

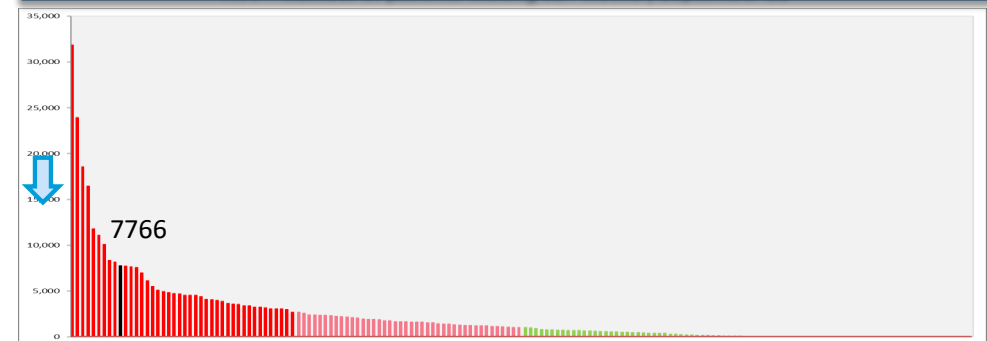
**National Benchmarking (September 2022)** | The Trust was one of 12 of 12 West Midlands Trusts which saw a decrease in performance between Aug-22 and Sep-22. This Trust was ranked 12 out of 13; no change from the previous month. The peer group performance ranged from 39.53% to 70.68% with a peer group average of 53.26%; declining from 54.64% the previous month. The England average for Sep-22 was 59.40%; a 1.4% decrease from 60.80% in Aug-22.

- Nationally, there were 401,537 patients waiting 52+ weeks, 7,776 (1.94%) of that cohort were our patients.
- Nationally, there were 50,539 patients waiting 78+ weeks, 982 (1.94%) of that cohort were our patients.

RTT - % patients within 18 weeks | September-22



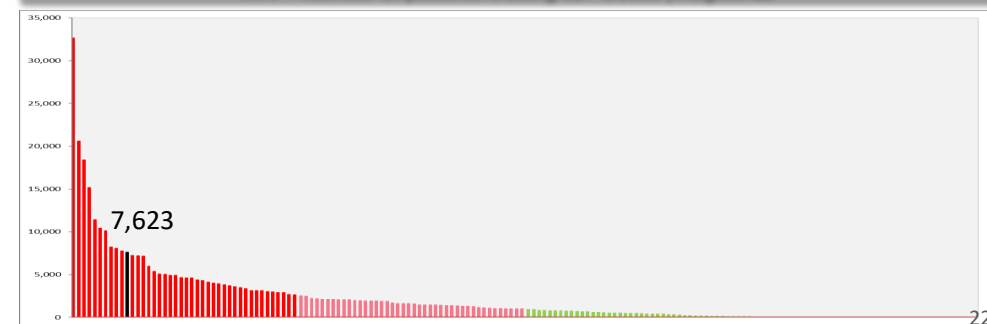
RTT – number of patients waiting 52+ weeks | September-22



RTT - % patients within 18 weeks | August-22



RTT – number of patients waiting 52+ weeks | August-22

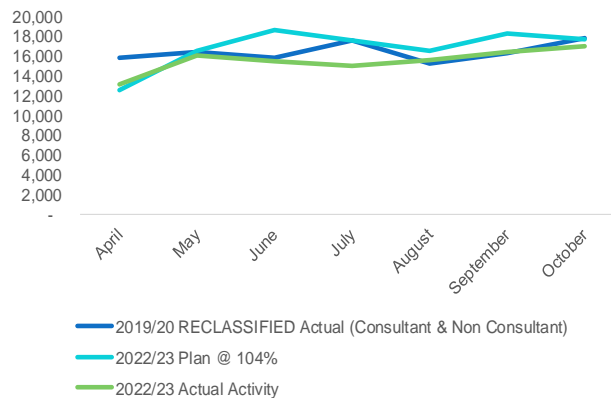


Annual Plan Activity	Total Outpatient Attendances	Total OP Attendances First	Total OP Attendances Follow-Up	Elective IP Day Case	Elective IP Ordinary	Elective Inpatients	Theatre Utilisation	Cases per list	Lost Utilisation (early starts / late finishes)	On the day cancellations
Target achieved?	✓	✗	✗	✗	✗					
<b>Outpatients - what does the data tell us? (first SUS submission)</b> <ul style="list-style-type: none"> <li>The OP data on slide 23 compares our unvalidated Oct-22 outpatient attendances to Oct-19 and our annual plan activity targets. As noted in the top row of this table we haven't achieved our OP targets apart from our total OP appointments. However, we did deliver fewer follow-up OP appointments in Oct-22 compared to Oct-19. The initial feedback is that follow ups are being seen face to face due to the potential risk of decompensation since the last time they were seen (a result of the Covid pandemic).</li> <li>Model Hospital benchmarking for Sep-22 shows that our outpatient <b>DNA rate is in quartile 1 of all Trusts</b>.</li> <li>In the Oct-22 RTT OP cohort, there are over 33,901 RTT patients waiting for their first appointment. 31% of the total cohort waiting for a first appointment have been dated. Of those not dated 2,567 patients have been waiting over 52 weeks.</li> <li>The top five specialties with the most 52+ week waiters in the outpatient new cohort remains unchanged and are General Surgery, Gynaecology, ENT, Urology and Oral Surgery.</li> </ul> <b>Planned Admissions - what does the data tell us?</b> <ul style="list-style-type: none"> <li>In Oct-22, the total number of day cases and EL IP decreased from Sep-22. Day case (-859) and EL IP (-135) were below the annual plan target for the month. Neither were above Sep-19 activity however our EL IP activity levels are consistently above 21/22 levels,</li> <li>Theatre utilisation is now showing positive improvement.</li> <li>The cases per list is showing deteriorating performance; an increase will be required in order to get closer to achieving the annual plan activity targets.</li> <li>Lost utilisation due to late start / early finish now shows significant improvement. This does equate to 485 hours lost in Oct-22 and is made up of 230 hours that are due to late starts and 255 hours that are early finishes. On average, 80 minutes were lost per 4 hour session, noting this includes time lost to cancellation.</li> <li>On the day cancellations has returned to normal variation.</li> <li>82.1% of eligible patients were rebooked within 28 days for their cancelled operation in Oct-22; this is 23 of 28 patients being rebooked within the required timeframe but no significant change from the mean outcome.</li> </ul>						<b>What have we been doing?</b> <ul style="list-style-type: none"> <li>Continuation of developments within the personalised patient portal that will provide higher visibility and self-management for patients.</li> <li>Continuing review of GIRFT recommendation to identify opportunities for improvement specifically in T&amp;O, Gynaecology and General Surgery e.g. the transfer of a simple pessary service to primary care</li> <li>The 6-4-2 meeting has been restructured to ensure appropriate oversight and challenge is in place to make further productivity and efficiency gains</li> </ul> <b>What are we doing next?</b> <ul style="list-style-type: none"> <li>Engage with the ICS to work through the interim guidance that are updating the RTT rules.</li> <li>Awaiting recommendations from NHSEI IST that will bolster our existing recovery plans.</li> <li>Evaluating whether acuity is impacting the cases per session for inpatients, as utilisation has increased, but activity remains below expected levels.</li> <li>Reviewing the variances within specialities for the times taken by individuals for the same procedures.</li> <li>Reviewing the job plans against the activity levels.</li> <li>Preparing for a third party organisation who are coming in January to independently review our pre operative processes.</li> </ul>				
<b>Current Assurance Level: 4 (Oct-22)</b>						<b>When expected to move to next level of assurance:</b> : This is dependent on the success of the programme of restoration for increasing outpatient appointments and planned admissions for surgery being maintained and in-line with annual planning expectations from NSHE for 2022/23.				
<b>Previous Assurance Level: 4 (Sep-22)</b>						<b>SRO: Paul Brennan</b>				

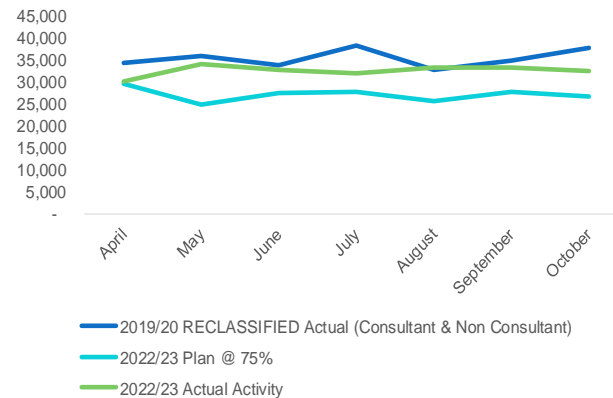
## Elective Activity comparing submitted Annual Plan 22/23 to Oct-22 and Oct-19

Activity		Submitted Plan	Oct-22	Oct-19
Outpatient (reclassified)	New	17,713	17,052	17,766
	Follow-up <a href="#">NHS</a>	26,651	32,732	37,777
	<b>Total</b>	<b>44,364</b>	<b>49,784</b>	<b>55,543</b>
Elective	Day Case	7,803	6,944	7,586
	Inpatient	663	528	753
	<b>Total</b>	<b>8,466</b>	<b>7,472</b>	<b>8,339</b>

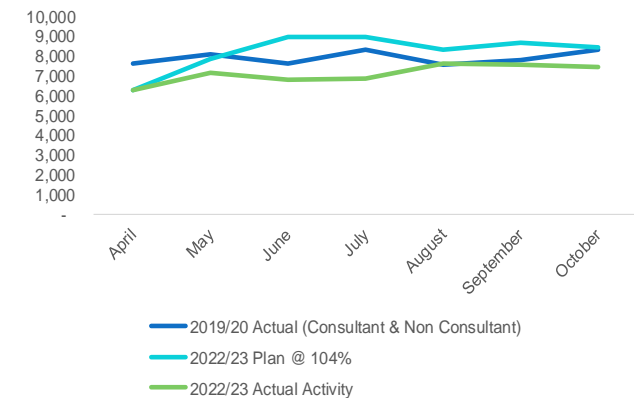
### Outpatient New Activity Trend



### Outpatient Follow-up Activity Trend



### Day Case and Inpatient Activity Trend



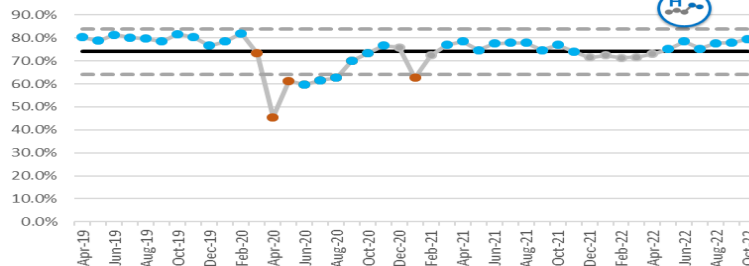
# Elective Recovery - Theatre Utilisation | Month 7 [October] | 2022-23

Responsible Director: Chief Operating Officer | Unvalidated for Oct-22 as at 10<sup>th</sup> November 2022

Actual Theatre session utilisation (%)

79.5%

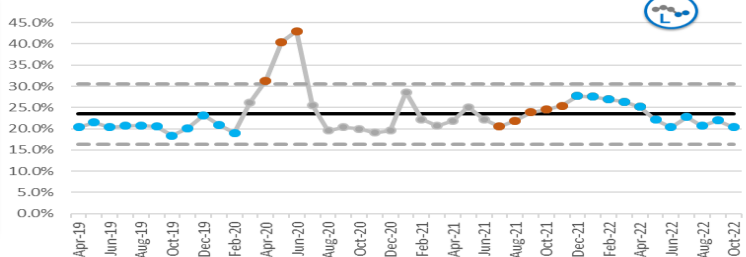
Theatre Utilisation



Lost utilisation to late starts and early finishes

20.4%  
(485 hours)

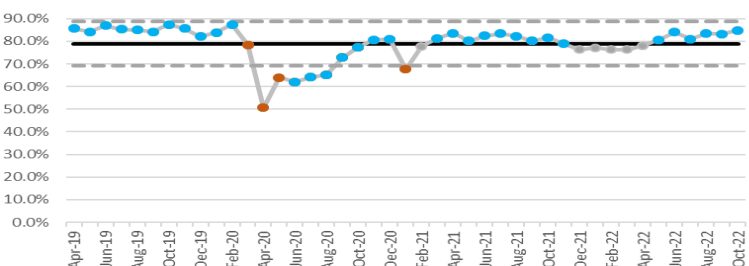
Lost utilisation



Actual Theatre session utilisation incl. allowed downtime (%)

84.8%

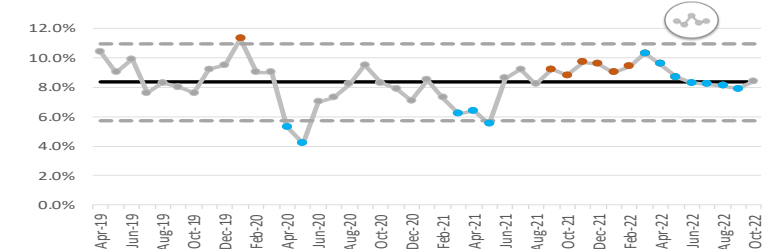
Theatre Utilisation (incl. downtime)



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

8.4%  
(137 patients)

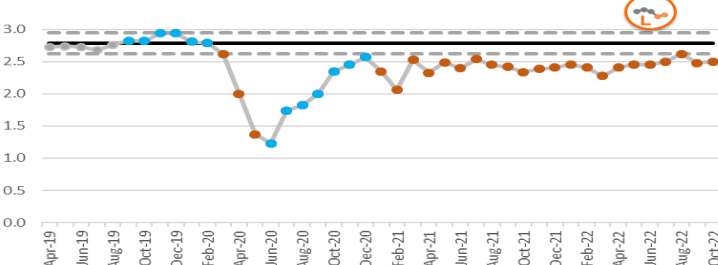
On the day cancellations



Completed procedures per 4 hour session

2.5

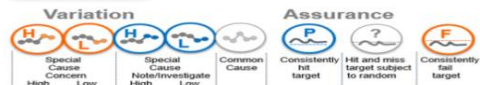
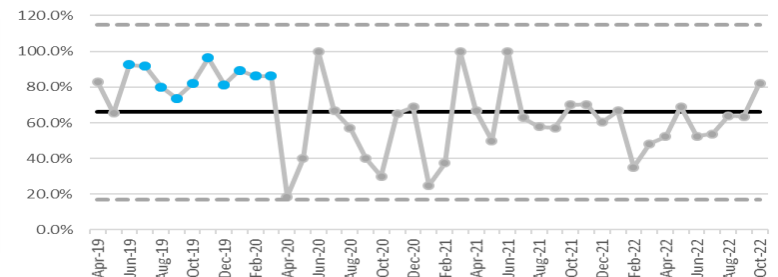
Cases per list



% patients rebooked with 28 days of cancellation

82.1%  
(23 of 28 rebooked)

% rebooked within 28 days



All graphs include Oct-22 data

Annual Plan Activity	MRI	CT	Non-obstetric ultrasound	Colonoscopy	Flexi Sigmoidoscopy	Gastroscopy	Echocardiography	DM01	% patients waiting 6+ weeks
Target achieved?	✗	✓	✗	✗	✓	✗	✓		

## What does the data tell us?

### DM01 Waiting List

- The DM01 performance is validated at 80.8% of patients waiting less than 6 weeks for their diagnostic test remaining special cause improvement.
- The diagnostic waiting list has increased by 590 patients (7%) and the total number of patients waiting 6+ weeks has decreased by 656 patients to 1,843. There are 815 patients waiting over 13 weeks (954 in Sep-22).
- Although Radiology still has the largest number of patients waiting, at 5,646, the number of patients 6+ weeks has decreased to 731, from 925 at the end of Sep-22.
- The total number of patients waiting for an endoscopy decreased but the number of patients waiting over 6+ weeks has increased. Of note is the increase in patients waiting for a cystoscopy.
- Physiological science modalities saw a decrease in their total PTL and in increase in breaching patients.

### Activity

- 18,995 DM01 diagnostic tests were undertaken in Oct-22. This is the highest activity level on record.
- 24% (4,601 tests) of our total DM01 activity was classified as unscheduled / emergency. 66% were waiting list tests and 9% were planned tests.
- Of the Imaging modalities, only CT achieved the H2 plan for Oct-22 and flexi sigmoidoscopy was the only endoscopy modality to achieve plan.
- Echocardiography achieved it's H2 plan as they continue to consistently deliver over 1,000 tests every month in 22/23.
- The submitted plan for Oct-22 was ambitious so despite the high levels of activity we achieved this month, we are 9.0% away from delivering this months diagnostics plan and YTD we are 2.0% away for 7 completed months.

## RADIOLOGY

### What have we been doing?

- Commenced improvements in 2ww prostate pathway
- Submitted CAG for C T mobile extension until Jan-23
- Submitted CAG for MRI mobile until Mar-23
- Continue WLI session in DEXA and US.
- Increased CT Colon 2ww capacity countywide, slots at KTC and ALX, plus WLIs
- Increased CT biopsy slots by 2 per week in support of 28 day diagnostic pathway

### What are we going to do next?

- Re-advertise for 17 wte Radiographer vacancies
- Continue WLI sessions in US.
- Continue WLIs in DEXA to address backlog
- Work with BI and Cancer team to identify and deliver further improvements on 28 day faster diagnosis
- Review vetting resource requirements - improving faster vetting, will support improving time to an appointment being allocated
- Meet with lung team to look at straight to CT pathway
- Obtain financial approval to continue moniles and US WLIs
- Identify external support for Proctograms
- Improve capacity/demand modelling using Pythia
- Forecast activity- annual planning
- Forecast business cases- annual planning

### Issues

- Increase in 2ww CT Colon referrals, specialised Radiographers perform these which minimises capacity
- Ultrasound capacity to achieve plan reliant on more WLI or insourcing

## ENDOSCOPY (inc. Gynaecology & Urology)

### What have we been doing?

- Increased number of 18 week sessions to 18 with 6 at ECH, 12 at KTC
- Ceased sending referrals to Circle until additional funding confirmed
- Encouraging patients to collect their bowel prep from their local hospital in order to manage postal issues.
- Instructed the booking team to date 2ww colorectal patients by day 10 of pathway to support best practice pathway.
- Reduced the number of patients waiting for a procedure under GA

### What are we going to do next?

- Re-introducing text messaging appointment reminders
- Undertake capacity and demand for pre-assessment

### Issues

- \* Ongoing postal strikes continues to be challenging for the service.
- Seeing an increase in patient cancellations due to covid

<div> <div> DM01 Diagnostics % patients within 6 weeks </div> <div>80.8%</div> </div> <div> Diagnostics (99%) </div>
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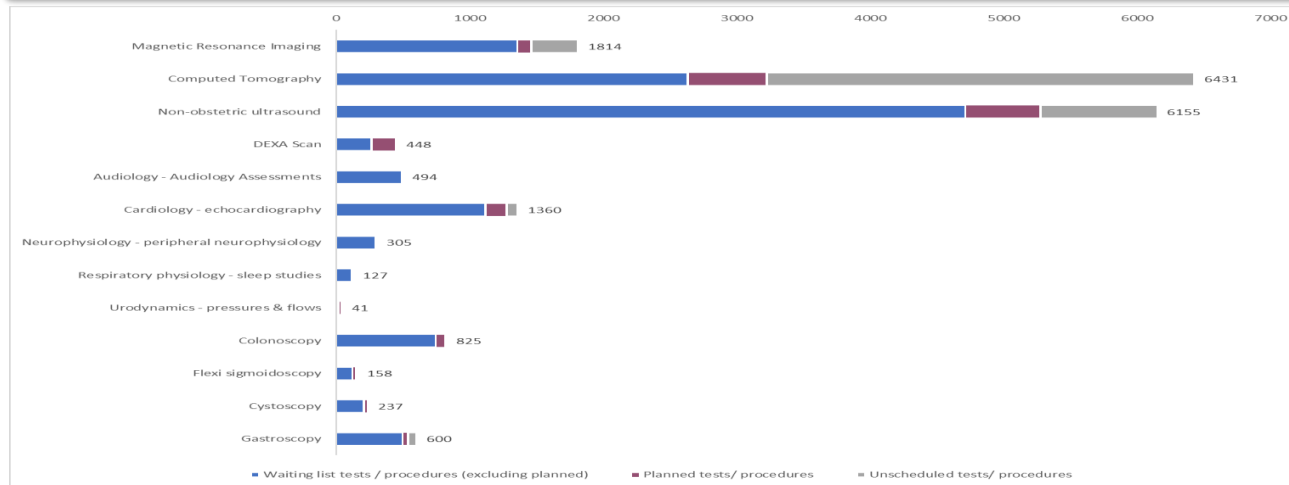
## Diagnostic Activity | Annual Plan

Annual Plan Activity Modalities		Submitted Plan	Oct-22	Oct-19
Imaging	CT	6,236	6,431	4,689
	MRI	2,135	1,814	1,799
	Non-obstetric ultrasound	6,844	6,155	6,472
Endoscopy	Colonoscopy	906	825	528
	Flexi Sigmoidoscopy	153	158	194
	Gastroscopy	1,251	600	541
Echocardiography		1,025	1,360	936
Diagnostics Total		18,550	17,343	15,159

## Annual Plan Diagnostics Activity Trend



## Total DM01 Activity split by modality and type



MRI, colonoscopy, gastroscopy and Echocardiography exceeded the activity delivered in Oct-19.

However, only CT, flexi sigmoidoscopy and echocardiography achieved the activity levels in our submitted plan.

70% of all unscheduled activity in Oct-22 were CT tests.

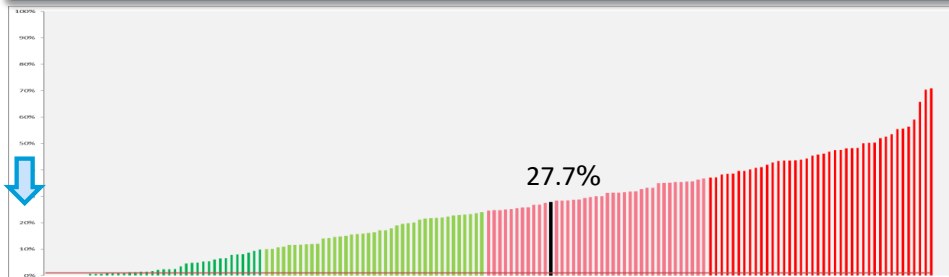


## National Benchmarking (September 2022)

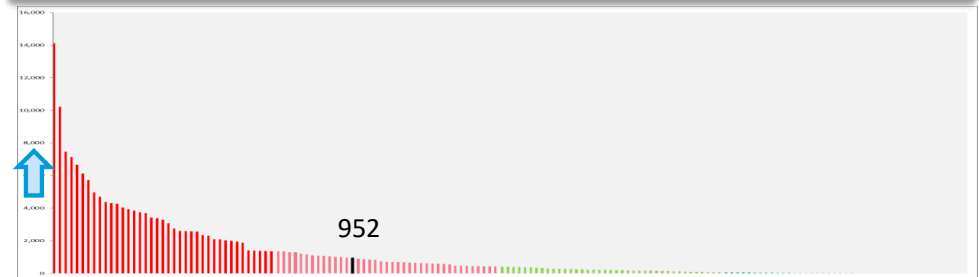
The Trust was one of 9 of 13 West Midlands Trusts which saw an improvement in performance between Aug-22 and Sep-22. This Trust was ranked 6 out of 13; no change from the previous month. The peer group performance ranged from 2.5% to 50.3% with a peer group average of 36.9%; improving from 38.5% the previous month. The England average for Sep-22 was 29.8%; a 0.7% decrease from 30.5% in Aug-22.

- Nationally, there were 463,930 patients recorded as waiting 6+ weeks for their diagnostic test; 2,497 (0.54%) of these patients were from WAHT.
- Nationally, there were 193,516 patients recorded as waiting 13+ weeks for their diagnostic test; 952 (0.49%) of these patients were from WAHT.

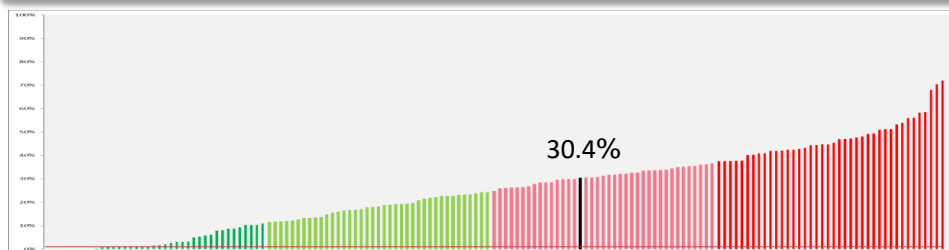
DM01 Diagnostics - % of patients waiting more than 6 weeks | September-22



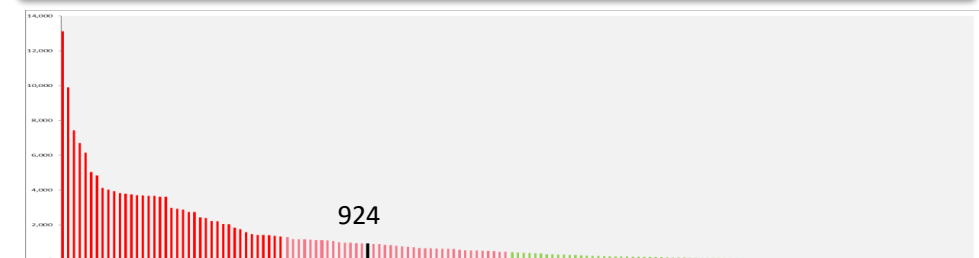
DM01 Diagnostics - number of patients waiting more than 13 weeks | September-22



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



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



■ WAHT — Operational Standard 1%

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



Patients spending 90% of time on a Stroke Ward		Patients who had Direct Admission (via A&E) to a Stroke Ward within 4 hours		Patients who had a CT within 60 minutes of arrival		Patients seen in TIA clinic within 24 hours		SSNAP Q2 22-23 Jul-22 to Sep-22 (provisional)			
	E		E		B		N/A	Score	76.0	Grade	B

## What does the data tell us?

- Provisional SSNAP scores and grades for Q2 22/23, based on internal calculations, indicate we could achieve a grade B with a score of 76, maintaining our grading in Q1.

2022/23 Q2		
Domain	Score	Grade
1) Scanning	83	C
2) Stroke unit	39	E
3) Thrombolysis	52	D
4) Specialist Assessments	86	B
5) Occupational therapy	84	A
6) Physiotherapy	81	B
7) Speech and Language therapy	72	B
8) MDT working	85	A
9) Standards by discharge	97	A
10) Discharge processes	100	A
Combined Total Key Indicator score	76	B
Case ascertainment band	90%	
Audit compliance band		A

- No metric is showing special cause concern although we cannot achieve the Direct Admission target without change.
- Patients seen in the TIA clinic within 24 hours continues to show special cause improvement with a run above the mean.

## What are we doing to improve?

### Patients Admitted Within 4 Hours / 90% Stay on Stroke Ward / Specialty Review Within 30 Minutes

- We continue to participate in the North Bristol Model where we are supporting admission through A+E by admitting 2 patients per hour within the medicine division. On the stroke unit we aim to admit at least 3 patients per day and therefore this positively impacts on moving appropriate stroke patients through the unit in a more timely manner. This will facilitate admission to the ward within 4 hours and we hope to see this reflected in the quarterly SNNAP results.
- Although this offers the opportunity to board two patients in the corridor, the Stroke unit has agreed to ring fence one of these "boarding" beds for Thrombolysis whereby one patient from the unit will be reverse boarded to accommodate the Thrombolysis patient.
- The stroke nurse consultant and registrars continue to ensure EDS's for any patients appropriate for discharge are completed prior to 9am to create and support early flow. In addition a new assessment pro forma pack has been implemented which captures all the data required by SSNAP.
- Countywide therapy meetings which include the Health and Care Trust have been initiated – this includes the therapists in the county meeting regularly with the Acute Trust consultant. This allows teams within the HACT to discuss any concerns/issues with patients on the stroke pathway being admitted and discharge which is improving communications and thus helping to support flow. This improved communication allows a shared understanding of Trust issues and also allows our community partners to feel supported and part of the team.
- A meeting is in the process of being arranged with ED to ensure that systems are in place to further ensure that the out of hours Stroke CNS cover remains robust and to ensure patient safety.
- Furthermore, the local consultants have created a local rota whereby they will provide 24/7 cover for stroke. This will not only be for Thrombolysis but will also offer support to the out-of-hours stroke CNS team.

### Thrombolysis:

- Ongoing face-to-face stroke simulation training is being offered for all medical registrars in the Trust alongside the stroke CNS team, this will ensure improved communication, team working and ultimately patient experience and outcome. A video is also currently being produced to offer some level of training for short term or locum ED staff.
- We are still consistently achieving a Level B in the SNNAP score results which is demonstrating all of the improvements we are putting into place as mentioned above.

Current Assurance Level: 5 (Oct-22)

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

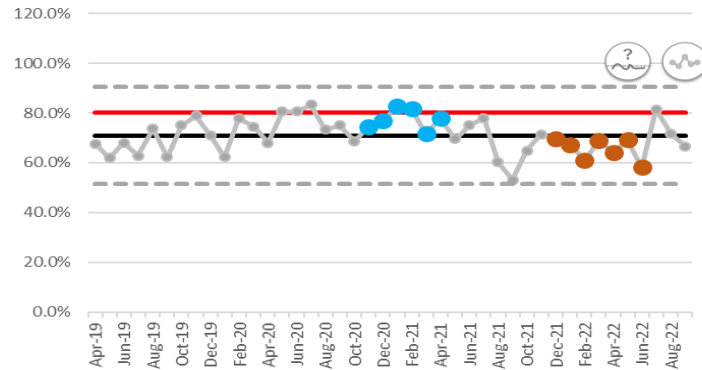
Previous Assurance Level: 5 (Sep-22)

SRO: Paul Brennan

Time spent on Stroke Unit

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

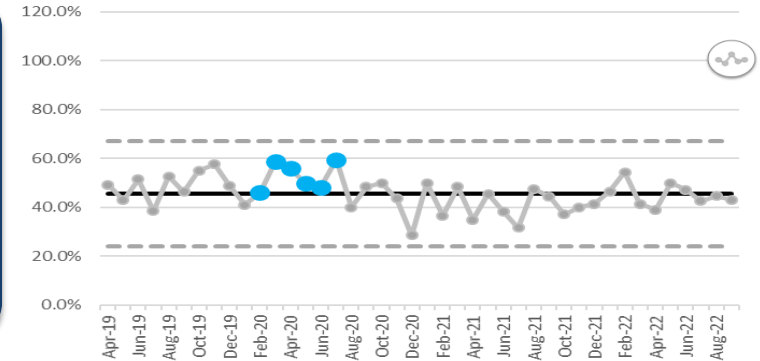
65%



CT within 60 minutes

Stroke : %  
CT scan  
within 60  
minutes

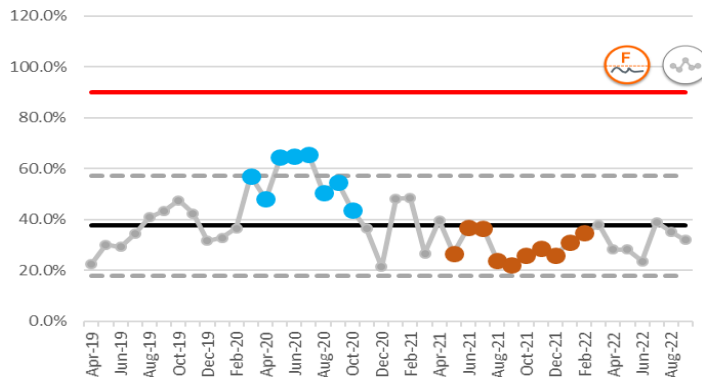
43%



Direct Admission to Stroke Ward

Stroke : %  
Direct  
Admission  
to Stroke  
ward

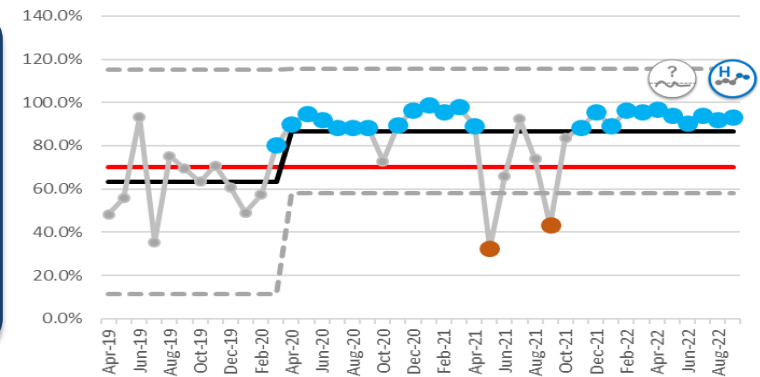
32%



TIA within 24 hr

Stroke: %  
seen in TIA  
clinic within  
24 hours

93%



All graphs include Sep-22 data

# Quality and Safety

# 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>We failed to comply with 3 of the in-month infection targets in Oct-22</li> <li>We are compliant with all year to date infection targets except C-Diff, which is 55.3% over target.</li> <li>The Hand Hygiene participation rate dropped slightly in Oct-22 to 88.29%, but failed to achieve the 100% target.</li> <li>The Hand Hygiene compliance to practice rate dropped very slightly to 99.48% in Oct-22 but still achieved the 98% target.</li> <li>12 new COVID outbreaks were declared in Oct-22: ALEX – Ward 6 and Ward 11; WRH – Aconbury 3, Avon 2, ARU, Head &amp; Neck, T&amp;O Side A and B, PDU, Hazel Trauma, Laurel 1 and Avon 4.</li> <li>There are currently 4 ongoing active COVID outbreaks, and 11 in the monitoring phase (10/11/22).</li> <li>All of the high impact intervention audits in Oct-22 achieved a compliance of over 95%.</li> </ul>
Antimicrobial Stewardship	<ul style="list-style-type: none"> <li>A total of 293 audits were submitted in Oct-22, compared to 232 in Sep-22.</li> <li>Antimicrobial Stewardship overall compliance rose in Oct-22 and achieved the target of 90%.</li> </ul>
SEPSIS 6	<ul style="list-style-type: none"> <li>Our performance against the sepsis bundle being given within 1 hour has fallen in Sep-22 and remains non compliant with the 90% target.</li> <li>The Sepsis screening compliance remained unchanged in Sep-22 and has met the 90% target for the 4<sup>th</sup> consecutive month</li> <li>Antibiotics provided within 1 hour fell in Sep-22 and failed to achieve the target of 90%</li> </ul>
Fractured Neck of Femur	<ul style="list-style-type: none"> <li>#NOF compliance dropped in Oct-22 and we are showing special cause variation of concern for the last 8 months.</li> <li>There were 87 #NOF admissions in Oct-22.</li> <li>The #NOF target of 85% has not been achieved since Mar-20.</li> </ul>
Falls	<ul style="list-style-type: none"> <li>The total number of falls for Oct-22 was 144.</li> <li>We have breached our 22/23 to date trajectory by 144 falls.</li> <li>There were 0 SI falls in Oct-22.</li> </ul>

# Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> <li>The total number of HAPUs for Oct-22 increased to 37, and is showing special cause variation for concern.</li> <li>We have breached our 22/23 to date trajectory by 40 HAPU's.</li> <li>There were zero HAPUs causing harm in Sep-22.</li> </ul>
Friends & Family Test	<ul style="list-style-type: none"> <li>The recommended rate for Inpatients achieved the target at 97.06 % in Oct-22</li> <li>The recommended rate for Maternity was 100% in Oct-22.</li> <li>The recommended rate for Outpatients rose to 95.7% and achieved the target.</li> <li>The recommended rate for A&amp;E dropped slightly to 87.33% and failed to achieve the target.</li> </ul>
Complaints	<ul style="list-style-type: none"> <li>The % of complaints responded to within 25 days increased slightly in Sep-22 to 58.54%, but was still below target (80%).</li> <li>This is the 3rd consecutive month that the target has not been achieved, and the 9<sup>th</sup> time in the last 12 months.</li> </ul>
VTE Assessments	<ul style="list-style-type: none"> <li>Excluding W&amp;C, all Divisions achieved the 95% target.</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 (Target 79)		E-Coli (Target 30)		MSSA (Target 10)		MRSA (Target 0)		Klebsiella species (Target 35)		Pseudomonas aeruginosa (Target 23)	
Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target	Oct actual vs target	Year to date actual / year to date target
11/7	70/45	7/2	21/18	4/0	11/7	0/0	0/0	3/3	10/20	2/2	5/13

### What does the data tell us?

- We failed to comply with 3 of the in-month infection targets in Oct-22: the C.Diff, E-Coli and MSSA infections. We have also breached the year to date targets for these 3 infections.
- The Hand Hygiene participation rate dropped slightly in Oct-22 to 88.29%, but failed to achieve the 100% target.
- The Hand Hygiene compliance to practice rate dropped very slightly to 99.48% in Oct-22 but still achieved the 98% target.
- 12 new COVID outbreaks were declared in Oct-22: ALEX – Ward 6 and Ward 11; WRH – Aconbury 3, Avon 2, ARU, Head & Neck, T&O Side A and B, PDU, Hazel Trauma, Laurel 1 and Avon 4.
- There are currently 4 ongoing active COVID outbreaks, and 11 in the monitoring phase (10/11/22).
- All of the high impact intervention audits in Oct-22 achieved a compliance of over 95%. The audit with the lowest compliance was the “Prevent infection in chronic wounds” audit (98.0%).

- We are awaiting the report from the C.Diff site review completed by NHSE/UKHSA undertaken on 14<sup>th</sup> October. We are also awaiting the report from the C.Diff review completed by Professor Mark Wilcox on 24<sup>th</sup> October.
- Despite the lack of reports as a trust we are progressing actions which we believe will be contained in the report and have included them within our C.Diff reduction action plan. A meeting on 4<sup>th</sup> November with Estates, Facilities, Infection Prevention, DIPC and DDNS was held to devise and progress actions.
- The C.Diff reduction action plan, continues to be monitored by IPCSG.
- NHSE Quarterly C.Diff table top review was held on 28<sup>th</sup> October, for this meeting the C.Diff action plan was reviewed. Next meeting is planned for 27<sup>th</sup> January 2023.
- COVID cases and outbreaks increased, therefore the assurance level for COVID has been down graded to a 4. As a Trust we do not currently have a formal governance process for COVID decision making, as Bronze and Silver planned meetings have been cancelled.
- We are currently working with the ICS to implement a system wide respiratory symptom checker. The use of which would prompt respiratory PCR tests (influenza, RSV & COVID).
- UKHSA state as social contact has returned to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023.
- Prompt identification of COVID/Influenza cases and isolation can hopefully reduce outbreaks and the knock on requirement to close beds.

**Assurance level** – Level 4 COVID-19 / Level 4 for non-Covid (Oct-22)

**Reason:** Drop in assurance for COVID-19 due increase in outbreaks.

**When expected to move to next level of assurance for non Covid:** Review again November 2022.

**Previous assurance level (Feb-22)** –Level 6 COVID-19 / Level 4 for non-Covid (Sep-22)

SRO: Paula Gardner(CNO)

## Source: Fingertips / Public Health Data (up to July 2022)

**C. Difficile** – Out of 24 Acute Trusts in the Midlands, our Trust sits the 19<sup>th</sup> best for hospital onset-healthcare associated C. difficile infections. Our rate stands at 27.4 cases per 100,000 bed days, which is above both the overall England and Midlands rate.

**E.coli** – Out of the 24 Acute Trusts in the Midlands, our Trust sits the 6<sup>th</sup> best. Our rate stands at 13.7 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 12<sup>th</sup> best. Our rate stands at 9.4 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 equal 1<sup>st</sup>. Our rate stands at 0.0 cases 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 | Aug-22

Area	Count	Per 100,000 bed days
England	6,611	19.6
Midlands NHS Region (Pre ICB)	1,161	18.5
Worcestershire Acute Hospitals	68	27.4

### MSSA bacteraemia cases counts and 12-month rolling rates of hospital-onset | Aug-22

Area	Count	Per 100,000 bed days
England	3,704	11.3
Midlands NHS Region (Pre ICB)	606	9.9
Worcestershire Acute Hospitals	23	9.4

### E. Coli hospital-onset cases counts and 12-month rolling rates | Aug-22

Area	Count	Per 100,000 bed days
England	7,516	22.2
Midlands NHS Region (Pre ICB)	1,249	19.9
Worcestershire Acute Hospitals	34	13.7

### MRSA cases counts and 12-month rolling rates of hospital-onset | Jul-22

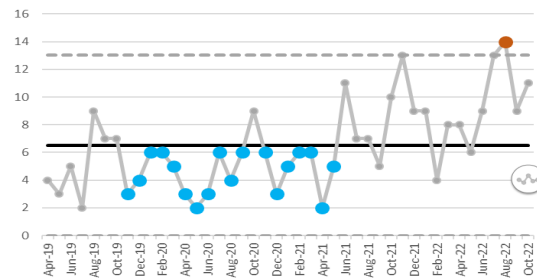
Area	Count	Per 100,000 bed days
England	257	0.8
Midlands NHS Region (Pre ICB)	33	0.5
Worcestershire Acute Hospitals	0	0.0



C-Diff

11

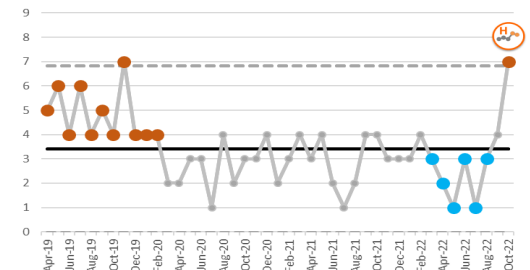
Clostridium difficile



E-Coli

7

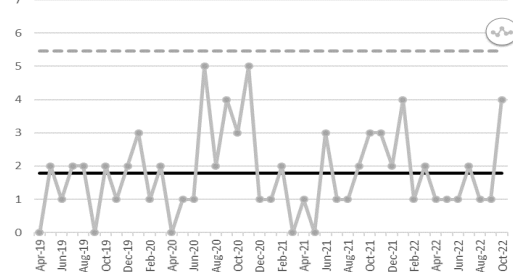
Escherichia Coli



MSSA

4

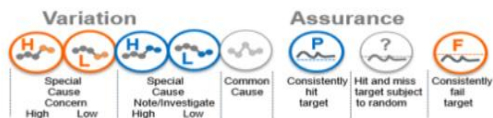
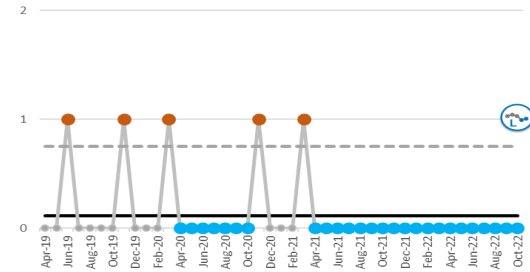
MSSA



MRSA

0

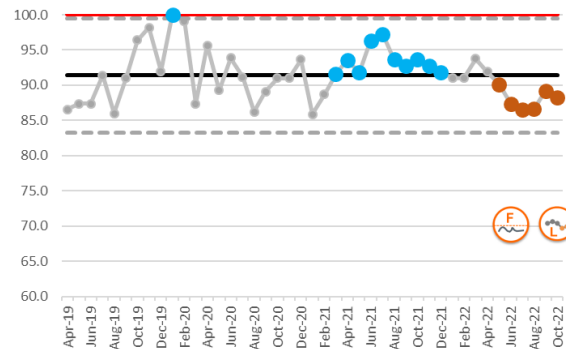
MRSA



## Hand Hygiene Audit Participation (%)

88.3

### Hand Hygiene - Audit Participation

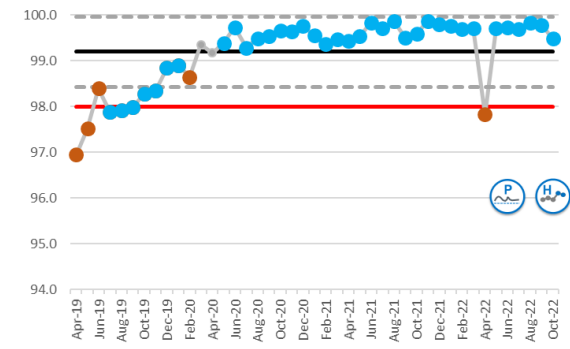


Please note that % axis does not start at zero.

## Hand Hygiene Compliance (%)

99.5

### Hand Hygiene - Compliance



Please note that % axis does not start at zero.



Lockdown Period  
COVID Wave

## 2.1 Care that is Safe – Antimicrobial Stewardship

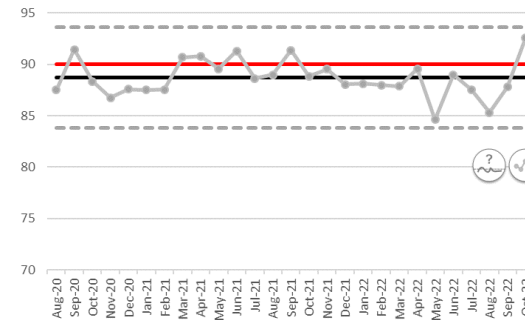
Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Oct-22	Sep-22	Oct-22	Sep-22	Oct-22
	90.2%	93.4%	93.9%	92.2%

<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>A total of 293 audits were submitted in Oct-22, compared to 232 in Sep-22.</li> <li>Antimicrobial Stewardship overall compliance rose in Oct-22 and achieved the target of 90%.</li> <li>Patients on Antibiotics in line with guidance or based on specialist advice increased in Oct-22 to 93.4%.</li> <li>Patients on Antibiotics reviewed within 72 hours dropped slightly in Oct-22 to 92.2%</li> </ul>	<p><b>What will we be doing?</b></p> <ul style="list-style-type: none"> <li>Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors</li> <li>ASG will continue to monitor the use of Carbapenems (Trust is no longer a national outlier)</li> <li>Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results</li> <li>Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories.</li> <li>AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s</li> <li>Issuing poster guiding staff when to use urine test strips</li> <li>Focusing on learning from C diff case reviews where antibiotics may be implicated</li> <li>Reviewing the trust-wide quarterly incident report for themes and trends relating to antimicrobial medicines</li> <li>Seeking nominations for AMS clinical leads for Speciality Medicine and SCSD</li> <li>Promoting the World Antimicrobial Awareness Week 18 – 24<sup>th</sup> November 2022</li> </ul>
<p><b>Current assurance level – 6 (Oct-22)</b>  <b>Reason:</b> As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits</p>	<p><b>When expected to move to next level of assurance -</b> <i>This will be next reviewed in April 23, when quarter 4 performance can be assessed.</i></p>
<p>Previous assurance level – Antimicrobial stewardship level of assurance is 5 as assessed by ASG on 24/02/2022.</p>	<p>SRO: Paula Gardner(CNO)</p>

## AMS Compliance

92.6%

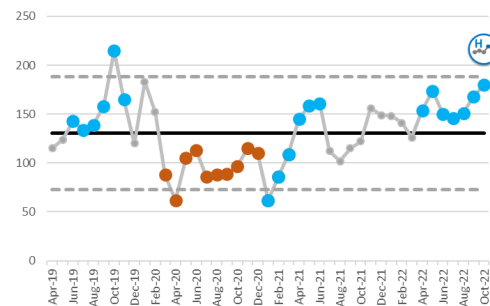
AMS Compliance



## Total Medicine incidents reported

180

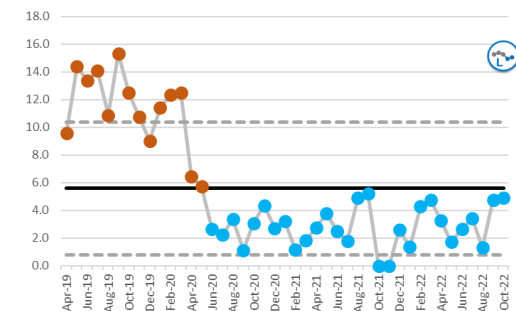
Total Medication Incidents



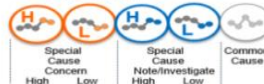
## Medicine incidents causing harm (%)

4.9%

% Medication Incidents Causing Harm



### Variation



### Assurance



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

### #NOF – Time to Theatre <= 36 Hours



#### What does the data tell us?

- #NOF compliance dropped in Oct-22 and we are showing special cause variation of concern for the last 8 months.
- There were 87 #NOF admissions in Oct-22.
- The #NOF target of 85% has not been achieved since Mar-20.
- There were a total of 44 breaches in Oct-22.
- The primary reasons for delays were
  - 40.9% (18 patients) due to bed issues
  - 22.7% (10 patients) due to theatre capacity
  - 18.2% (8 patients) due to patients being medically unfit
- The average time to theatre in Oct-22 was 46.2 hours.
- The Trust's 12 Month Rolling Crude Death rate up to Aug-22 for #NOF is 13.06% (In Hospital 4.22% & Out of Hospital 8.84%), which is the 8<sup>th</sup> highest in the Midlands (out of 22).<sup>1</sup>
- The Trust's ALOS (Sep-21 to Aug-22) is 9.12 days, which is the 2<sup>nd</sup> lowest in the Midlands.<sup>1</sup>

<sup>1</sup> Source: HED, accessed 10/11/2022

#### What will we be doing?

- Continued review of the FNOF pathway.
- Multidisciplinary Trauma 'Away-Day' Nov 2022
- Review of #NOF attending Redditch ED to ensure correct pathways being followed pre-hospital and in Trust.
- Review of ambulatory pathways for other trauma to ensure WRH site is non-ambulatory priority.
- Review of medical support for #NOF including: Orthogeriatric support; general medical support; physician associate support to provide continuity.

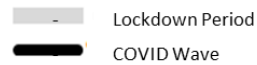
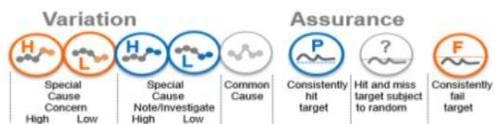
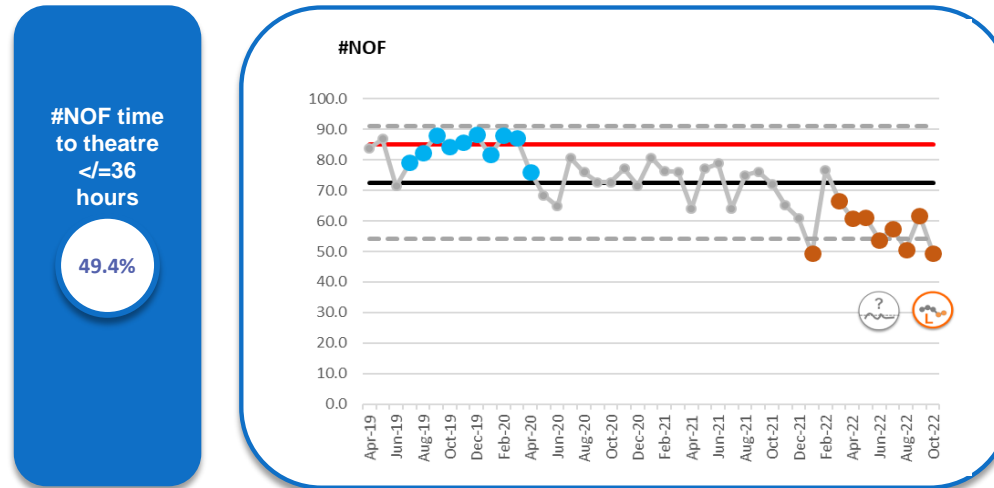
**Current assurance level: 5 (Oct-22)**

**When expected to move to next level of assurance:** On implementation of pathway improvements, and positive impact sustained.

**Previous assurance level: 5 (Sep-22)**

SRO: Christine Blanshard (CMO)

41



## 2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle

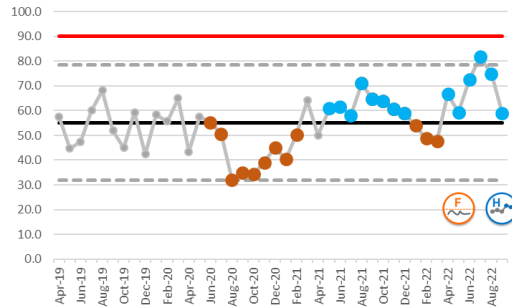
Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			75.4%	91.8%	80.3%	80.3%	77.1%
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>Our performance against the sepsis bundle being given within 1 hour has fallen in Sep-22 and remains non compliant with the 90% target.</li> <li>The Sepsis screening compliance remained unchanged in Sep-22 and has met the 90% target for the 4<sup>th</sup> consecutive month (first period of compliance since May 2019)</li> <li>Antibiotics provided within 1 hour fell in Sep-22 and failed to achieve the target of 90%</li> <li>Only the Oxygen element of the Sepsis Six bundle was above the 90% target</li> <li>The Trust's 12 Month Rolling Crude Death rate up to Aug-22 for Septicaemia (except in labour) is 24.3% (In Hospital 15.56% &amp; Out of Hospital 8.73%), which is the 4<sup>th</sup> lowest in the Midlands (out of 22).<sup>1</sup></li> <li>The Trust's ALOS (Sep-21 to Aug-22) is 9.24 days, which is the 4<sup>th</sup> lowest in the Midlands.<sup>1</sup></li> </ul> <p><sup>1</sup> Source: HED, accessed 10/11/2022</p>			<b>Actions:</b> <ul style="list-style-type: none"> <li>Review mortality data to assess for trends around sepsis</li> <li>Review whether the decline in % Antibiotics provided within one hour is related to the delays in ED assessment</li> <li>Continue work with Sepsis lead and Divisional Teams to improve compliance and recording</li> </ul>				
<b>Current assurance level – 5 (Oct-22)</b>			<b>When expected to move to next level of assurance:</b> Following deep dive audit.				
<b>Previous assurance level – 5 (Sep-22)</b>			SRO: Christine Blanshard (CMO)				



Sepsis 6  
Bundle  
within 1  
Hour  
Compliance  
(audit)

59.0%

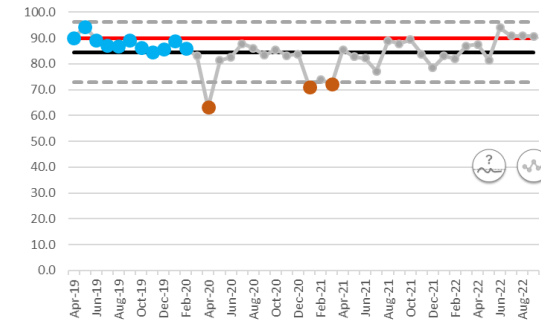
Sepsis 6 Bundle completed with 1 Hour



Sepsis  
Screening  
Compliance  
(audit)

90.6%

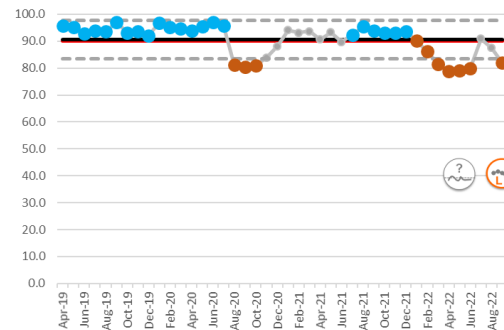
Sepsis Screening Compliance




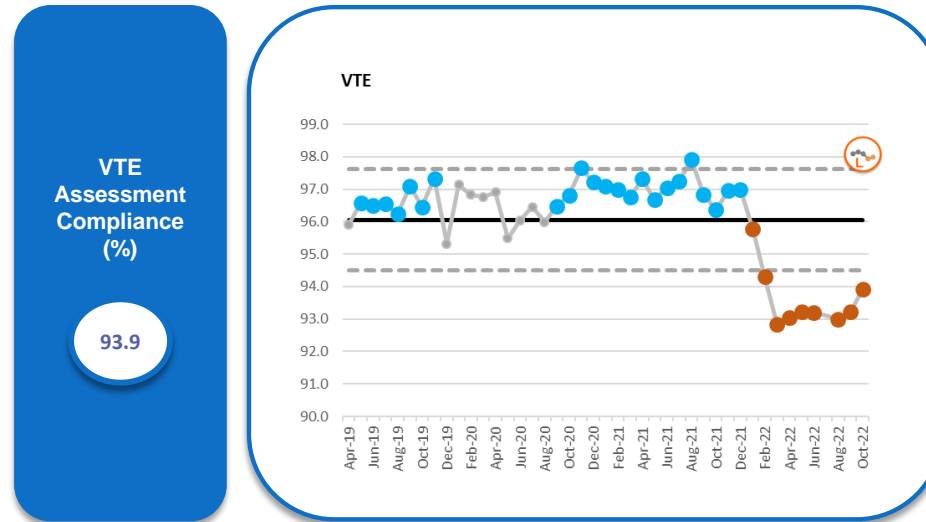
Sepsis  
Screening  
Antibiotics  
Compliance  
(audit)

82.0%

Sepsis 6 - Antibiotics provided within 1 Hour







VTE assessment on admission to hospital	
	
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>Excluding W&amp;C, all Divisions achieved the 95% target.</li> <li>We are aware the inclusion of W&amp;C data means we are not meeting the target. However, W&amp;C are entering VTE assessments via Badgernet, and this data is now in the final stage of quality assurance. It is anticipated that the full W&amp;C dataset should be available for the December report.</li> </ul>	<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>Badgernet VTE extraction is progressing and will be completed in the coming weeks.</li> <li>Continued discussion at the Trust Thrombosis group to improve compliance in the surgical division.</li> </ul>
<b>Current assurance level: 7</b>	<b>When expected to move to next level of assurance :</b> N/A
<b>Previous assurance level - 7</b>	SRO: Christine Blanshard (CMO)



Please note that % axis does not start at zero.



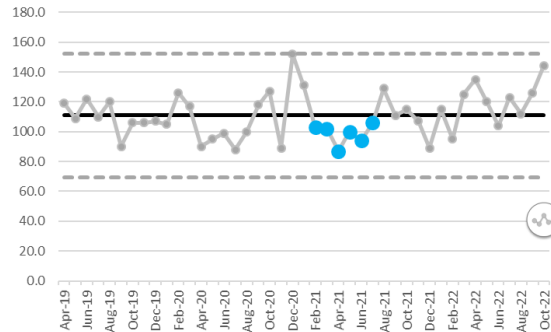
## 2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Oct-22	Oct-22	Oct-22	Oct-22
			
<b>What does the data tell us?</b>  <b>Total Inpatient Falls</b> <ul style="list-style-type: none"> <li>The total number of falls for Oct-22 was 144.</li> <li>We have breached our 22/23 to date trajectory by 144 falls.</li> </ul> <b>Inpatient falls resulting in Serious Harm</b> <ul style="list-style-type: none"> <li>There were 0 SI falls in Oct-22.</li> <li>We have achieved our 22/23 to date trajectory.</li> </ul>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>Raise awareness of the e-learning tool (000: Preventing Falls in Hospital) now available for all clinical/patient facing staff to complete on ESR- once signed off at the CNO meeting (24/11/22- cancelled in Aug/Sept) it will become essential to role to support compliance and monitoring</li> <li>Weekly monitoring of wards/departments with a high prevalence of falls by governance and Falls Prevention Lead when reports are circulated (every Monday)- Falls prevention lead to contact and offer support to all areas flagging</li> <li>Falls Prevention Lead to continue supporting falls related local QI projects in wards/departments and aim to spread/sustain any successful projects- all divisions shared their good news stories at the Dementia/Falls Steering Group (10/11/22) demonstrating many of our 4ward behaviours</li> <li>Falls Prevention Lead to continue involvement with the ICS to support the services being trialled/implemented aimed to improve admission avoidance and potentially flow/discharge</li> <li>Falls Prevention Lead working with Ramblegard to analyse system data following its installation on Avon 4 and Hazel in preparation for a potential proposal for further equipment being funding across the trust. MAU at WRH will trial the system in December with agreement that a full QI project will be completed alongside to support evidencing its use/effectiveness</li> <li>Falls Prevention lead to look into other falls preventative equipment issues within the trust- hi/lo beds, bedside mats and hoverjack repairs/purchase (hoverjack air supplement replacement need to be raised at SIRLG 14/11/22)</li> </ul>	
<b>Assurance levels (Quarter 2);</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 5		SRO: Paula Gardner(CNO)	

Total Falls

144

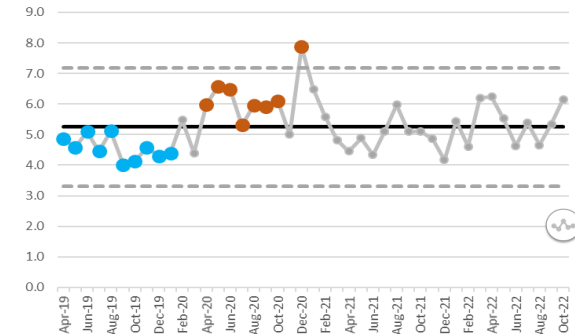
Total Inpatient Falls



Total Falls per 1,000 bed days

6.15

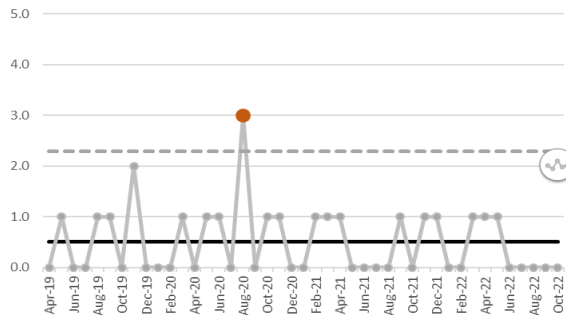
Total Inpatient Falls Per 1,000 Bed Days



Total SI Falls

0

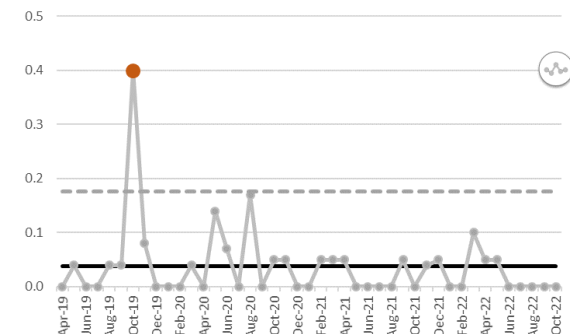
Inpatient Falls resulting in Harm





SI Falls per 1,000 bed days

0

Inpatient Falls resulting in Harm Per 1,000 Bed Days



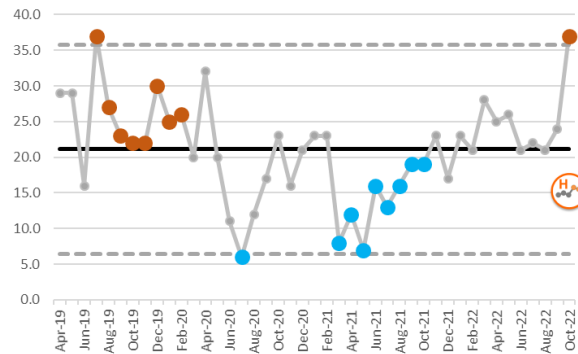
## 2.1 Care that is Safe – Pressure Ulcers

Total Hospital Acquired Pressure Ulcers (HAPUs)	Hospital Acquired Pressure Ulcers Causing Harm
Oct 2022	Oct 2022
	
<p><b>What does the data tell us?</b></p> <p><b>Total HAPU's</b></p> <ul style="list-style-type: none"> <li>The total number of HAPUs for Oct-22 increased to 37, and is showing special cause variation for concern.</li> <li>We have breached our 22/23 to date trajectory by 40 HAPU's.</li> </ul> <p><b>HAPU's causing Harm</b></p> <ul style="list-style-type: none"> <li>There were zero HAPUs causing harm in Sep-22.</li> <li>We continue to be below our 22/23 to date trajectory by 2 HAPUs causing harm.</li> </ul>	<p><b>What improvements will we make?</b></p> <ul style="list-style-type: none"> <li>Continued focus on national campaigns and local education through quality improvement plans at ward level.</li> <li>STOP The Pressure National campaign focusing on HEELS OFF campaign .</li> <li>Learning from Serious Incidents Actions</li> <li>Bespoke tissue viability training with areas identified increased prevalence.</li> <li>Ensure that Agency Staff P.U.P induction questionnaires are being implemented for assurance.</li> <li>Continued Planned educational sessions for all staff ( P.U.P training ) continue to take place : to increase awareness and implement best practice .</li> <li>Encourage staff attendance to all educational sessions to increase awareness.</li> <li>2 new members of staff commenced within team to become imbedded and allow increased visibility , support and awareness for clinical areas with continued increased patient acuity and admission numbers</li> </ul>
<b>Current assurance level – 5 (Oct-22)</b>	<b>When expected to move to next level of assurance:</b> to be reviewed in Q4 based on Q3 outcomes
<b>Previous assurance level – 6 (Sep-22)</b>	SRO: Paula Gardner(CNO)

Total HAPU's

37

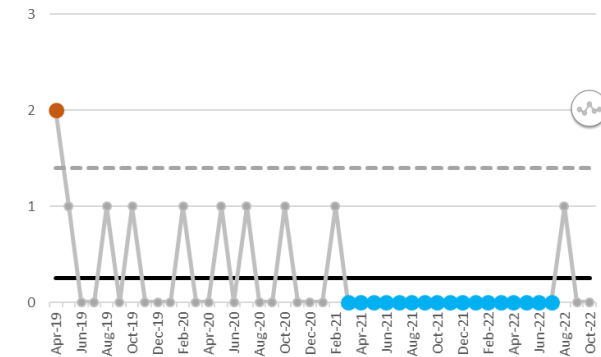
Total Hospital Acquired Pressure Ulcers (HAPUs)



HAPU's Causing Harm

0

Hospital Acquired Pressure Ulcers causing Harm





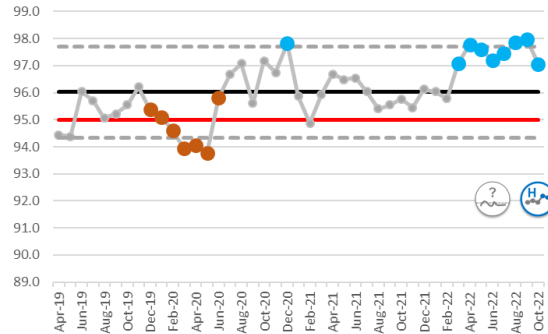
## 2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended
<ul style="list-style-type: none"> <li>The recommended rate for Inpatients achieved the target at 97.06 % in Oct-22, and this is the 20<sup>th</sup> consecutive month compliance has been attained. The response rate was also above trust target at 42.76%.</li> <li>The recommended rate for Maternity was 100% in Oct-22. This is the 8th time in the last 12 months that 100% has been achieved. However although the response rate increased in Oct-22 to 3.27%, it has not achieved the target of 30% since Jul-20, and has not reached double figures since Aug-21.</li> <li>The recommended rate for Outpatients rose to 95.7% and achieved the target. The response rate increased slightly and was above target at 12.0%</li> <li>The recommended rate for A&amp;E dropped slightly to 87.33% and failed to achieve the target. The response rate increased slightly and achieved target at 20.0%</li> </ul>		<p>Divisions continue to report into the Patient, Carer and Public Engagement steering group quarterly with reports which focus on feedback data along with steps for improvements and narrative on progress against this. The new slide deck to support a focus on quality improvement an actions started in Q1 2022-23 and Q2 reports were submitted at the November steering group. These will be included in the Patient Experience and Engagement report which will be submitted to Clinical Governance group in December. The steering group provides space to share good practice and discuss common barriers and solutions to increase and maintain public and staff engagement with FFT.</p> <ul style="list-style-type: none"> <li>A proposal to CETM to support the trust to gain real understanding and actionable insights from what our patients, carers and families are telling us in FFT, alongside increasing participation from patients, carers and family – as well as from our staff, was approved in October 2022 and a task and finish group has now been established bringing together leads from Digital, Information, Patient Experience/Engagement co-ordinated by PMO and Transformation, to develop a proof of concept six month pilot. This project will be progressed in November 2022.</li> <li>A and E approaches to sustain the increase in participation and to encourage positive feedback from service users as well as sharing areas for learning will include improved use of “You said We Did Posters” and exploration of the use of cards alongside text messaging – at present the department is reliant on text messaging. A relaunch of cards across the Trust will be included in the six month pilot development project.</li> <li>The six month pilot will also address access for people experiencing maternity services.</li> </ul>	
<b>Current assurance level – 5 (Oct-22)</b> <b>Reason:</b> sustained improvement seen across areas however response rate remains low in maternity. Options to be explored in Q2 approved in mid-October at CETM. To now be progressed in Q3.		<b>When expected to move to next level of assurance: End of Q3</b>	
<b>Previous assurance level – 5 (Sep-22)</b>		SRO: Paula Gardner(CNO)	

**FFT  
Inpatient  
Recommended %**

97.06

FFT IP recommended

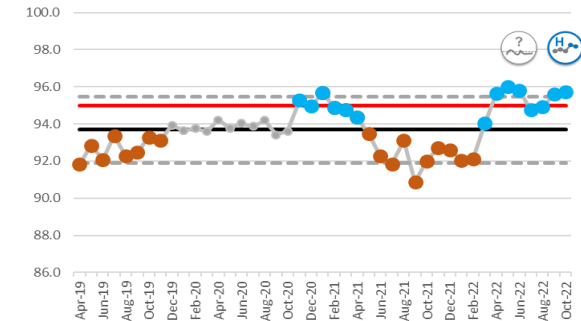


Please note that % axis does not start at zero.

**FFT  
Outpatient  
Recommended %**

95.73

FFT Outpatient recommended

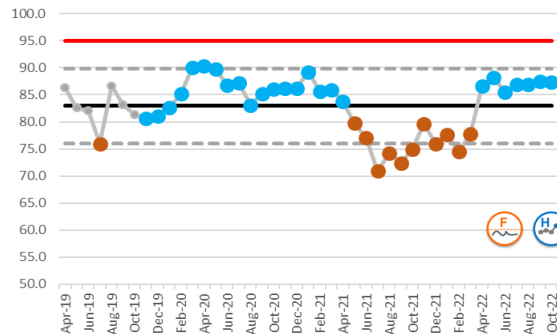


Please note that % axis does not start at zero.

**FFT AE  
Recommended %**

87.33

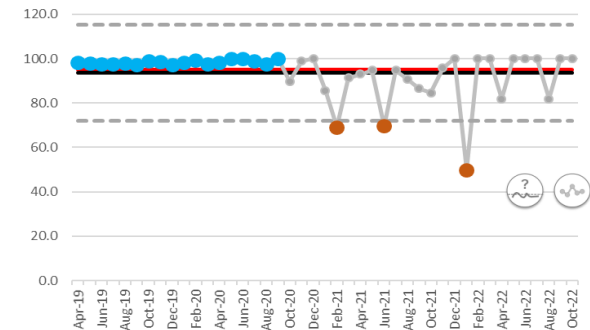
FFT A&E recommended



**FFT  
Maternity  
Recommended**

100

FFT Maternity recommended



Lockdown Period  
COVID Wave

## 2.3 Care that is a positive experience – Complaints

### Complaints Responded to Within 25 Days



<p><b>What does the data tell us?</b></p> <ul style="list-style-type: none"> <li>The % of complaints responded to within 25 days increased in Oct-22 to 61.3%, but was still below target (80%).</li> <li>This is the 4<sup>th</sup> consecutive month that the target has not been achieved.</li> </ul>	<p><b>What improvements will we make?</b></p> <ul style="list-style-type: none"> <li>The response performance is unfortunately low, but this is reflective of a sustained increase in numbers of complaints being submitted and investigated since April 2022; although a larger proportion of cases are in breach, it must be noted that a reduction in backlog will always lead to a poorer performance percentage, and it will take time to return figures to normal</li> <li>If the number of complaints being submitted continues at this increased level, it will be difficult for Divisions with no changes to their provision for complaints management to achieve the target.</li> <li>All open Corporate cases will be reviewed by the Complaints Manager &amp; Deputy Complaints Manager to aim for early resolution. Breach cases will be closed in October in order to ensure that any new corporate cases which are received going forward can be resolved promptly.</li> <li>The total number of overdue complaints has reduced through November 2022 already; for December, the Complaints Manager will prioritise the cases submitted by the Surgical Division, who have the largest number of breaches.</li> <li>Continued focus will be devoted to processing complaint responses ASAP through December.</li> </ul>
<p><b>Current assurance level – 5 (Oct-22)</b> Reason: The number of breaches has risen in line with the rise in new cases, however this is beginning to reduce; this demonstrates that demand is greater but established processes are working</p>	<p><b>When expected to move to next level of assurance:</b> Q4; dependent on reduction of backlog/incoming complaint numbers</p>
<p><b>Previous assurance level – 5 (Sep-22)</b></p>	<p>SRO: Christine Blanchard (CMO)</p>

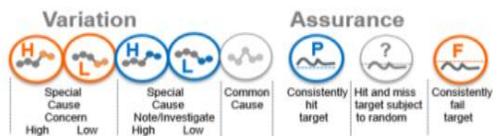
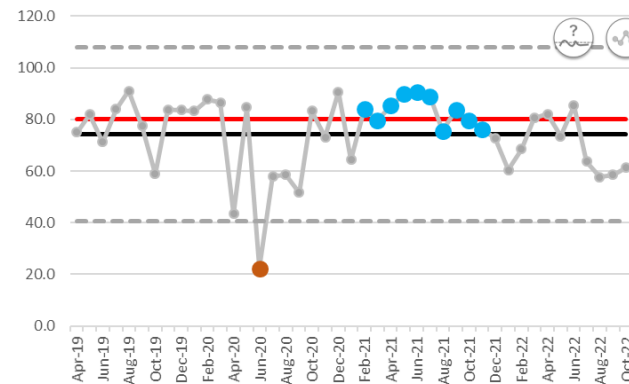
# Month 8 [November] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Oct-22 as 10<sup>th</sup> November 2022

Complaints  
Responded  
to Within  
25 Days  
(%)

61.3%

Complaints Responded to Within 25 Days



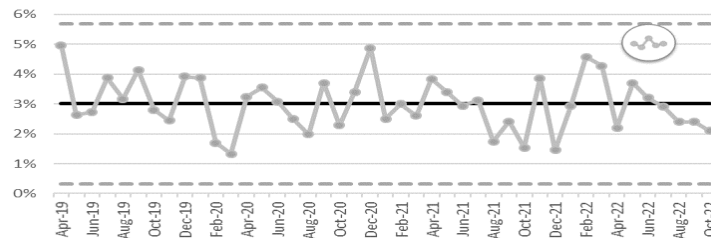
# Maternity

Admission of full-term babies to neonatal care	Neonatal Deaths (>24 <sup>+0</sup> weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
								409	419
<b>What does the data tell us?</b> <ul style="list-style-type: none"> <li>Nine of the core metrics have not changed significantly and show a level of natural variation you would expect to see.</li> <li>Neonatal and maternal deaths are showing statistically significant improvement.</li> <li>Vaginal deliveries and elective caesareans have both returned to normal variation.</li> <li>The only metric to show special cause concern is Booked before 12<sup>+6</sup> weeks.</li> <li>There were no stillbirths, maternal or neonatal deaths in Oct-22.</li> <li>Therefore, the in-month stillbirth rate per 1,000 births is 0 and the neonatal rate per 1,000 births is 0. <a href="#">NHS</a></li> </ul>			<b>What have we been doing?</b> <ul style="list-style-type: none"> <li>Service Improvement Plan remains paused due to service challenges (staff not available for engagement) however some previously agreed work has continued. Plan to restart events in November.</li> <li>Governance structure realigned and posts advertised</li> <li>Commenced monthly compliance and assurance meetings following recruitment of lead midwife and audit &amp; guideline midwife.</li> <li>Review and take action on booking at 12+6 to demonstrate an improvement in Q4</li> <li>Review evidence for 'must do's' and should do's and made progress with displaying public data – board design agreed and order now raised.</li> <li>Preparing to advertise for Deputy Director of Midwifery</li> <li>11WTE arrived across September/October 3WTE more expected by the end of Q3.</li> <li>Sign up sessions for NQMs planned for mid -November</li> <li>Successful IR bid – recruitment to take place in Q4</li> </ul>						
			<b>What are we going to do?</b> <ul style="list-style-type: none"> <li>Restart engagement events for MSIP when staffing allows</li> <li>Preparing for expected CQC visit</li> <li>Carry out recruitment events in November</li> <li>Prepare for IR</li> <li>Prepare one over-arching action plan for all maternity improvements.</li> </ul>						
Current Assurance Level: 5 (Oct-22)			<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>						
Previous Assurance Level: 5 (Sep-22)			SRO: Paula Gardner (CNO)						

%  
admission  
of full-term  
babies to  
neonatal  
care

2.1%  
8 babies

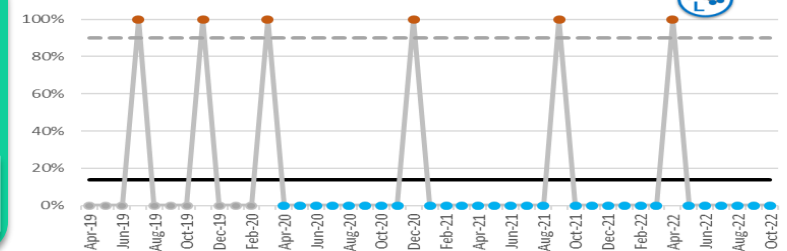
% full-term babies to neonatal



Maternal  
Deaths

0

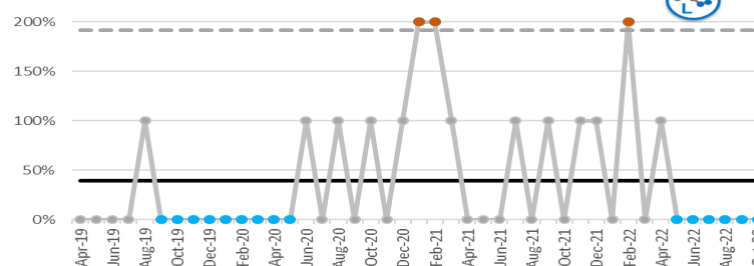
Maternal Deaths



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

0

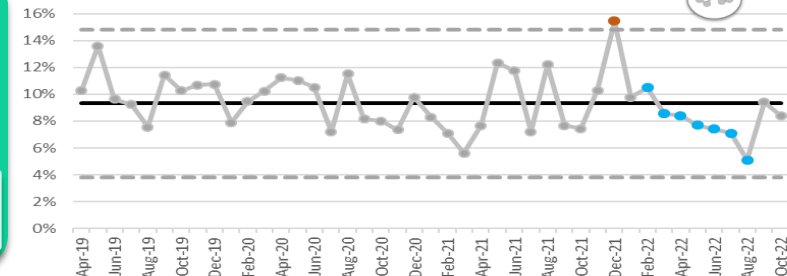
Neonatal deaths



% Pre term  
births

8.8%  
37 births

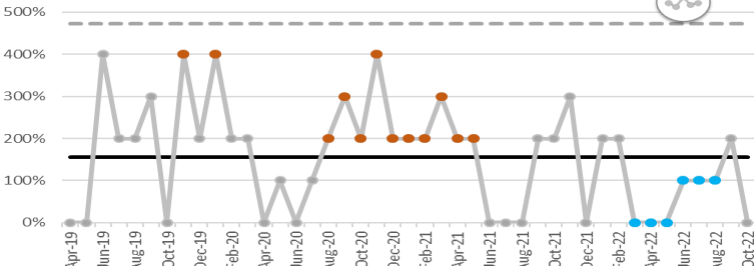
% Pre term births



Stillbirths

0

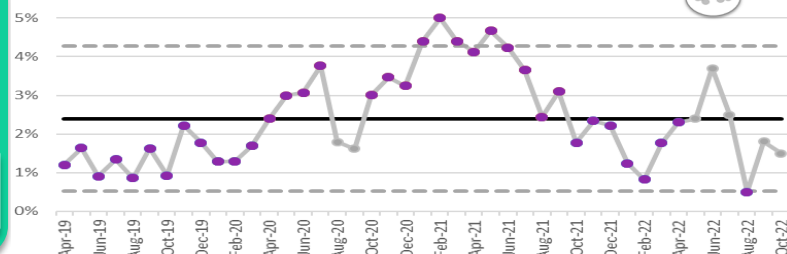
Stillbirths



% Home  
births

1.5%  
6 births

% Home births



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

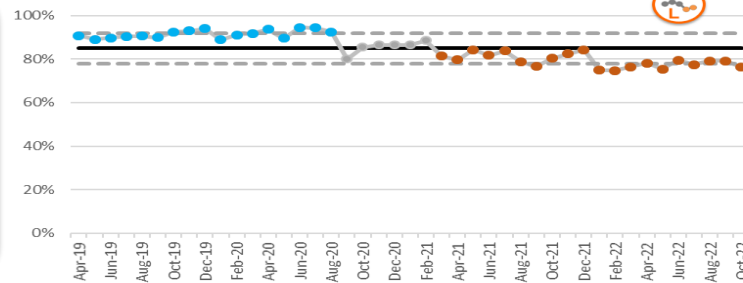
Graphs include Sep-22 data – presentation is using the national SPC toolkit.



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

76.2%  
339 of 455

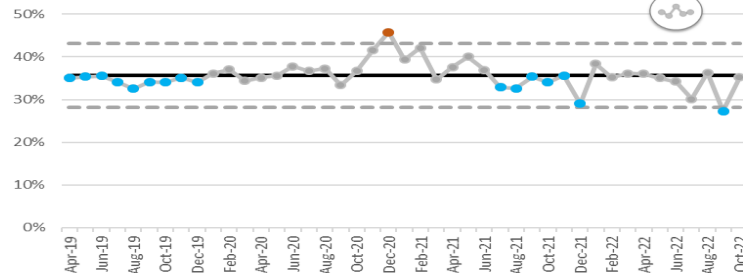
Booked before 12 + 6 weeks



Inductions of labour

35.1%  
144 inductions

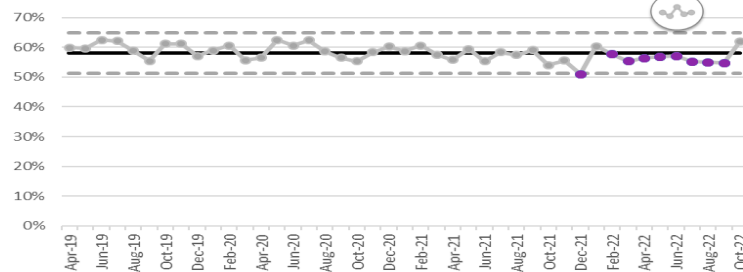
Inductions of labour



Vaginal Deliveries (non-instrumental)

62.0%  
254 deliveries

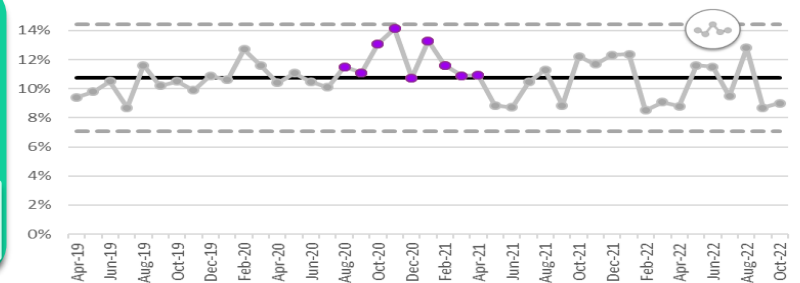
Vaginal deliveries



Instrumental Delivery

9.0%  
37 deliveries

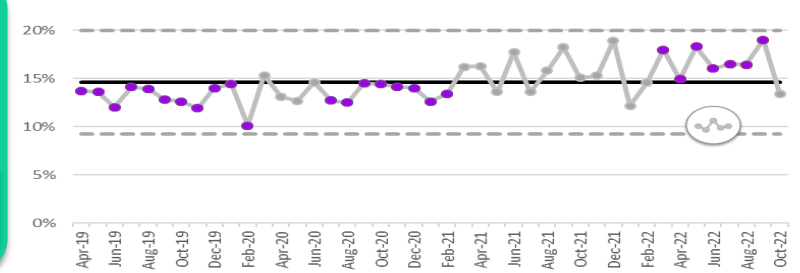
Instrumental delivery rate



Elective Caesarean

13.4%  
55 deliveries

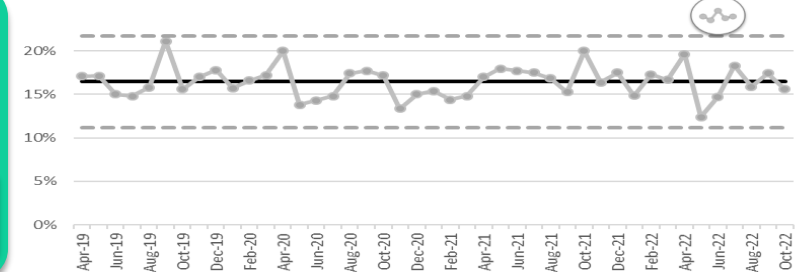
Elective caesareans



Emergency Caesarean

15.6%  
64 deliveries

Emergency caesareans



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

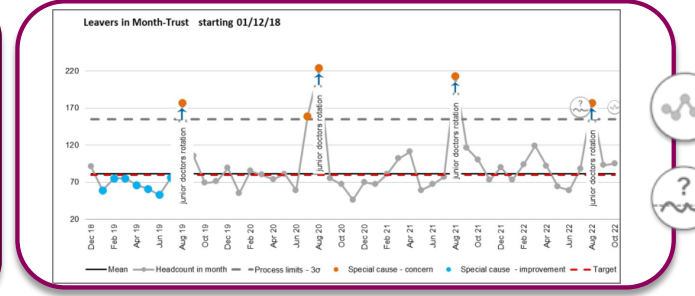
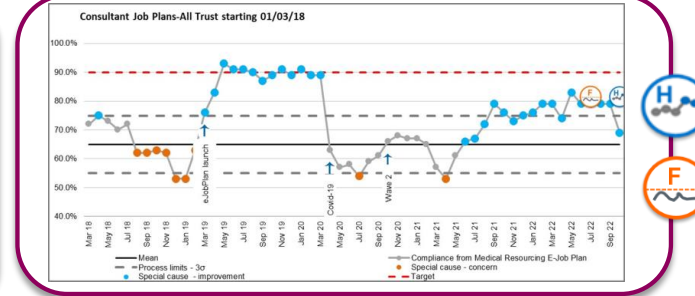
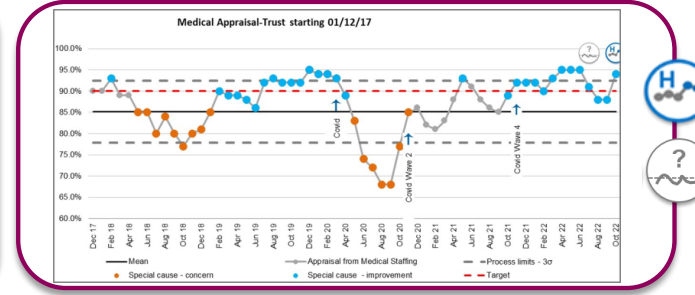
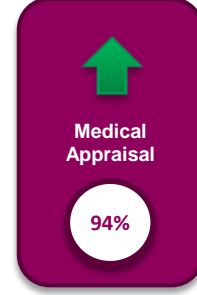
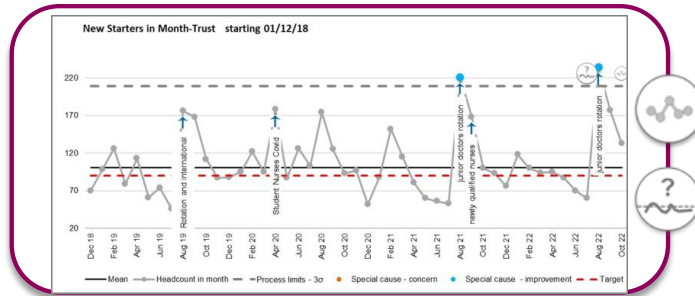
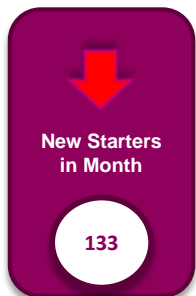
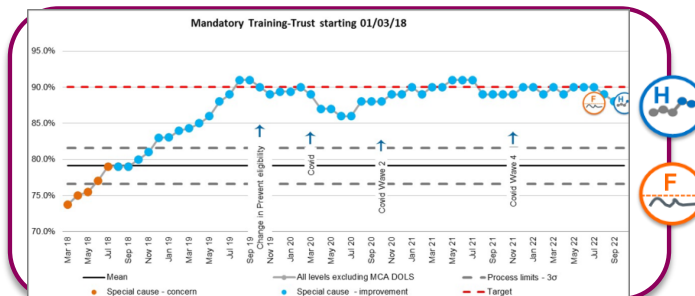
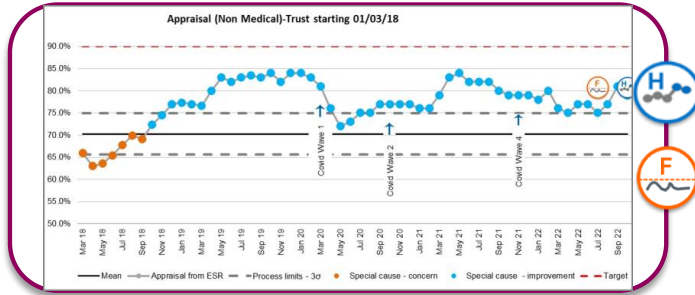
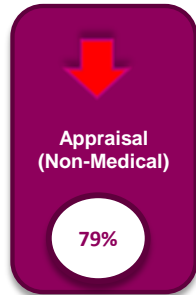
Graphs include Oct-22 data

# Workforce

	Comments
<b>Getting the Basics Right</b>	<ul style="list-style-type: none"> <li>Mandatory training has remained at 88% against a Model Hospital average of 88% and a Trust target of 90%. Performance for e-learning is being impacted by compatibility issues with Java which prevents some e-learning from running. This has been escalated to our local IT team as a matter of urgency.</li> <li>Non medical appraisal has dropped by 2% to 79% compared with Trust target of 90%. The National average on Model Hospital has dropped from 78% to 76.3% so we are not an outlier.</li> <li>Recruitment – we have 38 more starters than leavers this month with 16 in SCSD, 8 in Specialty Medicine and 7 in Women and Children's Divisions. Estates and Facilities are the only division that has less starters than leavers.</li> <li>Consultant Job Planning has dropped by 10% to 69% since June as expected with a vacancy at the Job Planning Officer role although T&amp;O have recently undertaken a job planning round which has seen a positive impact in Surgery.</li> </ul>
<b>Performance Against Plan</b>	<ul style="list-style-type: none"> <li>Our gross establishment has increased by 0.2 wte this month due to additional hours in Surgery but remains at 6,842 wte .</li> <li>The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,555 wte.</li> <li>We have refreshed the workforce plan in line with starter and leaver trends, and due to increased starters and reduced leavers, are currently 60 wte ahead of the revised plan, and 92 wte ahead of the original plan in terms of substantive staff in post.</li> </ul>
<b>Drivers of Bank &amp; Agency spend</b>	<ul style="list-style-type: none"> <li>Monthly sickness has increased by 0.41% to 5.65% against a national monthly average of 6.2%. This equates to an average of 340 wte staff absent each calendar day of the month. Long term sickness has increased by 0.03% and is 0.41% higher than the same period last year. Short term sickness has increased by 0.04% and is 0.26% higher than the same period last year primarily due to covid, gastrointestinal problems, coughs, colds and flu.</li> <li>Maternity Leave is unchanged at 172 staff with 1 less Medic but 1 more Midwife.</li> <li>The annual turnover rate remains of concern but has slightly improved by 0.02% this month to 13.53% against a target of 11.5%. SCSD and Digital remain the only divisions that are near to target. All other clinical divisions range between 13.6% and 14.72%. Corporate are a significant outlier at 17.07% but this helps achieve the Vacancy Factor target. Healthcare Assistants, Midwives, and Admin and Clerical all have high turnover (above 15%)</li> </ul>
<b>Staff Health &amp; Wellbeing</b>	<ul style="list-style-type: none"> <li>Cumulative sickness (rolling 12 months) has increased by 0.06% to 5.69% which is above our 5.5% target but remains better than 6.2% national average.</li> <li>Sickness due to S10 (stress and anxiety) increased by 0.21% this month to 1.45%</li> <li>S10 absence has crept up above pre-pandemic levels in all clinical divisions except Specialty Medicine. Digital and Corporate levels – where there are a high proportion of staff working from home on the Location by Vocation Scheme have below pre-pandemic S10 sickness.</li> </ul>

# October - Month 7 2022/23 Workforce "Getting the Basics Right" Summary

Responsible Director: Director of People and Culture | Validated for October 2022 as 11<sup>th</sup> November 2022



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

Substantive Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan SIP by October 2022	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,842 wte (Net establishment is: 6,555 wte)	6,036 wte	5,976 wte	11.78% (Net rate is: 7.09%)	6,677 wte	6.24%	9.34%

### What does the data tell us?

- **Staff in Post** – has increased this month by 33 wte to 6,036 wte against establishment of 6,842 wte (gross) or 6,555 wte (net) with vacancy factor removed.
- **Total Hours worked** – There has been a 19 wte increase in the overall hours worked primarily due to higher numbers of staff in post. This is offset by a decrease of 18 wte in bank, and increases of 29 in substantive, and 8 in agency. Total Hours worked is 331 wte higher than the same period last year for the reasons stated above plus additional capacity areas such as discharge lounge
- **Agency Spend as a % of Gross Cost** – Bank and Agency usage has reduced by 11 wte this month but the Agency spend has increased in terms of % of gross cost. This is partly due to reduction in bank. Agency spend has reduced in Estates and Facilities, Specialty Medicine and Surgery. Digital continue to use Bank rather than agency with 14.45% of gross cost. Urgent Care continues to be an outlier for Agency spend with 26.68% of gross cost (a 5.05% increase on last month)
- **Bank spend as a % of gross cost** - Bank staff spend as a % of gross spend has reduced by 1.16% to 6.24% but this have been replaced by more expensive Agency.

### National Benchmarking (October 2022)

We are in the 4<sup>th</sup> quartile (Worst) for Nursing Agency spend with 10.3% of gross cost compared to national average of 5.8% (Sept 2022 rates). We have dropped to the 4<sup>th</sup> quartile for Medical Agency spend with 14.9% compared to national average of 7.42% (Sept 2022 rates).

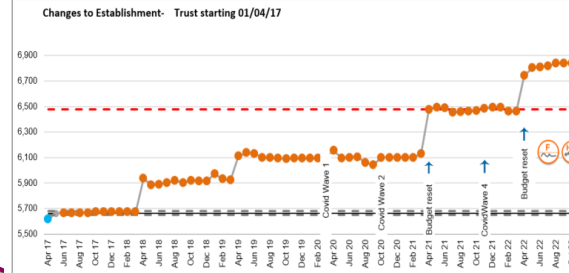
# October - Month 7 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for October 2022 as 11<sup>th</sup> November 2022



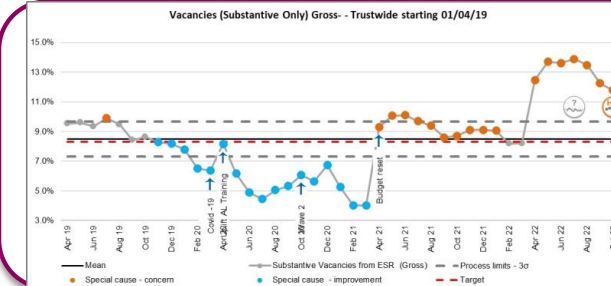
Gross Funded Establishment

6,842 wte



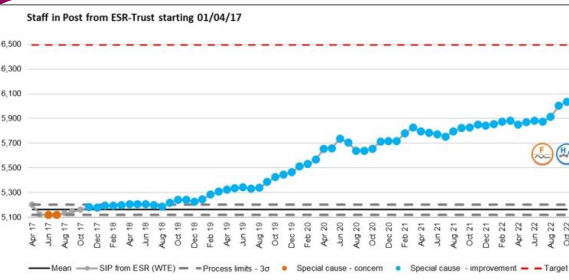
Gross Vacancy % (ESR)

11.78%



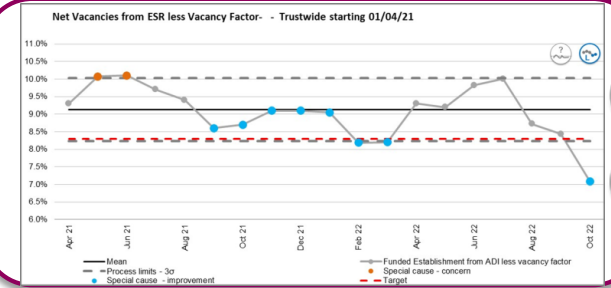
Staff in Post (ESR)

6,036 wte



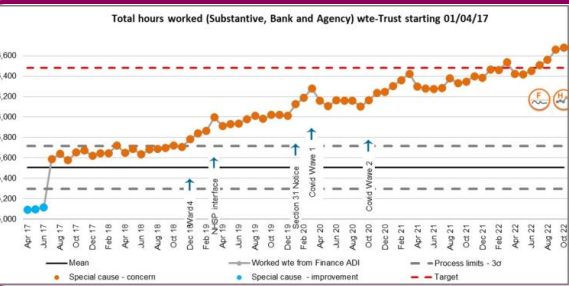
Net Vacancy % (less vacancy factor)

7.09%



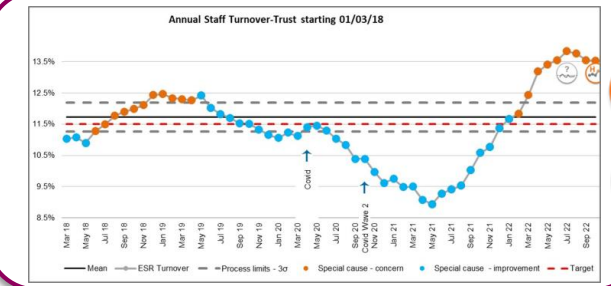
Total Hours Worked (ADI)

6,677 wte



Annual Staff Turnover

13.53%



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



Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave	Total Leave
13.53%	5.65% 340 wte average per day	172 headcount	346 wte average per day	67 wte average per day	938 wte average per calendar day

### What does the data tell us?

- **Staff Turnover** – Staff annual turnover has reduced by 0.02% this month to 13.53% which is 2.95% worse than the same period last year. This remains above our 11.5% target which was already adjusted for covid but has shown an improving trajectory for the last three months.
- **Monthly Sickness Absence Rate** – Sickness rates have increased by 0.21% this month to 5.65% with Covid symptomatic increasing for the first time in three months by 0.21% to 0.88%. Sickness due to S10 Stress and Anxiety has increased by 0.21% to 1.45% which is 26% of all absence. This is an increase of 2% from last month when stress was 24% of all absence. Women and Children's are an outlier for stress related absence closely followed by Estates and Facilities. **Maternity/Adoption Leave** – Maternity has remained at 172 with one less Medic and one more Midwife.
- **Annual Leave** – Annual leave has reduced this month despite the half term holiday which will have been counteracted by the fact that there was an extra bank holiday in September. There have been an average of 346 staff off on annual leave for each day this month which is 205 staff less off each day than in September. All divisions and staff groups have a reduction in annual leave this month.
- **Other leave** – Absence due to other leave has reduced by 7 wte this month to an average of 67 wte staff off per day. This correlates with the reduced levels of Covid in the community during October with all staff groups reducing apart from Healthcare Scientists.
- **Total Leave** – Total Absence for all categories has been added to the dashboard to give a feel for the average number of staff who are absent each calendar day of the month to enable some degree of triangulation to the bank and agency usage. The total absence has dropped by 224 fte from last month. We have had an average of 938 staff absent for each calendar day during October compared to 1162 in September. This represents 13.68% of the FTE days available for the workforce
- **Booking Reasons** – 762 wte staff were booked via NHS Professionals to cover gaps compared to 748 wte last month. This included 453 wte staff booked to cover vacancies, 134 wte for sickness (including 75 Registered Nursing and 54 HCAs), 63 wte additional beds/capacity, 18 to cover maternity, 19 for Covid additional staff/absence. There has been a significant increase in specialising with 11 due to mental health, 9 wte due to falls risk, and 2 for clinical input. There were also 11 staff booked due to High Acuity and 11 due to unplanned leave.

### National Benchmarking (October 2022)

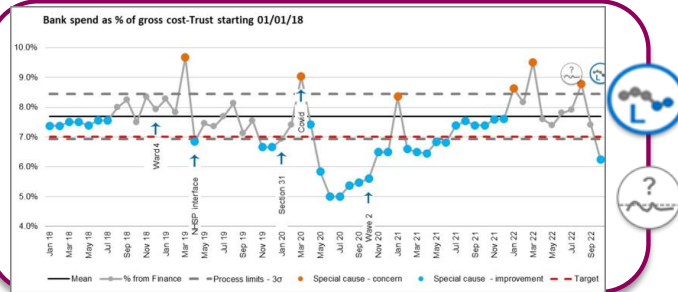
Our Monthly Staff Turnover on Model Hospital is Quartile 3 overall with a rate of 1.18% compared to national average of 1.13% (April 2022 data). Our turnover of Registered Nurses is very good at 10.2% compared to national average of 13.6% (July 2022 rates) which means that we have remained in Quartile 1 (best). Turnover of medics is high at Quartile 3 (31.4% compared to national average of 30.1% (July 2022 rates). We have remained in the 2nd Quartile (good) in terms of Sickness on Model Hospital as at March 2022 (latest data) when our sickness was 5.8% against a National median of 6.2% and a peer median of 6.8%.

# October - Month 7 2022-23 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for October 2022 as 11<sup>th</sup> November 2022

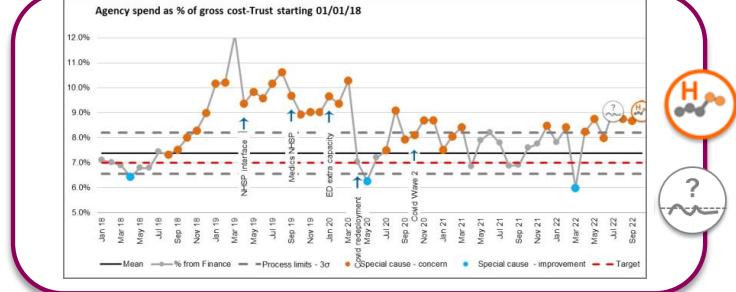
**Bank Spend  
as a % of  
Gross Cost**

**6.24%**



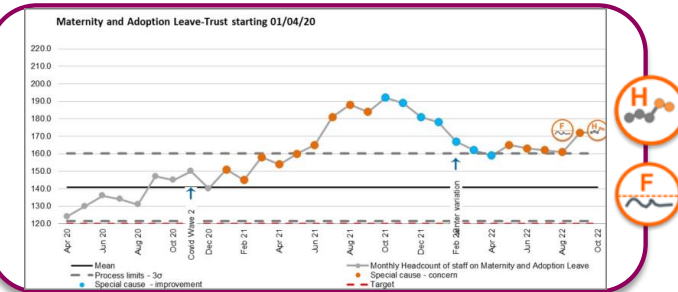
**Agency Spend  
as a % of  
Gross Cost**

**9.34%**



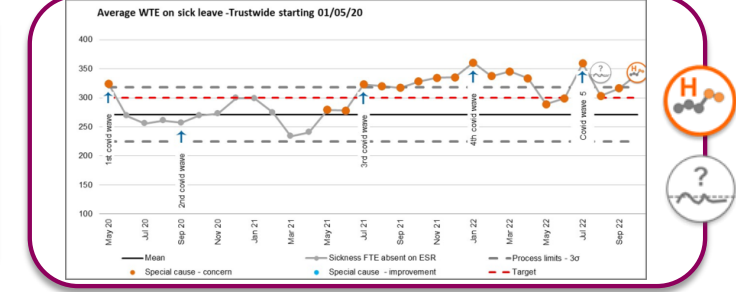
**Maternity/  
Adoption Leave  
(Headcount)**

**172**



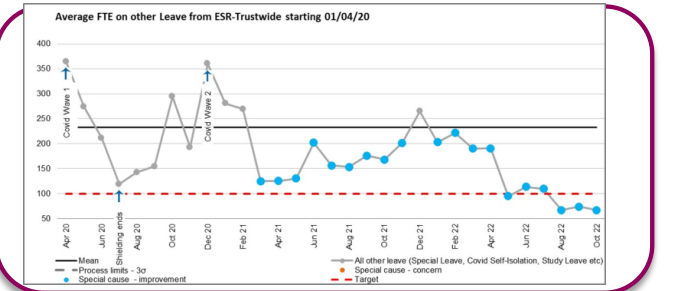
**Monthly  
Average Staff  
off Sick Per  
Day**

**340  
wte**



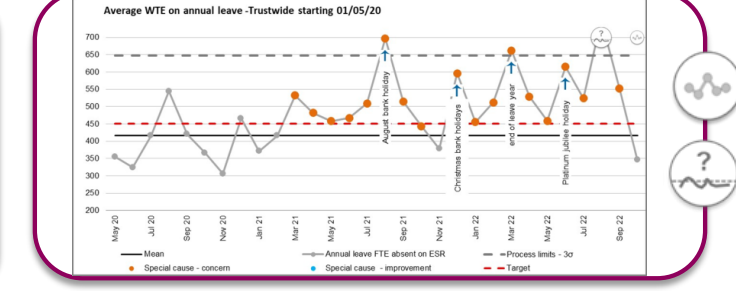
**Any Other  
Leave  
(Average FTE  
per day)**

**67 wte**



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

**346  
wte**



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

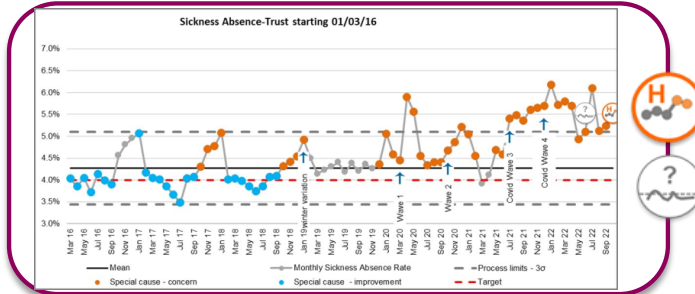


# October - Month 7 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for October 22 as 11<sup>th</sup> November 2022

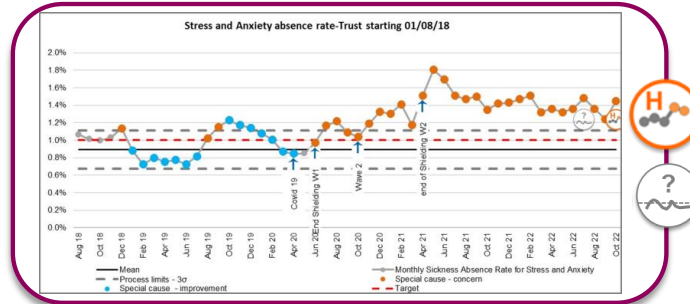
Monthly Staff  
Sickness  
Absence Rate

5.65%



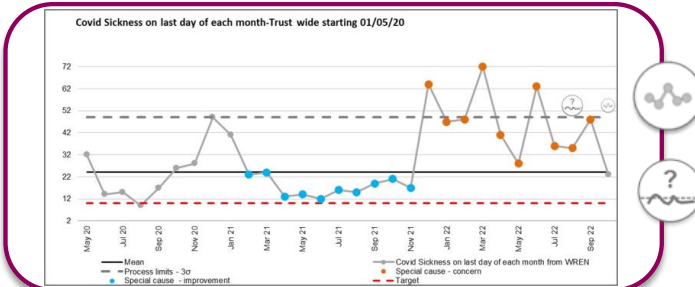
% Staff  
absent due to  
Stress and  
Anxiety (S10)

1.45%



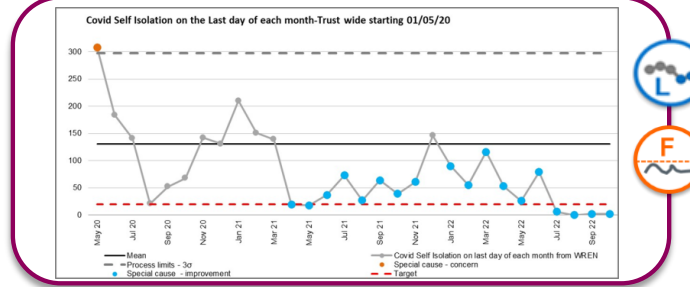
Covid  
Sickness  
(S27)

23



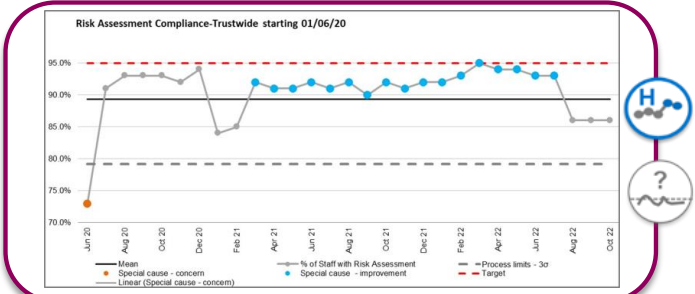
Number Self  
Isolating

2



Covid Risk  
Assessment  
Compliance

86%



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

Strategic Business Priorities			
<b>BP1: Leadership</b> <i>An empowered, well led workforce that delivers better outcomes and performance for our patients</i>	<b>BP2: Workforce Planning and Transformation</b> <i>The right-sized, cost effective workforce that is organised for success</i>	<b>BP3: OD and Staff Experience</b> <i>A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work</i>	<b>BP4: Future of HR and OD</b> <i>A people function that is organised around the optimum employee journey</i>
<b>Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride</b>			
<b>How have we been doing?</b> <p>The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> <li>We are in Quartile 3 for staff turnover with a monthly rate of 1.18% compared to national average of 1.13% (April 2022 data). Our turnover of Registered Nurses is very good at 10.2% compared to national average of 13.6% (July 2022 rates) which means that we have remained in Quartile 1 (best). Turnover of medics is high at Quartile 3 (31.4% compared to national average of 30.1% (July 2022 rates).</li> <li>Also of note is the sustained use of bank and agency usage (we have moved into the 4<sup>th</sup> Quartile for Medics (worst) and Registered Nursing remain in the 3<sup>rd</sup> Quartile which is a result of: <ul style="list-style-type: none"> <li>- Opening of the Acute Medical Unit and Pathway Discharge Unit</li> <li>- High levels of vacancies due to the increase in turnover</li> <li>- Continued higher levels of sickness absence</li> <li>- High patient acuity (specialing)</li> <li>- Continued use of surge areas</li> <li>- Rollout of the covid and flu vaccination programme which requires additional resource</li> </ul> </li> </ul> <p>We have remained in the 2nd Quartile (good) in terms of Sickness on Model Hospital as at March 2022 (latest data) when our sickness was 5.8% against a National median of 6.2% and a peer median of 6.8%.</p>		<b>What improvements will we make?</b> <ul style="list-style-type: none"> <li>We are currently reviewing bank rates across Nursing &amp; Midwifery and Medical &amp; Dental staff groups to ensure we are being cost effective in the management of our temporary staffing requirements whilst maintaining safe care for our patients.</li> <li>The first Rapid Improvement Workshop focussing on recruitment – specifically the ATR process - has taken place with a recommendation that this process is taken out of the Recruitment Team</li> <li>We are reducing our time to recruit through the recruitment value stream</li> <li>Covid and Flu vaccination clinics continue on all 3 main sites.</li> <li>The first Kaizen event on Establishment has taken place with the Strategy and Planning Department and Finance</li> <li>Automatic referral to occupational health for all colleagues who are absent from work due to stress</li> </ul>	
<b>Overarching Workforce Performance Level – 5 – October 2022</b> <b>Previous Assurance Level - 5 – September 2022</b>		<b>To work towards improvement to next assurance level</b>	

# Finance

## 2022/23 Plan

Our 2022/23 operational financial plan has been developed from a roll forward of the recurrent cost and non patient income actuals from 21/22 adjusting for workforce and activity trajectories, inflationary pressures and the full year effect of any PEP schemes or Business cases which started part way through 21/22. We have then overlaid any new PEP Schemes, new Business Cases and applied a vacancy factor. The Trust originally submitted a full year plan deficit of £(42.4)m in April 2022. Following a re distributions of income from the CCG the Trust's plan was resubmitted in June 2022 with a full year deficit of £(19.9)m

### Month 7

In M7 actual **deficit of £(1.9)m** against a plan of **£(1.5)m deficit**, an adverse variance of £0.4m. YTD M7 actual **deficit of £(12.1)m** against an plan of **£(11.5)m deficit**, an adverse variance of £0.6m.

Statement of comprehensive income	Plan £'000	Oci-22 Actual £'000	Variance £'000	Plan £'000	Year to Date Actual £'000	Variance £'000
<b>INCOME &amp; EXPENDITURE</b>						
Operating income from patient care activities	47,493	48,545	1,052	332,007	338,558	6,551
Other operating income	2,689	2,973	284	18,016	17,001	(1,015)
Employee expenses	(29,904)	(30,904)	(1,000)	(209,006)	(214,743)	(5,737)
Operating expenses excluding employee expenses	(19,916)	(20,743)	(827)	(139,688)	(140,429)	(741)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>362</b>	<b>(129)</b>	<b>(491)</b>	<b>1,329</b>	<b>387</b>	<b>(942)</b>
<b>FINANCE COSTS</b>						
Finance income	0	69	69	0	337	337
Finance expense	(1,165)	(1,149)	16	(8,155)	(8,158)	(3)
PDC dividends payable/refundable	(681)	(681)	0	(4,769)	(4,769)	0
<b>NET FINANCE COSTS</b>	<b>(1,846)</b>	<b>(1,761)</b>	<b>85</b>	<b>(12,924)</b>	<b>(12,590)</b>	<b>334</b>
Other gains/(losses) including disposal of assets	0	0	0	0	251	251
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>(1,484)</b>	<b>(1,890)</b>	<b>(406)</b>	<b>(11,595)</b>	<b>(11,952)</b>	<b>(357)</b>
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
<b>Surplus/(deficit) before impairments and transfers</b>	<b>(1,484)</b>	<b>(1,890)</b>	<b>(406)</b>	<b>(11,595)</b>	<b>(11,952)</b>	<b>(357)</b>
Remove capital donations/grants I&E impact	10	10	0	72	71	(1)
<b>Adjusted financial performance surplus/(deficit)</b>	<b>(1,474)</b>	<b>(1,880)</b>	<b>(406)</b>	<b>(11,523)</b>	<b>(11,881)</b>	<b>(358)</b>
Less gains on disposal of assets	0	0	0	0	(251)	(251)
<b>Adjusted financial performance surplus/(deficit) for the purposes of system achievement</b>	<b>(1,474)</b>	<b>(1,880)</b>	<b>(406)</b>	<b>(11,523)</b>	<b>(12,132)</b>	<b>(609)</b>

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

**Reason:** £(19.9)m deficit plan submitted for 22/23 with risks to delivery including (but not limited to):

- Inability to deliver unidentified PEP and transformational PEP – note current forecast is £10.966m against £15.7m plan
- Failure to secure funding for Pathway Discharge Unit (PDU) – this is currently not agreed
- Pay and non pay inflation above Tariff levels

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

### The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£1.3m above the Trust's Operational Plan in October.**

Key Variances in October:

- Pay award adjustment £0.7m (additional 1.7% taking the uplift for the pay award from 2.1% to 3.8%). The 2.1% was previously funded in the tariff uplift adjustment and included in the submission on the 20th June 2022.
- Pass through Drugs & Devices £0.6m for ICBs and NHS England.
- COVID PCR testing (£0.3m) – recovery of expenditure for additional income.
- AMU/PDU reconfiguration (£0.4m) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income £0.7m – Other Non Patient Care income £0.3m, Training & Education £0.5m following increase in tariff and Car Parking (£0.1m) with the postponement of the charging for certain groups.

The Trust has reported the full value of the ERF income (YTD £9.7m) in the position (agreed by the System). The Trust's actual performance is below this.

**Employee expenses £1.0m adverse in M7 and £5.7m YTD** – Adverse variance of £1.0m of which £0.7m is due to the pay award which was not in the plan but is income backed and £0.5m underachieved PEP. Adverse variances partially offset by favourable variances in month against employee expenses due to development slippage (£0.4m in month, £2.1m YTD) and ERF (£0.3m in month and £1m YTD). Of the development slippage PDU/AMU (£63k in month, £197k YTD), Ockenden and Surgery Reserve held centrally (£60k in month, £435k YTD), Surgical Reconfiguration (£19k in month, £5k YTD), SCSD business cases including CDH, CT3, AOS and IT (£112k in month, £634k YTD), Corporate business cases including SIM and Materials Management (£47k in month, £283k YTD), and DCR (£61k in month, £127k YTD), AKI Business Case (£11k in month, £77k YTD), ED Consultants (£13k in month, £103k YTD).

**Operating expenses £0.8m adverse in M7 and £0.7m adverse YTD** – Adverse variances in month due to Non PbR Drugs – offset by income (£0.4m in month, £2.2m YTD) and linked to higher activity, Non PbR Devices – (£0.2m in month, £0.5m YTD), Depreciation (£0.5m adverse in month but £1.3m favourable YTD) as a result of a correction of Q1 and Drugs (£0.2m in month, £0.8m YTD). Partially offset by favourable variances in Supplies and Services linked to activity and a release of old year accruals (£0.6m in month and £1.4m YTD).

## Income & Expenditure Overview

## Income

Trust Operational Plan	October 2022 (Month 7)			YTD		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Here/Worc ICB	36,878	37,724	846	258,761	264,084	5,323
Other ICBs & Welsh LHB	2,071	2,074	3	14,495	14,945	449
NHS England	6,528	6,996	469	45,693	47,506	1,812
Other Including RTA income	2,572	3,198	626	17,200	17,406	206
<b>Combined Income: Total</b>	<b>48,049</b>	<b>49,992</b>	<b>1,944</b>	<b>336,150</b>	<b>343,940</b>	<b>7,791</b>
O/S COVID	419	135	(284)	2,930	1,923	(1,007)
AMU/PDU	353	0	(353)	1,412	0	(1,412)
<b>Combined Income: Exc ERF</b>	<b>48,820</b>	<b>50,127</b>	<b>1,307</b>	<b>340,491</b>	<b>345,863</b>	<b>5,372</b>
Elective Recovery fund (ERF)	1,362	1,393	31	9,534	9,697	164
<b>Combined Income: Inc ERF</b>	<b>50,182</b>	<b>51,520</b>	<b>1,338</b>	<b>350,025</b>	<b>355,560</b>	<b>5,536</b>

**Elective Recovery Fund framework (ERF)** - The Trust has reported the full value of the ERF income (YTD £9.7m) in the position, this has been agreed by the System. The current position has not been adjusted for any risk, the ICB's expectation is that April to Sept ERF monies will be paid regardless of performance (not officially confirmed by NHSE & I), less certainty on October as discussions are continuing on a national level

Monthly Income run rate	M1 Actual £'000	M2 Actual £'000	M3 Actual £'000	M4 Actual £'000	M5 Actual £'000	M6 Actual £'000	M7 Actual £'000	Mvm't M6 to M7 £'000
Here/Worc ICB	35,402	35,976	39,498	37,433	37,312	40,740	37,724	(3,016)
Other ICBs & Welsh LHB	2,077	2,091	2,142	2,114	2,132	2,314	2,074	(240)
NHS England	6,574	6,810	6,499	6,775	6,755	7,096	6,996	(100)
Other Including RTA income	2,339	2,290	2,753	1,750	2,447	2,629	3,198	569
<b>Combined Income: Total</b>	<b>46,393</b>	<b>47,167</b>	<b>50,892</b>	<b>48,071</b>	<b>48,646</b>	<b>52,779</b>	<b>49,992</b>	<b>(2,786)</b>
O/S COVID	192	185	769	338	272	33	135	-
AMU/PDU	-	-	-	-	-	-	-	-
<b>Combined Income: Exc ERF</b>	<b>46,584</b>	<b>47,353</b>	<b>51,661</b>	<b>48,409</b>	<b>48,917</b>	<b>52,811</b>	<b>50,127</b>	<b>(2,786)</b>
Elective Recovery fund (ERF)	1,362	1,362	1,362	1,362	1,362	1,495	1,393	-
<b>Combined Income: Inc ERF</b>	<b>47,946</b>	<b>48,715</b>	<b>53,023</b>	<b>49,771</b>	<b>50,279</b>	<b>54,306</b>	<b>51,520</b>	<b>(2,786)</b>

The Combined Income was £1.3m above the Trust's Operational Plan in October.

### Key Variances in October:

- Pay award adjustment £0.7m (additional 1.7% taking the uplift for the pay award from 2.1% to 3.8%). The 2.1% was previously funded in the tariff uplift adjustment and included in the submission on the 20th June 2022.
- Pass through Drugs & Devices £0.6m for ICBs and NHS England.
- COVID PCR testing (£0.3m) – reimbursement for the additional expenditure costs.
- AMU/PDU reconfiguration (£0.4m) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income £0.7m – Other Non Patient Care income £0.3m , Training & Education £0.5m and Car Parking (£0.1m) with the postponement of the charging for certain groups.

Adverse variance (£2.8m) includes:

**Back dated pay award for month 1-5 (£3.7m)**, the whole amount was paid in September. Month 6 to 7 pay award impact was neutral (same income was received in both months).

### Other movements £0.9m (favourable):

- Training & Education income £0.6m
- Car Parking income £0.1m (reintroduction of charging for patients)
- Pass through Drugs & Devices £0.2m

## Expenditure

Overall **employee expenses of £30.9m** in month 7 is a decrease of £2.9m compared with the September position. This is mostly due to the backdated pay award which was paid in September. In addition there is also a reduction of £0.4m following a clean up exercise of the NHSP Medics data by the e-Rostering team removing shifts which have not been worked, £0.1m lower WLIs and a reduction of £0.3m on temporary Nursing spend of which £0.1m is activity related and £0.2m pay award accrual being higher than actual cost incurred.

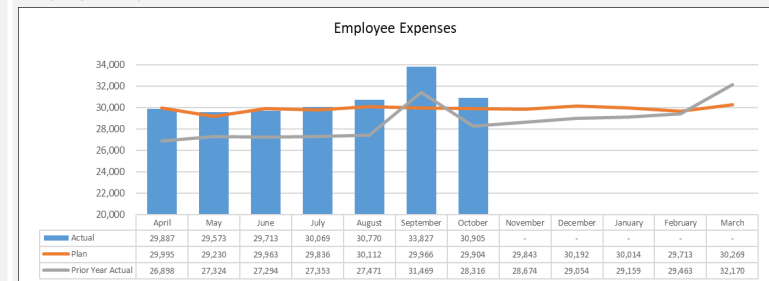
Total temporary staffing spend of £4.8m is a reduction of £0.6m compared with last month and was 15.6% of the total pay bill. Agency spend is largely consistent with last month. Bank spend reduced by £0.6m, £0.2m of this is on Medical & Dental due to covering fewer vacancies (£0.1m) and a benefit from the retrospectives shifts last month (£0.1m) and £0.4m on Nursing & Midwifery due to covering fewer vacancies (£0.1m) and the release of a pay award accrual now that NHSP have paid all arrears (£0.3m).

**Employee expenses £1.0m adverse in M7 and £5.7m YTD** – Adverse variance of £1.0m of which £0.7m is due to the pay award which was not in the plan but is income backed and £0.5m underachieved PEP. Adverse variances partially offset by favourable variances in month against employee expenses due to development slippage (£0.4m in month, £2.1m YTD) and ERF (£0.3m in month and £1m YTD). Of the development slippage PDU/AMU (£63k in month, £197k YTD), Ockenden and Surgery Reserve held centrally (£60k in month, £435k YTD), Surgical Reconfiguration (£19k in month, £5k YTD), SCSD business cases including CDH, CT3, AOS and IT (£112k in month, £634k YTD), Corporate business cases including SIM and Materials Management (£47k in month, £283k YTD), and DCR (£61k in month, £127k YTD), AKI Business Case (£11k in month, £77k YTD), ED Consultants (£13k in month, £103k YTD).

Overall **operating expenses excluding Non PbR were £16.1m** in month 7, an increase of £0.3m compared with the September position of which £0.3m relates to favourable movements in Estates last month. Adverse movements on Depreciation (£0.8m) are due to a YTD correction to the M5 reforecast which was accounting for slippage in the capital plan (£0.5m) and an increase in leases (£0.3m). These adverse movements have been offset by the release of old year accruals and normalisation from the M6 position. Non PbR spend has increased by £0.3m in month, all of which is on devices with £0.1 due to additional activity in Cardiopulmonary and £0.2m a correction to defibrillator costs in Specialty Medicine. Non PbR drugs expenditure is consistent with last month.

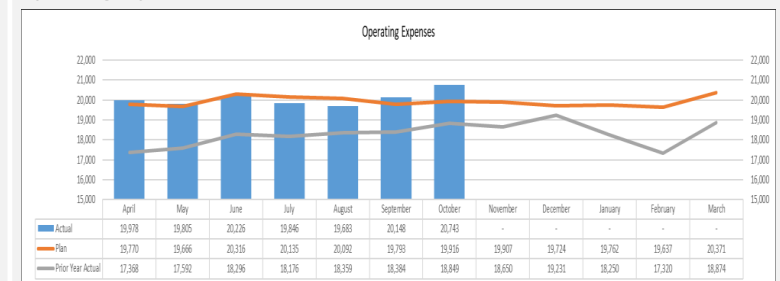
**Operating expenses £0.8m adverse in M7 and £0.7m adverse YTD** – Adverse variances in month due to Non PbR Drugs – offset by income (£0.4m in month, £2.2m YTD) and linked to higher activity, Non PbR Devices – (£0.2m in month, £0.5m YTD), Depreciation (£0.5m adverse in month but £1.3m favourable YTD) as a result of a correction of Q1 and Drugs (£0.2m in month, £0.8m YTD). Partially offset by favourable variances in Supplies and Services linked to activity and a release of old year accruals (£0.6m in month and £1.4m YTD).

## Employee Expenses



Employee Expenses	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Mvmt	YTD
Agency	(2,149)	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(2,462)	(2,588)	(2,374)	(2,745)	(2,695)	(2,934)	(2,886)	49	(18,683)
Bank	(2,085)	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(2,269)	(2,184)	(2,313)	(2,380)	(2,702)	(2,505)	(1,928)	576	(16,281)
Temporary Total	(4,235)	(4,400)	(4,672)	(4,795)	(4,884)	(6,981)	(4,731)	(4,772)	(4,687)	(5,125)	(5,397)	(5,439)	(4,814)	625	(34,965)
WLU	(332)	(271)	(328)	(285)	(420)	(611)	(330)	(403)	(296)	(395)	(395)	(391)	(362)	29	(2,616)
Substantive	(23,750)	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(24,826)	(24,398)	(24,730)	(24,505)	(24,978)	(27,997)	(25,729)	2,268	(177,163)
Substantive Total	(24,082)	(24,273)	(24,382)	(24,364)	(24,580)	(25,189)	(25,156)	(24,801)	(25,026)	(24,944)	(25,373)	(28,388)	(26,091)	2,297	(179,779)
Employee Expenses Total	(28,316)	(28,674)	(29,054)	(29,159)	(29,463)	(32,170)	(29,887)	(29,573)	(29,713)	(30,069)	(30,770)	(33,827)	(30,905)	2,922	(214,744)
Agency %	7.6%	7.8%	8.5%	7.8%	8.4%	8.4%	8.2%	8.8%	8.0%	9.1%	8.8%	8.7%	9.3%	0.7%	60.9%
Bank %	7.4%	7.6%	7.6%	8.6%	8.2%	13.3%	7.6%	7.4%	7.8%	7.9%	8.8%	7.4%	6.2%	-1.2%	53.1%
Bank & Agency %	15.0%	15.3%	16.1%	16.4%	16.6%	21.7%	15.8%	16.1%	15.8%	17.0%	17.5%	16.1%	15.6%	-0.5%	114.0%

## Operating Expenses



## Capital

The Trust Capital forecast against a revised internal plan of £56.6m is estimated to be £9m overspent against our CRL without any mitigations. The expenditure to date is £11.7m with a forecast for month 8-12 of £47.6m totalling £59.4m. The internal plan has been amended to reflect the changes in PDC funding for TIF2, ASR, ICT and CDC2. Every month, all workstream leads are providing more detailed monthly profiles of expenditure to enable decisions to be made on re-profiling and brokerage of spend into future years. A review of possible mitigations was discussed with work stream leads. Any previously identified and agreed slippage is now shown within the revised FYF. The workstream leads are in the process of completing a full risk assessment ahead of any decision being made.

**Capital Assurance Level:** Level 3

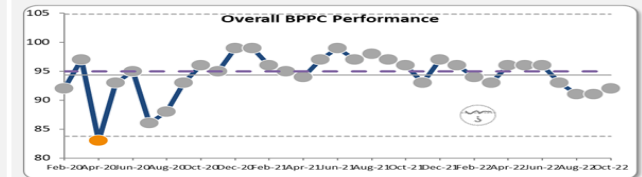
**Reason:** Major capital schemes continue into 2022/23. Risk remains in medium term. The Trust has insufficient funding to manage its backlog maintenance, urgent schemes and Strategic schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified. There are ongoing discussions with NHSE/I to support the Trust with capital funding for 22/23 linked to the forecast overspend.

## Cash Balance

At the end of October 2022 the cash balance was £27.3m against an in month plan of £51.0m. The plan assumed external capital funding of £15.0m which has not been drawn down yet due to the slippage on capital schemes above. The remaining variance is due to higher wage costs and the phasing of creditor payments and income received compared to plan. The relatively high cash balance remains the result of the timing of receipts from the CCG's and NHSE under the continuing COVID era arrangements together with timing of creditor / supplier payments. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

**Cash Assurance Level:** Level 6

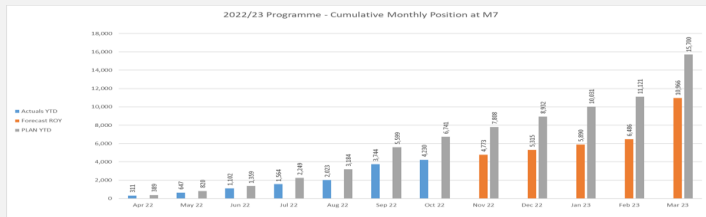
**Reason:** Good cash balances, rolling cash flow forecasting well established, achieving BPPC target even though the trend is downward which is due to delays within SBS scanning invoices and as such payments. There is a positive SPC trend on aged debtors and cash. Risks remain around sustainability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



BPPC Target 95%, Volumes paid achieved 93%, however value of invoices paid in the 30 day terms was 92%. This is due to delays at SBS for scanning of invoices and late approval of invoices internally over the 30 day terms. Both issues are being addressed.

## Productivity & Efficiency

Month 7 delivered £0.486m of actuals against the plan as submitted to NHSE in April 2022 of £1.159m. A negative variance of £0.673m. The cumulative position at M7 is therefore £4.230m of actuals against a plan of £6.741m, a negative variance of £2.511m. The 22/23 full year forecast at Month 7 is £10.966m which is £4.734m under the £15.7m plan as submitted to NHSE. The full year forecast has been increased by £2.2m in M7 compared to M6 as a result of a confirmed cumulative underspend against a number of business cases. This has been added to the unidentified pay and non pay schemes.

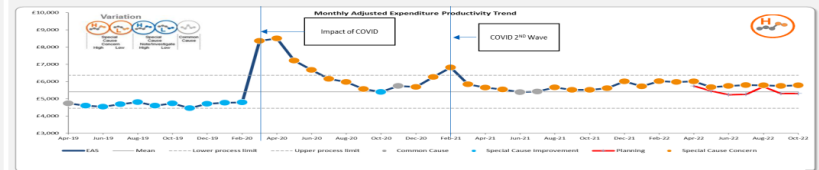


### Adjusted Expenditure Productivity Trend:

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.

### Adjusted Expenditure Productivity Trend:

October Cost per WAU has at similar levels to recent months as although the WAU activity has increased emergency weighting compared to 19/20, this is off set with reduced weighting in Elective activity compared to the same period. With costs predominantly fixed from month to month, the WAU is only affected by activity volumes changes each month. The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. Backdated Pay Award has been applied to the correct months to make this comparable. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).














# Appendices




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

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

# 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.

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

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

## Criteria for Avoidable Ambulance Attendances.

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

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

## Criteria for attendances suitable for MIU.

The MIU attendances are based on...

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

## What pathway is your patient on?

### Pathway 0 - No additional support

- Fully independent - no additional support required
- OR restart of existing services

0

Patient returns to usual place of residence (including care home)

### Pathway 1 – Additional support at home/usual residence

- Assessment and some additional care and support (including therapy, nursing, domiciliary care, new equipment)
- Safe to be at home/usual residence

1

Patient returns to usual place of residence with interim support

### Pathway 2 – Rehab +/- reablement in a temporary bedded setting

- Short term bedded rehabilitation +/- reablement and assessment
- Unsafe to be at home/usual residence
- Includes specialist rehabilitation bed

2

Patient is transferred to a non-acute bed and receives rehab/reablement and assessment until able to safely return to place of residence

### Pathway 3 - Complex

- Complex/significant health and/or social care needs
- Longer term placement
- OR Complex support in usual residence
- OR Significant change in need requiring new placement

3

Patient is transferred to a new long-term bed, assessment bed, or usual residence, and receives the complex support and/or assessment for their needs

## Our Annual Plan

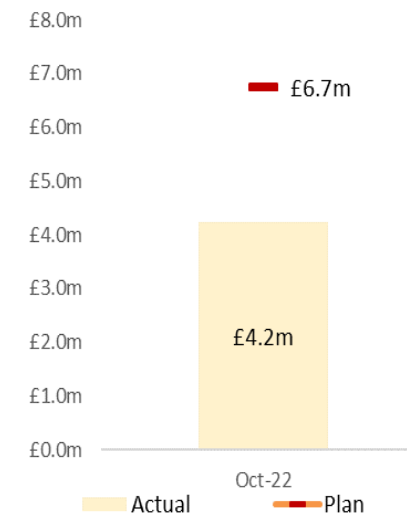
### Elective Activity



### Elective Performance



### YTD PEP Position

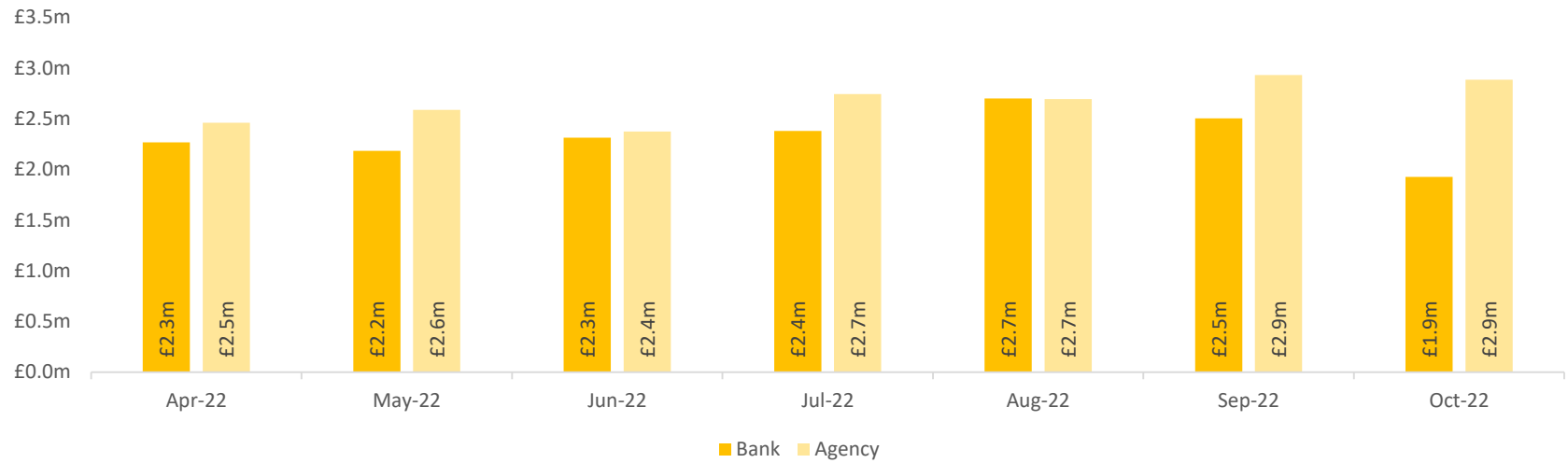


## Our Emergency Departments

					Breaches	
		Ambulances	60 Min Handover Delays		4 hours	12 hours
ED		3,782	1,380	10,315	6,154	335
	New Patients Seen		Patients Discharged Home		% of Take	
	SDEC <i>AEC and Surgical SDEC</i>	1,165	1,042	89.4%	44.9%	



## Our Locum / Agency Spend

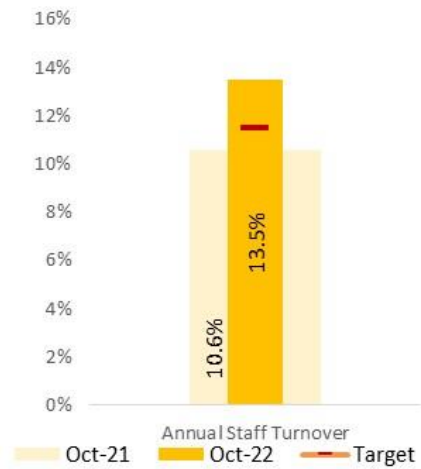


## Our Expenditure Run Rate





## Our Staff Turnover





# OCTOBER 2022 IN NUMBERS



**10,315**

Walk-in patients (A&E)



**3,782**

Patients arriving  
by ambulance



**12,192**

Inpatients



**39,838**

Face to Face outpatients



**9,946**

Telephone consultations



**421**

Babies



**1,291**

Elective operations



**205**

Trauma Operations



**202**

Emergency Operations



**6.1**

Average length of stay



**18,455**

Diagnostics

# QUALITY AND SAFETY IN NUMBERS

October 2022



**MRSA**

**0**



**ECOLI**

**1**



**CDIFF**

**6**



**MSSA**

**2**



**Hand Hygiene**

Participation **88.3**  
Compliance **99.5**

**SEPSIS**

**Sepsis**

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



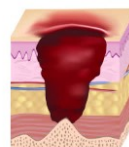
**ICE reports viewed**

Radiology **88.9**  
Pathology **95.6**



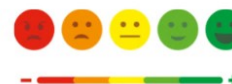
**Falls per 1,000 bed days causing harm**

**0**



**Pressure Ulcers**

All hospital acquired pressure ulcers **37**  
Serious incident pressure ulcers **0**



**Response Rate**

A&E **20.0**  
Inpatients **42.8**  
Maternity **3.3**  
Outpatients **12.0**



**Recommended Rate**

A&E **87.3**  
Inpatients **97.1**  
Maternity **100**  
Outpatients **95.7**



**HSMR 12 months rolling (March 22)**

**102.44**

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

**35.50**



**Risks overdue review** **176**  
**Risks with overdue actions** **243**



**Discharged before midday**

**14.7**



**Complaints Responses <=25 days**

**61.3**



**Total Medicine incidents reported**

**180**

**Medicine incidents causing harm (%)**

**5.4**

# WORKFORCE COMPOSITION IN NUMBERS

October 2022



Employees  
**6,974**



BAME employees  
**20%**



Part-time workers  
**44%**



Female  
**82%**



Registered nurses  
**2,027 (29%)**



Registered midwives  
**262 (4%)**



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



Doctors  
**773 (11%)**



Other clinical and scientific staff  
**858 (12%)**



Over age 55  
**18%**



30 years and under  
**21%**



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



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