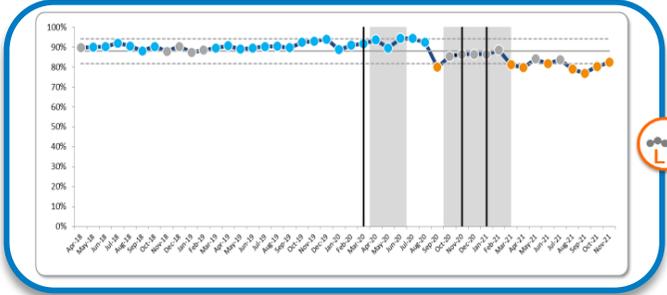


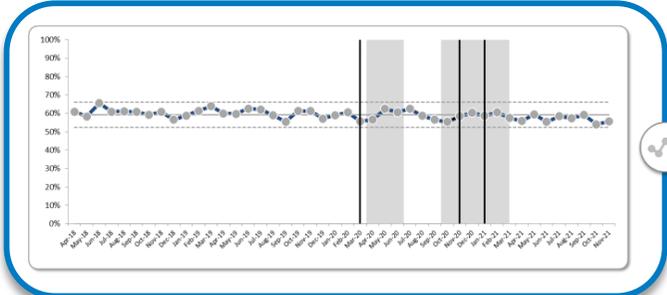
Booked before 12⁺⁶ weeks

82.5%



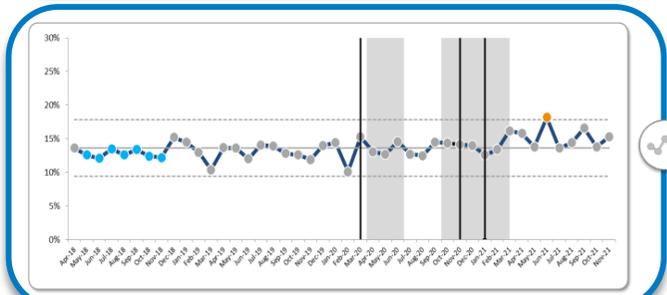
Vaginal Births

55.6%



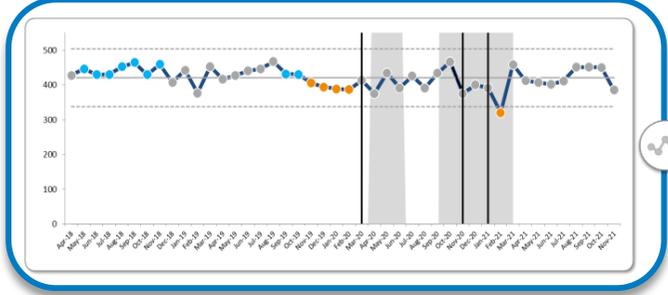
Elective Caesarean

15.3%



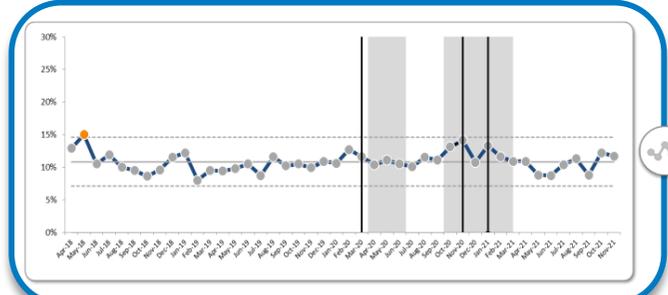
Births

385



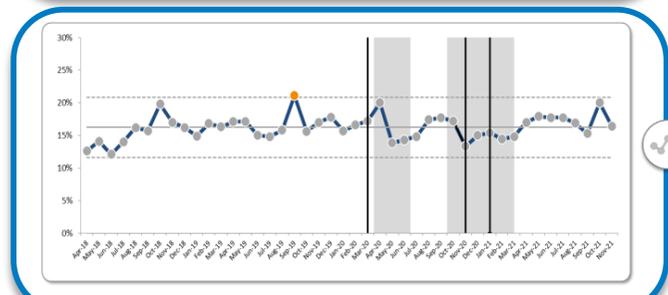
Instrumental rate

11.7%



Emergency Caesarean

16.4%



Variation

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

Assurance

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

Lockdown Period
COVID Wave

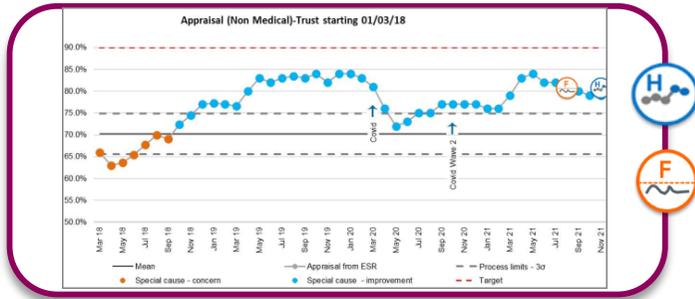


Workforce

| People & Culture | Comments |
|---|--|
| <p>Getting the basics right (appraisal, mandatory training, job plans)</p> | <ul style="list-style-type: none"> • Mandatory training has remained at 89% this month. • Medical appraisal compliance consistently remains above Model Hospital average of 85% with an increase this month of 3% to 92%. • Non medical appraisal is 2% higher than same period last year but remains low at 79% • Consultant Job Planning has dropped by 3% to 73% this month. We are performing below Model Hospital average. |
| <p>Drivers of Bank & Agency spend</p> | <ul style="list-style-type: none"> • We have a 381 wte increase in establishment compared to the same period last year • Our vacancy rate of 9.1% is above the ONS national average of 8.1%. • Maternity and Adoption leave -there are 189 staff on maternity leave compared to 150 for the same period last year • Monthly sickness has increased slightly to 5.65% which is 0.78% 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 Sept 2021. • The annual turnover rate has increased again this month to 10.77% which is 0.8% worse than the same period last year, but remains within target. Our turnover rates on Model Hospital as at June 2021 (latest data) were good (Quartile 1 (best) for Registered Nurses and Medics and Quartile 2 overall) |
| <p>Staff Health & Wellbeing</p> | <ul style="list-style-type: none"> • Cumulative sickness has increased to 5.09% for the 12 month period • Sickness due to S10 (stress and anxiety) increased by 0.07% to 1.41%. 7 out of 8 divisions have higher levels of S10 than pre-pandemic rates with Specialty Medicine the exception • Our staff health and wellbeing offer continues to be communicated to staff at every opportunity and Location by Vocation pilot is progressing • Wellbeing Conversations and the How are You Really App were launched in September • 90% of our staff have had the first Covid vaccine and 86% have had their second vaccine • 66% of our staff have had their Covid Booster and 54% their Flu Vaccine • All vaccination rates are impacted by issues with the national NIMS system which are preventing some data being accessible to us. We have written to those staff who we have no record of and are checking responses manually on NIVS. This issue has been escalated |

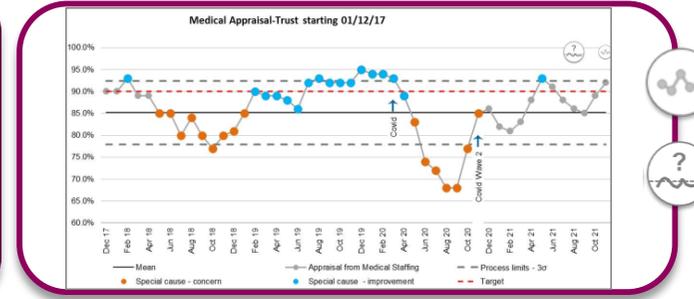
Appraisal (Non-Medical)

79%



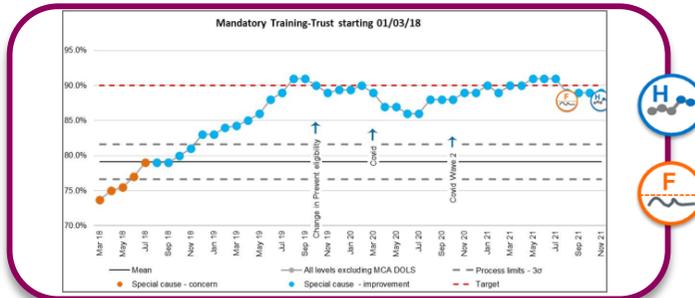
Medical Appraisal

92%



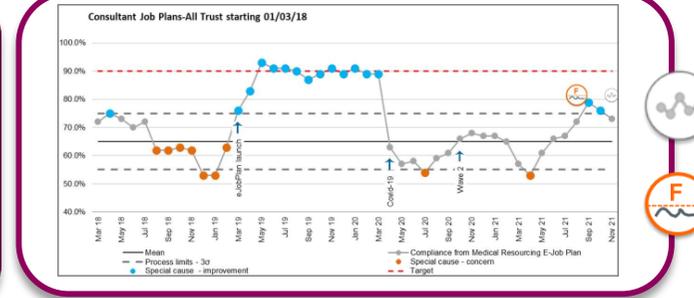
Mandatory Training

89%



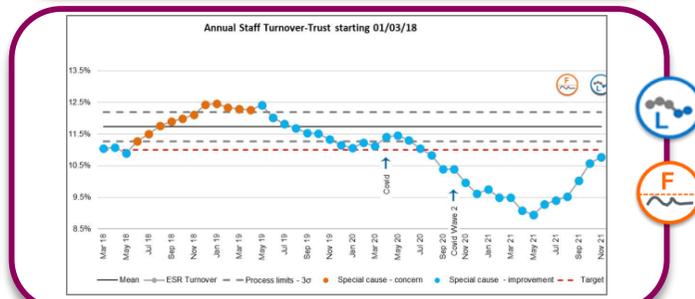
Consultant Job Plans

73%



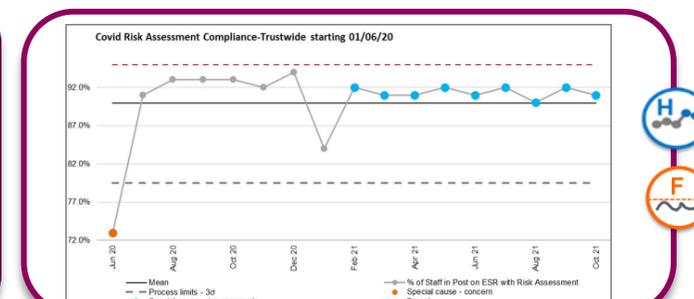
Annual Staff Turnover

10.77%



Covid Risk Assessment Compliance

91%



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 92% | 89% and 86% | 73% | 10.77% | 91% |

What does the data tell us?

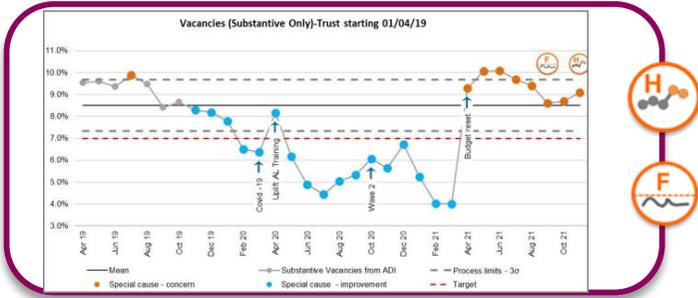
- **Appraisal** – Non-medical appraisal rate has remained at 79% which is 2% higher than the same period last year.
- **Medical Appraisal** – Medical appraisal has improved by 3% to 92% this month which is 7% higher than the same period last year
- **Mandatory Training** – Mandatory Training compliance has remained at 89% this month which is the same as the same period last year
- **Essential to Role Training** – Essential to Role training has improved by 1% to 86%.
- **Consultant Job Plans** – Consultant job planning compliance has dropped from 76% to 73% this month. This is 5% higher than the same period last year
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.19% this month to 10.77% which is 0.8% worse than the same period last year but remains within the Trust target of 11%.
- **Covid Risk Assessment Compliance** – Compliance has dropped by 1% to 91% this month against a Trust target of 95%.

National Benchmarking (November 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)

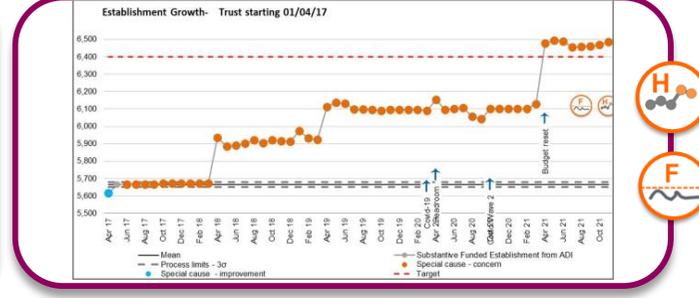
Substantive Vacancy Rate

9.1%



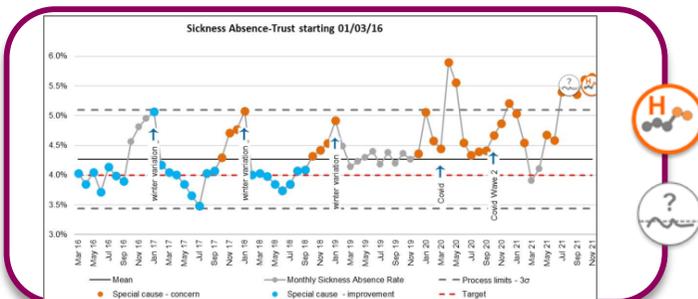
Growth in Establishment

6487 wte



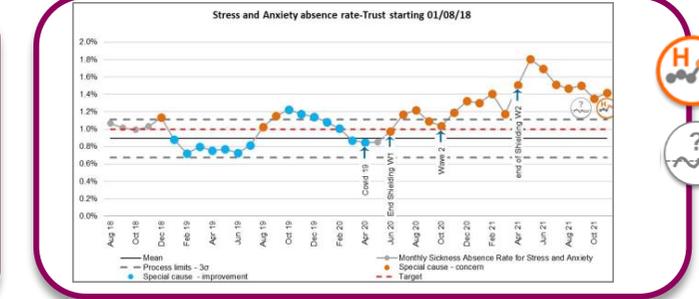
Monthly Staff Sickness Absence

5.65%



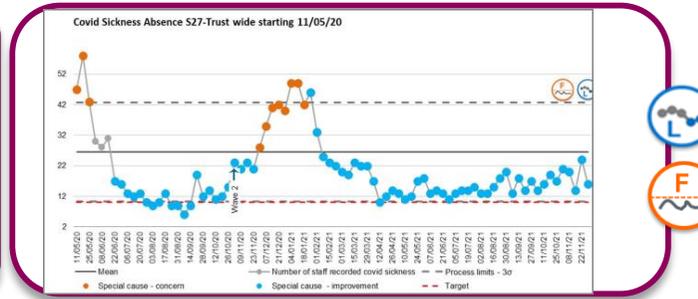
% Staff absent due to Stress and Anxiety (S10)

1.42%



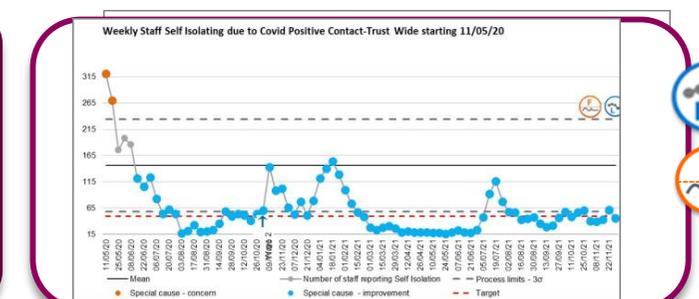
Covid Sickness (S27)

16



Number Self Isolating

46



Variation

Special Cause Concern: High (H), Low (L), Unchanged (F)

Assurance

Consistency: Hit target (P), Missed target (Q), Hit and miss target (R), Missed to random (S), Consistency: Hit target (F), Missed target (G)

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

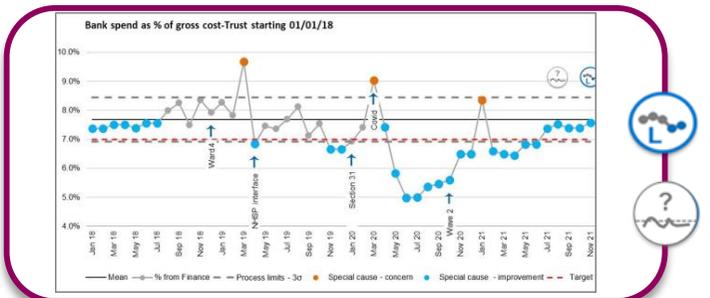
Month 8 [November] 2021-22 "Drivers of Bank and Agency Spend" Summary (continued)

Responsible Director: Director of People and Culture | Validated for November -21 as 13th December 2021

↑

Bank Spend as a % of Gross Cost

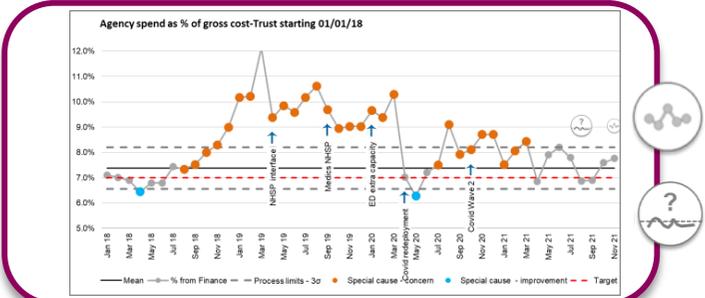
7.58%



↑

Agency Spend as a % of Gross Cost

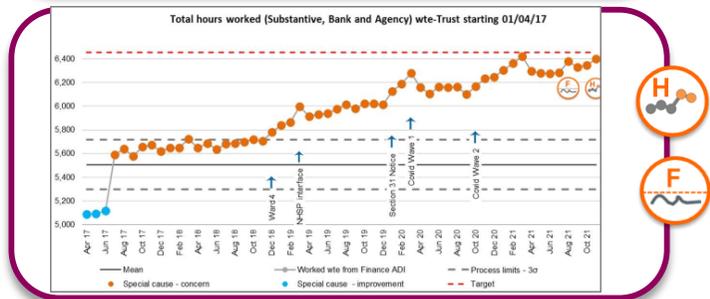
7.76%



↑

Total Hours Worked

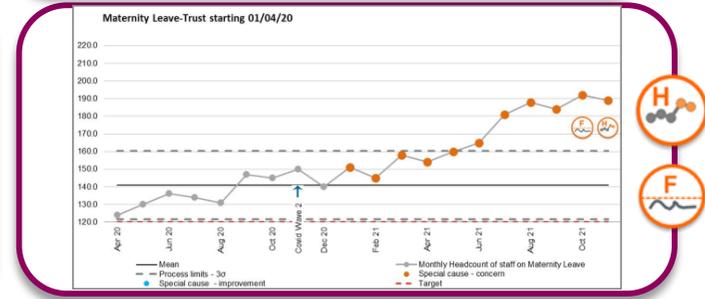
6400 wte



↓

Maternity/Adoption Leave

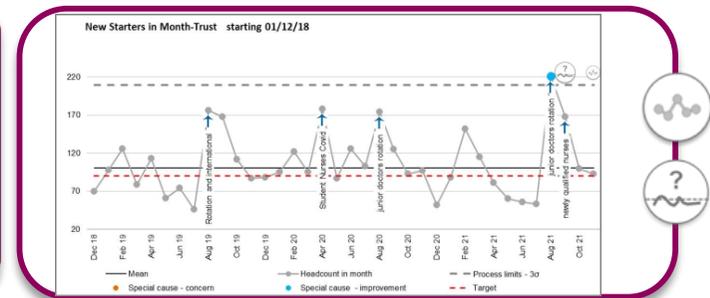
189



↓

New Starters in Month

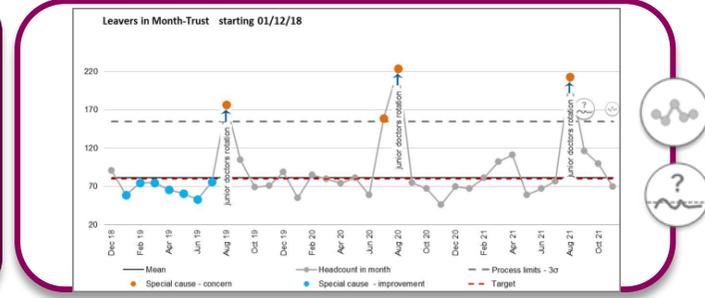
93



↓

Leavers in Month

70



Variation

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

Assurance

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

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

| Substantive Vacancy Rate | Total Hours worked (including substantive bank and agency) | Monthly Sickness Absence Rate and cumulative sickness rate for 12 months | % Staff absent due to Stress and Anxiety (S10) | Number of staff off with Covid Sickness (S27) on the last Monday of month | Number of Staff self isolating due to Covid+ contact on the last Monday | Number of Staff on Maternity Leave | Bank and Agency Spend as a % of Gross Cost | Starters and Leavers in Month (NEW) |
|--------------------------|--|--|--|---|---|------------------------------------|--|-------------------------------------|
| 9.1% | 6,400 wte | 5.65% and 5.09% | 1.42% | 16 | 46 | 189 | 7.58% and 7.76% | 93 starters; 70 leavers |

What does the data tell us?

- **Vacancy Rate** –Vacancy rates have increased marginally by 0.41% this month to 9.1%. Our funded establishment has increased this month by 18 wte which is 381 wte higher than the same period last year when we had a total vacancy rate of 5.63%. We have 247 wte more staff in post than last year
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased by 54 wte to 6,400 wte against a funded establishment of 6487 wte. Bank has increased by 17 wte and agency by 28 wte. Hours worked is 165 wte higher than the same period last year but 125 wte of this is substantive staff. Bank is 18 wte higher and agency 21 wte higher than last year.
- **Monthly Sickness Absence Rate** – Sickness has increased marginally by 0.04% to 5.65% which is 0.78% worse than the same period last year. Cumulative sickness for the 12 month period has increased to 5.09% from 5%
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.07% to 1.42% this month which is 0.21% worse than last year
- **Absence due to Covid Sickness (S27)** – 16 staff were absent due to Covid symptoms at the end of November compared to 21 at the end of October. 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 increased from 40 to 46, compared to our peak in mid July 2020 of 116.
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has dropped by 3 this month to 189. This is still 39 more than the same period last year and will have an impact on wards.
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a slight increase of 0.17% in agency spend compared to overall cost but this is 0.94% lower than the same period last year despite the 381 wte increase in establishment. This will be directly due to substantive recruitment. Bank spend has increased by 0.22% this month which is 1.09% higher than last year due to the swap out with bank and substantive. Urgent Care remains an outlier for Agency spend with 20.19% of its gross spend. Women and Children’s Agency spend has increased by 1.5% this month
- **Starters and Leavers** – We had 93 new starters this month and 70 leavers which is an improving position from last month

National Benchmarking (November 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

| Strategic Workforce Plan | | BAME Workforce | Organisational Development |
|--|---|--|--|
| Introduce new roles and staffing models to support the delivery of our clinical services strategy | Accelerate new ways of working from the Covid-19 experience | Undertake Covid-19 Risk Assessments for all BAME staff | Implement new operational management structure |
| <p>Annual Plan: Strategic Objectives Best people Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.</p> | | | |
| <p>How have we been doing?</p> <p>The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> • Non-medical appraisal (5% lower) • Job Planning (>10% lower) • Vacancy rates (1% higher than pre-covid ONS) due to increased establishment at budget setting <p>Also of note is the continuing high level of bank and agency usage which is a result of:</p> <ul style="list-style-type: none"> • Increased levels of long term sickness absence with 7 out of 8 divisions presenting higher than pre-covid levels of S10 (Anxiety and Stress). Specialty Medicine is the exception. • 189 staff on maternity leave which is an increase of 39 from the same period last year and remains on an upward trend • Self isolation due to track and trace and family isolation • Staffing of Covid swab pod and Vaccination clinics. | | <p>What improvements will we make?</p> <ul style="list-style-type: none"> • We will continue to work with divisions to ensure all staff are encouraged to take up the Covid booster to prepare for the Government’s plan for No Jab No Job for frontline healthcare workers • We will continue to work with divisions to encourage staff to have flu vaccines • We will continue with the implementation of the Best People Programme to reduce premium staffing costs • We will continue our work to enhance the flexible working offer to staff including Location by Vocation. | |
| <p>Overarching Workforce Performance Level – 5 – November 2021 Previous Assurance Level - 5 – October 2021</p> | | <p>To work towards improvement to next assurance level</p> | |



Finance

Our Financial Position | Key Messages

| Finance | Comments |
|---|--|
| 2021/22 Financial Plan | The Trust's submitted H2 (October 2021 to March 2022) plan is a deficit of £(11.4)m before any additional ICS redistributions which lead to a full year (H1 actual + H2 plan) deficit of £(1.9)m. |
| H2 (Oct-21 to Mar-22) | Note confusingly that for External National Reporting purposes the Full Year Plan is breakeven (based on revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit). This differs to the combined actual H1 (£0.9)m deficit + H2 £(1.1m) |
| Overview of Finance Position Month 8 November 2021 | <p>Against the M8 plan of £0.5m surplus we report an actual surplus of £1m, a favourable variance of £0.4m. YTD at month 8 (October 2021) we report an actual deficit of £0.8m.</p> <p>An early assessment of risks and opportunities incorporating the month 8 results suggest a possible out turn position ranging from £(2.4)m – £(3.4)m. This would be £(0.5)m - £(1.5)m worse than our agreed system plan deficit of £(1.9)m. This is principally because our H2 submission included £1.8m of Independent Sector system risk following the change in guidance and that this pressure would be jointly mitigated. Additionally a number of one off benefits have non recurrently supported the position in month and although banked against financial risks such as increased temporary nursing costs, a continuation of the current run rate (which has been seen moving into M9) poses risk.</p> <p>Over the course of the next month we will assess further and seek to scope suitable mitigations recognising the context of the operating environment.</p> |
| Covid Expenditure | Year to date spend is £(7)m against a plan of £(6.9)m. |
| Cash | 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. |
| Capital | <p>Our Capital Position at Month 8, being the Invoiced plus Work in progress / Claims value of works complete, is £14.27m. This is an increase of £2.93m since month 7. In addition to this, we have outstanding purchase orders placed at a value of £15.28m where work will be completed (or equipment received) before the end of the financial year. We have an existing Letter of Intent for our UEC project that will enable us to draw down the value of works complete, which is included in our outstanding orders total.</p> <p>Orders yet to be committed plus existing professional SLA's (project Management / Quantity surveyors) have a total value of £14.64m. The Capital Plan for 2021/22 reached £58.3m, including IFRIC 12 impact. Latest forecast capital expenditure for the financial year is £44.2m. The variance to plan is mainly due to the removal of the PDC relating to ASR, as this expenditure (Alex Theatres) is now expected in 2022/23.</p> |

H2 Plan

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

Note confusingly that for External National Reporting purposes the Full Year Plan is breakeven (based on revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit). This differs to the combined actual H1 (£0.9)m deficit + H2 £(1.1m)

Month 8 – November Position

Against the M8 plan of £0.5m surplus we report an **actual surplus of £1m, a favourable variance of £0.4m.**

Against the FY plan of breakeven , **YTD at month 8 (October 2021) we report an actual deficit of £0.8m against the plan £0.6m surplus. Adverse variance of £1.4m.**

| Statement of Comprehensive Income | Nov 21 (Month 8) | | | Year to Date | | | Full Year Plan |
|--|------------------|----------------|-------------|-----------------|-----------------|----------------|-----------------|
| | Plan | Actual | Var to Plan | Plan | Actual | Var to Plan | |
| | £000s | £000s | £000s | £000s | £000s | £000s | £000s |
| Operating Revenue & Income | | | | | | | |
| Operating income from patient care activities | 45,224 | 47,485 | 2,261 | 357,812 | 363,903 | 6,091 | 535,327 |
| Other operating income | 4,186 | 2,288 | (1,898) | 18,795 | 18,728 | (67) | 35,422 |
| Operating Expenses | | | | | | | |
| Employee expenses | (28,573) | (28,674) | (101) | (218,895) | (224,799) | (5,904) | (333,107) |
| Operating expenses excluding employee expenses | (18,674) | (18,650) | 24 | (144,382) | (145,675) | (1,293) | (218,465) |
| OPERATING SURPLUS / (DEFICIT) | 2,163 | 2,449 | 286 | 13,330 | 12,156 | (1,174) | 19,177 |
| Finance Costs | | | | | | | |
| Finance income | 0 | 0 | 0 | 6 | 0 | (6) | 6 |
| Finance expense | (1,009) | (1,069) | (60) | (8,180) | (8,240) | (60) | (12,216) |
| Movement in provisions | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| PDC dividends payable/refundable | (607) | (407) | 200 | (4,594) | (4,656) | (62) | (7,022) |
| Net Finance Costs | (1,616) | (1,476) | 140 | (12,768) | (12,896) | (128) | (19,232) |
| Other gains/(losses) including disposal of assets | 0 | 0 | 0 | 1 | 31 | 30 | 1 |
| SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR | 547 | 972 | 425 | 563 | (709) | (1,272) | (54) |
| Less impact of Donated Asset Accounting (depreciation only) | 1 | 16 | 15 | 50 | (97) | (147) | 54 |
| Adjusted financial performance surplus/(deficit) | 548 | 988 | 440 | 613 | (806) | (1,419) | 0 |
| Less gains on disposal of assets | 0 | 0 | 0 | (1) | (31) | (30) | (1) |
| Adjusted financial performance surplus/(deficit) for the purposes of system achievement | 548 | 988 | 440 | 612 | (837) | (1,449) | (1) |

Income & Expenditure Overview

Combined Income in month variance £0.4m favourable – System Funding £0.3m, NHS England Drugs & Devices £0.1m, Training & Education £0.2m, PCR testing £0.2m, Endoscopy Independent Sector/Insourcing reimbursement (£0.2m) and Other adjustments (£0.2m)

Employee expenses in month variance (£0.1)m adverse – Of the in month adverse variance (£0.1m) - an adverse Nursing variance of £0.4m is partially offset by a favourable Medics variance (£0.2m) and ST&T (£0.1m). H2 Plan assumed Nursing workforce would remain at September WTE levels but actual worked was 49 WTE higher. The largest areas of Nursing overspend are Urgent Care (£0.1m), SCSD (£0.1m) and Specialty Medicine (£0.1m). Urgent Care has incurred additional costs due to sickness and Covid as well as trialling additional nursing staff in Triage to reduce triage time. SCSD has incurred additional costs to staff an increase to 17 beds in Critical Care as well as increased cover for Covid and Sickness in Theatres. Specialty Medicine has had more new starters than forecast as well as increased Covid and redeployment cover and higher than forecast enhancements.

Operating expenses in month variance on plan – (£0.2)m adverse on Non PbR drugs (offset by additional income above) offset by favourable variances within the PFI contract following an energy account reconciliation.

PDC Divisions payable - (£0.2)m favourable in month following a recalculation based on the submitted H2 Plan, this represents a YTD correction, the normal position in M9-12 will be £25k favourable to plan.

I&E Delivery Assurance Level: Level 4

Reason: H2 plan is now finalised with the system gap understood and trust income fully clarified. Risks remain over costs of delivering additional activity and implications of Omicron related Covid admissions.

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.

Performance Against Original Internal Operational Trust plan

Income

| Trust Operational Plan | | | |
|---|---|--|--|
| In-month | | YTD | |
| Income Inc. Top Up/ COVID Payments Variance £0.4m | Normal Income Generation Contracted through Pbr | Income Inc. Top Up/ COVID Payments Variance £0.4m | Normal Income Generation Contracted through Pbr |
| Additional System Funding £2.3m | Variance -£11.3m (22.9%) Excluding Top and COVID payments -£2.4m | Additional System funding £2.3m | Variance -£91.2m (23.8%) Excluding Top and COVID payments -£18.9m |
| Vaccinations /COVID tests £0.5m | | Vaccinations /COVID tests £2.9m | |
| CCG System Top Up and COVID £8.9m | | CCG System Top Up and COVID £72.3m | |
| Normal Income Generation Contracted through Pbr Activity and Other Income £38.1m | Normal Income Generation Contracted through Pbr Activity and Other Income £38.1m (77.1%) | Normal Income Generation Contracted through Pbr Activity and Other Income £291.1m | Normal Income Generation Contracted through Pbr Activity and Other Income £291.1m (76.2%) |

The Combined Income (including Pbr pass-through drugs & devices and Other Operating Income) was **£0.4m** above the Trust's Operational Plan in November.

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

In month variance £0.4m: System Funding £0.3m, NHS England Drugs & Devices £0.1m, Training & Education £0.2m, PCR testing £0.2m, and Other adjustments.

Expenditure

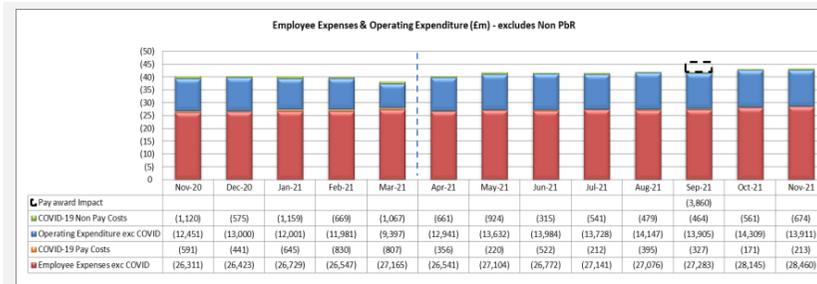
M8 YTD the **combined expenditure** variance is **£7.2m adverse** against the FY Plan (breakeven - £1.1m H1 plan surplus and £1.1m H2 plan deficit).

Overall **employee expenses** were **£28.7m** in Month 8 (November 21), an increase of £0.4m compared with October and £0.1m adverse to M8 plan with an adverse Nursing variance of £0.4m being partially offset by a favourable Medics variance (£0.2m) and ST&T (£0.1m).

Total Pay costs were £0.4m higher than M7. Substantive pay was £0.2m higher in month, £0.1m of this is on Nursing & Midwifery and is due to an increase in enhancements paid due to more weekends worked in October which are paid in November. There was also £0.1m increase on NHS Infrastructure due to payment in lieu of notice (£45k) and the executive pay award (£18k).

Total temporary pay was £0.2m higher in month, mainly on agency nursing, reasons for the increase included COVID, redeployment, additional beds, vacancy cover, and sickness.

Overall **operating expenses excluding employee expenses** (including Non Pbr) was £18.7m in Month 8 a reduction of £0.4m compared with October, this is in line with the operational plan. (£0.2m) adverse on Non Pbr drugs (offset by additional income above) offset by favourable variances within the PFI contract following an energy account reconciliation.



- Month 12 adjusted to remove the following one off items: 6.3% pension adjustment (£12.1m); Provisions for unused annual leave (£3.9m); Consultant job plan updates (£0.7m); Overtime holiday pay entitlements following the settlement of the Flowers legal claim (£0.5m); Central PPE stock adjustment (£6.4m); Impairment losses (£6.6m); and Contract exit costs (£0.2m).
- Above chart excludes Non Pbr items.

Capital

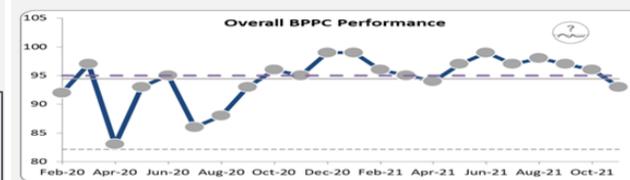
Our Capital Position at Month 8, being the Invoiced plus Work in progress / Claims value of works complete, is £14.27m. **This is an increase of £2.93m since month 7.** In addition to this, we have outstanding purchase orders placed at a value of **£15.28m where work will be completed (or equipment received) before the end of the financial year.** We have an existing Letter of Intent for our UEC project that will enable us to draw down the value of works complete, which is included in our outstanding orders total. Orders yet to be committed plus existing professional SLA's (project Management / Quantity surveyors) have a total value of £14.64m. The Capital Plan for 2021/22 reached £58.3m, including IFRIC 12 impact. Latest forecast capital expenditure for the financial year is £44.2m. The variance to plan is mainly due to the removal of the PDC relating to ASR, as this expenditure (Alex Theatres) is now expected in 2022/23.

Capital Assurance Level: Level 4
Reason: Significant capital schemes continue into 2021/22 and will require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes nearing completion. Risk remains in medium term. **Reduced to Level 4 pending agreement of expenditure plan by scheme at November S&P meeting and assessment of CRL to be postponed to next Financial Year (22/23)**

Cash Balance

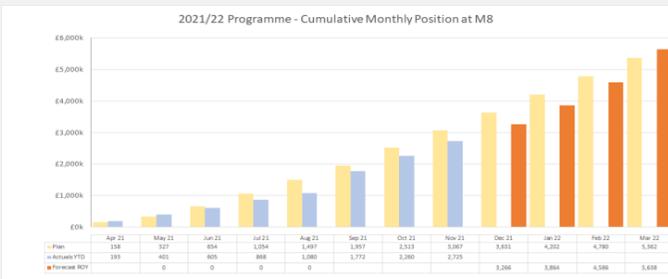
At the end of Nov 2021 the cash balance was £39.4m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices.

Cash Assurance Level: Level 6
Reason: Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.



Productivity & Efficiency

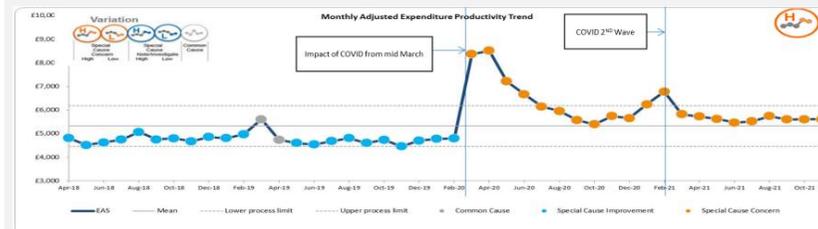
The P&E Programme has delivered £2.73m of actuals at Month 8 against a plan of £3.07m, the forecast position at M12 remains favourable against plan.



Adjusted Expenditure Productivity Trend:

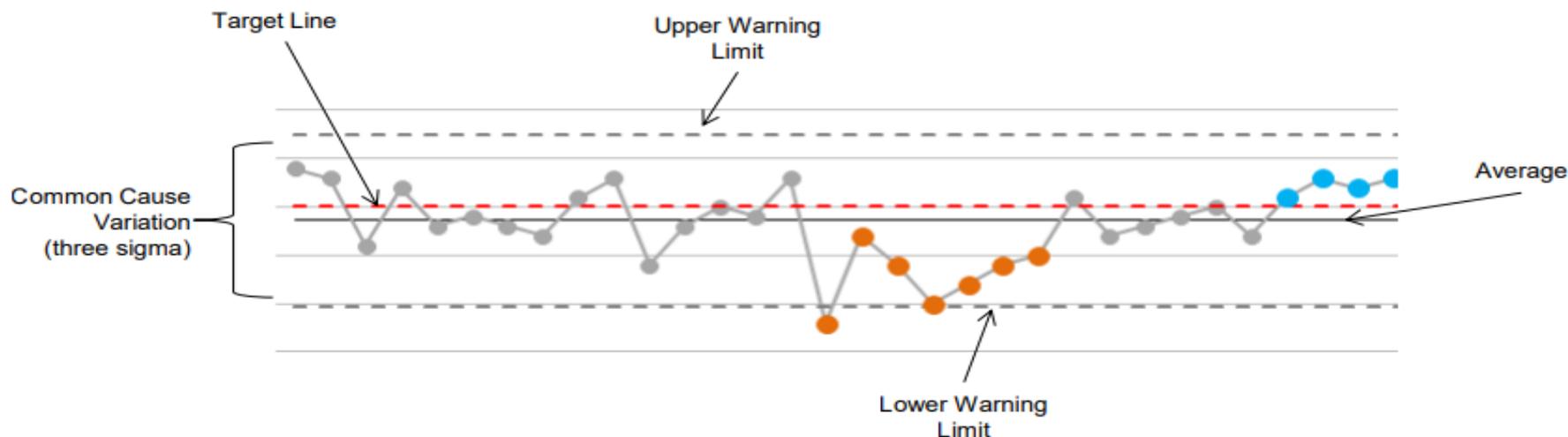
COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.

November Cost per WAU is consistent with previous months as activity levels as reasonably unchanged and expenditure fixed. It will only deviate now if there is scope to increase activity or a reduction due to another wave of COVID.





Appendices



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

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

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

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

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

Levels of Assurance

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



NOVEMBER 2021 IN NUMBERS



7,498

Walk-in patients (A&E)



4,252

Patients arriving
by ambulance



12,252

Inpatients



34,344

Face to Face outpatients



12,546

Telephone consultations



385

Babies



1,474

Elective operations



200

Trauma Operations



348

Emergency Operations



5.9

Average length of stay



15,305

Diagnostics

QUALITY AND SAFETY IN NUMBERS

November 2021



MRSA
0



ECOLI
3



CDIFF
13



MSSA
3



Hand Hygiene
 Participation **92.73**
 Compliance **99.87**

SEPSIS

Sepsis
 Screening Compliance **89.31**
 Sepsis 6 bundle compliance **64.00**

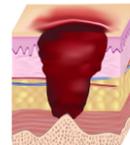


ICE reports viewed

Radiology **94.59**
 Pathology **91.37**



Falls per 1,000 bed days causing harm
0.09



Pressure Ulcers

All hospital acquired pressure ulcers **26**
 Serious incident pressure ulcers **0**



Response Rate

A&E **17.45**
 Inpatients **27.53**
 Maternity **4.26**
 Outpatients **9.08**



Recommended Rate

A&E **79.69**
 Inpatients **95.45**
 Maternity **95.83**
 Outpatients **92.70**



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



Risks overdue review **142**
Risks with overdue actions **219**



Discharged before midday
15.84



Complaints Responses <=25 days
76.09



Total Medicine incidents reported **157**
Medicine incidents causing harm (%) **0**

WORKFORCE COMPOSITION IN NUMBERS

November 2021



Employees
6,759



BAME employees
18%



Part-time workers
45%



Female
82%



Registered nurses
1,968 (29%)



Registered midwives
259 (4%)



HCAs, helpers and assistants
1,272 (19%)



Doctors
731 (11%)



Other clinical and scientific staff
859 (13%)



Over age 55
18%



30 years and under
20%



Staff with less than 2 years service
27%



Staff with 20 years service or over
10%



Women & Children's Division Maternity & Neonatal Dashboard



Reporting Period: November 2021 v1

| ANTENATAL | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|----------------|--------|---------|--------|---|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------------|------|-------|-------|
| Area | Indicator Type | LMS ID | WAHT ID | WVT ID | Indicator Description | Type | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Trend | Year to Date | | | |
| Booking | National | ABO1.1 | | | Women booked before 12 + 6 weeks | Integer | 390 | 368 | 373 | 362 | 359 | 319 | 244 | 368 | | | | | | | 2022 | | |
| | Local | ABO1.1 | MSB1.1 | | % Women booked before 12 + 6 weeks | % | 79.8% | 84.3% | 81.2% | 83.8% | 79.0% | 76.9% | 80.4% | 82.6% | | | | | | | | 81.1% | |
| | LMS | ABO2.2 | | | Women booked after 12 + 6 weeks | Integer | 99 | 68 | 84 | 74 | 95 | 96 | 79 | 82 | | | | | | | | 677 | |
| | Local | ABO2.2 | | | % of Women booked after 12 + 6 weeks | % | 20.2% | 15.7% | 18.3% | 16.2% | 21.0% | 23.1% | 19.6% | 17.4% | | | | | | | | | 18.9% |
| | Contractual | ABO2.0 | MSB1.2 | | Total bookings | Integer | 489 | 434 | 459 | 436 | 453 | 415 | 402 | 470 | | | | | | | | | 3379 |
| | LMS | ABO4.1 | | | Midwife led care at booking | Integer | 223 | 175 | 208 | 214 | 204 | 169 | 206 | 252 | | | | | | | | | |
| Risk Management | Contractual | ABO4.2 | MOF7.0 | | % Midwife led care at booking | % | 45.6% | 40.3% | 45.3% | 46.9% | 45.0% | 40.7% | 51.1% | 53.6% | | | | | | | | 46.1% | |
| | LMS | ASM1.1 | | | Women with BMI of 30 and over at booking | Integer | | | | | | | | | | | | | | | | | |
| | LMS | ASM2.2 | | | % Women with BMI of 30 and over at booking | % | | | | | | | | | | | | | | | | | |
| | LMS | ASM1.1 | | | Smoking at booking | Integer | 55 | 61 | 70 | 59 | 56 | 65 | 50 | 47 | | | | | | | | | 463 |
| Smoking | LMS | ASM2.2 | | | % Smoking at booking | % | 11.2% | 14.1% | 15.3% | 12.9% | 12.4% | 15.7% | 12.4% | 10.0% | | | | | | | | 12.9% | |
| | LMS | ASM2.1 | | | Smokers accepting smoking cessation service referral at booking | Integer | | | | | | | | | | | | | | | | | |
| | LMS | ASM2.2 | MSB1.4 | | % Smokers accepting smoking cessation service referral at booking | % | | | | | | | | | | | | | | | | | |
| | LMS | ASM3.1 | | | Smokers accepting CO screening at booking | Integer | | | | | | | | | | | | | | | | | |
| | Local | ASM3.2 | MSB1.6 | | % Smokers accepting CO screening at booking | % | | | | | | | | | | | | | | | | | |
| Carbon Monoxide | LMS | ACM1.1 | | | Women screened for CO at booking | Integer | | | | | | | | | | | | | | | | | |
| | LMS | ACM1.2 | | | % Women screened for CO at booking (of total bookings) | % | | | | | | | | | | | | | | | | | |
| | LMS | ACM2.1 | | | Women with CO reading of 4 ppm or more at booking | Integer | | | | | | | | | | | | | | | | | |
| | Local | ACM2.2 | | | % Women with CO reading of 4 ppm or more at booking (of total bookings) | % | | | | | | | | | | | | | | | | | |

| INTRAPARTUM | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------|------------------|-------------|---------|---------|---|-----------------------------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------------|--|------|-------|--------|
| Area | Indicator Type | LMS ID | WAHT ID | WVT ID | Indicator Description | Type | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Trend | Year to Date | | | | |
| Deliveries | Contractual | IDE1.0 | MDL1.0 | | Total Deliveries | Integer | 412 | 407 | 401 | 411 | 451 | 452 | 450 | 385 | | | | | | | | 3369 | | |
| | Contractual | IDM1.0 | | | Vaginal deliveries | Integer | 230 | 242 | 222 | 240 | 259 | 268 | 243 | 214 | | | | | | | | | 1918 | |
| | LMS | IDM1.1 | MNV1.0 | | % Vaginal deliveries | % | 55.8% | 59.5% | 55.4% | 58.4% | 57.4% | 59.3% | 54.0% | 55.6% | | | | | | | | | 56.9% | |
| | LMS | IDM2.1 | | | Emergency & forceps deliveries | Integer | 45 | 36 | 35 | 43 | 51 | 40 | 55 | 45 | | | | | | | | | 350 | |
| | Contractual | IDM2.2 | MNV1.0 | | % Emergency & forceps deliveries | % | 10.9% | 8.8% | 8.7% | 10.5% | 11.3% | 8.8% | 12.2% | 11.7% | | | | | | | | | | 10.4% |
| | Contractual | IC54.1 | | | Elective (category 4) caesarean deliveries | Integer | 67 | 56 | 73 | 56 | 65 | 75 | 62 | 61 | | | | | | | | | | 515 |
| C-Section Deliveries | LMS | IC54.2 | MCS1.1 | | % Elective (category 4) caesarean deliveries | % | 16.3% | 13.8% | 18.2% | 13.6% | 14.4% | 16.8% | 13.8% | 15.9% | | | | | | | | | 15.3% | |
| | Trust | IC53.1 | | | Emergency (category 3) caesarean deliveries | Integer | 14 | 17 | 17 | 15 | 25 | 18 | 15 | 17 | | | | | | | | | 136 | |
| | Trust | IC53.2 | | | % Emergency (category 3) caesarean deliveries | % | 3.4% | 4.2% | 4.2% | 3.2% | 5.5% | 4.0% | 3.3% | 4.4% | | | | | | | | | 8.9% | |
| | Trust | IC52.1 | | | Emergency (category 2) caesarean deliveries | Integer | 37 | 38 | 38 | 40 | 26 | 35 | 55 | 31 | | | | | | | | | | 300 |
| | Trust | IC52.2 | | | % Emergency (category 2) caesarean deliveries | % | 9.0% | 9.3% | 9.3% | 9.7% | 5.8% | 7.7% | 12.2% | 8.1% | | | | | | | | | | 8.9% |
| | Trust | IC51.1 | | | Emergency (category 1) caesarean deliveries | Integer | 19 | 18 | 15 | 17 | 24 | 16 | 20 | 14 | | | | | | | | | | 143 |
| | Trust | IC51.2 | | | % Emergency (category 1) caesarean deliveries | % | 4.6% | 4.4% | 3.7% | 4.1% | 5.3% | 3.5% | 4.4% | 3.6% | | | | | | | | | | 4.2% |
| | Contractual | IC55.1 | | | Emergency (category 1-3) inclusive caesarean deliveries | Integer | 29 | 29 | 21 | 72 | 76 | 69 | 90 | 62 | | | | | | | | | | 468 |
| | LMS | IC55.2 | MCS1.2 | | % Emergency (category 1-3) inclusive caesarean deliveries | % | 7.0% | 7.2% | 5.2% | 17.5% | 16.9% | 15.3% | 20.6% | 16.1% | | | | | | | | | | 17.3% |
| | LMS | IC56.1 | | | Total deliveries as caesarean | Integer | 137 | 129 | 144 | 128 | 141 | 144 | 152 | 126 | | | | | | | | | | 1101 |
| | Contractual | IC56.2 | MCS1.0 | | % Total deliveries as caesarean | % | 33.3% | 31.7% | 35.9% | 31.1% | 31.3% | 31.9% | 33.8% | 32.7% | | | | | | | | | | 32.7% |
| | Midwife Led Care | Contractual | IML1.0 | W4SM1.1 | H4ML1.1 | Midwife led care deliveries | Integer | | | | | | | | | | | | | | | | | |
| LMS | | IML1.1 | MO3.0 | | % Midwife led care deliveries | % | | | | | | | | | | | | | | | | | | |
| LMS | | IML2.1 | | | Home deliveries | Integer | 17 | 19 | 17 | 15 | 11 | 14 | 8 | 9 | | | | | | | | | 110 | |
| LMS | | IML2.2 | | | % Home deliveries | % | 4.1% | 4.7% | 4.2% | 3.6% | 2.4% | 3.1% | 1.9% | 2.3% | | | | | | | | | 3.3% | |
| Contractual | | IBR1.0 | MSB1.0 | | Total Births | Integer | 417 | 413 | 408 | 416 | 459 | 455 | 457 | 389 | | | | | | | | | | 3414 |
| LMS | | IBR1.1 | | | % Full term births (babies born at 37wks gestation or over) | % | 94.5% | 90.3% | 92.2% | 94.2% | 91.1% | 93.8% | 93.7% | 92.8% | | | | | | | | | | 287.8% |
| Births | LMS | IBR1.2 | W4SM1.1 | H4MB1.1 | Pre-term births (babies born under 37wks gestation) | Integer | 23 | 40 | 32 | 24 | 41 | 28 | 29 | 28 | | | | | | | | | 245 | |
| | LMS | IBR1.3 | W4SM1.2 | H4MB1.2 | % Pre-term births (babies born under 37wks gestation) | % | 5.5% | 9.7% | 7.8% | 5.8% | 8.9% | 6.2% | 6.3% | 7.2% | | | | | | | | | | 22.3% |
| | LMS | IBR1.4 | W4SM1.3 | H4MB1.3 | Stillbirths | Integer | 2 | 2 | 4 | 1 | 0 | 2 | 1 | 0 | | | | | | | | | 12 | |
| | LMS | IBR1.5 | W4SM1.4 | H4MB1.4 | % Total births stillborn | % | 0.5% | 0.5% | 1.0% | 0.2% | 0.0% | 0.4% | 0.2% | 0.0% | | | | | | | | | | 1.1% |
| | Contractual | IBR1.1 | | | Low birth weight where IUGR detected antenatally | Integer | | | | | | | | | | | | | | | | | | |
| | Contractual | IBR1.2 | MO4.0 | | % Low birth weight where IUGR detected antenatally | % | | | | | | | | | | | | | | | | | | |
| Breastfeeding | National | IBR1.1 | | | Breast feeding initiation rate | Integer | 216 | 299 | 290 | 290 | 321 | 308 | 306 | 255 | | | | | | | | | 2285 | |
| | National | IBR1.2 | MOF1.0 | | % Breast feeding initiation rate | % | 52.4% | 73.9% | 72.9% | 70.6% | 71.2% | 68.1% | 68.2% | | | | | | | | | | | 67.8% |
| | National | IBR1.1 | W4SM1.1 | | Women smoking at delivery | Integer | 43 | 41 | 42 | 40 | 48 | 51 | 33 | 48 | | | | | | | | | | 346 |
| Smoking | National | IBR1.2 | MOF2.0 | | % Women smoking at delivery | % | 10.4% | 10.1% | 10.5% | 9.7% | 10.6% | 11.3% | 12.5% | | | | | | | | | | | 10.3% |

| NEONATAL | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------|----------------|--------|----------|--|---|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------------|--|------|------|-------|
| Area | Indicator Type | LMS ID | WAHT ID | WVT ID | Indicator Description | Type | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Trend | Year to Date | | | | |
| Admissions | Local | NAD1.0 | MOB1.0 | | Total admissions to neonatal care | Integer | 45 | 51 | 60 | 60 | 76 | 64 | 64 | 74 | | | | | | | | 484 | | |
| | National | NAD2.1 | MOB1.1 | | Unspecified admissions of full-term babies to neonatal care | Integer | 16 | 14 | 12 | 13 | 8 | 11 | 7 | 15 | | | | | | | | | 98 | |
| | LMS | NAD2.2 | MOB1.2 | | % Unspecified admissions of full-term babies to neonatal care (of all live term births) | % | 4.1% | 3.8% | 3.2% | 3.3% | 1.9% | 2.6% | 1.6% | 4.2% | | | | | | | | | 3.0% | |
| | LMS | NRM1.1 | W-NRM1.1 | H-NRM1.1 | Neonatal deaths | Integer | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | | | | | | | | | 2 | |
| Risk Management | LMS | NRM1.2 | | | % Neonatal deaths (of total neonatal admissions) | % | 0.0% | 0.0% | 0.0% | 1.7% | 0.0% | 1.9% | 0.0% | | | | | | | | | 0.4% | | |
| | LMS | NRM2.1 | | | Neonatal brain injuries | Integer | | | | | | | | | | | | | | | | | | |
| | LMS | NRM2.2 | | | % neonatal brain injuries (of total neonatal admissions) | % | | | | | | | | | | | | | | | | | | |
| | LMS | NRM3.1 | | | Referrals to NHS Resolution | Integer | | | | | | | | | | | | | | | | | | |
| | LMS | NRM3.2 | | | % referrals to NHS Resolution (of total births) | % | | | | | | | | | | | | | | | | | | |
| | LMS | NRM4.1 | | | Neonatal transfers for therapeutic cooling | Integer | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | | | | | | | | | | 3 |
| | LMS | NRM4.2 | | | % Neonatal transfers for therapeutic cooling (of total neonatal admissions) | % | 2.2% | 0.0% | 0.0% | 0.0% | 1.3% | 1.9% | 0.0% | 0.0% | | | | | | | | | | 0.6% |
| | LMS | NRM5.1 | | | Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation) | Integer | 9 | 10 | 3 | 6 | 11 | 7 | 3 | 6 | | | | | | | | | | 58 |
| | LMS | NRM5.2 | | | % Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation) | % | 9 | 13 | 3 | 8 | 13 | 8 | 5 | 8 | | | | | | | | | | 67 |
| | LMS | NRM5.3 | | | % Administration of antenatal steroids (of babies born between 23 and 33wks gestation) | % | 100.0% | 76.9% | 100.0% | 75.0% | 84.6% | 87.5% | 60.0% | 75.0% | | | | | | | | | | 82.1% |
| LMS | NRM6.1 | | | Administration of magnesium sulphate (to mothers of babies born under 30wks gestation) | Integer | 2 | 0 | | | | | | | | | | | | | | | | | |

Committee Assurance Reports

Trust Board
13th January 2022

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

Finance & Performance Committee Assurance Report – 22nd December 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 | |
| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | Y | BAF number(s) | 7, 8, 13, 16, 18, 19 and 20 |

Executive Summary

The Finance & Performance Committee met virtually on 22 December 2021 and below are the main points from the meeting: Our focus was on the IPR, business cases and escalations given the system pressures which had led to the cancellation of Trust Management Executive. As a result of the same, divisional attendance was stood down and the meeting was managed on an escalation basis in a shortened time slot. A fire alarm went off during the meeting resulting in some members being evacuated; however the meeting remained quorate throughout.

Three Year Plan Update: Committee noted progress in the development of the Three Year Plan and the constraints of the pressures on operational teams. It was noted that planning guidance was to be issued and was expected on Christmas Eve. Committee was advised there is thus a current pause in sending reviews back to divisions; the intention being for these to go out together with 22/23 planning. Cross cutting themes, opportunities and benefits had been identified throughout the process. The intention remains for consideration of the plan at the February board development session and for a March Trust Board paper, however this was somewhat dependant upon the impact of Omicron .

Tender Award: Bank and Agency: Committee carefully considered and approved the recommendation of the Best People Programme Temporary Staffing Model workstream to award NHS Professionals as the preferred supplier for the flexible workforce (Bank and Agency) up to 4 years contract subject to Trust Board approval

Business case - Materials Management System : Committee carefully considered the realisation of benefits in relation to this business cases, which was welcomed as a positive step towards a state of the art system. Committee approved the business case for an Inventory Management System to control the full range of consumables and Medical Devices used across the Trust (subject to Trust Board approval)

Business case – International Recruitment : Committee carefully considered the learning and experiences from the first recruitment,. Following its success, Committee noted the positive impact of International Nurse recruitment in 21/22 and approved the business case for extension until 23/24 (subject to Trust Board approval).

Financial Performance Report Month 8: Committee noted the H1 actual and H2 plan are being used as the full year plan. Early assessment of risks and opportunities shows a turnout deficit position of £(2.4)m to£(3.4)m and there were discussed. The Trust has increased temporary nursing costs and payments for long shifts to ensure we are providing safe care. Capital - focus on managing the capital programme, working within the resource limit and monitoring of delivery, however the major schemes are expected to deliver. Cash was in a good position. Income and expenditure review shows an increase in assurance from level 3 to level 4

The following assurance levels were agreed: level 6 for cash, 4 for capital and an increased to 4 for income and expenditure

Finance & Performance Committee Assurance Report – 22nd December 2021

Executive Summary (cont.)

Integrated Performance Report: Key issues in relation to Emergency and Urgent Care and Patient Flow and Capacity; recovery and restoration of the elective programme including 104 week waits and Cancer. The current and sustained impact of Covid on the same was discussed alongside the rise in both admissions and community prevalence. It was confirmed that surge plans are in place. The impact on workforce, especially rising sickness was noted. It was confirmed that the Frailty Assessment Unit will open on 10 January and this will enable the GEM service and therapists to have a space to assess patients outside of ED. . Approval has been given for funding for additional capacity in the Clinical Admission Unit, with Kier starting work on site today.

The following overall assurance level was agreed: level 4 – unchanged

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 23rd December 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 |
| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | Y | BAF number(s) 2, 3, 4, 17, 18, 19 and 20 |

Executive Summary

The Committee met virtually on 23 December and the key points raised included:

Escalations: Committee was reminded of the continuing UEC pressures and high numbers of patients in ED and ambulances handover delays. Falls risk assessments of patients in ED are taking place. Additional junior medical staff are in ED and we are working with system partners to improve flow into social and community care. Reintroduction of the stand down of CHC assessments and conversations with relatives about choice of place of discharge from this week. Lack and loss of workforce and the impact of the same is a key constraint.

ICS Quality Forum: the forum was stepped down this month – however areas escalation are as previous iro UEC, waiting lists, staffing and harm reviews. Committee discussed the impact of frailty and the impact of lockdown on this on a younger patient cohort. Community matrons and neighbourhood teams visited WMAS control room as part of the 2 hour response service, they identified issues around falls and potential opportunities of the 2 hour service in this regard, however recruitment is a significant issue. Options with the fire service will be explored.

Integrated Performance Report (inc. IPC update): Committee noted the executive summary. IPC cases were discussed. C. diff numbers have increased, there is a general rise in all infections, however we are towards the top end for C. diff. We have 3 outbreaks due to a particular strain we have not seen before. We are focussed on the typing of this and there is a strong action plan in place. Community cases related to dental and antibiotic prescribing, but more recently this is hospital acquired. Covid outbreaks are increasing after a drop; these are rising but are currently manageable, although will have impacts on capacity. Increasing falls, fractured NOF and frailty was noted. Balancing of maintaining elective work with additional bed capacity if required for covid is a key priority. Complaints increases are mainly related to delays for treatment. Committee was assured as to the robustness and compliance with the risk classification and harm review process of those on the waiting lists. Colonoscopy activity in respect of screening and stratifying was discussed. Staffing challenges, sickness and the impact of these are monitored daily. **Assurance level 4 overall was agreed (position maintained)**

Maternity Service Safety Report – Committee received the confidential (due to small numbers and patient confidentiality) update, noting the position and assurances provided. Change in process regarding booking is under review. Perinatal mortality is in alignment with national levels. Role specific training has been impacted by covid and staffing to enable the release of staff, this will be challenge in the next wave. Boost regarding Maternity Support Workers is welcomed. CQC position re should do’s has improved with recent appointments. Maternity Voices Partnership will be reviewed. **Assurance level 5 was agreed (position maintained)**

AOB – the great response from nursing and operational teams for their work and Committee's thanks expressed to all involved for keeping our patients safe.

Recommendation(s)

The Board is requested to receive this report for assurance.

| | |
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| Meeting | Trust Board |
| Date of meeting | 13 January 2022 |
| Paper number | Enc F1 |

Nurse staffing report – November 2021 with QIA for Winter 21/22 staffing

| | | | | | | | |
|---------------|---|-----------------|--|----------------|---|----------|--|
| For approval: | x | For discussion: | | For assurance: | X | To note: | |
|---------------|---|-----------------|--|----------------|---|----------|--|

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| Accountable Director | Paula Gardner, Chief Nursing Officer | | |
| Presented by | Jackie Edwards, Deputy Chief Nurse | Author /s | Louise Pearson, Lead for N&M workforce |

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

| Report previously reviewed by | | |
|-------------------------------|----------|---------|
| Committee/Group | Date | Outcome |
| Trust Board | 13/01/22 | |
| | | |

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| Recommendations | <p>The Trust Board are asked to note:</p> <ul style="list-style-type: none"> Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout November 2021 has been achieved. There were 20 insignificant or minor incidents reported which is a significant decrease from last month. No moderate or severe. Of the 20 reported a theme of report was staffing required to support confused patients. Turnover of HCAs has increased month on month. An increase in staff absences was experienced during October (the data for November is not available at the time of this report and will be presented in the December report). The reasons for this absence is reported as being due to increased sickness levels for both short term sickness and long term with an increased in stress related reasons for absence. Appendix 1 provides the quality impact assessment (QIA) Nursing and Midwifery Staffing Safeguards during the COVID 19 Pandemic updated 5/01/22 including latest safest staffing safeguards. This identifies the risks for approval. |
|------------------------|--|

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| Executive summary | <p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during November 2021. Maternity staffing is provided as a separate report.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through November 2021. However, to note that November has seen a rise in patient acuity and dependency. This has impacted upon the needs for temporary staffing in areas such as urgent care, paediatrics and Covid positive wards. This</p> |
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| Meeting | Trust Board |
| Date of meeting | 13 January 2022 |
| Paper number | Enc F1 |

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| | coupled with 1. COVID and winter related virus affecting staffing absences, 2. long term sickness has impacted upon the health and wellbeing for staff with reports of staff feeling an increased tiredness. |
|--|--|

| Risk | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|-----|-----|
| Which key red risks does this report address? | | What BAF risk does this report address? | <i>BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.</i> | | | | | | | |
| Assurance Level (x) | 0 | 1 | 2 | 3 | 4 | 5 | x | 6 | 7 | N/A |
| Financial Risk | There is a risk of increased spend on bank and agency given the vacancy position and short term sickness. | | | | | | | | | |
| Action | | | | | | | | | | |
| Is there an action plan in place to deliver the desired improvement outcomes? | Y | x | N | | | | | | N/A | |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | x | N | | | | | | | |
| If no has the action plan been revised/ enhanced | Y | x | N | | | | | | | |
| Timescales to achieve next level of assurance | | | | | | | | | | |
| Introduction/Background | | | | | | | | | | |
| <p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for November 2021</p> <p>This assessment is in line with Health and Social care regulations: Regulation 12: Safe Care and treatment Regulation 17: Good Governance Regulation 18: Safe Staffing</p> | | | | | | | | | | |
| Issues and options | | | | | | | | | | |
| <p>The provision of safe care and treatment Staff support ongoing</p> <p>A priority for the trust remains the health and wellbeing of staff as the continued management of the COVID 19 pandemic and experiences of winter 21/22 is in place. Across the Nursing, Midwifery, Health Care Scientists and Allied health professional, all line managers have been made aware of staff support available both internally through HR and occupational health and externally to the trust. There is nursing representation on the Health and wellbeing group. A campaign to raise awareness of the Health and wellness pin wheel for staff to access support has been promoted.</p> <p>The provision of staff support will continue to be a priority for the teams. has been and will remain essential that the Trust to continue support through winter 2021/22, supported by the winter staffing plan. There is a weekly meeting in place to assess progress with the winter staffing plan led by the deputy Chief Nurse.</p> | | | | | | | | | | |

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| Meeting | Trust Board |
| Date of meeting | 13 January 2022 |
| Paper number | Enc F1 |

Harms

There were 20 minor and insignificant patient harms reported for November 2021 over a variety of ward areas. A theme of these reported was requirements to care for confused patients. This was managed at ward/divisional level with no escalation of concerns into the daily trust wide safety huddle.

Good Governance

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

Safe Staffing

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

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

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

| Current Trust Position | | | What needs to happen to get us there | Current level of assurance |
|------------------------|------------|--------------|---|----------------------------|
| | Day % fill | Night % fill | The current domestic and international pipeline to be reviewed. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas. The HCA fill rate on days has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies and support winter planning. | 4 |
| RN | 139% | 100% | | |
| HCA | 89% | 103% | | |

DATA from Here is for October 2021 October data is currently unavailable at the time of this report.

Vacancy trust target is 7% October position for RN 4.7% and HCA 16.08%

| Current Trust Position WTE | What needs to happen to get us there | Current level of assurance |
|----------------------------|--------------------------------------|----------------------------|
|----------------------------|--------------------------------------|----------------------------|

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| Meeting | Trust Board |
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|------------------------|--------------|---------|--|---|
| Division | RN/RM WTE | HCA WTE | Increased RN and RM recruitment to reduce vacancies. Rolling adverts for specialities have been ongoing and recruitment of the student nurses since paid deployment has reduced the vacancy factor. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert being launched in October to support winter planning. International nurse recruitment recommenced in August with cohorts of 12 nurses per month | 5 |
| Speciality Medicine | 12 | 17 | | |
| Urgent Care | 41 | 16 | | |
| Surgery | 14 | 14 | | |
| SCSD | 0 | 34 | | |
| Women's and Children's | 8 RN 8 RM | 29 | | |

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

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

Recruitment International nurse (IN) recruitment pipeline

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

| Division | International Nurses October | Domestic Pipeline October |
|---|-------------------------------|----------------------------|
| Speciality Med | 3 | 1 |
| Urgent Care | 1 | 3 |
| Surgery | 1 | 2 |
| SCSD | 8 | 2 |
| Women's and children's | | 4 |
| Division- 13 arrivals due to be allocated | International Nurses November | Domestic Pipeline November |
| Speciality Med | 7 | 4 |
| Urgent Care | 3 | 7 |
| Surgery | 1 | 6 |
| SCSD | 1 | 3 |
| Women's and children's | 0 | 0 |

Domestic nursing and midwifery pipeline

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

Bank and Agency Usage

Trust target is 7%- current usage is Bank 7.36% Agency 7.59%

| | | |
|-----------------------------------|---|-----------------------------------|
| Current Trust Position WTE | What needs to happen to get us there | Current level of assurance |
|-----------------------------------|---|-----------------------------------|

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| Meeting | Trust Board |
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|------------------------|--------------------|---------------------|--|----------|
| Division WTE | Bank and agency RN | Bank and Agency HCA | Sign up to the TWS11 workforce solutions – adhere to agency cap rates in line with NHSI cap rates. HR to support divisions in retention work stream bespoke for N&M workforce flexible working strategies. | 4 |
| Speciality Medicine | 53 | 51 | | |
| Urgent Care | 64 | 25 | | |
| Surgery | 50 | 37 | | |
| SCSD | 53 | 25 | | |
| Women's and Children's | 11 RN 21 RM | 11 | | |

Sickness –

The Trust Target for Sickness is 4%, October position 5.61%

| Current Trust Position | | | What needs to happen to get us there | Current Level of Assurance |
|------------------------|---------|----------------|--|----------------------------|
| | Monthly | Stress related | Sickness has increased in Divisions in month with an increase in stress related reports. Revisit Communications of support services available. Deep dive required for sickness the main theme is the increase month on month for stress related sickness | 4 |
| Spec Med | 5.36% | 0.96% | | |
| Urgent care | 4.2% | 0.8% | | |
| Surgery | 6.46% | 1.46% | | |
| SCSD | 5.51% | 1.42% | | |
| W & C's | 6.5% | 2.04% | | |

Turnover

Trust target for turnover 11%. October is RN 9.38 RM 10.15% HCA 15.05%

| Current Trust Position | | | What needs to happen to get us to there | Current level of Assurance |
|------------------------|-----------------------------|--------|--|----------------------------|
| Division | RN/RM | HCA | HR to update retention policy – staff development in house for all staff groups Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the | 3 |
| Speciality Medicine | 7.47% | 19.45% | | |
| Urgent Care | 9.67% | 17.43% | | |
| Surgery | 10.04% | 10.04% | | |
| SCSD | 9.88% | 14.11% | | |
| Women's and Children's | RN 6.63% RM 10.15% | 12.16% | | |

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| Meeting | Trust Board |
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| HCA turnover is higher than trust target across all divisions | apprenticeship Levy. Exit interviews process still under review flex for the future team looking at pulling data behind leavers from ESR to be discussed at steering group in November. Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment with an advert out and interview dates set for a trust wide drive to fill all HCA vacancies and have a pool of ready to start HCAs as vacancies arise. | | |
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Recommendations

The Trust Board are asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout November 2021 has been achieved.
- There were 20 insignificant or minor incidents reported which is a significant decrease from last month. No moderate or severe. Of the 20 reported a theme of report was staffing required to support confused patients.
- Turnover of HCAs has increased month on month.
- An increase in staff absences was experienced during October (the data for November is not available at the time of this report and will be presented in the December report). The reasons for this absence is reported as being due to increased sickness levels for both short term sickness and long term with an increased in stress related reasons for absence.
- Appendix 1 provides the quality impact assessment (QIA) Nursing and Midwifery Staffing Safeguards during the COVID 19 Pandemic updated 5/01/22 including latest safest staffing safeguards. This identifies the risks for approval.

Appendices

Change / Improvement Scheme Quality Impact Assessment



This form is used to detail the impact any changes or improvements have on the quality of delivery of Trust services.

Please complete all fields highlighted in green

Scheme reference number

Scheme Name

Nursing and Midwifery Staffing Safeguards during the COVID 19 Pandemic updated 5/01/22 including latest safest staffing safeguards

Scheme Overview

- include any positive impacts on quality
- include financial outcomes of the changes if applicable

The Trust has faced significant challenges in providing nursing and midwifery staffing levels in line with National guidance (NICE 2014) of right skills of staff, in the right place at the right time to meet patients' needs from the start of Covid 19 in March 2020. We are entering into a new chapter of the impact of Covid 19 multi-variants on staffing levels within the trust which has resulted in unprecedented staff absences causing relentless and sustained pressure on clinical services. The onset and emerging issues for staffing of nursing and midwifery from the COVID 19 pandemic across Worcestershire Acute Hospitals Trust requires a rapid response to staffing measures in order to provide care at the safest level possible for all patients. In a joint statement issued by The Nursing and Midwifery Council updated December 2021, has recognised that in these highly challenging circumstances Trusts/staff may need to temporarily depart from established procedures in order to care for patients and people using health services. This Quality Impact Assessment outlines the measures to be undertaken to enable safest staffing safeguards inline with the Standard operating procedure Nursing and Midwifery staffing Covid 19 pandemic and winter pressures 2021/22.

Scheme Lead

Paula Gardner

Directorate

Programme aligned to

nd midwifery workforce group and people and culture cd

Division

Corporate

Financial benefits identified

Quality/Performance Indicator(s)

What will you monitor to be aware of any changes to quality or performance?

Drop Down List:

- Number of Staff
- Sickness Absence Rate
- Staff Turnover
- Cleaning Standards
- Emergency Activity
- Medication Related Errors
- Vacancies
- Number of SIs
- Falls
- NHSP Nursing
- New Starters
- Number of Complaints

Free text entry (for indicators not listed above or comments to be made):

An assurance framework for nurse staffing (2020) and Winter 2021 preparedness: Nursing and Midwifery safer staffing (2021) has been developed nationally, the frameworks focus on preparedness, decision making, escalation processes and board assurance to support safer nursing and midwifery staffing. The NMC temporary register has been re-opened to enable the international/return to practice nurses to support the registered nursing workforce.

Consideration has been given for the safeguarding of Adults and Children

(Add comments if required)

No Impact on Equality & Diversity

(Add comments if required)

In the light of emerging evidence that BAME people are disproportionately affected by Covid 19 - risk assessment should be reviewed and appropriate deployment

I have read the guidance and have taken all considerations into account

Please enter the risks/hazards associated with this change or improvement. Please note that if the risk continues post completion of this scheme, it will need to be included in the Trust risk register.

[Trust risk matrix](#)

| Risk / Hazard | Mitigation actions / Controls to be installed prior to scheme closure. | Owner | When actions completed / controls in place | Target Risk Score | | |
|----------------|--|-------|--|-------------------|------------|------------|
| | | | | Impact | Likelihood | Risk Score |
| Patient safety | | | | | | |

| | | | | | | |
|---|---|--|------------------------------|-------------------------|-------------------|-----------|
| <p>There is a risk in the the right number of skilled nurses and midwives to provide patients with safe care, treatment, discharge and avoidable harm. the community increased prevalence of Covid-19 variants is having an impact on staffing levels within the Trust which could result in unprecedented staff absences causing relentless and sustained pressure on clinical services.</p> <p>links to board assurance framework 9, 15, 4.</p> | <p>Standard operating processes for escalation of staffing concerns is in place for wards and departments through trust wide real time deployment management of staffing utilising Safe care. Live staffing meetings which provide review of red flags to reduce risks on providing real time deployment if required to staff depleted areas with oversight from the CNO.</p> <p>Suggested Models to be utilised as staffing levels deteriorate: Model 1: Senior Nursing Leadership with oversight by Deputy Chief Nursing Officers and Divisional Directors of Nursing to include on-call health and wellbeing, deployment plan. Model 2: unsustainable staffing pressures and multi team staffing framework- Clinical Staff Deployment to be used as a guide by ward managers, matrons, all clinical staff and departments and corporate nursing staff. Model 3: senior nurse weekend staffing management – supporting remotely the safest staffing options and provisions for the sites.</p> <p>Leads for workforce, infection control, ITU, urgent care and bereavement cross trust oversight, reporting into Chief Nursing Officer and trust committees. Explore and reskill through senior leaders for Allied Health professionals and health scientists workforce to support patient care delivery. Daily CNO business meeting in place with oversight and ability to be responsive on 24/7 staffing and patient safety concerns/actions required. This group reports into major incident command and control structural meetings. Use of temporary staffing through bank and agency.</p> <p>Refresher training for staff provided who reassigned in safety priorities and care provision. Mandatory training modules on those essential to role. Risk assessment in place for redeployment with daily assessment.</p> <p>Monitoring of the quality indicators of IPC, falls, pressure ulcers, hospital acquired functional decline and medication errors is in place and reported from ward to board.</p> | <p>Divisional Directors of nursing for given clinical area/ward. Chief Nursing Officer</p> | <p>immediate, ongoing</p> | <p>5 - Catastrophic</p> | <p>4 - Likely</p> | <p>20</p> |
| Patient Experience | | | | | | |
| <p>There is a risk due to the depletion of staff with right skills in right place that results in patients having a sub optimal experience of the care they receive links to Board Assurance framework 4, 11</p> | <p>The DCNO will oversee the patient experience in the number of complaints and Pals contacts received. Ward managers to have oversight through wren of friends and family comments. Friends and family test remains in place and ward staff will recieved a monthly view of compliments recieved. Issues and complaints raised by patients and carers through Pals will be forwarded to ward managers/matrons to investigation/action in real time. Introduction of initiative to support patients, carers and staff on wards through virtual visisting, letters from home, hearts in hands, virtual digital interpreting for patients with a disability.</p> | <p>DCNO, DDN's</p> | <p>immediate and ongoing</p> | <p>4 - Major</p> | <p>4 - Likely</p> | <p>16</p> |
| Clinical Effectiveness | | | | | | |
| <p>There is a risk on the health and wellbeing of nurses and midwives from the emotional and physical effects of caring during consitant major incident measures, fears to their own health and potential loss from death of their work colleagues from coronavirus, COVID 19 pandemic controls effecting their ability to practice to the standards of practice set. Links to board Assurance framework 14</p> | <p>The effective handover process and safety huddles are in place. Senior site and ward leadership from ward mangers, matrons, DDN's and deputy chief nurses in place with a buddy system if absence of named senior leader occurs. Encourage and ensure in regular shift breaks are taken. Encourage and monitor annual leave by staff at regular intervals taken. Promote healthy rostering through regular breaks in shift patterns with oversightand sign off by matrons. Staff support available and through easily accessible health and wellbeing Pinwheel for staff , utilise professional Nurse/Midwvfery advocates and restroative clinical supervision, counselling, debriefing, aadopt self care strategies, availability of senior leaders from palliative care team. senior nurse and midwifery rapid response meetings with the Chief Nursing Officer. Use of Model 1 will involve health and wellbeing checkins of front line staff and model 2 will ensure supervision and deleagtion and Model 3.</p> | <p>Divisional Director of Nursings, DCNO, CNO</p> | <p>immediate and ongoing</p> | <p>4 - Major</p> | <p>4 - Likely</p> | <p>16</p> |

| | | | | | | |
|--|--|--------------------|------------------------------|-------------------------|---------------------|-----------|
| <p>There is a risk of staff contracting the virus from exposure in work. Links to Board Assurance Framwork 14, 4</p> | <p>Daily assessment of Protective Personal Equipment (PPE) and procurement process is in place for designated zone ward areas for staff. PPE This is in line with the national guidance with oversight by Deputy DIPC and DPIC with updates taken and recorded through the daily command and control structures in place. A HR helpline is in place for staff and a HR reporting structure for staff report absences. Support for staff during absence of through manager. Social distancing adopted. Occupational Health risk assessment in place for completion by all staff with their manager and recorded through Occupational health of staff who are high risk due to identified preexisting conditions and those from BAME background in line with National Guidance from 7th May 2020. For all staff with amber and red risk assessments - reassessment required.</p> | <p>HR Director</p> | <p>immediate and ongoing</p> | <p>5 - Catastrophic</p> | <p>3 - Possible</p> | <p>15</p> |
|--|--|--------------------|------------------------------|-------------------------|---------------------|-----------|

Divisional Medical Director signoff []
Divisional Nursing Director signoff Jackie Edwards

Date 05/01/2022

The below section is used by the Quality Review Panel.

Quality Review Panel comments []

Chief of Medics signoff []
Chief of Nursing signoff []

Date []
Date []

Date of review []

QIA Status Submitted for review

Tick if post Implementation Review required?

Date if required []

| | |
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| Meeting | Trust Board |
| Date of meeting | 13 January 2022 |
| Paper number | Enc F 2 |

Midwifery Safe Staffing Report November 2021

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|---------------|--|-----------------|--|----------------|---|----------|--|
| For approval: | | For discussion: | | For assurance: | x | To note: | |
|---------------|--|-----------------|--|----------------|---|----------|--|

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|-----------------------------|--|------------------|--|
| Accountable Director | Paula Gardner, Chief Nursing Officer | | |
| Presented by | Justine Jeffery, Director of Midwifery | Author /s | Justine Jeffery, Director of Midwifery |

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

| Report previously reviewed by | | |
|-------------------------------|---------------------------|-------------------------------|
| Committee/Group | Date | Outcome |
| Maternity Governance | November 2021 | |
| TME | December 2021 (cancelled) | Executive approval to proceed |

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|------------------------|---|
| Recommendations | The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls. |
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| Executive summary | <p>This report provides a breakdown of the monitoring of maternity staffing in November 2021. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity tool (4 hourly) • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence rates <p>November's activity returned to expected and normal levels following the sustained 3 month peak (August –October). Safe staffing levels were maintained. The Division continue to support the use of agency staff and the team continue to provide additional shifts via NHSP.</p> <p>Twenty three red flag events were reported in maternity resulting in no harm. There were no reports of women not receiving 1:1 care in labour and the shift leader remained supernummary.</p> <p>The escalation policy was enacted to maintain safe staffing levels. The</p> |
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| Meeting | Trust Board |
| Date of meeting | 13 January 2022 |
| Paper number | Enc F 2 |

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| | <p>deployment of staff and the cancelling of non - clinical working days provided additional staff to maintain safe levels and provided appropriate mitigation.</p> <p>Acuity data is not available for November due to the implementation of a new tool.</p> <p>Sickness absence rates continue to be higher than the Trusts target at 7.05% across all areas; this continues to represent a sustained decrease within the midwifery workforce. The directorate continue to work with the HR team to manage sickness absence timely. Turnover remains below the Trust target, although the turnover rate in the community service is higher.</p> <p>A further bid to support workforce development was submitted to NHSEI.</p> <p>The proposed level of assurance is 5. This is based on the overall decrease in vacancies and COVID and non COVID related sickness absence. Also the midwife to birth ratio has been recorded at or below the agreed ratio, the shift leader has remained supernummary and 1:1 care has been provided for 100% of women.</p> <p>A further higher level of assurance will be offered when the COVID related absence reduces further, there are no vacancies recorded, the turnover rate in the community teams falls within Trust target and the sickness absence rate is at the Trust target. It is anticipated that this will be achieved in February 2022.</p> |
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| Risk | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|---|-----|-----|--|--|--|
| Which key red risks does this report address? | | | | What BAF risk does this report address? | <i>9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting in poor patient and staff experience and premium staffing costs.</i> | | | | | | | | | |
| Assurance Level (x) | 0 | 1 | 2 | 3 | 4 | 5 | x | 6 | 7 | N/A | | | | |
| Financial Risk | <i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i> | | | | | | | | | | | | | |
| Action | | | | | | | | | | | | | | |
| Is there an action plan in place to deliver the desired improvement outcomes? | Y | x | N | | | | | | | | N/A | | | |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | x | N | | | | | | | | | | | |
| If no has the action plan been revised/ enhanced | Y | | N | | | | | | | | | | | |
| Timescales to achieve next level of assurance | 3 months | | | | | | | | | | | | | |

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Introduction/Background

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

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tool (4 hourly)
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re -introduced during COVID 19 wave 2)
- Sickness absence rates

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

Issues and options

Completion of the Birthrate plus acuity tool (4 hourly)

Due to the implementation of the new Birthrate acuity tools there is no data available for November. Training was completed as planned and all staff have started to use the tool. A completion rate of 85% is required to ensure that the data reflects the acuity accurately – the compliance at the end of November was 67%. Further support and oversight from the leads has been provided to ensure the successful implementation of the tool and it is expected that data will be available in Decembers report.

Monitoring the midwife to birth ratio

The monthly birth to midwife ratio is recorded on the maternity dashboard. The outcomes are reviewed at the Maternity Governance monthly meeting. The ratio in November was 1:23 (in post) and 1:21 (funded). This is within the agreed midwife to birth ratio as outlined in Birthrate Plus Audit (1:28).

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

Shift leader supernummary

All red flags continue to be reported via Datix until the implementation of the new and updated acuity tools are embedded. There were no reports via Datix that indicated that the shift leader was not supernummary in November.

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One to one care in labour

One to one care is recorded in Badgernet (Maternity Information System). The system reports that all women in labour received 1:1 care in labour in November 2021.

Staffing incidents

There were fifteen staffing incidents reported in November. No harm/insignificant harm was recorded. The themes reported this month are:

- Availability of CoC midwives (2) – impact due to COVID related absence.
- Sickness causing shortages across community services (4)
- In escalation and requirement to deploy staff to delivery suite to ensure that 1:1 care is provided and the shift leader remains supernummary (4).
- In escalation and community midwifery team called in (1)
- Unable to release midwife to complete pre-op assessment (2)
- Skill mix in ward areas (2)

Staffing levels were maintained at or above minimum agreed levels with the support of the on call community team. The continuity teams were not called as part of the escalation policy to support the inpatient service in this month. No harm was reported in this period.

It continues to be acknowledged that any reduction in available staff can result in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being. Following the launch of the health and wellbeing group staff have engaged and have identified some initiatives that should improve staff wellbeing.

Medication Incidents

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

- Omissions of prescribed medication (1)
- Medication not signed (1)
- Incorrect dose of medication given (1)
- Incorrect administration of medication- bolus rather than infusion (1)
- VTE assessment error (2)
- Availability of TTOs (1)
- CD register not balance for pt own medication (1)

Unify Data

The fill rates presented in the table below reflect the position of all inpatient ward areas. The Birth Centre reopened on 29th November. The availability of two agency midwives continues to support the position. The fill rates demonstrate a further increase for RM cover on day and night shifts in a number of inpatient areas due to an increase in the uptake of bank shifts by

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our substantive staff in response to the early introduction of the incentive scheme. A reduction of MSWs on day and night shifts is reported in November due to increasing vacancies; recruitment is planned in January following the completion of the requested banding review.

Whilst all of the majority of the rates fall below the 95% national target there is an additional six Continuity of Carer teams who provide care to 1200 women annually across the entire maternity pathway. This availability is captured on ERoster retrospectively and is not presented in the information provided below.

| | Day RM | Day HCA | Night RM | Night HCA |
|---------------------|--------|---------|----------|-----------|
| Antenatal Ward | 91 | 87 | 92 | 84 |
| Delivery Suite | 91 | 58 | 95 | 82 |
| Postnatal Ward | 88 | 69 | 85 | 80 |
| Meadow Birth Centre | 78 | 61 | 81 | 70 |

Daily staff safety huddle

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

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

Maternity SitRep

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

Throughout November the service was rated as green or amber for the majority of the month due to delays in the IOL pathway. Further work on the Sitrep is ongoing however the regional tool is expected at the end of November.

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

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. This is another forum for Matrons and Ward Managers to raise concerns about staffing levels and any other safety concerns. The national COVID SitRep continues to be completed each fortnight.

Sickness

Sickness absence rates were reported at 7.05% in November. This is a maintained position. The reason reported for the majority of absence continues to be recorded as 'mental health' or 'other'.

The following actions remain in place:

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

Turnover

Turnover remains below the Trust target at 9.79% however the in - month turnover rate for community and continuity teams is 14.7%. Interviews for these posts were completed in November and 8.6WTE posts have been offered

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- SitRep report completed three times per day
- Health and well-being work stream group actions identified
- Continued to work with the psychologist to provide staff support to improve health and wellbeing with a focus on community teams.
- Further launch of maternity service improvement plan and commencement of work stream engagement events
- Maintained focus on managing sickness absence effectively.
- Agency midwives will continue until January 2022.
- Training for acuity apps completed in the intrapartum area
- Training for acuity app forward commenced
- Completed data set for Birthrate Plus 3 year audit.
- Further recruitment events planned for December.
- Recruitment and retention bid completed and submitted to NHSEI for MSWs.

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Conclusion

November was a quieter month following a 3 month sustained peak in activity. Staffing remained challenging however higher fill rates were noted due to increase in the uptake of bank shifts and the impact of the new starters. Agency midwives have provided additional support to all areas of the service.

There were an equal number of reported staffing incidents and fewer medication errors recorded in November. Redeployment of staff and requests to community colleagues to support the inpatient area were made on two occasions throughout November.

Sickness absence rates have been reported at 7.05% which again is a slight increase on previous summer months and is likely to be due to expected seasonal variation. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.

Turnover is below the Trusts target at 9.79%. Workforce data is now routinely available and supports future workforce planning.

The reduction in available staff continues to impact on the health and wellbeing of the team; support is available from the visible leadership team and a psychologist continues to work with the team.

Additional funding for new roles has been received for retention and recruitment and it is anticipated that these posts will be filled in quarter 4.

The proposed level of assurance remains at 5 because there are still vacancies and despite there being a reduction in sickness the level remains above the Trusts target however the midwife to birth ratio has been recorded at or below the agreed ratio, the shift leader has remained supernummary and 1:1 care has been provided for 100% of women.

A further higher level of assurance will be offered when the COVID related absence reduces further, there are no vacancies recorded and the sickness absence rate is at the Trust target. It is anticipated that this will be achieved in February 2022.

Recommendations

The Board is asked to note the content of this report for information and assurance.

Appendices

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Remuneration Committee Report

| | | | | | | | |
|---------------|--|-----------------|--|----------------|---|----------|--|
| For approval: | | For discussion: | | For assurance: | X | To note: | |
|---------------|--|-----------------|--|----------------|---|----------|--|

| | | | |
|-----------------------------|---|------------------|-------------------------------------|
| Accountable Director | Sir David Nicholson, Remuneration Committee Chair | | |
| Presented by | Sir David Nicholson, Committee Chair | Author /s | Rebecca O'Connor, Company Secretary |

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

| Report previously reviewed by | | |
|-------------------------------|------|---------|
| Committee/Group | Date | Outcome |
| | | |

| | |
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| Recommendations | The Board is requested to: 1. Note the report for assurance |
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| Executive summary | <p>This report summarises the business of the Remuneration Committee held on 23 December 2021</p> <p>The following decisions were made:</p> <ol style="list-style-type: none"> 1. Committee approved the package to support recruitment of a stroke consultant. 2. Committee noted retraction of resignation of the Chief Digital Officer and approved retention arrangements. |
|--------------------------|--|

| Risk | | | | | | | | | | | | |
|---|--|--|----------|---|---|-----|---|---|---|-----|--|--|
| Which key red risks does this report address? | | What BAF risk does this report address? | 9 and 10 | | | | | | | | | |
| Assurance Level (x) | 0 | 1 | 2 | 3 | 4 | 5 | X | 6 | 7 | N/A | | |
| Financial Risk | None directly arising as a result of this report | | | | | | | | | | | |
| Action | | | | | | | | | | | | |
| Is there an action plan in place to deliver the desired improvement outcomes? | Y | | N | | | N/A | X | | | | | |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | | N | | | | | | | | | |
| If no has the action plan been revised/ enhanced | Y | | N | | | | | | | | | |
| Timescales to achieve next level of assurance | | | | | | | | | | | | |