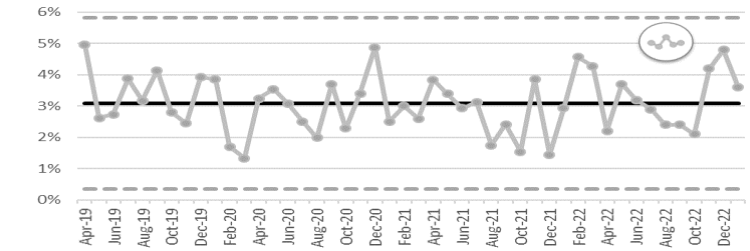
Maternity | Month 10 [January] | 2022-23

Responsible Director: Chief Nursing Officer | Validated for January 2023

NHS Worcestershire Acute Hospitals NHS Trust

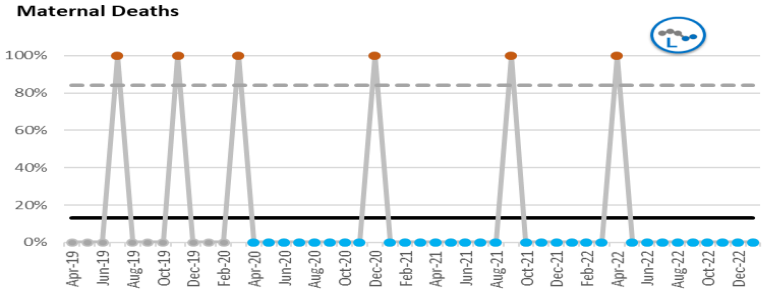
% admission of full-tern babies to neonatal care

4%



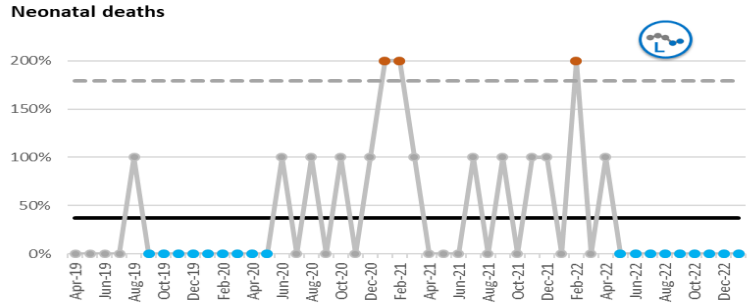
Maternal Deaths

0



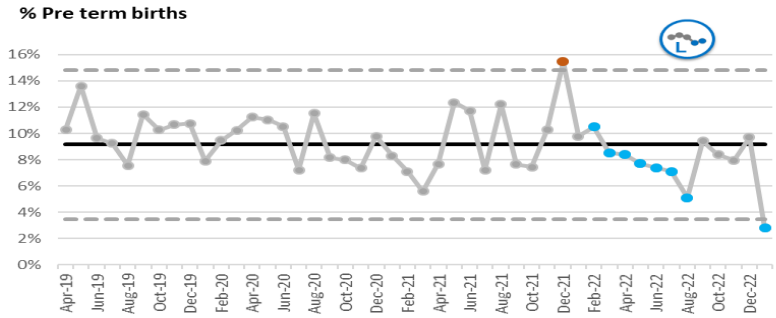
Neonatal Deaths (>24+0 weeks gestation)

0



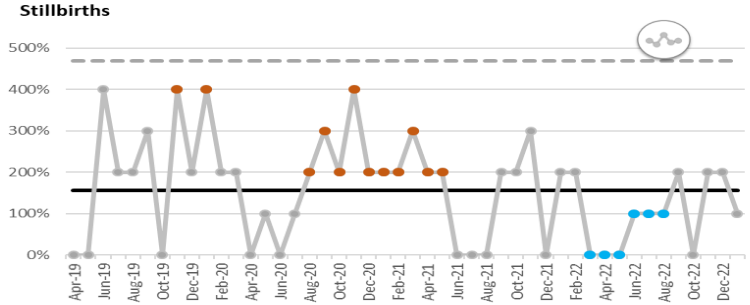
% Pre term births

3%



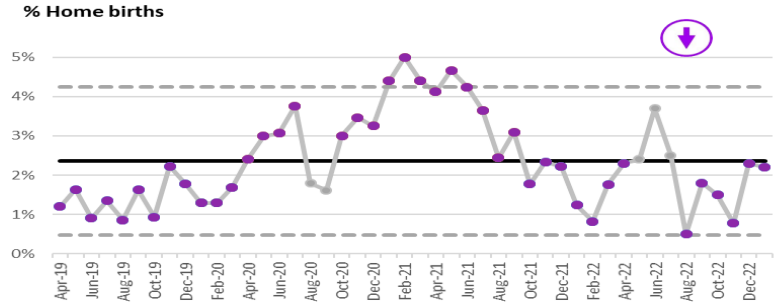
Stillbirths

1



% Home births

2%



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

Graphs include Jan-23 data – presentation is using the national SPC toolkit.

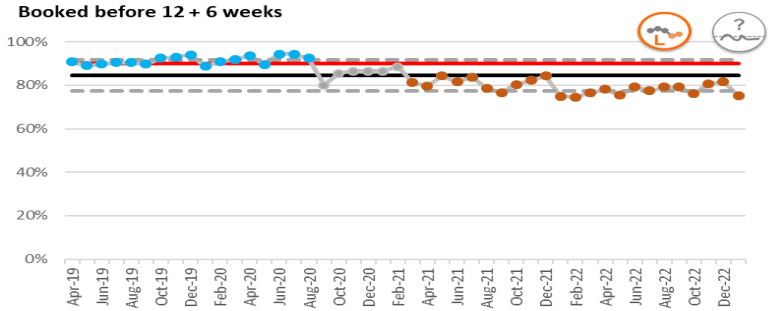
Maternity | Month 10 [January] | 2022-23

Responsible Director: Chief Nursing Officer | Validated for January 2023

NHS Worcestershire Acute Hospitals NHS Trust

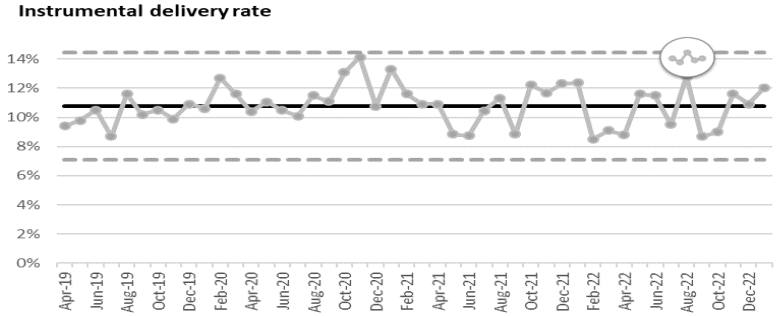
Booked before 12+6 weeks

75%



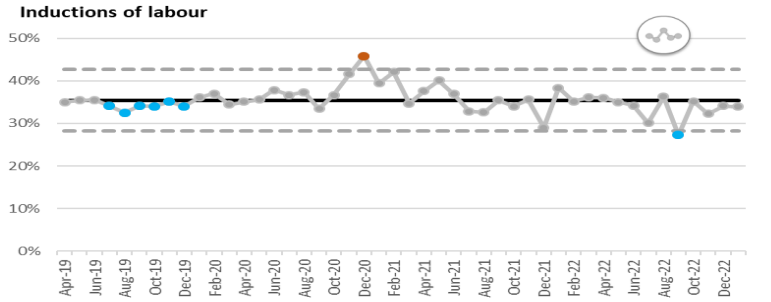
Instrumental Delivery

12%



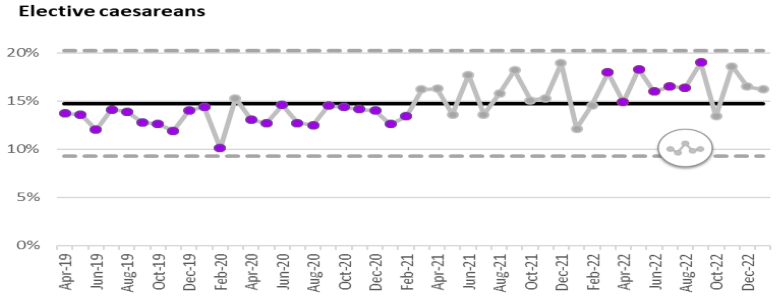
Inductions of labour

43%



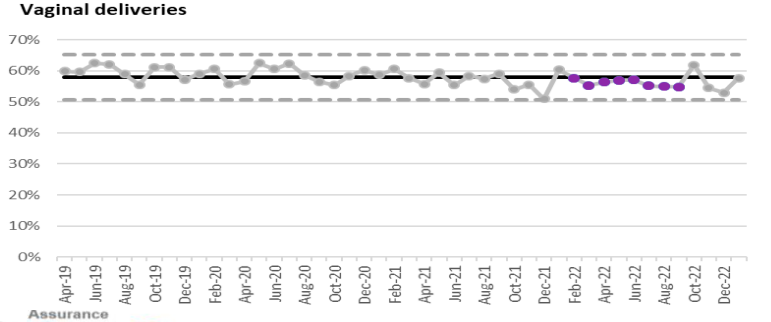
Elective Caesarean

16%



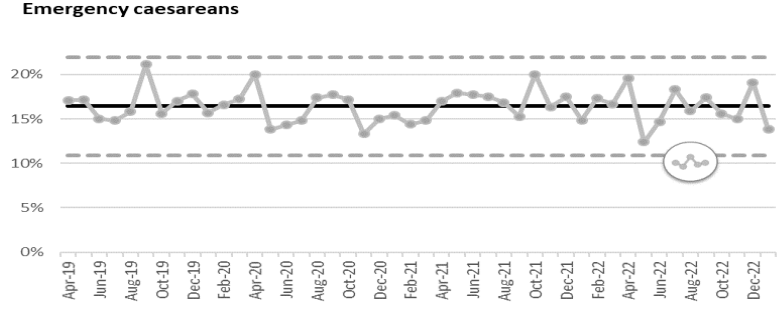
Vaginal Deliveries (non-instrumental)

58%



Emergency Caesarean

14%



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

Graphs include Jan-23 data – presentation is using the national SPC toolkit.

Workforce

People and Culture Performance Report Month 10 - Headlines

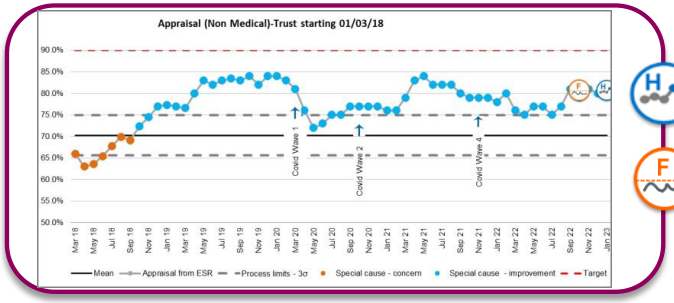
	Comments
Getting the Basics Right	• Overall Mandatory Training Compliance has remained at 89% against a Model Hospital average of 88.4%. Women and Children's Division have improved by 1% but remain an outlier at 85%. SCSD and Digital both meet the Trust target of 90% and 4 out of 8 are better than national benchmark. The Medical and Dental staff group are still outliers across all divisions • Non medical appraisal has improved by 1% to 81% against a target of 90%. This is 2% higher than the same period last year against a national average on Model Hospital of 76.3%. Medical Appraisal although still above target has dropped by 1% to 94% this month, with Consultants dropping to 95%. • Recruitment – We have 22 more starters than leavers due to new employees delaying their start dates until after Christmas. SCSD have an increase of 10, Women and children's 6 and Corporate 5. Urgent Care had 3 more leavers than starters, and Specialty Medicine were down by 2 wte • Consultant Job Planning has remained at 65% with a 5% drop in Women and Children's Division.
Performance Against Plan	• Our gross establishment has increased by 2 wte this month to 6,885 due to 2 additional administrative posts in Cancer Services (Corporate). • The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,599 wte. • Our Trustwide gross vacancy rate has improved by 0.06% to 11.96% (using ESR Staff in Post data against ADI Funded Establishment). • We remain ahead of our workforce plan by 89.52 wte and 147.45 wte ahead of the original H2 workforce plan submission.
Drivers of Bank & Agency spend	• Sickness rates have improved by 0.77% this month to 5.95% which is 0.23% better than last year. This equates to an average of 361 wte staff absent each calendar day of the month compared to 407 last month. There has been a reduction in staff off with Covid, coughs colds and flu and stress and anxiety. Estates and Facilities are an outlier with 9.78% sickness absence and 2.36% due to Stress and Anxiety • Our annual turnover has improved by 0.11% to 13.35% which is 1.68% higher than the same period last year against a local target of 11.5% Our monthly turnover has also improved to 0.82% . • Although the agency fill rate is still high, the ratio of bank shifts to agency shifts has increased again in January 2023. This is a positive trend. • The number of shifts above price cap have increased significantly in January 2023. • The top 10 long term temporary workers are within Nursing & Midwifery and Theatres, reasons are predominantly vacancy cover.
Staff Health & Wellbeing	• Cumulative sickness (rolling 12 months) is unchanged at 5.83% which is above our 5.5% target but remains better than the 6.2% national average. • Sickness due to S10 (stress and anxiety) reduced by 0.10% to 1.33%. Estates and Facilities are a significant outlier at 2.36% although there has been a 0.4% improvement this month. Surgery are the second highest with 1.61% followed by Women and Children's Division at 1.56% • Long Term Sickness has reduced by 0.33% to 2.91% but Short Term has increased by 0.45% to 3.04% due to seasonal illnesses. Estates and Facilities an outlier with 5.5% staff off long term, and 4.28% Short Term. Specialty Medicine have highest rates of coughs colds and flu and Covid.

December - Month 10 2022/23 Workforce "Getting the Basics Right" Summary

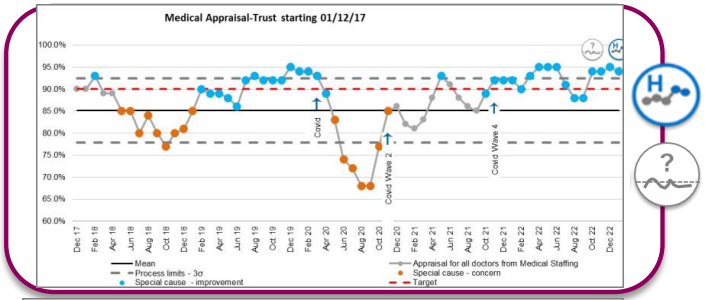
Responsible Director: Director of People and Culture | Validated for January 2023 as 10th February 2023

NHS Worcestershire Acute Hospitals NHS Trust

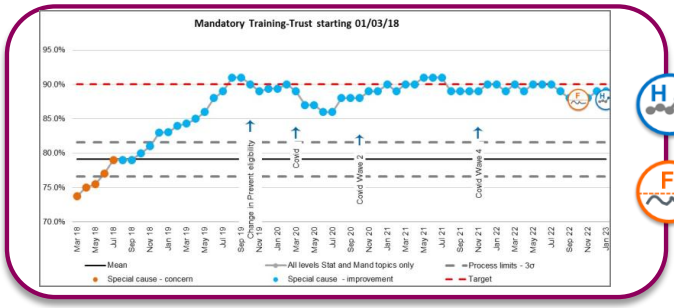
Appraisal (Non-Medical) — 81%



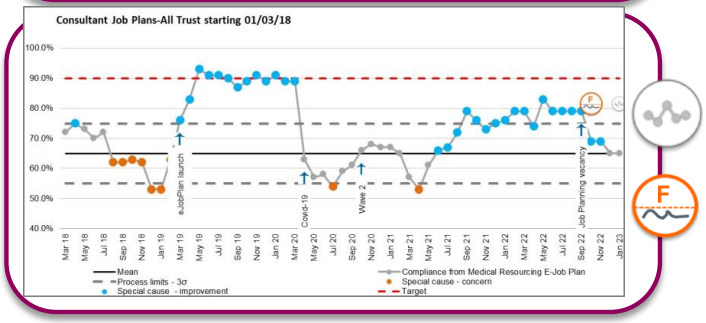
Medical Appraisal — 94%



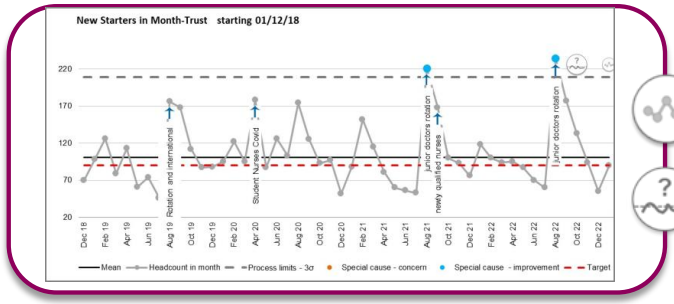
Mandatory Training — 89%



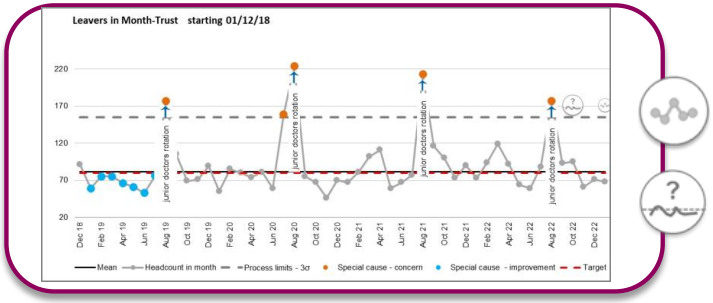
Consultant Job Plans — 65%



New Starters in Month (Headcount) — 90



Leavers in Month (Headcount) — 68



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

Workforce Compliance Month 10 – (January 23): - Performance Against Plan

Substantive Gross Funded Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan Substantive SIP by January 2023	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,885 wte (Net establishment is: 6,599 wte)	6,062 wte	5,974 wte	11.96% (Net rate is: 7.39%)	6,761 wte	8.94%	10.32%

What does the data tell us?

- **Establishment -** Our gross establishment has increased by 2 wte this month to 6,885 due to 2 additional Admin posts in Cancer Services (Corporate).
- **Staff in Post** – has increased this month by 6 wte to 6,062 wte against establishment of 6,885 wte (gross) or 6,599 wte (net) with the vacancy factor removed.
- **Performance Against Plan** – we are currently 87.52 wte ahead of plan and 147.45 ahead of original plan due to sustained recruitment.
- **Total Hours worked** – There has been a 53 wte increase in the overall hours worked primarily due to lower sickness, annual leave, and other leave and reduced vacancies. This is despite the RCN strike days. Total Hours worked is 295 wte higher than the same period last year primarily due to new and increased activity such as PDU.
- **Agency Spend as a % of Gross Cost** – Agency spend has increased marginally by 0.02% to 10.32%. which is 2.5% higher than the same period last year. Urgent Care has shown a 3.35% reduction in Agency spend but continues to be an outlier at 24.89% of gross cost. Specialty Medicine has also see a reduction but this has been offset by an increase in Surgery, Estates and Facilities and Women and Children's Divisions. We are an outlier in terms of Agency Spend overall for Nursing compared to Model Hospital in Quartile 4 (worst) at November 2022 rates. Medics has improved from Quartile 4 to Quartile 2 (November 2022 rates).
- **Bank spend as a % of gross cost -** Bank spend has increased by 0.66% to 8.94% with 61 additional WTE bank staff. However, this is preferable to avoid agency costs. The highest % bank spend is in Surgery, followed by Urgent Care and Digital.

National Benchmarking (January 2023)

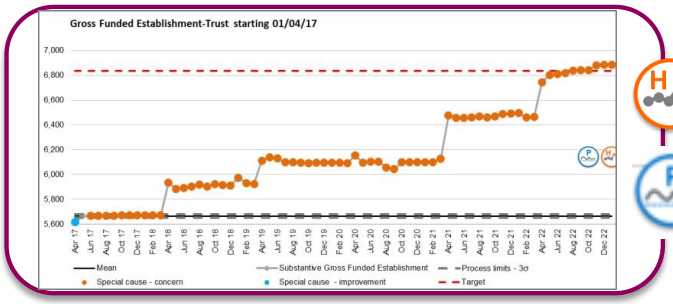
We have worsened to 4th quartile for Nursing Agency spend with 11.7% of gross cost compared to national average of 6.5% and Peer Average of 10.3% (November 2022 rates). We have improved to the 2nd quartile for Medical Agency spend with 7.7% compared to 7.7% national average, and 11.8% Peer Average (November 2022 rates). Our Peer average is more representative as we are a medium sized multi site Trust which does not have economies of scale compared to a large teaching hospital.

December - Month 10 2022-23 Workforce "Performance Against Plan" Summary

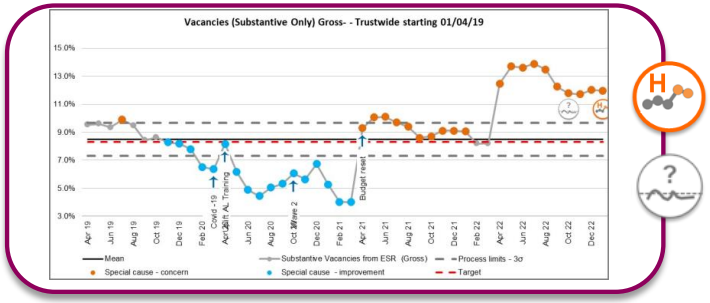
Responsible Director: Director of People and Culture | Validated for January 2023 as 10th February 2023

NHS Worcestershire Acute Hospitals NHS Trust

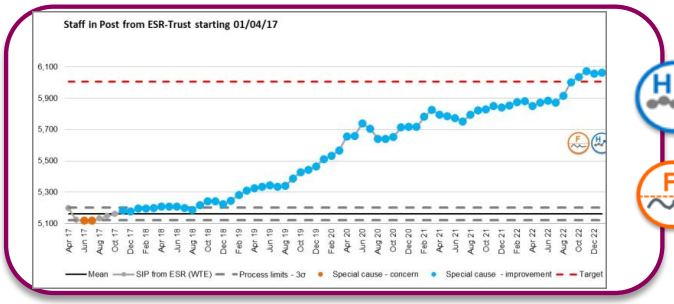
Gross Funded Establishment
6,885 wte



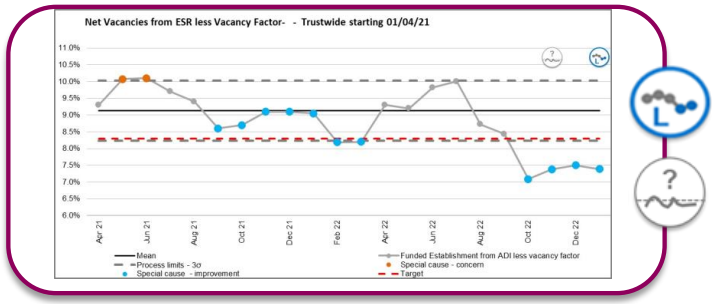
Gross Vacancy % (ESR)
11.96%



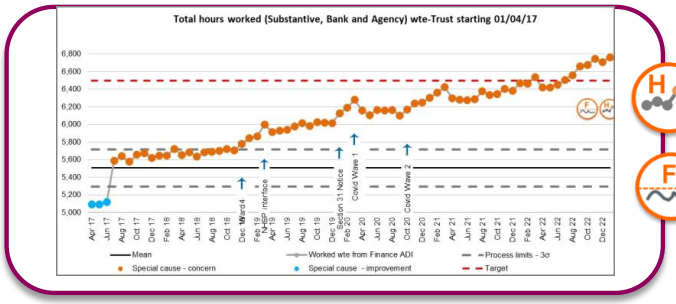
Staff in Post (ESR)
6,062 wte



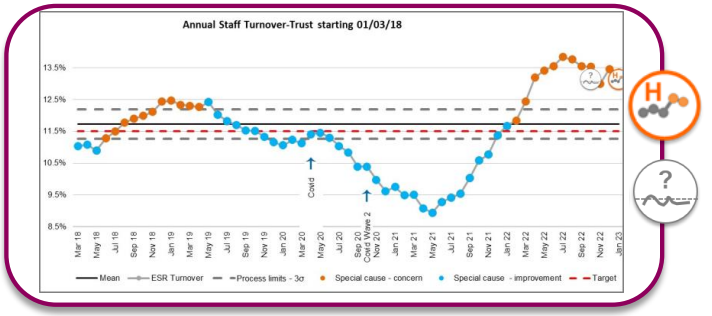
Net Vacancy % (less vacancy factor)
7.39%

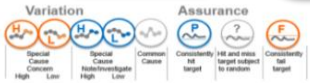


Total Hours Worked (ADI)
6,761 wte



Annual Staff Turnover
13.35%





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

Workforce Compliance Month 10 – January 23): - Drivers of Bank and Agency Spend

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave (including Strike Action)
13.35%	5.95% 361 wte average per calendar day	187 headcount	508 wte average Per calendar day	70 wte average staff absent per calendar day

What does the data tell us?

- **Staff Turnover** – Our annual turnover has improved by 0.11% to 13.35% but this remains is 1.68% higher than the same period last year. Our monthly turnover has also improved by 0.08% to 0.82% which is better than the Model Hospital average. We have 22 more starters than leavers this month which redresses the seasonal effect last month with employees timing their leaving date to secure Christmas time off. Specialty Medicine and Urgent Care have less staff than they started with. Our performance on Model Hospital is good.
- **Monthly Sickness Absence Rate** –Sickness rates have reduced by 0.77% this month to 5.95% which is 0.23% less than the same period last year. This is reassuring following the peak in December due to increased rates of Covid and Flu. Absence due to S13 Cough Colds and Flu has dropped by 0.34% to 0.87%. Absence due to S27 (Covid Symptoms) has also dropped to 0.52% from a peak last month which is more than 0.8% less than last year. Long Term Sickness has reduced by 0.33% to 2.91% but Short Term has increased by 0.45% to 3.04% due to seasonal illnesses.
- **Maternity/Adoption Leave** – Maternity has increased by 7 to 187 which is 9 more than January last year. Specialty Medicine have 6 more staff on maternity leave than last month which will be impacting on bank and agency cover. Surgery have had a reduction of 5.
- **Annual Leave** – Annual leave has reduced this month as there are no bank holidays or school holidays. There have been an average of 508 staff off on annual leave for each day this month compared to 603 in December. The only increase is in Urgent Care and the only staff group to have an increase in annual leave is Midwives. Work has commenced on setting up accruals for annual leave for medics which will facilitate the interface between HealthRoster and ESR.
- **Other Leave** – There were an average of 70 staff absent for Other Leave during January compared to 91 in December. This includes Unpaid Industrial Action, special leave, study leave, and family leave.

National Benchmarking (January 2023)

We are currently in the 2nd Quartile 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%. Model Hospital staff group benchmarks have been refreshed to November 2022 data with Estates and Facilities and Additional Prof and Tech showing as outliers at Quartile 4 . Registered Nursing and HealthCare Scientists are at Quartile 3. all other staff groups are good with Admin and Clerical at Quartile 1 likely due to the impact of Location by Vocation.

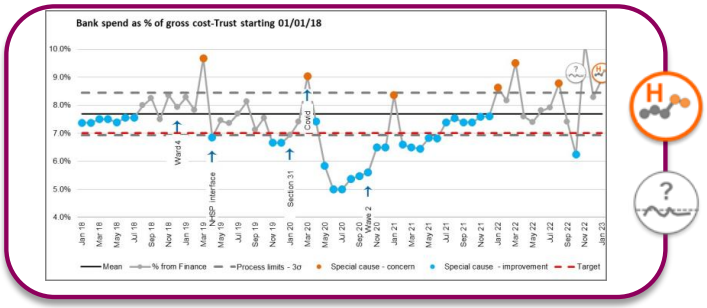
January - Month 10 2022-23 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for January 2023 as 10th February 2023

Worcestershire Acute Hospitals NHS Trust

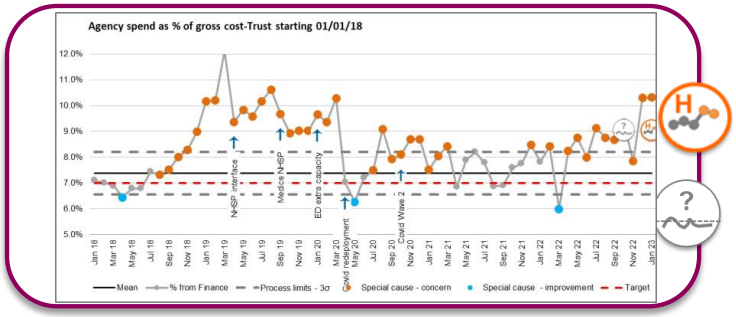
Bank Spend as a % of Gross Cost

8.94%



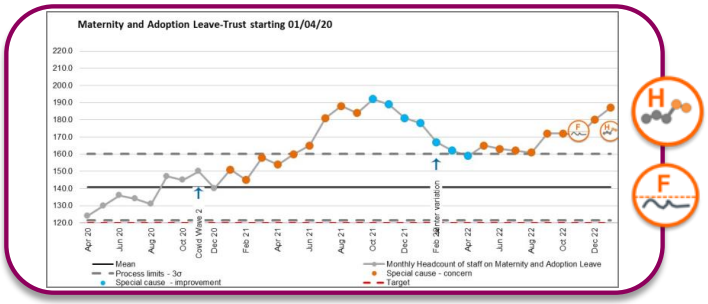
Agency Spend as a % of Gross Cost

10.32%



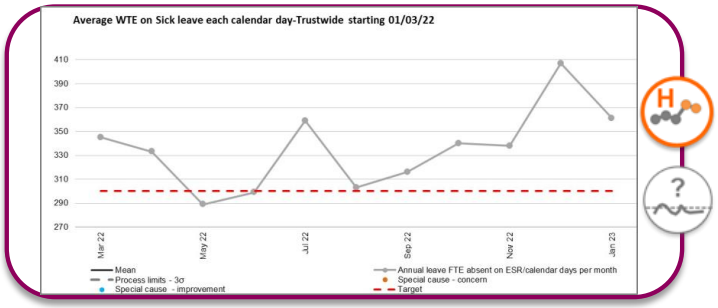
Maternity/ Adoption Leave (Headcount)

187



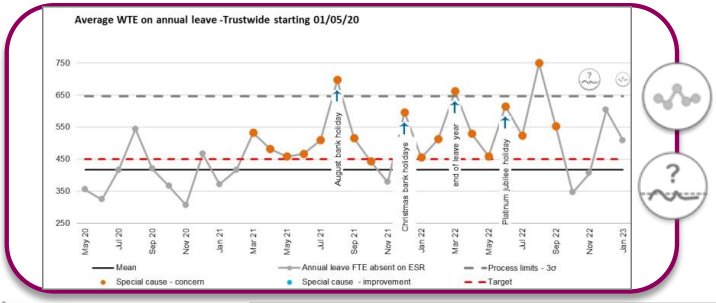
Monthly Average Staff off Sick Per Day

361 wte



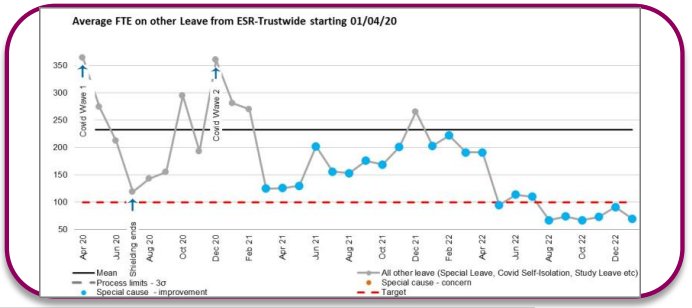
Annual Leave (average staff on leave each day)

508 wte



Monthly Average Staff on Other leave each day

70 wte



Variation Assurance

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

Workforce Compliance Month 10 – January 23: - Assurance on Bank and Agency Spend

% Average Fill rate for Bank vs Agency

48% : 44%

Shifts above NHSIE price cap

80%

NHSI Staff Group	31/01/23		
	Total agency shifts	On Framework Above Price cap	Off Framework
Nursing, Midwifery & Health Visiting	3175	2634	257
Healthcare Assistant & Other Support	862	306	0
Scientific, Therapeutic & Technical (AHPs)	401	233	0
Healthcare Science	507	154	0
Administration & Estates	4	0	0
Medical & Dental	2020	1998	0

High Cost % of cap

182%

NHSI Staff Group	Grade	Department	Hourly Rate	Agency/Bank
Medical & Dental	Consultant	Medics Acute Med & AMU	182.23	Agency
Medical & Dental	Consultant	Medics A&E WRH	180.00	Agency
Medical & Dental	Consultant	Anaesthetics	180	Bank
Medical & Dental	Consultant	Medics A&E WRH	177.96	Agency
Medical & Dental	Consultant	Medics Micro	174.68	Agency
Medical & Dental	Consultant	Medics Derm WRH	168.00	Agency
Medical & Dental	Consultant	Medics Micro	164.62	Agency
Medical & Dental	Consultant	Medics Derm WRH	162.00	Agency
Medical & Dental	Consultant	Medics Micro	162.00	Agency
Medical & Dental	Consultant	Medics Stroke WRH	159.60	Agency

Agency Long term (months)

82

NHSI Staff Group	Band	Job Role	Total Hours	Length of Service	Reason for usage	Total cost (excl. VAT)
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - Gen Acute	184	82	Vacancy	6790.91
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - Gen Acute	11.5	64	Vacancy	442.05
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - Gen Acute	34.5	55	Vacancy	393.75
Scientific, Therapeutic & Technical (AHPs)	AFC Band 5	Theatre Practitioner - Theatre Anaesthetics	194	55	Vacancy	6898.28
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - A&E	11.5	55	Vacancy	558.38
Scientific, Therapeutic & Technical (AHPs)	AFC Band 5	Theatre Practitioner - Theatre Scrub	32.5	52	Vacancy	1162.99
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - Gen Acute	253	52	Vacancy	8500.1
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - Gen Acute	23	46	Redeployment	748.18
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - A&E	23.5	44	Vacancy	877.46
Nursing, Midwifery & Health Visiting	AFC Band 5	Registered Nurse - Gen Acute	5.75	40	Sickness	220.9

What does the data tell us?

- **Fill rate –** although the agency fill rate is still high, the ratio of bank shifts to agency shifts has increased again in January 2023. This is a positive trend.
- **Shifts above cap – 6095 in Jan 23 vs 5785 in Dec 22 –** The number of shifts above price cap have increased significantly in January 2023
- **High cost –** The top 10 high cost temporary workers are all over the cap rate of £100ph and all within Medical & Dental.
- **Long term –** The top 10 long term temporary workers work with Nursing & Midwifery and Theatres, reasons are predominantly vacancy cover. However, it's important to note that the top 3 of these workers work across a range of departments in short term bookings.

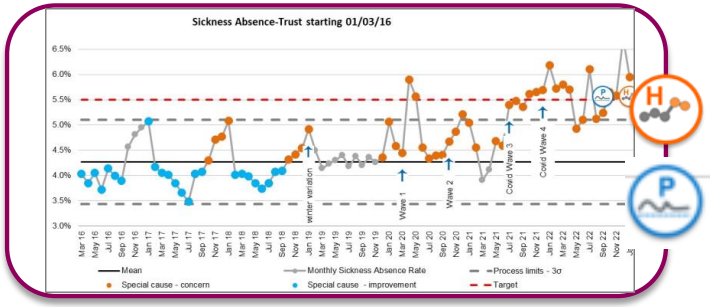
National Benchmarking (November 2022)
Hereford & Worcestershire are currently placed in the highest risk category for agency spend due to current levels of spend, use of off-framework agencies and agency price cap breaches. The regional average for off framework shifts is 7%, we perform at 17%*; and the regional average for agency price cap breaches is 47% with our performance falling at 67%*.
*This data is subject to correction from backdated data submissions. The Trust has been unable to submit these data corrections so far due to NHSI experiencing issues with their new submission system, but it is believed that this data will improve these benchmarking figures.

January - Month 10 2022-23 Workforce "Health and Wellbeing" Summary

Responsible Director: Director of People and Culture | Validated for January 23 as 10th February 2023

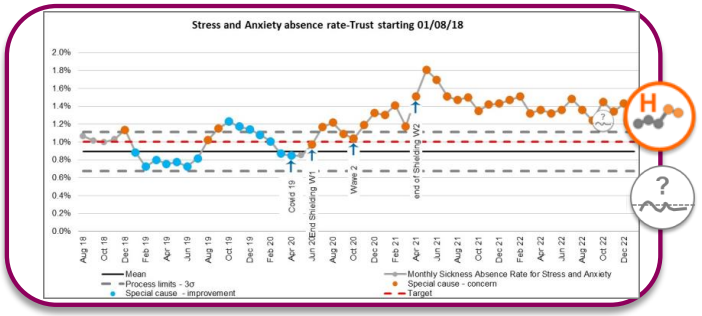
Monthly Staff Sickness Absence Rate

5.95%



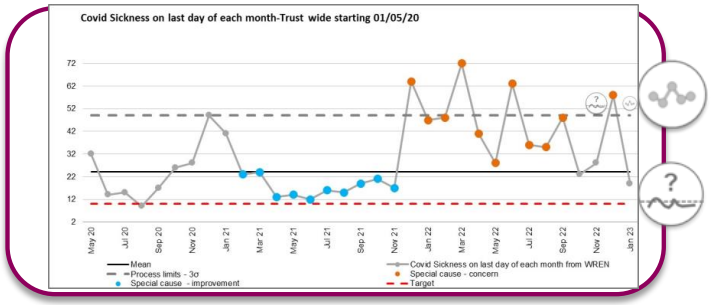
% Staff absent due to Stress and Anxietv (S10)

1.33%



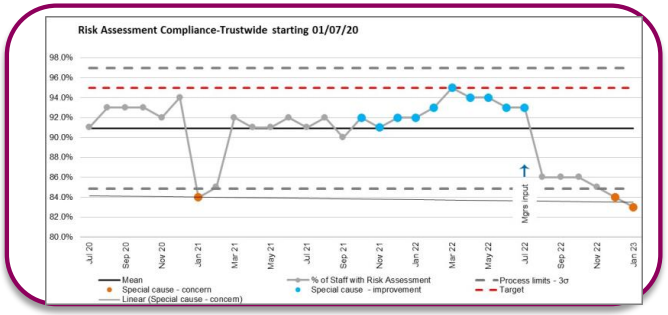
Covid Sickness (S27)

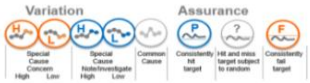
19



Covid Risk Assessment Compliance

83%





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

Strategic Priorities: Workforce

Strategic Business Priorities			
BP1: Leadership ***An empowered, well led workforce that delivers better outcomes and performance for our patients***	**BP2: Workforce Planning and Transformation** ***The right-sized, cost effective workforce that is organised for success***	**BP3: OD and Staff Experience** ***A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work***	**BP4: Future of HR and OD** *A people function that is organised around the optimum employee journey*

Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride putting patients first

How have we been doing?

The following areas are where we perform below peer group average:

- The sustained use of bank and agency usage (we have moved into the 4th Quartile (worst) for Nursing but have improved to 2nd Quartile for medical staffing:
  - Opening of the Acute Medical Unit and Pathway Discharge Unit
  - Increase in staff turnover
  - Higher levels of sickness absence primarily due to the prevalence of Covid and Flu in the community
  - High patient acuity (specialing)
  - Continued use of surge areas
  - Industrial Action
  - Increased Waiting List Initiatives to tackle backlog.

- Bank and Agency usage was expected to increase from December onwards due to the increased bed capacity linked to the Acute Medical Unit and Aconbury moves. This increase in establishment will have to be met by temporary staffing until swap outs can be made with substantive recruitment.

What improvements will we make?

- We are currently reviewing bank rates across Nursing & Midwifery and Medical & 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.
- We are continuing work to reduce the time taken to recruit through the recruitment value stream
- NHS Jobs 3 is now embedded and we are working towards maximising the functionality and links with ESR to reduce timescales and improve reporting.
- The HR Teams supported the Trust during strike action in the site hubs, availability for redeployment and reporting for the national SitRep
- We are communicating the staff offer via a series of ward and service area visits during February and March

Overarching Workforce Performance Level – 5 – January 2023 **Previous Assurance Level - 5 – December 2022**	**To work towards improvement to next assurance level by April 2023**

Finance

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

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

Income & Expenditure Overview

Month 10

In M10 actual **deficit of £(1.2)m** against a plan of **£(1.6)m deficit**, a favourable variance of £0.4m. YTD M10 actual **deficit of £(17.3)m** against an plan of **£(16.3)m deficit,** an adverse variance of £0.9m.

Statement of comprehensive income	Jan-23 Plan £'000	Jan-23 Actual £'000	Jan-23 Variance £'000	Year to Date Plan £'000	Year to Date Actual £'000	Year to Date Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,313	49,356	2,043	474,066	485,995	11,929
Other operating income	2,689	2,904	215	26,083	25,226	(857)
Employee expenses	(30,014)	(31,926)	(1,912)	(299,055)	(310,204)	(11,149)
Operating expenses excluding employee expenses	(19,762)	(19,732)	30	(199,081)	(200,021)	(940)
OPERATING SURPLUS / (DEFICIT)	**226**	**602**	**376**	**2,013**	**996**	**(1,017)**
FINANCE COSTS						
Finance income	0	76	76	0	580	580
Finance expense	(1,165)	(1,167)	(2)	(11,650)	(11,966)	(316)
PDC dividends payable/refundable	(681)	(712)	(31)	(6,813)	(7,121)	(308)
NET FINANCE COSTS	**(1,846)**	**(1,803)**	**43**	**(18,463)**	**(18,507)**	**(44)**
Other gains/(losses) including disposal of assets	0	7	7	0	117	117
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(1,620)**	**(1,194)**	**426**	**(16,450)**	**(17,394)**	**(944)**
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	**(1,620)**	**(1,194)**	**426**	**(16,450)**	**(17,394)**	**(944)**
Remove capital donations/grants I&E impact	11	14	3	104	105	1
Adjusted financial performance surplus/(deficit)	**(1,609)**	**(1,180)**	**429**	**(16,346)**	**(17,289)**	**(943)**

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was £2.2m above the Trust's Operational Plan in January. The Trust has reported the full value of the ERF income (YTD £13.6m) in the position (agreed by the System).

Employee expenses was £1.9m adverse in month 10 (January) and £11.1m year to date (YTD).

Level 4

Operating expenses in line with plan in month 10 (January) and £0.9m adverse year to date (YTD).

I&E Delivery Assurance Level:

Reason: £(19.9)m deficit plan submitted for 22/23 against which we are £0.9m adverse YTD at M10. The following risks need addressing in order to reach the next level of assurance:

- Further improvement in the level of identified and delivered PEP both in this financial year and moving into 2023/24 and beyond in order to improve the underlying position
- Funding withdrawal for ERF. Risk remains pending formal communication that funds will not be withdrawn
- Confirmation that further funds will not be required to support operational performance / pressures

Assurance level increased to Level 4 at December F&PC based on robust forecast position and likely mitigations available to offset adverse variances in M10-12.

Finance | Key Messages

Worcestershire Acute Hospitals NHS Trust

Income

Trust Operational Plan	January 2023 (Month 10) Plan £'000	Actual £'000	Var £'000	YTD Plan £'000	Actual £'000	Var £'000
Here/Worc ICB	36,744	38,203	1,459	369,112	377,447	8,334
Other ICBs & Welsh LHB	2,071	2,126	55	20,708	21,252	544
NHS England	6,528	7,271	743	65,276	69,473	4,196
Other Including RTA income	2,572	3,084	512	22,435	23,870	1,435
Combined Income: Total	**47,915**	**50,684**	**2,770**	**477,532**	**492,041**	**14,509**
O/S COVID	419	138	(281)	4,185	2,280	(1,905)
AMU/PDU	307	0	(307)	2,333	0	(2,333)
Combined Income: Exc ERF	**48,640**	**50,822**	**2,182**	**484,050**	**494,321**	**10,271**
Elective Recovery fund (ERF)	1,362	1,378	16	13,619	13,832	213
Combined Income: Inc ERF	**50,002**	**52,200**	**2,198**	**497,669**	**508,153**	**10,484**

The Combined Income was £2.2m above the Trust's Operational Plan in January.

The key favourable variances in January relate to the pay award adjustment £0.7m (additional central funding of 1.7% taking the uplift to 3.8%) reduced by £0.2m as a result of the NI reduction , pass through Drugs & Devices £0.7m, additional investments £1.0m including the Robot, KGH MRI scanner, Dermatology & Urology insourcing and winter pressure funding.

The £0.3m monthly adverse variance (£2.1m YTD) relating to the AMU/PDU funding continues as there has been no resolution with Commissioners to fund this year. This was included in the System UEC Capacity bid for next year.

Elective Recovery Fund framework (ERF) - The Trust has reported the full value of the ERF income **(YTD £13.6m)** in the position, this has been agreed by the System. The current position has not been adjusted for any risk, the ICB's expectation is that April to Sept ERF monies will be paid regardless of performance (not officially confirmed by NHSE & I), less certainty on October onwards H2 (on-going discussions at a national level).

Monthly Income run rate	M1 Actual £'000	M2 Actual £'000	M3 Actual £'000	M4 Actual £'000	M5 Actual £'000	M6 Actual £'000	M7 Actual £'000	M8 Actual £'000	M9 Actual £'000	M10 Actual £'000	Mvm't M9 to M10 £'000
Here/Worc ICB	35,402	35,976	39,498	37,433	37,312	40,740	37,692	37,877	37,852	38,265	413
Other ICBs & Welsh LHB	2,077	2,091	2,142	2,114	2,132	2,314	2,074	2,047	2,107	2,126	19
NHS England	6,574	6,810	6,499	6,775	6,755	7,096	6,996	7,357	7,339	7,271	- 69
Other Including RTA income	2,339	2,290	2,753	1,750	2,447	2,629	3,229	2,606	3,241	3,069	- 172
Combined Income: Total	**46,393**	**47,167**	**50,892**	**48,071**	**48,646**	**52,779**	**49,992**	**49,887**	**50,538**	**50,731**	**192**
O/S COVID	192	185	769	338	272	33	135	66	154	138	(16)
AMU/PDU	-	-	-	-	-	-	-	-	-	-	-
Combined Income: Exc ERF	**46,584**	**47,353**	**51,661**	**48,409**	**48,917**	**52,811**	**50,127**	**49,953**	**50,692**	**50,869**	**176**
Elective Recovery fund (ERF)	1,362	1,362	1,362	1,362	1,362	1,495	1,393	1,378	1,378	1,378	-
Combined Income: Inc ERF	**47,946**	**48,715**	**53,023**	**49,771**	**50,279**	**54,306**	**51,520**	**51,331**	**52,070**	**52,247**	**176**

Positive increase **£0.2m** includes:

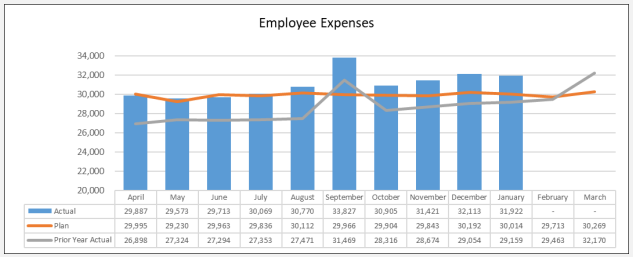
- NHSE Contract extension recognised in December (**£0.4m**)
- Pass through Drugs & Devices **£0.3m**
- Education and training **£0.3m**
- Other Income **£0.2m** (Winter pressures)

Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Expenditure – Employee Expenses

Employee Expenses



Overall **employee expenses of £31.9m** in month 10 is a reduction of £0.2m compared with the December position.

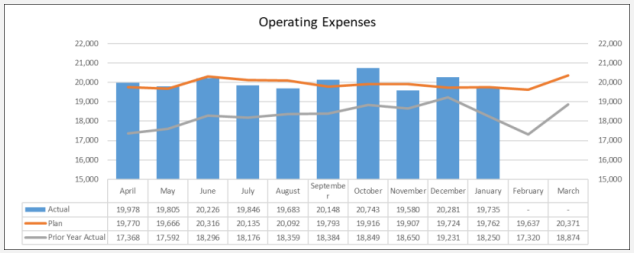
Substantive pay expenditure has reduced in month by £0.4m, the majority of which is on Nursing & Midwifery. Of this reduction £0.1m is a normalisation from the back pay paid to International Nurses as a result of re-banding last month, £0.1m is due to one bank holiday in January compared to the two in December and the remainder due to an increase in vacancies in month.

Total temporary staffing spend of £6.0m is an increase of £0.2m compared with last month and was 18.7% of the total pay bill. **Agency** spend is consistent with last month. **Bank** spend increased by £0.2m, all of which is on Medical & Dental, £0.1m of which is a normalisation from month 9 and £0.1m due to an increase in vacancy cover.

Employee expenses £1.9m adverse in M10 and £11.1m YTD – Of the adverse variance £0.5m in month (£6.6m YTD) is due to the pay award which was not in the plan but is income backed. £0.4m underachieved PEP (£2.3m YTD) - net of the £1.1m YTD Business Case pay underspend declared to date. Winter pressures externally funded £0.6m in month (£1m YTD). The remainder of the adverse variance is due to vacancy fill and premium. This is partially offset by £0.2m favourable COVID.

Expenditure – Operating Expenses

Operating Expenses



Overall **operating expenses excluding Non PbR were £15.3m** in month 10, a reduction of £0.5m compared with the December position. Favourable movements on Depreciation (£0.8m) of which £0.2m is a normalisation following a year to date correction posted last month and £0.6m relates to a change to the full year forecast from £16.7m to £16.2m. The reduction on Other Non Pay (£0.4m) is on Operating Leases expenditure of which the majority is due to miscoded invoices with the corresponding increase within Supplies & Services. Other increases in Supplies & Services relate to DAFs in Specialty Medicine (£0.2m). Charges for IFRIC 12 Schemes has also seen an adverse movement in month (£0.1m) following the PFI model update last month.

Non PbR spend is consistent with last month overall, however there has been a £0.4m increase on devices due to issue with device pricing which has been corrected year to date. Non PbR drugs has seen a favourable variance of £0.5m in month mainly within SCSD of which £0.2m Oncology and £0.1m Haematology and is the lowest level of in month spend since July.

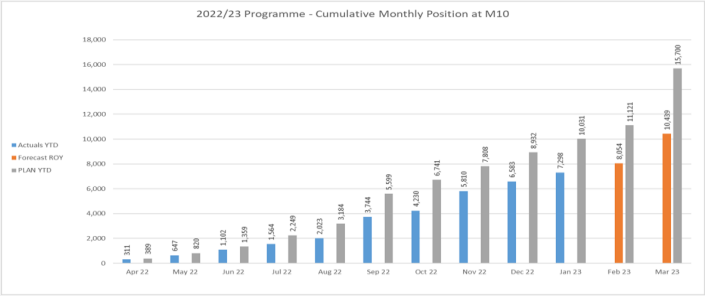
Operating expenses in line with plan in M10 and £0.9m adverse YTD. Adverse variances in month include £0.4m relating to drug costs (£5.1m YTD) of which £0.1m in month is Non PbR and offset by income, £0.4m adverse movement on devices due to issue with device pricing which has been corrected year to date, underachieved PEP (£0.3m in month, £3.3m YTD), utility costs including YTD correction of Gas and water invoices and some impact of seasonality (£0.4m), additional supplies and services spend linked to activity including Erf mobile scanner costs (£0.7m in month). These are offset by £1.4m balance sheet release in month relating to relating to accruals and provisions no longer required and £0.8m favourable depreciation charges due to reforecast of capital plan.

Finance | Key Messages

Productivity & Efficiency

The Productivity and Efficiency Programme target for 22/23 as submitted to NHSE is £15.7m. Month 10 delivered £0.715m of actuals against the plan as submitted to NHSE in April 2022 of £1.099m. A negative variance of £0.384m. The cumulative position at M10 is therefore £7.298m of actuals against a plan of £10.031m, a negative variance of £2.733m.

The 22/23 full year forecast at Month 10 is £10.439m which is £5.261m under the £15.7m plan as submitted to NHSE. This is a reduction of £0.029m compared to the forecast position in M9 which is in the main due to a £0.010m reduction in forecast for Specialist Medicine scheme Medics B&A swap out (PE-2223-015) This reduction is due to a number of reasons primarily around patient safety and flow as previously reported. A further £0.010m reduction in forecast from PE-2223-003 ACP Development Phase One which has been delayed, and finally, £0.008m in PE-2122-040 Aconbury East closures which has had the forecast removed for February and March as the building is now occupied.

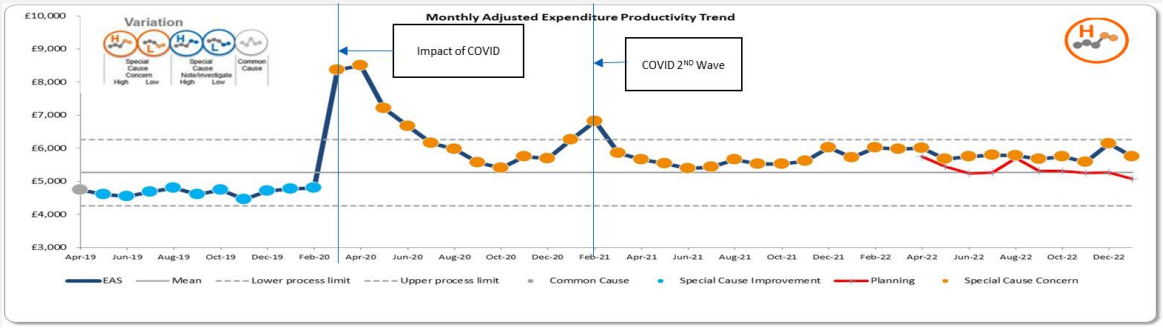


Adjusted Expenditure Productivity Trend

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

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

January Cost per WAU has reduced compared to December where costs had increased and activity reduced. This is driven by expenditure value reducing slightly and Elective activity higher than December making the £ per WAU reduce. Usually with costs varying little from month to month, the WAU is only affected by activity volumes changes each month. The cost base has been normalised to remove any non-recurrent (one off costs) to make it comparable from one month to another. Backdated Pay Award has been applied to the correct months to make this comparable. WAU will only improve if additional activity is delivered for the same cost base or if the actual cost base reduces (i.e. savings).



Finance | Key Messages

NHS Worcestershire Acute Hospitals NHS Trust

Capital

The Trust Capital forecast is now £50.9m at month 10. Expenditure to date is £24.6m with a forecast for month 10-12 of £26.3m. TIF2 monies of £7m to be re-phased into 2023/24 through Regional agreement. ASR business case has been agreed and expecting to drawdown funding in 22/23, once the MOU is received. Finance and procurement are supporting the capital team to source essential equipment for Alex Theatres (TIF) to ensure the FOT is achieved and the Trust meets its CRL target. Following CPDG further minor but essential capital schemes have been agreed, but discussions are now being held with regionally team to broker £850k due to further slippage from the Alex land sale scheme. It should also be noted that any further slippage into 2023/24 will be the first call on any internal capital available next year adding further pressure to an already over-subscribed programme. The finance team will remain close to work stream leads over the coming months to ensure full oversight and help manage any risk.

Capital Assurance Level: Level 3

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

Cash Balance

At the end of January 2023 the cash balance was £17.8m against an in month plan of £37.5m. The plan assumed external capital funding of £27.6m of which £6.3m has been drawn to date due to the slippage on capital schemes. However some MOU's have now been received and the capital cash is being requested in Feb 23. The remaining cash variance is mainly due to the timing of 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.

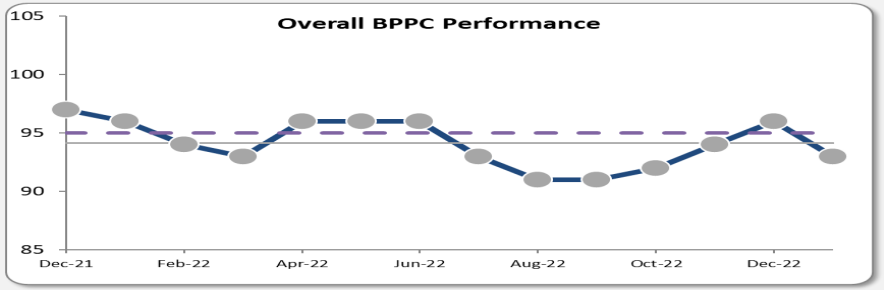
Better Payment Practice Code (BPPC) performance has remained stable.

The BPPC performance for the month is 94%, based on volume of invoices paid and 93% based on value;

- 7,230 invoices paid out of 7,706 due.
- £26.8m worth of invoices out of £28.8m were paid on time this month.

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

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



Appendices

Variation/Performance Icons			
Icon	***Technical Description***	***What does this mean?***	***What should we do?***
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly**. It shows the level of natural variation you can expect from the process or system itself.	**Consider if the level/range of variation is acceptable**. 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.	**Something's going on!** 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.	**Investigate** 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.	**Something's going on!** 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.	**Something good is happening!** 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. **Celebrate** the improvement or success. Is there **learning** that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	**Something good is happening!** 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.	**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 high numbers.	**Investigate** 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 **within** 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 **outside of those limits in the wrong direction** then you know that the target cannot be achieved.	**You need to change something in the system or process if you want to meet the target.** 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 **outside of those limits in the right direction** then you know that the target can consistently be achieved.	**Celebrate the achievement**. 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.

Variation/Performance	Assurance: P	Assurance: ?	Assurance: F	Assurance: (blank)
H	**Excellent | Celebrate and Learn** • This metric is improving. • Your aim is high numbers and you have some. • You are consistently achieving the target because the current range of performance is above the target.	**Good | Celebrate and Understand** • This metric is improving. • Your aim is high numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning | Celebrate but Take Action** • This metric is improving. • Your aim is high numbers and you have some. • HOWEVER your target lies above the current process limits so we know that the target will not be achieved without change.	**Excellent | Celebrate** • This metric is improving. • Your aim is high numbers and you have some. • There is currently no target set for this metric.
L	**Excellent | Celebrate and Learn** • This metric is improving. • Your aim is low numbers and you have some. • You are consistently achieving the target because the current range of performance is below the target.	**Good | Celebrate and Understand** • This metric is improving. • Your aim is low numbers and you have some. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning | Celebrate but Take Action** • This metric is improving. • Your aim is low numbers and you have some. • HOWEVER your target lies below the current process limits so we know that the target will not be achieved without change.	**Excellent | Celebrate** • This metric is improving. • Your aim is low numbers and you have some. • There is currently no target set for this metric.
(blank)	**Good | Celebrate and Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER you are consistently achieving the target because the current range of performance exceeds the target.	**Average | Investigate and Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • Your target lies within the process limits so we know that the target may or may not be achieved.	**Concerning | Investigate and Take Action** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • HOWEVER your target lies outside the current process limits and the target will not be achieved without change.	**Average | Understand** • This metric is currently not changing significantly. • It shows the level of natural variation you can expect to see. • There is currently no target set for this metric.
H	**Concerning | Investigate and Understand** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • HOWEVER you are consistently achieving the target because the current range of performance is below the target.	**Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • Your target lies below the current process limits so we know that the target will not be achieved without change	**Concerning | Investigate** • This metric is deteriorating. • Your aim is low numbers and you have some high numbers. • There is currently no target set for this metric.
L	**Concerning | Investigate and Understand** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • HOWEVER you are consistently achieving the target because the current range of performance is above the target.	**Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies within the process limits so we know that the target may or may not be missed.	**Very Concerning | Investigate and Take Action** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • Your target lies above the current process limits so we know that the target will not be achieved without change	**Concerning |Investigate** • This metric is deteriorating. • Your aim is high numbers and you have some low numbers. • There is currently no target set for this metric.
↗				**Unsure | Investigate and Understand** • This metric is showing a statistically significant variation. • There has been a one off event above the upper process limits; a continued upward trend or shift above the mean. • There is no target set for this metric.
↘				**Unsure | Investigate and Understand** • This metric is showing a statistically significant variation. • There has been a one off event below the lower process limits; a continued downward trend or shift below the mean. • There is no target set for this metric.
(blank)				**Unknown | Watch and Learn** • There is insufficient data to create a SPC chart. • At the moment we cannot determine either special or common cause. • There is currently no target set for this metric

NHS System Oversight Framework | 2022/23

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 - NHS

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. (SO19a)
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)

Methodology for identifying potentially avoidable attendances

NHS Worcestershire Acute Hospitals NHS Trust

Criteria for Avoidable Ambulance Attendances.

The avoidable ambulance attendances includes patients over 75 and…

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

Criteria for attendances suitable for MIU.

The MIU attendances are based on…

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

Levels of Assurance

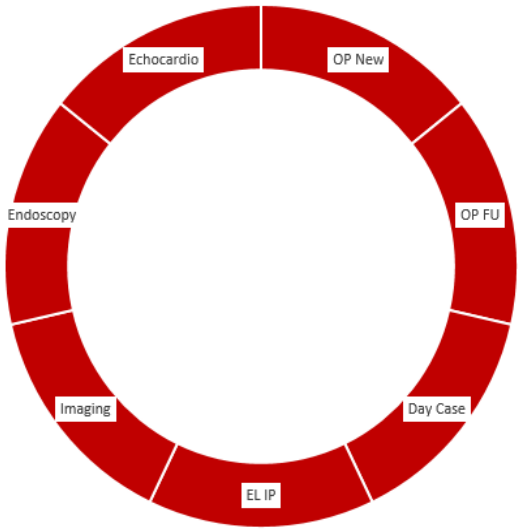
RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of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

January 2023 | At A Glance

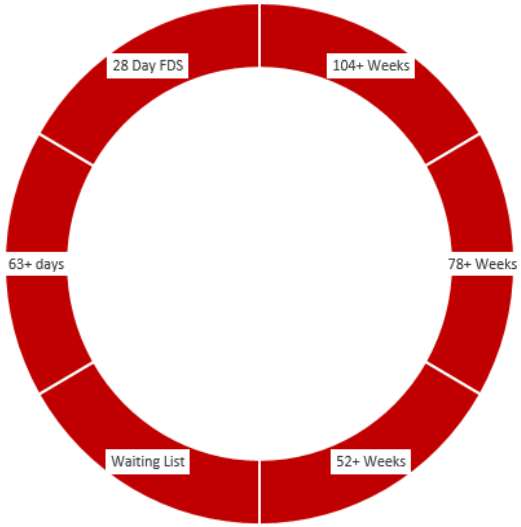
NHS Worcestershire Acute Hospitals NHS Trust

Our Annual Plan

Elective Activity



Elective Performance



YTD PEP Position

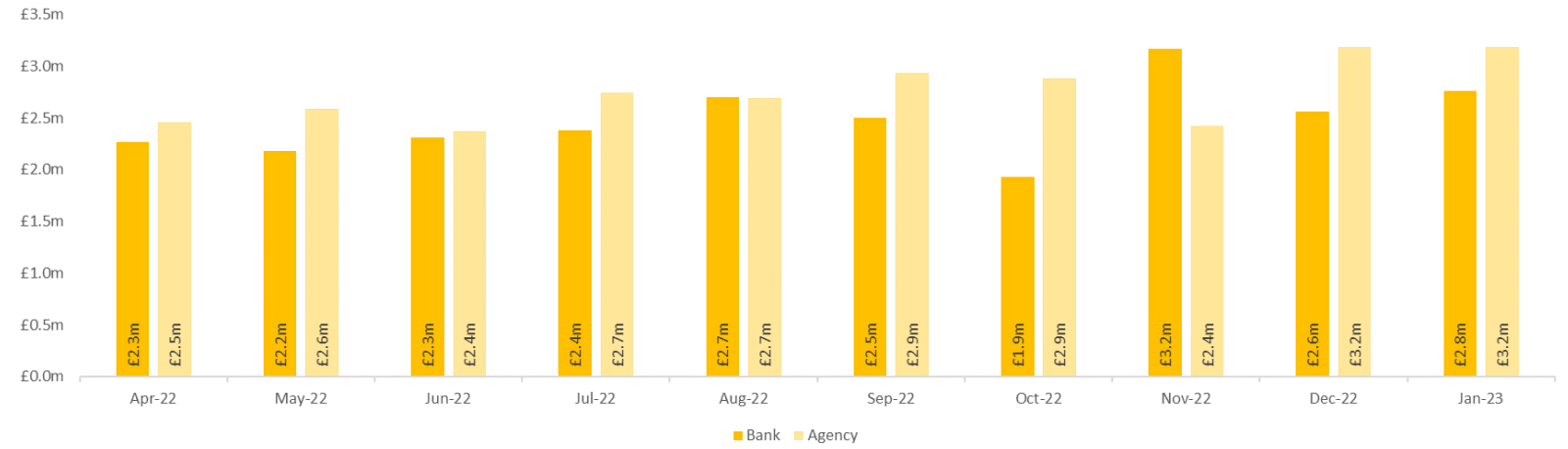
Our Emergency Departments

	Ambulances	60 Min Handover Delays	Walk-Ins	Breaches: 4 hours	Breaches: 12 hours
ED	3,789	687	8699	5233	329

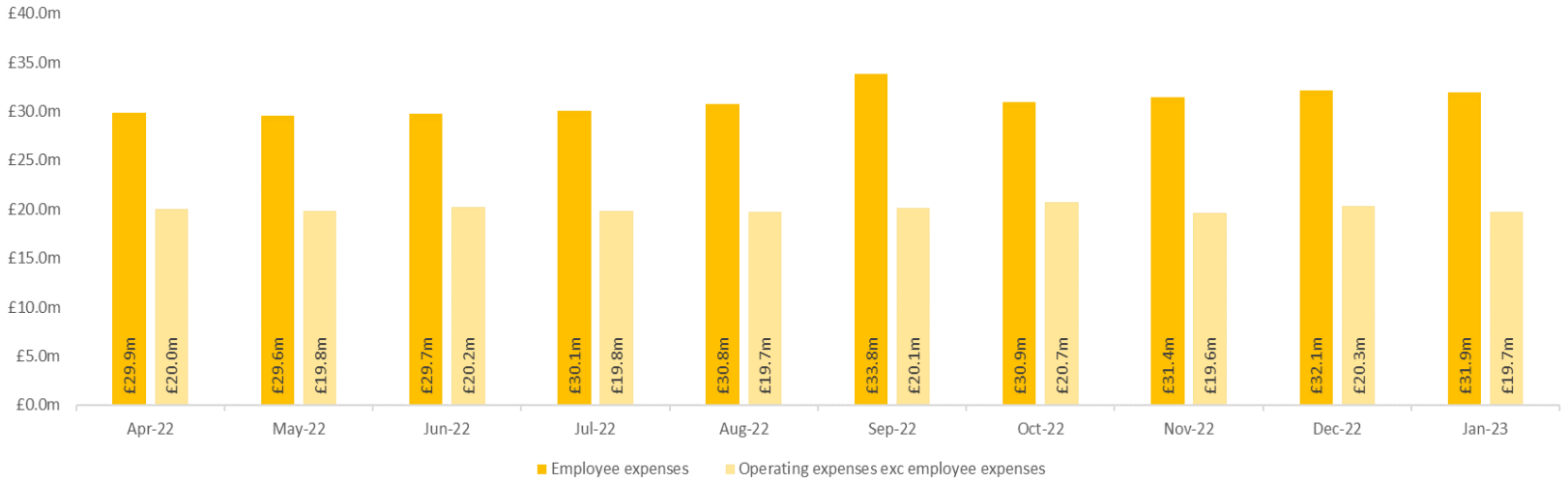
	New Patients Seen	Patients Discharged Home		% of Take
SDEC *AEC and Surgical SDEC*	1375	1135	82.5%	52.4%

January 2023 | At A Glance

Our Locum / Agency Spend

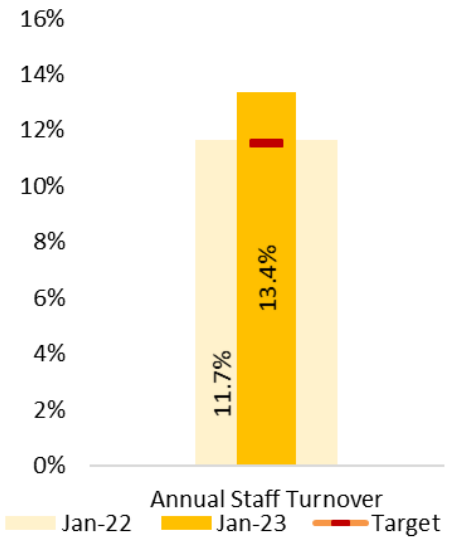


Our Expenditure Run Rate



January 2023 | At A Glance

Our Staff Turnover



JANUARY 2023 IN NUMBERS

Worcestershire Acute Hospitals NHS Trust

8,699

Walk-in patients (A&E)

3,789

Patients arriving by ambulance

12,526

Inpatients

41,953

Face to Face outpatients

10,562

Telephone consultations

411

Babies

1,293

Elective operations

163

Trauma Operations

156

Emergency Operations

7.1

Average length of stay

18,635

Diagnostics

Putting Patients First

QUALITY AND SAFETY IN NUMBERS

January 2023

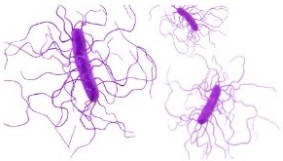
NHS Worcestershire Acute Hospitals NHS Trust

MRSA

0

ECOLI

4



CDIFF

8

MSSA

2

Hand Hygiene

Participation	**84.7**
Compliance	**99.8**

Sepsis

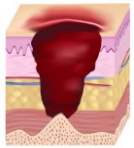
Screening Compliance	**93.9**
Sepsis 6 bundle compliance	**65.2**

ICE reports viewed

Radiology	**88.7**
Pathology	**95.5**

Falls per 1,000 bed days causing harm

0.04



Pressure Ulcers

All hospital acquired pressure ulcers	**25**
Serious incident pressure ulcers	**0**

Response Rate

A&E	**21.3**
Inpatients	**36.8**
Maternity	**2.8**
Outpatients	**11.2**

Recommended Rate

A&E	**90.1**
Inpatients	**97.6**
Maternity	**100**
Outpatients	**96.6**

HSMR 12 months rolling (March 22) **102.44**

Mortality Reviews completed </=30 days (Nov-20) **35.50**

Risks overdue review **258**

Risks with overdue actions **305**

Discharged before midday

13.0

Complaints Responses </=25 days

70.2

Total Medicine incidents reported **139**

Medicine incidents causing harm (%) **2.8**

Putting Patients First 4ward

WORKFORCE COMPOSITION IN NUMBERS

NHS Worcestershire Acute Hospitals NHS Trust

January 2023

Employees

7004

BAME employees

21%

Part-time workers

43%

Female

82%

Registered nurses

2,041 (29%)

Registered midwives

260 (4%)

HCAs, helpers and assistants

1361 (19%)

Doctors

783 (11%)

Other clinical and scientific staff

868 (12%)

>55

Over age 55

18%

≤30

30 years and under

20%

Staff with less than 2 years service

29%

Staff with 20 years service or over

10%

Integrated Performance Report

Worcestershire Acute Hospitals NHS Trust

Committee Assurance Reports

Feb-23 Meetings

Trust Board

9th March 2023

Topic	Page
Operational & Financial Performance	
• Finance and Performance Committee Assurance Report	2 - 5
Quality & Safety	
• Quality Governance Committee Assurance Report	6 – 8

Finance & Performance Committee Assurance Report - 22 February 2023

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Rebecca O'Connor Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	7, 8, 13, 16, 18, 19, 20

Executive Summary

The Committee met virtually on 22 February and the following key points were raised : Escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Going Concern	Delegated authority	Recommended for approval
Letter of Indemnity and Trust Certificate	Delegated authority	Recommended for approval
Stoma SLA	Over delegated limits (for the totality of the contract)	Recommended for approval
Contract Governance Awards	Over delegated limits	Recommended for approval

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
ASR update	Not reported		
Annual Plan	Level 3		7, 8, 9, 11, 14, 18, 19
Stoma SLA	Not reported		7
Robot Business Case	Level 5		3, 4, 7, 8, 9, 10, 11, 16, 17, 18, 19, 21
Liberty Protection Safeguards Business case	Level 4		4, 21
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Finance Report: Income and Expenditure	Level 3	Maintained	7 and 8
Finance Report: Capital	Level 4	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8

Finance & Performance Committee Assurance Report - 22 February 2023

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Colin Horwath – Non-Executive Director	Rebecca O'Connor Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	7, 8, 13, 16, 18, 19, 20

Cont…

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Going Concern	Level 7		7
Strategic Programme Board Update	Not reported		8, 21
Blood Tracker Contract Governance Award (CAG)	Not reported		
Sports Medicine CAG	Level 6		7 & 8
Minimally invasive surgery CAG	Level 6		7 & 8
OMFS and General surgery gen med CAGs	Level 6		3, 7, 8
Letter of Indemnity and Trust Certificate	Level 5		8
Committee effectiveness	N/A		
Board Assurance Framework (BAF)	Level 5		7, 8, 13, 16, 18, 19, 20

Finance and Performance Committee Assurance Report – 22 February 2023

Executive Summary

The Committee met virtually on 22 February 2023 and the following key points were raised:

Item	Discussion
Thanks were expressed to Paul Brennan for his hard work, dedication, openness and responsiveness. There was the greatest respect for his tremendous work ethic, drive and ability to work across the Trust which was hugely valued. He was wished a long and happy retirement by all.	
External Meetings	Ongoing ICB board discussions were noted in respect of the planning guidance and overall finance and activity position. The Trust has been de-escalated from national oversight of ambulance handover delays given the improvement in performance and robustness of our plans.
ASR update	Funding is now through and the programme of work is being developed. It was noted there are two approved business cases (ASR and TIF2) that cross over and for the works to proceed a theatre must close for a period of time. TIF 2 provides two additional theatres, however the nett in year position is the gain of one not two theatres during the period of works. The current projection is that the business case for TIF2 envisaged 1,157 additional procedures in 23/24, with efforts to minimise disruptions and despite loosing a theatre it is expected current activity will be 1,086 a loss of circa 100.
Annual Plan	Previous discussion at private Trust Board was noted and the team have since met the divisions. Numerical plans and narrative have been submitted and are being triangulated by the ICB. The detail of the activity plan was discussed, noting targets of 103% and 75% for follow up with the activity required to achieve the 65 week target outlined. The impact of two SUS rule changes from 22-23 had not been made and the baseline required adjustment to reflect this. Modelling of interventions was still ongoing ahead of the next plan submission, thus there were interventions not costed in the current waterfall diagram and therefore the overall position may move. Agency, recruitment and workforce impacts were noted and further modelling in respect of the impact of business cases were discussed. The PEP approach, potential schemes, opportunities and maturity of the same were considered in detail. These will be the focus of CSU support and the upcoming divisional PRMs. The PEP target, its feasibility and risks associated with maturity and delivery were also considered. The overall financial bridge and the steps within the same were explained and the challenges of the position and impact of PEP and ERF were noted. A further discussion in relation to risks and sensitivity analysis was requested ahead of the final plan submission. The overall planning timeline and steps to the end of March were noted.
Stoma SLA	The contract extension was outlined by the division, the extension being requested prior to going back out to tender. Procurement capacity in relation to contractual renewals was discussed. The contract was confirmed as being owned by the division.
Robot Business Case	The division presented the position and set out the coordination of robotic surgery. A further cost in respect of cleaning had since been identified and was within the business case. The costs and benefits were discussed, there is a cost to the case, however there were benefits as outlined in the paper. The linkage to the surgical reconfiguration, timing/staggering of the movement of complex GI surgery and impact on recruitment was also outlined. It was noted there is not a tariff in place so a local price must be agreed with commissioners. The impact of the case on the Trust's deficit, the challenges of realising and quantifying cash releasing benefits for quality improvement schemes were discussed. TME had reviewed and recommended approval. The paper was bought to F&P as the previous agreement for phasing despite being under delegated limits. The business case was approved with work required on the financial case for it to become cost neutral, the benefits realisation delegated to the CEO to oversee.
Liberty Protection Safeguards business case	The case was presented noting the changes to the requirements and additional process with the Trust becoming Responsible Body. Discussion of financial support across the system was noted and the legal implications of the responsibilities were outlined. The business case was approved.

Finance and Performance Committee Assurance Report – 22 February 2023

Executive Summary

The Committee met virtually on 22 February 2023 and the following key points were raised :

Item	Discussion
Integrated Performance Report	The IPR (Jan 23 data) was presented with the unvalidated position due to timing and had been reviewed at TME. A section was inadvertently missing and would be added to the board pack. UEC pressures remain however the Trust has been stood down from national escalation. Ambulance conveyances are up, ED attendances are slightly lower with fewer walk ins. There has been a 50% reduction in ambulance handover delays. Positive trajectory for 62 day cancer performance with a consistent week on week improvement. Aiming to achieve 328 62 day cancer position and confident we will hit risk figure of 412 on 78 weeks, the conversion factor will be important along with the impact of industrial action, however cancer progress was positive. Assurance level on diagnostics and on all changed targets would be reviewed going into 23/24. The assurance levels were approved as presented.
Finance Report	**Income and expenditure** - month 10 position was noted; the assurance levels were unchanged from month 9. ERF reported at 100% despite performance level and PDU remains unfunded YTD position was a £17.3m deficit which was £0.9m adverse to plan, however the in month position was better than forecast. **Capital** - risk of slippage and brokerage was discussed and the pulling forward approved schemes to meet the CRL. These are being monitored closely and ICS support was requested. A risk was highlighted of £850k which is being actively discussed with the Highways Agency. A paper would follow next month. **Cash** - no escalations. All MOUs are in and capital cash requests have been submitted for this financial year.
Going Concern	The paper is part of the accounts preparation and the Committee supported the CFO's assertion that the Trust is considered a going concern.
SPB Update	The highlight report was noted and no further escalations were made
Blood Tracker CAG	The division presented the CAG setting out the safety and quality benefits of the system. The capital is funded by NHSE however there a £38k revenue costs which are offset by £32k of consumables and non cash releasing savings. Discussions on the capital charges are ongoing and need to be resolved, however the CAG was recommended for approval
Sports Medicine CAG	The CAG and value for money were considered by Committee and the same recommended for approval by Trust Board. The approach for contract management was discussed, an action was raised to review this in three months
Minimally invasive surgery CAG	The CAG and its value for money were considered by Committee and the same recommended for approval by Trust Board.
OMFS and General surgery CAGs	The CAGs were noted and approved. The consultants and their indemnities are covered.
Letter of Indemnity and Trust Certificate	The scheme for the 30 bed unit was noted. The LOI was retrospective and a mute point as the deed of variation is not in place. Should the 30 bed unit continue the LOI will fall away at the point of a DOV being in place. The documents were recommended for Trust Board approval.
Committee effectiveness	The circulated slides would be considered at the next meeting, with members asked to feedback on the same.
Board Assurance Framework (BAF)	The F&P updated BAF was approved as presented. Congratulations were shared to the EPR team for their successful implement and reducing risk.

Quality Governance Committee Assurance Report – 23 February 2023

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Rebecca O'Connor, Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**QGC BAF Risks**	2, 3, 4, 11, 17, 18, 19, 20

Executive Summary

The Committee met virtually on 23 February 2023 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Elective Care Improvement Support Team (IST) Report	For awareness of the actions underway	To note
Infection Prevention and Control	For awareness of the actions underway	To note

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Elective Care Improvement Support Team (IST) Report	Not reported	-	18
Good Governance Institute (GGI) Review of Radiology	Level 6	N/A	4, 11
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8 ,9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
C-diff action plan	Level 4	Maintained	4
Board Assurance Framework	Level 5	Increased	2, 3, 4, 11, 17, 18, 19, 20
CGG Report	Not reported	N/A	2, 3, 4, 11, 17, 18, 19, 20

Quality Governance Committee Assurance Report – 23 February 2023

Executive Summary

The Committee met virtually on 23 February 2023 and the following key points were raised:

Item	Discussion
Action log	Bed washing was a key update; options for the concept design were outlined and an automated unit is also being considered, however there were issues outside of bed decontamination to be considered holistically. Capital costs of the same were discussed. There were issues with location of such a unit at Worcester. Progress on developing plans was being made. It as confirmed that there has not been a dedicated unit at WRH and ward 15 at the Alex is being used temporarily, however a rolling programme is in place. A further audit of the cleaning figures will take place. The IPC team noted that ongoing transmission is an issue, but that the beds needed to be part of a broader strategy to address C-diff and to bring together both nursing and estates. The issues related to C-diff were much broader and bed cleaning was not considered to be the root cause. It was agreed the issues needed to be seen holistically and the Chief Nurse would bring back a cross divisional action plan to Committee.
CNO/CMO escalations	Audiology – a diagnostic serious incident was noted; Committee was updated on the current position and actions taken to date. Committee received assurances as to the ongoing audits, noted the service was temporarily suspended. Committee was assured as to the action underway and would received an update in three months. Industrial action (IA) risk assessments (RA) – Committee noted the current RCN strike had been stood down, however the Trust been managing IA since December 22. Previously derogations had applied, however this was not the case for the now stood down RCN strike. The committee was asked to review the RA that had been prepared as this will be used as a framework for any future IA. There was the full and unanimous support of the RAs as outlined and Committee reflected that considerations of potential mitigations have been given. The executive were endorsed to take all necessary actions as required to manage safety where required and Committee noted there may be patient harm as a result of these unprecedented circumstances.
Maternity Safety Report	12+6 bookings have drooped and this is being worked on. Blood bank issues were noted. Mandatory training will continue be focussed on. Two serious incidents were noted. Safety champion walkabouts are ongoing and this will now be reported via a formal paper. Equipment was discussed and the new monitor will have a far shorter lead in time for parts and repair and has been flagged on the walkabouts. Staffing was improved. Assurance level 5 was approved.
Good Governance Institute (GGI) Review of Radiology	The background to the context of the report was set out and the Trust's desire to seek assurances was highlighted. The report had been considered by the division, noted at TME and was presented for assurance. The document review process and scope of the GGI review was outline. Overall the report found there was good governance and leadership, level 6 assurance was provided. There were 11 suggested recommendations and an action plan is in place for each. There were no concerns escalated as part of the review. The 4ward improvement scheme was not explicitly referenced, but is being taken forward by the division.

Quality Governance Committee Assurance Report – 23 February 2023

Executive Summary

The Committee met virtually on 23 February 2023 and the following key points were raised:

Item	Discussion
IST Report	The ongoing work to address elective recovery and the positives of the report were noted. There were ten recommendations built from a bottom up approach. One area for further review is the reference to the harm review process. This was discussed at TME and the Deputy CMO and Director of Performance have met with a plan to address managing harm. The systematic approach to the action plan was discussed, it was noted that many of the issues had been identified including the approach to annual planning, this year using a demand and capacity model. The new approach and changes to the governance and oversight of performance to annual planning approach will improve. The Pythia tool is now fully embedded and we are sharing learning nationally. Operational performance of management and grip are key and this will deliver the actions. The overlap with F&P was noted and the timing of the reports would be agreed. The approach to harm review was discussed and committee would be updated. The role of primary care in this process was discussed.
Integrated Performance Report	The IPR presented an assurance level of 4 an relates to the operational performance and will be updated ahead of the Trust Board. There is no quality and safety section included in the appendix due to the timing of the report this month a verbal update was provided and January validated data would be presented to Trust Board. Operational performance is focussed on operational pressures, Covid and flu. The nurse indictors have been revisited and are reviewed in real time information from wards. This months falls with harm have been flagged. Work on pressures ulcers is also progressing, there are a large number of patients coming in from the community with pressure ulcers, particularly where patients are waiting for care, and this is being addressed with the ICB. Complaints backlog have been halved in surgery within month. No change on PALS. Stroke snap audit score of A was commended. A peer review by the stroke network was very complementary especially re TIA and radiology interventions, however flow out the unit into rehab and community was an issue.
C-diff action plan	The letter from NHSE and associate action plan was noted. There are 33 actions within the action plan and are being addressed. The trust is under enhanced quarterly monitoring. The action plan cross cuts divisions and the fundamentals of IPC. It was caveated and with a review of community cases and they were noted a mirror image. The Trust are not unique in being over trajectory. There are a number of estates actions and enhanced monitoring was undertaken, cleaning is now being undertaken by ISS in a different way. Glove compliance required ward level leadership and education and training to challenge practice where necessary. Work is ongoing with the education and training to make sustainable change and improvement to patient outcomes. Ward accreditation phase two as part of the quality and safety plan will also support the same. The ICB are working across the system and is seeking advice as to why the system is an outlier.
Board Assurance Framework (BAF)	The QGC summary position was noted and the full BAF would be reported to the Board.
CGG Report	Noted
Escalation to Trust Board	The items on IPC and IST would be escalated to the Board's attention for noting

NHS
Worcestershire Acute Hospitals NHS Trust

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

Amendment to Scheme of Delegation

For approval:	X	For discussion:		For assurance:		To note:	

Accountable Director	Neil Cook – Chief Finance Officer		
Presented by	Neil Cook – Chief Finance Officer	**Author /s**	Lynne Walden, Head of Financial Services

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Audit & Assurance Committee (Chairs action)	21st March 2023	
Trust Board		

Recommendations	The Board is asked to note the an amendment to the Scheme of Delegation for the appointment of staff as outlined below.

Executive summary	**<u>Background</u>** The Trust has identified that Recruitment is a key priority for review and improvement under the 4ward improvement system. The purpose of this is to streamline vacancy pathways and the authority to recruit (ATR) process. **<u>Assessment</u>** The Rapid Process Improvement Workshop (RPIW) has undertaken a detailed analysis and appraisal of the current recruitment form (ATR) approval process. The first changes were agreed in November 2022, for ATR Route 1. The RPIW has now identified the next step Route 2, whereby the staff appointment is still within funded establishment for the duration of the post, but not for a like for like replacement. This stage requires a change to the Scheme of Delegation. It is acknowledged that for route 2 to be accepted by the organisation, robust governance processes will be required to be put in place. These processes would underpin the delegation of responsibility to budget managers / holders and Divisional teams and remove the need for ATRs which

Worcestershire Acute Hospitals NHS Trust

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

	meet clearly defined criteria to be signed off at a Vacancy Control Panel (VCP). It is proposed that ATR's that meet the following criteria can be signed off by the budget managers without need for referral to a VCP: • Straight replacement in terms of hours and banding • Post within funded establishment for duration required. • Post covered within the last 6 months either by agency, bank or substantive. • Posts funded within establishment and fully funded for the duration of the post. • Department/Cost Centre is within budget overall for the financial year

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	BAF Risk 7 - *If we fail to address the drivers of the underlying deficit then we will not achieve financial sustainability (as measured through achievement as a minimum of the structural level of deficit) resulting in the potential inability to transform the way in which services operate, and putting the Trust at risk of being placed into financial special measures.*

Assurance Level (x)	0		1		2		3		4		5		6	X	7		N/A	
Financial Risk	As noted above – BAF 7																	

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

NHS
Worcestershire Acute Hospitals NHS Trust

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

RPIW Implementation - Proposed changes to Scheme of Delegation

Current Situation-

12. Staff – Appointment of all staff that fit all of the following criteria

- A straight replacement in terms of hours and banding
- Within funded establishment and fully funded for duration required
- Has been covered in the last 6 months (agency, bank or substantive)

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Budget Manager	Subject to Trust Policy / process. There is an automated and regular report generated and sent to the Division of all posts completed by the Budget Manager which fit these criteria. This presents an opportunity for Division to have complete oversite on workforce.

13. Staff – Appointment of all staff that DO NOT fit the criteria detailed in point 12

For all posts that do not fit the criteria in 12 above, ATRs must be sent through to the vacancy panel for approval in line with the current process outlined below. Examples include changes of banding, Agency placements, posts not within establishment.

NHS
Worcestershire Acute Hospitals NHS Trust

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

13.1 Staff – Appointment of permanent staff, admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer and Director of People and Culture (or their nominated deputy) in attendance at the Pay Control Panel.	Subject to Trust policy / process. There is a weekly meeting with representatives from Finance and HR where managers who wish to recruit present vacancies they wish to fill. The relevant templates are available from HR. All vacancies must follow the Vacancy Management Governance process and requirements.

13.2 Staff – Appointment of permanent staff, medical and nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Divisional Management Team of the relevant Division (Divisional Operations Director, Divisional Medical Director, Divisional Nursing Director and Business Advisor).	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director. All vacancies must follow the Vacancy Management Governance process and requirements.

NHS
Worcestershire Acute Hospitals NHS Trust

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

13.3 Staff – Appointment of temporary staff, admin and clerical

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Where the request is to cover the gap with third party agency / bank, the appropriate Agency Request process needs to be followed. All vacancies must follow the Vacancy Management Governance process and requirements.

13.4 Staff – Appointment of temporary staff, medical and nursing

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Chief Finance Officer, Director of People and Culture, Chief Finance Officer, Chief Nursing Officer and Chief Medical Officer Director (or their nominated deputies) in attendance at the Pay Control Panel	Corporate Medical and Nursing posts require sign off by appropriate Voting Executive Director Bank and agency requests should follow the respective booking processes. All vacancies must follow the Vacancy Management Governance process and requirements.

Worcestershire Acute Hospitals NHS Trust

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

Changes required to SoD are:

12.a Staff – Appointment of all staff that fit all of the following criteria

- A straight replacement in terms of hours and banding
- Within funded establishment and fully funded for duration required
- Has been covered in the last 6 months (agency, bank or substantive)

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Budget Manager	Subject to Trust Policy / process. There is an automated and regular report generated and sent to the Division of all posts completed by the Budget Manager which fit these criteria. This presents an opportunity for Division to have complete oversite on workforce.

12.b Staff – Appointment of all staff that DO NOT fit the criteria detailed in point 12.a but do meet the following criteria

- Within funded establishment and fully funded for duration required
- The department/cost centre is in budget overall for the financial year

Delegated Matter	Value	Authority Delegated to	Notes and Comments
Approval to recruit (ATR process)	N/A	Initial approval by Budget Manager Final approval by DMT or equivalent and must show evidence of HRBP approval and Finance approval	Subject to Trust Policy / process. There is an automated and regular report generated and sent to the Division of all posts completed by the Divisional Management team or equivalent (ie the Director for the Corporate functions) which fit these criteria. The Divisional team will be asked to present and provide narrative on reports as standing agenda item at PRM. This presents an opportunity for Executive team to have complete oversite on workforce.

For all posts that do not fit the criteria in 12.a or 12.b above, ATRs must be sent through to the vacancy panel after following the governance checks in route 1 and route 2. These are classed as route 3 ATR's. An example of a route 3 ATR is where a post is recruited to against a cost pressure. Approvals through this route should be an exception as funding source should always be identified, secured and establishment updated.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Nurse staffing report – January 2023 (December 2022 Data)

For approval:		For discussion:		For assurance:	X	To note:	

Accountable Director	Jackie Edwards, Chief Nursing Officer.		
Presented by	Jackie Edwards, Chief Nursing Officer	**Author /s**	Clare Alexander Lead for N&M workforce

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	15 February 2023	Noted for assurance

Recommendations	Trust Board are asked for assurance and to note: ➢ Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout December 2022 has been achieved. NHSP demand increased in December 2022 to support the achievement of 'safest' staffing levels ➢ The governance process planned regarding Programmed Activity (PA) shifts was introduced on the 3rd of January to gain assurance regarding the PA usage. Hotspots for usage of Programmed Activity shifts were the emergency departments on both sites, new AMU and AEC on the Worcester site and Riverbank ward. ➢ Further RCN strike days are due to take place on the 6th and 7th of February 2023. ➢ Further strikes will be held during February by WMAS, Physiotherapists and teaching unions. ➢ Acuity and dependency study was completed on the 21st December – this was the second review period in the calendar year and this will inform budget setting and establishments for 23/24. Data from this has been analysed and individual ward reports prepared, this is available to all Divisions and will form the basis of establishment reviews which are scheduled for February with all Divisions. ➢ A planned ward move for February for Discharge Lounge on the WRH site is to relocate to its original template on the Avon floor. ➢ The adapted North Bristol model continued to be in place throughout December 2022 to support capacity and flow on the WRH site. Staffing for this model is managed locally within the Divisions to meet the needs of these patients.

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

	➢ Health and well-being of staff is still a high priority, specifically fatigue related to the ongoing acuity and capacity demands.

Executive summary	This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during January 2023 with numerical data presented for December 2022. Key headlines are: • NHSP - Overall demand in December 2022 continued to increase against last year. Month on month demand has also increased by 3.1K hours. Demand has seen the greatest growth in unqualified hours. Bank filled hours have increased by 8.9% vs last year however in line with total fill have fallen versus previous month. Overall lead time has fallen marginally from 34.1 days to 33.4 days with more late shift requests due to sickness. Overall cost has fallen versus November last year, although agency usage remains high. • The Governance process to oversee Programmed Activity(PA), which commenced on the 3rd of January is ongoing but early indications are that this has been effective in reducing PA usage. ➢ In December 2022 there were 30 insignificant or minor incidents reported with no moderate of significant patient harms reported related to nursing staffing. ➢ There is continued focus on the recruitment of Health Care Support Workers (HCSW). The HCSW option appraisal paper, will be circulated at NWAG in January 2023, with comments being collated. To support shift fill and promote flexibility we plan to trial shifts with flexible start and finish times throughout January 2022. ➢ The vacancy factor is (December data): Registered Nurse (RN) 176 at 8.77%, (down from 178 in November). The model hospital data has reduced to 11% % and HCSW 128 at 12.3% against the model hospital level of 11.1%. Priority areas for recruitment are HCSW, with the biggest HCSW vacancy sitting within SCSD (including 17 within countywide radiology). A review of retention is ongoing and being undertaken by HR. ➢ Triangulation of data shows there some variance in the bank and agency usage: RN total absence due to vacancy / sickness and Maternity = 377 WTE versus bank agency use of 279 WTE. HCSW combined absence vacancy / maternity / sickness = 278 WTE versus bank / agency usage of 208 WTE. ➢ Concerns continue across the Trust in relation to staff wellbeing and specifically fatigue related to ongoing acuity and capacity demands. With cost of living challenges also acknowledged. Some supportive measures are in place for staff currently and staff wellbeing, will be an area of increased focus in coming months.

Risk

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Which key red risks does this report address?		**What BAF risk does this report address?**	*BAF risk 9 -If we do not have a sustainable fit for purpose and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience. Strike action risk to be added in November.*

Assurance Level (x)	0		1		2		3		4		5		6	x	7		N/A		
Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.																		

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

Introduction/Background

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

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

Issues and options

The provision of safe care and treatment
Staff support ongoing

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

The daily staffing huddle continues to assess progress with safest staffing levels and provide the opportunity for the escalation of concerns. The governance process for programmed activity is also being facilitated through this meeting. The CNO has scheduled regular catch up meetings with ward managers and Matrons to give professional updates and to gain soft intelligence re all staff groups health and wellbeing.

Roll out of the Professional Nurse Advocate (PNA) training programme and PNA network is in place and restorative supervision offered for staff as required and areas for targeted support are identified, especially following clinical incidents. Further staff have commenced the PNA training programme in Jan 23 and a number of staff attended the mental health first aid training in January 2023.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Harms

There were 30 minor and insignificant patient harms relating to staffing reported for December over a variety of ward areas. No hot spot areas, with no patient related risks reported.

Good Governance

There are daily staffing escalation calls to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. There remains an assurance weekend staffing meeting held each week with the on call teams and Divisions and the monthly NWAG meeting.
Triangulation of data is developing and ongoing.

Safe Staffing

Nurse staffing 'fill rates' (reporting of which was mandated since June 2014)
"*This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwifes in hospitals which are filled*". National rates are aimed at 95% across day and night RN and HCA fill
Mitigation in staff absences was supported with the use of temporary staffing and redeployment of staff where staff were able to do so.

Current Trust Position December 22 data			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	The current domestic and international pipeline to be reviewed. This month has seen a 2% increase in HCA fill on days and 13% on nights. This is combined increase in acuity and dependency and bigger clinical footprints without corresponding changes in template as waiting financial sign off.	**5**
RN	96%	99%		
HCSW	90%	110%		

DATA for December 2022

Vacancy trust target is 7%

There is ongoing recruitment to reduce RN vacancies via the domestic and international pipelines. Rolling adverts for specialities have been ongoing. There is a plan to coordinate rolling adverts for specialities HCSW recruitment to prevent duplication and promote efficient recruitment processes.
In December 8 HCSW job offers were made. Further interviews are planned for January 2023.
Further International RN recruitment will take place in the Philippines in 2023 with areas targeted depending on vacancy and skill set needed. The aim is to carry out targeted recruitment for general nurses, Theatre nurses and Emergency Department trained nurses whilst in the Philippines.

Current Trust Position WTE December data	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 176 WTE 8.77% HCSW 128 WTE 12.83%	RN 11% HCSW 11.1%	5

Staffing of the wards to provide safe staffing has been mitigated by the use of:

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers has led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.
- Urgent Care is currently carrying the majority of the RN vacancies. (63 WTE) which in part is due to the expansion of the new AMU / AEC floor in Aconbury.

International nurse (IN) recruitment pipeline

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

Domestic nursing pipeline

With the commencement of the 'grow our own' campaign through the Best People programme, December has seen further applicants from Newly registered nurses expected to come into post in Summer / Autumn 2023 with 28 jobs being offered from November to January and a further 10 RNs being interviewed on February 10th through the generic advert.

The Trust took part in a recruitment event at the University of Wolverhampton on January 18th and received good interest. Informal visits pending interviews have been organised by some students spoken to on the day. Looking forward, the Trust will take part in the next ICB event on 8TH March in Hereford and we would anticipate good divisional representation.

A piece of work has been commenced with the Radiology department to look at the HCSW vacancy (17 WTE in Radiology), with targeted recruitment and use of 'stay conversations' for leavers from other areas being considered to maximise recruitment and trust retention.

Identified from the safer staffing daily meeting and the use of bank / agency and Thornbury – Riverbank ward has been selected for targeted recruitment support and vacancy management, this will include support from the communications team for bespoke materials and advertising.

In January, a total of 12 offers were made for HCSW posts at the Alexandra Hospital (AGH) and February 2023 will see 2 further sets of HCSW interviews and a further preceptorship with 10

candidates, 3 of whom have active PIN numbers. This job advert is being utilised to filter applications from current trained nurses looking to relocate / apply to WAHT from outside trusts as it allows their recruitment to be speeded up by using an existing advert.

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

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

Bank and Agency Usage
December data

Trust target is 7%-

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Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 279 WTE 16.01% HCSW 208 WTE 19.43%	RN 6.4% HCSW Not available	**5**

Sickness –
December data

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

Current Trust Position	Model Hospital data September 2022 Benchmarking	Current Level of Assurance
RN 126 WTE 7.2% HCSW 120 WTE 11.2 %	RN 5.5% HCSW 7.9%	**5**

Turnover

Trust target for turnover 11%.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy.
Work being undertaken with NHSEI to develop a recruitment and retention action plan to support HCA recruitment and to have a pool of ready to start HCAs as vacancies arise.

Current Trust Position December data	Model Hospital data September 2022 Benchmarking	Current level of Assurance
RN Turnover 11.92 % HCSW Turnover 16.81%	RN Turnover 13.8% HCSW Turnover 21%	**5**

Recommendations

Trust Board are asked to note:

- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout December 2022 has been achieved. NHSP demand increased in December 2022 to support the achievement of 'safest' staffing levels
- The governance process planned regarding programmed activity shifts was introduced on the 3rd of January to gain assurance regarding the PA usage. Hotspots for usage of Programmed Activity shifts were both emergency departments, new AMU and AEC on the Worcester site and Riverbank ward.
- Further RCN strike days are due to take place on the 6th and 7th of February 2023.
- Further strikes will be held during February by WMAS, Physiotherapists and teaching unions.
- Acuity and dependency study was completed on the 21st December – this was the second review period in the calendar year and this will inform budget setting and establishments for 23/24. Data from this has been analysed and individual ward reports prepared, this is available to all Divisions and will form the basis of establishment reviews which are scheduled for February with all Divisions.
- A planned ward move for February for Discharge Lounge on the WRH sire is to relocate to its original template on the Avon floor.
- The adapted North Bristol model continued to be in place throughout December 2022 to support capacity and flow on the WRH site. Staffing for this model is managed locally within the Divisions to meet the needs of these patients
- Health and well-being of staff is still a high priority, specifically fatigue related to the ongoing acuity and capacity demands.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Midwifery Safe Staffing Report January 2023

For approval:		For discussion:		For assurance:	x	To note:	

Accountable Director	Jackie Edwards, Interim Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	**Author /s**	Justine Jeffery, Director of Midwifery

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	February 2023	
TME	15 February 2023	Noted for assurance

Recommendations	Trust Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.

Executive summary	This report provides a breakdown of the monitoring of maternity staffing in January 2023. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance. Safe midwifery staffing is monitored monthly by the following actions: • Completion of the Birthrate plus acuity tools • Monitoring the midwife to birth ratio • Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings' • Unify data • Daily staff safety huddle • SitRep report & bed meetings • COVID SitRep (re - introduced during COVID 19 wave 2) • Sickness absence and turnover rates • Recruitment/Vacancy Rate • Monthly report to Board There were 407 births in January. The escalation policy was enacted to reallocate staff internally as required. The community and continuity teams were not required to support the inpatient team in January. Minimum safe staffing levels were maintained on all shifts in January. The supernumerary status of the shift leader (as per national definition) and 1:1 care in labour was achieved in month. There were four staffing and four medication incidents reported on Datix. No harm was reported.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

	Sickness absence rates are at 5.68%. The directorate continue to work with the HR team to manage sickness absence timely to maintain our current position. The rolling turnover rate decreased to 11.73%. The current vacancy rate remains at 8%. There are 8 WTE midwives planning to start in March 2023. The suggested level of assurance for January is 6. The increase in assurance is recommended because sickness absence and turnover rates continue to reduced. This has resulted in a static vacancy rate which is predicted to reduce further in March.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*9-If we do not have a right sized, sustainable and flexible workforce, we will not be able to provide safe and effective services resulting poor patient and staff experience and premiu staffing costs.*

Assurance Level (x)	0		1		2		3		4		5		6	x	7		N/A	
Financial Risk	*State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.*																	

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N			
If no has the action plan been revised/ enhanced	Y		N			
Timescales to achieve next level of assurance	**3 months**					

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Introduction/Background

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

Safe staffing is monitored monthly by the following actions:

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

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

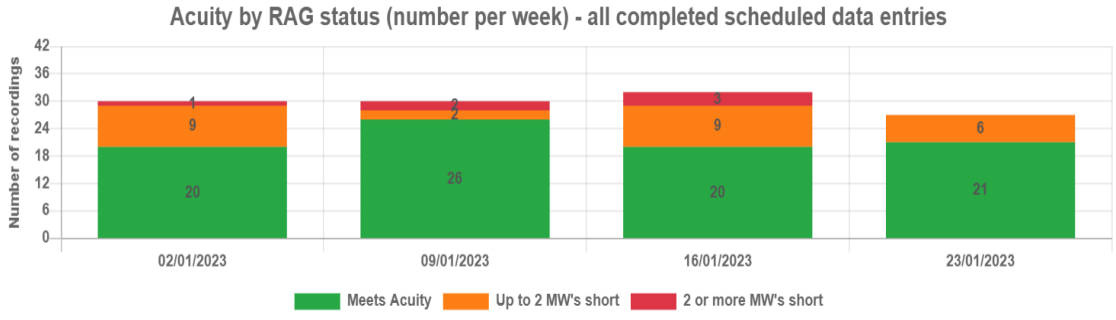
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 70% of the expected intervals. The diagram below demonstrates when staffing was met or did not meet the acuity. This indicator is recorded prior to any actions taken. Safe staffing levels were maintained on all shifts in January.

From the information available the acuity was met in 73% (25% increase from previous month) of the time and recorded at 27% when the acuity was not met prior to any actions taken.



The mitigations taken are presented in the diagram below and demonstrate the frequency (n=13 occasions) of when staff are reallocated from other areas of the inpatient service; this is lower than previous months and was due to an increase in fill rates and a reduction in births. The community and continuity of carer midwives were not escalated into the inpatient areas during January. It is also noted that there are three reports of staff not being able to take breaks and no reports of staff staying beyond their shift time.

Number & % of Management Actions Taken

From 01/01/2023 to 31/01/2023

MA1	Redeploy staff internally	13	76%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	3	18%
MA5	Staff stayed beyond rostered hours	0	0%
MA6	Specialist midwife working clinically	0	0%
MA7	Manager/Matron working clinically	0	0%
MA8	Staff sourced from bank/agency	0	0%
MA9	Utilise on call midwife	0	0%
MA10	Escalate to Manager on call	1	6%
MA11	Maternity Unit on Divert	0	0%
	Total	17	

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

All of the NICE recommended red flags can be reported within the acuity app and are presented below. The labour ward coordinator has reported that they were not supernumerary on 2 occasions - on further discussion this does not meet the national definition of 'not supernummary' as 1:1 care was not required. There were no delays in the IOL process.

Number & % of Red Flags Recorded

From 01/01/2023 to 31/01/2023

RF1	Delayed or cancelled time critical activity	0	0%
RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	1	33%
RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0	0%
RF4	Delay in providing pain relief	0	0%
RF5	Delay between presentation and triage	0	0%
RF6	Full clinical examination not carried out when presenting in labour	0	0%
RF7	Delay between admission for induction and beginning of process	0	0%
RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0	0%
RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0	0%
RF10	Delivery Suite Co-ordinator is not supernumerary	2	67%
	Total	3	

Antenatal & Postnatal Wards

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

Staffing incidents

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

1. Interpreter not available (2)
2. Reduced cover in ANC
3. Staff moved to address DS acuity

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

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

Medication Incidents

There were four medication incidents in January:

- Additional doses of analgesia taken (self-administration) (3)
- 1 missed dose of IVAB (baby)

Unify Data

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

	Day RM %	Day MCA/MSW %	Night RM %	Night MCA/MSW %
Continuity of Carer	100%	n/a	98%	n/a
Community Midwifery	69%	n/a	81%	n/a
Antenatal Ward	86%	60%	93%	82%
Delivery Suite	92%	48%	94%	96%
Postnatal Ward	98%	66%	96%	71%

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Meadow Birth Centre	66%	91%	91%	39%

Monitoring the midwife to birth ratio

The ratio in January was 1:22 (in post) and 1:21 (funded) due to the in-month reduction in births. The midwife to birth ratio was compliant with the Birth Rate Plus Audit, 2022 (1:24).

Daily staff safety huddle

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

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

Maternity SitRep

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

The report provides an overview of staffing, capacity and flow. Professional judgement is used alongside the BRAG rating to confirm safe staffing. The regional sitrep is due to be launched in February 2023. A new internal sitrep will be available in March to reflect the regional tool.

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

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

Vacancy

There remain 21 unfilled midwifery posts – vacancy rate of 8%. Eight of these posts are due to an uplift in establishment (Ockenden funding) to enable staff to be released for role specific training. Five of the 21 vacant posts are non-clinical posts which were also funded by Ockenden to strengthen the leadership and governance provision (Ockenden recommendation) within the directorate.

Eight midwives are expected in March 2023. A recruitment event is planned for February 2023. Further work continues with international recruitment with the aim to employ 6 WTE midwives by Dec 2023.

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Sickness

Sickness absence rates were reported at 5.68% in month – a further decrease in month.

The following actions remain in place:

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

Turnover

The rolling turnover rate is at 11.73% - this is a further decrease in rate. It is anticipated that the retention midwife will be in post in March to work with the team and introduced a number of initiatives to improve retention.

Actions throughout this period:

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

Conclusion

There was an increase in the % of time that acuity was met on delivery suite without the need for mitigation. To maintain safety staff were deployed to areas with the highest acuity; minimum safe staffing levels were achieved on all shifts. The escalation policy was utilised on 13 occasions to maintain safety.

Agency midwives continue to provided additional support however safe staffing levels were maintained without deployment of non- clinical/specialist midwives. The community and continuity of carer midwives were not required to support the inpatient team in month.

Red flags were reported via the acuity app; the supernummary status of the shift leader was maintained and 1:1 care in labour was also achieved.

Worcestershire Acute Hospitals NHS Trust

Assurance levels Nov 2020

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc H

Sickness absence rates reported at 5.68%; ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain improvements.

The rolling turnover rate is at 11.73% and the vacancy rate is now 8%. Eight midwives are expected in quarter one 2023. A recruitment event is planned for February 2023 which aims to attract the student midwives who qualify in September 2023.

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

The suggested level of assurance for January is 6. The increase in assurance is recommended because sickness absence rates and turnover continue to reduce resulting in a static vacancy rate which is predicted to reduce further in March due to the confirmed pipeline of midwives.

Recommendations

Trust Board is asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc I

Board Assurance Framework

For approval:	X	For discussion:		For assurance:	X	To note:	

Accountable Director	Rebecca O'Connor, Director of Corporate Governance		
Presented by	Rebecca O'Connor, Director of Corporate Governance	**Author /s**	Rebecca O'Connor, Director of Corporate Governance

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	15.2.23	Noted
Risk Management Group	16.2.23	Noted
Quality Governance	22.2.23	Noted
Finance and Performance	23.2.23	Noted
People and Culture		
Audit & Assurance		

Recommendations	To review and approve the Board Assurance Framework on a confirm or challenge basis

Executive summary	This report sets out the full Board Assurance Framework (BAF) following a process of review by Executives and Board Committees • The full BAF (at the current point of review) is enclosed within the reading room • There have been **five changes in BAF risk score** • There have been **five changes in level of assurance**; • Supporting detail and control measures for risks (at the current point of review) have been reviewed and updated. There has been significant BAF review and consideration of the implications of the ongoing industrial action. This has resulted in de-escalation and escalation of BAF risk 22 during this period. The BAF has evidenced itself to be effective and responsive during this challenging period and thus the assurance level of the BAF overall has raised to level 6.

Risk			
Which key red risks does this report address?		**What BAF risk does this report address?**	*All BAF risks as outlined in this report.*

Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc I

Assurance Level (x)	0		1		2		3		4		5		6	X	7		N/A	
Financial Risk	*If the Trust does not have a robust BAF and system of monitoring in place there is the risk that the strategic objectives will not be achieved, which could have regulatory, reputation and financial implications and could impact on the quality of care that is provided. Individual risks and associated controls and or mitigating actions may have financial implications.*																	

Action						
Is there an action plan in place to deliver the desired improvement outcomes?	Y	X	N		N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y		N		As per report	
If no has the action plan been revised/ enhanced	Y		N		As per report	
Timescales to achieve next level of assurance	As outlined for each risk					

Introduction/Background

The Trust Board is responsible for identifying and monitoring the risks to the achievement of the Trust's strategic objectives. This is achieved through the development of a BAF, which is monitored by the Trust Board and its Committees for areas of their authority.

The Audit and Assurance Committee also has oversight of the BAF to inform the annual programme of internal audit activity and to allow the Committee to discharge its duties in terms of providing assurance around the robustness of the overall system of internal control, of which the BAF is an integral component. Strategic risks on the BAF are those which are of such importance, that failure to control the same, may cause the Trust to fail to deliver its strategic objectives.

This report provides assurance as to the management of strategic risks which are presented on a confirm or challenge basis.

Issues and options

BAF Summary

A summary of the risk position is as follows:

	Number	**Comment**
New Risks opened	0	
Risks Closed	0	
Risks Escalating	2	BAF 20 as a result of extreme overcrowding and rapid offloads BAF 22 as a result of ongoing industrial action
Risks De-escalating	3	BAF 3 as a result of developments at the Alex BAF 16 as a result of the ongoing EPR roll out BAF 19 as SDEC areas are now open and supporting early flow. Additional actions added to stop practice of bedding down overnight
Total risks identified	18	
Level of assurance changes	5	+2 : BAF 16 and BAF 9 (increased) - 3 : BAF 10, BAF 15, BAF 22 (reduced)

NHS
Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc I

A summary of the Trust's risk exposure is below. This shows that whilst the mitigations put in place are reducing the overall risk exposure, this remains very high.

	Extreme	High	Moderate	Low
Current risk score	10	8	-	-
Initial risk score	13	5		

BAF Updates

BAF risks have been reviewed and updated, the following changes proposed as follows:

- **Risks Opened/Closed:**

None

- **Risk Escalating/ De-escalating:**

BAF 3 (clinical services strategy) risk score has decreased from 16 to 12 as a result of the developments at the Alexandra Hospital

BAF 16 (digital) risk score has decreased from 16 to 12 as a result of the ongoing EPR roll out

BAF 19 (system working) as SDEC areas are now open and supporting early flow. Additional actions added to stop practice of bedding down overnight

BAF 20 (urgent care) as a result of extreme overcrowding and rapid offloads

BAF 22 (industrial action) risk score had decreased from 20 to 12 as a result of the effective the management of and lessons learned from previous strike action. However subsequently, due the planned RCN strike (later called off) which did not allow for local derogations to be granted, notification of the upcoming junior doctors strike and discussion at joint Gold/Silver Command, this risk score has been re-escalated to a risk score of 20. The risk description has also been updated to more clearly articulate the impact on quality, as a result the risk is now jointly owned with the Quality Governance Committee.

- **Level of Assurance Updates**

BAF 9 (workforce) has increased from level 4 assurance to level 5 as a result of the Trust being ahead of workforce plan at month 9 and on track to meet milestones for year 1 of people and culture plan

BAF 10 (culture) has decreased from level 6 assurance to level 5 assurance as a result of the Trust being just below (but not an outlier) in the staff survey acute peer group average

BAF 15 (leadership) has decreased from level 5 assurance to level 4 assurance as a result of inconsistencies identified in the heatmap

BAF 16 (digital) has increased from level 5 to level 6 as a result of EPR, Infrastructure and Innovation workstreams have received prioritisation and funding at a strategic level. Governance within Digital around programmes, risk management and contracts is good.

BAF 22 (industrial action) had increased from level 3 to level 6 assurance of the management of, current impact and lessons learned from strike action, however in light of the uncertainty surrounding the impact of the upcoming strikes, this has been de-escalated back to level 3 assurance

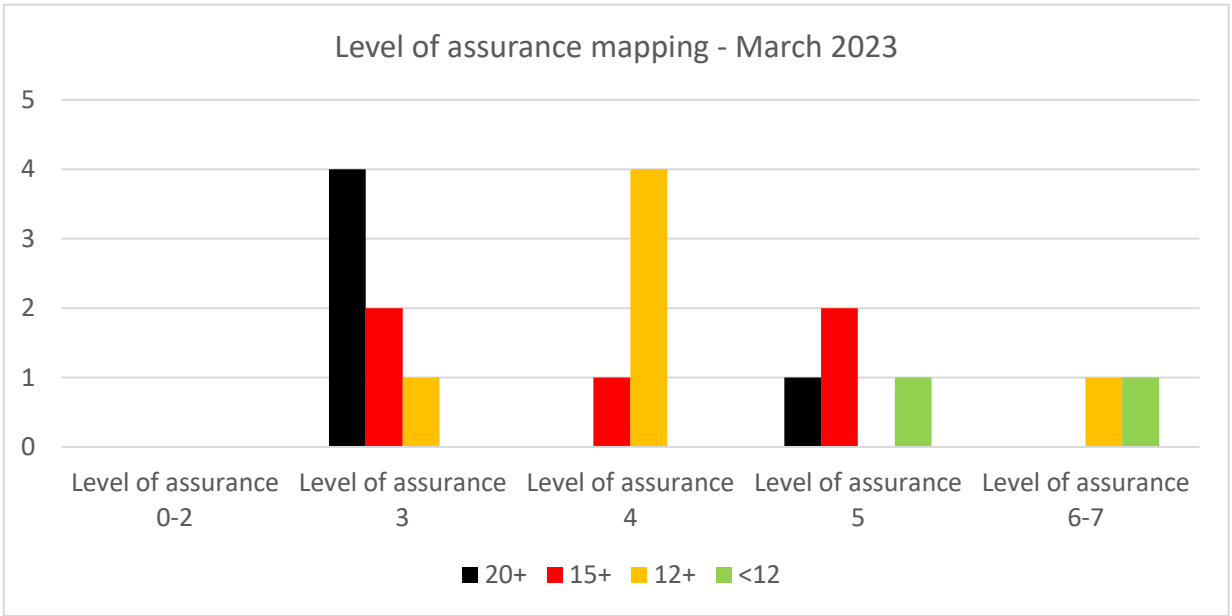
- **Risk Narrative Updates**

Reviews of risks have taken place and updates made to current BAF risks in respect of the actions, controls and mitigations. The latest full BAF is enclosed in the reading room and the high level summary is appended.

Level of Assurance

The level of assurance is mapped as follows. The graph shows the number of risks and their risk score mapped against the level of assurance. The majority of risks (7) have level 3 assurance this has increased since the last report. Of the 18 risks in total, 11 provide level 4 assurance or above.

Tracking of assurance levels demonstrates the improvement made in assurance of the BAF risks, this is shown by movement to the right of the graph. Overall the level of assurance against BAF risks is balanced from the last report, however this influenced by industrial action factors which are outside of the Trust's direct control.



The change in levels of assurance can be tracked in the following table which will be added to throughout the year:

Worcestershire Acute Hospitals NHS Trust

Meeting	Public Trust Board
Date of meeting	9 March 2023
Paper number	Enc I

	Dec 21	Feb 22	May 22	Sept 22	Nov 22	Feb 23	Change from last Board report
Level of assurance 0-2	-	-	-	-	-	-	-
Level of assurance 3	4	3	4	4	6	7	+1
Level of assurance 4	10	10	8	8	7	5	-2
Level of assurance 5	3	5	5	3	3	4	+1
Level of assurance 6-7	-	-		2	2	2	-

** Note new risk added in November 22*

Mapping of Strategic Risks Against Strategic Objectives

The table below shows a mapping of the Trust's strategic objectives and goals against the risks identified in the assurance framework. All strategic objectives and goals are covered by a range of risks.

		BAF 2	BAF 3	BAF 4	BAF 7	BAF 8	BAF 9	BAF 10	BAF 11	BAF 13	BAF 14	BAF 15	BAF 16	BAF 17	BAF 18	BAF 19	BAF 20	BAF 21	BAF 22
Strategic Objective	Best services for local people	X							X	X			X	X	X			X	X
	Best experience of care & outcomes for our patients		X	X					X							X	X		X
	Best use of resources				X	X			X										
	Best people						x	x	X		X	X		X					
Goal	Goal – strategy	X							X	X		X	X	X	X			X	
	Goal – quality		X	X					X							X	X		X
	Goal – finance				X	X			X										
	Goal – workforce and culture						X	X	x		X	X							X

- **Risk Exposure**

The Trust's risk exposure is slightly increased from the last report. This is due to a number of factors in relation to industrial action and urgent care, however this is balanced by a decrease in risk related to roll out of EPR in and the developments at the Alex in implementing the Clinical Services Strategy.

Mitigating activity, controls and assurance are identified for all risks and detailed within the reading room. The intention being the mitigations in place demonstrate a reduction in risk exposure from the initial to residual risk scores. However, there are times where despite there being control

measures in place, these are not yet sufficiently effective, nor embedded to enable a reduction in the current risk score. It is not within the Trust's risk appetite to accept risks with no control measures in place.

- **Risk Appetite**

The Trust's risk appetite is not necessarily static, but all risks are expected to have controls and mitigations in place, which aim to reduce the risk exposure to a tolerable level.

The Trust Board may vary the amount of risk that it is prepared to tolerate depending on the circumstances at the time. Committees review the BAF and can makes recommendations to the Trust Board regarding the adequacy of the outlined mitigations and control measures. If the Trust Board is unwilling to accept the level of risk to which it is currently exposed, it is invited to consider further mitigating actions or challenge those already identified.

Conclusion
The Trust has a Board Assurance Framework in place which is operational and effective. The Trust's risk exposure is slightly increased from the last report and mitigating actions are as outlined in this report.
Recommendations
To review the Board Assurance Framework on a confirm or challenge basis and recommend their approval
Appendices
High level BAF risk summary Full BAF within the reading room