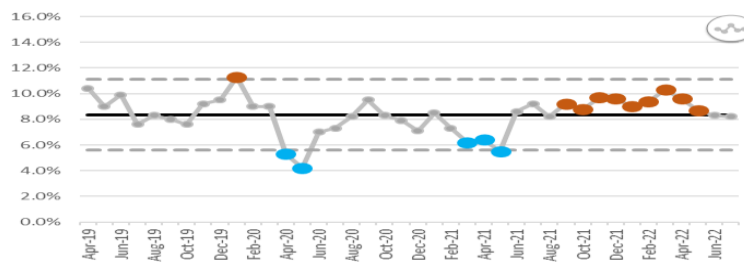


On the day cancellation as a percentage of scheduled procedures (%)

8.2%

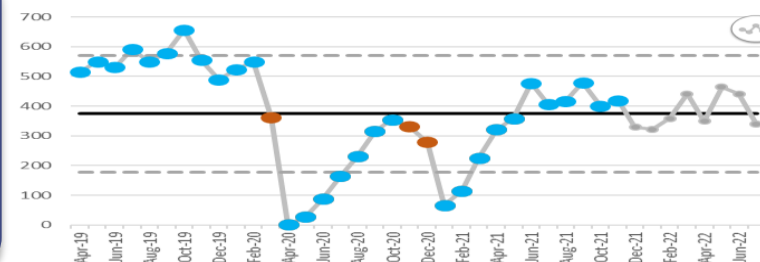
On the day cancellations



Electives on elective theatre sessions

339

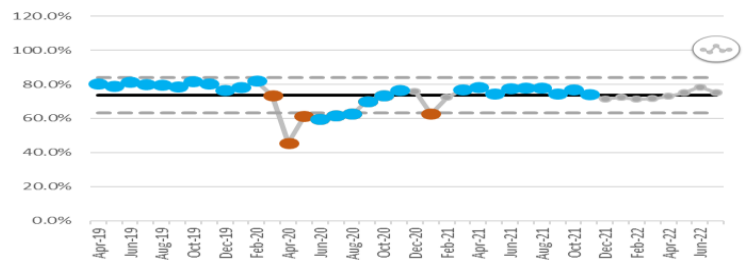
Electives on elective theatre sessions



Actual Theatre session utilisation (%)

75.3%

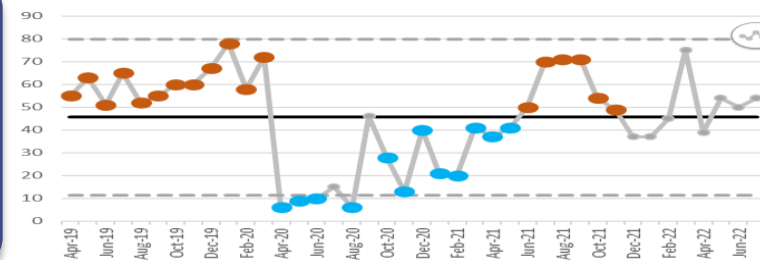
Theatre Utilisation



Non-electives & emergencies on elective theatre sessions

54

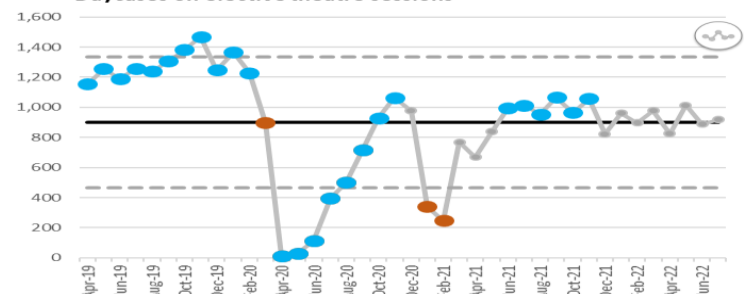
NELs and Emrs on elective theatre sessions



Day cases on elective theatre sessions (n)

918

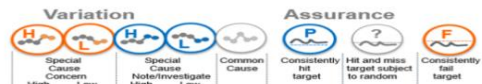
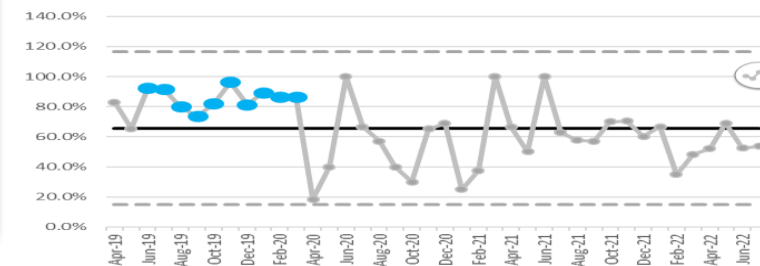
Daycases on elective theatre sessions



% patients rebooked with 28 days of cancellation

53.7%

% rebooked within 28 days



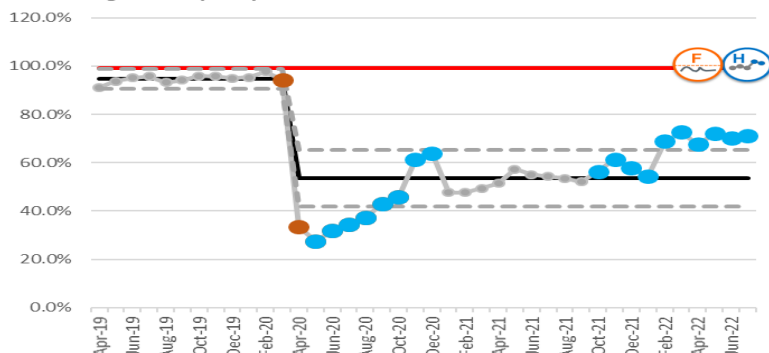
The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

Trust Total			Radiology			Physiology			Endoscopy		
9,689	2,773	71.4%	5,068	1,111	78.1%	2,619	948	63.8%	2,002	714	64.3%
What does the data tell us? DM01 Waiting List <ul style="list-style-type: none">The DM01 performance is validated at 71.4% of patients waiting less than 6 weeks for their diagnostic test, compared to 70.3% the previous month, remaining special cause improvement / recovery from covid's impact.The diagnostic waiting list has decreased by 5.0% from the previous month, 449 fewer patients.The total number of patients waiting 6+ weeks has decreased by 238 patients and there are 914 patients waiting over 13 weeks (1,001 in Jun-22).Radiology has the largest number of patients waiting at 5,068, a decrease of 663 patients from Jun-22, with those waiting 6+weeks having decreased by 205. Non-obstetric ultrasound has the most patients breaching 6 weeks (743); this is still a reduction from 864 the previous month.Endoscopy has increased the number of patients waiting over 6+ weeks by 3 and their total waiting list size by 178.Physiological science modalities saw a 36 patient increase in the total waiting list, and the number of patients waiting over 6 weeks decreased by 36. Activity <ul style="list-style-type: none">17,629 diagnostic tests were undertaken in Jul-22. This is the 2nd highest volume in the last 12 months.Of the Imaging modalities, only CT achieved the H2 plan for Jul-22, although MRI was only -13 lower than plan.Only flexiSig achieved their endoscopy H2 plan target.Echocardiography achieved it's H2 plan, +388, delivering over 1,000 tests for the sixth time in seven months. The difference to plan was due to an anticipated drop in activity in the month during the annual planning phase which didn't happen.Against our overall diagnostics submitted plan, we achieved 120% of 19/20 activity in the month.				RADIOLOGY							
				What have been doing? <ul style="list-style-type: none">Commenced utilisation of CDC US roomCommenced utilisation of KCT2 using Pertemps staffing modelExploring options to increase US activity further, using insourceAgreed contract extension for CT mobile until 16/10Agreed contract extension for MRI mobile until 25/8Continue WLI session in DEXA and US.Increase Radiographer colon trainingOffered 50 CT slots per week for WVT from 1/8 for 4 weeks					What are we going to do next? <ul style="list-style-type: none">Explore options to increase US activity furtherInducting and training new International RecruitsContinue WLI session in DEXA and US.Training 5x radiographers in Interventional RadiologyReview review Band 2/3 recruitment plan. 17 WTE vacancies that can't appoint to		
				Issues <ul style="list-style-type: none">Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacityUltrasound capacity to achieve plan reliant on more WLI or insourcing							
				ENDOSCOPY (inc. Gynaecology & Urology)							
				What have we been doing? <ul style="list-style-type: none">Continued use of the mobile unitAs a result of reduced availability of Trust docors for weekend WL due to holiday period we have been using locum doctors to support sessions .Appointed 3 more booking co-ordinatorsInterviewed for trainee nurse endoscopists and will be making 2 appointmentsContinuing recruitment of nursing workforce KTC/ECH in readiness to open additional session across both sites.Sent 140 SPOT patients to ISInducting an agency booking co-ordinator – this has progressed well.					What are we going to do next? <ul style="list-style-type: none">Scoping ERCP waiting lists to manage outpatient capacity		
				Issues <ul style="list-style-type: none">National shortage bowel preparation we are working closely with Pharmacy to rationaliseIncreased covid sickness is impacting on service delivery – both nursing and scopists							

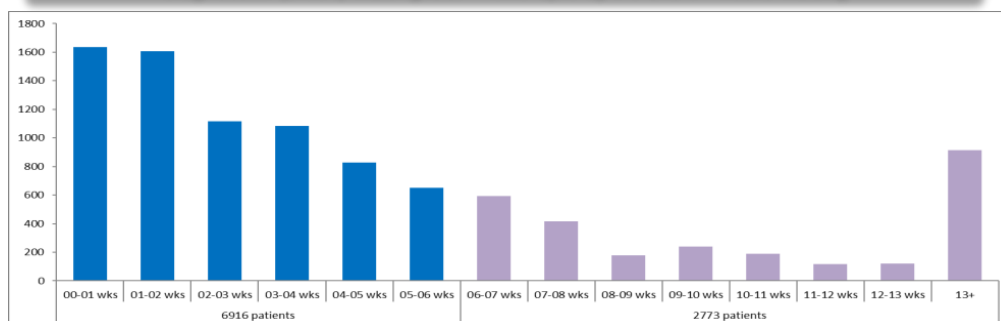
The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks

Trust Total			Radiology			Physiology			Endoscopy		
9,689	2,773	71.4%	5,068	1,111	78.1%	2,619	948	63.8%	2,002	714	64.3%

Diagnostics (99%)



Diagnostics (DM01) Waiting List Profile split by 0-6 and 6+ weeks waiting



Current Assurance Level: 5 (Jul-22)

Previous assurance level: 5 (Jun-22)

CARDIOLOGY – ECHO

What have we been doing?

- Consultant team have completed clinical validation of the waiting list
- Echo service has returned to sites to allow for services close to home, but with change in appointment timings to allow for increased throughput
- WLIs taken place on weekends to help backlogs and will continue throughout this project
- Insourcing has started but this has been a slow take up

What are we going to do next?

- Continued WLI clinics where possible
- Increasing insourcing option where possible

Issues

- Limited equipment which affects our capacity to manage increasing demands.

AUDIOLOGY

- Issues around Covid and staff sickness have impacted on this months performance

What are we going to do next?

- 2 new audiologists start in August
- 1 new audiologist starts mid September
- Looking into locums
- Reduce tinnitus clinics to increase diagnostic capacity

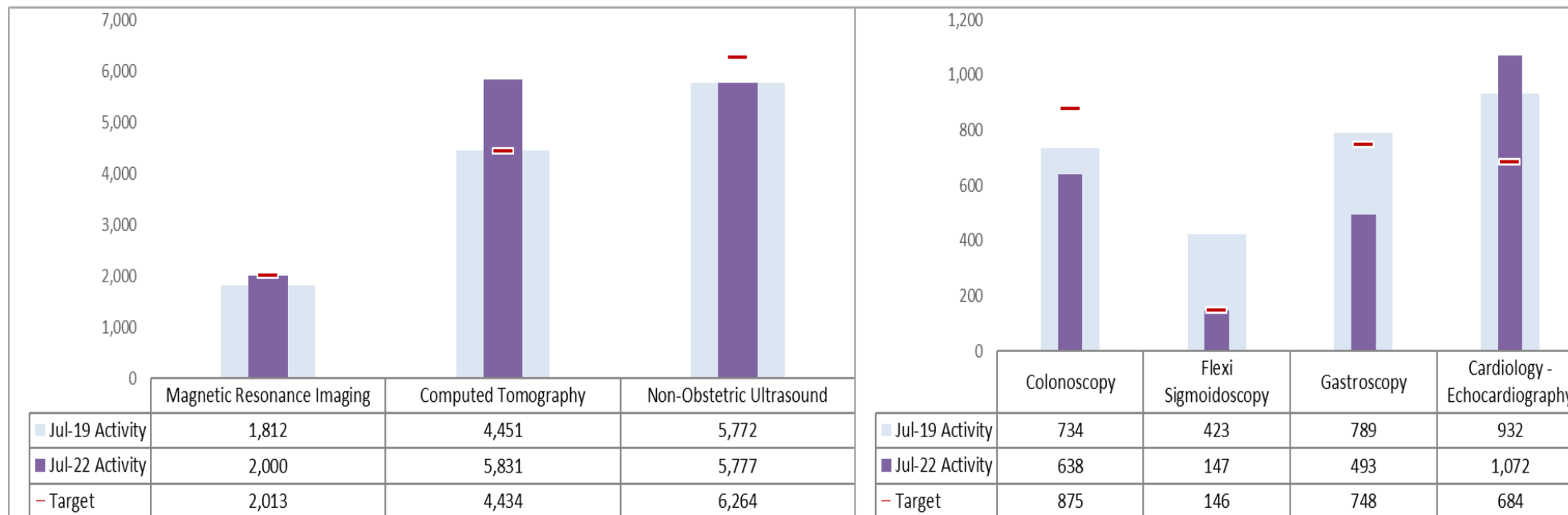
Issues

- Increased staff sickness, predominately Covid related
- Additional ENT clinics running to reduce waiting lists which require Audiology support impacting on Diagnostic Audiology Activity
- Increase in referrals from School Age Hearing Screening Programme due to change in protocol by Community colleagues
- Annual Leave requests during summer months

When expected to move to next level of assurance: This is dependent on the on-going management of Covid and the reduction in emergency activity which will result in increasing our hospital and CDC capacity for routine diagnostic activity.

SRO: Paul Brennan

DM01 Diagnostics | July 2022 Diagnostic activity compared to 2019/20 and Annual Plan 22/23



These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

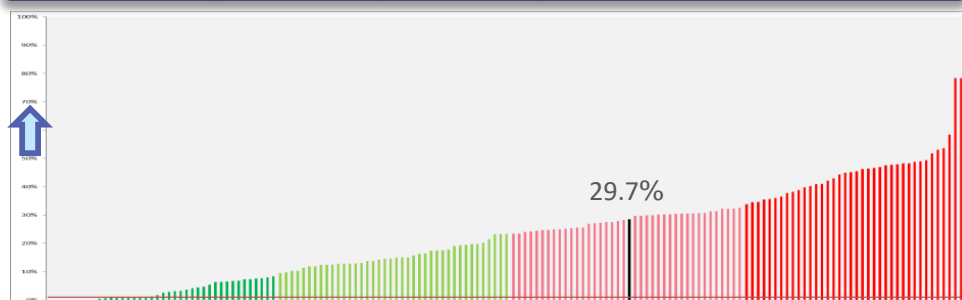
Please note the different axes.

National Benchmarking (June 2022)

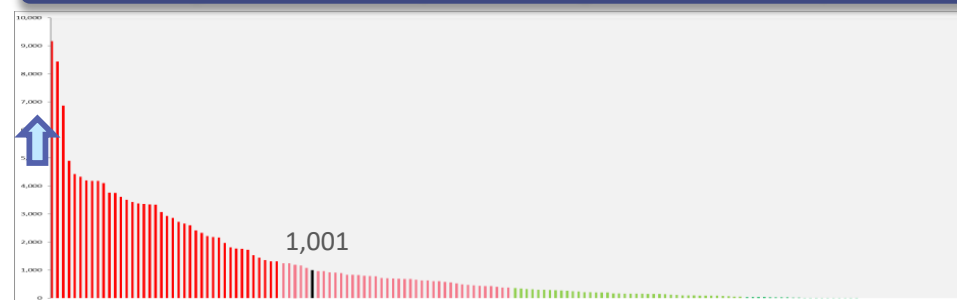
The Trust was one of 11 of 13 West Midlands Trusts which saw an decline in performance between May-22 and Jun-22. This Trust was ranked 6 out of 13; no change from the previous month. The peer group performance ranged from 2.64% to 48.26% with a peer group average of 34.86%; declining from 33.92% the previous month. The England average for Jun-22 was 27.5%; a 1.5% increase from 26.0% in May-22.

- Nationally, there were 430,037 patients recorded as waiting 6+ weeks for their diagnostic test; 3,009 (0.7%) of these patients were from WHAT.
- Nationally, there were 170,116 patients recorded as waiting 13+ weeks for their diagnostic test; 1,001 (0.6%) of these patients were from WHAT.

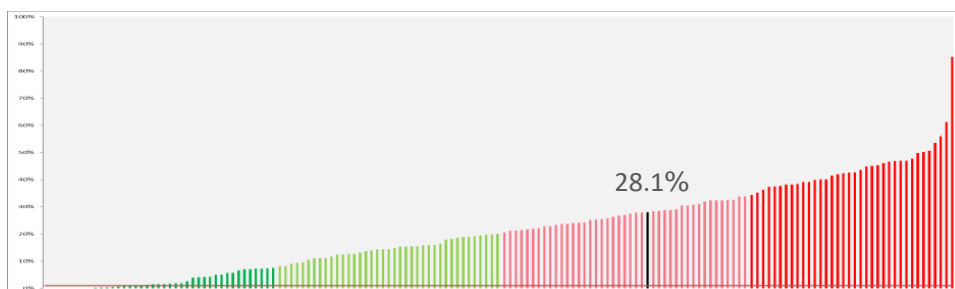
DM01 Diagnostics - % of patients waiting more than 6 weeks | June-22



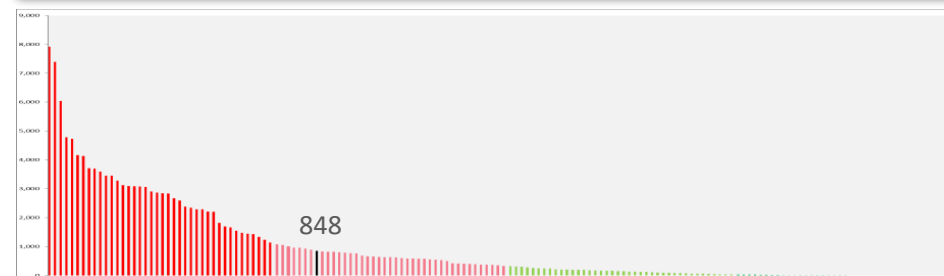
DM01 Diagnostics - number of patients waiting more than 13 weeks | June-22



DM01 Diagnostics - % of patients waiting more than 6 weeks | May-22



DM01 Diagnostics - number of patients waiting more than 13 weeks | May-22



Down arrows represents improvement from previous month i.e. fewer patients waiting > 6 weeks and fewer waiting >13 weeks

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		SSNAP Q1 22-23 (Unvalidated) Apr-22 to Jun-22			
65.2%	E	26.1%	E	54.3%	A	90.5%	N/A	Score	80.0	Grade	A

What does the data tell us?

- Unvalidated (internal) calculation of our SSNAP scores and grades for Q1 22/23 indicate we could achieve a grade A with a score of 80. Supporting data was submitted on 1st August and validated outcomes will be published in September.

2022/23 Q1		
Domain	Score	Grade
1) Scanning	87	B
2) Stroke unit	33	E
3) Thrombolysis	55	D
4) Specialist Assessments	91	A
5) Occupational therapy	89	A
6) Physiotherapy	80	B
7) Speech and Language therapy	80	A
8) MDT working	85	B
9) Standards by discharge	97	A
10) Discharge processes	100	A

Combined Total Key Indicator score	80	A
Case ascertainment band	90%	
Audit compliance band	A	

SSNAP score	80.0	A
-------------	------	---

- The time spent on the stroke ward and direct admission metrics continue to show special cause concern due to the length of time below the mean for the period.
- However, patients seen in the TIA clinic within 24 hours continues to show special cause improvement with a run above the mean.

What are we doing to improve?

- Patients Admitted Within 4 Hours:** This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. To support this metric due to ongoing flow challenges in the ED department the team are reviewing any patients that are suspected strokes on the back of ambulances outside ED. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is to be employed by WAHT following the transfer of funding from HACT. Job has gone for matching with an aim to advertise within next 4 weeks. This post will provide an overview of stroke capacity across the pathway and support the management of beds across the stroke pathway. A reduced number of stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). A substantive consultant commenced 4th July. A 2nd substantive appointment has been made (50% working with academy), who has also commenced. Advert for stroke consultant closed 10th July with no applicants. Have asked HR to go back out to advert. A 50/50 stroke/neurology locum post has also been recruited into and is pending a start date.
- 90% Stay on Stroke Ward:** Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- Specialty Review Within 30 Minutes:** All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. As above where necessary due to the ED flow issues the team are at times reviewing patients on ambulances when they are unable to be moved into the ED department in a timely manner. 24/7 CNS is now fully established. A Stroke Nurse Consultant has now also commenced which will support this metric. A local 24/7 stroke on call rota to support thrombolysis decision-making was trialled for the month of February. The impact of this is currently being analysed and has ceased at present due to resource availability. Long term aim for this to be permanently implemented, however this is being run on goodwill at present so is dependent on successful further recruitment and input from Wye Valley Trust consultants – due to their own current resource issues, they are unable to support this at present.
- TIA Patients Seen Within 24 Hours:** All referrals now triaged appropriately by Stroke consultant resulting in some rejections. We are improving performance each month and achieving the target of 80% (achieved last 8 months).

Current Assurance Level: 5 (Jul-22)

When expected to move to next level of assurance: Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade.

Previous Assurance Level: 5 (Jun-21)

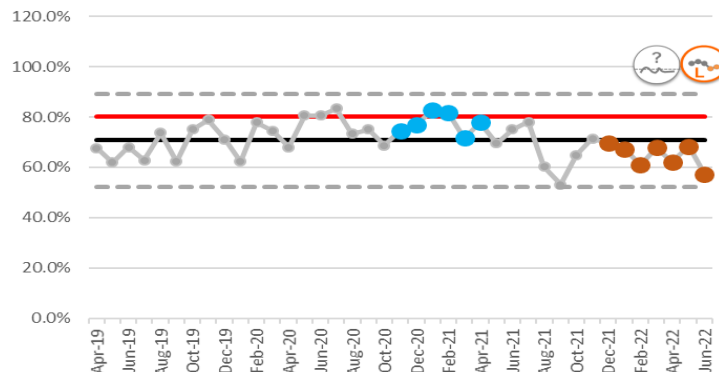
SRO: Paul Brennan

27

Time spent on Stroke Unit

Stroke: % patients spending 90% of time on stroke unit

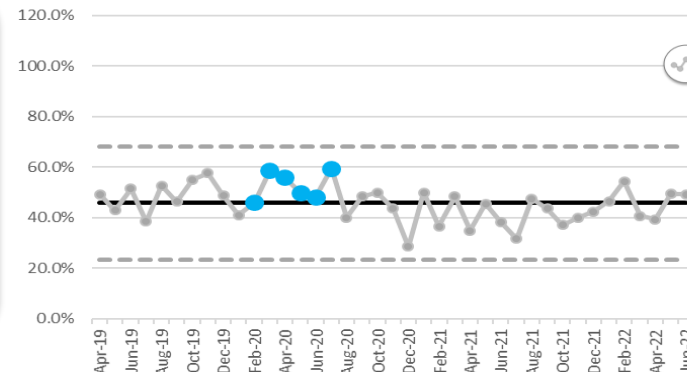
57.4%



CT within 60 minutes

Stroke : % CT scan within 60 minutes

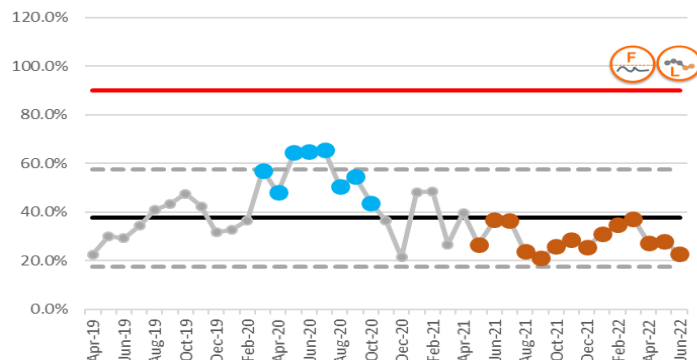
49.2%



Direct Admission to Stroke Ward

Stroke : % Direct Admission to Stroke ward

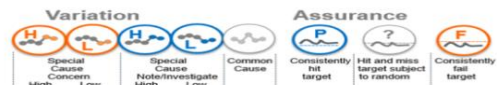
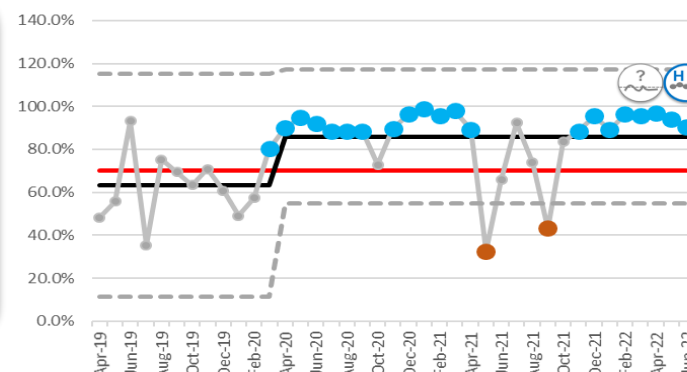
23.0%



TIA within 24 hr

Stroke: % seen in TIA clinic within 24 hours

90.5%



Quality and Safety

We are currently developing outcome focussed reporting for Quality – this will be reported in the September Committee IPR.

Summary Performance Table | Month 4 [July] 2022-23

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Jul-22	13	7			5	0	11
	Ecoli	Jul-22	1	3			4	0	9
	MSSA	Jul-22	2	1			2	0	6
	MRSA	Jul-22	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Jul-22	0	-			0	0	2
Falls per 1,000 bed days causing harm		Jul-22	0.04	0.04			0	0	0
% medicine incidents causing harm		Jul-22	3.6	11.7			3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	Jul-22	86.5	100			91	79	103
	Hand Hygiene Compliance to practice	Jul-22	99.7	98			99	99	100
VTE Assessment Rate		Jul-22	93.8	95			96	94	98
Sepsis	Sepsis Screening compliance	Jun-22	94.1	95			83	71	96
	Sepsis 6 bundle compliance	Jun-22	72.5	95			53	29	78
#NOF time to theatre <=36 hrs		Jul-22	57.6	85			75	56	94
Complaints responses <=25 days		Jul-22	63.6	80			77	46	108
Ice viewed reports	ICE viewed reports [pathology]	Jun-22	95.0	-			95	93	97
	ICE viewed reports [radiology]	Jun-22	88.3	-			86	82	90

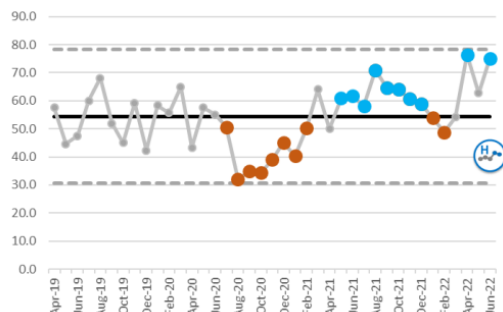
Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Jul-22	18.4	20			17.21	12	23
FFT A&E Recommended	Jul-22	86.96	95			82.65	75	90
FFT Inpatient Response	Jul-22	36.21	30			31.75	24	39
FFT Inpatient Recommended	Jul-22	97.47	95			95.90	94	98
FFT Maternity Response	Jul-22	1.49	30			16.90	3	30
FFT Maternity Recommended	Jul-22	100	95			93.83	74	114
FFT Outpatients Response	Jul-22	12.78	10			10.56	7	14
FFT Outpatients Recommended	Jul-22	94.77	95			93.56	92	95

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% - June (62.8% - May)	91.1% (80.3%)	80.6% (90.7%)	88.9% (83.7%)	100% (95.4%)	91.7% (88.4%)	86.1% (83.7%)	80.6% (83.7%)
What does the data tell us? <ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has increased in Jun-22 and, although not compliant with the 90% target, it is at its 2nd highest compliance level in over 3 years. The Sepsis screening compliance increased in Jun-22 and has met the 90% target for the 1st time since May 2019. Antibiotics provided within 1 hour fell in Jun-22 and was at its lowest compliance since September 2020. Compliance has shown Special Cause variation of concern for the last 6 months. The Oxygen and IV Fluid Bolus elements of the Sepsis Six bundle were above the 90% target. The remaining elements (Urine, Lactate and Blood Cultures) all fell below target. 			Actions: <ol style="list-style-type: none"> Screening of 'Suspected Sepsis' patients and the 'face to face' review on the same form to avoid duplication in the medical/nursing notes by using the new documentation. All deaths, including those in community will have mortality review, once additional medical examiners are in post – this will help to identify concerns in real time and ensure learning across divisions. This is due to commence at the end of September Speciality Medicine produce a quarterly sepsis newsletter which is disseminated through the division; there are monthly Sepsis Six Nurse meetings. Dr Jay Sharma has produced and delivered sepsis training to the junior doctors. The surgical team will be asked to do a deep dive audit to understand low levels of compliance with antibiotics provided within one hour. 				
Assurance level –			When expected to move to next level of assurance: Following deep dive audit.				
Previous assurance level – Level 5 (May-22)			SRO: Christine Blanshard (CMO)				

Sepsis 6 Bundle Compliance (audit)

75.0%

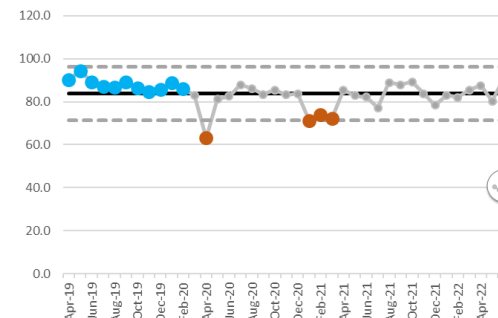
Sepsis 6 - 1hr



Sepsis Screening Compliance (audit)

91.1%

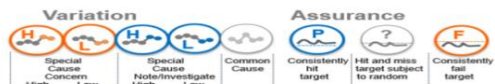
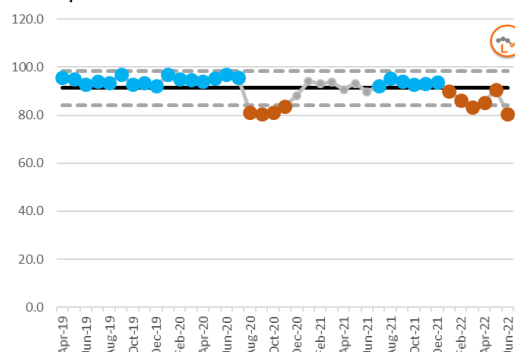
Sepsis Screening (audit)



Sepsis Screening Antibiotics Compliance (audit)

80.6%

Sepsis 6 - Antibiotics



Lockdown Period
COVID Wave

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%)	
Jun-22	Jul-22	Jun-22	Jul-22	Jun-22	Jul-22
89.0%	87.5%	93.0%	92.2%	89.2%	93.2%

What does the data tell us?

- A total of 211 audits were submitted in Jul-22, compared to 320 in Jun-22.
- Antimicrobial Stewardship overall compliance dropped in Jul-22 and missed the target of 90%.
- Patients on antibiotics prescribed in line with guidance or based on specialist advice dropped slightly in Jul-22 to 92.2% but still achieved the target of 90%.
- Patients on antibiotics reviewed within 72 hours increased in Jul-22 to 93.2% and achieved the target of 90%.

What will we be doing?

- 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. Significant content review and update undertaken and published mid May 2022.
- AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s
- Focusing on accurate completion of allergy documentation to include symptoms of allergic reaction
- Focusing on learning from C diff case reviews where antibiotics may be implicated

Assurance level – Level 6

Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits

Assurance level – Antimicrobial stewardship level of assurance is 6 as assessed by ASG on 28/7/2022.

When expected to move to next level of assurance for non Covid:

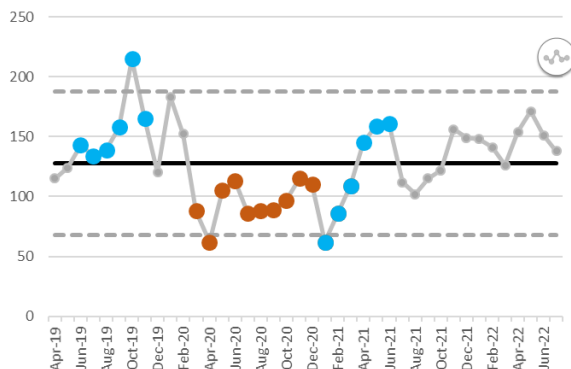
This will be next reviewed in April 2023, when quarter 4 performance can be assessed.

SRO: Paula Gardner(CNO)

Total
Medicine
incidents
reported

138

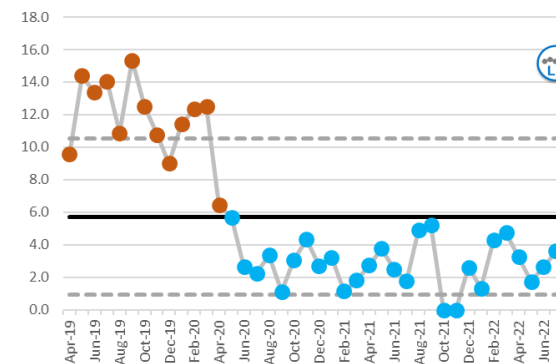
Total Med Incidents



Medicine
incidents
causing
harm (%)

3.6%

Med Indidents (harm)



Lockdown Period
COVID Wave

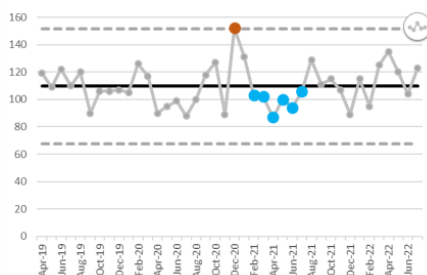
2.1 Care that is Safe – Falls

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	Jul-22	Jul-22
482/ 411 (Target Year End – 1235)	4 / 1 (Target – 6)	5.38 (National Target – 6.63)	0.04 (National Target – 0.19)
What does the data tell us? <ul style="list-style-type: none"> The total number of falls for Jul-22 was 123 which fell above the in-month target (103). -We have breached our 22/23 to date trajectory by 71 falls. The number of falls per 1,000 bed days increased in Jul-22 to 5.38 but remains below the national benchmark of 6.63. There was 1 SI fall in Jul-22 which was above the in-month target of 0. We have breached our 22/23 to date trajectory by 3 SI falls. -2/4 SI falls remain under investigation to identify whether there were any omissions in care. If there are no omissions identified they may also be for potential downgrade. The number of SI falls per 1,000 bed days in Jul-22 remained the same at 0.04, and remains below the national benchmark of 0.19. 		What improvements will we make? <ul style="list-style-type: none"> Ensure all trust falls policies and procedures are in place. Launch new training programme once established. Raise awareness of falls prevention during national falls prevention week in September. Continue to encourage the use of the 'Inpatient Enhanced Observation Guideline' to formally assess, document and implement the required level of observation a patient requires alongside 'stay in the bay' where appropriate. Monitor wards with a high prevalence via weekly governance reports circulated that inform divisions of rates in all wards/departments- themes of increased prevalence followed up by Falls Lead. Falls Lead to support all wards with local falls QI projects. Falls Lead to complete analysis of Ramblegard falls preventative technology implemented in 2 wards at WRH to establish its potential benefit across additional wards. 	
Assurance levels (Quarter 1); Falls – Level 5		When expected to move to next level of assurance Quarter 2	
Previous assurance level (Quarter 4); Falls – Level 6		SRO: Paula Gardner(CNO)	

Total Falls

123

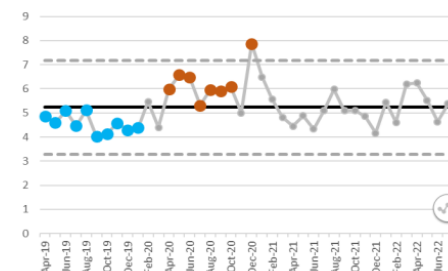
Falls



Total Falls per 1,000 bed days

5.38

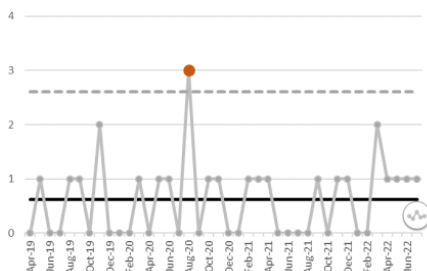
Falls bed days



Total SI Falls

1

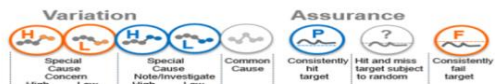
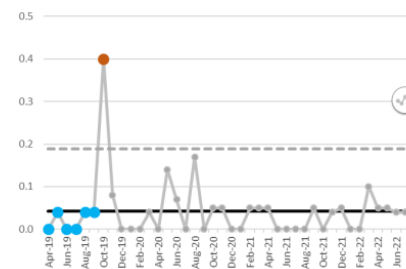
Falls Causing Harm (Number)



SI Falls per 1,000 bed days

0.04

Falls Causing Harm (Per 1000)

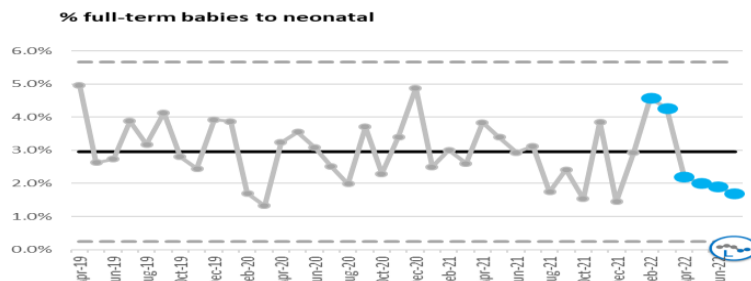


Maternity

Admission of full-term babies to neonatal care		Neonatal Deaths (>24 ⁺ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births		Home births		Booked before 12+6 weeks		Births	Babies
12	1.7%	0	1	0	32	7.1%	11	2.5%	366	77.4%	442	450
What does the data tell us? <ul style="list-style-type: none"> Full-term admissions to neonatal care and the percentage of pre-term births are both showing special cause improvement due to a consistent downwards trend. The only metric to show special cause concern is Booked before 12⁺6 weeks. Even when adjusting the SPC chart for the transition to Badgernet the last 6 months have been below the mean for the period since Sept-20, which is 81%, and therefore shows special cause concern. There was one stillbirth in month, but no maternal or neonatal deaths in Jul-22 					What have we been doing? <ul style="list-style-type: none"> Service Improvement Plan remains paused due to service challenges Active recruitment to midwifery vacancy including digital midwife retention midwife and workforce lead Active recruitment to middle grade and consultant vacancy Continuing work to achieve compliance for all Ockenden recommendations Continue QI work to improve compliance with decision to delivery intervals for Cat 1 & 2 caesarean sections CNST Maternity Incentive Scheme review following relaunch of scheme Review and take action on booking at 12+6 Review evidence for 'must do's' and should do's Review NHSE maternity self-assessment evidence 14 WTE midwives in pipeline Improved allocation of junior doctors from Deanery expected in August Supporting 4 MSWs to commence apprenticeship Appointed 2 PH midwives Welcomed guideline, audit & pt experience midwife 							
					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 Reviewing options for International recruitment 							
Current Assurance Level: 5 (Jul-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 (Jun-22)					SRO: Paula Gardner (CNO)							

% admission of full-term babies to neonatal care

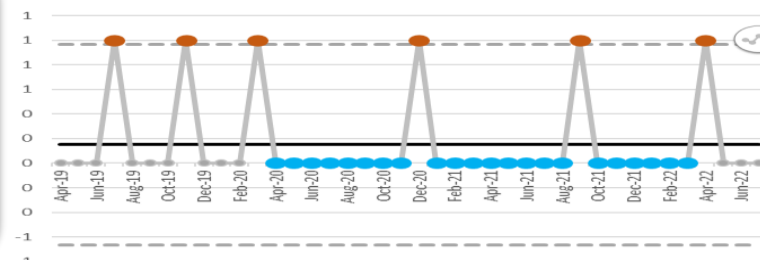
1.7%



Maternal Deaths

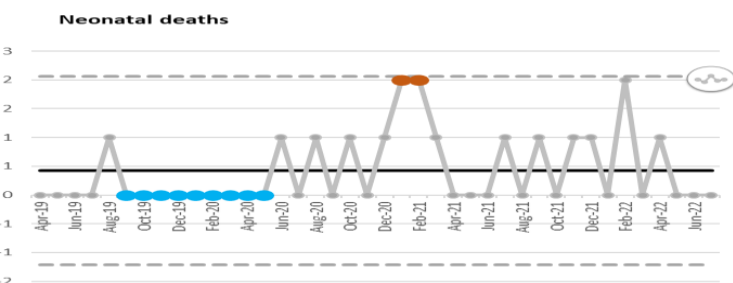
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Maternal Deaths



Neonatal Deaths (>24+0 weeks gestation)

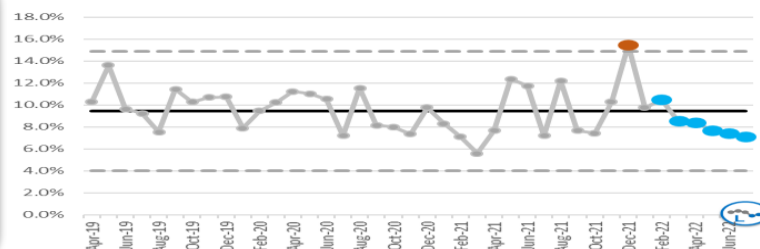
0



% Pre term births

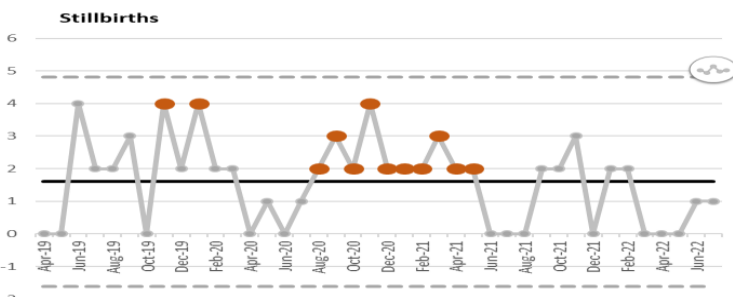
7.1%

% Pre term births



Stillbirths

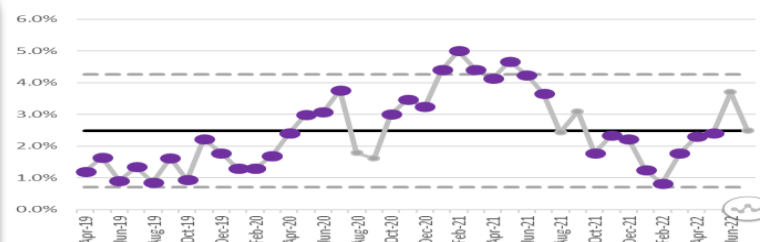
1



% Home births

2.5%

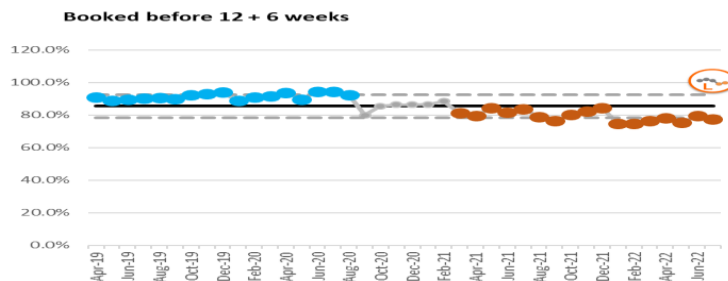
% Home births



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

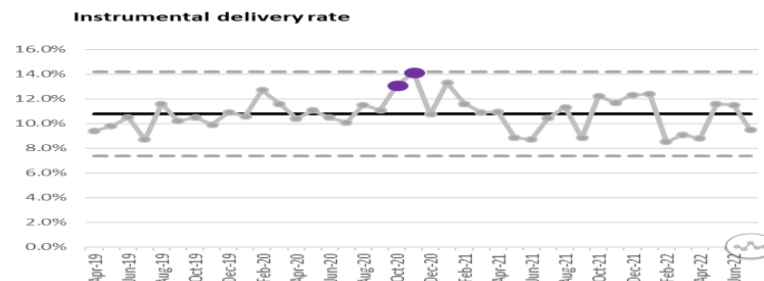
Booked before 12⁺6 weeks

77.4%



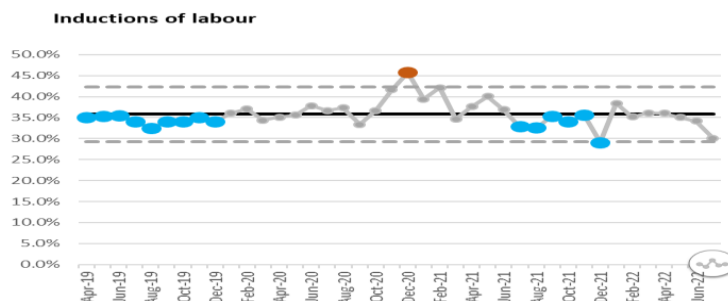
Instrumental Delivery

9.5%



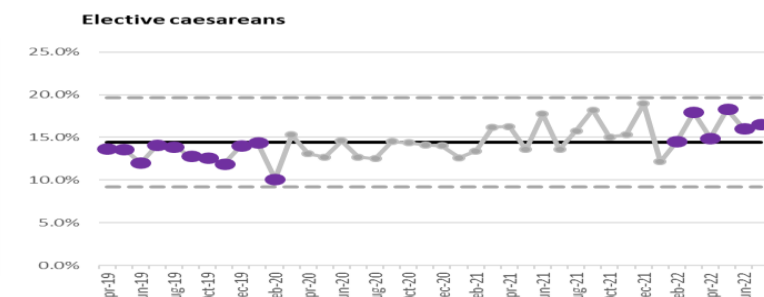
Inductions of labour

30.1%



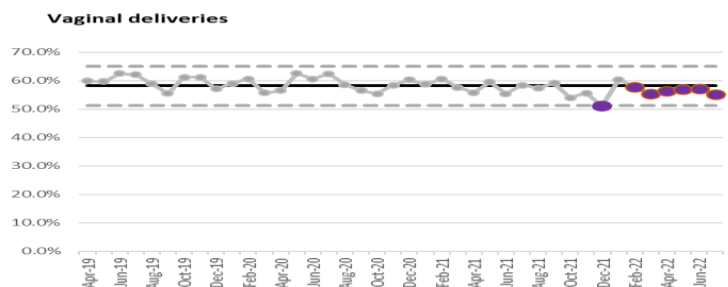
Elective Caesarean

16.5%



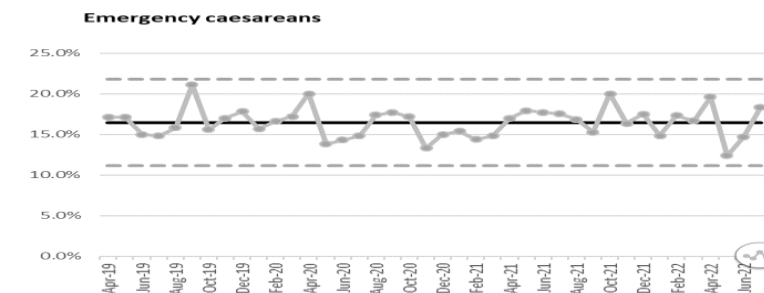
Vaginal Deliveries (non-instrumental)

55.2%



Emergency Caesarean

18.3%



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

Workforce

	Comments																																																																																																										
Getting the Basics Right	<ul style="list-style-type: none">Mandatory training has remained at 90% this month against a Model Hospital average of 88% and a Trust target of 90%.Non medical appraisal has dropped by 2% to 75% compared with the national average of 78% and Trust target of 90%.Recruitment – we have 28 more leavers than starters this month. We are shown on Model Hospital as recruiting more staff per 1000 headcount than the national average but this is still not meeting the demand. We lost 29 registered nurses this month including 8 retirements.																																																																																																										
Performance Against Plan	<ul style="list-style-type: none">Our gross establishment has increased by 9 this month to 6,820 wte . The growth is 5 medical consultants, 2 Admin, and 2 Registered Nurses in Central Trustwide agreed by Chief Operating Officer via Elective Recovery Funding.The Application of £12m Vacancy Factor to each division reduces this by 286 wte to 6,533 wte.We are currently 125 wte adrift from our workforce plan submitted in June primarily due to significantly higher than planned leavers in March and July. We are 6.59 wte adrift from our plan for registered nurses <table><tr><th>Total Staff</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th></tr><tr><td>Planned Establishment</td><td>6462.81</td><td>6586.64</td><td>6586.64</td><td>6586.64</td><td>6586.64</td></tr><tr><td>Planned Staff in Post</td><td>5881.27</td><td>5914.07</td><td>5944.43</td><td>5957.36</td><td>5997.48</td></tr><tr><td>Actual Staff in Post</td><td>5881.26</td><td>5850.72</td><td>5871.03</td><td>5884.04</td><td>5872.85</td></tr><tr><td>Performance Against Plan</td><td>-0.01</td><td>-63.35</td><td>-73.40</td><td>-73.32</td><td>-124.63</td></tr><tr><td>Starters in Month</td><td>81.27</td><td>83.29</td><td>86.89</td><td>72.33</td><td>51.28</td></tr><tr><td>Leavers in Month</td><td>109.93</td><td>67.82</td><td>65.53</td><td>57.23</td><td>71.80</td></tr><tr><td>Net starters/leavers</td><td>-28.66</td><td>15.47</td><td>21.36</td><td>15.10</td><td>-20.51</td></tr></table> <table><tr><th>Registered Nurses</th><th>Mar-22</th><th>Apr-22</th><th>May-22</th><th>Jun-22</th><th>Jul-22</th></tr><tr><td>Planned Establishment</td><td>2030.84</td><td>2072.58</td><td>2072.58</td><td>2072.58</td><td>2072.58</td></tr><tr><td>Planned Staff in Post</td><td>1921.18</td><td>1929.18</td><td>1942.76</td><td>1948.71</td><td>1961.55</td></tr><tr><td>Actual Staff in Post</td><td>1958.18</td><td>1936.38</td><td>1955.08</td><td>1961.00</td><td>1954.96</td></tr><tr><td>Performance Against Plan</td><td>37.00</td><td>7.20</td><td>12.32</td><td>12.29</td><td>-6.59</td></tr><tr><td>Starters in Month</td><td>30.23</td><td>17.51</td><td>20.65</td><td>24.55</td><td>13.78</td></tr><tr><td>Leavers in Month</td><td>32.55</td><td>25.47</td><td>15.39</td><td>14.81</td><td>23.25</td></tr><tr><td>Net starters/leavers</td><td>-2.33</td><td>-7.96</td><td>5.26</td><td>9.73</td><td>-9.47</td></tr></table>											Total Staff	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Planned Establishment	6462.81	6586.64	6586.64	6586.64	6586.64	Planned Staff in Post	5881.27	5914.07	5944.43	5957.36	5997.48	Actual Staff in Post	5881.26	5850.72	5871.03	5884.04	5872.85	Performance Against Plan	-0.01	-63.35	-73.40	-73.32	-124.63	Starters in Month	81.27	83.29	86.89	72.33	51.28	Leavers in Month	109.93	67.82	65.53	57.23	71.80	Net starters/leavers	-28.66	15.47	21.36	15.10	-20.51	Registered Nurses	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Planned Establishment	2030.84	2072.58	2072.58	2072.58	2072.58	Planned Staff in Post	1921.18	1929.18	1942.76	1948.71	1961.55	Actual Staff in Post	1958.18	1936.38	1955.08	1961.00	1954.96	Performance Against Plan	37.00	7.20	12.32	12.29	-6.59	Starters in Month	30.23	17.51	20.65	24.55	13.78	Leavers in Month	32.55	25.47	15.39	14.81	23.25	Net starters/leavers	-2.33	-7.96	5.26	9.73	-9.47
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Drivers of Bank & Agency spend	<ul style="list-style-type: none">Monthly sickness has increased to 6.1% against a national monthly average of 6.2%. This equates to an average of 359 wte staff absent each calendar day of the month. Our sickness absence target has been adjusted to 5.5% for 2022/23 to take account of covid (previously 4%). The increase is primarily related to Covid sickness but there has also been an increase in stress related absence by 0.86%.There are 162 staff on maternity leave, an average of 524 wte staff on annual Leave and 110 wte on other leave each day This compares to an average of 140 on maternity leave pre covid, and 481 on annual leave each day over the last 2 years. Annual leave has increased in June and July this year as staff are taking holidays after the lifting of covid restrictions.Total average absent each calendar day is 1,155 wte (all reasons)The annual turnover rate is of concern increasing again this month from 13.55% to 13.84% against a target of 11.5%. This is 4.56% worse than the same period last year. A breakdown of the reasons for leaving since 1st April 2022 by staff group and by division is shown overleaf.																																																																																																										
Staff Health & Wellbeing	<ul style="list-style-type: none">Cumulative sickness (rolling 12 months) has increased marginally to 5.69% which is above our 5.5% target but better than 6.2% national average. However this average will increase next month due to current higher levels of sickness.Sickness due to S10 (stress and anxiety) increased by 0.86% this month to 1.48%Surgery is the only division that has a lower level of S10 absence than pre-pandemic levels.On average 86.9 wte staff were absent each calendar day in July due to S10.																																																																																																										

People and Culture Performance Report Month 4 - Headlines

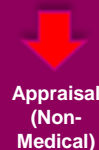
Reasons for Leaving by Staff Group since April 2022 is as follows (excluding Junior Doctor rotations):

	Death in Service	Dismissal - Capability	Dismissal - Conduct	Dismissal - Statutory Reason	End of Fixed Term Contract	End of FTC - Completion of Training Scheme	End of FTC - External Rotation	End of FTC - Other	Flexi Retire ment	Retire Ill Health	Retire Normal Age	Voluntary Early Retirement	Adult Depend ants	Better Reward Package	Child Depend ants	Incompatible Working Relationships	Lack of Opportunities	Voluntary Res - Other/Not Known	Vol Res- Promotion	Reloc ation	Work Life Balance	Grand Total	
Add Prof Scientific and Technic					1									1		1				2		5	
Additional Clinical Services					5	2			4		3		2	2	3	11	6	3	3	2	12	11	69
Administrative and Clerical				1	4				5		8	1		4	2	3	4	1	1	10	3	12	59
Allied Health Professionals									3		4			1			3	1		2	3	5	22
Estates and Ancillary	1	1	1					2	1	1	4			1	2	3	2				3	6	28
Healthcare Scientists											1							1	1	1			4
Medical and Dental						1	16		3		1	1				1	1		7	2	2	35	
Nursing and Midwifery Registered									15	2	10	2	1	4		6	1	6		5	14	31	97
Grand Total	1	1	1	1	10	3	16	2	31	3	31	4	3	13	7	24	17	12	5	27	40	67	319

Division	Corporate	Digital	Estates & Facilities	SCSD	Specialty Medicine	Surgery	Urgent Care	Women & Children
Death in Service			1					
Dismissal - Capability			1					
Dismissal - Conduct					1			
Dismissal - Statutory Reason			1					
End of Fixed Term Contract	2				5	2	1	
End of FTC - Completion of Training Scheme					3			
End of FTC - External Rotation					8		7	1
End of FTC - Other					2			
Flexi Retirement	2	1		13	1	3	4	7
Retirement - Ill Health			1					2
Retirement Age	5		5	9	7	1	1	3
Voluntary Early Retirement	2				1			1
Adult Dependents					2		1	
Better Reward Package			2		5	1	2	3
Child Dependents			2	3	3	1		1
Health		2		3	4	8	5	2
Incompatible Working Relationships	3			2	4	5	1	
Lack of Opportunities	2				3	5		2
Voluntary Resignation - Other/Not Known	1				2	1		1
Voluntary Resignation - Promotion	5				9	6	2	3
Relocation	3			2	10	9	7	5
Work Life Balance	5			6	13	18	10	10
Grand Total	32	4	23	96	65	39	33	27

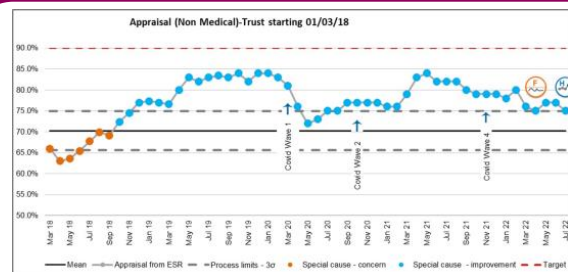
Summary

- 67 staff have left the Trust since April 2022 stating Work Life Balance (WLB) including 31 Registered Nurses. Specialty Medicine is an outlier with 28 staff leaving due to WLB
- We have also had 31 staff Retire through normal age (including 10 nurses), 31 Flexibly retire (including 15 nurses and 3 doctors). SCSD and Women and Children's Division are outliers.
- 3 staff retired through ill health (2 nurses) and a further 24 staff resigned due to poor health (including 11 HCA's and 6 registered nurses). Specialty Medicine is an outlier.



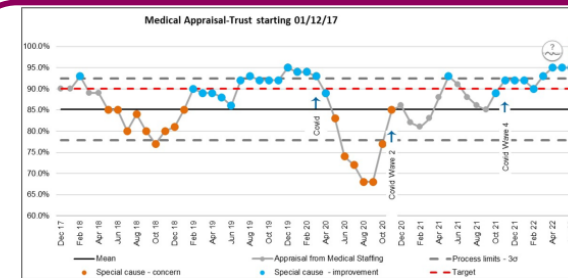
Appraisal
(Non-Medical)

75%



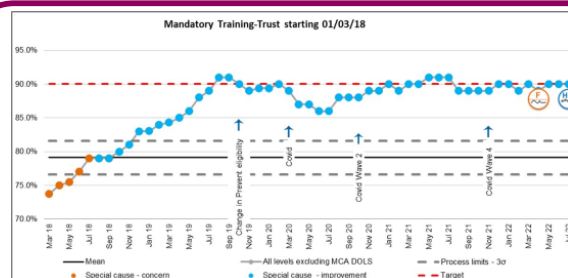
Medical Appraisal

91%



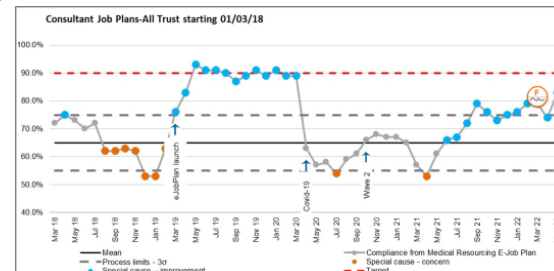
Mandatory
Training

90%



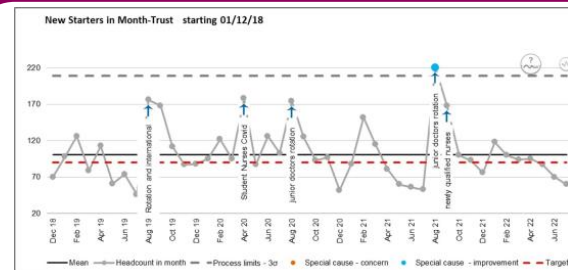
Consultant
Job Plans

79%



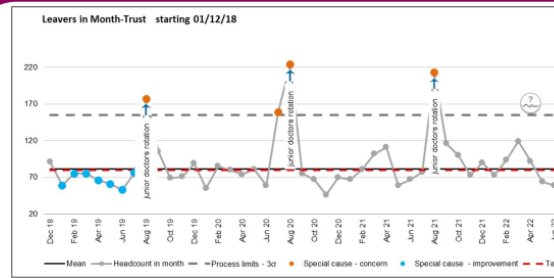
New Starters
in Month

60



Leavers in
Month

88



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 July 2022	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,820 wte (Net establishment is: 6,533 wte)	5,873 wte	5,997 wte	13.88% (Net rate is: 10.11%)	6,506 wte	7.91%	9.13%

What does the data tell us?

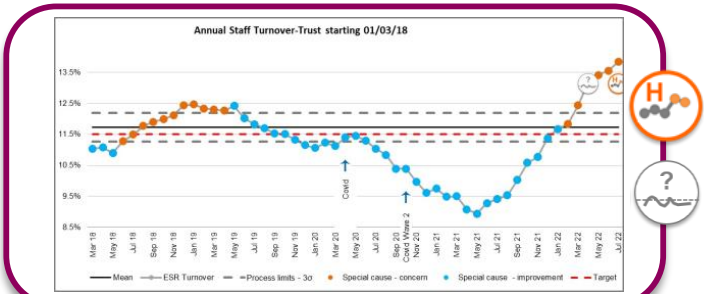
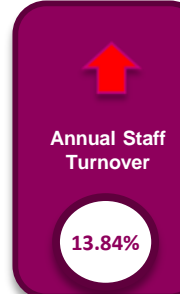
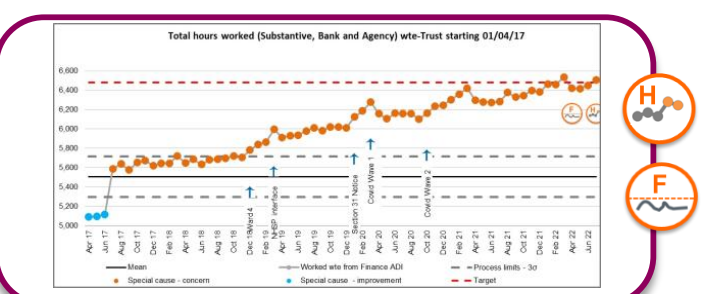
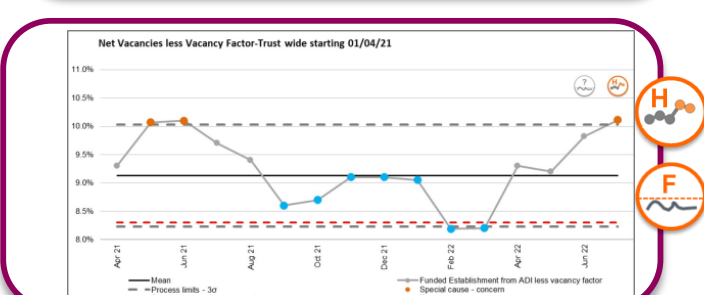
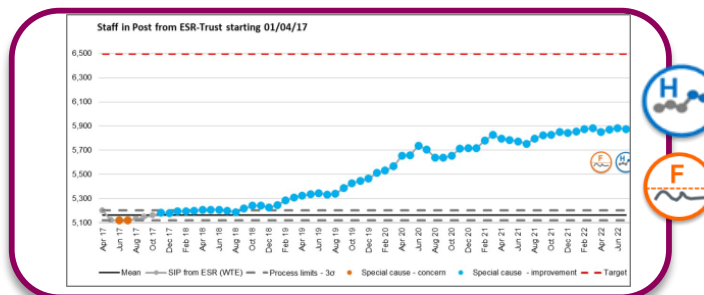
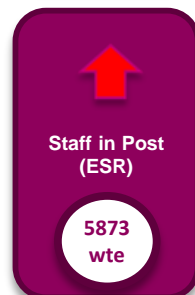
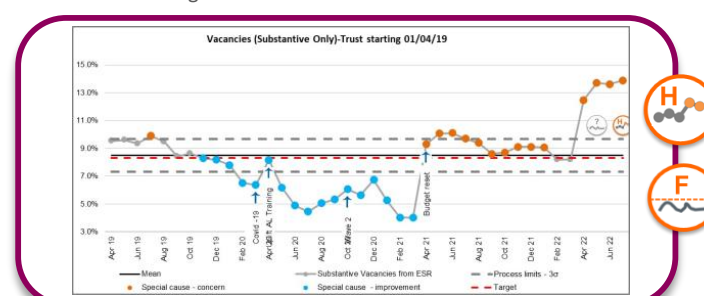
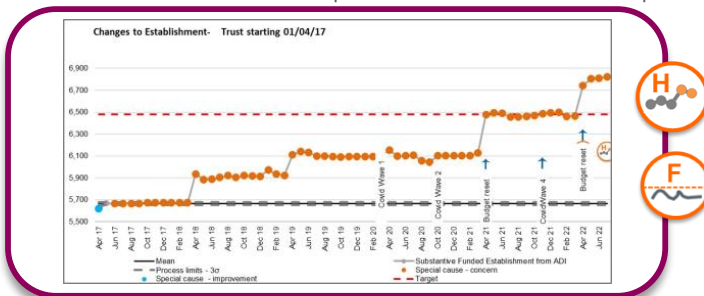
- **Staff in Post** – has dropped this month by 11 wte to 5,873 wte against an increased establishment of 6,820 wte (gross) or 6,533 wte (net) with vacancy factor removed.
- **Total Hours worked** – has increased by 55wte (comprised of an overall increase of 26 bank and 13 wte in agency and a reduction of 3 wte in Substantive). Increases are primarily in the Pathway Discharge Unit (24 wte) AMU WRH (10 wte) and A&E WRH (10 wte).
- **Agency Hours worked** - Urgent Care has increased agency hours worked by 17 wte, Specialty Medicine has a 9 wte increase and SCSD an 8 wte increase, partially offset by reductions in Surgery and Central Trustwide.
- **Agency Spend as a % of Gross Cost** – Agency cost as a % of gross cost has increased 1.14% this month which is 0.93% worse than the same period last. This is due to the opening of the Pathway Discharge Unit and Acute Medical Unit as well as increased vacancies and sickness. Agency spend as a % of gross cost has reduced in Surgery and Corporate, but increased in all other divisions. Urgent Care division mains an outlier with 28.26% of gross cost attributed to agency staff.
- **Bank spend as a % of gross cost** - Bank staff spend as a % of gross spend has increased by 0.13% to 7.91% but this spend is encouraged to avoid agency or overtime. National benchmark is 7.8% of gross cost.

National Benchmarking (July 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).

Month 4 [July] 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for June 2022 as 11th August 2022



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

Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave	Booking Reasons
13.84%	6.10% 359 wte average per day	162 headcount	524 wte average per day	110 wte average per day	Vacancies, Sickness, Additional Beds and Covid

What does the data tell us?

- **Staff Turnover** – Staff annual turnover has deteriorated by 0.29% this month to 13.84% which is 4.56% worse than the same period last year. This is above our 11.5% target which was already adjusted for covid.
- **Monthly Sickness Absence Rate** – Sickness has increased by 1.0 % to 6.10% which is 1.51% worse than the same period last year. However, this period includes the start of the 5th wave of Covid. Cumulative sickness for the 12 month period has increased by 0.05% to 5.69% which is 1.04% higher than the same period last year. Sickness rates are driven by high levels of Long Term Sickness in all divisions except for Digital, with Estates and Facilities and Women and Childrens continuing to be hotspot areas. The average number of staff off sick each day has increased by 60 per day to 359 wte (including 116 registered nurses and 13 medics).
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has reduced by 1 wte to 162 which is 3 less than the same period last year. We are on an improving trajectory to the pre covid average of around 135 on maternity leave.
- **Annual Leave** – An average of 524 wte staff were on leave each day compared to 615 wte last month. This reduction is due to more calendar days in the month and no bank holidays. The average number of staff on leave each day over the last 2 years is 481. There are seasonal hotspots in March due to the end of the leave year, and in August each year. However, this year annual leave has also been higher than average in June (effect of Platinum Jubilee) and July (possibly due to heatwave and lifting of restrictions after Covid).
- **Other leave** – An average of 110 wte were absent each day due to Other Leave which will include special leave, study leave, self isolation for Covid etc. This has reduced by 4 wte from last month
- **Booking Reasons** – 761 wte staff were booked via NHS Professionals to cover gaps compare to 643 wte last month. This included 420 wte staff booked to cover vacancies, 145 wte for sickness (including 87 Registered Nursing and 50 HCAs), 61 wte additional beds/capacity and 49 wte for covid additional staff/absence

National Benchmarking (July 2022)

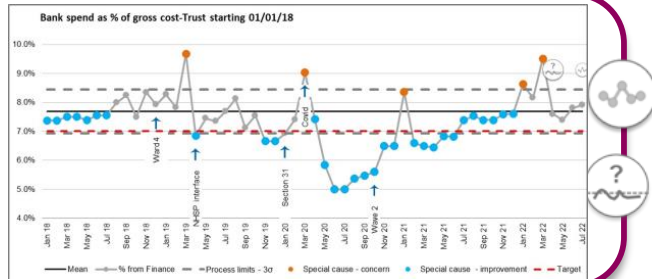
Our Monthly Staff Turnover on Model Hospital had increased to Quartile 3 overall with a rate of 1.18% compared to national average of 1.13% (April 2022 data). Our turnover of Registered Nurses was good at 9.5% compared to national average of 13.1% (March 2022 rates) but this is expected to have declined when the data has 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%.

Month 4 [July] 2022-23 Workforce “Drivers of Bank & Agency Spend” Summary

Responsible Director: Director of People and Culture | Validated for July 2022 as 11th August 2022

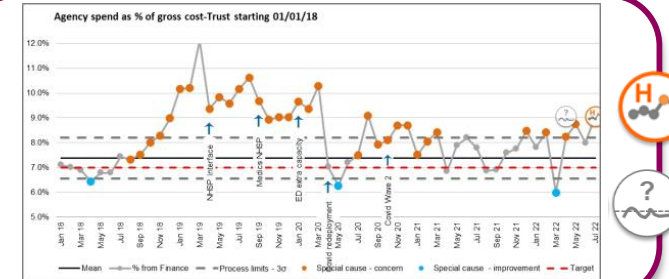
**Bank Spend
as a % of
Gross Cost**

7.91%



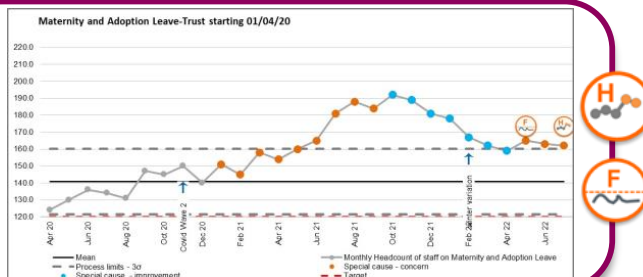
**Agency
Spend as a %
of Gross Cost**

9.13%



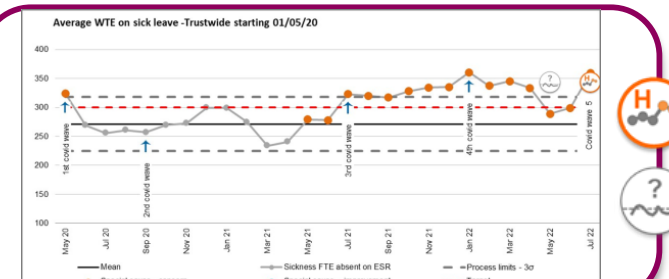
**Maternity/
Adoption
Leave
(Headcount)**

162



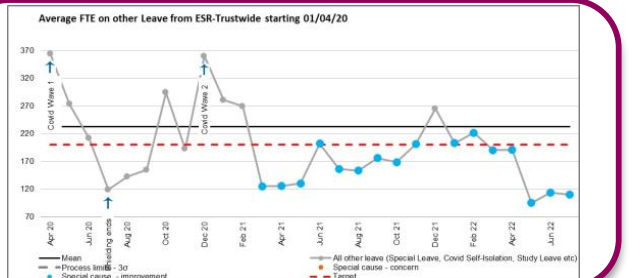
**Monthly
Average
Staff of Sick
Per Day**

**259
wte**



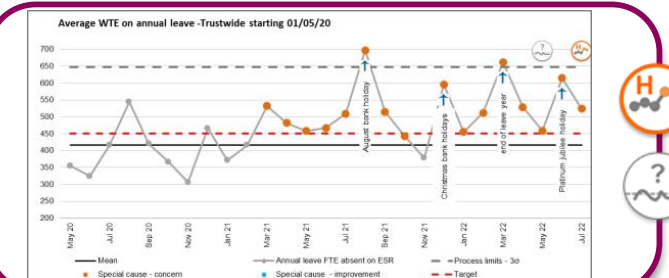
**Any Other
Leave
(Average FTE
per day)**

**119
wte**



**Annual Leave
(average staff
on leave each
day)**

**524
wte**



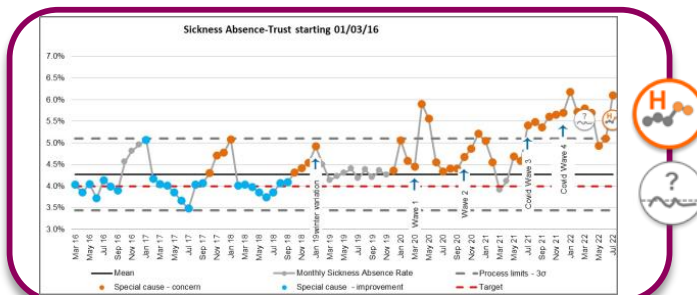
Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Month 4 [July] 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for July 22 as 11th August 2022

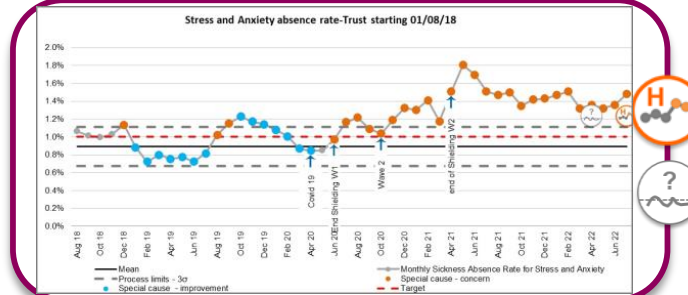
Monthly Staff
Sickness
Absence
Rate

6.10%



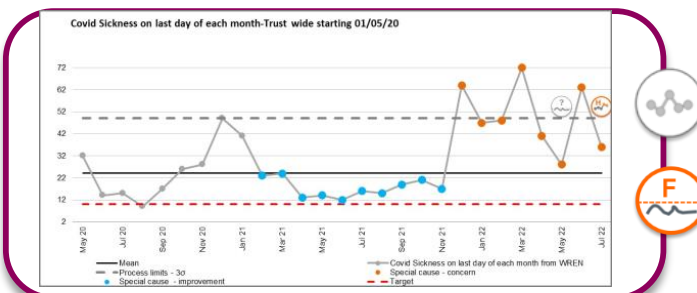
% Staff
absent due
to Stress and
Anxiety (S10)

1.48%



Covid
Sickness
(S27)

36



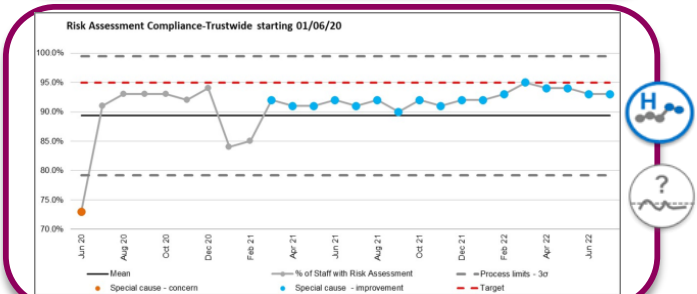
Breakdown
of S10 by
Division and
Staff Group

Sum of S10 Occurrences	Month ▾						
Division	2022 / 04	2022 / 05	2022 / 06	2022 / 07	Grand Total	Trendline	
365 Corporate	16	18	17	14	65		
365 Digital	1	1	2	3	7		
365 Estates & Facilities	15	18	15	13	61		
365 Specialised Clinical Services Division	44	62	49	58	213		
365 Specialty Medicine	31	30	28	29	118		
365 Surgery	25	23	26	13	87		
365 Urgent Care	16	23	25	27	91		
365 Women & Children	25	28	29	30	112		
Grand Total	173	203	191	187	754		

Sum of S10 Occurrences	Month ▾					
Main Staff Group	2022 / 04	2022 / 05	2022 / 06	2022 / 07	Grand Total	
Add Prof Scientific and Technic	3	4	5	5	17	
Additional Clinical Services	59	59	49	48	215	
Administrative and Clerical	30	36	40	37	143	
Allied Health Professionals	8	10	7	14	39	
Estates and Ancillary	19	21	18	16	74	
Healthcare Scientists	1	5	5	4	15	
Medical and Dental	1	4	2	3	10	
Nursing and Midwifery Registered	52	64	65	60	241	
Students	0	0	0	0	0	
Grand Total	173	203	191	187	754	

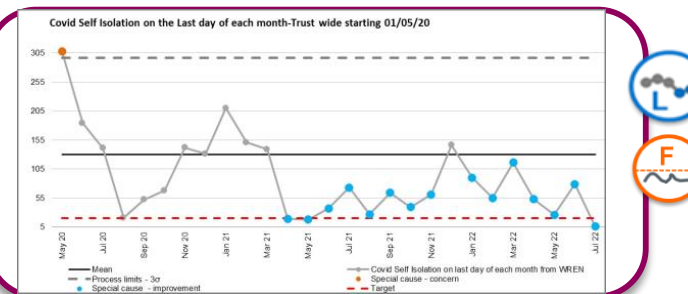
Covid Risk
Assessment
Compliance

93%



Number Self
Isolating

6



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

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? <p>The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> Month on month increase in staff turnover (we are now in the 3rd quartile) Increase in vacancy rate to 10.11% (we are now in the third quartile) <p>Also of note is the sustained use of bank and agency usage which is a result of:</p> <ul style="list-style-type: none"> Opening of the Acute Medical Unit and Pathway Discharge Unit Increased Vacancies Continued higher levels of sickness absence Increased Covid absence Increased patient acuity (specialing) Increased annual leave due to holiday season, good weather, and lifting of covid restrictions Continued use of surge areas <ul style="list-style-type: none"> Sickness absence rates are lower than Model Hospital average but are increasing due to wave 5 of the pandemic– particularly long term absence. 		What improvements will we make? <ul style="list-style-type: none"> We have developed the people and culture 3 year plan and in year 1 are focusing on recruitment and improving the retention of colleagues We are reducing our time to recruit through the recruitment value stream We are launching NHS Jobs 3 which will interface with ESR to improve user experience, reduce duplication in Recruitment Team, Workforce and E-Rostering Teams and will improve reporting We continue to address our reliance on the temporary workforce through the Best People Programme We are improving the visibility of establishment and vacancy information by uploading data into ESR and HealthRoster. We have implemented the national changes to AfC terms and conditions which will bring sickness payments for staff on Covid S27 back in line with other sickness. 	
Overarching Workforce Performance Level – 4 – July 2022 Previous Assurance Level - 5 – June 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 4 – July Position

YTD M4 actual **deficit of £(6.8)m** plan of **£(6.7)m** deficit an adverse variance of £0.1m.

Statement of comprehensive income	Plan £'000	Jul-22 Actual £'000	Variance £'000	Plan £'000	Year to Date Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,492	47,994	502	189,504	190,038	534
Other operating income	2,656	1,779	(877)	10,015	9,418	(597)
Employee expenses	(29,836)	(30,070)	(234)	(119,024)	(119,242)	(218)
Operating expenses excluding employee expenses	(20,135)	(19,846)	289	(79,887)	(79,855)	32
OPERATING SURPLUS / (DEFICIT)	177	(143)	(320)	608	359	(249)
FINANCE COSTS						
Finance income	0	42	42	0	150	150
Finance expense	(1,165)	(1,168)	(3)	(4,660)	(4,673)	(13)
PDC dividends payable/refundable	(681)	(681)	0	(2,725)	(2,725)	0
NET FINANCE COSTS	(1,846)	(1,807)	39	(7,385)	(7,248)	137
Other gains/(losses) including disposal of assets	0	0	0	0	19	19
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1,669)	(1,950)	(281)	(6,777)	(6,870)	(93)
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	(1,669)	(1,950)	(281)	(6,777)	(6,870)	(93)
Remove capital donations/grants I&E impact	11	11	0	41	41	0
Adjusted financial performance surplus/(deficit)	(1,658)	(1,939)	(281)	(6,736)	(6,829)	(93)
Less gains on disposal of assets	0	(0)	(0)	0	(19)	(19)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	(1,658)	(1,939)	(281)	(6,736)	(6,848)	(112)

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 £8.5m against £15.7m plan
- Slippage on any identified transformational PEP
- Failure to secure funding for Pathway Discharge Unit (PDU) – under discussion with ICB
- 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 to be reassessed as part of M5 forecasting exercise during which we will be able to assess the level of recurrent underspends which can be used to offset the above risks and bring greater certainty over the likelihood of delivering the £19.9m deficit plan.

The **Combined Income (including PbR pass-through drugs & devices and Other Operating Income)** was **(£0.4m)** below the Trust's Operational Plan in July and **£0.3m** favourable YTD. **YTD variance (£0.1m):** Community Diagnostic Hub(CHD) adverse variance of (£0.2m), pass through Drugs & Devices £1.0m, COVID PCR testing reimbursement (£0.1m), PDU funding not agreed (£0.3m) and Directorate income (£0.4m). The Trust has reported the full value of the ERF income (**YTD £5.4m**) in the position (agreed by the System). The Trust's actual performance is below this.

Employee expenses M4 YTD variance £0.2m adverse – Employee expenses were £119.2m YTD at M4, an adverse variance of £0.2m against the £119.0m YTD plan. In month spend of £30.1m is an increase of £0.4m compared with the June position. Favourable variances against employee expenses due to Business Case slippage (£1.1m) and ERF (£0.1m) and covering less vacancies – net of WLIs (£0.1m) partially offset by adverse variances due to under delivery on PEP (£0.7m), staffing the Discharge Lounge (£0.1m) and Bank Nursing Incentives (£0.2m) recognising the intent of this incentive to reduce agency demand and maintain staff levels.

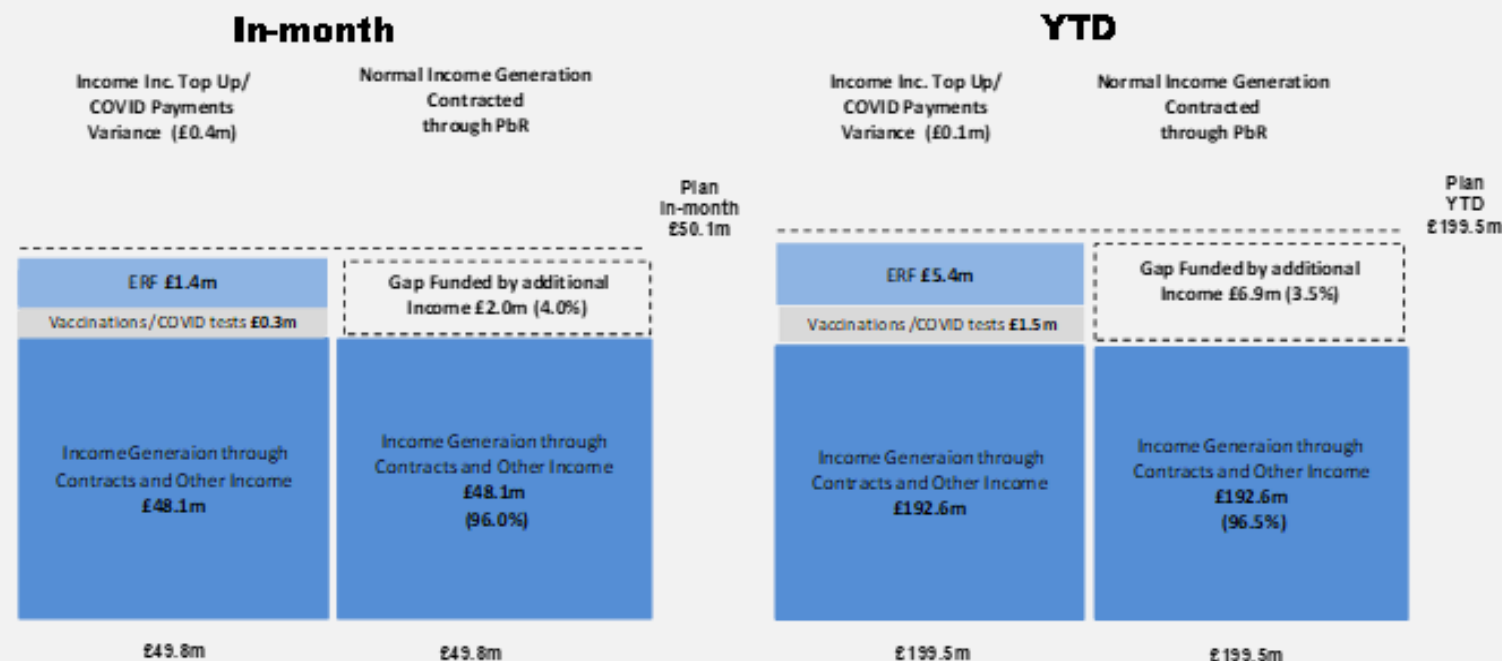
Operating expenses M4 YTD in line with YTD plan – Favourable variances against operating expenses in month include:

- Business Case slippage (£0.5m) of which £0.3m relates to International Nurses with 44 Nurses of the planned 64 having arrived to date.
- Depreciation (£0.6m) of which most offsets the adverse variance on operating lease expenditure (£0.6m) due to lower impact on transition to IRFS 16 than planned.
- Lower energy usage over the summer months (£0.5m)
- Inflation reserve (£0.4m)
- Lower spend on supplies and services linked to activity (£0.5m).

Partially offset by adverse variances due to:

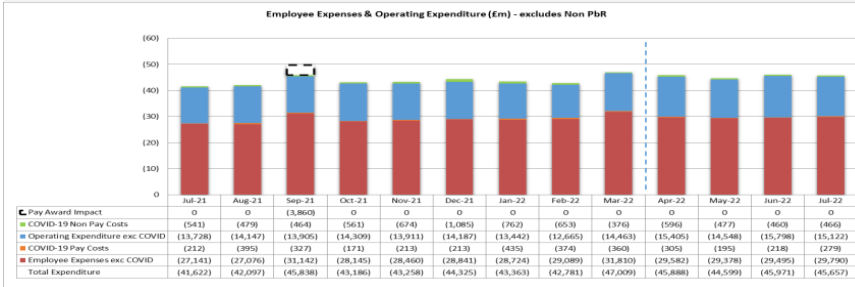
- Non PbR Drugs – offset by income (£0.7m) and linked to higher activity
- Unachieved PEP (£0.8m)
- Operating lease expenditure (£0.6m) of which most offsets with Depreciation above.
- Tariff Drugs (£0.3m) linked to higher activity.

Income



The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was (£0.4m) below the Trust's Operational Plan in July. Key Variances In July: Pass through Drugs & Devices £0.5m for ICBs and NHS England, COVID PCR testing (£0.1m) – recovery of expenditure for additional income, AMU/PDU reconfiguration (£0.4m) – the funding is in the Trust's Operational Plan and recognised as a system risk. At the point of writing we await confirmation of funding stream and other Operating Income (£0.5m) – SLA recharges £0.1m, Training & Education (£0.3m) and Car Parking (£0.2m) with the postponement of the charging.

Elective Recovery Fund framework (ERF) - The Trust has reported the full value of the ERF income (YTD £5.4m). 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 (await formal confirmation by NHSEI).



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

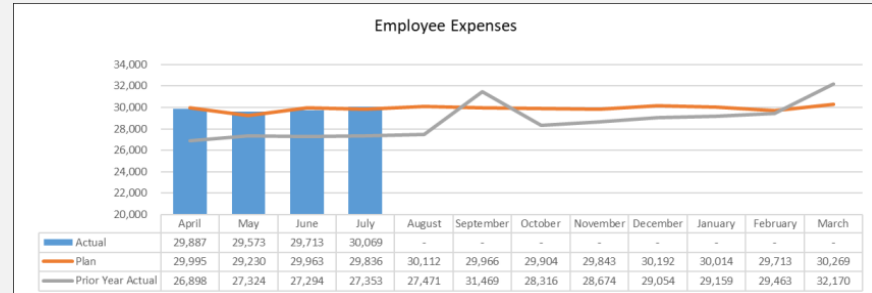
Overall employee expenses of £30.1m in month 4 is an increase of £0.4m compared with the June position. Substantive pay (excluding WLI) has reduced in month by of £0.2m due to the 2 bank holidays in June for the Platinum Jubilee. This has been partially offset by an increase in WLI payments in month of £0.1m of which the majority is within Endoscopy (an element of which is backdated).

Total temporary staffing spend of £5.1m is an increase of £0.4m in month and was 17.0% of the total pay bill. Bank spend increases of £0.1m include an estimated £0.1m cost for the NHSP Bank Heat incentive. Agency spend has increased in month by £0.4m of which £0.3m relates to retro hits for temporary Medics bookings, worked WTE has increased by 31 against prior month.

Overall operating expenses excluding Non PbR were £15.6m in month 4, a reduction of £0.7m compared with the June position which is largely due to a favourable movement on Clinical Supplies & Services. There was a £0.2m YTD VAT correction for the CDH Endoscopy mobile, £0.1m favourable movement as a result of capitalising costs for car park design work, £0.2m reduction in Establishment expenses following one off costs in month 3 of £0.2m relating to exit fees for removal of circuit lines no longer in use and a further £0.1m on Purchase of Healthcare from NHS Bodies due to normalisation of PFI annual radiotherapy lifecycle costs following last months YTD catch up.

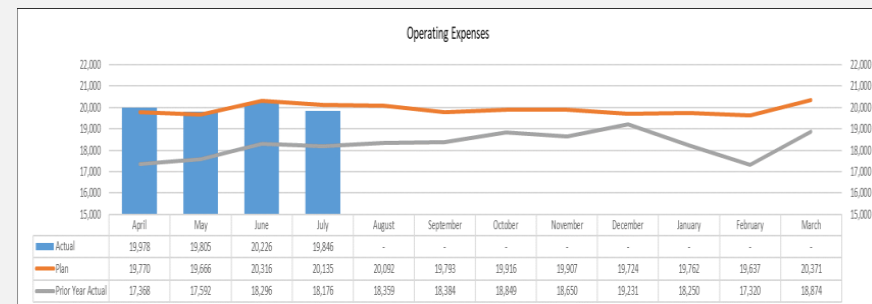
Non PbR spend has increased by £0.3m in month, with an increase of £0.4m on drugs being partially offset by a £0.1m reduction on devices. The majority of the drugs movement is in Rheumatology (£0.2m) and Respiratory (£0.1m).

Employee Expenses



Employee Expenses	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Mvmt	YTD
Agency	(2,131)	(1,888)	(2,172)	(2,149)	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(2,462)	(2,588)	(2,374)	(2,745)	(371)	(10,169)
Bank	(2,019)	(2,067)	(2,327)	(2,085)	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(2,269)	(2,184)	(2,313)	(2,380)	(67)	(9,146)
Temporary Total	(4,150)	(3,955)	(4,498)	(4,235)	(4,400)	(4,671)	(4,795)	(4,883)	(6,981)	(4,731)	(4,772)	(4,687)	(5,125)	(438)	(19,315)
WLI	(400)	(295)	(316)	(332)	(271)	(328)	(285)	(420)	(611)	(330)	(403)	(296)	(439)	(143)	(1,468)
Substantive	(22,804)	(23,221)	(26,655)	(23,750)	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(24,826)	(24,398)	(24,730)	(24,505)	225	(98,459)
Substantive Total	(23,204)	(23,516)	(26,970)	(24,082)	(24,273)	(24,382)	(24,364)	(24,580)	(25,189)	(25,156)	(24,801)	(25,026)	(24,944)	82	(99,927)
Employee Expenses Total	(27,353)	(27,471)	(31,469)	(28,316)	(28,674)	(29,054)	(29,159)	(29,463)	(32,170)	(29,887)	(29,573)	(29,713)	(30,069)	(356)	(119,242)
Agency %	7.8%	6.9%	6.9%	7.6%	7.8%	8.5%	7.8%	8.4%	8.4%	8.2%	8.8%	8.0%	9.1%	1.1%	34.1%
Bank %	7.4%	7.5%	7.4%	7.4%	7.6%	7.6%	8.6%	8.2%	13.3%	7.6%	7.4%	7.8%	7.9%	0.1%	30.7%
Bank & Agency %	15.2%	14.4%	14.3%	15.0%	15.3%	16.1%	16.4%	16.6%	21.7%	15.8%	16.1%	15.8%	17.0%	1.3%	64.8%

Operating Expenses



Capital

The Capital Plan for 2022/23 is a total of £62.2m, as per the latest plan submission in June 2022. This plan has not changed from the original submission earlier in the year. The Trust Capital Position at month 4, being the value of works complete, is £6.3m. This is an increase of £1.6m since month 3. The value of outstanding purchase orders in the system are £5.5m. This is a large increase since month 3, due to a number of high value schemes being approved at the July CPDG meeting. Major capital schemes continue into 2022/23. Risk remains in medium term. The Trust has insufficient funding to manage its backlog maintenance and urgent schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified. In addition to this, £11.1m of currently unapproved PDC funding is required to ensure that the ASR and Elective Theatre Hubs projects can be completed. The Trust are currently working with NHSEI colleagues to find a solution to this risk during 2022/23 and 2023/24.

Capital Assurance Level: Level 4

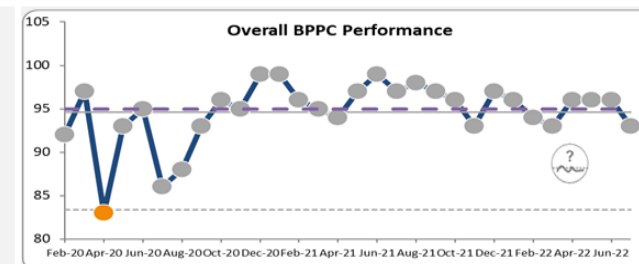
Reason: Major capital schemes continue into 2022/23. Risk remains in medium term. The Trust has insufficient funding to manage its backlog maintenance and urgent schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified.

Cash Balance

At the end of July 2022 the cash balance was £37.7m against a plan of £51.5m. The plan assumed external capital funding of £7.8m which has not been drawn down yet but also assumed staff expenses would be lower by £4.5m resulting in a YTD variance 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.

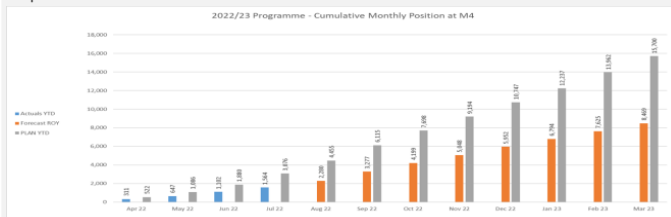
Cash Assurance Level: Level 6

Reason: Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given (£19.9m) deficit 22/23 submitted plan.



Productivity & Efficiency

The P&E Programme has delivered £0.5m of actuals at Month 4 against a plan of £1.2m.

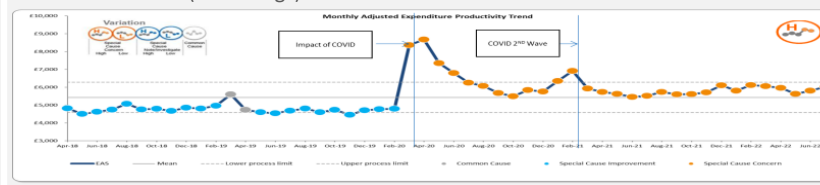


	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Actuals YTD	311	647	1,102	1,564								
Forecast ROY					2,280	3,277	4,199	5,048	5,952	6,794	7,625	8,469
PLAN YTD	522	1,086	1,880	3,076	4,455	6,115	7,698	9,194	10,747	12,237	13,962	15,700

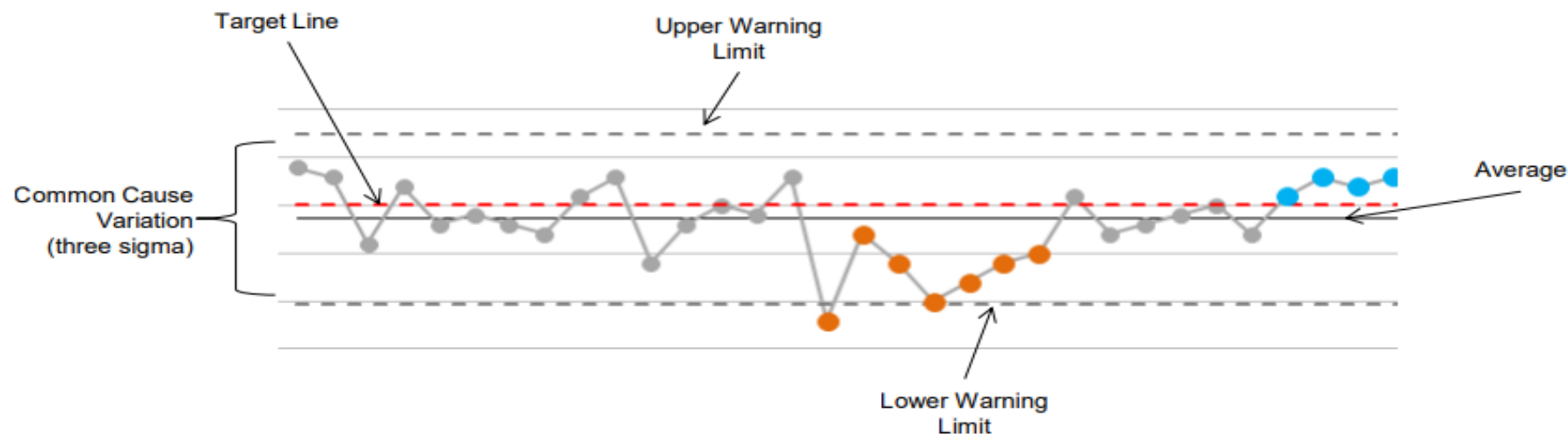
Adjusted Expenditure Productivity Trend

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

July Cost per WAU has increased from June due to reduced activity volumes in both Elective IP and Outpatients, with Emergency activity remaining the same. With costs predominantly fixed from month to month, the WAU is only affected by activity volumes changes each month. The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. 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



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

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

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

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

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

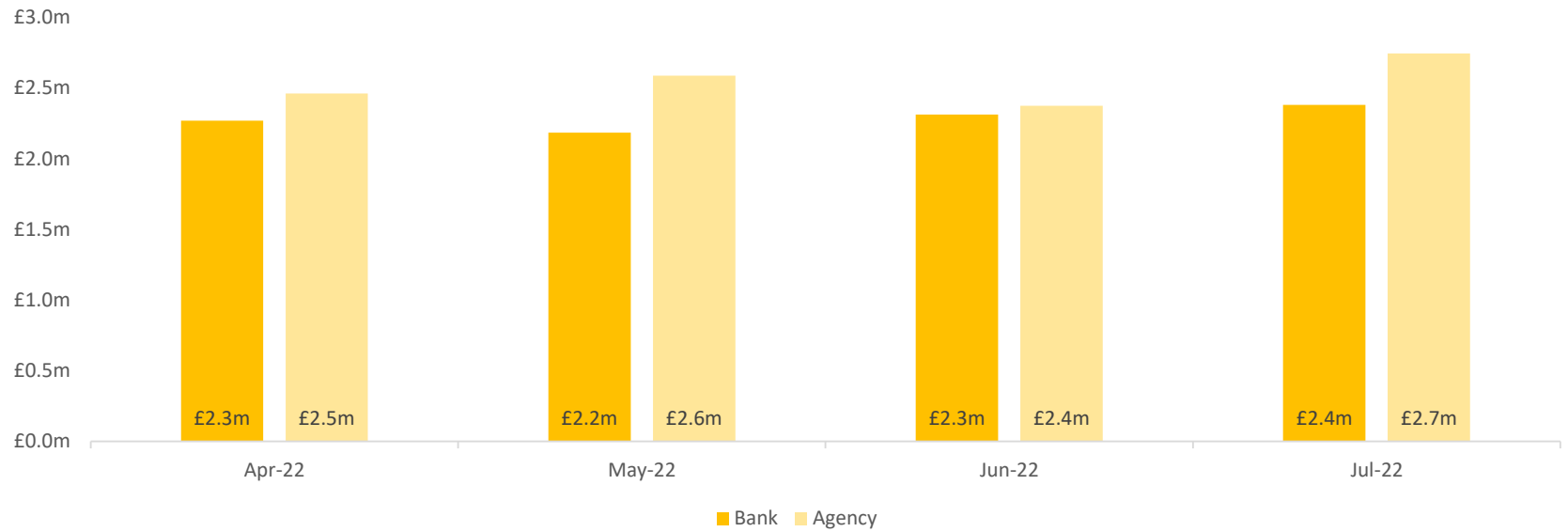
57

Levels of Assurance

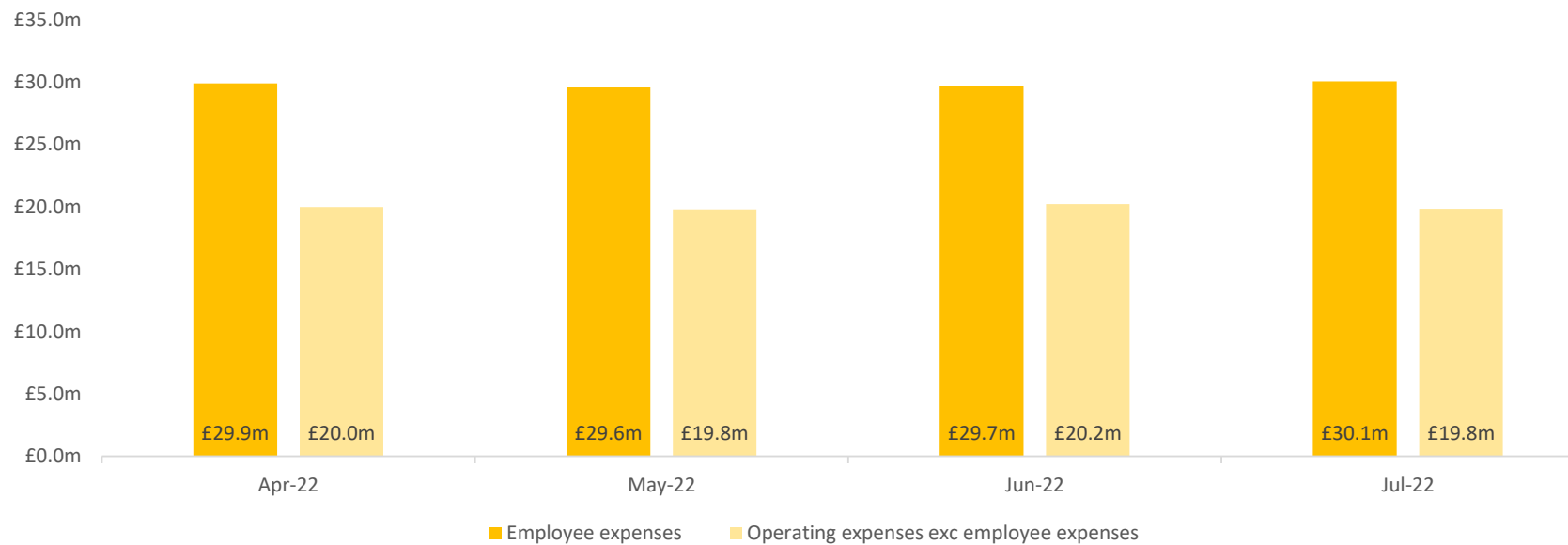
RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of 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		PEP Position	
Our Emergency Departments					Breaches	
		Ambulances	60 Min Handover Delays		4 hours	12 hours
	ED	3,903	1,202	10,516	5,970	268
		New Patients Seen		Patients Discharged Home		% of Take
	SDEC AEC and Surgical SDEC	1,010		875		42.3%

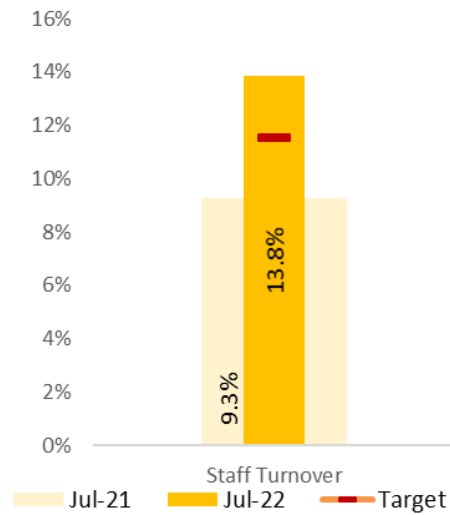
Our Locum / Agency Spend



Our Expenditure Run Rate



Our Staff Turnover



Our Improvement Programmes

Future Development



JULY 2022 IN NUMBERS



8,397

Walk-in patients (A&E)



3,903

Patients arriving
by ambulance



11,442

Inpatients



36,377

Face to Face outpatients



9,625

Telephone consultations



450

Babies



1156

Elective operations



202

Trauma Operations



216

Emergency Operations



6.3

Average length of stay



17,629

Diagnostics

QUALITY AND SAFETY IN NUMBERS

July 2022



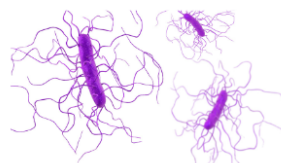
MRSA

0



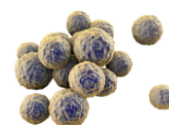
ECOLI

3



CDIFF

7



MSSA

1



Hand Hygiene

Participation **86.5**
Compliance **99.7**

SEPSIS

Sepsis

Screening Compliance **94.1**
Sepsis 6 bundle compliance **72.5**



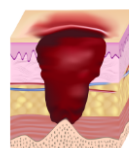
ICE reports viewed

Radiology **88.3**
Pathology **95.00**



Falls per 1,000 bed days causing harm

0.04



Pressure Ulcers

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



Response Rate

A&E **18.4**
Inpatients **36.21**
Maternity **1.49**
Outpatients **12.78**



Recommended Rate

A&E **86.96**
Inpatients **97.47**
Maternity **100**
Outpatients **94.77**



HSMR 12 months rolling (March 22)

102.44

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

35.50



Risks overdue review **207**
Risks with overdue actions **241**



Discharged before midday

13.81



Complaints Responses <=25 days

63.64



Total Medicine incidents reported

138

Medicine incidents causing harm (%)

3.62

WORKFORCE COMPOSITION IN NUMBERS

July 2022



Employees
6,799



BAME employees
20%



Part-time workers
45%



Female
82%



Registered nurses
1,985 (29%)



Registered midwives
255 (4%)



HCAs, helpers and assistants
1,333(20%)



Doctors
719(11%)



Other clinical and scientific staff
827 (12%)



Over age 55
19%



30 years and under
20%



Staff with less than 2 years service
27%



Staff with 20 years service or over
10%

Committee Assurance Reports

Trust Board
8th September 2022

Topic	Page
Operational & Financial Performance	
• Finance and Performance Committee Assurance Report	2 – 4
Quality & Safety	
• Quality Governance Committee Assurance Report	5 – 7
People & Culture	
• People and Culture Committee Assurance Report	8 – 10

Finance & Performance Committee Assurance Report - 27 July 2022

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

Executive Summary

The Committee met virtually on 27 July and the following key points were raised : Escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Externally funded capital schemes interdependencies	Complexities in capital funding	For noting
Theatre Plus Outline Business Case	Delegated limits	Recommended for approval
Contract Approvals (x4)	Delegated limits	Recommended for approval

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Externally funded capital schemes interdependencies	Level 6	N/A	8
Theatres Hub Plus Outline Business Case	Level 4	N/A	18, 3, 21, 8
Psychology Leadership Business Case	Not Reported	N/A	17, 14, 10, 9
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 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Reducing Ambulance Handover 12 hour waits in ED	Not Reported	N/A	N/A
Contract Awards (x4): Adult Parenteral Nutrition (SCSD Pharmacy); Immunology, Allocate and Linen and Laundry	Not Reported	N/A	7, 4, 9, 21
Xerox Contract Update	Level 5	Maintained	7

Finance & Performance Committee Assurance Report - 27 July 2022

Executive Summary

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

Item	Discussion
	Thanks were extended on behalf of Committee to Robert Toole for his work with the Trust, Committee and with the Chair as this was his last meeting. His focus and delivery were commended and the Trust is in a better place over the last two years thanks to his efforts. Neil Cook was welcomed to the Committee.
Externally funded capital schemes interdependencies	Committee received an update as to the independencies on the capital funding of ASR, UEC and TIF2 business cases. A complicated set of arrangements were outlined in relation to the funding arrangements as set out in the paper. The national changes fundamentally altered the principles of funding of the three projects, with the end result being a funding gap on the UEC as a result of the changes. Committee were updated as to the ongoing discussions with region and ICS as to the solutions to bridge the gap and requested future updates as to the progress made. Committee approved the changes to the ASR and TIF2 business case narrative and noted the bridging solutions being progressed.
Theatres Hub Plus Outline Business Case	This case related to the current theatre suite at the Alex which needed refurbishment or replacement. Refurbishment was not feasible given the impact on elective activity. EOI bid for TIF2 monies was linked to ASR funding as above. OBU and FBC stages are now progressing, with FBC Committee approval in December. The contingencies and optimism bias within the case were discussed along with the risks. Clinical engagement was outlined and the design and clinical suitability of the proposals were considered; Committee were advised flow would be reviewed in detail to optimise this within the space available and an action was agreed to follow this up. Affordability and the timelines of approval in securing funding were discussed with a funding gap noted. Committee approved the submission but this was subject to clinical and financial discussions to be ongoing between OBC and FBC stages to address the concerns raised.
Psychology Leadership Business Case	The benefits of the psychological support service and in-house model were described. It was confirmed this aligned with the system and also addressed the bariatric surgery requirements. Option 4 was the recommended and the impact of this in addressing s10 absence and in capturing the benefits realisation was welcomed. It was noted the lead post was originally funded via the charity and this case dovetails with the other charitable support available. The business case was approved
Integrated Performance Report	The executive summary headlines were noted. In terms of elective performance position, the Trust exceeded the plan for outpatients - follow up appointments and almost hit the target for diagnostics; the other activity targets were missed and we have seen a further growth in the waiting list. 104 weeks has significantly improved in the numbers waiting, but benchmarking has dropped against peers. Significant UEC pressures remain and continued high covid patients were noted. Cancer performance and the clinical prioritisation of 62 day waits were discussed in detail. The assurance level 4 for 2WW and 5 for 31 days were approved. The assurance level for 62 day was reduced from level 4 to level 3. Outpatient DNAs were discussed and use of text messaging reminders were noted; many cancellations being as a result of covid. Activity in relation to recovery targets were not met in Q1, however full ERF benefit was noted in the finance papers. There was concern that June's activity was lower than forecast and feedback from PRMs indicated this was due to levels of sickness. A briefing note of the impact would be shared with Committee. Increasing use of advice and guidance services to prepare for first outpatient appointments was welcomed. Assurance level 4 overall was agreed
Reducing Ambulance Handover 12 hour waits in ED	Committee debated the ongoing issues and the impact of the data presented. The key areas to improve capacity were to: reduce LOS by one day; for a sustained level of discharge that was delivering hour on hour, to have more discharges earlier in the day and extending AEC hours to reduce ED crowding. Ongoing work regarding the system wide approach to acute and emergency care was discussed. The level of walk ins was discussed alongside the impact of GP access, MIU and 111 as outlined in the Healthwatch report. Questions were raised regarding the ED capacity and how this can be maximised to make the biggest impact on patient care.

Finance & Performance Committee Assurance Report - 27 July 2022

Executive Summary

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

Item	Discussion
Finance Report M3:	The M3 position was actual deficit of £(4.9)m against a plan of £(5.1)m deficit, a positive variance of £0.2m. Capital challenges remain in terms of timing. The cash position is good. The risks and challenges going forward were noted at the board development session. £3.2m submission for the PDU has been made. Any further cost improvement developments are challenged at this stage. PEP forecast is now £8m from £15, deteriorating from last month. Scenario outcomes were discussed and concerns expressed in regard to the most likely outcome substantially worse than our target. Underlying position and focus on the run rate is developing as this will determine next year's plan and will be one of the key indicators committee will focus on going forwards. An assurance rating of PEP in its own right would be considered. Assurance levels were approved at levels 3 I&E, 4 capital and 6 cash
Contract Award: Parenteral Nutrition	Committee considered the paper and recommended the award for approval by Trust Board
Contract Award: Immunology	Committee considered the paper and recommended the award for approval by Trust Board
Contract Award: Relating to HR – OD & Culture	Committee considered the paper and recommended the contract extension for approval by Trust Board. (Noting CEO to discuss pricing impact with Service Provider and future collaboration) .
Contract Award: - External Services Linen and Laundry	Committee considered the paper and recommended the re-award for approval by Trust Board
Contract AOB	An orthopaedic parts and consumables framework contract with savings was noted and chairs action would be sought in the meanwhile due to timescales. Verbal progress updates in respect of Clinical Waste Supplier; DCR Contract Change Control; and Patient Records management were noted.
Patient Records Contract Update	Committee noted and approved the proposal.
Cost of Living AOB	The cost and impact of potential support measures are actively being considered by the Trust.
AOB	September meeting – submission for the CD centre phase two has been made to extend the Kidderminster CDC 1 from 3-5 rooms. Second CDC bid has been logged confirming the Trust are interested in progressing in wave 3.

Quality Governance Committee Assurance Report – 28 July 2022

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

Executive Summary

The Committee met virtually on 28 July 2022 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
None noted		

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Quality and Patient Safety Plan	Level 6	N/A	3, 4, 11
Maternity Safety Report	Level 5	Maintained overall (staffing reduced to level 4)	2, 4, 9, 10
AMU/PDU Update	Not reported	N/A	
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
External Review of Obstetrics	Not reported	N/A	4
PALS Review Report	Not reported	N/A	
IPC Report	Level 5	C-diff maintained Level 4. Non covid increased to Level 5.	3
Health and Safety Report	Level 4	Improved from level 3	

Quality Governance Committee Assurance Report – 28 July 2022

Executive Summary

The Committee met virtually on 28 July 2022 and the following key points were raised:

Item	Discussion
CNO/CMO escalations	Heatwave – huge efforts made to prevent ambulance handover delays and keep staff and patients cool. Work was done to support boarding and double boarding under a risk assessment and are reviewing for any harm. The Trust are planning an internal quality summit to look back and learn from the heatwave and what we can take forward. Divisions will present in the morning and an inspection type process in the afternoon with staff and system partners, this will be presented to QGC in September.
Action log	Bed washing: the actions in progress were welcomed with an update in September on the progress made.
Patient Story	Stand up to cancer. 4 patients will be share their journey, through films of their experience.
Quality and Patient Safety Plan	Committee received the plan which set out what we will do to deliver high quality, safe, effective care that produces a positive patient experience. Plan sets out how we will measure whether we have achieved those objectives and aligns with the ICB strategy. Learning from deaths was discussed and the report format is being revised, with quarterly reports to Committee. The plan was approved
Maternity Safety Report	12+6 bookings were discussed. Mortality is lower in month and lower than national levels. Training is still challenged to release staff for face to face. On track to meet 90% for skills and drills, but some has been cancelled in month. As part of Ockenden funding we have employed backfill and from next April, staff will be released for a week to complete the training. Still births and neonatal death were discussed. Staffing provided a reduced assurance level of 4. There will still be a deficit until the next round of students qualify, due to a high number of retirements with no return. Communications to stay in touch with retired staff was discussed. The Trust are working with the University and schools regarding targeted local recruitment – an action was passed to People and Culture Committee to review. Transformation work is progressing. Induction of labour pathway has improved significantly but there are still challenges. Deep bath manual handling is being addressed. Level 5 assurance overall was approved
AMU/PDU Update	AMU has been operational since 4/7 and PDU since 14/7; it has taken time to get up to speed and support flow of movement. Initial target of patients in AMU to be out in 48 hours, then in 6 weeks in 24 hours. PDU discharge target of 48 hours. The Trust are not meeting these targets, but has started to see positive movement in the last 48 hours, where ambulance handovers and time spent in ED having dropped significantly. No assumptions are being made, but the Trust continues to be flowing this morning. Call with region yesterday confirmed this is our model and we need to give it chance to deliver. Committee debated the external pressure to change this model and safety. The view being we need to give this time to demonstrate if the change is sustainable into the weekend and beyond. Also opened a clinically ready to proceed area in ED on 22/7. Over last 36 hours, we are starting to see a reduction in Covid patients and are looking to reduce the stock of Covid beds.
Integrated Performance Report	Quality section is reduced as the team have been working to develop a new outcome focussed section. Level 4 assurance was presented overall. The headlines were noted. 62 day cancer was of concern, but 2WW referrals have reduced. Elective performance has exceed plan in respect of outpatients and PIFU but RTT list has grown. Benchmarking on elective is static. 104 week benchmarking has worsened, but the actual cases has improved to 40. C-diff challenges remain. The assurance level for 62 day cancer was reduced to level 3. The actions being taken to address this in relation to colorectal and urology pathway were discussed. DNAs benchmarked positively and text messaging reminders are in place. Patient experience with car parking was discussed. Level 4 assurance overall was approved 6

Quality Governance Committee Assurance Report – 28 July 2022

Executive Summary

The Committee met virtually on 28 July 2022 and the following key points were raised:

Item	Discussion
External review of Obstetrics	The Trust commissioned an external review following the CQC visit which downgraded the maternity service. This review looked at obstetrics and maternity. There is an action plan in place to support the implementation of the maternity services improvement plan. The new roles in the division and the broader governance and culture to support the plan was discussed in detail. Clinical leadership was seen a critical and a programme is under development. Reporting and assurance against all the various action plans will be received by Committee via the maternity safety report.
PALS Review Report	PALS contacts are increasing and an approach to improve the effectiveness of the process is in progress. TME has agreed the process change and Committee noted the approach is underway. Datix will be implemented to manage the contacts and support was offered from Healthwatch in developing the service.
IPC Report	The new deputy DIPC presented the Q1 paper and welcomed to Committee. Operational pressures were noted and mitigations are in place for cleaning requirements. C-diff is over target in Q1 and a NHSEI follow up visit will review processes. There is good engagement from teams re risk assessment and stool charts etc. Decontamination actions are being followed up. All other organisms are meeting or under trajectory. An ICB region review of C-diff to collaboratively consider risk factors is being called due to the multi factorial issues. The level of assurance of C-diff maintained Level 4. Non covid increased to Level 5.
Health and Safety Report	Improvements have been made and the team strengthened. The H&S strategy has been produced and will be shared with Committee along with the improvement plans. 6 key documents have been updated and revised. Violence and aggression policy has been rewritten. Key KPIs are in place for incident reporting to support prevention. Issues with reports of sexual harassment were noted; support is in place for staff and appropriate flags/safeguards are in place. The use of red and yellow cards was discussed. The improvement plans are progressing well and overseen by the H&S Committee. A survey monkey of staff views has been completed in respect of understand all types of abuse and this feeds into the development of the Charter. The level of assurance 4 was approved, having improved from level 3 last month.
Other	Noted BAF risks will be updated and reviewed over the summer. The August meeting would be stood down, with any escalations to be shared with the Committee Chair. Update on colorectal and urology to the September meeting. Refer to P&C recruitment to local midwives

People & Culture Committee Assurance Report – 11 August 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 11 August and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Staff Story	To highlight the staff story received at Committee and recommend Trust Board receive the staff story	To receive the staff story at a future meeting
Workforce Diversity & Inclusion 7 Point Plan	To raise awareness of the progress being made	None at this time

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
People & Culture section of Annual Plan – Priorities	Level 5	N/A	9, 10, 15
Integrated People & Culture Report	Level 5	N/A	9, 10, 14, 15
Workforce Diversity & Inclusion 7 Point Plan	Level 5	N/A	9, 10
Safest Staffing Report – Nursing	Level 6	N/A	9
Safest Staffing Report – Midwifery	Level 4	Decreased from 5	9
People & Culture Risk Register		N/A	N/A

People & Culture Committee Assurance Report – 11 August 2022

Executive Summary

The Committee met virtually on 11 August and the following key points were raised:

Item	Discussion
Staff Story	The Committee received a presentation telling the experiences of the Apprentices and received an overview of the integrated collaboration in developing this transformation. The different types of apprentices were discussed. The number of apprentices is growing with 36 different standards with 14 of these at level 6 or 7. The importance of job satisfaction and enjoyment were highlighted. An apprentice shared their experience of joining the ODP degree apprenticeship and how they would not have been able to progress without the support of the Trust and being to put skills learned into practice. Another apprentice shared their story of taking the nurse associate apprenticeship through the emergency department. Committee was delighted to hear these stories and consider how we can target schools, colleagues and those with neurodiversity as well as aligning to our disability network and inclusive recruitment. The Trust has signed up to the Scope scheme and this is being planned for next year. Options around charitable support for books and also working with library will be explored.
Staffing Report	<p>Nursing: further 80 international recruits with no current new drop outs. The Chief Nurse meets each to ensure they are able to raise any issues or other concerns. Professional nurse advocate level 7 course is good news. Support re OSCI is in place, but two have not passed. Practice development are working with landlords to support pastoral care. Since April looking to sustain reduction in agency and increase in bank. Incentive offered over August for critical shifts that are hard to fill. Reviewed peers and model hospital and vacancy and turn over compares well. Creative approach taken to support staff wellbeing and balancing Trust staff working on bank from burning out.</p> <p>Midwifery: Assurance level at 4 dropped from 5 due to delay in care, increase in vacancies and shifts not always supernumerary. Sickness held at 8%, but turnover remains at 16-17%. 14 new starters joining in September, but we will need to continue to recruit from the February cohort. There are rolling adverts out and a bid for international midwives is being progressed. Student profiling is being reviewed as many are not local and will be triangulated with reasons for leaving. Retirements are increasing and there are fewer returns due to pensions changes. 10 sessional midwifery advocates are in post and support governance and funding has been secured for a lead. The impact of changes to the pension scheme will be feedback nationally and also to the local MPs, alongside the number of training courses and ability to offer placements. Continuity of carer milestones were discussed in relation to staffing and engagement and the CEO had recently met with the team. Freedom to speak up queries have been responded to rapid with positive responses. Short thematic summary of issues raised to be added as an appendix. Board safety walks had taken place this week and high activity and acuity was noted. The maternity sit rep is reviewed x3 per day 7/7. Reminders of the positive changes made are ongoing to reinforce these messages. Funding for a deputy director has been agreed. Learning from other Trusts is being reviewed as part of the ongoing improvements. The links with Ockenden between P&C and QGC committees were noted.</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>

People & Culture Committee Assurance Report – 11 August 2022

Executive Summary

The Committee met virtually on 11 August and the following key points were raised:

Item	Discussion
EDI Plan	This is a key focus of the Trust and the IDEA committee has been supporting its development. The trust plan, divisional plan and outcomes are aligned. A dashboard demonstrates the speed and progress and is in part driven by the staff survey. Progress will be reviewed at IDEA Committee and will be escalated up to Committee. Divisions have a much clearer view about what good looks like, resources are aligned and timelines in place with divisional SROs. Work in supporting the reporting of concerns from those with a protected characteristics was noted. Update on outcomes in two meetings time and next month regarding the behavioural charter launch.
People & Culture section of annual plan	This builds on the previously reviewed plan, to address questions raised about priorities. Headline benchmarks were reviewed against benchmarks; levers and recruitment improvements are underway. The proposed priorities were discussed and had been consulted upon across the organisation, having been endorsed by TME and staffside. Discussion with regards to implementation outlined the leadership and management offer and alignment to 4ward behaviours. Succession planning and the approach to training was also discussed. Clear outcomes measures over successive years were requested to measure the impact of the plan.
Integrated People & Culture Report	New format report was welcomed and heatmap opened. Progress made each quarter, good news and draft metrics were included. Exception assurance reporting was noted. Turnover was higher than predicted and recruitment time to hire had improvement plans in place. Focus for bank and agency reasons are being worked through and be included in the next report. Refresh of 4ward behaviours is ongoing and there is further engagement with the consultant body. Launch of behaviour charter in September. Feedback received from last staff story confirmed an action plan is in place and reviews are ongoing in terms of the timescale for updates. Cost of living impacts are being considered under the fundamentals workstream. The need to focus on deliverables was stressed to enhance accountability.
Risk Register	The risks were noted and no further escalations made

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

Nurse staffing report –July 2022

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

Alignment to the Trust's strategic objectives (x)

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

Committee/Group	Date	Outcome

Recommendations

Trust Board are asked to note:

Many actions remain unchanged this month from the June 2022 data.

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout July 2022 has been achieved.
- July has seen the ongoing pressure on the need for temporary staffing specifically in the emergency departments and Maternity this is because on ongoing increased demands on services from capacity and flow and due to short notice staff sickness.
- There were 26 insignificant or minor incidents reported. This amount has been consistent across the previous months.
- The health care assistant recruitment drive remains ongoing whilst there are numbers of staff applying, retaining staff remains the significant challenge.
- A review of retention will be looked at within the paper for August 22.

Executive summary

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during July 2022. Maternity staffing is provided as a separate report.

Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through July 2022. However, to note there has been a continued challenge due to the consistent pressure from patient demand and acuity through urgent care. This has impacted upon the needs for temporary staffing in areas such as urgent care.

There has been an increase with children's services of therapeutic observation for patients requiring CAHMs support.

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

	There remains a reported concern of staff feeling tired and pressured in particular within urgent care and an ongoing focus on meeting the changing needs of the health and wellbeing for staff.
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Risk											
Which key red risks does this report address?		What BAF risk does this report address?	<i>BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience.</i>								
Assurance Level (x)	0	1	2	3	4	5	6	x	7	N/A	
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.										
Action											
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N						N/A		
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N								
If no has the action plan been revised/ enhanced	Y	x	N								
Timescales to achieve next level of assurance											
Introduction/Background											
<p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for June 2022</p> <p>This assessment is in line with Health and Social care regulations: Regulation 12: Safe Care and treatment Regulation 17: Good Governance Regulation 18: Safe Staffing</p>											
Issues and options											
<p>The provision of safe care and treatment Staff support ongoing</p> <p>A priority for the trust remains the health and wellbeing of staff as there remains the priorities of managing the ongoing demands from the COVID 19 pandemic, the restart of elective care and increases in patient attendance through the urgent care pathway.</p> <p>The provision of staff support continues to be a high priority for the teams. There is a Trust wide weekly meeting in place to assess progress with safest staffing and professional issues and to gain a professional update on health and wellbeing issues at ward/clinical level, led by the CNO/Deputy Chief Nurse. Twice daily trust staffing huddles are in place to ensure safest staffing across the trust.</p> <p>Roll out of the Professional Nurse Advocate (PNA) training programme and PNA network is in place and restorative supervision offered for staff as required and areas for targeted support.</p>											

Meeting	Trust Board
Date of meeting	8 September 2022
Paper number	Enc G

Harms

There were 26 minor and insignificant patient harms reported for July 2022 over a variety of ward areas. No hot spot areas, with no patient related risks reported.

Good Governance

There daily staffing escalation calls to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting.

Triangulation of data is ongoing, with Whole time equivalent data now available for Maternity leave and sickness.

Safe Staffing

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

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

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

Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	The current domestic and international pipeline to be reviewed. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas. The HCA fill rate on days and nights has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies.	5
RN	90%	99%		
HCA	90%	102%		

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DATA from Here is for June 2022

Vacancy trust target is 7%

The vacancy increase from 21/22- 22/23 is built upon the business cases and surgical reconfiguration that has been agreed and approved in year.

Current Trust Position WTE	What needs to happen to get us there	Current level of assurance
RN Vacancies 208 10.53% RM Vacancies 29 12.64% HCA vacancies 121 12.41%	RN and RM vacancies ongoing recruitment to reduce vacancies both domestic and international. Rolling adverts for specialities have been ongoing. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert 22/23 International nurse recruitment commenced in April 2022 for the next financial year with additional funds supported by NHSEI with supporting teaching for the Hereford and Worcester Health and Care Trust.	4

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

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

Recruitment International nurse (IN) recruitment pipeline

Recruitment has already commenced with arrivals planned through from April 2022 to December 2022 totalling 80 with additional financial support from NHSEI.

Domestic nursing and midwifery pipeline

With the commencement of the grow our own campaign through the Best people programme, September will hopefully see new cohorts of Registered Nurse associates and Registered nurse degree apprentices.

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Bank and Agency Usage

Trust target is 7%- current usage is Bank 7.78% Agency 7.99%

Bank usage has seen an increase in month and agency usage has shown a decrease in month.

Current Trust Position WTE	What needs to happen to get us there	Current level of assurance
RN Usage 257 WTE RM usage 23 WTE HCA Usage 162	In month we have seen a decrease in agency usage and an increase in bank fill.	5 This is an improved position from April 22

Sickness –

The Trust Target for Sickness is 4%, May sickness data 5.64% which is an overall reduction from last month but still significantly higher than the same period last year.

Current Trust Position	What needs to happen to get us there	Current Level of Assurance
RN 102 WTE RM 15 WTE HCA 79 WTE	Sickness has been changed to trust level reporting for RN/RM and HCA.	4

Turnover

Trust target for turnover 11%. May RN 11.59%, RM 16.40%, HCA 17.15%

Current Trust Position	What needs to happen to get us to there	Current level of Assurance
RN Turnover 11.59% RM Turnover 16.4% HCA Turnover 17.15%	Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy. Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment. To have a pool of ready to start HCAs as vacancies arise.	3

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Recommendations

Trust Board are asked to note:

Many actions remain unchanged this month from June 2022 data will be updated.

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout July 2022 has been achieved.
- July has seen the ongoing pressure on the need for temporary staffing specifically in the emergency departments and Maternity this is because on ongoing increased demands on services from capacity and flow and due to short notice staff sickness.
- There were 26 insignificant or minor incidents reported. This amount has been consistent across the previous months.
- The health care assistant recruitment drive remains ongoing whilst there are numbers of staff applying, retaining staff remains the significant challenge.
- A review of retention will be looked at within the paper for August 22.