

Date of meeting	9 November 2017
Paper number	Enclosure F1

Financial Performance – Month 6 2017/18

For approval:		For assurance: ✓	To note:		For information:	
---------------	--	------------------	----------	--	------------------	--

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

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
F&P Committee	Oct 2017	Approved

Date of meeting	9 November 2017
Paper number	Enclosure F1

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	R4.1
---	---	---------------	------

Level of assurance and trend			
		√	↑ ↓ →
	Significant		
	Limited	√	→
	None		
	Not applicable		

Purpose of report	The purpose of this paper is to update the Trust Board on the financial performance of the Trust.
Summary of key issues	<p>The Trust has recorded a deficit of £29.0m pre STF for the first six months of 2017/18 financial year which is £5.5m worse than plan.</p> <p>Inclusion of the STF from Q1 reduces the YTD deficit to £27.0m against a plan of £19.1m resulting in a £7.9m adverse variance to plan.</p> <p>This adverse position is largely driven by non-delivery of CIP, the provision of additional capacity and workforce pressures.</p> <p>In light of the off track performance, development of a robust Financial Recovery Programme (FRP) is underway. The Trust met the national NHS Improvement (NHSI) team in October, and is scheduled to meet again on 14th November to update on progress and actions implemented to recover the financial position.</p> <p>In the event that the Trust fails to achieve the financial control total, a higher level of interim cash support would be required. The year to date adverse variance to the financial plan is increasing the pressure on our ability to pay creditors within payment terms.</p> <p>The capital programme is being closely monitored to ensure spend remains within plan. The loan application is being progressed with NHSI.</p> <p>The Trust is required to submit its forecast outturn position to NHSI as part of the Month 9 reporting cycle in January 2018. The forecast will take into account the improvements arising from the FRP schemes and will be reviewed by the Board in January prior to submission.</p>
Recommendations	The Board is asked to note;

Date of meeting	9 November 2017
Paper number	Enclosure F1

	<ul style="list-style-type: none">• The financial position, recognising that the underlying deficit remains high compared to plan and that without robust mitigation via the financial recovery actions, the Trust is at risk of not delivering its agreed control total.• That the Trust will be required to submit a revised forecast outturn to NHSI at the end of Month 9 in January.
--	--

Date of meeting	9 November 2017
Paper number	Enclosure F1

Financial Performance – Month 6 2017/18 and Financial Recovery Programme

1 Introduction

The purpose of this paper is to update the Board on the financial performance of the Trust, and steps taken to deliver the Financial Recovery Programme.

2 Current Situation

2.1 Income and Expenditure

For the month of September the Trust is reporting an in month pre Sustainability and Transformational Fund (STF) deficit of £5.4m, which is £1.8m worse than plan. Inclusion of the STF increases the adverse variance by a further £0.8m due to lost STF from performance (£0.2m) and finance (£0.6m).

At the end of September, this has increased the year to date (YTD) deficit to £29.0m pre STF which is £5.5m worse than plan. Inclusion of the STF earned in Q1 reduces the YTD deficit to £27.0m against a plan of £19.1m. This increases the adverse variance to plan to £7.9m, being £5.5m operational variance and £2.4m of lost STF (Finance £1.4m and Performance £1.0m).

Key drivers of the adverse variance to plan continue to be non-delivery of CIP, additional operational capacity in use (including RTT business case investment), and workforce pressures.

Specifically related to CIP, although delivery has increased slightly during September, there remains a significant adverse variance to plan. YTD the Trust had a plan to deliver £7.7m of savings, and has achieved £3.5m of savings resulting in a £4.2m adverse variance against plan. This variance is attributable to a combination of identified schemes not delivering to the level originally expected (for example, premium rate nursing in medicine and theatre productivity), and the unidentified element of the programme (£2.7m).

The other operational capacity and workforce pressures we are facing have been largely offset by a release of reserves and non-core income above planned levels. These cannot be assumed to continue at the same rate for the remainder of the year.

There continue to be a number of risks which could impact on the Trust delivering its pre STF financial plan of £42.7m. The Month 6 financial position shows a stabilisation of the underlying run rate reflecting the impact of strengthened controls and financial recovery actions which commenced in August. The work to develop the Financial Recovery Programme is described in more detail in section 2.4 below.

Date of meeting	9 November 2017
Paper number	Enclosure F1

2.2 Capital

The Trust has limited internally generated capital funding; approved prioritised schemes are being monitored through the Capital Prioritisation Group (CPG), reporting to Finance and Performance Committee (FPC). The forecast position is kept under monthly review, with reprioritisation of schemes undertaken through this group, which includes divisional and operational representation, to ensure spend continues to be managed within the overall funding envelope.

The business as usual capital loan application for 2017/18 was submitted in July 2017 for £16.721m based on the current capital plan. The Trust has responded to queries from the national team as part of their application review process. If the loan is not received then further review and rationalisation of the capital programme may be required. This will result in only the most critical schemes progressing in 2017/18.

The Trust continues to engage with NHS Improvement and the Department of Health to access the Sustainability and Transformation capital funding of £29.6m for the Acute Service Review in a timely manner.

2.3 Cash

The Trust's plan requirement for interim revenue support for 2017/18 is £31.2m. This is based on achievement of the Financial Control Total of £42.7m, and receiving £12.7m Sustainability and Transformation Funding (STF).

Year to date the Trust has received £8.5m of STF cash against an annual expectation of £12.7m. These cash receipts reflect STF earned in Q4 2016/17 and year-end bonus payments received in July.

In the event that the Trust fails to achieve the financial control total, a higher level of interim cash support would be required which would need to be negotiated with the Department of Health. The year to date adverse variance to the financial plan is increasing the pressure on our ability to pay creditors within payment terms. This is reflected in the Better Payment Practice Code performance. The Trust has revised its draw down profile for the existing agreed revenue support to ensure appropriate cash flow over the next two to three months whilst the financial position stabilises.

Should the Trust achieve the financial control total but not achieve the A&E performance element of the STF, no extra cash is expected to be required due to the higher than anticipated 2016/17 STF receipts.

2.4 Financial Recovery Programme (FRP)

As noted above, the current run rate will not deliver the financial control total of £42.7m deficit unless significant mitigating actions are implemented at pace. As reported at the September Board meeting, under NHSI rules, financial forecasts can only be changed at the end of a quarter.

Date of meeting	9 November 2017
Paper number	Enclosure F1

Given the early stage of development of the FRP, it was agreed that the reported outturn would remain in line with plan at the end of September. This will allow for more work to be undertaken to develop the detail of the FRP, which would improve the run rate. The Board agreed to review the financial position and progress on the FRP at this meeting.

As previously discussed, the key drivers of the adverse variance to plan are: non-delivery of the planned CIP; additional operational capacity in use within the Trust; RTT business case investment; and workforce pressures.

The Financial Recovery Programme is focused on a limited number of key projects to ensure capacity and capability is targeted at those schemes with the greatest potential to reduce the impact of the drivers of the deficit. The key projects are:

- Theatre Productivity
- Use of temporary staffing
- Rostering (nurse / medical)
- Recruitment & retention
- Additional Capacity
- Procurement
- Grip and Control measures

Across these projects it is estimated that there is an opportunity of between £6m and £14m of mitigations to reduce costs and improve the underlying run rate over the remaining months of the year. Work is underway within these project areas to determine the actions needed to deliver the financial improvements at pace. The Trust is meeting with the national NHSI team on 14th November to provide assurance on the actions being taken to recover the financial position.

Since the September Board, a series of measures and actions have been agreed and implemented to strengthen financial governance and control. Examples include:

- Fortnightly Executive led confirm and challenge sessions with Divisional management teams and Corporate Directors
- Implementation of reduced delegated approval limits
- Non clinical workforce controls
- Strengthened controls on procurement and raising cost awareness
- Rigorous debt collection

The Trust is required to submit its forecast outturn position to NHSI as part of the month 9 reporting cycle in January. The forecast will take into account the improvements arising from the FRP schemes and will be reviewed by the Board in January prior to submission.

3 Implications

- Failure to achieve the agreed control total will result in losing the entitlement to receiving STF.

Date of meeting	9 November 2017
Paper number	Enclosure F1

- Failure to achieve agreed operational targets/trajectories will result in losing the operational element of the STF.
- A continuation in the current run rate further enforces the financial instability in the Trust. The Financial Recovery Programme is focused on improving the run rate.
- Non receipt of the capital loan places constraints around the available Trust capital allocation and will require further prioritisation of the capital programme.
- In the event the run rate does not improve to the level required, further cash support would be needed.

4 Recommendations

The Board is asked to note:

- The financial position, recognising that the underlying deficit remains high compared to plan and that without robust mitigation via the financial recovery actions, the Trust is at risk of not delivering its agreed control total.
- That the Trust will be required to submit a revised forecast outturn to NHSI at the end of Month 9 in January.

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

Director
 Jill Robinson – Chief Finance Officer

Finance Report

Jill Robinson

Chief Finance Officer

9th November 2017

September 2017

Month 6

Financial Performance Indicators	2
Income & Expenditure	3
Key Variances	4
Cost Improvement Programme	9
Balance Sheet	10
Capital Position	12
FRP	13

Use of Resources Risk Rating Summary

Metric Definition	How we did YTD at M6	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
<p>I&E margin rating</p>	<p>I&E surplus or deficit / total revenue.</p> <p>(13.89%)</p>	<p>4</p>	<p>Adjusted financial performance deficit of £27,401k (£27,043k exc 16/17 STF allocation of £419k) / total operating income (exc impact of 1617 STF allocation of £197,309k = (13.89%).</p>	<p>4</p>	<p>4</p>
<p>I&E margin: distance from financial plan</p>	<p>YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.</p> <p>(4.41%)</p>	<p>4</p>	<p>I&E margin YTD actual of (13.89%) less I&E margin YTD plan of (9.47%) = (4.41%).</p>	<p>4</p>	<p>2</p>
<p>Liquidity rating (days)</p>	<p>Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.</p> <p>(22.517)</p>	<p>4</p>	<p>Working Capital of (£26,078) / YTD Operating Expenditure of £211,937 multiplied by the number of YTD days (183) = (22.517).</p>	<p>4</p>	<p>4</p>
<p>Capital service cover rating</p>	<p>Degree to which the organisation's generated income covers its financing obligations.</p> <p>(1.401)</p>	<p>4</p>	<p>Operating deficit, plus depreciation, plus finance income of (£14,196k) / finance obligations of £10,132k = (1.401)</p>	<p>4</p>	<p>4</p>
<p>Agency rating</p>	<p>Total agency spend compared to the agency ceiling.</p> <p>(3.22%)</p>	<p>1</p>	<p>Total agency spend of £11,091k less agency ceiling of £11,460k / divided by agency ceiling of £11,460k = (3.22%).</p>	<p>1</p>	<p>1</p>

In the month of September the Trust is reporting an in month pre Sustainability and Transformational Fund (STF) deficit of £5.4m, this is £1.8m worse than plan.

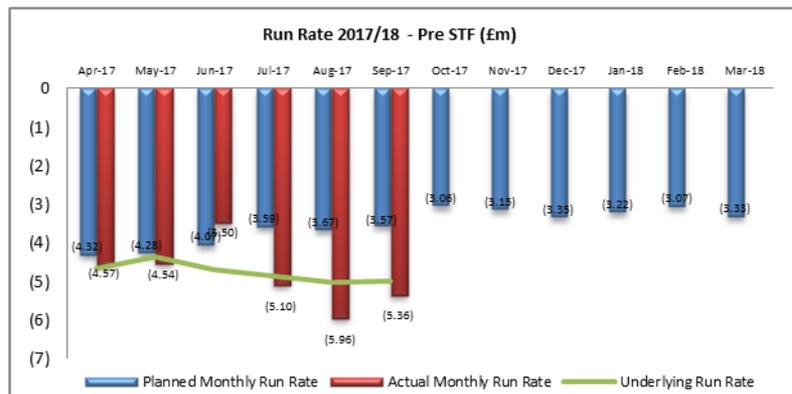
This has increased the year to date (YTD) deficit to £29.0m pre STF which is £5.5m worse than plan.

The underlying deficit run rate in September continues at £5m, however this is still running at a level significantly higher than plan.

In Month

Income & Expenditure	September 17 (Month 6)			Year to Date		
	Plan £000s	Actual £000s	Var £000s	Plan £000s	Actual £000s	Var £000s
Operating Revenue & Income						
Patient Care Revenue (pre STF)	25,605	26,605	1,000	160,471	161,677	1,206
Other Operating Income	2,158	2,558	400	13,287	14,014	727
Non PBR Drugs	4,343	2,884	(1,459)	18,852	18,122	(730)
Non PBR Devices	262	310	48	1,565	1,881	316
Total Operating Revenue pre STF	32,368	32,357	(11)	194,175	195,694	1,519
Operating Expenses						
Pay	(21,059)	(22,426)	(1,367)	(128,079)	(133,110)	(5,031)
Non Pay	(8,076)	(9,946)	(1,869)	(56,725)	(58,989)	(2,264)
Non PBR Drugs	(4,469)	(2,862)	1,606	(18,972)	(18,104)	868
Non PBR Devices	(287)	(321)	(34)	(1,590)	(1,883)	(294)
Total Operating Expenses	(33,891)	(35,555)	(1,664)	(205,366)	(212,087)	(6,721)
EBITDA *	(1,523)	(3,198)	(1,675)	(11,191)	(16,393)	(5,202)
EBITDA %	-4.7%	-9.9%		-5.8%	-8.4%	
Depreciation	(866)	(928)	(62)	(4,983)	(5,561)	(578)
Net Interest, Dividends & Gain/(Loss) on asset disposal	(1,180)	(1,244)	(64)	(7,331)	(7,123)	208
Reported Total Surplus / (Deficit)	(3,569)	(5,370)	(1,801)	(23,505)	(29,077)	(5,572)
Less Impact of Donated Asset Accounting	4	10	6	22	61	39
Surplus / (Deficit) against Control Total pre STF	(3,565)	(5,360)	(1,795)	(23,483)	(29,016)	(5,533)
STF	845	0	(845)	4,432	2,034	(2,398)
Surplus / (Deficit) against Control Total inc STF	(2,720)	(5,360)	(2,640)	(19,051)	(26,982)	(7,931)
<small>* EBITDA = earnings before interest, tax, depreciation and amortisation</small>						

Monthly (Deficit) / Surplus Run Rate



At the end of September the Trust is reporting an in month pre Sustainability and Transformational Fund (STF) deficit of £5.4m, which is £1.8m worse than plan. Inclusion of the STF increases the adverse variance by a further £0.8m due to lost STF from performance (£0.2m) and finance (£0.6m).

This has increased the year to date (YTD) deficit to £29.0m pre STF which is £5.5m worse than plan. Inclusion of the STF (relating to Q1) reduces the YTD deficit to £27.0m against a plan of £19.1m resulting in a £7.9m adverse variance to plan.

The run rate in month 6 is £5.4m. This is an improvement of £0.6m (pre STF) compared to month 5. The key drivers of this movement are summarised below:

Normalisation in run rate as month 5 position included a number of key non recurrent items;

- Application of the cap/collar contract - £0.7m.
- Temporary medical cover for annual leave and prior month payments - £0.1m.
- Offset by a benefit of (£0.2m) from the release of WLI provision older than 3 months, linked to FRP delivery.

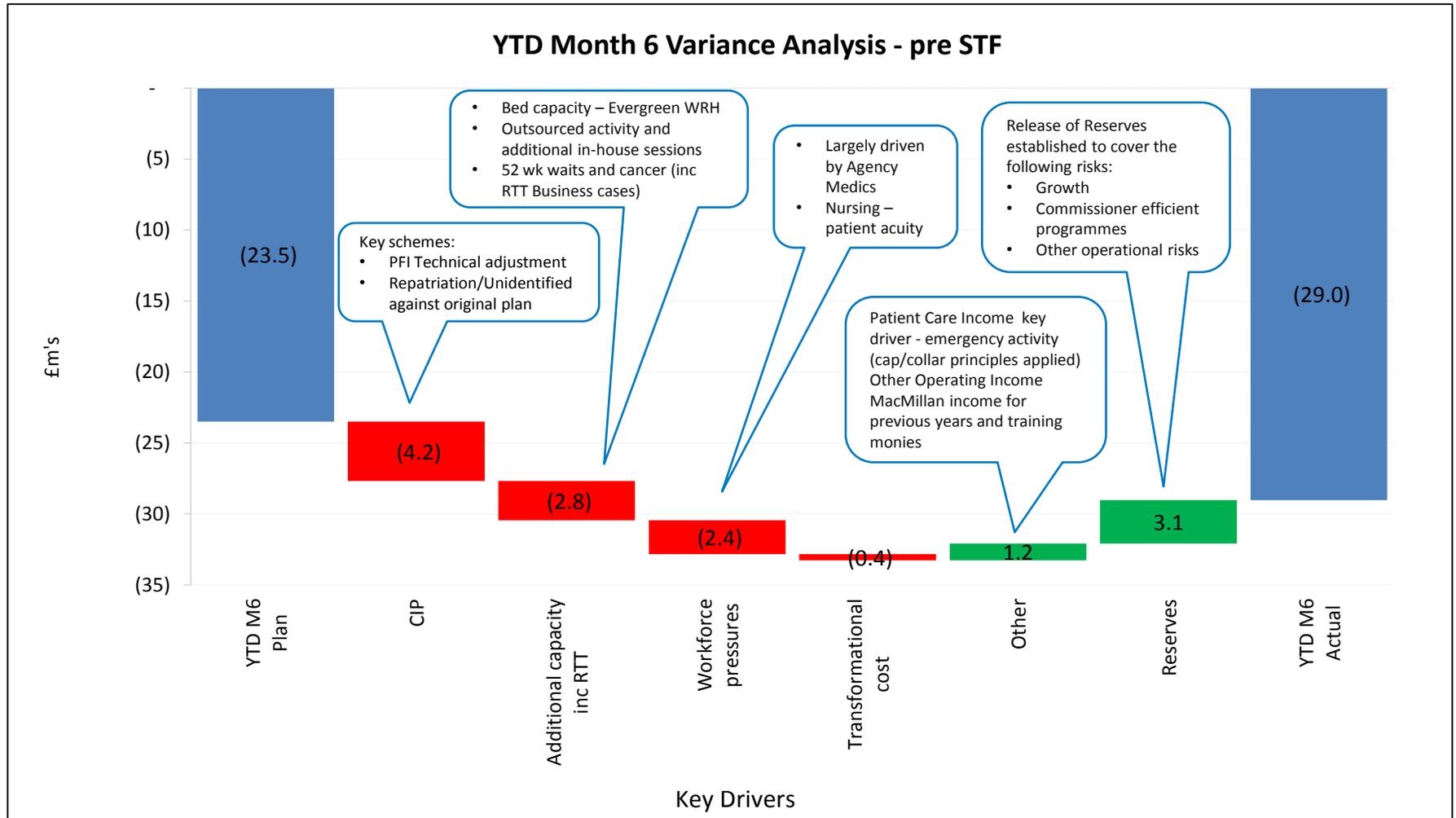
The remainder of the movement is attributable to increased costs of utilities and additional medical agency costs supporting vacancies in the on-call surgical rota.

The underlying run rate remains at £5m.

A breakdown of the key variances to plan at the end of September are detailed on page 4.

2017/18 – YTD Key Variances pre STF

At the end of month 6, the Trust is reporting a year to date (YTD) deficit of £29.0m. This position is £5.5m adverse to plan, the key variances are presented below.



Income Summary

Month 6 – September 2017

Income including STF was £0.9m below plan in September. Excluding STF it was breakeven.

Inpatients were breakeven in September:

- Day cases 4% above plan
- Electives 14% below plan
- Emergencies 1% below plan - reduction in admissions from previous months

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

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

Income – The combined total reported income (including STF) is **£0.9m below the YTD plan**. Prior to STF funding there was an income over performance of **£1.5m at the end of September**. In month there was a £0.8m adverse variance to plan (pre STF).

Key movements in September :

Inpatients breakeven – Emergencies 1% below plan - admissions have reduced from August; 0-1 LOS admissions have declined during the month. Day case activity was 4% above plan; Gastro £112k (increased staffing levels), Cardiology £60k (increased activity) offset by Oral Surgery -£35k. Elective activity 14% below plan; T&O -£67k (14 patients outsourced but still 24 cases below plan), General Surgery -£49k and ENT -£55k.

Outpatients £0.1m favourable (activity is on plan) – Dermatology +£42k (outsourcing to Medinet early September), Rheumatology +£49k and General Surgery +£54k (all specialties having attendances above planned level) offset by Cardiology -£56k (lower follow-up attendances).

Maternity £0.1m adverse – Deliveries -£55k and Post & Antenatal visits -£48k. There is a known issue with the growth level assumed in the plan.

Other Contract Income £0.2m adverse – Drugs £265k, Neonates/ITU -£220k and Cap/Collar Adjustment & Reconciliation Queries -£218k

STF Funding £0.8m adverse – The financial control(70%) and performance element(30% - Emergency Access Standard) targets have not been achieved in month.

CQUINs – Total CQUIN is worth £7.5m; Failure to deliver the CQUIN targets will result in a risk to payments, albeit the £6.2m for the Worcestershire CCGs is mitigated through the cap/collar arrangement. In line with 2017/18 national planning guidance the Trust is holding £1.3m or 0.5% towards CQUIN Risk Reserve. The Trust has notified NHSI of the requirement to access this funding in 2017/18 as part of delivering the financial plan.

By Commissioner: Over-performance reported against Worcestershire CCG contract. NHS England (Prescribed Services/Dental/Screening) contract is 4% above plan YTD – cancer drugs . Associate contracts are showing a 2% under performance (B’ham CCGs and Powys LHB are under plan). Non Contract /Out of Area activity is 29% or £473k above plan YTD.

	In Month				YTD			
	Plan £'000	Actual £'000	Var £'000	% £'000	Plan £'000	Actual £'000	Var £'000	% £'000
Inpatient	12,483	12,519	36	%	73,998	77,176	3,178	4%
Outpatient	3,624	3,676	52	1%	21,735	21,831	96	%
ED/MIU	1,796	1,710	(86)	(5%)	10,658	10,647	(11)	(%)
Maternity	2,265	2,161	(104)	(5%)	13,093	12,109	(984)	(8%)
Paediatrics	1,233	1,147	(86)	(7%)	7,373	6,906	(467)	(6%)
Other	8,810	8,586	(224)	(3%)	54,032	53,011	(1,021)	(2%)
Patient Care Income	30,210	29,799	(411)	(1%)	180,888	181,680	792	%
Other Operating Income	2,158	2,558	400	19%	13,287	14,014	727	5%
Patient Care & Other Operating Income	32,368	32,357	(11)	(%)	194,175	195,694	1,519	1%
STF	845	0	(845)	(100%)	4,432	2,034	(2,398)	(54%)
Total Income	33,213	32,357	(856)	-3%	198,607	197,728	(879)	0%

Note the table above reflects the adjusted Cap/Collar position based on the annual phased limits - Collar £264.4m and Cap £271.4m .

Pay Expenditure Month 6 – September 2017

Pay expenditure in August was £22.4m, an over spend against plan of £1.4m.

- Substantive pay spend was £18.8m (inc additional sessions).
- Bank pay spend was £1.7m.
- Agency pay spend was £1.9m.

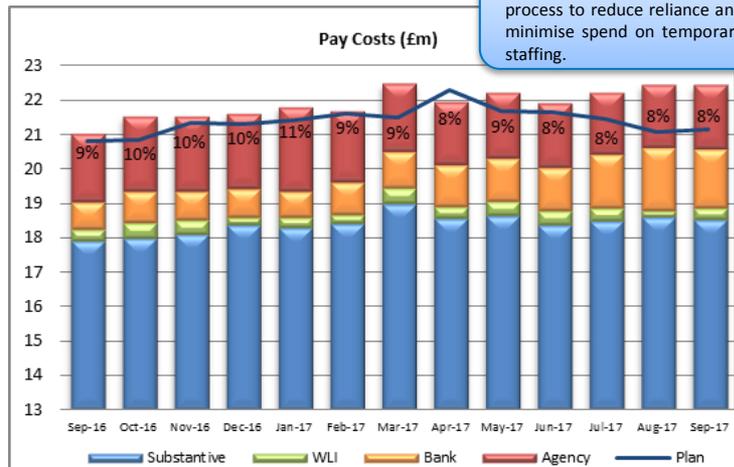
The overall pay run rate reduced in month by £20k with reductions in spend on nursing being largely offset by an increase in substantive medical staffing.

The underlying pay position continues to run at £22.3m. Although this is consistent with last month, it continues to be in excess of the 2016/17 Q3 average primarily due to the provision of additional bed capacity.

In September total pay expenditure was £22.4m, which is an adverse variance to plan of £1.4m. YTD the Trust is reporting a pay position of £133.1m, a £5.0m over spend against plan.

FT Subjective	Sep-17			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Medics - Consultants	(3,746)	(3,395)	351	(22,691)	(20,233)	2,458
Medics - Other	(2,298)	(1,722)	576	(13,829)	(10,436)	3,394
Medics - Agency / Bank	(235)	(2,045)	(1,810)	(1,918)	(10,924)	(9,006)
Total Medics Pay	(6,279)	(7,162)	(883)	(38,438)	(41,592)	(3,154)
Non Clinical	(3,414)	(3,355)	59	(20,307)	(19,406)	901
Non Clinical - Agency / Bank	(24)	(110)	(86)	(204)	(851)	(647)
Total Non Clinical Pay	(3,438)	(3,465)	(28)	(20,511)	(20,257)	254
Nursing & Midwifery	(8,232)	(7,500)	733	(49,752)	(45,995)	3,757
Nursing & Midwifery - Agency / Bank	(44)	(1,273)	(1,229)	(670)	(7,313)	(6,644)
Total Nursing Pay	(8,276)	(8,772)	(496)	(50,421)	(53,308)	(2,887)
ST&T	(2,856)	(2,785)	71	(17,324)	(16,617)	707
ST&T - Agency / Bank	19	(160)	(179)	114	(848)	(962)
Total ST&T Pay	(2,837)	(2,945)	(108)	(17,210)	(17,465)	(255)
Other	(229)	(81)	148	(1,500)	(489)	1,011
Total Other Pay	(229)	(81)	148	(1,500)	(489)	1,011
TOTAL PAY	(21,059)	(22,426)	(1,367)	(128,079)	(133,110)	(5,031)

Key scheme within FRP plan - improve the recruitment process to reduce reliance and minimise spend on temporary staffing.



Percentages shows proportion of agency spend against total spend.

Medics

Under spends on substantive consultants continue due to ongoing vacancies. However the overall medics position is an adverse in month variance of £0.9m, mainly due to the costs incurred by bank and agency staff to cover these vacant posts, as well as non delivery of CIP schemes. Surgery particularly have seen non delivery against a scheme for WLI reduction via improvement in dropped lists (£301k).

Substantive consultant spend normalised, increasing by £0.2m on last month due to the month 5 WLI provision release.

Within other medical staffing, ongoing under spends on the substantive pay line reflect the ongoing vacancies across all Divisions. These favourable variances are however offset by the costs incurred by temporary staff to cover these vacancies.

Nursing

Overall nursing is over spent both in month (£0.5m) and YTD (£2.9m). Under spends on substantive nursing are due to vacancies, with the cost of covering posts reported within bank and agency.

The key drivers of the nursing variance include:

- Additional bed capacity (Evergreen) - £1.6m.
- Patient acuity - £0.6m.
- Nursing over establishment £0.3m - Surgery wards remain on weekly finance review.

Other

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

Temporary Pay Expenditure Month 6 – September 2017

The Trust set an internal agency target for 2017/18 of £17.3m.

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

At the end of September, YTD agency spend is £11.1m, £0.4m under the YTD agency ceiling of £11.5m. This represents 8.3% of gross staff costs.

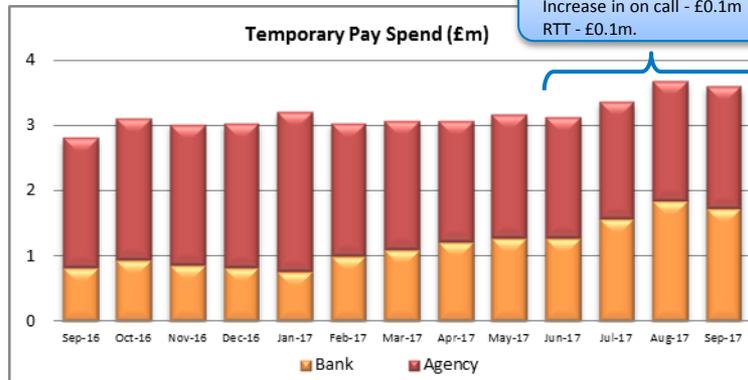
The YTD medical agency reduction target at the end of month 6 is £5.5m. The Trust is reporting YTD medical agency expenditure against this of £5.7m, £0.2m over target.

FRP plan is to improve quality and safety through recruitment of substantive clinical staff.

The Trusts spend on its temporary workforce was £3.6m in September, £1.9m on agency staff and £1.7m on bank staff. Overall this is a reduction of £0.1m compared to August.

The reduction is mainly within temporary medical staffing and is due to cover for annual leave during August and backdated costs that impacted the financial position in month 5.

Additional rota gaps - £0.3m
Increase in on call - £0.1m
RTT - £0.1m.

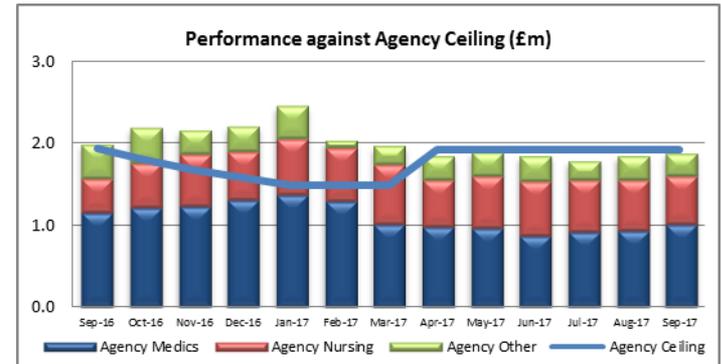


Part of the FRP plan is to strengthen controls across all staff groups requesting bank and agency (e-rostering, authorisation levels, lead booking times). As well as standardisation/adherence to bank rates.

Agency

Agency staffing costs of £1.9m in month is an increase of £25k compared to last month and is now only £35k under the monthly NHSI agency ceiling. This agency ceiling does however exclude the additional medical agency reduction target that the Trust was set, of which the Trust is exceeding this target by £0.2m YTD.

Medics was the only staff group which saw an increase in agency spend in month (£25k). All other staff groups reported a reduction in spend.



Agency Price Cap and Frameworks Compliance

The Trust is obliged to comply with mandatory price caps and approved frameworks for procuring agency staff. In cases where a framework is not used to procure an agency shift these "overrides" are reported to NHSI. From week commencing 9th October the Trust is also required to report to NHSI on a weekly basis regarding bank shifts requested and worked in addition to agency information.

FRP plan is to engage with suppliers of temporary staff to ensure value for money on rates.



The chart above includes price cap performance only.

Non Pay Expenditure

Month 6 – September 2017

As part of the FRP plan authorisation levels were reduced in September 2017.

As part of the FRP plan on 18/10/17, non-clinical items were removed from the iProc catalogue and a process established for requesting non-clinical items that are deemed to be essential.

In September non pay expenditure was £13.1m, an over spend against plan of £0.1m.

Overall, the key driver of the YTD adverse position is reported within clinical supplies and services. This variance is driven by the cost of outsourcing activity in support of delivering RTT and supporting flow.

The Trust has undertaken a major reclassification of expenditure in line with NHSI coding. This has resulted in a disparity of budgets against actual spend but does not affect the bottom line non pay position at cost centre level. Budgets will be realigned as part of the 2018/19 budget setting process.

Month 6

In September total non pay expenditure, excluding depreciation, PDC and interest payable, was £13.1m. Including these items total non pay expenditure is £15.3m. Non pay expenditure is over plan by £0.1m in month and £1.5m YTD excluding depreciation, PDC and interest payable, and over plan by £0.4m in month and £2.0m including these items.

FT Subjective	Sep-17			Year to Date		
	Budget £000s	Actual £000s	Variance £000s	Budget £000s	Actual £000s	Variance £000s
Clinical Supplies & Services	(4,613)	(4,935)	(322)	(21,341)	(22,790)	(1,449)
Drugs	(689)	(684)	5	(4,154)	(4,269)	(115)
Non Pbr Drugs	(4,469)	(2,862)	1,606	(18,972)	(18,104)	868
Non Pbr Devices	(287)	(321)	(34)	(1,590)	(1,883)	(294)
Establishment Expenses	(366)	(383)	(18)	(2,200)	(2,108)	92
General Supplies & Services	(616)	(277)	339	(3,681)	(3,929)	(249)
Other	(1,794)	(3,667)	(1,873)	(25,360)	(25,889)	(530)
TOTAL NON PAY	(12,833)	(13,129)	(296)	(77,297)	(78,973)	(1,676)
Depreciation	(866)	(928)	(62)	(4,983)	(5,561)	(577)
PDC - Dividend	(14)	(30)	(16)	(181)	(181)	1
Interest Payable	(1,188)	(1,214)	(26)	(7,163)	(6,960)	203
Impairment Losses	0	0	0	0	0	0
GRAND TOTAL	(14,902)	(15,301)	(399)	(89,625)	(91,674)	(2,049)

Key YTD Variances

Clinical Supplies & Services

Expenditure on clinical supplies & services was £4.9m in September. Although this is an increase of £1.2m compared to last month, the majority of this is due to ongoing coding realignment, in line with NHSI classifications. A corresponding reduction can be seen month on month within spend classified as "Other".

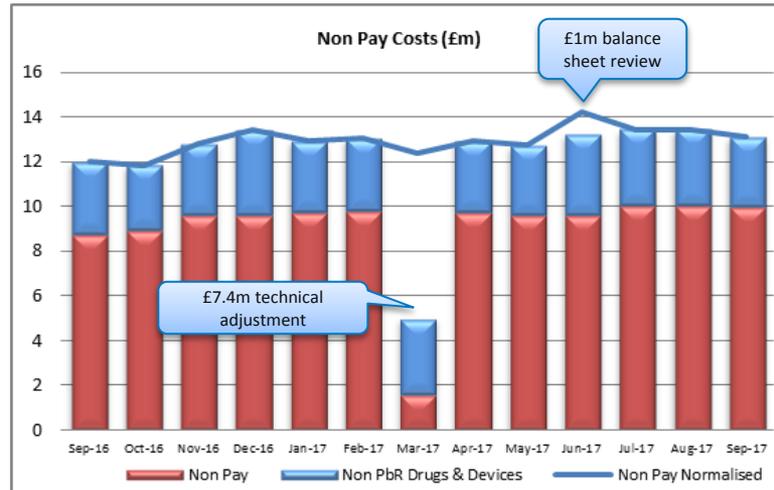
The key drivers of the YTD adverse variance are:

- Radiology increase in outsourced reporting following the switch of the 2nd CT scanner at WRH to support in patient flow - £0.3m. The division has commissioned Siemens to undergo a capacity and demand exercise which will help with the demand management.
- Outsourced T&O activity - £0.4m (outside RTT business case).
- Pathology are currently outsourcing a significant volume of tests due to consultant vacancies in Histopathology - £0.1m. This is expected to reduce with the implementation of the new Histopathology staff review business case.
- Dermatology start point activity reduction - £0.2m.
- Loss on PFI Asset Disposal backdated to April 2017 - £0.2m.

FRP plan is to ensure larger commercial contracts are managed robustly, deliver value for money and re-negotiate accordingly.

Other

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



2017/18 Key Headlines – Month 6

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

At month 6, the Trust has schemes totalling £15.5m full year. This is an increase of £0.6m compared to August, predominately due to the addition of schemes that were identified as part of the financial recovery plan (FRP).

Executive led fortnightly confirm & challenge meetings in place. Under performing schemes are reviewed with the Divisions being challenged to identify a Plan B.

2017/18 Schemes	At month 6, the Trust has schemes totalling £15.5m full year. This is an increase of £0.6m compared to August, predominately due to the addition of schemes that were identified as part of the financial recovery plan (FRP).
Month 6 Position	<p>In September the Trust had a plan to deliver £1.6m of savings, identified schemes of £1m, and has achieved £0.5m of savings. This is a £1.1m adverse variance against plan of which £0.6m is due to unidentified schemes against the original plan.</p> <p>2 weekly Confirm and Challenge meetings with each Division with all schemes being reviewed on a line by line basis. These meeting will include a review of both CIP and Financial Recovery Schemes</p> <p>The most material schemes with an adverse to plan year to date are:</p> <ul style="list-style-type: none"> • Medical Agency Nursing - (£0.3m) – Divisional actions include: rosters to be completed 6 weeks in advance with weekly DDN scrutiny, agency shifts booked to ‘cost’ of current vacancies, matrons to ensure annual leave and sickness policy is adhered to, continue drive on recruitment. Weekly dashboard from NHSP established as well as weekly meetings to attempt to reduce Tier 1 and Tier 2 agency costs. Nursing leadership has agreed to reduce lead time from 7 days to 3 days for booking of premium cost Tier 2 agency staff • Surgical Theatre Productivity / WLI (£0.3m) – Theatre Productivity Programme launched on 5th October. DDOP’s to sign off on all waiting list request forms. Introduction of targeted project support. • Medical Cap Breach Control – Surgery (£0.2m) – Weekly dedicated confirm and challenge for two key specialties, and introduction of targeted project support. • Medical Cap Breach Control – Women & Children (£0.1m) – Recruitment to vacancies / improved deanery fill is expected to improve performance in Q3 and Q4. • Neonatal Repatriation – Women & Children (£0.1m) – Protocol for accepting management of request to transfer being reinforced. Neonatal Network engaged in supporting transfer of patients to appropriate setting. <p>The Model Hospital focus areas are continually being reviewed and where possible develop schemes that will deliver savings in 2017/18</p>

Balance Sheet

September

In September the Balance Sheet is variant to plan by £3.6m

Overall, the key drivers of the YTD variances are Trade and Other Payables (£11.4m) behind the plan, offset by PFI availability credit (£7.3m) received at the end of 2016/17 financial year, resulting in reduction of non-current liability, and the cost of Property, Plant and Equipment (PPE) being re-valued upwards at the end of 2016/17 resulting in the PPE cost being ahead of the plan.

The variance on Trade and Other Payables is driven by the tight cash flow which the Trust has experienced over the last three months.

	Budget	Actual	Fav/(Adv)	Annual Plan	Forecast	Fav/(Adv)
	£000s	£000s	£000s	£000s	£000s	£000s
Assets						
Property, Plant and Equipment, non current	169,720	169,970	250	177,152	186,330	9,178
PFI Property, plant & equipment, non current	77,529	81,976	4,447	77,316	85,076	7,760
Intangible Assets, non current	3,662	3,189	(473)	3,768	3,978	210
Trade and Other Receivables, non current	2,198	3,015	817	2,204	2,204	0
Total Non Current Assets	253,109	258,150	5,041	260,440	277,588	17,148
Inventories	6,130	8,498	2,368	5,625	5,625	0
Trade and Other Receivables, current	26,070	31,147	5,077	9,463	12,779	3,316
Other Assets, Current	6,013		(6,013)	3,316	0	(3,316)
Cash and Cash Equivalents	1,900	2,318	418	1,900	1,900	0
Assets Held for Sale	840	570	(270)	0	0	0
Total Current Assets	40,953	42,533	1,580	20,304	20,304	0
Total Assets	294,062	300,683	6,621	280,744	297,892	17,148
Current Liabilities						
Trade and Other Payables	(40,561)	(52,002)	(11,441)	(20,054)	(30,025)	(9,971)
Borrowings PFI	(969)	(970)	(1)	(2,106)	(2,106)	0
DH Revenue Support Loan	(667)	(667)	1	(39,506)	(39,506)	0
DH Capital Loan	(1,218)	(1,347)	(129)	(2,689)	(2,689)	0
Interest payable on DH Loans	0	(521)	(521)	0	0	0
Provisions	(389)	(600)	(211)	(618)	(618)	0
Other Liabilities	(813)	(819)	(6)	(494)	(494)	0
Total Current Liabilities	(44,617)	(56,925)	(12,308)	(65,467)	(75,438)	(9,971)
Net Current Assets/(Liabilities)	(3,664)	(14,392)	(10,728)	(45,163)	(55,134)	(9,971)
Non Current Liabilities						
Borrowings PFI	(70,114)	(62,810)	7,304	(68,008)	(60,704)	7,304
DH Revenue Support Loan	(130,252)	(130,246)	6	(102,344)	(102,344)	0
DH Capital Loan	(28,641)	(24,798)	3,843	(35,532)	(35,532)	0
Provisions	(1,429)	(2,985)	(1,556)	(1,653)	(3,428)	(1,775)
Other Liabilities	(3,349)	(3,668)	(319)	(3,011)	(3,011)	0
Total Non-Current Liabilities	(233,785)	(224,507)	9,278	(210,548)	(205,019)	5,529
Total Assets Employed	15,660	19,251	3,591	4,729	17,435	12,706
Financed by Taxpayers Equity:						
Public Dividend Capital	185,017	185,017	(0)	185,017	186,147	1,130
Revaluation reserve	54,320	59,107	4,787	54,320	59,107	4,787
Other reserves	(861)	(861)	0	(861)	(861)	0
I&E Reserve - Breakeven Performance	(185,508)	(186,705)	(1,197)	(196,439)	(189,650)	6,789
I&E Reserve - IFRS Transition and non breakeven	(37,308)	(37,308)	0	(37,308)	(37,308)	0
Total Taxpayers Equity	15,660	19,251	3,591	4,729	17,435	12,706

Cash

At the end of September the cash balance was £2.3m. Whilst maintaining the minimum required cash balance of £1.9m required by DH, the timeliness of payments to creditors has deteriorated, with the cash available to pay creditors at the current rate being £6.7m less than required. In order to reduce the impact of the I&E run rate on its ability to pay creditors, the Trust has requested 2017/18 STF cash in lieu based on the current forecast. In addition, the Trust is negotiating an I&E deficit support profiling review, whereby the Trust will be able to bring forward February 2018 and March 2018 loan support draw down to November 2017 and December 2017 accordingly, with an expectation that the I&E deficit run rate will reduce by the end of December 2017.

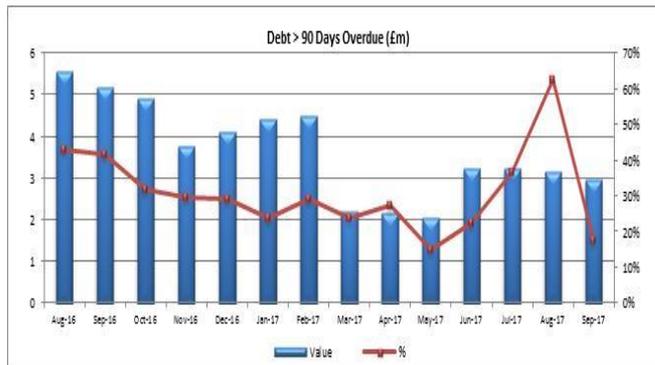
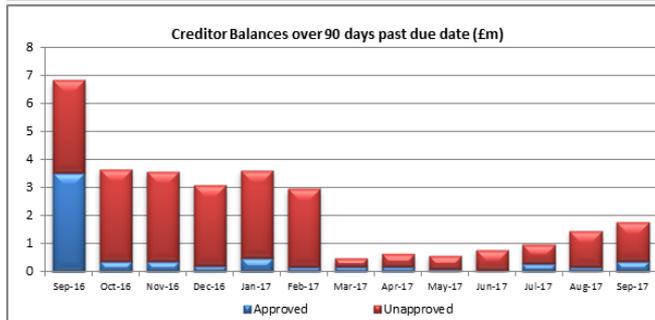
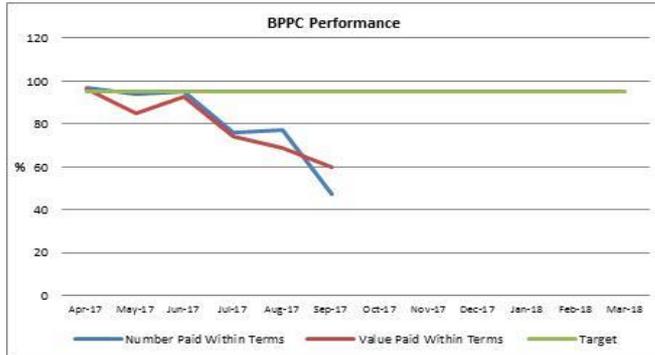
Interim Support/Borrowings

The Trust's plan requirement for interim revenue support for 2017/18 is £31.2m, which is reduced by £12.m from £43.8m, as the Trust is supported with STF if it delivers to its plan. If the plan is not achieved, the Trust will be looking to increase its interim revenue support in line with the I&E deficit. Total current and non-current borrowings as at September are summarised in the table below.

	Borrowing Balances		
	Capital £000s	Revenue £000s	Total £000s
Radiotherapy Loan	18,059		18,059
IT Infrastructure Loan	2,475		2,475
Emergency Department Loan	3,169		3,169
Capital Emergency Loan	2,442		2,442
Interim Revenue Support Loan		130,913	130,913
PFI Borrowings	63,780		63,780
Total borrowing	89,925	130,913	220,838

The working capital balance remains negative in September (£26m), however there is a marginal improvement from the last month (£0.084m). This means that the Trust has great difficulty in covering its operating costs.

The liquidity ratio has a direct impact on the Trust's ability to pay creditors within their agreed credit terms.



Better Payment Practice Code (BPPC) performance has declined steeply in recent months as a direct consequence of managing tight cash flow through reduced creditor payments. Only 2,666 invoices have been paid on time out of a total of 5,675 invoices in September; in monetary terms the values show that £17m of invoices were received and only £10m were paid within BPPC terms. There was £6.7m gap between the cash requirement and availability to pay creditors as at the end of September 2017.

Outstanding creditors over 90 days past due date have increased in September by £0.3m mainly due to invoices not being authorised for payment on a timely basis. The Trust prioritises older invoices during periods of tight cash flow, meaning that the BPPC target is not achieved; however the over 90 days profile will remain low, providing the invoices are approved on a timely basis. The most significant aged creditors are R&B CCG £225k, Worcs. SPC £237k, PWC £432k.

The debt over 90 days overdue has fallen further by £0.1m during September with the value at the end of the month being £2.964m. Divisional managers are still negotiating on disputed invoices for IT services with the three Worcestershire CCG's to a value of £696k, £317k for pharmacy gain share invoices with South Worcestershire CCG, and £199k for the Renal Dialysis SLA with UHB NHS FT.



Capital Position 2017/18 – High Level

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

Trust position

- The Trust has £3.768m funding available internally from depreciation and sale of assets. Depreciation has been revalued resulting in an increase to £4,360 available internally.
- The Trust cannot report an overspend position and as such the NHSI reported forecast showed a FYF variance of £664k prior to any mitigation.
- The Trust estimated full year forecast is £1,673k at month 6, prior to any mitigation. Once the revaluation of depreciation has been factored into the FYF the revised overspend is £1,221k.
- The Trust submitted a loan of £16.7m in July 2017 and is still waiting for confirmation.
- The plan includes the Primary Care Streaming services PDC of £920k. The PDC is being drawn down from October 2017.
- The Trust will be drawing down the £210k Public Dividend Capital (PDC) for Wifi Services in Secondary Care settings by the 31/12/17, when the project has to be completed.
- The County Air Ambulance Trust has donated the 1st payment of £625k towards the cost of the new helipad next to the Oncology Centre £1.25m.
- Finance continue to work with the work stream leads with monthly meetings to monitor the capital expenditure YTD and forecast position. This is to ensure the leads are able to manage within the limited resources available and the Trust meets its CRL.

ASR

- An STP loan submission was made in April 2017 for the ASR scheme totaling £29.6m.
- The Trust has identified £500k internally to continue with the project costs until September 2017. A minimum of £663k is required in 2017/18 for project fees, totaling £1.163m unless loan funding is confirmed. The Trust has contacted NHSI to request the project costs prior to approval of the FBC and is waiting for the final outcome.

Primary Care Streaming services at WRH

- The Trust has been awarded £920k PDC for the Primary Care Streaming services at WRH to implement primary care streaming at WRH.
- The estimated costs have been received and work due to start imminently.

FRP Cycle

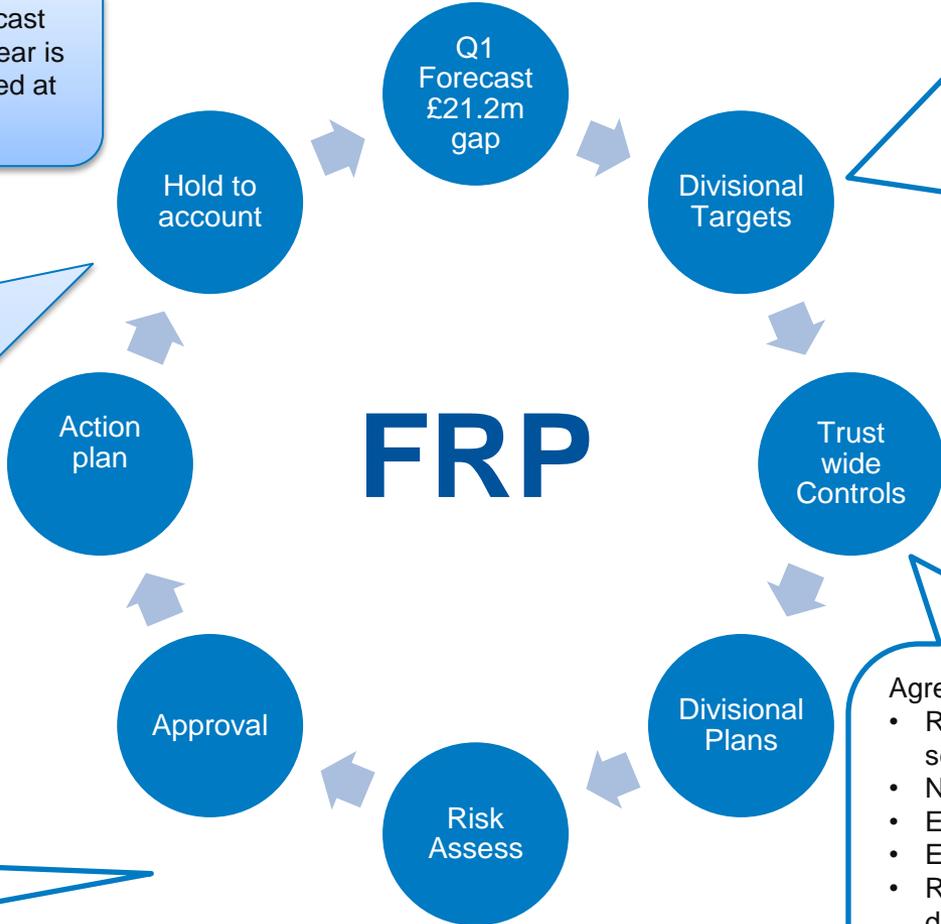
A refresh of the detailed I&E forecast for the remainder of the financial year is being finalised and will be presented at M7.

Governance
Fortnightly Executive Director led confirm and challenge sessions with Divisions and Corporate leads commenced w.c 9th October 2017.

Fortnightly update into Trust Leadership Group.

Reports into Finance and Performance Committee monthly.

PID/QIA documentation for all schemes



CFO writes to all Budget holders requesting financial recovery plan by 16th August.

Monthly update into Finance and performance committee (F&PC) and fortnightly into trust Leadership Group (TLG).

Detailed weekly recovery plan with Executive leads presented at September 17 Finance and Performance and TLG.

Agreed at Trust Leadership Group.

- Reduce authorisation levels within scheme of delegation
- Non clinical vacancy freeze
- Executive vacancy control panel
- Executive approval for agency
- Restriction in ordering discretionary items
- Directorate deep dives
- Full budget reviews at cost centre level.

Controls

- Scheme of delegation
- Non clinical vacancy freeze
- Executive approval for agency
- Restriction in ordering discretionary items
- Directorate deep dives
- Full budget reviews at cost centre level

Workforce

- Recruitment plan
- Switch from agency to bank
- Direct engagement
- Rostering compliance
- Strengthen standard operating procedures for locum bookings
- Review all non clinical temporary contracts and end unless business critical

CIP

- Focus on model hospital
- Accelerate plans
- Fortnightly Executive led confirm and challenge sessions with Divisions for CIP and FRP and scheme level

Performance

- RTT plan
- Additional capacity – flow and winter
- Optimise theatre capacity
- Optimisation of bed capacity through county wide partnerships

Income

- Cap & Collar
- Better Care Fund application
- Frailty unit
- Rigorous debt collection
- Training Income

Technical

- Provisions
- Vat recovery
- Assets
- Pension provision

Finalisation of Financial Recovery Plan

The Trust continues to strengthen its financial recovery plan and many activities have taken place over the last month including:

- Fortnightly Executive led Divisional and Corporate confirm and challenge sessions commenced 9th October
- Nursing recruitment trip to Ireland
- Working groups established for a more joined up strategy around workforce and retention
- Informal event held with suppliers to demonstrate product offer for an e-rostering solution for medical staffing
- Theatre productivity 4ward led session held on the 5th October
- Standard operating procedure for temporary medical bookings strengthened
- Demonstration of agency/bank dashboard to Divisional Triumvirate Management Teams highlighting key areas for improvement in timeliness of bookings and current payment rates
- Executive review of non-clinical agency posts with a target reduction
- Removal of non-clinical items from the iProc catalogue and communicated to all staff 18th October
- Finance assigned finance leads to support on driving key projects forward

It is imperative that the financial recovery plan is appropriately documented with detailed credible and challenging action plans that have been financially assessed. This needs to be performed at pace, and will require input from the senior leadership team across the Trust. See below timetable:



Date of meeting	9 November 2017
Paper number	F2

Integrated Performance Report

For approval:		For assurance:	✓	To note:		For information:	
---------------	--	----------------	---	----------	--	------------------	--

Accountable Director	Haq Khan (Acting Director of Performance)
Presented by	Haq Khan (Acting Director of Performance)
Author	Steven Price (Senior Performance Manager)

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

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Finance and Performance Committee	24 th October 2017	

Date of meeting	9 November 2017
Paper number	F2

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	P2.2
---	---	---------------	------

Level of assurance and trend			
		√	↑ ↓ →
Significant			
Limited	√		→
None			
Not applicable			

Purpose of report	Overview of performance for September 2017 (Month 6)
Summary of key issues	<p>Improved processes and enhanced grip are delivering improvements across a number of metrics but there were unexpected deteriorations in 62 day cancer and 52 week wait performance.</p> <p>Quality and Safety</p> <ul style="list-style-type: none"> • Completion of primary mortality reviews within 30 days continues to steadily improve since the introduction of the new process. • The Urgent Care and the Medicine divisions have the largest volume of complaints and outstanding serious incidents so additional staffing has been identified to support improvement in these areas. <p>Operational performance</p> <ul style="list-style-type: none"> • The enhanced grip and control has resulted in improved performance in 2 week wait cancer and diagnostics performance but it will be a few more months before the improvements are reflected in 62 day cancer performance. • The revised RTT trajectory is planned to deliver a slower rate of improvement than the original trajectory but 87% performance by March 2018 is still planned to be achieved. • The key improvement work programs across recruitment, theatres productivity and flow are essential to the attainment of sustained improvements in operational performance.
Recommendations	<p>The Board is asked to:</p> <p>a. Note the report and receive the assurance.</p>

Date of meeting	9 November 2017
Paper number	F2

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

INTEGRATED PERFORMANCE REPORT

1 Introduction

- 1.1 This paper presents an overview of performance for September 2017 (Month 6). The report summarises issues with current performance, and areas of risk for the Trust. An exception based approach is taken, escalating areas of particular risk in performance against national standards and local trajectories.

2 Background

- 2.1 The format of the Integrated Performance Report has been evolving over the last few months. The core design and content is now established and iterative updates are introduced as appropriate. Narrative on Quality and Safety has been added this month with the Workforce narrative to be developed further for the next meeting.

3 Current situation

- 3.1 The **Key Performance Indicators (KPI) Highlight Quadrant** outlines trends between month 5 and 6 for KPIs in Quality and Safety, Operational Performance, and Workforce (see page 7). Financial Performance metrics are covered in the separate Finance report to Trust Board, Workforce metrics are managed through the People and Culture Committee and Quality and Safety Metrics are managed in the Quality Governance Committee. The full dashboard is attached. The KPI Highlight Quadrant aims to draw out and signpost key indicators from the detailed dashboards.

4 Quality and Safety

- 4.1 Quality and Safety performance is reviewed at, and covered in the Quality Governance Committee report. High level performance issues are covered by exception below, based on the KPIs on the attached Month 6 Quality and Safety Summary.
- 4.2 **Complaints Responses** – Performance remains variable and is under target and trajectory, with particular performance issues in the Urgent Care and the Medicine divisions, where the highest numbers of complaints are received. Both divisions have a turnaround plan in place for complaints performance and are undertaking a deep dive to analyse themes and actions, which could proactively prevent future complaints.
- 4.3 **Friends and Family Test** – The scores remain positive but further work is required to improve response rates in line with contractual targets by the end of the financial year.
- 4.4 **Primary Mortality Review Completion** – Following the implementation of a new electronic review system, compliance with the new 30 day target has improved steadily since its introduction in May. A transition plan is place to move from the current process to one compliant with the National Quality Board 'Learning from Deaths' guidance.

- 4.5 **Serious Incidents Open Over 60 days** – Three consecutive months of

Date of meeting	9 November 2017
Paper number	F2

improvement have been followed by a dip, with September performance returning to May levels. Over half of the SIs are in the Urgent Care and Medicine divisions. Additional staffing has been identified to support, and timescales within the SI process reinforced and monitored.

5 **Operational Performance**

5.1 This report contains unvalidated data for cancer, which is not finalised until 2nd November. Performance against the key operational standards is summarised in the attached Operational Performance Summary. The national standard for 2 week wait symptomatic breast cancer was achieved in September as planned. Overall the trust is achieving the national standard in 5 out of the 8 cancer standards. Performance continues to improve and remains ahead of trajectory for cancer two week waits and diagnostics.

5.2 **Urgent referral to treatment - 62 day (all cancers)** – A deterioration against the 62 day cancer standard resulted in a below trajectory performance in September. This also means the cancer funding associated requirement to commence treatment for 80% of patients within 62 days was not achieved. The overall numbers of patients waiting has reduced over the last 2 months but numbers of the longest waiters (those waiting 104 days or more) has not changed significantly. The diagnostics turnaround times for the cancer pathways are now back on track but the legacy of underperformance will take some time to resolve. A detailed recovery plan is being developed which includes reviewing and streamlining pathways for the high volume specialties. Additional capacity is also in place for the 2 most challenged specialties (Lower GI and Urology) to improve the timeliness of the pathway for newly referred patients.

5.3 **RTT** – Performance marginally improved but remains short of the trajectory in September due to slippage in implementation timescales against the additional investment. September saw a reduction in the size of the overall waiting list as well as in the number of patients waiting over 18 weeks for their treatment to commence. A mid-year review and refresh of the RTT demand and capacity models has been undertaken focussed on further reducing the size of the waiting list and the length of time patients are waiting in some of the most challenged specialties. The revised RTT trajectories involve spending £1m less than the originally agreed business case investment of £3.9m but would still result in the achievement of the original 87% RTT performance by March 2018.

5.4 **52+ Week Waits** - September saw a large increase in the number of patients waiting over 52 weeks to 63 from 28 the previous month. The unexpected increase is entirely attributed to the Respiratory service. Breached patients have been reviewed as a matter of urgency and any future potential breaches are being scrutinised and dated to ensure this situation is not repeated. The 52+ week breach position is expected to be significantly improved in October but may remain above the trajectory of 9 breaches.

5.5 **EAS** – Performance against the 4 hour A&E target has recovered from the dip in August but remains significantly below trajectory. Improvement in performance in this area is an important element of the 4Ward program. The key areas of focus are:

Date of meeting	9 November 2017
Paper number	F2

Front Door

- Countywide frailty pathway at ALX from 16th October
- Streaming at the front door of ED at WRH site
- Enhance numbers through AEC by end of November
- Further embed consultant connect/hot clinics
- Greater command and control to avoid breaches and focus on evenings

Flow within the hospital

- Agreed and launched internal professional standards
- Daily stranded patient reviews and additional MADE events
- Discharges before midday
- Protecting beds for specialist areas (stroke and acute oncology)
- Maintain DTOC position

Discharge

- Implementing findings from recent review of the Discharge to Assess pathways
- Block purchase pathway 3 beds
- Focus on community DTOCS and maintain Acute DTOCS
- Increase Social Worker presence on acute wards
- Maintaining the Grange and flexing criteria

5.6 The key risks to delivery are:

- Medical and nursing recruitment – Both to vacancies and the additional posts agreed in the business cases. Sustainable improvement is dependent on recruiting to key medical vacancies.
- Productivity improvements – The trajectories are based on productivity improvements in theatres in particular.
- Winter – If the impact of winter is not well managed and/or it is a worse winter than planned then operational performance could be severely impacted.

6 Workforce Summary

6.1 Workforce performance metrics are reviewed at, and covered in, the People and Culture Committee report.

6.2 A People and Culture Committee performance report has been established to support and monitor the three enabling strategies set out in the new People and Culture Strategy (2017-2020). The enabling strategies are: an engaged workforce, a skilled workforce, and a supportive workforce.

6.3 Key Performance Indicators from the enabling strategies have been extracted. This element of the report is still evolving, and the 'supportive workforce' summary is in development.

7 Implications

7.1 Poor performance may impact on quality, patient safety, system resilience and internal efficiencies.

7.2 Failure to achieve agreed operational standards/trajectories will result in loss of the

Date of meeting	9 November 2017
Paper number	F2

operational element of the STF.

8 Recommendations

- 8.1 The Board is asked to:
Note the report and receive the assurance.

Compiled by
Steven Price
Senior Performance Manager

Director
Haq Khan
Acting Director of Performance

Date of meeting	9 November 2017
Paper number	F2

QUAD1

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

This diagram is based on trend direction of previous month's performance.
 The RAG tolerances that are used to determine an indicators performance are either local or nationally set standards rather than the internally set trajectories.
 Indicators on the Trust dashboard which are not RAG rated / have no set tolerances / are a subset of a high level indicator are not included.
 Financial performance is covered in more detail in the Finance report.

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

Performance on/above target with positive trend	Performance on/above target with negative trend
Cancer 2 week wait (breast symptomatic) [OPERATIONAL] ↑	Cancer 31 day - wait for 1st treatment [OPERATIONAL] ↓
12 hour breaches in A&E [OPERATIONAL] ↔	Sickness Absence [WORKFORCE] ↓
Stroke patients seen in TIA clinic within 24 hours [OPERATIONAL] ↑	
Cancer 31 day for 2nd / subs treatment (surgery) [OPERATIONAL] ↑	
Never event occurrence [QUALITY] ↑	
Grade 3 pressure ulcer occurrence [QUALITY] ↑	
Grade 4 pressure ulcer occurrence [QUALITY] ↔	
FFT Maternity score [QUALITY] ↔	
FFT acute inpatients score [QUALITY] ↔	
FFT outpatients score [QUALITY] ↔	
FFT A&E score [QUALITY] ↔	
Performance under target with positive trend	Performance under target with negative trend
Cancer 2 week wait (all) [OPERATIONAL] ↑	Cancer 62 day wait (all) [OPERATIONAL] ↓
Emergency Access Standard – Trust and MIU [OPERATIONAL] ↑	104+ day waits [OPERATIONAL] ↔
RTT – Incomplete [OPERATIONAL] ↑	RTT - 52 week waits [OPERATIONAL] ↓
6 week wait diagnostics [OPERATIONAL] ↑	Direct Admission (via A&E) to a Stroke Ward [OPERATIONAL] ↔
80% of Patients spend 90% of time on a Stroke Ward [OPERATIONAL] ↔	Serious Incidents open over 60 days [QUALITY] ↓
CT scan within 1 hour for ED stroke patients [OPERATIONAL] ↑	Falls resulting in serious harm [QUALITY] ↓
HSMR rolling 12 months [QUALITY] ↔	Delayed Transfers of Care [QUALITY] ↔
Grade 3 pressure ulcer occurrence [QUALITY] ↔	SHMI rolling 12 months [QUALITY] ↔
Safety Thermometer harm free care score [QUALITY] ↔	C Diff [QUALITY] ↔
VTE risk assessment [QUALITY] ↑	Mixed sex accommodation breaches [QUALITY] ↔
Complaints response [QUALITY] ↔	Primary mortality review completion [QUALITY] ↔
Primary mortality review completion [QUALITY] ↑	Appraisals non-medical staff [WORKFORCE] ↓
Staff Turnover [WORKFORCE] ↔	
Total staff vacancies [WORKFORCE] ↔	

Month 6 2017 Quality & Safety Summary

What are we aiming for in Oct?

Description

How we did

Trend

Key actions

<p>Do we respond to complaints quickly?</p>	<p>80% of formal complaints should be responded to within 25 days</p>	<p>42.50%</p>	<p>Although we closed 40 formal complaints in month, only 17 were within 25 working days. This means 23 people were waiting for a response longer than they should have been.</p>		<p>More regular progress reviews with ADPE and DCNO. Agency staff recruited to support gaps in governance teams.</p>	<p>55%</p>
<p>Do we assess patients at risk of developing VTE?</p>	<p>At least 95% of patients who require a VTE assessment should receive one</p>	<p>91.52%</p>	<p>We risk assessed 91.52% of our patients who required a VTE assessment. This means 303 patients were not assessed.</p>		<p>Roll-out new assessment form, robust investigations into hospital acquired thrombosis, recruit VTE Lead Nurse as part of Safer Care team.</p>	<p>92%</p>
<p>Do we manage the risk of falls and harm?</p>	<p>The risk of harm/injury from falls is reduced.</p>	<p>5</p>	<p>5 patients suffered a fall this month that resulted in serious harm.</p>		<p>Pilot revised falls documentation. Recruitment of falls champions. Beside risk alert tool linked to Interactive Whiteboard.</p>	<p><=1</p>
<p>Would patients and their families recommend us?</p>	<p>Each of our service areas should receive a score of 71 or above from patients and their families</p>	<p>A&E 88.20 Acute 94.88 Mat. 98.56 Out. 93.84</p>	<p>4 out of 4 service areas received on target scores of patients who would be likely or highly likely to recommend our hospital.</p>		<p>Continue to promote new app to capture, report and publicise response rate and scores. Investigate possibility of bringing out-patient data in-house.</p>	<p>>=71</p>
<p>When a patient dies, do we review their care and treatment?</p>	<p>In-hospital deaths should have a primary mortality review completed within 30 working days</p>	<p>43.20%</p>	<p>43.20% of mortality reviews assigned in August were completed within 30 days. 53 reviews have yet to be completed.</p>		<p>Direct management of consultant completion rates alongside resolution of outstanding issues with the electronic system</p>	<p>>60%</p>
<p>Do we investigate incidents in a timely manner?</p>	<p>Every Serious Incident recorded should be investigated and closed within 60 days</p>	<p>11</p>	<p>11 investigations remained open past the 60 day deadline in September.</p>		<p>Weekly meetings with the CCG to close queries. Investigation training to take place. Senior Investigation Manager posts to be considered.</p>	<p><7</p>

RAG ratings for all metrics except 'Falls' indicate performance against trajectory. Falls metric is RAG rated against locally agreed threshold. RAG rating on the Dashboards are against national or locally agreed standards

Month 6 2017 Operational Performance Summary

Description

How we did

Trend

Key actions

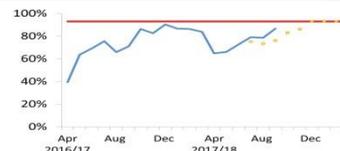
What are we aiming for in Oct?

Did we see urgent cancer patients quickly?

93% of potential cancer patients seen by a specialist within **2 weeks**.

86.74%

We saw 86.74% of our cancer patients within 2 weeks. **214 patients waited longer**. Particular issues in lung where less than half of their patients were seen within 2 weeks



Recruitment in key specialties, use of nurse practitioners, work with CCGs re urgency of 2ww referrals, triaging lists, daily monitoring, introduction of multi-disciplinary approach.

83.1%

Did we see potential breast cancer quickly?

93% of patients with potential **breast cancer** seen by a specialist within **2 weeks**

93.68%

93.68% of patients were seen within 2 weeks. Only 6 patients waited longer than 2 weeks, all due to patient choice to not attend the offered appointment.



Increased week and weekend slots, enhanced consultant radiology cover, proactive cover for breast consultants over summer period.

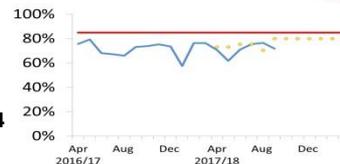
93.0%

How quickly did we start treating cancer patients?

85% of cancer patients to start treatment within **62 days** of urgent GP referral.

71.73%

71.73% of patients started treatment within 62 days. **33.5 patients waited longer**. There were still **35 patients waiting 104 days or more for treatment**.



Recruitment in key specialties, additional sessions, business case around insourcing and outsourcing endoscopy, new method of triage, suitable use of Laurel 2 triage room.

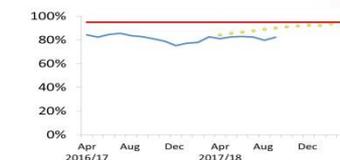
80.0%

Are we seeing patients with an emergency within 4 hours?

The Trust should see **95%** of patients within 4 hours from arrival to admission, transfer or discharge

82.24%

The Trust performance was **82.24% with 2,712 patients** breaching the 4 hours standard. At Worcestershire Royal, performance was 64.45%, at the Alexandra it was 86.51%.



Implementation of a shared set professional standards. Consultant-led flow management process, focussed on discharge, with on-call consultants beginning rounds in ED.

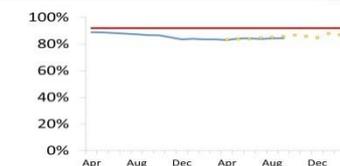
91.1%

Did we start treatment within 18 weeks?

92% of patients on a 'referral to treatment' (RTT) pathway should be seen within 18 weeks.

84.49%

84.49% of patients are within the 18 weeks pathway. **5,905 patients are still waiting longer than 18 weeks**. Key areas of concern are thoracic, neurology, ophthalmology, T&O, General and Oral surgery.



Actions around recruitment and staff capacity are the most critical factor for RTT. Enhanced nursing roles and additional sessions.

86.9%

When a patient needs a diagnostic test, do we do this within 6 weeks?

A maximum of **1%** of patients who need a diagnostic test can be seen outside of 6 weeks

3.24%

96.76% of patients requiring a diagnostic test were waiting less than 6 weeks for their test. 3.24% were waiting 6 or more weeks; **that's 279 patients**. Key areas for improvement remains endoscopy



New insourcing and outsourcing initiatives, waiting list initiatives, ensuring best use of equipment availability, staff vacant sessions.

4.07%

Month 6 2017 Engaged Workforce Summary

What are we aiming for in Oct?

Description

How we did

Trend

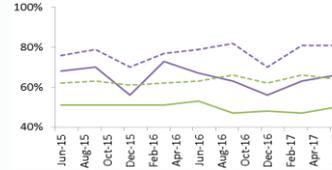
Key actions

Staff Friends and Family Test Results

National quarterly measure of whether staff would recommend Trust



66% of our staff would recommend the Trust as a place for treatment and 50% as a place for work.



Improve culture, retention and staff experience so that staff report higher satisfaction.

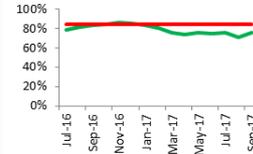


PDR Compliance

All staff should have an annual appraisal/PDR



Appraisal rates are dropping in most areas with August being the lowest rate in the last 12 months.



Divisions to be held to account. Roll out of ESR Employee Service will send reminders to individuals and Managers that appraisal is due.

78%

4ward pulse check results

Summary of results from 4 ward launch



4 Ward launched 6 October 2017

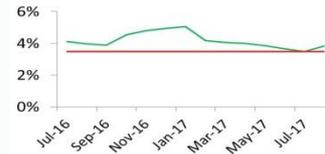
First pulse check to be completed 17 - 27 October 2017.

Sickness absence rates

Trust sets itself a target of 3.5% for sickness absence



Sickness has increased this month by 0.04%. Long term sickness reduced by 0.02%. Short term increased by 0.02%



Sickness absence to continue to be managed through Divisions with support from HR business partners

3.7%

Month 6 2017 Skilled Workforce Summary

What are we aiming for in Oct?

Description

How we did

Trend

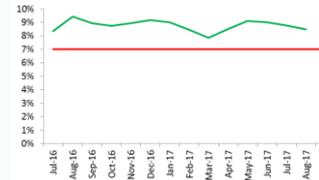
Key actions

Vacancy Rates

Vacancies against funded establishment compared to 7% Trust local target

8%

Our vacancy rate has been improving since May 2017. Vacancy rates being closely monitored for Consultants (10%) Middle Grades (18.%) and registered nurses (9%)



International recruitment for Qualified Nurses in October (Dublin) and business case for Philippines in development.

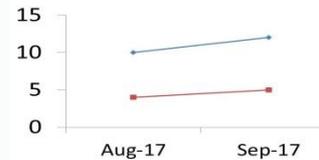
8%

Safer Staffing Rates

National standard of 80% of shifts being filled

12 Day
5 Night

In September we had 12 wards out of 42 who fell below 80% on day shifts and 5 wards who fell below 80% on night shifts



DDNs and Matrons have a responsibility of reassessing red flag shifts and developing a plan of what needs to be put in place in order to make the shift safe.

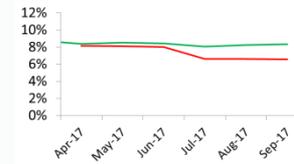
0

Agency as a % of gross payroll cost

Agency spend as a percentage of total substantive and temporary pay spend.

8.36%

Agency spend increased in September. Although overall agency expenditure remains within the agency ceiling, medical agency spend is in excess of the medical agency reduction target that the Trust was set.



The FRP plan is to improve quality and safety through recruitment of substantive clinical staff.

5.90%

Agency spend v NHSI ceiling

NHSI set the Trust an annual agency expenditure ceiling of £22.9m.

£35k

Agency staffing costs of £1.9m in month is an increase of £25k on last month and is £35k under the monthly NHSI agency ceiling. Agency costs continue to exceed the Trusts internal plan.



As part of the FRP the Trust is strengthening controls across all staff groups requesting agency and engaging with agency suppliers to ensure compliance with capped rates.

<£35k

Training compliance (statutory, mandatory, and essential to role)

All staff are required to undertake 11 mandatory training topics

87%

We are currently uploading competencies onto ESR so that staff are able to easily access the correct level of training. Compliance has dropped by 1.10% since last month



Roll out of ESR Employee Self Service and divisions being held to account for their staff compliance. CCG's have issued an Improvement Notice for Data Quality hence CAS attached

90

Percentage of up to date job plans

All consultants are required to have an annual job plan review

49%

Compliance has improved by 8% from last month



DDMs to continue to prioritise

55%

Worcestershire Acute Hospitals NHS Trust



Quality Metrics Overview

Reporting Period: September 2017

Patient Safety																								
Area	Indicator Type	Indicator	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Current YTD	Prev Year	2017/18 Tolerances			SRO	Data Quality Kite mark		
																		On Target	Of Concern	Action Required				
Incidents and Never Events	Local	QPS3.3	4	1	2	4	1	0	0	3	11	9	8	6	11	-	-	-	-	-	>0	CMO	🟡	
	National	QPS4.1	0	0	0	0	1	0	0	0	0	0	0	1	0	1	2	0	-	>0	CMO	🟡		
	Local	QPS6.6	2	2	1	4	2	5	0	2	1	1	3	3	5	15	23	<=1	-	>=2	CNO	🟡		
	Contractual	QPS7.5	3	2	0	4	2	1	0	0	2	1	2	1	0	6	18	0	1-3	>=4	CNO	🟡		
	Contractual	QPS7.7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	>=1	CNO	🟡		
Mortality	National	QPS9.1	108.0	109.0	108.0	108.0	107.0	107.2	0.0	104.6	103.2	0.0	0.0	0.0	0.0	-	-	-	-	-	-	DPS	🟢	
	National	QPS9.81	108.4	108.8	107.5	106.1	109.0	109.0	108.6	-	106.2	104.7	-	-	-	-	-	-	-	-	-	DPS	🟢	
	National	QPS9.25									6	33	36	53								DPS	🟡	
	National	QPS9.23									18.2%	36.8%	38.9%	43.2%				TBC	TBC	TBC		DPS	🟡	
Safety Thermometer	National	QPS10.1	91.78%	91.51%	89.91%	91.79%	94.63%	93.39%	93.63%	90.20%	91.33%	93.14%	93.89%	92.95%	92.42%	-	-	>=95%	90% - 94%	<90%		CMO	🟡	
VTE	National	QPS11.1	93.89%	92.84%	93.46%	93.40%	93.48%	93.27%	94.20%	94.51%	94.74%	94.34%	94.25%			94.46%	94.27%	>=95%	94% - 94.9%	<94%		CMO	🟢	
	National	QPS12.1												90.73%	91.52%			>=95%	94% - 94.9%	<94%		CMO	🟢	
Infection Control	National	QPS12.1	6	4	5	6	3	3	3	2	1	3	4	3	7	20	41			16/17 Threshold <= 32 17/18 Threshold <= 32		CNO	🟡	
	National	QPS12.4	0	0	1	1	0	1	1	0	0	0	0	0	0	0	4	0			>0		CNO	🟢
	National	QPS12.131	92.7%	97.1%	96.6%	93.8%	97.0%	96.7%	95.5%	96.4%	97.4%	95.8%	96.4%	95.6%	98.0%	96.9%	-		>=95	-	<95%		CNO	🟢
	Contractual	QPS12.14	5	12	7	5	5	4	6	8	8	8	5	5	8	42	67	-	-	-	-		CNO	🟡

*Mar-17 (SHM) and Apr-17 (HSMR) are not included as HED have re-baselined the data to Apr-17 and May-17 respectively.

Patient Experience																										
Complaints & Compliments	Local	QEX1.1	59	63	68	60	55	51	61											724			CNO	🟡		
	Local	QEX1.14	51.0%	47.0%	63.0%	70.0%	71.0%	55.0%	56.0%												63.0%	>=90	80-90%	<=79%	CNO	🟡
	Local	QEX1.24									33	60	48	43	50	50	568								CNO	🟡
	Local	QEX1.26									1.45	2.00	2.01	2.00	2.04	2.05	2.05								CNO	🟡
	Local	QEX1.37									45.2%	34.0%	41.8%	37.5%	31.2%	42.5%	37.89%					>=80	70-79%	<=69%	CNO	🟡
Friends & Family**	National	QEX2.1	64.1	66.8	69.1	77.5	69.0	67.8	71.9	55.4	70.1	62.1	53.3				70.2				>=71	67-71	<67	CNO	🟢	
	National	QEX2.1a																				TBC	TBC	TBC	CNO	🟢
	National	QEX2.61	78.0	80.0	80.9	78.0	83.0	81.0	80.0	82.4	83.3	81.8	80.0									>=71	67-71	<67	CNO	🟢
	National	QEX2.61a														94.9	94.9					TBC	TBC	TBC	CNO	🟢
	National	QEX2.7	85.8	79.0	83.0	81.4	87.1	81.6	83.5	87.1	83.7	81.9	84.2				84.0					>=71	67-71	<67	CNO	🟢
EMSA	National	QEX2.7a																				TBC	TBC	TBC	CNO	🟢
EMSA	National	QEX3.1	0	0	0	15	0	9	40	36	34	34	40	33	37	214	64	0				>0		CNO	🟡	

Effectiveness of Care																									
Hip Fracture	National	QEF3.1	53.4%	66.1%	61.4%	61.2%	63.7%	63.5%	70.5%	90.9%	90.7%	76.7%	86.0%	67.1%	79.3%	81.8%	60.0%				>=85%	-	<85%	CMO	🟡
	Local	QEF3.1i	40.0%	67.0%	50.0%	68.0%	59.0%	59.0%	55.0%	85.4%	88.2%	80.0%	87.9%	58.7%	73.8%	78.8%	55.7%				>=85%	-	>=85%	CMO	🟡
	Local	QEF 3.1ii	69.0%	66.0%	78.0%	48.0%	71.0%	70.0%	89.0%	100.0%	95.0%	72.0%	83.3%	81.5%	93.8%	85.9%	67.2%				>=85%	-	>=85%	CMO	🟡
	National	QEF3.2	63.0%	80.0%	67.0%	69.5%	78.7%	76.7%	76.8%	96.8%	96.1%	97.9%	94.2%	80.3%	92.0%	92.3%	70.2%				>=85%	-	<85%	CMO	🟡

Risk Register Activity																										
Effectiveness	Local	QR1.4										72.0%		53.0%	43.0%	73.0%	84.0%			0.0%	>80%	50%-79%	<50%	CNO	🟡	
	Local	QR1.6						100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%			0.0%	>80%	50% - 79%	<50%	CNO	🟡	
	Local	QR1.11																			<5%	5% - 20%	>20%	CNO	🟡	
	Local	QR1.8												19.0%	19.0%	19.0%	22.0%				<20%	20% - 60%	>60%	CNO	🟡	
	Local	QR1.9											65.0%	81.0%	81.0%	81.0%	81.0%	75.0%			0.0%	>95%	20% - 94%	<20%	CNO	🟡
	Local	QR1.10											68.0%	68.0%	68.0%	68.0%	72.0%				0.0%	>80%	30% - 79%	<30%	CNO	🟡

* A new electronic mortality review system was introduced at the end of May - this means previous months are not comparable.

** There has been a change in methodology for FFT - the 'score' now represents % recommended (where the response was either extremely likely or likely)

Worcestershire Acute Hospitals NHS Trust (WAHT) is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite mark descriptions:
 Green - Reviewed in last 6 months and confidence level high.
 Amber - Potential issue to be investigated
 Red - DQ issue identified - significant and urgent review required.
 Blue - Unknown will be scheduled for review.
 White - No data available to assign DQ kite mark

Worcestershire Acute Hospitals NHS Trust

Performance Metrics Overview



Reporting Period: September 2017

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

Area	Indicator Type	Indicator	Performance Data (2017)														Current YTD	Prev Year	Tolerance Type	2017/18 Tolerances			SRO	Data Quality Kite mark													
			Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	<=92%				-	>1%																
Waits	National	PW1.1.3	6 Week Wait Diagnostics (Proportion of waiting list)														2.36%	3.36%	2.75%	4.56%	3.98%	2.24%	3.73%	6.80%	6.24%	3.85%	4.18%	4.42%	3.24%	4.84%	3.55%	National	<1%	-	>1%	COO	Yellow
	National	CW3.0	RTT - Incomplete 92% in 18 Weeks														86.7%	86.60%	85.00%	83.58%	83.90%	83.59%	83.51%	83.04%	84.21%	84.24%	83.82%	84.29%	84.49%	84.49%	83.51%	National	>=92%	-	<92%	COO	Blue
Theatres	Local	PT2.1	Booking Efficiency - ALX														72%	71%	72%	75%	71%	72%	76%	73%	74%	74%	72%	72%	72%	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	Yellow	
	Local	PT2.2	Booking Efficiency - WRH														81%	87%	87%	75%	83%	78%	76%	83%	81%	82%	85%	85%	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	Yellow		
	Local	PT2.3	Booking Efficiency - KGH														66%	68%	69%	70%	71%	72%	75%	73%	71%	72%	69%	66%	68%	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	Yellow	
	Local	PT1.1	Utilisation - ALX														69%	42%	69%	71%	29%	67%	72%	69%	69%	68%	66%	68%	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	Yellow		
	Local	PT1.2	Utilisation - WRH														75%	78%	78%	71%	75%	71%	76%	73%	75%	74%	74%	75%	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	Yellow		
	Local	PT1.3	Utilisation - KGH														64%	65%	66%	67%	69%	70%	71%	67%	67%	67%	67%	65%	65%	-	Local	Based on Target Cases per Sessions Utilisation (>8% below target = 'Of Concern')			COO	Yellow	
A & E	National	CAE1.1a	4 Hour Waits (%) - Trust inc. MU														82.80%	80.90%	78.90%	75.30%	76.80%	77.90%	82.57%	81.21%	82.68%	82.95%	82.44%	79.8%	82.24%	81.91%	81.50%	National	>=95%	-	<95%	COO	Green
	Local	CAE2.1	12 hour trolley breaches														4	4	37	88	177	55	14	4	6	1	1	0	12	-	Local	0	-	0	COO	Green	
	National	CAE3.1	Time to Initial Assessment for Pts arriving by Ambulance (Mins) - 95th Percentile														23	37	36	41	44	43	27	29	28	22	22	28	28	-	Local	<=15mins	-	>15mins	COO	Yellow	
	National	CAE3.2	Time to Initial Assessment for All Patients (Mins) - 95th Percentile														35	31	34	34	35	34	27	28	26	24	26	27	27	-	National	<=15mins	-	>15mins	COO	Green	
	National	CAE7.0	Ambulance Handover within 15 mins (%) - WMAS data														57.40%	54.70%	53.90%	39.20%	39.70%	35.90%	47.70%	51.30%	52.50%	60.60%	57.90%	55.90%	55.20%	55.50%	53.20%	National	>=80%	-	<80%	COO	Yellow
	National	CAE8.0	Ambulance Handover within 30 mins (%) - WMAS data														90.80%	87.69%	87.70%	78.70%	79.50%	74.90%	86.40%	86.10%	86.80%	92.10%	87.50%	87.80%	86.40%	87.80%	88.10%	National	>=90%	-	<90%	COO	Yellow
Cancer	National	CAE9.0	Ambulance Handover over 60 minutes - WMAS data														43	97	81	157	141	129	60	70	95	43	63	78	95	444	731	Local	0	-	>0	COO	Yellow
	National	CCAN1.0	31 Days: Wait For First Treatment: All Cancers														97.25%	98.32%	94.60%	97.63%	95.08%	97.39%	97.64%	97.67%	96.40%	98.14%	98.05%	97.83%	97.02%	96.90%	97.06%	National	>=96%	-	<96%	COO	Blue
	National	CCAN5.0	62 Days: Wait For First Treatment From Urgent GP Referral: All Cancers														72.20%	74.35%	75.25%	73.85%	57.49%	76.40%	76.70%	70.66%	61.78%	70.88%	75.52%	76.58%	71.73%	66.10%	71.80%	National	>=85%	-	<85%	COO	Blue
	National	CCAN7.0	62 Days: Wait For First Treatment From Consultant Upgrades: All Cancers *														75.00%	86.70%	69.60%	50.00%	88.00%	65.00%	64.00%	83.33%	91.67%	81.82%	81.82%	96.15%	89.47%	85.30%	73.90%	National	>=90%	-	<90%	COO	Blue
	National	CCAN8.0	2WW: All Cancer Two Week Wait (Suspected cancer)														71.00%	86.30%	82.50%	90.40%	86.60%	86.30%	83.90%	64.90%	66.03%	72.81%	79.14%	78.61%	86.74%	68.50%	74.70%	National	>=93%	-	<93%	COO	Blue
	National	CCAN9.0	2WW: Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)														76.10%	93.40%	94.10%	95.60%	86.60%	80.50%	51.80%	34.38%	27.37%	76.19%	84.38%	89.31%	93.68%	44.70%	66.60%	National	>=93%	-	<93%	COO	Blue
Stroke	National	CCAN10.1	Cancer Long Waiters (104 Day +) includes suspected and diagnosed - treated in month																14.0	11.0	19.5	7.0	13.0	4.5	12.5	4.0	7.0	13.0	9	50	151	-	-	-	-	COO	Blue
	Local	CST1.1	80% of Patients spend 90% of time on a Stroke Ward																													Local	>=90%	-	<90%	COO	Yellow
	Local	CST2.1	Direct Admission (via A&E) to a Stroke Ward																													Local	>=90%	-	<90%	COO	Yellow
	Local	CST3.1	TIA clinic within 24 hours														4.6%	4.5%	8.0%	35.0%				8.0%	3.9%	0.9%	2.3%	6.4%	48.3%	79.5%		Local	>=60%	-	<60%	COO	Yellow
Inpatients (All)	Local	CST4.0	CT scan within 60 minutes of arrival														46.9%	44.1%	47.6%	33.3%	40.8%	54.5%	37.5%	57.1%	41.2%	39.0%	38.5%	36.2%	33.3%	42.60%	39.20%	Local	>=90%	-	<90%	COO	Yellow
	Local	PIN1.5	Bed Occupancy (Midnight General & Acute) - WRH														99.6%	99.6%	99.2%	99.1%	99.2%	98.8%	98.6%	96.3%	97.5%	97.1%	97.7%	96.5%	96.9%	97.0%	99.6%	Local	<90%	90 - 95%	>95%	COO	Blue
	Local	PIN1.6	Bed Occupancy (Midnight General & Acute) - ALX														93.3%	95.7%	95.8%	90.1%	91.4%	90.5%	86.1%	87.4%	83.2%	82.6%	83.0%	86.0%	84.6%	84.5%	89.4%	Local	<90%	90 - 95%	>95%	COO	Blue
	Local	PIN2.3	Beds Occupied by NEL Stranded Patients (>7 days) - last week of month																						38.8%	38.5%	34.7%	39.3%	40.5%	37.6%	48.9%	Local	<=45%	-	>45%	COO	Green
	National	PIN3.1	Delayed Transfers of Care SRRP (Patients) - Acute/Non-Acute														39	34	45	25	23	34	33	38	32	15	35	27	33	180	383	Local	<30	-	>=30	COO	Blue
	National	PIN3.2	Delayed Transfers of Care SRRP (Days) - Acute/Non-Acute														1145	1,005	1,225	1,068	706	878	1186	686	819	734	622	775	834	4,470	11021	-	-	-	-	COO	Blue
Elective	Local	PIN4.2	Bed Days Lost Due To Acute Bed No Longer Required (Days)														2,899	3,387	3,402	2,933	3,068	3,117	3,428	3,000	3,204	2,671	2,987	2,642	2,895	17,399	36,498	-	-	-	-	COO	Blue
	National	PEL3.0	28 Day Breaches as a % of Cancellation														10.1%	7.1%	40.2%	28.4%	39.0%	13.4%	51.4%	12.9%	22.4%	19.0%	6.6%	29.8%	26.7%	19.00%	25.7%	TBC	<=5%	6 - 15%	>15%	COO	Blue
	National	PEL3.1	Number of patients - 28 Day Breaches (cancelled operations)														7	7	39	25	39	9	18	4	11	8	5	17	12	57	-	TBC	-	-	-	COO	Blue
Emergency	National	PEL4.2	Urgent Operations Cancelled for 2nd time														0	0	1	1	0	1	0	1	1	0	0	0	0	2	10	National	<=0	-	>0	COO	Blue
	Local	PEM2.0	Length of Stay (All Patients)														4.8	4.6	4.6	5.0	5.0	5.0	4.6	4.4	4.4	4.4	4.2	4.4	4.81	4.4	4.7	Local	TBC	TBC	TBC	COO	Blue
Local	PEM3.0	Length of Stay (Excluding Zero LOS Spells)														6.9	6.6	6.8	7.1	7.0	7.3	6.8	6.4	6.4	6.4	6.2	6.3	6.86	6.4	6.6	-	-	-	-	COO	Blue	

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

Worcestershire Acute Hospitals NHS Trust (WAHT) is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.

Data Quality Kite mark descriptions:
Green - Reviewed in last 6 months and confidence level

Worcestershire Acute Hospitals NHS Trust

Workforce Metrics Overview



Reporting Period: September 2017

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

Area	Indicator Type	Indicator	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Current YTD	Prev Year	Tolerance Type	2017/18 Tolerances			SRO	Data Quality Kitemark	
Vacancies	Local	WVR1.0	Number of Vacancies - Total														437		Local	<=200	201-229	>=230	DCE	●
	Local	WVR1.3	Vacancies as Proportion of Funded Establishment														7.8%		Local	-	-	-	DoHR	●
Turnover	Local	WT1.0	Staff Turnover WTE (%)														12.57%		Local	<=10-12%	<=12-14%	>14%	DoHR	●
	Local	WT1.3	Nursing Staff Turnover - Qualified														13.3%		Local	<=10-12%	<=12-14%	>14%	DoHR	●
	Local	WT1.4	Nursing Staff Turnover - Unqualified														14.8%		Local	<=10-12%	<=12-14%	>14%	DoHR	●
Sickness	Local	WSA1.0	Sickness Absence Rate Monthly (Total %)														4.06%		Local	<= 3.50%	>=3.51% & <=3.99%	>= 4.00%	DoHR	●
Temp Staff	Local	WTS1.0	Agency Staff - Medics (WTE) Indicative														0	0	Local	<=85	85.1-100	>100	DCE	●
Induction	Contractual	WIN1.3	% of eligible staff attended Induction														91.3%		Contractual	>= 90%	80 - 89%	< 80%	DoHR	●
Statutory and Mandatory Training	Contractual	WSGC1.0	% of eligible staff trained to safeguarding children level 1														100.0%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●
	Contractual	WSGC1.1	% of eligible staff trained to safeguarding children level 2														54.1%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●
	Contractual	WSGC1.2	% of eligible staff trained to safeguarding children level 3														40.1%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●
	Contractual	WSGC1.3	% of eligible staff trained to safeguarding children level 4														83.3%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●
	Contractual	WSGC1.4	% of eligible staff trained to safeguarding children level 5														100.0%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●
	Contractual	WSGA1.0	% of eligible staff trained to safeguarding adults level 1														96.0%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●
	Contractual	WSGA1.1	% of eligible staff trained to safeguarding adults level 2														51.4%		Contractual	>= 90%	60.1-89.9%	<=60%	DoHR	●

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

Note: If YTD is blank, then YTD is last reported month.

Worcestershire Acute Hospitals NHS Trust (WAHT) is committed to continuous improvement of data quality. The Trust supports a culture of valuing high quality data and strives to ensure all data is accurate, valid, reliable, timely, relevant and complete. This data quality agenda presents an on-going challenge from ward to Board. Identified risks and relevant mitigation measures are included in the WAHT risk register. This report is the most complete and accurate position available. Work continues to ensure the completeness and validity of data entry, analysis and reporting.