

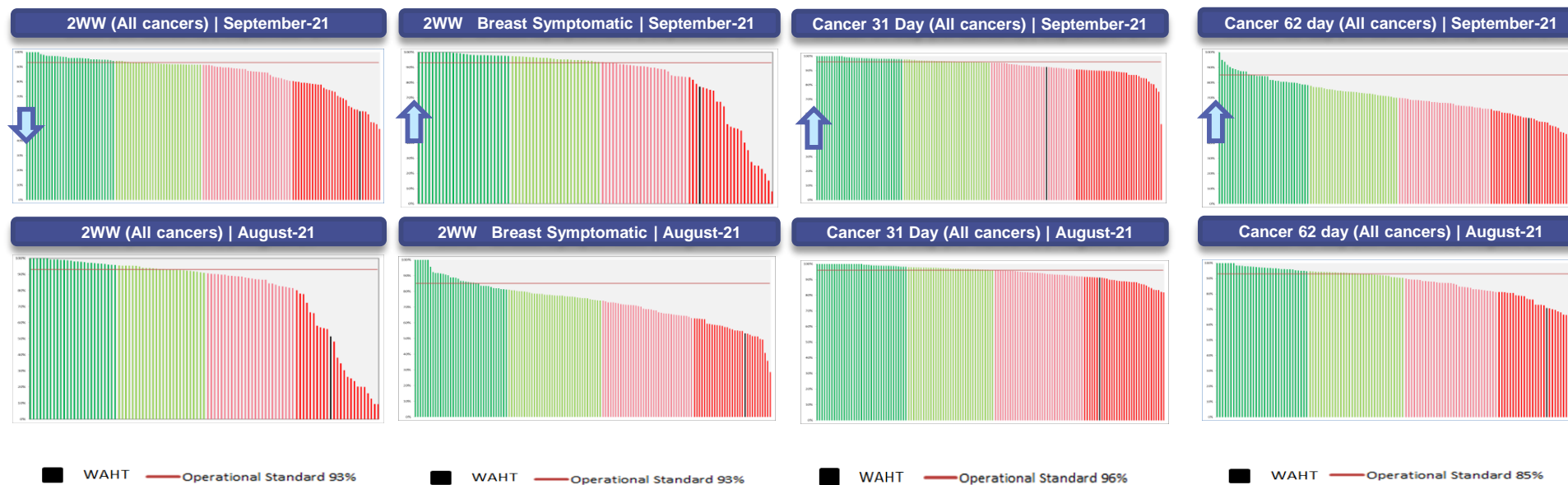
## National Benchmarking (September 2021)

**2WW:** The Trust was one of 7 of 13 West Midlands Trust which saw an increase in performance between Aug-21 and Sep-21. This Trust was ranked 12 out of 13; we were 13<sup>th</sup> the previous month. The peer group performance ranged from 66.29% to 93.83% with a peer group average of 80.79%; declining from 84.39% the previous month. The England average for Sep-21 was 84.12% a -0.6% decrease from 84.68% in Aug-21.

**2WW BS:** The Trust was one of 13 of 13 West Midlands Trust which saw a decrease in performance between Aug-21 and Sep-21. This Trust was ranked 12 out of 13; the same as the previous month. The peer group performance ranged from 7.14% to 94.87% with a peer group average of 84.75%; improving from 73.28% the previous month. The England average for Sep-21 was 83.64% a 4.6% increase from 79.05% in Aug-21.

**31 days:** The Trust was one of 9 of 13 West Midlands Trust which saw a decrease in performance between Aug-21 and Sep-21. This Trust was ranked 7 out of 13; we were 2<sup>nd</sup> the previous month. The peer group performance ranged from 80.72% to 97.92% with a peer group average of 88.43%; declining from 89.52% the previous month. The England average for Sep-21 was 92.64% a -1.1% decrease from 93.71% in Aug-21.

**62 Days:** The Trust was one of 13 of 13 West Midlands Trust which saw a decrease in performance between Aug-21 and Sep-21. This Trust was ranked 9 out of 13; we were 11<sup>th</sup> the previous month. The peer group performance ranged from 37.55% to 81.11% with a peer group average of 55.75%; declining from 59.76% the previous month. The England average for Sep-21 was 68.00% a -2.7% decrease from 70.74% in Aug-21.



Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G) Requests	Total RTT Waiting List	Percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment	Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	7,655	Total	5,085	2,435	57,930	51.60%	4,771	6,912	2,169	324
Non-2WW	2,917	Non-2WW	4,554							

## What does the data tells us?

- **ERS Referrals:** a total of 7,655 electronic referrals were made to the Trust in Oct-21, the fourth month since Feb-21 above 7,000. 4,738 were non-2WW referrals so of the 7,655 electronic referrals 38.1% of these were 2WW cancer.
- **RAS Referrals:** a total of 5,085 electronic referrals were made to the Trust in Oct-21, the fourth consecutive month above 5,000. 4,381 were non-2WW and 73.8% were outcomed within 14 working days. Of the 704 2WW RAS referrals, 93.5% were outcomed within 2 working days. 12.4% of RAS referrals were returned to the referrer.
- **A&G Requests:** this continues to be well used and responded to in a timely manner with 2,435 A&G requests received in Oct-21 with 90.9% responded to within 2 working days and 94.8% within 5 working days.
- **Referral To Treatment Time (validated)** - The Trust has seen a further 1.2% increase in the overall wait list size in Oct-21 compared to Sep-21; from 57,252 to 57,930.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 28,041. This is 1,105 more patients than the validated Sep-21 snapshot. RTT performance for Oct-21 is 51.60% compared to 52.95% in Sep-21. This remains sustained, significant cause for concern in Oct-21 and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is higher than Sep-21 at 6,912 patients. Of that cohort, 2,169 patients have been waiting over 78 weeks and 324 over 104 weeks.
- Of the 104+ week cohort, 220 patients are under the orthodontic specialty with the next highest at 46 (urology). Looking back to those patients waiting between 78 and 104 weeks, urology is the highest at 535.

**Current Assurance Level: 3 (Oct-21)**

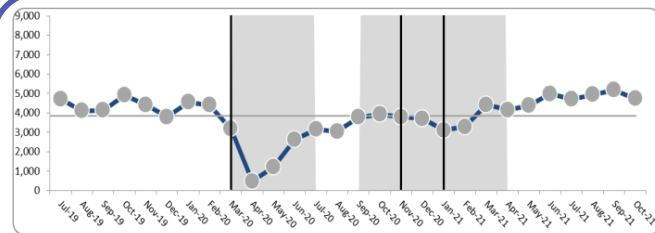
**When expected to move to next level of assurance:** This is dependent on the programme of restoration of elective activity and reduction of long waiters

**Previous Assurance Level: 3 (Sep-21)**

**SRO: Paul Brennan**

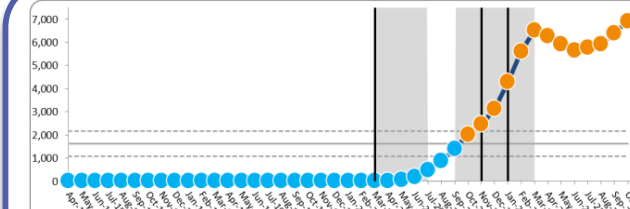
Electronic  
Referrals  
Profile  
(non-2WW)

4,738



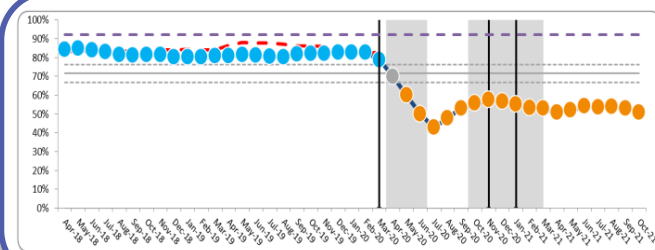
52+ week  
waits

6,912



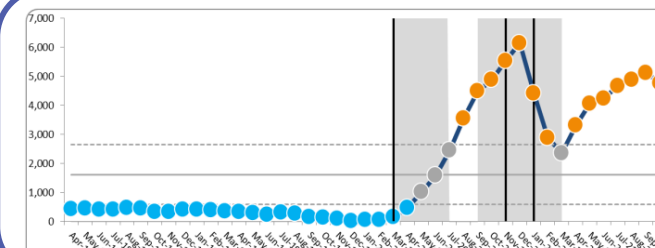
RTT  
% within 18  
weeks

51.60%

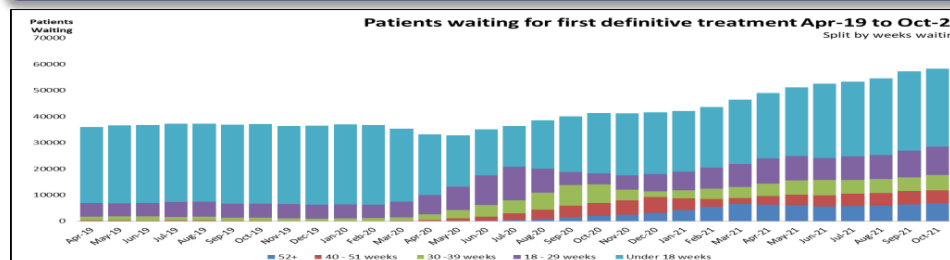


40-52  
week waits

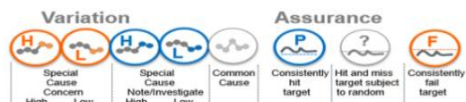
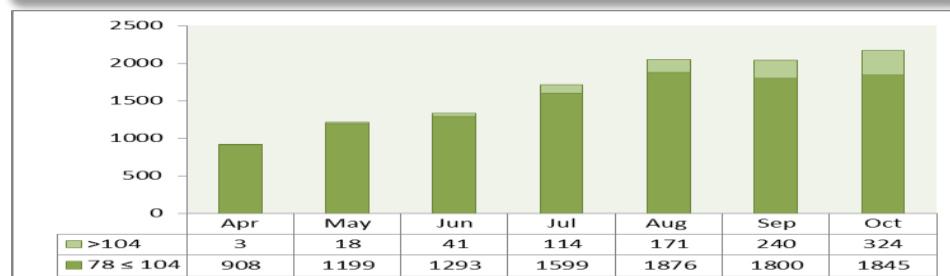
4,771



RTT waiting list profile by weeks waiting



RTT waiting list profile (Apr-21 to Oct-21) | 78+ and 104+ weeks



Key

- Internal target
- Operational standard

## Operational Performance: RTT Benchmarking

**National Benchmarking (September 2021)** | The Trust was one of 12 of 12 West Midlands Trust which saw a decrease in performance between Aug-21 and Sep-21 This Trust was ranked 11 out of 13; the same as the previous month. The peer group performance ranged from 41.23% to 83.90% with a peer group average of 53.63%; declining from 54.75% the previous month. The England average for Aug-21 was 66.50% a -1.1% decrease from 67.60% in Jul-21.

Nationally, there were 300,566 patients waiting 52+ weeks, 6,388 (2.12%) of that cohort were our patients.

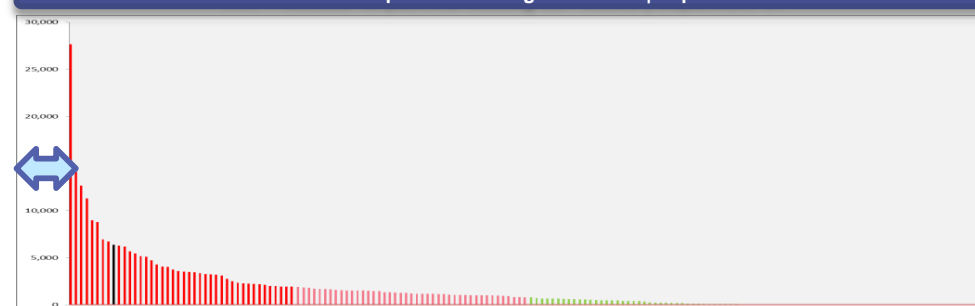
Nationally, there were 117,949 patients waiting 78+ weeks, 2,297 (1.94%) of that cohort were our patients.

Nationally, there were 12,250 patients waiting 104+ weeks, 248 (2.02%) of that cohort were our patients.

RTT - % patients within 18 weeks | September-21



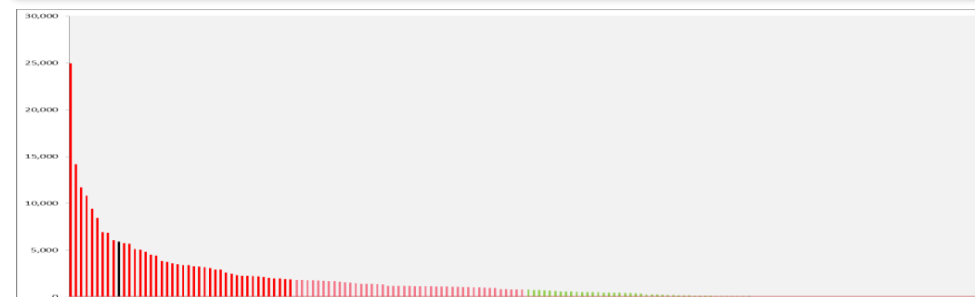
RTT - number of patients waiting 52+ weeks | September-21



RTT - % patients within 18 weeks | August-21



RTT - number of patients waiting 52+ weeks | August-21



■ WAHT — Operational Standard 92%

Total Outpatient Attendances		Total OP Attendances Face to Face		Total OP Attendances Non Face to Face		% OP Attendances Non Face to Face	Consultant Led First OP Attendances		Consultant Led Follow Up OP Attendances		Elective IP Day Case		Elective IP Ordinary	
41,275	+954	30,550	+5,606	10,725	-4,651	26%	10,176	+159	12,501	-440	6,477	-191	498	-134

## Outpatients - what does the data tell us?

- The graphs on slide 20 compare our Oct-21 outpatient attendances to Oct-19 and our H2 activity target which has now been submitted. Although we are not undertaking the same volume of appointments in Oct-21 compared to Oct-19, we were at 89% of Oct-19 for total OP activity level overall, 81% for consultant-led first attendances and 71% for consultant-led follow-up attendances.
- The Trust undertook 41,275 outpatient appointments in Oct-21 (consultant and non-consultant led); 5,287 fewer appointments than Oct-19, this was +954 to plan.
- In Oct-19, 45,391 face-to-face appointments took place compared to 30,550 in Oct-21 and as would be expected with non-face-to-face not the norm in Oct-19, Oct-21 is considerably higher with 10,725 appointments taking place compared to 1,127. Of all appointments in the month, 26% (both new and follow-up) were non-face-to-face; the ERF gateway target is 25% or greater.
- In the Oct-21 RTT OP cohort, there were 31,053 RTT patients waiting for their first appointment and only 7,160 of them have been dated. Of the full cohort, 2,247 patients have been waiting over 52 weeks.
- The top five specialties with the most 52+ week waiters in this cohort have not changed from Jun-21 and are General Surgery, Orthodontics, Urology, Oral Surgery and T&O.

## Planned Admissions - what does the data tell us?

- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation has remained above the mean, at 77.10% and the SPC chart is showing this is sustained improvement. Factoring in allowed downtime, the utilisation increases to 81.8%. Lost utilisation due to late start / early finish showed no significant change at 24.6% in Oct-21 compared to Sep-21 (23.8%).
- In Oct-21, the number of day cases and elective ordinary cases decreased from the previous month. Day cases were 85% of Oct-19 and elective ordinary were 66%.
- 77.78% of eligible patients were rebooked within 28 days for their cancelled operation in Sep-21, with 28 of 36 patients being rebooked within the required timeframe.
- The Independent Sector undertook 58 day cases, 1 EL ordinary and 219 diagnostic tests.
- Vanguard theatre activity started on 1st September and we undertook 95 procedures in Oct-21 across the following specialties - General Surgery (31), Gynaecology (18), T&O (23), Urology (14) and Vascular Surgery (9), a very similar profile to Sep-21.

**Current Assurance Level: 4 (Oct-21)**

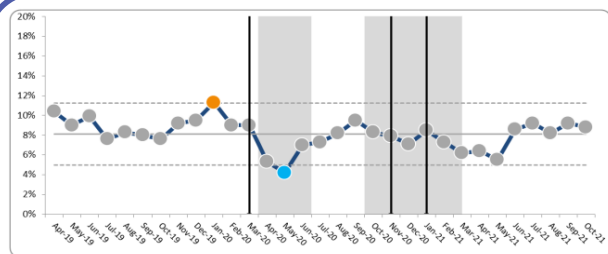
**When expected to move to next level of assurance:** : This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and the expectation from NSHEI for H2.

**Previous Assurance Level: 4 (Sep-21)**

**SRO: Paul Brennan**

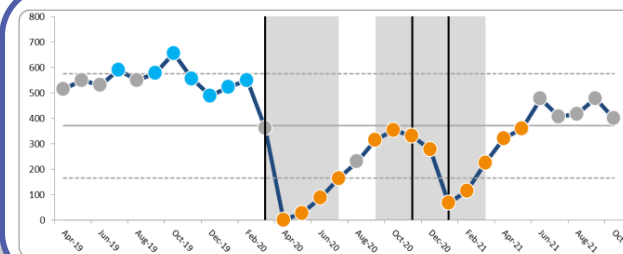
On the day  
cancellation  
as a  
percentage  
of scheduled  
procedures  
(%)

8.80%



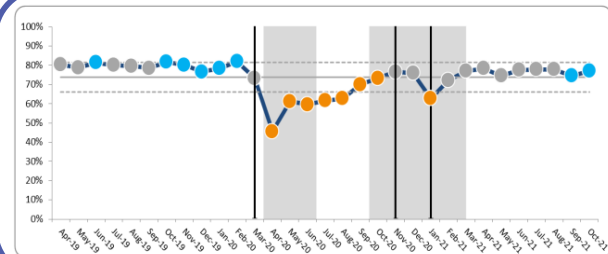
Electives on  
elective  
theatre  
sessions (n)

401



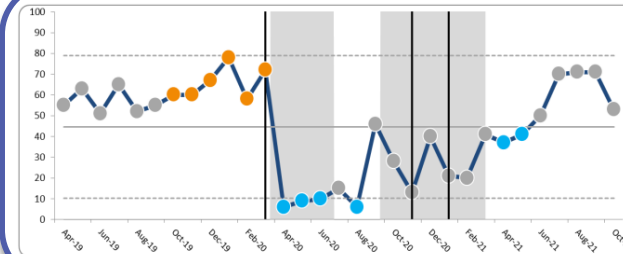
Actual  
Theatre  
session  
utilisation  
(%)

77.10%



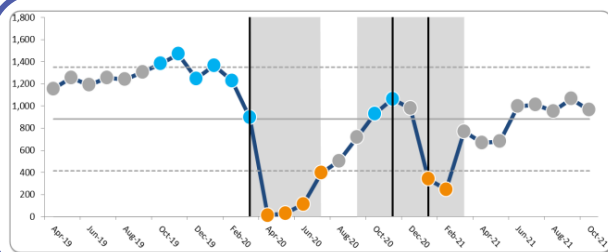
Non-  
electives &  
emergencies  
on elective  
theatre  
sessions (n)

53



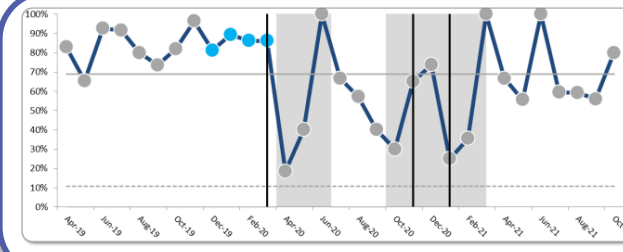
Day cases on  
elective  
theatre  
sessions (n)

965



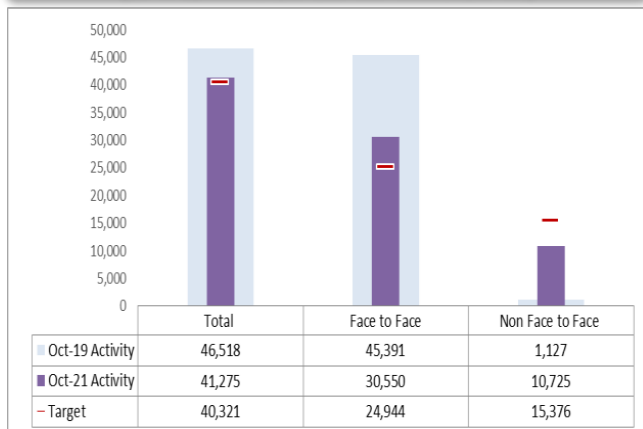
% patients  
rebooked  
with 28 days  
of  
cancellation

77.78

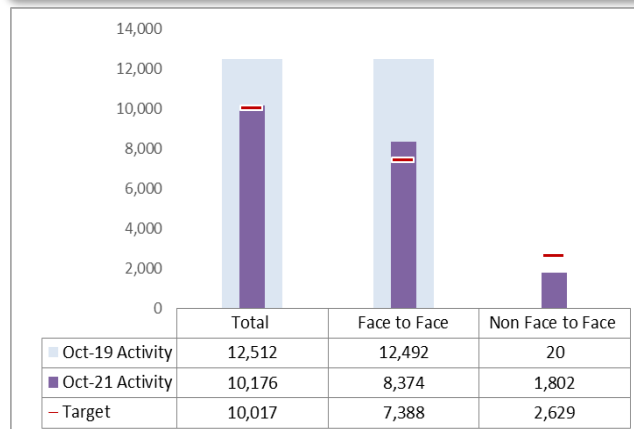


## Comparing Outpatients Activity – Oct-19, Oct-21 and H2 target

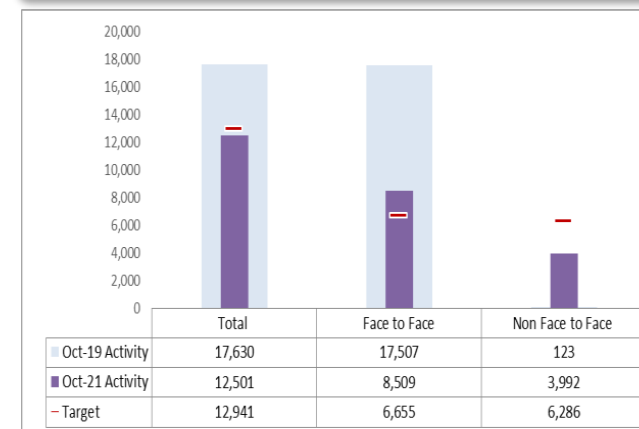
**Total outpatient attendances**  
(all TFC; consultant and non consultant led)



**Consultant-led first outpatient attendances**



**Consultant-led follow-up outpatient attendances**





The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks											
Trust Total			Radiology			Physiology			Endoscopy		
12,513	5,453	56.42%	7,470	2,957	60.41%	3,573	1,866	47.77%	1,470	630	57.14%
<b>What does the data tell us?</b> <b>DM01 Waiting List</b> <ul style="list-style-type: none"><li>The DM01 performance is <b>validated</b> at 56.42% of patients waiting less than 6 weeks for their diagnostic test which remains consistent with the sustained underperformance since the cessation of elective diagnostic tests due to COVID-19 created a backlog of patients.</li><li>The diagnostic waiting list has decreased by 8% with the total waiting list currently at 12,513 patients, a decrease of 554 patients from the previous month.</li><li>The total number of patients waiting 6+ weeks has decreased by 808 patients (6,261 in Sep-21) and there are now 2,633 patients waiting over 13 weeks (2,898 in Sep-21).</li><li>Radiology has the largest number of patients waiting at 7,470 (a decrease of 515 patients from Sep-21) and has the largest number of patient waiting over 6 weeks at 2,957; a decrease of 670 from Sep-21.</li></ul> <b>Activity</b> <ul style="list-style-type: none"><li>16,371 diagnostic tests were undertaken in Oct-21, 649 more tests than Sep-21 and the fifth month over 15,000 in 21-22. This level of activity is the highest and the first month in excess of 16,000 tests since Jan-20.</li><li>At the time of writing, the H2 plans for October have not been finalised. However for radiology, MRI, CT and non-obstetric ultrasound undertook more activity in Oct-21 than Sep-21.</li><li>For endoscopy, all three “H1” modalities, increased their activity from the previous month to the highest level in the first 7 months of 21-22.</li></ul>				<b>RADIOLOGY</b>							
				<b>What have we been doing?</b> <ul style="list-style-type: none"><li>Continued WLI sessions countywide, staff permitting.</li><li>GP DEXA review returns are being updated in CRIS and appointment allocated for patients identified as being required following review. 20% being removed from list</li><li>Stood Medneo down for CT mobile as funds unavailable</li><li>Focused on urgent CT to reduce waiting times</li></ul>				<b>What are we going to do next?</b> <ul style="list-style-type: none"><li>Identify additional MRI scanner in order to provide decant capacity to support replacement in 2022</li><li>Continue WLI session in CT, MRI and US.</li><li>Continue recruitment for CT3 staffing</li><li>Commence recruitment campaign with Comms team</li><li>Complete business case for additional CT and MRI mobile</li><li>Contract award with mobile provider</li><li>Continue contract with BMI</li><li>Identify any opportunities to increase capacity following new IPC guidelines</li><li>Work with WVT to utilise their CT capacity</li><li>Focus weekend lists on CT heads to reduce list</li><li>Working with Estates re: CDC at KTC</li></ul>			
				<b>Issues</b> <ul style="list-style-type: none"><li>CT delays, having significant impact on 2ww and back log</li><li>MRI staffing low due to sickness and leave, resulting in non-contrast lists only and some reduced sessions with an impact on 2WW and backlog</li><li>Reduced number of WLI as staff not offering additional sessions in MRI and CT</li></ul>							
				<b>ENDOSCOPY (inc. Gynaecology &amp; Urology)</b>							
				<b>What have we been doing?</b> <ul style="list-style-type: none"><li>Continuing to send patients to BMI.</li><li>Recommenced 18 sessions per week insourcing at ECH</li><li>Ceased outsourcing Urology to WVT. Alternative plan to use Single use scope</li><li>Continued weekend waiting list initiatives.</li><li>Trying to recruit booking co-ordinators to vacant positions</li><li>Reviewing pre-assessment capacity with view to increase</li></ul>				<b>What are we going to do next?</b> <ul style="list-style-type: none"><li>Mobile unit due to commence from 18<sup>th</sup> October.</li><li>Undertake administration workforce review</li><li>Ensure there is a provision for nurses to receive training in pre-assessment</li><li>Identify any opportunities to increase capacity following new IPC guidelines.</li><li>Preparing bid for EA funding for Colonoscopy</li><li>Working with Estates etc re: CDC at KTC</li></ul>			
<b>Issues</b> <ul style="list-style-type: none"><li>ERCP capacity is a concern outpatients are repeatedly being cancelled due to inpatient demand</li><li>Number of patients on waiting list for a procedure under GA – working with anaesthetics’ to develop enhanced sedation service</li><li>Booking patients is an issue due to covid swab and isolation period – patients declining appointments</li></ul>											



# Operational Performance: DM01 Diagnostics

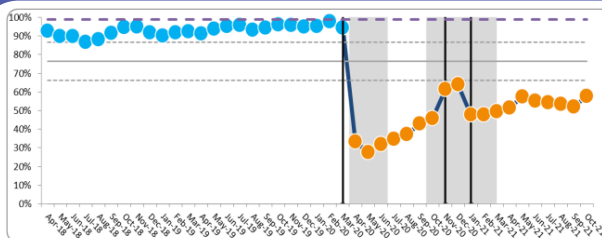
2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

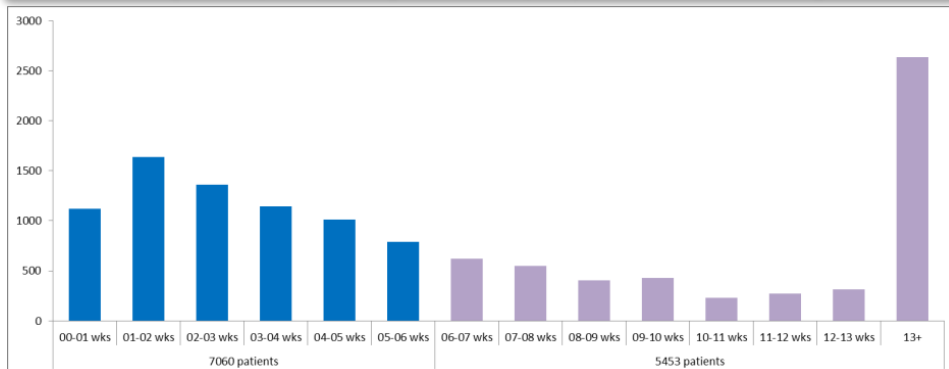
Trust Total			Radiology			Physiology			Endoscopy		
12,513	5,453	56.42%	7,470	2,957	60.41%	3,573	1,866	47.77%	1,470	630	57.14%

DM01  
Diagnostics  
% patients  
within 6  
weeks

56.42%



Diagnostics (DM01) Waiting List Profile split by 0-6 and 6+ weeks waiting



Current Assurance Level: 5 (Oct-21)

Previous assurance level: 5 (Sep-21)

## NEUROPHYSIOLOGY

### What have we been doing?

- Clinical urgency continues to be reviewed
- Clinics are being booked at KTC and ALX once a week.
- Continue to work mixed shift to allow additional patients to be seen

### What are we going to do next?

- WLI – approval for a limited amount of clinics, outsourcing staffing (4) these have started
- Identify any opportunities to increase capacity following new IPC guidelines
- Preparing bid for EA funding to reduce backlog

### Issues

- Staff shortages due to track and trace

## CARDIOLOGY – ECHO

### What have we been doing?

- Workloads for all sites are prioritised based on urgency
- Backlog is still increasing due to reduced capacity
- WLI clinics are continuing back on referring site
- Echo capacity has increased through Locum support but has associated risks
- Have been given agreement to perform Pacing clinics and holter monitors in the assessment PODs which will allow for increased department activity

### What are we going to do next?

- WLI clinics to continue where possible if they can be staffed (4)
- Identify any opportunities to increase capacity following new IPC guidelines
- Preparing bid for EA funding to reduce backlog

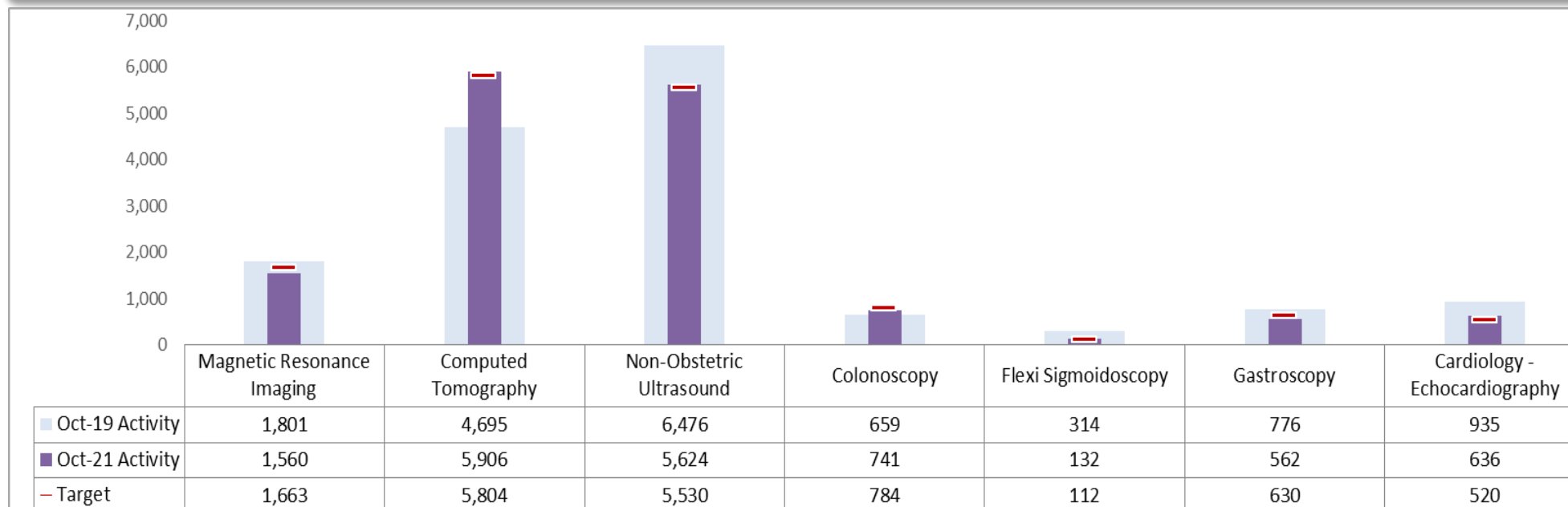
### Issues

- Staff shortages due to track and trace and high vacancy rate

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

SRO: Paul Brennan

## DM01 Diagnostics Activity | October-21 Diagnostic activity compared to Oct-19 and H2 Target

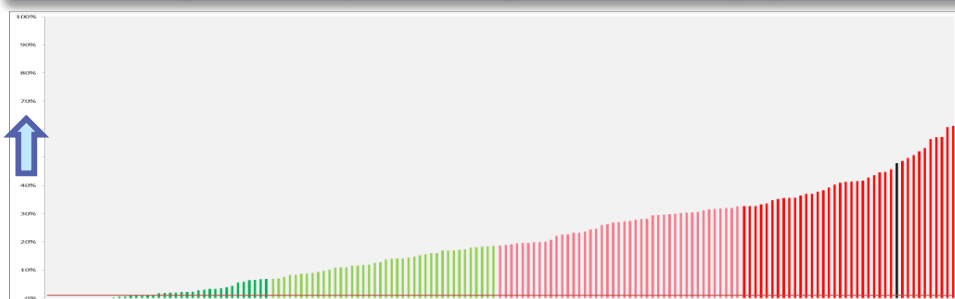


These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy are not included in the request from NHSEI.

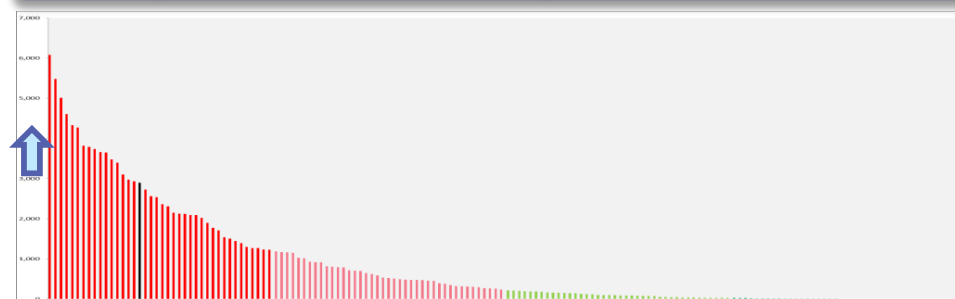
**National Benchmarking (September 2021)** | The Trust was one of 5 of 13 West Midlands Trust which saw a decrease in performance between Aug-21 and Sep-21. This Trust was ranked 12 out of 13; the same as the previous month. The peer group performance ranged from 0.99% to 52.17% with a peer group average of 29.93%; 0.261 from 28.50% the previous month. The England average for Sep-21 was 26.10% a -1.0% increase from 27.10% in Aug-21.

In September, there were 141,294 patients recorded as waiting 13+ weeks for their diagnostic test; 2,895 (2.04%) of these patients were from WHAT

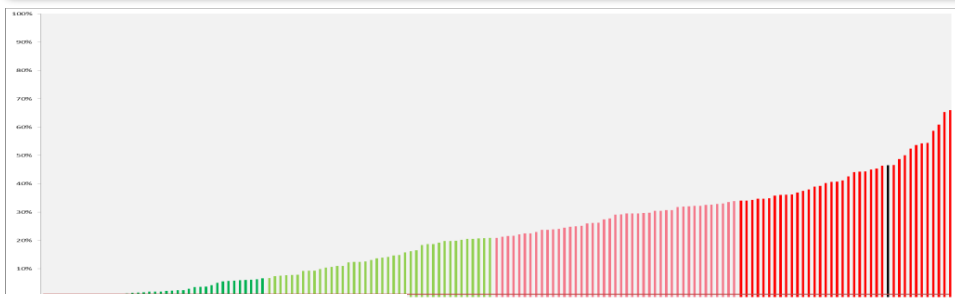
DM01 Diagnostics - % of patients waiting more than 6 weeks | September-21



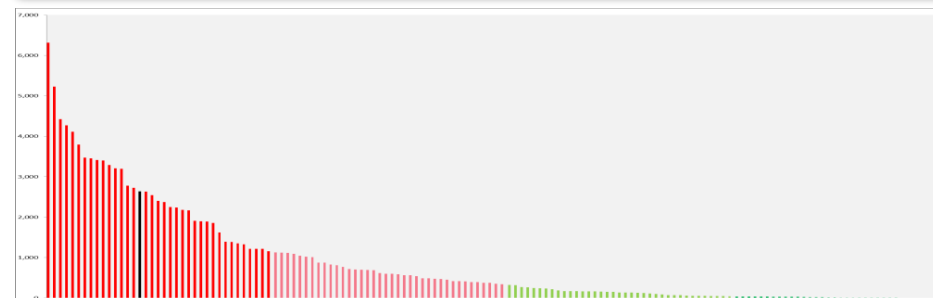
DM01 Diagnostics - number of patients waiting more than 13 weeks | September-21



DM01 Diagnostics - % of patients waiting more than 6 weeks | August - 21



DM01 Diagnostics - number of patients waiting more than 13 weeks | August-21



■ WHAT ■ Operational Standard 1%

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

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		SSNAP Q2 21-22 (provisional) Jul-21 to Sep-21			
54.84%	Grade E	22.58%	Grade E	45.16%	Grade B	42.11%	N/A	Score	68.0	Grade	C

## What does the data tell us?

- Three of the four main stroke metrics show performance that is special cause concern with only CT scanning within 60 minutes showing normal variation. No target was met this month.
- For context, the **in-month** SSNAP grades have been included in the metrics row above.
- The Q2 SSNAP score and grade are provisional as they have been calculated internally based on the published SSNAP methodology. If our calculations are correct, then we will have returned to a grade C, with 6 of the 10 domains being graded an A or a B.

Domain	2021/22 Q2	
	Score	Grade
1) Scanning	82	C
2) Stroke unit	33	E
3) Thrombolysis	36	E
4) Specialist Assessments	83	B
5) Occupational therapy	82	A
6) Physiotherapy	76	B
7) Speech and Language therapy	59	A
8) MDT working	74	D
9) Standards by discharge	91	B
10) Discharge processes	100	A
Combined Total Key Indicator score	68	C
Case ascertainment band	90%	
Audit compliance band	A	
SSNAP score	68.0	C

Provisional SSNAP scores and grades for Q2

Current Assurance Level: 5 (Oct-21) | approved at QGC on 25<sup>th</sup> Nov 2021

Previous Assurance Level: 5 (Sep-21)

## What are we doing to improve?

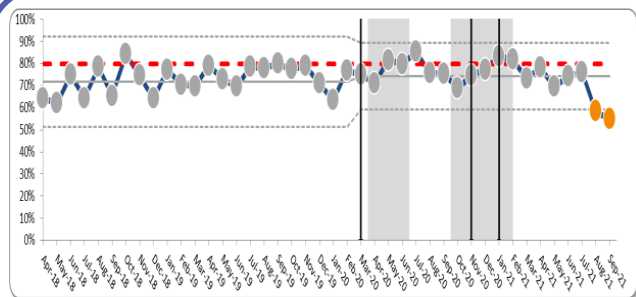
- Patients Admitted Within 4 Hours:** This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is out to advert which will provide an overview of stroke capacity across the pathway and facilitate flow. Examples of inappropriate pre-alerts have been sent to WMAS and awaiting a response. Limited stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). Recruitment of additional consultant workforce is ongoing (2 posts shortly to be advertised). An agency consultant commenced 01/11/21 and a joint appointment with Neurology department also commenced 15/10/21. Bi-weekly meetings continue with regional ISDN to access mutual aid whilst the service only has 1 substantive consultant.
- 90% Stay on Stroke Ward:** Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- TIA Patients Seen Within 24 Hours:** All referrals now triaged appropriately by Stroke consultant resulting in some rejections. TIA clinics have recommenced at weekend (2 slots per day) During weekdays, TIA clinic capacity has been increased (still not to levels equivalent to demand) due to the support from Consultant Neurology colleagues. We are expecting to see a steady improvement in the achievement of this from October onwards.
- Specialty Review Within 30 Minutes:** All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. This will be further enhanced when 24/7 CNS cover is introduced, currently going through management of change process (completion of this process end of October 2021). Anticipated that 24/7 CNS cover will be in place from 03/01/22.

**When expected to move to next level of assurance:** Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable improvements in the SSNAP score / grade. Q1 SSNAP will be published in Sept-21.

SRO: Paul Brennan

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

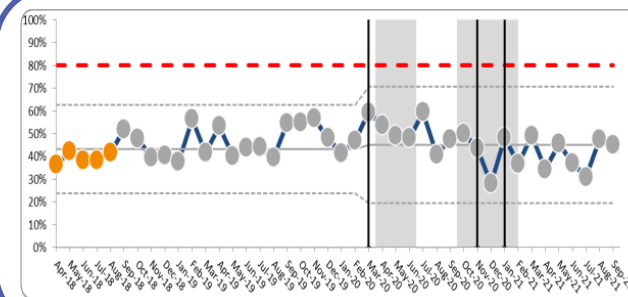
54.84%



L  
?

Stroke : %  
CT scan  
within 60  
minutes

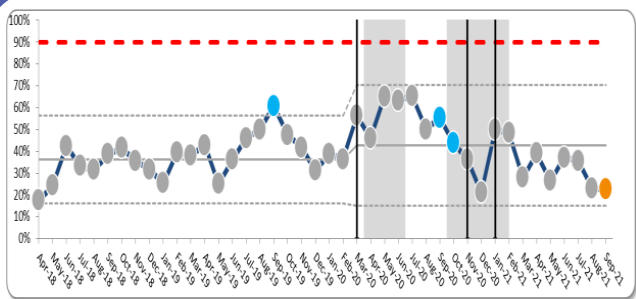
45.16%



F  
?

Stroke : %  
Direct  
Admission  
to Stroke  
ward

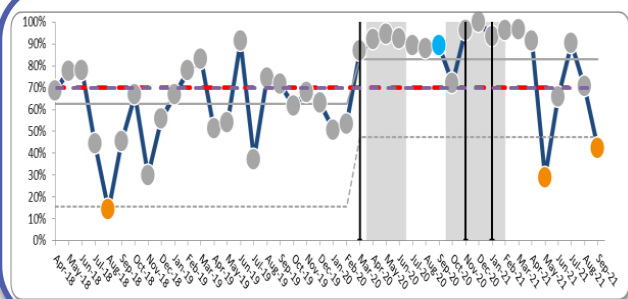
22.81%



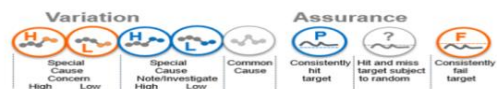
L  
F

Stroke: %  
seen in TIA  
clinic within  
24 hours

42.11%



L  
?



Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Lockdown Period  
COVID Wave

# Quality and Safety

# Summary Performance Table | Month 7 [October] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Oct-21	10	4			4	0	10
	Ecoli	Oct-21	4	4			4	0	9
	MSSA	Oct-21	3	0			2	0	6
	MRSA	Oct-21	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Oct-21	0	-			0	0	2
Falls per 1,000 bed days causing harm		Oct-21	0.04	0.04			0	0	0
% medicine incidents causing harm		Oct-21	0	11.71			9	2	17
Hand Hygiene	Hand Hygiene Audit Participation	Oct-21	93.64	100			90	76	103
	Hand Hygiene Compliance to practice	Oct-21	99.58	98			99	99	100
VTE Assessment Rate		Oct-21	96.36	95			96	94	98
Sepsis	Sepsis Screening compliance	Sep-21	87.8	95			83	70	96
	Sepsis 6 bundle compliance	Sep-21	64.66	95			52	26	78
#NOF time to theatre <=36 hrs		Oct-21	72.06	85			78	60	97
Mortality Reviews completed <=30 days		Nov-20	35.5	-			43	20	67
HSMR 12 month rolling average		Jun-21	95.61	-			104	101	107
Complaints responses <=25 days		Oct-21	79.69	80			77	45	110
ICE viewed reports	ICE viewed reports (pathology)	Sep-21	94.11	-			96	94	98
	ICE viewed reports (radiology)	Sep-21	91.05	-			85	81	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Oct-21	18.45	20			17.15	11	23
FFT A&E Recommended	Oct-21	74.87	95			83.00	76	90
FFT Inpatient Response	Oct-21	32.71	30			31.96	24	40
FFT Inpatient Recommended	Oct-21	95.77	95			95.66	94	97
FFT Maternity Response	Oct-21	6	30			20.89	4	37
FFT Maternity Recommended	Oct-21	84.62	95			94.35	81	107
FFT Outpatients Response	Oct-21	11.12	10			10.46	7	14
T Outpatients Recommended	Oct-21	92.01	95			93.44	92	95



# Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	<ul style="list-style-type: none"> <li>Our C.Diff cases increased to 10 in Oct-21, 6 of which were hospital acquired and 4 were community acquired. This brings our year to date position to 11 over trajectory. This is based on the national target of no more than 61 cases for the financial year 2021/22.</li> <li>E-Coli BSI did not achieve the in month target for Oct-21, and we are 3 over the year to date trajectory.</li> <li>MSSA did not achieve the in-month target for Oct-21, and we are 4 over the year to date trajectory.</li> <li>MRSA achieved the in-month target for Oct-21, and is achieving the year to date trajectory.</li> <li>Klebsiella achieved the in-month target for Oct-21, and is achieving the year to date trajectory.</li> <li>Pseudomonas aeruginosa achieved the in-month target for Oct-21, and is achieving the year to date trajectory.</li> <li>Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 19 months.</li> <li>Antimicrobial Stewardship overall compliance for Oct-21 decreased slightly to 88.85% and did not achieve the target of 90%.</li> <li>Patients on Antibiotics in line with guidance or based on specialist advice for Oct-21 was 88.61%, and did not achieve the target.</li> <li>Patients on Antibiotics reviewed within 72 hours for Oct-21 was 91.46%, and achieved the target.</li> <li>An update on outbreaks has been reviewed by the Infection Prevention &amp; Control Steering Group.</li> </ul>
SEPSIS 6	<ul style="list-style-type: none"> <li>Compliance of completion of the sepsis 6 bundle within one hour decreased in Sep-21 and the performance remains below target.</li> <li>Sepsis 6 screening performance remained stable in Sep-21. Compliance has not met the target since May-19.</li> <li>Sepsis 6 antibiotics provided within one hour compliance decreased in Sep-21 but did achieve the target.</li> </ul>
VTE Assessments	<ul style="list-style-type: none"> <li>There has been a sustained significant improvement in VTE assessments, with the target begin attained every month since April 2019.</li> <li>There is concern about VTE 24 hour VTE re-assessment rates as we are still under target. However, compliance increased in Oct-21.</li> <li>Data being recorded on Badgernet by W&amp;C is now being reviewed and will be incorporated into VTE reporting.</li> </ul>
ICE Reporting	<ul style="list-style-type: none"> <li>The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 18 months (range 80.56% to 91.05%).</li> <li>The Target of 95% for viewing Pathology Reports on ICE was missed for the third month running.</li> </ul>
Fractured Neck of Femur	<ul style="list-style-type: none"> <li>There were a similar number of admissions in Oct-21 compared to Sep-21 but the #NOF compliance decreased.</li> </ul>

# Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	<ul style="list-style-type: none"> <li>The recommended rate for Inpatients continued to achieve the target at 95.77% in October 21.</li> <li>The recommended rate for Maternity dropped for the fourth month to 84.62% and failed to achieve the target.</li> <li>The recommended rate for Outpatients increased to 92.01% but failed to achieve the target.</li> <li>The recommended rate for A&amp;E increased to 74.87% but failed to achieve the target.</li> </ul>
Complaints	<ul style="list-style-type: none"> <li>The % of complaints responded to within 25 days fell to 79.69%, and dropped just below target (80%)</li> </ul>
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> <li>There were zero Serious Incident HAPU's in Oct-21, and the metric is achieving the year to date trajectory. .</li> <li>There were zero Category 4 HAPU's in Oct-21 for the 15<sup>th</sup> consecutive month.</li> <li>We have exceeded our monthly target for total HAPUs with 24 HAPUs in Oct-21. This is the first time this financial year.</li> <li>The total of 107 HAPUs year to date is well under the year to date trajectory of 144.</li> </ul>
Falls	<ul style="list-style-type: none"> <li>The total number of falls for Oct -21 was 115 which exceeded the in-month target.</li> <li>The number of falls per 1000 bed days increased slightly in Oct-21 to 5.11 (remains below the national benchmark of 6.63)</li> <li>There was an SI fall in October, which equates to 0.04 falls with serious harm per 1000 bed days.</li> <li>Avon 4 have trialed, over a 3 month period, Rambleguard as a fall prevention and patient monitoring solution with extremely positive results. Process underway to secure this QI initiative for 2 high risk wards areas</li> </ul>
Never Events	<ul style="list-style-type: none"> <li>There has been one never event in Oct-21 under the category 'Wrong Site Surgery'.</li> <li>This brings the total to 4 Never Events in 2021/22. There are no themes identified between the 4 never events.</li> </ul>
MSA Breaches	<ul style="list-style-type: none"> <li>Reporting has commenced for Mixed Sex Accommodation breaches.</li> <li>In Oct-21, we had a total of 60 MSA breaches.</li> </ul>

## 2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff * National target of 61		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA		Klebsiella species		Pseudomonas aeruginosa	
Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target
10/5	47/36	4/3	20/17	3/0	11/7	0/0	0/0	3/3	10/23	0/1	7/11

- *C.difficile* infections did not achieve in-month target for Oct-21 and is not achieving the year to date trajectory.
- E-Coli BSI did not achieve the in-month target for Oct-21 and is not achieving the year to date Trust stretch trajectory.
- MSSA did not achieve the in-month target for Oct-21 and is not achieving the year to date trajectory.
- MRSA achieved the in-month target for Oct-21, and is achieving the year to date trajectory.
- *Klebsiella species* achieved the in-month target for Oct-21, and is achieving the year to date trajectory.
- *Pseudomonas aeruginosa* achieved the in-month target for Oct-21, and is achieving the year to date trajectory.
- The Hand Hygiene audit participation rate increased in Oct-21 to 93.64%, which is the eighth consecutive month over 90%.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 20 months. This metric will reliably achieve the target.

- An escalated action plan is in place in response to the increase in CDI. However, key actions in relation to deep cleaning within this plan cannot be progressed at present due to the operational pressures across the Trust meaning we are unable to take bed spaces out of use for cleaning. The need for a bed (and equipment) deep clean facility on each site has been escalated for executive action as this would help progress the action plan.
- The level of assurance for antimicrobial stewardship (AMS) has increased to level 5, with active divisional programmes on AMS. Typing during periods of increased incidence confirm that cross-infection is not usually the cause of high CDI numbers, meaning AMS both in hospital and in primary care is most likely to be the key driver of infections. The work on AMS is starting to result in improved prescribing which will help reduce CDI infection rates.
- As part of work on Staph aureus BSI the Aseptic Non-Touch Technique (ANTT) training programme has been purchased for a further 2 years, and is about to become part of essential training for clinical staff. Work is also advancing for a revised cannula care monitoring form, sterile cannula packs, and standardisation of dressings for cannulas. These will underpin the revised policy which has been approved.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Oct-21)  
Reason: Non Covid - Antimicrobial Stewardship is a key concern.

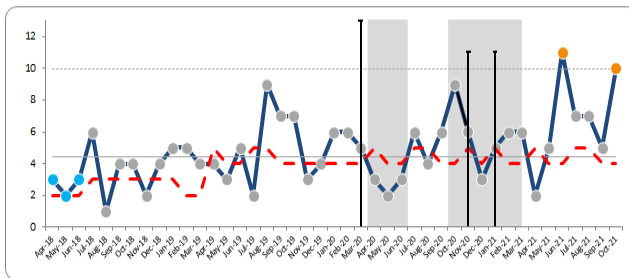
**When expected to move to next level of assurance for non Covid:**  
This will be reviewed against quarter 3 performance.

Previous assurance level (Sep-21) –Level 6 COVID-19 / Level 4 for non-Covid

SRO: Paula Gardner(CNO)

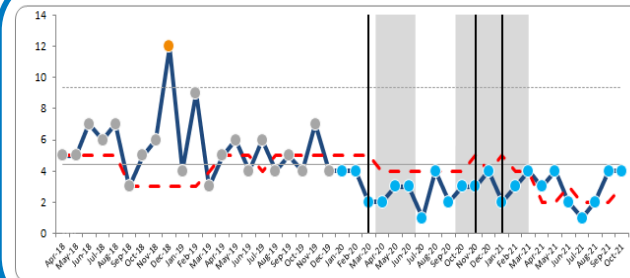
C-Diff

10



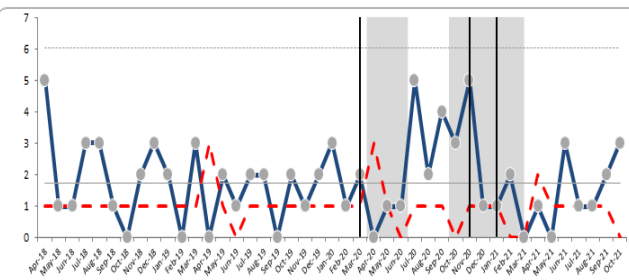
E-Coli

4



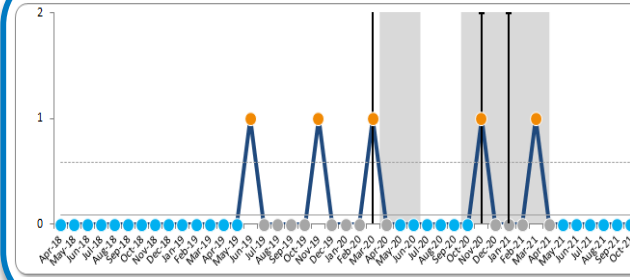
MSSA

3



MRSA

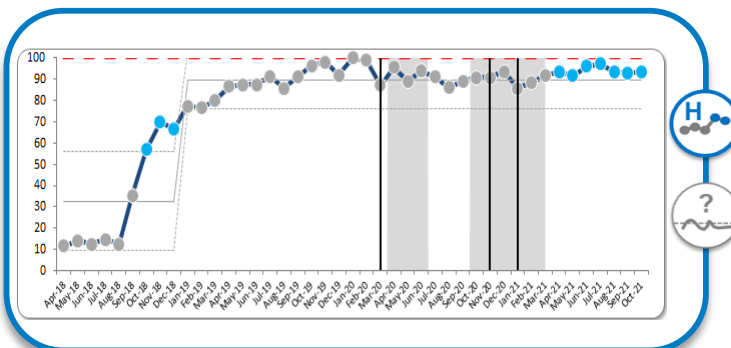
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Lockdown Period  
COVID Wave

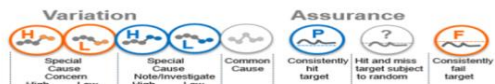
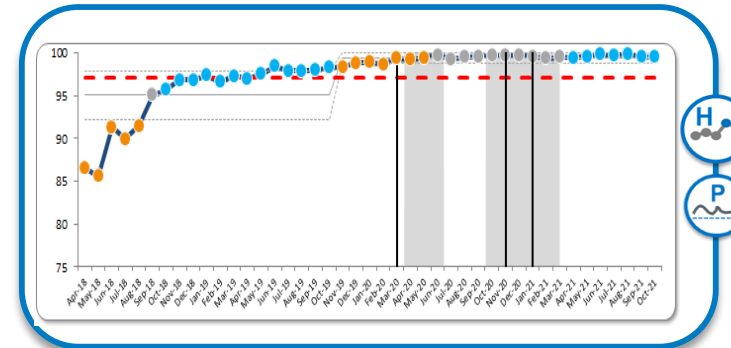
Hand  
Hygiene  
Audit  
Participation  
(%)

93.64



Hand  
Hygiene  
Compliance  
(%)

99.58

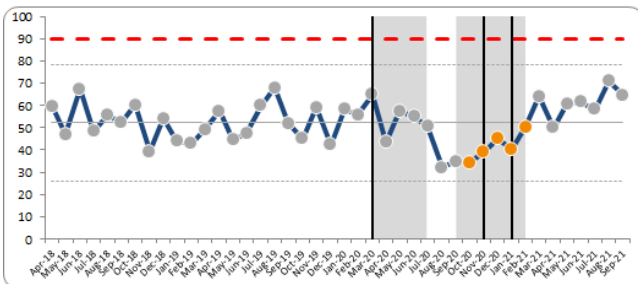


Lockdown Period  
COVID Wave

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
64.66%	87.80%	93.97%	86.21%	100%	92.24%	86.21%	85.34%
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The sepsis 6 bundle completed within one hour compliance decreased in Sep-21. The performance is still below the target (61.68% in June 2021)</li> <li>Sepsis 6 screening performance still remains below the target which has not been met since May 2019.</li> <li>Sepsis 6 antibiotics provided within one hour compliance decreased in Aug-21 but has achieved the target for the 8<sup>th</sup> time in the last 9 months. This shows that where appropriate – action is taken by the clinical teams</li> <li>Compliance for three of the remaining elements of the Sepsis 6 bundle were below 90%. The element oxygen achieved 100% for the first time.</li> </ul>			<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>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.</li> <li>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'.</li> <li>An electronic solution to Sepsis screening and treatment is in development for use within the digital care record</li> <li>Continue to develop the 'real-time' audit process to improve patient management when it matters most.</li> </ul>				
<b>Assurance level – Level 5 (Oct-21) Assurance level reduced as still not meeting targets</b>			<b>When expected to move to next level of assurance:</b> Q4 following full implementation of the Divisional plans.				
<b>Previous assurance level (Jun-21) – Level 6</b>			SRO: Christine Blanshard (CMO)				

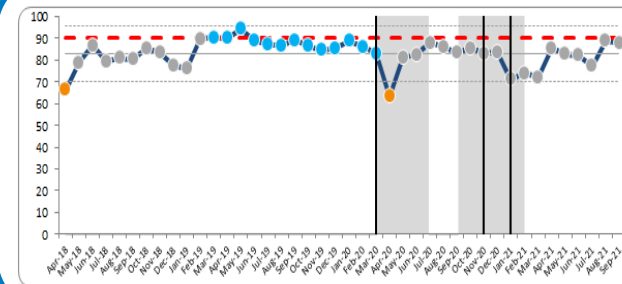
## Sepsis 6 Bundle Compliance (audit)

64.66%



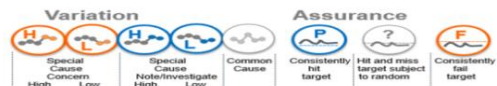
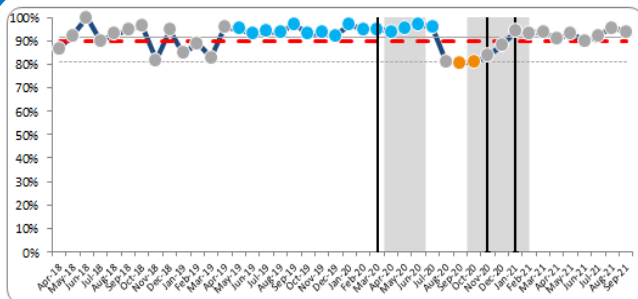
## Sepsis Screening Compliance (audit)

87.80%



## Sepsis Screening Antibiotics Compliance (audit)

93.97%



Lockdown Period  
COVID Wave

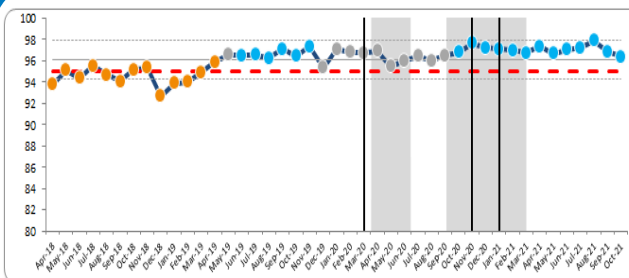


## 2.2 Care that is Effective – VTE assessment and VTE assessments within 24 hours

VTE assessment on admission to hospital		24 hour VTE re-assessment rates	
October 2021	Target	October 2021	Target
96.36%	95%	72.68%	95%
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic.</li> <li>24 hour VTE re-assessment increased slightly in Oct-21, and is yet to achieve the target. Although the trend is generally upward.</li> <li>Data being recorded on Badgernet by W&amp;C is now being reviewed and will be incorporated into VTE reporting when available.</li> </ul>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>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)</li> <li>HAT's are routinely discussed at the Trust Thrombosis committee and any learning shared.</li> </ul>	
<b>Assurance level – Level 5 (Oct-21)</b> Reason: Sustained compliance for VTE on assessment, but requires improvement for the 24 re-assessments		<b>When expected to move to next level of assurance :</b> End of Q3 21/22 – following embedding change made as a result of the audit.	
<b>Previous assurance Level - 4 (Sep-21)</b>		SRO: Christine Blanshard (CMO)	

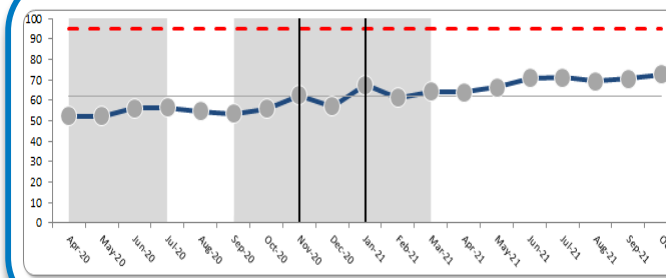
## VTE Assessment Compliance (%)

96.36

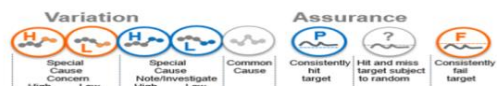


## 24 hours VTE Assessment Compliance (%)

72.68



Please note that % axis does not start at zero.



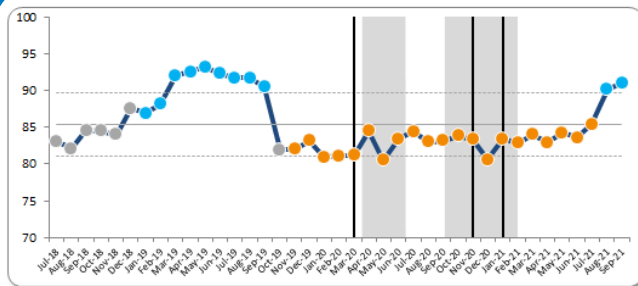
Lockdown Period  
COVID Wave

## 2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
91.05% - Sep 2021 (90.13% - Aug 2021)	71.19% (70.56%)	94.11% (94.72%)	65.06% (66.78%)
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 18 months (range 80.56% to 91.05%).</li> <li>The Target of 95% for viewing Pathology Reports on ICE was just missed in Sep-21 at 94.11%.</li> <li>Radiology reports filed on ICE has remained above 70% for four consecutive months.</li> <li>Pathology reports filed on ICE has fallen in Sep-21 to 65.06%.</li> <li>Auto filing of T&amp;O trauma plain radiographs has now gone live.</li> </ul>		<b>What will we be doing?</b> <ul style="list-style-type: none"> <li>Auto-filing and batch filing of negative MRSA and COVID swabs has undergone testing and will go live mid-end of October (delayed due to Patient First and PAS upgrades)</li> <li>Batch filing of old results that have been viewed (or subsequent tests requested) to be explored</li> <li>Process within the system for filing to be reviewed to make the use of the system more user friendly</li> </ul>	
<b>Assurance level – Level 5 (Oct-21)</b>		<b>When expected to move to next level of assurance:</b> When autofiling and manual filing process have been implemented – to be reviewed against November 2021 data.	
<b>Previous assurance level: Level 4 (Sep-21)</b>		SRO: Christine Blanshard (CMO)	

ICE reports  
viewed  
radiology  
(%)

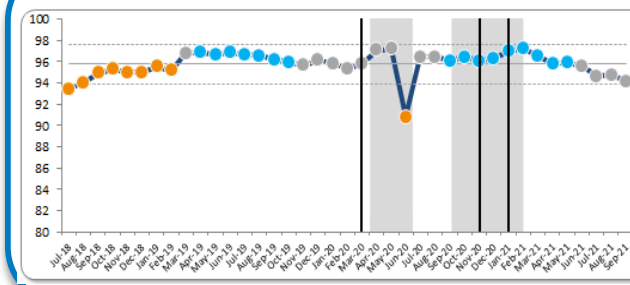
91.05



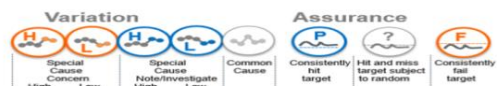
Please note that % axis does not start at zero.

ICE reports  
viewed  
pathology  
(%)

94.11



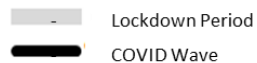
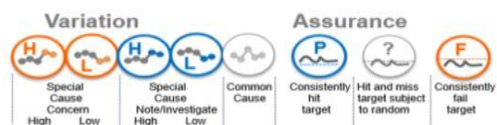
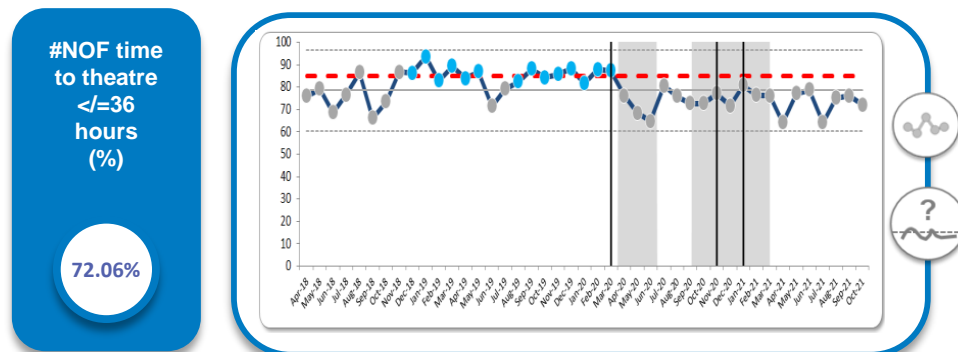
Please note that % axis does not start at zero.



Lockdown Period  
COVID Wave

## 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
72.06% (Oct 2021) 76.12% (Sep 2021)	76.56% (Oct 2021) 87.93% (Sep 2021)
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The #NOF target of 85% has not been achieved for 19 months.</li> <li>This performance correlates with the timeline of the COVID pandemic.</li> <li>Hence the last time the target was met was just before COVID in Mar-21 (87.30%)</li> <li>In the 12 months prior to the commencement of the pandemic, the target had been met on 6 occasions, and was over 80% for an additional 4 months.</li> </ul>	<b>What will we be doing?</b> <ul style="list-style-type: none"> <li>Centralising all Inpatient Trauma to WRH site from 13<sup>th</sup> November as a result increasing Trauma theatre capacity by 1 4 hour session per day.</li> <li>Changing consultant on-call pattern to ensure there is always a hip surgeon available to operate.</li> </ul>
<b>Current assurance level – 4 (Oct-21)</b>	<b>When expected to move to next level of assurance:</b> Jan-22
<b>Previous assurance level: 4 (Sep-21)</b>	SRO: Christine Blanshard (CMO)

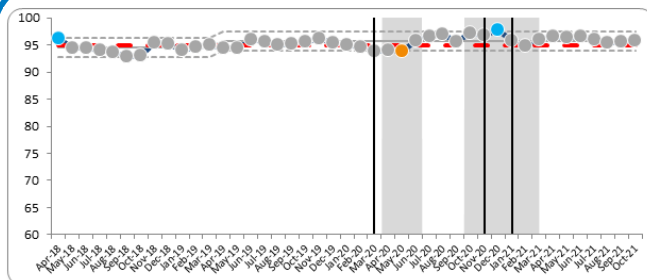


FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Oct-21	Target	Oct-21	Target	Oct-21	Target	Oct-21	Target
95.77%	95%	92.01%	95%	74.87%	95%	84.62%	95%
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The recommended rate for Inpatients continued to <b>achieve</b> the target at 95.77% in October 21. The response rate was also above trust target at 32.71%.</li> <li>The recommended rate for Maternity dropped for the fourth month to 84.62% and <b>failed</b> to achieve the target. The response rate also dropped and remains below the trust target (30%) at 6.00%.</li> <li>The recommended rate for Outpatients increased to 92.01% but <b>failed</b> to achieve the target. The response rate rose to 11.05% and achieved the target (10%).</li> <li>The recommended rate for A&amp;E increased to 74.87% but <b>failed</b> to achieve the target. The response rate increased to 18.45% but failed to reach the target (20%).</li> </ul>				<b>What improvements will we make?</b> <p>How divisions are “listening” to feedback will continue to be reported into and discussed at the Patient, Carer and Public Engagement steering group – this group will meet quarterly from November 2021. As reported into this group, the FFT score on NNU and TCU showed at 0% due to absence within the team. The approach has been to brainstorm with 4ward advocates on how to improve FFT compliance and share this learning wider. Other improvements demonstrated in reports will be shared across divisions to amplify learning from different approaches.</p> <p>FFT collection is facilitated through the use of iPad and text messaging. Lower response numbers continue to be attributed to issues with Wi-Fi connectivity and staff familiarisation with using iPads. Support for staff with discussion and awareness has increased numbers in pockets but not across all areas of the trust.</p> <p>It is acknowledged that many patients and staff prefer to use paper Friends and Family cards – the Patient Experience Lead Nurse is developing a clear process to reintroduce cards along with posters that have been created and shared in pilot areas to share “You Said We Listened”. This is included in the Lead Nurses’ FFT action plan which is in development which will also include clear guidance for staff about how to promote FFT and how to use FFT to drive quality improvement and understand the patient experience.</p> <p>The proposed extension to Compassionate Visiting was not approved following Bronze on 13.10.21. 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. This can be seen in ED where patients experience long waiting times without family support. A deep dive into PALS calls received in October, has demonstrated that there is a need to ensure that all staff are facilitating compassionate visiting for those who are eligible and that all staff are aware of the definition of Compassionate Visiting as well as recognising who is a Carer. An awareness campaign will be jointly launched on Carer’s Right’s day in November with the Worcestershire Association of Carer’s to support this.</p>			
Assurance level – Level 5 (Oct-21)				When expected to move to next level of assurance: Q4 2021/22			
Previous assurance level – Level 5 (Oct-21)				SRO: Paula Gardner (CNO)			



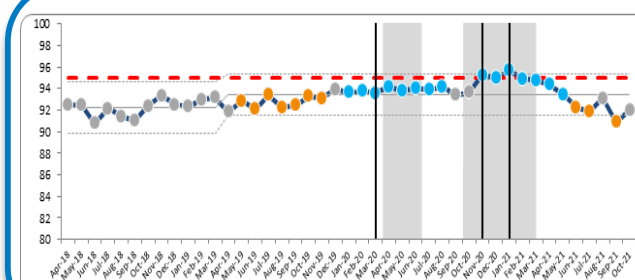
FFT  
Inpatient  
Recommen  
ded %

95.77



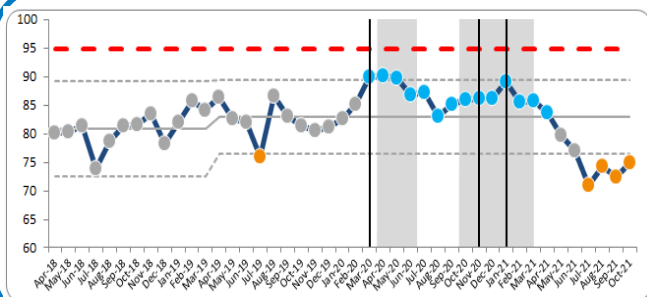
FFT  
Outpatient  
Recommen  
ded %

92.01



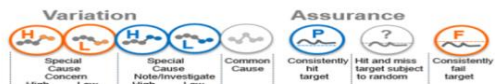
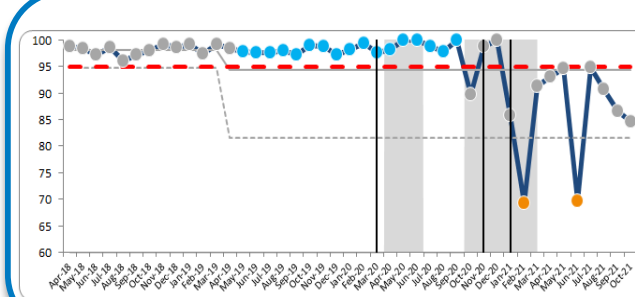
FFT AE  
Recommen  
ded %

74.87



FFT  
Maternity  
Recommen  
ded

84.62



Lockdown Period  
COVID Wave

## 2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days	
Oct-21	Target
79.69	80%

### What does the data tell us?

- The % of complaints responded to within 25 days fell to 79.69%, and dropped just **below** target (80%).
- This is only the 2<sup>nd</sup> time in the last 6 months that the target was not achieved.

### What improvements will we make?

- A larger number of complaints were received in Q2.
- A significant number of cases have been closed which breached in September and October. This has resulted in a slightly reduced percentage in both months. The trust is now in a stronger position to achieve above 80% in November and at quarter end.

Current Assurance Level – Level 5

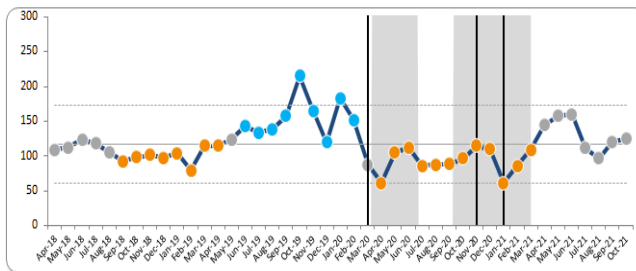
When expected to move to next level of assurance: End of Q3.

Previous Assurance Level – N/A

SRO: Paula Gardner (CNO)

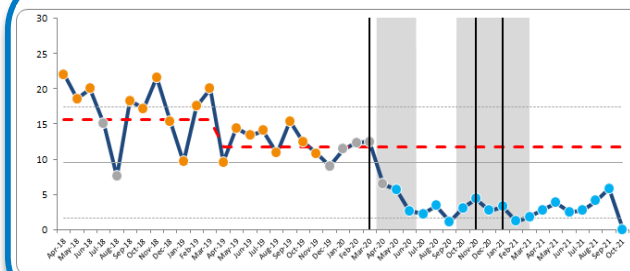
Total  
Medicine  
incidents  
reported

125



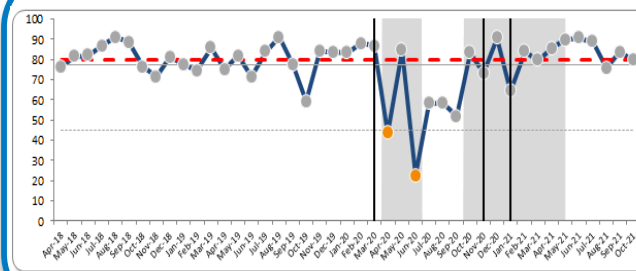
Medicine  
incidents  
causing  
harm (%)

0



Complaints  
Responses  
≤/ 25 days  
(%)

79.69



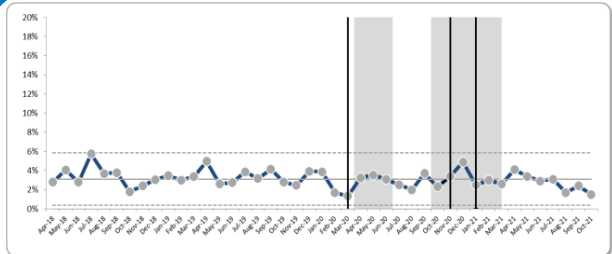
Lockdown Period  
COVID Wave

# Maternity

% admission of full-term babies to neonatal care	Neonatal Deaths (>24 <sup>+0</sup> weeks gestation)	Stillbirths	Maternal Deaths	% Pre-term births	% Home births	Booked before 12+6 weeks	Births
1.5% (7 babies)	0	1	0	6.3% (29 births)	1.8% (8 births)	80.3% (323 of 402)	457
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The statistical change noted last month for elective c-section rate has returned to normal variation. Although there have been some Sep-21 to Oct-21 increases in the percentage of instrument and emergency caesarean section deliveries, these remain with normal variation as well.</li> <li>The only metric showing special cause variation is booking women before 12<sup>+6</sup> weeks.</li> <li>Sadly, there was 1 stillbirth recorded in Oct-21 but no neonatal or maternal deaths .</li> </ul>				<b>What have we been doing?</b> <ul style="list-style-type: none"> <li>Additional LSIP launch events completed</li> <li>Agreed new safety report template</li> <li>Completing Birthrate data submission</li> <li>Work continues to improve KPI around booking</li> <li>Reviewed assessment of Ockenden evidence and agreed with outcome score</li> <li>Secured retention funding</li> <li>Establishing an elective CS team</li> </ul>			
<b>Current Assurance Level: 5 (Oct-21)</b>				<b>What are we doing next?</b> <ul style="list-style-type: none"> <li>Recruit CNST Lead , audit midwife, PMA Lead, MMHS Midwife and a digital midwife</li> <li>Awaiting outcome of CNST submission (due November)</li> <li>Agreeing a contract with the local council to fund 2 x PH midwives for 2 years (£250k)</li> <li>Complete training for IP and ward acuity tools</li> <li>Complete bid for NHS Digital Fund</li> <li>Continue to work with MIA</li> <li>Preparing for CQC visit</li> </ul>			
				<b>When expected to move to next level of assurance:</b> <ul style="list-style-type: none"> <li>Review of IOL pathway complete</li> <li>Review of SoP for CoC complete</li> <li>Review of escalation policy complete</li> <li>No midwifery vacancies/reduce sickness absence levels</li> </ul>			
<b>Previous Assurance Level: 5 (Sep-21)</b>				<b>SRO: Paula Gardner (CNO)</b>			

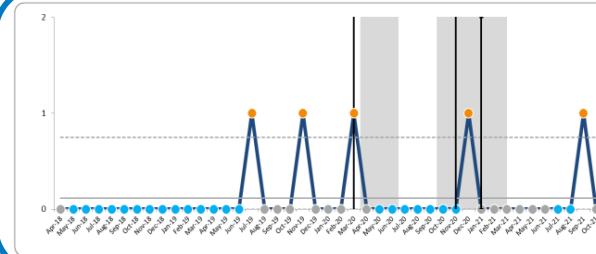
% admission of full-term babies to neonatal care

1.5%



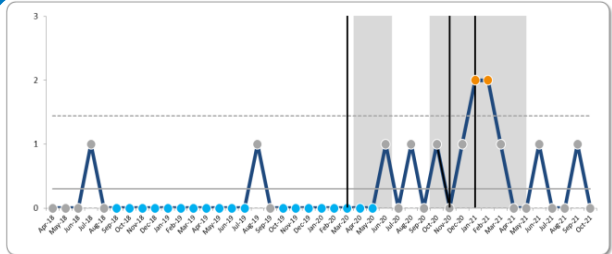
Maternal Deaths

0



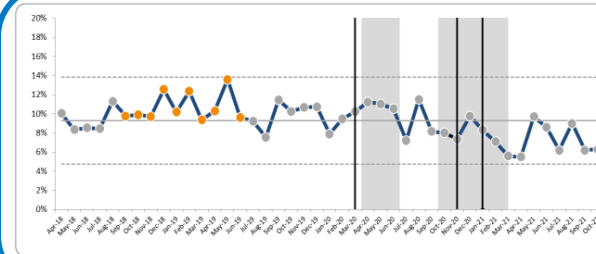
Neonatal Deaths (>24+0 weeks gestation)

0



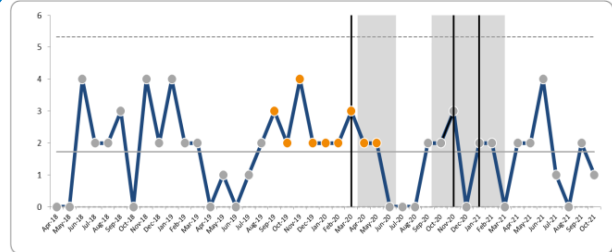
% Pre term births

6.3%



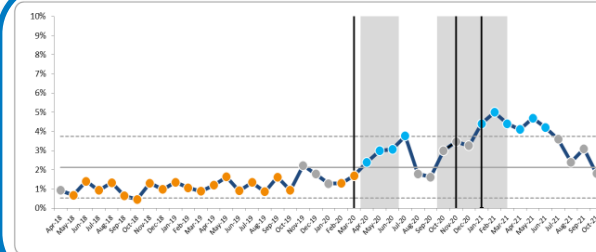
Stillbirths

1

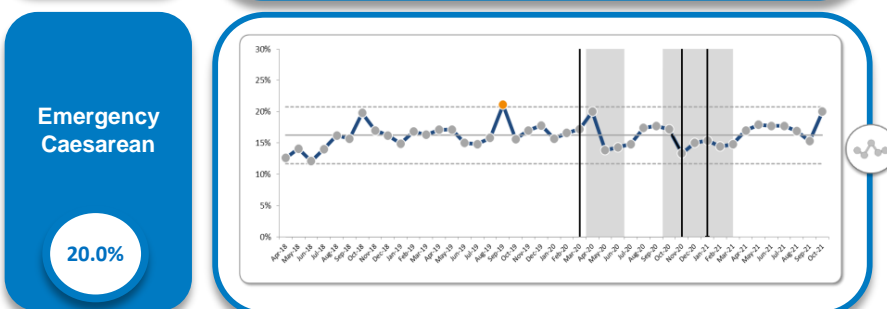
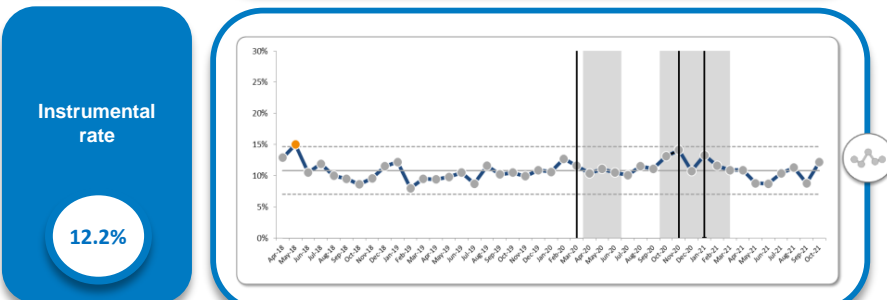
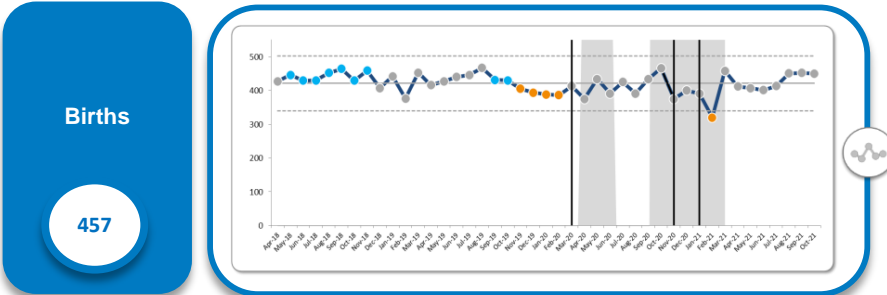
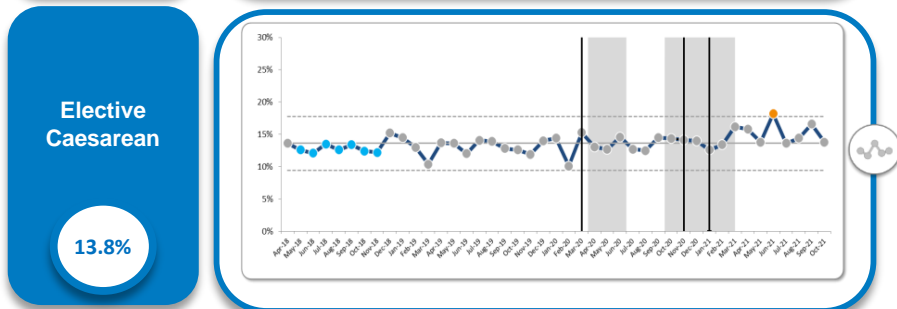
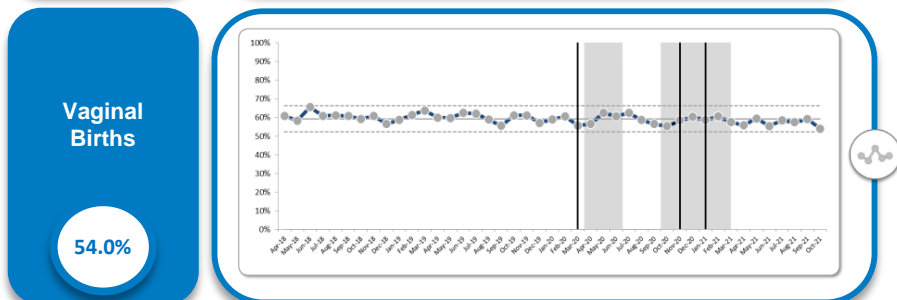
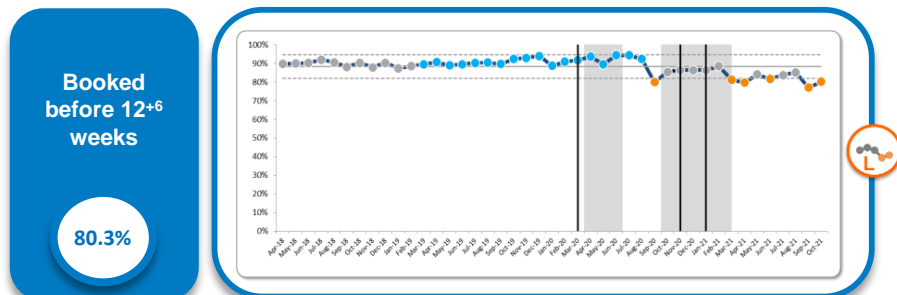


% Home births

1.8%



Lockdown Period  
COVID Wave

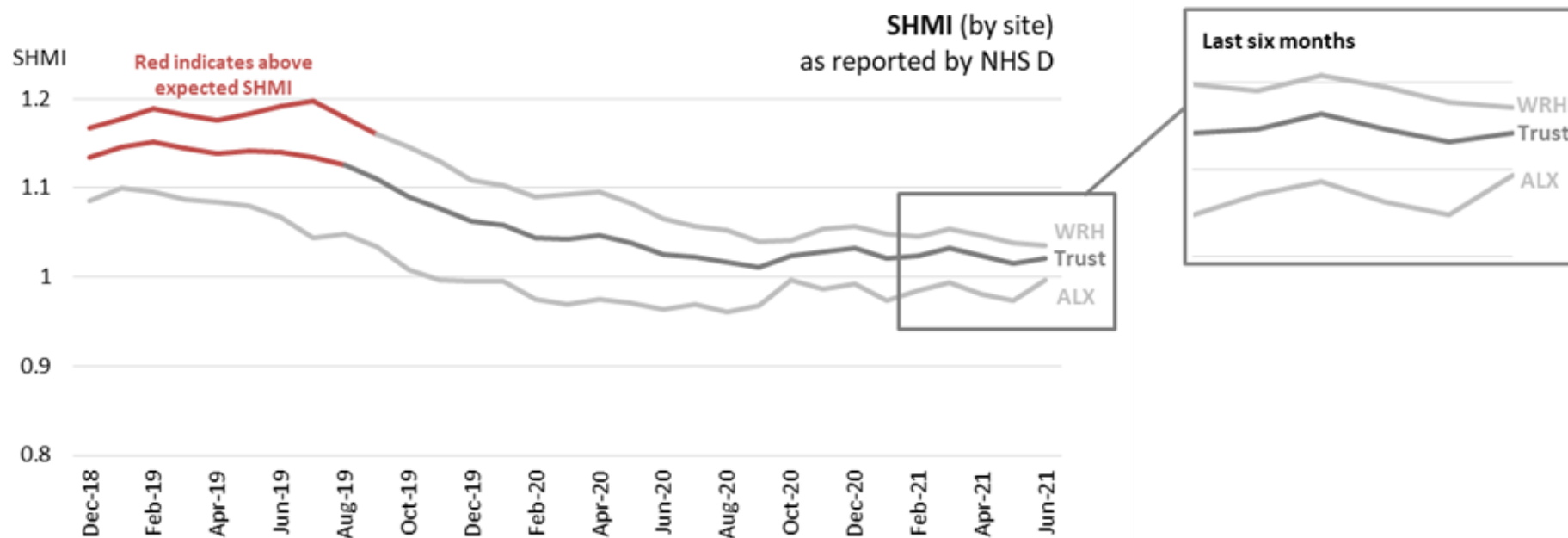


Lockdown Period  
COVID Wave

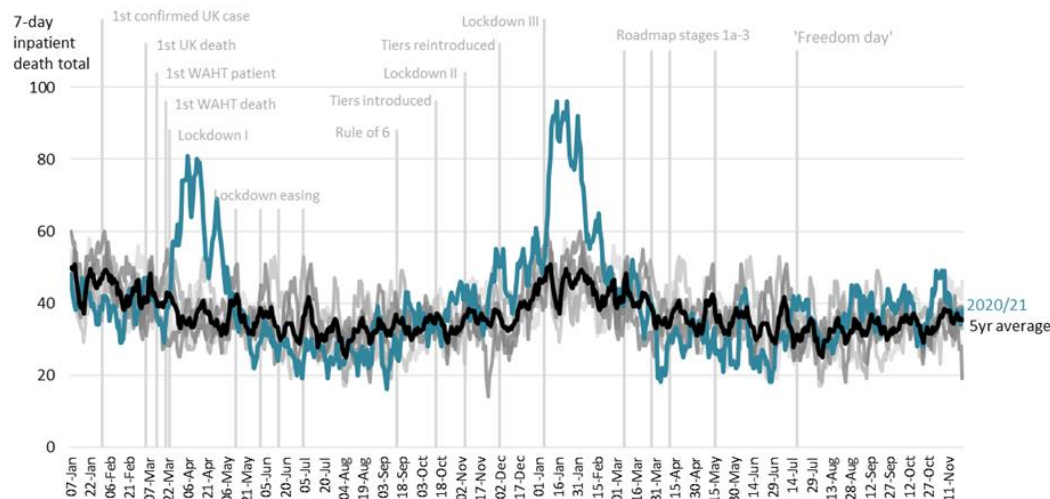


# Learning From Deaths

Learning From Deaths	Comments
SHMI	<ul style="list-style-type: none"> <li>SHMI = 1.0214 (July 2020 – June 2021) and, although slightly worsened, continues to be well within ‘expected range’ at Trust-wide and site level. In respect of our overall SHMI we continue to sit within the middle of our (previously identified) ‘mortality peers’.</li> <li>No consistent areas or repeat areas of concern (ie. diagnostic groups) are highlighted. Of the main diagnostic groups with a SHMI value four have higher than expected deaths. These are: Gastrointestinal hemorrhage; Fluid &amp; electrolyte disorders; FNOF and Urinary tract infections. However none have a SHMI banding that would signify a cause for concern at this point in time.</li> <li>Conversely there are five diagnostic groups have SHMI values that signify fewer than expected deaths. These include Septicaemia which is a dominant contributor to our SHMI.</li> <li>A longer view of our SHMI is represented in the accompanying charts.</li> </ul>
HSMR	<ul style="list-style-type: none"> <li>HSMR = 97.28 (September 2020 – August 2021) and is also well within ‘expected range’ and continues to suggest that we are below the ‘expected’ number of inpatient deaths for this period.</li> <li>Like SHMI, our HSMR is mid-placed compared to our mortality peers and is unlikely to worsen substantially over the coming months.</li> <li>There are no consistent or repeat alerts or areas of concern regarding HSMR. There is just one new amber CUSUM or similar alerts for the diagnostic groups included within the HSMR. This relates to Acute and unspecified renal failure and will be reviewed in line with future SHMI updates.</li> <li>That both standardised models of mortality are well within their ‘expected range’ suggests that we are not seeing any unusual trends in mortality (note: SHMI and HSMR do not include deaths directly relating to Covid-19). Please note that neither the SHMI or HSMR include or account for deaths directly relating to Covid-19.</li> </ul>
Crude mortality (inc. Covid-19)	<ul style="list-style-type: none"> <li>Crude (in-hospital) mortality has been elevated above the five year (pre-Covid-19) average for four consecutive months (July-October 2021). Whilst this is mostly explained in terms of Covid-19 this increase we are experiencing reflects regional and national trends in overall crude mortality.</li> <li>Our crude mortality rates both in and out of hospital are otherwise broadly consistent with previously established mortality peers. Future work will compare/benchmark this with regional and national datasets.</li> </ul>
Other mortality	<ul style="list-style-type: none"> <li>Our Standardised Paediatric Mortality Index (SPMI = 132.33) improved for the period September 2020 to August 2021. This continues to be within the expected range and has gone some way to reversing some of the previously reported rises. This includes our relative position against our mortality peers against who we now sit favourably. This metric will continue to be scrutinised as part of the Learning from Deaths agenda over the coming months.</li> <li>Pulmonary embolic deaths remains unchanged and are similar to that reported nationally and by our SHMI peers.</li> </ul>
Learning from deaths	<ul style="list-style-type: none"> <li>For the period December 2020 to October 2021 958 Structure Judgement Reviews have been. Of these completed reviews 694 relate to 1043 deaths currently identified as requiring a SJR. This equates to a 66.5% completion rate and backlog of 349 SJRs. Both these metrics are showing some signs of improvement with increased activity reported across multiple divisions.</li> <li>Quality of care, as evidenced in the completed SJRs, continues to remain positive. Overall care, First 24hrs, End of Life and Patient records indicate that care is at one of the highest two grades on &gt;70% of occasions.</li> <li>Timeliness of completion of SJRs has been identified as a challenge for all divisions and will be examined in more detail in the January learning from deaths report..</li> </ul>
Ongoing / future work	<ul style="list-style-type: none"> <li>Future work (January and February 2022) will include an examination of crude mortality/excess death against regional and national benchmarking (both hospital and community deaths).</li> <li>The timeliness for completion of SJRs will be provided in more detail.</li> <li>A summary of a deep dive into ED mortality will be presented.</li> </ul>

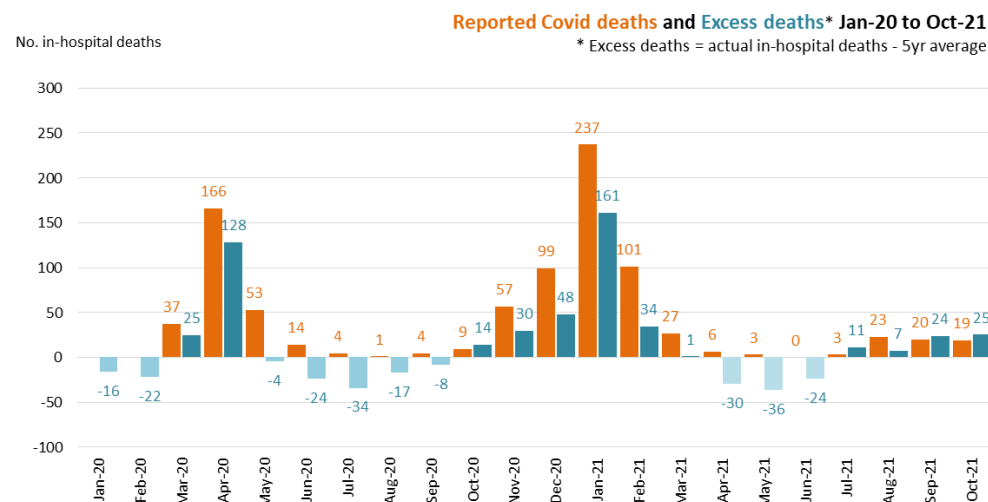


The above chart shows the recent reported changes in our SHMI in a longer view and provides a context (and reassurance) regarding any recently reported rises.



The chart on the left shows the rolling 7-day in-hospital mortality compared to the five year (pre-Covid-19) average. This has been elevated for much of the last four months.

The chart on the right shows the net effect of the elevated crude in-hospital mortality in the context of Covid-19 by calendar month.



# Workforce

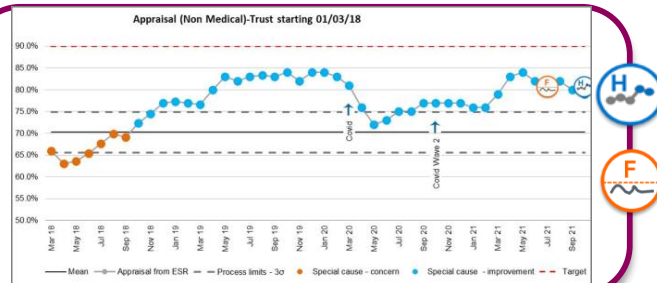
People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<ul style="list-style-type: none"> <li>Mandatory training compliance has consistently met the current Trust target throughout the pandemic although has remained at 89% this month due to the impact of the August Medical rotation. Issues with the Pre Hire IAT process in Recruitment and Medical Resourcing have meant that training records from other Trusts have not transferred electronically this rotation. A review of this process and further training for the teams should improve this position going forward.</li> <li>Medical appraisal compliance consistently remains above Model Hospital average of 85%.</li> <li>Non-medical appraisal rate has dropped to 79% and will continue to be a focus for this period</li> <li>Consultant Job Planning has dropped by 3% to 76% this month. We are performing below Model Hospital average.</li> </ul>
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> <li>We have a 368 wte increase in establishment compared to the same period last year</li> <li>Our vacancy rate of 8.7% is above the pre-Covid ONS national average of 8.1%.</li> <li>Maternity and Adoption leave continues to creep up. There are 192 staff on maternity leave compared to 145 for the same period last year. 86 of these are Registered Nurses, 36 are HCA's, and 20 are Medics which will be directly impact on our bank and agency spend.</li> <li>Monthly sickness has increased slightly to 5.61% which is 0.94% higher than the same period last year. We are continuing to see a higher non-covid sickness absence trend during wave 3 of the pandemic. We are at Quartile 3 (Poor) on Model Hospital for sickness as at August 2021.</li> <li>The annual turnover rate has increased again this month to 10.58% which is 0.19% worse than the same period last year, but remains within target. Our turnover rates on Model Hospital as at June 2021 are good (Quartile 1 (best) for Registered Nurses and Medics and Quartile 2 overall)</li> </ul>
Staff Health & Wellbeing	<ul style="list-style-type: none"> <li>Cumulative sickness has increased to 5%</li> <li>Sickness due to S10 (stress and anxiety) dropped by 0.17% to 1.35%. 6 out of 8 divisions have higher levels of S10 than pre-pandemic rates</li> <li>Our staff health and wellbeing offer continues to be communicated to staff at every opportunity and Location by Vocation pilot is progressing</li> <li>Wellbeing Conversations and the How are You Really App were launched in September</li> <li>90% of our staff have had the first Covid vaccine and 85% have had their second vaccine. This has reduced due starters and leavers.</li> <li>57% of our staff have had their Covid Booster and 48% their Flu Vaccine.</li> </ul>

# Month 7 [October] 2021/22 Workforce "Getting the Basics Right" Summary

Responsible Director: Director of People and Culture | Validated for October -21 as 11<sup>th</sup> November 2021

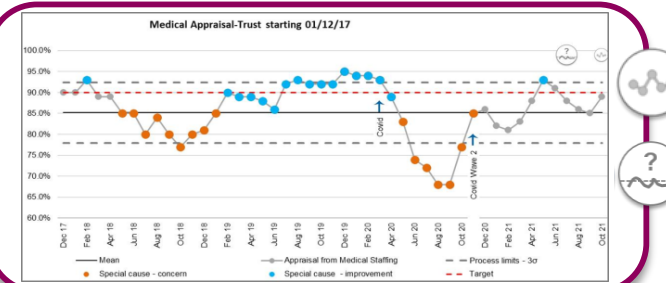
Appraisal  
(Non-Medical)

79%



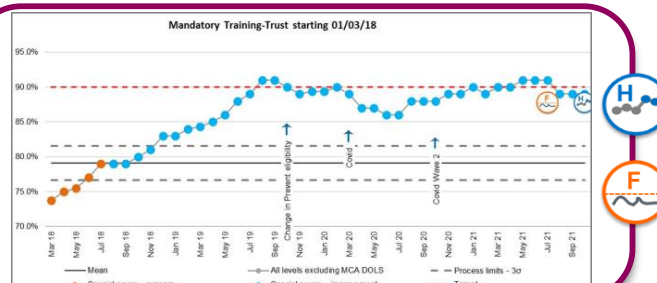
Medical  
Appraisal

89%



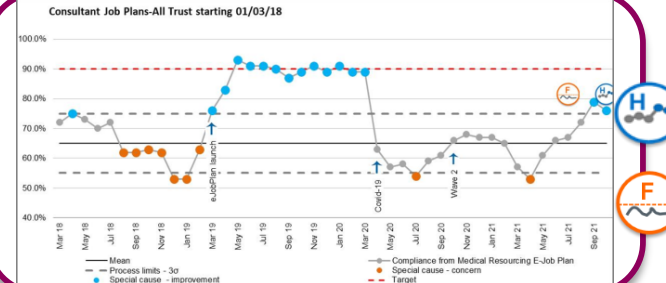
Mandatory  
Training

89%



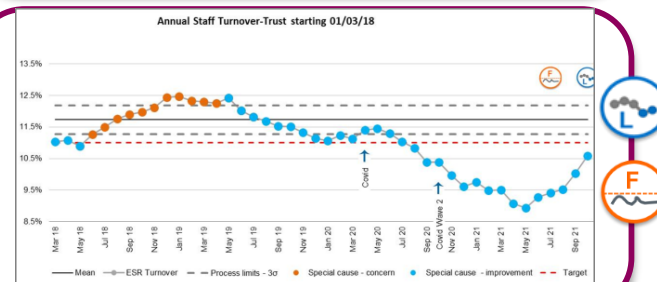
Consultant  
Job Plans

76%



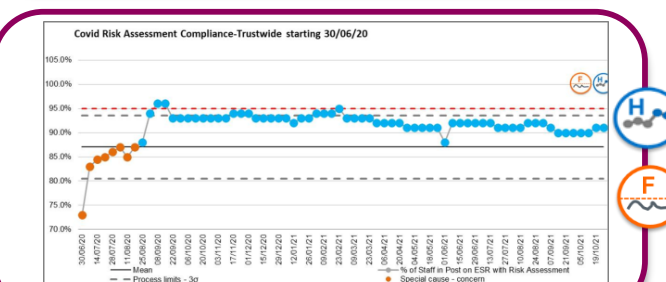
Annual Staff  
Turnover

10.58%



Covid Risk  
Assessment  
Compliance

92%



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

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
79% and 89%	89% and 85%	76%	10.58%	92%

### What does the data tell us?

- **Appraisal** – Compliance has dropped by 1% to 79% but is still 2% higher than the same period last year.
- **Medical Appraisal** – Medical appraisal has improved by 4% to 89 % this month which is 12% higher than the same period last year
- **Mandatory Training** – Mandatory Training compliance has remained at 89% this month which is 1% better than the same period last year
- **Essential to Role Training** – Essential to Role training has improved by 1% to 85%.
- **Consultant Job Plans** – Consultant job planning compliance has dropped by 3% to 76% but is 10% higher than the same period last year. All divisions have dropped this month apart from Women and Childrens which has remained unchanged.
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.55% this month to 10.58% but is 0.19% better than the same period last year and meets Trust target.
- **Covid Risk Assessment Compliance** – Compliance has improved by 2% to 92% this month against a Trust target of 95%.

### National Benchmarking (October 2021)

Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88%. We remain an outlier for job planning and non-medical appraisal.

We are in **Quartile 2 (Good)** for overall Monthly Staff Turnover with 0.84% compared to national median of 0.98% (May 2021 data). We are in **Quartile 1 (best)** for both Nursing and Medics turnover, **Quartile 2 (Good)** for AHP's and **Quartile 3** for HCA's with 26% compared to 23% national median (June 2021 data)

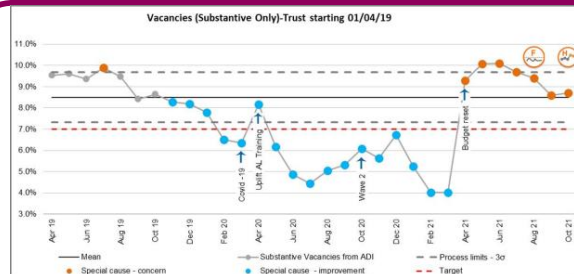


# Month 7 [October] 2021-22 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for October -21 as 11<sup>th</sup> November 2021

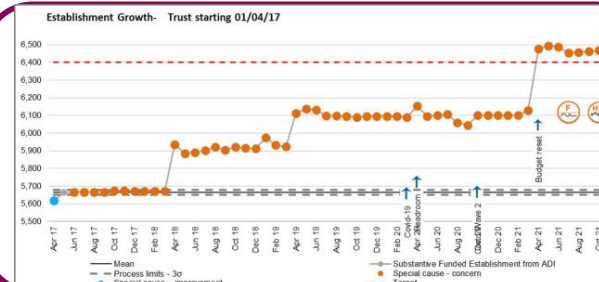
Substantive  
Vacancy Rate

8.7%



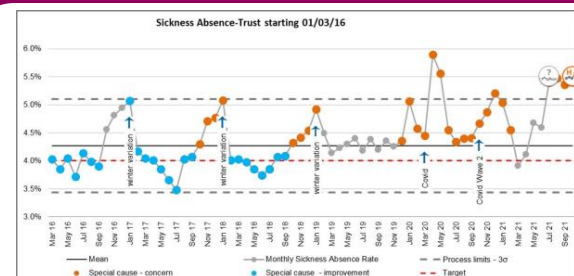
Growth in  
Establishment

6469  
wte



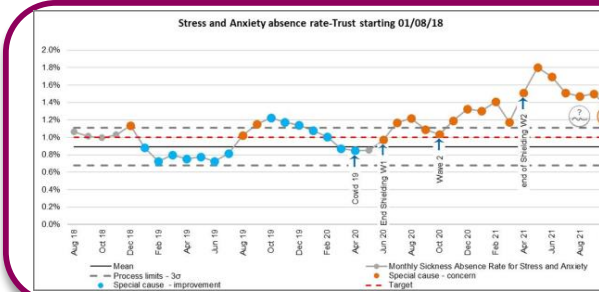
Monthly Staff  
Sickness  
Absence

5.61%



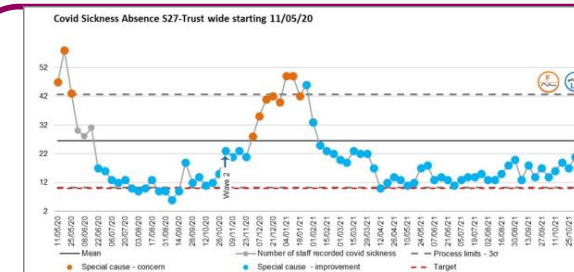
% Staff  
absent due  
to Stress and  
Anxiety (S10)

1.35%



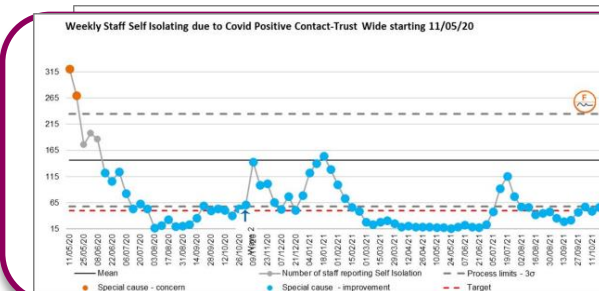
Covid  
Sickness  
(S27)

21



Number Self  
Isolating

40



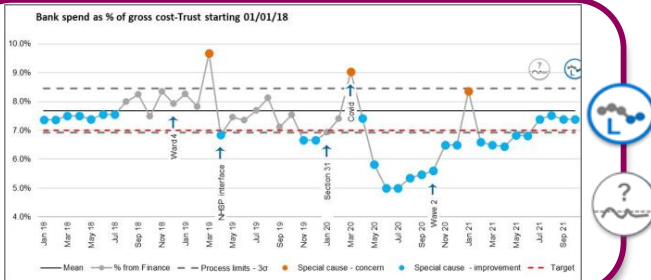
Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

# Month 7 [October] 2021-22 "Drivers of Bank and Agency Spend" Summary (continued)

Responsible Director: Director of People and Culture | Validated for October -21 as 11<sup>th</sup> November 2021

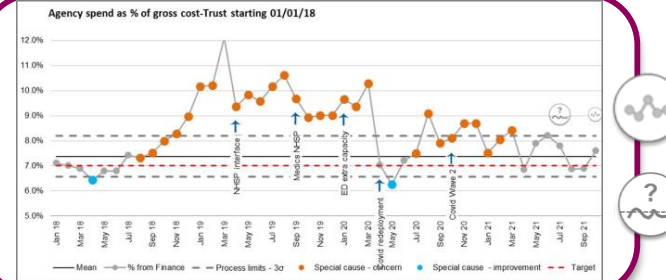
Bank Spend  
as a % of  
Gross Cost

7.39%



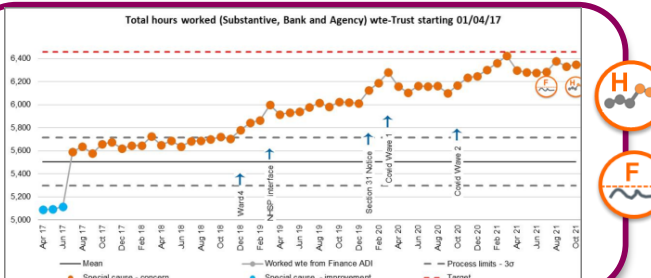
Agency Spend  
as a % of Gross Cost

7.59%



Total Hours  
Worked

6346  
wte



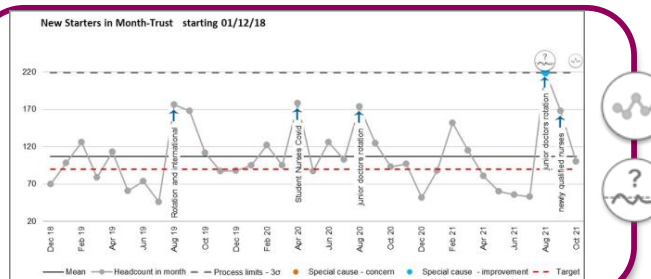
Maternity/  
Adoption  
Leave

192



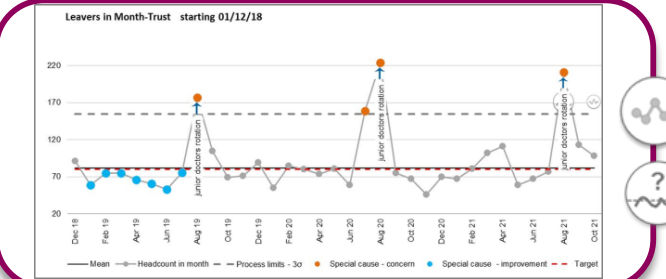
New Starters  
in Month

100



Leavers in  
Month

98



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

## Workforce Performance Month 7 - What does the data tell us?

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)
8.7%	6,346 wte	5.61% and 5%	1.35%	21	40	192	7.36% and 7.59%	100 starters; 98 leavers

### What does the data tell us?

- **Vacancy Rate** –Vacancy rates have increased marginally by 0.1% this month to 8.7%. Our funded establishment has increased this month by 7 wte which is 368 wte higher than the same period last year when we had a total vacancy rate of 6.07%. We have 179 wte more staff in post than last year
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased by 15 wte to 6,346 wte.
- **Monthly Sickness Absence Rate** – Sickness has increased by 0.25% to 5.61% which is 0.94% worse than the same period last year. Cumulative sickness has increased to 5% from 4.94%.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has reduced by 0.17% to 1.35% this month which is 0.22% worse than last year
- **Absence due to Covid Sickness (S27)** – 21 staff were absent due to Covid symptoms at the end of October compared to 17 at the end of September. 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) had reduced to 40 compared to 47 last month from a peak in mid July 2020 of 116.
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has increased by 8 this month to 192 (47 more than the same period last year). 86 of these are Registered Nurses, 36 are HCA's, and 20 are Senior Medics (including 2 Consultants).
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a drop of 0.17% in bank spend to 7.36% of gross cost. Agency Spend has increased slightly by 0.69% to 7.59%. Agency spend is 0.51% better than the same period last year primarily due to the swap out from Agency to substantive and bank. Urgent Care remains an outlier for Agency spend with 21.64% of its gross spend. Surgery agency spend has increased by 2.3% this month to 10.38%
- **Starters and Leavers** – We had 100 new starters this month and 98 leavers

### National Benchmarking (October 2021)

We are in **Quartile 1 (best)** for vacancy rates on Model Hospital with 4.04% as at March 2021 (latest data) compared to 5.91% national median. We know that the effects of the swap out of bank and agency into Substantive in April 2021 will impact on this.

We remain at **Quartile 3** on Model Hospital for overall sickness with 5.55% compared to 5.06% national median (August 2021 data).

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
<b>Annual Plan: Strategic Objectives   Best people</b> 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.			
<b>How have we been doing?</b>  The following areas are where we perform below peer group average: <ul style="list-style-type: none"> <li>• Non-medical appraisal (5% lower)</li> <li>• Job Planning (&gt;10% lower)</li> <li>• Vacancy rates (0.6% higher than pre-covid ONS) due to increased establishment at budget setting</li> </ul> Also of note is the continuing high level of bank and agency usage which is a result of: <ul style="list-style-type: none"> <li>• Increased levels of long term sickness absence with 6 out of 8 divisions presenting higher than pre-covid levels of S10 (Anxiety and Stress)</li> <li>• 192 staff on maternity leave which is an increase of 47 from the same period last year and remains on an upward trend</li> <li>• Self isolation due to track and trace and family isolation</li> <li>• Staffing of Covid swab pod and vaccination clinics.</li> </ul>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>• We will continue to work with divisions to ensure all staff are encouraged to take up the Covid booster to prepare for the Government's plan for No Jab No Job for frontline healthcare workers</li> <li>• We will continue to work with divisions to encourage staff to have flu vaccines</li> <li>• We will continue with the implementation of the Best People Programme to reduce premium staffing costs</li> <li>• We are in the process of undertaking a deep dive to understand the increase in staff turnover</li> <li>• We will continue our work to enhance the flexible working offer to staff including Location by Vocation.</li> </ul>	
<b>Overarching Workforce Performance Level – 5 – September 2021</b> <b>Previous Assurance Level - 5 – August 2021</b>		<b>To work towards improvement to next assurance level</b>	

# Finance

# Our Financial Position | Headlines

Finance	Comments														
<p><b>2021/22 Financial Plan</b></p> <p><b>H1 (Apr-Sept)</b></p> <p><b>H2 (Oct-Mar-22)</b></p>	<p>Due to the timing of the plan submission to NHS England and NHS Improvement for H2, it is accepted that month 7 is an exceptional month. As H2 plans were submitted on 25th November, the month 7 plan is equal to the month 7 actual (for this period only).</p> <p>The Trust's H2 (October 2021 to March 2022) plan is a deficit of £(11.4)m. With System support / reallocations of £10.3m and the addition of the H1 (April to September) cumulative deficit of £(0.9)m we submitted a FY (H1+H2) 21/22 deficit plan of £(1.9)m. The ICS has a submitted a break-even position.</p> <table border="1"> <thead> <tr> <th colspan="2">£M</th></tr> </thead> <tbody> <tr> <td>Trust H2 (Oct 21 - Mar 22) Plan</td><td>(11.4)</td></tr> <tr> <td>B/F H1 (Apr 21 - Sept 21) Actual</td><td>(0.9)</td></tr> <tr> <td>Total Full Year Deficit</td><td>(12.3)</td></tr> <tr> <td>Stretched Elective Support</td><td>1.8</td></tr> <tr> <td>ICS/CCG Support / N-R Reallocation</td><td>8.6</td></tr> <tr> <td>Full Year 21/22 Plan</td><td>(1.9)</td></tr> </tbody> </table>	£M		Trust H2 (Oct 21 - Mar 22) Plan	(11.4)	B/F H1 (Apr 21 - Sept 21) Actual	(0.9)	Total Full Year Deficit	(12.3)	Stretched Elective Support	1.8	ICS/CCG Support / N-R Reallocation	8.6	Full Year 21/22 Plan	(1.9)
£M															
Trust H2 (Oct 21 - Mar 22) Plan	(11.4)														
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Stretched Elective Support	1.8														
ICS/CCG Support / N-R Reallocation	8.6														
Full Year 21/22 Plan	(1.9)														
<b>Overview of Finance Position Month 7   Oct-21</b>	The Trust's Income & Expenditure position in month 7 is a deficit of £(1)m. This is broadly consistent with M5 and M6. At the end of M7 our YTD (April 21 – October 21) is a deficit of £(1.8)m.														
<b>Covid Expenditure</b>	Year to date spend is £(6.1)m against a plan of £(5.7)m adverse by £(0.5)m.														
<b>Cash</b>	Good cash balances continue, a rolling forecast has been well established and updated to reflect the agreed H2 I&E forecast. The trust continues to work on achieving BPPC target and delivering positive Statistical Process Control "SPC" trends on aged debtors and cash. Longer term risk remains around sustainability given evolving regime for 2022/23 and beyond.														
<b>Capital</b>	<p>Year to date capital expenditure to month 7, 2021/22 is £11.3m. We have adjusted the full year forecast spend including IFRIC 12 accounting for the remaining expenditure for the ASR project value £14m to transfer into 2022/23. Full year forecast now includes the £6.7m of PDC funding recently conformed for the Community Diagnostic Hub (CDH).</p> <p>Programme leads for the 3 capital work streams (Property &amp; Works (P&amp;W), Digital and Clinical Equipment) are updating their current year spend forecasts to confirm how much will be valued as work in progress/spent this year on approved schemes. The remainder of the plan includes the in-year works on the new Urgent and Emergency Care (UEC) scheme. Finance are working with NHSIE and ICS colleagues to ensure the CRL allocation are adequate in respective financial year</p>														



## H2 2021/22 Plan

Due to the timing of the plan submission to NHS England and NHS Improvement for H2, it is accepted that month 7 is an exceptional month. As H2 plans have not yet been submitted, for income and expenditure external reporting purposes, the month 7 plan is equal to the month 7 actual (for this period only). As a result of this our reporting in month focuses on the actual in month position and how this compares to previous months.

During November we will update the finance ledger to reflect the Board approved H2 plan which will then become the report comparator for the rest of the year.

### Month 7 – October Position

The Trust's Income & Expenditure position in **month 7** (October 2021) is a **deficit of £1.0m**. The year to date position is a **deficit of £1.8m**.

Statement of comprehensive income	Apr-21 Month 1 £'000	May-21 Month 2 £'000	Jun-21 Month 3 £'000	Jul-21 Month 4 £'000	Aug-21 Month 5 £'000	Sep-21 Month 6 £'000	Oct-21 Month 7 £'000	YTD £'000
Operating income from patient care activities	44,365	45,412	44,382	45,635	44,180	48,362	44,748	317,085
Other operating income	1,845	1,800	2,127	2,185	2,305	2,487	3,023	15,772
Employee expenses	(26,898)	(27,324)	(27,294)	(27,354)	(27,471)	(31,469)	(28,315)	(196,125)
Operating expenses excluding employee expenses	(17,368)	(17,592)	(18,296)	(18,176)	(18,359)	(18,384)	(18,849)	(127,025)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>1,944</b>	<b>2,296</b>	<b>919</b>	<b>2,290</b>	<b>655</b>	<b>996</b>	<b>607</b>	<b>9,707</b>
<b>FINANCE COSTS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Finance income	0	0	0	0	0	0	0	0
Finance expense	(1,024)	(1,025)	(1,024)	(1,025)	(1,026)	(1,023)	(1,023)	(7,170)
PDC dividends payable/refundable	(571)	(571)	(571)	(670)	(596)	(709)	(561)	(4,249)
<b>NET FINANCE COSTS</b>	<b>(1,595)</b>	<b>(1,596)</b>	<b>(1,595)</b>	<b>(1,695)</b>	<b>(1,622)</b>	<b>(1,732)</b>	<b>(1,584)</b>	<b>(11,419)</b>
Other gains/(losses) including disposal of assets	0	0	11	0	7	0	12	30
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>350</b>	<b>700</b>	<b>(665)</b>	<b>595</b>	<b>(960)</b>	<b>(736)</b>	<b>(965)</b>	<b>(1,681)</b>
Remove capital donations/grants I&E impact	14	14	14	13	14	(203)	21	(113)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>364</b>	<b>713</b>	<b>(651)</b>	<b>608</b>	<b>(946)</b>	<b>(939)</b>	<b>(944)</b>	<b>(1,795)</b>
Less gains on disposal of assets	(1)	0	(11)	0	(7)	0	(12)	(31)
<b>Adjusted financial performance surplus/(deficit) for the purposes of system achievement</b>	<b>363</b>	<b>713</b>	<b>(662)</b>	<b>608</b>	<b>(953)</b>	<b>(939)</b>	<b>(956)</b>	<b>(1,825)</b>

The month 7 **deficit of £(1.0)m in October** includes receipt of £0.5m of Training and Education Income following confirmation of increased placement fees.

Overall **employee expenses** were **£28.3m** in month 7 (October 21), a reduction of £3.2m compared with September. Substantive pay spend was £2.9m lower in month, **of which £3.05m** is the impact of the retrospective pay award paid last month **and offset by equivalent income**.

## Income & Expenditure Overview

### I&E Delivery Assurance Level:

**Level 3**

**Reason:** Underlying deficit consistent with previous months. Assurance level anticipated to improve following finalisation of Trust and System H2 plan. 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 February.

## Income

The movement from September to October for **combined income** is a decrease of **£3.1m**.

Monthly Income Movement	M1	M2	M3	M4	M5	M6	M7	Movement M6 to M7
Here/Worc CCG	26925	26925	26925	26925	26925	30803	26000	(4,804)
Other CCGs & Welsh LHB	1759	1769	1774	1779	1774	1776	1977	201
NHS England	6124	6146	6104	6481	6094	6328	6351	23
Other Including RTA income	2043	2043	2112	2129	2289	2516	3200	684
<b>Combined Income: Total</b>	<b>36851</b>	<b>36883</b>	<b>36915</b>	<b>37315</b>	<b>37082</b>	<b>41424</b>	<b>37528</b>	<b>(3,896)</b>
System COVID and Top Up	8904	8904	8904	8904	8904	8904	9849	945
O/S COVID	408	365	321	290	340	345	356	11
Vaccinations (recovery of security costs)	48	27	0	0	0	4	40	36
<b>Combined Income: Total Inc Top Up Payment</b>	<b>46211</b>	<b>46179</b>	<b>46141</b>	<b>46510</b>	<b>46326</b>	<b>50677</b>	<b>47773</b>	<b>(2,905)</b>
Elective Recovery fund (ERF)		1033	368	1309	159	173	0	(173)
<b>Combined Income: Inc ERF</b>	<b>46211</b>	<b>47212</b>	<b>46509</b>	<b>47819</b>	<b>46485</b>	<b>50850</b>	<b>47773</b>	<b>(3,078)</b>

**Her/Worc CCG (£4.8m)** - The backdated pay award uplift was accounted (accrued) against the host CCG in September (**£3.9m**) as per NHSE/I guidance. Financial Improvement Trajectory (FIT) reduction (**£0.7m**) - a reduction has been applied to the Trust's allocation for not achieving the financial improvement target in 2020/21.

**Other CCG/Welsh LHB £0.2m** and **NHS England £0.5m** backdated pay award uplift offset by High Cost Drugs (**£0.5m**).

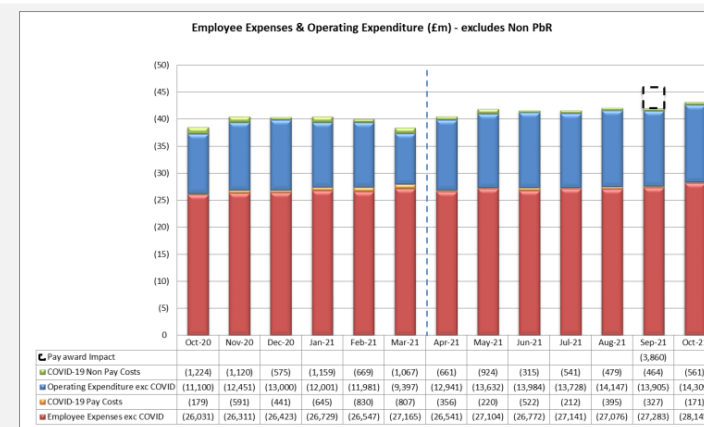
**Other income £0.5m**(LDA training income ) & release of Cardiac monitoring devices income (to match expenditure) **£0.2m**. **COVID Top Up Payment £0.9m** has also been adjusted by the backdated pay award uplift .

## Expenditure

Overall **employee expenses** were **£28.3m** in month 7 (October 21), a reduction of £3.2m compared with September. Substantive pay spend was £2.9m lower in month, of which £3.05m is the impact of the retrospective pay award paid last month.

Total temporary pay spend was £0.3m lower in month, this is mainly within bank nursing (£0.2m) with £0.1m due to the YTD Bank Pay award accrual in month 6 which is due to be paid in November. A further £0.1m relates to NHSP incentive payments also paid last month.

**Operating expenses excluding employee expenses** were **£18.8m** in October, an increase of £0.5m compared to last month due to Cardiac monitoring device spend (£0.2m) which is offset by external income, an increase in Bloods usage (£0.1m), a PAS milestone payment (£0.1m) and an increase in COVID costs (£0.1m).



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



## Capital

Year to date capital expenditure to month 7 2021/22 is £11.336m. The 2021/22 Capital Plan is £58.3m for the financial year and latest full year forecast (including IFRIC12) is £44.6m after adjusting for the reallocation of £14m of remaining expenditure on the ASR programme into 2022/23. The full year 2021/22 value also now includes £6.655m of CDC funded investment in the Community Diagnostic Centre (CDC) project. Programme leads for the 3 capital workstream (P&W, Digital and Clinical Equipment) are updating their current year spend forecasts to confirm how much will be spent this year on approved schemes. The remainder of the plan includes the in-year works on the new Urgent and Emergency Care (UEC) scheme. Finance are working with NHSIE and ICS colleagues to ensure the CRL allocation is in the correct financial year. The prioritisation of schemes to ensure we address regulatory risks; infrastructure backlog and replacement of end-of-life equipment continues via the Capital Planning and Delivery Group (CPG).

### 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 allocation of funds completed. Risk remains in medium term. **Assurance level of Level 4 will be reviewed after agreement of current year forecasts by scheme and development of investment priorities 22/23 as a key element of the 3 year plan**

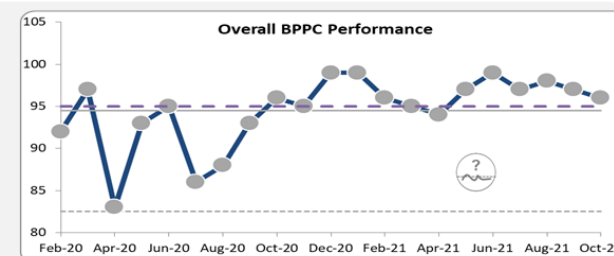
## Cash Balance

**At the end of Oct 2021 the cash balance was £31.5m. Capital PDC drawn to date is £2.6m.** 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:

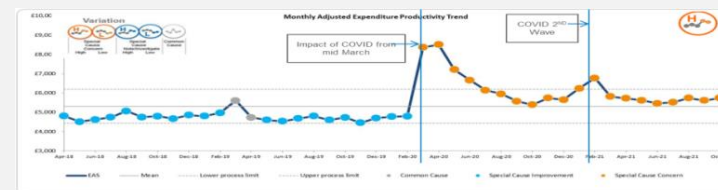
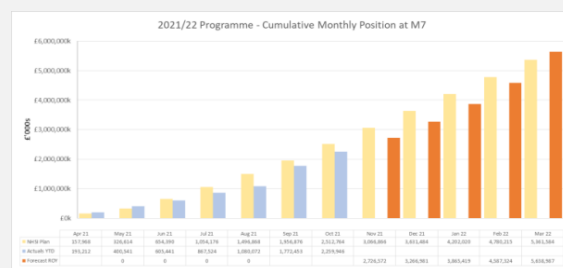
**Level 6**

**Reason:** Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Longer term risk remains around sustainability given evolving regime for 2022/23 and beyond.



## Productivity & Efficiency

Our initial internal operational plan is inclusive of £5.4m of annual Productivity and Efficiency plans. The P&E Programme has delivered £2.26m of actuals YTD at Month 7 against a submitted plan of £2.51m, this is **£0.25m adverse to plan**.

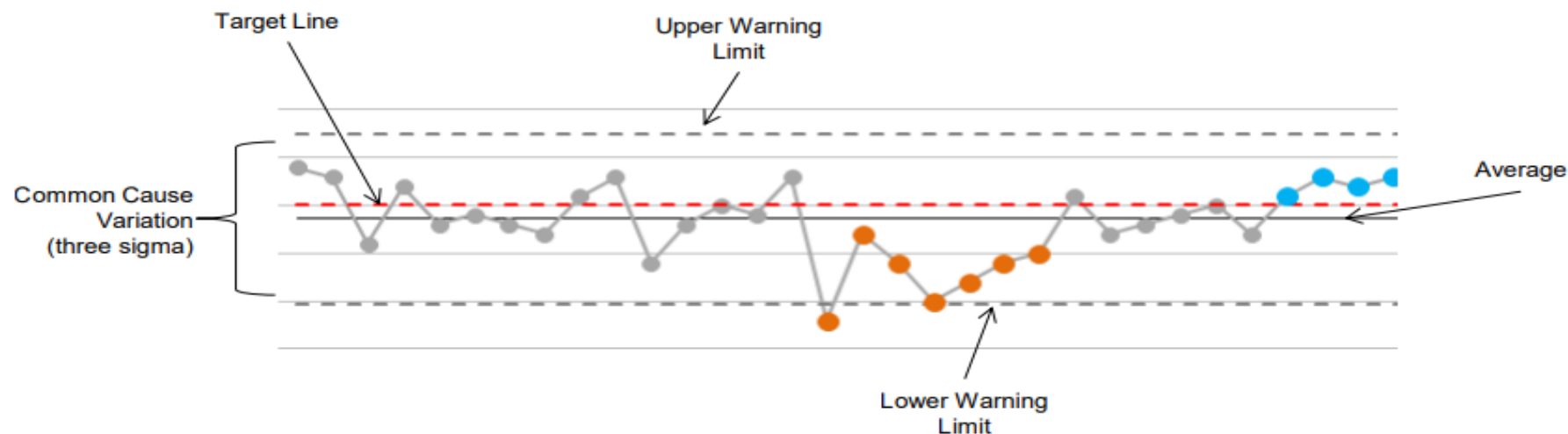


### Adjusted Expenditure Productivity Trend:

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.

**October Cost per WAU has increased as expenditure has remained consistent but the volume of activity decreased in Elective activity.** In future months the H2 plan is to deliver more activity.

# 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
<b>Level 7</b>	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.
<b>Level 6</b>	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.
<b>Level 5</b>	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.
<b>Level 4</b>	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.
<b>Level 3</b>	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.
<b>Level 2</b>	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
<b>Level 1</b>	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
<b>Level 0</b>	Emerging actions not yet agreed with all relevant parties.	No improvements evident.



# OCTOBER 2021 IN NUMBERS

**NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust



**8,086**

Walk-in patients (A&E)



**4,338**

Patients arriving  
by ambulance



**11,885**

Inpatients



**30,550**

Face to Face outpatients



**10,725**

Telephone consultations



**457**

Babies



**1,422**

Elective operations



**149**

Trauma Operations



**304**

Emergency Operations



**6.1**

Average length of stay



**16,393**

Diagnostics

# QUALITY AND SAFETY IN NUMBERS

October 2021



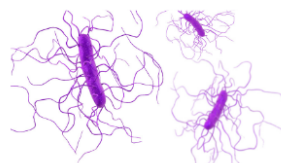
**MRSA**

**0**



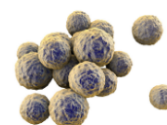
**ECOLI**

**4**



**CDIFF**

**10**



**MSSA**

**3**



**Hand Hygiene**

Participation **93.64**  
Compliance **99.58**

**SEPSIS**

**Sepsis**

Screening Compliance **87.8**  
Sepsis 6 bundle compliance **64.66**



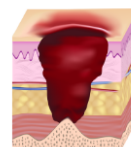
**ICE reports viewed**

Radiology **94.11**  
Pathology **91.05**



**Falls per 1,000 bed days causing harm**

**0.04**



**Pressure Ulcers**

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



**Response Rate**

A&E **18.45**  
Inpatients **32.71**  
Maternity **6.00**  
Outpatients **11.12**



**Recommended Rate**

A&E **74.87**  
Inpatients **95.77**  
Maternity **84.62**  
Outpatients **92.01**



**HSMR 12 months rolling (June 21)**

**Mortality Reviews completed <=30 days (Nov-20)** **35.50**



**Risks overdue review** **106**  
**Risks with overdue actions** **228**



**Discharged before midday**

**14.74**



**Complaints Responses <=25 days**

**76.69**



**Total Medicine incidents reported**

**125**

**Medicine incidents causing harm (%)**

**0**

# WORKFORCE COMPOSITION IN NUMBERS

October 2021



Employees  
**6,736**



BAME employees  
**18%**



Part-time workers  
**45%**



Female  
**82%**



Registered nurses  
**1,962 (29%)**



Registered midwives  
**260 (4%)**



HCAs, helpers and assistants  
**1,264 (19%)**



Doctors  
**735 (11%)**



Other clinical and scientific staff  
**853 (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%**

## Committee Assurance Reports

Trust Board  
9<sup>th</sup> December 2021

Topic	Page
<b>Operational &amp; Financial Performance</b>	
• Finance and Performance Committee Assurance Report	2 – 4
<b>Quality &amp; Safety</b>	
• Quality Governance Committee Assurance Report	5 – 6
<b>People &amp; Culture</b>	
• People and Culture Committee Assurance Report	7 – 9



## Finance & Performance Committee Assurance Report – 24<sup>th</sup> November 2021

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Martin Wood Deputy Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		<b>BAF number(s)</b>
		7, 8, 13, 16, 18, 19 and 20

### Executive Summary

The Finance & Performance Committee met virtually on 24 November 2021 and below are the main points from the meeting: Our focus was on the IPR and in particular the relationship with system partners, H2 Update, Three Year Plan and the Board Assurance Framework. We remain concerned over the quality of the reports which are presented to us in that they contain too much detail and do not focus on the strategic issues and indicate what is required and with a date to move to the next assurance level. I am to consider this outside of the meeting with relevant Executives, particularly in relation to the IPR, to assist the Non-Executive Directors in determining the appropriate assurance level.

**Divisional Attendance – Women and Children:** We were informed that the Divisional governance arrangements are working well albeit with the operational pressures and the number of meetings. The same documentation is being used for a number of meetings where the focus is different. The reporting of maternity and children is being developed to form part of the Trust reporting arrangements. The Division are developing leadership opportunities and encouraging specialities to come forward with solutions rather than relying on the management team to do so. The introduction of PRMs has provided a focus for the Division. There are challenges in recruiting in the Division partly due to the challenges in the HR recruiting team. Last minute cancellations are a challenge which the Division are looking to reduce by improving the text messaging service. The Division are using GIRFT to further reduce length of stay. They are looking to utilise day cases but there is a challenge in that there are no specific beds allocated to the Division. There is no estate available to increase capacity with current high estate costs. There is cross Divisional working but the benefits realisation is currently small. Service Line Reporting requires further development.

**Three Year Plan Update:** We noted progress on the development of the Three Year Plan. We have asked that consideration be given to how the Plan links to our Clinical Services Strategy and how the high level issues are monitored in Committees and the Trust Board. We understand the reasons for the extended timeframe to present the completed Plan to the Trust Board but, nonetheless, we have asked that an outline -of the Plan be presented to the Board Development Session in December 2021 to give an opportunity for a solid discussion on the future direction. We acknowledging that this will not be the final document but it will provide an opportunity for refinement in time for the February 2022 Trust Board. At the Development Session we need to see our strategy so that we can begin the engagement process with our system partners at the appropriate time.

Assurance level 4

## Finance & Performance Committee Assurance Report – 24<sup>th</sup> November 2021

### Executive Summary (cont.)

**H2 Update:** We were informed of the variances to the Plan presented to the Trust Board earlier in the month. The updated activity shows that 104 weeks and cancer 62 day targets are not compliant. The revised workforce plan shows a reduction in substantive staff and therefore costs, the financial position now shows a year end deficit of £11.4m for our Trust but with confirmed input from the CCG the system year end position is break even. The WAHT submission will show a £1.9m Deficit offset by the H&WHCT Surplus of £1.9m. The risks to delivery have been updated. We were informed that there is confidence that, whilst challenging, the revised activity targets are deliverable. We have asked that further work be undertaken to monitor the risks with clear KPI's, and define mitigation actions for when risks materialise. We also urged the executives to identify opportunities to build contingency, to offset some of the risks. And finally we requested extra focus on the development of the monthly run-rate, so that we exit the year with less than the £1M monthly deficit run-rate of the first half year.

Assurance level 4

**Report of the Transformation Guiding board:** We received a verbal update noting the assurance level 6 for PAS, level 4 for UEC, level 4 for surgical reconfiguration and level 5 for SIM. Written reports are to be presented to future meetings.

**Financial Performance Report Month 6:** Due to the timing of the H2 submission, it is accepted that for income and expenditure reporting that the month 7 plan is equal to month 7 actual for this month only. The income and expenditure position in month 7 is a deficit of £1m. The year to date position is a deficit of £1.8m. The monthly run rate is a deficit of £1m and we have asked that future reports inform us of the position in reducing the run rate. We are concerned over the ability to spend our capital programme noting that a substantial part is for our major schemes. We agreed the following assurance levels with 6 for cash, 4 for capital and 3 for income and expenditure These remain unchanged from our last meeting.

**Integrated Performance Report:** We noted that the key issues are Emergency and Urgent Care and Patient Flow and Capacity; recovery and restoration of the elective programme including Outpatients and Diagnostics; Cancer; Quality and Safety (Infection Prevention and Control, Fractured Neck of Femur (#NOF), Sepsis) and People and Culture. We noted the work being undertaken to strengthen report content and to set out what is required with dates to move to the next assurance level. We have asked to be provided with a date at our next meeting when this work will be completed and implemented. We consider that system metrics should be included in the IPR as our performance is co-dependent on their activity. We have asked that updates on the position to delivering our Three Year Plan be included in the IPR to help us provide an appropriate assurance level. We noted that our workforce metrics have deteriorated and that the Best People Programme is looking at reducing agency spend where there has been no change in the run rate. A task and finish group has been set up to address vaccinations in the light of the expected statutory vaccination requirements from next April. We received an interim outcome of the Perfect 10 initiative noting that approximately 10 areas have been identified for further focus to improve early discharges, some of which are for the Trust to address and some for the system to address. We have asked that these outcomes form part of the IPR. We were informed that there are small numbers of inappropriate referrals to our Trust. However, there has been an increase in cancer referrals which impacts on capacity, although there is no increase in the conversion rate.

Overall assurance level 4 – unchanged (although we did reduce the assurance level for Urgent Care & Patient Flow from 5 to 4)

## Finance & Performance Committee Assurance Report – 24<sup>th</sup> November 2021

### Executive Summary (cont.)

**Contract Awards:** We approved the contract award for Cardiac Rhythm Management devices which appears as a separate item on the Trust Board agenda. We noted the contract awards approved by TME for document storage, renal consumables and breast screening mobile trailer.

**Tender Contract Evaluation – UEC:** We approved this tender contract evaluation which appears as a separate agenda item on the Trust Board agenda.

**Board Assurance Framework (BAF):** We noted that 7 of the 8 risks assigned to the Committee are red risk rated and that further work is to be undertaken to review the actions to ensure that they are up-to-date (We noted that there is a time lag before the BAF can be updated following Committee meetings). We were informed that the BAF is to be used to drive the items for Trust Board and Committee agendas. The BAF is to triangulate risks against our strategic objectives. We do feel that the committee agendas are focused on the right themes and that this triangulation works. We have asked that further information be included in the BAF to inform reports on risks to our key strategies, for example, Three year Plan, to enable the Trust Board and Committees to drive improvements. The full BAF appears as a separate item on the Trust Board agenda.

### Recommendation(s)

The Board is requested to receive this report for assurance.

## Quality Governance Committee Assurance Report – 25<sup>th</sup> November 2021

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore Non-Executive Director	Dame Julie Moore Non-Executive Director	Rebecca O'Connor Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<b>BAF number(s)</b> 2, 3, 4, 17, 18, 19 and 20

### Executive Summary

**The Committee met virtually on 25 November and the key points raised included:**

**Escalations:** Committee was updated on the recent 2 day CQC engagement visit. There was respectful challenge and a pragmatic approach taken by the CQC team. Initial feedback suggested CQC had seen areas of outstanding practice.

**ICS Quality Forum:** Committee noted the data shared with the ICS Quality Forum which was well received. The Trust's IPR is shared with Place and the intelligence cell are working to consider the visibility of performance data across the system, specifically to support flow. A positive example of place level working regarding Covid and flu vaccination was shared and Committee discussed potential future approaches to system inspection.

**Integrated Performance Report (inc. IPC update):** Committee noted pressures on ED flow, restoration and recovery, cancer 2WW and stroke. IPC cases were discussed. IPC is over trajectory but within target, with Covid outbreaks noted. MSSA review is underway to consider ways of working. Stoke assurance level was agreed at a level 5, however it was noted that constitutional standards are not dependant on staffing level. Sepsis was discussed and Committee was updated as the new proforma which should improve compliance, however the Trust are consistently achieving starting treatment standards. **Assurance level 4 overall and stroke at level 5 were agreed.**

**Maternity Service Safety Report** – Committee received the confidential (due to small numbers and patient confidentiality) update, noting the position and assurances provided. Committee discussed the trajectory for an improved CQC rating for maternity and progress against the CQC must do's. **Assurance level 5 was agreed (improved from level 4)**

**Board Assurance Framework** – Committee held a deep dive into the quality and safety risk BAF 4 and reviewed the overall Committee BAF risks. Progress in the BAF development was noted. It was agreed to aim to reduce the residual risk score to 8 over the coming six months. **Level 4 assurance was noted with a plan for level 5 assurance within the next six months.**

**CQC Statement of Purpose** – Committee reviewed and endorsed the updated statement for onwards approval by the Trust Board.

## Quality Governance Committee Assurance Report – 25<sup>th</sup> November 2021

### Executive Summary (cont.)

**Medicines Optimisation Annual Report** - Committee reviewed the report, noting good progress in action completion and incident reporting improvements. Electronic prescribing was discussed and Committee was updated as to how this fits with the implementation of the digital care record. It was requested that future reports include benchmarking data where possible.

**AOB** – the great response from nursing and operational teams to the recent power incident was noted and Committee's thanks expressed to all involved. Committee noted the winter workforce plan would be considered by the People and Culture Committee and the impact of HCA vacancies would be noted.

### Recommendation(s)

The Board is requested to receive this report for assurance.

## People and Culture Committee Assurance Report – 30<sup>th</sup> November 2021

Accountable Non-Executive Director	Presented by	Author
Dame Julie Moore Non-Executive Director	Dame Julie Moore Non-Executive Director	Martin Wood Deputy Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		BAF Number (s)
		9, 10, 11, 14, 15 and 17

### Executive Summary

The Committee met virtually on 30 November 2021. Below is a summary of our discussion. We have agreed to review the number and content of reports presented to us to avoid duplication and to ensure that all relevant information is reported to enable us to focus on key aspects to provide the appropriate level of assurance.

**Integrated People and Culture Report:** The Guardian of Safe Working and junior doctor representatives attended our meeting to share their experience of working in our Trust. The junior doctors praised the open and collaborative culture and the support and encouragement provided for their role. There were, however, some issues raised which impacted on their working arrangements, training and morale which we asked be addressed immediately with a report on the outcomes being presented to our next meeting. We were informed that the main reasons why staff leave our Trust are now work life balance, expiry of fixed term contract, relocation and retirement. National guidance is awaited on the mandatory requirement for front line staff to be fully vaccinated. A task and finish group has been established under the auspices of the Incident Command meetings to implement the guidance when received. There are some national GDPR issues to be resolved for our Trust to be in a position to obtain individual staff vaccination data. The staff survey has now closed and our completion rate is disappointing at 43% compared to 46% last year. We received an update on the implementation of the Trust's academy.

**Effectiveness of the Trust's Recruitment Functions:** We were informed of the capacity challenges in the centralised recruitment team for both medical and non-medical appointments resulting in increased time to hire. Short term solutions are being implemented to recruit to vacancies, use of internal redeployment, SIM engagement and asking recruiting managers to assist by ensuring that the process documentation is fully completed and keeping in touch with successful candidates until they commence duties. There are challenges in Divisions providing recruitment KPI performance data and a further update is to be presented to our next meeting. Resources are limited to use recruitment strategies which are different to the traditional approach. Our staff offer is used for recruitment and we are working with the ICS to develop further recruitment methods. Reputation is important in recruitment. We have asked for a further report at our next meeting on using different approaches to recruitment. We approved assurance level 4 noting that actions are being taken to move to level 5 in February 2022.

**Three Counties Medical School:** We recommend the Trust Board to approve the placement of new medical students through the Three Counties Medical School at the University of Worcester and the associated collaboration agreement to this effect. This appears as a separate item on the Trust Board agenda.

## People and Culture Committee Assurance Report – 30<sup>th</sup> November 2021

### Executive Summary (Cont)

**Professional Advocate Implementation:** We noted the introduction of the Professional Advocate Programme for nursing and midwifery. This is a leadership and advocacy approach to deliver restorative clinical supervision through the implementation of four elements of the A-EQUIO model which focuses on restorative clinical supervision, quality improvements, education and personal data. 7 senior nurses have been trained to masters level. The particular focus for the training of these staff is to provide Professional Advocate support for staff in ITU and deployed during the peak of COVID. It has been recognised that the Professional Advocates themselves will require support and this is being provided. The Programme is to be rolled out carefully in the organisation so as not to put added pressure on the Advocates. Assurance level 5 agreed.

**Winter Workforce Plan:** We noted the Workforce Plan which is based on our H2 submission. A longer term plan is to be prepared to include the affordability of our workforce to address the points raised at the last Trust Board meeting. This plan will provide the establishment (including cover for sickness and other absences) required to deliver our activity. The bottom up H2 plan showed a growth of staff in post between the H1 and H2 forecast. Following an assessment of our recruitment pipeline including offers currently made this has been reduced with the remaining recruitment taking place in 2022/23. Workforce trigger points have been developed as a guide for managers to be used as a decision point to consider if a service can operate safely.

**Safest Staffing Report – Adult Nurse and Maternity Staffing:** We noted that the staffing of the adults, children and neonatal wards to provide the ‘safest’ staffing levels for the needs of patients being cared for throughout October 2021 has been achieved. We agreed assurance level 5. We noted how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls. We agreed assurance level 5 (from 4) based on the overall decrease in vacancies and COVID and non COVID related sickness absence.

**Best People Programme Progress Report:** We were disappointed to learn that to date there has been no reduction in the staff run rate since this Programme was established in April this year. We were informed that this is due to the increase in demand for staff to address COVID, the recovery of elective activity and higher sickness and turnover rates. The Programme has been re-focused to address the run rate and on improving the governance around the Pay Panel process and the booking of temporary staff to ensure that it aligns with the Winter Workforce Plan. We expect to see the benefits of this work in quarter 4. The reduction in workforce costs form part of our Three Year Plan cost reductions.

**Behavioural Charter:** We have strongly endorsed this Charter, co-developed with the BAME network, which is to be considered further by TME prior to presentation to the Trust Board for approval. Bullying, harassment, violence, aggression and discrimination in the workplace whether from staff, patients and the public is totally unacceptable. We noted that staff are encouraged to speak up if they experience or observe this type of behaviour. Training has been provided for staff to deal with these situations and security can be called. We were informed that this approach is already being used robustly when this type of behaviour is demonstrated by patients with the caveat that actions do not adversely impact on their care.

**Surgical Reconfiguration Workforce Impact Update:** We were informed that the feedback from the formal staff consultation had shaped the final outcomes for the reconfiguration. There were no workforce issues raised during the consultation. Post consultation engagement sessions are being undertaken to ensure the staffing is safe for the remaining parts of the reconfiguration.

### Recommendation

The Board is requested to note this report for assurance.

## People and Culture Committee Assurance Report – 30<sup>th</sup> November 2021

### Executive Summary (Cont)

- **People and Culture Risk Register:** We approved the Risk Register including increasing back to 12 the risk rating for Retention (PC22) as there has been a month on month increase in staff turnover rates since July 2021 with a further risk to turnover with the introduction of mandatory COVID vaccines for frontline staff from next April.
- **Other reports noted:**
  - Divisional Compliance Dashboard as at 31 October 2021
  - Guardian for Safe Working Report (Considered as part of the Integrated People and Culture Report)
  - JNCC Notes

### Recommendation

The Board is requested to note this report for assurance.