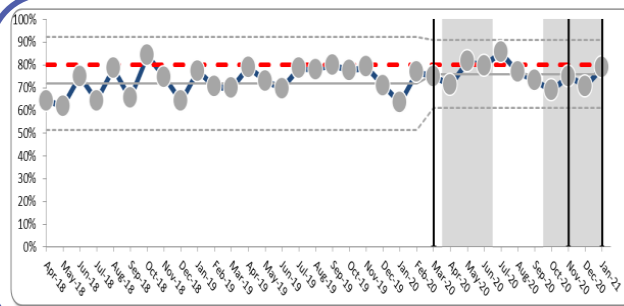


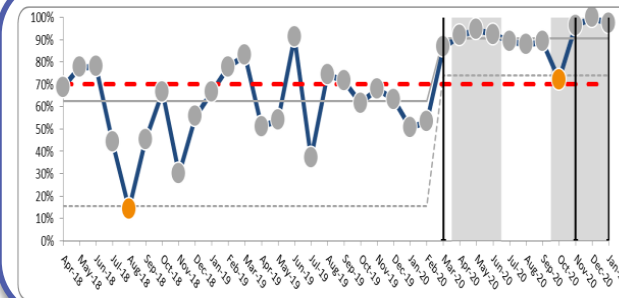
Stroke: % patients spending 90% of time on stroke unit

78.85%



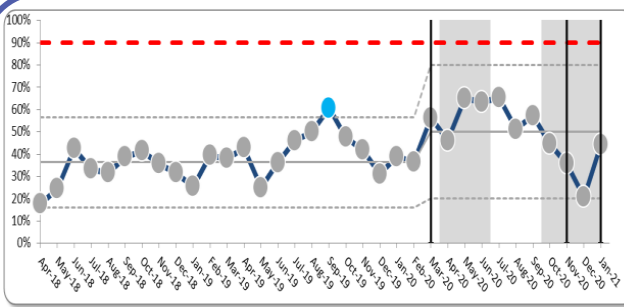
Stroke: % seen in TIA clinic within 24 hours

97.22%



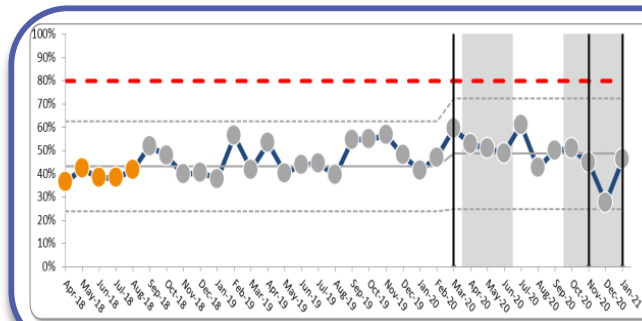
Stroke : % Direct Admission to Stroke ward

44.23%



Stroke : % CT scan within 60 minutes

46.15%



Lockdown Period
COVID Wave



Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Quality and Safety

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Infection Control	<ul style="list-style-type: none"> E-Coli infections remain below trajectory for year to date C difficile infections were above the monthly target for Feb-21, and have now exceeded the year end target (2020/21) MSSA infections were above the in-month target for Feb-21, and have already exceeded the year end target (2020/21) There were zero MRSA infections reported in Feb-21, but the year end target of zero has already been exceeded due to the single case reported to date in 2020/21 There has been a sustained significant improvement in hand hygiene practice compliance. This metric will reliably achieve the target of 96%. Hand hygiene audit participation has shown no significant change since Jan-19. The target of 100% can be met but not consistently.
SEPSIS 6	<ul style="list-style-type: none"> Performance for completing the SEPSIS 6 bundle within one hour continues to show no significant change in performance and the process will not achieve the target of 90%. Performance for SEPSIS 6 screening continues to show no significant change in performance and the process will not consistently achieve the target of 90% but may be expected to vary between 71% and 96%.
VTE Assessments	<ul style="list-style-type: none"> There has been a sustained significant improvement in VTE assessments since Aug-20. The target of 95% can be achieved. However there is concern about VTE 24 hour VTE re-assessment rates where the process will not achieve the target of 95%
Patient Safety (Q3)	<ul style="list-style-type: none"> On average, 1520 incidents were reported per month during Quarter 3 with incident reporting increasing during the quarter and the rate of harm increasing too due to reporting of COVID outbreaks and deaths as serious incidents. Patient safety incident reporting within the organisation continues to demonstrate positive reporting culture, with 86% reported within 2 days of the incident occurring. A total of 71 incidents were designated as Serious Incidents in Q3 and 70 were reported within the national timescale. There were zero Never Events reported during Q3.
Safer Care (Q3)	<ul style="list-style-type: none"> Total inpatient falls remains under trajectory for end of year target. Inpatient falls resulting in serious harm is now over the end of year target. Total Hospital Acquired Pressure Ulcer's remains under trajectory for year to date and end of year targets. Hospital Acquired Pressure Ulcer's resulting in serious harm remains on trajectory for end of year target.

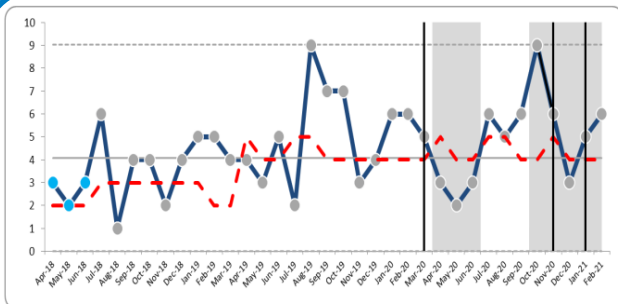
2.1 Care that is Safe - Infection Prevention and Control

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	
February month / monthly target	Year to date actual / year to date target	February month / monthly target	Year to date actual / year to date target	February month / monthly target	Year to date actual / year to date target	February month / monthly target	Year to date actual / year to date target
6/4	54/49 EOY target – 53	3/4	30/46 EOY target – 50	2/0	25/10 EOY target – 10	0/0	1/0 EOY target – 0
What does the data tell us? <ul style="list-style-type: none"> <i>C.difficile</i> infections exceeded the in-month target for Feb-21 and are now 5 above the year to date trajectory, and have exceeded the year end target with one month remaining. E-Coli BSI was better than the in-month target, remains better than the trajectory for year to date and is on target to meet the year end target. Monthly MSSA infections increased to 2, following a drop to 1 per month in Dec-20 and Jan-21, and have already exceeded the year end target. There were no MRSA cases recorded in Feb-21, but the year end target of zero has already been exceeded. The Hand Hygiene audit participation rate has dropped since the start of the pandemic, but improved in Feb-21 to 88.68%. Hand Hygiene Practice Compliance rate shows sustained significant improvement with the 97% target being achieved every month since May-19. This metric will reliably achieve the target. 				What improvements will we make? <ul style="list-style-type: none"> We are finalising the annual infection prevention improvement programme and as part of this we are re-focussing on high compliance with all of our <i>Key Standards to Prevent Infection</i>, as well as antimicrobial stewardship as the pandemic second wave de-escalates. There is evidence of divisional antimicrobial leads taking action within their Divisions. Examples include regular discussion on prescribing and prescribing reviews by the lead in Urgent Care and a commitment to review the prescribing guideline for neutropenic sepsis to remove Meropenem as first line treatment from the lead in SCSD (Haematology). However, this has not translated into wider divisional plans, and urgent review is underway to determine the different actions required to achieve the step-change needed in grip and performance on antimicrobial stewardship. The CMO is chairing an extra-ordinary AMS meeting on 31-03-21 as part of this review. The MSSA bacteraemia quality improvement project work is also restarting as we de-escalate from the pandemic surge. TIPCC re-commences meetings in March, and will review in detail the plans and progress in relation to these key infections. 			
Assurance level – Level 5 COVID-19 / Level 4 for non-Covid (Feb-21) Reason: Non Covid - Antimicrobial Stewardship is a key concern.				When expected to move to next level of assurance for non Covid: The previously expected timescale for achieving Level 5 is no longer realistic given the impact of the second wave pandemic surge. The timescales are presently under review now we have de-escalated from pandemic alert level 5.			
Previous assurance level (Jan-21) –Level 6 COVID-19 / Level 4 for non-Covid				SRO: Vicky Morris / Paula Gardner (CNO)			

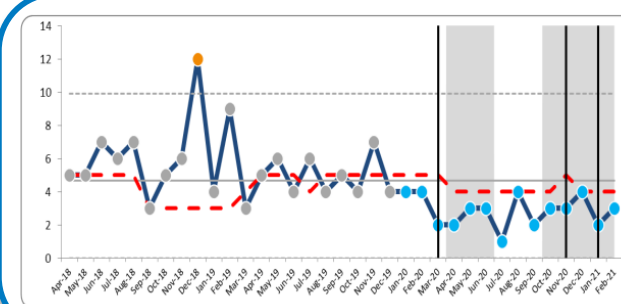
C-Diff

6



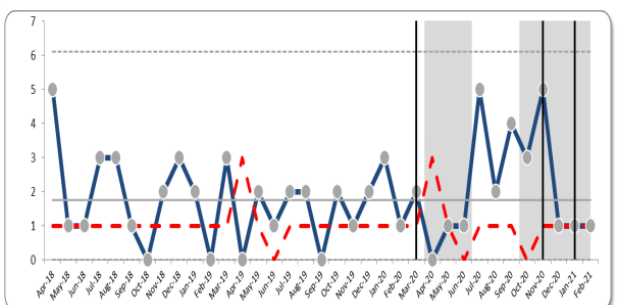
E-Coli

3



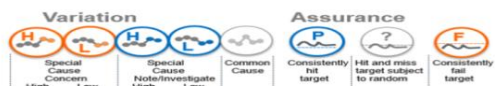
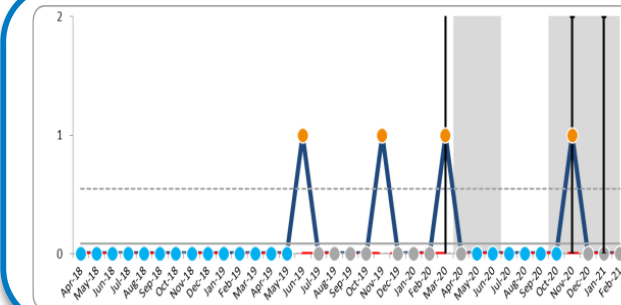
MSSA

1



MRSA

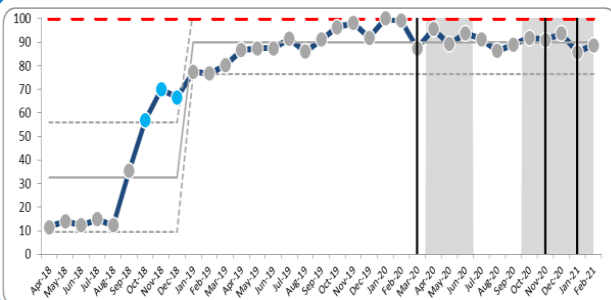
0



Lockdown Period
COVID Wave

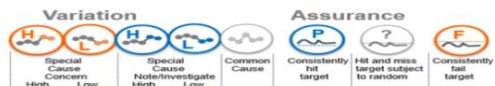
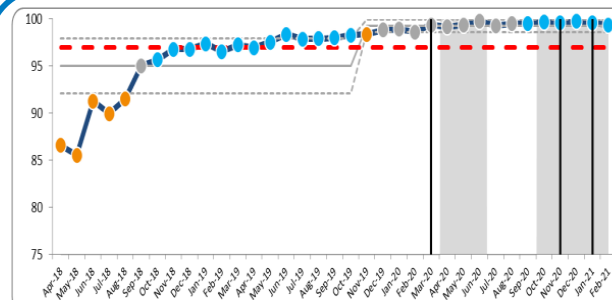
Hand Hygiene Audit Participation (%)

88.68



Hand Hygiene Compliance (%)

99.37

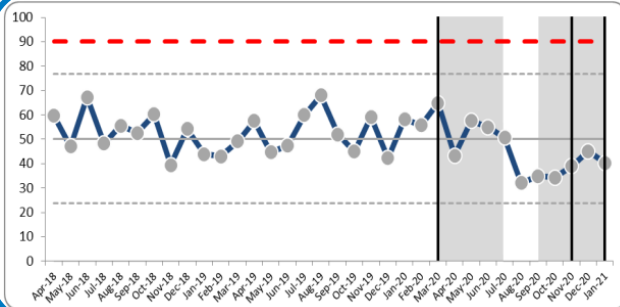


Lockdown Period
COVID Wave

Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
40.40%	71.13%	94.04%	64.90%	95.36%	84.77%	69.54%	70.20%
What does the data tell us? <ul style="list-style-type: none"> After 5 consecutive months improvement, the sepsis 6 bundle completed within one hour compliance dropped in Jan-21. However, despite the sustained period of improvement, the performance is significantly below the target. Sepsis 6 screening performance dipped in Jan-21, and has not met the target since May 2019. Sepsis 6 antibiotics provided within one hour compliance continued it's improvement and hit the target in Jan-21, for the first time since July 2020. Four of the remaining sepsis 6 bundle elements improved performance in Jan-21, but only Oxygen achieved the 90% target. The Urine component fell in Jan-21. 			What improvements will we make? <ul style="list-style-type: none"> Paediatric & Maternity are not currently included in sepsis data on WREN due to different pathways to the adult population, however a new GAP audit is being finalised. A focus on the awareness of siting of blood gas machines continues The QI project is hoped to start shortly now the pressures of COVID are relaxing. A FAQ sheet is being rolled out. E-learning is being promoted The PA's will be recruited to the sepsis 6 project to try and increase engagement.. Focused audits will be developed in areas of poor performance 				
Assurance level – Level 2 (Feb-21) Reason: Performance has not yet responded to improvement initiatives.			When expected to move to next level of assurance for non Covid: Q4 following implementation of the Divisional plans.				
Previous assurance level (Jan-21) – Level 2			SRO: Mike Hallissey (CMO)				

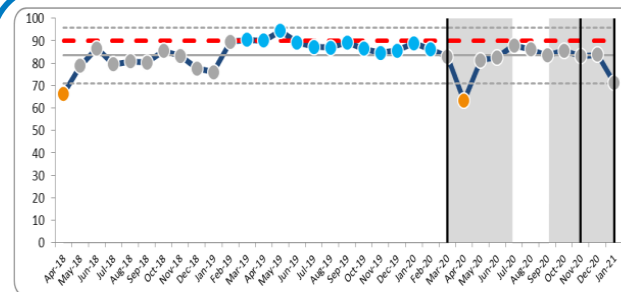
Sepsis 6 Bundle Compliance (audit)

45.20%



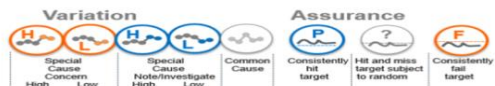
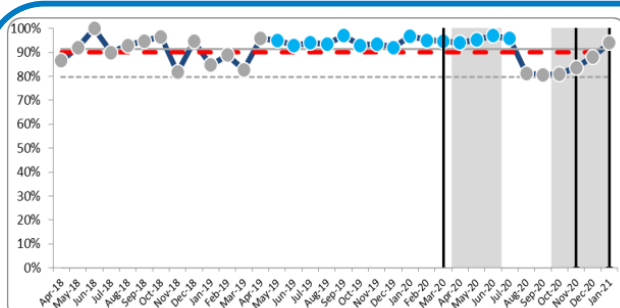
Sepsis Screening Compliance (audit)

77.13%



Sepsis Screening Antibiotics Compliance (audit)

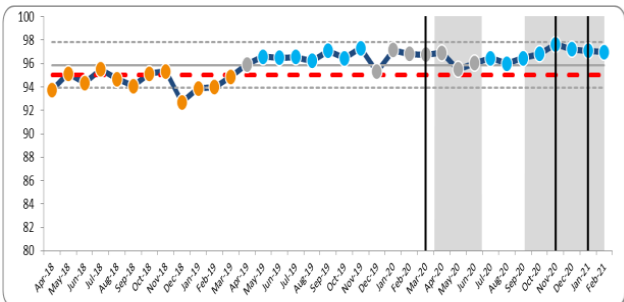
94.04%



VTE assessment on admission to hospital		24 hour VTE assessment rates – patients assessed	
February 2021	Target	February 2021	Target
96.97%	95%	61.73%	95%
What does the data tell us? <ul style="list-style-type: none"> We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic. The same level of performance has not been mirrored for compliance with 24 hour VTE re-assessment. Although the trend is generally upward, the performance is still significantly below the target. 		What improvements will we make? <ul style="list-style-type: none"> The monthly Trust Thrombosis (VTE) Group meetings will recommence once we are able to de-escalate from the pandemic surge. Capacity to undertake more detailed work on 24 hour review will follow. Review of Hospital acquired has not shown any specific deficiencies in process 	
Assurance level – Level 4 (Feb-21) Reason: Sustained compliance for VTE on assessment, but requires improvement for the 24 re-assessments		When expected to move to next level of assurance : Q4 20/21 – following embedding change made as a result of the audit.	
Previous assurance Level - 3 (Aug-20)		SRO: Mike Hallissey (CMO)	

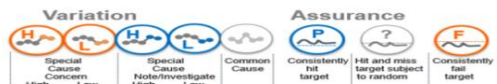
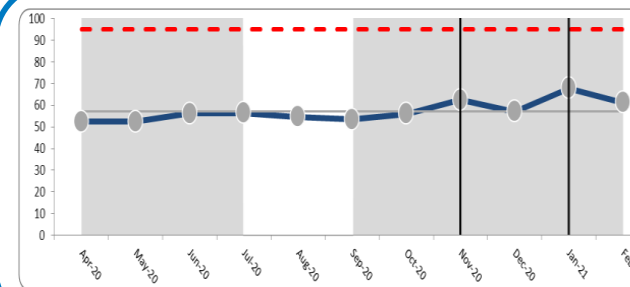
VTE Assessment Compliance (%)

96.98



24 hours VTE Assessment Compliance (%)

61.19



Lockdown Period
COVID Wave

<p>What does the data tell us?</p> <p>Incidents</p> <ul style="list-style-type: none"> On average, 1520 incidents were reported per month during Quarter 3 2020-21. Incident reporting increased during the quarter and the rate of harm has increased due to reporting of COVID outbreaks and COVID deaths which were reported as serious incidents. All divisions showed increase in overall reporting of incidents. The top 5 categories of incidents reported in Quarter 3, 2020-21 were: Tissue viability – 13%, Patient fall/slip – 15%, Medication issue – 4%, Non-adherence to standards – 9% and Infection control – 23% Overall patient safety incident reporting within the organisation continues to demonstrate positive reporting culture, with 86% reported within 2 days of the incident occurring. <p>Serious Incidents</p> <ul style="list-style-type: none"> A total of 71 incidents were designated as Serious Incidents in Q3. 70 were reported within the national timescale of 2 days. During Q3 summary reviews were conducted for two Serious Incident categories: Diagnostic Incident, and Sub-optimal care of the deteriorating patient. <p>Never Events</p> <ul style="list-style-type: none"> There were zero Never Events reported during Q3. <p>Duty of Candour</p> <ul style="list-style-type: none"> 53 incidents were confirmed as requiring Duty of Candour during Q3. 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> Improvement work for recording/documentation of our compliance with 'Duty of Candour' requirements for applicable incidents is in progress. Currently aligning corporate patient safety team structure into workstreams in preparation for the national patient safety strategy. Outlining educational requirements for patient safety curriculum and syllabus to improve understanding of patient safety, developing key skills to respond appropriately to incidents and contribute to positive reporting culture. Reviewing current performance measures related to patient safety to ensure inappropriate metrics are removed in line with strategy requirements. Reviewing current practice for serious incident management with a view to develop a strategic plan for patient safety investigation in line with new investigation standards designed to improve the quality of investigations, reports and opportunities for learning from incidents, complaints and claims.
<p>Assurance level – Level 4 (Feb-21)</p> <p>Reason: The process for monitoring SIs demonstrates the ability to identify areas of compliance, theme analysis for learning and determine areas for improvement</p>	<p>When expected to move to next level of assurance:</p>
<p>Previous assurance level - Level 4 (Nov-20)</p>	<p>SRO: Vicky Morris / Paula Gardner (CNO)</p>

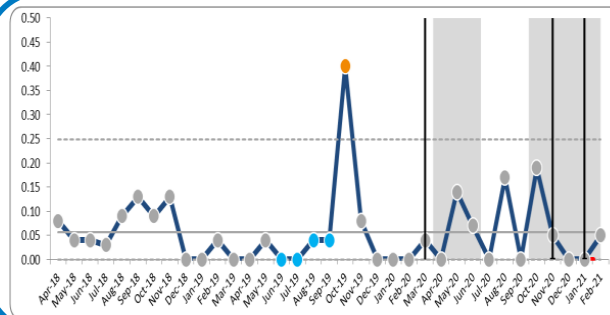
Safer Care – Quarter 3 Report (Oct – Dec 2020)

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Hospital Acquired Pressure Ulcers (HAPU)	HAPU resulting in Serious Harm
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target
958/ 926 (EOY target – 1235)	7 / 5 (EOY target – 6)	163 / 206 (EOY target – 274)	3 / 4 (EOY Target – 5)
How have we been doing? Falls <ul style="list-style-type: none"> Total Inpatient falls is just above trajectory for year to date, due to Dec-20 reporting the highest number of falls in a single month (152) for 2020/21. The end of year target is still achievable. Total Inpatient falls resulting in Serious Harm is above trajectory for year to date, and has already exceeded the year end target. However two of these falls are awaiting potential downgrade, and this would amend the total to on target for year to date and below year end target. Recognising the correlation between falls and dementia/delirium there has been an evident increase of patients admitted to the Trust with dementia and/or delirium. It is possible and likely that the identification that screening has been below standard and KPI's such as increased ward moves between 8pm and 6am and increased length of stays (LoS) has impacted on the prevalence of falls. Nutrition and Hydration <ul style="list-style-type: none"> Nutrition and Hydration Awareness Week took place during October 2020. Following a Serious Incident Review an audit of fluid balance chart completion took place Trust wide during October- showing poor compliance across ward areas. The fluid balance chart was redesigned to include a clear escalation process, and increased emphasis on key patient parameters. The new fluid balance was introduced in December. New food diary developed. 		What improvements will we make? Falls <ul style="list-style-type: none"> Review divisions and wards with a high prevalence of falls and SI falls and establish action plans to support further quality improvement work required. Postural (Orthostatic) Hypotension Policy and Guideline approval for Trust wide release. Roll out 'I Can' board Trust wide with supportive communication. Completion of the re-write of Falls Policy for approval. Review identified issues with Falls E-learning to support plan for it to be added to the 'Essential to Role' training matrix. Documentation review of the combined nursing assessment and care and comfort charts via Fundamentals of Care Programme. Relaunch 'Stay in Bay' Nutrition and Hydration <ul style="list-style-type: none"> Additional comms in March regarding awareness of new FBC with the launch of on-line training. New food diary launch in March supported also into on-line training. To complete fluid balance Audit in May. To review the nutrition and hydration meeting TOR in April. 	
Assurance levels (Quarter 3) Falls – Level 4 Nutrition and Hydration – Level 3		When expected to move to next level of assurance	
Previous assurance level (Quarter 2) Falls – Level 5 Nutrition and Hydration – Level 3		SRO: Vicky Morris / Paula Gardner (CNO)	

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Hospital Acquired Pressure Ulcers (HAPU)	HAPU resulting in Serious Harm
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Year to date: Actual / Year to date target
958/ 926 (EOY target – 1235)	7 / 5 (EOY target – 6)	163 / 206 (EOY target – 274)	3 / 4 (EOY Target – 5)
<p>How have we been doing?</p> <p>Tissue Viability (Pressure Ulcers)</p> <ul style="list-style-type: none"> Hospital Acquired Pressure Ulcers (HAPU) are below trajectory for the year to date. Serious Incident HAPUs are also below trajectory for the year to date. An initial meeting has been held with the CCG and community partners in order to analyse the incidence of Pressure Ulcers on Admission (POA) to identify source of admission, themes, trends and identify patients with readmissions to acute Trust. Reflection on Q2 report with the availability of training & resources for the ITU departments to support Covid high risk patients with repositioning and wound care. These interventions have had a positive impact in reducing patient harm. The virtual patient assessments in Covid areas have had a very positive impact. All wards have adapted and imbedded this new practice extremely well allowing timely patient referrals with images, assessment and treatment plans to be communicated to all ward staff and thus implemented soon as possible. <p>Dementia and Delirium</p> <ul style="list-style-type: none"> Screening during Q3 fell short of the 90% standard with an average of 82.5% achieved. During this period data collection and publication of dementia screening has been suspended by NHS England. Data collection and publication is expected to recommence from March 21. Ward transfers made after 8pm have increased dramatically by 86% since Q2 (98 vs 182). This potentially reflects cohorting to manage infection control during the COVID pandemic. 5% increase in reported inpatient falls from the last quarter. 		<p>What improvements will we make?</p> <p>Tissue Viability (Pressure Ulcers)</p> <ul style="list-style-type: none"> To Continue to focus on Category 2, MASD and Deep tissue Injuries in relation to prevention and management to ensure correct categorisation. Support TV Champion Role in clinical areas, The emergence of the “Divisional TVN” supporting social distancing to run Bi-monthly divisional Themed Champions events for smaller group numbers, virtual updates, reacting to themes and trends identified for those Divisional ward areas from WREN data regarding HAPU. Wound Assessment chart to be reviewed (TIMES), in order to achieve compliance for treatment plans to be followed. Ensure themes, trends and lessons learnt from incidents are established to form part of all education and training, cascade through the TV Newsletter and TV Divisional Champion meetings Due to Covid; review of new ways of working using iPad for virtual wound assessments and reviewing of new medical devices for patients who are COVID positive, in ITU requiring proning. <p>Dementia and Delirium</p> <ul style="list-style-type: none"> Monitor quality objective to embed the use of the Dementia and Delirium Care Bundle via quality audits. HEE Delirium E-learning identified and to be added to ESR e-learning courses and for consideration for Essential to Role training matrix. Documentation review of the combined nursing assessment and care and comfort charts via Fundamentals of Care Programme 	
<p>Assurance levels (Quarter 3)</p> <p>Tissue Viability – Level 5</p> <p>Dementia & Delirium – Level 4</p>		<p>When expected to move to next level of assurance</p>	
<p>Previous assurance level (Quarter 2)</p> <p>Tissue Viability – Level 5</p> <p>Dementia & Delirium – Level 4</p>		<p>SRO: Vicky Morris / Paula Gardner (CNO)</p>	

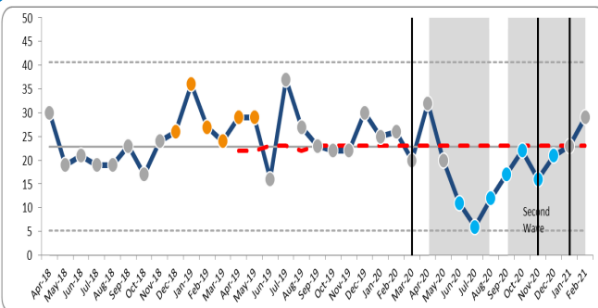
Falls per 1,000 bed days causing harm

0.05



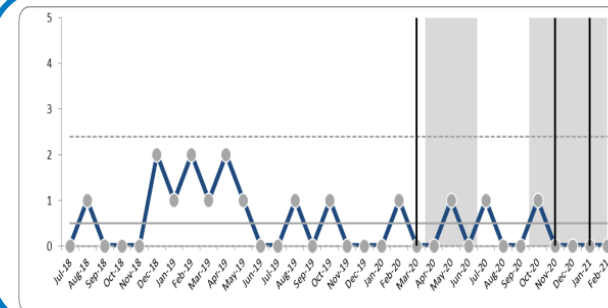
All Hospital Acquired Pressure Ulcers

29



Serious Incident Pressure Ulcers

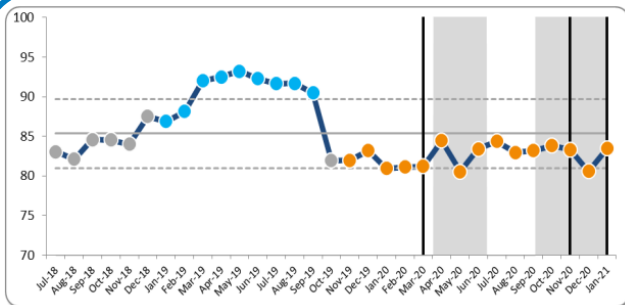
0



Lockdown Period
COVID Wave

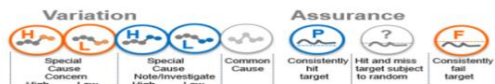
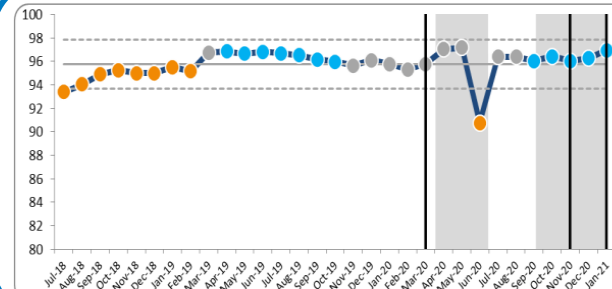
ICE reports viewed radiology (%)

83.45



ICE reports viewed pathology (%)

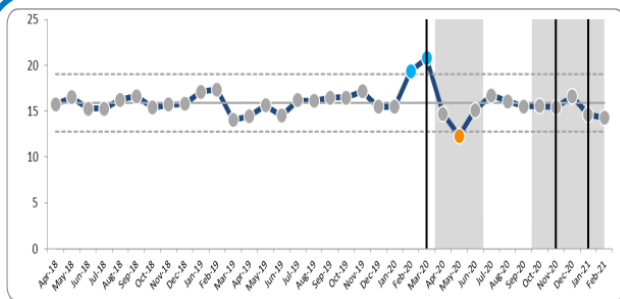
96.95



Lockdown Period
 COVID Wave

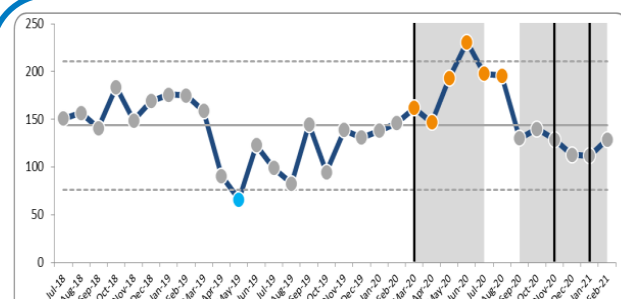
Discharges before midday (%)

14.27



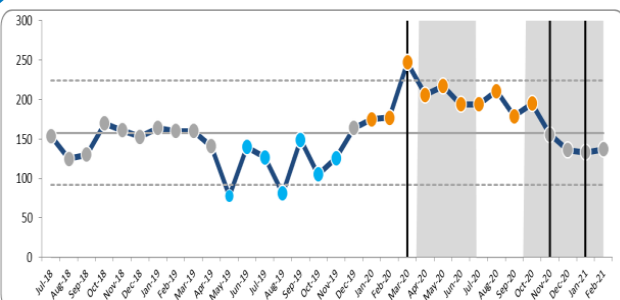
Risks overdue review

129



Risks with overdue actions

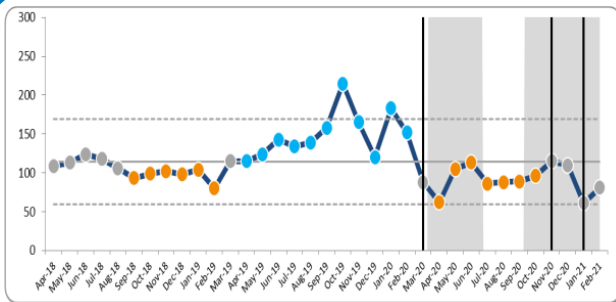
137



Lockdown Period
COVID Wave

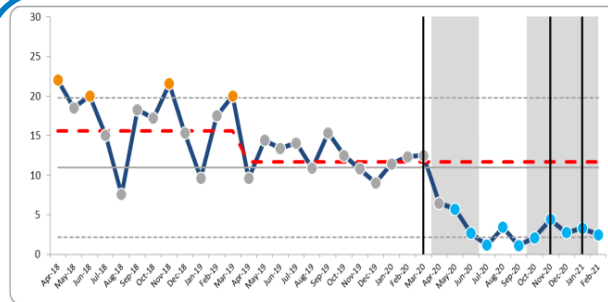
Total Medicine incidents reported

81



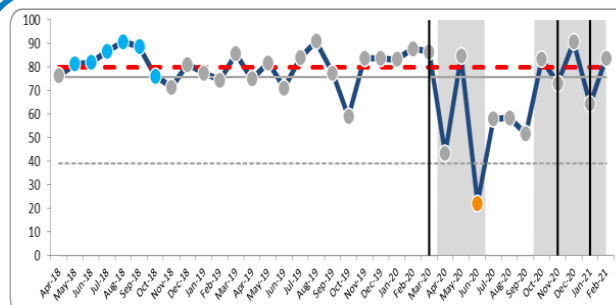
Medicine incidents causing harm (%)

2.47



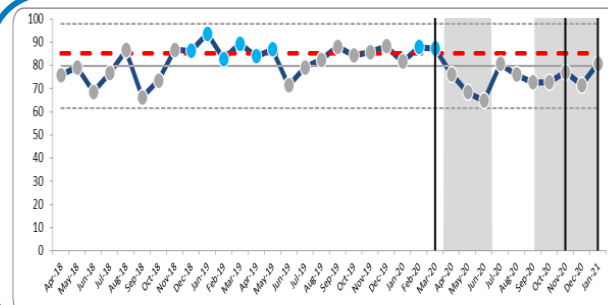
Complaints Responses \leq 25 days (%)

83.87



#NOF time to theatre \leq 36 hours (%)

80.72

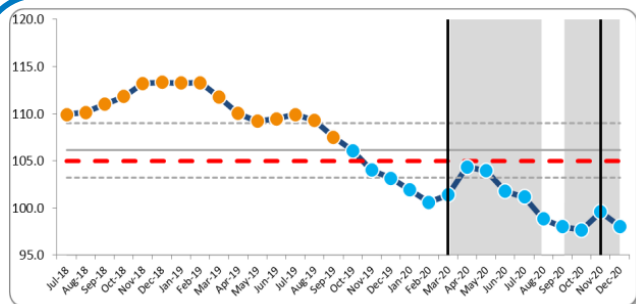


Lockdown Period
COVID Wave

HSMR 12 month rolling average

Dec - 20

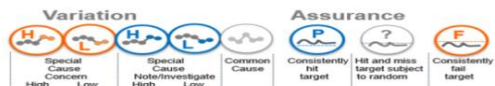
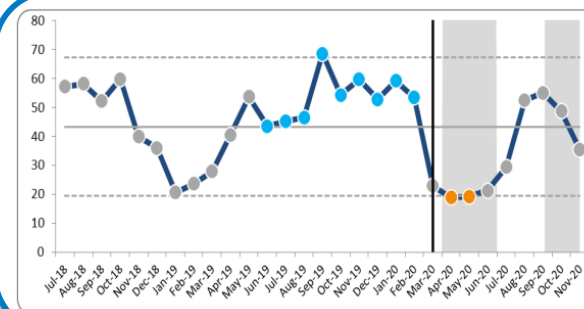
98.00



Mortality Reviews completed ≤ 30 days (%)

Nov 20

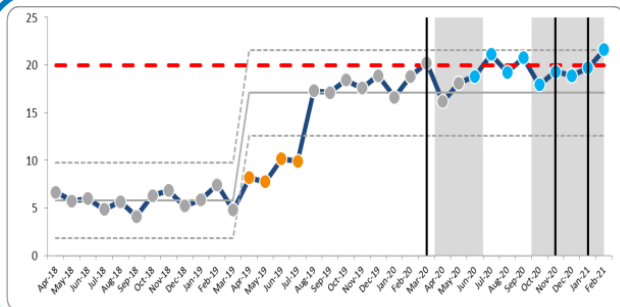
33.50



Lockdown Period
COVID Wave

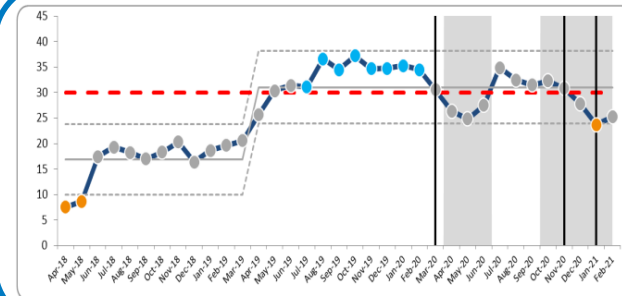
Accident & Emergency Response Rate Friends & Family Test (%)

21.60



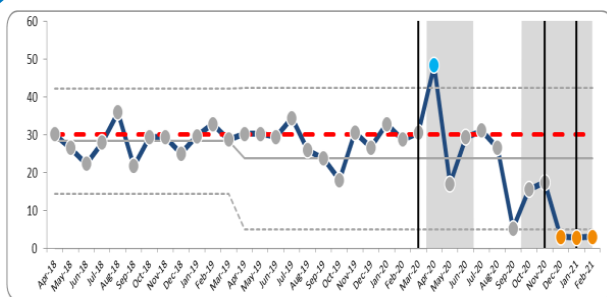
Inpatient Response Rate Friends & Family Test (%)

25.23



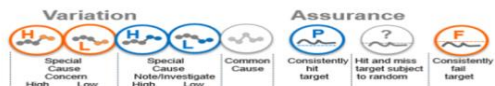
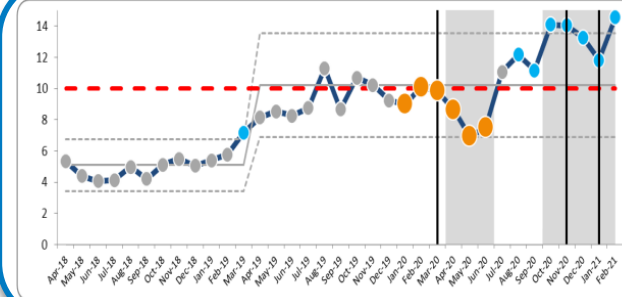
Maternity Response Rate Friends & Family Test (%)

3.00



Outpatients Response Rate Friends & Family Test (%)

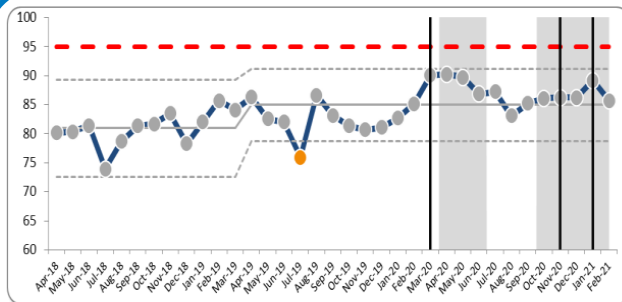
14.56



Lockdown Period
COVID Wave

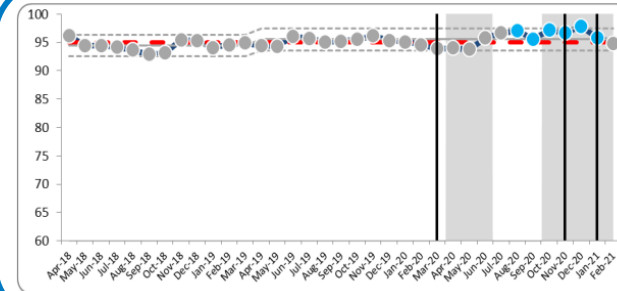
Accident & Emergency Recommended Rate Friends & Family Test (%)

85.70



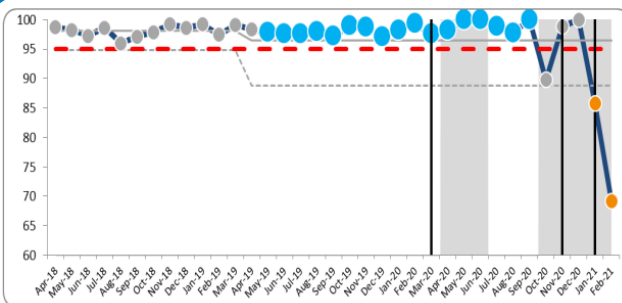
Inpatient Recommended Rate Friends & Family Test (%)

94.87



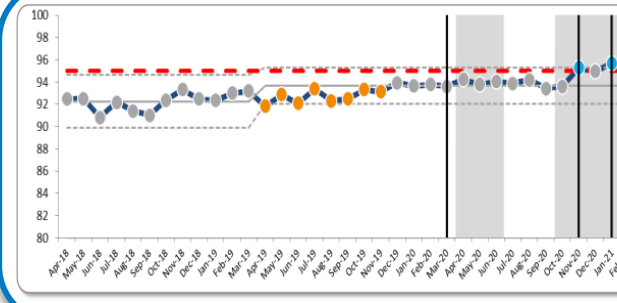
Maternity Recommended Rate Friends & Family Test (%)

69.23



Outpatients Recommended Rate Friends & Family Test (%)

94.90



Lockdown Period
COVID Wave

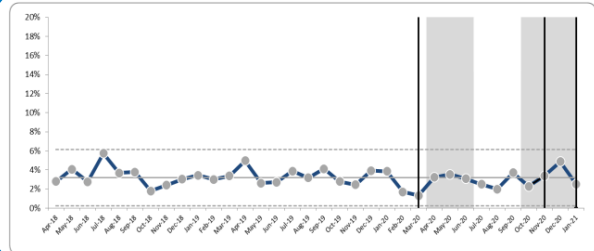
Maternity

Maternity Month 9: - What does the data tell us?

% admission of full-term babies to neonatal care	Neonatal Deaths	Stillbirths	Maternal Deaths	% Pre-term births	% Home births	Booked before 12+6 weeks	Births
2.5%	2	2	0	8.3%	4.4%	86.5%	390
What does the data tell us? <ul style="list-style-type: none"> Births are showing no significant change although are indicative over the almost three year period of the well-documented slowdown in pregnancy rates in the wider population. Modes of birth are all within normal variation, showing no significant change. We are below the national average for term admissions and we are not an outlier for neonatal or maternal deaths. We have one of the lowest stillbirth rates in the West Midlands. For the second consecutive month, at a rate above the expected range, more women have been supported to deliver at home. Improved rate of women booked by 12+6 weeks of pregnancy 				What have we been doing? <ul style="list-style-type: none"> Collate evidence and completed a Q3 report to demonstrate positive progress against all 10 safety actions in readiness for our CNST submission. Returned a gap analysis to NHSE demonstrating full compliance against all 5 elements of Saving Babies lives V2. Preparing to launch a new Continuity of Care Team to work towards meeting the national target of 35% by March 2021. Received positive feedback from NHSEI on our position against all recommendations from Ockenden. Further progress made against 2 actions (Fetal monitoring lead/Director of Midwifery post) Successfully recruited into a number of midwifery vacancies in our inpatient and community services (17 WTE). Informatics team have submitted all the required elements of the MSDS to NHS Digital Secured funding for a fetal surveillance Consultant Lead. Created a robust action plan to address all of the 'must do's' identified in the latest CQC report and a process to monitor progress. 			
				What are we doing next? <ul style="list-style-type: none"> Planning to complete the national 3 yearly workforce planning audit. Commenced discussions with Birthrate plus to procure 2 new acuity tools to improve the monitoring of safe staffing in maternity Continue to improve the incident reporting culture Reviewing our current education support for students and newly qualified midwives) 			
Current Assurance Level: 6 (Feb-21)				When expected to move to next level of assurance: When the baseline exercise has been completed, and compliance against Ockenden is being monitored – during Q1 of 21/22.			
Previous Assurance Level: 6 Jan-21)				SRO: Vicky Morris / Paula Gardner (CNO)			

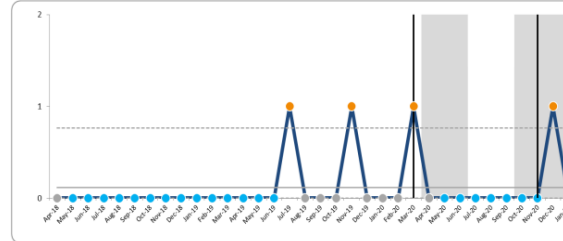
% admission of full-term babies to neonatal care

2.5%



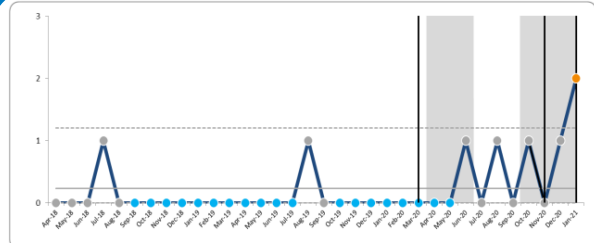
Maternal Deaths

0



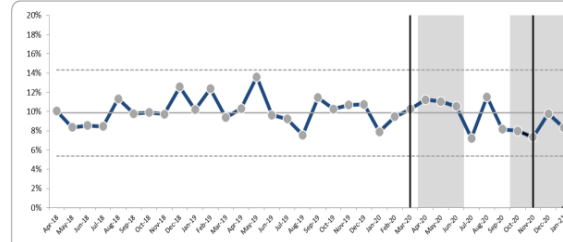
Neonatal Deaths

2



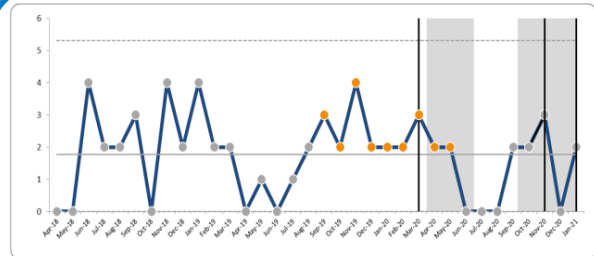
% Pre term births

8.3%



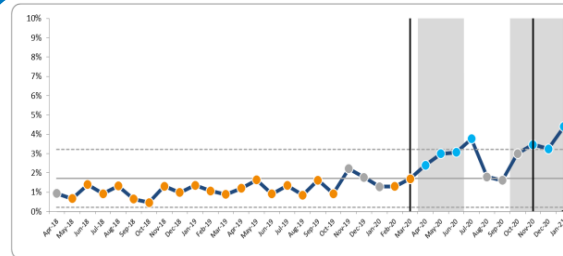
Stillbirths

2



% Home births

4.4%



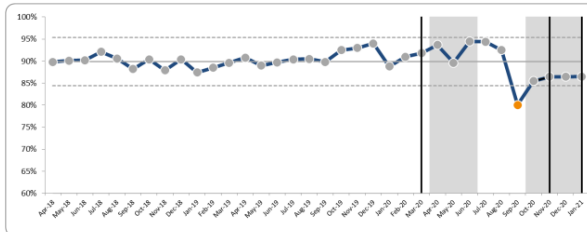
Lockdown Period
COVID Wave

Month 11 [February] 2020-21 Maternity Summary

Responsible Director: Chief Nursing Officer | Validated for Jan-20 as 10th March 2021

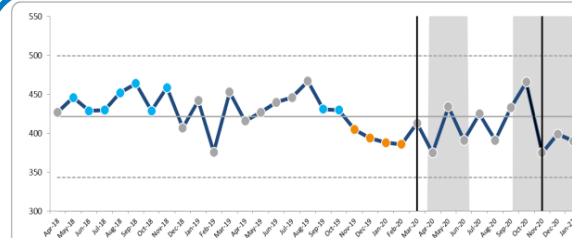
Booked before 12+6 weeks

86.5%



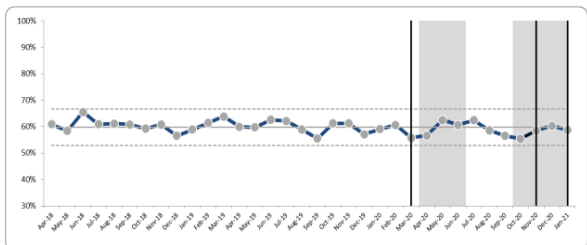
Births

390



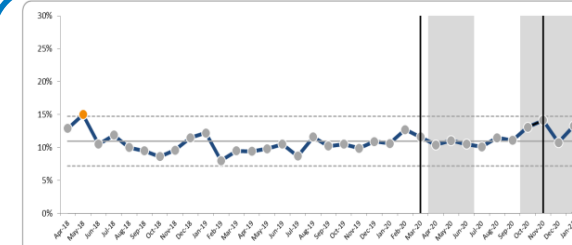
Vaginal Births

8.7%



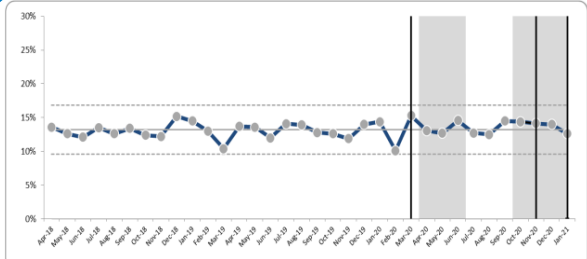
Instrumental rate

13.3%



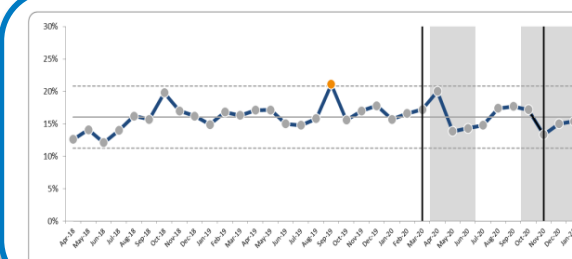
Elective Caesarean

14%



Emergency Caesarean

15%



Lockdown Period
COVID Wave

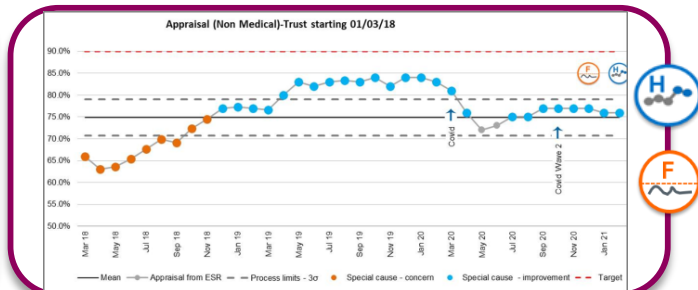
Workforce

People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<ul style="list-style-type: none"> Mandatory training compliance has dropped by 1% to 89% this month Medical appraisal compliance has deteriorated by 1% to 81% Non-medical appraisal rate has remained at 76% Urgent Care continue to be the only division to have achieved 100% in job plans Surgery is an outlier in terms of job planning compliance at 16%
Absence due to Stress and Anxiety (S10)	<ul style="list-style-type: none"> Sickness due to S10 (stress and anxiety) has increased by 0.17% to 1.32% as predicted. This equates to almost 29% of all sickness. Four out of five clinical divisions have higher than the usual Trust average rates of stress related absence with SCSD and Surgery being the highest. Our staff health and wellbeing offer has been refreshed and continues to be communicated to staff at every opportunity through a summary infographic and an updated Wellbeing Pinwheel on the intranet. Wellbeing Wednesday launch has been positively received.
Monthly Sickness Absence Rate	<ul style="list-style-type: none"> Cumulative sickness has improved by 0.1% to 5.00% Cumulative sickness is 0.58% higher than the same period last year Covid absence (both sickness and self isolation) have reduced again this month in line with community prevalence rates
Vacancy Rate	<ul style="list-style-type: none"> Vacancy rates have continued to improve despite the pandemic with a 75 wte increase in staff in post this month due to successful recruitment Our total vacancy rate (including bank and agency) at 7.31% are now below the ONS national average of 8.1%
Staff Turnover	<ul style="list-style-type: none"> Staff turnover has reduced by 0.26% this month to 9.49% which is 1.74% better than the same period last year



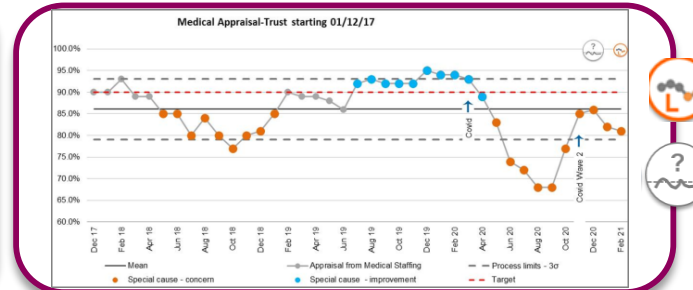
Appraisal (Non-Medical)

76%



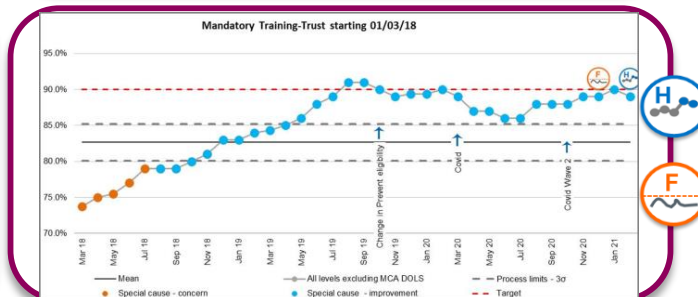
Medical Appraisal

81%



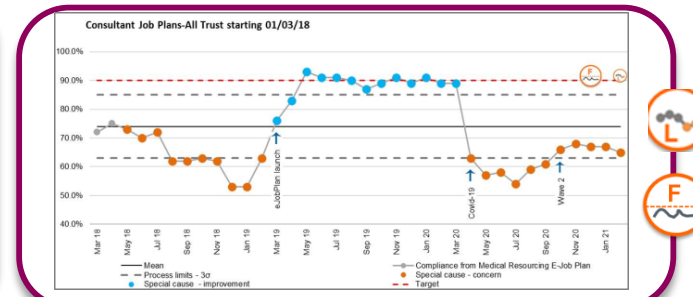
Mandatory Training

89%



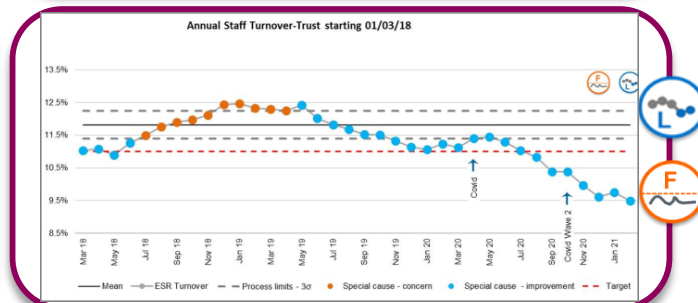
Consultant Job Plans

65%



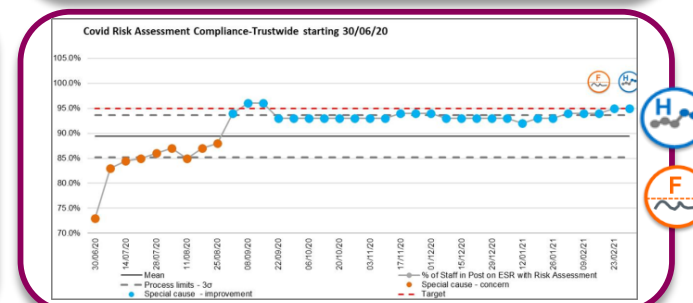
Staff Turnover

9.49%



Covid Risk Assessment Compliance

95%



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

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Staff Turnover	Covid Risk Assessment Compliance
76% and 81%	89% and 78%	65%	9.49%	95%

What does the data tell us?

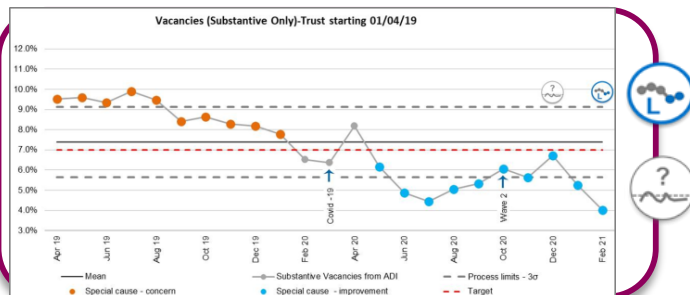
- **Appraisal** – Compliance has remained at 76% which is 7% lower than the same period last year which is directly related to Covid. From April 2021 pay progression will be dependant on managers conducting appraisals which should improve compliance.
- **Medical Appraisal** – Medical appraisal has deteriorated by 1% to 81% this month and is 13% lower than the same period last year
- **Mandatory Training** – Mandatory Training compliance has dropped by 1% to 89% this month which is the same as February last year. Medical and Dental has shown no improvement and is the only staff group of concern with all others within 3% of target.
- **Essential to Role Training** – We have a 1% improvement in Essential to Role training this month. Frailty compliance has increased by 6% to 66%. Sepsis has increased by 3% and Dementia by 1%. We have seen a slight decrease in ReSPECT awareness and Authorship and MCA and DoLS for the first time since the competency was launched.
- **Consultant Job Plans** – Consultant job planning compliance has reduced by 2% to 65%. Urgent Care remain 100% across the Board for all job plans for the fourth month running. SCSD and Surgery have both seen a declining position this month. Discussions and training have taken place with Clinical Directors to support their job planning round and the worsening position has been raised at Divisional Boards.
- **Staff Turnover** – Staff annual turnover has improved this month from 9.75% to 9.49% which is well within target and 1.74% better than the same period last year. For the first time all divisions have met the new target of 11%.
- **Covid Risk Assessment Compliance** – Compliance has met the 95% target this month.

National Benchmarking (February 2021)

Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88% so the Trust is not an outlier. Performance is below Model Hospital average of 85% for Non-Medical and Medical appraisal and job planning.

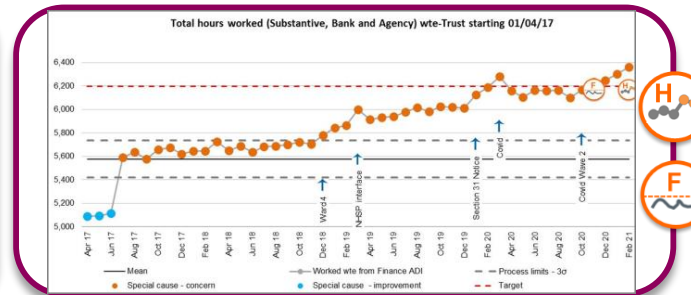
Substantive Vacancy Rate

4.02%



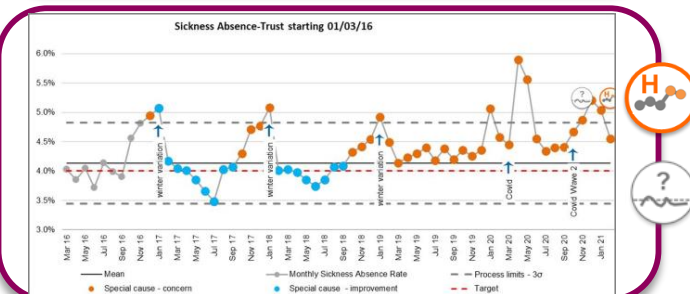
Total Hours Worked

6361 wte



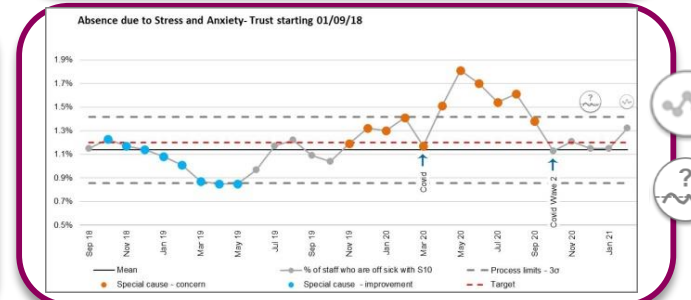
Monthly Staff Sickness Absence

4.55%



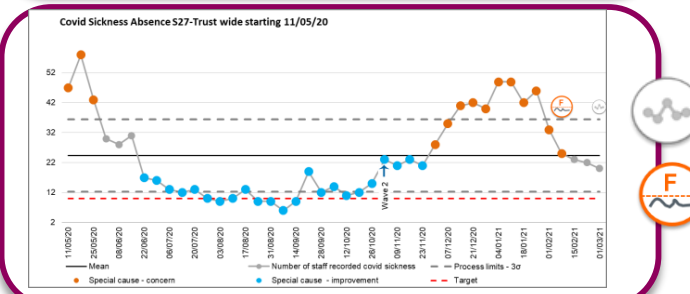
% Staff absent due to Stress and Anxiety (S10)

1.32%



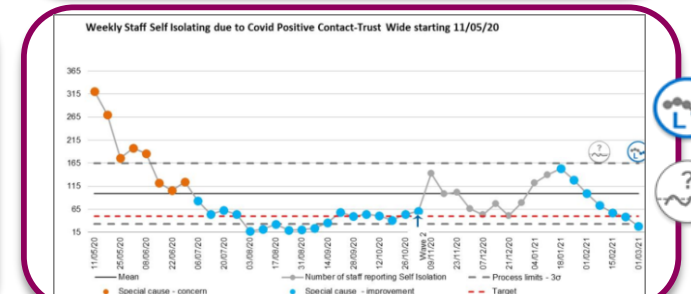
Number Covid Sickness (S27)

20



Number Self Isolating

28



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

Workforce Performance Month 11 - What does the data tell us?

Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (S10)	Number of staff off with Covid Sickness (S27) on the last Monday of month	Number of Staff self isolating due to Covid+ contact on the last Monday
4.02%	6,360 wte	4.55% and 5%	1.32%	20	28

What does the data tell us?

- **Vacancy Rate** – Our contracted staff in post is 225 wte higher than the same period last year, and establishment is 78 wte higher than February last year due to new wards and Covid response
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased from 6,303 to 6360 wte which is higher than the agreed funded establishment of 6,321 (including bank and agency).
- **Monthly Sickness Absence Rate** – The monthly sickness absence rate has reduced from 5.04% to 4.55% which is 0.03% better than the same period last year. Cumulative sickness has reduced to 5% averaged over 12 months which is 0.58% higher than the same period last year.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.17% to 1.32% this month. Pre-covid S10 sickness averaged at 1.03%. This represents 29% of all sickness absence compared to 22.8% last month.
- **Absence due to Covid Sickness (S27)** - Absence due to Covid was 20 on Monday 1st March compared to 33 on the last Monday of January. This did peak at 49 at the beginning of January but is now reducing in line with national trends.
- **Absence due to Self Isolation** – Absence due to self isolation (including shielding, and Test and Trace) had reduced dramatically from 193 on Monday 1st February compared to 28 on Monday 1st March. This peaked at 244 in mid January. Report depicts the daily rate on the Monday of each week.
- **Agency and Bank Spend as a % of Gross Cost** – removed chart as this is covered in Finance reports.

National Benchmarking (February 2021)

We are Quartile 3 on Model Hospital for sickness with 5.25% compared to 5.17% national average (December 2020 data). Monthly turnover is Quartile 3 with 1% compared to 0.89% national average (December 2020 data)

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
		90%	
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. <ul style="list-style-type: none"> Medical Appraisal rates have deteriorated by 1% this month Vacancy rate is significantly better than same period last year despite 78 wte increase in funded establishment Staff turnover has reduced and is 1.74% better than last year The monthly sickness absence rate has improved by 0.49% and is 0.03% better than same period last year Mandatory training compliance has dropped slightly to 89% and the same as last year despite the pandemic Covid vaccination has been offered to all staff with 84% participation at the end of February (11% improvement in month) Flu vaccination compliance rate is 90% with the vaccination season closing at the end of March. Covid Risk Assessment compliance has reached 95% target and 90% BAME with webinars to support BAME colleagues being well received 		What improvements will we make? <ul style="list-style-type: none"> Continue to work with divisions to ensure that Risk Assessments are kept up to date and compliance maintained for new starters. Work with divisions to ensure 90% of patient facing staff are encouraged to take up the Covid vaccine Continue working with managers to improve data quality in self isolation categories via Rostering Dedicated Job Planning Officer roll appointed to with the objective of embedding the Allocate e-job plan system to drive up compliance Roll out of HealthRoster and Employee on Line (EOL) /Loop self service functionality to Allied Health Professionals and other groups Transfer all annual and other leave booking and approvals to HealthRoster with a monthly payroll upload to ESR from 1st April To continue to work with Divisions to communicate the staff wellbeing offer To work with divisions to ensure that staff who are shielding are able to work from home or be redeployed To work with divisions to reduce their reliance on bank and agency staff by improving annual leave management, and maximising redeployment for those who are high risk. 	
Overarching Workforce Performance Level – 5 – February 2021 Previous Assurance Level - 5 – January 2021		To work towards improvement to next assurance level	

Finance

COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework was established for the period of 1 April to 31 September 2020. PbR national tariff payment architecture and associated administrative/ transactional process were suspended and throughout this period NHS Trusts were reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency was administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts were expected to report a break-even position. From Month 7 onwards we are no longer under this arrangement. **Under Phase 3 RESTORATION arrangements STPs have an allocation and are expected to deliver Phase 3 recovery and activity requirements and achieve financial balance within this envelope. The Trust originally submitted a plan which included a £(7.3)m deficit for M7-12 (net system position £(19.8)m deficit).**

2020/21 Internal Plan £(78.9)m

The 2020/21 pre-covid 19 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which under PbR are offset by growth in income). The Trust Board agreed to set a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. Our pre COVID 19 internal financial plan and corresponding Divisional budgets remain at the Trust Board agreed deficit plan of £(78.9)m and Divisional and Directorate financial performance is measured against this.

Month 11 – February Position

Income & Expenditure	February 21 (Month 11)				
	NHS Framework £000s	Budget £000s	Actual £000s	Variance to NHS Framework £000s	Variance to Budget £000s
Income (Excluding top up)	36,785	35,549	37,475	690	1,925
Pay	(28,074)	(26,458)	(27,389)	685	(930)
Non Pay	(16,572)	(15,145)	(15,745)	827	(600)
Financing Costs	(2,397)	(2,567)	(2,372)	25	195
Other	6	0	6	0	6
Surplus / (Deficit)	(10,252)	(8,621)	(8,025)	2,227	596
Income - TOP UP	8,903	0	9,745	842	9,745
Adjusted Surplus / (Deficit)	(1,349)	(8,621)	1,720	3,069	10,341

Sub Table - Financial Position Excluding pre COVID-19

Surplus / Deficit BEFORE TOPUP	(10,252)	(8,621)	(8,025)	2,227	596
COVID-19 Incremental Expenditure Included Above			1,499	1,499	1,499
Surplus / Deficit EXCLUDING COVID-19	(10,252)	(8,621)	(6,526)	3,726	2,095

YTD Month 11 – February Position

Income & Expenditure	Year to Date				
	NHS Framework £000s	Budget £000s	Actual £000s	Variance to NHS Framework £000s	Variance to Budget £000s
Income (Excluding top up)	399,865	415,458	401,939	2,074	(13,519)
Pay	(295,479)	(291,519)	(290,861)	4,618	657
Non Pay	(165,469)	(169,894)	(162,494)	2,975	7,400
Financing Costs	(26,352)	(28,234)	(26,113)	239	2,121
Other	66	0	66	0	66
Surplus / (Deficit)	(87,369)	(74,189)	(77,463)	9,906	(3,274)
Income - TOP UP	82,084	0	83,504	1,420	83,504
Adjusted Surplus / (Deficit)	(5,285)	(74,189)	6,041	11,326	80,230

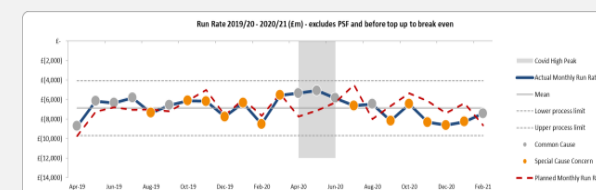
Sub Table - Financial Position Excluding pre COVID-19

Surplus / Deficit BEFORE TOPUP	(87,369)	(74,189)	(77,463)	9,906	(3,274)
COVID-19 Incremental Expenditure Included Above			15,967	15,967	15,967
Surplus / Deficit EXCLUDING COVID-19	(87,369)	(74,189)	(61,496)	25,873	12,692

Delivery of the Internal Financial Plan £(78.9)m

BUDGET / INTERNAL PLAN - Against the internal **£(78.9)m** operational plan, the month 11 (February 2021) plan £(8.6)m deficit is an actual surplus of **£1.7m. Positive variance of £10.3m**. This is against a very different activity, income and resource plan. The combined **pay and non pay expenditure variance** against our **internal budget** is **£(1.5)m adverse**. This position includes **£1.5m** of incremental COVID-19 costs. The combined income position was **£11.7m (£1.93m + £9.75m)** favourable to budget **in month** recognising the interim funding regime.

Financial Framework NHSI - The Trusts Income & Expenditure position was **£3.1m** better than the Financial Framework plan assumptions.



Performance against Phase 3 Financial Plan

I&E Delivery Assurance Level:

Level 4

Rationale:
Phase 3
submission
Forecast
deficit of
c.£(7.3)m re-
assessed at
M11 to £2m
surplus.
Controls
remain.
POSITIVE
Financial
variance in
month. PEP &
Temp Staffing
remain
challenged.
Underlying
deficit
remains.

Month 11 – February Position

Against the M1-M11 phase 3 (NHSI Financial Framework Plan M7-M12), in month 11 (February 2021) our position is **£3.1m positive**.

Income is £0.7m above plan mainly due to additional £0.6m funding from the LDA for Education and Training following notification at the end of January 21 regarding a revision to the tariff.

Pay costs were **£0.7m (2%)** lower than plan as a result of the following key items:

- The revised Framework Plan assumed that all beds would be open in December 2020 and that we would incur significant additional temporary staffing costs for increasing sickness, temperature checking, winter initiatives and additional Theatre capacity. Although we now have all beds open and sickness has increased, the delays in recruitment and cancelling of elective activity to focus on the current Covid peak means that pay costs have not increased to the levels anticipated. **(£0.6m)**
- Fill rates for temporary staff to perform patient temperature checks in Outpatients and Radiology and Theatres roles such as runners for RED theatres are low. In the main, these tasks have been completed by utilising the goodwill of our substantive workforce **(£0.1m)**

Non Pay costs were **£0.8m (5%)** lower than plan. The key items driving this position include:

- Usage of Dolan park was lower than anticipated, this is offset by lower income **(£0.2m)**
- Activity increases not delivered **(£0.5m)**
- The revised Financial Framework Plan had assumed additional touchpoint cleaning was to commence in October and continue throughout November. These costs have not increased to the levels anticipated. **(£0.1m)**

In M11 we have revised the full year forecast from a £(2.5)m deficit to a **£2m surplus**. This is based on:

- Income** has increased significantly since we submitted the initial forecast (£3m). Including Rebate for Cardiac devices (£0.4m), additional Education and Training funds from LDA following tariff increase (£0.6m), pass through High Cost Drugs (£1.3m), Lateral Flow Testing Income (£0.1m), additional funding from Herefordshire & Worcestershire CCG (£0.1m) and Injury Cost Recovery Scheme (£0.2m).
- Activity levels have not increased and we have not seen a corresponding increase in **Supplies and Services**, we do not expect this to increase materially in M12 (£1.5m).

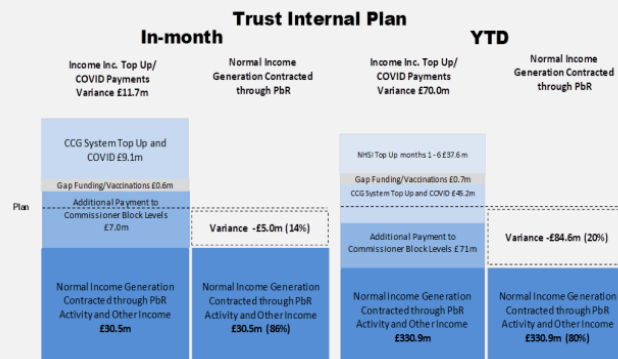
Income & Expenditure	February 21 (Month 11)		
	NHSI Framework £000s	Actual £000s	Variance to NHSI Framework £000s
Income (Excluding top up)	36,785	37,475	690
Pay	(28,074)	(27,389)	685
Non Pay	(16,572)	(15,745)	827
Financing Costs	(2,397)	(2,372)	25
Other	6	6	0
Surplus / (Deficit)	(10,252)	(8,025)	2,227
Income - TOP UP	8,903	9,745	842
Adjusted Surplus / (Deficit)	(1,349)	1,720	3,069
<i>Sub Table - Financial Position Excluding pre COVID-19</i>			
Surplus / Deficit BEFORE TOPUP	(10,252)	(8,025)	2,227
COVID-19 Incremental Expenditure Included Above		1,499	1,499
Surplus / Deficit EXCLUDING COVID-19	(10,252)	(6,526)	3,726

Finance | Headlines

PERFORMANCE AGAINST Original Internal Operational Trust plan

Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£11.7m** above the Trust's Internal operational plan in February (deficit of £(78.9)m 2020/21). Income measured under normal PbR was **£(5.0)m below plan in month**.



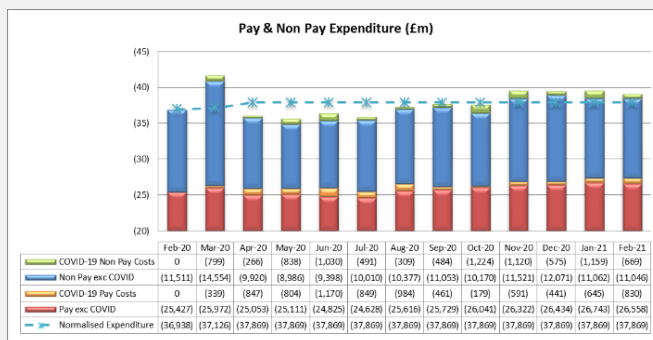
£9.1m additional System COVID/top up payment was received under the Phase 3 regime. **Commissioner block payments were £7.0m** over the Trust's actual performance (which includes activity delivered by our clinicians at the independent sector). With the current COVID wave **income measured under normal PbR (prior to these adjustments) was £(5.0)m below plan in month (December was £(6.8)m below)**:

- Daycase/Elective activity **£(3.2)m** and A&E **£(0.6)m**
- Emergencies **£0.4m** – increased activity after taking into account working days and increased levels of acuity of patients
- Outpatients **£(1.7)m** and Other Income **£(0.7)m** (Radiology £(0.3)m, Pathology GP requests £(0.3)m) and Chemo/Radiotherapy £(0.1)m)
- Training **£0.5m**, Car Parking **£(0.2)m** and an additional **£0.6m** Gap income funding

NHSE&I have advised the **Elective Incentive Scheme** has been suspended for 2020/21 with no adjustments being applied to the STP.

The combined pay and non pay expenditure variance against our internal budget is **£(1.5)m adverse**, against the Trust's Internal operational plan in February (deficit of £(78.9)m 2020/21). However this position includes £1.5m of incremental COVID-19 costs.

Pay expenditure overall is consistent with last month at £27.4m in February. Substantive workforce costs increased by £0.3m to **£23.4m** in February driven by an increase in our provision for Clinical Excellence Awards to recognise the accumulated fund.



Expenditure

Temporary staffing costs reduced by **£0.3m to £4.0m** in February, this was 14.7% of the total pay bill. This is largely within temporary medics (£0.3m) and is due to the release of a provision for a pay award within bank medical staff, as well as fewer working days in February. Finance and Operational teams are continuing to validate the temporary Medics data following the transition from the HCL Clarity system to NHSP Allocate system.

Temporary nursing costs reduced in month (£0.1m) due to their being fewer working days in February. The overall nursing workforce in February increased by c.42 wte student Nurses joining us on temporary placement to support with the current wave of the Covid pandemic. This cost is externally funded.

Non pay expenditure overall increased from £18.0m in January. To £18.1m in February. This increase of £0.1m in month reflects increased Non PbR drugs costs (£0.5m), normalisation of PDC dividends (£0.2m) and a normalisation for charges to IFRIC 12 schemes (£0.5m), offset by reductions in supplies and services caused by fewer days in February and lower activity across the Trust.

Our total operating cost base is £0.3m lower than our normalised position, due to lower levels of clinical non pay expenditure driven by reduced levels of activity.

Capital

Year to date Capital expenditure at month 11 2020/21 totals £13.5m. The spend to date is primarily on COVID-19 projects, replacement equipment, and expenditure against the Core Programme for Digital and Property & Works.

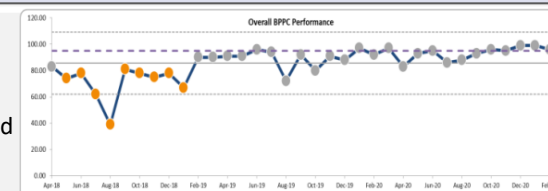
The full year 2020/21 Capital plan has remained at £25.8m. The Trust is not due to receive allocated ASR PDC funding until the new financial year, once the ASR business case has had final governance approval. The plan still includes national funding streams in full, including £2.5m funding towards the Urgent and Emergency Care scheme for this financial year, and £1.75m for the Adult Critical Care projects.

Capital Assurance Level: **Level 4**

Reason: Funding allocated, significant work being undertaken to progress implementation. Commitments and actual spend increasing but risk remains in terms of ability to fully deliver nationally funded schemes by year end, given COVID Wave. Brokerage secured for STP capital schemes. Exec oversight continues.

Cash Balance

Under the interim COVID-19 financial arrangements, sufficient cash is currently being received each month to meet obligations. At the end of February the cash balance was £77.4m. This is due to timing of receipts (April to March payments received to date), timing of capital programme spend and £7.7m revenue support (PDC) received in April 2020. The current advance payment mechanism will cease in March such that only 12 months payments are received in the year. Review of the cash flow forecast indicates that cash balances will continue to remain positive.

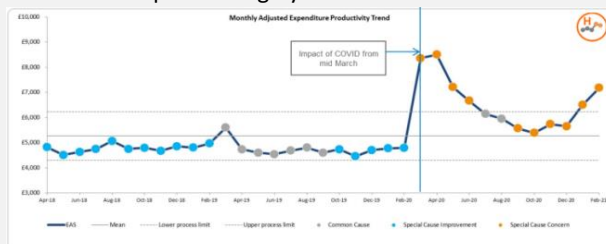


Cash Assurance Level: **Level 6**

Reason: Good cash balances, historic loans converted to PDC, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given unknown regime for 2021/22.

Productivity & Efficiency

Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating this financial year, our internal operational plan is inclusive of £14.5m of plans, and as such we continue to assess current performance and impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working. Notwithstanding all of the focus being on COVID-19, the Productivity and Efficiency Programme has delivered £9.8m of actuals at Month 11 against an Annual Plan figure of £12.5m. The key over-performing schemes are: Energy Rate Decrease: over-performing by £809k YTD; Evergreen Closure: over-performing by £459k YTD and Procurement Spec Med by £397k.



Adjusted Expenditure Productivity Trend:

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

The improvement trend that we saw earlier in the year has subsequently slowed and then deteriorated from November. **Productivity (pending final coding) appears to have remained at this worsened position in February as COVID 19 has continued to impact.**

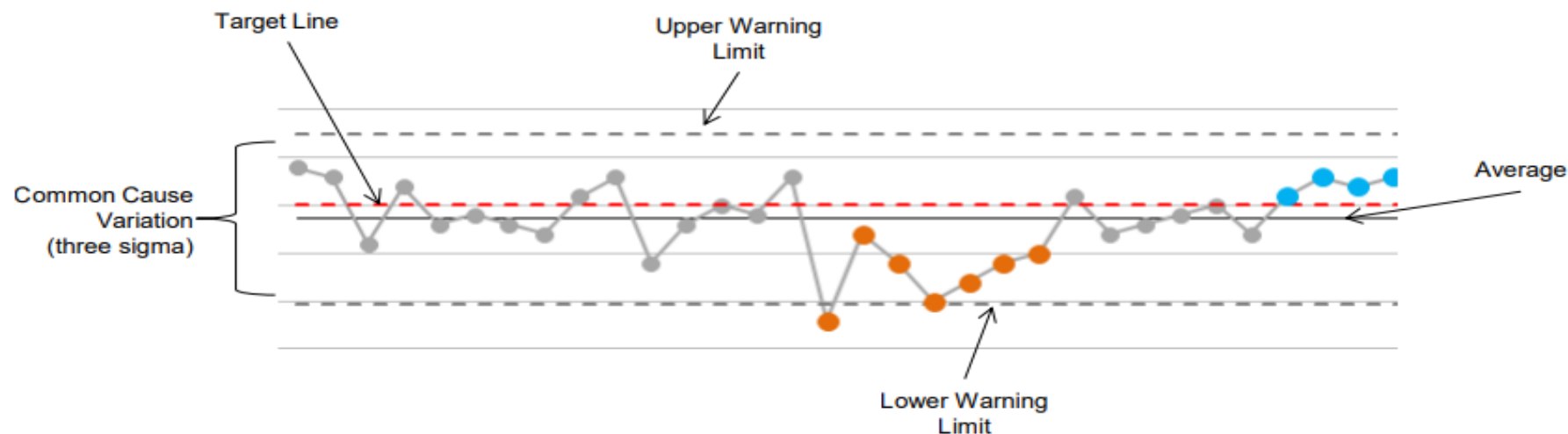
Appendices

Operational Performance Table | Month 11 [February] 2020-21

Performance Metrics		Operational Standard		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
EAS	4 Hours (all)	95%	Actual Trajectory	88.92%	91.33%	88.73%	92.60%	88.05%	83.47%	83.56%	82.10%	76.18%	75.35%	75.99%
	15-30 minute Amb. Delays	-	Actual Trajectory	1,443	1,148	1,119	818	933	979	986	893	908	1073	817
	30-60 minute Amb. Delays	-	Actual Trajectory	145	82	150	97	172	188	213	178	327	279	251
	60+ minutes Amb. Delays	0	Actual Trajectory	2	3	25	13	28	67	58	63	365	192	170
	Incomplete (<18 wks)	92%	Actual Trajectory	69.92%	59.89%	49.95%	42.70%	47.84%	53.03%	55.58%	57.47%	56.68%	55.18%	53.27%
RTT	52+ WW	0	Actual Trajectory	7	52	179	483	873	1,403 ✖ 1,269	2,007 ✖ 1,533	2,457 ✖ 1,532	3,131 ✖ 1,725	4,290 ✖ 2,030	5,608 ✖ 2,174
	2WW All	93%	Actual Trajectory	90.30%	94.59%	88.11%	88.89%	81.00%	85.62%	72.27%	77.22%	80.51%	73.61%	85.97%
CANCER	2WW Breast Symptomatic	93%	Actual Trajectory	100.00%	100.00%	70.42%	91.95%	78.65%	82.95%	25.00%	13.59%	10.00%	10.89%	38.46%
	62 Day All	85%	Actual Trajectory	60.81%	64.57%	72.39%	74.83%	69.42%	70.80%	74.19%	73.03%	70.11%	71.70%	61.41%
	104 day waits	0	Actual Trajectory	50	71	186	189	118	52	44	45	57	100	93
	31 Day First Treatment	96%	Actual Trajectory	97.67%	92.86%	95.41%	97.22%	97.07%	97.84%	97.05%	96.14%	95.10%	89.52%	94.74%
	31 Day Surgery	94%	Actual Trajectory	100.00%	-	-	-	0.00%	-	100.00%	0.00%	0.00%	0.00%	0.00%
	31 Day Drugs	98%	Actual Trajectory	100.00%	97.78%	99.19%	98.04%	95.45%	94.74%	100.00%	96.08%	97.87%	98.08%	100.00%
	31 Day Radiotherapy	94%	Actual Trajectory	96.43%	97.18%	95.60%	98.99%	100.00%	100.00%	100.00%	98.53%	98.82%	98.84%	100.00%
	62 Day Screening	90%	Actual Trajectory	70.60%	88.20%	0.00%	15.40%	0.00%	66.70%	84.20%	97.60%	80.40%	81.80%	81.30%
	62 Day Upgrade	-	Actual Trajectory	95.50%	89.50%	91.80%	86.80%	81.80%	92.60%	100.00%	100.00%	100.00%	97.50%	100.00%
	Diagnostics (DM01 only)		99%	Actual Trajectory	33.37%	27.52%	31.85%	34.56%	37.20%	42.89%	45.72%	61.32%	63.87%	47.63%
STROKE	CT Scan within 60 minutes	-	Actual Trajectory	53.85%	49.21%	48.10%	59.52%	40.79%	47.69%	50.00%	43.64%	72.12%	47.54%	-
	Seen in TIA clinic within 24hrs	-	Actual Trajectory	91.94%	94.52%	92.31%	89.36%	87.72%	89.23%	72.09%	96.23%	90.90%	93.33%	-
	Direct Admission	-	Actual Trajectory	46.15%	65.08%	63.29%	65.48%	50.00%	55.38%	43.75%	36.36%	20.34%	50.82%	-
	90% time on a Stroke Ward	-	Actual Trajectory	71.15%	81.54%	79.75%	85.54%	76.92%	73.38%	68.75%	74.55%	76.27%	83.61%	-

Quality & Safety Performance Table Month 11 [February] 2020-21

Performance Metrics			Feb-20		Mar-20		Apr-20		May-20		Jun-20		Jul-20		Aug-20		Sep-20		Oct-20		Nov-20		Dec-20		Jan-21		Feb-21	
Cdiff	0	Actual	6	✗	5	✗	3	✓	2	✓	3	✓	6	✗	5	✓	6	✗	9	✗	6	✗	3	✓	6	✗	6	✗
		Trajectory	4		4		5		4		4		5		5		4		4		5		4		4		4	
Ecoli	0	Actual	4	✓	2	✗	2	✓	3	✓	3	✓	1	✓	4	✓	2	✓	3	✓	3	✓	4	✓	2	✓	3	✓
		Trajectory	5		5		4		4		4		4		4		4		4		5		4		4		4	
MSSA	0	Actual	1	✗	2	✗	0	✓	1	✓	1	✗	5	✗	2	✗	4	✗	3	✗	5	✗	1	✓	1	✓	1	✗
		Trajectory	0		0		3		1		0		1		1		1		0		1		1		1		0	
MRSA		Actual	0	✓	1	✗	0	✓	0	✓	0	✓	0	✓	0	✓	0	✓	0	✓	1	✗	0	✓	0	✓	0	✓
		Trajectory	0		0		0		0		0		0		0		0		0		0		0		0		0	
Hospital Acquired Pressure Ulcers: Serious Incidents	0	Actual	1	-	0	-	0	-	1	-	0	-	1	-	0	-	0	-	0	-	0	-	0	-	0	-	0	-
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
Falls per 1,000 bed days causing harm	0	Actual	0.04	✓	0.08	✗	0.00		0.14		0.07		0.00		0.17		0.00		0.19		0.05		0.00		0.00		0.05	
		Trajectory	0.04		0.04		-		-		-		-		-		-		-		-		-		-		0.04	
% medicine incidents causing harm	0%	Actual	10.67%	✓	8.24%	✓	6.45%		5.71%		2.65%		1.15%		3.41%		1.12%		2.08%		4.39%		2.73%		3.28%		2.47%	
		Trajectory	11.71%		11.71%		-		-		-		-		-		-		-		-		-		-		11.71%	
Hand Hygiene Audit Participation	100%	Actual	99.11%	✗	78.76%	✗	95.65%		89.25%		93.88%		91.18%		86.24%		89.09%		91.89%		90.99%		93.69%		85.85%		88.68%	
		Trajectory	100%		100%		-		-		-		-		-		-		-		-		-		-		100%	
Hand Hygiene Compliance to practice	97%	Actual	98.64%	✓	99.35%	✓	99.17%		99.38%		99.73%		99.28%		99.49%		99.53%		99.66%		99.64%		99.75%		99.56%		99.37%	
		Trajectory	97%		97%		-		-		-		-		-		-		-		-		-		-		98%	
VTE Assessment Rate	95%	Actual	96.83%	✓	96.76%	✓	96.91%		95.49%		96.03%		96.45%		95.99%		96.47%		96.82%		97.65%		97.23%		97.10%		96.98%	
		Trajectory	95%		95%		-		-		-		-		-		95%		95%		95%		95%		95%		95%	
Sepsis Screening compliance	90%	Actual	86.03%	✗	82.99%	✗	63.25%		81.30%		82.59%		87.86%		86.08%		83.38%		85.54%		83.16%		83.72%		71.13%		-	
		Trajectory	90%		90%		-		-		-		-		-		95%		95%		95%		95%		95%		95%	
Sepsis 6 bundle compliance	100%	Actual	55.74%	✗	64.94%	✗	43.37%		57.58%		55.07%		50.70%		32.14%		34.91%		34.31%		39.02%		45.20%		40.40%		-	
		Trajectory	90%		90%		-		-		-		-		-		95%		95%		95%		95%		95%		95%	
#NOF time to theatre <=36 hrs	95%	Actual	87.93%	✓	87.30%		76.10%		68.42%		64.79%		80.65%		75.95%		72.73%		72.73%		77.19%		71.59%		80.72%		-	
		Trajectory	85%		85%		-		-		-		-		-		85%		85%		85%		85%		85%		85%	
Mortality Reviews completed <=30 days	100%	Actual	53.53%	-	22.94%	-	18.95%		19.25%		21.32%		29.46%		52.46%		55.13%		48.73%		35.50%		-		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
HSMR 12 month rolling average	100	Actual	100.62	-	101.39	-	104.34		103.93		101.78		101.16		98.83		98.03		97.68		99.58		98.04		-		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
Complaints responses <=25 days	85%	Actual	87.76%	✓	86.49%	✓	43.33%	✗	84.62%	✓	22.22%	✗	58.06%	✗	58.54%	✗	51.61%	✗	83.33%	✓	73.13%	✗	90.70%	✓	64.29%		83.87%	
		Trajectory	80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%		80%	
ICE viewed reports [pathology]	100%	Actual	95.33%	-	95.77%	-	97.06%		97.19%		90.76%		96.41%		96.42%		96.05%		96.44%		96.05%		96.29%		96.95%		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	
ICE viewed reports [radiology]	100%	Actual	81.13%	-	81.22%	-	84.46%		80.56%		83.42%		84.38%		82.99%		83.20%		83.85%		83.35%		80.61%		83.45%		-	
		Trajectory	-		-		-		-		-		-		-		-		-		-		-		-		-	



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

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

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

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

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

65

Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of desired outcomes over defined period of time i.e. 3 months.
Level 6	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with clear evidence of the achievement of the desired outcomes.
Level 5	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all of the agreed actions, with little or no evidence of the achievement of the desired outcomes.
Level 4	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of a number of agreed actions being delivered, with little or no evidence of the achievement of the desired outcomes.
Level 3	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Some measurable impact evident from actions initially taken AND an emerging clarity of outcomes sought to determine sustainability, agreed measures to evidence improvement.
Level 2	Comprehensive actions identified and agreed upon to address specific performance concerns.	Some measurable impact evident from actions initially taken.
Level 1	Initial actions agreed upon, these focused upon directly addressing specific performance concerns.	Outcomes sought being defined. No improvements yet evident.
Level 0	Emerging actions not yet agreed with all relevant parties.	No improvements evident.



FEBRUARY 2021 IN NUMBERS



4,090

Walk-in patients (A&E)



4,095

Patients arriving
by ambulance



10,958

Inpatients



17,772

Face to Face outpatients



12,950

Telephone consultations



323

Babies



461

Elective operations



123

Trauma Operations



214

Emergency Operations



6.5

Average length of stay



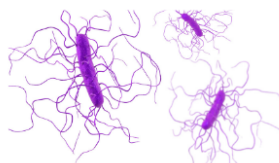
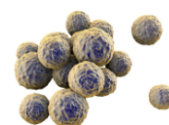
11,274

Diagnostics

QUALITY AND SAFETY IN NUMBERS

FEBRUARY 2021


MRSA
0

ECOLI
3

CDIFF
6

MSSA
2

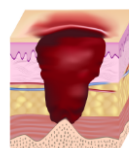
Hand Hygiene

Participation **88.86**
Compliance **99.46**
SEPSIS
Sepsis

Screening Compliance **71.13**
Sepsis 6 bundle compliance **40.04**

ICE reports viewed

Radiology **83.45**
Pathology **96.95**

Falls per 1,000 bed days causing harm
1

Pressure Ulcers

All hospital acquired pressure ulcers **24**
Serious incident pressure ulcers **1**

Response Rate

A&E **21.60**
Inpatients **25.23**
Maternity **3.00**
Outpatients **14.56**

Recommended Rate

A&E **85.70**
Inpatients **94.87**
Maternity **69.23**
Outpatients **94.90**

HSMR 12 months rolling (Dec 20) **98.04**
Mortality Reviews completed <=30 days (Nov-20) **35.50**

Risks overdue review **129**
Risks with overdue actions **137**

Discharged before midday **14.27**

Complaints Responses <=25 days **83.87**

Total Medicine incidents reported **81**
Medicine incidents causing harm (%) **2.47**

WORKFORCE COMPOSITION IN NUMBERS

February 2021



Employees
6705



BAME employees
17%



Part-time workers
45%



Female
82%



Registered nurses
2133 (32%)



HCAs, helpers and assistants
1335 (19%)



Doctors
720 (11%)



Other clinical and scientific staff
852 (13%)



Over age 55
18%



30 years and under
21%



Staff with less than 2 years service
28%



Staff with 20 years service or over
9%

Committee Assurance Reports

Trust Board
21st April 2021

Topic	Page
Operational & Financial Performance	
<ul style="list-style-type: none">Finance and Performance Committee Assurance Report	
Quality & Safety	
<ul style="list-style-type: none">Quality Governance Committee Assurance Report	
People & Culture	
<ul style="list-style-type: none">People and Culture Committee Assurance Report	

Finance & Performance Committee Assurance Report – 31st March 2021

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

Executive Summary

The Finance & Performance Committee met virtually on 31 March 2021.

COVID-19: We noted that the number of COVID positive patients is reducing with a similar reduction in ITU COVID positive patients. Our mortality rate of 28% is just below the national average of 29%. This is the last COVID report due to the improving situation and a report is to be presented to our May meeting on the experiences and lessons learnt. We were informed of the arrangements to increase elective activity with routine elective activity being undertaken at the Alexandra Hospital and at Kidderminster with the Worcester site mainly for complex elective activity. Sessions at the Alexandra and Kidderminster will be allocated on a speciality basis and it will be for Divisions to determine how sessions are used and unused allocations will be transferred to other specialities. The approach being put to the STP is to deal with P2 and P3 and long waiting patients. Assurance level 5.

Annual Planning and Productivity and Efficiency Programme Plans and Site/Service Reconfiguration: We received a PowerPoint presentation following the publication last week of the long awaited Annual Planning guidance. We were concerned that there is an absence of ambitious targets and timeframe to give the Committee assurance on deliverability. We received an assurance that the Executive Team will develop quickly with Divisions their objectives and challenges to deliver cost savings schemes particularly around reducing premium costs and PEPs. This work undertaken during the next month will be presented to our next meeting. We also requested the COO supported by the Director of Strategy and Planning to further develop the service configuration evolution by site presented by him, into a (multi-year) operating plan, including timelines, which should include recovery and restoration and the implementation of the clinical services strategy. Eventually this will underpin a revised mid term financial plan with significantly reduced deficits (and significantly improved productivity).

Integrated Performance Report: The key areas of performance challenges were identified as the impact of COVID-19, Quality and Safety (Infection Prevention and Control and Sepsis) and People and Culture. In the 12 month period to February 2021 we noted the positive performance improvement in the EAS, 12 hour breaches and ambulance handover delays albeit in the light of a small reduction in activity. We were informed of the approach to reduce the P2 and P3 patients and long waiting patients to 28 days over the course of the next few months. We are working with the PCN on those patients referred who have not yet been seen by the Trust as some may have received advice from their GP. Work is in progress to include details on P2 and P3 patients in the IPR.

Assurance levels remain unchanged as urgent care and patient flow including HomeFirst Worcestershire 5, cancer 5 except 62 days which is 4, RTT 4, Outpatients and planned admissions 4, diagnostics 4 and stroke 5.

Finance & Performance Committee Assurance Report – 31st March 2021

Executive Summary (cont.)

Financial Performance Report Month 11 position including Costing Update: We noted that in month 11 our financial position is £3.1m positive mainly as a result of non delivery of planned activity and additional income. Our system year end forecast is a small surplus. Due to changes in the income arrangements, the focus is on reducing spend particularly on agency costs, PFI and improving discharges which will improve our cost base. We noted that a workshop is to be held in May 2021 to discuss the Medium Term Financial Plan; nonetheless we have expressed concern that there needs to be a plan which specifically sets out how we are to work more productively to reduce our financial Deficit (or, with the clarity of the income arrangement, demonstrates significant improvement in productivity and unit cost) which can be scrutinised and monitored by the Committee. The NED meeting on 20 April 2021 will receive an update.

The cash position remains positive and the current forecast is that the revised capital programme will be delivered with a small underspend.

We were informed of the progress being made to roll out Service Line Reporting (SLR) to help reduce our costs per unit of activity noting that there are particular challenges with a three site operation. We have asked to see guidance with principles on how SLR (and other sources like GIRFT) is to be used to address our underlying deficit and in holding to account. We agreed earlier that divisional attendance of FPC will be re-instated now that COVID incident management is further de-escalated and that the main topic of discussion will be how the divisions build a plan to increase productivity and improve their financial position, using information like SLR and GIRFT etc.

The assurance levels remain unchanged as set out in the report namely, Income and Expenditure 4, Capital 4 and cash 6.

Digital/PAS Upgrade: The Chief Digital Officer gave a verbal update on the programme plan for the PAS upgrade currently scheduled to go live in November 2021. This upgrade is a necessary requirement for the introduction of the Digital Care Record. A full report with aggressive timelines and risks is to be presented to our next meeting.

Procurement – Transformation Plan: We are pleased to note the good progress being made across five key themes to modernise the Procurement and Supply Chain function across the Trust and in parallel with partner Trusts.

Sign Off Consultant Appointments and Review Consistency of Job Planning: We have received assurance that procedures are in place to ensure fair and equitable job plans for new consultants within the Trust. The job plan consistency panel ensures that all new consultant posts contain an element of 7 day working and that there is equity in job plans across the Trust.

Review of Terms of Reference: We approved the revised terms of reference which appears as a separate report on the Trust Board agenda.

BAF Risks – Finance and Performance Committee Section: We have established a small group of Committee members to consider in detail risks for report back to the next meeting.

Workplan: We noted the updated workplan.

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 1st April 2021

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

Executive Summary

The Committee met virtually on 1 April and the key points raised included:

Infection, Prevention and Control update:

Committee noted the ongoing actions in respect of MSSA and antimicrobial stewardship. There is now a clear understanding and focus on the risks and actions required to improve. Divisional plans are in place and will be monitored via performance meetings with the COO. The non covid IPC assurance rating will be reviewed on 22 April and reported back to Committee. **Assurance level 3 non Covid and level 5 Covid approved**

COVID-19 Longer Update:

Committee were advised this would be the last report in the current format with a 12 month review following next month. Disparity in mortality was discussed, with no concerns identified via death reviews in respect of differential treatment or care management. Deaths have plateaued, length of stay is reducing and the number of Covid positive patients is reducing. Vaccination is progressing well. **Assurance level 5 approved**

Integrated Performance Report:

Committee discussed concerns regarding the impact of waiting list increases as a result of covid, taking assurance with regards to the prioritisation of the cohort of patients and joint triage with GPs, regarding those referred between March and September, prior to the advice and guidance service being in place. Given a deterioration in snap audit outcome scores, it was agreed to reduce the assurance level for stroke, however it was noted the necessary infrastructure is in place and this will improve as Covid changes enable beds to be ringfenced again. **Assurance level overall was agreed at level 4, the assurance level for stroke was reduced from level 5 to 4.**

CQC Inspection Report: - Maternity Services:

The CNO highlighted the staff engagement sessions being held with staff, announcing April as “maternity matters month” to encourage a dialogue with staff and patients. Three safety walkabouts have been completed and the feedback from patients is positive. It was noted that many of the actions flagged by CQC, were already being put in place prior to the publication of the report. **Assurance level 4 approved.**

Patient Experience Q3 Report

Positive levels of experience have been maintained despite restrictions on visiting and rise of Covid cases. The PALS business case has been approved and is out to advert. **Assurance level 5 approved.**

Patient Safety Q3 Report:

71 incidents in the quarter, with 23% of those being IPC related. Committee discussed the approach to sharing of learning from incidents and was pleased to see more incidents and near misses being reported. **Assurance level 4 approved.**

Quality Governance Committee Assurance Report – 1st April 2021

Executive Summary (cont.)

Safe Care Q3 Report:

Pressure ulcers and the dementia bundle remain key priorities. Falls have sustained improvement and are on trajectory. Hydrations is being addressed via the fundamentals of care. **Assurance level 5 approved.**

BAF Risks allocated to the Committee:

Committee felt the BAF was a key step in driving the quality and safety agenda even more strongly. A specific session to review the Committee's BAF risks would be set up for May.

Well-Led Assessment:

The paper was noted for assurance

Committee Escalations

Key issues to Trust Board via this reports; there was cross attendance at both People and Culture and Finance and Performance Committees. There were no risk escalations for the BAF.

Recommendation(s)

The Board is requested to receive this report for assurance.

People and Culture Committee Assurance Report – 30th March 2021

Accountable Non-Executive Director	Presented by:	Author
Dame Julie Moore Non-Executive Director	Colin Horwath Non-Executive Director	Martin Wood Deputy 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 30 March 2021. Our main focus was on the staff survey results which impacted on a number of further reports which we discussed. The summary of the key points discussed follows:-

- **BAF – People and Culture section:** We considered the BAF risks allocated to the Committee and noted that two new risks were proposed relating to an effective health and wellbeing plan to support staff and a comprehensive leadership model and plan together with some proposed wording changes in two further risks regarding diversity. A further report is to be presented to our next meeting following further discussion around defining diversity, undertaking deep dives into risks, and health and well being. This work is to be undertaken in conjunction with the Governance Task and Finish Group.
- **What our Staff Survey Results Tell Us and next Steps:** We were pleased to note the significant progress made in our staff survey results and that our Trust is now regarded as average for Acute Trusts with no outliers on the survey themes. However, the three overarching themes emerging from the survey relate to a score below average for colleagues recommending the Trust as a place to work suggesting that further work is needed on our staff offer; colleagues do not have the confidence that we will act on their concerns suggesting a lack of Trust. Our leadership plan is key to establishing a culture of Trust and colleagues report not being included in key decisions that impact on their area of work. The single improvement methodology will be a key vehicle to address this. We recognise that further work is required. The golden thread to improvement will be through a refreshed People and Culture Strategy and associated action plans which are to be developed by Divisions with delivery being closely monitored. Leadership through our Trust is key to making improvements.
- **Heath and Wellbeing Plan:** We to note the progress made against staff health and wellbeing during the last 6 months. We approved our health & wellbeing ~~and~~ plan but invited the Director of People and Culture to make the plan more ambitious. A detailed scorecard is to be presented in six months' time for the Committee to monitor implementation.
- **Mandatory Training Compliance for 2020/21:** We noted that the Trust Mandatory Training Compliance is to revert back to 90% rather than the 95% which was originally agreed for 2020/21. This will remain until 2022 when it will be reviewed in order to benchmark with other organisations. We stressed that we should aim to reinstate the 95% target next year.
- **Safest Staffing Report – Adult Nursing and Maternity Staffing:** We received an assurance that adult nursing for February 2021 and maternity staffing for December 2020 – February 2021 was considered safest in line with the new definition with mitigations in place. We noted the work in progress regarding improvements in maternity staffing and have asked for an update report in three months' time at which midwifery staff will be invited to attend
- **Different Ways of Working During COVID Pandemic and Beyond:** We noted the approach taken to further develop 'our post COVID staff offer' under 6 headings and the approach to be taken to support and develop the contractual and policy impact of different ways of working following COVID-19.

People and Culture Committee Assurance Report – 30th March 2021

Executive Summary (cont.)

- **Freedom to Speak Up Guardian:** We were concerned to note the increase in the number of issues raised at the Alexandra Hospital following the introduction of the new portal to raise concerns. The majority of concerns related to themes of inappropriate behaviour and attitudes including bullying and harassment. We have asked that concerns raised are triangulated. We received an assurance that action is taken on the basis of the evidence regarding bullying and harassment. A separate report appears on the Trust Board agenda.
- **Guardian for Safer Working:** The Trust saw a high number of reports from foundation doctors working in surgery at Worcester from August to December 2020. The number of exception reports fell in the period of the second COVID -19 pandemic wave which is a similar pattern to the first wave of the pandemic. We were pleased to note the action taken following concerns raised at our October 2020 Committee by foundation doctors in surgery at Worcester. Feedback did not indicate widespread discriminatory behaviour is being experienced.
- **Reducing our reliance on the Temporary Workforce:** We noted that a zero tolerance approach to premium staffing costs is to be launched on 1st April 2021. This approach sets out the process to be followed before temporary staff can be used. There needs to be an improvement on the grip and control of bank and agency spend. Reducing premium staffing costs has been a wicked issue for the Trust with different approaches being taken each year as part of our cost improvement programme with limited impact. This approach is designed to change the current culture/mindset if we are to make a stepped change in our reliance on the temporary workforce. We remain an outlier with significantly higher premium staffing costs than other similar Trusts. We are concerned that more ambitious targets are required to reduce these costs.
- **Centralised Recruitment Model Benefits Realisation to Date:** We have noted the benefits to date following the introduction in September 2020 of Phase 1 of this Business Case relating to recruitment procedures. Phase 2 is underway and looks at how we can work better across recruitment, workforce (getting set up on ESR/Payroll), learning & development (Induction), IT and Security (IT and Building Access) and Car parking. This is work in progress and further benefits are anticipated.
- **Review of Terms of Reference:** We have approved revised terms of reference which reflect changes to our ways of working which we identified at a development session. The revised terms of reference appear as a separate item on the Trust Board agenda.
- **People and Culture Risk Register** We have closed risks relating to HR capacity and EU nations and reduced the risk rating for retention, vacancy rate and further reduced Occupational Health capacity. Two new risks have been added relating to COVID vaccine take up and delays associated with the review of HR policies. We have invited the Director of People and Culture and the Company Secretary to consider risks below this level.
- **Other reports noted:**
 - JNCC Notes
 - Divisional Scorecard to 28 February 2021
 - Workplan

Recommendation

The Board is requested to note this report for assurance.