Month 1 [April] 2020-21 Operational Performance Summary
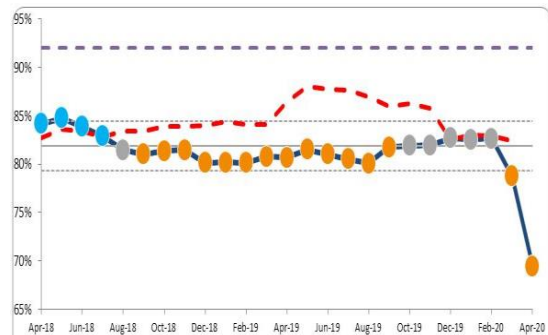
Responsible Director: Chief Operating Officer | Unvalidated for April-20 at 18th May 2020
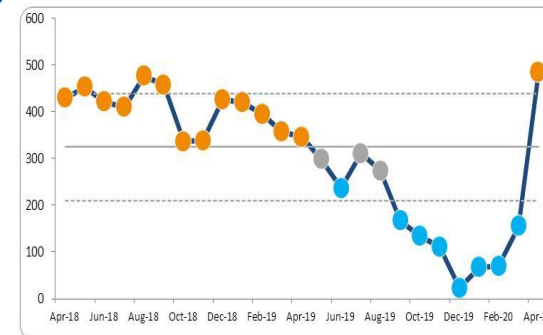
NHS
Worcestershire
Acute Hospitals
NHS Trust

RTT Incomplete

69.92%

40+ week waits (includes agreed exceptions)

477

52+ week waits

7

Diagnostics

33.37%

Variation

H ⌢	L ⌢	H ⌣	L ⌣	⌢
Special Cause Concern High	Low	Special Cause Note/Investigate High	Low	Common Cause

Assurance

P	?	F
Consistently hit target	Hit and miss target subject to random	Consistently fail target

6

Month 12 [March] 2019-20 Operational Performance Summary

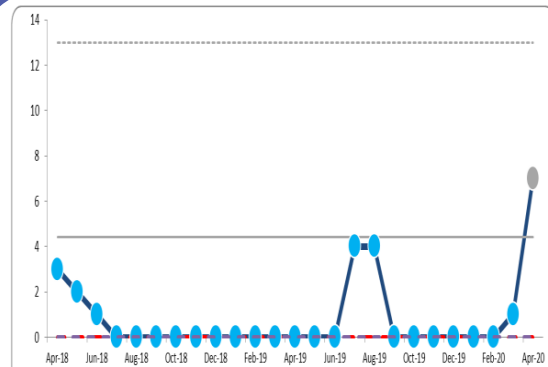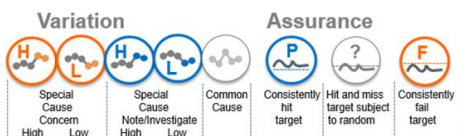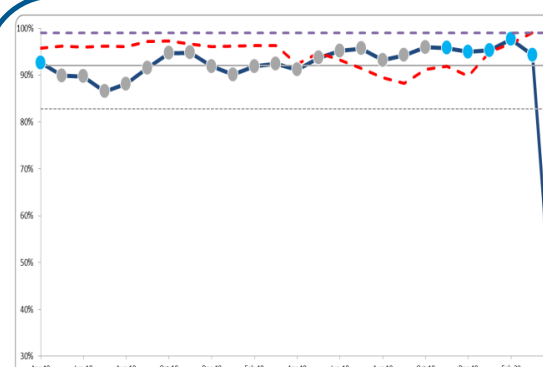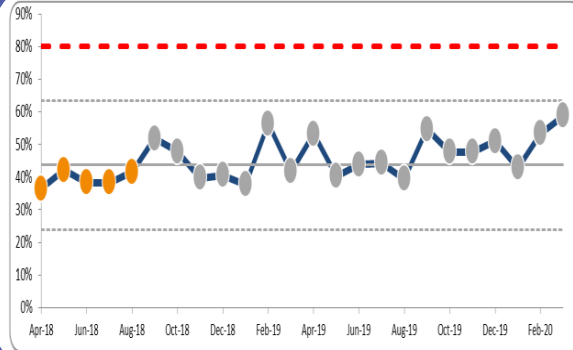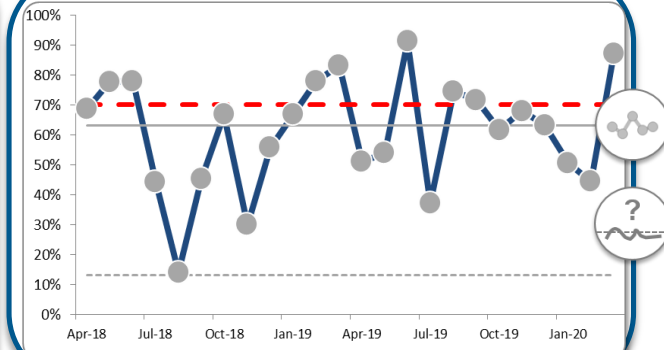### Responsible Director: Chief Operating Officer | Validated for March-20 at 18th May 2020

Worcestershire Acute Hospitals NHS Trust

Stroke : % CT scan within 60 minutes

58.80%

Stroke: % seen in TIA clinic within 24 hours

87.00%

Please note – Stroke Data is month in arrears due to coding and validation processes

Stroke : % Direct Admission to Stroke ward

60.40%
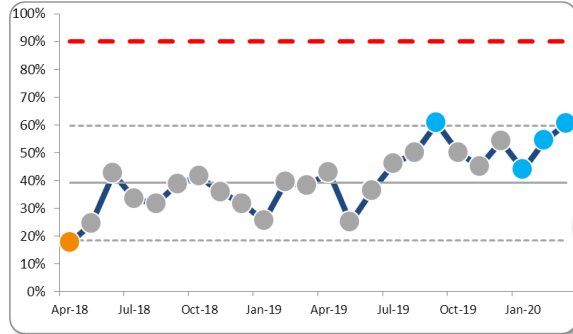
Stroke: % patients spending 90% of time on stroke unit

76.11%

Variation

H L (orange) — Special Cause Concern High / Low
H L (blue) — Special Cause Note/Investigate High / Low
Common Cause

Assurance

P — Consistently hit target
? — Hit and miss target subject to random
F — Consistently fail target

7
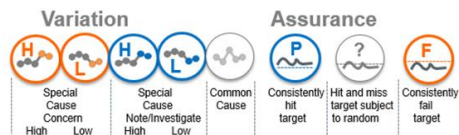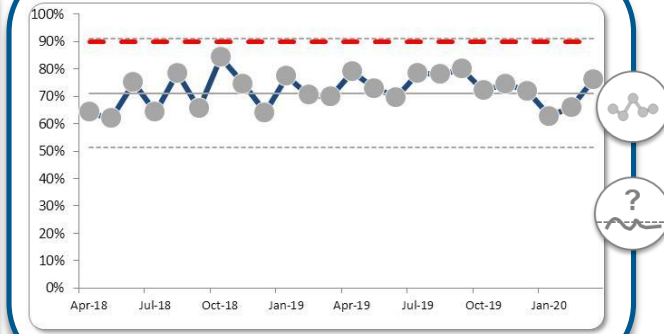
Operational | Submitted Trajectories (20/21) | M1 [April]

(20/21 trajectories have yet to be confirmed due to the cessation of contract negotiation)

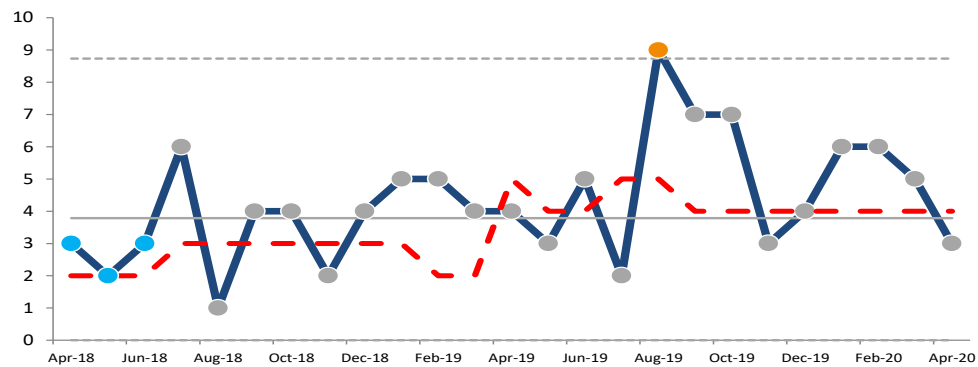| Performance Metrics		Operational Standard		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
EAS	4 Hours (all)	95%	Actual	76.18% ✓	77.28% ✗	74.43% ✗	76.82% ✗	77.98% ✗	77.68% ✗	76.49% ✗	74.47% ✗	70.17% ✗	74.23% ✗	76.15% ✗	77.90% ✗	88.92%
			Trajectory	75.41%	78.60%	78.78%	80.10%	82.10%	86.21%	86.24%	86.00%	86.00%	86.00%	86.00%	86.00%	
	15-30 minute Amb. Delays	-	Actual	1,703 ✗	1,767 ✗	1,738 ✗	1,925 ✗	1,828 ✗	1,624 ✗	1,940 ✗	1,826 ✗	1,946 ✗	1735 ✗	1788 ✗	1992 ✗	1,443
			Trajectory	1420	1251	1149	1112	855	831	673	655	704	706	642	470	
	30-60 minute Amb. Delays	-	Actual	728 ✗	608 ✓	671 ✗	751 ✗	646 ✗	578 ✗	705 ✗	813 ✗	1,004 ✗	647 ✗	458 ✗	413 ✓	145
			Trajectory	609	626	522	445	428	416	292	284	376	377	428	470	
	60+ minutes Amb. Delays	0	Actual	496 ✗	354 ✗	438 ✗	386 ✗	252 ✗	264 ✗	228 ✓	528 ✗	797 ✗	566 ✗	239 ✗	88 ✗	2
			Trajectory	203	209	209	222	214	208	269	262	329	330	107	0	
RTT	Incomplete (<18 wks)	92%	Actual	80.69% ✗	81.51% ✗	81.02% ✗	80.53% ✗	80.10% ✗	81.75% ✗	81.88% ✗	81.94% ✗	82.72% ✓	82.56% ✗	82.66% ✗	82.66% ✗	69.92%
			Trajectory	86.47%	88.06%	87.72%	87.69%	86.93%	86.01%	86.25%	85.81%	82.59%	83.06%	82.95%	82.43%	
	52+ WW	0	Actual	0 ✓	0 ✓	0 ✓	4 ✗	4 ✗	0 ✓	0 ✓	0 ✗	0 ✓	0 ✓	0 ✓	0 ✓	7
			Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
CANCER	2WW All	93%	Actual	84.87% ✓	82.21% ✗	80.75% ✗	79.91% ✗	84.32% ✗	82.76% ✗	82.03% ✗	90.35% ✗	91.99% ✗	87.52% ✗	93.44% ✗	93.84% ✓	88.89%
			Trajectory	93.93%	93.90%	93.64%	93.94%	94.02%	93.83%	93.96%	93.37%	95.58%	93.34%	94.05%	93.10%	
	2WW Breast Symptomatic	93%	Actual	54.12% ✓	12.00% ✗	4.58% ✗	16.07% ✗	23.77% ✗	15.52% ✗	24.06% ✗	71.96% ✗	95.95% ✗	89.31% ✗	92.54% ✗	84.03% ✗	100.00%
			Trajectory	45.96%	51.76%	27.66%	55.68%	87.01%	94.20%	97.81%	93.02%	97.04%	91.72%	96.00%	84.80%	
	62 Day All	85%	Actual	69.58% ✗	70.16% ✗	65.41% ✗	67.07% ✗	79.70% ✗	65.86% ✗	66.37% ✗	67.07% ✗	73.09% ✗	66.33% ✗	68.10% ✗	75.82% ✗	60.13%
			Trajectory	74.93%	78.06%	80.91%	82.91%	84.90%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%	86.04%	
	104 day waits	0	Actual	23 ✗	24 ✗	30 ✗	36 ✗	44 ✗	32 ✗	59 ✗	64 ✗	71 ✗	51 ✗	58 ✗	49 ✗	53
			Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
	31 Day First Treatment	96%	Actual	98.11% ✓	97.85% ✓	96.62% ✓	97.69% ✓	98.11% ✓	98.10% ✓	98.09% ✓	98.14% ✓	97.18% ✓	92.43% ✗	97.56% ✓	97.65% ✓	97.20%
			Trajectory	97.39%	97.32%	98.80%	97.82%	98.15%	97.35%	96.73%	96.99%	98.30%	94.07%	98.91%	97.22%	
	31 Day Surgery	94%	Actual	93.5 % ✗	93.8 % ✗	93.8 % ✗	75.0 % ✗	85.2 % ✗	88.0 % ✗	76.0 % ✗	90.3 % ✗	80.0 % ✗	66.7 % ✗	65.5 % ✗	94.4 % ✗	79.2 %
			Trajectory	96.43%	97.06%	96.88%	100.00%	100.00%	95.00%	100.00%	100.00%	100.00%	92.68%	93.33%	95.83%	
	31 Day Drugs	98%	Actual	100.0 % ✓	100.0 % ✓	100.0 % ✓	100.0 % ✓	100.0 % ✓	90.9 % ✓	100.0 % ✓	97.5 % ✗	96.4 % ✓	90.2 % ✗	100.0 % ✓	96.8 % ✗	88.9 %
			Trajectory	90.91%	100%	96.43%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	31 Day Radiotherapy	94%	Actual	100.0 % ✓	100.0 % ✓	96.2 % ✗	100.0 % ✓	100.0 % ✓	100.0 % ✓	100.0 % ✓	100.0 % ✓	98.8 % ✗	98.0 % ✗	98.9 % ✗	100.0 % ✓	92.5 %
			Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	62 Day Screening	90%	Actual	95.7 % ✓	90.9 % ✓	50.0 % ✗	100.0 % ✓	94.4 % ✓	82.5 % ✓	85.7 % ✓	72.2 % ✗	80.0 % ✗	73.5 % ✓	72.2 % ✗	73.9 % ✗	70.6 %
			Trajectory	85.19%	85.19%	90.00%	90.70%	76.60%	73.21%	65.38%	78.26%	93.55%	63.41%	86.96%	81.25%	
	62 Day Upgrade	-	Actual	71.4 % ✓	69.0 % ✓	72.7 % ✓	52.4 % ✗	73.3 % ✗	46.7 % ✗	76.9 % ✓	80.0 % ✓	73.1 % ✗	85.7 % ✓	85.3 % ✓	92.2 % ✓	98.1 %
			Trajectory	70.00%	62.50%	59.09%	83.33%	80.00%	90.91%	60.00%	75.00%	55.00%	62.50%	84.21%	65.38%	
	Diagnostics (DM01 only)	99%	Actual	91.14% ✗	93.67% ✗	95.16% ✓	95.68% ✓	93.17% ✓	94.21% ✓	95.96% ✓	95.78% ✓	94.94% ✓	95.28% ✓	97.64% ✓	94.29% ✗	33.37%
			Trajectory	92.37%	94.74%	91.42%	91.42%	89.52%	88.25%	91.28%	91.91%	89.77%	94.99%	96.71%	99.03%	
STROKE	CT Scan within 60 minutes	-	Actual	53.30% ✗	40.30% ✗	43.90% ✗	44.30% ✗	39.50% ✗	54.70% ✗	47.70% ✗	47.70% ✗	51.00% ✗	42.90% ✗	53.40% ✗	58.80% ✗	-
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	
	Seen in TIA clinic within 24hrs	-	Actual	51.10% ✗	53.90% ✗	91.20% ✓	37.10% ✗	74.40% ✓	71.60% ✓	61.60% ✗	67.90% ✗	63.10% ✗	50.50% ✗	44.40% ✗	87.00% ✓	-
			Trajectory	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	70.00%	
	Direct Admission	-	Actual	42.90% ✗	25.00% ✗	36.20% ✗	46.00% ✗	50.00% ✗	60.70% ✗	50.00% ✗	45.10% ✗	54.10% ✗	43.90% ✗	54.40% ✗	60.40% ✗	-
			Trajectory	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	90.00%	
	90% time on a Stroke Ward	-	Actual	79.00% ✗	73.00% ✗	69.60% ✗	78.50% ✗	78.00% ✗	80.00% ✗	72.10% ✗	74.60% ✗	71.70% ✗	62.70% ✗	66.00% ✗	76.11% ✗	-
			Trajectory	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	80.00%	

Best Experience of Care and Best Outcomes for our Patients

9

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Number of patients developing Clostridioides difficile

Apr-20

3

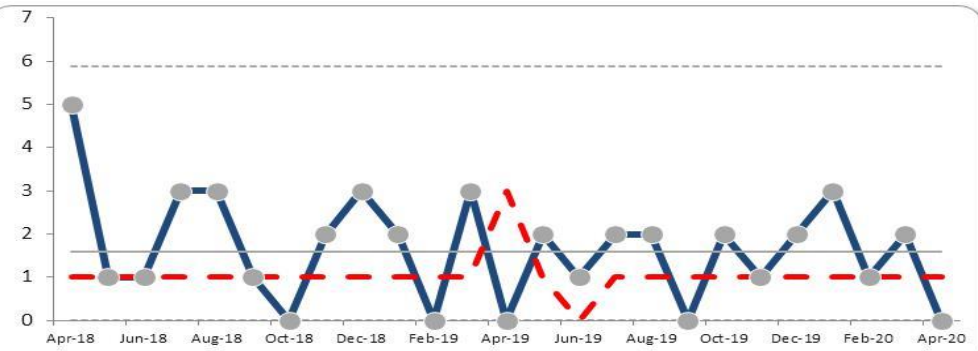**Number of patients developing Ecoli bacteraemia**

Apr-20

2
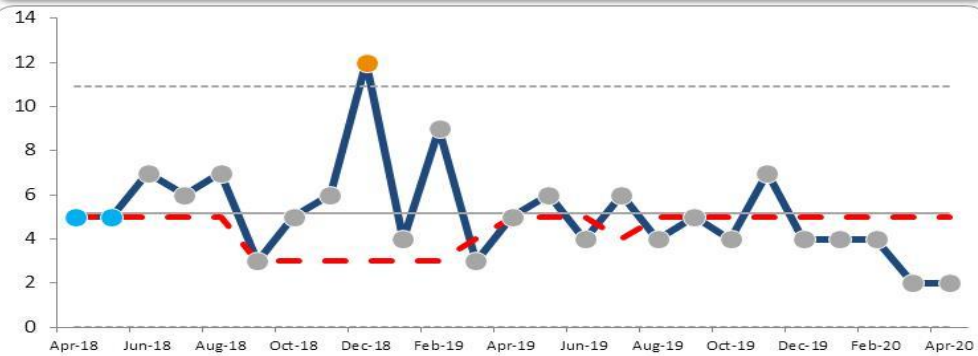
Number of patients developing MSSA bacteraemia

Apr-20

0

Number of patients developing MRSA bacteraemia

Apr-20

0

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

10

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Total Medicine incidents reported

Apr-20

62
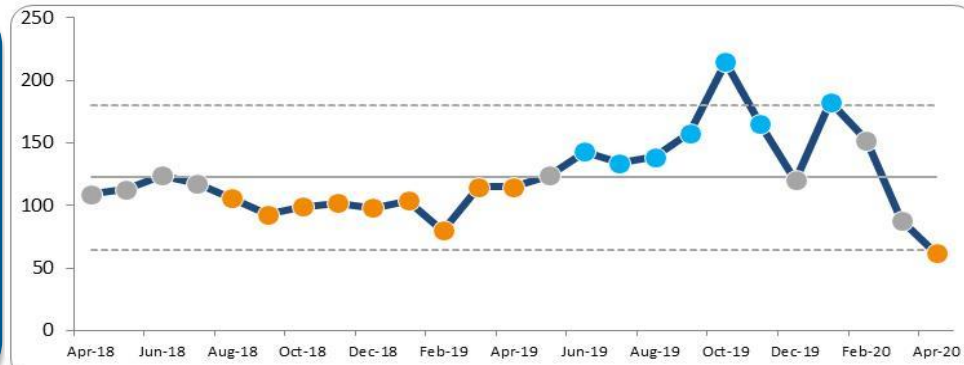
Medicine incidents causing harm (%)

Apr-20

4.84
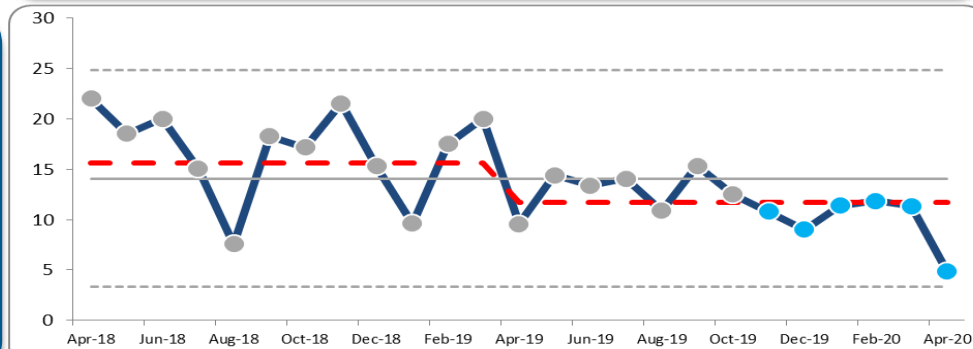

Hand Hygiene Audit Participation (%)

Apr-20

79.28
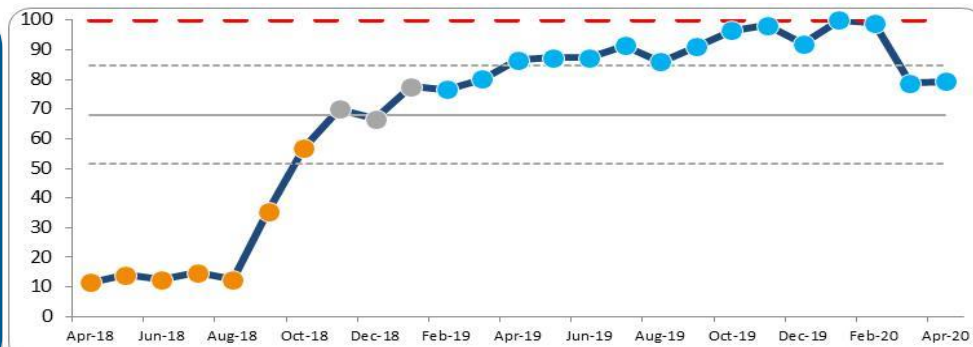
Hand Hygiene Compliance (%)

Apr-20

99.17
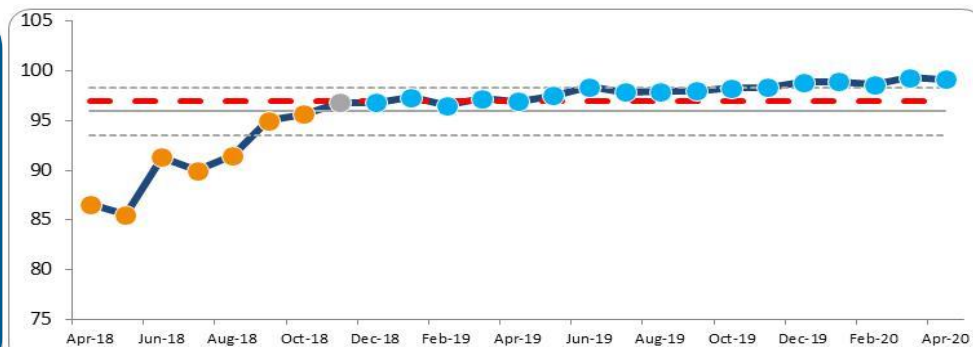
Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

11

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Falls per 1,000 bed days causing harm

Apr-20

0
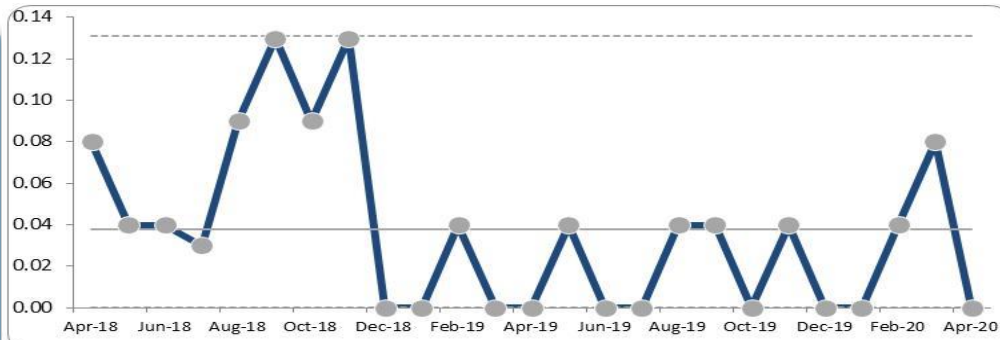
Sepsis Screening Compliance (audit) (%)

Feb-20

86.03
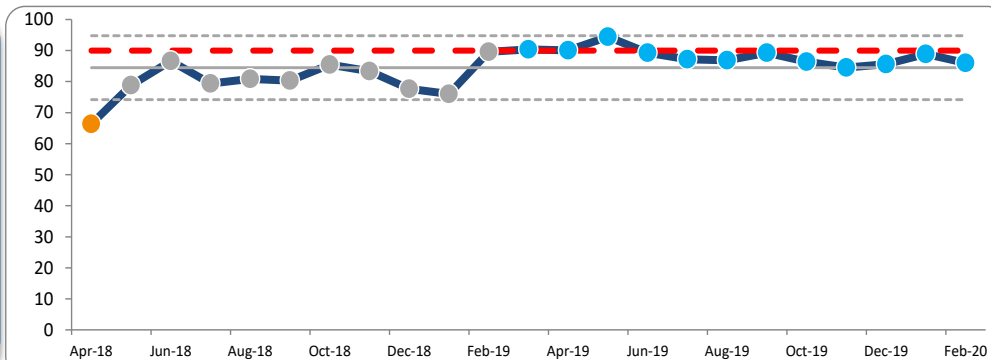
Sepsis 6 Bundle Compliance (audit) (%)

Feb-20

55.74
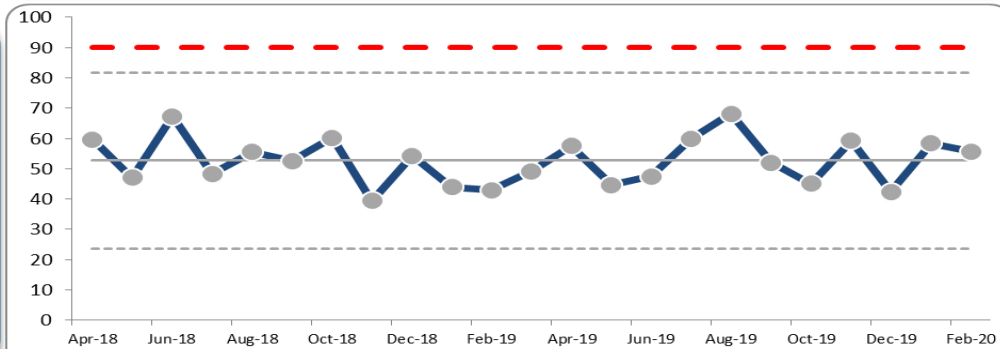
VTE Assessment Compliance (%)

Apr-20

96.91

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

12

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Safe
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

ICE reports viewed [radiology] (%)

Mar-20

81.22
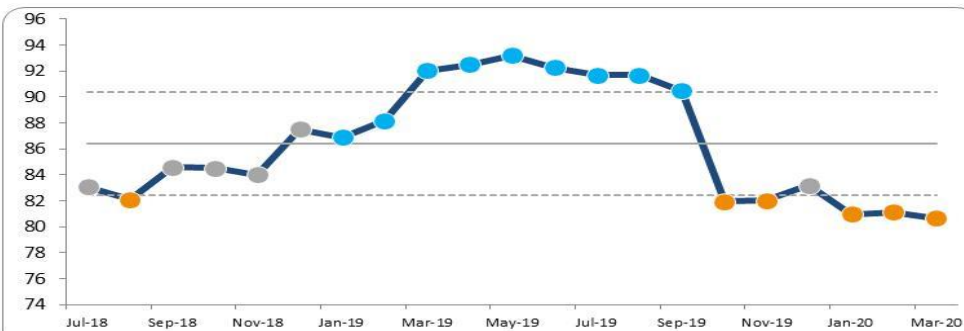
ICE reports viewed [pathology] (%)

Mar-20

95.77
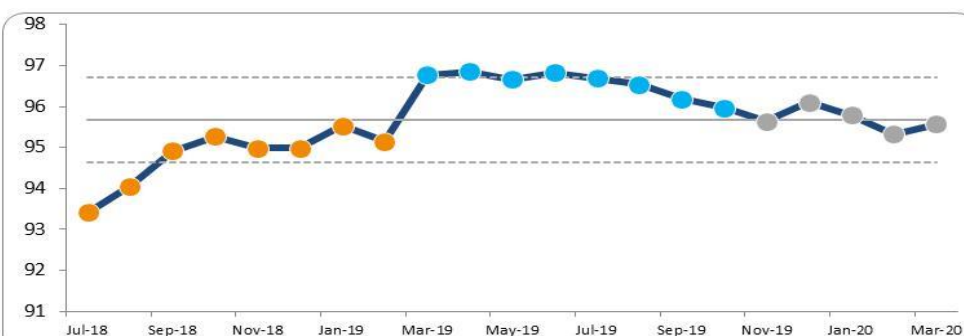
All Hospital Acquired Pressure Ulcers

Apr-20

35
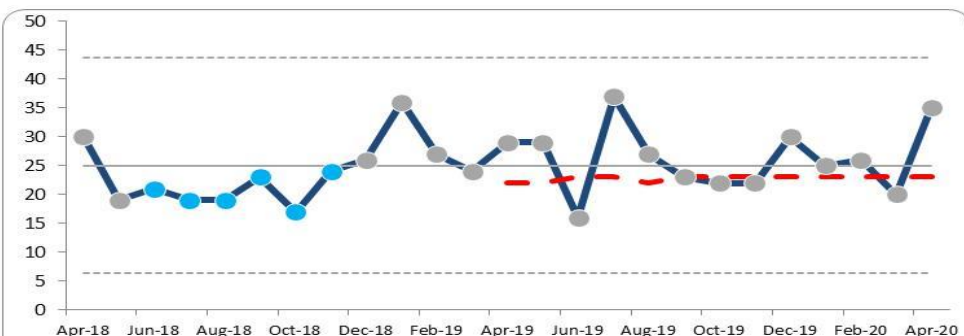
Serious Incident Pressure Ulcers

Apr-20

0

Variation

Special Cause Concern High | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

13
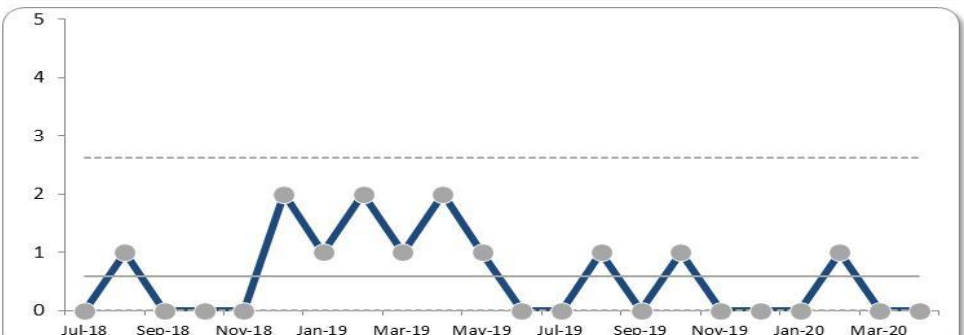
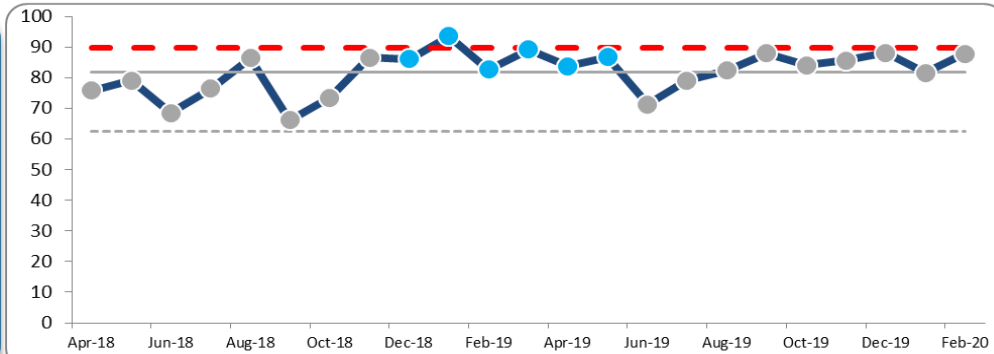# Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Effective / Patient Experience
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

#NOF time to theatre </=36 hours (%)

Feb-20

87.93

Mortality Reviews completed </=30 days (%)

Mar-20

22.94

HSMR 12 month rolling average

Sep-19

112.2
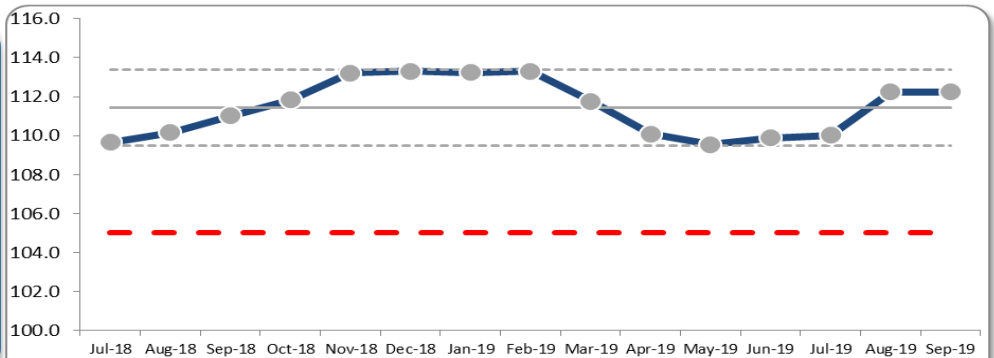
Complaints Responses </= 25 days (%)

Apr-20

43.33

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

14

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Care that is Effective
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Discharges before midday (%)

Apr-20

14.71
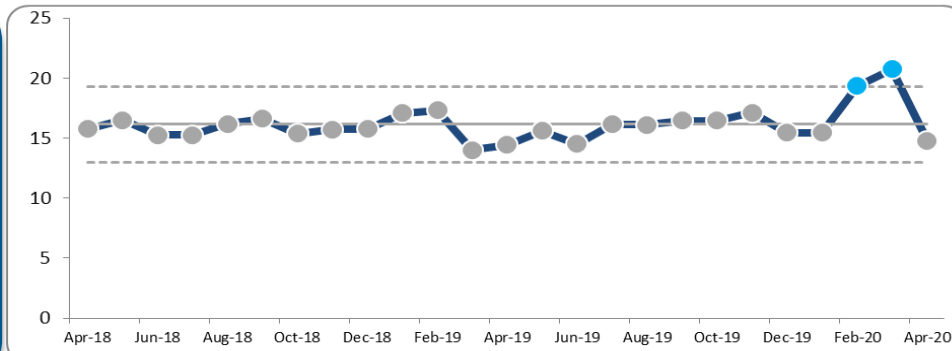
Risks overdue review

Apr-20

147

Risks with overdue actions

Apr-20

206

Variation

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

15

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Patient Experience
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS Worcestershire Acute Hospitals NHS Trust
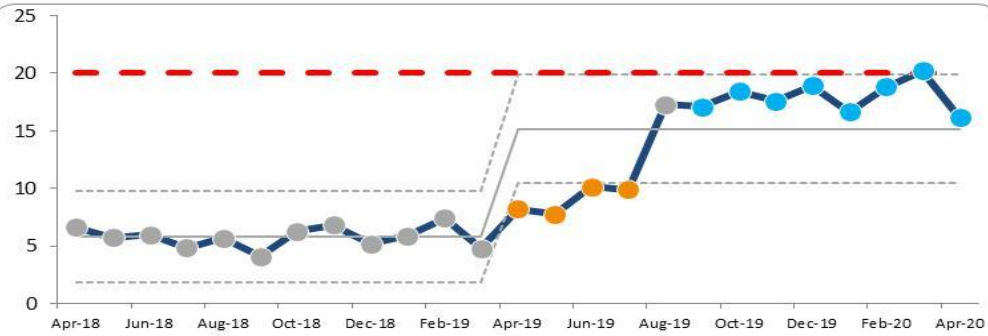
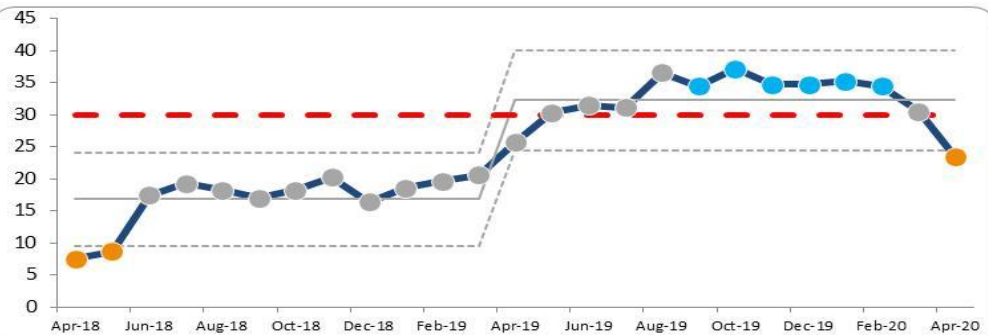**Accident & Emergency Response Rate Friends & Family Test (%)**

April 20

16.17

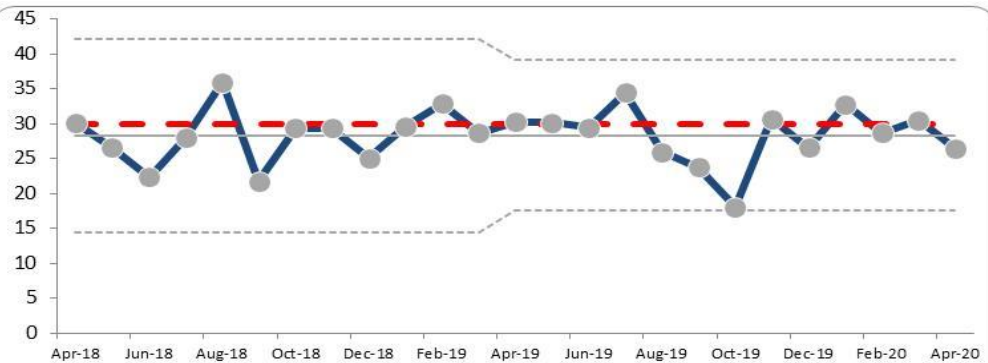**Inpatient Response Rate Friends & Family Test (%)**

April 20

25.51

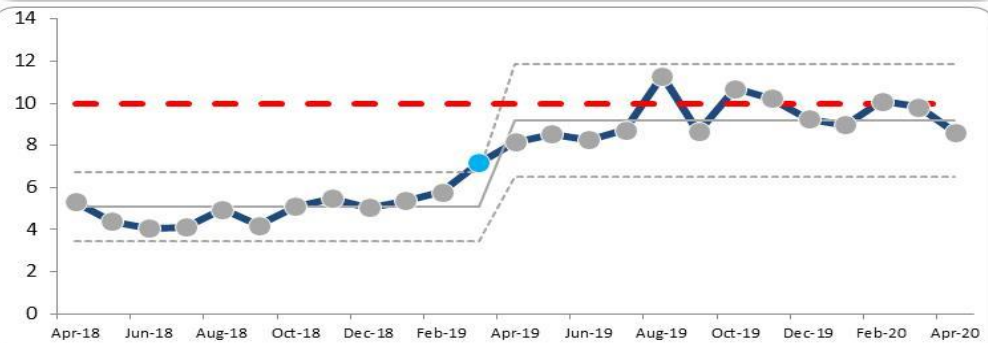**Maternity Response Rate Friends & Family Test (%)**

April 20

26.51

Outpatients Response Rate Friends & Family Test (%)

April 20

8.63

Variation

Assurance

Special Cause Concern High Low | Special Cause Note/Investigate High Low | Common Cause

Consistently hit target | Hit and miss target subject to random | Consistently fail target

16

Month 1 [April 20/21] | 2019-20 Quality & Safety Summary
Patient Experience
Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for April 20 as at 18th May 2020

NHS
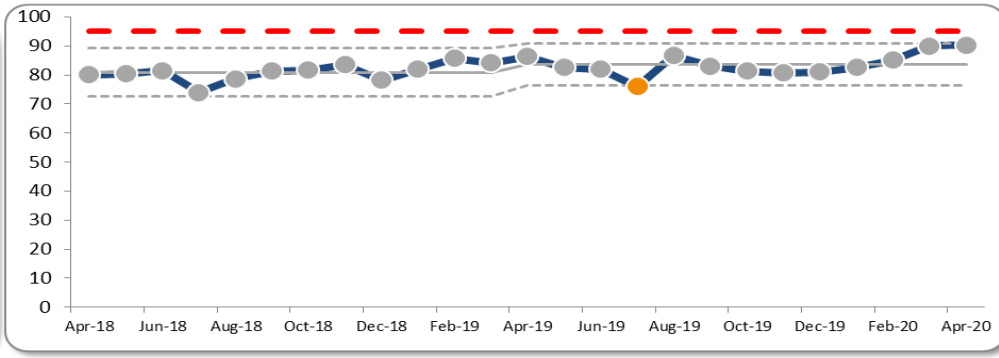Worcestershire
Acute Hospitals
NHS Trust

Accident & Emergency Recommended Rate Friends & Family Test (%)
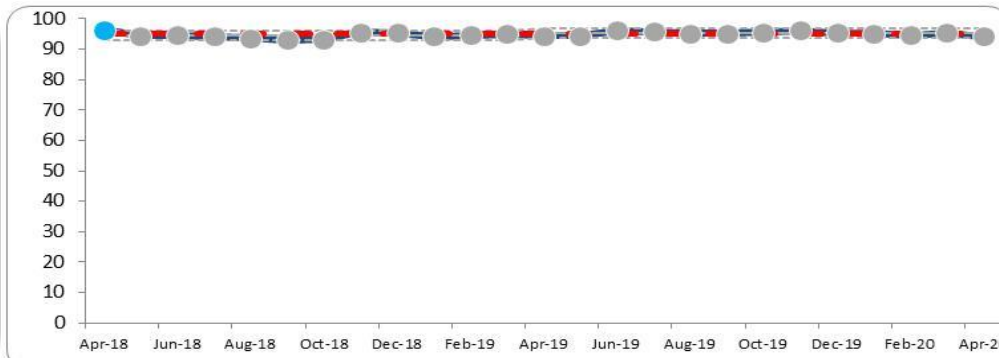
April 20

90.28

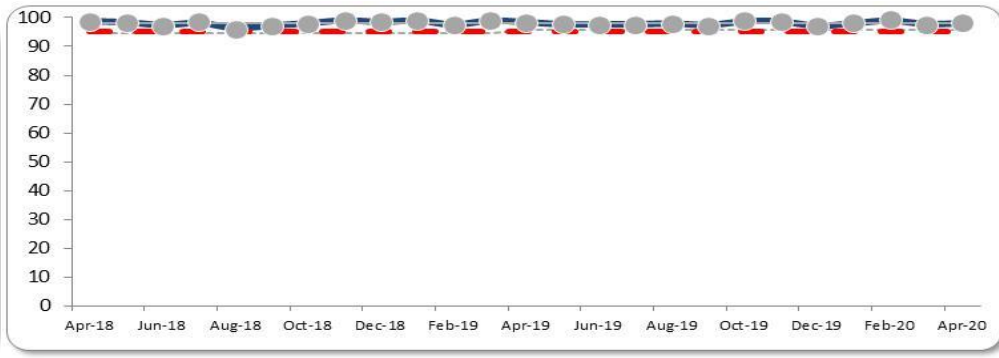**Inpatient Recommended Rate Friends & Family Test (%)**

April 20

94.07

Maternity Recommended Rate Friends & Family Test (%)

April 20

98.21

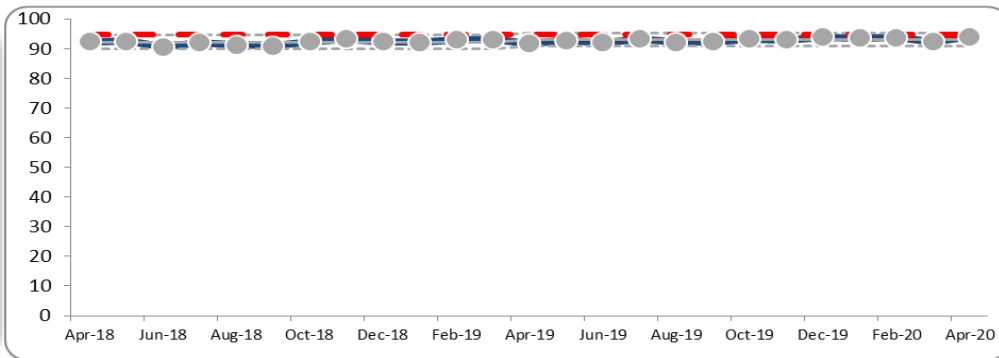**Outpatients Recommended Rate Friends & Family Test (%)**

April 20

0.51

Variation

Special Cause Concern High / Low · Special Cause Note/Investigate High / Low · Common Cause

Assurance

Consistently hit target · Hit and miss target subject to random · Consistently fail target

17

Quality & Safety | Trajectories (20/21) | M1 [APRIL]

Performance Metrics			Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Cdiff	0	Actual	4 ✓	3 ✓	5 ✗	2 ✓	9 ✗	7 ✗	7 ✗	3 ✓	4 ✓	6 ✗	6 ✗	5 ✗	3 ✓
		Trajectory	5	4	4	4	5	4	4	5	4	5	4	4	5
Ecoli	0	Actual	5 ✓	6 ✗	4 ✓	6 ✗	4 ✓	5 ✓	✗ ✗	7 ✗	4 ✓	4 ✓	4 ✓	2 ✓	2 ✓
		Trajectory	5	5	5	4	5	5	5	5	5	5	5	5	4
MSSA	0	Actual	0 ✓	2 ✗	1 ✗	2 ✗	2 ✗	0 ✓	2 ✗	1 ✗	2 ✗	3 ✗	1 ✗	2 ✗	0 ✓
		Trajectory	3	1	0	1	1	1	0	1	1	1	0	0	3
MRSA	0	Actual	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓	0 ✓	0 ✓	1 ✗	0 ✓
		Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	0
Hospital Acquired Deep Tissue injuries	0	Actual	8 -	11 -	3 -	8 -	6 -	9 -	6 -	7 -	12 -	12 -	5 -	8 -	16 -
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
Falls per 1,000 bed days causing harm	0	Actual	0 ✓	0.04 ✓	0 ✓	0 ✓	0.04 ✓	0.04 ✓	0.04 ✓	0.08 ✗	0.04 ✓	0 ✓	0.04 ✓	0.08 ✗	0.00
		Trajectory	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.04	
% medicine incidents causing harm	0%	Actual	9.57% ✓	14.40% ✗	13.38% ✗	14.07% ✗	10.87% ✓	15.34% ✗	12.50% ✗	10.78% ✓	9.02% ✓	11.41% ✓	10.67% ✓	8.24% ✓	4.84%
		Trajectory	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	11.71%	
Hand Hygiene Audit Participation	100%	Actual	86.55% ✗	87.39% ✗	87.39% ✗	91.38% ✗	85.96% ✗	91.07% ✗	96.43% ✗	98.21% ✗	91.96% ✗	100.00% ✓	99.11% ✗	78.76% ✗	79.28%
		Trajectory	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Hand Hygiene Compliance to practice	97%	Actual	96.95% ✗	97.52% ✓	98.39% ✓	97.88% ✓	97.92% ✓	97.98% ✓	98.28% ✓	98.35% ✓	98.84% ✓	98.90% ✓	98.64% ✓	99.35% ✓	99.17%
		Trajectory	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	97%	
VTE Assessment Rate	95%	Actual	95.92% ✓	96.58% ✓	96.51% ✓	96.55% ✓	96.23% ✓	97.10% ✓	96.45% ✓	97.33% ✓	95.32% ✓	97.14% ✓	96.83% ✓	96.76% ✓	96.91%
		Trajectory	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
Sepsis Screening compliance	90%	Actual	90.05% ✓	94.39% ✓	89.24% ✗	87.16% ✗	86.83% ✗	89.30% ✗	86.35% ✗	84.51% ✗	85.64% ✗	88.89% ✗	86.03% ✗	-	
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	95%
Sepsis 6 bundle compliance	100%	Actual	57.50% ✗	44.66% ✗	47.47% ✗	60.00% ✗	68.09% ✗	51.96% ✗	45.00% ✗	59.26% ✗	42.31% ✗	58.33% ✗	55.74% ✓	-	
		Trajectory	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	95%
#NOF time to theatre <=36 hrs	95%	Actual	83.87% ✗	86.89% ✓	71.43% ✗	79.10% ✗	82.46% ✗	88.00% ✓	84.21% ✗	85.71% ✓	88.27% ✓	81.67% ✗	87.93% ✓	-	-
		Trajectory	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%
Mortality Reviews completed <=30 days	100%	Actual	40.45% -	53.74% -	43.65% -	45.18% -	46.58% -	68.57% -	54.31% -	59.74% -	52.91% -	59.24% -	53.53% -	22.94% -	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
HSMR 12 month rolling average	100	Actual	110.15 -	109.6 -	109.96 -	110.02 -	112.24 -	-	-	-	-	-	-	-	-
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
Complaints responses <=25 days	85%	Actual	75.00% ✗	81.82% ✓	71.19% ✗	83.93% ✓	90.91% ✓	77.50% ✗	58.93% ✗	83.78% ✓	83.67% ✓	83.33% ✓	87.76% ✓	86.49% ✓	43.33% ✓
		Trajectory	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%
ICE viewed reports [pathology]	100%	Actual	96.85% -	96.66% -	96.83% -	96.69% -	96.54% -	96.19% -	95.97% -	95.64% -	96.10% -	95.79% -	95.33% -	95.77% -	
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-
ICE viewed reports [radiology]	100%	Actual	92.49% -	93.22% -	92.28% -	91.67% -	91.69% -	90.46% -	81.95% -	82.01% -	83.19% -	80.96% -	81.13% -	81.22% -	
		Trajectory	-	-	-	-	-	-	-	-	-	-	-	-	-

18

Best People

People and Culture KPI's – M1 –April 2020

Key Performance Indicator	Variation/Assurance and Corrective Action
Appraisal (non-medical)	Compliance has fallen by 5% which is the largest monthly drop this year, and is currently 76%. A reduction was expected due to the COVID-19 response. However, as the Trust is seeking to restart services and staff have access to zoom, skype and Microsoft teams there should be no barrier to appraisals going forward. The target for appraisal was scheduled to rise to 95% from April. The national benchmark is currently 85% on Model Hospital and agreement is sought from the Board to retain the 90% target during COVID-19.
Mandatory Training	Mandatory Training compliance has dropped by 2% to 87% this month which was expected due to the cessation of face to face training as part of the COVID-19 response. However, the majority of topics are available as e-learning through ESR which is accessible remotely. HR BP's and divisions have been provided with compliance data for those staff who are shielding or working from home to ensure that they are 100% compliant. The target is scheduled to rise to 95% from April 2020 but approval is sought from the Board to postpone this and retain the 90% target during COVID-19. The Model Hospital benchmark is 90% nationally and 88% within our peers.
Medical appraisal	Medical Appraisal has reduced by 4% this month to 89% against Model Hospital average of 85%. A reduction was anticipated this month due to the COVID-19 response. Reminders through ESR Self Service, implementation of Allocate e-appraisal system, and dedicated resource in HR to support medical appraisal and revalidation have been effective in improving and maintaining trajectory but guidance will be circulated to advise medics that they should use remote working tools to maintain their revalidation. The Board is advised to maintain the current 90% target during COVID-19.
Consultant Job Plans	Consultant Job plan compliance has reduced by 26% since February 2020 from 89% to 63%. This demonstrates a lack of focus on this area during the COVID-19 response which has been compounded by the numbers of job plans that ran through until March. Approval is sought from the Board to retain the current target of 90% during COVID-19.
Vacancy rate	Despite an increase in our staff in post of 16.02 wte our vacancy rate has increased again this month from 6.36% to 8.17% (substantive posts only). This is partly due to an increase of 136 wte students to the establishment to support our response to COVID-19 and also an increase in establishment during the 2020/21 budget setting process. International recruitment has stalled due to flight restrictions but all existing overseas nurses have been entered onto a temporary NMC register so that they can practice as Band 5 nurse so are no longer supernumerary. The national substantive NHS vacancy rate was 8.1% in March 2019 (office of national statistics). We have continued active domestic recruitment during COVID-19.

Variation

Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

Assurance

Icon	Description
F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

19

Best People

People and Culture KPI's – M1 – April 2020

Key Performance Indicator	Variation/Assurance and Corrective Action
Staff turnover	Turnover had been reducing month on month since May 2019. However this month turnover has increased by 0.29% from 11.12% to 11.41%, against a 12% target. The target is 11% from April 2020.
Staff in Post Growth	Staff in Post on ESR payroll has increased by 88.2wte this month primarily due to appointment of nursing and medical students as part of our COVID-19 response. There are 588.1 wte additional staff in post since April 2016 across all staff groups.
Establishment Growth	Establishment has increased by 308 wte this month. Total growth since April 2017 is 780 wte - see Finance report.
Total hours worked	Our total hours worked have reduced by 120.77 wte this month. This is still an increase of 242.29 wte compared to the same period last year mainly due to the new wards, section 31, coronavirus response and increased fill rates through NHSP interface. Our total hours worked have reduced to below establishment for the first time in the last 4 months due in part to the incident planning functionality which has been enabled on Allocate to redeploy staff and cancel out bank and agency shifts.
Monthly Sickness Absence Rate	Sickness rates have increased by 1.45% this month from 4.45% to 5.9% against Model Hospital benchmark of 4.75% (Nov 2019) and Trust target of 4%. This is a 0.09% increase in long term sickness and a 0.10% increase in short-term sickness. COVID-19 has impacted sickness rates and medical suspension rates during March and April. A separate SPC chart for COVID-19 absence is included this month.
Agency Spend as a % of gross cost	Agency spend as a % of gross cost has reduced this month by 3.3% from 10.29% to 7.02%. This correlates with a reduction in hours worked which was achieved by the use of redeployment. This would not have been evident without deployment the incident management module of Allocate, and the NHSP interface to e-roster. This is demonstrated by comparison of spend in March before the functionality was deployed. See Finance Report.
Bank Spend as a % of gross cost	Bank spend as a % of gross cost has reduced this month from a 9% to 7.4%. Functionality on Allocate system has enabled improved grip and control over redeployment for COVID-19.
Covid-19 related Absence	The COVID-19 SPC charts track absence and COVID-19 related absence. As at 30th April we had 11.8% staff absent due to all type s of sickness, self-isolation or social distancing (shielding). 8.31% of this was COVID-19 related absence.

Variation

Icon	Description
H	Special cause variation - cause for concern (indicator where high is a concern)
L	Special cause variation - cause for concern (indicator where low is a concern)
	Common cause variation
H	Special cause variation - improvement (indicator where high is good)
L	Special cause variation - improvement (indicator where low is good)

Assurance

Icon	Description
F	The system is expected to consistently fail the target
P	The system is expected to consistently pass the target
?	The system may achieve or fail the target subject to random variation

20

Month 1 | 2020-21 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 30th April 2020

Appraisal (Non-Medical)

76%

Appraisal (Non Medical)-Trust starting 01/03/18

Mandatory Training

87%

Mandatory Training-Trust starting 01/03/18

Medical Appraisal

89%

Medical Appraisal-Trust starting 01/12/17

Consultant Job Plans

63%

Consultant Job Plans-All Trust starting 01/03/18

Variation

Special Cause Concern High | Special Cause Note/Investigate Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target

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

21

Month 1 | 2020-21 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 30th April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

Vacancies

11.7%

Vacancies-Trust starting 01/03/18

Annual Staff Turnover

11.41%

Annual Staff Turnover-Trust starting 01/03/18

Staff in Post Growth

+ 588 wte

Staff in Post Growth-Trust starting 01/04/16

Establish-ment Growth

+ 780 wte
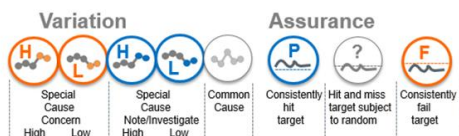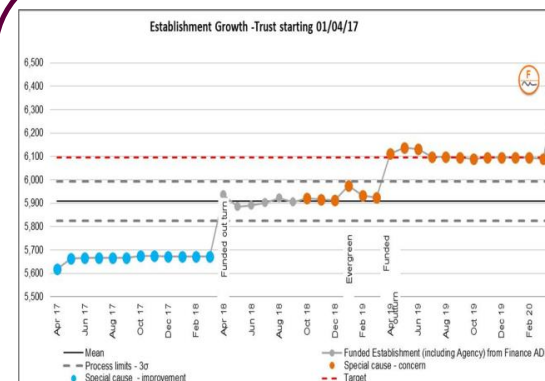
Establishment Growth -Trust starting 01/04/17

Variation

- H (High) / L (Low) — Special Cause Concern High / Low
- H (High) / L (Low) — Special Cause Note/Investigate High / Low
- Common Cause

Assurance

- P — Consistently hit target
- ? — Hit and miss target subject to random
- F — Consistently fail target

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

22

Month 1 | 2020-21 Engaged & Skilled Workforce Summary

Responsible Director: Director of People & Culture | as at 30th April 2020

Increase in total hours worked

+ 1068 wte

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

Monthly Sickness Absence

4.45%

Sickness Absence-Trust starting 01/03/16

Agency Spend as % of gross cost

7.02%

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

Bank Spend as % of gross cost

7.4%

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

Variation

Special Cause Concern High | Special Cause Note/Investigate Low | Special Cause Note/Investigate High | Special Cause Note/Investigate Low | Common Cause

Assurance

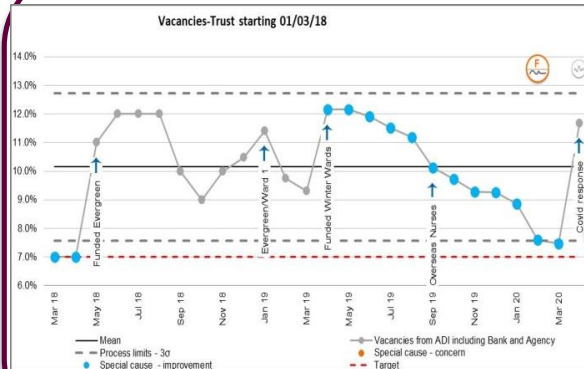Consistently hit target | Hit and miss target subject to random | Consistently fail target

Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.
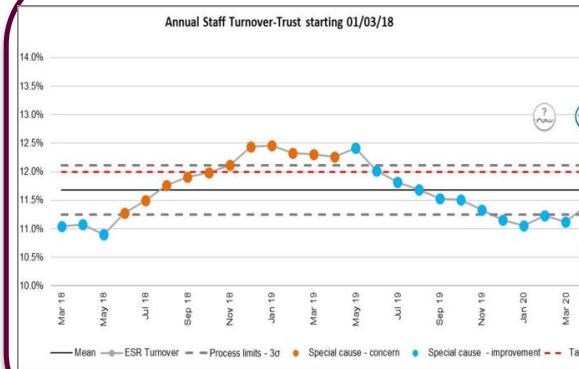
23

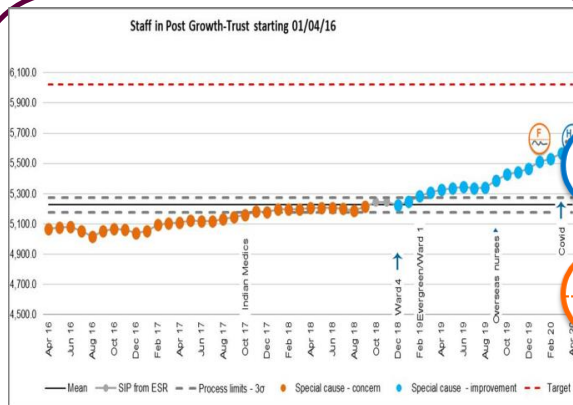# Month 1 | 2020-21 Engaged & Skilled Workforce Summary
Responsible Director: Director of People & Culture | as at 30th April 2020

NHS
Worcestershire
Acute Hospitals
NHS Trust

All Absence during Covid

11.82%
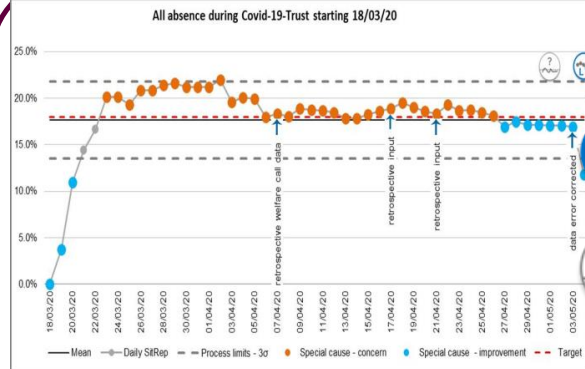
Covid % absence only

8.31%
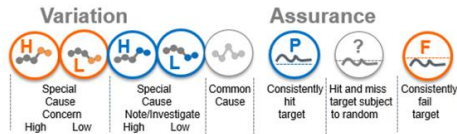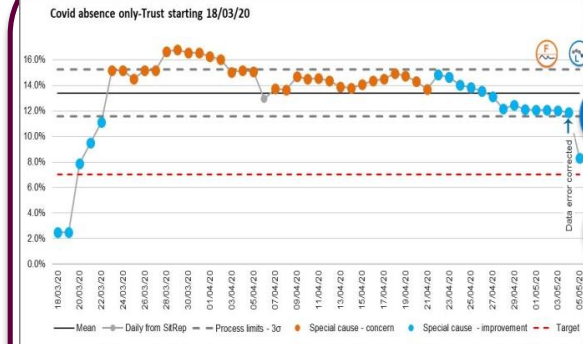
Variation

Special Cause Concern High / Low | Special Cause Note/Investigate High / Low | Common Cause

Assurance

Consistently hit target | Hit and miss target subject to random | Consistently fail target
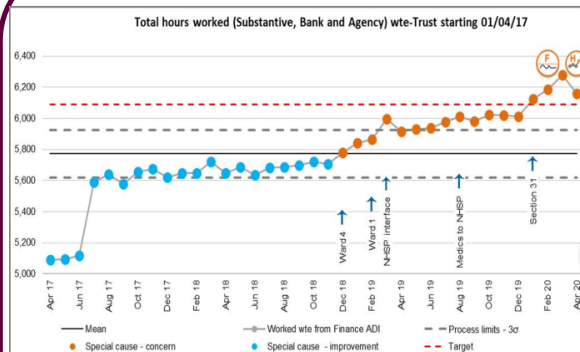
Arrow depicts direction of travel since last month. **Green** is improved, **Red** is deteriorated and **amber** unchanged since last month.
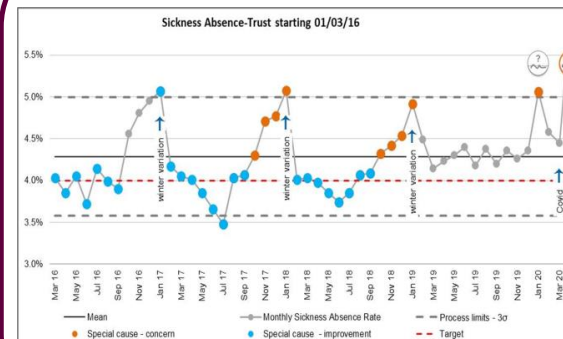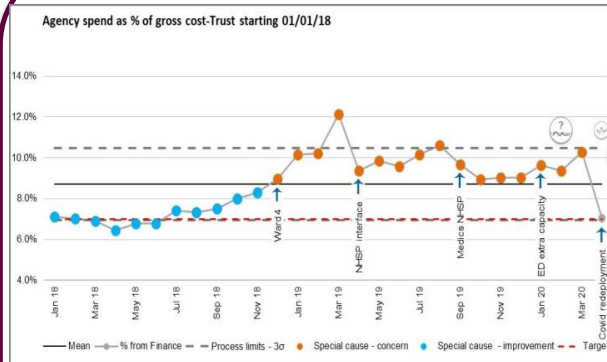
24

Trust Board

Enc

Integrated Performance Report

Committee Assurance Reports

11th June 2020

Topic	Page
Operational & Financial Performance	
• Finance and Performance Committee Assurance Report	2 - 3
Quality & Safety	
• Quality Governance Committee Assurance Report	4– 5
People & Culture	
• People & Culture Committee Assurance Report	6 - 7

Finance & Performance Committee Assurance Report – May 2020

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Steve Williams Non-Executive Director	Kimara Sharpe Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	1, 5, 6, 7, 8

Executive Summary

The Finance & Performance Committee met virtually on 27 May 2020.

COVID-19: The Chief Executive gave a report on the current situation with respect to COVID-19. The number of patients with COVID-19 in the Trust has decreased to 44 with a small number waiting for results. The number of deaths per day has also decreased with two days with zero deaths. The Trust is now working to a model which shows a spike in June with a further spike in the Autumn. The modelling also shows a spike of 20% over and above usual summer attendances at the Emergency Departments and a 35% increase in the lead up to winter. The trust is working with the health economy to prepare for this activity. The financial activity for COVID-19 has been submitted to the Region and this has not been challenged. It is in line with other trusts.

Annual Plan Priorities 2020/21: The Committee approved the paper which is on the agenda for the Board meeting. Members suggested that some outcome measures were failing and others could be more challenging.

Financial Performance Report Month 1 Position: The CFO reported that the Trust will break even each month. From April to October, income will match expenditure. There was work ongoing with directorates to ensure that the spend remain appropriate. There remained a focus to reduce bank and agency workforce. The committee requested a financial management framework that could be used to better evaluate financial performance, while the Trust was moving into a new BAU.

We were presented with a costing report which shows patient level costing and work was ongoing with clinicians in respect of collecting and using the data. The Committee approved the output for submission to the region. This report will be a regular item on the agenda (quarterly).

Assurance level 4.

HomeFirst Worcestershire: We heard plans for the development of an acute management unit on the Worcestershire Royal site which would take referrals from GPs and the ambulance service as well as the emergency department. We also learned of a pilot with NHS 111 which would involve the booking of non-urgent patients into the emergency department. A full project plan would be ready in the next couple of weeks.

We were pleased to learn that the long length of stay target had been met in March 2020 and the numbers waiting had reduced again to 21. However there were now 39 patients with a length of stay of over 21 days and the reasons for this were being investigated.

2

Finance & Performance Committee Assurance Report – May 2020

Executive Summary (cont.)

Integrated Performance Report: There were no 12 hour breaches in April and May and the emergency access standard had improved substantially. The number of cancer operations performed within the private sector was the highest in the region and we were operating at a 95% utilisation rate. We were concerned to hear that the impact of COVID-19 could be over 1000 patients waiting over 52 weeks for treatment by the end of August. Routine surgery was planned to be commenced with additional capacity being bought on line in a third private hospital from 1 June. Kidderminster would also open up for category 3 patients.

COVID-19 workforce plan: The Director of People and Culture reported that she is working across the healthcare system on a system based approach to workforce including the ability for staff to move seamlessly between organisations. A new model of how the workforce would be utilised was needed with many staff being redeployed or working form home either shielding or social distancing. Monitoring of the new model would be through the People and Culture Committee and the Finance and Performance Committee.

Background

The Finance and Performance Committee is set up to assure the Board with respect to the finance and performance agenda.

Recommendations

The Board is requested to
• receive this report for assurance.

3

Quality Governance Committee Assurance Report – May 2020

Accountable Non-Executive Director	Presented By	Author
Dr Bill Tunnicliffe Non-Executive Director	Dr Bill Tunnicliffe Non-Executive Director	Kimara Sharpe Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	**BAF number(s)**	2, 3, 4, 6

Executive Summary

The Committee met virtually on 28 May 2020. Key areas discussed were as follows:

Covid-19 update: The Trust is seeing a decline in the number of COVID-19 positive patients and as such, is reviewing and changing the ward configuration. This will also ensure the safety for the treatment of routine surgical patients. Local antibody testing is imminent. PPE remains locally procured although the Trust is cooperating with the national direction of travel. The key for the Trust now is restoration and renewal. All services will have an associated quality impact assessment prior to being restored. There is a detailed paper on this area on the Board's agenda. We had a discussion about ITU capacity and whether a regional approach was required. It was agreed that very vulnerable people (e.g. immunosuppressed) requiring surgery may benefit from a regional approach, but key was to ensure testing of staff to prevent staff to patient transfer of the virus. ITU were undertaking a significant piece of work to restructure the area of work to ensure safety.

It is concerning to learn about the huge increase in patients waiting and the Committee looks forward to receiving more details of the harm reviews being undertaken on this group of patients.

We were pleased to hear of the learning taking place as a result of the COVID-19 pandemic. Staff are being encouraged to participate in discussions about this and how to ensure that the Trust moves forward.

2020/21 Annual Plan Priorities: The Committee approved the annual plan priorities but urged consideration of ambition in relation to the delivery metrics. This paper is for consideration by the Board at its meeting today.

Quality Account: A draft of the 2019/20 Quality Account was considered. A new priority in relation to End Of Life was supported. However, we were disappointed in the lack of achievement of the quality targets in 2019/20 and asked for a review as to whether the right actions and targets were in place. We asked for a focus on the 2020/21 targets. The Account will be sent to stakeholders for their comments. External Audit is not required to undertake an audit of this account. The deadline has been extended to 15 December, but we will publish prior to that date.

Path to Platinum: This programme will restart in September. Currently work is underway in the urgent care division and theatres to enable these areas to participate in Path to Platinum when it does restart. We are concerned that there are not sufficient resources to ensure the continuation in a robust way. We will have a watching brief on this. IPR: Whilst we discussed elements of this, we mainly considered how the IPR should change to reflect the different way of working. We also wish to see harm reviews taking a more central part. We acknowledged the exceptionally good performance of the Trust during the COVID-19 pandemic.

Safe staffing/Infection Control: Both these topics are on the Board agenda. We received the Board Assurance Framework for Infection Control and will consider this again in June. The quality impact assessment for staff was also received.

4

Quality Governance Committee Assurance Report – May 2020

Background

The Quality Governance Committee is set up to assure the Board with respect to the quality agenda.

Recommendations

The Board is requested to
- receive this report for assurance

5

People and Culture Committee Assurance Report – June 2020

Non-Executive Director lead	Presented by:	Author
Mark Yates - Non-Executive Director	Mark Yates - Non-Executive Director	Kimara Sharpe - Company Secretary

Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	9, 10, 11

Executive Summary

The Committee met virtually on 2 June 2020 and a summary of the key points discussed follows:

- **Black and Minority Ethnic Staff (BAME)**: Concern was raised about the BAME staff members and their risk during the COVID-19 pandemic. A risk assessment has been updated and all staff have been asked to complete this. Further guidance has been issued to managers to support BAME staff. Unfortunately we have not yet a network for BAME staff to ensure that the actions we have in place are effective. However we have good engagement from the medical staff who have commented on the risk assessment and the Director of People and Culture is working regionally to mirror best practice. It is planned to have a virtual workshop in June and it is hoped that a network would be able to be formed post this workshop. The Freedom to Speak Up Guardian is also working on this and there will be a discussion through the 4ward advocates. Other actions were identified and the urgency of the work was emphasised. Further details will be presented to the July Board but in the meantime, I am ensuring that the actions are actively pursued with a weekly meeting with the Director of People and Culture.
- **Freedom to Speak up**: The new FTSU Guardian presented her first report. During COVID-19, the role was in place but there was little activity with the post not as visible as it could have been. She reported that she will now be working to improve communications and will re-launch the FTSU role. She will be working with the Champions. There was discussion about the resilience of the post and the other routes that staff can explore and use including the 4ward advocates. We asked for further updates on resilience within future reports.
- **Guardian for Safe Working:** The GSW presented her report. The exception reporting within general surgery which was high in the last report, has diminished following the changes put in place. There have also been falls in general exception reporting due to the COVID-19 pandemic. The junior doctors are now on their original rotas so more may now be forthcoming. There was another hot spot in trauma and orthopaedics at the Alex. Changes were put in place but due to COVID-19 the lack of exception reporting is not an indication that improvements were sustainable. The junior doctors' forum and the Committee for Safeworking have both been resumed.
- **2020/21 Annual Plan priorities**: There was a general discussion and a request to include workforce integration across the STP as well as listening to the voice of our BAME staff. The Committee supported the paper which is being considered by the Trust Board.
- **Integrated People and Culture Report/COVID-19 Workforce Plan**: The number of staff off is a focus of a daily sitrep and the work of those shielding at home is under constant review. We have ensured that our staff have been redeployed as appropriate during the pandemic and the bank and agency usage has decreased during this time. We are currently working to reset our establishment to reflect the new operating model for the Trust and this work will ensure less reliance on the temporary workforce. It is important to ensure that the good practice of rapid discharge, maintaining people within the community is reflected in the way we work in future. It is also important to work across organisational boundaries to ensure the best service for patients. In summary, the following four actions were outlined:
    - Reset the establishment – by 30 June
    - Realign the workforce to the new operating model – by 31 July
    - Refocus plans – by 31 July
    - Introduce 'workforce guard rails' to support the restoration of services ensuring workforce models are sustainable – by 31 May
- During the COVID-19 pandemic, we have had some excellent 4ward behaviours from staff. A COVID-19 '*we do this by*' was shared with the Committee who endorsed it. It was commented that it was pleasing to see that 4ward has continued through the pandemic. Unfortunately a number of key metrics have decreased during COVID-19 and it was agreed to roll over the targets for 2020/21 with a review later in the year.

6

People and Culture Committee Assurance Report

Executive Summary (cont.)

- **Armed Forces Covenant**: We agreed to sign up to the covenant and request that the Board endorses this decision.
- **Safe Staffing**: The Committee noted the staffing safeguards. An abridged version of the paper is on the Board agenda.
- **Other reports:**
  - **Risk register**: Two further risks were noted by the committee. We asked for all the risks to be reviewed.
  - Notes from the JNCC and MMC
  - Workplan

We recognised the work that the HR function has undertaken during the COVID-19 pandemic.

Background

The People and Culture Committee is set up to assure the Board with respect to the people agenda.

Recommendations

The Board is requested to note this report for assurance and endorse the signing of the Armed Forces Covenant.

7

Trust Board

Enc

Integrated Performance Report

Finance Key Messages

11th June 2020

Topic	Page
Operational & Financial Performance	
• Finance Key Messages	2-3

Finance | Key Messages | Month 1

COVID-19 Financial Regime	As part of the NHS response to COVID-19, a revised COVID-19 financial framework has been established. For an initial period of 1 April to 31 July 2020, the PBR national tariff payment architecture and associated administrative/ transactional process are suspended and NHS Trusts are reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency is administered through a 'top up' mechanism. **Through this arrangement, all NHS Trusts are expected to report a break even position**. It is anticipated that a similar nationally determined mechanism will continue for a further period, potentially for the remainder of 2020/21; confirmation of future arrangements is awaited.
2020/21 Internal Plan £(78.9)m	The 2020/21 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which are offset by growth in income), and has been set at a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. In approving the annual plan, it is noted that we are seeking to further reduce the 2020/21 forecast deficit forecast and closer to a c£(77.0)m target notably through: exploring the opportunity to appropriately capitalise some of the costs included in the revenue case for the digital care record in 2020/21 (subject to system / regional support for a multi-year capital funding source); **noting that much of the 20/21 DCR programme has now been deferred due to focus on COVID-19**; and to focus in on some notable high expenditure lines. At the time of compiling the internal plan, we believe that it reflects a credible forecast based on planning information and assumptions available to us.
Delivery of the Internal Financial Plan £(78.9)m	Against our internal **£(78.9)m** operational plan (Budget), the profiled month 1 (April 2020) deficit was **£(7.7)m**. As a result of the interim COVID-19 framework, income is matched to cost resulting in a breakeven position. Favourable expenditure variances against our internal budget, despite incurring £1.1m of incremental COVID-19 costs are largely as a result of paused / reduced levels of clinical service provision. The combined Income position was £4.1m favourable to budget in month recognising the interim funding regime and the expectation for all NHS Trusts to report a break even position. The Trusts Income & Expenditure position prior to adjustment to achieve breakeven (made up of Commissioner blocks + Top Up payments + Other Income - Expenditure) **was £1.4m** better than the Financial Framework assumptions. This was largely due to a reduced cost base aligned to paused / reduced levels of clinical service provision. As the **'Recovery and Reset'** of services gain pace, it is important that we have visibility of the actions and associated timelines to assess the impact on and use of the Trust's resources. **This is an important assessment in order to provide assurance externally that the 'predicted' funding calculation is appropriate for us moving forward.** Understanding the impact on our workforce is paramount, alongside how and where we are redeploying staff from other services. This is needed to be able to effectively triangulate, and future plan our workforce as we start to de-escalate.
Capital	From 2020/21 Capital Resource Limits (CRL) are being allocated in the form of a System capital envelope, **to be prioritised collectively within the system**. At the time of writing we are working with system partners to finalise Provider capital plans which we will re-submit to NHSE/I at the end of May. It is broadly assumed constituent organisations continue with existing plans in 2020/21 given they will already be in train, noting that if there is an overall shortfall some element of reprioritisation will be required. The indicative Capital plan for 2020/21, subject to conclusion of the current exercise, and internal governance assumes spend of £26.8m including the ASR scheme (subject to FBC approval). Schemes approved in 2019/20 that couldn't be concluded due to COVID-19 are progressing as a first call on this year's programme.
Cash Balance	Under the interim COVID-19 financial arrangements, sufficient cash is being received each month to meet obligations and additional cash requests are unlikely to be necessary. At the end of April the cash balance was £61m due to timing of receipts (April and May payments received in the month). The trust also received £7.7m revenue support (PDC) funding which was requested prior to the interim arrangements being confirmed. The DHSC and NHS E&I announced reforms to the cash and capital regimes for 2020/21 meaning that PDC will be issued to repay existing DHSC interim loans. The transactions to effect these changes are anticipated to be concluded later in 2020.

2

Finance | Key Messages | Month 1

Income	The combined income was £4.1m above the internal plan in April. £1.4m of the NHSE/I top up payment has been treated as a prepayment to bring the overall financial position to break-even, in line with the NHSE/I requirement. Commissioners have paid the nationally set block amounts (as directed by NHSE/I). This has resulted in an additional £14.9m income over and above the Trust's actual PbR performance. The nationally set top up payment was £6.7m for month 1. After taking costs into consideration to achieve a breakeven position in April only £5.4m was required.
Expenditure	Pay and non-pay costs (excluding pass-through drugs & devices) were favourable against budget despite the inclusion of £1.1m of incremental costs in response to COVID-19. In April our **pay** costs were lower than our budget despite us identifying £0.9m of incremental COVID-19 pay costs. Substantive workforce costs increased from £21.1m to £22.1m in April aligned to inflation and increased worked hours across non clinical (15wte), nursing and scientific (21wte), and technical and therapeutic staff groups (5wte). Temporary staffing costs reduced by £1.4m from £5.1m in March to £3.7m. At the same time we classified £0.9m as 'incremental COVID-19' costs through our bank and agency booking systems. The closure of in-patient beds as a result of paused / reduced levels of service provision and the corresponding redeployment of our substantive workforce alongside reduced levels of leave across some pay groups has reduced demand for temporary staffing. Controls and processes for the commitment of a temporary workforce remain. Under the unique circumstances of the COVID-19 pandemic, it is imperative that we continue to allocate our staffing optimally, utilising redeployment opportunities as the first option to fill gaps in the workforce, followed by bank and finally agency as a last resort. Visibility of these actions through our workforce systems is paramount alongside how and where we are redeploying staff where services have been paused in order for us to effectively triangulate and future plan our workforce as we start to de-escalate. **Non pay** expenditure overall has reduced from £20m in March to £15.3m in April 2020. If we assess April against our underlying March position by removing the impact of the Digital Care Record liability and the PFI savings profile adjustments and apply inflation, April costs have reduced by £1.6m. The majority of this decrease has been seen across clinical supplies and services cost lines aligned to reduced levels of activity notably Theatres, Orthopaedics and Cardiology. An assessment of the relationship of costs versus output is key for the Trust in order to provide assurance that resources are delivering value for money. Benchmarking information will play an important role and this is being explored as part of PLICs collections and utilisation of Model Hospital information. A financial framework is under development to scope suitable metrics and to embed this reporting within performance reviews moving forward.
Productivity & Efficiency	Although Financial Efficiencies are not being monitored under the COVID-19 Financial Framework operating between 1st April to 31st July, our internal operational plan is inclusive of £14.5m of plans, and as such we will continue to assess current performance and assess impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working. Notwithstanding all of the focus being on Covid-19 over Month 1, £302k of actuals have been realised. Of this, £232k is within Specialist Medicine, primarily driven by the closure of Evergreen.

3

Worcestershire
Acute Hospitals
NHS Trust

Putting patients first May 2019

Meeting	Trust Board
Date of meeting	11 June 2020
Paper number	F

Nursing and Midwifery staffing report (COVID 19 Pandemic) – April 2020

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

Accountable Director	Vicky Morris – Chief Nursing Officer		
Presented by	Vicky Morris (Chief Nursing Officer)	**Author /s**	Jackie Edwards, Deputy Chief Nurse, Louise Pearson Lead Nursing and Midwifery workforce

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	20 May 2020	Full report noted
QGC	28th May 2020	Full report noted
P&C	2nd June 2020	Full report noted

Recommendations	Trust Board are requested to receive this report for assurance.

Executive summary	This report provides an overview of the key principles adopted, processes followed and outcomes for staffing for Nursing and Midwifery of wards and Intensive care areas during April 2020. It also provides an overview of key areas for the safeguards for Safe Care and treatment, Governance, Safe Staffing: sickness, vacancies, recruitment and retention, bank and agency spend, harm reviews.

Risk						
Key Risks	BAF 4 If we do not have in place robust systems and processes to ensure improvement of quality and safety, then we may fail to deliver high quality safe care resulting in negative impact on patient experience and outcomes. BAF 9: If we do not have a sustainable fit for purpose diverse and flexible workforce, we will not be able to provide safe and effective services resulting in a poor patient experience. BAF 11: If we have a poor reputation then we will be unable to recruit or retain staff resulting in loss of public confidence in the Trust, lack of support of key stakeholders and system partners and a negative impact on patient care BAF 12: If Covid-19 manifests itself as is modelled by the Government, then there is a serious risk that the safety of patients will be compromised due to the lack of equipment and staff to enable treatment of the most seriously ill resulting in the death of some patients.					
Assurance						
Assurance level	**Significant**		**Moderate**		**Limited**	**None**
Financial Risk	-					

Putting patients first May 2019

NHS
Worcestershire
Acute Hospitals
NHS Trust

Meeting	Trust Board
Date of meeting	11 June 2020
Paper number	F

Introduction/Background

It has been an unprecedented time due to the outbreak of COVID 19 in March 2020. The Nursing and Midwifery Council (NMC) (2020) recognised that in highly challenging circumstances presented through the emergence of COVID 19 Pandemic a temporary departure from established procedures in order to care for patients may be needed. This has been our experience and the report outlines the actions taken.

The onset of COVID 19 and emerging issues for staffing of nursing and midwifery from the COVID 19 pandemic at both The Worcester Royal and The Alexandra Hospitals required a rapid response to staffing measures required to safely provide care for patients on ward areas. The presenting challenges that were experienced were:

- High patient acuity and dependency, particularly from the increase in the numbers of patients who presented with deteriorating conditions, those with respiratory illness and those at end of life requiring holistic symptom management,
- Staff absence from those who have contracting the virus and providing support for them,
- The numbers of staff who were required 'shielding' at home as they were at high risk from contracting the virus
- Sadly we recognise and honour those staff members who lost their lives.

Issues and options

Actions

A national staffing assurance framework has been developed and shared with Chief Nurses in acute trusts. This has been presented in the trust's subcommittee meetings. This framework has supported the reflections on actions taken to safeguard provision of nursing care for patients and carers during an unprecedented time and provided assurance.

The standard operating process for escalation in place for Nursing and Midwifery staffing was reviewed and changes required were approved through the Trust wide command and control structures. This process has considered and is in line with Health and Social Care regulations:

➢ Regulation 12: Safe Care and treatment
➢ Regulation 17: Good Governance
➢ Regulation 18: Safe Staffing

The provision of safe care and treatment

The provision of staff support has been pivotal in providing the safeguard for staffing. It has been essential for the development and rapid implementation of:

I. a shift by shift, 7 days a week senior nursing leadership presence on hospital sites,
II. health and wellbeing support through development of a telephone helpline, psychological counselling services
III. opening of recharge rooms for staff to take time out from ward areas to be available.
IV. CNO virtual meetings established with clinical nurse specialists, ward managers and matrons.

There is ongoing assessment of the support service provision required for safeguarding staffing as we experience the changing nature of the impact of the virus is experience.

Meeting	Trust Board
Date of meeting	11 June 2020
Paper number	F

Good governance

The senior nursing team lead by the Chief Nursing Officer/Deputy Chief Nurses have met daily Mon – Fri with senior nurse presence at weekends through out April. These meetings developed and adopted ward/unit risk assessments, an overall trust wide staffing Quality Impact Assessment (QIA), and adopted practices for staffing models to meet the ever changing processes required to deployment staff to meet fluctuations in patient needs. The QIA has been presented to Trust Board subcommittees for assurance.

Safe Staffing

➢ The Trust quickly saw an increased demand in the requirement for the adult nursing workforce which outstripped the capacity available on the two critical care units, two acute respiratory wards and the COVID positive wards. This required a rapid assessment of staff skills available across the trust and the deployment of staff to these areas.

➢ The nursing and midwifery workforce saw a dramatic increase in sickness levels. There has been a total absenteeism increase from 3.7% (mid-March) increasing to 21.95% in the first week of April. There has been a downward trend with the most recent position reporting at 18.6% at end of April 2020.

Staff were predominantly redeployed where they had previous ITU or respiratory experience, were a registered nurse or Health care assistance with a desire to support patient needs in ITU or COVID positive wards and staff where services had been stood down during COVID eg: elective surgery, outpatients and day case treatment areas such as endoscopy.

The team have also worked with Professional leads to explore adopting the redeployment of the Allied Health Professional (AHP's) and Health Scientific (HS) workforce (using national frameworks) and preparedness for this has taken place. However, due to the flattening of the pandemic curve of patient demand at this time deployment of the workforce has not been required.

The Nursing, Midwifery, AHP and HS workforce has embraced and adapted to the challenge experienced with safeguarding staffing to ensure patients receive safe, responsive care using the resources available to adopt and adapt incorporating cross divisional /multi-disciplinary working and a closer cross team working.

Vacancies

	February 2020	March 2020
Registered Nurse	211.76 WTE	203.53 WTE
Health Care assistance	77.88 WTE	73.9 WTE

Recruitment

There are four streams of recruitment for noting.

1. International Nurses

The recruitment of RN's via the International Nurse (IN's) work stream was paused in March 2020 due to the cessation of all international travel. There are 25 on hold. The OSCE examination process for IN's was also paused. There are 47 nurses who were in progress to take examinations and have chosen to take up a position on the NMC emergency temporary register. This group of staff have been redeployed as band 5 registered nurses to

Nursing and Midwifery safe staffing April 2020	Page	3

the areas in which they were originally working.

2. Bring back scheme
The national bring back scheme for those registered nurses whom have either retired and chosen to return has resulted in 2 nurses so far with others in the pipeline and these 2 are employed within the Women's and Children's Division.

3. Student Nurses
Paid placements at band 4 for 3rd year students began at the end of April with 74 nurses choosing to join the trust and based on successful qualification in September will take up permanent staff nurse posts across the trust.

Retaining staff
The divisional nurse directors have developed workforce models through assessment of ward and non- ward based nursing teams skills and previous experience to support the critical care areas, this has included corporate teams and AHPs.

A rapid training programme was implemented which supported the reskilling of staff through retraining or refreshing nursing skills, practices and procedures. This was supported with use of the skills for health electronic programmes and face to face sessions (respecting social distancing). This support framework for upskilling staff also importantly aimed to alleviate anxieties and fears regarding returning to unfamiliar clinical practice areas. This process was governed through risk assessments held within the divisions.

Outside of the ward areas nurses have also been redeployed to support the infection control and prevention teams, palliative care teams and bereavement services, staffing new services required such as the corona virus pod, the staff swabbing Pod.

Maternity staffing
Throughout this period midwifery staffing has been monitored as follows:
* Completion of the Birthrate plus acuity tool (4 hourly)
* Monitoring the midwife to birth ratio
* Monitoring staffing red flags as recommended by NICE guidance NG4 'Safe Midwifery Staffing for Maternity Settings'
* Daily divisional huddle
* E-roster KPI's
* Weekly returns to NHSE/I

Safe staffing levels have been maintained across all maternity services and all clinical services have continued as outlined in the RCOG Covid 19 pandemic guidance for antenatal, intrapartum and postnatal care.

Bank and Agency
The overall demand increased in March by 19,909 hours, which is split relatively evenly between qualified (9368hrs) and unqualified (8895).

Additional capacity and COVID-19 have driven the increase in demand. There is a daily grip and control approach in place from wards to the divisional nursing directors in assessing need and booking. There is oversight of this by CNO at twice weekly CNO business

Meeting	Trust Board
Date of meeting	11 June 2020
Paper number	F

meeting.

Harms
- Given the challenges encountered in staffing wards and ITUs with the increased demand and rapid changing nature of capacity required during April 2020 the safeguards in place have supported patient care needs. A total of 5 staffing incidents were raised through April. No harm was reported due to staffing issues.

Recommendations
Trust Board are requested to receive this report for assurance.

Appendices - none

Enc F Safe staffing 0620

Enc G A&A 0620

Meeting	Trust board
Date of meeting	11 June 2020
Paper number	

Audit and Assurance Committee Assurance Report

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

Accountable Director	Steve Williams Audit and Assurance Committee Chairman		
Presented by	Steve Williams Audit and Assurance Committee Chairman	**Author /s**	Martin Wood Deputy Company Secretary

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

Report previously reviewed by		
Committee/Group	Date	Outcome

Recommendations	The Trust Board is requested to • Note the report for assurance.

Executive summary	This report summarises the business of the Audit and Assurance Committee at its meeting held on 12 May 2020.

Risk							
Key Risks	The Committee reviews all significant risks.						
Assurance							
Assurance level	**Significant**		**Moderate**		**Limited**		**None**	
Financial Risk							

Introduction/Background

The Audit and Assurance Committee has been established to critically review the governance and assurance processes upon which the Trust Board places reliance, ensuring that the organisation operates effectively and meets its strategic objectives. Membership is three Non-Executive Directors.

The Committee has met once since the last report on 12 May 2020.

Issues and options

Items discussed at the 12 May 2020 meeting:
- **Managing Medicines Waste 2019/20**: We received a presentation from the Chief Pharmacist reporting that Pharmacy had set a target of reducing medicines waste to 0.8% in 2019/20. This was as a result of concerns raised with the Committee in February 2019 identifying that the value of medicines waste was assessed as unacceptably high and an action plan was put in place. Pharmacy actually did better than target and achieved a wastage figure of 0.6% in 2019/20. We have commended the Chief Pharmacist and her Team on this achievement and have suggested that the target for 2020/21 should be to improve on the 2019/20 position.

- **External Audit Plan Update**: We received an update that the audit of the annual accounts is on plan for completion by 15 June 2020. Due to COVID-19 the planning risk assessment and value for money elements have been updated as it is expected that the pandemic will impact on the production and audit of the financial statements for the year ending 31 March 2020. The four key areas are remote working, asset valuation, the going concern assessment and value for money. There has been no change to the audit requirements. It was noted that the Finance team had responded very well to the need to prepare financial statements and support the audit process remotely and had been commended by the external auditors.

- **Internal Audit** – **Outstanding Recommendations and NHS Briefings Report**: It was noted that there had been a slowdown in responding to outstanding action points as a response of work on COVID 19. We have asked that the outstanding recommendations be addressed, focusing initially on patient facing recommendations. Internal audit are to look at improving the data presentation to give greater detail on the outstanding recommendations.

- **Annual Internal Audit Report 2019/20 and Head of Internal Audit Opinion:** The draft Head of Internal Audit Opinion gives only limited assurance given that we remain in quality special measures and have a serious underlying financial deficit. Whilst our position has improved since last year it is not sufficient to take us to the next rating level. Internal Audit have agreed to reflect in the Opinion that four of the audit reports undertaken in the year show significant assurance and that overall the assurance levels gained through the audits was better than previous years. The audit for 2020/21 will be based over nine months of work from quarter 2 and this is expected to be sufficient to provide the 2020/21 Head of Internal Audit Opinion. The revised plan will be considered at our next meeting.

- **Counter Fraud:** No items presented for this meeting. However, we have recorded that procurement and fraud risks during the pandemic are being addressed by the Finance and Performance Committee and the Trust Board.

- **Draft Annual Governance Statement (AGS):** We have noted the draft AGS and made some comments for inclusion particularly how the COVID-19 pandemic is reported.

- **Tender Waivers:** We noted that there are currently eight tender waivers being processed relating to COVID-19. The Trust (and the Charity) are operating within the governance arrangements presented to the Trust Board in April 2020. We also noted the introduction of "No procurement order – no pay" is having an impact but that there is more work to do.

- **Clinical Negligence Claims:** We noted the annual report and sought clarification on four issues particularly around learning from claims.

Recommendations
The Trust Board is requested to - Note the report for assurance.
Appendices - none