



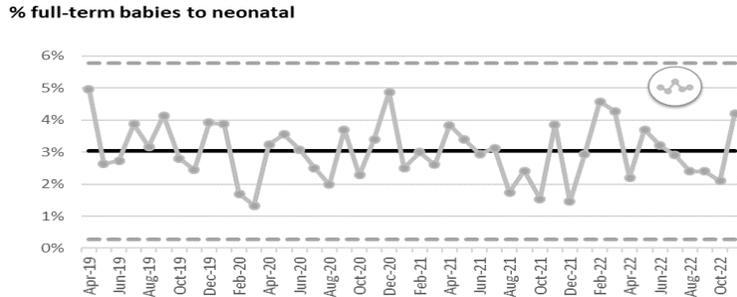
# Maternity

Admission of full-term babies to neonatal care	Neonatal Deaths (>24 <sup>+0</sup> weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
								387	392

<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>Eleven of the core metrics have not changed significantly and show either a level of natural variation you would expect to see or the statistical significant improvement has been maintained (Neonatal and maternal deaths).</li> <li>The only metric to show special cause concern is Booked before 12<sup>+6</sup> weeks – performance would need to be at 85% to reach the mean for the period and the target for this KPI is 90%.</li> <li>There were two stillbirths but no maternal or neonatal deaths in Dec-22.</li> </ul>	<p><b>What have we been doing?</b></p> <ul style="list-style-type: none"> <li>Maternity Improvement Plan remains paused due to service challenges (staff not available for engagement) however some of the work around health and wellbeing has continued in December. Plan to restart work stream engagement events in 2023.</li> <li>Governance structure realigned and successful recruitment to team.</li> <li>Completed evidence submission for CNST</li> <li>Governance Boards on site and awaiting installation</li> <li>Deputy Director of Midwifery advertised – interviews 8<sup>th</sup> February 2023.</li> </ul>
	<p><b>What are we going to do?</b></p> <ul style="list-style-type: none"> <li>Restart engagement events for MSIP in Jan 2023</li> <li>Preparing Board declaration</li> <li>Complete new escalation policy</li> <li>Continue to preparing for expected CQC visit</li> <li>Continue to prepare for IR</li> <li>Prepare one over-arching action plan for all maternity improvements.</li> </ul>
<p><b>Current Assurance Level - 5 (Dec-22)</b></p>	<p><b>When expected to move to next level of assurance:</b></p> <ul style="list-style-type: none"> <li>Completion of work outlined in service improvement plan</li> <li>No midwifery vacancies</li> <li>No medical staffing vacancies</li> </ul>
<p><b>Previous Assurance Level - 5 (Nov-22)</b></p>	<p><b>SRO:</b> Jackie Edwards (Interim CNO)</p>

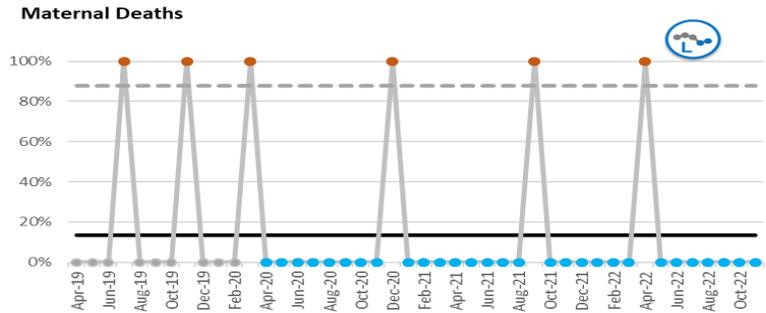
**% admission of full-term babies to neonatal care**

4%  
15 babies



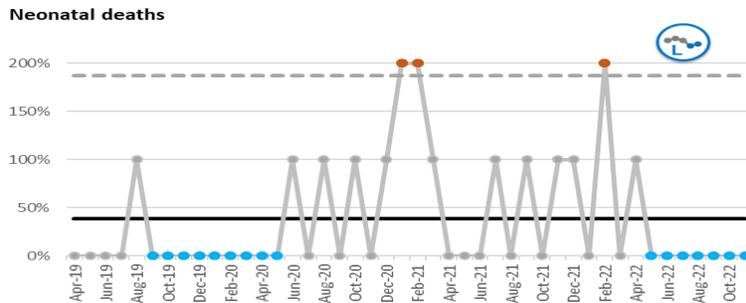
**Maternal Deaths**

0



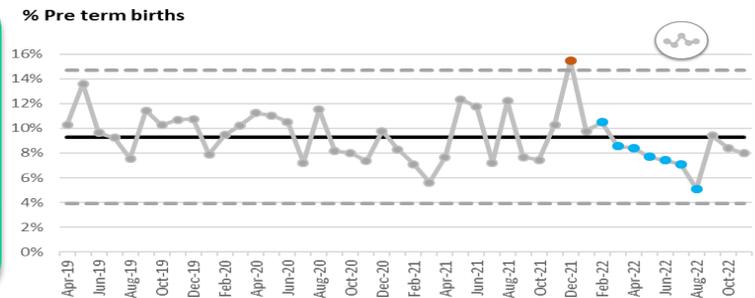
**Neonatal Deaths (>24+0 weeks gestation)**

0



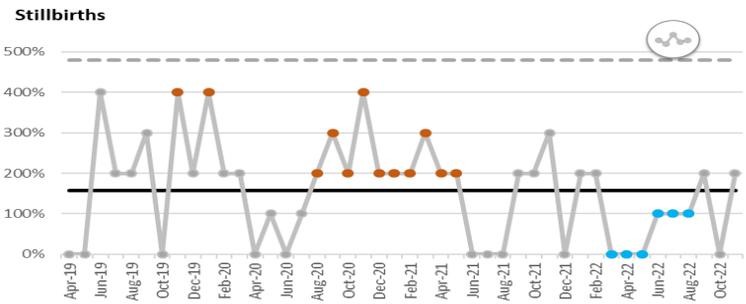
**% Pre term births**

8%  
33 births



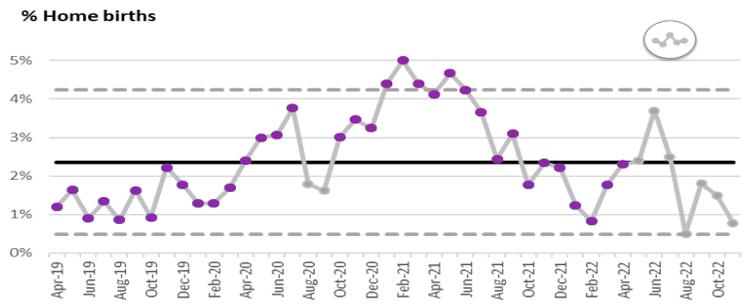
**Stillbirths**

2



**% Home births**

0.8%  
3 births

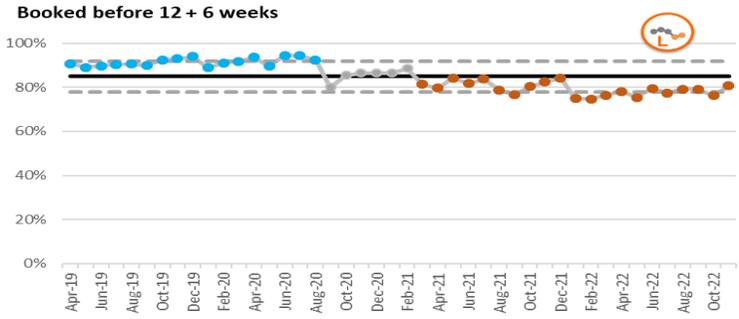


● Purple SPC dots represent special cause variation that is neither improvement or concern

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

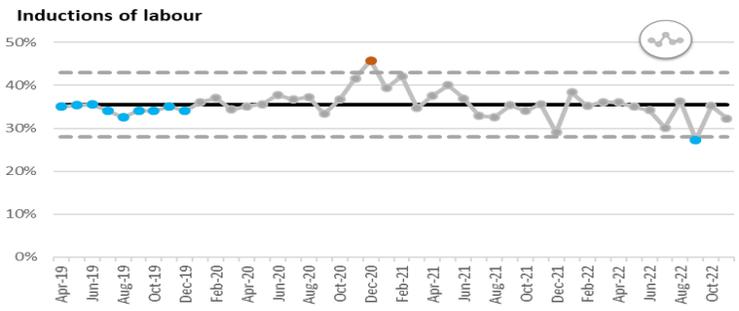
**Booked before 12<sup>+</sup>6 weeks**

80%  
359 of 450



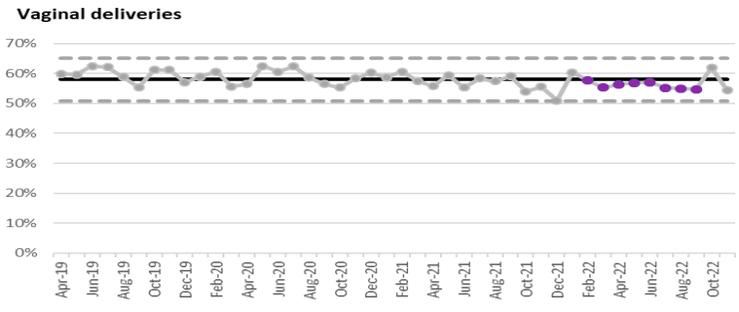
**Inductions of labour**

30%  
117 inductions



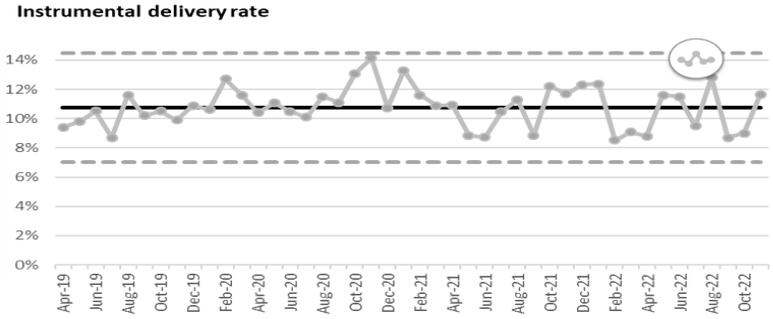
**Vaginal Deliveries (non-instrumental)**

55%  
211 deliveries



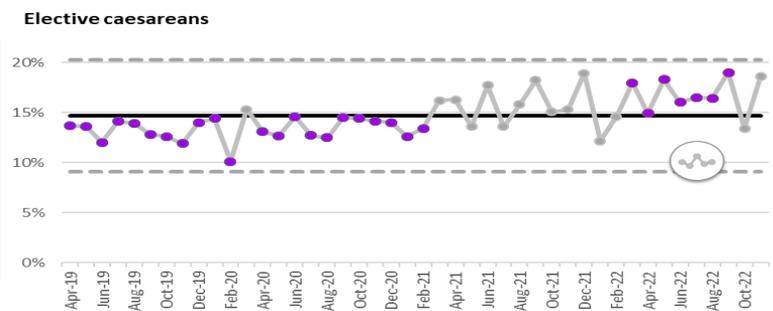
**Instrumental Delivery**

12%  
45 deliveries



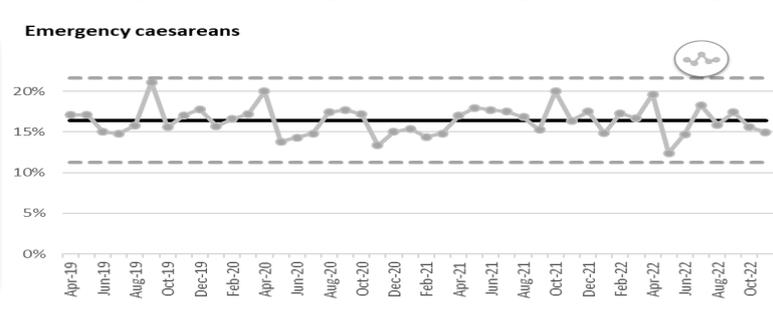
**Elective Caesarean**

19%  
73 deliveries



**Emergency Caesarean**

15%  
58 deliveries



**Variation**

- Special Cause Concern High
- Special Cause Concern Low
- Special Cause Not-Investigate High
- Special Cause Not-Investigate Low
- Common Cause

**Assurance**

- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

● Purple SPC dots represent special cause variation that is neither improvement or concern  
Graphs include Nov-22 data

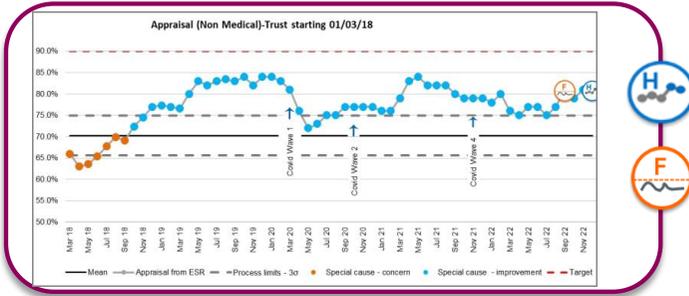


# Workforce

	Comments
<b>Getting the Basics Right</b>	<ul style="list-style-type: none"> <li>Overall Mandatory Training Compliance has improved by 1% to 89% against a Model Hospital average of 88.4%. Women and Children’s Division remain an outlier at 84%. SCSD, Estates and Facilities and Digital all meet the Trust target of 90% and 4 out of 8 divisions are better than the national benchmark. Despite a further 1% improvement, Medical and Dental are still outliers across all divisions. Estates and Ancillary should be commended with compliance at 91%.</li> <li>Non medical appraisal has dropped by 1% to 80% compared with Trust target of 90%. The National average on Model Hospital has dropped from 78% to 76.3% so we are not an outlier and this performance is 1% higher than the same period last year. Medical Appraisal has improved by 1% to 95% this month, with Consultants improving to 97%.</li> <li>Recruitment – We have 16 less starters than leavers with Corporate, Specialty Medicine, SCSD, Surgery and Women and Children’s Divisions all with less staff than they started the month with. This is normal for this time of the year with most employees timing their leaving date or start date so that they can have a break over the festive period.</li> <li>Consultant Job Planning has dropped by 4% to 65% with 13% drop in Specialty Medicine and 7% in Surgery. Women and Children’s are the only division to improve.</li> </ul>
<b>Performance Against Plan</b>	<ul style="list-style-type: none"> <li>Our gross establishment has increased by 4 wte this month to 6,883 due to 4 additional administrative posts in Cancer Services (Corporate).</li> <li>The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,597 wte.</li> <li>Our Trustwide gross vacancy rate has deteriorated by 0.31% to 12.02% (using ESR Staff in Post data against ADI Funded Establishment). This is due to more leavers than starters over the Christmas period which is a seasonal pattern.</li> <li>We are still ahead of our Workforce Plan by 83.57 wte and 141.50 wte ahead of Original H2 workforce plan submission.</li> </ul>
<b>Drivers of Bank &amp; Agency spend</b>	<ul style="list-style-type: none"> <li>Sickness rates have increased significantly this month by 1.14% to 6.72%. This equates to an average of 407 wte staff absent each calendar day of the month compared to 338 last month. The increase is due to the prevalence of Covid and Flu in the community. A new metric for Flu has been added this month which shows that 1.21% of all sickness was related to S13 with particularly high levels in Specialty Medicine, SCSD and Urgent Care. This is on top of an increase in Covid symptomatic absence which had doubled from 0.46% to 0.84%.</li> <li>Our annual turnover has deteriorated by 0.47% to 13.46% which is 2.08% higher than the same period last year against a local target of 11.5% Our monthly turnover has also deteriorated to 0.9% which is on par with the Model Hospital average.</li> <li>The number of shifts above price cap have reduced from 77.25% of <u>all</u> agency bookings to 73.29. The number of off framework bookings has reduced to just 4.5% of all agency. This is largely attributable to the PA shift initiative.</li> <li>The top 10 high cost temporary workers are all over the cap rate of £100ph, all within Medical &amp; Dental, and split between the Anaesthetics and Stroke directorates for the second month in a row.</li> </ul>
<b>Staff Health &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>Cumulative sickness (rolling 12 months) has increased by 0.10% to 5.83% which is above our 5.5% target but remains better than the 6.2% national average.</li> <li>Sickness due to S10 (stress and anxiety) increased by 0.09% this month to 1.43% Estates and Facilities are a significant outlier at 2.76% followed by Women and Children’s Division at 1.94%</li> <li>Long term sickness has reduced marginally this month to 3.24% with Estates and Facilities an outlier with 5.38% staff off long term, and Women and Children’s with 4.67% staff off long term which links to the S10 absence rates above.</li> </ul>

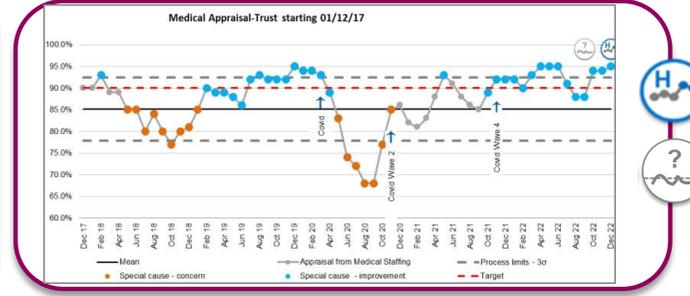
**Appraisal (Non-Medical)**

80%



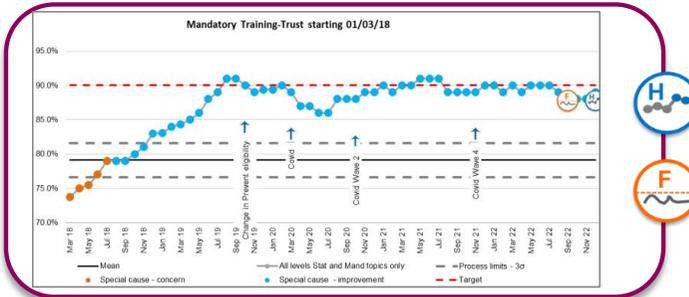
**Medical Appraisal**

95%



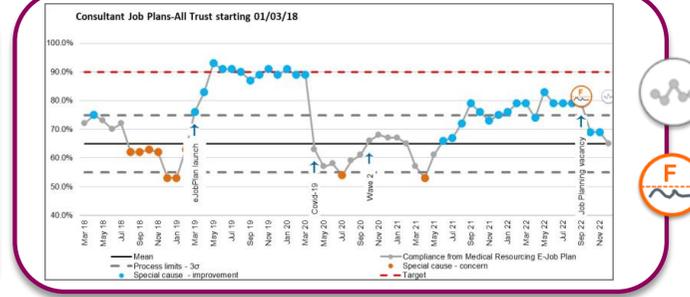
**Mandatory Training**

89%



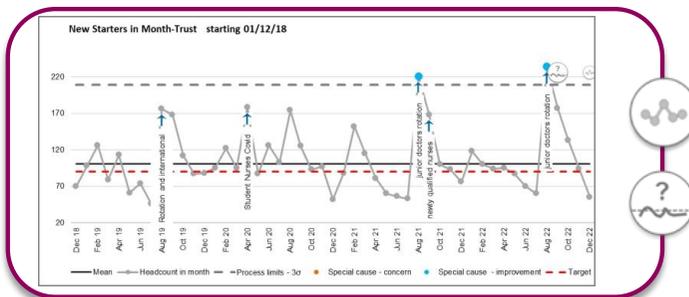
**Consultant Job Plans**

65%



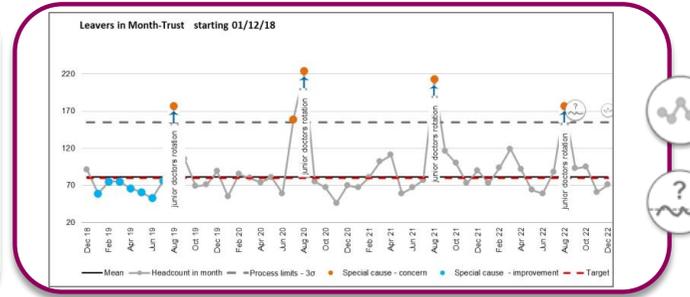
**New Starters in Month (Headcount)**

55



**Leavers in Month (Headcount)**

71



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

Substantive Gross Funded Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan SIP by December 2022	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,883 wte (Net establishment is: 6,597 wte)	6,056 wte	5,972 wte	12.02% (Net rate is: 7.50%)	6,708 wte	8.28%	10.30%

### What does the data tell us?

- **Establishment** - Our gross establishment has increased by 4 wte this month to 6,883 due to 4 additional Admin posts in Cancer Services (Corporate).
- **Staff in Post** – has reduced this month to 6,056 wte against establishment of 6,883 wte (gross) or 6,597 wte (net) with the vacancy factor removed.
- **Total Hours worked** – There has been a 38 wte reduction in the overall hours worked primarily due to lower numbers of staff in post, higher rates of annual leave, and lower bank bookings due to more bank holidays this month and the 2 RCN strike days. Total Hours worked is however 325 wte higher than the same period last year.
- **Agency Spend as a % of Gross Cost** –Agency spend has increased by 2.45% to 10.30% which is 1.83% higher than the same period last year. We are an outlier in terms of agency spend overall for medical staffing Quartile 4 (worst) on model hospital as at September 2022. Nursing agency spend is Quartile 3. Urgent Care continues to be an outlier for agency spend with a jump from 20.58% to 28.24% of gross cost primarily due to increased pressure on our urgent and emergency care services. Corporate and Estates and Facilities have seen a reduction in agency spend due to areas being closed on the bank holidays.
- **Bank spend as a % of gross cost** - Bank spend has reduced by 1.96% to 8.28% but has been offset by the increase in agency spend.

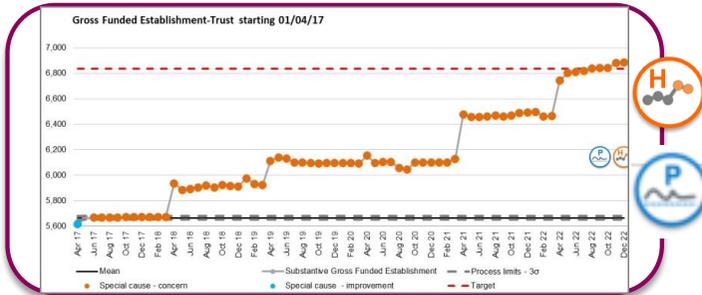
### National Benchmarking (December 2022)

Agency spend - we have improved to 3rd quartile for Nursing Agency spend with 10.3% of gross cost compared to national average of 5.8% (Sept 2022 rates). We have dropped to the 4<sup>th</sup> quartile for Medical Agency spend with 14.9% compared to national average of 7.2% (Sept 2022 rates).

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**Gross Funded Establishment**

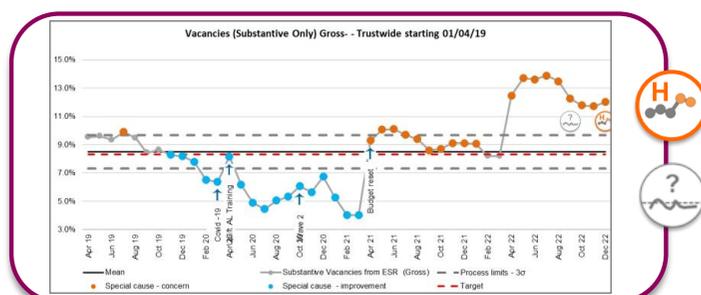
**6,883 wte**



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**Gross Vacancy % (ESR)**

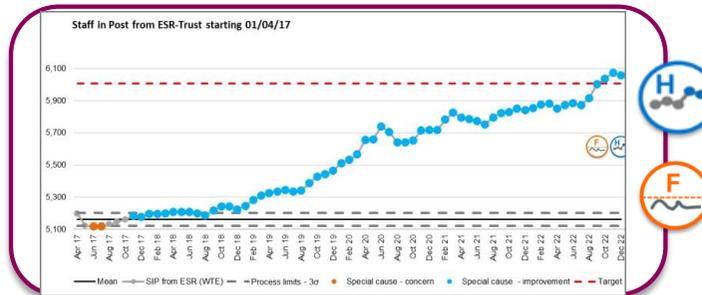
**12.01%**



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**Staff in Post (ESR)**

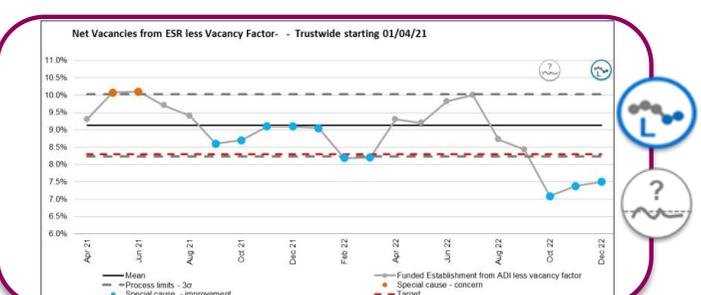
**6,056 wte**



**↑**

**Net Vacancy % (less vacancy factor)**

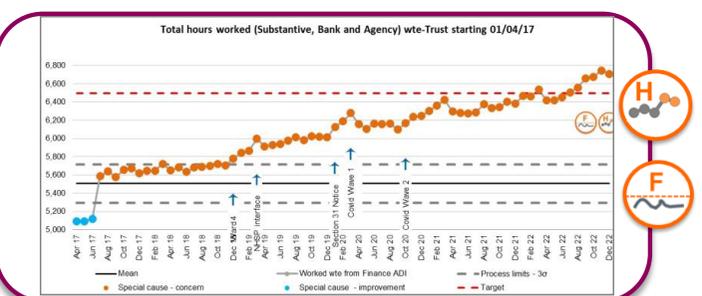
**7.5%**



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**Total Hours Worked (ADI)**

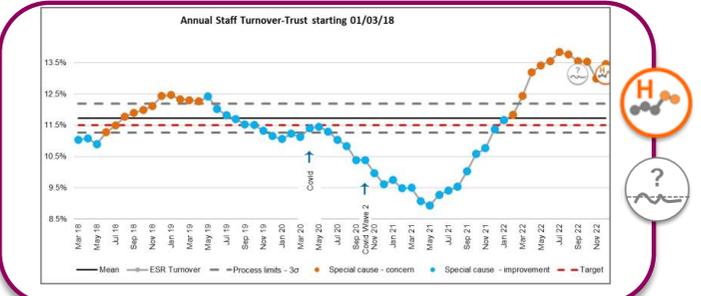
**6,708 wte**



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**Annual Staff Turnover**

**13.46%**



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

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave
13.46%	6.72% 407 wte average per day	180 headcount	603 wte average per day

**What does the data tell us?**

- **Staff Turnover** – Annual staff turnover has deteriorated by 0.47% this month to 13.46% which is 2.08% higher than the same period last year, against a target of 11.5%. All divisions have exceeded the target with Estates and Facilities and Corporate and Specialty Medicine all above 14%. Healthcare Assistant turnover is an outlier at 16.81% but this is against a national average of 21% (September 2022 rates) for this staff group. Estates and Ancillary, Administrative and Clerical and Midwives are all above 14%.
- **Monthly Sickness Absence Rate** – Sickness rates have increased significantly this month by 1.14% to 6.72% against a national average of 6.2% (September rates) This has been driven by the increased rates of Covid and Flu in the community. 1.21% of all sickness was related to S13 (Cough Cold and Flu) with particularly high levels in Specialty Medicine, SCSD and Urgent Care. This is on top of an increase Covid symptomatic absence which had doubled from 0.46% to 0.84%. This equates to an average of 407 staff off sick each calendar day.
- **Maternity/Adoption Leave** –Maternity has increased by 9 to 180 which is broadly the same as December last year. Surgery have 7 more staff on maternity leave than last month, SCSD have 4 more and Urgent care have 2 more which will be impacting on bank and agency cover. Specialty Medicine and Women and Children’s have a reduction of 2. Healthcare Scientists have had an increase from 2 to 4 which will impact as they are a small specialist staff group.
- **Annual Leave** – Annual leave has increased this month by an average of 197 wte per calendar day due to the Christmas period. There have been an average of 603 staff off on annual leave for each day this month compared to 405 last month primarily due to the impact of than bank holidays were non-ward departments closed.

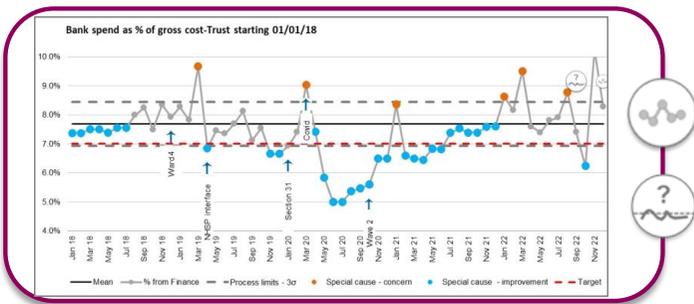
**National Benchmarking (December 2022)**

Staff turnover - our performance against other Trusts on Model Hospital is good with Registered Nursing, Scientific and Technical in the best quartile and all other staff groups except admin & clerical in Quartile 2. Administrative and Clerical is a an outlier in Quartile 4 with a turnover rate of 21.4% . September 2022 rates.

Sickness Absence - We have remained in the 2nd Quartile (good) in terms of overall sickness on Model Hospital although this will be impacted by the significant increase in absence during month 9.

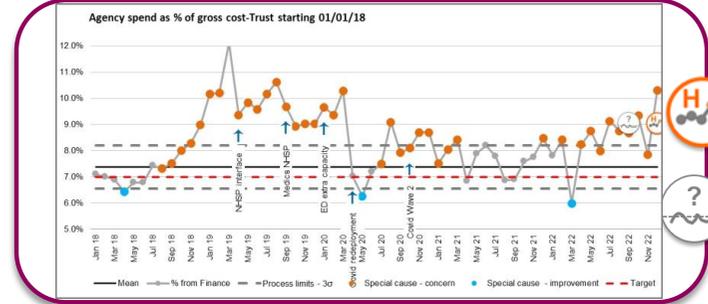
**Bank Spend as a % of Gross Cost**

8.24%



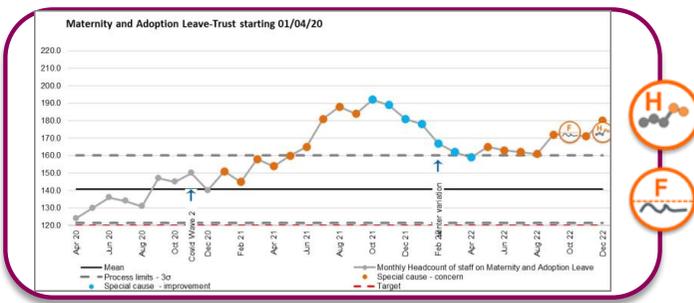
**Agency Spend as a % of Gross Cost**

10.3%



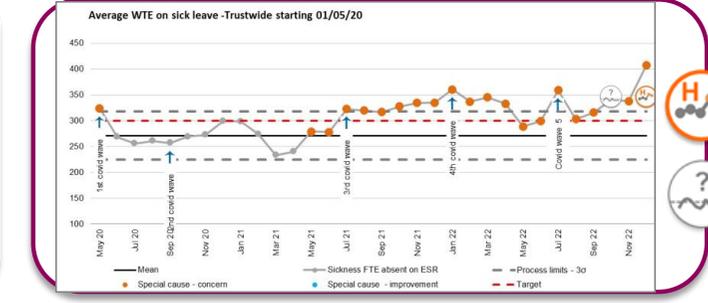
**Maternity/Adoption Leave (Headcount)**

180



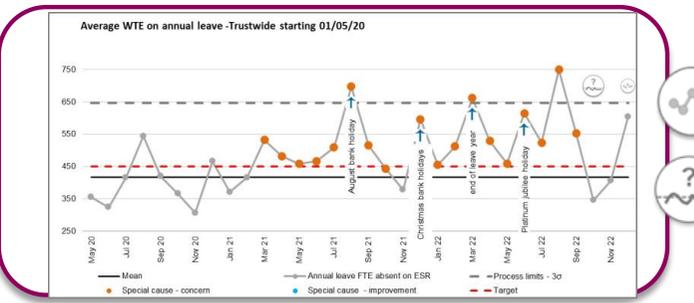
**Monthly Average Staff off Sick Per Day**

407 wte



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

603 wte



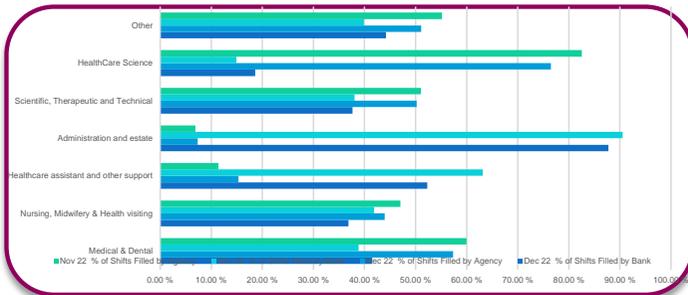
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# Workforce Compliance Month 9 – December 22: - Assurance on Bank and Agency Spend

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**% Average Fill rate for Bank vs Agency**

45.56% : 43.11%



↓

**Shifts above NHSIE price cap**

73.29%

NHSI Staff Group	31/12/22		
	Total agency shifts	On Framework Above Price cap	Off Framework
Nursing, Midwifery & Health Visiting	2932	2401	274
Healthcare Assistant & Other Support	860	196	0
Scientific, Therapeutic & Technical (AHPs)	364	235	13
Healthcare Science	469	158	0
Administration & Estates	54	0	0
Medical & Dental	1705	1689	0

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**High Cost % of cap**

191%

Hourly Rate	Staff Group	Medical or AfC Banding	Department	Duration	Total Cost
191.32	Medical & Dental	Consultant	Anaesthetics	12	2800.83
130	Medical & Dental	Consultant	Stroke	9	1491.7
130	Medical & Dental	Consultant	Stroke	9	1491.7
130	Medical & Dental	Consultant	Stroke	9	1491.7
120	Medical & Dental	Consultant	Anaesthetics	10	1530.56
120	Medical & Dental	Consultant	Anaesthetics	10	1530.56
120	Medical & Dental	Consultant	Anaesthetics	10	1530.56
120	Medical & Dental	Consultant	Anaesthetics	10	1530.56
120	Medical & Dental	Consultant	Anaesthetics	10	1530.56
120	Medical & Dental	Consultant	Anaesthetics	10	1530.56

↑

**Long term (months)**

81

Month ending	NHSI Staff Group	Band	Department	Job Role	Length of Service at Trust (via Agency)	Reason for usage	Total cost (excl. VAT)
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Gen Acute	81	Additional Beds	6094.07
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Gen Acute	63	Vacancy	3099.6
12/31/2022	Scientific, Therapeutic & Technical (AHPs)	AFC Band 5	Operating Theatre	Theatre Practitioner - Theatre Anaesthetics	54	Sickness	4977.88
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Gen Acute	54	Vacancy	5701.04
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Gen Acute	54	Redeployment	930
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Gen Acute	51	Vacancy	6889.5
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Theatre Scrub	51	Vacancy	1661.89
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - Gen Acute	45	Vacancy	400.76
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - A&E	43	Vacancy	6897.06
12/31/2022	Nursing, Midwifery & Health Visiting	AFC Band 5	Adult	Registered Nurse - A&E	39	Sickness	2718.82

**What does the data tell us?**

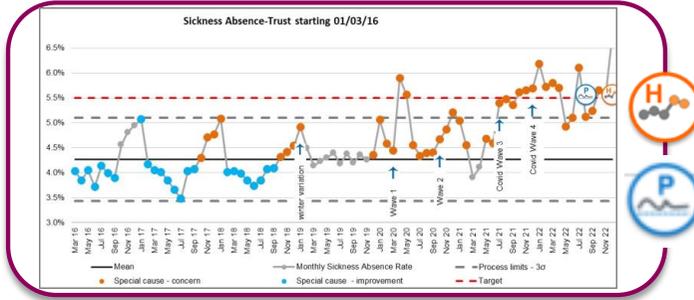
- **Fill rate** – although the agency fill rate is still high, the ratio of bank shifts to agency shifts has increased in December 2022.
- **Shifts above cap** – **5785 in Dec 22** – The number of shifts above price cap have decreased in December 2022 to 73.29% of all agency bookings. The number of off framework bookings has reduced to just 4.5% of all agency. This is largely attributable to the PA shift initiative.
- **High cost** – The top 10 high cost temporary workers are all over the cap rate of £100ph, all within Medical & Dental, and split between Anaesthetics and Stroke directorates for the second month in a row.
- **Long term** – The top 10 long term temporary workers work with Nursing & Midwifery and Theatres, reasons are predominantly vacancy cover. However, it’s important to note that the top 3 of these workers work across a range of departments in short term bookings. Further action is being taken to ascertain the reason for maintaining an 80 month relationship with the Trust without taking a substantive position.

**National Benchmarking (November 2022)**

Hereford & Worcestershire Integrated Care System is currently placed in the highest risk category for agency spend due to current levels of spend, use of off-framework agencies and agency price cap breaches. The regional average for off framework shifts is 7%, the ICS performs at 17%; and the regional average for agency price cap breaches is 47% with the ICS performance falling at 67%.

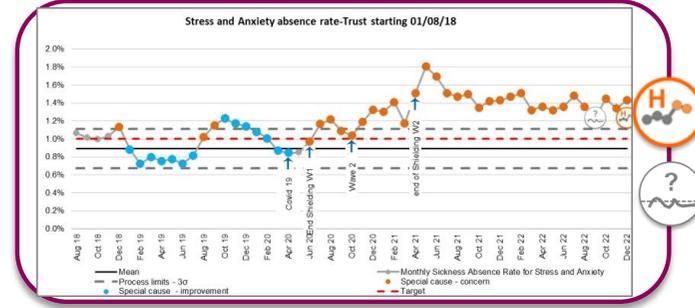
**Monthly Staff Sickness Absence Rate**

6.72%



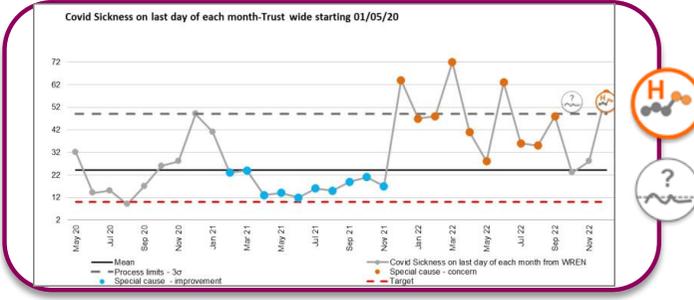
**% Staff absent due to Stress and Anxiety (S10)**

1.43%



**Covid Sickness (S27)**

58



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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>
<b>Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride</b>			
<p><b>How have we been doing?</b> The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> <li>The sustained use of bank and agency usage (we have moved into the 4<sup>th</sup> Quartile for medical staffing (worst) and Registered Nursing remains in the 3<sup>rd</sup> Quartile which is a result of:               <ul style="list-style-type: none"> <li>Opening of the Acute Medical Unit and Pathway Discharge Unit</li> <li>Increase in vacancies due to the increase in turnover</li> <li>Higher leavers and starters due to staff choosing to delay their start date until after Christmas</li> <li>Significantly higher than usual levels of sickness absence primarily due to the prevalence of Covid and Flu in the community</li> <li>High patient acuity (specialing)</li> <li>Continued use of surge areas</li> <li>Rollout of the covid and flu vaccination programme which requires additional resource</li> </ul> </li> <li>Bank and Agency usage was expected to increase in December due to the increased bed capacity linked to the Acute Medical Unit and Aconbury moves</li> </ul>		<p><b>What improvements will we make?</b></p> <ul style="list-style-type: none"> <li>We are currently reviewing bank rates across Nursing &amp; Midwifery and Medical &amp; Dental staff groups to ensure we are being cost effective in the management of our temporary staffing requirements whilst maintaining safe care for our patients.</li> <li>We are continuing work to reduce the time taken to recruit through the recruitment value stream</li> <li>NHS Jobs 3 is now embedded and we are working towards closing down remaining jobs on NHS Jobs 2 which will improve reporting.</li> <li>Additional roving flu vaccination clinics were provided to address the rising prevalence on the wards.</li> <li>The HR Teams supported the Trust during strike action in the site hubs, availability for redeployment and reporting for the national SitRep.</li> </ul>	
<p><b>Overarching Workforce Performance Level – 5 – December 2022</b> Previous Assurance Level - 5 – November 2022</p>		<p><b>To work towards improvement to next assurance level by April 2023</b></p>	



# 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 9

In M9 actual **deficit of £(2.8)m** against a plan of **£(1.8)m deficit**, an adverse variance of £1.1m. YTD M9 actual **deficit of £(16.4)m** against an plan of **£(14.7)m deficit**, an adverse variance of £1.6m.

### The Combined Income (including PbR pass-through drugs & devices and Other Operating Income)

was £2.1m above the Trust's Operational Plan in December. The Trust has reported the full value of the ERF income (YTD £12.4m) in the position (agreed by the System). The Trust's actual performance is below this.

**Employee expenses** was £1.9m adverse in month 9 (December) and £9.2m year to date (YTD).

**Operating expenses** £0.6m adverse in month 9 (December) and £1.0m adverse year to date (YTD).

## Income & Expenditure Overview

Statement of comprehensive income	Dec-22			Year to Date		
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000
<b>INCOME &amp; EXPENDITURE</b>						
Operating income from patient care activities	47,306	49,114	1,808	426,753	436,639	9,886
Other operating income	2,689	2,956	267	23,394	22,322	(1,072)
Employee expenses	(30,192)	(32,113)	(1,921)	(269,041)	(278,278)	(9,237)
Operating expenses excluding employee expenses	(19,724)	(20,280)	(556)	(179,319)	(180,289)	(970)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>79</b>	<b>(323)</b>	<b>(402)</b>	<b>1,787</b>	<b>394</b>	<b>(1,393)</b>
<b>FINANCE COSTS</b>						
Finance income	0	88	88	0	504	504
Finance expense	(1,165)	(1,500)	(335)	(10,485)	(10,799)	(314)
PDC dividends payable/refundable	(682)	(958)	(276)	(6,132)	(6,409)	(277)
<b>NET FINANCE COSTS</b>	<b>(1,847)</b>	<b>(2,370)</b>	<b>(523)</b>	<b>(16,617)</b>	<b>(16,704)</b>	<b>(87)</b>
Other gains/(losses) including disposal of assets	0	(141)	(141)	0	110	110
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(1,768)</b>	<b>(2,834)</b>	<b>(1,066)</b>	<b>(14,830)</b>	<b>(16,200)</b>	<b>(1,370)</b>
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(1,768)</b>	<b>(2,834)</b>	<b>(1,066)</b>	<b>(14,830)</b>	<b>(16,200)</b>	<b>(1,370)</b>
Remove capital donations/grants I&E impact	10	10	0	93	91	(2)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(1,758)</b>	<b>(2,824)</b>	<b>(1,066)</b>	<b>(14,737)</b>	<b>(16,109)</b>	<b>(1,372)</b>
Less gains on disposal of assets	0	0	0	0	(251)	(251)
<b>Adjusted financial performance surplus/(deficit) for the purposes of system achievement</b>	<b>(1,758)</b>	<b>(2,824)</b>	<b>(1,066)</b>	<b>(14,737)</b>	<b>(16,360)</b>	<b>(1,623)</b>

### I&E Delivery Assurance Level:

**Level 4**

**Reason:** £(19.9)m deficit plan submitted for 22/23 the following risks need addressing in order to reach the next level of assurance:

- Further improvement in the level of identified and delivered PEP versus plan
- A significant reduction in the risk of funding withdrawal for ERF
- Commissioner funding for the AMU / PDU expenditure

Assurance level remains at level 3 due to the remaining £5.1m gap between recent forecast and the £(19.9)m full year plan.

Income

Trust Operational Plan	December 2022 (Month 9)			YTD		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Here/Worc ICB	36,737	37,852	1,115	332,369	339,799	7,431
Other ICBs & Welsh LHB	2,071	2,107	36	18,637	19,099	462
NHS England	6,528	7,339	812	58,749	62,202	3,453
Other Including RTA income	2,572	3,241	668	22,345	23,266	921
<b>Combined Income: Total</b>	<b>47,908</b>	<b>50,538</b>	<b>2,631</b>	<b>432,099</b>	<b>444,366</b>	<b>12,267</b>
O/S COVID	419	154	(265)	3,767	2,142	(1,624)
AMU/PDU	307	0	(307)	2,026	0	(2,026)
<b>Combined Income: Exc ERF</b>	<b>48,633</b>	<b>50,692</b>	<b>2,059</b>	<b>437,891</b>	<b>446,508</b>	<b>8,617</b>
Elective Recovery fund (ERF)	1,362	1,378	16	12,257	12,454	196
<b>Combined Income: Inc ERF</b>	<b>49,995</b>	<b>52,070</b>	<b>2,075</b>	<b>450,149</b>	<b>458,962</b>	<b>8,813</b>

Monthly Income run rate	M1 Actual £'000	M2 Actual £'000	M3 Actual £'000	M4 Actual £'000	M5 Actual £'000	M6 Actual £'000	M7 Actual £'000	M8 Actual £'000	M9 Actual £'000	Mvm't M8 to M9 £'000
Here/Worc ICB	35,402	35,976	39,498	37,433	37,312	40,740	37,692	37,877	37,852	(25)
Other ICBs & Welsh LHB	2,077	2,091	2,142	2,114	2,132	2,314	2,074	2,047	2,107	59
NHS England	6,574	6,810	6,499	6,775	6,755	7,096	6,996	7,357	7,339	(18)
Other Including RTA income	2,339	2,290	2,753	1,750	2,447	2,629	3,229	2,606	3,241	635
<b>Combined Income: Total</b>	<b>46,393</b>	<b>47,167</b>	<b>50,892</b>	<b>48,071</b>	<b>48,646</b>	<b>52,779</b>	<b>49,992</b>	<b>49,887</b>	<b>50,538</b>	<b>651</b>
O/S COVID	192	185	769	338	272	33	135	66	154	88
AMU/PDU	-	-	-	-	-	-	-	-	-	0
<b>Combined Income: Exc ERF</b>	<b>46,584</b>	<b>47,353</b>	<b>51,661</b>	<b>48,409</b>	<b>48,917</b>	<b>52,811</b>	<b>50,127</b>	<b>49,953</b>	<b>50,692</b>	<b>739</b>
Elective Recovery fund (ERF)	1,362	1,362	1,362	1,362	1,362	1,495	1,393	1,378	1,378	0
<b>Combined Income: Inc ERF</b>	<b>47,946</b>	<b>48,715</b>	<b>53,023</b>	<b>49,771</b>	<b>50,279</b>	<b>54,306</b>	<b>51,520</b>	<b>51,331</b>	<b>52,070</b>	<b>739</b>

**The Combined Income was £2.1m above the Trust's Operational Plan in December.**

The key favourable variances in December relate to the pay award adjustment £0.7m (additional central funding of 1.7% taking the uplift to 3.8%), pass through Drugs & Devices £0.6m, additional investments £1m including the Robot, KGH MRI scanner, Dermatology & Urology insourcing and winter pressure funding.

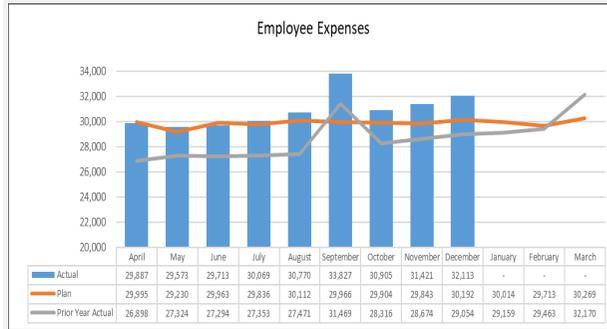
**Elective Recovery Fund framework (ERF)** - The Trust has reported the **full value of the ERF income (YTD £12.4m)** in the position, this has been agreed by the System. The current position has not been adjusted for any risk, the ICB's expectation is that April to Sept ERF monies will be paid regardless of performance (not officially confirmed by NHSE & I), less certainty on October onwards H2 (on-going discussions at a national level).

Positive variance **£0.7m** includes:

- NHSE Contract extension **£0.4m**
- Additional Investment **£0.1m** offset in dental/urology insource less movement in MRI from October
- Educational Income **£0.1m**
- RTA **£0.1m**
- COVID PCR testing **£0.1m** – with increased number of tests undertaken in December compared to November
- Pass through Drugs & Devices (**£0.4m**).
- Other Income **£0.3m** (Winter pressures)

## Expenditure – Employee Expenses

### Employee Expenses



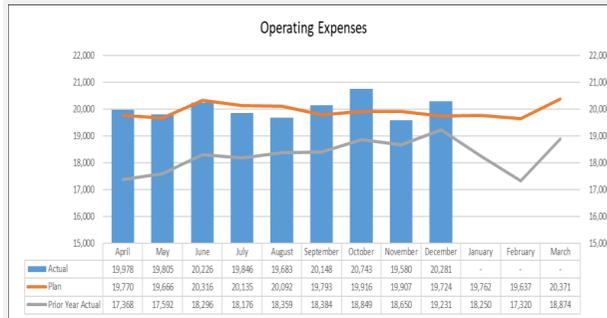
Overall **employee expenses of £32.1m** in month 9 is an increase of £0.7m compared with the November position. Substantive pay expenditure has increased in month by £0.5m, the majority of which is on Nursing & Midwifery. Of this increase £0.2m is due to back pay paid to International Nurses as a result of rebanding, £0.2m is due to the two bank holidays in December and £0.2m is a normalisation following the release of a year end accrual for backdated claims last month. This was partially offset by £0.1m of industrial action salary deductions.

Total temporary staffing spend of £5.7m is an increase of £0.2m compared with last month and was 17.9% of the total pay bill. **Agency** spend has increased in month by £0.8m, £0.7m of this is on Medical & Dental due to increased workforce numbers (additional 14 worked in month) noting last months decrease and our winter response and retrospective additions of shifts to the NHSP booking system. **Bank** spend reduced by £0.6m, £0.4m of this is on Medical & Dental and is mostly normalisation following a high M8. The remaining £0.2m increase is on Nursing & Midwifery and the normalising effect of the bank pay award invoice received last month.

**Employee expenses £1.9m adverse in M9 and £9.2m YTD** – Of the adverse variance £0.5m in month (£6.1m YTD) is due to the pay award, £0.3m underachieved PEP (£1.9m YTD) - net of the £0.9m YTD Business Case pay underspend declared in month 8, winter pressures £0.4m in month (£0.5m YTD), re-banding of international nurses £0.2m, £0.1m bank holiday above planned levels and £0.1m NHSP Bank Incentive payments. The remainder of the adverse variance is due to vacancy fill and the addition of retrospective claims for medic shifts. This is partially offset by £0.2m Covid, £0.2m activity incl. WLI's and unspent Elective Recovery Fund and £0.1m lower basic pay from Industrial action in December.

## Expenditure – Operating Expenses

### Operating Expenses



Overall **operating expenses excluding Non PbR were £15.8m** in month 9, an increase of £0.4m compared with the November position.

Increased Supplies & Services (£1.8m) largely normalising following reclassification of costs to capital in M8 and release of provisions; increases in Depreciation (£0.2m) relate to asset additions including UEC, Surgical Robot and updated lease information. The increase to Premises in month of (£0.4m), £0.2m of this is due to receipt of utility invoices from April and a further £0.1m due to seasonality. and £0.1m normalising effect following a release of an old year accrual in M8. These have been partially offset by cost decreases Transport (£0.4m) and Charges for IFRIC 12 Schemes (£1.3m) due to the release of an old year accrual following recent risk assessment, as well as the result of a PFI model update (£0.3m).

Non PbR spend has increased by £0.3m in month. There is a £0.2m adverse movement on devices due to a bulk order from last month being moved to stock. There is also an increase on Non PbR drugs expenditure of £0.1m.

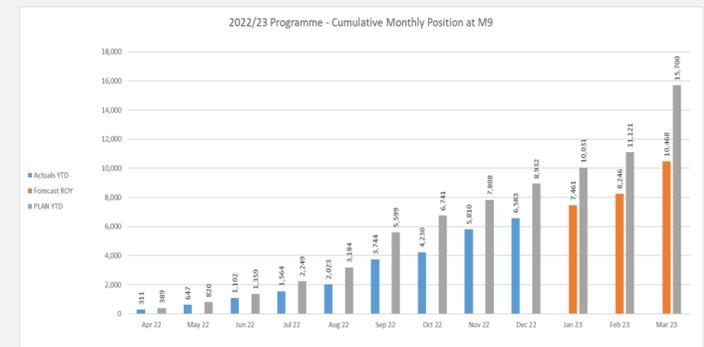
**Operating expenses £0.6m adverse in M9 and £1.0m adverse YTD.** Adverse variances in month include £0.8m relating to drug costs (£4.7m YTD) of which £0.6m in month is Non PbR and offset by income, depreciation charges due to addition of assets including AEC, Robot and additional leases, underachieved PEP (£0.4m in month, £3.2m YTD), correction of Gas and Electricity invoices from April 2022 and seasonality (£0.3m), additional supplies and services spend linked to activity (£0.5m in month). These are partially offset by £1.8m balance sheet release relating to relating to accruals and provisions no longer required.

## Productivity & Efficiency

The Productivity and Efficiency Programme target for 22/23 as submitted to NHSE is £15.7m.

Month 9 delivered £0.773m of actuals against the plan as submitted to NHSE in April 2022 of £0.891m. A negative variance of £0.118m. The cumulative position at M9 is therefore £6.583m of actuals against a plan of £8.932m, a negative variance of £2.349m.

The 22/23 full year forecast at Month 9 is £10.468m which is £5.232m under the £15.7m plan as submitted to NHSE. This is a reduction of £0.141m compared to the forecast position in M8 which is in the main, owing to the reforecasting of Specialist Medicine scheme Medics B&A swap out (PE-2223-015) from a FYE forecast of £0.298m in M8 down to £0.149m in M9. This reduction is due to a number of reasons primarily around patient safety and flow, such as double running for some SHO's where B&A remain in post to provide a handover and for one particular Dr who has not been replaced due to operational pressures.

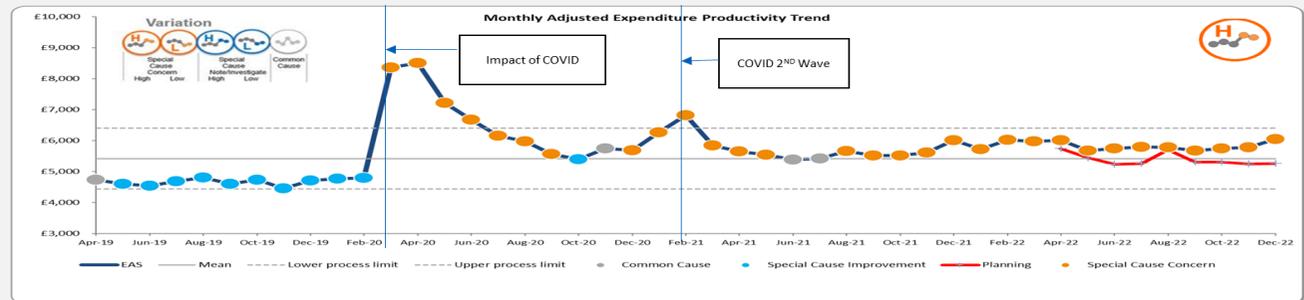


## Adjusted Expenditure Productivity Trend

COVID significantly impacts our spend against weighted activity. This SPC measures expenditure against activity, allowing us to follow productivity changes through COVID recovery and to track against forecasted activity going forward. Tracking is currently available at Trust wide level only. The Planning line is based upon June 2022 operational and financial planning submissions.

Weighted Activity Unit (WAU) has been used based upon Inpatient/Outpatient/ED activity, adjusted to be weighted equally and allow for working day variations. Expenditure is adjusted for inflation each year. Similar to the Model Hospital cost/WAU metric – BUT NOT EXACTLY THE SAME (cannot directly benchmark). As the WAU relies on coded activity, recent months can still move until coding is complete. Trends in the most recent month should be considered with caution. For this financial year we are spending significantly more per weighted unit of activity than previously (pre-COVID times).

December Cost per WAU has increased compared to November. This is driven by the increased expenditure value in December along with reduced Elective activity increasing the £ per WAU. Usually with costs varying little 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. Backdated Pay Award has been applied to the correct months to make this comparable. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).



## Capital

The Trust Capital forecast is now £50.6m. Expenditure to date is £20.1m with a forecast for month 9-12 of £30.5m. TIF2 monies of £10m to be re-phrased into 2023/24 through Regional agreement. ASR business case has been agreed and expecting to drawdown funding in 22/23. Written confirmation is being sought from work stream leads that this plan will be delivered and that any variances up or down will need to be accommodated from within their own allocations to ensure that the Trust meets its CRL target. It should also be noted that any further slippage into 2023/24 will be the first call on any internal capital available next year adding further pressure to an already over-subscribed programme. The finance team will remain close to work stream leads over the coming months to ensure full oversight and help manage any risk.

**Capital Assurance Level:** Level 3

**Reason:** Major capital schemes continue into 2022/23. Risk remains in medium term. Risks remain regarding the financing of the UEC scheme, however the plan above provides a mechanism for funding for UEC in 22/23. Funds brokered from nationally funded schemes will need to be replenished as a 1<sup>st</sup> call on the Trust's 23/24 internally generated programme.

## Cash Balance

At the end of December 2022 the cash balance was £15.4m against an in month plan of £53.9m. The plan assumed external capital funding of £20.3m which has not been drawn down yet due to the slippage on capital schemes. However some MOU's have now been received and capital cash is being requested from Jan 23. The remaining variance is mainly due to higher income accruals compared to plan. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

**Cash Assurance Level:** Level 6

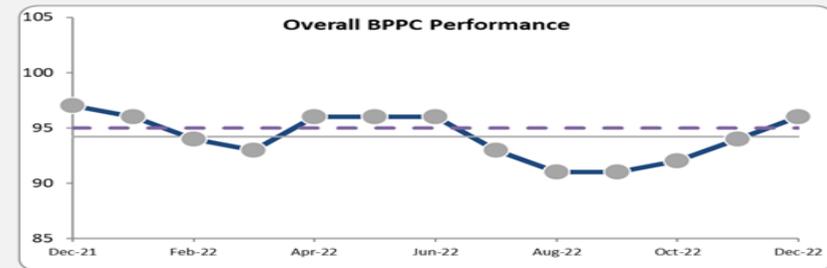
**Reason:** Good cash balances, rolling cash flow forecasting well established, achieving BPPC target even though the trend is downward which is due to delays within SBS scanning invoices and as such payments. There is a positive SPC trend on aged debtors and cash. Risks remain around sustainability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

Better Payment Practice Code (BPPC) performance has remained stable. The BPPC performance for the month is 96%, based on volume of invoices paid and 96% based on value;

- 7,279 invoices paid out of 7,620 due.
- £30m worth of invoices out of £31m were paid on time this month.

We are slightly under the BPPC target YTD (95% Volume 94% Value) as the downward trend continues due to delays with SBS scanning invoices which effects the payments.

Finance are working with SBS to resolve the delays in scanning supplier invoices.





# Appendices

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

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

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

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

## Criteria for Avoidable Ambulance Attendances.

### The avoidable ambulance attendances includes patients over 75 and...

- Arrived by ambulance
- **Excludes** patients that spend time in High Care or Resus/WRH Resus.
- **Excludes** patients with an investigation code (any 1-6) of 'COMPUTERISED TOMOGRAPHY' or 'CT SCAN INCL GU CONTRAST EXAM/TOMOGRAPHY'.
- **Excludes** the following diagnosis where the patient was admitted...
  - AKI (Acute Kidney Injury)
  - Aspiration
  - Conduction disorder
  - DKA (Diabetic ketoacidosis)
  - Epilepsy;hypercalcaemia
  - HHS (Hyperosmolar Hyperglycaemic State)
  - Hypokalaemia;
  - Hyponatraemia
  - Neutropaenic sepsis
  - Endocrine disorder
  - Renal disorder
  - PE (pulmonary embolism)
  - Pyrexia
  - Resp failure
  - Sepsis
  - Septic arthritis
  - Stroke
  - Anaemia
  - Arrhythmia
  - AF/flutter;bradycardia
  - Epilepsy
  - Haematuria
  - Kidney injury
  - Lobar pneumonia
  - LRTI (Lower Respiratory Tract Infections)
  - COVID-19 CAUSED BY SEVERE ACUTE RESPIRATORY SYNDRO
- **Excludes** those with an attendance disposal...
  - DIED IN DEPARTMENT
  - ADMITTED ALEX CCU
  - ADMITTED WRH ACONBURY 2 CCU
  - ADMITTED WRH CCU
  - ADMITTED WRH ACUTE RESPIRATORY UNIT
  - TRANSFER WRH
  - TFR AGH
  - TFR WRH
- **Excludes** patients with a diagnosis relating to fracture where the patient has had the following investigations...
  - COMPUTERISED TOMOGRAPHY
  - MRI SCAN
  - X-RAY PLAIN FILM
  - ULTRASOUND
- **Excludes** patients with a diagnosis relating to a Sprain or soft tissue injury with an investigation of X-RAY PLAIN FILM.
- **Excludes** patients with a diagnosis relating to cardiac issues who were admitted.
- **Excludes** patients with a chief complaint of 'MAJOR TRAUMA (SERIOUS INJURY >1 BODY AREA)' and who were admitted.

## Criteria for attendances suitable for MIU.

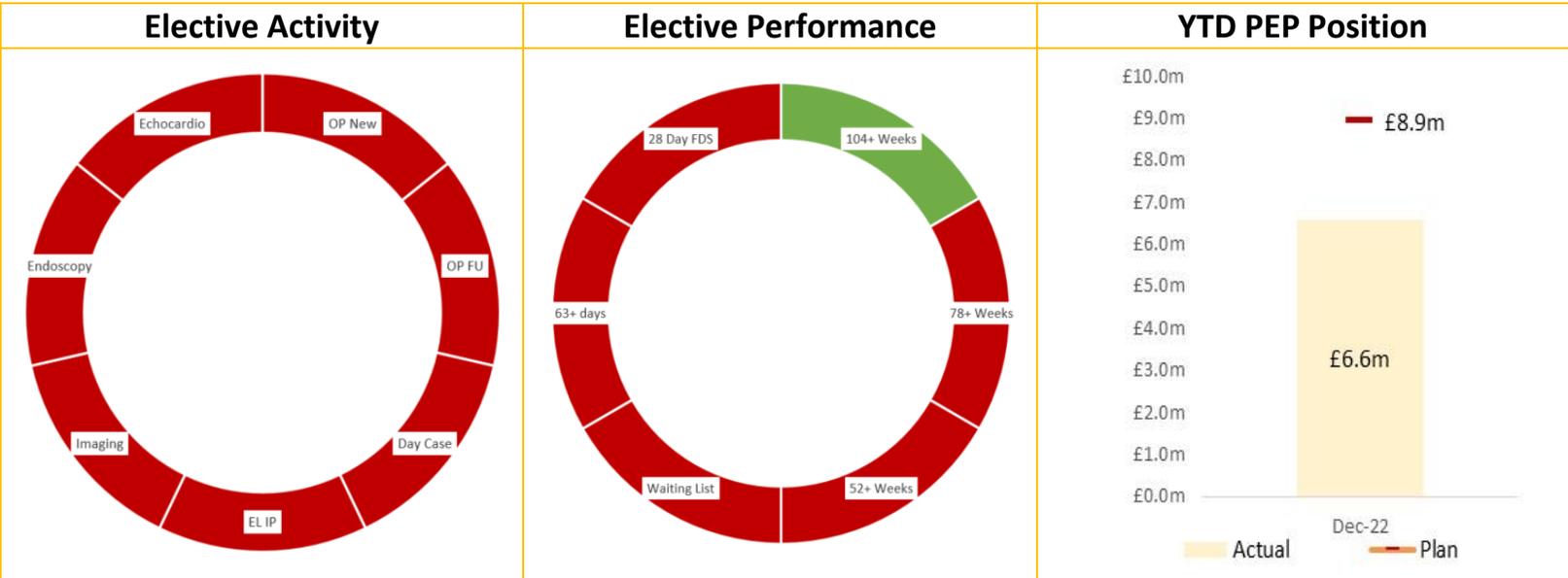
### The MIU attendances are based on...

- Walk-in only.
- Not admitted or transferred to another site/hospital.
- Excludes attendance disposal to 'AEC/SDEC MEDICINE - SAME ATTENDANCE'.
- Excludes patients referred from GPs, MIUs, other hospitals and other ED departments.
- Excludes patients with a diagnosis of 'Z DIRECT ADMIT TO A SPECIALTY' or 'MINOR TRAUMATIC BRAIN INJURY (GCS MORE THAN 12)'.
- Excludes triage categories 1-3 (Immediate Resuscitation, Very Urgent or Urgent).

# Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
<b>Level 7</b>	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.
<b>Level 6</b>	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.
<b>Level 5</b>	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.
<b>Level 4</b>	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.
<b>Level 3</b>	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.
<b>Level 2</b>	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
<b>Level 1</b>	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
<b>Level 0</b>	Emerging actions not yet agreed with all relevant parties.	No improvements evident.

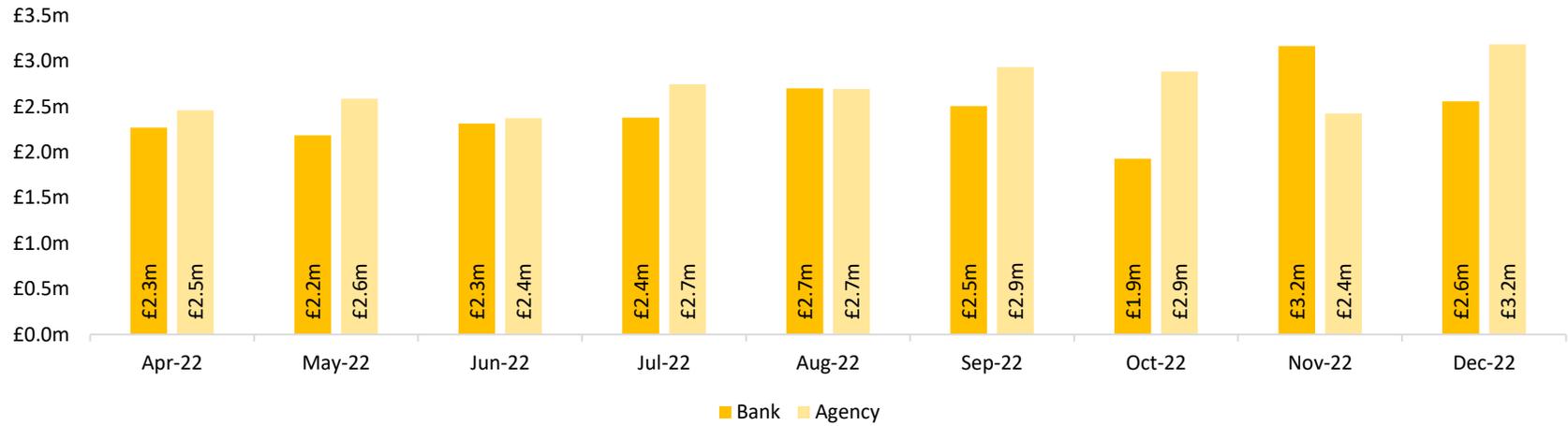
## Our Annual Plan



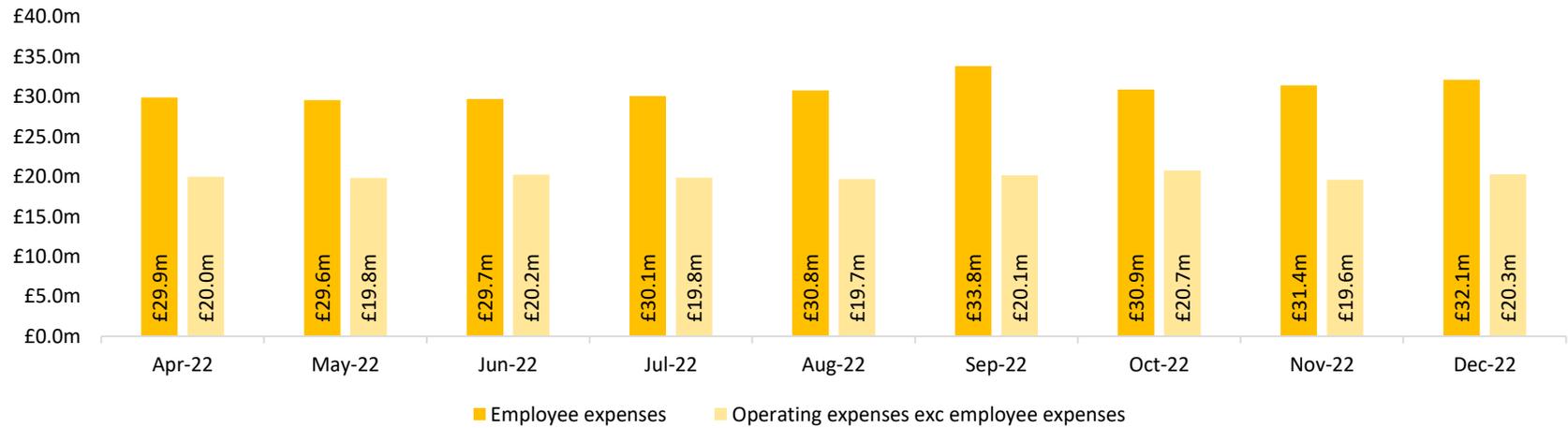
## Our Emergency Departments

	Ambulances	60 Min Handover Delays		4 hours	12 hours
ED	3,466	1,141	10,530	6,581	369
	New Patients Seen		Patients Discharged Home		% of Take
	SDEC <i>AEC and Surgical SDEC</i>	1,198	969	80.9%	47.6%

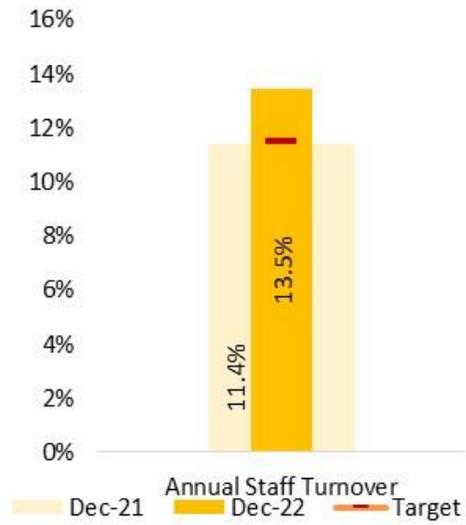
## Our Locum / Agency Spend



## Our Expenditure Run Rate



## Our Staff Turnover





# DECEMBER 2022 IN NUMBERS



**10,530**

Walk-in patients (A&E)



**3,466**

Patients arriving  
by ambulance



**11,353**

Inpatients



**33,497**

Face to Face outpatients



**8,842**

Telephone consultations



**392**

Babies



**1,021**

Elective operations



**168**

Trauma Operations



**178**

Emergency Operations



**7**

Average length of stay



**19,765**

Diagnostics

# QUALITY AND SAFETY IN NUMBERS

December 2022



**MRSA**  
**0**



**ECOLI**  
**3**



**CDIFF**  
**2**



**MSSA**  
**1**



**Hand Hygiene**  
 Participation **86.4**  
 Compliance **99.5**

## SEPSIS

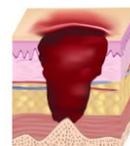
**Sepsis**  
 Screening Compliance **89.8**  
 Sepsis 6 bundle compliance **61.2**



**ICE reports viewed**  
 Radiology **88.7**  
 Pathology **95.7**



**Falls per 1,000 bed days causing harm**  
**0**



**Pressure Ulcers**  
 All hospital acquired pressure ulcers **41**  
 Serious incident pressure ulcers **0**



**Response Rate**  
 A&E **19.2**  
 Inpatients **35.2**  
 Maternity **1.9**  
 Outpatients **12.6**



**Recommended Rate**  
 A&E **86.2**  
 Inpatients **97.7**  
 Maternity **90.9**  
 Outpatients **96.6**



**HSMR 12 months rolling (March 22)** **102.44**  
**Mortality Reviews completed <=30 days (Nov-20)** **35.50**



**Risks overdue review** **260**  
**Risks with overdue actions** **301**



**Discharged before midday**  
**16.3**



**Complaints Responses <=25 days**  
**74**



**Total Medicine incidents reported** **129**  
**Medicine incidents causing harm (%)** **3.7**

# WORKFORCE COMPOSITION IN NUMBERS

December 2022



Employees  
**6,948**



BAME employees  
**21%**



Part-time workers  
**44%**



Female  
**82%**



Registered nurses  
**2,003 (29%)**



Registered midwives  
**259 (4%)**



HCAs, helpers and assistants  
**1362 (20%)**



Doctors  
**783 (11%)**



Other clinical and scientific staff  
**852 (12%)**



Over age 55  
**18%**



30 years and under  
**20%**



Staff with less than 2 years service  
**29%**



Staff with 20 years service or over  
**10%**

## Committee Assurance Reports

### Jan-23 Meetings

Trust Board  
9<sup>th</sup> February 2023

Topic	Page
Quality & Safety	
• Quality Governance Committee Assurance Report	2 – 3

## Quality Governance Committee Assurance Report – 26 January 2023

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

### Executive Summary

The Committee met virtually on 26<sup>th</sup> January 2023 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Corridor Risk Assessments	Recommended approval	For noting

The Committee was condensed due to operational challenges relating to industrial action.

**The following levels of assurance were approved:**

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Corridor Risk Assessments	Level 5	N/A	17, 19, 20
Digital & EPR Update	Level 5	N/A	
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
CGG Report	Level 5	N/A	

## Quality Governance Committee Assurance Report – 26 January 2023

### Executive Summary

The Committee met virtually on 22 December 2022 and the following key points were raised:

Item	Discussion
<b>CNO/CMO escalations</b>	Committee received an update regarding IPC and noted the rise in covid and flu cases during December. There continued to be a challenged c.diff position.
<b>Action log</b>	The actions were reviewed and updates were provided. No other matters were escalated.
<b>Patient Story</b>	There would be no patient story this month due to the pressures of the nursing teams. It was suggested that A&E staff members were invited to share their recent experiences at a future meeting.
<b>Maternity Safety Report</b>	Improvements had been seen with workforce KPI's and 12+6 bookings. Progress was being made on the CQC should do and must do actions and was on track to have none outstanding by the end of the month. <b>Level 5 assurance overall was approved</b>
<b>Corridor Risk Assessments</b>	Committee received and approved corridor risk assessment for ED at Worcestershire Royal Hospital. Learning had been taken from the critical incident declared on 22 <sup>nd</sup> December. Risks and issues were highlighted and the risk should be shared as a system. <b>Level 5 assurance was approved.</b>
<b>Digital &amp; EPR Update</b>	Committee were updated that the EPR technical pilot commenced on 24 <sup>th</sup> January. No configuration or process issues had been identified. AGH go live was scheduled for 8 <sup>th</sup> February and WRH go live was scheduled for 15 <sup>th</sup> February.
<b>Integrated Performance Report</b>	IPC and c.diff breached targets was highlighted. The feedback from the IPC visits had been received and would be reviewed at the next Committee meeting. There had been a rise in complaints relating to waits. Friends & Family Test feedback was a key metric regarding patient experience. The recommendation rate for inpatients has remained above 95% which was indicative of getting the fundamentals right and that people understood the pressures. Concerns remained regarding cancer, 78 week waiters and theatre utilisation. <b>Level 4 assurance was approved.</b>
<b>CGG Report</b>	The report was noted.

Meeting	Public Trust Board
Date of meeting	9 February 2023
Paper number	Enc G

**Nurse staffing report – December 2022 (November 2022 Data)**

For approval:		For discussion:		For assurance:	X	To note:	X
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<b>Accountable Director</b>	Sue Smith Deputy Chief Nursing Officer		
<b>Presented by</b>	Sue Smith Deputy Chief Nurse	<b>Author /s</b>	Clare Alexander Lead for N&M workforce

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	18 January 2023	Noted for assurance

<b>Recommendations</b>	<p>Trust Board are asked for assurance and to note:</p> <ul style="list-style-type: none"> <li>➤ Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout November 2022 has been achieved.</li> <li>➤ The Bristol model of capacity management continues with plus 1/2 boarding of patients across the WRH wards. Daily staffing assessment remains in place and escalations of staffing need managed locally with an audit trail through Safer Care.</li> <li>➤ In addition, a governance process is planned for Introduction on the 3<sup>rd</sup> of January introduced to gain assurance regarding the programmed activity usage.</li> <li>➤ RCN strike days took place on the 15<sup>th</sup> and 20<sup>th</sup> December 2022. A number of derogations were agreed allowing 24/7 services to continue safely. There were no safety incident observed or recorded during these days relating to staffing.</li> <li>➤ The first ambulance strike also took place on Wednesday 21st December.</li> <li>➤ Acuity and dependency was completed on the 21<sup>st</sup> November – this was the second review period in the calendar year and this will inform budget setting and establishments for 23/24. Data from this will be included in the January 2023 report.</li> <li>➤ During December the following ward moves took place:</li> <li>➤ MAU and AEC moved to the new build on the first floor of Aconbury (vacating white space and Mulberry unit)</li> <li>➤ SCDU and surgical SDEC moved into vacated white space (old MAU).</li> <li>➤ Avon 4 moved into the old Beech A template.</li> <li>➤ Discharge lounge moved to Mulberry suite</li> </ul>
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Meeting	Public Trust Board
Date of meeting	9 February 2023
Paper number	Enc G

## Executive summary

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during November 2022. Key headlines are:

- NHSP demand in November has fallen marginally against October. Total Request reasons for October 22 and November 22 have remained generally consistent, with vacancy remaining the highest request reason (17.5k hours), and Sickness as 7.3k hours (an increase of 1.2k hours versus October). Unfilled hours in November were 3.2k, an improvement against October's 4.7k unfilled hours. Average bank rates increased to £34.43 versus £32.29 in October due to the reintroduction of the PA rates to prevent shifts being escalated to Thornbury. Thornbury were not used for any general (RN00) nursing shifts in November.
- In November there were 60 insignificant or minor incidents reported with no moderate or significant harms reported related to staffing.
- The health care assistant recruitment drive remains in place. This programme remains pivotal as the challenge is that as quickly recruitment is occurring, turnover is happening. There are ongoing discussions around an option appraisal for the HCSW workers.
- The vacancy factor is (November data): RN 178 at 8.86%, (up from 161 in October but this includes the addition of new vacancies on PDU totalling 17.5 WTE (Band 5-7)) the model hospital data from October paper remains unchanged at of 12.3% and HCA 118 at 12.0% again model hospital from October of 11.1%. Priority areas for recruitment are HCA. A review of retention is ongoing and undertaken by HR.
- Triangulation of data shows there is a variance in the bank and agency usage and this is reduced compared to the WTE in vacancy, sickness and maternity but that this is a negative figure for RN -7 WTE and HCA +15, accounted for with additional beds coding (15.2 WTE under this code).
- RCN strike days took place on the 15<sup>th</sup> and 20<sup>th</sup> December 2022. A number of derogations were agreed allowing 24/7 services to continue safely. There were no safety incidents observed or recorded during these days relating to staffing – Trust staff and union officials worked closely on the strike committee and in the tactical command and control group. The RCN were supported to 'walk the wards' on both days to engage with staff and gain assurance that the right to strike and agreed derogations were honoured. Approximately 200 staff on each day elected to strike and E-rostering supported the recording of this.
- Concerns continue across the Trust in relation to staff wellbeing and specifically fatigue related to ongoing acuity and capacity demands. With cost of living challenges also acknowledged. Some supportive measures are in place for staff currently.

## Risk

Meeting	Public Trust Board
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<b>Which key red risks does this report address?</b>	<b>What BAF risk does this report address?</b>	<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. Strike action risk to be added in November.</i>
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<b>Assurance Level (x)</b>	0	1	2	3	4	5	6	x	7	N/A
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<b>Financial Risk</b>	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.
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<b>Action</b>						
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y	x	N		N/A	
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y	x	N			
<b>If no has the action plan been revised/ enhanced</b>	Y	x	N			
<b>Timescales to achieve next level of assurance</b>						

**Introduction/Background**

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for November 2022.

This assessment is in line with Health and Social care regulations:  
 Regulation 12: Safe Care and treatment  
 Regulation 17: Good Governance  
 Regulation 18: Safe Staffing

**Issues and options**

**The provision of safe care and treatment**  
**Staff support ongoing**

A priority for the trust remains the health and wellbeing of staff. The priority of managing the ongoing demands from the acuity and dependency of the patients entering the hospitals and the increases in patient attendance through the urgent care pathway remains.

The provision of staff support continues to be a high priority for the teams in particular as winter 22/23 progresses. The Trust wide weekly continues to assess any professional issues and to highlight progress to highlight professional issues and to gain a professional update health and wellbeing issues at ward/clinical level, led by the CNO/Deputy Chief Nurse. In addition, the daily staffing huddle continues to assess progress with safest staffing levels and provide the opportunity for the escalation of concerns

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. Further staff are commencing the PNA training programme in Jan 23.  
 In addition to this a number of staff have been identified to attend the mental health first aid training in January 2023,

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## Harms

There were 60 minor and insignificant patient harms relating to staffing reported for November over a variety of ward areas. No hot spot areas, with no patient related risks reported.

## Good Governance

There are 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 on call teams and Divisions and the monthly NWAG meeting.

Triangulation of data is developing and ongoing.

## 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 November 22 data			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 is consistent and nights has decreased slightly as 102% last month linked to specialising.	<b>5</b>
RN	92%	96%		
HCA	88%	97%		

## DATA for November 2022

**Vacancy** trust target is 7%

There is ongoing recruitment to reduce RN vacancies via the domestic and international pipelines. 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 and continues as per plan.

Further International recruitment will take place in the Philippines in 2023 with areas targeted depending on vacancy and skill set needed.

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Current Trust Position WTE November data	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 178 WTE 8.86% HCA 128 WTE 12.89%	RN 12.3% HCA 11.1%	5

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.

#### International nurse (IN) recruitment pipeline

Recruitment is in progress and ongoing month on month, this will total 120 nurses for this financial year with additional financial support from NHSEI. A further bid has been successful for 120 nurses of which we have agreed a contract to recruit from the Philippines. A team of 4 senior nurses will go to the Philippines in February 23.

#### Domestic nursing pipeline

With the commencement of the 'grow our own' campaign through the Best People programme, November has seen further applicants from Newly registered nurses expected to come into post in Summer / Autumn 23 with 10 jobs being offered through the generic advert in November.

Registered Nurse associates and Registered nurse degree apprentices continue to train within the Trust and engagement with DDNs and Matrons has taken place and has resulted in a number of applications for the May 23 cohort at BCU program.

There is a program for domestic recruitment this has included attendance at the ICS recruitment event with a resulting 12 HCA job offers being made. There are additionally a number of other recruitment events planned in March in Worcester city centre, to continue the momentum.

In order to further support the on-boarding and retention of new HCSW the professional Development Team will alter their induction plan for HCAs to offer the Care certificate directly following Trust induction. This is to support new HCSW colleagues in their role and promote retention. Following feedback from exit interview, especially from HCA staff there will be a change on the induction process to ensure the fundamentals of care and care certificate re completed prior to commencement in the clinical area. Pastoral support is in place specifically for HCSW from the professional development team (funded by HEE) until May / June 2023. An audit of the effectiveness of these posts will be undertaken to determine the value of the these as ongoing. This is to support new HCSW colleagues in their role and promote retention.

HR are supporting targeted areas to undertake 'deep dive' reviews of exit interviews and to implement and support changes i recruitment and retention activity accordingly.

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**Bank and Agency Usage**  
**November data**

Trust target is 7%-

Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 354 WTE 17.7%  HCA 274 WTE Total demand hours remain relatively last to prior month with a 4.0 WTE reduction.	RN 6.4% RM Not available HCA Not available	<b>5</b>

**Sickness –**  
**November data**

The Trust Target for Sickness is 4%, November monthly sickness data 5.58%.

Current Trust Position	Model Hospital data September 2022 Benchmarking	Current Level of Assurance
RN 108 WTE 5.4% HCA 96 WTE 9.6%	RN 5.5% HCA 7.9%	<b>5</b>

**Turnover**

Trust target for turnover 11%.

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.

Current Trust Position November data	Model Hospital data September 2022 Benchmarking	Current level of Assurance
RN Turnover 12.23% HCA Turnover 16.27%	RN Turnover 13.8% HCA Turnover 21%	<b>5</b>

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### Recommendations

Trust Board are asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout November 2022 has been achieved.
- The Bristol model of capacity management continues with plus 1/ 2 boarding of patients across the WRH wards. Daily staffing assessment remains in place and escalations of staffing need managed locally with an audit trail through Safer Care.
- In addition, a governance process is planned for Introduction on the 3<sup>rd</sup> of January introduced (appendix 1) to gain assurance regarding the programmed activity usage.
- RCN strike days took place on the 15<sup>th</sup> and 20<sup>th</sup> December 2022. A number of derogations were agreed allowing 24/7 services to continue safely. There was no safety incident observed or recorded during these days relating to staffing.
- The first ambulance strikes also took place on Wednesday 21st December.
- Acuity and dependency was completed on the 21<sup>st</sup> November – this was the second review period in the calendar year and this will inform budget setting and establishments for 23/24. Data from this will be included in the January 2023 report.
- During December the following ward moves took place:
- MAU and AEC moved to the new build on the first floor of Aconbury (vacating white space and Mulberry unit)
- SCDU and surgical SDEC moved into vacated white space (old MAU).
- Avon 4 moved into the old Beech A template.
- Discharge lounge moved to Mulberry suite

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### Midwifery Safe Staffing Report December 2022

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Jackie Edwards, Interim Chief Nursing Officer		
<b>Presented by</b>	Justine Jeffery, Director of Midwifery	<b>Author /s</b>	Justine Jeffery, Director of Midwifery

Alignment to the Trust's strategic objectives (x)							
Best services for local people	x	Best experience of care and outcomes for our patients	x	Best use of resources	x	Best people	x

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	January 2023	
TME	18 January 2023	Noted for assurance

<b>Recommendations</b>	Trust Board is asked to note the content of this report for information and assurance
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<b>Executive summary</b>	<p>This report provides a breakdown of the monitoring of maternity staffing in December 2022. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> <li>• Completion of the Birthrate plus acuity tools</li> <li>• Monitoring the midwife to birth ratio</li> <li>• Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'</li> <li>• Unify data</li> <li>• Daily staff safety huddle</li> <li>• SitRep report &amp; bed meetings</li> <li>• COVID SitRep (re - introduced during COVID 19 wave 2)</li> <li>• Sickness absence and turnover rates</li> <li>• Recruitment/Vacancy Rate</li> <li>• Monthly report to Board</li> </ul> <p>There were 387 births in December. The escalation policy was enacted to reallocate staff internally as required. The community and continuity teams were required to support the inpatient team throughout two weeks in December to reduce delays in care. Minimum safe staffing levels were maintained on all shifts in December.</p>
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	<p>The supernumerary status of the shift leader was not maintained on 6 occasions however 1:1 care in labour was achieved in month. There were four staffing and three medication incidents reported on Datix. No harm was reported.</p> <p>Sickness absence rates are at 7.11%. Again COVID absence rates remained low in month. The directorate continue to work with the HR team to manage sickness absence timely to continue to maintain our current position.</p> <p>The rolling turnover rate decreased to 13.87%. The current vacancy rate remains at 8%. There are eight WTE midwives planning to start in February/March 2023.</p> <p>The suggested level of assurance for December is 5. An increase in assurance will be recommended when the majority of the Trust KPIs are met.</p>
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Risk												
<b>Which key red risks does this report address?</b>		<b>What BAF risk does this report address?</b>	<i>9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting poor patient and staff experience and premium staffing costs.</i>									
<b>Assurance Level (x)</b>	0	1	2	3	4	5	x	6	7	N/A		
<b>Financial Risk</b>	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>											
Action												
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y	x	N							N/A		
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y	x	N									
<b>If no has the action plan been revised/ enhanced</b>	Y		N									
<b>Timescales to achieve next level of assurance</b>	<b>3 months</b>											

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### Introduction/Background

The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored to provide assurance.

Safe staffing is monitored monthly by the following actions:

- Completion of the Birthrate plus acuity tools
- Monitoring the midwife to birth ratio
- Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
- Unify data
- Daily staff safety huddle
- SitRep report & bed meetings
- COVID SitRep (re - introduced during COVID 19 wave 2)
- Sickness absence and turnover rates
- Recruitment/Vacancy Rate
- Monthly report to Board

In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits.

### Issues and options

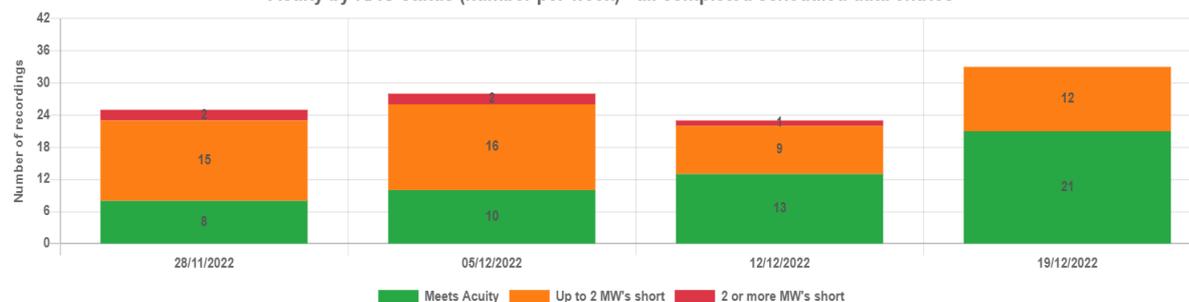
#### Completion of the Birthrate plus acuity app

##### Delivery Suite

The acuity app data was completed in 65% of the expected intervals which is a reduction on last month. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in December.

From the information available the acuity was met in 47% (20% decrease from previous month) of the time and recorded at 53% when the acuity was not met prior to any actions taken.

Acuity by RAG status (number per week) - all completed scheduled data entries



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=32 occasions) of when staff are reallocated from other areas of the inpatient service;

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this is higher than previous months and was due to a decrease in fill rates due to an increased sickness rate. The community and continuity of carer midwives were also escalated into the inpatient areas during December. It is also noted that there are three reports of staff not being able to take breaks and no reports of staff staying beyond their shift time.

**Number & % of Management Actions Taken**

From 01/12/2022 to 31/12/2022

MA	Description	Count	Percentage
MA1	Redeploy staff internally	32	82%
MA2	Redeploy staff from community	1	3%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	3	8%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	3	8%
MA11	Maternity Unit on Divert	0	0%

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

All of the NICE recommended red flags can be reported within the new acuity app and are presented below.

The labour ward coordinator was not supernumerary 100% of the time however 1:1 care in labour was provided. There were three occasions when there was a delay in the IOL process.

**Number & % of Red Flags Recorded**

From 01/12/2022 to 31/12/2022

RF	Description	Count	Percentage
RF1	Delayed or cancelled time critical activity	0	0%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0	0%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	3	33%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	6	67%

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### **Antenatal & Postnatal Wards**

The inpatient areas have not met the required completion level for inclusion in this report; however, there is a noticeable improvement in completion and both areas are now reporting at 65% completion. Local support continues to improve performance further.

### **Staffing incidents**

There were four staffing incidents reported in December via Datix and no harm was recorded. The following incidents were reported:

1. Staff reallocated to DS reducing staffing to minimum (2)
2. Sickness affecting CMW staffing and clinic cover
3. Sickness in scrub team – MW supported elective list

It is noted that any reduction in available staff results in increased stress and anxiety for the team and the staff have continued to report reduced job satisfaction and concern about staffing levels, burnout and staff health and well – being.

Staff drop in events have continued throughout December to offer support to staff and to update staff on the current challenges in maternity services. Attendance remains low and it is reported that this is due to improved working conditions.

### **Medication Incidents**

There were three medication incidents in December:

- Additional doses of analgesia taken (self-administration)
- 1 missed dose of IVAB (baby)
- Incorrect drug administered to BF mother

### **Unify Data**

The fill rates (actual) presented in the table below reflect the position of all inpatient ward areas. The rates reported demonstrate an improvement in fill rates for registered midwives however there is a reduction in maternity support workers fill rates due to sickness and vacancies. Recruitment events are planned for early 2023.

	Day RM %	Day HCA %	Night RM %	Night HCA %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	68%	n/a	100%	n/a
Antenatal Ward	84%	55%	88%	50%
Delivery Suite	90%	56%	98%	87%
Postnatal Ward	93%	65%	93%	66%
Meadow Birth Centre	73%	58%	92%	32%

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### **Monitoring the midwife to birth ratio**

The ratio in December was 1:22 (in post) and 1:20 (funded). The midwife to birth ratio was compliant with the Birth Rate Plus Audit, 2022 (1:24).

### **Daily staff safety huddle**

Daily staffing huddles are completed each morning within the maternity department. This huddle is attended by the multi professional team and includes the unit bleep holder, Midwife in charge and the consultant on call for that day. If there are any staffing concerns the unit bleep holder will arrange additional huddles that are attended by the Director of Midwifery. No additional huddles were held during December.

Bed meetings are held three times per day and are attended by the Divisional/Directorate teams. Information from the SitRep is discussed at this meeting.

### **Maternity SitRep**

The maternity SitRep continues to be completed 3 times per day. The report is submitted to the capacity hub, directorate and divisional leads and is also shared with the Chief Nurse and her deputies. Maternity staffing is also discussed at the Chief Operating Officers daily meeting.

The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. Further work on the Sitrep is ongoing, the pilot of the regional Sitrep continues and the DoM is a member of the regional development group; this work will inform the updated staffing escalation policy.

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

The directorates continue to share information about the current COVID position and identify any risks to the service which includes a focus on safe staffing. The meetings are now held weekly. The national COVID SitRep continues to be completed as requested.

### **Vacancy**

There are still 19 unfilled midwifery posts – vacancy rate of 8%. Eight of these post represent an uplift in establishment (Ockenden funding) to enable staff to be released for role specific training.

Eight midwives are expected in Feb/March 2023. A recruitment event is planned for Jan/February 2023.

### **Sickness**

Sickness absence rates were reported at 7.11% in month – a slight increase in month and due to an increase in flu/cold/cough symptoms.

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The following actions remain in place:

- Monthly oversight of sickness management by the Divisional team with HR support
- Focus review of sickness management in areas with high levels of absence
- Matron of the day to carry the bleep that staff use to report sickness to ensure staff receive the appropriate support and guidance.
- Signposting staff to Trust wellbeing offer and commencement of wellbeing conversations.
- Daily walk rounds by members/member of the DMT.
- Close working with the HR team to manage sickness promptly.
- Health and wellbeing work stream actions

**Turnover**

The rolling turnover rate remains above the Trust target at 13.87% however this is a further decrease in rate.

**Actions throughout this period:**

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting three times per day
- Agency staff block booked to support over winter
- Sitrep report completed three times per day
- Maintained focus on managing sickness absence effectively.
- Further training and oversight by ward managers to improve completion rates of the acuity app agreed.
- Progressing IR following successful bid
- Fortnightly 'drop - in' sessions led by the DoM continued in month.
- Additional drop in sessions with CNO & DoM

**Conclusion**

There was a decrease in the % of time that acuity was met on delivery suite however the completion rate has also reduced so the confidence in the data is also reduced. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 23 occasions to maintain safety.

Agency midwives continue to provided additional support however safe staffing levels were maintained without deployment of non- clinical/specialist midwives. The community and continuity of carer midwives were required to support the inpatient team in month.

Red flags were reported via the acuity app; the supernummary status of the shift leader was not maintained in December and there were some delays in the IOL pathway. 1:1 care in labour was achieved.

Sickness absence rates reported at 7.11%; ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain the positive improvement.

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The rolling turnover rate is at 13.87% and the vacancy rate is now 8%. Eight midwives are expected in Feb/March 2023. A recruitment event is planned for Jan/February 2023 which aims to attract the student midwives who qualify in September 2023.

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

The suggested level of assurance for December is 5. An increase in assurance will be recommended when the current position is sustained and the majority of the Trust KPIs are met.

#### Recommendations

Trust Board is asked to note the content of this report for information and assurance

Meeting	Public Trust Board
Date of meeting	9 February 2023
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**Audit and Assurance Committee Report**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Colin Horwath, Audit and Assurance Committee Chair		
<b>Presented by</b>	Colin Horwath, Committee Chair	<b>Author /s</b>	Rebecca O'Connor, Company Secretary

Alignment to the Trust's strategic objectives (x)							
Best services for local people	X	Best experience of care and outcomes for our patients		Best use of resources	X	Best people	

Report previously reviewed by		
Committee/Group	Date	Outcome

<b>Recommendations</b>	The Board is requested to: 1. Note the report for assurance
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<b>Executive summary</b>	<p>This report summarises the business of the Audit and Assurance Committee at its meeting held on 10 January 2023. The following key points are escalated to the Board's attention:</p> <p><b>1. Internal Audit Progress Report</b>          Committee were informed that the Payroll report had been drafted and testing had been completed.          The Strategic Capital Report was in draft form.          Work planning had been received for theatre governance and PFI.          Meetings were being arranged with directors to discuss next year's Internal Audit meetings.</p> <p><b>2. Internal Audit Recommendations Process</b>          The process to ensure that the recommendations were accepted by management, are actioned and completed in a timely manner to minimise delays was approved.</p> <p><b>3. Bank &amp; Agency High Earners Update</b>          Committee received an update on the actions being taken including the establishment of a Workforce Group, review of booking forms and draft Standard Operating Procedure.</p> <p><b>4. Accounts Timetable for 22/23</b>          Committee were advised the accounts would be presented on 20<sup>th</sup> June 2023.</p>
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Meeting	Public Trust Board
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Risk										
<b>Which key red risks does this report address?</b>		<b>What BAF risk does this report address?</b>	<i>All – Committee’s work cross cuts all underpinning BAF risks</i>							
<b>Assurance Level (x)</b>	0	1	2	3	4	5	X	6	7	N/A
<b>Financial Risk</b>	<i>None directly arising as a result of this report</i>									
Action										
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y		N					N/A	X	
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y		N							
<b>If no has the action plan been revised/ enhanced</b>	Y		N							
<b>Timescales to achieve next level of assurance</b>										

Meeting	Public Trust Board
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**Report of the Trust Management Executive**

For approval:		For discussion:		For assurance:	X	To note:	
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<b>Accountable Director</b>	Matthew Hopkins Chief Executive		
<b>Presented by</b>	Matthew Hopkins Chief Executive	<b>Author /s</b>	Jo Wells, Deputy Company Secretary

Alignment to the Trust's strategic objectives (x)							
Best services for local people	X	Best experience of care and outcomes for our patients	X	Best use of resources	X	Best people	X

Report previously reviewed by		
Committee/Group	Date	Outcome

<b>Recommendations</b>	The Trust Board is requested to receive this report for assurance.
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<b>Executive summary</b>	This report gives a summary of the items that were for discussion at the Trust Management Executive (TME) held on 19 <sup>th</sup> October, 16 <sup>th</sup> November, 14 <sup>th</sup> December 2022 and 18 <sup>th</sup> January 2023. Members will see that there is a clear line of sight between the Board, Committees and TME.
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Risk			
<b>Which key red risks does this report address?</b>		<b>What BAF risk does this report address?</b>	All

<b>Assurance Level (x)</b>	0	1	2	3	4	5	X	6	7	N/A
<b>Financial Risk</b>	N/A									

Action						
<b>Is there an action plan in place to deliver the desired improvement outcomes?</b>	Y		N		N/A	X
<b>Are the actions identified starting to or are delivering the desired outcomes?</b>	Y		N			
<b>If no has the action plan been revised/ enhanced</b>	Y		N			
<b>Timescales to achieve next level of assurance</b>						

## Trust Management Executive Assurance Report – 19 October 2022

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

**The following items were escalated to Board:**

Item	Rationale for escalation	Action required by Trust Board
Tradebe Utility Surcharge Contract Award	For approval by F&P	For approval at Private Board

**The following items were reviewed by TME:**

Item	Level of Assurance	Change	BAF Risk	Decision
Paediatric Diabetes Staffing Business Case	Level 6	N/A	2, 4, 7, 9, 14	Approved
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&P
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Green Plan Update	Level 3	N/A	8, 9, 11, 21	Recommendations & ToR approved
Theatres Highlight Report	Level 2	Maintained	3, 9, 17, 18	Noted. Further review at away day.
RAS Update	Level 5	Maintained	3, 4, 7, 8, 9, 10, 11, 16, 17, 18, 19, 21	Noted and progressed to F&P
Health & Safety Progress Report	Level 5	N/A	4, 8	Noted and progressed to F&P
Finance Report: Month 6	Level 3, 4, 6	Maintained	7, 8	Noted and progressed to F&P
EPR Programme Update		N/A		Verbal update noted
UEC Progress Update		N/A		Verbal update noted
Procurement Strategy		N/A		Noted. To be presented back to TME.
Car Park Development	Level 6	N/A	8, 9, 10, 14, 17, 19	Noted and progressed to F&P
Recruitment Update	Level 4	N/A	9	Noted
Medical Education Report 2021/22		N/A		Noted

## Trust Management Executive Assurance Report – 19 October 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Nurse Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 5	Increased	9	Noted and progressed to P&C
TME Governance & Strategic Programme Board ToR		N/A		Approved ToR
CGG Report				Noted and progressed to QGC

## Trust Management Executive Assurance Report – 16 November 2022

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

### The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
BAF	For review at Committees	For review at Trust Board

### The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Industrial Action Report	Level 4	N/A	N/A	BAF risk approved and progressed to P&C
Annual Planning	Level 5	N/A	7, 8, 9, 11, 14, 18, 19	Noted and progressed to F&P
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&P
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
RAS Update	Level 5	N/A	3, 4, 7, 8, 9, 10, 11, 16, 17, 18, 19, 21	Noted and progressed to F&P
UEC Contract and Letter of Indemnity	Level 6	N/A	3, 19, 20	Approved and progressed to F&P
ASR Business Case	Level 6	N/A		Approved and progressed to F&P
Theatre Programme Update	Level 3	Increased		Noted and progressed to F&P
Learn from Patient Safety Alerts Service	Level 3	N/A		Agreed and progressed to QGC
Head & Neck Report	Level 6	N/A	18	Noted and progressed to QGC
Finance Report: Month 7	Level 3, 4, 6	Maintained	7, 8	Noted and progressed to F&P
PEP Approach		N/A		Approved and progressed to F&P
VFM Assurance	Level 3	N/A	All	Noted and progressed to A&A
Bank and Agency High Earners Internal Audit Report	Level 2	N/A	7	Noted and progressed to A&A

## Trust Management Executive Assurance Report – 16 November 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
HFMA Financial Sustainability	Level 4	N/A	7	Noted and progressed to A&A
Nurse Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 5	Maintained	9	Noted and progressed to P&C
Integrated People & Culture Report	Level 5	Increased	9, 10, 14, 15	Noted and progressed to P&C
AHP Workforce	Level 5	N/A	9	Noted and progressed to P&C
KTC Fire Door Replacement Contract Award		N/A		Approved and progressed to F&P
IPC BAF	Level 6	N/A	3	Noted and progressed to QGC
CGG Report		N/A		Noted and progressed to QGC
RMG Report		N/A		Noted and progressed to QGC
SPB Report		N/A		Noted and progressed to F&P
Data Security & Protection Toolkit Audit Report	Level 6	8, 10, 11, 13		Noted and progressed to A&A
IGSG Report	Level 6	8, 10, 11, 13		Noted.

## Trust Management Executive Assurance Report – 14 December 2022

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

### The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
Annual Planning	For review at F&P	For review at Trust Board
Laboratory Information Management System (LIMS) Outline Business Case	For approval at F&P	For approval at Trust Board
Provider Collaboration	For approval at F&P	For approval at Trust Board
Independent Review of East Kent Maternity Service	For assurance at QGC	For assurance at Private Board
CNST Final Evidence Submission	For approval at QGC	For approval at Private Board
Xerox Deed of Variation	For approval at F&P	For approval at Trust Board

### The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Industrial Action Update	N/A	N/A	N/A	Verbal updated noted
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&P
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Tobacco Dependency Business Case	Level 5	N/A	19, 21	Noted and progressed to F&P
Bank & Agency High Earners Update	Level 2	Maintained	7	Noted and progressed to A&A
Dragon dictation and Bluespier Letters Backlog	N/A	N/A		Verbal updated noted
Approach for 2022 Clinical Excellence Awards	Level 6	N/A	9, 10	Approved with conditions
CQC Well-Led Preparation	Level 4	N/A	4, 11	Noted and progressed to QGC
Finance Report: Month 8	Level 3, 4, 6	Maintained	7, 8	Noted and progressed to F&P

## Trust Management Executive Assurance Report – 14 December 2022

Continued...

Item	Level of Assurance	Change	BAF Risk	Decision
Governance Review	Level 4	N/A	All	Noted and progressed to A&A
RMG Report	Level 5	N/A		Noted and progressed to QGC
SPB Report		N/A		Noted and progressed to F&P
SPB ToR		N/A		Approved and progressed to F&P

## Trust Management Executive Assurance Report – 18 January 2023

Accountable Non-Executive Director	Presented By	Author
N/A - Executive	Matthew Hopkins, Chief Executive	Jo Wells, Deputy Company Secretary

### The following items were escalated to Board

Item	Rationale for escalation	Action required by Trust Board
Annual Planning	For review at F&P	For review at Trust Board
Corridor Risk Assessments	For approval at QGC	For approval at Private Board
CNST Contract Governance Award	For approval at F&P	For approval at Private Board

### The following items were reviewed by TME:

Item	Level of Assurance	Change	BAF Risk	Decision
Industrial Action Update	Level 5	N/A	22	Noted and progressed to P&C
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20	Noted and progressed to QGC, & F&P
Maternity Services Safety Report	Level 5	Maintained	2, 4, 9, 10	Noted and progressed to QGC
Finance Report: Month 9	Level 3, 4, 6	Maintained	7, 8	Noted and progressed to F&P
Procurement Strategy		N/A		Noted and progressed to F&P
Nurse Staffing	Level 6	Maintained	9	Noted and progressed to P&C
Midwifery Staffing	Level 5	Maintained	9	Noted and progressed to P&C
Integrated People & Culture Report	Level 5	Maintained	9, 10, 14, 15	Noted and progressed to P&C

The following glossary is provided to help those who are unfamiliar with the abbreviations and terminology used within Worcestershire Acute Hospital Trust.

A list of abbreviations in use throughout the wider NHS can be found here:

<http://www.nhsconfed.org/acronym-buster>

Letter	Abbreviation	Definition
<b>A</b>	A&E	Accident and Emergency
	ALX	Alexandra Hospital
	AHP	Allied Health Professionals
<b>B</b>	BAF	Board Assurance Framework
	BMA	British Medical Association
	BMJ	British Medical Journal
<b>C</b>	CAMHS	Child and Adolescent Mental Health Services
	CAU	Clinical Assessment Unit
	CGG	Clinical Governance Group
	<i>C.diff</i>	Clostridium difficile
	CQC	Care Quality Commission
	CQUIN	Commissioning for Quality and Innovation
	CRR	Corporate Risk Register
<b>D</b>	Datix	Electronic system of risk reporting (incidents/complaints etc)
	DH	Department of Health
	DoLS	Deprivation of Liberty Safeguards
	DNA	Did Not Attend
	DTA	Decision to Admit
	DTOC	Delayed Transfer of Care
<b>E</b>	ED	Emergency Department [A&E]
	EOL	End of Life
	EPR	Electronic Patient Record
	EPRR	Emergency Preparedness, Resilience and Response
	ESR	Electronic Staff Record
<b>F</b>	F&P	Finance & Performance Committee
	FBC	Full Business Case
	FFT	Friends and Family Test
	FOI	Freedom of Information
<b>G</b>	GDPR	General Data Protection Regulation
	GMC	General Medical Council
	GP	General Practitioner
<b>H</b>	H&WHCT	Hereford and Worcestershire Health and Care Trust
	HCSW	Health Care Support Worker
	HDU	High Dependency Unit
	HEE	Health Education England
	HR	Human Resources
	HSE	Health and Safety Executive
<b>I</b>	ICB	Integrated Care Board
	ICS	Integrated Care System
	ICO	Information Commissioner's Office
	ICU	Intensive Care Unit
	IPC	Infection Prevention and Control
<b>K</b>	KPI	Key Performance Indicator

	KTC	Kidderminster Treatment Centre
<b>L</b>	LOS	Length of stay
<b>M</b>	MAU	Medical Assessment Unit
	MFFD	Medically fit for discharge
	MIU	Minor Injuries Unit
	MoU	Memorandum of Understanding
	MRSA	Methicillin-resistant Staphylococcus Aureus
<b>N</b>	NED	Non-Executive Director
	NHSE	National Health Service England
	NICE	National Institute for Health and Care Excellence
	NMC	Nursing and Midwifery Council
	NOF	Neck of Femur
<b>O</b>	OBC	Outline Business Case
	OD	Organisational Development
	OOA	Out of Area
	OOH	Out of Hours
<b>P</b>	PALS	Patient Advice and Liaison Service
	PAS	Patient Administration System
	P&C	People & Culture Committee
<b>Q</b>	QGC	Quality Governance Committee
	QIA	Quality Impact Assessment
<b>R</b>	RAG	Red/Amber/Green (rating)
	RMG	Risk Management Group
	RCA	Root Cause Analysis
	RN	Registered Nurse
	RTT	Referral to Treatment
<b>S</b>	SAU	Surgical Assessment Unit
	SDEC	Same Day Emergency Care
	SFI	Standing Financial Instructions
	SI	Serious Incident
	SLA	Service-Level Agreement
	SOC	Strategic Outline Case
	SOP	Standard Operating Procedure
<b>T</b>	ToR	Terms of Reference
<b>W</b>	WRH	Worcester Royal Hospital
	WRES	Workforce Race and Equality Standard