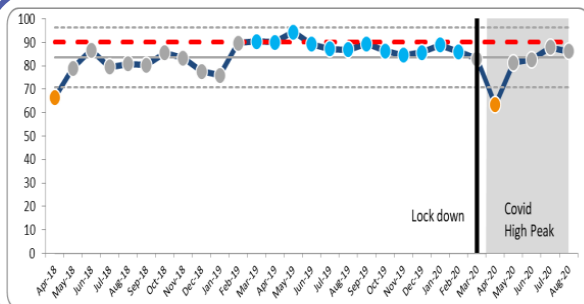


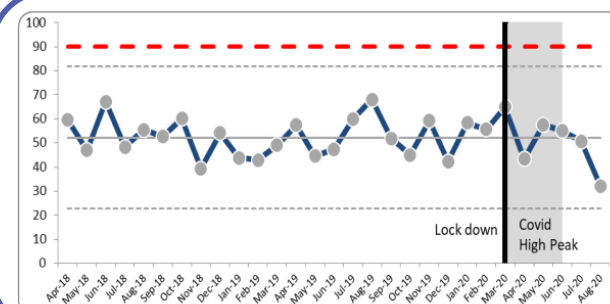
Sepsis  
Screening  
Compliance (audit)

86.08



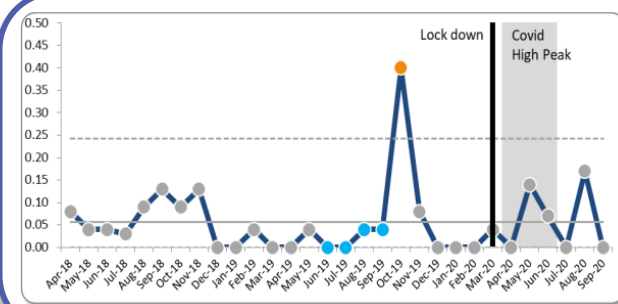
Sepsis 6  
Bundle  
Compliance (audit)

32.14



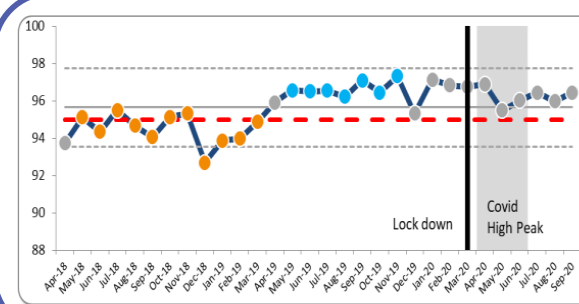
Falls per  
1,000 bed  
days causing  
harm

0



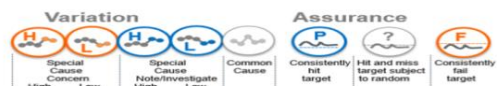
VTE  
Assessment  
Compliance (%)

96.47



No improvement statements have been provided this month

No improvement statements have been provided this month



Key

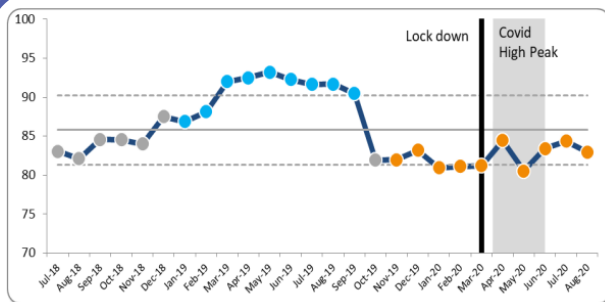
- Internal target

## 2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
82.99% - Aug 2020 (84.38% - Jul 2020)	59.25% (59.88%)	96.42% (96.41%)	71.76% (71.98%)
<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 12 months.</li> </ul> <p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>To safely reduce the burden of routine filing of results all inpatient blood sciences results are being batch filed up to the 1 August 2020 – it has to be ensured that when batch filed they are also recorded as being viewed in the same way auto-filing is now being managed.</li> <li>During September it was identified that the reports on ICE that have been auto-filed have not been automatically marked as viewed. This process has been amended.</li> </ul>		<p><b>What will we be doing?</b></p> <ul style="list-style-type: none"> <li>Performance will be monitored during October to identify whether the batch filing, and the change in auto-filing has had an impact, or whether there are still underlying process issues.</li> <li>Divisional Directors are identifying colleagues in their division who are not performing and managing this – dependent on accurate data to guide them</li> </ul>	
<b>Assurance level: Level 2</b>		<b>When expected to move to next level of assurance: We expect to move to level 3 in December with micro-management of the Divisions performance</b>	
<b>Previous assurance level: No previous assurance level</b>		<b>SRO: Mike Hallissey</b>	

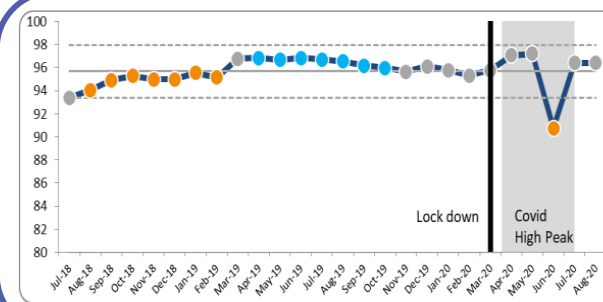
ICE reports  
viewed  
radiology  
(%)

82.99



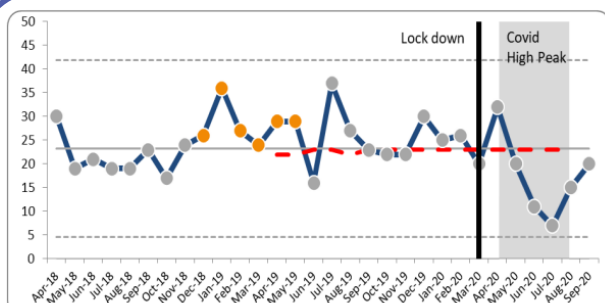
ICE reports  
viewed  
pathology  
(%)

96.42



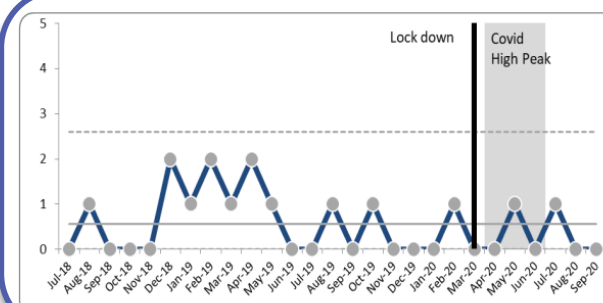
All Hospital  
Acquired  
Pressure  
Ulcers

20



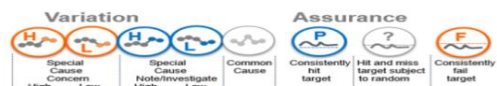
Serious  
Incident  
Pressure  
Ulcers

0



No improvement statements have been provided this month

No improvement statements have been provided this month



Key

- Internal target

## 2.2 Care that is effective - Bluespier Queues

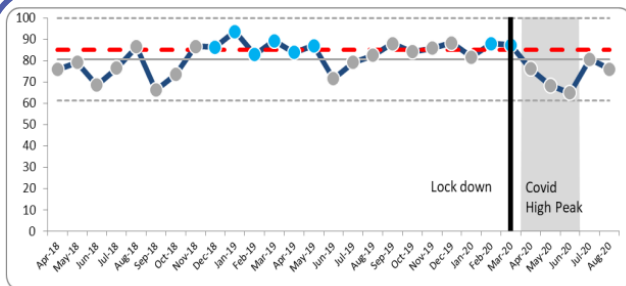
<=10 Days	11-21 Days	22-31 Days	32-40 Days	41-60 Days	>60 Days	TOTAL
4513 (Sep 2020)	749	268	122	377	1166	7195
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The dip in the % of documents in queue&lt;=10 Days (Green) in August (45.14%) has not continued, but improved to 62.72%.</li> <li>14.13% of documents had been in queue 11-31 Days (Amber), a decrease since August (32.21%).</li> <li>The proportion of documents in the queue &gt;= 32 Days (Red) increased slightly to 23.14% (22.65% in August)</li> <li>Since January 2020 the proportion of documents in queue&lt;=10 Days (Green) has been above 60% for 7 of the 9 months, with a peak of 66.82% (Jan) and trough of 45.14% (Aug)</li> </ul> <b>What have we been doing?</b> <ul style="list-style-type: none"> <li>The dip in performance &lt; 10 days in August and increase in the numbers &gt; 11 to 31 days is a reflection of annual leave being taken during the month.</li> <li>September has recovered to the previous pre and during COVID performance, however still requires improvement as it falls well short of the standard required.</li> </ul>			<b>What will we be doing?</b> <ul style="list-style-type: none"> <li>Focus on the letters waiting over 31 days to understand why this has not changed and address either time to type or time to check and sign. Identify teams and individuals to support and performance manage.</li> <li>Voice recognition being explored within Digital Innovation Work-stream of the Digital Programme and working with the STP on the patient portal (longer term solutions).</li> </ul>			
<b>Assurance level – 3</b>			<b>When expected to move to next level of assurance: We expect to move to level 4 in December with micro-management of the Divisions performance</b>			
<b>Previous assurance level: No previous assurance level</b>			<b>SRO: Mike Hallissey</b>			

## 2.2 Care that is effective - Fractured Neck of Femur

Time to Theatre <= 36 Hours	Time to Theatre <= 36 Hours Excluding Unfit Patients
75.95% (Aug 2020) (80.65% - Jul 2020)	86.96% (Aug 2020) 94.34% (Jul 2020)
<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>The fractured neck of femur target of 85% has not been achieved since Jan 2019.</li> <li>Performance has not yet returned to Pre-Pandemic levels (87.30% in March).</li> <li>Performance has been over 80% for 9 of the last 12 months, peaking in Dec 2019 (88.24%) with a trough in Jun 2020 (64.79%).</li> </ul> <p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>During lockdown the Team had mostly sole use of the CEPOD list on the Alex site as well as their daily Trauma list, post lockdown while they can still access CEPOD this is primarily taken up with general surgery or Urology patients.</li> <li>There have been issues with the turnaround time for Covid swabs, particularly for those admitted out of hours as the last transport to WRH is 6pm.</li> <li>Cases have at times been delayed on lists whilst awaiting COVID swab results or need for recovery in theatre which has an impact on productivity.</li> <li>Figures now (as of 2020) include all femoral fragility fractures (e.g. distal femur). These fractures are not uncommonly more complex and require more subspecialist input.</li> </ul>	<p><b>What will we be doing?</b></p> <ul style="list-style-type: none"> <li>Utilising the private sector lists for ambulatory upper limb trauma to take pressure off the Alex site. (weekly Friday list at Spire from November)</li> <li>Work is being undertaken with Theatres/anaesthetics and ED to put a more streamlined process in place for Covid swabbing out of hours to ensure the swab is back in a timely manner for those patients requiring urgent surgery.</li> </ul>
<b>Assurance level: 4</b>	<b>When expected to move to next level of assurance: Level 5 on completion of the actions above</b>
<b>Previous assurance level: No previous assurance level</b>	<b>SRO: Mike Hallissey</b>

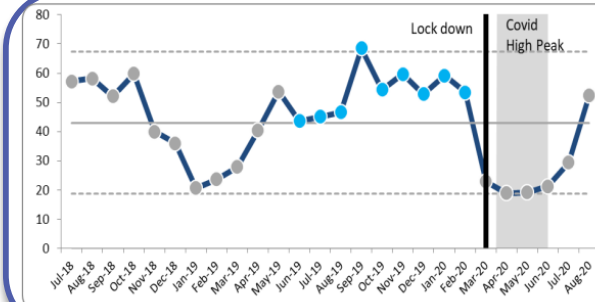
#NOF time to theatre  
≤36 hours  
(%)

75.95



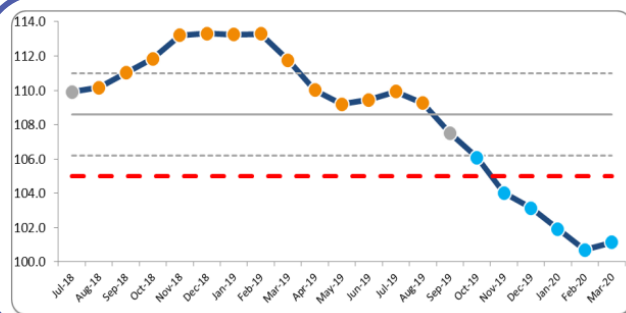
Mortality Reviews completed  
≤30 days

52.46



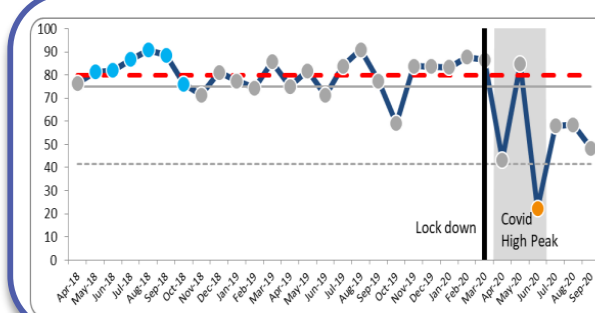
HSMR 12 month rolling average  
March - 20

101.15



Complaints Responses  
≤25 days  
(%)

43.39



No improvement statements have been provided this month

No improvement statements have been provided this month



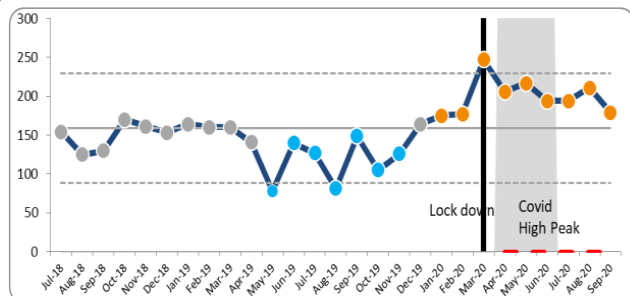
Key

- Internal target

No improvement statements have been provided this month

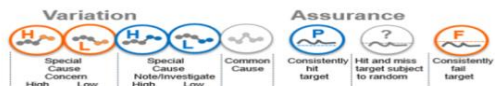
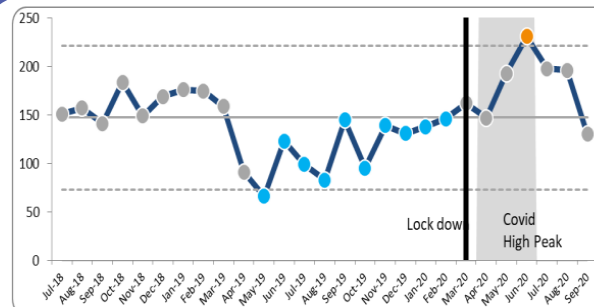
Risks with  
overdue  
actions

179



Risks  
overdue  
review

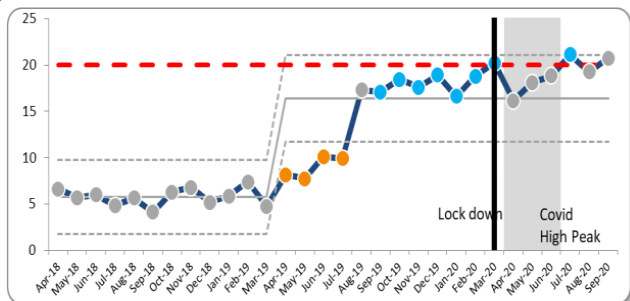
130



No improvement statements have been provided this month

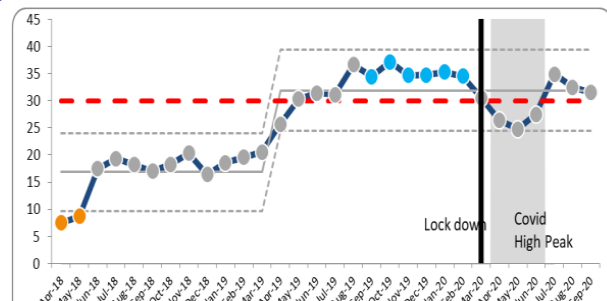
Accident & Emergency Response Rate Friends & Family Test (%)

20.77



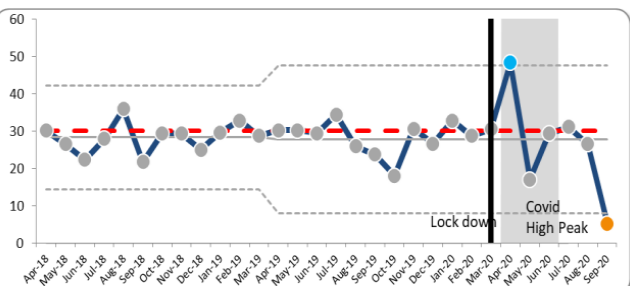
Inpatient Response Rate Friends & Family Test (%)

31.52



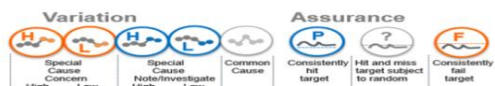
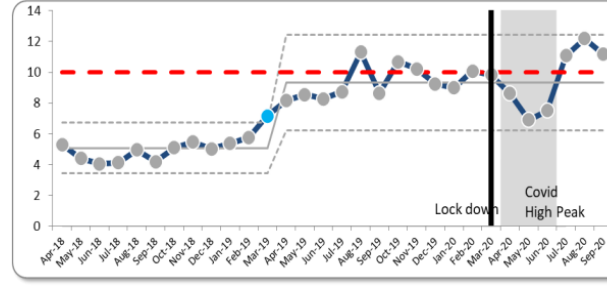
Maternity Response Rate Friends & Family Test (%)

5.23



Outpatients Response Rate Friends & Family Test (%)

11.17



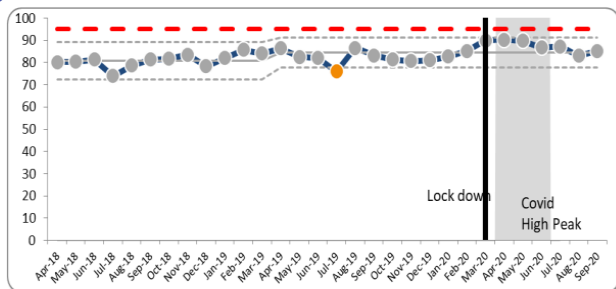
## Key

- Internal target

No improvement statements have been provided this month

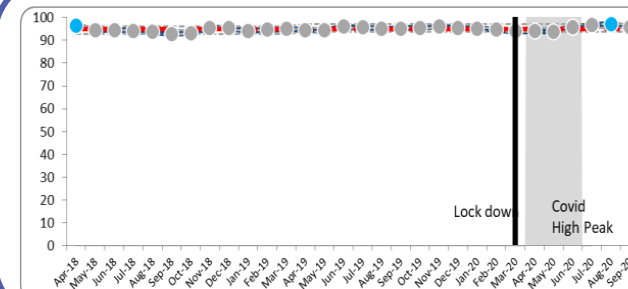
Accident & Emergency  
Recommended Rate  
Friends &  
Family  
Test (%)

85.28



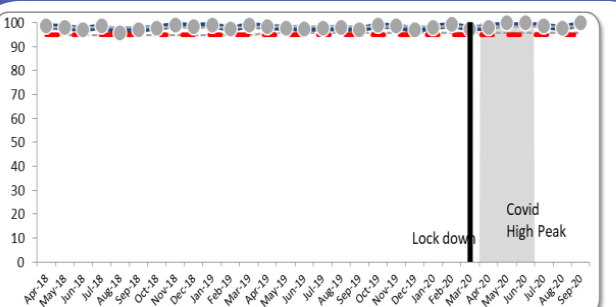
Inpatient  
Recommended Rate  
Friends &  
Family  
Test (%)

95.61



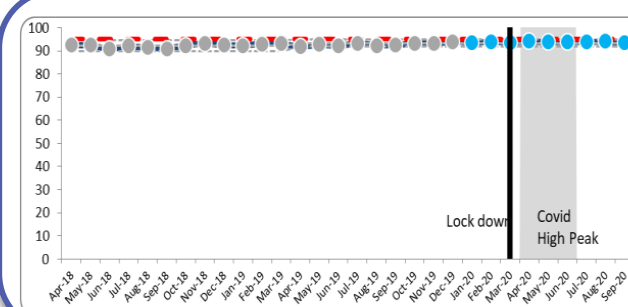
Maternity  
Recommended Rate  
Friends &  
Family  
Test (%)

100



Outpatients  
Recommended Rate  
Friends &  
Family  
Test (%)

93.42



## Key

- Internal target

# Workforce

# People and Culture Performance Report - Headlines

People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<ul style="list-style-type: none"> <li>Compliance is lower than the same period last year due to the impact of COVID-19.</li> <li>Divisions are focusing on improving compliance which is being monitored through the monthly PRM meetings</li> </ul>
Absence due to Stress and Anxiety (S10)	<ul style="list-style-type: none"> <li>We are monitoring the increase in staff reporting sick with stress and anxiety which is around 0.17% higher than last year and sits at 1.38% this month.</li> <li>A review of our staff wellbeing offer is underway and we will be targeted support at staff groups who have higher risk of mental health issues due to COVID-19.</li> </ul>
Vacancy Rate	<ul style="list-style-type: none"> <li>Vacancy rates have continued to improve despite the pandemic.</li> <li>The 8.6% vacancy rate is 1.53% lower than the same period last year due to successful domestic recruitment campaigns, international recruitment and improved retention of staff.</li> </ul>
Monthly Sickness Absence Rate	<ul style="list-style-type: none"> <li>Cumulative sickness is at 4.94%. This is against a peak of 22% in April during wave 1 of COVID-19.</li> <li>Sickness absence is monitored daily through Bronze</li> </ul>
Staff Turnover	<ul style="list-style-type: none"> <li>Staff turnover continues to improve and is 1.16% better than the same period last year</li> </ul>
Premium staffing costs	<ul style="list-style-type: none"> <li>Bank and agency usage has increased this month due to the restoration of services.</li> </ul>

## Workforce Compliance - What does the data tell us?

Appraisal and Medical Appraisal	Consultant Job Planning	Mandatory Training and Core Essential to Role Training	Absence due to Stress and Anxiety (S10)	COVID-19 Risk Assessment Compliance
77% and 68%	61%	88% and 87%	1.38%	93%

### What does the data tell us?

- **Appraisal** – Compliance has improved by 2% this month to 77% and is 6% lower than the same period last year. The Electronic Staff Record system continues to send automated reminders to managers and individual staff 4 months before expiry. The reduction in compliance from March due to the first wave of the pandemic is now showing an improving trajectory.
- **Medical Appraisal** – Medical appraisal has remained at 68%. The drop in performance since March is related to COVID-19. This is showing as a statistical cause for concern on the SPC chart and is below the lower warning limit.
- **Consultant Job Plans** – Job planning activity increased in August and the overall Trust position for Consultants has improved by a further 2% to 61%.
- **Mandatory Training** – Mandatory Training compliance has remained stable at 88% against a 90% target. Information Governance is required to be 95% compliant by the end of September for the IG Toolkit and reminders have been sent to divisions and included on the ESR portal with current performance at 90% for this topic.
- **Essential to Role Training** – MCA and DoLs compliance has remained high since competencies were uploaded into ESR. RePECT has seen a further 4% increase this month in both Awareness and Authorship. The Dementia Competency is the next topic to be uploaded during w/c 12<sup>th</sup> October. All staff in the Trust will be required to complete Dementia e-learning regardless of whether they are patient facing.
- **Absence due to Stress and Anxiety (S10)** – The Trust is monitoring an increase in staff reporting sick with stress and anxiety which is around 0.17% higher than last year and started to increase in June following changes to social distancing/shielding rules. The current absence due to S10 has reduced to 1.38% this month. However, late inputting by managers has retrospectively increased last month's S10 absence rate to 1.61%. A deep dive report into late and incorrect absence inputting by managers will be presented to P&C in November. There is a risk that Staff sick pay will be impacted if absence is not input in a timely manner.
- **COVID-19 Risk Assessment Compliance** – NHSI have required all Trusts to report COVID-19 Risk Assessment compliance with a 95% target by 2<sup>nd</sup> September. The Trust achieved 96% by this date so the target was met. However, compliance has reduced to 93% by the end of September due to starters and leavers.

Assurance Level: 3

When expected to move to next level of assurance: Level 4 in April 2021 given wave 2 and winter pressures preventing staff from completing their mandatory training, appraisals etc.

Previous Assurance Level: No previous assurance level

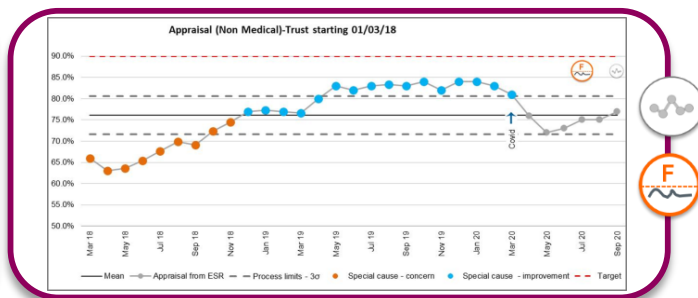
SRO: Tina Ricketts

### National Benchmarking (September 2020)

Model Hospital Benchmark for Mandatory Training compliance is 90%; and a peer group average of 88% so the Trust is not an outlier in this area. Performance is below average compared to our peers for appraisal, medical appraisal and job planning.

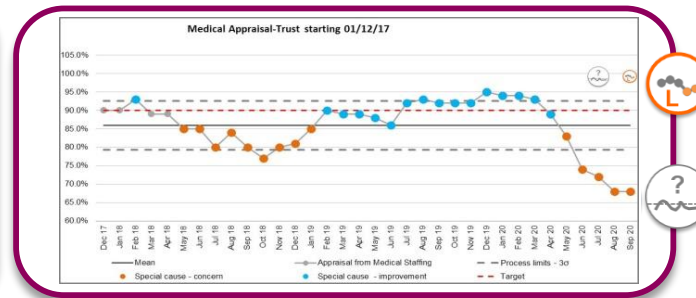
**Appraisal (Non-Medical)**

77%



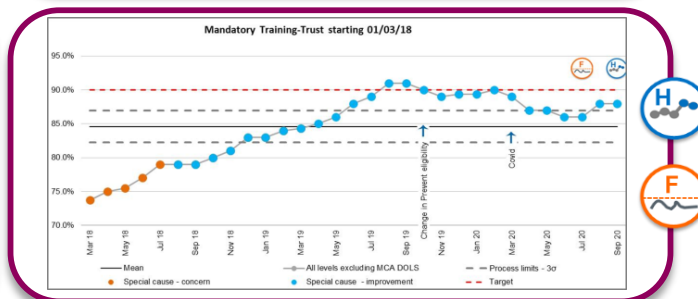
**Medical Appraisal**

68%



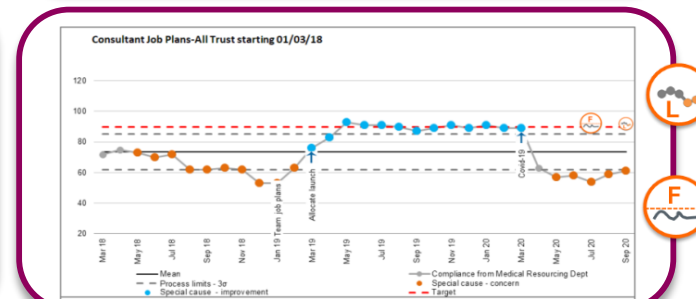
**Mandatory Training**

88%



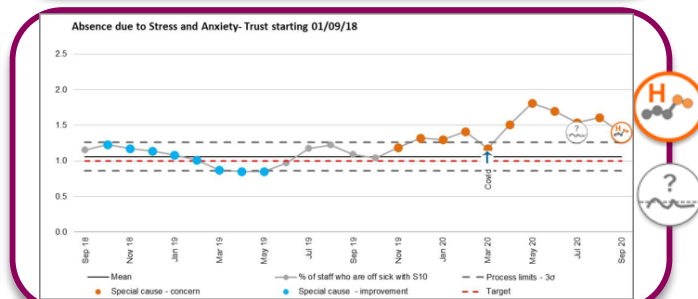
**Consultant Job Plans**

61%



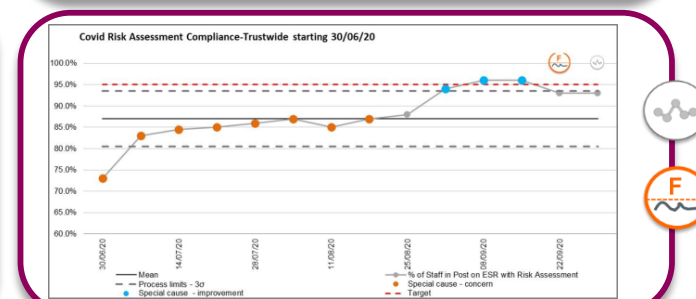
**Absence due to Stress and Anxiety**

1.38%



**COVID-19 Risk Assessment Compliance**

93%



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

## Workforce Performance: - What does the data tell us?

Substantive Vacancy Rate and overall vacancy rate (including bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	Staff Annual Turnover	Total Hours worked (including substantive bank and agency)	Agency and Bank Spend as a % of Gross Cost
5.3% and 8.6%	4.41% and 4.94%	10.39%	6100.91 wte	7.92% and 5.47%

### What does the data tell us?

- **Vacancy Rate** – Vacancy rates have continued to improve despite the pandemic, and the 7% target for substantive vacancies has been met again this month. The 8.6% vacancy rate (which includes all funded bank and agency) is 1.53% lower than the same period last year which is a significant achievement due to successful recruitment campaigns, international recruitment and improved retention of staff. There are 15wte more vacancies than last month which is partly due to a change to our pre-employment process to require managers to submit COVID-19 Risk Assessment at the same time which has impacted on OH turnaround times. This requirement has been suspended to avoid delays in recruitment as there were 35 appointments held up due to missing Risk Assessment.
- **Monthly Sickness Absence Rate** – sickness is broadly the same with only a 0.01% increase this month which is 0.21% higher than the same period last year. Cumulative sickness has increased to 4.94%. However, absence due to S10 (Anxiety and Stress) has improved by 0.23% this month and now represents 28% of all sickness absence compared to 35% last month. The highest proportion of staff absent with S10 are in Women and Children's, Surgery and SCSD Divisions.
- **Staff Turnover** – Staff annual turnover has improved to 10.39% against a new target of 11%. Our turnover rate is 1.16% better than the same period last year.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff in September reduced by 60 wte to 6100 against a funded establishment of 6262.
- **Agency Spend as a % of Gross Cost** – Agency spend increased by 0.42% this month to 7.92% compared to 9.68% at the same period last year
- **Bank Spend as a % of Gross Cost** – bank spend increased this month by 0.47% to 5.47% against Trust target of 7%. The Trust continues to work with NHSP to improve the bank fill rate to replace agency cost.

### Assurance Level: 4

When expected to move to next level of assurance: Level 5 in March 2021 given the increase in sickness absence due to COVID and the requirement for additional bank and agency staff over the next 6 months

Previous Assurance Level: No previous assurance level

SRO: Tina Ricketts

### National Benchmarking (July 2020)

The Trust is in Quartile 3 for sickness on Model Hospital with 4.36% in July compared to 3.93% national average. The latest ONS vacancy rate for the NHS is 8.1% which means that the Trust is not an outlier. Monthly turnover has deteriorated on Model Hospital to 2.39% (Quartile 4) as at July but our monthly turnover this month is good at 0.77%

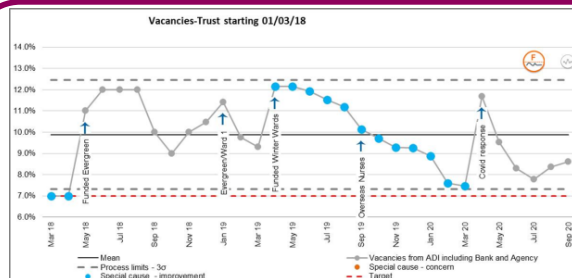
# Month 6 [September] 2020-21 Workforce Performance

Responsible Director: Director of People and Culture | Validated for September -20 as 15<sup>th</sup> October 2020



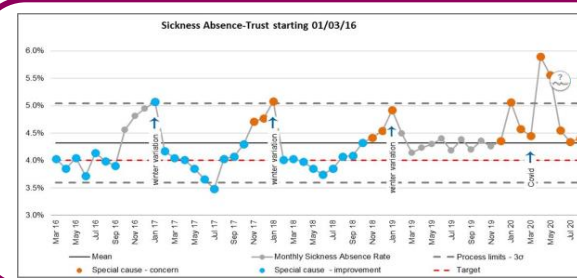
Vacancy Rate

8.6%



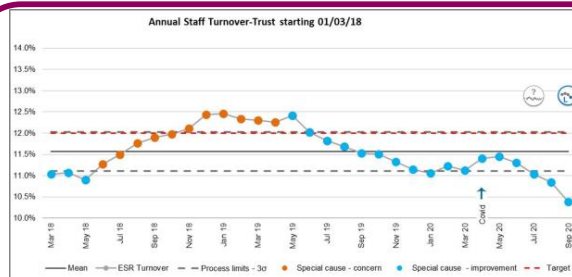
Monthly Sickness Absence

4.41%



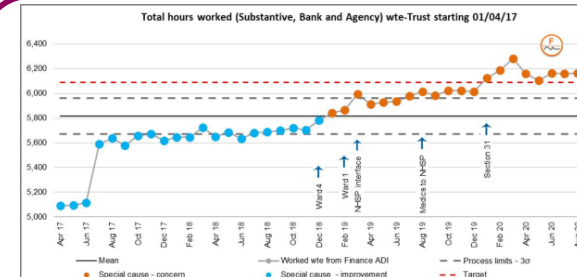
Staff Turnover

10.39%



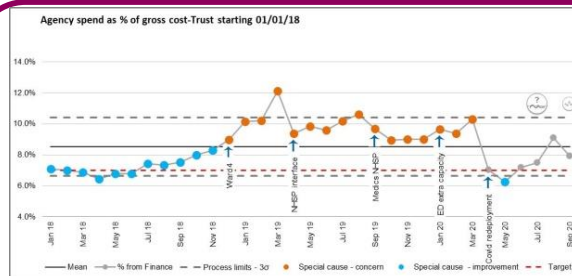
Total Hours worked

6100 wte



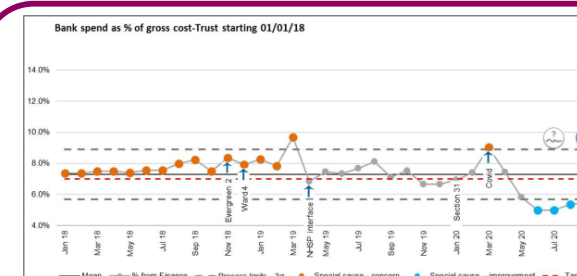
Agency Spend as a % of gross cost

7.92%



Bank Spend as a % of gross cost

5.47%



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
		88%	

## 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?

#### Included below are business as usual updates.

- Appraisal rates have improved by 2%
- Vacancy rates remain better than last year, are on an improving trajectory and target has been met for substantive vacancies
- Turnover has improved again and met the new stretch target of 11%
- Sickness absence rate is below the pre-COVID HEE average of 5%
- There has been an increase in both bank and agency % of gross cost
- Mandatory Training compliance has stabilised

### What improvements will we make?

- Recruitment to e-rostering vacancies to enable rollout of employee on line and manager access for AHP's and other staff groups
- Rollout of Dementia competency scheduled for w/c 12 October as part of the Essential to Role topics on OLM/ESR
- Further embed the Allocate e-job plan system to drive up compliance
- Continue to work with NHS Professionals to increase the bank so that we can avoid agency spend wherever possible
- Deep dive to be undertaken into Sickness Absence reporting by Managers/staff due to concerns that there is under-reporting in some areas, late reporting and incorrect categorisation of absence.

Assurance Level: 4

When expected to move to next level of assurance: Mar-21 in line with workforce compliance and performance assurance levels

Previous Assurance Level: 4 (Aug-20)

SRO: Tina Ricketts

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# Finance

## COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework was established for the period of 1 April to 31 September 2020. PbR national tariff payment architecture and associated administrative/ transactional process are suspended and throughout this period NHS Trusts are reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency is administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts are expected to report a break-even position. This is the final month of reporting against this interim arrangement.

## 2020/21 Internal Plan £(78.9)m

The 2020/21 pre-covid 19 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which under PbR are offset by growth in income). The Trust Board agreed to set a deficit forecast of £(£78.9)m including £14.5m of improvement from productivity and efficiency schemes.

### Month 6 – September Position

Income & Expenditure	September 20 (Month 6)				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	36,643	37,752	35,680	(963)	(2,072)
Pay	(25,843)	(26,385)	(26,190)	(347)	195
Non Pay	(14,819)	(15,457)	(15,293)	(474)	163
Financing Costs	(2,727)	(2,567)	(2,380)	347	187
Other	0	0	6	6	6
Surplus / (Deficit)	(6,746)	(6,657)	(8,177)	(1,431)	(1,521)
Income - TOP UP	6,746	0	8,177	1,431	8,177
Adjusted Surplus / (Deficit)	0	(6,657)	(0)	(0)	6,656

*Sub Table - Financial Position Excluding pre COVID-19*

Surplus / Deficit BEFORE TOPUP	(6,746)	(6,657)	(8,177)	(1,431)	(1,521)
COVID-19 Incremental Expenditure Included Above		945	945	945	945
Surplus / Deficit EXCLUDING COVID-19	(6,746)	(6,657)	(7,232)	(486)	(576)

## Delivery of the Internal Financial Plan £(78.9)m

Against the internal **£(78.9)m** operational plan (Budget), the month 6 (September 2020) actual deficit was **£(8.2)m** resulting in a **£1.5m adverse variance**. As a result of the interim COVID-19 framework, income is matched to cost resulting in a breakeven position. The combined pay and non pay **expenditure favourable variance of £0.4m** against our internal budget, despite incurring **£0.9m** of incremental COVID-19 costs, are largely as a result of paused / reduced levels of clinical service provision and vacancies. The combined income position was **£6.1m** favourable to budget in month recognising the interim funding regime and the expectation for all NHS Trusts to report a break even position. The Trusts Income & Expenditure position prior to adjustment to achieve breakeven (made up of Commissioner blocks + Top Up payments + Other Income - Expenditure) **was £1.4m worse** than the Financial Framework assumptions driven by increased non-pay costs.

YTD, and at the close of the interim framework we are reporting a deficit of **£(37.6)m** - prior to accounting for the 'top up payment'. This position is **£2.9m** better than the Financial Framework assumptions.

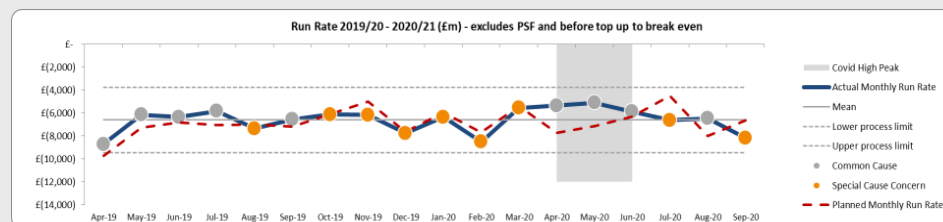
Receipt of the top up payment of **£37.6m** results in a breakeven position, aligned to the Framework arrangement in that all NHS Trusts are expected to report a break even position.

### YTD Month 6 – September Position

Income & Expenditure	Year to Date				
	NHSI Framework £000s	Budget £000s	Actual £000s	Variance to NHSI £000s	Variance to Budget £000s
Income (Excluding top up)	219,857	226,481	216,003	(3,854)	(10,478)
Pay	(155,058)	(159,214)	(156,076)	(1,018)	3,138
Non Pay	(88,916)	(92,177)	(83,165)	5,751	9,012
Financing Costs	(16,362)	(15,400)	(14,367)	1,995	1,033
Other	0	0	36	36	36
Surplus / (Deficit)	(40,479)	(40,310)	(37,569)	2,910	2,741
Income - TOP UP	40,479	0	37,569	(2,910)	37,569
Adjusted Surplus / (Deficit)	0	(40,310)	(0)	(0)	40,310

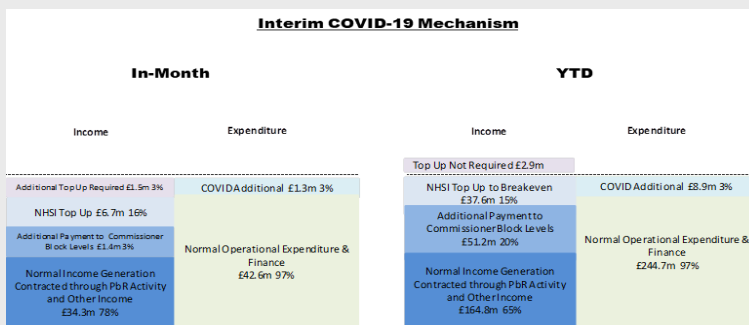
*Sub Table - Financial Position Excluding pre COVID-19*

Surplus / Deficit BEFORE TOPUP	(40,479)	(40,310)	(37,569)	2,910	2,741
COVID-19 Incremental Expenditure Included Above		8,533	8,533	8,533	8,533
Surplus / Deficit EXCLUDING COVID-19	(40,479)	(40,310)	(29,037)	11,442	11,273



## Income

The Combined Income (including PbR pass-through drugs & devices, Other Operating Income and the NHSI Top up payment for COVID) was **£6.1m** above the Trust's Internal operational plan in September (deficit of £(78.9)m 2020/21).



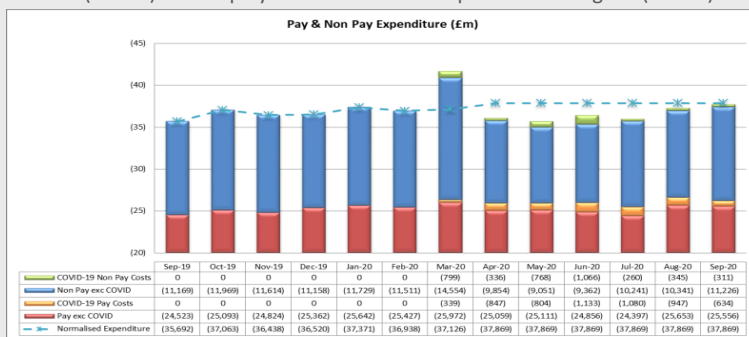
Patient Care Income measured under normal PbR was **£3.6m below financial plan in month** (excluding pass-through drugs & devices and other adjustments for block payments). **Commissioners have paid block amounts as directed by NHSI** which result in an additional £1.4m over the Trust's actual performance in September (the difference was £6.6m in August) - £3.1m due to restatement (following guidance) of YTD Independent Sector work.

After taking costs into consideration an additional £1.5m was required (above the monthly £6.7m payment) to achieve a breakeven position in September.

The Elective Incentive Scheme is applicable from September 2020 - where activity is below nationally set trajectories a proportion of funding may be withheld. The current guidance requires Trusts not to adjust the month 6 financial position. It is estimated that the Trust activity levels would have resulted in a c.£0.6m penalty this month, if applied.

## Expenditure

Combined pay and non-pay costs (excluding pass-through drugs & devices) remain favourable against budget despite the inclusion of **£0.9m of incremental costs in response to COVID-19**. In September our **pay** costs were lower than our budget which in addition to our vacancy position and closed capacity is reflective of a decrease in incremental COVID-19 pay costs and a reduction in temporary staffing. Substantive workforce costs decreased by £0.1m to £22.7m in September. This is largely due to an offset between increased pay costs for Medical Pay Awards and additional Clinical Sessions for COVID (£0.3m), reductions in pay costs for Student Nurses who have left the Trust (£0.2m), clawback of payments in lieu of annual leave for Junior Medics (£0.1m) and Employment Tribunal Costs provided in August. (£0.1m).



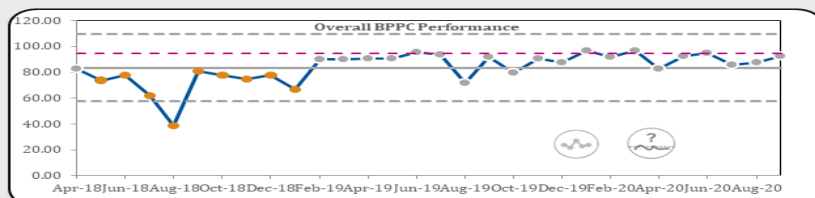
Temporary staffing costs have decreased to £3.5m in September with £0.3m of the in month cost having been classified as 'COVID-19' through our booking systems. Decrease in spend on Agency (£0.3m) is largely driven by COVID Medics. Note – months 4, 5 & 6 temporary medical costs have been estimated based on month 3 due to the unavailability of workforce reports following the implementation of the new locum booking platforms.

Our operating cost base is returning to normalised levels, particularly within non pay as our as our bed occupancy increases and services re-start. Non PbR drugs increases are being investigated further with Pharmacy to assess whether this is a true reflection of prescribing regimes or a lag in capturing homecare provider drug costs. In September our 'NON COVID' baseline shows a reduction of c.£1m when compared to normalised expenditure levels as a result of the remaining closed beds continuing to reduce our reliance on temporary staffing and reduced levels of clinical activity reducing demand for clinical supplies and drugs.

**Non pay** expenditure overall has increased by £1.6m from £16.0m in August to £17.6m in September made up of an increase in Non PbR Drugs and Devices (£0.7m) within Infectious Diseases and Oncology, increased revenue costs for the Discharge Lounge and COVID Swab Pod (£0.2m), a normalisation of the calculation in PDC Dividend (£0.2m) following corrections in M4 and M5, Digital Care Record (£0.2) and increases in clinical supplies and services relating to increase Cardiology and T&O activity (£0.1).

## Cash Balance

Under the interim COVID-19 financial arrangements, sufficient cash is being received each month to meet obligations and additional cash requests are considered unnecessary at this stage. At the end of September the cash balance was £62.8m due to timing of receipts (April to October payments received to date and £7.7m revenue support (PDC) received in April 2020).

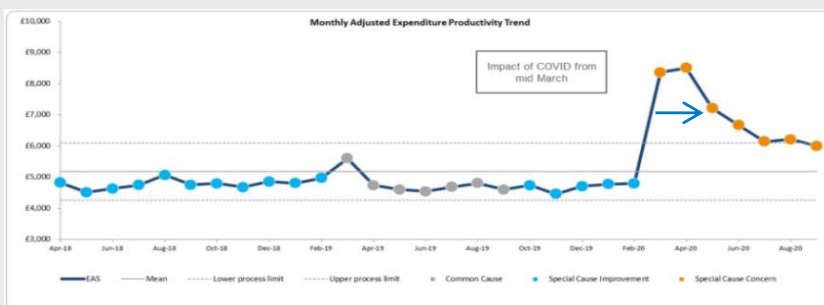


The Trust received £324.4m PDC funding in September 2020 in accordance with the National reforms to the cash and capital regimes for 2020/21, which was used to repay all DHSC interim loans this month. **These transactions are reflected in the month 6 reports.**

## Productivity & Efficiency

Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating between 1st April to 30th September, our internal operational plan is inclusive of £14.5m of plans, and as such we will continue to assess current performance and assess impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working.

Notwithstanding all of the focus being on COVID-19, the Productivity and Efficiency Programme has delivered £4.3m of actuals at Month 6 against an Annual Plan figure of £5.7m. The key over-performing schemes are: Evergreen Closure: over-performing by £459k YTD; Energy Rate Decrease: over-performing by £401k YTD; and International Nursing over-performing by £66k YTD.



### Adjusted Expenditure Productivity Trend:

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

The improvement trend that we saw in months 1-4 declined slightly in August, which was consistent with the typical activity trend for August. It has improved in September, reflecting the increased activity delivered. As activity levels recover, and where use of premium cost can be minimised, this metric is expected to further improve.

## Capital

Year to date Capital expenditure at September (Month 6) totals £4.4m, the majority of which is relating to the ASR Aconbury East Scheme, COVID-19 equipment purchases and schemes approved in 2019/20 that couldn't be concluded due to COVID-19.

The 2020/21 capital plan at Month 6 is £38.8m, with £22m of this falling within the STP envelope. The plan now includes £3m from the extra £5m of STP capital funding to address Critical Infrastructure Risk, as well as £1.3m for the National Diagnostics Replacement programme.

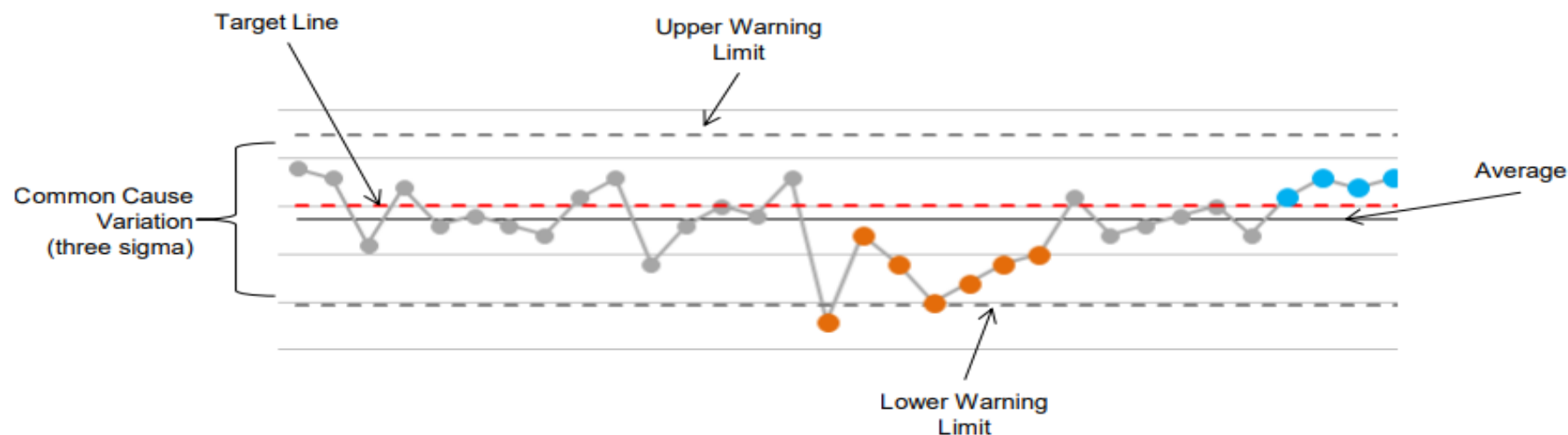
# Appendices

# Operational Performance Table | Month 6 [September] 2020-21

Performance Metrics		Operational Standard	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
EAS	4 Hours (all)	95%	Actual 77.68% ✗	76.49% ✗	74.47% ✗	70.17% ✗	74.23% ✗	76.15% ✗	77.90% ✗	88.92%	91.33%	88.73%	92.60%	88.05%	83.15%
			Trajectory 86.21%	86.24%	86.00%	86.00%	86.00%	86.00%	86.00%						
	15-30 minute Amb. Delays	-	Actual 1,624 ✗	1,940 ✗	1,826 ✗	1,946 ✗	1735 ✗	1788 ✗	1992 ✗	1,443	1,148	1,119	818	933	979
			Trajectory 831	673	655	704	706	642	470						
	30-60 minute Amb. Delays	-	Actual 578 ✗	705 ✗	813 ✗	1,004 ✗	647 ✗	458 ✗	413 ✓	145	82	150	97	172	188
RTT			Trajectory 416	292	284	376	377	428	470						
	60+ minutes Amb. Delays	0	Actual 264 ✗	228 ✓	528 ✗	797 ✗	566 ✗	239 ✗	88 ✗	2	3	25	13	28	67
			Trajectory 208	269	262	329	330	107	0						
	Incomplete (<18 wks)	92%	Actual 81.75% ✗	81.88% ✗	81.94% ✗	82.72% ✓	82.56% ✗	82.66% ✗	78.75% ✗	69.92%	59.89%	49.95%	42.70%	47.84%	53.03%
			Trajectory 86.01%	86.25%	85.81%	82.59%	83.06%	82.95%	82.43%						
CANCER	52+ WW	0	Actual 0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	7	52	179	483	873	1403
			Trajectory 0	0	0	0	0	0	0						
	2WW All	93%	Actual 82.76% ✗	82.03% ✗	90.30% ✗	91.99% ✗	87.53% ✗	93.44% ✗	93.83% ✓	90.46%	94.67%	88.15%	88.97%	81.00%	85.70%
			Trajectory 93.83%	93.96%	93.37%	95.58%	93.34%	94.05%	93.10%						
	2WW Breast Symptomatic	93%	Actual 15.52% ✗	24.06% ✗	71.96% ✗	95.92% ✗	88.82% ✗	92.25% ✗	83.94% ✗	100.00%	100.00%	70.42%	91.95%	78.65%	82.95%
			Trajectory 94.20%	97.81%	93.02%	97.04%	91.72%	96.00%	84.80%						
	62 Day All	85%	Actual 65.86% ✗	66.37% ✗	66.87% ✗	73.25% ✗	66.50% ✗	67.75% ✗	75.82% ✗	60.81%	65.08%	71.85%	75.33%	69.42%	69.21%
			Trajectory 86.04%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%						
	104 day waits	0	Actual 32 ✗	59 ✗	64 ✗	71 ✗	50 ✗	58 ✗	68 ✗	50	71	186	189	118	52
			Trajectory 0	0	0	0	0	0	0						
	31 Day First Treatment	96%	Actual 98.10% ✓	98.09% ✓	98.13% ✓	96.81% ✗	92.48% ✗	96.90% ✗	97.65% ✓	97.67%	92.82%	95.43%	97.19%	97.05%	98.15%
			Trajectory 97.35%	96.73%	96.99%	98.30%	94.07%	98.91%	97.22%						
	31 Day Surgery	94%	Actual 88.0% ✗	76.0% ✗	85.3% ✗	76.2% ✗	59.3% ✗	63.3% ✗	90.9% ✗	97.20%	81.50%	82.60%	73.90%	83.30%	64.30%
			Trajectory 95.00%	100.00%	100.00%	100.00%	92.68%	93.33%	95.83%						
	31 Day Drugs	98%	Actual 90.9% ✗	100.0% ✓	97.6% ✗	96.8% ✗	90.9% ✗	100.0% ✓	97.8% ✗	100%	98%	99%	100%	95%	100%
			Trajectory 100%	100%	100%	100%	100%	100%	100%						
STROKE	31 Day Radiotherapy	94%	Actual 100.0% ✓	100.0% ✓	100.0% ✓	98.8% ✗	98.0% ✗	98.9% ✗	100.0% ✓	96.40%	97%	96%	99%	100%	100%
			Trajectory 100%	100%	100%	100%	100%	100%	100%						
	62 Day Screening	90%	Actual 82.5% ✓	85.7% ✓	72.2% ✗	80.0% ✗	73.5% ✓	72.2% ✗	73.9% ✗	70.60%	88.20%	0.00%	14.30%	0.00%	66.70%
			Trajectory 73.21%	65.38%	78.26%	93.55%	63.41%	86.96%	81.25%						
	62 Day Upgrade	-	Actual 46.7% ✗	76.9% ✓	80.0% ✓	73.1% ✓	85.7% ✓	85.3% ✓	92.4% ✓	95.40%	89.50%	92.00%	86.60%	81.10%	92.10%
			Trajectory 90.91%	60.00%	75.00%	55.00%	62.50%	84.21%	65.38%						
	Diagnostics (DM01 only)	99%	Actual 94.21% ✓	95.96% ✓	95.78% ✓	94.94% ✓	95.28% ✓	97.64% ✓	94.29% ✗	33.37%	27.52%	31.85%	34.56%	37.20%	42.89%
			Trajectory 88.25%	91.28%	91.91%	89.77%	94.99%	96.71%	99.03%						
	CT Scan within 60 minutes	-	Actual 54.70% ✗	54.88% ✗	56.72% ✗	48.05% ✗	41.27% ✗	46.97% ✗	59.38% ✗	52.83%	50.77%	48.75%	61.18%	42.50%	-
			Trajectory 80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%						
STROKE	Seen in TIA clinic within 24hrs	-	Actual 71.60% ✓	61.61% ✗	67.92% ✗	63.10% ✗	50.51% ✗	53.40% ✗	86.84% ✓	91.94%	94.52%	92.31%	89.36%	87.72%	-
			Trajectory 70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%						
	Direct Admission	-	Actual 60.70% ✗	47.56% ✗	41.79% ✗	31.17% ✗	38.87% ✗	36.36% ✗	56.25% ✗	46.15%	65.08%	63.29%	65.48%	51.25%	-
			Trajectory 90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%						
STROKE	90% time on a Stroke Ward	-	Actual 80.00% ✗	77.50% ✗	79.10% ✗	71.05% ✗	63.49% ✗	76.92% ✓	75.00% ✗	71.15%	81.54%	79.75%	85.54%	76.92%	-
			Trajectory 80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%						

# Quality & Safety Performance Table Month 6 [September] 2020-21

Performance Metrics			Sep-19		Oct-19		Nov-19		Dec-19		Jan-20		Feb-20		Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20	
Cdiff	0	Actual	7	✗	7	✗	3	✓	4	✓	6	✗	6	✗	5	✗	3	✓	2	✓	3	✓	6	✗	5	✗	6	✗
		Trajectory	4		4		5		4		5		4		4		5		5		4		4		4		4	
Ecoli	0	Actual	5	✓	4	✓	7	✗	4	✓	4	✓	4	✓	2	✗	2	✓	3	✓	3	✓	1	✓	4	✓	2	✓
		Trajectory	5		5		5		5		5		5		5		4		4		4		4		4		4	
MSSA	0	Actual	0	✓	2	✗	1	✓	2	✗	3	✗	1	✗	2	✗	0	✓	1	✓	1	✗	5	✗	2	✗	4	✗
		Trajectory	1		0		1		1		1		0		0		3		3		0		0		0		0	
MRSA		Actual	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓	0	✓	0	✓	0	✓
		Trajectory	0		0		0		0		0		0		0		0		0		0		0		0		0	
Hospital Acquired Pressure Ulcers: Serious Incidents	0	Actual	0	-	1	-	0	-	0	-	0	-	1	-	0	-	0	-	1	-	0	-	1	-	0	-	0	-
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
Falls per 1,000 bed days causing harm	0	Actual	0.04	✓	0.04	✓	0.08	✗	0.04	✓	0.00	✓	0.04	✓	0.08	✗	0.00		0.14		0.07		0.00		0.17		0.00	
		Trajectory	0.04		0.04		0.04		0.04		0.04		0.04		0.04		-		-		-		-		-		-	
% medicine incidents causing harm	0%	Actual	15.34%	✗	12.50%	✗	10.78%	✓	9.02%	✓	11.41%	✓	10.67%	✓	8.24%	✓	6.45%		5.71%		2.65%		1.16%		4.55%		0.00%	
		Trajectory	11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		-		-		-		-		-		-	
Hand Hygiene Audit Participation	100%	Actual	91.07%	✗	96.43%	✗	98.21%	✗	91.96%	✗	100.00%	✓	99.11%	✗	78.76%	✗	95.65%		89.25%		93.88%		91.18%		86.24%		89.09%	
		Trajectory	100%		100%		100%		100%		100%		100%		100%		-		-		-		-		-		-	
Hand Hygiene Compliance to practice	97%	Actual	97.98%	✓	98.28%	✓	98.35%	✓	98.84%	✓	98.90%	✓	98.64%	✓	99.35%	✓	99.17%		99.38%		99.73%		99.28%		99.49%		99.53%	
		Trajectory	97%		97%		97%		97%		97%		97%		97%		-		-		-		-		-		-	
VTE Assessment Rate	95%	Actual	97.10%	✓	96.45%	✓	97.33%	✓	95.32%	✓	97.14%	✓	96.83%	✓	96.76%	✓	96.91%		95.49%		96.03%		96.45%		95.99%		96.47%	
		Trajectory	95%		95%		95%		95%		95%		95%		95%		-		-		-		-		-		95%	
Sepsis Screening compliance	90%	Actual	89.30%	✗	86.35%	✗	84.51%	✗	85.64%	✗	88.89%	✗	86.03%	✗	82.99%	✗	63.25%		81.30%		82.59%		87.86%		86.08%		-	
		Trajectory	90%		90%		90%		90%		90%		90%		90%		-		-		-		-		-		95%	
Sepsis 6 bundle compliance	100%	Actual	51.96%	✗	45.00%	✗	59.26%	✗	42.31%	✗	58.33%	✗	55.74%	✗	64.94%	✗	43.37%		57.58%		55.07%		50.70%		32.14%		-	
		Trajectory	90%		90%		90%		90%		90%		90%		90%		-		-		-		-		-		95%	
#NOF time to theatre <=36 hrs	95%	Actual	88.00%	✓	84.21%	✗	85.71%	✓	88.27%	✓	81.67%	✗	87.93%	✓	87.30%		76.10%		68.42%		64.79%		80.65%		75.95%		-	
		Trajectory	85%		85%		85%		85%		85%		85%		85%		-		-		-		-		-		85%	
Mortality Reviews completed <=30 days	100%	Actual	68.57%	-	54.31%	-	59.74%	-	52.91%	-	59.24%	-	53.53%	-	22.94%	-	18.95%		19.25%		21.32%		52.46%		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
HSMR 12 month rolling average	100	Actual	107.52	-	106.08	-	104.02	-	103.14	-	101.92	-	100.70	-	101.15	-	-		-		-		-		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
Complaints responses <=25 days	85%	Actual	77.50%	✗	58.93%	✗	83.78%	✓	83.67%	✓	83.33%	✓	87.76%	✓	86.49%	✓	43.33%	✗	84.62%	✓	22.22%	✗	58.06%	✗	58.54%	✗	48.39%	✓
		Trajectory	80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		-	
ICE viewed reports [pathology]	100%	Actual	96.19%	-	95.97%	-	95.64%	-	96.10%	-	95.79%	-	95.33%	-	95.77%	-	97.06%		97.19%		90.76%		96.41%		96.42%		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
ICE viewed reports [radiology]	100%	Actual	90.46%	-	81.95%	-	82.01%	-	83.19%	-	80.96%	-	81.13%	-	81.22%	-	84.46%		80.56%		83.42%		84.38%		82.99%		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	



**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.



# SEPTEMBER 2020 IN NUMBERS



**4,671**

Walk-in patients (A&E)



**4,675**

Patients arriving  
by ambulance



**10,521**

Inpatients



**24,251**

Face to Face outpatients



**15,545**

Telephone consultations



**441**

Births



**1,035**

Elective operations



**153**

Trauma Operations



**326**

Emergency Operations



**4 days**

Average length of stay



**13,818**

Diagnostics

## Committee Assurance Reports

Trust Board  
12<sup>th</sup> November 2020

Topic	Page
Operational & Financial Performance	
<ul style="list-style-type: none"><li>Finance and Performance Committee Assurance Report</li></ul>	2 -3
Quality & Safety	
<ul style="list-style-type: none"><li>Quality Governance Committee Assurance Report</li></ul>	4

## Finance & Performance Committee Assurance Report – October 2020

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Kimara Sharpe Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<b>BAF number(s)</b> 1, 5, 6, 7, 8, 12

### Executive Summary

The Finance & Performance Committee met virtually on 28 October 2020.

- **COVID-19:** We received an update in relation to the activity within the hospitals. This is on the Board's agenda. Other Trusts within the Region are seeing an increase with corresponding ambulance delays.
- **Effectiveness and Efficiency of the Committee:** We agreed a way of working which included the refinement of papers and to be more future focused. The executives acknowledged that the papers needed to be more succinct and further aligned to the key risks. The Governance Working Group will be taking the recommendations forward at its next meeting.
- **Board Assurance Framework:** The Committee endorsed the risk ratings and asked for the new digital risk to be reviewed prior to the Board meeting. It was agreed to undertake a deep dive into the risks and then track the controls. This will be programmed into the work plan for the year.
- **Financial Performance Report:** This report covered the last month of the interim financial regime and as such, contained some additional items e.g. non-PBR drugs. Looking to the future, a recruitment and retention premium has been agreed for medical staff within the ED and the bank incentive scheme is also being worked upon. PBC funding has now been received but this has resulted in a higher interest rate being incurred for the loans. With the restart of services, the Trust has seen its productivity (cost base against activity) improve. There is a healthy cash balance and with respect to capital, future reports will show the commitments made. Work continues across the healthcare system to ensure better coordination of the workforce across the system. The systems/processes in place for grip & control of our staffing costs were explained and we appreciated the detailed action plans and analysis. We emphasised the need for focus on the PEP for this and next year, the review of the establishment against model hospital and deeper analysis of the drivers of the use of bank & agency staff.  
Level 4 assurance
- **Phase 3:** There remains a gap in the system submission (£27m, of which £7m WAHT). We were assured that the real deficit would be more around £3m, which should probably be covered by slippage.
- **System winter plan:** This has not yet been signed off and the committee received a verbal update. There remains a gap of available bed days and work is being undertaken across the system to reduce the gap. The various schemes to reduce the gap were outlined. Partners did not deliver the schemes in 2019/20 and the Trust is having robust discussions across the system to ensure delivery. The plan will not be signed off until the risk to the Trust has been reduced. This is on the agenda in private. Escalation includes ICS Executives and through to the system review meeting with the Region.
- **Tradebe contract:** We recommend this to the Board.

## Finance & Performance Committee Assurance Report – October 2020

### Executive Summary (cont.)

**Integrated performance report:** We are concerned about the number of people waiting between 40-52 weeks and those waiting over 52 weeks. The increases in these waiting times have been huge. Unvalidated cancer data shows improvement from the previous month for 2 week wait all and breast. The 62 day wait also shows an improvement. The number of patients waiting over 104 days has halved from August to September. The numbers are in line with the projections.

All patients on the waiting list are categorised between either category 2, 3, 4 and focus is on category 2 and 3. These patients are monitored on a weekly basis. We have also sent 12,000 letters to waiting patients who will have a telephone discussion prior to the 31 December.

We are concerned about the challenges for bed availability for ED patients needing admission. The COO is currently maintaining bed capacity for elective surgery (based around Kidderminster). He outlined the other suggested changes to the Alexandra Hospital and Worcestershire Royal. Levels – as per the paper.

### Recommendation(s)

The Board is requested to

- receive this report for assurance.

## Quality Governance Committee Assurance Report – October 2020

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunncliffe Non-Executive Director	Dr Bill Tunncliffe Non-Executive Director	Kimara Sharpe Company Secretary
<b>Assurance:</b> Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	<b>BAF number(s)</b> 2, 3, 4, 5, 12

### Executive Summary

The Committee met virtually on 29 October 2020. Key points raised were:

- **Infection, Prevention and Control update:** We received the IPC update. We were very concerned with the number of MSSA cases (currently 13 against a trajectory of 10 for year end). We have requested more work on cannula care and asked for this to be bought back to our meeting in November. Assurance level 4
- **Harm review process:** the bi-monthly report from the Harm Review panel was presented. This continued to show a robust process and no significant harm has been identified. We have requested more information on the changes made as a result of the harm review taking place. We looked forward to receiving details of a revised process based around the risk of harm. Assurance level 5.
- **Local Maternity and Neonatal Services (LMNS) update:** We received this update on behalf of the Board. Considerable progress is being made in several areas. However, the rate of smoking at birth is off trajectory (6% at March 2022, current rate 11-13%). The use of carbon monoxide monitors has not been resumed after the first phase of covid. This is a national issue. Additional local funding has been given to Public Health to support the community with smoking cessation.
- **Board Assurance Framework:** We commend the BAF to the Board. We will be undertaking a deep dive into each BAF risk over the next few meetings, starting in December with BAF risk 4.
- **Winter Plan:** We received a verbal update on this and it is on the agenda for private board.
- **Infected Blood Inquiry:** We received this statement which is part of the Chief Executive's report to the Board this month.
- **Picker Patient Survey:** We received an update on the Picker Patient Survey actions. This year's survey has been delayed due to covid.
- **Integrated Performance Report:** We have requested further analysis on the ICE reporting. We were assured that the complaints response rate is nearly at 80%, having had a significant dip due to covid. In respect of sepsis, the CMO is working with junior doctors to get better engagement with respect to form completion. Outcomes in this area are not of concern. We were pleased with the zero medicines incidents causing harm. We expressed concern about the number of overdue risk actions and will get an update in December.
- **Digital Care record- update from the Clinical Reference Group:** We were pleased with the clinical engagement with the development of the digital agenda. We were pleased with the involvement of junior doctors.
- **QIA panel report:** We were pleased with the work of the QIA panel. Assurance level 6.

### Recommendation(s)

The Board is requested to receive this report for assurance .

Meeting	Board
Date of meeting	12 November 2020
Paper number	F1

### Freedom to Speak Up

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Tina Ricketts Director of People and Culture		
<b>Presented by</b>	Tina Ricketts Director of People and Culture	<b>Author /s</b>	Melanie Hurdman FTSU Guardian

### Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome
TME	23 <sup>rd</sup> September 2020	Report noted
People & Culture Committee	6 <sup>th</sup> October 2020	F2SU champions attended the meeting to support the agenda item

### Recommendations

The Board is asked to:

- Support the on-going communication of Freedom to Speak Up and the importance of creating cultures that support the safety of patients and welfare of our colleagues
- Note the launch of the FTSU portal
- Discuss any improvements that could be made to the FTSU programme
- Support the plan to develop an effective learning process from concerns raised

### Executive summary

The role of the Freedom to Speak up Guardian is mandatory within all NHS Trusts following the Francis report.

It is incumbent that the Board gives adequate support in order to enable the FTSU Guardian to do their job effectively. Within the Trust this has been embraced and embedded with dedicated hours and administrative support provided.

Cases are logged on a confidential database with themes captured; this data is also reported to the national guardian's office on a quarterly basis. Any areas of concern are escalated to the appropriate director/ manager and an action plan is formulated.

### Risk

#### Key Risks

BAF 10: If we do not deliver a cultural change programme, then we may fail to attract and retain staff with the values and behaviours required for putting patients first, resulting in lower quality care

Meeting	Board
Date of meeting	12 November 2020
Paper number	F1

<b>Assurance</b>							
<b>Assurance level</b>	<b>Significant</b>		<b>Moderate</b>	x	<b>Limited</b>		<b>None</b>
<b>Financial Risk</b>	<i>None identified</i>						

Meeting	Board
Date of meeting	12 November 2020
Paper number	F1

## 1.0 Introduction/Background

### Role of the Guardian

Every NHS Trust has to have a nominated Guardian; unfortunately due to unforeseen circumstances the role was vacant from July 2019 to December 2019 before Melanie Hurdman was appointed to the substantive role. Due to the current Covid-19 pandemic there was a delay in Melanie taking up the role for 3 days a week as this was due to commence on 1<sup>st</sup> April 2020 but put back to 1<sup>st</sup> June to allow Melanie to continue in her clinical role. Melanie has now been in the substantive role since 1<sup>st</sup> June 2020.

### Role of the Champions

We currently have 38 appointed FTSU champions spread across all three sites and departments who can be the first point of contact for staff who wish to raise or discuss a potential concern. A virtual training programme has been developed plus a virtual reflection/refresher training session was held in September for current champions. The role of the champion is to support any member of staff who wishes to raise a concern, take their full details and forward to the Guardian for action. We have champions meetings and these are held on a monthly basis to review progress and propose improvements. We have also been showcasing a champion each week on the Worcestershire Weekly newsletter and for culture month in October we have issued champion posters around the sites to provide a visual aid to staff.

## Issues and options

### Policy and Process

The Freedom to Speak Up policy has been reviewed and an appendix is being added with regards to detriment. This is in line with the national framework that was used to review the policy. This will be available for approval for the Trust Management Executive in November.

### Vision and Action plan

The vision and action plan was approved in July 2018. This was reviewed at the People & Culture Committee meeting and has been updated.

### Good news

In the FTSU Index report, Worcestershire Acute Hospitals NHS Trust was in the top three of most improved trusts in the country on their FTSU Index score in 2019 compared to the previous year – rising 4.6 per cent to 78.5 per cent. The Trust also scored above average when compared to other Acute Trusts across the country (77.9 per cent average), with a score of 70 per cent or more perceived as a healthy culture. The Freedom to Speak Up (FTSU) Index uses questions from the annual NHS Staff Survey to determine whether staff feel knowledgeable, secure and encouraged to speak up with suggestions for improvements, and whether they are confident they would be treated fairly if they raised concerns about an error, near miss or incident.

### Cases

Again due to circumstances and the vacancy in the Guardian role the data is not as conclusive as previously and there were a number of cases that were open which have all been contacted and now closed. Within the data that is available the following information has been extracted:

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#### Data on FTSU Concerns to date on 9<sup>th</sup> September 2020

Month	Cases raised	Open	Closed	Anonymous
September 2019				
October 2019				
November 2019				
December 2019				
January 2020				
February 2020	4	2	2	0
March 2020	0	0	0	0
April 2020	0	0	0	0
May 2020	2	0	2	0
June 2020	8	7	1	0
July 2020	8	8	0	1
August 2020	4	4	0	0

There is no recorded data between August 2019 and January 2020 and whilst the new guardian had been phasing into the role from February 2020 the impact of Covid 19 has seen a decline in cases in March and April which has also been reflected nationally. However, there has now been an increase in May 2020 which will reflect in the data going forward. From October the new FTSU portal will be launched and will assist with the capturing of data and instead of manual input will be captured electronically.

The majority of cases raised within the Trust cover the themes of inappropriate behaviour and attitudes, in particular bullying and harassment. The advent of the BAME network has seen an increase in concerns being raised by staff from a BAME background.

#### Marketing

A programme of marketing has commenced and this will be further added to with a particular push in October which is culture month.

- A slot on the Worcestershire weekly every Tuesday incorporating showcasing a champion
- Recruitment of more champions across the different staff groups continues and a recent campaign on the newsletter recruited 5 new champions
- National training virtually for new champions, an in house session arranged for September for existing and new champions
- Working more closely with the forward advocates and Quality Improvement (Pathway to Platinum), monthly meetings with the 4ward advocate lead
- The recruitment of a BAME F2SU champion
- Accessibility events - Talk to me Tuesday advertised weekly on the newsletter
- Launch of the champions posters for October
- Launch of the new FTSU portal in October incorporating a live chat facility
- Culture month October, Alphabet of speaking up
- Attendance at divisional/directorate meetings on-going
- Representation at the BAME network and the education/training work stream

#### Governance

The progress on and a review of the FTSU programme is reported to:

- The FTSU working Group (Chaired by Director of People & Culture) Bi-monthly
- The People and Culture Committee twice yearly
- The Board twice yearly
- The Audit and Assurance committee annually
- The Chief Executive on a quarterly basis

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A quarterly report is also submitted to the National Guardians Office.

### Training

The Guardian has attended the National FTSU training virtually with an expectation by the Guardians office that when this becomes possible I will attend the national guardians office for training.

The Guardian has a slot on the Trust induction and this will continue when face to face training recommences and this is also supported by the champions. The University has now allocated a slot on the student midwifery programme and we are awaiting confirmation of a slot on the student nurse programme. There are plans to provide some joint training sessions for champions and forward advocates in the future as it has been identified that concerns are often raised through the 4ward advocates.

### Conclusion

The Guardian has now been in place since June 2020 and this is now reflecting in the number of concerns raised. An active marketing campaign is in place including the launch of the portal which will hopefully give staff more confidence to raise concerns.

The FTSU index report shows a positive step forward and we now need to keep up the momentum to build upon the score for next year.

### Recommendations

The Board is asked to:

- Support the on-going communication of Freedom to Speak Up and the importance of creating cultures that support the safety of patients and welfare of our colleagues
- Note the launch of the FTSU portal
- Discuss any improvements that could be made to the FTSU programme
- Support the plan to develop an effective learning process from concerns raised

Meeting	Trust Board
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### Trust Management Executive

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Matthew Hopkins CEO		
<b>Presented by</b>	Matthew Hopkins CEO	<b>Author /s</b>	Martin Wood Deputy Company Secretary

### Alignment to the Trust's strategic objectives

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

<b>Recommendations</b>	The Trust Board is requested to receive this report for assurance.
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<b>Executive summary</b>	This report gives a summary of the items discussed at the Trust Management Executives (TME) held in September and October 2020. Members will see that there is a clear line of sight between the Board, Committees and TME.
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### Risk

<b>Key Risks</b>	TME, as the decision making body for the Trust, addresses all risks.						
<b>Assurance</b>							
<b>Assurance level</b>	<b>Significant</b>	x	<b>Moderate</b>		<b>Limited</b>		<b>None</b>
<b>Financial Risk</b>	Within budgets						

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## Introduction/Background

TME is the primary executive decision making body for the Trust. It is set up to drive the strategic agenda and the business objectives for the Trust. It ensures that the key risks are identified and mitigated as well as ensuring that the Trust achieves its financial and operational performance targets.

## Issues and options

Since my last report at the September 2020 Board, TME has met twice, on 23 September and 21 October 2020. This report covers both meetings.

### September TME

Items presented which were then considered by the Finance and Performance Committee (September)

- Partnership Update including Strategy and Planning Update and High impact Changes
- Recovery and Reset
- Annual Plan Phase 3 Submission
- Phase 3 Response to COVID-19 – Final Submission
- Phase 3 Workforce Plan including Bank and Agency Report
- Command Structure Review B/S/G – Integrate Evaluation and Restoration Work including Risks
- Computacenter Contract Extension
- Radiology Information System (RIS) Software and Licenses Contract
- Integrated Performance Report
- Including Home First Worcestershire
- Financial Performance Report Month 5 Position
- Productivity and Efficiency Programme
- Procurement and Supply Chain Update - Contract Management Update
- Approved Capital Investment 20/21 – Replacement Network Case for Change
- Progress Update – Lessons Learnt from Grant Thornton External; Audit Report on Forecasting
- Digital Strategy Update including Digital Care Record – Quality Aspects

Items presented which were then considered by the Quality Governance Committee (September)

- Annual Plan Phase 3 Submission
- Phase 3 Response to COVID-19 – Final Submission
- Phase 3 Workforce Plan including Bank and Agency Report
- Command Structure Review B/S/G – Integrate Evaluation and Restoration Work including Risks
- Integrated Performance Report
- Mortality report
- Path to Platinum (incorporating fundamentals of care)
- HEE action plan update
- Nurse and midwifery staffing report (inc overseas nurse recruitment)
- LGBT+ Experience of Health and Social Care services in Worcestershire – Review of

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#### Actions

- QIA Panel report
- IPC Annual Report and Annual Programme

#### Items presented which were then considered by the People and Culture Committee (October)

- What kind of leaders do we need now and in the future
- Freedom to Speak Up
- Integrated People and Culture Report
- Flu Campaign
- Communications and Engagement Strategy and Implementation Plan – Progress Report
- Nurse and Midwifery staffing Report (including overseas nurse recruitment)
- Employee Relations Casework Report

#### Other items

- Update from Provider Oversight Group
- Dolan Park Contract
- Recruitment and Retention in ED
- AEC Business Case
- Tradebe New Operating Agreements Proposal – Alexandra Hospital (October FPC and November Trust Board)
- Purchase of CT Scanner
- Cancer Board Update
- Standards of Business Conduct – Policy
- Contract Notifications
- Think 111 Update
- Deloitte Action Plan
- Annual Security Report (Audit and Assurance Committee on 15 September 2020)

#### October TME

#### Items presented which were then considered by the Finance and Performance Committee (October)

- Winter Plan Update
- Board Assurance Framework
- Integrated Performance Report
- Financial Performance Report Month 6
- Recruitment and Retention Initiatives – Proposal for Middle Grade Doctors on the Emergency Departments
- NHS Professional Nursing Winter Incentives – 2020/21

#### Items presented which were then considered by the Quality Governance Committee (October)

- LMNS Update
- Winter Plan Update
- Infected Blood Inquiry – Trust Written Statement

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- IPC Update – October 2020
- Board Assurance Framework
- Integrated Performance Report
- Harm Review Panel Update
- Digital Care Record – Update from Clinical reference Group
- QIA Panel Report
- Picker Patient Survey

Items to be presented to the People and Culture Committee (December)

- Board Assurance Framework (Virtual in October)
- Health and Safety Annual Report
- Remote and Flexible Working
- Flu Campaign Self Assessment
- Staff Wellbeing Plan
- Safer Staffing – August 2020

Other items considered

- Productivity and Efficiency Programme
- Gold Decisions
- Consultant Recruitment Procedure – Amendments
- Security Annual Report (Considered by the Audit and Assurance Committee in September 2020)
- Case for Change – Robot Surgery
- Medical Devices Asset Update
- Internal Audit Report – Bank and Agency Staffing (Nursing)
- Report of the Information Governance Steering Group

**Recommendations**

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

**Appendices**

Meeting	Trust Board
Date of meeting	12 November 2020
Paper number	F3

### Nursing and Midwifery staffing report – August - September 2020

For approval:		For discussion:		For assurance:	✓	To note:	
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<b>Accountable Director</b>	Vicky Morris Chief Nurse		
<b>Presented by</b>	Vicky Morris Chief Nurse	<b>Author /s</b>	Louise Pearson lead for N&M workforce

### Alignment to the Trust's strategic objectives

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
NWAG		

<b>Recommendations</b>	Trust Board are asked to note: <ul style="list-style-type: none"> <li>Nursing and Midwifery staffing levels are reported as safe for Aug - September 2020 with mitigations having been taken for challenged areas identified – Maternity department and Alexandra site.</li> <li>Bids have been submitted to Health Education England and NHSI/E for three strands of funding to support international recruitment pipelines.</li> <li>Trust had identified an increase in clinical placements of 25 for Year 1 Student nurses.</li> </ul>
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<b>Executive summary</b>	<p>This report provides an overview of the staffing safeguards for Nursing and Midwifery of wards and intensive care areas during August and September 2020. Staffing levels are reported as safe for August and September 2020.</p> <p>Measures remain in place for staffing of wards to meet the fluctuating patient requirements specifically in managing COVID positive (red and amber wards) and negative status (Green and Purple wards).</p> <p>Where there were reported staffing gaps in health rosters from sickness, vacancies or staff unable to carry out normal clinical duties due to shielding measures, these were mitigated through the redeployment practices in place and the use of temporary staffing. The main areas that were challenged were maternity services and speciality medicine wards 6, 11, 12 at Alexandra Hospital.</p>
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There has been no harm to patients reported from staffing incidents.

The impact of COVID has highlighted the requirement to adapt and review recruitment strategies and processes. International recruitment re-commenced in August 2020. The NMC has also increased the ability for return to practice nurses (RTP) to undertake the test of competence to return to full practice, the team are piloting a cohort of 6 RTPs returning to practice in December.

Three bids have been submitted to HEE/NHSI/E for support of recruitment of international nursing

1. Support to current recruits who were recruited but employment paused due to COVID 19 pandemic.
2. Support for 100 nurses for recruitment before April 2021. Support for training of UK resident international nurses to gain OETS to begin the NMC accreditation.

The Trust is in a position following risk assessments to support a regional KPI to increase student nurse clinical placements of Year 1 by 25.

<b>Risk There is a risk that patients will not receive timely care from right skilled staff if safe staffing levels are not maintained.</b>							
<b>Key Risks</b>							
<b>Assurance</b>	Level 3-5 amber						
<b>Financial Risk</b>	There is a risk of increased spend on bank and agency given the vacancy position and need to use temporary staffing.						

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## Introduction/Background

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing, Midwifery and Allied Health Professional for August and September 2020.

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

### 1. The provision of safe care and treatment

#### Staff support

The provision of staff support has continued to be pivotal in providing the safeguard for staffing. It has been essential to continue:

- A shift by shift, 7 days a week senior nursing leadership presence on hospital sites.
- Health and well-being support through telephone helplines and various counselling services, particularly for teams reporting ongoing challenges as COVID 19 pandemic continues.
- Ongoing support from the use of the 'Recharge Rooms' and operation wingman project for staff to take time out from ward areas.
- On-going monthly listening events CNO virtual meetings established with Clinical nurse specialists, ward managers and matrons.

#### Harms

There was one patient harm reported for August and September 2020, which was a moderate harm in maternity.

The patient experienced an intraoperative haemorrhage in theatres following an elective caesarean section. Patient required further monitoring from the maternity team and made an uneventful recovery. This is a recognised complication of caesarean section and a postnatal debrief has been completed.

#### Good Governance

The restart of clinical services in all divisions has been a focus for staffing throughout September in particular for elective surgical wards and non-ward based areas such as outpatients and community/home visits by Clinical Nurse specialists. The restart has required Quality Impact Assessments (QIA) to be completed by each service where staffing is considered. These have been presented to the QIA panel and approved

#### Safe Staffing

The Challenges seen by the divisions have been specifically due to:

- staff returning from shielding but due to their health risk assessments are unable to resume the clinical activity they were undertaking previously, this has had an impact particularly in maternity services
- Vacancies numbers in specialised medicine at Alexandra hospital of 28 WTE RN's

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and 14 WTE HCAs, leading to constraints on staffing and a need for Bank or agency to keep staffing safe.

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

- Maternity services have deployed staff from the community and the continuity of carer teams to cover identified shortfall where and when required.
- Specialised medicine have deployed staff and employed use of bank and agency workers.

### **Midwifery Staffing**

There has been a sustained increase in sickness (COVID and non-COVID related) noted throughout August and September. The provision of maintaining safe staffing levels was further challenged as staff unavailability increased in September due to a high number of midwives who were required to self-isolate whilst awaiting a family member swab results.

September saw an increase in activity which impacted on staff morale and health and wellbeing; team leaders worked with their teams to ensure that support was available and regular communication about actions taken to maintain safety were shared.

Throughout September daily safety huddles (DDM/N in attendance) were held to monitor and plan mitigations as there were reported delays in Induction of Labour throughout September as a result of ongoing, less than expected staffing levels. These delays were managed through continuous risk assessment with the multiprofessional team and also support from Wye Valley Trust. No adverse clinical incidents were reported which related to staffing or delays in care however it is acknowledged that some women had a poor experience.

All non-essential training and non - clinical working days were cancelled and all of the matrons ward managers and specialist midwives were deployed to the clinical areas to support safer staffing levels. Throughout the evenings and weekends the escalation policy was utilised and both community midwives and Continuity of Carer Team midwives were redeployed to the maternity unit to achieve safe staffing levels and reduce delays in care

### **Recruitment**

#### **International nurse (IN) recruitment pipeline**

In August 13 INs were recruited. The business case for 20/21 (year 2) has been refreshed in July 2020 and there has been agreement through Strategy and Planning Committee for employment of 100 INs from January 2021 - August 2021.

There are 48 of the 52 nurses on the temporary register who have a permanent registration. There are 4 remaining who will take exams in October.

The support for the acceleration of recruitment of IN in the form of national financial and non-financial support has been received and the trust will be submitting in October three bids.

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Strand A - Support for the appointed of Ins recruited and employment was paused due to COVID 19 pandemic.

Strand B - Historic and planned international recruitment system wide bid is encouraged and in progress with Worcestershire health and Care Trust and Wyre Valley

Strand C - Recruitment of individuals that are working as health care assistants who have In registration to undertake NMC required registration process.

### **Domestic nursing and midwifery pipeline**

During the COVID 19 pandemic there have been two directives from Higher Education England to support staffing safeguard during emergency national measure are employed. The trust has supported both approaches:

- The Bring Back Scheme (BBS), registered healthcare professionals who have retired and chosen to return has resulted in a physio and 4 nurses and a support worker supporting provisions to manage COVID-19 outbreak such as: staff swabbing and the antibody results service with a fixed term contract for 6 months starting in July 2020.
- The deployed students across the trust have now returned to the universities and the time they spent within the trust evaluated positively.
- The students who were on placement converted into 71 job offers for the September 2020 qualifiers we continue to interview February 21 qualifiers.

### **Acuity and Dependency**

The Trust has routinely undertaken 6 monthly nurse staffing reviews based the assessment on patient acuity & dependency over the past 2 years and the next review is due in September.

Key areas for reporting are:

- Due to the current situation the study will be undertaken using the allocate system.
- The September study will be the first time of using the electronic system; so based on the NHSI Clinical Workforce Lead, funding decisions for wards should not be considered until 2 studies have taken place in order to control for seasonal variation and hence a more reliable data set to base the annual establishment recommendations upon. E-roster has undertaken a further piece of work to align all the wards and their specialities to the current areas they have been relocated too, this has impacted on "Safe care" and a further review/ acuity study will have to again take place.

### **Recommendations**

Trust Board are asked to note:

- Nursing and Midwifery staffing levels are reported as safe for Aug - September 2020 with mitigations having been taken for challenged areas identified – Maternity department and Alexandra site.
- Bids have been submitted to HEE/NHSI/E for three strands of funding to support

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international recruitment pipelines.

- Trust had identified an increase in clinical placements of 25 for Year 1 Student nurses.