.4m), unachieved PEP (£0.2m), additional PFI costs (£0.1m), Non PbR pass through Drugs (£0.1m).

The favourable M1 position needs to be examined against the material risks contained in the profiled annual plan including:

- Inability to identify and deliver against the un identified PEP
- Slippage on any identified and transformational PEP
- Failure to secure funding for Pathway Discharge Unit once operational
- Variance to delivery of planned activity to access ERF 104% - potential for reduced levels of income and / or increased cost
- Inflation above tariff / plan levels

The profile of the annual £(42.2m) deficit requires a stepped improvement in the monthly reported position as we head into Q2. It is too early at this stage to suggest that the M1 position mitigates some of this risk, however an assessment of the favourable variances will be undertaken through the divisional Performance Review Meetings "PRM" process to determine what can be held.

Finance Report - Headlines

Finance	Comments
Productivity and Efficiency	The Productivity and Efficiency Programme target for 22/23 is £15.7m. Month 1 delivered £0.3m of actuals against a plan of £0.6m resulting in an adverse variance of £0.3m. The initial 22/23 full year forecast at Month 1 is £11m against a plan of £15.7m. The reason for the variance is largely due to £3.6m remaining unidentified and £1m of SCSD schemes requiring further development. Elements of the Productivity and Efficiency Programme for 22/23 remain in development and are being progressed through the Trust Maturity Levels at CETM, annual planning meetings, performance review meetings and are being proactively supported by the PMO. Events are being organised for all Divisions and Corporate Functions to identify additional PEP schemes for bridging the gap.
Capital	22/23 Plan

Capital Position	21/22 Plan £'000	Total YTD Valuation £'000	M2-M12 Spend Forecast £'000	Full Year Forecast £'000	Value of Outstanding Orders £'000
Internally Generated capital	10,233	583	9,650	10,233	3,131
PDC funding - STP envelope	13,761	-	13,761	13,761	-
Total STP Envelope	**23,994**	**583**	**23,411**	**23,994**	**3,131**
Externally Funded Schemes	37,861	-	37,861	37,861	-
IFRIC 12 PFI Lifecycle replacement	326	9	317	326	-
Total Capital Expenditure	**62,181**	**592**	**61,589**	**62,181**	**3,131**

Our Capital Position at month 1, being the value of works complete, is £0.6m. This is mainly on projects carried forward from 2021/22. The value of outstanding purchase orders in the system are £3.1m. Due to a low expenditure figure, we have summarised the figures into the table above. However, we aim to continue reporting on the detail across all of the work streams from M2, in the same way as last financial year. M2 will also see the commencement of the reporting on the new capital leases, following an update to the asset register which is taking place this month.

The Trust has limited funding to manage critical backlog maintenance and urgent schemes and therefore may have to assume slippage on schemes until further sources of funding can be identified.

Cash	At the end of April 2022 the cash balance was £45.3m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement.

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

2022/23 Plan

Our 2022/23 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 21/22 adjusting for workforce and activity trajectories, inflationary pressures and the full year effect of any PEP schemes or Business cases which started part way through 21/22. We have then overlaid any new PEP Schemes, new Business Cases and applied a vacancy factor. The Trust's submitted full year plan is a deficit of £(42.4)m.

Income & Expenditure Overview

Month 1 – April Position - M1 actual **deficit of £(3.7)m** plan **£(4.7)m deficit** positive variance of £1.0m. N.b ERF assumed £1.4m .

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OPERATING SURPLUS / (DEFICIT)	**(2,832)**	**(1,919)**	**913**	**(2,832)**	**(1,919)**	**913**
FINANCE COSTS						
Finance income	0	31	31	0	31	31
Finance expense	(1,165)	(1,138)	27	(1,165)	(1,138)	27
PDC dividends payable/refundable	(697)	(698)	(1)	(697)	(698)	(1)
NET FINANCE COSTS	**(1,862)**	**(1,805)**	**57**	**(1,862)**	**(1,805)**	**57**
Other gains/(losses) including disposal of assets	0	0	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(4,694)**	**(3,724)**	**970**	**(4,694)**	**(3,724)**	**970**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(4,694)**	**(3,724)**	**970**	**(4,694)**	**(3,724)**	**970**
Remove capital donations/grants I&E impact	10	0	(10)	10	0	(10)
Adjusted financial performance surplus/(deficit)	**(4,684)**	**(3,724)**	**960**	**(4,684)**	**(3,724)**	**960**
Less gains on disposal of assets	0	0	0	0	0	0
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(4,684)**	**(3,724)**	**960**	**(4,684)**	**(3,724)**	**960**

Combined Income in month variance £0.2m favourable – Combined Income (including Non PbR pass-through drugs & devices and Other Operating Income) was £0.2m above the Trust's Operational Plan in April. In month variance £0.2m: favourable variances relating to Community Diagnostic Hub funding of £0.3m and Pass through Drugs & Devices of £0.1m partially offset by adverse COVID PCR testing reimbursement (£0.2m). Note that all of the above offset costs incurred in expenditure. The Trust has reported the full value of the ERF income in the position (as agreed by the System). The current position has not been adjusted for any risk (it will be validated by NHSE & I once the final data submission is made which is usually 6 weeks after the month end close).

Employee expenses in month variance £0.3m favourable – Employee expenses were £29.9m in month 1, a favourable variance of £0.3m against the £(30.2)m plan in month and a reduction of £2.3m compared with the March position (excluding the £12.9m notional pension adjustment). Favourable variances against employee expenses in month are due to vacancy – net of temporary staffing and the vacancy factor and WLI (£0.1m), business case and central adjustments slippage (£0.5m) offset by adverse variances of undelivered PEP - mainly for unidentified schemes (£0.2m).

Operating expenses in month variance £0.4m favourable – favourable variance of £0.4m. Favourable variances against operating expenses in month are on depreciation due to delayed completion in respect of 21/22 capital projects (£0.2m), business case and central adjustments slippage (£0.5m), seasonal variations in energy consumption (£0.1m), lower outsourcing spend in SCSD (£0.1m), net lower Covid spend (£0.1m) offset by activity related spend on clinical supplies and services (£0.4m), unachieved PEP (£0.2m), additional PFI costs (£0.1m), Non PbR pass through Drugs (£0.1m).

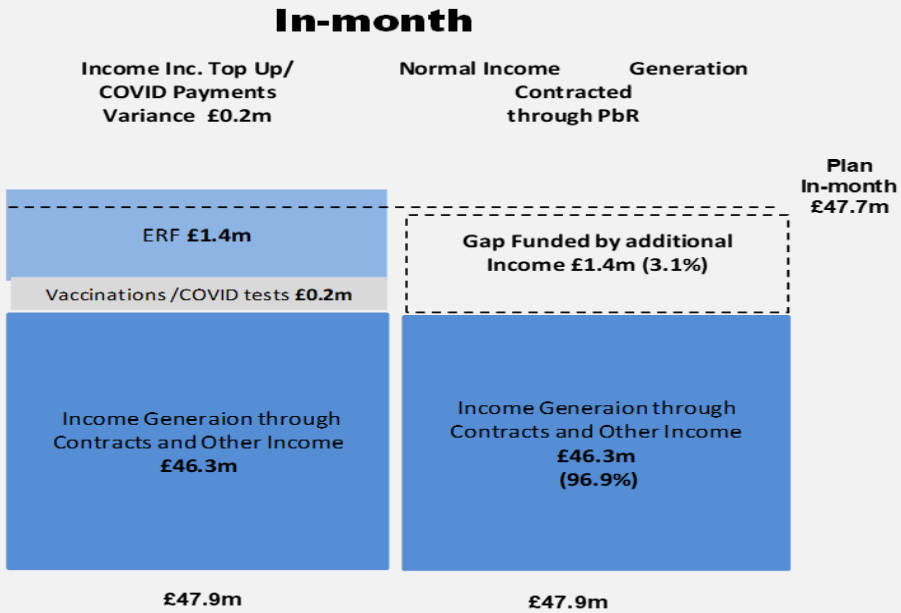
I&E Delivery Assurance Level: Level 3

Reason: £(42.4)m deficit plan submitted for 22/23 with risks to delivery including (but not limited to):

- inability to deliver unidentified PEP
- slippage on any identified transformational PEP
- failure to secure funding for Pathway Discharge Unit
- variance to delivery of planned activity to access ERF 104%,
- pay and non pay inflation above Tariff levels and excess inflation on PFI if RPIX above plan assumption of 8.5%

Finance | Key Messages

Income



The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £0.2m above the Trust's Operational Plan in April. In month variance £0.2m: Community Diagnostic Hub funding £0.3m (offsets costs incurred in expenditure), Pass through Drugs & Devices £0.1m and COVID PCR testing reimbursement (£0.2m).

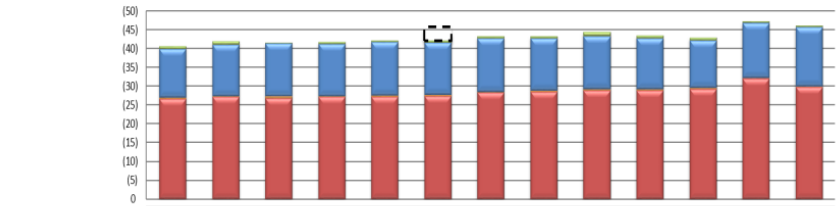
Elective Recovery Fund framework (ERF) - The Trust has been given Elective Recovery Funding (ERF) £16.4m to achieve the required 104% activity target based on 2019/20. There is a clawback of 75% up to a maximum of 75% of the original value if under (25% retained by the Trust), and a 75% additional payment for any overachievement. The scope of the ERF will cover Daycase, Elective, Outpatient Procedures and first attendances. The funding will be also be adjusted if the Trust fails to achieve the follow up target reduction (85% of the 2019/20 activity volumes).

The Trust has reported the full value of the ERF income in the position (consistent with the H&W IC System). The current position has not been adjusted for any risk of under-performance activity given 25% of Total ERF funding will be left within the system. This will be reviewed after the first quarter as performance "post-Covid" is expected to improve.

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Expenditure



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Pay Award Impact						(3,860)							
COVID-19 Non Pay Costs	(661)	(924)	(315)	(541)	(479)	(464)	(561)	(674)	(1,085)	(762)	(653)	(376)	(398)
Operating Expenditure exc COVID	(12,941)	(13,632)	(13,984)	(13,728)	(14,147)	(13,905)	(14,309)	(13,911)	(14,187)	(13,442)	(12,665)	(14,463)	(15,604)
COVID-19 Pay Costs	(356)	(220)	(522)	(212)	(395)	(327)	(171)	(213)	(213)	(435)	(374)	(360)	(235)
Employee Expenses exc COVID	(26,541)	(27,104)	(26,772)	(27,141)	(27,076)	(27,283)	(28,145)	(28,460)	(28,841)	(28,724)	(29,089)	(31,810)	(29,679)
Total Expenditure	(40,499)	(41,881)	(41,592)	(41,622)	(42,097)	(41,978)	(43,186)	(43,258)	(44,325)	(43,363)	(42,781)	(47,009)	(45,916)

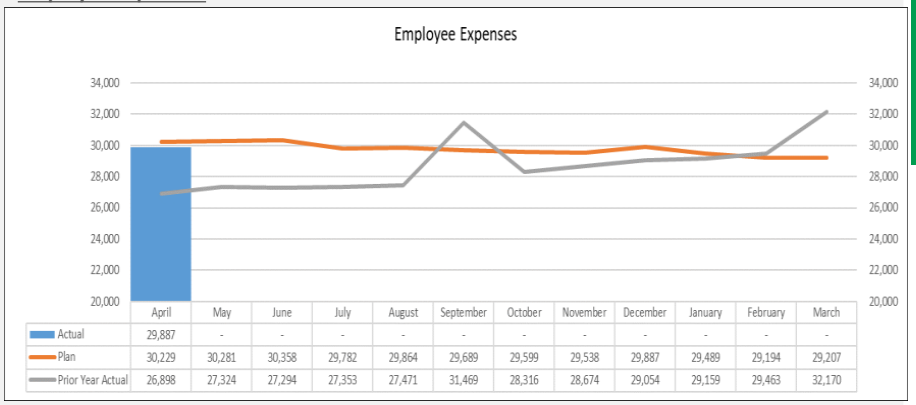
Above chart excludes Non PbR items. Month 12 adjusted to remove key one off items.

Overall employee expenses of £29.9m in month 1 is a reduction of £2.3m compared with the March position (excluding the pension adjustment). The movement between this month and last is largely the normalising effect of the other year end adjustments outside of the pension adjustment, including the annual leave and EWTD. There has been a further favourable movement in month of £0.4m due to lower use of bank to cover vacancies and a £0.1m reduction in COVID expenditure, mainly on agency usage. These have been partially offset by a £0.3m bank holiday accrual for the 2 bank holidays worked in April that will be paid in May.

Total temporary staffing spend of £4.7m is a reduction of £2.2m compared to last month, mainly due to the one off adjustments made in month. In month spend is however in line with the three months prior to this, and was 15.8% of the total pay bill. Bank spend reductions of £2.0m largely reflect the £1.5m provision for EWTD payments last month although bank usage overall has reduced between months 12 and 1. Agency spend has also reduced in month by £0.2m mainly due to lower COVID usage.

Overall operating expenses excluding Non PbR were £16.0m in month 1, an increase of £1.1m compared with the March position (excluding the £6.9m impairment impact), the majority of which is the impacts from the other one off items in month 12 including the donated PPE adjustment of £1.7m. Non PbR spend has reduced by £58k in month, with a reduction on devices of £89k being partially offset by a small increase on drugs of £31k.

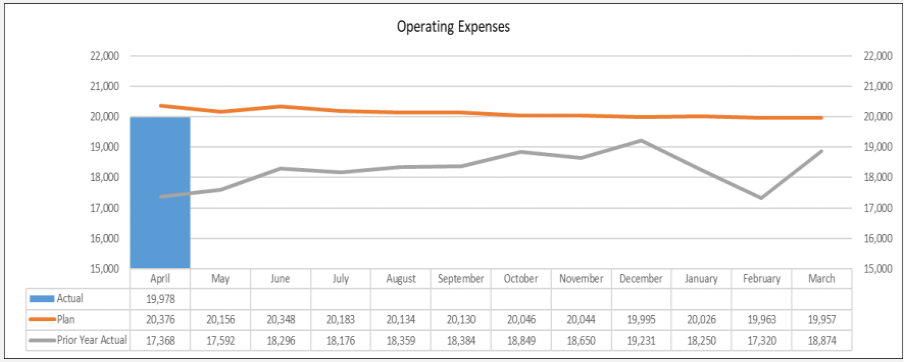
Employee Expenses



	April	May	June	July	August	September	October	November	December	January	February	March
Actual	29,887	-	-	-	-	-	-	-	-	-	-	-
Plan	30,229	30,281	30,358	29,782	29,864	29,689	29,599	29,538	29,887	29,489	29,194	29,207
Prior Year Actual	26,898	27,324	27,294	27,353	27,471	31,469	28,316	28,674	29,054	29,159	29,463	32,170

Employee Expenses	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	Mvmt	YTD
Agency	(1,843)	(2,159)	(2,238)	(2,131)	(1,888)	(2,172)	(2,149)	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(2,462)	238	(2,462)
Bank	(1,735)	(1,867)	(1,863)	(2,019)	(2,067)	(2,327)	(2,085)	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(2,269)	2,012	(2,269)
Temporary Total	**(3,578)**	**(4,026)**	**(4,101)**	**(4,150)**	**(3,955)**	**(4,498)**	**(4,235)**	**(4,400)**	**(4,671)**	**(4,795)**	**(4,883)**	**(6,981)**	**(4,731)**	**2,250**	**(4,731)**
WLI	(135)	(212)	(293)	(400)	(295)	(316)	(332)	(271)	(328)	(285)	(420)	(611)	(330)	281	(330)
Substantive	(23,185)	(23,086)	(22,900)	(22,804)	(23,221)	(26,655)	(23,750)	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(24,826)	(248)	(24,826)
Substantive Total	**(23,320)**	**(23,298)**	**(23,193)**	**(23,204)**	**(23,516)**	**(26,970)**	**(24,082)**	**(24,273)**	**(24,382)**	**(24,364)**	**(24,580)**	**(25,189)**	**(25,156)**	**33**	**(25,156)**
Employee Expenses Total	**(26,898)**	**(27,324)**	**(27,294)**	**(27,353)**	**(27,471)**	**(31,469)**	**(28,316)**	**(28,674)**	**(29,054)**	**(29,159)**	**(29,463)**	**(32,170)**	**(29,887)**	**2,283**	**(29,887)**
Agency %	6.9%	7.9%	8.2%	7.8%	6.9%	6.9%	7.6%	7.8%	8.5%	7.8%	8.4%	8.4%	8.2%	-0.2%	8.2%
Bank %	6.5%	6.8%	6.8%	7.4%	7.5%	7.4%	7.4%	7.6%	7.6%	8.6%	8.2%	13.3%	7.6%	-5.7%	7.6%
Bank & Agency %	13.3%	14.7%	15.0%	15.2%	14.4%	14.3%	15.0%	15.3%	16.1%	16.4%	16.6%	21.7%	15.8%	-5.9%	15.8%

Operating Expenses



	April	May	June	July	August	September	October	November	December	January	February	March
Actual	19,978											
Plan	20,376	20,156	20,348	20,183	20,134	20,130	20,046	20,044	19,995	20,026	19,963	19,957
Prior Year Actual	17,368	17,592	18,296	18,176	18,359	18,384	18,849	18,650	19,231	18,250	17,320	18,874

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Capital

The Capital Plan for 2022/23 is a total of £62.2m as per the Trust Plan submitted in April 2022. Our Capital Position at month 1, being the value of works complete, is £0.6m. This is mainly on projects carried forward from 2021/22. The value of outstanding purchase orders in the system are £3.1m.

Capital Assurance Level: Level 4

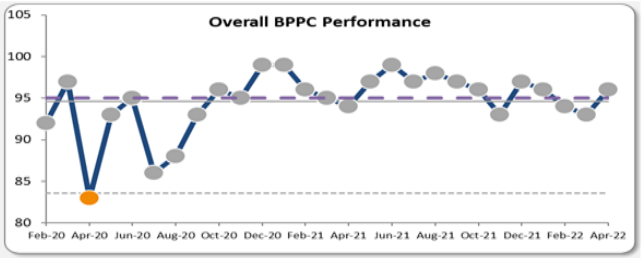
Reason: Major capital schemes continue into 2022/23 requiring significant programme management. Commitment monitoring and prioritisation of schemes completed. Risk remains in medium term. **The Trust has limited funding to manage its critical backlog maintenance and urgent schemes and therefore will likely have to assume slippage on schemes until further sources of funding can be identified.**

Cash Balance

At the end of April 2022 the cash balance was £45.3m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement.

Cash Assurance Level: Level 6

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



Productivity & Efficiency

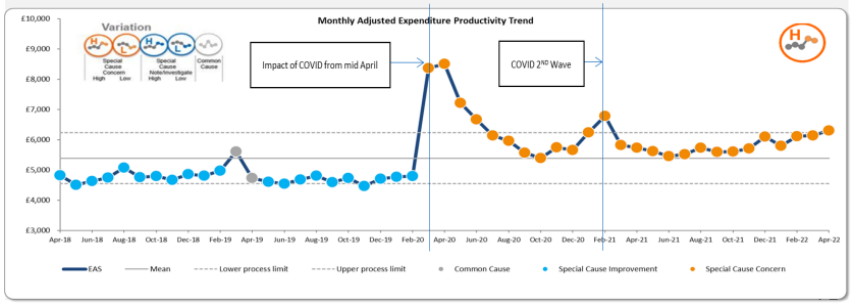
The P&E Programme has delivered £0.3m of actuals at Month 1 against a plan of £0.56m.

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Year End
Actuals YTD	311												311
Forecast ROY		1,043	1,596	2,530	3,517	4,501	5,660	6,732	7,862	8,928	9,983	11,051	
PLAN YTD	557	1,441	2,238	3,415	4,735	6,052	7,667	9,196	10,781	12,304	13,996	15,700	

Adjusted Expenditure Productivity Trend

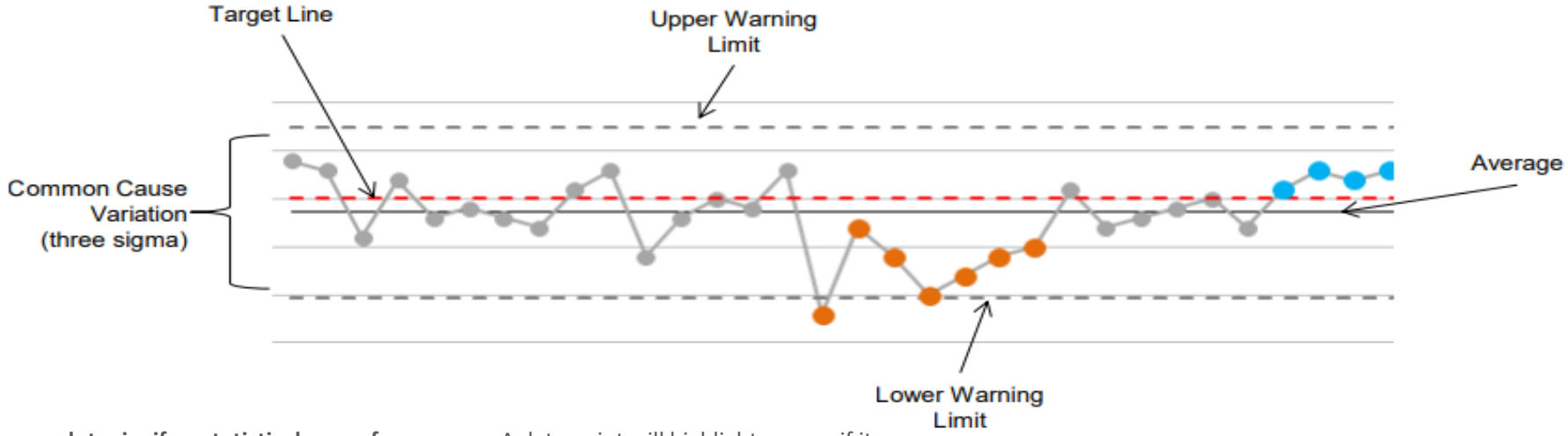
COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.

April Cost per WAU has increased from March due to lower activity volumes in both Elective and Emergency. With costs predominantly fixed from month to month, the WAU is only affected by activity volumes changes each month. The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).



Appendices

Statistical Process Charts (SPC) Guidance



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

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

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

Levels of Assurance

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

APRIL 2022 IN NUMBERS

Worcestershire Acute Hospitals NHS Trust

6,337
Walk-in patients (A&E)

3,911
Patients arriving by ambulance

12,120
Inpatients

32,410
Face to Face outpatients

9,534
Telephone consultations

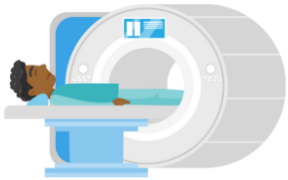
341
Babies

993
Elective operations

188
Trauma Operations

178
Emergency Operations

6.2
Average length of stay



15,121
Diagnostics