Trust Board Public

Tue 10 December 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 8 October 2024

Decision *Russell Hardy*

All Actions are complete

3. Minutes Public Board Oct 24 GS.pdf (7 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 1224 Final.pdf (3 pages)

4.2. Integrated Performance Report

Discussion *Stephen Collman*

4.2 Trust Board IPR Dec-24 (Oct-24_Data)_0-1 (002).pdf (42 pages)
4.2.1 20241203 - WAHT FG IPR Dashboard (up to Oct-24 data) v1-0.pdf (4 pages)

4.2.1. Activity Performance

Chris Douglas

4.2.2. Quality

Sarah Shingler

4.2.3. Workforce

Alison Koeltgen

4.2.4. Finance Performance

NEIL COOK

4.3. Perinatal Safety Report

Information *Justine Jeffery*

4.3 October 2024 Perinatal Safety Report -.pdf (19 pages)
4.3.1 App1 Perinatal Safety Rep.pdf (2 pages)

4.4. Safe Staffing Reports

Information *Sarah Shingler/Justine Jeffery*

4.4.1 Midwifery Safe Staffing Report October 2024.pdf (6 pages)
4.4.2 Safer Staffing WAHT Trust Board October 24 Cover report.pdf (2 pages)
4.4.3 Staffing paper October 24 final.pdf (7 pages)

4.5. Freedom To Speak Up Report

Information *Melanie Stinton*

13:45 - 14:00
15 min

5. Items for Approval

14:00 - 14:20
20 min

6. Items for Noting and Information

6.1. Committee Summary Reports and Minutes

Information *Committee Chairs*

6.1.1. Quality Governance Committee

Julie Moore

Verbal Update

6.1.1 QGC mins OCT.pdf (6 pages)

6.1.2. Audit and Assurance Committee

Colin Horwath

Verbal Update

6.1.2 Audit Minutes Sept.pdf (5 pages)

6.1.3. People & Culture Committee

Karen Martin

6.1.3 PC Minutes.pdf (12 pages)

6.1.4. Foundation Group Minutes & Actions

Information *Russell Hardy*

6.1.4 1 Draft Public FGB Minutes - 6 November 2024.pdf (15 pages)
6.1.4 2 Draft Public FGB Matters Arising and Actions Update Report.pdf (1 pages)

6.1.5. Communications Update

Information *Richard Haynes*

6.1.5 Communications_Engagement_Charity_Board_Update_101224.pdf (6 pages)

6.1.6. Charles Hastings Education Centre Update

Information *Tony Bramley*

6.1.6 CHEC Update.pdf (2 pages)

6.1.7. Board Assurance Framework

Information *Gwenny Scott*

6.1.7 1 BAF Covering Report to Board December 2024.pdf (1 pages)
6.1.7 2 Board Assurance Framework December 2024.pdf (2 pages)

14:20 - 14:20
0 min

7. Any Other Business

Russell Hardy

14:20 - 14:20
0 min

8. Questions from Members of the Public

Russell Hardy

3 questions have been submitted.

14:20 - 14:20
0 min

9. Date of Next Meeting

Information *Russell Hardy*

WAHT Trust Board - 11 March 2025

Foundation Group Trust Board - 5 February 2025

14:20 - 14:20
0 min

10. Acronyms

Information

10 Z Acronyms.pdf (3 pages)

MINUTES OF THE PUBLIC TRUST BOARD MEETING HELD ON TUESDAY 8 OCTOBER 2024 AT 1:00 PM VIA MICROSOFT TEAMS AND LIVE STREAMED ON YOUTUBE

Present:		
Chair:	Russell Hardy	Chair
Board members: (voting)	Simon Murphy	Deputy Chair
	Dame Julie Moore	Non-Executive Director
	Colin Horwath	Non-Executive Director
	Karen Martin	Non-Executive Director
	Glen Burley	Chief Executive
	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
Board members: (non-voting)	Jo Newton	Director of Strategy & Planning
	Alison Koeltgen	Chief People Officer
	Vikki Lewis	Chief Digital Information Officer
	Alex Moran	Associate Non-Executive Director
	Catherine Driscoll	Associate Non-Executive Director
	Michelle Lynch	Associate Non-Executive Director
In attendance	Justine Jeffery	Director of Midwifery
	Erica Hermon	Company Secretary
	Gwenny Scott	Company Secretary
	Richard Haynes	Director of Communications and Engagement
	Chris Douglas	Director of Performance
Apologies	Helen Lancaster	Chief Operating Officer
	Julian Berlet	Acting Chief Medical Officer
	Sue Sinclair	Associate Non-Executive Director
	Chris Byrne	Healthwatch

001/24 **WELCOME**

Mr Hardy welcomed all to the meeting.
A Board Workshop was held earlier in the day which featured a patient story, highlighting the anxiety around Covid and steps being taken to assuring patient safety.
A discussion took place around the Worcester site operating as effectively as possible

Ms Scott was welcomed to the Trust. Ms Hermon, who was leaving the Trust at the end of the week, was thanked for her support and Mr Hardy wished her well for the future.

It was also Ms Lewis' last Board meeting before she leaves the Trust. Mr Hardy thanked her for her contribution and support to the Trust and wished her well for the future.

002/24 **DECLARATIONS OF INTERESTS**

The full list of declarations of interest is on the Trust's website. No additional declarations were made.

003/24 **MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON 10 SEPTEMBER 2024 AND ACTIONS UPDATE**

The minutes were approved and the actions were complete.

The Minutes of the public meeting held on 10 September 2024 were confirmed as a correct record.

Items for Review & Assurance

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

- Lord Darzi Report

NHS providers had an important role in influencing the implementation of the recommendations in the report. The Trust has adopted a strategy consistent with the key messages, particularly the shift from acute to preventative care. A long-term plan will be published in the spring.

- Learning and Improvement Networks

Launched in September, the aim was to join up learning and improvement across the NHS. Locally, the priority areas of focus would be implementing the 45 minute ambulance handover protocol and achieving fully booked outpatient appointments.

- The oncology, radiography teams and breast unit have launched a hydrotherapy rehabilitation course.

Mr Hardy referred to the analysis completed on the point prevalence study on the right care settings. Mr Burley advised that there was a mechanism used across the NHS to recognise opportunities for improvement. It had been identified that in Worcestershire, only 68% of patients in acute services were in the right setting, equating to 240 beds on that day. As a comparison, in Herefordshire it was 82%. There were also approximately community 100 beds where patients should have been elsewhere. There is an increased chance of harm for individual patients who are in the wrong care setting and the study highlighted that should be managed differently. Urgent action was required to address the issue. Mr Hardy added that there were system opportunities.

The report was noted.

005/24 **INTEGRATED PERFORMANCE REPORT**

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

- Urgent and emergency care performance was still behind target, which impacted the rest of the Trust, including finance.
- The pathway discharge unit was reporting high levels of patients over 21 days. The issue had been reviewed by the Hospital Flow Group.
- Ms Shingler is leading work on integrating AHPs with discharges.
- Work was also underway within community hospitals and pilot sites for general medicine patients and 45 minutes ambulance handover response.
- Elective and cancer work was seeing an increase in performance and steps were being taken to increase productivity. Insourcing had been reduced.

<u>Operational Performance</u>

Mr Douglas highlighted the following key points:

Cancer was performing well overall, improving from 40% in April to 60% on the diagnostic target. A dip in 62 day performance had been seen at a number of Trusts during August, however it appeared positive for September. Challenges with tertiary partnerships were highlighted.

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An area of concern is 31 day performance due to access to surgery and the time taken to access skin services. Plans are in place and performance was expected to recover by the end of quarter 3.

65 weeks wait performance was not achieved and a risk to the September position was noted. It was likely that 110 patients would be remaining at the end of September. Additional capacity was in place.

Urgent and emergency care was not delivering the performance required. Too many patients are waiting over 12 hours. The number of patients waiting over an hour on ambulances is still high despite improvements.
The ED floor work is due to complete at the end of the month. Focus is now on readiness for winter. A winter assurance meeting is planned on 4th November.

Mr Burley referred to the productivity change and less insourcing referenced within the report and asked whether there was any way of tracking in order to monitor progress. Mr Douglas replied there are some metrics and funds were able to be tracked against activity and productivity metrics. Weighted activity was 129.6%, which is the third highest provider in the region.

Mr Murphy observed that ED walk-ins had increased year on year and there had been a 7% increase and queried whether work was underway with partners. Mr Douglas replied that work was ongoing, led by the ICB and included overflow hubs, utilising the minor injury unit and community response teams but more needed to be done.

Mr Hardy queried the percentage increase on the ERF compared to 2019/20 activity. Mr Douglas would check and advise. Mr Hardy apologised to the public for delays and assured that teams were working to resolve the issue as quickly as possible.

<u>Quality</u>
Ms Shingler advised that there had been a reduction in CPE cases, though this remained an area of concern. The MRSA and C.diff position remains unchanged. An increase in Covid cases was reported. Currently, there are over 100 positive cases which is the highest since August 2022. The Trust was looking at management of Covid as a winter illness alongside flu.

Complaints performance was 62.5% on the closure metric, which was below target. The backlog in surgery remained but is reducing and there was a stronger grip within the division. A trajectory had been agreed to close all overdue complaints by the end of December.

The number of falls has increased, particularly within Worcester ED but remains below the national benchmark. No falls resulted in severe harm. ED is overcrowded and there had been an increase in dementia patients.

There had been a reduction in pressure ulcers, which was likely the result of targeted work.

The Friends & Family Test response rate is being reviewed and runs alongside the monthly inpatient survey. Immediate actions are being taken following any negative feedback.

Ms Walton updated that Trust mortality remains as expected. There has been a slight shift in data at the Alexandra Hospital so work underway with the DREAMs group to review.
Sepsis screening remains a challenge. The digital team was providing support.
Mortality for sepsis remains in a good position.
Neck of Femur still requires more work but a slight increase in performance was reported in August, though it is not enough nor consistent enough.

Mr Bramley observed that the sepsis metrics identified different capture levels between sites. Ms Walton replied that the teams had been asked to revert back to paper in order to provide assurance. One site was capturing data well, whilst the other was not.

Mr Hardy noted that Lucy Letby remained in the news and sought to assure the public that an internal review was undertaken following the scandal and was made available to the public. The report was published in the September 2023 Board papers.

Workforce
Ms Koeltgen highlighted stability of the workforce with lower vacancy rates, low turnover rates and positive benchmarking.
An area of concern remained the reliance on temporary workforce. A reduction in the use of off framework agency medical colleagues had been seen but there was further ongoing work in regard to locums and temporary staffing.

Sickness has remained a concern for some time. The Trust was an outlier in some areas in comparison with peers. There has been improvement in divisional management level to support staff back to work.

Job planning compliance remains an area of concern and is included on the risk register. Work continued with divisions and reports provided to the People & Culture Committee.

Statutory Mandatory training is performing well and work is underway to standardise training.

Ms Martin was pleased to see the good progress being made in relation to the survey results. Ms Martin queried whether there was a risk or challenge with occupational health support. Ms Koeltgen replied that there are some mitigations in place but demand outstrips capacity. A potential business case was being developed to provide services to both the Trust and the ICB. The Trust was currently not providing the level of responsiveness required due to the increase in demand but interventions of support are of a high quality. The increase in demand largely related to mental health support, which required an enhanced provision, linking with psychology services.

Ms Martin referred to medical agency and job planning concerns and queried whether there was confidence in the leadership to address it. Ms Walton replied that it was her responsibility to drive forward job planning. A team was in place to ensure that actions were being following through. Mr Collman added that there is now a consistent approach. Mr Burley advised that learning and improvement networks were involved and an NHSE workshop was taking place next week.

Mr Hardy stated that the Staff Survey was now open for staff until the end of November and encouraged colleagues to complete it.

Finance Performance
Mr Cook reported £0.1m overspend.
Under performance against income targets was linked to slippage.
Industrial action costs will be picked up centrally next month.
Deficit financing has been announced and the ICS have given funds for a balanced plan, though a £5.7m deficit for the year is forecast.
Managing cash conversations were ongoing with the ICB.
Costs per weighted activity including drugs and devices were proposed to be stripped out going forward.
There had been an improvement with CPIP delivery. Regular meetings with divisions were taking place to track progress, including closely monitoring the non-recurrent element.

Mr Bramley queried the challenged position with capital. The plan had slipped slightly and there were some pressures that needed close monitoring but the forecast was delivery to plan. The ICS Planning Delivery Group was focused on profiling expenditure across the final quarters of the year.

The report was noted for assurance.

006/24 **PERINATAL SAFETY REPORT**

Ms Jeffery presented the report and highlighted the following key points:
There is a sustained position from last month.
The heatmap identified that the Trust was in 10th position out of 21 Trusts. Other members of the Foundation Group were also within the top 10.
The mortality rate remains lower than the national average.
The Trust was on track to meet 10/10 of the Maternity Incentive Scheme standards.

The report was noted for assurance.

007/24 **SAFE STAFFING REPORTS**

- Midwifery

Ms Jeffery reported that staffing was safe across all shifts during August and there were over 400 births.
Sickness within midwifery was below Trust target.
Vacancy rate remains static.
The Trust welcomed 7 new midwives during September and a further 14 were expected to start over the next 2 months.
No harm incidents had been reported.

- Nursing

Ms Shingler informed that staffing on paediatric, neonate and adult inpatient areas maintained safe levels throughout and remained compliant with staffing recommendations.
16 insignificant or minor incidents were reported.
All annual acuity and dependency reviews had been completed and were going through the approval process.
International nurse recruitment was decreasing to domestic requirements due to developing local link relationships.
Maternity leave work was underway as gaps were currently filled with agency staff. As there will always be maternity leave, a proposal was being drafted to reduce agency. Reductions in agency spend continued throughout August.

Mr Hardy expressed the Board's appreciation for the international nurses and the special sacrifices that they make.

A Freedom to Speak Up (FTSU) conference was scheduled for next week. Ms Martin is the FTSU NED lead.

The reports were noted for assurance.

Items for Approval

008/24 **Trust Values**

Ms Koeltgen advised that an engagement process had taken place to understand the core values that people wish to see and identify with.
Staff consistently value openness, compassion and respect.
A summary of the work completed was included within the report and reflects the journey so far.
Rebranding would take place and integration into work life, collaboratively with colleagues.

Mr Hardy informed that the Board had previously been briefed on the comprehensive work underway during a workshop.

The Board commended the work involved and welcomed the new values and agreed the importance of building them into the way people behave as leaders.

Ms Koeltgen advised that the People Strategy was being rewritten for the next financial year. Between now and then is an opportunity for in depth engagement.

Mr Hardy encouraged calling out colleague when they don't live the values in an authentic way.

Ms Driscoll was pleased to see good contribution of staff and agreed that 3 values was the right number in order for them to be meaningful.

The Trust Values were approved.

Items for Noting and Information

009/24 **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 at the meeting in September, the Committee received a moderate assurance report from Internal Audit regarding nurse agency, which was disappointing. The Committee was assured by the Chief Nursing Officer that the recommendations were being taken seriously and being acted upon.

People & Culture Committee
Ms Martin updated that the meeting was held yesterday and the items for escalation related to job planning and medical agency. Plans are in place to monitor progress. The Committee received a presentation on work underway to improve the recruitment of consultants.

The Committee Minutes were taken as read and the updates noted.

010/24 **WE ARE VOLUNTEERTING**

Ms Shingler advised that there were currently 387 volunteers across all 3 sites.
Outcomes and best practice developments achieved were outlined.
In regard to networking and leadership, there is a good presence in local systems and working with other Trusts in the Foundation Group.

In order to increase effectiveness and reach, capacity issues are being worked through. Working with Help Force was being considered. More support was required around discharge of patients and support with combating loneliness.
Work was underway with NHS Responders to get input before winter and an additional 40 volunteers to support flow and discharge.

Mr Murphy observed that the Trust is quite understaffed with volunteers and encouraged reaching out to NHS Responders to get additional support.

The report was noted.

011/24 **RISK REGISTER**

Ms Hermon advised that the Board Assurance Framework was presented at the last Board meeting. A process was underway to implement the policy and ensuring that the Trust has effective risk mitigation and that controls in place and are proportionate.
The register will be expanded to detail the controls and gaps. High risks are reviewed monthly by the Risk Management Group.

Thanks were extended to Ms Hermon for her support.

Mr Bramley queried whether telephony and BT switch are high risk. Ms Lewis will feed back the position outside of the meeting.

The Risk Register was noted.

012/24 **ANY OTHER BUSINESS**

There was no other business.

DATE OF NEXT MEETING

The next Trust Board meeting in public will be held on Tuesday 10 December 2024.

Signed _____ **Date** _____
Chair

Lisa Wilkes
05/12/2024 15:27:32

NHS
Worcestershire
Acute Hospitals
NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2023-2024

Report to:	**Public Board**
Date of Meeting:	**10/12/2024**
Title of Report:	Chief Executive Officer's Report
Status of report:	☐**Approval** ☐**Position statement** ☒**Information** ☐**Discussion**
Report Approval Route:	Other
If Other, provide details:	
Lead Chief Officer/Director:	**Chief Executive**
Author:	Glen Burley, Chief Executive
Documents covered by this report:	Click or tap here to enter text.

1. Purpose of the report

This report is to brief the Board on various local and national issues.

2. Recommendation(s)

The Trust Board is requested to note this report.

3. Chief Officer/Executive Director Opinion[1]

Revisions to the Single Operating Framework (SOF)

NHS England (NHSE) have signalled for a little while that they would be making changes to the SOF. The SOF considers a balanced scorecard of indicators which allows each Trust and Integrated Care System (ICS) to be categorised into one of 4 segments. Segment 1 Trusts are able to operate with relative freedom whereas higher segmentation brings more scrutiny and less freedom. A sub-set of Segment 4 Trusts will be in Special Measures.

The latest scores from the current SOF are set out on the table included in this report alongside our Group colleagues and University Hospitals Coventry and Warwickshire NHS Trust (UHCW), the other acute provider in the two Systems in which the Group's Trusts operate.

I am pleased to note that, due to improvements delivered, Worcester Acute Hospitals NHS Trust (WAHT) have now been deescalated from mandated support regarding cancer performance.

The updated framework is still to be finalised, this is in part due to consideration being given to some of the themes identified in Lord Darzi's review. Amanda Pritchard, Chief Executive, NHSE, has now outlined how Integrated Care Boards (ICBs) will be tasked with leading on strategic commissioning in their systems, with NHSE providing targeted support and appropriate regulatory oversight and performance management. Secretary of State, Wes Streeting has also reinforced that point with a clear direction for ICBs to focus on developing neighbourhood health services.

NHSE's new Insightful ICB Board guidance, also reframes ICBs' role to emphasise strategic leadership focused on achieving the four core aims of ICSs: improving population health, tackling inequalities, enhancing financial sustainability, and contributing to their local economies. ICBs' ability to focus on longer-term aims is vital to shifting care closer to home and towards a prevention-focused model - two of the government's three "big shifts".

[1] 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.

OrgOverview_WideTable

NHS OF Metric Name Full	Aggregation Source	Period	GEORGE ELIOT HOSPITAL NHS TRUST (RLT)	SOUTH WARWICKSHIRE UNIVERSITY NHS FOUNDATION TRUST (RJC)	PRV UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST (RKB)	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST (RWP)	WYE VALLEY NHS TRUST (RLQ)
S000a: NHSOF Segmentation	Provider	2024 09	2: Flexible support	1: No specific support needs	2: Flexible support	3: Regionally mandated support	3: Regionally mandated support
S000b: Elective Tier	Provider	2024 10					
S000c: Cancer Tier	Provider	2024 10			Tier 2: Regionally led support	Tier 2: Regionally led support	
S009d: Total patients waiting more than 65 weeks to start consultant-led treatment	Provider	2024 08	9	20	496	300	108
S011a: Cancer: 62 days backlog	Provider	w/e 29/09/2024	92.9%	87.7%	171.7%	90.4%	61.6%
S012a: Proportion of patients meeting the faster cancer diagnosis standard	Provider	2024 08	76.7%	76%	69.5%	80.4%	76.2%
S022a: Stillbirths per 1,000 total births	Provider	2022	2.29 per 1,000	1.6 per 1,000	4.66 per 1,000	3.51 per 1,000	1.83 per 1,000
S034a: Summary Hospital -level Mortality Indicator	Provider	2024 05	2 - as expected	2 - as expected	2 - as expected	2 - as expected	2 - as expected
S035a: Overall CQC rating	Provider	2024 09	2 - Requires Improvement	4 - Outstanding	3 - Good	2 - Requires Improvement	2 - Requires Improvement
S040a: Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate	Provider	2024 03	0	1	2	5	1
S041a: Clostridium difficile infection rate	Provider	2024 03	300%	67.9%	112.5%	162.8%	86%
S042a: E. coli bloodstream infection rate	Provider	2024 03	121.4%	142.9%	90.7%	162.3%	173.3%
S059a: CQC well -led rating	Provider	2024 09	2 - Requires Improvement	4 - Outstanding	3 - Good	2 - Requires Improvement	2 - Requires Improvement
S063a: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work fro..	Provider	2023	13%	9.18%	10.9%	11.9%	8.59%
S063b: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work fro..	Provider	2023	19.8%	15.8%	19.9%	19.2%	18.3%
S063c: Staff survey bullying and harassment score - Proportion of staff who say they have personally experienced harassment, bullying or abuse at work fro..	Provider	2023	27.2%	22.6%	24.6%	24.7%	24.5%
S067a: Leaver rate	Provider	2024 08	7.81%	6.33%	7.38%	6.52%	8.49%
S068a: Sickness absence rate	Provider	2024 05	4.61%	4.92%	5.07%	5.58%	4.58%
S069a: Staff survey engagement theme score	Provider	2023	6.93/10	7.25/10	6.85/10	6.64/10	7.02/10
S071a: Proportion of staff in senior leadership roles who are from a BME background	Provider	2022	17.6%	26.1%	12.5%	2.99%	5.13%
S071b: Proportion of staff in senior leadership roles who are women	Provider	2024 07	51.6%	62.3%	57.4%	65.7%	63.7%
S071c: Proportion of staff in senior leadership roles who are disabled	Provider	2023	3.23%	4.41%	3.25%	2.78%	2.78%
S072a: Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion regardless of ethnic backgroun..	Provider	2023	58%	64.1%	54.5%	57.5%	59.5%
S104a: Neonatal deaths per 1,000 total live births	Provider	2022	0 per 1,000	0.64 per 1,000	2.16 per 1,000	1.04 per 1,000	1.22 per 1,000
S121a: NHS Staff Survey compassionate culture people promise element sub-score	Provider	2023	7.08/10	7.58/10	6.98/10	6.66/10	6.98/10
S121b: NHS Staff Survey raising concerns people promise element sub-score	Provider	2023	6.42/10	6.83/10	6.25/10	6.15/10	6.45/10
S123a: Adult general and acute type 1 bed occupancy (adjusted for void beds)	Provider	2024 09	98.7%	92.9%	97%	95.3%	100%
S124a: Percentage of beds occupied by patients who no longer meet the criteria to reside	Provider	2024 09	11.8%	6.65%	17.9%	15.3%	10.3%
S126a: Diagnostic activity waiting percentage of patients on the waiting list who have been waiting more than 6 weeks	Provider	2024 08	12.8%	15.3%	16.1%	37.7%	25.3%
S133a: Staff survey - compassionate and inclusive theme score	Provider	2023	7.23/10	7.62/10	7.11/10	7.08/10	7.36/10
S134a: Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants (WRES).	Provider	2023	1.6	.8	1.5	1.7	1.9
S135a: Relative likelihood of non-disabled applicants being appointed from shortlisting compared to disabled applicants (WDES)	Provider	2023	1.1	.5	1.1	1	1

One 1.000

Rank Banding
- Highest performing quartile
- Interquartile range
- Lowest performing quartile
- White

It has also been encouraging to hear that the revised SOF will include a stronger focus on earned autonomy for trusts which are evidently performing. The introduction of incentives relating to capital freedoms have also been promised.

Insightful Board

Strong boards are essential for all organisations if the NHS is to deliver its objectives. To be effective, boards need the right information at the right time and used in the right way. As part of our commitment to support leaders to deliver and improve, and to set them up for success, NHSE have now published Insightful Board guides for both ICBs and providers. These guides provide clarity around the critical information boards need to understand their organisations, and the culture and governance necessary to support information flow, so it can be used most effectively when overseeing their organisations. These build on the previous 'Productive Board' series but have been updated to reflect a more currently relevant set of indicators and considerations, including a greater focus on productivity. I was involved in the work to create the NHS Trust Boards version and shared our Integrated Performance Report format with the national team as an example of good practice. We are therefore already reasonably well aligned with some of the reporting suggestions, but I have asked the Board Secretaries to consider what changes we could make for the better based on the guidance. The full guide can be found on the NHSE website via this link: NHS England » The insightful provider board

More From Our Great Teams

Congratulations to everyone involved in the successful accreditation of the paediatric surgical hub at Kidderminster Hospital and Treatment Centre.

The accreditation, as part of NHS England's Getting It Right First Time (GIRFT) programme in collaboration with the Royal College of Surgeons of England, follows several months of hard work

compiling a portfolio of evidence and hosting a visit by a team of external expert reviewers who met a number of trust staff as well as young patients, and their parents and carers.

The hub brings together the skills and expertise of our dedicated staff under one roof, with protected facilities and theatres, helping to deliver shorter waits for surgery.

The good news follows on from the successful GIRFT accreditation of adult surgical procedures at Kidderminster in August.

1. Please tick box to identify which of the Trust's 10 Point Plan the report relates to:	
☐ ***Focus on Flow***	☐ ***Think/Act as a Lead Provider***
☐ ***Governance***	☐ ***Improve Staff Experience***
☐ ***Home First Mindset***	☐ ***Tertiary Partnerships***
☐ ***4ward Improvement System***	☐ ***Leadership and Structures***
☐ ***Elective Care: No Delays***	☐ ***Strategic 'Big Moves'***

Putting Patients First

4ward

NHS
Worcestershire Acute Hospitals
NHS Trust

Integrated Performance Report

DECEMBER 2024

TRUST BOARD | v0-1 | Up to Oct-24 data

Last updated 28th November 2024

Stephen Collman

Managing Director

Operational Performance:

Urgent Emergency Care:

- **Patient Attendance:** In October 2024, 13,498 patients attended the Trusts Emergency Departments, with 50.6% treated and either admitted or discharged within four hours. This represents a 7.8% increase in attendances compared to October 2023 and a 9.7% increase in walk in attendances.
- **Ambulance Arrivals:** Of the 3,701 patients arriving by ambulance, 22% were handed over within 15 minutes, while1,268 waited longer than 60 minutes.

Cancer performance:

- **62-day cancer Waiting Time:** The Trusts unvalidated performance for October 2024 is 68% with 106 breaches and 333 patients treated.
- **Cancer Backlog:** 219 patients were waiting over 62 days at the end of September, with 47 waiting over 104 days. The year end target is to reduce this to no more than 110 patients over 62 days and none over 104 days.
- **31-day treatment:** 84% were treated within 31 days.

Elective Care:

- **Outpatient and Inpatient Activity:** In October 2024, the Trust delivered 23,542 new outpatient appointments (59 below plan) and 42,513 follow up appointments (3,903) above plan. Inpatient and day case activity was above plan by 856 cases.
- **RTT Performance:** The unvalidated RTT position for October 2024 shows 1,576 patients waiting over 52 weeks, 57 waiting over 65 weeks and 1 patient over 78 weeks.

Stephen Collman

Managing Director

Quality and Safety:

- **Mortality Indices:** Remain within expected range and have for 57 consecutive months.
- **Antimicrobial Stewardship:** Compliance achieved 90.03% for October 2024.
- **Infection Rates:** Klebsiella: Dropped in October 22024. MRSA: Unchanged in October 2024. C.Diff: Increased significantly in October 2024. MSSA: Dropped in October 2024.
- **High Impact Intervention Audits:** 10 were completed for October 2024, with 4 being 100%.
- **Complaints Management Compliance Target:** The target to close complaints within 25 days was at 58.7% for October 2024. Open complaints were reported as 137 for the end of September 2024, with 70 new complaints received. Surgical Division accounts for the largest number, 76.
- **Patient Safety: Falls:** Total falls increased from September 2024 to 148 in October 2024, remaining below the national benchmark. Health Acquired Pressure Ulcers (HAPU): decreased to 26 in October 2024, with a year total of 165, zero caused harm.
- **Patient Experience:** Friends and Family Test (FFT): Response and recommendation rates increased in maternity (88%), decreased for A and E (75%), Inpatients (93.6%) and Outpatients (93%). The overall trend for these areas is showing special cause variation of improvement.

Workforce:

- **Funded establishment:** This has reduced by 1.66 wte this month. Vacancy rate reduced from 6.99% (511.80 vacancies) in September to 6.31% (462.14 wte in October). This meets the Trust revised target of 7%.
- **Agency Spend:** This has reduced to 5.26% of gross cost against our target of 6%. Bank spend has reduced by 0.67% to 8.54%. Overall our agency cost is 4.13% lower than same period last year.
- **Turnover:** Annual staff turnover has reduced to 10.06% under the target of 11.5%.
- **Sickness Absence:** Monthly sickness absence has increased by 0.43% to 5.49%. Estates and Facilities and Medicine have reduced. All other Divisions have increased, with the largest in surgery. The most significant cause is stress and anxiety at 39.16% of reasons.
- **Consultant Job Planning:** This has improved to 73%, with Urgent care the largest deterioration.
- **Mandatory Training:** Compliance meets the target at 90%.

Stephen Collman

Managing Director

Finance:

- **Income & Expenditure Performance:** Adverse variance: £0.02m against the revised plan, which is an improvement in plan of £0.4m in month. Key Drivers: favourable variance on insourcing reserves of £2m with a £0.1m adverse performance on Elective income. CPIP is £0.1m over plan year to date.
- **Income:** favourable £8.1m year to date, £0.2m adverse after stripping out pass through drugs and devices.
- **Expenses:** Employee expenses are £0.3m favourable.
- **Non-Pay Operating Expenses:** £8.7m adverse to date, though £0.1m favourable after removing pass through drugs and devices.
- **Capital Revised Plan**: Now at £17.5m. Spend at £4.75m an increase of £1.6m from last month.
- **Cash:** Cash position: Now at £24.08m. Deficit funding confirmed with ICB.

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Acting Chief Operating Officer

Teams across the organisation continue to focus on delivering the improvements we know we need to make to deliver the access to quality services our patients deserve, and my clinical and operational colleagues strive to deliver. In the last month we have continue to see good progress in some areas of operational performance however I also recognise that particularly in our Urgent and Emergency Care performance we are yet to see the level of improvement we need. We continue to work with partners on the choices we make as a system and how we can work most effectively together to ensure that patients who no longer require the input of our medical teams can leave our hospitals as quickly as possible. Achieving this will then support those people in our community who are unwell, particularly those who arrive by ambulance or who are waiting for an ambulance to arrive, to access the care they need.

We certainly need to do more to reduce the delays our patients experience in ambulances as well as increasing our compliance with the Emergency Access Standard. The team in our Emergency Department continue to work tirelessly 24 hours a day, seven days a week and most recently have had to do so whilst coping with the impact of remedial estates works to their flooring on the Worcestershire Royal site as well as the implementation of a new Electronic Patient Record. Both will definitely be to the benefit of patients and the teams in the longer term, but it has presented a particularly challenging set of circumstances in which to operate in the last few weeks and will continue impact for short while longer.

We have maintained our positive improvements in cancer to such an extent that the Trust has been de-escalated from the national Tiering Programme for Cancer and diagnostics. The progress we have made in the last 12 months in this regard has been significant and most importantly is being sustained thanks to the hard work of the clinical, operational and corporate teams involved. We know we still have lots of work to do and the team are now updating their plans as we work towards constitutional standards for cancer. This will be a significant challenge for some tumour sites . The team continue to focus of making further improvements in those tumour sites where we need to do more, and this is particularly true in our focus on increasing the number and percentage of patients who are treated within 31 days of a decision to treat.

We continue also to see reduction in the number of patients on our waiting lists who are waiting more than 65 weeks for their treatment and in most specialties are focussed on bring waiting times down to 52-weeks. However, we continue to have a small number of specialties where we are not yet able to treat all patients within 65-weeks and are working with partners across the NHS and independent sector to treat these patients as soon as possible in the most appropriate clinical setting. As part of our continued focus on elective recovery and maximising the use of our resources to the benefit of patients, we have also achieved surgical hub accreditation for paediatric surgery at our Kidderminster site (following our previous accreditation for adult surgery) and I know the team are keen to continue to go further and faster to maximise the available opportunities.

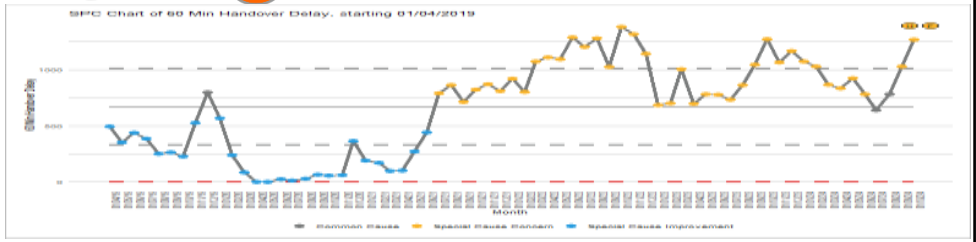
OUR OPERATIONAL PERFORMANCE - URGENT CARE

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.

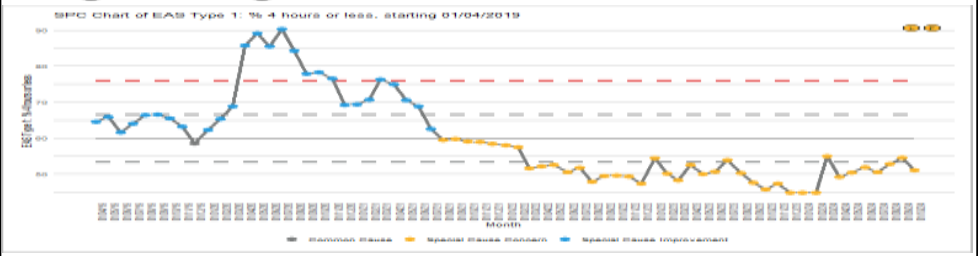
Assurance F **Variation** H

The Ambulance Handover metric is **deteriorating.** The target (0) lies below the process limits so we know that the **target will not be achieved** without change**.**



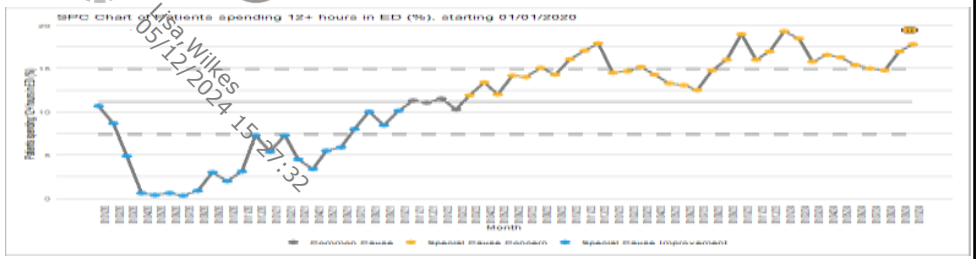
Assurance F **Variation** L

The EAS type 1 metric is **deteriorating.** The target (76%) lies above the process limits so we know that the **target will not be achieved** without change**.**



Assurance **Variation** H

The patients spending >12 hours in ED metric is **deteriorating.** There is currently no target for this metric.



Performance and Actions

13,498 patients attended the Trust's Emergency Departments in Oct-24 and 50.6% of those patients were treated and either admitted or discharged within four hours of arrival. There has been an increase of 7.8% in attendances compared to Oct-23, with an 9.7% increase in walk-in attendances.

Of the 3,701 patients who arrived by ambulance, 22.9% were 'handed over' within 15 minutes and 1,268 waited longer than 60 minutes to be handed over. 2,480 patients (18%) spent 12 hours or more in our emergency departments.

Update and Actions

- Emergency Department flooring remedial work was delayed – now completed in mid-November. In October, ED was operating across two floors but will return to original footprint from mid November 2024
- The number of ambulance handover delays over 60 minutes increased again in October to a total of 1,268. Of these, there were 37 ambulance handover delays over eight hours. Root Cause Analysis is completed for all 45-minute delays and lesson learned shared.
- Enhanced escalation policy introduced from mid-November at fixed timepoints to eliminate our longest delays with escalation to Executive team and Managing Director 24/7
- ED Electronic Patient Record launched being of November - forecast deterioration in Emergency Access Standard in line with other organisations where EPR has been implemented in Emergency Department.
- received, handover programme established with steering group in place, led by Chief Nursing Officer as Senior Responsible Officer. System State of Readiness meeting late November for Early December go-live.
- 45-minute / winter plan developed with input from all clinical divisions with actions to increase flow.
- NHS England Winter Assurance visit early November – feedback letter received, and action plan being developed led by CNO and COO.

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
- Impact of GP Collective action
- Implementation of Sunrise clinical system may have short term impact on performance

What the charts tell us

Ambulance Handover delays has return to significant concern. The other two metrics have been a significant cause for concern since Jul-21.

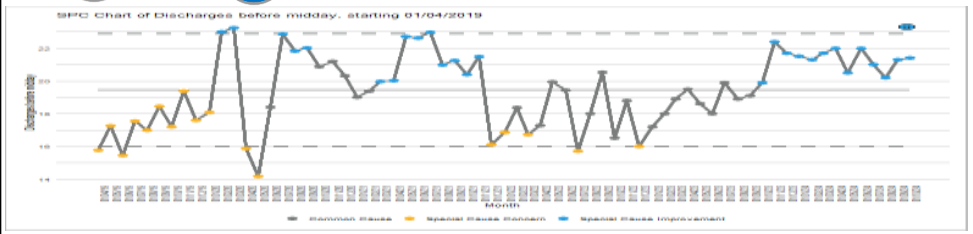
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

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.

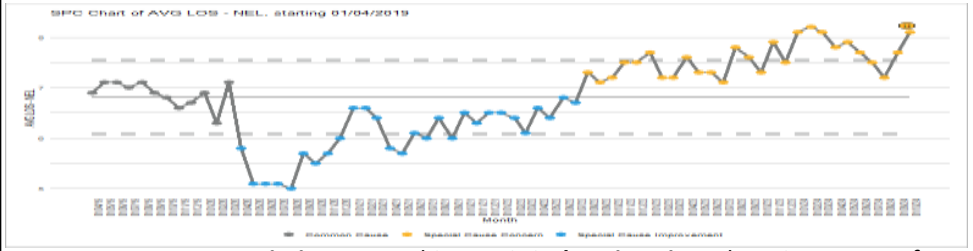
Assurance **Variation**

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**

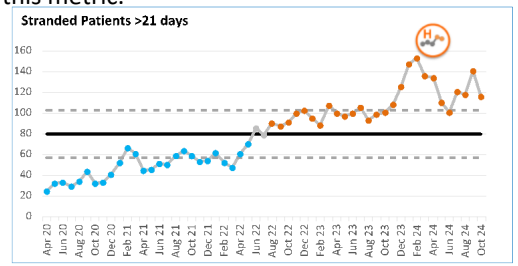
This metric is **deteriorating.** There is no target for this metric.



Assurance **Variation**

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

Lisa Wilkes
05/12/2024 15:27:32



Performance and Actions

The Trust continues to focus on getting our patients ready to go – with a focus on the internal actions colleagues need to take. However, we continue to see challenges with delays for patients requiring access to pathway 2 facilities and long waits for patients requiring more complex pathway 1 discharge;

Actions include:

- Established systemwide pathway progression hub on Worcestershire Royal site, developing further collaboration between system partners
- Established complex MDT led by deputy CNO, deputy CMO and deputy COO as point of escalation to support progression of discharges for patients as escalation point from pathway progression hub
- Internal operational processes / daily rhythm being reviewed with support from system and group partners – reflecting on operating model and divisional and directorate responsibilities
- Further development of Community Medical model led by Chief Nursing Officer, working with partners to develop. Planned launch January 2025.
- Daily Discharge Huddles to be reinstated led by Deputy Chief Nursing Officer from December 2024
- Pathway Discharge Unit closure and establishment of General Internal Medicine Ward – mid-November 2024
- Length of Stay programme and review of Internal Professional Standards led by Chief Medical Officer

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 of patients requiring a complex pathway discharge particularly to support the management of system wide risk caused by long ambulance delays
- Impact of GP collective action

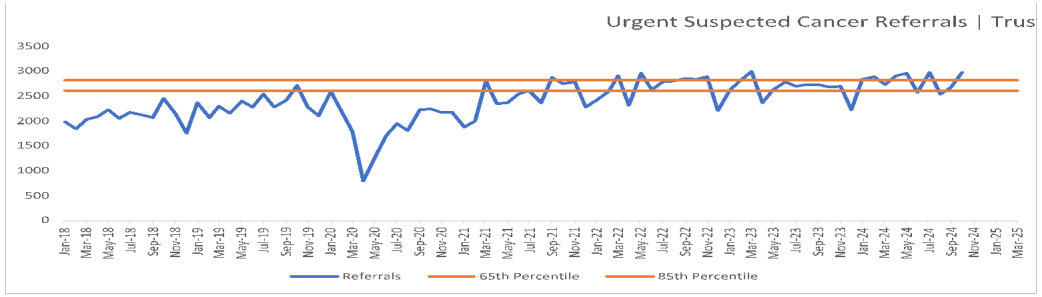
What the charts tell us

2,708 patients were discharged from G&A beds and 661 (21%) were before midday. The average LOS for a non-elective patient was 8.1 days; when you exclude patients with a zero LOS, this increases to 8.8 days. There were 116 patients with a long length of stay (>21 days) as at 31st October, of whom 56 were recorded as medically fit for discharge.

OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

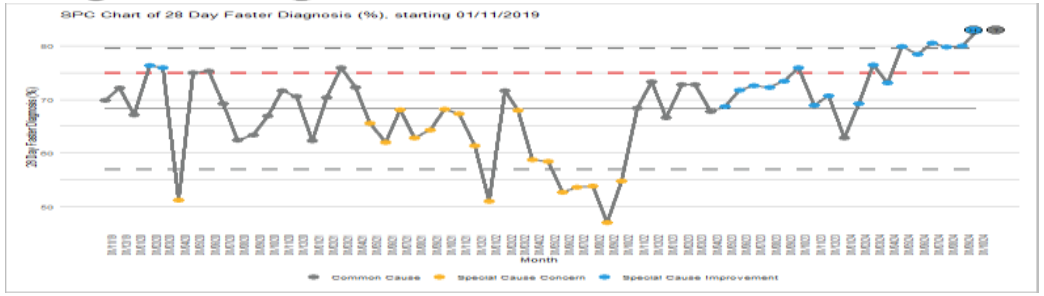
We are driving this measure because

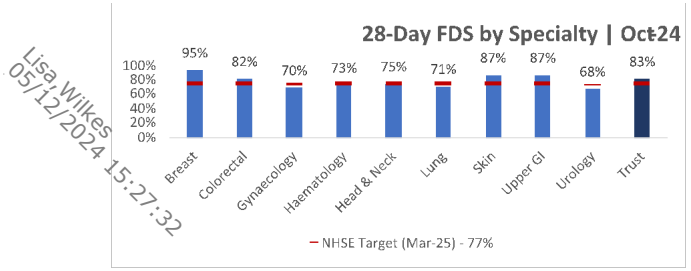
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen 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 2,973 new GP referrals for suspected cancer in Oct-24. Our Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 83% for Oct-24; 6% percentage points above the Mar-25 NHSE target. The Trust informed 2,561 patients of their diagnosis with 448 breaches of the 28-days standard.

Updates and Actions

- The Trust has been de-escalated from national tiering for Cancer from November 2024, following the sustained performance improvement.
- 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 remains ahead of the 77% national standard.
- 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.
- Delay in launch of community-led post-menopausal bleeding pathway limiting improvements in gynaecology due to late guidance. New options being put forward by ICB in conjunction with primary care and acute trust but delay in major contributory factor to continued sub-70% delivery. Internal mitigating actions being developed
- Additional respiratory consultant post out to advert to support increase in capacity for lung cancer pathway. Further supported by refreshed demand and capacity modelling in conjunction with NHS England regional team. Additional GIRFT team support for respiratory medicine being scoped.

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

Referrals in Oct-24 are the third highest on record. 28-FDS performance shows special cause improvement remaining above the NHSE Mar-25 target of 77% and 4 of 9 specialties are above this end of year measure.

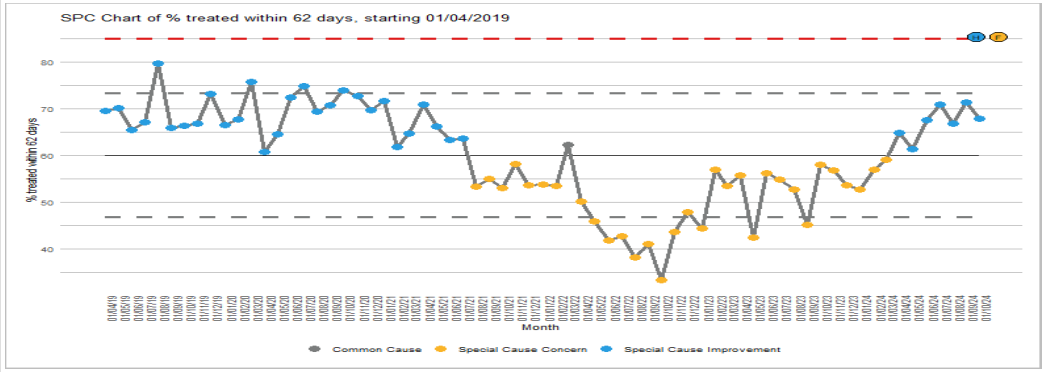
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY & 31 DAY START OF TREATMENT STANDARDS

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.

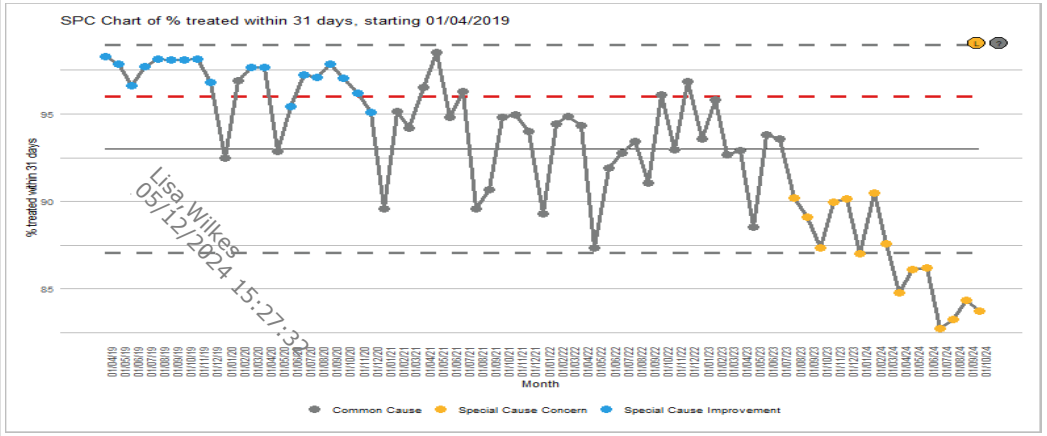
Assurance F **Variation** H

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



Assassurance ? **Variation** L

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



Performance and Actions

The Trust's **unvalidated** position for 62 days cancer waiting time performance in Oct-24 is 68% with 106.5 recorded breaches and 333.5 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 (which was not achieved). There were 219 (+9 from September) patients over 62 days at the end of October, 47 (+7 from September) of whom were over 104 days.

595 patients were recorded as receiving first or subsequent treatment after decision to treat in Oct-24, however, only 84% were treated within 31 days. This is linked to addressing a backlog of skin patients who required their first treatment. 31-day performance for non-surgical modalities is compliant with 96% standard, however surgical performance is below the expected level so is the focus on actions to improve 31-day compliance alongside timeliness of first treatments from decision to treat.

Directorates have been asked to develop new Cancer Improvement Plans to put in place actions to make step change in performance towards constitutional standards for cancer for both 31-day and 62-day standard.

Many of the drivers for 62-day performance align to the FDS performance. A focus on improving performance against the FDS standards for patients with cancer is being driven through the 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 plan for additional theatre capacity to support in Q4. modelling indicated this will return specialty to delivering performance at expected levels.
- **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. Improvements in FDS will support patient transfer to tertiary centres for surgical treatment by day 38.
- **Skin** continues to have impact on overall 31-day performance due to volume and tumour site performance and is major contributor. Whilst kin 62-day performance is above 70% national expectation, further work is required to return skin performance to the expected levels at 85%+. Additional capacity secured to deliver this over next 2 months.
- **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. Exec approval to over recruit to two consultant posts. A full business case based on remodelled workforce plan being developed on the back of workforce modelling.

Risks

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

What the charts tell us

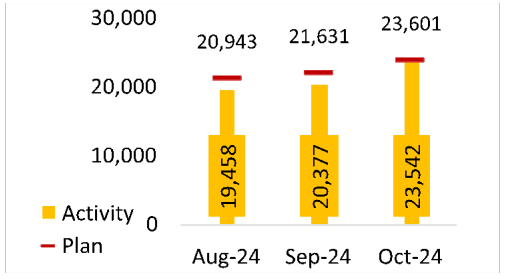
The CWT 85% target for 62 days has never been achieved, however, has transitioned from concern to normal variation to improvement. 31-day has been special cause concern since Feb-23.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

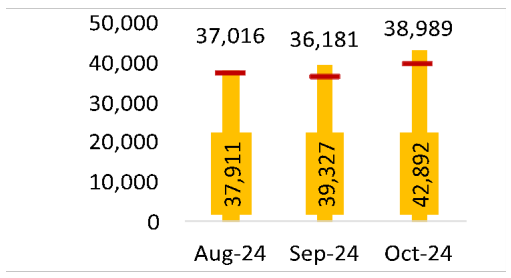
We are driving this measure because

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.

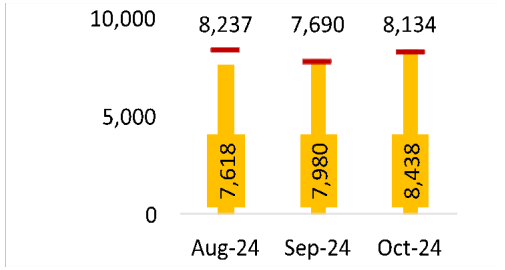
Outpatient New Activity



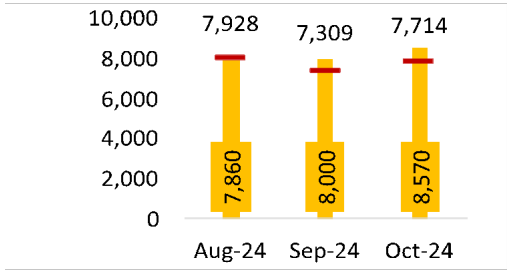
Outpatient Follow-up Activity



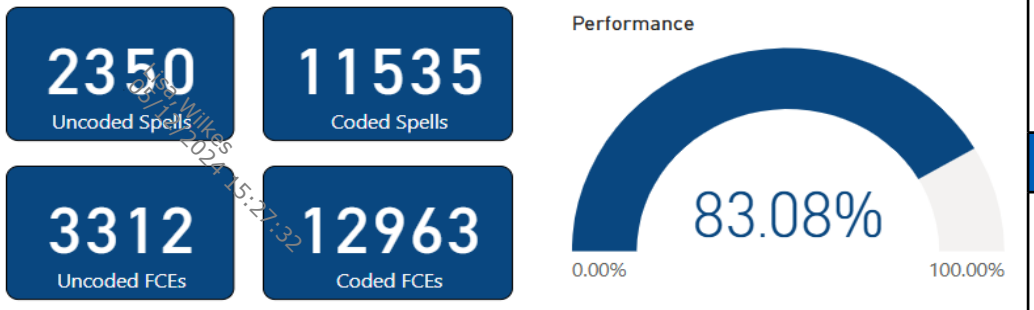
Outpatient Activity with a Procedure



Day Care and EL IP Activity



Proportion of Oct-24 FCEs coded (as at 20th November)



Performance and Actions

In Oct-24 (unvalidated), the Trust delivered 23,542 new outpatient appointments (59 below plan) and 42,513 follow up appointments (3,903 above plan). In-line with 24/25 annual planning guidance, we are now reporting on Outpatient appointments with a procedure which was 304 above plan. Inpatient and day case activity was above plan by 856 cases. Our RTT validated submission for Oct-24 was 1,576 patients waiting over 52 weeks, of whom 57 were waiting over 65 weeks, and one patient over 78 weeks; 56.9% of patients are waiting less than 18 weeks for their first definitive treatment.

Actions

- One patient was reported as waiting over 78-weeks at the end of October 2024 in Cardiology. A full RCA is being completed for this pathway and lessons learned will be shared via Elective and Cancer Delivery Group. The Trust remains on track for no patients to be waiting over 78-weeks at the end of November 2024
- The Trust has seen a further reduction in the number of patients waiting over 65-weeks at the end of the reporting period. Further reductions are forecast for November and December, with a route to 0 for December continuing to be developed.
- Additional insourcing has been secured for ENT and Oral and Maxillofacial Surgery as a key part of this delivery – as two of our biggest contributing services to long waits. IN addition, additional internal capacity is also in place
- Limited mutual aid or independent sector capacity available to support further reduction – supported by foundation Group members where possible. ENT regionally is a specialty of concern for long waits and the Trust is working with partners to adapt and adopt community ENT pathways developed by the Getting It Right First Time (GIRFT) programme. This is being led by the Integrated Care Board
- Additional capacity in place to support dermatology backlog clearance
- Kidderminster has secured further surgical hub accreditation, with the confirmation of hub status for paediatric surgery, following the earlier accreditation for adult surgery.
- Work being led by Integrated Care Board to commence on cataract pathway in line GIRFT recommendations to ensure optimal use of system wide capacity
- Focus shifting to reducing waiting times further to less than 52 weeks by end of year, with a specific commitment to deliver this for paediatric

Risks

- Urgent care demand impacting physical capacity and staffing
- Workforce challenges
- Lack of ophthalmology single point of access impacting service sustainability of ophthalmology in the acute Trust

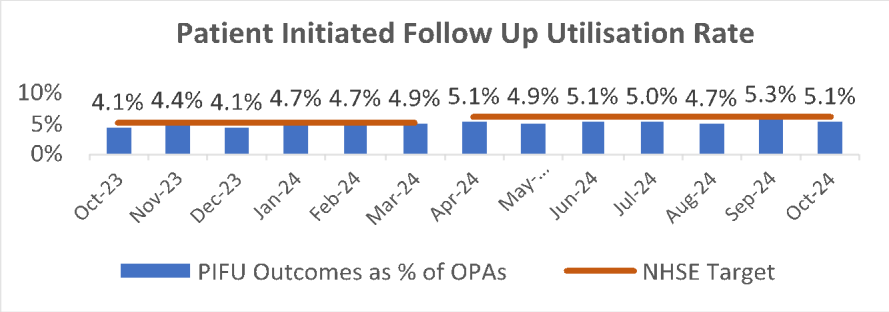
What the charts tell us

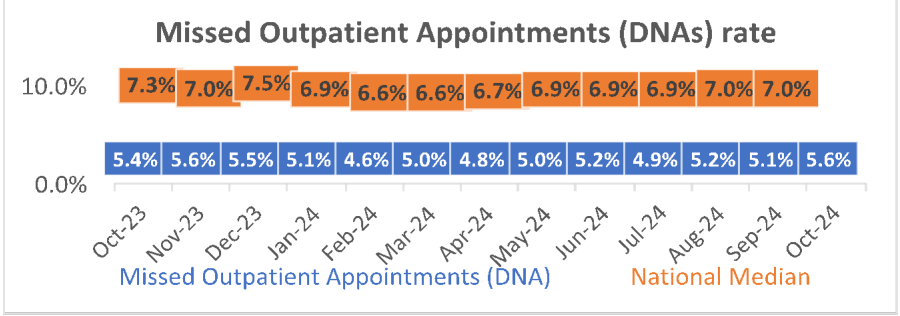
The bullet charts above compare our activity for the most recent three months against submitted plan for 24/25. Oct-24 data is currently showing that we are below plan for OPA New (but the activity is the highest on record) but above plan for OPA with a procedure and total Day Case and EL IP activity. We delivered more follow-up appointments than we said we would.

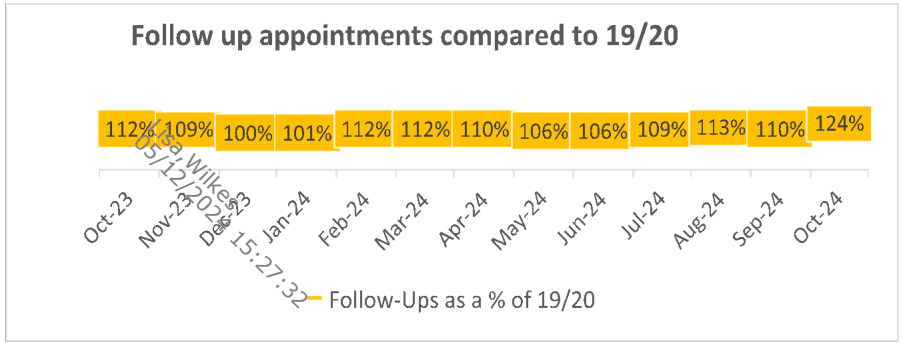
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

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. The5-yearhis 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 5.1% in Oct-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 Oct-24 was 5.6% and remains below the national median benchmarking though at a specialty level there is some variation.

Actions

- 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 with follow up actions in place overseen by Elective and Cancer Delivery Group
- Focus through Learning and Improvement Network on Outpatient Clinic utilisation to maximise the number of patients able to access outpatient appointments
- Review of GIRFT Further Faster checklists to ensure actions embedded sustainable and any other actions required
- Review 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 in progress.
- Review of outpatient model underway 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.
- Outpatient strategy and 5-year plan being developed – expected Q4

Risks

- Clinical engagement
- Lack of single management model for outpatients impacts 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 remains above 5% but requires additional transfers/discharges to get close to the 6% Mar-25 target. **DNAs** remain below the national median with ~3,100 OP appointments a month currently being missed due to DNA. **Follow-Up reduction** – unvalidated data for Sep-24 shows that we delivered 24% more follows up compared to Oct-19 (~8,200 appointments).

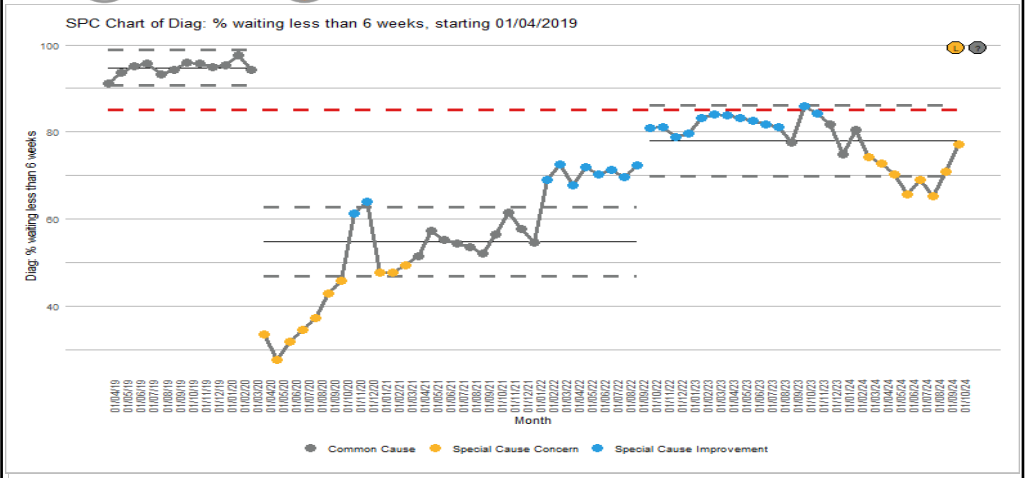
OUR OPERATIONAL PERFORMANCE – DIAGNOSTIC TESTING (DM01)

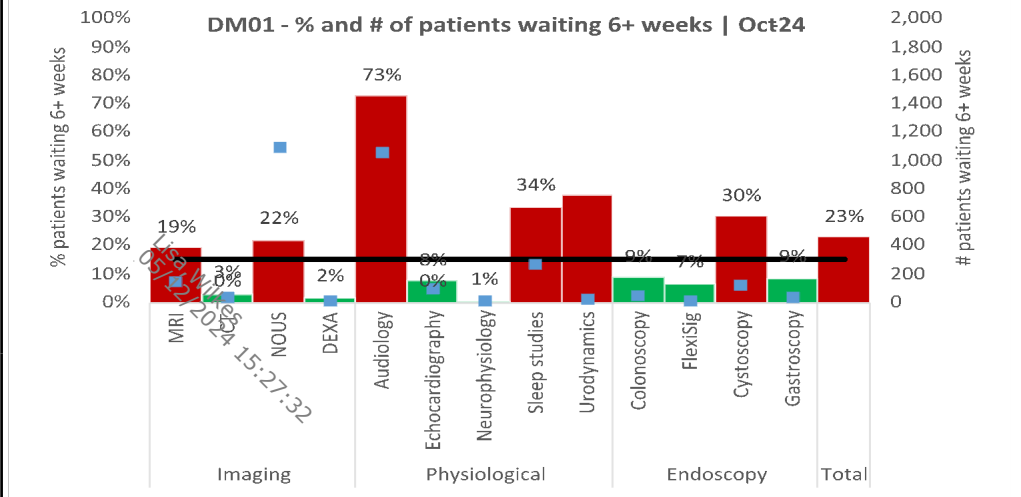
We are driving this measure because

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.

Assurance **Variation**

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





Performance and Actions

Our validated performance at the end of Oct-24 is 77% of our patients waiting less than 6 weeks (23% over 6 weeks) with 2,930 of them waiting over 6 weeks, of whom 1,088 waiting over 13 weeks. The underperformance can be attributed to multiple modalities (second graph on the left). Insourcing support in echocardiography has resulted in patients over 6 weeks improved from 510 (42%) to 98 (7.6%).

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. Expected recovery – January 2025.

Non-Obstetric Ultrasound - Additional Waiting list initiative continue to support position . Additional capacity at Malvern Community Hospital 2 days per week. Current forecast for end of year to 18%. Additional actions and opportunities being modelled to support recovery.

Audiology Assessments - Recovery Trajectory and action plan in in place with ICB support. Trajectory to eliminate 13 week waits in Q3.

MRI - Reduction in patients waiting over 6 weeks for third month in a row. Supported by additional mobile MRI capacity. Outstanding challenge for those patients requiring a general anaesthetic for procedure.

Urology (Cystoscopy)

- Increased capacity planned as part of Urology Intervention Unit business case.
- UIU launched 1 August, with, with full capacity in place September 2024, which is supporting cystoscopy recovery
- Phase 2 sustainable service delivery model being scoped to reduce reliance on additional short-term, high-cost capacity with no patients waiting over 13 weeks from November 2024, with 6-week standard delivery into Q4.

ICB leading development of CDC options appraisal with input from Trust colleagues.
Further work to understand full impact of Targeted Lung Health Checks to be completed as part of ICS wide programme.

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 77% is special cause concern. The second chart shows e.g. that 73% of Audiology's waiting list is waiting > 6 weeks and this is 1,057 patients (the blue square).

OUR QUALITY & SAFETY

Dr Jules Walton

Joint Chief Medical Officer

Dr Julian Berlet

Joint Chief Medical Officer

Sarah Shingler

Chief Nursing Officer

Our Summary Hospital-level Mortality Indicator remains within the expected range. This has been the case now for 57 consecutive months.

Compliance with the principles of Antimicrobial Stewardship continues to be stable – we have met another of the targets since September 2024, and focus continues to make improvements on the remaining 4 targets to increase compliance further.

Sepsis screening data capture remains a key area of work, with collaboration between clinical and digital teams. A newly identified clinical lead for this work should help to drive sustainable improvements that we need in this area.

The pathway for our patients who have sustained a fractured neck of femur remains under scrutiny which will continue until we see sustainable improvements.

In October 24 cases of C.diff increased to 21 and is still showing special cause variation of concern; the C.diff action plan is under review. E Coli has increased in October 24 but MSSA, pseudomonas and klebsiella have all decreased in October 24. There have been no cases of MRSA in October 24. The number of Covid and CPE outbreaks have continued throughout October 24 and continue to be managed with bay and ward closures. Due to the high number of covid positive patients in the Trust, mask wearing in all clinical areas continues in line with local and national guidance. 10 of the 11 high impact intervention audits were compliant in October 24.

The complaint compliance target to close within 25 days decreased slightly in October 24 to 58.57% and is still not meeting the target. The Trust had a slightly decreased number of complaints still open at the end of October (137 from 138), and there were 70 new formal complaints received. Of the 137 open complaints, 52 have breached 25 days down from 67 in September 24; 43 of the 52 are within the surgery division. The surgical division submitted a trajectory at the beginning of October 24 for the reduction of breached complaints to zero by the end of December 24; the Division is currently ahead of this trajectory as of 19th November (16 actual breaches against the trajectory of 26).

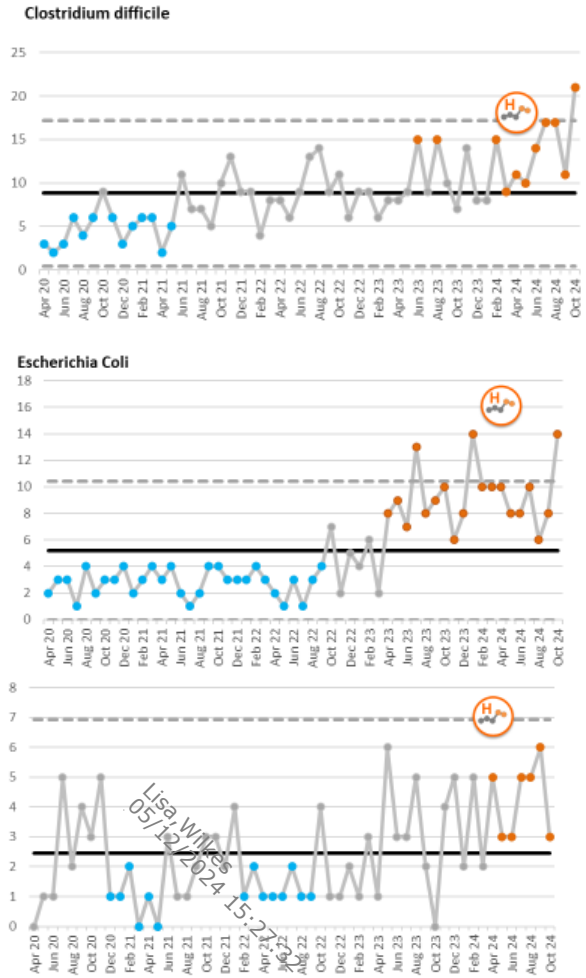
The total number of falls in October 24 has increased (from to 107 in Sept 24 to 148 in October 24) and remains below the national benchmark with 5.63 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in October 24. The total number of HAPUs in October 24 decreased to 26 (0.97 HAPU per 1,000 bed days). There were zero HAPUs causing harm in October 24. There are several improvement projects identified by the monthly Tissue Viability Investigation Group.

The friends and family response rates and recommended rates have failed to meet the recommended target (95%) across outpatients, A&E and Maternity in October 24 and in-patient areas were just outside of compliance. There has been an increase in compliance within Maternity services. 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. The new FFT card which was launched in August 2024 for both inpatient and outpatient areas to facilitate easier submission of this feedback continues to be used.

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 and achieve Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards and ongoing care of invasive devices.



Performance and Actions

NOTE: Trajectories have been amended based on the NHS Standard Contract 2024/25: Minimising C.diff and Gram-negative BSI.
This has had a beneficial impact on the Trust position as the targets in the Contract were higher than those previously being used.

	Oct-24 (Actual vs Target)	To Date (Actual vs Target)
C.Diff	21/12	100/75
E-Coli	14/10	64/65
MSSA	3/1	30/11
MRSA	0/0	0/0
Klebsiella	3/3	26/20
Pseudomonas	0/1	7/8

- C.diff increased significantly in Oct (21 c.f. 11 in Sep-24) and is still showing special cause variation of concern.
- E-Coli BSI (8) also increased in Oct-24 and continues to show special cause variation of concern
- *Pseudomonas aeruginosa* BSI (0) dropped in Oct-24, and is showing common cause variation
- *Klebsiella species* BSI (3) dropped in Oct-24, and is showing common cause variation
- MRSA (0) was unchanged in Oct-24 and is showing special cause variation of improvement.
- Internal ambition: MSSA (3) dropped in Oct-24 but continues to show special cause variation of concern.

- Hand Hygiene Compliance has exceeded the target for the (98%) every month since Apr-22 and is showing common cause variation.
- However, Hand Hygiene Audit participation (90%) is still not compliant with the target (100%) but is showing common cause variation.
- Ten of the High Impact Intervention (HII) audits were compliant in Oct-24, with four being 100% compliant .
- There were no audits completed for 'Prevent ventilator associated pneumonia'' in Oct-24.

Actions

- C.diff action plan being reviewed, to strengthen actions in place. Linking into ICB-level work to address rise at ICB-level.
- Focus on cleanliness continues, including roll-out of new bed-space checklist by clinical teams.
- Divisional focus on identified themes from shared learning: delayed detection of diarrhoea, delayed specimen collection, and delayed isolation.
- Focus on antimicrobial stewardship, including expert-led ward rounds in wards with outbreaks or periods of increased incidence.
- Work focussed on improving care of Peripheral Vascular Devices (PVD) progressing, to target E coli BSI and MSSA BSI.
- High impact intervention audits include focus on urinary catheter care and PVD care.

Risks

Capacity: Level 4 actions impact on IPC actions as planned meetings involving clinical staff have been cancelled. Level of activity and high level of bed occupancy limits ability to isolate patients in a timely manner, increasing risk of infection spread – work in progress with Capacity Team to mitigate this where possible. 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 9 months.
- E-Coli BSI is showing special variation of concern for the last 19 months.
- Internal improvement ambition: MSSA BSI is showing special variation of concern for the last 7 months.

Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (Latest data July-24, accessed 13/11/2024)

C. Difficile – Out of 23 Acute Trusts in the Midlands (range 0 to 37.6), our Trust sits the 22 nd best and is **above** both the Midlands and England rates.

E.Coli – Out of the 23 Acute Trusts in the Midlands (range 6.4 to 34.5), our Trust sits the 18 th best and is **below** the England rate, but **above** the Midlands rate.

MSSA – Out of 23 Acute Trusts in the Midlands (range 0 to 14.4), our Trust sits the 18 th 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 th 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	7,817	21.6
Midlands NHS Region (Pre ICB)	1,509	22.1
Worcestershire Acute Hospitals	97	34.4

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

Area	Count	Per 100,000 bed days
England	8,182	22.6
Midlands NHS Region (Pre ICB)	1,406	20.6
Worcestershire Acute Hospitals	61	21.6

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

Area	Count	Per 100,000 bed days
England	3,863	10.7
Midlands NHS Region (Pre ICB)	617	9.0
Worcestershire Acute Hospitals	30	10.6

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

Area	Count	Per 100,000 bed days
England	618	1.7
Midlands NHS Region (Pre ICB)	85	1.2
Worcestershire Acute Hospitals	4	1.4

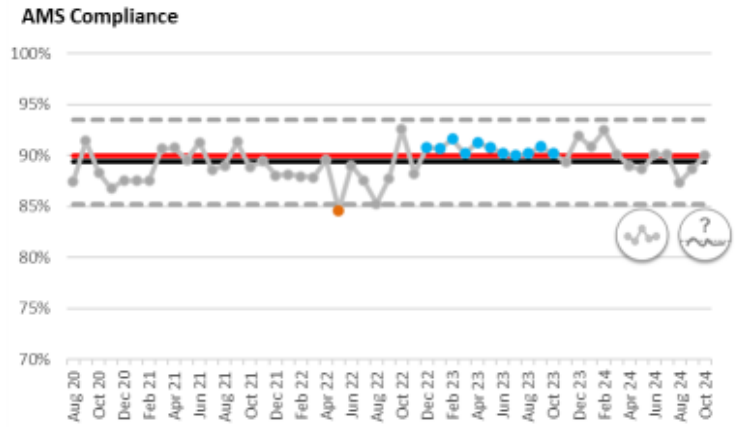
OUR QUALITY & SAFETY – ANTIMICROBIAL STEWARDSHIP

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

- A total of 390 audits were submitted in Oct-24, compared to 397 in Sep-24.
- Antimicrobial Stewardship overall compliance increased in Oct-24 (90.03%) and achieved the target.



- Four of the elements are compliant with the target (up from three in Sep-24):
  - "Antibiotics In Line with Guidance" (92.05%)
  - "Reviewed Within 72 hours" (92.61%)
  - "Test Results Been Reviewed" (95.81%)
  - "Documented on the Drug Chart" (97.48%)
- Four of the elements are non-compliant with the target (down from five in Sep-24):
  - "Drug Allergy Status" (83.08%)
  - "Appropriate Tests Requested" (84.69%)
  - "Duration of IV" (89.62%)
  - "Duration of Antimicrobial" (83.23%)

Actions

- Focus on monthly audits and identify actions to drive improvement in quality (KPIs).
- Antimicrobial teaching session carried out for fifth year medical students.
- 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.
- 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.
- 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 7.62% in Q2 (Q1= 12.03%). Minimum < 25% and maximum 15% (lower % indicates better performance).
- Antimicrobial Stewardship meetings took place as planned - Continuing to encourage wider stakeholder engagement. Updated the C diff action plan with a focus on arranging a system wide teaching programme.
- 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.
- Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines.
- World Antimicrobial Awareness week planning in place with COMMs information to be sent out.

Risks

- Operational pressures prevent necessary attention to AMS

What the charts tell us

This metric has shown common cause variation for the last 12 months.

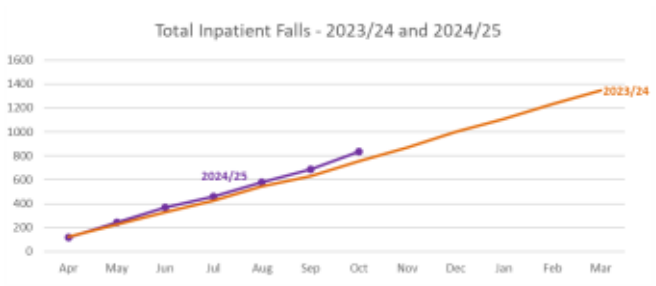
OUR QUALITY & SAFETY – FALLS

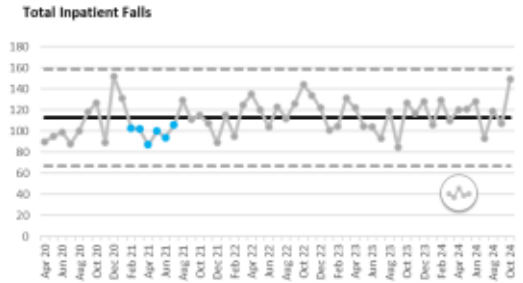
We are driving this measure because

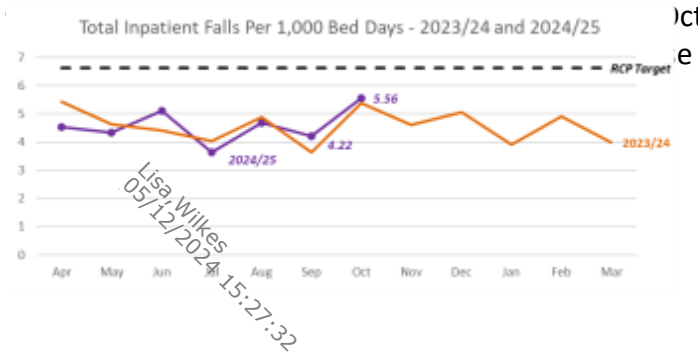
Falls and falls related injuries are a major cause of disability and the leading cause of mortality due to injury in older people in the UK. Falls are associated with increased length of stay, additional surgery and unplanned treatment.

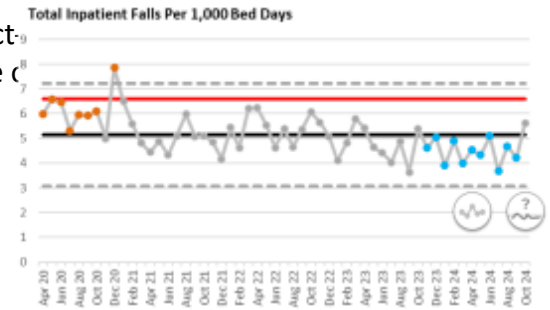
Total Inpatient Falls

- The total monthly number of falls in October was 148 (up from 112 in Sep-24).
- The numbers of falls this year to date is 837, which is above this time last year (755).
- Falls per 1,000 Bed Days increased to 5.63 in Oct-24 (4.22 in Sep) slightly below the same time last year (5.40) and below the national benchmark at 5.56 falls per 1000 bed days (benchmark 6.63).
-









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Performance and Actions

Performance

- The highest number of falls were reported in Speciality Medicine (76), followed by Urgent Care and Surgery (both 32), SCSD (9) and W&C (0).
- Out of the total 148 falls 32.89% were classified as insignificant, 63.09% as minor, 4.02% as moderate harm and 0% as Severe.
- A total of 5 moderate harm falls were reported; 4 Speciality Medicine, 1 Surgery (WD14).
- Quality Checks data showed audit results above 90%.
- Improvement in recording falls prevention measures since previous month. 85% - Oct.

Actions

- 2nd annual Movement Matters Week in October – focus on activity and safer mobility.
- 100% of eligible wards participated in the #EndPJParalysis audit in October (highest number since the launch of the #EndPJParalysis app).
- Deep dive review of all falls in A&Es and AMUs between April & Oct '24 highlighted dynamic and unpredictable nature of emergency settings, and improvement initiatives aimed at risk reduction.
- Targeted effort on education by Urgent Care & Surgery.

Risks

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

New equipment now delivered. Training roll-out is underway. Risk to be closed once equipment is assigned to agreed locations (capacity Hub; Avon 3/ARU, T&Oa, and AFU).

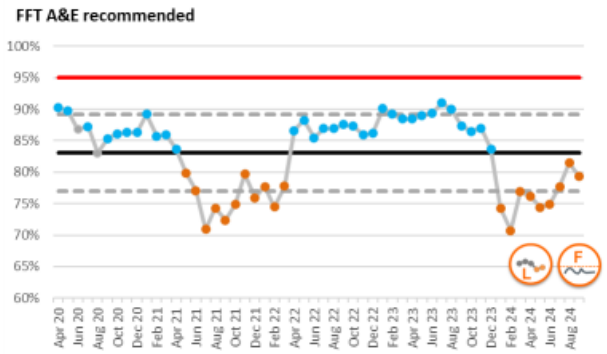
What the charts tell us

The total number of Inpatient falls is showing common cause variation.
Total Falls per 1,000 bed days is showing common cause variation

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.



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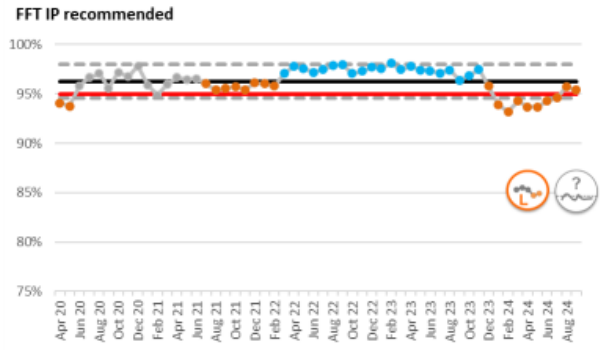


Please note that Y axis does not start at zero.

Performance

- Overall, FFT recommended rates in Sep-24 have increased for Maternity (88.0% - up 1.3%) whilst decreasing for A&E (75.3% - down 4.0%), Inpatients (93.6% - down 2.1%) and Outpatients (93.6% - down 0.3%),
- Inpatients was non-compliant with the recommended target ,following 2 months over 95%, and is still showing special cause variation of concern.
- Outpatients has failed to reach the recommended target for the last 10 months (although lowest compliance has been 93.6%), having previously been compliant every month since Aug-22.
- A&E has been below 80% on 9 of the last 12 months.
- Maternity achieved the recommended target for 4 of the last 12 months.

Actions

- Lead Nurse for Patient Experience has contacted all divisions governance teams and asked for feedback and actions as to how they are firstly advertising FFT in their areas but also what they are actively doing in terms of actions to address the issue.
- FFT and Inpatient Survey results to be discussed at QGC and also NMAB.
- Continues to be monitored at QAV and Ward Accreditations in terms of systems in place to ascertain feedback, how well advertised and easy it is for patients and carers to provide feedback in all areas.
- Wards encouraged to have a visible you said we did board to reassure that feedback if addressed and actioned accordingly.
- FFT generic card system in place making ordering and accessibility to cards easy across the Trust.
- Governance teams and identified ward staff can continually access the FFT themes and trends information – this is covered at the fundamentals of care for key areas such as rest and sleep, waits, communication and relationships.
- Matron in WRH A&E has implemented more FFT availability to get feedback from patients

Maternity FFT

- Work to re design the FFT card for maternity is on-going
- Introduction of the patient feedback volunteer
- Meeting with team leaders in 2 weeks time to discuss FFT and how to increase response rate in outpatient areas

Risks

A&E continue through Q2 and into Q3 to be under extreme pressure with patient acuity and waits in the department.
Maternity – remain at 88% showing slight increase but needs further ongoing developments

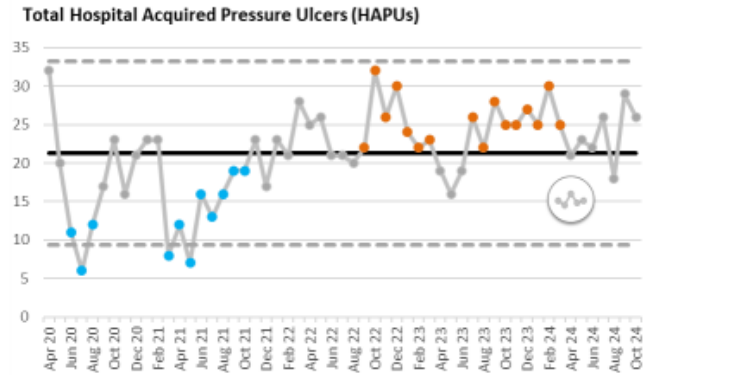
What the charts tell us

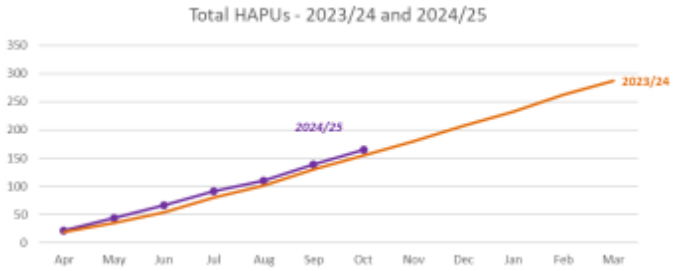
Inpatient, Maternity and A&E response rates are all showing special cause variation of improvement.

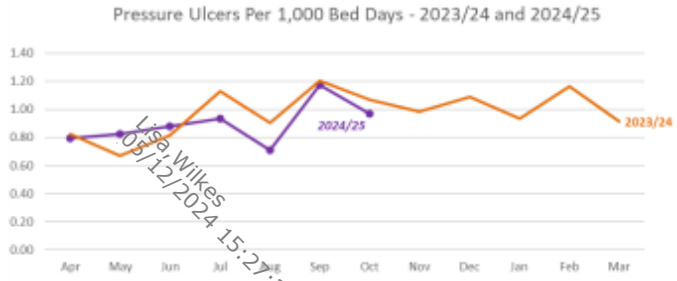
OUR QUALITY & SAFETY – PRESSURE ULCERS

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).







[1] Figures extracted on 05/11/2024 and are subject to change dependant on grading review.
[2] Note an increase of beds on both sites compared to 2023/24

Performance and Actions

Total HAPU's

- The number of HAPUs dropped in Oct-24 to 26 (29 in Sep), bringing the current total for 2024/25 to 165[1].
- The total is above the same time last year (155)[2]
- Total HAPUs per 1,000 bed days dropped in Oct-24 to 0.97 (1.18 in Sep)
- Total HAPUs as a % of Emergency Admissions dropped to 0.79% in Sep-24 (from 0.90% in Sep)

HAPU's causing Harm

- There were zero HAPUs causing harm in Oct-24 .
- This leaves the total HAPUs causing harm unchanged for 2024/25 at 1.

Actions

- Continue to support divisions with Educational Training programmes training for all health professional :PUP , Care certificate, Clinical advisors delivering training to ward areas. Supporting ED dept with TV EPR documentation..
- Essential to role PUP training to improve divisional training continues.
- Tissue Viability Team implemented Divisional Pressure Ulcer Categorisation workshops : to become regular and book via ESR

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.
- 5173 (Risk score 10)TV documentation on sunrise EPR , increased risk of staff inability to document safe care
- 5611 (risk score 12) reduced N&H service untimely referrals may occur which would lead to delayed wound healing .
- 5003 (risk score 6) result of increased Inpatient acuity TVN vacancies , timely reviews will be affected.
- 5748 (risk score 8) Increased risk of pressure injuries due to faulty inner cells within Hybrid mattresses.

What the charts tell us

Total Hospital Acquired Pressure Ulcers is showing common cause variation.

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

- In Oct-24, after exclusions were applied, there were 1,824 observations with a NEWS2>=5[1] of which 507 (27.8%) had a SEPSIS pathway document completed.
- Of the 322 diagnosed as Septic, 63 (29.57%) had the complete SEPSIS 6 bundle completed in 1 hour.
- Of the individual bundle elements, Oxygen had the highest compliance (55.28%), and Antibiotics had the lowest (38.20%)

- ED still use GAP to audit SEPSIS patients.

METRIC 1: % SUSPECTED SEPSIS SCREENING TOOLS completed

Ward	31/05/2024	30/06/2024	31/07/2024	31/08/2024	30/09/2024	31/10/2024
ALEXANDRA A&E	43.33%	44.83%	39.39%	35.71%	100.00%	46.15%
WORCESTER A&E	75.00%	50.00%	100.00%	100.00%	n/a	n/a
Total % completed	47.06%	45.45%	41.18%	47.06%	100.00%	46.15%

METRIC 2: % Sepsis six completed within 1 hour

Ward	31/05/2024	30/06/2024	31/07/2024	31/08/2024	30/09/2024	31/10/2024
ALEXANDRA A&E	82.61%	84.00%	92.86%	92.31%	0.00%	95.65%
WORCESTER A&E	66.67%	100.00%	0.00%	100.00%	n/a	n/a
Total % completed	80.77%	84.62%	89.66%	93.33%	0.00%	95.65%

[1] *Note a single patient can have multiple NEWS>=5*

[2] *NICE quality standards | Goals and outcome measures | Sepsis | CKS | NICE*

Actions

- The T&F group met again and identified the following actions
  - Review the Policy to bring it into line with NHSE/NICE guidance
  - Design a process that incorporates sepsis and NEWS escalation that reflect the policy and can work in Sunrise - and meets the audit requirements
  - Consider available training to back this up or work with an internal team to design bespoke training.
  - Review the audits done and ensure the data is owned by the correct teams
- A further meeting is scheduled for 25/11/2024.

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

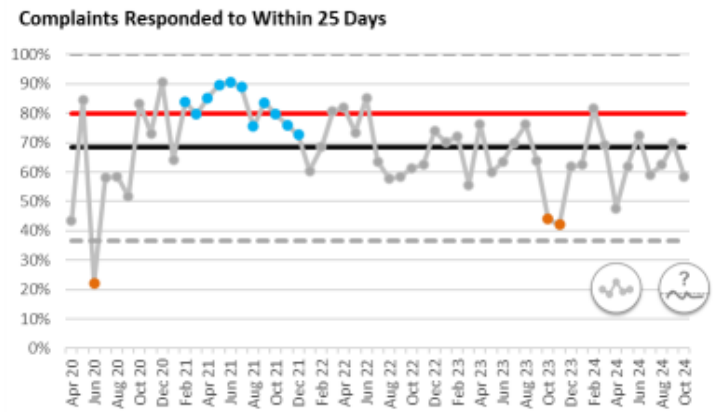
OUR QUALITY & SAFETY – COMPLAINTS

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 Oct-24 with 18 (39.13%[1]) called within 5 days to discuss the complaint.
- The Trust had 137 complaints still open at the end of Sep, of which 32 have been reopened.
- Of these 137 complaints, 52 have breached 25 days (16 of which have been reopened)



- The Surgery Division accounts for 76 (55.5%) of all open complaints and 43 (82.7%) of those that have already breached 25 days (13 of which have been reopened). Of the reopened complaints in Surgery, 4 have now breached 6 months.
- Compliance with complaints closed within 25 days dropped to 58.57% in Oct-24 and did not meet the target.

1 *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

- The Surgical Division have separated complaints into Backlog and BAU, with a view to clear all backlog by year end. Currently ahead of trajectory with 40 of the original 56 overdue/breached complaints closed.
- While current focus is supporting the Surgical Division with clearing their backlog, the Team Leader for PALS and Complaints is working with all divisions to identify roadblocks.
- Achieving KPI's remains unachievable due to the sizeable backlog at present.
- Team Leader for PALS & Complaints, Head of Patient Safety & Complaints and Associate Director of Patient Safety & Risk are reviewing processes to improve efficiency and reduce frequency of Further Concerns
- Internal Complaints Training is launching in November 2024, with a view to align divisions to a more standardised approach based on PHSO Guidance
- The Head of Patient Safety & Complaints and Associate Director of Patient Safety & Risk have met with the Company Secretary with a view to close all outstanding actions from the 360 audit.
- The new Complaints Manager will be starting with the team in January

Risks

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

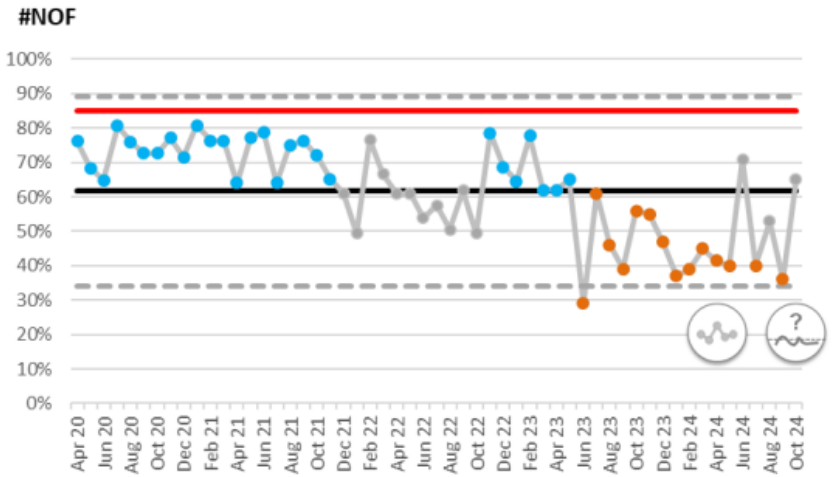
What the charts tell us

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 – FRACTURED NECK OF FEMUR (#NOF)

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 Aug-23 to Jul-24 was 12.66% for the diagnostic group #NOF (in-hospital 6.26% & Out of hospital 6.40%)[1]
- This is the 12th lowest (of 21 Midland Acute Trusts), with the figures ranging from 9.11% to 22.86%.[1]
- The ALOS for #NOF patients in the period Aug-23 to Jul-24 was 13.20 days.
- This is the second lowest ALOS amongst Midland Acute Trusts during this period, with figures ranging between 11.31 days and 28.57 days[1]

[1] Source: HED, accessed 12/11/2024 – awaiting latest data

Performance and Actions

- #NOF compliance increased in Oct-24 to 68% (BPT) and 65%(all) but the target (36 hours) has still not been achieved since Mar-20.
- There were 65 (BPT) and 75 (All) #NOF Admissions in Oct-24.
- There were a total of 21 (BPT) and 26 (All) breaches in Oct-24.
- The primary reasons for BPT breaches in Oct-24 were bed issues (10 patients) and medically unfit patients (8)
- The average time to theatre was 32.5 hours (BPT) and 34.5 hours (All).

Actions

- As part of the winter plan we are looking to secure 5 beds on SAU with a view to sending patients straight to theatre from there.
- There is also a plan for 5 beds to be made available for Trauma and Frailty to use in the community with NOF's leaving the Acute Trust at 5 days if fit.

Risks

Theatre and bed capacity continue 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 WORKFORCE

Ali Koeltgen

Chief People Officer

The **funded establishment** has reduced by 1.66 wte this month (0.83 wte in Specialty Medicine, and 0.83 wte in Urgent Care.

Our **vacancy rate** has reduced from 6.99% (511.80 vacancies) in September to 6.31% (462.14 wte in October). This now meets the Trust revised target of 7% and compares favourably to a vacancy rate of 9.31% in October last year. We are now 127.79 wte ahead of our plan for October which should improve our bank and agency spend for winter. This is mainly due to high, newly qualified staff commencing in the Trust in September following proactive student recruitment. We are now 52.79 wte ahead of our plan for the end of March 2025 which will need to be closely monitored to ensure that we see corresponding bank and agency reductions if we are to achieve our plan.

Agency spend remains our biggest challenge despite a 48 wte increase in substantive staff in post. There has been an increase of 9.24 wte agency worked and a reduction of 6.7 wte bank worked. Our total hours worked is 7511 wte which is 429 wte higher than last year partly due to staffing for additional capacity and reduced sickness. We have used 191 wte worked above our funded establishment primarily due to unfunded capacity. This is worse than last month when we were 168 wte over establishment. The extra day in the month will have impacted.

We have 182 wte worked over establishment in Specialty Medicine which is linked to additional winter wards. We are 67 wte worked over establishment in Urgent care for reasons including escalation areas and specialing, and 55 wte worked over establishment in Surgery. Cover for sickness and maternity will have had some impact. This is partly balanced by worked being under-establishment in SCSD, Corporate, and Women in Children's.

Total Bank and Agency usage has increased by 2.54 wte since last month. Agency spend as a % of gross cost has however, reduced by 3.03% to 5.26% as a percentage of gross cost, against our target of 6%. This is partly due to reductions in Agency Medics in Surgery and Urgent Care, and partly due to our in-month substantive pay bill being higher due to cost of living back pay for Agenda for Change staff. Bank spend has reduced by 0.67% to 8.54%. Urgent Care remains an outlier at 15.47% Agency spend although reduced from 21.63% last month. Corporate are the only division to increase their agency spend as a % of gross cost this month. All clinical divisions have had a reduction of between 0.52% and 7.03%. Divisions continue to work hard to reduce Agency spend but this has been impacted by Level 4 escalation in the Medicine division. Our agency spend as a % of gross cost is 4.13% lower than the same period last year despite the landscape of having unfunded capacity. Each Division is including an Agency reduction plan in FPE packs which appears to be having an impact.

Our annual **staff turnover** has continued to meet our target of 11.5% with a reduction of 0.33% to 10.06% this month which benchmarks well against other Trusts.

Monthly **sickness absence** has increased by 0.43% to 5.49% which is 0.72% better than last year. There have been reductions in Estates and Facilities (although still highest in the Trust at 7.07%) and Specialty Medicine. All other divisions increased with the biggest increase in Surgery. Absence due to stress remains higher than pre-pandemic and Corporate are of concern with 39.16% due to stress and anxiety. Digital rates look high, but this is skewed by the small size of the Division.

Consultant Job Planning has improved by 6% to 73%. All divisions are of concern with the highest compliance rate being 84% in SCSD. Urgent Care have deteriorated again to a concerning 24%.

Mandatory training compliance meets target at 90% but falls short of Model Hospital Benchmark of 90.9%. Non-medical appraisal is below target at 82% (unchanged position).

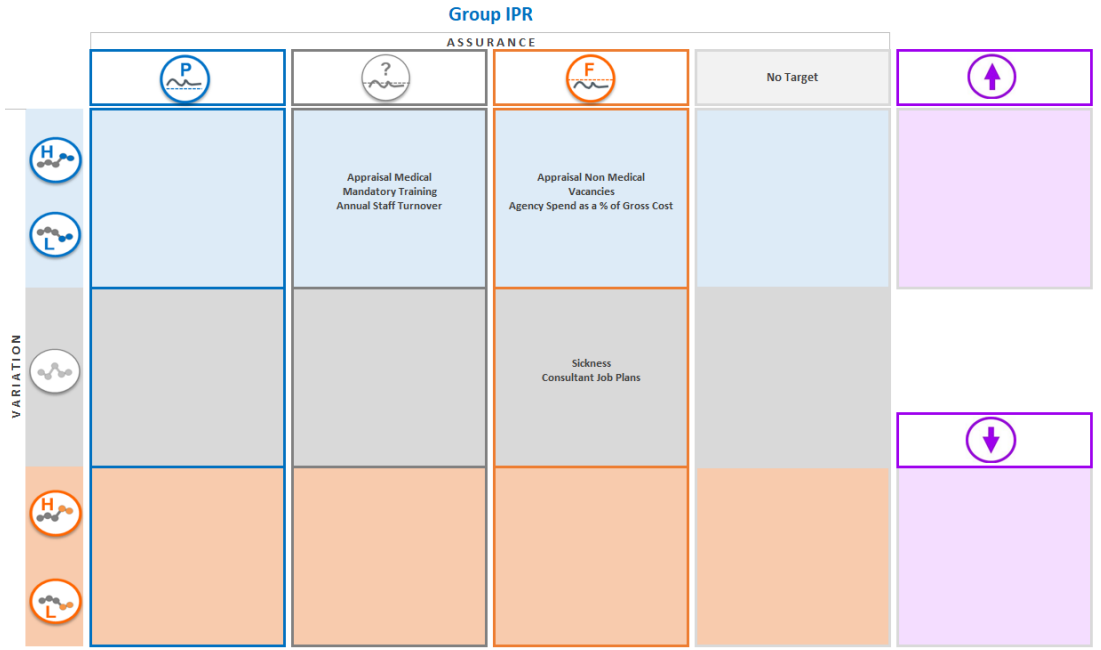
OUR WORKFORCE – MATRIX AND SUMMARY VIEW

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

This shows an improving position for Agency Spend as a % of Gross cost, Vacancies and Annual Staff Turnover.

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

Vacancies, Agency Spend, Annual Staff Turnover Mandatory Training and Medical Appraisal are now meeting target. Vacancy Target reduced to 7% from October 2024.



Group IPR

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Appraisal Non Medical	Oct 24	82%	90%	H	F	79%	76%	82%
Appraisal Medical	Oct 24	94%	90%	H	?	89%	82%	96%
Mandatory Training	Oct 24	90%	90%	H	?	89%	88%	91%
Vacancies	Oct 24	6.31%	7.00%	L	F	9.11%	7.07%	11.15%
Sickness	Oct 24	5.49%	4.00%	-	F	5.39%	4.50%	6.28%
Annual Staff Turnover	Oct 24	10.06%	11.50%	L	?	11.31%	10.63%	11.98%
Consultant Job Plans	Oct 24	73%	90%	-	F	69%	60%	77%
Agency Spend as a % of Gross Cost	Oct 24	5.26%	6.00%	L	F	8.36%	6.07%	10.65%

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.

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24
9.39%	9.69%	8.53%	9.63%	8.44%	8.81%	8.61%	8.99%	7.89%	8.60%	7.93%	8.29%	5.26%

Assurance

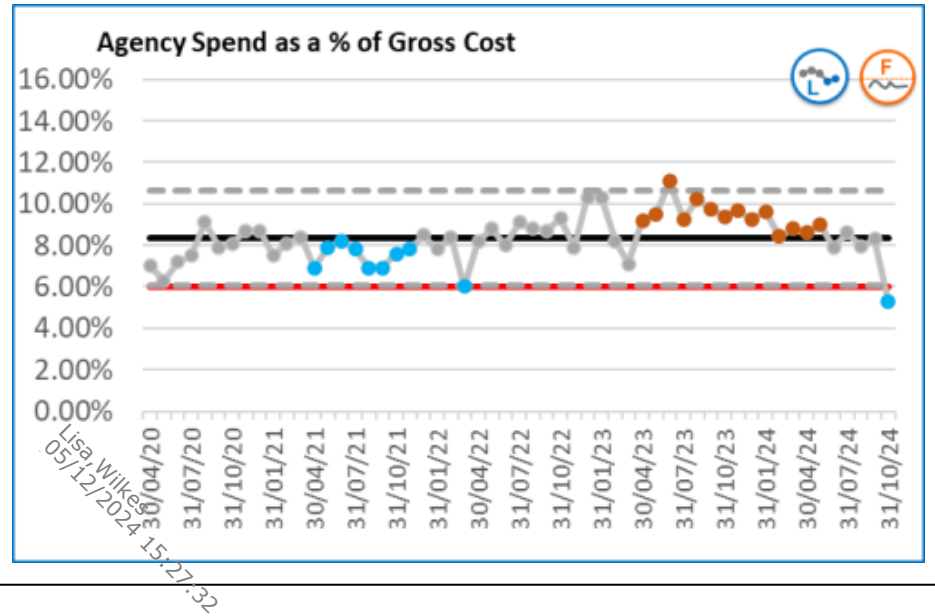
The system is expected to consistently Fail the target

Variation

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

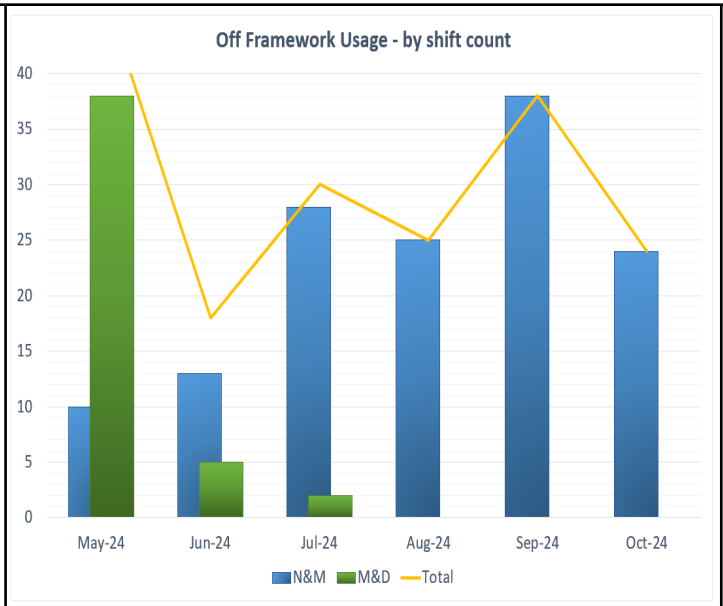
Data Quality Mark

Reasonable Assurance



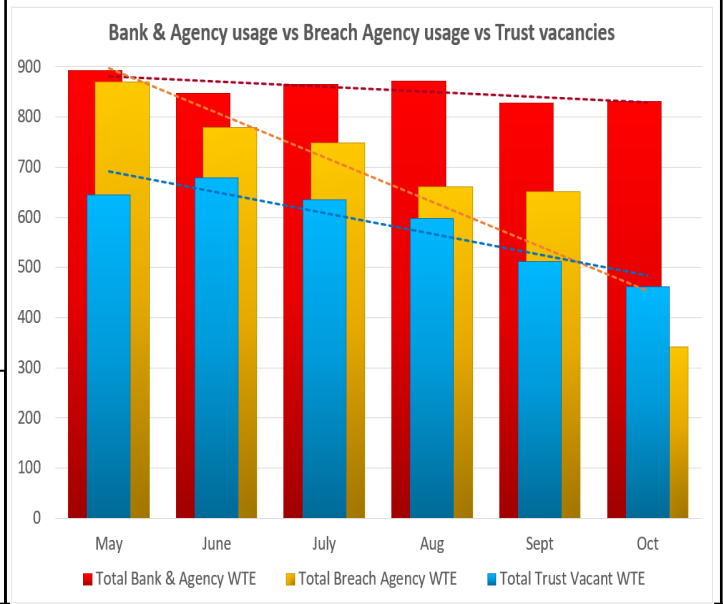
Ongoing Cost Reduction Projects:

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



Off framework usage has decreased slightly in October. This figure results from only 2 off framework workers across the entire Trust.

These workers are in vacant hard-to-fill posts. All on framework agencies were unable to provide workers, and substantive recruitment has so far been unsuccessful. The supplying agency are currently undertaking the application process to join HTE Framework and are already supplying within framework guidelines.



This data now demonstrates a steady decline in the usage of breach agency workers in line with decreased vacancy WTE.

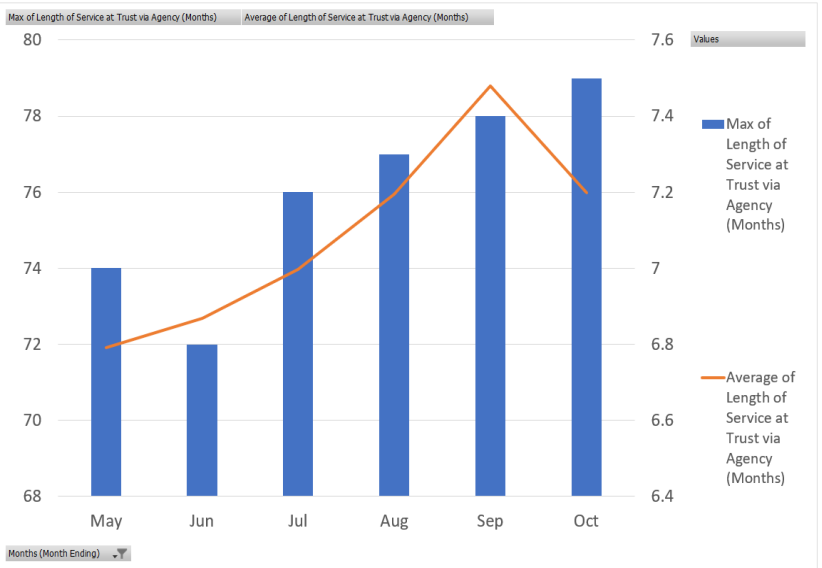
October 2024 is the first time breach agency usage has fallen below Trust Vacant WTE, with only a very slight increase in overall bank & agency WTE.

This is very encouraging and sustained progress in the reduction of breach agency usage at the Trust, and in the ongoing cost reduction projects.

OUR WORKFORCE – REDUCTION OF AGENCY SPEND

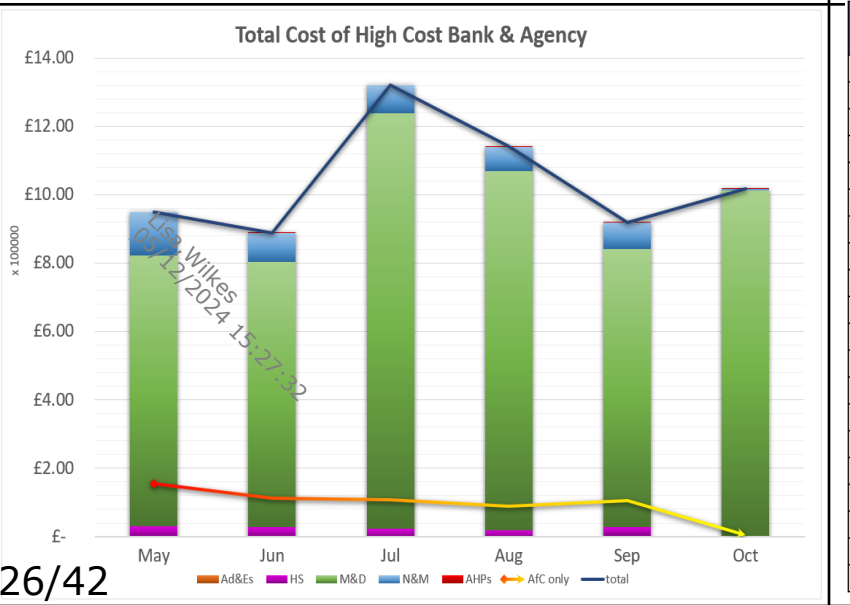
We are driving this measure because

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.



NHSI Staff Group	LoS (Months)	Avg No. Shifts/Week	Band	Department	Job Role	Reason for usage
Nursing, Midwifery & Health Visiting	79	4.0	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy
Nursing, Midwifery & Health Visiting	76	5.9	AFC Band 5	Adult	Registered Nurse - Gen Acute	Sickness
Nursing, Midwifery & Health Visiting	73	7.6	AFC Band 5	Adult	Registered Nurse - Gen Acute	Sickness
Nursing, Midwifery & Health Visiting	65	4.5	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy
Nursing, Midwifery & Health Visiting	60	8.8	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy
Healthcare Science	43	4.5	AFC Band 7	Physiology	Cardiac Physiologist Band 7 - Gen Acute	Additional Capacity
Nursing, Midwifery & Health Visiting	42	8.8	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy
Nursing, Midwifery & Health Visiting	40	6.5	AFC Band 5	Adult	Registered Nurse - Gen Acute	Vacancy
Nursing, Midwifery & Health Visiting	40	2.4	AFC Band 5	Adult	Registered Nurse - Oncology	Vacancy
Healthcare Science	37	4.7	AFC Band 8A	Pharmacy	Consultant Pharmacist - Gen Acute	Vacancy

Maximum length of service continues to increase across the Trust. However, average length of service has declined in October. This implies that a number of longer serving workers have not worked in October, significantly reducing the overall length of service. It is recommended that further action be taken to review long term workers and establish a plan for replacement.



NHSI Staff Group	Medical or AfC Banding	Department	Agency	Cost Per Hour	Reason for usage
Medical & Dental	Consultant / GP	Medics Obs & Gyn WRH	Bank / ADP	£ 195.95	Not Recorded
Medical & Dental	Specialist Dr	Medics Urology	Bank / ADP	£ 187.50	Not Recorded
Medical & Dental	Specialist Dr	Medics Urology	Bank / ADP	£ 187.50	Not Recorded
Medical & Dental	ST3	Medics Gen Surgery WRH	Bank / ADP	£ 172.55	Not Recorded
Medical & Dental	Specialist Dr	Medics Urology	Bank / ADP	£ 165.29	Not Recorded
Medical & Dental	ST4	Medics Oral Surg WRH	Bank / ADP	£ 156.95	Not Recorded
Medical & Dental	Consultant / GP	Oncology	TXM Healthcare	£ 154.50	Vacancy
Medical & Dental	Consultant / GP	Medics Histo WRH	Bank / ADP	£ 154.19	Not Recorded
Medical & Dental	Consultant / GP	Medics Histo WRH	Bank / ADP	£ 154.19	Not Recorded
Medical & Dental	Specialist Dr	Medics Urology	Bank / ADP	£ 152.52	Not Recorded
Medical & Dental	Consultant / GP	Medics Histo WRH	Bank / ADP	£ 149.48	Not Recorded
Medical & Dental	Consultant / GP	Palliative Medicine	Empire Locums	£ 149.15	Sickness
Medical & Dental	Consultant / GP	Oncology	RIG Locums	£ 139.15	Vacancy
Medical & Dental	Consultant / GP	Acute Medicine	Pulse	£ 139.00	Additional Capacity
Medical & Dental	Consultant / GP	Acute Medicine	DRC Locums	£ 134.00	Additional Capacity
Medical & Dental	Consultant / GP	Dermatology	National Locums	£ 132.50	Additional Capacity
Medical & Dental	Consultant / GP	Oncology	RIG Locums	£ 130.50	Vacancy
Medical & Dental	Consultant / GP	Acute Medicine	Pulse	£ 129.00	Additional Capacity
Medical & Dental	Consultant / GP	Obstetrics and Gynaecology	Medsol Healthcare Service	£ 128.30	Sickness
Medical & Dental	Consultant / GP	Oral and Maxillofacial Surgery	Interact Medical	£ 127.14	Vacancy

Usage of high-cost workers has increased within Medical & Dental in October. However, usage of high cost AfC workers has reduced significantly, specifically within Nursing & Midwifery.

The included table of the top 10 most expensive agency & bank workers (all roles) shows that this shift is largely as a result of increased usage of the Medical Additional Duty Payment rate card in October.

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.

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24
9.3%	8.25%	8.33%	7.6%	7.13%	7.03%	9.77%	9.32%	9.28%	9.19%	8.17%	6.99%	6.31%

Assurance

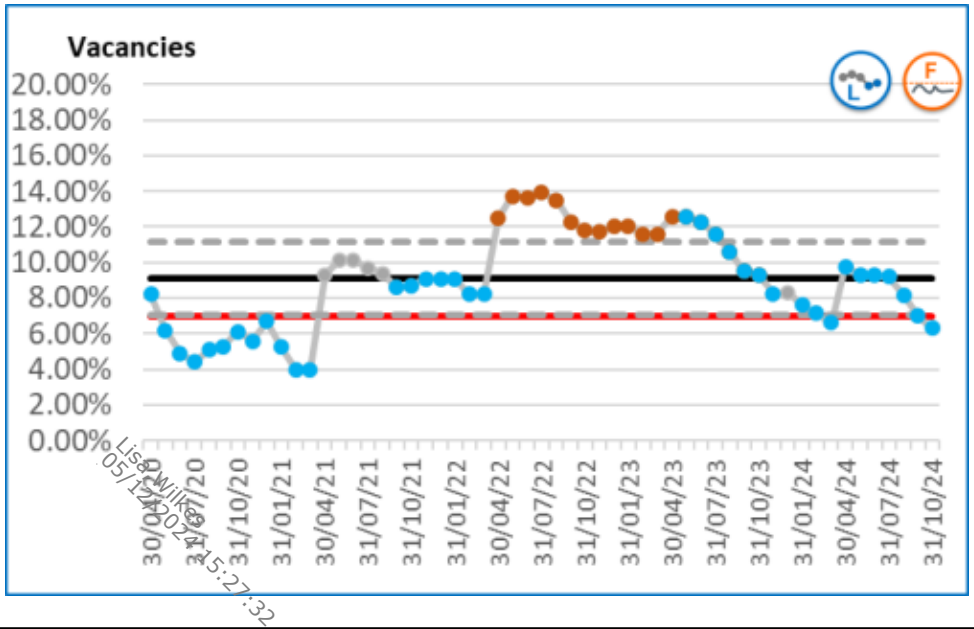
The system is expected to consistently Fail the target

Variation

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

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 6.99% (511.80 wte vacancies in September) to 6.31% (462.14 wte vacancies in October). This compares favourably with October last year when we had 9.31% vacancy rate. We have 190.85 wte less vacancies than last year due to successful recruitment campaigns and reduced turnover.
- **Performance to Plan** We have now achieved our plan for March 2025 and further recruitment is putting us over plan. Some over recruitment has impacted on bank and agency usage which should put us in a stronger position for winter, particularly with the continued Level 4 escalation through autumn.
- **Starters and Leavers** - We have 46 more starters than leavers this month with 116 new starters processed in month (headcount) compared to 154 in October last year. Our leavers have dropped to 70 compared to 92 last year.
- **Healthcare Support Workers** – Our vacancy rate has improved from 9.33% (99.82 wte vacancies) last month to 9.12% (97.62 wte vacancies). The high numbers of vacancies are primarily due to growth in establishment at budget setting as well as high turnover in this staff group (14.57%)
- **Nursing & Midwifery** - We currently have 68.90 wte Registered Nursing vacancies (3.16% vacancy rate) compared to 86.33 wte (3.96% vacancy rate) last month. We also have 17.13 wte Registered Midwifery vacancies.
- **Allied Health Professionals** – We have 26.43 wte AHP vacancies compared to 40.27 wte last month. Recruitment to this staff group is now starting to keep pace with leavers. We have struggled to gain traction with our AHP recruitment but this month with have had 10.39 increase in SIP which is good news. This is a 34.70 wte increase on last year.
- **Medical & Dental**. We have 53.76 wte Consultant vacancies compared to 52.38 wte last month (worsening position). We have 17.87 wte Trainee Grade vacancies. We are over established by 5.51 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 have met the current target of 7.5%. Target reduced from October to 7%. We remain on an improving trajectory other than in April each year at budget setting where business cases are transacted into the establishment. We benchmark well against Model Hospital for our vacancy rate with Registered Nursing and HCAs at Quartile 2. Medics and AHPs are Quartile 3 (July 2024 data). Our issue now is that our recruitment is over-achieving against our plan as we have already met our plan for March 2025.

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.

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24
6.21%	5.98%	6.34%	6.32%	5.93%	5.75%	5.91%	5.59%	5.25%	5.53%	5.02%	5.06%	5.49%

Assurance

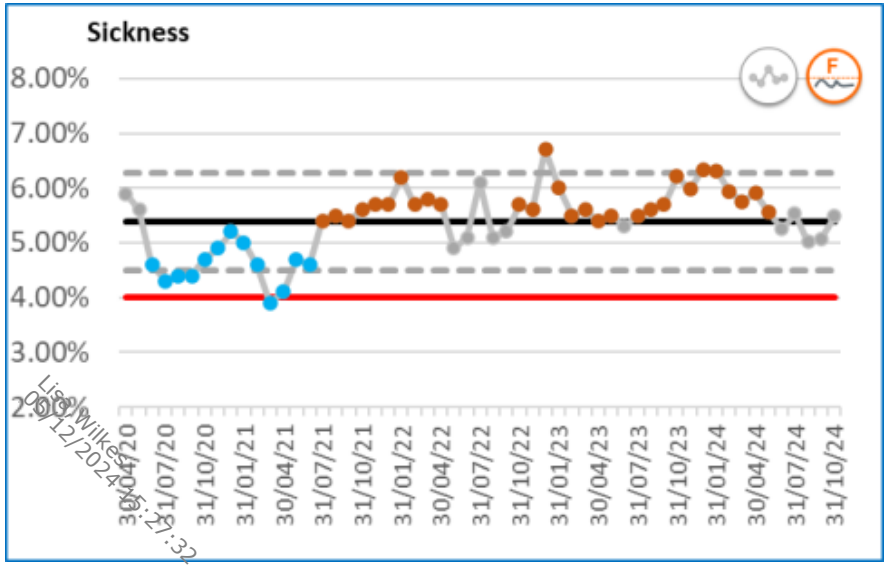
The system is expected to consistently Fail the target

Variation

Common cause – no significant change

Data Quality Mark

Reasonable Assurance



Performance and Actions

- Monthly sickness absence has increased slightly by 0.43% to 5.49% which is 0.72% better than last October.
- Reductions in Specialty Medicine and Estates and Facilities (although still highest in the Trust at 7.07%). All other divisions have seen an increase with the highest increase in Surgery.
- Absence due to stress remains higher than pre-pandemic levels. Digital have 48% of sickness attributed to S10 (Stress and Anxiety) but this is due to low overall sickness in a small staff group. Women and Children's have improved but Corporate are now outliers at 39.16%.
- Long term sickness has reduced slightly this month to 2.54%. Estates and Ancillary are extremely high at 4.8% although improved.
- Short term absence has increased by 0.45% to 2.95%. Highest rates are 3.53% in SCSD and 3.46% in Urgent Care.
- Our sickness % is worse than others when benchmarked against the regional and national position. We are outliers for Prof and Tech, HCA's, Estates and Ancillary and Healthcare Scientists. However, all other groups are now performing well against peers both Regionally and Nationally.

Sickness Absence	2024 / 10			
	Trust	Region	Country	National
Add Prof Scientific and Technic	4.63%	4.56%	4.12%	4.12%
Additional Clinical Services	8.23%	8.08%	7.50%	7.56%
Administrative and Clerical	4.43%	4.97%	4.67%	4.70%
Allied Health Professionals	3.67%	4.71%	4.45%	4.48%
Estates and Ancillary	8.16%	7.54%	7.50%	7.69%
Healthcare Scientists	4.68%	3.94%	3.85%	3.84%
Medical and Dental	2.08%	2.30%	2.00%	2.01%
Nursing and Midwifery Registered	5.92%	6.04%	5.70%	5.75%
Students	0.92%	2.28%	2.36%	2.37%

Risks

Redeployment to cover additional winter beds, sustained Level 4 escalation, 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 and is stabilising at around 5% against group target of 4%.

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.

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun e 24	July 24	Aug 24	Sept 24	Oct 24
79%	79%	80%	79%	79%	79%	79%	80%	80%	81%	80%	82%	82%

Assurance

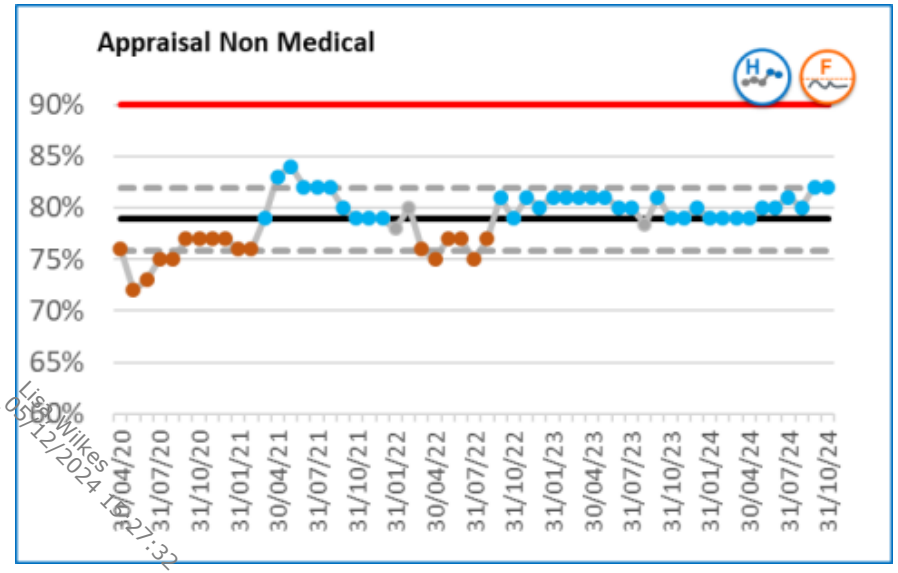
The system is expected to consistently Fail the target

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

Reasonable Assurance

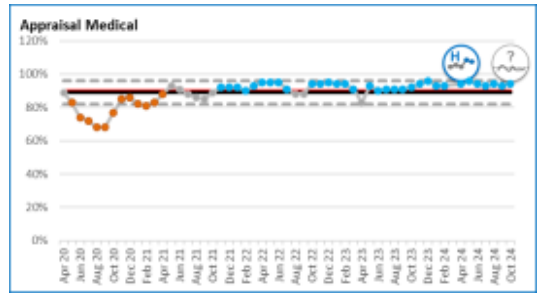


Lisa Wilkes 05/12/2024 16:27:32

Performance and Actions

Appraisal Rate has remained at 82% against a target of 90%. Compliance is 3% higher than last year. Surgery have dropped by 1%. Corporate have improved by 4% and Urgent Care have improved by 3%. Estates and Facilities are closest to target at 89%. In terms of staff groups, Admin and Clerical are outliers with 72% (improving). Corporate and Digital are outliers with 63% and 61% respectively. This is against a Model Hospital average of 82% (latest 2023/24 rates). We are at Quartile 2 on model hospital.

Medical Appraisal has been fairly consistently above target of 90% since December 2021 and is 94% this month. Urgent Care remain as outliers at 89%. All other divisions comfortably meet the target.



Consultant Job Planning has improved by 6% to 73%. Surgery have deteriorated by 11% and Urgent Care by 6%. All other divisions have improved by 7-16%. Urgent Care are a significant outlier at 24% which requires attention. All divisions are of concern with the highest compliance rate being 84% in SCSD.

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.

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24
11.3%	11.12%	11.07%	11.03%	11.12%	11.29%	11.04%	10.86%	10.49%	10.41%	10.27%	10.39%	10.06%

Assurance

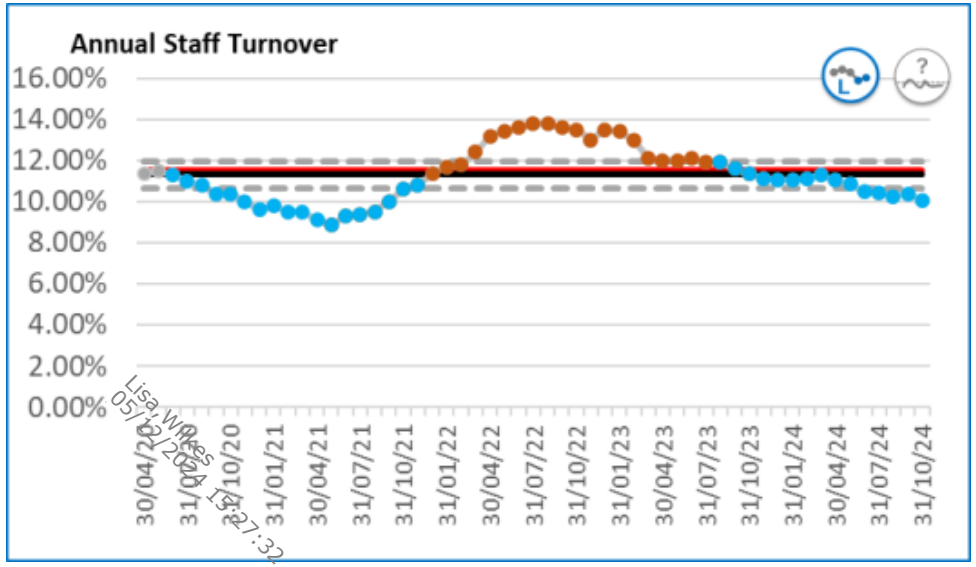
Hit and miss target - Subject to random variation

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 10.06% which is 1.28% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has reduced by 0.10% in month and stands at 0.70%.
- We have 46 more starters than leavers.
- Urgent Care are outliers for both annual and monthly turnover.
- The current stability rate is 91.73% which is very good.

The National Benchmark Reports from ESR show our Trust to be worse than our peers both Regionally and Nationally in Prof and Tech, HCAs, Healthcare Scientists, Medical and Dental and Registered Nurses.

Top reasons for leaving are shown in this table with Work Life Balance showing as a concern.

Monthly Turnover	2024 / 10			
	Trust	Region	Country	National
Add Prof Scientific and Technic	1.31%	0.69%	0.83%	0.82%
Additional Clinical Services	1.08%	0.76%	0.91%	0.90%
Administrative and Clerical	0.67%	0.75%	1.20%	1.16%
Allied Health Professionals	0.21%	0.63%	0.83%	0.81%
Estates and Ancillary	0.84%	0.73%	1.74%	1.66%
Healthcare Scientists	1.34%	0.59%	0.66%	0.64%
Medical and Dental	1.81%	0.97%	1.70%	1.66%
Nursing and Midwifery Registered	0.70%	0.53%	0.61%	0.61%
Students	0.00%	0.46%	0.48%	0.48%

Leaving Reason	2024 / 10			
	Trust	Region	Country	National
Voluntary Resignation - Relocation	17.57%	6.91%	6.26%	6.31%
End of Fixed Term Contract - External Rotation	14.86%	1.28%	2.36%	2.28%
Voluntary Resignation - Promotion	14.86%	4.31%	3.83%	3.86%
Voluntary Resignation - Work Life Balance	12.16%	5.84%	4.62%	4.70%
Dismissal - Capability	5.41%	1.19%	1.07%	1.09%
Retirement Age	5.41%	5.88%	4.02%	4.34%
End of Fixed Term Contract	4.05%	3.37%	4.64%	4.54%
Flexi Retirement	4.05%	1.44%	1.20%	1.23%
Voluntary Resignation - Health	4.05%	2.26%	1.67%	1.74%
End of Fixed Term Contract - Other	2.70%	0.52%	0.64%	0.65%
Voluntary Resignation - Lack of Opportunities	2.70%	0.78%	0.84%	0.83%

Risks

Registered Nurses, and Admin and Clerical are at Quartile 1 on Model Hospital and the remaining groups are Quartile 2 or 3 (July 2024 rates). Retention of Medical and Dental and Nursing groups is important in terms of reducing bank and agency spend and improving morale of teams.

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 (July 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

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24
88%	88%	88%	90%	90%	91%	91%	91%	91%	91%	91%	90%	90%

Assurance

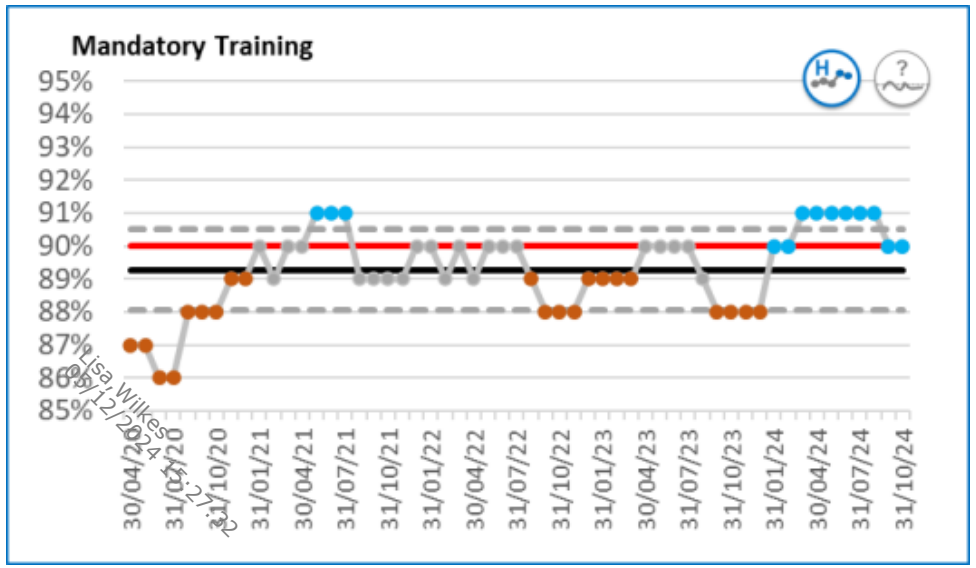
Hit and miss target subject To random variation

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

Reasonable Assurance



Performance and Actions

Overall mandatory training continues to meet target and remains at 90% against a Model Hospital average of 90.9% (2023/24 rates). Urgent Care are outliers at 86% and Surgery and Women and Children's at 87%. All other divisions meet or exceed target.

Medical and Dental are now the only staff group That are below Model Hospital average and Trust target at 76%. This is impacted by Junior Doctor rotation.

The Trust is benchmarking well compared to peers regionally and nationally from ESR data for all staff groups

Mandatory Training	2024 / 10			
	Trust	Region	Country	National
Add Prof Scientific and Technic	79.29%	78.53%	76.68%	77.38%
Additional Clinical Services	84.29%	81.14%	79.77%	80.25%
Administrative and Clerical	82.48%	84.53%	80.86%	81.84%
Allied Health Professionals	84.76%	80.98%	79.90%	80.11%
Estates and Ancillary	86.09%	77.71%	75.89%	76.51%
Healthcare Scientists	83.61%	82.21%	77.84%	79.17%
Medical and Dental	65.18%	57.91%	58.77%	57.49%
Nursing and Midwifery Registered	84.52%	79.31%	75.77%	76.50%
Students	88.89%	83.21%	78.69%	78.43%

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.

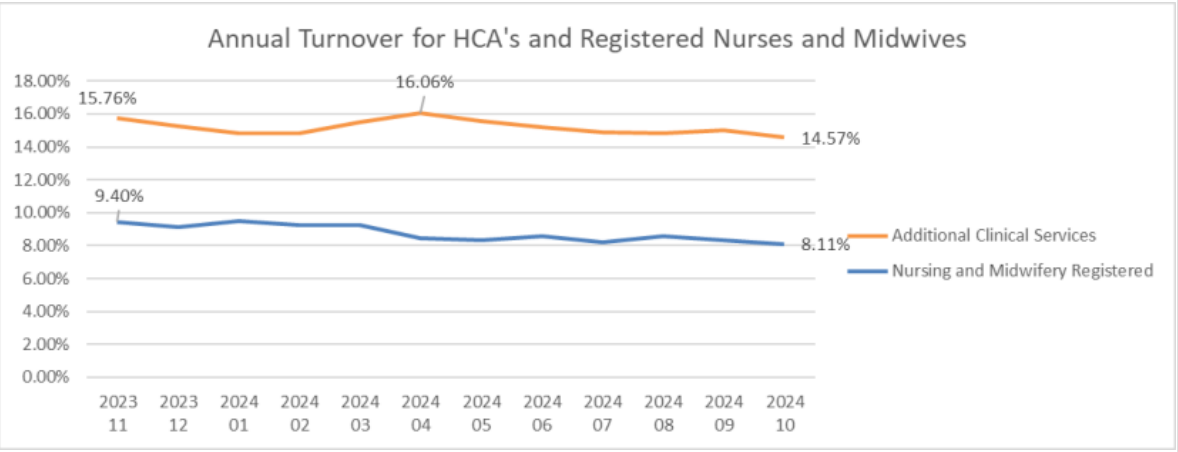
Risks:

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 means that some face to face training has been cancelled.

What the chart tells us:

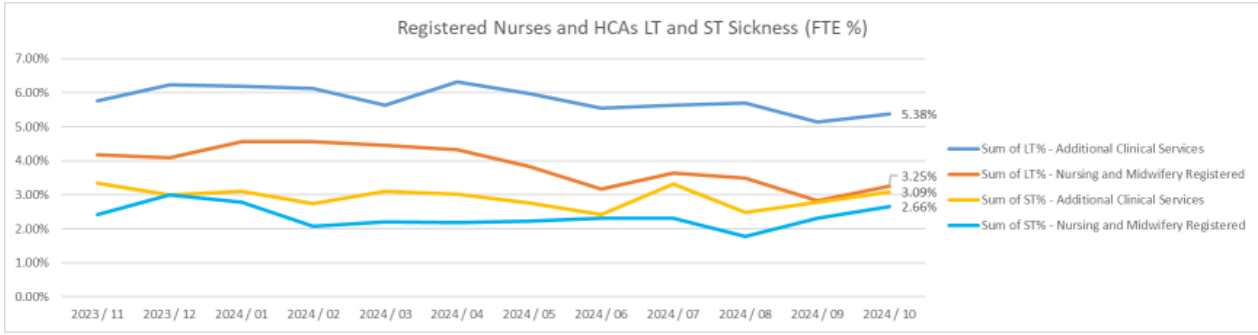
Target has been achieved again this month in all divisions except Urgent Care. We have now slipped behind Model Hospital average.

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



Sum of Abs FTE		Division					
Month	Absence Reason	SCSD	Spec Med	Surgery	Urgent Care	W&C	Grand Total
2024 / 10	S10 Anxiety/stress/depression/other psychiatric illnesses	8.63%	4.73%	3.28%	3.36%	3.54%	23.55%
	S13 Cold, Cough, Flu - Influenza	6.60%	3.60%	2.69%	1.61%	1.45%	15.95%
	S12 Other musculoskeletal problems	4.51%	2.56%	1.18%	0.74%	1.57%	10.56%
	S25 Gastrointestinal problems	2.70%	2.32%	0.88%	1.16%	0.80%	7.86%
	S98 Other known causes - not elsewhere classified	4.20%	1.56%	0.67%	0.98%	0.14%	7.56%
	S11 Back Problems	2.08%	0.96%	1.42%	0.07%	0.87%	5.39%
	S27 Infectious diseases	2.33%	0.80%	0.47%	0.83%	0.27%	4.70%
	S26 Genitourinary & gynaecological disorders	0.85%	0.92%	1.02%	0.36%	0.80%	3.94%
	S30 Pregnancy related disorders	0.59%	1.12%	0.31%	0.60%	0.34%	2.96%
	S16 Headache / migraine	0.48%	0.95%	0.55%	0.76%	0.12%	2.86%
	S15 Chest & respiratory problems	0.74%	0.41%	0.30%	0.44%	0.84%	2.72%
	S28 Injury, fracture	1.05%	0.70%	0.01%	0.18%	0.57%	2.50%
	S21 Ear, nose, throat (ENT)	1.15%	0.30%	0.35%	0.15%	0.10%	2.06%
	S19 Heart, cardiac & circulatory problems	0.35%	0.47%	0.33%	0.00%	0.79%	1.95%
	S17 Benign and malignant tumours, cancers	0.67%	0.00%	0.87%	0.19%	0.02%	1.74%
	S29 Nervous system disorders	0.82%	0.19%	0.07%	0.31%	0.25%	1.64%
	S23 Eye problems	0.22%	0.24%	0.14%	0.21%	0.02%	0.82%
	S31 Skin disorders	0.07%	0.07%	0.09%	0.25%	0.10%	0.57%
	S18 Blood disorders	0.19%	0.11%	0.00%	0.00%	0.16%	0.46%
	S22 Dental and oral problems	0.00%	0.03%	0.01%	0.03%	0.02%	0.09%
	S14 Asthma	0.03%	0.03%	0.00%	0.00%	0.00%	0.06%
	S24 Endocrine / glandular problems	0.05%	0.00%	0.00%	0.00%	0.00%	0.05%
	S20 Burns, poisoning, frostbite, hypothermia	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%
	Available FTE	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Grand Total		38.33%	22.08%	14.63%	12.21%	12.75%	100.00%

Month	Main Staff Group	SCSD	Spec Med	Surgery	Urgent Care	W&C	Grand Total
2024 / 10	Additional Clinical Services	8.17%	6.34%	6.43%	10.94%	15.26%	8.20%
	Nursing and Midwifery Registered	7.82%	5.28%	6.43%	4.35%	5.02%	5.96%
2024 / 10 Total		7.98%	5.71%	6.43%	6.38%	7.02%	6.79%
Grand Total		7.98%	5.71%	6.43%	6.38%	7.02%	6.79%



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OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2024/25
The £57.3m deficit plan submitted in June has been amended in month 6 to include the impact of the non recurrent deficit support (£51.7m) leaving a **revised plan of £5.7m deficit**. In M7 we have updated the plan for the income and expenditure relating to the pay award across all staff groups, the impact of this is net nil to the bottom line and so does not alter the planned deficit.

Income & Expenditure Performance
At the end of Month 7 we report a year to date (YTD) adverse variance of £0.02m against the revised plan, which is an improvement of £0.4m in the month. This is driven by favourable variances on insourcing reserves of £2m despite only a £0.1m adverse performance on Elective income targets (after stripping out the pass-through drugs and devices). CPIP is over performing against plan by £0.1m YTD and is being supported by non recurrent savings in pay, non pay and balance sheet release.

Income is £8.1m favourable YTD (£0.2m adverse after stripping out pass through drugs and devices) – £0.1m underperformance on elective income targets, £0.1m of car parking income, £0.6m of Diagnostics risk and £0.3m relating to SR21 Radiology is being offset by £0.3m of Industrial Action funding, £0.4m of Cancer Alliance income (offsetting non pay costs) and £0.4m of deferred income released into the position supporting CPIP delivery.

Employee expenses are £0.3m favourable YTD – favourable variances in; Dermatology of £0.7m due to vacancies and Radiology reporting of £0.2m due to vacancies (both offsetting insourcing spend), £0.5m on CDC due to the 5th Endoscopy room not yet being open, and vacancies of £1.1m partially offset by CPIP under delivery of £1.1m , Industrial Action costs £0.4m, Histology Reporting growth of £0.4m and additional ED Consultant costs of £0.3m.

Operating expenses excluding Employee Expenses are £8.7m adverse YTD (£0.1m favourable after stripping out pass through drugs and devices) – includes an adverse variances of £0.6m on the H&W ICB fixed price contract, activity related spend of £1.2m in Specialty Medicine, tariff Drugs spend of £0.5m, Radiology reporting of £0.3m and Dermatology insourcing costs of £0.7m, the remainder being activity related spend on clinical supplies of £1.4m. This is partially offset by underspends relating to utility costs of £1.1m (excluding £0.6m declared as CPIP YTD), and insourcing reserves of £2m as well as £1.1m over delivery on CPIP which contains £1m of non recurrent balance sheet release.

Forecast
The Trust has undertaken an exercise with Divisions to project forward the I&E performance for the remainder of the year looking at risks and opportunities to delivery of the plan. This highlighted a range of a potential upside of £1.8m assuming the Trust can mitigate the risks identified, to a downside of c£10m assuming the risks crystallise. The Trust is actively progressing mitigation of the risks to ensure delivery of the plan towards a potential upside.

Capital
In month 7 the Trust has received an additional £76k for charitable funded donated assets, with the Month 7 plan now at £17.5m. The capital spend at month 7 is £4.75m which is an overall increase of £1.6m from M6.

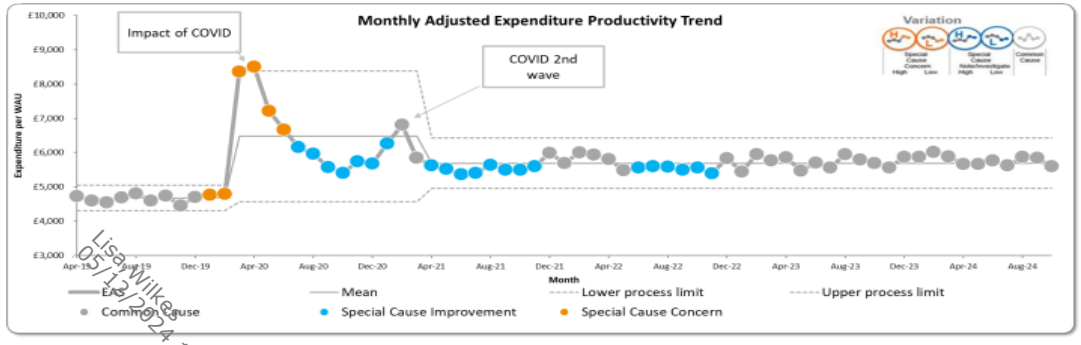
Cash
The Trust cash position at the end of month 7 was £24.208m. The deficit funding from the ICB has now been confirmed is in now planned into the cashflow which should enable us to get back on track with payments to creditors within agreed terms and all Non-NHS creditors due have been paid up to and including 11 November 2024 for approved invoices.

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	Oct-24 Plan £'000	Oct-24 Actual £'000	Oct-24 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	70,225	71,515	1,290	424,885	430,655	5,770
Other operating income	3,131	3,736	605	18,887	21,226	2,339
Employee expenses	(48,909)	(49,046)	(137)	(272,710)	(272,452)	258
Operating expenses excluding employee expenses	(22,590)	(24,478)	(1,888)	(159,313)	(167,964)	(8,651)
OPERATING SURPLUS / (DEFICIT)	**1,856**	**1,727**	**(129)**	**11,749**	**11,465**	**(284)**
FINANCE COSTS						
Finance income	97	175	78	849	1,059	210
Finance expense	(933)	(933)	0	(6,538)	(6,527)	11
PDC dividends payable/refundable	(468)	26	494	(3,271)	(2,777)	494
NET FINANCE COSTS	**(1,304)**	**(732)**	**572**	**(8,960)**	**(8,245)**	**715**
Other gains/(losses) including disposal of assets	0	(57)	(57)	0	(304)	(304)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**552**	**938**	**386**	**2,789**	**2,916**	**127**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**552**	**938**	**386**	**2,789**	**2,916**	**127**
Remove capital donations/grants/peppercorn lease I&E impact	11	(20)	(31)	82	(69)	(151)
Remove PFI revenue costs on an IFRS 16 basis	3,451	3,123	(328)	24,065	22,503	(1,562)
Add back PFI revenue costs on a UK GAAP basis	(4,363)	(4,035)	328	(30,518)	(28,957)	1,561
Adjusted financial performance surplus/(deficit)	**(349)**	**6**	**355**	**(3,583)**	**(3,607)**	**(24)**



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- Back dated pay award for 24/25 has been spread over Apr – Sep so there is no spike in Oct

Performance and Actions

At the end of Month 7 we report a year to date (YTD) adverse variance of £0.02m against the revised plan.

Income is £8.1m favourable YTD – favourable variances include Non PbR Drugs (£8m) and Non PbR Devices (£0.3m), £0.4m of additional E&T funding to offset the higher intake of trainee Medics in August and £0.3m of Industrial Action funding, £0.4m of Cancer Alliance income offsetting non pay costs and £0.4m of deferred income released into the position supporting CPIP delivery, partially offset by £0.1m underperformance on elective income targets, £0.6m of Diagnostic risk and £0.4m relating to SR21 income.

Employee expenses are £0.3m favourable YTD – favourable variances in Dermatology (£0.7m) due to vacancies (offsetting insourcing spend), Radiology reporting (£0.2m) due to vacancies (offsetting insourcing spend), £0.5m on CDC due to the 5th Endoscopy room not yet being open, and vacancies above the vacancy factor (£1.1m), partially offset by CPIP under delivery (£1.1m) being offset by non pay over delivery, Industrial Action (£0.4m), Histology Reporting growth (£0.4m) and additional ED Consultants (£0.3m).

Operating expenses excluding Employee Expenses are £8.7m adverse YTD – this includes adverse variances of £8.8m on Non PbR Drugs and Devices (leaving a pressure on the H&W ICB fixed price contract for devices of £0.6m), activity related spend (£1.2m) in Specialty Medicine, tariff Drugs spend of £0.5m, Radiology reporting of £0.3m partially offset by vacancies and Dermatology insourcing offset by substantive vacancies above (£0.7m) the remainder being activity related spend on clinical supplies. This is partially offset by underspends relating to utility costs (£1.1m) excluding £0.6m declared as CPIP YTD, and insourcing reserves (£2m) as well as £1.1m over delivery on CPIP, of which £0.6m is the utility costs above.

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.

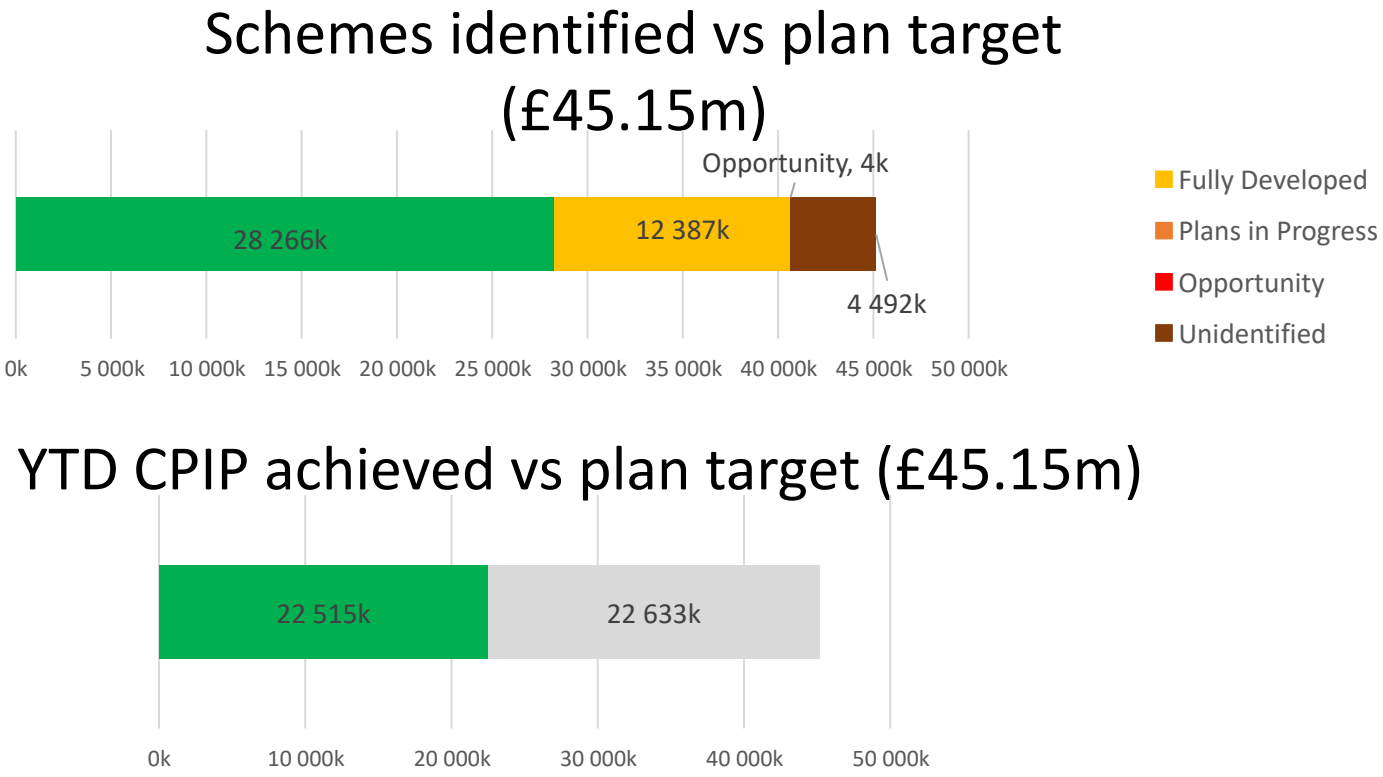
What the charts tell us

For October, our **Cost per WAU is 4.2% lower than September**. This means we are delivering more 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 0.4% lower than September**, so spending has reduced, and the **activity WAU is 4% higher than September** so we are spending less but delivering more activity. This **activity WAU increase is in elective activity admissions and Outpatient activity.**

BEST USE OF RESOURCES – Cost and Productivity Improvement Programme (CPIP) 24/25 M7

We are driving this measure because

Cost and Productivity Improvement Plan (Efficiency)



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Performance and Actions

- The Trusts 24/25 target as submitted to NHSE in June is £45.15m
- M7 Plan figure was £4.21m
- M7 Actuals delivered £4.78m, an over delivery of £0.57m
- M7 Actuals comprise £3.88m recurrent and £0.90m 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-2425-210	Closure of PDU	-£187,947
PE-2425-102	Ophthalmology Day Case	-£160,417
PE-2425-208	Hot Clinic (UC)	-£133,333
PE-2425-211	Reduction in sickness (UC)	-£116,667
PE-2425-052	Reduction in GS high-cost locums	-£106.000
PE-2425-186	Spire Contract for Histology	-£103,917

Risks

Delivery of the 24/25 target is 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

M7 delivered actuals of £4.78m against a plan of £4.21m, an over delivery of £0.57m. M7 actuals comprise £3.88m recurrent and £0.90m non-recurrent. Year to date (YTD) actuals are £22.52m compared to a Plan of £22.03m, an over delivery of £0.49m. (YTD plan £22.03m is slightly less than the submitted YTD plan of £22.379m this is due to a phasing change; however, the overall total plan is the same). The YTD recurrent actuals comprise £18.21m and non-recurrent comprise £4.30m.

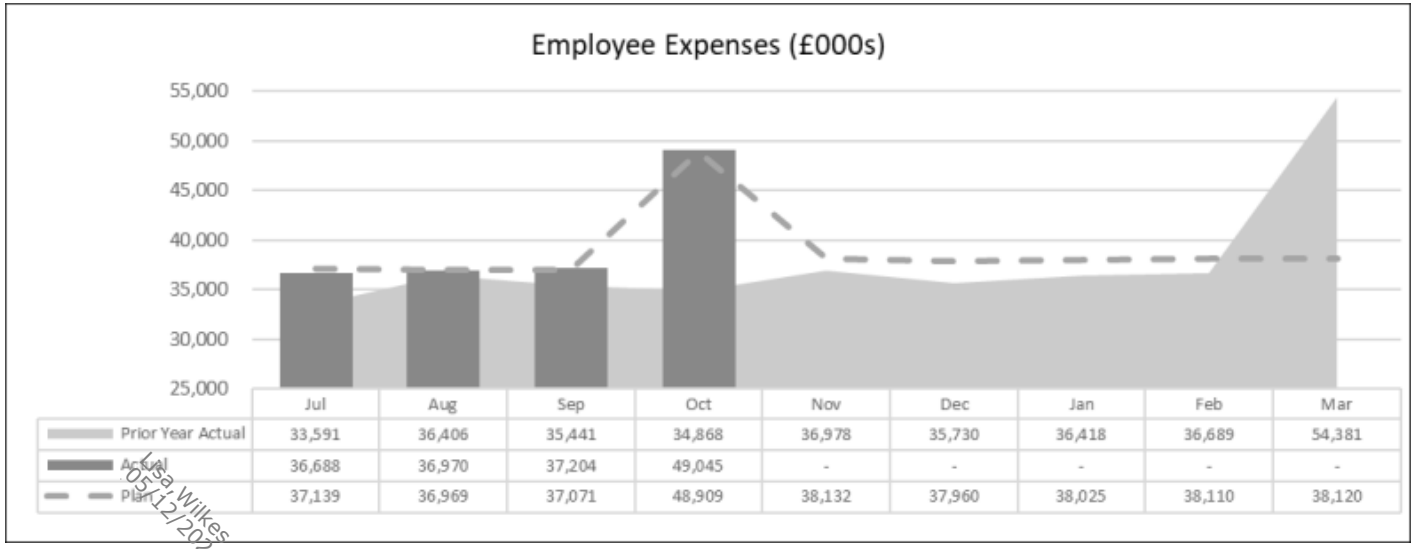
Work is continuing to focus on delivery of the CPIP schemes for 24/25 through the Trust maturity levels. 24/25 targets have been set in terms of Efficiency (cost out) and Productivity. 'Check and Challenge' style sessions are taking place fortnightly for assisting with monitoring and measuring performance 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 any GTT. The equivalent are now being held by the Trusts MD with each Executive lead. Requests for CPIP schemes for 25/26 have also been issued to the Divisions and Corporate teams

BEST USE OF RESOURCES – EMPLOYEE EXPENSES

We are driving this measure because

The Employee 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 £000s	Actual £000s	Variance £000s	Funded WTE	Contracted WTE	Worked WTE
Medical & Dental	(88,855)	(89,742)	(887)	935	869	968
Nursing & Midwifery	(106,125)	(107,051)	(926)	3,503	3,319	3,757
Scientific, Therapeutic & Technical	(35,563)	(33,245)	2,318	1,175	1,096	1,142
NHS Infrastructure Support	(41,222)	(41,466)	(244)	1,707	1,630	1,645
Other Pay	(945)	(948)	(3)	0	0	0
Grand Total	**(272,710)**	**(272,452)**	**258**	**7,320**	**6,914**	**7,511**



In 2023/24, M12 one offs include: Notional Pension Contribution £15.1m; Band 2 to 3 uplift £2.4m; Pay Award £0.3m.

Performance and Actions

Employee expenses £0.3m favourable to plan YTD favourable variances in Dermatology (£0.7m) due to vacancies (offsetting insourcing spend), Radiology reporting (£0.2m) due to vacancies (offsetting insourcing spend), £0.5m on CDC due to the 5th Endoscopy room not yet being open, and vacancies above the vacancy factor (£1.1m), partially offset by CPIP under delivery (£1.1m) being offset by non pay over delivery, Industrial Action (£0.4m), Histology Reporting growth (£0.4m) and additional ED Consultants (£0.3m).

Currently the level of YTD underspends on the UIC business case (£0.1m) and Surgical SDEC/SAU (£0.3m) are offsetting overspends on TIF in Surgery (£0.1m) where Agency staffing is more than the budget set and in E&F (£0.1m) where no budget was set.

Spend on temporary Nursing cover for sickness, specialling and maternity has increased to an average of £0.9m per month which is £0.1m per month higher than 23/24 (an average 212 WTE).

In the early months of 24/25 vacancies in NHS Infrastructure Support and ST&T groups were offsetting over establishments in Medical & Dental and Nursing & Midwifery. As we increasingly fill the NHS Infrastructure Support and ST&T posts this offsetting effect is reduced.

Risks

Non delivery of the CPIP schemes relating to employee 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.

What the charts tell us

Employee expenses of £49.0m in month 7, an increase of £11.9m compared with September, of which £11.6m is the impact of the 24-25 pay awards in month. The remaining increase is due to increased costs relating to PDU (£0.1m) and an increase in nursing enhancements paid in month (£0.2m).

We have updated the plan for the income and expenditure relating to the pay award across all staff groups, the impact of this is net nil to the bottom line and so does not alter the planned deficit.