

# Trust Board Public

Tue 08 October 2024, 13:00 - 14:30

## Agenda

13:00 - 13:00

0 min

1. Welcome and Apologies for Absence

Information

Russell Hardy

13:00 - 13:00

0 min

2. Declarations of Interest and Matters Arising

Information

Russell Hardy

13:00 - 13:05

5 min

3. Minutes of WAHT Board Meeting held on 10 September 2024

Decision

Russell Hardy

All actions are complete

 Minutes Public Board Sept 24.pdf (6 pages)

13:05 - 13:45

40 min

4. Items for Review and Assurance

4.1. Chief Executive's Report

Discussion

Glen Burley

 CEO Board Report 1024 Final.pdf (3 pages)

4.2. Integrated Performance Report

Discussion

Stephen Collman

 Trust Board IPR Oct-24 (Aug-24\_Data)\_0-1.pdf (40 pages)

 20241002 - WAHT FG IPR Dashboard (up to Aug-24 data) v1-0.pdf (4 pages)

4.2.1. Activity Performance

Helen Lancaster

4.2.2. Quality

Sarah Shingler

4.2.3. Workforce

Alison Koeltgen

4.2.4. Finance Performance

NEIL COOK

4.3. Perinatal Report

Information

Justine Jeffery

Wells-Jo  
04/10/2024 09:45:48

## 4.4. Safe Staffing Reports

Information Sarah Shingler/Justine Jeffery

- 📄 Safer Staffing WAHT Committee Report Template August 2024 FINAL SS.pdf (2 pages)
- 📄 August 24 final safer staffing paper.pdf (6 pages)
- 📄 Midwifery Safe Staffing Report August 2024.pdf (6 pages)

## 13:45 - 14:00 5. Items for Approval

15 min

### 5.1. Trust Values

Decision Alison Koeltgen

- 📄 Values Development Oct 2024.pdf (4 pages)

## 14:00 - 14:20 6. Items for Noting and Information

20 min

### 6.1. Committee Summary Reports and Minutes

Information Committee Chairs

#### 6.1.1. Quality Governance Committee

Julie Moore

Verbal Update

- 📄 QGC Minutes Aug.pdf (8 pages)

#### 6.1.2. Audit and Assurance Committee

Colin Horwath

Verbal Update

- 📄 Audit Minutes July.pdf (6 pages)

#### 6.1.3. People & Culture Committee

Karen Martin

Verbal Update. Previous Minutes presented for approval at the Committee on 07/10/2024 and will be presented at the next meeting.

#### 6.1.4. #We Are Volunteering

Information Sarah Shingler

- 📄 #WAHT Covering Report Template 24-25 v1.pdf (2 pages)
- 📄 #WeAreVolunteering AS FINAL.pdf (6 pages)

#### 6.1.5. Risk Register

Information Sarah Shingler/Erica Hermon

- 📄 20241002 WAHT Board covering report Risk.pdf (2 pages)
- 📄 20241002 WAHT 15+ risks as at 2 Oct 24.pdf (4 pages)

## 14:20 - 14:20 7. Any Other Business

Wells-Jo  
04/10/2024 09:55:48

0 min

*Russell Hardy*

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14:20 - 14:20  
0 min

**8. Questions from Members of the Public**  
*Russell Hardy*

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14:20 - 14:20  
0 min

**9. Date of Next Meeting**  
*Information*      *Russell Hardy*  
9th December 2024

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14:20 - 14:20  
0 min

**10. Acronyms**  
*Information*  
 Z Acronyms.pdf (3 pages)

**MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON  
TUESDAY 10 SEPTEMBER 2024 AT 1:00 PM  
VIA MICROSOFT TEAMS AND STREAMED ON YOUTUBE**

**Present:**

**Chair:** Russell Hardy Chair

|                                    |                  |                              |
|------------------------------------|------------------|------------------------------|
| <b>Board members:<br/>(voting)</b> | Simon Murphy     | Deputy Chair                 |
|                                    | Dame Julie Moore | Non-Executive Director       |
|                                    | Colin Horwath    | Non-Executive Director       |
|                                    | Karen Martin     | Non-Executive Director       |
|                                    | Stephen Collman  | Managing Director            |
|                                    | Tony Bramley     | Non-Executive Director       |
|                                    | Sarah Shingler   | Chief Nursing Officer        |
|                                    | Neil Cook        | Chief Finance Officer        |
|                                    | Jules Walton     | Acting Chief Medical Officer |

|                                        |                 |                                   |
|----------------------------------------|-----------------|-----------------------------------|
| <b>Board members:<br/>(non-voting)</b> | Jo Newton       | Director of Strategy & Planning   |
|                                        | Alison Koeltgen | Chief People Officer              |
|                                        | Vikki Lewis     | Chief Digital Information Officer |
|                                        | Alex Moran      | Associate Non-Executive Director  |

|                      |                |                                           |
|----------------------|----------------|-------------------------------------------|
| <b>In attendance</b> | Rebecca Fox    | Deputy Director of Midwifery              |
|                      | Chris Byrne    | Healthwatch                               |
|                      | Erica Hermon   | Company Secretary                         |
|                      | Richard Haynes | Director of Communications and Engagement |
|                      | Chris Douglas  | Director of Performance                   |

**Public** Via YouTube

|                  |                    |                                  |
|------------------|--------------------|----------------------------------|
| <b>Apologies</b> | Glen Burley        | Chief Executive                  |
|                  | Catherine Driscoll | Associate Non-Executive Director |
|                  | Michelle Lynch     | Associate Non-Executive Director |
|                  | Justine Jeffery    | Director of Midwifery            |
|                  | Helen Lancaster    | Chief Operating Officer          |
|                  | Julian Berlet      | Acting Chief Medical Officer     |
|                  | Sue Sinclair       | Associate NED                    |

**001/24 WELCOME**

Mr Hardy welcomed all to the meeting.

Today marked World Suicide Prevention Day. Mr Hardy reminded that there are a number of different routes available for people who are struggling such as MIND, the Samaritans etc and provided contact details for these organisations.

A Board Workshop was held earlier in the day which featured a patient story about multidisciplinary teams and discussion took place regarding Trust Vales and PFI.

**002/24 DECLARATIONS OF INTERESTS**

The full list of declarations of interest is on the Trust's website.

Mr Murphy informed that he had a new interest to declare in regard to Worcestershire Alliance.

Mr Horwath informed that he had a new interest with the Hereford & Worcestershire Health & Care Trust.

003/24 **MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON 23 JULY 2024 AND ACTIONS UPDATE**

The minutes were approved and the actions were complete.

**MINUTES OF THE FOUNDATION GROUP BOARD MEETING HELD ON 7 AUGUST 2024 AND ACTIONS UPDATE**

The minutes were approved and the actions noted.

**RESOLVED THAT: The Minutes of the public meeting held on 23 July 2024 and the Foundation Group Board Meeting on 7 August were confirmed as a correct record.**

**Items for Review & Assurance**

004/24 **CHIEF EXECUTIVE'S REPORT**

Mr Collman highlighted the following areas within the report:

- Flow – Focus was on frailty and the general medicine assessment unit.
- Elective care and planning for no delays. KTC accreditation was a credit to the staff.
- Improved cancer performance was reported. The Trust had moved out of tier 1 and into tier 2.
- Staff experience – Park and ride was being reintroduced. Communication was being developed with staff and Exec live.
- Medical engagement in the system is progressing well.
- Tertiary partnerships – Group model and working with other Trusts. Complex and fragile services were working with tertiary partners to provide more sustainable services.
- NHS constitutional standards – New government and 4 hour UEC. Focus is on elective referral to treatment times and getting back to the 18 week position.
- KTC had received JAG accreditation.

Mr Hardy advised that the Board realise and apologise we don't get everything right first time and endeavour to do the best we can as quickly as possible. Working with other Trusts may mean travelling further, with apologies, but patients may be seen quicker.

Ms Martin stated that park and ride is a positive step and beneficial for both staff and patients and queried whether the service would be available at other sites which experienced similar issues. Mr Collman replied that there was a strategy being put in place but Worcester had been focused on initially due to access and egress of the site.

**RESOLVED THAT: The report was noted.**

005/24 **INTEGRATED PERFORMANCE REPORT**

Mr Collman introduced the report and highlighted the following key points:

- Positive progress continued to be made within cancer.
- Focus was on 65 weeks.
- Urgent and emergency care refocus on 4 hours.

- 45 minute ambulance handover introduction will be challenging but the Trust was working with system partners.

### Operational Performance

Mr Douglas highlighted the following key points:

Handover delays are on a downward trajectory as are 12 hour waits.

There is a well-established hospital flow delivery board. Focus is on winter initiatives

Winter planning is underway.

Work on the ED floor is underway and a full programme plan was in place with mitigations.

Elective performance in July had no patients waiting more than 72 weeks. This was on track to maintain during August and September.

200 patients are still waiting 65 weeks.

18 week performance for July was 59% but is improving month on month.

The cancer unvalidated position was 79% and is now over 80%.

62 days performance is over 70% and good progress is being made.

Lots of initiatives are underway to deliver better waiting times for our patients.

Mr Horwath referred to outpatient transformation and noted that clinical engagement is flagged as a risk. Taking our people with us is always important in any change programme and Mr Horwath asked if there were any specific concerns. Mr Douglas replied that there were no specific concerns.

Mr Hardy queried how many Medically Fit for Discharge patients there were on an average day. Mr Douglas would provide a response outside of the meeting. Mr Hardy referred to blocked beds, which could be used for elective work and would make the Trust £100k per year. Getting the community bed process working is of utmost importance.

Mr Bramley referred to the cancer 32 day performance graph and asked if the data was reported accurately. Mr Douglas replied that skin cancer is a particular challenge, which has had an impact but would need to confirm outside of the meeting.

### Quality

Ms Shingler advised that the national healthcare targets have been recently published. The targets have been increased across the country.

C.diff is 2 cases above trajectory of the new standard. The team are not complacent and a deep dive for the increase is underway. There have been no outbreaks or transmission from patient to patient. NSHE are supporting with processes.

The 25 day complaint target continues to be a challenge due to the backlog in the surgery division. 60 complaints beached in July and 53 are within surgery. Overdue cases as from Monday has now reduced to 40. Monitoring is in place.

Falls had seen a significant reduction in July, however 4 falls caused moderate harm. An in-depth analysis is underway.

Hospital acquired pressure ulcers increased in July and were directly linked to long stays in ED and in ambulances. The Trust was working with partners across the Group from an A&E perspective.

Ms Walton updated that IPC antimicrobial stewardship continues.

Mortality remains within the expected range and continues to be monitored.

Challenges remained with sepsis screening performance and neck of femur patients to theatres within 36 hours. It is clear that actions taken to date have been ineffective. A complete review is underway to identify actions to deliver improvements.

Mr Bramley highlighted that sepsis screening has been a persistent problem so was pleased with the review but cautioned that the issues expose the Trust to patient safety issues.

Mr Hardy stated that a number of IPC challenges are complicated by the state of the estate and encouraged PFI partners to work with us to address the estate-related issues and to be resolved as quickly as possible.

#### Workforce

Ms Koeltgen advised that the area of main concerns are temporary staffing spend on medical agency and long-term areas of use of medical locums. Specific action plans are in place for each directive to reduce the number of locums, as well as longer-term recruitment plans, which will take some time. Usage over and above establishment is due to an increase in demand and sickness.

The People & Culture Committee will receive a detailed report in October to review plans as well as the Finance and Performance Executive meetings.

Concerns remained around job planning. Work was underway with the Acting CMO and action plans will be discussed at the next People & Culture Committee.

Sickness is an ongoing concern, particularly long-term sickness. Localised audits are underway to ensure the sickness policy is being utilised and steps being taken to support people back into work. A rise in absence related to stress and anxiety issues had been seen and is higher than other Trusts. There are services to assist but these are also under strain due to pressures. There is a rise in non-work-related anxiety and stress and we have a duty of care to support.

There is ongoing progress and compliance with mandatory training. The Trust benchmarks favourably. Turnover also benchmarks well.

Ms Martin observed a number of support mechanisms but queried the impact and whether the reporting definitions are broken down. Ms Koeltgen replied that the sickness is still reported as stress and anxiety. A directorate of concern has peaked with a rise of stress. Localised work has been undertaken to ensure that the reasons for absence are understood. The rise in stress and anxiety is a complex picture and domestic arrangements can lead to absence.

#### Finance Performance

Mr Cook reported that month 4 was largely positive. The Trust was £500k deficit to plan. The Trust was under-achieving against ERF by £1.7m and was not achieving the plan. Meetings with divisions were taking place on a regular basis. Winter will be a challenge. Slippage on developments was reported and focus was on agency spend. There was underspend within operating expenses of £500k deficit due to not insourcing. Productivity and efficiency was £9.6m and progressing through schemes. £2.7m additional capital funds had been received for the KTC concrete roof. There would be cash support to finance the deficit however it hasn't yet been released, therefore cash was being applied for to support creditors. Driving down debtors' improvement was being seen.

Mr Horwath welcomed the progress made but a lot of improvements made are non-recurring. Mr Horwath queried whether it was a case for concern. Mr Cook replied that it's a mitigation in terms of slippage. There is an element of concern in terms of why plans are slipping and having to be bridged with non-recurrent support. Though maturity of schemes are increasing, there is more to do.

**RESOLVED THAT: The report was noted for assurance.**

006/24 **PERINATAL SAFETY REPORT**

Ms Fox presented the report and highlighted the following key points:

Workforce KPIs remain an area of focus.

Sickness has decreased.

Training KPIs and focus was on PDRs. There is an issue with training for doctors due to rotation.

Role specific training is on trajectory to achieve CNST requirements.

Locums being used to maintain safe staffing within middle grades.

There were delayed responses on complaints. Drug rounds had been reintroduced and steps taken to ensure that care and comfort rounds are increased.

Delays around induction of labour have been reported.

In relation to CNST, further information had been received from NHS Resolution. It was likely that the Trust is 91% compliant for saving babies lives.

A heatmap for the Region had been received and the Trust was currently green. Actions to improve further are in place.

Mr Hardy asked how many babies were expected to be born during September. Ms Fox replied that there would be around 300 babies.

**RESOLVED THAT: The report was noted for assurance.**

007/24 **SAFE STAFFING REPORTS**

Ms Shingler informed that staffing on paediatrics, neonates and adults maintained safe levels throughout and remains compliant with staffing recommendations.

A staffing review of all divisions has been completed. A report will be presented to Trust Management Board to review next week. There is no additional funding required and there will be CPIP savings.

Agency spend continues to reduce. 1 off framework had been used within occupational health.

By the end of this financial year, it was expected that there would be just 31 vacant nurse posts.

Retention continues to improve.

A new provider of nurses and AHPs had been commissioned. Birmingham would provide additional students from February.

Ms Fox informed that safe staffing had been achieved.

Sickness and turnover has decreased.

Supernumerary status was achieved.

Birthrate + plan to be complete by end of the financial year.

7 no harm medication incidents had been reported.

**RESOLVED THAT: The reports were noted for assurance.**

## Items for Approval

## Items for Noting and Information

008/24 **COMMITTEE SUMMARY REPORTS AND MINUTES**

Quality Governance Committee

Dame Julie advised that there were no further escalations following earlier discussion.

Audit & Assurance Committee

Mr Horwath advised that an extra meeting had been held to review auditor's findings. Thanks were extended to the finance team.

#### People & Culture Committee

Ms Martin advised work was underway on culture and staff survey results. A presentation event had been held for leadership and apprentices who had completed their courses.

**RESOLVED THAT: The Committee Minutes were taken as read and the updates noted.**

#### 009/24 **BAF AND RISK REPORT**

Ms Hermon presented the Board Assurance Framework update which related to the risks to achieving the strategic objectives in the 10 point plan. It is a work in progress to improve the systems of capturing risks. Full details of the high risk register to follow in October. Ms Shingler is the lead for risk.

Ms Koeltgen highlighted the BAF risk around culture, advising that there will be a review and refresh as the new values are launched.

Mr Hardy stated that the biggest risk is the financial challenge in the NHS.

**RESOLVED THAT: The BAF and Risk Report were noted.**

#### 010/24 **ANY OTHER BUSINESS**

Ms Martin expressed an interest with the ongoing work around smoking onsite. There appeared to be an increase, from a patient perspective and particularly relates to staff smoking in uniform. Ms Koeltgen informed that work is ongoing and is part of an improvement project. The majority of complaints in this area related to Worcester and work was underway exploring potential solutions. There may be changes with the new government legislation.

Ms Hermon informed that the Annual General Meeting is scheduled for 24<sup>th</sup> September at 5.30pm and will be live streamed on the Trust YouTube channel.

#### **DATE OF NEXT MEETING**

The next Public Trust Board will be held on Tuesday 8 October 2024.

Signed \_\_\_\_\_  
Chair

Date \_\_\_\_\_

Wells-Jo  
04/10/2024 09:55:48

**WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                   |
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| <b>Report to:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Public Board</b>                                                                                                                                               |
| <b>Date of Meeting:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>08/10/2024</b>                                                                                                                                                 |
| <b>Title of Report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Chief Executive Officer's Report                                                                                                                                  |
| <b>Status of report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Approval <input type="checkbox"/> Position statement <input checked="" type="checkbox"/> Information <input type="checkbox"/> Discussion |
| <b>Report Approval Route:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Other                                                                                                                                                             |
| <b>If Other, provide details:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                   |
| <b>Lead Chief Officer/Director:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Chief Executive</b>                                                                                                                                            |
| <b>Author:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Glen Burley, Chief Executive                                                                                                                                      |
| <b>Documents covered by this report:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Click or tap here to enter text.                                                                                                                                  |
| <b>1. Purpose of the report</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                   |
| This report is to brief the Board on various local and national issues.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                   |
| <b>2. Recommendation(s)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                   |
| The Trust Board is requested to note this report.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                   |
| <b>3. Chief Officer/Executive Director Opinion<sup>1</sup></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                   |
| <p><u>Lord Darzi's 'Investigation into the Performance of the NHS'</u></p> <p>Lord Darzi was commissioned to conduct his investigation by the Secretary of State for Health and his report was published on 12 September. The investigation found that the NHS is in a 'critical condition' amidst surging waiting lists and a deterioration in the nation's health. I was a member of the Expert Reference Group, and in addition to the input from that group Lord Darzi and his team reviewed over 400 pieces of analysis from the Department of Health and Social Care (DHSC) and NHS England (NHSE) and more than 300 submissions from the public and key organisations. I submitted some evidence on the impact of an aging population on hospital bed occupancy asking for more focus on home first health and care delivery models. The review sought input from NHS staff and patients through focus groups and frontline visits, as part of the investigation.</p> <p>The main findings of the report below use the precise wording of Lord Darzi's summary:</p> <ul style="list-style-type: none"> <li>• <b>Deterioration:</b> The health of the nation has deteriorated over the past 15 years, with a substantial increase in the number of people living with multiple long-term conditions.</li> <li>• <b>Spending:</b> Too great a share of the NHS budget is being spent in hospitals, too little in the community, and productivity is too low.</li> <li>• <b>Waiting times:</b> Waiting lists have swelled and waiting times have surged, with A&amp;E queues more than doubling from an average of just under 40 people on a typical evening in April 2009 to over 100 in April 2024. 1 in 10 patients are now waiting for 12 hours or more.</li> <li>• <b>Cancer care:</b> The UK has appreciably higher cancer mortality rates than other countries, with no progress whatsoever made in diagnosing cancer at stage one and two between 2013 and 2021.</li> <li>• <b>Lasting damage:</b> The Health and Social Care Act of 2012 did lasting damage to the management capacity and capability of the NHS. It took 10 years to return to a sensible structure, and the effects continue to be felt to this day.</li> <li>• <b>Productivity:</b> Too many resources have been being poured into hospitals where productivity had substantially fallen, while too little has been spent in the community.</li> </ul> |                                                                                                                                                                   |

<sup>1</sup> Chief Officer opinion must be included and approved by the Chief Officer concerned prior to issue, except when the Chief Officer has given their consent for the report to be released.

The report seems to have been generally accepted by NHSE and various bodies within the NHS. Work is now underway to develop a new Long Term Plan for the NHS which is expected to be published in the Spring. This will be finalised at the same time as multi-year spending plans will have been agreed for all government departments.

### NHS Long Term Plan

Lord Darzi referred to his investigation report as a 'diagnosis' not a set of solutions. This recognised that the timeline that he had to set out the extent of the challenge facing the NHS was tight. He referenced a new Long-Term Plan as the intended remedy. He was also keen to make the point that there was no evidence to call into question the principles of the NHS i.e. tax funded and free at the point of delivery. His three 'missions shifts' also appear to be accepted principles underpinning the new Plan. These are: From analogue to digital, from hospital to home and from a focus on treating illness to a focus on prevention. The team working on the plan have set out an ambition for a high level of public and staff engagement.

### Learning and Improvement Networks

I reported previously on the intention to set up these networks across the NHS. They were subsequently launched at the end of September 2024. They are a key part of the new Clinical and Operational Care Excellence programme. As part of this, new productivity indicators have been added to the Model Health System website. Four draft Improvement Guides have also been published. These cover:

- Improving flow through the emergency care pathway (reducing avoidable admissions and optimising admitted care)
- Generating greater value for patients from theatres, elective surgery and perioperative care
- Generating greater value for patients from outpatient services
- improving medical consultant job planning

Alongside these resources NHSE have established 16 Learning and Improvement Networks (LINs). These are led by Chief Executives and operating on a regional footprint. I have been asked to lead the West Midlands network. The LINs provide an opportunity to bring clinical and operational leaders together to learn from each other and share best practice - not dissimilar to the approach of the Foundation Group. While the LINs can access support from NHS England's regional and national teams if required, they do not replace existing improvement programmes or operational delivery arrangements, or form part of oversight or performance management. Some areas will inevitably move more quickly than others and build on their own approaches to improvement. The LINs will therefore share what works with NHS England on an ongoing basis, both to contribute to future national improvement programmes, as well as for dissemination across the other LINs where appropriate.

Across the Midlands Region we have decided to initially focus on two big quality/productivity issues. These are reducing Ambulance Handover delays (including the implementation of the 45 minute handover protocol) and secondly seeking to achieve fully booked outpatient clinics. There are no specific additional resources to support this programme as the intention is to join up the learning from the improvement work of existing organisations by working directly with individual providers.

### More from our great teams

Our Oncology Radiography team, supported by colleagues from our wider cancer services team and the Worcestershire Breast Unit Haven Charity, have launched a new hydrotherapy rehabilitation course at Worcestershire Royal Hospital which is helping breast cancer patients to experience reduced pain and improved movement following treatment.

The course – specifically designed for patients who have undergone breast cancer treatment – is the first of its kind in the Midlands and has already helped more than 50 patients during a six-month trial period.

The hydrotherapy group, named 'The Worcester Waders', is available to anyone who has had treatment including surgery, chemotherapy, or radiotherapy for breast cancer. It involves carrying out specific exercises in a warm water swimming pool to help aid rehabilitation following treatment. The course also provides a great opportunity for breast cancer survivors to meet others who have been through a similar experience.

Sessions take place in the heated hydrotherapy pool at Worcestershire Royal Hospital on a Tuesday evening and are run by a group of our radiographers from the Oncology Centre who are specifically trained to undertake the hydrotherapy sessions.

As well as reducing pain and increasing the range of shoulder movement after treatment, hydrotherapy and physical activity in general can also help reduce the risk of lymphoedema – a chronic swelling in the body's tissues – which can be caused by surgery and chemotherapy.

The initial six-month trial period of the Worcester Waders course proved successful with all 53 participants reporting improved scores for range of movement, quality of life and pain reduction.

Following the successful trial, the Worcestershire Breast Unit Haven Charity has now agreed to fund the course indefinitely, so we will continue to provide this for patients who have undergone breast cancer treatment for the foreseeable future.

**1. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:**

☐ **Focus on Flow**

☐ **Governance**

☐ **Home First Mindset**

☐ **4ward Improvement System**

☐ **Elective Care: No Delays**

☐ **Think/Act as a Lead Provider**

☐ **Improve Staff Experience**

☐ **Tertiary Partnerships**

☐ **Leadership and Structures**

☐ **Strategic 'Big Moves'**

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# Integrated Performance Report

OCTOBER 2024

Trust Board | v0-1 | Up to Aug-24 data

Last updated 1<sup>st</sup> October 2024





**Stephen Collman**  
Managing Director

**OPERATIONAL PERFORMANCE**

**Urgent and Emergency Care**

**Attendance and Treatment:**

- 12,628 patients attended the Emergency Departments. 52% were treated and either admitted or discharged within four hours. 5% increase in attendances compared to August 2023. 7.5% increase in walk-in attendances.
- 3,965 patients arrived by ambulance. 39% were handed over within 15 minutes.
- 784 patients waited longer than 60 minutes for handover. 1,872 patients (14.8%) spent 12 hours or more in the Emergency Departments.

**Discharges and Length of Stay:**

- 20% of discharges occurred before midday, impacting hospital flow. Average length of stay (LOS) for non-elective patients was 7.2 days (7.8 days excluding zero LOS patients). 113 patients had a long length of stay (>21 days) as of August 31st, with 45 medically fit for discharge.

**Cancer**

**28 Day Faster Diagnosis Standard**

Performance and Actions:

- August 2024: 2,538 new GP referrals, 80% diagnosed within 28 days.
- Trust is ahead of internal and national targets.
- Focus on reducing diagnosis times and improving pathways.
- Ongoing reviews and support from NHS England.

**62 Day & 31 Day Start of Treatment Standards**

- Performance and Actions:
- August 2024: 68% performance for 62-day standard, 83% for 31-day standard.
- Daily review of patients waiting over 62 days.
- Focus on improving treatment capacity and reducing delays.
- Specific challenges in breast, head and neck, lung, and skin cancer treatments.

**Charts Insight:**

62-day target has never been achieved but shows normal variation.

- 31-day target has been a concern since February 2023.

**Elective Performance**

- Outpatient Appointments: 19,183 new (1,760 below plan) and 36,900 follow-up (116 below plan). Outpatient Appointments with Procedure: 915 below plan. Inpatient and Day Case Activity: 597 cases below plan. RTTT Submission: 1,804 patients waiting over 52 weeks, 300 over 65 weeks, and none over 78 weeks. 56% of patients are waiting less than 18 weeks for their first treatment.
- Patient Contact and Validation: Over 90% of patients contacted in the last 12 weeks, with a small number removing themselves from the waiting list. No Patients Waiting Over 78 Weeks: This position is being sustained. Reduction in 65-Week Waiters: Target not met due to slow progress in ENT and Oral and Maxillofacial surgery, with dermatology also impacted. Current 65-Week Waiters: Reduced to 567 by end of August 2024, down from 1,180 in July 2024.

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**Stephen Collman**  
Managing Director

**QUALITY**

**Mortality and Sepsis Screening:**

- SHMI Metric: Mortality remains ‘as expected’, but Alexandra Hospital is close to the control limit. Sepsis Screening: Under review; sepsis six bundle delivered within an hour in emergency departments, but data capture needs improvement.

**Fractured Neck of Femur:**

- Slight performance improvement in August, with ongoing efforts for consistent improvement.

**Infection Control:**

- Klebsiella: Decreased in August but still a concern. MRSA: Unchanged, with one case of pseudomonas. CDiff and MSSA: Remained unchanged. Covid and CPE Outbreaks: Continued management with bay and ward closures. High Impact Intervention Audits: 10 out of 11 compliant.

**Complaints:**

- Compliance Target: Increased to 62.5% but still below target. Open Complaints: Reduced to 134, with 70 new formal complaints. Surgical Division: Specific actions reduced breached complaints from 53 in July to 42 in August.

**Falls and Pressure Ulcers:**

- Falls: Increased to 119, below national benchmark (4.7 per 1,000 bed days). Severe Harm Falls: Zero in August. HAPUs: Decreased to 32, with zero causing harm.
- Staff Training Compliance: Increased to 87.24%.

**Friends and Family Test (FFT):**

- Response Rates: Below 95% target across outpatients, A&E, and Maternity, but increased for A&E and inpatients. Actions: Monitoring and reviewing FFT use, promoting feedback, and launching a new FFT card for easier submission

**WORKFORCE**

**Funded Establishment and Vacancies:**

- Increase: 3.63 WTE (2.46 in Specialty Medicine, 1 WTE in SCSD, 0.17 WTE in Urgent Care). Vacancy Rate: Reduced from 9.19% to 8.17% (597.69 vacancies), still above the 7.5% target but better than 10.61% in August last year. Ahead of Plan: 51.35 WTE ahead, needing 83.10 WTE by March 2025.

**Agency and Bank Staff:**

- Agency Spend: Biggest challenge, reduced by 0.67% to 7.93% of gross cost (target 6%). Urgent Care: High agency spend at 19.29% of gross cost. Total Hours Worked: 7407 WTE, 471 WTE higher than last year. Over Establishment: 87 WTE due to unfunded capacity, worse than last month.

**Divisional Over Establishment:**

- Specialty Medicine: 163 WTE over, linked to winter wards. Urgent Care: 55 WTE over, due to escalation areas and specialising. Surgery: 46 WTE over, partly due to sickness cover.

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**Stephen Collman**  
Managing Director

**WORKFORCE** (cont'd)

**Staff Turnover and Sickness:**

- Turnover: Met target of 11.5%, reduced to 10.27%. Sickness Absence: Reduced by 0.50% to 5.02%, slightly worse than last year. Stress/Anxiety: Major concern, especially in Women and Children’s (44.62% of all absence).

**Consultant Job Planning:**

- Compliance: 69%, with Surgery at 76% and Urgent Care at 33%.

**Training and Appraisals:**

- Mandatory Training: 91% compliance, above the 89.6% benchmark. Non-Medical Appraisal: Below target at 80%, worsening position.

**FINANCE**

**Income & Expenditure Performance**

- YTD Adverse Variance: £0.6m against the revised plan. Drivers: £1.6m underperformance in Elective income, £0.4m due to Industrial Action, and £0.7m under delivery of CPIP. Offsets: Favourable variances in pay and other non-pay lines.

**Patient Care Income**

- Favourable Variance: £3.6m YTD. Details: £5.6m favourable in Non PbR Drugs and Devices, offset by £1.6m underachievement in elective activity and £0.3m in SR21 activity.

**Employee Expenses**

- Favourable Variance: £0.5m YTD. Details: Savings in Dermatology, Business Case underspends, and vacancies, partially offset by costs from Industrial Action, additional consultants, and growth in Histology Reporting.

**Non-Pay Operating Expenses**

- Adverse Variance: £5.0m YTD. Details: £5.9m adverse in Non PbR Drugs and Devices, partially offset by underspends in utility costs and PFI variable charges.

**Capital**

- YTD Spend: £2.985m. Increase: £1.004m in Month 5, mainly due to upgrades and additional works.

**Cash**

- Position: £6.732m at the end of Month 5. Support: £10m revenue support received in August, with an application for £7.5m in September. Impact: Reduced creditor payment runs to ensure payroll costs, affecting BPCC performance.

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**Helen Lancaster**  
Chief Operating Officer

Although we strive to minimise its impact, seasonal variation does manifest itself in our activity and performance. Clinical and operational teams work hard to balance the need to treat our patients whilst ensuring our staff have an opportunity to rest given their efforts so far this year. It is pleasing to see that we were able to maintain the cancer waiting times standard for patients informed of their diagnosis within 28 days at 80%, no patients were waiting more than 78-weeks for treatment and the number of patients waiting over 65 weeks reduced again to 300, with ambitious but realistic plans to halve this number by the end of September.

Our collective efforts in August have meant that:

- The number of patients waiting over an hour on the back on an ambulance remains within normal variation
- The percentage of patients with cancer who receive their first treatment within 62-days of referral remains within normal variation having been a special cause concern
- The number of patients on our waiting lists for over 65-weeks continues to come down month-on-month
- Despite any month-on-month variation, DNA rates remain significantly below the national average

However, we will be working towards rapid improvements in the following areas:

- Improving the number of patients in our Emergency Departments who are admitted, transferred or discharge within four hours
- Improve the number of cancer patients who wait less than 31 days from decision to treat to treatment
- Reducing the number of routine patients who are waiting over 6 weeks for their diagnostic tests

Our key priorities remain as important as ever as we transition into “winter” and ensure that it is everyone’s priority to support our efforts in reducing long waits in emergency departments and improving length of stay for emergency admissions, whilst maximizing theatre and outpatient productivity for our elective patients. Continued efforts will focus on driving down waiting times across all services, with a goal of delivering more timely care for all patients in line with NHSE, and our own, ambitions.

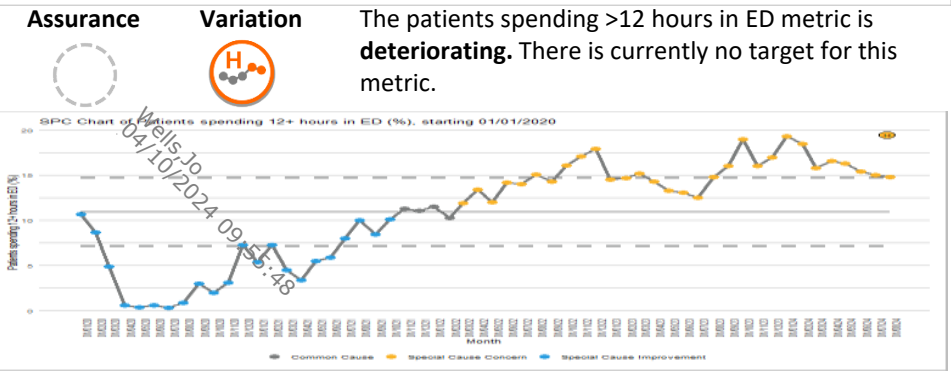
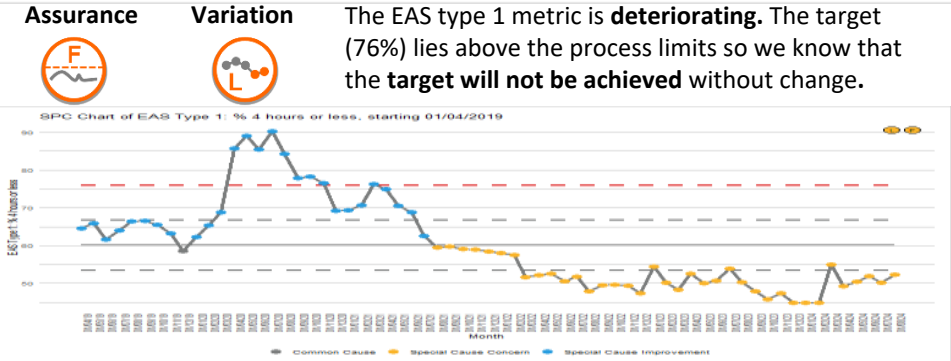
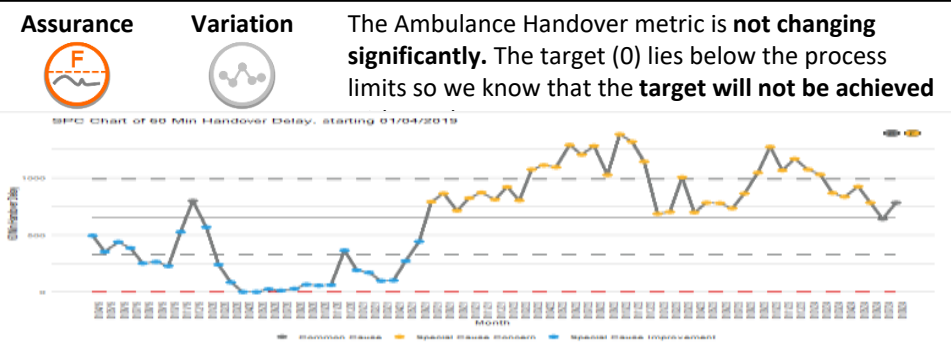
Operational productivity remains a key focus, with divisions working to increase patient activity through the remainder of the year. Initiatives like the GIRFT Further Faster program are helping to identify opportunities to reduce cancellations and improve appropriate resource utilization. Despite challenges, recent improvements, including the success of the Kidderminster site surgical hub accreditation and progress in urology services, reflect our commitment to high-quality care.

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# OUR OPERATIONAL PERFORMANCE - URGENT CARE

## We are driving this measure because

The national Emergency Access Standard requires all patients to be seen, treated and either admitted or discharged within four hours of presentation at any Emergency Department. In addition, the effective and timely handover of patients arriving by ambulance enables patients waiting in the community to access care in a timelier manner and is an indicator of system flow.



## Performance and Actions

12,628 patients attended the Trust’s Emergency Departments in Aug-24 and 52% of those patients were treated and either admitted or discharged within four hours of arrival. There has been an increase of 5% in attendances compared to Aug-23, with an 7.5% increase in walk-in attendances.

Of the 3,965 patients who arrived by ambulance, 39% were ‘handed over’ within 15 minutes and 784 waited longer than 60 minutes to be handed over. 1,872 patients (14.8%) spent 12 hours or more in our emergency departments.

### Update and Actions

- Increased demand impacting on performance as no corresponding increase in capacity
- Streaming Working Action Group in place – chaired by Divisional Director for Medicine and Urgent Care focussed on improving pre-hospital and front door streaming, in conjunction with system Single Point of Access
- Chief Nursing Officer taken over as Senior Responsible Officer for Single point of access development
- Self-Assessment against Same Day Emergency Care national specification – actions plans to be developed to further improve local offer to patients
- Working with Worcestershire place and ICS wide colleagues on development of winter plans, including improving handover delays
- GP streaming specification agreed – procurement to commence September 2024. Estimated timescale – 6 months
- Urology SDEC launched 1 August 2024 at Alexandra Hospital, alongside Urology Intervention Unit
- Emergency Department remedial estates work at Worcester commenced in September to address issues with ED flooring – risk and impact assessments in place, with mitigating actions agreed

## Risks

- In-hospital and system flow constraints due to workforce and capacity
- Patient acuity
- Fluctuating demand
- Insufficient alternatives to Emergency Department for patient with urgent, non-emergency needs
- Closure of inpatient areas reducing available beds, impacting flow from ED and ability of Trust to meet Emergency Access standard
- Impact of GP Collective action
- Implementation f Sunrise clinical system may have short term impact on performance in November 2024
- Remedial estates work required, impacting physical capacity and workflow

## What the charts tell us

# OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

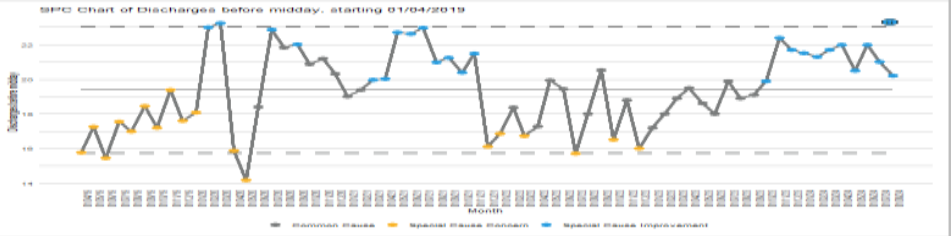
## We are driving this measure because

Hospital flow is a significant contributor to overcrowding in the Trust' Emergency Departments and consequently on the safety of the Emergency Department. Improving these measures will support reduction in ambulance handover delays as well as reducing the time take patients stay in the Emergency Department. Most importantly, reducing the length of time patients are not in their usual place of residence (by reducing the length of stay) reduce the risks associated with functional hospital decline; and will enable those patients who need a bed in our hospitals to access the most appropriate bed in a timely manner.

Assurance

Variation

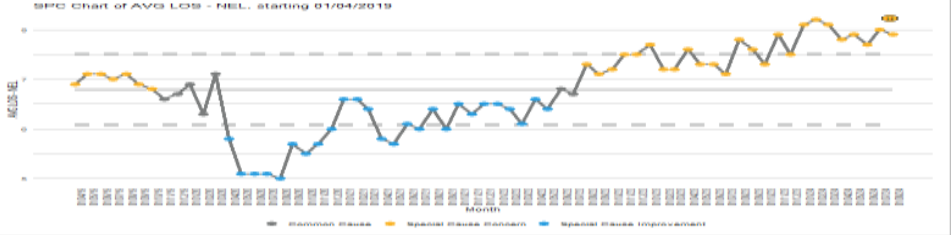
This metric is **improving**. The target (33%) lies above the process limits so we know that the **target will not be achieved** without change.



Assurance

Variation

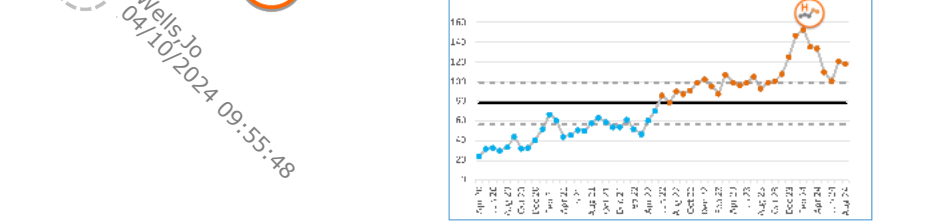
This metric is **deteriorating**. There is no target for this metric.



Assurance

Variation

This metric is **deteriorating**. There is no target for this metric.



## Performance and Actions

The percentage of discharges before midday Discharges before midday continues to show significant change in Aug-24 with 20% of discharges occurring before midday. This is a contributory factor impacting on the Trust's ability to deliver effective hospital flow and ensure timely admission for patients from the Trust's Emergency Departments (and other emergency admissions). It is partially offset by patient utilisation of the discharge lounge on both acute sites.

The length of stay for non-elective admitted patients has continued to rise since August 2020 and shows special cause concern.

### Actions include:

- Refreshing Site management meetings and operational management into these to support clinical teams – learning from others across Foundation Group
- Refresh focus on discharge dependent actions with ward and operational teams
- Continued focus on virtual wards programme in conjunction with Herefordshire and Worcestershire Health and care Trust – Gynaecology, COPD and Frailty
- Integrated Frailty model programme refresh complete with approval from Trust Management Board in August
- Long Length of stay escalation process developed, with new education and training offer of discharge in development
- GEMS PDSA at Redditch underway – review and report for October Hospital Flow Deliver Board
- Ward based metrics dashboard to be implemented to raise awareness and demonstrate performance at ward level
- Address barriers and challenges to long length of sat through daily escalations meeting

With partners, other schemes to support system flow at Worcestershire place level include:

- Integrated approach to virtual wards with single clinical leadership
- Integrated approach to bed management
- Integrated Therapy service model

## Risks

- Patient Acuity
- Clinical engagement
- Place partner support to enable timely discharge to IAR / pathway 3
- Impact of GP collective action

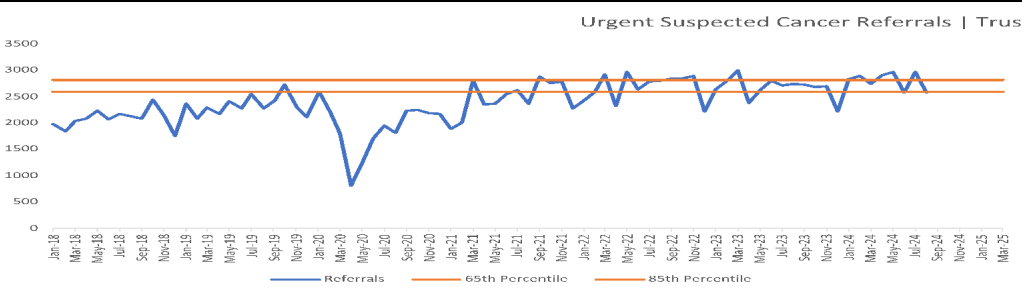
## What the charts tell us

3,367 patients were discharged from G&A beds and 659 (20%) were before midday. The average LOS for a non-elective patient was 7.2 days; when you exclude patients with a zero LOS, this increases to 7.8 days. There were 113 patients with a long length of stay (>21 days) as at 31<sup>st</sup> August, of whom 45 were recorded as medically fit for discharge.

# OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

## We are driving this measure because

Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen or treated as part of their pathway and those key measures are monitored in these slides. 75% of patients referred for suspected cancer should receive a diagnosis within 28 days (Faster Diagnosis Standard), 96% of patients should start their treatment with 31 days of a Decision to Treat and 85% of patients with a cancer diagnosis should start their treatment within 62 days.



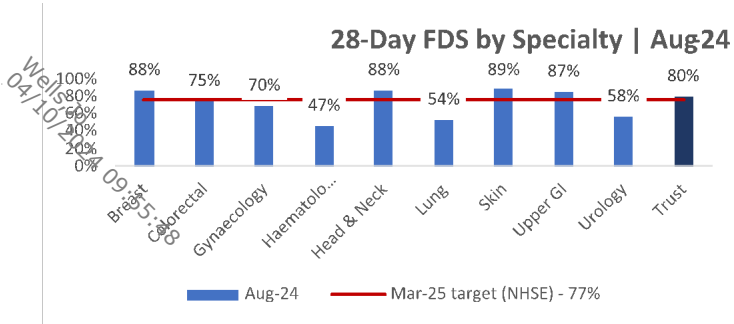
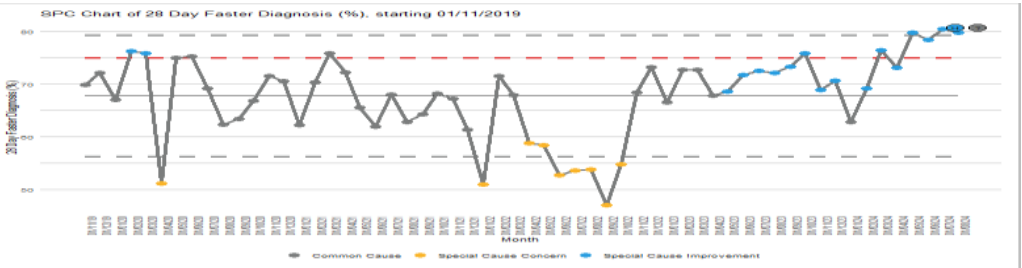
### Assurance



### Variation



This metric is **improving**. The target lies within the process limits so we know that the **target may or may not** be achieved.



## Performance and Actions

There were 2,538 new GP referrals for suspected cancer in Aug-24. Our Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 80% for Aug-24. The Trust informed 2,167 patients of their diagnosis with 434 breaches of the 28-days standard.

### Updates and Actions

- At Trust level we are on track to deliver our annual planning commitments for FDS though there remains variation in tumour site delivery. The Trust is ahead of its internal Q2 ambition of 76% and above the national standard of 77% with performance sustained at over 80%.
- Specific focus on drivers for performance in all specialties with Tumour site plans to support improvements in performance for those patients with a cancer diagnosis in all tumour site as underpins more timely access to treatment.
- Focus for all tumour sites of reducing the percentage of patients informed between days 29 and 35, with work to ensure these patients are informed within 28 days and reducing the overall variation in days of diagnosis.
- Further analysis of pathways for those patient diagnosed with cancer to improve performance for these patients, underpinning delivery of 62-day cancer waiting times. Report to Cancer Board in September 2024.
- Review of demand and capacity with support from NHS England team – initial work underway in lung cancer as part of deepdive work and to support development of sustainable workforce plan, following additional funding from West Midlands Cancer alliance for additional consultant input on fixed term basis
- Review of communication methods to support earlier communication of diagnosis to patients to be presented to September Cancer Board

## Risks

- Histology, radiology and urological clinical capacity for outpatient appointments remain an issue though this is improving through short term interventions
- Financial impact of additional capacity to support diagnostic pathway (particularly pathology and imaging)
- Impact on DM01 with focus of diagnostics capacity on cancer pathways
- Impact of GP collective action

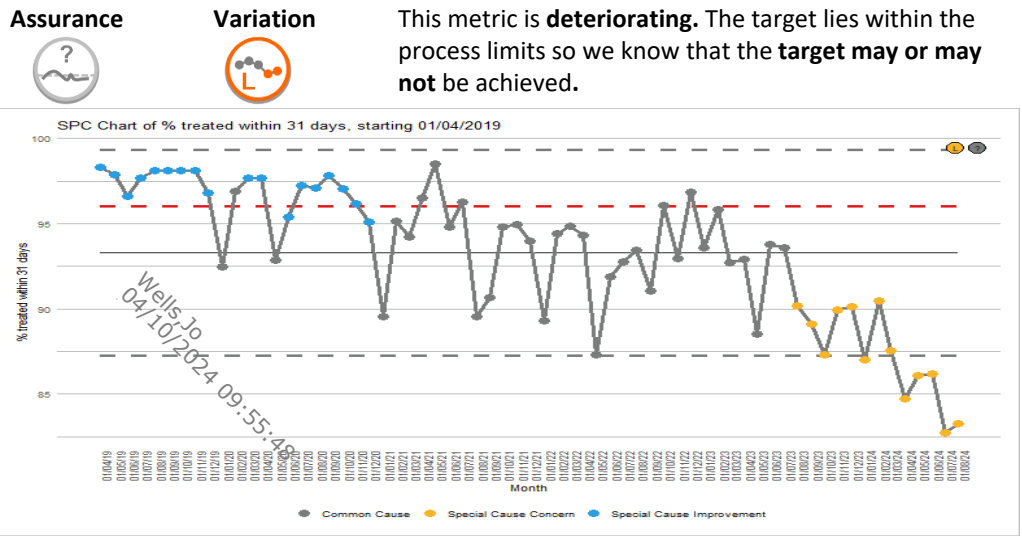
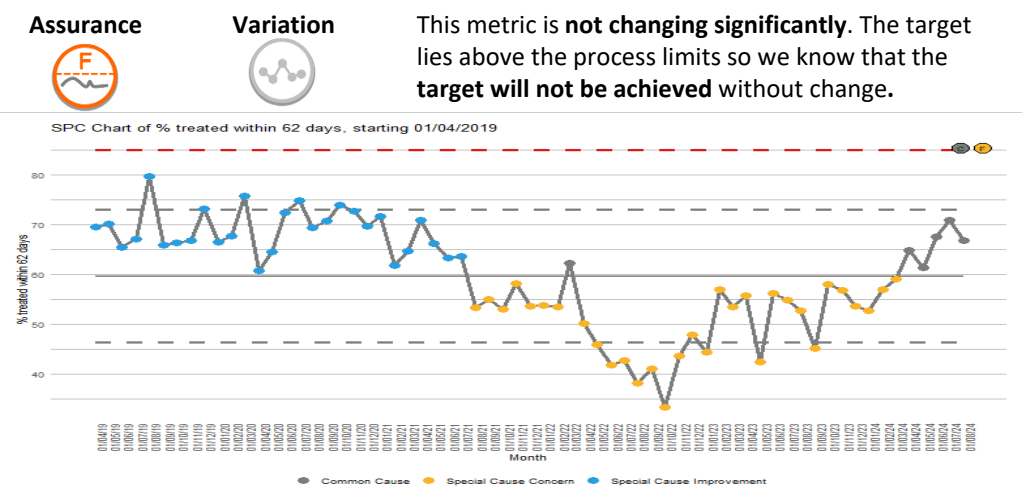
## What the charts tell us

8/40 Referrals in Aug-24 show normal seasonal variation being below the 85<sup>th</sup> percentile. 28-FDS performance shows special cause improvement remaining above the NHSE Mar-25 target of 77%.

# OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY & 31 DAY START OF TREATMENT STANDARDS

## We are driving this measure because

Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen or treated as part of their pathway and those key measures are monitored in these slides. 75% of patients referred for suspected cancer should receive a diagnosis within 28 days (Faster Diagnosis Standard), 96% of patients should start their treatment with 31 days of a Decision to Treat and 85% of patients with a cancer diagnosis should start their treatment within 62 days.



## Performance and Actions

The Trust's **unvalidated** position for 62 days cancer waiting time performance in Aug-24 is 68% with 106.5 recorded breaches and 331.5 patients treated.

Those patient waiting longer than 62 days (cancer backlog) continues to be reviewed and monitored daily. Quarterly targets have been confirmed at specialty level for **all pathways** (not just urgent suspected which was the focus in 23/24) with a year-end target of no more than 110 patients over 62 days and no patients over 104 days at the end of September. There were 230 (+36 from July) patients over 62 days at the end of August, 53 (+10 from July) of whom were over 104 days.

567 patients were recorded as receiving first or subsequent treatment after decision to treat in Aug-24, however, only 83% were treated within 31 days. Timeliness of first treatment and subsequent surgery treatments are the areas to improve.

Many of the drivers for performance align to the FDS performance. A focus on improving performance against the FDS standards for patients with cancer is being driven through the Elective and Cancer Delivery Group and Cancer Board. In addition, there are challenges with treatment capacity in some specialties driven by a combination of access to appropriate theatre capacity and clinical vacancies. For patients requiring treatment at tertiary centres, the Trust is focussed on improving the day of referral to a maximum of 38 days from referral

- Breast – mismatch theatre capacity and demand – additional consultant due to commence later in year with additional theatre capacity being secured
- Head and Neck – access to beds on Worcestershire Royal site due to bed pressures. Additional Head and Neck surgeon recruited and commenced in post – expect impact from October 2024
- Lung – tertiary and oncology access limiting performance. Additional respiratory consultant funding bid submitted to West Midlands Cancer Alliance – funding confirmed August 2024, recruitment underway which will support FDS. Further work to do on oncology capacity for first OPA to enable faster access to treatment
- Skin – clearance of treatment backlog – this was expected in June 2024 but has been delayed due to further increase in referrals. Specific challenges with capacity for excisions undertaken by maxillofacial surgeons and increase in complexity with higher proportion of patients with additional comorbidities. Specialty in weekly escalation with Director of Performance. Longer term development of one-stop service. Challenges in skin cancer are driving reduction in 31-day performance.
- Oncology capacity is impacting performance in several tumour sites – additional capacity clinics continue to support delivery however these are not sustainable in the long term, which represents a risk to delivery. Longer term workforce plan in development and expected in July 2024. Strategic partnerships to be explored to support sustainability. Two locum consultants approved and providing immediate capacity.

## Risks

- Histology, radiology and urological diagnostic capacity remain an issue
- Waiting times at Tertiary Centres
- Consultant capacity in Oncology
- Impact of GP collective action

## What the charts tell us

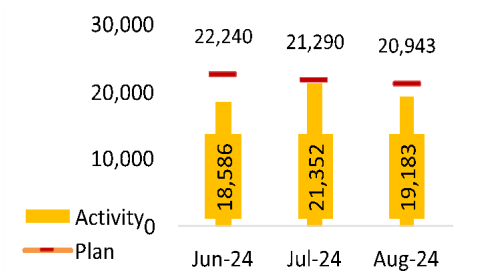
9/40 WT 85% target for 62 days has never been achieved, however, has transitioned from special cause concern to normal variation. 31-day has been special cause concern since Feb-23.

# OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

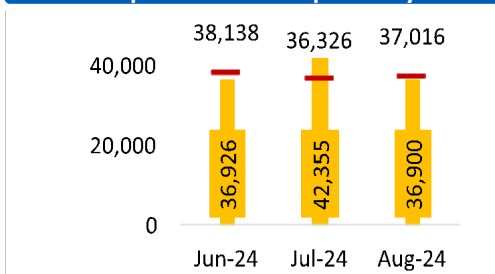
## We are driving this measure because

Elective recovery is a key priority to ensure that patients can access the treatment they need in as timely a manner as possible. To reduce the impact of waiting for non-urgent, consultant-led treatment, the Trust made a commitment to deliver a maximum wait of 65 weeks by the end of the Sep-24 as part of our journey to recovering the 18-week Referral to Treatment standard as set out in the NHS constitution; and put in place annual activity plans to enable this.

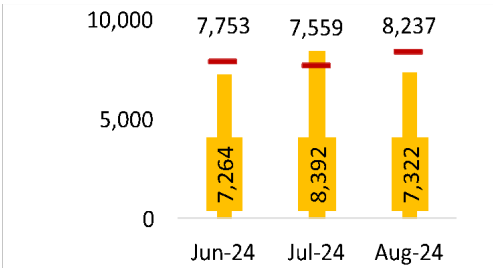
### Outpatient New Activity



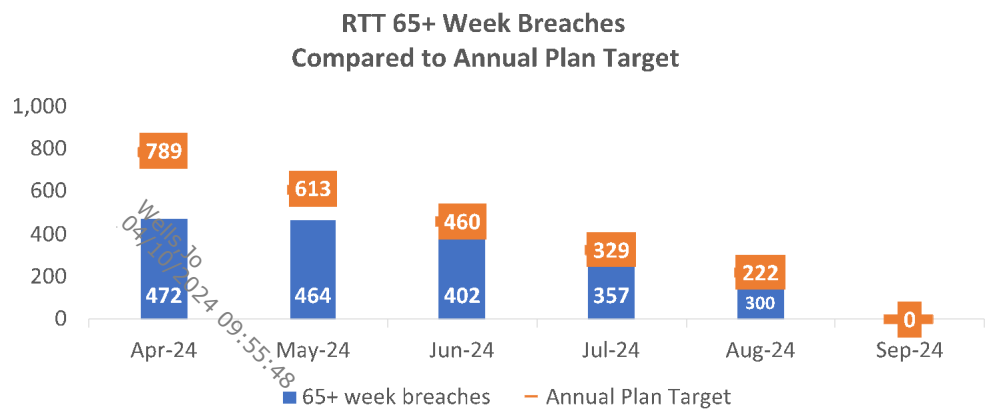
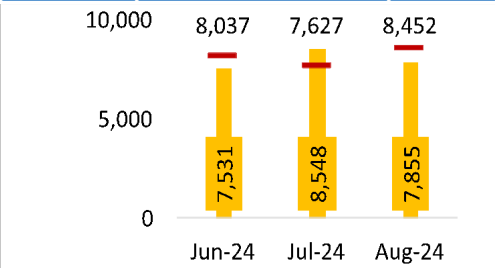
### Outpatient Follow-up Activity



### Outpatient Activity with a Procedure



### Day Care and EL IP Activity



## Performance and Actions

In Aug-24 (unvalidated), the Trust delivered 19,183 new outpatient appointments (1,760 below plan) and 36,900 follow up appointments (116 below plan). In-line with 24/25 annual planning guidance, we are now reporting on Outpatient appointments with a procedure which was 915 below plan. Inpatient and day case activity was below plan by 597 cases. Our RTTT validated submission for Aug-24 was 1,804 patients waiting over 52 weeks, of whom 300 were waiting over 65 weeks, and no patients over 78 weeks; 56% of patients are waiting less than 18 weeks for their first definitive treatment.

### Actions

- Rolling 12-week patient contact and validation programme with patients on waiting list to confirm their ongoing position on waiting list – over 90% of patients contacted in previous 12 weeks in line with regional validation ambition and this position sustained on weekly basis
- No patients waiting over 78weeks at end of month position being sustained
- The planned reduction in patients waiting over 65-weeks to no more than 222 has not been achieved. Whilst this was the planned position, the pace of reduction in the specialties of concern – ENT and Oral and Maxillofacial surgery in particular have hampered progress, with increased risk in dermatology as a result of supporting skin cancer activity.
- Reduction in September 65-week at risk cohort to 567 as at end of August 2024 (down from 1,180 at end of July 2024), compared to 7,574 at end of March 2024. Largest cohorts in Oral and Maxillofacial Surgery (175), ENT (146), Dermatology (77) and Urology (76).
- Limited mutual aid or independent sector capacity available to support further reduction – supported by foundation Group members where possible.
- ‘Super weekend’ lists for paediatric ENT completed and further planned to reduce long waits in ENT
- Additional waiting list initiatives run in multiple specialties and High Intensity Theatre Lists
- Additional capacity in place to support dermatology backlog clearance
- Surgical Hub Accreditation bids for Kidderminster site for paediatrics underway, with planned application for Alexandra Hospital
- Review of all GIRFT Further Faster Checklists to ensure that actions taken have embedded sustainability. Focus first on ENT as specialty of concern.
- Focus on reducing elective length of stay – particularly for hip and knee replacements, supported by GIRFT programme (Anaesthetics and Peri-operative Medicine) with increasing focus on daycase procedures
- Cataract waiting times circa 6 weeks from referral – work to review referral pathways to be led by ICB in line with GIRFT recommendations
- Extension of theatre provision across 2.5 sessions , 6 days per week to be rolled out as part of Elective Hub to increase utilisation of available estate.
- Options to support more rapid access to elective care through strategic partnerships to be explored to delivery overall reduction in elective waiting list by March 2025. Scoping phase through Q2.

## Risks

- Urgent care demand impacting physical capacity and staffing
- Workforce challenges

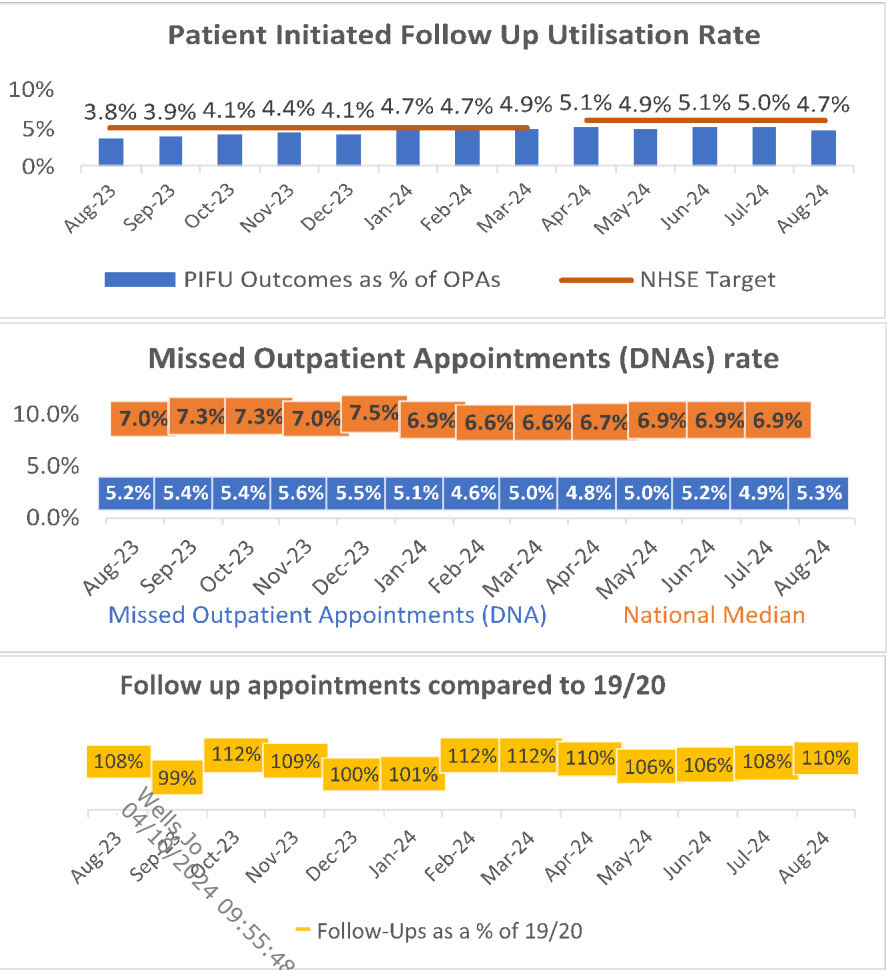
## What the charts tell us

The bullet charts above compare our activity for the most recent three months against submitted plan for 24/25. Aug-24 data is currently showing that we are below plan for OPA New, OPA with a procedure and total Day Case and EL IP activity. We delivered 19,183 new outpatient appointments and 36,900 follow-up appointments than we said we would (which is a preferred NHSE outcome).

# OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

## We are driving this measure because

Transforming and modernising how we deliver outpatient services so patients can be seen more quickly and interact with services in a way that suits their lives. This in turn, enables faster diagnosis and treatment to support Trust delivery of Referral to Treatment times as well as ensuring patients have more control and greater choice over how and when they access care.



## Performance and Actions

Outpatient Transformation encompasses a broad remit. The focus in this report is on those elements that form part of annual plan expectations and immediate operational delivery, rather than the broader Trust Outpatients Transformation Programme. Performance in Patient Initiated Follow Up (PIFU) is 4.7% in Aug-24. It continues to be the case that a large percentage of specialties are delivering PIFU more than their national median comparator. Trust wide DNA rate in Aug-24 was 5.3% and remains below the national median benchmarking though at a specialty level there is some variation.

### Actions

- Outpatient strategy and 5 year plan being developed
- Continued rollout and update in Patient Initiated Follow Up (PIFU) using new national toolkit – focussing on ENT, Oral and Maxillofacial surgery and Respiratory. Specific scheme support PIFU in Cardiology hot clinic activity
- Review of digital systems to support patient monitoring as part of remote monitoring schemes to enable increased PIFU
- DNA audit complete – final report to Elective and Cancer Delivery Group October 2024.
- Focus on reducing hospital cancellations – deepdive underway due to report September 2024 via programme, with actions to feed into Outpatients Programme
- Review of GIRFT Further Faster checklists to ensure actions embedded sustainable and any other actions required
- Reviw of all clinical templates to reduce unwarranted variation within specialties. National benchmarking exercise underway via GIRFT programme.
- Outpatient Room Booking system rollout commenced – successful pilot completed, with recruitment underway. Rollout expected end of Q3.
- Review of outpatient model to commence in Q3 – as part of outpatient programme phase 2.
- Optimising treatment options through outpatient setting.
- Continued focus on waiting list validation, with rollout for non-RTT patients planned in Q2. Over 90% of patients on RTT waiting list validated within last 12 weeks.
- Focus on non-RTT backlog including overdue follow-up and patients on active monitoring.

## Risks

- Clinical engagement
- Lack of single management model for outpatients impact of sustainable adoption of standard work.
- Unknown impact of General Practice Collective action
- Capacity to implement changes alongside day-to-day operational delivery
- Balance between Advice & guidance response and outpatient appointment activity – impact on waiting times and financial impact
- Finance available to invest in people and technical solutions
- Size of follow-up waiting list limits opportunity to reduce follow-ups

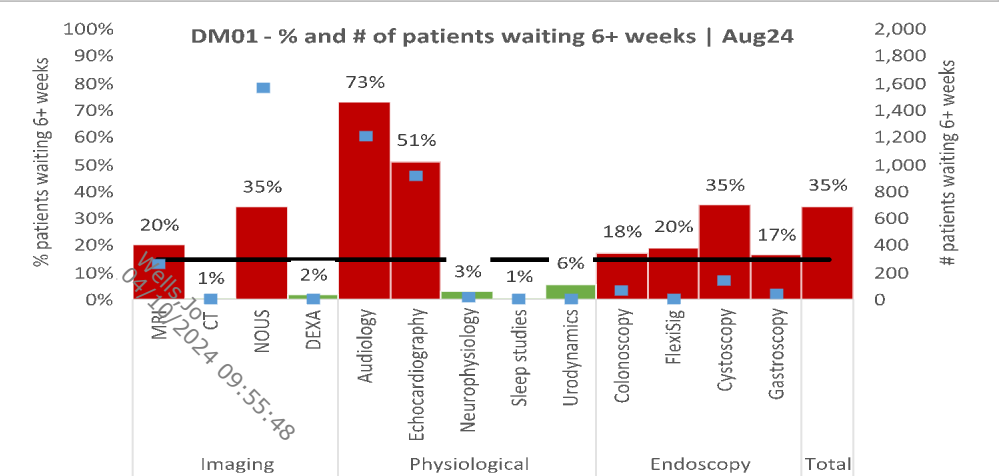
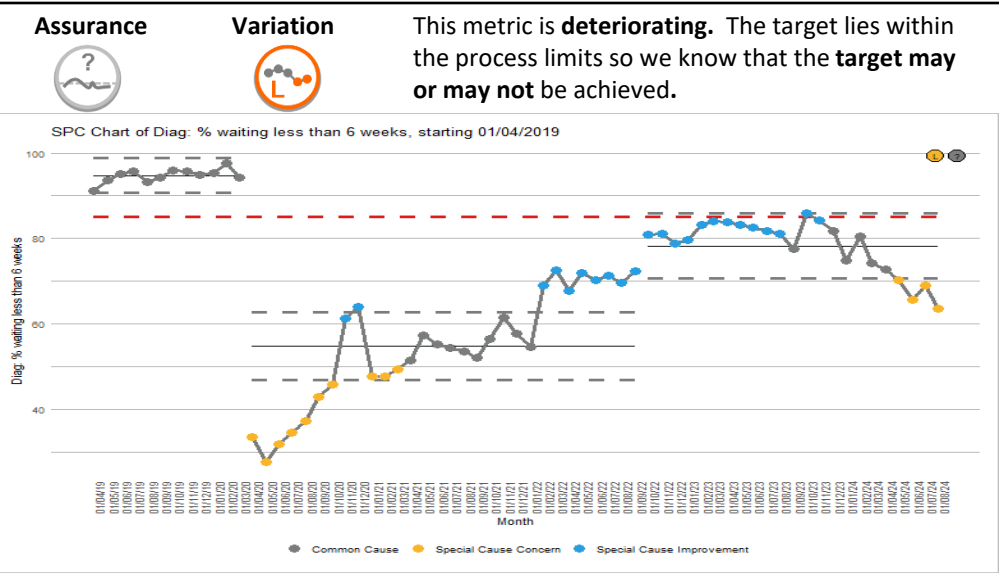
## What the charts tell us

**PIFU** – PIFU rate dropped below 5% but is not showing progress beyond this. **DNAs** remain below the national median with ~2,900 OP appointments a month currently being missed due to DNA. **Follow-Up reduction** – unvalidated data for Aug-24 shows that we delivered 10% more follows up compared to Aug-19 (~3,400 appointments).

# OUR OPERATIONAL PERFORMANCE – DIAGNOSTIC TESTING (DM01)

## We are driving this measure because

Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.



## Performance and Actions

Our validated performance at the end of Aug-24 is 65% of our patients waiting less than 6 weeks (35% over 6 weeks) with 4,242 of them waiting over 6 weeks, of whom 1,552 waiting over 13 weeks. The deterioration in performance can be attributed to multiple modalities (second graph on the left).

### Updates and Actions

#### Echocardiography

Mismatch demand and capacity, impacted by vacancies within cardiopulmonary team – reliance on additional capacity outside of core to deliver service. Additional capacity delivery plan in place ahead of implementation of endoscopy support worker workforce plan however this is being offset with increase in demand. Further analysis being completed to understand referral patterns / changes.

#### Audiology Assessments

Recovery Trajectory and action plan in place with ICB support. Trajectory to eliminate 13 week waits in Q2.

#### MRI

Recent deterioration linked directly to increased focus on delivery of cancer standards with additional carve out to respond to increased demand, particularly in urology cancer because of media interest. Additional mobile capacity from Wye Valley increases short term capacity with medium – long term strategic options being developed. Imaging Strategy in development – expected Q3.

#### Urology (Cystoscopy)

- Increased capacity planned as part of Urology Intervention Unit business case. Implementation programme for UIU supported by Cancer Improvement Director.
- UIU launched 1 August, with, with full capacity in place September 2024, which will support cystoscopy recovery
- Phase 2 sustainable service delivery model being scoped to reduce reliance on additional short-term, high cost capacity

#### Sleep Studies

- Impacted by year-on-year increase in referrals
- Case set out for additional respiratory physiology staff developed. following completion of demand and capacity
- Introduction of PIFU to sleep services to support capacity for sleep studies.

## Risks

- Financial impact due to reliance on additional capacity
- Delays in diagnostics impact elective and cancer recovery
- Competing priorities for diagnostics modalities (balancing cancer recovery, and Diagnostics waiting time standards)
- Ensuring sufficient capacity for surveillance patients for surveillance scans and tests

## What the charts tell us

The first chart shows that performance of 64% is special cause concern; the fourth time since re-baselining the data. The second chart shows e.g. that 73% of Audiology's waiting list is waiting > 6 weeks and this is 1,210 patients (the 12/40 are).



Dr Jules Walton

Joint Chief Medical  
Officer



Dr Julian Berlet

Joint Chief Medical  
Officer



Sarah Shingler

Chief Nursing  
Officer

Trust mortality according to the SHMI metric remains ‘as expected’ despite methodological changes. However, the Alexandra Hospital is close to the control limit for the ‘as expected’ range and work is under way through our DREAMS group to assess this.

As previously highlighted, performance related to Sepsis Screening is under review. Departmental audit suggests that we can be reassured that delivery of the sepsis six bundle in under an hour does occur within our emergency departments, but clearly need to identify the correct solution for our ongoing sepsis screening data capture challenge.

With regards to our patients being treated for a fractured neck of femur, August did show a slightly better performance, but work continues in this area to achieve a consistent improvement.

The targets for 24/25 remain unpublished, however it is noted that in August 24 Klebsiella decreased again compared to July although is still showing special cause variation of concern, whereas MRSA was unchanged and there were one case of pseudomonas in August 24. Both CDiff and MSSA remain unchanged in August 24. The number of Covid and CPE outbreaks have continued throughout August 24 and continue to be managed with bay and ward closures. 10 of the 11 high impact intervention audits were compliant in August 24.

The complaint compliance target to close within 25 days increased in August 24 to 62.5% but still not meeting the target. The Trust had a slightly reduced number of complaints still open at the end of August (134 from 139), and there were 70 new formal complaints received with an increase to 41.5% of complainants being called within 5 days to discuss the complaint. Of the 134 open complaints, 51 have breached 25 days, and 75 of the 134 are within the surgery division. There are new specific actions regarding the complaints process within the Surgical Division in place which has already seen a reduction of breached complaints from 53 in July 24 to 42 in August 24.

The total number of falls in August 24 has increased (from to 93 in July 24 to 119 in August 24) and remains below the national benchmark with 4.7 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in August 24. The total number of HAPUs in August 24 decreased to 32 (1.3 HAPU per 1,000 bed days). There were zero HAPUs causing harm in August 24, and the overall staff PUP training compliance has increased again this month to 87.24%. There is a new monthly Divisional TV Improvement Group where any themes and trends will be identified and learning from these reviews will be taken to reduce the number of HAPU in coming months.

The friends and family response rates and recommended rates have failed to meet the recommended target (95%) across, outpatients, A&E and Maternity in August 24 however, there has been an increase for A&E and inpatients . Patient Experience Lead Nurse and Quality Matron continue to monitor and review the use of FFT throughout QAV visits and Ward Accreditation processes. The use of posters and text messaging continue to be utilised to meet the needs of population age group. All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count. Following the new informatics dashboard being in place in July 24, showing any common themes or trends, the new FFT card has been launched in August 2024 for both inpatient and outpatient areas to facilitate easier submission of this feedback.

# OUR QUALITY & SAFETY – IMPROVE DELIVERY IN RESPECT OF THE SEPSIS SIX BUNDLE

## We are driving this measure because

Sepsis with shock is a life-threatening condition affecting all ages. NCEPOD 2015 highlighted sepsis as being a leading cause of avoidable death that kills more people than breast, bowel and prostate cancer combined.

Performance

Actions

- In Aug-24, after exclusions were applied, there were 1,709 observations with a NEWS2>=5<sup>1</sup> of which 370 (21.65%) had a SEPSIS pathway document completed.
- Of the 193 diagnosed as Septic, 35 (18.13%) had the complete SEPSIS 6 bundle completed in 1 hour.
- Of the individual bundle elements, Oxygen had the highest compliance (44.56%), and Antibiotics had the lowest (34.20%)
- ED still use GAP to audit SEPSIS patients.

METRIC 1: % Suspected SEPSIS screening completed

| Ward          | 30/04/2024 | 31/05/2024 | 30/06/2024 | 31/07/2024 | 31/08/2024 |
|---------------|------------|------------|------------|------------|------------|
| ALEXANDRA A&E | 29.03%     | 43.33%     | 44.83%     | 39.39%     | 35.71%     |
| WORCESTER A&E | 0.00%      | 75.00%     | 50.00%     | 100.00%    | 100.00%    |
| Total         | 28.13%     | 47.06%     | 45.45%     | 41.18%     | 47.06%     |

METRIC 2: % SEPSIS six completed within 1 hour

| Ward              | 30/04/2024 | 31/05/2024 | 30/06/2024 | 31/07/2024 | 31/08/2024 |
|-------------------|------------|------------|------------|------------|------------|
| ALEXANDRA A&E     | 89.66%     | 82.61%     | 84.00%     | 92.86%     | 92.31%     |
| WORCESTER A&E     | n/a        | 66.67%     | 100.00%    | 0.00%      | 100.00%    |
| Total % completed | 89.66%     | 80.77%     | 84.62%     | 89.66%     | 93.33%     |

<sup>1</sup> Note a single patient can have multiple NEWS>=5  
<sup>2</sup> [NICE quality standards | Goals and outcome measures | Sepsis | CKS | NICE](#)

- The SEPSIS Data Update Meeting held on 03/09 identified the following;
  - The additional questions added to the Vital Signs Measurement document in May-24 are not being regularly answered because the document is being completed by Nurses/HCAs, but it requires a Doctors opinion as to whether the elevated NEWS2 score could be due to infection and requires a SEPSIS pathway document to be completed.
  - The NICE quality standards were revised in August 2024. <sup>2</sup>
- It was agreed to set up a T&F group to map the current state and future state of SEPSIS reporting, considering the identified issues.
- The meeting is scheduled for 24<sup>th</sup> September.

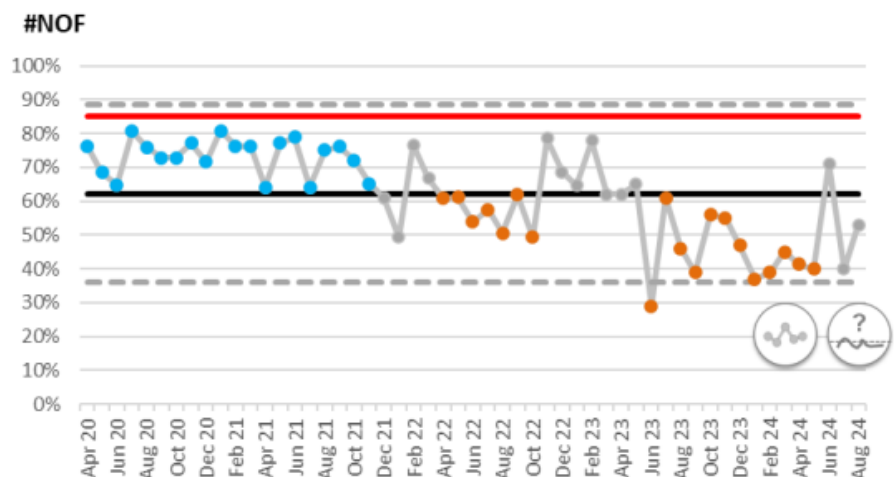
### Risks

Ambulance offload delays 3908  
Crowding in Emergency Departments 4843, 4963, 4964  
Insufficient staffing to deliver safe, timely care 3698, 4192

## What the charts tell us

## We are driving this measure because

Prompt surgery and appropriate involvement of geriatric medicine has benefits in terms of improved patient outcomes, increased number of independent individuals and reduced mortality, shorter length of stay and more cost-effective care.



- The Trusts Crude Mortality Rate for the period Jul-23 to Jun-24 was 13.44% for the diagnostic group #NOF (in-hospital 6.31% & Out of hospital 7.13%)<sup>1</sup>
- This is the 13th lowest (of 21 Midland Acute Trusts), with the figures ranging from 8.59% to 24.24%.<sup>1</sup>
- The ALOS for #NOF patients in the period Jul-23 to Jun-24 was 13.02 days.
- This is the second lowest ALOS amongst Midland Acute Trusts during this period.<sup>1</sup>

<sup>1</sup> Source: HED, accessed 13/09/2024

## Performance and Actions

- #NOF compliance increased in Aug-24 to 54% (BPT) and 53% (All), but the target (36 hours) has not been achieved since Mar-20.
- There were 68 (BPT) and 78 (All) #NOF Admissions in Aug-24.
- There were a total of 31 (BPT) and 37 (All) breaches in Aug-24.
- The primary reasons for BPT breaches in Apr-24 were recorded as theatre capacity (21 patients) and medically unfit (10 patients). The theatre capacity reason is misleading – although patients breach due to lack of theatre time at the end of lists, this is driven by bed capacity and lists not able to start on time as patients have not yet been allocated a bed.
- The average time to theatre was 41.9 hours (BPT) and 44.7 hours (All).
- There were six patients in August who waited between 107 and 294 hours for surgery. Five were medically complex who needed optimising and stabilisation prior to surgery. One required complex surgery and specialist kit.

## Actions

- A review of bed capacity vs theatre utilisation to better understand the impact bed capacity has on cancellations and over-running lists.
- Trial of self-management of bed capacity completed. Ongoing priority management of trauma patients by trauma team.
- Changes in analgesia prescriptions and anaesthetic prescriptions to allow early mobilisation
- Improved communication tool (MS Trauma white board) between surgeons, anaesthetists and theatre staff to aid theatre efficiency.
- Discussions underway, facilitated by ICB, with HACT to improve flow of patients to community hospitals

## Risks

Bed capacity, and its subsequent impact on theatre capacity, continues to be the biggest risks to the effective delivery of the #NOF pathway

## What the charts tell us

- #NOF Time to Theatre is currently showing common cause variation.
- In terms of assurance, it is still showing that whether the target will be met is due to random variation.

# OUR QUALITY & SAFETY – INFECTION PREVENT AND CONTROL

## We are driving this measure because

There is a need to embed our current infection prevention and control policies and practices to achieve a sustained reduction in HCAs in line with national targets. Scrutiny and learning ensure clinical teams take action to address issues identified as contributing to HCAI cases.

### Performance and Actions

- C.Diff was unchanged in Aug-24 (17) and is showing special variation of concern.
- E-Coli dropped in Aug-24 (6) compared to Jul-24 (10) but is still showing special variation of concern.
- Klebsiella dropped in Aug-24 (2) compared to Jul-24 (4) and is showing common cause variation.
- MSSA was unchanged in Aug-24 (5) and is showing common cause variation.
- Pseudomonas increased in Aug-24 (1) compared to Jul-24 (0) but is still showing common cause variation.
- MRSA was unchanged in Aug-24 (0) and is showing common cause variation.
- Hand Hygiene Compliance has exceeded the target for the (98%) for the past 2 years and is showing common cause variation.
- However, Hand Hygiene Audit participation (89.47% in Aug-24) is still not compliant with the target (100%) and is showing common cause variation.
- Ten of the High Impact Intervention (HII) audits were compliant in Aug-24, with five being 100% compliant .
- Prevent ventilator associated pneumonia has not shown any audits for the last 3 months.

### Actions

- HCAI trajectories for 2024/25 received from NHSE – CDI threshold increased for the Trust to 129 cases;
- Daily ward views and outbreak reports circulated to divisions/capacity team to inform clinical decision-making relating to HCAs and isolation requirements;
- Audit reviews are undertaken for all BSI/HCAI cases, results are fed back to clinical teams together with action plans. Progress is monitored routinely at monthly Scrutiny & Learning meetings;
- All HCAs are routinely discussed, and actions agreed at weekly IPC/microbiology meetings
- Antimicrobial stewardship audits and C. difficile ward rounds are undertaken as a key measure in supporting reduction of HCAs
- Rigorous scrutiny of environmental cleaning standards contributes to risk reduction of HCAs

### Risks

Capacity: Level 4 actions impact on IPC actions as planned meetings involving clinical staff have been cancelled. Aconbury 0 has been restricted to 21 beds, this will help with the IPC risk by reducing the number of patients in this footprint. High level of bedpan washer failures impacting ability to undertake high level disinfection of bedpans and other items.

## What the charts tell us

- C.Diff is showing special variation of concern for the last 7 months.
- E-Coli is showing special variation of concern for the last 17 months.

# Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (Latest data June-24, accessed 13/09/2024)

**C. Difficile** – Out of 23 Acute Trusts in the Midlands (range 0 to 41.2), our Trust sits the 22<sup>nd</sup> best and is **above** both the Midlands and England rates.

**E.Coli** – Out of the 23 Acute Trusts in the Midlands (range 6.5 to 34.8), our Trust sits the 18<sup>th</sup> best and is **below** the England rate, but **above** the Midlands rate.

**MSSA** – Out of 23 Acute Trusts in the Midlands (range 0 to 15.3), our Trust sits the 17<sup>th</sup> best and is **below** the England rate, but **above** the Midlands rate.

**MRSA** – Out of the 23 Acute Trusts in the Midlands (range 0 to 3.8), our Trust sits 16<sup>th</sup> best and is **below** the England rate, but **above** the Midlands rate.

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

| Area                           | Count | Per 100,000 bed days |
|--------------------------------|-------|----------------------|
| England                        | 7,678 | 21.3                 |
| Midlands NHS Region (Pre ICB)  | 1,503 | 22.1                 |
| Worcestershire Acute Hospitals | 92    | 33.1                 |

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

| Area                           | Count | Per 100,000 bed days |
|--------------------------------|-------|----------------------|
| England                        | 3,889 | 10.8                 |
| Midlands NHS Region (Pre ICB)  | 625   | 9.2                  |
| Worcestershire Acute Hospitals | 29    | 10.4                 |

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

| Area                           | Count | Per 100,000 bed days |
|--------------------------------|-------|----------------------|
| England                        | 8,190 | 22.8                 |
| Midlands NHS Region (Pre ICB)  | 1,404 | 20.7                 |
| Worcestershire Acute Hospitals | 62    | 22.3                 |

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

| Area                           | Count | Per 100,000 bed days |
|--------------------------------|-------|----------------------|
| England                        | 598   | 1.7                  |
| Midlands NHS Region (Pre ICB)  | 80    | 1.2                  |
| Worcestershire Acute Hospitals | 4     | 1.4                  |

# OUR QUALITY & SAFETY – ANTIMICROBIAL STEWARDSHIP

## We are driving this measure because

We need an approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness and using Start Smart The Focus principles to reduce the risk of antimicrobial resistance (AMR) while safeguarding the quality of care for patients with infection.

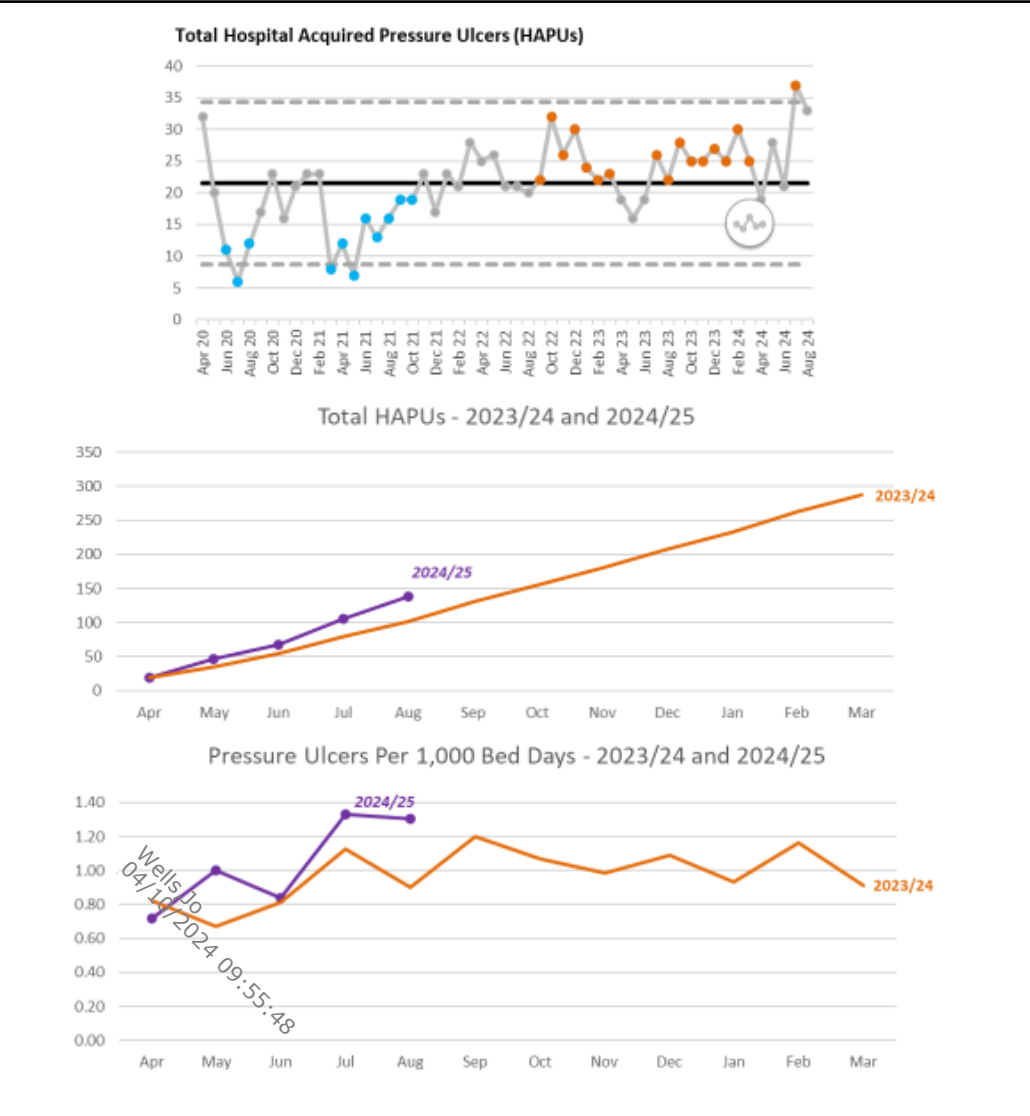
| Performance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Actions        |                |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <div><ul style="list-style-type: none"><li>A total of 239 audits were submitted in Aug-24, compared to 370 in Jul-24 (possibly partially due to Junior Doctor rotation).</li><li>Antimicrobial Stewardship overall compliance dropped in Aug-24 (87.37%) and failed to achieve the target.</li><li>Four of the elements are compliant with the target:<ul style="list-style-type: none"><li>“Antibiotics In Line with Guidance” (95.22%)</li><li>“Reviewed Within 72 hours” (92.88%)</li><li>“Test Results Been Reviewed” (98.38%)</li><li>“Documented on the Drug Chart” (97.13%)</li></ul></li><li>Four of the elements are non-compliant with the target:<ul style="list-style-type: none"><li>“Drug Allergy Status” (76.33%)</li><li>“Appropriate Tests Requested” (77.71%)</li><li>“Duration of IV” (82.85%)</li><li>“Duration of Antimicrobial” (75.4%)</li></ul></li></ul></div> <div><p>AMS Compliance</p><table border="1"><caption>AMS Compliance Data (Estimated)</caption><thead><tr><th>Month</th><th>Compliance (%)</th></tr></thead><tbody><tr><td>Aug 20</td><td>92</td></tr><tr><td>Oct 20</td><td>90</td></tr><tr><td>Dec 20</td><td>88</td></tr><tr><td>Feb 21</td><td>90</td></tr><tr><td>Apr 21</td><td>92</td></tr><tr><td>Jun 21</td><td>90</td></tr><tr><td>Aug 21</td><td>92</td></tr><tr><td>Oct 21</td><td>90</td></tr><tr><td>Dec 21</td><td>88</td></tr><tr><td>Feb 22</td><td>90</td></tr><tr><td>Apr 22</td><td>85</td></tr><tr><td>Jun 22</td><td>90</td></tr><tr><td>Aug 22</td><td>92</td></tr><tr><td>Oct 22</td><td>90</td></tr><tr><td>Dec 22</td><td>92</td></tr><tr><td>Feb 23</td><td>90</td></tr><tr><td>Apr 23</td><td>92</td></tr><tr><td>Jun 23</td><td>90</td></tr><tr><td>Aug 23</td><td>92</td></tr><tr><td>Oct 23</td><td>90</td></tr><tr><td>Dec 23</td><td>92</td></tr><tr><td>Feb 24</td><td>90</td></tr><tr><td>Apr 24</td><td>92</td></tr><tr><td>Jun 24</td><td>90</td></tr><tr><td>Aug 24</td><td>87.37</td></tr></tbody></table></div> | Month          | Compliance (%) | Aug 20 | 92 | Oct 20 | 90 | Dec 20 | 88 | Feb 21 | 90 | Apr 21 | 92 | Jun 21 | 90 | Aug 21 | 92 | Oct 21 | 90 | Dec 21 | 88 | Feb 22 | 90 | Apr 22 | 85 | Jun 22 | 90 | Aug 22 | 92 | Oct 22 | 90 | Dec 22 | 92 | Feb 23 | 90 | Apr 23 | 92 | Jun 23 | 90 | Aug 23 | 92 | Oct 23 | 90 | Dec 23 | 92 | Feb 24 | 90 | Apr 24 | 92 | Jun 24 | 90 | Aug 24 | 87.37 | <div><ul style="list-style-type: none"><li>Focus on monthly audits and identify actions to drive improvement in quality (KPIs). New cohort of junior doctors commenced in August 2024 which may have led to a decrease in audits completed.</li><li>Trust audits and antimicrobial guidelines highlighted in Junior doctors teaching session which was carried out by the Antimicrobial Pharmacist.</li><li>Continuing to monitor the compliance with antimicrobial guidelines and consumption to achieve reduction targets specified in standard contract for Watch and Reserve categories- continue towards 10% reduction.</li><li>C diff strategic action plan has been devised to help inform divisional action plans to reduce cases where antibiotics may be implicated. Commenced antimicrobial ward rounds- C diff patients actively being reviewed during these ward rounds.</li><li>Promoting IV to oral switches of antibiotics (target for 24/25 is Achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria. Achieved 12.03% in Q1. Minimum &lt; 25% and maximum 15% (lower % indicates better performance).</li><li>Antimicrobial Stewardship meetings took place as planned - Continuing to encourage wider stakeholder engagement.</li><li>Engaging with the ePMA team to ensure the system can support antimicrobial stewardship including documentation of allergies, length of course and compliance with guidance. Reviewing the antimicrobials which require closer monitoring.</li><li>Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines.</li><li>Migration of antimicrobial guidelines from the Microguide platform to Eolas was successful. All Trust guidelines were reviewed and updated as part of the migration.</li></ul></div> <div><h3>Risks</h3><ul style="list-style-type: none"><li>Operational pressures and medical industrial action prevent necessary attention to AMS</li></ul></div> |
| Month                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Compliance (%) |                |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |    |        |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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## What the charts tell us

# OUR QUALITY & SAFETY – PRESSURE ULCERS

## We are driving this measure because

In support of WAHT Quality and Patient safety plan priorities to improve on our progress achieved in reducing the number of causative hospital acquired pressure ulcers (HAPU).



## Performance and Actions

### Total HAPU's

- The number of HAPUs dropped in Aug-24 to 32 (37 in Jul), bringing the current total for 2024/25 to 137.
- The total is above the same time last year (102). **\*Note an increase of beds on both sites compared to 2023/24 \***
- Total HAPUs per 1,000 bed days dropped in Aug-24 to 1.30 (1.33 in Jul)
- Total HAPUs as a % of Emergency Admissions dropped to 1.00% in Aug-24 (from 1.08% in Jul)

### HAPU's causing Harm

- There were zero HAPUs causing harm in Aug-24 .
- This leaves the total HAPUs causing harm unchanged for 2024/25 at 1.
- There were zero HAPUs causing harm in Aug-24.
- There were 3 New HAPU SBAR investigations :
- **WEB224553:CAT 3 Heel : MODERATE HARM New learning**
- **WEB223567: CAT 3 Heel : MINOR HARM New Learning**
- **WEB225102: Cat 3 sacrum : MINOR HARM (8-hr long lie : following rhabdomyolysis )**

### Actions

- Thematic review completed by TV Lead for all HAPUs ( Cat 3 &CAT 4 ) from Jan 24 –May 24 , Shared with DCNO & PST.
- Continue to support divisions with Educational Training programmes training for all health professional : PUP , Care certificate, Clinical advisors delivering training to ward areas.
- Essential to role PUP training to improve divisional training continues : August 24 = overall **87.24%** (3295 out of 3777 staff)
- Tissue Viability Team implemented Divisional Pressure Ulcer Categorisation workshops

### Wounds are Cared For

- Quarterly Wound assessment Study Days delivered by TV Team including NPWT training

## Risks

- 5306 (Risk score 10) TV SSKIN bundles not being completed adequately / accurately: raised with EPR team, unable to support with mandatory fields until phase 3.
- 5611(score12) reduced N&H service ,untimely referrals , which would lead to delayed wound healing .
- 5003:(Risk score 6) Due to increased patient acuity and vacancies in team timely reviews will be impacted.
- 5173 (Risk score 10)TV documentation on sunrise EPR , increased risk of staff inability to document safe care

## What the charts tell us

19/40 Hospital Acquired Pressure Ulcers is showing common cause variation.

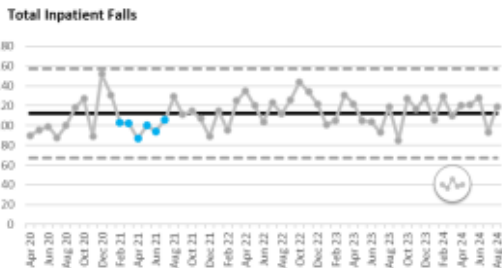
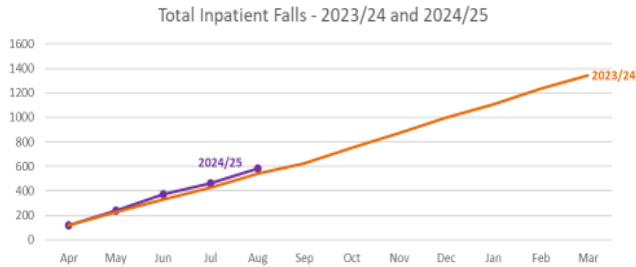
# OUR QUALITY & SAFETY – FALLS

## We are driving this measure because

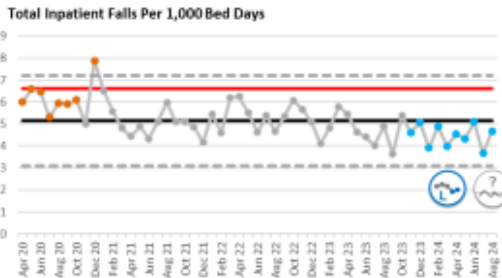
Falls and falls related injuries are a major cause of disability and the leading cause of mortality due to injury in older people in the UK. Falls are associated with increased length of stay, additional surgery and unplanned treatment.

### Total Inpatient Falls

- The total monthly number of falls increased in Aug-24 to 119 (c.f. 92 in Jul-24)
- The year to date total falls is 462.



- Trustwide we remained below the national benchmark in July with 4.7 Falls per 1,000 bed days (national benchmark 6.63).



### Inpatient falls resulting in moderate or severe harm

- There were 5 falls with moderate injury and 0 falls with severe injury in Aug-24.

## Performance and Actions

### Actions

#### Total Inpatient Falls

- The total monthly number of falls increased in August to 119 compared to July (92), however June figures were similar to this month (128).
- All divisions remained below the National Benchmark for.
- SCSD reduced falls per 1000 days since the previous month (7.15 – 6.40).

### Actions

- Continue to monitor all falls, including falls with harm weekly, identifying hotspot areas where quality improvement projects (QIP) may be required.
- Weekly check and challenge meetings with Senior Nurse Division Representatives, Falls Lead and DCNO for all moderate and severe harm falls and +3 falls in one week.

## Risks

5470: Delayed Access to Flat Lifting Equipment (Hoverjack) Impacting Patient Outcomes

There is an increased risk of complications such as secondary injuries or prolonged pain and discomfort if access to flat lifting equipment is delayed. This delay may impact overall patient outcomes, hindering the hospital's ability to deliver timely and effective care to individuals with suspected fractures. Mitigation plans are in place while delivery of equipment is pending.

## What the charts tell us

The total number of Inpatient falls is above the same time last year but is still showing common cause variation.

20/46 Falls per 1,000 bed days is showing special cause variation of improvement.

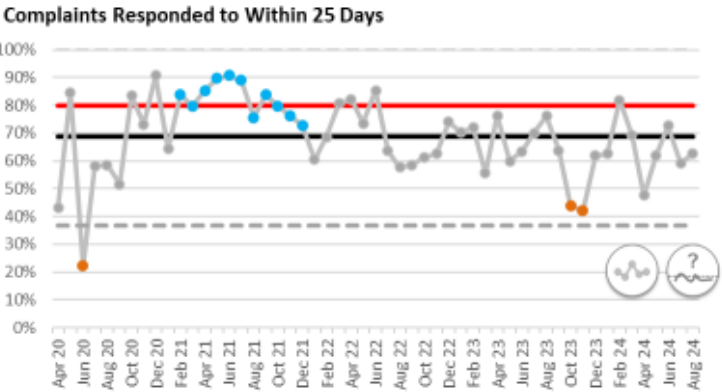
# OUR QUALITY & SAFETY – COMPLAINTS

## We are driving this measure because

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

### Performance

- In total there were 70 new formal complaints received within Aug-24 with 22 (41.51%<sup>1</sup>) called within 5 days to discuss the complaint.
- The Trust had 134 complaints still open at the end of Aug, of which 25 have been reopened.
- Of these 134 complaints, 51 have breached 25 days (12 of which have been reopened)
- The Surgery Division accounts for 75 (56.0%) of all open complaints and 42 (82.3%) of those that have already breached 25 days (9 of which have been reopened). Of the reopened complaints in Surgery, 3 have now breached 6 months.
- Compliance with complaints closed within 25 days increased to 62.5% in Aug-24 but did not meet the target.



Wells-Jo  
04/10/2024 09:55:48

<sup>1</sup> The Denominator used when calculating the "% New Formal Complaints Telephoned in 5 Days" excludes those New Complaints received in the last 5 working days of the month

### Actions

- Performance increased marginally this month, and breaches have increased again; without improvement breaches are projected to accrue into a backlog of circa 100 cases by end Q3; this year's current trajectory matches the steady increase in breaches over 2023.
- It will not be possible to achieve the KPI until Surgery breaches are reduced to a manageable level (circa 10 or fewer) continuously.
- The Surgical Division has recruited a temporary member of staff for 6 months to oversee and track open complaints, as well as introducing new internal email templates setting out expectations and timescales based on previous successful usage in SCSD. At the time of reporting, Surgical Breaches have reduced but still remain high.
- Complaints Manager is reporting monthly on activity, as well as breaches and any potential upcoming issues to Head of Patient Safety and Complaints and Associate Director of Patient Safety & Risk, so that any concerns can be escalated.
- Compliance reporting is also circulated monthly to each Division, demonstrating where each needs to improve in relation to timeliness of responses, phone calls to complainants and completion of complaints actions and learning.
- Upcoming breach cases are highlighted in the narrative email sent with the Complaints Sitrep to more directly alert to investigators and senior staff.

### Risks

Reputational Damage, further resource depletion due to ongoing correspondence with extended open cases, distress to patients and relatives

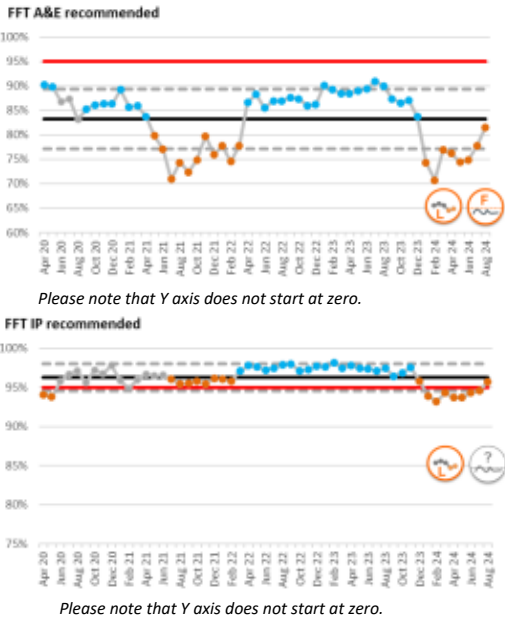
## What the charts tell us

The metric still shows common cause variation and performance continues to fluctuate. The SPC chart indicates that more robust processes and / or increased focus / capacity would enable us to meet the target consistently as the target is within the control limits.

# OUR QUALITY & SAFETY – FRIENDS AND FAMILY TEST

## We are driving this measure because

Our patients and their carers will be provided with a variety of methods for providing feedback on their experiences of our services, to ensure learning and improvements can be prioritised.



## Performance

- Overall, FFT recommended rates in Aug-24 have increased for A&E (81.5% - up 3.8%), Inpatients (95.7% - up 1.1%) and Outpatients (94.1% - up 0.8%), whilst decreasing for Maternity (82.4% - down 5.6%)
- Inpatients was compliant with the recommended target for the first time since Dec-23.
- Outpatients has failed to reach the recommended target for the last 8 months, having previously been compliant every month since Aug-22.
- A&E is above 80% for the first time since Dec-23.
- Maternity achieved the recommended target for 3 of the last 7 months.

## Actions

- Improving picture for A&E Inpatients and Outpatients this month.
- Recommended target reached for the first time since December 23 with A&E above 80% since December 23.
- Generic FFT card in place across sites with internal communication promoting its use
- Trust feedback posters in place with visible cards and boxes in most areas these are checked during ongoing ward accreditation and QAV
- FFT dashboard accessible for staff to review themes and trends
- Communication with governance managers, Matrons and at divisional meetings to raise the profile of FFT and the importance of welcoming feedback
- Patient experience nurse linking in with the patient experience midwife regularly to discuss progress, promotion and developments
- Virtual wards considering how to obtain feedback from patients as it wont sit within FFT Lead Nurse will liaise with Informatics
- Maternity
- A continued focus from the Patient Experience Midwife to increase the response rate for maternity in order to get an accurate reflection of feedback in the maternity service.
- July was the highest response rate so far in Maternity- 14.29%- the highest rate in 2 years.
- FFT QR codes are on the child health red books- signposted at discharge.
- PE Midwife is working with the volunteering service to introduce a patient experience volunteer, to support the staff on the wards to improve inpatient patient experience and assist with gathering feedback for FFT.
- PE Midwife is working with IT to ensure all areas of maternity are represented within the FFT.
- All feedback through the FFT is now discussed at a bi-monthly patient experience meeting with senior managers within maternity and the Maternity and Neonatal Voices Partnership (MNVP). This is combined with other feedback channels- the themes and trends are discussed and used to drive service change focussed on the areas that need improving.
- Several QI projects have started through the patient experience meeting and progress is being monitored through this forum and feedback through FFT and recommended rate.

## Risks

Sustaining the momentum for feedback across all areas in line with the inpatient survey  
Ensuring staff are actively asking for feedback within their divisions

## What the charts tell us

IP, Outpatient and A&E response rates are showing special cause variation of improvement.

Maternity response rate is showing common cause variation.



**Ali Koeltgen**  
Chief People Officer

The funded establishment has increased by 3.63 wte this month (2.46 in Specialty Medicine, 1 wte in SCSD and 0.17 wte in Urgent Care). Our vacancy rate has reduced in August from 9.19% (672.60 wte vacancies) to 8.17% (597.69 vacancies). Although above the Trust target of 7.5%, still compares favourably to a vacancy rate of 10.61% in August last year. We are now 51.35 wte ahead of plan and require a further 83.10 wte by the end of March 2025.

Agency spend remains our biggest challenge despite increased substantive staff in post. There has been a reduction of 15 wte agency worked and an increase of 21 wte bank worked. Our total hours worked is 7407 wte which is 471 wte higher than last year partly due to staffing for additional capacity and reduced sickness. We have used 87 wte worked above our funded establishment primarily due to unfunded capacity. This is worse than last month when we were 28 wte over establishment.

We have 163 wte worked over establishment in Specialty Medicine which is linked to additional winter wards. We are 55 wte worked over establishment in Urgent care for reasons including escalation areas and specialing, and 46 wte worked over establishment in Surgery. Cover for sickness will have had some impact.

Agency spend has reduced by 0.67% to 7.93% of gross cost, against our target of 6%. Urgent Care remains an outlier with Agency spend being 19.29% of gross cost. Surgery and Specialty Medicine have increased their agency spend % this month. Divisions continue to work hard to reduce Agency spend but this has been impacted by Level 4 escalation in Urgent Care. Our agency spend as a % of gross cost is 0.50% lower than the same period last year despite the landscape of having unfunded capacity.

Our annual staff turnover has continued to meet our target of 11.5% and has reduced again by 0.13% to 10.27% this month which benchmarks well against other Trusts.

Monthly sickness absence reduced by 0.50% in month to 5.02% which is 0.05% worse than last year. All divisions with the exception of Estates and Facilities had reduced sickness rates this month. Absence due to Stress continues to be a concern, particularly in Women and Childrens' with an increase to 44.62% of all absence being cited as stress/anxiety.

Consultant Job Planning has remained at 69%. All divisions are of concern with the highest compliance rate being 76% in Surgery. Urgent Care remain at a concerning 33%.

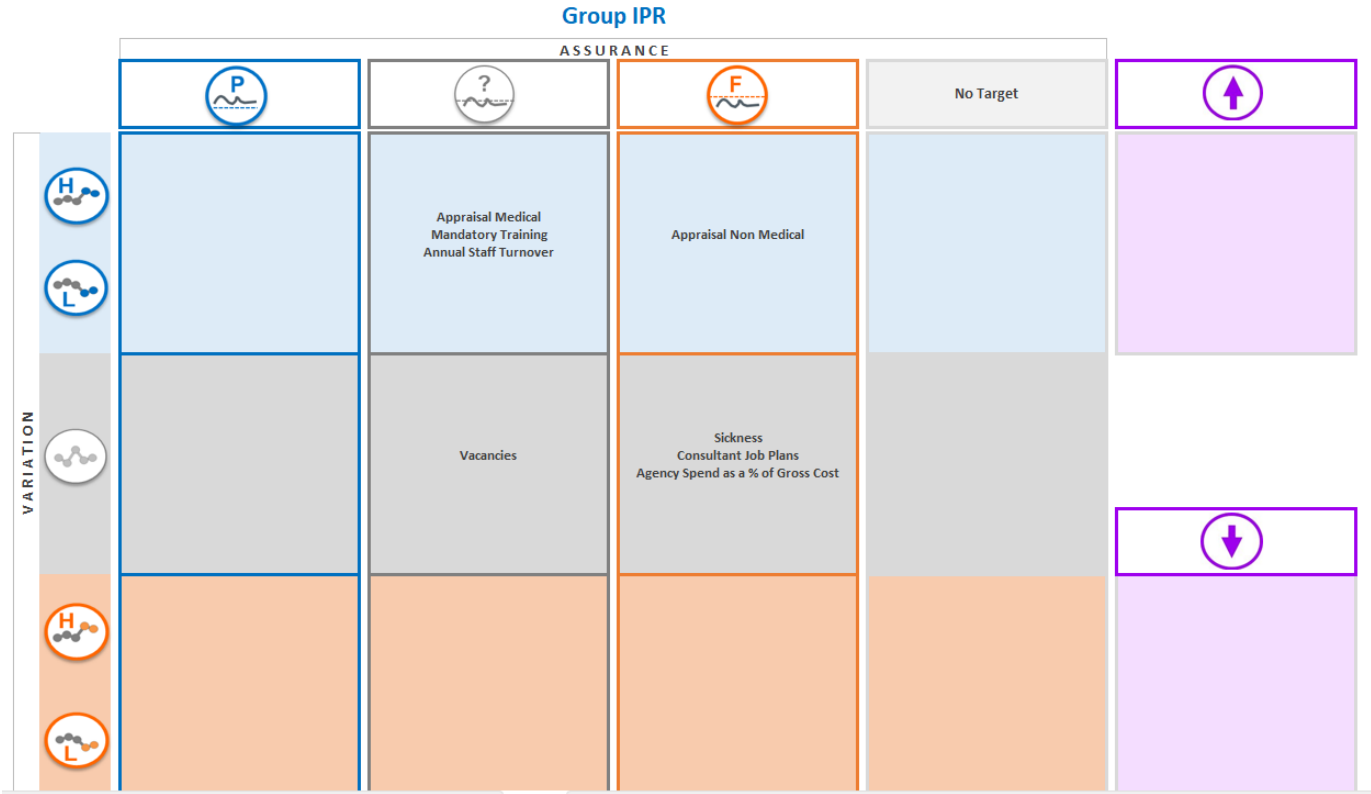
Mandatory training compliance has remained unchanged at 91% which exceeds Trust target against a Model Hospital Benchmark of 89.6%. Non-medical appraisal is below target at 80% (worsening position).

Wells-Jo  
04/10/2024 09:55:48

We have added a Matrix and Summary View in line with NHS Digital Good Practice.

This shows an improving position for Mandatory Training, Medical Appraisal and Staff Turnover.

Sickness, Consultant Job Plans and Agency Spend show uncontrolled variation that consistently fails to meet target and therefore are the areas to focus on.



Group IPR

| KPI                               | Latest month | Measure | Target | Variation | Assurance | Mean   | Lower process limit | Upper process limit |
|-----------------------------------|--------------|---------|--------|-----------|-----------|--------|---------------------|---------------------|
| Appraisal Non Medical             | Aug 24       | 80%     | 90%    |           |           | 79%    | 76%                 | 82%                 |
| Appraisal Medical                 | Aug 24       | 94%     | 90%    |           |           | 89%    | 82%                 | 96%                 |
| Mandatory Training                | Aug 24       | 91%     | 90%    |           |           | 89%    | 88%                 | 91%                 |
| Vacancies                         | Aug 24       | 8.17%   | 7.50%  |           |           | 9.10%  | 7.06%               | 11.15%              |
| Sickness                          | Aug 24       | 5.02%   | 4.00%  |           |           | 5.36%  | 4.43%               | 6.30%               |
| Annual Staff Turnover             | Aug 24       | 10.27%  | 11.50% |           |           | 11.34% | 10.67%              | 12.01%              |
| Consultant Job Plans              | Aug 24       | 69%     | 90%    |           |           | 69%    | 59%                 | 79%                 |
| Agency Spend as a % of Gross Cost | Aug 24       | 7.93%   | 6.00%  |           |           | 8.47%  | 6.14%               | 10.80%              |

Wells-Jo  
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# OUR WORKFORCE – REDUCTION OF AGENCY SPEND

## We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and reduced cost to the Trust.

| Aug 23 | Sept 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | June 24 | July 24 | Aug 24 |
|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|
| 10.21% | 9.75%   | 9.39%  | 9.69%  | 8.53%  | 9.63%  | 8.44%  | 8.81%  | 8.61%  | 8.99%  | 7.89%   | 8.60%   | 7.93%  |

### Assurance



The system is expected to consistently Fail the target

### Variation



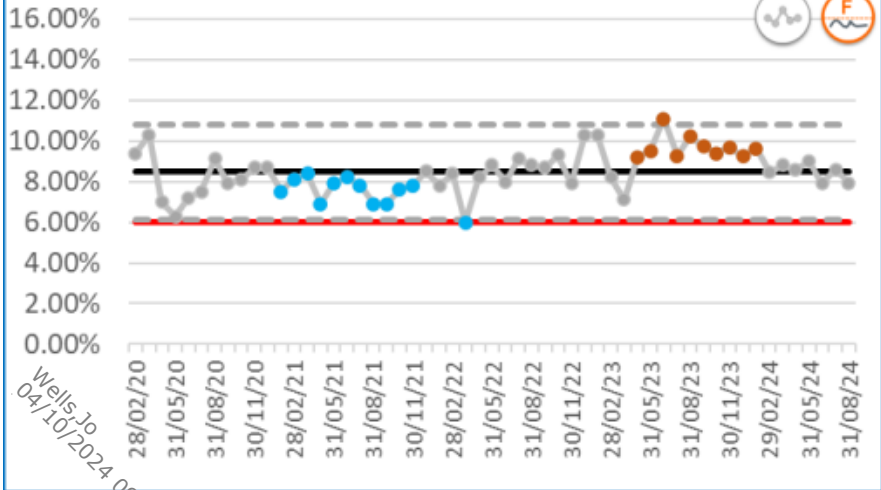
Common cause – no significant change

### Data Quality Mark



Reasonable Assurance

### Agency Spend as a % of Gross Cost

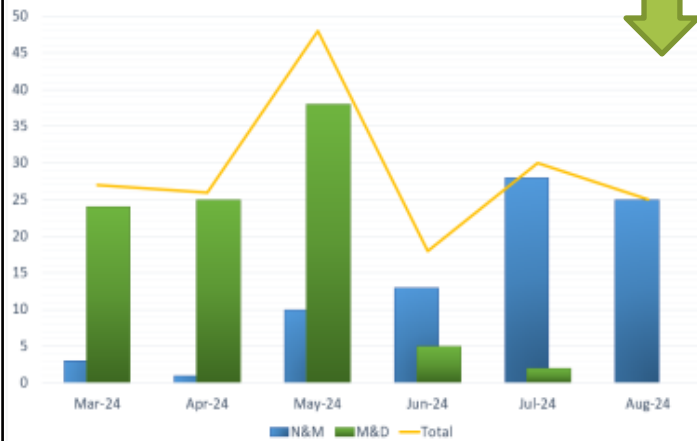


### Ongoing Cost Reduction Projects:

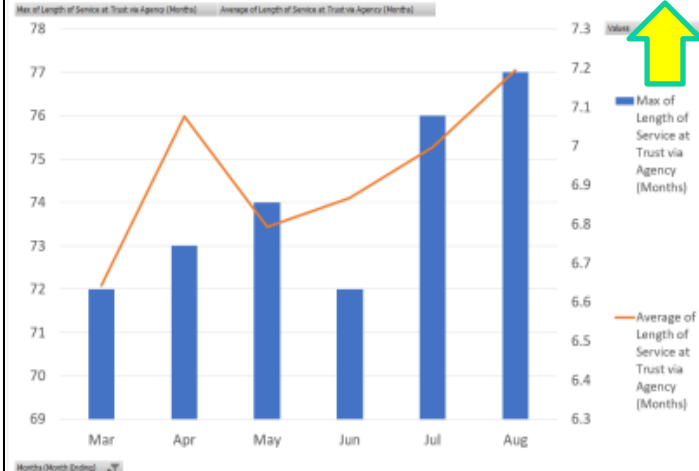
- Insourcing/non-DE reduction programme – Endoscopy
- Non-DE reduction programme – A&E
- Agency reduction programme – Radiology
- Agency reduction programme – Pharmacy

**NHSP Actions:** • 70 Ward walks carried out and weekly AGH and monthly KTC drop ins completed. Ward walks changed for new financial year with focus on visiting 40 highest users of NHSP. • 680 inbound calls handled and 519 email queries answered. • NWAG approval to switch off Agency HCA's from 1st September 2024. • AHP agency reduction meetings held with Radiology and Pharmacy. Positive first meetings with action plans and next meetings agreed. • Meetings booked in with agencies for paediatric cascade review. • Successful campaign to utilise existing bank workers to work long term placement in Mortuary. Resulted in fill and enough interested candidates to potentially replace existing agency worker. • Recoded specialist nurses as NP00 to remove NTL usage in these areas.

### Off Framework Usage - by shift count

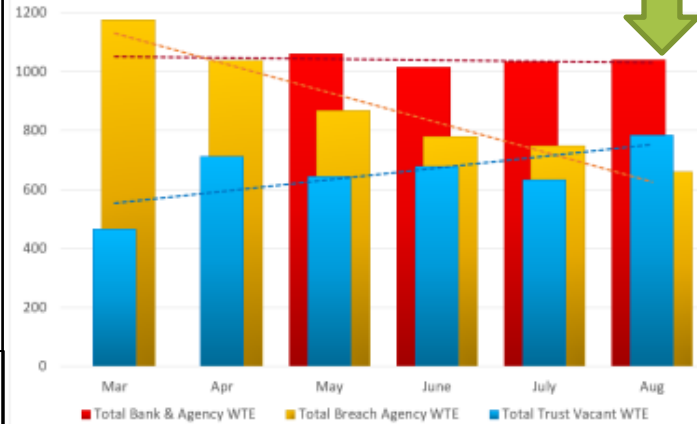


Off framework usage decreased overall in Aug, with M&D using zero off framework, and N&M reducing again.



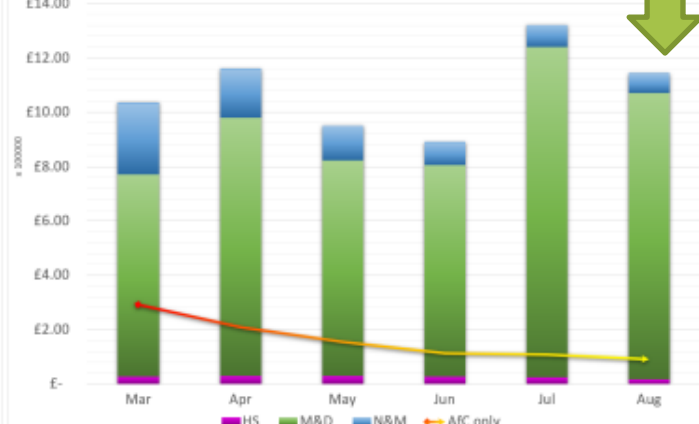
The maximum length of service has increased again in Aug, showing a steady rise since. This will need continued monitoring and further action should it continue to rise.

### Bank & Agency usage vs Breach Agency usage vs Trust vacancies



Breach agency usage at the Trust has continued to decrease steadily. However, and bank & agency usage has remained steady. With the increase in Trust Vacant WTE, this is a positive net reduction in overuse of bank and agency at the Trust.

### Total Cost of High Cost Bank & Agency



Usage of high-cost workers has decreased in Aug, Specifically within Medical & Dental. This should continue to reduce as the new doctors in training continue to embed across the Trust.

OUR WORKFORCE - VACANCY

We are driving this measure because

To improve staffing levels, allowing the reduction of temporary staffing and maintaining a high quality of care for our patients and improved morale for our staff.

| Aug 23 | Sept 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | June 24 | July 24 | Aug 24 |
|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|
| 10.6%  | 9.5%    | 9.3%   | 8.25%  | 8.33%  | 7.6%   | 7.13%  | 7.03%  | 9.77%  | 9.32%  | 9.28%   | 9.19%   | 8.17%  |

Assurance



Hit and miss target - Subject to random variation

Variation

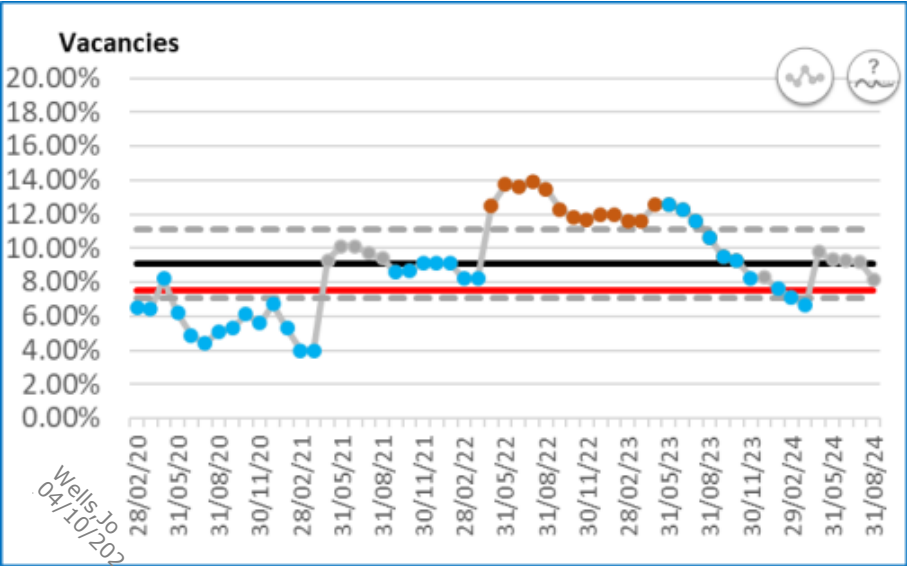


Common cause – no significant change

Data Quality Mark



Reasonable Assurance



Performance and Actions

- Trust-wide Vacancies** Despite the increase in establishment at M1 at budget setting we have continued to make inroads into this with a further reduction from 9.19% in July to 8.17% in August (597.69 vacancies). This compares favourably with August last year when we had 737.85 wte vacancies (10.61%). We have 140.16 wte less vacancies than last year due to successful recruitment campaigns and reduced turnover.
- Starters and Leavers** - We have 83 more starters than leavers this month with 270 new starters processed in month (headcount) compared to 247 in August last year. We always have higher starters and leavers in August due to junior doctor rotation.
- Healthcare Support Workers** – Our vacancy rate has improved 10.44% to 10.04% (107.34 vacancies) The high numbers of vacancies are primarily due to growth in establishment at budget setting as well as turnover We have been actively recruiting HCSWs throughout the year but this is not gaining traction.
- Nursing & Midwifery** - We currently have 133.92 Nursing vacancies compared to 148.68 wte last month. We also have 19.79 wte Midwifery vacancies.
- Allied Health Professionals** – We have 51.29 wte vacancies compared to 54 wte last month. Recruitment to this staff group is not keeping pace with leavers. We have struggled to gain traction with our AHP recruitment with only 1.10 increase in SIP this month.
- Medical & Dental**. We have 63.17 wte consultant vacancies which is slightly better than last month We also have 22.85 wte Trainee Grade vacancies which has halved since last month due to junior doctor rotation. We are also over established by 2.89 wte in career grades to fill gaps. Medical Resourcing are working with clinical directors on targeted recruitment campaigns.

Risks

Healthcare support worker retention, hard to recruit medical vacancies and an increasing establishment.

What the chart tells us

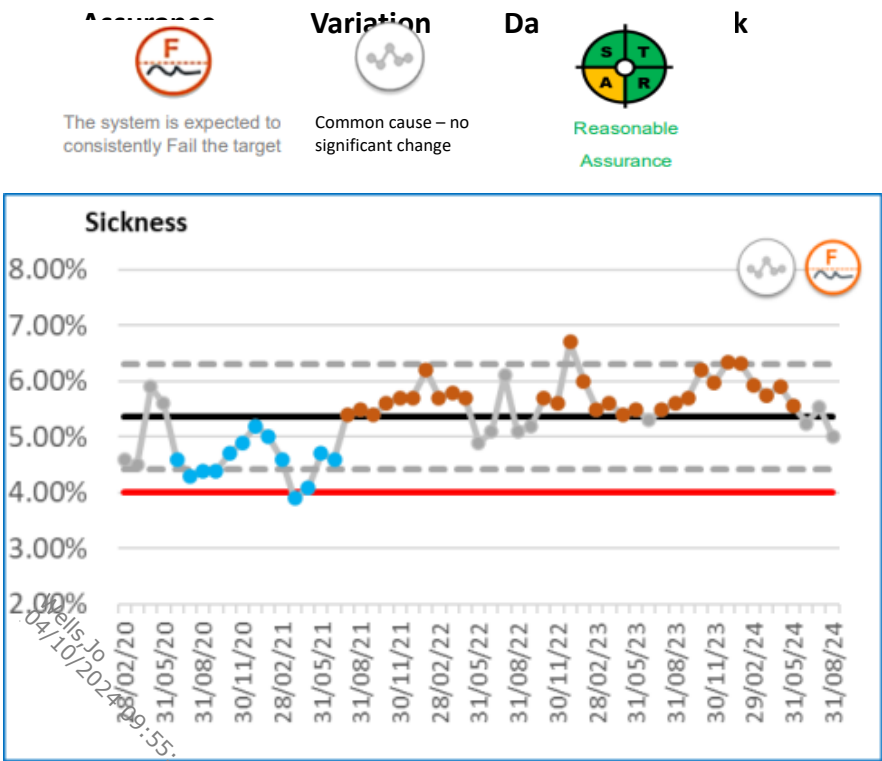
We are on an improving trajectory against a target of 7.5% other than in April each year at budget setting where business cases were transacted into the establishment. We benchmark well against Model Hospital for our vacancy rate with Registered Nursing at Quartile 1 and HCAs at Quartile 2. Medics and AHPs are Quartile 3 (December 2023 rates).

# OUR WORKFORCE - SICKNESS

## We are driving this measure because

Due to increased scrutiny and higher sickness levels following the pandemic the Trust aims to reduce sickness levels to provide high quality care, and reduction of agency spend, as well as improving morale of staff.

| Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | June 24 | July 24 | Aug 24 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|
| 5.6%   | 5.67%  | 6.21%  | 5.98%  | 6.34%  | 6.32%  | 5.93%  | 5.75%  | 5.91%  | 5.59%  | 5.25%   | 5.53%   | 5.02%  |



## Performance and Actions

- Monthly sickness absence reduced by 0.50% in month to 5.02% which is 0.54% better than last August.
- With the exception of Estates and Facilities, all divisions have had a reduction in sickness absence this month
- Absence due to stress remains higher than pre-pandemic levels. Women and Children’s have 44.62% of sickness attributed to S10 (Stress and Anxiety) which has worsened by over 4%.
- Long term sickness has reduced this month to 2.84%. Estates and Ancillary are extremely high at 5.58% which is a worsening position.
- Short term absence has reduced by 0.38% to 2.18%. Highest rates are 2.72% in Urgent Care and 2.55% in SCSD.
- Our sickness % is improving in terms of benchmarking against the national position. We are still outliers in most staff groups. However, Admin and Clerical, Healthcare Scientists and Medics are all performing well against peers.

### Sickness Absence

|                                  | 2024 / 08 |        |         |          |
|----------------------------------|-----------|--------|---------|----------|
|                                  | Trust     | Region | Country | National |
| Add Prof Scientific and Technic  | 4.17%     | 3.89%  | 3.37%   | 3.36%    |
| Additional Clinical Services     | 8.16%     | 6.85%  | 6.51%   | 6.61%    |
| Administrative and Clerical      | 3.49%     | 4.19%  | 3.99%   | 4.01%    |
| Allied Health Professionals      | 3.84%     | 3.89%  | 3.69%   | 3.74%    |
| Estates and Ancillary            | 9.53%     | 7.27%  | 6.81%   | 7.04%    |
| Healthcare Scientists            | 2.03%     | 3.17%  | 3.05%   | 3.05%    |
| Medical and Dental               | 1.45%     | 1.72%  | 1.56%   | 1.57%    |
| Nursing and Midwifery Registered | 5.24%     | 5.08%  | 4.77%   | 4.86%    |
| Students                         | 0.00%     | 2.54%  | 2.58%   | 2.57%    |

## Risks

Redeployment to cover additional winter beds, sustained Level 4 escalation, industrial action, and increased temporary staffing are expected to have an adverse impact on sickness levels and agency fill.

## What the chart tells us

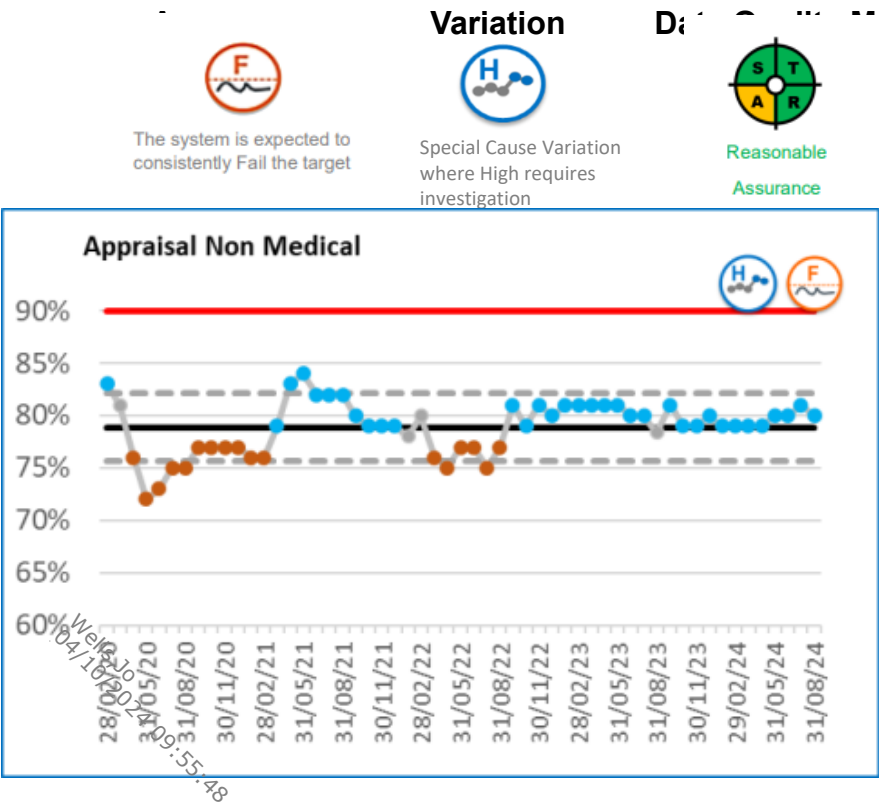
The elevated period between May 2021 and December 2022 reflects covid impact in addition to other winter pressures such as Flu. Since the peak in sickness absence in Dec 2022 (6.7%), the trajectory has improved but appears to be plateauing at about 5.5%.

# OUR WORKFORCE – APPRAISAL AND JOB PLANS

We are driving this measure because:

To ensure our staff feel heard and valued which will maintain high standards and improve retention.

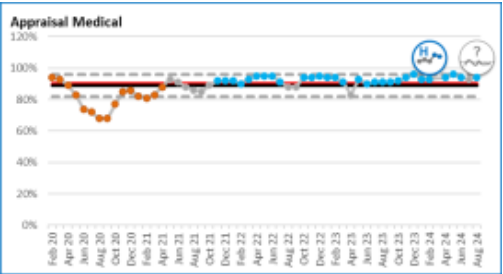
| Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun e 24 | July 24 | Aug 24 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|---------|--------|
| 78%    | 78%    | 79%    | 79%    | 80%    | 79%    | 79%    | 79%    | 79%    | 80%    | 80%      | 81%     | 80%    |



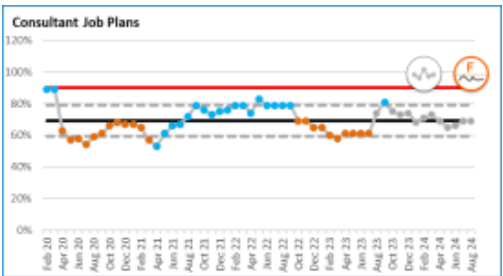
## Performance and Actions

**Appraisal Rate** has dropped by 1% to 80% against a target of 90%. Compliance is 2% higher than last year. Appraisal % usually drops in August due to school holidays. Estates and Ancillary are the only group who meet the target. Admin and Clerical and Prof and Tech are outliers with 70% and 71% with the latter having a 6% drop. Corporate are outliers with 58% (deteriorating). This is against a Model Hospital average of 80.9% (revised 2022/23 rates). We are at Quartile 3 on model hospital.

**Medical Appraisal** has been fairly consistently above target of 90% since December 2021 and has improved to 94% this month primarily due to Urgent Care at 85%. All other divisions comfortably meet the target.



**Consultant Job Planning** has remained at 69%. Specialty Medicine have deteriorated by 1%. All other divisions are unchanged. Urgent Care are a significant outlier at 33% which requires attention. All divisions are of concern with the highest compliance rate being 76% in Surgery.



## Risks

Admin and Clerical staff (particularly those in Corporate Teams) have low levels of appraisal compliance.

## What the chart tells us

The rolling 12-month appraisal position remains fairly consistent but is significantly below target of 90%. Medical Appraisal meets target in all Divisions. Job Plans are well below target.

# OUR WORKFORCE - TURNOVER

## We are driving this measure because

To improve retention, maintain staffing levels, improve morale, and enable the reduction of temporary staffing to maintain a high quality of care.

| Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | June 24 | July 24 | Aug 24 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|--------|
| 11.9%  | 11.6%  | 11.3%  | 11.12% | 11.07% | 11.03% | 11.12% | 11.29% | 11.04% | 10.86% | 10.49%  | 10.41%  | 10.27% |

### Assurance



Hit and miss target - Subject to random variation

### Variation

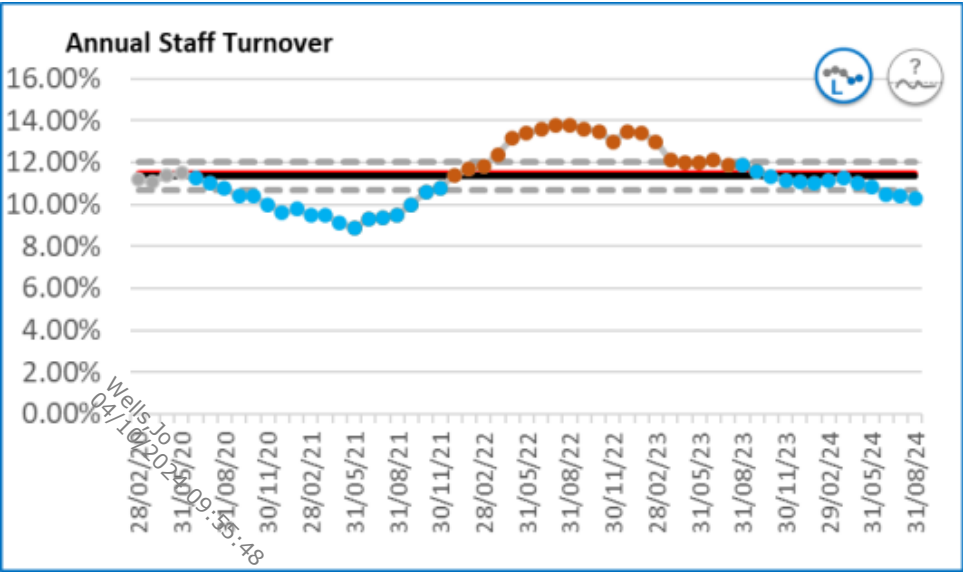


Special Cause of improving nature or lower pressures due to lower values.

### Data Quality Mark



Reasonable Assurance



## Performance and Actions

- We continue to meet our 11.5% target for annual turnover at 10.27% which is 1.64% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has increased by 0.34% in month and stands at 1.03%, which is primarily due to junior doctor Rotation.
- We have 83 more starters than leavers.
- Urgent Care are outliers for monthly and annual turnover
- The current stability rate is 91.38% which is very good.

The National Benchmark Reports from ESR show a slightly worse position this month. We are better than average for Admin and Clerical, Estates and Ancillary and Healthcare Scientists.

Top reasons for leaving are shown in this table with Expiry of Fixed Term Contracts (rotation), Work Life Balance, Flexible Retirement and Age Retirement of concern.

## Risks

Estates and Facilities have moved into Quartile 4 for Turnover on Model Hospital which is very poor. Medical and Dental, AHPs and Healthcare Scientists are Quartile 3 (May 24 rates) Retention of these groups is important in terms of reducing bank and agency spend and improving morale of teams.

### Monthly Turnover

|                                  | 2024 / 08 |        |         |          |
|----------------------------------|-----------|--------|---------|----------|
|                                  | Trust     | Region | Country | National |
| Add Prof Scientific and Technic  | 1.07%     | 0.68%  | 0.92%   | 0.91%    |
| Additional Clinical Services     | 1.53%     | 0.87%  | 1.17%   | 1.15%    |
| Administrative and Clerical      | 0.82%     | 1.07%  | 1.10%   | 1.10%    |
| Allied Health Professionals      | 1.11%     | 0.70%  | 0.86%   | 0.85%    |
| Estates and Ancillary            | 0.75%     | 1.42%  | 0.96%   | 0.96%    |
| Healthcare Scientists            | 0.56%     | 0.85%  | 0.72%   | 0.74%    |
| Medical and Dental               | 14.23%    | 10.89% | 10.67%  | 10.58%   |
| Nursing and Midwifery Registered | 1.09%     | 0.57%  | 0.66%   | 0.66%    |
| Students                         | 0.00%     | 1.01%  | 0.78%   | 0.77%    |

### Reason for Leaving

|                                                | 2024/08 |        |         |          |
|------------------------------------------------|---------|--------|---------|----------|
|                                                | Trust   | Region | Country | National |
| End of Fixed Term Contract - External Rotation | 54.77%  | 18.11% | 12.59%  | 12.02%   |
| Voluntary Resignation - Work Life Balance      | 7.04%   | 4.34%  | 4.42%   | 4.37%    |
| Voluntary Resignation - Promotion              | 5.53%   | 3.39%  | 3.60%   | 3.61%    |
| Flexi Retirement                               | 5.03%   | 1.23%  | 1.09%   | 1.09%    |
| Voluntary Resignation - Relocation             | 5.03%   | 5.18%  | 6.19%   | 6.13%    |
| Voluntary Resignation - Other/Not Known        | 4.52%   | 10.43% | 10.10%  | 10.46%   |
| Retirement Age                                 | 3.52%   | 4.79%  | 3.43%   | 3.70%    |

## What the chart tells us

Annual Staff Turnover continues on an improving downward trajectory with the 11.5% target comfortably met. We are Quartile 1 (best) on Model hospital (May 2024 data).

# OUR WORKFORCE – STATUTORY AND MANDATORY TRAINING

## We are driving this measure because:

To ensure that all our staff maintain Mandatory and Essential to Role training which will ensure their safety and maintain high quality of care to our patients

| Aug 23 | Sep 23 | Oct 23 | Nov 23 | Dec 23 | Jan 24 | Feb 24 | Mar 24 | Apr 24 | May 24 | Jun 24 | Jul 24 | Aug 24 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 89%    | 88%    | 88%    | 88%    | 88%    | 90%    | 90%    | 91%    | 91%    | 91%    | 91%    | 91%    | 91%    |

### Assurance



Hit and miss target subject to random variation

### Variation

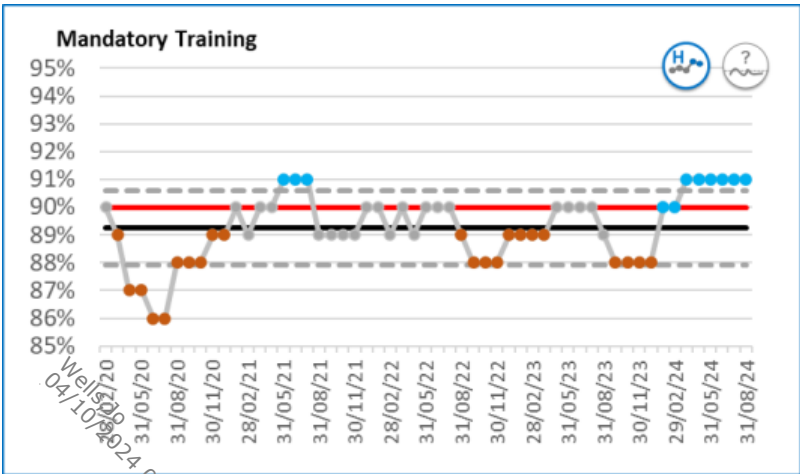


Special Cause Variation where High requires investigation

### Data Quality Mark



Reasonable Assurance



## Performance and Actions

Overall mandatory training compliance has remained at 91% against a Model Hospital average of 89.6% (2022/23 rates). Surgery and Urgent Care are outliers at 88% and Women and Childrens at 89%. All other divisions meet or exceed target. A drop is expected in August due to staff leave during school holidays and junior doctor rotation.

Medical and Dental are now the only staff group That are below Model Hospital average and Trust target at 78%. This is impacted by Junior Doctor rotation.

The Trust continues to benchmark very well both regionally and nationally from ESR data. Indeed, we are better than Regional, and National in all staff groups.

This would indicate that other Trusts are taking out exclusions in what they send to Model Hospital as ESR reports are from raw data with no exclusions.

### Mandatory Training

|                                  | 2024 / 08 |        |         |          |
|----------------------------------|-----------|--------|---------|----------|
|                                  | Trust     | Region | Country | National |
| Add Prof Scientific and Technic  | 85.17%    | 80.21% | 77.30%  | 77.89%   |
| Additional Clinical Services     | 89.28%    | 81.12% | 80.05%  | 80.46%   |
| Administrative and Clerical      | 89.34%    | 84.86% | 80.97%  | 81.82%   |
| Allied Health Professionals      | 92.45%    | 81.35% | 79.63%  | 79.83%   |
| Estates and Ancillary            | 92.24%    | 77.51% | 76.23%  | 76.68%   |
| Healthcare Scientists            | 90.29%    | 82.68% | 78.68%  | 79.97%   |
| Medical and Dental               | 71.14%    | 57.55% | 58.08%  | 56.78%   |
| Nursing and Midwifery Registered | 89.37%    | 79.60% | 76.74%  | 77.39%   |
| Students                         | 90.48%    | 83.32% | 78.12%  | 78.17%   |

### Risks:

Medical and dental training compliance, and some challenges with legacy IT infrastructure which doesn't consistently support some of the e-learning modules. Escalation to Level 4 and ongoing industrial action means that some face to face training is cancelled.

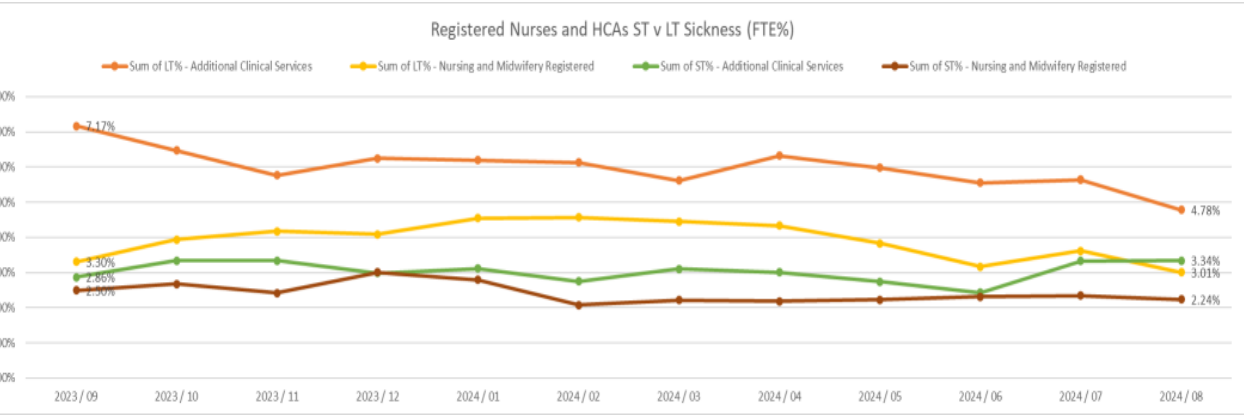
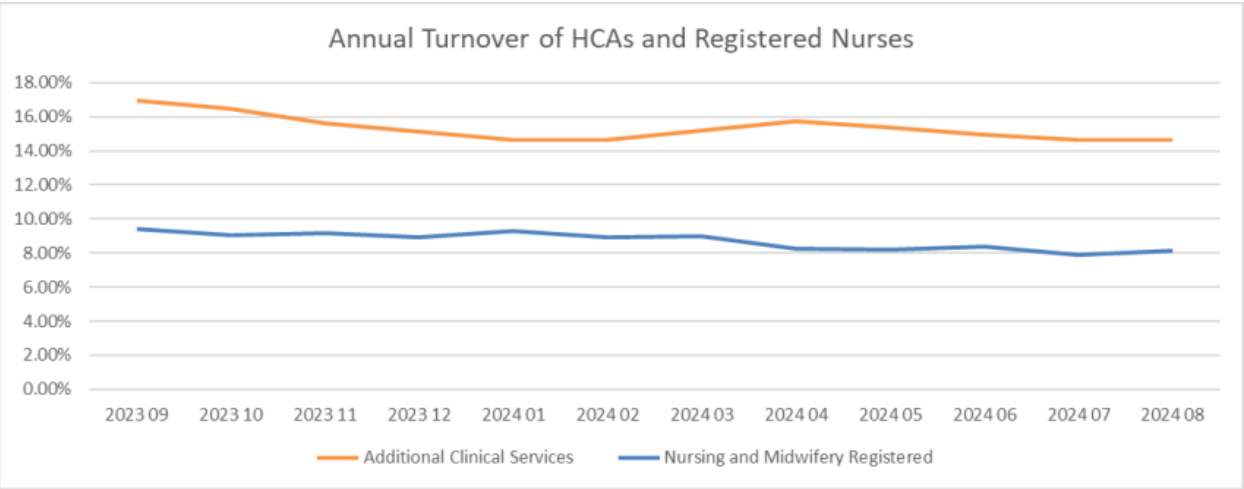
## What the chart tells us:

Target has been achieved again this month across the Board and we benchmark significantly better than other Trusts across the Board.

WAHT Charts on Sickness Absence and Turnover for HCSWs and Registered Nurses and Midwives

| Main Staff Group                 | 2024 / 08 |          |         |             |        |  | Grand Total |
|----------------------------------|-----------|----------|---------|-------------|--------|--|-------------|
|                                  | SCSD      | Spec Med | Surgery | Urgent Care | W&C    |  |             |
| Additional Clinical Services     | 7.99%     | 5.76%    | 7.95%   | 10.42%      | 13.14% |  | 8.17%       |
| Nursing and Midwifery Registered | 6.29%     | 5.46%    | 5.02%   | 5.37%       | 4.25%  |  | 5.39%       |
| Grand Total                      | 6.80%     | 5.57%    | 6.14%   | 7.01%       | 5.83%  |  | 6.25%       |

| Absence Reason                                            | SCSD   | Spec Med | Surgery | Urgent Care | W&C    | Grand Total |
|-----------------------------------------------------------|--------|----------|---------|-------------|--------|-------------|
| 2024 / 08                                                 |        |          |         |             |        |             |
|                                                           | 33.29% | 23.19%   | 16.42%  | 14.50%      | 12.60% | 100.00%     |
| S10 Anxiety/stress/depression/other psychiatric illnesses | 9.51%  | 3.68%    | 4.69%   | 4.54%       | 5.96%  | 28.37%      |
| S12 Other musculoskeletal problems                        | 3.74%  | 4.47%    | 1.16%   | 0.75%       | 0.95%  | 11.07%      |
| S98 Other known causes - not elsewhere classified         | 4.41%  | 3.38%    | 0.12%   | 0.95%       | 0.27%  | 9.13%       |
| S25 Gastrointestinal problems                             | 3.00%  | 0.89%    | 2.14%   | 2.00%       | 0.66%  | 8.69%       |
| S11 Back Problems                                         | 1.76%  | 0.51%    | 1.03%   | 0.87%       | 1.10%  | 5.26%       |
| S26 Genitourinary & gynaecological disorders              | 1.04%  | 1.00%    | 1.16%   | 0.57%       | 0.78%  | 4.54%       |
| S28 Injury, fracture                                      | 2.22%  | 0.55%    | 0.64%   | 0.46%       | 0.53%  | 4.39%       |
| S13 Cold, Cough, Flu - Influenza                          | 1.05%  | 1.75%    | 0.74%   | 0.26%       | 0.46%  | 4.25%       |
| S30 Pregnancy related disorders                           | 1.08%  | 1.41%    | 0.29%   | 1.23%       | 0.22%  | 4.22%       |
| S27 Infectious diseases                                   | 0.41%  | 1.58%    | 0.75%   | 0.64%       | 0.42%  | 3.80%       |
| S15 Chest & respiratory problems                          | 1.19%  | 0.54%    | 0.75%   | 0.58%       | 0.23%  | 3.30%       |
| S16 Headache / migraine                                   | 0.23%  | 1.34%    | 0.59%   | 0.43%       | 0.12%  | 2.70%       |
| S19 Heart, cardiac & circulatory problems                 | 0.79%  | 0.69%    | 0.69%   | 0.26%       | 0.05%  | 2.48%       |
| S17 Benign and malignant tumours, cancers                 | 0.78%  | 0.00%    | 1.02%   | 0.28%       | 0.00%  | 2.08%       |
| S21 Ear, nose, throat (ENT)                               | 0.24%  | 0.72%    | 0.25%   | 0.49%       | 0.17%  | 1.87%       |
| S23 Eye problems                                          | 0.58%  | 0.03%    | 0.03%   | 0.01%       | 0.00%  | 0.66%       |
| S18 Blood disorders                                       | 0.41%  | 0.00%    | 0.22%   | 0.00%       | 0.00%  | 0.63%       |
| S22 Dental and oral problems                              | 0.07%  | 0.32%    | 0.00%   | 0.00%       | 0.22%  | 0.61%       |
| S20 Burns, poisoning, frostbite, hypothermia              | 0.27%  | 0.22%    | 0.00%   | 0.00%       | 0.00%  | 0.49%       |
| S24 Endocrine / glandular problems                        | 0.00%  | 0.00%    | 0.01%   | 0.00%       | 0.46%  | 0.47%       |
| S29 Nervous system disorders                              | 0.30%  | 0.00%    | 0.00%   | 0.12%       | 0.01%  | 0.42%       |
| S14 Asthma                                                | 0.24%  | 0.10%    | 0.00%   | 0.00%       | 0.00%  | 0.34%       |
| S31 Skin disorders                                        | 0.00%  | 0.03%    | 0.14%   | 0.06%       | 0.00%  | 0.23%       |
| Available FTE                                             | 0.00%  | 0.00%    | 0.00%   | 0.00%       | 0.00%  | 0.00%       |
| Grand Total                                               | 33.29% | 23.19%   | 16.42%  | 14.50%      | 12.60% | 100.00%     |



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Neil Cook  
Chief Finance  
Officer

Financial Plan 2024/25

The revised plan submitted in June is a full year deficit of £57.3m. The 2024/25 plan includes £45.1m (6% of operating expenses) of CPIP and non-recurrent system funding of £13.6m. It is important to note that the recurrent underlying position of the Trust continues to run at a greater level of deficit once non-recurrent items are removed and financial controls have therefore been extended consequently. In M3 we also updated the plan to include the impact of the Consultant Pay award which has a net nil impact to bottom line.

Income & Expenditure Performance

**At the end of Month 5 we report a year to date (YTD) adverse variance of £0.6m against the revised plan.** This is driven by £1.6m under performance against Elective income targets (after stripping out the pass-through drugs and devices income which is matched in non-pay expenditure) £0.4m adverse for Industrial Action and £0.7m under delivery of CPIP partially offset by favourable variances on pay and other non-pay lines (i.e. excluding non PbR Drugs and Devices).

**Patient care income is £3.6m favourable YTD** favourable variances of £5.6m relating to Non PbR Drugs and Devices are partially offset by adverse variances of under achievement of elective (ERF) activity of £1.6m and £0.3m of SR21 activity.

**Employee expenses are £0.5m favourable YTD** – favourable variances of £0.4m in Dermatology which are offsetting insourcing spend, Business Case underspends of £0.5m (including CDC, UIC and SSDEC), and £0.9m of other vacancies above vacancy factor are partially offset by £0.4m undelivered CPIP, £0.4m adverse for Industrial Action, £0.3m additional Consultants in ED and £0.2m Histology Reporting growth.

**Non-Pay Operating expenses are £5.0m adverse YTD** – Includes an adverse variance of £5.9m on Non PbR Drugs and Devices (leaving a pressure on the H&W ICB fixed price contract of £0.3m ). This is partially offset by underspends relating to utility costs and PFI variable charges as well as £0.5m over delivery on CPIP.

Capital

The capital YTD spend at month 5 is £2.985m. This is an overall increase of £1.004m in Month 5. This increase is largely attributed to expenditure on the Phillips Monitoring Upgrade of £359k, Frontline Digitalisation £178k, fire compartmentation of £148k and UEC additional works of £140k. There are no changes to the plan in month 5.

Cash

The Trust cash position at the end of month 5 was £6.732m. The Trust received revenue support of £10m in August from the ICB as an advance towards the deficit and to support payments of creditors. We have applied to NHSE for Provider Revenue (cash) Support for September of £7.5m as the ICB has yet to confirm that it has been given the cash to support the financing of the deficit plan. Creditor payment runs have been reduced to ensure that payroll costs can be met in September, hence the increased closing cash balance for August and the consequential adverse impact on our BPCC performance. It should be noted that the CPIP target is assumed to be fully cash releasing as phased in the plan. If the CPIP is not achieved in line with the plan further cash support will be required.

Update to I&E Plan

Since our previous report guidance has been received from NHSE on the following items:

- 2024/25 pay awards for the increase to the Cost Uplift Factor (CUF) to fund Agenda for Change and medical and dental staff groups pay awards for October and resident doctors (junior doctors) in November.
- Additional Non-Recurrent funding to reduce the system deficit plan, of which we will receive £51.6m.
- Additional Cash phased to support the combines cash requirements for the pay awards.

The result of the above moves the Trust I&E plan deficit to £5.7m for the full year.

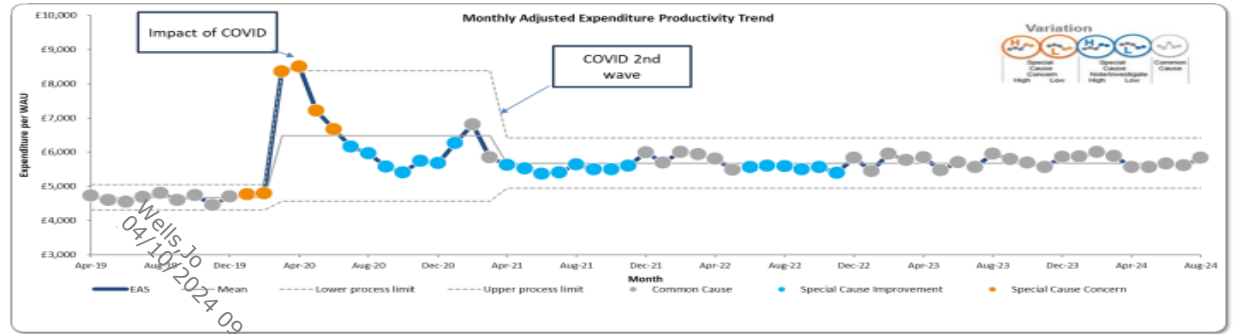
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# BEST USE OF RESOURCES – INCOME & EXPENDITURE

## We are driving this measure because

The Income and Expenditure plan reflects the Trust’s operational plan, and the resources available to the Trust to achieve its objectives. Variances from the plan should be understood, and wherever possible mitigations identified to manage the financial risk and ensure effective use of resources.

| Statement of comprehensive income                           | Aug-24         |                 |                   | Year to Date    |                 |                   |
|-------------------------------------------------------------|----------------|-----------------|-------------------|-----------------|-----------------|-------------------|
|                                                             | Plan<br>£'000  | Actual<br>£'000 | Variance<br>£'000 | Plan<br>£'000   | Actual<br>£'000 | Variance<br>£'000 |
| <b>INCOME &amp; EXPENDITURE</b>                             |                |                 |                   |                 |                 |                   |
| Operating income from patient care activities               | 54,083         | 55,732          | 1,649             | 270,985         | 274,600         | 3,615             |
| Other operating income                                      | 2,598          | 2,817           | 219               | 13,154          | 13,736          | 582               |
| Employee expenses                                           | (36,969)       | (36,970)        | (1)               | (186,730)       | (186,205)       | 525               |
| Operating expenses excluding employee expenses              | (22,709)       | (24,487)        | (1,778)           | (114,414)       | (119,432)       | (5,019)           |
| <b>OPERATING SURPLUS / (DEFICIT)</b>                        | <b>(2,998)</b> | <b>(2,908)</b>  | <b>90</b>         | <b>(17,004)</b> | <b>(17,301)</b> | <b>(297)</b>      |
| <b>FINANCE COSTS</b>                                        |                |                 |                   |                 |                 |                   |
| Finance income                                              | 119            | 150             | 31                | 636             | 731             | 95                |
| Finance expense                                             | (934)          | (933)           | 1                 | (4,671)         | (4,663)         | 8                 |
| PDC dividends payable/refundable                            | (467)          | (469)           | (2)               | (2,336)         | (2,344)         | (8)               |
| <b>NET FINANCE COSTS</b>                                    | <b>(1,282)</b> | <b>(1,252)</b>  | <b>30</b>         | <b>(6,371)</b>  | <b>(6,276)</b>  | <b>95</b>         |
| Other gains/(losses) including disposal of assets           | 0              | (171)           | (171)             | 0               | (262)           | (262)             |
| <b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>                | <b>(4,280)</b> | <b>(4,331)</b>  | <b>(51)</b>       | <b>(23,375)</b> | <b>(23,839)</b> | <b>(464)</b>      |
| Add back all I&E impairments/(reversals)                    | 0              | 0               | 0                 | 0               | 0               | 0                 |
| <b>Surplus/(deficit) before impairments and transfers</b>   | <b>(4,280)</b> | <b>(4,331)</b>  | <b>(51)</b>       | <b>(23,375)</b> | <b>(23,839)</b> | <b>(464)</b>      |
| Remove capital donations/grants/peppercorn lease I&E impact | 12             | (11)            | (23)              | 60              | (44)            | (104)             |
| Remove PFI revenue costs on an IFRS 16 basis                | 3,452          | 3,329           | (123)             | 17,161          | 16,198          | (963)             |
| Add back PFI revenue costs on a UK GAAP basis               | (4,363)        | (4,240)         | 123               | (21,792)        | (20,829)        | 963               |
| <b>Adjusted financial performance surplus/(deficit)</b>     | <b>(5,179)</b> | <b>(5,253)</b>  | <b>(74)</b>       | <b>(27,946)</b> | <b>(28,514)</b> | <b>(568)</b>      |



## Performance and Actions

At the end of Month 5 we report a year to date (YTD) adverse variance of £0.6m against the revised plan.

**Patient care income £3.6m favourable YTD** - favourable variances of £5.9m relating to Non PbR Drugs and Devices are partially offset by adverse variances of under achievement of elective (ERF) activity of £1.6m and £0.3m of SR21 activity.

**Employee expenses £0.5 favourable YTD** – favourable variances of £0.4m in Dermatology offsetting insourcing spend, Business Case underspends net £0.5m favourable (favourable variances on CDC, UIC and SSDEC offsetting adverse variances on TIF2), and £0.9m other vacancies above vacancy factor set are partially offset by £0.8m undelivered CPIP, £0.4m adverse for Industrial Action, £0.3m additional Consultants in ED and £0.2m Histology Reporting growth.

**Operating expenses excluding Employee Expenses £5.0m adverse YTD** – Included adverse variance of £6.2m on Non PbR Drugs and Devices (partially offset by Income) this is partially offset by underspends relating to utility costs and PFI variable charges as well as £0.5m over delivery on CPIP. Note a proportion of the devices budget is now fixed leading to a pressure of c.£0.3m versus pass through income, we are currently working with the Diabetes team to understand the run rate in H2 to assess the risk to the Forecast outturn.

## Risks

The challenge of meeting all of the requirements of 24/25 plan across operational performance, workforce and finance should not be underestimated given our underlying exit deficit position from 2023/24. There remains a significant level of risk associated with delivering the plan, for which mitigations continue to be sought.

## What the charts tell us

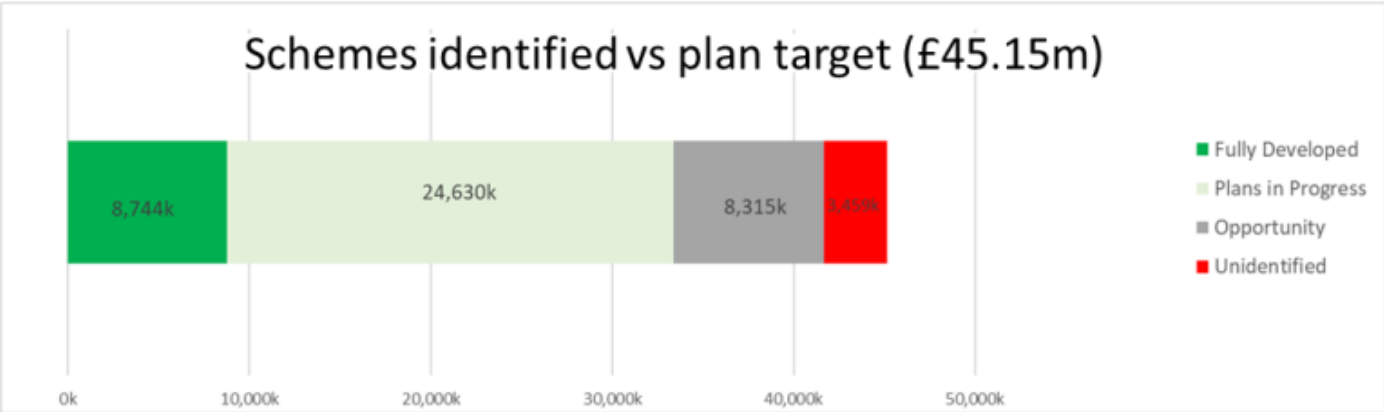
For August our **Cost per WAU is 4% higher than July**. This means we are delivering less activity per spend than in the previous month, though the longer term there is a common cause trend back to December 2022, which means the Cost per WAU has remained consistent during this period. **Expenditure is 3% higher than July**, so spending has increased, and the **activity WAU is 0.5% lower than July** so we are spending 33/40 deliver fractionally less activity. This is across all activity with a reduction from July. Note that there were 21 working days in August compared to 23 in July.

# BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

## We are driving this measure because

If the Trust fails to identify recurrent Productivity & Efficiency Plans (PEP) and put in place sufficient resources and governance arrangements to drive delivery, then it will not achieve financial sustainability.

### Cost and Productivity Improvement Plan (Efficiency)



### YTD CPIP achieved vs plan target (£45.15m)



## Performance and Actions

- The Trusts target for 24/25 as submitted to NHSE in June is £45.15m
- M5 Plan figure was £3.47m
- M5 Actuals delivered £3.98m, an over delivery of £0.51m
- M5 Actuals comprise £2.67m recurrent and £1.31m non-recurrent
- A summary of the highest underperforming schemes by value, YTD Actual vs YTD Plan comprise:

| Ref         | Description                      | YTD Actual to Plan variance |
|-------------|----------------------------------|-----------------------------|
| PE-2425-294 | Productivity income              | -£469,907                   |
| PE-2425-245 | AHP Integration project          | -£222,222                   |
| PE-2425-114 | Medicines HCD                    | -£125,000                   |
| PE-2425-102 | Ophthalmology Day Case           | -£114,583                   |
| PE-2425-052 | Reduce Gen Surg High Cost Locums | -£90,000                    |
| PE-2425-087 | Hardware & Software Licencing    | -£88,000                    |

## Risks

- Delivery of the 24/25 target is extremely challenging, but work is continuing to develop existing schemes as well as identifying further cost saving and productivity savings to bridge the gap to target (GTT)

## What the charts tell us

- M5 delivered actuals of £3.98m against a plan of £3.79m, an over delivery of £0.19m. M5 actuals comprise £2.67m recurrent and £1.31m non-recurrent.
- Year to date (YTD) actuals are £13.59m compared to a Plan of £14.270m, an under delivery of £0.682m. The YTD recurrent actuals comprise £9.2m and non-recurrent comprise £4.39m.
- Work is continuing to develop the CPIP schemes for 24/25 through the Trust maturity levels. 24/25 targets have been set in terms of Efficiency (cost out) and Productivity. ‘Check and Challenge’ style sessions are taking place fortnightly for assisting with monitoring and measuring performance to improve development of existing plans as well as delivery against fully developed plans. These sessions also provide the means to challenge Divisions on plans to bridge the GTT. The equivalent are now being held by the Trusts MD with each Executive lead as we approach half year and will continue thereafter.

BEST USE OF RESOURCES – EXPENDITURE

We are driving this measure because

The Expenditure plan reflects the Trust’s operational plan, and the resources available to the Trust to achieve its objectives. Variances from the plan should be understood, and wherever possible mitigations identified to manage the financial risk and ensure effective use of resources.

| Employee Expenses                   | Year to Date |           |          | WTE    |            |        |
|-------------------------------------|--------------|-----------|----------|--------|------------|--------|
|                                     | Plan         | Actual    | Variance | Funded | Contracted | Worked |
|                                     | £000s        | £000s     | £000s    | WTE    | WTE        | WTE    |
| Medical & Dental                    | (58,807)     | (59,583)  | (776)    | 935    | 852        | 966    |
| Nursing & Midwifery                 | (73,996)     | (74,599)  | (603)    | 3,503  | 3,242      | 3,721  |
| Scientific, Therapeutic & Technical | (24,822)     | (22,789)  | 2,033    | 1,175  | 1,050      | 1,086  |
| NHS Infrastructure Support          | (28,429)     | (28,532)  | (102)    | 1,707  | 1,619      | 1,633  |
| Other Pay                           | (675)        | (701)     | (26)     | 0      | 0          | 0      |
| Grand Total                         | (186,730)    | (186,203) | 527      | 7,320  | 6,763      | 7,407  |

| Operating Expenditure excluding Employee Expenses          | Year to Date |           |          |
|------------------------------------------------------------|--------------|-----------|----------|
|                                                            | Plan         | Actual    | Variance |
|                                                            | £000s        | £000s     | £000s    |
| Purchase of services from NHS bodies outside of the system | (2,355)      | (2,185)   | 170      |
| Purchase of services from non NHS bodies                   | (4,552)      | (4,110)   | 442      |
| Drugs Costs                                                | (24,041)     | (29,350)  | (5,309)  |
| Supplies and services                                      | (37,455)     | (40,674)  | (3,220)  |
| Other Operating Costs                                      | (46,011)     | (43,113)  | 2,898    |
| Operating Expenditure Total                                | (114,414)    | (119,433) | (5,019)  |

Performance and Actions

Temporary staffing for reasons of sickness, specialising and maternity have increased against 23/24 by £0.1m YTD, this is currently being managed within the overall vacancy position.

This month we have seen the benefit of NHSP working with Urgent Care to remove shifts which have not been worked and thereby minimise retrospective benefits from late removal of bookings. Retrospective Medical bookings remains a concern and will be an area of focus at September workforce meets.

A proportion of the devices budget is now fixed leading to a pressure of c.£0.3m versus pass through income, we are currently working with the Diabetes team to understand the run rate in H2 to assess the risk to the Forecast outturn.

We are also following up with NHSE to establish how the Microsoft licenses saving was calculated on our behalf as our licensing costs have increased.

What the charts tell us

**Employee expenses £0.5m favourable YTD** – favourable variances of £0.4m in Dermatology offsetting insourcing spend, Business Case underspends net £0.5m favourable (favourable variances on CDC due to 5<sup>th</sup> room not yet being open, UIC and SSDEC offsetting adverse variances on TIF2 due to Agency premium in excess of Substantive budget), £0.9m other vacancies above vacancy factor set are partially offset by £0.4m undelivered CPIP, £0.4m adverse for Industrial Action, £0.3m additional Consultants in ED and £0.2m Histology Reporting growth.

**Operating expenses excluding Employee Expenses £5.0m adverse YTD** – Includes adverse variance of £5.9m on Non PbR Drugs and Devices (partially offset by Income), £0.5m of Dermatology insourcing (within Purchase of services from non-NHS bodies) offset by favourable pay variances, £0.5m of spend relating to Cardiac Pacemakers in excess of plan and £0.1m relating to budget reduction for Microsoft licenses centrally procured where savings are not being seen. Adverse variances are partially offset by underspends relating to insourcing reserves (£1.4m), utility costs (£1.1m) and PFI variable charges (£0.4m).

Risks

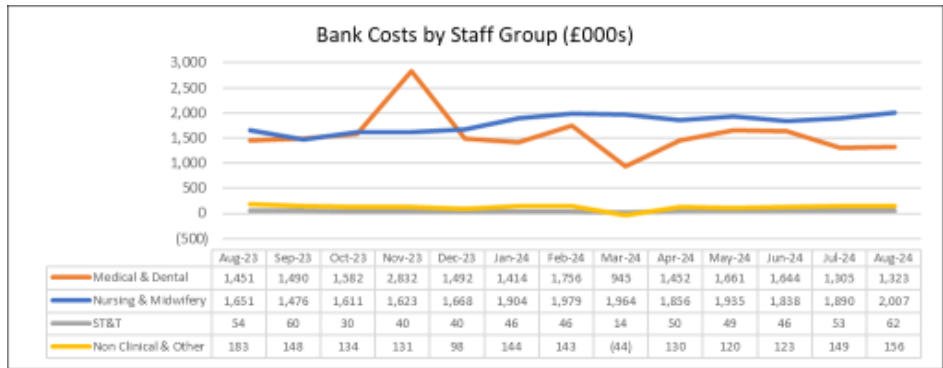
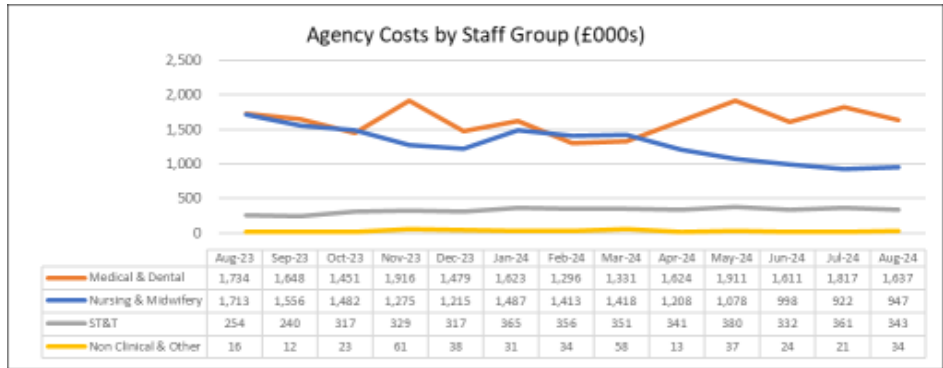
Non delivery of the CPIP schemes relating to expenditure will add to the pressure reflected in the Trust’s overall financial performance.

Emergency pressures also continue causing additional capacity to remain open incurring agency costs, and higher than planned sickness levels also impact our ability to remove temporary staffing.

# BEST USE OF RESOURCES – BANK AND AGENCY SPEND

## We are driving this measure because

Expenditure on bank and agency is a significant driver of our financial performance and consequently our financial plan reflects a challenging target to reduce our agency spend to 3% of the pay bill by the end of 24/25. Delivery of this level of spend reduction is therefore key to achievement of our overall financial plan.



## Performance and Actions

**Total agency expenditure in August was £3.0m, this represents 8.0% of total staff costs** and is a reduction of £0.2m compared with July, all within Medical & Dental spend. The £0.2m reduction in Medics is largely due to the removal of old block bookings for NHSP shifts not worked in Urgent Care.

**Total bank expenditure was £3.5m in July, this represents 9.6% of total staff costs** and is an increase of £0.2m compared with last month, the majority of which was on Nursing & Midwifery and relates to an increase in shifts to cover vacancies, specialising, sickness, maternity leave, unplanned leave and training.

In response to the Medical temporary staffing premium challenge the Doctors workforce group has been relaunched as the Medical agency reduction group with a focus on driving down premium cost and increasing governance and ownership of spend. Divisions are expected to demonstrate active recruitment, job planning compliance and plans to address, temporary staffing actions including increasing Direct Engagement, reducing retrospective shifts, details of escalated shifts and action plans to address.

## Risks

A lag in delivery of the CPIP programme relating to recruitment will add to the pressure reflected in the Trust's overall financial performance. Emergency pressures continue causing additional capacity to remain open incurring higher agency costs. Sickness also remains significantly higher than the target impacting our ability to remove temporary staffing.

## What the charts tell us

The Nursing and Midwifery trend continues to look positive with a largely falling trend on Agency and a relatively steady trend on Bank. Medical Agency has reduced in August mostly due to the removal of block bookings in Urgent Care.

By staff group agency spend was £1.6m on Medical & Dental (£180k reduction compared to month 4), £0.9m on Nursing & Midwifery (£25k increase compared to month 4), £0.3m on Scientific, Therapeutic & Technical staff (£18k reduction compared to month 4) and £34k on Non-Clinical staff (an increase of £12k compared to month 4).

By staff group bank spend was £1.3m on Medical & Dental (£17k increase compared to month 4), £2.0m on Nursing & Midwifery (£118k increase compared to month 4), £62k on Scientific, Therapeutic & Technical staff (£9k increase compared to month 3) and £156k on Non-Clinical staff (an increase of £7k compared to month 3).

# BEST USE OF RESOURCES – CAPITAL

## We are driving this measure because

The Capital investment programme to replace existing and invest in new additional assets is key to driving improved clinical and financial sustainability. Given the size of capital programme there is a significant risk that the Trust has insufficient funding to support maintenance requirements and urgent replacement schemes.

2024/25 original (May) plan, revised (July) plan and YTD capital expenditure:

| Workstream      | Scheme                                          | 24/25 Original Internal plan £'000 | Adjustments for External Plan | Revised 24/25 External plan £'000 | Total YTD Valuation £'000 |
|-----------------|-------------------------------------------------|------------------------------------|-------------------------------|-----------------------------------|---------------------------|
| P&W             | Backlog Maintenance b/f                         |                                    |                               | -                                 | 565                       |
| P&W             | Additional P&W Schemes                          | 1,486                              |                               | 1,486                             |                           |
| P&W             | Generators (East and West, No 1 & No 2)         | 71                                 |                               | 71                                | 19                        |
| P&W             | Upgraded Fire Compartmentation                  | 343                                | 426                           | 769                               | 230                       |
| P&W             | HV Works - DNO Substation and Site ISS)         | 359                                | 389                           | 748                               | 1,111                     |
| P&W             | Donated P&W Schemes                             |                                    | 7                             | 7                                 | 4                         |
| P&W Total       |                                                 | 2,259                              | 822                           | 3,081                             | 1,930                     |
| Digital         | Xerox Scanners                                  | 54                                 |                               | 54                                | 56                        |
| Digital         | Xerox - Kairos Upgrades                         | 26                                 |                               | 26                                | (10)                      |
| Digital         | Additional Digital schemes                      | -                                  |                               | -                                 | (219)                     |
| Digital         | Phase 2 - Digital System Production Environment | 100                                | -                             | 100                               | (85)                      |
| Digital         | Phase 2 - Telephony Systems Critical Upgrades   | 152                                | -                             | 152                               | (16)                      |
| Digital         | LIMS - Infrastructure                           | 911                                | -                             | 911                               | 445                       |
| Digital Total   |                                                 | 1,243                              | 0                             | 1,243                             | 171                       |
| Equipment       | Equipment Schemes                               | 610                                |                               | 610                               | 445                       |
| Equipment       | Donated Equipment Schemes                       | -                                  | 98                            | 98                                | 94                        |
| Equipment Total |                                                 | 610                                | 98                            | 708                               | 539                       |
| Strategic       | Urgent Emergency Care - Additional              | 570                                |                               | 570                               | 266                       |
| Strategic       | Cath Lab/IR Feasibility                         | 1,974                              |                               | 1,974                             | 4                         |
| Strategic       | Acute Service Review - Maternity                | 2,677                              | (815)                         | 1,862                             | 1                         |
| Strategic       | Linac Replacement                               | 250                                |                               | 250                               | -                         |
| Strategic       | Targeted Investment Fund - Alex Theatres        | 90                                 |                               | 90                                | (1,048)                   |
| Strategic       | Community Diagnostic Centres 2                  |                                    |                               |                                   | 39                        |
| Strategic       | Reinforced Autoclaved Aerated Concrete          |                                    |                               |                                   | 7                         |
| Strategic Total |                                                 | 5,561                              | -815                          | 4,656                             | -729                      |
| IFRIC 12 PFI    | IFRIC 12 PFI Lifecycle replacement              | 340                                | 2,660                         | 3,000                             | 787                       |
| Contingency     | System support capital                          | -                                  | -                             | -                                 | -                         |
| Leases          | Lease Additions and Remeasurements              | 1,445                              |                               | 1,445                             | 431                       |
| Other Total     |                                                 | 1,785                              | 2,660                         | 4,445                             | 1,217                     |

|                  |                 |        |       |        |       |
|------------------|-----------------|--------|-------|--------|-------|
| Workstream total | Internal Funded | 11,458 | 2,765 | 14,223 | 3,128 |
|------------------|-----------------|--------|-------|--------|-------|

| Workstream         | Scheme                    | 24/25 External plan £'000 | Adjustments for External Plan | Revised 24/25 External plan £'000 | Total YTD Valuation £'000 |
|--------------------|---------------------------|---------------------------|-------------------------------|-----------------------------------|---------------------------|
| Digital            | Front Line Digitisation   | 1,000                     |                               | 1,000                             | (249)                     |
| Digital Total      |                           | 1,000                     | 0                             | 1,000                             | -249                      |
| Strategic          | Additional Capacity - TIF | 0                         | 144                           | 144                               | 4                         |
| Strategic          | RAAC Works at KTC         | 0                         | 2,270                         | 2,270                             | 103                       |
| Strategic Total    |                           | 0                         | 2,414                         | 3,414                             | 106                       |
| Workstream total   |                           | 1,000                     | 2,414                         | 3,414                             | -143                      |
| Total Capital Plan |                           | 12,458                    | 5,179                         | 17,637                            | 2,985                     |

## Performance and Actions

The capital YTD spend at month 5 is £2.985m. This is an overall increase of £1m in month 5. This increase is largely attributed to expenditure on the Phillips Monitoring Upgrade of £359k, FLD of £178k, fire compartmentation of £148k and UEC additional works of £140k.

The capital plan for 2024/25 was re-submitted at £12.458m and revised at month 4 to £17.637m. The capital plan at month 4 included external NHSE funding for RAAC of £2.27m and Alex ED Additional capacity funding to support the business case of £144k. This also factors in the IFRIC 12 additions forecast increase to £3m based on Q1 additions of £777k and charitable funded donated assets of £105k. **There is no change to the plan in month 5.**

## Risks

There remain several risks around the current capital programme in 2024/25 onwards:

- IFRIC 12 (capital equipment lifecycle programme under PFI) additions for the remainder of the year exceed the current full year forecast as per the PFI model and the value used as part of the below the line PFI adjustment calculation for the 2024/25 Trust financial plan. The Trust has gained assurance from Foundation Group colleagues and a PFI expert to confirm the Trust's assumptions that there are no further revenue and capital implications to be considered at this time within this calculation due to the change in forecast. The Trust's capital resource limit (CRL) is usually automatically increased to cover IFRIC 12 requirements, however the IFRIC 12 FYF to £3m will impact on the Trust cash position.
- The completed UEC build has been complex and there is a risk additional costs relating to remedial flooring works to the UEC will not be covered by the contractor in full.
- Re-costed budget for ASR and the estimated cost as at 2024/25 of £14.5m have been included in the original capital plans for 2024/25, 2025/26 and 2026/27. If the scheme is partly deferred into 2025/26 and 2026/2027 due to insufficient internal capital available, then the Trust will need to seek approval via a change control mechanism with NHSE.
- There are some large equipment items beyond their useful life that are presently assumed to take place in future years. However, given their age / state may require earlier replacement. If replacement is required, this year then there is insufficient funds within the programme. The Trust will be undertaking an exercise to identify and profile equipment replacement requirements.
- The Trust has allocated internal funding of £426k for Fire Compartmentation costs at the Alex site whilst a review is undertaken to estimate the full cost of works and profile of spend including requirements for 2024/25. No source of funding has been identified for this scheme at this time, however given the likely high values involved discussions have commenced with NHSE to identify additional funds.

## What the charts tell us

Ongoing capital expenditure on internal schemes continue to impact and delay a significant proportion of spend on backlog maintenance and equipment replacement. Discussions are continuing with ICB regarding a longer-term solution for 2024/25. The finance team will continue to work with the workstream leads to ensure all expected costs are identified at this stage.

# BEST USE OF RESOURCES – CASH

## We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers as per the BPPC guidance.

### Worcestershire Acute Hospitals NHS Trust (WORCESTERSHIRE / RWP)

#### Cash Flow Forecast

|                                        |            |            |            |            |            |            |            |            |            |            |            |            |           |
|----------------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-----------|
| Period Beginning                       | 01/04/2025 | 01/05/2025 | 01/06/2025 | 01/07/2025 | 01/08/2025 | 01/09/2025 | 01/10/2025 | 01/11/2025 | 01/12/2025 | 01/01/2025 | 01/02/2025 | 01/03/2025 |           |
| Period Ending                          | 30/04/2025 | 31/05/2025 | 30/06/2025 | 31/07/2025 | 31/08/2025 | 30/09/2025 | 31/10/2025 | 30/11/2025 | 31/12/2025 | 31/01/2025 | 28/02/2025 | 31/03/2025 |           |
| Cash at Beginning of Period            | 11,384     | 1,125      | 1,712      | 1,182      | 1,617      | 6,732      | 8,635      | 3,041      | 2,655      | 2,917      | 2,332      | 2,643      |           |
| Cash at End of Period                  | 1,125      | 1,712      | 1,182      | 1,617      | 6,732      | 8,635      | 3,041      | 2,655      | 2,917      | 2,332      | 2,643      | 1,281      |           |
| <b>Actuals</b>                         |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Operations £000's                      | Apr-24     | May-24     | Jun-24     | Jul-24     | Aug-24     | Sep-24     | Oct-24     | Nov-24     | Dec-24     | Jan-25     | Feb-25     | Mar-25     | Total     |
| Cash Receipts from                     | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000      | £'000     |
| NHS Customers                          | 49,619     | 54,456     | 52,398     | 52,165     | 51,393     | 57,452     | 51,511     | 51,511     | 51,511     | 50,251     | 51,511     | 51,511     | 625,291   |
| Non NHS Customers                      | 541        | 439        | 256        | 561        | 909        | 521        | 525        | 525        | 525        | 525        | 475        | 525        | 6,328     |
| Other Operations                       | 6,762      | 3,639      | 3,387      | 6,617      | 3,362      | 2,508      | 6,224      | 2,200      | 2,190      | 3,470      | 6,196      | 2,209      | 48,764    |
| Cash paid for                          |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Trade and other payables               | (25,056)   | (22,935)   | (26,176)   | (28,426)   | (24,358)   | (28,970)   | (24,737)   | (23,137)   | (24,737)   | (22,937)   | (20,775)   | (22,375)   | (294,621) |
| Wages                                  | (31,980)   | (32,126)   | (33,077)   | (33,372)   | (32,610)   | (32,424)   | (39,392)   | (38,276)   | (33,514)   | (33,657)   | (33,382)   | (33,364)   | (407,173) |
| NHSP - Wages - Agency / Bank           | (3,366)    | (5,456)    | (4,121)    | (5,266)    | (4,245)    | (4,489)    | (4,426)    | (4,426)    | (4,426)    | (4,426)    | (4,426)    | (4,426)    | (53,499)  |
| Interest on borrowings                 | 0          | 0          | 0          | 0          | 0          | (131)      | 0          | 0          | 0          | 0          | 0          | (124)      | (255)     |
| Net Cashflow from Operations           | (3,480)    | (1,984)    | (7,332)    | (7,720)    | (5,548)    | (5,533)    | (10,295)   | (11,603)   | (8,451)    | (6,775)    | (401)      | (6,044)    | (75,166)  |
| <b>Investing Activities £000's</b>     |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Cash Receipts from                     |            |            |            |            |            |            |            |            |            |            |            |            |           |
| NHS Customers - Depre. Tariff - ICB    | 964        | 964        | 964        | 964        | 964        | 964        | 964        | 964        | 964        | 964        | 964        | 964        | 11,568    |
| Bank Interest                          | 204        | 150        | 112        | 113        | 149        | 154        | 108        | 124        | 120        | 97         | 120        | 116        | 1,566     |
| Cash paid for                          |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Purchase of property and equipment     | (7,947)    | (2,793)    | (274)      | (423)      | (450)      | (1,371)    | (1,371)    | (1,371)    | (1,371)    | (1,371)    | (1,371)    | (1,371)    | (21,484)  |
| Net Cashflow from Investing Activities | (6,779)    | (1,679)    | 802        | 655        | 663        | (253)      | (299)      | (283)      | (287)      | (310)      | (287)      | (291)      | (8,349)   |
| <b>Financing Activities £000's</b>     |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Cash Receipts from                     |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Borrowing:                             |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Deficit Funding                        | 0          | 0          | 0          | 7,500      | 10,000     | 0          | 5,000      | 0          | 0          | 0          | 0          | 0          | 22,500    |
| Revenue PDC                            | 0          | 4,250      | 6,000      | 0          | 0          | 7,500      | 0          | 10,500     | 9,000      | 6,500      | 1,000      | 6,500      | 51,250    |
| Capital PDC received                   | 0          | 0          | 0          | 0          | 0          | 0          | 0          | 1,000      | 0          | 0          | 0          | 2,414      | 3,414     |
| Cash paid for                          |            |            |            |            |            |            |            |            |            |            |            |            |           |
| Repayment of loans                     | 0          | 0          | 0          | 0          | 0          | (334)      | 0          | 0          | 0          | 0          | 0          | (334)      | (668)     |
| PDC                                    | 0          | 0          | 0          | 0          | 0          | 523        | 0          | 0          | 0          | 0          | 0          | (3,607)    | (3,084)   |
| Net Cashflow from Financing Activities | 0          | 4,250      | 6,000      | 7,500      | 10,000     | 7,689      | 5,000      | 11,500     | 9,000      | 6,500      | 1,000      | 4,973      | 73,412    |
| Net Cash Flow                          | (10,259)   | 587        | (530)      | 435        | 5,115      | 1,903      | (5,594)    | (386)      | 262        | (585)      | 312        | (1,362)    | (10,103)  |

## Performance and Actions

The Trust cash position at the end of month 5 was £6.732m. The Trust received revenue support of £10m in August from the ICB as an advance towards the deficit and to support payments to our creditors. The ICB have informed the Trust that they are yet to receive the deficit funding paid to-date from NHSE and therefore would not be able to support any additional deficit funding for September, therefore the Trust has applied for Provider Revenue Support for September for £7.5m to NHSE. Due to the uncertainty of the application being successful, we have continued to reduce the creditor payment runs to ensure that payroll costs can be met in September, hence the increased closing cash balance for August. The ICB have confirmed they will provide £5m deficit funding in October therefore the Trust will not apply for Provider Revenue Support for October (qtr. 3) with NHSE. It should be noted that the CPIP target is assumed to be fully cash releasing as phased in the plan. If the CPIP is not achieved, the Trust will need to apply for additional cash support.

For 2024/25, the planned deficit is £57.3m with the CPIP's of £45m assumed to be all cash releasing savings phased over the full 12 months. If the CPIP is not achieved and the PFI lifecycle capital expenditure is ahead of the model to the of £3m as currently projected, the Trust will need to apply for additional cash support. To ensure that there is adequate cash to cover payroll costs, including Tax, NI and Pensions, the creditor payment runs have been reduced and is significantly impacting BPPC performance.

## Risks

If the CPIP is not achieved, the Trust will need to apply for additional cash support, to enable it to meet its payroll commitments and BPPC target to ensure there is no disruption to the supply of goods and services due to none/late payment of invoices to creditors.

The profile of the PFI lifecycle spend could have implications for cash that will need financing. The timing of drawdown of deficit financing is impacting adversely on our BPPC performance.

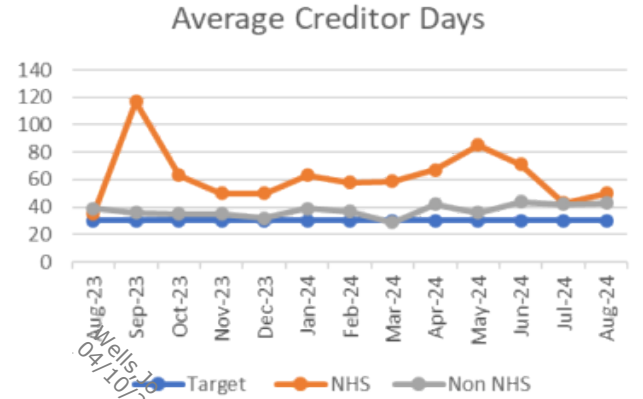
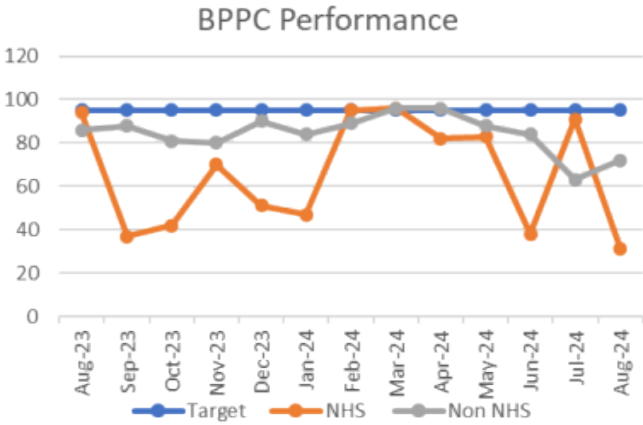
## Assumptions made for the above cashflow

- IFRIC12 Lifecycle cashflow estimates of £3m yet to be factored in.
- The pay award of 5.5% has been factored for pay expenditure but not for income as it has not been confirmed how this will be funded, therefore the borrowing assumptions have been increased to reflect this.
- Closing balances at the end of August and September are high due to the uncertainty of the application for £7.5m Provider Revenue Support from NHSE.
- Non-Pay costs are as per plan, with amounts for payment of creditors set at £1.6m per run (2 per week), if the costs are not reduced as per plan, this will be insufficient, and the payment runs will be significantly reduced each week.

# BEST USE OF RESOURCES – CASH

## We are driving this measure because

Daily monitoring of the Trust cash position to ensure there are sufficient funds to cover employee costs and the payment of Trust suppliers as per the BPPC guidance.



## Performance and Actions

The BPPC performance for the month of August is 54% (41% in July) based on volume of invoices paid and 70% (64% in July) based on value;

- 4,009 invoices paid out of 7,404 due.
- £18.382m worth of invoices out of £26.161m were paid on time this month.

The Trust will need continued cash PDC or ICB cash support in 2024/25 to enable to payment of the wage costs and non-pay expenditure through creditor payment runs.

As a result of the agreed system deficit plan of £80m, the Trust has received £17.5m cash support via the ICB in Qtr. 2. The Trust received PDC Revenue Support of £10.25m from NHSE in Qtr. 1. The ICB is yet to receive the cash from NHSE to support the £80m deficit and have advised the Trust to apply for PDC Revenue Support for September 2024. An application has been submitted for £7.5m and the Trust has been informed (16<sup>th</sup> Sept) the application has been approved for the full amount.

Creditors payments are being monitored each week and as of 11<sup>th</sup> September, payments due valued £9.7m whilst payments made were £1.03m (Non-NHS).

The missing supplier payments are being monitored and will be assessed on the subsequent payment runs throughout September and confirmation that the Trust has had approval of the Provider Revenue Support application of £7.5m.

| Month         | Applied<br>£m's | Received<br>£m's | Shortfall<br>£m's | Date Received                        |
|---------------|-----------------|------------------|-------------------|--------------------------------------|
| April         | 0.00            | 0.00             | 0.00              |                                      |
| May           | 8.50            | 4.25             | -4.25             | 20-May-24                            |
| June          | 7.50            | 6.00             | -1.50             | 17-Jun-24                            |
| July          | 7.50            | 7.50             | 0.00              | 01-Jul-24                            |
| August        | 4.75            | 10.00            | 5.25              | 01-Aug-23                            |
| Total to date | 28.25           | 27.75            | -0.50             |                                      |
| September     | 7.50            | 7.50             | 0.00              | Approved - to be received 23.09.2024 |

## Risks

The BPPC performance has reduced due to the lack of cash. Supplier payments are being monitored and payments made to avoid any supply issues and financial risk to our suppliers.

## What the charts tell us

- Better Payment Practice Code (BPPC) overall performance for month 5 is 66% (41% in July) based on volume of invoices paid and 80% (64% in July) based on value against a target of 95%.
- The BPPC chart above details invoices paid based on value for NHS and Non-NHS, which for month 5 is 31% (91% in July) and 72% (63% in July) respectively.
- The Average Creditors Days chart above shows the average invoice date to payment date of invoices, which for month 5 is 50 days for NHS (43 days in July) and 43 days for Non-NHS (42 days in July) – the target is 30 days.