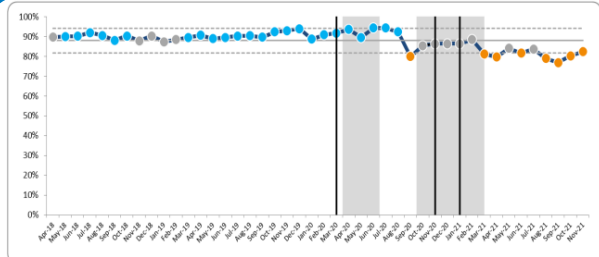


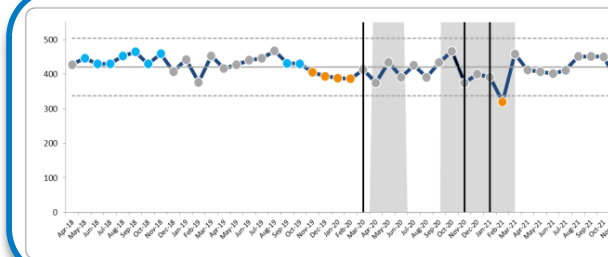
Booked
before 12⁺⁶
weeks

82.5%



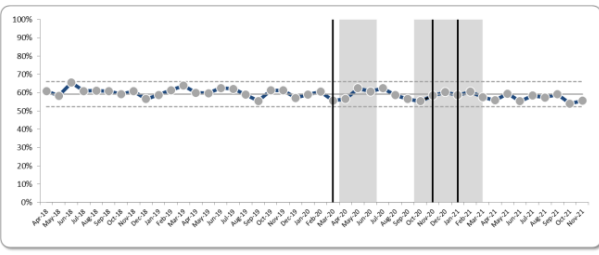
Births

385



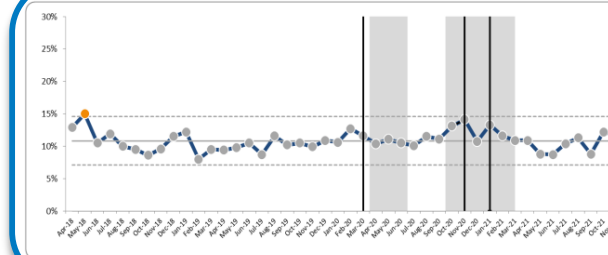
Vaginal
Births

55.6%



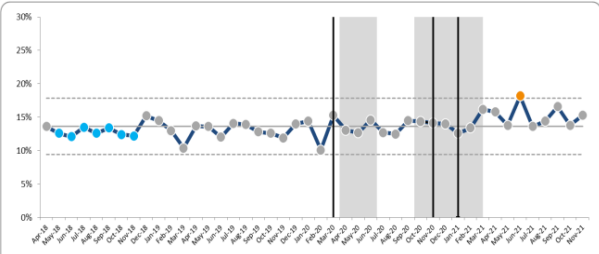
Instrumental
rate

11.7%



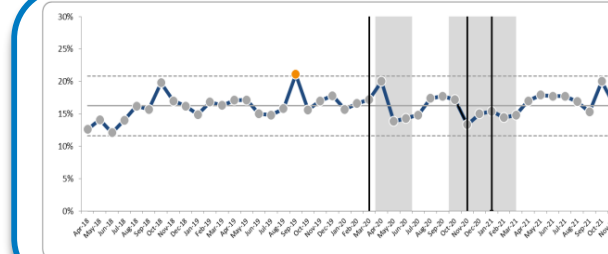
Elective
Caesarean

15.3%



Emergency
Caesarean

16.4%



Lockdown Period
COVID Wave

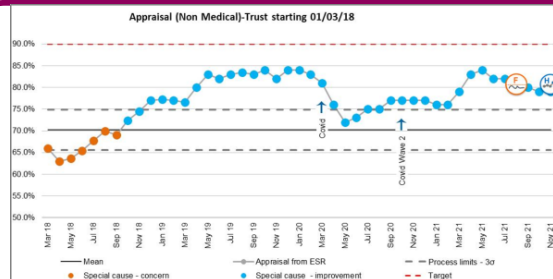
Workforce

People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<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.
Drivers of Bank & Agency spend	<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)
Staff Health & Wellbeing	<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



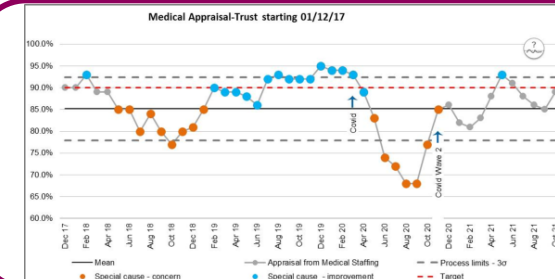
Appraisal
(Non-
Medical)

79%



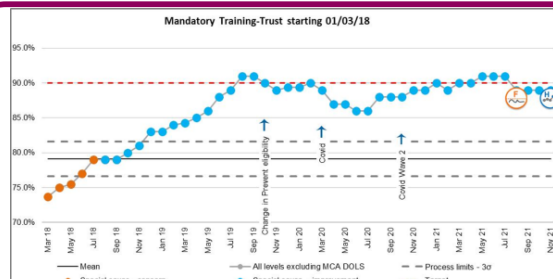
Medical
Appraisal

92%



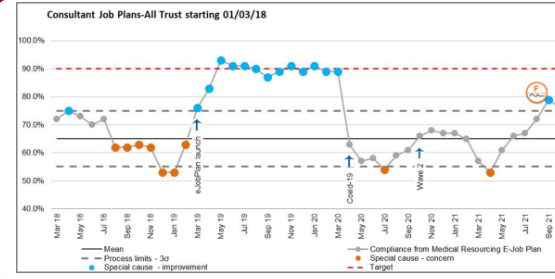
Mandatory
Training

89%



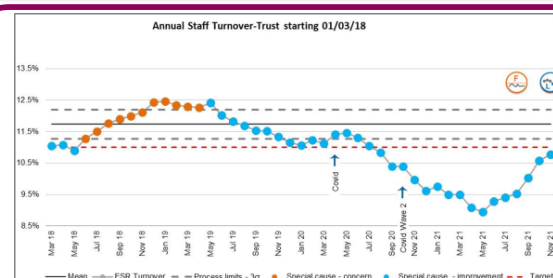
Consultant
Job Plans

73%



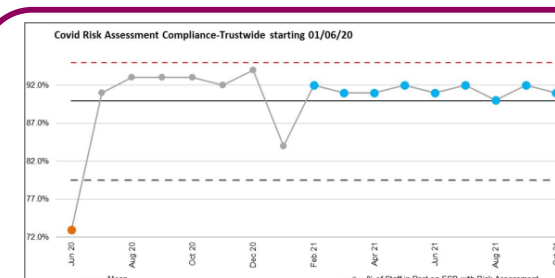
Annual Staff
Turnover

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?

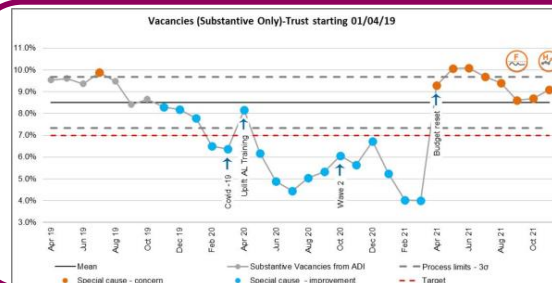
- **Appraisal** – Non-medical appraisal rate has remained at 79% which is 2% higher than the same period last year.
- **Medical Appraisal** – Medical appraisal has improved by 3% to 92% this month which is 7% higher than the same period last year
- **Mandatory Training** – Mandatory Training compliance 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%



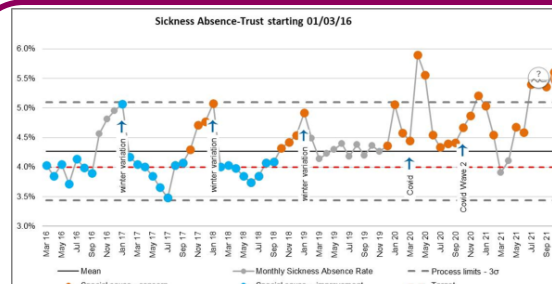
Growth in
Establish-
ment

6487
wte



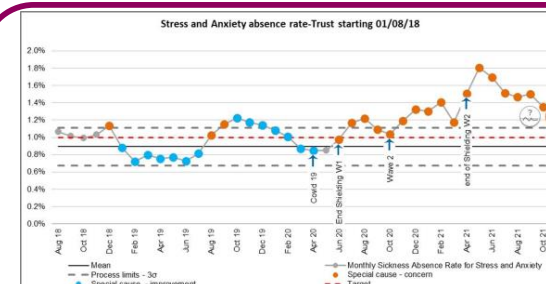
Monthly Staff
Sickness
Absence

5.65%



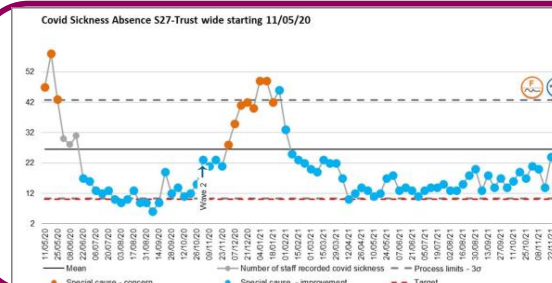
% Staff
absent due
to Stress and
Anxiety (S10)

1.42%



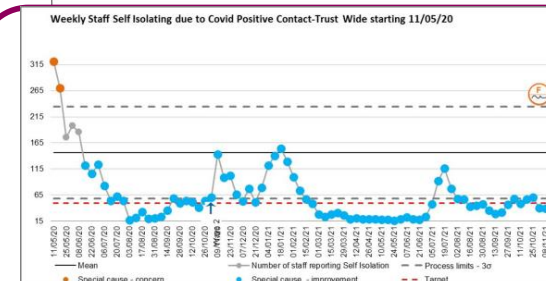
Covid
Sickness
(S27)

16



Number Self
Isolating

46



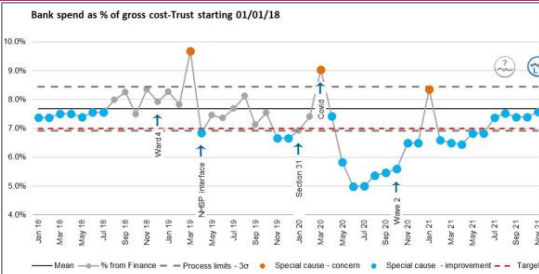
Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

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

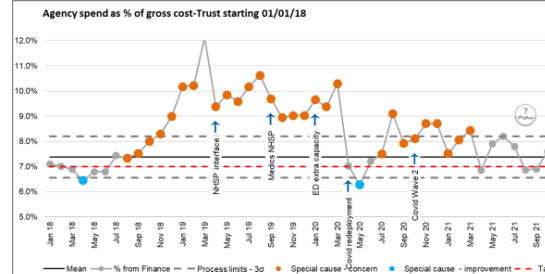
Bank Spend
as a % of
Gross Cost

7.58%



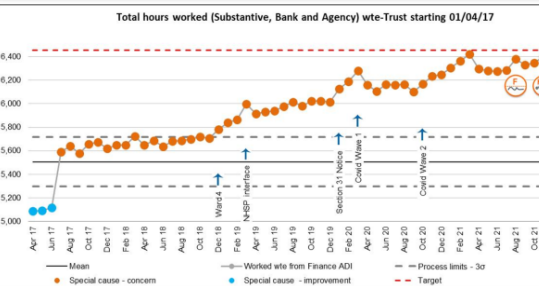
Agency Spend as a % of Gross Cost

7.76%



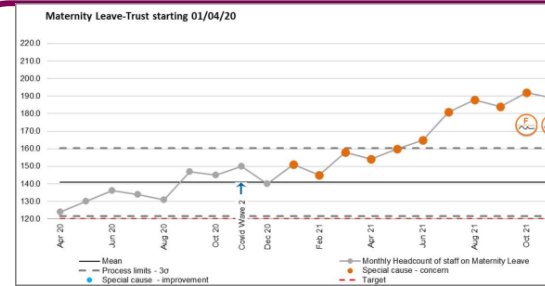
Total Hours Worked

6400 wte



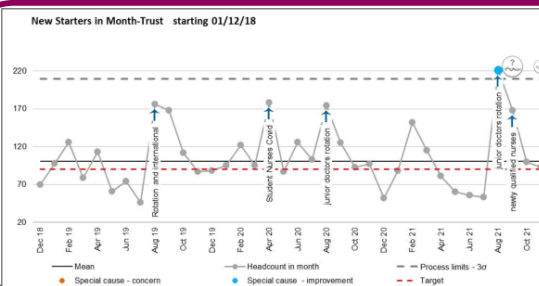
Maternity/ Adoption Leave

189



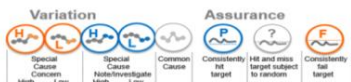
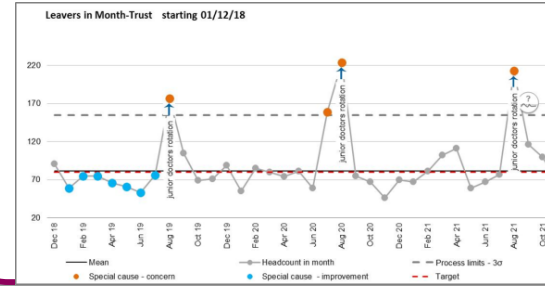
New Starters in Month

93



Leavers in Month

70



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

Workforce Performance Month 8 - What does the data tell us?

Substantive Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (\$10)	Number of staff off with Covid Sickness (\$27) 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 (\$10)** – 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 (\$27)** – 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

56

Annual Plan Strategic Objectives: Workforce

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
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.			
How have we been doing? The following areas are where we perform below peer group average: <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 Also of note is the continuing high level of bank and agency usage which is a result of: <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. 		What improvements will we make? <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. 	
Overarching Workforce Performance Level – 5 – November 2021 Previous Assurance Level - 5 – October 2021		To work towards improvement to next assurance level	

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 £(1.1)m

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.**

Income & Expenditure Overview

Statement of Comprehensive Income	Nov 21 (Month 8)			Year to Date			Full Year Plan
	Plan £000s	Actual £000s	Var to Plan £000s	Plan £000s	Actual £000s	Var to Plan £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)

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	Income Inc. Top Up/ COVID Payments Variance £0.4m
	Normal Income Generation Contracted through PbR	Normal Income Generation Contracted through PbR
Plan		
	Additional System Funding £2.3m	Additional System funding £2.3m
	Vaccinations /COVID tests £0.5m	Vaccinations /COVID tests £2.9m
	CCG System Top Up and COVID £8.9m	Elective Recovery Fund £3.0m
	Normal Income Generation Contracted through PbR Activity and Other Income £38.1m	Normal Income Generation Contracted through PbR Activity and Other Income £291.1m
	Variance -£11.3m (22.9%)	Variance -£91.2m (23.8%)
	Excluding Top and COVID payments -£2.4m	Excluding Top and COVID payments -£18.9m
	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 (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

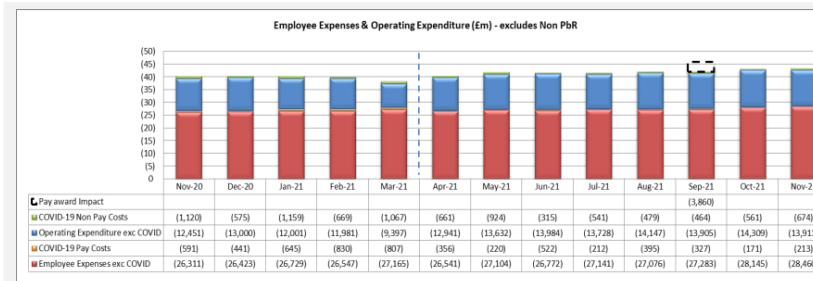
M8 YTD the **combined expenditure** variance is **£7.2m adverse** against the FY Plan (breakeven - £1.1m H1 plan surplus and £1.1m H2 plan deficit).

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**

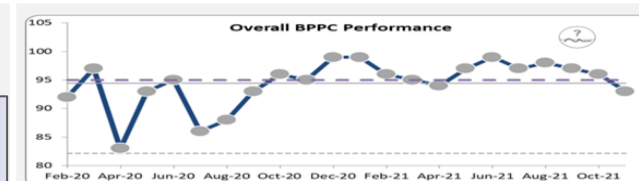
Reason: Significant capital schemes continue into 2021/22 and will require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes nearing completion. Risk remains in medium term. **Reduced to Level 4 pending agreement of expenditure plan by 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.

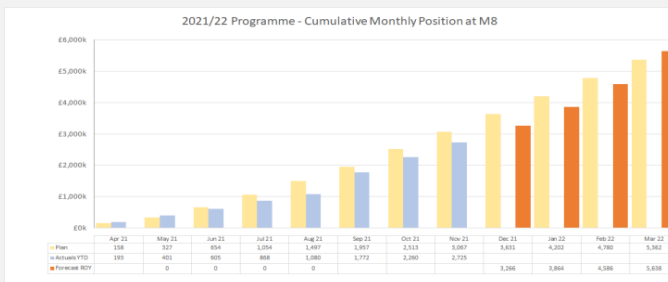
Cash Assurance Level: **Level 6**

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

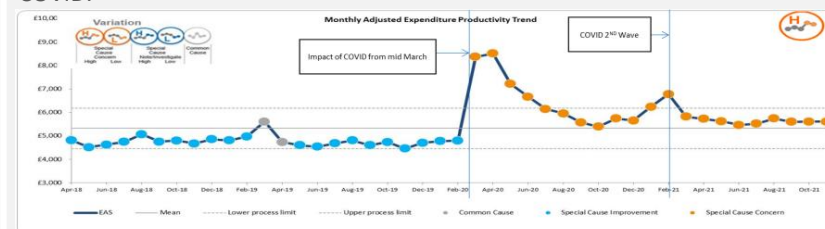
The P&E Programme has delivered £2.73m of actuals at Month 8 against a plan of £3.07m, the forecast position at M12 remains favourable against plan.



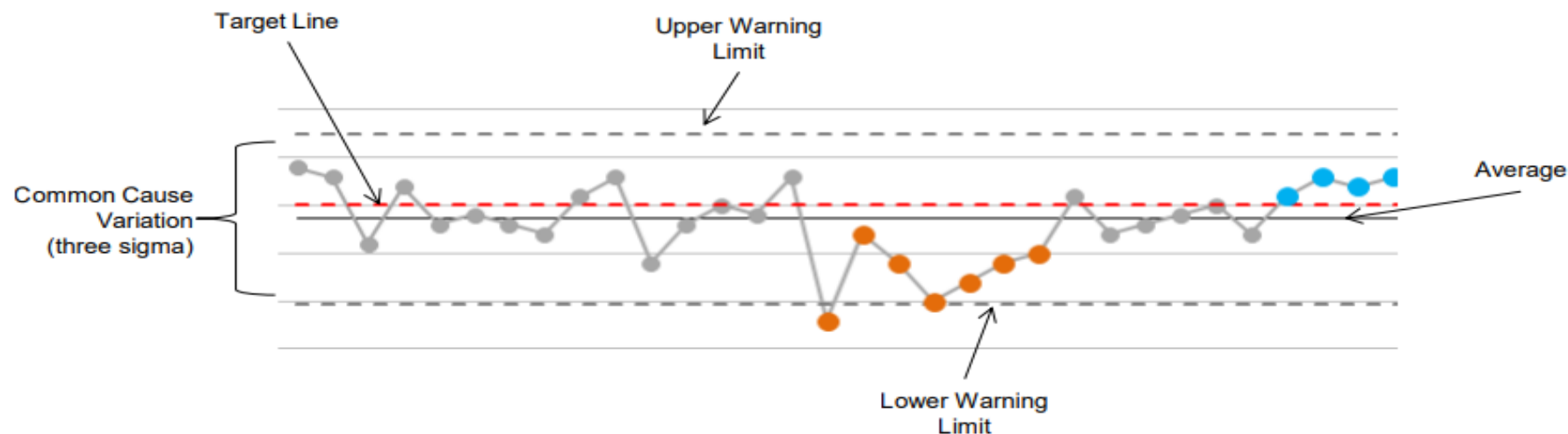
Adjusted Expenditure Productivity Trend:

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



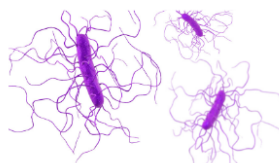
MRSA

0



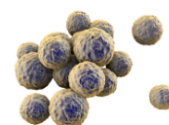
ECOLI

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**



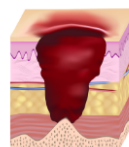
ICE reports viewed

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 Date
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	399	366	375	362	358	319	324	368						2022
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	75.8%	84.3%	81.7%	83.8%	79.0%	76.9%	80.4%	82.6%						81.1%
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	99	68	84	74	95	96	79	82						677
	LMS	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	ABO3.0	MSB1.2		Total bookings	Integer	499	434	459	456	453	415	403	470						3379
	LMS	ABO4.1			Midwife led care at booking	Integer	223	175	208	214	204	169	206	252						1651
Contractual	ABO4.2		MOF7.0		% Midwife led care at booking	%	45.6%	49.3%	45.3%	46.9%	45.0%	40.7%	51.1%	53.6%					46.1%	
Risk Management	LMS	ARM1.1			Women with BMI of 30 and over at booking	Integer														
	LMS	ARM1.2			% 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
	LMS	ASM1.2			% Smoking at booking	%	11.2%	14.1%	15.3%	12.9%	12.4%	15.7%	12.4%	10.0%						12.9%
Smoking	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														
	LMS	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 Data
Deliveries	Contractual	IDEL1.0	MODEL1.0		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	MINDV1.0		% Vaginal deliveries	%	55.8%	59.5%	55.4%	58.4%	57.4%	59.3%	54.0%	55.6%						56.9%
	LMS	IDM2.1			Ventouse & forceps deliveries	Integer	45	36	35	43	51	40	55	45						310
C-Section Deliveries	Contractual	IDM2.2	MINDV1.0		% Ventouse & forceps deliveries	%	10.9%	8.8%	8.7%	10.5%	11.3%	8.8%	12.2%	11.7%						10.4%
	Contractual	ICS4.1			Elective (category 4) caesarean deliveries	Integer	67	56	73	56	65	75	62	61						515
	LMS	ICS4.2	MCS1.1		% Elective (category 4) caesarean deliveries	%	16.3%	13.8%	18.2%	13.6%	14.4%	16.6%	13.8%	15.9%						15.3%
	Trust	ICS3.1			Emergency (category 3) caesarean deliveries	Integer	14	17	17	13	25	18	15	17						136
	Trust	ICS3.2			% Emergency (category 3) caesarean deliveries	%	3.4%	4.2%	4.2%	3.2%	5.5%	4.2%	3.3%	4.4%						4.0%
	Trust	ICS2.1			Emergency (category 2) caesarean deliveries	Integer	37	38	38	40	26	35	55	31						300
	Trust	ICS2.2			% Emergency (category 2) caesarean deliveries	%	9.0%	9.3%	9.5%	9.7%	5.8%	7.7%	12.2%	8.1%						8.9%
	Trust	ICS1.1			Emergency (category 1) caesarean deliveries	Integer	19	18	15	17	24	16	20	14						143
	Trust	ICS1.2			% Emergency (category 1) caesarean deliveries	%	4.6%	4.4%	3.7%	4.1%	5.3%	3.5%	4.4%	3.6%						4.2%
	Contractual	ICS5.1			Emergency (category 1-3 inclusive) caesarean deliveries	Integer	79	73	71	72	76	69	90	82						583
	LMS	ICS5.2	MCS1.2		% Emergency (category 1-3 inclusive) caesarean deliveries	%	17.0%	17.9%	17.7%	17.5%	16.8%	15.3%	20.6%	16.1%						17.3%
	LMS	ICS6.1			Total deliveries as caesarean	Integer	137	129	144	128	141	144	152	126						1101
Midwife Led Care	Contractual	ICS6.2	MCS1.0		% Total deliveries as caesarean	%	33.3%	31.7%	35.9%	31.1%	31.3%	31.9%	33.8%	32.7%						32.7%
	Contractual	IML1.1	WML1.1	HMBL1.1	Midwife led care deliveries	Integer														
	LMS	IML1.2	MOF3.0		% Midwife led care deliveries	%														
	LMS	IML2.1			Home deliveries	Integer	17	19	17	15	11	14	8	9						110
Births	LMS	IML2.2			% Home deliveries	%	4.1%	4.7%	4.2%	3.6%	2.4%	3.1%	1.8%	2.3%						3.3%
	Contractual	IB1.0	MSB1.0		Total Births	Integer	417	413	408	416	459	455	457	389						3414
	LMS	IB2.1			Full term births (babies born at 37wks gestation or over)	Integer	394	373	376	392	418	427	428	361						3169
	LMS	IB2.2			% 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%
Risk Management	LMS	IB3.1	WIB3.1	HIB3.1	Pre-term births (babies born under 37wks gestation)	Integer	23	40	32	24	41	28	29	29						245
	LMS	IB3.2	WIB3.2	HIB3.2	% Pre-term births (babies born under 37wks gestation)	%	5.5%	9.7%	7.8%	5.8%	9.0%	6.2%	6.3%	7.2%						22.3%
	LMS	IB4.1	WIB4.1	HIB4.1	Stillbirths	Integer	2	2	4	1	0	2	1	0						12
	LMS	IB4.2	WIB4.2	HIB4.2	% Total births stillborn	%	0.5%	0.5%	1.0%	0.2%	0.0%	0.4%	0.2%	0.0%						1.1%
Breastfeeding	Contractual	IBR1.1			Low birth weight where IUGR detected antenatally	Integer														
	Contractual	IBR1.2	MOF4.0		% Low birth weight where IUGR detected antenatally	%														
	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%	73.3%	70.6%	71.2%	68.1%	68.0%	66.2%						67.8%
Smoking	National	ISM1.1	WISM1.1		Women smoking at delivery	Integer	43	41	43	48	43	34	48	34						427
	National	ISM1.2	MOF2.0	ISM1.2	% Women smoking at delivery	%	10.4%	10.1%	10.5%	10.7%	10.6%	11.3%	7.3%	12.3%						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 Data
Admissions	Local	NAD1.0	MOB1.0		Total admissions to neonatal care	Integer	45	51	60	60	76	54	64	74						484
	National	NAD2.1	MOB1.1		Unexpected admissions of full-term babies to neonatal care	Integer	15	14	12	13	8	11	7	15						116
	LMS	NAD2.2	MOB1.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	4.1%	3.8%	3.2%	3.3%	1.9%	2.6%	1.6%	4.2%						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%	0.0%						0.4%
	LMS	NRM2.1			Neonatal brain injuries	Integer														
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	Integer														
	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						55
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	9	13	3	8	13	8	5	9						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	1	4	0	2	3	0						12
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4	0	2	3	0						12
LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%		100.0%	100.0%		100.0%	100.0%	100.0%						100.0%	

POSTNATAL																				
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 Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	2	0	2	2	2	2	1						12
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.0%	0.0%	0.0%	0.4%	0.4%	0.2%	0.3%						0.4%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0	1	0	0						1
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%						0.0%

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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Date of meeting	13 January 2022
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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	
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Report previously reviewed by

Committee/Group	Date	Outcome
Trust Board	13/01/22	

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.

Executive summary

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.

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

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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.
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Risk													
Which key red risks does this report address?		What BAF risk does this report address?	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.										
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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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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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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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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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.		
Recommendations			
The Trust Board are asked to note: <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. 			
Appendices			

Change / Improvement Scheme Quality Impact Assessment

Worcestershire **NHS**
Acute Hospitals NHS Trust

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

Programme aligned to

Paula Gardner

nd midwifery workforce group and people and culture co

Directorate

Division

Corporate

Financial benefits identified

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](#)

				Target Risk Score		
Risk / Hazard	Mitigation actions / Controls to be installed prior to scheme closure.	Owner	When actions completed / controls in place	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. 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 visiting, 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 oversight and sign off by matrons. Staff support available and through easily accessible health and wellbeing Pinwheel for staff , utilise professional Nurse/Midwifery advocates and restorative 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 delegation 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>

There is a risk of staff contracting the virus from exposure in work. Links to Board Assurance Framework 14, 4	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.	HR Director	immediate and ongoing	5 - Catastrophic	3 - Possible	15
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Divisional Medical Director signoff

Jackie Edwards

Date

05/01/2022

The below section is used by the Quality Review Panel.

Quality Review Panel comments

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Chief of Medics signoff

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Date

--

Chief of Nursing signoff

--

Date

--

Date of review

--

QIA Status

Submitted for review

Tick if post Implementation Review required?

☐

Date if required

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Date of meeting	13 January 2022
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Midwifery Safe Staffing Report November 2021

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
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Report previously reviewed by

Committee/Group	Date	Outcome
Maternity Governance	November 2021	
TME	December 2021 (cancelled)	Executive approval to proceed

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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deployment of staff and the cancelling of non - clinical working days provided additional staff to maintain safe levels and provided appropriate mitigation.

Acuity data is not available for November due to the implementation of a new tool.

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.

A further bid to support workforce development was submitted to NHSEI.

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.

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.

Risk													
Which key red risks does this report address?													
What BAF risk does this report address?	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.												
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A			
Financial Risk	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.												
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 manager 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
<p>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.</p> <p>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.</p> <p>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.</p> <p>Turnover is below the Trusts target at 9.79%. Workforce data is now routinely available and supports future workforce planning.</p> <p>The reduction in available staff continues to impact on the health and wellbeing of the team; support is available from the visible leadership team and a psychologist continues to work with the team.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Recommendations
<p>The Board is asked to note the content of this report for information and assurance.</p>
Appendices

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

Remuneration Committee Report

For approval:		For discussion:		For assurance:	X	To note:	
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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
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Report previously reviewed by

Committee/Group	Date	Outcome

Recommendations

The Board is requested to:

- Note the report for assurance

Executive summary

This report summarises the business of the Remuneration Committee held on 23 December 2021

The following decisions were made:

- Committee approved the package to support recruitment of a stroke consultant.
- 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
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Assurance Level (x)

0	1	2	3	4	5	X	6	7	N/A
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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						