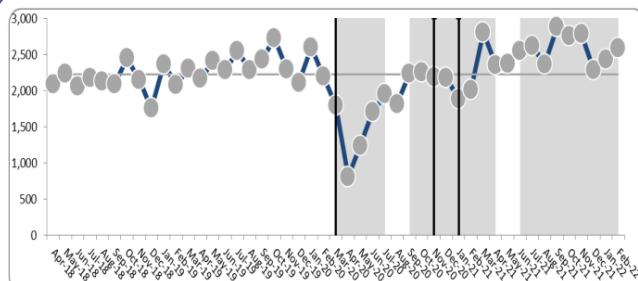


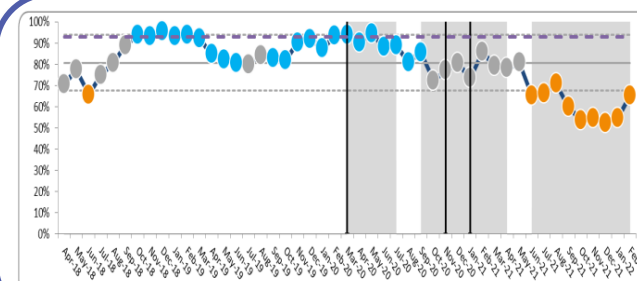
2WW  
Referrals

2,592



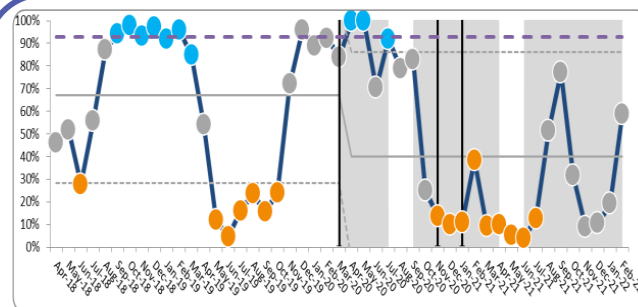
Cancer  
2WW All

65.35%



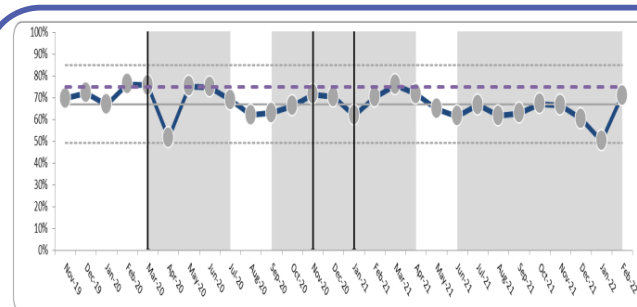
Cancer 2WW  
Breast  
Symptomatic

58.87%



Cancer  
28 day FDS

70.78%

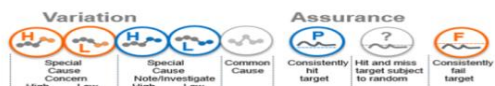


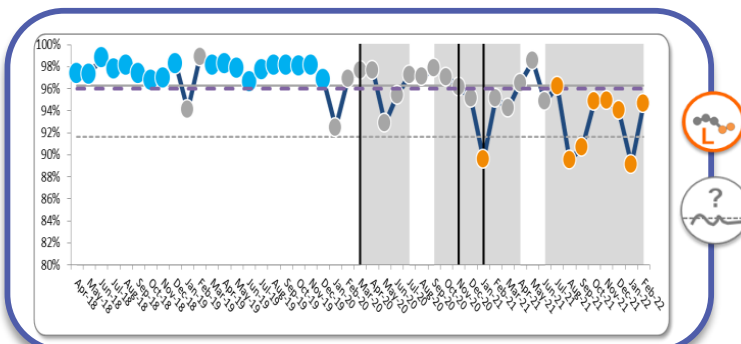
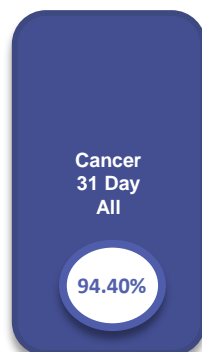
## Key

- Internal target

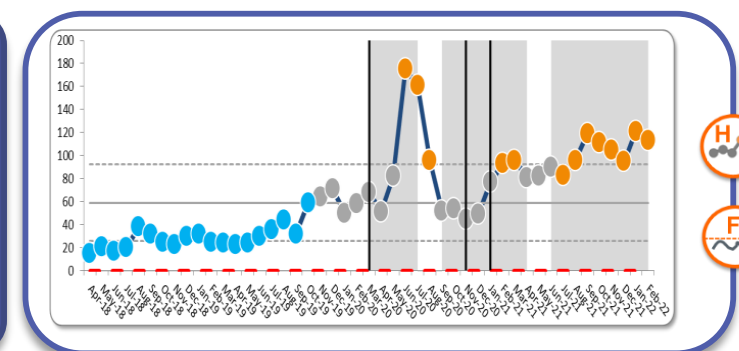
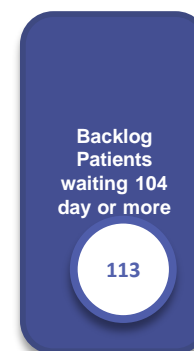
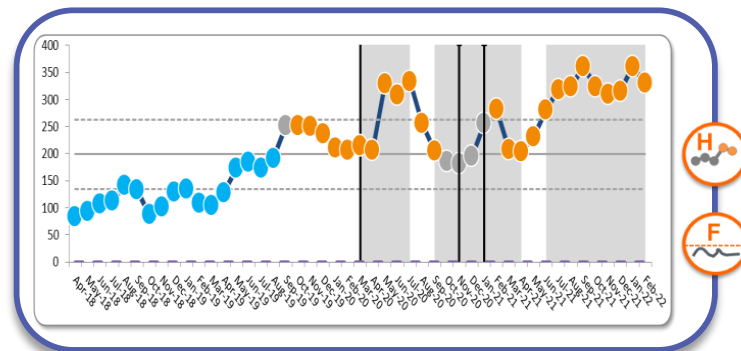
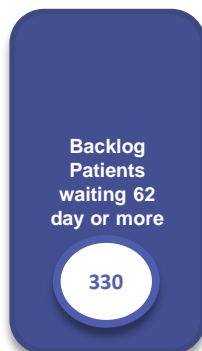
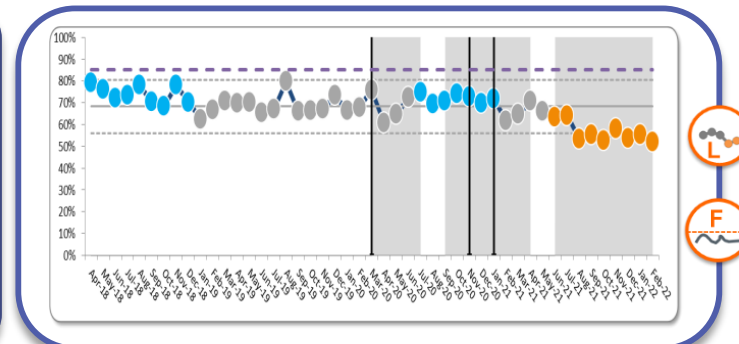
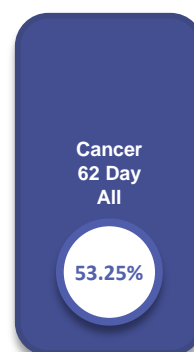
- Operational standard

COVID Wave  
Lockdown





Please note that % axis does not start at zero.



## Key

- Internal target
- Operational standard

COVID Wave  
Lockdown

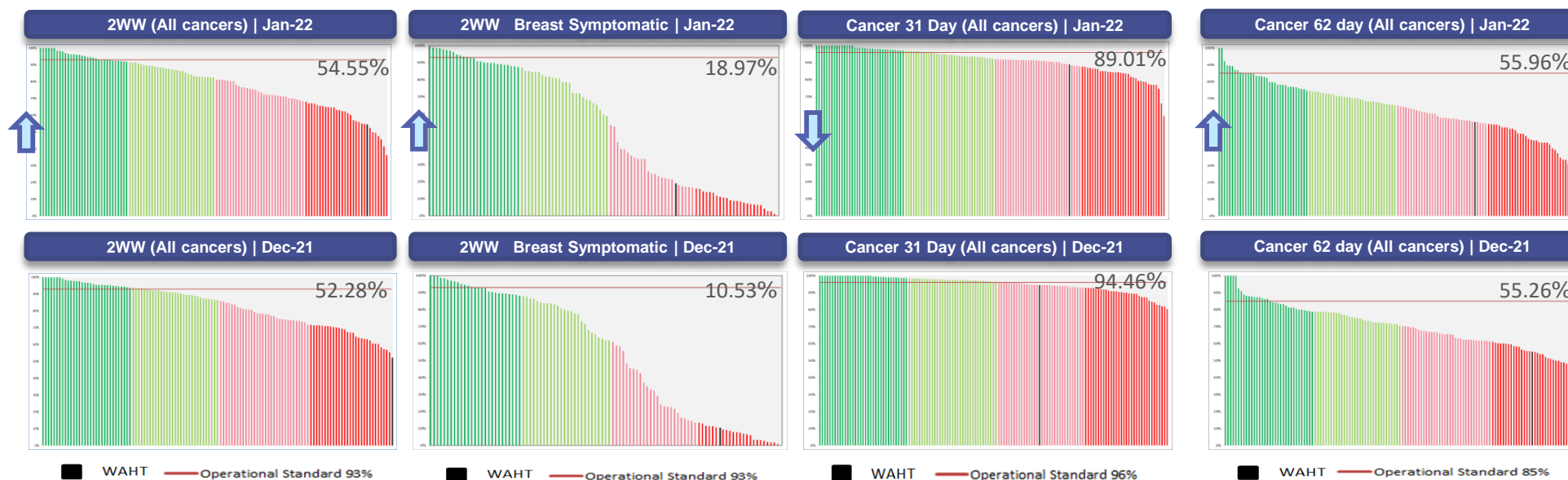
## National Benchmarking (January 2022)

**2WW:** The Trust was one of 2 of 13 West Midlands Trust which saw an increase in performance between Dec-21 and Jan-22 This Trust was ranked 12 out of 13; we were 13<sup>th</sup> the previous month. The peer group performance ranged from 49.94% to 88.88% with a peer group average of 69.92%; declining from 75.70% the previous month. The England average for Jan-22 was 74.99% a -3.7% decrease from 78.64% in Dec-21.

**2WW BS:** The Trust was one of 8 of 13 West Midlands Trust which saw an increase in performance between Dec-21 and Jan-22 This Trust was ranked 7 out of 13; we were 10<sup>th</sup> the previous month. The peer group performance ranged from 6.45% to 97.26% with a peer group average of 37.97%; declining from 38.46% the previous month. The England average for Jan-22 was 49.40% a -1.5% decrease from 50.85% in Dec-21.

**31 days:** The Trust was one of 12 of 13 West Midlands Trust which saw a decrease in performance between Dec-21 and Jan-22 This Trust was ranked 6 out of 13; we were 5<sup>th</sup> the previous month. The peer group performance ranged from 78.91% to 100.00% with a peer group average of 85.60%; declining from 90.53% the previous month. The England average for Jan-22 was 89.64% a -3.8% decrease from 93.43% in Dec-21.

**62 Days:** The Trust was one of 13 of 13 West Midlands Trust which saw a Trusts in performance between Dec-21 and Jan-22 This Trust was ranked 4 out of 13; we were 9<sup>th</sup> the previous month. The peer group performance ranged from 27.70% to 68.42% with a peer group average of 47.78%; declining from 56.22% the previous month. The England average for Jan-22 was 61.79% a -5.2% decrease from 66.95% in Dec-21.



Electronic Referral Service (ERS) Referrals		Referral Assessment Service (RAS) Referrals		Advice & Guidance (A&G) Requests	Total RTT Waiting List	Number and percentage of patients on a consultant led pathway waiting less than 18 weeks for their first definitive treatment		Number of patients waiting 40 to 52 weeks or more for their first definitive treatment	Number of patients waiting 52+ weeks	Of whom, waiting 78+ weeks	Of whom, waiting 104+ weeks
Total	8,013	Total	5,628	2,586	55,890	25,765	46.10%	5,375	5,888	1,480	466
Non-2WW	5,262	Non-2WW	4,922								

## What does the data tells us?

### Referrals

- **ERS Referrals:** a total of 8,013 electronic referrals were made to the Trust in Feb-22 and is noticeably higher by working day comparing Jan-22 = 365.7 to Feb-22 = 400.7.
- 5,262 were non-2WW referrals so of the total electronic referrals, 35.6% were 2WW cancer.
- **RAS Referrals:** a total of 5,628 RAS referrals were made to the Trust in Feb-22. 4,922 were non-2WW and 79.9% have been outcomed within 14 working days. Of the 706 2WW RAS referrals, 93.6% have been outcomed within 2 working days. 13.6% of RAS referrals were returned to the referrer.
- **A&G Requests:** 2,586 A&G requests were received in Feb-22 with 94.5% responded to within 2 working days and 97.2% within 5 working days.

### Referral To Treatment Time (validated)

- The Trust has seen a 1.7% decrease in the overall wait list size in Feb-22 compared to Jan-22; from 56,846 to 55,890. This is below the H2 target of no more than 58,321 incomplete pathways.
- The number of patients over 18 weeks who have not been seen or treated within 18 weeks has increased to 30,125. This is 373 more patients than the validated Jan-22 snapshot and a 1.2% increase. RTT performance for Feb-22 is validated at 46.10% compared to 47.55% in Jan-22. This remains sustained, significant cause for concern and the 92% waiting times standard cannot be achieved.
- The number of patients waiting over 52 weeks for their first definitive treatment is now the lowest since Aug-21, reducing by 142 to 5,888 patients. Of that cohort, 1,480 patients have been waiting over 78 weeks and 466 over 104 weeks. Of the 104+ week cohort, 293 patients are under the orthodontic specialty with the next highest at 78 (general surgery) and 35 (urology).

Current Assurance Level: 3 (Feb-22)

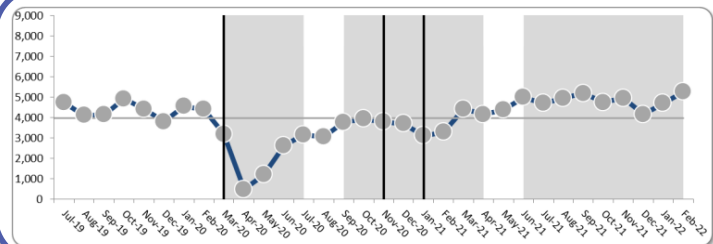
**When expected to move to next level of assurance:** This is dependent on the programme of restoration of elective activity and reduction of long waiters which are linked to the H2 operational planning requirements (Mar-22).

Previous Assurance Level: 3 (Jan-22)

SRO: Paul Brennan

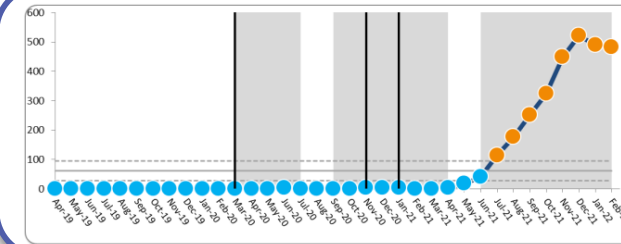
Electronic  
Referrals  
Profile  
(non-2WW)

5,262



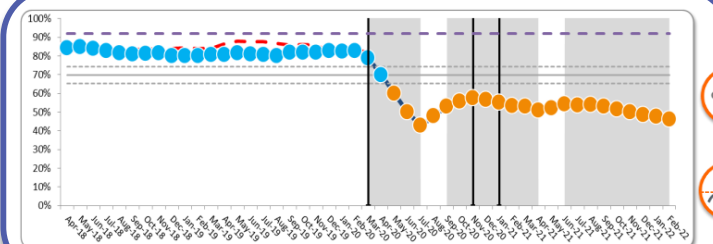
104+ week  
waits

466



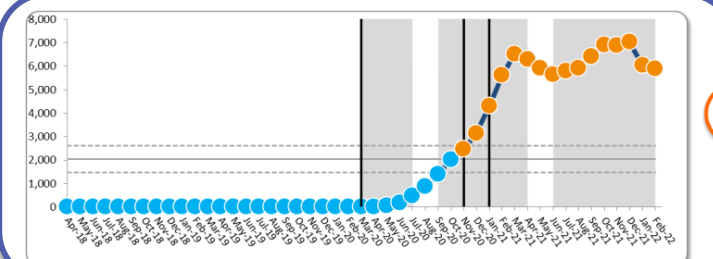
RTT  
% within 18  
weeks

46.10%



52+  
week waits

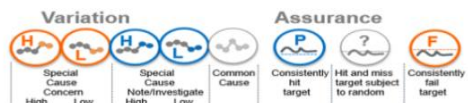
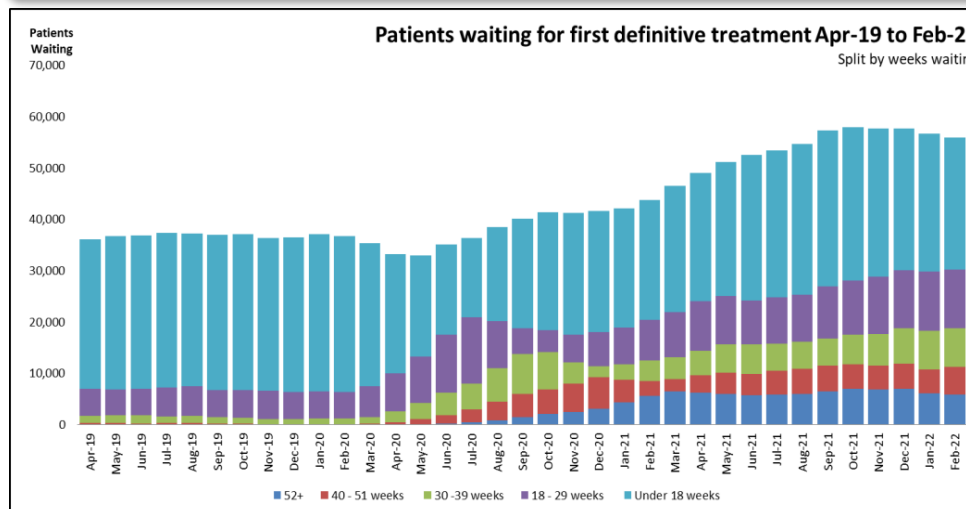
5,888



RTT waiting list profile by weeks waiting

Patients waiting for first definitive treatment Apr-19 to Feb-22

Split by weeks waiting



**Key**

- Internal target
- Operational standard

**National Benchmarking (January 2022)** | The Trust was one of 9 of 12 West Midlands Trust which saw a decrease in performance between Dec-21 and Jan-22 This Trust was ranked 11 out of 13; no change from the previous month. The peer group performance ranged from 39.53% to 78.41% with a peer group average of 51.63%; improving from 51.38% the previous month. The England average for Jan-22 was 62.80% a -1.0% decrease from 63.80% in Dec-21.

Nationally, there were 311,528 patients waiting 52+ weeks, 6,025 (1.93%) of that cohort were our patients.

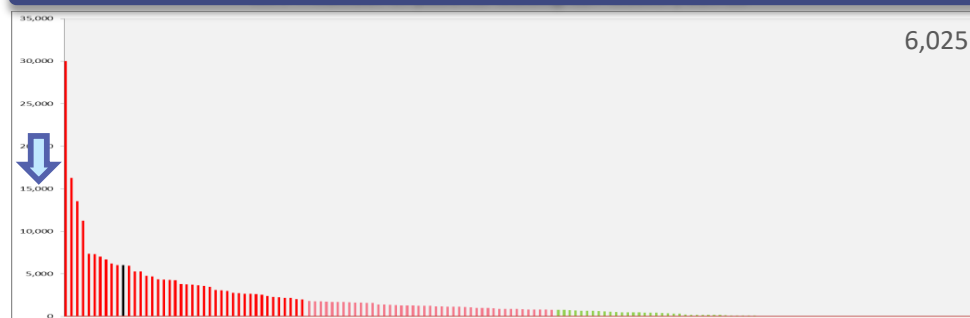
Nationally, there were 70,645 patients waiting 78+ weeks, 1,571 (2.22%) of that cohort were our patients.

Nationally, there were 21,767 patients waiting 104+ weeks, 489 (2.24%) of that cohort were our patients.

RTT - % patients within 18 weeks | Jan-22



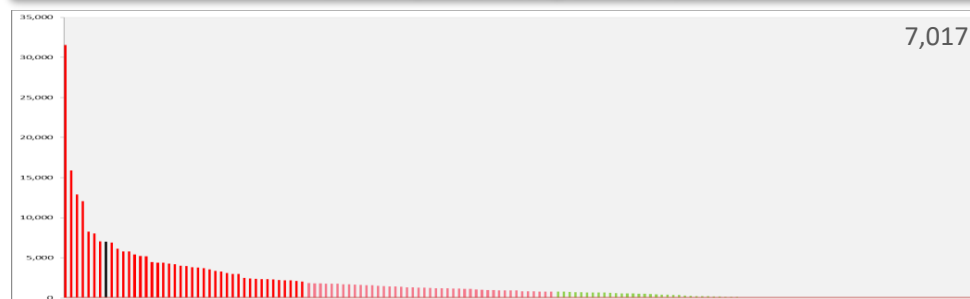
RTT - number of patients waiting 52+ weeks | Jan-22



RTT - % patients within 18 weeks | Dec-21



RTT - number of patients waiting 52+ weeks | Dec-21



Total Outpatient Attendances		Total OP Attendances Face to Face		Total OP Attendances Non Face to Face		% OP Attendances Non Face to Face	Consultant Led First OP Attendances		Consultant Led Follow Up OP Attendances		Elective IP Day Case		Elective IP Ordinary	
40,836	+4,918	30,193	+7,867	10,643	-2,950	26.1%	10,099	+1,027	12,264	+929	6,215	-124	462	-222

## Outpatients - what does the data tell us? (second SUS submission)

- The graphs on slide 20 compare our Feb-22 outpatient attendances to Feb-20 and our H2 activity target. As noted in the top row of this table we achieved the majority of our OP targets. Although we are not undertaking the same volume of appointments in Feb-22 compared to Feb-20, we were at 90% of Feb-20 for total OP activity level overall, 98% for consultant-led first attendances and 83% for consultant-led follow-up attendances.
- The Trust undertook 40,836 outpatient appointments in Feb-22 (consultant and non-consultant led); 4,608 fewer appointments than Feb-20 but +4,918 to our H2 plan.
- In the Feb-22 RTT OP cohort, there are 32,739 RTT patients still waiting for their first appointment, 23.4% of them have been dated and of the total cohort, 2,721 patients have been waiting over 52 weeks. 76% of our longest waiters are undated.
- The top five specialties with the most 52+ week waiters in the outpatient new cohort has not changed and are General Surgery, Orthodontics, Urology, Gynaecology and T&O.
- For Patients awaiting 1st outpatient appointment on pathway, the following have been identified as improvements from Jan-22 to Feb-22.
  - Trauma & Orthopaedics saw a decrease in median wait time of -87.4% from 89 days to 47.5 days, based on a cohort of 1100 patients in the most recent month, compared with a previous cohort size of 1161 patients. Additionally, the mean wait time has decreased by 6.8% from 95.4 days to 89.3 days.
  - Endocrinology saw a decrease in median wait time of -37.1% from 48 days to 35 days, based on a cohort of 355 patients in the most recent month, compared with a previous cohort size of 369 patients.
  - Finally, Rheumatology saw a decrease in median wait time of -35.8% from 110 days to 81 days, based on a cohort of 842 patients in the most recent month, compared with a previous cohort size of 807 patients. Additionally, the mean wait time has decreased by 13.8% from 134.2 days to 117.9 days and the maximum wait time has decreased by 21.1% from 448 days to 370 days.

## Planned Admissions - what does the data tell us?

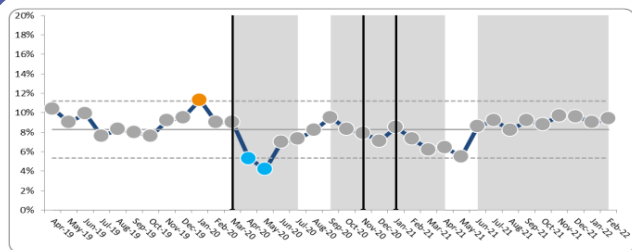
- On the day cancellations shows no significant change since Jun-20.
- Theatre utilisation, at 71.3%, remains just below the mean and is not showing positive improvement. Factoring in allowed downtime, the utilisation increases to 76.3%. Lost utilisation due to late start / early finish showed no significant change at 27.1%
- In Feb-22, the number of day cases decreased and elective ordinary cases increased from Jan-22; both are below the H2 plan. Day cases are 89% of Feb-20 and -124 to our H2 target and elective ordinary are 68%, -222 to H2 target. Our overall elective activity is currently -346 to plan and 87% of Jan-20.
- 43.2% of eligible patients were rebooked within 28 days for their cancelled operation in Feb-22, with 19 of 44 patients being rebooked within the required timeframe.
- The Independent Sector undertook no elective activity in Feb-22 but they did perform 152 diagnostic tests and 112 procedures were undertaken in our Vanguard theatre.

Current Assurance Level: 4 (Feb-22)	When expected to move to next level of assurance: : This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and the expectation from NSHEI for H2 (Mar-22).
Previous Assurance Level: 4 (Jan-22)	SRO: Paul Brennan



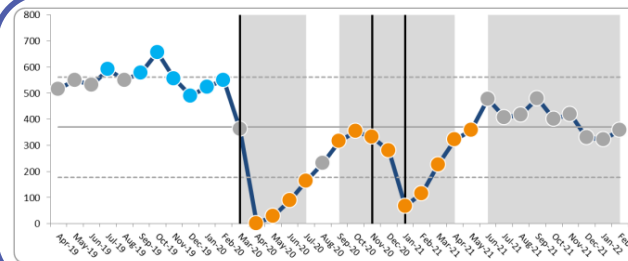
On the day  
cancellation  
as a  
percentage  
of scheduled  
procedures  
(%)

9.4%



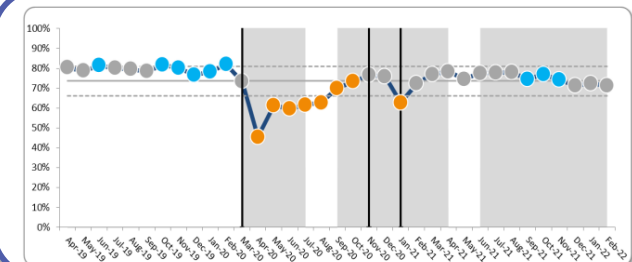
Electives on  
elective  
theatre  
sessions (n)

358



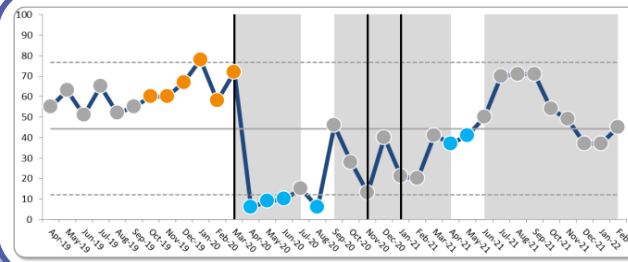
Actual  
Theatre  
session  
utilisation  
(%)

71.3%



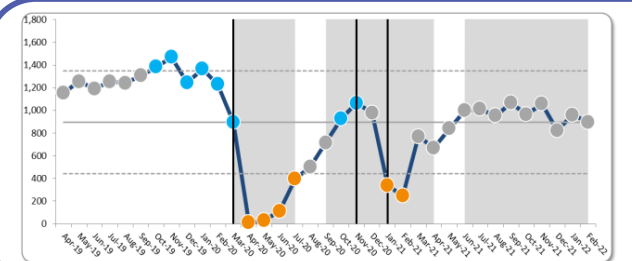
Non-  
electives &  
emergencies  
on elective  
theatre  
sessions (n)

45



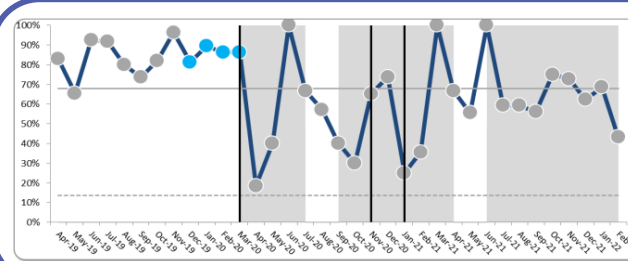
Day cases on  
elective  
theatre  
sessions (n)

897



% patients  
rebooked  
with 28 days  
of  
cancellation

43.2%

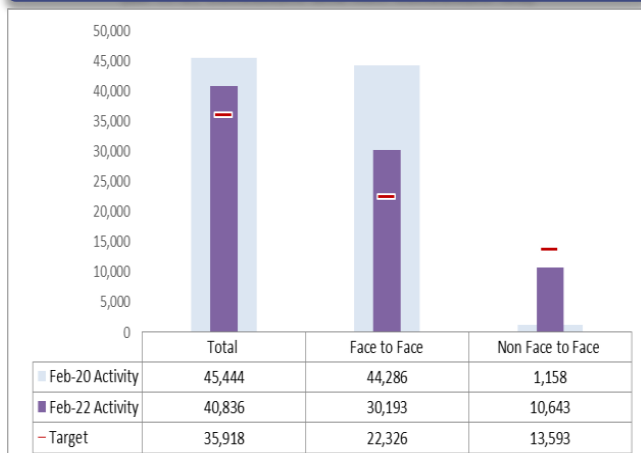


COVID Wave  
Lockdown

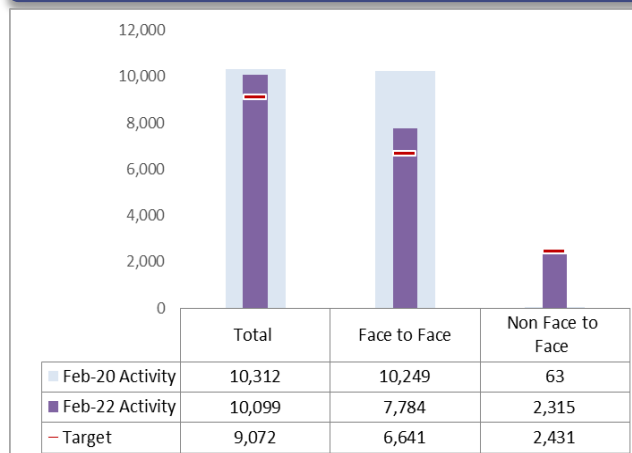


## Outpatients| February 2022 attendances compared to 2019/20 and H2 plan

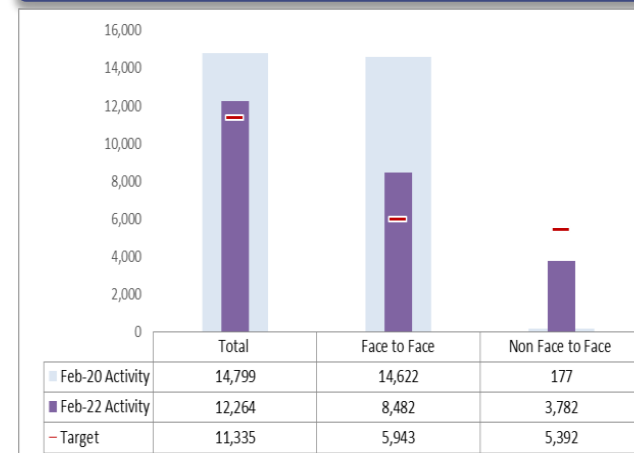
**Total outpatient attendances**  
(all TFC; consultant and non consultant led)



**Consultant-led first outpatient attendances**



**Consultant-led follow-up outpatient attendances**



The total waiting list, the number of patients waiting more than 6 weeks for a diagnostic test, and % of patients waiting less than 6 weeks											
Trust Total			Radiology			Physiology			Endoscopy		
10,234	3,184	68.89%	5,493	1,383	74.82%	3,363	1,275	62.09%	1,378	526	61.83%
<b>What does the data tell us?</b> <b>DM01 Waiting List</b> <ul style="list-style-type: none"><li>The DM01 performance is validated at 68.89% of patients waiting less than 6 weeks for their diagnostic test, compared to 54.48% the previous month. In summary, this is due to a 35% decrease in 6 week breaches, with radiology breaches almost halving in the last month from 2,700 to 1,380.</li><li>The diagnostic waiting list has decreased by 4.6% with the total waiting list currently at 10,234 patients, a decrease of 492 patients from the previous month.</li><li>The total number of patients waiting 6+ weeks has decreased by 1,669 patients, now below 3,500 for the first time since Dec-20. There are 1,655 patients waiting over 13 weeks (1,917 in Jan-22) with echocardiography and DEXA contributing 58% of our longest waiters.</li><li>Radiology has the largest number of patients waiting at 5,493, a decrease of 497 patients from Jan-22, with those waiting 6+weeks having decreased by 1,320 to 1,383 (lowest number of breaches since Dec-20).</li><li>Endoscopy saw no change in the number of patients waiting over 6+ weeks (remaining at 526 albeit different patients) and their total waiting list size decreased (-71).</li><li>Physiological science modalities saw an 76 patient increase in the total waiting list and the number of patients waiting over 6 weeks decreased by 379.</li></ul> <b>Activity</b> <ul style="list-style-type: none"><li>16,078 diagnostic tests were undertaken in Feb-22.</li><li>MRI and non-obstetrics ultrasound achieved their H2 plan for Feb-22, and although CT didn't there were still 12% more tests in the month compared to Feb-20.</li><li>Colonoscopy, gastroscopy and flexi sig have all missed their H2 plan</li><li>Finally, echocardiography achieved it's H2 plan, +167 to plan.</li></ul>				<b>RADIOLOGY</b>							
				<b>What have we been doing?</b> <ul style="list-style-type: none"><li>Continued WLI sessions countywide, staff permitting.</li><li>Continued DEXA WLI sessions</li><li>Took delivery of CT mobile scanner</li><li>Offered 9 overseas Radiographer posts</li></ul>						<b>What are we going to do next?</b> <ul style="list-style-type: none"><li>Identify funds to extend MRI mobile</li><li>Identify funds to extend CT mobile</li><li>Plan a recruitment open day in May</li><li>Advertise Consultant Radiologist posts</li><li>Engage with company to insource Radiographers to utilise capacity on CT3 and CDC</li><li>Continue WLI session in CT, MRI, DEXA and US.</li><li>Continue working with WVT to utilise all available MRI &amp; CT capacity</li><li>Continue contract with BMI</li></ul>	
				<b>Issues</b> <ul style="list-style-type: none"><li>Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity, but we also have sickness in this group of staff</li><li>Reduced number of WLI as staff not offering additional sessions and due to sickness</li><li>Increase in Breast 2ww demand for MRI- no available capacity in hours, discussing with Breast how we can utilise OOH available capacity</li></ul>							
				<b>ENDOSCOPY (inc. Gynaecology &amp; Urology)</b>							
				<b>What have we been doing?</b> <ul style="list-style-type: none"><li>Moved to LFT for lower GI procedures which is improving patient uptake.</li><li>Continuation of self isolation and PCR testing for upper procedures remains challenging</li><li>Continuing to recruit to vacant booking co-ordinator positions.</li><li>Progressing training of those newly appointed co-ordinators.</li><li>Ceased Urology waiting lists at KTC as result of improved DMO1 position these waiting lists will be replaced with GI sessions.</li><li>Inhealth provision of endoscopists is improving.</li><li>Continuing to work closely with radiology to secure addition ERCP sessions</li></ul>						<b>What are we going to do next?</b> <ul style="list-style-type: none"><li>Undertaking a review of admin structure</li><li>Working with transformation team in reviewing administrative, preassessment and clinical pathways</li></ul>	
				<b>Issues</b> <ul style="list-style-type: none"><li>Capacity of booking team to book patients</li><li>Booking patients is an issue due to covid swab and isolation period – patients declining appointments.</li></ul>							

21

# Operational Performance: DM01 Diagnostics | Waiting List and Activity

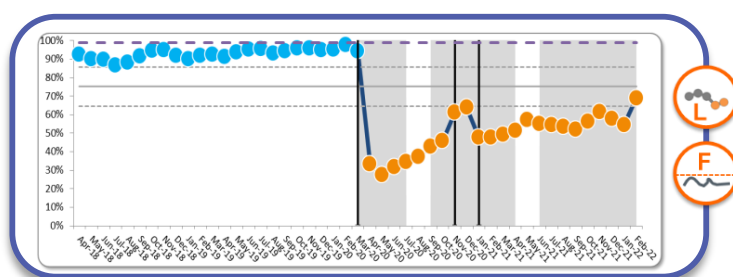
2.4 - Ensure timely access to diagnostics and treatment for all urgent cancer care

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

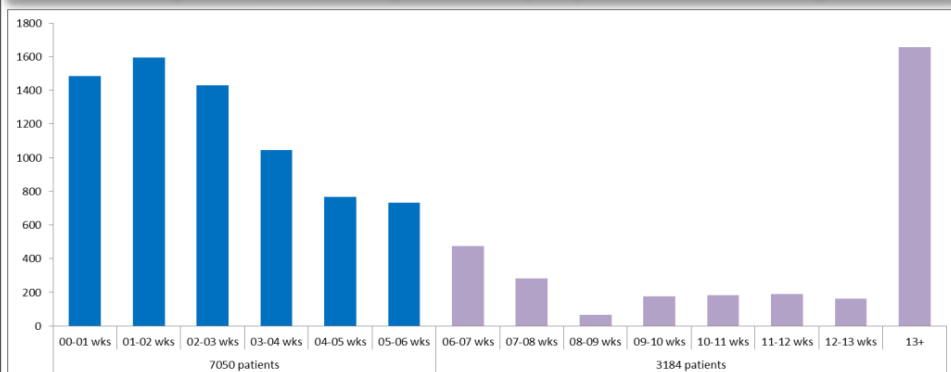
Trust Total			Radiology			Physiology			Endoscopy		
10,234	3,184	68.89%	5,493	1,383	74.82%	3,363	1,275	62.09%	1,378	526	61.83%

**DM01 Diagnostics**  
% patients within 6 weeks

**68.89%**



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



Current Assurance Level: 5 (Feb-22)

Previous assurance level: 5 (Jan-21)

## NEUROPHYSIOLOGY

### What have we been doing?

- Clinical urgency continues to be reviewed
- Clinics are being booked at KTC and ALX once a week.
- Continue to work mixed shift to allow additional patients to be seen

### What are we going to do next?

- WLI – approval for a limited amount of clinics, outsourcing staffing these have started
- Identify any opportunities to increase capacity following new IPC guidelines
- 6 day working to help with clinic bookings
- Locum consultant cover to continue reducing EMG w/I

### Issues

- Staff shortages due to track and trace

## CARDIOLOGY – ECHO

### What have we been doing?

- Consultant team have started clinical validation of the waiting list – hopeful completion end of Feb 22
- Echo service has move to KTC to allow for collaborative working across the trust – there have been some issues due to sickness but this is resolving
- WLIs have place on weekends to help backlogs and will continue throughout this project
- Plans to recover most of the waiting list by April 22 but will be heavily dependant on staffing levels

### What are we going to do next?

- Continuation of lists through Kidderminster until 04/04/22 where workloads will return to site
- Completion of the clinical validation – early estimations are 15-25% reduction from this
- Continued WLI clinics where possible

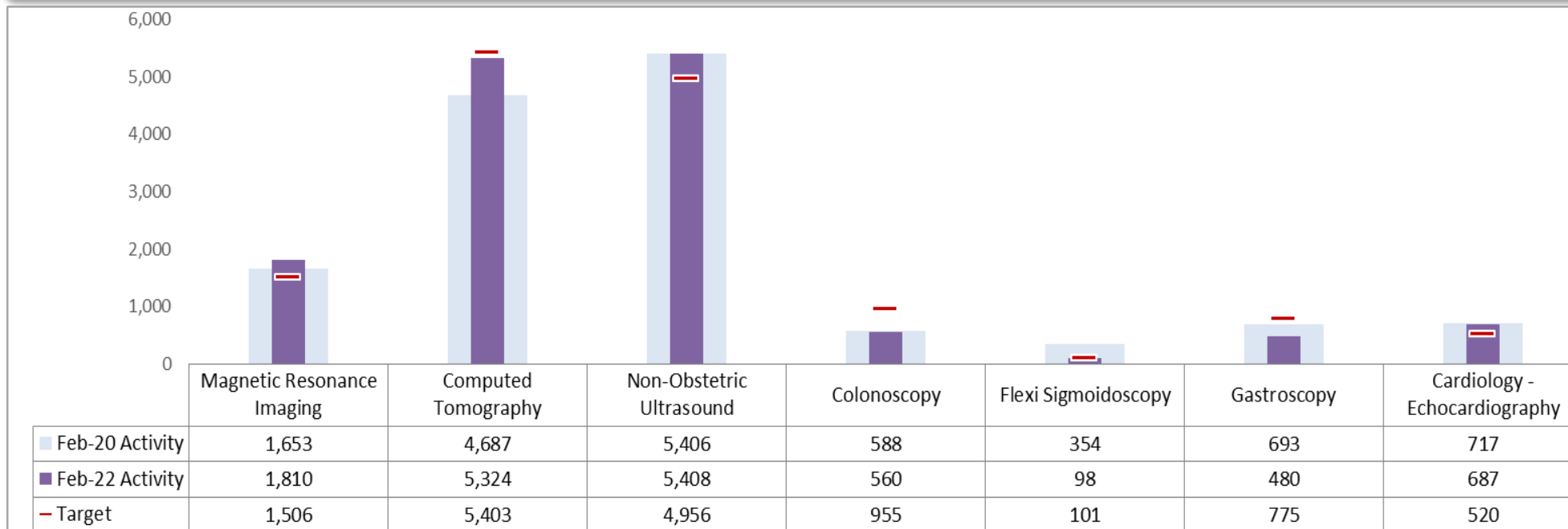
### Issues

- Staff shortages due to track and trace and high vacancy rate

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

SRO: Paul Brennan

## DM01 Diagnostics | February 2022 Diagnostic activity compared to 2019/20 and H2 plan

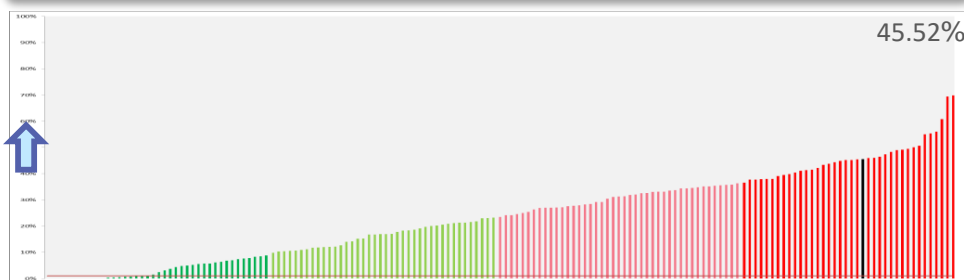


These graphs represent annual planning restoration modalities only. All other physiology tests, DEXA and cystoscopy were not included in the request from NHSEI.

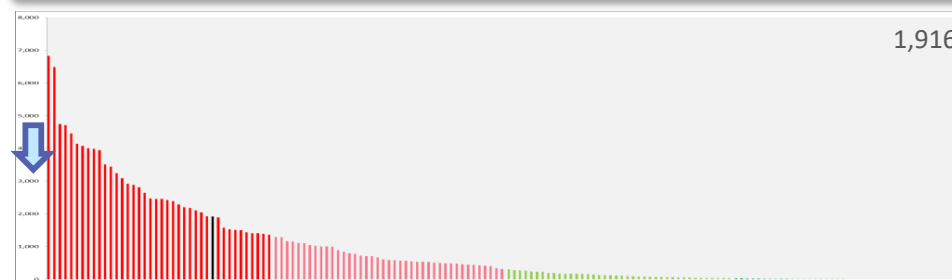
**National Benchmarking (January 2022)** | The Trust was one of 3 of 13 West Midlands Trust which saw a decrease in performance between Dec-21 and Jan-22. This Trust was ranked 12 out of 13; we were 10<sup>th</sup> the previous month. The peer group performance ranged from 3.71% to 55.29% with a peer group average of 33.59%; declining from 32.44% the previous month. The England average for Jan-22 was 30.00% a 1.0% decrease from 29.00% in Dec-21.

In Jan-22, there were 152,028 patients recorded as waiting 13+ weeks for their diagnostic test; 1,916 (1.26%) of these patients were from our Trust.

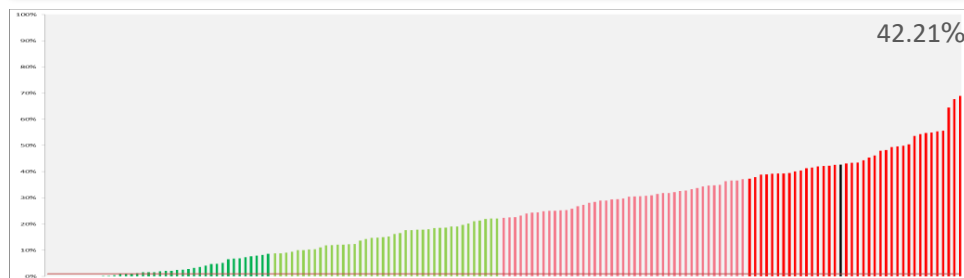
DM01 Diagnostics - % of patients waiting more than 6 weeks | Jan-22



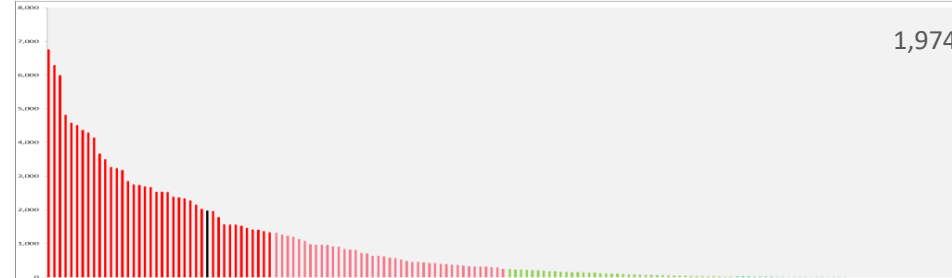
DM01 Diagnostics - number of patients waiting more than 13 weeks | Jan-22



DM01 Diagnostics - % of patients waiting more than 6 weeks | Dec-21



DM01 Diagnostics - number of patients waiting more than 13 weeks | Dec-21



■ WAHT — Operational Standard 1%

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

% of patients spending 90% of time on a Stroke Ward		% of patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		% of patients who had a CT within 60 minutes of arrival		% patients seen in TIA clinic within 24 hours		SSNAP Q3 21-22 Oct-21 to Dec-21			
71.70%	E	32.08%	E	45.28%	B	89.11%	N/A	Score	72.0	Grade	B

## What does the data tell us?

- Q3 SSNAP has been published and confirms our internal tracking. This has meant an improvement from grade C to B through a change in score from 64.6 to 72.0.

SSNAP Domain		2021/22		
		Q1	Q2	Q3
1	Scanning	C	C	C
2	Stroke unit	E	E	E
3	Thrombolysis	E	E	E
4	Specialist Assessments	C	B	B
5	Occupational therapy	A	A	A
6	Physiotherapy	B	A	A
7	Speech and Language therapy	B	C	C
8	MDT working	D	C	B
9	Standards by discharge	A	B	A
10	Discharge processes	D	A	A
Combined Total Key Indicator score and Level		60.0	68.0	72
		C	C	B
Case ascertainment band		80-89%	90%+	90%+
Audit compliance band		B	B	A
SSNAP score		54.2	64.6	72
Team-centred SSNAP level (after adjustments)		D	C	B

- Comparing the 10 domains to the previous quarter shows that 2 improved their grade and 8 maintained the grade of the previous quarter. Also 7 domains improved their overall score, 1 remained the same and 2 saw their overall score reduce.
- Only one of the four main stroke metrics show performance that is special cause concern which was direct admission to the ward. The target for being seen in the TIA clinic within 24 hours was met again this month.
- For context, the **in-month** SSNAP grades have been included in the metrics row above.

Current Assurance Level: 5 (Feb-22)

Previous Assurance Level: 5 (Jan-21)

## What are we doing to improve?

- Patients Admitted Within 4 Hours:** This is challenging partly due to limited flow to Stroke rehab beds, DTA beds and alternative inpatient beds out of county along with the receipt of timely referrals from ED due to being overwhelmed and the associated flow issues. The team are working with Health & Care Trust to identify appropriate Rehab patients to improve flow out to the Health & Care Trust beds. A joint post (stroke co-ordinator) is out to advert which will provide an overview of stroke capacity across the pathway and facilitate flow. Examples of inappropriate pre-alerts have been sent to WMAS and still awaiting a response. Limited stroke consultants continues to be an issue in terms of timely review of both ward patients and new referrals (ED and MAU). A substantive consultant has been appointed (commences May 22). A joint post has gone back out to advert for a second time with a closing date of 4<sup>th</sup> April. A second post, purely WAHT has also gone out to advert with the same closing date. Equivalent of 1WTE mutual aid from UHNM in place, along with 1 agency locum and limited support from Neurology team.
- 90% Stay on Stroke Ward:** Issues described above impact on this KPI (access to rehab beds/DTA and Community stroke team primarily). To note, the team provides timely therapy and stroke assessment wherever the patient is, not just for those on Stroke unit.
- TIA Patients Seen Within 24 Hours:** All referrals now triaged appropriately by Stroke consultant resulting in some rejections. TIA clinics have recommenced at weekend (2 slots per day) During weekdays, TIA clinic capacity has been increased by 2 slots per day which is allowing us to maintain achievement of TIA standard. We are improving performance each month and achieving the target of 80% (achieved last 5 months)
- Specialty Review Within 30 Minutes:** All referrals to stroke team from ED are reviewed initially by Stroke CNS in consultation with consultant. The Stroke front door team are dedicated to ensuring all stroke patients presenting in ED are assessed by stroke specialist in-hours and are given a swallow screen within 24 hrs as per national guidance. 24/7 CNS cover has now commenced (7<sup>th</sup> February 2022) which will support improvements in this metric. A local 24/7 stroke on call rota to support thrombolysis decision-making was trialled for the month of February. The impact of this is currently being analysed and has ceased at present due to resource availability. Long term aim for this to be permanently implemented, however this is being run on goodwill at present so is dependent on successful further recruitment and input from Wye Valley Trust consultants – due to their own current resource issues, they are unable to support this at present.

**When expected to move to next level of assurance:** Moving to assurance level 6 is dependent on achieving the main stroke metrics and demonstrable sustainable improvements in the SSNAP score / grade. Q3 SSNAP will be published in March 22.

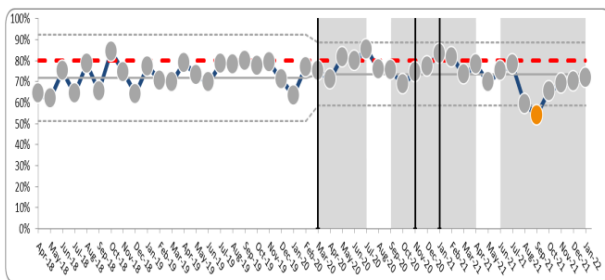
SRO: Paul Brennan

25



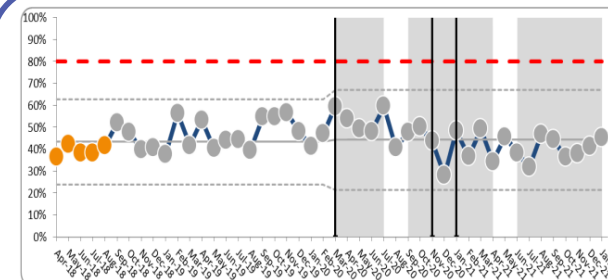
Stroke: %  
patients  
spending  
90% of time  
on stroke  
unit

71.70%



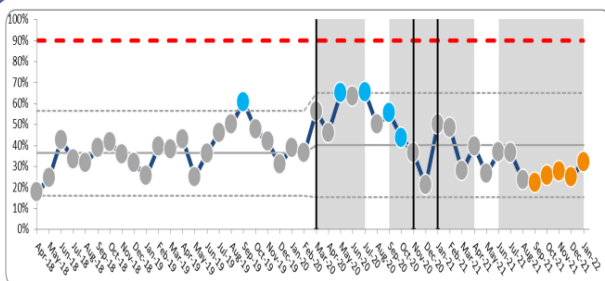
Stroke : %  
CT scan  
within 60  
minutes

45.28%



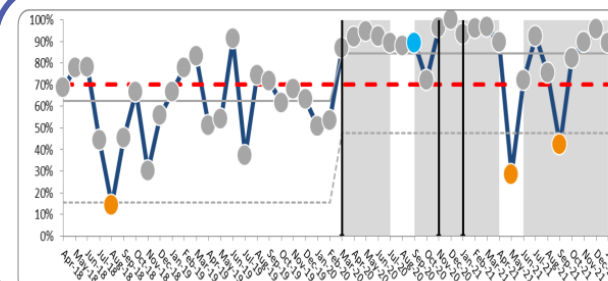
Stroke : %  
Direct  
Admission  
to Stroke  
ward

32.08%



Stroke: %  
seen in TIA  
clinic within  
24 hours

89.11%



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.

COVID Wave  
Lockdown

# Quality and Safety

## Summary Performance Table | Month 11 [February] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process limit
Infection Prevention	C-Diff	Feb-22	4	4			5	0	10
	Ecoli	Feb-22	4	4			4	0	9
	MSSA	Feb-22	1	0			2	0	6
	MRSA	Feb-22	0	0			0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Feb-22	0	-			0	0	2
Falls per 1,000 bed days causing harm		Feb-22	0	0.04			0	0	0
% medicine incidents causing harm		Feb-22	2.88	11.71			3	0	10
Hand Hygiene	Hand Hygiene Audit Participation	Feb-22	90.99	100			91	79	103
	Hand Hygiene Compliance to practice	Feb-22	99.69	98			99	99	100
VTE Assessment Rate		Feb-22	94.3	95			96	94	98
Sepsis	Sepsis Screening compliance	Jan-22	82.91	95			83	71	95
	Sepsis 6 bundle compliance	Jan-22	53.47	95			53	28	77
#NOF time to theatre <=36 hrs		Feb-22	76.6	85			77	58	97
Mortality Reviews completed <=30 days		Nov-20	35.5	-			43	20	67
HSMR 12 month rolling average		Jun-21	95.61	-			104	101	107
Complaints responses <=25 days		Feb-22	68.57	80			77	46	108
Ice viewed reports	ICE viewed reports [pathology]	Jan-22	92	-			95	94	97
	ICE viewed reports [radiology]	Jan-22	90.85	-			86	82	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process limit
FFT A&E Response	Feb-22	17.97	20			17.30	12	23
FFT A&E Recommended	Feb-22	74.49	95			82.31	75	89
FFT Inpatient Response	Feb-22	29.71	30			31.69	24	39
FFT Inpatient Recommended	Feb-22	95.78	95			95.68	94	97
FFT Maternity Response	Feb-22	1.94	30			18.89	4	34
FFT Maternity Recommended	Feb-22	100	95			93.47	73	113
FFT Outpatients Response	Feb-22	10.62	10			10.46	7	14
FT Outpatients Recommended	Feb-22	92.11	95			93.32	92	95

# Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	<ul style="list-style-type: none"> <li>The number of <i>C.difficile</i> infections in Feb-22 decreased to 4. There is currently 1 ward outbreak of <i>C.difficile</i> which is in the monitoring phase. Last positive case 03-12-21.</li> <li>E-Coli BSI has now breached our Trust internal target of no more than 30 cases for the financial year 2021/2022. However, we are achieving the national trajectory.</li> <li>MSSA BSI has breached the Trust target of no more than 10 cases for the financial year 2021/2022. There is no national target.</li> <li>MRSA BSI, Klebsiella species and Pseudomonas aeruginosa are achieving the year to date trajectories.</li> <li>Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 25 months.</li> <li>Antimicrobial Stewardship overall compliance for Feb-22 remained stable at 87.98% and missed the target of 90%.</li> <li>Patients on Antibiotics in line with guidance or based on specialist advice in Feb-22 was 91.31% and achieved the target of 90%.</li> <li>Patients on Antibiotics reviewed within 72 hours in Feb-22 was 91.32% and achieved the target of 90%.</li> <li>8 new COVID outbreaks were declared in Feb-22. There are currently 7 ongoing outbreaks and a further 5 in the monitoring phase.</li> </ul>
SEPSIS 6	<ul style="list-style-type: none"> <li>Our sepsis 6 screening performance increased in Jan-22. We will not on average hit the target, but not consistently, it may succeed due to random variation.</li> <li>We have achieved the target again for antibiotics being provided within one hour. This has been achieved for 11 out of the last 12 months.</li> </ul>
VTE Assessments	<ul style="list-style-type: none"> <li>This is the first month since March 2019, where we have not achieved the Trust target of 95%. However, W&amp;C are now entering VTE assessments via Badgernet which have not yet been factored into the Trust results.</li> <li>Excluding all W&amp;C data from Feb-22 results, our compliance is 97.42%</li> </ul>
ICE Reporting	<ul style="list-style-type: none"> <li>The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 22 months (range 80.56% to 91.37%).</li> <li>The Target of 95% for viewing Pathology Reports on ICE was missed for the seventh month running.</li> </ul>
Fractured Neck of Femur	<ul style="list-style-type: none"> <li>There were 77 #NOF admissions in February. Our performance within 36 hours was 76.6% and the average time to theatre was 27.6 hours.</li> <li>There were a total of 1842 breaches in January – 6% were due to bed issues and 50% were due to theatre capacity.</li> </ul>

# Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	<ul style="list-style-type: none"> <li>The recommended rate for Inpatients has achieved target for 12 months in a row. The response rate has fell just under 30%.</li> <li>The recommended rate for Maternity in Feb-22 has shown special cause variation. However, the response rate for Jan-22 was only 1.94%, which equates overall to 10 responses.</li> <li>The recommended rate for Outpatients has shown special cause variation since Jun-21. Our response rate for Feb-22 achieved the target of 10% and is showing normal variation.</li> <li>The recommended rate for A&amp;E will not meet the target without intervention. Performance has shown special cause variation since Jun-21. Our A&amp;E response rate in Feb-22 was 17.97% and is showing normal variation.</li> </ul>
Complaints	<ul style="list-style-type: none"> <li>Complaints responded to within 25 working days is showing normal variation. The target was missed at 68.57%. The Divisions which did not achieve the 80% target in Feb-22 were Surgery (36%) and Womens &amp; Childrens (40%).</li> </ul>
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> <li>There were zero Serious Incident HAPU's in Feb-22, and the metric is achieving the year to date trajectory.</li> <li>There were 21 HAPUs in Feb-22, which exceeded the in-month target by 1.</li> <li>The total of 185 HAPUs year to date is well under the year to date trajectory of 226.</li> <li>There were 61 Cat 3, 4 or Unstageable pressure ulcers on admission in Feb-22 which is showing normal variation.</li> </ul>
Falls	<ul style="list-style-type: none"> <li>The total number of falls for Feb-22 was 94 which fell below the in-month target. We are currently 14 falls over our year to date trajectory.</li> <li>The number of falls per 1,000 bed days decreased in Feb-22 to 4.66 and remains below the national benchmark of 6.63.</li> <li>There were no SI falls in Feb-22 and the total for the financial year is 5, which is 1 away from breaching the Trust target. However, 1 fall remains under investigation and 1 has been requested for downgrade.</li> </ul>
Never Events	<ul style="list-style-type: none"> <li>In total, there have been 9 Never Events in 2021/22. Two thirds of those occurred in SCSD areas.</li> </ul>
MSA Breaches	<ul style="list-style-type: none"> <li>In Feb-22, we had a total of 42 MSA breaches (63 last month).</li> </ul>

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

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

C-Diff * National target of 61		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA		Klebsiella species		Pseudomonas aeruginosa	
Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target	Feb actual vs target	Year to date actual / year to date target
4/5	82/56	4/3	33/27	1/0	21/10	0/0	0/0	1/3	17/35	1/3	10/17

### What does the data tell us?

- The number of C.difficile infections in Feb-22 decreased to 4. There is currently 1 ward outbreak of C.difficile which is in the monitoring phase. Last positive case 03-12-21.
- E-Coli BSI has now breached our Trust internal target of no more than 30 cases for the financial year 2021/2022. However, we are achieving the national trajectory.
- MSSA BSI has breached the Trust target of no more than 10 cases for the financial year 2021/2022. There is no national target.
- MRSA BSI, *Klebsiella species* and *Pseudomonas aeruginosa* are achieving the year to date trajectories.
- The Hand Hygiene audit participation rate has improved since Apr-21. However, we have not achieved 100% participation since Jan-20.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 25 months. This metric will reliably achieve the target.
- 8 new COVID outbreaks were declared in Feb-22. There are currently 7 ongoing outbreaks and a further 5 in the monitoring phase.
- All of the high impact intervention audits in Feb-22 had an overall compliance above 95%. The two audits which had the lowest compliance were central venous access devices - Insertion Phase (97.8%) and peripheral vascular access devices - Ongoing Care (98.8%).

- The wider context with C.difficile is that the overall community numbers have risen across the system and more widely. Overprescribing of antibiotics in the community during the pandemic due to the switch to remote consultation has been reported to be a driving factor in this.
- We have identified a specific issue relating to the removal of radiator covers for deep cleaning on the WRH site. A deep cleaning programme has now commenced.
- The Staphylococcus aureus BSI Quality Improvement Steering Group is making some progress, though operational and staffing pressures have resulted in significant delays. A paper setting out more detail was brought to CGG, TME and QGC in January 22. The team are focussed on implementation of the PVD packs, a new PVD monitoring form, and are planning an awareness campaign on these issues as well as the IVAD guidelines.
- Progress with the enhanced C.difficile action plan has been significantly affected by operational and staffing pressures. These have resulted in significant delays to achievement of actions. A paper setting out more detail was brought to CGG, TME and QGC in January 22. A series of Scrutiny & Learning Meetings has been held to catch-up on delayed reviews to ensure learning is identified and shared.
- A location for the bed and trolley deep cleaning facility has been identified on both sites. Work is progressing to operationalise the Alex site facility. The WRH site location will need capital works to enable it to progress, and that is presently being worked on.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-21)

Reason: Current performance in relation to C.difficile and MSSA BSI

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

This will be next reviewed in April 22, when quarter 4 performance can be assessed.

Previous assurance level (Oct-21) –Level 6 COVID-19 / Level 4 for non-Covid

SRO: Paula Gardner(CNO)



## Source: Fingertips (up to December 2021)

**C. Difficile** – Out of 24 Acute Trusts in the Midlands, our Trust sits the 4<sup>th</sup> highest for hospital onset-healthcare associated C. difficile infections. Our rate stands at 23.3 cases per 100,000 bed days, which is above both the overall England and Midlands rate. Wye Valley is the highest Trust and has a rate of 49 cases per 100k bed days.

**E.Coli** – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 7<sup>th</sup> best. Our rate stands at 14.8 cases per 100,000 bed days, which is below the overall England and Midlands rate.

**MSSA** – Out of 24 Acute Trusts in the Midlands, our Trust sits the 10<sup>th</sup> best. Our rate stands at 8 cases per 100,000 bed days, which is below both the overall England and Midlands rate.

**MRSA** – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 13<sup>th</sup> highest. Our rate stands at 1 case per 100,000 bed days, which is below both the overall England and Midlands rate.

### C. Difficile infection counts and 12-month rolling rates of hospital onset-healthcare associated cases | Dec-21

Area	Count	Per 100,000 bed days
England	5,754	18.5
Midlands NHS Region	968	16.6
Worcestershire Acute Hospitals	55	23.3

### E. Coli hospital-onset cases counts and 12-month rolling rates | Dec-21

Area	Count	Per 100,000 bed days
England	7,063	22.8
Midlands NHS Region	1,248	21.4
Worcestershire Acute Hospitals	35	14.8

### MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset | Dec-21

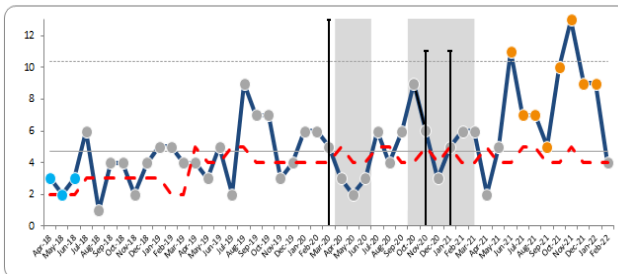
Area	Count	Per 100,000 bed days
England	3,771	12.1
Midlands NHS Region	610	10.4
Worcestershire Acute Hospitals	19	8.0

### MRSA cases counts and 12-month rolling rates of hospital-onset | Dec-21

Area	Count	Per 100,000 bed days
England	285	0.9
Midlands NHS Region	40	0.7
Worcestershire Acute Hospitals	1	0.4

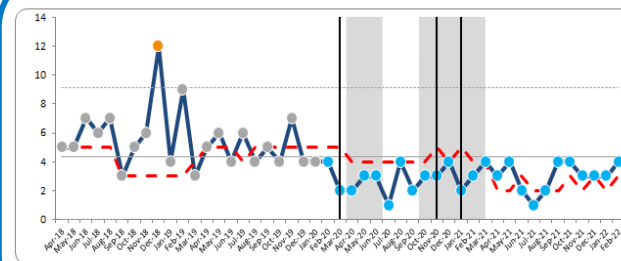
C-Diff

4



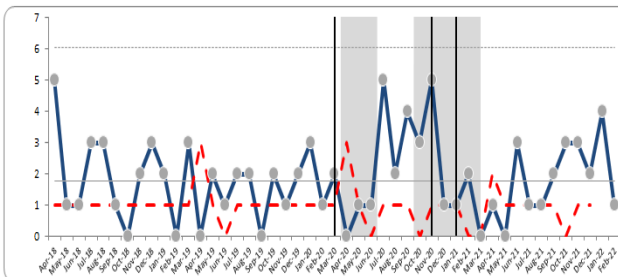
E-Coli

4



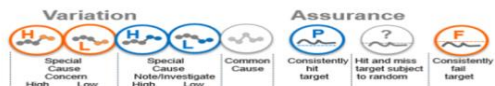
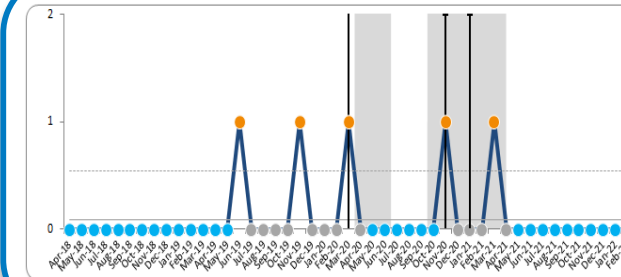
MSSA

1



MRSA

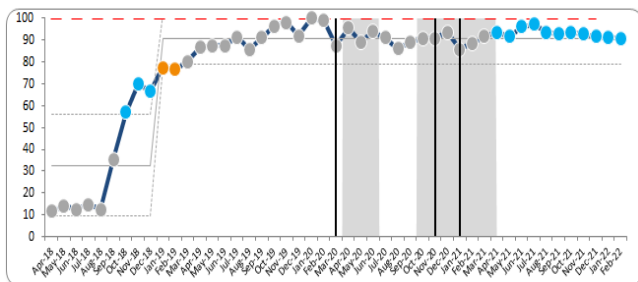
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Lockdown Period  
COVID Wave

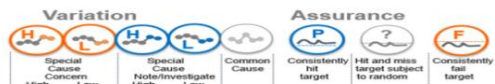
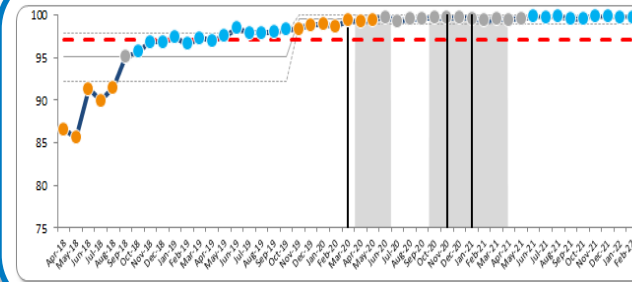
Hand  
Hygiene  
Audit  
Participation  
(%)

90.99%



Hand  
Hygiene  
Compliance  
(%)

99.69%



Lockdown Period  
COVID Wave

## 2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance (Target 90%)		Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Feb-22	Jan-22	Feb-22	Jan-22	Feb-22	Jan-22
87.98%	88.13%	91.31%	91.36%	91.32%	88.04%

### What does the data tell us?

- A total of 337 audits were submitted in Feb-22, compared to 329 in Jan-22.
- Antimicrobial Stewardship overall compliance for Feb-22 remained stable at 87.98% and missed the target of 90%.
- Patients on Antibiotics in line with guidance or based on specialist advice in Feb-22 was 91.31% and achieved the target of 90%.
- Patients on Antibiotics reviewed within 72 hours in Feb-22 was 91.32% and achieved the target of 90%.

### What will we be doing?

- Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors
- Antimicrobial Stewardship Group will continue to monitor the use of carbapenems (current use now sits below base-line pre-Covid levels)
- Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results (a snapshot audit undertaken on one day against antimicrobial prescribing standards)
- Reviewing antimicrobial guidelines and monitoring antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories.
- AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s
- Focusing on accurate completion of allergy documentation to include symptoms of allergic reaction
- Focusing on learning from C diff case reviews where antibiotics may be implicated
- AMS QI project underway across Urgent Care division with a focus on identifying and addressing AMS barriers through behaviour change orientated interventions.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Nov-21) - Antimicrobial stewardship level of assurance is 5 as assessed by ASG on 24/02/2022.  
Reason: Current performance in relation to C.difficile and MSSA BSI

**When expected to move to next level of assurance for non Covid:**  
This will be next reviewed in April 22, when quarter 4 performance can be assessed.

Previous assurance level (Oct-21) –Level 6 COVID-19 / Level 4 for non-Covid

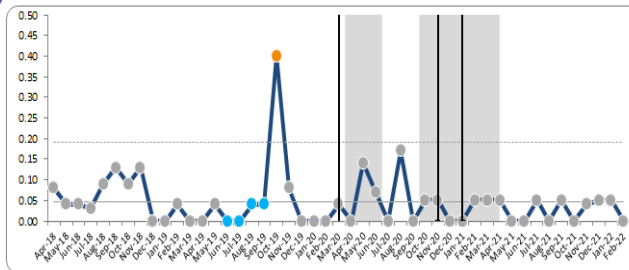
SRO: Paula Gardner(CNO)

## 2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Year to date: Actual / Year to date target	Year to date: Actual / Year to date target	Feb-22	Feb-22
<b>1146/ 1132 (Target – 1235)</b>	<b>5 / 5 (Target – 6)</b>	<b>4.61 (National Target – 6.63)</b>	<b>0</b>
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The total number of falls for Feb-22 was 94 which fell below the in-month target. We are currently 14 falls over our year to date trajectory.</li> <li>The number of falls per 1,000 bed days decreased in Feb-22 to 4.66 and remains below the national benchmark of 6.63.</li> <li>There were no SI falls in Feb-22 and the total for the financial year is 5, which is 1 away from breaching the Trust target. However, 1 fall remains under investigation and 1 has been requested for downgrade.</li> </ul>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>Use of therapeutic observation guideline alongside use of ‘stay in the bay’</li> <li>Falls assessment implemented in all A&amp;E departments</li> <li>Creation of interim trust falls training package as the e-LfH relaunch has been delayed (ceased January 2021)</li> <li>Ad-hoc virtual training for wards/departments with increased prevalence</li> <li>Purchase of Ramblegard falls preventative technology for 2 wards</li> <li>Countywide collaboration of falls services workshops ongoing with a focus on conveyance/admission to hospital avoidance</li> </ul>	
<b>Assurance levels (Quarter 3);</b> Falls – Level 5		<b>When expected to move to next level of assurance</b> Quarter 4	
<b>Previous assurance level (Quarter 1);</b> Falls – Level 6		SRO: Paula Gardner(CNO)	

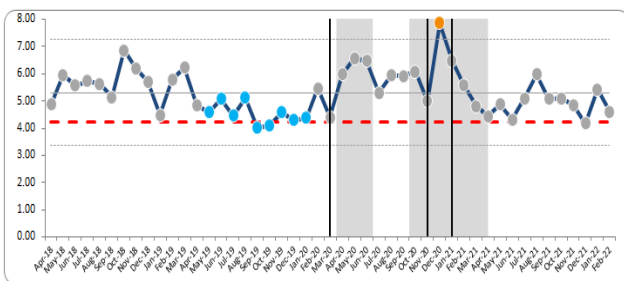
Falls per  
1,000 bed  
days  
causing  
harm

0



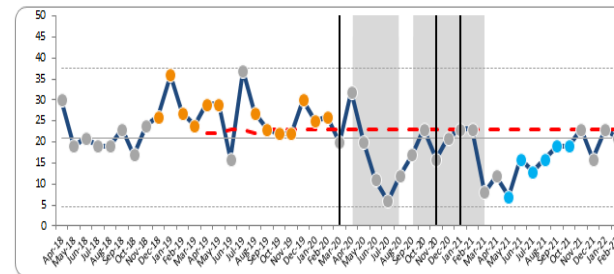
Falls per  
1,000 bed  
days

4.61



All Hospital  
Acquired  
Pressure  
Ulcers

21

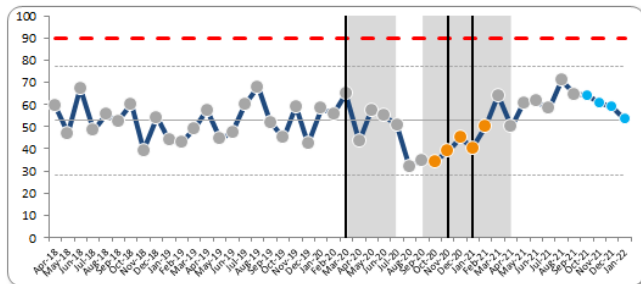




Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
53.47%	82.91%	90.1%	69.31%	98.02%	95.05%	83.17%	85.15%
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>Our performance against the sepsis bundle being given within 1 hour has decreased in Jan-22. We will not meet the target without intervention.</li> <li>Our sepsis 6 screening performance increased in Jan-22. We will not on average hit the target, but not consistently, it may succeed due to random variation.</li> <li>We have achieved the target again for antibiotics being provided within one hour. This has been achieved for 11 out of the last 12 months.</li> <li>Between Apr-21 and Oct-21, there were 775 patients that had a diagnosis of sepsis, of which 176 (23%) unfortunately died.</li> <li>Our Crude in-hospital death rate is 14.6%, which is one of the lowest rates seen across the Trusts within the Midlands. However, our out-of-hospital death rate is 8.1%, which is the 6th highest rate.</li> <li>Our average LOS for sepsis patients between the same period was 8.59 days. We are below the Midlands total of 9.52 days and were at the lower end of the Trusts.</li> </ul>			<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>Update to Sepsis Patient Pathway documentation (Version 4). This will allow documentation of screening of 'Suspected Sepsis' patients and the 'face to face' review on the same form to avoid duplication in the medical/nursing notes. Hopefully we will also improve the 'team approach' to Sepsis management, however it will take a few months for the changes to be recognised in the data.</li> <li>A retrospective audit will take place to determine the causes of out of hospital deaths and whether there is any cause for concern.</li> <li>From April 2022 all deaths, including those in community will have mortality review – these will help to identify concerns in real time.</li> <li>Development of 'real-time' audit processes to improve patient management when it matters most. Specialty Medicine audit data corresponds appropriately with Trust-wide audit which it will replace.</li> <li>From April 22, Specialty Medicine will be carrying out their own Sepsis audits 'real-time', which will allow for improvements to be made more efficiently.</li> </ul>				
<b>Assurance level – Level 5 (Feb-22)</b>			<b>When expected to move to next level of assurance:</b> Following deep dive audit.				
<b>Previous assurance level – Level 5 (Oct-21)</b>			SRO: Christine Blanshard (CMO)				

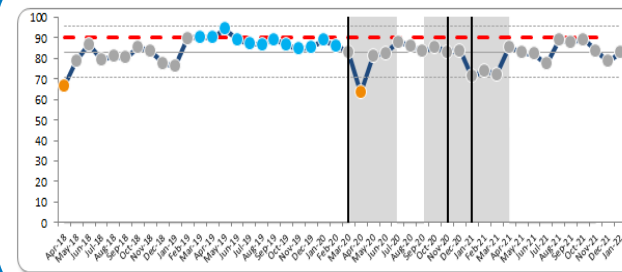
## Sepsis 6 Bundle Compliance (audit)

53.47%



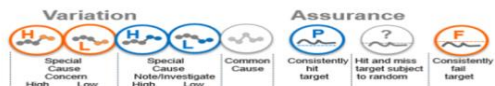
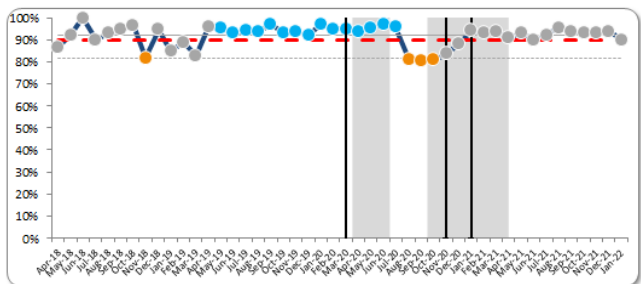
## Sepsis Screening Compliance (audit)

82.91%



## Sepsis Screening Antibiotics Compliance (audit)

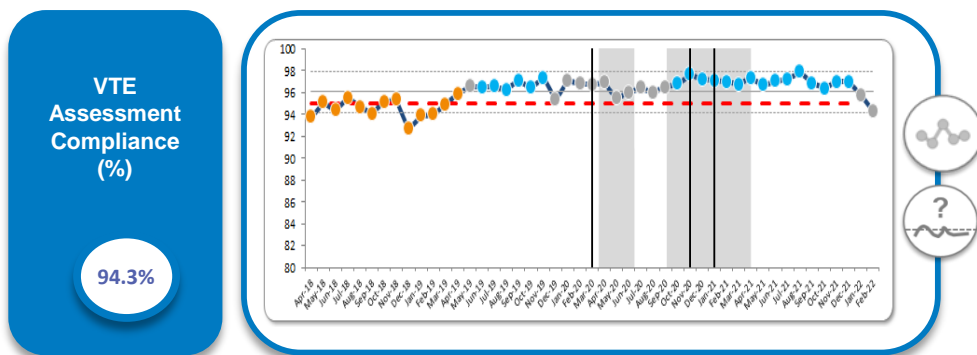
90.1%



Lockdown Period  
COVID Wave

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

VTE assessment on admission to hospital	
February 2022	Target
<b>94.30%</b>	95%
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>This is the first month since March 2019, where we have not achieved the Trust target of 95%. However, W&amp;C are now entering VTE assessments via Badgernet which have not yet been factored into the Trust results.</li> <li>Excluding all W&amp;C data from Feb-22 results, our compliance is 97.42%</li> </ul>	<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>Trust Thrombosis committee are continuing to monitor actions following the completion of VTE assessments to ensure learning and improved practice</li> <li>HAT's are routinely discussed at the Trust Thrombosis committee and any learning shared; none have been identified</li> <li>The Information Team are working with Badgernet to build the table structure to ensure data can be pulled across into the Data Warehouse.</li> <li>Regular spot audits to look at compliance with the assessment, both in terms of prescription &amp; delivery. This will be fed back quarterly by each division.</li> </ul>
<b>Assurance Level: 7</b>	<b>When expected to move to next level of assurance :</b> N/A
	SRO: Christine Blanshard (CMO)



Please note that % axis does not start at zero.



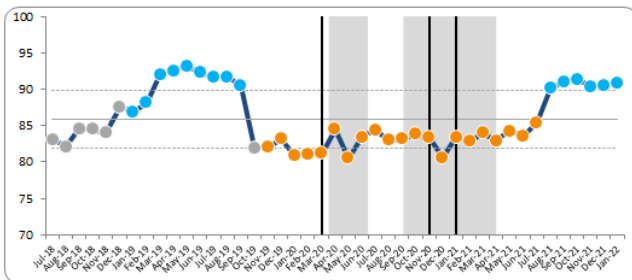
Lockdown Period  
 COVID Wave

## 2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed – ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
90.85% - Jan 2022 (90.52% - Dec 2021)	72.82% (72.56%)	92.00% (92.44%)	67.33% (65.80%)
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 22 months (range 80.56% to 91.37%).</li> <li>The Target of 95% for viewing Pathology Reports on ICE was missed for the seventh month running in Jan-22 at 92.00%.</li> <li>Radiology reports filed on ICE has remained above 70% for eight consecutive months.</li> <li>Pathology reports filed on ICE has remained increased slightly in Jan-22 at 67.33%.</li> </ul>		<b>What will we be doing?</b> <ul style="list-style-type: none"> <li>On the 24<sup>th</sup> February 2022, the Digital Team bulk filed all Pathology and Radiology reports up to and including the 31<sup>st</sup> December 2020. Reports with an abnormal flag were not included and require clinical review and filing manually.</li> <li>Statutory requirements for viewing &amp; filing of reports to be reviewed</li> <li>Filing prompt has gone live to ensure when viewing a result it is then filed appropriately</li> <li>Auto filing of all GP results will go live in the next few weeks</li> </ul>	
<b>Assurance level – Level 5 (Feb-22)</b>		<b>When expected to move to next level of assurance:</b> Following implementation of the above measures	
<b>Previous assurance level: Level 5 (Oct-21)</b>		SRO: Christine Blanshard (CMO)	

ICE reports  
viewed  
radiology  
(%)

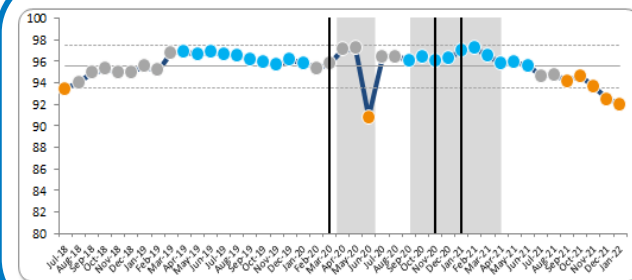
90.85%



Please note that % axis does not start at zero.

ICE reports  
viewed  
pathology  
(%)

92%



Please note that % axis does not start at zero.

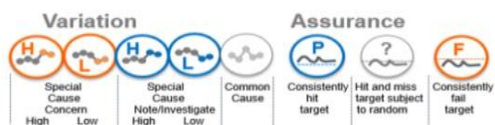
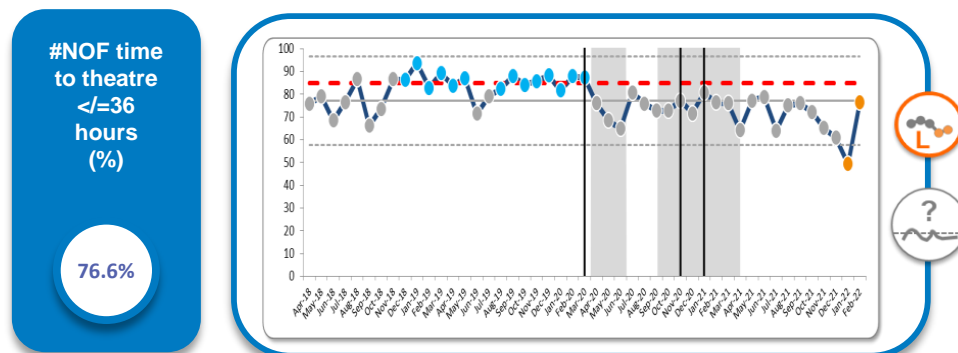


Lockdown Period  
COVID Wave



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

#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
76.6% (Feb 2022) 49.4% (Jan 2022)	81.94% (Feb 2022) 52.6% (Jan 2022)
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>We have seen an improvement with #NOF compliance in Feb-22, however the SPC is still showing special cause concern due to the run of months below the mean.</li> <li>There were 77 #NOF admissions in February.</li> <li>The #NOF target of 85% has not been achieved for 23 months.</li> <li>There were a total of 18 breaches in February (42 in January); 6% of the breaches were due to bed issues and 50% were due to theatre capacity. 33% of our breaches were due to the patient being medically unfit/ non-operative management. Other reasons include further imaging of fracture site required and transfer to another hospital.</li> <li>The average time to theatre was 27.6 hours (39.7 in January).</li> <li>Our Crude Death Rate for #NOF is 14.5% and is the second highest Trust in the Midlands. Our average LOS is 10.5 days, which is the lowest Trust in the Midlands.</li> </ul>	<b>What will we be doing?</b> <ul style="list-style-type: none"> <li>Centralising all Inpatient Trauma to WRH site from 13<sup>th</sup> November as a result increasing Trauma theatre capacity by one 4 hour session per day.</li> <li>Changing consultant on-call pattern to ensure there is always a hip surgeon available to operate.</li> <li>Increasing weekend Trauma Theatre from 2 sessions to 4 where staffing allows in the short term. Long term business case required to staff additional 2 sessions at weekends.</li> <li>Escalating the need for ring fenced #NoF beds in the community (previously the department had access to 9 beds) this will ensure constant flow.</li> </ul>
<b>Current assurance level: 5 (Nov-21)</b>	<b>When expected to move to next level of assurance: Mar-22</b>
<b>Previous assurance level: 5 (Oct-21)</b>	SRO: Christine Blanshard (CMO)



Lockdown Period  
 COVID Wave

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Feb-22	Target	Feb-22	Target	Feb-22	Target	Feb-22	Target
95.78%	95%	92.11%	95%	74.49%	95%	100%	95%

### What does the data tell us?

- The recommended rate for Inpatients has achieved target for 12 months in a row. The response rate has fell just under 30%.
- The recommended rate for Maternity in Feb-22 has shown special cause variation. However, the response rate for Jan-22 was only 1.94%, which equates overall to 10 responses.
- The recommended rate for Outpatients has shown special cause variation since Jun-21. Our response rate for Feb-22 achieved the target of 10% and is showing normal variation.
- The recommended rate for A&E will not meet the target without intervention. Performance has shown special cause variation since Jun-21. Our A&E response rate in Feb-22 was 17.97% and is showing normal variation.

### What improvements will we make?

- Divisions report quarterly to the Patient, Carer and Public Engagement steering group – presenting patient experience data and actions from feedback.
- The Patient Experience Lead Nurse is currently reviewing FFT cards available for Xerox to ensure they are up to date ahead of reintroducing cards – once this is complete a paper can proceed to Bronze Command for agreement to reintroduce cards – ensuring wards can order up to date cards.
- Maternity have introduced FFT returns on Badgernet – areas are continuing to use iPads for collection while this is trialed. The Informatics team are exploring how the data can be pulled from Badgernet to support feedback returns – without cost implication – alongside FFT providers being explored (Business Case generation).
- Badgernet enables increased focus on free text comments which is intended to support timely Quality Improvement in the Division. Progress is underway to support Ward Managers to display the feedback.
- A carousel “tender competition” with potential suppliers has taken place to inform the Business Case for a provider to work with the Trust on FFT collection and presentation of data – to better understand how and where the Patient Experience is improving, to increase the ability to really understand and learn from free-text comments, provide deeper analysis and continuously deliver on our ability to listen learn and improve – this is intended to support an increased response rate and a thorough understanding of this improvement. This approach has demonstrated significant improvements in other Trusts.. This process has been coordinated by the Digital Team with support from the Head of Patient, Carer and Public Engagement. Suppliers have been assessed and a Business Case is in development; this is expected to be presented for a decision in June 2022.
- Recommended rates continue to be impacted by family and friends not being able to visit loved ones in hospital. National Guidance from NHS England has been received in March 2022 giving clear guidance on Visiting Expectations – the Trust position will be drafted and presented to the Command and Control Meetings for comments, agreement and roll out.

Assurance level – Level 5 (Nov-21)

When expected to move to next level of assurance: Q4 2021/22

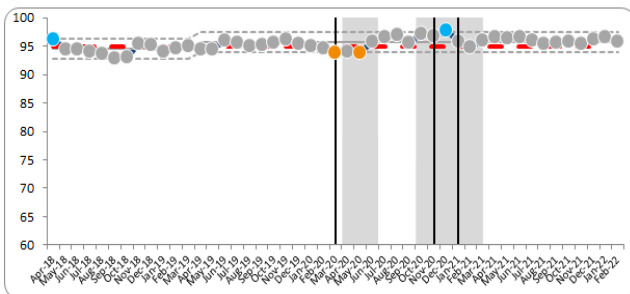
Previous assurance level – Level 5 (Oct-21)

SRO: Paula Gardner (CNO)

46

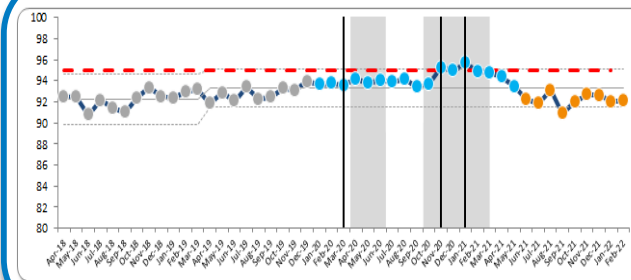
FFT  
Inpatient  
Recommen  
ded %

95.78%



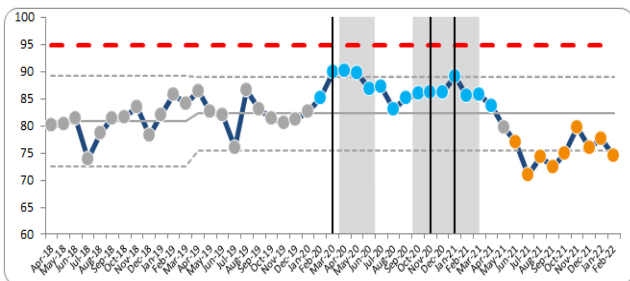
FFT  
Outpatient  
Recommen  
ded %

92.11%



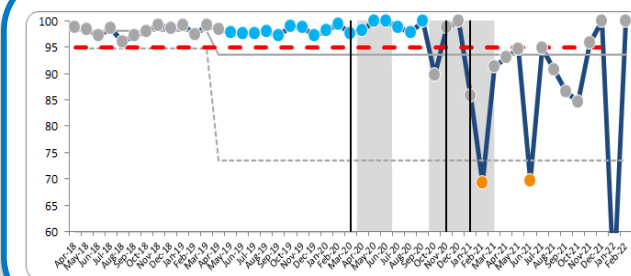
FFT AE  
Recommen  
ded %

74.49%



FFT  
Maternity  
Recommen  
ded

100%



Lockdown Period  
COVID Wave

## 2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days	
Feb-22	Target
68.57%	80%

### What does the data tell us?

- Complaints responded to within 25 working days is showing normal variation. The target was missed at 68.57%. The Divisions which did not achieve the 80% target in Feb-22 were Surgery (36%) and Womens & Childrens (40%).
- Although the overall percentage is reduced from December and January, it shows that Divisional Teams are continuing to work through and close their backlogs of breached cases and can be viewed as positive, and a step towards returning performance to above target.
- A larger number of complaints were received in Q2 & Q3, equal to and sometimes in excess of pre-pandemic levels; this has continued into Q4 and has affected the ability of some Divisional Teams to manage the caseload as effectively, whilst dealing with ongoing Covid pressures and additional winter pressures.
- The sustained increase in new cases being received has led to a reduction in performance percentage, however overall annual performance is still above target as of 14.03.2022.
- The increase in complaints numbers continues to be reflected countywide, and across the West Midlands region.

Current Assurance Level – Level 5

Previous Assurance Level – N/A

### What improvements will we make?

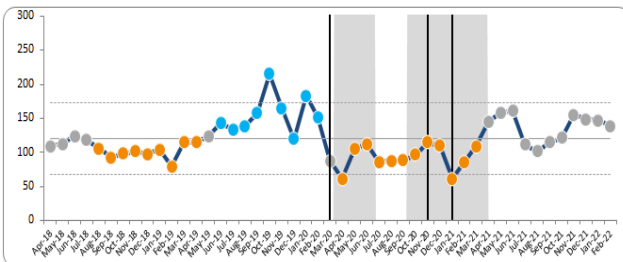
- The Complaints Team are currently piloting a process in Urgent Care and Women and Children's Divisions to agree "terms of reference" for complaints at the start of the process in order to produce template responses which will reduce the work for Divisional Teams in completing drafts.
- The impact of this pilot on timeliness of response drafts and quality (measured by reopened figure) will be carried out in Q1 2022-2023.
- All Corporate cases will be reviewed at the earliest opportunity by the Complaints Manager to aim for early resolution
- The total number of overdue complaints has remained reduced through February 2022, demonstrating that the backlog continues to be addressed. When breach cases are resolved, this leads to a reduced performance percentage – improvements will take time to be evident while the overdue cases are cleared; the performance KPI is currently at 85% for March as of 14/03/2022, demonstrating improvement.

When expected to move to next level of assurance: End of Q4.

SRO: Paula Gardner (CNO)

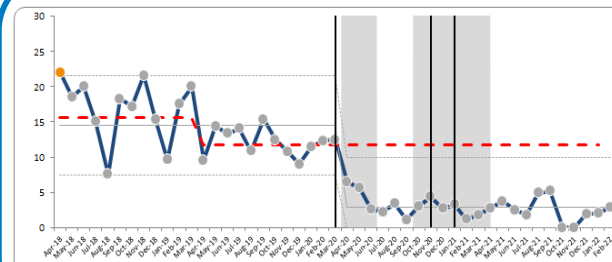
Total  
Medicine  
incidents  
reported

139



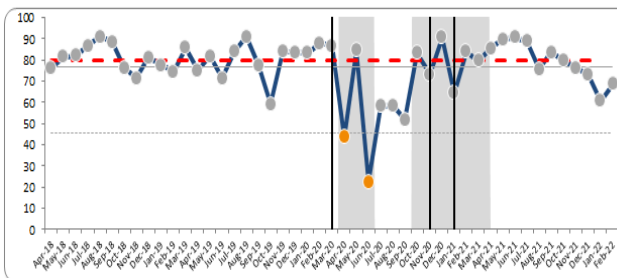
Medicine  
incidents  
causing  
harm (%)

2.88



Complaints  
Responses  
≤/ 25 days  
(%)

68.57%



Lockdown Period  
COVID Wave

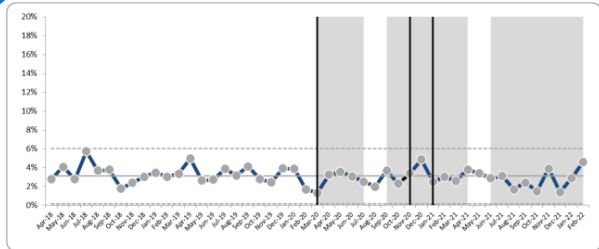
# Maternity

Admission of full-term babies to neonatal care		Neonatal Deaths (>24 <sup>0</sup> weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births		Home births		Booked before 12+6 weeks		Births	Babies
4.6%	19	2	1	0	7.8%	29	0.8%	3	74.2%	492	364	372
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>Booking mothers before 12<sup>+6</sup> continues to show special cause concern; the process of data capture for this metric is being reviewed.</li> <li>The homebirth rate is expected to vary dependant on maternal choice and the availability of access to the birth centre/ambulance response times.</li> <li>Sadly there was 1 stillbirth and 2 neonatal deaths but no maternal deaths recorded in February.</li> <li>In response to the NSHEI <i>Re: Use of caesarean section rates data</i> letter published on the 15<sup>th</sup> February, the c-section SPC charts have been amended. They still indicate where values are special cause variation but not in the context of “improvement” or “concern”. The same logic has also been applied to the vaginal and instrumental delivery charts.</li> <li>Reporting using the Robson criteria requires further work so that it can be included in this section.</li> </ul>					<b>What have we been doing?</b> <ul style="list-style-type: none"> <li>Change of practice in the booking process identified</li> <li>Further training for acuity app completed – data quality improving</li> <li>Awaiting banding outcome for specialist roles</li> <li>Further recruitment into current vacancies B5 &amp; B6</li> <li>Refining Birthrate Plus with national team</li> <li>Appointed 2 new band 7s DS coordinators</li> <li>Service Improvement Plan remains paused due to pandemic</li> <li>SIP KPIs demonstrate improvement in all except PDR rate</li> </ul>							
<b>Current Assurance Level: 5 (Feb-22)</b>					<b>What are we doing next?</b> <ul style="list-style-type: none"> <li>Large scale recruitment into new specialist/ leadership roles to support delivery of service improvement plan</li> <li>Preparing updated Ockenden evidence for return to NHSEI</li> <li>Further midwifery recruitment event planned</li> <li>Awaiting Birthrate+ workforce report – initial feedback meeting planned 17<sup>th</sup> March</li> <li>Restart MSIP engagement events</li> </ul>							
<b>Previous Assurance Level: 5 (Jan-22)</b>					<b>When expected to move to next level of assurance:</b> <ul style="list-style-type: none"> <li>Completion of work outlined in service improvement plan</li> <li>No midwifery vacancies</li> <li>No medical staffing vacancies</li> </ul>							
					<b>SRO: Paula Gardner (CNO)</b>							



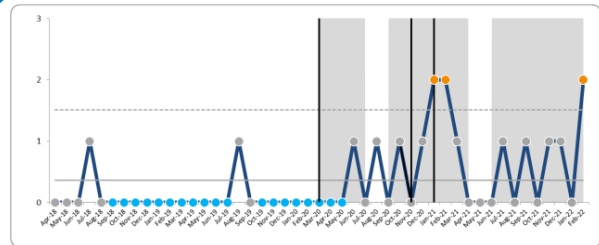
%  
admission  
of full-term  
babies to  
neonatal  
care

4.6%



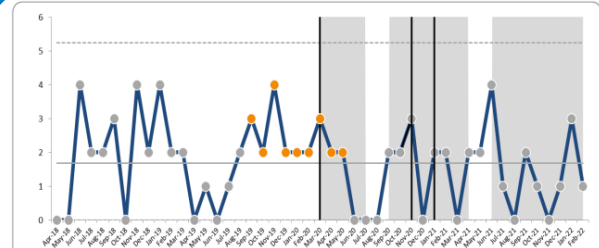
Neonatal  
Deaths  
( $>24^{+0}$   
weeks  
gestation)

2



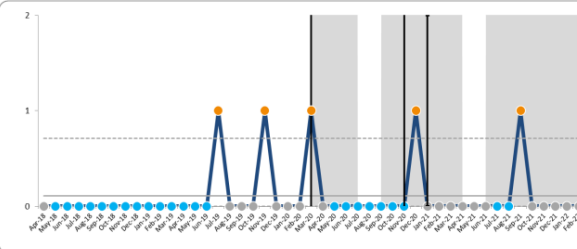
Stillbirths

1



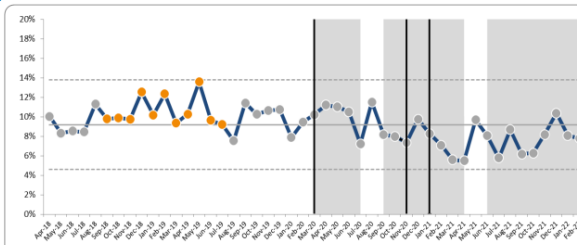
Maternal  
Deaths

0



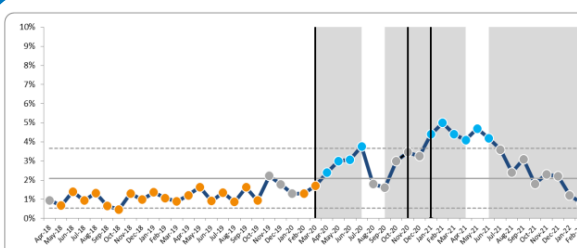
% Pre term  
births

7.8%



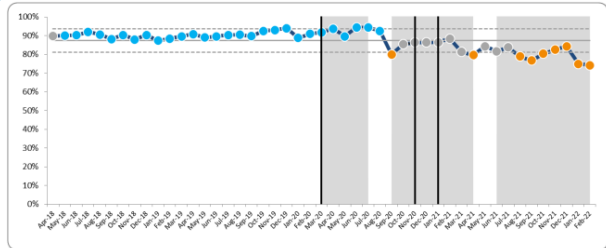
% Home  
births

0.8%



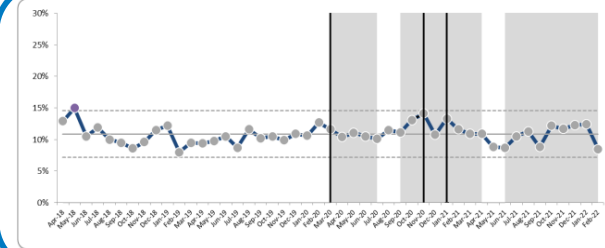
Booked  
before 12<sup>+6</sup>  
weeks

74.2%



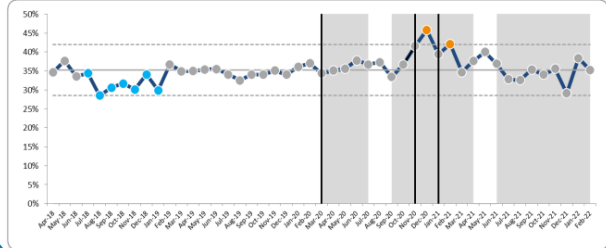
Instrumental  
Delivery

8.5%



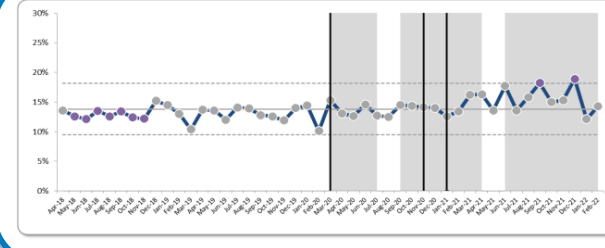
Inductions  
of labour

35.2%



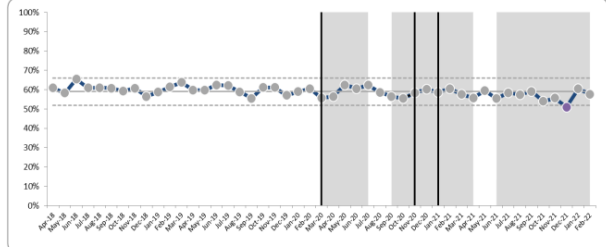
Elective  
Caesarean

14.3%



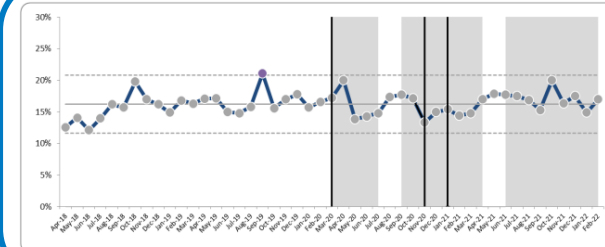
Vaginal  
Deliveries  
(non-  
instrumental)

57.7%



Emergency  
Caesarean

17.0%



Lockdown Period  
COVID Wave

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

# Workforce

People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	<ul style="list-style-type: none"> <li>Mandatory training has dropped to 89% this month against a Model Hospital average of 88%</li> <li>Medical appraisal compliance has dropped to 90% but remains good compared to Model Hospital national average of 78%</li> <li>Non medical appraisal has improved to 80% compared with the national average of 78%</li> <li>Consultant Job Planning has increased by 3% to 79% this month which is 14% better than the same period last year. There is no longer a national average reported on Model Hospital.</li> </ul>
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> <li>Establishment has dropped by 34 wte due to removal of student nurses.</li> <li>Our vacancy rate of 8.19% is now on par with pre-covid average of 8.1%</li> <li>There are 167 staff on maternity leave compared to 145 for the same period last year</li> <li>Monthly sickness has reduced to 5.72% which is 1.17% higher than the same period last year. We are continuing to see higher rates of both Covid and non-Covid sickness absence during wave 4 of the pandemic. We have dropped to Quartile 3 (Poor) on Model Hospital for sickness as at November 2021.</li> <li>The annual turnover rate has increased again this month from 11.67% to 11.84%. This is 2.35% worse than the same period last year. Our monthly turnover has dropped this month which should start to show in the cumulative rate.</li> </ul>
Staff Health & Wellbeing	<ul style="list-style-type: none"> <li>Cumulative sickness (rolling 12 months) has increased to 5.28% for the 12 month period which is 0.28% higher than last year</li> <li>We continue to have the one of the lowest cumulative sickness absence rates in the Region according to NHSEI Observatory data</li> <li>Sickness due to S10 (stress and anxiety) increased by 0.04% to 1.51%. 7 out of 8 divisions have higher levels of S10 than pre-pandemic rates with Estates and Facilities being an outlier.</li> <li>Wellbeing Conversations are continuing with training for Managers available on ESR.</li> <li>95% of staff have had the first Covid vaccine, 93% have had their second vaccine and 81% have had their Booster.</li> <li>63% of staff have had their Flu Vaccine</li> <li>The changes to VCOD regulations have led to the removal of access to NIMS data so will limit Trust's ability to obtain data.</li> </ul>

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
80% and 90%	89% and 88%	96%	11.84%	93%

### What does the data tell us?

- **Appraisal** – Non-medical appraisal rate has improved by 2% to 80% which is 4% higher than the same period last year. National average has dropped to 78% on Model Hospital so we are comparing well with other Trusts.
- **Medical Appraisal** – Medical appraisal has dropped by 2% to 90% this month which is 9% higher than the same period last year.
- **Mandatory Training** – Mandatory Training compliance has dropped by 1% to 89% this month which is the same as last year. National average has dropped to 88% so we are on par with other Trusts.
- **Essential to Role Training** – Essential to Role training has improved by 1% to 88%.
- **Consultant Job Plans** – Consultant job planning compliance has improved by 3% to 79% this month. This is 14% higher than the same period last year.
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.17% this month to 11.84% which is 2.35% worse than the same period last year.
- **Covid Risk Assessment Compliance** – Compliance has improved by 1% to 93% this month against a target of 100% by 31<sup>st</sup> March 2022.

### National Benchmarking (February 2022)

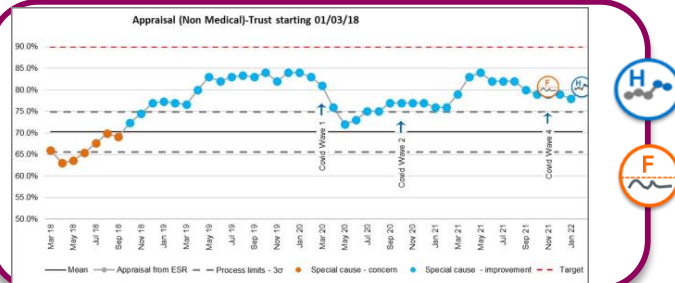
Model Hospital National Benchmark for Mandatory Training compliance has dropped to 88% with our Trust recording 90% on Model Hospital (2020/21 rates). The national average for appraisals on Model Hospital has reduced to 78% (2020/21 rates) with our Trust recorded on Model Hospital at 79%. There is no longer a national benchmark for job planning.

# Month 11 [February] 2021/22 Workforce "Getting the Basics Right" Summary

Responsible Director: Director of People and Culture | Validated for February 2022 as 12<sup>th</sup> March 2022

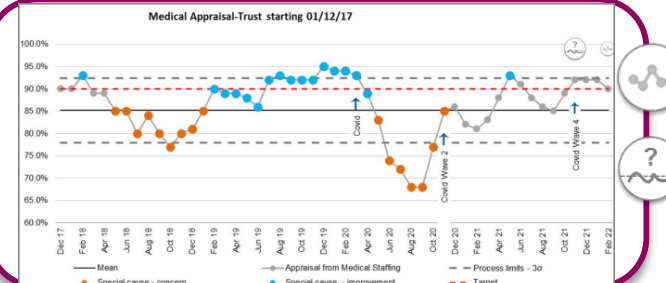
Appraisal  
(Non-Medical)

80%



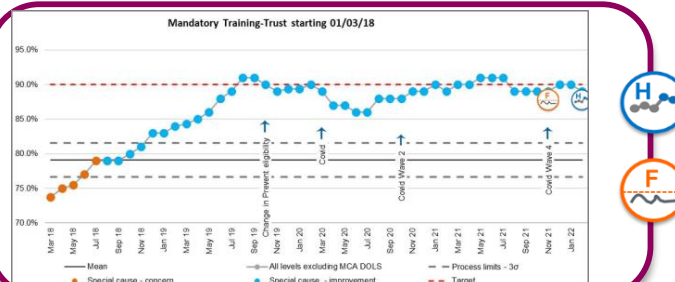
Medical Appraisal

90%



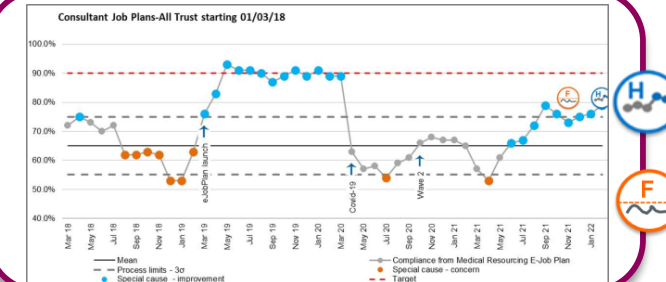
Mandatory Training

89%



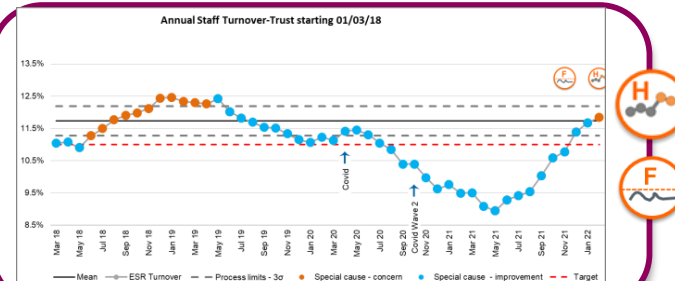
Consultant Job Plans

79%



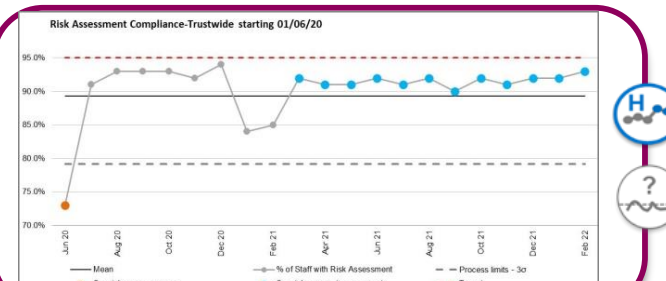
Annual Staff Turnover

11.84%



Covid Risk Assessment Compliance

93%



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?

Substantive 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	Number of Staff on Maternity Leave	Bank and Agency Spend as a % of Gross Cost	Starters and Leavers in Month (NEW)
8.19%	6,462 wte	5.72% and 5.28%	1.51%	48	55	167	8.16% and 8.42%	100 starters; 94 leavers

### What does the data tell us?

- **Vacancy Rate** –Vacancy rates have improved by 087% this month to 8.19%. Our funded establishment has reduced this month by 34 wte. We have 77 wte more staff in post than last year.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff has reduced by 4 wte to 6,462 wte. Bank has reduced by 27 wte and agency has reduced by 2 wte. Total hours worked is 101 wte higher than the same period last year.
- **Monthly Sickness Absence Rate** – Sickness has reduced by 0.46% to 5.72% which is 1.17% worse than the same period last year. Cumulative sickness for the 12 month period has increased to 5.28% from 5.21% which is 0.28% higher than the same period last year
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.04% to 1.51% this month which is 0.19% worse than last year
- **Absence due to Covid Sickness (S27)** – 48 staff were absent due to Covid symptoms at the end of February compared to 47 at the end of January. This figure includes those staff who have reported sick due to effects of the Covid vaccine. Absence due to self isolation (including family symptoms and Test and Trace) reduced from 90 to 55 compared to our peak in mid July 2020 of 116.
- **Maternity/Adoption Leave** – The number of staff on maternity and adoption leave has dropped by 11 this month to 167. This is still 22 more than the same period last year and will have an impact on wards with Specialty Medicine, SCSD and Urgent Care all having high numbers on maternity leave.
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a reduction of 0.47% in bank spend compared to overall cost. However, Agency spend has increased by 0.6% this month to 8.41% of gross cost. Urgent Care remains an outlier for Agency spend with 25.12% of its gross spend (an increase of 4.6% from last month).
- **Starters and Leavers** – Both starters and leavers are a worsened position from last month. We had 100 new starters compared to 118 last month. We had 94 leavers compared to 73 last month. February is impacted by a junior doctor rotation.

### National Benchmarking (February 2022)

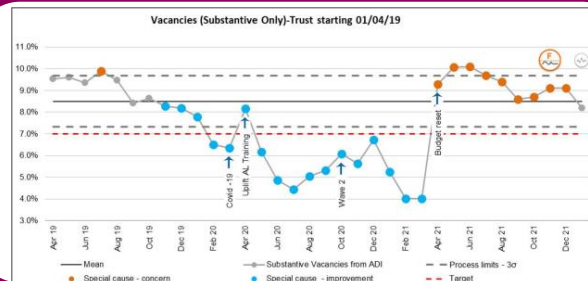
We dropped to **Quartile 3** on Model Hospital for our monthly sickness with 5.8% compared to 5.6% national median (Nov 2021 data).





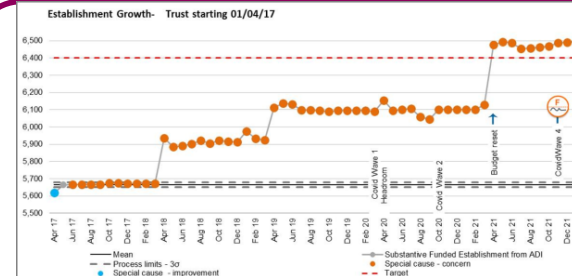
Substantive  
Vacancy Rate

8.19%



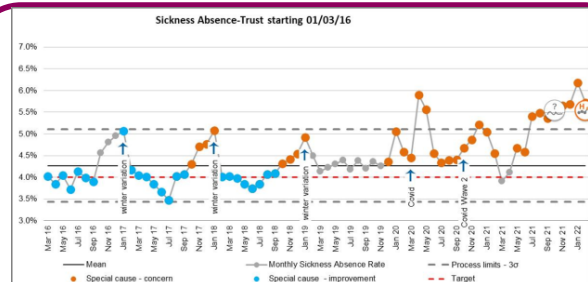
Growth in  
Establish-  
ment

6462  
wte



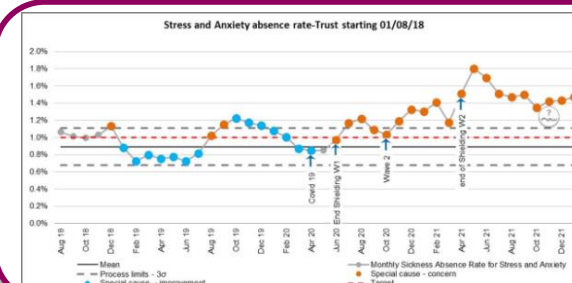
Monthly Staff  
Sickness  
Absence

5.72%



% Staff  
absent due  
to Stress and  
Anxiety (S10)

1.51%



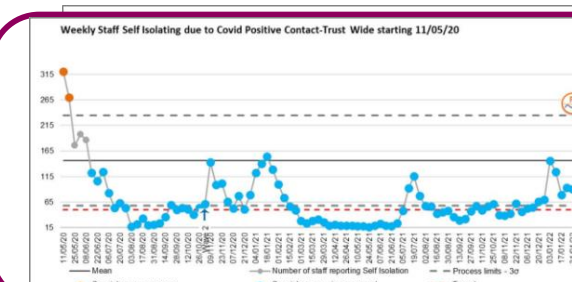
Covid  
Sickness  
(S27)

48



Number Self  
Isolating

55



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



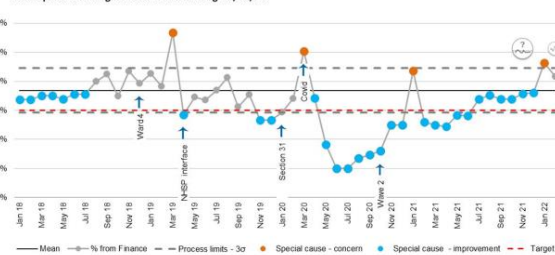
# Month 11 [February] 2021-22 "Drivers of Bank and Agency Spend" Summary (continued)

Responsible Director: Director of People and Culture | Validated for February -22 as 12<sup>th</sup> March 2022

Bank Spend  
as a % of  
Gross Cost

8.16%

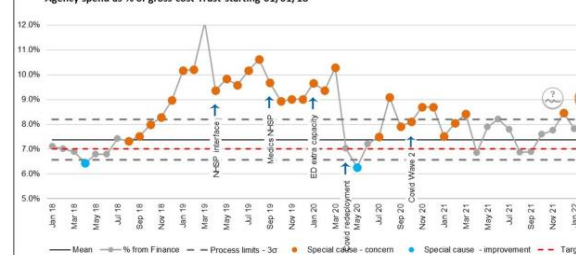
Bank spend as % of gross cost-Trust starting 01/01/18



Agency Spend  
as a % of  
Gross Cost

8.42%

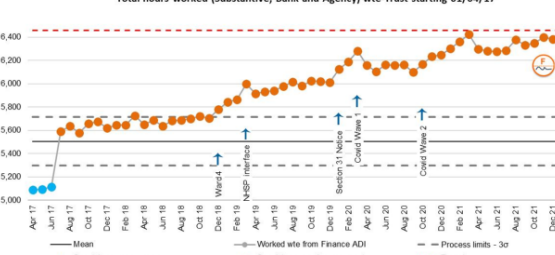
Agency spend as % of gross cost-Trust starting 01/01/18



Total Hours  
Worked

6462  
wte

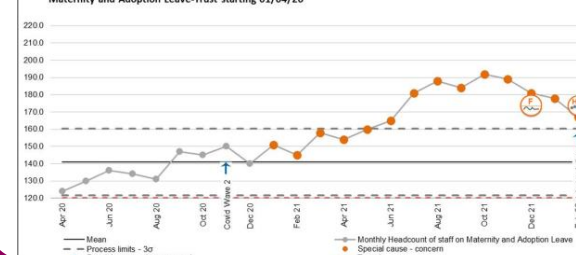
Total hours worked (Substantive, Bank and Agency) wte-Trust starting 01/04/17



Maternity/  
Adoption Leave

167

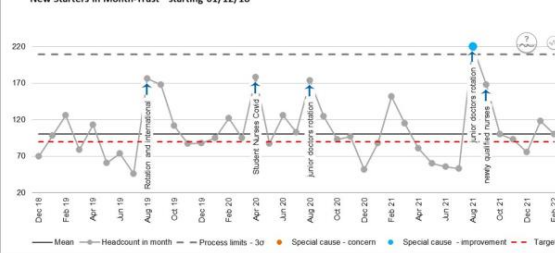
Maternity and Adoption Leave-Trust starting 01/04/20



New Starters  
in Month

100

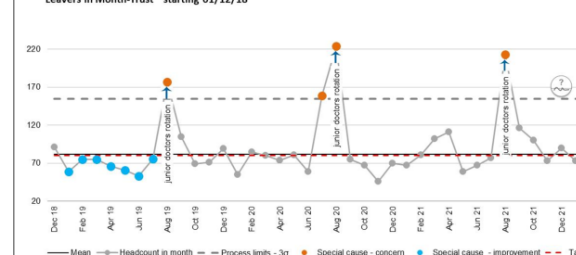
New Starters in Month-Trust starting 01/12/18



Leavers in  
Month

94

Leavers in Month-Trust starting 01/12/18



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

## 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
<b>Annual Plan: Strategic Objectives   Best people</b> 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.			
<b>How have we been doing?</b>  The following areas are where we perform below peer group average: <ul style="list-style-type: none"> <li>• Job Planning (&gt;10% lower than pre-covid average)</li> <li>• Vacancy rates for Medics (7% higher than national average)</li> </ul> Also of note is the increase in agency spend which is a result of: <ul style="list-style-type: none"> <li>• Continued higher levels of long term sickness absence</li> <li>• 167 staff on maternity leave which although reducing is 22 more than the same period last year.</li> <li>• Self isolation due to track and trace and family isolation</li> <li>• Increased patient acuity and opening of surge areas</li> <li>• Increase in annual leave being taken before the end of the leave year</li> <li>• Thank you days</li> </ul>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>• We will continue to work with divisions to ensure all staff are encouraged to take up the Covid and flu vaccines despite the changes to VCOD</li> <li>• We will continue with the implementation of the Best People Programme to reduce our reliance on the temporary workforce</li> <li>• We will continue our work to enhance the flexible working offer to staff including Location by Vocation</li> <li>• We are working with Finance colleagues to improve visibility of establishment and vacancy information by uploading ADI data into ESR and HealthRoster.</li> <li>• We are working with Corporate Nursing and NHSP colleagues to strengthen padlocks on HealthRoster to reduce spend.</li> </ul>	
<b>Overarching Workforce Performance Level – 5 – February 2022</b> <b>Previous Assurance Level - 5 – January 2022</b>		<b>To work towards improvement to next assurance level by June 2022</b>	

# Finance

## H2 Plan

Our 2021/22 operational financial plan for H2 has been developed from a roll forward of the recurrent cost and non patient income actuals from H1 adjusting for workforce and activity trajectories, an assessment of additional PEP delivery in H2 and an assessment of any business cases which will start to impact in H2. The Trust's submitted H2 (October 2021 to March 2022) plan is a deficit of **£(11.4)m** before any additional ICS redistributions which lead to a full year (H1 actual + H2 plan) deficit of **£(1.9)m**. Note that for External National Reporting purposes the Full Year Plan is based on the revised H1 submitted plan £1.1m surplus plus the H2 plan £(1.1)m deficit) - breakeven £0m.

## Month 11 – February position

Against the M11 plan of **£0.3m deficit** we report a **surplus of £0.5m**, a **favourable variance of £0.8m**.

Against the H2 plan of **£(0.8)m deficit**, **H2 to date at month 11** (February 2022) we report an **actual deficit of £0.5m**. **Favourable H2 cumulative variance of £0.3m**.

**Combined Income in month variance £1.0m favourable** – System Funding £0.2m (50% of the plan has been misallocated to expenditure with an neutral impact on the overall position), Education Income £0.3m, Other Income £0.7m (Including Improvement monies and International Nurses support), PCR Testing £0.1m, additional income adjustment in H2 plan (£0.2m) and postponement of Car Parking charging (£0.1m).

**Employee expenses in month variance (£0.9)m adverse** – Registered Nursing adverse variance of £0.9m Urgent Care has exceeded plan due to sickness and COVID as well as opening the Clinical Admissions Unit. SCSD has incurred additional costs to staff increased beds in Critical Care as well as increased cover for COVID and Sickness and additional theatre sessions. Specialty Medicine has had more new starters than forecast as well as increased COVID and redeployment cover.

**Operating expenses in month variance (£1.4)m favourable** – (including Non PbR) **£1.4m favourable** – are due to CNST premium Maternity Reduction received in M11 £0.8m, planning assumptions expecting higher PFI costs £0.3m, favourable depreciation £0.2m, business rebates £0.2m and some corrections to accruals within Digital £0.5m. These are being reduced by adverse variances from Independent Sector planning assumption (£0.4m), and Non PbR drugs higher than plan (£0.3m).

**Financing Charges** - asset verification resulting in a number of assets being written off c.£0.6m adverse.

## Income & Expenditure Overview

Statement of Comprehensive Income	Feb 22 (Month 11)			H1			H2 to Date			Year to Date		
	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan	Plan	Actual	Var to Plan
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>Operating Revenue &amp; Income</b>												
Operating income from patient care activities	44,379	46,793	2,414	267,840	271,670	3,830	223,037	233,064	10,027	490,877	504,734	13,857
Other operating income	4,185	2,817	(1,368)	11,586	13,415	1,829	19,651	12,091	(7,560)	31,237	25,506	(5,731)
<b>Operating Expenses</b>												
Employee expenses	(28,558)	(29,463)	(905)	(162,007)	(167,810)	(5,803)	(142,475)	(144,665)	(2,190)	(304,482)	(312,475)	(7,993)
Operating expenses excluding employee expenses	(18,726)	(17,320)	1,406	(106,844)	(108,175)	(1,331)	(92,938)	(92,302)	636	(199,782)	(200,477)	(695)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>1,280</b>	<b>2,827</b>	<b>1,547</b>	<b>10,575</b>	<b>9,100</b>	<b>(1,475)</b>	<b>7,275</b>	<b>8,187</b>	<b>912</b>	<b>17,850</b>	<b>17,287</b>	<b>(563)</b>
<b>Finance Costs</b>												
Finance income	0	6	6	6	0	(6)	0	9	9	6	9	3
Finance expense	(1,009)	(1,068)	(59)	(6,148)	(6,147)	1	(5,059)	(5,301)	(242)	(11,207)	(11,448)	(241)
Movement in provisions	0	0	0	0	0	0	0	0	0	0	0	0
PfC dividends payable/refundable	(607)	(582)	25	(3,426)	(3,688)	(262)	(2,989)	(2,715)	274	(6,415)	(6,403)	12
<b>Net Finance Costs</b>	<b>(1,616)</b>	<b>(1,644)</b>	<b>(28)</b>	<b>(9,568)</b>	<b>(9,835)</b>	<b>(267)</b>	<b>(8,048)</b>	<b>(8,008)</b>	<b>40</b>	<b>(17,616)</b>	<b>(17,843)</b>	<b>(227)</b>
Other gains/(losses) including disposal of assets	0	(689)	(689)	1	19	18	0	(694)	(694)	1	(675)	(676)
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(336)</b>	<b>494</b>	<b>830</b>	<b>1,008</b>	<b>(716)</b>	<b>(1,724)</b>	<b>(773)</b>	<b>(515)</b>	<b>258</b>	<b>235</b>	<b>(1,231)</b>	<b>(1,466)</b>
Less impact of Donated Asset Accounting (depreciation only)	1	10	9	48	(134)	(182)	5	72	67	53	(62)	(115)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(335)</b>	<b>504</b>	<b>839</b>	<b>1,056</b>	<b>(850)</b>	<b>(1,906)</b>	<b>(768)</b>	<b>(443)</b>	<b>325</b>	<b>288</b>	<b>(1,293)</b>	<b>(1,581)</b>
Less gains on disposal of assets	0	0	0	(1)	(19)	(18)	0	(15)	(15)	(1)	(34)	(33)
<b>Adjusted financial performance surplus/(deficit) for the purposes of system achievement</b>	<b>(335)</b>	<b>504</b>	<b>839</b>	<b>1,055</b>	<b>(869)</b>	<b>(1,924)</b>	<b>(768)</b>	<b>(458)</b>	<b>310</b>	<b>287</b>	<b>(1,327)</b>	<b>(1,614)</b>

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

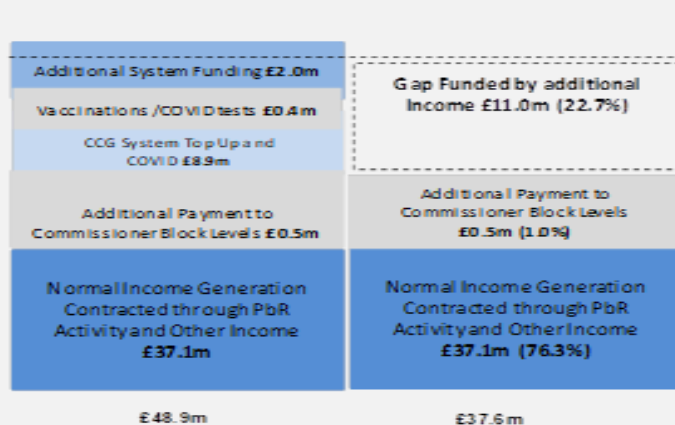
**Reason:** Risks remain over costs of delivering additional activity and the level of temporary staffing expenditure to deliver activity and deal with the current wave of COVID admissions in the Trust. Development of the 3 year plan into 2022/23 and beyond will be the key vehicle to improve assurance further. Timescales for 3 year plan underway. Divisions completed self assessment exercise in October and will form basis of plan to be taken to the Trust Board in March. **Assurance level reduced to level 3 pending confirmation of 22/23 final budget including robust productivity and efficiency programme.**

## Trust Operational Plan

### In-month

Income Inc. Top Up/  
COVID Payments  
Variance £0.3m

Normal Income  
Generation Contracted  
through PbR



Plan  
In-month  
£48.6m

Gap Funded by additional  
Income £11.0m (22.7%)

Additional Payment to  
Commissioner Block Levels  
£0.5m (1.0%)

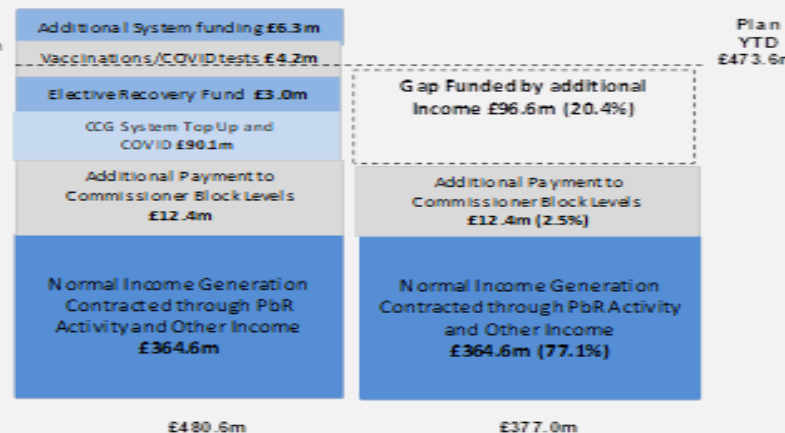
Normal Income Generation  
Contracted through PbR  
Activity and Other Income  
£37.1m (76.3%)

£37.6m

### YTD

Income Inc. Top Up/  
COVID Payments  
Variance £7.1m

Normal Income  
Generation Contracted  
through PbR



Plan  
YTD  
£473.6m

Gap Funded by additional  
Income £96.6m (20.4%)

Additional Payment to  
Commissioner Block Levels  
£12.4m (2.5%)

Normal Income Generation  
Contracted through PbR Activity  
and Other Income  
£364.6m (77.1%)

£377.0m

Performance  
Against  
Original  
Internal  
Operational  
Trust plan

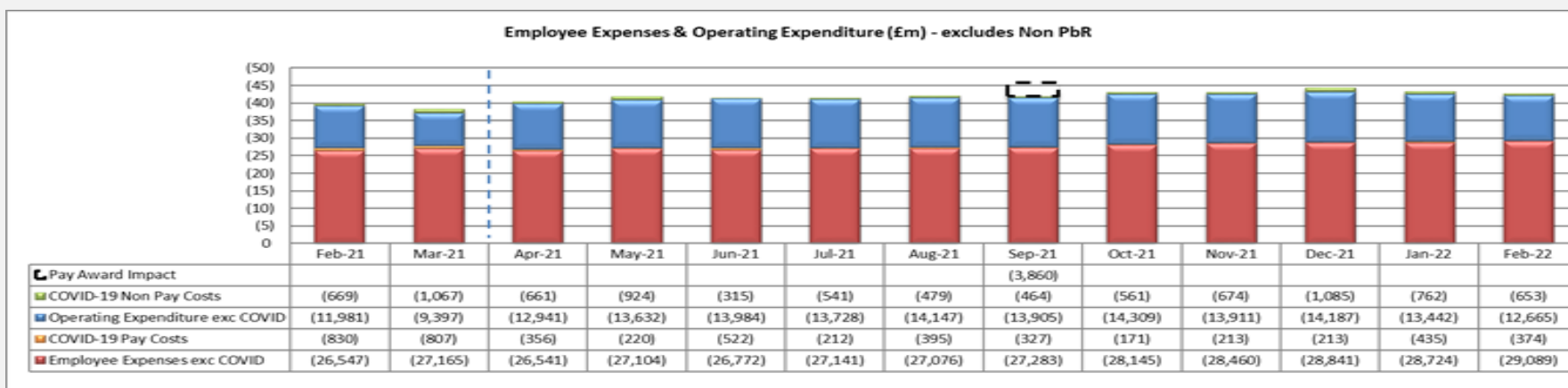
Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£1.0m** above the Trust's Operational Plan in February.

£9.8m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement (will continue until March 2022). Trust also can qualify for further funding should the STP achieve activity thresholds set by NHSE & I under the Elective Recovery Fund framework (ERF). **In H1 the Trust has achieved is £3.0m EFR confirmed by the local System(STP) but no further monies are expected in H2.** In addition to this the System has agreed to £10.3m funding to improve the financial performance of the Trust in H2 (£1.8m Elective Stretch and £8.5m Other System Support). This has been built into the H2 plan.

**In month variance £1.0m:** System Funding £0.2m (50% of the plan has been misallocated to expenditure with a neutral impact on the overall position), Education Income £0.3m, Other Income £0.7m (Including Improvement monies and International Nurses support), PCR Testing £0.1m, additional income adjustment in H2 plan (£0.2m) and postponement of Car Parking charging (£0.1m).

Performance  
Against  
Original  
Internal  
Operational  
Trust plan  
Expenditure



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

**Total pay costs were £0.3m higher than month 10.** Substantive pay spend was £24.6m (including additional sessions payments), an increase on £0.2m compared to last month driven by additional capacity costs £0.1 and back dated payments within SCSD of £0.1m due to increase in spine points for international recruits. These have been partially offset by no bank holidays and lower enhancements in February.

Total temporary staffing spend of £(4.9)m is an increase of £0.1m compared to last month and is the combined impact of normalising effect of the £0.2m Medics retro benefit in M10 and the £0.1m Bank Nursing incentive payment paid in month 10.

**Overall operating expenses excluding employee expenses (including Non PbR) was £17.3m in Month 11,** a decrease of £0.9m compared with January, mainly due to:

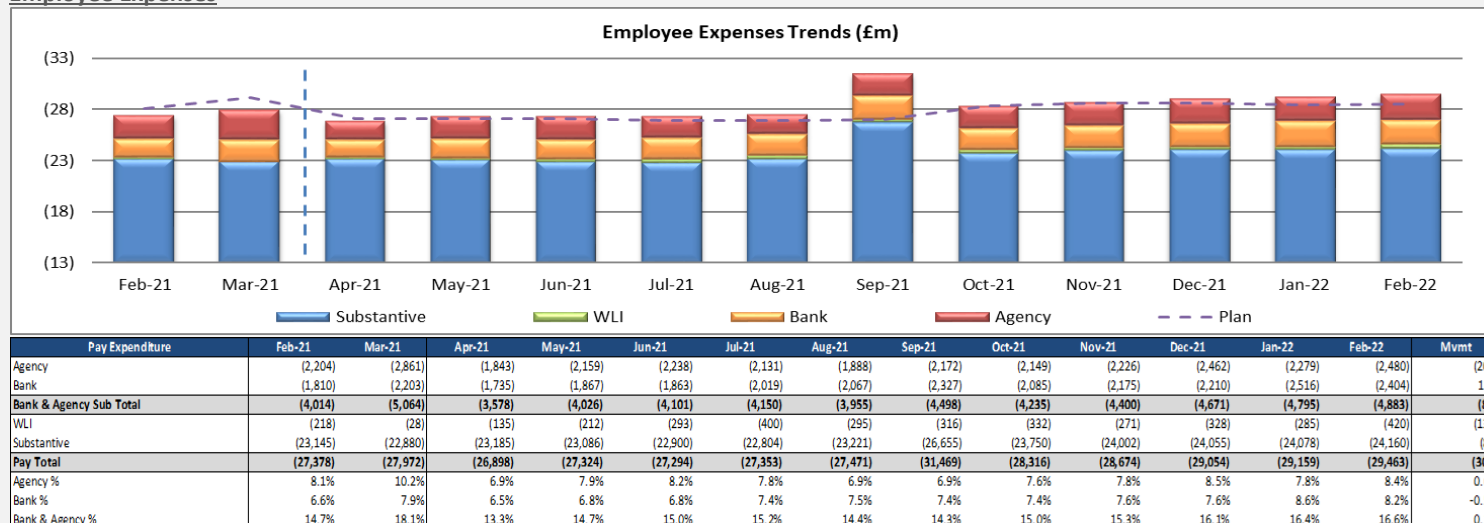
- receipt of the CNST premium in month (£0.8m);
- a favourable movement on depreciation due to an asset verification exercise being completed in month which has resulted in a number of assets being written off from our asset register (£0.2m); and
- **A backdated business rates rebate (£0.2m)**

Partially offset by increases of :

- £0.3m in Supplies & Services (comprising the net effects of £0.2m increase in CDH costs, £0.2m normalising effect of activity impact accrued in M9, £0.1m increase 4ward Improvement costs offset by Income, £0.1m normalising effect following accruals corrected in M10 and £0.1m increase in catering provision partially offset by £0.5m benefit following correction to Digital accruals.
- £0.1m for international nurse recruitment.

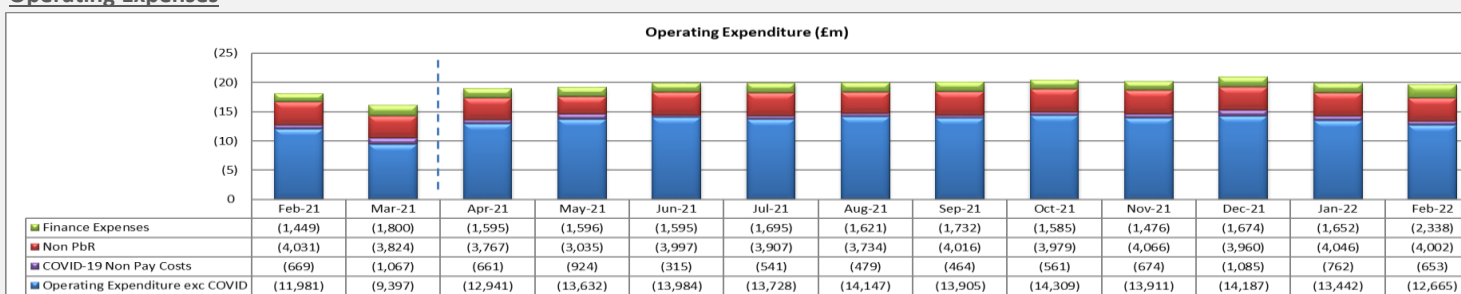
Performance  
Against  
Original  
Internal  
Operational  
Trust plan  
Expenditure

## Employee Expenses



As a result of Covid in H1 we saw our underlying temporary costs increase, this was reflected in our H2 submitted plan. However, the impact of Covid in H2 has exceeded plan. Weekly figures for March indicate we remain at a consistently high level of spend on temporary staffing and given the current high level of absenteeism and Covid patient numbers we expect this to continue for the remainder of March and into the new financial year.

## Operating Expenses





## Capital

Full year capital plan value is £53.6m while latest forecast is £52.0m including orders yet to be committed of £9.8m  
Risk adjusted forecast out-turn (RAFOT) after speaking with workstream leads and reviewing planned spend for Month 12 on a line by line basis is £47.5m  
Year to date capital spend at Month 11 including PFI/IFRIC 12, invoiced values and work in progress (WIP) is £29.6m. This is an increase of £5.7m since month 10. We have commitments/outstanding purchase orders placed at a value of £12.5m where work should be completed or equipment received before the end of the financial year.  
The Capital Plan for 2022/23 is currently being finalised to confirm priorities for internally and externally funded schemes, and to enable the trust to deliver within the resources available.  
Following further work with work stream leads, the revised plan of 2022/23 shows the plan to be affordable with an increase to internal depreciation and external PDC requirements.

**Capital Assurance Level:** **Level 4**

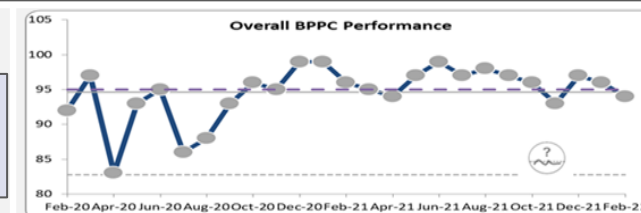
**Reason:** Major capital schemes continue into 2022/23 requiring significant programme management. Commitment monitoring and prioritisation of schemes completed. Risk remains in medium term. **Level 4 pending on going review of delivery to plan combined with compliance to expenditure plan by scheme with oversight at CPDG meetings and assessment of CRL to be postponed to next Financial Year (22/23)**

## Cash Balance

At the end of Feb 2022 the cash balance was £47.2m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices.

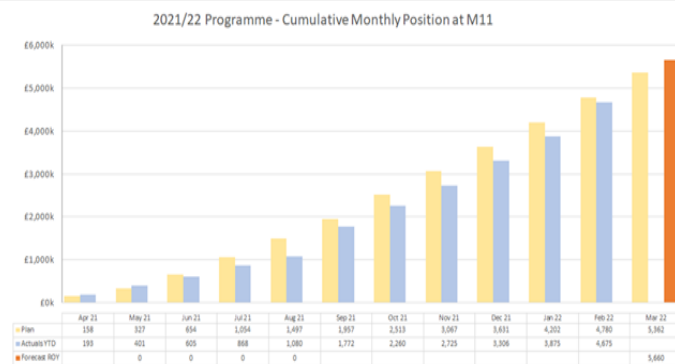
**Cash Assurance Level:** **Level 6**

**Reason:** Good cash balances, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.



## Productivity & Efficiency

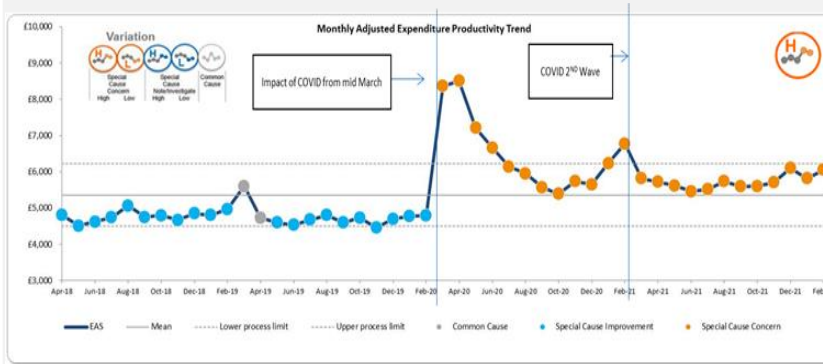
The P&E Programme has delivered £4.78m of actuals at Month 11 against a plan of £4.20m, and the forecast remains favourable against plan for the M12 position.



### Adjusted Expenditure Productivity Trend:

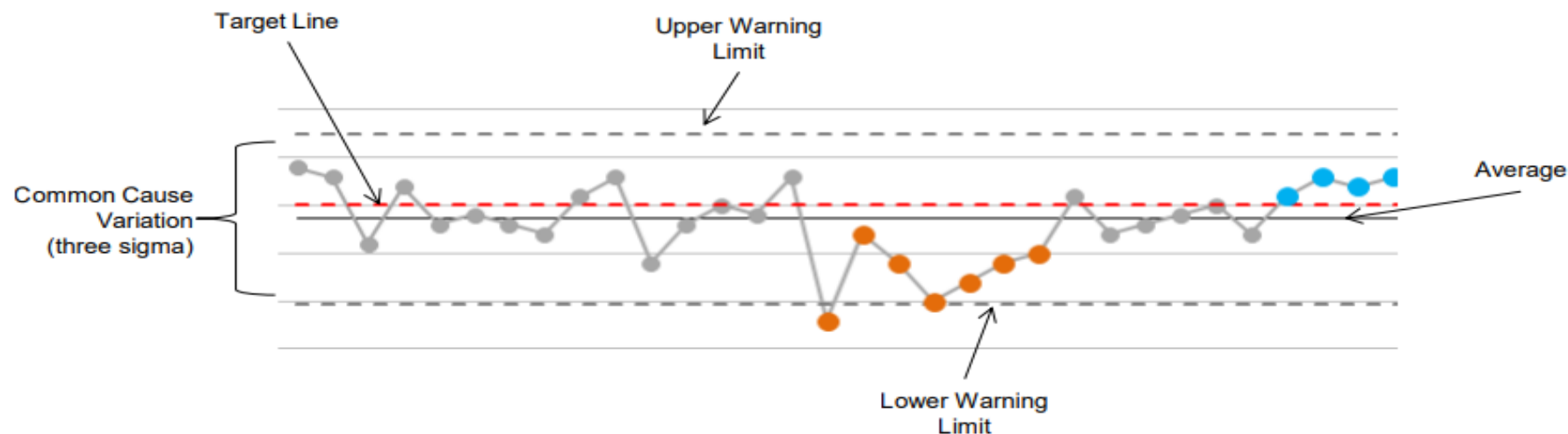
COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward

February Cost per WAU is slightly increased due to levels of activity reduced on January. It will only improve if there is scope to increase activity, reduce costs significantly.





# Appendices



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

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

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

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

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

## Levels of Assurance

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



# FEBRUARY 2022 IN NUMBERS

**NHS**  
Worcestershire  
Acute Hospitals  
NHS Trust



**7,033**

Walk-in patients (A&E)



**3,963**

Patients arriving  
by ambulance



**11,047**

Inpatients



**30,193**

Face to Face outpatients



**10,643**

Telephone consultations



**372**

Babies



**1,338**

Elective operations



**185**

Trauma Operations



**222**

Emergency Operations



**6.1**

Average length of stay



**176,078**

Diagnostics