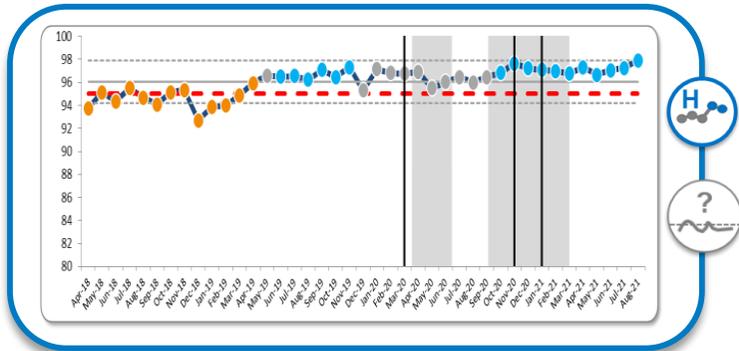


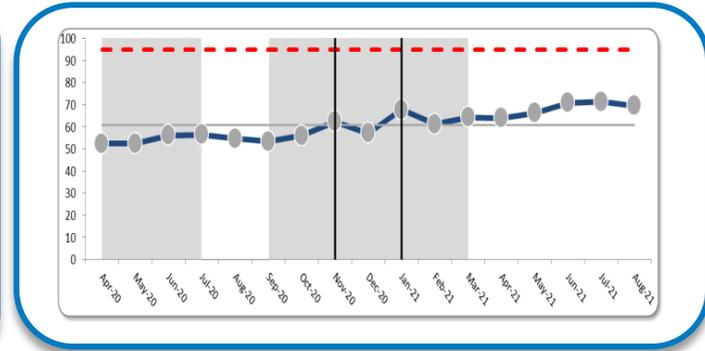
VTE Assessment Compliance (%)

97.92



24 hours VTE Assessment Compliance (%)

69.54



Please note that % axis does not start at zero.

Variation

- Special Cause High
- Special Cause 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

Lockdown Period

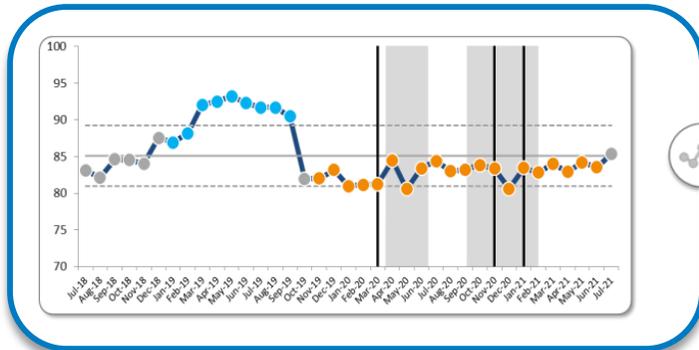
COVID Wave

2.2 Care that is effective - ICE Reporting

% Radiology reports viewed - ICE	% Radiology reports filed - ICE	% Pathology reports viewed - ICE	% Pathology reports filed - ICE
85.37% - Jul 2021 (83.55% - Jun 2021)	72.34% (72.86%)	94.59% (95.61%)	68.06% (71.42%)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> The Target of 95% for viewing Radiology Reports on ICE has not been achieved in the past 16 months (range 80.56% to 85.37%). The Target of 95% for viewing Pathology Reports on ICE was just missed in Jul-21 at 94.59% (previously it had been achieved for 13 consecutive months) Auto-filing and batch filing of negative MRSA and COVID swabs and T&O trauma plain radiographs has now gone live. Radiology reports filed on ICE has subsequently seen a 10% increase, going from 62.04% in May-21, to 72.86% and 72.34% in Jun-21 and Jul-21 respectively. Pathology reports filed on ICE has fallen in Jul-21 to 68.06%. 		<p>What will we be doing?</p> <ul style="list-style-type: none"> Further auto-filing opportunities to be explored, including amending the system if possible Batch filing of old results that have been viewed (or subsequent tests requested) to be explored 	
Assurance level – Level 4 (Aug-21)		<p>When expected to move to next level of assurance: When review of criteria for inclusion is complete – September 2021.</p>	
Previous assurance level: Level 4 (Jun-21)			

ICE reports viewed radiology (%)

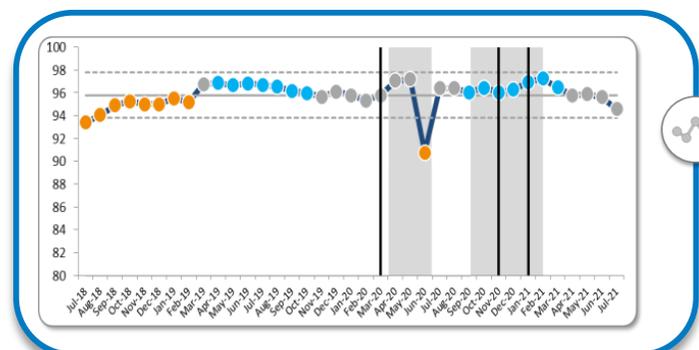
85.37



Please note that % axis does not start at zero.

ICE reports viewed pathology (%)

94.59

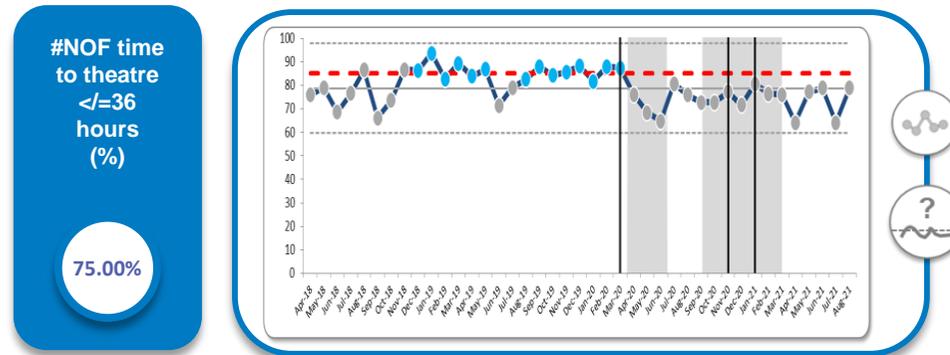


Please note that % axis does not start at zero.

Variation			Assurance			Legend	
							Lockdown Period
Special Cause High	Special Cause Low	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target		COVID Wave
Special Cause Note/Investigate							

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
75.00% (Aug 2021) 64.10% (Jul 2021)	90.48% (Aug 2021) 71.43% (Jul 2021)
<p>What does the data tell us?</p> <ul style="list-style-type: none"> The #NOF target of 85% has not been achieved for 17 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. 	<p>What will we be doing?</p> <ul style="list-style-type: none"> 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)	



Variation			Assurance		
Special Cause	Special Cause	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target
High	Low				

Lockdown Period
 COVID Wave



Maternity

Data Quality Risk Matrix – Maternity

Data Set	Includes	Likelihood	Impact	Total Score	Context
Pregnancy bookings	<ul style="list-style-type: none"> Trust bookings Bookings before made before 12wks + 6days gestation 	4 (no change)	3 (no change)	12 (no change)	<p>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.</p> <p>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.</p> <p>Booking figures have changed (risen) for previously reported months when refreshed.</p> <p>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.</p>
Deliveries	<ul style="list-style-type: none"> 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)	<p>The recording of women delivering at the Trust and those receiving postnatal care only having delivered elsewhere is under review.</p> <p>Some caesareans are missing classification (emergency / elective) details.</p> <p>There are discrepancies in the data on inductions due to the multiple ways of recording this in the BadgerNet system.</p> <p>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.</p> <p>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.</p>

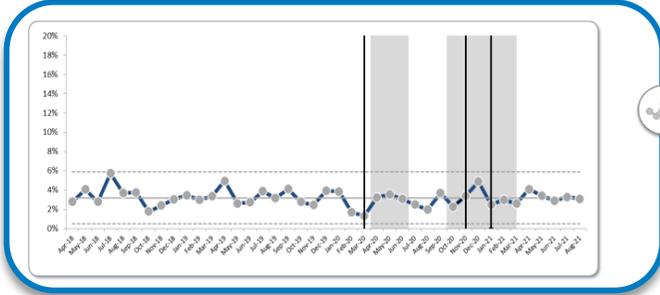
Data Quality Risk Matrix – Maternity

Data Set	Includes	Likelihood	Impact	Total Score	Context
Births	<ul style="list-style-type: none"> Total births Stillbirths Pre-term births Admission of term babies to Neonatal care 	3 (no change)	2 (no change)	6 (no change)	<p>The correct recording of babies not born at the Trust, where postnatal care is being provided by the Trust, is under review.</p> <p>This affects the total births denominator used in the reporting of safety related ratios for stillbirths, pre-terms and term admissions to neonatal care</p> <p>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.</p>
Governance & Safety	<ul style="list-style-type: none"> Maternal deaths Neonatal Deaths 	2 (changed from 3)	3 (changed from 5)	6 (changed from 15)	<p>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.</p> <p>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).</p> <p>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.</p>

% admission of full-term babies to neonatal care	Neonatal Deaths (>24 ⁺⁰ weeks gestation)	Stillbirths	Maternal Deaths	% Pre-term births	% Home births	Booked before 12+6 weeks	Births
3.1%	0	0	0	8.9%	2.4%	82.5%	451
What does the data tell us? <ul style="list-style-type: none"> There has been no statistical change in any of the maternity metrics included in this section There have been no maternal deaths, neonatal deaths or stillbirths recorded in Aug-21. Home birth service noted a difference between Jul-21 and Aug-21 is 4 home births (down from 15 to 11). 2.4% is still higher than performance observed before the step change in Oct-20. 				What have we been doing? <ul style="list-style-type: none"> Identified leads for work streams and confirmed reporting process, date confirmed for launch event in September Planned spending against CNST monies agreed by Board Template report developed to streamline maternity safety reporting to Board and ICS Working with our WHCT partners to develop MMH service across the ICS Monitoring pipeline of new starters –all have start dates between Aug- Oct Commenced Birth rate Plus Audit Working with MIA from NHSEI –awaiting initial report Work continues to improve KPI around booking 			
Current Assurance Level: 5 (Aug-21)				What are we doing next? <ul style="list-style-type: none"> Launch SIP on 29th September Advertise new posts funded by Ockenden Recruit CNST Lead Await delayed report from Ockenden submission 			
Previous Assurance Level: 5 (Jul-21)				When expected to move to next level of assurance: <ul style="list-style-type: none"> Following evidence submission to NHSEI for Ockenden and position confirmed Review of IOL pathway complete Review of SoP for CoC complete No midwifery vacancies/reduce sickness absence levels 			
				SRO: Paula Gardner (CNO)			

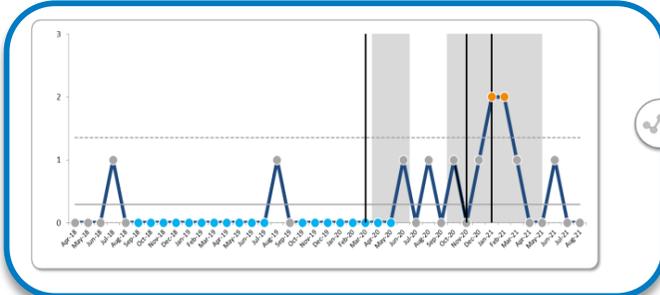
% admission of full-term babies to neonatal care

3.1%



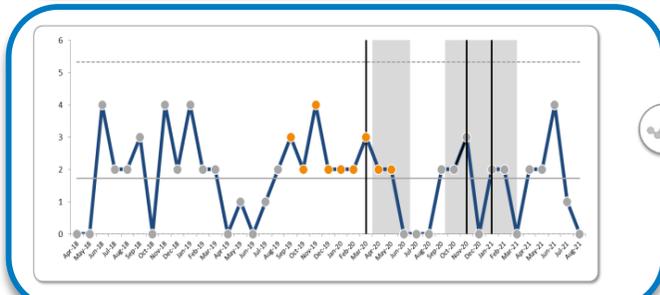
Neonatal Deaths (>24⁺ weeks gestation)

0



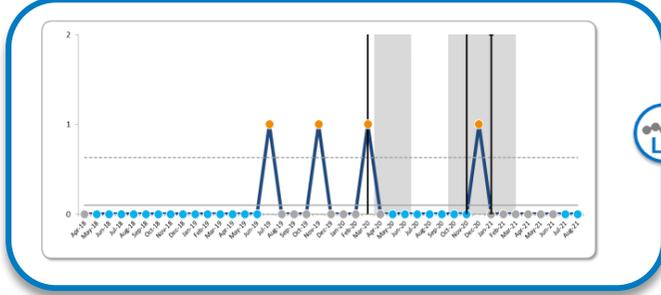
Stillbirths

0



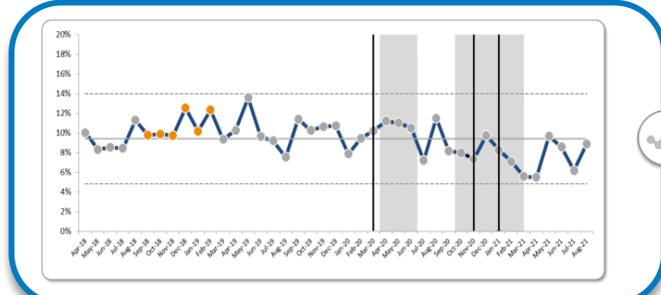
Maternal Deaths

0



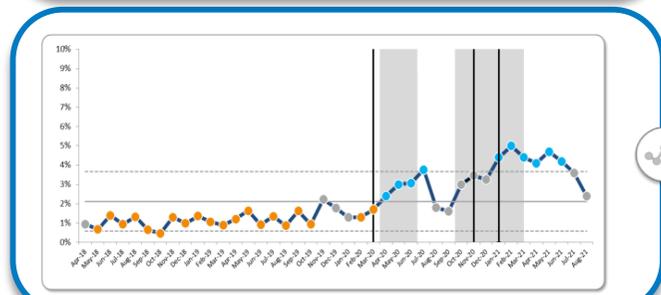
% Pre term births

8.9%



% Home births

2.4%



Variation

- Special Cause Concern High
- Special Cause Investigate High
- Common Cause High
- Consistently hit target
- Hit and miss target subject to random
- Consistently fail target

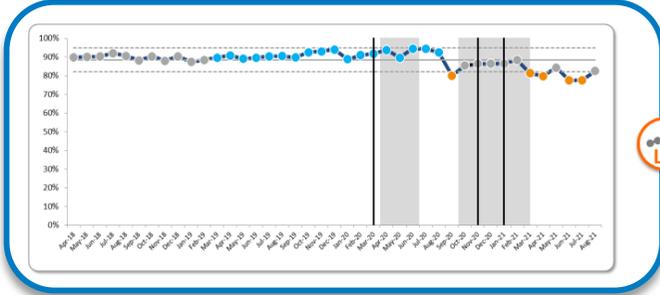
Lockdown Period
COVID Wave

Month 5 [August] 2021-22 Maternity Summary

Responsible Director: Chief Nursing Officer | Validated for Aug-21 as 10th September 2021

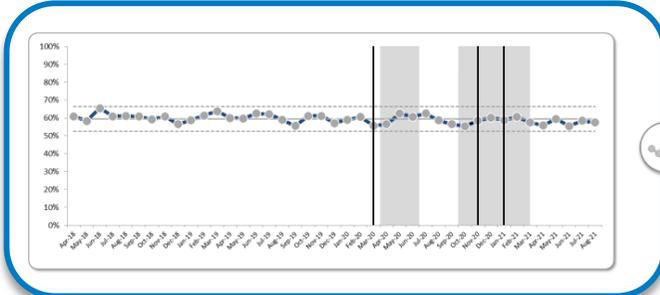
Booked before 12⁺⁶ weeks

82.5%



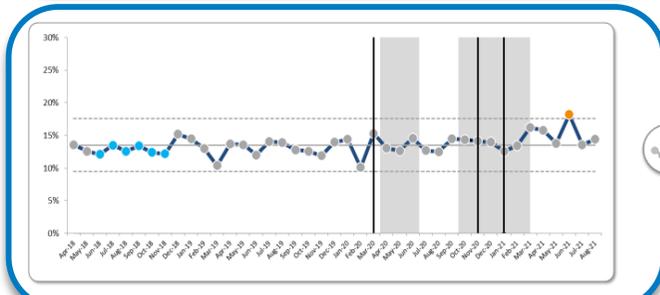
Vaginal Births

57.4%



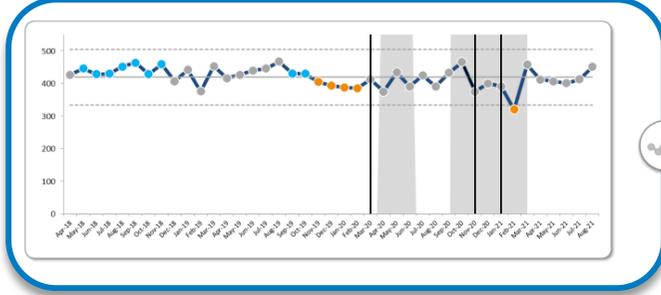
Elective Caesarean

14.4%



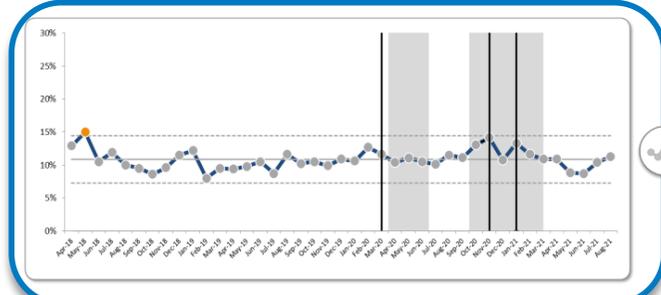
Births

451



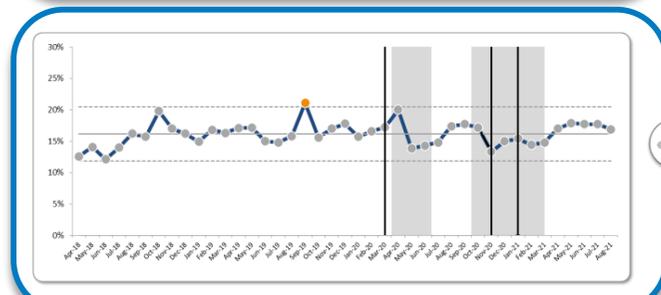
Instrumental rate

11.3%



Emergency Caesarean

16.9%



Variation

- Special Cause High
- Special Cause Low
- Special Cause Non-investigate High
- Special Cause Non-investigate Low
- Common Cause

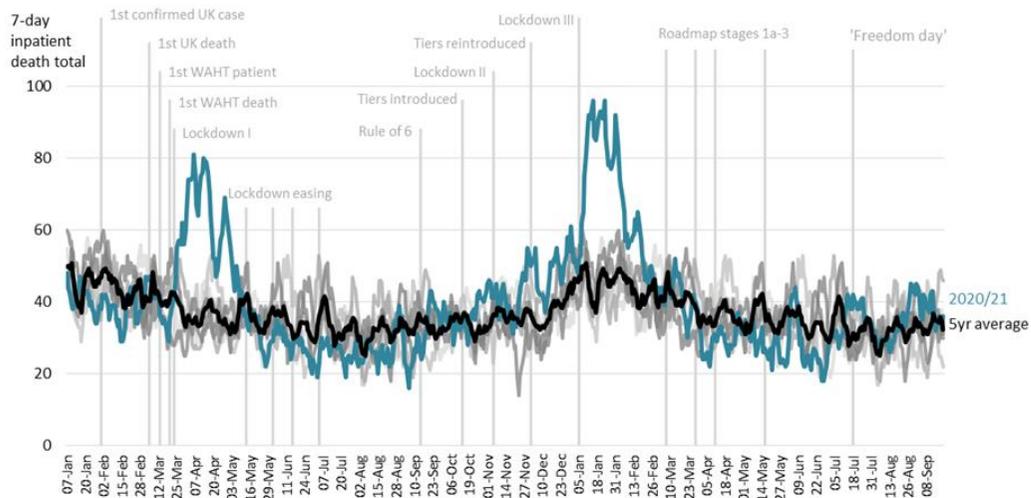
Assurance

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

Lockdown Period
COVID Wave

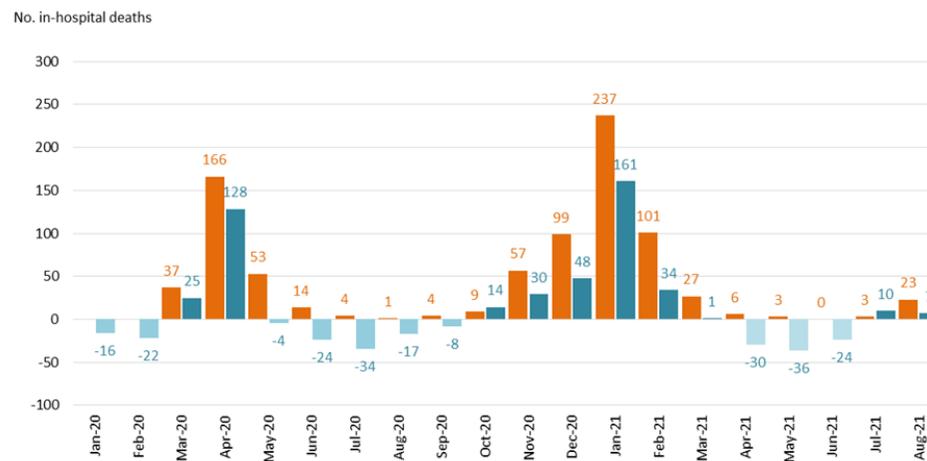
Learning From Deaths

Learning From Deaths	Comments
SHMI	<ul style="list-style-type: none"> ▪ SHMI = 1.0235 (May 2020 – Apr 2021) and continues to be well within ‘expected range’ at Trust-wide and site level. In respect of our overall SHMI we continue to sit within the middle of our (previously identified) ‘mortality peers’. ▪ No consistent areas or repeat areas of concern (ie. diagnostic groups) are highlighted. Stroke (Acute cerebrovascular disease) has been highlighted as a recent trigger but this is not reflected on the most recent public release of our SHMI and is likely to reflect incomplete coding at the point of SUS submission. ▪ Our ‘monthly SHMI’ and HES/SUS based projections suggest that this measure is official NHS indicator is unlikely to be a cause for concern over the next few months.
HSMR	<ul style="list-style-type: none"> ▪ HSMR = 95.61 (Jun 2020 – May 2021) and is also well within ‘expected range’ and continues to suggest that we are below the ‘expected’ number of inpatient deaths for this period. ▪ Like SHMI, our HSMR is mid-placed compared to our mortality peers and is unlikely to worsen substantially over the coming months. ▪ There are no consistent or repeat alerts or areas of concern regarding HSMR. That any highlighted do not corroborate with SHMI suggests that these are due to coding limitations. ▪ That both standardised models of mortality are well within their ‘expected range’ suggests that we are not seeing any unusual trends in mortality (note: SHMI and HSMR do not include deaths directly relating to Covid-19).
Crude mortality (inc. Covid-19)	<ul style="list-style-type: none"> ▪ Crude mortality is by and large stable and/or improving with the exception of that relating to Covid-19. ▪ Our crude mortality rate for in and also out-of-hospital Covid-19 deaths has improved very slightly. ▪ July and August saw overall levels of crude mortality above our five year average (albeit not in particularly large numbers). As we move through wave 3 of the pandemic we are starting to see a rise in in-hospital deaths. Again, in numerical terms, Covid-19 entirely explains the increase in crude mortality and suggests that we are not seeing additional inpatient deaths indirectly or unrelated to Covid-19.
Other mortality	<ul style="list-style-type: none"> ▪ Our Standardised Paediatric Mortality Index (SPMI = 123.99) improved for the period Jul 2020 to Jun 2021. This continues to be within the expected range and has gone some way to reversing some of the previously reported rises. This includes our relative position against our mortality peers against who we now sit favourably. This metric will continue to be scrutinised as part of the Learning from Deaths agenda over the coming months. ▪ Pulmonary embolic deaths remains unchanged and are similar to that reported nationally and by our SHMI peers.
Learning from deaths	<ul style="list-style-type: none"> ▪ Our backlog of uncompleted structure judgement reviews, previously rising, appears to be stabilising and is showing recent signs of improvement. ▪ For the period Dec 2020 to Aug 2021 there remains just one SJR with an overall care grade of 1 (very poor) and 23 with a grade of 2 (poor). This compares with 373 reviews with an overall care score of 4 (good) and 105 with a score of 5 (excellent). Future reporting will explore the outcomes of these reviews in greater detail.
Ongoing / future work	<ul style="list-style-type: none"> ▪ At the time of the presentation the Mortality Information Working Group will have reconvened to sign off the changes to the recently launched bereavement application and provision of information required to manage this process. ▪ The bereavement/mortality dashboard is being widely used by Divisional colleagues to monitor performance, identify areas of concern or good practice. ▪ Future analysis/reporting will continue to focus on crude mortality, a review of the SPMI and exploring the findings of the SJR process. This reflects a shift from historic reporting (driven by SHMI and HSMR) to understanding current challenges relating to mortality.



Since the start of wave 3 (end of June 21) we have started to see a rise in all cause crude mortality (inpatients only). Between waves 2 and 3 our crude mortality by and large tracked at or below our five year average.

This next increase in deaths above the five year average (depicted by the **blue bars** on the right) equate to 10 in July and 7 in August. In July this increase was partially explained in terms of increased Covid-19 deaths. In August it was entirely explained by Covid-19.





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	<ul style="list-style-type: none"> Substantive Vacancy Rate Total Vacancies Rate (including Bank and Agency) [Source: Finance ADI]	2	1	3	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.
	<ul style="list-style-type: none"> Growth in Establishment [Source: Finance ADI]	2	1	3	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.
	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> 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.
	<ul style="list-style-type: none"> Bank Spend as % of Gross Cost Agency Spend as a % of Gross Cost [Source: Finance]	2	1	3	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.
	<ul style="list-style-type: none"> 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 & Culture	Comments
<p>Getting the basics right (appraisal, mandatory training, job plans)</p>	<ul style="list-style-type: none"> • Mandatory training compliance has consistently met the current Trust target although has dropped to 89% this month due to the August Medical rotation • Medical appraisal compliance consistently remains above Model Hospital average of 85%. • Non-medical appraisal rate has remained at 82% • There has been an 5% improvement in Consultant Job Planning to 72% but we are still performing below Model Hospital average
<p>Drivers of Bank & Agency spend</p>	<ul style="list-style-type: none"> • We have a 399 wte increase in establishment compared to the same period last year due to establishment review and business cases at budget setting • Our vacancy rate of 9.4% 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 188 staff on maternity leave compared to 135 staff for the same period last year. This is an increase of 8 this month. 85 of these are Registered Nurses and 35 are HCA's which will be directly impact on our banks and agency spend. Specialty Medicine and Urgent Care have high numbers of staff on maternity leave. There are 17 Medics on Maternity Leave (1 Consultant and 16 Specialty Doctors/Registrars) • Monthly Sickness is 5.48% which is 1.08% higher than the same period last year • The current annual turnover rate is 9.53% which is 1.31% better than the same period last year.
<p>Staff Health & Wellbeing</p>	<ul style="list-style-type: none"> • Cumulative sickness has increased to 4.86% during the Covid pandemic • Sickness due to S10 (stress and anxiety) increased by 0.1% to 1.47% • Our staff health and wellbeing offer continues to be communicated to staff at every opportunity • Location by Vocation pilot is progressing with 562 staff on the pilot • Sickness rates for Administrative and Clerical Staff on the LBV pilot are 2.09% compared to 5.04% for those not on the pilot • 94% of our staff have had the first Covid vaccine and 88% have had their second vaccine • Members of the HR Team are working on plans for Covid boosters and Flu vaccines to be provided to staff from October 2021 • HR are working with clinical and IT colleagues on launching an App, process and reporting to support Wellbeing Conversations in line with NHS Employers guidance • HR are working with colleagues to review the Flexible Working Policy and the roll out ESR functionality for requesting and recording Flexible Working in line with NHS Employers guidance.

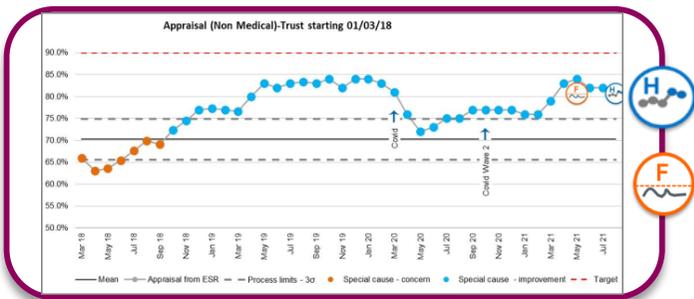
Month 5 [August] 2021/22 Workforce "Getting the Basics Right" Summary

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

➔

Appraisal (Non-Medical)

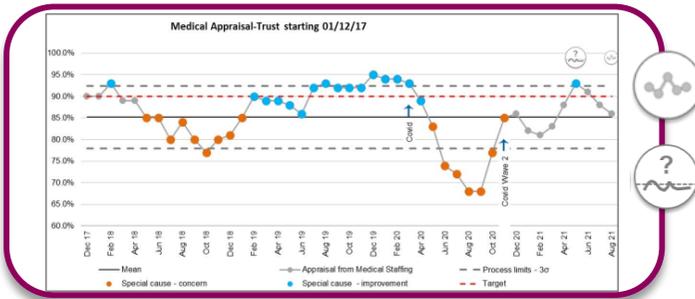
82%



⬇

Medical Appraisal

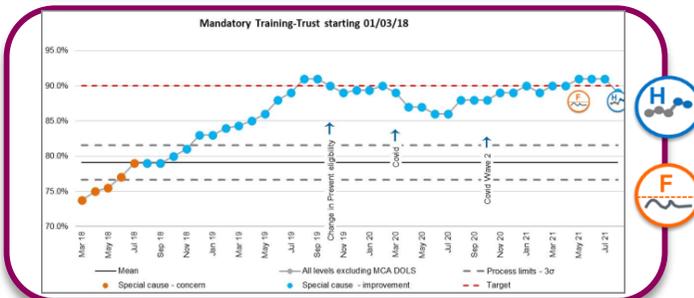
86%



⬇

Mandatory Training

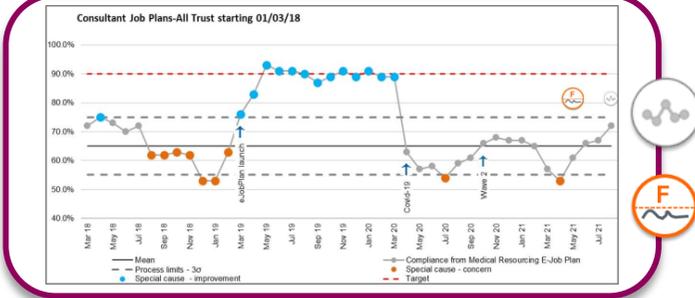
89%



⬆

Consultant Job Plans

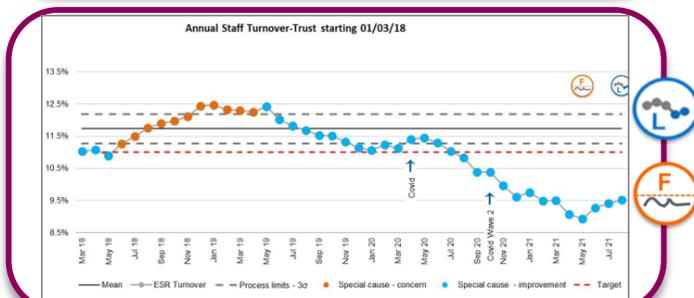
72%



⬆

Annual Staff Turnover

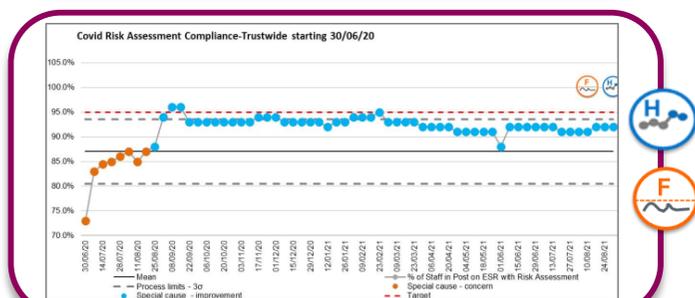
9.53%



⬆

Covid Risk Assessment Compliance

92%



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.

Appraisal and Medical Appraisal	Mandatory Training and Core Essential to Role Training	Consultant Job Planning	Annual Staff Turnover	Covid Risk Assessment Compliance
82% and 86%	89% and 85%	72%	9.53%	92%

What does the data tell us?

- **Appraisal** – Compliance remains unchanged at 82% but is 7% higher than the same period last year.
- **Medical Appraisal** – Medical appraisal has dropped by 2% to 86 % this month but is 18% higher than the same period last year
- **Mandatory Training** – Mandatory Training compliance has dropped by 2% this month due to leavers and the August Medics rotation. This is 1% better than the same period last year
- **Essential to Role Training** – Essential to Role training has reduced by 1% to 84%.
- **Consultant Job Plans** – Consultant job planning compliance has improved this month by 5% to 72% and is 13% higher than the same period last year. All division except Surgery have improved this month. Urgent Care have achieved 100% across all grades.
- **Staff Turnover** – Staff annual turnover has deteriorated by 0.12% this month to 9.53% which is 1.31% better than the same period last year. Monthly turnover at 1% is slightly worse than than Model Hospital average of 0.98%. We remain in the 2nd quartile on Model Hospital.
- **Covid Risk Assessment Compliance** – Compliance has improved by 1% to 92% this month.

National Benchmarking (August 2021)

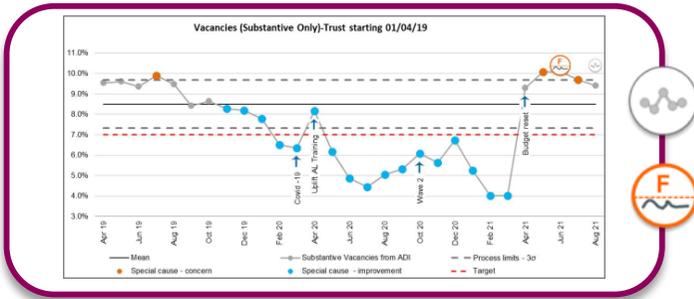
Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88%. Performance is better than Model Hospital average of 85% for Medical Appraisal. We remain an outlier for job planning and non-medical appraisal.

Month 5 [August] 2021-22 Workforce "Drivers of Bank & Agency Spend" Summary

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

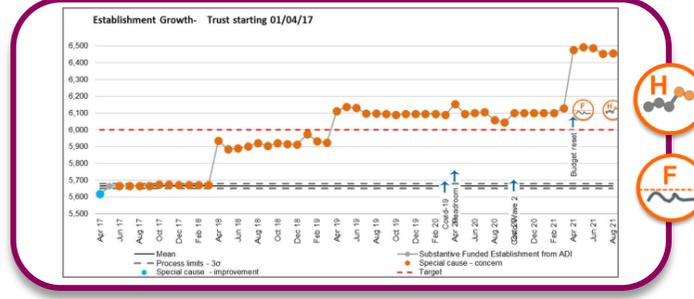
Substantive Vacancy Rate

9.4%



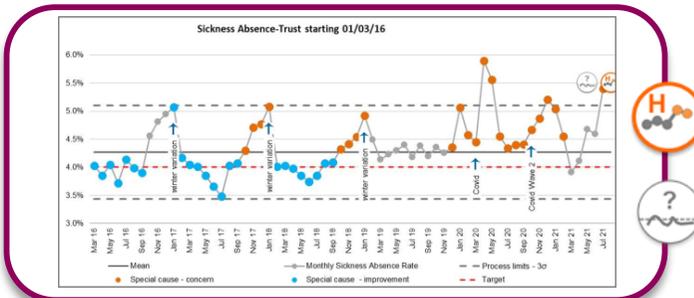
Growth in Establishment

6457 wte



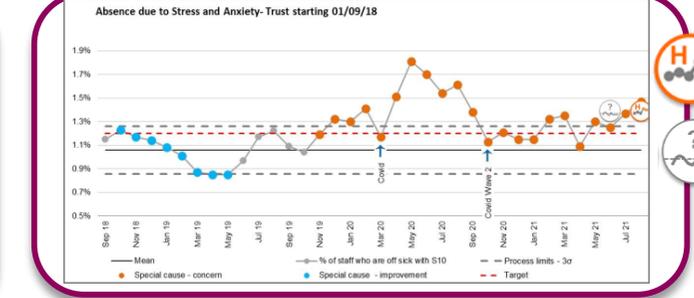
Monthly Staff Sickness Absence

5.48%



% Staff absent due to Stress and Anxiety (S10)

1.47%



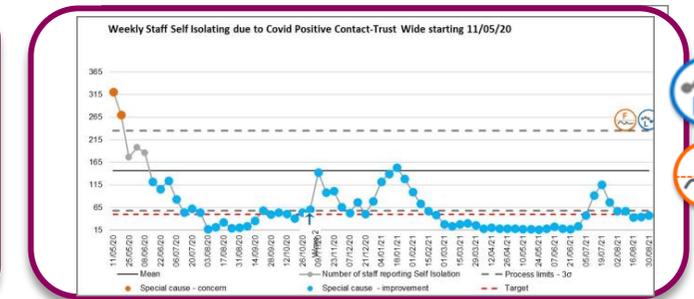
Covid Sickness (S27)

20



Number Self Isolating

48



Variation

Special Cause Concern High - Low

Special Cause High - Low

Common Cause

Assurance

Consistently hit target

Hit and miss target

Hit and miss target

Consistently hit target

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

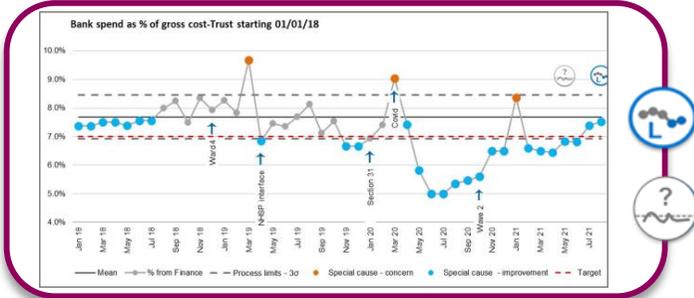
Month 5 [August] 2021-22 "Drivers of Bank and Agency Spend" Summary (continued)

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

↑

Bank Spend as a % of Gross Cost

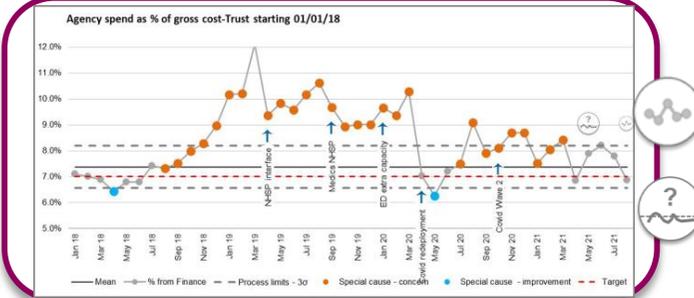
7.53%



↓

Agency Spend as a % of Gross Cost

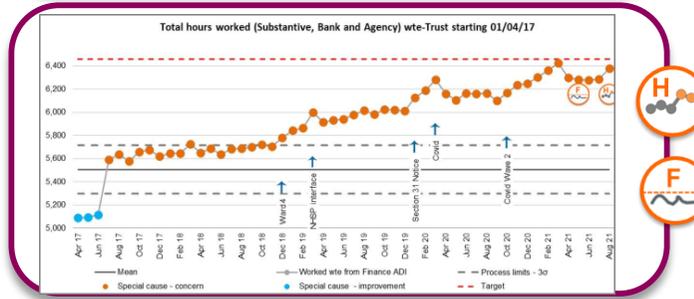
6.87%



↑

Total Hours Worked

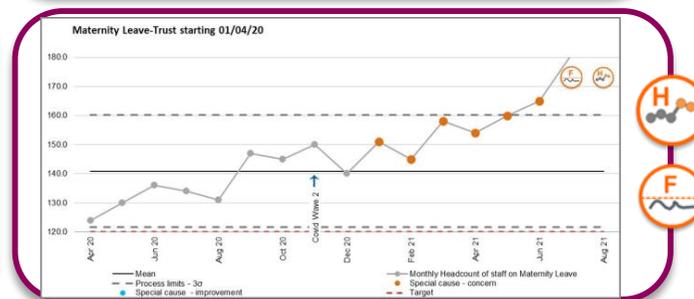
6378 wte



↑

Maternity/Adoption Leave

188



Variation

- Special Cause Concern High
- Special Cause Not Investigate High
- 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.

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
9.4%	6,378 wte	5.48% and 4.86%	1.47%	20	48	188	7.53% and 6.87%

What does the data tell us?

- **Vacancy Rate** –Vacancy rates have reduced by 0.27% this month to 9.4%. Our funded establishment has increased this month by 2 wte which is 399 wte higher than the same period last year when we had a total vacancy rate of 5.05%. We have 99 wte more staff in post than last year. The increase in establishment at budget setting is the reason for the increased vacancy rate since April 2021.
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased by 95 wte to 6,378 wte. Bank has increased by 22 wte and agency has increased by 24 wte with extra hours by substantive increasing by 44 wte. This is due to increased sickness and the holiday period.
- **Monthly Sickness Absence Rate** – Sickness has increased by 0.08% to 5.48% which is 1.08% worse than the same period last year. Cumulative sickness has increased to 4.86% from 4.77%.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has increased by 0.1% to 1.47% this month which is 0.53% better than the same period last year in the early months of wave 1 of the pandemic
- **Absence due to Covid Sickness (S27)** – 20 staff were absent due to Covid symptoms at the end of August compared to 15 at the end of July. 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 48 compared to 77 at the end of July. The trend is reducing from a peak in mid July 2020 of 116.
- **Maternity/Adoption Leave** – Maternity has increased by 7 this month (57 more than the same period last year). 85 of these are Registered Nurses and 35 are HCA's. Specialty Medicine and Urgent Care have high numbers of staff on maternity leave. There are 17 Medics on maternity leave (1 Consultant and 16 Specialty Doctors/Registrars).
- **Bank and Agency Spend as a % of Gross Cost** – this month has seen a positive growth in bank spend to 7.53% of gross cost. Agency Spend has reduced by 0.92% to 6.87% despite a 24 wte increase in agency usage due to improved rates. Agency spend is 2.22% 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 a 4.3% deterioration in month to 23.67% of its gross spend.

National Benchmarking (August 2021)

We have dropped to Quartile 3 on Model Hospital for overall sickness with 4.79% compared to 4.58% national average (June 2021 data). Monthly turnover is good on Model Hospital at 2nd Quartile (0.84% compared to national average of 0.98% (May 2021 data)

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
<p>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.</p>			
<p>How have we been doing?</p> <p>The following areas are where we perform below peer group average:</p> <ul style="list-style-type: none"> • Non-medical appraisal (3% lower) • Job Planning (>20% lower) • Vacancy rates (2% higher than ONS) due to increased establishment <p>Also of note is the continuing high level of bank and agency usage which is a result of:</p> <ul style="list-style-type: none"> • Increased levels of long term sickness absence • 188 staff on maternity leave which is an increase of 57 from the same period last year • Increase in self isolation due to track and trace and family isolation 		<p>What improvements will we make?</p> <ul style="list-style-type: none"> • Our E-Rostering Team will continue to work with managers to improve annual leave management and categorisation of covid self isolation. • We will continue to work with divisions to ensure patient facing staff are encouraged to take up the Covid vaccine • We will continue with the implementation of the Best People Programme to reduce premium staffing costs • We will continue with the Location by Vocation Pilot • We will continue to improve recording of flexible working opportunities on HealthRoster and ESR 	
<p>Overarching Workforce Performance Level – 5 – August 2021 Previous Assurance Level - 5 – July 2021</p>		<p>To work towards improvement to next assurance level</p>	



Finance

Finance	Comments
2021/22 Financial Plan	<p>With final submission of the H1 plan after commencement of the 21/22 Financial Year, ICS CFOs agreed to offset beneficial YTD M2 variances against the unmitigated system risk in H1 (£6.4m). For WAHT this was £1.8m. A later assessment of activity and thus ERF achievement was also adjusted for. This resulted in a further benefit to our position of £2.2m net of cost increasing the ERF income expectation to £2.6m. Our H1 final plan, inclusive of ERF is a £1.1m surplus [(£2.9)m original plan deficit reduced by £1.8m + £2.2m = £1.1m surplus].</p> <p>Both the ICS and the Trust continue to work on the H2 plan and guidance has just been received and is being reviewed.</p>
Overview of Finance Position	<p>Our YTD position at month 4 impacted by covid wave 3 combined with our operational forecast for M5 and M6 indicates a H1 (M6) deficit of £(1.9)m - £(3)m adverse to the £1.1m surplus plan. The profiled plan assumed that COVID related expenditure would decrease. This planning variance coupled with sustained high levels of temporary staffing, a shortfall in PEP delivery, a reduction in unfilled vacancies and non pbr drugs planning variance are the key drivers of this position.</p> <p>In month 5 actual £(946)k deficit against a £490k surplus plan. This reduces the YTD surplus to £90k resulting in a YTD adverse variance to plan of £(1.2)m.</p>
Elective Recovery Fund	<p>Q1 has been restated based on latest coded data resulting in the posting of a further £0.2m of ERF income in month. We are now estimating £2.9m ERF YTD. Q2 ERF estimates remain at zero following the change in guidance from 85% to 95% - except for any movement to the June value once all activity is coded.</p>
Productivity and Efficiency	<p>Prior to receipt of recent guidance with the H2 target not been set an increased cost reduction requirement in the order of 3% was intimated. H2 Financial Improvement adjustments (WAHT c.£4.1m) have been issued to those Trusts adverse to the published FIT issued in 2020. At this point schemes to achieve the level required for break-even have not been identified. Identification of further schemes is progressing alongside the Medium Term Plan (MTP) development. Directorate self-assessment packs require teams to articulate the key challenges and barriers to progression to sustainability/improvement and to elicit the main reasons behind those challenges and the opportunity that productivity improvement and waste reduction can play in adding value to the patient and supporting movement towards sustainable services.</p> <p>At month 5 we have delivered £1,080k (72%) against the £1,497k YTD Target. The International Nurse Recruitment scheme, alongside delayed Procurement/Contract savings is driving the under-performance against plan. The FY forecast indicates an upward trend £4,743k (88%) against our £5,362k plan. Performance review meets have assessed Divisional performance and an updated trajectory will be captured in month 6.</p>
Temporary staffing	<p>There has been an increase in Nursing Bank as a result of COVID bed provision and absenteeism. Daily staffing escalation calls continue with last resort escalation to off framework agencies.</p>
Cash	<p>Good cash balances continue, rolling forecasting well established, 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.</p>
Capital	<p>Significant capital schemes continue and require ongoing robust programme management to ensure delivery. The 2021/22 Capital Plan is £58.343m for the financial year, including IFRIC 12. This has increased from M4 due to the confirmation of £6.655m PDC funding in August for the Community Diagnostic Hub. Commitment monitoring remains in place and prioritisation of schemes is nearing completion.</p>

COVID-19 Financial Regime

Due to the continuing COVID-19 pandemic, a revised COVID-19 financial framework will be 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 will 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 Financial Plan

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. **Our initial Plan submission to the system for H1 showed a deficit position of £(2.9)m** this was, for the ICS reassessed, to £1.1m surplus due to actual variances and updated activity projections thus ERF in M2. **Following the bottom up forecasting process undertaken by the Divisions in July (M4) and the 3rd wave Covid impact this was reassessed to a £(1.9)m H1 deficit.**

Delivery of the H1 Financial Plan

Month 5 - August Position

Statement of Comprehensive Income	Aug 21 (Month 5)			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	45,005	44,191	(814)	223,588	223,308	(280)	267,840
Other operating income	1,923	2,295	372	9,663	10,928	1,265	11,586
Operating Expenses							
Employee expenses	(26,911)	(27,471)	(560)	(135,050)	(136,341)	(1,291)	(162,007)
Operating expenses excluding employee expenses	(17,942)	(18,359)	(417)	(88,961)	(89,791)	(830)	(106,844)
OPERATING SURPLUS / (DEFICIT)	2,075	655	(1,420)	9,240	8,104	(1,136)	10,575
Finance Costs							
Finance income	1	0	(1)	5	0	(5)	6
Finance expense	(1,024)	(1,025)	(1)	(5,124)	(5,123)	1	(6,148)
Movement in provisions	0	0	0	0	0	0	0
PDC dividends payable/refundable	(571)	(596)	(25)	(2,855)	(2,979)	(124)	(3,426)
Net Finance Costs	(1,594)	(1,621)	(27)	(7,974)	(8,102)	(128)	(9,568)
Other gains/(losses) including disposal of assets	0	7	7	1	19	18	1
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	481	(960)	(1,441)	1,267	20	(1,247)	1,008
Less impact of Donated Asset Accounting (depreciation only)	9	14	5	39	69	30	48
Adjusted financial performance surplus/(deficit) inc PSF, FRF, MRET & Top-Up	490	(946)	(1,436)	1,306	90	(1,216)	1,056

The £(1.9)m H1 forecast deficit position remains as was at M5.

I&E Delivery Assurance Level:

Level 3

Reason: H1 plan surplus of c.£1.1m reassessed to £(1.9)m deficit, due principally to Covid wave 3. Note risks remains 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 reduced to level 3 pending confirmation of H2 income allocation and final budget.**

Against the H1 revised operational plan of £1.1m, YTD at month 5 (August 2021) we report an **actual surplus of £0.1m** against the plan £1.3m surplus. **Adverse variance of £1.2m.**

- **Combined Income in month variance (£0.4)m adverse** - (£0.7)m EFR (£0.4m April's confirmed higher than expected and £0.3m coding catch-up) partially offset by £0.1m in Estates & Facilities (recharges for the Alex incinerator) and £0.1m COVID PCR testing income. **£1.0m above YTD plan** of which £0.4m favourable due to ERF and £0.6m Covid O/S envelope reimbursement for Pathology Testing.
- **Employee expenses in month variance (£0.5)m adverse** – (£0.2)m COVID, (£0.1)m PEP with the remainder due to sustained high levels of temporary staffing. (£1.2)m adverse to YTD plan. This has been reduced in part by Business case slippage.
- **Operating expenses in month variance (£0.4)m adverse** - (£0.4)m Non PbR drugs. **£0.8m adverse to YTD plan.** £1.6m adverse on Non PbR Drugs being offset by favourable variances caused by Business Case slippage (£0.4m), slippage in recruitment of International Nurses (£0.3) and tariff Drugs (£0.2m).

PERFORMANCE AGAINST Operational Trust plan

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£0.4m below** the Trust's Internal operational plan in August.

Trust Operational Plan		YTD	
In-month			
Income Inc. Top Up/ COVID Payments Variance -£0.4m	Normal Income Generation Contracted through PbR	Income Inc. Top Up/ COVID Payments Variance £1.0m	Normal Income Generation Contracted through PbR
Plan		Elective Recovery Fund £2.9m	
Elective Recovery Fund £0.2m		Vaccinations/COVID tests £1.7m	Variance -£55.3m (23.7%)
Vaccinations/COVID tests £0.3m	Variance -£11.1m (23.6%)	CCG System Top Up and COVID £44.5m	
Additional Payment to Commissioner Block Levels £1.2m	Excluding Top and COVID payments -£2.2m	Additional Payment to Commissioner Block Levels £7.2m	Excluding Top and COVID payments -£10.8m
CCG System Top Up and COVID £8.9m			
Normal Income Generation Contracted through PbR Activity and Other Income £35.9m	Normal Income Generation Contracted through PbR Activity and Other Income £35.9m (76.4%)	Normal Income Generation Contracted through PbR Activity and Other Income £177.9m	Normal Income Generation Contracted through PbR Activity and Other Income £177.9m (76.3%)

Income

£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 (will continue until September 2021). Trust also can qualify for further funding should the STP achieve activity thresholds set by NHSE & I under **the Elective Recovery Fund framework (ERF)**. The Trust's estimate of the YTD achieved is **£2.9m** (reported in the position). Although system performance will not be confirmed until it has been validated by NHSE & I.

The Trust did not achieve any EFR monies in August. In month there is benefit of £0.2m following confirmation of April and May confirmed values from the System and a catch up of the clinical coding from June.

In month variance (£0.4)m - (£0.7)m EFR (£0.4m April's confirmed higher than expected and £0.3m coding catch-up) partially offset by £0.1m in Estates & Facilities (recharges for the Alex incinerator) and £0.1m COVID PCR testing income.

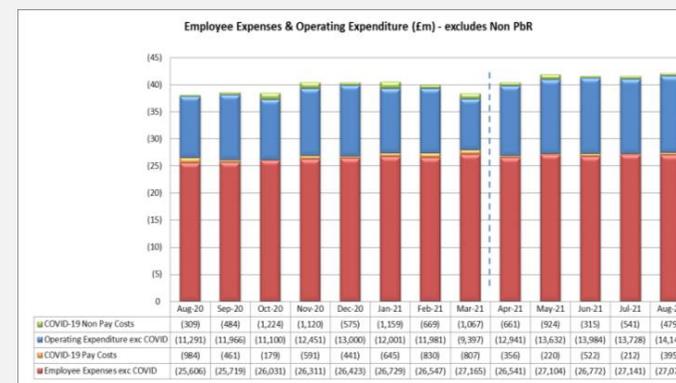
Expenditure

M5 YTD the **combined expenditure** variance is **£2.1m adverse** against the operational plan for H1 (surplus of £1.1m).

Overall **employee expenses** were **£27.5m** in Month 5 (August 21), an increase of £0.1m compared with July and £1.3m adverse to YTD plan despite £0.8m favourable from business case slippage. Adverse variances as a result of sustained high levels of temporary staffing driven by absenteeism and acuity and PEP shortfall continue.

Total Pay costs were £0.1m higher than M4 with £0.4m higher substantive pay costs (£0.1m bank holiday payments in month, £0.1m additional overtime and weekend enhancements and £0.1m relating to a 19 WTE increase in trainee Medics) being offset by a £0.1m reduction in WLI costs and a £0.2m reduction on Agency spend.

Operating expenses excluding employee expenses were £18.4m in August, £0.3m higher than July and £0.8m adverse to YTD plan. £1.6m adverse on Non PbR Drugs being offset by favourable variances caused by Business Case slippage (£0.4m), lower recruitment of International Nurses (£0.3) and tariff Drugs (£0.2m).



- 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

Capital

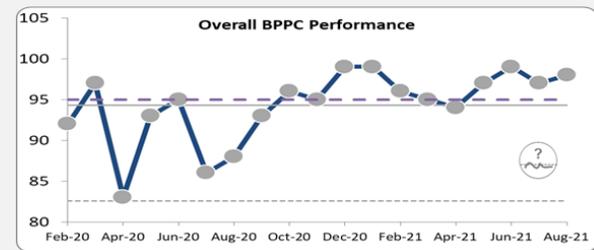
Capital expenditure for month 5 of financial year 2021/22 is £6.066m, with the majority relating to spend on projects carried over from the previous financial year. The 2021/22 Capital Plan is £58.343m for the financial year, including IFRIC 12. This has increased from M4 due to the confirmation of £6.655m PDC funding in August for the Community Diagnostic Hub. Despite chasing, funding of £6.113m is currently “at risk” until we have received confirmation from NHSEI that our application has been successful. The remainder of the plan includes the in-year works on the new Urgent and Emergency Care scheme, plus the ASR project subject to Full Business Case national approval due in September. The prioritisation of schemes to ensure we address regulatory risks, infrastructure backlog and replacement of end of life equipment will continue via our CPG in the context of the available resources and the risk of further expenditure requirements coming forward as we progress through the year.

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 confident expenditure plan.**

Cash Balance

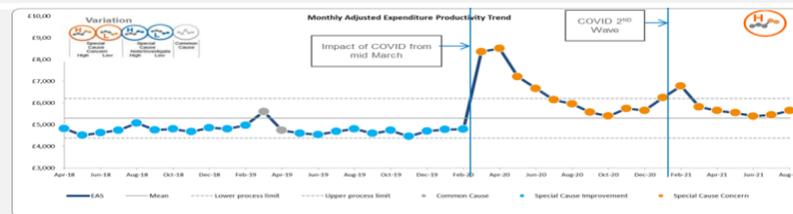
At the end of Aug 2021 the cash balance was £36.3m (including uncleared payments of £1.7m). Capital PDC drawn to date is £2.1m. The high cash balance is the result of the timing of receipts from the CCG’s and NHSE under the COVID arrangement as well as the timing of supplier invoices.

Cash Assurance Level: Level 6
Reason: Good cash balances, rolling CF forecasting well established, 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 £1.1m of actuals YTD at Month.

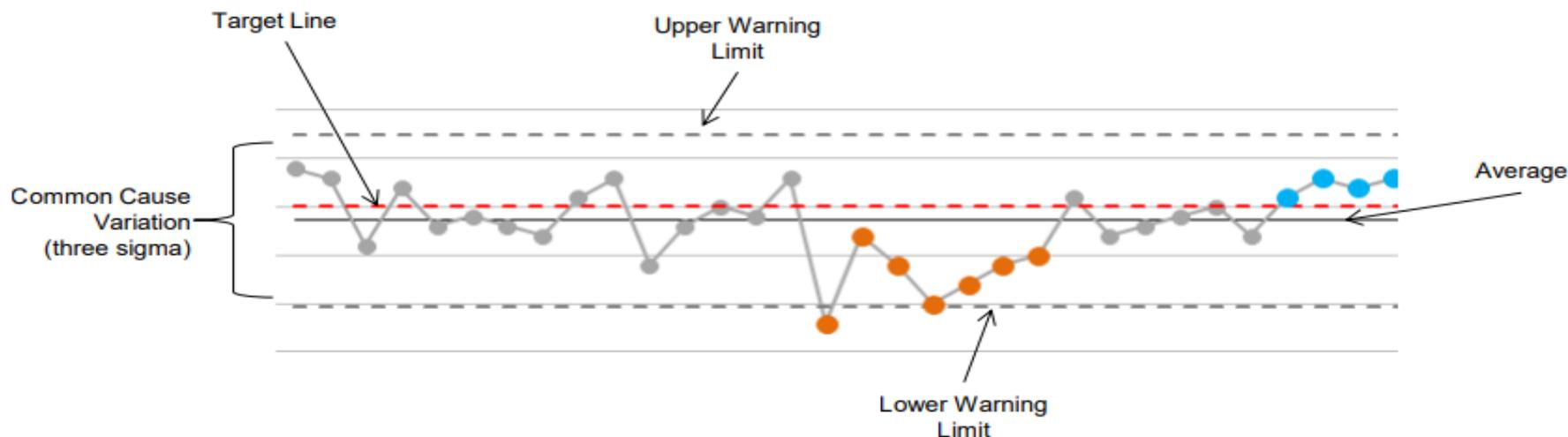


Adjusted Expenditure Productivity Trend:

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. August Cost per WAU has increased as expenditure remained consistent but the volume of activity has reduced. The reduction in elective activity is due to school holiday period as well as a reduction in ED attendances in August which is also consistent with years pre COVID.



Appendices



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.



AUGUST 2021 IN NUMBERS



7,581

Walk-in patients (A&E)



4,520

Patients arriving
by ambulance



11,437

Inpatients



27,957

Face to Face outpatients



10,251

Telephone consultations



459

Babies



1,417

Elective operations



179

Trauma Operations



310

Emergency Operations



6.0

Average length of stay



14,475

Diagnostics

QUALITY AND SAFETY IN NUMBERS

August 2021

SEPSIS



MRSA

0



ECOLI

2



CDIFF

8



MSSA

1



Hand Hygiene

Participation **93.64**
 Compliance **99.87**

Sepsis

Screening Compliance **77.19**
 Sepsis 6 bundle compliance **58.24**



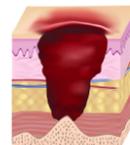
ICE reports viewed

Radiology **94.59**
 Pathology **85.37**



Falls per 1,000 bed days causing harm

1



Pressure Ulcers

All hospital acquired pressure ulcers **17**
 Serious incident pressure ulcers **0**



Response Rate

A&E **20.93**
 Inpatients **34.84**
 Maternity **13.31**
 Outpatients **11.50**



Recommended Rate

A&E **74.28**
 Inpatients **95.41**
 Maternity **90.79**
 Outpatients **93.11**



HSMR 12 months rolling (March 21) **98.64**

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



Risks overdue review **125**
Risks with overdue actions **198**



Discharged before midday **17.40**



Complaints Responses <=25 days **75.61**



Total Medicine incidents reported **96**
Medicine incidents causing harm (%) **4.17**

WORKFORCE COMPOSITION IN NUMBERS

August 2021



Employees
6,701



BAME employees
17%



Part-time workers
45%



Female
82%



Registered nurses
1,904 (28%)



Registered midwives
266 (4%)



HCAs, helpers and assistants
1,284 (19%)



Doctors
724 (11%)



Other clinical and scientific staff
849 (13%)



Over age 55
18%



30 years and under
20%



Staff with less than 2 years service
27%



Staff with 20 years service or over
10%



Herefordshire and Worcestershire Local Maternity System Antenatal Dashboard



Reporting Period: July 2021 v1

COMBINED LMS AREA

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	527	502	505	507											2041		
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	83.3%	87.9%	85.4%	86.5%												85.8%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	106	69	86	79												340	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	16.7%	12.1%	14.6%	13.5%													14.2%
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	633	571	591	586													2381
	LMS	ABO4.1			Midwife led care at booking	Integer	242	197	234	225													898
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	38.2%	34.5%	39.6%	38.4%												37.7%	
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer																	
Smoking	LMNS	ARM1.2			% Women with BMI over 30 at booking	%																	
	LMS	ASM1.1			Smoking at booking	Integer	82	97	89	88												356	
	LMS	ASM1.2			% Smoking at booking	%	13.0%	17.0%	15.1%	15.0%												15.0%	
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer																	
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%																	
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer																	
Carbon Monoxide	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%																	
	LMS	ACM1.1			Women screened for CO at booking	Integer																	
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%																	
	LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer																	
Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%																		

HEREFORDSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	136	136	130	125												527		
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	95.1%	98.6%	97.0%	96.2%													96.7%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	7	2	4	5													18	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	4.9%	1.4%	3.0%	3.8%														3.3%
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	143	138	134	130													545	
	LMS	ABO4.1			Midwife led care at booking	Integer	16	13	18	4														51
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	11.2%	9.4%	13.4%	3.1%													9.3%	
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer	41	36	35	44													156	
Smoking	LMNS	ARM1.2			% Women with BMI over 30 at booking	%	28.7%	26.1%	26.1%	33.8%													26.7%	
	LMS	ASM1.1			Smoking at booking	Integer	28	36	19	25													108	
	LMS	ASM1.2			% Smoking at booking	%	19.6%	26.1%	14.2%	19.2%													19.8%	
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer	21	21	17	20													79	
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%	75.0%	58.3%	89.5%	80.0%													75.7%	
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer	1	19	8	12													40	
Carbon Monoxide	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%	3.6%	52.8%	42.1%	48.0%													36.6%	
	LMS	ACM1.1			Women screened for CO at booking	Integer	4	2	48	86													140	
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%	2.8%	1.4%	35.8%	66.2%													26.8%	
LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer	0	11	11	20														42	
Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%	0.0%	8.0%	8.2%	15.4%														7.9%	

WORCESTERSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Booking	National	ABO1.1			Women booked before 12 + 6 weeks	Integer	391	366	375	382												1514		
	National	ABO1.2	MSB1.1		% Women booked before 12 + 6 weeks	%	79.8%	84.5%	82.1%	83.8%													82.5%	
	LMS	ABO2.1			Women booked after 12 + 6 weeks	Integer	99	67	82	74													322	
	LMS	ABO2.2			% of Women booked after 12 + 6 weeks	%	20.2%	15.5%	17.9%	16.2%														17.5%
	Contractual	ABO3.0	MSB1.2		Total bookings	Integer	496	433	457	455													1636	
	LMS	ABO4.1			Midwife led care at booking	Integer	226	184	216	221														847
Risk Management	Contractual	ABO4.2	MOI7.0		% Midwife led care at booking	%	45.1%	42.5%	47.3%	48.5%													46.1%	
	LMNS	ARM1.1			Women with BMI over 30 at booking	Integer																		
Smoking	LMNS	ARM1.2			% Women with BMI over 30 at booking	%																		
	LMS	ASM1.1			Smoking at booking	Integer	54	61	70	63													248	
	LMS	ASM1.2			% Smoking at booking	%	11.0%	14.1%	15.3%	13.8%													13.6%	
	LMS	ASM2.1			Smokers accepting smoking cessation service referral at booking	Integer																		
	LMS	ASM2.2	MSB1.4		% Smokers accepting smoking cessation service referral at booking	%																		
	LMS	ASM3.1			Smokers accepting CO screening at booking	Integer																		
Carbon Monoxide	Local	ASM3.2	MSB1.6		% Smokers accepting CO screening at booking	%																		
	LMS	ACM1.1			Women screened for CO at booking	Integer																		
	LMS	ACM1.2			% Women screened for CO at booking (of total bookings)	%																		
	LMS	ACM2.1			Women with CO reading greater than 4 ppm at booking	Integer																		
Local	ACM2.2			% Women with CO reading greater than 4 ppm at booking (of total bookings)	%																			



Herefordshire and Worcestershire Local Maternity System Intrapartum Dashboard



Reporting Period: July 2021 v1

COMBINED LMS AREA																							
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Deliveries	Contractual	IDEL0	MOEL0		Total Deliveries	Integer	954	934	941	959											2188		
	Contractual	IDM1.0			Vaginal deliveries	Integer	294	311	289	310											1204		
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	31.1%	33.3%	30.8%	32.3%											55.0%		
	LMS	IDM2.1			% Venouse & forceps deliveries	Integer	68	50	42	56											227		
Delivery Method	Contractual	IDM2.2	MVD1.0		% Venouse & forceps deliveries	%	12.3%	9.4%	8.3%	11.4%											10.4%		
	Contractual	ICS1.1			Elective caesarean deliveries	Integer	89	71	101	81											342		
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	16.1%	13.5%	16.7%	14.5%											15.6%		
	Contractual	ICS2.1			Emergency caesarean deliveries	Integer	108	102	106	104											455		
C-Section Deliveries	LMS	ICS2.2	MCS1.2		% Emergency caesarean deliveries	%	18.6%	19.1%	19.6%	18.6%											19.0%		
	LMS	ICS5.1			Total deliveries as caesarean	Integer	192	173	207	185											787		
	Contractual	ICS5.2	MCS1.0		% Total deliveries as caesarean	%	34.7%	32.4%	34.7%	33.1%											34.6%		
	Contractual	IML1.1			Midwife led care deliveries	Integer	319	320	310	306											1255		
Midwife Led Care	LMS	IML1.2	MOX0.0		% Midwife led care deliveries	%	57.6%	59.9%	57.3%	54.7%											57.4%		
	LMS	IML2.1			Home deliveries	Integer	17	9	17	15											68		
	LMS	IML2.2			% Home deliveries	%	3.1%	3.6%	3.1%	2.7%											3.1%		
	Contractual	IBI1.0	MBIR1.0		Total Births	Integer	561	541	549	565											2216		
Births	LMS	IBI2.1			Full term births	Integer	527	493	505	529											2054		
	LMS	IBI2.2			% Full term births	%	93.9%	91.1%	92.0%	93.6%											92.7%		
	LMS	IBI3.1			Pre-term births	Integer	34	48	44	36											162		
	LMS	IBI3.2			% Pre term births	%	6.1%	8.9%	8.0%	6.4%											7.3%		
	LMS	IBI4.1			Stillbirths	Integer	3	3	3	1											10		
	LMS	IBI4.2			% Total births stillbirth	%	0.5%	0.6%	0.5%	0.2%											0.5%		
	Contractual	IRM1.1			Low birth weight where IUGR detected antenatally	Integer																	
	Contractual	IRM1.2	MOX4.0		% Low birth weight where IUGR detected antenatally	%																	
Risk Management	National	IBR1.1			Breast feeding initiation rate	Integer	339	400	403	412											1554		
	National	IBR1.2	MOX1.0		% Breast feeding initiation rate	%	61.2%	74.9%	74.5%	73.7%											71.1%		
Breastfeeding	National	IBR1.1			Women smoking at delivery	Integer	59	54	56	56											225		
	National	IBR1.2	MOX2.0		% Women smoking at delivery	%	10.6%	10.1%	10.4%	10.0%											10.3%		

HEREFORDSHIRE																							
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Deliveries	Contractual	IDEL0	MOEL0		Total Deliveries	Integer	142	127	140	146											556		
	Contractual	IDM1.0			Vaginal deliveries	Integer	64	69	67	69											269		
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	45.1%	54.3%	47.9%	47.2%											48.6%		
	LMS	IDM2.1			% Venouse & forceps delivery	Integer	23	14	10	21											86		
Delivery Method	Contractual	IDM2.2	MVD1.0		% Venouse & forceps delivery	%	16.2%	11.0%	7.1%	14.4%											12.2%		
	Contractual	ICS1.1			Elective caesarean deliveries	Integer	22	15	28	25											90		
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	15.5%	11.8%	20.0%	17.1%											16.1%		
	Contractual	ICS2.1			Emergency caesarean deliveries	Integer	33	29	35	31											128		
C-Section Deliveries	LMS	ICS2.2	MCS1.2		% Emergency caesarean deliveries	%	23.2%	22.8%	25.0%	21.2%											23.1%		
	LMS	ICS5.1			Total deliveries as caesarean	Integer	55	44	63	56											218		
	Contractual	ICS5.2	MCS1.0		% Total deliveries as caesarean	%	38.7%	34.6%	45.0%	38.4%											39.2%		
	Contractual	IML1.1		HIML1.1	Midwife led care deliveries	Integer	17	20	17	14											68		
Midwife Led Care	LMS	IML1.2	MOX0.0		% Midwife led care deliveries	%	12.0%	15.7%	12.1%	9.6%											12.4%		
	LMS	IML2.1			Home deliveries	Integer	9	9	9	9											37		
	LMS	IML2.2			% Home deliveries	%	0.0%	0.0%	0.0%	0.0%											0.0%		
	Contractual	IBI1.0	MBIR1.0		Total Births	Integer	144	128	141	147											560		
Births	LMS	IBI2.1			Full term births	Integer	130	120	129	137											519		
	LMS	IBI2.2			% Full term births	%	90.4%	93.8%	91.5%	93.2%											92.7%		
	LMS	IBI3.1		HIBI3.1	Pre-term births	Integer	11	8	12	10										41			
	LMS	IBI3.2		HIBI3.2	% Pre term births	%	7.6%	6.3%	8.5%	6.8%											7.3%		
	LMS	IBI4.1		HIBI4.1	Stillbirths	Integer	1	3	0	0											2		
	LMS	IBI4.2		HIBI4.2	% Total births stillbirth	%	0.7%	0.6%	0.0%	0.0%											0.4%		
	Contractual	IRM1.1			Low birth weight where IUGR detected antenatally	Integer	9	2	7	4											24		
	Contractual	IRM1.2	MOX4.0		% Low birth weight where IUGR detected antenatally	%	6.2%	4.4%	5.0%	2.7%											52.9%		
Risk Management	National	IBR1.1			Breast feeding initiation rate	Integer	123	191	113	122											459		
	National	IBR1.2	MOX1.0		% Breast feeding initiation rate	%	87.2%	80.8%	81.3%	84.1%											83.4%		
Breastfeeding	National	IBR1.1			Women smoking at delivery	Integer	16	13	14	16											59		
	National	IBR1.2	MOX2.0		% Women smoking at delivery	%	11.3%	10.2%	10.0%	11.0%											10.6%		

WORCESTERSHIRE																							
Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date			
Deliveries	Contractual	IDEL0	MOEL0		Total Deliveries	Integer	412	497	401	413											1633		
	Contractual	IDM1.0			Vaginal deliveries	Integer	230	242	222	241											935		
	LMS	IDM1.1	MNVD1.0		% Vaginal deliveries	%	55.8%	48.6%	55.4%	58.4%											57.2%		
	LMS	IDM2.1			% Venouse & forceps delivery	Integer	45	35	35	41											159		
Delivery Method	Contractual	IDM2.2	MVD1.0		% Venouse & forceps delivery	%	10.9%	8.8%	8.7%	10.4%											9.7%		
	Contractual	ICS1.1			Elective caesarean deliveries	Integer	67	56	73	56											252		
	LMS	ICS1.2	MCS1.1		% Elective caesarean deliveries	%	16.3%	12.9%	18.2%	13.6%											16.4%		
	Contractual	ICS2.1			Emergency caesarean deliveries	Integer	70	73	71	73											287		
C-Section Deliveries	LMS	ICS2.2	MCS1.2		% Emergency caesarean deliveries	%	17.0%	17.9%	17.7%	17.7%											17.6%		
	LMS	ICS5.1			Total deliveries as caesarean	Integer	137	129	144	129											539		
	Contractual	ICS5.2	MCS1.0		% Total deliveries as caesarean	%	33.3%	31.7%	35.9%	31.2%											33.9%		
	Contractual	IML1.1	WIML1.1		Midwife led care deliveries	Integer	302	300	293	292											1187		
Midwife Led Care	LMS	IML1.2	MOX0.0		% Midwife led care deliveries	%	73.3%	73.7%	73.1%	70.7%											72.7%		
	LMS	IML2.1			Home deliveries	Integer	17	18	17	15											68		
	LMS	IML2.2			% Home deliveries	%	4.1%	4.7%	4.2%	3.6%											4.2%		
	Contractual	IBI1.0	MBIR1.0		Total Births	Integer	417	413	408	418											1656		
Births	LMS	IBI2.1			Full term births	Integer	384	373	376	362											1533		
	LMS	IBI2.2			% Full term births	%	94.5%	90.3%	92.2%	93.8%											92.7%		
	LMS	IBI3.1		WIBI3.1	Pre-term births	Integer	23	4															



Herefordshire and Worcestershire Local Maternity System Neonatal Dashboard



Reporting Period: July 2021 v1

COMBINED LMS AREA

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	63	62	77	79											281			
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	27	22	19	27												95		
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	5.1%	4.5%	3.8%	5.1%												4.6%		
Risk Management	LMS	NRM1.1			Neonatal deaths	Integer	0	1	1	2												4		
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	1.6%	1.3%	2.5%													1.4%	
	LMS	NRM2.1			Neonatal brain injuries	Integer																		
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%																		
	LMS	NRM3.1			Referrals to NHS Resolution	Integer																		
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%																		
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0													1	
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	1.6%	0.0%	0.0%	0.0%														0.4%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	11	6	7														33
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	9	16	6	9														40
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	100.0%	68.8%	100.0%	77.8%														82.5%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4														7
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4														7
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%														100.0%

HEREFORDSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	18	11	17	19												65		
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	10	8	7	14													39	
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	7.5%	6.7%	5.4%	10.2%													7.5%	
Risk Management	LMS	NRM1.1		H-NRM1.1	Neonatal deaths	Integer	0	1	1	1													3	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	9.1%	5.9%	5.3%														5.1%
	LMS	NRM2.1			Neonatal brain injuries	Integer																		
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%																		
	LMS	NRM3.1			Referrals to NHS Resolution	Integer																		
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%																		
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	0	0	0	0														0
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	0.0%	0.0%	0.0%	0.0%														0.0%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	0	1	3	1														5
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	0	3	3	1														7
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	0.0%	33.3%	100.0%	100.0%														71.4%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	0	0	0	0														0
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	0	0	0	0														0
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	-	-	-	-														-

WORCESTERSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date				
Admissions	Local	NAD1.0	MOI6.0		Total admissions to neonatal care	Integer	45	51	60	60												216		
	National	NAD2.1	MOI6.1		Unexpected admissions of full-term babies to neonatal care	Integer	17	14	12	13													56	
	LMS	NAD2.2	MOI6.2		% Unexpected admissions of full-term babies to neonatal care (of all live term births)	%	4.3%	3.8%	3.2%	3.3%													3.6%	
Risk Management	LMS	NRM1.1		W-NRM1.1	Neonatal deaths	Integer	0	0	0	1													1	
	LMS	NRM1.2			% Neonatal deaths (of total neonatal admissions)	%	0.0%	0.0%	0.0%	1.7%														0.4%
	LMS	NRM2.1			Neonatal brain injuries	Integer																		
	LMS	NRM2.2			% neonatal brain injuries (of total neonatal admissions)	%																		
	LMS	NRM3.1			Referrals to NHS Resolution	Integer																		
	LMS	NRM3.2			% referrals to NHS Resolution (of total births)	%																		
	LMS	NRM4.1			Neonatal transfers for therapeutic cooling	Integer	1	0	0	0														1
	LMS	NRM4.2			% Neonatal transfers for therapeutic cooling (of total neonatal admissions)	%	2.2%	0.0%	0.0%	0.0%														0.6%
	LMS	NRM5.1			Administration of antenatal steroids (to mothers of babies born between 23 and 33wks gestation)	Integer	9	10	3	6														28
	LMS	NRM5.2			Mothers eligible for antenatal steroids (of babies born between 23 and 33wks gestation)	Integer	9	13	3	8														33
	LMS	NRM5.3			% Administration of antenatal steroids (of babies born between 23 and 33wks gestation)	%	100.0%	76.9%	100.0%	75.0%														84.8%
	LMS	NRM6.1			Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	Integer	2	0	1	4														7
	LMS	NRM6.2			Mothers eligible for magnesium sulphate (of babies born under 30wks gestation)	Integer	2	0	1	4														7
	LMS	NRM6.3			% Administration of magnesium sulphate (to mothers of babies born under 30wks gestation)	%	100.0%	-	100.0%	100.0%														100.0%



Herefordshire and Worcestershire Local Maternity System Postnatal Dashboard



Reporting Period: July 2021 v1

COMBINED LMS AREA

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	3	0	2										6
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.6%	0.0%	0.4%										0.3%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0										0
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%										0.0%

HEREFORDSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	0	1	0	0										1
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.0%	0.8%	0.0%	0.0%										0.2%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0										0
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%										0.0%

WORCESTERSHIRE

Area	Indicator Type	LMS ID	WAHT ID	WVT ID	Indicator Description	Type	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Trend	Year to Date
Risk Management	Local	PRM1.1	MMM2.0		ITU admissions in obstetrics	Integer	1	2	0	2										5
	Local	PRM1.2			% ITU admissions in obstetrics (of all deliveries)	%	0.2%	0.5%	0.0%	0.5%										0.3%
	LMS	PRM2.1	MMM4.0		Maternal deaths	Integer	0	0	0	0										0
	National	PRM2.2			% Maternal deaths (of all deliveries)	%	0.0%	0.0%	0.0%	0.0%										0.0%

Committee Assurance Reports

Trust Board
14th October 2021

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Finance & Performance Committee Assurance Report – 29th September 2021

Accountable Non-Executive Director	Presented By	Author
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Martin Wood Deputy Company Secretary
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s) 7, 8, 13, 16, 18, 19 and 20

Executive Summary

The Finance & Performance Committee met virtually on 29 September 2021. Our focus was on the Single Improvement Methodology Business Case, the update to developing our mid term plan and financial performance. We raised concerns over the quality of a number of reports which contained too much unnecessary information rather than focusing on our priorities and what we are doing and, if not why not, what can we do better and by when.

Divisional Attendance – Urgent Care: We resumed our Divisional attendance with Urgent Care being the first attendance. We focused our discussion on how the Division are managing the drive for quality, safety and financial improvements and the tools which they are using to undertake this. The key points from the presentation are the improved performance management arrangements with the governance meetings being clinically led with management support. The HR and Finance Business Partners feel integrated into these arrangements. We were informed of the benefits to patients of the new UEC and the work across the pathways and in the community to prevent ED attendance. A fully functional and separate Primary Care Urgent Treatment Centre will also be a benefit of which phase 1 is being developed adjacent to the existing ED. Greater usage of the MIUs will also be of benefit and work is underway with partners to increase this. A memorandum of understanding is in place with other Divisions on internal pathways with the aim of improving patient flow. In July 2021 the ICS provided funding to improve patient flow from our hospitals. It is too early to assess the benefits and the risks need to be managed equally across the system. We have concerns over the length of time being taken by our partners to undertake the necessary recruitment. The Division use Service Line Reporting, Model Hospital (recognising that the data is often out of date), Patient Level costing and GIRFT to drive improvements. There are concerns with the NHSP data which is currently manually recorded and not easily available. This is being addressed as part of the Best People Programme. There has been an increase in the number of substantive consultants which in the longer term will reduce agency spend. The reduction in nursing agency spend offsets the medical overspend.

Single Improvement Methodology: We support the recommendation to appoint a partner for our Single Improvement Methodology (SIM) programme and the investment over the 3 year life of the partnership, followed by a recurrent revenue cost to maintain the programme thereafter. We consider that the SIM is vital in improving quality, safety and productivity. We have asked that the Business Case articulate the intention for staff to receive training on the SIM from the beginning of the programme, and that this forms a key part of our succession planning. We applauded the sentiment that the savings set out in the business case should be seen as a minimum. The spirit of Executive commitment to the SIM needs to be defined together with how it will be measured. We are concerned over the affordability of year one and its potential adverse impact on our financial position. We noted that other ways are being pursued with the aim to avoid this impact. We need to ensure that we adopt as much as possible of the methodology from the partner rather than develop our own approach. Progress updates are to be presented to the Committee on a quarterly basis.

Finance & Performance Committee Assurance Report – 29th September 2021

Executive Summary (cont.)

Update to the Development of the Mid Term Plan: We received an update on the development of the Medium Term Plan outlining the key expectations, progress to date and risks. We are concerned that progress has been limited, and particularly slow in addressing three of the four risks to developing the plan, namely: operational demands and existing major programmes, the external stakeholder role and the lack of Communications and Engagement. Divisional and Directorate self-assessment templates have been issued in advance of the data packs to articulate the key challenges and barriers to progression to sustainability and to elicit the main reasons behind those challenges and the opportunity that waste reduction can play in adding value to the patient and supporting movement towards sustainable services. We have in the past been looking to Divisions to do things differently and we are not convinced that this approach will make a that difference. A new Project Manager has been appointed and we have stressed that there needs to be a proper project plan in place and this is to be taken on board.

(Finance)/H2/PEPs: We were disappointed with the paper and expressed our concerns that an improved plan is needed to ensure that we are able to deliver our H1 and FY PEP ambitions which are not currently being achieved.

N365 Participation Agreement Business Case: The Trust 'Agreed to Participate' in the NHS Digital agreement with Microsoft termed N365 and placed an order for a Trust specific bundle of N365 licences in September 2020, for the duration of the national agreement. At the time the benefits were not fully quantified. A full benefits analysis demonstrated savings, avoidance of cost and improved cyber security. Future business cases will need to demonstrate (before the decision is made) what benefits will be delivered, how productivity is improved and how funding does not negatively impact the Full Year P&L.

Unified Tech Fund (UTF) – Frontline Digitisation – the process, timeframe and opportunity: The Trust has been developing a case to bid for digital aspirant funds under the UTF prospectus launched in August 2021 which consumes the Digital Aspirant programme. The Trust was nominated to receive seed funding for the Digital Aspirant programme earlier this year. We noted that the Trust now intends to utilise the UTF avenue to secure national funding in the first instance via the Frontline Digitisation category which has an application closing date of 15 October 2021. This funding, if approved, will help accelerate implementation of the DCR which in turn will provide improved patient safety and reduce waste. The business case is to be presented to our next meeting. We also requested to develop an option of accelerating the DCR without external funding.

Financial Performance Report Month 5: We noted that the finance report creates confusion, referencing our initial submission, as well as two different forecasts. We need to report against agreed budget; the forecast is a management mechanism to manage the financial performance. Work is now underway in the PRMs to determine the forecast for months 7 to 12 (which will become a separate budget once the guidance for H2 has been received) and which will correlate back to the original position. The 2HY budget will need to be agreed with the system once the guidance and the position on ERF is known. We have asked for clarity on the impact of COVID on the forecast. First indications are that the PEP for 2HY will increase to £8M (from £5.4m in 1HY). Future reports will detail the current position rather than looking back. We have asked for a report at our next meeting on the risks to delivering our capital programme, and which governance arrangements will be put in place.

We agreed the following assurance levels with 3 for income and expenditure (reduced from 4), 4 for capital (reduced from 5) and 6 for cash which remains unchanged. We will revisit the assurance levels at our next meeting following an assurance that they will improve by that time based on proper plans.

Finance & Performance Committee Assurance Report – 29th September 2021

Executive Summary (cont.)

Best People Programme Update: We noted that the pace of the programme should now increase with the appointment of a dedicated Project Manager. The key areas of focus are improved recruitment, increasing our own bank staff and developing new roles for hard to fill posts. We have contacted two other Trusts to learn from their experiences in reducing agency spend. The plan to reduce agency spend by 25% is based on last year's outturn position of £16m and is an annualised figure. We were informed that further work is being undertaken to ensure that the headcount is not above establishment. The report is to be considered in detail by the People and Culture Committee.

Contract Awards: We approved contract awards to Pick Everard, CCE and Currie & Brown for providing professional support for capital projects. We were assured that arrangements are being put in place to ensure that these organisations are only used when required to support our internal staffing. We have approved a further extension to the Roche MES contract award receiving an assurance that no further extension will be required. We noted that this extension is adversely impacting on our PEP delivery. We have reluctantly approved the construction award for a Community Diagnostic Hub at the Kidderminster Treatment Centre. This is a NHSE/I funded contract through an approved supplier which is to be managed by the CCG. The funding is paid to the CCG and we have to ensure that we receive that funding from the system allocation which is currently unknown. There is a short timeframe to apply for funding. Our concerns relate to this contract being rushed through a direct award route rather than allowing for competitive quotations, management of the contract and ensuring that costs (particularly revenue) do not exceed funding. We have asked for an update at our next meeting. These Contract awards appear on the Trust Board agenda for approval.

Contract awards: We noted the award of contracts for Fat Transfer Service, Patient Warming Blankets and Allocate extension. All are within the approval level of the Chief Finance Officer and did not require our approval although they are worthy of noting savings made and cost pressure regarding Allocate additional licences and extension.

Integrated Performance Report: We were unable to spend time considering this report which will be a particular focus at our next meeting.

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 30th September 2021

Accountable Non-Executive Director	Presented By	Author	
Richard Oosterom Associate Non-Executive Director	Richard Oosterom Associate Non-Executive Director	Rebecca O'Connor Company Secretary	
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?	Y	BAF number(s)	2, 3, 4, 5 and 12

Executive Summary

The Committee met virtually on 30 September and the key points raised included:

Infection, Prevention and Control update: Committee approved the IPC Annual Report for publication, however noted there had been an increase in outbreaks and incidents. Committee had a detailed discussion in respect of the current position and actions in place. It was noted there is a county wide group reviewing the impact of antibiotic prescribing in primary care and an increase in c-diff. Outbreaks in relation to both Covid and norovirus and the associated actions in place were discussed. Committee will follow up AMS next month and sought assurance (via the CCG) from PHE with regards to hygiene messages to schools Assurance level 4 (non-COVID) overall was approved.

Bed Spacing: Committee approved the QIA in relation to bed spacing. National guidance was 2m edge to edge and then changed to 2m middle to middle. Implementing this would have resulted in the loss of 142 beds which was not acceptable given operational pressures. Guidance has since been issued regarding a 1m spacing between beds. The 1m gaps has not been progressed on health and safety reason, approval was given the QIA supporting the derogation from guidance to implement 2m distance, middle to middle of beds.

Theatre SIs: Committee examined a governance review which considered incidents over the last twelve months. Themes included cancellation or delay and non adherence to standards. It was reflected that the report indicated a changing culture, one of high reporting and low harm however further analysis was required to support this and communication with staff was key in this change. More analysis and a comparison of incidents/procedures with other Trust should assist in considering as to whether a further deep dive review was required. Assurance level 5 was noted.

Integrated Performance Report: Committee discussed ED flow, ambulance handover delays and discharges which had all seen significant pressures. The workforce pressures within recruitment to pathway one capacity were noted as was the impact on this capacity in supporting flow. Cancer, restoration of services and VTE were discussed. Issues in relation to IPC and stroke were discussed in detail under separate cover Assurance level overall was agreed at level 4 with a review of the IPC level 6 (COVID) to take place next month.

Maternity Improvement Plan: Committee received the progress update, noting the launch of the plan on 29 September. Workshops with staff and a lunch event had been held. There was very positive feedback from these events and good engagement. It was confirmed that funding for additional posts as outlined in the plan had been agreed. Assurance level 4.

Quality Governance Committee Assurance Report – 30th September 2021

Executive Summary (cont.)

Stroke Services: Committee was updated on the fragility of the current service and plans in place to mitigate the same in both the short and medium term. It was confirmed that a new consultant would commence on 1 November, however there remain significant workforce gaps, consistent with the national position. The Trust was working with its partners, the stroke network and region and had mitigation plans in place. A network site visit confirmed the quality of care is not of concern. Level 5 assurance was noted.

Medicines Incidents update: Committee welcomed the report, noting the Trust is meeting its target for incident reporting. The review of harm v reported incidents was discussed. Dissemination of learning and review of incidents are in place. Assurance level 5 was approved.

Learning from deaths/Covid mortality: Committee was advised both SHMI and HSMR were within expected ranges. Whilst OOH deaths were slightly higher it is believed this was a result of earlier identification of those who are end of life; this was positive as the SHMI does not change. Covid mortality was discussed in detail. A further review has been undertaken to compare the Trust against the region; the Trust being within one standard deviation thus not of concern. It was noted a high level review had been completed for mortality reviews with no red flags identified, however level 4 operational pressures had impeded capacity to complete the reviews. An action plan was in place to address.

#Callme: Congratulations were offered to Dr McCabe and the team for winning the BMJ award for this excellent programme.

Recommendation(s)

The Board is requested to receive this report for assurance.

People and Culture Committee Assurance Report – 5th October 2021

Accountable Non-Executive Director	Presented by	Author		
Dame Julie Moore Non-Executive Director	Dame Julie Moore Non-Executive Director	Martin Wood Deputy Company Secretary		
Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks?		Yes	BAF Number (s)	9, 10, 11, 14, 15 and 17

Executive Summary

The Committee met virtually on 5 October 2021. Below is a summary of our discussion.

Board Assurance Framework – People and Culture Risks: We approved the risk summary for the Committee noting that the highest risks will be part of deep dives at future meetings.

Integrated People and Culture Report: Our focus was on the health and wellbeing section of this report where we invited representatives of the Health and Wellbeing Group to report on the work they have been leading on. They welcomed the introduction of the health and wellbeing conversations but raised concerns about managers capacity to undertake such conversations four time a year given the high number of direct reports which we are reviewing. These conversations will form part of the existing meetings rather than them forming separate conversations. We have asked that that themes from these conversations be captured with regular reports presented to TME and the Committee. We heard from the Health & Wellbeing Guardian how concerns are raised with her and how staff have been supported to resolve them although not all unfortunately have a satisfactory outcome. We noted that all Trusts in the Region are experiencing challenges in reducing HCA vacancies. We need to think differently to recruit to these vacancies and to change the culture so that HCAs are regarded as part of the nursing teams. We are also focusing our recruitment on other staff groups where there are a high number of vacancies.

WRES, WDES and Gender Pay Gap Report: We approved these reports which appear as a separate item on the Trust Board agenda. The action plans are to be refreshed and consolidated and monitored by the Equality and Diversity Group. There remains considerable work to do to improve our culture and we have asked that arrangements are in place for ensuring that all forms of poor dignity at work behaviour are being captured including misogamy.

Certificate of Eligibility for Specialist Registration: We fully support the utilisation of the Certificate of Eligibility for Specialist Registration (CESR) across the divisions. Within Radiology and Urgent Care, there is an established pathway which has allowed doctors to progress with Specialist Registration. In Radiology the CESR pathway is supported by the Royal College of Radiologists who alongside the Trust provide training. There is a CESR mentor in the department who supports some of our locums that are doing CESR but also supports at a wider Trust level. Due to the level of locum recruitment there is not enough substantive support to provide a mentor for each applicant. Urgent Care are currently supporting doctors at middle grade in Emergency Medicine and consultant level in both acute medicine and emergency medicine through the CESR route. Within the division, there are 4 consultants who have obtained specialist registration through the CESR route (3 obtained while with us) and have supported a further 2 who have subsequently gone on to a substantive role elsewhere. Further work is required across other specialties / divisions to improve recruitment and retention.

People and Culture Committee Assurance Report – 5th October 2021

Executive Summary (Cont)

Best People Programme Progress Report: We were informed that a Project Manager for this Programme is now in post and it is expected that pace will improve. The focus is to improve our vacancy rate to make us a more attractive employer and working with NHSP to increase our Bank staff. Our retention rates have improved and it is important that we retain staff. We are looking at using the apprenticeship levy and providing opportunities for staff, particularly nursing, to return to work with incentives which have to be repaid if they leave within a given period. We are using the learning from the Wolverhampton and Shrewsbury and Telford Trusts. Assurance level 3.

Surgical Reconfiguration Workforce Impact: We noted that Phase 1 of this programme – workforce changes required for existing staff in order to create a new Trauma unit at WRH and to develop Enhanced Care at ALX – ends on 6 October 2021. Staff engagement sessions have been held with the affected staff groups. To staff the new unit has created a risk. The outcome of the consultation will be reported to the Trust Board with regular updates presented to the Committee.

Safest Staffing Report – Adult Nurse and Maternity Staffing: We received an assurance that adult nursing and maternity staffing for August 2021 was considered safest with mitigations in place. We noted the staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved throughout August 2021. We have agreed to approach a local Academy with a view to seeking to recruit staff to our Trust. Assurance level 5.

We were informed with regards to maternity staffing that throughout August 2021 it has remained challenging to maintain safe staffing levels due to sickness absence, COVID related absence and vacancies. Agency staff have been used when available and the team continue to provide additional shifts via NHS Professionals. The escalation policy was enacted to maintain safe staffing levels. Acuity was reported to be higher than the actual staffing levels in 61% of occasions throughout this period. A continuous recruitment programme remains in place for staffing in both inpatient and community. Sickness absence rates continue to be higher than the Trusts target at 6.62% across all areas. We were also informed that the Trust has received Ockenden Funding to support training which in turn will help our recruitment and retention position. We have also received funding to appoint supernumerary staff to support Band 5 midwives. The Chief Nursing Officer also informed us that paediatric and maternity staffing is being monitored three times a day. We have offered support to the service to improve the reporting culture. The level of assurance provided for safe maternity staffing remains at 4 due to the increasing COVID related absence rates and a continued decrease in the ability to meet acuity in the intrapartum area.

People and Culture Risk Register: We approved the Risk Register including reducing the rating for COVID injury at work (PC23) to 10 as the risk is being mitigated through individual occupational health risk assessments, COVID vaccinations and PPE. A new risk has been added regarding the culture within the surgery division.

Other reports noted:

- Divisional Compliance Dashboard as at 31 August 2021
- JNCC Notes
- MMC Notes

Recommendation

The Board is requested to note this report for assurance.

Meeting	Trust Board
Date of meeting	14 October 2021
Paper number	Enc F1

Nurse staffing report – August 2021

For approval:		For discussion:		For assurance:	X	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Jackie Edwards, Deputy Chief Nurse	Author /s	Louise Pearson, Lead for N&M workforce

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

Report previously reviewed by		
Committee/Group	Date	Outcome
TME	22 September 2021	Report noted
People & Culture	5 October 2021	Report noted

Recommendations	<p>The Trust Board are asked to note:</p> <ul style="list-style-type: none"> Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout August 2021 has been achieved, this was supported when required through the booking of temporary workforce for short notice absences. There were no staffing related patient moderate or significant harms reported for August. Although there was a decrease in incident reporting of 20 related to nurse staffing. An increase in staff absences was experienced during August due to increased sickness levels for both short term sickness and stress related sickness levels.
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Executive summary	<p>This report provides an overview of the staffing safeguards for nursing of wards and critical care units (CCU's) during August 2021. Maternity staffing is provided as a separate report.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients was achieved through out August 2021.</p>
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Risk										
Which key red risks does this report address?						What BAF risk does this report address?				
Assurance Level (x)	0	1	2	3	4	5	x	6	7	N/A

Meeting	Trust Board
Date of meeting	14 October 2021
Paper number	Enc F1

Financial Risk	There is a risk of increased spend on bank and agency given the vacancy position and short term sickness.				
Action					
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N		N/A
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N		
If no has the action plan been revised/ enhanced	Y	x	N		
Timescales to achieve next level of assurance					
Introduction/Background					
<p>Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing for August 2021</p> <p>This assessment is in line with Health and Social care regulations: Regulation 12: Safe Care and treatment Regulation 17: Good Governance Regulation 18: Safe Staffing</p>					
Issues and options					
<p>The provision of safe care and treatment Staff support ongoing</p> <p>A focus and priority for the trust remains the health and wellbeing of staff as the continued management of the COVID 19 pandemic is in place. Across the Nursing, Midwifery, Health Care Scientists and Allied health professional, all line managers are aware of staff support available both internally through HR and occupational health and externally to the trust. There is nursing representation on the Health and wellbeing group.</p> <p>The provision of staff support will continue to be a priority for the teams. It has been and will remain essential that the Trust to continue support through:</p> <ul style="list-style-type: none"> • Health and well-being support through telephone helplines and various counselling services. • The Trust is supporting a pilot for introducing Professional Advocate (PA) model known as A-EQUIP. This model will aim to provide opportunities for development of reflection and builds resilience through the provision of restorative supervision, empowering the development of personal action to improve quality of care as an intrinsic part of their role. 7 members of staff have completed the course and are now qualified as Professional Advocates. • The flexible working steering group has been set up and the NHSIE flexible working group commences in September. 					
Harms					

Meeting	Trust Board
Date of meeting	14 October 2021
Paper number	Enc F1

There were 20 minor and insignificant patient harms reported for August 2021 over a variety of areas due to confused patients there have been no escalation of concerns through the wards daily safety huddles.

Good Governance

There is a daily staffing escalation call to cover last minute sickness and the divisions work together to cover the staffing gaps with last resort escalation to off framework agencies. Demand for short term sickness absence has increased in month. There remains an assurance weekend staffing meeting held each week with the CNO and the monthly NWAG meeting.

Safe Staffing

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

Current Trust Position			What needs to happen to get us there	Current level of assurance
	Day % fill	Night % fill	External recruitment events booked next one in October 21 at the NEC and the current domestic and international pipeline to be reviewed	5
RN	94%	98%		
HCA	93%	104%		

FROM THIS POINT ON THE DATA REMAINS IS AS JULY 2021

Vacancy trust target is 7% July position is 8.67%

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	RN/RM WTE	HCA WTE	Increased RN and RM recruitment to reduce vacancies. Rolling adverts for specialities have been ongoing and recruitment of the student nurses since paid deployment has reduced the vacancy factor. External recruitment events and in house. Ensure HCA recruitment continues following the recruitment drive with HEE. International nurse recruitment – this will re commence from the end of August 2021.	4
Speciality	30	-3		
Medicine				
Urgent Care	57	13		
Surgery	33	12		
SCSD	9	30		
Women's and Children's	19RN 10 RM	15		

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

- Inpatient wards have deployed staff and employed use of bank and agency workers.
- Vacancies numbers has led to constraints on staffing and a need for bank or agency to keep staffing safe across all the Wards within safest levels.

Meeting	Trust Board
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Paper number	Enc F1

- Urgent Care is currently carrying the majority of the RN vacancies but with active recruitment this will improve by September 2021.
- With the ongoing realignment of surgical services, a targeted recruitment campaign will be launched to support trauma and orthopaedics.

Recruitment International nurse (IN) recruitment pipeline

The first 25 nurses from the 20/21 business case arrived through March and April 21. International Nurse arrivals recommenced from the 16th August with a cohort of 10 nurses the next group is due to arrive 13th September and will isolate now in trust accommodation. Below is the recruitment pipeline for the divisions with a September and October start date.

Division	International Nurses sept	Domestic Pipeline Sept
Speciality Med	5	18
Urgent Care	2	19
Surgery	2	17
SCSD	1	18
Women's and children's	0	18
Division	International Nurses October	Domestic Pipeline October
Speciality Med	3	0
Urgent Care	2	0
Surgery	3	3
SCSD	3	4
Women's and children's	0	2

Domestic nursing and midwifery pipeline

7 RNA's have passed their academic interviews and will commence with Birmingham City University in September 2021, There is now planned a second cohort of Registered Nurse Associates to be able to top up to the Registered Nurse Commencing in January 2022. 19 Nurse Associate Apprentices are due to commence a University of Worcester in September 2021.

Bank and Agency Usage

Trust target is 7%- Currently monthly 7.79% agency 7.38% bank

Current Trust Position WTE			What needs to happen to get us there	Current level of assurance
Division	Bank	Agency	Sign up to the TWS11 workforce solutions – adhere to agency cap rates in line with NHSI cap rates. Agency Reviews have commenced in month to come in line with tiering structure and cost reduction plan, work continues into September to bring all inline. HR to support divisions in retention work stream bespoke for N&M	4
Speciality Medicine	9.08%	5.89%		
Urgent Care	12.75%	19.37%		
Surgery	9.62%	9.63%		
SCSD	5.57%	6.27%		
Women's and Children's	5.98%	2.34%		

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workforce strategies.	flexible working	
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Sickness –

The Trust Target for Sickness is 4%, July position is 5.4%

Current Trust Position			What needs to happen to get us there	Current Level of Assurance
	Monthly	Stress related	Sickness has increased in Divisions in month with an increase in stress related reports. Revisit Communications of support services available. Deep dive required for sickness	4
Spec Med	5.66%	1.12%		
Urgent care	4.11%	1.1%		
Surgery	5.08%	1.06%		
SCSD	5.26%	1.06%		
W & C's	6.98%	2.35%		

Turnover

Trust target for turnover 11%. July is RN/RM 9.01% HCA 13%

Current Trust Position			What needs to happen to get us to there	Current level of Assurance
Division	RN/RM	HCA	HR to update retention policy – staff development in house for all staff groups Introduction of Apprenticeships across all bands to encourage talent management and growing your own staff – Diploma level 3 – level 7 are available through the apprenticeship Levy. A career pathway is being explored through Educational Faculty that will address training and will support of retention. Exit interviews need to be reviewed for RN and HCA identify themes and areas of support needed.	4
Speciality Medicine	7.6%	14.7%		
Urgent Care	9.03%	14.73%		
Surgery	8.9%	9.77%		
SCSD	10.55%	12.2%		
Women's and Children's	6.44%	12.24%		
HCA turnover is higher than trust target across all divisions				

Recommendations

The Trust Board are asked to note:

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- Staffing of the adults, children and neonatal wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout August 2021 has been achieved, this was supported when required through the booking of temporary workforce for short notice absences.
- There were no staffing related patient moderate or significant harms reported for August. Although there was a decrease in incident reporting of 20 related to nurse staffing.
- An increase in staff absences was experienced during August due to increased sickness levels for both short term sickness and stress related sickness levels.

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Midwifery Safe Staffing Report August 2021

For approval:		For discussion:		For assurance:	x	To note:	
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Accountable Director	Paula Gardner, Chief Nursing Officer		
Presented by	Justine Jeffery, Director of Midwifery	Author /s	Justine Jeffery, Director of Midwifery

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

Report previously reviewed by		
Committee/Group	Date	Outcome
Maternity Governance	August 2021	
TME	22 September 2021	Report noted
People and Culture	5 October 2021	Report noted

Recommendations	The Trust Board are asked to note how safe midwifery staffing is monitored and actions taken to mitigate any shortfalls.
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Executive summary	<p>This report provides a breakdown of the monitoring of maternity staffing in August 2021. A monthly report is provided to Board outlining how safe staffing in maternity is monitored to provide assurance.</p> <p>Safe midwifery staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • Completion of the Birthrate plus acuity 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' • Unify data • Daily staff safety huddle • COVID SitRep (re -introduced during COVID 19 wave 2) • Sickness absence rates <p>Throughout August it has remained challenging to maintain safe staffing levels due to sickness absence, COVID related absence and vacancies. Agency staff have been used when available and the team continue to provide additional shifts via NHSP.</p> <p>34 red flag events reported in maternity resulting in no harm. There were no reports of women not receiving 1:1 care in labour.</p>
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The escalation policy was enacted to maintain safe staffing levels. The deployment of staff and the cancelling of non-clinical working days provided additional staff to maintain safe levels and provided appropriate mitigation.

Acuity was reported to be higher than the actual staffing levels in 61% of occasions throughout this period. This is a reduction in compliance on previous months and is due to the noticeable increase in COVID absence in month.

A continuous recruitment programme remains in place for staffing in both inpatient and community. The 17 WTE midwives expected in September is being monitored closely to ensure that there are no avoidable delays in providing start dates. Four staff commenced in August and we await confirmation from recruitment with regards to start dates for the remainder.

Sickness absence rates continue to be higher than the Trusts target at 6.62% across all areas; this represents a sustained decrease within the midwifery workforce. The directorate continue to work with the HR team to ensure that the excellent progress made to date continues.

The level of assurance provided for safe maternity staffing is remains at 4 due to the increasing COVID related absence rates and a continued decrease in the ability to meet acuity in the intrapartum area. A higher level of assurance will be offered when the COVID related absence reduces, there are no vacancies recorded and the sickness absence rate is at the Trust target.

Risk										
Which key red risks does this report address?						What BAF risk does this report address?				
Assurance Level (x)	0	1	2	3	4	x	5	6	7	N/A
Financial Risk	<i>State the full year revenue cost/saving/capital cost, whether a budget already exists, or how it is proposed that the resources will be managed.</i>									
Action										
Is there an action plan in place to deliver the desired improvement outcomes?	Y	x	N						N/A	
Are the actions identified starting to or are delivering the desired outcomes?	Y	x	N							
If no has the action plan been revised/ enhanced	Y		N							
Timescales to achieve next level of assurance	3 months									

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<p>Introduction/Background</p> <p>The Directorate is required to provide a monthly report to Board outlining how safe midwifery staffing in maternity is monitored to provide assurance.</p> <p>Safe staffing is monitored monthly by the following actions:</p> <ul style="list-style-type: none"> • 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' • Unify data • Daily staff safety huddle • COVID SitRep (re -introduced during COVID 19 wave 2) • Sickness absence rates <p>In addition to the above actions a biannual report (published in July and January) also includes the results of the 3 yearly Birthrate Plus audit or the 6 monthly 'desktop' audits. The next complete full Birthrate plus audit will take place in Autumn 2021; this has been delayed due to the company's capacity to meet demand following the recent introduction of the Ockenden recommendations. The six monthly report will be available to this committee in September 2021.</p>
<p>Issues and options</p> <p><i>Completion of the Birthrate plus acuity tool (4 hourly)</i></p> <p>Acuity of women is recorded in the tool every 4 hours (6 times per day). Acuity was reported to be higher than the actual staffing levels in 68% of occasions throughout this period. This is higher than July and was due to increased workload as the fill rates for midwives increased during August.</p> <p>In the majority of cases (41%) a shortfall of 2 midwives (red) was reported in the intrapartum area and in 27% of cases a shortfall of one member (amber) of staff was recorded due to staff sickness, COVID related absence and/or a midwife scrubbing in theatre. Staff were redeployed from other clinical areas to mitigate the risk. In 32% of the periods staffing either met or exceeded required staffing.</p> <p>Following procurement of the new acuity tools we have now received confirmation from Birthrate Plus that the tools will be available to staff by the end of October and we will then have the capability to report on staffing in all areas of the service.</p> <p><i>Monitoring the midwife to birth ratio</i></p> <p>The monthly birth to midwife ratio is recorded on the maternity dashboard. The outcomes are reviewed in Maternity Governance meeting monthly. The ratio in August was 1:27 (in post) and 1:25 (funded). This is within the agreed midwife to birth ratio as outlined in Birthrate Plus Audit (1:28).</p>