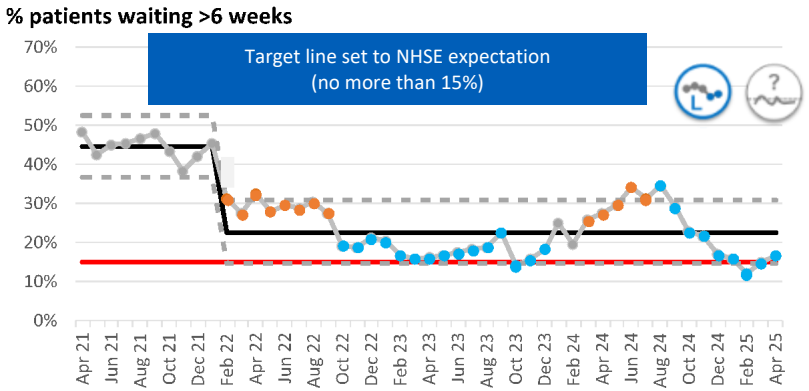
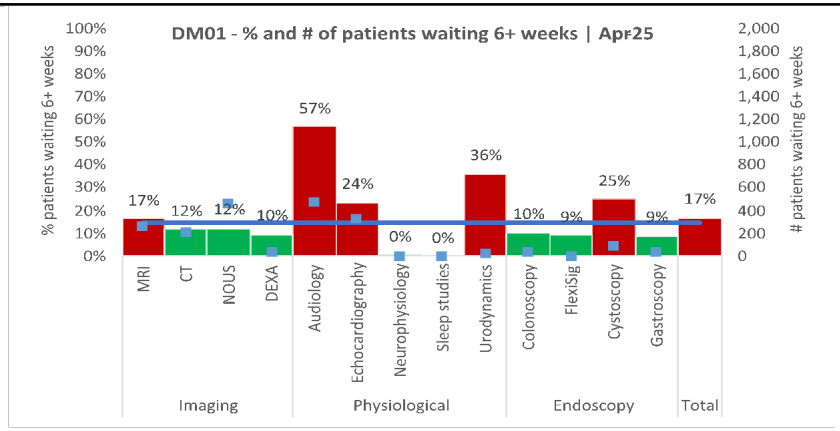
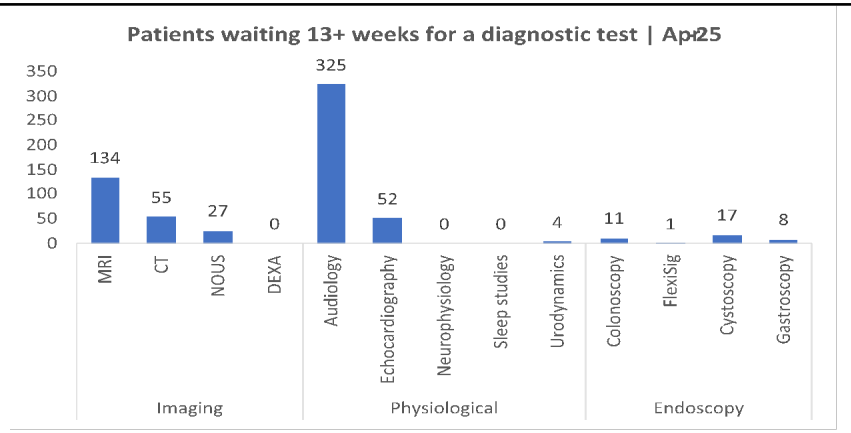
OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

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.







Understanding the performance

- 1,971 (16.8%) patients were waiting over 6 weeks at the end of Apr-25.
- This performance continues the trend of significant improvement, and the target is achievable, although not consistently.
- 5 modalities are above the 15% threshold. They account for 60% of all patients breaching 6 weeks at the end of April.
- Audiology has the most patients over 13 weeks; they are on track in delivering their initial recovery plan.

Actions (SMART)

- **Audiology** action plan in place. Adults have resolved but further work needed to resolve paediatric waiting list, specifically under 4 years of age. Development of Plans and model to resolve paediatrics by end of August. Plan includes modifying the referral pathway and waiting list validation to reduce overall numbers in line with new pathway criteria.
- **Urodynamics** – plan in place to resolve breaches, expected improvement in performance in July 25.
- **Cystoscopy** – Equipment fixed and plan for waiting list initiatives to reduce backlog. Performance improvement expected June 25

Risks

- Risk to delivery of DM01 performance resulting from carve out of capacity to support cancer pathways e.g. urology prostate MRI
- Risk to permanent recruitment to audiology vacancies could impact on delivery.

OUR WORKFORCE

Ali Koeltgen

Chief People Officer

Recruitment

Establishment has increased at budget setting by 193.76 wte mainly in Medicine. Funded establishment is 296.02 wte higher than M1 last year due to agreed business cases. We have recruited 99 new staff and have 46 more starters than leavers. There has been a reduction of 11.21 wte in SIP in Corporate and Estates Services (non-clinical) despite 10 new starters in Corporate.

Vacancy Rate

Our vacancy rate has improved from 5.02% (371.95 wte) to 4.83% (357.29 wte vacancies) despite the growth in establishment. This easily meets the Trust revised target of 6.5% and compares favourably to a vacancy rate of 9.97% in April last year.

Our Non-Clinical vacancies are low which will cause us some challenges with the requirement to reduce these posts as turnover is low in these groups. We have 90.82 wte Admin and Estates vacancies (7.57%), 15.36 wte Managers vacancies, and 9.68 wte Other infrastructure support (3.69%).

Agency Spend

Agency spend remains our biggest challenge. There has been a 34.82 wte reduction in agency worked in April. The agency cost as a % of gross spend has however increased by 0.80% to 6.55%. Medicine is an outlier at 9.15% which will be driven primarily by Urgent Care . Although Surgery appear to have a large increase this month this is due to the balancing off last month from the coding adjustment for insourcing which overstated agency spend in M11 for Surgery. Target has been reduced to 4.7% to align with Annual Planning Submission.

Annual Staff Turnover

Our annual staff turnover has reduced again to 9.0%, which continues to meet our target of 11.5% and is improving compared to rates of 11.04% last year. We benchmark well against other Trusts at Quartile 1 (best) on Model Hospital (February 2025 rates). All divisions meet the target.

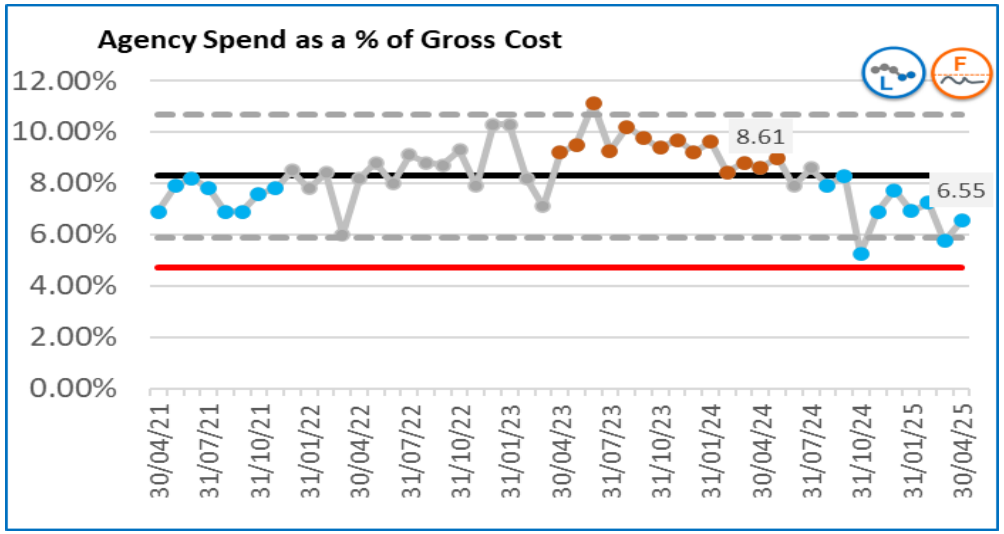
Sickness Absence

Monthly sickness absence has reduced by 0.06% from last month to 5.05%.. This is 0.86% better than the same month last year demonstrating efforts made within divisions to meet the 4% Group target. The % of absence attributed to stress has increased slightly to 29.56% with Women and Children's as an outlier with 47.46% and Corporate who have increased to nearly 41%. The highest Long term sickness levels are in Estates and Facilities (5.13%) and Corporate (3.48%).

OUR WORKFORCE PERFORMANCE – REDUCTION OF AGENCY SPEND – M1 2025

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.



Understanding the performance

Agency spend as a % of Gross cost is 6.55% which exceeds the new target of 4.7%.

Across non-medical staff groups there has been a decrease in total temporary staffing hours requested from 128,802 to 114,204 compared to last month. The percentage of hours filled by bank has increased from 59.6% to 65.8% with a reduction in agency fill from 33.6% to 28% in month.

Price cap compliance improvement in N&M from 23% compliance in M1 24/25 to 91.5% compliance in M1 25/26

A&E engagement in removal of non-Direct Engagement (DE) workers estimated cost improvement of £365,000 per annum. There were 1,460 non DE hours booked in April 25 which was a reduction of 54% from last month.

Use of off framework agencies is zero across the Trust

Actions

Ongoing engagement with NHSE Price Cap Compliance (PCC) projects in Nursing & Midwifery, Medical & Dental, and AHP staff groups

All divisions to continuously review their vacancy position and recruitment pipeline to reduce gaps

Establishment of a weekly medical agency approval meeting (replicating the success of the N&M governance structure) to monitoring booking behaviours against published SoP, framework compliance, price cap compliance and retrospective bookings

Begin flight path planning for medical temporary workers booked above West Mids rate card rates in line with PCC project timeline

Risks

Project to remove non DE agency workers in ED leading to the loss of experienced agency workers in this area with the potential to impact on productivity as replacement doctors are brough in who have less experience.

Retrospective agency bookings leading to inaccurate ADI reporting on agency usage

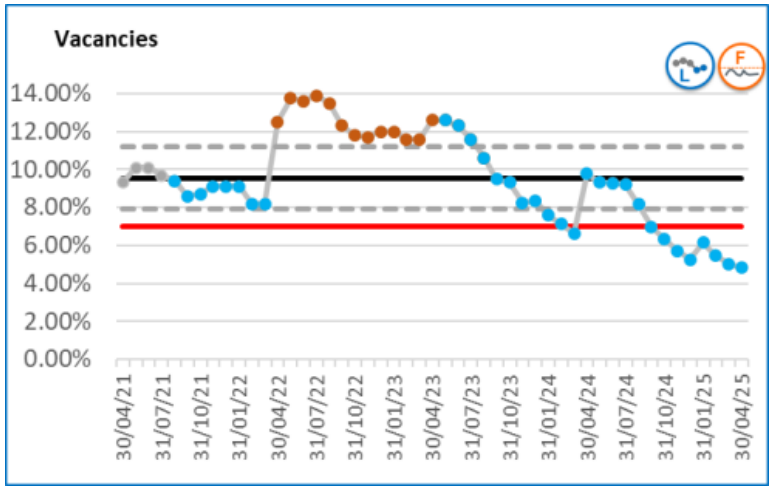
Potential reduction of agency worker pool due to continued pressure to reduce rates to price cap in line with NHSE Price Cap Compliance project

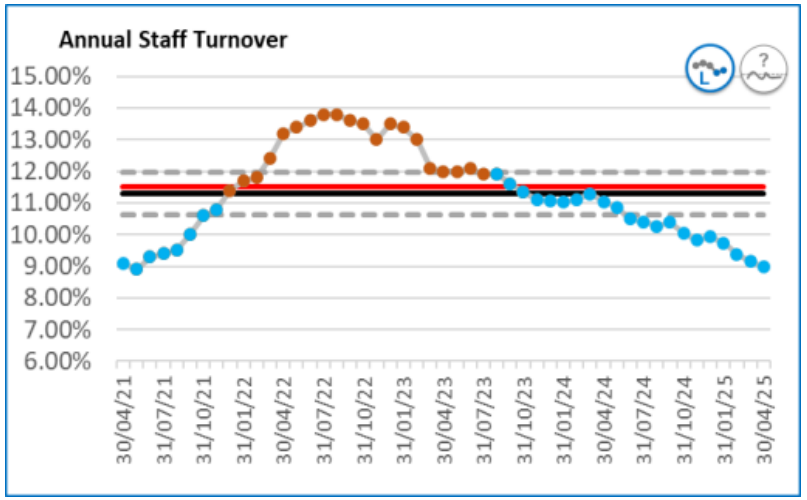
Inappropriate booking behaviours leading to unnecessarily increased spend on temporary workforce.

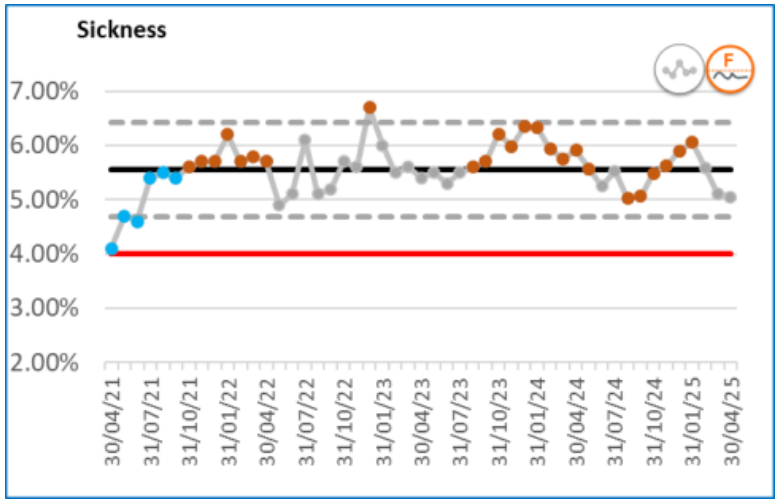
OUR WORKFORCE PERFORMANCE – VACANCIES, TURNOVER AND SICKNESS – M1 2025

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.







Understanding the performance

- **Trust-wide Vacancies** Staff in Post has grown by 14.66 wte this month which has reduced our vacancy rate from 5.02% to 4.83% against a revised target of 6.5%. Medicine have the highest vacancy rate at 8.7% which is partly due to a 108.14 wte increase in funded establishment in that division. We have 356.33 wte less vacancies overall than last year due to successful recruitment campaigns and reduced turnover.
- **Starters and Leavers** - We have 46 more starters than leavers this month with 99 new starters processed in month (headcount). Leavers have reduced to 53.
- **Annual Staff Turnover** continues to meet our 11.5% target at 9.0% (improved) which is 2.04% better than the same period last year and back to pre-pandemic levels.
- **Monthly sickness absence** has reduced by 0.06% to 5.05% which is 0.86% better than last year.
- Reductions in SCSD, Surgery. Estates and Facilities and Corporate. Estates and Facilites are outliers with a very high 7.96% although improved this month.

Actions (SMART)

- **Continued Support** is being offered to staff through Occupational Health, Staff Support, Employee Assistance Programme (EAP) and Wellbeing interventions.
- **Targeted intervention meetings** implemented with managers in areas of highest sickness absence levels, with support from the HR Advisory team. Identifying hotspot areas and getting back to basics to ensure processes are in place to manage absence effectively within a timely manner as well as providing drop in sessions for managers.
- **Trigger reports** have been discussed at divisional meetings to drive compliance with policy and ensure sickness is appropriately addressed
- Divisions are identifying those non-clinical posts that can be “frozen” as part of their Annual Planning targets.

Risks

Performance to Plan Our 2025/26 workforce plan includes challenging bank, agency and infrastructure workforce reductions. At present the divisions are using Bank and Agency that is taking them over establishment.

Healthcare Support Workers Vacancy rate has deteriorated from 9.28% (102.56 wte vacancies) to 13.45% (155.62 wte vacancies). This high rate is directly due to an increase in funded establishment Medicine and SCSD.

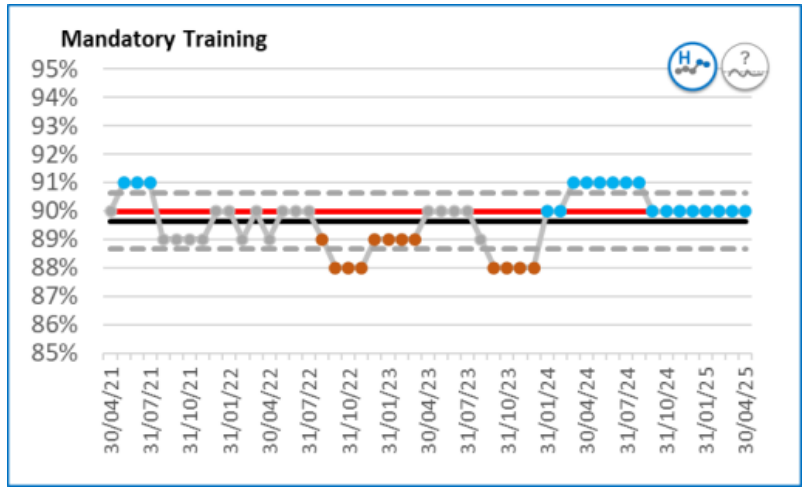
Sickness for Estates and Facilities continues to be high at 7.96% and is in the 4th Quartile (worst) on Model Hospital.

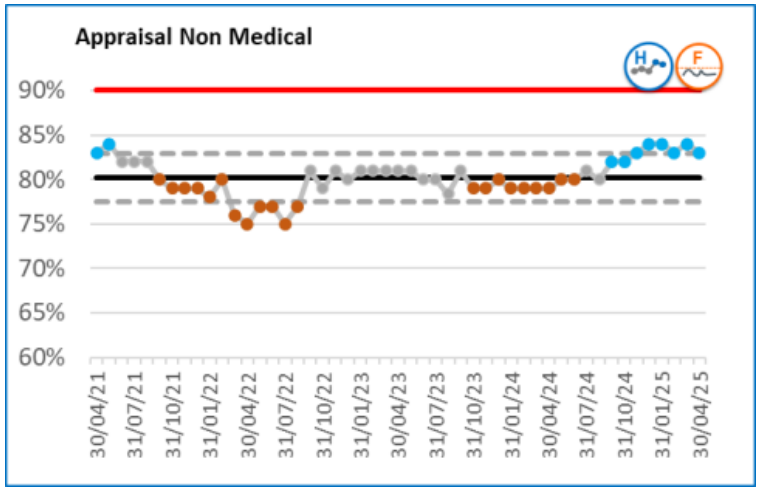
Absence due to stress remains higher than pre-pandemic levels. Women and Children’s are significant outliers with more than 47% of their sickness due to S10 (Stress and Anxiety) which has increased by 6%. Corporate has also increased to over 40%.

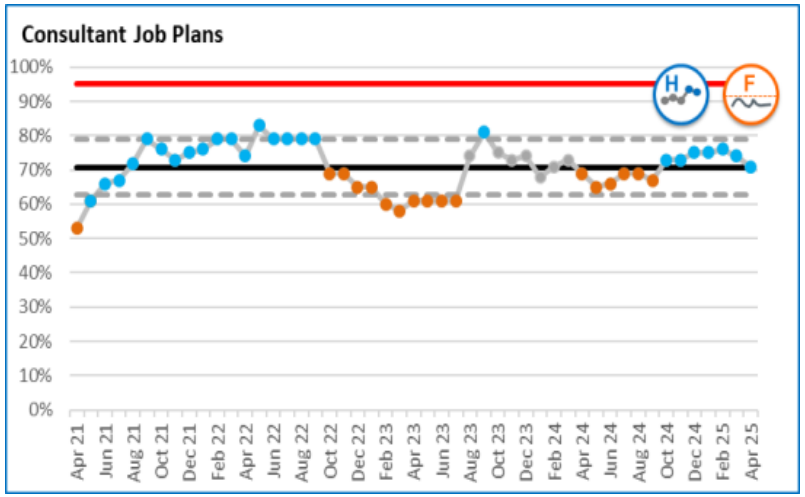
OUR WORKFORCE COMPLIANCE – MANDATORY TRAINING, APPRAISAL & JOB PLANNING - M1 2025

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.







Understanding the performance

Overall Mandatory Training continues to meet target and remains at 90% against a Model Hospital average of 90.9% (2023/24 rates). Surgery and Women and Childrens Divisions are outliers at 88% with the exception of Corporate (89%) all other divisions meet target..

Appraisal Rate has dropped by 1% to 83% against a target of 90%. Compliance is 4% higher than last year. Surgery have dropped by 4% and all other clinical divisions have dropped by 2%.Coporate are outliers with 69%. Medical appraisal rates are good at 96% (improved)

Consultant Job Planning has dropped by 4% to 71% against target of 95%. Women and Children's are the only division to meet target. Surgery are significant outliers at 47%.

Actions (SMART)

Revised Appraisal Form and submission process have been rolled out. Working Group led by divisions is currently looking at improvements to the system

NHSE have imposed a national **job plan target of 95%** effective from February 2025 which will be required to be reported via the PWR. Divisions need to improve job planning rates and local job planning process.

A project to **fully roster** medics is being rolled out which will improve transparency and should improve clinic and theatre productivity.

Divisions to focus on Job Planning to improve productivity and transparency. A consistency panel is now in place to review 12+ PA job plans.

Risks

Medical and Dental are outliers for Mandatory Training at 79% (improved) All other Staff groups meet the 90% Trust target.

Poor Appraisal rates raise concerns that some staff are not meeting regularly with their manager which will impact on Staff Survey scores and morale.

Corporate and Digital are outliers for Appraisal which is a concern.

Consultant Job Plans are low against new NHSE monitored target of 95%.

OUR FINANCIAL PERFORMANCE

Neil Cook

Chief Finance Officer

Financial Plan 2025/26
A balanced plan was submitted for 2025/26, this included Non-Recurrent System Deficit Support funding of £47.3m. Deficit support funding will be approved quarterly in advance based on the Trusts financial performance and a credible Cost & Productivity Improvement Plan (CPIP) being in place to support achievement of our overall financial plan.

Income & Expenditure Performance

At the end of Month 1 we report a year to date (YTD) £0.2m adverse position against plan. Adverse variances are primarily driven by additional unfunded capacity being open and under-delivery against CPIP, this is partially mitigated by some budget underspends in month.

Income is £0.3m favourable YTD – most of the income variance is specific funding offsetting pay costs in the position.

Employee expenses are £0.8m adverse YTD – adverse variances relate to CPIP under delivery of £0.4m, additional unfunded capacity being open £0.3m, and £0.1m of Medical staffing job plan costs above funded levels.

Operating expenses excluding Employee Expenses are £0.1m favourable YTD - this includes favourable variances on depreciation of £0.2m and various budget underspends of £0.1m which are offset by £0.1m adverse on the cost of mobile scanner hire during capital works.

Capital –Month 1 capital expenditure is £1.64m which is ahead of the planned spend of £1.095m. The majority of spend can be attributed to the Fire safety works £1.143m, RAAC A block link works of £0.13m and charitable funded equipment of £0.1m. The original submitted plan of £29.112m has now increase to £29.217m with the addition of the charitable funded equipment.

Cash – The Trust cash position at the end of Month 1 was £21.887m. The Trust has received the notified deficit support of £3.942m in April.

Clinical Coding - April coding on the 10th working day was 99.99%, with one uncoded patient due to no ID details.

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	Apr-25			Year to Date		
	Plan	Actual	Variance	Plan	Actual	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
INCOME & EXPENDITURE						
Operating income from patient care activities	61,076	61,176	100	61,076	61,176	100
Other operating income	2,816	3,053	237	2,816	3,053	237
Employee expenses	(41,237)	(42,055)	(818)	(41,237)	(42,055)	(818)
Operating expenses excluding employee expenses	(24,045)	(23,943)	102	(24,045)	(23,943)	102
OPERATING SURPLUS / (DEFICIT)	**(1,390)**	**(1,769)**	**(379)**	**(1,390)**	**(1,769)**	**(379)**
FINANCE COSTS						
Finance income	123	227	104	123	227	104
Finance expense	(888)	(867)	21	(888)	(867)	21
PDC dividends payable/refundable	(421)	(412)	9	(421)	(412)	9
NET FINANCE COSTS	**(1,186)**	**(1,051)**	**135**	**(1,186)**	**(1,051)**	**135**
Other gains/(losses) including disposal of assets	0	0	0	0	0	0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(2,576)**	**(2,820)**	**(244)**	**(2,576)**	**(2,820)**	**(244)**
Remove capital donations/grants/peppercorn lease I&E impact	15	15	0	15	15	0
Remove PFI revenue costs on an IFRS 16 basis	3,113	3,204	91	3,113	3,204	91
Add back PFI revenue costs on a UK GAAP basis	(3,962)	(4,030)	(68)	(3,962)	(4,030)	(68)
Adjusted financial performance surplus/(deficit)	**(3,410)**	**(3,631)**	**(221)**	**(3,410)**	**(3,631)**	**(221)**

Understanding the performance

At the end of Month 1 we report a year to date (YTD) deficit of £3.6m which is £0.2m adverse to plan. Adverse variances are primarily driven by additional unfunded capacity being open and under-delivery against CPIP, this is partially mitigated by some underspends on budgets in month.

Income is £0.3m favourable YTD – most of the income variance is specific funding offsetting pay costs in the position.

Employee expenses are £0.8m adverse YTD – due to CPIP under delivery of £0.4m, additional unfunded capacity being open £0.3m, and £0.1m estimate of additional Medical job plan costs above funded levels.

Operating expenses excluding Employee Expenses are £0.1m favourable YTD - favourable variances on depreciation of £0.2m, various budget underspends of £0.1m which are offset by £0.1m adverse on the cost of temporary mobiles during capital works.

Finance Costs are £0.1m favourable YTD – this is due to interest received on cash balances.

Actions (SMART)

Divisions continue to work on identifying CPIP plans required to deliver a balanced plan and facilitate draw down of deficit support funding in line with cashflow requirements

Finance and Performance Executive meetings with Divisions will focus on management of the run rate and actions to address any overspends in the months ahead

Contract negotiations are continuing with ICBs to minimise risk of income loss in line with the submitted plan

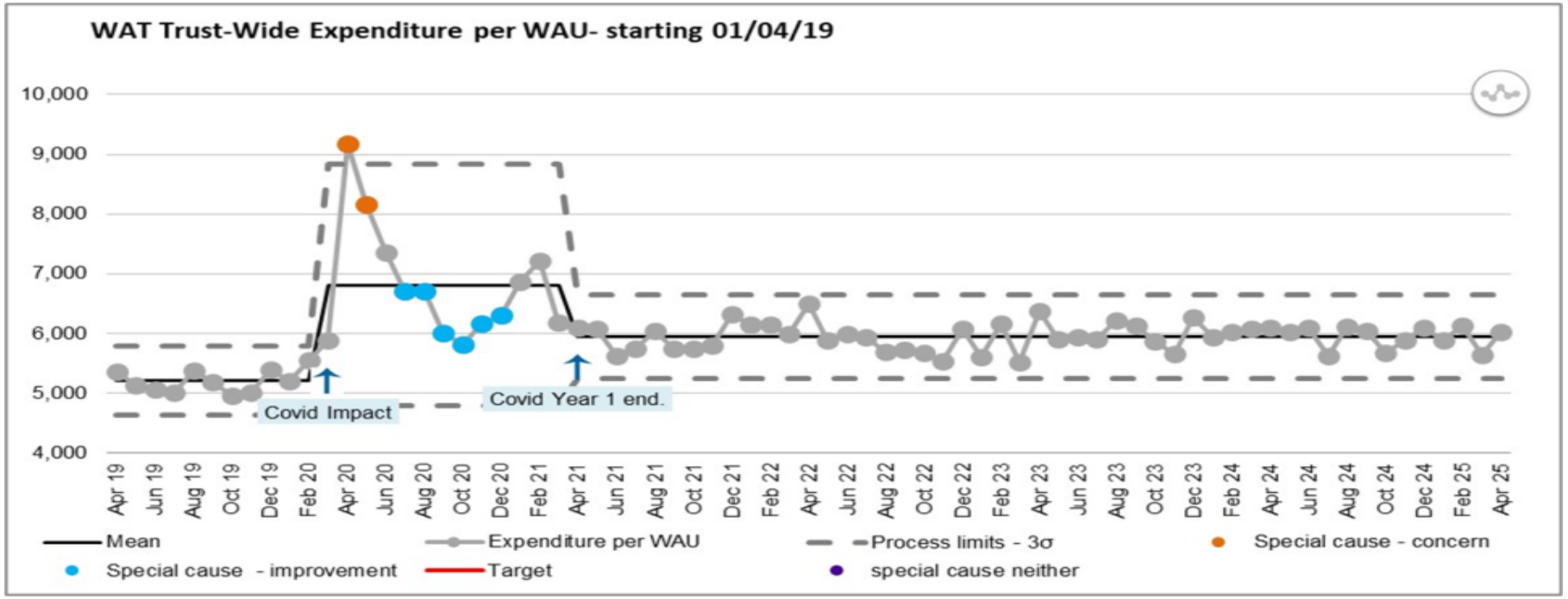
Risks

If CPIP plans do not progress through maturity to delivery in line with the plan the Trust will experience cash flow problems and be challenged by NHSE regarding release of deficit support funding.

BEST USE OF RESOURCES – ADJUSTED EXPENDITURE PRODUCTIVITY TREND

We are driving this measure because

This SPC measures expenditure against activity, allowing us to follow productivity changes. Tracking is currently available at Trust wide level only. Weighted Activity Unit (WAU) has been developed within the Foundation Group using Inpatient/Outpatient/ED/Critical Care activity, adjusted to be weighted equally. There is no adjustment for working day variations.
Previous years Expenditure is adjusted up for inflation to make them comparable with the current year. As the WAU relies on coded activity, recent months can still move until coding is complete.



	Monthly Movement	
	Mar - Apr	Adjusted for Working Days
Exp per WAU	7.0%	2.8%
Expenditure	2.8%	2.8%
WAU	-3.9%	-0.0%

Costing Team Update

- Foundation Group agreed Cost visual inflates previous years expenditure to current year to make comparable. This changes the Cost per WAU to reports in previous years

Understanding the performance

In April, our Cost per WAU is **7.0% higher than March (2.8% higher when adjusted for working days for Elective)**. This means that we are spending more per unit of activity delivered.

Expenditure adjusted for Inflation is **2.8% higher** than March (after adjustment for large one-off impacts). WAU are **3.9% lower. (Unchanged after allowance for fewer working days for Elective). The Trust is therefore delivering the same WAU as March per working day but spending more to deliver that activity.**

Elective admissions and Outpatients have decreased 1% per working day. Emergency discharge weighed units have increased 3% and weighted ED attendances are unchanged.

Actions (SMART)

The Costing team continue to support Divisions in identifying opportunities to improve productivity.

A Service Line Reporting dashboard is currently in test with the Surgical Division which will enable specialties to drill into the granular cost detail for each patient.

Risks

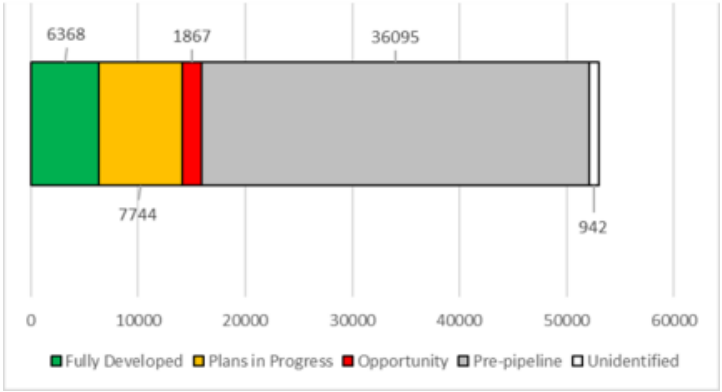
If the Trust cannot reduce expenditure whilst also increasing activity levels, then achievement of financial and performance targets are at risk.

BEST USE OF RESOURCES – PRODUCTIVITY & EFFICIENCY

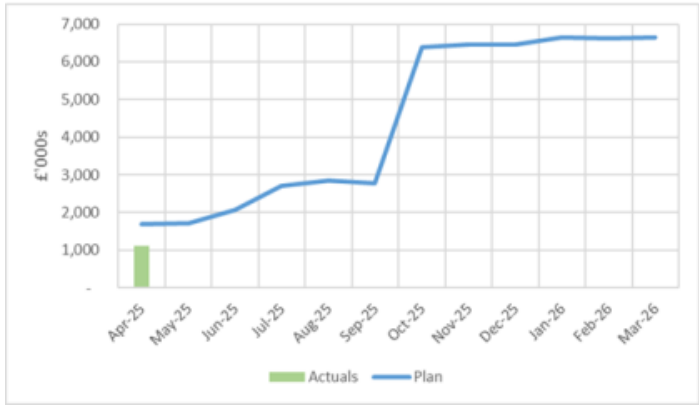
We are driving this measure because

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

Schemes identified vs plan target (£53.016m)



YTD CPIP achieved vs plan target (£53.016m)



Understanding the performance	Actions (SMART)	Risks
The Trusts 25/26 target as submitted to NHSE is £53.016m. M1 Plan figure was £1.695m against which we delivered £1.114m, an under delivery of £0.581m. M1 Actuals comprise £0.737m recurrent and £0.377m non-recurrent Please note additional maturity ratings have been introduced via NHSE for 25/26; Opportunity comprises basic outline cost (not just a number from benchmarking tool) Pre-pipeline comprises initial idea identified with potential indicative value For month 1 the Trust still has £36.095m in pre-pipeline. There is an urgent need to progress this through to Opportunity and to Fully Developed for delivery of the programme in line with the plan.	Work is continuing to focus on delivery of the CPIP schemes for 25/26 through the Trust maturity levels. CPIP review meetings are taking place weekly to challenge performance and improve scheme maturity. These sessions also provide a mechanism for reviewing benchmark productivity performance metrics to identify further opportunities to make savings.	The 25/26 target is c£10m higher than we delivered in 24/25 and will therefore prove challenging at the pace required to deliver the plan. Failure as a system to demonstrate credible plans could lead to the withholding of deficit support funding.

BEST USE OF RESOURCES – CAPITAL

We are driving this measure because

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

Position v Budget

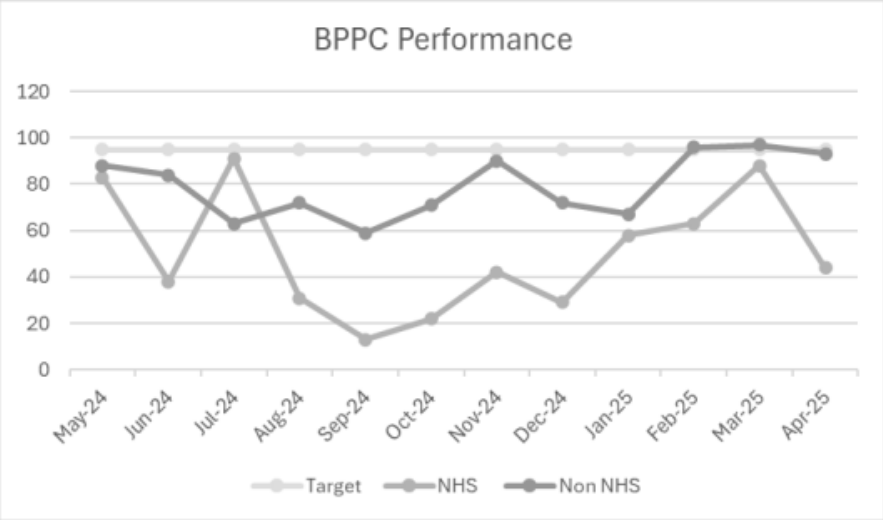
Workstream	Scheme	Annual Budget	YTD Budget	YTD Actual	YTD Variance
Digital	Additional Digitial Schemes	£0.00	£0.00	£36,746.41	£36,746.41
Digital	CAP2425 Cardiac PACS	£300,000.00	£100,000.00	-£2,914.28	-£102,914.28
Digital	LIMS Pathology	£370,000.00	£61,667.00	-£2,581.42	-£64,248.42
Digital	Phase 2 - Telephony Systems Critical Upgrades	£0.00	£0.00	£11,281.82	£11,281.82
Equipment	Equipment Schemes	£800,000.00	£66,667.00	-£22,575.80	-£89,242.47
Other	2526 LSE ALX US	£74,000.00	£0.00	£0.00	£0.00
Other	2526 LSE Fleet vehicles	£345,000.00	£0.00	£0.00	£0.00
Other	2526 LSE FNA clinic US	£102,000.00	£0.00	£0.00	£0.00
Other	2526 LSE WRH Car park	£259,000.00	£0.00	£0.00	£0.00
Other	2526 LSE Xray dept US	£103,000.00	£0.00	£0.00	£0.00
Other	Donated Equipment Schemes	£0.00	£0.00	£104,944.08	£104,944.08
Other	IFRIC	£349,000.00	£0.00	£9,615.80	£9,615.80
P&W	A Block Lift	£20,000.00	£10,000.00	£1,393.84	-£8,606.16
P&W	CAP2425 C Block Roof	£30,000.00	£15,000.00	£51,382.01	£36,382.01
P&W	CAP2425 Generator upgrade	£60,000.00	£30,000.00	£10,717.20	-£19,282.80
P&W	LINACS WRH Replacement	£967,000.00	£80,583.00	£273.82	-£80,309.18
P&W	P&W Backlog Maintenance	£588,000.00	£49,000.00	£162,583.91	£113,583.91
Strategic	Acute Service Review	£4,000,000.00	£333,333.00	£8,755.41	-£324,577.59
Strategic	National Funding Fire Scheme	£2,600,000.00	£216,667.00	£1,143,403.29	£926,736.29
Strategic	RAAC A Block Link KTC	£396,000.00	£132,000.00	£128,264.02	-£3,735.98
Total		**£11,363,000.00**	**£1,094,917.00**	**£1,641,290.11**	**£546,373.44**

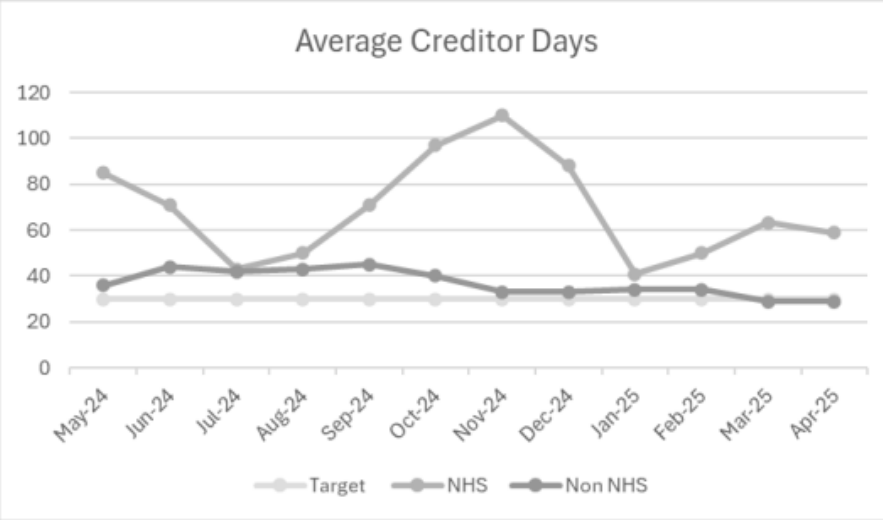
Understanding the performance	Actions (SMART)	Risks
Month 1 capital expenditure is running ahead of plan with £1.64m being spent against a planned spend at of £1.095m. The majority of spend can be attributed to the Fire Safety works £1.143m, RAAC A block link works of £0.13m and charitable funded equipment of £0.1m. The original submitted plan of £29.112m has now increase to £29.217m with the addition of £0.1m of charitable funded equipment.	Further work is required during month 2 to reflect a more up to date phasing of the planned schemes. The Trust has bid for a number of externally funded schemes. These will be added to the programme once formally approved.	There is a significant risk that the Trust has insufficient funding to support backlog maintenance requirements, much need replacement schemes and a contingency for any unforeseen events.

BEST USE OF RESOURCES – CASH

We are driving this measure because

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





Understanding the performance	Actions (SMART)	Risks
The Trust cash position at the end of month 1 was £21.887m. The Trust has received the notified deficit support of £3.942m in April in line with the plan. **The Better Payment Practice Code (BPPC) performance for the <u>month</u> of April is 92% (95% in March) based on volume of invoices paid and 91% (96% in March) based on value**;	The cash position is kept under regular review with 12 week rolling forecasts provided to the CFO.	If cash is not received in line with the plan then there is a risk that creditors payments will need to be held back to ensure that the Trust can meet monthly payroll costs.

Worcestershire Acute Hospitals NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**10/06/2025**
Title of Report:	**Midwifery Safe Staffing Report April 2025**
Lead Executive Director:	**Chief Nursing Officer**
Author:	**Justine Jeffery – Director of Midwifery**
Reporting Route:	**Quality Governance Committee**
Appendices included with this report:	**None**
Purpose of report:	**☒ Assurance ☐ Approval ☐ Information**

Brief Description of Report Purpose

The purpose of this report is to provide assurance that midwifery staffing is monitored and to note actions taken to mitigate any shortfalls

Recommended Actions required by Board or Committee

The Board is asked to note how safe midwifery staffing is monitored, and actions taken to mitigate any shortfalls. Also to note any risks associated with achieving safe levels of midwifery staffing

Executive Director Opinion[1]

The report offers assurance to the Board that there are robust processes in place to monitor midwifery staffing levels and that appropriate actions are taken to mitigate the risk when staffing gaps occur.

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored.

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- Sickness absence, vacancy and turnover rates
- Recruitment & retention rates
- Monthly report to Board

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits.

The summary of the workforce KPIs are as follows:

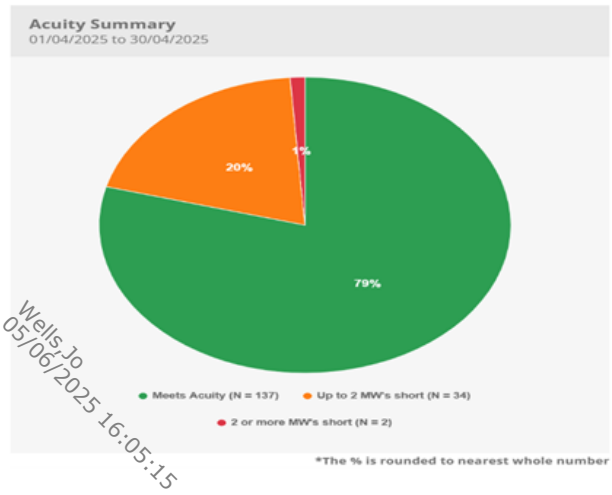
Metrics	Target	Current position (MW)	Current positon (MSW/MCAs)
Sickness rate	4%	7.8%	10.4%
Turnover rate (rolling)	11.5%	6.6%	19%
Vacancy rate (MW)	7%	0%	20%
Maternity Leave	-	3.57%	1.43%
Midwife to birth ratio (in post)	1:24	1:18	
1:1 care in labour	100%	Achieved	
Shift leader SN	100%	Achieved	

Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 75% of the expected intervals therefore the data presented is less reliable. The diagram above presents when staffing met or did not meet the acuity.



Version 1: January 2025

From the information available the acuity was met in 79% of the time and recorded at 21% when the acuity was not met prior to any actions taken. This is a sustained position. Safe staffing levels were maintained on all shifts in April following mitigation.

The mitigations taken are presented in the diagram below and demonstrate the frequency (n=19) of when staff are reallocated from other areas of the inpatient service. There were 0 reported occasion when the community/continuity teams were deployed to support the inpatient area. There was one report of staff not being able to take a break.

Number of Management Actions
01/04/2025 to 30/04/2025

Actions	Breakdown of Actions	Times occurred	Percentage
MA1	Redeploy staff internally	18	86%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	1	5%
MA4	Staff unable to take allocated breaks	1	5%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	1	5%
MA11	Maternity Unit on Divert	0	0%
TOTAL		21	

*The % is rounded to nearest whole number

Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'

All of the NICE recommended red flags can be reported within the acuity app and are presented below. There were one reported delays in time critical activity, no other red flags were reported.

Number of Red Flags recorded
01/04/2025 to 30/04/2025

Red Flags	Breakdown of Red Flags	Times occurred	Percentage
RF1	Delayed or cancelled time critical activity	1	100%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	0	0%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	0	0%
TOTAL		1	

*The % is rounded to nearest whole number

Birth Centre

Intrapartum & Non-Birthing Categories
01/04/2025 to 30/04/2025

Categories	Number in Categories	Percentage
Cat I	49	50%
Cat II	9	9%
Cat PN	38	39%
Cat X	2	2%
TOTAL	98	

*The % is rounded to nearest whole number

In month the completion rate for the acuity app for the birth centre was at 74%. The acuity was reported as being met 98% of the time. The number of women accessing the birth centre continues to rise.

Staffing incidents

There were six no harm staffing incidents:

1. Cancelled training MW (4)
2. Availability of USS
3. Reduced to minimum safe staffing on AN ward

Medication Incidents

There were thirteen no harm medication incidents:

1. Drug round not completed (4)
2. TTOs unavailable (3)
3. Non adherence to prescribing NSAIDs (2)
4. Incorrect medication in BF
5. Infusion rate increased by non- registrant
6. Prescription issue
7. Incorrect frequency of Paracetamol

Monitoring the midwife to birth ratio

The ratio in April was 1:18 (in post) and 1:18 (funded). The midwife to birth ratio was compliant with the recommended ratio from the Birth Rate Plus Audit, 2022 (1:24).

Maternity SitRep

The maternity SitRep continues to be completed twice per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional SitRep is submitted daily.

National Maternity SitRep

The national COVID SitRep was stood down in October 2023. A revise national maternity submission is now available and is completed each fortnight; it is expected that the regional SitRep will be rolled out across England – this is still awaited.

Unify Data

The fill rates (actual) presented in the table below reflect the position of all areas of the maternity service.

	Day RM %	Night RM %	Day MCA/MSW %	Night MCA/MSW %
Continuity of Carer	100%	100%	n/a	n/a
Community Midwifery	83%	100%	100%	n/a
Antenatal Ward/Triage	93%	92%	95%	97%
Delivery Suite	103%	100%	57%	92%
Postnatal Ward	102%	90%	88%	90%
Meadow Birth Centre	90%	90%	97%	90%

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This multi professional huddle includes the unit bleep holder, midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Deputy Director of Midwifery with an escalation to the Director of Midwifery as required. No additional huddles were held in April to maintain safe staffing and manage flow. Bed meetings are held three times per day and are attended by the Directorate teams. Information from the SitRep is discussed at this meeting.

Vacancy

There are no unfilled clinical midwifery posts and no unfilled specialist roles – vacancy rate now at 0%. There are 8 WTE MCA posts vacant with plans to recruit.

Sickness

Sickness absence rates for midwives were reported at 7.8% and 10.4% for non-registered staff – this has significantly dropped in month for non-registered staff.

The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Regular walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.

In addition to the above actions the Director of Midwifery will be meeting with all maternity matrons and the HR business partner each quarter to review all sickness plans across the service.

Turnover

The rolling turnover rate is at 6.6% for midwives and at 19% for non-registered staff – this is a slight decrease for non-registered staff. The PDM for MSW/MCA is currently working with

HR to ensure that this group are aware of the Trust offer around Health and Wellbeing and also the development opportunities.

***Actions throughout this period**:*

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed/staffing meeting daily
- SitRep report completed three times per day
- Monthly 'drop - in' sessions led by the DoM.
- Safety Champion walkabouts
- Ongoing retention work led by retention midwife and Practice Development Midwife for MSW/MCAs.

Risk Register –staffing

Risk ID	Narrative	Risk Rating
4208	If maternity safe staffing levels are not maintained this may impact on safety and outcomes for mothers and babies	5

Conclusion

To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 29 occasions to maintain safety. The community and continuity of carer midwives were required to support the inpatient team.

No red flags were reported via the acuity app; the supernumerary status of the shift leader at the onset of the shift and 1:1 care in labour were achieved. Of the 19 datix reports for staffing and medication incidents submitted, no harm was identified.

Sickness absence rates for midwives and non-registered staff remains high in month – confirm and challenge meeting completed in April with a high level of assurance given re appropriate management of sickness.

The vacancy rate is 0% for MWs and 20% for MCA's. Further recruitment is planned for the MCAs.

Recommendations

The Board is asked to note the content of this report for information and assurance

Worcestershire Acute Hospitals NHS Trust

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Public Board**
Date of Meeting:	**10/06/2025**
Title of Report:	Safer Staffing Paper
Lead Executive Director:	**Chief Nursing Officer**
Author:	Sue Smith Deputy Chief Nursing Officer
Reporting Route:	QGC / Trust Board
Appendices included with this report:	None
Purpose of report:	☒ **Assurance** ☐ **Approval** ☒ **Information**

Brief Description of Report Purpose

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during March 2025 with numerical data presented for February 2025.

Recommended Actions required by Board or Committee

Trust Board members are invited to:
Note the content of the report and receive **Assurance** that our safe staffing levels remain in line with National Quality Board (NQB) and NICE guidance

Executive Director Opinion[1]

Staffing on Paediatrics, Neonates and all Adult in patient areas has been maintained at safe levels throughout March 2025.

The use of boarding spaces and Temporary Escalation Spaces (TES) were fully utilised throughout March 2025, as well as in both Emergency department corridors and waiting rooms on daily basis.

Due to the continued increase in pressures additional capacity continued to be utilised with PDU being open throughout March 25 and Avon 1 winter pressure ward remaining open with substantive recruitment continuing in order to offset temporary staffing usage.

The space in Medical Same Day Emergency Care (MSDEC) has continued to be used for golden discharges overnight with temporary staffing arrangements in place.

Discharge lounges on both sites have been opened to extended hours to ensure the timely discharge of patients from in-patient beds which also has necessitated the use of temporary staffing.

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

1. Introduction/Background

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for April 2025 with financial figures for March 2025.

This assessment is in line with Health and Social Care regulations:

- Regulation 12: Safe Care and treatment
- Regulation 17: Good Governance
- Regulation 18: Safe Staffing

2. Content of report

Harms

In April 2025 there were 22 insignificant or minor incidents reported. The insignificant and minor harms reported relating to nursing / midwifery staffing and were largely reported as near misses due to staff absence, rather than patient harm. All incidents were included in NWAG Divisional reports and assurance of mitigation where appropriate has been given.

Safe Staffing

Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)

"*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which are filled'.*
National rates are aimed at achieving 95% across day and night RN and HCA fill.
Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where able to do so.

Current Trust Position March 2025 data			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	This month fill rates remain stable, with registered and non-registered meeting national targets of 95%. Last dip below 95% for RN October 2023. HCSW night fill at 115% is increased slightly this month and reflects the increase in specialing related to HCA shifts. Tis will be monitored as ongoing.	6
RN	98%	101%		
HCSW	104%	113%		

Care hours per patient day (CHPPD)

In line with National guidance, in addition to the measurement of unified data (filled and unfilled hours), care hours per patient day (CHPPD) are calculated for each inpatient area and uploaded monthly to NHSE.

The Trust's average CHPPD for March 2025 dipped to 8.8, from 9.1 in February. Generally, this figure has remained stable over the past quarter, gradually increasing from 8.4 in January 2024. Significantly, despite this drop no clinical area was below the lower limit of 6.33 in the month.
The average national range for CHPPD is 9.1 with a variation of 6.33 to 15.48, which the Trust sits comfortably within.

5 clinical areas were above the maximum variation level seen nationally; these findings are consistent from last month:

- ICU WRH
- ICU AGH
- Meadow birth suite
- NICU
- Ward 1 KTC

All these units are specialised, necessitating staffing to maximum number of beds and acuity rather than actual activity. This will fluctuate greatly each month depending on the patients in each unit at time of measurement at midnight.

Nurse to bed ratio

All adult in patient wards and departments are staffed according to guidance NICE / RCN and where appropriate, specialist advisory bodies.

Turnover

Current Trust Position **WTE** **March 2025 data**	**Previous month** **February 2025**	**Model Health system data Nov 2024 Benchmarking**
RN 7.91% HCSW 14.68 %	RN 7.90 % HCSW 14.96 %	RN 9.2 % HCSW 21 %

The turnover rate continues to follow the downward trend observed over the past 12 months, with the figures above demonstrating improvements compared to last year's performance (9.49% RN and 15.48% HCSW March 2024).

Vacancy (Trust target 6%)

March 2025 data

Current Trust Position **WTE** **March 2025 data**	**Previous month** **February 2025**	**Model Health system data Nov 2024 Benchmarking**
RN 2.99% (66.25 WTE) HCSW 9.28 %	RN 3.04% (67.27 WTE) HCSW 10.68%	RN 6.6% HCSW 11.4%

(102.56 WTE)	(118.11 WTE)		

Vacancies this month have dropped slightly, with the registered nurse pipeline showing an expected 28 registered nurses joining the Trust in the next 3 months in addition to other recruitment activity that is ongoing. HCA pipeline remains strong with established recruitment approaches alongside apprenticeships and collaborative working with the ICS to support care leavers into the work place.

Staffing of the wards, to provide safe staffing has been mitigated by:

- deploying staff across all wards / departments to ensure safer staffing levels are achieved
- employing use of bank and agency workers.

Overall, the Trust is in a strong position with registered nursing, support to nursing both ranking in the first quartile for model hospital.

To note, there are 22 WTE confirmed HCA starters in April, with a further 63 in the pipeline due to start May / June / July 25. The monthly generic assessment centres for HCA's led by Workforce are now established with good involvement from ward managers and are proving an effective approach to the scale of recruitment required.

International nurse (IN) recruitment pipeline

The initial target for the year 25/26 was 50 nurses supported by an internal business case, in the absence of assured external funding from NHSE. This number is under ongoing review given vacancy levels, a positive local pipeline and the related costs of International recruitment.

Given the current workforce profile, targeted bespoke international recruitment to areas requiring specialist skills such as theatres may be prove to be the most beneficial to the Trust and this is the approach that will be taken.

Domestic and international nursing recruitment

The current 12-month trajectory looks positive, the initial prediction of the month 12 position in terms of vacancy rate was 31 WTE RN, however this will be exceeded as business cases are approved and added to establishments. This is based on active recruitment drives continuing and a moderate international pipeline of 50. This is in combination with baseline local recruitment and RNA to RN top ups of existing staff.

A recruitment event took place on the 5th and 6th of April, for the September 2025 qualifying cohort on the and interest in this event was strong. 148 students booked interviews with a high turnout rate and 104 being deemed appointable on the day (32 for urgent care, 34 for surgery and 38 for specialist medicine). This was the first joint venture with the Health & Care Trust and feedback was positive,

A recruitment event was held on the 14th of April in collaboration with SPECTRA to engage and recruit care leavers into the workforce. 4 candidates were appointable on the day and offers are progressing.

A generic HCA assessment centre is booked for the 2nd of May 2025.

Bank and Agency Usage
March 2025 data

Bank and agency usage, total combined RN & HCSW was 592.01 WTE in March 2025, (from 595.88 WTE in February 25)

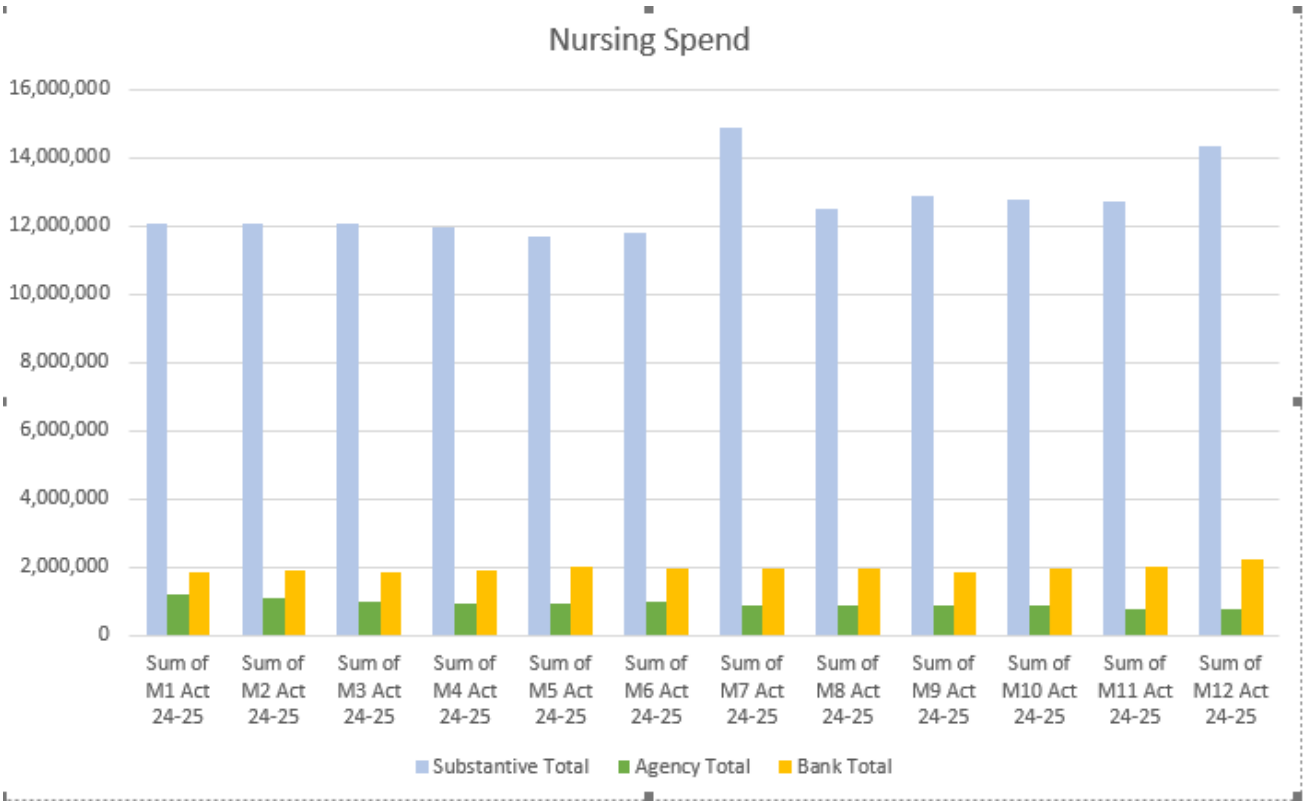
Triangulated data for sickness / vacancy and maternity leave gives an overall absence of 272.29 WTE (from 275 WTE) for registered (not including midwifery) and 226 WTE (from 253.22 WTE) for un-registered nursing.

Overall nursing pay costs in month 12 are £17.4m - of which £0.5m is costs associated with Winter.

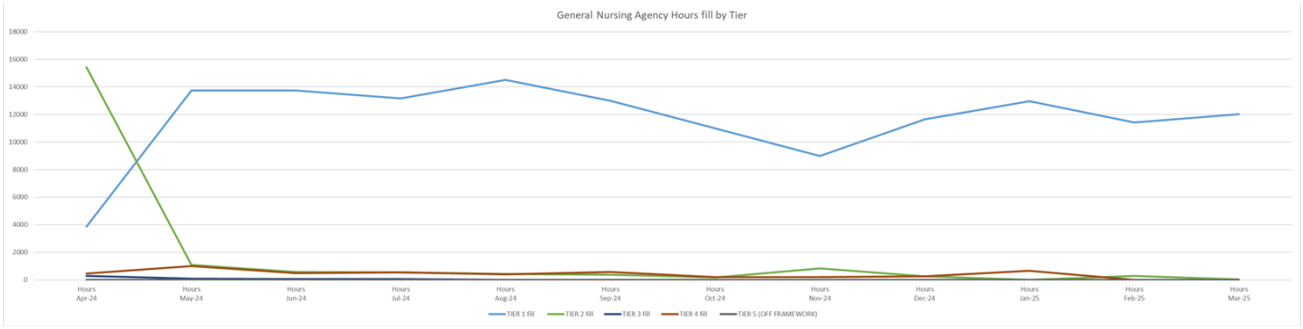
- **Substantive** nursing pay spend of £14.3m in March is an increase of £1.7m compared with spend in February. The adverse movement relates to an accrual to cover re-grading claims.
- **Bank** spend of £2.2m in March is an increase of £0.2m compared with last month. This is largely due to an accrual for expected 24/25 NHSP costs which have not yet been billed.
- **Agency** spend of £0.8m is consistent with spend in February

Price cap compliance for general nursing continues to be strong at 97% for RN00 (up from 96%). Areas for focus are Chemo nursing and Paeds agency rates and the Trust are working with NHSE and regional partners to negotiate with a strategic and combined approach.

Graph showing trend of substantive / bank and agency spend



Reduction of agency spend & average hourly rate, remains a focus. The graph below illustrates the consistent reduction and now sustained removal of of Tiers 3 & 4 and off framework agencies. Whilst usage remains relatively consistent the increase on both bank and Tier 1 fill provide assurance that ongoing actions are achieving the aim of offsetting more expensive providers whilst not impacting fill rates.



Sickness

March 2025 data (% reflects updated headcount)

Current Trust Position March 25	**Previous Month Position** **February 25**	**Model Health System data Nov 2024 Benchmarking**
RN 5.8% (121.04 WTE) HCSW 7.39 % (99.24 WTE)	RN 5.97% (124.71 WTE) HCSW 7.83 % (104.11 WTE)	RN 6.4% HCA 11.52 %

Absence (March 2025 data)

- 272.29 WTE RN total absence due to vacancy, sickness and maternity leave (decreased from 275.98 in February,) versus bank and agency use of 305.24 WTE (decreased from 311.77 WTE in February).
- 226 WTE HCSW total absence due to vacancy, sickness and maternity leave (decreased from 253.22 in February) versus bank and agency usage of 286.77 WTE (increased from 284.11 in February.)
- Decreases in both registered and unregistered absence are indicative reduction in sickness for both staff groups in March.

The Trust currently has 85 RNs and 25 HCSWs on maternity leave (stable from February 24). The options paper focusing on recruiting into maternity leave for theatres as a pilot has been drafted, the CNO has requested that further financial analysis is completed before presenting taking through approval processes, which is with finance to progress.

Additional Capacity Usage / Costing

Avon 1 remains open as winter funded additional capacity with a mixture of substantive and temporary staffing – acknowledgement of the impact of winter funded capacity on overall spend has already been noted.

Other focuses of additional capacity are MSDEC overnight / Discharge lounges extended hours and the reopened PDU. Details for financial implications are below for the month of March 25.

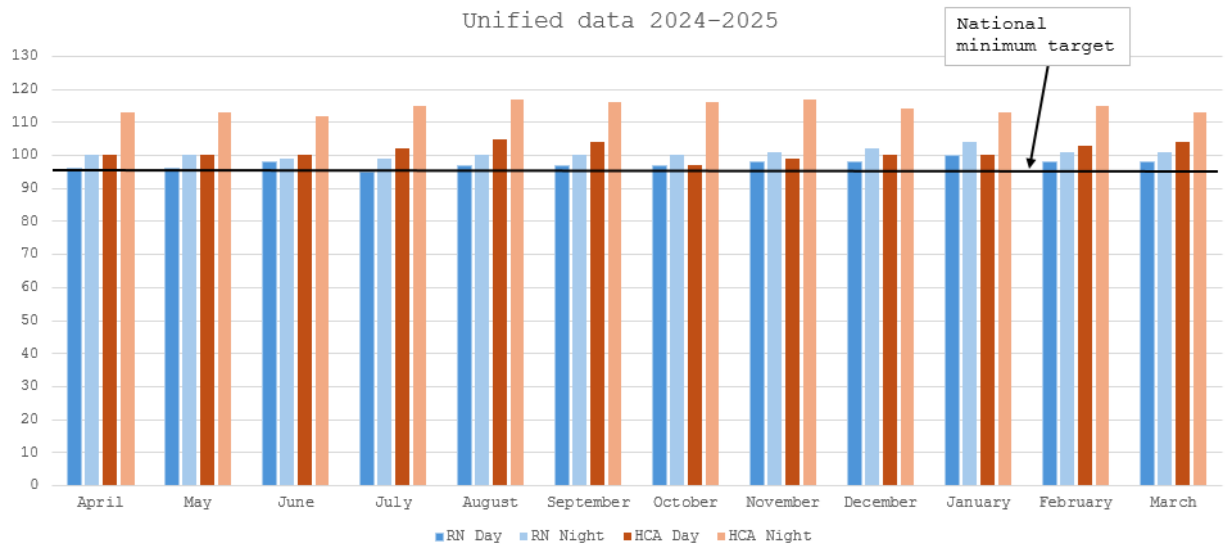
Ward	Month	Registered		Unregistered		Total	
		Hours	Cost	Hours	Cost	Hours	Cost
Medical SDEC WRH	Mar	1010	£31,246	618	£12,212	1628	**£43,458**
Discharge Lounge AGH	Mar	291	£8,764	303	£6,539	594	**£15,303**
Discharge lounge WRH	Mar	296	£9,379	522	£11,370	818	**£20,749**
PDU	Mar	2801	£80,127	2699	£56,055	5.500	**£136,182**
Grand Total	Mar	4,398	£129,516	4142	£86,176	8540	**£215,692**

Nursing Workforce 2024/2025 recap:

- The last 12 months have seen significant gains, especially with RNs, in terms of the reduction of both vacancy and turnover.

	April 2024	March 2025
RN vacancy	178.5	66.25
RN turnover	9.49%	7.91%
HCSW vacancy	106.5	102.56
HCSW turnover	15.48%	14.68%

- Combined interventions have resulted in safe staffing levels reflected in stable fill rates across registered and unregistered nursing.



- 2 reviews of acuity & dependency for inpatient areas have been completed as per NHSE guidance with the new safer staffing tool with summary reports being submitted to Trust Board and templates amended accordingly.
- The Trust has actively engaged with the NHSE work on price Cap Compliance PCC) resulting in a 93% compliance at the end of the financial year for all RN coding's and 97% for General RN coding
- Sustained work relating to agency rates has seen a reduction in hourly cost from £35.68 in April 2024 to £29.74 in March 2025 whilst Bank rates have remained stable.

Total comparative spend 23/24 – 24/25

	23 / 24	24 / 25	% reduction
Bank	£18,887,780	£22,170,478	(17% increase)
Agency	£17, 115, 249	£10, 506, 270	38.6%
Off framework	£50,594	£4,082	92%
	£36,053, 623	£32,680,830	9.35%

The above reflects a 9.35% reduction in overall bank and agency spend.

WORCESTER ACUTE HOSPITALS NHS TRUST COVERING REPORT 2025/2026

Report to:	**Trust Board**
Date of Meeting:	**10/06/2025**
Title of Report:	Quality Account 2024/25
Lead Executive Director:	**Chief Nursing Officer**
Author:	Rachel Beasley-Suffolk, Healthcare Standards Lead Effie Gridley, Healthcare & Quality Standards Officer
Reporting Route:	ISAG 6th May → TMB 14th May → QGC 29th May → Trust Board 10th June
Appendices included with this report:	Appendix 1. Draft Quality Account 2024/25 Appendix 2. Draft Summary Quality Account 2024/25 Appendix 2. Draft Quality Priorities 2025/26
Purpose of report:	☐ **Assurance** ☒ **Approval** ☐ **Information**

Brief Description of Report Purpose

Worcestershire Acute Hospitals NHS Trust is required to publish an annual Quality Account, as outlined in the Health Act 2009. The Quality Account must include the Trust's quality indicators, in accordance with the Health and Social Care Act 2012. The Trust is required to submit the Quality Account by uploading it to the public website and forwarding the link to NHS England by 30th June 2025.

As in previous years, the Quality Account is a working document and may be subject to change as data is ratified and additional narrative is added.

This report provides a summary of the sections of the Quality Account for review and comment by the group, as well as the process for governance approval.

Recommended Actions required by Board or Committee

Trust Board is asked to:

- Review the draft of the Quality Account and Summary Quality Account 2024/25 and provide final approval for publication of the content.
- Receive and approve the draft Quality Priority Indicators for 2025/26.

Executive Summary

Key Sections of the Quality Account

A Quality Account is a report about the quality of services offered by a provider. Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided.

We have prepared the content of the Quality Account in line with current Quality Account requirements. This year's Quality Account is structured as follows:

- Welcome and Introduction
- Our Commitment to Quality, including the Quality Roadmap, Care Excellence Accreditation, Freedom to Speak Up, registration with CQC and Digital

- A Look back at our Quality Priorities for 2024/25
- Setting our Quality Priorities for 2025/26, including the Big Quality Conversation & Results
- Internal Complaints Audit
- Statement of Directors Responsibilities
- Showcasing our Quality Improvement
- Quality Dashboard - NHS Outcomes Framework
- Participation in Clinical Research
- Commissioning for Quality Innovation (CQuINS)
- Appendices, including Clinical Audit Participation, CQC Ratings
- External Opinions from stakeholders

Review of our Quality Priorities for last year 2024/25 has been undertaken and supported by Corporate and Specialist leads, who provided an overview of performance, showcases and celebrations, focus areas for the future, and the significance of these quality priorities for our patients.

The Quality Account outlines our quality priorities for 2025/26, introduced by a summary of findings from our Big Quality Conversation, our annual survey of patient and carer engagement. Several existing priorities continue this year, with alignment with the Fundamentals of Care Committee Framework. In addition, quality indicators and targets have been proposed.

Continuing from last year's production of the Quality Account, we have maintained our use of Microsoft's accessibility tools to guide the wording of the document, ensuring that the content provided by Specialist Leads is presented with a readability score of 12 where possible. This supports the accessibility of the language for the majority of our patients, their relatives, and carers.

Sections currently in progress and will be included as the Quality Account is developed:

Element	Timescale	Status
Showcases for Quality Improvement	May 2025	Complete
Final data for Data Quality	June 2025	On track and anticipated in line with national publications prior to Quality Account publication.
External Opinions	May 2025	Continuing to work with external partner to receive final comments
A welcome message from our Chief Executive	May 2025	Complete
A Year in Numbers Graphic	June 2025	On track and expected week beginning 9th June
Continuous quality assurance of the Quality Account document	April to June 2025	In progress
Finalisation of Quality Priority indicators for 2025/26	April to May 2025	Complete
Glossary of terms	May to June 2025	Complete
Production by Communication team*	June 2025	Not being progressed at this time **Comms team confirmed limited resource to progress graphic design of full Quality Account this year. It is likely that a PDF document will be published.* *The Healthcare Standards team will continue to format the document in the style of previous publication's*
Publication	**30 June 2025**	On track

Amendments made since review at QGC 29/05/25:

- Finalisation of Quality Priority indicators
- Final Welcome from our Chief Exec
- Confirmation of cohort dates from national audits
- Inclusion of External Opinions from PPF, Healthwatch and ICB
- Confirmation of final data of Complaints and PALS in comparison to previous year

Healthwatch raised two queries within their External Opinion, a response to both of these will be provided within the final published Quality Account:

Question	Status
Can we have a focus the impact of senior workforce vacancies, especially with respect to fragile services [Dermatology], and an update on reducing these vacancies included in the Quality Accounts?	Response obtained and include within the draft Quality Account under 'External Opinions, what others say about this Quality Account'.
Has the Trust identified who requires Tier 2 Oliver McGowen training?	Response requested

Summary Quality Account

The Trust received recommendation through last year's external opinions, to produce a summary of the Quality Account in an accessible format selecting important information for the public. To ensure we are being responsive to our stakeholders and continuing to improve the accessibility of key messages surrounding quality, a Summary Quality Account has been drafted (**appendix 2**).

This Summary Quality Account includes:

- Trust Communications including the 'About our Trust' and 'Year in Numbers' graphics
- Welcome message from our Chief Executive.
- A summary of Trust quality assurance processes
- A high-level account of our Quality Priorities 2024/25
- Quality indicators we are taking forward for 2025/26

Quality Account Governance

The production of the Quality Account is managed by the Healthcare Standards Team, under the direction of the Chief Nursing Officer and Deputy Chief Nursing Officers. The draft Quality Accoutn have been reviewed and agreed through Improving Safety Action Group, Trust Management Board and Quality Governance Committee.

Executive Director Opinion[1]

The Quality Account for 2024/25 is in draft form with some final sections to be completed and is on track through the governance processes to be submitted as the final approved Quality Account to the Secretary of State by 30th June 2025.

The Quality Account reflects our commitment to excellence and our strategic quality priorities. Our commitment to ongoing improvements is showcased throughout the quality account to achieve the best possible outcomes for our patients and stakeholders.

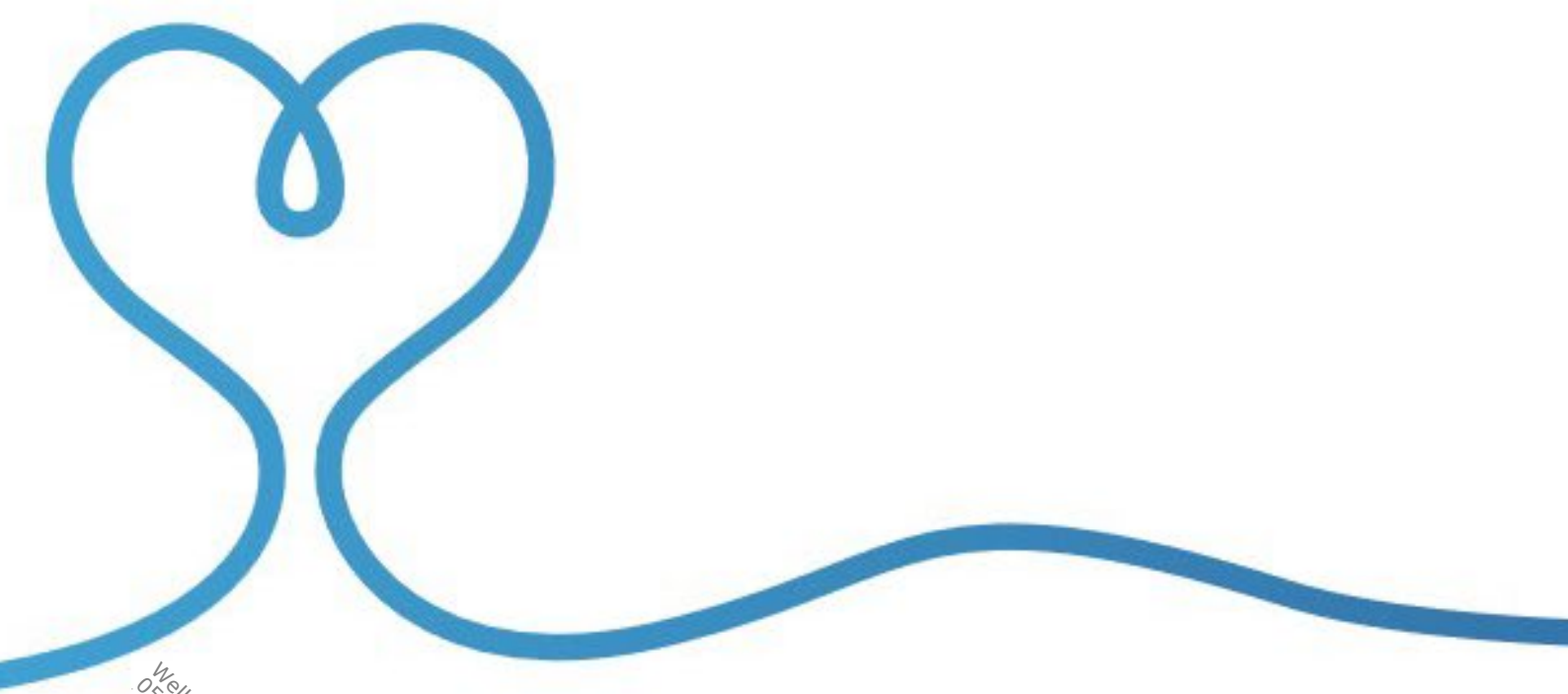
The draft Quality Account was sent to our stakeholders to provide an opportunity for them to review and comment on the content. In response to stakeholder feedback in last year's account, a summary version has been drafted to provide high-level and key information for the public, which can also be shared internally with our staff.

[1] Executive director opinion must be included and approved by the director concerned prior to issue, except when the director has given their consent for the report to be released.

Worcestershire Acute Hospitals NHS Trust

Quality Account 2024/25

Worcestershire Acute Hospitals NHS Trust



Contents

Welcome & Introduction

What is a Quality Account?

Every year, NHS hospitals must write a report for the public about the quality of our services over the last 12 months. This is called our Quality Account. In our Quality Account, we:

- Look at the quality of services that we offered and share our plan for further improvement.
- Support our communities of patients, their relatives, and carers to make informed decisions and choices about their healthcare providers.
- Include review by other providers and external stakeholders so they can hold us to account.

What will we share with you?

This Quality Account includes how we did against the quality priorities that we set ourselves last year. Quality priorities are our goals that we prioritise to improve the quality of care overall.

In healthcare, we look at quality in three key parts:

- Care that is Safe
- Care that is Clinically Effective
- Care that is a Positive Experience

This Quality Account also includes a review of how well we did against mandatory quality performance indicators. This includes a report of the key national indicators from the NHS Outcomes Framework.

After reviewing how we did last year, we will share the priority areas that we will focus on for the next 12 months, during 2025/26. We also include an overview of our engagement with the public through the Big Quality Conversation – you can see the findings on page XX.

We have also included a selection of good news stories from the last year and celebrate the continued hard work of our teams across our hospitals.

Finally, we will share with you the comments we have received in relation to this Quality Account from our external partners, including: the Integrated Care Board, Healthwatch, Worcestershire Health Overview and Scrutiny Committee, and our Patient and Public Forum.

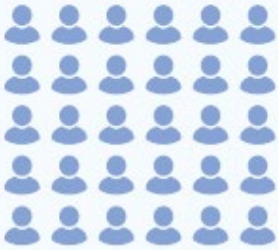
About our Trust

We operate **hospital-based services** from **three main sites:**

1. Alexandra Hospital, Redditch
2. Kidderminster Hospital and Treatment Centre
3. Worcestershire Royal Hospital, Worcester

And some **community-based services** from:

4. Princess of Wales Community Hospital, Bromsgrove
5. Evesham Community Hospital, Evesham
6. Malvern Community Hospital, Malvern



WE SERVE A POPULATION OF OVER

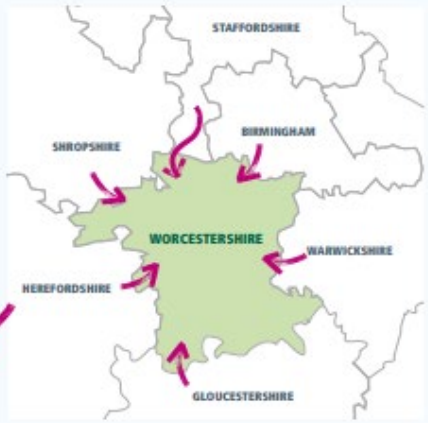
603,000

BY 2043, THAT IS EXPECTED TO BE

679,000

OUR PATIENTS COME FROM NEIGHBOURING AREAS, SO DEPENDING ON THE SERVICE, OUR CATCHMENT POPULATION IS BETWEEN

420,000 - 800,000



We provide a **broad range** of **acute services:**

GENERAL SURGERY

GENERAL MEDICINE

ACUTE CARE

CANCER CARE

INTENSIVE CARE

WOMEN'S & CHILDREN'S SERVICES