

Quality and Safety

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Antimicrobial Stewardship	<ul style="list-style-type: none"> A total of 257 audits were submitted in Nov-22, compared to 293 in Oct-22. Antimicrobial Stewardship overall compliance dropped in Nov-22 to 88.24% and failed to achieve the target of 90%.
SEPSIS 6	<ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has increased in Oct-22 to 68% but remains non compliant with the 90% target. The Sepsis screening compliance dropped in Oct-22 and failed to meet the target for the first time in 5 months. Antibiotics provided within 1 hour increased in Oct-22 but still failed to achieve the target of 90%
VTE Assessments	<ul style="list-style-type: none"> Following a quality assurance process, W&C data has now been successfully incorporated into the Trust VTE dataset. This now shows that the VTE assessment on admission has met the target (95%) every month since the current period of reporting commenced (Apr-19).
Falls	<ul style="list-style-type: none"> The total number of falls for Nov-22 was 134, which is above the in-month target of 103. There was 1 SI fall in Nov-22, which meets the in-month target. The investigation of this fall evidenced there were no omissions in care and will therefore be requested for downgrade and no longer meet the SI criteria.
Friends & Family Test	<ul style="list-style-type: none"> The recommended rate for Inpatients achieved the target at 97.3 % in Nov-22, and this is the 21st consecutive month compliance has been attained. The recommended rate for Maternity was compliant at 95% in Nov-22. The recommended rate for Outpatients rose to 96.03% and achieved the target. The recommended rate for A&E dropped to 85.99% and failed to achieve the target.
Complaints	<ul style="list-style-type: none"> The % of complaints responded to within 25 days increased slightly in Nov-22 to 62.5%, but was still below target (80%). This is the 5th consecutive month that the target has not been achieved.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Infection Control	<ul style="list-style-type: none"> We were compliant with all of the in-month infection targets in Nov-22 We have breached 3 of the year to date infection targets: C-Diff, E-Coli & MSSA. The Hand Hygiene participation rate dropped in Nov-22, failed to achieve the target, and has now shown special cause variation of concern for 7 months The Hand Hygiene compliance to practice rate increased very slightly in Nov-22, achieved the target and has shown special cause improving variation for 30 of the last 31 months. All of the high impact intervention audits in Nov-22 achieved a compliance of over 95%.
Fractured Neck of Femur	<ul style="list-style-type: none"> #NOF compliance increased in Nov-22 to 78.6% which is the highest performance since Jun-21. The #NOF target of 85% has not been achieved since Mar-20. The average time to theatre in Oct-22 was 35.4 hours.
Hospital Acquired Pressure Ulcers (HAPU)	<ul style="list-style-type: none"> The total number of HAPUs for Nov-22 dropped to 30, but was still above the in-month target of 19. There were zero HAPUs causing harm in Nov-22.

2.1 Care that is Safe – Antimicrobial Stewardship

Overall Compliance	Antibiotics in line with guidance (Target 90%)		Antibiotics reviewed within 72 hours (Target 90%)	
Nov-22	Oct-22	Nov-22	Oct-22	Nov-22
	93.4%	90.91%	92.2%	87.07%

What does the data tell us?

- A total of 257 audits were submitted in Nov-22, compared to 293 in Oct-22.
- Antimicrobial Stewardship overall compliance dropped in Nov-22 to 88.24% and failed to achieve the target of 90%.
- Patients on Antibiotics in line with guidance or based on specialist advice dropped in Nov-22 but still achieved the target.
- Patients on Antibiotics reviewed within 72 hours also dropped in Oct-22 and failed to achieve the target.

What will we be doing?

- Divisional AMS clinical leads will continue to promote the Start Smart Then Focus monthly audits with their junior doctors
- ASG will continue to monitor the use of carbapenems (Trust is no longer a national outlier)
- Divisions will be developing action plans to improve their Quarterly Point Prevalence Survey results
- Continuing to monitor the compliance with antimicrobial guidelines and antimicrobial consumption with a view to achieving reduction targets specified in standard contract for Watch and Reserve categories.
- AMR CQUIN focussing on improving diagnosis and treatment of UTI in over 16s
- Issuing poster guiding staff when to use urine test strips
- Focusing on learning from C diff case reviews where antibiotics may be implicated
- Reviewing the Trustwide quarterly incident report for themes and trends relating to antimicrobial medicines
- Seeking nominations for AMS clinical leads for Speciality Medicine and SCSD
- Developing a communication plan to promote IV to oral switches

Current Assurance level – Level 6 (Nov-22)

Reason: As evidenced by regular scrutiny of AMS action plans by divisions and demonstration of improved outcomes and consistent participation in audits

When expected to move to next level of assurance –

This will be next reviewed in April 23, when quarter 4 performance can be assessed.

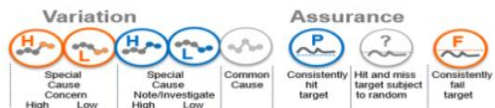
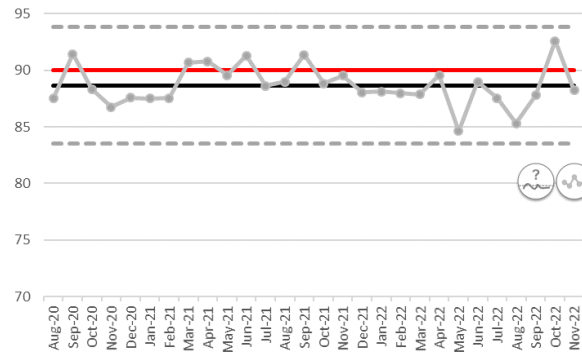
Previous Assurance level – Level 6 (Oct-22)

SRO: Chief Nursing Officer

AMS
Compliance

88.2%

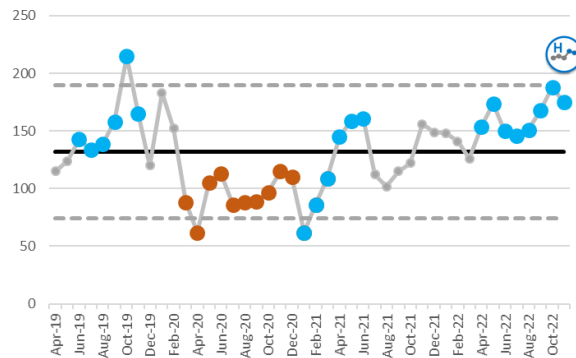
AMS Compliance



Total
Medicine
incidents
reported

175

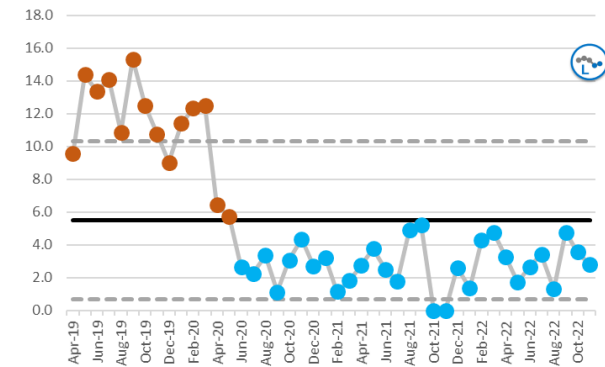
Total Medication Incidents



Medicine
incidents
causing
harm (%)




2.8%

% Medication Incidents Causing Harm



Lockdown Period
COVID Wave

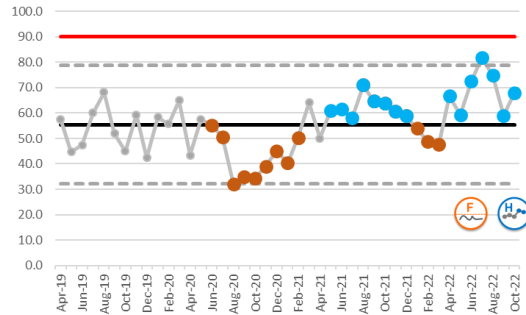
2.2 Care that is Effective – Improve Delivery in Respect of the SEPSIS Six Bundle

Sepsis six bundle completed in one hour	Sepsis screening Compliance Audit	% Antibiotics provided within one hour	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
			82%	98%	90%	80%	90%
<p>What does the data tell us?</p> <ul style="list-style-type: none"> Our performance against the sepsis bundle being given within 1 hour has increased in Oct-22 to 68% but remains non compliant with the 90% target. The Sepsis screening compliance dropped in Oct-22 and failed to meet the target for the first time in 5 months. Antibiotics provided within 1 hour increased in Oct-22 but still failed to achieve the target of 90% Three of the remaining 5 elements of the Sepsis Six bundle achieved the 90% target. The Trust's 12 Month Rolling Crude Death rate up to Aug-22 for Septicemia (except in labour) is 24.3% (In Hospital 15.56% & Out of Hospital 8.73%), which is the 4th lowest in the Midlands (out of 22).¹ The Trust's ALOS (Sep-21 to Aug-22) is 9.24 days, which is the 4th lowest in the Midlands.¹ <p>¹ Source: HED, Unchanged as Sep data not yet available.</p>			<p>Actions:</p> <ul style="list-style-type: none"> Mortality data to be reviewed as part of the Medical Examiner process to assess for trends around sepsis Review whether the decline is related to the delays in ED assessment or additional boarding on wards Continue work with Sepsis lead and Divisional Teams to improve compliance, recording and provide additional training where appropriate 				
Current Assurance level – 5 (Nov-22)			When expected to move to next level of assurance: Dependent on the findings of the deep dive audit.				
Previous assurance level – 5 (Oct-22)			SRO: Christine Blanshard (CMO)				

Sepsis 6
Bundle
within 1
Hour
Compliance
(audit)

68.0%

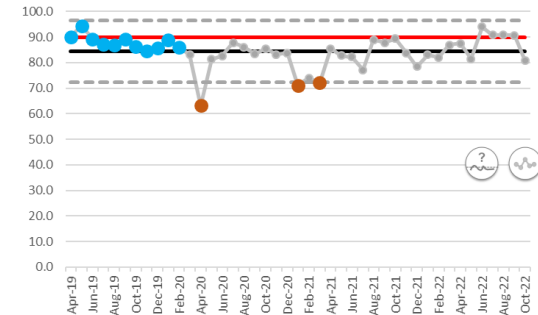
Sepsis 6 Bundle completed with 1 Hour



Sepsis
Screening
Compliance
(audit)

80.9%

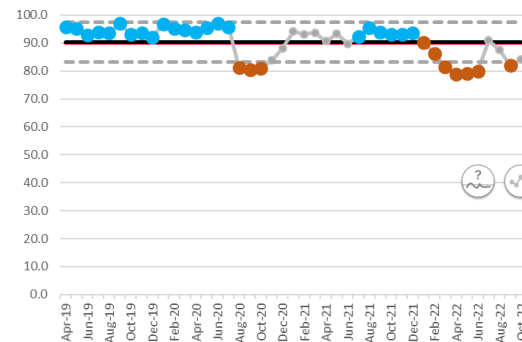
Sepsis Screening Compliance




Sepsis
Screening
Antibiotics
Compliance
(audit)

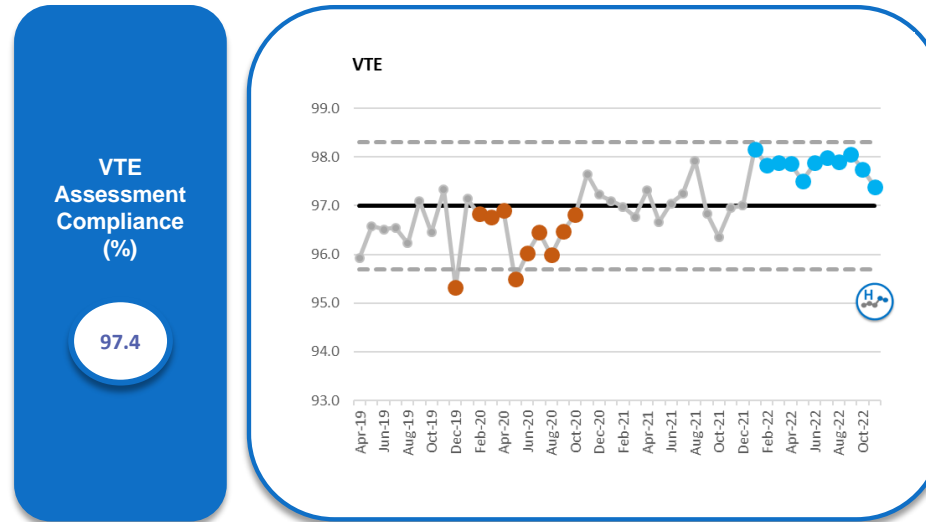
84.0%

Sepsis 6 - Antibiotics provided within 1 Hour



2.2 Care that is Effective – VTE assessment on Admission to Hospital

VTE assessment on admission to hospital	
	
What does the data tell us? <ul style="list-style-type: none"> • Following a quality assurance process, W&C data has now been successfully incorporated into the Trust VTE dataset. • To evidence the corrected figures the VTE assessment figures previously reported have been updated from Jan-22 onwards. • This now shows that the VTE assessment on admission has met the target (95%) every month since the current period of reporting commenced (Apr-19). • The metric has now shown special cause of improvement for the past 11 months. 	What improvements will we make? <ul style="list-style-type: none"> • Monitor performance through the Trust Thrombosis committee – action as appropriate • Continuous monitoring of actions following assessment to ensure appropriate action is taken • Continue to monitor HAT's (0 currently reported)
Current Assurance Level: 7 (Nov-22)	When expected to move to next level of assurance : N/A
Previous assurance level – 7 (Oct-22)	SRO: Christine Blanshard (CMO)







Please note that % axis does not start at zero.



Lockdown Period
 COVID Wave

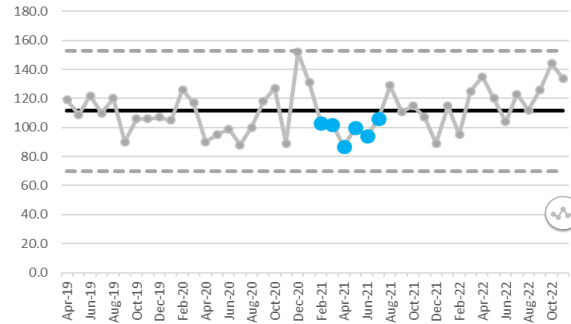
2.1 Care that is Safe – Falls

Total Inpatient Falls	Inpatient Falls resulting in Serious Harm	Falls per 1,000 bed days	Falls per 1,000 bed days (serious harm)
Nov-22	Nov-22	Nov-22	Nov-22
			
<p>What does the data tell us?</p> <p>Total Inpatient Falls</p> <ul style="list-style-type: none"> The total number of falls for Nov-22 was 134, which is above the in-month target of 103. We have breached our 22/23 falls trajectory to date by 175. <p>Inpatient falls resulting in Serious Harm</p> <ul style="list-style-type: none"> There was 1 SI fall in Nov-22, which meets the in-month target. The investigation of this fall evidenced there were no omissions in care and will therefore be requested for downgrade and no longer meet the SI criteria. We have achieved our 22/23 to date trajectory. 		<p>What improvements will we make?</p> <ul style="list-style-type: none"> Continue to raise awareness of the e-learning tool (365: Preventing Falls in Hospital) now available for all clinical/patient facing staff to complete on ESR- once signed off at the CNO meeting (Cancelled in Aug/Sept/Nov and awaiting confirmation of agreement outside of the meeting) it will become essential to role to support compliance and monitoring. Outcome measures will then be set to reach acceptable compliance standards. Falls prevention lead and governance teams will continue to monitor wards/departments with a high prevalence of falls via weekly reports circulated (every Monday) Falls prevention lead, governance teams and clinical teams will continue to support falls related local QI projects in wards/departments and aim to spread/sustain any successful projects trust wide Falls prevention lead will continue to attend countywide falls meetings with the ICS and support the services being trialled/implemented that aim to improve admission avoidance and flow/discharge Falls prevention lead and Ramblegard (falls preventative technology) will continue to support the systems installed on Avon 4 and Hazel with agreed further data analysis improvements to provide more valuable evidence following a review of the current data being collected. MAU at WRH will trial the system in January Falls Prevention lead to agree hire/purchase agreement for hi-lo beds trust wide 	
<p>Assurance levels (Quarter 2) Falls – Level 6</p>		<p>When expected to move to next level of assurance: Will be reviewed against Q3 outcomes</p>	
<p>Previous assurance level (Quarter 1) Falls – Level 6</p>		<p>SRO: Chief Nursing Officer</p>	

Total Falls

134

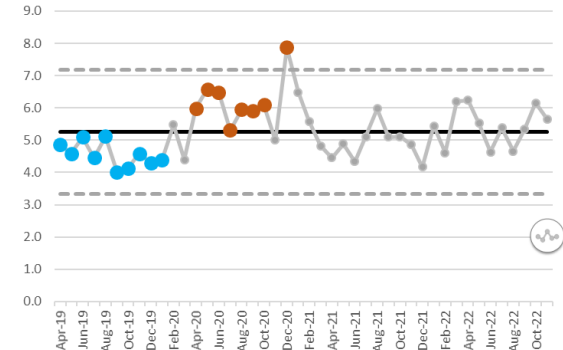
Total Inpatient Falls



Total Falls per 1,000 bed days

5.65

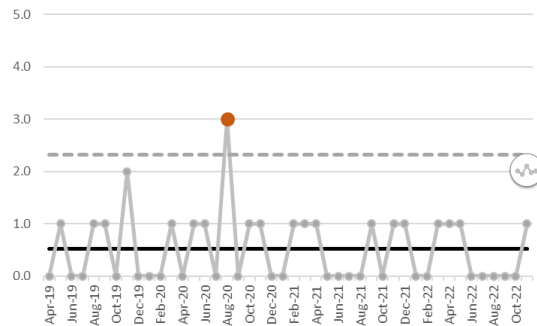
Total Inpatient Falls Per 1,000 Bed Days



Total SI Falls

1

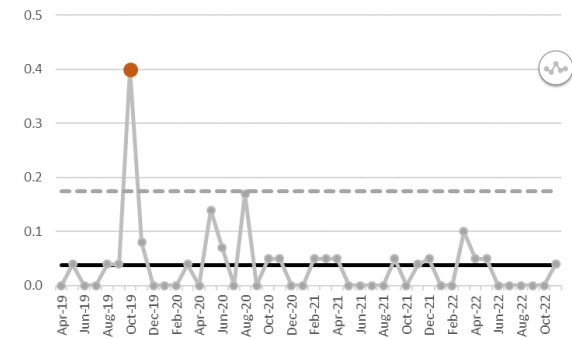
Inpatient Falls resulting in Harm



SI Falls per 1,000 bed days

0.04

Inpatient Falls resulting in Harm Per 1,000 Bed Days



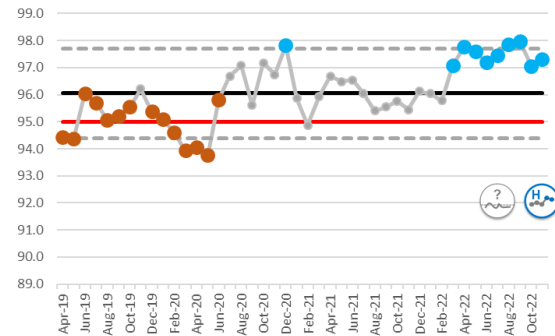
2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended	FFT Outpatient Recommended	FFT AE Recommended	FFT Maternity Recommended
<ul style="list-style-type: none"> The recommended rate for Inpatients achieved the target at 97.3 % in Nov-22, and this is the 21st consecutive month compliance has been attained. The response rate was also above trust target at 40.05%. The recommended rate for Maternity was compliant at 95% in Nov-22. However although the response rate increased slightly in Nov-22 to 3.53%, it has not achieved the target of 30% since Jul-20, and has not reached double figures since Aug-21. The recommended rate for Outpatients rose to 96.03% and achieved the target. The response rate dropped slightly but was still above target at 11.3%. The recommended rate for A&E dropped to 85.99% and failed to achieve the target. The response rate also fell slightly and dropped below target at 19.13%. 		<p>FFT is collected on Badgernet and the number of women giving feedback is low month on month. This is a national picture however a number of measures designed to improve the response rate (which is sitting at 0-3%) are in progression at WAHT driven by the Maternity Digital Nurse with advice/support from Patient Engagement which include:</p> <ul style="list-style-type: none"> A new poster to advise women how and where we are inviting feedback Promotion with staff to ensure that midwives are inviting feedback Exploration into a pilot utilising the text messaging facility for Lavender postnatal ward only, 24 hours following discharge Community messaging: Maternity Voices Partnership for example New FFT push notifications (in development) as monthly reminders sent out to women who are using our services <p>The project approved by CETM in mid-late August is in development – to support the Trust to gain greater actionable insights from our FFT. A Task and Finish Approach is being supported by a 4ward Improvement System focus. UEC and Outpatients have been highlighted as two test areas in a proof of concept pilot.</p>	
Current Assurance level – 5 (Nov-22) Reason: sustained improvement seen across areas however response rate remains low in maternity. Supportive actions have been progressed in Q3 and improvement is expected in Q4 2022-23-Q1 2023-2024.		When expected to move to next level of assurance: Q4	
Previous assurance level – 5 (Oct-22)		SRO: Paula Gardner(CNO)	

FFT
Inpatient
Recommended %

97.3

FFT IP recommended

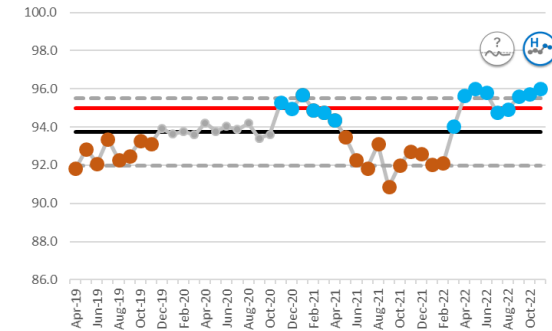


Please note that % axis does not start at zero.

FFT
Outpatient
Recommended %

96.0

FFT Outpatient recommended

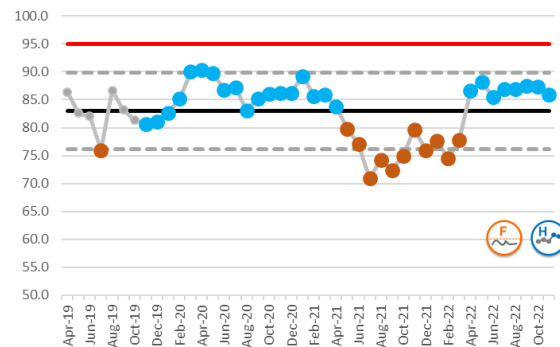


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FFT AE
Recommended %

86.0

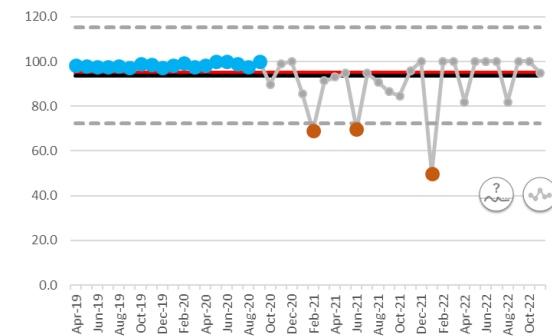
FFT A&E recommended



FFT
Maternity
Recommended %

95.0

FFT Maternity recommended



2.3 Care that is a positive experience – Complaints

Complaints Responded to Within 25 Days



<p>What does the data tell us?</p> <ul style="list-style-type: none"> The % of complaints responded to within 25 days increased slightly in Nov-22 to 62.5%, but was still below target (80%). This is the 5th consecutive month that the target has not been achieved. The response performance is unfortunately low, but this is reflective of a sustained increase in numbers of complaints being submitted and investigated since April 2022; although a larger proportion of cases are in breach, it must be noted that a reduction in backlog will always lead to a poorer performance percentage, and it will take time to return figures to normal The number of complaints being submitted is continuing at this increased level; Divisions' provision for complaints management has not changed, making it more difficult for them to achieve the target. 	<p>What improvements will we make?</p> <ul style="list-style-type: none"> The backlog of breached Corporate cases was closed in November, which contributed to the lower percentage - going forward, all new Corporate cases will be reviewed by the Complaints Manager & Deputy Complaints Manager to aim for early resolution. The total number of overdue complaints has reduced through November 2022 already; for December, the Complaints Manager will prioritise the cases submitted by the Surgical Division, who have the largest number of breaches. Continued focus will be devoted to processing complaint responses ASAP through December.
<p>Current Assurance Level – 5 (Nov-22) Reason: The number of breaches has risen in line with the rise in new cases, however this is beginning to reduce; this demonstrates that demand is greater but established processes are working</p>	<p>When expected to move to next level of assurance: Q4; dependent on reduction of backlog/incoming complaint numbers</p>
<p>Previous assurance level – 5 (Oct-22)</p>	<p>SRO: SRO: Christine Blanshard (CMO)</p>

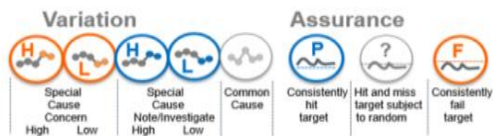
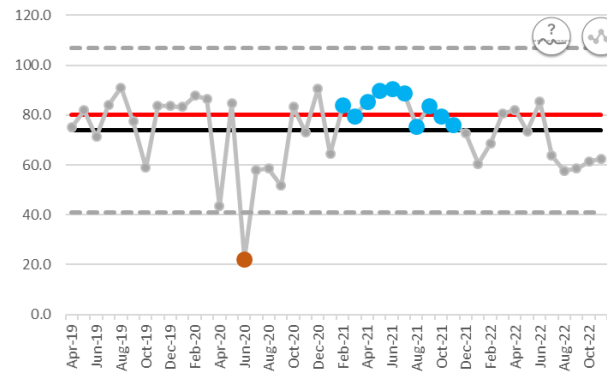
Month 9 [December] 2022-23 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Nov-22 as 7th Dec 2022

Complaints
Responded
to Within
25 Days
(%)

62.5%

Complaints Responded to Within 25 Days



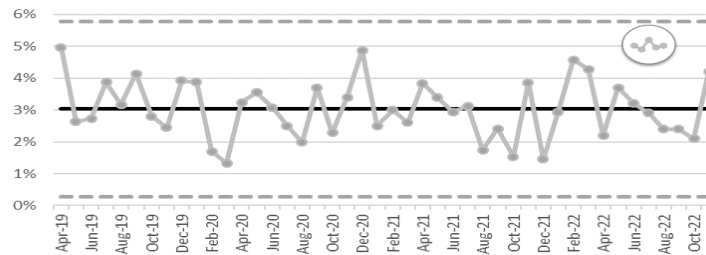
Maternity

Admission of full-term babies to neonatal care	Neonatal Deaths (>24 ⁺⁰ weeks gestation)	Stillbirths	Maternal Deaths	Pre-term births	Induction of labour	Home births	Booked before 12+6 weeks	Births	Babies
								387	391
What does the data tell us? <ul style="list-style-type: none"> Eleven of the core metrics have not changed significantly and show either a level of natural variation you would expect to see or the statistical significant improvement has been maintained (Neonatal and maternal deaths). The only metric to show special cause concern is Booked before 12⁺⁶ weeks. There were two stillbirths but no maternal or neonatal deaths in Nov-22. Therefore, the in-month stillbirth rate per 1,000 births is 5.1 and the neonatal rate per 1,000 births is 0. NHS 			What have we been doing? <ul style="list-style-type: none"> Service Improvement Plan remains paused due to service challenges (staff not available for engagement) however some previously agreed work has continued. Plan to restart events in 2023. Governance structure realigned and posts re-advertised as no appointment made. Preparing evidence for CNST submission. Review and take action on booking at 12+6 to demonstrate an improvement in Q4. Governance Boards ordered and awaiting delivery to ensure that we are displaying safety information to staff and the public. Joined to regional working groups – clinical escalation and development of regional sitrep. Recruitment processing advert for Deputy Director of Midwifery. Recruited 6 WTE midwives to start in Feb 2023. 						
			What are we going to do? <ul style="list-style-type: none"> Restart engagement events for MSIP in Jan 2023 Complete new escalation policy Continue to preparing for expected CQC visit Continue to prepare for IR Prepare one over-arching action plan for all maternity improvements. 						
Current Assurance Level: 5 (Nov-22)			When expected to move to next level of assurance: <ul style="list-style-type: none"> Completion of work outlined in service improvement plan No midwifery vacancies No medical staffing vacancies 						
Previous Assurance Level: 5 (Oct-22)			SRO: Paula Gardner (CNO)						

%
admission
of full-term
babies to
neonatal
care

4%
15 babies

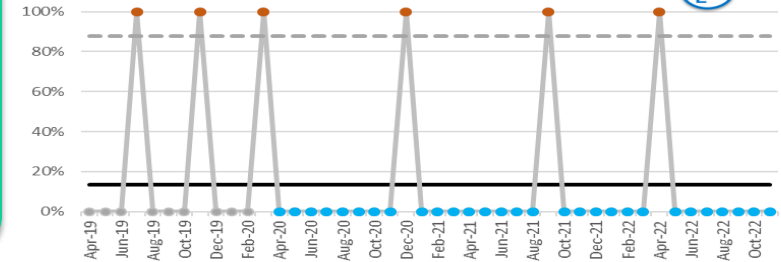
% full-term babies to neonatal



Maternal
Deaths

0

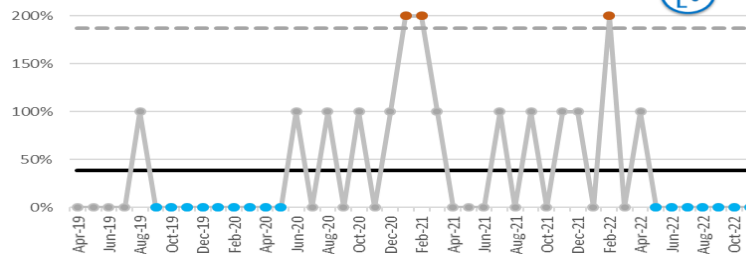
Maternal Deaths



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

0

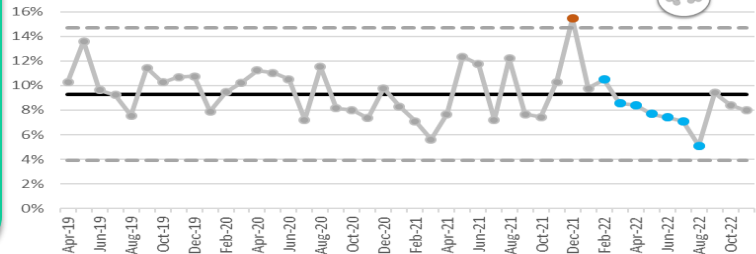
Neonatal deaths



% Pre term
births

8%
33 births

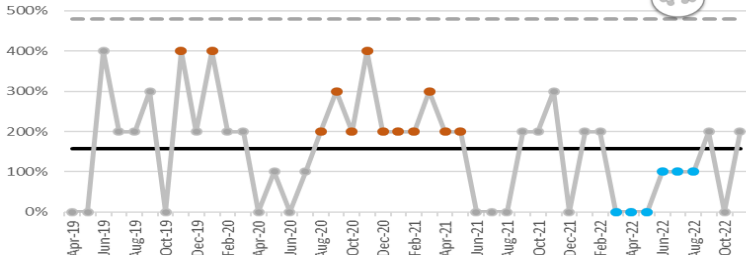
% Pre term births



Stillbirths

2

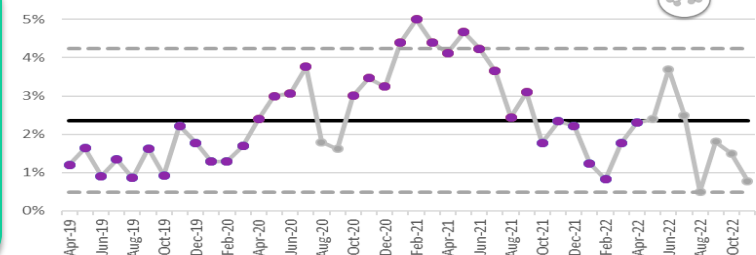
Stillbirths



% Home
births

0.8%
3 births

% Home births



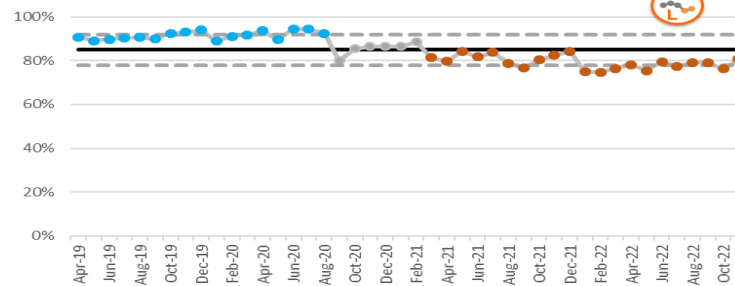
● Purple SPC dots represent special cause variation that is neither improvement or concern

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

Booked
before 12⁺⁶
weeks

80%
359 of 450

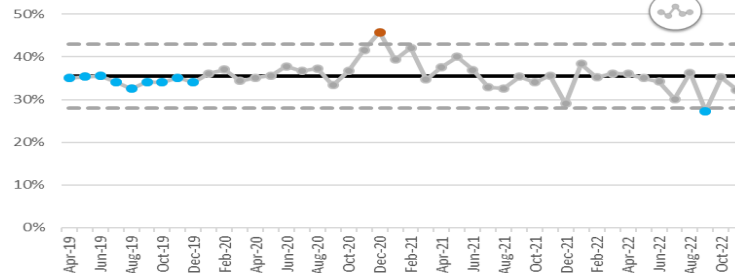
Booked before 12 + 6 weeks



Inductions
of labour

30%
117 inductions

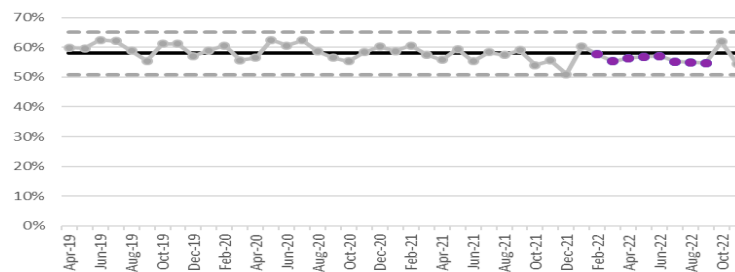
Inductions of labour



Vaginal
Deliveries
(non-
instrumental)

55%
211 deliveries

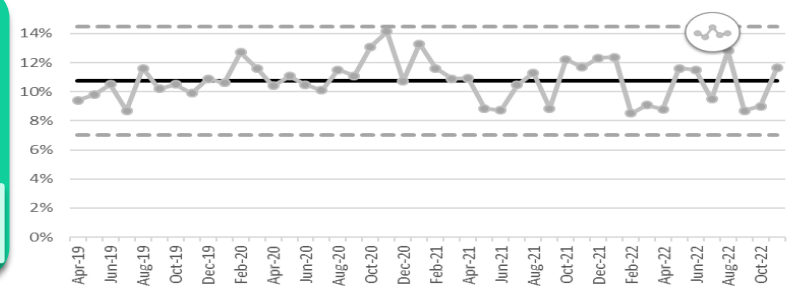
Vaginal deliveries



Instrumental
Delivery

12%
45 deliveries

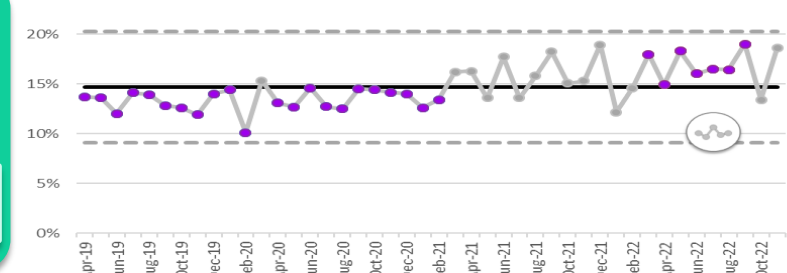
Instrumental delivery rate



Elective
Caesarean

19%
73 deliveries

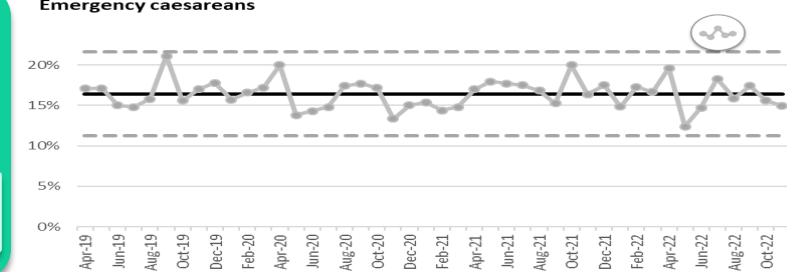
Elective caesareans



Emergency
Caesarean

15%
58 deliveries

Emergency caesareans



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

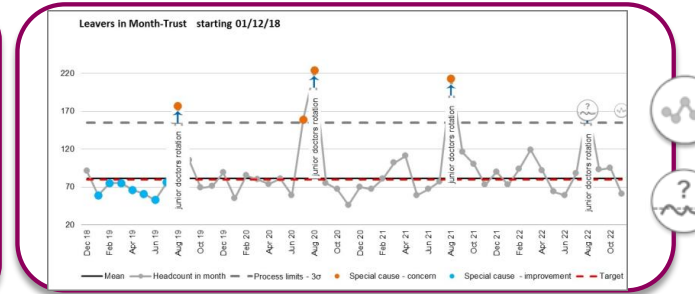
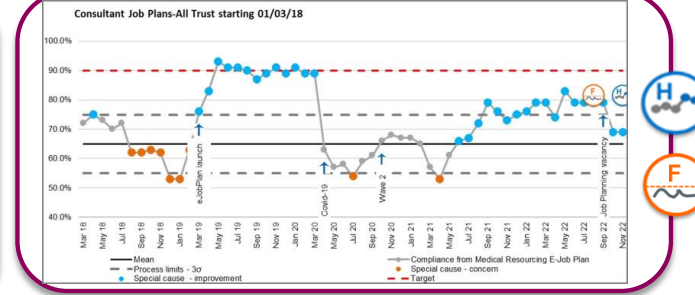
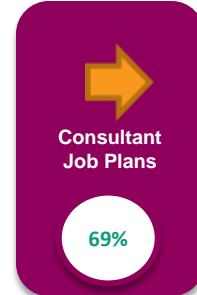
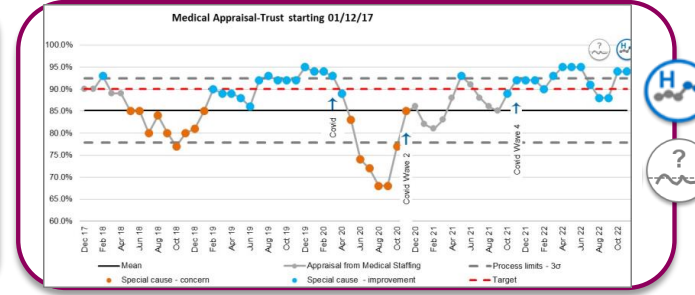
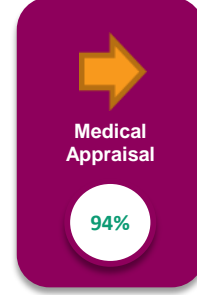
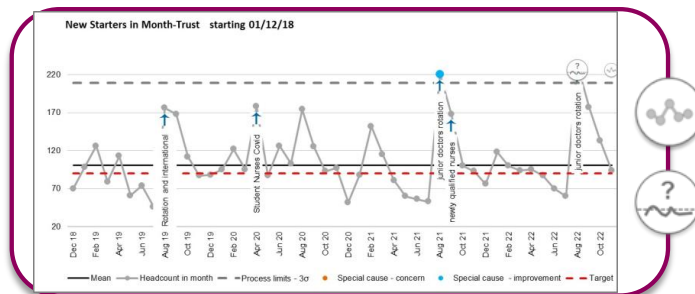
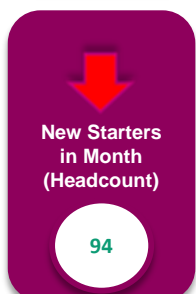
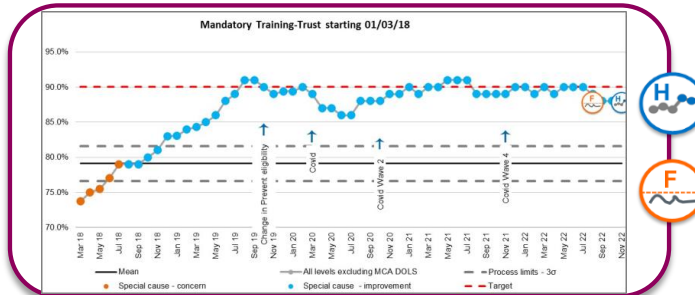
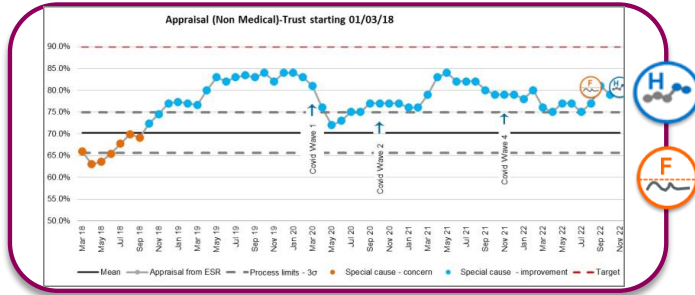
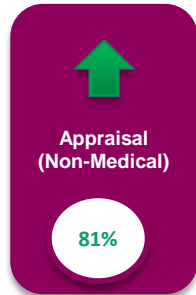
Graphs include Nov-22 data

Workforce

	Comments
Getting the Basics Right	<ul style="list-style-type: none"> Mandatory training has remained at 88% against a Model Hospital average of 88.4% and a Trust target of 90%. Performance for e-learning is being impacted by compatibility issues with Java which prevents some e-learning from running since the removal of Internet Explorer. This was escalated to our local IT team who are in the process of testing compatibility before rolling out a fix. Non medical appraisal has improved by 2% to 81% compared with Trust target of 90%. The National average on Model Hospital has dropped from 78% to 76.3% so we are not an outlier. Medical Appraisal remains at 94% this month, with Consultants improving to 95%. Recruitment – we have 33 more starters than leavers this month with 22 in Specialty Medicine, 9 in SCSD, 6 in Urgent Care and 4 in Surgery which is offset by 11 less starters than leavers in Estates & Facilities. Consultant Job Planning remains at 69%. Urgent Care and Women and Children's divisions have seen a drop in compliance this month but have plans in place to mitigate this.
Performance Against Plan	<ul style="list-style-type: none"> Our gross establishment has increased by 37 wte this month to 6,879 due primarily to growth in Specialty Medicine due to opening of Pathway Discharge Unit beds. This includes 17.5 Registered Nurses, 16 HCA's, 1.5 junior Doctors, a Ward Housekeeper and 2 Admin Posts. There are also an additional 0.4 wte Registered Nursing and an Admin post in General Surgery, 1 Registered Nurse in Neurology, and 0.92 wte Registered Nurse in Elderly Care. This is offset by 4.14 wte reduction of HCA's in Elderly Care. The application of £12m Vacancy Factor to each division reduces the establishment by 286 wte to 6,593 wte. We have refreshed the workforce plan in line with starter and leaver trends, and due to increased starters and reduced leavers, are currently 99 wte ahead of the revised plan and 165 wte ahead of the original workforce plan from April 2022.
Drivers of Bank & Agency spend	<ul style="list-style-type: none"> Monthly sickness has reduced by 0.07% to 5.58% against a national monthly average of 6.2%. This equates to an average of 338 wte staff absent each calendar day of the month. Staff annual turnover has reduced by 0.54% this month to 12.99% which is 2.22% worse than the same period last year. This remains above our 11.5% target which was already adjusted for covid but has shown an improving trajectory for the last four months. The number of shifts above price cap have increased since October 2022 to 77.25% of <u>all</u> agency bookings. However, the number of off framework bookings has reduced to 60%. This is largely attributable to the PA shift initiative. The top 10 high cost temporary workers are all over the cap rate of £100ph, all within Medical & Dental, and split between the Anaesthetics and Stroke directorates.
Staff Health & Wellbeing	<ul style="list-style-type: none"> Cumulative sickness (rolling 12 months) has increased by 0.04% to 5.73% which is above our 5.5% target but remains better than 6.2% national average. Sickness due to S10 (stress and anxiety) reduced by 0.11% this month to 1.34% S10 absence is below pre-pandemic levels in Digital, Surgery and Specialty Medicine. Women and Children's and Estates and Facilities are outliers with higher than 2% stress related absence

November - Month 8 2022/23 Workforce "Getting the Basics Right" Summary

Responsible Director: Director of People and Culture | Validated for November 2022 as 13th December 2022



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

Substantive Gross Funded Establishment (ADI)	Contracted Staff in Post (ESR)	H2 Plan SIP by November 2022	Gross Vacancy Rate	Total Hours Worked (ADI)	Bank Spend as a % of Gross Spend (ADI)	Agency Spend as a % of Gross Spend (ADI)
6,879 wte (Net establishment is: 6,593 wte)	6,073 wte	5,974 wte	11.71% (Net rate is: 7.38%)	6,745 wte	10.24%	7.85%

What does the data tell us?

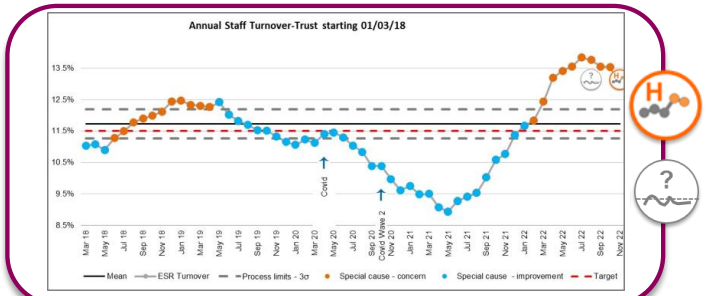
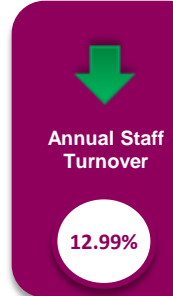
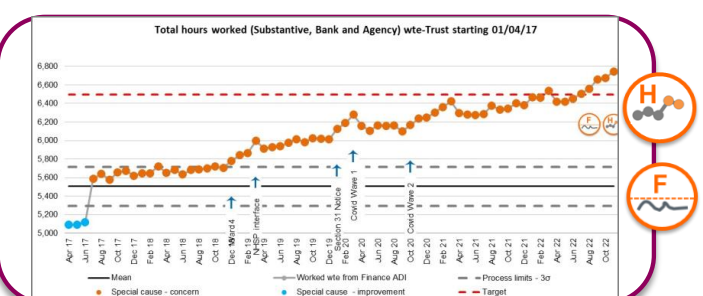
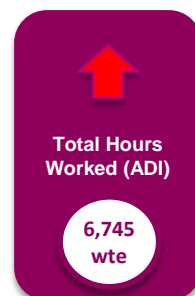
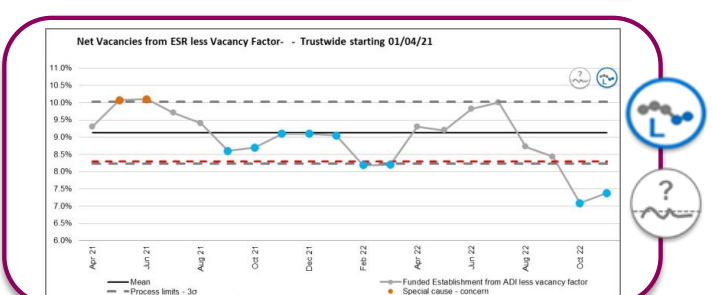
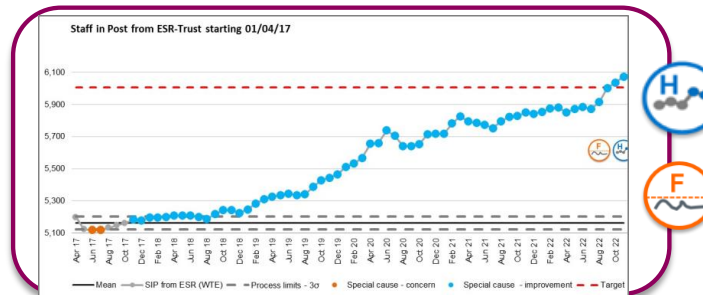
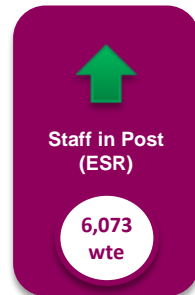
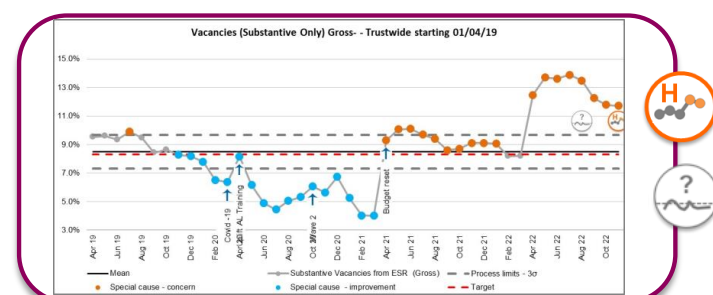
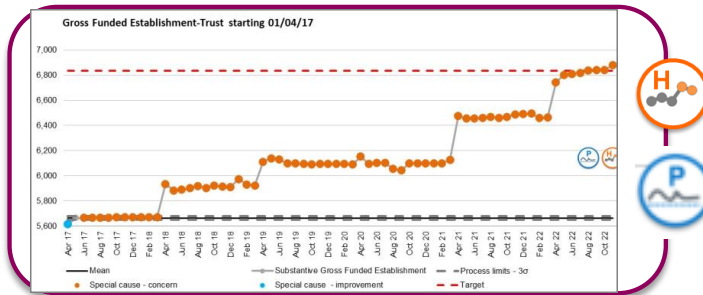
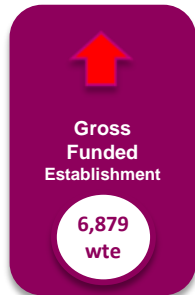
- **Staff in Post** – has increased this month by 37 wte to 6,036 wte against establishment of 6,879 wte (gross) or 6,593 wte (net) with vacancy factor removed. Our net factor has reduced to 7.38%
- **Total Hours worked** – There has been a 68 wte increase in the overall hours worked primarily due to higher numbers of staff in post. Total Hours worked is 399 wte higher than the same period last year
- **Agency Spend as a % of Gross Cost** – Bank spend has increased by 14 wte but this is partly off set by 2 wte reduction in Agency. This swap out of agency for bank translates into a 1.49% reduction in Agency spend as a % of gross cost. Agency spend has reduced in all divisions except for Corporate. Digital continue to use Bank rather than agency with 14.88% of gross cost. Urgent Care continues to be an outlier for Agency spend with 20.58% of gross cost (despite a 6.10% reduction on last month)
- **Bank spend as a % of gross cost** - Bank staff spend as a % of gross spend has increased by 4% to 10.24% but this growth is encouraged to reduce Agency – hence the review of bank rates to make this more attractive.
- Although we have had a 37 wte growth in Staff in Post this has been offset by a 37 wte increase in Funded Establishment so will not have helped the bank and agency position.

National Benchmarking (November 2022)

We have improved to 3rd quartile for Nursing Agency spend with 10.3% of gross cost compared to national average of 5.8% (Sept 2022 rates). We have dropped to the 4th quartile for Medical Agency spend with 14.9% compared to national average of 7.2% (Sept 2022 rates).

November - Month 8 2022-23 Workforce "Performance Against Plan" Summary

Responsible Director: Director of People and Culture | Validated for November 2022 as 13th December 2022



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

Annual Staff Turnover	Monthly Sickness Absence	Maternity Leave	Annual Leave	Other Leave
12.99%	5.58% 338 wte average per day	171 headcount	406 wte average per day	73 wte average per day

What does the data tell us?

- **Staff Turnover** – The annual turnover has improved by 0.54% this month to 12.99% against a target of 11.5%. SCSD and Digital remain the only divisions that have met the target and Surgery and Estates and Facilities are near to target. Corporate and Specialty Medicine are outliers with in excess of 15% turnover. Although higher than we have had in the past our performance on Model Hospital is good with Registered Nursing, Scientific and Technical in the best quartile and all other staff groups except Administrative in Quartile 2. Administrative and Clerical is a significant outlier in Quartile 4 with 21.4% (September 2022 rates)
- **Monthly Sickness Absence Rate** – Monthly sickness has reduced by 0.07% to 5.58% against a national monthly average of 6.2%. This equates to an average of 338 wte staff absent each calendar day of the month. Long term sickness has reduced by 0.04% and is 0.12% lower than the same period last year. Short term sickness has increased by 0.09% and is 0.77% higher than the same period last year primarily due to covid, gastrointestinal problems, coughs, colds and flu.
- **Maternity/Adoption Leave** –Maternity has remained broadly unchanged at 171.
- **Annual Leave** – Annual leave has increased this month by an average of 59 wte per calendar day. There have been an average of 406 staff off on annual leave for each day this month.
- **Other leave** – Absence due to other leave (such as special leave) has increased by 6 wte this month to an average of 73 wte staff off per day. This correlates with the reduced levels of Covid in the community.

National Benchmarking (November 2022)

Our performance against other Trusts on Model Hospital is good with Registered Nursing, Scientific and Technical in the best quartile and all other staff groups except Administrative in Quartile 2. Administrative and Clerical is a significant outlier in Quartile 4 with 21.4% (September 2022 rates).

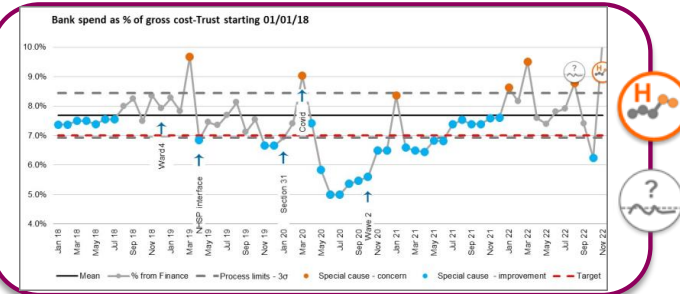
We have remained in the 2nd Quartile (good) in terms of overall Sickness on Model Hospital as at March 2022 (latest data) when our sickness was 5.8% against a National median of 6.2% and a peer median of 6.8%. Medics, Registered Nurses and HCA's are all good in Quartile 2 and Administrative is best at Quartile 1. Estates and Ancillary, Midwives, Professional and Technical, AHPs and HealthCare Scientists are all in Quartile 4.

November - Month 8 2022-23 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for November 2022 as 13th December 2022

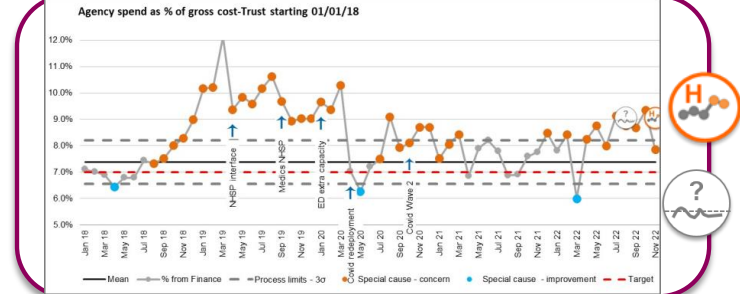
**Bank Spend
as a % of
Gross Cost**

10.24%



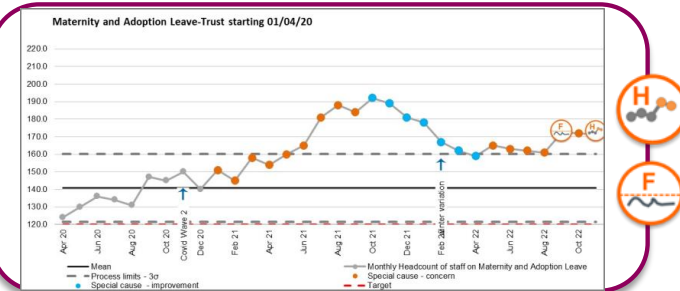
**Agency Spend
as a % of
Gross Cost**

7.85%



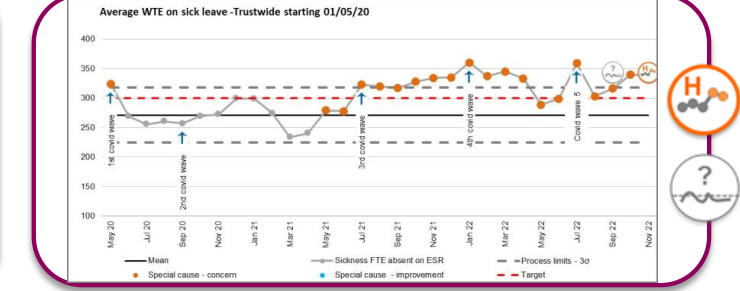
**Maternity/
Adoption
Leave
(Headcount)**

171



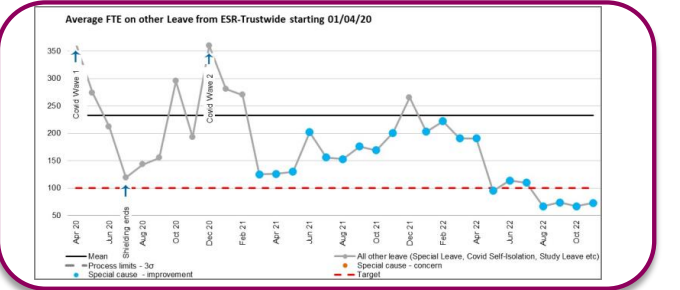
**Monthly
Average Staff
off Sick Per
Day**

**338
wte**



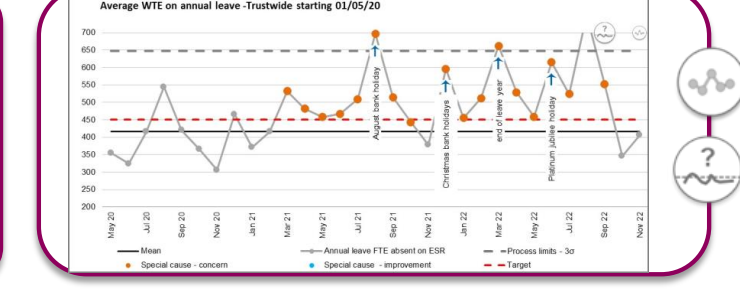
**Any Other
Leave
(Average FTE
per day)**

73 wte



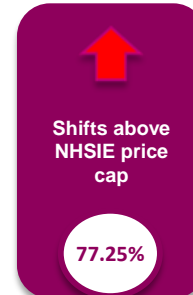
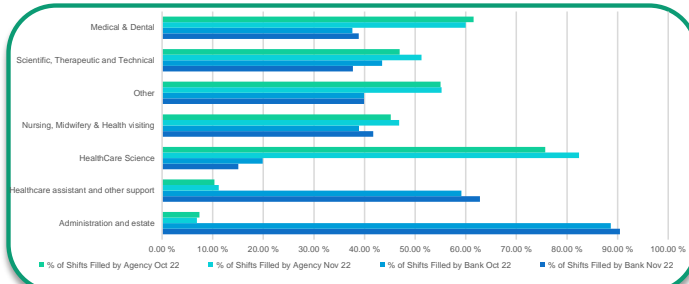
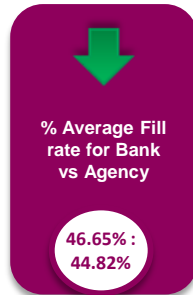
**Annual Leave
(average staff
on leave each
day)**

**406
wte**

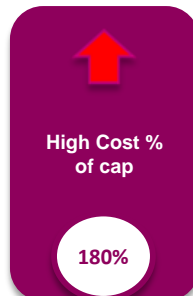


Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and Amber unchanged since last month.

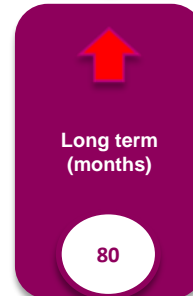
Workforce Compliance Month 8 – November 22: - Assurance on Bank and Agency Spend



NHSI Staff Group	Total agency shifts	Nov 22	
		On Framework Above Price cap	Off Framework
Nursing, Midwifery & Health Visiting	3018	2556	186
Scientific, Therapeutic & Technical (AHPs)	390	259	6
Administration & Estates	65	0	0
Healthcare Assistant & Other Support	567	123	0
Healthcare Science	546	199	0
Medical & Dental	1907	1878	0



Hourly Rate £	Staff Group	Medical or AHC Banding	Department	Job Role	Duration (H)	Total Cost £
180	Medical & Dental	Consultant	Anaesthetics	Consultant	13	2979.4
130	Medical & Dental	Consultant	Stroke	Consultant	9	1491.7
130	Medical & Dental	Consultant	Stroke	Consultant	9	1491.7
130	Medical & Dental	Consultant	Stroke	Consultant	9	1491.7
130	Medical & Dental	Consultant	Stroke	Consultant	9	1491.7
130	Medical & Dental	Consultant	Stroke	Consultant	9	1491.7
120	Medical & Dental	Consultant	Anaesthetics	Consultant	10	1530.6
120	Medical & Dental	Consultant	Anaesthetics	Consultant	10	1530.6
120	Medical & Dental	Consultant	Anaesthetics	Consultant	10	1530.6
120	Medical & Dental	Consultant	Anaesthetics	Consultant	10	1530.6



Month ending	NHSI Staff Group	Staff Group	Band	Job Role	Length of Service at Trust (via Agency) - months	Reason for usage	Total cost (excl. VAT)
12/31/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	80	Vacancy	446.38
11/30/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	68	Training	358.56
11/30/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	62	Vacancy	6636
11/30/2022	Scientific, Therapeutic & Technical (AHPs)	Allied Health Prof	AFC Band 5	Theatre Practitioner - Theatre Anaesthetics	53	Vacancy	4181.41
11/30/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	53	Vacancy	2789.03
11/30/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	53	Vacancy	3388.13
11/30/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	51	Vacancy	3087.18
11/30/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - Gen Acute	50	Vacancy	6421.84
11/30/2022	Scientific, Therapeutic & Technical (AHPs)	Allied Health Prof	AFC Band 5	Theatre Practitioner - Theatre Scrub	50	Vacancy	768.65
12/31/2022	Nursing, Midwifery & Health Visiting	Nursing & Midwifery	AFC Band 5	Registered Nurse - A&E	42	Vacancy	428.9

What does the data tell us?

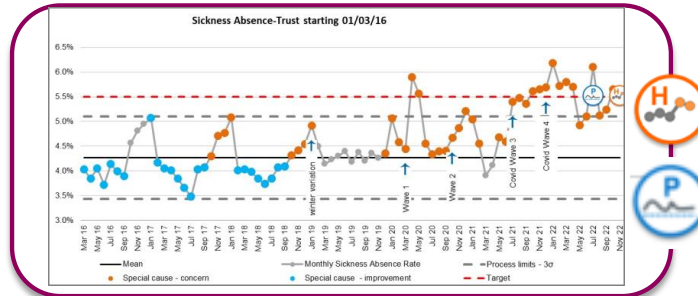
- Fill rate** – although the agency fill rate is still high, the ratio of bank shifts to agency shifts has increased since October 2022.
- Shifts above cap** – The number of shifts above price cap have increased since October 2022 to 77.25% of all agency bookings. However, the number of off framework bookings has reduced to 60%. This is largely attributable to the PA shift initiative.
- High cost** – The top 10 high cost temporary workers are all over the cap rate of £100ph, all within Medical & Dental, and split between Anaesthetics and Stroke directorates.
- 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. Further action is being taken to ascertain the reason for maintaining an 80 month relationship with the Trust without taking a substantive position.

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%.

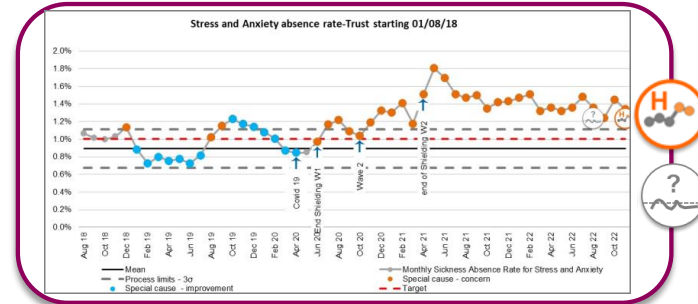
Monthly Staff
Sickness
Absence Rate

5.58%



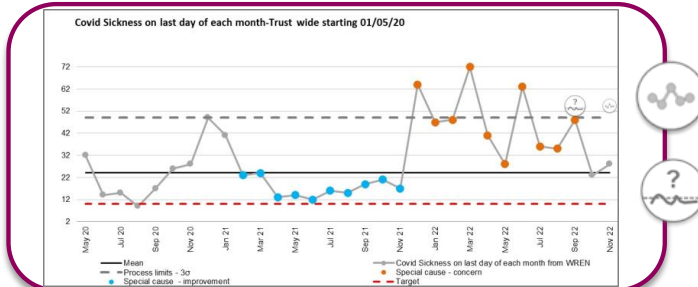
% Staff
absent due to
Stress and
Anxiety (S10)

1.34%



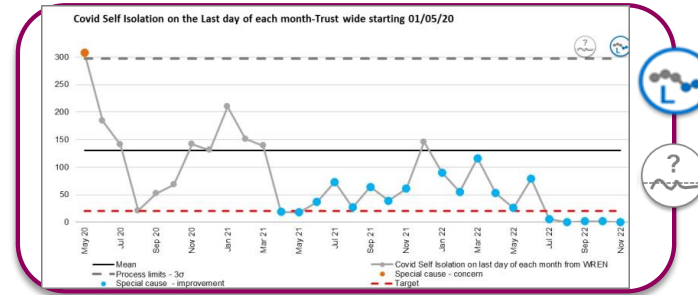
Covid
Sickness
(S27)

28



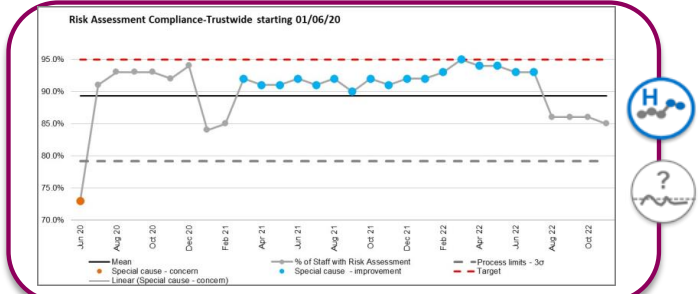
Number Self
Isolating

0



Covid Risk
Assessment
Compliance

85%



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 <i>An empowered, well led workforce that delivers better outcomes and performance for our patients</i>	BP2: Workforce Planning and Transformation <i>The right-sized, cost effective workforce that is organised for success</i>	BP3: OD and Staff Experience <i>A just, learning, and innovative culture where colleagues feel respected, valued, included and well at work</i>	BP4: Future of HR and OD <i>A people function that is organised around the optimum employee journey</i>
Best People – Our people are recruited, retained and developed so they have the right skills to provide high quality care and work with pride			
How have we been doing? The following areas are where we perform below peer group average: <ul style="list-style-type: none"> The sustained use of bank and agency usage (we have moved into the 4th Quartile for Medics (worst) and Registered Nursing remain in the 3rd Quartile which is a result of: <ul style="list-style-type: none"> Opening of the Acute Medical Unit and Pathway Discharge Unit High levels of vacancies due to the increase in turnover Continued higher levels of sickness absence High patient acuity (specialing) Continued use of surge areas Rollout of the covid and flu vaccination programme which requires additional resource Bank and Agency usage is expected to increase in December due to the increased bed capacity for AMU/Aconbury moves etc. However, it is hoped that the revised bank rates will continue to improve uptake to avoid agency. We have supported Divisions and the HealthCare Standards hub in providing workforce data for the unannounced CQC inspection. 		What improvements will we make? <ul style="list-style-type: none"> 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 have refreshed our medical standing operating procedure to address the nil assurance audit report We are continuing work to reduce the time taken to recruit through the recruitment value stream NHS Jobs 3 is rolled out and Managers are being supported on teething issues with the new system Covid and Flu vaccination clinics are now roving the wards and appointments are available through Occupational Health We have been working with Divisional Ops Teams to prepare for the two days of Industrial Action, including redeployment processes and preparation for the SitRep reporting. 	
Overarching Workforce Performance Level – 5 – November 2022 Previous Assurance Level - 5 – October 2022		To work towards improvement to next assurance level by April 2023	

Finance

2022/23 Plan

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

Month 8

In M8 actual **deficit of £(1.4)m** against a plan of **£(1.5)m deficit**, a favourable variance of £0.1m. YTD M8 actual **deficit of £(13.5)m** against an plan of **£(13.0)m deficit**, an adverse variance of £0.6m.

Statement of comprehensive income	Plan £'000	Nov-22 Actual £'000	Variance £'000	Plan £'000	Year to Date Actual £'000	Variance £'000
INCOME & EXPENDITURE						
Operating income from patient care activities	47,440	48,998	1,558	379,447	387,525	8,078
Other operating income	2,689	2,334	(355)	20,705	19,366	(1,339)
Employee expenses	(29,843)	(31,422)	(1,579)	(238,849)	(246,165)	(7,316)
Operating expenses excluding employee expenses	(19,907)	(19,580)	327	(159,595)	(160,009)	(414)
OPERATING SURPLUS / (DEFICIT)	379	330	(49)	1,708	717	(991)
FINANCE COSTS						
Finance income	0	79	79	0	416	416
Finance expense	(1,165)	(1,141)	24	(9,320)	(9,299)	21
PDC dividends payable/refundable	(681)	(682)	(1)	(5,450)	(5,451)	(1)
NET FINANCE COSTS	(1,846)	(1,744)	102	(14,770)	(14,334)	436
Other gains/(losses) including disposal of assets	0	0	0	0	251	251
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(1,467)	(1,414)	53	(13,062)	(13,366)	(304)
Add back all I&E impairments/(reversals)	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	(1,467)	(1,414)	53	(13,062)	(13,366)	(304)
Remove capital donations/grants I&E impact	11	10	(1)	83	81	(2)
Adjusted financial performance surplus/(deficit)	(1,456)	(1,404)	52	(12,979)	(13,285)	(306)
Less gains on disposal of assets	0	0	0	0	(251)	(251)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	(1,456)	(1,404)	52	(12,979)	(13,536)	(557)

I&E Delivery Assurance Level: **Level 4**

Reason: £(19.9)m deficit plan submitted for 22/23 the following risks need addressing in order to reach the next level of assurance:

- Further improvement in the level of identified and delivered PEP versus plan
- A significant reduction in the risk of funding withdrawal for ERF improvement in the level of identified and delivered PEP versus plan
- Commissioner funding for the AMU / PDU expenditure

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

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£1.2m above the Trust's Operational Plan in November**

Key Variances in November:

- Pay award adjustment **£0.7m** (additional 1.7% taking the uplift to 3.8%) and the NI Contribution change (**£0.2m**) from November onwards.
- Pass through Drugs & Devices **£0.8m** for ICBs and NHS England.
- Additional Investment **£0.6m** including the Robot £0.1m and KGH MRI scanner extension funding from Cancer Alliance £0.3m
- COVID PCR testing (**£0.4m**) – reimbursement for the additional expenditure costs.
- AMU/PDU reconfiguration (**£0.3m**) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners

The Trust has reported the **full value of the ERF income (YTD £11.1m)** in the position (agreed by the System). The Trust's actual performance is below this.

Employee expenses £1.6m adverse in M8 and £7.3m YTD – Of the adverse variance £0.5m in month (£5.6m YTD) is due to the pay award which was not in the plan but is income backed and £0.3m underachieved PEP (£3.4m YTD) - net of the £0.9m YTD Business Case pay underspend declared in month, £0.1m Winter pressures, and £0.3m in month relates to retro hits for prior month Medics shifts, increased workforce £0.2m, Nursing pay award £0.2m, partially offset by ERF benefit £0.2m.

Operating expenses £0.3m favourable in M8 and £0.4m adverse YTD – the majority of the favourable variance in month is within General Supplies and Services (£1.3m in month, £1.6m YTD) of which £1.1m relates to the release of an old year provisions / accruals for costs which will no longer be incurred. Other favourable variances include Covid Pathology testing (£0.3m in month, £1m YTD) offset by reduced income above, Non PbR Devices (£0.3m favourable in month but £0.2m adverse YTD) due to a correction to stock – full reconciliation to income position to be undertaken in M9, and Depreciation (£0.2m in month, £1.5m YTD) which offsets adverse variances for Operating Lease Expenditure.

Favourable variances are partially offset by adverse variances in month due to:

- Non PbR Drugs – offset by income (£0.5m in month, £2.9m YTD) and linked to higher activity
- Tariff Drugs (£0.2m in month, £1m YTD) linked to higher activity
- Operating Lease Expenditure (£0.2m in month, £1.1m YTD) with an offset in Depreciation due to impact IRFS16
- £0.3m relating to ERF costs offset by old year provision release (noting income offset MRI detailed above)
- Premises (£0.1m in month due to unachieved PEP)

Income

Trust Operational Plan	November 2022 (Month 8)			YTD		
	Plan £'000	Actual £'000	Var £'000	Plan £'000	Actual £'000	Var £'000
Here/Worc ICB	36,871	37,877	1,006	295,632	301,930	6,298
Other ICBs & Welsh LHB	2,071	2,047	(23)	16,566	16,992	426
NHS England	6,528	7,357	830	52,221	54,863	2,642
Other Including RTA income	2,572	2,606	33	19,772	20,043	271
Combined Income: Total	48,042	49,887	1,846	384,191	393,827	9,636
O/S COVID	419	66	(353)	3,348	1,988	(1,360)
AMU/PDU	307	0	(307)	1,719	0	(1,719)
Combined Income: Exc ERF	48,767	49,953	1,186	389,258	395,816	6,558
Elective Recovery fund (ERF)	1,362	1,378	16	10,896	11,076	180
Combined Income: Inc ERF	50,129	51,331	1,202	400,154	406,891	6,738

Elective Recovery Fund framework (ERF) - The Trust has reported the **full value of the ERF income (YTD £11.1m)** 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).

The Combined Income was £1.2m above the Trust's Operational Plan in November.

Key Variances in November:

- Pay award adjustment **£0.7m** (additional 1.7% taking the uplift to 3.8%) and the NI Contribution change (**£0.2m**) from November onwards.
- Pass through Drugs & Devices **£0.8m** for ICBs and NHS England.
- Additional Investment **£0.6m** including the Robot £0.1m and KGH MRI scanner extension funding from Cancer Alliance £0.3m
- COVID PCR testing (**£0.4m**) – reimbursement for the additional expenditure costs.
- AMU/PDU reconfiguration (**£0.3m**) – the funding is in the Trust's Operational Plan but there is no agreement from commissioners
- Other Operating Income **Breakeven** – Other Non Patient Care income £0.13m offset by Training & Education (£0.07m) and Car Parking (£0.05m)) with the postponement of the charging for certain groups.

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	Mvm't M7 to M8 £'000
Here/Worc ICB	35,402	35,976	39,498	37,433	37,312	40,740	37,692	37,877	184
Other ICBs & Welsh LHB	2,077	2,091	2,142	2,114	2,132	2,314	2,074	2,047	(27)
NHS England	6,574	6,810	6,499	6,775	6,755	7,096	6,996	7,357	361
Other Including RTA income	2,339	2,290	2,753	1,750	2,447	2,629	3,229	2,606	(624)
Combined Income: Total	46,393	47,167	50,892	48,071	48,646	52,779	49,992	49,887	(105)
O/S COVID	192	185	769	338	272	33	135	66	(69)
AMU/PDU	-	-	-	-	-	-	-	-	0
Combined Income: Exc ERF	46,584	47,353	51,661	48,409	48,917	52,811	50,127	49,953	(174)
Elective Recovery fund (ERF)	1,362	1,362	1,362	1,362	1,362	1,495	1,393	1,378	(15)
Combined Income: Inc ERF	47,946	48,715	53,023	49,771	50,279	54,306	51,520	51,331	(189)

Adverse variance (**£0.2m**) includes:

- NI Contribution change (**£0.2m**) applied from November onwards.
- Training & Education income (**£0.6m**).
- Additional Investment **£0.6m** including the Robot £0.1m, KGH MRI scanner extension £0.3m, Winter monies 0.1m and Dental funding(reduction in long waiters) £0.1m.
- COVID PCR testing (**£0.1m**) – change in the testing regime, with a reduction in the number of tests undertaken.
- Pass through Drugs & Devices **£0.1m**.

Expenditure

Overall employee expenses of **£31.4m in month 8** is an increase of £0.5m compared with the October position. Substantive pay expenditure reduced in month by £0.2m, of this £0.2m is due to the reduction in employers NI from 15.05% in October to 13.8% from 6th November onwards and £0.2m release of a year end accrual for backdated claims, partially offset by increased substantive fill with an increase of c.56 worked WTE compared to M7. Total temporary staffing spend of £5.6m is an increase of £0.8m compared with last month and was 17.8% of the total pay bill. Agency spend has reduced by £0.5m (all within Medical & Dental) of which c.£0.2m is due to covering fewer rota gaps (decrease 14wte) with the remainder normalising from last month following retrospective additions of shifts. Bank spend increased by £1.2m, £0.6m of this is on Medical & Dental and is largely driven by normalising effect of last months removal of shifts that had not been worked reduced by an increase of 5wte worked bank doctors. The remaining £0.6m increase is on Nursing & Midwifery with £0.3m relating to bank pay award arrears invoiced in month and £0.3m normalising from October following the release of the pay award accrual.

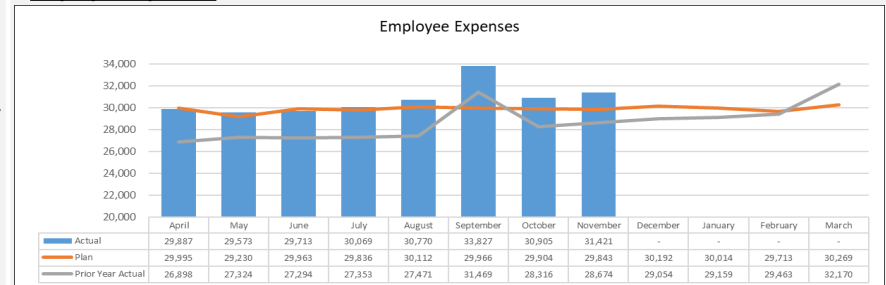
Employee expenses £1.6m adverse in M8 and £7.3m YTD – Of the adverse variance £0.5m in month (£5.6m YTD) is due to the pay award which was not in the plan but is income backed and £0.3m underachieved PEP (£3.4m YTD) - net of the £0.9m YTD Business Case pay underspend declared in month, £0.1m Winter pressures, and £0.3m in month relates to retro hits for prior month Medics shifts, increased workforce £0.2m, Nursing pay award £0.2m, partially offset by ERF benefit £0.2m.

Overall **operating expenses excluding Non PbR were £15.4m** in month 8, a reduction of £0.7m compared with October. Favourable movements on Supplies & Services (£0.6m) relate to expenditure on workstations on wheels being moved to capital in month (£0.2m) and normalising from the previous month (£0.4m). Favourable movements on Depreciation (£0.7m) normalising from the M7 position which was a YTD correction. These have been partially offset by adverse movements on Premises (£0.4m) and Consultancy (£0.1m) which are normalising from the M7 position for electricity and release of an old year accrual.

Operating expenses £0.3m favourable in M8 and £0.4m adverse YTD – the majority of the favourable variance in month is within General Supplies and Services (£1.3m in month, £1.6m YTD) of which £1.1m relates to the release of an old year provisions / accruals for costs which will no longer be incurred. Other favourable variances include Covid Pathology testing (£0.3m in month, £1m YTD) offset by reduced income above, Non PbR Devices (£0.3m favourable in month but £0.2m adverse YTD) due to a correction to stock and Depreciation (£0.2m in month, £1.5m YTD) which offsets adverse variances for Operating Lease Expenditure.

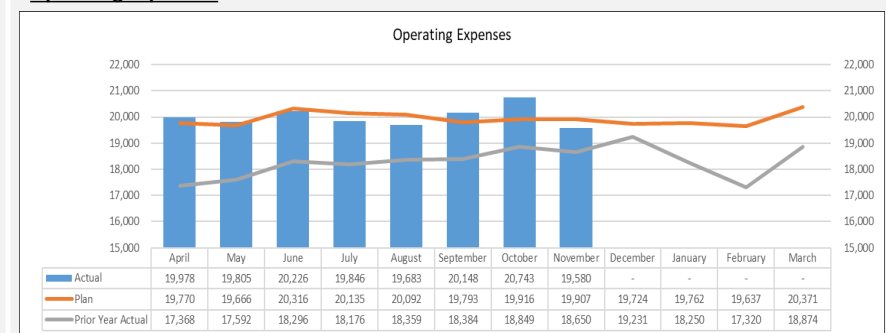
Favourable variances are **partially offset by adverse variances in month due to:** Non PbR Drugs – offset by income (£0.5m in month, £2.9m YTD) and linked to higher activity, tariff Drugs (£0.2m in month, £1m YTD) linked to higher activity, operating Lease Expenditure (£0.2m in month, £1.1m YTD) with an offset in Depreciation due to impact IRFS16, £0.3m relating to ERF costs offset by old year provision release (noting income offset MRI detailed above) and premises (£0.1m in month due to unachieved PEP)

Employee Expenses



Employee Expenses	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Mvmt	YTD
Agency	(2,226)	(2,462)	(2,279)	(2,480)	(2,700)	(2,462)	(2,588)	(2,374)	(2,745)	(2,695)	(2,934)	(2,886)	(2,425)	461	(21,108)
Bank	(2,175)	(2,210)	(2,516)	(2,404)	(4,281)	(2,269)	(2,184)	(2,313)	(2,380)	(2,702)	(2,505)	(1,928)	(3,165)	(1,237)	(19,447)
Temporary Total	(4,400)	(4,671)	(4,795)	(4,883)	(6,981)	(4,731)	(4,772)	(4,687)	(5,125)	(5,397)	(5,439)	(4,814)	(5,590)	(776)	(40,555)
WU	(271)	(328)	(285)	(420)	(611)	(330)	(403)	(296)	(439)	(395)	(391)	(362)	(311)	51	(2,926)
Substantive	(24,002)	(24,055)	(24,078)	(24,160)	(24,578)	(24,826)	(24,398)	(24,730)	(24,505)	(24,978)	(27,997)	(25,729)	(25,521)	208	(202,684)
Substantive Total	(24,273)	(24,382)	(24,364)	(24,580)	(25,189)	(25,156)	(24,801)	(25,026)	(24,944)	(25,373)	(28,388)	(26,091)	(25,832)	259	(205,611)
Employee Expenses Total	(28,674)	(29,054)	(29,159)	(29,463)	(32,170)	(29,887)	(29,573)	(29,713)	(30,069)	(30,770)	(33,827)	(30,905)	(31,421)	(516)	(246,165)
Agency %	7.8%	8.5%	7.8%	8.4%	8.4%	8.2%	8.8%	8.0%	9.1%	8.8%	8.7%	9.3%	7.7%	-1.6%	68.6%
Bank %	7.5%	7.6%	8.6%	8.2%	13.3%	7.6%	7.4%	7.8%	7.9%	8.8%	7.4%	6.2%	10.1%	3.8%	63.2%
Bank & Agency %	15.3%	16.1%	16.4%	16.6%	21.7%	15.8%	16.1%	15.8%	17.0%	17.5%	16.1%	15.6%	17.8%	2.2%	131.8%

Operating Expenses



Capital

The Trust Capital forecast of £61.9m is estimated to be £2.5m overspent against our CRL. This is due to a forecasted increase in UEC expenditure with no compensating source of funding. This is being reviewed urgently with workstream leads. The expenditure to date is £12.9m with a forecast for month 9-12 of £49.0m totalling £61.9m. The internal plan has been amended from M7 to reflect the changes in PDC funding for TIF2 (£18.9m), ASR (-£10m) and ICT (£3m). Every month, all workstream leads are providing more detailed monthly profiles of expenditure to enable decisions to be made on re-profiling and brokerage of spend into future years. A review of possible mitigations was discussed with work stream leads. Any previously identified and agreed slippage is now shown within the revised FYF. The workstream leads are in the process of completing a full risk assessment ahead of any decision being made.

Capital Assurance Level: Level 3

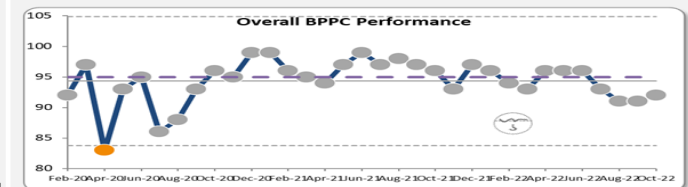
Reason: Major capital schemes continue into 2022/23. Risk remains in medium term. The Trust has insufficient funding to manage its backlog maintenance, urgent schemes and Strategic schemes and therefore has had to assume slippage on schemes until further sources of funding can be identified. There are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

Cash Balance

At the end of November 2022 the cash balance was £25.8m against an in month plan of £47.5m. The plan assumed external capital funding of £17.6m which has not been drawn down yet due to the slippage on capital schemes above. The remaining variance is mainly due to higher income accruals compared to plan. The relatively high cash balance remains the result of the timing of receipts from the CCG's and NHSE under the continuing COVID era arrangements together with timing of creditor / supplier payments. Requests for PDC in support of revenue funding this year is reviewed based on the amount of cash received in advance under this arrangement, the Trust has not requested any revenue cash support YTD due to the high cash reserves being held.

Cash Assurance Level: Level 6

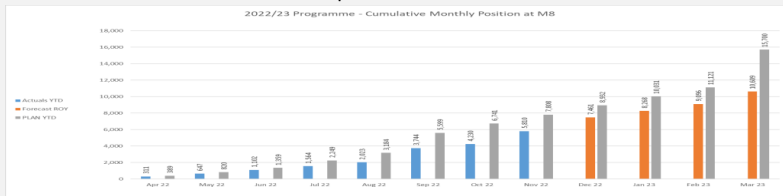
Reason: Good cash balances, rolling cash flow forecasting well established, achieving BPPC target even though the trend is downward which is due to delays within SBS scanning invoices and as such payments. There is a positive SPC trend on aged debtors and cash. Risks remain around sustainability given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



BPPC Target 95%, Volumes paid achieved 95%, however value of invoices paid in the 30 day terms was 94%. This is due to delays at SBS for scanning of invoices and late approval of invoices internally over the 30 day terms. Both issues are being addressed.

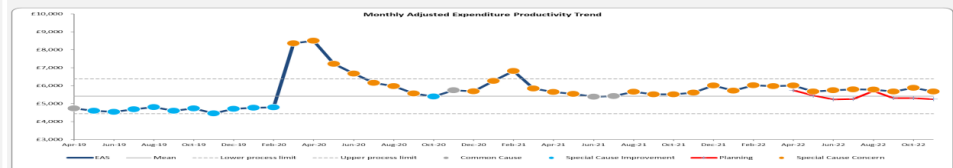
Productivity & Efficiency

Month 8 delivered £1.580 m of actuals against the plan as submitted to NHSE in April 2022 of £1.067m. A positive variance of £0.513m. The improvement in M8 actuals is as a result of a finance review of business case spend for the year. The cumulative position at M8 is therefore £5.810m of actuals against a plan of £7.808m, a negative variance of £1.998m. The 22/23 full year forecast at Month 8 is £10.609m which is £5.091m under the £15.7m plan as submitted to NHSE.












Adjusted Expenditure Productivity Trend:


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



Appendices

	Variation/Performance Icons		
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is 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.

Assurance				
Variation/Performance				
	 <p>Excellent Celebrate and Learn</p> <ul style="list-style-type: none"> 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. 	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> 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. 	<p>Concerning Celebrate but Take Action</p> <ul style="list-style-type: none"> 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. 	<p>Excellent Celebrate</p> <ul style="list-style-type: none"> This metric is improving. Your aim is high numbers and you have some. There is currently no target set for this metric.
	 <p>Excellent Celebrate and Learn</p> <ul style="list-style-type: none"> 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. 	<p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> 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. 	<p>Concerning Celebrate but Take Action</p> <ul style="list-style-type: none"> 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. 	<p>Excellent Celebrate</p> <ul style="list-style-type: none"> This metric is improving. Your aim is low numbers and you have some. There is currently no target set for this metric.
	 <p>Good Celebrate and Understand</p> <ul style="list-style-type: none"> 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. 	<p>Average Investigate and Understand</p> <ul style="list-style-type: none"> 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. 	<p>Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> 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. 	<p>Average Understand</p> <ul style="list-style-type: none"> 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.
	 <p>Concerning Investigate and Understand</p> <ul style="list-style-type: none"> 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. 	<p>Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> 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. 	<p>Very Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> 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 	<p>Concerning Investigate</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is low numbers and you have some high numbers. There is currently no target set for this metric.
	 <p>Concerning Investigate and Understand</p> <ul style="list-style-type: none"> 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. 	<p>Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> 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. 	<p>Very Concerning Investigate and Take Action</p> <ul style="list-style-type: none"> 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 	<p>Concerning Investigate</p> <ul style="list-style-type: none"> This metric is deteriorating. Your aim is high numbers and you have some low numbers. There is currently no target set for this metric.
				<p>Unsure Investigate and Understand</p> <ul style="list-style-type: none"> 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.
				<p>Unsure Investigate and Understand</p> <ul style="list-style-type: none"> 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.
				<p>Unknown Watch and Learn</p> <ul style="list-style-type: none"> 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

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

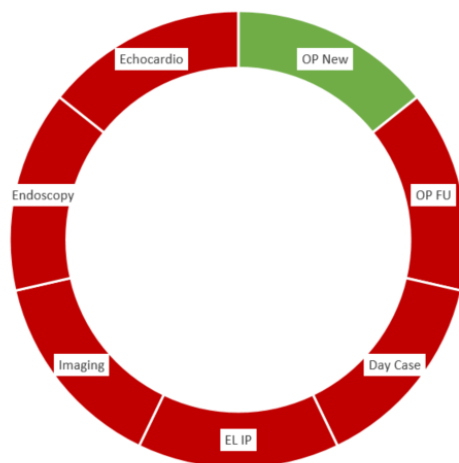
- 9. Total patients waiting more than 52 (S009a), 78 (S009b) and 104 (S009c) weeks to start consultant-led treatment
- 10a. Cancer first treatments (S010a)
- 11. People waiting longer than 62 days (S011a)
- 12. % meeting faster diagnosis standard (S012a)
- 13a. Diagnostic activity levels – Imaging (S013a)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

Levels of Assurance

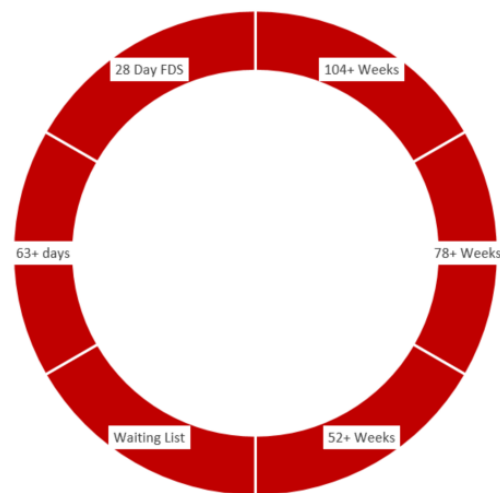
RAG Rating	ACTIONS	OUTCOMES
Level 7	Comprehensive actions identified and agreed upon to address specific performance concerns AND recognition of systemic causes/ reasons for performance variation.	Evidence of delivery of the majority or all the agreed actions, with clear evidence of the achievement of 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.

Our Annual Plan

Elective Activity



Elective Performance



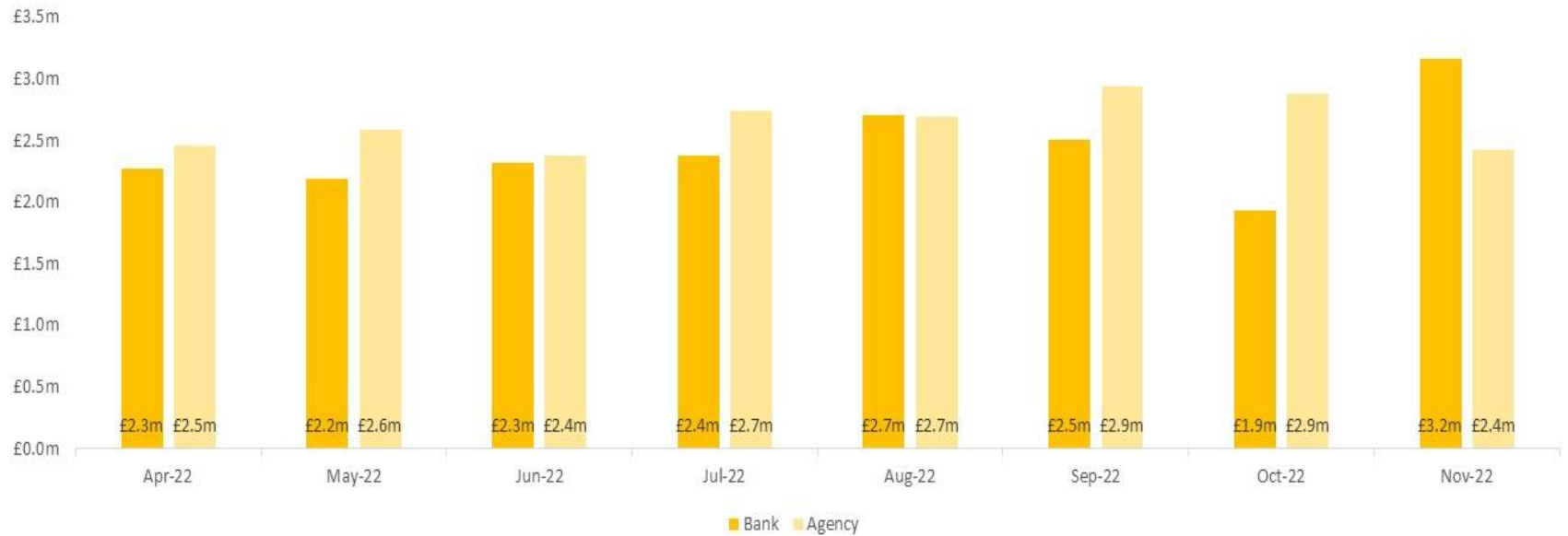
YTD PEP Position



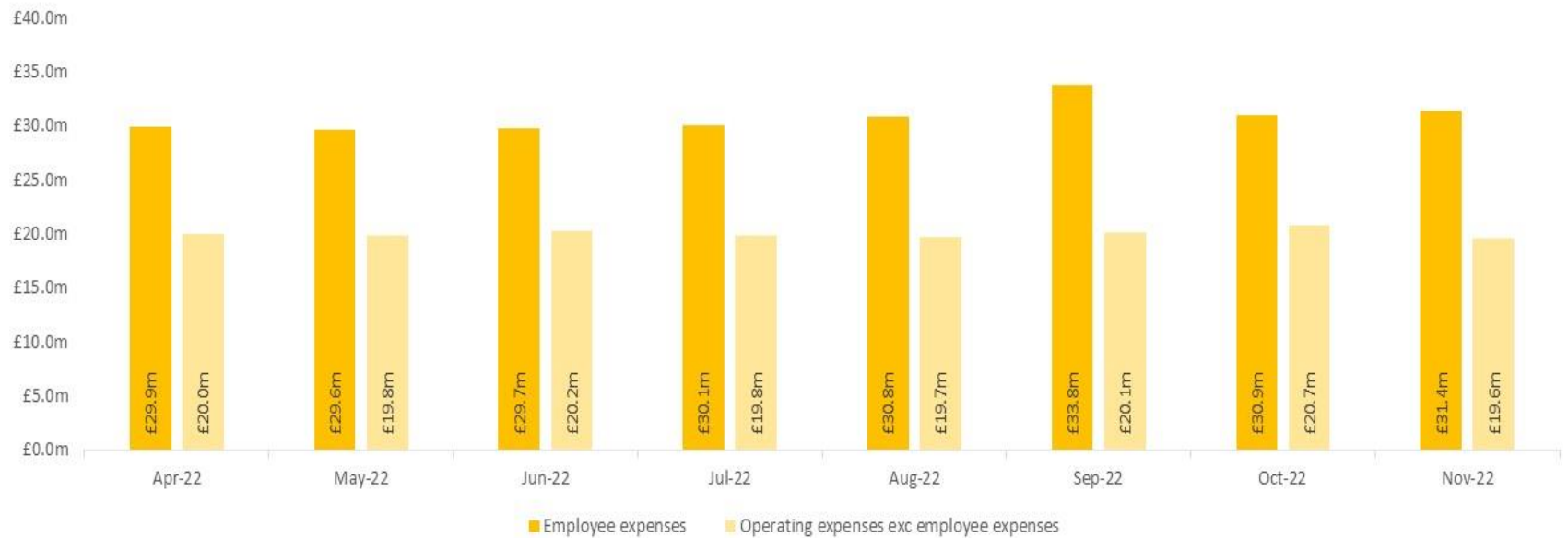
Our Emergency Departments

					Breaches	
		Ambulances	60 Min Handover Delays		4 hours	12 hours
ED		3,683	1,316	9,989	6,087	336
		New Patients Seen		Patients Discharged Home		% of Take
		1,210		1,038 85.8%		48.0%
SDEC <i>AEC and Surgical SDEC</i>						

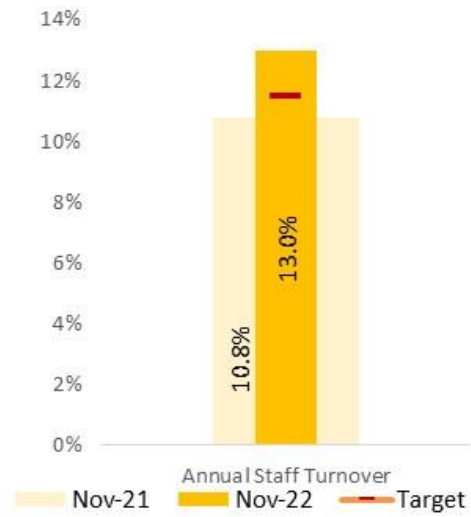
Our Locum / Agency Spend



Our Expenditure Run Rate



Our Staff Turnover





NOVEMBER 2022 IN NUMBERS



9,989

Walk-in patients (A&E)



3,683

Patients arriving
by ambulance



12,958

Inpatients



43,696

Face to Face outpatients



10,840

Telephone consultations



391

Babies



1,343

Elective operations



170

Trauma Operations



160

Emergency Operations



6.9

Average length of stay



18,697

Diagnostics

QUALITY AND SAFETY IN NUMBERS

November 2022



MRSA

0



ECOLI

2



CDIFF

5



MSSA

1



Hand Hygiene

Participation **84.7**
Compliance **99.6**

SEPSIS

Sepsis

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



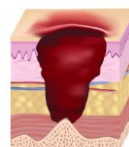
ICE reports viewed

Radiology **88.1**
Pathology **95.4**



Falls per 1,000 bed days causing harm

0



Pressure Ulcers

All hospital acquired pressure ulcers **26**
Serious incident pressure ulcers **0**



Response Rate

A&E **19.1**
Inpatients **40.1**
Maternity **3.5**
Outpatients **11.3**



Recommended Rate

A&E **86.0**
Inpatients **97.3**
Maternity **95.0**
Outpatients **96.0**



HSMR 12 months rolling (March 22)

102.44

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

35.50



Risks overdue review **220**
Risks with overdue actions **262**



Discharged before midday

16.3



Complaints Responses <=25 days

62.5



Total Medicine incidents reported

180

Medicine incidents causing harm (%)

2.7

WORKFORCE COMPOSITION IN NUMBERS

November 2022



Employees
7,005



BAME employees
21%



Part-time workers
43%



Female
82%



Registered nurses
2,037 (29%)



Registered midwives
259 (4%)



HCAs, helpers and assistants
1370 (20%)



Doctors
781 (11%)



Other clinical and scientific staff
865 (12%)



Over age 55
19%



30 years and under
21%



Staff with less than 2 years service
29%



Staff with 20 years service or over
10%

Committee Assurance Reports

Dec-22 Meetings

Trust Board
12th January 2023

Topic	Page
Operational & Financial Performance	
• Finance and Performance Committee Assurance Report	2 – 5
Quality & Safety	
• Quality Governance Committee Assurance Report	6 – 9

Finance & Performance Committee Assurance Report - 21 December 2022

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Jo Wells, Deputy Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y
		F&P BAF Risks
		7, 8, 13, 16, 18, 19, 20
Executive Summary		

The Committee met virtually on 21 December and the following key points were raised

Item	Rationale for escalation	Action required by Trust Board
Laboratory Information Management System (LIMS) Outline Business Case	For approval	Recommended for approval
TIF2 Potential Spend	Chair's Action	Recommended for Chair's Action
Contract Governance Award – CDC2	Chair's Action	Recommended for Chair's Action

Finance & Performance Committee Assurance Report - 21 December 2022

Accountable Non-Executive Director	Presented By	Author		
Richard Oosterom – Associate Non-Executive Director	Richard Oosterom – Associate Non-Executive Director	Jo Wells, Deputy Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Y	F&P BAF Risks	7, 8, 13, 16, 18, 19, 20
Executive Summary				

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk (to which the paper relates)
Annual Planning including PEP	Level 3	N/A	7, 8, 9, 11, 14, 18, 19
Provider Collaborative	Level 4	N/A	3, 4, 9, 21
LIMS Outline Business Case Update	Level 4	N/A	3, 4, 9, 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 3	Maintained	7 and 8
Finance Report: Cash	Level 6	Maintained	7 and 8
Tobacco Dependency Business Case	Level 5	N/A	19, 21
Xerox Deed of Variation	Level 6	N/A	3, 7, 8, 11
Strategic Programme Board		N/A	7
Escalations – Industrial action impact update		N/A	Verbal update
Contract Governance Award – CDC2	Level 5	N/A	3, 4, 7, 8, 9, 11, 18, 19
CSU PEP/Planning Support Bid		N/A	
TIF2 Potential Spend	Level 6	N/A	

Finance & Performance Committee Assurance Report - 21 December 2022

Executive Summary

The Committee met virtually on 21 December 2022 and the following key points were raised :

Item	Discussion
External Meetings	Committee were informed that during the TIF2 national panel, it was questioned whether the new Theatres would be able to support activity from Hereford. The panel were informed that the Trust would be looking at addressing their backlog first and once resolved, would look to support other partners. Ms Anyon took an action to take the feedback to the Trust and would provide a response back to the panel. Mr Hopkins informed that there had been a quarterly system review meeting which discussed the usual topics of ED, cancer, waiting times and money. Emphasis was placed on supporting people living with learning disabilities as waiting times were exceptionally long.
Escalations – including Industrial Action Update	The first floor of the UEC opened on plan on 11 th December and all other moves were completed ahead of schedule. As a result of industrial action, around 800 outpatient appointments had to be cancelled but 1700 appointments went ahead. Focus was on cancer lists and the Trust maintained good relationships with teams. An internal critical incident was declared following a request by the Gold Commander at the Regional Office of the unloading of 18 ambulances into ED. A report regarding the consequences would be presented at the next meeting.
Annual Planning including PEP	Committee received an update of progress including slippage and associated risks. It was acknowledged that there were winter pressures, industrial action and the CQC inspection that had limited capacity to support development of the plan according to the timeline laid down. The ICB had suggested that they would be willing to contribute to commissioning some external support to help identify the PEP and the Trust had commenced discussions with CSU colleagues to outline a proposal for an injection of resources. National guidance was expected within the next 48 hours.
Provider Collaborative	It was proposed that a Memorandum of Understanding was put in place with the Health & Care Trust which formed part of the move in line with national policy. Benefits and risks were reviewed. Committee endorsed the Provider Collaborative.
LIMS Outline Business Case Update	Recommendation of approval was sought to progress to Trust Board to begin the procurement process at risk. Based on initial pre procurement estimates there was a potential capital and revenue affordability gap but there was confidence that the gap could be closed through the procurement process and by future savings associated with implementing the LIMS and the collaborative model. Regardless of whether the Trust joined the network, the LIMS did need to be replaced and there was a risk that the Trust could be out of contract with its existing contract before commissioning of the new system that would need to be managed. The LIMS Outline Business case was recommended for approval by Trust Board.
Integrated Performance Report	The executive summary headlines were noted. Areas of focus remained in regard to ambulance handover delays, length of stay, Urgent and Emergency care challenges and cancer performance. The Board attended a deep dive session into cancer recovery which identified a clear plan for recovery of skin cancer waiting times. Urology remained a challenge. 2 new consultants had been appointed and extra diagnostic support had been put in place across the weekend to clear backlogs. In terms of elective recovery, patients waiting over 104 weeks had been prioritised during the strike period and weekly scrutiny remains in place. A 78 week target risk was observed and the Committee were informed that careful monitoring was in place to ensure that it will be achieved.
Tobacco Dependency Business Case	Committee were informed that national funding based on population size had been received from NHSE to support the business case into 2023-24. Approval was sought for the use of these external funds at a cost of £255k. There was no additional cost to the organisation and funding would be recurrent. There was a challenge that there was no office capacity for the team and therefore suggested that the H&C Trust were approached for assistance. The Tobacco Dependency Business Case was approved.

Finance & Performance Committee Assurance Report - 21 December 2022

Executive Summary

The Committee met virtually on 23 November 2022 and the following key points were raised :

Item	Discussion
Finance Report M8:	<p>The M8 actual deficit was £1.4m against a plan of £1.5m deficit, a favourable variance of £0.1m. This brings the year to date M8 actual deficit to £13.5m against a plan of £13.0m deficit, an adverse variance of £0.6m (4.6%). The full value of ERF was assumed with the support of commissioners and was £11m. Employee expenses in month were £1.6m adverse to plan, much of this was driven by the pay award, which was funded, PEP and winter pressures. The year end projection had been prepared with the support of Divisions which reflect a £5.2m risk to delivery. Mitigations have been identified and are actively being managed. There was concern around the ability to spend capital this year given the slippage in approval of the national programmes and the desire from NHSE for these funds to be spent in year. The team were still working through a brokerage solution with NHSE Regional Office. It was projected that there could be a solution of c£3m underspend subject to confirmation of proposed solutions by NHSE Regional Office. The position on capital and risks to delivery of CRL would be reviewed in detail at the next meeting.</p> <p>Assurance levels were approved at level 3 for both I&E and capital and level 6 cash.</p>
Xerox Deed of Variation	<p>Committee reviewed the Deed of Variation as part of the ASR works to recommend approval of the signing and execution at a total project capital cost of £677k and that if exceeded, further governance would be required. The Xerox Deed of Variation was approved.</p>
Strategic Programme Board	<p>The SPB papers were received and the Committee challenged the lack of profit from land sales. It was recognised that there would likely be little profit going forward given the new capital accounting regime and that the capital receipt would be cash backed and subject to approval by NHSE could be used for onward investment by the Trust.</p>
CAG CDC2	<p>Committee received a request of £1.8m to enhance the Endoscopy accommodation at Kidderminster and associated supporting facilities. The proposal had previously been approved in June this year. The MoU for the funding was received from NHSE in November and approval was sought to appoint the contractors and start the work. The Contract Governance Award – CDC2 was recommended for approval by Chair's Action.</p>
PEP Planning Support Bid	<p>Committee were informed that work was underway regarding commissioning additional support for PEP identification for the 23/24 plan. An agreement in principal had been reached with the ICB to provide additional financial support. There was assurance that a significant proportion would be funded but the Trust would need to progress at risk if PEPs were to be in place for the new financial year. Work was underway to scope out what we would need around analytical support, workforce, outpatients, theatres, & procurement in particular. The PEP Planning Support Bid was approved.</p>
TIF2 Potential Spend	<p>Committee were informed that there were opportunities identified to support further spending against the capital allocation in this year's capital plan to be delivered by 31st March 2023. Schemes had been reviewed and a shortlist compiled that could be brought forward, and 5 schemes with a total estimated spend of £2.5m had been identified including generators at the Alexandria site and replacement ED staff accommodation. A Chair's Action was requested in order to progress at pace should the necessary timelines not be consistent with existing approval forums to enable the schemes to progress before the end of the year subject to further review and assurance by CFO & DCEO/COO. The TIF2 Potential Spend was recommended for approval by Chair's Action.</p>

Quality Governance Committee Assurance Report – 22 December 2022

Accountable Non-Executive Director	Presented By	Author
Dame Julie Moore – Non-Executive Director	Dame Julie Moore –Non-Executive Director	Jo Wells, Deputy 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 22nd December 2022 and the following were agreed as escalations to Board:

Item	Rationale for escalation	Action required by Trust Board
Independent Review of East Kent Maternity Services	For noting	For noting by Trust Board
CNST Final Evidence Submission	For approval	For approval for submission too NHSR

The Committee was condensed due to operational challenges relating to industrial action.

The following levels of assurance were approved:

Item	Level of Assurance	Change	BAF Risk
Maternity Safety Report	Level 5	Maintained	2, 4, 9, 10
Independent Review of East Kent Maternity Services	Level 5	N/A	2, 4, 9, 10
CNST Final Evidence Submission	Level 4	N/A	
Integrated Performance Report	Level 4	Maintained	2, 3, 4, 7, 8, 9, 10, 11, 13, 14, 15, 16, 17, 18, 19, 20
Safeguarding Adults & Children Q2 Report	Level 6	N/A	
Harm Free (Safer Care) & Harm Review Q2 Report	Level 5	N/A	18
Patient Experience: Patient Carer, Community Experience Group Q2 Report	Level 5	N/A	2
Medicines Optimisation Q2 Report	Level 6	N/A	4
VTE Report	Level 6	N/A	4
GIRFT Q2 Report	Level 4	N/A	
CQC Well-Led Preparation	Level 4	N/A	4, 11
Management of Key Documents and NICE Guidance Q2 Report	Level 6	N/A	

Quality Governance Committee Assurance Report – 22 December 2022

Item	Level of Assurance	Change	BAF Risk
Legal Report Q2 Update		N/A	
Clinical Audit Q2 Report	Level 4	N/A	
CGG Report		N/A	
RMG Report	Level 5	N/A	

Quality Governance Committee Assurance Report – 22 December 2022

Executive Summary

The Committee met virtually on 22 December 2022 and the following key points were raised:

Item	Discussion
CNO/CMO escalations	An external review of IPC has been undertaken and a report would be fed back regarding environmental cleaning. The Trust had declared a critical incident status and as a result, some actions taken would have a potential impact upon patients from a quality governance perspective. Patients were being discharged at risk, there was extensive corridor care, High ITU occupancy and the ambulance strike action protocol was rapid offload. The NHSE had also implemented a rapid offload protocol which caused extreme pressures in the ED which was due to the amount of outstanding category 2 calls in the system. No immediate harm had been reported but those patients would be reviewed to understand if any harm had been caused at a later stage. No clinical incidents had been reported as a result of industrial action.
Action log	The actions were reviewed and updates were provided. No other matters were escalated. The Director of Estates & Facilities was invited to the meeting to provide an update on bed cleaning and the issues with space and capital. A further update would be provided at the next meeting.
Patient Story	The Patient Story will focus on a patient with Marfans syndrome who was referred to the chronic pain team. It is a positive story which has improved the patient's quality of life.
Maternity Safety Report	Improvements had been seen with workforce KPI's and 12+6 bookings. 2 still births had been reported in month, once of which was also raised as a Serious Incident. 1 incident regarding cooling had been reported to HSIB. Level 5 assurance overall was approved
Independent Review of East Kent Maternity Services	There were 5 recommendations detailed within the report. Providers had been asked to look at their reputation and representation to Trust Board. It was acknowledged that there were always improvements that could be made however there were a number of initiatives in place and good visibility to the Board. The report would be presented at Public Trust Board for review. Level 5 assurance was approved.
CNST Final Evidence Submission	Committee were informed that there was full compliance within 2 of the 10 safety actions. There are a number of elements within each action and a number were 54% complete. There was no compliance in 5 areas. Other Trusts had reported a similar level of compliance. Evidence was detailed within the report which would be reviewed at Trust Board. Level 4 assurance was approved.
Safeguarding Q2 Report	The only recommendation detailed within the report related to the Mental Health Act detentions. Activity exceeded the service level agreement that was currently in place. Medical and dental staff remained outliers for mandatory training compliance. Level 6 assurance was approved.
Harm Free (Safer Care) and Harm Review Q2 Report	It was noted that the report had an overall assurance rating of level 6, however nutrition and hydration was assurance level 3 due to poor compliance at ward training. Pressure ulcers had increase in quarter 2 but the Trust was not an outlier. The trajectory for falls had not achieved but the falls resulting in harm trajectory had achieved. The Trust was below benchmark level for both. Level 5 assurance was approved.
Integrated Performance Report	It was reported that 2 week waits had improved, urgent and emergency care indicators show special cause variation and the workforce plan was progressing. IPC challenges continued and the Fractured Neck of Femur pathway remained a concern. The Badgernet issue was

Quality Governance Committee Assurance Report – 22 December 2022

Executive Summary

The Committee met virtually on 22 December 2022 and the following key points were raised:

Item	Discussion
Patient Experience: Patient Carer, Community Experience Group Q2 Report	Committee noted that recruitment was underway for a manager and administrators. The business case for volunteers was approved at TME. Level 5 assurance was approved.
Medicines Optimisation Q2 Report	There was a risk that due to short staffing within Pharmacy, full audits were not undertaken. The implementation of an EPMA system in future will assist. Level 6 assurance was approved.
VTE Report	It was noted that the data was not correct at the time of reporting due to the Badgernet issues. These issues have now been resolved and there was good VTE compliance. Level 6 assurance was approved.
GIRFT Q2 Report	Key actions had been put in place following deep dives and were tracked through divisional performance meetings. Level 4 assurance was approved.
CQC Well-Led Preparation	A request had been made to the QCQ to allow more time to prepare for Well-Led given the strike action and a national urgent and emergency care crisis. The request had been accepted and moved to the end of January. The Good Governance Institute were assisting the Trust in preparation and would be observing Committees and interview preparation to ensure that colleagues were briefed on key elements of the key lines of enquiry. Level 4 assurance was approved.
Management of Key Documents and NICE Guidance Q2 Report	There had been some historic issues with compliance due to workload, staffing issues and lack of compliance. There was now a better process and escalation in place. Level 6 assurance was approved.
Legal Report Update Q2 Report	The report now featured some of the learning from claims. Work was underway with legal and governance teams to triangulate claims to allow earlier notification.
Clinical Audit Q2 Report	The audits were taken as a process of continued improvement. Further discussion would take place around the differences between national audit compliance benchmarks and internal audit reporting. Level 4 assurance was approved.
CGG Report	The report was noted.
RMG Report	The report was noted.

Meeting	Public Trust Board
Date of meeting	12 January 2023
Paper number	Enc H

Maternity and Neonatal Service in East Kent – the Report of the Independent Investigation December 2022

For approval:		For discussion:		For assurance:		To note:	x
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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	December 2022	Noted
TME	14 December 2022	Noted for assurance
QGC	22 December 2022	Noted for assurance

Recommendations	The Board is asked to acknowledge the report and note the recommendations
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Executive summary	<p>The Independent investigation was led by Dr Bill Kirkup and was published in October 2022.</p> <p>The investigation examined the maternity services in two hospitals the Queen Elizabeth. The Queen Mother Hospital (QEQM) at Margate and the William Harvey Hospital (WHH) in Ashford, between 2009 and 2020. Responsibility for these services lay with East Kent Hospitals University NHS Foundation Trust.</p> <p>The report outlines significant failures at the Trust and makes five recommendations for Trusts, professional bodies and educational organisations to consider.</p>
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Risk												
Which key red risks does this report address?												
What BAF risk does this report address?	<i>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 premium staffing costs.</i>											
Assurance Level (x)	0	1	2	3	4	5	6	7	N/A	x		

Meeting	Public Trust Board
Date of meeting	12 January 2023
Paper number	Enc H

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		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						

Meeting	Public Trust Board
Date of meeting	12 January 2023
Paper number	Enc H

Introduction/Background
<p>The Independent review of maternity and neonatal services at East Kent University NHS Foundation Trust examined care provided between 2009 to 2020. The review team was led by Dr Bill Kirkup and the final report was published in October 2022 (Appendix 1).</p>
Issues and options
<p>The investigation team identified that those responsible for the services provided clinical care that was suboptimal and led to significant harm, failed to listen to the families involved, and acted in ways which made the experience of families unacceptably and distressingly poor.</p> <p>It was noted within the report that the individual and collective behaviours of those providing the services were visible to senior managers and the Trust Board in a series of reports through the period from 2009 to 2020, and lay at the root of the pattern of recurring harm. There were eight separate opportunities where the problem could have been acknowledged and effectively addressed.</p>
Conclusion
<p>The report concluded that had care been given to the nationally recognised standards, the outcome could have been different in 97, or 48%, of the 202 cases assessed by the panel, and the outcome could have been different in 45 of the 65 baby deaths, or 69% of these cases.</p> <p>The report made 6 recommendations:</p> <ol style="list-style-type: none"> 1. The prompt establishment of a Task Force with appropriate membership to drive the introduction of valid maternity and neonatal outcome measures capable of differentiating signals among noise to display significant trends and outliers, for mandatory national use. 2. Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning. <p>Relevant bodies, including Royal Colleges, professional regulators and employers, be commissioned to report on how the oversight and direction of clinicians can be improved, with nationally agreed standards of professional behaviour and appropriate sanctions for non-compliance.</p> <ol style="list-style-type: none"> 3. Relevant bodies, including the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health, be charged with reporting on how team working in maternity and neonatal care can be improved, with particular reference to establishing common purpose, objectives and training from the outset.

Meeting	Public Trust Board
Date of meeting	12 January 2023
Paper number	Enc H

Relevant bodies, including Health Education England, Royal Colleges and employers, be commissioned to report on the employment and training of junior doctors to improve support, team working and development.

4. The Government reconsider bringing forward a bill placing a duty on public bodies not to deny, deflect and conceal information from families and other bodies.

Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards.

NHSE reconsider its approach to poorly performing trusts, with particular reference to leadership.

5. The Trust accept the reality of these findings; acknowledge in full the unnecessary harm that has been caused; and embark on a restorative process addressing the problems identified, in partnership with families, publicly and with external input.

Recommendations

The Board is asked to acknowledge the report and note the recommendations

Appendices

Appendix 1.



reading-the-signals-
maternity-and-neona

Meeting	Public Trust Board
Date of meeting	12 January 2023
Paper number	Enc I a

Nurse staffing report – November 2022

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Sue Smith Deputy Chief Nursing Officer		
Presented by	Sue Smith Deputy Chief Nurse	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
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Report previously reviewed by

Committee/Group	Date	Outcome
TME	14 December 2022	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 November 2022 has been achieved.
- The RCN ballot has resulted in strike days being declared on the 15th and 20th December 2022. The trust are currently working with RCN and the strike committee to ensure minimum safe staffing levels are achieved and agree derogations.
- The Bristol model of capacity management continues with plus 1/2 boarding of patients across the WRH wards. Daily staffing assessment remains in place and escalations of staffing need managed locally with an audit trail through Safer Care.
- Acuity and dependency audit commenced on the 21st November 2022 to run for 1 month – this is the second review period in the calendar year and this will inform budget setting and nursing ward establishments for 2023/2024

Executive summary

This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during October / November 2022. Key headlines are:

- NHSP demand in November 2022 has fallen marginally against October 2022. Total Request reasons for October 2022 and November 2022 have remained generally consistent, with vacancy remaining the highest request reason (17.5k hours), and Sickness as 7.3k hours (an increase of 1.2k hours versus October 2022). Unfilled hours in November 2022 were 3.2k, an improvement against October 2022 4.7k unfilled hours. Average bank rates increased to £34.43 versus £32.29 in October 2022 due to the reintroduction of the PA rates to prevent shifts being

Meeting	Public Trust Board
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	<p>escalated to Thornbury. Thornbury were not used for any general (RN00) nursing shifts in November 2022.</p> <ul style="list-style-type: none"> • In November 2022 there were 60 insignificant or minor incidents reported with no moderate or significant harms reported related to staffing. • The health care assistant recruitment drive remains in place. This programme remains pivotal as the challenge is that as quickly recruitment is occurring, turnover is happening. There are ongoing discussions around an option appraisal for the HCSW workers. • The vacancy factor is (October data): RN 161 at 8.2%, (down from 211 in September) the model hospital data from October paper remains unchanged at of 12.3% and HCA 118 at 12.0% again model hospital from October of 11.1%. Priority areas for recruitment are HCA. A review of retention is ongoing and undertaken by HR. • Triangulation of data shows there is a variance in the bank and agency usage is reduced compared to the WTE in vacancy, sickness and maternity. RN +18WTE (accounted for in 'additional beds and HCA +32 WTE (24.6 accounted for by Additional beds / COVID additional staff) • The RCN Union have balloted their members during September/October 2022 and strike action for Worcester Acute Hospitals Trust will go ahead on 15th and 20th December 2022. A tactical command and control group is in place and working through a strategy to cover strike days. This risk has been entered onto the corporate risk register • There remains a reported concern of staff across the trust feeling tired and pressured on meeting the challenging capacity and demand position and also meeting the health and wellbeing for staff particularly in relation to concerns of cost of living challenges. Some supportive measures are in place for staff currently.
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Risk												
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												

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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 October / November 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 as there remains the priorities 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. The provision of staff support continues to be a high priority for the teams in particular as winter 2022/2023 progresses. There is a Trust wide weekly meeting in place to assess progress with safest staffing and professional issues and to gain a professional update on health and wellbeing issues at ward/clinical level, led by the CNO/Deputy Chief Nurse. 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. Further staff are commencing the PNA training programme in January 2023 to support this and a number of places have been secured for staff to attend the Mental Health First Aid (MHFA) training to support this further. Harms There were 60 minor and insignificant patient harms reported for November 2022 over a variety of ward areas. No hot spot areas were identified, with no patient related risks reported. Good Governance There 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 CNO and the monthly NWAG meeting. Triangulation of data is ongoing, with Whole time equivalent data now available for Maternity leave and sickness. Safe Staffing Nurse staffing 'fill rates' (reporting of which was mandated since June 2014) <i>"This measure shows the overall average percentage of planned day and night hours for registered and unregistered care staff and midwives in hospitals which</i>

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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 October 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. The increase in RN fill is significant across the COVID areas and the need for additional staffing on these areas. The HCA fill rate on days and nights has increased slightly this month a trust wide advert is in place to fill all the HCA vacancies.	5
RN	94%	96%		
HCA	89%	102%		

DATA for October 2022

Vacancy trust target is 7%

RN vacancies ongoing recruitment to reduce vacancies both domestic and international. Rolling adverts for specialities have been ongoing. HCA recruitment continues following the recruitment drive with HEE and a centralised trust wide advert 22/23 International nurse recruitment commenced in April 2022 for the next financial year with additional funds supported by NHSEI with supporting teaching for the Hereford and Worcester Health and Care Trust. A further Bid has been approved for funding Jan- March 23 for a further 20 nurses.

Current Trust Position WTE October data	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN 161 WTE 8.2% RM 22 WTE 9.36% HCA 118 WTE 12.04%	RN 12.3% RM not available HCA 11.1%	4

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.

Recruitment International nurse (IN) recruitment pipeline

Recruitment is in progress and ongoing month on month, this will total 80 nurses for this financial year with the 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 2023.

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Domestic nursing pipeline

With the commencement of the grow our own campaign through the Best People Programme, October 2022 / November 2022 has seen new cohorts of Newly qualified nurses take up posts within the Trust with a corresponding drop in vacancies.

Registered Nurse associates and Registered nurse degree apprentices continue to train within the Trust and engagement with DDNs and Matrons is planned to promote and facilitate applications for the May 2023 cohort at BCU for the RNA program. There is a program for domestic recruitment this has included attendance at the ICS recruitment event with a resulting 12 HCA job offers being made. There are additionally a number of other recruitment events planned in January 2023 / February 2023 to continue the momentum.

In order to further support the on-boarding and retention of new HCSW the professional Development Team will alter their induction plan for HCAs to offer the Care certificate directly following Trust induction. This is to support new HCSW colleagues in their role and promote retention.

Bank and Agency Usage October 2022 data

Trust target is 7%-

Current Trust Position WTE	Model Hospital data June 2022 Benchmarking	Current level of assurance
RN and RM 369 WTE 18.6% Overall WTE has increased by 7 last month and 14 WTE since August. HCA 278 WTE Total demand hours remain flat to prior month with a 0.3 WTE reduction.	RN 6.4% RM Not available HCA Not available	5

Sickness – October 2022 data

The Trust Target for Sickness is 4%, October sickness data 5.65%.

Current Trust Position	Model Hospital data May 2022 Benchmarking	Current Level of Assurance
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RN 114 WTE 5.75% RM 15 WTE 6.55% HCA 98 WTE 9.9%	RN 5.6% RM 6 7.4% HCA 8%	4
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Turnover

Trust target for turnover 11%.

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. To have a pool of ready to start HCAs as vacancies arise.

Current Trust Position October 2022 data	Model Hospital data March 2022 Benchmarking	Current level of Assurance
RN Turnover 12.45% RM Turnover 15.31% HCA Turnover 16.19%	RN Turnover 13.6% RM Turnover 13.6% HCA Turnover 21%	3

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 November 2022 has been achieved.
- The RCN/ Unions have balloted their members during September 2022/ October 2022 and strike action for Worcester Acute Hospitals Trust will go ahead on the 15th and 20th December 2022.
- The Bristol model of capacity management continues with plus 1/ 2 boarding of patients across the WRH wards. Daily staffing assessment remains in place and escalations of staffing need managed locally with an audit trail through Safer Care.
- Acuity and dependency audit commenced on the 21st November 2022 to run for 1 month – this is the second review period in the calendar year and this will inform budget setting and establishments for 2023/2024

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Midwifery Safe Staffing Report November 2022

For approval:		For discussion:		For assurance:	x	To note:	
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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	December 2022	
TME	14 December 2022	Noted for assurance

Recommendations	The Board is asked to note the content of this report for information and assurance
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in November 2022. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • 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 <p>There were 387 births in November. The escalation policy was enacted to reallocate staff internally as required. The community and continuity teams were not required to support the inpatient team throughout November. Minimum safe staffing levels were maintained on all shifts in November.</p> <p>The supernumerary status of the shift leader and 1:1 care in labour was achieved in month.</p>
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	<p>There were five staffing and five medication incidents reported on Datix. No harm was reported.</p> <p>Sickness absence rates are at 6.06%. Again COVID absence rates remained low in month. The directorate continue to work with the HR team to manage sickness absence timely to continue to maintain our current position.</p> <p>The rolling turnover rate decreased to 14.9%. The current vacancy rate is 8% as we await a further 3WTE midwives in Q3. A further 6WTE midwives were offered posts in November.</p> <p>The suggested level of assurance for November is 5. An increase in assurance will be recommended when the majority of the Trust KPIs are met.</p>
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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 premium staffing costs.						
Assurance Level (x)	0	1	2	3	4	5	x	6	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					

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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.

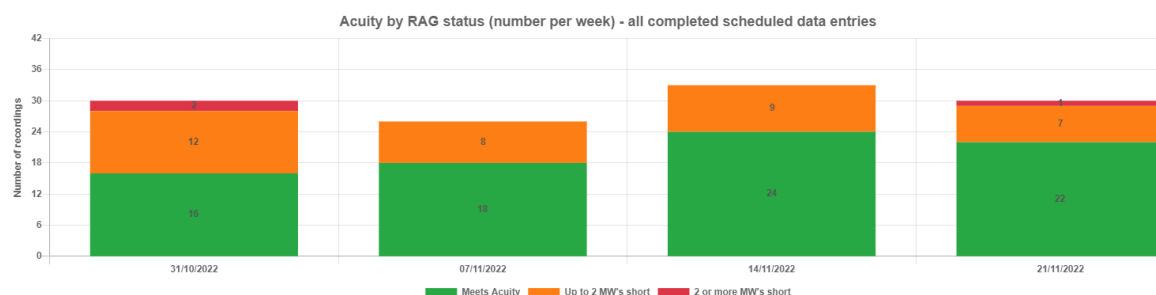
Issues and options

Completion of the Birthrate plus acuity app

Delivery Suite

The acuity app data was completed in 71% of the expected intervals which is an improvement on last month. 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 November.

From the information available the acuity was met in 67% (3% increase from previous month) of the time and recorded at 33% 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=11 occasions) of when staff are reallocated from other areas of the inpatient service; this is lower than previous months. The community and continuity of carer midwives were not escalated into the inpatient areas during November. It is also noted that there are two

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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 01/11/2022 to 30/11/2022

MA1	Redeploy staff internally	11	85%
MA2	Redeploy staff from community	0	0%
MA3	Redeploy staff from training	0	0%
MA4	Staff unable to take allocated breaks	2	15%
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	0	0%
MA11	Maternity Unit on Divert	0	0%
	Total	13	

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 new acuity app and are presented below.

The labour ward coordinator was supernumerary 100% of the time and 1:1 care in labour was also provided. There were no red flags reported in November via the acuity app.

From 01/11/2022 to 30/11/2022

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)	0	0%
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	0	0%

Antenatal & Postnatal Wards

Despite further education and support the data for the inpatient areas has not met the

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required completion level for inclusion in this report. Further engagement and support is planned.

Staffing incidents

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

1. Reduction in ANC appointments as no junior doctor available
2. Reduced availability of MSWs (3)
3. Sickness in team at KTC causing increased workload.

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 November 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 five medication incidents in November:

- Drug administered early
- Prescription error
- Incorrect drug administered in theatre
- Inadequate analgesia reported by patient
- Drug prescribed when not indicated

Unify Data

The fill rates (actual) presented in the table below reflect the position of all inpatient ward areas. The rates reported demonstrate a further improvement in fill rates for registered midwives and maternity support workers in the majority of the inpatient areas.

	Day RM %	Day HCA %	Night RM %	Night HCA %
Continuity of Carer	100%	n/a	100%	n/a
Community Midwifery	71%	n/a	100%	n/a
Antenatal Ward	95%	63%	96%	68%
Delivery Suite	95%	44%	95%	98%
Postnatal Ward	95%	52%	98%	66%
Meadow Birth Centre	81%	34%	87%	37%

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Monitoring the midwife to birth ratio

The ratio in November was 1:22 (in post) and 1:20 (funded). 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. One additional huddle was held during November due to capacity in NNU.

The maternity Unit Bleep Holder and the on call manager continue to join the Trust site meeting twice per day. This has facilitated escalation of any concerns and a greater understanding of the pressures within maternity services. The maternity team have also gained an insight into the challenges currently faced across our hospital services.

Maternity SitRep

The maternity team 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. Further work on the Sitrep is ongoing, the pilot of the regional Sitrep continues and the DoM is a member of the regional development group; this work will inform the updated staffing escalation policy.

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. The national COVID SitRep continues to be completed as requested.

Vacancy

There are currently 19 unfilled midwifery posts – vacancy rate of 8%. Eight of these post represent an uplift in establishment (Ockenden funding) to enable staff to be released for role specific training.

A successful recruitment event was held in November with five NQMs offered posts and a band 6 midwife offered a post on the birth centre.

Sickness

Sickness absence rates were reported at 6.06% in month – a further decrease in month.

The following actions remain in place:

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- 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 remains above the Trust target at 14.9%.

Actions throughout this period:

- Daily safe staffing huddles continued to monitor and plan mitigations for safe staffing
- Attendance at the site bed meeting twice 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
- Fortnightly '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. 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 11 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.

No red flags were reported via the acuity app; both 1:1 care in labour and the supernumary status of the shift leader were achieved in November.

Sickness absence rates reported at 6.06%; ongoing actions are in place to support ward managers and matrons to manage sickness effectively and maintain the positive improvement.

The rolling turnover rate is at 14.9% and the vacancy rate is now 8%. A further 3WTE midwives are expected in Q3 and 6 WTE midwives are expected in Q4.

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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 November is 5. An increase in assurance will be recommended when the current position is sustained and the majority of the Trust KPIs are met.

Recommendations

The Board is asked to note the content of this report for information and assurance