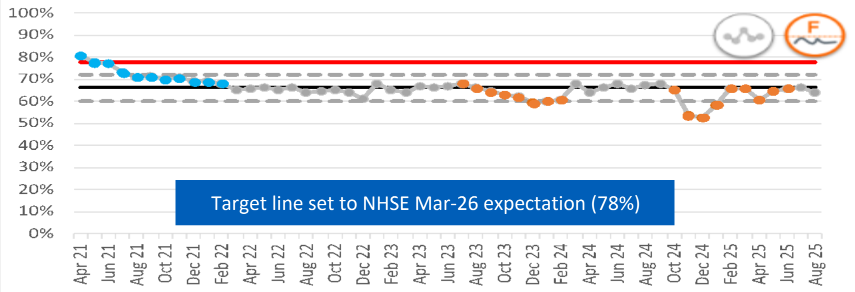
OUR OPERATIONAL PERFORMANCE – URGENT & EMERGENCY CARE

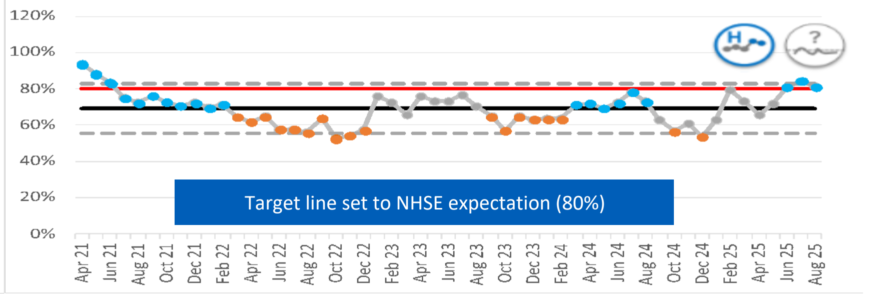
We are driving this measure because

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.

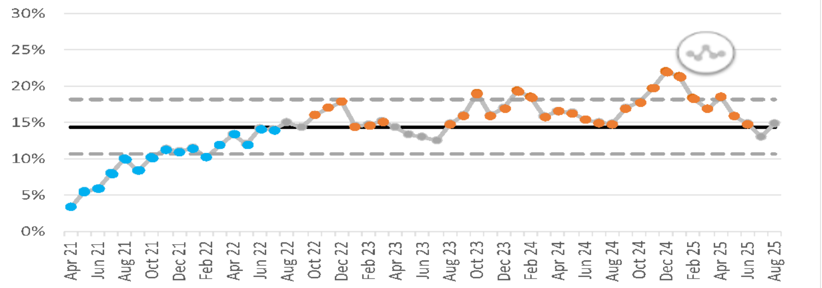
% within 4 hours (EAS All)



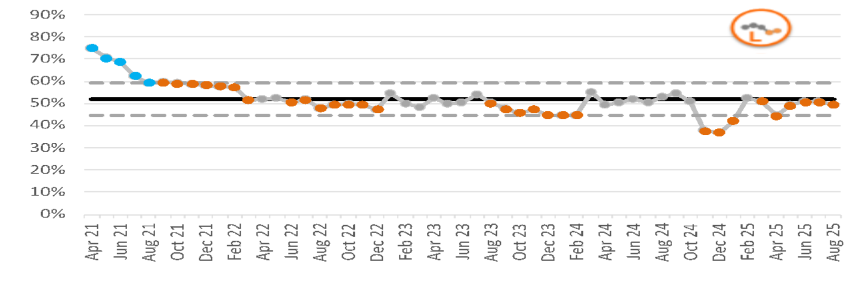
% Ambulance Handover < 45mins



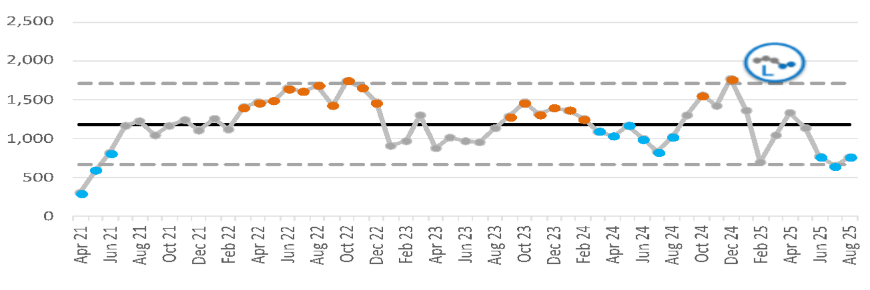
% patients spending 12+ hours in ED



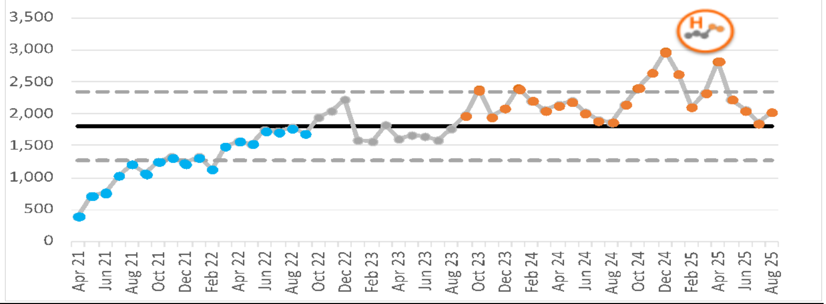
% within 4 hours (EAS Type 1)



45 Minute Handover Delays



Patients spending 12+ hours in ED



Understanding the performance

- There is no change in statistical significance across the metrics in this report.
- 13,733 patients attended our type 1 sites in August at an average of 443 per day which is a 7.7% increase compared to August 24.
- August was the sixth month in a row where WRH had more than 8,000 attendances.
- The percentage of ambulance handover breaches under 45 minutes was 81%; 80% is the NHSE baseline expected performance for this measure.
- The percentage of patients spending more than 12 hours in our emergency departments is showing normal variation; this is only the second time in over 2 years.
- Time to triage performance has been steadily improving.

Actions (SMART)

- Navigator PDSA continues until 03rd October '25, interim reporting presents helpful outputs, 22.9% (71) less 4-hour breaches . Improvement of +4.97% in EAS for those streamed to GPs
- ED are working to 12-hour total stay in ED and dashboards reflect this – departmental displays have now all been updated to ensure visibility
- Flow and Discharge workstream up and running – focus on reducing LOS through board round PDSA, DRD rollout and Integrated Discharge team process improvements live.
- Primary Care Service's have re-located in both Eds . Tender has been reviewed and finalised.
- Plaster PDSA concluded, phase 2 in planning to focus in reducing LOS in ED.
- NANR performance daily review and reporting/scrutiny in place – target set for Paediatrics NANR performance 95%
- ED rota's being reviewed to explore cover 8-10pm substantive Consultant cover. 3 substantive consultants recruited and start dates being confirmed, once in post we will cover substantive consultant shift until 10pm daily.
- ED Rota reviewed to explore Consultant cover to focus on NANR solely
- Acute Medicine focus on Ward Round and Consultant cover until 7pm being explored – job plans are being reviewed to support this later ward cover. ECIST support in place.
- Steaming Working Action Group to focus on effective streaming pathways.
- Escalation action cards being reviewed in line with best practice, Draft complete awaiting testing.
- Following ECIST review GRAT process being reviewed to support GRAT nurse

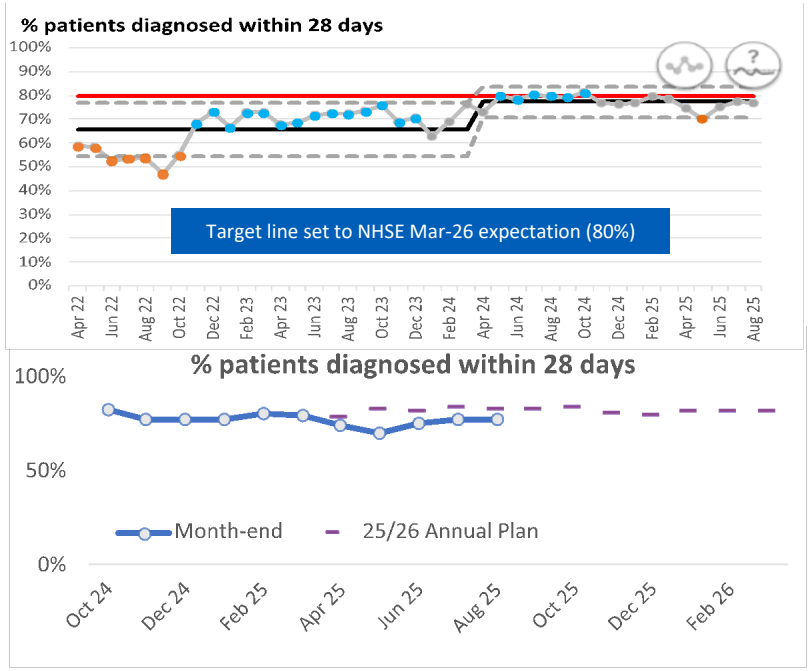
Risks

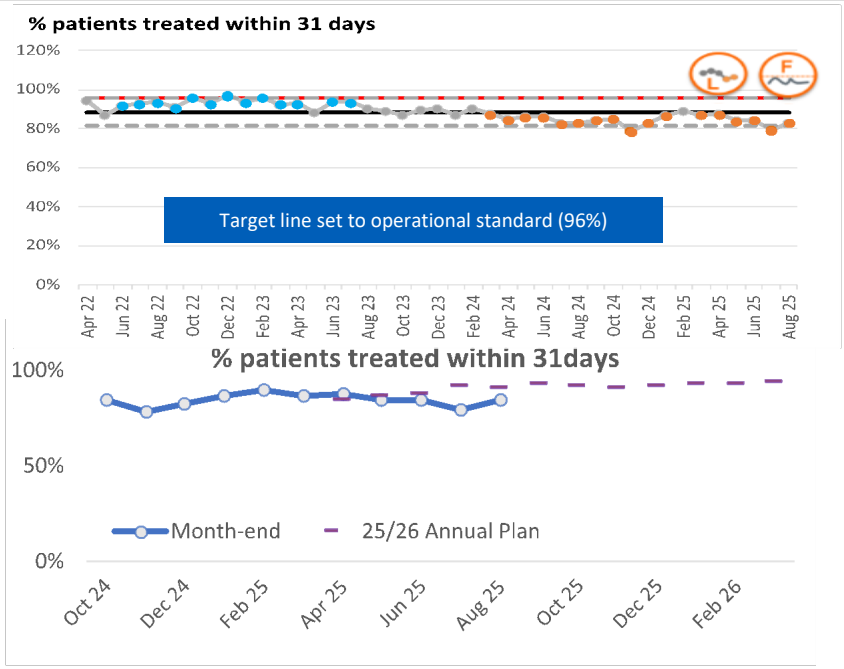
- Patient delays in waiting room and public behaviour (attending ED as opposed to accessing alternatives)
- Multiple deliverables and focus on improvement leading to additional support from PMO and increased need for resource to support – organisational wide prioritisation needed
- Inconsistency in offer of alternative pathways for ED/SPOA to access
- Temporary nature of pilots such as PITSTOP, some elements of supporting functions impacting on ED attendances, rota gaps impacting on service provision
- Hospital flow and late discharges – transport capacity
- Navigator streaming options external to organisation in development and consistency of use by WMAS
- Long delays for Ambulance Patients resulting in increased risk of harm and deteriorating patient (GRAT process in place for assessment)
- Acute Oncology capacity
- WMAS uptake of call before you convey and redirection before ED
- Mental Health suite staffing and long stay in ED for MH Patients
- Financial risk associated with managing safety in overcrowded department
- Additional capacity driving overspend and need to implement mitigating action to manage safety.
- Organisational challenges regarding increased reporting/assurance and resource
- Closure of beds during Sept, in particular PDU and impact on staff wellbeing

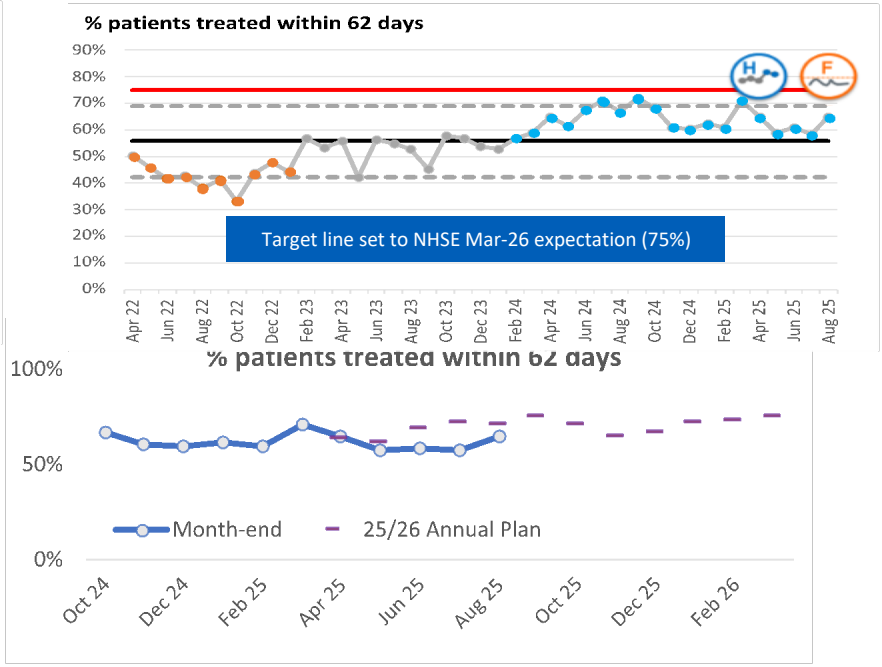
OUR OPERATIONAL PERFORMANCE - CANCER

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.







Understanding the performance (unvalidated)

- 2,650 cancer referrals in August reflects normal seasonal decrease but is 4.5% higher than Aug-24. Skin accounted for 30% of all referrals received.
- 28-day performance is at 77% and below our annual plan target.
- The 31-day performance (83%) is below our annual plan target. 5 specialties achieved the 96% operational standard but were all low volume contributions.
- The 62-day performance (65%) is below our annual plan target. Although the interim target of 75% isn't to be achieved until Mar-26, only 3 specialties achieved the standard in August.
- Skin and Urology are the specialties that are contributing 66% of patients to the growing backlog of patients waiting over 62 days.

Actions (SMART)

- Ongoing weekly oversight meetings with ICB and NHSE as part of tier 2 oversight framework.
- Breast – action plan in place includes use of weekly WLI to aid recovery of 28-day position, risk stratification of referrals to ensure high risk patients are seen first, development of new low risk pathway with primary care, ACP post out to advert, Locum Radiologist commences mid September to maximise one-stop clinic capacity with recruitment underway for substantive post. Success with bids to WMCA and NHS England to support outsourcing arrangements Increased capacity through use of regular bilateral theatre list commencing Oct 25.
- Gynaecology – short term plan to use WLI's for diagnostic stage of pathways, implementation of new PMB now in place and under review to assess impact
- Head & Neck – process mapping complete and results of clinic audit under review to consider changes to front end of BPTP pathways. Service also reviewing options to move straight to test for specific cohorts of patients.
- Lung – Continued micro-management of the PTL amid ongoing workforce shortfall challenges. Successfully secured CNS funding for one year to support capacity shortfall.
- Skin – Teledermatology launches in one PCN week commencing 29th Sept with rollout to all PCNS expected to occur by November. This project aims to reduce demand for cancer referrals. Re-introduction of one-stop / see and treat clinics to include Max Fax provision. Three locum consultants have now been offered posts and start Oct/Nov. Success with bid to NHSE for cancer recovery funds in support of eradicating the Max Fax MOP's backlog.
- Urology – New locum consultant (WMCA funded) has been appointed. Once in post this will support timeliness of post MDT OPA. Continued micro-management of access to first OPA, MRI and MRI reporting, and reporting of LATP's.
- Oncology – Partial success with bids with funding awarded from WMCA.
- Development of a business case to extend operating capacity to support delivery of the 31 day and 62 cancer standards for both Urology and Colorectal.

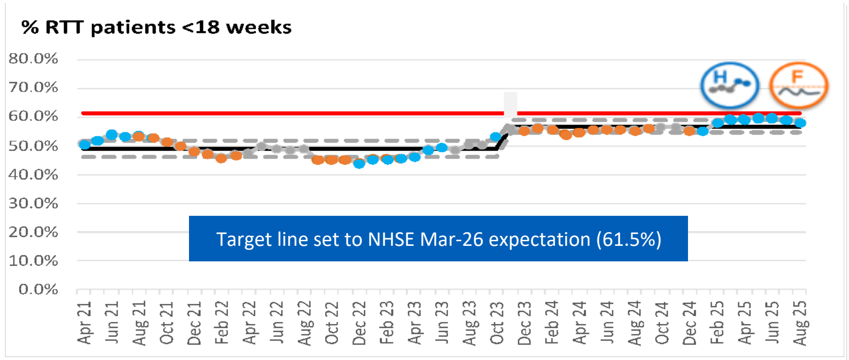
Risks

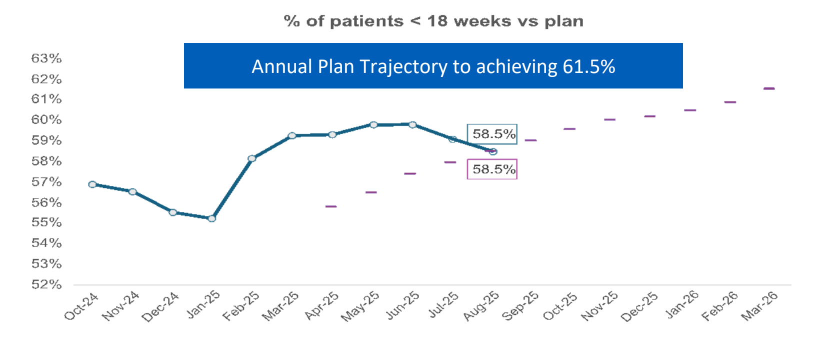
- Impact to achieving delivery of 31 and 62 days resulting from insufficient Oncology and radiotherapy capacity
- Failure to reach annual plan target for FDS as a result of slow recovery within Breast services
- Ongoing financial impacts associated with the use of high-cost diagnostic outsourcing solutions in histology and radiology.
- Risk to delivery of FDS, 31- and 62-day targets due to service model fragility particularly for skin (which also relates to fragile max fax service) which does not have a permanent solution for service delivery.
- Delays in pathology turnaround times impacting on all tumour site pathways.
- Delays in imaging, particularly MRI, impacting on all tumour site pathways.

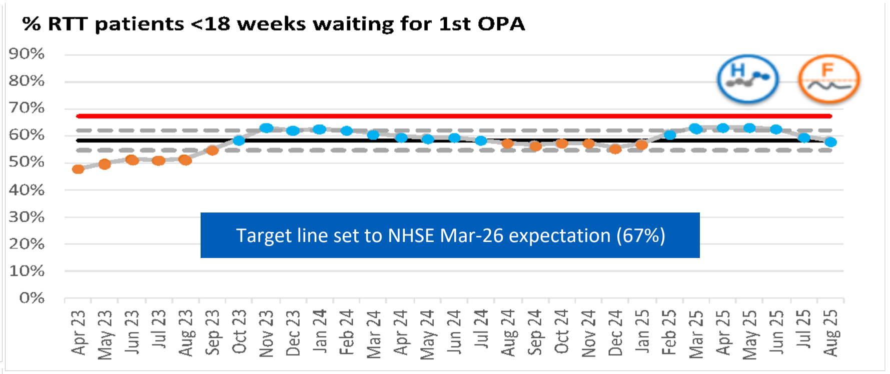
OUR OPERATIONAL PERFORMANCE – REFERRAL TO TREATMENT

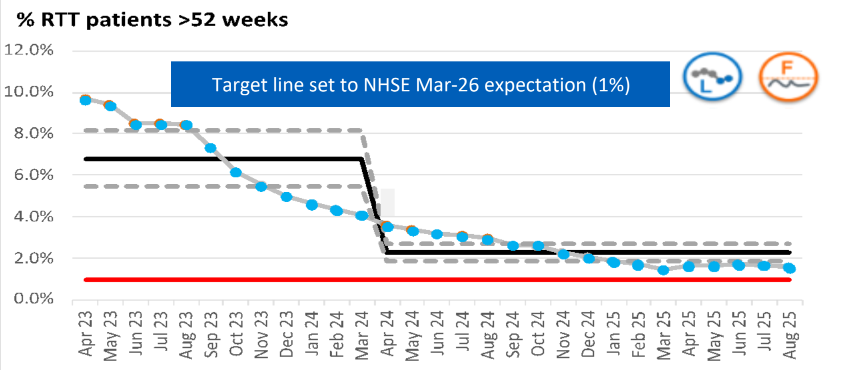
We are driving this measure because

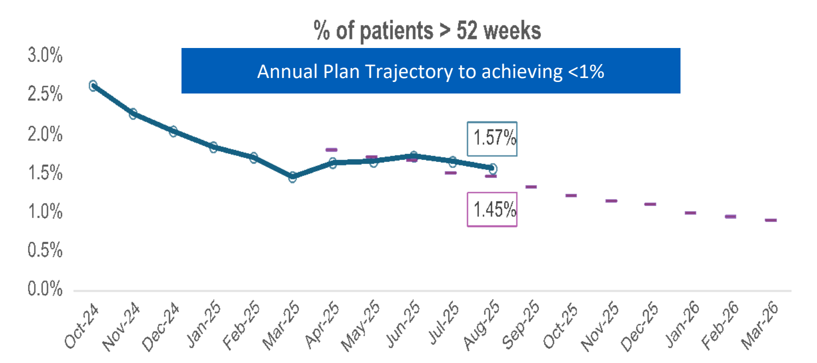
It is a key priority to ensure that patients can access the elective treatment they need in as timely a manner as possible and to continue to recover to the 18-week Referral to Treatment standard as set out in the NHS constitution.

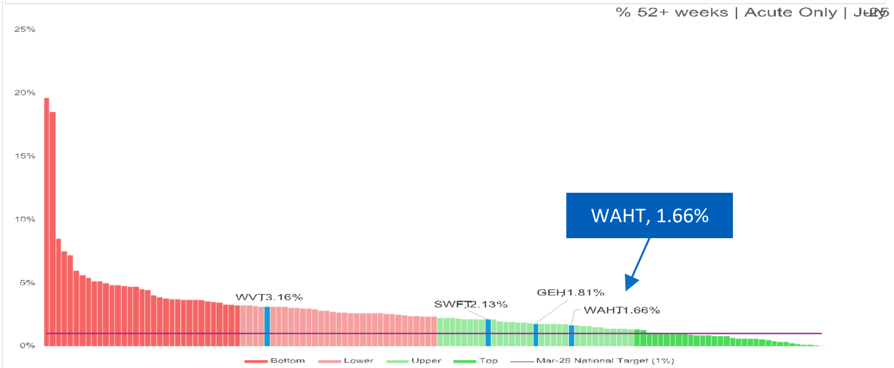












Understanding the performance

- At the end of Aug-25, 58.5% of patients, of a waiting list of 56,632, were waiting less than 18 weeks for their first definitive treatment. This continues the recent trend of significant improvement, but the target is not yet achievable without further change.
- For those patients waiting for their first appointment, the proportion waiting less than 18 weeks continues to show significant improvement.
- The number of patients waiting over 52 weeks has decreased to 891 from 926 the previous month and is 1.57% of the total waiting list.
- 5 specialties (ENT, Gastroenterology, T&O, Oral Surgery and Ophthalmology) with 52-week waiters contribute 86% of patients to the Trust overall position.
- In July's NHSE RTT publication, WAHT benchmark in the upper quartile of performance with 1.66% of the waiting list over 52 weeks (noting the further improvement in the August performance).

Actions (SMART)

- Weekly oversight, monitoring and support from ICB and NHSE
- Weekly DCOO oversight and monitoring of our longest wait patients
- Gastroenterology proposal for insourcing to mitigate further 65-week breaches and support achievement of end of year 52-week target.
- ENT, T&O and OMFS developing a plans for recovery to eliminate 52-week breaches in line with annual plan.
- OMFS increase in capacity planned includes dermatology locums commencing Sept/Oct
- Divisional oversight and micro-management of patients on admitted pathways requiring surgical treatments which exceed 52 weeks
- Pressured services identified as gastroenterology, ENT, T&O, OMFS and gastroenterology for delivery of 52 weeks. As a result, all other services aiming to eliminate 52 weeks from September onwards.

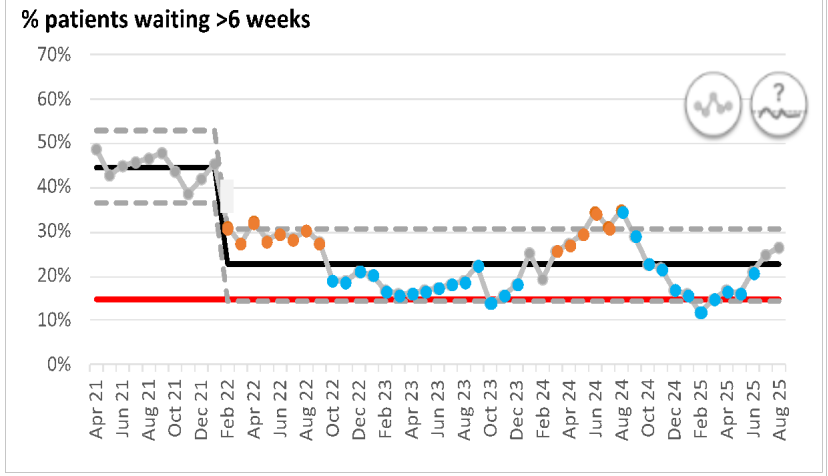
Risks

- Risk to elimination of 65+ week waiters due to late onward referral to external diagnostic services with limited capacity i.e. manometry, HIDA scans, impacts gastro and general surgery pathways
- Risk to delivery of eliminating all waits over 52 weeks by Mar 2026 particularly for ENT, T&O, OMFS and gastroenterology services, without in year process change/ services transformation
- Financial impacts of ongoing use of insourcing and outsourcing solutions particularly
- Delivery of 52 weeks target for OMFS due to fragility of service resulting from medium to long term absence of Consultants.

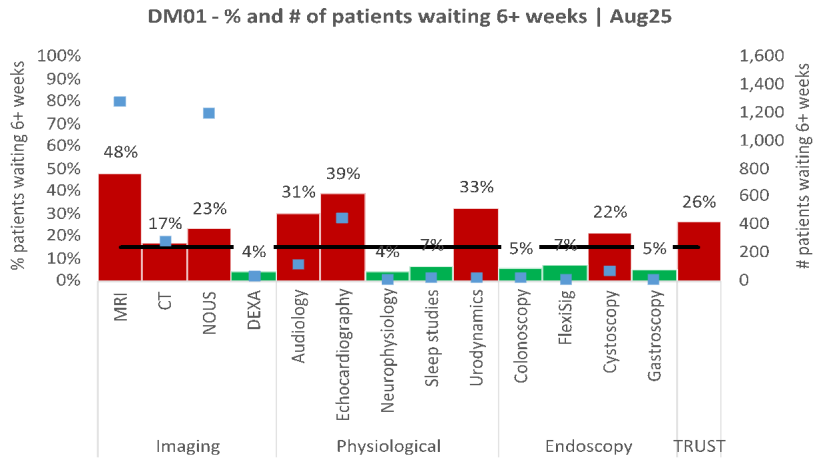
OUR OPERATIONAL PERFORMANCE – DIAGNOSTICS

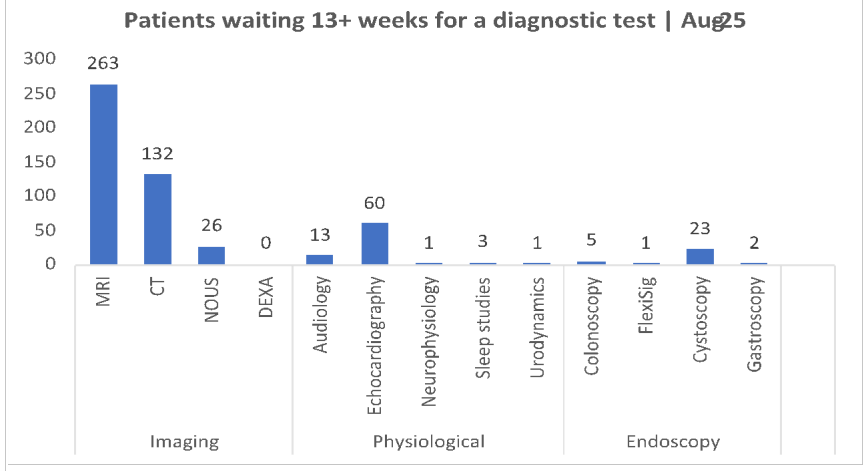
We are driving this measure because

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.



Target line set to NHSE expectation (no more than 15%)





Understanding the performance

- 3,481 (26%) patients were waiting over 6 weeks at the end of Aug-25. This means that performance remains within normal variation and no longer represents significant improvement.
- The target is achievable, although not consistently.
- 6 modalities are above the 15% threshold. They account for 97% of all patients breaching 6 weeks at the end of August.
- MRI still has the most patients over 6 weeks followed by NOUS, CT and Echocardiography.
- MRI and CT account for 75% of the 530 patients reported as breaching 13 weeks at the end of the month.

Actions (SMART)

- **MRI –** Insufficient capacity to meet demand. Service have been successful with a bid for external funding to increase capacity with use of a mobile. This will support improved access for patients on routine and cancer pathways. The mobile comes on line 1st Oct 25
- **Audiology** action plan has supported the recovery from in excess of over 400 patients waiting over 13 weeks in Feb 25 to current position of 13. Plan includes modification to referral pathway and waiting list validation to reduce overall numbers in line with new pathway criteria.
- **Echocardiography –** New starter commenced end of June provided 40 scans per month. Conversion of facilities to create a dedicated echo room comes online July 25 resulting in 70 per month. Further recruitment to vacancies for physiologists. underway
- **Cystoscopy** – Continued use of waiting list initiatives to reduce backlog supporting improvement in performance

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.
- Impact from Resident Doctor Industrial Action

OUR WORKFORCE – M5 2025

Ali Koeltgen

Chief People Officer

Recruitment

Establishment increased at budget setting by 193.76 wte mainly in Medicine. Funded establishment has increased by a further 5.82 wte (Cardiology, Breast Services and Gynae) this month and is 323.50 wte higher than M5 last year due to agreed business cases. We have recruited 231 new staff and have 41 more starters than leavers. There has been reduction in all non-clinical Divisions which is aligned with the direction of travel required in our annual plan. Increases have been primarily in Medicine (36.59 wte) and SCSD (12.01 wte).

Vacancy Rate

Our vacancy rate has reduced to 7.10% (542.34 wte vacancies). This is above the Trust revised target of 6.5% but compares favourably to a vacancy rate of 8.17% in M5 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 85.13 wte Admin and Estates vacancies (7.09%), 11.88 wte Managers vacancies (3.93%), and 11.35 wte Other infrastructure support (4.33%).

Monthly Agency Spend

Agency spend remains our biggest challenge. There has been a 56.73 wte reduction in agency worked in August which translated to a reduced agency spend % against gross cost to 3.17%. Medicine continue to be outliers despite a reduction to 6.65% of gross spend. Surgery are also high with 5.71% of gross spend on agency. We are quartile 4 (worst) on Model Hospital (April 2025 rates).

Annual Staff Turnover

Our annual staff turnover has reduced again to 8.13%, which continues to comfortably meet our target of 11.5% and is improving compared to rates of 10.27% last year. We benchmark well against other Trusts at Quartile 1 (best) on Model Hospital (June 2025 rates). All Divisions meet the target although Estates and Facilities are outliers at 11.5%.

Sickness Absence

Monthly sickness absence has increased by 0.29% from last month to 5.45%. This is 0.43% worse than the same month last year. The % of absence attributed to stress has increased to 34.04% of total sickness. Corporate are outliers with 56%. The highest sickness levels are in Estates and Facilities (long term sickness increased to an extremely high 5.33%) which has groups that are historically higher nationally, but we have slipped into Quartile 4 (worst) on Model Hospital for this group.

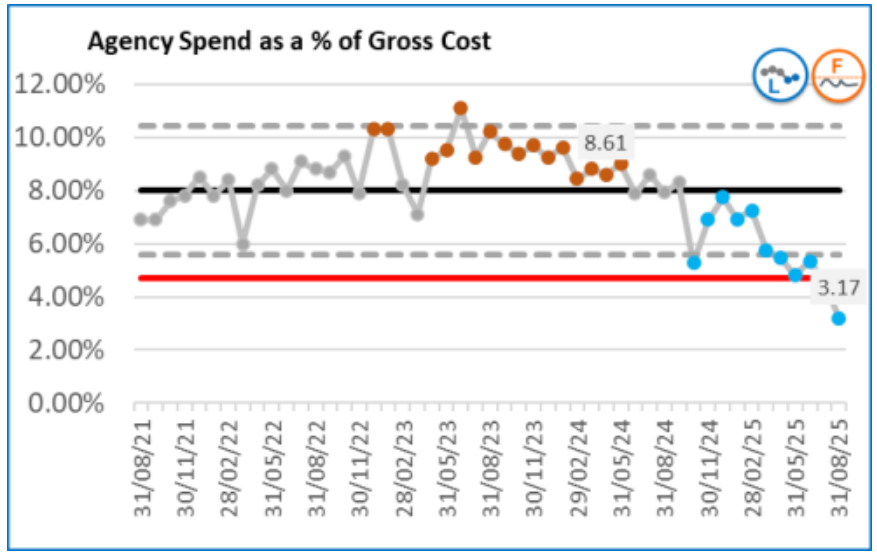
Job Planning

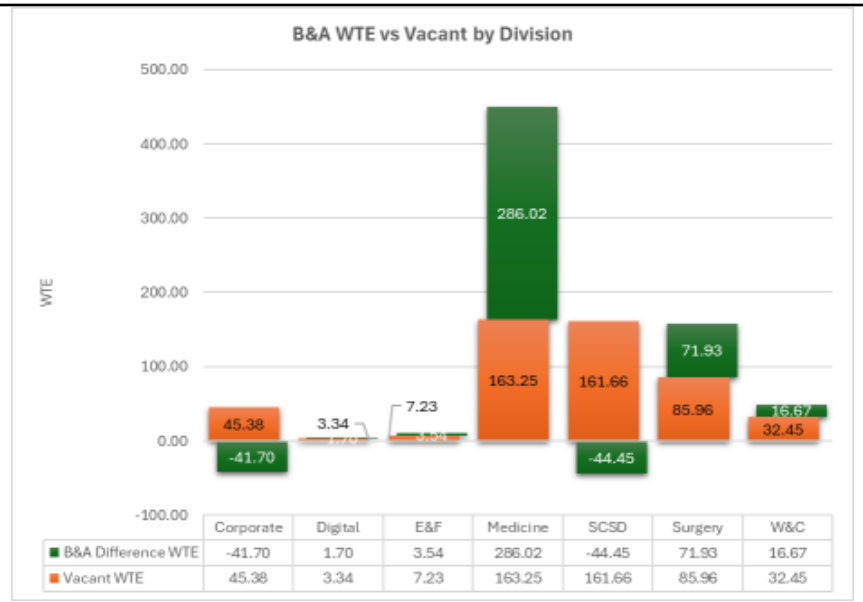
Consultant Job Planning has dropped by 1% to 74% against target of 95%. Women and Children's meet target with 98%. Surgery are significant outliers with a 7% drop to 49% which has counteracted last months improvement.

OUR WORKFORCE PERFORMANCE – 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 improved morale for our staff.





Understanding the performance

The updated target % of agency spend for 2025-26 is 4.7%. There has been a decrease in % spend in August to 3.17% compared to 4.56 % in July.

The Trust have been identified by NHSE of being at risk of delivering bank and agency spend targets for 25/26 and therefore will receive intensive support from the NHSE regional team.

Short notice requests remain an issue and have increased to 17% in August indicating increased short-term sickness or opportunities to improve rostering behaviours

The bar chart above shows in green where divisions are using WTE bank and agency above or below their vacancies.

Actions

Agency Programme Board will launch week commencing 22 September.

The Trust and participating in the Midlands Price Cap Compliance group across all staff group.

Tier 2 agency cascade being set up for agencies with poor behaviours – shorter lead time etc.

Band 2/3 re-banding and agency removal support work ongoing.

Continue in Identifying long standing agency workers to migrate to trust or NHSP to support trust cost reduction targets.

Risks

Retrospective agency bookings leading to inaccurate reporting on agency usage and spend.

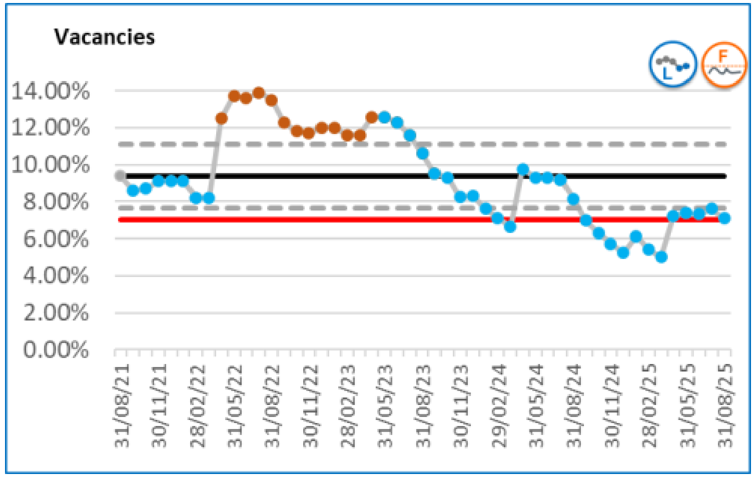
Potential reduction of agency worker pool due to continued pressure to reduce rates to price cap in line with NHSE Price Cap Compliance project.

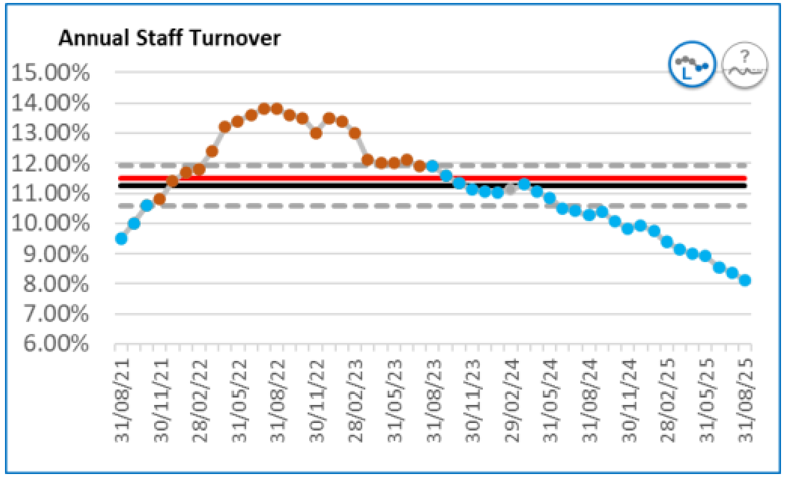
Ongoing risk to financial performance and compliance with the annual plan to reduce temporary staff by 40%.

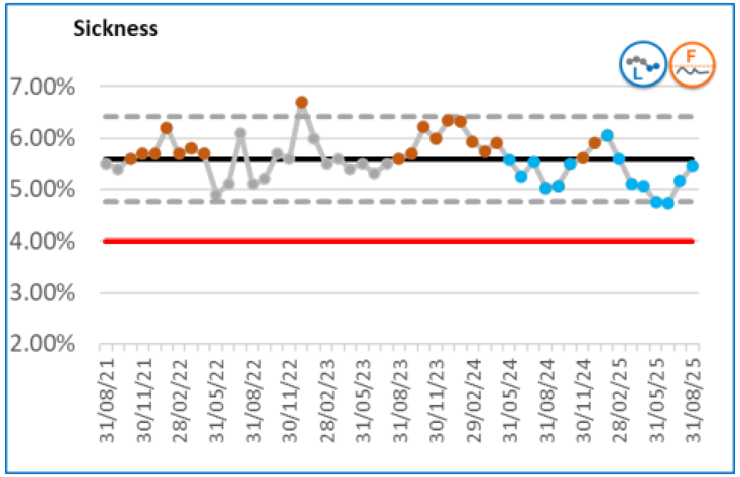
OUR WORKFORCE PERFORMANCE – VACANCIES, TURNOVER AND SICKNESS

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 increased by 41.55 wte this month. An increase in establishment at budget setting, and a further 5.82 wte increase this month, has impacted our vacancy rate which is currently 7.10% against a revised target of 6.5%. Surgery have the highest vacancy rate at 7.80%. We have 55.35 wte less vacancies overall than last year due to successful recruitment campaigns and reduced turnover.
- **Starters and Leavers** - We have 41 more starters than leavers this month due to increased recruitment and junior doctor rotation which has filled gaps. We have processed 231 new starters in month (headcount) but leavers have increased to 190 (primarily junior doctors).
- **Annual Staff Turnover** continues to reduce and comfortably meets our 11.5% target at 8.13% which is 2.15% better than the same period last year and back to pre-pandemic levels.
- **Monthly sickness absence** has increased by 0.29% to 5.45% which is 0.43% worse than last year. There has been increased sickness absence in Medicine, SCSD, Estates and Corporate. Estates and Facilities are outliers with an increase to 8.10%. Digital meet the 4% Group target.

Actions (SMART)

- A **Sickness and Health and Wellbeing strategy** is in the process of being developed.
- **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

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 with the exception of SCSD, Women and Childrens, Digital and Corporate.

Healthcare Support Workers Vacancy rate has reduced from 12.50% (145.03 wte vacancies) to 12.13% (140.87 wte vacancies). This high rate is directly due to an increase in funded establishment in Medicine and SCSD at budget setting.

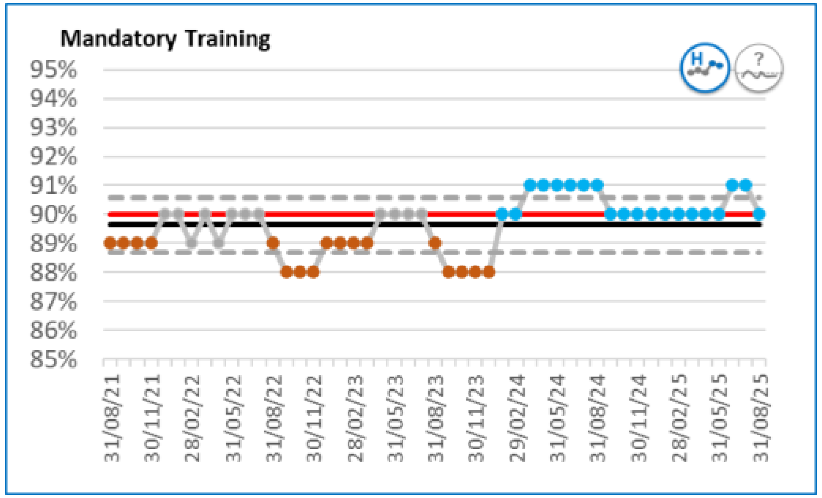
Sickness for Estates and Facilities continues to be high and has increased to 8.10%. This staff group has historically higher sickness across the NHS but we have now dropped to Quartile 4 (worst) on Model Hospital (June 2025 data).

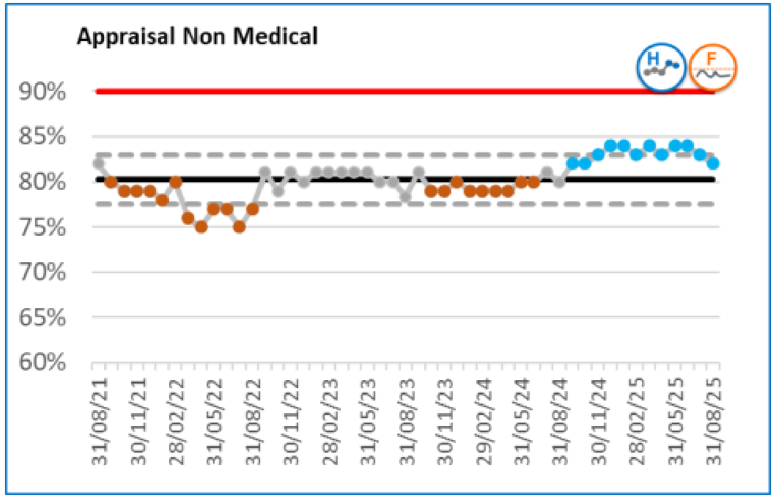
Absence due to stress remains higher than pre-pandemic levels. Corporate are significant outliers with 56% of their sickness due to S10 (Stress and Anxiety).

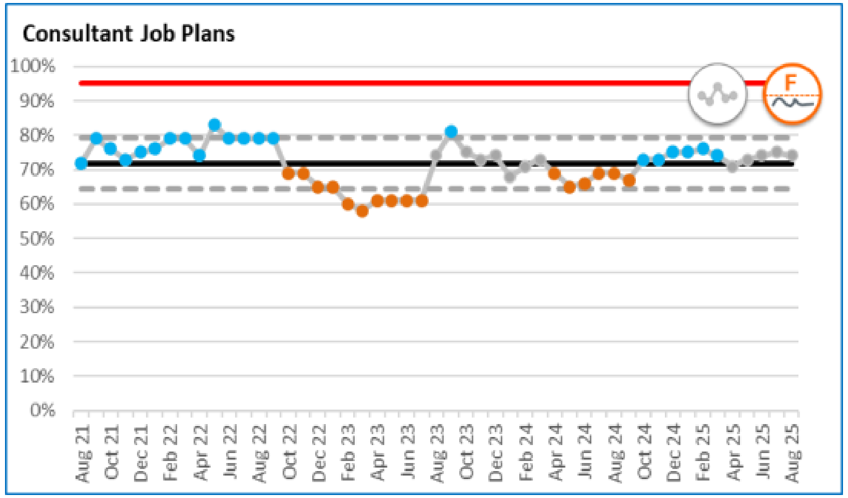
OUR WORKFORCE COMPLIANCE – MANDATORY TRAINING, APPRAISAL & JOB PLANNING

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 but has dropped by 1% this month to 90%. This will primarily be due to the rotation of junior doctors. This is against a Model Hospital average of 90.9% (2023/24 rates). Women and Children's Division are outliers with a drop to 87%. All other divisions meet the target of 90% with the exception of Corporate who have dropped to 89%.

Appraisal Rate has dropped to 82% against a target of 90% with no division improving this month. Compliance is 2% higher than last year. Estates have dropped by 3% and Medicine by 2%. Digital remain outliers at 61%. SCSD are closest to target with 86%. Medical appraisal rates are good at 94% (unchanged).

Consultant Job Planning has dropped by 1% to 74% against target of 95%. Women and Children's are the only division to meet target. Surgery are significant outliers at 49% (deteriorated).

Actions (SMART)

Revised Appraisal Form and submission process have been rolled out. Working Group led by divisions has reviewed and made improvements to the system.

NHSE have implemented a national **job plan target of 95%** effective from February 2025 and require compliance to be reported via the Provider Workforce Return on a monthly basis.

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% (3% drop due to rotation) All other Staff groups meet the 90% Trust target with the exception of Scientific and Technical (88%).

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

Corporate and Digital remain **outliers** for Appraisal which is a concern.

Consultant Job Plans are low at 74% against the 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. The plan has now been updated for the impact of the pay award, both income and expenditure have been increased to result in a net nil impact overall.

Income & Expenditure Performance – At the end of Month 5 we report a **year to date (YTD) break even position against plan.** Adverse variances are primarily driven by under-delivery against CPIP and additional resources supporting flow. This position has been supported by non recurrent benefits.

- **Income is £1.2m favourable YTD** – £1.2m favourable on pass through Drugs and Devices and £0.5m of additional income on elective activity overperformance to date. Favourable variances are being partially offset by £0.3m on the E&T contract, £0.2m under delivery of CPIP and £0.1m clawback of contribution to capital charges income from 24/25.
- **Employee expenses are £1.5m adverse YTD** – adverse variances include additional resources supporting flow £1.5m, £0.6m costs of Industrial action, £0.4m of over-establishment and additional Bank and Agency usage in E&F driven by vacancies and sickness, £0.3m of backdated job plans and £0.6m of WLI. This is partially offset by £1.6m of balance sheet releases and £0.5m of Dermatology vacancies (offsetting non-pay insourcing spend).
- **Operating expenses excluding Employee Expenses are £0.3m adverse YTD** – adverse variances include £1.4m of pass-through Drugs and Devices (£0.2m difference between income and expenditure is due to expired chemotherapy drugs, free of charge items and contracts with Powys and Low Value Commissioners where there is no income to recognise), £1.9m CPIP under delivery, £0.6m Dermatology Insourcing costs. Adverse variances are partially offset favourable variances include £2.5m of balance sheet releases, £0.9m of utilities underspend, and £0.2m Depreciation.

Delivery of a balanced financial plan The Trust is reporting break-even at Month 5, but as previously reported this has relied heavily on non-recurrent measures and balance sheet releases offsetting slippage on CPIP delivery which is behind plan; £9m delivered vs £11m planned YTD. Of the £53m CPIP target, c£22m remains within opportunity and pre-pipeline. Cash reserves are declining, with a risk of running out by November if further deficit support is not received. Deficit support funding is heavily reliant on maintaining a balanced position against plan and there is a very real risk that if the CPIP position does not move significantly the Trust will not deliver a balanced financial plan. Financial recovery actions commenced in September with Mitigation Workshops covering Clinical and Corporate Divisions which are currently being assessed for deliverability this financial year. Decisions will be backed up by Quality Impact Assessments where appropriate and the Board will be kept fully informed of progress and forecast scenarios.

Capital – The YTD capital spend at Month 5 is £6.2m, the majority of which is spend on the ALX Fire Scheme (£3.2m), IFRIC 12/PFI Lifecycle replacements (£1.18m) and LIMS/FLD Digital schemes (£674k) leading to a variance YTD of £1.1m.

Cash – The Trust cash position at the end of Month 5 was £15.859m (cash in bank). The Trust has received the notified deficit support of £3.942m in August.

Clinical Coding – August coding is at 100% on the 11th working day. Total of FCE's for August was 14,451 compared to 16,035 in July.