

Current Assurance Level: 5 (Feb-23)

Previous assurance level: 5 (Jan-23)

CARDIOLOGY – ECHO

What have we been doing?

- Improved 6 week breach position

What are we going to do next?

Monitor numbers and add WLIs if required
Work on reducing >13wk waiters

Issues

- Limited equipment which affects our capacity to manage increasing demands.

RESPIRATORY (Sleep studies)

Issues

- Number of patients that can be diagnosed is limited by available equipment
- Numbers are being increased from 14/11 to 10 patients per day
- Not able to increase capacity further due to staffing and equipment issues
- Only able to offer Monday – Friday service

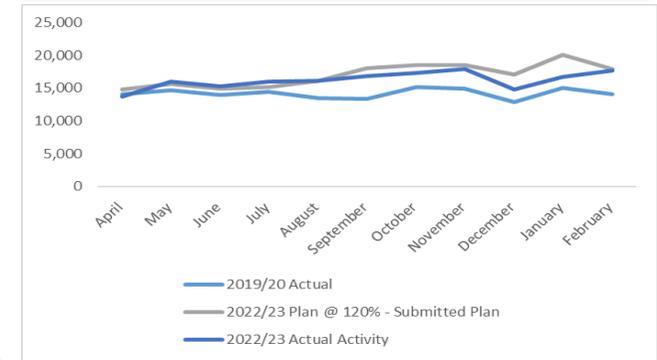
When expected to move to next level of assurance: This is dependent on the ongoing management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Chief Operating Officer

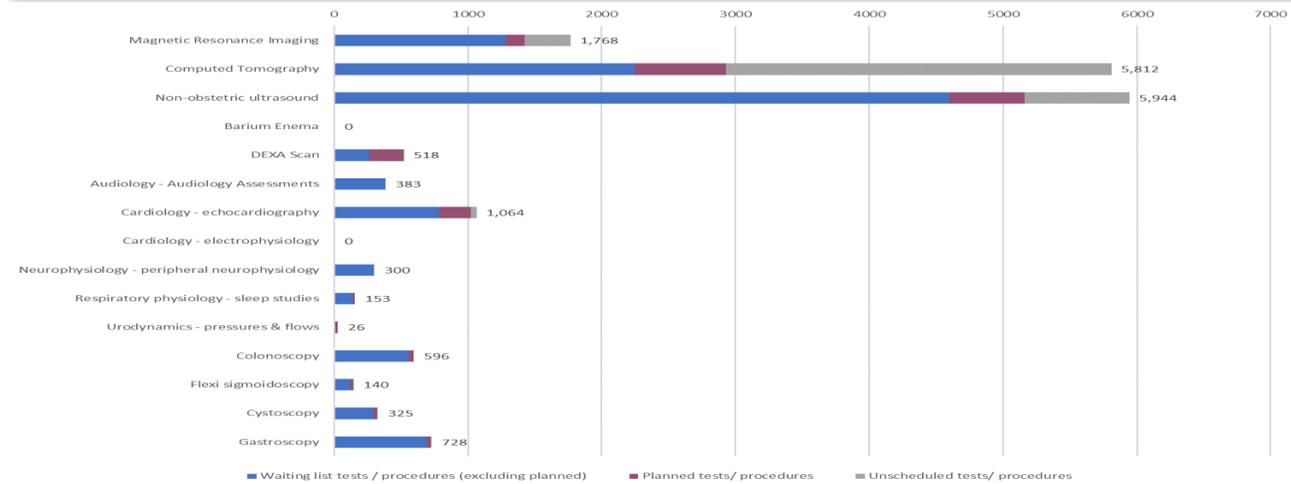
Diagnostic Activity | Annual Plan Monitoring

Annual Plan Activity Modalities		Feb-20	Submitted Plan	Feb-23
Imaging	MRI	1,811	2,720	1,768
	CT	5,323	5,875	5,812
	Non-obstetric ultrasound	5,414	6,309	5,944
Endoscopy	Colonoscopy	603	862	596
	Flexi Sigmoidoscopy	107	145	140
	Gastroscopy	513	753	728
Echocardiography		754	1,216	1,064
Diagnostics Total		14,525	17,880	16,052

Annual Plan Diagnostics Activity Trend



Total DM01 Activity split by modality and type



CT, non-obstetric ultrasound, flexi sigmoidoscopy, gastroscopy and echocardiography exceeded the activity delivered in Feb-20.

No modality achieved the activity levels in our submitted plan.

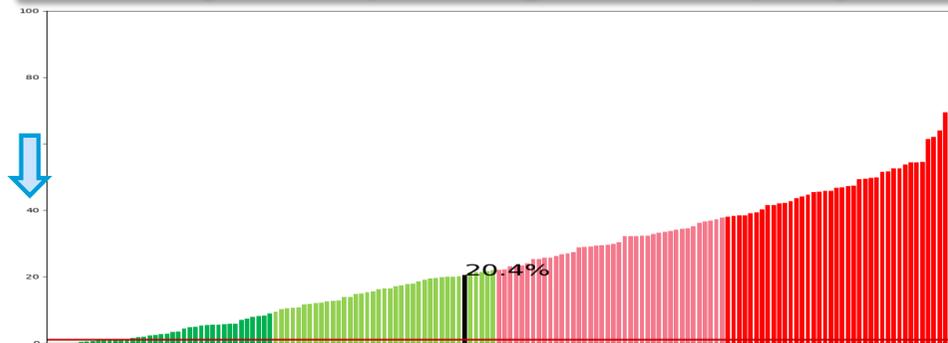
71% of all unscheduled activity in Feb-23 were CT tests. 23% (4,080) of all tests undertaken in the month were unscheduled.

National Benchmarking (January 2023)

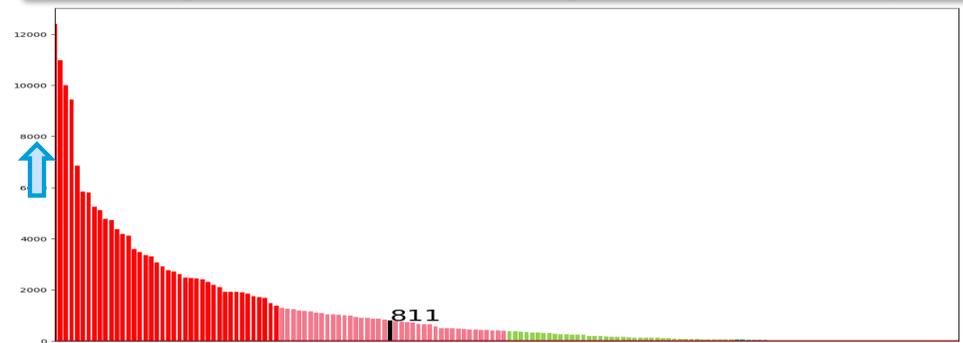
The Trust was one of 10 of 13 West Midlands Trusts which saw an improvement in performance between Dec-22 and Jan-23. This Trust was ranked 5 out of 13; we were ranked 4 the previous month. The peer group performance ranged from 2.6% to 51.6% with a peer group average of 36.8%; improving from 38.4% the previous month. The England average for Jan-23 was 30.8%; a 0.6% decrease from 31.3% in Dec-22.

- Nationally, there were 485,956 patients recorded as waiting 6+ weeks for their diagnostic test; 1,935 (0.40%) of these patients were from WAHT.
- Nationally, there were 199,962 patients recorded as waiting 13+ weeks for their diagnostic test; 811(0.41%) of these patients were from WAHT.

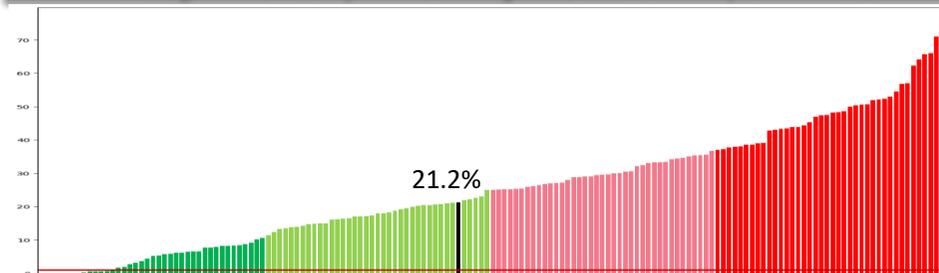
DM01 Diagnostics - % of patients waiting more than 6 weeks | January-23



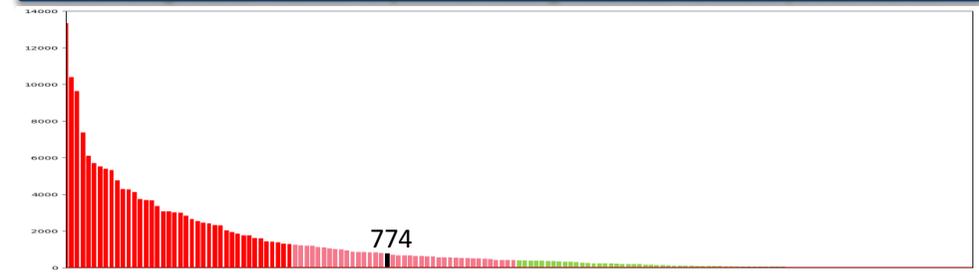
DM01 Diagnostics - number of patients waiting more than 13 weeks | January-23



DM01 Diagnostics - % of patients waiting more than 6 weeks | December-22



DM01 Diagnostics - number of patients waiting more than 13 weeks | December-22



■ WAHT — Operational Standard 1%

Down arrows represents improvement from previous month i.e. fewer patients waiting > 6 weeks and fewer waiting >13 weeks

Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q3 22-23 Oct-22 to Dec-22 (validated)			
	E		E		B		N/A	Score	70.3	Grade	B

What does the data tell us?

- SSNAP Q3 has been published. Small depreciations in domain scores plus a 5% reduction in overall score due to audit compliance has resulted in a final score of 70.3 (grade B).

Domain	Q2 22/23		Q3 22/23	
	Score	Grade	Score	Grade
1) Scanning	83	C	78	C
2) Stroke unit	34	E	22	E
3) Thrombolysis	48	D	44	E
4) Specialist Assessments	90	A	88	B
5) Occupational therapy	88	A	79	B
6) Physiotherapy	90	A	85	A
7) Speech and Language therapy	79	A	75	B
8) MDT working	85	A	85	A
9) Standards by discharge	98	A	100	A
10) Discharge processes	100	A	99	A

Combined Total Key Indicator score	82	A	74	B
Case ascertainment band	80-89%	A	90%+	A
Audit compliance band	89.6%	A	88.10%	B

SSNAP score	82.0	A	70.3	B
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- Thrombolysis was 1 point from being a grade D, Specialist Assessments was 2 points away from grade B and Occupational Therapy was 1 point from being a grade A.
- The limiting factor, which is also represented in our SPC charts as special cause concern, is the Stroke Unit domain which includes direct admission to the stroke unit and patients spending 90% of their stay on the stroke unit.

What are we doing to improve?

Patients Admitted Within 4 Hours / 90% Stay on Stroke Ward / Specialty Review Within 30 Minutes

- A band 6 nurse is doing a project identified in her PDR, working with the Stroke CNS team to facilitate earlier movement between ASU and ED once a patient has been identified to be admitted to the Stroke unit. This project will look at communication within the team and the process of transfer to create earlier capacity to further improve moving patients in a timely fashion to the Stroke unit.
- Most recently the Clinical lead for stroke and the lead practitioner for stroke have been attending AGH to review possible patients with a diagnosis of Stroke. This has been used as an opportunity to teach/educate on the stroke pathway, identify appropriate patients to transfer to WRH and to make robust plans in terms of ongoing treatment.
- During the most recent industrial action, the consultant nurse has been attending AGH to support their ED in terms of decision making for possible Stroke patients.
- There is currently a post advertised as a Stroke coordinator to work across the pathway between the health and Care trust and Acute to improve the patient journey and patient flow.
- The 20 bedded stroke unit remains ring-fenced for stroke and neurology patients. To facilitate flow, two boarding spaces have been created on the ward. One of these spaces remain free to ensure that there is a bed available at all times to thrombolise a patient if required.
- In order to promote flow throughout the stroke pathway, the on-call Stroke team continues to assess patients alongside the therapy teams, if appropriate, to prioritise discharging patients directly home from ED/AMU. Ongoing investigations are then requested on an out-patient basis. This ensures that ASU beds are only used for those patients who are not medically fit for discharge.
- After a recent ISDN meeting it was agreed that, if possible, patients that are re-admitted from ECH to the Acute trust should be transferred to the ASU if Stroke remains their main issue to manage flow and ongoing stroke input to improve long-term outcomes.
- Ongoing Countywide therapy meetings which include the Health and Care Trust are ongoing – these include therapists in the county meeting regularly with the Acute Trust consultant. This encourages communication throughout the stroke pathway to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues with regards to flow and allows our community partners to support patient flow.
- When accepting referrals from AGH, patient demographics are continued to be checked prior to accepting patients to ensure that ASU do not accept out of area patients, thereby impacting on flow through the unit. This has shown to improve transferring only appropriate patients to Worcester Royal Hospital.

Thrombolysis:

- The positive impact of ongoing face-to-face stroke simulation training alongside in-house consultant cover for advice and guidance after 5pm is ongoing and this impacts on the good working relationship with the on-call medical registrars.

SSNAP

- We are still consistently achieving a grade B in the SNNAP score results, although we achieved an A for the months of July –September, which is demonstrating all of the improvements we are putting into place as mentioned above.

Current Assurance Level: 5 (Feb-23)

When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustained improvements in the SSNAP score / grade.

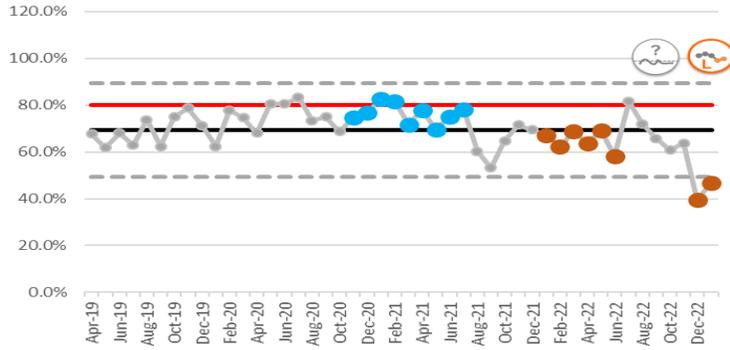
Previous Assurance Level: 5 (Jan-23)

SRO: Chief Operating Officer

Time spent on Stroke Unit

Stroke: % patients spending 90% of time on stroke unit

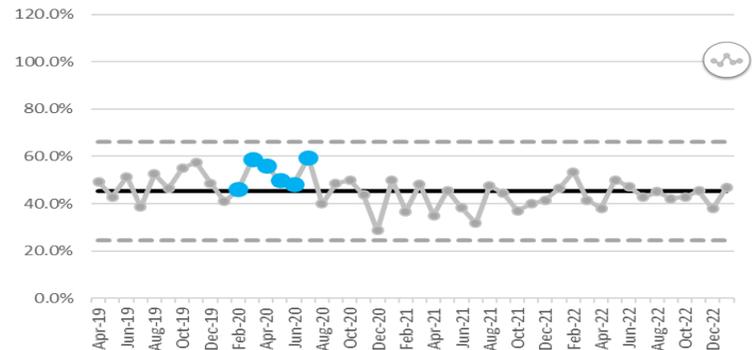
46.8%



CT within 60 minutes

Stroke : % CT scan within 60 minutes

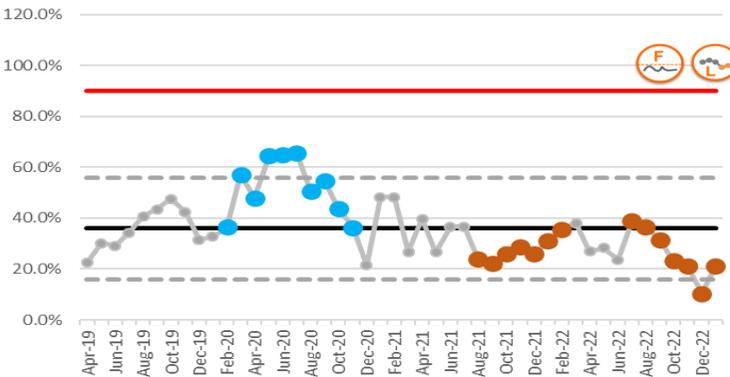
46.8%



Direct Admission to Stroke Ward

Stroke : % Direct Admission to Stroke ward

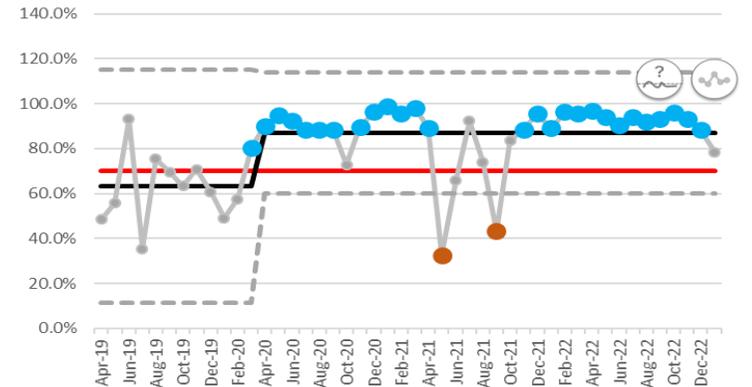
21.3%



TIA within 24 hr

Stroke: % seen in TIA clinic within 24 hours

78.4%



Variation

- Special Cause Concern High
- Special Cause Not Investigate High
- Common Cause Low

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently hit fail target

All graphs include Jan-23 data



Quality & Safety

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	<ul style="list-style-type: none"> We were compliant with all of the in-month infection targets in Feb-23. We have breached 2 of the year to date infection targets: C-Diff & MSSA. The Hand Hygiene participation rate increased in Feb-23. The Hand Hygiene compliance to practice rate was unchanged in Feb-23. All of the high impact intervention audits in Feb-23 achieved a compliance of over 95%.
Antimicrobial Stewardship	<ul style="list-style-type: none"> A total of 304 audits were submitted in Feb-23, compared to 254 in Jan-23. Antimicrobial Stewardship overall compliance increased in Feb-23 to 91.6% and achieved the target of 90% for the 3rd consecutive month.
SEPSIS 6	<ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has dropped slightly in Jan-23 to 64.4% (latest data – reported one month in arrears), and remains non compliant with the 90% target. This metric shows special cause improving variation for the last 10 months, but continues to consistently fail the target. The upper control of the common cause variation is below the target line which indicates a focused intervention in order to ever achieve the target (see next slide).
Fractured Neck of Femur	<ul style="list-style-type: none"> #NOF compliance increased to 78% in Feb-23, and this is the second highest performance in the last 12 months. The #NOF target of 85% has not been achieved since Mar-20.
Falls	<ul style="list-style-type: none"> The total number of falls rose in Feb-23 to 105, and was just above the in-month target of 103. We have breached our 22/23 falls trajectory to date by 194. There was 1 SI fall in Feb-23, which was above the in-month target. We have achieved the year to date trajectory with a total of 3 actual SI falls compared to a trajectory of 5.



Integrated Quality Performance Report - Headlines



Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> • The total number of HAPUs for Feb 23 increased slightly to 24, and was above the in-month target of 20. • We have breached our 22/23 to date trajectory by 60 HAPU's. • There were zero HAPUs causing harm in Feb-23. • We continue to be below our 22/23 to date trajectory by 3 HAPUs causing harm (actual 1 vs trajectory 4).
Friends & Family Test	<ul style="list-style-type: none"> • Inpatients and Outpatients recommended rates are both above the target and are both within common cause variation. • The A&E recommended rate target is above the upper control of common cause variation, so there is no realistic chance of achieving this without a focused intervention. • Maternity is within common cause variation, but this may be being under reported without information held in Badgernet, this will be amended for next month.
Complaints	<ul style="list-style-type: none"> • The % of complaints responded to within 25 days increased in Feb-23 to 72.1%, but was still below target (80%). • This is the 3rd consecutive month that the performance has been over 70%, but also the 8th consecutive month the target has been missed

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent

C-Diff (Target 79)		E-Coli (Target 81)		MSSA (Target 10)		MRSA (Target 0)		Klebsiella species (Target 35)		Pseudomonas aeruginosa (Target 23)	
Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target
6/7	99/72	6/7	38/75	1/1	16/10	0/0	0/0	0/3	14/32	0/2	7/21

What does the data tell us?

Note – the E-Coli target has been raised in line with the National Target

- We were compliant with all of the in-month infection targets in Feb-23.
- We have breached 2 of the year to date infection targets: C-Diff & MSSA. To note MSSA is an internal target and will require review for the next financial year
- Cdiff remains higher than the National and Midlands per 100,000 rates – see next slide.
- E-coli is within 'common cause variation', it has been above the mean for the last few months and is at risk of breaching the year end target.
- Both participation and compliance for Hand Hygiene audits remain 'common cause variation'.
- 7 new COVID outbreaks were declared in Feb-23.
- There are currently 7 ongoing active COVID outbreaks, and 4 in the monitoring phase (10/03/2023). This has been reflected in the latest (10/02/2023) Covid prevalence increasing from ~40 – 45 in previous weeks, to ~55-60 currently.
- There are currently 2 Influenza active outbreaks (10/03/2023)
- There is currently 1 ongoing D&V/Norovirus outbreak (10/03/2023).
- All of the high impact intervention audits in Feb-23 achieved a compliance of over 95%.

Assurance level – Level 4

Reason: this is based on the complexity of multiple infections that we are experiencing and the capacity pressures. A deeper dive into the prevalent infections is needed to understand whether our action plans have the right focus.

Previous assurance level - Level 4 COVID-19 / Level 4 for non-Covid (Dec-22)

What are we doing to make improvements?

- A hospital acquired functional decline task and finish group has been set up to ensure that patients do not come to harm (i.e. pick up infections) as a result of hospital or system processes such as delayed discharges.
- To update the 8 infection prevention and control documents that are overdue their reviews. CPE policy will be submitted to TIPCC in May, other documents will need change of owner and this is in progress
- The MSSA ward audits have been refined to ask more granular questions that will support knowledge transfer and identify training needs for staff. EPR system update has been requested to manage access devices to enable a greater awareness.
- NHS England are expecting to review the Trust in May 2023, this is a return visit with a focus on Cdiff. The last NHSE visit downgraded the Trust from Green to Amber.
- The previous increase experienced in Influenza appears to have abated in February and March.
- COVID continues to be a focus and there is variability in presenting cases, a QIA has been undertaken to assess the impact of the presenting conditions model

When expected to move to next level of assurance:

June 2023 – A review of the action plans and evaluation on the effectiveness of plans implemented is needed in April 2023, with additional plans being enacted by June 2023.

Interim SRO: Jackie Edwards (Interim CNO)

Source: Fingertips / Public Health Data (up to Dec 2022)

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 21st best, and is **above** both the Midlands and England rates.

E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 8th best, and is **below** both the Midlands and England rates.

MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 8th best, and is **below** both the Midlands and England rates.

MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits equal 1st, and is **below** both the Midlands and England rates.

C. Difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases

Area	Count	Per 100,000 bed days
England	6,935	20.2
Midlands NHS Region (Pre ICB)	1,183	18.6
Worcestershire Acute Hospitals	69	27.2

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

Area	Count	Per 100,000 bed days
England	7,709	22.4
Midlands NHS Region (Pre ICB)	1,256	19.7
Worcestershire Acute Hospitals	38	15.0

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

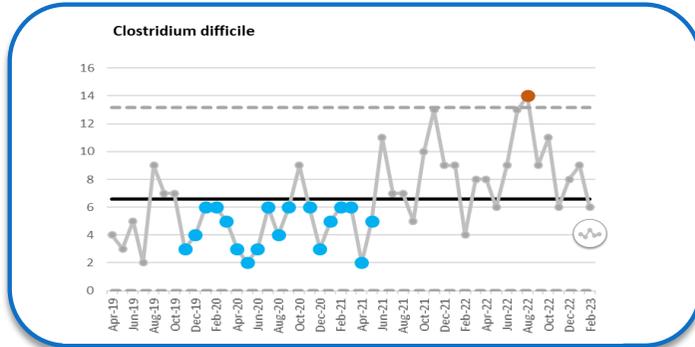
Area	Count	Per 100,000 bed days
England	3,883	11.3
Midlands NHS Region (Pre ICB)	643	10.1
Worcestershire Acute Hospitals	20	7.9

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

Area	Count	Per 100,000 bed days
England	268	0.8
Midlands NHS Region (Pre ICB)	34	0.5
Worcestershire Acute Hospitals	0	0.0

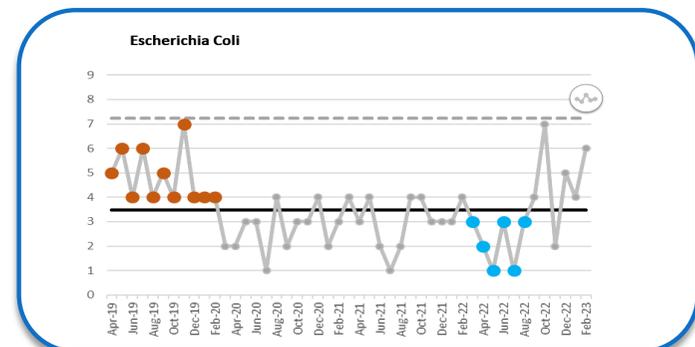
C-Diff

6



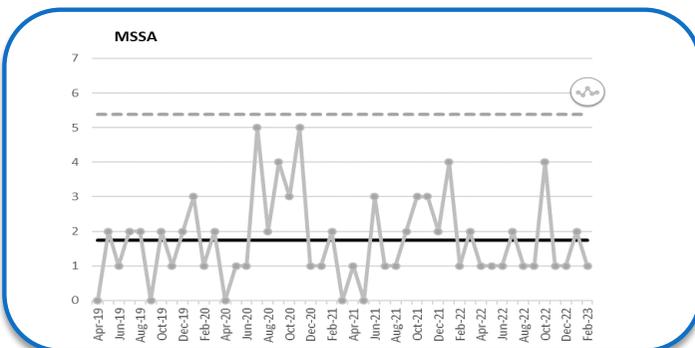
E-Coli

6



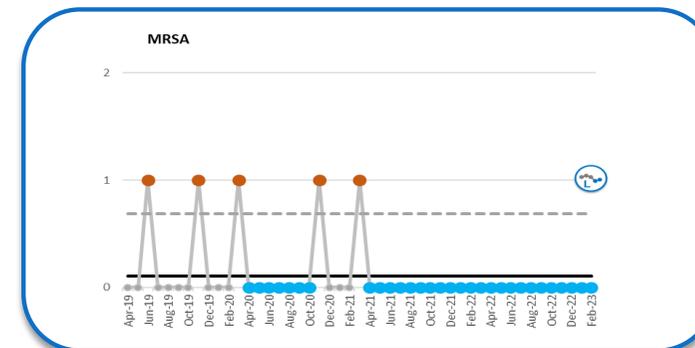
MSSA

1



MRSA

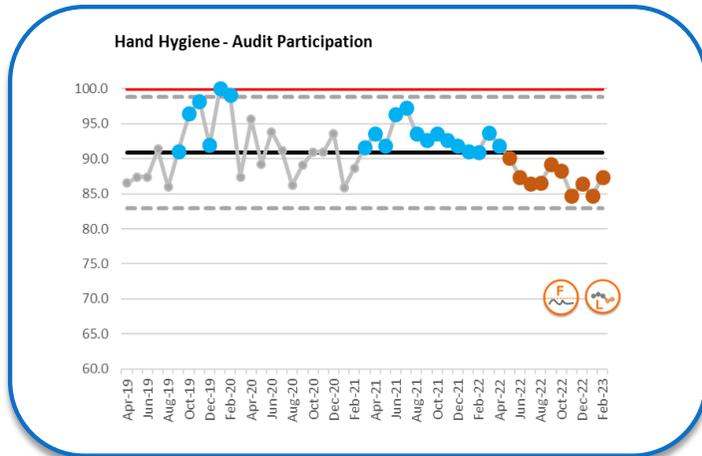
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Variation			Assurance		
Special Cause Concern High	Special Cause Note/Investigate Low	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target

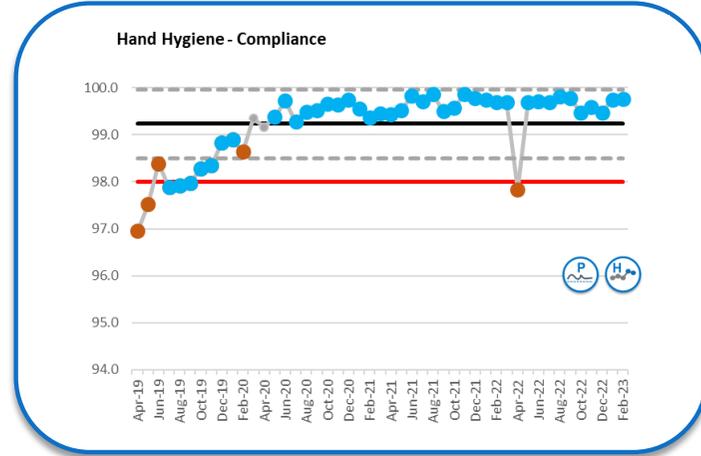
Hand Hygiene Audit Participation (%)

87.4



Hand Hygiene Compliance (%)

99.8



Please note that % axis does not start at zero.

Please note that % axis does not start at zero.

Variation			Assurance				
							Lockdown Period
Special Cause Concern High	Special Cause Concern Low	Special Cause Note/Investigate High	Common Cause	Consistently hit target	Hit and miss target subject to random		COVID Wave

2.1 Care that is Safe – Antimicrobial Stewardship and Medicines Management

Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Feb-23	Jan-23	Feb-23	Jan-23	Feb-23
	92.5%	95.7%	96.0%	95.7%

What does the data tell us?

Antimicrobial stewardship

- A total of 304 audits were submitted in Feb-23, compared to 254 in Jan-23.
- Antimicrobial Stewardship overall compliance increased in Feb-23 to 91.6% and achieved the target of 90% for the 3rd consecutive month.
- Patients on Antibiotics in line with guidance or based on specialist advice increased in Dec-22 and achieved the target.
- Patients on Antibiotics reviewed within 72 hours also increased in Dec-22 and achieved the target.
- Of the 8 elements of the audit, the same 3 have failed to reach the target for the last 3 months, but all surpassed 80%;
 - Drug Allergy Status Recorded: 84.9% (down from 88.6% in Jan-23)
 - Appropriate Tests Requested: 81.3% (down from 81.9% in Jan-23)
 - Duration of Antimicrobial: 86.3% (up from 85.4% in Jan-23)
- Carbapenems prescribing has started to increase during Q3, but is still below pre-pandemic levels.

Medicines Management

- **NOTE: currently no concerns related to Medicines Incidents and both metrics included on Slide 38 are within common cause variation.**

Assurance level – level 6

Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits

Assurance level – Level 6

What are we doing to make improvements?

Antimicrobial stewardship

- Assurance on antimicrobial stewardship (AMS) continues to be reviewed monthly via the Antimicrobial Stewardship Group (ASG). Divisions are sustaining Levels 4-6 assurance, with strong evidence of progress being made including local audit and quality improvement projects.
- Actions on the plan includes:
- Clinical engagement in Antimicrobial Stewardship Group is the focus in March 2023.
 - Antimicrobial pharmacist to be appointed – September 2023 – to support data management and oversight of compliance levels (the most recent attempts at recruitment have been unsuccessful).
 - Preparatory work on the EPMA phase of the EPR to commence in line with the EPR plan but to be no later than July 2023.

Medicines Management

- Following the removal of this from mandatory training, a new programme as an essential role user has been developed. Compliance to this will be monitored and reported.

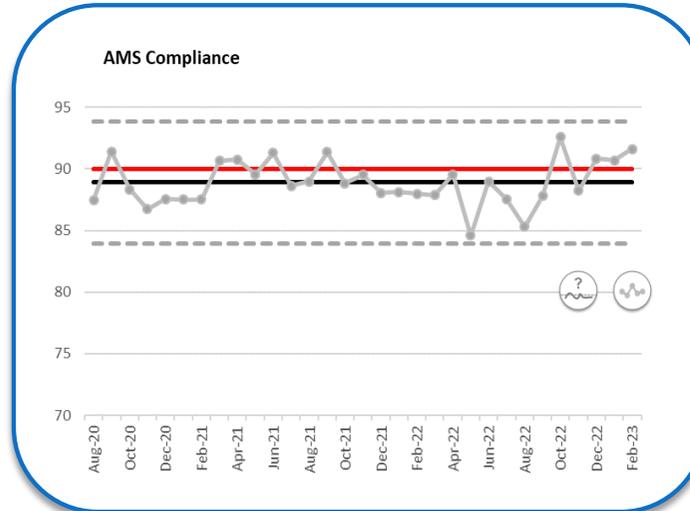
When expected to move to next level of assurance –

This will be next reviewed in April 23, when quarter 4 performance can be assessed.

Interim SRO: Jackie Edwards (Interim CNO)

AMS Compliance

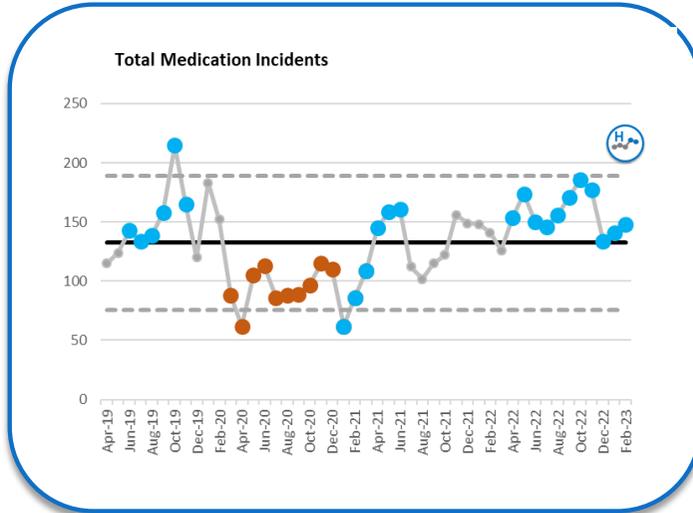
91.6%



Variation			Assurance		
Special Cause Concern High	Special Cause Note/Investigate High	Common Cause Low	Consistently hit target	Hit and miss target subject to random	Consistently fail target

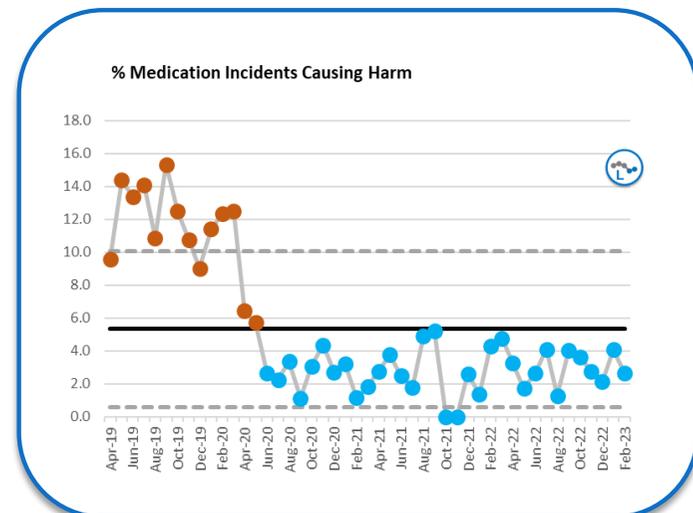
Total Medicine incidents reported

148



Medicine incidents causing harm (%)

2.6%



Variation

Special Cause
Concern
High

Special Cause
Note/Investigate
Low

Special Cause
Note/Investigate
High

Special Cause
Note/Investigate
Low

Common Cause

Assurance

Consistently hit target

Hit and miss target subject to random

Consistently fail target

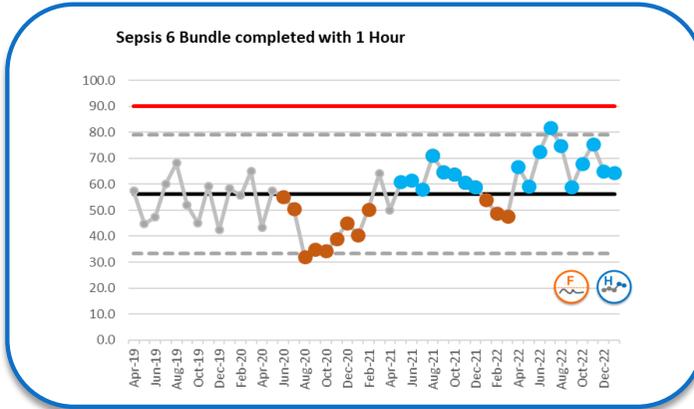
Lockdown Period
 COVID Wave

Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			79.7%	89.8%	86.4%	83.1%	74.6%

<p>What does the data tell us?</p> <ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has dropped slightly in Jan-23 to 64.4% (latest data – reported one month in arrears), and remains non compliant with the 90% target. This metric shows special cause improving variation for the last 10 months, but continues to consistently fail the target. The upper control of the common cause variation is below the target line which indicates a focused intervention in order to ever achieve the target (see next slide). The Sepsis screening compliance dropped in Jan-23 to 85.5% and failed to meet the target for the third time in 8 months. Antibiotics provided within 1 hour dropped in Jan-23 to 81.4% and failed to achieve the target of 90%, however although this metric is accepted practice, often it is considered best to wait for some results prior to administering antibiotics such as in Urology cases, this precaution is in place due to the high prevalence of Cdiff we are currently experiencing. The above aside this metric has shown special cause variation of concern for the last 6 months. All of the remaining elements of the Sepsis Six bundle require improvement to achieve the 90% target. 	<p>What does the data tell us continued...</p> <ul style="list-style-type: none"> The Trust's 12 Month Rolling Crude Death rate up to Dec-22 for Septicemia (except in labour) is 23.4% (In Hospital 14.4% & Out of Hospital 8.9%), which is the 3rd lowest in the Midlands (out of 22).¹ The Trust's ALOS (Jan-22 to Dec-22) is 10.41 days, which is the 6th lowest in the Midlands.¹ <p style="text-align: right;">¹Source: HED, accessed 10/03/2023.</p> <p>What are we doing to make improvements?</p> <ul style="list-style-type: none"> Evaluate with Trust SEPSIS lead and the Digital Division how the implementation of the EPR can support SEPSIS improvements. In preparation for the NHSE visit to review the response to recommendation for IPC, evaluation of the following will be taking place: Identification of any harm caused by not giving the SEPSIS bundle within one hour for some patients – an agreed approach to prevent Cdiff cases (where risk of SEPSIS is low). Explore with an epidemiologist what may be the cause of the recent prevalence in Cdiff. This is being driven by the ICS Quality team and discussions commenced in February. Completion of a refined audit as designed by the SEPSIS lead for the Trust. Digital Information to complete this in March 2023.
<p>Assurance level – 5 Reason - Performance against the compliance metric remains below the expected level, however refinement of the metrics is needed to provide more granular detail, specifically in relation to the links with Cdiff prevention.</p>	<p>When expected to move to next level of assurance: Q2 2023/24 – following the testing and implementation of the refined Sepsis audit and agreed refinement of SEPSIS related KPIs are monitored. The review of the epidemiology study will have also been received and action plan (if needed) agreed.</p>
<p>Previous assurance level – 5</p>	<p>SRO: Christine Blanshard (CMO)</p>

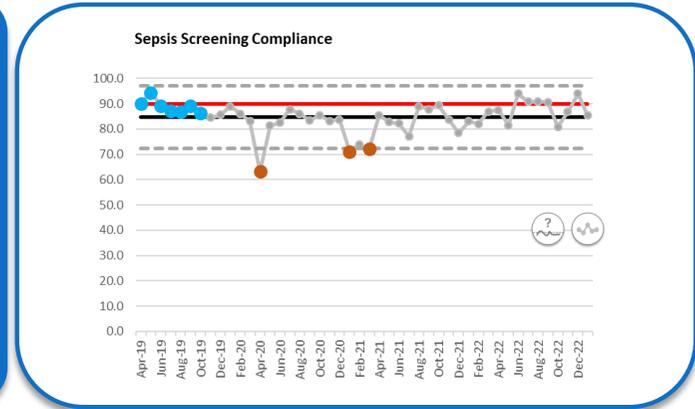
Sepsis 6 Bundle within 1 Hour Compliance (audit)

64.4%



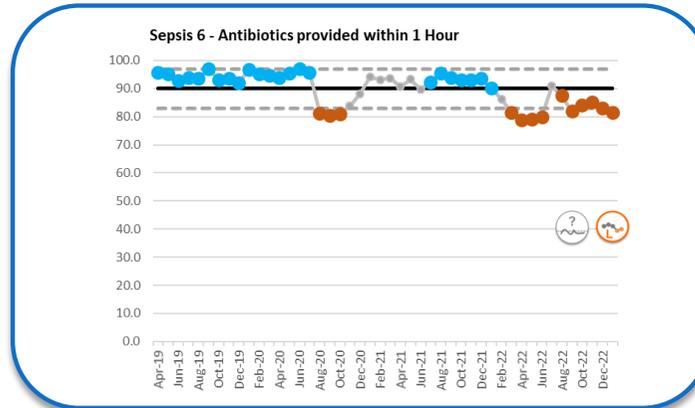
Sepsis Screening Compliance (audit)

85.5%



Sepsis Screening Antibiotics Compliance (audit)

81.4%



Variation			Assurance		
Special Cause Concern	Special Cause Note/Investigate	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target
High	Low	High	Low		

#NOF – Time to Theatre <= 36 Hours



What does the data tell us?

This remains a risk on the risk register – RISK ID 4873 – score 15 - Extreme

- #NOF compliance increased to 78% in Feb-23, and this is the second highest performance in the last 12 months
- There were 63 #NOF admissions in Feb-23.
- The #NOF target of 85% has not been achieved since Mar-20
- There were a total of 14 breaches in Feb-23.
- The reasons for delays were
 - 58.3% (7 patients) due to theatre capacity
 - 41.7% (5 patients) due to patients being medically unfit
 - 8.3% (1 patients) due to bed issues
 - 8.3% (1 patients) due to further imaging being required
- The average time to theatre in Feb-23 was 29.1 hours.
- The Trust's 12 Month Rolling Crude Death rate up to Dec-22 for #NOF is 10.82% (In Hospital 4.49% & Out of Hospital 6.33%), which is the 7th highest in the Midlands (out of 22).¹
- The Trust's ALOS (Jan-22 to Dec-22) is 9.17 days, which is the lowest in the Midlands.¹

¹ Source: HED, accessed 10/03/2023.

What are we doing to make improvements?

- Working with the Health and Care Trust to establish ring fenced beds in the community to ring fence post operative recovery beds (beds for day 4/5). This would support patient flow within the hospital and ensure that patients waiting for surgery are not delayed due to bed capacity. This would also mean that patients are less likely to decompensate within the hospital as they will be in a setting more suitable to their recovery needs.
- Pre-Covid this pathway was successfully implemented and it had a combined impact of reducing the overall patient length of stay by ten days across the Acute and Community settings.

Current assurance level: 5 Reason: Collaborative system working required to improve the patient pathway and create patient flow for these patients.

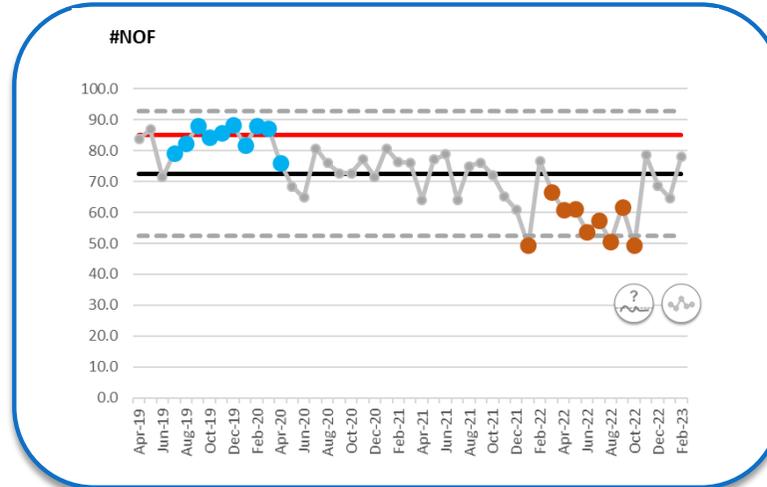
When expected to move to next level of assurance: Q2 2023/24 – there is currently an ICB led Demand and Capacity bed modelling programme underway. This will support the discussions regarding reimplementation of this pathway.

Previous assurance level: 5

SRO: Christine Blanshard (CMO)

#NOF time to theatre ≤ 36 hours

78%



Variation			Assurance		
Special Cause High	Special Cause Low	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target
Special Cause Note/Investigate					

Lockdown Period

COVID Wave

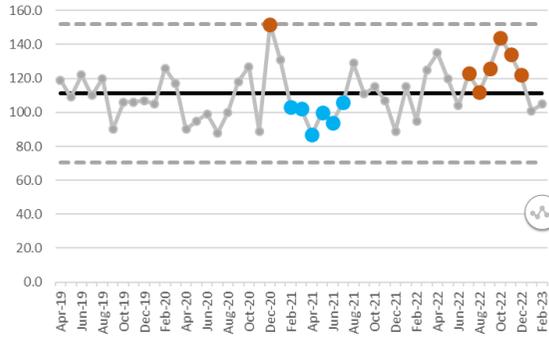
2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Feb-23	Feb-23	Feb-23	Feb-23
<p>What does the data tell us? Falls has an entry on the risk register – ID 3775 – 9 - HIGH</p> <p>Total Inpatient Falls</p> <ul style="list-style-type: none"> The total number of falls rose in Feb-23 to 105, and was just above the in-month target of 103. This is within the common cause variation and therefore is not a current cause of concern. We have breached our 22/23 falls trajectory to date by 194. <p>Inpatient falls resulting in Serious Harm</p> <ul style="list-style-type: none"> There was 1 SI fall in Feb-23, which was above the in-month target. We have achieved the year to date trajectory with a total of 3 actual SI falls compared to a trajectory of 5. <i>(note – The SI fall recorded in Jan-23 was downgraded following an investigation which showed no omissions of care)</i> 		<p>What are we doing to make improvements?</p> <ul style="list-style-type: none"> Review the impact and continued compliance to the Falls interventions that were implemented in 2022. Identify where interventions require a refresh and re-energise the action plan for 2023/24. Deep dive into the statistical increase in falls and restructure reporting to focus on quality of falls related care rather than just statistics. Falls education programme now agreed and to be developed/launched. Falls Prevention Lead to support falls related quality improvement work across the Trust. Analyse impact of the purchased Ramblegard falls preventative technology to establish its potential benefit for spread. Falls Prevention Lead to support divisions with expert oversight of the all falls with harm/SI falls. 	
<p>Assurance levels (Quarter 2); Falls – Level 6</p>		<p>When expected to move to next level of assurance Quarter 2 2023/24 – Following the review of the interventions implemented in 2022 and the development of a re-energised plan.</p>	
<p>Previous assurance level (Quarter 1); Falls – Level 6</p>		<p>Interim SRO: Jackie Edwards (Interim CNO)</p>	

Total Falls

105

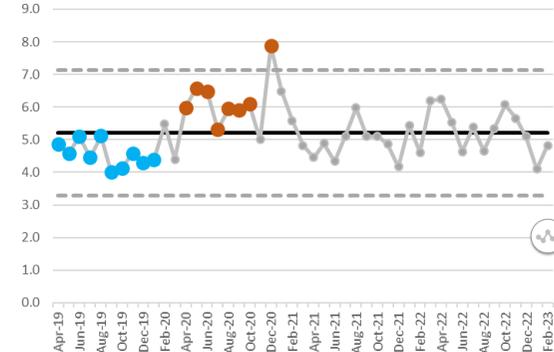
Total Inpatient Falls



Total Falls per 1,000 bed days

4.82

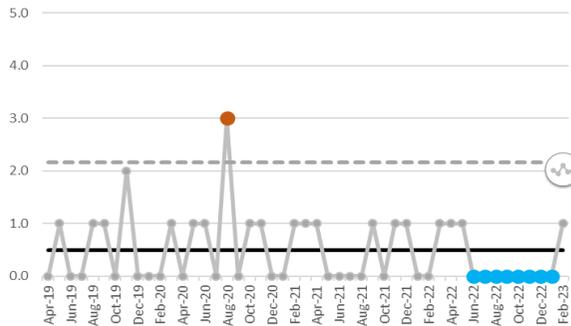
Total Inpatient Falls Per 1,000 Bed Days



Total SI Falls

1

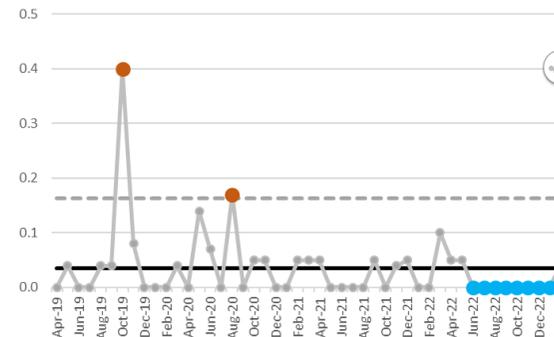
Inpatient Falls resulting in Harm



SI Falls per 1,000 bed days

0.04

Inpatient Falls resulting in Harm Per 1,000 Bed Days

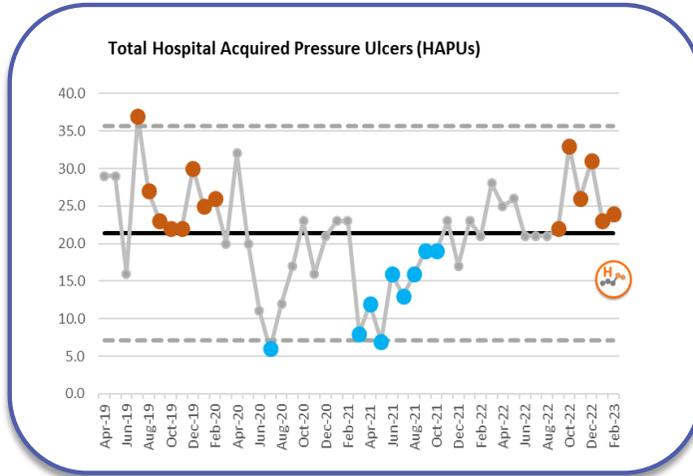


2.1 Care that is Safe – Pressure Ulcers

Total Hospital Acquired Pressure Ulcers (HAPUs)	Hospital Acquired Pressure Ulcers Causing Harm
Feb 2023	Feb 2023
	
<p>What does the data tell us?</p> <p>Total HAPU's</p> <ul style="list-style-type: none"> The total number of HAPUs for Feb 23 increased slightly to 24, and was above the in-month target of 20. This metric is now showing special cause variation of concern as the last six months have been above the mean. We have breached our 22/23 to date trajectory by 60 HAPU's. <p>HAPU's causing Harm</p> <ul style="list-style-type: none"> There were zero HAPUs causing harm in Feb-23. We continue to be below our 22/23 to date trajectory by 3 HAPUs causing harm (actual 1 vs trajectory 4). % of inpatients who sustained a HAPU in Q3 2022/23 – Of 10,191 admissions – 0.75% had HAPU at WRH, and of 3,782 inpatients – 0.61% at the Alex. No SI's in Q3. 	<p>What are we doing to make improvements?</p> <ul style="list-style-type: none"> A review of the interventions put in place between 2021 – 2022 to ensure that wards are still compliant and whether additional support is required in any areas. Focus continues on the national and local campaigns – particularly in educating staff and patients at ward level. Continued focus on national campaigns and local education through quality improvement plans at ward level. Continued Learning from Serious Incidents Actions Bespoke tissue viability training with areas identified increased prevalence. Relaunch of Agency Staff P.U.P induction questionnaires are being implemented for assurance of PUP knowledge. In light of increased HAPU for Q3, safe staffing percentages to be reviewed to determine if there were any potential influencing factors – this will continue to be reported in the Safer Care report going forward. (page 7 of Safer Care report)
<p>Assurance levels: 6</p>	<p>When expected to move to next level of assurance : No change anticipated in coming months. Sustaining level 6 is the focus in light of the slight increase in falls.</p>
<p>Previous assurance level: 6</p>	<p>Interim SRO: Jackie Edwards (Interim CNO)</p>

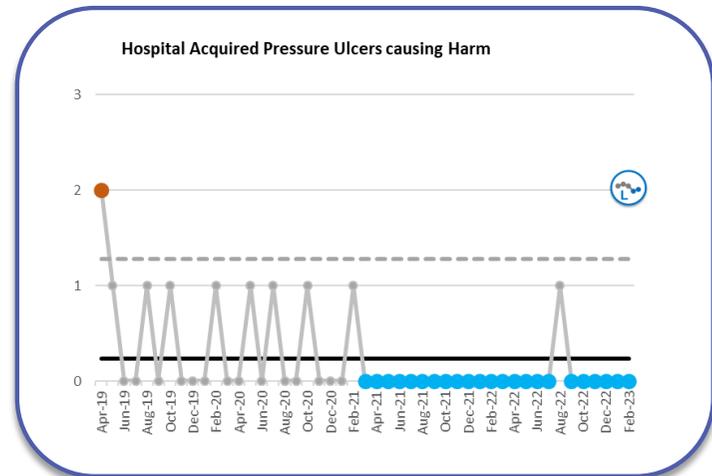
Total HAPU's

24



HAPU's Causing Harm

0

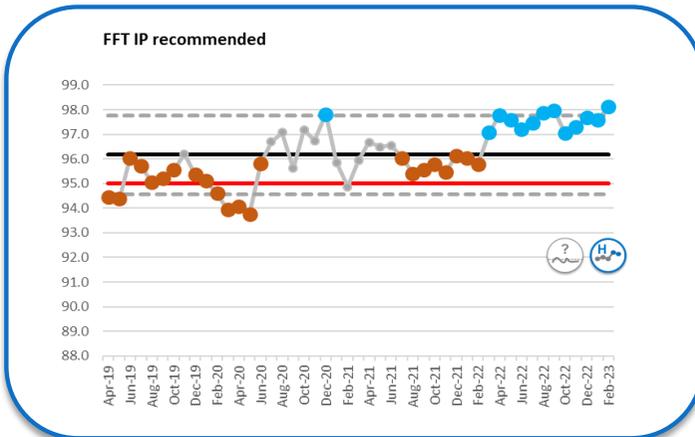


2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended
<p>What does the data tell us?</p> <ul style="list-style-type: none"> The continuous improvement in Inpatient recommended rate requires a re-base on the SPC charts for next month. The recommendation target has been exceeded significantly, and the response rate increased to 39.1%, and was above trust target. The continuous improvement in Outpatient recommended rate requires a re-base on the SPC charts for next month. The recommended rate for Outpatients has achieved target and the response rate increased to 12.9% and was again above target. The recommended rate for Maternity decreased in Feb-23 to 87.5%, and was not compliant for the 4th time in the last 12 months. The response rate increased in Feb-23 to 3.0%. It has not achieved the target of 30% since Jul-20, and has not reached double figures since Aug-21. The recommended rate for A&E dropped slightly to 89.3% and failed to achieve the target. The performance remains within common cause variation and the target is outside of the upper control limit, indicating that some intervention is required to make a demonstrable improvement. The response rate was increased slightly (22.2%) and was above trust target. February PALS numbers were the highest number since September 2022, with 315 contacts, of these nearly 70% were closed within 1 working day, all except 8 have since been closed and none progressed to a formal complaint. 		<p>What are we doing to make improvements?</p> <p>The main focus on Q1 23/24 is to undertake a campaign to refresh the benefits of FFT across all three sites. This will include promotion of FFT by the Patient Experience Lead Nurse and includes staff support and a public/staff awareness campaign in #ExpoOfCare week.</p> <ul style="list-style-type: none"> Q4/Q1 (2023-24) actions include a focus on an FFT re-role across all three sites, supported by volunteers. Divisions will have the option of cards, an app and text messages. Text message service launched in Lavender Unit at the end of Q3 to support response rates. PE Lead Nurse to discuss with Matrons at Monthly Meetings commencing in Q4 as to how they approach FFT collection in their areas. Communications to relaunch FFT campaign. Children’s ward development from Q4 with developments to improve children’s feedback. It has been requested (Governance team) that the Children’s Divisional FFT and Women’s Divisional FFT is routinely included in quarter Patient Experience reports into the Patient, Carer and Public Engagement steering group moving forwards. <p>Additional actions will also include:</p> <p>Maternity will be piloting a text messaging link to the FFT survey for Lavender Suite (antenatal) and will continue to promote with women and their partners about how to share feedback on Badgernet.</p> <p>A proof of concept digital solution to support improvements in A and E has been delayed due to the roll-out of EPR. This project will now be rolled out in Q1 2023-2024. Expressions of interest has been sent to all Divisions to identify other directorates that are willing to participate in the pilot when it starts.</p>	
<p>Assurance level – 5</p> <p>Reason: Although performance in inpatients and outpatients continues, the assurance level cannot improve until an intervention occurs within A&E and common cause variation incorporates the target.</p>		<p>When expected to move to next level of assurance: June 2023 - after the A&E pilot has been reviewed and Maternity performance incorporates data from Badgernet.</p>	
<p>Previous assurance level – 5</p>		<p>Interim SRO: Jackie Edwards (ICNO)</p>	

FFT Inpatient Recommended %

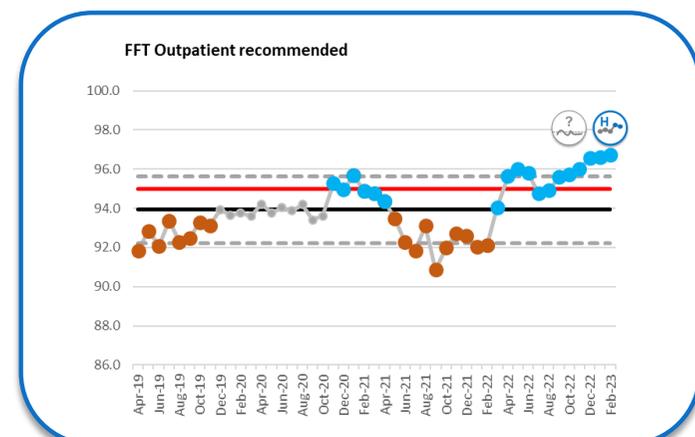
98.1



Please note that % axis does not start at zero.

FFT Outpatient Recommended %

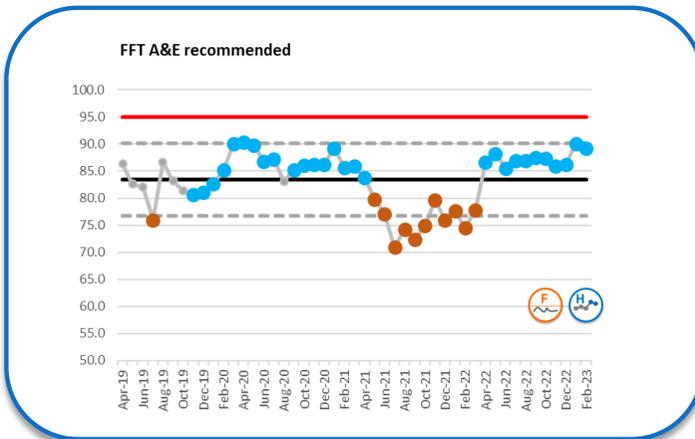
96.8



Please note that % axis does not start at zero.

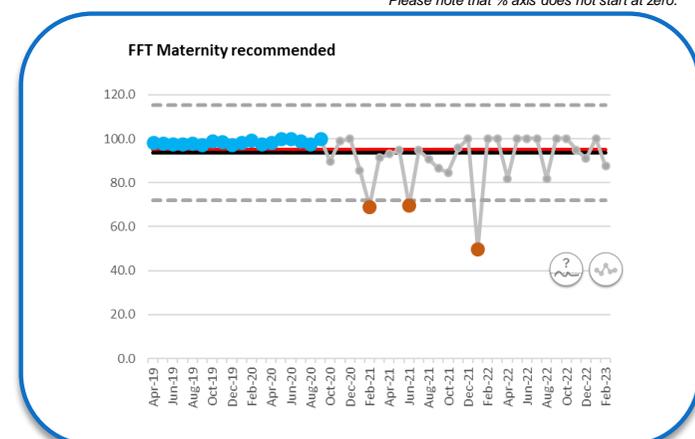
FFT AE Recommended %

89.3



FFT Maternity Recommended %

87.5



Variation

- Special Cause High (H icon)
- Special Cause Low (L icon)
- Special Cause Note/Investigate High (H icon)
- Special Cause Note/Investigate Low (L icon)
- Common Cause (C icon)

Assurance

- Consistently hit target (P icon)
- Hit and miss target subject to random (Q icon)
- Consistently fail target (F icon)

2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days

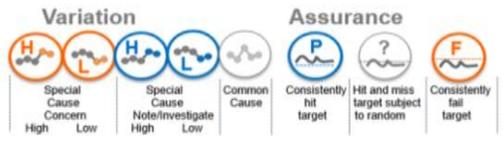
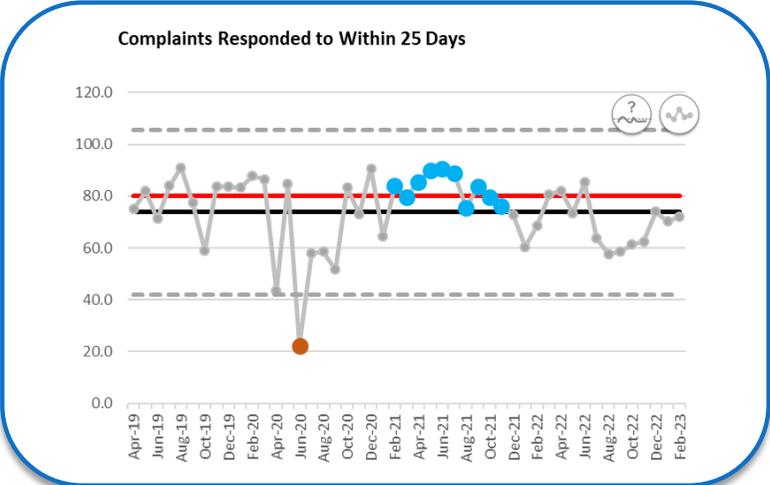
<p>What does the data tell us?</p> <ul style="list-style-type: none"> In total there were 51 new formal complaints received within February with 17 called within 5 days to discuss the complaint. 31 complaints were closed within the 25 working days (72% of all that were closed in February). The Trust has 94 complaints still open of which 29 are beyond 25 working days, just under 50% of these complaints are within the Surgical Division. Of the 94 current open complaints, 7 have been re-opened and these are within Surgery, Speciality Medicine and Urgent Care. This is the 3rd consecutive month that the performance has been over 70%, but also the 8th consecutive month the target has been missed. The target is within the common cause variation but performance fluctuates. The SPC chart indicates that more robust processes and / or increased focus / capacity would enable us to meet the target consistently. Please note: excluding the Surgical Division, performance for Q4 (as of 15/03/2023) is at 90% Trustwide - the continued and ongoing backlog of overdue cases in Surgery has negatively impacted performance several times through Q2, Q3 and Q4. 75% of the cases currently in breach are in the Surgical Division – this represents a significant backlog, and until this is resolved and closed, performance will continue to be below target. 	<p>What are we doing to make improvements?</p> <ul style="list-style-type: none"> Support (inc. training) is being provided to Surgery over the last few months and a proportion of the older breach cases has been resolved informally . The delay in investigating/responding to complaints has been primarily in the operational area of the Division, rather than the Matrons/Wards; this has been escalated so that actions can be taken to improve compliance to Trust guidance. It has been identified that there are issues in obtaining statements from clinicians in order to produce responses; this has been escalated to the Surgical Divisional Medical Director who is looking to improve engagement and compliance. A target has been set for end of March 2023 to clear the backlog of overdue cases within the Surgical Division; Directorate Managers & Directorate Support Managers have been given a clear target and expectation to resolve by 24/03/2023. The Surgical DMT’s intention is that once this backlog is resolved a robust process will be embedded and a similar situation will not be permitted to arise again.
<p>Assurance Level – 5 Reason: The high number of breaches remains confined to one Division; older breaches have been resolved but newer cases have slipped into breach. Progress has been made, but not as quickly as anticipated; an improvement target has been set within the Surgical Division.</p>	<p>When expected to move to next level of assurance:</p> <p>Level 6 – will be achieved at the end of Q1 (June 2023) this allows time for Surgery to clear their backlog and a few months to monitor sustained compliance to the expected performance.</p>
<p>Previous assurance level - 5</p>	<p>SRO: SRO: Christine Blanshard (CMO)</p>

Month 11 [February] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Feb-23 as 7th Mar 2023

Complaints Responded to Within 25 Days (%)

72.1%





Maternity

Admission of full-term babies to neonatal care	Neonatal Deaths (>24 ⁺⁰ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
								374	377

What does the data tell us?

- Year to date, there have been 4,393 deliveries and 4,460 babies born. By comparison, there were 4,543 deliveries and 4,612 babies born in the same period of 21/22.
- The metrics that show special cause concern are 1) Booked before 12⁺⁶ weeks noting that the target (90%) may or may not be achieved, 2) admission of full-term babies to neonatal care and 3) neonatal deaths.
- The remaining core metrics have not changed significantly and show either a level of natural variation you would expect to see or the statistical significant improvement has been maintained
- There was 1 stillbirth, 4 neonatal deaths but no maternal Feb-23. There has not been a maternal death since Apr-22.

What have we been doing?

- Submitted action plan to NHSR to recover some funding to support delivery of scheme in 2023/4
- Continuing to build our leadership and governance team and recruited:
 - Deputy Director of Midwifery .
 - Practice Development Midwife
- Current Ockenden and CQC evidence updated in preparation for insight and regulatory inspection.
- Continue to engage in regional roll out of escalation toolkit and also IOL framework/escalation work stream
- Governance Boards now in-situ
- Fetal monitoring masterclass x 2 completed –further funding agreed.

What are we going to do?

- Restart engagement events when staffing levels allow
- Complete new escalation policy
- Continue to preparing for expected CQC visit
- Prepare for LMNS Insight visit

When expected to move to next level of assurance:

- Completion of work outlined in service improvement plan
- No midwifery vacancies
- No medical staffing vacancies

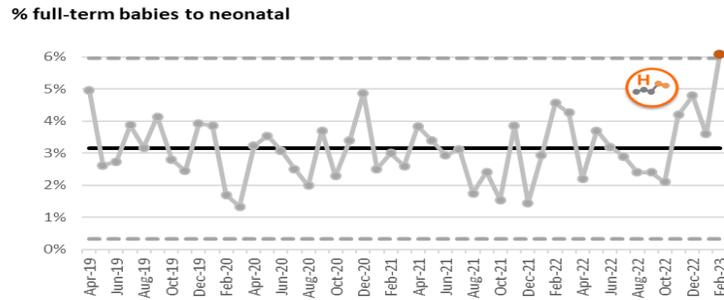
Current Assurance Level - 5 (Feb-23)

Previous Assurance Level - 5 (Jan-23)

SRO: Jackie Edwards (Interim CNO)

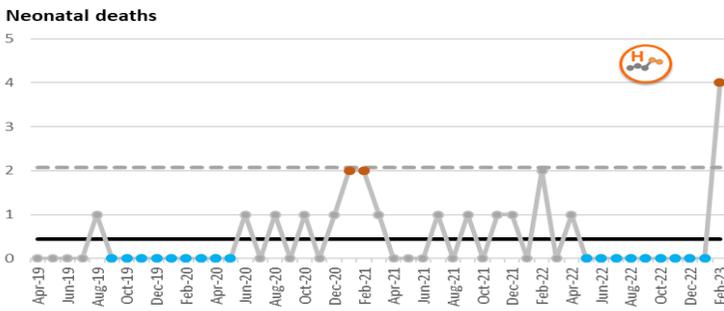
% admission of full-term babies to neonatal care

6%



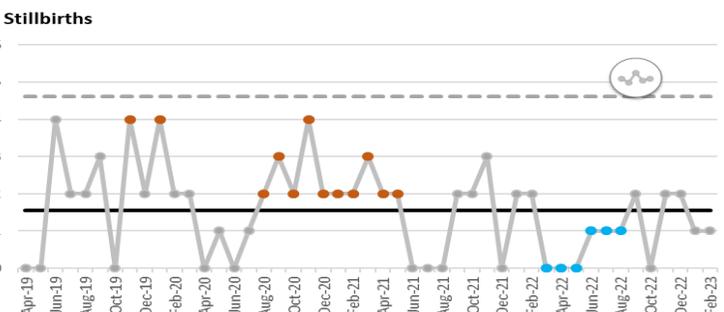
Neonatal Deaths (>24+0 weeks gestation)

4



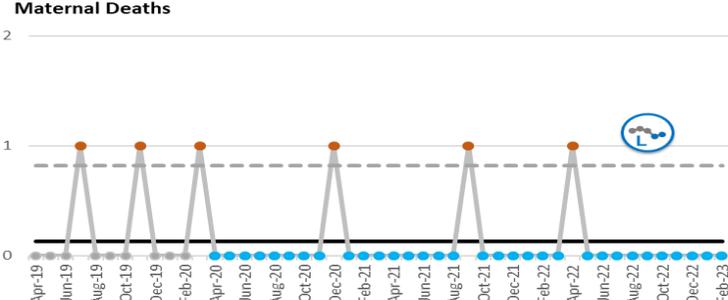
Stillbirths

1



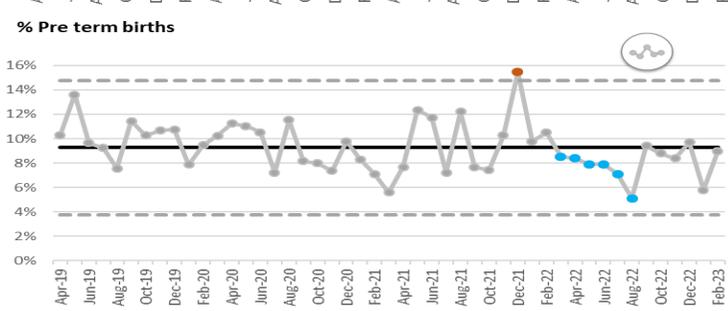
Maternal Deaths

0



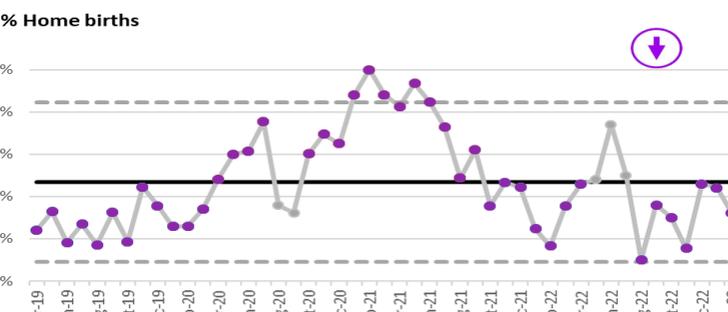
% Pre term births

9%



% Home births

2%

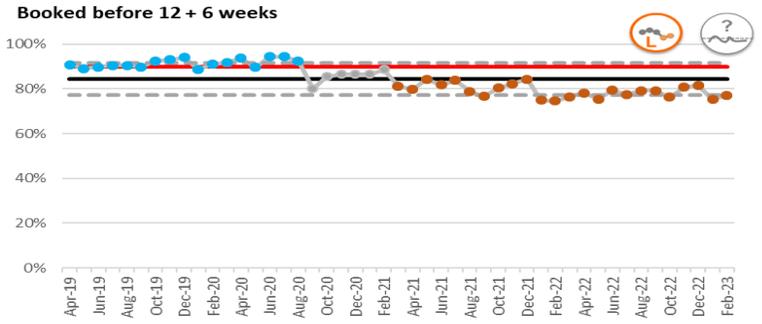


● Purple SPC dots represent special cause variation that is neither improvement or concern

Graphs include Jan-23 data – presentation is using the national SPC toolkit.

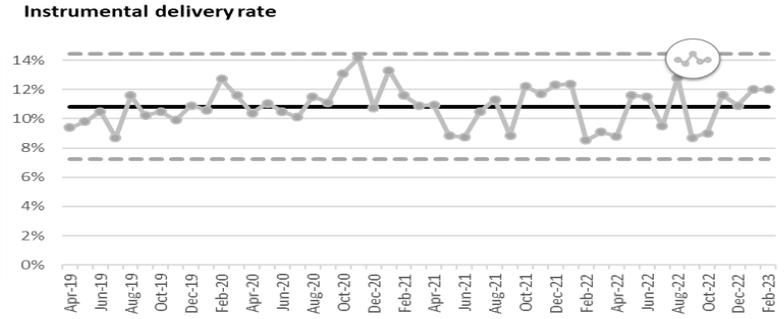
Booked before 12⁺⁶ weeks

77%



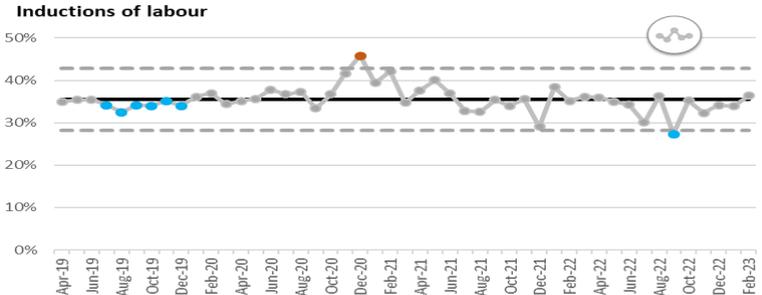
Instrumental Delivery

12%



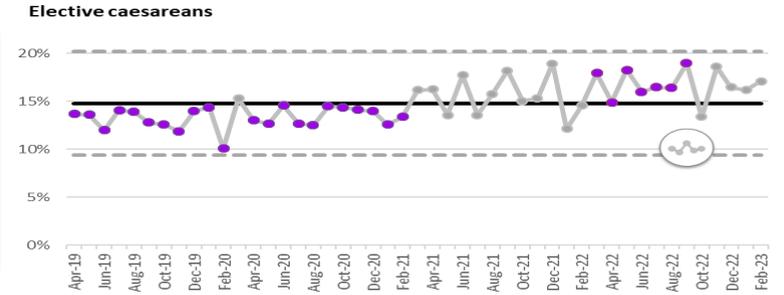
Inductions of labour

36%



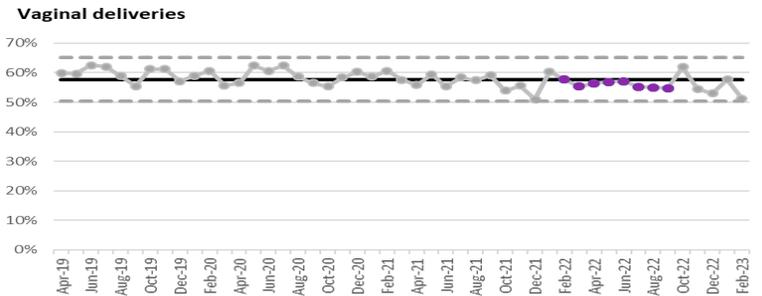
Elective Caesarean

17%



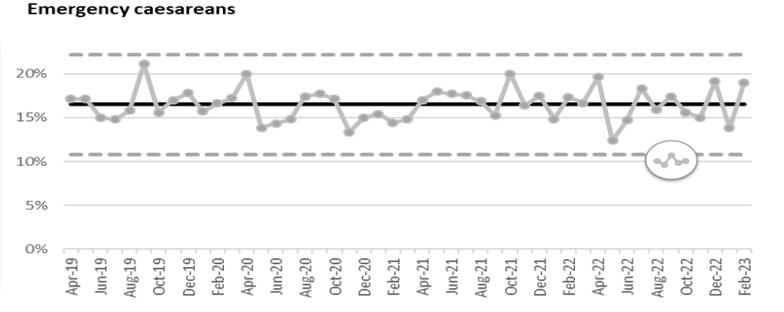
Vaginal Deliveries (non-instrumental)

51%



Emergency Caesarean

19%



Variation

- Special Cause Concern High
- Special Cause Concern Low
- Special Cause Not Investigate High
- Special Cause Not Investigate Low
- Common Cause

Assurance

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

● Purple SPC dots represent special cause variation that is neither improvement or concern
 Graphs include Jan-23 data – presentation is using the national SPC toolkit.



Workforce



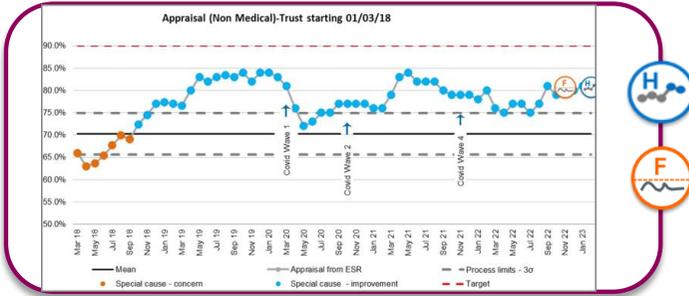
People and Culture Performance Report Month 11 - Headlines



	Comments
Getting the Basics Right	<ul style="list-style-type: none"> Overall Mandatory Training Compliance has remained at 89% against a Model Hospital average of 88.4%. Women and Children’s Division have improved by 1%. SCSD and Digital both meet the Trust target of 90% and 4 out of 8 divisions are better than national benchmark. The Medical and Dental staff group remain outliers across all divisions Non medical appraisal has remained at 81% against a target of 90%. This is 1% higher than the same period last year against a national average on Model Hospital of 76.3%. Recruitment – We have 16 more starters than leavers which has improved vacancy position. All clinical divisions have had more starters than leavers with the exception of Women and Children’s who are 10 down. Job Planning has dropped to 60% with 16% drop in Urgent Care, 7% drop in SCSD and 5% in Specialty Medicine.
Performance Against Plan	<ul style="list-style-type: none"> Our gross establishment has remained at 6,885 The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,599 wte. Our gross vacancy rate has improved by 0.12% to 11.63% (using ESR Staff in Post data against ADI Funded Establishment). We remain ahead of our workforce plan by 122.49 wte and 56.04 wte ahead of the original H2 workforce plan submission. We have submitted an Interim 5 year plan which will require an additional 153.15 wte recruitment by 31st March 2024. Final submission is due 31st March 2023.
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> Sickness rates have improved by 0.42% this month to 5.53% which is 0.19% better than last year. This equates to an average of 336 wte staff absent each calendar day of the month compared to 361 last month. There has been a reduction in staff off with Covid, and coughs colds and flu but a slight increase in stress and anxiety. Estates and Facilities are an outlier with 7.39% sickness absence Our annual turnover has improved by 0.37% to 12.98% which is 1.14% higher than the same period last year against a local target of 11.5% Our monthly turnover has also improved to 0.59% against Model Hospital average of 1.13%. Although the agency fill rate is still high, the ratio of bank shifts to agency shifts has increased again The top 10 long term temporary workers are within Nursing & Midwifery and Theatres, reasons are predominantly vacancy cover.
Staff Health & Wellbeing	<ul style="list-style-type: none"> Cumulative sickness (rolling 12 months) is unchanged at 5.83% which is above our 5.5% target but remains better than the 6.2% national average. Sickness due to S10 (stress and anxiety) has increased marginally to 1.39%. Women and Childrens are an outlier at 2.08% followed by Urgent Care at 1.96%. Long Term Sickness has increased by 0.35% to 3.26% but Short Term has reduced by 0.46% to 2.58%. Estates and Facilities are an outlier with 5.57% staff off long term, and 2.83% Short Term.

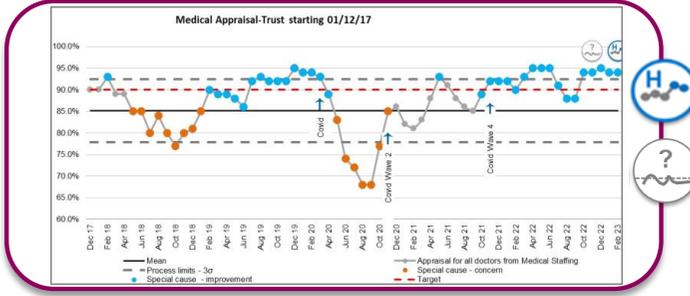
Appraisal (Non-Medical)

81%



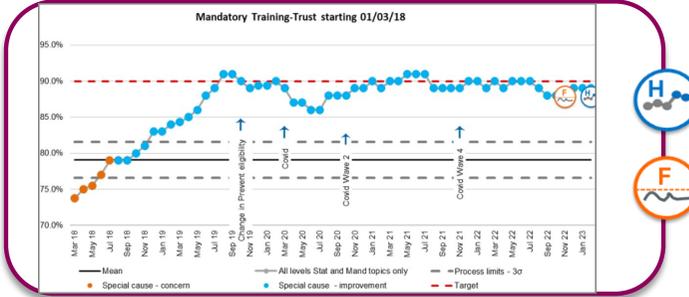
Medical Appraisal

94%



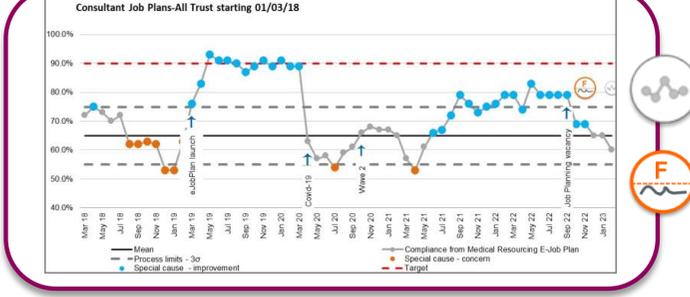
Mandatory Training

89%



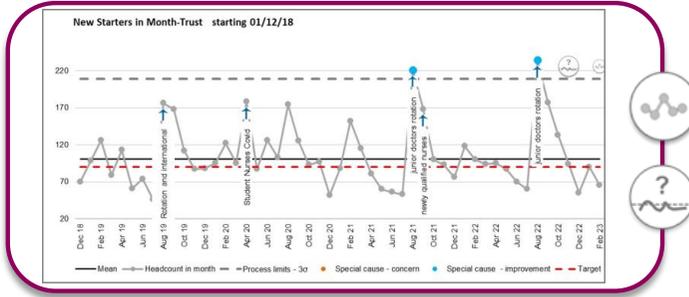
Consultant Job Plans

60%



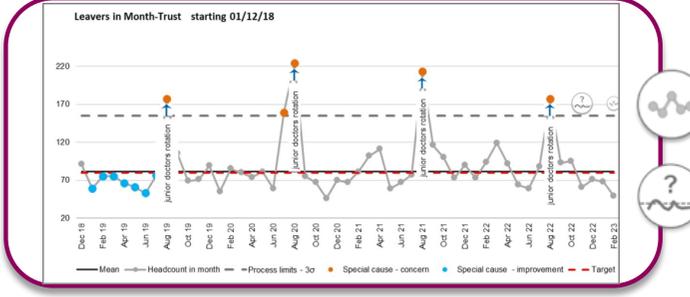
New Starters in Month (Headcount)

65



Leavers in Month (Headcount)

49



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Substantive Gross Funded Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan Substantive SIP by February 2023	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,885 wte (Net establishment is: 6,599 wte)	6,084 wte	5,961.55 wte	11.63% (Net rate is: 7.45%)	6,745 wte	6.41%	8.15%

What does the data tell us?

- **Establishment** - Our gross establishment has remained at 6,885
- **Staff in Post** – has increased this month by 8 wte to 6,084 wte against establishment of 6,885 wte (gross) or 6,599 wte (net) with the vacancy factor removed.
- **Performance Against Plan** – We are currently ahead of our workforce plan by 122.49 wte and 56.04 wte ahead of the original H2 workforce plan submission. We have submitted an Interim 5 year plan which will require an additional 153.15 wte recruitment by 31st March 2024. Final submission is due 31st March 2023.
- **Total Hours worked** – There has been a 15 wte decrease in the overall hours worked primarily due to less days in the month, lower sickness, other leave and reduced vacancies. This is despite the RCN strike days. Total hours worked is still 283 wte higher than the same period last year primarily due to new and increased activity.
- **Agency Spend as a % of Gross Cost** – Agency spend has reduced by 2.17% to 8.15% which is 0.27% better than the same period last year. Urgent Care has shown a 1.14% increase in Agency spend and continues to be an outlier at 26.03% of gross cost. The principle reason for the reduction appears to be due to a credit for Estates and Facilities agency spend. We are an outlier at Quartile 4 on Model Hospital for both Nursing and Medics (January 2023 rates)
- **Bank spend as a % of gross cost** - Bank spend has reduced by 2.53% to 6.41% which has met the Trust target of 7%. Digital and Urgent Care have the highest bank spend as a % of gross cost but this is preferable to Agency.

National Benchmarking (February 2023)

We are at the 4th quartile for Nursing (12.6%) and Medics Agency spend (14.3% of gross cost) (January 2023 rates)

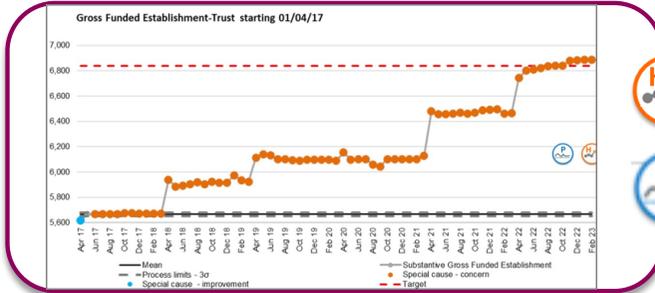
February - Month 11 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for February 2023 as 10th March 2023

➔

Gross Funded Establishment

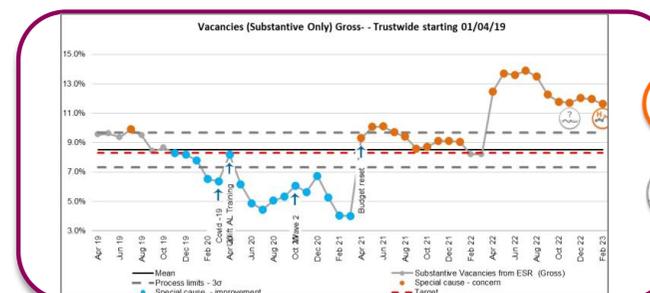
6,885 wte



↓

Gross Vacancy % (ESR)

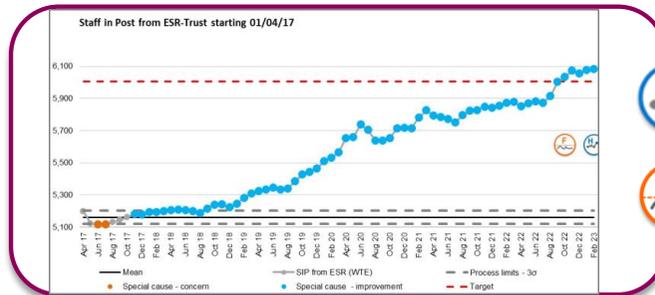
11.63%



↑

Staff in Post (ESR)

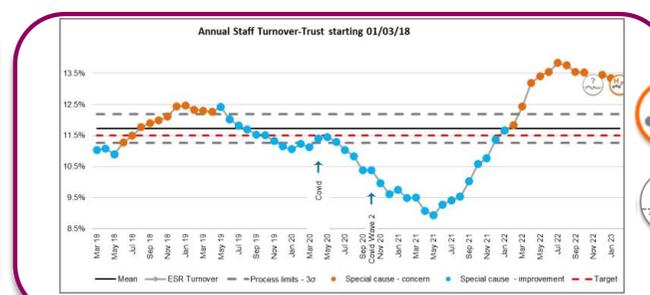
6,084 wte



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Annual Staff Turnover

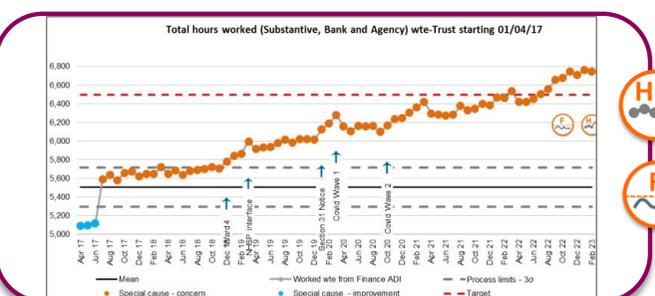
12.98%



↓

Total Hours Worked (ADI)

6,745 wte



Variation

- Special Cause Concern: High (H), Low (L)
- Special Cause Improvement: High (H), Low (L)
- Common Cause: High (H), Low (L)

Assurance

- Consistently hit target (P)
- Hit and miss target (I)
- Target reduced to random (R)
- Consistently hit target (F)

Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and Amber unchanged since last month.

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave (including Strike Action)
12.98%	5.53% 336 wte average per calendar day	186 headcount	569 wte average Per calendar day	86 wte average staff absent per calendar day

What does the data tell us?

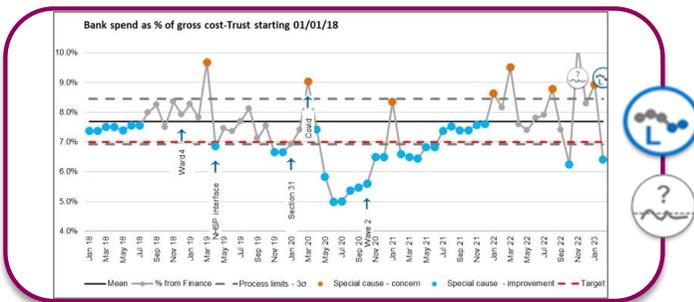
- **Staff Turnover** – Our annual turnover has improved by 0.37% to 12.98% but this remains 1.14% higher than the same period last year. Our monthly turnover has also improved by 0.23% to 0.59% which is the best it has been since April 21 and is significantly better than the Model Hospital average. We have 16 more starters than leavers this month which balances out last months loss of 16. Women and Children’s are the only division to end the month with less staff than they started with. Our performance on Model Hospital remains good with only Admin and Clerical showing as an outlier.
- **Monthly Sickness Absence Rate** –Sickness rates have reduced by 0.42% this month to 5.53% which is 0.19% less than the same period last year. Absence due to S13 Cough Colds and Flu has dropped by 0.36% to 0.51% so is no longer of concern. Absence due to S27 (Covid Symptoms) has dropped to 0.44% which is the lowest since the pandemic. We are currently in the 2nd Quartile in terms of Sickness on Model Hospital as at March 2022 (latest data) when our sickness was 5.8% against a National median of 6.2%. Model Hospital staff group benchmarks have been refreshed to November 2022 data with Estates and Facilities and Additional Prof and Tech showing as outliers at Quartile 4. Long Term Sickness has increased by 0.35% to 3.26% but Short Term has reduced by 0.46% to 2.58%. Absence due to Stress and Anxiety has increased marginally this month with increases in Corporate, Urgent Care and Women and Children’s Divisions where this reason represents more than 30% of their overall sickness
- **Maternity/Adoption Leave** – Maternity and Adoption leave has remained broadly the same this month at 186 which is 19 higher than last year. There is an increase in Pharmacy with 5 Pharmacists and 4 Technicians on leave which may impact on temporary cover. There is also an increase in Surgery with 12 Registered Nurses and 11 HCAs which will impact on bank and agency spend. We have 10 midwives on Maternity and Adoption Leave which is 7 more than last year and we have 79 Registered Nurses including 23 in Specialty Medicine which will impact on spend.
- **Annual Leave** – Annual leave has increased this month which may be due to staff using up their annual leave entitlement as well as half term. There have been an average of 569 staff off on annual leave for each day this month compared to 508 last month. The biggest increase is in Specialty Medicine. There was an RCN strike and a CSP strike day in February.
- **Other Leave** – Absence due to other leave has increased by 16 wte this month to an average of 86 wte staff off per calendar day. This does include unpaid leave for Industrial Action for 6th and 9th

National Benchmarking (February 2023)

We are currently in the 2nd Quartile in terms of Sickness on Model Hospital when our sickness was 5.8% against a National median of 6.2%. Model Hospital staff group benchmarks have been refreshed to November 2022 data with Estates and Facilities and Additional Prof and Tech showing as outliers at Quartile 4 . Registered Nursing AHPs, Medics, and HealthCare Scientists are at Quartile 3. All other staff groups are good with Admin and Clerical at Quartile 1 likely due to the impact of LBV.

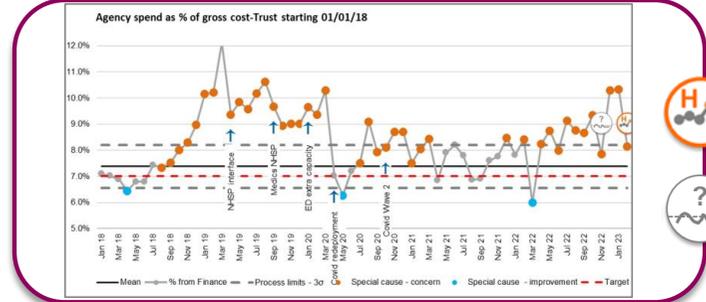
Bank Spend as a % of Gross Cost

6.41%



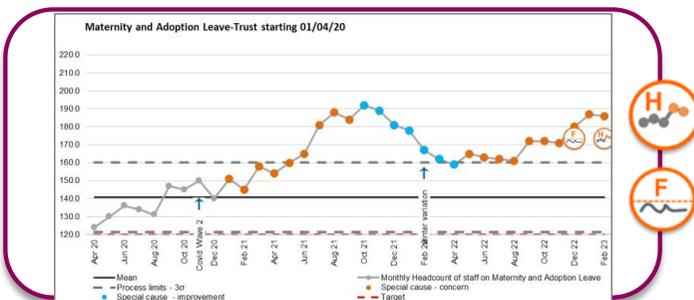
Agency Spend as a % of Gross Cost

8.15%



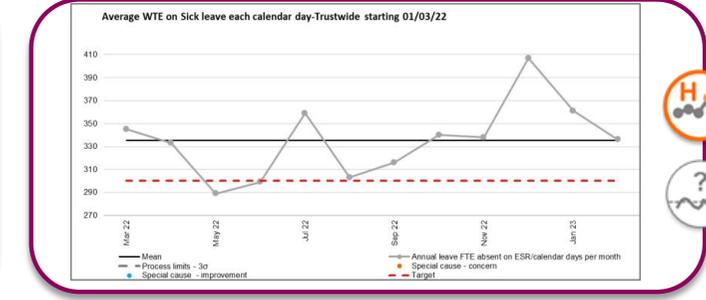
Maternity/Adoption Leave (Headcount)

186



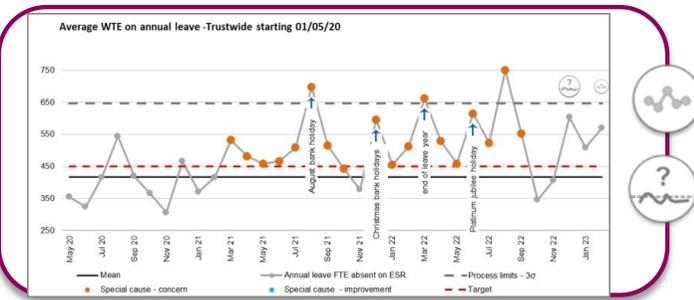
Monthly Average Staff off Sick Per Day

336 wte



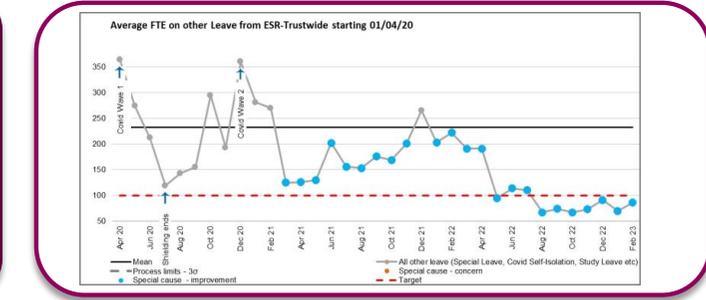
Annual Leave (average staff on leave each day)

569 wte



Monthly Average Staff on Other Leave each day

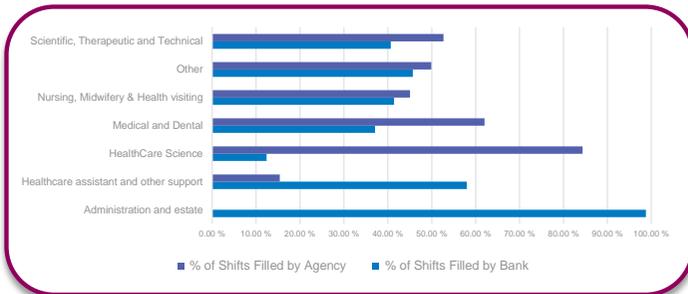
86 wte



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% Average Fill rate for Bank vs Agency

47.73% : 44.20%



Shifts above NHSIE price cap

82.84%

NHSI Staff Group	31/03/23		
	Total agency shifts	On Framework Above Price cap	Off Framework
Healthcare Science	235	79	0
Healthcare Assistant & Other Support	230	108	0
Nursing, Midwifery & Health Visiting	2204	1735	153
Scientific, Therapeutic & Technical (AHPs)	353	267	0
Administration & Estates	0	0	0
Medical & Dental	1984	1958	0

High Cost % of cap

182%

Staff Group	Grade	Department	Agency/Bank	Hourly Rate
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	182.23
Medical & Dental	Consultant	Medics A&E WRH	Agency	180.00
Medical & Dental	Consultant	Medics Micro	Agency	174.68
Medical & Dental	Consultant	Medics Micro	Agency	164.62
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	161.12
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	161.12
Medical & Dental	Consultant	Medics Stroke WRH	Agency	159.00
Medical & Dental	Consultant	Medics A&E AGH	Agency	156.00
Medical & Dental	Consultant	Medics Acute Med & AMU	Agency	155.98
Medical & Dental	Consultant	Medics Geriatrics WRH	Agency	149.88

Agency Long term (months)

83

Staff Group	Band	Job Role	Total Number of Hours	Length of Service Trust
Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	11.5	83
Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	138	65
Allied Health Prof	AFC Band 5	Theatre Practitioner - Theatre Anaesthetics	30.5	56
Nursing & Midwifery	AFC Band 5	Registered Nurse - Intensive Care Unit	11.5	56
Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	11.5	56
Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	207	53
Allied Health Prof	AFC Band 5	Theatre Practitioner - Theatre Scrub	10.5	53
Nursing & Midwifery	AFC Band 5	Registered Nurse - A&E	23	45
Nursing & Midwifery	AFC Band 5	Registered Nurse - A&E	24	41
Nursing & Midwifery	AFC Band 5	Registered Nurse - A&E	24	39

What does the data tell us?

- **Fill rate** – although the agency fill rate is still high, the ratio of bank shifts to agency shifts has remained the same in February 2023.
- **Shifts above cap** – 4147 in Feb 23 vs 6095 in Jan 23 – The number of shifts above price cap have decreased significantly in February 2023. However, proportionately to the number of shifts filled, this is consistent with the percentage of above price cap bookings in January.
- **High cost** – The top 10 high cost temporary workers are all over the cap rate of £100ph and all within Medical & Dental. This month, all high cost workers were agency workers, mostly within Urgent Care Division.
- **Long term** – The top 10 long term temporary workers work with Nursing & Midwifery and Theatres, reasons are predominantly vacancy cover, but include sickness, additional beds and maternity cover. Please note, these workers have not changed from last month, so the same workers are consistently working with the Trust.

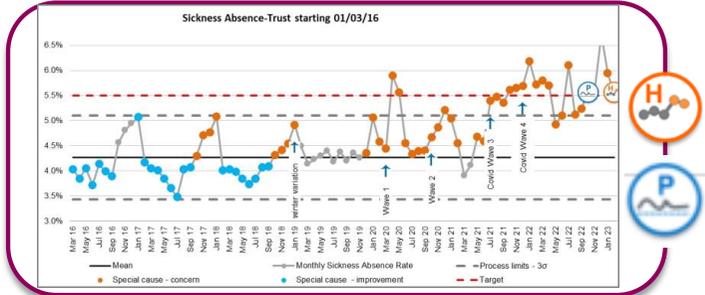
National Benchmarking (November 2022)

Hereford & Worcestershire are currently placed in the highest risk category for agency spend due to current levels of spend, use of off-framework agencies and agency price cap breaches. The regional average for off framework shifts is 7%, we perform at 17%*; and the regional average for agency price cap breaches is 47% with our performance falling at 67%*.

*This data is subject to correction from backdated data submissions. The Trust has been unable to submit these data corrections so far due to NHSI experiencing issues with their new submission system, but it is believed that this data will improve these benchmarking figures.

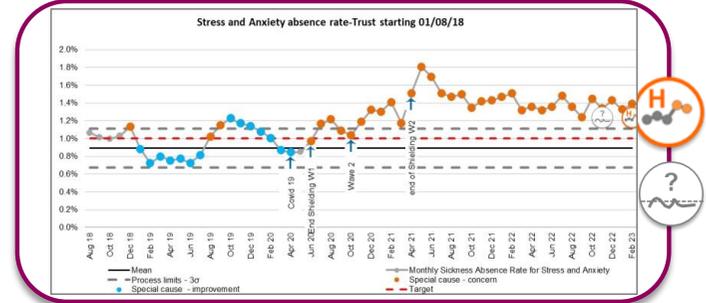
Monthly Staff Sickness Absence Rate

5.53%



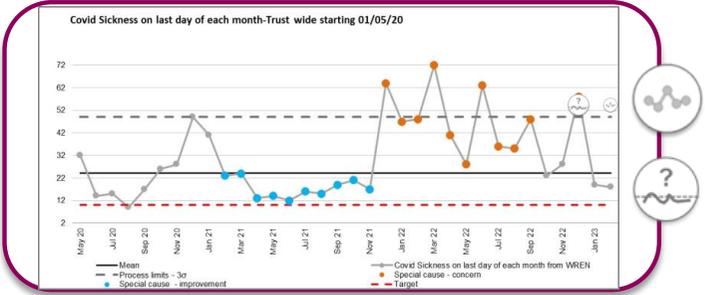
% Staff absent due to Stress and Anxiety (S10)

1.39%



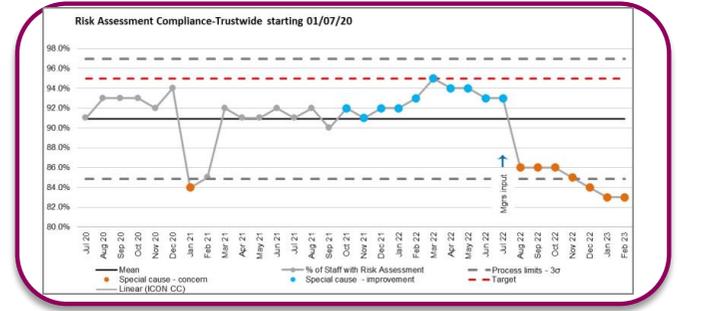
Covid Sickness (S27)

18



Covid Risk Assessment Compliance

83%



Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Strategic Business Priorities			
BP1: Leadership <i>An empowered, well led workforce that delivers better outcomes and performance for our patients</i>	BP2: Workforce Planning and Transformation <i>The right-sized, cost effective workforce that is organised for success</i>	BP3: OD and Staff Experience <i>A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work</i>	BP4: Future of HR and OD <i>A people function that is organised around the optimum employee journey</i>
Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride putting patients first			
How have we been doing? The following areas are where we perform below peer group average: <ul style="list-style-type: none"> The sustained use of bank and agency usage (we have moved into the 4th Quartile (worst) for both Nursing and medical staffing: <ul style="list-style-type: none"> Opening of the Acute Medical Unit and Pathway Discharge Unit Increase in staff turnover Improving but still higher levels of sickness absence High patient acuity (specialing) Continued use of surge areas Industrial Action Increased Waiting List Initiatives to tackle backlog. Bank and Agency usage was expected to increase from December onwards due to the increased bed capacity linked to the Acute Medical Unit and Aconbury moves. This increase in establishment will have to be met by temporary staffing until swap outs can be made with substantive recruitment. However this month has seen a reduction in spend on both Bank and Agency as a % of gross cost. 		What improvements will we make? <ul style="list-style-type: none"> The results of the 2022 Staff Opinion Survey have been published. The Trust's results are marginally below the average for similar organisations and the slight drop in scores year on year reinforces the importance of focusing on the priorities captured in the People & Culture Strategic Framework. The results of the survey will be shared across the organisation through briefings and team talks, highlighting key themes and messages. Specific projects including the 4ward behaviours refresh, the development of a behavioural toolkit, the embedding of the Behavioural Charter with a zero-tolerance approach and the establishment of our 'staff offer' will all help to address key themes identified in the survey, particularly around raising concerns and recommending the Trust as a place to work. We are continuing work to reduce the time taken to recruit through the recruitment value stream NHS Jobs 3 is now embedded and we are working towards maximising the functionality and links with ESR to reduce timescales and improve reporting. The HR Teams are continuing to support the Trust during strike action in the site hubs, availability for redeployment and reporting for the national SitRep The HR site visits/Genba walks have commenced. 	
Overarching Workforce Performance Level – 5 – February 2023 Previous Assurance Level - 5 – January 2023		To work towards improvement to next assurance level by April 2023	



Finance

2022/23 Plan

Our 2022/23 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 21/22 adjusting for workforce and activity trajectories, inflationary pressures and the full year effect of any PEP schemes or Business cases which started part way through 21/22. We have then overlaid any new PEP Schemes, new Business Cases and applied a vacancy factor. The Trust originally submitted a full year plan deficit of £(42.4)m in April 2022. Following a re distributions of income from the CCG the Trust's plan was resubmitted in June 2022 with a full year deficit of £(19.9)m

Month 11

In M11 actual **deficit of £(2.0)m** against a plan of **£(1.2)m deficit**, an adverse variance of £0.8m. YTD M11 actual **deficit of £(19.3)m** against an plan of **£(17.5)m deficit**, an adverse variance of £1.8m.

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £1.6m above the Trust's Operational Plan in February. The Trust has reported the full value of the ERF income (YTD £13.8m) in the position (agreed by the System).

Employee expenses was £1.2m adverse in month 11 (February) and £12.3m year to date (YTD).

Operating expenses was £1.3m adverse in month 11 (February) and £2.2m adverse year to date (YTD).

Income & Expenditure Overview

Statement of comprehensive income	Feb-23			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,307	48,448	1,141	521,373	534,443	13,070
Other operating income	2,689	3,134	445	28,772	28,360	(412)
Employee expenses	(29,713)	(30,863)	(1,150)	(328,768)	(341,067)	(12,299)
Operating expenses excluding employee expenses	(19,637)	(20,943)	(1,306)	(218,718)	(220,964)	(2,246)
OPERATING SURPLUS / (DEFICIT)	646	(224)	(870)	2,659	772	(1,887)
FINANCE COSTS						
Finance income	0	80	80	0	660	660
Finance expense	(1,166)	(1,182)	(16)	(12,816)	(13,148)	(332)
PDC dividends payable/refundable	(681)	(712)	(31)	(7,494)	(7,833)	(339)
NET FINANCE COSTS	(1,847)	(1,814)	33	(20,310)	(20,321)	(11)
Other gains/(losses) including disposal of assets	0	0	0	0	117	117
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1,201)	(2,038)	(837)	(17,651)	(19,432)	(1,781)
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	(1,201)	(2,038)	(837)	(17,651)	(19,432)	(1,781)
Remove capital donations/grants I&E impact	10	10	0	114	115	1
Adjusted financial performance surplus/(deficit)	(1,191)	(2,028)	(837)	(17,537)	(19,317)	(1,780)

I&E Delivery Assurance Level: **Level 4**

Reason: £(19.9)m deficit plan submitted for 22/23 against which we are £1.8m adverse YTD at M11. The following risks need addressing in order to reach the next level of assurance:

- Further improvement in the level of identified and delivered PEP both in this financial year and moving into 2023/24 and beyond in order to improve the underlying position
- Funding withdrawal for ERF. Risk remains pending formal communication that funds will not be withdrawn
- Confirmation that further funds will not be required to support operational performance / pressures

Assurance level increased to Level 4 at December F&PC based on robust forecast position and likely mitigations available to offset adverse variances in M10-12.

Income

Trust Operational Plan	February 2023 (Month 11)			YTD		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Here/Worc ICB	36,737	37,961	1,225	405,849	416,026	10,176
Other ICBs & Welsh LHB	2,071	2,113	42	22,779	23,367	588
NHS England	6,528	6,688	160	71,804	76,161	4,357
Other Including RTA income	2,572	3,295	723	27,489	29,616	2,127
Combined Income: Total	47,908	50,058	2,150	527,921	545,169	17,248
O/S COVID	419	144	(274)	4,604	2,424	(2,179)
AMU/PDU	307	0	(307)	2,640	0	(2,640)
Combined Income: Exc ERF	48,633	50,202	1,569	535,164	547,593	12,428
Elective Recovery fund (ERF)	1,362	1,378	16	14,981	15,210	229
Combined Income: Inc ERF	49,995	51,580	1,585	550,146	562,803	12,657

Elective Recovery Fund framework (ERF) - The Trust has reported the full value of the ERF income (YTD £13.8m) in the position with the agreement of the ICB.

The Combined Income was £1.6m above the Trust's Operational Plan in February.

Key Variances in February:

- Pay award adjustment **£0.7m** (additional 1.7% taking the uplift to 3.8%) and the NI Contribution change (**£0.2m**) from November onwards.
- Pass through Drugs & Devices **£0.2m** for ICBs and NHS England.
- Additional Investment **£0.3m** including the Robot £0.1m and KGH MRI scanner extension funding £0.1m, Dermatology & Urology insourcing £0.1m
- Winter **£0.4m**
- COVID PCR testing (**£0.3m**) – reimbursement for the additional expenditure costs.
- AMU/PDU reconfiguration (**£0.3m**) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income **£0.7m** – Education & training £0.2m, Other Non Patient Care income £0.5m (which includes £0.2m Diabetes nurse income up for 3 years from H&CT and £0.2m, £0.1m Income for Digital Histopathology and £0.1m contribution to PEP plan development costs).

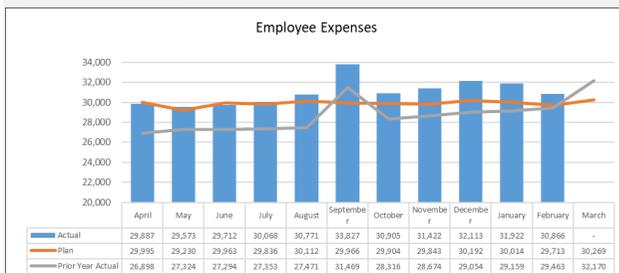
Monthly Income run rate	M1 Actual £'000	M2 Actual £'000	M3 Actual £'000	M4 Actual £'000	M5 Actual £'000	M6 Actual £'000	M7 Actual £'000	M8 Actual £'000	M9 Actual £'000	M10 Actual £'000	M11 Actual £'000	Mvm't M10 to M11 £'000
Here/Worc ICB	35,402	35,976	39,498	37,433	37,312	40,740	37,692	37,877	37,852	38,265	37,961	303
Other ICBs & Welsh LHB	2,077	2,091	2,142	2,114	2,132	2,314	2,074	2,047	2,107	2,126	2,113	13
NHS England	6,574	6,810	6,499	6,775	6,755	7,096	6,996	7,357	7,339	7,271	6,688	582
Other Including RTA income	2,339	2,290	2,753	1,750	2,447	2,629	3,229	2,606	3,241	3,069	3,297	228
Combined Income: Total	46,393	47,167	50,892	48,071	48,646	52,779	49,992	49,887	50,538	50,731	50,059	671
O/S COVID	192	185	769	338	272	33	135	66	154	138	144	6
AMU/PDU	-	-	-	-	-	-	-	-	-	-	-	-
Combined Income: Exc ERF	46,584	47,353	51,661	48,409	48,917	52,811	50,127	49,953	50,692	50,869	50,204	665
Elective Recovery fund (ERF)	1,362	1,362	1,362	1,362	1,362	1,495	1,393	1,378	1,378	1,378	1,378	-
Combined Income: Inc ERF	47,946	48,715	53,023	49,771	50,279	54,306	51,520	51,331	52,070	52,247	51,582	665

Income reduction (**£0.7m**) includes:

- Winter (**£0.4m**) – following last months reconciliation
- Pass through Drugs & Devices (**£0.5m**) – matched to cost
- Other Income **£0.3m** (which includes £0.2m Diabetes nurse income up for 3 years from H&CT and £0.2m, £0.1m Income for Digital Histopathology and £0.1m contribution to PEP plan development costs)

Expenditure – Employee Expenses

Employee Expenses



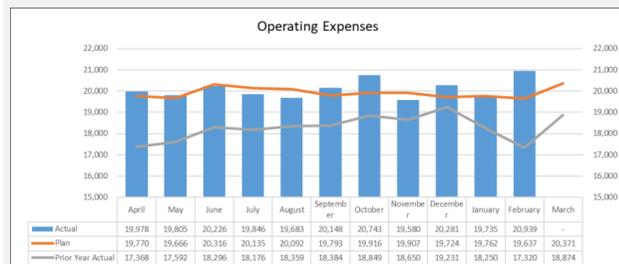
Overall **employee expenses of £30.9m** in month 11 is a reduction of £1.1m compared with the January position. Substantive pay expenditure has increased in month by £0.4m, £0.2m of this was on Nursing & Midwifery, the majority of which relates to back pay paid to International Nurses as a result of rebanding, £0.1m on Medics due to an increase in worked WTE, as well as backdated PA arrears in Gynae and £0.1m on NHS infrastructure, again largely due to an increase in worked WTE.

Total temporary staffing spend of £4.5m is a reduction of £1.5m compared with last month and was 14.6% of the total pay bill. **Agency** spend reduced by £0.7m, £0.5m of this was on Medics due to a balance sheet release, partially offset by increased Winter costs and normalising from last month. A further £0.1m reduction in month was on Nursing due to fewer additional overnight beds in the Discharge Lounge and less expenditure relating to Winter and COVID. There was also a reduction of £0.1m on ST&T due to receipt of a credit note in month. **Bank** spend reduced by £0.8m, mainly on Medics due to a balance sheet release and normalising from last month.

Employee expenses £1.2m adverse in M11 and £12.3m adverse YTD - Of the adverse variance £0.5m in month (£7.1m YTD) is due to the pay award which was not in the plan but is income backed and £0.6m underachieved PEP (£2.9m YTD) which is net of the £1.2m YTD Business Case pay underspend declared to date. Winter pressures which are externally funded account for £0.1m in month (£1.1m YTD), however an additional £0.3m has been identified against winter in excess of our allocation and £0.1m in month (£0.3m YTD) due to the re-banding of international nurses. The remainder of the adverse variance is due to vacancy fill, patient acuity and premium costs of temporary staff. This is partially offset by £1.1m balance sheet release for an accrual relating to 2021/22 for temporary Medics shifts and £0.2m favourable COVID expenditure.

Expenditure – Operating Expenses

Operating Expenses



Overall **operating expenses excluding Non PbR were £16.4m** in month 11, an increase of £1.1m compared with the January position. Increases largely relate to normalising from last month. M10 IFRIC 12 Schemes increased by (£1.5m) following last months balance sheet release, on Depreciation (£0.5m) due to a year to date correction posted last month following revision of capital plan at M9 and on Operating Lease Expenditure (£0.8m) due to year to date coding corrections in Endoscopy and Radiology which are offset within Supplies & Services below to ensure correct coding going forward. General Supplies & Services expenditure has increased in month on Xerox (£0.2m) due to storage cost invoices received higher than accrual estimates and £0.1m on general IT due to new contracts. These have been partially offset by reduction on Supplies & Services (£1.5m) due to the coding corrections in SCSD above, as well as £0.3m balance sheet release, and on Premises (£0.4m) - £0.2m of which is a normalising of utility costs from M10 and a further £0.2m due to seasonal variation on energy costs.

Non PbR drugs spend is consistent with last month and Non PbR devices spend has increased by £0.1m in month which is a normalisation following a year to date correction posted last month.

Operating expenses £1.3m adverse in M11 £2.2m adverse YTD – Adverse variances in month include £0.3m relating to drug costs (£5.4m YTD) of which £0.2m in month is Non PbR and offset by income, £0.4m Non PbR Devices (partly due to timing of usage and partly due to a stock correction), underachieved PEP of (£0.3m in month, £3.6m YTD), impact of seasonal utility costs (£0.2m), additional supplies and services and outsourcing spend linked to activity (including ERF mobile scanner costs of £0.3m in month). The adverse variances are partially offset by £5m of year to date balance sheet releases.

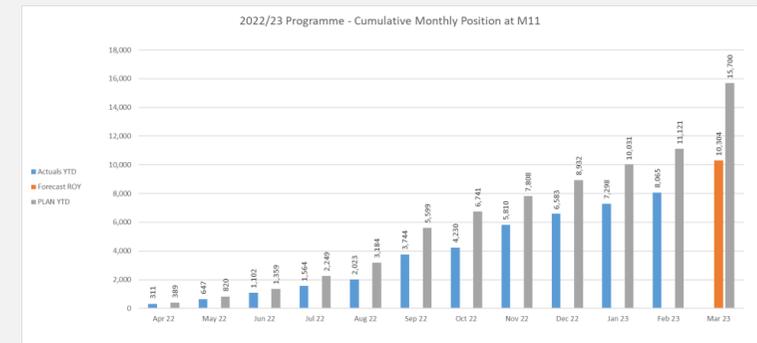
Productivity & Efficiency

The Productivity and Efficiency Programme target for 22/23 as submitted to NHSE is £15.7m. Month 11 delivered £0.767m of actuals against the plan as submitted to NHSE in April 2022 of £1.090m. A negative variance of £0.323m. The cumulative position at M11 is therefore £8.065m of actuals against a plan of £11.121m, a negative variance of £3.056m.

The 22/23 full year forecast at Month 11 is £10.304m which is £5.396m under the £15.7m plan as submitted to NHSE.

This is a reduction of £0.135m compared to the forecast position in M10 which is due to slippage in recruitment.

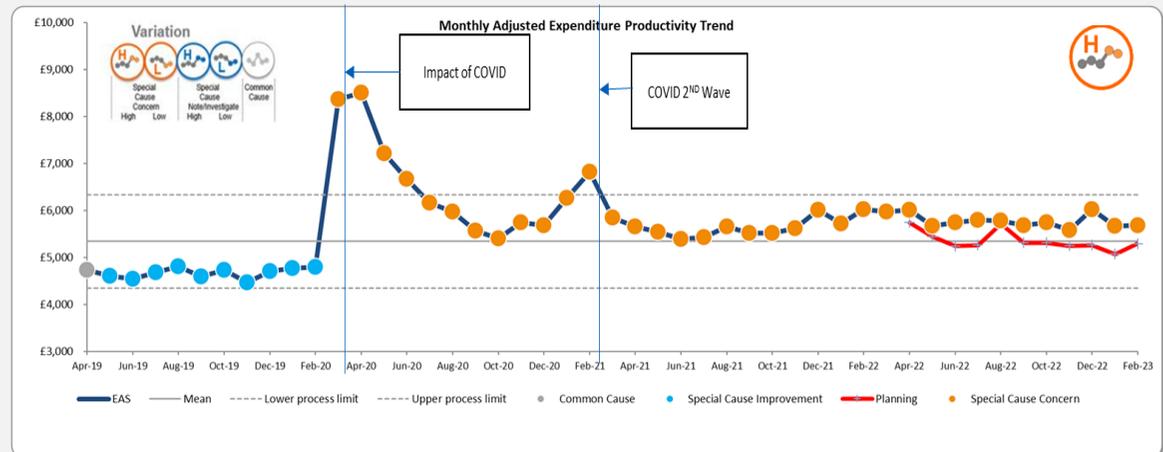
Full details of the YTD variances are included within the following slides by Corporate function and Division.



Adjusted Expenditure Productivity Trend

COVID significantly impacts our spend against weighted activity. This SPC measures expenditure against activity, allowing us to follow productivity changes through COVID recovery and to track against forecasted activity going forward. Tracking is currently available at Trust wide level only. The Planning line is based upon June 2022 operational and financial planning submissions. Weighted Activity Unit (WAU) has been used based upon Inpatient/Outpatient/ED activity, adjusted to be weighted equally and allow for working day variations. Expenditure is adjusted for inflation each year. Similar to the Model Hospital cost/WAU metric – BUT NOT EXACTLY THE SAME (cannot directly benchmark). As the WAU relies on coded activity, recent months can still move until coding is complete. Trends in the most recent month should be considered with caution. For this financial year we are spending significantly more per weighted unit of activity than previously (pre-COVID times).

- February Cost per WAU is unchanged since January.
- YTD Cost per WAU is 27% higher than 2019/20.
- Usually with costs varying little from month to month, the WAU is only affected by activity volumes changes each month.
- The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. Backdated Pay Award has been applied to the correct months to make this comparable. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).



Capital

The Trust Capital forecast is now £50.962m at month 11. Expenditure to date is £25.9m with a forecast for month 12 of £25.0m. This has been updated since SPB (March 23) following updated information provided. Since Month 10 the Trust has been actively pulling forward schemes which are essential for 2023/24 into 2022/23 to meet the CRL. £784k split across 6 different schemes have been approved during the month. Procurement are supporting the capital teams to purchase the items. Property and Works capital team are providing daily updates on the status of all approved schemes to support the trust meeting its CRL. It should also be noted that any further slippage into 2023/24 will be the first call on any internal capital available next year adding further pressure to an already over-subscribed programme. The finance team will remain close to work stream leads over the coming months to ensure full oversight and help manage any risk. The Trust has recently agreed with the regional team to return £800k PDC for the RAAC scheme, however the Trust has an additional £500k allocation which will be dealt with either via an allowable system over commitment which will be managed regionally, or an uplift to our CRL allocations. This reduces our forecast to £50.662m. The RAAC £800k will be submitted for PDC funding in 23/24.

Capital Assurance Level: Level 3

Reason: Major capital schemes continue into 2022/23. Risk remains in medium term. Risks remain regarding the financing of the UEC scheme, however the plan above provides a mechanism for funding for UEC in 22/23. Funds brokered from nationally funded schemes will need to be replenished as a 1st call on the Trust's 23/24 internally generated programme.

Cash Balance

At the end of February 2023 the cash balance was £20.0m against an in month plan of £30.6m. The plan assumed external capital funding of £34.5m of which £12.7m has been drawn to date due to the slippage on capital schemes. However MOU's have now been received and the capital cash is being paid in Mar 23. The remaining cash variance is mainly due to the timing of supplier payments and deferred income. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

Cash Assurance Level: Level 6

Reason: Good cash balances, rolling cash flow forecasting well established, achieving BPPC target even though the trend is downward which is due to delays within SBS scanning invoices and as such payments. There is a positive SPC trend on aged debtors and cash. Risks remain around sustainability given (£19.9m) deficit 22/23 submitted plan.

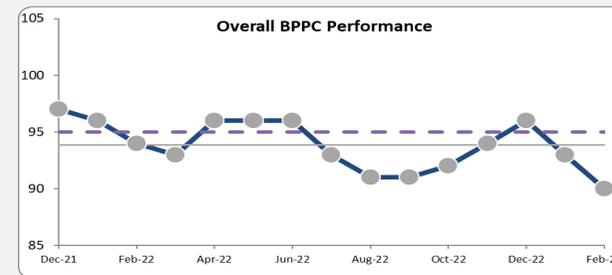
Better Payment Practice Code (BPPC) performance has remained stable.

The BPPC performance for the month is 92%, based on volume of invoices paid and 90% based on value;

- 7,426 invoices paid out of 8,116 due.
- £26.6m worth of invoices out of £29.7m were paid on time this month.

We are slightly under the BPPC target YTD (95% Volume 94% Value) as the downward trend continues due to delays with SBS scanning invoices which effects the payments.

Finance continue to work with SBS to resolve the delays in scanning supplier invoices.





Appendices

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Assurance					
Variation/Performance					
		Excellent Celebrate and Learn <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. You are consistently achieving the target because the current range of performance is above the target. 	Good Celebrate and Understand <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Celebrate but Take Action <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change. 	Excellent Celebrate <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. There is currently no target set for this metric.
		Excellent Celebrate and Learn <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. You are consistently achieving the target because the current range of performance is below the target. 	Good Celebrate and Understand <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Celebrate but Take Action <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change. 	Excellent Celebrate <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. There is currently no target set for this metric.
		Good Celebrate and Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. 	Average Investigate and Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. Your target lies within the process limits so we know that the target may or may not be achieved. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER your target lies outside the current process limits and the target will not be achieved without change. 	Average Understand <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. HOWEVER you are consistently achieving the target because the current range of performance is below the target. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	Very Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies below the current process limits so we know that the target will not be achieved without change 	Concerning Investigate <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. There is currently no target set for this metric.
		Concerning Investigate and Understand <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. HOWEVER you are consistently achieving the target because the current range of performance is above the target. 	Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	Very Concerning Investigate and Take Action <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies above the current process limits so we know that the target will not be achieved without change 	Concerning Investigate <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. There is currently no target set for this metric.
					Unsure Investigate and Understand <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. There is no target set for this metric.
					Unsure Investigate and Understand <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. There is no target set for this metric.
				Unknown Watch and Learn <ul style="list-style-type: none"> There is insufficient data to create a SPC chart. At the moment we cannot determine either special or common cause. There is currently no target set for this metric 	

The following Acute Trust metrics are included in the 22/23 NHS System Oversight Framework – those in black can be found in this version of the IPR and are labelled with this icon -

- 9. Total patients waiting more than 52 (S009a), 78 (S009b) and 104 (S009c) weeks to start consultant-led treatment
- 10a. Cancer first treatments (S010a)
- 11. People waiting longer than 62 days (S011a)
- 12. % meeting faster diagnosis standard (S012a)
- 13a. Diagnostic activity levels – Imaging (S013a)
- 13b. Diagnostic activity levels – Physiological measurement (S013b)
- 13c. Diagnostic activity levels – Endoscopy (S013c)
- 19. Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals. (S019a)
- 22. Number of stillbirths per 1,000 total births (S022a)
- 34. Summary Hospital-Level Mortality Indicator (SHMI) (S034a)
- 35. Overall CQC rating (provision of high-quality care) (S035a)
- 36. NHS staff survey safety culture theme score (S036a)
- 38. National Patient Safety Alerts not declared complete by deadline (S038a)
- 39. Consistency of reporting patient safety incidents (S039a)
- 40. Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections (S040a)
- 41. Clostridium difficile infections (S041a)
- 42. E. coli blood stream infections (S042a)
- 44a. Antimicrobial resistance: total prescribing of antibiotics in primary care (S044a)
- 44b. Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (S044b)
- 59. CQC well-led rating (S059a)
- 60. NHS Staff Survey compassionate leadership people promise element sub-score (S060a)
- 63a. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers (S063a, S063b, S063c)
- 63b. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues
- 63c. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public
- 67. NHS Staff Leaver Rate (S067a)
- 69. NHS Staff Survey Staff engagement theme score (S069a)
- 72. Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.
- 101. Outpatient follow-up activity levels compared with 2019/20 baseline
- 103. Proportion of patients spending more than 12 hours in an emergency department
- 104. Number of neonatal deaths per 1,000 total live births (S104a)
- 105. Proportion of patients discharged to usual place of residence (S105a)
- 116. Proportion of (a) adult acute inpatient or (b) maternity settings offering Tobacco Dependence services
- 118. Financial Stability (S118a)
- 119. Financial Efficiency (S119a)
- 120. Finance – Agency Spend vs agency ceiling(S120a), Agency spend price cap compliance (S120b)

Elective Activity		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total	
Outpatients	News	SP	12,488	16,562	18,621	17,547	16,572	18,322	17,713	17,484	15,642	17,837	16,156	17,424	184,945
		BUP	12,544	13,092	14,677	13,809	13,175	14,882	14,362	15,426	13,182	13,537	13,691	14,711	152,378
	(Target 104%)	Actual	13,158	16,084	15,467	15,014	15,629	16,610	17,217	18,492	13,602	16,733	15,934		173,940
	Follow-ups	SP	29,456	24,904	27,523	27,755	25,715	27,713	26,651	25,847	22,988	27,257	24,001	26,156	289,809
		BUP	26,767	27,591	31,570	31,095	29,013	31,234	29,888	34,714	29,284	29,895	29,843	32,551	330,895
	(Target 75%)	Actual	30,172	34,009	32,784	31,841	33,248	34,333	33,483	37,486	29,406	35,782	31,455		363,999
Inpatients	Day Case	SP	5,824	7,293	8,287	8,251	7,650	7,930	7,803	7,902	6,930	7,786	7,248	7,435	82,904
		BUP	5,660	6,071	6,889	6,857	6,377	6,599	6,453	6,687	5,891	6,610	6,211	6,384	70,307
	(Target 104%)	Actual	5,835	6,661	6,286	6,437	7,129	7,082	6,942	7,669	6,195	7,215	6,787		74,238
	Elective Spells	SP	455	584	697	707	646	744	663	824	744	766	808	853	7,638
		BUP	429	485	576	584	534	617	549	682	615	635	669	706	6,376
	(Target 104%)	Actual	450	526	525	449	500	500	524	518	462	515	486		5,455
Diagnostics	Imaging	SP	12,565	13,208	12,444	12,711	13,554	14,646	15,215	15,357	14,739	16,584	14,904	16,254	155,927
		BUP	12,452	13,257	12,749	15,040	15,078	15,059	15,468	15,039	13,161	15,228	13,257	14,548	155,788
	(Target 120%)	Actual	11,723	13,515	13,155	13,608	13,540	14,108	14,400	14,734	12,776	14,090	13,524		149,173
	Endoscopy	SP	1,392	1,613	1,596	1,769	1,495	2,390	2,310	1,934	1,338	1,847	1,760	1,966	19,444
		BUP	1,399	1,619	1,602	1,775	1,495	2,043	1,856	1,940	1,325	1,853	1,766	1,973	18,672
	(Target 120%)	Actual	1,022	1,285	1,158	1,278	1,374	1,543	1,583	1,838	1,167	1,587	1,464		15,299
Echocardiography	SP	806	842	916	684	1,025	982	1,025	1,259	1,001	1,693	1,216	1,151	11,449	
	BUP	1,050	1,050	1,050	1,410	1,410	1,320	1,320	1,320	1,320	1,320	1,320	1,320	13,890	
(Target 120%)	Actual	1,001	1,150	1,008	1,072	1,150	1,227	1,360	1,316	847	1,078	1,064		12,273	

Elective Performance		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	
RTT	104+ week waiters (Zero by July 2022)	Plan	250	120	88	0	0	0	0	0	0	0	0	
		Actual	254	161	40	31	12	0	0	1	0	1	0	
	78+ week waiters (Zero by April 2023)	Plan	1,600	1,545	1,450	1,212	1,024	865	670	540	696	333	157	0
		Actual	1,574	1,631	1,505	1,200	1,093	979	1,115	1,285	1,570	1,092	721	
	52+ week waiters (Zero by March 2025)	Plan	6,600	6,450	6,274	6,194	6,024	5,864	5,773	5,600	5,553	5,577	5,469	5,400
		Actual	6,488	7,127	7,826	7,695	7,633	7,772	7,957	8,103	8,161	7,256	7,209	
Total Incomplete Waiting List	Plan	55,835	55,495	55,290	55,670	55,140	54,369	54,209	52,783	52,546	52,986	52,160	51,713	
	Actual	60,056	61,895	63,391	64,284	65,264	65,420	66,703	68,628	69,832	67,744	67,343		
Cancer	63+ day waiters	Plan	The annual plan trajectory has been replaced following an Oct-22 NHSE request to submit revised recovery trajectories for 62+ day Cancer backlog - this is being monitored weekly.											
	Actual													
28 Day Patients Told Outcome (CWT Standard - 75%)	Plan	71%	72%	73%	74%	75%	75%	75%	75%	75%	76%	75%	75%	
	Actual	58%	57%	50%	52%	52%	45%	53%	67%	72%	66%	72%		

		30/10/22	06/11/22	13/11/22	20/11/22	27/11/22	04/12/22	11/12/22	18/12/22	25/12/22	01/01/23	08/01/23	15/01/23	22/01/23	29/01/23	05/02/23	12/02/23	19/02/23	26/02/23	05/03/23	12/03/23	19/03/23	26/03/23	02/04/23
63+ day waiters	Recovery Trajectory	810	819	836	856	868	844	814	770	752	740	695	669	637	606	561	526	493	467	436	393	370	350	328
	Actuals	797	763	731	668	551	572	551	545	506	583	546	537	518	441	401	431	355	325	302				

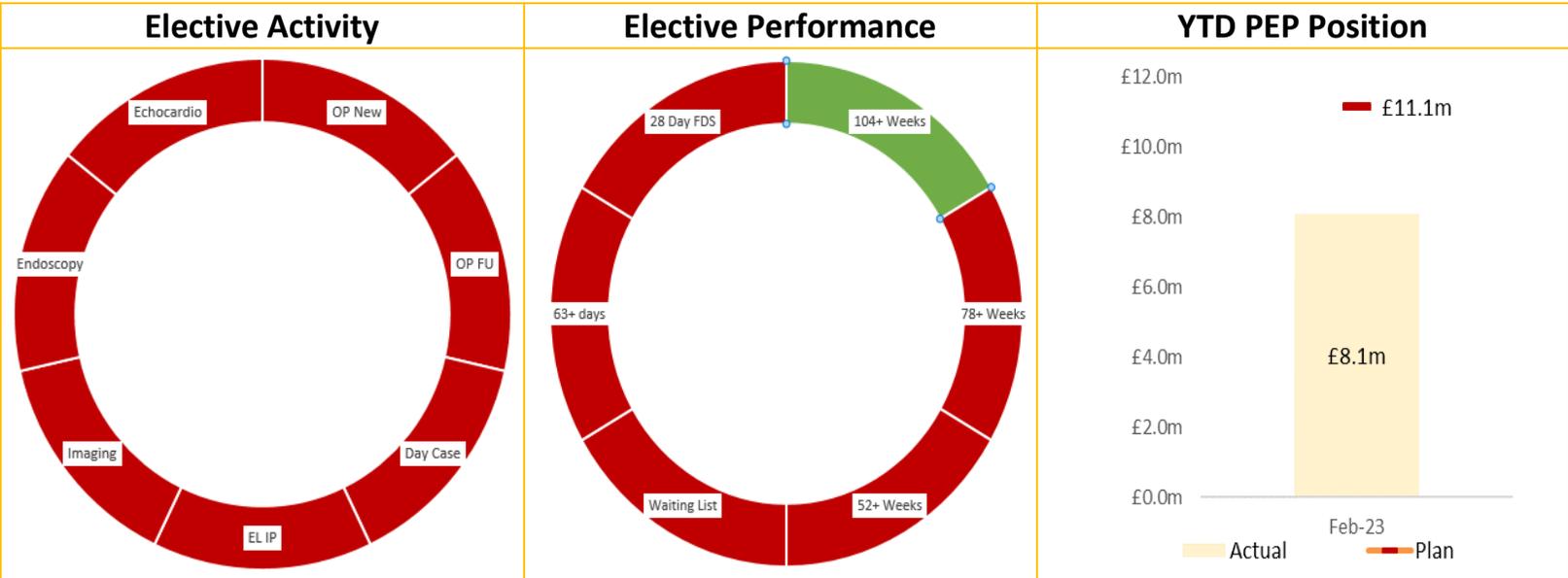
Referrals, Bed Occupancy & Advice & Guidance		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	YTD Total	
Referrals	The total number of referrals made from GPs for first consultant-led outpatient appointments in specific acute treatment	Plan	6,011	5,581	5,509	5,842	5,369	6,144	5,893	5,727	6,984	6,264	4,952	65,148	
	Actual	4412	5833	5498	6032	5668	4982	4331	4769	3500	4472	4165		53,662	
	The total number of other (non-GP) referral made for first consultant-led outpatient appointments in specific acute treatment	Plan	3,183	3,067	2,851	3,203	3,163	3,568	3,275	3,450	3,449	3,095	3,343	2,795	35,647
	Actual	2775	3047	3001	2836	2918	2822	3068	3160	2555	2936	2561		31,679	
Bed Occupancy	Average number of overnight G&A beds occupied	Plan	678	678	678	678	678	678	692	692	692	692	678	678	
	Actual	682	682	682	731	731	731	720	730	740	735	735		718	
	Average number of overnight G&A beds available	Plan	721	721	721	721	721	721	721	721	721	721	721	721	
	Actual	721	721	721	754	754	754	754	754	754	754	754		747	
Bed Occupancy - Percentage	Plan	94%	94%	94%	94%	94%	94%	96%	96%	96%	96%	96%	94%		
	Actual	95%	96%	95%	97%	97%	97%	95%	97%	98%	97%	97%		96%	
A & G	Advice & Guidance - Plan	Plan	2,383	2,314	2,591	2,531	2,512	2,468	2,436	2,542	2,503	2,500	2,493	2,509	27,273
	Actual	2,269	2,769	2,523	2,633	2,716	2,729	2,747	3,151	2,234	2,751				26,522

UEC		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Type 1 Attendances (excluding planned follow-up attendances)	Plan	12,576	13,845	14,251	14,303	13,125	13,661	13,296	12,998	13,287	12,656	11,869	13,399
	Actual	11,729	12,800	12,259	12,291	11,835	11,859	12,128	11,929	12,395	10,996	10,691	
Patients spending >12 hours from DTA to admission		222	248	277	268	254	176	335	336	401	329	283	
Patients spending more than 12 hours in A&E		1,584	1,537	1,749	1,722	1,787	1,693	1,953	2,038	2,224	1,600	1,570	
Ambulance Conveyances		3,911	4,305	3,944	3,903	3,885	4,020	3,782	3,683	3,466	3,789	3,555	
Ambulance handover delays over 60 minutes		1,108	1,094	1,288	1,202	1,281	1,025	1,380	1,316	1,141	687	700	
Conversion rate		26.7%	26.0%	26.9%	26.1%	27.3%	29.1%	28.3%	28.5%	27.7%	29.1%	29.0%	

Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

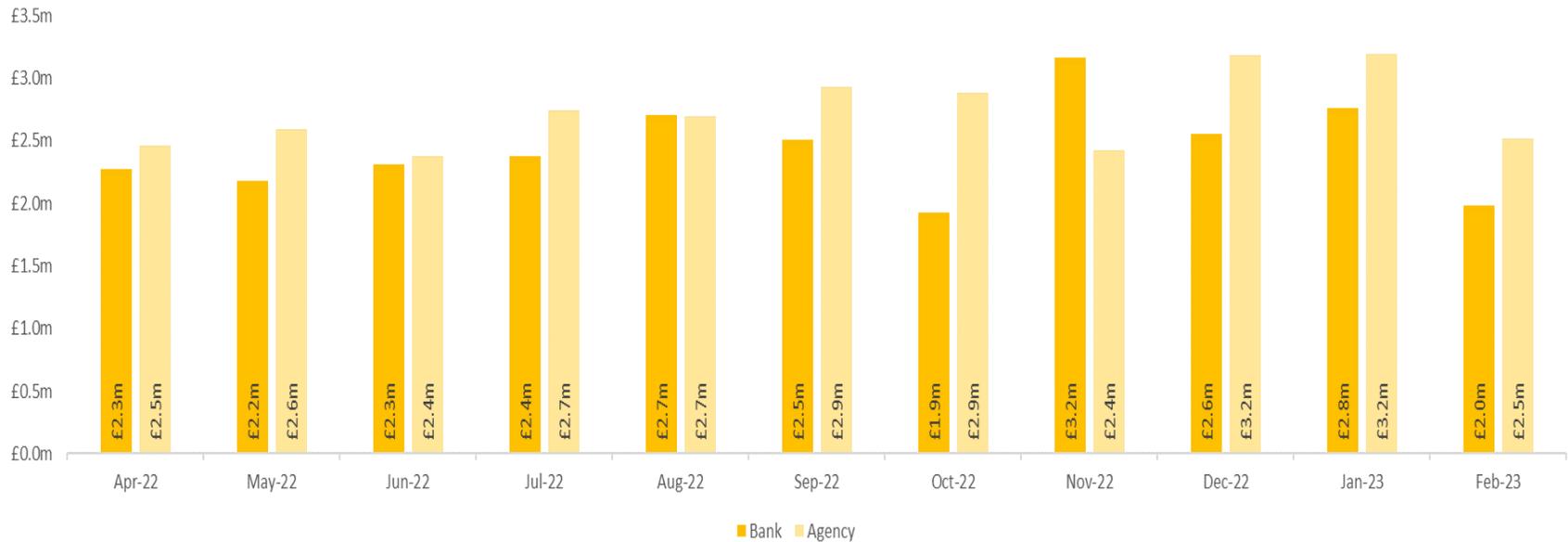
Our Annual Plan



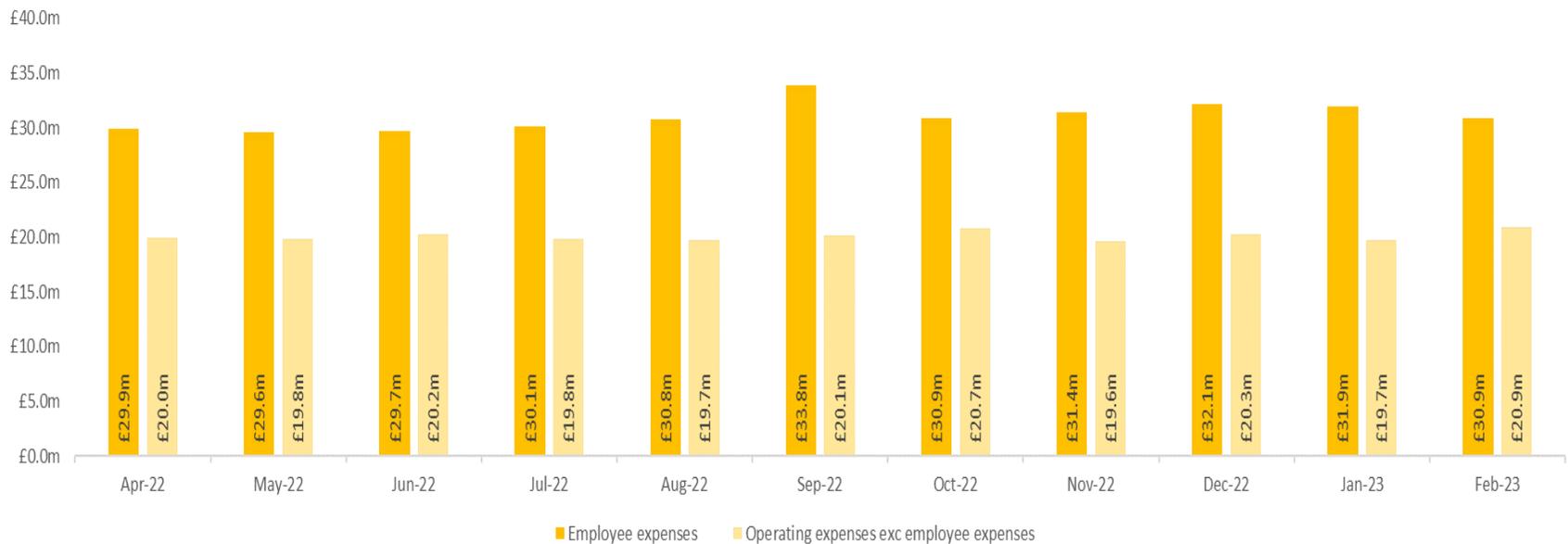
Our Emergency Departments

	Ambulances	60 Min Handover Delays	Self-Presentation	4 hours	12 hours	
ED	3,555	700	8,743	5,383	283	
	New Patients Seen		Patients Discharged Home		% of Take	
SDEC <i>AEC and Surgical SDEC</i>	1,246		1,054	84.6%	52.4%	

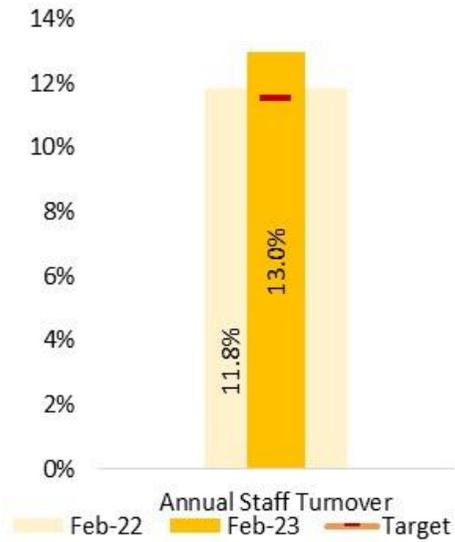
Our Locum / Agency Spend



Our Expenditure Run Rate



Our Staff Turnover





FEBRUARY 2023 IN NUMBERS



8,743

Self-presentation
patients (A&E)



3,555

Patients arriving
by ambulance



11,695

Inpatients



38,166

Face to Face outpatients



10,040

Telephone consultations



377

Babies



1,165

Elective operations



168

Trauma Operations



150

Emergency Operations



6.7

Average length of stay



17,757

Diagnostics

QUALITY AND SAFETY IN NUMBERS

February 2023



MRSA
0



ECOLI
4



CDIFF
2



MSSA
1



Hand Hygiene
 Participation **87.4**
 Compliance **99.8**

SEPSIS

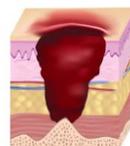
Sepsis
 Screening Compliance **87.8**
 Sepsis 6 bundle compliance **58.8**



ICE reports viewed
 Radiology **87.6**
 Pathology **95.6**



Falls per 1,000 bed days causing harm
0.04



Pressure Ulcers
 All hospital acquired pressure ulcers **24**
 Serious incident pressure ulcers **0**



Response Rate
 A&E **22.2**
 Inpatients **39.1**
 Maternity **3.04**
 Outpatients **12.9**



Recommended Rate
 A&E **89.3**
 Inpatients **98.1**
 Maternity **87.5**
 Outpatients **96.8**



HSMR 12 months rolling (March 22) **102.44**
Mortality Reviews completed <=30 days (Nov-20) **35.50**



Risks overdue review **201**
Risks with overdue actions **281**



Discharged before midday
15.1



Complaints Responses <=25 days
72.1



Total Medicine incidents reported **148**
Medicine incidents causing harm (%) **2.63**

WORKFORCE COMPOSITION IN NUMBERS

February 2023



Employees
7016



BAME employees
21%



Part-time workers
43%



Female
82%



Registered nurses
2,051 (29%)



Registered midwives
256 (4%)



HCA's, helpers and assistants
1358 (19%)



Doctors
791 (11%)



Other clinical and scientific staff
862 (12%)



Over age 55
19%



30 years and under
20%



Staff with less than 2 years service
29%



Staff with 20 years service or over
10%

Committee Assurance Reports

Mar-23 and Apr-23 Meetings

Trust Board
13th April 2023

Topic	Page
Operational & Financial Performance	
<ul style="list-style-type: none"> Finance and Performance Committee Assurance Report 	2 – 4
Quality & Safety	
<ul style="list-style-type: none"> Quality Governance Committee Assurance Report 	TBC
People & Culture	
<ul style="list-style-type: none"> People and Culture Committee Assurance Report 	TBC

Finance & Performance Committee Assurance Report - 29 March 2023

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Rebecca O’Connor Director of Corporate Governance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	7, 8, 13, 16, 18, 19, 20
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Executive Summary

The Committee met virtually on 29 March 2023 and the following key points were raised : Escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Annual Plan	To note the current position	To note
CAGs – Orthotics/Endoscopy/Xerox	Delegated limits	To approve the CAGs

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Annual Plan 23/24	Level 3		7, 8, 9, 11, 14, 18, 19
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 3	Maintained	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Strategic Programme Board Update	Not reported		8, 21
Orthotics Extension CAG	Level 6		7
Inourced Endoscopy Provision CAG	Level 5		7, 18
Xerox Scanning Contract Extension	Level 5		16
Review of Committee Effectiveness	Not reported		7
Industrial Action Risk Assessment	Not reported		

Finance & Performance Committee Assurance Report - 29 March 2023

Executive Summary

The Committee met virtually on 29 March 2023 and the following key points were raised :

Item	Discussion
Risk Assessments	<p>Junior doctor strike planning and the risk assessment was discussed at length. The impact on elective care was discussed and the timings of decisions was noted. The impact of moral injury to staff was stressed. Mitigating actions are underway and planning is ongoing, however this has not been concluded. The potential need for difficult decisions was noted. A letter to the Secretary of State was discussed. The situation was unprecedented and Committee expressed sympathy to our patients and the team. An extraordinary Trust Board was supported if required and the full support of the non executive was offered to the executive team. The position will be kept under review and it was noted that the risks are greater than experienced in the last strike.</p>
Annual Plan 23/24	<p>Committee was asked to approve the updated position and ICS submission. It would focus on risk appetite and sensitivities. The performance summary was noted. The targets have shifted from February and of those 3 were high risk. Bed occupancy is over 100% once corridors and boarding is taken into account so 92% is not achievable. Follow ups and clinical risk were noted and discussion followed with regards to benchmarking against other Trusts including PIFU and discharge back to GPs for follow up. Clinical anxiety around follow up remains, however this is variable across case mixes and specialities. Work will continue with system partners. 76% EAS target and how the gap can be bridged was discussed. This was high risk and required system support to progress the potential interventions. Executive and clinical discussions and the linkage to the reset of Homefirst in bringing these together were noted.</p> <p>E&U activity was reviewed at month 11 v 21/22 and 19/20 – against 19/20 there was a 31.7% increase in walk ins at WRH and further work is underway to explore the data. The increase in majors supports the higher level of acuity. The amount of resources, conveyances and productivity were discussed.</p> <p>Workforce growth related to TIF, UEC and surgical reconfiguration. Bank and agency PEPS have been profiled. The recruitment team business case was noted and the vacancy factor discussed. Further work to do with CSU re schemes for bank and agency. The corporate services benchmark shows the Trust are under resourced and the service was supported non recurrently. The model takes us to a more proactive and strategic service. The impact of 4ward improvement work completed to date was discussed. Workforce size was discussed, review of growth, shows we have not grown as much as others, business cases needed to demonstrate benefits realisation. This will be discussed further at P&C. Vacancy factor was reduced to 6.5%</p> <p>Activity baseline and the SUS definition were discussed and it was noted that this was agreed last year but we require confirmation of this for this year and this will be sought from the ICB.</p> <p>PEP summary slides outlined movement and is away from target. The CSU has identified further opportunity and this will be assessed and reviewed. The individual schemes were noted with a number having been removed and alternatives are being considered. Committee discussed the basis we are committing to the £20m and this will be a focus of the PRMs next week. The ongoing use of unfunded escalation areas was an issue in delivering the bank and agency PEP. The credibility of the CSU schemes and potential for double counting was discussed. The movement of the bridge was outlined. Inflation had been adjusted and the changed were discussed individually.</p> <p>23/24 capital funds are fully allocated and brokerage was discussed, the UEC overspend having an impact. There may be opportunity for further bids of system allocation to support backlog maintenance. Risk assessments around backlog maintenance were discussed. Sensitivity analysis was considered taking account of the downside risk, likelihood and net impact. The scenario testing to financial sustainability was also discussed alongside the role of system partners. Committee agreed not to stop anything rated as red for impact on activity. It felt 20m was the right ambition and debated whether the Trust had been aggressive enough?</p> <p>The level of distraction and pressure across the Trust was noted. The accountability framework development will be key. The credibility, ownership and level of risk in delivering the plan across the Trust and across the country was noted. Benchmarking against other Trust's progress/outputs was requested and system dependencies were to be explicit. There was a clear request to have no difference between top-down and bottom-up to ensure that the plan is completely owner throughout the organisation.</p> <p>The plan was approved for submission and next steps agreed</p>

Finance & Performance Committee Assurance Report - 29 March 2023

Executive Summary

The Committee met virtually on 29 March 2023 and the following key points were raised :

Item	Discussion
Strategic Programme Board	The report was noted.
Orthotics Extension CAG	The CAG was noted as late but recommended for approval by Trust Board
Insourced Endoscopy Provision CAG	Retrospective approval for endoscopy was recommended for approval at Trust Board as an insourced agreement.
Xerox Scanning Contract	Extension of current contract for 8 months, it is funded in baseline and is linked to the change in EPR timelines. Next steps and a revisions of the business case will be required to take this forward following the extension. The contract extension was recommended for approval at Trust Board.
Review of Committee Effectiveness	Item deferred to next meeting.
Integrated Performance Report	Cancer 2WW performance was exceeded for the third month running and increased assurance from level 4 -5. Cancer target 62 days will fall short, but is closer then previously expected. 78 weeks will also be slightly below target. Stroke had dropped to category B in the snap audit and the challenges around this were discussed. There were 900 over 1 hour ambulance delays for the month, so this will be comparable to February, the position is challenged and this will be a focus of the next meeting
Chief Finance Officer Report	Forecast outturn is on plan. Year end processes are underway, Committee welcoming that the Trist has hit the target is set. Capital is flagged as a risk and is being worked on.
Reflections	Meeting managed well despite changes in the agenda; this was welcomed and focussed on the right priorities. Committee focussed throughout on the best interest of patients and the fundamental issues. Development: report focus to be on the changes to highlight these more clearly. Special items of focus have been clear throughout but the papers do not facilitate this.

Quality Governance Committee Assurance Report – 30 March 2023

Accountable Non-Executive Director	Presented By	Author		
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Rebecca O’Connor, Director of Corporate Governance		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	QGC BAF Risks	2, 3, 4, 11, 17, 18, 19, 20	

Executive Summary

The Committee met virtually on 30 March 2023 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Industrial action	For noting	To note the position and mitigating action
ED pressures	For noting	To note the position and mitigating action
Licence conditions	For approval	To approve the self assessment

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Learning from Deaths Q3	Level 5	-	11, 19
TIPCC Q3	Level 4		3
Patient Safety Report & Patient Safety Alert Q3	Level 5		4
Safeguarding Adults Q3	Level 6		4
Medical Management Q3	Level 6		4
Harm Review Q3	Level 5		18
VTE Q3	Level 7		4
Medical Devices (equipment) to include safety alerts Q3	Level 4		4
Blood Transfusion Q3	Level 4		4
Integrated Performance Report	Level 4		2, 3, 4, 5, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

Quality Governance Committee Assurance Report – 30 March 2023

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Rebecca O’Connor, Director of Corporate Governance

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	QGC BAF Risks	2, 3, 4, 11, 17, 18, 19, 20
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Item	Level of Assurance	Change	BAF Risk
Patient Experience, Patient Carer, Community Experience Group Q3	Level 5		4, 11
Review of Conditions FT4 and G6	Level 5		4, 7
CGG Report	Not reported		
Industrial Action Risk Assessment	Not reported		

Quality Governance Committee Assurance Report – 30 March 2023

Executive Summary

The Committee met virtually on 30 March 2023 and the following key points were raised:

Item	Discussion
Action log	Updates were requested
CNO/CMO escalations	<p>Industrial action risk assessment: RA was shared and under constant view through daily planning meetings. The Trust and clinical divisions are concerned with the risk score a mitigated 25. Staff are tired and apprehensive, the action falling in the school holidays, a period with a high level of annual leave. There is concern about maintaining safe staffing levels as there are no derogations and staff can only be called back in the event of a mass casualty event. The Trust are looking at electives on a case by case basis. Rotas will be populated and this will give indication of the extent of potential cancellations. Committee discussed steps including the cancellation of leave and training. Committee discussed the public communications and potential system response such as GP additional sessions etc. There are regular meetings at the ICS, primary care are impacted by the strike but to a lesser degree. The Trust have requested extended GP access and a shift in activity however this has not been granted as yet. A regional meeting will consider impacts today.</p> <p>Committee requested the Trust write a formal letter with the aim of this influencing the Government negotiations. Committee noted the unacceptable risk being placed upon our patients and staff. Committee noted that further mitigations are in aspects of the risk that will make other aspects worse.</p> <p>ED pressures – sustained level of increased ED acuity and dependency was noted. Corridor care was sustained and quality surveillance have been increased to ensure fundamentals are met in the corridor. 10 sets of notes are being reviewed each week to ensure processes are being followed. The Alex is under pressure due to diverts and Committee recognised the exhaustion of staff and moral injury, noting the support in place for staff. There are regular staff huddles, walkabouts and exec presence. A reduction in external reporting was requested to help patient focus.</p> <p>The Infected blood inquiry was noted.</p>
Maternity Safety Report	<p>The report was taken as read and the key points were noted. Delay in accessing services due to reduced foetal movements continues to be publicised. The month had been challenging; neonatal deaths, stillbirth and SIs were discussed in detail. Governance boards are now in place and support the safety walkabouts. RAIT tool progress has been made. CNST no update following declaration and action plan, £250k funding has been requested to meet compliance. Ockenden 7 and 15 position was noted. HCA and MSW pressures were discussed; retention issues are challenging and primarily due to pay issues. Clarity is being made between the B2 and B3 roles and the level of clinical input was being progressed.</p>

Quality Governance Committee Assurance Report – 30 March 2023

Item	Discussion
Learning from Deaths (LFD) Q3	Committee received a more comprehensive report this quarter and thanks expressed for increased data support and new LFD lead. No red flags in reports re HSMR and HSMI and there was an interesting analysis regarding mortality at ALX, which was considered to relate to the transfer patients with a high risk of death, however this still remains within range. Increased number of deaths in ED was not surprising, and aligns with published papers on prolonged waits. Each death is reviewed with ED and speciality team regarding the quality of care. However most who stay in ED are complex multi morbidity rather than single dysfunction. The potential impact of corridor care was discussed along with palliative care coding. Learning points from mortality reviews are in the divisional reports and key headlines will be included next quarter. An excellent report was welcomed.
TIPCC Q3	Pressure during the quarter re flu and covid outbreaks. There were 19 covid outbreaks and screening arrangements were discussed. QIA in place. C-diff is of concern and over target, a robust action plan and peer reviews are in place. MSSA good practice and leadership was noted. UVC ceiling mounting is being fitted to support CPE management. Cleaning was discussed, the new ISS leader has introduced zonal cleaning and the patient forum is involved in assurance process. Bed cleaning checklists and audits are in place.
Patient Safety Group Report & Patient Safety Alert Q3	Report was taken as read. Level assurance of 5 was noted and agreed. Committee was updated as to the top 5 incidents, the triangulations and themes of the same. 1650 incidents reported in quarter 3 showing a positive reporting culture. 2 never events reported in Q3 as previously updated, the lessons learned were discussed. The second event will report in the next quarter. Benchmarking and the review of the governance meetings was discussed. The communication from board to consultant level was outlined. Safety alerts were noted. An assessment of ligature points and processes across the Trust is underway.
Safeguarding Adults Q3	Services has met all statutory and legal obligations. Level 2 training is an outlier; medical and dental staff are being supported to complete. MCA and DoLs compliance is due to technical ESR problems. The threat level was noted. Rise in child safeguarding alerts and DV cases was also noted. Learning from two key national cases was discussed in details and would be escalated to the Board. The importance of training was stressed
Medical Management Q3	The report was taken as read and the work of the MSC and supporting committees was noted. Pharmacy staffing shortages in the Trust were noted and is directly linked to PCN pharmacy roles. This has been particularly challenging in aseptic services and we are supporting WVT. The impact of ESR was discussed but this was unlikely to change.
Harm Review Q3	Panel has continued to meet, however capacity is challenging resulting in the decrease in assurance level to 5. The expectation of IST was to review the whole list, however the Trust is targeting reviews where the risks are higher to preserve clinical time to reduce the waiting lists. The risks and mitigations were discussed. The approach outlined by the CMO in managing but not mitigating the risk was supported by Committee.
Medical Devices Q3	Report taken as read. Director of Estates was to be invited to the next meeting to provide an update.
Blood Transfusion Q3	Report taken as read. Blood usage was under review, the blood tracker business case was approved via F&P. The number of incidents were discussed and the tracker will facilitate this, going forward these are likely to decrease.

Quality Governance Committee Assurance Report – 30 March 2023

Item	Discussion
Integrated Performance Report	Assurance level 4, impact of RCN action discussed. 85% of cancellations had been rescheduled. 2WW exceeded target for third month running and assurance level increased from 4 – 5. 62 day cancer target will not be achieved. 78 week wait plan and UEC metrics relates to the pressures discussed earlier in the meeting and corridor care. Stroke graded as a B reduced from A, action plan in place is delivering outcomes. FFT response rate and recommended rate promising. Complaints performance is variable.
Patient Experience Q3	Complements and F&FT indicators were discussed in detail. The FFT is above trajectory and compliments have remained stable. Escalation made regarding complaints performance a 23% rise particularly into the surgical division. There was weekly support in place for the divisions; the complaints are primarily due to waits in care. PALS numbers are down and have reduced. Front of house service for PALS was discussed. Actions and improvements following the Trust Board patient story were welcomed.
Review of conditions FT6 and G6	Review was noted and recommended for approval by Trust Board
CCG Report	The escalations to TME were noted
Escalation to Trust Board	IA; ED pressures; safeguarding case learning; licence conditions;

People & Culture Committee Assurance Report – 4 April 2023

Accountable Non-Executive Director	Presented By	Author				
Dr Sue Sinclair – Associate Non-Executive Director	Dr Sue Sinclair – Associate Non-Executive Director	Jo Wells, Deputy Company Secretary				
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f080f0;"> <th style="width: 15%;">BAF number(s)</th> <th style="width: 85%;">9, 10, 14, 15</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	BAF number(s)	9, 10, 14, 15		
BAF number(s)	9, 10, 14, 15					

Executive Summary

The Committee met virtually on 4 April and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
None		

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Integrated People & Culture Report	Outcome - Level 5 Process – Level 6	Process Increased	9, 10, 14, 15
2022 Staff Survey Results	Outcome - Level 4 Process – Level 5	N/A	9, 10, 14, 15
Well-Led – Why we score below average for staff recommending the Trust as a place to work	Outcome – Level 4 Process – Level 5	N/A	10, 14, 15
Freedom to Speak Up Report	Level 6	N/A	10
Safest Staffing Report – Adult/Nurse Staffing	Level 6	Maintained	9
Safest Staffing Report – Midwifery Staffing	Level 5	Maintained	9
People & Culture Risk Register	Level 6	N/A	
Board Assurance Framework – People & Culture	Level 6	N/A	
Workforce Planning Audit Report		N/A	

People & Culture Committee Assurance Report – 4 April 2023

Executive Summary

The Committee met virtually on 4 April and the following key points were raised:

Item	Discussion
Staff Story	A Respiratory Consultant shared her story following her undertaking of the leadership training which made her feel empowered, motivated and more proactive. She self-reflected that her behaviour and values had a positive impact on others and that investment in individuals was important to make them feel valued.
Integrated People & Culture Report	<p>The report outlined progress against the 7 priorities though there had been delays in progress due to covid, operational pressures and industrial action. Despite the pressures, getting the basis right had maintained with the exception of job planning. Staff networks were progressing well and having an impact on culture and making people feel able to raise issues.</p> <p>Benchmarking against other People & Culture functions highlighted issues with time to hire, closing casework, leavers and turnover. The Trust remained an outlier for bank and agency usage.</p> <p>The Year 2 theme is focused upon embedding using the 4ward improvement system methodology.</p> <p>Proposed priorities for 23/24 were outlined and addressed the areas flagged that require further development which included Culture, Staff Offer, Staff Turnover, Job Plans, Inclusive Leaders, Right sized cost effective workforce, Premium staffing costs, HR investigations, Time to Recruit and Talent Management.</p>
Staff Survey Results	<p>The results of the survey show a response rate for our Trust of 36% or 2,482 responses. This represents a drop of 7% compared to 2021 and is below the average response rate for similar organisations. Nationally response rates were down 2%. The survey was completed during a period of high winter demand, high vacancy rates, cost of living crisis and widespread industrial action.</p> <p>A cost benefits analysis is being undertaken as paper forms were issued to staff who had little access to a computer but there was a low level of return from these staff groups.</p> <p>An updated heatmap was shared and would be used by the 4ward and Best People Steering Groups. Specific projects including the 4ward behaviours refresh, the development of a behavioural toolkit, the embedding of the Behavioural Charter with a zero-tolerance approach and the establishment of our 'staff offer' will all help to address key themes identified in the survey, particularly around raising concerns and recommending the Trust as a place to work.</p>
Staffing Report	<p>Nursing: Assurance level of 6 was reported. Difficulties had arisen from industrial action and heightened acuity and dependency of patients. Levels of staff on wards had remained safe. Though there had been no reposts of harm, a data deep dive would take place as staffing was a cause for concern. International recruitment of nurses continued and there was an increased cohort coming out of universities. Issues with the HCA workforce continued, time to hire has improved and health and wellbeing support has required quite significantly input which was likely related to the affects of industrial action.</p> <p>Midwifery: Assurance level of 6 was reported. 374 births were reported during February and the continuity teams were required to support in one instance. Vacancy fill had improved however sickness rate had slightly increased. There had been an improvement with staff engagement and there is a targeted approach to fill vacancies with a focus on students during September.</p>

People & Culture Committee Assurance Report – 4 April 2023

Executive Summary

The Committee met virtually on 4 April and the following key points were raised:

Item	Discussion
Well Led - Why we score below average for staff recommending the Trust as a place to work	A deep dive had been completed following the staff survey results and both reports were being used to shape the coming year priorities. This element would form part of a key line of enquiry for the CQC. Themes were in line with the national trends such as service rates of pay, cost of living crisis impact and the demands on the service impacting upon wellbeing. The 4ward improvement system is key to make people feel empowered to make improvements. The HR team had committed to visiting every department and service every quarter. Learning taking from the exercise highlighted that a number of staff were not aware of the staff offer that was available. More needed to be done to ensure that colleagues are aware of the support available to them.
Freedom to Speak Up Report	A gap analysis review had been undertaken and the main priority was to mandate the Freedom to Speak Up training. 123 concerns had been raised in the last 12 months but there had been an increase in the number of anonymous concerns. The predominant themes reported related to attitude and behaviour. Feedback was provided, however this was problematic when the concern had been raised anonymously. Committee noted that the FTSU Guardian was now working in the role full time.
People & Culture Risk Register	A deep dive of the longest standing risks had been undertaken. Of the 11 risks reviewed, 1 had been closed, 6 reduced and 4 had not reduced. Only 1 risk was reported as moderate. The most concerning risk related to workforce supply issues and a business case had been drafted to increase central recruitment team capacity. 27 risks will be carried forward and 14 have a reduced rating from when they were opened.
Board Assurance Framework	The industrial action risk was under constant review and had been re-escalated due to the impending junior doctor strike. Mitigations were in place but there remained a real risk to patient safety and experience. 4 further changes in assurance levels were noted.
Workforce Planning Audit Report	Committee reviewed the Workforce Planning audit that had been undertaken and recommended that it was presented following Audit & Assurance Committee. The report was rated as significant assurance.

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Going Concern Paper 2022/23

For approval:	X	For discussion:		For assurance:		To note:	
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Accountable Director	Neil Cook, Chief Finance Officer		
Presented by	Jo Kirwan, Deputy Chief Finance Officer	Author /s	Lynne Walden, Head of Financial Planning and Financial Services. Marie Hall, Deputy Head of Financial Services

Alignment to the Trust's strategic objectives (x)			
Best services for local people	Best experience of care and outcomes for our patients	Best use of resources	✓

Report previously reviewed by		
Committee/Group	Date	Outcome
F&PC	22 February 2023	Approved
A&AC	28 March 2023	Approved

Recommendations	Trust Board is requested to consider and endorse the Chief Finance Officer's recommendation that the Trust is a going concern.
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Executive Summary	<p>The concept of "going concern" is one of the fundamental principles underpinning the accounting regime used in preparation of our financial statements. Essentially it means the Directors believe we have the resources in place to remain viable for the foreseeable future. Directors should consider the specific events, conditions and factors that individually or collectively, might cast significant doubt on the going concern assumption.</p> <p>We must comply in the preparation of our annual accounts to the NHS Group Accounting Manual (GAM). The going concern section has been included in Appendix 1 for reference.</p> <p>Financial planning for 2022/23 was submitted on 20th June 2022 resulting in a planned deficit for 2022/23 of £(19.9m). The latest full year forecast per month 10 reporting is that the Trust will deliver a full year deficit of £19.903m in line with the plan. No cash support has been requested throughout financial year 2022/23 due to high cash balances resulting from the current block payment regime.</p> <p>The projected deficit for 2022/23 will be the 10th consecutive year in which the Trust has not achieved it's in year breakeven duty to contain</p>
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expenditure within the resources available. A continued breach will result in the requirement for a further referral by the external auditor to the Secretary of State. We have been in a cumulative deficit for over 12 years although historic revenue support loans were converted to PDC during 2020/21, strengthening the balance sheet.

In the NHSE&I breakeven duty guidance April 2018 an auditors responsibilities are defined as follows:
“The external auditors of NHS trusts have responsibilities under section 30 of the Local Audit and Accountability Act 2014 to report on unlawful matters by issuing a referral to the Secretary of State. External auditors are also required to follow the Comptroller and Auditor General’s Code of Audit Practice, issued by the National Audit Office (NAO), and have regard to the accompanying auditor guidance notes (AGNs). These are available on the NAO website and AGN07 explains the auditor’s responsibilities for reporting. Auditors generally consider a trust’s failure to meet the breakeven duty requirements to be an unlawful matter requiring a referral to the Secretary of State.”

The primary risk to going concern status is the underlying financial deficit and a resultant shortfall in cash to discharge liabilities.

It should be noted that the nationally funded block payment regime has been in place throughout 2021/22 and 2022/23 and the cash balance is still strong (£17.8m actual at month 10 and £27.5m forecast at month 12)

A facility to access cash support if required has remained in place in line with the standard NHSE&I process. All requests submitted in previous years in line with national policy have been approved. On this basis there is no reason to believe that support would cease to be available if required, or that the terms on which it is provided would change.

On the balance of assessment of the various risks, opportunities and uncertainties, the Chief Finance Officer recommends that the Trust considers itself to be a going concern in line with published guidance. On this basis, the Finance & Performance Committee is requested to consider and endorse this recommendation for approval at the Board.

Risk										
Which key red risks does this report address?		What BAF risk does this report address?	BAF 7 The Trust is unable to ensure financial sustainability (to the level of structural deficit [TBD Under post Covid Financial Regime]) and make the best use of resources for our patients.							
Assurance Level (x)	0	1	2	3	4	5	6	7	x	N/A
Financial Risk										

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Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	Y	N		N/A	x
Are the actions identified starting to or are delivering the desired outcomes?	Y		N	N		
If no has the action plan been revised/ enhanced	Y		N	N		
Timescales to achieve next level of assurance	April 2023					

Introduction/Background
<p>Accounting standard IAS1, Presentation of Financial Statements, requires each year as part of the accounts preparation process, management makes an assessment of the entity's ability to continue as a going concern. The Treasury's Financial Reporting Manual (FRoM) interprets the requirements set out in IAS 1 (paras 25-26) as below:</p> <ul style="list-style-type: none"> • <i>The anticipated continuation of the provision of a service in the future, as evidenced by inclusion of financial provision for that service in published documents is normally sufficient evidence of going concern</i> • <i>However, a trading entity needs to consider whether it is appropriate to continue to prepare its financial statements on a going concern basis where it is being, or is likely to be, wound up</i> • <i>Where an entity ceases to exist, it should consider whether or not its services will continue to be provided (using the same assets, by another public sector entity) in determining whether to use the concept of going concern for the final set of financial statements.</i> • <i>Where a body is aware of material uncertainties in respect of events or conditions that cast significant doubt upon the going concern ability of the entity, these uncertainties must be disclosed. This may include for example where continuing operational stability depends on finance or income that has not yet been approved.</i> <p>The Going Concern Assessment is primarily derived from the historical financial position of the Trust, with an assessment of the future risks, opportunities and uncertainties, including for example any:</p> <ul style="list-style-type: none"> • Financial conditions <ul style="list-style-type: none"> ○ Historic financial performance ○ Future financial plan ○ Cost Improvement/Efficiency savings/ risk assessed delivery ○ Liquidity and ability to meet liabilities ○ Existing borrowing and access to borrowing • Operating conditions <ul style="list-style-type: none"> ○ Change in management structures ○ Change in commissioned services • Risk of non-compliance with Terms of Authorisation