Public Trust Board

Mon 31 March 2025, 13:00 - 14:30

Teams

Agenda

13:00 - 13:05
5 min

1. Welcome and Apologies for Absence

Information *Russell Hardy*

13:05 - 13:05
0 min

2. Declarations of Interest and Matters Arising

Information *Russell Hardy*

13:05 - 13:10
5 min

3. Minutes of WAHT Board Meeting held on 3 March 2025

Decision *Russell Hardy*

3. Trust Board Minutes 3 March 25 Public.pdf (6 pages)

3.1. Matters Arising from the meeting held on the 3rd March 2025

Information *Russell Hardy*

3.1 Public actions.pdf (1 pages)

13:10 - 13:20
10 min

4. Chief Executive's Report

Information *Glen Burley*

4. CEO Board Report 310325 Final.pdf (3 pages)

13:20 - 13:40
20 min

5. Integrated Performance Report

Information *Stephen Collman*

5. Trust Board IPR Mar-25 (Feb25_Data).pdf (38 pages)

5.1. Introduction

Stephen Collman

5.2. Operational Performance

Chris Douglas

5.3. Quality & Safety

Sarah Shingler/Jules Walton

5.4. Workforce

Alison Koeltgen

5.5. Finance

Neil Cook

13:40 - 13:45
5 min

6. Perinatal Safety Report

Information *Justine Jeffery*

- 6. Jan 2025 Perinatal Safety Report.pdf (18 pages)

13:45 - 13:50
5 min

7. Safe Staffing Report

7.1. Midwifery

Information *Justine Jeffery*

- 7.1 Midwifery Safe Staffing Report January 2025.pdf (6 pages)

7.2. Nursing

Information *Sarah Shingler*

- 7.2 1 Nursing Workforce paper frontsheet Feb 2025.pdf (2 pages)
- 7.2 2 Staffing paper January 25 draft v2.pdf (6 pages)

13:50 - 14:05
15 min

8. Staff Survey

Discussion *Alison Koeltgen*

- 8. Staff Survey 2024 Report Board Report March 2025.pdf (7 pages)
- 8. 1 Appendix 1 RWP-breakdown-2024.pdf (22 pages)
- 8. 2 Appendix 2 RWP-benchmark-2024.pdf (146 pages)

14:05 - 14:10
5 min

9. Emergency Planning, Resilience and Response

Information *Rebecca Brown*

- 9. EPRR Annual report to Board 250325fin.pdf (12 pages)
- EPRR Annual report to Board app1.pdf (5 pages)
- EPRR App 2.pdf (55 pages)
- EPRR App 3.pdf (12 pages)
- EPRR App 4.pdf (2 pages)

14:10 - 14:10
0 min

10. Annual Plan

Information *NEIL COOK*

- 10. Final annual plan submission cover report TB 31_3_25 v1.0.pdf (6 pages)

14:10 - 14:15
5 min

11. Trust Strategy

Information *Julian Berlet*

- 11. 1 Board report 310325 Trust Strategy.pdf (2 pages)
- 11. 2 Board 310325 Trust Strategy overview.pdf (10 pages)

14:15 - 14:20
5 min

12. Board Committee Reports

12.1. Quality Governance Committee

Dame Julie Moore

12.1 QGC Minutes 30th Jan 25 SS (002).pdf (10 pages)

12.2. Audit & Assurance Committee

Colin Horwath

12.2 Audit Minutes Jan.pdf (4 pages)

14:20 - 14:20
0 min

13. PFI Exit Committee Terms of Reference

Decision *Stephen Collman*

13. 1 WAHT Covering Report Template_PFI Exit Committee.pdf (1 pages)
13. 2 WAHT PFI Exit Committee ToR v2.1.pdf (3 pages)

14:20 - 14:25
5 min

14. Date of Next Meeting

Information *Russell Hardy*

WAHT Trust Board - 10 June 2025

Foundation Group Trust Board - 7 May 2025

14:25 - 14:25
0 min

15. Any Other Business & Questions from the Public

Information *Russell Hardy*

14:25 - 14:25
0 min

16. Acronyms

Information

16. Acronyms.pdf (3 pages)

NHS
Worcestershire
Acute Hospitals
NHS Trust

MINUTES OF THE TRUST BOARD MEETING HELD ON MONDAY 3 MARCH 2025 AT 1:00 PM VIA MICROSOFT TEAMS AND LIVE STREAMED ON YOUTUBE PART 1 IN PUBLIC

Present:			
Board members: (voting)	Russell Hardy	RH	Chair
	Simon Murphy	SM	Deputy Chair
	Dame Julie Moore	JM	Non-Executive Director
	Colin Horwath	CH	Non-Executive Officer
	Karen Martin	KM	Non-Executive Director
	Glen Burley	GB	Chief Executive Officer
	Stephen Collman	SC	Managing Director
	Tony Bramley	TB	Non-Executive Director
	Sarah Shingler	SSh	Chief Nursing Officer
	Neil Cook	NC	Chief Finance Officer
	Jules Walton	JW	Acting Chief Medical Officer
	Julian Berlet	JB	Acting Chief Medical Officer
Board members: (non-voting)	Jo Newton	JN	Chief Strategy & Sustainability Officer
	Elizabeth Faulkner	EF	Deputy Chief People Officer
	Rebecca Brown	RB	Acting Chief Digital Information Officer
	Alex Moran	AM	Associate Non-Executive Director
	Michelle Lynch	ML	Associate Non-Executive Director
	Sue Sinclair	SSi	Associate Non-Executive Director
	Catherine Driscoll	CD	Associate Non-Executive Director
In attendance	Justine Jeffery	JJ	Director of Midwifery
	Gwenny Scott	GS	Company Secretary
	Richard Haynes	RH	Director of Communications and Engagement
	Tracy Pearson	TB	Deputy Chief Operating Officer
	Rosemary Smart	RS	Patient & Public Forum Representative
Apologies	Chris Douglas	CD	Interim Chief Operating Officer

001/25 WELCOME AND APOLOGIES
RH welcomed all present, attending and observing to the meeting. Apologies were noted as above. A Board Workshop had been held earlier in the day featuring discussion on the Trust's strategy and Urgent and Emergency Care (UEC) performance. RH expressed thanks to the Trust teams for their hard work, energy and innovation which were leading to improvements in emergency care and ambulance handover delays.
002/25 DECLARATIONS OF INTERESTS
A register of interests was published on the website. No further interests were declared.

003/25 MINUTES OF THE TRUST BOARD MEETING HELD IN PUBLIC ON 10 DECEMBER 2024 AND ACTIONS UPDATE

The minutes of the public meeting held on 10 December 2024 were confirmed as a correct record and approved.

004/25 MINUTES OF FOUNDATION GROUP BOARD (DRAFT) HELD ON 5 FEBRUARY 2025

The draft minutes of the Foundation Group public meeting held on 5 February 2025 were confirmed as a correct record and approved.

005/25 CHIEF EXECUTIVE'S REPORT

GB presented the report, highlighting the following:

- Three of four Undertakings – regulatory improvement notices – had been removed by NHS England (NHSE) on the basis of improved Trust performance. One remained relating to UEC; given recent improvements it was hoped that this notice would also soon be removed.
- The NHS 10 year plan was in development. This would be reflected in local strategic plans.
- Annual planning guidance was published at the end of January. There were three main deliverables: managing finances, elective recovery and safe urgent care. The greatest challenge for the Trust was likely to be an elective recovery fund cap at system level which could be a barrier to delivering full productivity.
- The Urgent and Emergency Care Plan would be published soon. This would have a more nuanced focus on pathways.
- A productivity tool had been produced, which the Trust would use to review the temporary workforce. It would be important to ensure that bank staffing, which comprised Trust staff, was not reduced inappropriately.
- The Elective Recovery Plan was being refreshed and teams were working with primary care to ensure only the most appropriate patients joined our waiting lists.
- National Staff Survey results would be published on 13 March and would show positive improvements for the Trust.
- Two CQC inspections – children's services at Kidderminster and Stroke at Worcester – resulted in positive early feedback.
- As part of the focus on staff wellbeing support, a third staff wellbeing hub was now open, so there was one at each site. It was recognised that car parking continued to be a key issue for staff.
- The new Chief Executive of the NHS had been announced and would focus initially on a financial reset.
- The Better Care Fund process would change to create more local flexibility but there would be no additional funding. RH expressed concern about any changes that could impact social care capacity in light of the Trust's discharge challenges.

The Board noted the report.

006/24 INTEGRATED PERFORMANCE REPORT

SC introduced the report and highlighted the following key points:

- There had been significant UEC improvements.
- The discharge profile was starting to change, with an increase in the number of days reaching over 100 discharges and in the number of pre-midday discharges.
- Length of stay still required improvement; the number of patients in hospital due to a lack of available community services was having a significant impact on the cost base.
- Elective and cancer performance required continued vigilance.

Operational Performance

TP gave the following highlights for February.
Improvements were being seen in the discharge profile and ambulance handovers following a challenging January.
Corridor care and the use of temporary escalation spaces continued.
UEC remained in tier 1 support.

Regarding cancer performance, there were nearly 3,000 GP referrals in January but 28 day faster diagnosis performance was maintained.
62 day and 31 day targets required more focus, particularly in surgical specialities, including breast surgery where sustainable solutions were in development.

In elective care, overall, there has been a reduction in waiting lists. Over 1,000 patients had been waiting for over 52 weeks, 39 over 65, three patients over 78 weeks. One patient waited over 104 weeks due to an administrative error. There was no route to zero for 65 week waits but planning continued.

An ambulance pit stop model had been implemented at Worcester, which was working well, with 40-50% of non-alert ambulances (30% of all ambulances) diverted to a more appropriate Trust or community service. This was reducing the risk of ambulance queues in the evening.

Quality

SSh and JW highlighted the following.
Throughout December and January temporary escalation and boarding spaces were increased to reduce the risk of overcrowding in ED and long ambulance waits. This had an impact on care delivery on the wards and increased the risk of falls and hospital acquired pressure ulcers.
Challenges relating to complaints response times continued but there were improvements. The Board expressed concern and was reassured that additional support and a plan were in place to both the clear the backlog and ensure this did not recur. A new complaints manager was reviewing the policy and would simplify the process.
Sepsis screening had been a challenge since the introduction of the electronic patient record (EPR); clinical and digital leads were collaborating on a solution. The Board noted that this was a longstanding issue but noted assurance that mortality remained within the normal range and the issue related to data management rather than a clinical issue.
Time to theatre performance for fractured neck of femur remained variable and dependent upon theatre availability and inpatient beds. A new Clinical Director would focus on an improvement plan.

Workforce

AK highlighted as follows:
Following a successful business case, the funded establishment had grown within urgent and emergency care and paediatrics.

Vacancy and turnover rates remained positive, especially in nursing. Progress was being made with consultant vacancies.
The annual workforce planning process would focus on avoiding headcount growth, particularly in corporate areas, and reduction in headcount through natural turnover and transformation.
A continued priority was the reduction of agency staff. However, this was challenging as the majority of temporary staff were utilised within urgent care pathways. Good progress had been made on reducing off-framework agency usage, which improved assurance regarding quality checks and prices.
Sickness remained a challenge, with high rates of stress and anxiety. Considerable support was needed to help staff stay in and return to work.
Job planning continued to improve but performance was some distance from the NHSE target of 95%.
Statutory and mandatory training rates continued to be very positive.

Action 6.1: Consider how to capture benefits realisation of workforce investments at the Financial Recovery Board.

Finance
NC reported the following highlights.
A £500k improvement had been seen in month, bringing performance back to plan.
Elective income was progressing well. Income risks were being managed with the ICB.
An increase in expenditure was driven by additional activity over winter, which would be de-escalated in April.
Confidence in achieving the financial plan was high.
CPIP was in a positive position, which was a credit to those involved in delivery.
At month 10 there was significant capital underspend; the work stream leads were tasked with providing assurance of delivery.

The report was noted for assurance.

007/24 PERINATAL SAFETY REPORT

JJ presented the report and the Board discussed the following key points.

- There had been fluctuations in booking performance. 12+6 bookings had not been met. Work continued to meet a stretch target of 10 weeks.
- Neonatal nursing did not meet BAPM staffing levels due to sickness and high acuity.
- Training was on track but there were challenges with rotating medical staff.
- The perinatal mortality rate remained within the average range.
- The Trust was declaring 9 out of 10 standards compliance for CNST and evidence had been submitted to achieve 10 out of 10.

The report was noted for assurance.

008/24 SAFE STAFFING REPORTS

- Midwifery

Staffing was safe across all shifts though sickness levels were a challenge.
Vacancies were decreasing and were expected to be close to zero by April.
No incidents of harm were reported.

- Nursing

Safe nurse staffing levels were maintained throughout the Trust.
Additional areas had been opened to manage pressures in ED. All remained open.
25 insignificant or minor incidents were reported relating to staffing.
The vacancy rate for Registered Nurses was 1%.
There was an increase in registered nurse and Healthcare Support Worker sickness absence.
A plan to fund maternity leave cover was in development

The reports were noted for assurance.

009/24 PATIENT AND PUBLIC FORUM (PPF) REPORT

RS presented the first report from the PPF, which would be presented twice per year.

The PPF saw itself as a critical friend, which listened carefully to the experience of patients and staff. Members attended Trust committee meetings, helped with the ward accreditation programme and safety walkabouts and completed a number of audits, including hygiene and care in the corridor. Feedback from ED showed the improvements that were still needed but also that staff were kind.

The PPF was proud of a number of achievements, including the installation of aids for visually and hearing impaired patients.

The PPF had also worked closely with the complaints team on the development of the new policy

Future plans included collaboration on the outpatients transformation programme.

The limited number of active members (11) was a risk to future development.

The Board expressed its thanks to the PPF for its dedication and insight which supported improvements across the Trust.

The report was noted for assurance.

010/24 COMMITTEE SUMMARY REPORTS AND MINUTES

Quality Governance Committee
JM presented the minutes, which were taken as read. Thanks were extended to RS for her support to the Committee as a regular attendee.

Audit and Assurance Committee
CH reported that a further meeting was held in January. Consultant job planning was highlighted as the Committee was concerned with the emerging issues but noted improvement plans.

People and Culture Committee
KM reported that progress was being made with work on culture issues within theatres at the Alexandra Hospital.
A report was presented to the Committee by the disability staff network about reasonable adjustments.

RH expressed his thanks to the staff network leads.

The Committee minutes were accepted.

011/24 BOARD ASSURANCE FRAMEWORK AND HIGH RISK UPDATE
GS presented the interim report as the Board Assurance Framework format was being refreshed. SC updated that there would be a risk from next month regarding work with Hereford & Worcester Fire & Rescue service and the Enforcement notices for the Alexandra Hospital. Capital funds had been allocated to support an improvement plan. **The report was noted.**
012/24 DATE OF NEXT MEETING
The next Trust Board meeting in public would be held on 31 March 2025
013/24 ANY OTHER BUSINESS AND QUESTIONS FROM THE PUBLIC
There was no other business. A question had been raised regarding progress on public car parking. SC advised that a plan for a park and ride option was being developed and the Trust was engaging with the Council regarding County Hall. Announcements were expected soon.
The Board resolved to exclude members of the public from Part II of the meeting as matters under discussion were exempt from disclosure to the public under the Freedom of Information Act.

Signed _____ Date _____
Chair

Future meeting dates:
Trust Board meeting, Monday 31 March 2025.

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

PUBLIC ACTIONS UPDATE REPORT

AGENDA ITEM	ACTION	LEAD	COMMENT
ACTIONS COMPLETE			
003/24	Update on telephony provided to TB	RB	Updated provided
ACTIONS IN PROGRESS			
REPORTS SCHEDULED FOR FUTURE MEETINGS			

NHS
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NHS Trust

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025-2026

Report to:	**Public Board**
Date of Meeting:	**31/03/2025**
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]

The Future of NHS England (NHSE) and the National Transitional Executive Team

Following the announcement that NHSE CEO Amanda Pritchard would be standing down, Sir Jim Mackey has now been announced as Interim National CEO. A National Transitional Executive Team has also been formed. I have agreed to take on the role of National Financial Reset and Accountability Director. This is not a long-term role, but the exact timelines have not yet been defined. I have agreed with our Chairman that I can offer around 50% of my time to this role and hence he and the Vice Chairs have been putting support arrangements in place. I will come back to these later.

The need for a financial reset is clear, but the scale of the change required has perhaps not been fully evident until now. All CEOs and Chairs were invited to a national meeting in the first week of March 2025 which set out the issues and the associated urgency. On the same day as the meeting, the Prime Minister announced that NHSE itself would be abolished. Whilst the need to avoid duplication between the Department of Health and Social Care and NHSE had been previously signalled, the full abolition of NHSE had not. Alongside this, a planned NHSE headcount reduction of 50% was announced which will impact on NHSE and staff working at Integrated Care System level.

I do not underestimate the size of the task in hand but also welcome the opportunity to re-focus on a smaller range of significant priorities as also signalled in this year's Planning Guidance. Further details of the approach we will be taking will be shared as soon as possible.

The 2025/26 Planning Round

One of the immediate priorities set out by Sir Jim was the need to rapidly and satisfactorily conclude this year's planning round. The very last publication of the Planning Guidance has led to a very challenging timeline. The size of the efficiency challenge has also contributed to the difficulty in arriving at workable, affordable plans. We will discuss the details of our local plan elsewhere in the meeting. Due to the rapid timelines, we have a larger proportion of this year's cost and productivity improvement plan which is still to be identified. This will require immediate focus across the Trust, as it does elsewhere in the Group. We will also be looking at how we can use the scale of the Group to address some of these challenges without creating quality or safety risks.

[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.

One of the big drivers of the current efficiency challenges of the NHS is the increase in headcount in many providers and nationally. I am in discussion with our informatics teams to seek to introduce a mechanism through which we can more closely track headcount changes. Despite having delivered our biggest cost improvement plan on record last year, we unfortunately will have to deliver something even larger this year. The pacing and tracking of this will also require closer control and this too will be introduced as a more regular Board metric.

Acting Chief Executive Support Arrangements

The Chair and Vice Chair are in the process of identifying two of our Group Managing Directors (MDs) to step up to support me as Acting Chief Executives in the two halves of the Group. One will cover the Herefordshire and Worcestershire System i.e. Worcestershire Acute Hospitals NHS Trust and Wye Valley NHS Trust and the other will cover South Warwickshire University NHS Foundation Trust and George Eliot Hospital NHS Trust in the Coventry and Warwickshire System. Each individual Trust will still have a Managing Director, and I will continue to support them and the two in Acting roles and will remain as Group CEO. In asking two of the MDs to step up in this fashion it felt wrong for me to retain the Accountable Officer status (Accounting Officer in the case of SWFT) hence these responsibilities will be passed to the two acting roles. I will generally only now come to Foundation Group Boards but will continue to work with the wider Executive teams to drive strategy, improvement and performance across the Group to ensure that we maintain our positive progress.

NHS Staff Survey

It was extremely encouraging to note the improvements in all aspects of the Staff Survey when the national results were published a few weeks ago. The Trust featured third nationally in the Health Service Journal analysis of most improved employers - using the 'would you recommend the Trust as a place to work' question. We fully appreciate that we have more ground to cover to meet our ambition to be one of the best employers nationally, but we have certainly made a good start. We also improved in all seven of the People Promise areas. I would particularly like to thank the Divisional teams who have responded so positively to our move to devolve more responsibility and accountability to them.

Anaesthetic Gases

Remarkably only 1% of pipelined nitrous oxide is consumed medically resulting in a high carbon impact and avoidable costs, with medical gasses accounting for 1% of total global carbon emissions. Whilst guidance to estates and facilities departments has existed for several years on how to quantify their levels of wastage and improve the efficiency of their nitrous manifolds, uptake was slow nationally, largely due to a reluctance to act without clinical involvement.

Within our trust, one of our anaesthetists, Dr Paul Southall, has worked with our Estates & Facilities team on trials to turn off our manifold supply at KTC, switching 18 months ago to small point-of-use cylinders that are much less wasteful. With results indicating a 75% reduction in nitrous gas usage and tCO2e admissions, roll out has followed to the Alexandra site, with Worcester Royal planned for this year. Dr Southall's work has led to regional and national recognition as Environmental Advisor to the Royal College of Anaesthetists. In this role, Dr Southall drafted a national consensus statement stating that a manifold supply of nitrous oxide was no longer clinically required, and that all trusts should decommission their manifolds by the end of the 2026/27 financial year

With recognition at national and international level, last Autumn the consensus statement was replicated by the American Society of Anaesthesiologists. When the work is completed internationally, we will have achieved around a 1% reduction in total global emissions annually – work which can be directly linked back to one of our local sites.

More From Our Great Teams

Congratulations to everyone who has been involved in setting up our new Discharge Response Volunteer Service.

Discharge Response volunteers are providing a vital link between our ward staff and pharmacy teams at Worcestershire Royal Hospital by helping to ensure discharge medication gets to the patient in a timely manner.

In the first month alone, the discharge response volunteers delivered 150 prescriptions – this is not only helping to free up the valuable time of our ward and pharmacy staff, but crucially helps patients to get home quicker and frees up beds for those being admitted to hospital.

This is a new way of working for us and we are pleased to have launched this new volunteering programme with the support of national charity Helpforce, and our Worcestershire Acute Hospitals Charity.

Thank you to our staff EmbRACE Network, chaplaincy team, our Staff Faith and Spirituality Network, as well as colleagues from the catering department and Worcestershire Acute Hospitals Charity who have been supplying bottled water, fresh dates, fruits and healthy snacks for colleagues who observed Ramadan to help themselves during Suhoor and Iftar times.

The idea originally began three years ago thanks to the kind donations of staff, and this generosity continues as Dr Munir Ahmed and his wife choose to restock the table at WRH from their own donations.

After proving successful and rewarding for all those involved, the initiative has now grown in size and involvement, and we are very grateful to receive the support of our Trust Charity as well as all those who donate items.

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

MARCH 2025

TRUST BOARD| Up to Feb-25 data

Last updated 24th March 2025

MANAGING DIRECTOR – EXECUTIVE SUMMARY

Stephen Collman

Managing Director

The operational performance report for March 2025 highlights significant advancements across various metrics, particularly in diagnostic testing, patient flow, and urgent care. As of February 2025, the Trust achieved an 88% rate of patients waiting less than six weeks for diagnostic tests, marking the best performance since October 2023, although challenges persist in specific modalities like MRI.

In urgent care, 52% of patients were treated within the national four-hour standard, with notable improvements in ambulance handovers, although 18% of patients still experienced extended waits of over 12 hours in emergency departments. Efforts to enhance patient flow are ongoing, focusing on reducing discharge delays and improving access to appropriate care settings. Overall, while progress is evident, continued system attention is required to address existing challenges and ensure optimal operational performance.

In the quality report the key areas of focus include antimicrobial stewardship, sepsis management, and patient feedback mechanisms.
Antimicrobial stewardship compliance slightly decreased to 87.39%, with specific elements like "Indication for Antimicrobial on Chart" achieving 93.7% compliance, while efforts continue to address non-compliant areas. The Sepsis Six bundle showed that only 15.89% of diagnosed septic patients received complete care within the recommended timeframe, highlighting the need for enhanced training and adherence to protocols.
The complaints management process has been refined to address public feedback more effectively, with a focus on reducing backlog cases and improving response times.

The workforce report for March 2025 outlines significant progress in staffing levels, vacancy rates, and employee retention, reflecting the Trust's commitment to maintaining high-quality patient care. The overall vacancy rate improved to 5.46%, surpassing the revised target of 7%, with a notable reduction in vacancies across Specialty Medicine and Urgent Care.

Recruitment efforts have been successful, with 112 new starters processed this month, resulting in 54 more starters than leavers, and a total funded establishment increase of 359.19 WTE compared to the previous year. However, challenges remain, particularly in non-medical appraisals and consultant job plans, which are not meeting targets, and ongoing issues with healthcare support worker retention and hard-to-fill medical vacancies.
The report emphasises the importance of robust rostering and booking practices to reduce agency spend and improve staffing stability. Continued focus on targeted recruitment campaigns and appraisal compliance will be essential to enhance workforce engagement and retention moving forward.

The financial report for March 2025 reveals a revised deficit plan of £5.7 million, reflecting adjustments made to account for non-recurrent deficit support. As of Month 11, the Trust reported a year-to-date (YTD) favourable position of £0.3 million against the revised plan, primarily driven by increased income from various sources. These have helped mitigate the adverse movements in pay and non-pay. The Trust remains on plan to deliver the financial plan for the year.

OUR OPERATIONAL PERFORMANCE

Chris Douglas

Chief Operating Officer

Following the well-documented surge in seasonal respiratory conditions, including influenza, RSV, and COVID, which had an impact of our operational delivery in January and caused us to take enhanced internal measure, we have seen further improvements in our Emergency Access Standard in February, with additional improvements in ambulance handovers and the percentage of our patients who are spending over 12 hours in our Emergency Departments.

We certainly still have significant work to do to deliver the levels of operational performance in relation to Urgent and Emergency Care that our staff want to deliver and that our patients deserve.

Together with our system partners we to continue to build on the work we started going into this winter and have committed to significant improvements in 2025/26.

In February we had a visit from members of the national and regional NHS England Urgent and Emergency Care Team and as a result have managed to secure additional support for improvements across Worcestershire. This will focus on the development of our Frailty model as well as how we enable patients who need a supported discharge from our hospital to do so as quickly and as easily as possible and will consider how we optimise the use the beds in our community hospitals (run by Herefordshire and Worcestershire Health and Care NHS Trust). There is certainly opportunity within the Trust to improve our own processes so that we can enable patients to stay less time in our hospitals too and we continue to drive forward several initiatives being led by members of the Executive Triumvirate.

The pace of our cancer recovery programme has slowed. While 28-day performance is in line with the March 2025 target, some specialties are managing a significant increase in referrals, impacting the timeliness of key cancer pathway milestones. Close management of 31-day and 62-day treatments will be essential to ensure delivery against 2025/26 expectations.

The reduction in our RTT waiting list continues as does our continued progress on reducing the number of patients who are waiting over 52 weeks at the end of the month. We're committing to further reductions in number of patients on our waiting lists as well as further reduction in our longest waiters in our plans for 2025/26.

Whilst we are committed to delivering the operational performance expectations in 2025/26, we know we need to be smarter in how we do this by improving our productivity so that we can deliver more whilst delivering our financial plans. This means we will increase our focus on performance and operational productivity even more including further improvements in our theatre utilisation, using are physical capacity as efficiently as we can and having a real focus on understanding and addressing variation as well as reducing the cancellations of clinical activity.

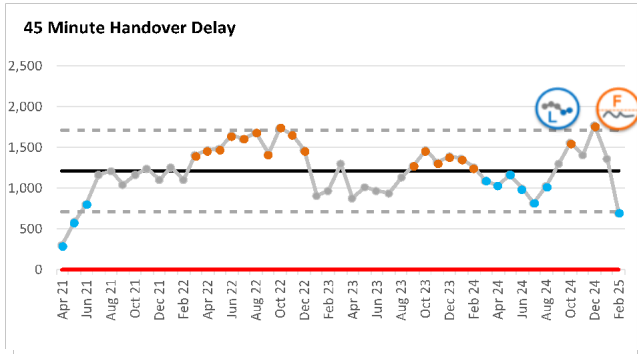
OUR OPERATIONAL PERFORMANCE - URGENT CARE

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.

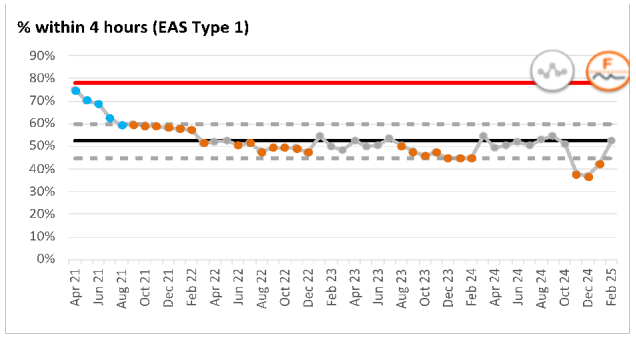
Assurance **Variation**

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



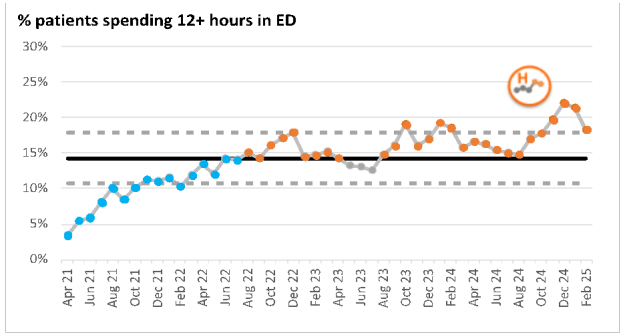
Assurance **Variation**

The EAS type 1 metric is **deteriorating.** The Mar-25 target (78%) lies above the process limits so we know that the **target will not be achieved** without change**.**



Assurance **Variation**

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



Performance and Actions

11,492 patients (a decrease of 3.9% attendances compared to Feb-24) attended the Trust's Emergency Departments in Feb-25 and 52% of those patients were treated and either admitted or discharged within four hours of arrival.

Of the 3,293 patients who arrived by ambulance, 41% were 'handed over' within 15 minutes, 704 waited longer than 45 minutes and 529 waited longer than 60 minutes to be handed over. 2,113 patients (18%) spent 12 hours or more in our emergency departments.

Update and Actions

- February saw significant improvements in the number of ambulances handed over within 45 mins and also improvements in the Emergency Access Standard as well as a reduction in percentage of patients spending more than 12 hours in the Emergency Department. There remains significant work to do.
- Operational actions to support this position remain in place, including medical SDEC opening hours, additional medical staffing overnight and the daily executive-led capacity and flow meetings to maintain operational oversight.
- Attendance audits have now been completed by the ICB at both Worcestershire Royal and Alexandra Hospitals, with the final report due by end of March. Initial reports shared which demonstrate there is more opportunities with Call before convey, on-site streaming and the use of Emergency Departments for primary medical care provision, where there are opportunities to reduce this.
- Given the improvements in the longest of ambulance handover delays, we have reduced our threshold for rapid reviews to six hours, below the national requirement of 8 hours.
- Following escalation into Tier 1 for Urgent and Emergency Care, the ICS held its onboarding visit on 28 February with members of the national team. Additional support has been requested to support the Frailty programme, led by our Chief Nursing Officer. In addition, support has been requested to support development of a workforce model within the Emergency Department and to look at our processes within the Emergency Department to optimise patient flow, within the operational constraints.
- Ambulance Pitstop of Worcestershire Royal site continue to divert circa 40% of ambulance reviewed into alternative pathways. Substantive recruitment to this service is underway following successful pilot period.
- Bids submitted to NHS England for capital funding to support development of additional urgent care capacity on both Worcestershire Royal and Alexandra Hospital sites – at the time of writing the outcome is unknown.

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
- Perceived ongoing impact of Implementation of Sunrise clinical system

What the charts tell us

45-minute ambulance handover delays is showing significant improvement; the lowest number of delays since June 2021. 4-hour performance has recovered to normal variation but 12 hours in ED continues to show significant concern.

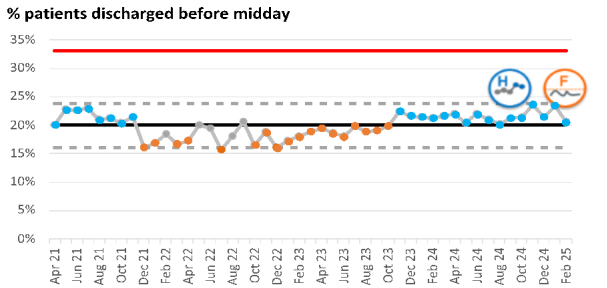
OUR OPERATIONAL PERFORMANCE – PATIENT FLOW

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.

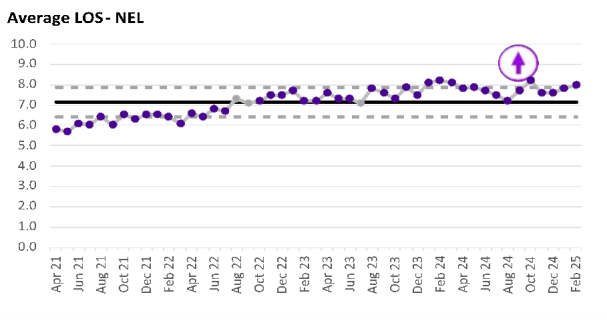
Assurance **Variation**

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



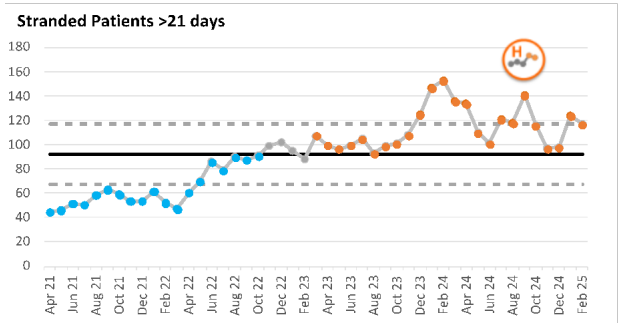
Assurance **Variation**

This metric is **showing variation of an increasing nature.** There is no target for this metric.



Assurance **Variation**

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



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

Update and Actions

- Delivery against simple discharge target throughout February = 103.0% (maintained from January)
- Delivery against complex discharge target throughout February = 95.5% (reduction from 99.9% in January)
- Review of specialty LoS and benchmarking across peers – specialty level action focus
- The profile of discharges across the week is starting to change, with increased discharges now being seen across the weekend supporting improved flow across of week
- Patient with no reason to reside persistently over 110 with circa 70% waiting external actions
- Work to focus on capture discharge ready date to be undertaken, with monitoring against delays in discharge across all patients to be understood and actions put in place as appropriate
- Refresh of site management meetings underway building on best practice examples across group and region.
- Continue focus on 'daily 8' for each ward, with eight patients whom teams are focussed on discharging today. Increasing number of potential patients being supported to be 'ready to go'
- Focus on 'daily 8' for each ward across WRH and Alex, with eight patients whom teams are focussed on discharging today. Increasing number of potential patients being supported to be 'ready to go'
- Community General Medicine model ('out by five') for frailty and fragility fractures in partnership with community provider – launched January 2025 and remains in place – average length of stay in acute and community beds combined 18 days, with acute Trust average length of stay less than 5 days
- New systemwide discharge planning approach under development, with implementation planned for Summar 2025. This programme is now jointly led by the acute Trust Chief Operating Officer.
- Supported requested as part of Tier 1 escalation to support development and implementation of new systemwide discharge planning approach and with additional focus on reducing Community Hospital Length of Stay to 14 days
- Length of Stay programme and review of Internal Professional Standards led by Chief Medical Officer
- Operational Management and oversight arrangements refresh led by Chief Operating Officer

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

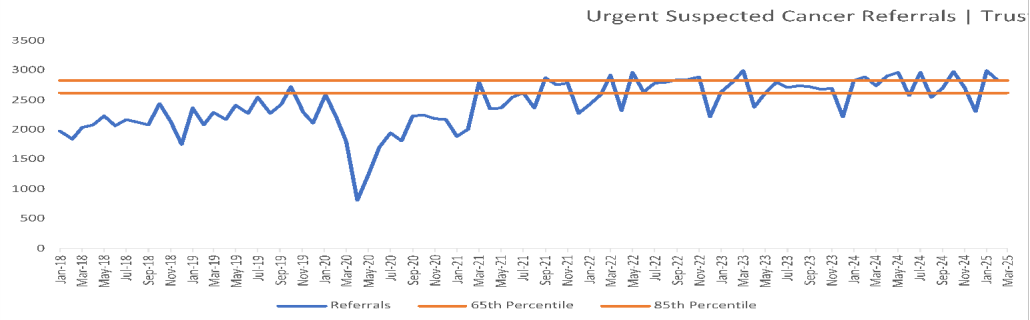
What the charts tell us

2,991 patients were discharged from G&A beds and 617 (21%) were before midday. The average LOS for a non-elective patient was 8.0 days; when you exclude patients with a zero LOS, this increases to 8.5 days. There were 117 patients with a long length of stay (>21 days) as at 28th February, of whom 54 were recorded as medically fit for discharge.

OUR OPERATIONAL PERFORMANCE - CANCER | 28 DAY FASTER DIAGNOSIS STANDARD

We are driving this measure because

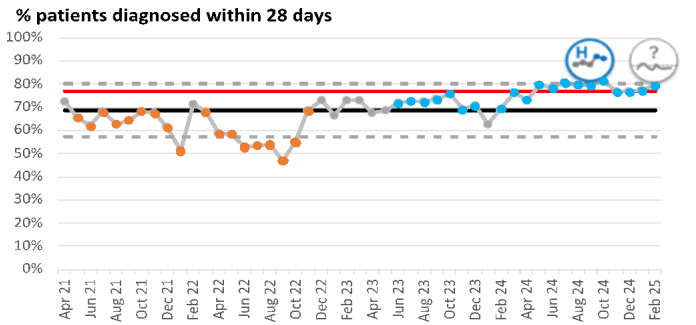
Cancer is one of the leading causes of mortality in the UK. Research suggest that someone in the UK is diagnosed with the disease every two minutes, and half of the population born since 1960 will be diagnosed with cancer in their lifetime. There are three key timeframes in which patients should be seen 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.

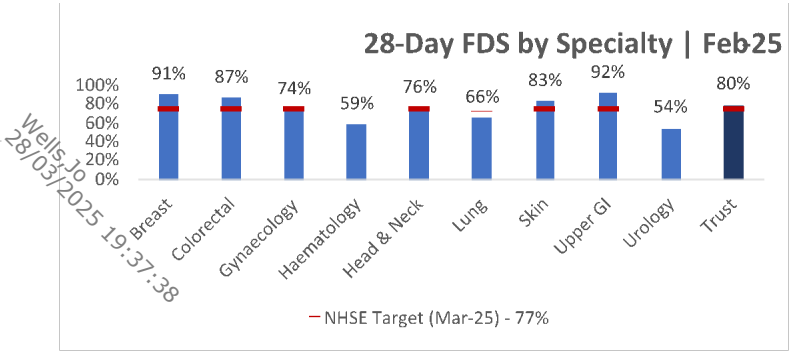


Assurance

Variation

This metric is **improving**. The Mar-25 target (77%) lies within the process limits so we know that the target **may or may not** be achieved.





Performance and Actions

There were 2,830 new GP referrals for suspected cancer in Feb-25. Our Trust **unvalidated** performance against the 28-day Faster Diagnosis Standard is currently 80% for Feb-25. The Trust informed 2275 patients of their diagnosis with 465 breaches of the 28-days standard (the second lowest number of breaches in 24/25).

Updates and Actions

- The Trust continues to be held accountable for its cancer performance via ICB and regional NHS England oversight and continues to sit outside of the tiering system since being de-escalated in November 2024.
- At Trust level we remain 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, albeit by a smaller margin from November to January but with an improved performance in February 2025 (subject to final validation).
- 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. In support of this, FDS stories by tumour site have been rerun and issued by the Cancer team for operational and clinical teams to consider further actions / improvement, with delivery overseen through Cancer Delivery Group into Elective and Cancer Delivery Group and into TMB. This is in addition to the BPTP Dashboards which provides the data needed to identify pathway delays and bottlenecks for further informing of cancer improvement plans.
- Histopathology capacity remains challenging however the recruitment to two locum posts has seen turnaround times improve more recently. The Service is already utilising significant volume of outsourced reporting. Further tumour site considering this option due to service fragility locally. Limited options for immediate mutual aid as a national challenge.
- Access to diagnostics being prioritised for patients within suspected cancer but impacted by overall capacity.

Risks

- Histology, radiology and 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

28-FDS performance continues to shows special cause improvement. We are above the NHSE Mar-25 target of 77%; 4 of 9 specialties were above it in February.

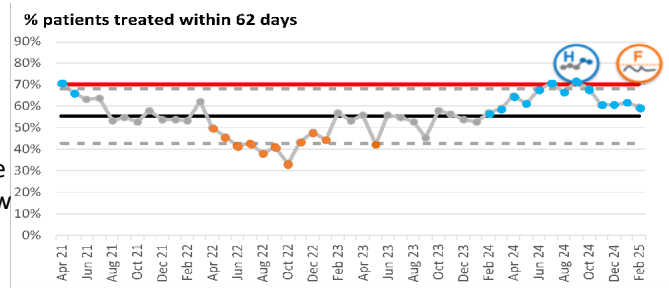
OUR OPERATIONAL PERFORMANCE - CANCER | 62 DAY & 31 DAY START OF TREATMENT STANDARDS

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 **Variation**

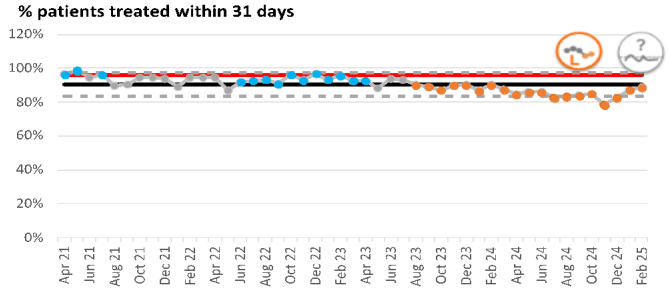
This metric is **improving**. The 24/25 target (70%) lies above the process limits so we know that the target **will not be achieved** without change.



The Trust's **unvalidated** position for 62 days cancer waiting time performance in Feb-25 is 59% with 146 recorded breaches and 384 patients treated. Those patient waiting longer than 62 days (cancer backlog) continues to be reviewed and monitored daily. Quarterly targets were set 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 187 (+2 from January) patients over 62 days at the end of February, 48 (+6 from January) of whom were over 104 days.

Assurance **Variation**

This metric is **deteriorating**. The target (96%) lies within the process limits so we know that the target **may or may not** be achieved.



The Trust's **unvalidated** position for 31 days cancer waiting time performance in Feb-25 is 89%.

618 patients were recorded as receiving first or subsequent treatment after decision to treat in Feb-25, however, 80 patients were not treated within 31 days. This is primarily linked to Head & Neck, Upper GI and urology patients. 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.

Performance and Actions

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.

Some 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, and in addition there is the impact of the waiting time / delay in accessing Oncology services via initial OPA. 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 in theatre capacity and demand remains a key root cause of both 31- and 62-days performance as well as the delays to first seen at the start of the pathway also impacting. A revised cancer improvement plan has been agreed and is being overseen by the divisional management team within W&C division, with actions including short –term additional capacity and recruitment of additional staff.
- **Lung** – tertiary and oncology access continue to limit performance. Improvements in FDS will support patient transfer to tertiary centres for surgical treatment by day 38. Reducing number of patients waiting over 62 and 104 days to access treatment is a positive particularly given the time sensitive nature of this pathway. The service appointed a one-year fixed term Locum Respiratory Consultant in February 2025 to support improvements in the diagnostic pathway.
- **Skin –** continues to impact our overall 31-day performance due to volume of breaches in comparison to our total number each month, however the position is improving with additional capacity having been implemented to bring Skin MOPs back in line with the 31-day standard. The challenges remain where a patient requires a Max Fax MOP given the capacity pressures on that team and the remaining backlog which remains higher than desirable.
- **Urology** – deterioration in performance given persistent increased demand since October 2024 and a temporary reduction in clinical capacity. More positive is the recent reduction in backlog and the improved times to both first seen and MRI scan and report. The service continues to experience delays with reporting of LATPs driven by resource challenges within Histology and post MDT OPAs, with agreement for a one-year Locum Consultant via WMCA funding to support this in 2025/26.
- **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. A full business case has been presented at both SPG and TMB and whilst discussions were favourable there are questions regarding affordability. In the meantime, approval has been given to recruit to 3 WTE posts.

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

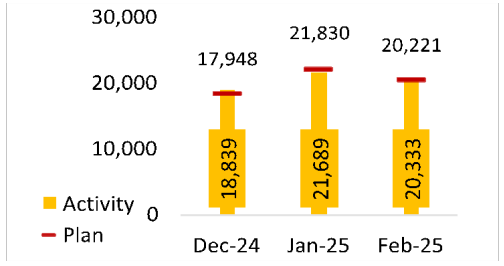
The 70% target (Mar-25) for 62 days has been achieved in year on two occasions and performance is continuing to show significant improvement. 31-day has been special cause concern since Feb-23.

OUR OPERATIONAL PERFORMANCE - ELECTIVE RECOVERY

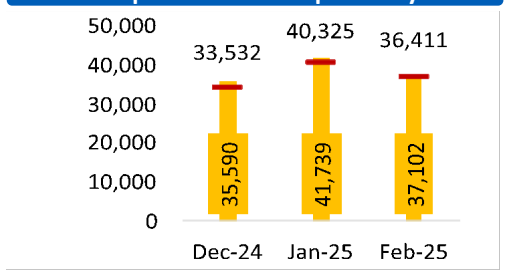
We are driving this measure because

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.

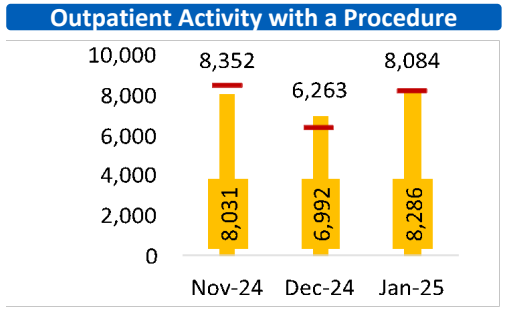
Outpatient New Activity



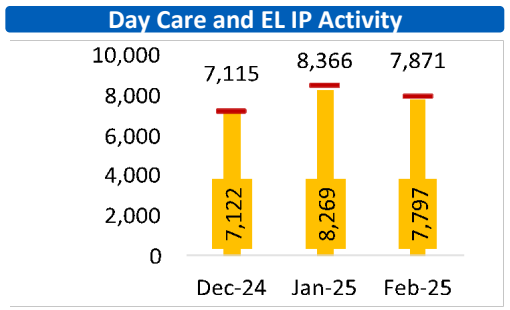
Outpatient Follow-up Activity



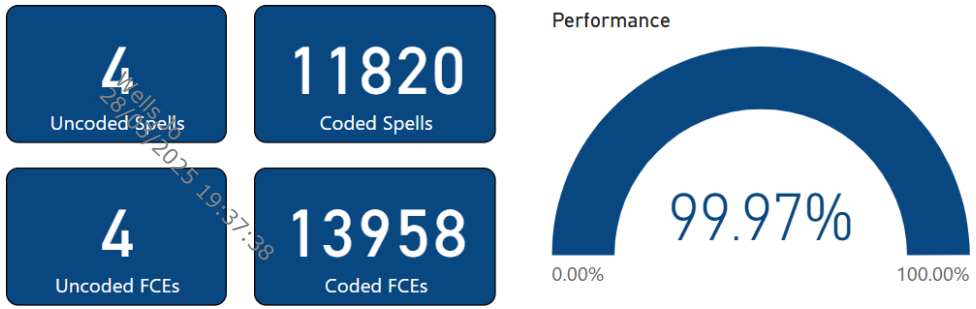
Outpatient Activity with a Procedure



Day Care and EL IP Activity



Proportion of Feb-25 FCEs coded (as at 18th February)



Performance and Actions

In Feb-24 (unvalidated), the Trust delivered 20,333 new outpatient appointments (112 above plan) and 36,411 follow up appointments (691 above plan). In-line with 24/25 annual planning guidance, we are now reporting on Outpatient appointments with a procedure which was 659 above plan. Inpatient and day case activity was below plan by 74 cases. Our RTT unvalidated submission for Feb-25 is 961 patients waiting over 52 weeks (1.7% of all patients waiting), of whom 28 were waiting over 65 weeks, 1 patient over 78 weeks and this same patient is over 104 weeks; 58.2% of patients are waiting less than 18 weeks for their first definitive treatment. Our Mar-26 target will be 61.5%. Our total waiting list had increased to 56,124, but this is still an in-year reduction of 9.4% from its most recent peak in Jun-24.

Actions

- The one patient reported as over 104 weeks remains the same patient from last month and resulted from an administrative error. The patient's progress is been monitored daily and we have support from another acute Trust to expedite a specialist investigation which is required before a treatment plan can be agreed.
- Several surgical specialties remain challenged with a small number of cases in ENT, OMFS, Urology, with General Surgery and Ophthalmology contributing to over half of February's 65 week breaches. Additional COO oversight remains in place for remainder of the year to support route to zero breaches.
- 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 ICB.
- Alexandra Hospital Redditch commenced onboarding in February which is the first step towards becoming an accredited elective hub with a full assessment scheduled June 25. This will hopefully join Kidderminster elective hub which has successfully achieved accredited status for both adults and paediatrics.
- Work being led by Integrated Care Board to commence on cataract pathway in line GIRFT recommendations to ensure optimal use of system wide capacity though indications are this is not imminent for implementation.
- On track to eliminate 52-week waits for patients under 18, excluding ENT. Recovery plan and trajectory refresh – with direct COO oversight.

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

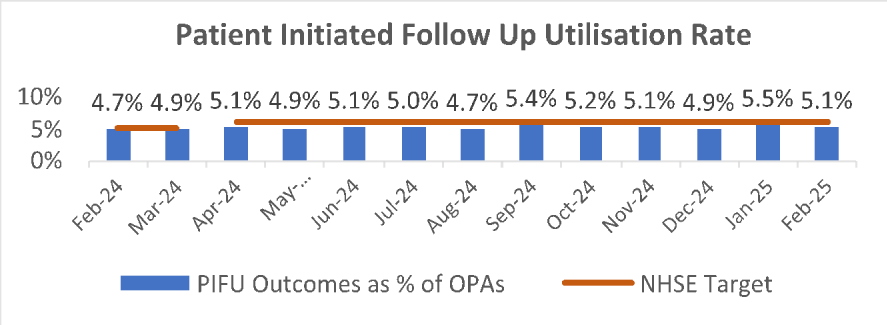
What the charts tell us

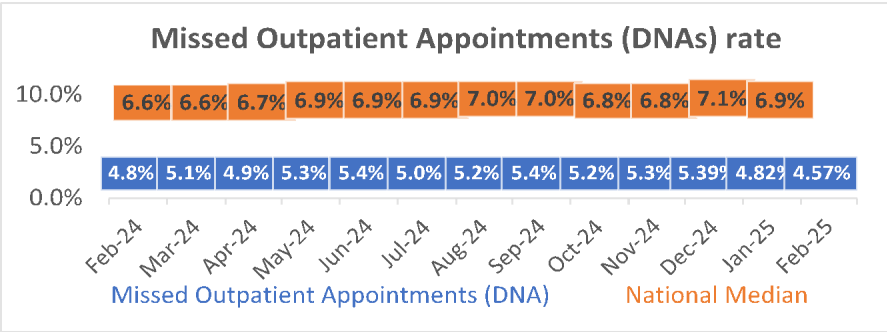
The bullet charts above compare our activity for the most recent three months against submitted plan for 24/25. Feb-25 data is currently showing that we are above plan for OPA New and for OPA with a procedure. We are below the plan for total Day Case and EL IP activity. We delivered more follow-up appointments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

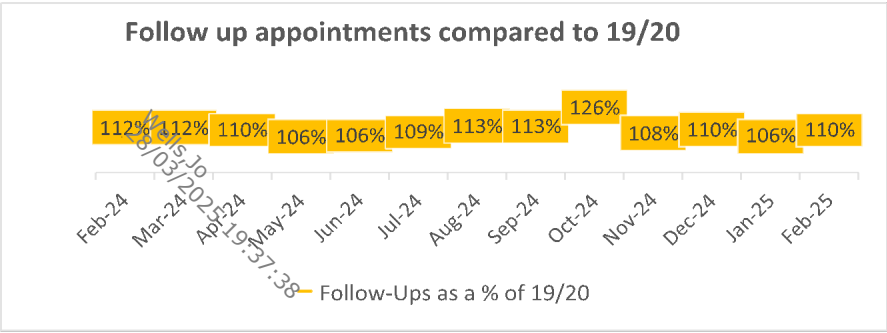
OUR OPERATIONAL PERFORMANCE - OUTPATIENT TRANSFORMATION

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 Feb-25. 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 Feb-25 was 4.57% and remains below the national median benchmarking though at a specialty level there is some variation, but patients negotiating their appointment has had a positive impact in some specialties.

Actions

- Continue to drive improvements through GIRFT Further Faster and use of specialty checklists
- Maintain the focus on validation and improving our communication and interaction with patients who are waiting for care. Pt Portal go live this month.
- Finalise review of clinical templates and implementation of standardised templates in line with best practice at specialty level, supported through GIRFT programme, and contributing to Trust's annual planning
- Optimise impact of room booking system and maximising estate utilisation
- Expansion of left shift into long-term procedure from theatres, following the successful move of LA TP's

Outpatients requires significant focus to optimise the productivity and efficiency opportunities in line with the Elective Reform Plan including a review of the outpatient model and estate

- Identification of operational lead to drive Outpatient Transformation, within COO portfolio
- Focus on national priority specialties – ENT, gastroenterology, respiratory, urology and cardiology
- Expansion of remote monitoring and remote consultation
- Increase percentage of patients offered Patient initiated follow up, particularly to support the management of long-term conditions
- Roll out of consistent model of collective care approaches including group appointments and one-stop clinics
- Focus on how outpatient approaches can have positive impact on health inequalities
- Expansion of Robotic Process Automation and use of AI to support effective booking and further reduction in missed appointments
- Increased standardisation of outpatient aspect of clinical work through job planning, to meet service needs
- Continued rollout and update in Patient Initiated Follow Up (PIFU) using new national toolkit – focussing on ENT, General surgery, Diabetes's and Respiratory.
- Review of digital systems to support patient monitoring as part of remote monitoring schemes to enable increased PIFU
- Focus through Learning and Improvement Network on Outpatient Clinic utilisation to maximise the number of patients able to access outpatient appointments

Risks

- Clinical engagement
- Lack of single management model for outpatients impacts sustainable adoption of standard work.
- Operational and change management capacity drive forward
- Capacity to implement changes alongside day-to-day operational delivery
- 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 remain above 5% in Feb-25. **DNAs** remain below the national median with ~2,700 OP appointments missed due to DNA. Feb-25 performance of 4.57% is the second time since Apr-24 that DNA's have been below 5%.

Follow-Up reduction – unvalidated data for Feb-25 shows that we delivered 10% more follows up compared to Feb-20 (~3,500 appointments).

OUR OPERATIONAL PERFORMANCE – DIAGNOSTIC TESTING (DM01)

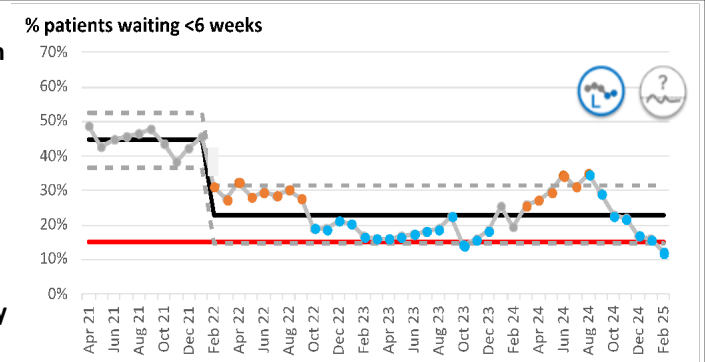
We are driving this measure because

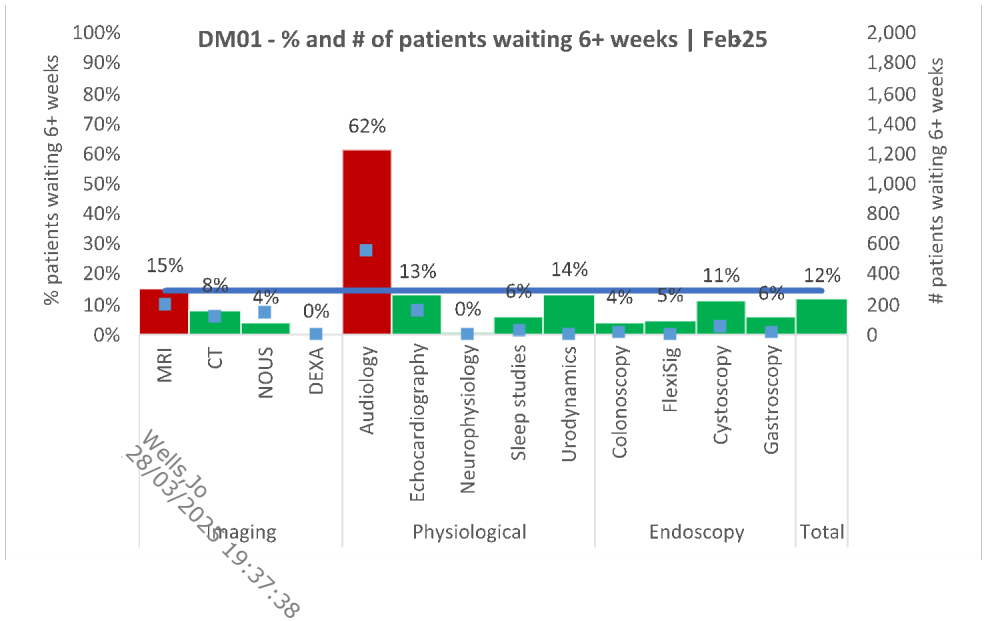
Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

Assurance **Variation**

This metric is showing **significant improvement**.

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 Feb-25 is 88% of our patients waiting less than 6 weeks (12% over 6 weeks) with 1,310 of them waiting over 6 weeks, of whom 610 waiting over 13 weeks. This is the best performance since Oct-23. Eleven modalities are below the 15% threshold (second graph on the left) and MRI is at 15.1%.

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. Insourcing now in place to clear backlog in January 2025, with DM01 recovery by end of financial year.

Audiology Assessments – improvement Trajectory and action plan is in place with ICB support. Still remains a significant concern with a clear deliverable route to recovery not yet in place. Additional capacity has been secured which will support further improvement in performance but transformation of ways of working being scoped for sustainable recovery plan.

MRI - 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.
- 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. performance is on a positive downward trajectory into March 2025.

Urology (Cystoscopy)

- Known date issue – being resolved. Service has provided mutual aid to other group members.

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 86% show continuous sustained improvement. The second chart shows e.g. that 62% of Audiology's waiting list is waiting > 6 weeks and this is 555 patients (the blue square).

OUR QUALITY & SAFETY

Dr Jules Walton

Chief Medical Officer

Mortality Indices remain in the “as expected” range and work remains focussed on improving our Structured Judgement Review process in support of the Learning from Deaths agenda.

Sepsis Screening work has been restructured with renewed engagement and a combined plan between clinical and digital teams is being developed to address training needs and documentation issues.

A new Trauma Improvement group is being set up, reporting to the internal UEC Recovery Board to refresh work being undertaken and improve the pathway for patient who sustain a fractured neck of femur. This group will report to a combined SRO of the COO and the CMO. This will be reported on in more detail next month.

In February 25 cases of CDiff decreased to 4 (from 7 in January 25) and this is still showing special cause variation of concern. Divisional action plans are in place and continue to be monitored through TIPCC. E Coli and pseudomonas have increased in February 25 but klebsiella has decreased in February 25. There have been no cases MRSA in February 25 but 6 cases of MSSA reported. The number of patients with flu have decreased throughout February 25 and have continued to been managed with cohorting. Covid and RSV numbers have also decreased through February 25 however, norovirus cases have increased leading to bay and ward closures. Due to the decrease in numbers of flu and covid cases mask wearing was removed from all clinical and nonclinical areas in line with local and national guidance. 10 of the 11 high impact intervention audits were compliant in February 25.

Sarah Shingler

Chief Nursing Officer

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The complaint compliance target to close within 25 days did not meet the target in February 25. The Trust had a slightly decreased number of complaints still open at the end of February (124). Of these 124 open complaints, at the end of February 25, 46 had breached 25 days; 26 of the 46 are within the surgery division. The current position for Surgery as at 17 February 25 is 19 overdue with plans in place to continue to reduce this backlog and the overall Trust total of breached complaints has fallen to 36.

The total number of falls in February 25 has decreased to 118 (from 141 in January 25) and remains below the national benchmark with 4.81 total falls per 1,000 bed days (national benchmark of 6.63). There were zero falls with severe harm in February 25. The total number of HAPUs in February 25 decreased to 17 from 23 in January 25 (0.61 HAPU per 1,000 bed days). There was 4 cat 3 HAPU reported in February 25 which are being investigated for related harm. There are a number of education improvement projects continuing with the Tissue Viability team.

Although the friends and family recommended rates have failed to meet the recommended target (95%) across outpatients (94.5%) and inpatients (90.1%) and ED (81.5%) in February 25, ED response rates have started to rise again following the rectification of a technical issues following the introduction of Sunrise. Maternity met the target in February 25 with 96.1%. Patient Experience Lead Nurse and Quality Matron continue to monitor and review the use of FFT throughout QAV visits and Ward Accreditation processes.
All Divisional teams have been asked to raise awareness of FFT at internal meetings and to action and promote feedback making every contact count.

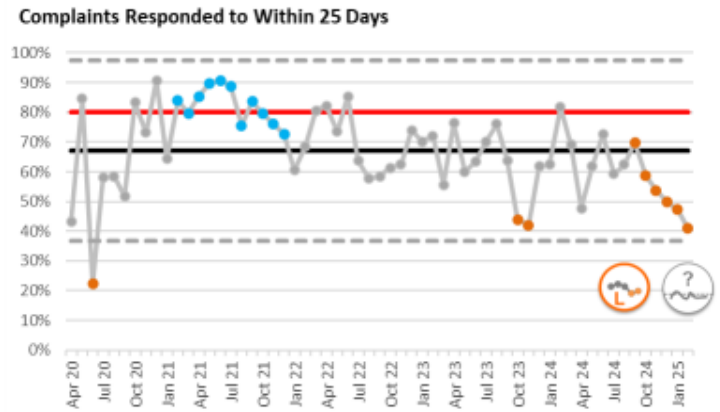
OUR QUALITY & SAFETY – COMPLAINTS

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

- Compliance with complaints closed within 25 days dropped to 40.91% in Feb-25 and did not meet the target. This is the 5th consecutive month that performance has dropped.
- In total there were 54 new formal complaints received within Feb-25 with 14 (35.90%[1]) called within 5 days to discuss the complaint.
- The Trust had 124 complaints still open at the end of Feb, of which 25 have been reopened.
- Of these 124 complaints, 46 have breached 25 days (10 of which have been reopened) and 2 have breached 6 months.



- The Surgery Division accounts for 45 (36.3%) of all open complaints and 26 (56.5%) of those that have already breached 25 days

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 focus remains on closing the trajectory backlog cases in Surgical Division while preventing new complaints from breaching the 25 w/d response target.
- The number of complaints still open at the end of February reduced from the January figure by 30 but comebacks/further concerns are still at a level which requires addressing.
- To try to address the number of comebacks/further concerns the complaints team have introduced a new process whereby a documents/request for further information or specific questions are requested from the complainant at the acknowledgment stage, if this information has not been provided.
- Responding to complaints training is continuing and has been well received.
- The complaints team are working to bring the complaints process more in line with Patient Safety Incident Response Framework (PSIRF). The aim is to improve the quality of the investigations, responses and compliance with recording actions and learning. The Complaints Manager and Deputy Complaint Manager have attended training on 'A Practical Guide to Investigating Complaints under PSIRF'
- The Trust Complaints Policy has undergone a review and is currently awaiting sign off.

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 is now showing special cause variation of concern.

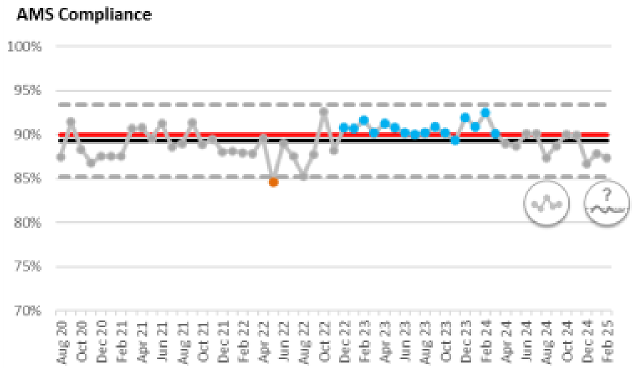
OUR QUALITY & SAFETY – ANTIMICROBIAL STEWARDSHIP

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 392 audits were submitted in Feb-25, compared to 429 in Jan-25.
- Antimicrobial Stewardship overall compliance dropped slightly in Feb-25 (87.39%) and again failed to achieve the target.



- Three of the elements are compliant with the target:
  - “Indication for Antimicrobial on Chart” (93.76%)
  - “Antibiotic Prescription Reviewed Within 72 hours” (91.12%)
  - “Microbiology/Chest X-Ray Test Results Reviewed” (96.53%)

- Five of the elements are non-compliant with the target:
  - “Drug Allergy Status on Chart” (83.67%)
  - “Prescribed Antimicrobial Within Guidelines” (89.41%)
  - “Appropriate Tests Requested” (85.82%)
  - “Duration of IV<=48 Hours or According to Guidelines” (83.20%)
  - “Duration of Antimicrobial<=5 Days or According to Guidelines” (74.52%)

Actions

- Focus on monthly audits and identify actions to drive improvement in quality (KPIs).
- Antifungal education session carried out for Pharmacists and Pharmacy technicians.
- 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: target not achieved for Q2. Actions that can be taken discussed in Antimicrobial Stewardship Meeting.
- 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 16.19% in Q3 (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.
- Engaging with the ePMA team to ensure the system can support antimicrobial stewardship including documentation of allergies, length of course and compliance with guidance- currently piloting the 24-hour Frequencies on agreed wards for the IV Abx.
- Reviewing the antimicrobials which require closer monitoring.
- Collaborating with the ICS Antimicrobial Resistance Forum to align hospital formulary and guidelines- submitted a formulary application for 3rd line treatment for H Pylori.

Risks

- Operational pressures prevent necessary attention to AMS

What the charts tell us

This metric has shown common cause variation for the last 11 months.

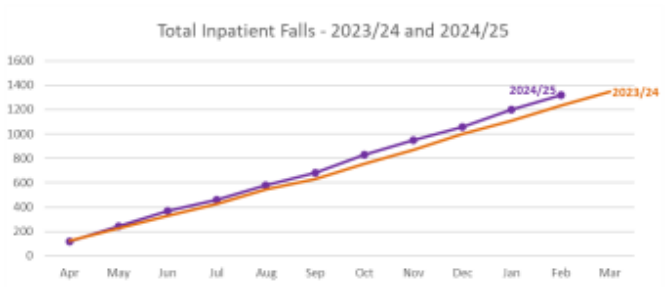
OUR QUALITY & SAFETY – FALLS

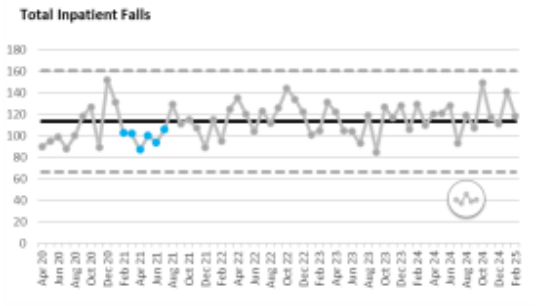
We are driving this measure because

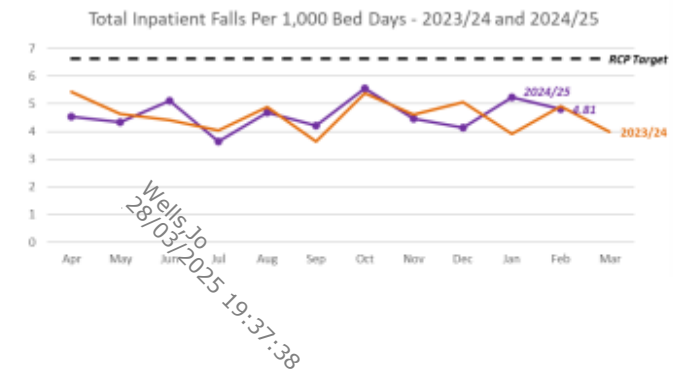
Falls and falls related injuries are a major cause of disability and the leading cause of mortality due to injury in older people in the UK. Falls are associated with increased length of stay, additional surgery and unplanned treatment.

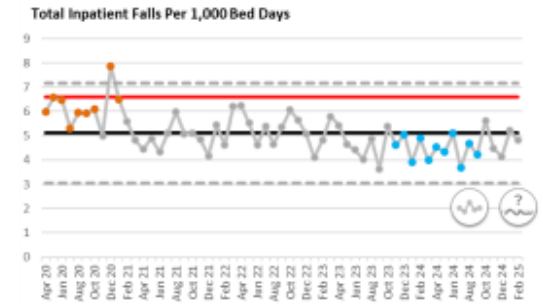
Total Inpatient Falls

- The total monthly number of falls in Feb-25 was 118 (down from 141 in Jan-25).
- The numbers of falls this year to date is 1,318, which is above this time last year (1,235). (There has also been an increase in inpatient capacity)
- Falls per 1,000 Bed Days dropped to 4.81 in Feb-25 (5.23 in Jan) and is below the same time last year (4.90). The figure is still below the national benchmark of 6.63.









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Performance and Actions

Performance

- The highest number of falls were reported in Specialty Medicine (47), followed by Surgery (30), Urgent Care (30), SCSD (11) and W&C (0).
- Out of the total 118 falls, 26.2% were classified as insignificant, 70.3% as minor, 3.4% as moderate harm , 0% as Severe and 0% as Catastrophic.
- 233 people presented to A&E with a fall as the chief complaint in Feb-25; admission conversion 47.21%.
- All eligible wards participated in the #EndPJParalysis audit in January.

Action

- WEB234781: Review post fall documentation on Sunrise to prompt medical physical examination.
- Worcestershire Falls Network review of Worcestershire ICS Falls Pathway.

Risks

None

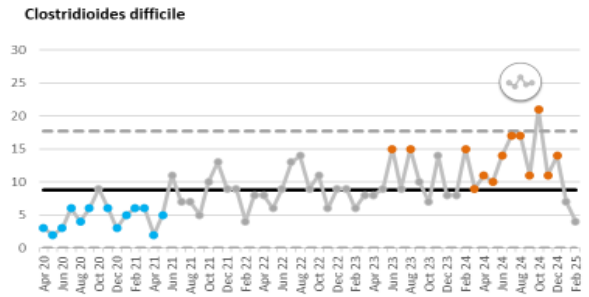
What the charts tell us

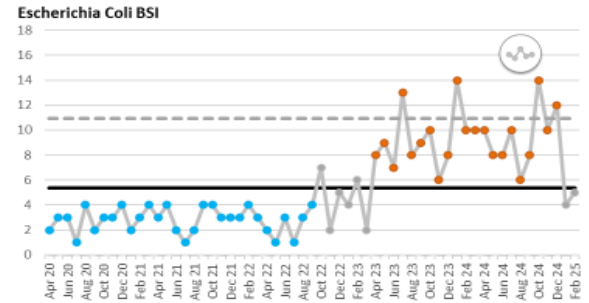
The total number of Inpatient falls is showing common cause variation.
Total Falls per 1,000 bed days is showing common cause variation.

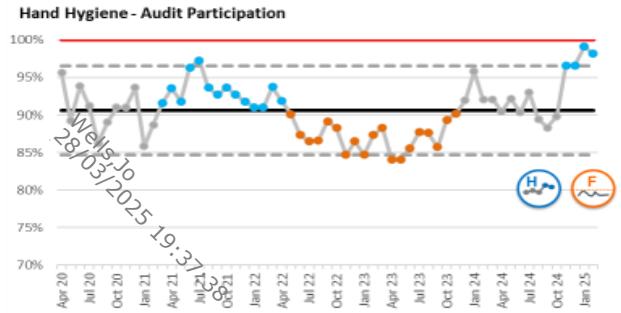
OUR QUALITY & SAFETY – INFECTION PREVENTION AND CONTROL

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

- *Clostridiodes difficile* dropped in Feb-25 (4 c.f. 7 in Jan-25) and is now showing common cause variation.
- E-Coli BSI increased in Feb-25 (5 c.f. 4 in Jan-25) but is still showing common cause variation.
- *Pseudomonas aeruginosa* BSI increased in Feb-25 (3 c.f. 1 in Jan-25) , and is showing common cause variation
- Klebsiella species BSI dropped in Feb-25 (1 c.f. 4 in Jan-25), and is showing common cause variation
- MRSA BSI (0) was unchanged in Feb-25 and continues to show special cause variation of improvement.
- Internal ambition: MSSA BSI increased in Jan-25 (6 c.f. 4 in Jan-25) and is showing common cause variation.
- The internal ambition threshold is being reviewed via TIPCC as it is unrealistically challenging at present.
- Hand Hygiene Compliance (99.6%) has met the target (98%) every month since Apr-22 and is showing common c
- Hand Hygiene Audit participation dropped in Feb-25 (98.2% c.f. 99.1% in Jan-25) but is still showing special cause variation of improvement.
- 10 of the High Impact Intervention (HII) audits were compliant (95%) in Feb-25, with only "*Prevent infection associated with central venous access devices - Insertion Phase*" just missing the target at 94.74%.
- NHSE have advised that there will be minimal change to the HCAI thresholds for 2025/26.

	Feb-25 (Actual vs Target)	To Date (Actual vs Target)
C.Diff	4/10	136/118
E-Coli	5/10	94/103
MSSA	6/1	42/16
MRSA	0/0	0/0
Klebsiella	1/3	34/32
Pseudomonas	3/1	12/13

Actions

- The Trust has a CDI action plan which is reviewed and presented at the Trusts quarterly TIPCC meeting. From 2025/26 the CDI action plan will be incorporated into the IPC annual programme of work to ensure that all actions are held in centrally. This will be a fluid document which can be amended throughout the year.
- The current IPC risks are being reviewed on the risk register updating the original risks to reflect current position with actions and mitigations.
- The IPC team are attending the ICB CDI task and finish group who are reviewing all of the CDI cases over the past 12 months to determine how many of the total cases are relapses and what were there risk factors to determine if any treatment pathways need to be adapted change to reflect this.

Risks

Capacity: Level 4 actions impact on IPC actions as planned meetings involving clinical staff have been cancelled. The level of activity and high level of bed occupancy limits the ability to isolate patients in a timely manner, increasing risk of infection spread. This has been particularly challenging during this winter period due to high number of respiratory symptomatic patients including COVID-19, flu and RSV. Patients presenting with diarrhoea, vomiting and Norovirus. The impact is mitigated where possible, but a number of patients with infections have been unable to be isolated. This has impacted on the cleaning and deep cleaning of areas. Continuing bedpan washer issues impact the ability to undertake high level disinfection of bedpans and other items. Work on a solution is in progress with trials of equipment taking place.

What the charts tell us

- *Clostridiodes difficile* is now showing common cause variation after a period of special variation of concern for 11 months.
- Note this is a common pattern nationally with UKHSA currently running a national incident in relation to overall increased numbers.

Infection Prevention and Control Benchmarking

Source: Fingertips / Public Health Data (Latest data Nov-24, accessed 11/02/2025)

C. difficile – Out of 23 Acute Trusts in the Midlands (range 0.9 to 38.1), our Trust ranks the 23 rd best and is **above** both the Midlands and England rates.

E.Coli BSI – Out of the 23 Acute Trusts in the Midlands (range 3.6 to 33.3), our Trust ranks the 17 th best and is **above** both the Midlands and England rates.

MSSA BSI – Out of 23 Acute Trusts in the Midlands (range 3.6 to 15.4) our Trust ranks the 17 th best and is **above** the Midlands rate, but **below** the England rate.

MRSA BSI – Out of the 23 Acute Trusts in the Midlands (range 0 to 2.6), our Trust ranks 15 th best and is **below** the England rate, and **level** with 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	8,385	23.1
Midlands NHS Region (Pre ICB)	1,632	23.7
Worcestershire Acute Hospitals	109	38.1

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

Area	Count	Per 100,000 bed days
England	8,290	22.8
Midlands NHS Region (Pre ICB)	1,407	20.5
Worcestershire Acute Hospitals	67	23.4

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

Area	Count	Per 100,000 bed days
England	3,941	10.9
Midlands NHS Region (Pre ICB)	666	9.7
Worcestershire Acute Hospitals	30	10.5

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

Area	Count	Per 100,000 bed days
England	673	1.9
Midlands NHS Region (Pre ICB)	95	1.4
Worcestershire Acute Hospitals	4	1.4

OUR QUALITY & SAFETY – PRESSURE ULCERS

We are driving this measure because

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

Performance

Total HAPU's

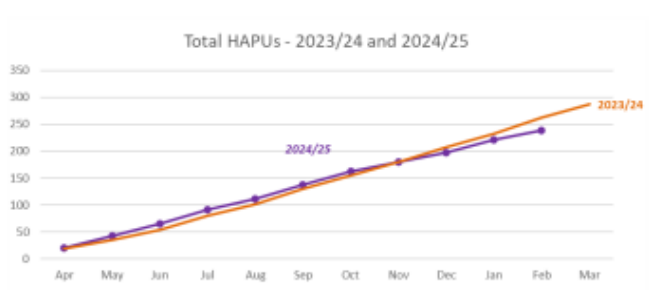
- The number of HAPUs dropped in Feb-25 to 17 (23 in Jan), bringing the current total for 2024/25 to 239[1].
- The total is below the same time last year (262)[2]
- Total HAPUs per 1,000 bed days dropped in Feb-25 to 0.61 (0.90 in Jan)

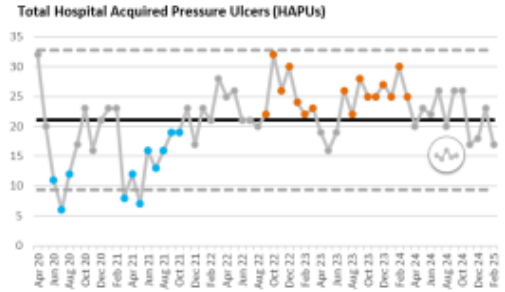
HAPU Categories

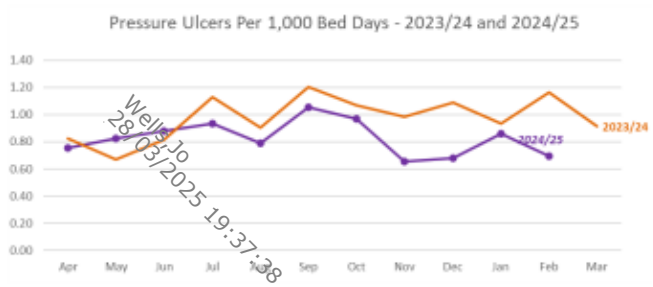
- There were 0 Cat 4 PU's in Feb-25 (unchanged from Jan)
- There were 4 Cat 3 PU's in Feb-25 (up from 0 in Jan) causing moderate harm both during Feb. These are currently being investigated in line with PSIRF , to identify if any lapses , learning and actions.
- There were 12 Cat 2 PU's in Feb-25 (down from 25 in Jan)

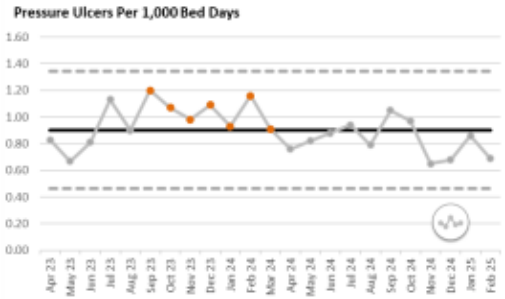
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	Monthly	19	16	19	26	22	28	25	25	27	25	30	25
	Cumulative	19	35	54	80	102	130	155	180	207	232	262	287
2024/25	Monthly	20	23	22	26	20	26	26	17	18	24	15	
	Cumulative	20	43	65	91	111	137	163	180	198	222	237	

	Cat 2	CAT 3	CAT 4
Jan 25	23	0	0
Feb 25	12	3	









[1] Figures extracted on 10/02/2025 and are subject to change dependant on grading review.
[2] Note an increase of beds on both sites compared to 2023/24

Actions

Pressure Ulcer Prevention:

- Tissue Viability team completing ED Gap Audit (SSKIN Bundle documentation)Both sites.
- Task & finish group with ED & WMAS to identify methods to support patients PUP if delayed on ambulances.
- Incident report(Datix) changes made .Questions added to gain further information around ED / ambulance waits. If patients in ED dept >12hrs & location (waiting area ,majors ,corridor) ,surface (chair , trolley / stretcher /Hosp mattress).
- Monthly Categorisation Workshops, delivered by TV Team to support with improving pressure Ulcer categorisation/reporting
- New Patient Pressure Ulcer Prevention(PUP) leaflet with QR code available.
- MASD : Tissue Viability Team internal local audit to deliver bespoke training to areas with high prevalence of incident reporting MASD.

Staff PUP training %s: Jan 25= Total staff 3938 **(3576 completed training)= 90.81**
Feb 25 = Total Staff 3934 **(3622 completed training) = 92.07%**

Monthly Tissue Viability Divisional Governance Steering Group feed back (Jan /Feb 25) :

Division	Identified Learning
SCSD	Documentation did not always demonstrate care & comfort overnight however nurse evaluations on care plans indicate alternative positioning Estimated weights, not actual Missed Waterlow scores Importance of documenting when pressure areas checked, evidence identified as checked but not documented Gaps in Daily Skin bundle completion Breakdown in skin identified correlation with increased patient non concordance.
Surgery	Introduction of Cat 2 HAPU investigation (AsskinG)completion at 10 days (local division target) has encouraged focus at ward level for timely report completion HAPUs continued to be discussed at Div weekly Governance meetings: encourages good discussion & engagement. Lack of Knowledge and training for staff around where to find TV dressing plans on EPR: screen shots of how to access on ward TV board. Tissue Viability Display board onward: signature sheet to confirm staff have read and are confident & competent. Gaps in Vac & Pico Training following incident: Training implemented at ward level
Urgent Care	Categorisation of pressure damage: Monthly Categorization training by TV Team on ESR, in addition to gov team visiting wards to deliver bespoke training to support. Reshare Waterlow Top Tips
Spec Medicine	Delays in patient TV referrals: EPR training on how to / why /when TV referrals are needed. Gaps in daily skin bundles: highlighted in ward safety huddles importance of documentation Highlighted TV step by step guide on how to complete a Skin bundle.

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
- **5748** (risk score 8) Increased risk of pressure injuries due to faulty inner cells within Hybrid mattresses.
- **5807** (risk Score 15) Current Wound assessment documentation on EPR risks inaccurate wound assessment /documentation.

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 Feb-25, after exclusions were applied, there were 1,247 observations with a NEWS2>=5[1] of which 446 (35.77%) had a SEPSIS pathway document completed.
- Of the 214 diagnosed as Septic, 34 (15.89%) had the complete SEPSIS 6 bundle completed in 1 hour.
- Of the individual bundle elements, Oxygen had the highest compliance (45.79%), and Antibiotics had the lowest (35.05%)
- The question 'Could this elevated NEWS2 Score be due to infection?' was only completed on 7.05% of the 'Vital Signs Measurement Documents' which recorded NEWS>=5 in Feb-25. This is potentially skewing the compliance figures considerably.
- The SEPSIS Working Group met on 03/03/2025 and identified areas for clarification;
    1. Standard working incl. Policy, Roles and responsibilities
    2. Digital revision
    3. Training
    4. Equipment

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

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

Actions

Training and Documentation working groups to be set up

Sepsis guidelines to be reviewed with clinical leads 28/3/25

Training "snippets" in development to support use of Sunrise Sepsis documents

Risks

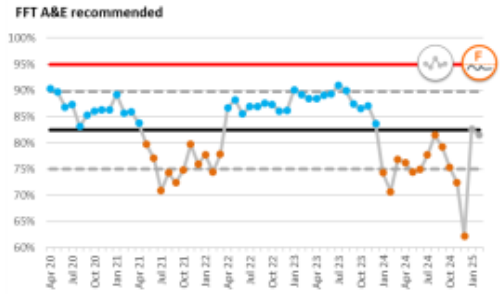
Ambulance offload delays 3908
Crowding in Emergency Departments 4843, 4963, 4964
Insufficient staffing to deliver safe, timely care 3698, 4192

What the charts tell us

OUR QUALITY & SAFETY – 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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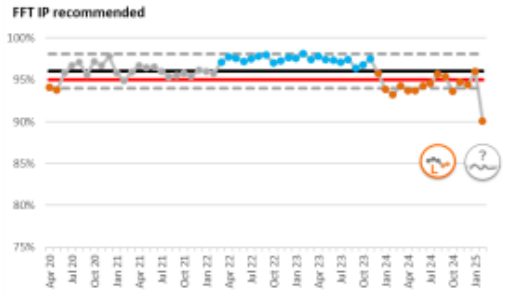

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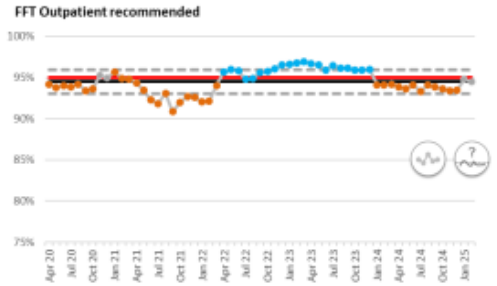


Performance

- FFT recommended rates dropped in all areas in Feb-25: Maternity 96.4% (down 1.1%), Outpatients 94.5% (down 0.3%), A&E 81.5% (down 1.1%) and Inpatients 90.1% (down 5.9%).
- Only Maternity achieved the 95% target
- The 90.1% achieved by Inpatients is the lowest figure during the current recording period (since Apr-20) and this metric is showing special cause variation of concern.
- Outpatients only just fell below the target but has been non-compliant every month in 2024/25 (although the lowest has been 93.3%).

Actions

- FFT information will be generated to all governance teams for their information, areas will be asked to raise at internal meetings with staff, wards and areas
- Message to be reinforced that FFT is separate to the IPS and FFT should be always used in non bedded areas
- Night visits planned by Lead Nurse and Quality Matron will focus on FFT availability and completion processes on the wards
- Patient national experience week is 28th April and will focus on FFT and the resources that are available for the wards to order and use
- FFT promotion continually reviewed at ward QAV and CEA's as well as how accessible they are to patients / families and where the feedback is presented as well as any quick wins or changes initiated from feedback
- Divisions encouraged to review the available dashboard for comments and themes and to review why recommended rate has dropped
- Encouraging to see Maternity meeting the 95% target – new Fertility lead in the Trust is also keen to start obtaining feedback from patients, the volunteer is showing an impact in this area
- Will await the ANP feedback data in Q1 and Fracture clinic in Q2 (both pilots for FFT)
- Positive to see A&E response rates have started to improve
- The FFT feedback needs to be reviewed alongside the Inpatient Survey data to identify any areas for a drop in recommended rates and actioned accordingly
- Areas to review where their FFT is located, the accessibility to patients and carers and also the methods areas use to ascertain feedback – who performs this role, when is this completed? If its not working how will areas address it and how do areas act on raising the recommended rate.

Risks

A&E continue through Q3 and into Q4 to be under extreme pressure with patient acuity and waits in the department.
Patients may be completing the Inpatient Survey rather than FFT although FFT should still be completed in areas that are not overnight stays.

What the charts tell us

IP and Outpatient response rates are showing common cause variation, whilst Maternity response rates are showing special cause variation of improvement.
A&E response rates have started to rise again following the technical issue caused by the implementation of Sunrise ED.

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

Our recruitment is now catching up with last month's 115.90 wte growth in overall funded establishment. Funded establishment is 359.19 wte higher than February last year due to agreed business cases, and Ward 15 and Avon 4 having funded establishment transacted into the budgets. Establishment has been reduced by 3.96 wte this month (reductions in Specialty Medicine and Urgent Care).

Our vacancy rate has improved from 6.15% (455.25 wte) to 5.46%) (404.20 wte vacancies). This still meets the Trust revised target of 7% and compares favourably to a vacancy rate of 7.13% in February last year.

We are now 193.88 wte ahead of our 2024/25 plan. The first iteration of the revised 2025/26 plan was submitted on 13th March which rebased our funded establishment to include Ward 15 and Avon 4 and Paediatric business case (increase of 115.90 wte). Some over recruitment has been a response to critical incident for winter in order to reduce agency spend.

Agency spend remains our biggest challenge. There has been a 6 wte reduction in agency worked in February but agency cost as a % of gross spend has increased by 0.33% to 7.25% against a 6% target. Urgent Care has increased by 0.54% and is an outlier at 17.09% agency cost as a % of gross cost. Surgery have increased their agency spend by 4.37% to 12.96%.

There has been an 21 wte increase in the total wte worked (Agency, Bank & Substantive) which is 349 wte higher than February 2024. This needs to be taken in context of additional boarding and corridor care plus increased establishment. The total number of hours worked by substantive has increased by 55 wte in month and 502 wte in year which reflects an increase in SIP. Bank has reduced by 6.06 wte in month and reduced by 58.97 wte in year due to recruitment. Agency has reduced by 27.96 wte in month and reduced by 93.85 wte in year. Urgent Care has the highest agency usage (109.62 wte). Overall, the Trust is continuing to work above its establishment despite the increase in funded wte. Urgent Care have worked 161 wte above establishment, Specialty Medicine 126 wte, above, Surgery 55 wte above, and Estates and Facilities 12 wte above establishment.

Our annual staff turnover at 9.38% has continued to meet our target of 11.5% and is improving. We benchmark well against other Trusts at Quartile 1 (best) on Model Hospital (November 2024 rates). Urgent Care are the only division who do not meet the target with 12.73% turnover (improving).

Monthly sickness absence has reduced by 0.47% from last month to 5.59% which will be partly due to less days in the month. This is 0.34% better than the same month last year. The % of absence attributed to stress has increased to 30.03% with Corporate as an outlier with 41.49% and SCSD, Surgery and Women and Children's all exceeding 30%.

Consultant Job Planning has increased by 1% to 76%. The strong performance in Women and Children's (92%) and SCSD (89%) is being counteracted by poor compliance in other divisions. NHSE have set a new national target of 95% for Job Planning from February 2025 which will be monitored by the ICB monthly via the Provider Workforce Return (PWR).

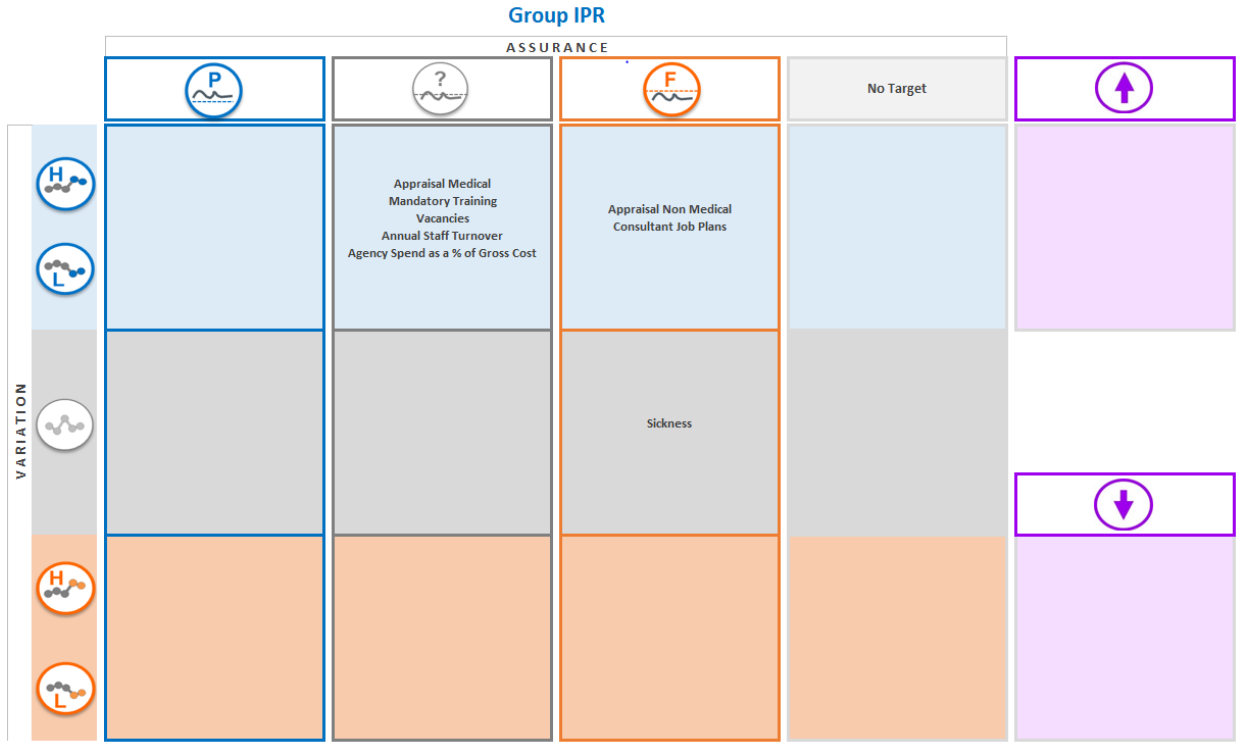
Mandatory training compliance consistently meets target at 90% but falls short of Model Hospital Benchmark of 90.9%. Non-medical appraisal is below target at 83% and has dropped by 1% this month.

OUR WORKFORCE – MATRIX AND SUMMARY VIEW

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

Vacancies, Medical Appraisal, Annual Staff Turnover and Mandatory Training are meeting target. Vacancy Target reduced to 7% from October 2024 but is still being achieved.

Sickness is consistently failing to meet Group target of 4%. Non-Medical Appraisal and Consultant job Plans are also failing target.



Group IPR

KPI	Latest month	Measure	Target	Variation	Assurance	Mean	Lower process limit	Upper process limit
Appraisal Non Medical	Feb 25	83%	90%	H	F	79%	76%	82%
Appraisal Medical	Feb 25	94%	90%	H	?	90%	83%	96%
Mandatory Training	Feb 25	90%	90%	H	?	89%	88%	91%
Vacancies	Feb 25	5.46%	7.00%	L	?	8.89%	6.93%	10.85%
Sickness	Feb 25	5.59%	4.00%		F	5.41%	4.54%	6.28%
Annual Staff Turnover	Feb 25	9.38%	11.50%	L	?	11.20%	10.52%	11.87%
Consultant Job Plans	Feb 25	76%	90%	H	F	69%	61%	77%
Agency Spend as a % of Gross Cost	Feb 25	7.25%	6.00%	L	?	8.30%	6.00%	10.61%

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.

Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
8.44%	8.81%	8.61%	8.99%	7.89%	8.60%	7.93%	8.29%	5.26%	6.89%	7.73%	6.92%	7.25%

Assurance

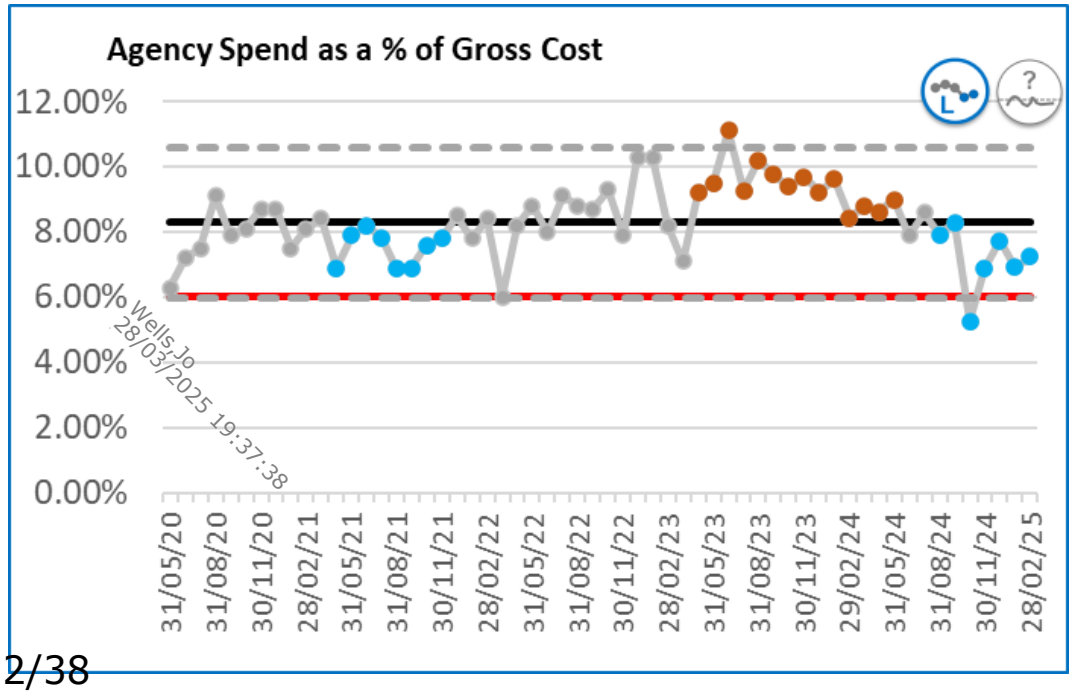
Hit and miss target
Subject to random variation

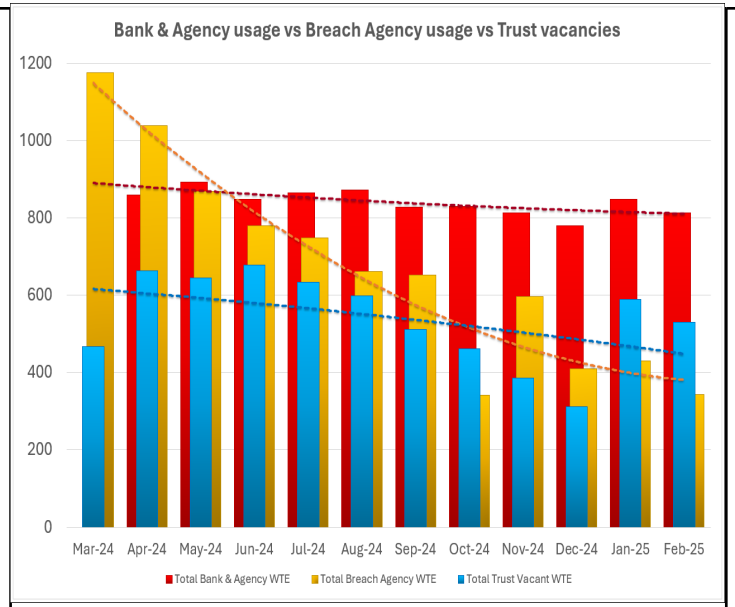
Variation

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

Data Quality Mark

Reasonable Assurance



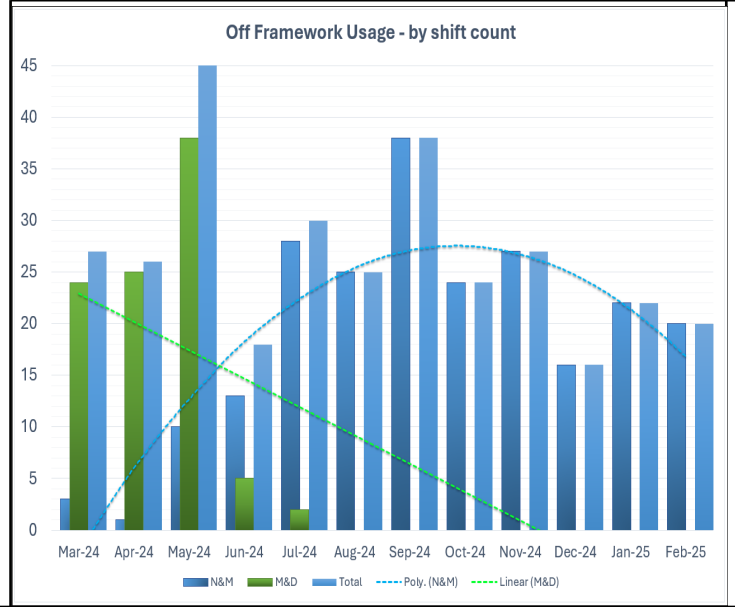


Temporary workforce usage has decreased in February 2025, in line with a reduction in total Trust vacancy.

This is very positive and indicates robust rostering and booking policies are in place at the Trust.

However, B&A WTE usage still outstrips Trust total vacancy (which includes establishment vacancies, sickness, and leave vacancies) by around 200 WTE.

It is recommended that further review of booking practices and establishment suitability be carried out to assess the factors behind this continued disparity.



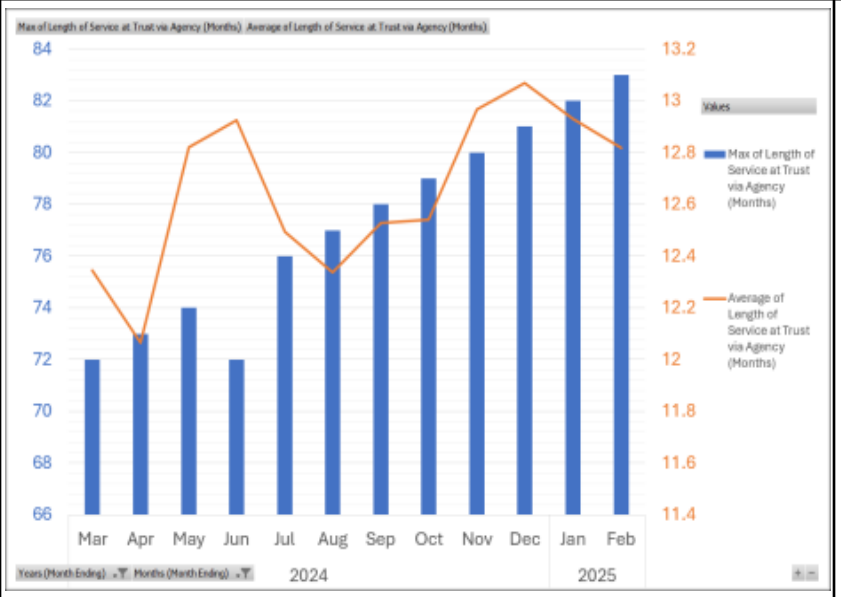
Framework usage has decreased in February 2025.

This usage was representative of 1 nearly WTE equivalent worker within a hard-to-fill area. This temporary booking has now ended, and we are reporting 0 WTE off-framework usage at the Trust so far in March 2025.

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.

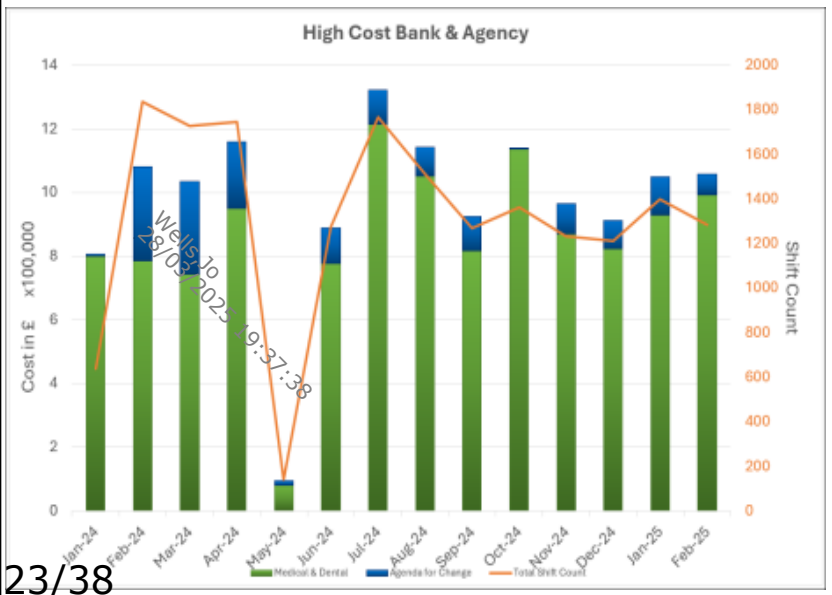


NHSI Staff	LoS	Band	Departme	Job Role	Reason for usage	Avg Shifts
N&M	83	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy	6.5
N&M	80	AFC Band 5	Adult	Registered Nurse - Gen Acute	Additional Capacity	6.0
N&M	77	AFC Band 5	Adult	Registered Nurse - Gen Acute	Sickness	7.2
N&M	69	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy	4.9
N&M	64	AFC Band 5	Adult	Registered Nurse - A&E	Vacancy	10.5
N&M	46	AFC Band 5	Adult	Registered Nurse - Gen Acute	Vacancy	9.7
N&M	44	AFC Band 5	Adult	Registered Nurse - Oncology	Vacancy	3.5
N&M	44	AFC Band 5	Adult	Registered Nurse - Gen Acute	Additional Capacity	7.3
Healthcare Science	41	AFC Band 8A	Pharmacy	Consultant Pharmacist - Gen Acute	Vacancy	4.7
Healthcare Science	40	AFC Band 6	Physiology	Cardiac Physiologist - Gen Acute	Additional Capacity	1.7

Maximum length of service continues to increase across the Trust.

In this month's reporting the average length of service metric has been altered to remove outliers with <3 months service at the Trust.

With this in mind, it can be seen that there is actually a significant degree of variation from month to month, suggesting that there is greater turnover within this group that previously suggested. This intimates a more positive view of this metric, suggesting that those workers with the highest length of service are outliers and not the norm.



NHSI Staff Group	Role	Department	Agency	Cost Per Hour	Total Cost	Reason
Medical & Dental	Consultant	Medics Histo WRH	Bank	£ 149.48	£ 797.50	Vacancy
Medical & Dental	Consultant	Medics Histo WRH	Bank	£ 149.48	£ 712.05	Vacancy
Medical & Dental	Consultant	Medics Histo WRH	Bank	£ 149.48	£ 712.05	Vacancy
Medical & Dental	Consultant	Medics Histo WRH	Bank	£ 149.48	£ 1,002.56	Vacancy
Medical & Dental	Consultant	Oncology	TXM Healthcare	£ 149.15	£ 741.00	Vacancy
Medical & Dental	Consultant	Medics Obs & Gyn WRH	Bank	£ 142.41	£ 915.78	Vacancy
Medical & Dental	Consultant	Medics Obs & Gyn WRH	Bank	£ 142.41	£ 555.40	Vacancy
Medical & Dental	Consultant	Medics Obs & Gyn WRH	Bank	£ 142.41	£ 1,110.80	Vacancy
Medical & Dental	Consultant	Medics A&E WRH	Bank	£ 142.41	£ 55.54	Vacancy
Medical & Dental	Consultant	Medics Anaes	Bank	£ 142.41	£ 729.00	Vacancy
Medical & Dental	Consultant	Medics Obs & Gyn WRH	Bank	£ 142.41	£ 747.39	Vacancy
Medical & Dental	Consultant	Urology	Pertemps Medical	£ 137.50	£ 1,139.00	Vacancy
Medical & Dental	Consultant	Respiratory	Pulse	£ 134.15	£ 788.48	Additional Capacity
Medical & Dental	Consultant	Acute Medicine	DRC Locums	£ 134.00	£ 462.78	Additional Capacity
Medical & Dental	Consultant	Dermatology	National Locums	£ 134.00	£ 920.55	Vacancy
Medical & Dental	Consultant	Acute Medicine	Pulse	£ 129.00	£ 247.25	Additional Capacity
Medical & Dental	Consultant	Acute Medicine	Athona	£ 126.65	£ 939.93	Additional Capacity
Healthcare Science	Consultant	Winter Pressures	Athona	£ 124.15	£ 551.00	Additional Capacity
Medical & Dental	Consultant	Acute Medicine	Medsol Healthcare Service	£ 124.00	£ 930.00	Additional Capacity
Medical & Dental	Consultant	Winter Pressures	Medsol Healthcare Service	£ 124.00	£ 893.63	Additional Capacity

Total cost of high-cost temporary workers has remained static in February 2025. The overwhelming majority of this usage falls with the Medical & Dental workforce, with bank rates proving to be consistently higher than agency rates across the Trust.

It is worth noting that Medical bank rates and their reduction are a focus of the NHSE 2025/6 cost reduction workstream.

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.

Feb 24	Mar 24	Apr 24	May 24	June 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
7.13%	7.03%	9.77%	9.32%	9.28%	9.19%	8.17%	6.99%	6.31%	5.73%	5.25%	6.15%	5.46%

Assurance

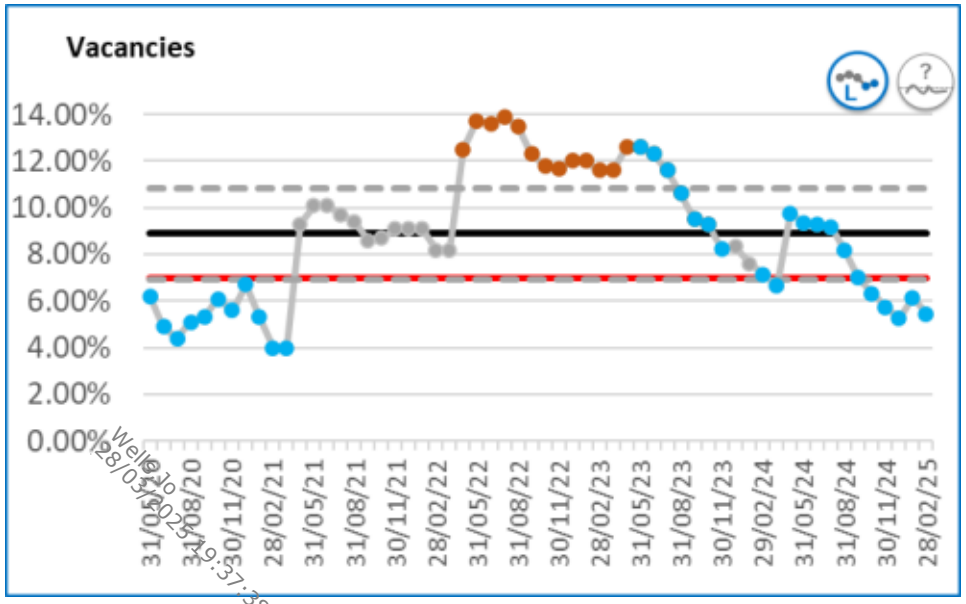
Hit and miss target
Subject to random variation

Variation

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

Data Quality Mark

Reasonable Assurance



Performance and Actions

- **Trust-wide Vacancies** The overall funded establishment has decreased by 3.96 wte . This includes reduction of 1.34 wte in Specialty Medicine and 0.50 wte in Urgent Care. Staff in Post has gown by 47.10 wte this month which has reduced our vacancy rate by 0.69% to 5.46% against a target of 7%. Urgent Care has reduced from 20.46% to 7.55% due to 111.46 increase in Staff in Post (primarily moves from Specialty Medicine that have now caught up with the Establishment changes. We have 98.05 wte less vacancies overall than last year due to successful recruitment campaigns and reduced turnover.
- **Performance to Plan** We have now achieved our2024/25 plan for March 2025 and further recruitment is putting us over plan. A revised 2025/26 plan was submitted on 13th March which has rebased the establishment to include Ward 15 and Avon 4.
- **Starters and Leavers** - We have 54 more starters than leavers this month with 112 new starters processed in month (headcount).
- **Healthcare Support Workers** – Our vacancy rate has improved from 11.04% (121.80 wte vacancies) to 10.68% (118.11 wte vacancies). This high rate is directly due to last month's increase in funded establishment in Urgent Care and Paediatrics.
- **Nursing & Midwifery** - We currently have 67.27 wte Registered Nursing vacancies (3.04% vacancy rate) .Our Registered Midwifery vacancies have reduced to 2.73 wte (1.08%)
- **Allied Health Professionals** – We have 15.01 wte AHP vacancies (3.44%) which is broadly the same as last month. Recruitment to this staff group is now starting to keep pace with leavers. This is a 52.24 wte increase on AHP SIP last year.
- **Medical & Dental**. We have 45.31 wte Consultant vacancies (improving position). We have 13.02 wte trainee grade vacancies compared to 32.27 wte last month. We are over established by 17.83 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 which reduced in 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, Midwives and AHPs at Quartile 1. Medics are Quartile 3 (Nov 2024 rates). Our issue now is that our recruitment is over-achieving against our plan as we have already exceeded our plan for March 2025 by 193.88 wte. This is primarily due to 115 wte increased establishment for Ward 15 and Avon 4.

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.

Feb 24	Mar 24	Apr 24	May 24	Jun 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
5.93%	5.75%	5.91%	5.59%	5.25%	5.53%	5.02%	5.06%	5.49%	5.62%	5.90%	6.06%	5.59%

Assurance

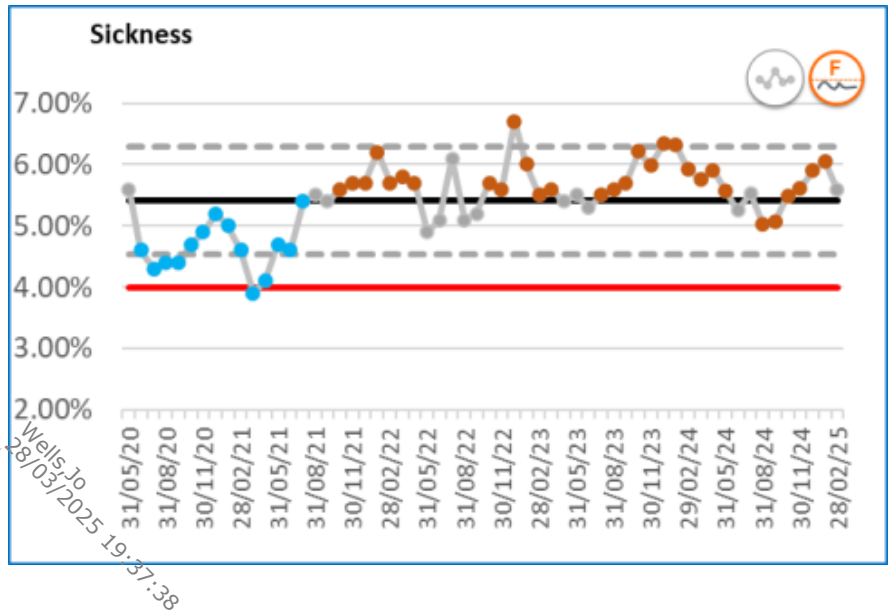
The system is expected to consistently Fail the target

Variation

Special Cause concerning variation

Data Quality Mark

Reasonable



Performance and Actions

- Monthly sickness absence has reduced by 0.47% to 5.59% which is 0.34% better than last February
- Reductions in all divisions except Corporate. Estates and Facilities are outliers with a very high 9.69%.
- Absence due to stress remains higher than pre-pandemic levels. Corporate are a significant outlier with 41% of their sickness due to S!0 (Stress and Anxiety). SCSD, Surgery, and Women and Children's all have over 30% of sickness attributed to S10.
- Long term sickness has increased slightly this month to 2.96%. Estates and Ancillary are still very high at 6.30%.
- Short term absence has reduced by 0.51% to 2.63%. Highest rates are 3.40% in Estates and Facilities and 2.98 in Urgent Care.
- Our sickness % has improved when benchmarked against the national position for all groups except Healthcare Scientists who are a very small group.
- Although we consider our Sickness Levels high and short of our 4% Group target it would appear that sickness levels are currently high across our Region compared to the national position.

Sickness Absence	2025 / 02			
	Trust	Region	Country	National
Add Prof Scientific and Technic	5.91%	4.30%	3.95%	3.97%
Additional Clinical Services	7.83%	7.44%	7.10%	7.18%
Administrative and Clerical	4.33%	4.82%	4.51%	4.53%
Allied Health Professionals	3.87%	4.33%	4.32%	4.34%
Estates and Ancillary	10.23%	7.56%	7.18%	7.33%
Healthcare Scientists	5.08%	3.61%	3.59%	3.62%
Medical and Dental	1.73%	2.04%	1.97%	1.99%
Nursing and Midwifery Registered	6.13%	5.68%	5.42%	5.50%
Students	0.00%	2.16%	2.53%	2.50%

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 was stabilising at around 5% against group target of 4%. However, sickness has been creeping up since August.

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.

Feb 24	Mar 24	Apr 24	May 24	Jun e 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
79%	79%	79%	80%	80%	81%	80%	82%	82%	83%	84%	84%	83%

Assurance

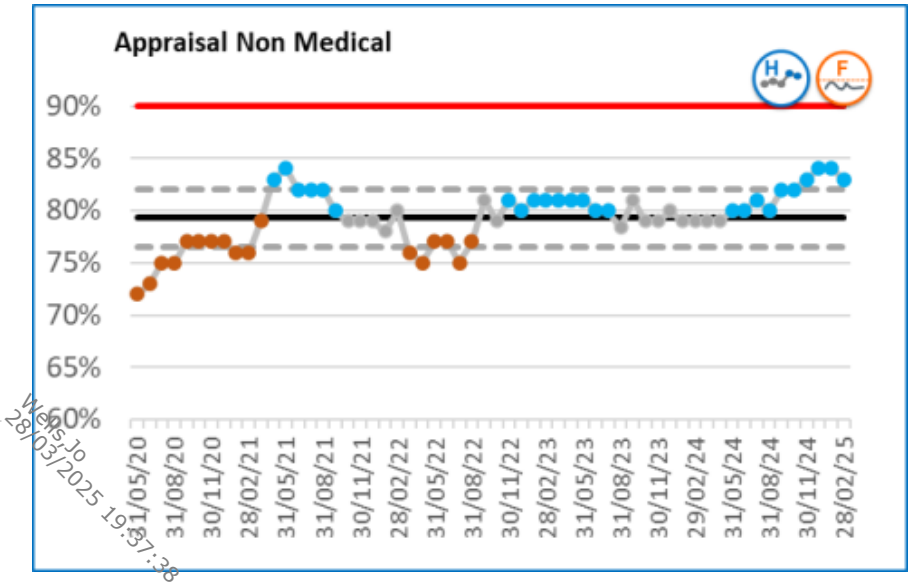
The system is expected to consistently Fail the target

Variation

Special Cause Variation where High requires investigation

Data Quality Mark

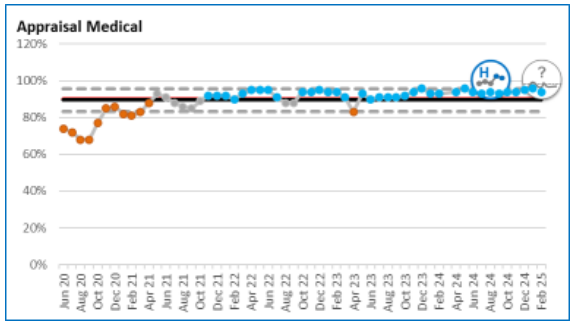
Reasonable Assurance



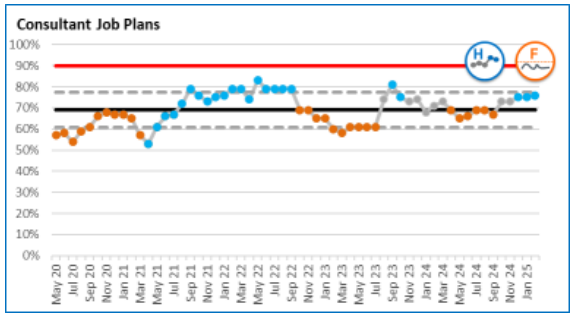
Performance and Actions

Appraisal Rate has dropped 1% to 83% against a target of 90%. Compliance is 4% higher than last year. Estates and Facilities and Digital have dropped by 3%. Corporate and Digital are outliers at 66% and 67% respectively. Urgent Care have improved by 2%. SCSD are the only division to have met the target with a 1% improvement. In terms of staff groups, Admin and Clerical are outliers with 75%. This is against a Model Hospital average of 82% (latest 2023/24 rates). We are at Quartile 2 (good) on model hospital.]

Medical Appraisal has been fairly consistently above target of 90% since December 2021. A 2% reduction this month takes compliance down to 94%. All divisions comfortably meet the target.



Consultant Job Planning has increased by 1% to 76%. Data is now merged for Medicine Division who are outliers at 58% primarily due to poor performance in Urgent Care. Women and Children's Division have improved by 1% and met target with 92%. Surgery and SCSD have deteriorated by 5% and 3% respectively. NHSE have imposed a national job plan target of 95% effective from February 2025 which will be required to be reported via the PWR.



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 below the target of 90%. Medical Appraisal meets target in all Divisions. Job Plans are well below target and this will be monitored by NHSE from February 2025 against a new national target of 95%.

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.

Feb 24	Mar 24	Apr 24	May 24	Jun e 24	July 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
11.12%	11.29%	11.04%	10.86%	10.49%	10.41%	10.27%	10.39%	10.06%	9.82%	9.93%	9.74%	9.38%

Assurance

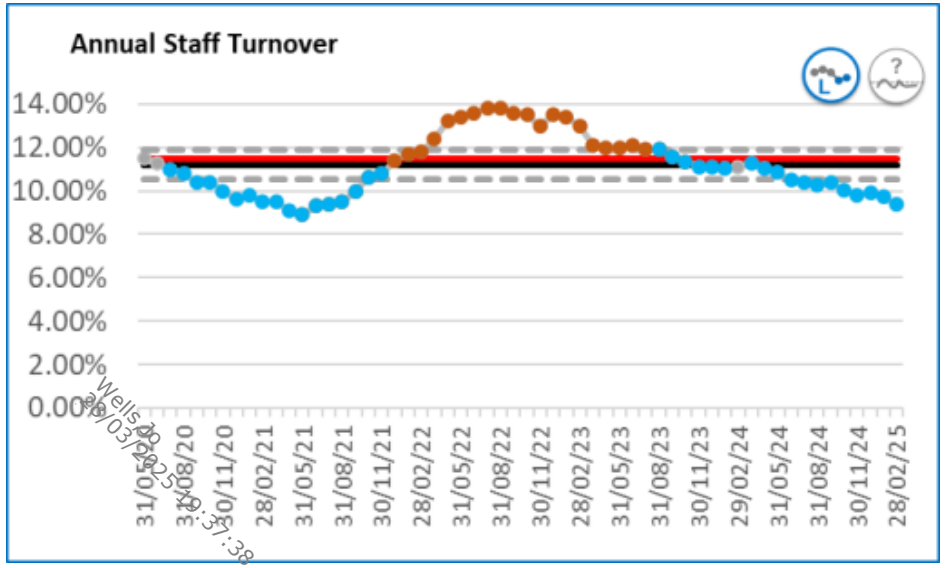
Hit and miss target - Subject to random variation

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 9.38% which is 1.74% better than the same period last year and back to pre-pandemic levels.
- Our monthly turnover has reduced by 0.37% in month and stands at 0.39% which is very good.
- We had 54 more starters than leavers this month.
- Urgent Care are outliers for annual turnover and Estates and Facilities for monthly turnover.
- The current stability rate is 92.03% which is very good.

Monthly Turnover

	2025 / 02			
	Trust	Region	Country	National
Add Prof Scientific and Technic	0.40%	0.44%	0.57%	0.57%
Additional Clinical Services	0.72%	0.58%	0.80%	0.79%
Administrative and Clerical	0.36%	0.58%	0.71%	0.70%
Allied Health Professionals	0.41%	0.43%	0.58%	0.58%
Estates and Ancillary	1.11%	0.71%	0.66%	0.66%
Healthcare Scientists	0.53%	0.36%	1.10%	1.02%
Medical and Dental	2.39%	2.75%	2.27%	2.23%
Nursing and Midwifery Registered	0.34%	0.37%	0.45%	0.44%
Students	0.00%	0.37%	0.54%	0.53%

The National Benchmark Reports from ESR show our Trust to be better than our peers both Regionally and Nationally in February 2025 for all groups except Estates and Ancillary and Medics.

Top reasons for leaving are not available in the national ESR Benchmarking report at the time of running this report.

Risks

Registered Nurses, Professional and Technical and Admin and Clerical are at Quartile 1 on Model Hospital and the remaining groups are Quartile 2 or 3 (August 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 for Annual Turnover (November 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

Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25
90%	91%	91%	91%	91%	91%	91%	90%	90%	90%	90%	90%	90%

Assurance

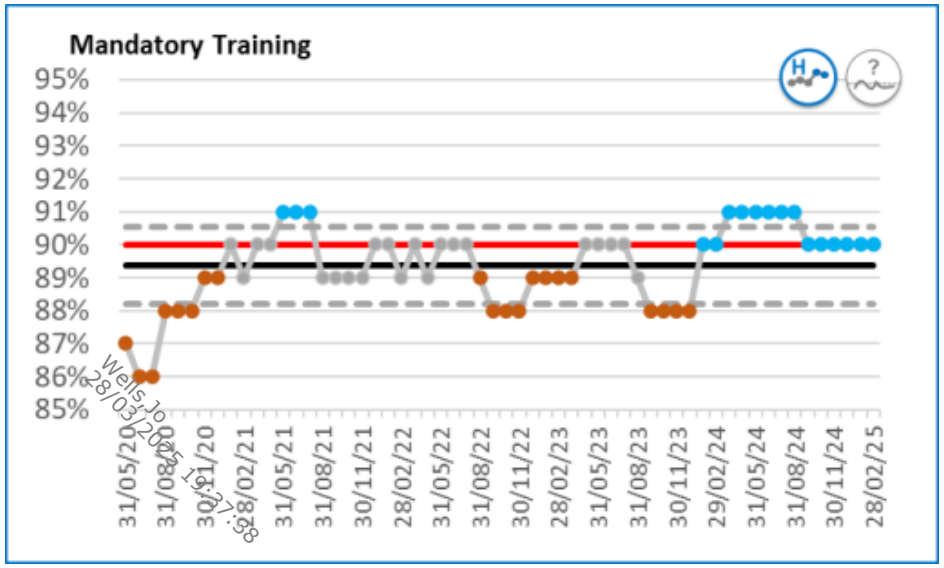
Hit and miss target subject To random variation

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 remain as outliers at 87% (improving) and Surgery, Corporate and Women and Children's also fall short of target.

Medical and Dental are outliers at 78% (improving) All other Staff groups meet the 90% Trust target.

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

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

Mandatory Training	2025 / 02			
	Trust	Region	Country	National
Add Prof Scientific and Technic	84.83%	78.29%	76.98%	77.67%
Additional Clinical Services	89.16%	81.90%	80.32%	80.78%
Administrative and Clerical	86.81%	84.78%	81.06%	82.00%
Allied Health Professionals	89.11%	81.29%	80.87%	81.08%
Estates and Ancillary	90.83%	76.61%	75.88%	76.38%
Healthcare Scientists	90.58%	83.67%	78.93%	80.17%
Medical and Dental	69.75%	59.75%	58.16%	57.06%
Nursing and Midwifery Registered	86.49%	80.76%	76.48%	77.14%
Students	95.41%	82.96%	79.55%	79.40%

Risks:

Medical and dental training compliance, and some challenges with legacy IT infrastructure which doesn't consistently support some of the e-learning modules. Escalation to Level 4 and the System Wide Critical incident in December means that some face-to-face training has been cancelled which has impacted on compliance.

What the chart tells us:

Urgent Care, Surgery and Women and Children's and Corporate are below target. We have now slipped behind Model Hospital average

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 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 11 we report a year to date (YTD) £0.3m favourable position against the revised plan, which is an improvement of £0.3m in the month. The improvement in the month is driven primarily by receipt of additional income outside of patient care income. Adverse variances on pay and non pay continue to be mitigated by favourable variances on income subject to payment for activity above the ERF cap.

Income is £22.7m favourable YTD (£10.7m after stripping out non pass through drugs and devices) – favourable variances include £1.6m of additional Education & Training, £1.7m on elective income targets including £0.5m prior year, £2.1m additional ICB income, £0.3m of Industrial Action funding, £1.3m of Cancer Alliance income, £0.9m of deferred income released into the position supporting CPIP delivery, £0.4m Digital Pathology Income, and £0.3m of income relating to the costs of A&E flooring, the remainder being smaller individual amounts of other operating income offsetting costs. Adverse variances include £0.6m relating to SR21 income and £0.3m car parking income.

Employee expenses are £5.6m adverse YTD – adverse variances relate to CPIP under delivery of £2.4m, Industrial Action costs £0.4m, Histology Reporting growth of £0.5m, additional temporary Medics supporting flow of £0.5m, additional ED Consultant costs of £0.7m, £2.1m of winter pressures and A&E Flooring Costs of £0.2m (offset by income). These are partially offset by favourable variances in; Dermatology of £1.0m due to vacancies (offsetting insourcing spend) and £0.9m on CDC due to the 5th Endoscopy room not yet being open.

Operating expenses excluding Employee Expenses are £17.8m adverse YTD (£2.8m after stripping out pass through drugs and devices) - this includes adverse variances of £15.0m on Non PbR Drugs and Devices (leaving a pressure on the H&W ICB fixed price contract of £3.0m), activity related spend of £1.7m in Specialty Medicine, tariff Drugs spend of £0.3m, Radiology reporting of £0.6m and Dermatology insourcing costs of £1.3m, the remainder being activity related spend on clinical supplies. This is partially offset by underspends relating to utility costs of £0.9m (excluding £1.2m declared as CPIP YTD), and insourcing reserves of £2.2m as well as £1.5m over delivery on CPIP.

Capital – In month 11 the Trust has received an additional £250k of Fire Safety Funding, £60k of cybersecurity funding and £49k of charitable funded equipment. The full year plan is now £27.22m. The capital YTD spend at month 11 is £13.573m which is an overall increase of £3.3m from M10. There is still over £13.6m of schemes profiled to deliver over the final month of the year which is being monitored weekly with workstream leads to ensure delivery by year end.

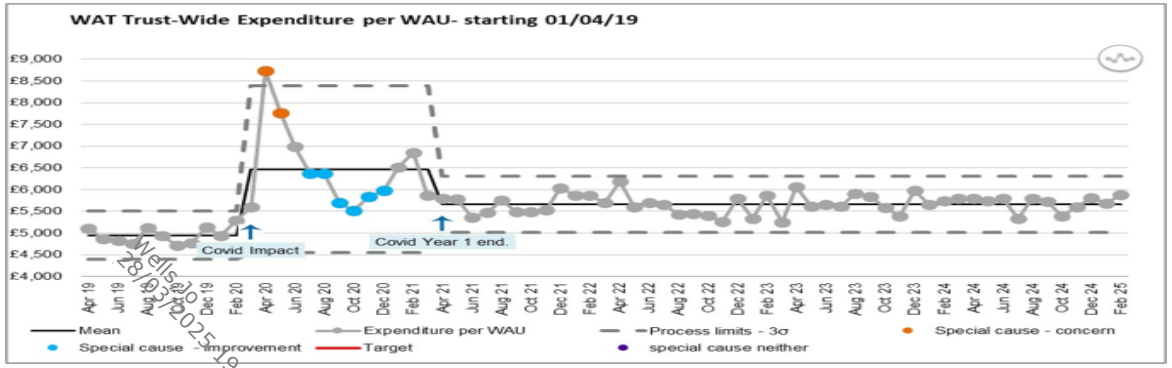
Cash – The Trust cash position at the end of month 11 was £18.729m. The Trust has received the notified deficit support and pay award funding from the ICB to month 11 with the balance confirmed as being profiled over the remainder of the financial year. Creditor Payments falling due continue to be monitored daily to meet commitments whilst ensuring that sufficient cash is available for the remainder of the financial year to cover payroll and associated costs.

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	Feb-25 Plan £'000	Feb-25 Actual £'000	Feb-25 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	58,986	61,464	2,478	662,279	679,409	17,130
Other operating income	2,743	4,292	1,549	29,876	35,429	5,553
Employee expenses	(38,110)	(39,515)	(1,405)	(424,938)	(430,587)	(5,649)
Operating expenses excluding employee expenses	(21,773)	(24,325)	(2,552)	(248,367)	(266,143)	(17,776)
OPERATING SURPLUS / (DEFICIT)	**1,845**	**1,916**	**71**	**18,851**	**18,108**	**(743)**
FINANCE COSTS						
Finance income	113	185	72	1,277	1,866	589
Finance expense	(934)	(934)	0	(10,274)	(10,258)	16
PDC dividends payable/refundable	(468)	(399)	69	(5,141)	(4,418)	723
NET FINANCE COSTS	**(1,289)**	**(1,148)**	**141**	**(14,138)**	**(12,810)**	**1,328**
Other gains/(losses) including disposal of assets	0	14	14	0	(462)	(462)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**556**	**782**	**226**	**4,713**	**4,836**	**123**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**556**	**782**	**226**	**4,713**	**4,836**	**123**
Remove capital donations/grants/peppercorn lease I&E impact	11	(89)	(100)	126	(214)	(340)
Remove PFI revenue costs on an IFRS 16 basis	3,451	3,389	(62)	37,870	37,418	(452)
Add back PFI revenue costs on a UK GAAP basis	(4,363)	(4,091)	272	(47,971)	(46,967)	1,004
Adjusted financial performance surplus/(deficit)	**(345)**	**(9)**	**336**	**(5,263)**	**(4,927)**	**336**



- New Cost per WAU method and visual developed across the Foundation Group to allow comparable reporting

Performance and Actions

At the end of Month 11 we report a year to date (YTD) £0.3m favourable position against the revised plan.

Income is £22.7m favourable YTD (£10.7m after stripping out non pass through drugs and devices) – favourable variances include £1.6m of additional Education & Training, £1.7m on elective income targets including £0.5m prior year, £2.1m additional ICB income, £0.3m of Industrial Action funding, £1.3m of Cancer Alliance income, £0.9m of deferred income released into the position supporting CPIP delivery, £0.4m Digital Pathology Income, and £0.3m of income relating to the costs of A&E flooring, the remainder being smaller individual amounts of other operating income offsetting costs. Adverse variances include £0.6m relating to SR21 income and £0.3m car parking income.

Employee expenses are £5.6m adverse YTD – adverse variances relating to CPIP under delivery of £2.4m, Industrial Action costs £0.4m, Histology Reporting growth of £0.5m, additional temporary Medics supporting flow of £0.5m, additional ED Consultant costs of £0.7m, £2.1m of winter pressures and A&E Flooring Costs of £0.2m (offset by income). These are partially offset by favourable variances in; Dermatology of £1.0m due to vacancies (offsetting insourcing spend) and £0.9m on CDC due to the 5th Endoscopy room not yet being open.

Operating expenses excluding Employee Expenses are £15.2m adverse YTD - this includes adverse variances of £15.0m on Non PbR Drugs and Devices (leaving a pressure on the H&W ICB fixed price contract of £3.0m), activity related spend of £1.7m in Specialty Medicine, tariff Drugs spend of £0.3m, Radiology reporting of £0.6m and Dermatology insourcing costs of £1.3m, the remainder being activity related spend on clinical supplies. This is partially offset by underspends relating to utility costs of £0.9m (excluding £1.2m declared as CPIP YTD), and insourcing reserves of £2.2m as well as £1.5m over delivery on CPIP.

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.

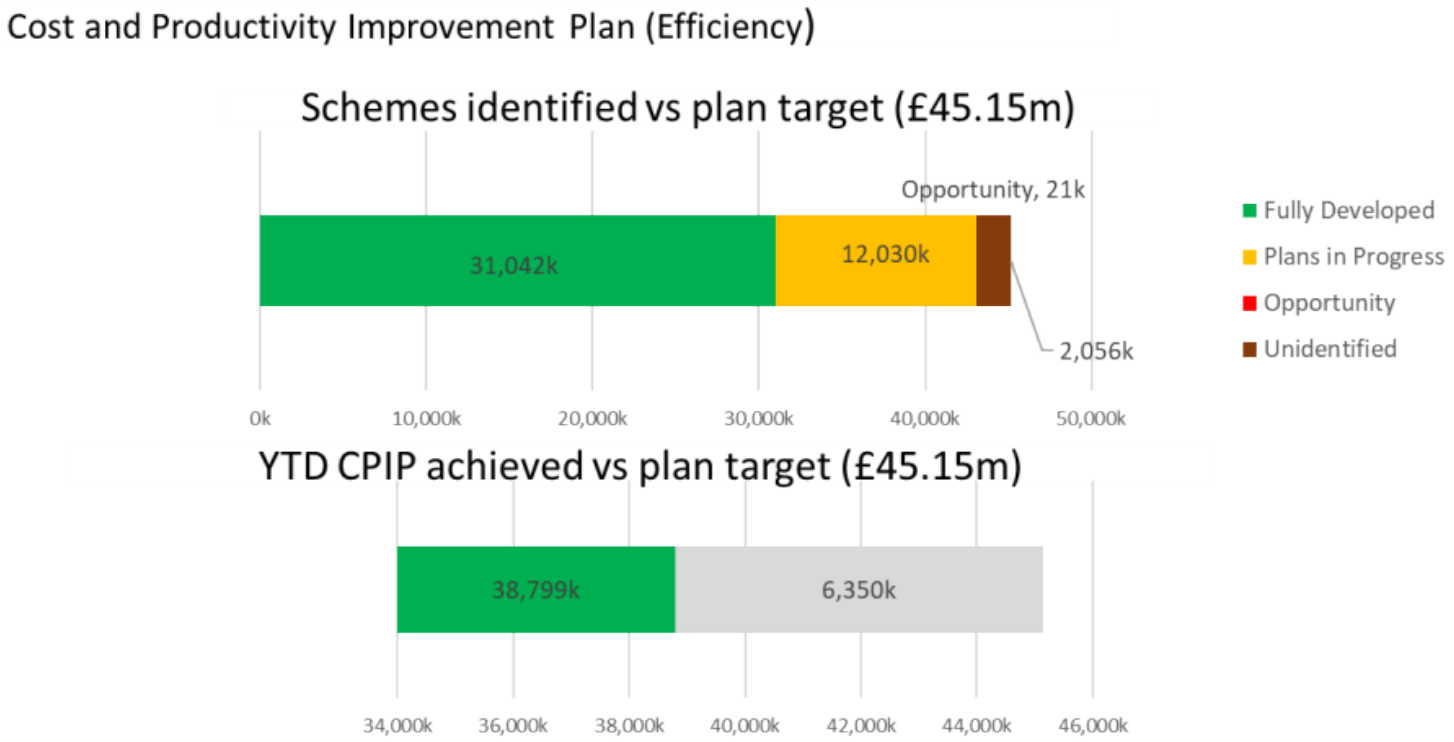
What the charts tell us

For February, our **Cost per WAU is 3.3% higher than January**. **When working days are factored in for Elective its 6.4% lower**. This means we are delivering more activity per spend than in the previous month and since April 2021 the Cost per WAU has remained consistent and needs some changes in spend or activity volumes to impact it. **Expenditure is 3.3% lower than January**, and the **activity WAU 6.4% lower or 3.3% higher when working days are factored for Elective.**

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

We are driving this measure because

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



Performance and Actions

- The Trusts 24/25 target as submitted to NHSE in June is £45.15m
- M11 Plan figure was £4.21m
- M11 Actuals delivered £4.12m, an under delivery of £0.09m
- M11 Actuals comprise £3.34m recurrent and £0.78m non-recurrent
- The forecast to EoY is £43.09m. A shortfall of £2.06m against the £45.15m target. (M10 forecast was £42.97m so an overall improvement)
- 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	-£353.179
PE-2425-102	Ophthalmology Day Case	-£252,083
PE-2425-186	Spire Contract for Histology	-£220,830
PE-2425-101	Pathology SLA's	-£208,333
PE-2425-213	T&O, Vascular High-Cost Locums	-£188,336

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

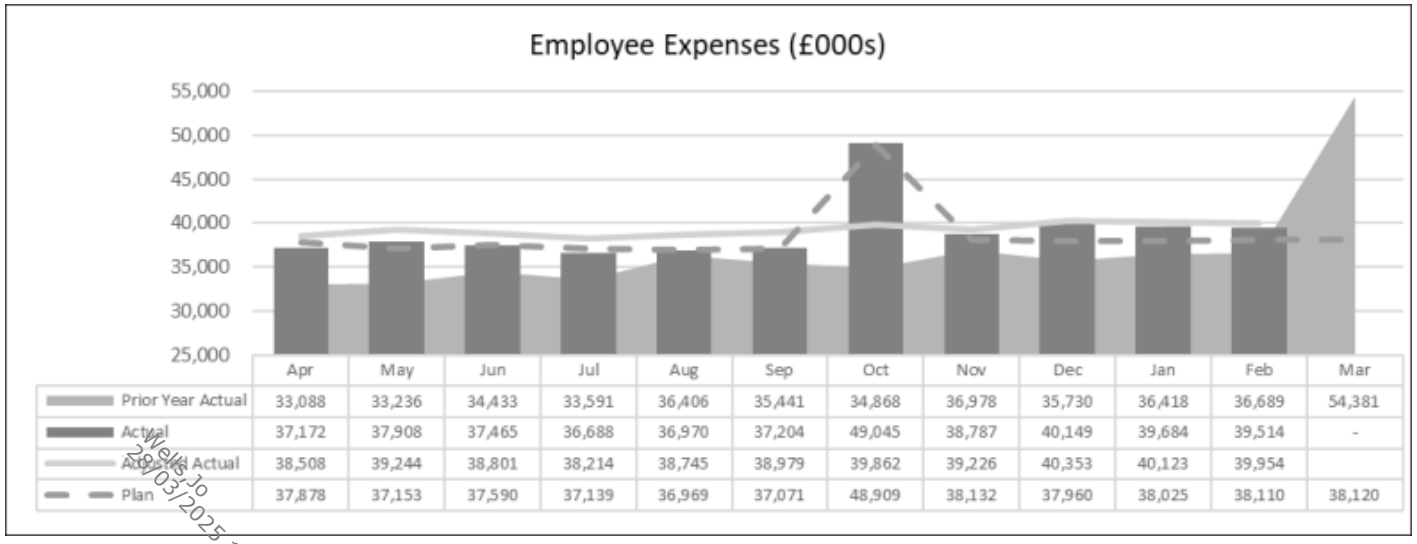
M11 delivered actuals of £4.12m against a plan of £4.21m, an under delivery of £0.09m. M11 actuals comprise £3.34m recurrent and £0.78m non-recurrent. Year to date (YTD) actuals are £38.80m compared to a Plan of £39.64, an under delivery of £0.84m. The YTD recurrent actuals comprise £30.45m and non-recurrent comprise £8.35m. Work is continuing to focus on delivery of the CPIP schemes for 24/25 through the Trust maturity levels. 'Check and Challenge' style sessions are taking place 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 and development of their 25/26 schemes.

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	(137,734)	(141,235)	(3,501)	936	895	1,010
Nursing & Midwifery	(165,384)	(169,118)	(3,733)	3,572	3,384	3,861
Scientific, Therapeutic & Technical	(55,574)	(52,906)	2,668	1,178	1,120	1,148
NHS Infrastructure Support	(64,760)	(65,748)	(988)	1,717	1,661	1,668
Other Pay	(1,485)	(1,580)	(95)	0	0	0
Grand Total	**(424,938)**	**(430,586)**	**(5,649)**	**7,403**	**7,060**	**7,687**



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Prior Year Actual	33,088	33,236	34,433	33,591	36,406	35,441	34,868	36,978	35,730	36,418	36,689	54,381
Actual	37,172	37,908	37,465	36,688	36,970	37,204	49,045	38,787	40,149	39,684	39,514	-
Actual Actual	38,508	39,244	38,801	38,214	38,745	38,979	39,862	39,226	40,353	40,123	39,954	
Plan	37,878	37,153	37,590	37,139	36,969	37,071	48,909	38,132	37,960	38,025	38,110	38,120

Note: The actuals in the above graph have been adjusted to spread the backdated pay award paid in October and November over the prior months as well as normalising for the 23/24 junior doctor pay award in November, provision releases and credit notes.
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 £5.6m adverse to plan YTD - adverse variances relating to CPIP under delivery of £2.4m, Industrial Action costs £0.4m, Histology Reporting growth of £0.5m, additional temporary Medics supporting flow of £0.5m, additional ED Consultant costs of £0.7m, £2.1m of winter pressures and A&E Flooring Costs of £0.2m (offset by income). These are partially offset by favourable variances in; Dermatology of £1.0m due to vacancies (offsetting insourcing spend) and £0.9m on CDC due to the 5th Endoscopy room not yet being open.

Currently the level of YTD underspends on the UIC business case (£0.1m) and Surgical SDEC/SAU (£0.5m) are offsetting overspends on TIF in E&F (£0.3m) where no budget was set.

Spend on temporary nursing cover for sickness, specialist care and maternity has reduced to £0.9m this month which is £0.1m per month higher than 23/24 (an average 210 WTE).

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.

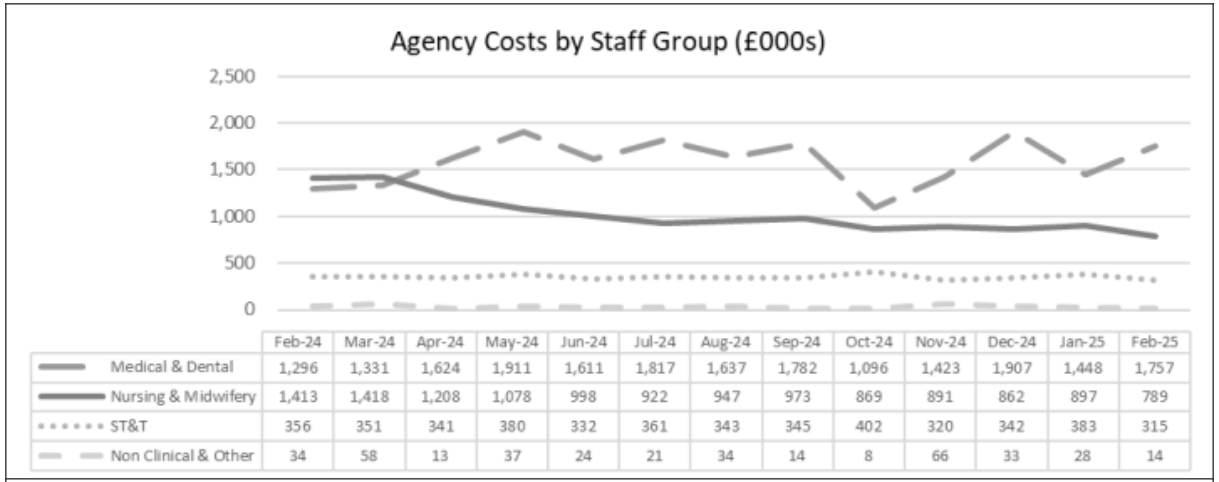
What the charts tell us

Employee expenses of £39.5m in month 11, a decrease of £0.2m compared with January of which £0.1m is a normalisation of the January bank holiday, £0.2m is due to lower bank Medics pay award payments and job plan accrual value, £0.1m lower ad hoc Medics in Spec Med, these have been partially offset by £0.2m job plan arrears in SCSD.

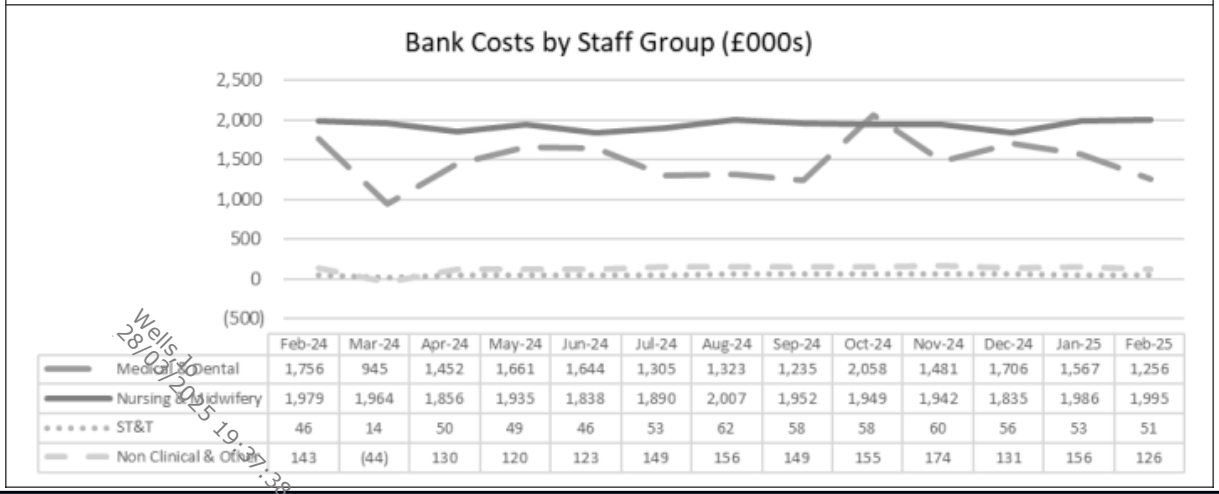
BEST USE OF RESOURCES – BANK AND AGENCY SPEND

We are driving this measure because

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



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Medical & Dental	1,296	1,331	1,624	1,911	1,611	1,817	1,637	1,782	1,096	1,423	1,907	1,448	1,757
Nursing & Midwifery	1,413	1,418	1,208	1,078	998	922	947	973	869	891	862	897	789
ST&T	356	351	341	380	332	361	343	345	402	320	342	383	315
Non Clinical & Other	34	58	13	37	24	21	34	14	8	66	33	28	14



	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Medical & Dental	1,756	945	1,452	1,661	1,644	1,305	1,323	1,235	2,058	1,481	1,706	1,567	1,256
Nursing & Midwifery	1,979	1,964	1,856	1,935	1,838	1,890	2,007	1,952	1,949	1,942	1,835	1,986	1,995
ST&T	46	14	50	49	46	53	62	58	58	60	56	53	51
Non Clinical & Other	143	(44)	130	120	123	149	156	149	155	174	131	156	126

Performance and Actions

Total agency expenditure in February was £2.9m, an increase of £0.1m compared with January.

- By staff group agency spend was £1.8m on Medical & Dental (£0.3m increase compared to month 10 although month 10 was a lower month due to cleansing of data) £0.8m on Nursing & Midwifery (£0.1m decrease compared with month 10 with fewer shifts booked to cover sickness, specialing and vacancies), £0.3m on Scientific, Therapeutic & Technical staff (£0.1m decrease compared to month 10) and £14k on Non-Clinical staff (a decrease of £14k compared to month 10).

Total bank expenditure was £3.4m in February, a decrease of £0.3m compared with last month.

- By staff group bank spend was £1.3m on Medical & Dental (£0.3m decrease compared to month 10), £2.0m on Nursing & Midwifery (consistent with month 10), £51k on Scientific, Therapeutic & Technical staff (consistent with month 10) and £126k on Non-Clinical staff (a decrease of £29k compared to month 10).

Risks

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

What the charts tell us

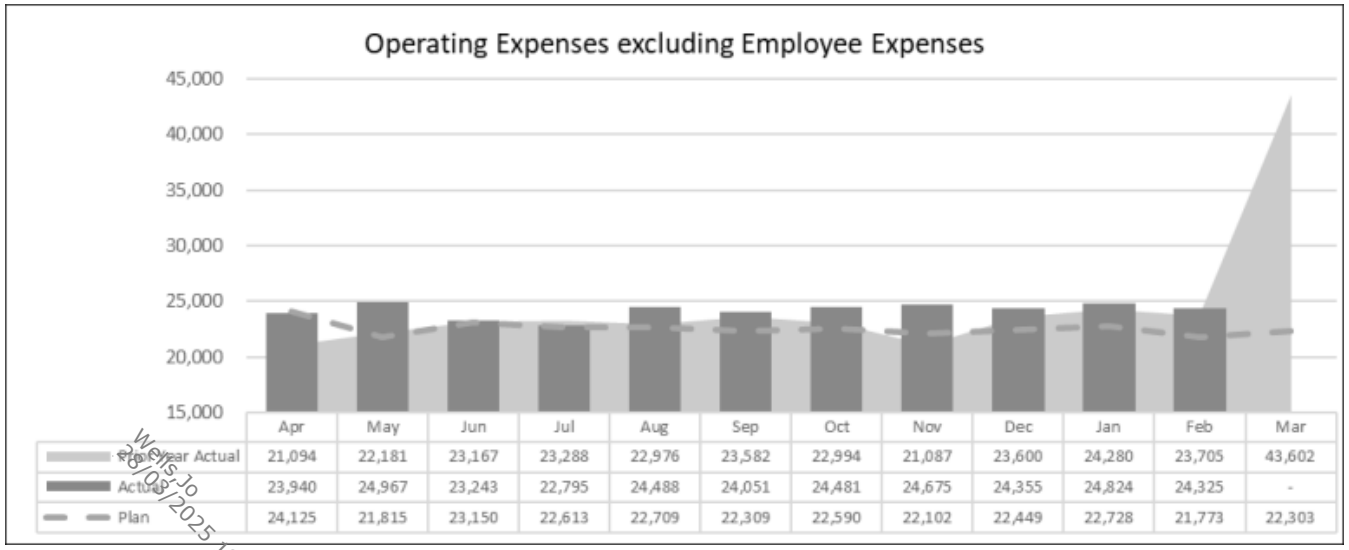
The Nursing and Midwifery trend continues to look positive with a largely falling trend on Agency and a relatively steady trend on Bank. Medical Agency has increased back to previous high levels due to retrospective shifts being added to the booking system.

BEST USE OF RESOURCES – OPERATING EXPENSES

We are driving this measure because

The Operating 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.

Operating Expenditure excluding Employee Expenses	Year to Date		
	Plan £000s	Actual £000s	Variance £000s
Purchase of services from NHS bodies outside of the system	(5,181)	(5,631)	(450)
Purchase of services from non NHS bodies	(10,437)	(9,143)	1,294
Drugs Costs	(53,560)	(66,908)	(13,348)
Supplies and services	(77,819)	(88,544)	(10,725)
Other Operating Costs	(101,370)	(95,917)	5,453
Operating Expenditure Total	**(248,367)**	**(266,143)**	**(17,776)**



** In 2023/24, month 12 including one offs: Impairments £29.3m; Donated PPE £0.3m.*

Performance and Actions

Operating expenses excluding Employee Expenses £17.8m adverse YTD – this includes adverse variances of £15.0m on Non PbR Drugs and Devices (leaving a pressure on the H&W ICB fixed price contract of £3.0m), activity related spend of £1.7m in Specialty Medicine, tariff Drugs spend of £0.3m, Radiology reporting of £0.6m and Dermatology insourcing costs of £1.3m, the remainder being activity related spend on clinical supplies. This is partially offset by underspends relating to utility costs of £0.9m (excluding £1.2m declared as CPIP YTD), and insourcing reserves of £2.2m as well as £1.5m over delivery on CPIP.

Included in the above variance is £0.2m relating to Microsoft licenses where budget was reduced due to expected savings from centralised procurement by NHSE. Digital have confirmed they are part of the national contract to which these savings applied but have so far not identified any savings.

Risks

Non delivery of the CPIP schemes relating to non-pay will add to the pressure reflected in the Trust's overall financial performance.

What the charts tell us

Operating expenses of £24.3m in month, a decrease of £0.5m compared with January. Decreases of £0.9m on Non PbR Drugs, £0.2m on Non PbR Devices and £0.2m on depreciation are being partially offset by higher insourcing in Surgery of £0.3m, gas cost increase of £0.2m and an increase of £0.2m on bloods costs based on a YTD update to pricing.