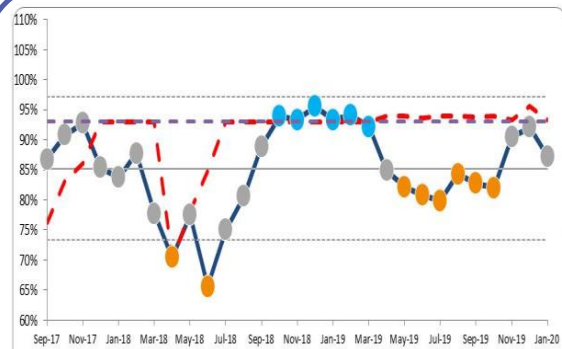


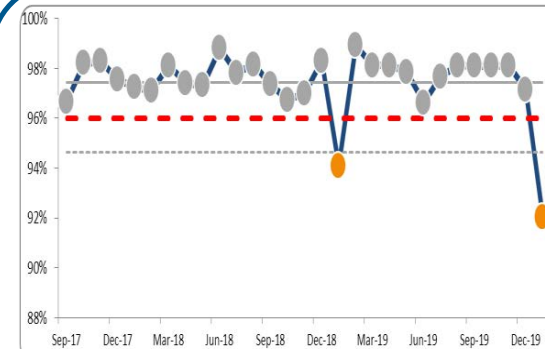
Cancer 2WW
All

87.53%



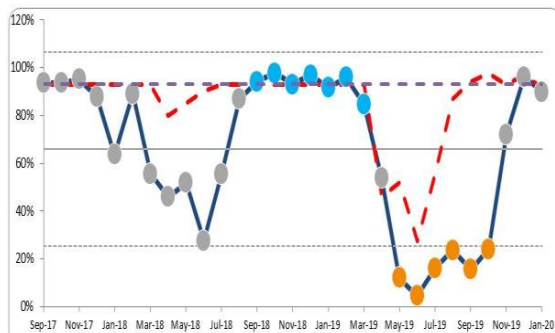
Cancer 31 Day
All

92.11%



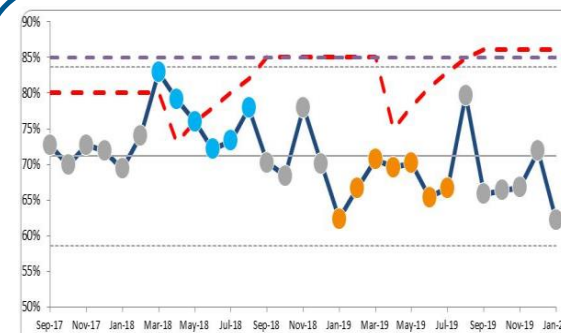
Cancer 2WW
Breast
Symptomatic

89.82%



Cancer 62 Day
All

62.74%

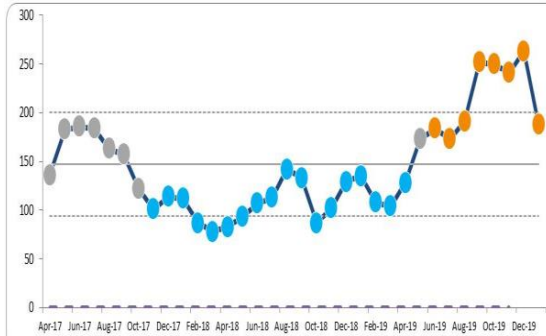


Month 10 [January] 2019-20 Operational Performance Summary

Responsible Director: Chief Operating Officer | Unvalidated for Jan-20 as at 20th February 2020

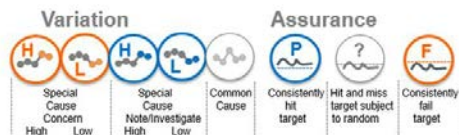
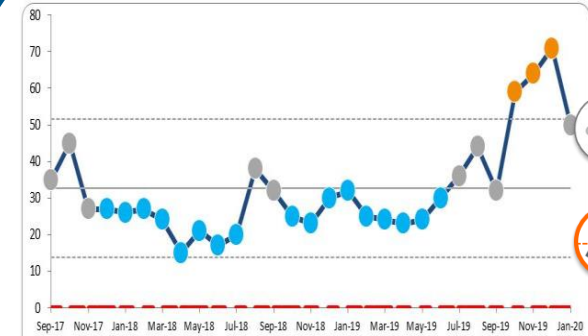
62+ Day Waiters

108



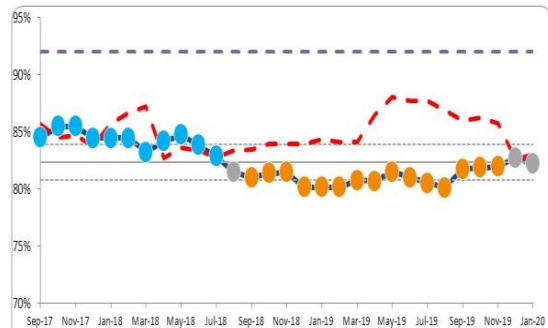
104+ Day Waiters

50



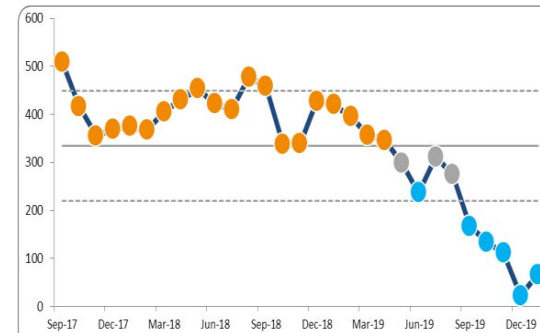
RTT Incomplete

82.56%



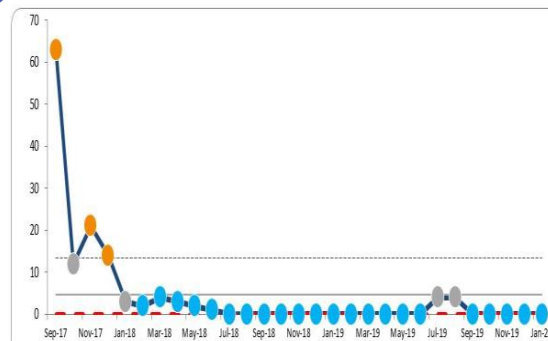
40+ week waits
(includes agreed exceptions)

67



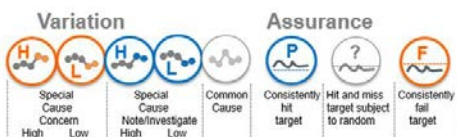
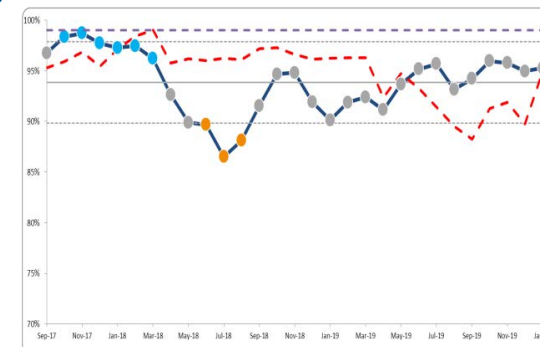
52+ week waits

0



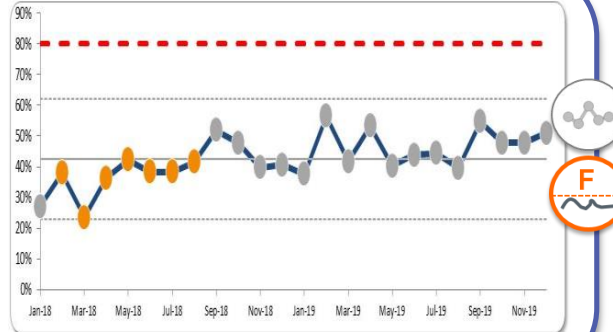
Diagnostics

95.28%



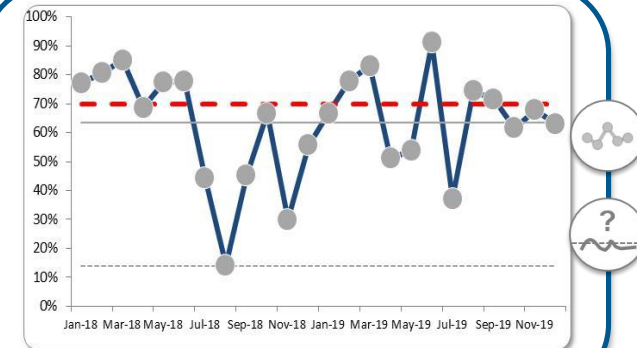
Stroke : % CT scan within 60 minutes

51.00%



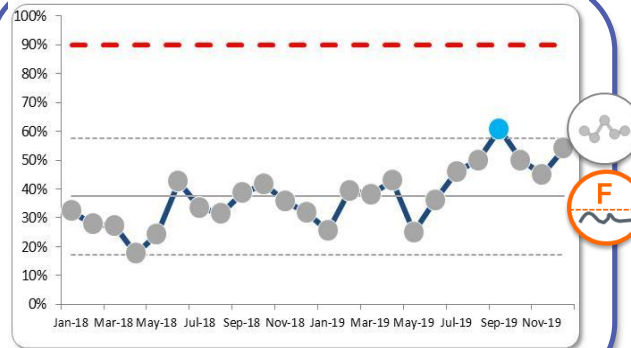
Stroke: % seen in TIA clinic within 24 hours

63.10%



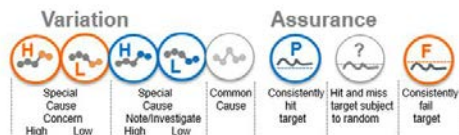
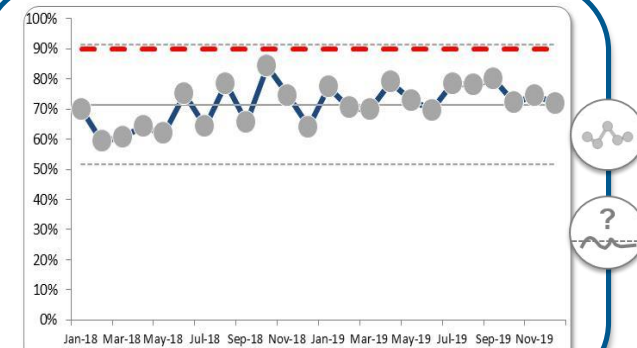
Stroke : % Direct Admission to Stroke ward

54.10%



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

71.70%



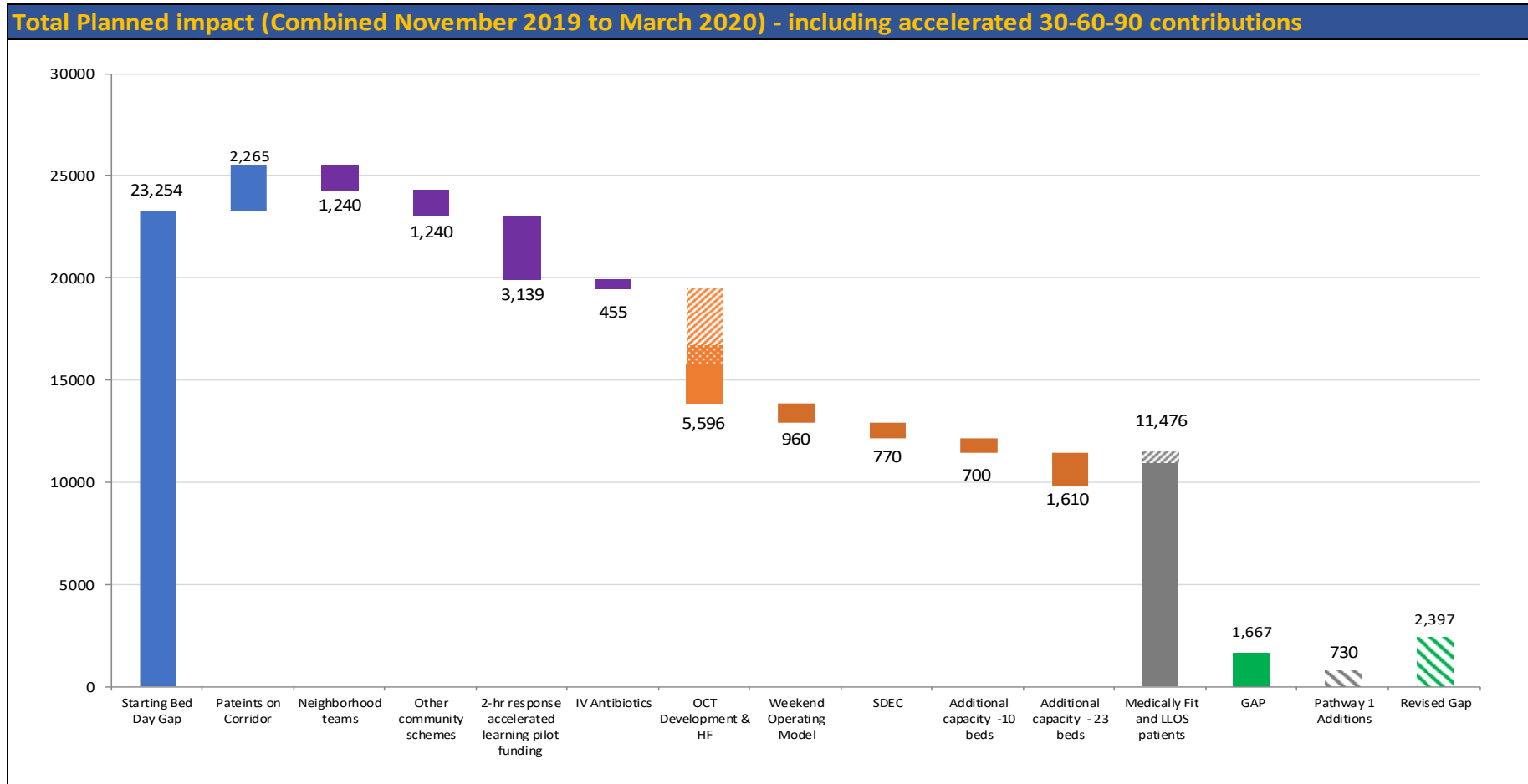
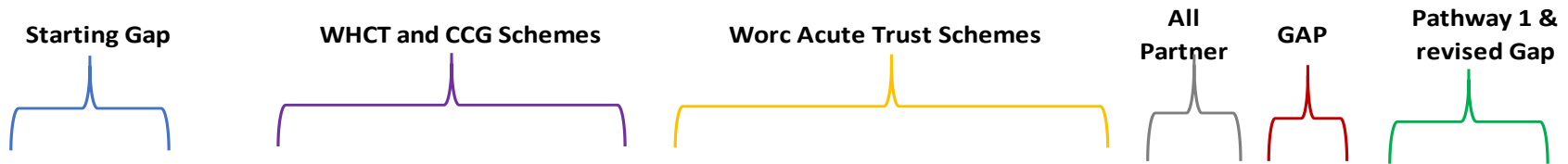
*Please note – Stroke Data is month in arrears due to coding and validation processes



Operational | Submitted Trajectories (19/20) | M10 [January]



Performance Metrics				Operational Standard		Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Oct-19		Nov-19		Dec-19		Jan-20	
EAS	4 Hours (all)	95%	Actual	76.18%	✓	77.28%	✗	74.43%	✗	76.82%	✗	77.96%	✗	77.69%	✗	76.49%	✗	74.47%	✗	70.17%	✗	74.18%	✗		
			Trajectory	75.41%		78.60%		78.78%		80.10%		82.10%		86.21%		86.24%		86.00%		86.00%					
	15-30 minute Amb. Delays	-	Actual	1,703	✗	1,767	✗	1,738	✗	1,925	✗	1,828	✗	1,624	✗	1,940	✗	1,826	✗	1,946	✗	1735	✗		
			Trajectory	1420		1251		1149		1112		855		831		673		655		704		706			
	30-60 minute Amb. Delays	-	Actual	728	✗	608	✓	671	✗	751	✗	646	✗	578	✗	705	✗	813	✗	1,004	✗	647	✗		
			Trajectory	609		626		522		445		428		416		292		284		376		377			
60+ minutes Amb. Delays	0	Actual	496	✗	354	✗	438	✗	386	✗	252	✗	264	✗	228	✓	528	✗	797	✗	566	✗			
		Trajectory	203		209		209		222		214		208		269		262		329		330				
RTT	Incomplete (<18 wks)	92%	Actual	80.18%	✗	81.51%	✗	81.02%	✗	80.54%	✗	80.10%	✗	81.75%	✗	81.88%	✗	81.94%	✗	82.72%	✓	82.56%	✗		
			Trajectory	86.47%		88.06%		87.72%		87.69%		86.93%		86.01%		86.25%		85.81%		82.59%		83.06%			
	52+ WW	0	Actual	0	✓	0	✓	0	✓	4	✗	4	✗	0	✓	0	✓	0	✓	0	✓	0	✓		
Trajectory			0		0		0		0		0		0		0		0		0		0				
CANCER	2WW All	93%	Actual	84.87%	✗	82.21%	✗	80.75%	✗	79.91%	✗	84.32%	✗	82.76%	✗	82.03%	✗	90.42%	✗	92.11%	✗	87.53%	✗		
			Trajectory	93.93%		93.90%		93.64%		93.94%		94.02%		93.83%		93.96%		93.37%		95.58%		93.34%			
	2WW Breast Symptomatic	93%	Actual	54.12%	✓	12.00%	✗	4.58%	✗	16.07%	✗	23.77%	✗	15.52%	✗	24.06%	✗	72.22%	✗	96.18%	✗	89.82%	✗		
			Trajectory	45.96%		51.76%		27.66%		55.68%		87.01%		94.20%		97.81%		93.02%		97.04%		91.72%			
	62 Day All	85%	Actual	69.58%	✗	70.16%	✗	65.41%	✗	67.07%	✗	79.70%	✗	65.86%	✗	66.37%	✗	66.77%	✗	71.15%	✗	62.74%	✗		
			Trajectory	74.93%		78.06%		80.91%		82.91%		84.90%		86.04%		86.04%		86.04%		86.04%		86.04%			
	104 day waits	0	Actual	23	✗	23	✗	30	✗	36	✗	44	✗	32	✗	56	✗	64	✗	71	✗	50	✗		
			Trajectory	0		0		0		0		0		0		0		0		0		0			
	31 Day First Treatment	96%	Actual	98.11%	✓	97.85%	✓	96.62%	✗	97.69%	✗	98.11%	✗	98.10%	✓	98.09%	✓	98.05%	✓	97.35%	✗	92.11%	✗		
			Trajectory	97.39%		97.32%		98.80%		97.82%		98.15%		97.35%		96.73%		96.99%		98.30%		94.07%			
	31 Day Surgery	94%	Actual	93.55%	✗	93.75%	✗	93.75%	✗	75.00%	✗	85.19%	✗	88.00%	✗	76.00%	✗	90.00%	✗	86.67%	✗	75.00%	✗		
			Trajectory	96.43%		97.06%		96.88%		100.00%		100.00%		95.00%		100.00%		100.00%		100.00%		92.68%			
	31 Day Drugs	98%	Actual	100%	✓	100%	✓	100%	✓	100%	✓	100%	✗	90.91%	✗	100%	✓	100%	✓	100%	✓	100%	✓		
			Trajectory	90.91%		100%		96.43%		100%		100%		100%		100%		100%		100%		100%			
	31 Day Radiotherapy	94%	Actual	100%	✓	100%	✓	96.15%	✗	100%	✓	100%	✓	98.18%	✗	74.19%	✗	100.00%	✓	98.75%	✓	95%	✗		
			Trajectory	100%		100%		100%		100%		100%		100%		100%		100%		100%		100%			
62 Day Screening	90%	Actual	95.65%	✓	90.91%	✓	50.00%	✗	100.00%	✗	94.44%	✓	82.46%	✓	85.71%	✓	72.22%	✗	72.00%	✗	73.47%	✓			
		Trajectory	85.19%		85.19%		90.00%		90.70%		76.60%		73.21%		65.38%		78.26%		93.55%		63.41%				
62 Day Upgrade	-	Actual	71.43%	✓	68.97%	✓	72.73%	✓	52.38%	✗	73.33%	✗	46.67%	✗	76.92%	✓	76.92%	✓	70.83%	✓	82.35%	✓			
		Trajectory	70.00%		62.50%		59.09%		83.33%		80.00%		90.91%		60.00%		75.00%		55.00%		62.50%				
Diagnostics (DM01 only)			99%	Actual	91.14%	✗	93.67%	✗	95.46%	✓	95.68%	✓	93.17%	✓	94.21%	✓	95.96%	✓	95.78%	✓	94.94%	✓	95.28%	✓	
Trajectory	92.37%			94.74%		91.42%		91.42%		89.52%		88.25%		91.28%		91.91%		89.77%		94.99%					
STROKE	CT Scan within 60 minutes	-	Actual	53.30%	✗	40.30%	✗	43.90%	✗	44.30%	✗	39.50%	✗	54.70%	✗	47.70%	✗	47.70%	✗	51.00%	✗	-			
			Trajectory	80.00%		80.00%		80.00%		80.00%		80.00%		80.00%		80.00%		%		80.00%		80.00%			
	Seen in TIA clinic within 24hrs	-	Actual	51.10%	✗	53.90%	✗	91.20%	✓	37.10%	✗	74.40%	✓	71.60%	✓	61.60%	✗	67.90%	✗	63.1	✗	-			
			Trajectory	70.00%		70.00%		70.00%		70.00%		70.00%		70.00%		70.00%		70.00%		70.00%		70.00%			
	Direct Admission	-	Actual	42.90%	✗	25.00%	✗	36.20%	✗	46.00%	✗	50.00%	✗	60.70%	✗	50.00%	✗	45.10%	✗	54.1	✗	-			
			Trajectory	90.00%		90.00%		90.00%		90.00%		90.00%		90.00%		90.00%		90.00%		90.00%		90.00%			
90% time on a Stroke Ward	-	Actual	79.00%	✗	73.00%	✗	69.60%	✗	78.50%	✗	78.00%	✗	80.00%	✓	72.10%	✗	74.60%	✗	71.70%	✗	-				
		Trajectory	80.00%		80.00%		80.00%		80.00%		80.00%		80.00%		80.00%		80.00%		80.00%		80.00%				



accelerated 30/60/90 day actions (R2G)
accelerated 30/60/90 day actions (Frailty)

accelerated 30/60/90 day actions (R2G)



Winter interventions extracted from the System wide Improvement Plan



Starting Gap

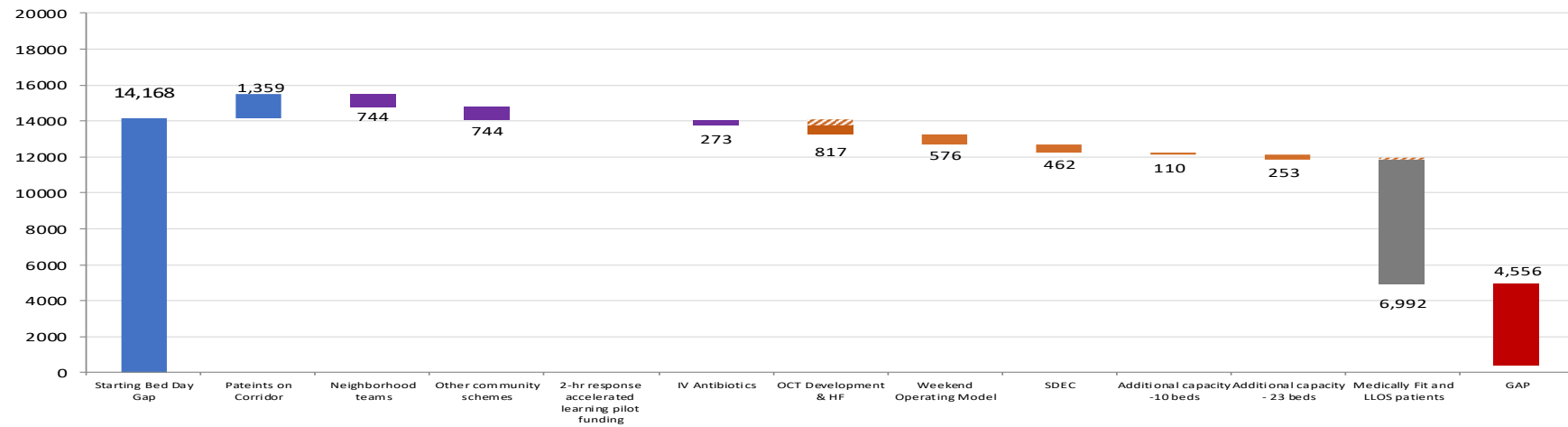
WHCT and CCG Schemes

Worc Acute Trust Schemes

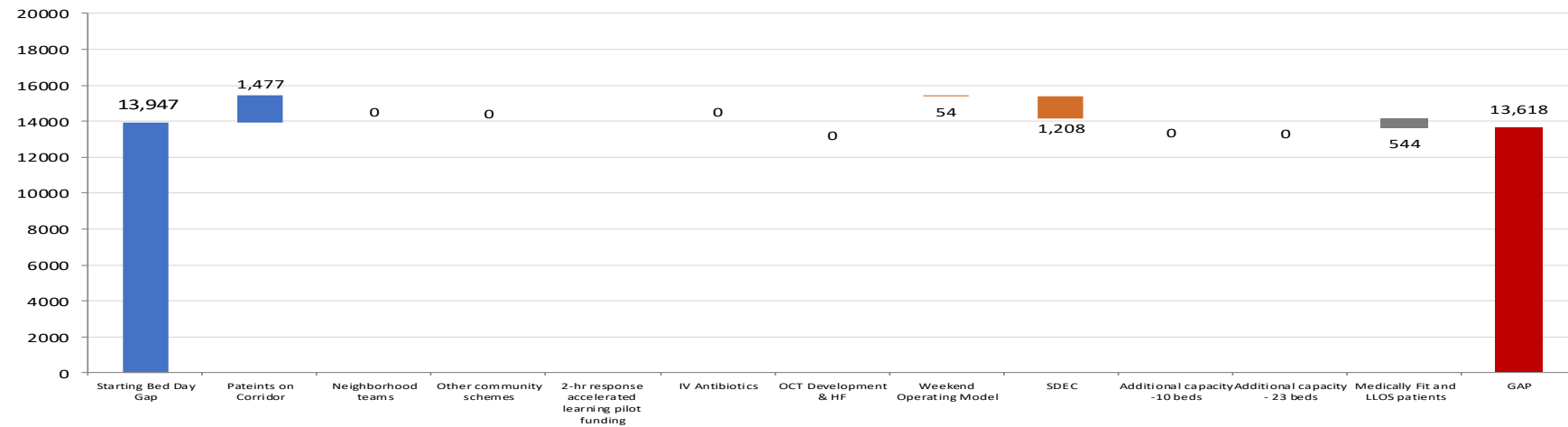
All Partner

GAP

Total Planned impact YTD (Nov to Jan)



Total Actual impact YTD (Nov to Jan)



accelerated 30/60/90 day actions (R2G)
accelerated 30/60/90 day actions (Frailty)

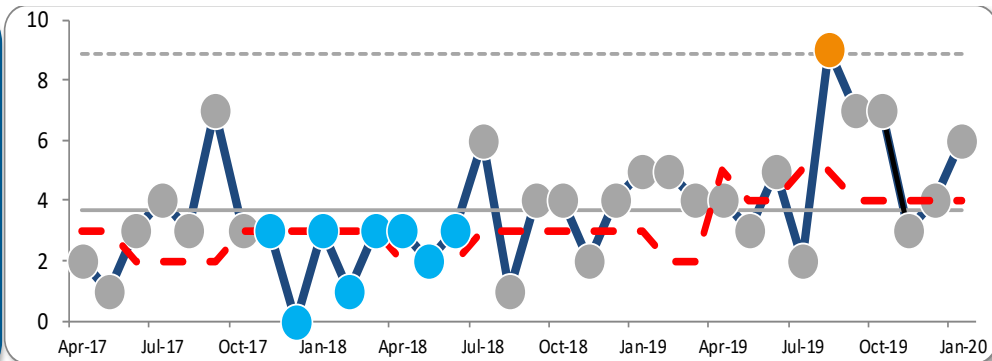
accelerated 30/60/90 day actions (R2G)

Best Experience of Care and Best Outcomes for our Patients

Number of
patients
developing
Clostridioides
difficile

Jan-20

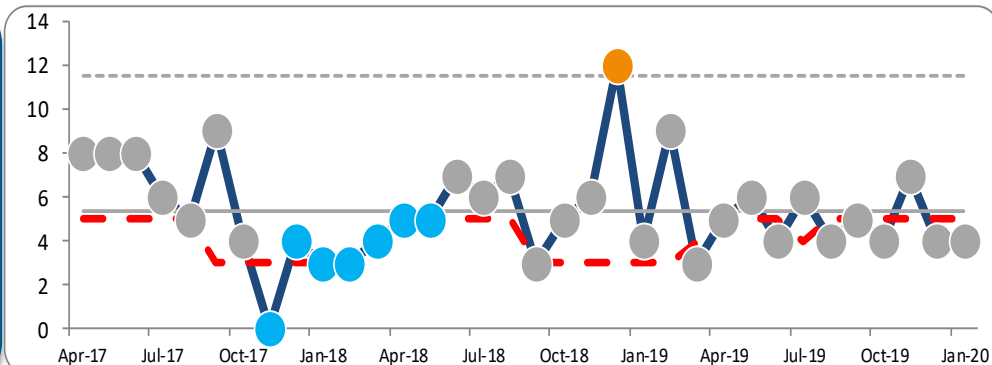
6



Number of
patients
developing
Ecoli
bacteraemia

Jan-20

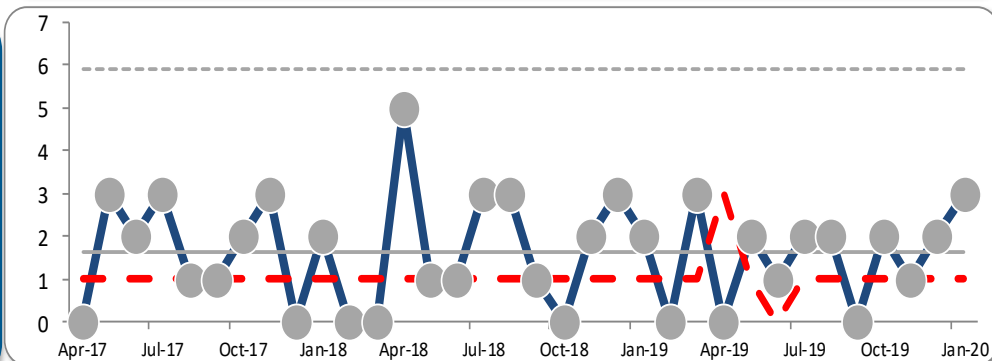
4



Number of
patients
developing
MSSA
bacteraemia

Jan-20

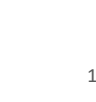
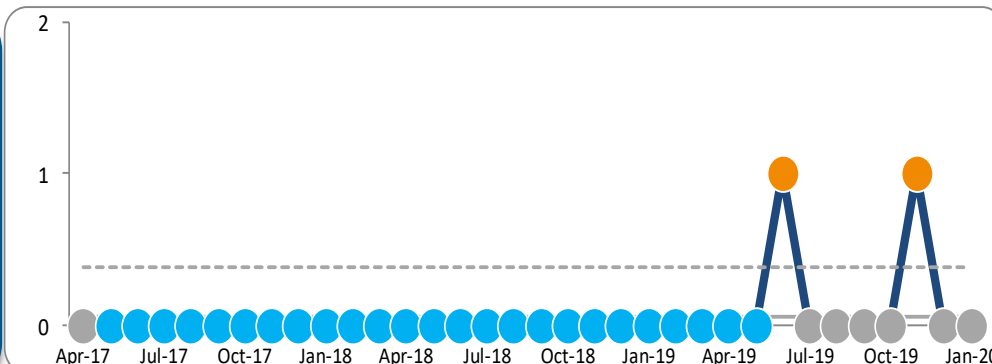
3



Number of
patients
developing
MRSA
bacteraemia

Jan-20

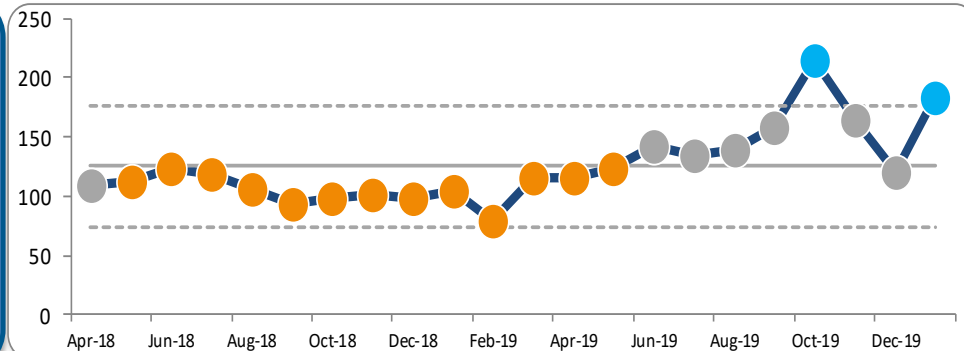
0



Total Medicine
incidents
reported

Jan-20

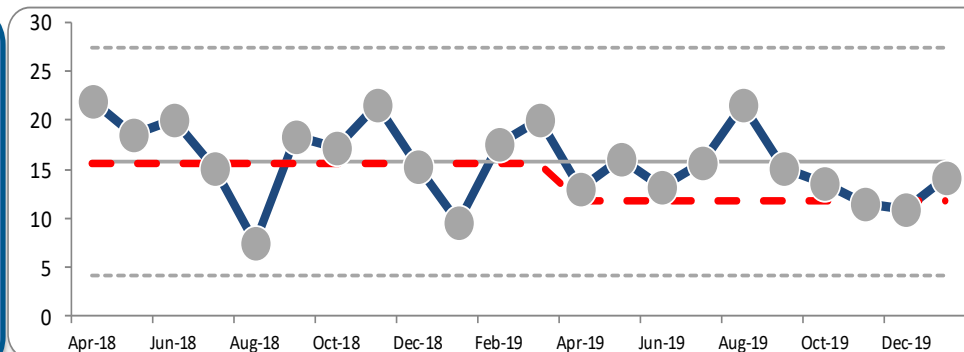
183



Medicine
incidents
causing harm
(%)

Jan-20

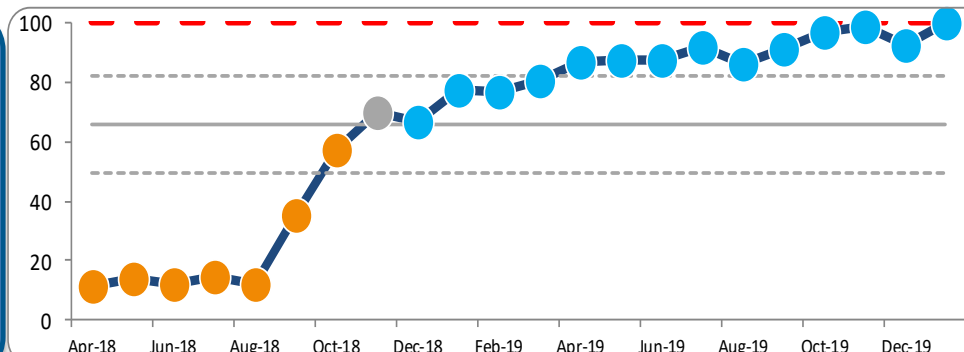
14.21



Hand Hygiene
Audit
Participation
(%)

Jan-20

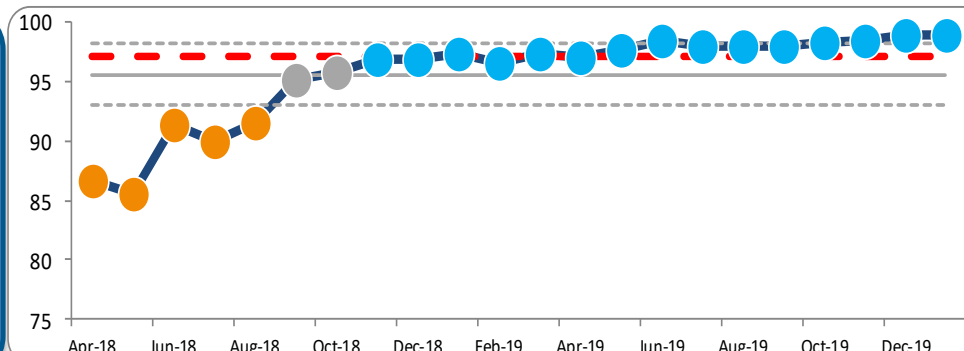
100



Hand Hygiene
Compliance (%)

Jan-20

98.9



Month 10 [January] | 2019-20 Quality & Safety Summary

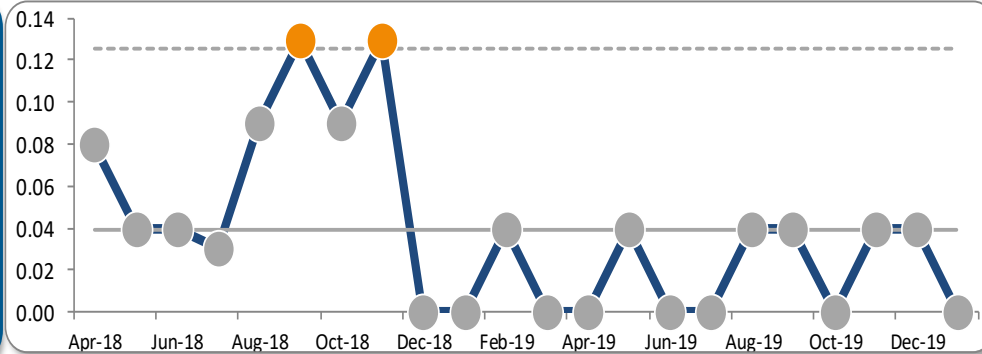
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for January 2020 as at 20th February 2020

Falls per 1,000
bed days
causing harm

Jan-20

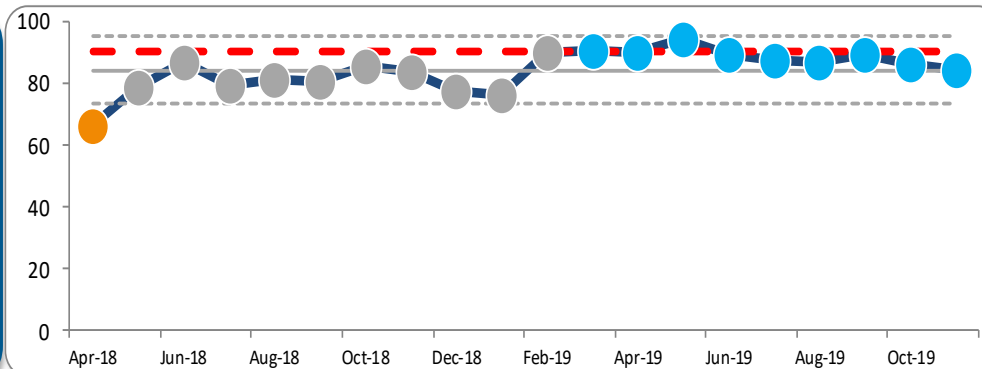
0



Sepsis
Screening
Compliance
(audit)
(%)

Nov-19

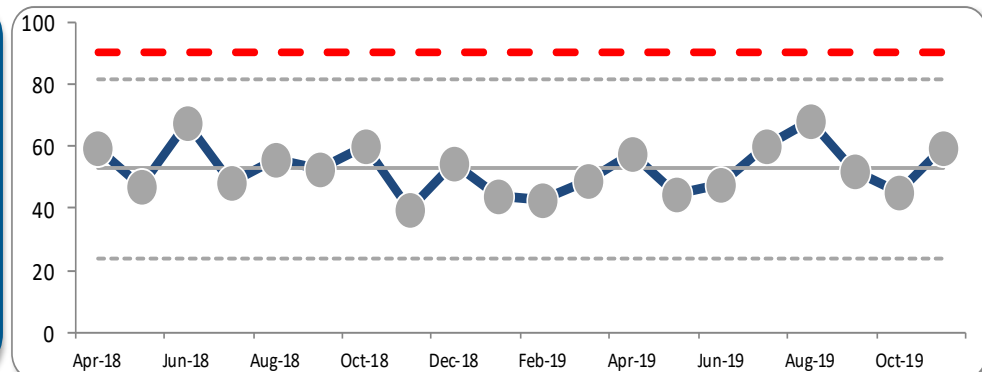
84.51



Sepsis 6 Bundle
Compliance
(audit)
(%)

Nov-19

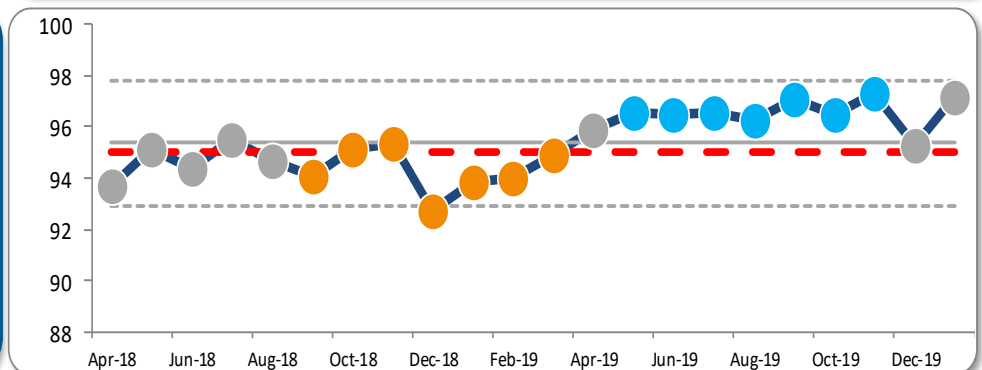
59.26



VTE
Assessment
Compliance
(%)

Jan-20

97.14



Month 10 [January] | 2019-20 Quality & Safety Summary

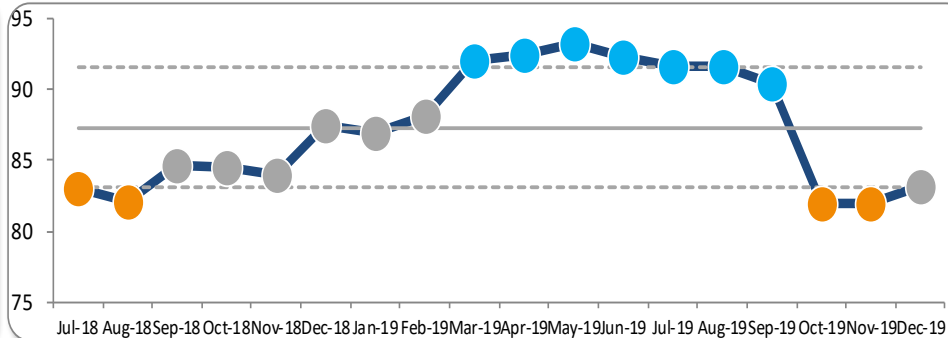
Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | for January 2020 as at 20th February 2020

ICE reports
viewed
[radiology]
(%)

Dec-19

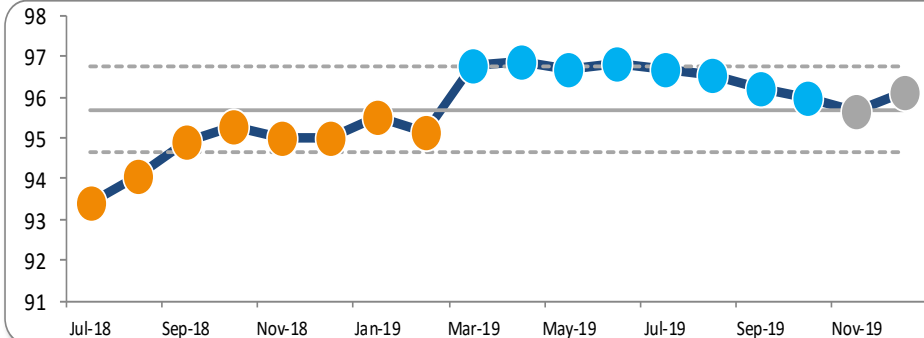
83.19



ICE reports
viewed
[pathology]
(%)

Dec-19

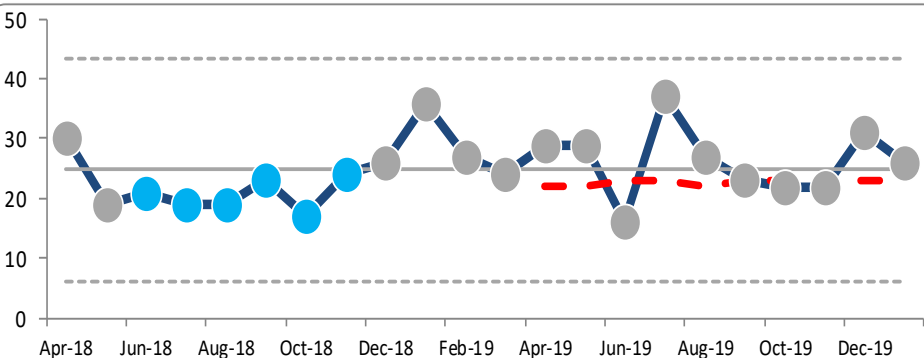
96.1



All Hospital
Acquired
Pressure Ulcers

Jan-20

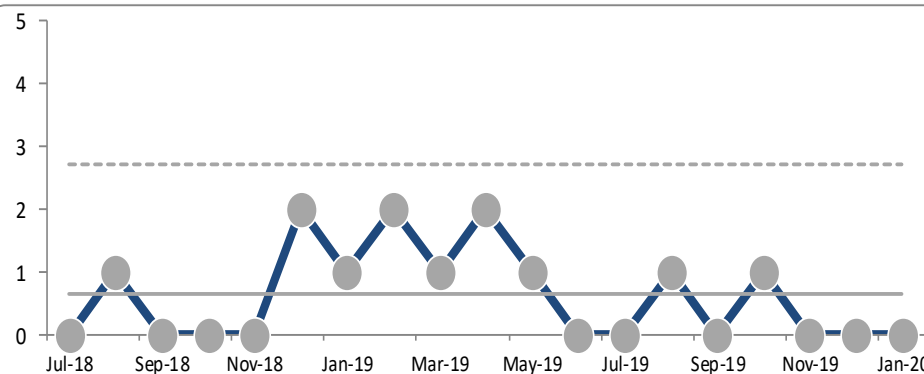
26



Serious
Incident
Pressure Ulcers

Jan-20

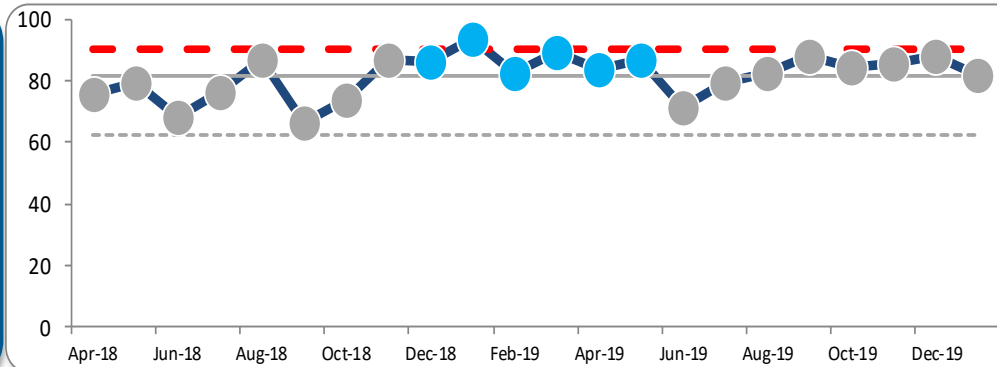
0



#NOF time to
theatre <=36
hours
(%)

Jan-20

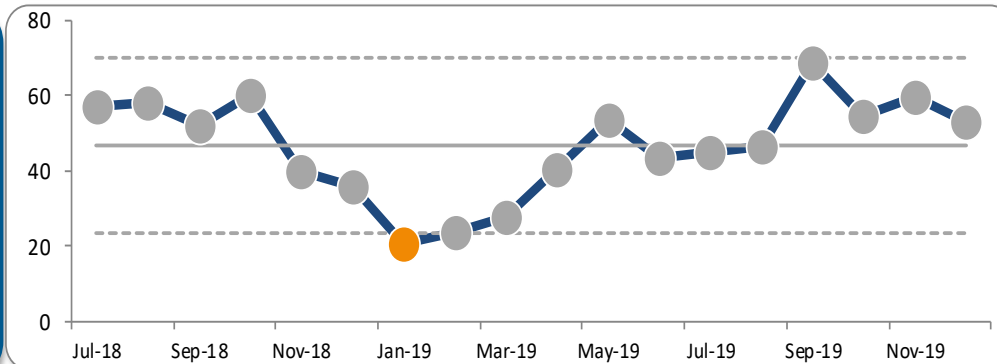
81.67



Mortality
Reviews
completed
<=30 days
(%)

Dec-19

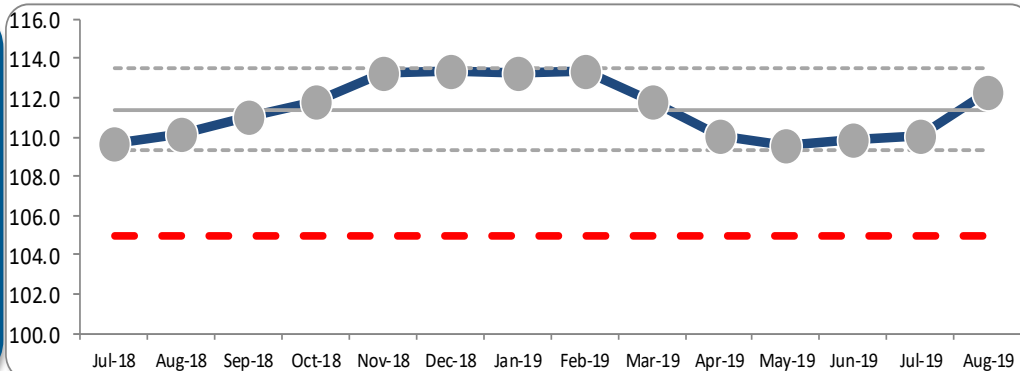
52.91



HSMR 12
month rolling
average

Aug-19

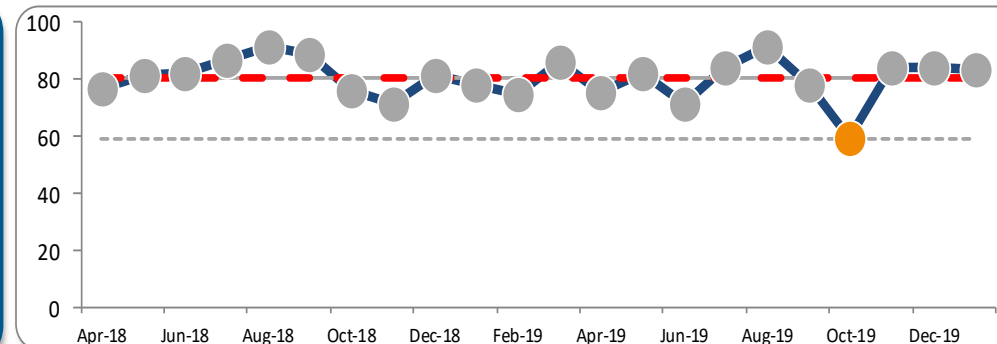
112.2

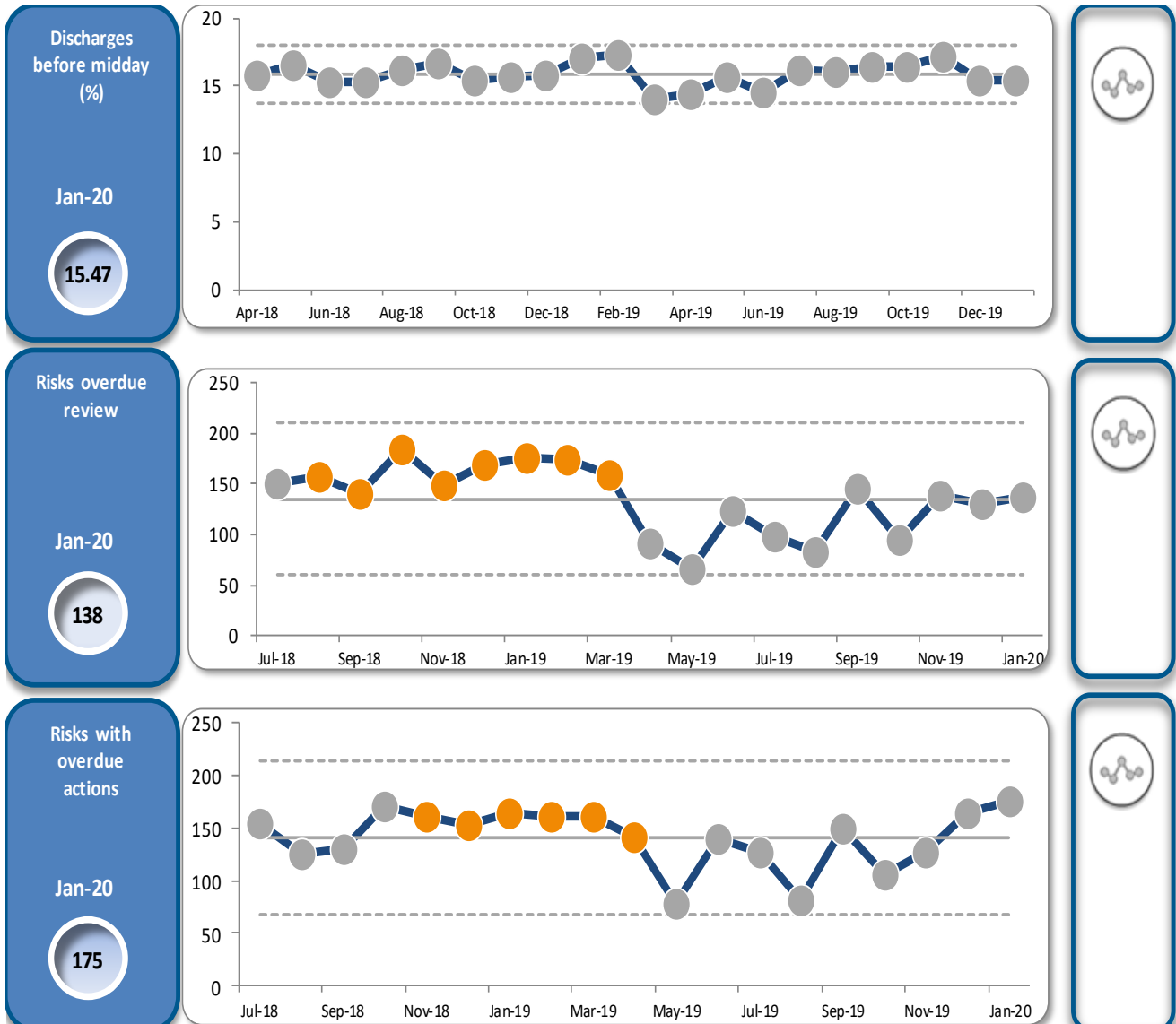


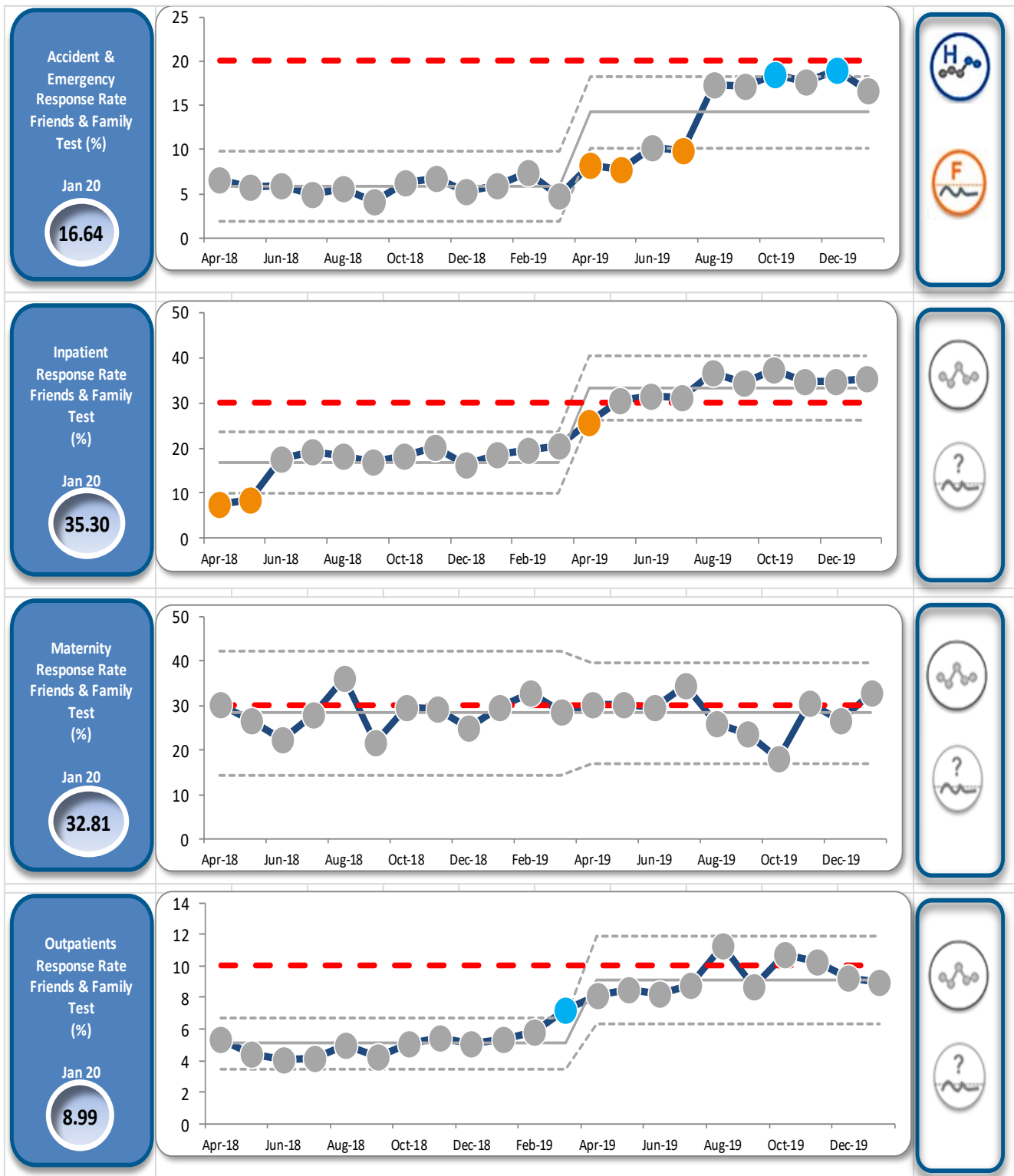
Complaints
Responses <= 25
days
(%)

Jan-20

83.33












Quality & Safety | Submitted Trajectories (19/20) | M10 [January]

Performance Metrics		Apr-19		May-19		Jun-19		Jul-19		Aug-19		Sep-19		Oct-19		Nov-19		Dec-19		Jan-20	
Cdiff	Actual	4	✓	3	✓	5	✗	2	✓	9	✗	7	✗	7	✗	3	✓	4	✓	6	✗
	Trajectory	5		4		4		4		5		4		4		5		4		5	
Ecoli	Actual	5	✓	6	✗	4	✓	6	✗	4	✓	5	✓	4	✓	7	✗	4	✓	4	✗
	Trajectory	5		5		5		4		5		5		5		5		5		5	
MSSA	Actual	0	✓	2	✗	1	✓	2	✗	2	✗	0	✓	2	✗	1	✓	2	✗	3	✗
	Trajectory	1		1		1		1		1		1		1		1		1		1	
MRSA	Actual	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓	0	✓	1	✗	0	✓	0	✓
	Trajectory	0		0		0		0		0		0		0		0		0		0	
Hospital Acquired Deep Tissue injuries	Actual	8	-	11	-	3	-	8	-	6	-	9	-	6	-	8	-	12	-	12	-
	Trajectory	-		-		-		-		-		-		-		-		-		-	
Falls per 1,000 bed days causing harm	Actual	0	✓	0.04	✓	0	✓	0	✓	0.04	✓	0.04	✓	0.04	✓	0.08	✗	0.04	✓	0	✓
	Trajectory	0.04		0.04		0.04		0.04		0.04		0.04		0.04		0.04		0.04		0.04	
% medicine incidents causing harm	Actual	13.04%	✗	16.13%	✗	13.29%	✗	15.67%	✗	23.19%	✗	15.19%	✗	13.49%	✗	11.52%	✓	10.83%	✗	14.21%	✗
	Trajectory	11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%	
Hand Hygiene Audit Participation	Actual	86.55%	✗	87.39%	✗	87.39%	✗	91.38%	✗	85.96%	✗	91.07%	✗	96.43%	✗	98.21%	✗	91.96%	✗	98.90%	✗
	Trajectory	100%		100%		100%		100%		100%		100%		100%		100%		100%		100%	
Hand Hygiene Compliance to practice	Actual	96.95%	✗	97.52%	✓	98.39%	✓	97.88%	✓	97.92%	✓	97.98%	✓	98.28%	✓	98.35%	✓	98.84%	✓	100.00%	✓
	Trajectory	97%		97%		97%		97%		97%		97%		97%		97%		97%		97%	
VTE Assessment Rate	Actual	95.92%	✓	96.58%	✓	96.51%	✓	96.55%	✓	96.23%	✓	97.10%	✓	96.45%	✓	97.33%	✓	95.32%	✓	97.14%	✓
	Trajectory	95%		95%		95%		95%		95%		95%		95%		95%		95%		95%	
Sepsis Screening compliance	Actual	90.05%	✓	94.39%	✓	89.24%	✗	87.16%	✗	86.83%	✗	89.30%	✗	86.35%	✗	84.51%	✗	-	-	-	-
	Trajectory	90%		90%		90%		90%		90%		90%		90%		90%		90%		90%	
Sepsis 6 bundle compliance	Actual	57.50%	✗	44.66%	✗	47.47%	✗	60.00%	✗	68.09%	✗	51.96%	✗	45.00%	✗	59.26%	✗	-	-	-	-
	Trajectory	90%		90%		90%		90%		90%		90%		90%		90%		90%		90%	
#NOF time to theatre <=36 hrs	Actual	83.87%	✗	86.89%	✓	71.43%	✗	79.10%	✗	82.46%	✗	88.00%	✓	84.21%	✗	85.71%	✓	88.27%	✓		
	Trajectory	85%		85%		85%		85%		85%		85%		85%		85%		85%		85%	
Mortality Reviews completed <=30 days	Actual	40.45%	-	53.74%	-	43.65%	-	45.18%	-	46.58%	-	68.57%	-	54.31%	-	59.74%	-	52.91%	-	-	
	Trajectory	-		-		-		-		-		-		-		-		-		-	
HSMR 12 month rolling average	Actual	110.15	-	109.60	-	109.96	-	110.02	-	112.24%	-	-	-	-	-	-	-	-	-	-	
	Trajectory	-		-		-		-		-		-		-		-		-		-	
Complaints responses <=25 days	Actual	75.00%	✗	81.82%	✓	71.19%	✗	83.93%	✓	90.91%	✓	77.50%	✗	58.93%	✗	83.78%	✓	83.67%	✓	-	
	Trajectory	80%		80%		80%		80%		80%		80%		80%		80%		80%		80%	
ICE viewed reports [pathology]	Actual	96.85%	-	96.66%	-	96.83%		96.69%	-	96.54%	-	96.19%	-	95.97%	-	95.64%	-	96.10%	-	-	-
	Trajectory	-		-		-		-		-		-		-		-		-		-	
ICE viewed reports [radiology]	Actual	92.49%	-	93.22%	-	92.28%	-	91.67%	-	91.69%	-	90.46%	-	81.95%	-	82.01%	-	83.19%	-	-	-
	Trajectory	-		-		-		-		-		-		-		-		-		-	




Key Performance Indicator	Variation/Assurance and Corrective Action
Appraisal (non-medical)	Disappointingly, compliance remains at 84% this month. Act on Amber is being launched across the Trust, which will encourage colleagues to book their appraisal at the point they get the 4 month reminder. The target for appraisal will rise to 95% from April. National benchmark is currently 85% on Model Hospital
Mandatory Training	Mandatory Training compliance has remained at 89.4% this month which is slightly below target. The change in eligibility for Prevent (WRAP) training and national ESR downtime over Christmas have impacted performance. The target will rise to 95% from April 2020 and the launch of Act on Amber should improve performance. A process for performance management of those who are not 100% on their appraisal is to be communicated.
Medical appraisal	Although above target, Medical Appraisal has dropped by 1% this month to 94% against Model Hospital average of 85%. Reminders through ESR Self Service, implementation of Allocate e-appraisal system, and dedicated resource in HR to support medical appraisal and revalidation have been effective in improving and maintaining trajectory.
Consultant Job Plans	There has been a 2% increase this month to 91% compliance for consultants which is above current target. Performance continues to be addressed through the monthly performance review meetings and e-job planning. All job plans are going through consistency panels to ensure they best meet service needs. Target will increase to 95% from April 2020.
Vacancy rate	Our vacancy rate has improved again this month from 9.26% to 8.87% (including new wards (66 beds) due to ongoing programmes for domestic and international recruitment. The national substantive NHS vacancy rate was 8.1% in March 2019 (office of national statistics). Our substantive vacancy rate has reduced to 7.79% compared to the regional vacancy rate of 8.1%.
Staff turnover	Turnover has been reducing month on month since May 2019 and is now 11.06% against a 12% target. The target will reduce to 10% from April 2020. Our monthly staff turnover increased to 1.0% on Model Hospital in November (latest data) compared to national average of 0.89% at that time. This improved this month to 0.73%.
Staff in Post Growth	There are 444 wte additional staff in post since April 2016 across all staff groups, which demonstrates successful recruitment campaigns. This increase is to address increased capacity due to establishment growth (66 additional beds plus winter and business cases. Staff in Post has increased by nearly 50 wte this month primarily due to successful overseas and domestic nursing campaigns.
Establishment Growth	Our establishment has grown by 477 wte since April 2017 which has impacted on our vacancy rates. This is mainly due to opening of an extra 66 beds for new wards. This is likely to increase again next month due to the opening of a further 33 beds. Establishment has not changed this month for the second month running - see Finance report.

People and Culture KPI's – M10 –January 2020

Variation

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

Assurance

	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation






Key Performance Indicator

Variation/Assurance and Corrective Action




Increase in total hours worked	Our total hours worked have increased by 23 wte this month and 172.35 wte from the same period last year partly due to 3 new wards (66 additional beds) and increased fill rates through NHSP interface. We usually have seasonal variation in our sickness rates in January which will have impacted on additional hours worked this month together with the extra capacity in ED. Our total hours worked are 103 wte above our funded establishment this month for the first time. The total hours worked are expected to increase next month due to the opening of a further 33 beds. See Finance report.
Monthly Sickness Absence Rate	Sickness rates have increased by 0.19% this month to 5.06% against Model Hospital benchmark of 4.35% (Nov 2019) and Trust target of 4%. This is an increase in short-term sickness which is still within target. Our issue is higher levels of long-term sickness which has remained the same at 2.38%. This is a priority for the HR directorate who are working with managers to ensure full compliance with our policy
Agency Spend as a % of gross cost	Agency spend as a % of gross cost has increased this month partly due to the opening of extra capacity in ED Department following CQC visit. Prior to this there was a downward trajectory from August.
Bank Spend as a % of gross cost	Bank spend as a % of gross cost has increased this month partly due to the opening of extra capacity in ED Department following CQC visit. Prior to this there was a downward trajectory from August.

People and Culture KPI's – M10 –January 2020

Variation

Icon	Description
	Special cause variation - cause for concern (indicator where high is a concern)
	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
	Special cause variation - improvement (indicator where high is good)
	Special cause variation - improvement (indicator where low is good)

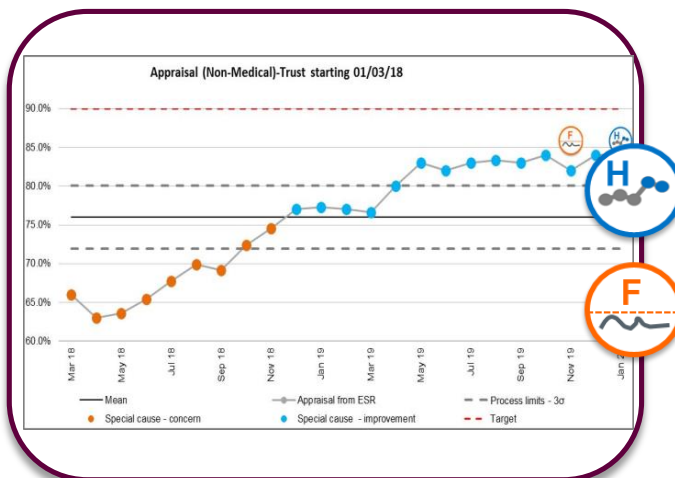
Assurance

	The system is expected to consistently fail the target
	The system is expected to consistently pass the target
	The system may achieve or fail the target subject to random variation

Appraisal (Non-Medical)



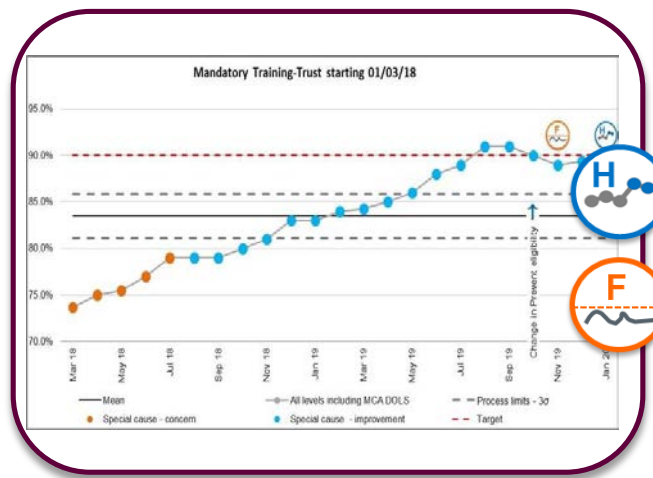
84%



Mandatory Training



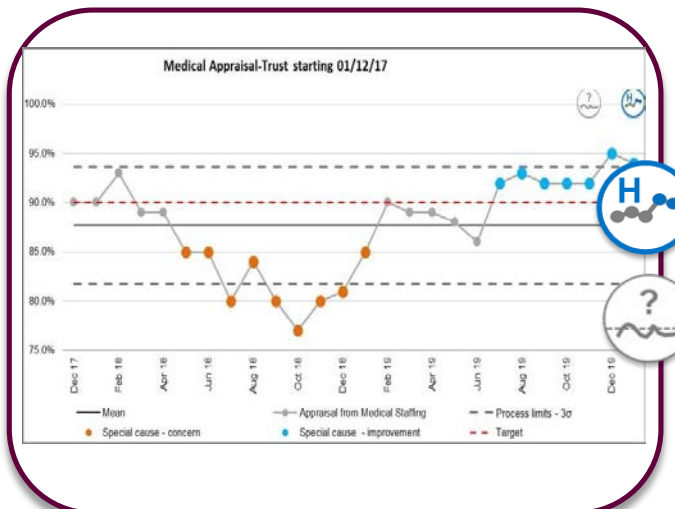
89.4%



Medical Appraisal



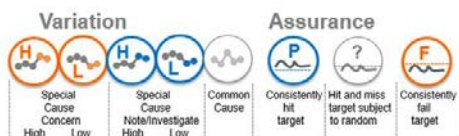
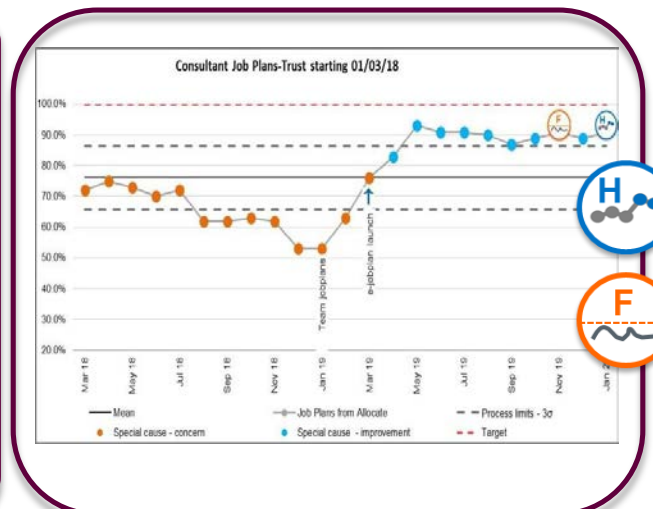
94%



Consultant Job Plans



91%

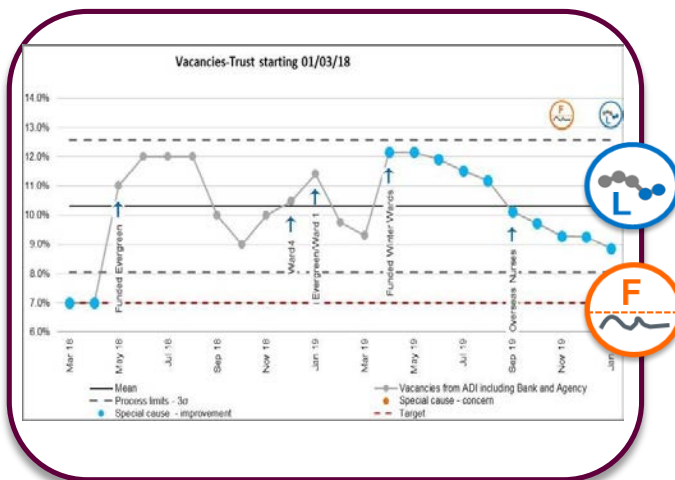


Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.

Vacancies



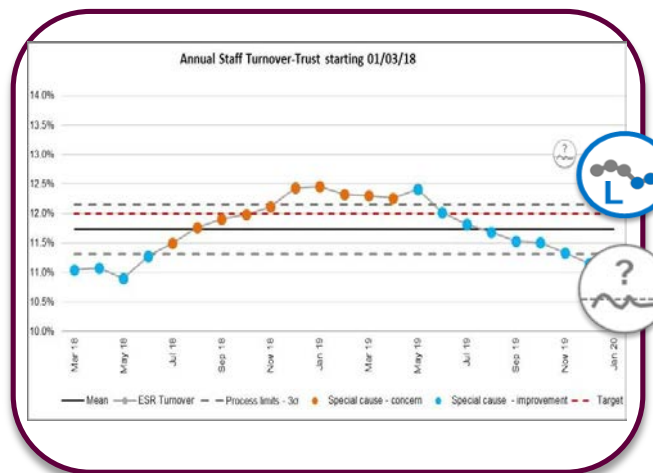
8.87%



Annual Staff Turnover



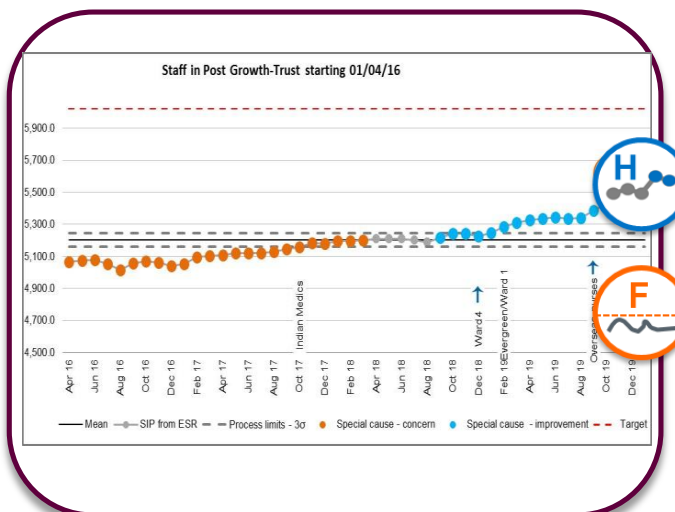
11.06%



Staff in Post Growth



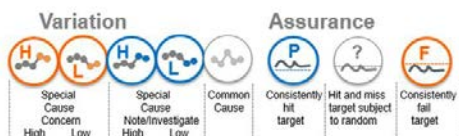
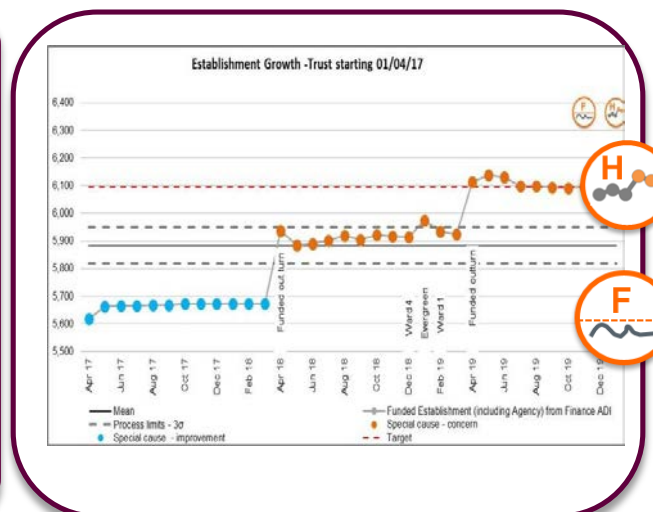
+ 444 wte



Establishment Growth



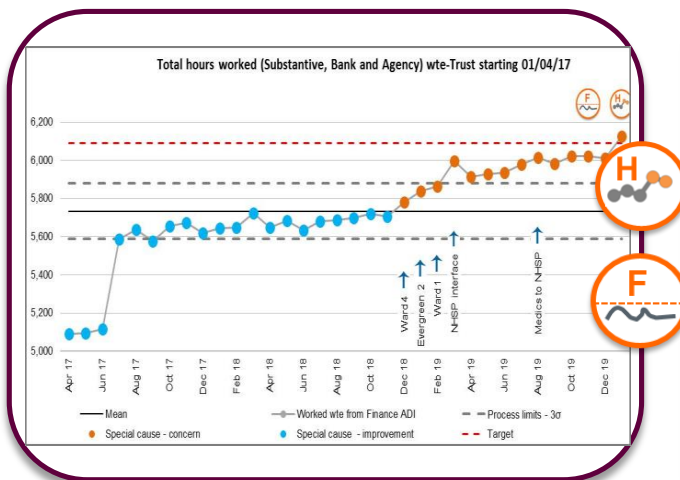
+ 477 wte



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

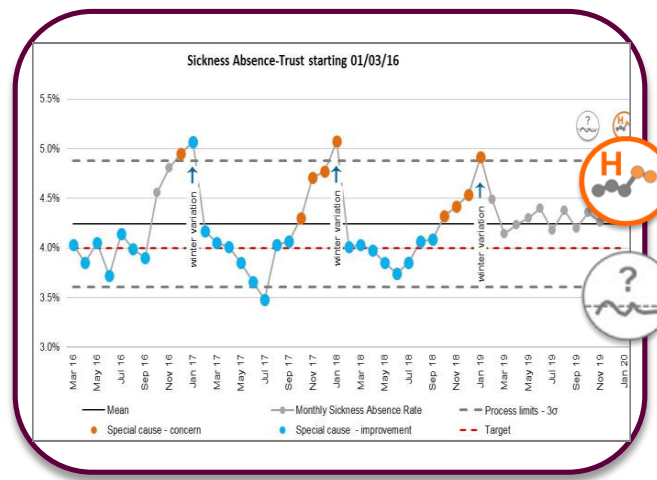
Increase in total hours worked

+ 1036 wte



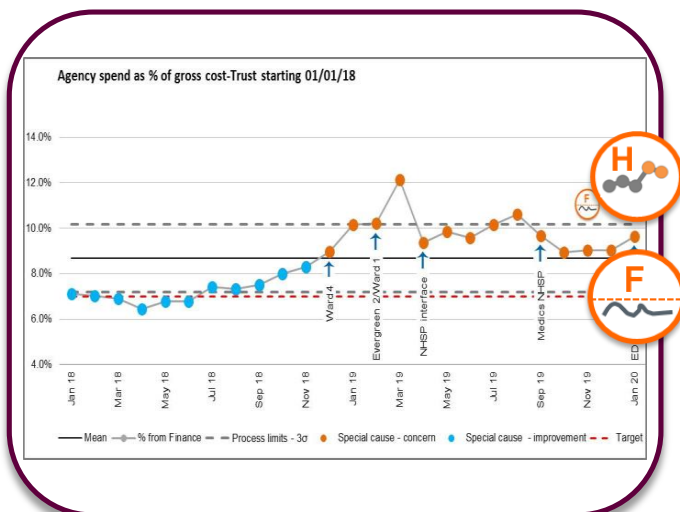
Monthly Sickness Absence

5.06%



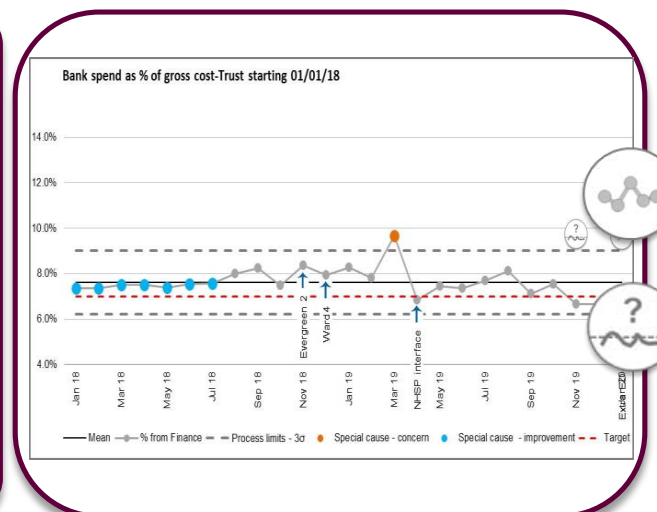
Agency Spend as % of gross cost

9.65%



Bank Spend as % of gross cost

6.93%



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

Risk Rating Summary

	Metric Definition	How we did YTD at M10	Risk Rating		Previous Month YTD	Full Year Plan (Forecast)
Are we spending more than the income we receive?	I&E surplus or deficit / total revenue.	(18.92%)	4	Adjusted financial performance deficit of £67,373 (£67,373k/ total operating income £356,091k = (18.92%) .	4	4
How close are we to our financial plan?	YTD actual I&E surplus/deficit in comparison to YTD plan I&E surplus/deficit.	0.90%	1	I&E margin YTD actual of (18.92%) less I&E margin YTD plan of (19.80%) = 0.90%	1	1
How many days' worth of cash do we have?	Measures the days of operating costs held in cash, cash-equivalent and liquid working capital forms.	(130.09)	4	Working Capital of (£169,770k) / YTD Operating Expenditure of £399,321 multiplied by the number of YTD days (306) = (130.09).	4	4
Do we have sufficient income to cover the interest owed on our borrowings?	Degree to which the organisation's generated income covers its financing obligations.	(2.095)	4	Revenue available for capital service (£42,579k)/ capital service £20,323k = (2.095)	4	4
Is our agency spend within the imposed limits?	Total agency spend compared to the agency ceiling.	(67.49%)	4	Total agency spend of £24,135k less agency ceiling of £14,410k / divided by agency ceiling of £14,410k = (67.49%) .	4	3

Meeting	Trust Board
Date of meeting	12 March 2020
Paper number	F1

Report on Nursing and Midwifery Staffing Levels

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Vicky Morris, Chief Nursing Officer		
Presented by	Vicky Morris Chief Nursing Officer	Author /s	Louise Pearson: Lead for Nursing and Midwifery Workforce

Alignment to the Trust's strategic objectives

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x
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Report previously reviewed by

Committee/Group	Date	Outcome
People and Culture Committee	Feb 2020	Approved

Recommendations	<ul style="list-style-type: none">Trust Board are requested to note this report for assurance								
Executive Summary	<p>This paper provides assurance to the Board of the nursing, midwifery and Allied Health Professionals staffing levels and vacancies for November 2019.</p> <ul style="list-style-type: none">The report confirms that following mitigation staffing levels trust wide were safe. Fill rate below <table><tr><td>RN Days</td><td>HCA Days</td><td>RN Nights</td><td>HCA nights</td></tr><tr><td>91.4%</td><td>94.5%</td><td>98.2%</td><td>98.8%</td></tr></table> <ul style="list-style-type: none">The fill rate for the trust is above 90% across all trained and HCAs for days and nights.The paediatric and neonate units are staffed to the acuity and dependency of the patients on the ward and ensure safe staffing across the month.The paper now incorporates community midwifery to ensure safe staffing across the service.There were no moderate harm incidents relating to decreased staffing levels reported. There were 52 occasions where actions were required on specific ward areas where levels did decrease from that planned due to vacancies or sickness or when patient acuity and dependency required additional staffing. A detailed account ward by ward for November 2019 is given in appendix 1. All areas were reviewed by matrons and Divisional Nurse Directors and mitigations put in place.The two divisions with the highest vacancies continue month on month to be specialised medicine and urgent care although specialised medicine is decreasing month on month. The hot	RN Days	HCA Days	RN Nights	HCA nights	91.4%	94.5%	98.2%	98.8%
RN Days	HCA Days	RN Nights	HCA nights						
91.4%	94.5%	98.2%	98.8%						

Meeting	Trust Board
Date of meeting	12 March 2020
Paper number	F1

	<p>spot ward areas which are deemed as hard to recruit are Acute Stroke Unit, Ward 4 (medical) and MAU. There are targeted recruitment and retention work streams in place. These wards are being prioritised as first placements for international nurses.</p> <ul style="list-style-type: none"> Allied Health professionals (Dieticians, OTs, physiotherapists, orthoptists and radiographers) vacancies across the trust are: <ul style="list-style-type: none"> Speciality medicine 5.62 WTE SCSD 26.95 WTE The AHP vacancies sit predominantly in radiography. These vacancies have reduced in month. There are no reported risks at this time with the current vacancy numbers in AHP's <p>Maintaining safe staffing levels and the required recruitment and retention are risks on the corporate risk register. This has been reviewed monthly and actions are in place through an active recruitment and retention campaign.</p> <ul style="list-style-type: none"> 106 international nurses have arrived, 40 have passed their OSCE training, qualified and registering with the NMC and are now working as registered staff nurses in the trust. 58 will be taking exams in April/May and 8 are awaiting resits. <p>This project is on target for delivery of 150 nurses by June 2020</p>
Risk	
BAF Risks	BAF risk 9
Financial Risk	<p>Continued spend in bank and agency to keep open the increased number of ward based beds required to meet patient need and demand. This is specifically for wards with an increased vacancy factor over 25% and increased activity seen at A&E Alexandra Hospital.</p> <p>There has been an increased spend in agency</p> <p>Recruitment of International nurses is in progress to support bank and agency spend. Active recruitment is in place to support reduction of vacancies and a programme of retention is being drawn up.</p>
Assurance level based on Hooper,G (2019)	Level 5 This has decreased from last month due to concerns raised in children's staffing for ED department at WRH.
ACTIONS	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation
OUTCOMES	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of desired outcomes
Recommendations	Trust Board are requested to note this report for assurance

Meeting	Trust Board
Date of meeting	12 March 2020
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NOVEMBER 2019 - WARD STAFFING FIGURES					
Ward name	DAY		NIGHT		Cumulative count over the month of patients at 23:59 each day
	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	Average fill rate - Registered Nurses/Midwives (%)	Average fill rate - Non-registered Nurses/Midwives (care staff) (%)	
Aconbury 4	95.9%	94.5%	100.1%	93.5%	669
Acute Stroke Unit	80.8%	86.8%	95.0%	96.5%	889
Avon 2	96.3%	88.7%	97.8%	93.8%	665
Avon 3 Infectious Diseases	99.1%	92.2%	97.0%	92.1%	604
Avon 4	100.7%	90.0%	103.4%	98.5%	711
Beech A	103.7%	91.7%	98.4%	95.6%	614
Beech B	84.4%	93.0%	92.8%	95.1%	500
Beech B - Female	79.1%	94.3%	81.5%	84.2%	278
Beech High Care	90.0%	77.5%	95.6%	87.9%	235
Evergreen 1	77.2%	91.1%	96.9%	96.7%	761
Head and Neck Ward	98.3%	97.8%	98.4%	49.9%	312
ICCU - Alex	99.4%	100.0%	97.3%		111
ICCU - Worcs	104.0%	89.9%	103.5%		273
Laurel 1 Cardiology-CCU	96.8%	93.0%	87.0%	105.1%	784
Laurel 3 Haem Ward	97.7%	87.0%	97.5%	97.7%	514
Laurel Unit 2	97.9%	88.8%	91.7%	68.6%	625
M A U - Alex	94.9%	86.2%	93.5%	97.5%	694
Maternity Team 1 Midwives	71.6%	78.5%	81.3%	97.6%	1096
MAU Assessment	94.7%	99.7%	86.8%	98.3%	635
MAU High Care and Short Stay	93.1%	97.6%	80.3%	92.5%	743
NICU- Paeds	85.1%	73.9%	85.0%	78.3%	596
Riverbank Unit- Paeds	87.1%	84.7%	93.8%	96.3%	577
Silver Oncology	99.3%	98.3%	95.5%	101.1%	607
Surgical Clinical Decisions Unit (SCDU)	96.3%	104.7%	100.0%	101.7%	465
Trauma & Orthopaedic A Ward - WRH	83.1%	91.7%	97.6%	92.2%	935
Vascular Unit & VHCU	81.0%	84.7%	99.0%	63.3%	537
Ward 1 - KTC	136.7%	78.6%	115.0%		54

Meeting	Trust Board
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Paper number	F1

Ward 1 - Medicine	88.0%	81.7%	90.2%	98.9%	560
Ward 10 - Urology	89.9%	93.3%	96.7%	100.0%	528
Ward 11 - Medicine	95.8%	93.3%	95.4%	113.1%	640
Ward 12 Medicine	88.9%	92.6%	97.8%	96.7%	788
Ward 14 - Surgery	100.3%	94.3%	113.3%	100.0%	532
Ward 16 - Elective Orthopaedic Ward	99.1%	84.6%	86.8%	94.9%	537
Ward 17 - Trauma Ward	107.2%	100.0%	109.9%	103.4%	800
Ward 18	87.0%	93.7%	95.7%	97.7%	672
Ward 2 - Medicine	88.4%	86.3%	95.7%	139.2%	643
Ward 4	103.4%	121.6%	99.1%	143.5%	654
Ward 5 Alex	93.9%	95.2%	93.8%	97.5%	741
Ward 6 - Medicine	78.8%	120.9%	92.3%	99.7%	656
CCU-Alex	88.3%		100.1%		94
Bromsgrove Community Midw	60.2%				
Continuity of Care Project	84.1%		100%		
Evesham Comm Midwives	79.2%				
Kidderminster Comm Midwives	85.3%				
Redditch Community Midw	78.0%				
Worcs City Comm Midwives	62.7%	34.40%			

Meeting	Trust Board
Date of meeting	12 March 2020
Paper number	F2

Herefordshire & Worcestershire Local Maternity & Neonatal System (LMNS)

For approval:		For discussion:		For assurance:	√	To note:	
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Accountable Director	Matthew Hopkins LMNS Senior Responsible Officer		
Presented by	Vicky Morris Chief Nurse	Author /s	Fay Baillie/Cathy Garlick LMS Project Lead

Alignment to the Trust's strategic objectives

Best services for local people	√	Best experience of care and outcomes for our patients	√	Best use of resources	√	Best people	√
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Report previously reviewed by

Committee/Group	Date	Outcome
TME/QGC	February 2020	Noted
WAHT Trust Board	2020	To bring six monthly reviews

Recommendations	Note the content of the report.
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Executive summary

The Local Maternity & Neonatal System (LMNS) for Herefordshire and Worcestershire was initiated as part of delivering the National Maternity Strategy 'Better Births' in March 2016. The LMNS is based on the STP footprint and involves 9 organisations who are all represented on the LMNS Board.

The LMNS has been tasked to half the still birth, neonatal and maternal death rates; half neonatal brain injuries by 2025; and reduce smoking and prematurity rates to 6% by 2022. The LMNS objectives for 2019/20 also include Saving Babies Lives v2; undertake a gap analysis against the national postnatal pathway; support the Neonatal Critical Care review; scope the citing of maternal medicine centres with maternity network and support trusts with their CNST and #MatNeo activities.

The activities that have taken place over the last 6 months include:

- Continuation of recruitment to agreed posts
- Allocated funds to support purchase of equipment and training to support Continuity of Carer models of care
- Monitoring and supporting the role out of Continuity of Carer with Trusts, including production of their internal business cases in light of the national expectation of achieving 35% of women on a Continuity of carer pathway by March 2020 and 51% by March 2021
- Agreed with Worcester University to undertake a review of maternity role specific training
- Dads App to support families who are experiencing mental

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	<p>health issues roll out continues</p> <ul style="list-style-type: none"> • Undertaken an audit of the standards within Saving Babies Lives 2 across the LMNS • Achieved HEE funding to support training for provider trusts • Installed and operationalised iPads for parents to see their babies whilst resident on NNU, trial remote linkage to allow this access from home for families • Agreed the LMNS wide Maternity Specification for inclusion in 2020/21 Trust contracts • Launched Continuity of Carer information video for families and staff • Worked closely with the STP to develop the maternity and neonatal Long Term Plan for Herefordshire and Worcestershire • The review to understand the identified financial gap for maternity and neonatal services across the LMNS has been completed • Quality Improvement Midwife appointed to lead the introduction of live conferencing facilities for the daily safety huddles between the LMNS trusts and, potentially, wider across the West Midlands to improve flow and capacity so that babies are born in the right place for their clinical needs • Received the national Neonatal Critical Care Review • Amended our name to local Maternity and Neonatal System (LMNS) to reflect our work with neonates and families. • Received notification of Tranche 1 funding for 2020/21 of £150k for project office. The project team will review and amend the LMNS plan for the next 3 years.
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Risk						
Key Risks	<p>The LMNS has a system risk register within the VERTO STP reporting system, which is reviewed and updated on a monthly basis.</p> <ul style="list-style-type: none">• The key risk is the pay and non- pay costs of delivering Continuity of Carer, which has been mitigated this year through a business case being approved.• Support required from ICS Exec Board to facilitate the expansion of physical bases for community hubs and continuity of carer teams without payment.• The LMNS is not meeting their trajectory for reduction in smoking and premature birth rates to the meet the national timeline by 2022.• Multi-disciplinary team engagement in delivering clinical and cultural change at pace is challenging.					
Assurance	<ul style="list-style-type: none">• The LMNS work plan is monitored through the LMNS Board.• The LMNS completes monthly returns to the STP and bi-monthly returns to NHSE Regional Maternity Transformation team.• Inclusion of maternity and neonatal care within the NHS Long Term Plan.					
Assurance level	Significant	√	Moderate		Limited	None
Financial Risk	<p>The LMNS received an allocation of money to run the project office and deliver the objects set out in the Long Term Plan and the NHS Planning Guidance 19/20. Spending plan is being monitored at LMNS board meetings and by NHSE. Tranche 1 funding notification for 2020/21 has been received.</p>					

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Introduction/Background
The LMNS Board Terms of Reference requires the executive teams in the system to be briefed on the activities of the LMNS.
Issues and options
<ul style="list-style-type: none"> • Saving Babies Lives Care Bundle version 2, as highlighted. • Smoking cessation service weakness in training and compliance. This is being addressed through the introduction of Public Health support workers and CO monitoring for every woman. • Unlikely to achieve the 35% of women on a Continuity of Carer pathway by March 2020, although the Trust is on track to achieve over 30% which is above the national average. The challenges of achieving 51% by March 2021 cannot be underestimated.
Conclusion
<ul style="list-style-type: none"> • The LMNS has made significant and important changes for women across the system. • Achieving the Continuity of Carer expectations, prematurity and reduction in smoking at delivery rates are challenging.
Recommendations
<ul style="list-style-type: none"> • Note the content of the report
Appendices

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Learning from Deaths

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Mike Hallissey, CMO		
Presented by	Mike Hallissey, CMO	Author /s	Dr Stephen Graystone, Clinical Lead for Mortality Gordon Stovin, Information Initiatives Support Specialist

Alignment to the Trust's strategic objectives

Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources		Best people	
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Report previously reviewed by

Committee/Group	Date	Outcome
Mortality Review Group	23 December 2019	Approved
TME	January 2020	Noted
QGC	January 2020	Noted

Recommendations	The Trust Board are requested to receive this report for assurance.
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Executive summary	<p>The Trust continues to remain an outlier for mortality in respect of HSMR and SHMI.</p> <p>Although we are showing signs of improvement for SHMI (less so for HSMR), these standardised mortality measures continue to lag behind other, similar, trusts.</p> <p>There is no single, identifiable cause of the elevated HSMR. However SHMI does appear to suggest an above average level of out of hospital deaths that are unduly influencing this measure.</p> <p>There are two CuSum alerts pending at this point in time. Of these, non-infectious gastroenteritis warrants further examination.</p> <p>All of the above are based on HES/SUS data submitted by the Trust and, in some cases, these measures have been based on incomplete submissions. This information is historical and any changes in current practices across Worcestershire Acute NHS Hospitals Trust may take several months to be reflected on these nationally used indicators.</p> <p>The completion rate for mortality reviews within 30 days is much improved and the backlog of outstanding reviews continues to shrink.</p>
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	There is some evidence to suggest that the most recent reviews are completed, albeit outside of the 30 day target.
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Risk							
Key Risks	BAF risk 1						
Assurance	<i>National data used</i>						
Assurance level	Significant		Moderate		Limited	X	None
Financial Risk							

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Introduction/Background

This report seeks to examine the most recently available mortality data, highlight any emerging patterns or trends and present these as clearly as possible. The aim of this report is to identify any areas for improvement (inc. patient care) and provide reassurance where necessary.

Issues and options

The following sources of information have been used to produce this report:

- HED¹ for CuSum, crude mortality, SHMI and HSMR sections
- NHS Digital for SHMI updates²
- WREN for performance against mortality review targets.

Unless stated otherwise, all information used is the latest or most currently available. Any limitations of this information, completeness or quality, are highlighted where applicable.

Comparative mortality performance

Earlier versions of this report have sought to identify a number of peer trusts against which our mortality information can be compared and benchmarked. The identification of these potential peers has included:

- Comparable number of discharges and 'expected' deaths over a 12 month period based on both HSMR and SHMI methodologies
- Identification of trusts with two main sites
- Removal of any obviously non-comparable trusts (eg. those that are based in or around central London).

To date, 14 trusts have been identified and are used to provide comparative information in respect of crude mortality rates, SHMI and HSMR. It is against these that our mortality performance has been compared.

Figure 1 shows the crude mortality rates for both SHMI and HSMR methodologies for the 12 month period September 2018 to August 2019 and August 2018 to July 2019 respectively.

Of note:

- Our SHMI crude mortality rate is noticeably higher than our HSMR crude mortality rate. Whilst this is not uncommon, it is not reflected across all our mortality peers.
- Our SHMI crude mortality rate is higher than the mortality peer average whereas our HSMR crude mortality rate is lower than the peer average.
- Previous reports have pointed to the impact of out of hospital deaths on both our

¹ At the time of writing there are concerns regarding the completeness and accuracy of the August 2019 data on HED for several Trusts (inc. ourselves). Inevitably the latest month available on HED uses the second and not final 'cut' of the Secondary Uses Service (SUS) submissions. As a consequence, not all finished consultant episodes will have been fully coded and this partial, nearly complete, data will inevitably have an impact on standardised mortality ratios, CuSum alerts etc. However, it is felt that the benefits of including this data whilst acknowledging its limitations outweigh any potential for providing incorrect information.

² The latest quarterly version of SHMI was published on 13th December and covers the period August 2018 to July 2019. At the time of writing the most recent methodological changes to SHMI (detailed in the report) are still not reflected in the data available on HED. As a result there are discrepancies between the nationally published information and that which is available for further investigation beyond this.

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SHMI and associated crude mortality rate.

Figure 1. Crude mortality rates (by peer trusts)

Trust	Crude mortality rate (HSMR)	Crude mortality rate (SHMI)
RXP - COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	4.17%	3.58%
RF4 - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	4.15%	3.44%
RYP - WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	3.67%	3.85%
RWD - UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	3.13%	4.28%
RGN - NORTH WEST ANGLIA NHS FOUNDATION TRUST	3.46%	3.41%
RWP - WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	2.98%	3.89%
RXK - SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	3.83%	2.88%
RCB - YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	3.03%	3.38%
RXW - SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	2.54%	3.70%
RXN - LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	3.29%	2.88%
RWF - MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	3.09%	3.06%
RWY - CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	2.95%	3.20%
RTE - GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	2.51%	3.31%
RNS - NORTHAMPTON GENERAL HOSPITAL NHS TRUST	3.23%	2.51%
RTD - THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	2.04%	2.35%
Peer Average	3.10%	3.30%

Data source: HED

Figures 2 and 3 shows the variance in HSMR and SHMI 'scores' across our mortality peers. This includes variations of the SHMI to account for in and out of hospital deaths, as well as that which is adjusted for palliative care.

Of note:

- Both standardised mortality ratios show our Trust's relative position at or close to the highest (ie. worse) scoring when compared to the identified peers.
- In the case of HSMR, this is not a function of current palliative care coding.
- Our SHMI is high across all variants and is most effected by 'out of hospital' deaths (ie. Those within 30 days of discharge). Although this effect does not appear unusual amongst the identified peers.
- Previous reports have demonstrated that, whilst our HSMR and SHMI are improving, this is both gradual and out-paced by other trusts (inc. the identified peers).

An internal look at crude mortality rates and both standardised mortality measures are detailed in later sections of this report.

This appears to implicate community care as an issue in driving high mortality rates. It is also possible that we are admitting patients who derive very little benefit from admission and are then being discharged to a death that was inevitable prior to admission.

In order to mitigate this effect we should seek to work on two streams:

- Reducing admittance levels for those patients unlikely to benefit (in line with the ReSPECT programme).
- Enhancing care post discharge if we can identify groups who are at particular risk.

In summary:

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- Our crude mortality rate is adversely affected by the number of deaths we are experiencing within 30 days of discharge.
- Further analysis should examine attendance to admission ratio for those populations as well as an early review of the ReSPECT programme.

Figure 2. HSMR and variants (by peer trusts)

Trust	HSMR	HSMR minus adjustments for palliative care
RXK - SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	112.53	101.15
RWP - WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	112.24	113.17
RNS - NORTHAMPTON GENERAL HOSPITAL NHS TRUST	106.99	105.04
RYR - WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	105	102.27
RCB - YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	102.79	95.54
RXP - COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	102.44	109.5
RGN - NORTH WEST ANGLIA NHS FOUNDATION TRUST	102.18	110.48
RXW - SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	100.52	94.7
RTE - GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	99.7	100.86
RF4 - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	99.39	98.89
RTD - THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	98.21	94.32
RWD - UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	95.19	92.85
RWF - MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	94.44	96.73
RWY - CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	88.69	88.24
RXN - LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	83.6	90.8
Peer Average	99.94	99.4

Data source: HED

Figure 3. SHMI and variants (by peer trusts)

Trust	SHMI	SHMI (in hospital)	SHMI (out of hospital)	SHMI (+ palliative care adjustment)
RWP - WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	112.6	104.59	132.49	111.93
RXP - COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	110.64	103.47	128.12	103.9
RGN - NORTH WEST ANGLIA NHS FOUNDATION TRUST	109.67	108.28	113.44	99.16
RWD - UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	108.87	94.15	143.86	111.57
RTE - GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	107.51	94.43	138.2	105.06
RWF - MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	103.05	92.14	127.72	100.55
RXK - SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	102.77	104.35	99.94	116
RXW - SHREWSBURY AND TELFORD HOSPITAL NHS TRUST	100.72	87.56	130.98	107.5
RYR - WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	99.9	97.97	104.73	104.04
RWY - CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	99.08	92.36	114.86	98.83
RXN - LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	98.56	93.47	111.73	88.94
RCB - YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	98.15	95.75	103.96	106.43
RF4 - BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	98.06	101.06	91.99	97.96
RNS - NORTHAMPTON GENERAL HOSPITAL NHS TRUST	95.74	97.5	92.29	98.45
RTD - THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	95.69	97.14	93.28	99.06
Peer Average	102.87	97.57	115.71	103.23

Data source: HED

Chart notes: Shades of red indicate relatively poorer performing measures. Shades of blue indicate better performance (amongst identified peers).

CUSUM (by CCS of admission)

At the time of writing there are two current CuSum alerts³ for our trust:

³ CuSum information is based on HES data and uses the HSMR methodology. A form of statistical process control chart, the CuSum has been developed to provide an early warning of trends in admission leading to mortality. Whilst the alert criteria are set for an aggregate CuSum value of 5.48, any of the 56 CCS groups scoring 3 or more are rated as high and have been included in this report.

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1. Non-infectious gastroenteritis

Four deaths occurred in this group. Two patients had a vague history of diarrhoea on presentation but this proved not to be a continuing problem. One patient had laxative induced diarrhoea and one chemotherapy induced diarrhoea. The latter patient died from their metastatic malignancy (breast cancer). The other three died from a hospital acquired pneumonia.

2. Complications of device, implant or graft

Seven deaths occurred in this group. Three had urinary tract infections related to long term urinary catheters or urostomies. Four patients developed infection related to orthopaedic implants. The latter group had already been picked up through incident surveillance and are being investigated as a group of serious incidents.

A further seven CCS groups were identified as having a CuSum value >3 (see Figure 4).

Figure 4. CuSum values (>3) for August 2019

CCS Group	HSMR	Discharges	Observed Deaths	Expected Deaths	Triggers in 12-months (Aggregate)	Current Triggers (Aggregate)	Latest aggregate CuSum Value
154 - Noninfectious gastroenteritis	268.43	404	4	1.49	4	1	8.61
237 - Complication of device; implant or graft	142.54	876	7	4.91	1	1	7.16
2 - Septicemia (except in labor)	112.38	1,059	193	171.74	1	0	4.97
55 - Fluid and electrolyte disorders	187.29	416	32	17.09	0	0	4.56
153 - Gastrointestinal hemorrhage	146.88	875	32	21.79	0	0	3.49
129 - Aspiration pneumonia; food/vomitus	102.49	214	61	59.52	0	0	3.48
231 - Other fractures	126.81	534	19	14.98	0	0	3.47
24 - Cancer of breast	143.9	3,747	9	6.25	0	0	3.35
150 - Liver disease; alcohol-related	127.98	215	21	16.41	0	0	3.23

Data source: HED

In a similar manner, Septicemia is being considered for review as the CuSum values have been >3 on occasion

In addition to this, Fluid and Electrolyte disorders has triggered using the lesser used patient-level CuSum methodology. This group will continue to be monitored and in depth review undertaken if the adverse trend continues.

In summary:

- There are two current areas of concern identified by the aggregate CuSum methodology Incomplete coded episodes makes early identification of such groups difficult on a month by month snapshot and those conditions with a CuSum score >3 will require monitoring and any findings reported in future reports.

Crude mortality

A detailed analysis of crude mortality formed part of the September Learning from Deaths report. A shortened version has been included by way of update earlier in this report.

SHMI

The latest update for the Summary Hospital-level Mortality Indicator was released on the 13th December and covers the period August 2018 to July 2019. Recent changes to the SHMI methodology continue to be absent from that which is currently available on HED and, as such this is problematic when trying to make any detailed analysis of our SHMI.

The following observations are based on the publicly available information hosted by NHS Digital:

- Our latest SHMI for the 12 month period up to and including June 2019 is 1.13. This

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is still described as 'higher than expected'. This is unchanged since the last monthly release.

- Our SHMI remains consistent since January this year and is markedly increased on the same period in 2018.

As with previous releases, there isn't one diagnosis group responsible for our SHMI. Only Urinary tract infections currently show as "Higher than expected". This suggests our elevated score is a result of a wide number of diagnostic groups where the observed deaths are above, but not significantly above, the expected value.

Since December 2018 the SHMI has been published monthly and at site level (see below for SHMI methodology developments). This site by site comparison consistently shows the Alexandra Hospital with an "As expected" SHMI and Worcestershire Royal as "Higher than expected". The difference in the two SHMIs is sufficient to result in the trust having a "Higher than expected" SHMI.

Currently the Alexandra has a SHMI of 1.04 compared to Worcester with 1.2 and a combined Trust SHMI of 1.13. Whilst the difference can be explained in the main by the differences in the clinical services provided across the two sites the trend towards the ALX SHMI decreasing whilst a WRH increases over the same period is less obvious.

This, along with a number of methodological changes, has recently been made to the SHMI methodology. These include:

- A regrouping of some of the poorer performing CCS groups.
- The introduction of birthweight as a predictor for infant mortalities.
- The addition of a seasonality weighting.

Figure 5 shows the longer term trends in both the year to date SHMI (using the available modelling on HED and not the current NHS Digital rebasing). This is alongside the rolling number of deaths for the same 12 month period.

Figure 6 shows the expected number of deaths (SHMI) for in and out of hospital mortality against the actual recorded for the same month.

Combined, these charts show:

- Overall reductions in mortality (and SHMI).
- The rate of expected deaths falling faster than the actual number of deaths.
- A much closer fit between expected and actual mortality in relation to in-hospital deaths.

Putting patients first May 2019

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Figure 5. Longer term SHMI trend (based on HED/HES data) and total deaths

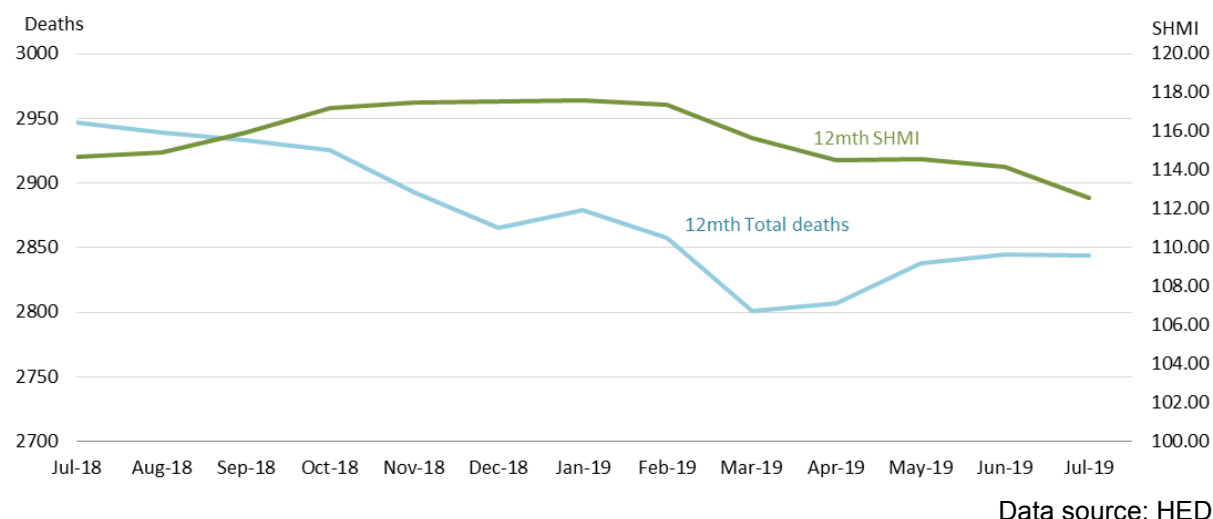
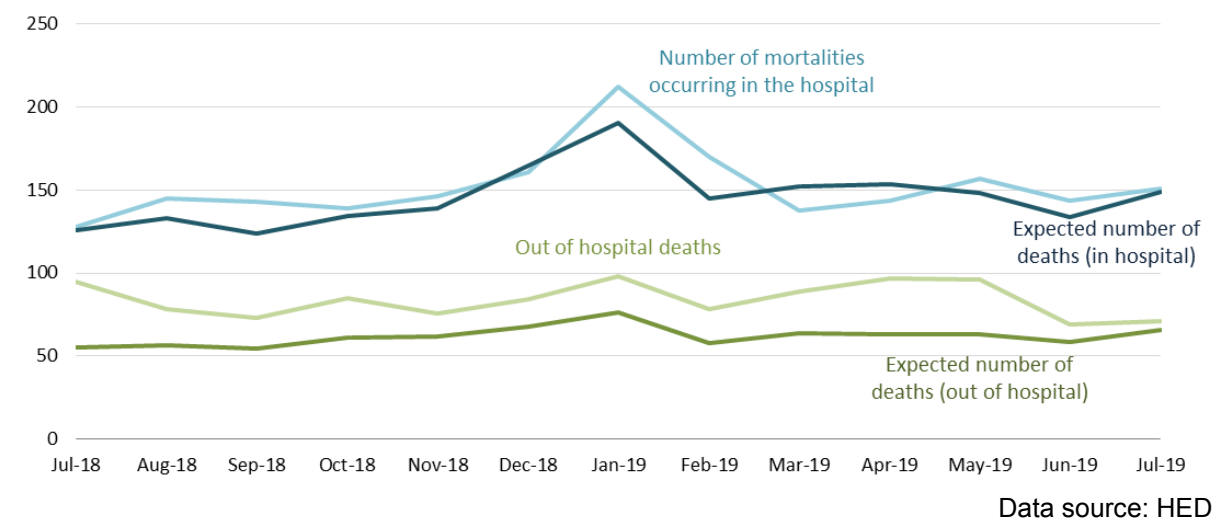


Figure 6. Expected vs actual deaths (based on HED/HES data) for in and out of hospital mortality



In summary:

- We remain a mortality outlier in respect of the SHMI model
- This does not reflect the trends in crude mortality within the trust in the face of increasing activity through our bed base.
- The higher than average crude mortality rate is likely to be a function of out of hospital deaths.

HSMR

The Hospital Standardised Mortality Ratio has been subject to detailed analysis in recent/earlier reports and just the summary-level findings are provided on this occasion.

Our HSMR for the period September 2018 to August 2019 (re-based up to August 2019) is 112.24 and continues to position the trust as having a “higher than expected” mortality ratio. However this is unduly skewed by an unusually high August value of 175.21. This would

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suggest that our second cut of HES/SUS data was not completely coded at the time of submission.

Data quality and completeness issues notwithstanding, these findings are consistent with previous reports and our elevated HSMR continues to be a function of the reducing number of deaths 'expected' by the model and not any trends or increasing numbers of in-hospital deaths.

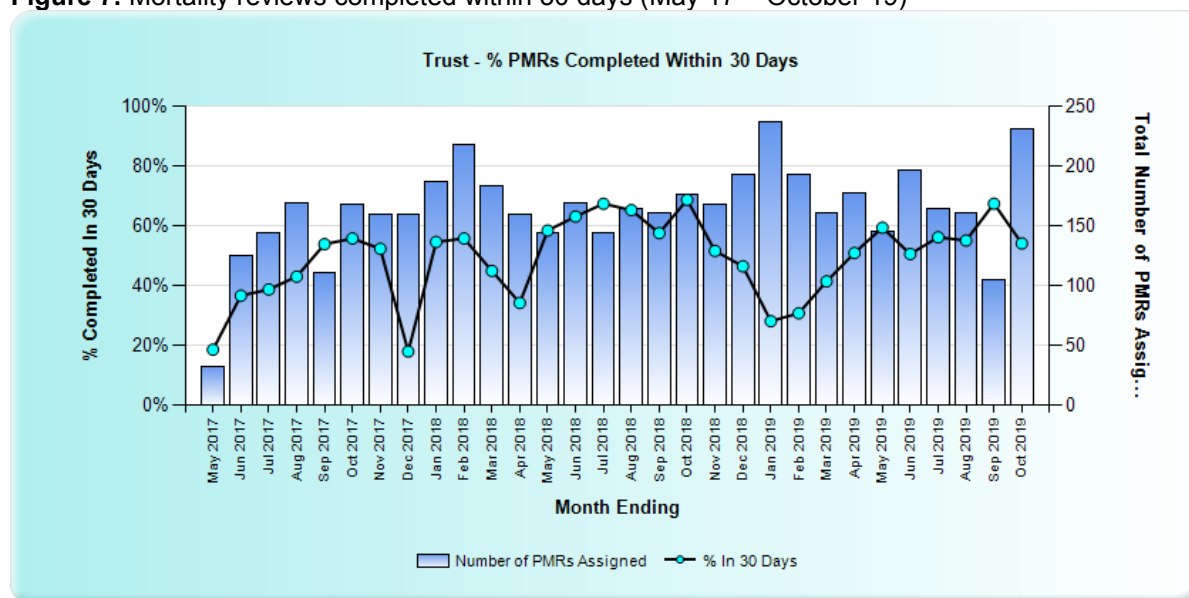
In summary:

- Our HSMR remains higher than expected and higher than our comparator trusts (refer to the earlier section of this report).
- This does not reflect trends in crude mortality but is a function of the number of deaths 'expected' by the model.
- There is no single explanation of why our HSMR is higher than expected and the utility of this as a measure for our trust (at present) is debatable.

Mortality reviews

The 30 day completion rates for mortality reviews continued to rise in October 2019 to 54.31%. Whilst this is down from an exaggerated 68.57% (reported last month) this still represents a marked improvement in the year to date (see Figure 7).

Figure 7. Mortality reviews completed within 30 days (May 17 – October 19)

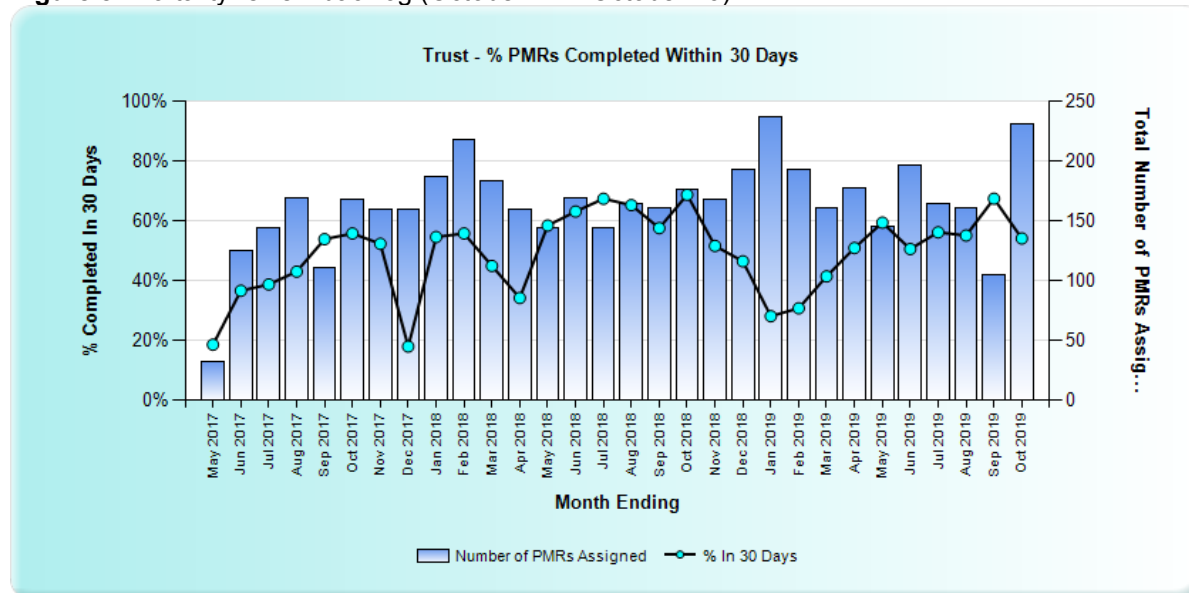


Source: WREN

As reported previously, the sudden increase in the percent of mortality reviews completed in September and reduction in the backlog are due to a correction in the number of uncompleted reviews within the Emergency Department. The backlog of uncomplete reviews currently stands at 554. The lowest it has been in eleven months (see Figure 8).

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Figure 8. Mortality review backlog (October 17 – October 19)



Source: WREN

Figures 9 and 10 show the dates that the current backlog stretch back to by site and by division.

Of note:

- The backlog is weighted towards the Worcestershire Royal (414 compared to 275 at the Alex). However the backlog continues to reduce at Worcester whereas it has increased recently at the Alex.
- Medicine division is unsurprisingly where the majority of the existing backlog lies.
- Whilst the backlog dates back to June 2017 (at both sites) the majority are over one month old but less than three months old (four at the Alex).

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Figure 9. Mortality review backlog by Division ALX (October 17 – October 19)

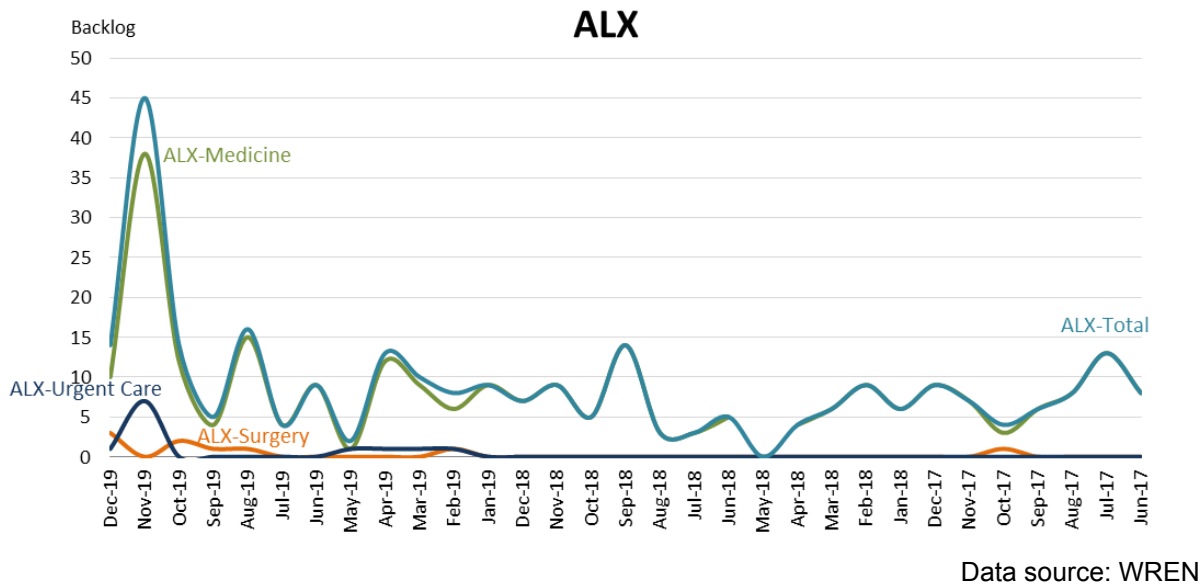
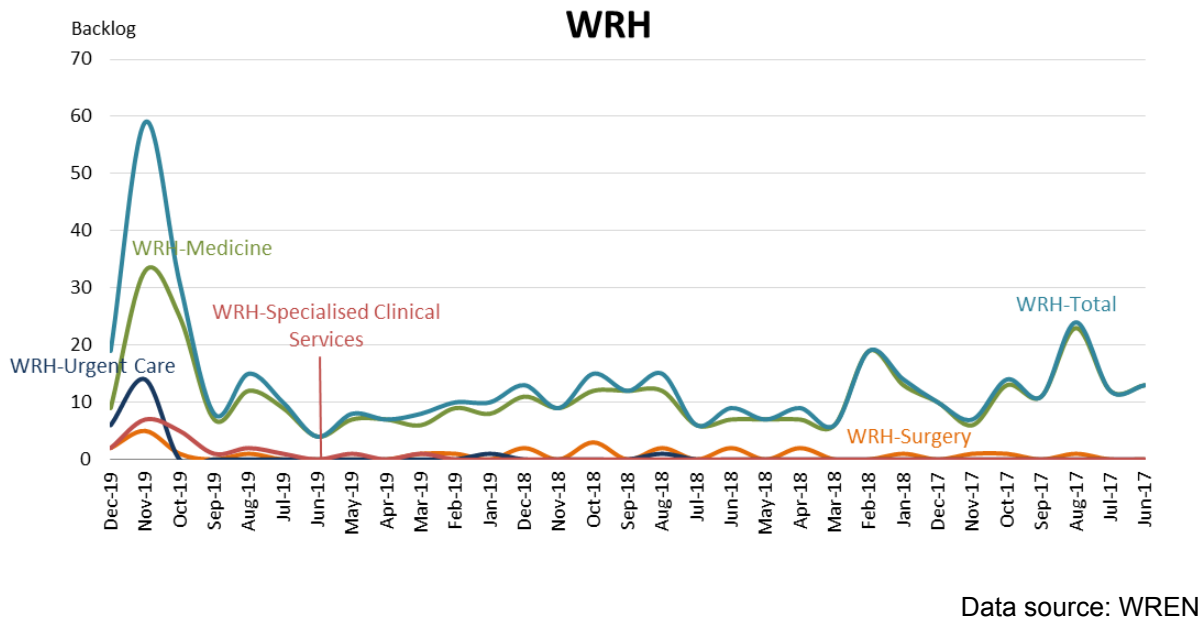


Figure 10. Mortality review backlog by Division WRH (October 17 – October 19)



In summary:

- The 30 day completion rate for mortality reviews has markedly improved over the course of this calendar year and the corresponding backlog has also been reduced.
- The distribution of the backlog suggests that the majority of reviews are taking place within 90-120 days.

Learning from deaths

- Attendance at the December Mortality Review group was limited due to service

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pressures with only the corporate team present. Reports were received from the specialty medicine division and SCSD. The reports provided assurance that specialty team Morbidity and Mortality meetings were occurring in these divisions and that the outcomes of mortality reviews were being reviewed and action taken where necessary to demonstrate the learning from these cases. Attendance has improved at subsequent meetings.

- The Divisional management and governance teams have been contacted to re-iterate the importance of attending the Mortality Review Group and set out the reporting expectations. This has improved the attendance at subsequent meetings. The summary form for directorates to provide outcome information from their M&M meetings was also re-circulated to ensure consistency of reporting.
- In addition the mortality reviews completed by Medical Examiners are routinely forwarded to Divisional teams by the corporate team to facilitate inclusion in M&M agendas.
- In this period there have been no concerns identified by the Medical Examiners in care provision during the episodes of in-patient examined. The implementation of the Medical Examiners Officers in the next few months will further enhance the delivery of this area of scrutiny.

Future and ongoing work

Ongoing and future work, the summary of which may be included in future Learning from Death reports includes:

- Examination of out of hospital deaths (within 30 days of discharge).
- Reporting on the findings from the review of mortality recently conducted by NHSE (work commissioned by the Trust).
- Development of mortality metrics linked to A&E/ED (not covered by SHMI or HSMR).
- Examination of links between extended waiting times (A&E) and subsequent mortality risks.
- Exploration of the links between admission rates and mortality.
- Patients part of a care bundle such as Amber care bundles and Sepsis.
- Notification of changes in guidance and implications on the trust.
- Continued development of mortality performance metrics.
- Links to learning from outcomes of mortality reviews.
- Continued recruitment into Medical Examiner roles, including Consultants from the Health & Care Trust and Primary Care Networks.

Conclusion

The Trust continues to remain an outlier for mortality in respect of HSMR and SHMI.

Although we are showing signs of improvement for SHMI (less so for HSMR), these standardised mortality measures continue to lag behind other, similar, trusts.

There is no single, identifiable cause of the elevated HSMR. However SHMI does appear to suggest an above average level of out of hospital deaths that are unduly influencing this measure.

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There are two CuSum alerts pending at this point in time. Of these, Non-infectious gastroenteritis warrants further examination.

All of the above are based on HES/SUS data submitted by the Trust and, in some cases, these measures have been based on incomplete submissions. This information is historical and any changes in current practices across Worcestershire Acute NHS Hospitals Trust may take several months to be reflected on these nationally used indicators.

The completion rate for mortality reviews within 30 days is much improved and the backlog of outstanding reviews continues to shrink. There is some evidence to suggest that the most recent reviews are completed, albeit outside of the 30 day target.

Recommendations

The Trust Board are requested to receive this report for assurance.

Appendices

Meeting	Trust Board
Date of meeting	12 March 2020
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Communications and Engagement Update

For approval:		For discussion:		For assurance:		To note:	X
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Accountable Director	Richard Haynes, Director of Communications and Engagement		
Presented by	Richard Haynes	Author /s	Richard Haynes/ Communications Team

Alignment to the Trust's strategic objectives

Best services for local people		Best experience of care and outcomes for our patients		Best use of resources	X	Best people	X
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations	Board members are asked to note the report
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Executive summary	This report provides Board members with an update on significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months.
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Risk

Key Risks	BAF Risk 12: If we have a poor reputation, then we will be unable to recruit or retain staff, resulting in loss of public confidence in the trust, lack of support of key stakeholders and system partners and a negative impact on patient care						
Assurance	<p>Social media activity and media coverage are monitored on a daily basis by the communications team and reported weekly to the Board and senior leadership team through the 'In the News' briefing as well as being summarised in Communications and Engagement Updates to the Board.</p> <p>Evaluation on return on investment is also included where possible – for example levels of interest in, and attendance at, recruitment events where awareness raising includes paid for social media advertising.</p>						
Assurance level	Significant		Moderate	X	Limited		None
Financial Risk	All activities carried out within existing communications budget						

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Introduction/Background

This report provides Board members with an update on significant communications and engagement activities which have taken place recently as well as looking ahead to key communications events/milestones in coming months

Issues and options

HomeFirst Worcestershire



As the Trust's number one quality and safety improvement priority, HomeFirst Worcestershire is also a priority for communications and engagement support.

We have developed a HomeFirst 'brand' for use internally and externally.

We are developing an online presence at <https://www.worcsacute.nhs.uk/homefirst> with input from Trust leads and system partners to bring together in one place information about all key workstreams and related activities.

HomeFirst updates are a regular feature of all core internal communications channels including Worcestershire Weekly,

Worcestershire Way and Senior Leaders briefs.

We have issued media releases and social media messages on key developments including the [launch of the Onward Care teams](#) and the recent [ward openings at Worcestershire Royal](#) as well as supporting major events held under the HomeFirst banner such as the Red2Green events which took place in February.

HomeFirst-related communications activity planned for the near future includes a revised Internal Professional Standards graphic and a series of short videos featuring workstream leads.

CQC Report on Urgent and Emergency Care Services

This report, published in February, following an inspection in December 2019, has been discussed by Trust Board at a previous meeting. It generated significant media attention and comment. As well as stakeholder briefings and a media response, we facilitated on the day interviews featuring the Chief Executive and Chief Nursing Officer and on-site filming with a range of local broadcast media including Midlands Today, Central News, BBC Radio Hereford and Worcester, Heart FM and Free Radio.

Coronavirus (Covid-19)

At the time of writing this report the emerging national Coronavirus situation continues to change daily. The Communications team have been issuing regular internal briefings and advice to staff, as well as managing external media inquiries in accordance with national DHSC guidelines.

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Achievement Awards 2020

Our 2020 Achievement Awards have been widely publicised internally and externally, and we have had a strong response from patients and the public to the [‘Patients’ Choice Award’](#) which will recognise a member of our staff who has gone the extra mile to put patients first by showing exceptional levels of care, compassion and commitment.

The winner will be presented with their award at our Recognition Awards Ceremony in July along with winners in 15 other categories recognising individuals and teams who demonstrate excellence, compassion and exemplary patient care. Thanks to the generosity of our sponsors, the awards will also be raising money for the [Worcestershire Acute Hospitals Charity](#).

4ward

As part of the development of the second phase of our 4ward programme, an engagement event for our 4ward Advocates in February provided an opportunity for our advocates to have their say on how we should engage with, and build, our Advocate community in the future.

An Advocate strategy is now being developed and will be brought to a future meeting of the People and Culture Committee.

NHS Parliamentary Awards

Following the success of previous NHS Parliamentary Awards – which last year saw the maternity bereavement suite team reach the national finals in the Care and Compassion Award category – the Communications Team are working to ensure individual and team nominations are put forward for consideration to our local Members of Parliament for this year’s awards.

Social Media

- The development and trial of our first ‘Comms-U’ training package began with Social Media workshops for 4ward Advocates. After feedback from the Advocates, these adapted sessions are due to start later this month for any new team setting up a social media account for their service, providing us with a upskilled, knowledgeable and engaged workforce who want to keep sharing positive stories from their areas to the wider public.
- We were the first NHS Trust to create a TikTok account to share engaging video clips to a huge, often young, audience on the new app. TikTok was the world’s most-downloaded App in 2019, and is the fastest growing social media site. We’ve quickly built a strong following of 6,000 people, with our videos already being watched by over 350,000 people in the first few weeks alone.
- Our work on TikTok has led to an invitation to share our experience and work on this channel at a national communications workshop in April.
- Our Facebook Page continues to grow with our positive patient stories and news now seen on average by over 100,000 people every month.
- Our Facebook Page has the ninth highest number of ‘followers’ of any Acute Hospital Trust – now well over 18,000.
- Our dedicated Staff Facebook Group to encourage staff to “work together, celebrate together” and share their own good news stories, now has over 3,850 members (64% of our workforce). This is the largest open Staff Facebook Group of any NHS organisation.

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- Our Twitter page continues to grow, with regular interaction and positive sharing from the CQC and NHS England national corporate accounts.
- We've achieved a successful few months in terms of views and engagement on Twitter, with our content being seen by nearly a million people during Q3.
- Diversifying the content we publish on our Instagram Page has led to an increased following, now with nearly 3,000 people choosing to see our posts – this compares favourably to many other NHS Trusts.

Topics generating significant media coverage included:

- Baby boy hearing his mother for the first time after a hearing aid was fitted
- Video calls used for mothers separated from their babies who have to go to Neonatal ward <https://www.worcsacute.nhs.uk/news-and-media/904-new-born-babies-needing-specialist-care-still-get-to-bond-with-mums-using-video-calls>
- Patient Wedding arranged on ward

Conclusion

- The communications team remain focussed on enabling our staff, partners, patients, the public and anyone with an interest in our services to take part in positive, well informed conversations about our plans for the future and the progress we are making on our strategic and operational priorities.
- We continue to look for the most effective ways of evaluating the impact and value of our communications and engagement activities, both quantitatively and qualitatively

Recommendations

- The Board is asked to note the report

Appendices - none

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Trust Management Executive

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Matthew Hopkins CEO		
Presented by	Matthew Hopkins CEO	Author /s	Martin Wood Deputy Company Secretary

Alignment to the Trust's strategic objectives

Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	x
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to receive this report for assurance.
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Executive summary	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in January and February 2020. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk

Key Risks	TME, as the decision making body for the Trust, addresses all risks.						
Assurance							
Assurance level	Significant		Moderate		Limited		None
Financial Risk	Within budgets						

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Introduction/Background

TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.

Issues and options

Since my last report at the January 2020 Board, TME has met on 22 January and 19 February 2020. This report covers those meetings.

Items presented for approval

- **Annual Plan Priorities** (January Trust Board)
- **2020/21 Operational Plan – First Cut** (March Trust Board)
- **Organisation of Pathology Services Across the STP**
- **Terms of Reference** (March Trust Board)
- **Use of Electronic Signatures** (March Audit and Assurance Committee)
- **Business Case – Extension of Bowel Screening Programme**
- **Business Case – Medical Photography**
- **Conmed Medical Devices - Theatres**
- **Internal Professional Standards**
- **Recruitment Proposal for Physician Associates**
- **Information Governance Steering Group – Senior Information Asset Owners**
- **Going Concern** (February Finance and Performance Committee and March Trust Board)
- **#WeAreVolunteering** (February Quality Governance Committee, March Trust Board and March People and Culture Committee for information)
- **Annual Governance Statement** (March Audit and Assurance Committee)
- **Board Assurance Framework** (March Trust Board)
- **Quality Account – Proposed Priorities 2020/21** (February Quality Governance Committee)
- **Safeguarding Update** (February Quality Governance Committee)
- **Criteria Led Discharge Policy**
- **Trust Induction Review**

Items presented for information/discussion

- **CQC Update** (January/February Finance and Performance Committee, Quality Governance Committee and People and Culture committee)
- **Integrated People and Culture Report** (February People and Culture Committee)
- **Guardian for Safe Working** (February People and Culture Committee)
- **Integrated Recruitment and Retention Report** (February People and Culture Committee)
- **Safe staffing** (February People and Culture Committee, February Trust Board)
- **Junior Doctor Experience – Update on Actions Taken in Surgery Division** (February People and Culture Committee)
- **Integrated Quality Report including Infection Control Update** (January Quality Governance Committee, part of IPR for Trust Board)
- **Integrated Performance Report including Home First Programme** (January and

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- February Finance and Performance Committee, February and March Trust Board)
- **Learning from Deaths** (January Quality Governance Committee, March Trust Board)
 - **Never Events** (January Quality Governance Committee)
 - **Financial Performance Report M9 and M10 Position** (January and February Finance and Performance Committee, February and March Trust Board)
 - **Allocate Benefits Realisation Year 1** (February People and Culture Committee)
 - **Consultant Approvals**
 - **Procurement Quarterly Update** (February Finance and Performance Committee)
 - **MacMillan Nurses – Agreement of Funding**
 - **Junior Medical Workforce Briefing Paper**
 - **Herefordshire & Worcestershire Local Maternity & Neonatal System (LMNS)** (February Quality Governance Committee, March Trust Board)

Items noted

- **Legal Services**
- **BAF Internal Audit Report**
- **Patient Access Policy Internal Audit Report**
- **Strategy and Planning Group**
- **Risk Management Group**
- **Computercentre Exit and Transition – Shared Service Accommodation**

Recommendations

The Trust Board is requested to receive this report for assurance.

Appendices

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NHS Staff Survey Results 2019

For approval:		For discussion:	x	For assurance:	x	To note:	
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Accountable Director	Tina Ricketts, Director of People & Culture		
Presented by	Tina Ricketts	Author /s	Tina Ricketts

Alignment to the Trust's strategic objectives

Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources		Best people	x
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the findings of the 2019 NHS staff survey Support the implementation of the "next steps" as identified within this report
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Executive summary	<p>The NHS Staff Survey is undertaken in October and November each year. The results of the 2019 survey were published on 18th February 2020 and confirm that we have made a stepped improvement in our results when compared to last year.</p> <p>The key actions that have contributed to these results are the introduction of the strategy pyramid, 4ward culture change programme, improved staff engagement, leadership and management development, establishment of the Trust's academy and staff recognition schemes.</p> <p>Whilst we remain below average for our results our overall ranking will have improved but this information has yet to be published by the centre.</p> <p>The survey contains 90 questions, which are collated under 11 themes. We are in line with or better than the acute trust average in 7 of the 11 themes compared to 8 themes being below average last year.</p> <p>The results (see here) highlight that there is further work to do to improve our employee offer. The areas that require improvement are:</p> <ul style="list-style-type: none"> Employee Health and wellbeing (evidenced by the recent increase in sickness absence rates) Leadership/ management development
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- Quality of appraisals
- Safety culture (acting on concerns)
- Staff engagement (Trust as a place to work and to receive treatment)

The people and culture strategy is being refreshed to focus on these themes.

An analysis of the results by staff group (see appendix 1) have highlighted that the medical and dental staff group have the worst overall results whilst the lowest morale is experienced by the Scientific and Technical staff group.

An analysis of the results by division (appendix 1) confirm that the Surgery division has the biggest improvements to make.

A more proactive approach is being taken this year to ensure that colleagues see the value in completing the survey and are actively involved in making improvements to our employee offer. This will include:

- Divisional action plans
- Focus groups to be held across all staff groups and divisions
- Regular “you said we did” features in the team brief and staff newsletter

Risk							
Key Risks	BAF 7: If we fail to sustain the positive change in organisational culture, then we may fail to attract and retain sufficiently qualified, skilled and experienced staff to sustain the delivery of safe, effective high quality compassionate treatment and care.						
Assurance	Data provided from staff opinion survey 2019						
Assurance level	Significant		Moderate	x	Limited		None
Financial Risk	None identified						

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Introduction/Background

All NHS Trusts are required to participate in the staff opinion survey which is conducted between October and November each year. This year the decision was made to conduct the survey via e-mail with paper versions being issued to Estates and Facilities staff that do not have regular access to computers. Last year we issued all paper surveys but this did not increase our participation rate and therefore we reverted to the previous methodology.

Our participation rate this year was 39% against an acute trust average of 47%. This is a slight improvement on last year (36%) but still below our target of 50%.

The survey contains 90 questions, which are collated under 11 themes. Benchmark data is provided to allow a comparison against other acute trusts. This was published on 18th February 2020 and is attached in appendix 1 for reference.

The centre is yet to publish the overall rankings of each Trust.

Issues and options

Overview of survey results

The following tables summarises the staff survey results since 2017 by theme. It can be seen that we have made a stepped improvement this year with 7 of the 11 themes either being in line with or better than the acute trust average compared to 8 themes being below average last year. Of the 4 themes that are below average 2 themes are just 0.1 point below average (safety culture and staff engagement) with health and wellbeing being 0.2 below average and quality of appraisals 0.4 below average.

Table 1: NHS Staff Survey Results 2017 to 2019 by theme

Year	Equality and Diversity	Health & Wellbeing	Immediate managers	Morale	Quality of appraisals	Quality of care	Safe – B&H	Safe- Violence	Safety Culture	Staff Engagement	Team Working
2019	9.2	5.7	6.8	6.1	5.2	7.5	7.9	9.5	6.6	6.9	6.7
2018	9.1	5.5	6.5	5.9	5.0	7.3	7.7	9.4	6.3	6.7	n/a
2017	9.2	5.8	6.6	n/a	4.8	7.4	7.8	9.5	6.3	6.7	n/a

Below Acute Trust Average

In line with Acute Trust Average

Better than Acute Trust Average

Our progress is further evidenced by the tables below. The first table confirms that we have scored significantly higher in 9 of the 11 areas compared to last year. The second table shows little progress in 2018 against the 2017 results.

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The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2019 score is significantly higher than last year's, whereas ↓ indicates that the 2019 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2018 score	2018 respondents	2019 score	2019 respondents	Statistically significant change?
Equality, diversity & inclusion	9.1	1960	9.2	2266	Not significant
Health & wellbeing	5.5	1970	5.7	2290	↑
Immediate managers	6.5	1964	6.8	2303	↑
Morale	5.9	1938	6.1	2264	↑
Quality of appraisals	5.0	1656	5.2	1965	Not significant
Quality of care	7.3	1750	7.5	2005	↑
Safe environment - Bullying & harassment	7.6	1964	7.9	2277	↑
Safe environment - Violence	9.4	1959	9.5	2263	↑
Safety culture	6.3	1957	6.6	2268	↑
Staff engagement	6.7	1971	6.9	2322	↑
Team working	6.4	1952	6.7	2276	↑

The table below presents the results of significance testing conducted on this year's theme scores and those from last year*. It details the organisation's theme scores for both years and the number of responses each of these are based on.

The final column contains the outcome of the significance testing: ↑ indicates that the 2018 score is significantly higher than last year's, whereas ↓ indicates that the 2018 score is significantly lower. If there is no statistically significant difference, you will see 'Not significant'. When there is no comparable data from the past survey year, you will see 'N/A'.

Theme	2017 score	2017 respondents	2018 score	2018 respondents	Statistically significant change?
Equality, diversity & inclusion	9.2	1897	9.1	1960	Not significant
Health & wellbeing	5.8	1927	5.5	1970	↓
Immediate managers	6.6	1934	6.5	1964	Not significant
Morale		0	5.9	1938	N/A
Quality of appraisals	4.8	1473	5.0	1656	Not significant
Quality of care	7.4	1678	7.3	1750	Not significant
Safe environment - Bullying & harassment	7.8	1898	7.7	1964	Not significant
Safe environment - Violence	9.5	1899	9.4	1959	↓
Safety culture	6.3	1917	6.3	1957	Not significant
Staff engagement	6.7	1951	6.7	1971	Not significant

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The key actions that have contributed to the improved results are:

- The introduction of the strategy pyramid which provides a consistent framework for all colleagues
- Setting out clear organisational priorities in the annual plan
- Bringing the 4ward programme in house and designing phase 2 in partnership with colleagues across the Trust. Listening to colleagues and ceasing the checkpoint surveys. Encouraging all teams to undertake a “we do this by”. The regular showcasing of improvements
- Strengthening the employee voice through the 4ward advocates
- Thank you Thursdays
- Happy cafés
- Regular equality and diversity events throughout the year including black history month, equality and diversity awareness week, LGBT history week and drop in cafés
- The work with Timewise to improve our status as a flexible employer. This includes “we listen , we learn, we lead” events with colleagues to improve our employee offer
- The implementation of our leadership and management development plan with over 830 colleagues participating in a programme over the last 12 months
- Long service awards and relaunch of staff achievement awards
- Ward accreditation programme
- A focus on getting the basics right to ensure all colleagues have had an appraisal and are supported to undertake their mandatory training
- Improved staff engagement through the development of the clinical services strategy, monthly team brief and meet the chief executive meetings
- A focus on reducing nursing vacancies to prevent colleagues having to move to other wards
- Tackling inappropriate behaviours through conversations of concern and investigations under the dignity at work policy

Key Findings for each theme

The key findings under each of the themes have been set out in the following table:

Table 2: Key findings under each theme

Theme	Key Findings	Better/ in line/ or below acute trust average
Equality, diversity and inclusion	<ul style="list-style-type: none"> • Acting fairly with regard to career progression • Discrimination from patients, relatives and public • Discrimination from managers or colleagues • Reasonable adjustments to help carry out your work 	<p>In line</p> <p>Better</p> <p>Better</p> <p>In line</p>
Health and wellbeing	<ul style="list-style-type: none"> • Opportunities for flexible working (5% improvement since last year) • Organisation takes positive action on health and wellbeing (4.4% below average) • Musculoskeletal problems as a result of work activities (1% below average) • Feeling unwell as a result of work related stress (1.7% below average) • Coming to work despite feeling unwell 	<p>In line</p> <p>Below</p> <p>Below</p> <p>Below</p> <p>In line</p>
Immediate	<ul style="list-style-type: none"> • Support from immediate manager (1.4% below average) 	Below

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Managers	<ul style="list-style-type: none"> but 4.5% improvement on last year) • Manager gives me clear feedback on my work (0.7% below average but has improved by 7.7% since last year) • Manager asks for my opinion before making decisions that affect my work (2.1% below average but has improved by 4.3% since last year) • My manager takes a positive interest in my health and wellbeing (0.7% below average) • My immediate manager values my work • My manager supports me to receive training (1.5% below average but improving year on year) 	<p>Below</p> <p>Below</p> <p>Below</p> <p>Below</p> <p>Below</p>
Morale	<ul style="list-style-type: none"> • I am involved in deciding changes that affect my work • I receive the respect I deserve from my colleagues • I have unrealistic time pressures • I have a choice in deciding how to do my work (improved by 5.5% since last year) • Relationships at work are strained • My immediate manager encourages me at work (2.5% below average but has improved by 4.4% since last year) • I often think about leaving this organisation (0.9% below average but has improved by 3.1% since last year) • I will probably look for a new job in the next 12 months • As soon as I can find another job I will leave this organisation 	<p>Better</p> <p>Better</p> <p>In line</p> <p>In line</p> <p>Better</p> <p>Below</p> <p>Below</p> <p>In line</p> <p>Better</p>
Quality of appraisals	<ul style="list-style-type: none"> • It helped me to improve how I do my job (3.7% below average) • It helped me agree clear objectives (3.9% below average) • It helped me to feel valued (3.4% below average) • The values of the organisation were discussed as part of the appraisal (7.1% below average) 	<p>Below</p> <p>Below</p> <p>Below</p> <p>Below</p>
Quality of care	<ul style="list-style-type: none"> • I am satisfied with the quality of care I give to patients • I feel that my role makes a difference to patients • I am able to deliver the care I aspire to 	<p>Better</p> <p>Better</p> <p>Better</p>
Bullying & Harassment	<ul style="list-style-type: none"> • In last 12 months how many times have you experienced harassment, bullying or abuse at work from patients, relatives or the public • In last 12 months how many times have you experienced harassment, bullying or abuse at work from managers (1.6% below average) • In last 12 months how many times have you experienced harassment, bullying or abuse at work from colleagues 	<p>Better</p> <p>Below</p> <p>Better</p>
Violence	<ul style="list-style-type: none"> • In last 12 months how many times have you experienced violence at work from patients, relatives or the public • In last 12 months how many times have you experienced violence at work from managers • In last 12 months how many times have you experienced violence at work from colleagues 	<p>Better</p> <p>Better</p> <p>Better</p>

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Safety Culture	<ul style="list-style-type: none"> My organisation treats staff who are involved in an error, near miss or incident fairly (0.5% below average but has improved by 7.5% since last year) When errors, near misses or incidents are reported, my organisation takes action to ensure they do not happen again (0.5% below average but improved by 6.3% since last year) We are given feedback about changes made in response to reported errors, near misses and incidents (1% below average but has improved 5.9% since last year) I would feel secure raising concerns about unsafe practice I am confident that my organisation would address my concerns (2.9% below average but has improved by 6.8% since last year) My organisation acts on concerns raised by patients (1.6% below average but has improved by 6.4% since last year) 	<p>Below</p> <p>Below</p> <p>Below</p> <p>Better</p> <p>Below</p> <p>Below</p>
Motivation	<ul style="list-style-type: none"> I look forward to going to work I am enthusiastic about my job Time passes quickly when I am working 	<p>Better</p> <p>Better</p> <p>Better</p>
Staff engagement	<ul style="list-style-type: none"> There are frequent opportunities for me to show my initiative I am able to make suggestions to improve the work of my department/ service (0.2% below average) I am able to make improvements happen in my area of work (0.7% below average but 3.9% improvement on last year) Care of patients is my organisations top priority (1.5% below average but 8.9% improvement on last year) I would recommend the Trust as a place to work (6% below average but 5% improvement on last year) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (7.2% below average but has improved by 5.2% since last year) 	<p>Better</p> <p>Below</p> <p>Below</p> <p>Below</p> <p>Below</p> <p>Below</p>
Team Working	<ul style="list-style-type: none"> The team I work in has a set of shared objectives The team I work in often meets to discuss team effectiveness 	<p>Better</p> <p>Better</p>

From the above it is clear that there is further work to do to improve our employee offer. The areas that require improvement are:

- Employee Health and wellbeing (evidenced by the recent increase in sickness absence rates)
- Leadership/management development
- Quality of appraisals
- Safety culture (acting on concerns)
- Staff engagement (the Trust as a place to work and receive treatment)

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Key Findings by Staff Group

Please refer to appendix 1 for the analysis of the key findings by staff group. This confirms that:

- The Medical and Dental staff group have the worst overall results
- The lowest morale is within the Scientific and Technical staff group
- Nursing and Midwifery score the highest for team working and experience the best support from immediate managers
- Admin & clerical staff have the lowest quality of appraisals
- Scientific & Technical, Estates & Ancillary and Medical & Dental staff feel less engaged than other staff groups
- Nursing and Midwifery report more bullying and harassment (by patients, public and colleagues) than other staff groups

Key Findings by Division

Please refer to appendix 1 for the analysis of the key findings by division. This confirms that:

- Surgery division has the worst overall results and has the lowest morale
- The best overall results are within the Corporate division
- Speciality Medicine score highest for staff engagement, team working and experience the best support from immediate managers
- Women & Children and Surgery divisions have the lowest quality of appraisals
- Urgent Care report more bullying and harassment (by patients, public and colleagues) than any other division

Next Steps

The following actions will be taken within the next few months:

Action	By whom	By when
Divisional Teams and Professional Leads to develop action plans	HR Business Partners	30 th April 2020
Divisional action plans to be monitored through monthly PRM's	Director of People and Culture	Commencing May 2020
Focus groups will be set up across the Trust to seek colleagues views on how we can further improve our employee offer and survey response rate	Assistant Director of OD	31 st May 2020
"You said we did" to feature in every Chief Executive Team Brief and weekly staff newsletter	Assistant Director of OD	Commencing March 2020
People and Culture Strategy to be refreshed to address priority areas	Director of People and Culture	31 st May 2020
Ensure that the messages include the fact that the Trust is one of the fastest improving ones in relation to staff survey results	Director of People and Culture	March 2-020 onwards

Conclusion

The Trust has seen a stepped change in the staff survey results this year. However, we still remain below average overall. A proactive approach is being taken this year to ensure that colleagues see the value in completing the survey and are actively involved in making improvements to our employee offer.

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Recommendations

The Board is asked to:

- Note the findings of the 2019 NHS staff survey
- Support the implementation of the “next steps” as identified within this report

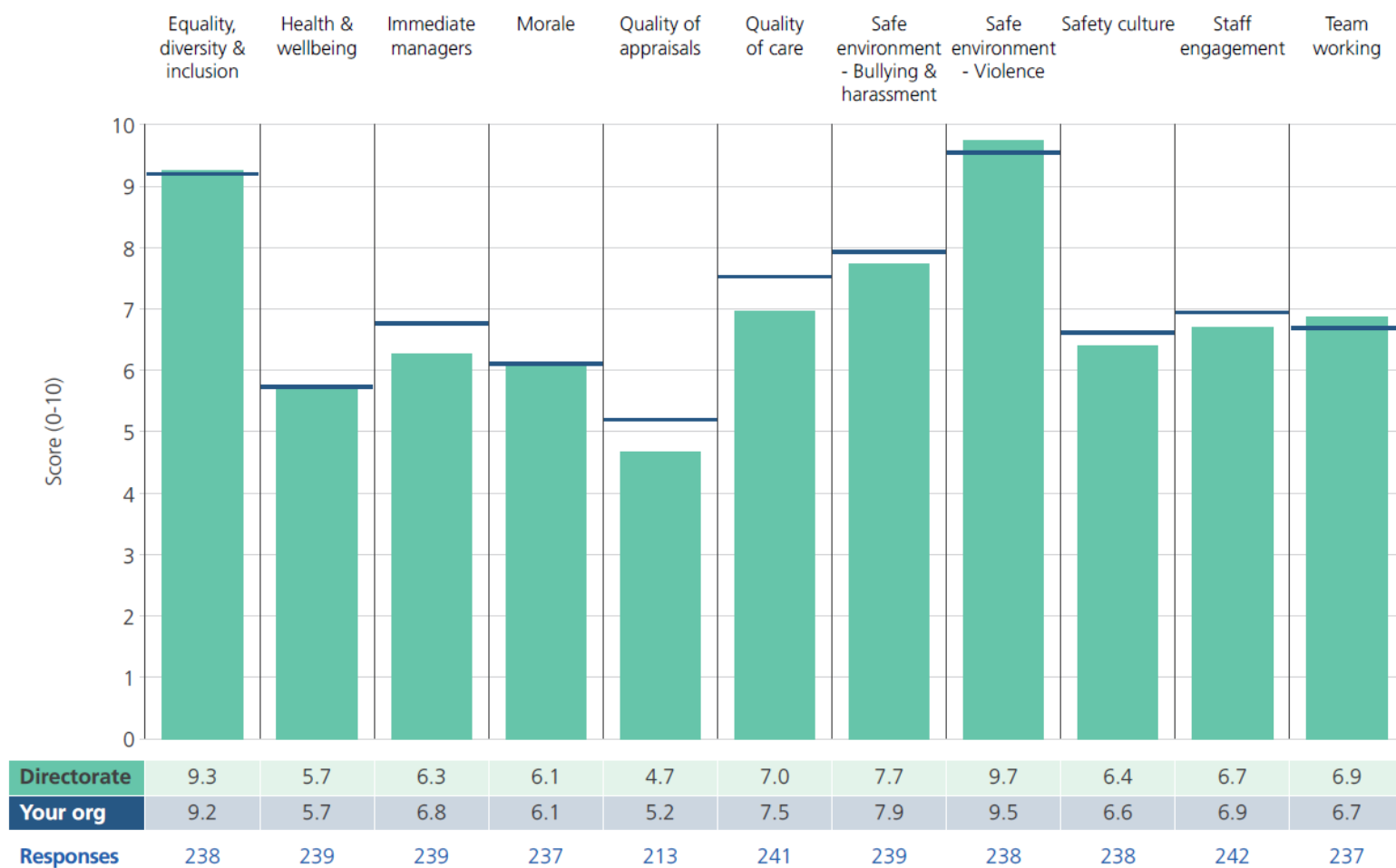
Appendix 1 – Summary of findings by staff group and division

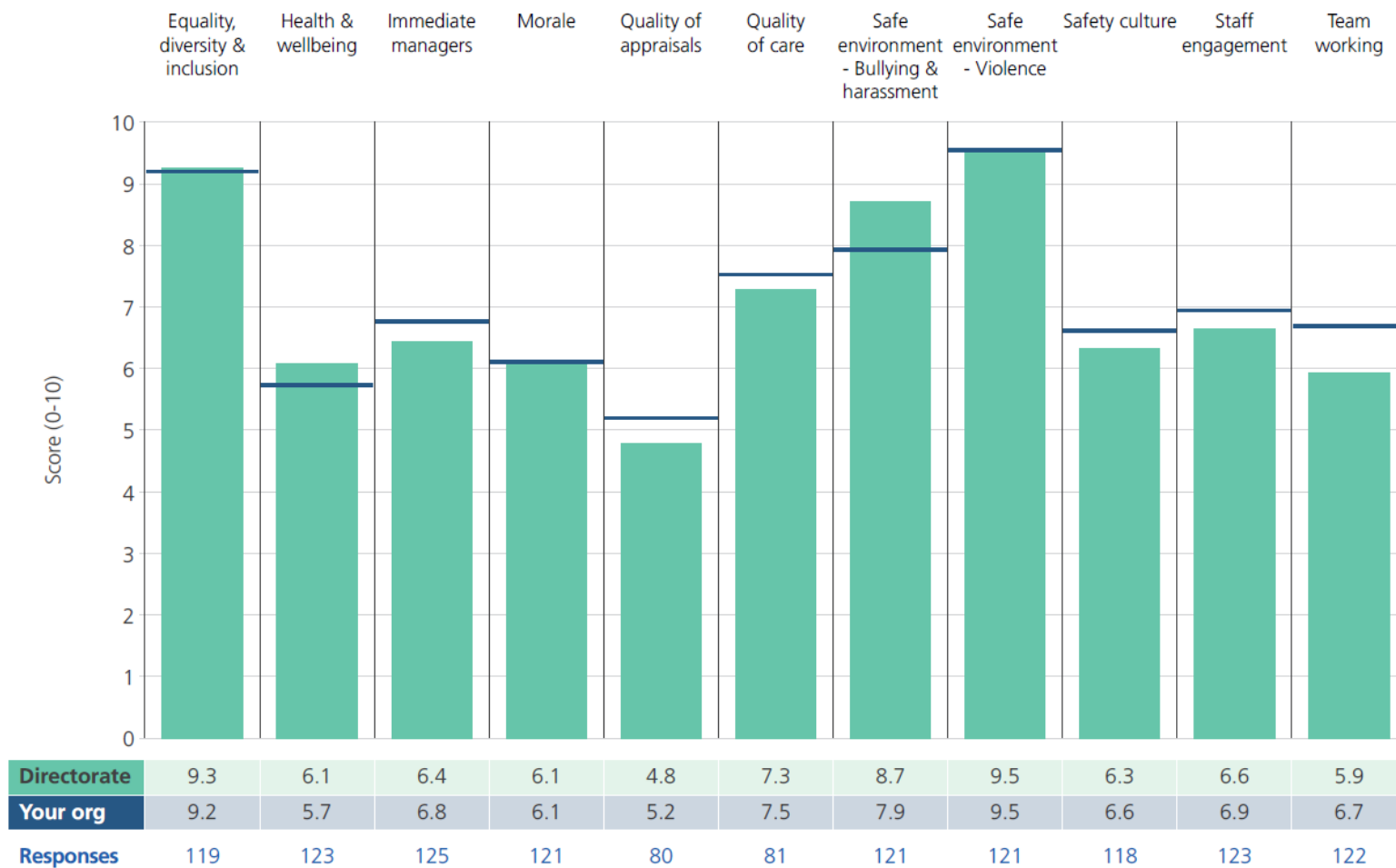
NHS Staff Survey Results 2019

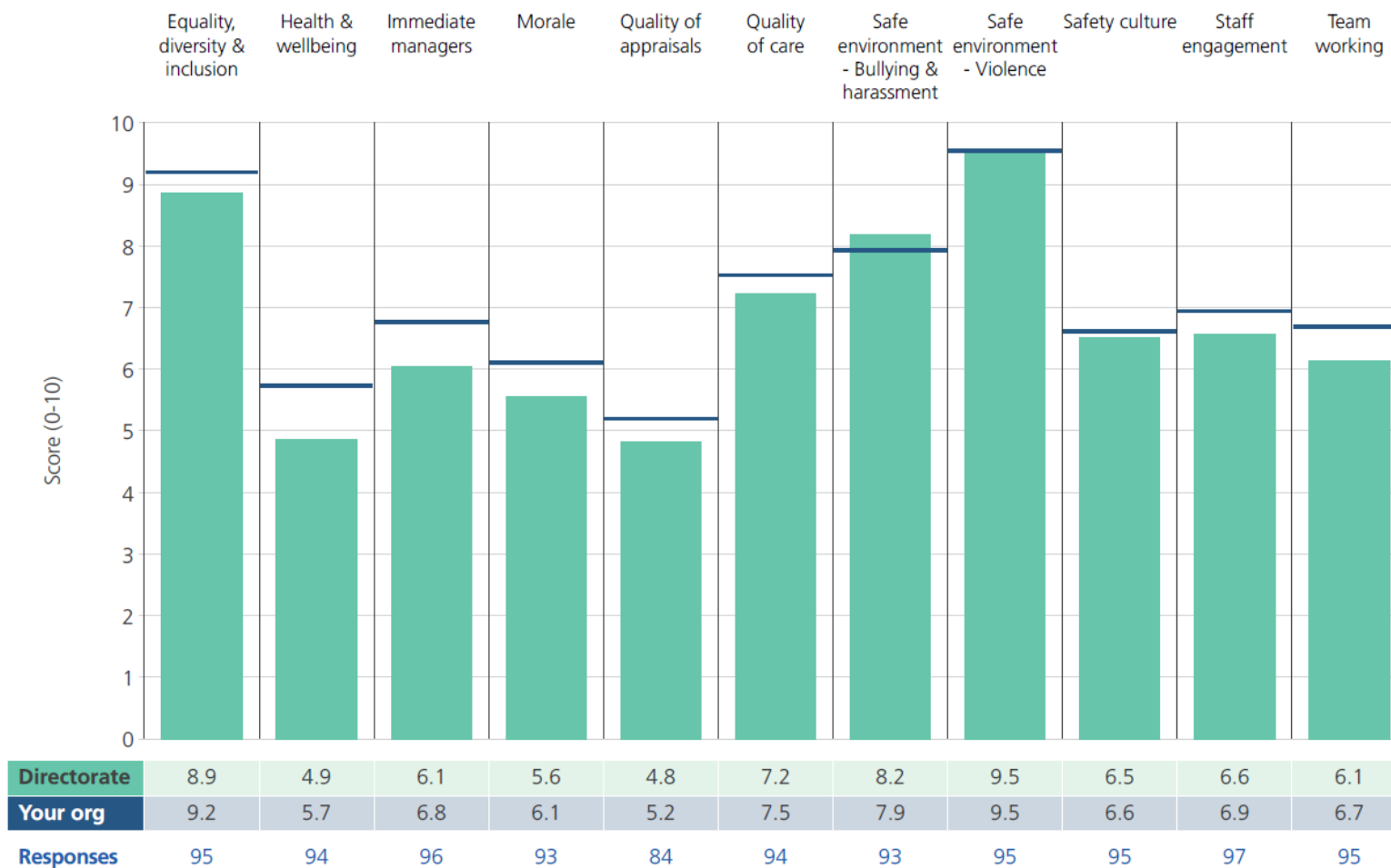
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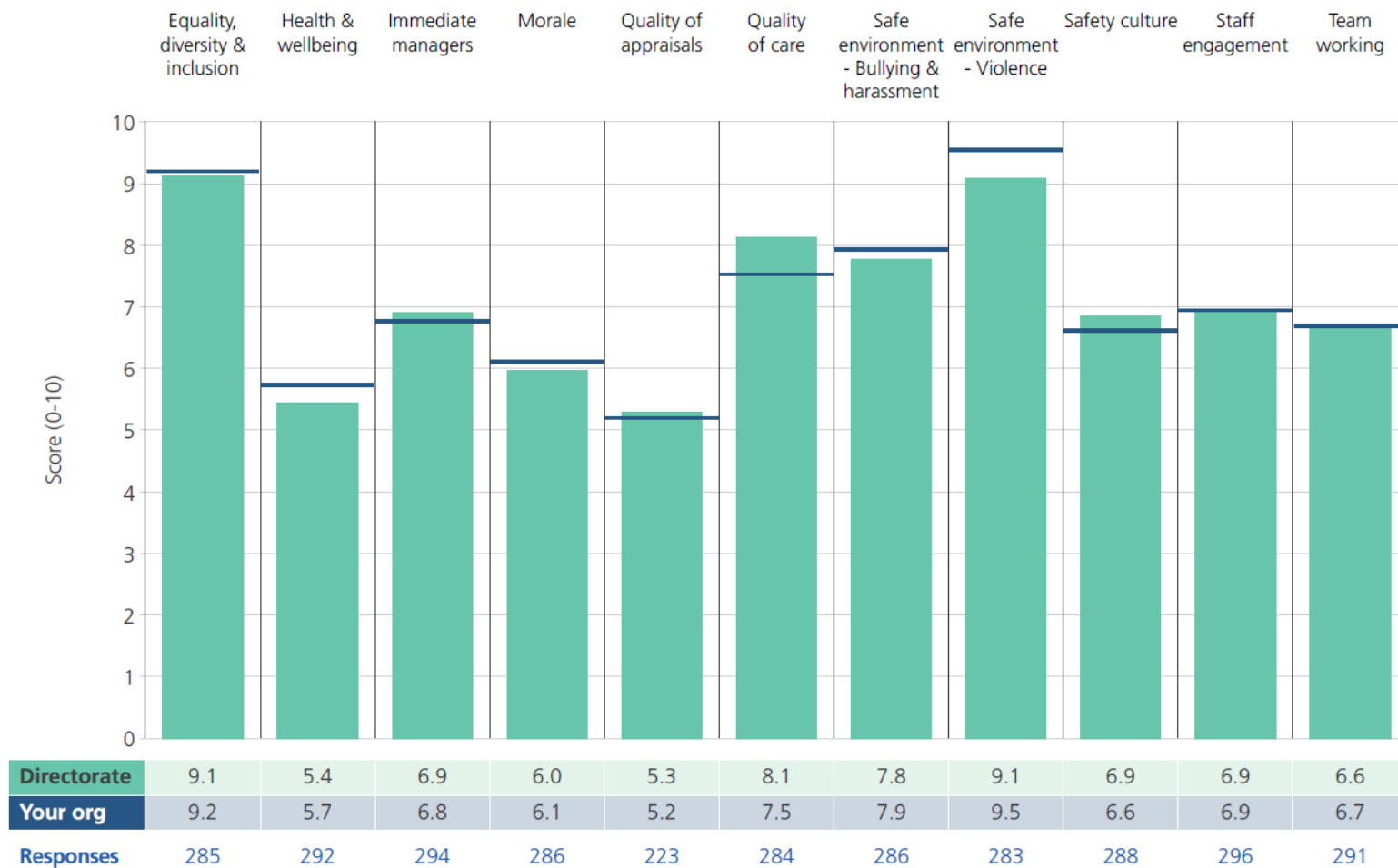
Key Findings by Staff Group

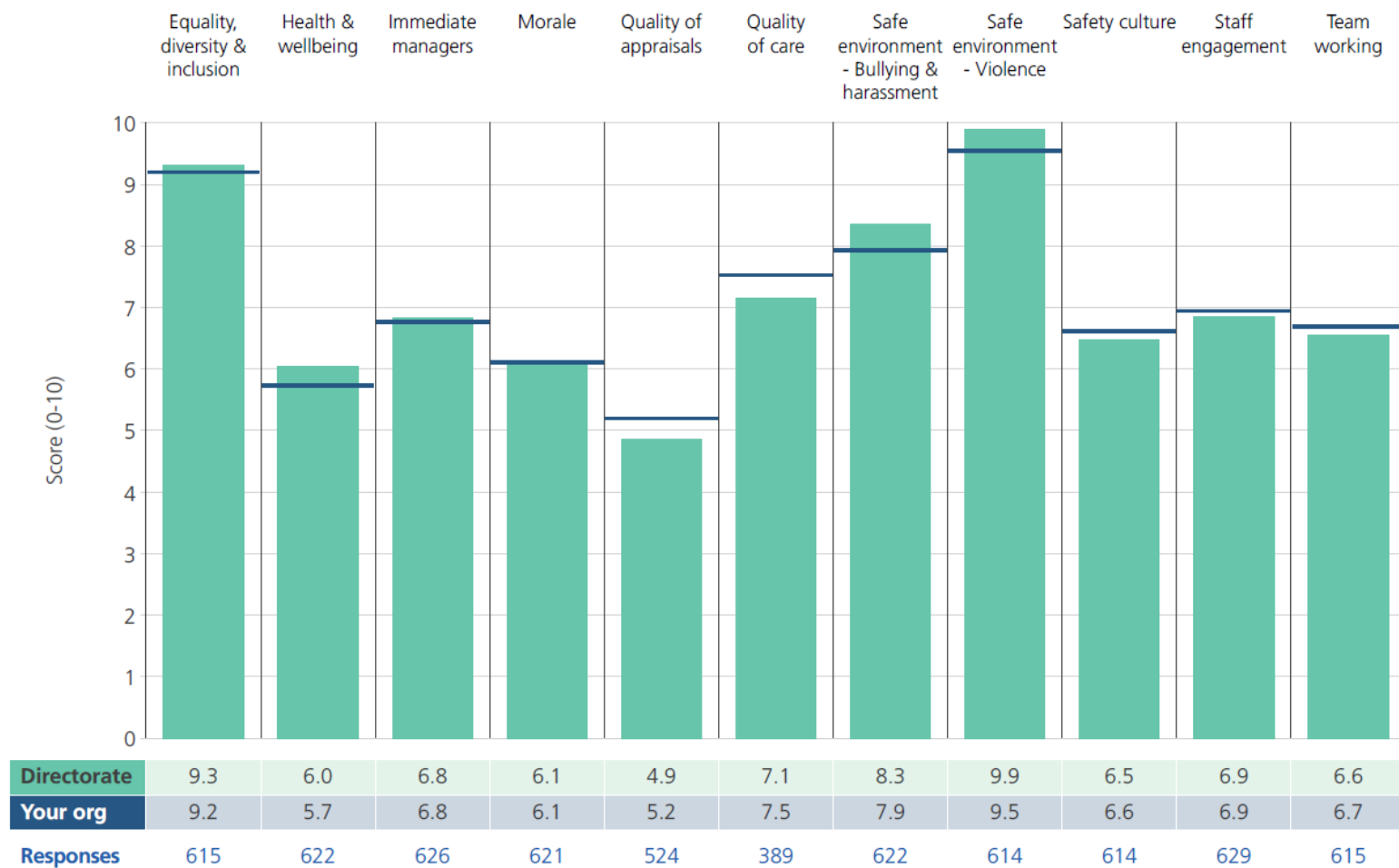
- Worst overall results from the Medical and Dental staff group
- Lowest morale within the Scientific and Technical staff group
- Nursing and Midwifery score highest for team working and experience the best support from immediate managers
- Admin & clerical staff have the lowest quality of appraisals
- Scientific & Technical, Estates & Ancillary and Medical & Dental staff feel less engaged than others
- Nursing and Midwifery report more bullying and harassment (by patients, public and colleagues) than any other staff group

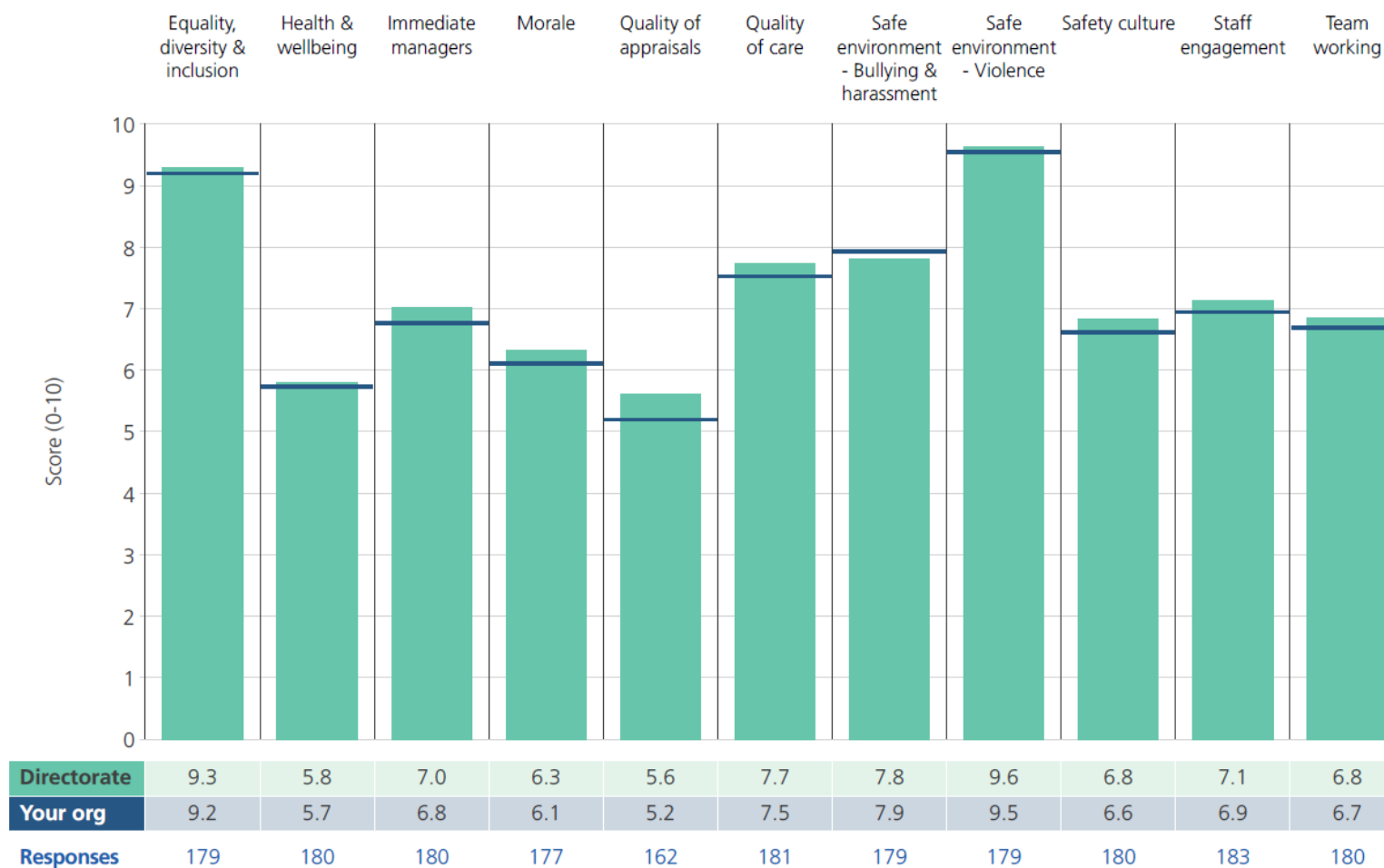


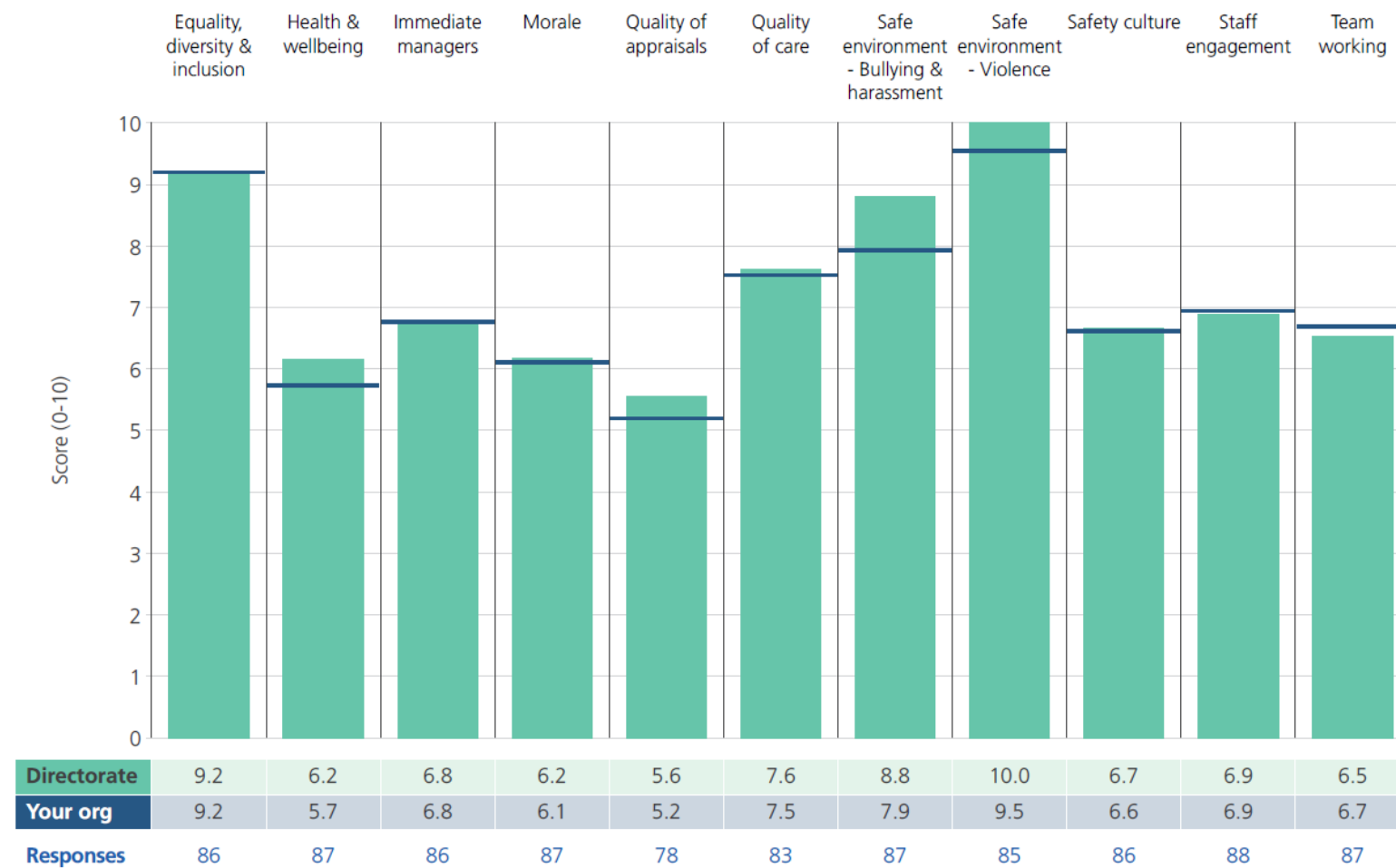


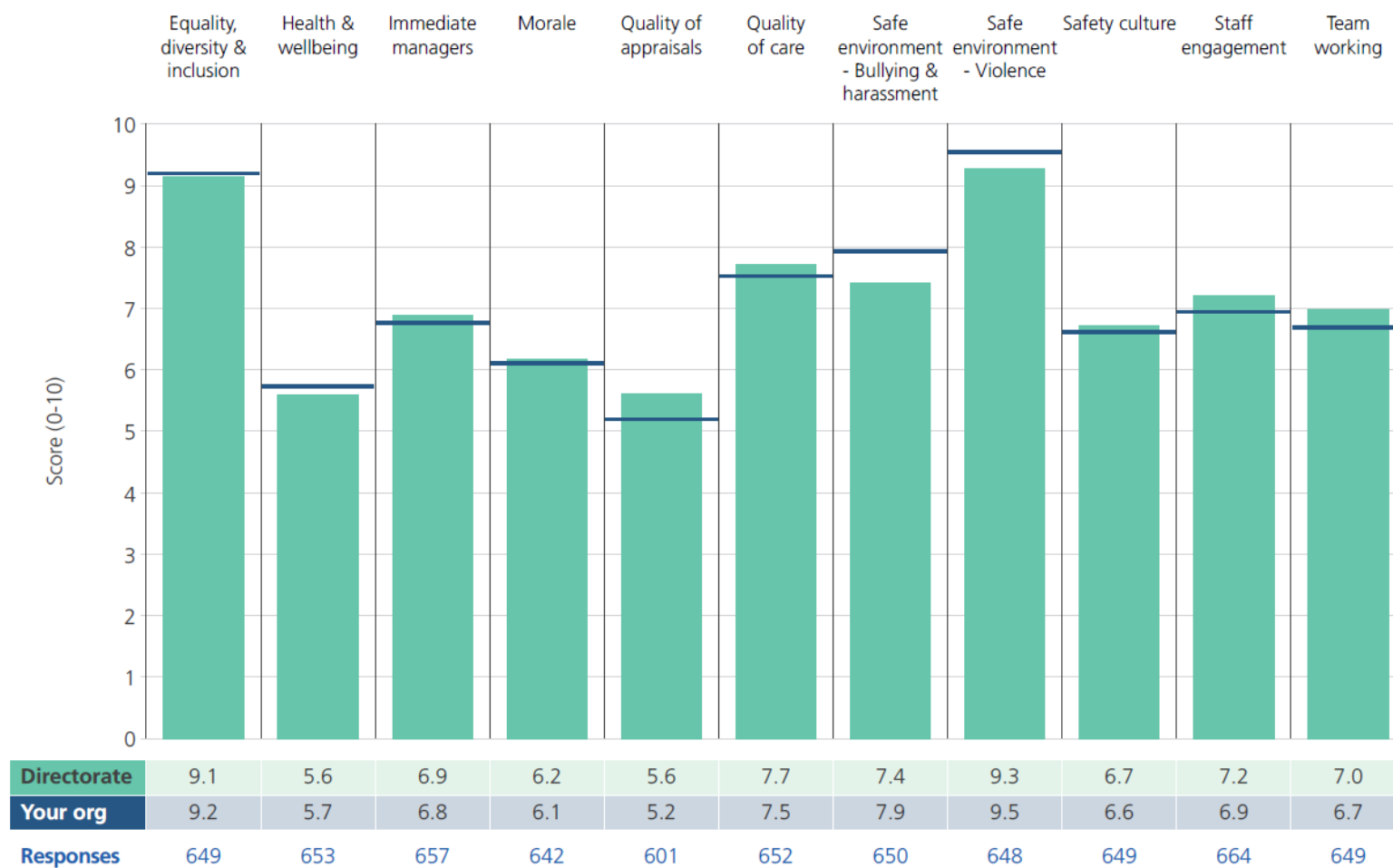












Key Findings by Division

- Overall results are the worst in the Surgery division which also is experiencing the lowest morale
- The best results are within the Corporate division
- Speciality Medicine score highest for staff engagement, team working and experience the best support from immediate managers
- Womens & Children and Surgery divisions have the lowest quality of appraisals
- Urgent Care report more bullying and harassment (by patients, public and colleagues) than any other division

