

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	<ul style="list-style-type: none"> We failed to comply with 3 of the in-month infection targets in Sep-22: the C.Diff, E-Coli and Pseudomonas infections. We are compliant with all year to date infection targets except C-Diff, which is 55.3% over target. 4 new COVID outbreaks were declared in Sep-22: ALEX – Ward 5, Ward 11, Ward 12 and WRH – Laurel 3. There are currently 9 ongoing active COVID outbreaks (09/10/22). This has occurred in parallel with a rise in overall COVID patient numbers. The Hand Hygiene participation rate increased in Sep-22 to 89.19%, but failed to achieve the 100% target. The Hand Hygiene compliance to practice rate dropped very slightly to 99.78% in Sep-22 but still achieved the 98% target. All of the high impact intervention audits in Sep-22 achieved a compliance of over 95%. The audit with the lowest compliance was the “Prevent catheter associated urinary tract infection - Insertion phase” audit (98.36%).
Antimicrobial Stewardship	<ul style="list-style-type: none"> A total of 232 audits were submitted in Sep-22, compared to 227 in Aug-22. Antimicrobial Stewardship missed the target of 90%.
SEPSIS 6	<ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has fallen in Aug-22 and remains non compliant with the 90% target. The Sepsis screening compliance remained unchanged in Aug-22 and has met the 90% target for the 3rd consecutive month (first period of compliance since May 2019) Antibiotics provided within 1 hour fell in Aug-22 and failed to achieve the target of 90%
Fractured Neck of Femur	<ul style="list-style-type: none"> #NOF compliance increased in Sep-22 but we are still showing special cause variation for the last 8 months. The #NOF target of 85% has not been achieved since Mar-20.
Falls	<ul style="list-style-type: none"> The falls target was not achieved. We have breached our 22/23 to date trajectory by 103 falls. There was 1SI falls in Sep-22 which is over the in-month target of 0. We are compliant with our 22/23 to date trajectory with 3 SI falls.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> The total number of HAPUs for Sep-22 increased to 24 and fell above the in-month target (19). We have breached our 22/23 to date trajectory by 23 HAPU's. There were zero HAPUs causing harm in Sep-22 which was compliant with the in-month target. We continue to be below our 22/23 to date trajectory by 1 HAPUs causing harm.
Friends & Family Test	<ul style="list-style-type: none"> The recommended rate for Inpatients achieved the target at 98.0% in Sep-22, and this is the 19th consecutive month compliance has been attained. The recommended rate for Maternity increased to 100% in Sep-22 and achieved the target. The target has been reached in 8 of the last 12 months The recommended rate for Outpatients rose to 95.6% and achieved the target. The target has been reached in 4 of the last 12 months. The recommended rate for A&E increased to 87.54% but still failed to achieve the target.
Complaints	<ul style="list-style-type: none"> The % of complaints responded to within 25 days increased slightly in Sep-22 to 58.54%, but was still below target (80%). This is the 3rd consecutive month that the target has not been achieved, and the 9th time in the last 12 months.
VTE Assessments	<ul style="list-style-type: none"> Excluding W&C, the Surgical Division at 93.5% were the only Division to not achieve the 95% target. We are aware the inclusion of W&C data means we are not meeting the target. However, W&C are now entering VTE assessments via Badgernet which have not yet been factored into the Trust results.

2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff (Target 79)		E-Coli (Target 81)		MSSA (Target 10)		MRSA (Target 0)		Klebsiella species (Target 35)		Pseudomonas aeruginosa (Target 23)	
Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target
9/6	59/38	4/2	14/16	1/1	7/7	0/0	0/0	1/3	7/17	2/1	3/11

What does the data tell us?

- We failed to comply with 3 of the in-month infection targets in Sep-22: the C.Diff, E-Coli and Pseudomonas infections.
- We are compliant with all year to date infection targets except C-Diff, which is 55.3% over target.
- The Hand Hygiene participation rate increased in Sep-22 to 89.19%, but failed to achieve the 100% target.
- The non-compliant Divisions were Specialty Medicine (92.31%), Surgery (86.96%) and Women's & Children's (63.16%). Both SCSD and Urgent Care divisions were 100% compliant.
- The Hand Hygiene compliance to practice rate dropped very slightly to 99.78% in Sep-22 but still achieved the 98% target.
- 4 new COVID outbreaks were declared in Sep-22: ALEX – Ward 5, Ward 11, Ward 12 and WRH – Laurel 3. There are currently 9 ongoing active COVID outbreaks (09/10/22).
- All of the high impact intervention audits in Sep-22 achieved a compliance of over 95%. The audit with the lowest compliance was the "Prevent catheter associated urinary tract infection - Insertion phase" audit (98.36%).

- There continues to be a strong focus on the control and management of Cdiff, scrutiny and learning group review, disseminate learning and escalate any lapses in care. All HOHA and COHA cases have a complete review.
- Anti-microbial prescribing is a strong focus and the AMS group, all identified lapses related to antimicrobial prescribing are reported via the incident management system
- There have been no further reported cases of 955 since July 2022. This is evidence that the processes that have been put in place are effective in relation to the spread of this ribotype.
- We continue to send all positive cdiff samples for ribotyping to ensure that we have earlier indication of the 955 strain so actions can be initiated quickly
- During October there has been a NHS E review of both the Alexandra and Worcester sites to offer support and guidance in managing the cdiff issue. It should be noted that there are other organisations in the region that are also over trajectory.
- Monthly joint cleanliness reviews are undertaken across site to ensure there are quality assurance checks are in place.
- There is an extensive 'live' Cdiff action plan that is reviewed via IPCSG
- COVID cases are increasing and there continues to be COVID outbreaks across site, standard and transmission based precautions are in place. (12 covid outbreaks 18/10)
- No other themes and trends identified with regards the other gram negative infections – ecoli target 81

Current Assurance Level	Level 6 for Covid-19 (Sep-22)	Level 4 for non-Covid (Sep-22)	When expected to move to next level of assurance for non Covid: To be reviewed in December 2022
Previous Assurance Level	Level 6 for Covid-19 (Feb-22)	Level 4 for non-Covid (Mar-22)	SRO: Paula Gardner(CNO)

Source: Fingertips / Public Health Data (up to July 2022)

C. Difficile – Out of 24 Acute Trusts in the Midlands, our Trust sits the 22nd best for hospital onset-healthcare associated C. difficile infections. Our rate stands at 26.6 cases per 100,000 bed days, which is above both the overall England and Midlands rate. Wye Valley is the highest Trust and has a rate of 53.8 cases per 100k bed days.

E.Coli – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 7th best. Our rate stands at 16.4 cases per 100,000 bed days, which is below the overall England and Midlands rate.

MSSA – Out of 24 Acute Trusts in the Midlands, our Trust sits the 16th best. Our rate stands at 9.3 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

MRSA – Out of the 24 Acute Trusts in the Midlands, our Trust sits equal 1st. Our rate stands at 0.0 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

C. Difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases | Jul-22

Area	Count	Per 100,000 bed days
England	6,471	19.2
Midlands NHS Region (Pre ICB)	1,120	17.9
Worcestershire Acute Hospitals	66	26.6

E. Coli hospital-onset cases counts and 12-month rolling rates | Jul-22

Area	Count	Per 100,000 bed days
England	6,544	23.7
Midlands NHS Region	1,202	23.2
Worcestershire Acute Hospitals	34	16.4

MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset | Jul-22

Area	Count	Per 100,000 bed days
England	3,762	11.1
Midlands NHS Region	603	9.6
Worcestershire Acute Hospitals	23	9.3

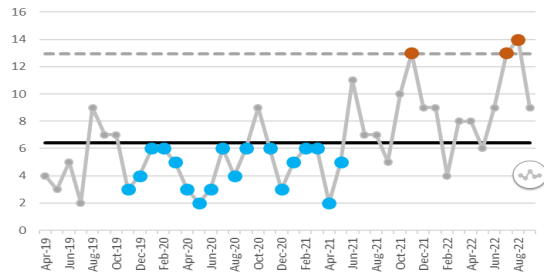
MRSA cases counts and 12-month rolling rates of hospital-onset | Jul-22

Area	Count	Per 100,000 bed days
England	249	0.7
Midlands NHS Region	32	0.5
Worcestershire Acute Hospitals	0	0.0

C-Diff

9

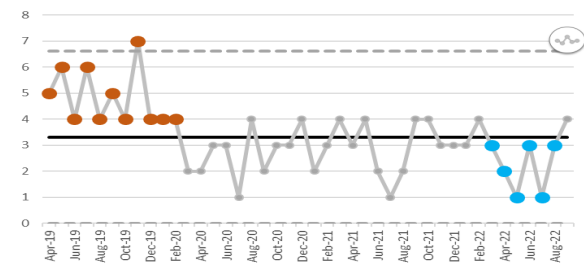
Clostridium difficile



E-Coli

4

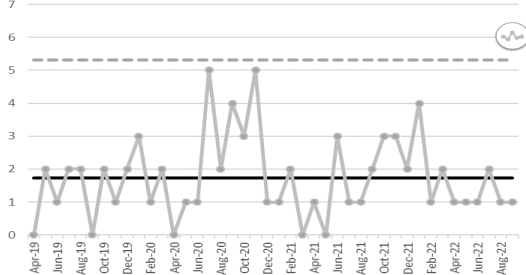
Escherichia Coli



MSSA

1

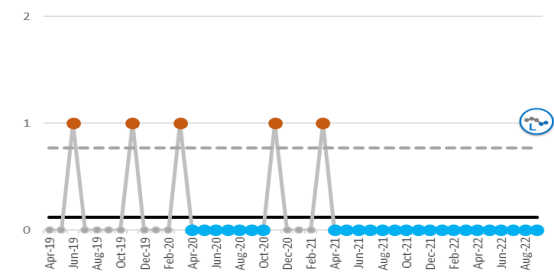
MSSA



MRSA

0

MRSA



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

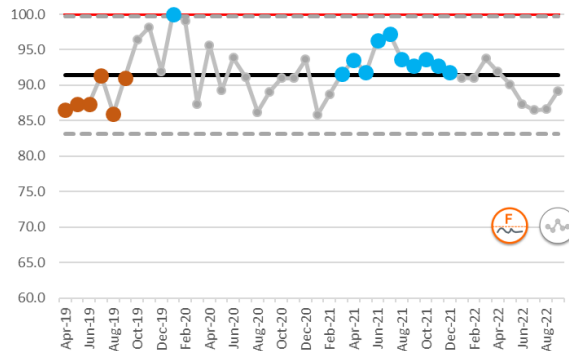
2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance (Target 90%)		Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Aug-22	Sep-22	Aug-22	Sep-22	Aug-22	Sep-22
85.3%	87.8	90.5%	90.2%	89.1%	93.9%
What does the data tell us? <ul style="list-style-type: none"> A total of 232 audits were submitted in Sep-22, compared to 227 in Aug-22. Antimicrobial Stewardship overall compliance rose in Sep-22 but still missed the target of 90%. Patients on Antibiotics in line with guidance or based on specialist advice dropped slightly in Sep-22 to 90.2% but still achieved the target of 90%. Patients on Antibiotics reviewed within 72 hours increased in Jul-22 to 93.9% and achieved the target of 90%. 			What will we be doing? <ul style="list-style-type: none"> Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors ASG will continue to monitor the use of carbapenems (Trust is no longer a national outlier) Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories. AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s Developing poster guiding staff when to use urine test strips Focusing on learning from C diff case reviews where antibiotics may be implicated Reviewing the Trustwide quarterly incident report for themes and trends relating to antimicrobial medicines Seeking nominations for AMS clinical leads for Speciality Medicine and SCSD 		
Current Assurance Level – 6 Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits			When expected to move to next level of assurance for non Covid: <i>This will be next reviewed in April 23, when quarter 4 performance can be assessed.</i>		
Previous Assurance Level – 5 as assessed by ASG on 22/09/2022.			SRO: Paula Gardner(CNO)		

Hand Hygiene Audit Participation (%)

89.19

Hand Hygiene - Audit Participation

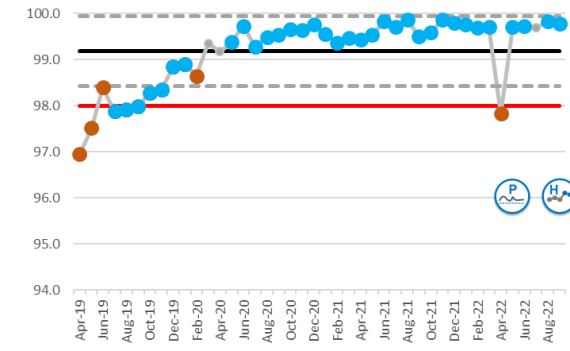


Please note that % axis does not start at zero.

Hand Hygiene Compliance (%)

99.78

Hand Hygiene - Compliance



Please note that % axis does not start at zero.



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

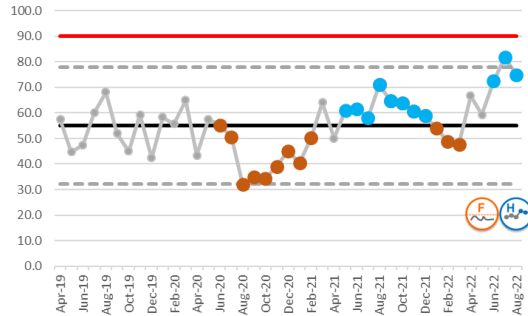
2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle

Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
75.0% - Aug (81.8% - Jul)	90.8% (90.8%)	87.5% (90.9%)	92.5% (90.9%)	90.0% (100%)	87.5% (94.6%)	90.0% (90.9%)	90.0% (92.7%)
What does the data tell us? <ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has fallen in Aug-22 and remains non compliant with the 90% target. The Sepsis screening compliance remained unchanged in Aug-22 and has met the 90% target for the 3rd consecutive month (first period of compliance since May 2019) Antibiotics provided within 1 hour fell in Aug-22 and failed to achieve the target of 90% All elements of the Sepsis Six bundle were above the 90% target with the exception of IV Fluid Bolus. The Trust's 12 Month Rolling Crude Death rate up to Jul-22 for Septicemia (except in labour) is 24.0% (In Hospital 15.32% & Out of Hospital 8.68%), which is the 17th highest in the Midlands (out of 22).¹ The Trust's ALOS (Aug-21 to Jul-22) is 9.13 days, which is the 4th lowest in the Midlands.¹ <p>¹Source: HED, accessed 09/10/2022</p>			Actions: <ul style="list-style-type: none"> Review mortality data to assess for trends around sepsis Review whether the decline in % Antibiotics provided within one hour is related to the delays in ED assessment Continue work with Sepsis lead and Divisional Teams to improve compliance and recording 				
Current Assurance Level – Level 5 (Sep-22)			When expected to move to next level of assurance: The assurance level will be reviewed following a deep dive audit.				
Previous Assurance Level – Level 5 (May-22)			SRO: Christine Blanshard (CMO)				

Sepsis 6 Bundle Compliance (audit)

70.99%

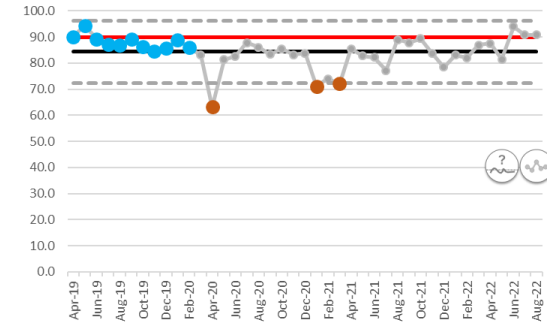
Sepsis 6 Bundle completed with 1 Hour



Sepsis Screening Compliance (audit)

88.98%

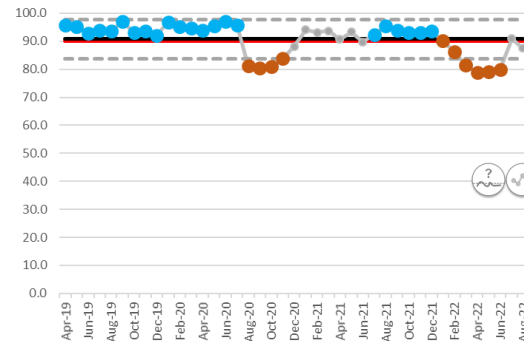
Sepsis Screening Compliance



Sepsis Screening Antibiotics Compliance (audit)

95.42%

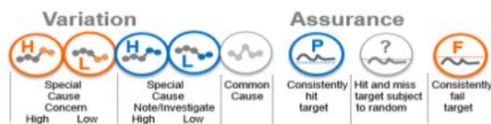
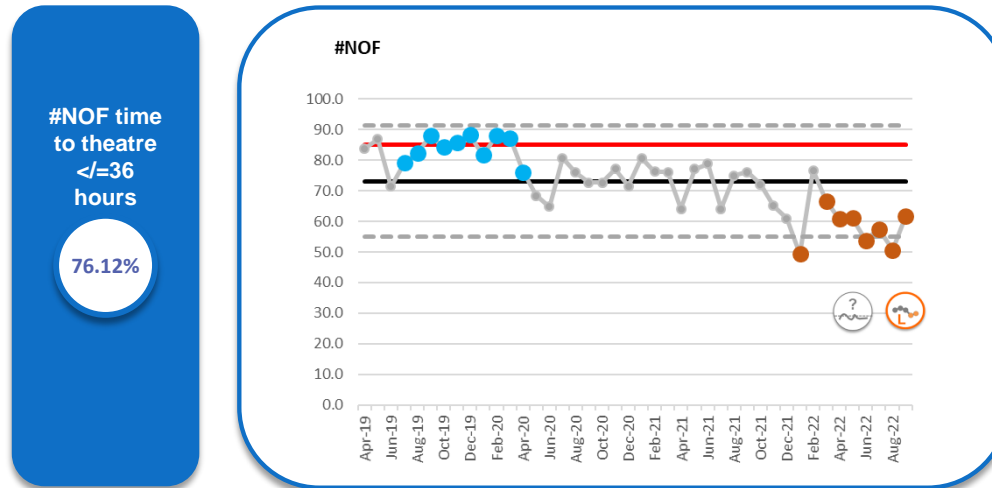
Sepsis 6 - Antibiotics provided within 1 Hour



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

2.2 Care that is Effective – Fractured Neck of Femur (#NOF)

#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
61.8% (Sep 2022) 50.6% (Aug 2022)	72.3% (Sep 2022) 53.2% (Aug 2022)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> #NOF compliance increased in Sep-22 but we are still showing special cause variation for the last 8 months. There were 76 #NOF admissions in Sep-22 (83 in Aug). The #NOF target of 85% has not been achieved since Mar-20. There were a total of 29 breaches in Sep-22 (down from 41 in Aug). The primary reasons for delays were <ul style="list-style-type: none"> 51.7% (15 patients) due to theatre capacity 37.9% (11 patients) due to the patient being medically unfit 10.3% (3 patients) due to further imaging of fracture site The average time to theatre in Sep-22 was 42.2 hours (43.8 in Aug). The Trust's 12 Month Rolling Crude Death rate up to Jul-22 for #NOF is 13.73% (In Hospital 4.18% & Out of Hospital 9.54%), which is the 6th highest in the Midlands (out of 22).¹ The Trust's ALOS (Aug-21 to Jul-22) is 9.33 days, which is the 2nd lowest in the Midlands.¹ <p>¹ Source: HED, accessed 09/10/2022</p>	<p>What will we be doing?</p> <ul style="list-style-type: none"> Review of #NOF Pathway – initial group 20/10/22 Multidisciplinary Trauma 'Away-Day' Nov 2022 Review of #NOF attending Redditch ED to ensure correct pathways being followed pre-hospital and in Trust. Review of ambulatory pathways for other trauma to ensure WRH site is non-ambulatory priority. Review of medical support for #NOF including: Orthogeriatric support; general medical support; physician associate support to provide continuity.
Current Assurance Level: 5 (Sep-22)	When expected to move to next level of assurance: When time to theatre performance is sustained
Previous Assurance Level: 5 (Jul-22)	SRO: Christine Blanshard (CMO)



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

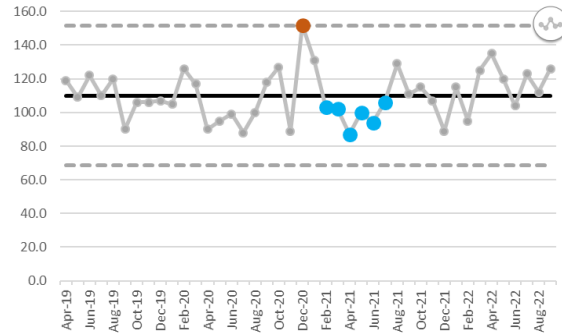
2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Sep-22	Sep-22
720/ 617 (Target Year End – 1235)	3 / 3 (Target – 6)	5.35 (National Target – 6.63)	0.00 (National Target – 0.19)
What does the data tell us? Total Inpatient Falls <ul style="list-style-type: none"> The total number of falls for Sep-22 was 126 which fell above the in-month target (103). The total number of falls for Sep-22 at the ALEX dropped to 40 (from 48), with the highest ward total of 5 falls on Ward 6, Ward 11, Ward 12 and Ward 18. The total number of falls for Sep-22 at WRH increased to 86 (from 62), with the highest ward total of 8 falls on Avon 2. We have breached our 22/23 to date trajectory by 103 falls. The number of falls per 1,000 bed days increased in Sep-22 to 5.35, which is above the 5.04 in Sep-21, but remains below the national benchmark of 6.63. Inpatient falls resulting in Serious Harm <ul style="list-style-type: none"> There was 1 SI falls in Sep-22 which is above the in-month target of 0. We are compliant with our 22/23 to date trajectory with 3 SI falls. The number of SI falls per 1,000 bed days in Sep-22 remained the same at 0, and remains below the national benchmark of 0.19. 		What improvements will we make? <ul style="list-style-type: none"> Continue to implement trust falls policies and procedures are in place. E-learning tool (000: Preventing Falls in Hospital) now available for all clinical/patient facing staff to complete on ESR- finalising this becoming essential to role to support compliance and monitoring- comms shared on intranet- further promotion to commence. Weekly monitoring of wards/departments with a high prevalence of falls by governance and Falls Prevention Lead when reports are circulated (every Monday)- thematic analysis completed by wards/departments with an increasing trend in falls. Falls Prevention Lead to continue supporting falls related local QI projects in wards/departments and aim to spread/sustain any successful projects. Falls Prevention Lead to continue involvement with the ICS to support the services being trialled/implemented aimed to improve admission avoidance. Falls Lead to chase Ramblegard for system data to analyse its usage and effectiveness from a staff, patient safety and cost perspective to support further purchases if positive outcomes are determined. 	
Current Assurance level (Quarter 2); Falls – Level 5		When expected to move to next level of assurance Quarter 4	
Previous Assurance Level (Quarter 1); Falls – Level 6		SRO: Paula Gardner(CNO)	

Total Falls

126

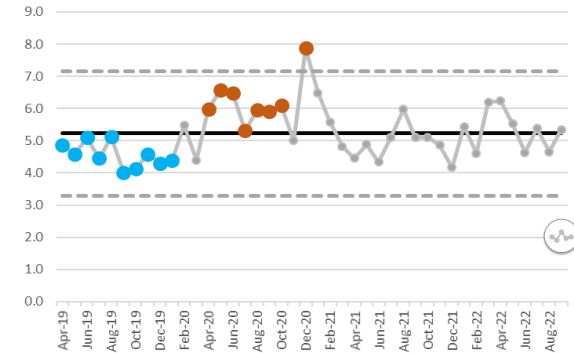
Total Inpatient Falls



Total Falls per 1,000 bed days

5.35

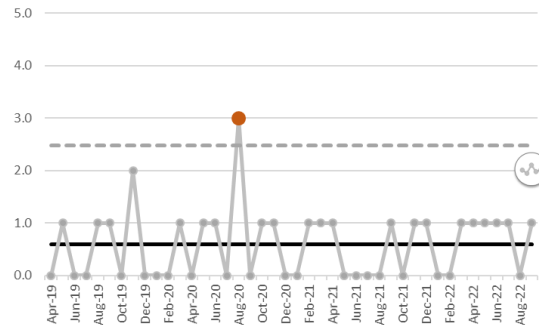
Total Inpatient Falls Per 1,000 Bed Days



Total SI Falls

1

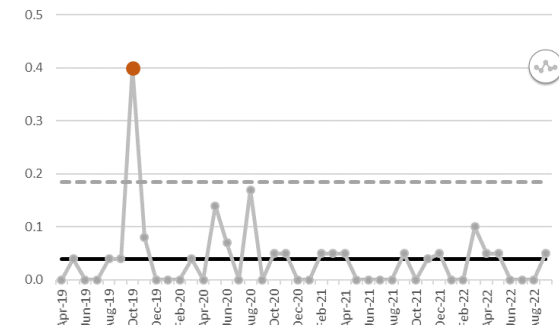
Inpatient Falls resulting in Harm



SI Falls per 1,000 bed days

0.05

Inpatient Falls resulting in Harm Per 1,000 Bed Days



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

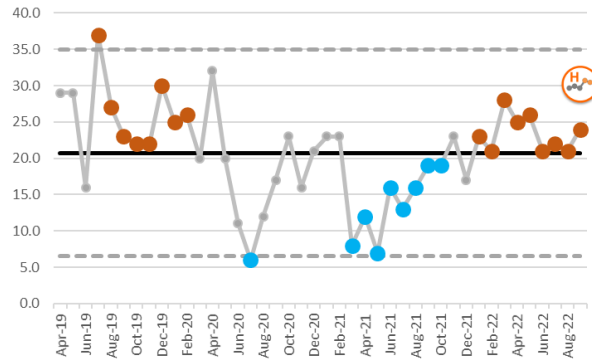
2.1 Care that is Safe – Pressure Ulcers

Total Hospital Acquired Pressure Ulcers (HAPUs)	Hospital Acquired Pressure Ulcers Causing Harm
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target
139/116 (Target Year End – 233)	1/2 (Target Year End – 4)
What does the data tell us? Total HAPU's <ul style="list-style-type: none"> The total number of HAPUs for Sep-22 increased to 24 and fell above the in-month target (19). The total number of HAPUs for Sep-22 occurring at the ALEX rose to 8, with the highest ward total of 3 on the Medical Short Stay Unit. The total number of HAPUs for Sep-22 occurring at WRH remained unchanged at 16, with the highest ward total of 3 occurring on the Acute Medical Unit. We have breached our 22/23 to date trajectory by 23 HAPU's. HAPU's causing Harm <ul style="list-style-type: none"> There were zero HAPUs causing harm in Sep-22 which was compliant with the in-month target. We continue to be below our 22/23 to date trajectory by 1 HAPUs causing harm. 	What improvements will we make? <ul style="list-style-type: none"> Continued focus on national campaigns and local education through quality improvement plans at ward level. Learning from Serious Incidents Actions Bespoke tissue viability training with areas identified increased prevalence. Ensure that Agency Staff P.U.P induction questionnaires are being implemented for assurance. Planned educational sessions for all staff (P.U.P training) continue to take place : to increase awareness and implement best practice . Encourage staff attendance to all educational sessions to increase awareness.
Current Assurance Level – 6 (Sep-22)	When expected to move to next level of assurance: To be reviewed based on Q3 outcomes
Previous Assurance Level – N/A	SRO: Paula Gardner(CNO)

Total
HAPUs

24

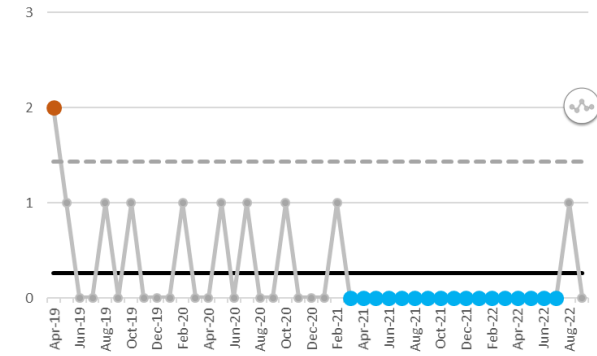
Total Hospital Acquired Pressure Ulcers (HAPUs)



HAPU's
Causing
Harm

0

Hospital Acquired Pressure Ulcers causing Harm



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

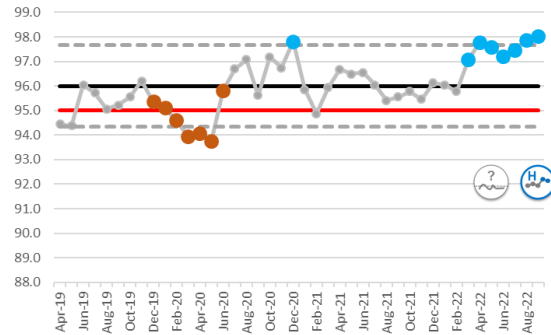
2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Sep-22	Target	Sep-22	Target	Sep-22	Target	Sep-22	Target
98.0%	95%	95.6%	95%	87.5%	95%	100%	95%
<ul style="list-style-type: none"> The recommended rate for Inpatients achieved the target at 98.0% in Sep-22, and this is the 19th consecutive month compliance has been attained. The response rate was also above trust target at 42.77%. The recommended rate for Maternity increased to 100% in Sep-22 and achieved the target. The target has been reached in 8 of the last 12 months. The response rate also dropped and remains below the trust target at 1.67%. The recommended rate for Outpatients rose to 95.6% and achieved the target. The target has been reached in 4 of the last 12 months. The response rate increased slightly and was above target at 11.6% The recommended rate for A&E increased to 87.54% but still failed to achieve the target. The response rate decreased and fell below target at 19.86%. 				<ul style="list-style-type: none"> The new Divisional Quarterly reporting template and governance process is enhancing understanding of what our feedback is telling us and how we are learning/sharing. These reports are generated divisionally and discussed at the Patient, Carer and Public Engagement steering group and presented at Clinical Governance Committee. The reports focus on response rates, the Top Three Themes for Learning and Improvement and Actions Being Taken. The steering group provides opportunity to discuss and share good practice and for areas consistently meeting the target to share their approaches. Themes are presented alongside other feedback measures including CQC “Picker” surveys, compliments, PALS and complaints for example. Two divisions have been supported with completion of the reports (September 2022) and the next steering group in November is expected to receive fully completed reports from every division to ensure the same focus across the Trust. This is expected to support a focus on continued improvement with response rates and learning. Governance teams across divisions are supporting areas to pull out comments to share as the majority of comments are positive – this can boost staff morale and encourage staff to collect feedback; approaches are discussed and shared divisionally and at the Patient, Carer and Engagement steering group. The Lead Nurse who has responsibility for supporting staff to increase and maintain response rates is no longer in post however this post has been recruited into with a start date anticipated for Q3. Divisional approaches to support a continued focus to increase FFT communication include, local “league tables” to generate healthy competition to improve responses and monthly ward manager reports 			
Current Assurance level – 5 (Sep-22) Reason: sustained improvement seen across areas however response rate remains low in maternity. Options to be explored in Q2 approved in mid-October at CETM. To now be progressed in Q3.				When expected to move to next level of assurance: To be reviewed at the end of Q3.			
Previous Assurance Level – 5 (Jul-22)				SRO: Paula Gardner(CNO)			

FFT
Inpatient
Recommended %

98.03

FFT IP recommended

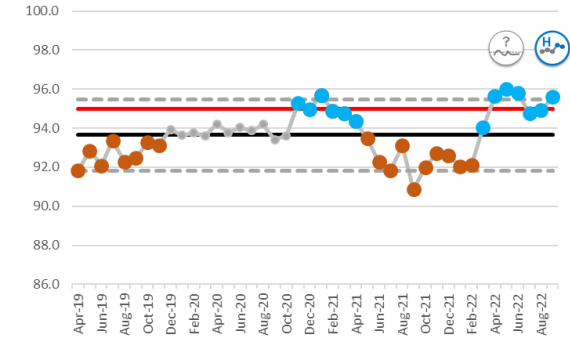


Please note that % axis does not start at zero.

FFT
Outpatient
Recommended %

95.60

FFT Outpatient recommended

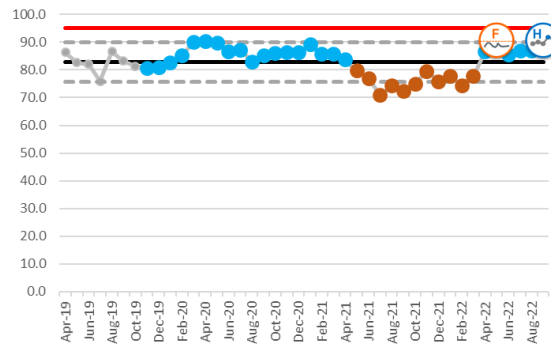


Please note that % axis does not start at zero.

FFT AE
Recommended %

87.54

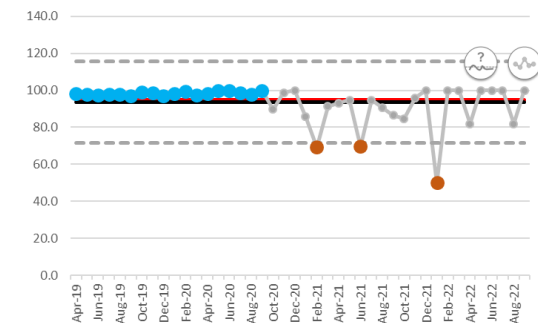
FFT A&E recommended



FFT
Maternity
Recommended

100

FFT Maternity recommended



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days		
Aug-22	Sep-22	Target
57.69	58.54	80%

<p>What does the data tell us?</p> <ul style="list-style-type: none"> The % of complaints responded to within 25 days increased slightly in Sep-22 to 58.54%, but was still below target (80%). This is the 3rd consecutive month that the target has not been achieved, and the 9th time in the last 12 months. The Specialty Medicine Division achieved 100% compliance in Sep-22 (out of 6 complaints) The non-compliant Divisions scored: Urgent Care 83% (out of 6 complaints), SCSD 75% (8), Surgery 56% (9) and Women's & Children's 9% (11) 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> A significant proportion of breach cases were submitted for response in late September/early October – it should be noted that positive work to address any backlog will lower the percentage for October and potentially this will continue into November. All open Corporate cases will be reviewed by the Complaints Manager & Deputy Complaints Manager to aim for early resolution. Breach cases will be closed in October in order to ensure that any new corporate cases which are received going forward can be resolved promptly. The total number of overdue complaints has reduced through September and October 2022, albeit slowly; for November, the Complaints Manager will contact Divisions (W&C & Surgery) who have the largest number of breaches to discuss actions to address their backlogs. Continued focus will be devoted to processing complaint responses ASAP through November.
<p>Current Assurance Level – 5 (Sep-22) Reason: The number of breaches has risen in line with the rise in new cases, however this is beginning to reduce; this demonstrates that demand is greater but established processes are working</p>	<p>When expected to move to next level of assurance: To be reviewed in Q4 when response rate compliance is expected to be back to target.</p>
<p>Previous Assurance Level – 5 (Jul-22)</p>	<p>SRO: Christine Blanshard (CMO)</p>

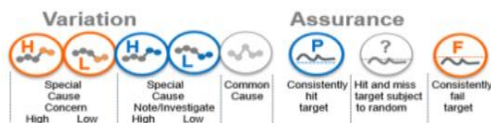
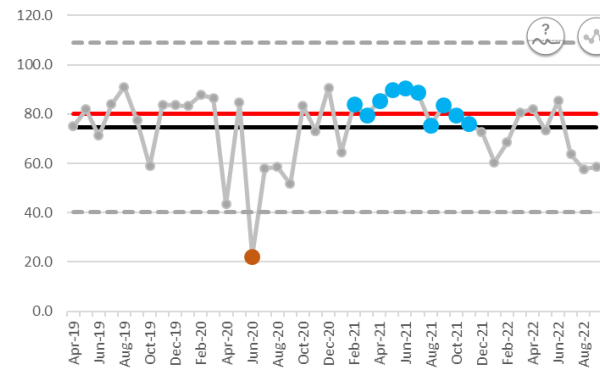
Month 6 [September] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sep-22 as 9th October 2022

Complaints
Responded
to Within
25 Days
(%)

58.54%

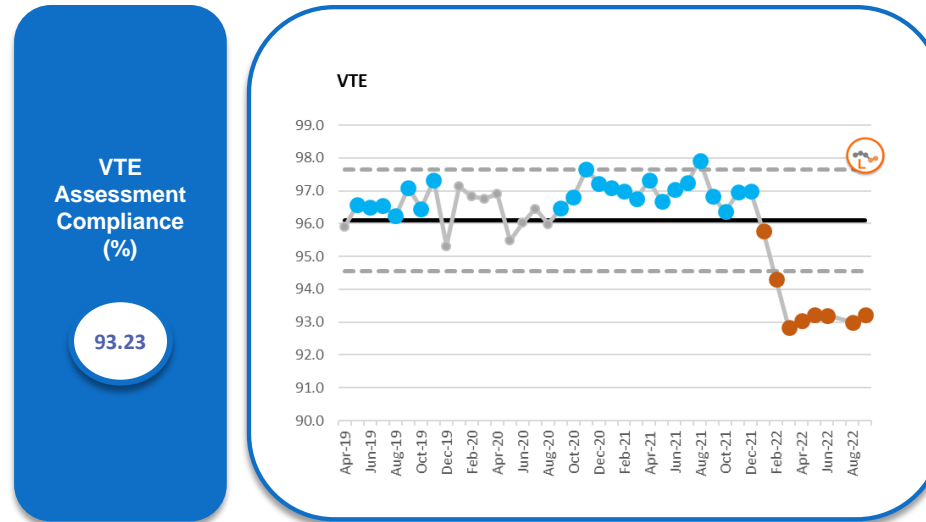
Complaints Responded to Within 25 Days



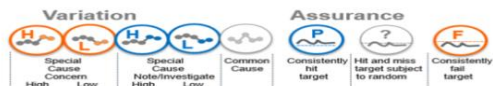
Graphs include Sep-22 data – presentation is using the national SPC toolkit.

2.2 Care that is Effective – VTE assessment on Admission to Hospital

VTE assessment on admission to hospital	
Sep-22	Target
93.2%	95%
What does the data tell us? <ul style="list-style-type: none"> We are aware the inclusion of W&C data means we are not meeting the target. However, W&C are now entering VTE assessments via Badgernet which have not yet been factored into the Trust results. SCSD - 99.75% Specialty Medicine - 97.51% Surgical- 92.16% Urgent Care- 96.19% Womens & Childrens - 43.66% 	What improvements will we make? <ul style="list-style-type: none"> Further investigation of data pulled from Badgernet to ensure that there isn't a compliance issue Continued discussion at the Trust Thrombosis group to improve compliance in the surgical division.
Current Assurance Level: 7 (Sep-22)	When expected to move to next level of assurance : N/A
Previous Assurance Level – 7 (Aug-22)	SRO: Christine Blanshard (CMO)



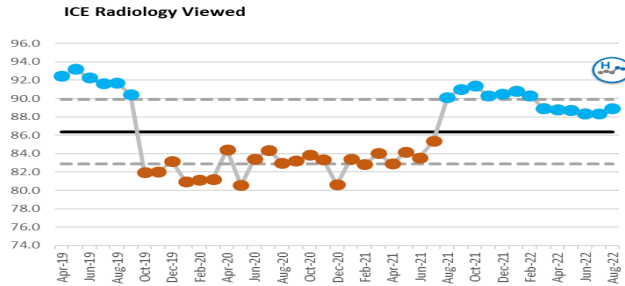
Please note that % axis does not start at zero.



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

ICE reports
viewed
radiology
(%)

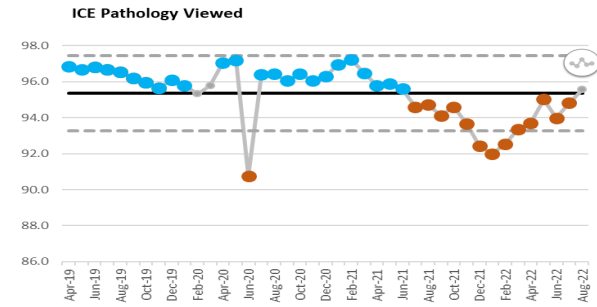
88.91



Please note that % axis does not start at zero.

ICE reports
viewed
pathology
(%)

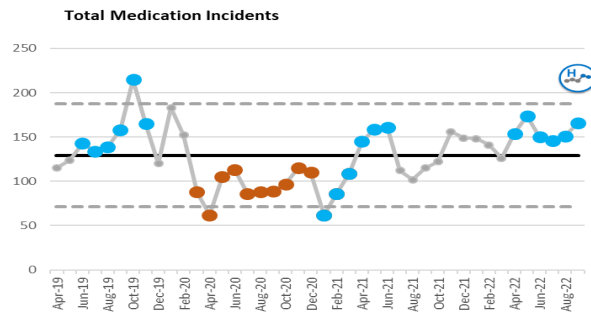
95.57



Please note that % axis does not start at zero.

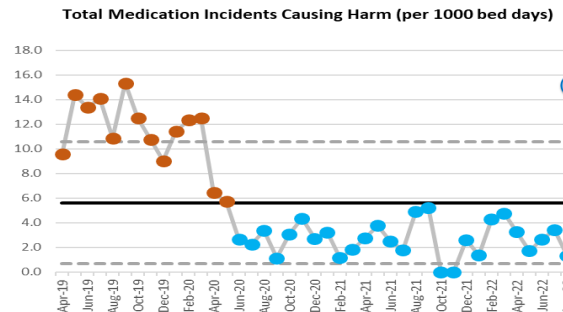
Total
Medication
Incidents
reported

166



Medication
Incidents
Causing
Harm (Per
1,000 Bed
Days)

5.42



Graphs include Sep-22 data – presentation is using the national SPC toolkit.

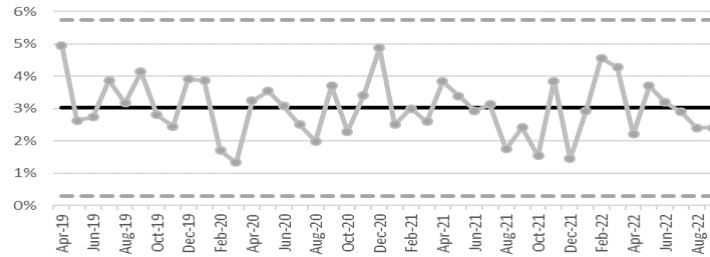
Maternity

Admission of full-term babies to neonatal care	Neonatal Deaths (>24 ⁺⁰ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
								447	459
What does the data tell us? <ul style="list-style-type: none"> Eight of the core metrics have not changed significantly and show a level of natural variation you would expect to see. Inductions of labour is showing statistically significant improvement. Although not improvement or concern, vaginal deliveries and elective caesareans are both showing statistically significant variation. These metrics are linked as a reduction in vaginal deliveries is being balanced by an increase in elective c-sections. The only metric to show special cause concern is Booked before 12⁺⁶ weeks. There was two stillbirths in month, but no maternal or neonatal deaths in Sep-22. The in-month stillbirth rate per 1,000 births is 4.4 and the neonatal rate per 1,000 births 0. NHS 			What have we been doing? <ul style="list-style-type: none"> Service Improvement Plan remains paused due to service challenges (staff not available for engagement) however some previously agreed work has continued. Plan to restart events in November. Further funding received from NHSE to support Ockenden recommendations – changes to the governance team agreed and posts now advertised or moving through the banding and/or recruitment process. Commenced monthly compliance and assurance meetings following recruitment of lead midwife and audit & guideline midwife. Review and take action on booking at 12+6 to demonstrate an improvement in Q4 Review evidence for ‘must do’s’ and should do’s and made progress with displaying public data – board design agreed and order to be raised. Completed NHSE maternity self-assessment action plan – evidence collated and action plan in progress Completed Ockenden action plan for the final report and evidence collated, position report shared at Board 14 WTE midwives in pipeline – 11WTE arrived in September 3TE expected by the end of Q3 Submitted bid for IR – Outcome expected in October 						
			What are we going to do? <ul style="list-style-type: none"> Restart engagement events for MSIP when staffing allows Preparing for expected CQC visit Recruitment events for Midwives Prepare one over arching action plan for all maternity improvements. 						
Current Assurance Level: 5 (Sep-22)			When expected to move to next level of assurance: <ul style="list-style-type: none"> Completion of work outlined in service improvement plan No midwifery vacancies No medical staffing vacancies 						
Previous Assurance Level: 5 (Aug-22)			SRO: Paula Gardner (CNO)						

% admission of full-term babies to neonatal care

2.4%
10 babies

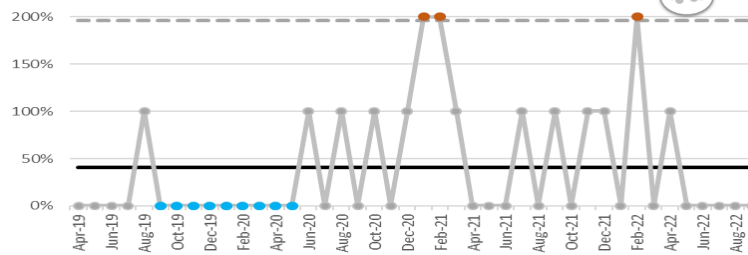
% full-term babies to neonatal



Neonatal Deaths (>24+0 weeks gestation)

0

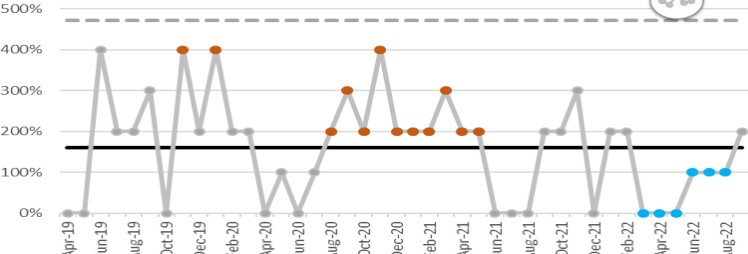
Neonatal deaths



Stillbirths

2

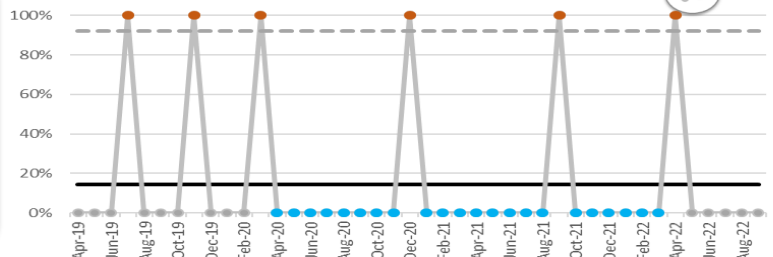
Stillbirths



Maternal Deaths

0

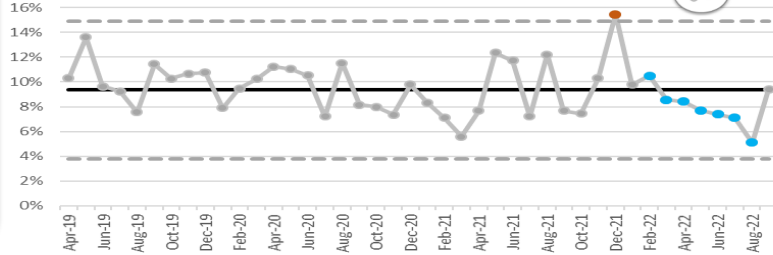
Maternal Deaths



% Pre term births

9.4%
25 births

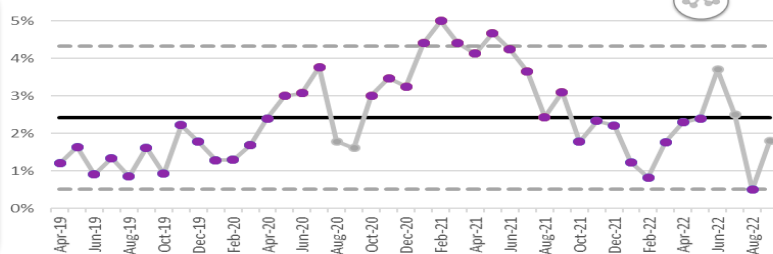
% Pre term births



% Home births

1.8%
8 births

% Home births



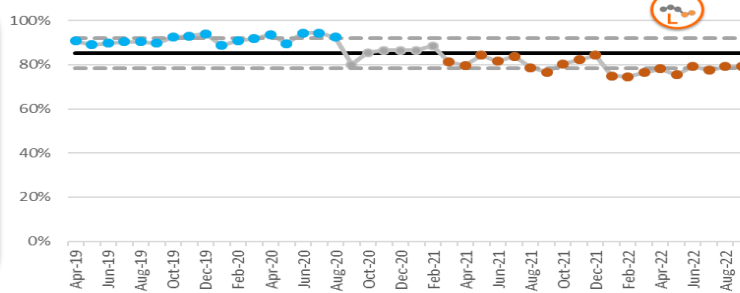
● Purple SPC dots represent special cause variation that is neither improvement or concern

Graphs include Sep-22 data – presentation is using the national SPC toolkit.

Booked before 12⁺6 weeks

79.2%
357 of 451

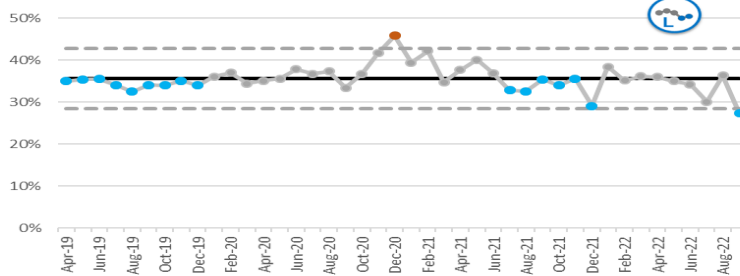
Booked before 12 + 6 weeks



Inductions of labour

27.3%
122 inductions

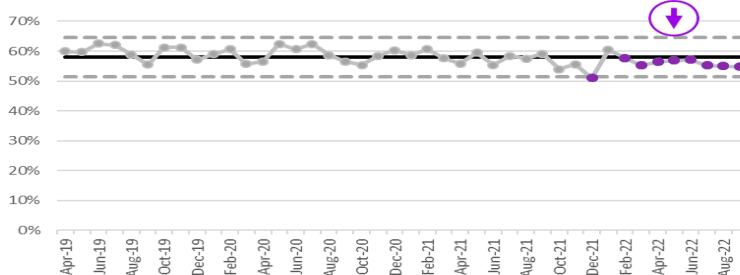
Inductions of labour



Vaginal Deliveries (non-instrumental)

54.8%
245 deliveries

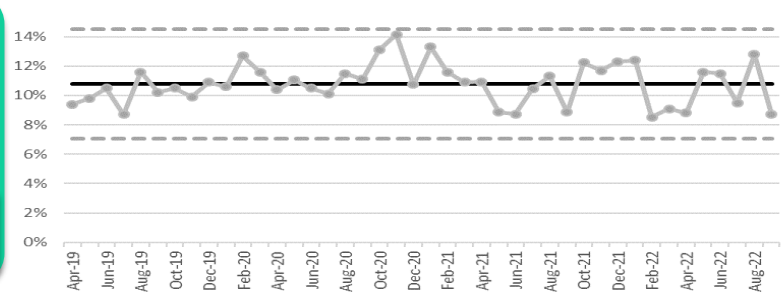
Vaginal deliveries



Instrumental Delivery

8.7%
39 deliveries

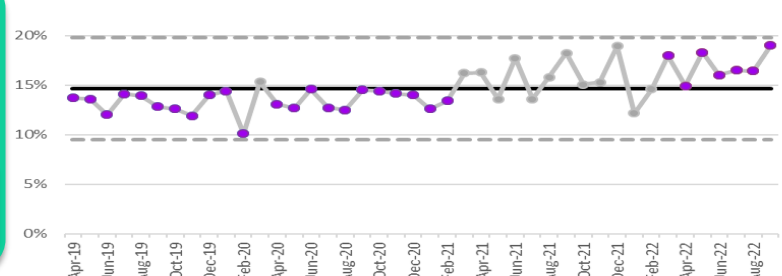
Instrumental delivery rate



Elective Caesarean

19.0%
85 deliveries

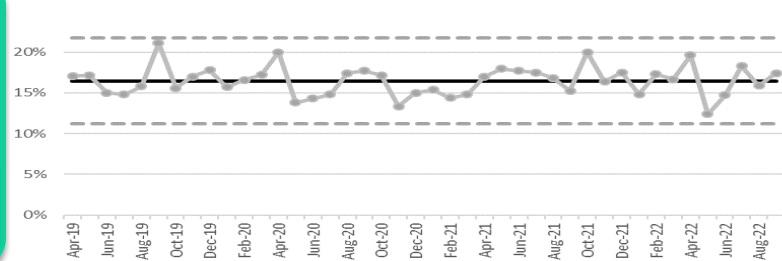
Elective caesareans



Emergency Caesarean

17.4%
78 deliveries

Emergency caesareans

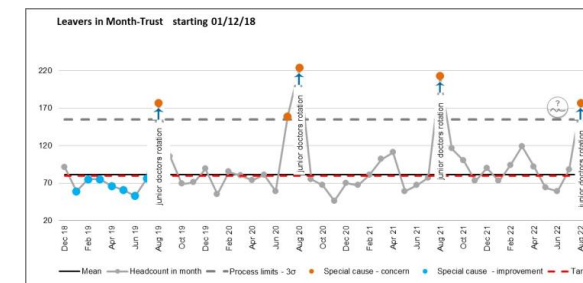
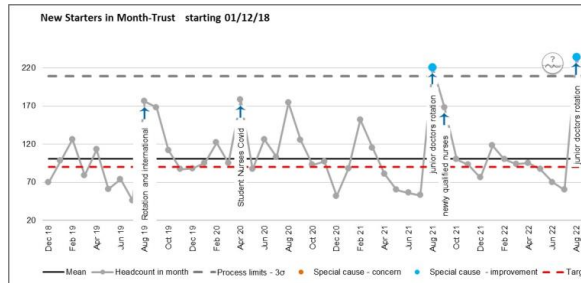
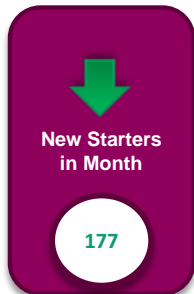
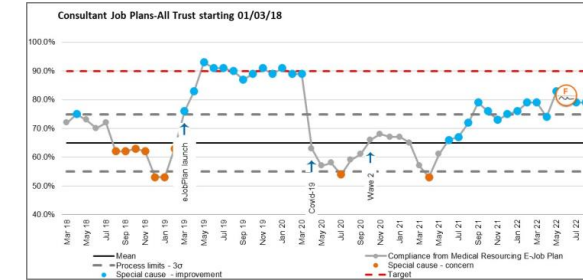
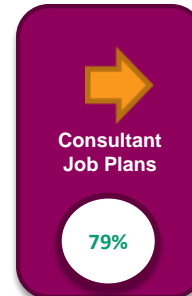
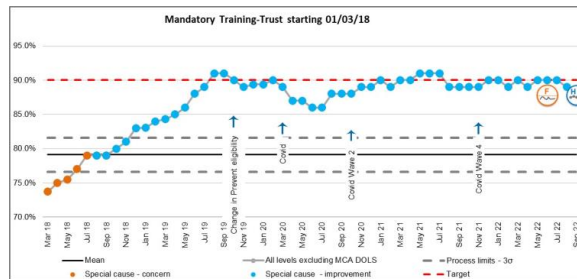
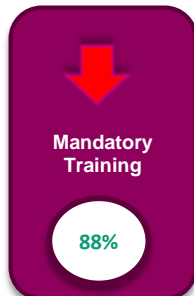
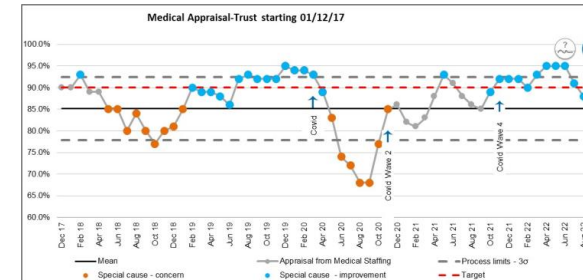
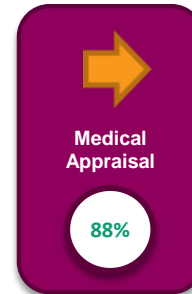
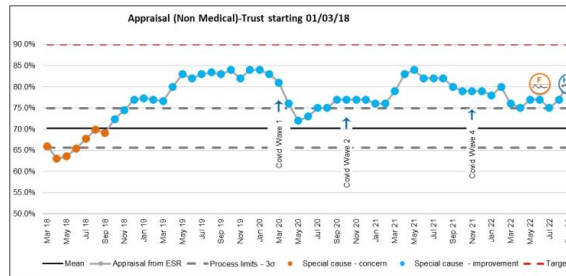
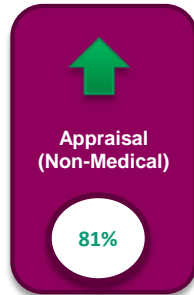


●Purple SPC dots represent special cause variation that is neither improvement or concern

Graphs include Sep-22 data – presentation is using the national SPC toolkit.

Workforce

	Comments
Getting the Basics Right	<ul style="list-style-type: none"> Mandatory training has dropped by 1% for the second month running to 88% against a Model Hospital average of 88% and a Trust target of 90%. Non medical appraisal has improved by 4% to 81% compared with the national average of 78% and Trust target of 90%. Recruitment – we have 84 more starters than leavers this month including 50 new Registered Nurses, 42 new HCAs, 32 Medics and 18 AHPs. We lost 25 registered nurses this month including 2 retirements, 7 to work life balance and 2 to incompatible working relationships 5 registered nurses have taken flexible retirement and returned to the Trust.
Performance Against Plan	<ul style="list-style-type: none"> Our gross establishment has increased by 4 wte this month to 6,842 wte . The growth is 2 midwives and a Nurse and Consultant related to the winter plan. The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,555 wte. We have refreshed the workforce plan in line with starter and leaver trends, and due to increased starters and reduced leavers, are currently 53.63 wte ahead of the revised plan.
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> Monthly sickness has increased by 0.12% to 5.24% against a national monthly average of 6.2%. This equates to an average of 316 wte staff absent each calendar day of the month. Long term sickness has reduced by 0.63% and is 0.14% lower than the same period last year. Short term sickness has increased by 0.56% and is 0.5% higher than the same period last year primarily due to covid, gastrointestinal problems, coughs, colds and flu. There are 172 staff on maternity leave (increase of 11), and 74 wte on other leave each day. Annual leave in September has reduced by 198 wte average per day to 552 wte per calendar day. The total average number of staff absent each day during September is 1,162 wte. The annual turnover rate remains of concern but has slightly improved by 0.21% this month to 13.55% against a target of 11.5%. This is 3.52% worse than the same period last year. SCSD and Digital are the only divisions that are near to target. All other divisions range between 13.48% and 16.9%. Healthcare Assistants and midwives are hotspots for high turnover.
Staff Health & Wellbeing	<ul style="list-style-type: none"> Cumulative sickness (rolling 12 months) has reduced marginally to 5.62% which is above our 5.5% target but remains better than 6.2% national average. Sickness due to S10 (stress and anxiety) reduced by 0.12% this month to 1.24% Surgery, Specialty Medicine, Corporate and Digital now have a lower level of S10 absence than pre-pandemic levels.



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

Substantive Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan SIP by September 2022	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,842 wte (Net establishment is: 6,555 wte)	6,003 wte	5,949 wte	12.26% (Net rate is: 8.43%)	6,659 wte	7.40%	8.67%

What does the data tell us?

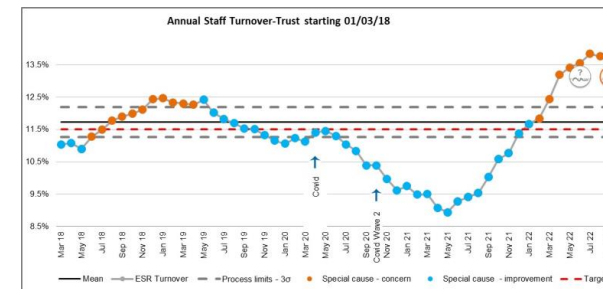
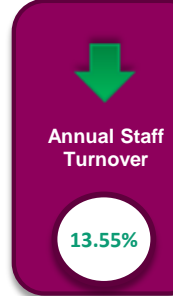
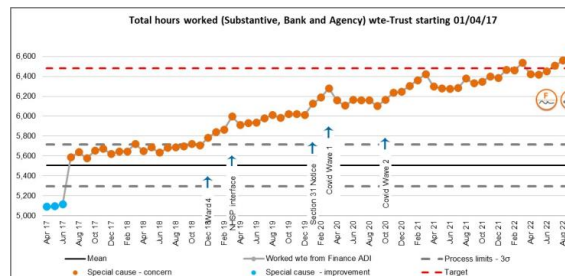
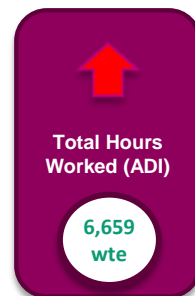
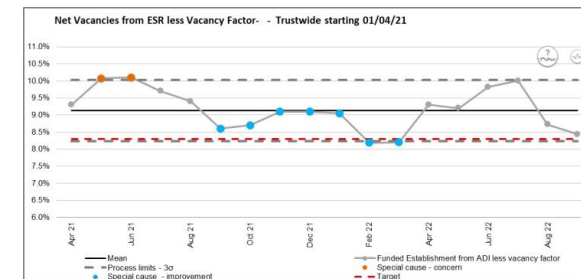
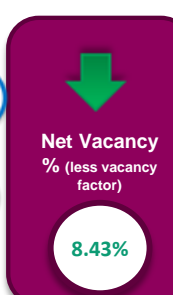
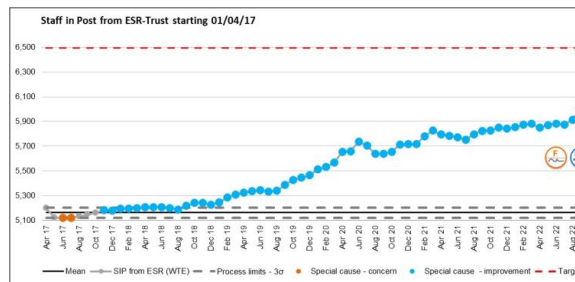
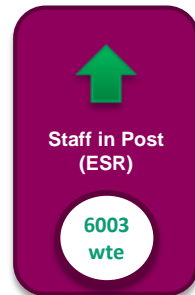
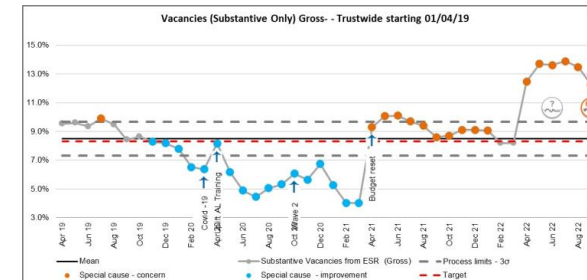
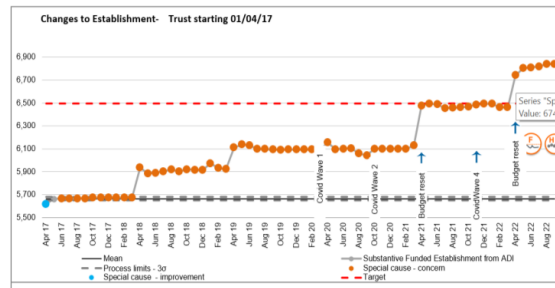
- **Staff in Post** – has increased this month by 87 wte to 6,003 wte against a slightly increased establishment of 6,842 wte (gross) or 6,555 wte (net) with vacancy factor removed.
- **Total Hours worked** – There has been a 100 wte increase in the overall hours worked primarily due to higher numbers of staff in post. This is offset by a decrease of 11 wte in bank, and increases of 64 in substantive, and 47 in agency. Total Hours worked is 328 wte higher than the same period last year for the reasons stated above plus additional capacity areas such as discharge lounge
- **Agency Hours worked** – Women and Children have increased temporary staff hours worked by 27 which correlates with higher vacancies, high turnover and high sickness levels, however this has primarily been covered by bank rather than agency. Specialty Medicine has increased temporary staff hours worked by 21 wte, and Surgery by 31 wte.
- **Agency Spend as a % of Gross Cost** – Bank and Agency usage has increased by 37 wte this month but the spend has reduced in terms of % of gross cost. This is partly because of better rates but also due to the substantive gross cost increasing. Agency has reduced by 0.09% and bank by 1.38% The biggest growth is in Specialty Medicine. Agency spend has reduced in Urgent Care, Women and Children and Corporate. Digital continue to use Bank rather than agency. Urgent Care continues to be an outlier with 21.63% of gross spend on Agency.
- **Bank spend as a % of gross cost** - Bank staff spend as a % of gross spend has reduced by 1.38% to 7.40% but this spend is encouraged to avoid agency or overtime.

National Benchmarking (September 2022)

We are in the 4th quartile (Worst) for Nursing Agency spend with 10.2% of gross cost compared to national average of 6.4% (June 2022 rates). We have improved to the 3rd quartile for Medical Agency spend with 11.9% compared to national average of 7.4% and Peer median of 10.9% (June 2022 rates).

September - Month 6 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for September 2022 as 11th October 2022



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

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave	Total Leave
13.55%	5.24% 316 wte average per day	172 headcount	552 wte average per day	74 wte average per day	1162 wte average per calendar day

What does the data tell us?

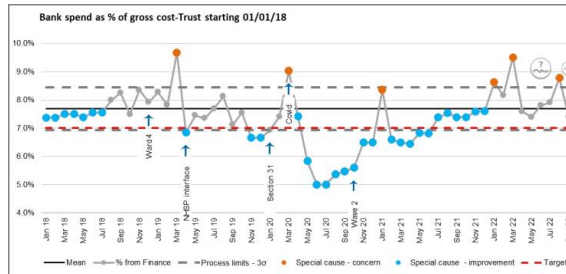
- **Staff Turnover** – Staff annual turnover has improved by 0.21% this month to 13.55% which is 3.52% worse than the same period last year. This remains above our 11.5% target which was already adjusted for covid but has shown an improving trajectory for the last two months.
- **Monthly Sickness Absence Rate** – Sickness has increased by 0.12 % to 5.24% which is 0.12% better than the same period last year. Cumulative sickness for the 12 month period has reduced by 0.05% to 5.62% which is 0.68% higher than the same period last year. Sickness rates are driven by an increase in short term sickness this month primarily due to xx. Estates and Facilities and Women and Children's continue to be hotspot areas and Urgent Care has also seen an increase this moth. The average number of staff off sick each day has increased by 13 wte per day to 316 wte (including 94 registered nurses, 84 HCAs, and 49 Admin and Clerical staff (primarily in Corporate and SCSD).
- **Maternity/Adoption Leave** –Maternity has increased by 11 headcount this month to 172 which is 12 lower than the same period last year so has normalised from the height of the pandemic. Specialty Medicine, Surgery, and SCSD have the highest numbers of nursing staff on maternity leave. SCSD have seen an increase of 7 and Surgery of 6 which will impact on bank and agency cover.
- **Annual Leave** – Annual leave has reduced this month as expected with the end of school holidays. However September did have an extra bank holiday for the Queen's funeral so will have impacted on bank and agency spend. There have been an average of 552 staff off on annual leave for each day this month which is 198 staff less off each day than in August. All divisions and staff groups have a reduction in annual leave this month.
- **Other leave** – Absence due to other leave has increased by 7 wte this month to an average of 74 wte staff off per day. The biggest increase is in Registered Nurses.
- **Total Leave** – In total there are on average 1162 staff absence for each calendar day during September. This is a drop of 132 from last month.
- **Booking Reasons** – 750 wte staff were booked via NHS Professionals to cover gaps compared to 761 wte last month. This included 436 wte staff booked to cover vacancies, 141 wte for sickness (including 84 Registered Nursing and 52 HCAs), 38 wte additional beds/capacity, 19 to cover maternity, 18 for Covid additional staff, 29 specialising, 14 redeployment, 11 unplanned leave and 9 for covid absence

National Benchmarking (September 2022)

Our Monthly Staff Turnover on Model Hospital had increased to Quartile 3 overall with a rate of 1.18% compared to national average of 1.13% (April 2022 data). Our turnover of Registered Nurses was good at 9.5% compared to national average of 13.1% (March 2022 rates) but this is expected to have declined when the data is refreshed. Turnover of medics is high at Quartile 3 (33.3% compared to national average of 30.6% (March 2022 rates). We have remained in the 2nd Quartile in terms of Sickness on Model Hospital as at March 2022 (latest data) when our sickness was 5.8% against a National median of 6.2% and a peer median of 6.8%.

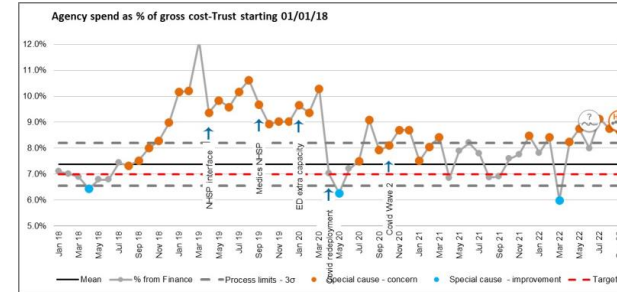
Bank Spend
as a % of
Gross Cost

7.40%



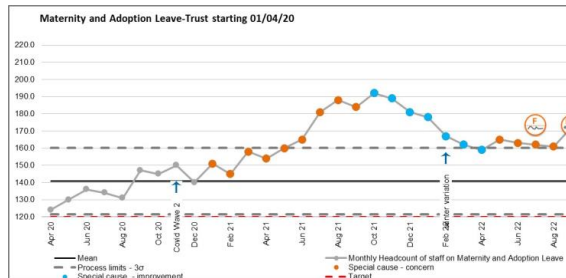
Agency Spend
as a % of
Gross Cost

8.67%



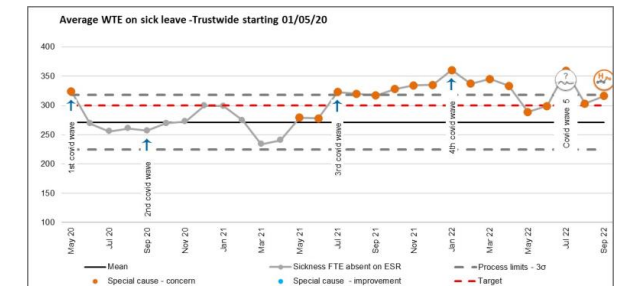
Maternity/
Adoption
Leave
(Headcount)

172



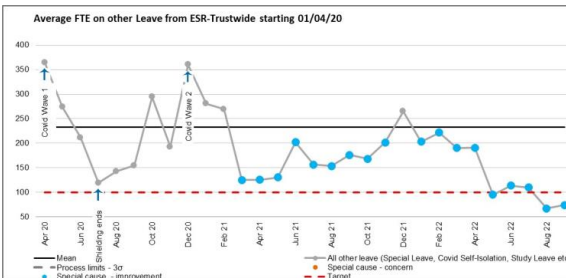
Monthly
Average Staff
off Sick Per
Day

316
wte



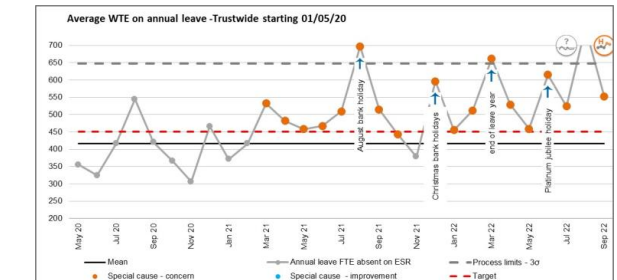
Any Other
Leave
(Average FTE
per day)

74 wte



Annual Leave
(average staff
on leave each
day)

552
wte



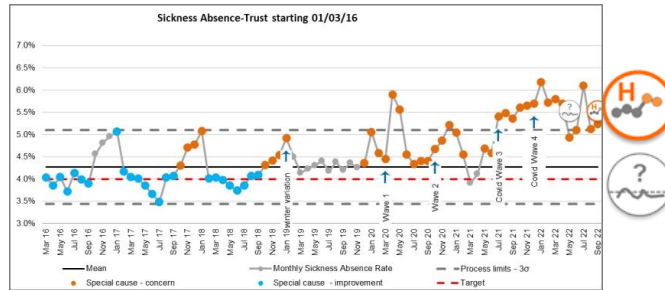
Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

September - Month 6 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for September 22 as 11th October 2022

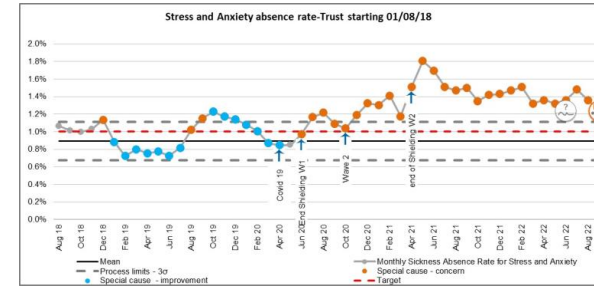
Monthly Staff
Sickness
Absence Rate

5.24%



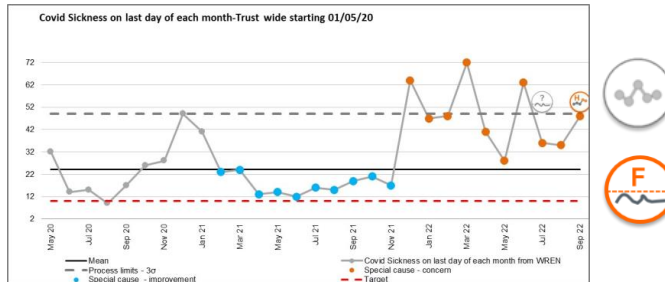
% Staff
absent due to
Stress and
Anxiety (S10)

1.24%



Covid
Sickness
(S27)

48

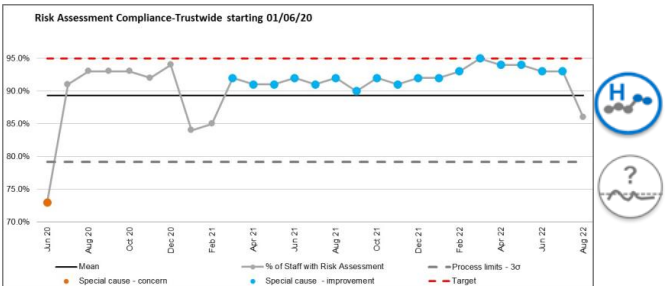


Trust
Sickness
compared to
Model
Hospital
Benchmark

System	Organisation Name	Sickness Absence Rate
Worcestershire and Shropshire	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
Worcestershire and Shropshire	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%
	Worcestershire and Shropshire NHS Foundation Trust	5.2%

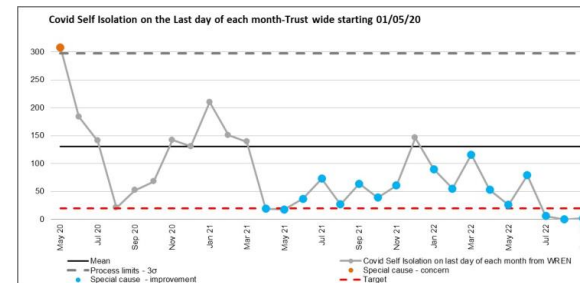
Covid Risk
Assessment
Compliance

86%



Number Self
Isolating

2



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



Strategic Priorities: Workforce

Strategic Business Priorities			
BP1: Leadership <i>An empowered, well led workforce that delivers better outcomes and performance for our patients</i>	BP2: Workforce Planning and Transformation <i>The right-sized, cost effective workforce that is organised for success</i>	BP3: OD and Staff Experience <i>A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work</i>	BP4: Future of HR and OD <i>A people function that is organised around the optimum employee journey</i>
Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride			
How have we been doing? The following areas are where we perform below peer group average: <ul style="list-style-type: none"> • High levels of staff turnover (we are in the 3rd quartile) • Sickness absence levels are high in comparison to previous year but are lower than Model Hospital average Also of note is the sustained use of bank and agency usage (we are in the 3 rd Quartile for Medics and Registered Nursing) which is a result of: <ul style="list-style-type: none"> - Opening of the Acute Medical Unit and Pathway Discharge Unit - High levels of vacancies due to the increase in turnover - Continued higher levels of sickness absence - High patient acuity (specialising) - Continued use of surge areas - Rollout of the covid and flu vaccination programme which requires resource to staff it 		What improvements will we make? <ul style="list-style-type: none"> • The first Rapid Improvement Workshop focussing on recruitment – specifically the ATR process - has taken place. • We are reducing our time to recruit through the recruitment value stream • We have launched NHS Jobs 3 which interfaces with ESR to improve user experience, reduce duplication, improves visibility and and will improve reporting • We have launched the Covid and Flu vaccination clinics • A Kaizen event on Establishment is booked with the Strategy and Planning Department and Finance 	
Overarching Workforce Performance Level – 4 – September 2022 Previous Assurance Level - 5 – August 2022		To work towards improvement to next assurance level	

Finance

2022/23 Plan

Our 2022/23 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 21/22 adjusting for workforce and activity trajectories, inflationary pressures and the full year effect of any PEP schemes or Business cases which started part way through 21/22. We have then overlaid any new PEP Schemes, new Business Cases and applied a vacancy factor. The Trust originally submitted a full year plan deficit of £(42.4)m in April 2022. Following a re distributions of income from the CCG the Trust's plan was resubmitted in June 2022 with a full year deficit of £(19.9)m.

Month 6

In M6 actual **deficit of £(1.4)m** against a plan of **£(1.4)m deficit**, breakeven in month. YTD M6 actual **deficit of £(10.25)m** against an plan of **£(10.05)m deficit**, an adverse variance of £0.2m.

Statement of comprehensive income	Plan £'000	Sep-22 Actual £'000	Variance £'000	Plan £'000	Year to Date Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,500	52,029	4,529	284,514	290,013	5,499
Other operating income	2,656	2,277	(379)	15,327	14,028	(1,299)
Employee expenses	(29,966)	(33,827)	(3,861)	(179,102)	(183,839)	(4,737)
Operating expenses excluding employee expenses	(19,793)	(20,148)	(355)	(119,772)	(119,686)	86
OPERATING SURPLUS / (DEFICIT)	397	331	(66)	967	516	(451)
FINANCE COSTS						
Finance income	0	71	71	0	268	268
Finance expense	(1,165)	(1,167)	(2)	(6,990)	(7,009)	(19)
PDC dividends payable/refundable	(682)	(681)	1	(4,088)	(4,088)	0
NET FINANCE COSTS	(1,847)	(1,777)	70	(11,078)	(10,829)	249
Other gains/(losses) including disposal of assets	0	0	0	0	251	251
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1,450)	(1,446)	4	(10,111)	(10,062)	49
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	(1,450)	(1,446)	4	(10,111)	(10,062)	49
Remove capital donations/grants I&E impact	11	10	(1)	62	61	(1)
Adjusted financial performance surplus/(deficit)	(1,439)	(1,436)	3	(10,049)	(10,001)	48
Less gains on disposal of assets	0	0	0	0	(251)	(251)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	(1,439)	(1,436)	3	(10,049)	(10,252)	(203)

I&E Delivery Assurance Level: **Level 3**

Reason: £(19.9)m deficit plan submitted for 22/23 with risks to delivery including (but not limited to):

- Inability to deliver unidentified PEP – note current forecast is £8m against £15.7m plan
- Slippage on any identified transformational PEP
- Failure to secure funding for Pathway Discharge Unit (PDU) – this is currently not agreed
- Variance to delivery of planned activity to access ERF 104%, - we are not currently achieving this
- Pay and non pay inflation above Tariff levels

Assurance level remains at level 3 as a result of recent forecasting exercise suggesting there is significant risk to delivery of the £(19.9)m full year plan. Further work is currently underway on mitigations to offset this risk.

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £4.2m above the Trust's Operational Plan in September and YTD.

Key Variances in September:

- Back dated pay award adjustment £4.4m (additional 1.7% uplift taking the total pay award funding from 2.1% to 3.8%). The 2.1% was previously funded in the tariff uplift adjustment.
- Pass through Drugs & Devices £0.4m for ICBs and NHS England.
- COVID PCR testing (£0.4m) – recovery of expenditure through additional income.
- AMU/PDU reconfiguration (£0.4m) – funding is in the Trust's Operational Plan but not yet agreed by commissioners.
- Other Operating Income £0.1m – Other Non-Patient Care income £0.4m , Training & Education (£0.2m) and Car Parking (£0.1m) with the postponement of the charging.

The Trust has reported the full value of the Elective Recovery Fund (ERF) income (YTD £8.3m) in the position in line with ICB agreement. The Trust's actual performance is well below this.

Employee expenses £3.9m adverse in M6 and £4.7m YTD – In month spend of £33.8m is an increase of £3.1m compared with August. Adverse variance of £3.8m is largely due to the impact of the retrospective pay award and undelivered PEP (£0.5m in mth). Adverse variances are partially offset by favourable variances against employee expenses due to Business Case slippage (£0.4m in month, £1.8m YTD) and ERF (£0.3m in month and £0.7m YTD). Of the Business Case slippage PDU/AMU (£63k in month, £153k YTD), Ockenden and Surgery Reserve held centrally (£60k in month, £375k YTD), Surgical Reconfiguration (£4k favourable in month but £15k adverse YTD), SCSD business cases including CDH, CT3, AOS and IT (£128k in month, £763k YTD), Corporate business cases including SIM and Materials Management (£58k in month, £235k YTD), and DCR (£61k in month, £127k YTD), AKI Business Case (£11k in month, £66k YTD), ED Consultants (£13k in month, £90k YTD).

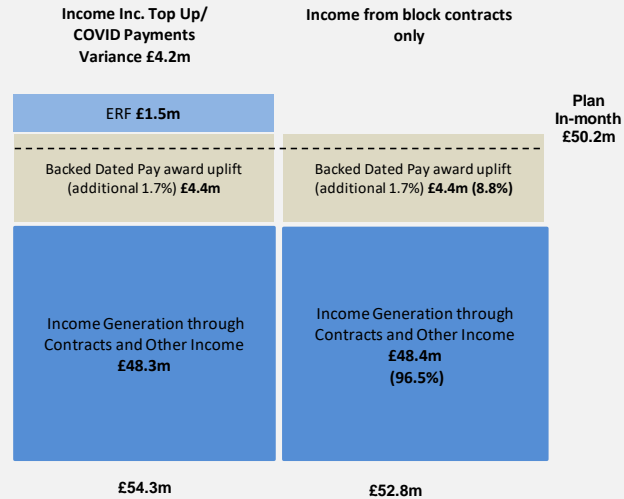
Operating expenses £0.4m adverse in M6 and £0.1m favourable YTD – Adverse variances in month due to Non PbR Drugs – offset by income (£0.4m in month, £1.9m YTD) and linked to higher activity, Premises (£0.3m adverse in month) due to PEP schemes not delivered relating to ISS and Engie performance but £0.8m favourable YTD due to underspends on energy, water and building maintenance, and Operating lease expenditure (£0.1m and £0.9m YTD) which offsets with Depreciation below.

Partially offset by favourable variances due to Depreciation (£0.3m in month and £1.8m YTD) some offsets the adverse variance on operating lease expenditure (£0.1m) due to lower impact on transition to IRFS 16 than planned, lower supplies and services linked to activity (£0.2m in month and £0.8m YTD) and Establishment (£0.1m favourable in month and £0.7m YTD) due to underspends on International Nurses (£0.4m YTD) and Data lines in Digital (£0.3m YTD)

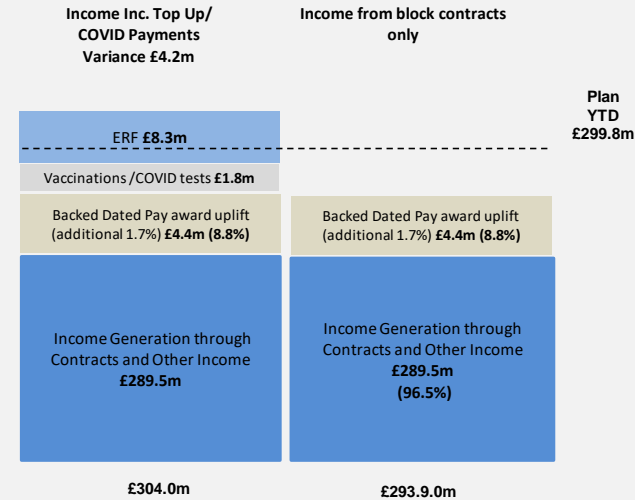
Income & Expenditure Overview

Trust Operational Plan

In-month



YTD



Income

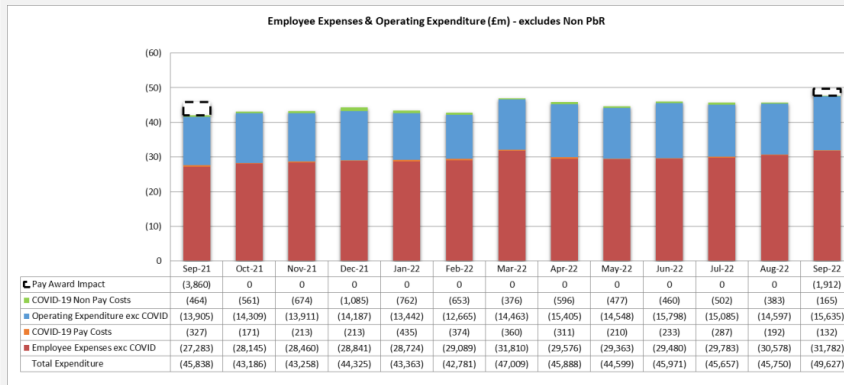
The Combined Income was £4.2m above the Trust's Operational Plan in September.

Key Variances in September:

- Back dated pay award adjustment £4.4m (additional 1.7% uplift taking the total pay award funding from 2.1% to 3.8%). The 2.1% was previously funded in the tariff uplift adjustment and included in the submission on the 20th June 2022.
- Pass through Drugs & Devices £0.4m for ICBs and NHS England
- COVID PCR testing (£0.4m) – recovery of expenditure for additional income
- AMU/PDU reconfiguration (£0.4m) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income £0.1m – Other Non Patient Care income £0.4m , Training & Education (£0.2m) and Car Parking (£0.1m) with the postponement of the charging

Elective Recovery Fund framework (ERF) - The Trust has reported the full value of the ERF income (YTD £8.3m) in the position in line with ICB agreement. The current position has not been adjusted for any risk, the ICB's expectation is that April to Sept ERF monies will be paid regardless of performance (not officially confirmed by NHSE & I).

Expenditure



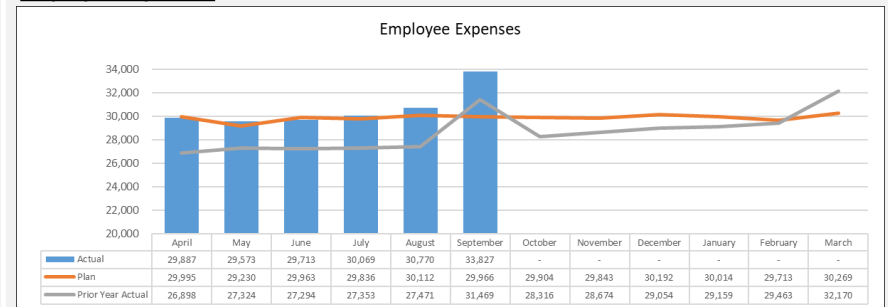
Above chart excludes Non PbR items. Month 12 adjusted to remove key one off items.

Overall employee expenses of £33.8m in month 6 is an increase of £3.1m compared with the August position. Substantive pay (excluding WLI) has increased in month by £3.0m largely due to the backdated pay award which was paid in September.

Total temporary staffing spend of £5.4m is consistent with last month and was 16.1% of the total pay bill. Agency spend increased in month by £0.2m, of which £0.1m was on Medical & Dental due to retrospective shifts being added to the NHSP system. Nursing & Midwifery agency spend also increased by £0.1m mainly in Surgery due to 'specializing' for medical outliers, increased vacancy cover and additional beds on Ward 18 and in Specialty Medicine due to patient acuity and 'specializing'. Bank spend reduced by £0.2m, £0.1m on Medical & Dental following retrospective shifts last month and £0.1m on Nursing & Midwifery due to reductions across Specialty Medicine and Urgent Care (due to lower vacancy and COVID cover).

Overall operating expenses excluding Non PbR were £15.8m in month 6, an increase of £0.8m compared with the August position of which £0.7m relates to favourable movements last month, with £0.5m on Depreciation due to a reforecast to account for slippage in the capital plan and £0.2m on Establishment following the write back of an old year invoice. Non PbR spend has reduced by £0.4m in month, £0.23m on drugs and £0.13m on devices.

Employee Expenses



Employee Expenses	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Mvmt	YTD
Agency	(2,172)	(2,149)	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(2,462)	(2,588)	(2,374)	(2,745)	(2,695)	(2,934)	(240)	(15,798)
Bank	(2,327)	(2,085)	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(2,269)	(2,184)	(2,313)	(2,380)	(2,702)	(2,505)	197	(14,353)
Temporary Total	(4,498)	(4,235)	(4,400)	(4,672)	(4,795)	(4,883)	(6,981)	(4,731)	(4,772)	(4,687)	(5,125)	(5,397)	(5,439)	(42)	(30,151)
WLI	(316)	(332)	(271)	(328)	(285)	(420)	(611)	(330)	(403)	(296)	(439)	(395)	(391)	5	(2,254)
Substantive	(26,655)	(23,750)	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(24,826)	(24,398)	(24,730)	(24,505)	(24,978)	(27,997)	(3,019)	(151,434)
Substantive Total	(26,970)	(24,082)	(24,273)	(24,382)	(24,364)	(24,580)	(25,189)	(25,156)	(24,801)	(25,026)	(24,944)	(25,373)	(28,388)	(3,014)	(153,688)
Employee Expenses Total	(31,469)	(28,316)	(28,674)	(29,054)	(29,159)	(29,463)	(32,170)	(29,887)	(29,573)	(29,713)	(30,069)	(30,770)	(33,827)	(3,057)	(183,839)
Agency %	6.9%	7.6%	7.8%	8.5%	7.8%	8.4%	8.4%	8.2%	8.8%	8.0%	9.1%	8.8%	8.7%	-0.1%	51.5%
Bank %	7.4%	7.4%	7.6%	7.6%	8.6%	8.2%	13.3%	7.6%	7.4%	7.8%	7.9%	8.8%	7.4%	-1.4%	46.9%
Bank & Agency %	14.3%	15.0%	15.3%	16.1%	16.4%	16.6%	21.7%	15.8%	16.1%	15.8%	17.0%	17.5%	16.1%	-1.5%	98.4%

Operating Expenses



Capital

The Trust Capital forecast against a revised internal plan of £56.4m is estimated to be £13m overspent against our CRL. The expenditure to date is £8.1m with a forecast for month 7-12 of £61.2m totalling £69.3m. The internal plan has been amended to reflect the changes in PDC funding for centrally funded initiatives on Theatres (TIF), Acute Services Review, ICT and Community Diagnostics (CDC2). Since month 5, all work stream leads have provided more detailed monthly profiles of expenditure to enable decisions to be made on delaying spend into future years to reduce the projected over spend. Mitigations have not yet been agreed and the Trust is working with both ICB and Region to broker solutions. A full risk assessment still needs to be undertaken ahead of any decision being made.

Capital Assurance Level: Level 4

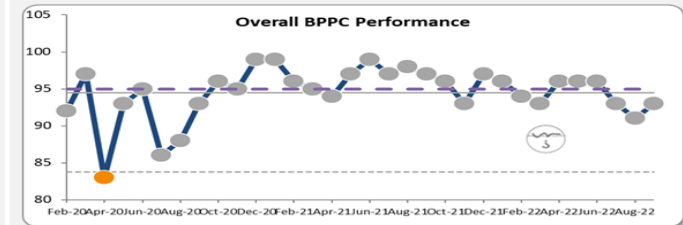
Reason: Major capital schemes continue into 2022/23. Risk remains in medium term. The Trust has insufficient funding to manage its backlog maintenance, urgent schemes and Strategic schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified.

Cash Balance

At the end of September 2022 the cash balance was £31.2m against an in month plan of £56.9m. The plan assumed external capital funding of £12.4m which has not been drawn down yet due to the slippage on capital schemes above. The remaining variance is due to higher wage costs and the phasing of creditor payments and income received compared to plan. The relatively high cash balance remains the result of the timing of receipts from the CCG's and NHSE under the continuing COVID era arrangements together with timing of creditor / supplier payments. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

Cash Assurance Level: Level 6

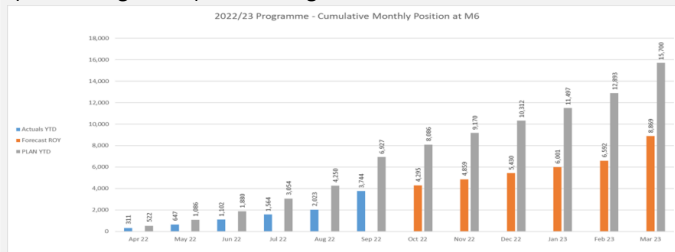
Reason: Good cash balances, rolling cash flow forecasting well established, achieving BPPC target even though the trend is downward which is due to delays within SBS scanning invoices and as such payments. There is a positive SPC trend on aged debtors and cash. Risks remain around sustainability given (£19.9m) deficit 22/23 submitted plan.



BPPC Target 95%, Volumes paid achieved 95%, however value of invoices paid in the 30 day terms was 91%. This is due to delays at SBS for scanning of invoices and late approval of invoices internally over the 30 day terms. Both issues are being addressed.

Productivity & Efficiency

Month 6 delivered £1.730m of actuals against the plan as submitted to NHSE in April 2022 of £1.477m. A positive variance of £0.253m due to £1.2m added as a result of PE-2223-096, a line by line review of budgets. This has also contributed a further £1.4m to M12 forecast (total saving £2.6m). The savings are non-recurrent

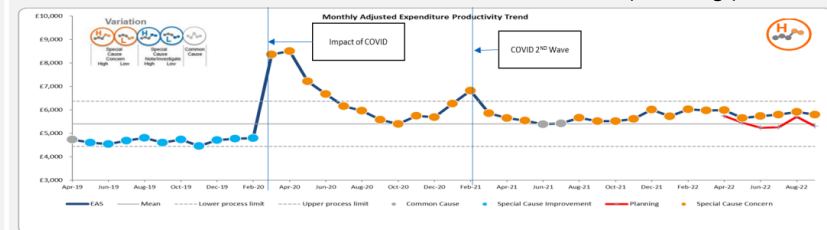


Adjusted Expenditure Productivity Trend

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.

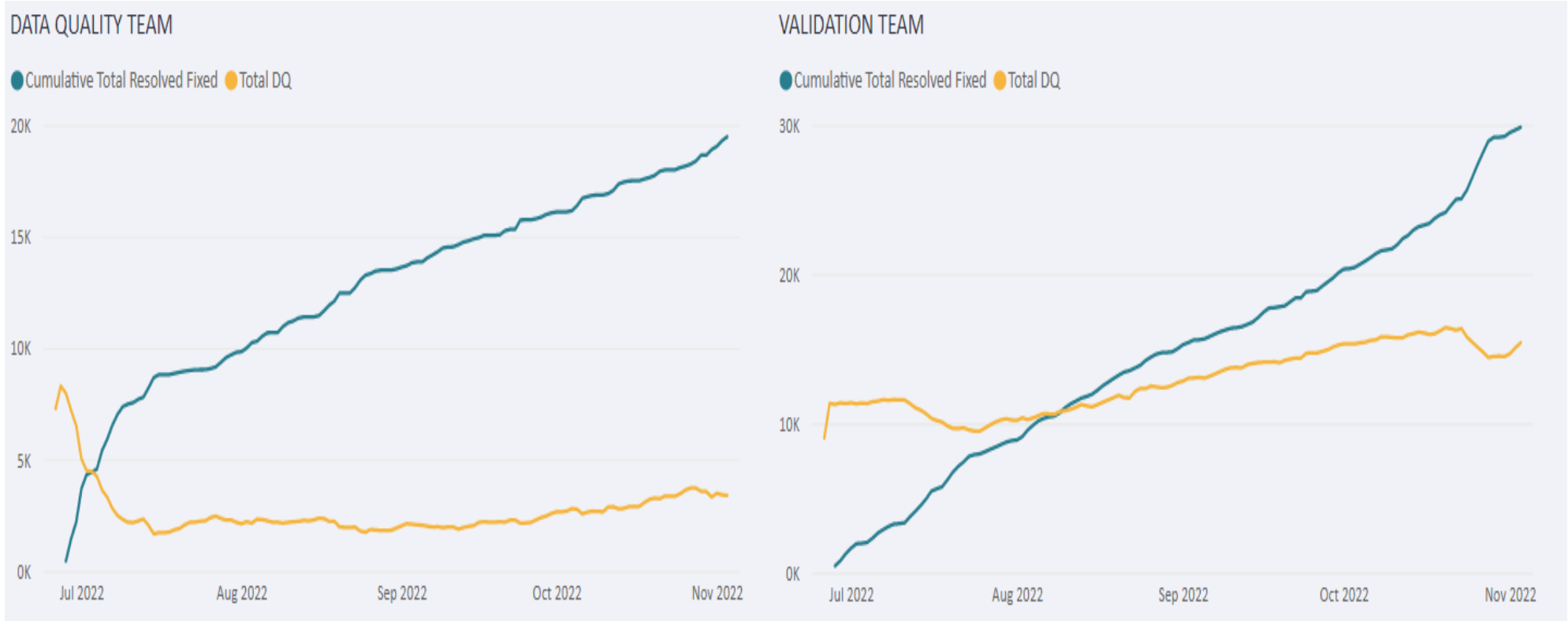
Adjusted Expenditure Productivity Trend

September Cost per WAU is at similar levels to recent months. This month we have also added a plan line for comparison. The cost base has been normalised to remove any non-recurrent costs to make it comparable from one month to another. We have also adjusted for the backdated pay award. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).













Appendices

The following graphs are examples of monitoring and evidence of resolving data quality issues that occur in our RTT waiting list.



	Variation/Performance Icons		
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly . It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
	Assurance Icons		
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

Assurance				
Variation/Performance				
	 <p>Excellent Celebrate and Learn</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. You are consistently achieving the target because the current range of performance is above the target. 	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	<p>Concerning Celebrate but Take Action</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change. 	<p>Excellent Celebrate</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. There is currently no target set for this metric.
	 <p>Excellent Celebrate and Learn</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. You are consistently achieving the target because the current range of performance is below the target. 	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. Your target lies within the process limits so we know that the target may or may not be achieved. 	<p>Concerning Celebrate but Take Action</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change. 	<p>Excellent Celebrate</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. There is currently no target set for this metric.
	 <p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER you are consistently achieving the target because the current range of performance exceeds the target. 	<p>Average Investigate and Understand</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. Your target lies within the process limits so we know that the target may or may not be achieved. 	<p>Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. HOWEVER your target lies outside the current process limits and the target will not be achieved without change. 	<p>Average Understand</p> <ul style="list-style-type: none"> This metric is currently not changing significantly. It shows the level of natural variation you can expect to see. There is currently no target set for this metric.
	 <p>Concerning Investigate and Understand</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. HOWEVER you are consistently achieving the target because the current range of performance is below the target. 	<p>Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	<p>Very Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. Your target lies below the current process limits so we know that the target will not be achieved without change 	<p>Concerning Investigate</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. There is currently no target set for this metric.
	 <p>Concerning Investigate and Understand</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. HOWEVER you are consistently achieving the target because the current range of performance is above the target. 	<p>Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies within the process limits so we know that the target may or may not be missed. 	<p>Very Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. Your target lies above the current process limits so we know that the target will not be achieved without change 	<p>Concerning Investigate</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. There is currently no target set for this metric.
				<p>Unsure Investigate and Understand</p> <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. There is no target set for this metric.
				<p>Unsure Investigate and Understand</p> <ul style="list-style-type: none"> This metric is showing a statistically significant variation. There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. There is no target set for this metric.
				<p>Unknown Watch and Learn</p> <ul style="list-style-type: none"> There is insufficient data to create a SPC chart. At the moment we cannot determine either special or common cause. There is currently no target set for this metric

The following Acute Trust metrics are included in the 22/23 NHS System Oversight Framework – those in black can be found in this version of the IPR and are labelled with this icon - 

- 9. Total patients waiting more than 52 (S009a), 78 (S009b) and 104 (S009c) weeks to start consultant-led treatment
- 10a. Cancer first treatments (S010a)
- 11. People waiting longer than 62 days (S011a)
- 12. % meeting faster diagnosis standard (S012a)
- 13a. Diagnostic activity levels – Imaging (S013a)
- 13b. Diagnostic activity levels – Physiological measurement (S013b)
- 13c. Diagnostic activity levels – Endoscopy (S013c)
- 19. Ambulance handover delays over 30 minutes as a proportion of ambulance arrivals. (S019a)
- 22. Number of stillbirths per 1,000 total births (S022a)
- 34. Summary Hospital-Level Mortality Indicator (SHMI) (S034a)
- 35. Overall CQC rating (provision of high-quality care) (S035a)
- 36. NHS staff survey safety culture theme score (S036a)
- 38. National Patient Safety Alerts not declared complete by deadline (S038a)
- 39. Consistency of reporting patient safety incidents (S039a)
- 40. Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia infections (S040a)
- 41. Clostridium difficile infections (S041a)
- 42. E. coli blood stream infections (S042a)
- 44a. Antimicrobial resistance: total prescribing of antibiotics in primary care (S044a)
- 44b. Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care (S044b)
- 59. CQC well-led rating (S059a)
- 60. NHS Staff Survey compassionate leadership people promise element sub-score (S060a)
- 63a. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from managers (S063a, S063b, S063c)
- 63b. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues
- 63c. Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, their relatives or other members of the public
- 67. NHS Staff Leaver Rate (S067a)
- 69. NHS Staff Survey Staff engagement theme score (S069a)
- 72. Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.
- 101. Outpatient follow-up activity levels compared with 2019/20 baseline
- 103. Proportion of patients spending more than 12 hours in an emergency department
- 104. Number of neonatal deaths per 1,000 total live births (S104a)
- 105. Proportion of patients discharged to usual place of residence (S105a)
- 116. Proportion of (a) adult acute inpatient or (b) maternity settings offering Tobacco Dependence services
- 118. Financial Stability (S118a)
- 119. Financial Efficiency (S119a)
- 120. Finance – Agency Spend vs agency ceiling(S120a), Agency spend price cap compliance (S120b)

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.

Our Annual Plan

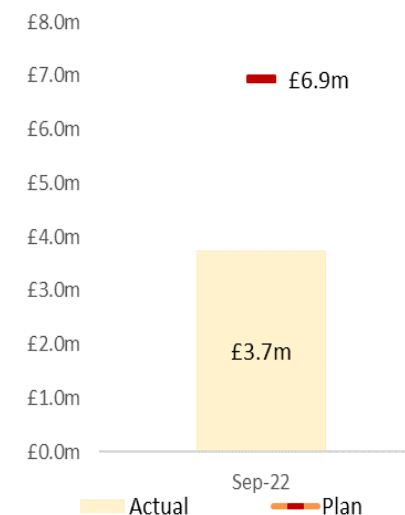
Elective Activity



Elective Performance



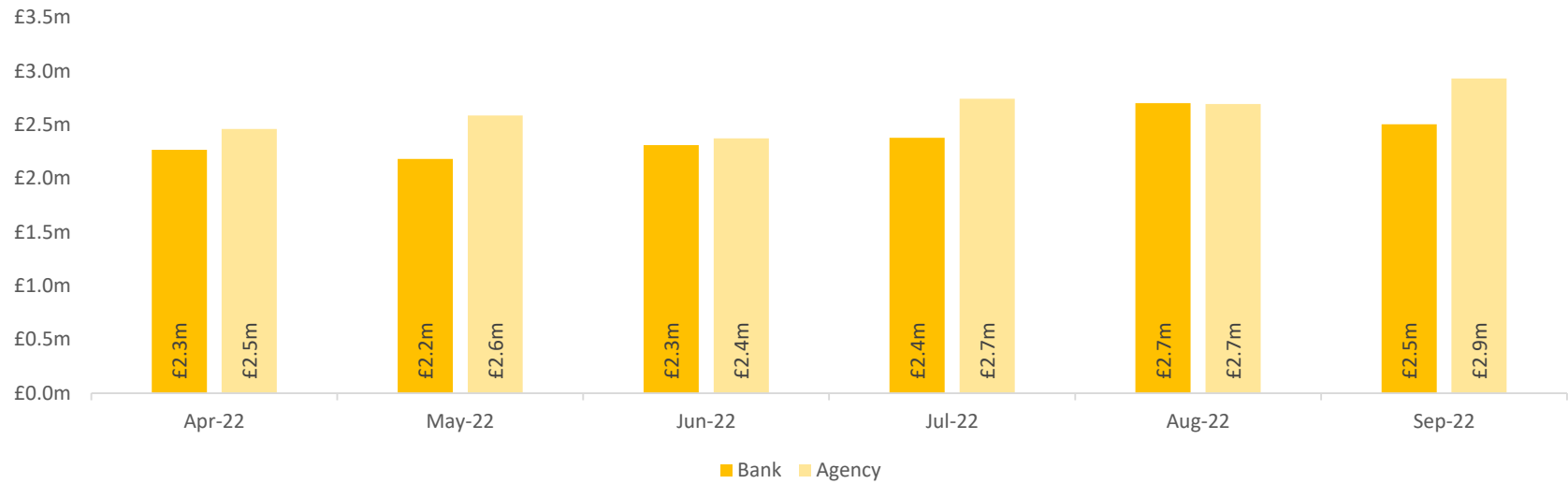
YTD PEP Position



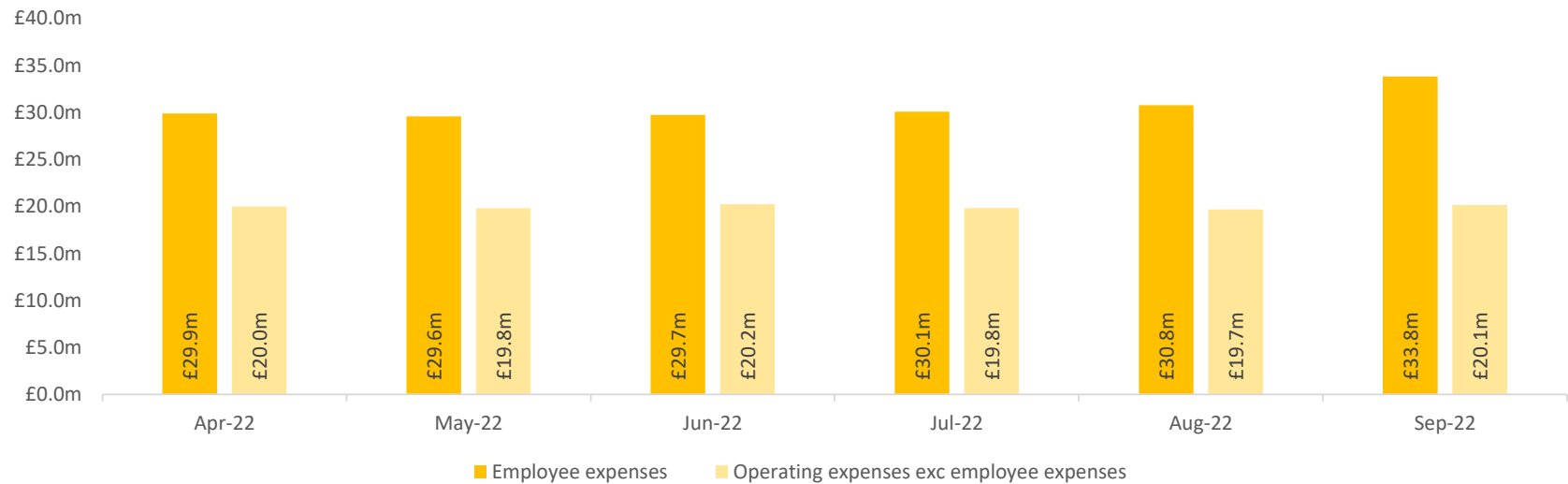
Our Emergency Departments

					Breaches	
		Ambulances	60 Min Handover Delays		4 hours	12 hours
ED		4,020	1,025	9,702	6,031	176
	New Patients Seen		Patients Discharged Home		% of Take	
	SDEC AEC and Surgical SDEC	1,125	969	86%	43%	

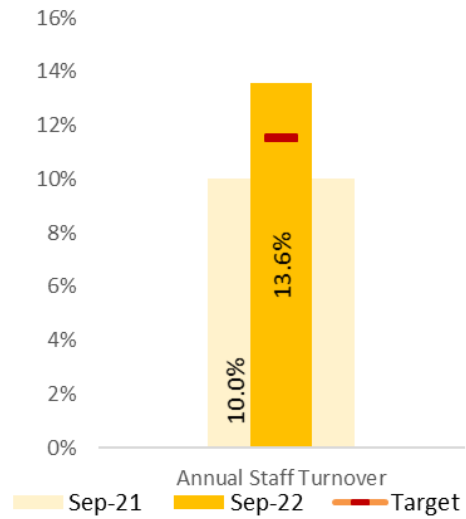
Our Locum / Agency Spend



Our Expenditure Run Rate



Our Staff Turnover





SEPTEMBER 2022 IN NUMBERS



9,702

Walk-in patients (A&E)



4,020

Patients arriving
by ambulance



12,242

Inpatients



39,757

Face to Face outpatients



9,921

Telephone consultations



459

Babies



1,292

Elective operations



202

Trauma Operations



202

Emergency Operations



6.6

Average length of stay



18,616

Diagnostics

QUALITY AND SAFETY IN NUMBERS

September 2022



MRSA

0



ECOLI

1



CDIFF

5



MSSA

1



Hand Hygiene

Participation **89.2**
Compliance **99.8**

SEPSIS

Sepsis

Screening Compliance **89.8**
Sepsis 6 bundle compliance **61.2**



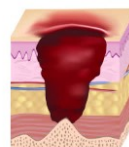
ICE reports viewed

Radiology **88.9**
Pathology **95.6**



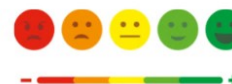
Falls per 1,000 bed days causing harm

0



Pressure Ulcers

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



Response Rate

A&E **19.9**
Inpatients **42.8**
Maternity **1.7**
Outpatients **11.6**



Recommended Rate

A&E **87.5**
Inpatients **98.0**
Maternity **100**
Outpatients **95.6**



HSMR 12 months rolling (March 22)

102.44

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

35.50



Risks overdue review **234**
Risks with overdue actions **247**



Discharged before midday

16.1



Complaints Responses <=25 days

58.5



Total Medicine incidents reported

166

Medicine incidents causing harm (%)

5.4

WORKFORCE COMPOSITION IN NUMBERS

September 2022



Employees
6,941



BAME employees
20%



Part-time workers
44%



Female
82%



Registered nurses
2,022 (29%)



Registered midwives
258 (4%)



HCAs, helpers and assistants
1354 (20%)



Doctors
757 (11%)



Other clinical and scientific staff
857 (12%)



Over age 55
19%



30 years and under
21%



Staff with less than 2 years service
29%



Staff with 20 years service or over
10%

Committee Assurance Reports

Trust Board
10th November 2022

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

Finance & Performance Committee Assurance Report - 26 October 2022

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Jo Wells, Deputy Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	F&P BAF Risks 7, 8, 13, 16, 18, 19, 20

Executive Summary

The Committee met virtually on 28 and 30 September and the following key points were raised

Item	Rationale for escalation	Action required by Trust Board
Green Plan	For agreement of the deliverables	Recommended for agreement
UEC Business Case	For approval	Recommended for approval subject to formal confirmation of Commissioner financial support
Tradebe Utility Surcharge Contract	For approval	Recommended for approval

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk (to which the paper relates)
Green Plan Update	Level 3	N/A	8, 9, 11, 21
Elective Theatre Programme Update	Level 2	N/A	3, 9, 17, 18
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 3	Maintained	7 and 8
Finance Report: Capital	Level 3	Reduced	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
PEP	Level 3	Maintained	7, 10, 11, 16, 18, 19
Robot	Level 5	N/A	3, 4, 8, 9, 10, 11, 16, 17, 18, 19, 21
UEC Business Case	Level 2	N/A	9, 14, 19, 20
Car Park Development	Level 4	N/A	8, 9, 10, 14, 17, 19
Tradebe Utility Surcharge Contract Award	Level 5	N/A	4, 8, 11, 14

Finance & Performance Committee Assurance Report - 26 October 2022

Executive Summary

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

Item	Discussion
External Meetings	Discussions with the ICB were ongoing. A weekly meeting with the national team was taking place to discuss elective recovery.
Green Plan	Committee noted the update to the Green Plan, approved the Terms of Reference for the Green Plan Steering Group, agreed the deliverables for 22/23 and noted the risk and opportunities that the plan presents. The Committee asked for quarterly updates going forward. The plan was recommended for agreement of deliverables by the Board
Elective Theatre Programme Update	Committee were advised that teams were reviewing booking lists by specialty and identifying risks to maximise capacity and amending procedure timings. Input and utilisation had been reviewed by theatre consultants which highlighted some variance between specialties. The aggregated position had been shared with CDs for discussion. Work was underway with sterile services to provide support.
Integrated Performance Report	The executive summary headlines were noted. In terms of elective performance and cancer position. There were no 106 week breaches for September and was on track to achieve October targets. The 78 week position projected for the end of March 2023 had reduced to below 7000. There were significant delays reported within cancer. Ambulance handover delays continued and it was clear that aspects of the North Bristol model were not being followed. The approach has been reviewed and would reset the following day. A Point Prevalence Survey had been undertaken which had identified a number of patients who did not need to be in hospital but there were issues around onward beds. The findings would be reviewed with the ICB, analysed and actions put in place at a system level. The Assurance level 4 overall was agreed but the assurance level on cancer remained at a reduced level 3 as agreed the previous month
UEC Revenue Business Case	Committee approved the business case subject to formal confirmation of funding from ICB to enable advertisements to be placed for key posts ahead of the scheduled opening of the facility. Advertised posts will not be appointed to until we have confirmation of funding in writing from ICB.

Finance & Performance Committee Assurance Report - 26 October 2022

Executive Summary

The Committee met virtually on 26 October 2022 and the following key points were raised :

Item	Discussion
Finance Report M6:	The M6 position was an actual deficit of £1.4m against a planned deficit of £1.4m, a breakeven position. This brings the Year To Date M6 actual deficit to £10.2m against a plan of £10.0m deficit, an adverse variance of £0.2m (2.%). The Committee raised concern at the level of non recurrent slippage on developments offsetting the under performance against Productivity & Efficiency Plans (PEP) and asked for a risk assessment to be brought back to the next meeting to ensure that there were no unintended consequences of such action. A projection to year end was provided which had been prepared with the support of the Divisions and which reflected a potential risk of £5.2m to delivery of the plan. Potential mitigations had been identified which required further work ahead of any consideration to formally revise the forecast. PEP performance had slightly improved due to non recurrent savings however there was an overspend in relation to COVID costs. No assurance had been received regarding Elective Recovery Funding for the second half of the year, although in the absence of any adverse messaging there was an assumption that it would continue to be passed through to Trusts. Capital challenges remain in terms of managing the availability and timing of capital funding with the expenditure commitments given delays to notification of central funding on a number of schemes. There is a significant capital financing shortfall within the Urgent & Emergency Care scheme that is leading to a hold on the Trusts internally generated programme until a solution can be found. The ICB and Region were being asked to provide support to avoid further delays on important schemes covering backlog maintenance and equipment replacement. The Committee asked for a risk assessment on the impact of the delay at its next meeting. Assurance levels were approved at levels 3 I&E and 6 cash, capital and PEP were both reduced to level 3.
PEP month 6 Update	Delivery of £1.73m of actuals against a month 6 plan as submitted to NHSE of £1.47, a positive variance of £0.25m. The cumulative year to date position at Month 6 is £3.75m of actuals against a year to date plan of £6.92m, a negative variance of £3.17m. Discussions would take place with divisions to obtain a revised projection of activity. A revised approach would be presented at the next meeting. A reduction to Level 3 assurance was agreed by the Committee.
Robot	Committee noted the update.
Car Park Development	Committee approved the signing of the Design Service Agreement, noting that this does not commit the Trust to any commercial or financial arrangements for the first month ratification period but allows us to continue developing a proposal with our preferred specialist contract service provider. The deadline for approvals was 11 th November and the inability for the Trust to proceed should this date be missed was noted.
Tradebe Utility Surcharge Contract Award	Committee approved the request for a utility surcharge in line with the contract terms as a result of the increased utility costs.

Quality Governance Committee Assurance Report – 27 October 2022

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Jo Wells, Deputy Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	QGC BAF Risks 2, 3, 4, 11, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 27 October 2022 and it was agreed that there were no escalations to Board

Item	Rationale for escalation	Action required by Trust Board

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Medicines Optimisation Annual Report 2021/22	Level 5	N/A	4
Health & Safety Progress Update	Level 5	N/A	4, 8
Well-Led Review	Level 4	N/A	4
CGG Report		N/A	

Quality Governance Committee Assurance Report – 27 October 2022

Executive Summary

The Committee met virtually on 27 October 2022 and the following key points were raised:

Item	Discussion
CNO/CMO escalations	There was a rise in covid inpatients and staff sickness related to covid. There were some IPC issues highlighted following a visit from NHSE and Professor Wilcox relating to sinks, taps and showers. A deep clean will be reviewed at the end of October for Worcester and Alex sites. C.diff in the wider community had increased. Plans were in place to check patient history further back and to include dentistry in relation to c.diff RCAs.
Action log	The actions were reviewed and updates included within the agenda items.
Patient Story	A patient with down's syndrome will share their poor experience of a hospital visit during the pandemic and a more recent positive experience.
Maternity Safety Report	12+6 bookings were discussed. Mortality is within national levels. 2 moderate incidents were reported. 2 still births and 1 neonatal death have been reported in month. Staffing had improved as had the medical staffing middle grade position. Recruitment was underway for consultants. Training has improved and no sessions were cancelled. Complaints had reduced in month and no themes were discovered. A CQC visit was expected between now and April. Wolverhampton were visited this week and received 4 days notice of the visit. It was unlikely that any Trusts would achieve 10/10 CNST . Level 5 assurance overall was approved
Medicines Optimisation Annual Report 2021/22	The annual delivery plan outlined the activities required to provide the assurance that medicines are being used in line with the Trust's Medicines policy and supports the contractual requirements required by Commissioners. Audits had been undertaken but not all areas had completed an audit. It was noted that the Trust was an outlier due to the lack of an EPMA system which was due to be implemented in May 2023. Discussion took place regarding that it was likely that the Trust was under reporting incidents but it was difficult to pick up such issues during a manual audit. The areas of most concern were reported as pharmacy staffing, EPMA and time critical medicines. Level 5 assurance overall was approved.
Integrated Performance Report	Level 3 assurance for cancer 62 day remained in place. 104 week waits achieved in September and was on track to achieve October. 78 week waits had reduced to 6940 patients. A refresh of the North Bristol model would commence at the end of the week. There was high activity and high demand and teams were working with system partners with pathway 1 and 2 which was highlighted in a Point Prevalence survey recently undertaken. The findings would be shared with system partners. HCAs remained an issue and options would be reviewed regarding pay and unsociable hours. Level 4 assurance overall was approved
Health & Safety Progress Update	Committee noted the progress made in the updating of policies and procedures in relation to fire and violence & aggression. Discussion took place regarding the next steps of the work plan. Level 5 assurance overall was approved.
Well-Led Review	The CQC's Well-Led line of enquiry (KLOEs) which scored lower than 6 were reviewed as well as assessing current performance.
CCG Report	Two policies were recommended for approval at TME which were Managing the Requirements of the Health & Social Care Act 2008 and the Prevention of Extremism & Radicalisation (Prevent) Policy.

People & Culture Committee Assurance Report – 4 October 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) 9, 10, 14, 15, 17

Executive Summary

The Committee met virtually on 4 October and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
WRES/WDES	Publication of Trust data for WRES/WDES/Gender Pay	Board approval to publish required
Responsible Officer Appraisal and Revalidation Annual Report	Board oversight of annual report and approval of the framework	Board approval

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Integrated People & Culture Report	4		BAF 9/10/14/15
People & Culture Strategic Framework	Not Reported		Not Reported
WRES, WDES and Gender Pay Gap (GPG) Combined Report 2022	5		Not Reported
Responsible Officer Report	6		BAF 9
4Ward Improvement System Quarterly Update (July-September 2022)	Not Reported		Not Reported
Allied Health Professional (AHP) Workforce Data Report	4		BAF 9
Nurse Staffing Report - August 2022	6		BAF 9
Midwifery Safe Staffing Report	4		BAF 9
Fit & Proper Person Test - Annual Audit	6		BAF 9
People & Culture Risk Register	Not Reported		Not Reported
Board Assurance Framework (People & Culture)	5		BAF 9/10/14/15/17

People & Culture Committee Assurance Report – 4 October 2022

Executive Summary

The Committee met virtually on 4 October and the following key points were raised:

Item	Discussion
Staff Story	The Committee received a presentation telling the experiences of the a member of radiology staff regarding the Trust's new flexible Working policy and in this example working on an annualised hours basis. The impact on flexibility and limitations for example in respect of SPA activity, job plans and on the cultural development of the Trust were discussed.
Integrated People & Culture Report	Focus on recruitment and retention being made this quarter as a key risk. Summary of key progress was noted. Leadership training programme has started and heatmap is being used to target key areas and monitor impact. 284 staff recruited but staff turnover has increased. Focus on retention regarding getting the fundamentals in place. Dignity and work and violence and aggression policies have been launched and are being implemented. Report are increasing. National recognition for family leave policy. Finance and wellbeing hub, food vouchers are in place and cost of living support is being explored. Staff survey is currently being undertaken. Non medical leadership and the role of AHPs were discussed. Recruitment are progressing 551 posts and recruitment pipelines are in development. 78 HCSA are in the pipeline and a rolling advert is in place. The benefit of the recruitment value stream should decrease the length of time to recruit staff.
WRES/WDES and Gender Pay Gap Report	Annual return noted for publication and the EDI plan incorporates the relevant indicators via IDEA Committee. £10k support regarding disability support bid have been received. Actions are in place to address the areas for improvement, but limited improvement has been made since last year. The increase in BAME staff in disciplinary was of concerned and will be reviewed at Committee in more detail. Gender pay differences were noted as being partly in relation to legacy arrangement and this will be explained within the report prior to Trust Board.
Responsible Officer: Medical Appraisal and Revalidation	Annual requirement for the board that doctors are participating in revalidation and appraisal process and to raise any issues. Most delays were due to agreed exceptions. 7 did not have an appraisal, all but one has had a delayed appraisal carried out. BAF has been completed and will be signed off by the Trust Chair. There is still work to do regarding linking appraisal to valuing individuals, the Trust's values and the CSS. The Trust's lead Appraiser will be stepping down and this will be replaced by the Deputy CMO with a Head Appraiser.
4Ward Improvement System Update	The value stream activity was noted and the report was taken for assurance only.
AHP Workforce Data Report	The AHP workforce and vacancy challenges were discussed. AHP apprenticeships are under active discussion and the developments and challenges around this are being reviewed. International recruitment will be discussed and how this can be wrapped around for all staff groups will be taken forward.

People & Culture Committee Assurance Report – 4 October 2022

Executive Summary

The Committee met virtually on 4 October and the following key points were raised:

Item	Discussion
Staffing Report	<p>Nursing: Level 6 assurance is offered with positive benchmarking. Sickness increased to 6% against a target of 4%. Covid is increasing. Turnover of HCSA and midwives is causing some issues. Bank rates are being reviewed to support shifts with gaps. Band 2 HCSA meeting defined training requirements are being considered for development to band 3. Committee requested a comparison of band 2-3, against supermarkets, hotels and retail. The aim being to increase substantive rates rather than using agency. Early retirements were noted and impact of changes to the pension schemes were noted.</p> <p>Midwifery: Assurance level 4 is offered. Unusually busy August and red flag were noted but reduced. Fill rates increased as a result of the impact of incentives. Sickness and turnover is down. October reporting is promising. New starters joined a week ago. 5 community midwife posts has been offered. International recruitment bid has been submitted but the pipeline is immature. Change in behaviour regarding retirement where staff are not retiring and returning. Of students 30%</p> <p>Obstetrics Staffing: was discussed and a safe staffing tool is being developed by region. This is reported in the maternity safety report. Assurance levels were approved</p>
Fit & Proper Persons Audit	The audit was noted.
Risk Register	The risks were noted and no further escalations made
Board Assurance Framework	The risks reconciled with the Committee's discussion and the risks were approved.

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

Amendment to Scheme of Delegation

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

Accountable Director	Neil Cook – Chief Finance Officer		
Presented by	Neil Cook – Chief Finance Officer	Author /s	Neil Cook, Chief Finance Officer

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	X	Best people	
--------------------------------	--	---	--	-----------------------	---	-------------	--

Report previously reviewed by

Committee/Group	Date	Outcome
Audit & Assurance Committee (Chairs action)	28 October 2022	Approved

Recommendations

The Board is requested to give approval for the amendment to the Scheme of Delegation for the appointment of staff as outlined below.

Executive summary

Background

The Trust has identified that Recruitment is a key priority for review and improvement under the 4ward improvement system. The purpose of this is to streamline vacancy pathways and the authority to recruit (ATR) process.

Assessment

The Rapid Process Improvement Workshop (RPIW) has undertaken a detailed analysis and appraisal of the current recruitment form (ATR) approval process. This has included scrutiny of the average time for the approval process in its entirety, with the mean time from initial commencement of the ATR to sign off at vacancy control panel being 10 days and 16 hours.

The process has included observation, audit and process mapping which has identified clear and significant potential for removal of waste and improvement.

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

	<p>A number of recommendations were proposed from the RPIW</p> <ul style="list-style-type: none"> • Changes to the ATR form • Implementation of a digital online ATR approval system (outside of NHS jobs) • Amend the Scheme of Delegation <p>It is acknowledged that for all of the above to be accepted by the organisation, robust governance processes will be required to be put in place. These processes would underpin the delegation of responsibility to budget managers / holders and Divisional teams and remove the need for ATRs which meet clearly defined criteria to be signed off at a Vacancy Control Panel (VCP).</p> <p>It is proposed that ATR's that meet the following criteria can be signed off by the budget managers without need for referral to a VCP:</p> <ul style="list-style-type: none"> • Straight replacement in terms of hours and banding • Post within funded establishment for duration required. • Post covered within the last 6 months either by agency, bank or substantive.
--	--

Risk												
Which key red risks does this report address?												
What BAF risk does this report address?												
BAF Risk 7 - If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.												
Assurance Level (x)	0	1	2	3	4	5	X	6	7	N/A		
Financial Risk	As noted above – BAF 7											

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	X	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						

Introduction/Background
Issues and options
Recommendations
Trust Board is requested to give approval for the amended Scheme of Delegation for the appointment of staff as outlined above
Appendices – Appendix 1 – RPIW Implementation – proposed changes to SOD

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

RPIW Implementation - Proposed changes to Scheme of Delegation

Current Situation-

12: Appointment of permanent staff, Admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer and Director of People and Culture (or their nominated deputy) in attendance at the Pay Control Panel.	Subject to Trust policy / process. There is a weekly meeting with representatives from Finance and HR where managers who wish to recruit present vacancies they wish to fill. The relevant templates are available from HR. All vacancies must follow the Vacancy Management Governance process and requirements.

13: Appointment of Permanent staff: Medical and Nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Divisional Management Team of the relevant Division (Divisional Operations Director, Divisional Medical Director, Divisional Nursing Director and Business Advisor).	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director. All vacancies must follow the Vacancy Management Governance process and requirements.

14: Appointment of Temporary staff, Admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Where the request is to cover the gap with third party agency / bank, the appropriate Agency Request process needs to be followed. All vacancies must follow the Vacancy Management Governance process and requirements.

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

15: Appointment of Temporary staff: Medical and Nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director Bank and agency requests should follow the respective booking processes. All vacancies must follow the Vacancy Management Governance process and requirements.

Required changes to current Scheme of Delegation

12. Staff – Appointment of all staff that fit all of the following criteria

- A straight replacement in terms of hours and banding
- Within funded establishment and fully funded for duration required
- Has been covered in the last 6 months (agency, bank or substantive)

Delegated Matter	Value	Authority Delegated to	Notes / Comments
Approval to recruit	N/A	Budget Manager	Subject to Trust Policy / process. There is an automated and regular report generated and sent to the Division of all posts completed by the Budget Manager which fit this criteria. This presents an opportunity for Division to have complete oversight on workforce.

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

13. Staff – Appointment of all staff that DO NOT fit the criteria detailed in point 12.

For all posts that do not fit the criteria in 12 above, ATRs must be sent through to the vacancy panel for approval in line with the current process outlined below. Examples include changes of banding, Agency placements, posts not within establishment.

13.1: Appointment of permanent staff, Admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer and Director of People and Culture (or their nominated deputy) in attendance at the Pay Control Panel.	Subject to Trust policy / process. There is a weekly meeting with representatives from Finance and HR where managers who wish to recruit present vacancies they wish to fill. The relevant templates are available from HR. All vacancies must follow the Vacancy Management Governance process and requirements.

13.2: Appointment of Permanent staff: Medical and Nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Divisional Management Team of the relevant Division (Divisional Operations Director, Divisional Medical Director, Divisional Nursing Director and Business Advisor).	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director. All vacancies must follow the Vacancy Management Governance process and requirements.

Meeting	Trust Board
Date of meeting	10 November 2022
Paper number	Enc F

13.3: Appointment of Temporary staff, Admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Where the request is to cover the gap with third party agency / bank, the appropriate Agency Request process needs to be followed. All vacancies must follow the Vacancy Management Governance process and requirements.

13.4: Appointment of Temporary staff: Medical and Nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director Bank and agency requests should follow the respective booking processes. All vacancies must follow the Vacancy Management Governance process and requirements.