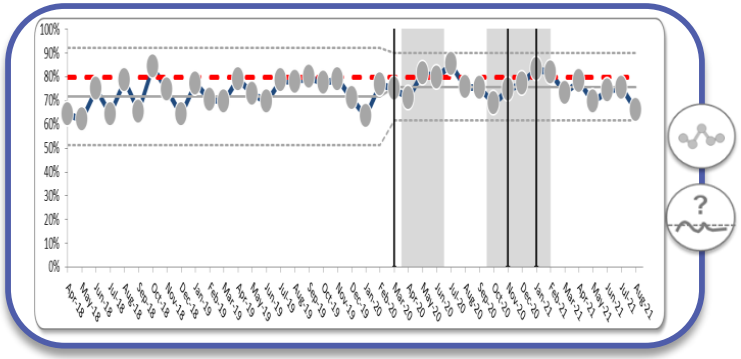
Month 6 [September] | 2021-22 | Operational Performance: Stroke

Responsible Director: Chief Operating Officer | Validated for August-21 as 6th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

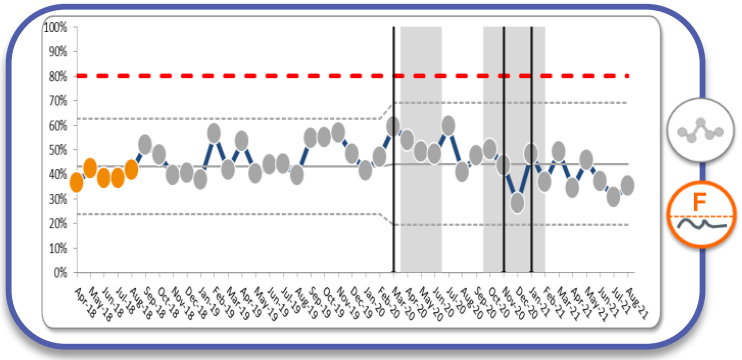
Stroke: % patients spending 90% of time on stroke unit

66.07%



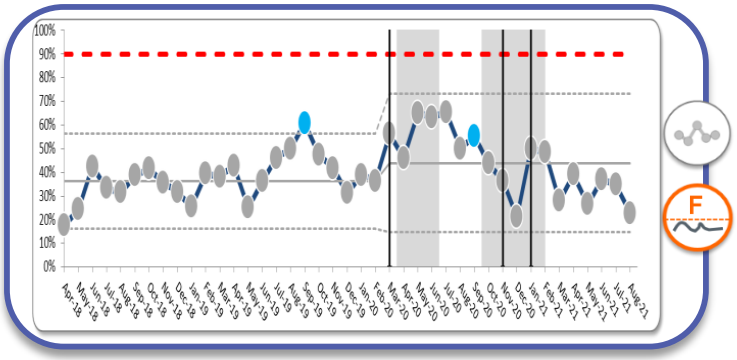
Stroke : % CT scan within 60 minutes

35.09%



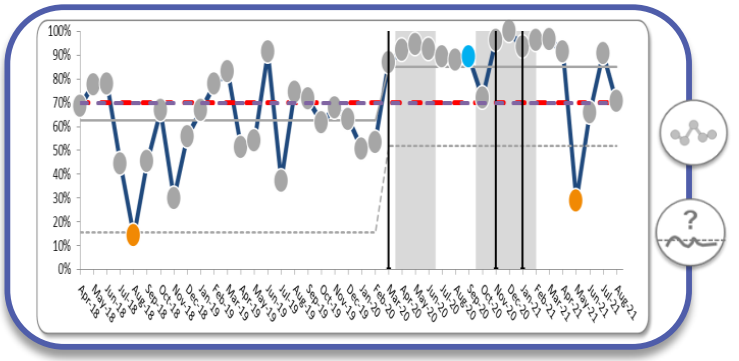
Stroke : % Direct Admission to Stroke ward

22.81%



Stroke: % seen in TIA clinic within 24 hours

70.49%



Please note: These SPC charts have been re-based to evidence if any changes in performance, post the initial COVID-19 high peak, are now common or special cause variation.

Lockdown Period

COVID Wave

Quality and Safety

Summary Performance Table | Month 6 [September] 2021-22

Quality and Safety Metrics		Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
Infection Prevention	C-Diff	Sep-21	5	4		?	4	0	10
	Ecoli	Sep-21	4	4	L	?	4	0	9
	MSSA	Sep-21	2	0		?	2	0	6
	MRSA	Sep-21	0	0		?	0	0	1
Hospital Acquired Pressure Ulcers: Serious Incidents		Sep-21	0	-	L	?	0	0	2
Falls per 1,000 bed days causing harm		Sep-21	0.05	0.04		?	0	0	0
% medicine incidents causing harm		Sep-21	5.79	11.71	L	?	10	2	17
Hand Hygiene	Hand Hygiene Audit Participation	Sep-21	92.73	100		?	90	76	103
	Hand Hygiene Compliance to practice	Sep-21	99.5	98	H	P	99	99	100
VTE Assessment Rate		Sep-21	96.84	95	H	?	96	94	98
Sepsis	Sepsis Screening compliance	Aug-21	88.98	95		?	83	70	96
	Sepsis 6 bundle compliance	Aug-21	70.99	95		F	52	26	78
#NOF time to theatre <=36 hrs		Sep-21	76.12	85		?	79	60	97
Mortality Reviews completed <=30 days		Nov-20	35.5	-		P	43	20	67
HSMR 12 month rolling average		Jun-21	95.61	-	L	?	104	101	107
Complaints responses <=25 days		Sep-21	83.67	80		?	77	44	110
Ice viewed reports	ICE viewed reports [pathology]	Aug-21	94.72	-		P	96	94	98
	ICE viewed reports [radiology]	Aug-21	90.13	-	H	P	85	81	90

Quality and Safety Metrics	Latest Month	Measure	Target	Performance	Assurance	Mean	Lower process limit	Upper process Limit
FFT A&E Response	Sep-21	15.58	20		?	17.11	11	23
FFT A&E Recommended	Sep-21	72.4	95	L	F	83.27	77	90
FFT Inpatient Response	Sep-21	33.43	30	H	?	31.93	24	40
FFT Inpatient Recommended	Sep-21	95.55	95		?	95.66	94	97
FFT Maternity Response	Sep-21	6.16	30	L	?	21.37	4	38
FFT Maternity Recommended	Sep-21	86.49	95		?	94.66	82	108
FFT Outpatients Response	Sep-21	9.68	10		?	10.44	7	14
FT Outpatients Recommende	Sep-21	90.87	95		?	93.49	92	95

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Infection prevention and Control	C-Diff	1	3	3	This is scrutinised at patient level regularly. There are no known issues with this data known at present.
	E-Coli	1	3	3	
	MSSA	1	3	3	
	MRSA	1	3	3	
Hand Hygiene	Hand Hygiene Participation Hand Hygiene Compliance	1	3	3	no known issues with the data or in house app.
Sepsis	Sepsis 6 bundle Compliance Sepsis Screening Compliance Sepsis Screening Antibiotics	Unknown	Unknown	N/A	Not yet reviewed. Plan to audit the completion of these audits from a data quality perspective. (Q3 2021/22)
VTE	VTE Assessment 24 Hours VTE Assessment	2	2	4	This metric has had a lot of scrutiny and is reviewed fortnightly in a meeting so no concerns.
ICE Reporting	ICE reports viewed radiology	3	2	6	The data quality issue is in relation are in relation to filing and management of reporting by consultants and allocation of report to correct consultant. There are some small technical issues for which there is currently no resolution. **Mitigation:** There are reports available on WREN at consultant level to provide focus on which reports require viewing and filing.
	ICE reports viewed Pathology	3	2	6	

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Fractured Neck of Femur	NOF time to theatre	2	3	6	Data is captured robustly in a FNOF national database, the data quality between the clinical PAS and the database can be different, however we routinely audit this.
Falls	Falls per 1,000 bed days causing harm	1	1	2	No data quality issues due to the in depth patient level scrutiny.
Pressure Ulcers	All Acquired Pressure Ulcers Serious Incident Pressure Ulcers	1	1	2	No data quality issues due to the in depth patient level scrutiny.
Medicine Incidents	Total medicine Incidents reports Medicine incidents causing harm	1	3	3	Incidents are DATIX then scrutinised and upgraded or downgraded as necessary
Complaints	Complaints Reponses </= 25 days	1	3	3	Incidents are DATIX then scrutinised and upgraded or downgraded as necessary

Data Quality Risk Matrix – Quality & Safety

Data Set	Includes	Likelihood	Impact	Total Score	Context
Mortality	HSMR 12 month rolling	2	2	4	On occasion issues are identified but these are investigated as they arise. No current known issues.
	Mortally review completed </= 30 days	2	3	6	There are still some investigations regarding the accuracy of data in the new bereavement app. Issues may be related to interpretation of how the app should be used and interpretation of which data to record where. **Mitigation:** Detailed review of the app – mortality working group is systematically working through a review of the app.
Friends and Family	A&E Responses Rates Inpatient Responses Rates Maternity Responses Rates Outpatients Responses Rates A&E Recommended Rate Inpatient Recommended Rate Maternity Recommended Rate Outpatients Recommended Rate	No score	No score		

Integrated Quality Performance Report - Headlines

Quality Performance	Comments (All metrics on this slide have additional Improvement Statements later in this report)
Infection Control	• Our C.Diff cases decreased to 5 in Sep-21, 3 of which were hospital acquired and 2 were community acquired. This brings our year to date position to 7 over trajectory. This is based on the national target of no more than 61 cases for the financial year 2021/22. • E-Coli BSI did not achieve the in month target for Sep-21, and we are now 2 over the year to date trajectory. • MSSA did not achieve the in-month target for Sep-21, and we are now 1 over the year to date trajectory. • MRSA achieved the in-month target for Sep-21, and is achieving the year to date trajectory. • Klebsiella achieved the in-month target for Sep-21, and is achieving the year to date trajectory. • Pseudomonas aeruginosa did not achieve the in-month target forSepg-21 but is achieving the year to date trajectory. • Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 19months. • Antimicrobial Stewardship overall compliance for Sep-21 increased slightly to 91.36% and achieved the target of 90%. • Patients on Antibiotics in line with guidance or based on specialist advice for Sep-21 was 95.42%, and achieved the target. • Patients on Antibiotics reviewed within 72 hours for Sep-21 was 95.16%, and achieved the target. • There were four wards in Sep-21 which had open COVID outbreaks; Ward 6, Ward 11, Aconbury 3 and Aconbury 4.
SEPSIS 6	• Compliance of completion of the sepsis 6 bundle within one hour increased in Aug-21 and the performance remains below target. • Sepsis 6 screening performance increased in Aug-21, however, compliance has not met the target since May-19. • Sepsis 6 antibiotics provided within one hour compliance increased in Aug-21 and achieved the target.
VTE Assessments	• There has been a sustained significant improvement in VTE assessments, with the target begin attained every month since April 2019. • There is concern about VTE 24 hour VTE re-assessment rates as we are still under target. Compliance increased slightly in Sep-21. • Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting.
ICE Reporting	• The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 17 months (range 80.56% to 90.13%). • The Target of 95% for viewing Pathology Reports on ICE was missed for the second month running.
Fractured Neck of Femur	• The #NOF target of 85% has not been achieved since the start of the pandemic in March 2020 (87.30%), and rose in Sep-21 compared to Aug-21.

Integrated Quality Performance Report - Headlines

Quality Performance	Comments
Friends & Family Test	• The recommended rate for Inpatients continued to achieve the target at 95.55% in Sep-21. The response rate was also above trust target at 33.43%. • The recommended rate for Maternity dropped for the second month to 86.49% and failed to achieve the target. The response rate also dropped and remains below the trust target at 6.16%. • The recommended rate for Outpatients decreased to 90.87% and failed to achieve the target. The response rate slightly fell below target at 9.68%. • The recommended rate for A&E decreased to 72.40% and failed to achieve the target. The response rate decreased and fell below target at 15.58%.
Complaints	• The % of complaints responded to within 25 days increased and has exceeded the 80% target, at 83.67%.
Hospital Acquired Pressure Ulcers (HAPU)	• There were zero Serious Incident HAPU's in Sep-21, and the metric is achieving the year to date trajectory. . • There were zero Category 4 HAPU's in Sep-21 for the 14th consecutive month. • The monthly target for total HAPUs was achieved with 18 HAPUs in Sep-21. • The total of 83 HAPUs year to date is well under the year to date trajectory of 123.
Falls	• The total number of falls for Sep -21 was 109 which exceeded the in-month target. • The number of falls per 1000 bed days dropped in Sep-21 to 5.09 (remains below the national benchmark of 6.63) • There was an SI fall in September, which equates to 0.05 falls with serious harm per 1000 bed days.
Never Events	• There were zero never events recorded in Sep-21. • There have been 3 Never Events in 2021/22

2.1 Care that is Safe - Infection Prevention and Control

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

C-Diff * National target of 61		E-Coli * Trust target of 30		MSSA * Trust target of 10		MRSA		Klebsiella species		Pseudomonas aeruginosa	
Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target	Sep actual vs target	Year to date actual / year to date target
5/5	38/31	4/2	16/14	2/1	8/7	0/0	0/0	1/3	7/20	2/1	7/9

- *C.difficile* infections achieved the in-month target for Sep-21 but is not achieving the year to date trajectory.
- E-Coli BSI did not achieve the in-month target for Sep-21 and is now not achieving the year to date Trust stretch trajectory.
- MSSA did not achieve the in-month target for Sep-21 and is now not achieving the year to date trajectory.
- MRSA achieved the in-month target for Sep-21, and is achieving the year to date trajectory.
- *Klebsiella species* achieved the in-month target for Sep-21, and is achieving the year to date trajectory.
- *Pseudomonas aeruginosa* did not achieve the in-month target for Sep-21 but is achieving the year to date trajectory.
- The Hand Hygiene audit participation rate dropped in Sep-21 to 92.73%, which is the seventh consecutive month over 90%.
- Hand Hygiene Practice Compliance rate continues to perform above the 98% target, with 99% being exceeded for the last 19 months. This metric will reliably achieve the target.

- WAHT infection prevention activity remains focussed on antimicrobial stewardship and reducing Staph aureus bacteraemia (both MRSA and MSSA) in order to deliver specific improvements in those issues and result in reduced rates of blood stream infection and *C.difficile* infections.
- The *Staph aureus* BSI project continues, and appears to be making a positive impact on case numbers.
- The Antimicrobial Stewardship Group continues to track progress with stewardship and the work of the divisions on a monthly basis. Improvements in compliance with *Start Smart Then Focus* principles are being seen, and the IPQR now incorporates some of those indicators.
- We have held a meeting with external partners to discuss the increase in CDI, and additional possible investigations.
- We have asked PHE to support us by arranging whole genome sequencing of the cases reported so far this year, in order to accurately determine which cases are linked and help us identify the root cause. We are awaiting feedback.
- We are reviewing again the ribotyping information that we have available. This does not indicate cross-infection, but we are performing a more detailed review in case we can identify anything to help us identify the root cause for the rise in CDI cases.

Assurance level – Level 6 COVID-19 / Level 4 for non-Covid (Aug-21) Reason: Non Covid - Antimicrobial Stewardship is a key concern.	**When expected to move to next level of assurance for non Covid**: This will be next reviewed in Oct 21, when quarter 2 performance can be assessed.
Previous assurance level (Jun-21) –Level 6 COVID-19 / Level 4 for non-Covid	SRO: Paula Gardner(CNO)

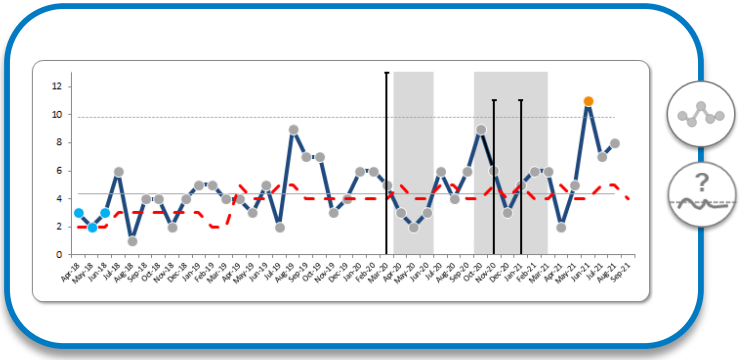
Month 6 [September] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated position for Sept-21 as 11th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

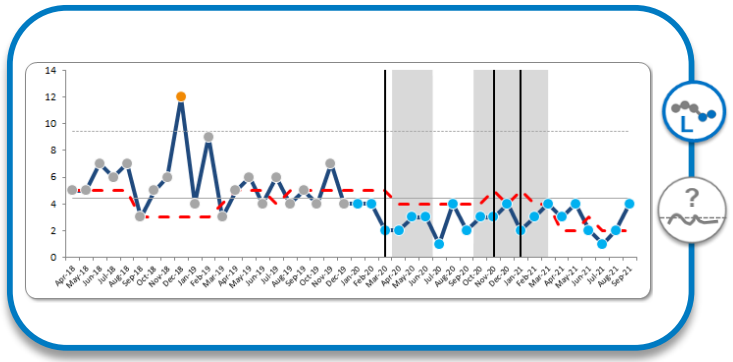
C-Diff

5



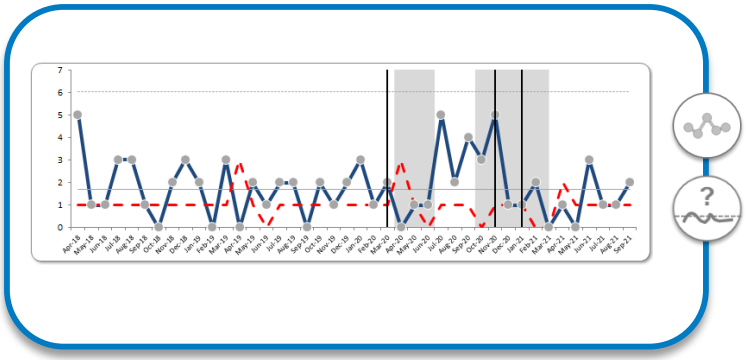
E-Coli

4



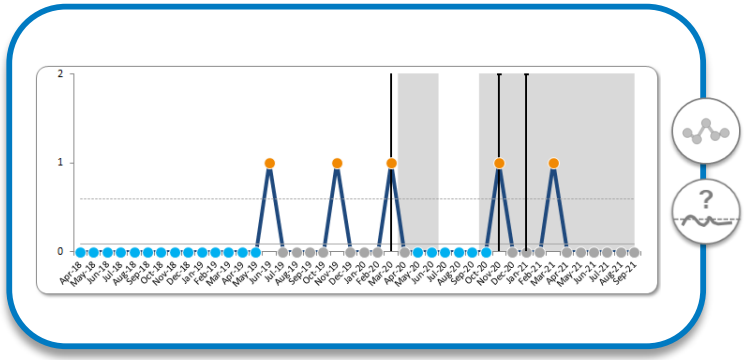
MSSA

2



MRSA

0



Lockdown Period

COVID Wave

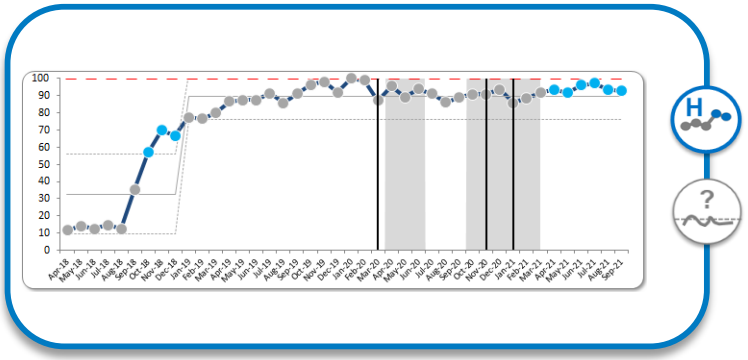
Month 6 [September] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sept-21 as 11th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

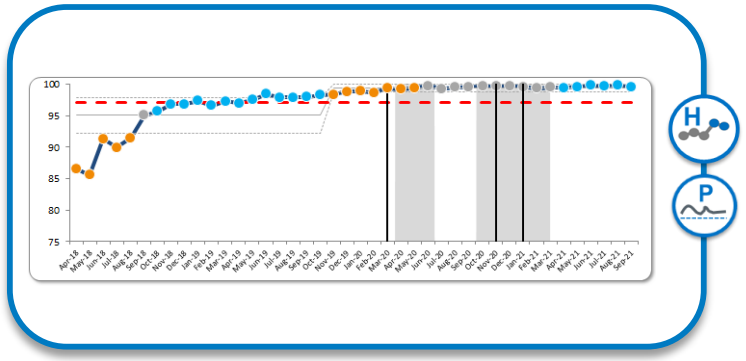
Hand Hygiene Audit Participation (%)

92.73



Hand Hygiene Compliance (%)

99.5



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

Sepsis six bundle completed in one hour (Target 90%)	Sepsis screening Compliance Audit (Target 90%)	% Antibiotics provided within one hour (Target 90%)	Urine	Oxygen	IV Fluid Bolus	Lactate	Blood Cultures
70.99%	88.98%	95.42%	87.02%	94.66%	91.60%	82.44%	87.02%

What does the data tell us?

- The sepsis 6 bundle completed within one hour compliance increased in Sep-21 to the highest performance to date. However, the performance is still below the target (61.68% in June 2021)
- Sepsis 6 screening performance still remains below the target which has not been met since May 2019.
- Sepsis 6 antibiotics provided within one hour compliance increased in Aug-21, and has achieved the target for eight consecutive months. This shows that where appropriate – action is taken by the clinical teams
- Compliance for three of the remaining elements of the Sepsis 6 bundle were below 90%

What improvements will we make?

- Update to Sepsis Patient Pathway documentation (Version 4). Currently with Xerox. This will allow documentation of screening of 'Suspected Sepsis' patients and the 'face to face' review on the same form to avoid duplication in the medical/nursing notes. Hopefully we will also improve the 'team approach' to Sepsis management.
- Replacement of the 'NEWS Escalation' stickers. These to become 'Deteriorating Patient Alert' stickers for use in patients with elevated NEWS that will also allow screening 'out' Sepsis as a possible cause to avoid unnecessary use of the 'Suspected Sepsis Screening Tool'.
- An electronic solution to Sepsis screening and treatment is in development for use within the digital care record
- Continue to develop the 'real-time' audit process to improve patient management when it matters most.

Assurance level – Level 5 (Oct-21) Assurance level reduced as still not meeting targets	**When expected to move to next level of assurance**:Q4 following full implementation of the Divisional plans.
Previous assurance level (Jun-21) – Level 6	SRO: Christine Blanshard (CMO)

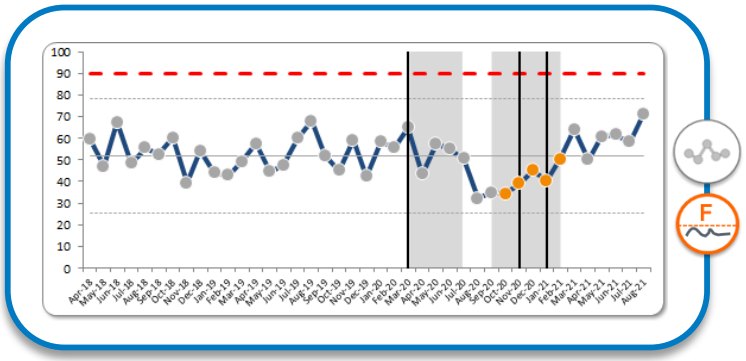
Month 6 [September] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sept-21 as 11th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

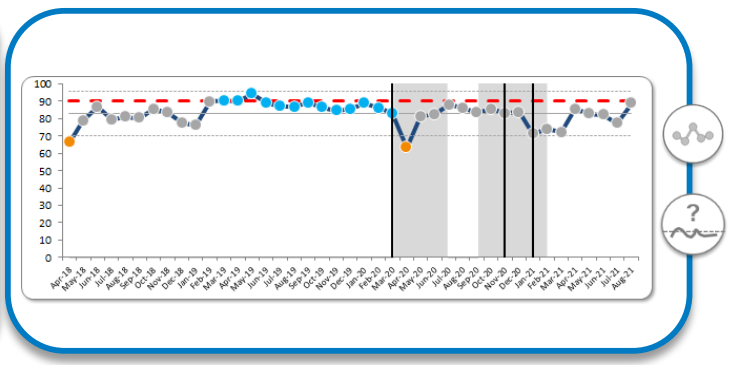
Sepsis 6 Bundle Compliance (audit)

70.99%



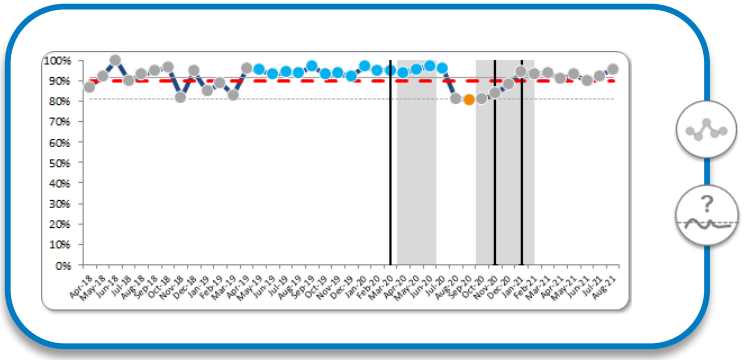
Sepsis Screening Compliance (audit)

88.98%



Sepsis Screening Antibiotics Compliance (audit)

95.42%



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

VTE assessment on admission to hospital		24 hour VTE re-assessment rates	
September 2021	Target	September 2021	Target
96.84%	95%	**70.68%**	95%

What does the data tell us?	What improvements will we make?
• We have achieved the initial VTE assessment on admission target every month since April 2019, including throughout the Pandemic. • 24 hour VTE re-assessment increased slightly in Sep-21, and is yet to achieve the target. Although the trend is generally upward. • Data being recorded on Badgernet by W&C is now being reviewed and will be incorporated into VTE reporting when available.	• Trust Thrombosis committee will continue to ensure actions following the VTE assessments are completed and therefore detail any medical omissions if discovered to ensure learning (for example administration of medicines) • HAT's are routinely discussed at the Trust Thrombosis committee and any learning shared.
Assurance level – Level 5 (Aug-21) Reason: Sustained compliance for VTE on assessment, but requires improvement for the 24 re-assessments	**When expected to move to next level of assurance** : Q2 21/22 – following embedding change made as a result of the audit.
Previous assurance Level - 4 (Jun-21)	SRO: Christine Blanshard (CMO)

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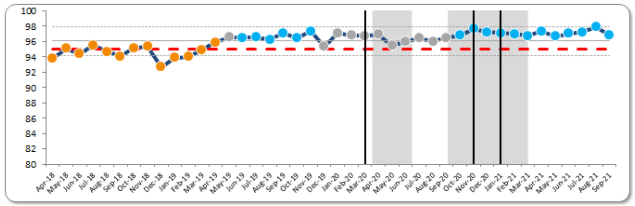
Month 6 [September] | 2021-22 Quality & Safety - Care that is Safe

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sept-21 as 11th October 2021

Worcestershire Acute Hospitals NHS Trust

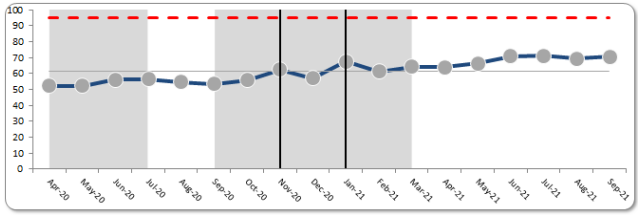
VTE Assessment Compliance (%)

96.84



24 hours VTE Assessment Compliance (%)

70.68



Please note that % axis does not start at zero.

Lockdown Period

COVID Wave

2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
90.13% - Aug 2021 (85.37% - Sep 2021)	70.56% (72.34%)	94.72% (94.59%)	66.78% (68.06%)

What does the data tell us?

- The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 17 months (range 80.56% to 90.13%).
- The Target of 95% for viewing Pathology Reports on ICE was just missed in Aug-21 at 94.72%.
- Radiology reports filed on ICE has remained above 70% for three consecutive months.
- Pathology reports filed on ICE has fallen in Aug-21 to 66.78%.
- Auto filing of T&O trauma plain radiographs has now gone live.

What will we be doing?

- Auto-filing and batch filing of negative MRSA and COVID swabs has undergone testing and will go live mid-end of October (delayed due to Patient First and PAS upgrades)
- Batch filing of old results that have been viewed (or subsequent tests requested) to be explored
- Process within the system for filing to be reviewed to make the use of the system more user friendly

Assurance level – Level 5 (Aug-21)

Previous assurance level: Level 4 (Jun-21)

When expected to move to next level of assurance:
When autofiling and manual filing process have been implemented– November 2021.

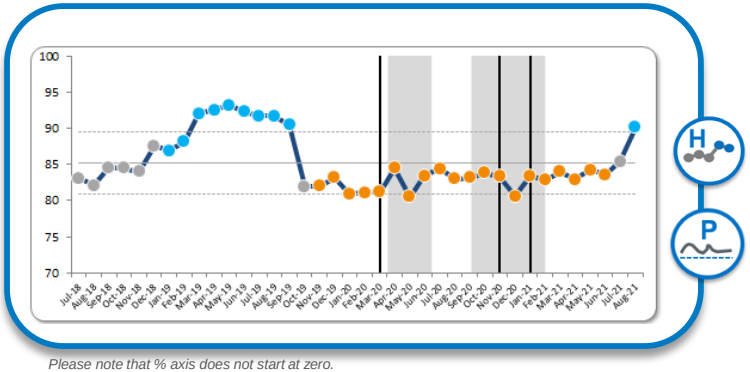
SRO: Christine Blanshard (CMO)

Month 6 [September] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sept-21 as 11th October 2021

ICE reports viewed radiology (%)

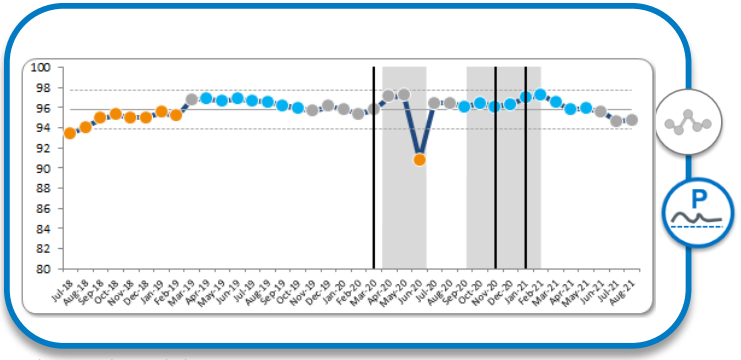
90.13



Please note that % axis does not start at zero.

ICE reports viewed pathology (%)

94.72



Please note that % axis does not start at zero.

Lockdown Period

COVID Wave

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

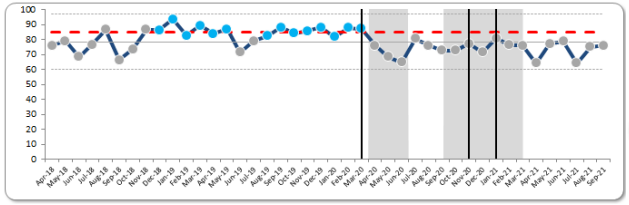
#NOF – Time to Theatre <= 36 Hours	#NOF – Time to Theatre <= 36 Hours Excluding Unfit Patients
76.12% (Sep 2021) 75.00% (Aug 2021)	87.93% (Sep 2021) 90.48% (Aug 2021)
What does the data tell us? • The #NOF target of 85% has not been achieved for 18 months. • This performance correlates with the timeline of the COVID pandemic. • Hence the last time the target was met was just before COVID in Mar-21 (87.30%) • In the 12 months prior to the commencement of the pandemic, the target had been met on 6 occasions, and was over 80% for an additional 4 months.	**What will we be doing?** • Centralising all Inpatient Trauma to WRH site from Mid October and as a result increasing Trauma theatre capacity by 1 4 hour session per day. • Changing consultant on-call pattern to ensure there is always a hip surgeon available to operate.
Current assurance level – 4 (Aug-21)	**When expected to move to next level of assurance**:
Previous assurance level: 4 (Jun-21)	

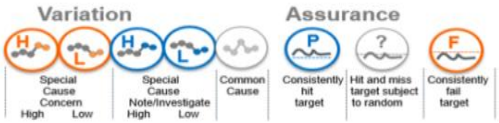
Month 6 [September] | 2021-22 Quality & Safety - Care that is Effective

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sept-21 as 11th October 2021

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

76.12%





Lockdown Period

COVID Wave

2.3 Care that is a positive experience – Friends and Family

FFT Inpatient Recommended		FFT Outpatient Recommended		FFT AE Recommended		FFT Maternity Recommended	
Sep-21	Target	Sep-21	Target	Sep-21	Target	Sep-21	Target
95.55%	95%	90.87%	95%	72.4%	95%	86.49%	95%

- The recommended rate for Inpatients continued to achieve the target at 95.55% in Sep-21. The response rate was also above trust target at 33.43%.
- The recommended rate for Maternity dropped for the second month to 86.49% and failed to achieve the target. The response rate also dropped and remains below the trust target at 6.16%.
- The recommended rate for Outpatients decreased to 90.87% and failed to achieve the target. The response rate slightly fell below target at 9.68%.
- The recommended rate for A&E decreased to 72.40% and failed to achieve the target. The response rate decreased and fell below target at 15.58%.

FFT collection is currently facilitated through the use of iPad and text messaging. Lower response numbers can be attributed to issues with Wi-Fi connectivity and familiarisation with using iPads. Staff have shared that Volunteers would usually support FFT collection.

It is acknowledged that many patients and staff prefer to use paper Friends and Family cards – the Patient Experience Lead Nurse is developing a clear process to reintroduce cards along with posters that have been created to share "You Said We Listened".

It is understood that recommended rates can be partly attributed to family and friends not being able to visit loved ones in hospital and the associated isolation for patients alongside a lack of clarity or understanding for staff with the definition of Compassionate Visiting– the proposed extension to Compassionate Visiting presented to Bronze on 13.10.21 is intended to support visiting for key groups of patients and support clarity of understanding on the trust's position.

An action plan is in development by the Patient Lead Nurse to address areas with a lower Recommended rate with a focus on staff support.

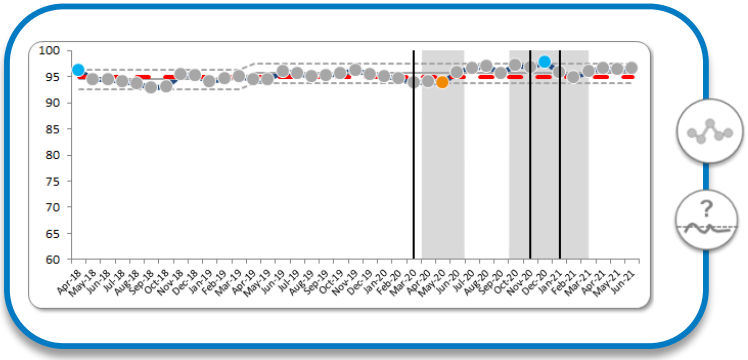
Assurance level – Reason:	**When expected to move to next level of assurance:**
Previous assurance level –	SRO:

Month 6 [September] 2021-22 Quality & Safety - Care that is a positive experience for patients/ carers

Responsible Director: Chief Nursing Officer, Chief Medical Officer | Validated for Sep-21 as 11th October 2021

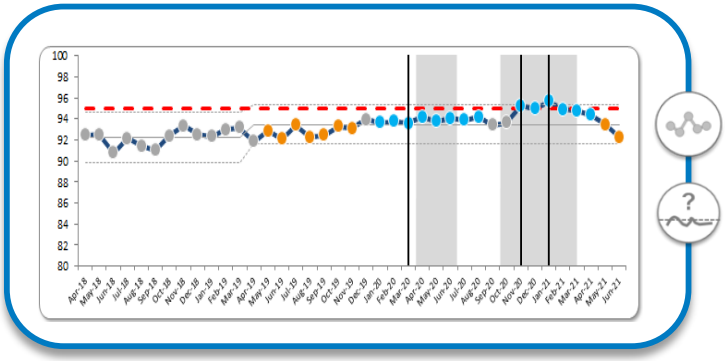
FFT Inpatient Recommended %

95.55



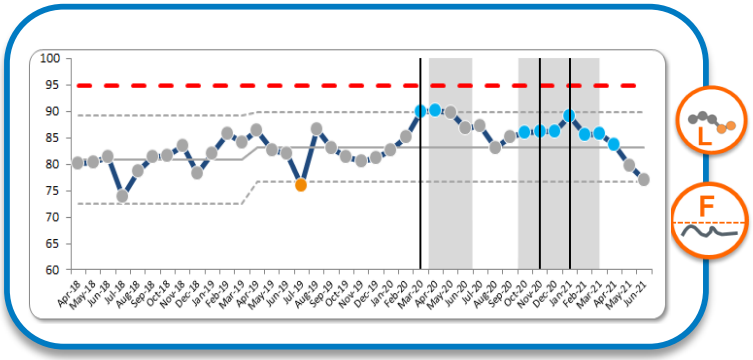
FFT Outpatient Recommended %

90.87



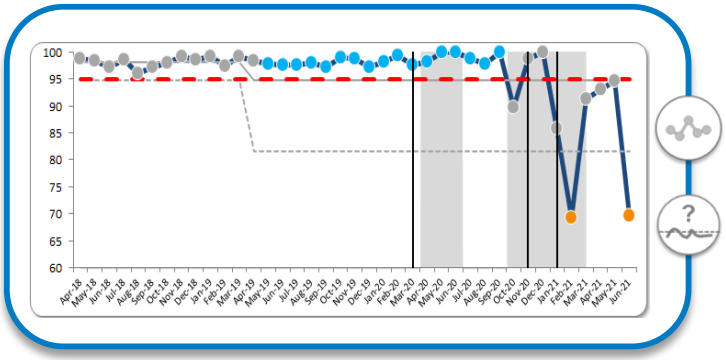
FFT AE Recommended %

72.4



FFT Maternity Recommended

86.49



Maternity

Data Quality Risk Matrix – Maternity

Data Set	Includes	Likelihood	Impact	Total Score	Context
Pregnancy bookings	• Trust bookings • Bookings before made before 12wks + 6days gestation	3 (change from 4)	3 (no change)	9 (no change)	Paper pregnancy notes weren't migrated to Badgernet so when those women deliver and are 'booked' onto the system, our booking figures are being inflated. The recording of women booked to deliver at the Trust, those receiving antenatal care only and transfers of care is under review. Incorrect booking figures have an impact on service delivery and planning. Booking figures have changed (risen) for previously reported months when refreshed. **Mitigation:** Figures have been adjusted by referencing previous maternity system data. The pregnancies of the green notes cohort have concluded and this is now a historic issue. It is recommended that the service updates the date of entry to the backdated/correct booking date. An audit of booking classifications will be undertaken, with the service and information department currently investigating and monitoring whether backdated bookings are being recorded; accounting for the changes in previous months booking figures.
Deliveries	• Total deliveries • Home deliveries • Vaginal deliveries • Instrumental (Ventouse & Forceps) deliveries • Total Caesareans • Elective Caesareans • Emergency Caesareans • Induced deliveries	2 (changed from 3)	2 (changed from 3)	4 (changed from 9)	The recording of women delivering at the Trust and those receiving postnatal care only having delivered elsewhere is under review. Some caesareans are missing classification (emergency / elective) details. There are discrepancies in the data on inductions due to the multiple ways of recording this in the BadgerNet system. Higher delivery figures on Badgernet will impact the coding process by making it appear that there are deliveries that haven't been created as admissions on OASIS and the Trust delivery activity as being higher than actually occurred. **Mitigation:** Figures have been adjusted by applying business logic to back-end data. Further refinement of logic is on-going and will be reviewed and signed off by the Service . Advice and guidance on the key fields used to identify Trust and non-Trust activity in BadgerNet has been fed back to the maternity service by the information department.

Data Quality Risk Matrix – Maternity

Data Set	Includes	Likelihood	Impact	Total Score	Context
Births	• Total births • Stillbirths • Pre-term births • Admission of term babies to Neonatal care	3 (no change)	2 (no change)	6 (no change)	The correct recording of babies not born at the Trust, where postnatal care is being provided by the Trust, is under review. This affects the total births denominator used in the reporting of safety related ratios for stillbirths, pre-terms and term admissions to neonatal care **Mitigation:** Figures have been adjusted by applying business logic to back-end data. Further refinement of logic is ongoing and will be reviewed and signed-off by the Service. Advice and guidance on the key fields used to identify Trust and non-Trust activity in BadgerNet has been fed back to the maternity service by the information department.
Governance & Safety	• Maternal deaths • Neonatal Deaths	2 (changed from 3)	3 (changed from 5)	6 (changed from 15)	Maternal deaths will always be identified via the PAS system/national reporting / coroner as not all deaths that require investigation occur in our hospital. Maternal deaths will then be added to Badgernet, with the Digital Midwife leading on education on this and the processes are in place to QA with the Governance Team. Following a review of all of the neonatal deaths by the Director of Midwifery and Chief Nursing Officer it was confirmed that the additional cases (where the gestation was $<24^{+0}$ weeks with signs of life) were sadly terminations for fetal anomalies that are not included in national reporting (but are still submitted to MBRRACE). The reporting of neonatal deaths is now correct as there is clarity on the definitions and a monthly cross check with the W&C Governance team is established.

Month 6 [September] 2021-22 Maternity

% admission of full-tern babies to neonatal care	Neonatal Deaths (>24+0 weeks gestation)	Stillbirths	Maternal Deaths	% Pre-term births	% Home births	Booked before 12+6 weeks	Births
2.4$	1	2	1	6.2%	3.1%	77.4%	452

What does the data tell us?

- The statistical change of note is that the elective c-section rate is now showing special cause variation due to 7 months above the mean. However, overall c-section rates remain within normal variation.
- Sadly, there was 1 maternal death, 1 neonatal death and 2 stillbirths recorded in Sep-21.

What have we been doing?

- Launched SIP
- Developed new reporting template to meet national recommendations
- Shortlisted for MMHS role –interviews 9th November
- Welcomed 7 new midwifery starters
- Commenced Birth rate Plus Audit and configured new acuity tool
- Initial MIA report received from NHSEI
- Work continues to improve KPI around booking
- ATR completed for all new and outstanding posts

What are we doing next?

- Recruit CNST Lead and audit midwife
- Await delayed report from Ockenden submission – new date 20th October 2021
- Awaiting outcome of CNST submission
- Agreeing a contract with the local council to fund 2 x PH midwives for 2 years (£250k)
- Complete BR + data submission
- Complete bid for NHSEI retention fund monies

Current Assurance Level: 5 (Sep-21)

When expected to move to next level of assurance:

- Following evidence submission to NHSEI for Ockenden and position confirmed
- Review of IOL pathway complete
- Review of SoP for CoC complete
- Review of escalation policy complete
- No midwifery vacancies/reduce sickness absence levels

Previous Assurance Level: 5 (Aug-21)

SRO: Paula Gardner (CNO)

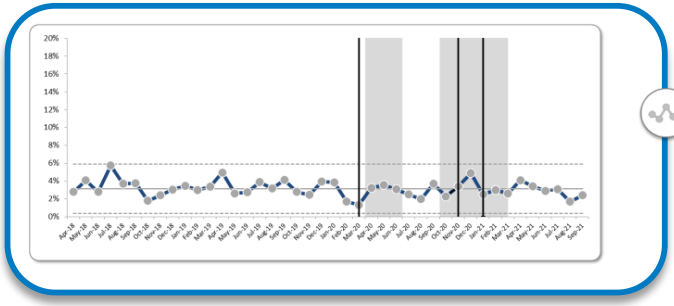
Month 6 [September] | 2021-22 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for September-21 as 15th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

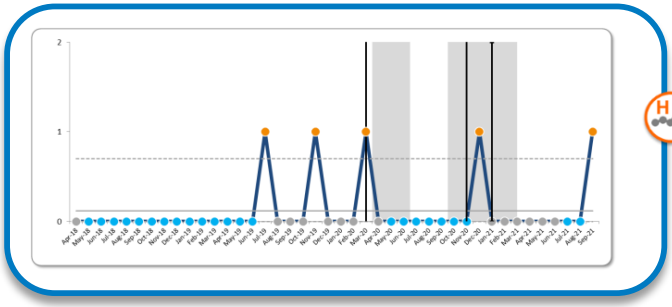
% admission of full-tern babies to neonatal care

2.4%



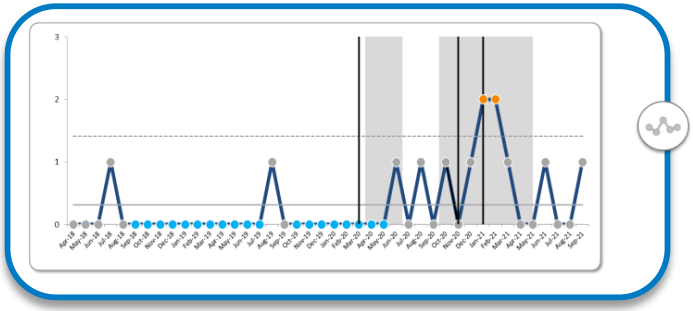
Maternal Deaths

1



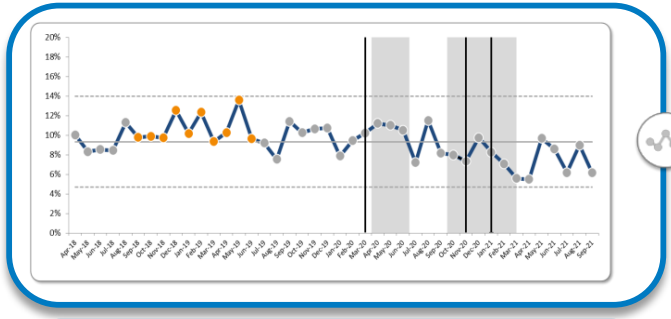
Neonatal Deaths (>24+0 weeks gestation)

1



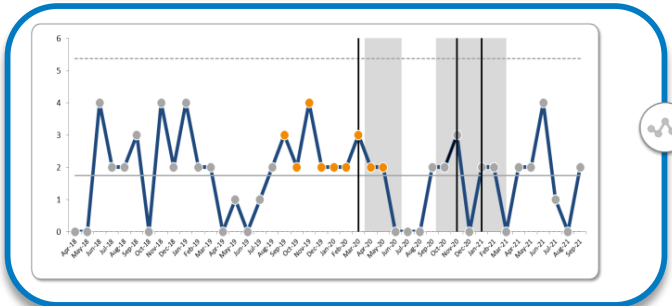
% Pre term births

6.2%



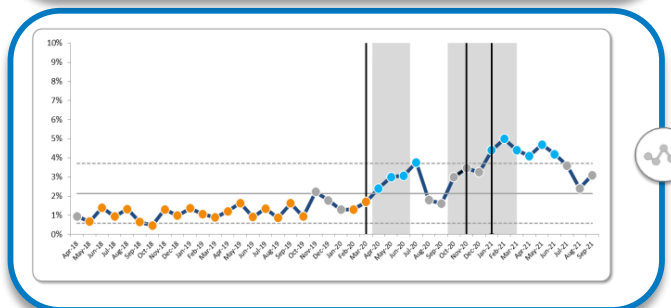
Stillbirths

2



% Home births

3.1%



Lockdown Period

COVID Wave

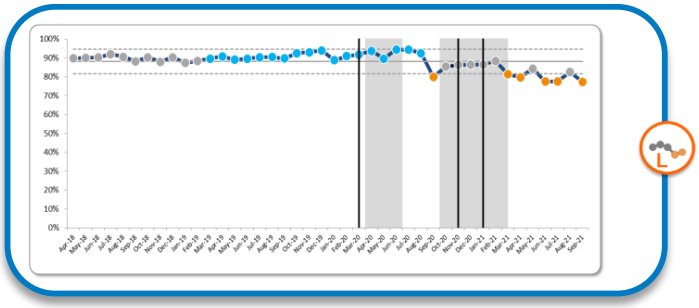
Month 6 [September] | 2021-22 Maternity Summary

Responsible Director: Chief Nursing Officer| Validated for September-21 as 15th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

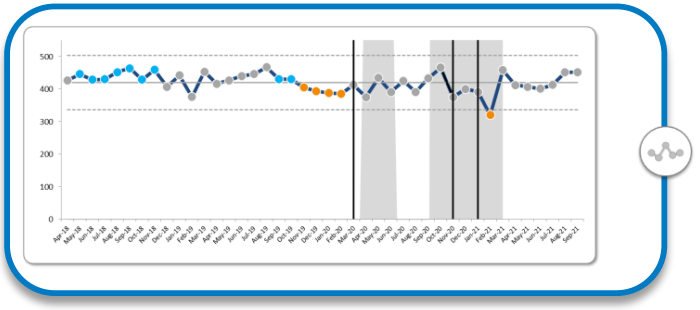
Booked before 12+6 weeks

77.4%



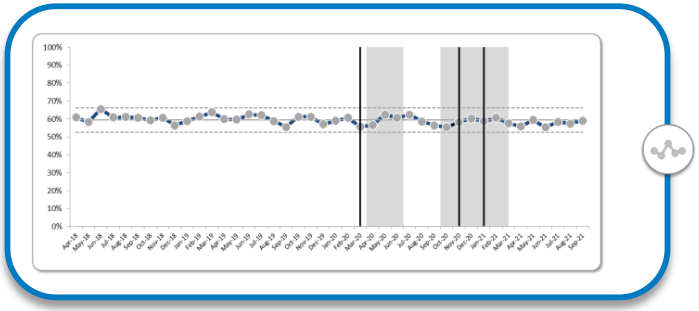
Births

452



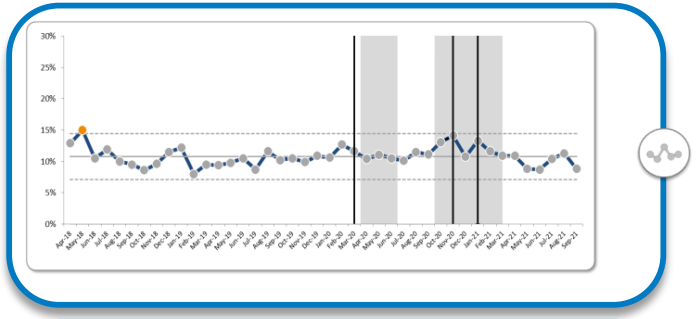
Vaginal Births

59.1%



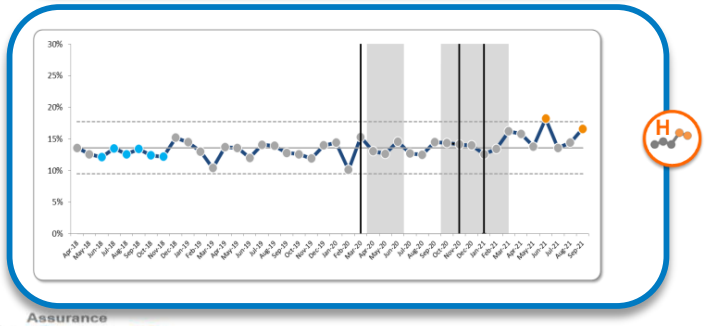
Instrumental rate

8.8%



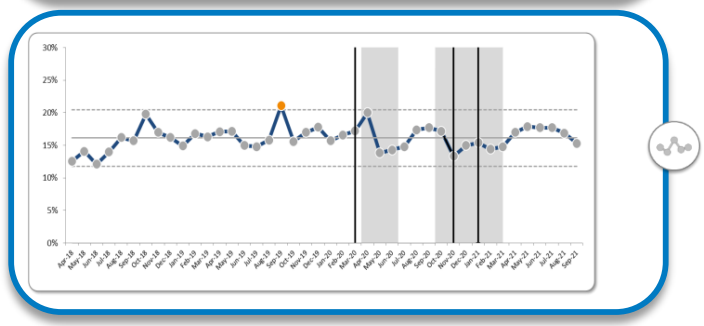
Elective Caesarean

16.6%



Emergency Caesarean

15.3%



Variation

Assurance

Lockdown Period

COVID Wave

Workforce

Data Quality Risk Matrix - Workforce

Data Set	Includes	Likelihood	Impact	Total Score	Context
Workforce Compliance	Appraisal (Non-Medical)	3	1	3	We are confident in the reporting which is from nationally created ESR BI reports. However, there have been issues with accuracy of recording by Managers on Self Service. This is addressed by training/screenshots and a supplementary IT link for sending appraisal through for inputting in L&D. Monthly reports are sent to Managers and both Managers and Staff can validate on ESR Self Service.
	Medical Appraisal	1	1	1	There is manual intervention to remove doctors in training but no current issues identified.
	Mandatory Training	3	1	3	We are confident in reporting which is from Competencies set up on OLM and pulled through nationally created BI reports from ESR. However, there are periodic issues reported where staff cannot access training due to IT issues which are resolved individually. Mitigation is for L&D to validate Monthly data and provide commentary on any IT/operational issues.
	Consultant job plans	2	1	2	We are confident in reporting from Allocate e-Job Plan. However, compliance is low due to lack of job planning, or late reporting. Dedicated Job Planning Officer role now in post to review/audit and improve compliance.
	Staff turnover	3	1	3	We are confident in reporting via nationally created BI report. Delays in managers submitting Starter and Leaver forms do result in retrospective adjustment which has been addressed by changing timescale to require forms 8 weeks before start/leave. Annual Payroll audit by CW Audit takes place of Starter and Leaver forms. Monthly Payroll meeting reviews late forms which affect pay.
	Covid risk assessment compliance	4	2	6	There have been issues with the recording of Risk Assessments due to forms not being received, or actioned in a timely manner in Occupational Health due to increased workload. Weekly reports were sent to Divisions for validation. These currently appear to be resolved. There are remaining issues with timeliness of forms for New Starters which is escalated with Divisions.

Data Quality Risk Matrix - Workforce

Data Set	Includes	Likelihood	Impact	Total Score	Context
Workforce Performance	• Substantive Vacancy Rate • Total Vacancies Rate (including Bank and Agency) [Source: Finance ADI]	2	1	2	Vacancies are recorded in the Oracle Finance Ledger and extracted using the ADI . A Vacancy in terms of IPR is a post that is not filled substantively and needs to be recruited to. A vacancy will be Establishment minus Contracted. ADI is a manual process which extracts data from Oracle. Oracle is updated by an automated ESR feed to Oracle each month for substantive staff (weekly for bank). ADI is reviewed by Senior Finance colleagues every month on Day 5 and the Ledger shuts and is signed off on Day 7. We are confident with the process and the checks and balances in place.
	• Growth in Establishment [Source: Finance ADI]	2	1	2	Establishment is recorded in the Oracle Finance Ledger and extracted using the ADI in terms of budget and wte. The process for agreeing changes to budgets is through Business Cases to TME. ADI is a manual process which extracts data from Oracle. The ADI is reviewed by Senior Finance colleagues every month and we are confident with the process and the checks and balances in place.
	• Total hours worked [Source: Finance ADI]	5	2	10	Hours worked for temporary staff feed is a manual process into the Ledger from data extracted from the NHSP portal. There have been issues with the reporting of wte hours worked from NHSP which have been escalated and are being regularly reviewed. The implementation of Allocate Locum on Duty and 247 Time in 2020 highlighted this problem.
	• Monthly staff sickness absence • % Staff absent due to stress and Anxiety [Source: ESR/Allocate HealthRoster]	3	3	9	Sickness (and all absence) from 1st April 2021 are recorded through HealthRoster by Managers. An Absence interface to ESR pulls through once per month on payroll upload. Weekly meetings to review project progress and testing of data pulled through interface. There have been issues identified historically of late or non-reporting of absence which are investigated individually. The full rollout of Rostering to all staff should help to address this. However, this is reliant on Managers inputting roster changes in a timely manner so will require regular review by e-Rostering team.
	• Number of Covid sickness • Number Self Isolating [Source: WREN/Allocate HealthRoster]	3	3	9	These absences have been recorded on HealthRoster since Wave 1 of Covid Pandemic, initially via a Covid Absence Line, and latterly by Managers with rollout of HealthRoster to all staff groups. There were issues initially of late and non-reporting which are being addressed through full rollout of Rostering. Intermittent issues of incorrect categorisation of absence is picked up individually with managers by e-Rostering Team.
	• Bank Spend as % of Gross Cost • Agency Spend as a % of Gross Cost [Source: Finance]	2	1	2	Bank and Agency Spend as a % of Gross cost is calculated by Finance colleagues from the Ledger which is signed off by Senior Finance colleagues through a formal process each month.
	• Maternity/Adoption Leave [Source: ESR]	3	3	9	We are confident of the report which is from a nationally created ESR BI report. However, there is intermittent late reporting of both the commencement and end of maternity leave which is reviewed through Payroll meeting monthly as they impact on Maternity Pay.

People and Culture Performance Report Month 6 - Headlines

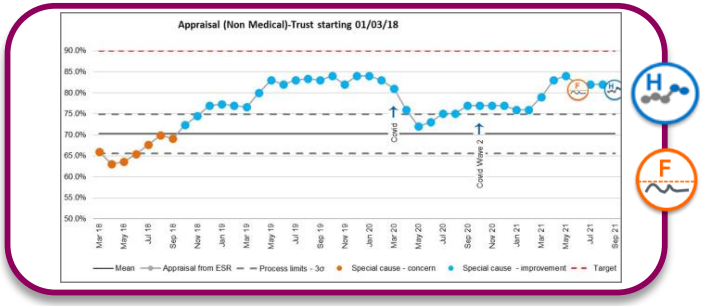
People & Culture	Comments
Getting the basics right (appraisal, mandatory training, job plans)	• Mandatory training compliance has consistently met the current Trust target throughout the pandemic although is currently at 89% this month due to the impact of the August Medical rotation • Medical appraisal compliance consistently remains above Model Hospital average of 85%. • Non-medical appraisal rate has dropped to 80% and will be a focus for this period • There has been an 7% improvement in Consultant Job Planning to 79% but we are still performing below Model Hospital average
Drivers of Bank & Agency spend	• We have a 418 wte increase in establishment compared to the same period last year • Our vacancy rate of 8.6% is above the ONS national average of 8.1%. The increase has been driven by the increase in establishment in April and May. • There are 184 staff on maternity leave compared to 147 staff for the same period last year. 80 of these are Registered Nurses and 35 are HCA's which will be directly impact on our banks and agency spend. • Monthly sickness has reduced slightly to 5.36% which is 0.95% higher than the same period last year. We are continuing to see a higher non-covid sickness absence trend during wave 3 of the pandemic • The annual turnover rate has increased again this month to 10.03% but remains within target and is 0.36% better than the same period last year.
Staff Health & Wellbeing	• Cumulative sickness has increased to 4.94% • Sickness due to S10 (stress and anxiety) increased by 0.3% to 1.5% with all divisions now having higher levels of S10 than pre-pandemic rates • Our staff health and wellbeing offer continues to be communicated to staff at every opportunity • Wellbeing Conversations and the How are You Really App were launched in September • Location by Vocation pilot is progressing • 91% of our staff have had the first Covid vaccine and 86% have had their second vaccine. This has reduced due to new starters in the August rotation • Covid Booster and Flu Vaccination Programme shave commenced

Month 6 [September] 2021/22 Workforce "Getting the Basics Right" Summary

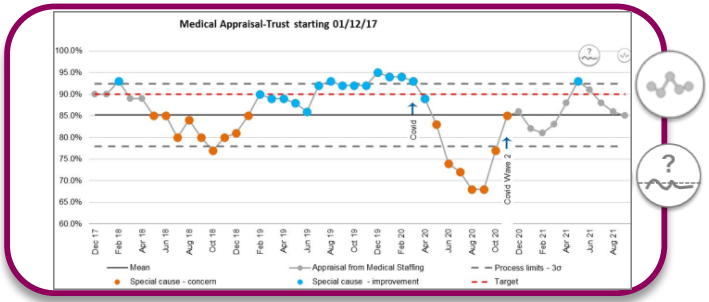
Responsible Director: Director of People and Culture | Validated for September -21 as 15th October 2021

NHS Worcestershire Acute Hospitals NHS Trust

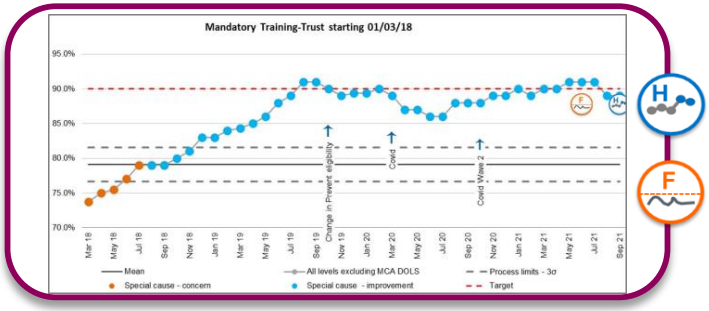
Appraisal (Non-Medical) — 80%



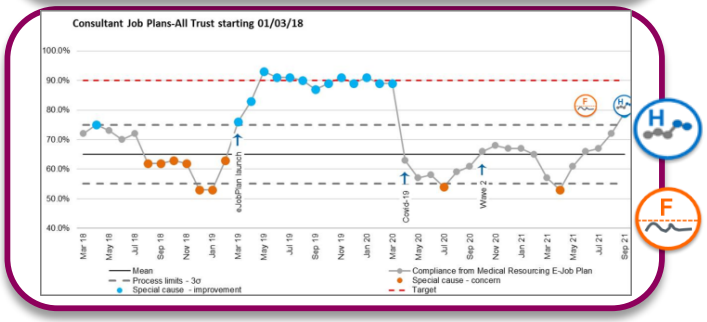
Medical Appraisal — 85%



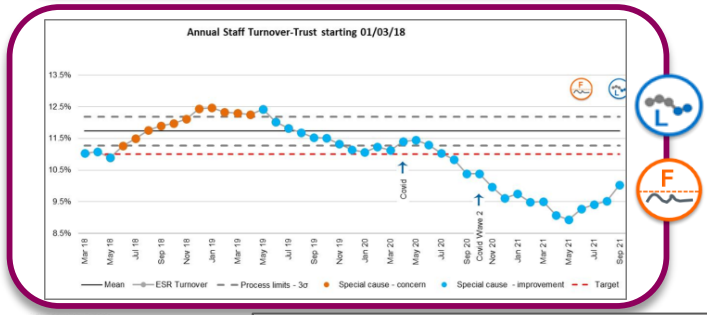
Mandatory Training — 89%



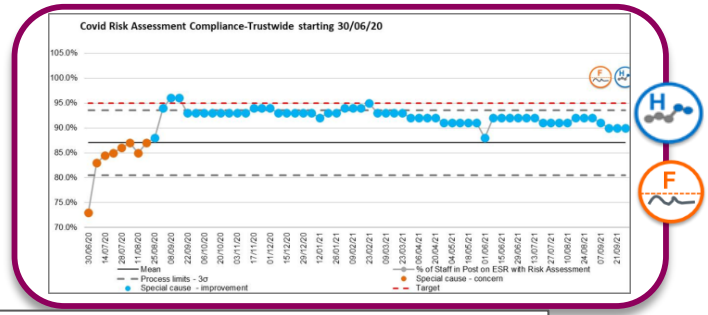
Consultant Job Plans — 79%



Annual Staff Turnover — 10.03%



Covid Risk Assessment Compliance — 90%



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.

Workforce Compliance Month 6 (September 2021): - What does the data tell us?

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
80% and 85%	89% and 85%	79%	10.03%	90%

What does the data tell us?

- **Appraisal** – Compliance has dropped by 2% to 80% but is still 3% higher than the same period last year.
- **Medical Appraisal –** Medical appraisal has dropped by 1% to 85 % this month but is 17% higher than the same period last year
- **Mandatory Training** – Mandatory Training compliance has remained at 89% this month which is 1% better than the same period last year
- **Essential to Role Training** – Essential to Role training is unchanged at 84%.
- **Consultant Job Plans** – Consultant job planning compliance has improved by 7% to 79% and is 18% higher than the same period last year. Women and Children's are the only division to drop this month. Urgent Care have maintained their 100% compliance across all grades which is testament to their use of the self-service functionality on e-JobPlan.
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.5% this month to 10.03% but is 1.36% better than the same period last year.
- **Covid Risk Assessment Compliance –** Compliance has dropped by 2% to 90% this month due to starters and leavers including junior doctor rotation.

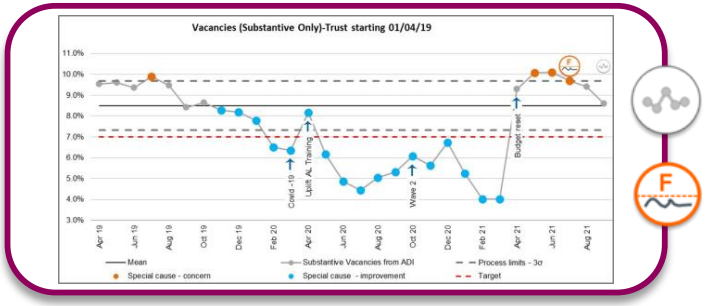
National Benchmarking (September 2021)
Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88%. We remain an outlier for job planning and non-medical appraisal.

Month 6 [September] 2021-22 Workforce "Drivers of Bank & Agency Spend" Summary

Responsible Director: Director of People and Culture | Validated for September -21 as 15th October 2021

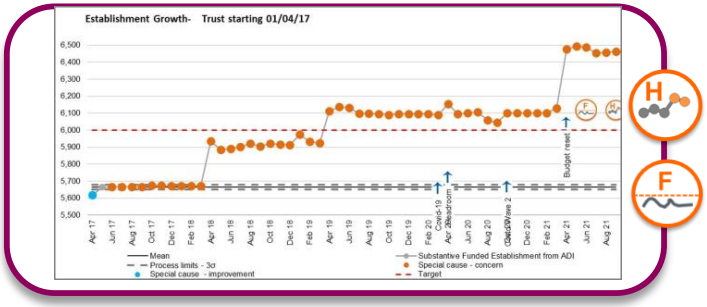
Substantive Vacancy Rate

8.6%



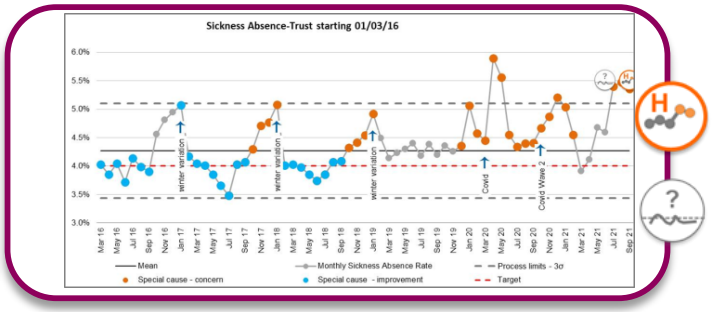
Growth in Establish-ment

6462 wte



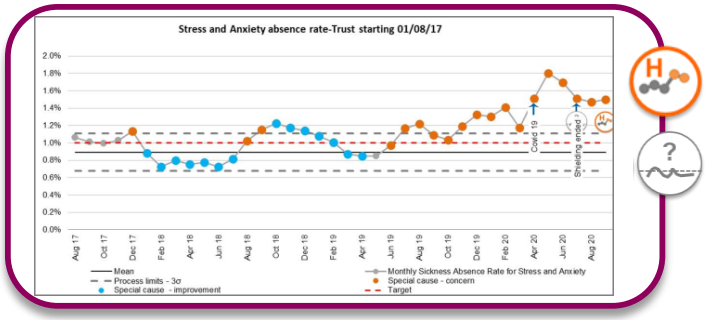
Monthly Staff Sickness Absence

5.36%



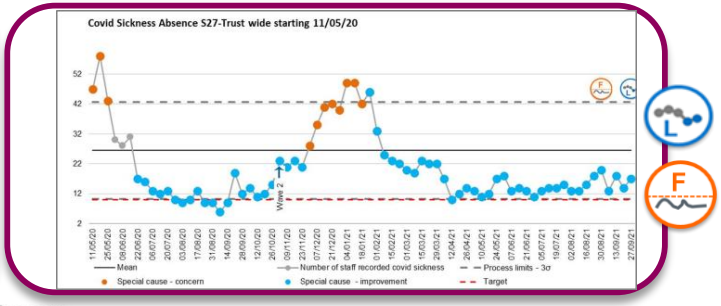
% Staff absent due to Stress and Anxiety (S10)

1.50%



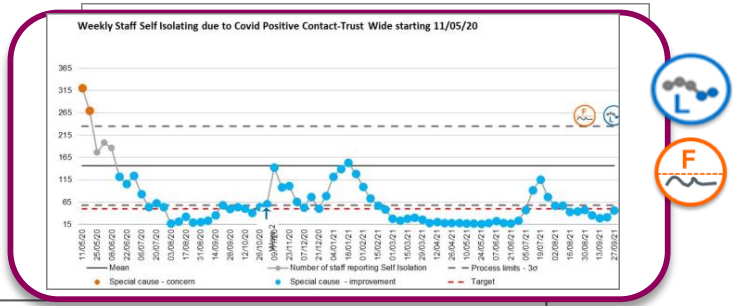
Covid Sickness (S27)

17



Number Self Isolating

47



Variation Assurance

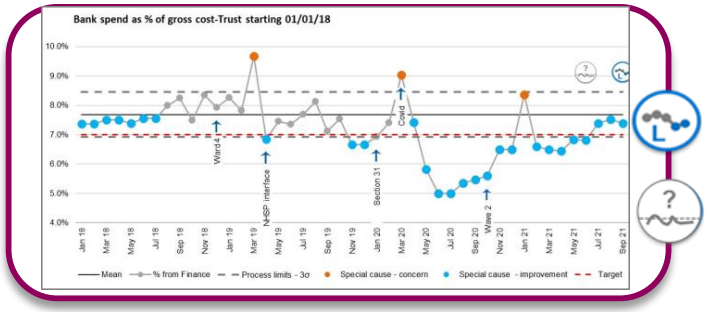
Arrow depicts direction of travel since last month. Green is improved, Red is deteriorated and amber unchanged since last month.

Month 6 [September] 2021-22 "Drivers of Bank and Agency Spend" Summary (continued)

Responsible Director: Director of People and Culture | Validated for September -21 as 15th October 2021

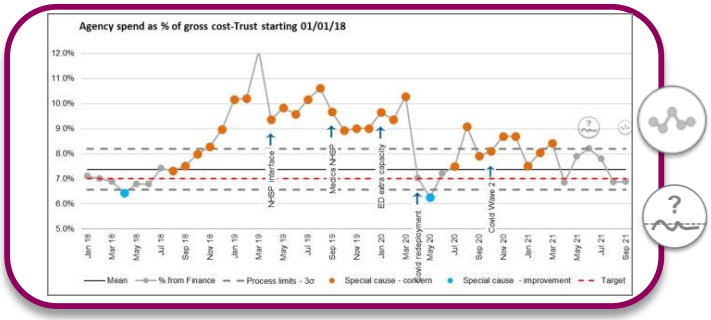
Bank Spend as a % of Gross Cost

7.39%



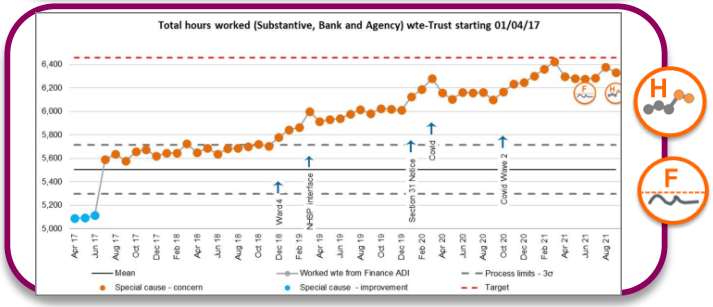
Agency Spend as a % of Gross Cost

6.90%



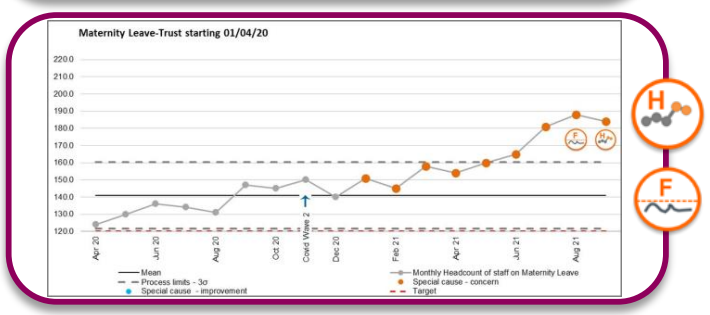
Total Hours Worked

6331 wte



Maternity/ Adoption Leave

184



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

Workforce Performance Month 6 - What does the data tell us?

Substantive Vacancy Rate	Total Hours worked (including substantive bank and agency)	Monthly Sickness Absence Rate and cumulative sickness rate for 12 months	% Staff absent due to Stress and Anxiety (S10)	Number of staff off with Covid Sickness (S27) on the last Monday of month	Number of Staff self isolating due to Covid+ contact on the last Monday	Number of Staff on Maternity Leave	Bank and Agency Spend as a % of Gross Cost
8.6%	6,331 wte	5.36% and 4.94%	1.5%	17	47	184	7.39% and 6.9%

What does the data tell us?

- **Vacancy Rate** –Vacancy rates have reduced by 0.83% this month to 8.6%. Our funded establishment has increased this month by 5 wte which is 418 wte higher than the same period last year when we had a total vacancy rate of 5.3%. We have 185wte more staff in post than last year.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff reduced by 47 wte to 6,331 wte. Bank has reduced by 40 wte and agency has reduced by 3 wte with extra hours by substantive also reducing by 5wte. We are seeing an increase in unfilled shifts
- **Monthly Sickness Absence Rate** – Sickness has dropped by 0.12% to 5.36% which is 0.95% worse than the same period last year. Cumulative sickness has increased to 4.86% from 4.94%.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.03% to 1.5% this month which is 0.12% worse than the same period last year
- **Absence due to Covid Sickness (S27) –** 17 staff were absent due to Covid symptoms at the end of September compared to 20 at the end of August. This figure includes those staff who have reported sick due to effects of the Covid vaccine. Absence due to self isolation (including family symptoms and Test and Trace) was 47 compared to 48 last month from a peak in mid July 2020 of 116.
- **Maternity/Adoption Leave** – Maternity has reduced by 4 this month to 184 (37 more than the same period last year). 80 of these are Registered Nurses (including 12 Ward Sister/Charge Nurses) and 35 are HCA's.
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a drop in bank spend to 7.39% of gross cost. Agency Spend has increased slightly by 0.03% to 6.9%. Agency spend is 1.02% better than the same period last year primarily due to the swap out from Agency to substantive and bank. Urgent Care remains an outlier for Agency spend with 22.21% of its gross spend.

National Benchmarking (September 2021)
We are at Quartile 3 on Model Hospital for overall sickness with 4.79% compared to 4.58% national average (June 2021 data).

Annual Plan Strategic Objectives: Workforce

Strategic Workforce Plan		BAME Workforce	Organisational Development
Introduce new roles and staffing models to support the delivery of our clinical services strategy	Accelerate new ways of working from the Covid-19 experience	Undertake Covid-19 Risk Assessments for all BAME staff	Implement new operational management structure

Annual Plan: Strategic Objectives | Best people

Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff.

How have we been doing?

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

- Non-medical appraisal (5% lower)
- Job Planning (>20% lower)
- Vacancy rates (0.5% higher than ONS) due to increased establishment at budget setting

Also of note is the continuing high level of bank and agency usage which is a result of:

- Increased levels of long term sickness absence with all divisions presenting higher than pre-covid levels of S10 (Anxiety and Stress)
- 184 staff on maternity leave which is an increase of 37 from the same period last year
- Self isolation due to track and trace and family isolation

What improvements will we make?

- We will continue to work with divisions to ensure all staff are encouraged to take up the Covid booster and flu vaccines
- We will continue with the implementation of the Best People Programme to reduce premium staffing costs
- We will undertake a deep dive to understand the increase in staff turnover

Overarching Workforce Performance Level – 5 – September 2021 **Previous Assurance Level - 5 – August 2021**	**To work towards improvement to next assurance level**

Finance

Our Financial Position | Headlines

Finance	Comments
2021/22 Financial Plan H1 (Apr-Sept) H2 (Oct-March 22)	The H1 submission in May showed a plan position £1.1m surplus which included revised activity projections and ERF in M2. Following the Q1 bottom-up forecasting process undertaken by the Divisions in July given wave 3 of Covid we reassessed this position to a £(1.9)m forecast deficit. Both the ICS and the Trust continue to work on the H2 (October-March) plan with guidance being issued on Thursday 30th September
Overview of Finance Position | Month 6 September 2021	The Trust's Income & Expenditure position in month 6 is a deficit of £(0.9)m, against a £(0.2)m Plan, thus £(0.7)m adverse to the operational plan in month. At the end of M6 (April 21 – September 21) YTD is also a deficit of £(0.9)m against the H1 plan £1.1m surplus, an adverse variance of £(1.9)m.
Covid Expenditure	Year to date spend is £(5.4)m against a plan of £(4.9)m adverse by £(0.5)m.
Elective Recovery Fund	Q1 was restated based on latest coded data resulting in the posting of a further £0.2m of ERF income in month. We are now reporting £3m ERF YTD. Q2 ERF forecast is nil as a result of the change in target activity level from 85% of 19/20 volumes to 95%.
Productivity and Efficiency	At month 6 we have delivered £1,772k (91%) against the £1,957k YTD Target. The International Nurse Recruitment scheme, alongside delayed Procurement/Contract savings particularly the Bio-Chemistry Managed Equipment Services Commencement driving under-performance against plan. Notwithstanding this the updated FY forecast indicates more schemes identified £5,641k (105%) against our original £5,362k plan. Identification of further schemes is progressing alongside the Medium Term Plan (MTP) although these are likely to impact in future years. Directorate self-assessment packs have been issued and are being responded to as part of the MTP process. These packs articulate both key challenges/barriers to progression towards sustainability and also the productivity and waste reduction opportunities to mitigate.
Temporary staffing	Bank and Agency Medics has increased in M6 due to adjustments to accruals in M5 following review of the data. After adjusting for the NHSP Bank Incentive in M6 expenditure remains consistent with M5 with continuing themes of COVID and absenteeism. Daily staffing escalation calls continue with last resort escalation to off framework agencies.
Cash	Good cash balances continue, rolling forecasting well established and will be updated to reflect H2 I&E forecast as soon as figures have been agreed, achieving BPPC target, positive Statistical Process Control "SPC" trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.
Capital	Year to date capital expenditure to month 6, 2021/22 is £7.253m. We have adjusted the full year forecast spend including IFRIC 12 for the remaining expenditure for the ASR project £14m into 2022/23 to £44.371m (was £58.343m at month 5). The full year value includes the £6.655m of PDC funding received for the Community Diagnostic Hub (CDH). The formal PDC award has been received and confirmed. Notwithstanding this the work stream leads are currently preparing to ensure the funding will be spent within the financial year on the approved essential schemes. The remainder of the plan includes the in-year works on the new Urgent and Emergency Care scheme. The capital team in finance is working with NHSIE and ICS colleagues to ensure the CRL allocation is in the correct financial year. The prioritisation of schemes to ensure we address regulatory risks; infrastructure backlog and replacement of end-of-life equipment will continue via our Capital Planning Group (CPG). We have reinforced oversight following discussion with the CEO with the CFO to chair the Capital Planning and Delivery Group and with the appointment of an experienced Programme Director for the major Estates Projects of the UEC & CDH and future Theatres.

Finance | Headlines

COVID-19 Financial Regime

Due to the continuing COVID-19 pandemic, a revised COVID-19 financial framework is in place for H1 21/22. System funding envelope, comprising adjusted CCG allocations, system top-up and COVID-19 fixed allocation, based on the H2 2020/21 envelopes adjusted for known pressures and policy priorities. Block payment arrangements remain in place and signed contracts between NHS commissioners and NHS providers are not required for the H1 2021/22 period. NHS England and NHS Improvement have nationally calculated CCG and NHS provider organisational plans for the H1 period as a default position for systems and organisations to adopt.

H1 2021/22 Internal Plan £1.1m Surplus

The 2021/22 operational financial plan for H1 has been developed from a roll forward of the recurrent cost and non patient income budget from 2019/20 adjusting for an assessment of PEP delivery in 2020/21 and the recurrent impact, identification of cost pressures and an assessment of legacy and approved business cases in 2020/21. We have then overlaid the impacts of additional Covid expenditure (and additional Covid income) and PEP schemes developed by the Divisions. The final step has been to adjust for vacancy factors, activity levels lower than 2019/20 and any slippage in Business cases. **H1 (April to September) Final Plan submission in month 2 was a 6 month H1 surplus of £1.1m, this following updated activity and finance projections including ERF. A later assessment considering COVID wave 3 impacts assessed forecast out-turn at £(1.9m) deficit. The actual 6-month position was a £(0.9)m deficit.**

Delivery of the H1 Internal Financial Plan £1.1m Surplus

Month 6 – September Position

Against the H1 revised operational plan of £1.1m, **YTD at month 6** (September 2021) **actual deficit of £0.9m** against the plan £1.1m surplus. **Adverse variance of £1.9m**.

Statement of Comprehensive Income	Sep 21 (Month 6)			Year to Date			H1 Plan
	H1 Plan	Actual	Var to Plan	H1 Plan	Actual	Var to Plan	
	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Operating Revenue & Income							
Operating income from patient care activities	44,252	48,367	4,115	267,840	271,675	3,835	267,840
Other operating income	1,923	2,482	559	11,586	13,411	1,825	11,586
Operating Expenses							
Employee expenses	(26,957)	(31,469)	(4,512)	(162,007)	(167,810)	(5,803)	(162,007)
Operating expenses excluding employee expenses	(17,883)	(18,384)	(501)	(106,844)	(108,176)	(1,332)	(106,844)
OPERATING SURPLUS / (DEFICIT)	**1,335**	**996**	**(339)**	**10,575**	**9,100**	**(1,475)**	**10,575**
Finance Costs							
Finance income	1	0	(1)	6	0	(6)	6
Finance expense	(1,024)	(1,023)	1	(6,148)	(6,147)	1	(6,148)
Movement in provisions	0	0	0	0	0	0	0
PDC dividends payable/refundable	(571)	(709)	(138)	(3,426)	(3,688)	(262)	(3,426)
Net Finance Costs	**(1,594)**	**(1,732)**	**(138)**	**(9,568)**	**(9,835)**	**(267)**	**(9,568)**
Other gains/(losses) including disposal of assets	0	0	0	1	19	18	1
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	**(259)**	**(736)**	**(477)**	**1,008**	**(716)**	**(1,724)**	**1,008**
Less impact of Donated Asset Accounting (depreciation only)	9	(203)	(212)	48	(134)	(182)	48
Adjusted financial performance surplus/(deficit)	**(250)**	**(939)**	**(689)**	**1,056**	**(850)**	**(1,906)**	**1,056**
Less gains on disposal of assets	0	0	0	(1)	(19)	(18)	(1)
Adjusted financial performance surplus/(deficit) for the purposes of system achievement	**(250)**	**(939)**	**(689)**	**1,055**	**(868)**	**(1,923)**	**1,055**

Combined Income in month variance £4.7m favourable - £3.9m relates to the pay award. The Trust did not achieve any ERF monies in September, £0.2m received in month relates to catch up from previous months. A further £0.2m relates to a Capital Adjustment related to donated assets (which is adjusted below the line), £0.1m additional income to cover the cost of PCR COVID testing and. **£5.7m above YTD plan** of which £3.9m favourable due to the pay award, £0.5m favourable for ERF and £0.7m Covid O/S envelope reimbursement for Pathology Testing.

Employee expenses in month variance (£4.5)m adverse – (£3.9)m relates to the pay award. (£0.1)m COVID temporary staffing which had been assumed to stop at the end of Q1. The remainder continues to be largely driven by our Worked WTE being in excess of the vacancy factor that was applied to the H1 plan which had been assumed at c.£1.3m per month. This has been reduced in part by Business case slippage. **(£5.8)m adverse to YTD plan**.

Operating expenses in month variance (£0.5)m adverse - (£0.4)m Non PbR drugs and (£0.2)m Non PbR devices. **£1.8m adverse to YTD plan.** £1.6m adverse on Non PbR Drugs being offset by favourable variances caused by Business Case slippage (£0.8m), slippage in recruitment of International Nurses (£0.3m) and tariff drugs (£0.2m).

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

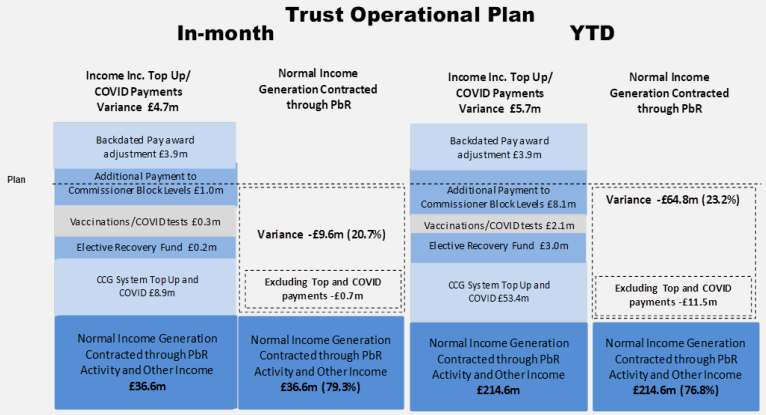
Reason: H1 plan surplus of c.£1.1m due principally to Covid wave 3 and staffing challenges, **actual deficit of £0.9m**. Note risks remain over costs of delivering additional activity and the level of temporary staffing expenditure to deliver activity and deal with the current wave of Covid admissions in the Trust. Controls remain. NEGATIVE Financial variance in month. PEP & Temp Staffing remain challenged. Underlying deficit consistent. **Assurance level not anticipated to improve until H2 plan is finalised and system gap understood. Development of the MTFP into 2022/23 and beyond will be the key vehicle to improve assurance further.**

Finance | Headlines

Performance Against Original Internal Operational Trust plan

Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£4.7m** above the Trust's Operational Plan in September.



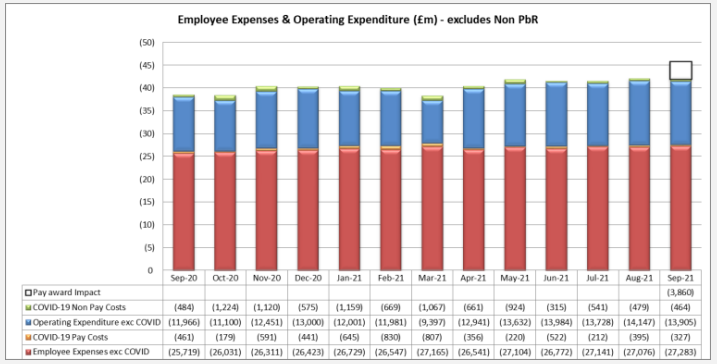
£8.9m additional System COVID/top up payment was received from Commissioners to cover additional costs of COVID and to fulfil the STP breakeven requirement .Trust also can qualify for further funding should the ICS achieve activity thresholds set by NHSE & I under **the Elective Recovery Fund framework (ERF)**. The Trust's YTD achievement **is £3.0m** and the local System (ICS) has confirmed **£2.2m has been achieved for April and May** (following validation by NHSE/I). The Trust has estimated **£0.8m for June** based on the methodology shared by NHSE/I for the calculation of April and May. With the rebasing of the target from 85% to 95% for July to September by NHSE/I , the Trust has not achieved any additional ERF monies in September (similar to July and August).

In month variance £4.7m : Pay award £3.9m, COVID PCR testing £0.1m, High Cost Drugs £0.2m, Other Operating Income £0.4m (Donated Asset £0.2m and Other Income £0.2m) and £0.1m EFR (catch up the clinical coding from previous months).

Expenditure

M6 YTD the **combined expenditure** variance (pay and non pay) is **£7.1m adverse** against the operational plan for H1 (surplus of £1.1m) **£3.2m adverse net of pay award.**

Overall **employee expenses** were **£31.5m** in Month 6 (September 21), an increase of £4.0m mainly backpay - compared with August and £1.9m (net of pay award) adverse to YTD plan despite £1.1m favourable from business case slippage. Adverse variances driven by our Worked WTE being in excess of the vacancy factor and continuation in COVID spend are the largest factors. Sustained high levels of temporary staffing driven by absenteeism and acuity and PEP shortfall continue. **Total Pay costs were £4.0m higher than M5.** Substantive pay was £3.5m higher in month, of which £3.7m relates to the 2021/22 pay award paid in September. This has been partially offset by no bank holiday payments in month (£0.1m) and 6 wte medic leaver in month (£0.1m). Total temporary pay was £0.5m higher in month, £0.2m relates to a provision for the bank A4C pay award, and £0.1m for NHSP bank Nursing incentive payments paid in month. The remaining adverse movement is within Medics and ST&T and is due to the benefits last month from adjustments to accruals following review of the data.
Operating expenses excluding employee expenses were £18.4m in September, which is consistent with Augusts spend and £1.3m adverse to YTD plan. £1.6m adverse on Non PbR Drugs being partially offset by favourable variances caused by Business Case slippage (£0.8m), lower recruitment of International Nurses (£0.3m) and tariff drugs (£0.2m).



	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Pay award Impact													(3,860)
COVID-19 Non Pay Costs	(484)	(1,224)	(1,120)	(575)	(1,159)	(669)	(1,067)	(661)	(924)	(315)	(541)	(479)	(464)
Operating Expenditure exc COVID	(11,966)	(11,100)	(12,451)	(13,000)	(12,001)	(11,981)	(9,397)	(12,941)	(13,632)	(13,984)	(13,728)	(14,147)	(13,905)
COVID-19 Pay Costs	(461)	(179)	(591)	(441)	(645)	(830)	(807)	(356)	(220)	(522)	(212)	(395)	(327)
Employee Expenses exc COVID	(25,719)	(26,031)	(26,311)	(26,423)	(26,729)	(26,547)	(27,165)	(26,541)	(27,104)	(26,772)	(27,141)	(27,076)	(27,283)

- Month 12 adjusted to remove the following one off items: 6.3% pension adjustment (£12.1m); Provisions for unused annual leave (£3.9m); Consultant job plan updates (£0.7m); Overtime holiday pay entitlements following the settlement of the Flowers legal claim (£0.5m); Central PPE stock adjustment (£6.4m); Impairment losses (£6.6m); and Contract exit costs (£0.2m).
- Above chart excludes Non PbR items.

Finance | Headlines

NHS Worcestershire Acute Hospitals NHS Trust

Capital

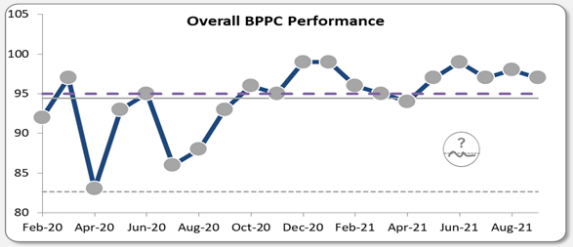
Capital expenditure (invoiced) for month 6, 2021/22 is £7.253m and latest full year forecast spend including IFRIC 12 is £44.371m. c.£14 of ASR funding /PDC covering the majority of works for the ASR project will now fall in 2022/23 as national approval of the Full Business Case (excluding Theatres) was received in October 2021. The 21/22 forecast includes £6.655m of PDC funded spend for the Community Diagnostic Hub (CDH) previously advised as "proceeding at risk" with final PDC documentation now received (October) and confirmed.
The remainder of the plan includes the in-year works on the new Urgent and Emergency Care scheme.
Aside from the 3 large externally funded schemes (UEC, ASR and CDC) the prioritisation of any remaining funding envelope to fund and address regulatory risks, infrastructure backlog and replacement of end-of-life equipment will continue via the Capital Planning Group (CPG).

Capital Assurance Level: **Level 4**
Reason: Significant capital schemes continue into 2021/22 and will require robust programme management to ensure delivery. Commitment monitoring remains in place and prioritisation of schemes nearing completion. Risk remains in medium term. **Reduced to Level 4 pending agreement of expenditure plan by scheme at November S&P meeting and assessment of CRL to be postponed to next Financial Year (22/3)**

Cash Balance

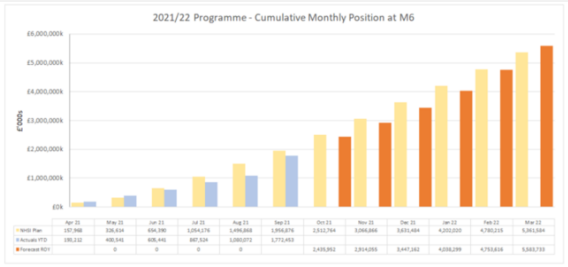
At the end of Sep 2021 the cash balance was £32.0m (including uncleared payments of £1.0m). Capital PDC drawn to date is £2.6m. The high cash balance is the result of the timing of receipts from the CCG's and NHSE under the COVID arrangement as well as the timing of supplier invoices.

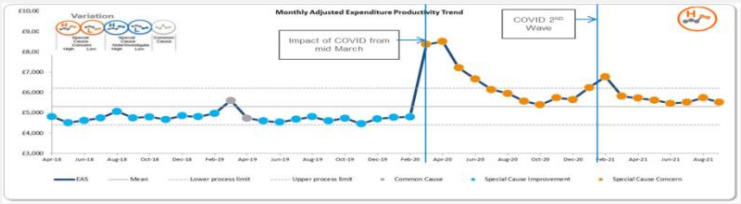
Cash Assurance Level: **Level 6**
Reason: Good cash balances, rolling CF forecasting well established and will be updated as soon as the H2 I&E forecast has been agreed, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given evolving regime for H2 2021/22 and beyond.



Productivity & Efficiency

Our internal operational plan is inclusive of £5.4m of annual Productivity and Efficiency plans. Plans for the H1 period (M1 – M6) total £2m. The P&E Programme has delivered £1.8m of actuals YTD at Month 6 **£0.2m adverse to plan** .

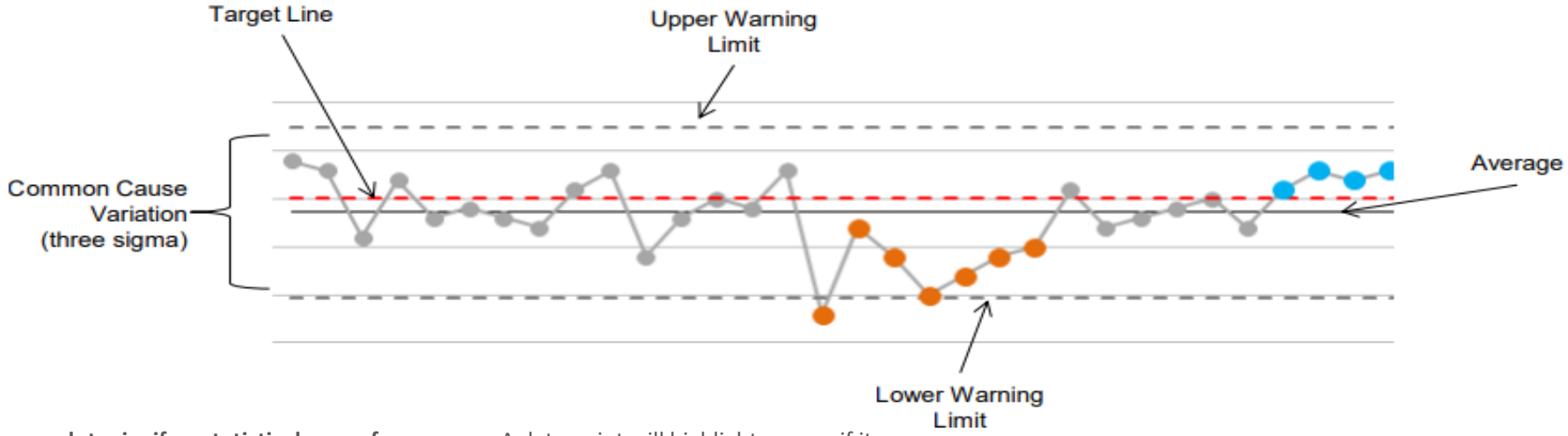




Adjusted Expenditure Productivity Trend:
COVID significantly impacts our spend against weighted activity. This local metric allows us to follow productivity changes through COVID recovery and to track against forecasted activity going forward.
September Cost per WAU has reduced as expenditure has remained consistent but the volume of activity has increased. The back dated pay award has been paid in September but normalised over Apr – Sept on the chart in order to not impact the productivity metric.

Appendices

Statistical Process Charts (SPC) Guidance



Orange dots signify a statistical cause for concern. A data point will highlight orange if it:
A) Breaches the lower warning limit (special cause variation) when low reflects underperformance or breaches the upper control limit when high reflects underperformance.
B) Runs for 7 consecutive points below the average when low reflects underperformance or runs for 7 consecutive points above the average when high reflects underperformance.
C) Runs in a descending or ascending pattern for 7 consecutive points depending on what direction reflects a deteriorating trend.

Blue dots signify a statistical improvement. A data point will highlight blue if it:
A) Breaches the upper warning limit (special cause variation) when high reflects good performance or breaches the lower warning limit when low reflects good performance.
B) Runs for 7 consecutive points above the average when high reflects good performance or runs for 7 consecutive points below the average when low reflects good performance.
C) Runs in an ascending or descending pattern for 7 consecutive points depending on what direction reflects an improving trend.

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

Levels of Assurance

RAG Rating	ACTIONS	OUTCOMES
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.

SEPTEMBER 2021 IN NUMBERS

Worcestershire Acute Hospitals NHS Trust

8,151
Walk-in patients (A&E)

4,448
Patients arriving by ambulance

12,170
Inpatients

30,897
Face to Face outpatients

11,448
Telephone consultations

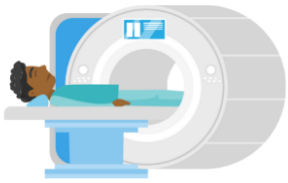
455
Babies

1,592
Elective operations

181
Trauma Operations

315
Emergency Operations

5.7
Average length of stay



15,722
Diagnostics

Putting Patients First

QUALITY AND SAFETY IN NUMBERS

September 2021

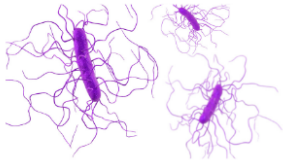
NHS Worcestershire Acute Hospitals NHS Trust

MRSA

0

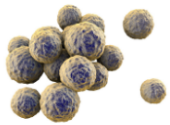
ECOLI

4



CDIFF

5



MSSA

2

Hand Hygiene

Participation	**92.73**
Compliance	**99.50**

Sepsis

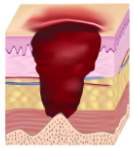
Screening Compliance	**88.98**
Sepsis 6 bundle compliance	**70.99**

ICE reports viewed

Radiology	**94.72**
Pathology	**90.13**

Falls per 1,000 bed days causing harm

1



Pressure Ulcers

All hospital acquired pressure ulcers	**18**
Serious incident pressure ulcers	**0**

Response Rate

A&E	**15.58**
Inpatients	**33.43**
Maternity	**6.16**
Outpatients	**9.68**

Recommended Rate

A&E	**72.40**
Inpatients	**95.55**
Maternity	**86.49**
Outpatients	**90.87**

HSMR 12 months rolling (June 21) **95.61**

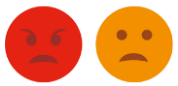
Mortality Reviews completed </=30 days (Nov-20) **35.50**

Risks overdue review **152**

Risks with overdue actions **212**

Discharged before midday

15.38



Complaints Responses </=25 days

83.67

Total Medicine incidents reported **121**

Medicine incidents causing harm (%) **5.79**

Putting Patients First 4ward

WORKFORCE COMPOSITION IN NUMBERS

NHS Worcestershire Acute Hospitals NHS Trust

September 2021

Employees

6,731

BAME employees

18%

Part-time workers

45%

Female

82%

Registered nurses

1,949 (28%)

Registered midwives

260 (4%)

HCAs, helpers and assistants

1,272 (19%)

Doctors

740 (11%)

Other clinical and scientific staff

846 (13%)

>55

Over age 55

18%

≤30

30 years and under

20%

Staff with less than 2 years service

27%

Staff with 20 years service or over

10%