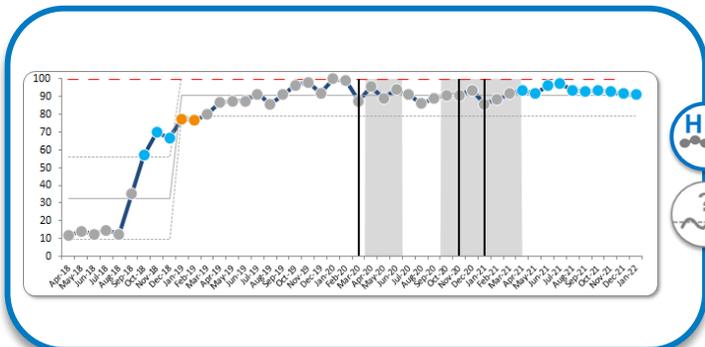


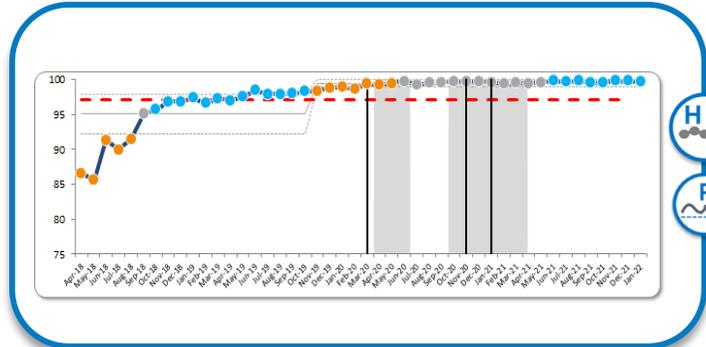
Hand Hygiene Audit Participation (%)

91.07



Hand Hygiene Compliance (%)

99.75



Variation

- H** Special Cause High
- L** Special Cause Low
- H** Special Cause Note/Investigate High
- L** Special Cause Note/Investigate Low
- C** Common Cause

Assurance

- P** Consistently hit target
- ?** Hit and miss target subject to random
- F** Consistently fail target

Lockdown Period

COVID Wave

Overall Compliance (Target 90%)		Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Jan-22	Dec-21	Jan-22	Dec-21	Jan-22	Dec-21
88.13%	88.04%	91.36%	88.96%	88.04%	92.86%

<p>What does the data tell us?</p> <ul style="list-style-type: none"> A total of 329 audits were submitted in Jan-22, compared to 239 in Dec-21. Antimicrobial Stewardship overall compliance for Jan-22 remained stable at 88.13% and missed the target of 90%. Patients on Antibiotics in line with guidance or based on specialist advice in Jan-22 was 91.36% and achieved the target of 90%. Patients on Antibiotics reviewed within 72 hours in Jan-22 decreased to 88.04% and did not achieve the target of 90%. 	<p>What will we be doing?</p> <ul style="list-style-type: none"> Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors Antimicrobial Stewardship Group will continue to monitor the use of carbapenems following the implementation of the updated Neutropenic Sepsis Guideline (current use now sits below base-line pre-Covid levels) Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results (a snapshot audit undertaken on one day against antimicrobial prescribing standards) Reviewing antimicrobial guidelines Focusing on accurate completion of allergy documentation to include symptoms of allergic reaction Focusing on learning from c diff case reviews where antibiotics may be implicated
<p>Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-21) - Antimicrobial stewardship level of assurance is 5 as assessed by ASG on 23/12/2021. Reason: Current performance in relation to C.difficile and MSSA BSI</p>	<p>When expected to move to next level of assurance for non Covid: This will be next reviewed in April 22, when quarter 4 performance can be assessed.</p>
<p>Previous assurance level (Oct-21) – Level 6 COVID-19 / Level 4 for non-Covid</p>	<p>SRO: Paula Gardner(CNO)</p>



2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle



Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
58.93%	78.44%	93.75%	77.68%	95.54%	94.64%	83.93%	90.18%

What does the data tell us?

- Our performance against the sepsis bundle being given within 1 hour has started to improve. However, we will not meet the target without external intervention.
- Our sepsis 6 screening performance decreased in Jan-22. We will not on average hit the target, but not consistently, it may succeed due to random variation.
- We have achieved the target again for antibiotics being provided within one hour. This has been achieved for 11 out of the last 12 months.
- Between Apr-21 and Oct-21, there were 572 patients that had a diagnosis of sepsis, of which 124 (22%) unfortunately died.
- Our Crude in-hospital death rate is 14.2%, which is the lowest rate seen across the Trusts within the Midlands. However, our out-of-hospital death rate is 7.5%, which is at the higher worse end of the Trusts.
- Our average LOS for sepsis patients between the same period was 8.8 days. We are below the Midlands total of 9.92 days and were at the lower end of the Trusts.

What improvements will we make?

- Update to Sepsis Patient Pathway documentation (Version 4). Currently with Xerox. This will allow documentation of screening of 'Suspected Sepsis' patients and the 'face to face' review on the same form to avoid duplication in the medical/nursing notes. Hopefully we will also improve the 'team approach' to Sepsis management.
- Replacement of the 'NEWS Escalation' stickers. These to become 'Deteriorating Patient Alert' stickers for use in patients with elevated NEWS that will also allow screening 'out' Sepsis as a possible cause to avoid unnecessary use of the 'Suspected Sepsis Screening Tool'.
- An electronic solution to Sepsis screening and treatment is in development for use within the digital care record
- Development of 'real-time' audit processes to improve patient management when it matters most. Specialty Medicine audit data corresponds appropriately with Trust-wide audit which it will replace.
- Sepsis guidelines updated to reflect changes in patient pathway. Training and Communications package in Feb to support roll-out. ESR to be updated in due course.

Assurance level – Level 5 (Nov-21) Assurance level reduced as still not meeting targets

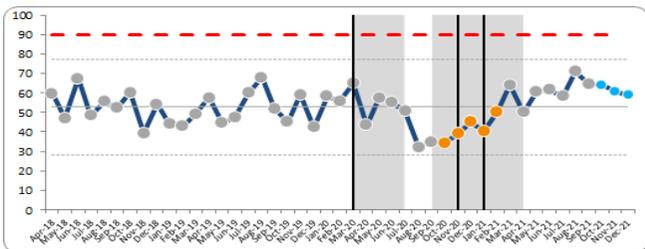
When expected to move to next level of assurance: Q4 following full implementation of the Divisional plans.

Previous assurance level – Level 5 (Oct-21) Assurance level

SRO: Christine Blanshard (CMO)

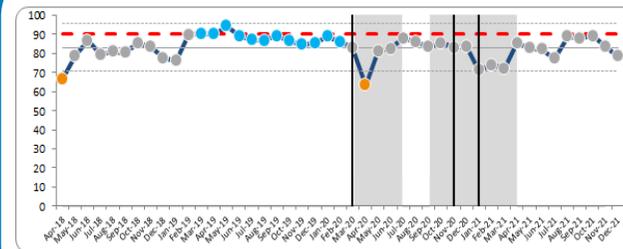
Sepsis 6 Bundle Compliance (audit)

58.93%



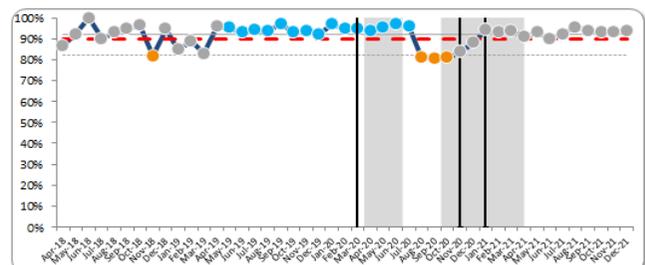
Sepsis Screening Compliance (audit)

78.44%



Sepsis Screening Antibiotics Compliance (audit)

93.75%



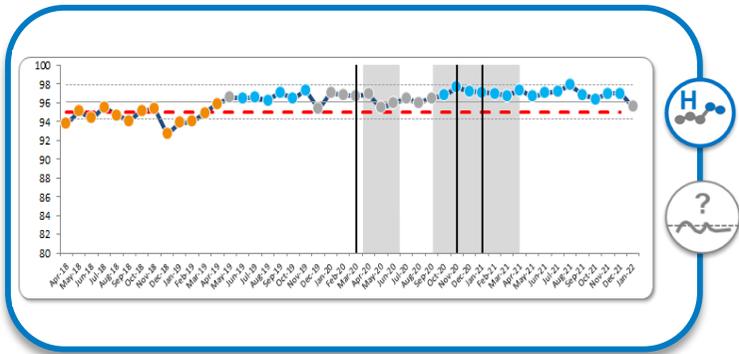
Lockdown Period
 COVID Wave

2.2 Care that is Effective – VTE assessment and VTE assessments within 24 hours

VTE assessment on admission to hospital	
January 2022	Target
95.76%	95%
<p>What does the data tell us?</p> <ul style="list-style-type: none"> We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic. Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting when available. 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> Trust Thrombosis committee will continue to ensure actions following the VTE assessments are completed and therefore detail any medical omissions if discovered to ensure learning (for example administration of medicines) HAT's are routinely discussed at the Trust Thrombosis committee and any learning shared; none have been identified Trust Thrombosis committee will be moving to 3 monthly meetings to allow adequate reporting and review. Reporting of VTE assessment data will move to 3 monthly. The Trust Thrombosis committee have developed a VTE inpatient audit which will be monitored through the group.
<p>Assurance Level: 7</p>	<p>When expected to move to next level of assurance : N/A</p>
	<p>SRO: Christine Blanshard (CMO)</p>

VTE Assessment Compliance (%)

95.76



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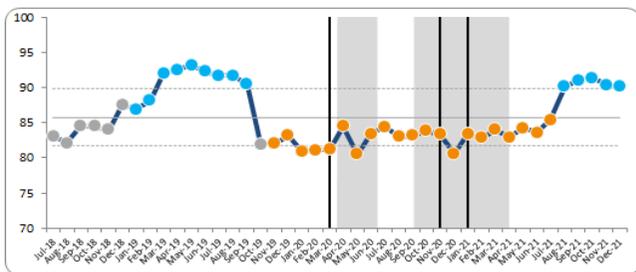
Variation			Assurance				
							Lockdown Period
Special Cause High	Special Cause Low	Special Cause Note/Investigate High/Low	Consistently hit target	Hit and miss target subject to random	Consistently fail target		COVID Wave
Common Cause							

2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed – ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
90.52% - Dec 2021 (90.35% - Nov 2021)	72.56% (71.72%)	92.44% (93.66%)	65.80% (67.02%)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 21 months (range 80.56% to 91.37%). The Target of 95% for viewing Pathology Reports on ICE was missed for the sixth month running in Dec-21 at 92.44%. Radiology reports filed on ICE has remained above 70% for seven consecutive months. Pathology reports filed on ICE has remained stable in Dec-21 at 65.80%. 		<p>What will we be doing?</p> <p>We are working with our ICT colleagues to implement the following:</p> <ul style="list-style-type: none"> Auto filing of all GP test results Batch filing of A&E pathology results with agreed parameters All NORMAL results to be batch filed up to and including the 31st December 2020. Pop up to be implemented to increase filing of reports 	
<p>Assurance level – Level 5 (Feb-22)</p>		<p>When expected to move to next level of assurance: Following implementation of the above measures</p>	
<p>Previous assurance level: Level 5 (Oct-21)</p>		<p>SRO: Christine Blanshard (CMO)</p>	

ICE reports viewed radiology (%)

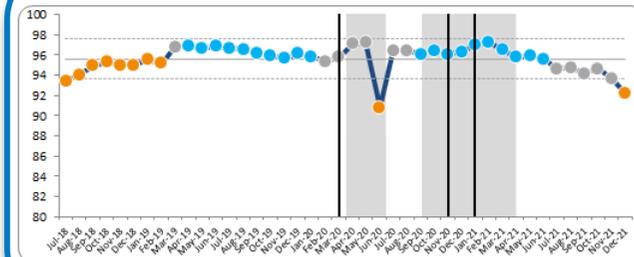
90.52



Please note that % axis does not start at zero.

ICE reports viewed pathology (%)

92.44



Please note that % axis does not start at zero.

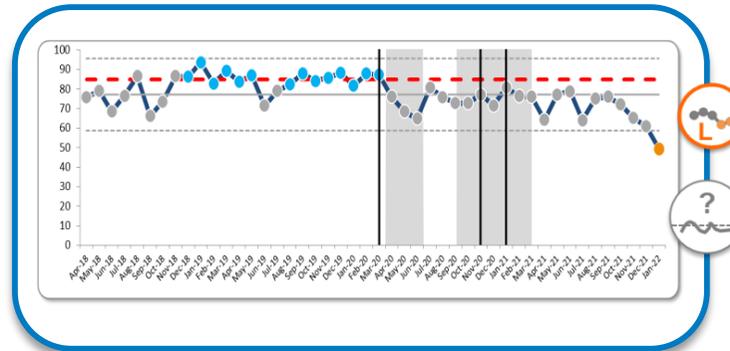


2.2 Care that is Effective – Fractured Neck of Femur (#NOF)

#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
49.4% (Jan 2022) 60.98% (Dec 2021)	52.6% (Jan 2022) 68.49% (Dec 2021)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> • There were 83 #NOF admissions in January. • The #NOF target of 85% has not been achieved for 22 months. • There were a total of 42 breaches in January; 41% of the breaches were due to bed issues and 24% were due to theatre capacity. 12% of our breaches were due to the patient being medically unfit/ non-operative management. Other reasons include awaiting THR, delayed presentation, withdrew consent, transfer to another hospital and further imaging of site required. • The average time to theatre was 39.7 hours. 	<p>What will we be doing?</p> <ul style="list-style-type: none"> • Centralising all Inpatient Trauma to WRH site from 13th November as a result increasing Trauma theatre capacity by one 4 hour session per day. • Changing consultant on-call pattern to ensure there is always a hip surgeon available to operate. • Increasing weekend Trauma Theatre from 2 sessions to 4 where staffing allows in the short term. Long term business case required to staff additional 2 sessions at weekends. • Escalating the need for ring fenced #NoF beds in the community (previously the department had access to 9 beds) this will ensure constant flow.
Current assurance level: 5 (Nov-21)	When expected to move to next level of assurance: Jan-22
Previous assurance level: 5 (Oct-21)	SRO: Christine Blanshard (CMO)

#NOF time to theatre ≤ 36 hours (%)

49.4%



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

Lockdown Period

COVID Wave

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Jan-22	Target	Jan-22	Target	Jan-22	Target	Jan-22	Target
96.68%	95%	92.05%	95%	77.71%	95%	66.67%	95%

What does the data tell us?

- The recommended rate for Inpatients has achieved target for 11 months in a row. The response rate has fell just under 30% for the last 3 months.
- The recommended rate for Maternity in Jan-22 has shown special cause variation. However, the response rate for Jan-22 was only 1%, which equates overall to 6 responses.
- The recommended rate for Outpatients has shown special cause variation since Jun-21. Our response rate for Jan-22 achieved the target of 10% and is showing normal variation.
- The recommended rate for A&E will not meet the target without external intervention. Performance has shown special cause variation since Jun-21. Our A&E response rate in Jan-22 was 17.98% and is showing normal variation.

What improvements will we make?

How divisions are “listening” to and acting on feedback will continue to be reported into and discussed at the quarterly Patient, Carer and Public Engagement steering group.

The Patient Experience Lead Nurse and Informatics FFT Lead have had to pause on an FFT Position Review Project Day in January 2022 due to Lead Nurse supporting clinical shifts and conflicting priorities. An action to develop an action plan for reintroducing cards; a paper will be submitted to Bronze Command in February followed by focused Communications to clearly support ward staff with managing FFT moving forwards. FFT will be collected through a mixed mode approach to offer choice for patients – ipad, cards and text messaging.

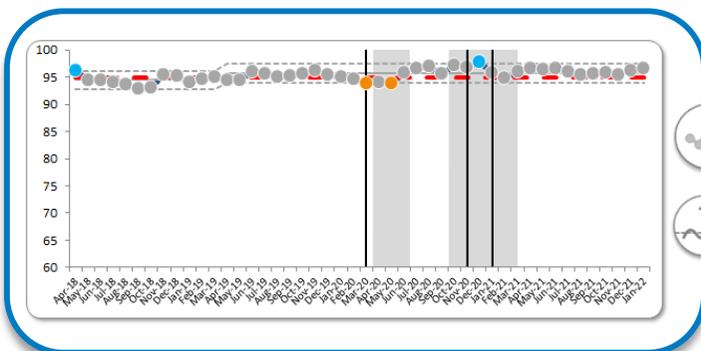
The Lead Nurse is working with Maternity and Informatics to implement collection of FFT using Badgernet. This work is being scoped also inline with other digital suppliers as below.

The Digital team with the support of the Patient Experience team is “testing the market” and developing a Business Case for a supplier to support the Trust to better understand actionable insights and trend analysis from our patient experience data. Being in a position to clearly understand higher and lower ranking services, thematic positive and negative analysis, free-text sentiment analysis by Directorate and recurrences of patient improvement ideas will support the Trust to continuously listen, learn and improve - in turn this will support an improved Response rate and a thorough understanding of this improvement. This approach has demonstrated significant improvements in other Trusts.

It is understood that Recommended rates can be partly attributed to family and friends not being able to visit loved ones in hospital and the associated isolation for patients. A review of the Trust “Visiting” position was presented to Bronze in early January 2022; the position is under dynamic review alongside community rates and local/national guidance to support re-opening to general visiting when possible. The Trust is rolling out a best practice ‘stay connected’ approach developed by MSSU which has received positive feedback from family, patients and staff so our patients and relatives are supported and kept informed while visiting cannot be re-opened.

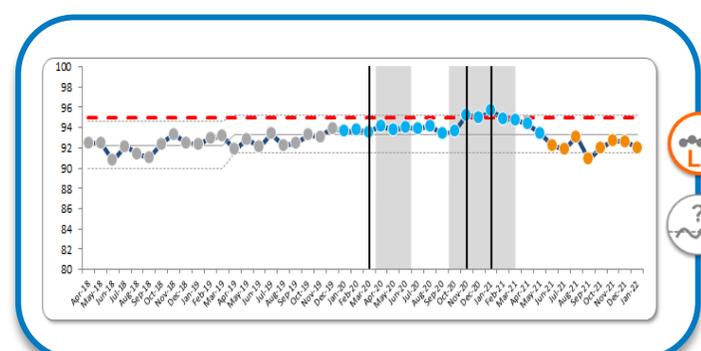
FFT Inpatient Recommended %

96.68



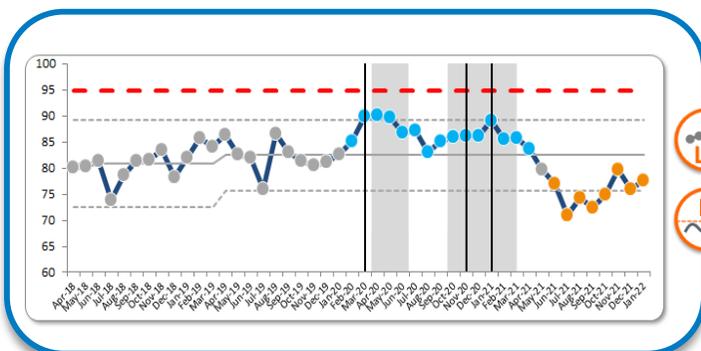
FFT Outpatient Recommended %

92.05



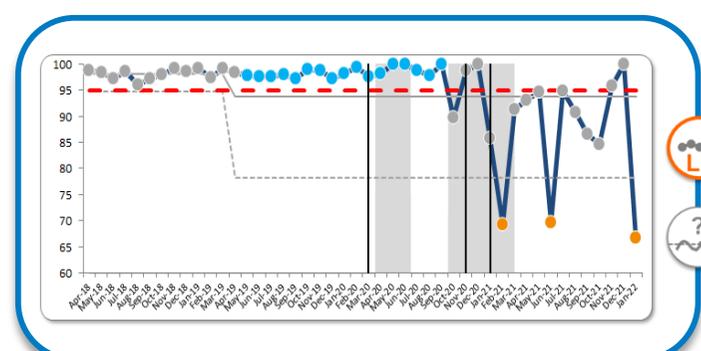
FFT AE Recommended %

77.71



FFT Maternity Recommended %

66.67



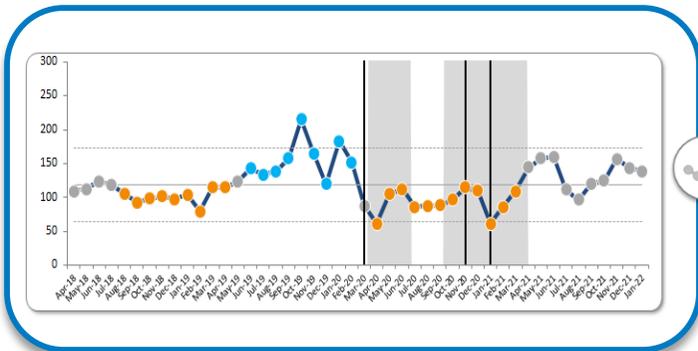
2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days	
Jan-22	Target
60.47%	80%

<p>What does the data tell us?</p> <ul style="list-style-type: none"> Complaints responded to within 25 working days is showing normal variation. The target was missed at 60.47%. Although this is reduced from December, it shows that Divisional Teams are working through and closing their backlogs of breached cases and should be viewed as positive, and a step towards returning performance to above target. A larger number of complaints were received in Q2 & Q3, equal to and sometimes in excess of pre-pandemic levels; this has continued into early Q4 and has affected the ability of some Divisional Teams to manage the caseload as effectively, whilst dealing with ongoing Covid pressures and additional winter pressures. The sustained increase in new cases being received has led to a reduction in performance percentage, however overall annual performance is still above target. The increase in complaints numbers continues to be reflected countywide, and across the West Midlands region. 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> Commencing February 2022: the Complaints Team will pilot a process to agree “terms of reference” for complaints at the start of the process; this will help to produce template responses which will reduce the work for Divisional Teams in completing drafts. This will be piloted in two Divisions initially, with a scope to expand, dependent upon an analysis of the impact/workload in late Q4. It should be recognised that the total number of overdue complaints has been reduced as of the start of February 2022, demonstrating that the backlog continues to be addressed. When breach cases are resolved, this often leads to a reduced performance percentage – improvements will take time to be evident while the overdue cases are cleared; this is estimated to show improvement at the end of February and into March.
Current Assurance Level – Level 5	When expected to move to next level of assurance: End of Q4.
Previous Assurance Level – N/A	SRO: Paula Gardner (CNO)

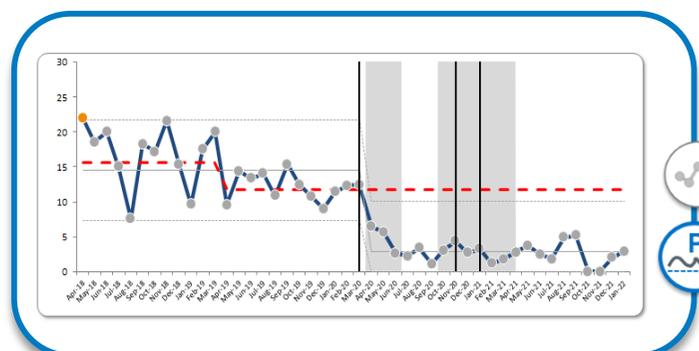
Total Medicine incidents reported

139



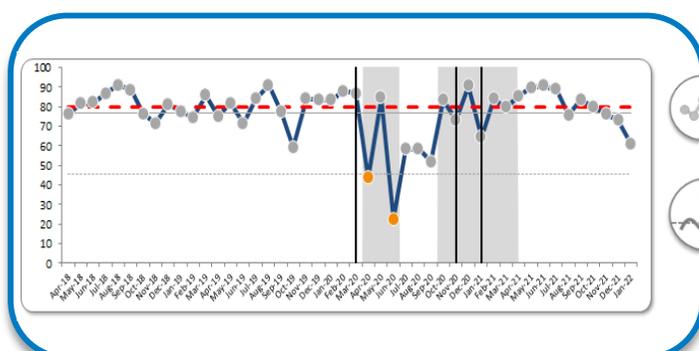
Medicine incidents causing harm (%)

2.88



Complaints Responses <= 25 days (%)

60.47



Variation

- H** Special Cause High
- L** Special Cause Low
- H** Special Cause High
- L** Special Cause Low
- C** Common Cause

Assurance

- P** Consistently hit target
- ?** Hit and miss target subject to random
- F** Consistently fail target

Lockdown Period

COVID Wave



Maternity

Admission of full-term babies to neonatal care		Neonatal Deaths (>24 ⁺⁰ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births		Home births		Booked before 12+6 weeks		Births	Babies
2.90%	12	2	1	0	8.10%	33	1.2%	5	75.2%	369	403	408

What does the data tell us?

- Expected rates of vaginal births and elective caesarean sections noted in January 2022 following an increase in elective CS in December 2021.
- Booking mothers before 12⁺⁶ continues to show special cause concern; the process of data capture for this metric is being reviewed.
- The homebirth rate is expected to vary dependant on maternal choice and the availability of access to the birth centre/ambulance response times.
- Sadly there were 3 stillbirths but no neonatal or maternal deaths recorded in January.

What have we been doing?

- Work continues to improve KPI around booking (inc data capture)
- Revisited ward acuity app training – good data from intrapartum tool
- 4 new job descriptions completed and sent for banding
- Recruitment into current vacancies B5 & B6
- All data submitted to Birthrate Plus
- Service Improvement Plan engagement events paused due to pandemic
- Reviewing current KPIs in SIP
- Agreed JD with MSWs and can now proceed with development of role to align to national framework

What are we doing next?

- Large scale recruitment into new specialist/ leadership roles to support delivery of service improvement plan
- Further midwifery recruitment event planned
- Awaiting Birthrate+ workforce report – expected end February
- Restart MSIP engagement events

Current Assurance Level: 5 (Jan-22)

When expected to move to next level of assurance:

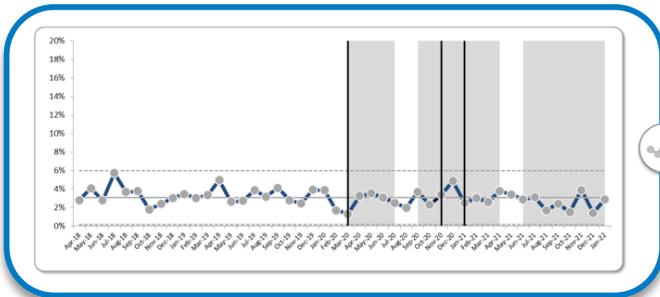
- Completion of work outlined in service improvement plan
- No midwifery vacancies
- No medical staffing vacancies

Previous Assurance Level: 5 (Dec-21)

SRO: Paula Gardner (CNO)

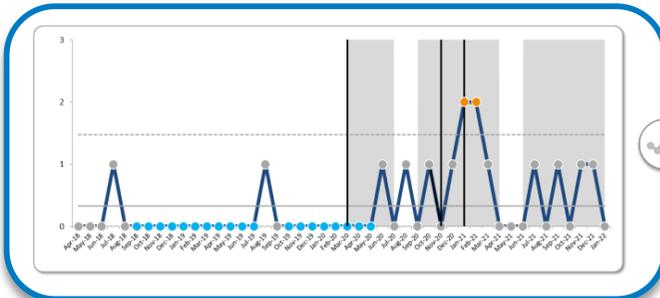
% admission of full-term babies to neonatal care

2.9%



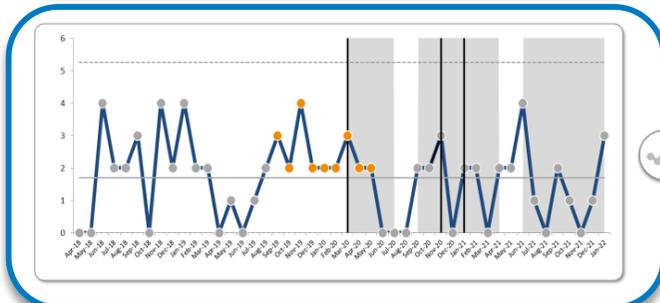
Neonatal Deaths (>24+0 weeks gestation)

0



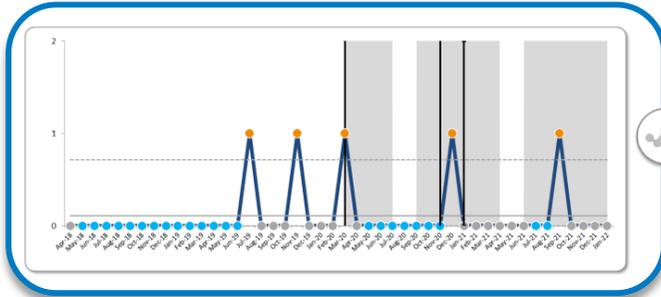
Stillbirths

3



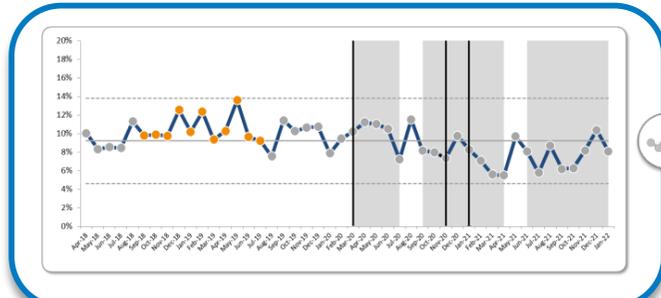
Maternal Deaths

0



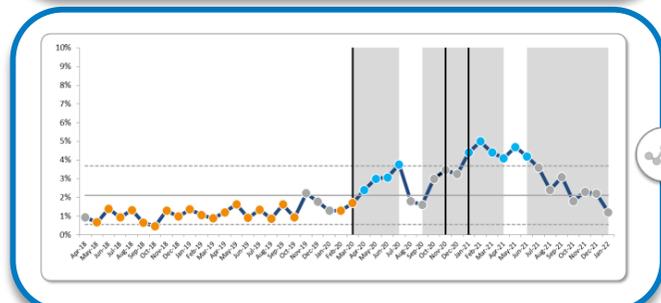
% Pre term births

8.1%



% Home births

1.2%



Variation

- Special Cause Concern High
- Special Cause Investigate High
- Common Cause High
- Special Cause Concern Low
- Special Cause Investigate Low
- Common Cause Low

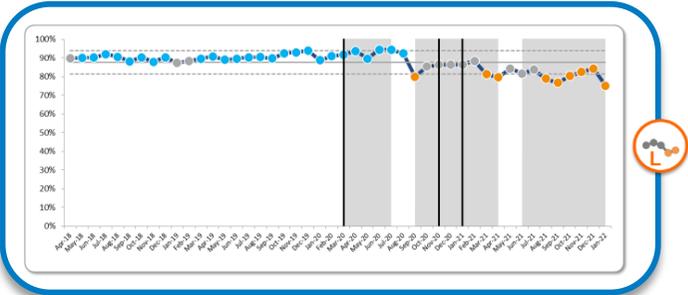
Assurance

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

Lockdown Period
COVID Wave

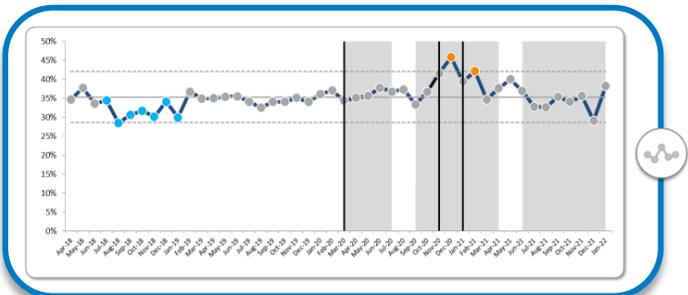
Booked before 12⁺⁶ weeks

75.2%



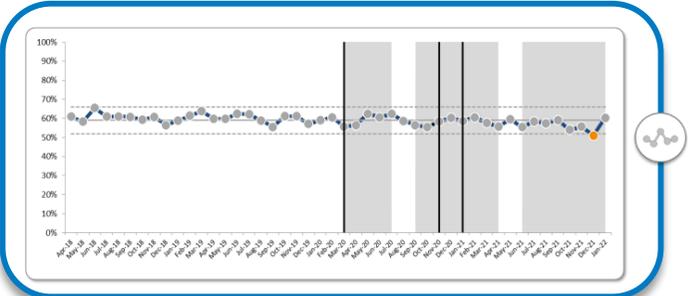
Inductions of labour

38.2%



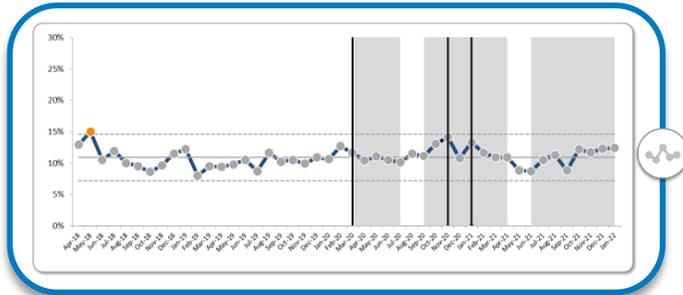
Vaginal Deliveries (non-instrumental)

60.3%



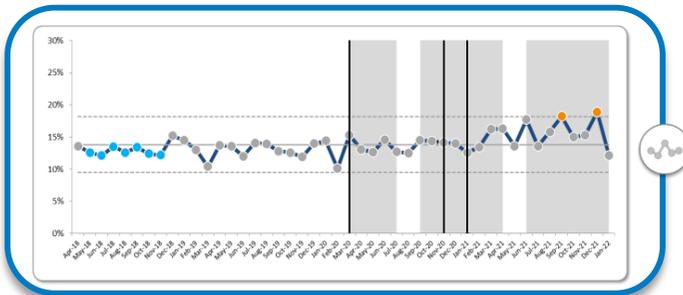
Instrumental Delivery

12.4%



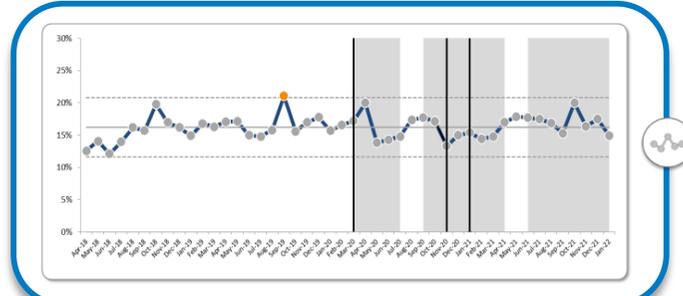
Elective Caesarean

12.10%



Emergency Caesarean

14.9%



Variation

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

Assurance

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

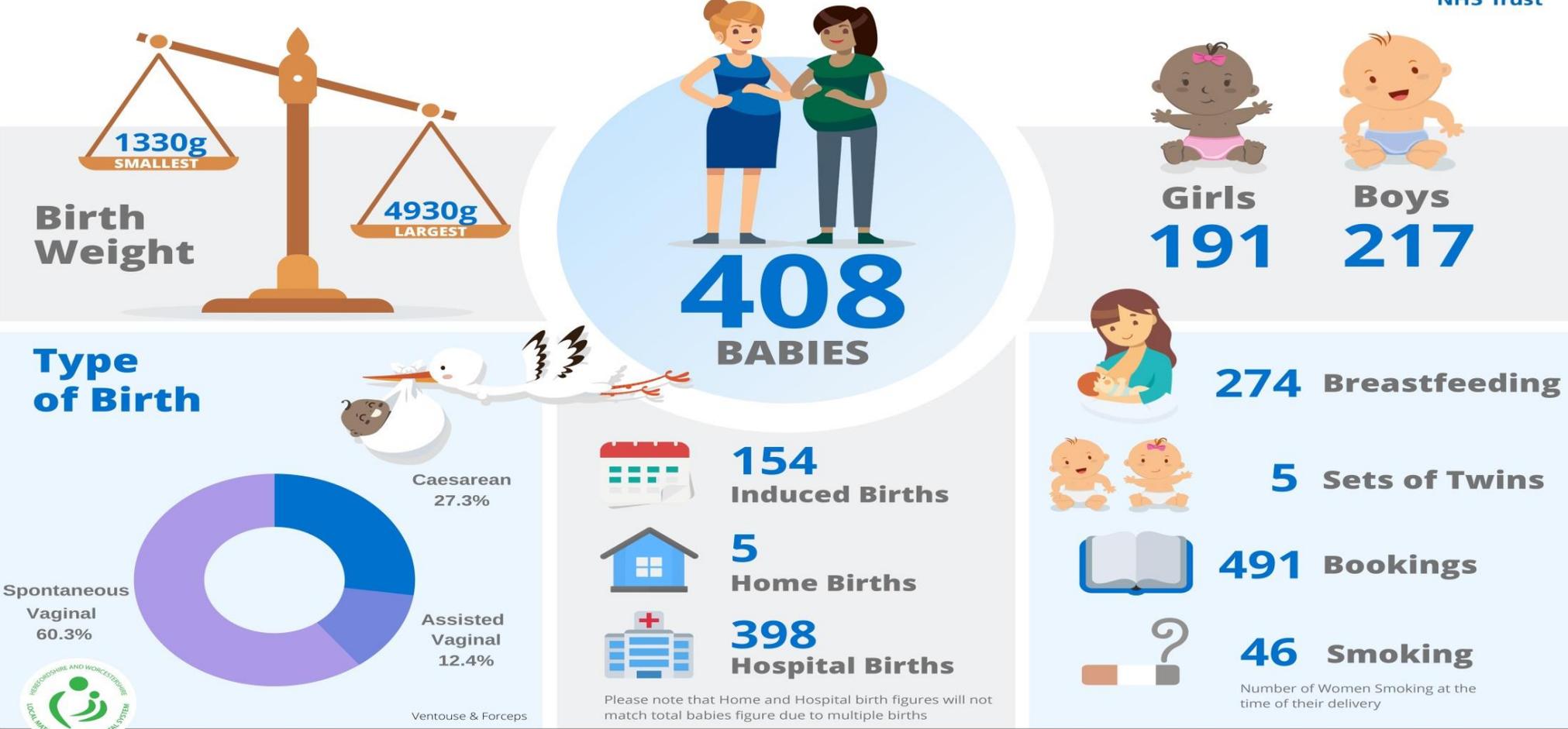
Lockdown Period
COVID Wave

Maternity Insight

JANUARY 2022



**Worcestershire
Acute Hospitals**
NHS Trust



Worcestershire Hospitals NHS Trust are part of the Herefordshire and Worectershire Local Maternity and Neonatal System



Workforce

People & Culture	Comments
<p>Getting the basics right (appraisal, mandatory training, job plans)</p>	<ul style="list-style-type: none"> • Mandatory training has remained at 90% this month against a Model Hospital average of 88% • Medical appraisal compliance is unchanged at 92% and remains good compared to Model Hospital. The national average on model hospital has dropped to 78% • Non medical appraisal has dropped to 78% but remains 2% higher than the same period last year . This is on par with the national average of 78% • Consultant Job Planning has increased by 1% to 76% this month which is 9% better than the same period last year. There is no longer a national average reported on Model Hospital.
<p>Drivers of Bank & Agency spend</p>	<ul style="list-style-type: none"> • We have a 395 wte increase in funded establishment compared to the same period last year • Our vacancy rate of 9.05% is higher than the pre-covid average of 8.1% • There are 178 staff on maternity leave compared to 151 for the same period last year • Monthly sickness has increased to 6.18% which is 1.14% higher than the same period last year. We are continuing to see a higher rates of both Covid and non-Covid sickness absence during wave 4 of the pandemic. We have dropped to Quartile 3 (Poor) on Model Hospital for sickness as at November 2021. • The annual turnover rate has increased again this month from 11.38% to 11.67% . This is 1.92% worse than the same period last year.
<p>Staff Health & Wellbeing</p>	<ul style="list-style-type: none"> • Cumulative sickness has increased to 5.21% for the 12 month period which is 0.20% higher than last year • We continue to have the one of the lowest cumulative sickness absence rates in the Region according to NHSEI Observatory data • Sickness due to S10 (stress and anxiety) increased by 0.04% to 1.47%. 7 out of 8 divisions have higher levels of S10 than pre-pandemic rates with Corporate, Specialty Medicine and Urgent Care the exceptions. • Wellbeing Conversations and the How are You Really App were launched in September and the training for Managers is now available on ESR • 96% of staff have had the first Covid vaccine, and 94% had had their second vaccine • 64% of staff have had their Flu Vaccine

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
78% and 92%	90% and 87%	76%	11.67%	92%

What does the data tell us?

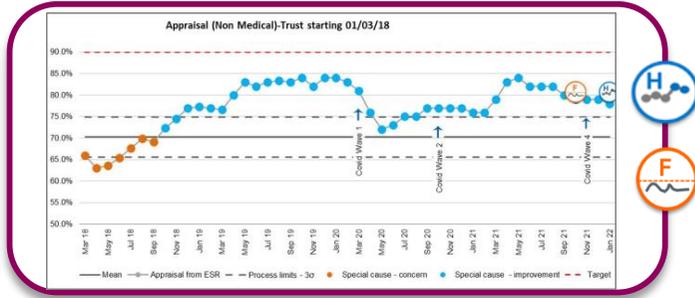
- **Appraisal** – Non-medical appraisal rate has dropped by 1% to 78% but is 2% higher than the same period last year. National average has dropped to 78% on Model Hospital so we are on par with other Trusts.
- **Medical Appraisal** – Medical appraisal has remained at 92% this month which is 10% higher than the same period last year.
- **Mandatory Training** – Mandatory Training compliance has remained at 90% this month which is the same as January last year despite the pandemic. National average has dropped to 88% so.
- **Essential to Role Training** – Essential to Role training has remained at 87%.
- **Consultant Job Plans** – Consultant job planning compliance has improved by 1% to 76% this month. This is 9% higher than the same period last year
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.29% this month to 11.67% which is 1.92% worse than the same period last year.
- **Covid Risk Assessment Compliance** – Compliance has remained at 92% this month.

National Benchmarking (January 2022)

Model Hospital National Benchmark for Mandatory Training compliance has dropped to 88% with our Trust recording 90% on Model Hospital (2020/21 rates). The national average for appraisals on Model Hospital has reduced to 78% (2020/21 rates) with our Trust recorded on Model Hospital at 79%. There is no longer a national benchmark for job planning.

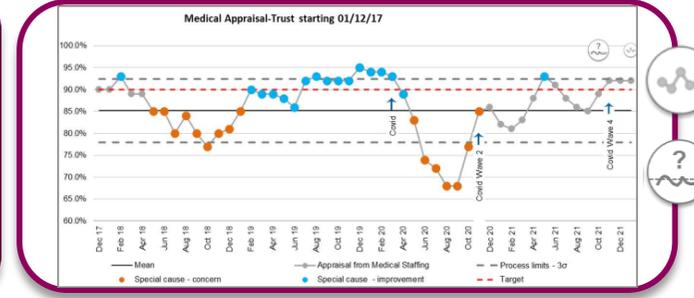
Appraisal (Non-Medical)

78%



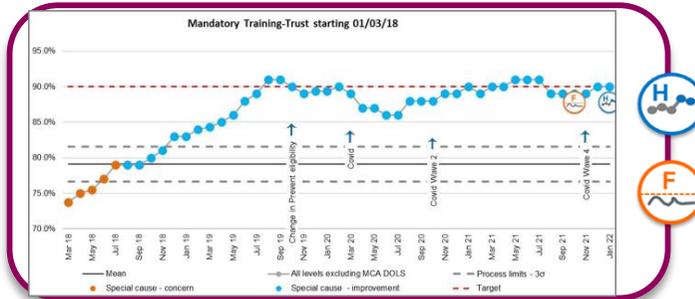
Medical Appraisal

92%



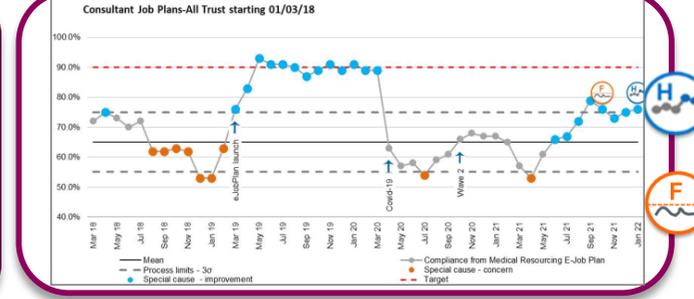
Mandatory Training

90%



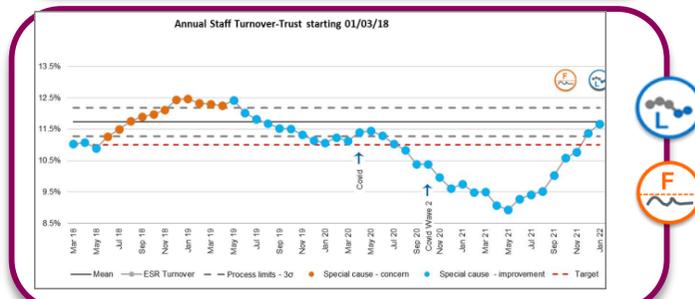
Consultant Job Plans

76%



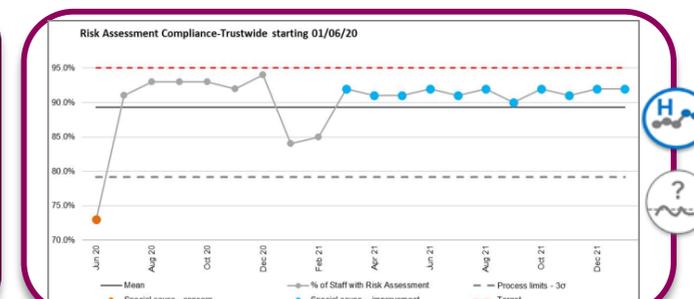
Annual Staff Turnover

11.67%



Covid Risk Assessment Compliance

92%



Variation

- Special Cause Concern High
- Special Cause Concern Low
- Common Cause High
- Common Cause Low

Assurance

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

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

Substantive Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (S10)	Number of staff off with Covid Sickness (S27) on the last Monday of month	Number of Staff self isolating due to Covid+ contact on the last Monday	Number of Staff on Maternity Leave	Bank and Agency Spend as a % of Gross Cost	Starters and Leavers in Month (NEW)
9.05%	6,466 wte	6.18% and 5.21%	1.47%	47	90	178	8.63% and 7.82%	118 starters; 73 leavers

What does the data tell us?

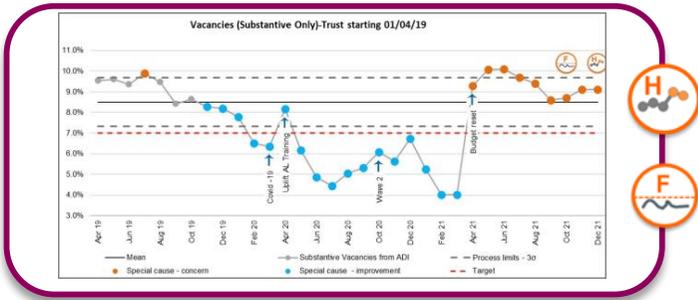
- **Vacancy Rate** – Vacancy rates have improved by 0.06% this month to 9.05%. Our funded establishment has increased this month by 4 wte. We have 127 wte more staff in post than last year but our vacancies have increased by 268 due to the planned increase in funded establishment and the challenges in the marketplace to recruit the unregistered workforce
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff has increased by 83.89 wte to 6,466 wte. Bank has increased by 82.33 wte and agency has increased by 12.46 wte. Total hours worked is 163 wte higher than the same period last year but 91 wte of this is substantive staff. Bank is 32 wte higher and agency 40 wte higher than last year.
- **Monthly Sickness Absence Rate** – Sickness has increased by 0.49% to 6.18% which is 1.14% worse than the same period last year. Cumulative sickness for the 12 month period has increased to 5.21% from 5.13% which is 0.20% higher than the same period last year
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.04% to 1.47% this month which is 0.32% worse than last year
- **Absence due to Covid Sickness (S27)** – 47 staff were absent due to Covid symptoms at the end of January compared to 39 at the end of December. This figure includes those staff who have reported sick due to effects of the Covid vaccine. Absence due to self isolation (including family symptoms and Test and Trace) increased from 70 to 90 compared to our peak in mid July 2020 of 116.
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has dropped by 3 this month to 178. This is still 27 more than the same period last year and will have an impact on wards with Specialty Medicine, SCSD and Urgent Care all having high numbers on maternity leave.
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a reduction of 0.65% in agency spend compared to overall cost. Bank spend has increased by 1.02% this month. Urgent Care remains an outlier for Agency spend with 20.5% of its gross spend (although 7.9% less than last month).
- **Starters and Leavers** – Both starters and leavers are an improved position from last month. We had 118 new starters compared to 77 last month. We had 73 leavers compared to 90 last month. Last month's figures are retrospectively adjusted to take account of late starter and leaver forms.

National Benchmarking (January 2022)

We dropped to **Quartile 3** on Model Hospital for overall sickness with 5.8% compared to 5.6% national median (Nov 2021 data).

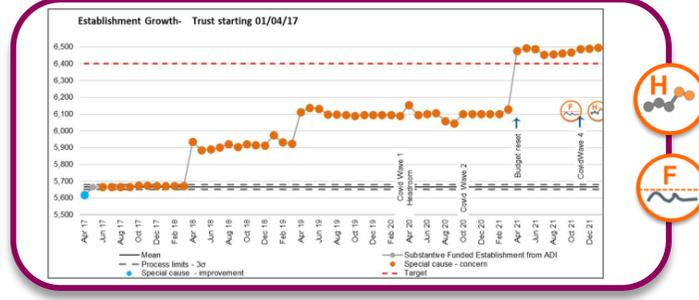
Substantive Vacancy Rate

9.05%



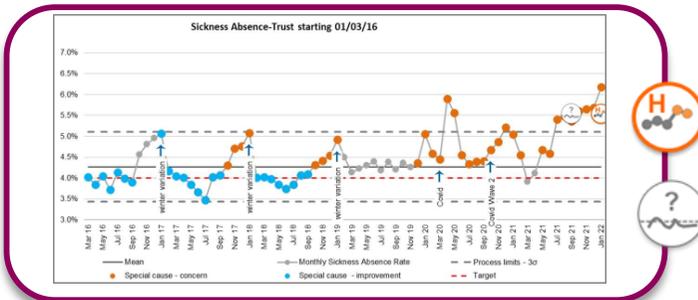
Growth in Establishment

6496 wte



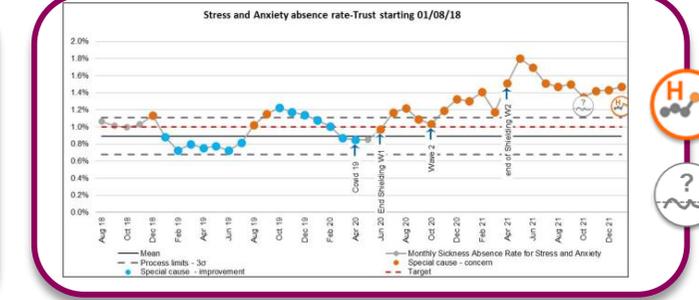
Monthly Staff Sickness Absence

6.18%



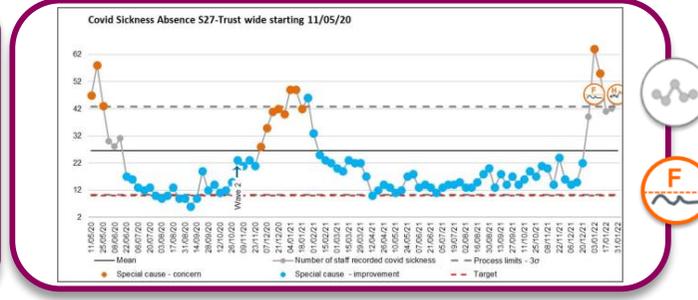
% Staff absent due to Stress and Anxiety (S10)

1.47%



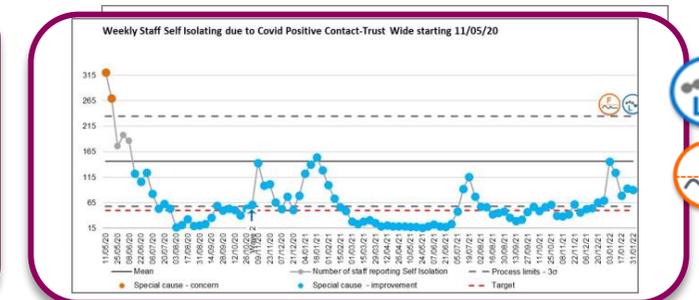
Covid Sickness (S27)

47



Number Self Isolating

90

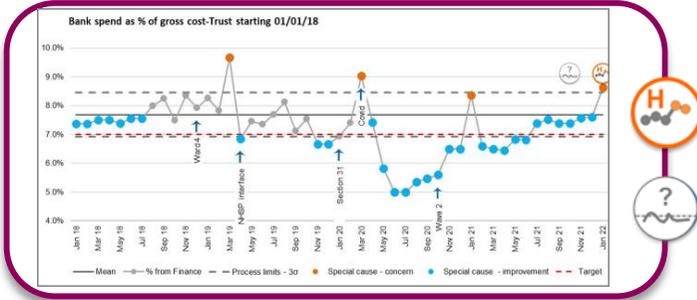


Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

↑

Bank Spend as a % of Gross Cost

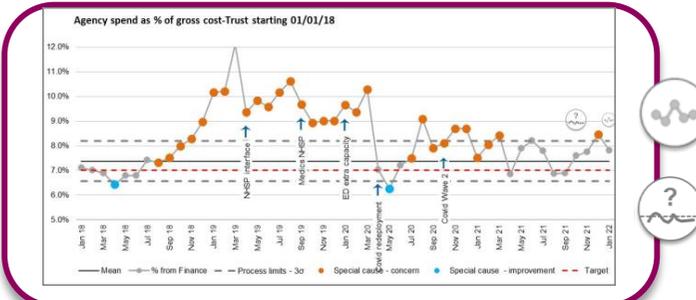
8.63%



↓

Agency Spend as a % of Gross Cost

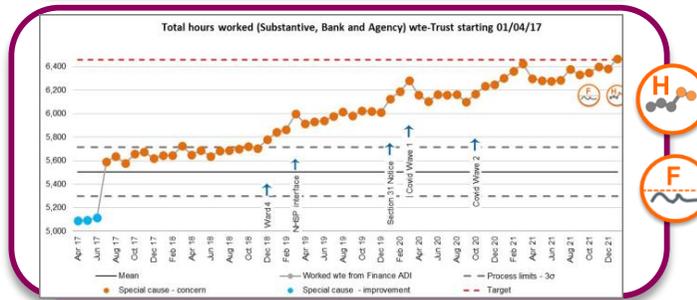
7.82%



↑

Total Hours Worked

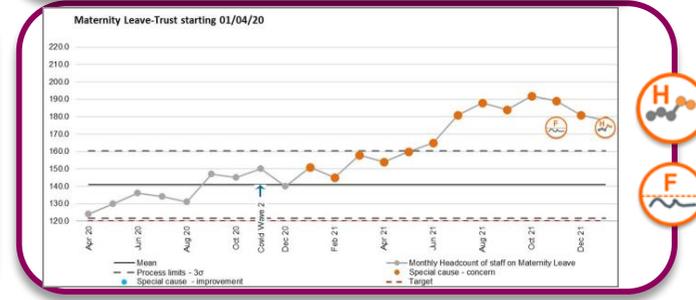
6466 wte



↓

Maternity/Adoption Leave

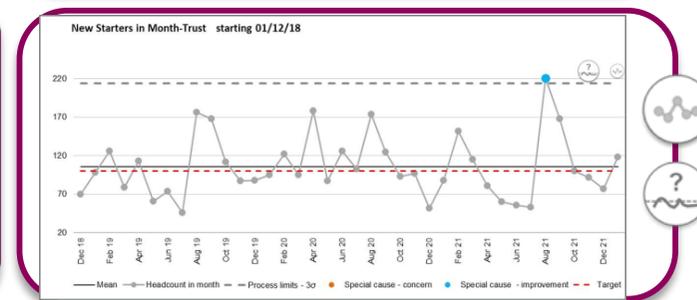
178



↑

New Starters in Month

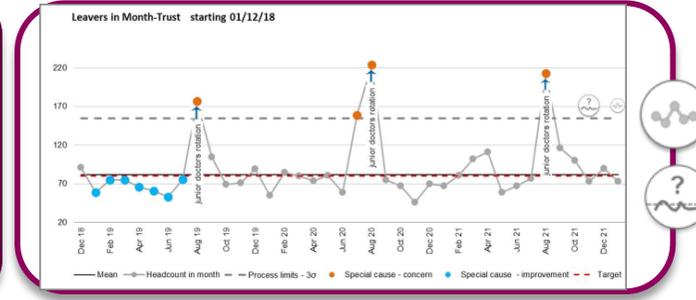
118



↓

Leavers in Month

73



Variation

- Special Cause Concern High
- Special Cause High/Low
- Common Cause

Assurance

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

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

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure
<p>Annual Plan: Strategic Objectives Best people Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.</p>			
<p>How have we been doing?</p> <p>The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> • Job Planning (>10% lower than pre-covid average) • Vacancy rates for Medics (7% higher than national average) <p>Also of note is the increase in bank and agency spend which is a result of:</p> <ul style="list-style-type: none"> • Increased levels of long term sickness absence • 178 staff on maternity leave which although reducing is an increase of 27 from the same period last year. • Increase in self isolation due to track and trace and family isolation • Staffing of Covid swab pod and vaccination clinics • Increased patient acuity and opening of surge areas during wave 4 • Delays in start dates due to the Christmas period/lack of referee availability etc. • Less availability of bank staff over Christmas and New Year. 		<p>What improvements will we make?</p> <ul style="list-style-type: none"> • We will continue to work with divisions to ensure all staff are encouraged to take up the Covid and flu vaccines • Divisions are completing corrective action plans to improve occupational health risk assessment compliance • We will continue with the implementation of the Best People Programme to reduce our reliance on the temporary workforce • We will continue our work to enhance the flexible working offer to staff including Location by Vocation • We are reviewing long term sickness absence for stress and anxiety cases to establish the impact of the actions taken to meet the VCOD mandate. 	
<p>Overarching Workforce Performance Level – 5 – January 2022 Previous Assurance Level - 5 – December 2021</p>		<p>To work towards improvement to next assurance level by March 2022</p>	



Finance

H2 Plan

Our 2021/22 operational financial plan for H2 has been developed from a roll forward of the recurrent cost and non patient income actuals from H1 adjusting for workforce and activity trajectories, an assessment of additional PEP delivery in H2 and an assessment of any business cases which will start to impact in H2. The Trust's submitted H2 (October 2021 to March 2022) plan is a deficit of **£(11.4)m** before any additional ICS redistributions which lead to a full year (H1 actual + H2 plan) deficit of **£(1.9)m**.

Note confusingly that for External National Reporting purposes the Full Year Plan (based on revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit) is breakeven £0m.

Month 10 – January Position

Against the M10 plan of **£0.6m surplus** we report an **actual deficit of £(0.2)m**, an **adverse variance of £0.7m**.

Against the H2 plan of **£(0.4)m deficit, H2 to date at month 10 (January 2022) we report an actual**

Statement of Comprehensive Income	Jan 22 (Month 10)			H1			H2 to Date			Year to Date		
	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Revenue & Income												
Operating income from patient care activities	44,376	46,937	2,561	267,840	271,670	3,830	178,658	186,271	7,613	446,498	457,941	11,443
Other operating income	4,195	1,956	(2,239)	11,586	13,415	1,829	15,466	9,273	(6,193)	27,052	22,688	(4,364)
Operating Expenses												
Employee expenses	(28,421)	(29,159)	(738)	(162,007)	(167,810)	(5,803)	(113,917)	(115,202)	(1,285)	(275,924)	(283,012)	(7,088)
Operating expenses excluding employee expenses	(17,960)	(18,250)	(290)	(106,844)	(108,175)	(1,331)	(74,212)	(74,982)	(770)	(181,056)	(183,157)	(2,101)
OPERATING SURPLUS / (DEFICIT)	2,190	1,484	(706)	10,575	9,100	(1,475)	5,995	5,361	(634)	16,570	14,461	(2,109)
Finance Costs												
Finance income	0	3	3	6	0	(6)	0	3	3	6	3	(3)
Finance expense	(1,009)	(1,070)	(61)	(6,148)	(6,147)	1	(4,050)	(4,234)	(184)	(10,198)	(10,381)	(183)
Movement in provisions	0	0	0	0	0	0	0	0	0	0	0	0
PDC dividends payable/refundable	(607)	(582)	25	(3,426)	(3,688)	(262)	(2,382)	(2,133)	249	(5,808)	(5,821)	(13)
Net Finance Costs	(1,616)	(1,649)	(33)	(9,568)	(9,835)	(267)	(6,432)	(6,364)	68	(16,000)	(16,199)	(199)
Other gains/(losses) including disposal of assets	0	0	0	1	19	18	0	(6)	(6)	1	13	12
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	574	(166)	(740)	1,008	(716)	(1,724)	(437)	(1,009)	(572)	571	(1,725)	(2,296)
Less impact of Donated Asset Accounting (depreciation only)	1	10	9	48	(134)	(182)	4	62	58	52	(72)	(124)
Adjusted financial performance surplus/(deficit)	575	(156)	(731)	1,056	(850)	(1,906)	(433)	(947)	(514)	623	(1,797)	(2,420)
Less gains on disposal of assets	0	0	0	(1)	(19)	(18)	0	(15)	(15)	(1)	(34)	(33)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	575	(156)	(731)	1,055	(869)	(1,924)	(433)	(962)	(529)	622	(1,831)	(2,453)

Combined Income in month variance £0.3m favourable – of which £0.1m relates to COVID testing costs funded outside envelope and £0.2m NHSE Variable Drugs.

Employee expenses in month variance (£0.7)m adverse – Nursing has an adverse variance of £1m an increase of £0.4m on December variance. The H2 Plan assumed we would remain at a consistent level of worked WTE as September but actual worked was 95 WTE higher. The largest areas of Nursing overspend are Urgent Care (£0.4m), SCSD (£0.1m) and Specialty Medicine (£0.2m). Urgent Care has exceeded plan due to sickness and COVID as well as opening Clinical Admissions Unit. SCSD has incurred additional costs to staff increased beds in Critical Care as well as increased cover for COVID and Sickness and additional theatre sessions. Specialty Medicine has had more new starters than forecast as well as increased COVID and redeployment cover. In addition to the above variances this month there was a £0.2m Bank holiday impact not factored into plan phasing and a £0.1m Bank Nursing incentive payment not included in plan. The Nursing overspend has been partially reduced by underspends against other staff groups.

Operating expenses in month variance (£0.3)m adverse – adverse variances of £1.4m due to CNST rebate which was planned for M10 but will actually be received in M11 (£0.8m), IS planning assumption (£0.4m) and Non PbR drugs (£0.3m). These are being reduced by favourable variances from lower activity (£0.4m), lower PFI charges for maintenance and soft services (£0.2m), lower spend on business cases (£0.1m) and updates to accruals within Digital and Estates and Facilities (£0.4m).

Income & Expenditure Overview

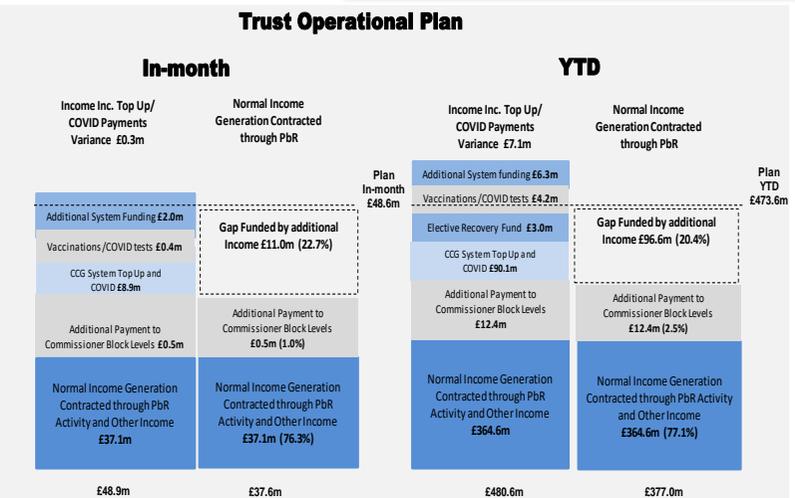
I&E Delivery Assurance Level: Level 3

Reason: Risks remain over costs of delivering additional activity and the level of temporary staffing expenditure to deliver activity and deal with the current wave of COVID admissions in the Trust. Development of the 3 year plan into 2022/23 and beyond will be the key vehicle to improve assurance further. Timescales for 3 year plan underway. Divisions completed self assessment exercise in October and will form basis of plan to be taken to the Trust Board in March.

Assurance level reduced to level 3 pending confirmation of 22/23 final budget including robust productivity and efficiency programme.

Performance Against Original Internal Operational Trust plan

Income



The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£0.3m** above the Trust's Operational Plan in January.

£9.8m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement (will continue until March 2022). Trust also can qualify for further funding should the STP achieve activity thresholds set by NHSE & I under the **Elective Recovery Fund framework (ERF)**. In H1 the Trust has achieved is **£3.0m EFR** confirmed by the local System(STP) but no further monies are expected in H2. In addition to this the System has agreed to **£10.3m** funding to improve the financial performance of the Trust in **H2** (£1.8m Elective Stretch and £8.5m Other System Support). This has been built into the H2 plan.

In month variance £0.3m : System Funding £0.2m (50% of the plan has been misallocated to expenditure with an neutral impact on the overall position), Other Income £0.2m, PCR Testing £0.1m, Pass through Drugs & Devices £0.1m, additional income adjustment added into the H2 plan (£0.2m) and Car Parking (£0.1m) postponement of the charging.

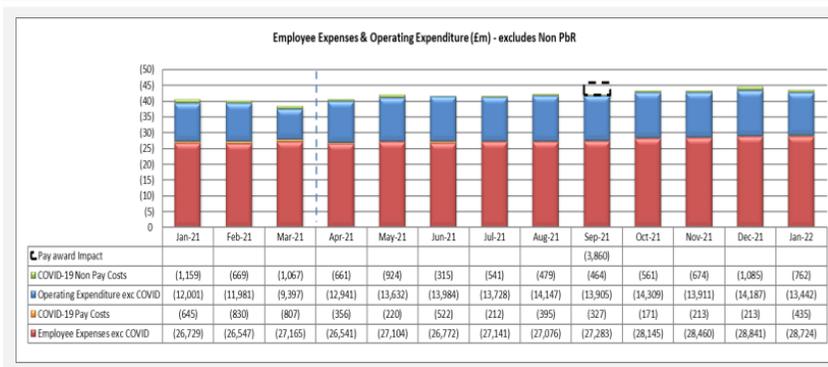
Expenditure

Total pay costs were £0.1m higher than month 9. Substantive pay was consistent month on month which is the net effect of bank holiday payment offset by substantive leavers.

Total temporary pay was £0.1m higher in month. Of this, bank and agency medics spend was £0.2m favourable due to a benefit from prior month medical shifts being deleted from the system which we had previously accrued as being valid worked shifts. Standing operating procedure to include a shift validation task moving forward whereby aged shifts will routinely be removed from the system. Bank nursing spend was also £0.3m higher in month due to sickness and Covid as well as opening Clinical Admissions Unit and a £0.1m Bank Nursing incentive payment.

Overall **operating expenses excluding employee expenses** (including Non PbR) was £18.3m in Month 10, a decrease of £1.0m compared with December.

Of this decrease Non PbR drugs (£0.4m) due to cyclical prescribing regimes and normalising following a catch up on invoicing in M9, General Supplies and Services due to corrections to accruals within Digital and Estates and Facilities (£0.4m) Clinical supplies and services (£0.1m) due to lower activity.



- Month 12 adjusted to remove key one off items.
- Above chart excludes Non PbR items.

Capital

Our Capital Position at Month 10 including PFI/IFRIC 12, invoiced values and work in progress (WIP) is £23.9m. This is an increase of £6.5m since month 9. We have commitments/outstanding purchase orders placed at a value of £15.9m where work should be completed or equipment received before the end of the financial year. The existing Letter of Intent for our UEC project that will enable us to draw down the value of works complete, which is included in our outstanding orders total. Orders yet to be committed have a total value of £12.1m to meet our expected FYF in 2021/22. These are principally within Digital and Estates. The Capital Plan for the financial year 2021/22 remains at £51.9m (excluding ASR expenditure). The Capital Plan for 2022/23 is currently being developed to confirm priorities for internally and externally funded schemes and to enable the trust to deliver within the resources available.

Capital Assurance Level: Level 4

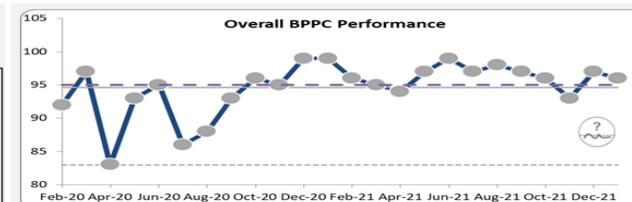
Reason: Significant capital schemes continue into 2021/22 and require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes completed. Risk remains in medium term. **Level 4 pending ongoing review and agreement of expenditure plan by scheme at January CPDG meeting and assessment of CRL to be postponed to next Financial Year (22/23)**

Cash Balance

At the end of Jan 2022 the cash balance was £39.6m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices.

Cash Assurance Level: Level 6

Reason: Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.



Productivity & Efficiency

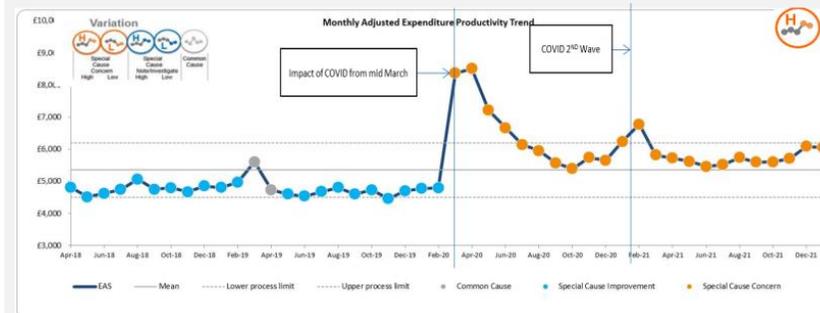
The P&E Programme has delivered £3.86m of actuals at Month 10 against a plan of £4.20m, and the forecast remains favourable against plan for the M12 position.



Adjusted Expenditure Productivity Trend:

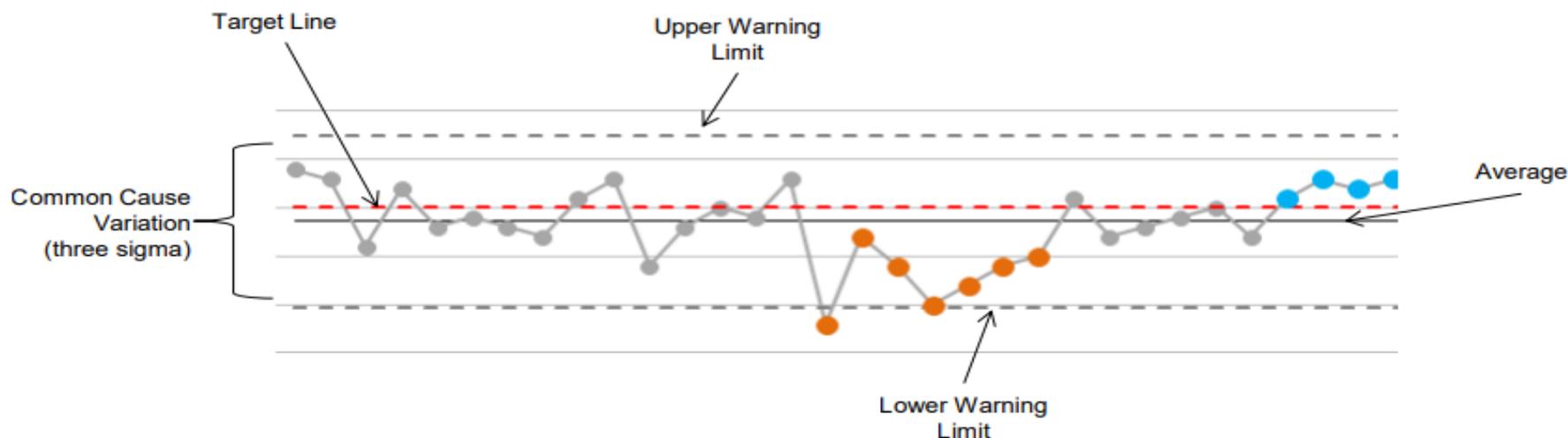
COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward

January Cost per WAU is the same level as December, activity hasn't recovered to the levels seen in November and the earlier months but costs remain constant. It will only improve if there is scope to increase activity, reduce costs significantly.





Appendices



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:

- A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
- B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
- C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:

- A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
- B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
- C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

Special cause variation is unlikely to have happened by chance and is usually the result of a process change. If a process change has happened, after a period, warning limits can be recalculated and a step change will be observed. A process change can be identified by a consistent and consecutive pattern of orange or blue dots.

Levels of Assurance

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



JANUARY 2022 IN NUMBERS



7,282

Walk-in patients (A&E)



4,246

Patients arriving
by ambulance



11,193

Inpatients



30,128

Face to Face outpatients



10,725

Telephone consultations



403

Babies



1,394

Elective operations



210

Trauma Operations



247

Emergency Operations



6.1

Average length of stay



17,278

Diagnostics

QUALITY AND SAFETY IN NUMBERS

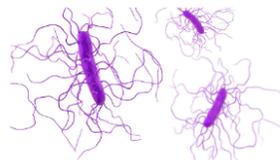
January 2022



MRSA
0



ECOLI
3



CDIFF
9



MSSA
4



Hand Hygiene
 Participation **91.07**
 Compliance **99.75**

SEPSIS

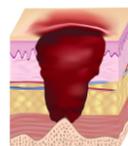
Sepsis
 Screening Compliance **78.44**
 Sepsis 6 bundle compliance **58.93**



ICE reports viewed
 Radiology **92.44**
 Pathology **90.52**



Falls per 1,000 bed days causing harm
0.09



Pressure Ulcers
 All hospital acquired pressure ulcers **20**
 Serious incident pressure ulcers **0**



Response Rate
 A&E **17.98**
 Inpatients **29.97**
 Maternity **1.00**
 Outpatients **11.55**



Recommended Rate
 A&E **77.71**
 Inpatients **96.68**
 Maternity **66.67**
 Outpatients **92.05**



HSMR 12 months rolling (June 21) **95.61**
Mortality Reviews completed </=30 days (Nov-20) **35.50**



Risks overdue review **160**
Risks with overdue actions **250**



Discharged before midday
14.26



Complaints Responses </=25 days
60.41



Total Medicine incidents reported **139**
Medicine incidents causing harm (%) **2.88**

WORKFORCE COMPOSITION IN NUMBERS

January 2022



Employees
6,736



BAME employees
19%



Part-time workers
45%



Female
82%



Registered nurses
1,938 (29%)



Registered midwives
260 (4%)



HCAs, helpers and assistants
1,2813 (19%)



Doctors
725 (10%)



Other clinical and scientific staff
852 (13%)



Over age 55
18%



30 years and under
20%



Staff with less than 2 years service
27%



Staff with 20 years service or over
10%



Women & Children's Division Maternity & Neonatal Dashboard



Reporting Period: January 2022 v1

ANTENATAL																				
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date	
Booking	National	ABD1.1			Women booked before 12 + 6 weeks	Integer	389	365	374	381	386	318	324	388	358	369				2893
	National	ABD1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	79.7%	84.3%	81.7%	83.7%	78.9%	76.8%	80.4%	82.5%	84.3%	75.2%				81.8%
	LMS	ABD1.1			Women booked after 12 + 6 weeks	Integer	99	68	84	74	95	96	79	82	63	122				677
	LMS	ABD2.2			% of Women booked after 12 + 6 weeks	%	20.3%	15.7%	18.3%	16.3%	21.1%	23.2%	19.6%	17.5%	16.7%	24.8%				19.0%
Contractual	ABD2.8	MSB1.2			Total bookings	Integer	488	433	452	455	481	414	402	468	401	491				3570
	LMS	ABD4.4			Midwife led care at booking	Integer	222	173	199	212	198	166	202	239	187	245				1611
Risk Management	Contractual	ABD4.2	MOF7.0		% Midwife led care at booking	%	45.5%	40.0%	43.4%	46.5%	43.9%	40.1%	50.1%	51.1%	46.6%	49.9%				45.1%
	LMS	ARM1.1			Women with BMI of 30 and over at booking	Integer														
Smoking	LMS	ASM1.2			% Women with BMI of 30 and over at booking	%														
	LMS	ASM1.1			Smoking at booking	Integer	55	61	70	59	56	64	49	47	63	53				461
	LMS	ASM2.1			% Smoking at booking	%	11.3%	14.1%	15.3%	13.0%	12.4%	15.5%	12.2%	10.0%	15.7%	10.8%				12.9%
	LMS	ASM2.2	MSB1.4		Smokers accepting smoking cessation service referral at booking	Integer														
	LMS	ASM3.1			Smokers accepting smoking cessation service referral at booking	Integer														
	Local	ASM3.2	MSB1.6		Smokers accepting CO screening at booking	Integer														
Carbon Monoxide	LMS	ACM1.1			Women screened for CO at booking	Integer														
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%														
	LMS	ACM2.1			Women with CO reading of 4 ppm or more at booking	Integer														
	Local	ACM2.2			% Women with CO reading of 4 ppm or more at booking (of total bookings)	%														

INTRAPARTUM																				
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date	
Deliveries	Contractual	IDE1.0	MOE1.0		Total Deliveries	Integer	412	407	401	411	451	452	450	385	406	403				3369
	Contractual	IDM1.0			Vaginal deliveries	Integer	230	242	222	240	259	268	243	214	207	243				1918
Delivery Method	LMS	IDM1.1	MNV01.0		% Vaginal deliveries	%	55.8%	59.5%	55.4%	58.4%	57.4%	59.3%	54.0%	55.6%	51.0%	60.3%				56.9%
	LMS	IDM2.1			Ventouse & forceps deliveries	Integer	45	36	35	43	51	40	55	45	50	50				356
Contractual	IDM2.2	MV01.0			% Ventouse & forceps deliveries	%	10.9%	8.8%	8.7%	10.5%	11.3%	8.8%	12.2%	11.7%	12.3%	12.4%				10.4%
	LMS	ICS4.1			Elective (category 4) caesarean deliveries	Integer	67	56	73	56	65	75	62	63	78	50				645
C-section Deliveries	LMS	ICS4.2	MCB1.1		% Elective (category 4) caesarean deliveries	%	16.2%	13.8%	16.2%	13.5%	14.4%	16.5%	13.8%	16.4%	15.2%	12.4%				15.1%
	Trust	ICS3.1			Emergency (category 3) caesarean deliveries	Integer	14	17	17	13	25	18	15	17	23	25				181
	Trust	ICS3.2			% Emergency (category 3) caesarean deliveries	%	3.4%	4.2%	4.2%	3.2%	5.5%	4.0%	3.3%	4.4%	5.5%				5.4%	
	Trust	ICS2.1			Emergency (category 2) caesarean deliveries	Integer	37	38	38	40	26	35	35	31	30	22				352
	Trust	ICS2.2			% Emergency (category 2) caesarean deliveries	%	9.0%	9.3%	9.5%	9.7%	5.9%	7.7%	8.2%	8.1%	7.4%	5.5%				10.6%
	Trust	ICS1.1			Emergency (category 1) caesarean deliveries	Integer	19	18	15	17	24	16	20	14	16	16				175
	Trust	ICS1.2			% Emergency (category 1) caesarean deliveries	%	4.6%	4.4%	3.7%	4.1%	5.3%	3.6%	4.4%	3.6%	3.9%	4.0%				5.2%
	Contractual	ICS1.1			Emergency (category 1-3 inclusive) caesarean deliveries	Integer	70	73	71	72	76	69	50	63	71	60				715
	LMS	ICS2.2	MCB1.2		% Emergency (category 1-3 inclusive) caesarean deliveries	%	17.0%	17.9%	17.7%	17.5%	16.9%	15.3%	20.0%	16.4%	17.5%	14.9%				10.6%
	LMS	ICS6.1			Total deliveries as caesarean	Integer	137	129	144	128	141	144	152	126	149	110				1360
Contractual	ICS6.2	MCB1.0			% Total deliveries as caesarean	%	33.3%	31.7%	35.9%	31.1%	31.3%	31.9%	33.8%	32.7%	36.7%	27.3%				40.4%
	LMS	ICM1.1	W-ICM1.1	H-ICM1.1	Midwife led care deliveries	Integer														0
Midwife Led Care	LMS	IML1.2	MOE3.0		% Midwife led care deliveries	%														0.0%
	LMS	IML2.1			Home deliveries	Integer	17	19	17	15	11	14	8	9	9	5				124
Contractual	IML2.2				% Home deliveries	%	4.1%	4.7%	4.2%	3.6%	2.4%	3.1%	1.9%	2.3%	2.2%	1.2%				3.7%
	LMS	IBI1.0	MSB1.0		Total Births	Integer	417	413	408	416	450	455	457	389	414	408				3414
Births	LMS	IBI2.1			Full term births (babies born at 37wks gestation or over)	Integer	394	373	375	392	419	427	428	357	371	363				3165
	LMS	IBI2.2			% Full term births (babies born at 37wks gestation or over)	%	94.5%	90.3%	91.9%	94.2%	91.3%	93.8%	93.7%	91.8%	89.6%	88.0%				92.7%
	LMS	IBI3.1	H-IBI3.1	H-IBI3.1	Pre term births (babies born under 37wks gestation)	Integer	23	40	33	24	48	28	29	32	43	45				249
	LMS	IBI3.2	W-IBI3.2	H-IBI3.2	% Pre term births (babies born under 37wks gestation)	%	5.5%	9.7%	8.1%	5.8%	8.7%	6.2%	6.3%	8.2%	10.4%	11.0%				18.3%
	LMS	IBI4.1	W-IBI4.1	H-IBI4.1	Stillbirths	Integer	2	2	4	1	0	2	1	0	1	3				12
	LMS	IBI4.2	W-IBI4.2	H-IBI4.2	% Total births stillbirths	%	0.5%	0.5%	1.0%	0.2%	0.0%	0.4%	0.2%	0.0%	0.2%	0.7%				0.9%
Risk Management	Contractual	IBR1.1			Low birth weight where IUGR detected antenatally	Integer														
	Contractual	IBR1.2	MOE4.0		% Low birth weight where IUGR detected antenatally	%														
Breastfeeding	National	IBR1.1			Breast feeding initiation rate	Integer	216	299	290	290	321	308	306	255	283	274				2285
	National	IBR1.2	MOE1.0		% Breast feeding initiation rate	%	52.4%	73.9%	72.3%	70.8%	71.2%	68.1%	68.0%	66.2%	69.7%	68.0%				67.8%
Smoking	National	ISM1.1	W-ISM1.1	H-ISM1.1	Women smoking at delivery	Integer	43	41	42	40	48	51	37	50	47	49				359
	National	ISM1.2	MOE2.0	H-ISM1.2	% Women smoking at delivery	%	10.4%	10.1%	10.5%	9.7%	10.6%	11.3%	8.2%	13.0%	11.6%	11.4%				10.4%

NEONATAL																				
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Year to Date	
Admissions	Local	NAD1.0	MOE6.0		Total admissions to neonatal care	Integer	45	51	60	60	77	47	58	67	63	66				466
	National	NAD2.1	MOE6.1		Unexpected admissions of full-term babies to neonatal care	Integer	15	14	12	13	8	11	7	15	8	12				96
LMS	NAD2.2	MOE6.2			% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	4.1%	3.8%	3.2%	3.3%	1.9%	2.6%	1.6%	4.2%	1.6%	3.2%				3.0%
	LMS	NRM1.1	W-NRM1.1	H-NRM1.1	Neonatal deaths	Integer	0	0	1	0	1	0	1	0	1	0				3
Risk Management	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	0.0%	0.0%	1.7%	0.0%	2.1%	0.0%	1.5%	1.6%	0.0%				0.6%
	LMS	NRM2.1			Neonatal brain injuries	Integer														
Risk Management	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%														
	LMS	NRM3.1			Referrals to NHS Resolution	Integer														
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%														
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1	1	0	0	1	1				5
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	2.2%	0.0%	0.0%	0.0%	1.3%	2.1%	0.0%	0.0%	1.6%	1.5%				1.1%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	10	3	6	11	7	3	8	7	4				68
	LMS	NRM5.2			% Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	%	9	13	3	8	13	8	5	8	8	4				79
	LMS	NRM5.3			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer														
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4	0	2	3	0	2	0				14
	LMS	NRM6.2			% Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	%	2	0	1	4	0	2	3	0	2	0				14
LMS	NRM6.3			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer															
LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%			100.0%	100.0%		100.0%					

Committee Assurance Reports

Trust Board
10th March 2022

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

Finance & Performance Committee Assurance Report - 23rd February 2022

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Rebecca O’Connor Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
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Executive Summary

The Committee met virtually on 23 February and the following key points were raised : Escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
22/23 Plan	Concerns regarding the initial view of the plan were expressed along with Committee’s dissatisfaction as to the current position.	Note the significant concerns with regards to the current plan position
Medicode Non Invasive and Sleep Therapy Contract	Committee reviewed the contract and recommended it for approval by the Trust Board	Recommended for Trust Board approval
Going Concern	Committee reviewed the paper and supported the recommendation of the CFO that the Trust is a going concern	Recommended for Trust Board approval
Business cases	To note these were not considered and further clarifications were sought. These will be considered at a future Committee in the next two weeks	To note the position

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 3	Reduced from level 4	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Value for Money Recommendations	Level 3	Maintained	7
Contract Award: Medicode Non Invasive and Sleep Therapy Contract	Not stated	-	7
Going Concern	N/A	-	7

Finance & Performance Committee Assurance Report – 23rd February 2022

Executive Summary

The Committee met virtually on 27 January and the following key points were raised :

Item	Discussion
Initial View of the 22/23 Plan	<p>Committee had a comprehensive discussion and expressed its concern and dissatisfaction with the current position. It was noted that the income position is not fully within the Trust's control, however the root cause factors were considered to be productivity on costs and achievement of efficiency improvements.</p> <p>The Committee dedicated the majority of its meeting to this discussion and as such the later business cases were not considered given the questions they had raised.</p>
Integrated Performance Report	<p>Executive summary headlines were noted. The key issues were Emergency and Urgent Care and Patient Flow and Capacity; recovery and restoration of the elective programme including diagnostics and outpatients, cancer and stroke. Committee debated the Clinical Assessment Unit, noting the operating model was under review as this has not currently achieved the desired impact. With regards to urgent care, the level five assurance rating would be reviewed given the pressures on ambulance handovers, however it was noted this is a benchmarked position. Assurance level 4 overall was agreed</p>
Business Cases	<p>All business cases were deferred as further clarifications were required. The business cases were to be updated and a further Committee set up to consider the same.</p>
Finance Report – Month 10	<p>Given the significant earlier discussion, focus was given to the report format and ensuring the key information is escalated. It was requested to summarise in the report the key issues and actions take to address; the development of the runrate is currently our largest concern. The income and expenditure level of assurance was reduced from level 4 to level 3. Assurance levels were determined thus at levels 3 I&E, 4 capital and 6 cash</p>
Medicode Non Invasive and Sleep Therapy Contract Award	<p>Contract Governance Award was reviewed and recommended for approval by the Trust Board.</p>
Other	N/A

Quality Governance Committee Assurance Report – 24th February 2022

Accountable Non-Executive Director	Presented By	Author				
Dame Julie Moore – Non-Executive Director	Dame Julie Moore – Non-Executive Director	Rebecca O’Connor Company Secretary				
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #0070C0; color: white;"> <th style="width: 15%;">BAF number(s)</th> <th style="width: 85%;">2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	BAF number(s)	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20		
BAF number(s)	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20					

Executive Summary

The Committee met virtually on 24 February and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Clinical Assessment Unit	The temporary pilot CAU has been closed for new admissions. Options for an alternative are under discussion with clinical teams.	To note the changing function of the unit. QGC to receive a further report on progress as this develops
Elective waiting lists	An improving position was noted with good progress being made. Thanks were shared	Awareness only. QGC will continue to monitor

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Infection Prevention & Control	Level 4	Maintained.	3
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Maternity Services Safety Report	Level 5	Maintained overall.	2, 4, 9, 10
	Level 4	Reduced level of assurance for staffing due to increased sickness	2, 4, 9, 10
Patient Experience Report Q3	Level 5	Maintained - Complaints, PALS and patient experience	2, 4, 11
	Level 6	Maintained - Volunteering and patient engagement	2, 4, 11
Learning from Deaths Report	Level 6	Maintained	4
Safer Care Report Q3	Level 3	Maintained - Nutrition and Hydration	4
	Level 5	Maintained - Dementia and Delirium and Falls	4
	Level 6	Maintained - Pressure Ulcers	4
Safeguarding Report Q3	Level 6	Maintained overall	4
Risk Management Group	Level 5	Maintained – no escalations were made (reading room)	RMG reviews all areas 4

Quality Governance Committee Assurance Report – 24th February 2022

Executive Summary

The Committee met virtually on 24 February and the following key points were raised:

Item	Discussion
Integrated Performance Report	Executive summary headlines were noted. Q&S indicators included IPC (covid and C.diff), NOF, sepsis and falls. The impact of C.diff and covid outbreaks were noted. There are managed and a bed decontamination area had been identified at the ALX; WRH is more complex and investment is required. Waiting lists are improving and the Trust are on track to deliver 104 week waits by the end of July. Sepsis 6 progress was beginning to fall away, but key performance outcomes are all favourable.
Maternity Service Safety Report	QGC discussed the confidential (due to small numbers and patient confidentiality) update, noting the position and assurances. Perinatal mortality is lower than the national average. Staffing was reduced to level of assurance of 4 due to the ongoing impact of Covid and sickness. There had been an improvement in CQC must and should do's and these should be completed by the end of the quarter. A Maternity Service Action Plan was being produced jointly with CQC and this would be presented to QGC next month.
Patient Experience	QGC noted complaints had increased to pre-Covid levels with the main themes being communication and waiting times. PALS responses had also increased and this was reflected across the region, however most cases were being resolved within 5 days. It was hoped that changes in national guidance may alleviate this pressure. Communication with patients on the waiting list was discussed.
Clinical Assessment Unit (CAU)	The temporary pilot CAU has been closed for new admissions. Options for an alternative are under discussion with clinical teams. Learning from the CAU pilot has identified it unsuitable for patients to be managed in multiple ways and it is important that any new unit should combine MAU, Medical Short Stay and Frailty to provide a high profile acute medical facility. Longer term options will be worked through with clinical teams and discussions regarding funding are in progress.
Learning from Deaths	The report was noted, with the Trust being within expected levels. A new format report would be presented to future meetings.
Safer Care	QGC noted a good level of assurance and engagement regarding Tissue Viability. There had been no Hospital Acquired Pressure Ulcer incidents. Incidents of poor management of Nutrition and Hydration had been identified the Nutrition & Hydration Group is now being Chaired by Deputy CNO and is gaining traction.
Safeguarding	An excellent report was noted and no matters were escalated. It was noted that Government changes to Deprivation of Liberty Safeguards (DoLS) have been delayed due to the pandemic. DoLS will be replaced by Liberty Protection Standards.
Other	The current Covid position was noted and Committee advised of an onsite visit from the CQC relationship manager, feedback will be shared in due course.

Meeting	Trust Board
Date of meeting	10 March 2022
Paper number	Enc G

Nurse staffing report – January 2022

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Jackie Edwards, Deputy Chief Nurse	Author /s	Louise Pearson, Lead for N&M workforce

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

Report previously reviewed by		
Committee/Group	Date	Outcome
People and Culture		

Recommendations	<p>Trust Board are asked to note:</p> <ul style="list-style-type: none"> Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout January 2022 has been achieved. There has been an increase in staff absence related to community acquired Covid related sickness and stress related absence. However, the winter staffing plan which was implemented in November has provided the structure to deploying permanent staff where identified in real time and the incentive measures for the temporary workforce. There were 13 insignificant or minor incidents reported which is a significant decrease from last month. Turnover of HCAs continues to increased month on month - current level is at 15.91% a rise from 15.05% in November. Recruitment and retention is a priority work stream for this staff group and the Trust is part of the NHSE/I HCA programmed winter funding recruitment pipeline. This position challenges ability to over recruit for winter. The vacancy position for RNs is at 99, a significant improvement from December 2020 which was 269. The key area for targeted recruitment is the urgent care division. This coupled with the increase from patient demand through winter. Targeted International nurse recruitment will support the urgent care position. The opening of a temporary 18 bedded Clinical Decisions Unit has been required in January 2022 in support of winter pressures this has required additional staffing.
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Meeting	Trust Board
Date of meeting	10 March 2022
Paper number	Enc G

Executive summary	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during January 2022. Maternity staffing is provided as a separate report.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through January 2022. However, to note that January has seen a rise in patient acuity and dependency. This has impacted upon the needs for temporary staffing in areas such as urgent care, paediatrics and Covid positive wards. This coupled with 1. COVID and winter related virus affecting staffing absences, 2. long term sickness has impacted upon the health and wellbeing for staff with reports of staff feeling an increased tiredness.</p>
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Risk											
Which key red risks does this report address?	What BAF risk does this report address?										
	<i>BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.</i>										
Assurance Level (x)	<table border="1"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>x</td><td>6</td><td>7</td><td>N/A</td> </tr> </table>	0	1	2	3	4	5	x	6	7	N/A
0	1	2	3	4	5	x	6	7	N/A		
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.										
Action											
Is there an action plan in place to deliver the desired improvement outcomes?	Y x N N/A										
Are the actions identified starting to or are delivering the desired outcomes?	Y x N										
If no has the action plan been revised/ enhanced	Y x N										
Timescales to achieve next level of assurance											
Introduction/Background											
<p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for January 2022</p> <p>This assessment is in line with Health and Social care regulations: Regulation 12: Safe Care and treatment Regulation 17: Good Governance Regulation 18: Safe Staffing</p>											
Issues and options											

Meeting	Trust Board
Date of meeting	10 March 2022
Paper number	Enc G

The provision of safe care and treatment Staff support ongoing

A priority for the trust remains the health and wellbeing of staff as the continued management of the COVID 19 pandemic and experiences of winter 21/22 is in place. Across the Nursing, Midwifery, Health Care Scientists and Allied health professional, all line managers have been made aware of staff support available both internally through HR and occupational health and externally to the trust. There is nursing representation on the Health and wellbeing group. A campaign to raise awareness of the Health and wellness pin wheel for staff to access support has been promoted.

The provision of staff support will continue to be a priority for the teams. has been and will remain essential that the Trust to continue support through winter 2021/22, supported by the winter staffing plan. There is a weekly meeting in place to assess progress with the winter staffing plan led by the deputy Chief Nurse. Twice daily trust staffing huddles are in place to ensure safest staffing across the trust.

Harms

There were 13 minor and insignificant patient harms reported for January 2022 over a variety of ward areas. This is a significant decrease from December 21.

Good Governance

There are twice daily staffing escalation calls to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. Demand for short term sickness absence has increased in month. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting. Also a Weekly winter staffing meeting is held with regards to recruitment and retention and the e-roster capabilities.

The opening of the additional CAU capacity in January 2022 currently staffed with a mixture of substantive staff supported by all divisions and temporary workforce supported by NHSP- the trust has appointed the substantive band 7 for when the unit opens into its new location with internal and external recruitment being undertaken – currently we have shortlisted significant numbers to the substantive band 5 and 6 and have appointed 10 WTE band 2's so far. A weekly meeting supports the current workforce and any additional on-going issues that are raised.

Safe Staffing

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

"This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which are filled". National rates are aimed at 95% across day and night RN and HCA fill

Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where staff were able to do so.

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Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	The current domestic and international pipeline to be reviewed. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas. The HCA fill rate on days has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies and support winter planning.	4
RN	92%	101%		
HCA	86%	103%		

DATA from Here is for December 2021

Vacancy trust target is 7% December position for RN 5.28% and HCA 14.99%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM WTE	HCA WTE	Increased RN and RM recruitment to reduce vacancies. Rolling adverts for specialities have been ongoing and recruitment of the student nurses since paid deployment has reduced the vacancy factor. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert being launched in October to support winter planning. International nurse recruitment recommenced in August with cohorts of 12 nurses per month	5
Speciality Medicine	9	11		
Urgent Care	47	14		
Surgery	15	9		
SCSD	1	39		
Women's and Children's	12 RN 13 RM	30		

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

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers has led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.
- Urgent Care is currently carrying the majority of the RN vacancies.

Recruitment International nurse (IN) recruitment pipeline

Below is the recruitment pipeline for the divisions with an October and November start date. This is meeting the monthly target of IN starters.

Domestic nursing and midwifery pipeline

There is a second cohort of Registered Nurse Associates who will be commencing their top up degrees in January 2022.

Bank and Agency Usage

Trust target is 7%- current usage is Bank 7.61% Agency 8.47%

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Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division WTE	Bank and agency RN	Bank and Agency HCA	Sign up to the TWS11 workforce solutions – adhere to agency cap rates in line with NHSI cap rates. HR to support divisions in retention work stream bespoke for N&M workforce flexible working strategies.	4
Speciality Medicine	52	53		
Urgent Care	70	22		
Surgery	45	40		
SCSD	54	23		
Women's and Children's	11 RN 2 RM	12		

Sickness –

The Trust Target for Sickness is 4%, December position 5.13% stress related 1.43%

Current Trust Position			What needs to happen to get us there	Current Level of Assurance
	Monthly	Stress related	Sickness has increased in Divisions in month with an increase in stress related reports. Revisit Communications of support services available. Deep dive required for sickness the main theme is the increase month on month for stress related sickness	4
Spec Med	5.27%	1.05%		
Urgent care	4.76%	1.24%		
Surgery	6.16%	1.81%		
SCSD	5.78%	1.45%		
W & C's	7.16%	2.04%		

Turnover

Trust target for turnover 11%. December is RN 10% RM 11.71% HCA 15.91%

Current Trust Position			What needs to happen to get us to there	Current level of Assurance
Division	RN/RM	HCA	HR to update retention policy – staff development in house for all staff groups Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma	3
Speciality Medicine	7.68%	19.82%		
Urgent Care	11.52%	16.80%		
Surgery	10.56%	12.21%		
SCSD	10.42%	14.5%		
Women's and Children's	RN 9.3%	16.56%		

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	RM 11.71%	HCA turnover is higher than trust target across all divisions	level 3 – level 7 are available through the apprenticeship Levy. Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment with an advert out and interview dates set for a trust wide drive to fill all HCA vacancies and have a pool of ready to start HCAs as vacancies arise.	
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Recommendations

<p>Trust Board are asked to note:</p> <ul style="list-style-type: none"> • Staffing of the adults, children and neonatal wards to provide the ‘safest’ staffing levels for the needs of patients being cared for throughout January 2022 has been achieved. • There has been an increase in staff absence related to community acquired Covid related sickness and stress related absence. However, the winter staffing plan which was implemented in November has provided the structure to deploying permanent staff where identified in real time and the incentive measures for the temporary workforce. • There were 13 insignificant or minor incidents reported which is a significant decrease from last month. • Turnover of HCAs continues to increased month on month - current level is at 15.91% a rise from 15.05% in November. Recruitment and retention is a priority work stream for this staff group and the Trust is part of the NHSE/I HCA programmed winter funding recruitment pipeline. This position challenges ability to over recruit for winter. • The vacancy position for RNs is at 99, a significant improvement from December 2020 which was 269. The key area for targeted recruitment is the urgent care division. This coupled with the increase from patient demand through winter. Targeted International nurse recruitment will support the urgent care position. • The opening of a temporary 18 bedded Clinical Decisions Unit has been required in January 2022 in support of winter pressures this has required additional staffing.

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Midwifery Safe Staffing Report January 2022

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	Author /s	Justine Jeffery, Director of Midwifery

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	January 2022	
TME	16 February 2022	

Recommendations	Trust Board are asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in January 2022. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tool (4 hourly) • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence rates <p>The first half of January was incredibly challenging due to the sudden increase in staff absence due to COVID (5-15% absence rate). The escalation policy was enacted daily and safe staffing was maintained due to the incredible flexibility of the midwifery workforce. The requests for the community and continuity of carer teams to support the inpatient service to maintain safety and inpatient staff were reduced in January.</p> <p>There were seven medication incidents reported resulting in no harm. There were six no harm staffing incidents reported on Datix which is a</p>
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noticeable reduction and likely due to the ability to report red flags on the acuity app. Within the new acuity tool difficulty maintaining the supernummary status of the shift leader overnight was recorded.

The new acuity tool is embedding well in all clinical inpatient areas however the level of completion does not meet the threshold to produce reliable data. Further work has been undertaken with the ward managers following feedback from the Birthrate Plus team.

Sickness absence rates increased in January and continue to be higher than the Trusts target at 10.76% across all areas. The directorate continue to work with the HR team to manage sickness absence timely. The rolling turnover rate was noted at 14.32%. A further 3 WTE midwives accepted posts in January, therefore 12 WTE new starters expected in February. A further 9 candidates have been shortlisted for interview in February.

The suggested level of assurance for January is remains at 4. This is in response to a high sickness rate, increased turnover rate and an increase in COVID related absence. 1:1 care in labour has returned to 100% however the supernummary status of the shift leader has not been maintained for the duration of January.

A return to a higher level of assurance will be offered when the COVID related absence, sickness and turnover rates reduce to previous achieved levels; this must be accompanied by a reduction in red flag reporting. This improvement is expected in February 2022.

Risk										
Which key red risks does this report address?		What BAF risk does this report address?	<i>9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting in poor patient and staff experience and premium staffing costs.</i>							
Assurance Level (x)	0	1	2	3	4	x	5	6	7	N/A
Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N						N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance	3 months									

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Introduction/Background

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

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus intrapartum and ward acuity tool
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re-introduced during COVID 19 wave 2)
- Sickness absence and turnover rates

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits. The next complete full Birthrate plus audit is currently being undertaken and the report is now expected by end of February 2022.

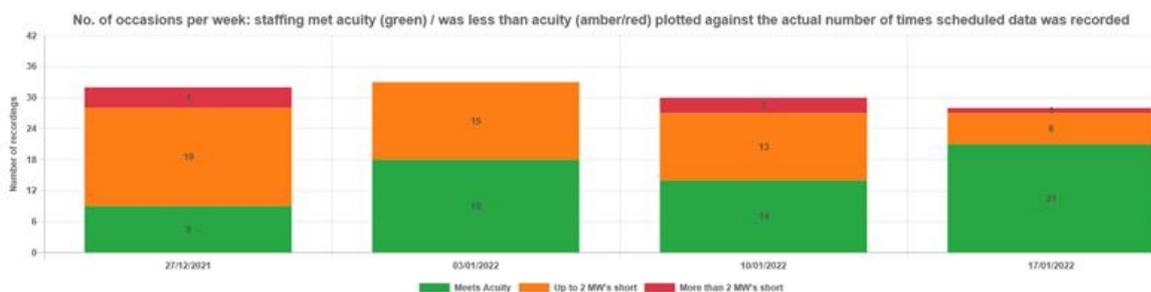
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 71% of the expected intervals and is below the recommended rate and therefore caution should be taken when interpreting the summary of the acuity. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken.

Training continues with the team as the available data is not yet accurate due to the over classification of some groups of women and also the number of missing submissions.



Download

Overall during the data period for weeks commencing 27/12/2021

% of recordings where staffing level more than 2 MW's short	4.8%
% of recordings where staffing level is up to 2 MW's short	31.5%
% of recordings where staffing level meets acuity	36.9%
Data collected for the period covered by this summary provides	73.2% compliance

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From the information available the acuity was met in 36.9% of the time as opposed to 35.9% when the acuity was not met prior to any actions taken. The mitigations taken are presented in the diagram below and demonstrates the frequency that staff are moved from other areas of the inpatient service (53%) to mitigate the risk and how often staff are also unable to take their allocated breaks (19%). This demonstrates no improvement in how often staff are moved to meet the acuity or take allocated breaks within delivery suite but it does demonstrate a reduction in those staff working beyond their shift and a reduction in the need for on call midwives and/or the continuity teams to support the inpatient services.

Number & % of Management Actions Taken

From 01/01/2022 to 29/01/2022

MA	Description	Count	%
MA1	Redeploy staff internally	41	53%
MA2	Redeploy staff from community	6	8%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	15	19%
MA5	Staff stayed beyond rostered hours	5	6%
MA6	Specialist midwife working clinically	1	1%
MA7	Manager/Matron working clinically	2	3%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	3	4%
MA10	Escalate to Manager on call	5	6%
MA11	Maternity Unit on Divert	0	0%

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

All of the NICE recommended red flags can be reported within the new acuity app. In January the following red flags have been reported:

Number & % of Red Flags Recorded

From 01/01/2022 to 29/01/2022

RF	Description	Count	%
RF1	Delayed or cancelled time critical activity	1	3%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1	3%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	3	8%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	10	27%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	22	59%

It remains a concern that the labour ward coordinator was not supernumerary 100% of the time and the reporting of this red flag did increase within January. There were no reports

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that women did not receive 1:1 care in labour which is an improvement on Decembers report.

Delays in the IOL pathway continued within January however there was a considerable reduction in other red flag reported demonstrating an improved position from December.

Wards

We have received the following feedback from the Birthrate team regarding the ward data:

1. The data is incomplete for the postnatal ward
2. The completion rate on the antenatal ward is excellent however the staff have double counted a number of women and therefore the acuity is inaccurate.

Some changes to the process were agreed and the ward manager is working with the antenatal team to improve accurate recording. Further support has been made available to the postnatal ward team to ensure that the completion of the tool improves.

Staffing incidents

There were six staffing incidents reported in January via Datix and no harm was recorded. The themes reported this month are

- In escalation and requirement to deploy staff to delivery suite to ensure that 1:1 care is provided and the shift leader remains supernummary (5).
- Below minimum staffing on night shift (2)

In January the service continued to see high absences due to COVID. A number of actions were taken to mitigate the risk which includes cancellation of training and non-clinical days for the leadership team. No harm was reported in this period.

It continues to be acknowledged that any reduction in available staff results in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well-being. Staff support drop in events have continued throughout January to offer support to staff and to update staff on the current challenges in maternity services due to the Omicron variant.

Medication Incidents

There were seven medication incidents and no harm was reported. These incidents were due to:

- Allergy not noted and medication given(1)
- Medication not signed at time of administration (1)
- Unlabelled syringe found at the bedside – discarded (1)
- Analgesia given before required interval (4)

Unify Data

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The fill rates presented in the table below reflect the position of all inpatient ward areas. The Birth Centre was closed on 30th December due to the high number of COVID admissions and all of the staff were deployed to delivery suite for January. This demonstrate an increase in fill rates for registered midwives and maternity support workers in 3 of the 4 clinical areas

	Day RM	Day HCA	Night RM	Night HCA
Antenatal Ward	88	65	93	75
Delivery Suite	84	54	93	76
Postnatal Ward	81	83	90	72
Meadow Birth Centre	66	80	77	52

Monitoring the midwife to birth ratio

The monthly birth to midwife ratio is recorded on the maternity dashboard. The outcomes are reviewed at the Maternity Governance monthly meeting. The ratio in January was 1:24 (in post) and 1:23 (funded). This is within the agreed midwife to birth ratio as outlined in Birthrate Plus Audit (1:28).

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. No additional huddles were completed in January.

The maternity Unit Bleep Holder and the on call manger continue to join the Trust site meeting twice per day. This has facilitated escalation of any concerns and a greater understanding of the pressures within maternity services. The maternity team have also gained an insight into the challenges currently faced across our hospital services.

Maternity SitRep

The maternity team SitRep continues to be completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing.

Further work on the Sitrep is ongoing and the pilot of the regional Sitrep continues.

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COVID SitRep/Huddle (re-introduced during COVID 19 Wave 2)

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. The frequency of these meetings was increased to three times per week in December due to the challenges experienced and has continued throughout January. This enabled the Divisional team to offer support and timely updates to all of the directorates and enabled timely escalation of concerns. The national COVID SitRep continues to be completed each fortnight.

Sickness

Sickness absence rates were reported at 10.76% in January. This is an increase of 3% in absence and is recorded as viral illness (non COVID) and stress and anxiety.

The following actions remain in place:

- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- A Trust psychologist is working with the team.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Daily walk arounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Launch of the health and wellbeing work stream
- Drop in support sessions available with DoM

Turnover

The rolling turnover remains below the Trust target at 14.32%. Following recent interviews we expect 9 WTE midwives to join the Trust in February with a further 3 WTE offered posts in January. A further round of interviews is planned for February with 9 midwives shortlisted for interview.

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- Training cancelled
- Non - clinical staff redeployed to clinical rota
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Agency midwives will continue beyond January 2022.
- Further training for acuity app for wards arranged following feedback from Birthrate Team.
- Further recruitment events planned for January and February.
- Successful bid from maternity support worker retention fund (£123K) from NHSEI.
- Weekly 'drop- in' sessions led by the DoM continued in month.

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Conclusion
<p>January was not as busy as December however for the first two weeks of January staffing was extremely challenging due to COVID related absence, non COVID absence. Agency midwives and non-clinical midwives have provided additional support to all areas of the service and training was cancelled to support clinical safety.</p> <p>There were 6 reported staffing incidents and seven medication errors recorded in January. Deployment of all non-clinical staff and support from the community and continuity midwives was requested to maintain safe staffing.</p> <p>Sickness absence rates have been reported at 10.76% which is a 3% increase on previous months and is recorded as viral illness (non COVID) and stress and anxiety. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.</p> <p>Turnover is at 14.32% and 12 WTE midwives have been recruited with further recruitment events planned in February.</p> <p>The reduction in available staff continues to impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.</p> <p>The suggested level of assurance for January is remains at 4. This is in response to an increasing sickness rate, increased turnover rate and a significant increase in COVID related absence. 1:1 care in labour has returned to 100% however the supernumary status of the shift leader has not been maintained for the duration of February.</p> <p>A return to a higher level of assurance will be offered when the COVID related absence, sickness and turnover rates reduce to previous achieved levels, This must be accompanied by a reduction in red flag reporting.</p>
Recommendations
<p>Trust Board are asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.</p>
Appendices

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Learning from Deaths

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Dr Christine Blanshard, Chief Medical Officer		
Presented by	Dr Christine Blanshard, Chief Medical Officer	Author/s	Kira Beasley, Business Manager to Chief Medical Officer Gordon Stovin, Senior Information Specialist

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

Report previously reviewed by		
Committee/Group	Date	Outcome
CGG	February 2022	
QGC	February 2022	

Recommendations	Trust Board are invited to note the scope and content of this report and continue to support the continuous improvements to Mortality and Learning from Deaths.
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Executive summary	<p>An abbreviated report is presented for this reporting period due to operational pressures.</p> <p>Our SHMI, HSMR and Crude Mortality remain within expected values. That our SHMI continues to remain 'as expected' despite the pandemic suggests that we are not seeing an increase in non-Covid-19 mortality. However due to the number of patients spending long periods in the emergency department it is likely that we will see an increase in SHMI and HSMR over the next reporting period.</p> <p>There is evidence of further improvement in the backlog of incomplete SJRs and the timeliness of completion. Completed reviews generally indicate excellent or good care.</p> <p>The Medical Examiner team will be expanded to include community deaths as agreed through TME in September 2021. Recruitment for the additional Medical Examiner officers is underway, with medical examiner recruitment commencing soon. The case for a bereavement suite / medical examiner's office at the Alexandra Hospital has been delayed, which causes difficulty for the bereaved and the current team.</p>
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Risk		
Which key red risks does this report	What BAF risk does this	Quality and Safety (4)

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address?		report address?									
Assurance Level (x)	0	1	2	3	4	5	6	X	7	N/A	
Financial Risk	None										
Action											
Is there an action plan in place to deliver the desired improvement outcomes?	Y		N				N/A		x		
Are the actions identified starting to or are delivering the desired outcomes?	Y		N								
If no has the action plan been revised/ enhanced	Y		N								
Timescales to achieve next level of assurance											

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Introduction/Background

This report examines the most recently available mortality data (internal and external), highlights those emerging patterns or trends and aims to present them as clearly as possible. The aim of this report is to identify any areas for improvement (be that process or patient care) and provide reassurance.

The Medical Examiner team will be expanded to include community deaths as agreed through TME in September 2021. Recruitment for the additional Medical Examiner officers is underway, with medical examiner recruitment commencing soon. The case for a bereavement suite / medical examiner's office at the Alexandra Hospital has been delayed, which causes difficulty for the bereaved and the current team.

Issues and options

Summary Hospital-level Mortality Indicator (SHMI)

Our current SHMI, as reported by NHS Digital, continues to be described as 'well within expected range'.

Indicator	Current	Previous	Change	Midlands	National	Notes
NHSD (12 mth rolling)	102.05 (Sep 2020 - Aug 2021)	102.21 (Aug 2020 - Jul 2021)	-0.16	102.73	100	Corrected/adjusted SHMI. Relatively unchanged SHMI for three consecutive months. Well within expected range.
HES version (12 mth rolling)	104.96 (Oct 2020 - Sep 2021)	103.41 (Sep 2020 - Aug 2021)	1.55	103.97	101.58	Forward HES view has worsened but within expected range. Likely to be related to coding at time of calculation.
HES version (Monthly)	112.03 (Sep 2021)	107.35 (Aug 2021)	4.68	104.3	101.53	Worsened single month (see above). Still well within expected range.
Adjusted for palliative care (12 mth rolling)	109.78 (Oct 2020 - Sep 2021)	108.48 (Sep 2020 - Aug 2021)	1.3	110.2	101.38	Slightly worsened. Similar to Midlands average. Within expected range.
Weekday mortality (12 mth rolling)	104.36 (Oct 2020 - Sep 2021)	102.72 (Sep 2020 - Aug 2021)	1.64	101.78	99.43	Slightly worsened. Similar to Midlands average. Within expected range.
Weekend mortality (12 mth rolling)	106.81 (Oct 2020 - Sep 2021)	105.57 (Sep 2020 - Aug 2021)	1.24	110.8	108.37	Slightly worsened. Better than Midlands average. Within expected range.
In-hospital (12 mth rolling)	95.41 (Oct 2020 - Sep 2021)	92.93 (Sep 2020 - Aug 2021)	2.48	104.97	102.35	Slightly worsened. Better than Midlands average. Within expected range.
Out-of-hospital (12 mth rolling)	123.88 (Oct 2020 - Sep 2021)	124.18 (Sep 2020 - Aug 2021)	-0.3	102.05	100.16	Stable. Noticeably worse than Midlands average. Within expected range.
Average co-morbidity score - all conditions (12 mth rolling)	5.8307 (Nov 2020 - Oct 2021)	6.11 (Oct 2020 - Sep 2021)	-0.2793	5.8187	5.2272	Average co-morbidity score reduced slightly. Closer to Midlands average.

Observations:

- We continue to maintain a middle position when ranked against previously established peers.
- There are currently no diagnosis groups with an above expected SHMI. However, Fractured Neck of Femur and Cancer will need to be monitored in more detail by the mortality group to monitor the effects of the pandemic
- At present there are no indications that our SHMI or any of the above observations will noticeably change over the next reporting period, but spending longer in the emergency department is known to be associated with an increased 30 day mortality and it is possible that this will impact during the next reporting period.

Please note that SHMI does not include those deaths (or discharges) where Covid-19 has been included.

Hospital Standardised Mortality Ratio (HSMR)

The data below shows that our HSMR has slightly worsened; however this is better than the midlands average and still within expected range.

Please note that, much like SHMI, the HSMR does not reflect mortality linked directly to Covid-19.

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Indicator	Current	Previous	Change	Midlands	National	Notes
HES version (12 mth rolling)	100.95 (Nov 2020 - Oct 2021)	100.00 (Oct 2020 - Sep 2021)	0.95	106.16	99.6	Slightly worsened. Better than Midlands average. Within expected range.
HES version (monthly)	90.07 (Oct 2021)	109.09 (Sep 2021)	-19.02	109.73	99.46	Improved on September. Might explain higher monthly SHMI for Sept. Better than Midlands average. Well within expected range.
Without adjustment for specialist palliative care (12 mth rolling)	97.56 (Nov 2020 - Oct 2021)	97.23 (Oct 2020 - Sep 2021)	0.33	100.05	99.23	Stable. Better than Midlands average. Well within (and below) expected range.
Weekday mortality (12 mth rolling)	102.18 (Nov 2020 - Oct 2021)	100.93 (Oct 2020 - Sep 2021)	1.25	104.14	97.97	Slightly worsened. Better than Midlands average. Well within (and below) expected range.
Weekend mortality (12 mth rolling)	97.33 (Nov 2020 - Oct 2021)	97.23 (Oct 2020 - Sep 2021)	0.10	112.19	104.52	Stable. Better than Midlands average. Well within (and below) expected range.
Average co-morbidity score - all conditions (12 mth rolling)	5.7255 (Nov 2020 - Oct 2021)	5.9935 (Oct 2020 - Sep 2021)	-0.268	5.6176	5.0733	Stable and consistent with Midlands and National metric.

Observations:

- HSMR describes inpatient deaths *only* and includes only patients who were admitted with one of a “basket” of 56 conditions commonly associated with mortality.
- The slight worsening in our HSMR is likely attributable to a slight increase in *weekday* mortality. Again, this remains below the ‘expected’ value of 100 and as such may simply be a slight normalisation within the model over time.
- There are no areas of concern within our HSMR and no indication that it will significantly worsen to the point that it becomes a concern in the near future.
- Compared to the previously established peers we sit towards the middle of this group in terms of HSMR (ie. fourth out of nine).

Please note HSMR is a relatively poor predictor of our overall SHMI and whilst it is more current is not always likely to infer the future direction of the national indicator.

Crude Mortality

The following table summarises the key metrics monitored under the broad banner of crude mortality.

Indicator	Current	Previous	Change	Midlands	National	Notes
Crude mortality rate (12 mth rolling)	3.13% (Nov 2020 - Oct 2021)	3.31% (Oct 2020 - Sep 2021)	-0.18	3.13%	2.93%	Stable. Similar to Midlands average. Slightly higher than National average.
Crude mortality rate (monthly)	1.71% (Oct 2021)	2.13% (Sep 2021)	-0.42	1.94%	1.79%	Stable. Similar to Midlands average. Slightly higher than National average.
Crude in-hospital mortality rate for confirmed COVID-19 primary diagnosis (monthly)	8.00% (Oct 2021)	12.86% (Sep 2021)	-4.86	16.23%	15.32%	Improved and better than Midlands average. Likley influenced by small numbers of Covid deaths.
Crude out-of-hospital mortality rate for confirmed COVID-19 primary diagnosis (monthly)	1.43% (Sep 2021)	0.00% (Aug 2021)	1.43	1.93%	1.44%	Worsened and similar to Midlands average. Likley influenced by small numbers of Covid deaths.
Crude in-hospital mortality rate (12 mth rolling)	1.53% (Nov 2020 - Oct 2021)	1.54% (Oct 2020 - Sep 2021)	-0.01	1.69%	1.51%	Stable. Similar to Midlands and National average.
Crude out-of-hospital mortality rate (12 mth rolling)	1.60% (Nov 2020 - Oct 2021)	1.78% (Oct 2020 - Sep 2021)	-0.18	1.44%	1.42%	Stable. Similar to Midlands and National average.
Number of mortalities (12 mth rolling)	4,289 (Nov 2020 - Oct 2021)	4,505 (Oct 2020 - Sep 2021)	-216	3,249*	2,883*	Improved but in upper end of range (based on median value).
Number of in-hospital mortalities (12 mth rolling)	2,095 (Nov 2020 - Oct 2021)	2,088 (Oct 2020 - Sep 2021)	7	1,759*	1,503*	Stable and within expected range (based on median value).
Number of out-of-hospital mortalities (12 mth rolling)	2,194 (Nov 2020 - Oct 2021)	2,417 (Oct 2020 - Sep 2021)	-223	1,425*	1,385*	Improved but in upper end of range (based on median value).
Deaths in low-risk diagnosis groups (12 mth rolling)	0.04% (Nov 2020 - Oct 2021)	0.04% (Oct 2020 - Sep 2021)	No Change	0.05%	0.05%	No change and same as Midlands and National average.

Notes:
 * Based on a median value

Observations:

- Most of the metrics around crude mortality are stable and in line with those of our established mortality peers.
- Covid-19 mortality is about average compared to peers.

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Other areas

The following table summarises two additional measures not previously included in these reports. These are the Standardised Paediatric Mortality Index (SPMI) and the Pulmonary Embolic deaths within 90 days of discharged.

Indicator	Current	Previous	Change	Midlands	National	Notes
SPMI** (12 mth rolling)	99.02 (Nov 2020 - Oct 2021)	121.01 (Oct 2020 - Sep 2021)	-21.99	130.59	101.91	Improved and better than Midlands average. Within expected range.
PE*** deaths within 90 days of discharge (12 mth rolling)	0.23 (Aug 2020 - Jul 2021)	0.25 (Jul 2020 - Jun 2021)	-0.02	0.28	0.22	No change and within range.

Notes:

** Standardised Paediatric Mortality Index

Observations:

- The SPMI continues to improve month on month and now sits within range and below that of the SHMI peers.
- Pulmonary embolic deaths are unchanged and are similar to that reported nationally and by our SHMI peers. This provides further assurance in relation to our compliance with VTE risk assessment and prophylaxis

Medical Examiners

A capital bid is undergoing further work to develop a bereavement suite at the Alexandra Hospital to provide a better service for the bereaved. Additional recruitment of Medical Examiners and Medical Examiner Officers to support community deaths.

Conclusion

All of the mortality indicators are within expected range and no areas have been identified as an outlier / requiring further investigation.

Work is ongoing to improve the services for the bereaved and our medical examiner team.

Future reports will provide more detail including examples of learning form the structured judgement review process.

Recommendations

Trust Board are invited to note the scope and content of this report and continue to support the continuous improvements to Mortality and Learning from Deaths.

Appendices