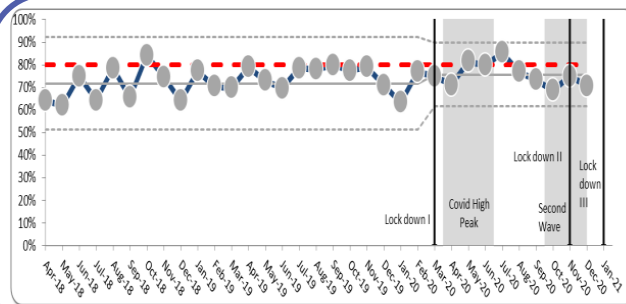


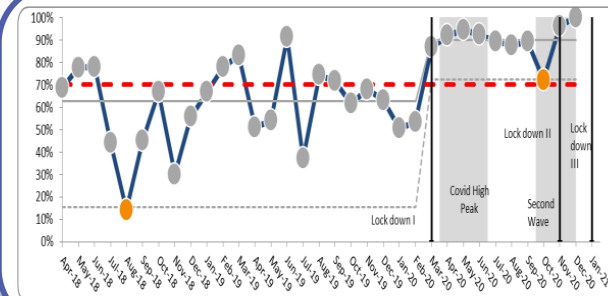
Stroke: %
patients
spending
90% of time
on stroke
unit

70.69%



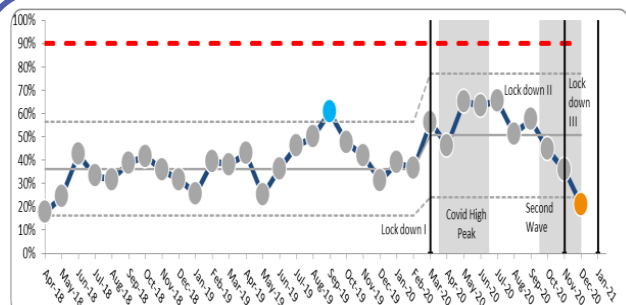
Stroke: %
seen in TIA
clinic within
24 hours

100%



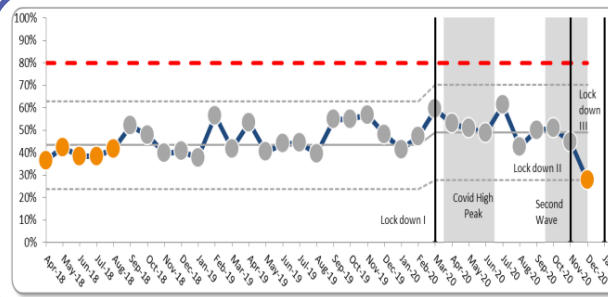
Stroke : %
Direct
Admission
to Stroke
ward

20.69%



Stroke : %
CT scan
within 60
minutes

27.59%



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

Quality and Safety

Integrated Quality Performance Report - Headlines

| Quality Performance | Comments |
|---------------------|---|
| Infection Control | <ul style="list-style-type: none"> E-Coli infections remain below trajectory for year to date. C difficile infections met the monthly target for January 2021, but remain above trajectory for the year to date target. MSSA infections were at the in-month target for January 2021, and have already exceeded the year end target (2020/21). There were zero MRSA infections reported in January 2021, but the year end target of zero has already been exceeded due to the single case reported to date in 2020/21. Hand hygiene practice compliance continues to over-perform compared to the 95% target. Hand hygiene audit participation dropped in January 2021, and continues to perform a little worse than pre-pandemic levels. |
| SEPSIS 6 | <ul style="list-style-type: none"> Performance for completing the SEPSIS 6 bundle within one hour for the 4th consecutive month, but at 45.20% in January 2021, is still significantly below the target of 90%. Performance for SEPSIS 6 screening also rose slightly in January 2021, but at 83.72% is still below the 90% target. |

2.1 Care that is Safe - Infection Prevention and Control

Embed our current infection prevention and control policies and practices | Full compliance with our Key Standards to Prevent Infection, specifically Hand Hygiene above 97%, Cleanliness in line with national standards, ongoing care of invasive devices

| C-Diff | | E-Coli | | MSSA | | MRSA | |
|---------------------------------|--|---------------------------------|--|---------------------------------|--|---------------------------------|--|
| January: Month / Monthly target | Year to date: Actual / Year to date target | January: Month / Monthly target | Year to date: Actual / Year to date target | January: Month / Monthly target | Year to date: Actual / Year to date target | January: Month / Monthly target | Year to date: Actual / Year to date target |
| 5 / 5 | 48 / 45 (EOY target – 53) | 2 / 5 | 27 / 42 (EOY target – 50) | 1 / 1 | 23 / 10 (EOY target – 10) | 0 / 0 | 1 / 0 (EOY target – 0) |

What does the data tell us?

- *C.difficile* infections met the in-month target for January, and are now 3 above the year to date trajectory. No more than 5 infections across February and March would result in the end of year target being achieved
- E-Coli BSI was better than the in-month target and remains better than the trajectory for year to date
- MSSA infections have decreased to 1 per month in Dec-20 and Jan-21, but have already exceeded the year end target (23 vs 10 target). This may be an early indication of the impact of the MSSA quality improvement project.
- There were no MRSA cases recorded in Jan-21
- The Hand Hygiene audit participation rate has dropped since the start of the pandemic. The metric will not consistently achieve a target of 100% but varies between 76% and 100%
- Hand Hygiene Practice Compliance rate shows sustained significant improvement with the 97% target being achieved every month since May-19. This metric will reliably achieve the target.

Current Assurance level – Non-COVID Level 4 | COVID BAF Level 5 (Jan-21)
Reason: - Assurance level for non-COVID remains at Level 4 due to positive reduction in the number of new MSSA cases in December.
COVID BAF reduces to Level 5 based upon repeat self-assessment of the revised COVID BAF and the need for additional evidence in relation to the new criteria added.

Previous assurance level Non-COVID Level 3 | COVID BAF Level 6 (Nov-20)

What improvements will we make?

- The second wave pandemic surge has impacted upon the work programmes for antimicrobial stewardship and MSSA bacteraemia.
- The QI project currently paused to support full focus on responding to the pandemic.
- We aim to re-commence both work programmes once we de-escalate from pandemic alert level 5.

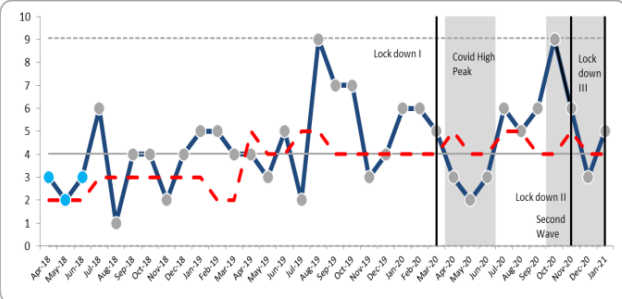
When expected to move to next level of assurance for non Covid:

The previously expected timescale for achieving Level 5 is no longer realistic given the impact of the second wave pandemic surge. The timescale will need to be reviewed once we de-escalate from pandemic alert level 5.

SRO: Vicky Morris (CNO)

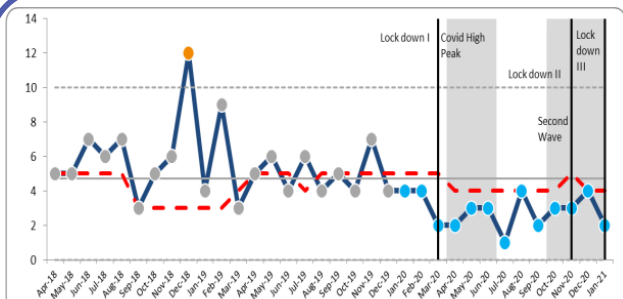
C-Diff

5



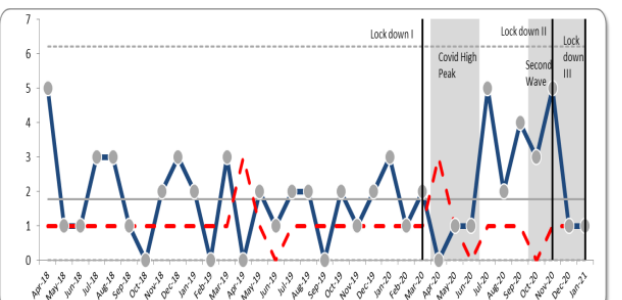
E-Coli

2



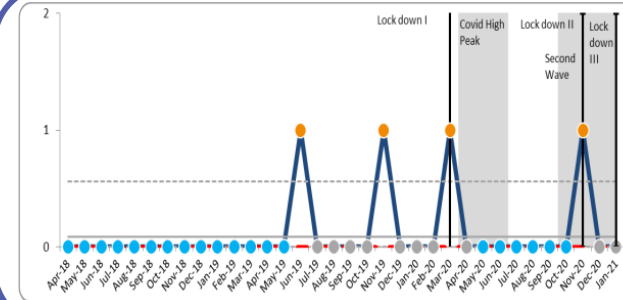
MSSA

1



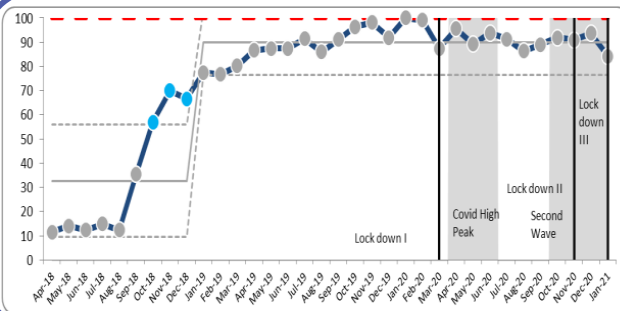
MRSA

0



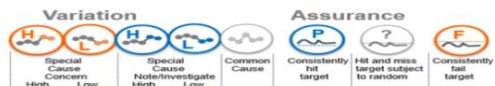
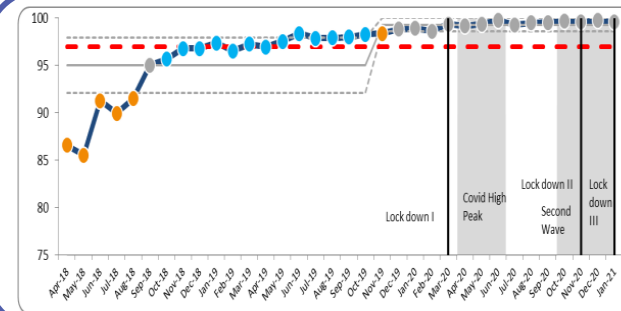
Hand Hygiene Audit Participatio

84.26



Hand Hygiene Compliance (%)

99.56



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

| Sepsis six bundle completed in one hour (Target 90%) | Sepsis screening Compliance Audit (Target 90%) | % Antibiotics provided within one hour (Target 90%) | Urine | Oxygen | IV Fluid Bolus | Lactate | Blood Cultures |
|--|--|---|--------|--------|----------------|---------|----------------|
| 45.20% | 83.72% | 88.14% | 72.32% | 92.09% | 80.23% | 65.54% | 64.41% |

What does the data tell us?

- Although the sepsis 6 bundle completed within one hour compliance has improved over the last 4 months, it is still below the pre-pandemic levels, and is still significantly below the 90% target. This process will not achieve the 90% target but may be expected to vary between 23% and 78%.
- Although sepsis 6 screening improved slightly over the previous month, it has still not met the target since May 2019. This process is unlikely to consistently achieve the target of 90% but may be expected to vary between 72% and 96%.
- Although the sepsis 6 antibiotics provided within one hour compliance has improved over the last 3 months, it is still below target, and was last over 90% in July 2020. This process is currently unlikely to consistently achieve the target of 90% but may be expected to vary between 80% and 100%.
- Four of the remaining sepsis 6 bundle elements improved performance in Dec 2020, but only Oxygen achieved the 90% target. The IV Fluid Bolus component fell in Dec 2020.

What improvements will we make?

Increase the awareness of siting of blood gas machines
 Paediatric & Maternity are not currently included in sepsis data on WREN due to different pathways to the adult population, there is a plan to integrate in place.
 Case reviews (in progress): these will gather themes regarding deviation from pathway, support from Chief Registrar to develop QI project
 Medicine and surgery in data collection phase.
 SCSD completed (Neutropaenic pts.), plans to revise antibiotic protocol.
 Review of Sepsis pro-forma to become the sole record of episode.
 Produce sepsis FAQ sheet to troubleshoot issues.
 Review training records: ESR training launched end of October, push to complete training.
 Roll out sepsis team support to ward when staffing permits.

Current Assurance level – Level 2 (Jan-21)

Reason: Performance has not yet responded to improvement initiatives.

When expected to move to next level of assurance for non Covid:

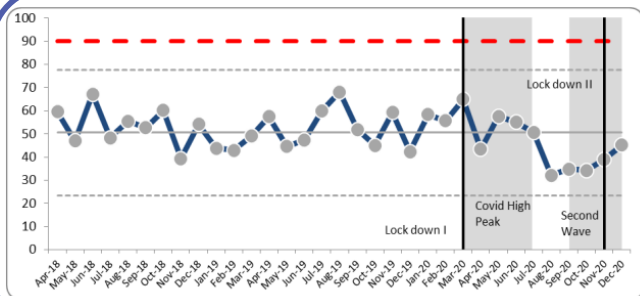
Q4 following implementation of the Divisional plans.

Previous assurance level – Level 2 (Nov-20)

SRO: Mike Hallissey (CMO)

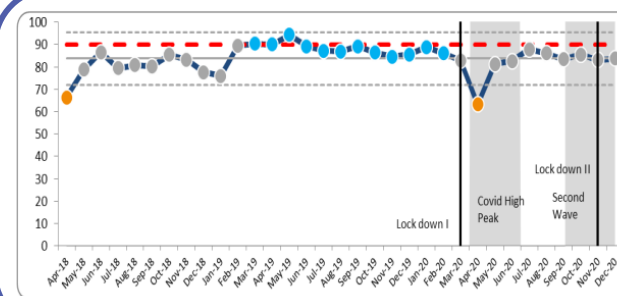
Sepsis 6 Bundle Compliance (audit)

45.20%



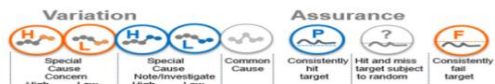
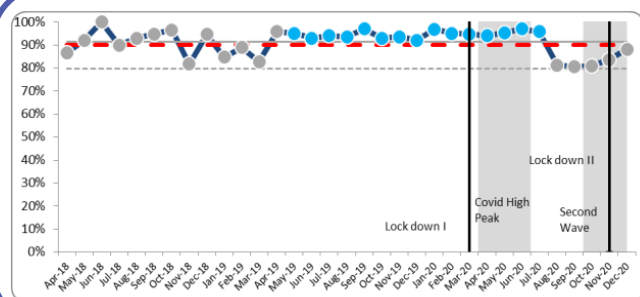
Sepsis Screening Compliance (audit)

83.72%



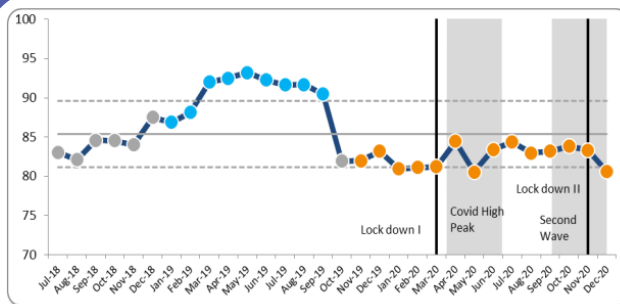
Sepsis Screening Antibiotics Compliance (audit)

88.14%



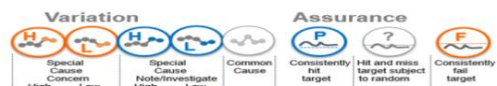
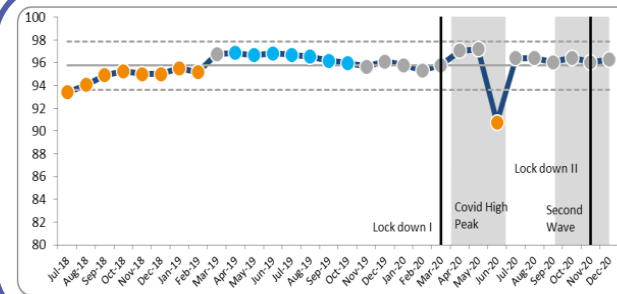
ICE reports
viewed
radiology
(%)

80.61



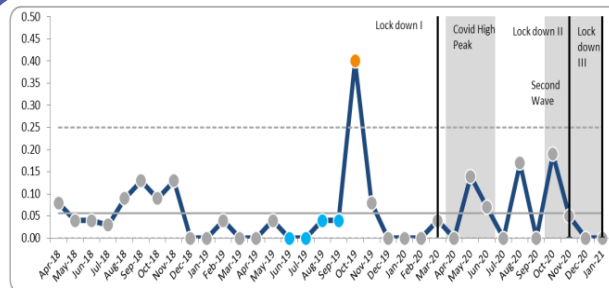
ICE reports
viewed
pathology
(%)

96.29



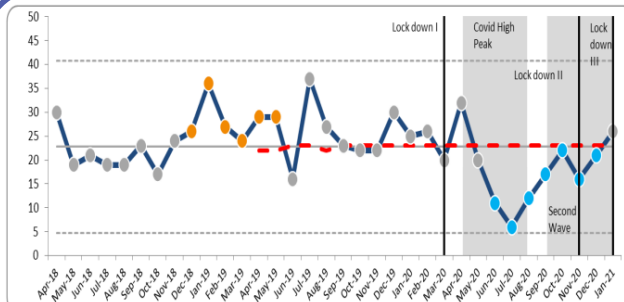
Falls per
1,000 bed
days
causing
harm

0.00



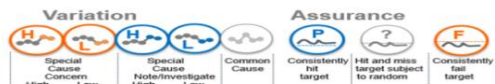
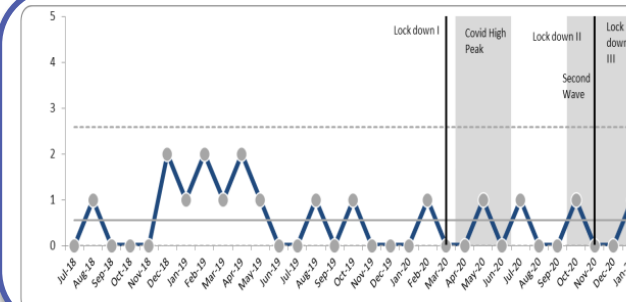
All Hospital
Acquired
Pressure
Ulcers

26



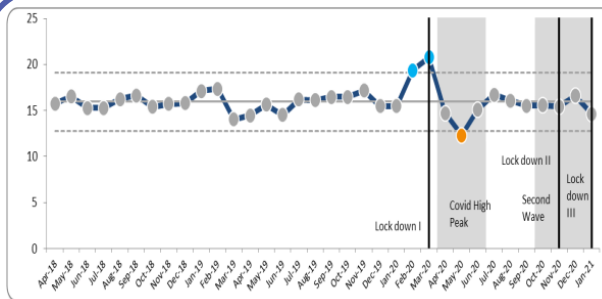
Serious
Incident
Pressure
Ulcers

0



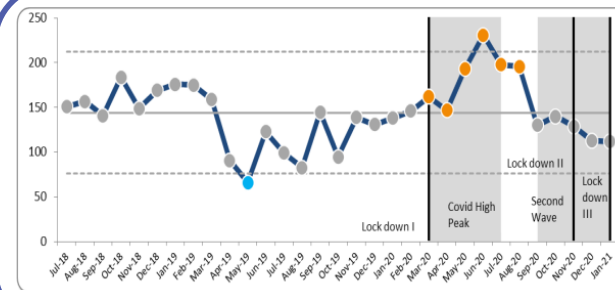
Discharges
before
midday
(%)

14.62



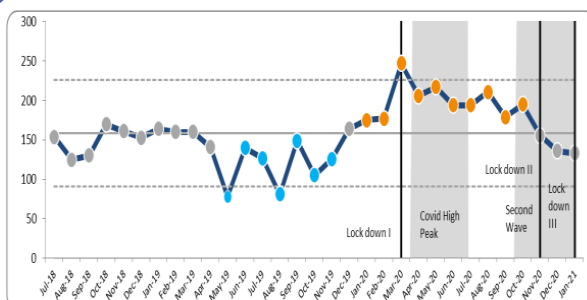
Risks
overdue
review

112



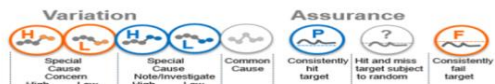
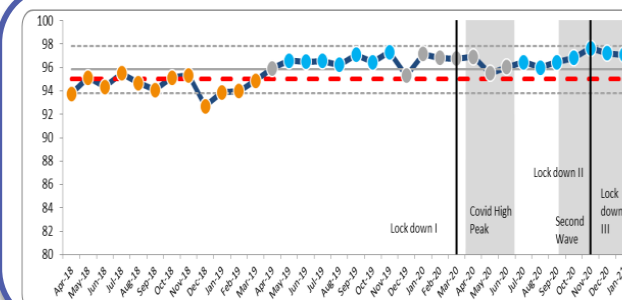
Risks with
overdue
actions

133



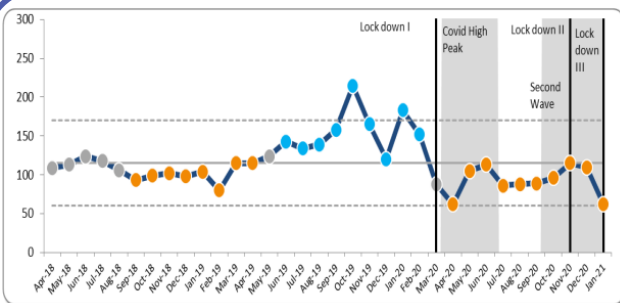
VTE
Assessment
Compliance
(%)

97.65



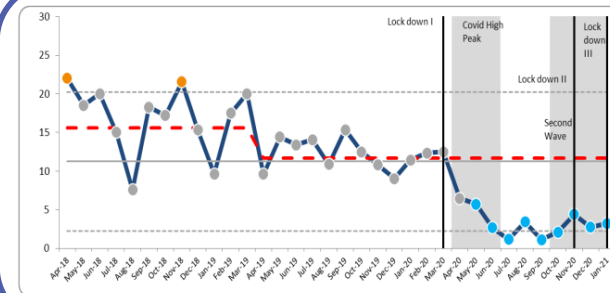
Total Medicine incidents reported

62



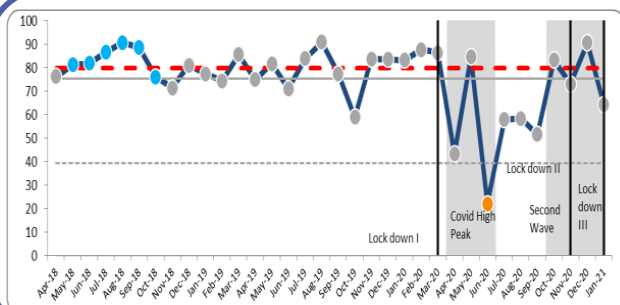
Medicine incidents causing harm (%)

3.23



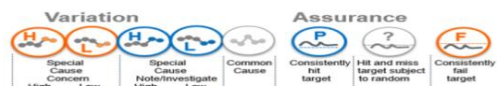
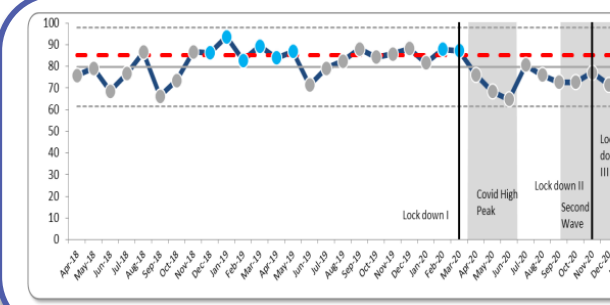
Complaints Responses <= 25 days (%)

64.29



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

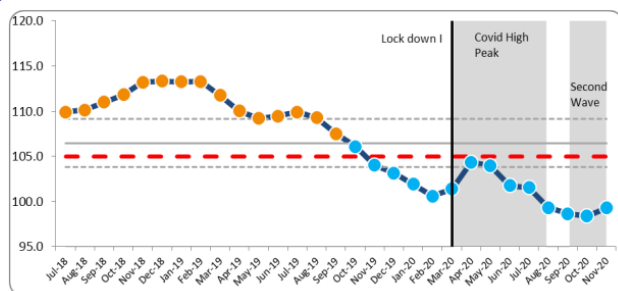
80.72



HSMR 12
month
rolling
average

Nov - 20

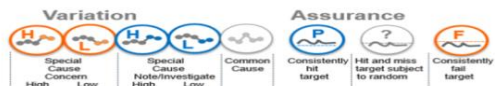
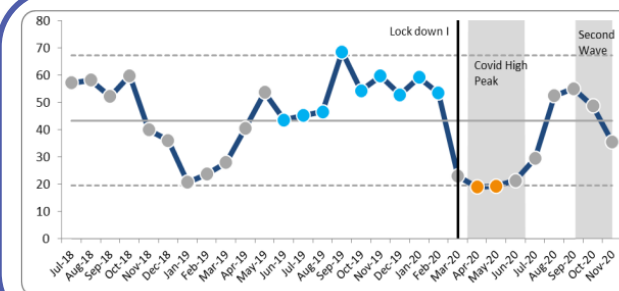
99.30



Mortality
Reviews
completed
≤/30 days
(%)

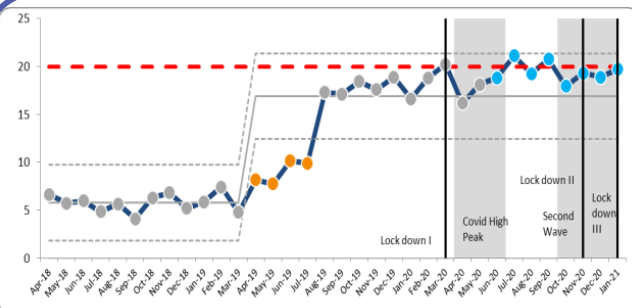
Nov 20

35.50



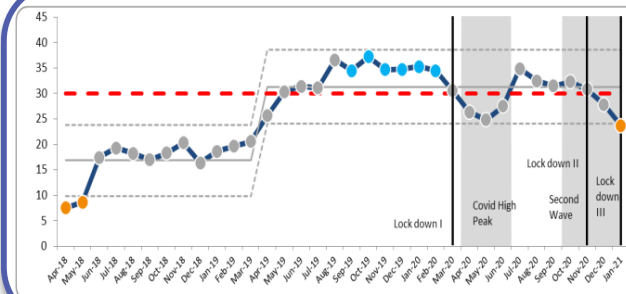
Accident & Emergency
Response Rate
Friends &
Family Test (%)

19.72



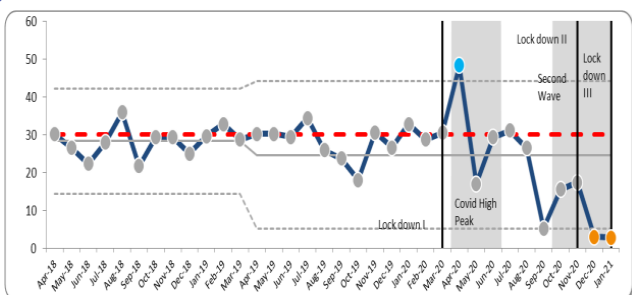
Inpatient
Response Rate
Friends &
Family Test (%)

23.69



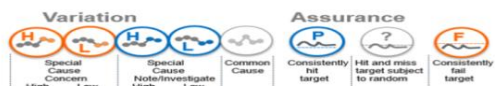
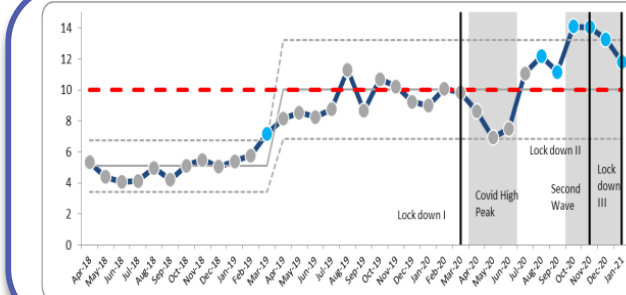
Maternity
Response Rate
Friends &
Family Test (%)

2.86



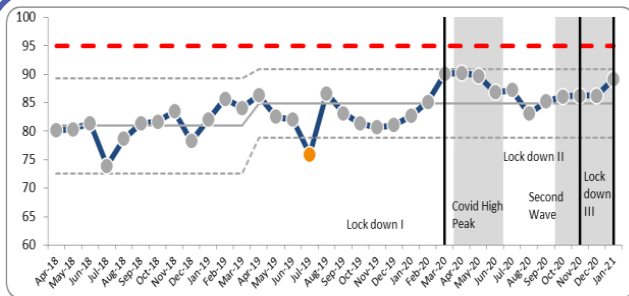
Outpatients
Response Rate
Friends &
Family Test (%)

11.82



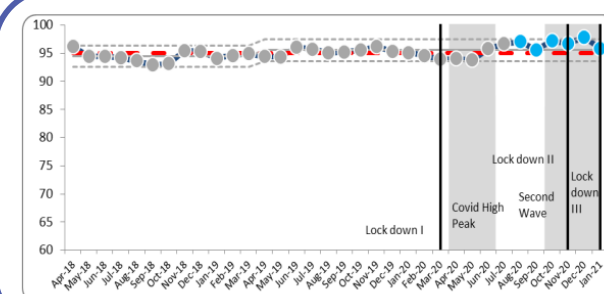
Accident & Emergency
Recommended Rate
Friends &
Family Test (%)

89.21



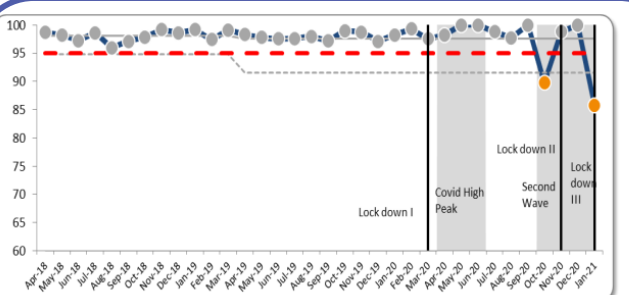
Inpatient
Recommended Rate
Friends &
Family Test (%)

95.86



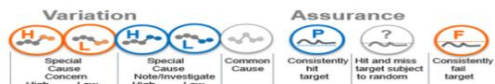
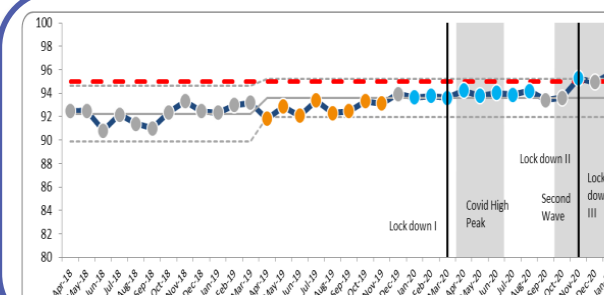
Maternity
Recommended Rate
Friends &
Family Test (%)

98.81



Outpatients
Recommended Rate
Friends &
Family Test (%)

95.68



Maternity

Maternity Month 9: - What does the data tell us?

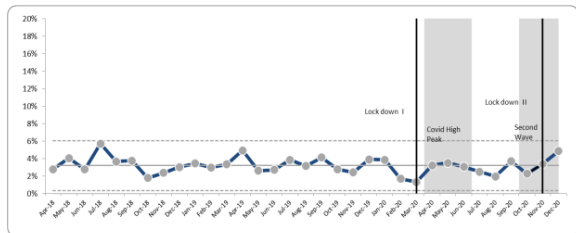
| % admission of full-term babies to neonatal care | Neonatal Deaths | Stillbirths | Maternal Deaths | % Pre-term births | % Home births | Booked before 12+6 weeks | Births |
|---|-----------------|-------------|-----------------|--|---------------|--------------------------|--------|
| 4.9% | 1 | 0 | 1 | 9.8% | 3.3% | 86.4% | 400 |
| What does the data tell us? <ul style="list-style-type: none"> Deliveries are showing no significant change although are indicative over the almost three year period of the well-documented slowdown in pregnancy rates in the wider population. Modes of delivery are all within normal variation, showing no significant change. We are below the national average for term admissions and we are not an outlier for neonatal or maternal deaths. We have one of the lowest stillbirth rates in the West Midlands. For the second consecutive month, at a rate above the expected range, more women have been supported to deliver at home. | | | | What have we been doing? <ul style="list-style-type: none"> Created a Perinatal Mortality Review board to review all stillbirths and neonatal deaths, in order to share learning Ensured compliance with the implementation of all 5 elements of the Saving Babies Lives care bundle with the most recent changes including the appointment of a fetal monitoring midwife, the development of a uterine artery clinic and the creation of a preterm prevention clinic The roll out of 3 more Continuity of Carer (CoC) teams with 2 more planned in March 2021 which will give a total of 7 teams – this is approximately 33% CoC by March 2021 against a national target of 35% Completed all requested returns to NHSE to provide assurance regarding Ockenden recommendations Successfully recruited into a number of leadership roles and anticipated all midwifery vacancies will be filled by the end of February. | | | |
| | | | | What are we doing next? <ul style="list-style-type: none"> Developing processes to extract data from Badgernet to provide a baseline to support QI projects so that the team can demonstrate an improvement. Develop a multi-professional fetal surveillance team Work with the Directorate, Informatics and the Quality Hub to ensure that we can demonstrate compliance for all of the recommendations outlined in the Ockenden report | | | |
| Current Assurance Level: 6 (Jan-21) | | | | When expected to move to next level of assurance: When the baseline exercise has been completed, and compliance against Ockenden is being monitored – during Q1 of 21/22. | | | |
| Previous Assurance Level: Not previously provided | | | | SRO: Chief Nursing Officer | | | |

Month 9 [December] 2020-21 Maternity Safety Summary

Responsible Director: Chief Nursing Officer | Validated for December-20 as 09th February 2021

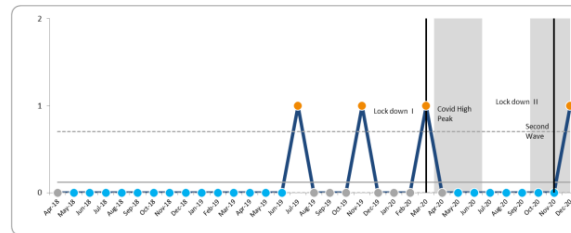
% admission of full-term babies to neonatal care

4.9%



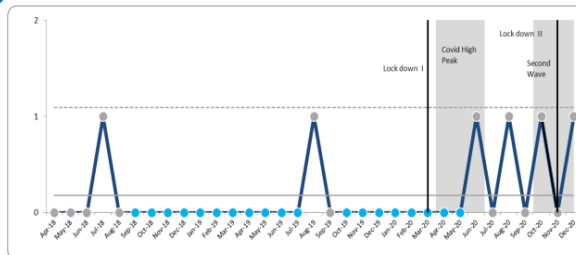
Maternal Deaths

1



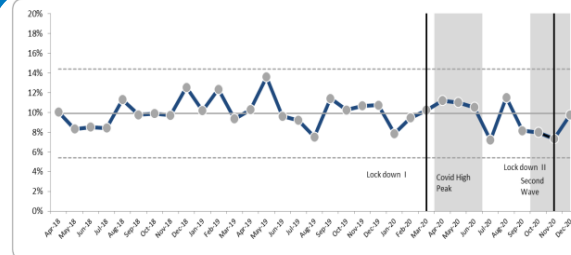
Neonatal Deaths

1



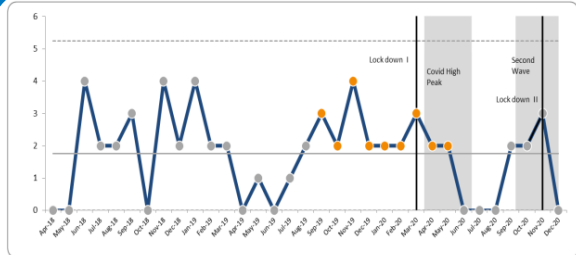
% Pre term births

9.8%



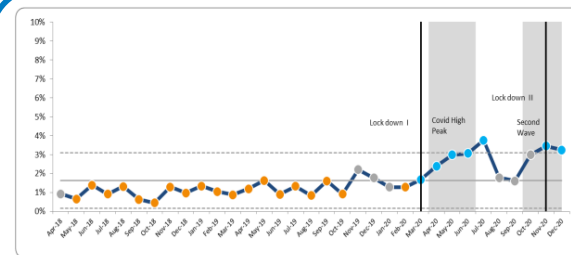
Stillbirths

0



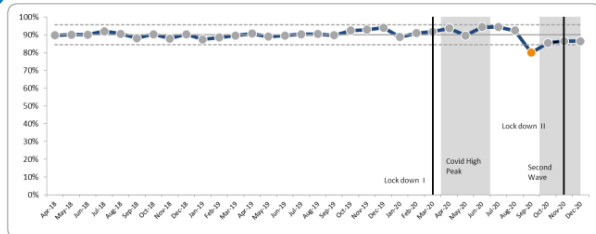
% Home births

3.3%



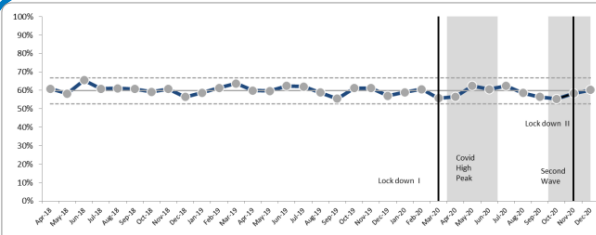
Booked
before
12+6
weeks

86.4%



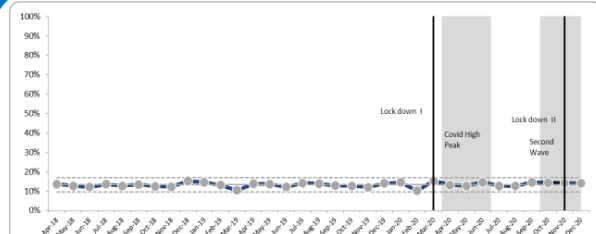
Vaginal
births

60.3%



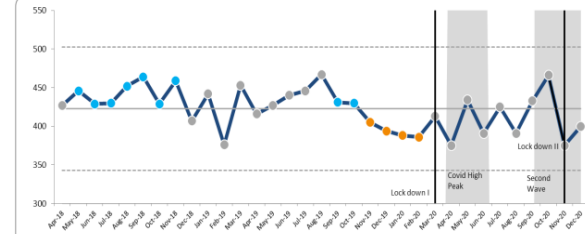
Elective
caesarean

14%



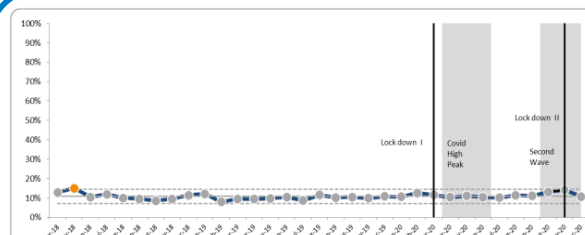
Births

400



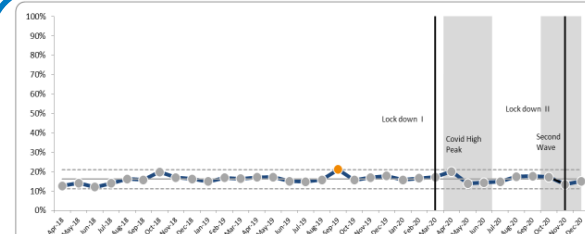
Instrumental
rate

10.8%



Emergency
caesarean

15%



Workforce

People and Culture Performance Report Month 10 - Headlines

| People & Culture | Comments |
|--|---|
| Getting the basics right (appraisal, mandatory training, job plans) | <ul style="list-style-type: none"> Mandatory training compliance has improved by 1% to 90% despite the impact of COVID-19 Medical appraisal compliance has deteriorated by 4% to 82% as these have been paused due to level 5 escalation Non-medical appraisal rate has deteriorated by 1% to 76% Urgent Care continue to be the only division to have achieved 100% in job plans |
| Absence due to Stress and Anxiety (S10) | <ul style="list-style-type: none"> Sickness due to S10 (stress and anxiety) has remained the same this month. However we anticipate that we will see an increase in the next reporting period due to the impact of the pandemic Our staff health and wellbeing offer has been refreshed and continues to be communicated to staff at every opportunity through a summary infographics |
| Monthly Sickness Absence Rate | <ul style="list-style-type: none"> Cumulative sickness has remained the same as the last month at 5.01% Cumulative sickness is 0.62% higher than the same period last year Covid absence has reduced this month due to lower community prevalence rates |
| Vacancy Rate | <ul style="list-style-type: none"> Vacancy rates have continued to improve despite the pandemic and is now at 8.53% This improvement is due to continued successful domestic recruitment campaigns, improved time to recruit and improved retention of staff |
| Staff Turnover | <ul style="list-style-type: none"> Staff turnover has seen a slight increase this month is 9.75% but remains 1.3% better than the same period last year |

Workforce Compliance Month 10: - What does the data tell us?

| Appraisal and Medical Appraisal | Mandatory Training and Core Essential to Role Training | Consultant Job Planning | Staff Turnover | Covid Risk Assessment Compliance |
|---------------------------------|--|-------------------------|----------------|----------------------------------|
| 76% and 82% | 90% and 77% | 67% | 9.75% | 94% |

What does the data tell us?

- **Appraisal** – Compliance has deteriorated by 1% this month at 76% and is 8% lower than the same period last year which is directly related to Covid
- **Medical Appraisal** – Medical appraisal has deteriorated improved from 86% to 82% this month and is 12% lower than the same period last year
- **Mandatory Training** – Mandatory Training compliance has hit the target of 90% this month which is better than the same period last year. Medical and Dental is the only staff group of concern with all others within 1% of target. The face to face topics are the only ones that are not maintaining compliance levels
- **Essential to Role Training** – We have a 4% improvement in Essential to Role training this month. Frailty compliance is already at 60% which means that 2,135 people have completed this training in the 2 months since launch. We have seen a further 2% increase in both ReSPECT awareness and Authorship, 3% in Dementia and 6% in Sepsis. There will now be a pause before any further competence rollouts to enable staff time to undertake the new training.
- **Consultant Job Plans** – Consultant job planning stayed at 67%. Urgent Care remain 100% across the Board for all job plans for the third month. There has been a 2% improvement in Specialty Medicine and Women and Children. Discussions have taken place with the Clinical Directors within Surgery and Specialty Medicine to support their job planning round.
- **Staff Turnover** – Staff annual turnover has increased this month from 9.62% to 9.75% but is 1.31% better than the same period last year. All divisions except Urgent Care and Corporate are below the target of 11% and most divisions have improved
- **Covid Risk Assessment Compliance** – Compliance has improved by 2% this month to 94%

National Benchmarking (January 2021)

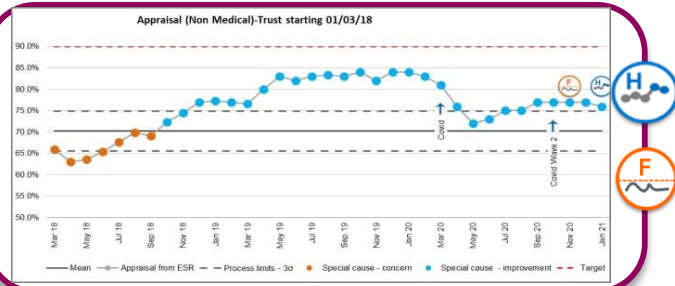
Model Hospital Benchmark for Mandatory Training compliance is 90% and a peer group average of 88% so the Trust is not an outlier. Performance is below Model Hospital average of 85% for Non-Medical and Medical appraisal and job planning.

Month 10 [January] 2020-21 Workforce Compliance Summary

Responsible Director: Director of People and Culture | Validated for January -21 as 12th February 2021

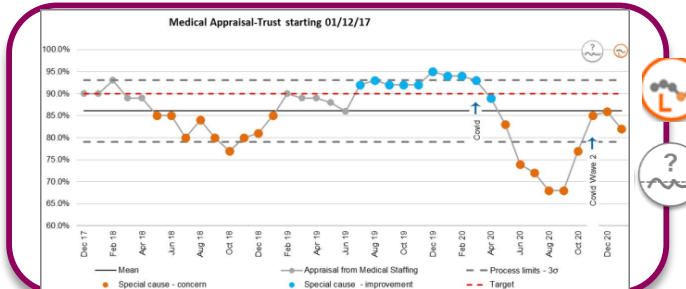
Appraisal
(Non-
Medical)

76%



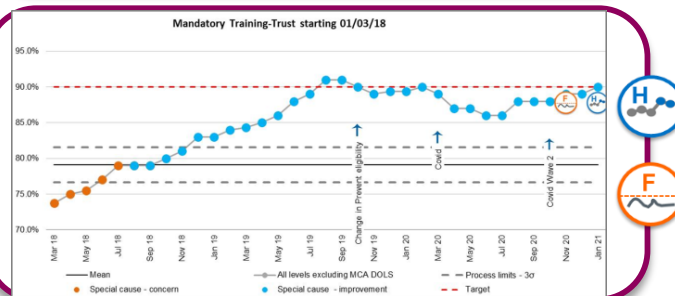
Medical
Appraisal

82%



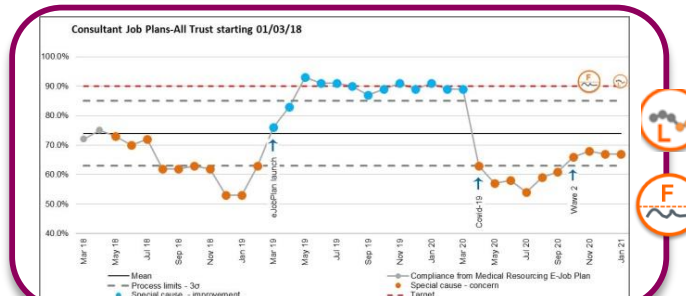
Mandatory
Training

90%



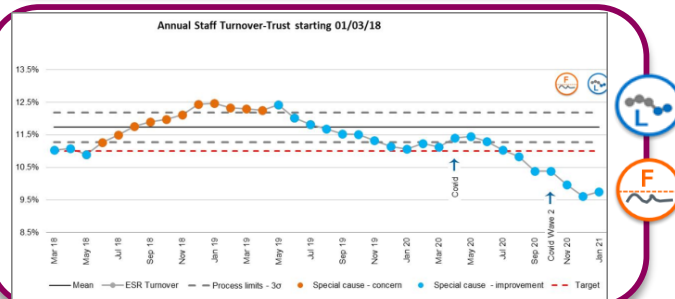
Consultant
Job Plans

67%



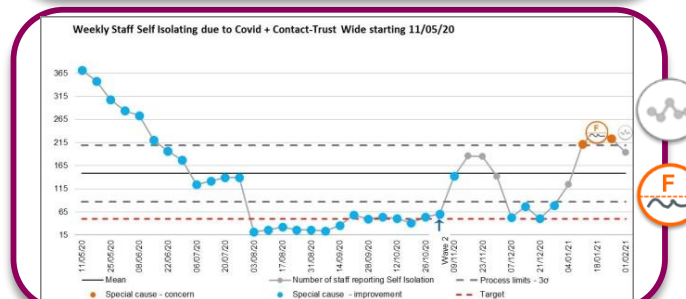
Staff
Turnover

9.75%



Covid Risk
Assessment
Compliance

94%



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

Workforce Performance Month 10 - What does the data tell us?

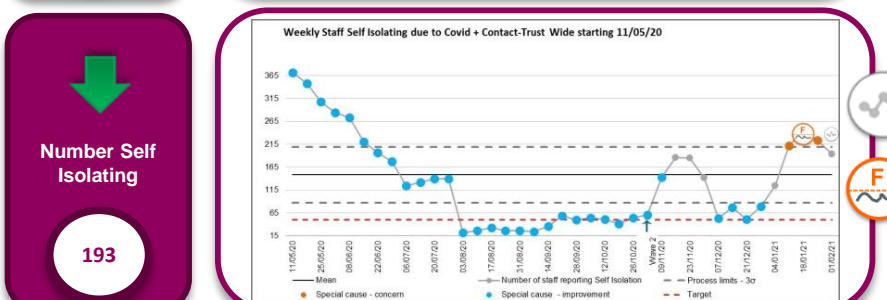
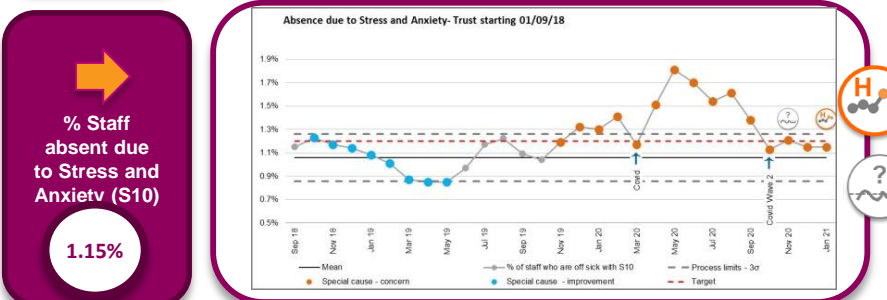
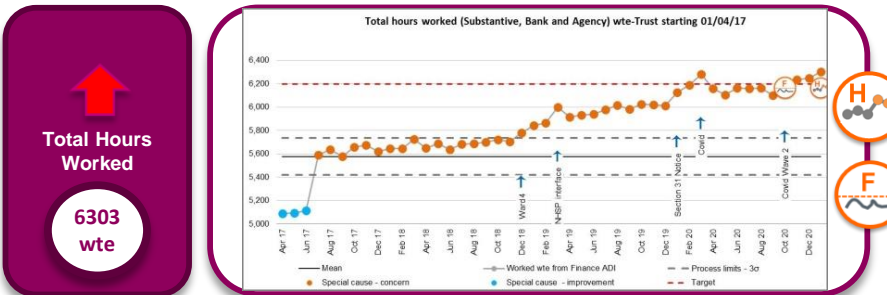
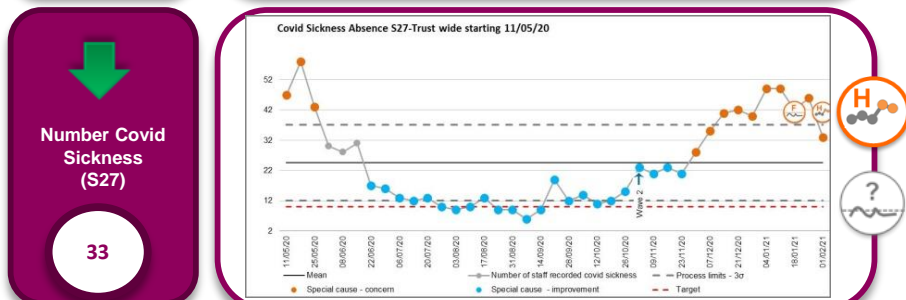
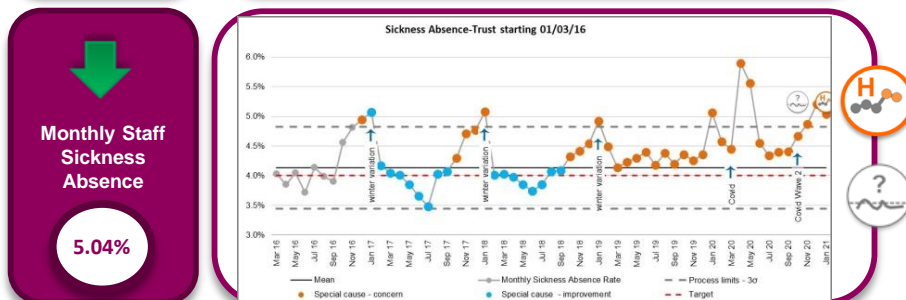
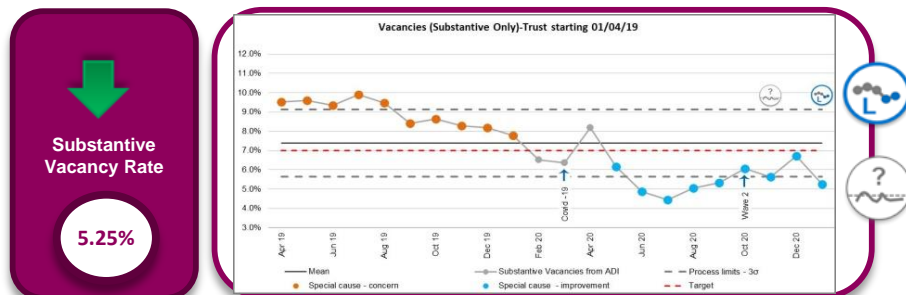
| Vacancy Rate | Total Hours worked (including substantive bank and agency) | Monthly Sickness Absence Rate and cumulative sickness rate for 12 months | % Staff absent due to Stress and Anxiety (S10) | Number of staff off with Covid Sickness (S27) | Number of Staff self isolating due to Covid+ contact |
|--------------|---|--|--|---|--|
| 5.25% | 6,303 wte | 5.04% and 5.01% | 1.15% | 33 | 193 |

What does the data tell us?

- **Vacancy Rate** – Vacancy rates are at 8.53% partly due to a 51 wte reduction in establishment. Our contracted staff in post is 227 wte higher than the same period last year due to new wards and Covid response
- **Total Hours Worked** – The total hours worked for substantive, bank and agency staff increased from 6,247 to 6,303 against a funded establishment of 6,321.
- **Monthly Sickness Absence Rate** – The monthly sickness absence rate has reduced from 5.21% to 5.04% which is 0.02% better than the same period last year. Cumulative sickness remains at 5.01% averaged over 12 months which is 0.62% higher than the same period last year.
- **Absence due to Stress and Anxiety (S10)** – Absence due to stress and anxiety has remained at 1.15%. Pre-COVID-19 S10 sickness averaged at 1.03%. This represents 22.8% of all sickness absence compared to 25.24% last month.
- **Absence due to Covid Sickness (S27) – NEW** – Absence due to Covid was 33 on Monday 1st February compared to 40 on the last Monday of December. This did peak at 49 at the beginning of January but is now reducing.
- **Absence due to Self Isolation – NEW** – Absence due to self isolation (including shielding, and Test and Trace) was 193 on Monday 1st February compared to 79 on Monday 28th December. This peaked at 244 in mid January. Report depicts the daily rate on each Monday.
- **Agency and Bank Spend as a % of Gross Cost** – removed chart as this is covered in Finance reports.

National Benchmarking (January 2021)

We are Quartile 3 on Model Hospital for sickness with 4.42% compared to 3.96% national average (July data). Monthly turnover is Quartile 3 with 0.95% compared to 0.91% national average and 0.93% peer average (October data)



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

Annual Plan Strategic Objectives: Workforce

| Strategic Workforce Plan | | BAME Workforce | Organisational Development |
|---|---|--|--|
| Introduce new roles and staffing models to support the delivery of our clinical services strategy | Accelerate new ways of working from the Covid-19 experience | Undertake Covid-19 Risk Assessments for all BAME staff | Implement new operational management structure |
| | | 89% | |
| Annual Plan: Strategic Objectives Best people Ensure all our staff have annual appraisal and are suitably trained with up to date job plans. Ensure we have adequate staff to meet patient needs within financial envelope, and that this is a good place to work so that we can retain our substantive staff and reduce reliance on bank and agency staff. | | | |
| How have we been doing? Included below are business as usual updates. <ul style="list-style-type: none"> Medical Appraisal rates have deteriorated by 4% this month Vacancy rate is better than same period last year despite 78 wte increase in funded establishment Staff turnover has increased by 0.13% but is 1.31% better than last year The monthly sickness absence rate has improved by 0.17% Mandatory training compliance has reached 90% and is equal to Model Hospital average which is better than last year despite the pandemic Covid vaccination has been offered to all staff with 73% participation at the end of January Flu vaccination compliance rate has reached 90% Covid Risk Assessment compliance is 94% and 89% BAME with webinars planned to support BAME colleagues with questions on the vaccine | | What improvements will we make? <ul style="list-style-type: none"> Continue to work with divisions to improve Risk Assessment compliance Work with divisions to ensure 90% of patient facing staff are encouraged to take up the Covid vaccine Continue to support the STP in their Covid vaccination programme Continue working with managers to improve data quality in self isolation categories To work with Divisions to communicate the staff wellbeing offer Further embed the Allocate e-job plan system to drive up compliance Roll out of HealthRoster and Employee on Line (EOL) /Loop self service functionality to Allied Health Professionals and other groups Transfer all annual and other leave booking and approvals to HealthRoster with a monthly payroll upload to ESR | |
| Overarching Workforce Performance Level – 5 – January 2021 Previous Assurance Level - 5 – December 2020 | | To work towards improvement to next assurance level | |

Finance

COVID-19 Financial Regime

As part of the NHS response to COVID-19, a revised COVID-19 financial framework was established for the period of 1 April to 31 September 2020. PbR national tariff payment architecture and associated administrative/ transactional process were suspended and throughout this period NHS Trusts were reimbursed through block contract payments 'on account'. Additional funding to cover extra costs of responding to the coronavirus emergency was administered through a 'top up' mechanism. Through this arrangement, all NHS Trusts were expected to report a break-even position. From Month 7 onwards we are no longer under this arrangement. **Under Phase 3 RESTORATION arrangements STPs were separately given an allocation and are expected to deliver Phase 3 recovery and activity requirements and achieve financial balance within this envelope. The Trust originally submitted a plan which included a £(7.3)m deficit for M7-12 (net system position £(19.8)m deficit).**

2020/21 Internal Plan £(78.9)m

The 2020/21 pre-covid 19 financial plan takes into account growth and the increased pressure on budgets from 2019/20 in-year developments (some of which under PbR are offset by growth in income). The Trust Board agreed to set a deficit forecast of **£(£78.9)m including £14.5m of improvement from productivity and efficiency schemes**. Our pre COVID 19 internal financial plan and corresponding Divisional budgets remain at the Trust Board agreed deficit plan of £(78.9)m and Divisional and Directorate financial performance is measured against this.

Month 10 – January Position

| Income & Expenditure | January 21 (Month 10) | | | | |
|------------------------------|-----------------------|--------------|--------------|---------------------------------|--------------------------|
| | NHS Framework £000s | Budget £000s | Actual £000s | Variance to NHS Framework £000s | Variance to Budget £000s |
| Income (Excluding top up) | 36,785 | 38,136 | 37,133 | 349 | (1,002) |
| Pay | (28,064) | (26,516) | (27,388) | 676 | (872) |
| Non Pay | (15,616) | (15,421) | (15,807) | 809 | (386) |
| Financing Costs | (2,397) | (2,567) | (2,222) | 175 | 344 |
| Other | 6 | 0 | 6 | 0 | 6 |
| Surplus / (Deficit) | (10,286) | (6,369) | (8,279) | 2,008 | (1,910) |
| Income - TOP UP | 8,903 | 0 | 9,078 | 175 | 9,078 |
| Adjusted Surplus / (Deficit) | (1,383) | (6,369) | 799 | 2,183 | 7,168 |

Sub Table - Financial Position Excluding pre COVID-19

| | | | | | |
|---|----------|---------|---------|-------|---------|
| Surplus / Deficit BEFORE TOPUP | (10,286) | (6,369) | (8,279) | 2,008 | (1,910) |
| COVID-19 Incremental Expenditure Included Above | | | 1,804 | 1,804 | 1,804 |
| Surplus / Deficit EXCLUDING COVID-19 | (10,286) | (6,369) | (6,475) | 3,812 | (106) |

YTD Month 10 – January Position

| Income & Expenditure | Year to Date | | | | |
|------------------------------|---------------------|--------------|--------------|---------------------------------|--------------------------|
| | NHS Framework £000s | Budget £000s | Actual £000s | Variance to NHS Framework £000s | Variance to Budget £000s |
| Income (Excluding top up) | 363,080 | 379,909 | 364,527 | 1,447 | (15,381) |
| Pay | (267,405) | (265,060) | (263,473) | 3,932 | 1,587 |
| Non Pay | (148,897) | (154,748) | (146,749) | 2,148 | 8,000 |
| Financing Costs | (23,955) | (25,667) | (23,741) | 214 | 1,926 |
| Other | 60 | 0 | 58 | (2) | 58 |
| Surplus / (Deficit) | (77,117) | (65,567) | (69,377) | 7,740 | (3,809) |
| Income - TOP UP | 73,181 | 0 | 73,696 | 515 | 73,696 |
| Adjusted Surplus / (Deficit) | (3,936) | (65,567) | 4,319 | 8,255 | 69,887 |

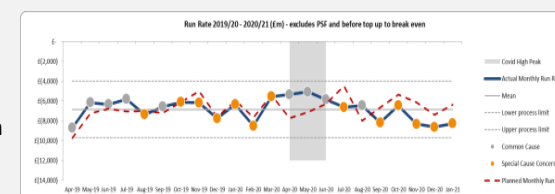
Sub Table - Financial Position Excluding pre COVID-19

| | | | | | |
|---|----------|----------|----------|--------|---------|
| Surplus / Deficit BEFORE TOPUP | (77,117) | (65,567) | (69,377) | 7,740 | (3,809) |
| COVID-19 Incremental Expenditure Included Above | | | 14,468 | 14,468 | 14,468 |
| Surplus / Deficit EXCLUDING COVID-19 | (77,117) | (65,567) | (54,909) | 22,208 | 10,658 |

Delivery of the Internal Financial Plan £(78.9)m

BUDGET / INTERNAL PLAN - Against the internal **£(78.9)m** operational plan, the month 10 (January 2021) plan **£(6.4)m** deficit actually a surplus of **£0.8m**. This is against a very different activity, income and resource plan. The combined **pay and non pay expenditure variance** against our **internal budget** is **£(1.3)m** adverse. This position includes **£1.8m** of incremental COVID-19 costs. The combined income position was **£8.1m** favourable to budget in month recognising the interim funding regime. **Note Year to date income top-up of £73.6m including £14.5m Covid related.**

Financial Framework NHSI - The Trusts Income & Expenditure position was **£2.2m** better than the phase 3 restoration Financial Framework plan assumptions.



Performance
against Phase 3
Financial Plan

I&E Delivery
Assurance
Level:

Level 4

Rationale:
Phase 3
Forecast
deficit of
c.£(7.3)m re-
assessed at
M9 (Q3) to
£(2.5)m.
Controls
remain.
POSITIVE
Financial
variance in
month. PEP
& Temp
Staffing
remain
challenged.

Month 10 – January Position

Against the M1-M10 phase 3 (NHSI Financial Framework Plan M7-M12), in month 10 (January 2020) our position is **£2.2m positive**.

Income is £0.35m above plan due to additional £0.1m funding from Herefordshire & Worcestershire CCG and NHS England pass through Drugs variable payment of £0.3m.

Pay costs were £0.7m (2%) lower than plan as a result of the following key items:

- The revised Framework Plan assumed that all beds would be open in December 2020 and that we would incur significant additional temporary staffing costs for increasing sickness, temperature checking, winter initiatives and additional Theatre capacity. Although we now have all beds open and sickness has increased, the delays in recruitment and cancelling of elective activity to focus on the current Covid peak means that pay costs have not increased to the levels anticipated. (£0.4m)
- Fill rates for temporary staff to perform patient temperature checks in Outpatients and Radiology and Theatres roles such as runners for RED theatres are low. In the main, these tasks have been completed by utilising the goodwill of our substantive workforce, stretching existing staff (**£0.1m**)
- Slippage in recruitment – in many cases this is deemed to be a timing difference and therefore we would not expect this favourable variance to continue at this level moving forward. (**c. £0.1m**)

Non Pay costs were £0.8m (5%) lower than plan. The key items driving this position include:

- Usage of Dolan Park was lower than anticipated, this is offset by lower income (**£0.2m**)
- Activity increases not delivered (**£0.3m**)
- Reduction in accrual for Supplier Support Payments following written notification that these would not be claimed for the period August-December (**£0.3m**)
- The revised Financial Framework Plan had assumed additional touchpoint cleaning was to commence in October and continue throughout November. These costs have not increased to the levels anticipated. (**£0.1m**)

Financing costs are **£0.2m** favourable to plan following a reforecast in the PDC dividend at M9 due to the agreement to defer elements of the capital programme into 2021/22 (£0.2m).

| Income & Expenditure | January 21 (Month 10) | | |
|-------------------------------------|-----------------------|----------------|----------------------------------|
| | NHSI Framework £000s | Actual £000s | Variance to NHSI Framework £000s |
| Income (Excluding top up) | 36,785 | 37,133 | 349 |
| Pay | (28,064) | (27,388) | 676 |
| Non Pay | (16,616) | (15,807) | 809 |
| Financing Costs | (2,397) | (2,222) | 175 |
| Other | 6 | 6 | 0 |
| Surplus / (Deficit) | (10,286) | (8,279) | 2,008 |
| Income - TOP UP | 8,903 | 9,078 | 175 |
| Adjusted Surplus / (Deficit) | (1,383) | 799 | 2,183 |

| | | | |
|--|-----------------|----------------|--------------|
| <i>Sub Table - Financial Position Excluding pre COVID-19</i> | | | |
| Surplus / Deficit BEFORE TOPUP | (10,286) | (8,279) | 2,008 |
| COVID-19 Incremental Expenditure Included Above | | 1,804 | 1,804 |
| Surplus / Deficit EXCLUDING COVID-19 | (10,286) | (6,475) | 3,812 |

PERFORMANCE AGAINST Original Internal Operational Trust plan

Income

The Combined Income (including PbR pass-through drugs & devices and Other Operating Income) was **£8.1m** above the Trust's Internal operational plan in January (deficit of £(78.9)m 2020/21). Income measured under normal PbR was **£(6.8)m below plan in month**.

| | Trust Internal Plan | | YTD | |
|------|--|--|---|---|
| | In-month | | In-month | |
| | Income Inc. Top Up/ COVID Payments Variance £8.1m | Normal Income Generation Contracted through PbR | Income Inc. Top Up/ COVID Payments Variance £8.3m | Normal Income Generation Contracted through PbR |
| Plan | CCG System Top Up and COVID £9.1m | | NHS Top Up months 1 - 6 £37.6m CCG System Top Up and COVID £36.1m | |
| | Additional Payment to Commissioner Block Levels £5.8m | Variance -£6.8m | Additional Payment to Commissioner Block Levels £64.0m | Variance -£79.4m |
| | Normal Income Generation Contracted through PbR Activity and Other Income £31.3m | Normal Income Generation Contracted through PbR Activity and Other Income £31.3m | Normal Income Generation Contracted through PbR Activity and Other Income £300.5m | Normal Income Generation Contracted through PbR Activity and Other Income £300.5m |

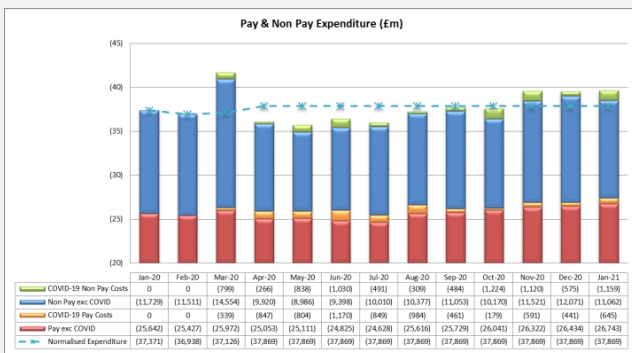
£9.1m additional System COVID/top up payment was received under the Phase 3 regime. Commissioner block payments were £5.8m over the Trust's actual performance (which includes activity delivered by our clinicians at the independent sector). Income measured under normal PbR was affected by the current COVID wave, and was **£(6.8)m below plan in month (December was £(2.6)m below):**

- Daycase/Elective **£(2.9)m** and A&E **£(0.7)m**
- Outpatients **£(1.7)m** and Other Income **£(1.1)m** (Radiology £(0.5)m, Pathology GP requests £(0.3)m) and Critical Care **£(0.3)m**. Car Parking Income **£(0.2)m**

We are required to refer to the likely impact of **the Elective Incentive Scheme in our Board papers**, but not to adjust the financial positions. **The estimated impact of activity levels not meeting the phase 3 plan would have resulted in a £2.3m penalty YTD, if applied. Note Year to date income top-up of £73.6m including £14.5m Covid related.**

The combined pay and non pay expenditure variance against our internal budget is **£(1.3)m adverse**, against the Trust's Internal operational plan in December (deficit of £(78.9)m 2020/21). However this position includes £1.8m of incremental COVID-19 costs.

Pay expenditure overall increased from £26.9m in December to £27.4m in January. Substantive workforce costs reduced by £0.2m to **£23.0m** in January. This movement is largely due to one fewer bank holidays in January (£0.1m) as well as a normalisation in the medics position following pay corrections last month.



Temporary staffing costs increased by **£0.65m to £4.3m** in January. Following the transition from the HCL Clarity system to NHSP Allocate system, we are now in receipt of a workforce / financial report for temporary medics and this was reflected in the year to date position in M9. At a Trust level the Medics position we estimated for M4-8 was overstated by c£0.2m. Finance and Ops teams started to validate the temporary Medics data with booking teams during January which resulted in a number of bookings being cleared that had not been worked, this will continue in February.

Temporary nursing costs have increased in month (**£0.5m**). This is largely within temporary nursing (£0.5m) driven by increased levels of absenteeism and supporting additional beds (particularly within Critical Care). Thornbury continue to provide additional Nursing staff, the Trust incurred £175k of expenditure in January. NHSP are proactively working with us to reduce escalation to high cost agency.

Non pay expenditure overall reduced from £19.0m to £18.0m in January. This reduction reflects decreased drugs costs (PbR and Non PbR) (£0.3m), £0.3m reduced PDC Dividends forecast which was reduced due to the deferral of the capital in M9, Dolan Park is £0.1m lower than December, £0.2m accrual release for Supplier Support Payments which we have now been notified will not be claimed for August-December.

Our total operating cost base is now in excess of our normalised position driven by COVID-19 incremental cost (pay and non pay).

Expenditure

Capital

Year to date Capital expenditure at month 10 2020/21 totals £10.7m. The spend to date is primarily on COVID-19 projects, replacement equipment, and expenditure against the Core Programme for ICT and Property & Works.

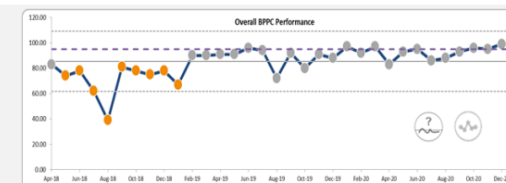
The full year 2020/21 Capital plan has reduced to £25.7m for the remainder of the financial year, due to the opportunity from our Regional colleagues to broker system capital funding into 2021/22 to complete pre committed programmes. The plan still includes national funding streams in full, including £2.5m funding towards the Urgent and Emergency Care scheme for this financial year, and £1.75m for the Adult Critical Care projects.

Capital Assurance Level: **Level 4**

Reason: Funding allocated, significant work being undertaken to progress implementation. Commitments and actual spend increasing but risk remains in terms of ability to fully deliver plan by year end, given COVID Wave 2. Brokerage secured for STP capital schemes. Exec oversight continues to drive pace and progress.

Cash Balance

Under the interim COVID-19 financial arrangements, sufficient cash is currently being received each month to meet obligations. At the end of January the cash balance was £69.8m. This is due to timing of receipts (April to February payments received to date), timing of capital programme spend and £7.7m revenue support (PDC) received in April 2020. The current advance payment mechanism will cease in March such that only 12 months payments are received in the year. Review of the cash flow forecast indicates that cash balances will continue to remain positive.

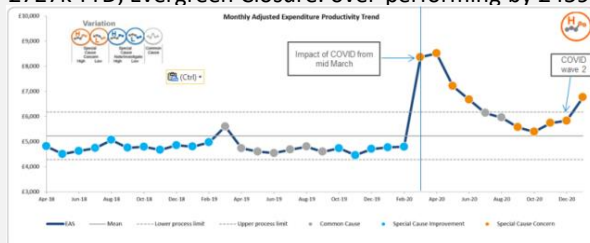


Cash Assurance Level: **Level 6**

Reason: Good cash balances, historic loans converted to PDC, rolling CF forecasting well established, achieving BPPC target, positive SPC trends on aged debtors and cash. Risks remain around sustainability given unknown regime for 2021/22.

Productivity & Efficiency

Although Financial Efficiencies / PEP are not being monitored under the COVID-19 Financial Framework operating this financial year, our internal operational plan is inclusive of £14.5m of plans, and as such we continue to assess current performance and impact of COVID-19 on the programme whether that be slippage or identification of further opportunities as a result of new ways of working. Notwithstanding all of the focus being on COVID-19, the Productivity and Efficiency Programme has delivered £9.0m of actuals at Month 10 against an Annual Plan figure of £11.1m. The key over-performing schemes are: Energy Rate Decrease: over-performing by £727k YTD; Evergreen Closure: over-performing by £459k YTD and Procurement - Spec Med by £397k.



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.

The improvement trend that we saw earlier in the year has subsequently slowed and then deteriorated from November. **Productivity (pending final coding) appears to have remained at this worsened position in January as COVID 19 has continued to impact.**

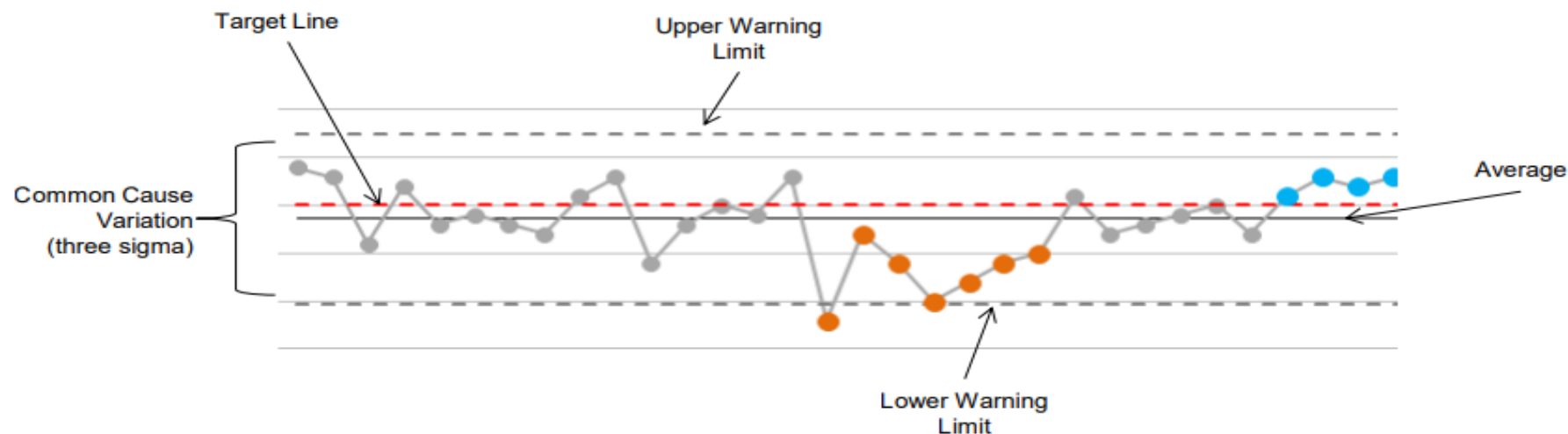
Appendices

Operational Performance Table | Month 10 [January] 2020-21

| Performance Metrics | | Operational Standard | Dec-19 | Jan-20 | Feb-20 | Mar-20 | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 |
|---------------------|---------------------------------|----------------------|--|---------------------------------|---------------------------------|---------------------------------|------------------|---------|--------|--------|---------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| EAS | 4 Hours (all) | 95% | Actual 70.17% ✗ Trajectory 86.00% | 74.23% ✗ 86.00% | 76.15% ✗ 86.00% | 77.90% ✗ 86.00% | 88.92% 86.00% | 91.33% | 88.73% | 92.60% | 88.05% | 83.47% | 83.56% | 82.10% | 76.18% | 75.35% |
| | 15-30 minute Amb. Delays | - | Actual 1,946 ✗ Trajectory 704 | 1735 ✗ 706 | 1788 ✗ 642 | 1992 ✗ 470 | 1,443 470 | 1,148 | 1,119 | 818 | 933 | 979 | 986 | 893 | 908 | 968 |
| | 30-60 minute Amb. Delays | - | Actual 1,004 ✗ Trajectory 376 | 647 ✗ 377 | 458 ✗ 428 | 413 ✓ 470 | 145 | 82 | 150 | 97 | 172 | 188 | 213 | 178 | 327 | 279 |
| | 60+ minutes Amb. Delays | 0 | Actual 797 ✗ Trajectory 329 | 566 ✗ 330 | 239 ✗ 107 | 88 ✗ 0 | 2 | 3 | 25 | 13 | 28 | 67 | 58 | 63 | 365 | 192 |
| RTT | Incomplete (<18 wks) | 92% | Actual 82.72% ✓ Trajectory 82.59% | 82.56% ✗ 83.06% | 82.66% ✗ 82.95% | 78.75% ✗ 82.43% | 69.92% | 59.89% | 49.95% | 42.70% | 47.84% | 53.03% | 55.58% | 57.47% | 56.68% | 55.18% |
| | 52+ WW | 0 | Actual 0 ✓ Trajectory 0 | 0 ✓ 0 | 0 ✓ 0 | 1 ✗ 0 | 7 | 52 | 179 | 483 | 873 | 1,403 ✗ 1,269 | 2,007 ✗ 1,533 | 2,457 ✗ 1,532 | 3,131 ✗ 1,725 | 4,290 ✗ 1,725 |
| CANCER | 2WW All | 93% | Actual 91.99% ✗ Trajectory 95.58% | 87.53% ✗ 93.34% | 93.44% ✗ 94.05% | 93.83% ✓ 93.10% | 90.30% | 94.58% | 88.11% | 88.95% | 81.04% | 85.62% | 72.32% | 77.18% | 80.52% | 73.53% |
| | 2WW Breast Symptomatic | 93% | Actual 95.92% ✗ Trajectory 97.04% | 88.82% ✗ 91.72% | 92.25% ✗ 96.00% | 83.94% ✗ 84.80% | 100.00% | 100.00% | 70.42% | 91.95% | 78.65% | 82.95% | 25.00% | 13.59% | 9.91% | 9.90% |
| | 62 Day All | 85% | Actual 73.25% ✗ Trajectory 86.04% | 66.50% ✗ 86.04% | 67.75% ✗ 86.04% | 75.82% ✗ 86.04% | 60.81% | 64.57% | 72.39% | 74.83% | 69.42% | 70.80% | 74.68% | 72.85% | 70.11% | 72.09% |
| | 104 day waits | 0 | Actual 71 ✗ Trajectory 0 | 50 ✗ 0 | 58 ✗ 0 | 68 ✗ 0 | 50 | 71 | 186 | 189 | 118 | 52 | 44 | 45 | 57 | 100 |
| | 31 Day First Treatment | 96% | Actual 96.81% ✗ Trajectory 98.30% | 92.48% ✗ 94.07% | 96.90% ✗ 98.91% | 97.65% ✓ 97.22% | 97.47% | 92.82% | 95.41% | 97.22% | 97.07% | 97.84% | 97.40% | 96.12% | 95.09% | 88.94% |
| | 31 Day Surgery | 94% | Actual 76.2 % ✗ Trajectory 100.00% | 59.3 % ✗ 92.68% | 63.3 % ✗ 93.33% | 90.9 % ✗ 95.83% | 100.00% | - | - | - | 0.00% | - | 100.00% | 0.00% | 0.00% | 0.00% |
| | 31 Day Drugs | 98% | Actual 96.8 % ✗ Trajectory 100% | 90.9 % ✗ 100% | 100.0 % ✓ 100% | 97.8 % ✗ 100% | 100.00% | 97.78% | 99.19% | 98.04% | 95.45% | 94.74% | 100.00% | 96.08% | 98.04% | 85.71% |
| | 31 Day Radiotherapy | 94% | Actual 98.8 % ✗ Trajectory 100% | 98.0 % ✗ 100% | 98.9 % ✗ 100% | 100.0 % ✓ 100% | 96.43% | 97.18% | 95.60% | 98.99% | 100.00% | 100.00% | 100.00% | 98.53% | 98.84% | 81.82% |
| | 62 Day Screening | 90% | Actual 80.0 % ✗ Trajectory 93.55% | 73.5 % ✓ 63.41% | 72.2 % ✗ 86.96% | 73.9 % ✗ 81.25% | 70.6 % | 88.2 % | 0.0 % | 15.4 % | 0.0 % | 66.7 % | 97.6 % | 80.4 % | 81.3 % | 0.00% |
| | 62 Day Upgrade | - | Actual 73.1 % ✓ Trajectory 55.00% | 85.7 % ✓ 62.50% | 85.3 % ✓ 84.21% | 92.4 % ✓ 65.38% | 95.5 % | 89.5 % | 91.8 % | 86.8 % | 81.8 % | 92.6 % | 100.0 % | 100.0 % | 86.8 % | 0.00% |
| | Diagnostics (DM01 only) | 99% | Actual 94.94% ✓ Trajectory 89.77% | 95.28% ✓ 94.99% | 97.64% ✓ 96.71% | 94.29% ✗ 99.03% | 33.37% | 27.52% | 31.85% | 34.56% | 37.20% | 42.89% | 45.72% | 61.32% | 63.87% | 47.63% |
| | CT Scan within 60 minutes | - | Actual 48.05% ✗ Trajectory 80.00% | 41.27% ✗ 80.00% | 46.97% ✗ 80.00% | 59.38% ✗ 80.00% | 52.83% | 50.77% | 48.75% | 61.18% | 42.50% | 50.00% | 50.77% | 44.64% | 27.59% | - |
| STROKE | Seen in TIA clinic within 24hrs | - | Actual 63.10% ✗ Trajectory 70.00% | 50.51% ✗ 70.00% | 53.40% ✗ 70.00% | 86.84% ✓ 70.00% | 91.94% | 94.52% | 92.31% | 89.36% | 87.72% | 89.23% | 72.09% | 96.23% | 100.00% | - |
| | Direct Admission | - | Actual 31.17% ✗ Trajectory 90.00% | 38.87% ✗ 90.00% | 36.36% ✗ 90.00% | 56.25% ✗ 90.00% | 46.15% | 65.08% | 63.29% | 65.48% | 51.25% | 57.35% | 44.62% | 35.71% | 20.69% | - |
| | 90% time on a Stroke Ward | - | Actual 71.05% ✗ Trajectory 80.00% | 63.49% ✗ 80.00% | 76.92% ✓ 80.00% | 75.00% ✗ 80.00% | 71.15% | 81.54% | 79.75% | 85.54% | 76.92% | 73.38% | 68.75% | 75.00% | 70.69% | - |
| | | | | | | | | | | | | | | | | |

Quality & Safety Performance Table Month 10 [January] 2020-21

| Performance Metrics | | | Jan-20 | | Feb-20 | | Mar-20 | | Apr-20 | | May-20 | | Jun-20 | | Jul-20 | | Aug-20 | | Sep-20 | | Oct-20 | | Nov-20 | | Dec-20 | | Jan-21 | |
|--|------|------------|---------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|--------|---|
| Cdiff | 0 | Actual | 6 | ✗ | 6 | ✗ | 5 | ✗ | 3 | ✓ | 2 | ✓ | 3 | ✓ | 6 | ✗ | 5 | ✓ | 6 | ✗ | 9 | ✗ | 6 | ✗ | 3 | ✓ | 6 | ✗ |
| | | Trajectory | 5 | | 4 | | 4 | | 5 | | 4 | | 4 | | 5 | | 5 | | 4 | | 4 | | 5 | | 4 | | 4 | |
| Ecoli | 0 | Actual | 4 | ✓ | 4 | ✓ | 2 | ✗ | 2 | ✓ | 3 | ✓ | 3 | ✓ | 1 | ✓ | 4 | ✓ | 2 | ✓ | 3 | ✓ | 3 | ✓ | 4 | ✓ | 2 | ✓ |
| | | Trajectory | 5 | | 5 | | 5 | | 4 | | 4 | | 4 | | 4 | | 4 | | 4 | | 4 | | 5 | | 4 | | 4 | |
| MSSA | 0 | Actual | 3 | ✗ | 1 | ✗ | 2 | ✗ | 0 | ✓ | 1 | ✓ | 1 | ✗ | 5 | ✗ | 2 | ✗ | 4 | ✗ | 3 | ✗ | 5 | ✗ | 1 | ✓ | 1 | ✓ |
| | | Trajectory | 1 | | 0 | | 0 | | 3 | | 1 | | 0 | | 1 | | 1 | | 1 | | 0 | | 1 | | 1 | | 1 | |
| MRSA | | Actual | 0 | ✓ | 0 | ✓ | 1 | ✗ | 0 | ✓ | 0 | ✓ | 0 | ✓ | 0 | ✓ | 0 | ✓ | 0 | ✓ | 0 | ✓ | 1 | ✗ | 0 | ✓ | 0 | ✓ |
| | | Trajectory | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| Hospital Acquired Pressure Ulcers: Serious Incidents | 0 | Actual | 0 | - | 1 | - | 0 | - | 0 | - | 1 | - | 0 | - | 1 | - | 0 | - | 0 | - | 0 | - | 0 | - | 0 | - | 1 | - |
| | | Trajectory | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| Falls per 1,000 bed days causing harm | 0 | Actual | 0.00 | ✓ | 0.04 | ✓ | 0.08 | ✗ | 0.00 | | 0.14 | | 0.07 | | 0.00 | | 0.17 | | 0.00 | | 0.19 | | 0.05 | | 0.00 | | 0.00 | |
| | | Trajectory | 0.04 | | 0.04 | | 0.04 | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| % medicine incidents causing harm | 0% | Actual | 11.41% | ✓ | 10.67% | ✓ | 8.24% | ✓ | 6.45% | | 5.71% | | 2.65% | | 1.15% | | 3.41% | | 1.12% | | 2.08% | | 4.39% | | 2.73% | | 3.23% | |
| | | Trajectory | 11.71% | | 11.71% | | 11.71% | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| Hand Hygiene Audit Participation | 100% | Actual | 100.00% | ✓ | 99.11% | ✗ | 78.76% | ✗ | 95.65% | | 89.25% | | 93.88% | | 91.18% | | 86.24% | | 89.09% | | 91.89% | | 90.99% | | 93.69% | | 84.26% | |
| | | Trajectory | 100% | | 100% | | 100% | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| Hand Hygiene Compliance to practice | 97% | Actual | 98.90% | ✓ | 98.64% | ✓ | 99.35% | ✓ | 99.17% | | 99.38% | | 99.73% | | 99.28% | | 99.49% | | 99.53% | | 99.66% | | 99.64% | | 99.75% | | 99.56% | |
| | | Trajectory | 97% | | 97% | | 97% | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| VTE Assessment Rate | 95% | Actual | 97.14% | ✓ | 96.83% | ✓ | 96.76% | ✓ | 96.91% | | 95.49% | | 96.03% | | 96.45% | | 95.99% | | 96.47% | | 96.82% | | 97.65% | | 97.23% | | 97.10% | |
| | | Trajectory | 95% | | 95% | | 95% | | - | | - | | - | | - | | - | | 95% | | 95% | | 95% | | 95% | | 95% | |
| Sepsis Screening compliance | 90% | Actual | 88.89% | ✗ | 86.03% | ✗ | 82.99% | ✗ | 63.25% | | 81.30% | | 82.59% | | 87.86% | | 86.08% | | 83.38% | | 85.54% | | 83.16% | | 83.72% | | - | |
| | | Trajectory | 90% | | 90% | | 90% | | - | | - | | - | | - | | - | | 95% | | 95% | | 95% | | 95% | | 95% | |
| Sepsis 6 bundle compliance | 100% | Actual | 58.33% | ✗ | 55.74% | ✗ | 64.94% | ✗ | 43.37% | | 57.58% | | 55.07% | | 50.70% | | 32.14% | | 34.91% | | 34.31% | | 39.02% | | 45.20% | | - | |
| | | Trajectory | 90% | | 90% | | 90% | | - | | - | | - | | - | | - | | 95% | | 95% | | 95% | | 95% | | 95% | |
| #NOF time to theatre <=36 hrs | 95% | Actual | 81.67% | ✗ | 87.93% | ✓ | 87.30% | | 76.10% | | 68.42% | | 64.79% | | 80.65% | | 75.95% | | 72.73% | | 72.73% | | 77.19% | | 71.59% | | 80.72% | |
| | | Trajectory | 85% | | 85% | | 85% | | - | | - | | - | | - | | - | | 85% | | 85% | | 85% | | 85% | | 85% | |
| Mortality Reviews completed <=30 days | 100% | Actual | 59.24% | - | 53.53% | - | 22.94% | - | 18.95% | | 19.25% | | 21.32% | | 29.46% | | 52.46% | | 55.13% | | 48.73% | | 35.50% | | - | | - | |
| | | Trajectory | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| HSMR 12 month rolling average | 100 | Actual | 101.92 | - | 100.62 | - | 101.39 | - | 104.34 | | 103.93 | | 101.78 | | 101.56 | | 99.33 | | 98.65 | | 98.38 | | 99.30 | | - | | - | |
| | | Trajectory | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| Complaints responses <=25 days | 85% | Actual | 83.33% | ✓ | 87.76% | ✓ | 86.49% | ✓ | 43.33% | ✗ | 84.62% | ✓ | 22.22% | ✗ | 58.06% | ✗ | 58.54% | ✗ | 51.61% | ✗ | 83.33% | ✓ | 73.13% | ✗ | 90.70% | ✓ | 64.29% | |
| | | Trajectory | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | | 80% | |
| ICE viewed reports [pathology] | 100% | Actual | 95.79% | - | 95.33% | - | 95.77% | - | 97.06% | | 97.19% | | 90.76% | | 96.41% | | 96.42% | | 96.05% | | 96.44% | | 96.05% | | 96.29% | | - | |
| | | Trajectory | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |
| ICE viewed reports [radiology] | 100% | Actual | 80.96% | - | 81.13% | - | 81.22% | - | 84.46% | | 80.56% | | 83.42% | | 84.38% | | 82.99% | | 83.20% | | 83.85% | | 83.35% | | 80.61% | | - | |
| | | Trajectory | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | | - | |



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.

59

Levels of Assurance

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



JANUARY 2021 IN NUMBERS



4,090

Walk-in patients (A&E)



4,648

Patients arriving
by ambulance



8,922

Inpatients



19,125

Face to Face outpatients



14,174

Telephone consultations



396

Babies



447

Elective operations



143

Trauma Operations



255

Emergency Operations



6.5

Average length of stay



11,493

Diagnostics

QUALITY AND SAFETY IN NUMBERS

January 2021



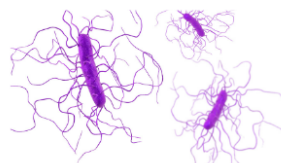
MRSA

0



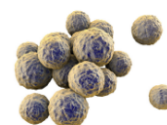
ECOLI

2



CDIFF

5



MSSA

1



Hand Hygiene

Participation **84.26**
Compliance **99.56**

SEPSIS

Sepsis

Screening Compliance **83.72**
Sepsis 6 bundle compliance **45.20**



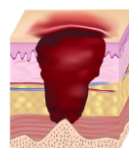
ICE reports viewed

Radiology **80.61**
Pathology **96.29**



Falls per 1,000 bed days causing harm

0



Pressure Ulcers

All hospital acquired pressure ulcers **26**
Serious incident pressure ulcers **1**



Response Rate

A&E **19.72**
Inpatients **23.69**
Maternity **2.86**
Outpatients **11.82**



Recommended Rate

A&E **89.21**
Inpatients **95.86**
Maternity **85.71**
Outpatients **95.68**



HSMR 12 months rolling (Nov 20)

99.30

Mortality Reviews completed <=30 days

35.50



Risks overdue review **112**
Risks with overdue actions **133**



Discharged before midday

14.62



Complaints Responses <=25 days

64.29



Total Medicine incidents reported

62

Medicine incidents causing harm (%)

3.23

WORKFORCE COMPOSITION IN NUMBERS

January 2021



Employees
6636



BAME employees
17%



Part-time workers
45%



Female
82%



Registered nurses
2129 (32%)



HCAs, helpers and assistants
1275 (19%)



Doctors
721 (11%)



Other clinical and scientific staff
850 (13%)



Over age 55
18%



30 years and under
21%



Staff with less than 2 years service
28%



Staff with 20 years service or over
9%

Committee Assurance Reports

Trust Board
11th March 2021

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

Finance & Performance Committee Assurance Report – 24th February 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) |
| | | 1, 5, 6, 7, 8, 12 |

Executive Summary

The Finance & Performance Committee met virtually on 24 February 2021. Our meeting focused on three topics namely, COVID, restoration of services and our future financial position.

COVID-19: We noted that there is now a slow decline in the number of COVID positive patients and that the rate of decline is not as rapid as in wave 1. This reduction reflects the reduction in community cases. There is an overall reduction in the number of beds for COVID patients. There has been a reduction in the mortality rate and in length of stay during wave 2. We were assured that there are no clinical concerns in the mortality rate between the two waves. We have four Intensive Care Units open with between 18 and 20 patients which is between 150% and 175% above our baseline of 12 patients. The overall admission level remains stable.

Restoration of Services: We received an update on the plans to restore services by increasing the use of Kidderminster Treatment Centre for elective activity with the aim of being fully functional by 21 March 2021. Plans are underway to reconfigure the first floor of the Alexandra site for elective activity by 19 April 2021. The next phase is to reconfigure the Worcester site to enable more elective activity to be undertaken at the Alex. By the end of April 2021 our elective inpatient/day case activity is planned to be at 90% of pre-COVID levels. Our scanning facility will be fully functioning and the plan is to be close to 90% of pre-COVID levels.. Our screening restoration is a significant challenge which is a national issue. Restoring outpatient activity is a significant challenge due to the impact of social distancing on face to face appointments. We noted that agreement has been reached with the PCN to prioritise those patients referred between March and October 2020 (before guidance was issued to GPs) who have been triaged but who have not received their first appointment to minimise the risk to those patients. The backlog of patients has increased by 30% since pre-COVID and there are plans to increase activity to address this but this has to be undertaken within the financial constraints.. We are concerned about the level of risk over the backlog and have asked for a report at our next meeting providing a forecast for the backlog to be addressed (with particular focus on P1/2's and patients referred by primary care but not seen in outpatients). We recognise that this is a system issue.

Update on Annual Planning 2021/22: We noted that background work is being undertaken to prepare our annual plan in advance of publication of the national guidance . We are concerned over the time for a comprehensive view to be formulated and we have asked that at our next meeting we receive a high level overview of how our service configuration in our hospitals changes over time (driven by restoration, waiting list reduction and productivity improvement). This information will form the basis of our 21/22 plan and should then also be presented to the Trust Board.

Finance & Performance Committee Assurance Report – 24th February 2021

Executive Summary (cont.)

Financial Performance Report month 10: We noted that our expenditure in month 10 is less than plan, but so are our activity levels; our productivity is decreasing. Our cash position remains good and capital spend is increasing. We are making representations for elements of our capital programme to be deferred to next year. The assurance levels remain unchanged as set out in the report namely, Income and Expenditure 4, Capital 4 and cash 6.

We received a detailed explanation of our underlying run-rate / regional stocktake submission noting that the timeframe did not allow for consideration by the Committee prior to submission. We were informed that our early draft and initial projected underlying deficit of £(105.9)m for 2021/22 which is a worst case scenario. This is an increase of approximately £17m from the underlying run rate deficit £(88.8m) at the end of 19/20. Initial parameters / assumptions exclude Productivity/Efficiency schemes and addressing backlog. We noted the historical nature of our deficit and how COVID has impacted the current financial year and prevented us from executing our original 20/21 plan. We expressed concern that the current PEP only delivers on principally contracting /Commercial negotiation actions that had taken at the end of 19/20 and requested a detailed review of other 20/21 schemes developed and not implemented due to the COVID response. We have been assured that that financial controls are in place, but we need to see changes in our ways of working to improve productivity.

We need to develop clear plans to reduce our current cost base and/or increase our efficiency in 21/22 and following years. We have asked for a plan to be prepared, based on the service configuration evolution mentioned before, which we will spend quality time considering at our next meeting.

Integrated Performance Report: We touched on this report as part of our earlier discussions and due to our focus on other topics were not able to comment on the proposed assurance levels.

Going Concern: We endorsed the Chief Finance Officer's recommendation that the Trust is a going concern. This in readiness for further approval by the Trust Board despite the significant cash requirement within the 2021/22 draft financial plan. A separate report appears on the Trust Board agenda.

We deferred the following items to our next meeting in March 2021:-

Procurement Transformational Plan

Digital Care Record/PAS update

Revised Terms of Reference

Workplan:

Recommendation(s)

The Board is requested to receive this report for assurance.

Quality Governance Committee Assurance Report – 25th February 2021

| Accountable Non-Executive Director | Presented By | Author |
|---|---|--|
| Dr Bill Tunnicliffe Non-Executive Director | Dr Bill Tunnicliffe Non-Executive Director | Julie Everingham Executive PA to Chief Nursing Officer |
| Assurance: Does this report provide assurance in respect of the Board Assurance Framework strategic risks? | Y | BAF number(s) 2, 3, 4, 5, 12 |

Executive Summary

The Committee met virtually on 25th February Key points raised were:

Infection, Prevention and Control update:

The Committee noted the detail and actions taken. During COVID-19 2nd Wave, slow progress had been made in antimicrobial stewardship. MSSA outbreak levels have shown a positive reduction in numbers over the last 2 months. - **Assurance level 4**

Integrated Performance Report:

The Committee received the report accepted an over all assurance level of 4.

Nursing and Midwifery Staffing Report Dec 2020-Jan 2021 :

The Committee received the report and commended the work undertaken to ensure safest staffing levels were met and robust processes were in place for the reintroduction of staff to their substantive posts following deployment. - **Proposed Assurance level 3. Committee recommended Level 6 which was accepted.**

Mortality Review and Learning from Deaths

The Committee received the report were assured that learning continued through “Lessons of the Week Reviews” and focus on Nutrition & Hydration - **Assurance Level: 5**

Sepsis Performance Report:

The Committee accepted and noted the report and requested an action plan to be presented in 2 months (May 2021 QGC)

Safeguarding Q3 Report:

The Committee received and noted the exemplar report and noted changes to Liberty Protection Safeguards legislation for 2022 - **Assurance Level: 6**

GIRFT Reset Post COVID-19 (Phase 1):

The Committee accepted and noted the report and noted potential change in relationship dynamic due to the sharing of reports to CQC prior to submission to the Trust.

Quality Account:

The Committee noted the reports and it was acknowledged that Quality Priorities required a wider discussion and there would be a number of focussed papers brought to the committee over the next few months. It was accepted that 2021/22 would be an interim year for the new CNO to address the Quality Account Priorities in more depth and develop the new QIS. - **The Committee noted the strong assurance given in the paper and recommended an increase in the assurance levels from a 3 to 6.**

Quality Governance Committee Assurance Report – 25th February 2021

Executive Summary (cont.)

Ockenden Assessment and Assurance Tool Summary Report

The Committee noted the report and requested sight of action plan back next month. - **Assurance Level: 6**

The Committee received and noted

#CallMe Initiative - The Committee noted the presentation and fully supported the launch of the initiative.

Moving the Patient Experience 4Ward: Front of House Patient Advice and Liaison Service (PALS)

The Committee received and noted TME approval of the front desk development and the development of the PALS Service across all sites.

External Review of Pilot Implementation of 7 Levels of Assurance

The Committee noted the report for completeness and recommendations made for continued progress in the well-led domain - **Assurance Level: 6**

BAF Risks Allocated to the Committee

The Committee received the report and proposed template. The Template was approved to be implemented in QGC to enable monthly focus on the strategic risks assigned to QGC.

Mandatory Training Compliance

The Committee received the proposal to reduce mandatory training levels from 95% compliance to 90% compliance until 2022. This was accepted with a number of discussed caveats.

The Committee noted it was Vicky Morris' final meeting as CNO Executive Lead and thanked her for her service to the Committee and to the Trust.

Recommendation(s)

The Board is requested to receive this report for assurance.

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Nursing and Midwifery staffing report – December 2020- January 2021

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

| | | | |
|-----------------------------|--------------------------------------|------------------|--|
| Accountable Director | Vicky Morris Chief Nurse | | |
| 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 | 17 February 2021 | Noted |
| QGC | 25 February 2021 | Noted |

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| Recommendations | <p>The Trust Board is asked to note:</p> <ul style="list-style-type: none"> Staffing of the wards to provide the 'safest' staffing levels for the needs of patients being cared for throughout December and January have been achieved through the deployment of staff and booking of temporary workforce for short notice absences. All areas have experienced levels of challenge as a rapid rise in the levels of COVID patients and COVID related staff absence were experienced. There were no patient harms reported for December - January. There has been a decrease in incident reporting over this period of time. Workforce plans have been instigated and remain in place to deploy staff to support patient care needs in adult wards and critical care units following the surge in Covid 19 infections. The Trust has received support from Health Education England/NHSE/I from bids to support pastoral and educational needs of staff and the recruitment and retention of International Nurses and Health Care Assistance. The Trust has received and welcomed 48 third year student nurses into paid band 4 positions for 11 weeks to support patient care wave 3 pandemic following implementation of National NMC Emergency Standards. |
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| Executive summary | <p>This report provides an overview of the staffing safeguards for nursing and midwifery of wards and critical care units (CCU's) during December 2020 - January 2021.</p> <p>Staffing of the wards/CCU's to provide the 'safest' staffing levels to meet the fluctuating needs of patients being cared has been achieved through</p> |
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the deployment of staff and the booking of temporary workforce for short notice absences.

Through December the number of detected positive Covid patients rose at a steady state. From 01 January our requirement for staffing Covid beds has increased as demand surged. This growth of inpatient numbers (Covid-19) has required designation of ward areas to Covid and non covid to ensure there is the availability of Covid capacity to meet growing need. This required a response to deploy staff to meet patient demand and acuity and increased the use of temporary staffing.

With the increase in community prevalence from Covid 19 infections we saw associated nursing and midwifery staff absences through December and January.

We have been acutely aware of the fact that staff absences and high acuity, bed occupancy has resulted in a two-fold impact:

- potential impact on quality of care. There has been no harm reported at this time to patients from staffing incidents.
- potential impact on staff morale, health and wellbeing: a number of actions taken to support health and wellbeing offers and a road map for deployment instigated (Appendix 2).

| 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 | 6 | x | 7 | N/A | |
| Financial Risk | There is a risk of increased spend on bank and agency given the vacancy position, increased absence levels from Covid infections and the requirement on the use of temporary staffing. | | | | | | | | | | |
| | | | | | | | | | | | |
| Action | | | | | | | | | | | |
| Is there an action plan in place to deliver the desired improvement outcomes? | Y | x | N | | N/A | | | | | | |
| Are the actions identified starting to or are delivering the desired outcomes? | Y | x | N | | | | | | | | |
| If no has the action plan been revised/ enhanced | Y | x | N | | | | | | | | |
| Timescales to achieve next level of assurance | | | | | | | | | | | |

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Introduction/Background

Workforce Staffing Safeguards have been reviewed and assessments are in place to report to Trust Board on the staffing position for Nursing, Midwifery and Allied Health Professional for January 2021.

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

Following the third wave of Covid 19 we have seen a second surge in Covid 19 cases into the Trust from 1st January 2020. The first surge was seen in March 2020. The number one priority has been to ensure patients who require urgent and critical care have been able to get it when they need. We supported the Trust in achieving this by staff being deployed from their base clinical area to the identified ward/department. Deployment occurred for a number of reasons which have including:

- The increase in demand for services where seen a surge in the number of patients
- To support new services to support patient/carer experience from COVID 19.
- To support areas where staff are off sick.
- To support certain areas as elective and routine services return, and to potentially support a back log of work.

The evidence from learning after COVID 19 wave 1 was that the emotional burden for staff will manifest after the experience. The main factors found that negatively influenced an impact on their emotional wellbeing were:

- a. Lack of access to effective social support (including colleagues, supervisors, family and friends)
- b. Increased pressure felt as they try to recover. Such pressures include direct effects of the traumatic experience (e.g. moral injury, ill-health, bereavement) secondary stressors (e.g. financial difficulties, relationship problems, altered working conditions etc.) RCP (2020). During the 'post' COVID period staff may reflect on what has gone on and develop a narrative that makes sense to them which may in turn reduce the chance they will suffer with moral injuries which have been highlighted as a particular risk during the current crisis (Greenberg et al 2020).

'The road map for transition' (Appendix 2) is a series of steps to be taken in the transition for deployed staff back to their bases. This is to support services to plan a return of staff over the coming weeks based upon principles and priority of ensuring staff members personal safety/welfare.

Issues and options

1. The provision of safe care and treatment

Staff support

From January 1st a step by step deployment of nursing/ allied health care/health scientist staff has taken place of:

- 1. Nurses who have previous Critical care (CC) experience from wards/departments to critical care.
- 2. Those non CC skilled staff (nurses/ childrens nurses, physios) to supported blended model* of care in CC.

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- 3. Registered nurses, health care assistance, AHP/ Allied health scientists from base department wards to date.
- 4. Allied Health Professionals/ shielding staff/ health scientists to support family liaison role, PALS and quality improvement initiatives implemented to support patient and carer experiences

Divisions 'own' and maintain own staffing lists, supported with the implementation of a redeployment hub (clinical and non-clinical) providing a central list and corporate oversight for reporting and recording on a shift by shift basis. The redeployment support team update daily requests, identify suitable people for redeployment and signpost / liaise with the relevant Managers. The E-rostering team update the e-rostering system on a live basis to ensure full visibility of the roster.

The provision of staff support has continued to be been pivotal in providing the safeguard for staffing. It has been essential to continue:

- A shift by shift, 7 days a week senior nursing leadership presence on hospital sites.
- The introduction of the COVID responsive leadership team on each hospital site was reinstated on 6th January 2020.
- Health and well-being support through telephone helplines and various counselling services, particularly for teams reporting ongoing challenges as COVID 19 pandemic continues. This has been revisited as the redeployment of staff through blended models of staffing from AHP /health scientists has required significant support both in terms of training/retraining and listening forums to anxieties and fears of working in a different practice setting.
- Re visit staff awareness of the offer for support and to encourage they prioritise their own health and wellbeing offers of flexible working arrangements
- Reinstated use of the dynamic trigger tool in safety huddles with weekly auditing care provision.
- Redeployment of staff, use of a blended model of staffing facilitated by buddy system and meet and greet model at start and end of shifts in CC.
- The role out of Lateral flow testing kits have been reported as beneficial for staff and the role out of the Covid 19 vaccine through January has also supported anxieties.

Harms

There were no patient harms reported for December - January. There has been a decrease in incident reporting over this period of time.

December reported minor and insignificant for Nursing 38 and 16 for Midwifery, January minor and insignificant 28 for nursing with 12 for midwifery

Good Governance

The national lockdown has again caused many services to cease with the increase in COVID cases across the Trust. The senior Nursing, Midwifery and AHP team meet twice weekly to review issues and take forward recommendations.

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Safe Staffing

The Challenges seen by the divisions have been specifically due to:

Staff having to re-shield due to the third national lockdown but still unable to return to the clinical activity they were undertaking previously, this has had an impact particularly in maternity services.

- Vacancies numbers in specialised medicine at Alexandra hospital of 40 WTE RN's and 17 WTE HCAs, leading to constraints on staffing and a need for Bank or agency to keep staffing safe.

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

- Maternity services have deployed staff from the community and the continuity of carer teams to cover identified shortfall where and when required.
- Specialised medicine have deployed staff and employed use of bank and agency workers.

Recruitment

International nurse (IN) recruitment pipeline

The business case for 20/21 commences in February 2021 with the first 12 nurses due to arrive primarily allocated to support reduction of vacancies in specialised medicine at the Alexandra Hospital, county wide theatres and critical care.

Financial support has been received following successful bids submitted to HEE/NHSI has been received to facilitate the acceleration of recruitment for:

Strand A - Support for the appointed of Ins recruited and employment was paused due to COVID 19 pandemic. £11k

Strand B - Historic and planned international recruitment system wide bid is encouraged and in progress with Worcestershire Health and Care Trust and Wyre Valley £98k

Strand C - Recruitment of individuals that are working as health care assistants who have In registration to undertake NMC required registration process. £12K

Domestic nursing and midwifery pipeline

During the COVID 19 pandemic there have been two directives from Higher Education England to support staffing safeguard during emergency national measure are employed. The Trust has supported both approaches: the Bring Back Scheme and also the deployment of 48 third year students in to paid band 4 for 11 weeks.

Vacancies (pipeline numbers removed from vacancy factor for Surgery and Speciality Medicine)

| | Band 5 RN | HCA |
|----------------|-----------|-------|
| Speciality Med | 48.91 | 18.25 |
| Urgent Care | 48 | 21 |