

# Operational Performance Table | Month 5 [August] 2020-21

Performance Metrics		Operational Standard	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20
EAS	4 Hours (all)	95%	Actual 77.98% <span>✗</span> Trajectory 82.10%	77.68% <span>✗</span> 86.21%	76.49% <span>✗</span> 86.24%	74.47% <span>✗</span> 86.00%	70.17% <span>✗</span> 86.00%	74.23% <span>✗</span> 86.00%	76.15% <span>✗</span> 86.00%	77.90% <span>✗</span> 86.00%	88.92% 86.00%	91.33% 86.00%	88.72% 86.00%	92.60% 86.00%	88.05% 86.00%
	15-30 minute Amb. Delays	-	Actual 1,828 <span>✗</span> Trajectory 855	1,624 <span>✗</span> 831	1,940 <span>✗</span> 673	1,826 <span>✗</span> 655	1,946 <span>✗</span> 704	1,735 <span>✗</span> 706	1,788 <span>✗</span> 642	1,992 <span>✗</span> 470	1,443 470	1,148 470	1,119 470	818 470	933 470
	30-60 minute Amb. Delays	-	Actual 646 <span>✗</span> Trajectory 428	578 <span>✗</span> 416	705 <span>✗</span> 292	813 <span>✗</span> 284	1,004 <span>✗</span> 376	647 <span>✗</span> 377	458 <span>✗</span> 428	413 <span>✓</span> 470	145 470	82 470	150 470	97 470	172 470
	60+ minutes Amb. Delays	0	Actual 252 <span>✗</span> Trajectory 214	264 <span>✗</span> 208	228 <span>✓</span> 269	528 <span>✗</span> 262	797 <span>✗</span> 329	566 <span>✗</span> 330	239 <span>✗</span> 107	88 <span>✗</span> 0	2 0	3 0	25 0	13 0	27 0
RTT	Incomplete (<18 wks)	92%	Actual 80.10% <span>✗</span> Trajectory 86.93%	81.75% <span>✗</span> 86.01%	81.88% <span>✗</span> 86.25%	81.94% <span>✗</span> 85.81%	82.72% <span>✓</span> 82.59%	82.56% <span>✗</span> 83.06%	82.66% <span>✗</span> 82.95%	78.75% <span>✗</span> 82.43%	69.92% 82.43%	59.89% 82.43%	49.95% 82.43%	42.70% 82.43%	47.84% 82.43%
	52+ WW	0	Actual 4 <span>✗</span> Trajectory 0	0 <span>✓</span> 0	0 <span>✓</span> 0	0 <span>✓</span> 0	0 <span>✓</span> 0	0 <span>✓</span> 0	0 <span>✓</span> 0	1 <span>✗</span> 0	7 0	52 0	179 0	483 0	873 0
CANCER	2WW All	93%	Actual 84.32% <span>✗</span> Trajectory 94.02%	82.76% <span>✗</span> 93.83%	82.03% <span>✗</span> 93.96%	90.30% <span>✗</span> 93.37%	91.99% <span>✗</span> 95.58%	87.53% <span>✗</span> 93.34%	93.44% <span>✗</span> 94.05%	93.83% <span>✓</span> 93.10%	90.97% 93.10%	94.69% 93.10%	88.31% 93.10%	89.01% 93.10%	80.58% 93.10%
	2WW Breast Symptomatic	93%	Actual 23.77% <span>✗</span> Trajectory 87.01%	15.52% <span>✗</span> 94.20%	24.06% <span>✗</span> 97.81%	71.96% <span>✗</span> 93.02%	95.92% <span>✗</span> 97.04%	88.82% <span>✗</span> 91.72%	92.25% <span>✗</span> 96.00%	83.94% <span>✗</span> 84.80%	100.00% 84.80%	100.00% 84.80%	70.42% 84.80%	91.95% 84.80%	77.78% 84.80%
	62 Day All	85%	Actual 79.70% <span>✗</span> Trajectory 84.90%	65.86% <span>✗</span> 86.04%	66.37% <span>✗</span> 86.04%	66.87% <span>✗</span> 86.04%	73.25% <span>✗</span> 86.04%	66.50% <span>✗</span> 86.04%	67.75% <span>✗</span> 86.04%	75.82% <span>✗</span> 86.04%	60.81% 86.04%	64.59% 86.04%	72.18% 86.04%	75.08% 86.04%	67.90% 86.04%
	104 day waits	0	Actual 44 <span>✗</span> Trajectory 0	32 <span>✗</span> 0	59 <span>✗</span> 0	64 <span>✗</span> 0	71 <span>✗</span> 0	51 <span>✗</span> 0	58 <span>✗</span> 0	49 <span>✗</span> 0	53 0	98 0	186 0	189 0	107 0
	31 Day First Treatment	96%	Actual 98.11% <span>✗</span> Trajectory 98.15%	98.10% <span>✓</span> 97.35%	98.09% <span>✓</span> 96.73%	98.13% <span>✓</span> 96.99%	96.81% <span>✗</span> 98.30%	92.48% <span>✗</span> 94.07%	96.90% <span>✗</span> 98.91%	97.65% <span>✓</span> 97.22%	97.67% 97.22%	92.82% 97.22%	95.39% 97.22%	97.15% 97.22%	96.94% 97.22%
	31 Day Surgery	94%	Actual 85.2% <span>✗</span> Trajectory 100.00%	88.0% <span>✗</span> 95.00%	76.0% <span>✗</span> 100.00%	85.3% <span>✗</span> 100.00%	76.2% <span>✗</span> 100.00%	59.3% <span>✗</span> 92.68%	63.3% <span>✗</span> 93.33%	90.9% <span>✗</span> 95.83%	97.20% 95.83%	77.80% 95.83%	81.80% 95.83%	73.90% 95.83%	79.30% 95.83%
	31 Day Drugs	98%	Actual 100.0% <span>✓</span> Trajectory 100%	90.9% <span>✗</span> 100%	100.0% <span>✓</span> 100%	97.6% <span>✗</span> 100%	96.8% <span>✗</span> 100%	90.9% <span>✗</span> 100%	100.0% <span>✓</span> 100%	97.8% <span>✗</span> 100%	100% 100%	98% 100%	99% 100%	100% 100%	87% 100%
	31 Day Radiotherapy	94%	Actual 100.0% <span>✓</span> Trajectory 100%	100.0% <span>✓</span> 100%	100.0% <span>✓</span> 100%	100.0% <span>✓</span> 100%	98.8% <span>✗</span> 100%	98.0% <span>✗</span> 100%	98.9% <span>✗</span> 100%	100.0% <span>✓</span> 100%	96.40% 100%	97% 100%	96% 100%	99% 100%	100% 100%
	62 Day Screening	90%	Actual 94.4% <span>✓</span> Trajectory 76.60%	82.5% <span>✓</span> 73.21%	85.7% <span>✓</span> 65.38%	72.2% <span>✗</span> 78.26%	80.0% <span>✗</span> 93.55%	73.5% <span>✓</span> 63.41%	72.2% <span>✗</span> 86.96%	73.9% <span>✗</span> 81.25%	70.60% 81.25%	88.20% 81.25%	0.00% 81.25%	14.30% 81.25%	0.00% 81.25%
	62 Day Upgrade	-	Actual 73.3% <span>✗</span> Trajectory 80.00%	46.7% <span>✗</span> 90.91%	76.9% <span>✓</span> 60.00%	80.0% <span>✓</span> 75.00%	73.1% <span>✓</span> 55.00%	85.7% <span>✓</span> 62.50%	85.3% <span>✓</span> 84.21%	92.4% <span>✓</span> 65.38%	95.50% 65.38%	89.40% 65.38%	92.00% 65.38%	86.70% 65.38%	81.00% 65.38%
	Diagnostics (DM01 only)	99%	Actual 93.17% <span>✓</span> Trajectory 89.52%	94.21% <span>✓</span> 88.25%	95.96% <span>✓</span> 91.28%	95.78% <span>✓</span> 91.91%	94.94% <span>✓</span> 89.77%	95.28% <span>✓</span> 94.99%	97.64% <span>✓</span> 96.71%	94.29% <span>✗</span> 99.03%	33.37% 99.03%	27.52% 99.03%	31.85% 99.03%	34.56% 99.03%	37.20% 99.03%
STROKE	CT Scan within 60 minutes	-	Actual 39.50% <span>✗</span> Trajectory 80.00%	54.70% <span>✗</span> 80.00%	47.70% <span>✗</span> 80.00%	47.70% <span>✗</span> 80.00%	51.00% <span>✗</span> 80.00%	42.90% <span>✗</span> 80.00%	53.40% <span>✗</span> 80.00%	60.90% <span>✗</span> 80.00%	56.30% 80.00%	40.30% 80.00%	50.70% 80.00%	59.50% 80.00%	- 80.00%
	Seen in TIA clinic within 24hrs	-	Actual 74.40% <span>✓</span> Trajectory 70.00%	71.60% <span>✓</span> 70.00%	61.60% <span>✗</span> 70.00%	67.90% <span>✗</span> 70.00%	63.10% <span>✗</span> 70.00%	50.50% <span>✗</span> 70.00%	44.40% <span>✗</span> 70.00%	87.00% <span>✓</span> 70.00%	100.00% 70.00%	100.00% 70.00%	100.00% 70.00%	100.00% 70.00%	- 70.00%
	Direct Admission	-	Actual 50.00% <span>✗</span> Trajectory 90.00%	60.70% <span>✗</span> 90.00%	50.00% <span>✗</span> 90.00%	45.10% <span>✗</span> 90.00%	54.10% <span>✗</span> 90.00%	43.90% <span>✗</span> 90.00%	54.40% <span>✗</span> 90.00%	60.40% <span>✗</span> 90.00%	73.30% 90.00%	78.30% 90.00%	71.10% 90.00%	85.50% 90.00%	- 90.00%
	90% time on a Stroke Ward	-	Actual 78.00% <span>✗</span> Trajectory 80.00%	80.00% <span>✗</span> 80.00%	72.10% <span>✗</span> 80.00%	74.60% <span>✗</span> 80.00%	71.70% <span>✗</span> 80.00%	62.70% <span>✗</span> 80.00%	66.00% <span>✗</span> 80.00%	76.11% <span>✗</span> 80.00%	25.50% 80.00%	65.70% 80.00%	74.60% 80.00%	75.60% 80.00%	- 80.00%

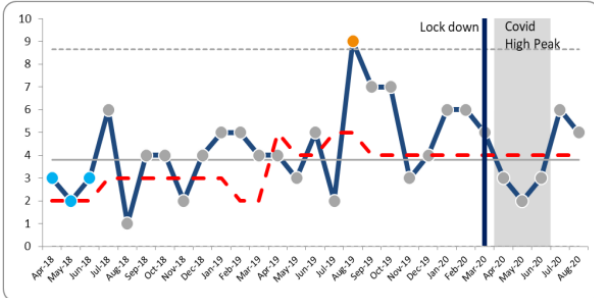
# Month 5 [August] | 2020-21 Quality & Safety Summary

## Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated August 20 as at 09<sup>th</sup> September 2020

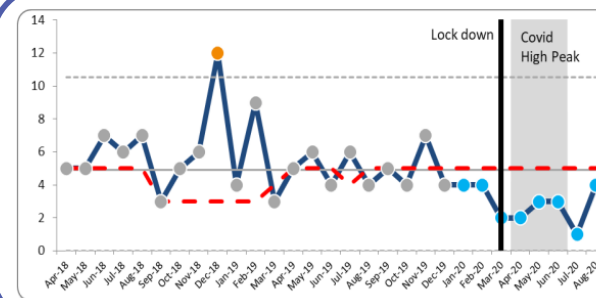
C-Diff

5



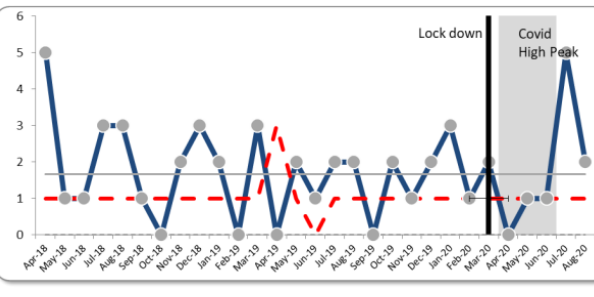
E-Coli

4



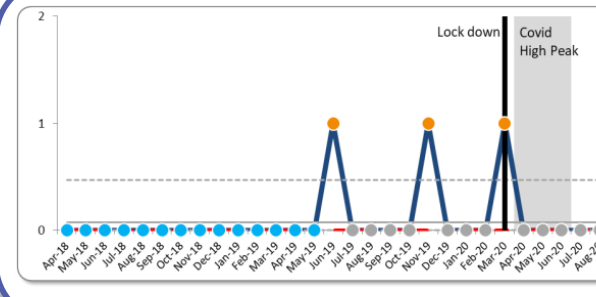
MSSA

2



MRSA

0



## 2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices

C-Diff		E-Coli		MSSA		MRSA	
August month / monthly target	Year to date actual / year to date target	August month / monthly target	Year to date actual / year to date target	August month / monthly target	Year to date actual / year to date target	August month / monthly target	Year to date actual / year to date target
5/5	19/18 EOY target – 53	4/4	13/16 EOY target – 50	2/1	9/5 EOY target – 10	0	0/0 EOY target – 0
<b>What does the data tell us?</b> There have been no HCAI probable or definite COVID-19 infections in August 2020. A further 2 cases of MSSA BSI were reported in August 2020 following the spike in cases detected in June/July 2020. The Trust has now reached the annual target threshold for 2020-21. No current concerns for the other KPIs. There are still no national IPC targets provided. <b>How have we been doing?</b> A review of Staph aureus bacteraemia still identifies blood culture contamination, and issues with the care of intravascular lines as likely causative factors in some cases. Review of patients with C difficile infection has highlighted gaps in the management of diarrhoea. The COVID-19 Board Assurance Framework self-assessment was approved by TME in August 2020, with QGC confirming they were assured by the detailed review process that had been conducted. Trust Board received and approved the COVID BAF in September 2020. Overall a Level 6 assurance has been approved, though Criteria 3 – Antimicrobial Stewardship is a key concern.				<b>What improvements will we make?</b> COVID-19 prevention measures continue, including installation of protective screens between bed-spaces in our COVID-19 areas and the strategy of swabbing. The MSSA BSI Action Group has met several times, providing scrutiny of divisional actions and sharing of learning between divisions. Monitoring of practice is taking place via the High Impact Interventions audits. A rapid review is performed on all new MSSA BSI infections, and they are also now discussed in detail at the TIPCC Scrutiny and Learning Meetings. This has increased the scrutiny in relation to MSSA BSI, with DIPC and CNO oversight. The TIPCC Scrutiny and Learning Meeting held on 2nd September 2020 included a focus on assurance on the management of diarrhoea, and evidence of changed practice. An escalated programme of work on Antimicrobial Stewardship has commenced based upon the national Start Smart Then Focus campaign; each division has a medical antimicrobial lead who is taking forward a divisional plan, a trustwide awareness campaign commenced on 15-09-2020 with messages to staff and screensavers, and a programme of ward-round audits of compliance with Start Smart Then Focus principles is commencing this month. The CMO has written to all medical staff to launch the programme, and set out the expectations in relation to antimicrobial stewardship			
Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (August 2020) Reason: COVID-19 - Trust is on course to provide assurance of significant compliance with the NHSE/I COVID-19 Assurance Framework. NON Covid - Antimicrobial Stewardship is a key concern.				<b>When expected to move to next level of assurance for non Covid:</b> September 2020 following implementation of learning by Divisions from the last 6 months *assuming no significant second Covid 19 wave.			
Previous assurance level (July 2020) –Level 6 COVID-19 / Level 3 for non-Covid (Jul-20)				SRO: Vicky Morris (CNO)			

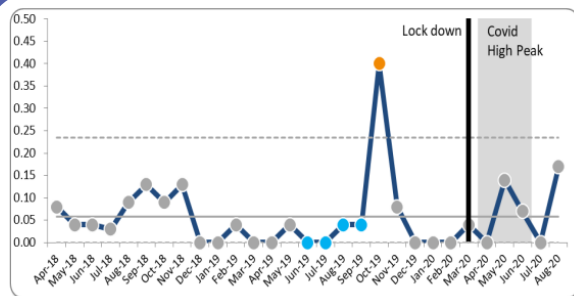
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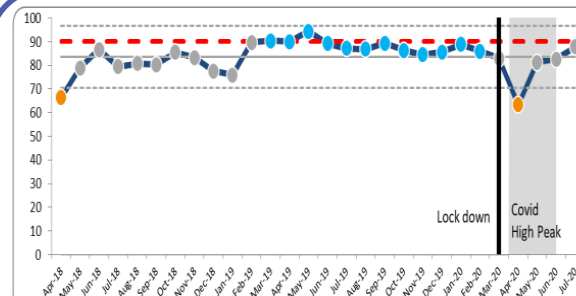
Falls per 1,000 bed days causing harm

0.17



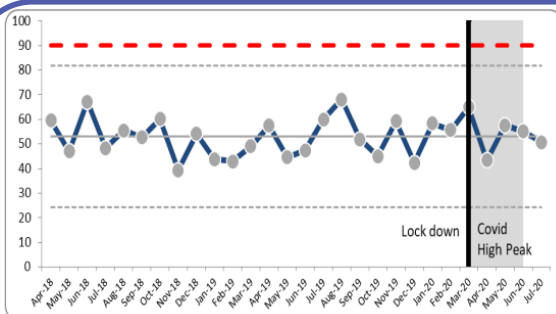
Sepsis Screening Compliance (audit)

87.86



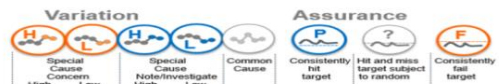
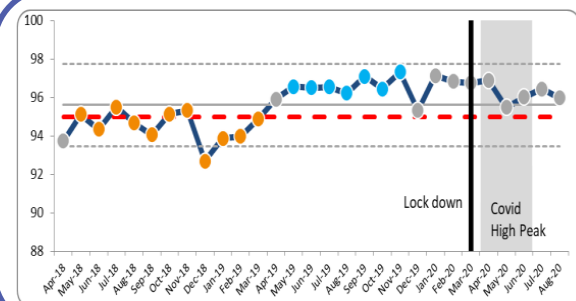
Sepsis 6 Bundle Compliance (audit) (%)

50.70



VTE Assessment Compliance (%)

95.99



Sepsis six bundle completed in one hour	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
50.70%	95.77%	66.2%	90.14%	91.55%	74.65%	85.92%
<p><b>What does the data tell us?</b> The Sepsis six completion based on our previous trend is within statistical variation. The trend does not support us achieving the target. With the exception of Urine and Lactate, the other components perform well and consistently. Specialty Medicine is the Division with the lowest Sepsis six performance.</p> <p><b>How have we been doing?</b> As previously reported the Sepsis six bundle audits have been impacted as the lead consultant is an ITU consultant, who was been dedicated to Covid care during the height of the first wave. We have been working on identifying additional Sepsis leads from each Division to support. The Divisions have been drawing up action plans to improve performance – this will be discussed at the next clinical governance group.</p>		<p><b>What improvements will we make?</b> A Trust wide action plan will be collated from the divisional plans. The Trust lead for Sepsis has re-commenced the Sepsis audits.</p>				
<p><b>Assurance level – Level 2 – August 2020</b> Reason: COVID-19 incident has contributed to a lack of improvement in performance.</p>		<p><b>When expected to move to next level of assurance for non Covid:</b> September 2020 following implementation of the Divisional plans.</p>				
<p><b>Previous assurance level (June 2020) – Level 2</b></p>		<p>SRO: Mike Hallissey (CMO)</p>				

## 2.2 Care that is Effective – VTE assessment and VTE assessments within 24 hours

VTE assessment on admission to hospital		24 hour VTE assessment rates – patients assessed	
August 2020	Target	August 2020	Target
95.99%	95%	56.3%	tbc
<p><b>What does the data tell us?</b> We have consistently achieved the initial VTE assessment on admission target since Q1 19/20, although there is variance between Divisions. Although performance has been close to the 100% the number of patients assessed within 24 hours is only 47% of all patients that are eligible. In the last quarter there were 5 hospital acquired thromboses (HATs).</p> <p><b>How have we been doing?</b> There has been a deep dive into 2 of the HATs, neither patient has come to harm as a result.</p>		<p><b>What improvements will we make?</b> Now that the initial assessments have been embedded and are being recorded more accurately, we are moving the focus to the 24 hour re-assessments. We are completing an audit with support from an independent resource. It is likely that the number of audits is higher than reported and that the data is not captured in the electronic patient system.</p>	
<p><b>Assurance level – Level 3 – August 2020</b> Reason: Requires improvement for the 24 re-assessments</p>		<p><b>When expected to move to next level of assurance :</b> Q4 20/21 – following embedding change made as a result of the audit.</p>	
<p>Previous assurance level - No previous assessment</p>		<p>SRO: Mike Hallissey (CMO)</p>	

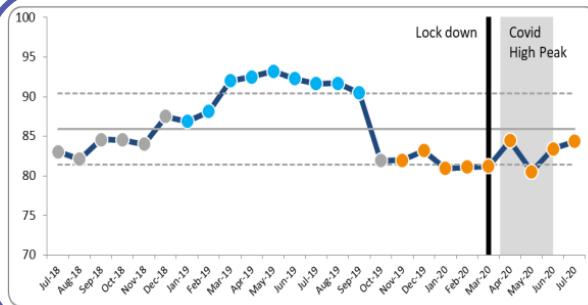
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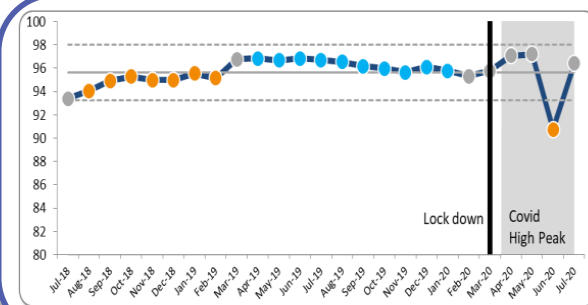
ICE reports  
viewed  
radiology  
(%)

84.38



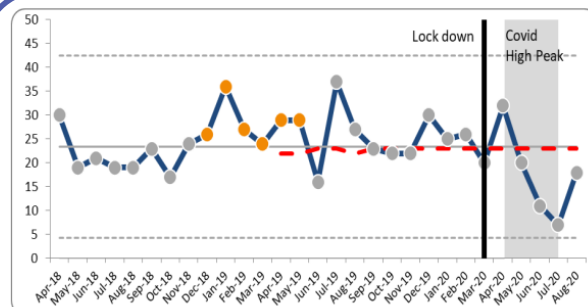
ICE reports  
viewed  
pathology  
(%)

96.41



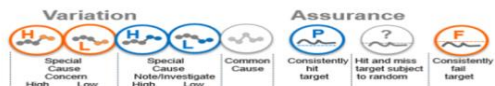
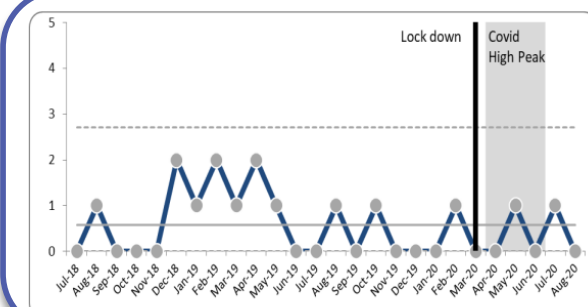
All Hospital  
Acquired  
Pressure  
Ulcers

18



Serious  
Incident  
Pressure  
Ulcers

0



% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
84.38%	59.88%	96.41%	71.98%
<p><b>What does the data tell us?</b></p> <p>Since November there has been a decline in the percentage of reports that have been viewed by Radiology. The SPC chart has shown several points of declining performance and there is a LOW confidence of being able to achieve the target. Other data (not included in the SP charts) there are 4,313 of 60,654 ICE reports that have not been viewed in August (this is across all Inpatients and Outpatients in the Trust), this equates to 7.11%.</p> <p>For pathology reviewed reports, there is only one point in recent months (June 2020) which was of significant decline, since then the months have been within the control limits.</p> <p>Filing for both Radiology and Pathology reports remain low.</p> <p><b>What have we been doing?</b></p> <p>We have been discussing whether there is any risk to patients should we batch close all open reports before 1 August 2020.</p>		<p><b>What will we be doing?</b></p> <p>Batch closure will be implemented for all report from before 1 August 2020.</p> <p>The Divisions have been instructed to ensure all outpatient results, cellular pathology and radiology of whatever age and all from 1 August 2020 need to be view and filed.</p> <p>We have instructed a zero tolerance approach with monthly reviews and management of those who fail to comply.</p>	
<p><b>Assurance level – Not discussed at the last CGG – will be discussed in September and an assurance level provided.</b></p>		<p><b>When expected to move to next level of assurance:</b></p> <p>TBC</p>	
<p><b>Previous assurance level: No previous assurance level</b></p>			



## Also discussed at Clinical Governance Group:

Subject	Summary	Assurance Level
Review of in-hospital deaths of people with learning disability	<p>In August, a review of 12 patient deaths of people with learning disability was carried out; focusing on ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)/resuscitation decisions. The review concluded that, there was evidence that decisions for treatments and resuscitation were based on clinical status and physiological reserve; and that there was no evidence that decisions were made purely on the basis of the presence of a learning disability. However, the following key themes were also identified:-</p> <ul style="list-style-type: none"> <li>• Very few people had evidence of ReSPECT conversations <b>before</b> a hospital attendance</li> <li>• The process of assessing capacity is not <b>routinely</b> referenced</li> <li>• <b>Completion</b> of ReSPECT forms needs improvement</li> </ul>	TBC
National Cancer Survey	Published in June 2020 for 2019 survey results, the Trust has had a declining performance over the last 4 years in the balance of Positive, Neutral and Negative answers. The findings are being discussed with the MDT leads and a plan of action will be drawn up, as well as undertaking our own surveys to gauge if the issues identified in 2019 are still prevalent.	TBC
Harm Reviews	There is evidence of established maturity in the harm review process within the Divisions and the historical backlog of harm reviews outstanding is reducing. The triangulation between monitoring of risk and management of harm across to the Divisional risk registers has been provided but will require on-going focus through the Risk Management Committee. Likewise, learning from harm reviews and evidencing a change in practice as a result, will be expected to feature in the Divisional reports going forwards.	Level 5
Patient Experience	Key developments to support the patient and carer experience since the start of the outbreak, at the end of Q4 and throughout Q1 have focused on the ward environment and supportive tools for patients, carers and whole family wellbeing. Further initiatives were developed in response to an evolving situation and in direct response to public feedback and these were implemented in May and June. The Trust focus to ensure the pause did not end with a backlog was successful. Divisions have responded to 60 complaints during Q1, ensuring that only 52 were open for investigation at the end of the quarter. Q2 focus will deliver targeted support for Divisions, informed by regular and ongoing discussions with Governance Teams/Divisional Leads to establish plans to address each Division's current caseload.	Level 5
Q1 Safer Care Report 2020/21	<b>Pressure Ulcers</b> – Overall as a Trust, we are currently under trajectory – a total of 64 HAPUs in Q1 vs a trajectory of 68. However, there have been 33 PUs in Specialty Medicine against a trajectory of 27. There has been one confirmed category 4 PU. The normal treatment of patients has not been straightforward due to COVID-19 restrictions.	Level 5
	<b>Falls</b> - Performance remains in line with quality improvement strategy trajectories and national benchmarks. A total of 284 falls were reported in Q1. In April (90), May (95) and June (99) the trust remained below the monthly trajectory of 102-3 falls per month.	Level 6
	<b>Dementia &amp; Delirium</b> – although performance is compliant with the trust Dementia Strategy, the redeployment of staff during COVID-19 has impacted our ability to deliver on the actions required.	Level 4

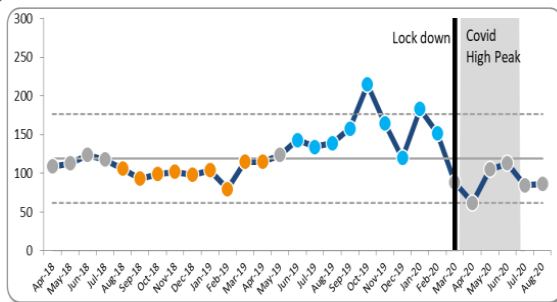
# Month 5 [August] | 2020-21 Quality & Safety Summary

## Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated August 20 as at 09<sup>th</sup> September 2020

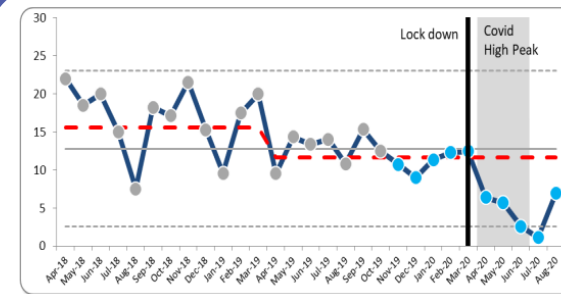
Total Medicine incidents reported

86



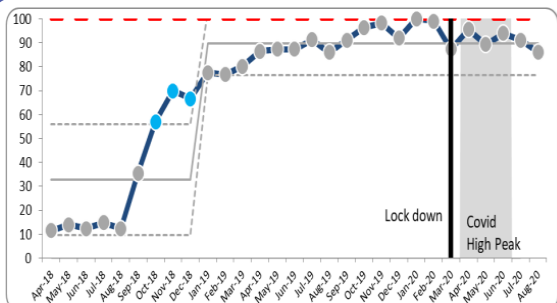
Medicine incidents causing harm (%)

6.98



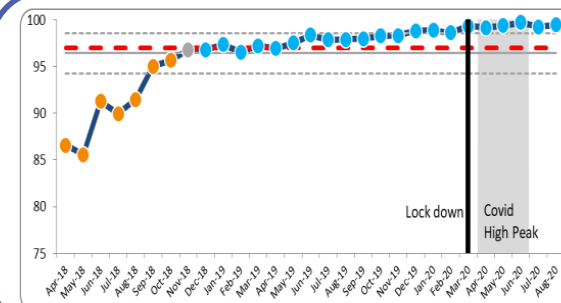
Hand Hygiene Audit Participatio

86.24



Hand Hygiene Compliance (%)

99.49



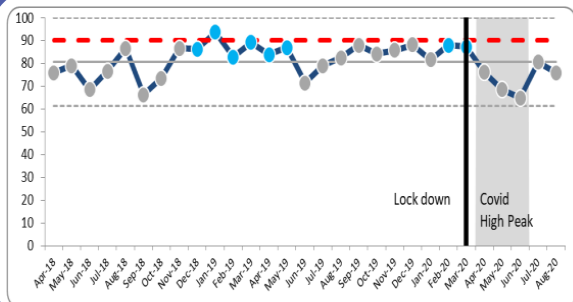
# Month 5 [August] | 2020-21 Quality & Safety Summary

## Care that is Effective / Positive

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated August 20 as at 09<sup>th</sup> September 2020

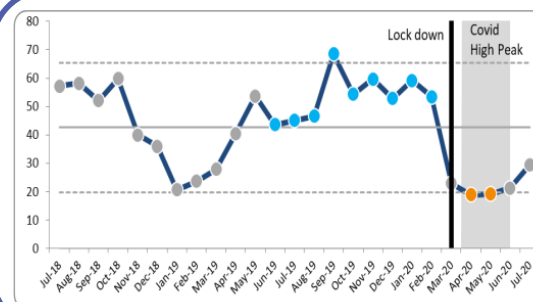
#NOF time to theatre  
≤/36  
hours  
(%)

87.93



Mortality  
Reviews  
completed  
≤/30 days

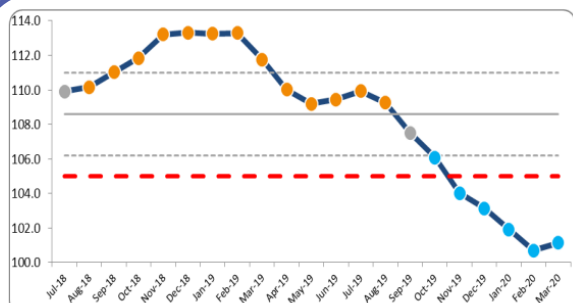
29.46



HSMR 12  
month  
rolling  
average

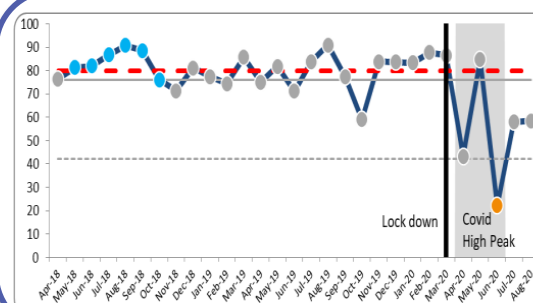
March - 20

101.15



Complaints  
Responses  
≤/ 25 days  
(%)

58.54



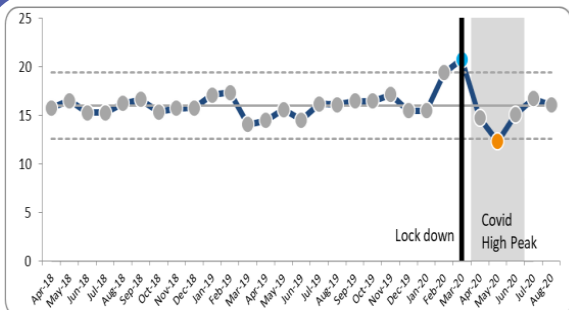
# Month 5 [August] | 2020-21 Quality & Safety Summary

## Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated August 20 as at 09<sup>th</sup> September 2020

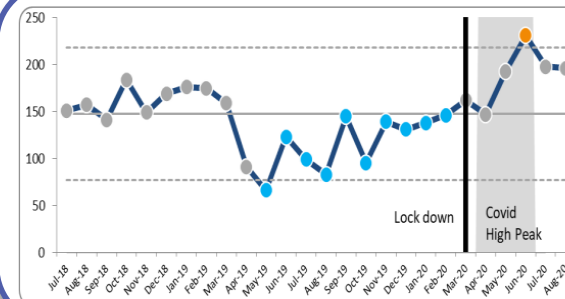
Discharges  
before  
midday  
(%)

16.07



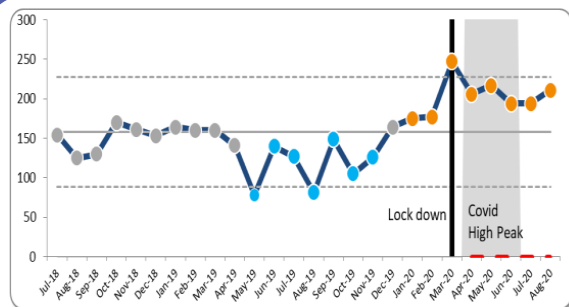
Risks  
overdue  
review

196



Risks with  
overdue  
actions

211



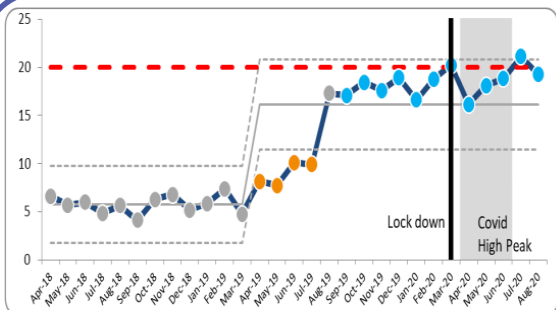
# Month 5 [August] | 2020-21 Quality & Safety Summary

## Care that is Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated August 20 as at 09<sup>th</sup> September 2020

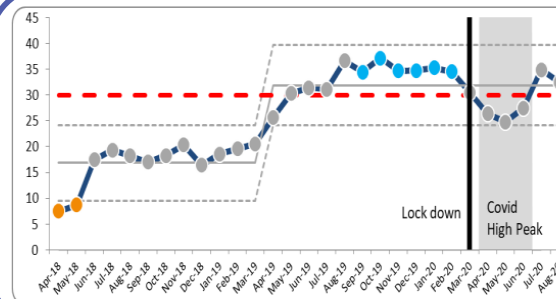
Accident & Emergency Response Rate Friends & Family Test (%)

19.25



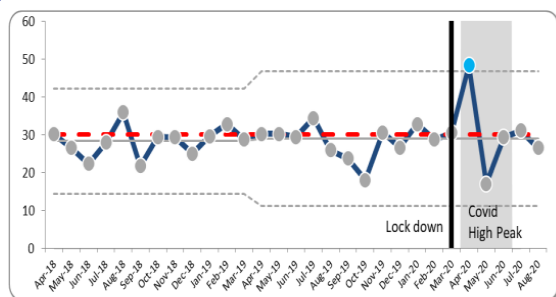
Inpatient Response Rate Friends & Family Test (%)

32.47



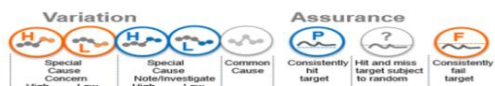
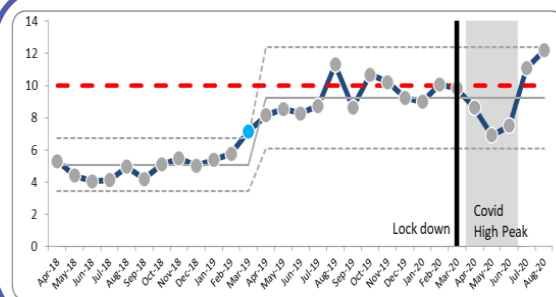
Maternity Response Rate Friends & Family Test (%)

26.59



Outpatients Response Rate Friends & Family Test (%)

12.18



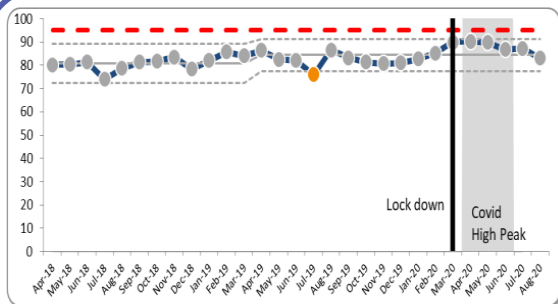
# Month 5 [August] | 2020-21 Quality & Safety Summary

## Care that is Positive Experience

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated August 20 as at 09<sup>th</sup> September 2020

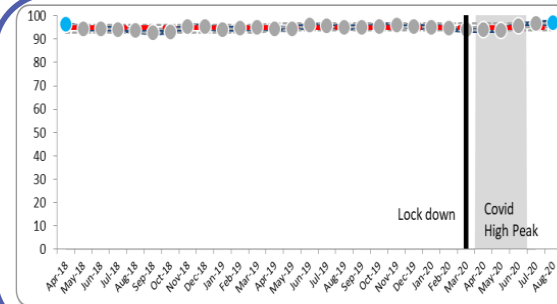
Accident & Emergency  
Recommended Rate  
Friends &  
Family  
Test (%)

83.09



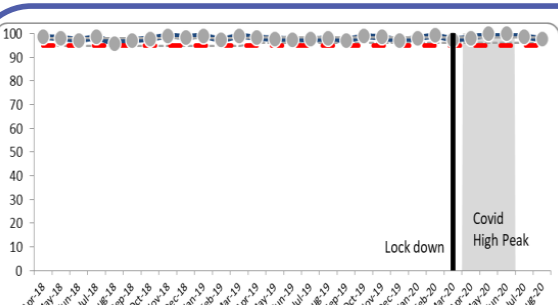
Inpatient  
Recommended Rate  
Friends &  
Family  
Test (%)

97.08



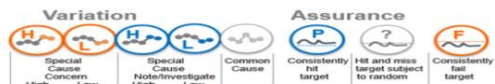
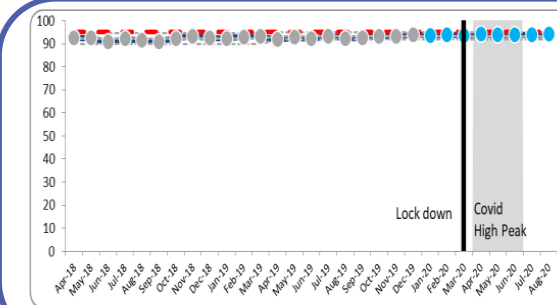
Maternity  
Recommended Rate  
Friends &  
Family  
Test (%)

97.76



Outpatients  
Recommended Rate  
Friends &  
Family  
Test (%)

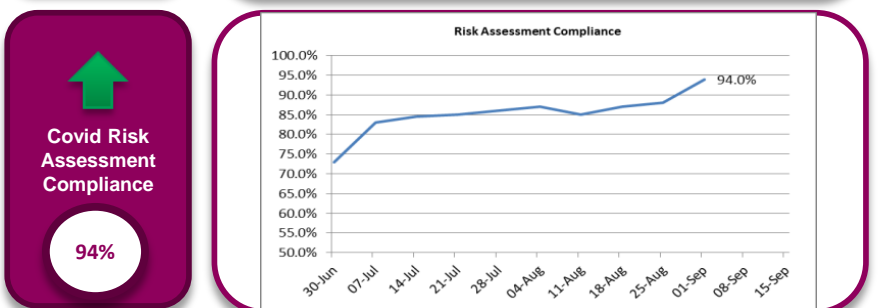
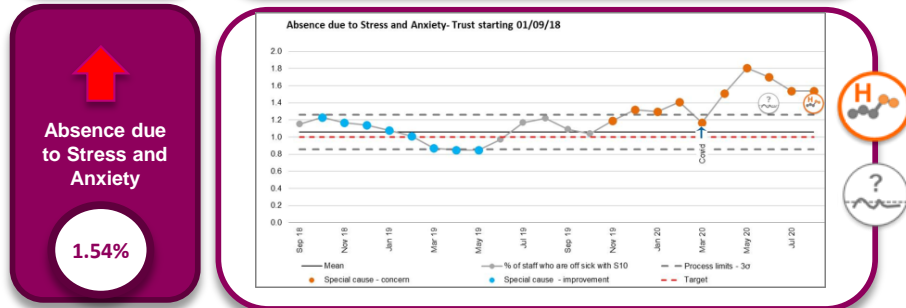
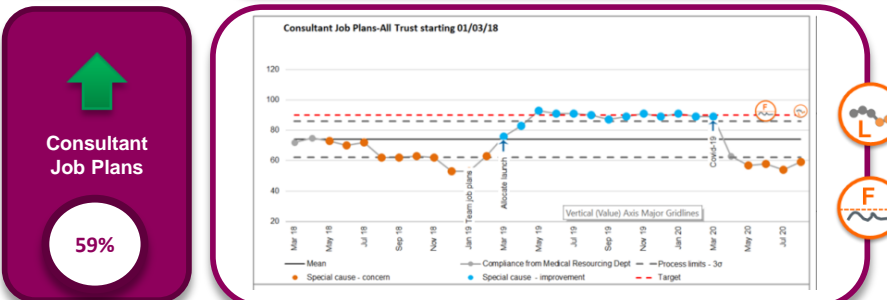
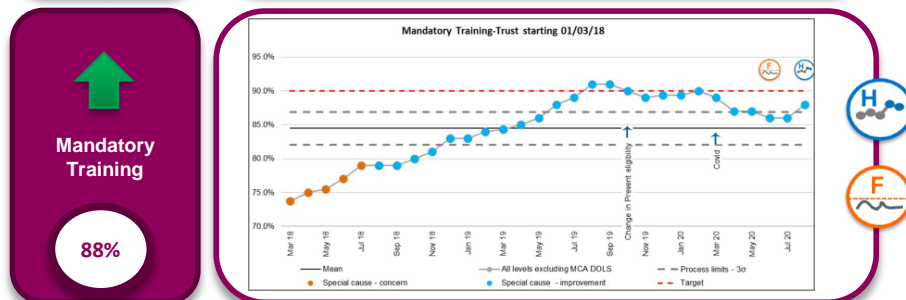
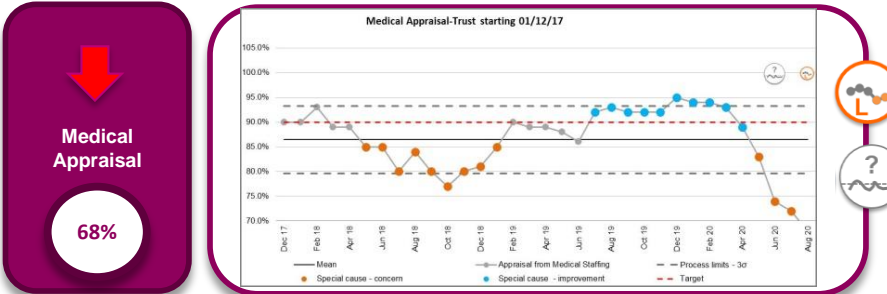
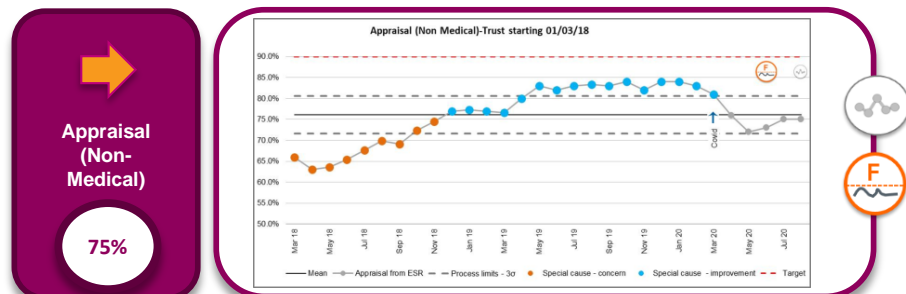
94.2



# Quality & Safety Performance Table Month 5 [August] 2020-21

Performance Metrics			Aug-19		Sep-19		Oct-19		Nov-19		Dec-19		Jan-20		Feb-20		Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20	
Cdiff	0	Actual	9	✗	7	✗	7	✗	3	✓	4	✓	6	✗	6	✗	5	✗	3	✓	2	✓	3	✓	6	✗	5	✗
		Trajectory	5		4		4		5		4		5		4		4		5		5		4		4		4	
Ecoli	0	Actual	4	✓	5	✓	4	✓	7	✗	4	✓	4	✓	4	✓	2	✗	2	✓	3	✓	3	✓	1	✓	4	✓
		Trajectory	5		5		5		5		5		5		5		5		4		4		4		4		4	
MSSA	0	Actual	2	✗	0	✓	2	✗	1	✓	2	✗	3	✗	1	✗	2	✗	0	✓	1	✓	1	✗	5	✗	2	✗
		Trajectory	1		1		0		1		1		1		0		0		3		3		0		0		0	
MRSA		Actual	0	✓	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓	0	✓	0	✓
		Trajectory	0		0		0		0		0		0		0		0		0		0		0		0		0	
Hospital Acquired Deep Tissue injuries	0	Actual	6	-	9	-	6	-	7	-	12	-	12	-	5	-	8	-	15	-	5	-	3	-	3	-	1	-
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
Falls per 1,000 bed days causing harm	0	Actual	0.04	✓	0.04	✓	0.04	✓	0.08	✗	0.04	✓	0.00	✓	0.04	✓	0.08	✗	0.00		0.14		0.07		0.00		0.17	
		Trajectory	0.04		0.04		0.04		0.04		0.04		0.04		0.04		0.04		-		-		-		-		-	
% medicine incidents causing harm	0%	Actual	10.87%	✓	15.34%	✗	12.50%	✗	10.78%	✓	9.02%	✓	11.41%	✓	10.67%	✓	8.24%	✓	6.45%		5.71%		2.65%		1.16%		6.98%	
		Trajectory	11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		11.71%		-		-		-		-		-	
Hand Hygiene Audit Participation	100%	Actual	85.96%	✗	91.07%	✗	96.43%	✗	98.21%	✗	91.96%	✗	100.00%	✓	99.11%	✗	78.76%	✗	95.65%		89.25%		93.88%		91.18%		86.24%	
		Trajectory	100%		100%		100%		100%		100%		100%		100%		100%		-		-		-		-		-	
Hand Hygiene Compliance to practice	97%	Actual	97.92%	✓	97.98%	✓	98.28%	✓	98.35%	✓	98.84%	✓	98.90%	✓	98.64%	✓	99.35%	✓	99.17%		99.38%		99.73%		99.28%		99.49%	
		Trajectory	97%		97%		97%		97%		97%		97%		97%		97%		-		-		-		-		-	
VTE Assessment Rate	95%	Actual	96.23%	✓	97.10%	✓	96.45%	✓	97.33%	✓	95.32%	✓	97.14%	✓	96.83%	✓	96.76%	✓	96.91%		95.49%		96.03%		96.45%		95.99%	
		Trajectory	95%		95%		95%		95%		95%		95%		95%		95%		-		-		-		-		-	
Sepsis Screening compliance	90%	Actual	86.83%	✗	89.30%	✗	86.35%	✗	84.51%	✗	85.64%	✗	88.89%	✗	86.03%	✗	82.99%	✗	63.25%		81.30%		82.59%		87.86%		-	
		Trajectory	90%		90%		90%		90%		90%		90%		90%		90%		-		-		-		-		-	
Sepsis 6 bundle compliance	100%	Actual	68.09%	✗	51.96%	✗	45.00%	✗	59.26%	✗	42.31%	✗	58.33%	✗	55.74%	✗	64.94%	✗	43.37%		57.58%		55.07%		50.70%		-	
		Trajectory	90%		90%		90%		90%		90%		90%		90%		90%		-		-		-		-		-	
#NOF time to theatre <=36 hrs	95%	Actual	82.46%	✗	88.00%	✓	84.21%	✗	85.71%	✓	88.27%	✓	81.67%	✗	87.93%	✓	87.30%		76.10%		68.42%		64.79%		80.65%		75.95%	
		Trajectory	85%		85%		85%		85%		85%		85%		85%		85%		-		-		-		-		-	
Mortality Reviews completed <=30 days	100%	Actual	46.58%	-	68.57%	-	54.31%	-	59.74%	-	52.91%	-	59.24%	-	53.53%	-	22.94%	-	18.95%		19.25%		21.32%		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
HSMR 12 month rolling average	100	Actual	109.26	-	107.52	-	106.08	-	104.02	-	103.14	-	101.92	-	100.70	-	101.15	-	-		-		-		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
Complaints responses <=25 days	85%	Actual	90.91%	✓	77.50%	✗	58.93%	✗	83.78%	✓	83.67%	✓	83.33%	✓	87.76%	✓	86.49%	✓	43.33%	✗	84.62%	✓	22.22%	✗	58.06%	✗	58.54%	✗
		Trajectory	80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%	
ICE viewed reports [pathology]	100%	Actual	96.54%	-	96.19%	-	95.97%	-	95.64%	-	96.10%	-	95.79%	-	95.33%	-	95.77%	-	97.06%		97.19%		90.76%		96.41%		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
ICE viewed reports [radiology]	100%	Actual	91.69%	-	90.46%	-	81.95%	-	82.01%	-	83.19%	-	80.96%	-	81.13%	-	81.22%	-	84.46%		80.56%		83.42%		84.38%		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	





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



Appraisal and Medical Appraisal	Consultant Job Planning	Mandatory Training and Core Essential to Role Training	Absence due to Stress and Anxiety (S10)	Covid Risk Assessment Compliance
75% and 68%	59%	88% and 87%	1.54%	94%

### What does the data tell us?

- **Appraisal** – Compliance is unchanged this month at 75% and is 8% lower than the same period last year. The Electronic Staff Record system continues to send automated reminders to managers and individual staff 4 months before expiry. Reduction in compliance is due to a pause during the first wave of the pandemic but divisions are now focusing on improving compliance.
- **Medical Appraisal** – Medical appraisal has reduced by 4% this month to 68% due to the pause during the first wave of the pandemic. Monthly reports have been reinstated. The drop in performance is showing as a statistical cause for concern on the SPC chart.
- **Consultant Job Plans** – Job planning activity increased in August and the overall Trust position for Consultants improved by 5% to 59%. Urgent Care are receiving training from Medical Resourcing in utilising the Allocate system. Oncology, Haematology and Breast Surgery have scheduled meetings for September and Obs & Gynae have a job plan review in September. 4 out of 5 divisions have improved their performance this month, in particular Women and Children's with a 21% increase.
- **Mandatory Training** – Mandatory Training compliance improved by 2% this month to 88% which is the biggest improvement this year against a 90% target. This coincides with the end of shielding when staff who were unable to work from home may have not accessed ESR for e-learning. Information Governance is required to be 95% compliant by the end of September for the IG Toolkit and reminders have been sent to divisions and included on the ESR portal.
- **Essential to Role Training** – A separate Essential to Role dial on ESR was launched in February 2020 with ReSPECT and MCA/DoLs as the first topics uploaded. This is the only Trust in our Region to have established this functionality and we have been asked to demonstrate this at the Regional Special Interest Group. MCA and DoLs compliance has remained high since competencies were uploaded into ESR. Now that RePECT has been uploaded we are seeing steady improvement with 6% increase in Awareness this month, and 2% in Authorship. The overall core Essential to Role compliance on the topics uploaded is 87%
- **Absence due to Stress and Anxiety (S10)** – The Trust is monitoring an increase in staff reporting sick with stress and anxiety which is around 0.5% higher than last year and started to increase in June following changes to social distancing/shielding rules. The current absence due to S10 is 1.54%
- **Covid Risk Assessment Compliance** – NHSI have required all Trusts to report Covid Risk Assessment compliance with a 95% target by 2<sup>nd</sup> September. The Trust was at 94% at the end of August and was on trajectory to meet the target.

### National Benchmarking (August 2020)

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

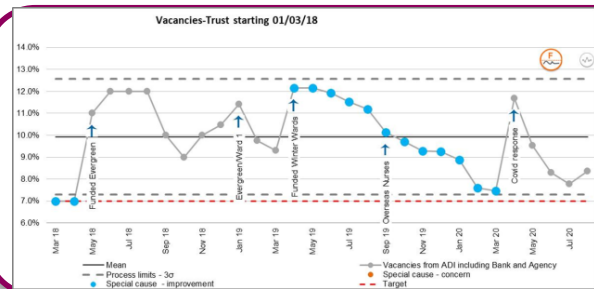
50

# Month 5 [August] 2020-21 Workforce Performance Summary

Responsible Director: Director of People and Culture | Validated for August -20 as 16<sup>th</sup> September 2020

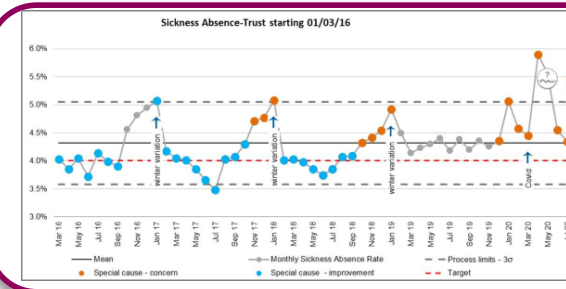
Vacancy Rate

8.37%



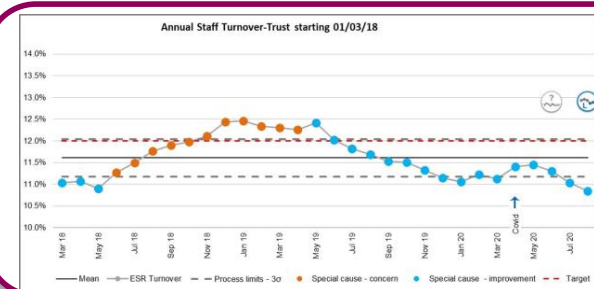
Monthly Sickness Absence

4.4%



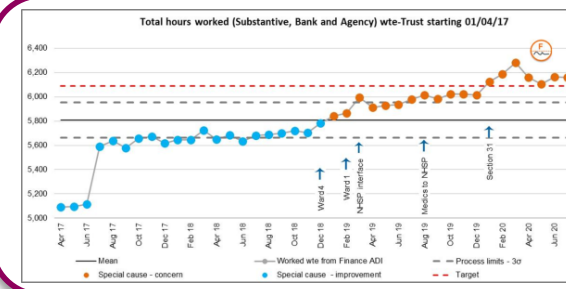
Staff Turnover

10.84%



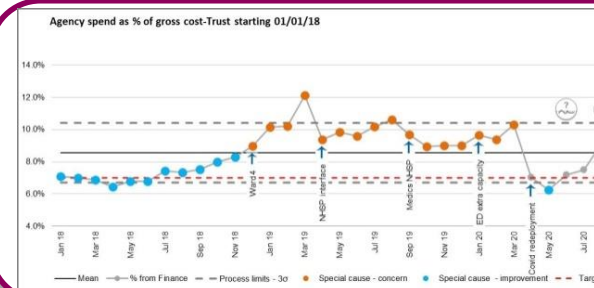
Total Hours worked

6161 wte



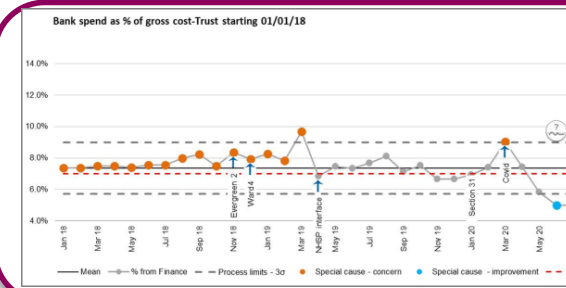
Agency Spend as a % of gross cost

9.09%



Bank Spend as a % of gross cost

5.36%



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

Substantive Vacancy Rate and overall vacancy rate (including bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	Staff Annual Turnover	Total Hours worked (including substantive bank and agency)	Agency and Bank Spend as a % of Gross Cost
5.05% and 8.37%	4.40% and 4.91%	10.84%	6161.58 wte	9.09% and 5.36%

### What does the data tell us?

- **Vacancy Rate** – Vacancy rates have continued to improve despite the pandemic, and the 7% target has been met. The 8.37% vacancy rate (which includes all funded bank and agency) is 2.81% lower than the same period last year which is a significant achievement due to successful recruitment campaigns, international recruitment and improved retention of staff.
- **Monthly Sickness Absence Rate** – sickness has increased by 0.06% this month but is only 0.02% higher than the same period last year. However, this does not take account of COVID related absence which is nationally recorded as other leave and does not impact on sickness rates or sickness entitlement. Cumulative sickness is unchanged at 4.91%.
- **Staff Turnover** – Staff annual turnover has improved to 10.84% against a new target of 11%. Our turnover rate is 0.85% better than the same period last year.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff in August increased by 2.16 wte to 6161.58 against a funded establishment of 6278.
- **Agency Spend as a % of Gross Cost** – Agency spend increased by 1.59% this month due to the restoration of services.
- **Bank Spend as a % of Gross Cost** – bank spend increased this month by 0.36%.

### National Benchmarking (July 2020)

The Trust is in Quartile 3 for sickness on Model Hospital with 4.49% in June compared to 4.13% national average and 4.02% within our Peer group. The latest ONS vacancy rate for the NHS is 8.1% which means that the Trust is not an outlier. Monthly turnover has improved by 0.16% on Model Hospital but remains in Quartile 4 as other Trusts have also improved.

# Annual Plan Strategic Objectives: Workforce

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure
		87.9%	

## Annual Plan: Strategic Objectives | Best people

Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.

### How have we been doing?

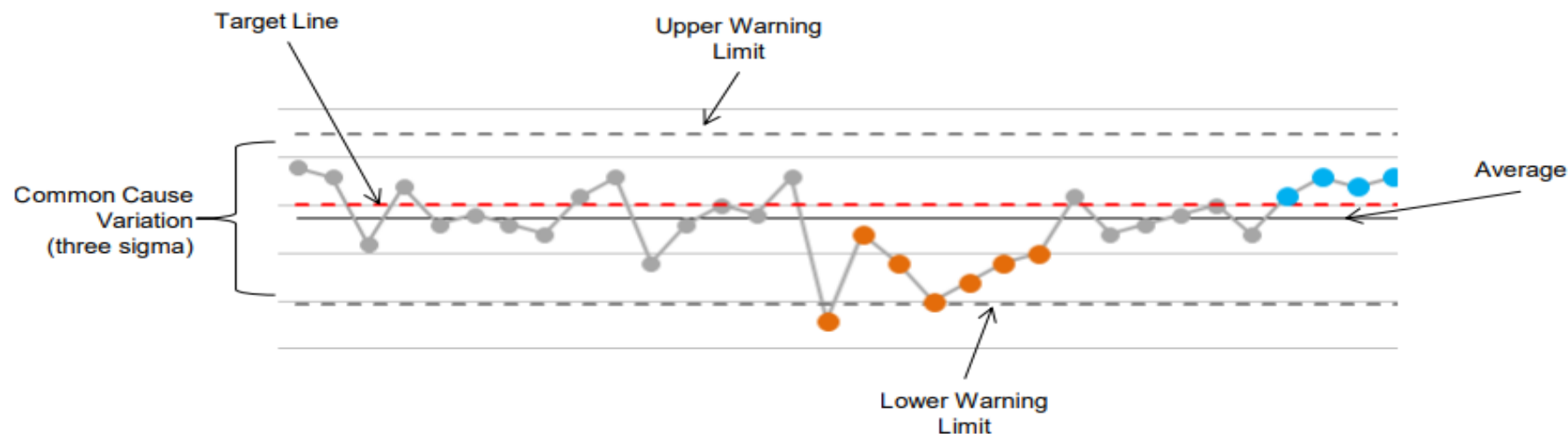
#### Included below are business as usual updates.

- Appraisal rates have not deteriorated this month as business as usual commences following a pause during wave 1 of the pandemic
- Vacancy rates are on an improving trajectory and target has been met for substantive vacancies
- Turnover met the new stretch target of 11%
- Sickness absence rate is below the pre-COVID HEE average of 5%
- Although bank spend has remained broadly the same there has been an increase in agency spend
- Mandatory Training compliance has stabilised and improving following 4 months of deterioration during wave 1 of the pandemic
- Business Plan approved for the purchase of additional Allocate licences to enable further rollout to AHP's and other staff groups

### What improvements will we make?

- Work with NHS Professionals to increase the bank so that we can avoid agency spend wherever possible
- Embedding of Locum on Duty which affords similar functionality to the nursing interface.
- Resourcing of e-rostering team to enable rollout of employee on line and manager access for AHP's and other staff groups
- Rollout of further core essential to role topics on OLM/ESR
- Restart of international recruitment programme now that flight restrictions are lifted
- Further embed the Allocate e-job plan system to drive up compliance

**Overarching Workforce Performance Level – 4 – August 2020**  
**Previous Assurance Level - 4 – July 2020**



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

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

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

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

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

## Committee Assurance Reports

Trust Board  
15<sup>th</sup> October 2020

Topic	Page
Operational & Financial Performance	
• Finance and Performance Committee Assurance Report	2
Quality & Safety	
• Quality Governance Committee Assurance Report	3 - 4
People & Culture	
• People & Culture Committee Assurance Report	5 - 6

## Finance & Performance Committee Assurance Report – 30<sup>th</sup> September 2020

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

### Executive Summary

The Finance & Performance Committee met virtually on 30 September 2020. Unfortunately we were unable to conduct all our business within the allotted time and I have requested an additional meeting to conclude the work of the Committee. I was also concerned that the committee would not be able to fulfil its purpose, due to the timing, size and number of the papers. We agreed to evaluate this in a separate meeting.

**Strategy:** We received the Annual Plan Phase 3 submission which gave an outline of the work required in the next few months. The biggest risk to the Trust achieving the work is the necessity for additional workforce (32.5 wte). We also identified a significant financial risk for the STP as well as the Trust (10M for the Trust). The submission was by the STP and we were informed that the STP would be compared to the rest of the Midlands. Currently the STP is an outlier on finance and elective activity. The submission was made on 21 September with a further submission on 30 September which covered a second spike in COVID-19. This is on the Board's agenda.

We then considered recovery and reset. The Clinical Services Strategy refresh is progressing with confirm and challenge meetings having been held. We were pleased to hear that a Health Inequalities Board is being set up across the STP and the Trust is an active member. We recommend the memorandum of understanding between the trust and University Hospitals Birmingham. This is on the private agenda.

**Items for approval:** The Committee recommends to the Board the contract for biochemistry Managed Equipment Service, and the Technical Services proposal, provided that clear insight is given into the full financial impact on the Trust P&L for the duration of the contracts. Both contracts are on the private agenda. We considered the Radiology Information System Software and Licenses Contract and requested further work to be undertaken.

**Integrated performance report:** This is on the Board agenda. We agreed the top three items are phase 3, workforce and the elective waiting list. We were pleased to hear of the improved position with respect to diagnostics with CT scanning running at 92% of pre-covid levels and endoscopy at 107%. But we were not able to conclude this agenda item.

A further meeting was held to conclude the business on 8 October and I will give a verbal update at the meeting in respect of the business conducted.

### Background

The Finance and Performance Committee is set up to assure the Board with respect to the finance and performance agenda.

### Recommendations

- The Board is requested to
- Receive this report for assurance.

## Quality Governance Committee Assurance Report – 1<sup>st</sup> October 2020

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

### Executive Summary

The Quality Governance Committee met virtually on 1 October.

**Infection, Prevention and Control:** We approved the IPC Annual Report on behalf of the Board and it can be viewed here

<https://www.worcsacute.nhs.uk/patient-information-and-leaflets/documents/2672-annual-infection-prevention-control-report-2019-20>

The report was structured so that it showed alignment to the Hygiene Code so that adherence to the Code could be declared. COVID-19 has been added to the forward plan and additional actions have been identified with respect to antimicrobial prescribing. We heard examples of culture change taking place in the management of the IPC agenda. We also approved the neonatal cot spacing work which was undertaken as part of the national BAF for COVID and IPC.

**Quality Special Measures:** We were pleased to receive the letter showing that the Trust has been removed from Special Measures. Congratulations to all.

**Phase 3 submission:** We received this and it is on the Board agenda for today's meeting.

**IPR:** We received the report which is on the agenda for today's meeting. We were pleased to see the new format. We were concerned about the VTE performance (reassessment) as well as sepsis. It was evident during our discussions that the digital care record is intrinsic to ensuring better safe high quality care and we were pleased to hear of the digital clinical reference group. We have requested a report from the group in the future. Assurance levels – as per the report.

**Mortality report:** We were very pleased with the progress made in relation to mortality. HSMR is now 100.47. The full complement of medical examiners has now been recruited to and this will enable real time reviews to take place. Whilst learning from deaths takes place within the serious incident meetings, I have requested that this is detailed within the next mortality report. Assurance level 5.

**Path to Platinum:** We were pleased that the Path to Platinum has been restarted following suspension during the pandemic. There has been a focus on the quality audits and activities of daily living as well as fundamentals of care. The Patient and Public Involvement Forum is also being involved. Assurance level 5.

**Health Education England Action Plan:** There had been a visit from HEE on 17 September which showed good progress.

**Nurse and midwifery staffing report:** We were pleased that staffing levels were safe during the month of July. Assurance level 4.

**LGBT+ - review of actions:** We received an updated action plan relating to the report by HealthWatch. Good progress is being made. Further updates will be received by the Equality and Diversity Committee.



## Quality Governance Committee Assurance Report – 1<sup>st</sup> October 2020

### Executive Summary (cont.)

**QIA panel report:** We were pleased that this approach is being discussed within the health economy to ensure that actions in one part of the health economy were not detrimental to other parts. Assurance level 5

We received a deep dive into Risk and Governance at divisional level and it was clear that progress was being made. We also received a briefing on the National Patient Safety Strategy and we will continue to receive updates as part of our regular work plan.

We commented that the papers overall showed progress in many areas, which was very pleasing.

### Background

The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.

### Recommendations

The Board is requested to

- Note that the Committee received the Infection, Prevention and Control Annual Report, on behalf of the trust board
- Note that the Committee received assurance in relation to cot spacing (IPC national BAF)
- Receive this report for assurance.

## People and Culture Committee Assurance Report – 6<sup>th</sup> October 2020

Accountable Non-Executive Director	Presented by:	Author
Mark Yates Non-Executive Director	Mark Yates Non-Executive Director	Kimara Sharpe Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
BAF number(s)		9, 10, 11, 12

### Executive Summary

The Committee met virtually on 6 October 2020. It was a long meeting but I feel that we have a grip on the agenda and progress is being made in this area.

- **Freedom to Speak up – update:** We received the routine quarterly update from Mel Hurdman, our Freedom to Speak Up Guardian. Training has been rolled out (external training) to all champions and is available for managers. We also were informed that a section on detriment had been added to the FTSU policy. Communications continues across the Trust and a new portal has been set up. There are robust links with the BAME staff network.

I was pleased that two FTSU champions joined the call and it was heartening to hear their enthusiasm with the role and function. We benchmark well for numbers of issues raised. We heard how important the function is to work alongside the middle managers and leaders for patient safety.

- **Guardian for Safe Working (April to August):** We received this report on behalf of the Trust Board. We heard that the number of exception reports had decreased significantly to 10% of the previous number of reports in the same period. We were pleased that three junior doctors were able to attend the meeting and give their first hand view of their experiences. We heard varied experiences, a lot of which were very concerning and have been picked up by the CMO, Guardian of Safe Working and the HR department. Support from supervisors (clinical and educational) was also varied and very dependent on the specialty involved. Knowledge about the ability to escalate was also varied. The CEO gave a commitment to following up the comments in detail. I gave a commitment that the junior doctors will get feedback in relation to the comments.
- **Annual Plan Phase 3 Submission, Phase 3 Response to COVID-19 – Final Submission, Command Structure Review:** We received these papers for information.
- **Phase 3 Workforce Plan:** The final submission showed an increase of 32.5wte in excess of existing establishment to deliver the activity needed by March 2021. This is a big risk to the Trust to ensure workforce supply, particularly in the light of higher absence rates for COVID, flu vaccine, COVID vaccine programme and adult critical care staffing requirements. (The latter 2 are not included in the plan.) We received the detail of the increases in staffing needed. Most increase in staff needed will be through bank and agency (through NHS P). We are also actively looking at international nurse recruitment. We heard details of the staff escalation policy for the Trust and across the system.
- **Integrated People and Culture Report:** The paper addressed the approach to the response to the NHS People Plan. We were shown the strategy framework for the system and the Trust and we requested that further alignment needs to take place. In terms of the well being support, there are plans for a mental health risk assessment and subsequent tailoring of support for staff members. The staff survey includes questions on well being and we were pleased that work is being progressed with the unions on this issue.
- **Flu Campaign:** Flu Champions are implementing the vaccine across the Trust in accordance with the priority areas. We have had two deliveries of the vaccine so far.

## People and Culture Committee Assurance Report – 6<sup>th</sup> October 2020

### Executive Summary (cont.)

- **What kind of leaders do we need now and in the future:** This paper outlined the work that is being undertaken with leaders across the Trust in respect of successful leadership, training and development, competences. The output will be the definition/descriptors for leaders and a more holistic approach to leadership development which will include experiential opportunities as well as more formal training courses as part of the Trust's future expectations for leaders. The descriptors will link to the pyramid and also to management and development. The descriptors will be used within recruitment as well as within the Trust. This work is part of the Trust's drive to not only improve our current leadership at all levels but also provide a pipeline of potential future leaders. This leadership offer will also include opportunities to learn from and work with partners from outside the NHS.
- **Communications and Engagement Strategy Update:** We noted the work needed to implement the Accessibility Standard. We also celebrated a number of actions including the 3<sup>rd</sup> birthday of 4ward, the advocate community, improved CQC ratings and movement out of Quality Special Measures.
- **Divisional Portfolios:** This provided an update on the divisional structures which will be implemented by the end of March 2021. The senior leadership teams have been recruited to and currently work is underway on the next layers. We will be using the leadership development competencies in the this work.
- **Nursing and Midwifery Staffing Report – July 2020:** Levels of staffing were safe during July. We heard details of the newly rejuvenated international nurse recruitment which is progressing well. 71 student nurses have accepted permanent posts within the Trust following the COVID pandemic. This is higher than normal. There are high levels of activity in maternity in September.
- **Employee Relations Casework Report:** Employee relation casework continues to increase. The main areas are within grievances, conduct and health and dignity at work cases. Surgery is an outlier. Some of the themes include leadership, communication and management style. I was very concerned about the time delays in some of the casework and have asked for improvements in the next report. A 'culture heatmap' will be presented to the Committee at its next meeting.
- **Other reports:**
  - **People and Culture Risk Register:** 31 risks on the risk register. 4 new risks (one extreme risk – workforce supply).
  - **JNCC and MMC Notes:** : We noted the notes of the MMC and JNCC meetings taken place since our last meeting.
  - **Workplan:** We noted our workplan.

### Background

The People and Culture Committee is set up to assure the Board with respect to the people agenda.

### Recommendations

The Board is requested to note this report for assurance.

Meeting	Trust Board
Date of meeting	15 October 2020
Paper number	G

### Audit and Assurance Committee Assurance Report

For approval:		For discussion:		For assurance:	x	To note:	
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<b>Accountable Director</b>	Steve Williams Audit and Assurance Committee Chairman		
<b>Presented by</b>	Steve Williams Audit and Assurance Committee Chairman	<b>Author /s</b>	Kimara Sharpe Company Secretary

### Alignment to the Trust's strategic objectives

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

Committee/Group	Date	Outcome

<b>Recommendations</b>	The Trust Board is requested to <ul style="list-style-type: none"> <li>Note the report for assurance.</li> </ul>
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<b>Executive summary</b>	This report summarises the business of the Audit and Assurance Committee at its meeting held on 15 September 2020.
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### Risk

<b>Key Risks</b>	The Committee reviews all significant risks.						
<b>Assurance</b>							
<b>Assurance level</b>	<b>Significant</b>		<b>Moderate</b>		<b>Limited</b>		<b>None</b>
<b>Financial Risk</b>							

Meeting	Trust Board
Date of meeting	15 October 2020
Paper number	G

## Introduction/Background

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. Membership is three Non-Executive Directors.

The Committee has met once since the last report on 15 September 2020.

## Issues and options

Key areas discussed are as follows:

- **Local Security Management Service:** the Director of Estates presented the security annual report. We were assured with the plans in place to replace the position through the temporary support of cwaudit and then locally trained Health and Safety Officer when the national training becomes available (currently there is no accredited national provider for this training).
- **Cybersecurity update:** the Deputy CDO attended to give the routine cybersecurity update. We were informed that capital has made available to ensure the upgrade of systems to enhance our cybersecurity. Clinical engagement was taking place via the preparations for the digital care record. We were pleased with the raising of awareness in respect of non-compliant IT systems and an amnesty in place for systems to be migrated to Trust systems. Board cybersecurity training will take place in February 2021.
- **Data Quality update:** We were informed of the audit work in progress particularly to support Home First Worcestershire. Other work has been paused due to COVID but work is now beginning to intensify.
- **Evaluation of the People and Culture Committee:** The Chair of this committee presented the annual review of the Committee. The Committee has made considerable progress with the agenda. We were pleased to hear of the staff attending the group on a regular basis to discuss a specific topic. Concern was expressed about the lack of attendance by the COO as they were considered essential in the work of the Committee. We were also pleased to see the overlap of NED membership of the committees from January.
- **Clinical Audit:** The deputy CMO attended to present the report on clinical audit to the Committee. Nationally the Trust participates in almost 100% of the audits required. Local audits will be changed to be quality improvement projects to enhance the
- **External Audit:** The Committee approved the external audit fee and agreed to support a tendering exercise for the provision of this service in 2021/22.
- **Internal Audit progress report:** We were pleased to see that outstanding actions continue to reduce. We approved the Job Planning report (moderate assurance) and FM arrangements (significant/moderate assurance)
- **Counter Fraud:** The progress report gave the update on the open fraud cases. We also received a report on the national fraud conflicts of interest annual exercise which showed that the Trust was capturing most declarations of interest, which was pleasing to see.
- **Debit Write Off:** We approved the write off of circa £206k of debit. Most of this was money owed by the County Council dating back to 2018.
- **Standards of Business Conduct – Policy:** We approved this policy which is based on the national model policy

## Other items received:

- COVID-19 gift and hospitality register
- Tender waivers

Meeting	Trust Board
Date of meeting	15 October 2020
Paper number	G

<ul style="list-style-type: none"> <li>Conformance with Public Sector Internal Audit Standards during the coronavirus pandemic</li> </ul>
Recommendations
<p>The Trust Board is requested to</p> <ul style="list-style-type: none"> <li>Note the report for assurance.</li> </ul>
Appendices