

People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<ul style="list-style-type: none"> Mandatory training has increased to 90% this month against a Model Hospital average of 88% Medical appraisal compliance is unchanged at 92% and remains consistently good compared to Model Hospital. The national average on model hospital has dropped to 78% Non medical appraisal is 2% higher than same period last year but remains low at 79%. However this is 1% better than national average. Consultant Job Planning has increased by 2% to 75% this month but there is no longer any national average reported on Model Hospital.
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> We have a 355 wte increase in establishment compared to the same period last year Our vacancy rate of 9.1% is higher than the pre-covid average of 8.1% but is Quartile 1 (best) on Model Hospital (March 2021 data) Maternity and Adoption leave -there are 181 staff on maternity leave compared to 140 for the same period last year Monthly sickness has increased slightly to 5.69% which is 0.48% 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 have improved to Quartile 2 (Good) on Model Hospital for sickness as at Oct 2021. The annual turnover rate has increased significantly this month from 10.77% to 11.38%. This is 1.76% worse than the same period last year and has breached our target.
Staff Health & Wellbeing	<ul style="list-style-type: none"> Cumulative sickness has increased to 5.13% for the 12 month period which is 0.12% higher than last year We have the one of the lowest sickness absence rates in the Region according to NHSEI Observatory data Sickness due to S10 (stress and anxiety) increased by 0.02% to 1.43%. 7 out of 8 divisions have higher levels of S10 than pre-pandemic rates with Corporate the exception Our staff health and wellbeing offer continues to be communicated to staff at every opportunity Location by Vocation pilot is progressing in line with the national changes from 10th December requiring staff to work from home where possible Wellbeing Conversations and the How are You Really App were launched in September 94% of our staff had had the first Covid vaccine and 92% had had their second vaccine 64% have had 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. Training for managers to undertake 1:1 conversations with unvaccinated staff is in place.

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%	90% and 87%	75%	11.38%	92%

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. National average has dropped to 78% on Model Hospital so we are performing well despite the pandemic.
- **Medical Appraisal** – Medical appraisal has remained at 92% this month which is 6% higher than the same period last year.
- **Mandatory Training** – Mandatory Training compliance has increased to 90% this month which is 1% higher than the same as the same period last year despite the pandemic. National average has dropped to 88%.
- **Essential to Role Training** – Essential to Role training has improved by 1% to 87%.
- **Consultant Job Plans** – Consultant job planning compliance has improved by 2% to 75% this month. This is 8% higher than the same period last year
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.61% this month to 11.38% which is 1.76% worse than the same period last year. Turnover no longer meets the Trust target of 11%.
- **Covid Risk Assessment Compliance** – Compliance has increased by 1% to 92% this month against a Trust target of 95%.

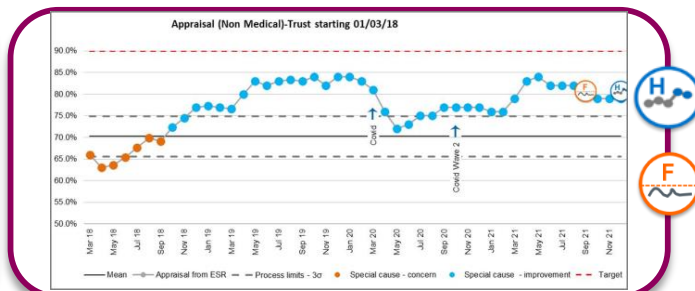
National Benchmarking (December 2021)

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



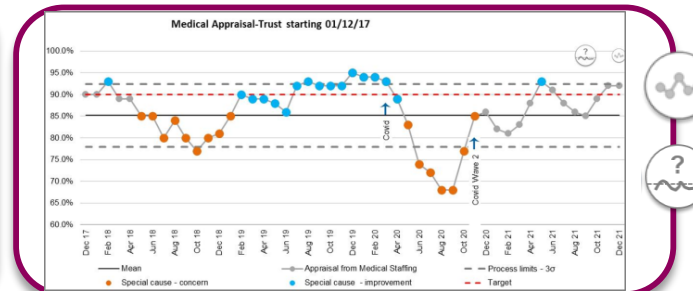
Appraisal (Non-Medical)

79%



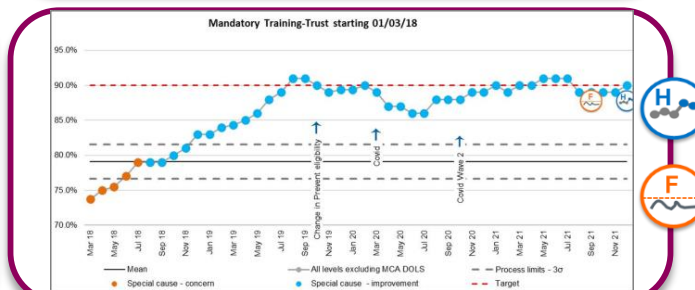
Medical Appraisal

92%



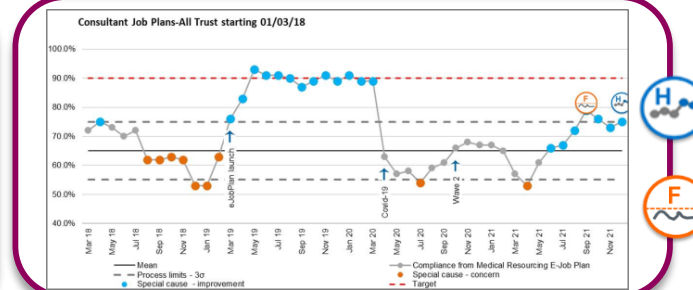
Mandatory Training

90%



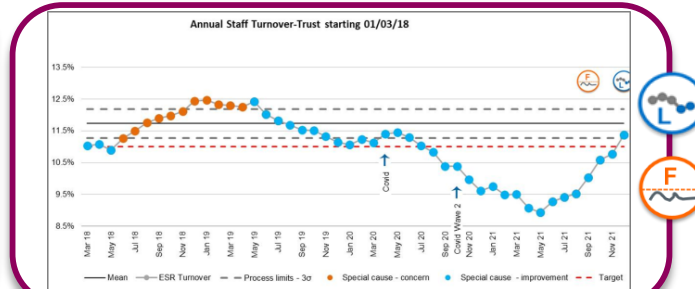
Consultant Job Plans

75%



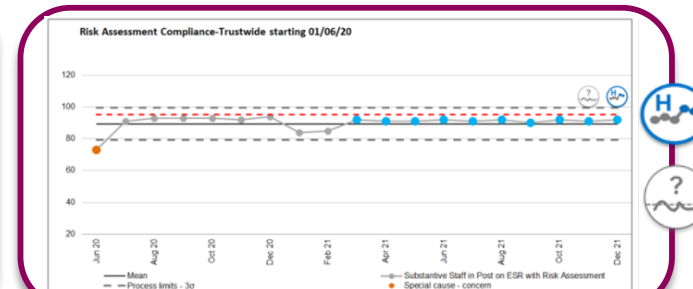
Annual Staff Turnover

11.38%



Covid Risk Assessment Compliance

92%



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

Workforce Performance Month 9 - What does the data tell us?

Substantive Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (S10)	Number of staff off with Covid Sickness (S27) on the last Monday of month	Number of Staff self isolating due to Covid+ contact on the last Monday	Number of Staff on Maternity Leave	Bank and Agency Spend as a % of Gross Cost	Starters and Leavers in Month (NEW)
9.1%	6,382 wte	5.69% and 5.13%	1.43%	39	70	181	7.61% and 8.47%	76 starters; 88 leavers

What does the data tell us?

- **Vacancy Rate** – Vacancy rates have remained unchanged at 9.1%. Our funded establishment has increased this month by 5 wte which is 335 wte higher than the same period last year when we had a total vacancy rate of 6.06%. We have 121 wte more staff in post than last year but our vacancies have increased by 219 due to the 335 wte increase in funded establishment
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff reduced by 18 wte to 6,382 wte against a funded establishment of 6,492 wte. Bank has reduced by 27 wte and agency has reduced by 1.46 wte. Hours worked is 135 wte higher than the same period last year but 83 wte of this is substantive staff. Bank is 10 wte higher and agency 42 wte higher than last year.
- **Monthly Sickness Absence Rate** – Sickness has increased marginally by 0.04% to 5.69% which is 0.48% worse than the same period last year. Cumulative sickness for the 12 month period has increased to 5.13% from 5.09% which is 0.12% higher than the same period last year
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.01% to 1.43% this month which is 0.28% worse than last year
- **Absence due to Covid Sickness (S27)** – 39 staff were absent due to Covid symptoms at the end of November compared to 16 at the end of November. 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 46 to 70 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 8 this month to 181. This is still 41 more than the same period last year and will have an impact on wards with Specialty Medicine, SCSD and Urgent Care all having high numbers on maternity leave.
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen an increase of 0.71% in agency spend compared to overall cost. Bank spend has increased marginally by 0.03% this month. Urgent Care remains an outlier for Agency spend with 28.41% of its gross spend (8.2% more than last month). Digital has increased agency spend by 4% of its gross cost.
- **Starters and Leavers** – We had 76 new starters compared to 93 last month as predicted with people delaying start dates for Christmas. We had 88 leavers compared to 70 last month which again is expected prior to the festive period.

National Benchmarking (December 2021)

We have improved to **Quartile 2** on Model Hospital for overall sickness with 5.76% compared to 5.8% national median (Oct 2021 data).

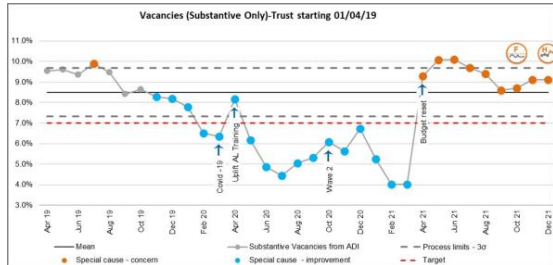
Month 9 [December] 2021-22 Workforce “Drivers of Bank & Agency Spend” Summary

Responsible Director: Director of People and Culture | Validated for December -21 as 12th January 2022



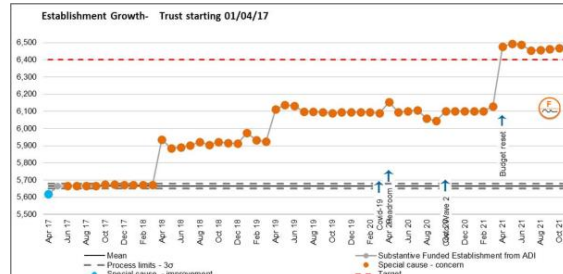
Substantive
Vacancy Rate

9.1%



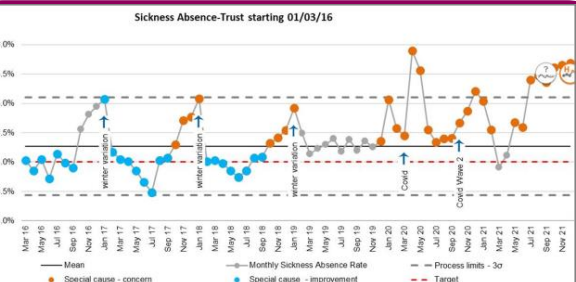
Growth in
Establishment

6492
wte



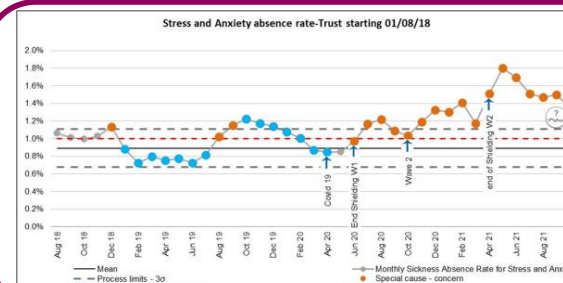
Monthly Staff
Sickness Absence

5.69%



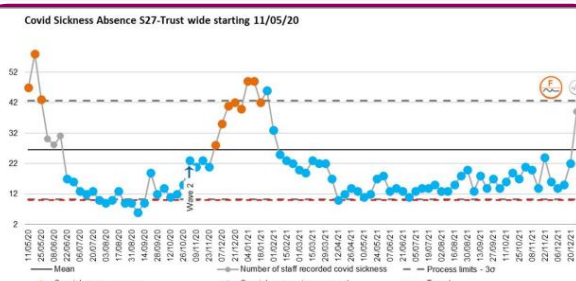
% Staff
absent due
to Stress and
Anxiety (S10)

1.43%



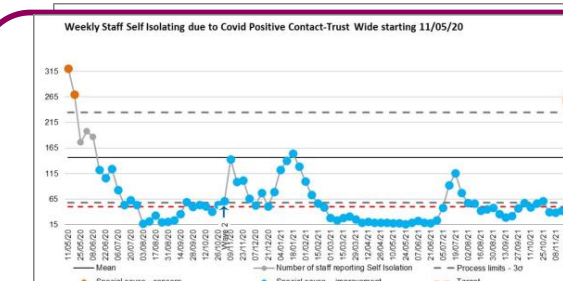
Covid
Sickness
(S27)

39



Number Self
Isolating

70



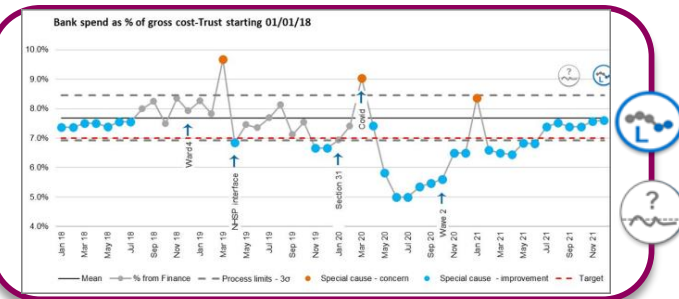
Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Month 9 [December] 2021-22 "Drivers of Bank and Agency Spend" Summary (continued)

Responsible Director: Director of People and Culture | Validated for December -21 as 12th January 2022

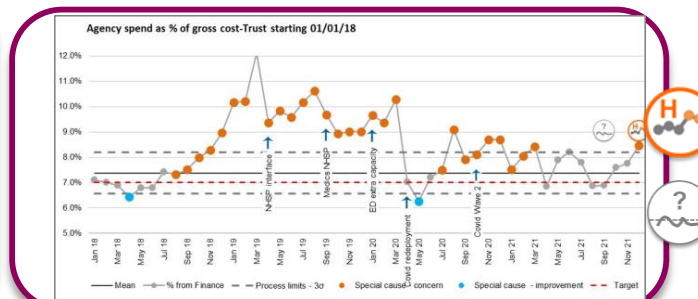
Bank Spend
as a % of
Gross Cost

7.61%



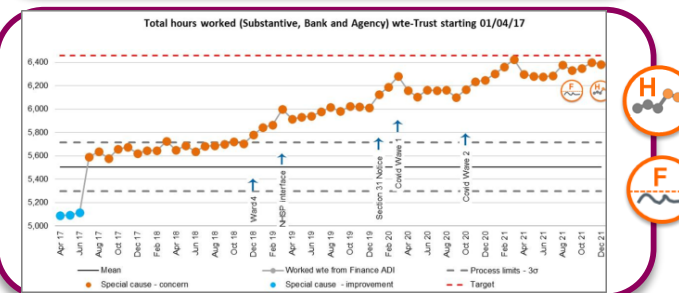
Agency Spend
as a % of
Gross Cost

8.47%



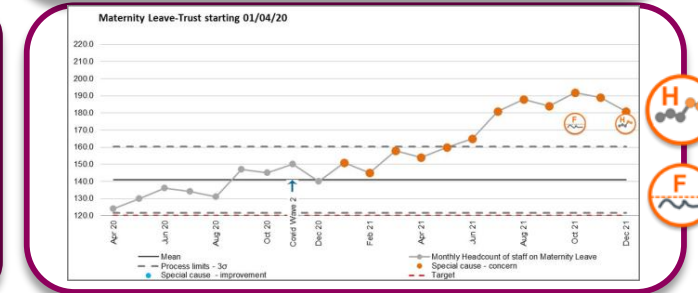
Total Hours
Worked

6382
wte



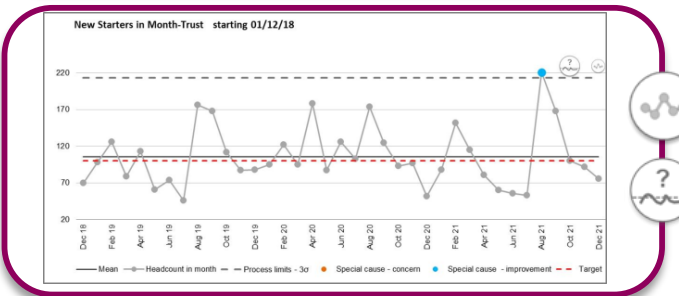
Maternity/
Adoption
Leave

181



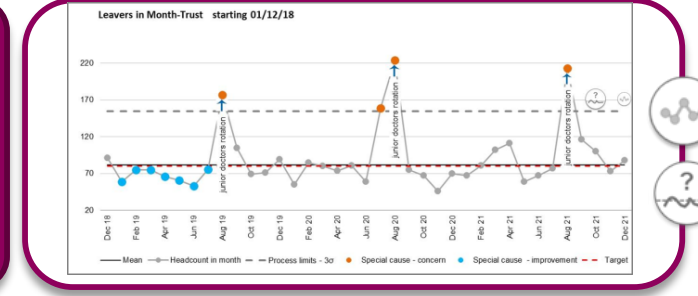
New Starters
in Month

76



Leavers in
Month

88



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

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"> • Job Planning (>10% lower than pre-covid average) • Vacancy rates for HCA's (4.8% higher than national average) due to high turnover and also 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). Corporate is the exception. • 181 staff on maternity leave which is an increase of 41 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 pending legislation 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 – December 2021 Previous Assurance Level - 5 – November 2021		To work towards improvement to next assurance level by March 2022	

Finance

H2 Plan

Our 2021/22 operational financial plan for H2 has been developed from a roll forward of the recurrent cost and non patient income actuals from H1 adjusting for workforce and activity trajectories, an assessment of additional PEP delivery in H2 and an assessment of any business cases which will start to impact in H2. The Trust's submitted H2 (October 2021 to March 2022) plan is a deficit of £(11.4)m [Full Year £(12.5)m] before any additional ICS redistributions which lead to a full year (H1 actual + H2 plan) deficit of £(1.9)m. Note confusingly that for External National Reporting purposes the Full Year Plan (based on revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit) is breakeven £0m.

Month 9 – December Position

Against the M9 plan of £(0.6)m deficit we report an actual deficit of £(0.8)m, an adverse variance of £0.27m. Against the H2 plan of £1m deficit, H2 to date at month 9 (December 2021) we report an actual deficit of £0.8m. Favourable H2 cumulative variance of £0.2m.

Statement of Comprehensive Income	Dec 21 (Month 9)			H1			H2 to Date			Year to Date		
	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Revenue & Income												
Operating income from patient care activities	44,310	47,102	2,792	267,840	271,670	3,830	134,282	139,334	5,052	402,122	411,004	8,882
Other operating income	4,062	2,004	(2,058)	11,586	13,415	1,829	11,271	7,317	(3,954)	22,857	20,732	(2,125)
Operating Expenses												
Employee expenses	(28,608)	(29,054)	(446)	(162,007)	(167,810)	(5,803)	(85,496)	(86,043)	(547)	(247,503)	(253,853)	(6,350)
Operating expenses excluding employee expenses	(18,714)	(19,231)	(517)	(106,844)	(108,175)	(1,331)	(56,252)	(56,732)	(480)	(163,096)	(164,907)	(1,811)
OPERATING SURPLUS / (DEFICIT)	1,050	821	(229)	10,575	9,100	(1,475)	3,805	3,877	72	14,380	12,977	(1,403)
Finance Costs												
Finance income	0	0	0	6	0	(6)	0	0	0	6	0	(6)
Finance expense	(1,009)	(1,070)	(61)	(6,148)	(6,147)	1	(3,041)	(3,163)	(122)	(9,189)	(9,310)	(121)
Movement in provisions	0	0	0	0	0	0	0	0	0	0	0	0
PDC dividends payable/refundable	(607)	(583)	24	(3,426)	(3,688)	(262)	(1,775)	(1,551)	224	(5,201)	(5,239)	(38)
Net Finance Costs	(1,616)	(1,653)	(37)	(9,568)	(9,835)	(267)	(4,816)	(4,715)	101	(14,384)	(14,550)	(166)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(566)	(850)	(284)	1,008	(716)	(1,724)	(1,011)	(843)	168	(3)	(1,559)	(1,556)
Less impact of Donated Asset Accounting (depreciation only)	1	15	14	48	(134)	(182)	3	52	49	51	(82)	(133)
Adjusted financial performance surplus/(deficit)	(565)	(835)	(270)	1,056	(850)	(1,906)	(1,008)	(791)	217	48	(1,641)	(1,689)
Less gains on disposal of assets	0	(3)	(3)	(1)	(19)	(18)	0	(15)	(15)	(1)	(34)	(33)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	(565)	(838)	(273)	1,055	(869)	(1,924)	(1,008)	(806)	202	47	(1,675)	(1,722)

I&E Delivery Assurance Level: Level 4

Reason: H2 plan is finalised and system gap understood however risks remain over costs of delivering additional activity and the level of temporary staffing expenditure to deliver activity and deal with the current wave of COVID admissions in the Trust. **Development of the 3 year plan into 2022/23 and beyond will be the key vehicle to improve assurance further. Timescales for 3 year plan are underway. Divisions completed self assessment exercise in October and will form basis of plan to be taken to the Trust Board in March.**

Combined Income in month variance £0.7m favourable – of which £0.4m relates to COVID testing costs funded outside envelope, £0.2m relates to the Education and Training funding from the LDA and £0.1m NHSE Variable Drugs.

Employee expenses in month variance (£0.4)m adverse – Medics spend has a £0.1m adverse variance due to retrospective temporary medics bookings. Nursing has an adverse variance of £0.6m marginally increasing on last month due to a full months cost of the Triage pilot in ED. The H2 Plan assumed we would remain at a consistent level of worked WTE as September but actual worked was 29 WTE higher. The largest areas of Nursing overspend are Urgent Care (£0.2m), SCSD (£0.1m) and Specialty Medicine (£0.1m). Urgent Care has exceeded plan 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 increased beds in Critical Care as well as increased cover for Covid and Sickness and additional theatre sessions. Specialty Medicine has had more new starters than forecast as well as increased Covid and redeployment cover.

Operating expenses in month variance (£0.5)m adverse – with £0.3m of the adverse variance due to the IS planning assumption, Non PbR drugs reports a £0.6m adverse variance which is being reduced by favourable variances from overseas business case slippage and CDC. Initial analysis indicates that c£0.1m of the Drugs variance is due to prescribing patterns of Homecare Drugs in Infectious Diseases, Dermatology and Rheumatology with the remaining £0.5m due to changes in drugs being prescribed, increased activity, specific patients needing specific high cost drugs and processing of prior month invoices across Respiratory Medicine, Oncology and Ophthalmology.

Performance Against Original Internal Operational Trust plan

Income

Trust Operational Plan			
In-month		YTD	
Income Inc. Top Up/ COVID Payments Variance: £0.7m	Normal Income Generation Contracted through PbR	Income Inc. Top Up/ COVID Payments Variance: £6.8m	Normal Income Generation Contracted through PbR
Additional System Funding £2.0m	Vaccinations/COVID tests £0.8m	Additional System funding £4.3m	Vaccinations/COVID tests £3.7m
Vaccinations/COVID tests £0.8m	CCG System Top Up and COVID £8.9m	Elective Recovery Fund £3.0m	CCG System Top Up and COVID £8.2m
Additional Payment to Continue to some Block Levels £0.9m	Normal Income Generation Contracted through PbR Activity and Other Income £36.5m (75.5%)	Additional Payment to Commissioner Block Levels £11.9m	Normal Income Generation Contracted through PbR Activity and Other Income £327.6m (77.1%)
Variance: -£11.9m (24.5%)		Variance: -£97.4m (22.9%)	
Excluding Top and COVID payments -£9.6m		Excluding Top and COVID payments -£18.2m	

The **Combined Income** (including PbR pass-through drugs & devices and Other Operating Income) was **£0.7m** above the Trust's Operational Plan in December.

£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 £3.0m EFR confirmed by the local System(STP) but no further monies are expected in H2. In addition to this the System has agreed to £10.3m funding to improve the financial performance of the Trust in H2 (£1.8m Elective Stretch and £8.5m Other System Support). This has been built into the H2 plan.

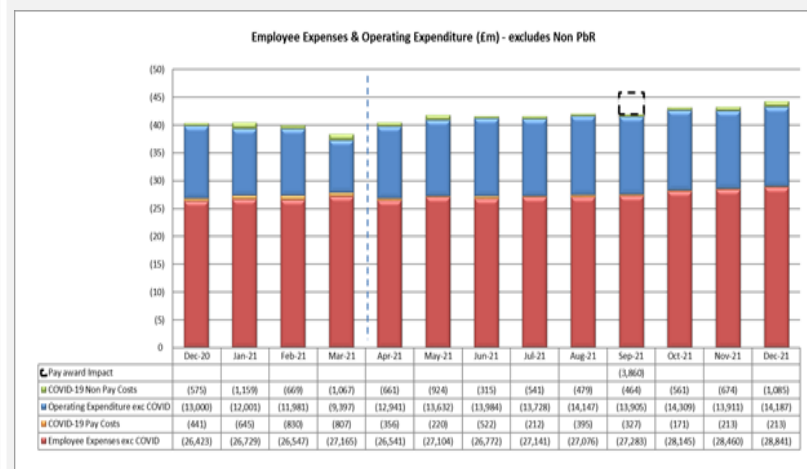
In month variance £0.7m : £0.2m System Funding(50% of the plan has been misallocated to expenditure with a neutral impact on the overall position), £0.5m PCR testing (review of spend), £0.2m Training & Education, £0.2m Other Income including Private Patients, (£0.2m) additional income adjustment added into the H2 plan and (£0.2m) Community Diagnostics Hub income.

Expenditure

Total pay costs were £0.4m higher than month 8. Substantive pay was £0.1m higher in month which is the net effect of bank holiday payments but reduced weekend enhancements. Total temporary pay was £0.3m higher in month. Of this, agency medics spend was £0.1m higher, mainly within Specialty Medicine, Urgent Care and Surgery following last months non recurrent benefit from previous months overstated bookings. Medical bank spend was £0.1m higher in month due to retrospective shifts (previous months under stated) within the system within Specialty Medicine and increased usage to cover on call shifts within Surgery. Agency nursing spend was also £0.1m higher in month primarily due to the full month effect of the Triage pilot in A&E that commenced in November and additional temporary staffing into the Discharge Lounge overnight.

Overall **operating expenses excluding employee expenses** (including Non PbR) was £19.2m in Month 9 - an increase of £0.6m compared with November and £0.5m adverse to plan. The majority of this increase is reported within Non PbR drugs (£0.4m), mainly within Ophthalmology, Haematology, Rheumatology, Dermatology, Respiratory and Infectious Diseases. Initial investigation indicates that c£0.1m of the Drugs increase is due to the prescribing patterns of Homecare Drugs with the remaining £0.3m due to changes in drugs being prescribed, increased activity, patients needing specific high cost drugs and processing of prior month invoices.

An increase in Covid testing costs within Pathology accounts for another £0.2m increase month on month, offset with an increase in Income as this is funded outside envelope.



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

Capital

Our Capital Position at Month 9 including IFRIC 12, invoiced values and work in progress (WIP) is £17.4m YTD. This is an increase of £3.1m since month 8. We have outstanding purchase orders placed at a value of £21m where work will be completed or equipment received before the end of the financial year. The existing £21m Letter of Intent for our UEC project, which enables draw down the value of works complete, 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 £13.6m to meet our expected FYF in 2021/22. The Capital Plan for 2021/22 for the financial year is now £51.9m (excluding ASR expenditure), which has increased by £8m since M8 due to the 30 bed Clinical Assessment Unit.

Capital Assurance Level: Level 4

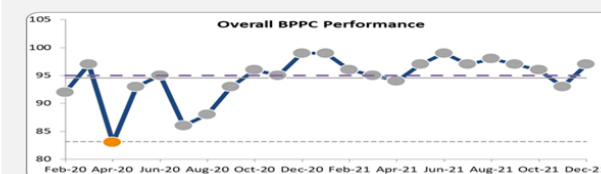
Reason: Significant capital schemes continue into 2021/22 and require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes completed. Risk remains in medium term. **Level 4 pending ongoing review and agreement of expenditure plan by scheme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

Cash Balance

At the end of Dec 2021 the cash balance was £37.0m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices.

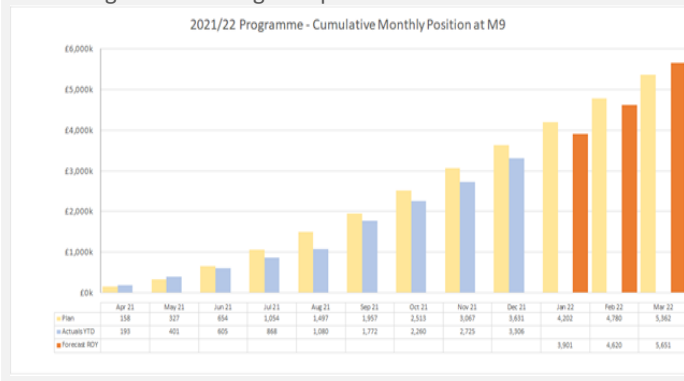
Cash Assurance Level: Level 6

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



Productivity & Efficiency

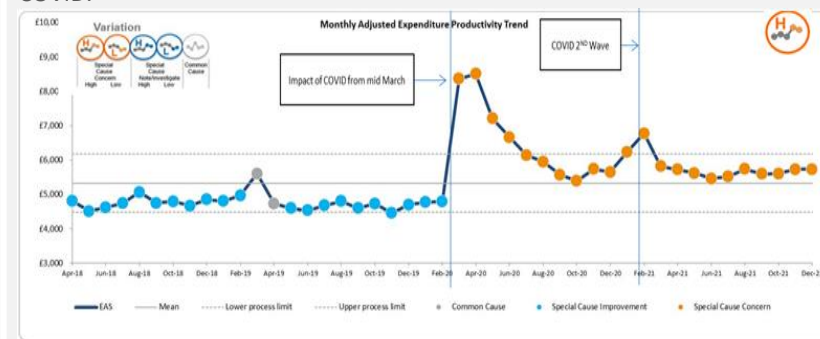
The P&E Programme has delivered £3.31m of actuals at Month 9 against a plan of £3.63m, with the forecast position at M12 remaining favourable against plan.



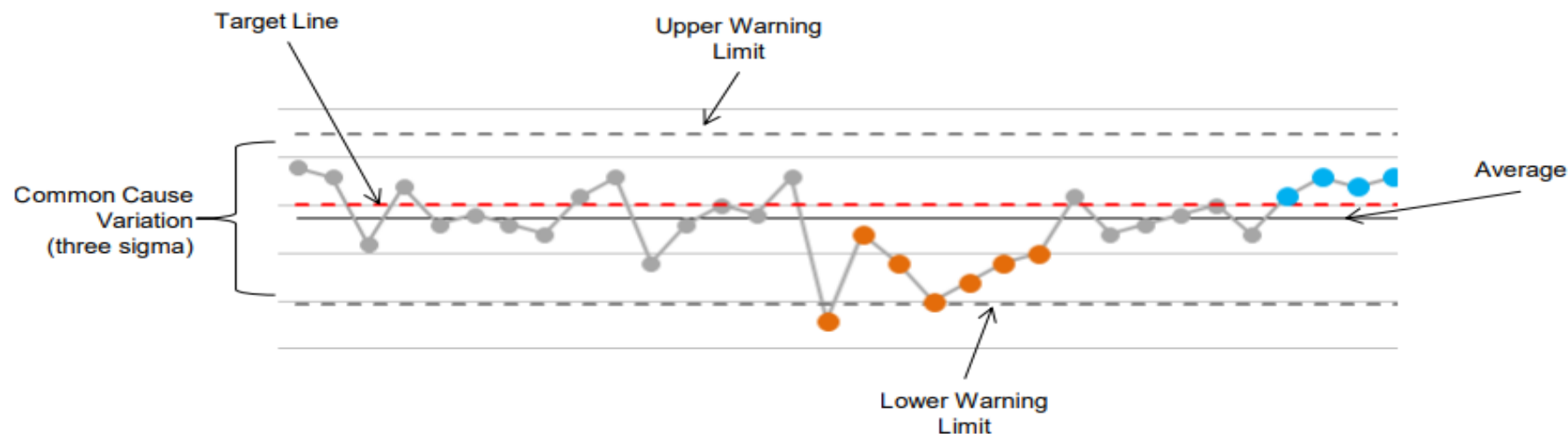
Adjusted Expenditure Productivity Trend:

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.



DECEMBER 2021 IN NUMBERS



8,833

Walk-in patients (A&E)



4,123

Patients arriving
by ambulance



11,440

Inpatients



28,875

Face to Face outpatients



9,782

Telephone consultations



406

Babies



1,254

Elective operations



198

Trauma Operations



225

Emergency Operations



6.1

Average length of stay



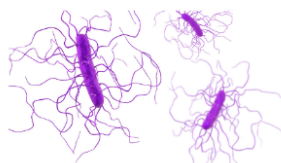
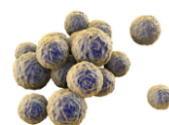
15,411

Diagnostics

QUALITY AND SAFETY IN NUMBERS

December 2021


MRSA
0

ECOLI
3

CDIFF
9

MSSA
2

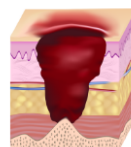
Hand Hygiene

Participation **91.82**
Compliance **100**
SEPSIS
Sepsis

Screening Compliance **83.77**
Sepsis 6 bundle compliance **60.68**

ICE reports viewed

Radiology **93.66**
Pathology **90.35**

Falls per 1,000 bed days causing harm
0.04

Pressure Ulcers

All hospital acquired **19**
Serious incident pressure ulcers **0**

Response Rate

A&E **18.28**
Inpatients **29.60**
Maternity **3.85**
Outpatients **10.87**

Recommended Rate

A&E **75.96**
Inpatients **96.13**
Maternity **100**
Outpatients **92.61**

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

Risks overdue review **184**
Risks with overdue actions **255**

Discharged before midday **14.25**

Complaints Responses <=25 days **72.73**

Total Medicine incidents reported **144**
Medicine incidents causing harm (%) **1.37**

WORKFORCE COMPOSITION IN NUMBERS

December 2021



Employees
6,746



BAME employees
19%



Part-time workers
44%



Female
82%



Registered nurses
1,968 (29%)



Registered midwives
256 (4%)



HCAs, helpers and assistants
1,273 (19%)



Doctors
727 (10%)



Other clinical and scientific staff
855 (13%)



Over age 55
18%



30 years and under
20%



Staff with less than 2 years service
27%



Staff with 20 years service or over
10%



Women & Children's Division Maternity & Neonatal Dashboard



Reporting Period: January 2022 v1

ANTENATAL																						
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date		
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	389	365	374	381	356	318	324	386	338	0					2893	
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	79.7%	84.3%	81.7%	83.7%	78.6%	76.8%	80.4%	82.5%	84.3%	0.0%					81.0%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	99	68	84	74	95	96	79	82	63	0					677	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	20.3%	16.7%	18.3%	16.3%	21.1%	23.2%	19.6%	17.5%	15.7%	0.0%					19.0%	
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	488	433	458	455	461	414	403	448	401	0					3570	
Risk Management	LMS	ABO4.1			Midwife led care at booking	Integer	222	173	199	212	198	166	202	239	187	0					1611	
	Contractual	ABO4.2	MOF7.0		% Midwife led care at booking	%	45.5%	40.0%	43.4%	46.6%	43.9%	40.1%	50.1%	51.1%	46.6%	0.0%					45.1%	
	LMS	ASM1.1			Women with BMI of 30 and over at booking	Integer																
	LMS	ASM1.2			% Women with BMI of 30 and over at booking	%																
	LMS	ASM1.3			Smoking at booking	Integer	55	61	70	59	56	64	49	47	63	0					461	
Smoking	LMS	ASM2.1			% Smoking at booking	%	11.3%	14.1%	15.3%	13.0%	12.4%	15.5%	12.2%	10.0%	15.7%	0.0%					12.9%	
	LMS	ASM2.2			Smokers accepting smoking cessation service referral at booking	Integer																
	LMS	ASM2.3	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%																
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer																
	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%																
Carbon Monoxide	LMS	ACM1.1			Women screened for CO at booking	Integer																
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%																
	LMS	ACM2.1			Women with CO reading of 4 ppm or more at booking	Integer																
	Local	ACM2.2			% Women with CO reading of 4 ppm or more at booking (of total bookings)	%																

INTRAPARTUM																						
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date		
Deliveries	Contractual	IDE1.0			Total Deliveries	Integer	412	407	401	411	451	452	440	385	406						3369	
	Contractual	IDM1.0			Vaginal deliveries	Integer	243	242	222	240	243	259	268	243	207						1918	
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	58.8%	59.5%	55.4%	58.4%	57.4%	59.3%	54.0%	55.6%	51.6%						56.9%	
	LMS	IDM2.1			Ventouse & forceps deliveries	Integer	45	36	35	43	51	40	55	45	50						350	
	Contractual	IDM2.2	MNVD1.0		% Ventouse & forceps deliveries	%	10.9%	8.8%	8.7%	10.5%	11.3%	8.8%	12.2%	11.7%	12.3%						10.4%	
C-Section Deliveries	Contractual	ICS4.1			Elective (category 4) caesarean deliveries	Integer	67	56	73	56	65	75	62	63	78						595	
	LMS	ICS4.2	MCS1.1		% Elective (category 4) caesarean deliveries	%	16.3%	13.8%	18.2%	13.6%	14.4%	16.6%	13.8%	16.4%	19.2%						17.2%	
	Trust	ICS3.1			Emergency (category 3) caesarean deliveries	Integer	14	17	17	13	25	18	15	17	23						159	
	Trust	ICS3.2			% Emergency (category 3) caesarean deliveries	%	3.4%	4.2%	4.2%	3.2%	5.5%	4.0%	3.3%	4.4%	5.7%						4.7%	
	Trust	ICS2.1			Emergency (category 2) caesarean deliveries	Integer	37	38	38	40	26	35	55	31	30						330	
	Trust	ICS2.2			% Emergency (category 2) caesarean deliveries	%	9.0%	9.3%	9.5%	9.7%	5.8%	7.7%	12.2%	8.1%	7.4%						9.8%	
	Trust	ICS1.1			Emergency (category 1) caesarean deliveries	Integer	19	18	15	17	24	16	20	14	16						159	
	Trust	ICS1.2			% Emergency (category 1) caesarean deliveries	%	4.6%	4.4%	3.7%	4.1%	5.3%	3.5%	4.4%	3.6%	3.9%						4.7%	
	Contractual	ICS5.1			Emergency (category 1-3 inclusive) caesarean deliveries	Integer	70	73	71	72	76	69	80	63	71						655	
	LMS	ICS5.2	MCS1.2		% Emergency (category 1-3 inclusive) caesarean deliveries	%	17.0%	17.9%	17.7%	17.5%	16.8%	15.3%	20.0%	16.4%	17.0%						19.4%	
Midwife Led Care	LMS	ICS6.1			Total deliveries as caesarean	Integer	137	129	144	128	141	144	152	126	149						1250	
	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%	36.7%						37.1%	
	Contractual	IML1.1	W-BMB1.1	H-BMB1.1	Midwifery led care deliveries	Integer															0	
	LMS	IML1.2	MO3.0		% Midwifery led care deliveries	%															0.0%	
	LMS	IML2.1			Home deliveries	Integer	17	19	17	15	11	14	8	9	9						119	
Births	LMS	IML2.2			% Home deliveries	%	4.1%	4.7%	4.2%	3.6%	2.4%	3.1%	1.8%	2.3%	2.2%						3.5%	
	Contractual	IB1.0	MSB1.0		Total Births	Integer	417	413	408	416	459	455	457	389	414						3414	
	LMS	IB2.1			Full term births (babies born at 37wks gestation or over)	Integer	394	373	375	392	419	427	428	357	371						3165	
	LMS	IB2.2			% Full term births (babies born at 37wks gestation or over)	%	94.5%	90.3%	91.9%	94.2%	91.3%	93.8%	93.7%	91.8%	89.6%						253.2%	
	LMS	IB3.1	W-BB3.1	H-BB3.1	Pre-term births (babies born under 37wks gestation)	Integer	23	40	33	24	40	28	29	32	43						249	
	LMS	IB3.2	W-BB3.2	H-BB3.2	% Pre-term births (babies born under 37wks gestation)	%	5.5%	5.7%	8.1%	5.8%	6.7%	6.2%	6.3%	8.2%	10.4%						19.9%	
	LMS	IB4.1	W-BB4.1	H-BB4.1	Stillbirths	Integer	2	2	4	1	0	2	1	0	1						12	
	LMS	IB4.2	W-BB4.2	H-BB4.2	% Total births stillborn	%	0.5%	0.5%	1.0%	0.2%	0.0%	0.4%	0.2%	0.0%	0.2%						1.0%	
	Contractual	IRM1.1			Low birth weight where IUGR detected antenatally	Integer																
	Contractual	IRM1.2	MO4.0		% Low birth weight where IUGR detected antenatally	%																
Breastfeeding	National	IBR1.1			Breast feeding initiation rate	Integer	216	299	290	290	321	308	306	255	283						2285	
	National	IBR1.2	MO3.0		% Breast feeding initiation rate	%	52.4%	73.5%	72.3%	70.6%	71.2%	66.1%	66.0%	66.2%	69.7%						67.8%	
	National	IBR1.1	W-BRM1.1	H-BRM1.1	Women smoking at delivery	Integer	43	41	42	40	48	51	37	60	47						352	
	National	IBR1.2	MO2.0	H-BRM1.2	% Women smoking at delivery	%	10.4%	10.1%	10.5%	9.7%	10.6%	11.3%	8.2%	13.0%	11.6%						10.4%	
	Local	IBR1.2			% Women smoking at delivery	%																

NEONATAL																						
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date		
Admissions	Local	NAD1.0	MOB.0		Total admissions to neonatal care	Integer	45	51	60	60	77	47	58	67	63						465	
	National	NAD1.1	MOB.1		Unexpected admissions of full-term babies to neonatal care	Integer	15	14	12	13	8	11	7	15	6						116	
	LMS	NAD2.2	MOB.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	4.1%	3.8%	3.2%	3.3%	1.9%	2.6%	1.6%	4.2%	1.6%						3.0%	
	LMS	NRM1.1	W-NRM1.1	H-NRM1.1	Neonatal deaths	Integer	0	0	0	1	0	1	0	1	1						3	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	0.0%	0.0%	1.7%	0.0%	2.1%	0.0%	1.5%	1.6%						0.6%	
	LMS	NRM2.1			Neonatal brain injuries	Integer																
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%																
	LMS	NRM3.1			Referrals to NHS Resolution	Integer																
Risk Management	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%																
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0	1	1	0	0	1						4	
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	2.2%	0.0%	0.0%	0.0%	1.3%	2.1%	0.0%	0.0%	1.6%						0.9%	
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 34wks gestation)	Integer	0	10	3	6	11	7	3	8	7						64	
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 34wks gestation)	Integer	0	13	3	8	13	8	5	8	8						75	
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 34wks gestation)	%	100.0%	76.9%	100.0%	75.0%	84.6%	87.5%	60.0%	100.0%	87.5%						85.3%	
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4	0	2	3	0	2						14	
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4	0	2	3	0	2						14	
	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 to Date		
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	2	0	2	2	2	1	1	0					11		
	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%	0.0%					0.3%		
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0	0	1	0	0	0					1		
	Local	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%					0.0%		
	National																					

Committee Assurance Reports

Trust Board
10th February 2022

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Finance & Performance Committee Assurance Report – 26 January 2022

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Rebecca O'Connor Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		BAF number(s)
		2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 26th January and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Medicode 360 Clinical Encoder	Contract Governance Award was reviewed and recommended for approval by the Trust Board	Recommended for approval by the Trust Board
Forecast Outturn (FOT)	FOT of £4.3m v £1.9m plan, which has been agreed and understood by system colleagues. This is the planned deficit plus the £1.8m system IS risk and an estimate for the CAU. Other plan variances e.g. temporary staffing increases have been offset by other benefits	For noting.
Clinical Assessment Unit	Requirement for consideration across the system of the financial implications of the CAU including development of a business case	Awareness at this stage. Trust Board has only made approvals in relation to capital build thus far.

Item	Level of Assurance	Change	BAF Risk
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 4	Maintained	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Value for Money Recommendations	Level 3	-	7
Contract Award: Medicode 360 Clinical Encoder	Level 6	-	7

Finance and Performance Committee Assurance Report – 26 January 2022

Executive Summary

The Committee met virtually on 26 January and the following key points were raised :

Item	Discussion
Integrated Performance Report	Executive summary headlines were noted. The key issues were Emergency and Urgent Care and Patient Flow and Capacity; recovery and restoration of the elective programme including diagnostics and outpatients, with high levels of referrals and workforce issues. Committee had a comprehensive discussion regarding elective activity, management of the waiting list including harm review and 104 week waits. The impact of discharges on ED was discussed with ambulance handovers and 12 hour waits noted as being very challenged. A discharge cell was in operation to drive the number of discharges each day, but the level of executive involvement was not sustainable. There has been some progress in simple discharges, but there remained significant pressures across pathway 1 and 2 leading to a lack of flow. Assurance level 4 overall was agreed
Clinical Assessment Unit (CAU)	The CAU model to support the pressures in ED was discussed. The capital build had been funded nationally but the resource implications had not. Committee requested further detail as to the financial implications, which it viewed as a system issue and a business case for the service.
Finance Report – Month 9	Two issues impacting on the revised FOT included £1.8m which should have transferred, additional nursing costs and the revenue implications of the CAU are being discussed at system. There was good progress on capital, but orders are to be placed for internal schemes. There is transparency in the system about our position. Risks were noted regarding changes made with an increased lower scale for workforce and in relation to non PBR drugs. There were no non recurrent benefits this months as these had been offset. Concern was expressed regarding the run rate and staffing costs. Booking issues regarding temporary staff and back log of pharmacy invoices were being addressed. Assurance levels were maintained at levels 4, 4 and 6
Value for Money (VFM)	A further progress update on the recommendations was requested for the next meeting. Assurance level 3 reported.
Medicode 360 Clinical Encoder	Contract Governance Award was reviewed and recommended for approval by the Trust Board. Assurance level 6 was reported.
Other	Estates Strategy is delayed due to Covid but is intended to progress to TME in March. Post incident reports were requested in relation to IT outages. There were updates required by Committee in relation to business cases approved last month and these were to be progressed.

Quality Governance Committee Assurance Report – 27 January 2022

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore – Non-Executive Director	Rebecca O'Connor Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s) 2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 27 January and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Clinical Assessment Unit	Impact of the service on improving emergency department pressures, ambulance handover delays and 12 hour waits	Awareness at this stage. QGC to receive a further report on progress as the service develops
System support for decompression of acute Trust	Ongoing pressures have been escalated to both the CCG and NHSE/I	To note the current pressures and that a report is due back to QGC to update on progress
Raystation - Radiotherapy	Risks were escalated from Risk Management Group regarding hardware. A business case is being prepared for Trust Management Executive and is progressing through governance	Trust Board to consider (potentially in March) the Business Case to address the potential clinical risks, noting the escalation from both Risk Management Group and QGC

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Infection Prevention & Control	Level 4	Maintained. To be reviewed in one month and reduced to level 3 if no progress	3
Risk Management Group	Level 5	Maintained	RMG reviews all areas
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10

Quality Governance Committee Assurance Report – 27 January 2022

Executive Summary

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

Item	Discussion
Clinical Assessment Unit (CAU)	The proposed CAU model was discussed including patient flow and staff composition within the unit. This will be a standing item for QGC as the service develops. Discharge cell reported issues with pathway 1 capacity but there is lots of challenge. Simple discharges are going up, discharges before midday remain challenging but pathways are stagnant.
Infection, Prevention and Control (IPC)	The impact of operational pressures on HCAI reduction work were discussed. C-diff target is off track. Bed and trolley deep cleaning facility to be re-established (this was lost during the pandemic). QGC instructed this to be reinstated as quickly as possible and to be advised this is in place. MSSA is also over target, discussions are ongoing regarding the launch of new cannula packs and policy to raise focus and improve practice. Chief Registrar in Haematology has a piece of work regarding mid lines to support. AMS level assurance of 6, good practice in place and lots of work has been done to achieve this. Strong assurance is in place. Level 4 assurance overall was approved.
Raystation	QGC discussed the escalation from Risk Management Group regarding Raystation and the clinical risks of the same. Good progress and good governance in action was demonstrated. Noted paper will come to TME with a business case for onwards review. Level 5 assurance overall was approved.
Integrated Performance Report	Executive summary headlines were noted. Q&S indicators included NOF, sepsis and the impact on workforce. The current Covid position was noted; Covid admissions had risen as had ED attendances. Pressure of discharges and impact on ED were discussed with ambulance handovers and 12 hour waits noted as being very challenged. Pressures are significant and discharges into pathways 1 and 2 are very challenged. Region have instructed community trusts to decompress acute trusts by the weekend. CCG are to take an assurance visit to consider usage of the wards at Evesham to support the system. QGC requested an understanding of system actions being taken to support decompression and volumes of discharges. This has been escalated to both the CCG and NHSE/I with feedback to be reported to QGC. 7 outbreaks on wards are being managed, they are open under a risk assessment. NOF is challenging due to large volumes and theatre capacity, staffing at the weekend is being addressed. Elective is being maintained at ALX and we are balancing this. Assurance level 4 overall was agreed
Maternity Service Safety Report	QGC discussed the confidential (due to small numbers and patient confidentiality) update, noting the position and assurances. A meeting with the national maternity team is taking place today to ensure the Board is fully sighted on the position. Perinatal mortality is in alignment with national levels. Staffing was reduced to level of assurance of 4 in December due to the impact of Covid and sickness. A new acuity tool has been implemented leading to a slight increase in red flags. There is an improving position overall in January. Intending face to face training to be back on track in February. Assurance level 5 overall was agreed
Other	QGC expressed it thanks to the tireless work of the Trust staff, there were challenges but had been demonstrable improvement over the years.

People & Culture Committee Assurance Report – 1 February 2022

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore – Non-Executive Director	Rebecca O'Connor Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		BAF number(s)
		7, 9, 10, 11, 14, 15, 17

Executive Summary

The Committee met virtually on 1 February and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Vaccination as a Condition of Deployment (VCOD)	To highlight the work of Trust staff in managing the VCOD process and next steps	Note the position and next steps. Subject to separate discussion at Trust Board
Inclusive recruitment	To raise awareness of the steps being taken to develop an inclusive approach to recruitment including positive action	None at this stage
Gender Pay Submission	The amendment submission was approved by Committee but is reserved to the Trust Board	To approve the revised submission (full details of the revised data are in the reading room)
Staff Story	To highlight the staff story received at Committee and recommend Trust Board receive the staff story	To receive the staff story at a future meeting

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Integrated People & Culture Report	Level 5	Maintained.	9, 10, 11, 14, 15, 17
Inclusive Recruitment	Level 4	N/A	9, 10, 11, 14, 15, 17
Nurse Staffing	Level 5	Maintained	9
Midwifery Staffing	Level 4	Reduced due to increasing sickness, increasing turnover rate and increased covid related absence	9
Value for Money Recommendations	Level 3	N/A	7, 9, 15
Gender Pay Gap Submission	N/A	N/A – a data return amendment	9, 10, 11, 14, 15, 17

People & Culture Committee Assurance Report – 1 February 2022

Executive Summary

The Committee met virtually on 1 February and the following key points were raised:

Item	Discussion
Staff Story	A story was shared of Donna's passion for nursing, why she became a nurse and her experience of CMT and working with a disability. She described the upsetting experience of working with a difficult manager and the impact of this on her personal and professional development. Physical difficulties led to redeployment to the discharge ward, with support from Occupational Health, where she is doing a brilliant job. The Disability Network is an advocate for staff and place where they can share their experiences and support the Trust to work in a more inclusive way. The story is to be publicised and an invite extended to Board.
Integrated People & Culture Report	Report focussed on actions taken during the pandemic to mitigate the people and culture risks following a workforce risk summit on 10 December. Themes are consistent with risks identified in the Trust and the Trust has benchmarked well against the Model Hospital. Reflections on success include; system approach to vaccination programme, on site testing for Covid, comprehensive health and wellbeing offer to staff having made an impact. There was a month on month improvement in turnover, but this has deteriorated from July. This is consistent with other Trusts and reflects market conditions. Good progress overall and outperformance of peer group was noted. Potential use of charitable funds to support staff wellbeing were discussed. Payroll issues reported previously have been resolved.
Vaccination as a Condition of Deployment (VCOD)	The approach taken to implement the former guidance was noted, along with the change of Government policy. Staff cannot now be dismissed as a result of not having the covid vaccine, but the Trust duty of care to staff and patients remain. Will continue to support colleagues with no record of vaccination in ensuring appropriate risk assessments are in place. The occupational health and environmental risk assessment forms will be updated to take account of the change in VCOD position. Thanks were expressed by Committee to all staff who have supported the sensitive implementation of VCOD, their efforts were very much supported.
Inclusive Recruitment	Reviewed the approach especially in band 6 and above. BAME Network has supported recruitment at band 8a and above. Proposal to offer interview guarantees from for applications from BAME, disabled and LGBTQ+ candidates who fully meet the essential criteria. Recruitment champions will also be introduced to broaden the input into the shortlisting and recruitment process. Ownership and clarity of roles and responsibilities in the recruitment process are clear. We want a range of diverse staff and senior managers and this will take positive action to address this. A fair and equitable assessment process and clear JD/PS are essential. This also positively links with the ICS talent management approach.
Nursing & Midwifery Staffing	Nursing: 261 RN vacancies in December and is now 99. Nursing: level 5 assurance, second cohort of nursing associates has started. Midwifery: Assurance level 4; reduced due to sickness absence increasing by 3% and covid. At its worst in mid December at 15%. Another 11wte join in coming weeks, with 3 posts offered. Improving position for coming months.
Value for Money Recommendations	Annual audit and VFM recommendations noted. Work on the Better People Programme is a key mitigation. Paper to the next meeting to provide more assurance around this. Key KPIs and progress around these will be part of the workforce planning
Gender Pay	Committee noted the data amendment. This is technical adjustment to submit the correct data set.

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Paper number	Enc F (a)

Nurse staffing report – December 2021 and update on winter staffing plan

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

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome
People and Culture	1 February 2022	

Recommendations

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 December 2021 has been achieved.
- There has been an increase in staff absence related to community acquired Covid related sickness and stress related absence. However, the winter staffing plan which was implemented in November has provided the structure to deploying permanent staff where identified in real time and the incentive measures for the temporary workforce.
- There were 29 insignificant or minor incidents reported which is a significant increase from last month. 1 moderate harm reported due short staffing levels – investigation identified there to be no impact against patient safety incidents. The theme within the 29 incidents is that increase staffing levels have been required to support the therapeutic care needs of confused patients and those with mental health needs.
- Turnover of HCAs continues to increased month on month - current level is at 15.58% a rise from 15.05% in November. Recruitment and retention is a priority work stream for this staff group and the Trust is part of the NHSE/I HCA programmed winter funding recruitment pipeline. This position challenges ability to over recruit for winter.
- The vacancy position for RNs is at 99, a significant improvement from December 2020 which was 269. The key area for targeted recruitment is the urgent care division. This coupled with the increase from patient demand through winter for emergency care.
- All ward managers received a ward manager leadership book from the CNO as part of the ward manager development

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	programme which is in place. This was well received.
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Executive summary	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during December 2021. Maternity staffing is provided as a separate report.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through December 2021. However, to note that December has seen a rise in patient acuity and dependency. This has impacted upon the needs for temporary staffing in areas such as urgent care, paediatrics and Covid positive wards. This coupled with 1. COVID and winter related virus affecting staffing absences, 2. long term sickness has impacted upon the health and wellbeing for staff with reports of staff feeling an increased tiredness.</p>
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Risk												
Which key red risks does this report address?				What BAF risk does this report address?	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												
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												
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												
Issues and options												

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The provision of safe care and treatment Staff support ongoing

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

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

Harms

There were 29 minor and insignificant patient harms reported for December 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. 1 moderate harm reported due to being short staffed but no triangulation of patient safety incidents. Of the 29 reported a theme of report was staffing required to support confused patients.

Good Governance

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

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 %	Night %		The current domestic and international	

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	fill	fill	pipeline to be reviewed. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas. The HCA fill rate on days has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies and support winter planning.	4
RN	92%	100%		
HCA	86%	102%		

DATA from Here is for November 2021

Vacancy trust target is 7% November position for RN 4.96% and HCA 16.24%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM WTE	HCA WTE	Increased RN and RM recruitment to reduce vacancies. Rolling adverts for specialities have been ongoing and recruitment of the student nurses since paid deployment has reduced the vacancy factor. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert being launched in October to support winter planning. International nurse recruitment recommenced in August with cohorts of 12 nurses per month	5
Speciality Medicine	8	17		
Urgent Care	42	16		
Surgery	16	11		
SCSD	4	39		
Women's and Children's	8 RN 11RM	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- 13 arrivals due to be allocated	International November	Nurses	Domestic Pipeline November
Speciality Med	7		4
Urgent Care	3		7
Surgery	1		6
SCSD	1		3
Women's and children's	0		0

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Domestic nursing and midwifery pipeline

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

Bank and Agency Usage

Trust target is 7%- current usage is Bank 7.5% Agency 7.76%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division WTE	Bank and agency RN	Bank and Agency HCA	Sign up to the TWS11 workforce solutions – adhere to agency cap rates in line with NHSI cap rates. HR to support divisions in retention work stream bespoke for N&M workforce flexible working strategies.	4
Speciality Medicine	61	55		
Urgent Care	71	23		
Surgery	5	39		
SCSD	60	23		
Women's and Children's	15 RN 24 RM	12		

Sickness –

The Trust Target for Sickness is 4%, November position 5.65% stress related 1.42%

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	4.99%	0.8%		
Urgent care	4.99%	1.21%		
Surgery	6.59%	1.83%		
SCSD	5.76%	1.41%		
W & C's	6.49%	2.13%		

Turnover

Trust target for turnover 11%. November is RN 9.66 RM 9.52% HCA 15.58%

Current Trust Position			What needs to happen to get us to there	Current level of Assurance
Division	RN/RM	HCA	HR to update retention	

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Speciality Medicine	7.44%	19.54%	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 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.	3
Urgent Care	10.32%	17.45%		
Surgery	10.22%	11.42%		
SCSD	9.83%	14.24%		
Women's and Children's	RN 9.75% RM 9.52%	14.6%		
HCA turnover is higher than trust target across all divisions				
Recommendations				
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 December 2021 has been achieved.There has been an increase in staff absence related to community acquired Covid related sickness and stress related absence. However, the winter staffing plan which was implemented in November has provided the structure to deploying permanent staff where identified in real time and the incentive measures for the temporary workforce.There were 29 insignificant or minor incidents reported which is a significant increase from last month. 1 moderate harm reported due short staffing levels – investigation identified there to be no impact against patient safety incidents. The theme within the 29 incidents is that increase staffing levels have been required to support the therapeutic care needs of confused patients and those with mental health needs.Turnover of HCAs continues to increased month on month - current level is at 15.58% a rise from 15.05% in November. Recruitment and retention is a priority work stream for this staff group and the Trust is part of the NHSE/I HCA programmed winter funding recruitment pipeline. This position challenges ability to over recruit for winter				

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- The vacancy position for RNs is at 99, a significant improvement from December 2020 which was 269. The key area for targeted recruitment is the urgent care division. This coupled with the increase from patient demand through winter for emergency care.
- All ward managers received a ward manager leadership book from the CNO as part of the ward manager development programme which is in place. This was well received. Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout December 2021 has been achieved.
- There were 29 insignificant or minor incidents reported which is a significant increase from last month. 1 moderate harm reported due to being short staffed but no triangulation of patient safety incidents. Of the 29 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 December. 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.
- Winter staffing escalation and safety huddles happening twice daily to ensure safest staffing.

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Midwifery Safe Staffing Report December 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	December 2021	
People & Culture	1 February 2022	

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 December 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>The second half of December was incredibly challenging due to the sudden increase in staff absence due to COVID (15% absence rate). The escalation policy was enacted daily and safe staffing was maintained due to the incredible flexibility of the midwifery workforce. The community and continuity of carer teams were regularly requested to support the inpatient service to maintain safety and inpatient staff were reallocated to areas with the highest acuity..</p> <p>There were four medication incidents reported resulting in no harm. There were 24 no harm staffing incidents reported on Datix however this</p>
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reports some of the challenges that the teams faced. Within the new acuity tool difficulty maintaining 1:1 care in labour and the supernummary status of the shift leader overnight were recorded.

The new acuity tool is embedding however although information has been included in this report, the level of completion does not provide a complete picture of the entire month. Support from ward managers and matrons should improve the level of completion for January's report.

Sickness absence rates increased in December and continue to be higher than the Trust's target at 9.09% across all areas. The directorate continue to work with the HR team to manage sickness absence timely. Turnover rate was noted at 11.71%. A further 11 WTE midwives accepted posts in December and a further 6 have been shortlisted for interview in January.

The suggested level of assurance for December is reduced to 4. This is in response to an increasing sickness rate, increased turnover rate and a significant increase in COVID related absence. This has resulted in a number of red flag events not previously reported which are a significant cause for concern.

A return to a higher level of assurance will be offered when the COVID related absence, sickness and turnover rates reduce to previous achieved levels, This must be accompanied by 100% achievement of 1:1 care in labour and the supernummary status of the shift leader.

It is anticipated that a reduction in sickness and COVID absence will be achieved in January and new starters will join 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	x	5	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

Safe staffing is monitored monthly by the following actions:

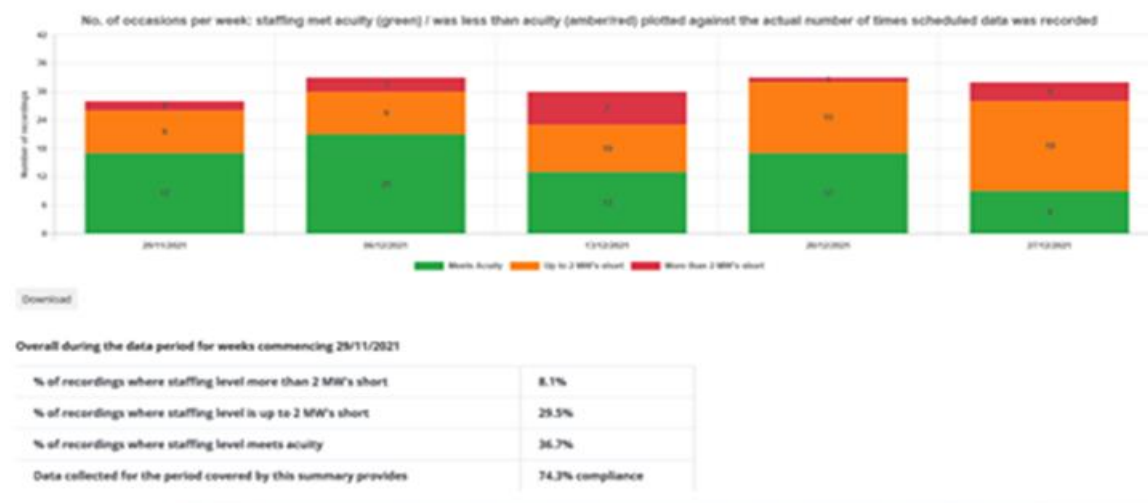
- Completion of the Birthrate plus acuity tool (4 hourly)
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (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 now expected by February 2022.

Issues and options

Completion of the Birthrate plus acuity app

The acuity app data was completed in 74% of the expected intervals and is below the recommended rate and therefore caution should be taken when interpreting the summary of the acuity. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. It must be recognised that the team were still implementing the new system and not all team members were fully trained and familiar with the new tool. It is expected that compliance with completion will be much improved in January 2022.



From the information available the acuity was met in 36.7% of the time as opposed to 37.6%

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when the acuity was not met prior to any actions taken. The mitigations taken are presented in the diagram below and demonstrates the frequency that staff are moved from other areas of the service (48%) to mitigate the risk and how often staff are also unable to take their allocated breaks (20%). A break audit across the entire service is planned to be completed in January 2022.

Number & % of Management Actions Taken

From 01/12/2021 to 31/12/2021

MA1	Redeploy staff internally	33	48%
MA2	Redeploy staff from community	3	4%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	14	20%
MA5	Staff stayed beyond rostered hours	2	3%
MA6	Specialist midwife working clinically	2	3%
MA7	Manager/Matron working clinically	2	3%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	1	1%
MA10	Escalate to Manager on call	12	17%
MA11	Maternity Unit on Divert	0	0%

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

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

Number & % of Red Flags Recorded

From 01/12/2021 to 31/12/2021

RF1	Delayed or cancelled time critical activity	10	22%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1	2%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	4	9%
RF5	Delay between presentation and triage	2	4%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	12	26%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	3	7%
RF10	Delivery Suite Co-ordinator is not supernumerary	14	30%

Of most concern is that the labour ward coordinator was not supernumerary 100% of the time and on 3 occasions women did not receive 1:1 care for some parts of their labour care. There are a number of places where delays in care have been recorded and it is suggested that these reports are for women who are waiting to progress along the induction of labour pathway. The DS matron will support the staff to record this activity in one place so that it

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can truly reflect some of the delays that the service is experiencing. Women receive ongoing monitoring and obstetric review during the time of any delay in care to maintain safety but it is acknowledged that this can lead to a poor experience.

Staffing incidents

There were twenty four staffing incidents reported in December. No harm/insignificant harm was recorded. The themes reported this month are:

- Availability of CoC midwives (1) – impact due to COVID related absence.
- Inappropriate allocation of agency midwife (1)
- In escalation and requirement to deploy staff to delivery suite to ensure that 1:1 care is provided and the shift leader remains supernummary (10).
- In escalation and community midwifery team called in (3)
- Reduced number of MSW on duty (3)
- Unavailable theatre team (1)
- Cancelled AN clinic (1)
- Birth Centre Closure (2)
- Below minimum staffing on night shift (2)

In December we were not always able to meet the minimum staffing levels and acuity was not met resulting in an increased reporting of 'red flags'. Mitigations were in place to reduce the risk and staff were redeployed to meet the service needs whenever possible. Training was cancelled and all staff who usually work in a non- clinical role were deployed to the clinical area. No harm was reported in this period.

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

Medication Incidents

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

- Omissions of prescribed medication (1)
- Incorrect regime of medication given (1)
- Paracetamol given before required interval (2)

Unify Data

The fill rates presented in the table below reflect the position of all inpatient ward areas. The Birth Centre was closed on 30th December due to the high number of COVID admissions and the majority of the staff deployed to delivery suite. This demonstrate a decrease in all fill rates due to a significant rise in staff COVID related absence which was as high as 15% in December. Team members were very flexible and also worked additional hours to support

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the team to maintain safety.

	Day RM	Day HCA	Night RM	Night HCA
Antenatal Ward	84	81	82	64
Delivery Suite	80	53	82	75
Postnatal Ward	83	72	82	78
Meadow Birth Centre	76	55	86	87

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 December was 1:25 (in post) and 1:22 (funded). This is within the agreed midwife to birth ratio as outlined in Birthrate Plus Audit (1:28).

Daily staff safety huddle

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. Additional huddles were completed in December.

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

Maternity SitRep

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

Throughout December the service was rated as amber for the majority of the month due to staffing gaps and delays in the IOL pathway. Further work on the Sitrep is ongoing and the pilot of the regional Sitrep was commenced on 21st December.

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

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

Sickness

Sickness absence rates were reported at 9.09% in December. This is an increase of 2% in absence and is recorded as viral illness (non COVID) and stress and anxiety.

The following actions remain in place:

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

Turnover

Turnover remains below the Trust target at 11.71%. Following recent interviews 11 WTE posts have been offered with a further 6WTE midwives shortlisted to be interviewed in January 2022.

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice per day
- Training cancelled
- Non - clinical staff redeployed to clinical rota
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Agency midwives will continue beyond January 2022.
- Training for acuity app for wards completed
- Further recruitment events planned for January.
- Recruitment and retention bid completed and submitted to NHSEI for MSWs.
- Weekly 'drop- in' sessions led by the DoM were commenced in month.

Conclusion

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December was a busy month and staffing was extremely challenging due to COVID related absence, non COVID absence and vacancies. Agency midwives have provided additional support to all areas of the service however we noted a decrease in availability.

There were 24 reported staffing incidents and four medication errors recorded in December. Deployment of all non-clinical staff and support from the community and continuity midwives was requested to maintain safest staffing.

Sickness absence rates have been reported at 9.09% which is a 2% increase on previous months and is recorded as viral illness (non COVID) and stress and anxiety. It is noted this remains above the Trust target; ongoing actions are in place to support ward managers and matrons to manage sickness effectively.

Turnover is at 11.71% and 11WTE midwives have been recruited and expected to start at the beginning of February.

The reduction in available staff continues to impact on the health and wellbeing of the team; support is available from the visible leadership team, PMAs and local line managers.

The suggested level of assurance for December is reduced to 4. This is in response to an increasing sickness rate, increased turnover rate and a significant increase in COVID related absence. This has resulted in a number of red flag events not previously reported which are a significant cause for concern.

A return to a higher level of assurance will be offered when the COVID related absence, sickness and turnover rates reduce to previous achieved levels, This must be accompanied by 100% achievement of 1:1 care in labour and the supernummary status of the shift leader.

It is anticipated that a reduction in sickness and COVID absence will be achieved in January and new starters will join in February 2022.

Recommendations

The Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.

Appendices

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

Audit and Assurance Committee Report

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Anita Day, Audit and Assurance Committee Chair		
Presented by	Anita Day, Committee Chair	Author /s	Rebecca O'Connor, Company Secretary

Alignment to the Trust's strategic objectives (x)

Best services for local people	X	Best experience of care and outcomes for our patients		Best use of resources	X	Best people	
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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 Audit and Assurance Committee at its meeting held on 11 January 2022. The following key points are escalated to the Board's attention:

11 January 2022

1. External Audit and Value for Money (VFM)

Committee received the progress report from the external auditors and received an update with regards to progress made for VFM, noting the adverse impact of Omicron and level 4 pressures. It noted this was strongly linked to the development of the three year plan.

2. Annual Accounts

Committee approved the annual accounts timetable for 21/22.

3. Internal Audit

Committee received a progress update against delivery of the internal audit plan. No risks were raised outside of the impact of Omicron and level 4 pressures.

4. Counter Fraud

Committee received a progress update, reviewed the National Fraud Initiative position and scrutinised a fraud investigation report.

5. Theatres

Committee discussed progress on issues raised noting that consideration had been given to the matters raised. These had been closed off by

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QGC but were to be considered by People and Culture Committee in due course.

6. Review of the Corporate Risk Register

Committee received an update from the Chief Nursing Officer on the good progress made, with specific focus on the efficacy of the Trust's risk management arrangements and their alignment with the Board Assurance Framework.

7. Tender waivers, Debt write off, debtors and creditors

Committee reviewed and scrutinised waivers, debtors and creditors and approved debt write offs.

8. Committee Effectiveness Reviews

Committee received a presentation from Dame Julie to review the effectiveness of the Quality Governance and People and Culture Committees.

The Committee also met as an Auditor Panel and received an update in relation to the recent tender.

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

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Report of the Trust Management Executive

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Matthew Hopkins Chief Executive		
Presented by	Matthew Hopkins Chief Executive	Author /s	Rebecca O'Connor, Company Secretary

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

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

Executive summary This report gives a summary of the items discussed at the Trust Management Executives (TME) held in December 2021 and January 2022. Members will see that there is a clear line of sight between the Board, Committees and TME.

Risk

Risk										
Which key red risks does this report address?				What BAF risk does this report address?	All					
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	X
Financial Risk	N/A									

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						

Trust Management Executive Assurance Report – 19th January 2022

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Rebecca O'Connor, Company Secretary

Due to the Omicron wave and level 4 pressures the December TME meeting was CANCELLED. Urgent papers proceeded on the basis of executive approval.

The Trust Management Executive met virtually on 19 January 2022. The following escalations were made to Board outside of usual assurance reporting:

Item	Rationale for escalation	Action required by Trust Board
Contract Award: Medicode 360 Clinical Encoder	For decision	To approve the contract award

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk	Outcome
Three Year Plan and 22/23 Planning	Level 4	Maintained	3, 7, 8, 11,17	Noted. FPC NED update scheduled.
Escalation from Clinical Governance Group: - Infection Prevention & Control	Level 4	Maintained. To be reviewed in one month and reduced to level 3 if no progress	3	Endorsed and escalated to QGC
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Escalated to Committees (FPC, QGC and P&C)
Contract Award Medicode 365 Renewal (& Upgrade)	Level 6	N/A	7	Recommended for approval to FPC and Trust Board
Estates Policies	Not reported	N/A	8	Approved
Positive Action	Level 4	N/A	9, 10, 11, 14, 15, 17	Endorsed and escalated to P&C
Escalation from Risk Management Group	Level 5	Maintained.	All	Endorsed and escalated to QGC

All other assurance reports within the Reading Room, were approved to proceed to Committee on the basis of executive approval. These are listed overleaf:

Trust Management Executive Assurance Report – 19th January 2022

The following assurance items were received via the Reading Room. These proceeded on the basis of executive approval:

Item	Level of Assurance	Change	BAF Risk	Outcome
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Escalated to QGC
Finance Report: Income and Expenditure	Level 4	Maintained	7 and 8	Escalated to FPC
Finance Report: Capital	Level 4	Maintained	7 and 8	Escalated to FPC
Finance Report: Cash	Level 6	Maintained	7 and 8	Escalated to FPC
Value for Money Recommendations	Level 3	-	7	Escalated to FPC
Midwifery Staffing	Level 4	Reduced due to increasing sickness, increasing turnover rate and increased Covid related absence	9	Escalated to P&C
Nurse Staffing	Level 5	Maintained	9	Executive approval to escalate to P&C
Integrated People & Culture Report	Level 5	Maintained.	9, 10, 11, 14, 15, 17	Executive approval to escalate to P&C
Gender Pay Gap Submission	N/A	N/A – a data return amendment	9, 10, 11, 14, 15, 17	Escalated to P&C
Covid Command Structure	N/A	N/A – phase update	All	Noted
Governance Task and Finish Group	Level 4	N/A – not previously reported	All	Noted