

Board of Directors Meeting Public Papers

Thursday 11th February 2021

11:40 – 14:00



Our vision: Trusted to provide safe, caring and effective services because people matter

BOARD MEETINGS PUBLIC INFORMATION SHEET

The Dudley Group meets in public every month and welcomes the attendance of members of the public and staff at its Board meetings to observe the Board's decision-making process.

1. Introduction

This sheet provides some information about how Board meetings work.

Name signs for each board member are displayed on the table in front of the member to enable you to identify who is speaking at the meeting.

Some items are confidential (for example if they concern an individual or a commercial contract) – these are dealt with in part II (confidential) of the meeting.

Copies of the agenda and papers are available at the meetings, and on our website <http://dudleygroup.nhs.uk/> or may be obtained in advance from:

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.benbow1@nhs.net

Liam Nevin
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

2. Board Members' interests

All members of the Board are required to declare if they have any interests (e.g. financial) which are relevant to the work of the trust and these are recorded in a register. If you would like to see the register, please contact the Company Secretary or visit our website.

Members are also required to state at the start of the meeting if they have an interest in any of the items under discussion. Special rules govern whether a member who has declared an interest may take part in the subsequent discussion.

3. Opportunity for questions

Members the public, should raise any questions directly to the Chair at the conclusion of the meeting.

4. Debate

The board considers each item on the agenda in turn. Each report includes a recommendation of the action the board should take. For some items there may be presentation; for others this may not be necessary. The board may not actively discuss every item – this does not mean that they have not received careful consideration; it means that nobody at the meeting considers it necessary to debate the subject. A formal vote need not be taken if there is a general consensus on a suggested course of action.

5. Minutes

A record of the items discussed and decisions taken is set out in the minutes, which the board will be asked to approve as a correct record at its next meeting.

The minutes as presented to the next meeting of the Trust Board for approval are added to the website at the same time as the papers for that meeting.

6. Key Contacts

Liam Nevin
Board Secretary
The Dudley Group NHS Foundation Trust
Tel: 01384 321114 ext 1114
email: liam.nevin@nhs.net

Helen Benbow
Executive Officer
The Dudley Group NHS Foundation Trust
DDI: 01384 321012 (Ext. 1012)
Email: helen.benbow1@nhs.net

THE SEVEN PRINCIPLES OF PUBLIC LIFE

The Committee has set out '**Seven Principles of Public Life**' which it believes should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example. This document should be read in association with the NHS Code of Conduct.

Board of Directors
Thursday 11 February 2021
By MS Teams

AGENDA

	ITEM	PAPER REF	LEAD	PURPOSE	TIME
16	Chairmans welcome and note of apologies –		Y Buckland	For noting	11.40
17	Declarations of Interest Standing declaration to be reviewed against agenda items.		Y Buckland	For noting	11.40
18	Minutes of the previous meeting Thursday 14 January 2021 Action Sheet 14 January 2021	Enclosure 8 Enclosure 9	Y Buckland	For approval	11.40
19	Chief Executive's Overview	Enclosure 10	D Wake	For information & assurance	11.45
20	Chair's update	Verbal	Y Buckland	For information	11.55
21	Public Questions	Enclosure 11	Y Buckland	For information	12.05
22	Acute Collaboration	Enclosure 12	K Sheerin	For Decision	12.10
23	QUALITY & SAFETY				
23.1	Quality and Safety Committee Report	Enclosure 13	E Hughes	For assurance	12.20
23.2	Chief Nurse Report (Including CNST Update) ¹	Enclosure 14	M Sexton	For assurance	12.30
23.3	Board Assurance Infection Control Framework	Enclosure 15	M Sexton	For assurance	12.40
23.4	Maternity and Neonatal Safety and Quality Report	Enclosure 16	M Sexton	For assurance	12.50
24	FINANCE & PERFORMANCE				
24.1	Finance and Performance Committee Report	Enclosure 17	J Hodgkin	For assurance	13.10
24.2	Integrated Performance Dashboard	Enclosure 18	K Kelly	For assurance	13.20
25	WORKFORCE				
25.1	Workforce and Staff Engagement Committee Report	Enclosure 19	J Atkins	For assurance	13.35

25.2	Workforce KPIs	Enclosure 20	J Fleet	For assurance	13.45
26	DIGITAL AND TECHNOLOGY				
27	Any Other Business	Verbal	All		13.55
28	Reflection on meeting	Verbal	All		13.55
29	Date of next Board of Directors meeting 11 March 2021				14.00

Quorum: One Third of Total Board Members to include One Executive Director and One Non- Executive Director

**Minutes of the Public Board of Directors meeting held on Thursday 14th January 2021,
by Remote Attendance**

Present:

Yve Buckland, Chair (YB)
Diane Wake Chief Executive (DW)
Liz Hughes Non-Executive Director (LH)
Jonathan Hodgkin Non-Executive Director (JH)
Lowell Williams Non- Executive Director (LW)
Tom Jackson, Director of Finance (TJ)
Karen Kelly Chief Operating Officer (KK)
Vij Randeniya, Non- Executive Director (VR)
Julian Hobbs, Medical Director (JHO)
Julian Atkins, Non-Executive Director (JA)
Mary Sexton, Chief Nurse (MS)
Catherine Holland Non-Executive Director (CH)
Gary Crowe, Non-Executive Director (GC)
James Fleet, Chief of People (JF)
Katherine Sheerin, Director of Strategy (KS)
Richard Miner, Non- Executive Director (RM)
Adam Thomas, Chief Information Officer (AT)

In Attendance:

Liam Nevin, Trust Secretary (LN)
Liz Abbiss Head of Communications (LA)

21/001 Note of Apologies and Welcome

The Chair opened the meeting and welcomed members of the public, the press and the governors identified below to the meeting:

Alan Rowbottom
Helen Ashby
Michelle Porter
Karen Clifford
Dr Michael
Maria Lodge
Hilary Lumsden

21/002 Declarations of Interest

Whilst not an interest requiring declaration, LH advised that she had been appointed as Chair of the STP Ethics Committee.

No further declarations of interest were received other than those contained on the register

21/003 Minutes of the previous meeting held on 10th December 2020

It was RESOLVED

- **That the minutes of the meeting of the 10th December 2020 be agreed as a true and accurate record of the meeting.**

The Action log was noted.

21/004 Public Chief Executive Overview Report

DW summarised her Overview Report and advised that in these unprecedented times she wished to pay tribute to the heroic staff of the Trust. There were over 200 inpatients with COVID 19 currently being treated in the hospital and despite staff being stressed and exhausted they were continuing to demonstrate great flexibility and commitment in responding to the requirements of patients. There was currently a huge pressure on critical care with the Trust operating at 180% of baseline and therefore routine outpatient work had been stepped down and staff were being redeployed to key areas. The Trust was currently admitting 25-30 patients daily and it was timely to reinforce the message to the public that they should stay home and save lives.

The Trust was now operating as a vaccine hub and in response to a public question from Maria Lodge asking whether front line staff were being prioritised DW advised that the Trust had used its Ethics Committee to consider the national guidance and make recommendations on the prioritisation of staff. In addition, some appointments were not kept and the Trust ensured that in these cases the vaccine was offered to others who were immediately available. This ensured that none of the vaccine was being wasted.

The meeting was advised that the flu vaccination programme continued and 82% of staff had currently been vaccinated. The modular build ward was expected to be completed in March and a video link would be made available on the website for the public to view this. It was expected that this would provide 60 beds for same day emergency care.

Congratulations were offered to Dr Paul Harrison who had been awarded an MBE in the New Year honours list.

LH expressed her appreciation for the huge effort being made by staff and stated that the impact of the pandemic on them would be long lasting and should not be underestimated.

The Chair stated that she had received emails from staff and social care colleagues commenting on how efficient and well run the hub was and she passed on her thanks to the staff who were ensuring this.

In response to a press questions DW advised that there were 203 in patients with COVID but this number may increase as swab results were awaited. In addition there were over 45 patients in critical care and the Trust was well into surge capacity. In response to a supplementary press question DW advised that the Trust was not currently considering the use of hotels to discharge patients to.

On behalf of the Board the Chair expressed its gratitude to staff for their courage, dedication and flexibility in addressing the challenges currently being experienced.

It was RESOLVED

- **That the report be noted**

21/005 Chair's Public Update

The Chair advised that as part of the Black Country system she was receiving briefings along with other Chairs on matters such as infection control, and the vaccination programme. The local Trusts were co-operating with each other to provide mutual aid wherever possible

21/006 Public Questions

Two questions had been received:

- Can we be assured that the Trust is vaccinating as a priority front line and vulnerable staff first?
- Following the Ockenden report have there been any repercussions for Dudley maternity services and, following that, areas for improvement and plans/posts to be put in place?

The Chair noted that the first question had been addressed by the Chief Executive during her Overview report and the second question would be addressed under agenda item 25.4

21/007 Acute Collaboration

KS provided a verbal update and reminded the meeting that there had been several papers to the Board since September setting out proposals for how the four Trusts in the Black Country would collaborate with a clinically led programme of service changes reporting to each Board. Although there was agreement around the principles of the programme, further discussions were necessary to agree the governance arrangements. It was noted that a planned meeting of the Chairs and Chief Executives to move forward with the Programme Board had been deferred and was now likely to take place around mid- February.

The Chair noted that a session with governors on this issue in December had been well received.

21/008 Brexit Update

Chris Leech (CL) joined the meeting to present this item.

CL advised that the report reflected 12 months of planning and the strategy had been updated to reflect the changing risk profile. The document summarised the main risk areas, the mitigations and the assurances for each. Daily reports were being returned to the centre which confirmed that there were no risks of concern to the Trust.

It was **RESOLVED**

- **That the Board note that the EU Exit Resilience strategy has been implemented and risks are being effectively managed.**

21/009 QUALITY AND SAFETY

21/009.1 Quality and Safety Committee Report

LH summarised the committee exception report and it was noted that the Committee had derived assurance from the Emergency Department Review of compliance with “Putting the Patient First,” the provision of EPR in the maternity service and the mortality and learning from deaths report.

It was **RESOLVED**

- **That the report be noted**

21/009.2 Chief Nurse Report

MS summarised the report and advised that the Coronary Care Unit had been awarded the team of the year for end of life care which was the first time that a Trust had received this award.

In relation to staffing there were significant challenges particularly with respect to registered nurses and the impact of COVID was such that there was a higher reliance on bank agency and interims. A significant number of staff had been redeployed to critical care, the respiratory in-patient ward and emergency department.

GC asked MS what confidence she had in recruitment targets being hit and MS advised that the Trust was doing all it could and that was within its control.

The Chair stated that the report was in a new format and Board members were invited to comment on the style and content to MS in order to inform future iterations.

It was **RESOLVED**

- **That the report be noted**

21/009.3 Board Assurance Infection Control Framework

MS summarised the report and advised that it was presented in a format that demonstrated compliance with the Health and Social Care Act and the NHSE/I Assurance Framework

JA questioned how the assurance judgements were made and MS advised that all of the evidence for the RAG ratings and commentary was reviewed by the Infection Control Group and then signed off by MS as the Director of Infection and Prevention Control.

It was **RESOLVED**

- **That the report be noted**

21/009.4 Ockenden Report

MS summarised the report which she advised had been shared widely throughout the organisation. This was likely to be the first of a series of reports that identified the immediate and essential actions for review and a requirement that Trust Boards demonstrate that they have received the appropriate assurance.

Dawn Lewis, the Head of Midwifery joined the meeting for this item and advised that there were a number of areas in respect of the self- assessment where the Trust could demonstrate significant assurance, for example in respect of foetal monitoring, and the saving babies lives care bundle. Further work was being done on staffing in maternity to ensure that the Trust had the right midwifery and consultant obstetric staff and further work was also being done on the information and consent options.

The Chair advised that a further public question had been received asking about the Trust's approach to partners attending to support women giving birth. MS advised that the Trust does permit partners to attend with restricted and limited visiting based on individual circumstances. There was a bigger challenge with attendance for scans and this had required estates work to improve ventilation in rooms.

The Chair summarised that the Trust would be open to learning from the report and would implement its recommendations.

It was **RESOLVED**

That the Board

- **Note the Ockenden report and its findings**
- **Note and approve the evidence and actions in the assurance tool (appendix 1)**
- **Note the high priority of Maternity Services at National level and the requirement for Board oversight**

21/009.5 Seven Day Service Update

JH summarised the report and advised that there was good progress against the four core standards. The progress made had been externally assured and there was an action plan to close the gaps which it was noted were mainly in diagnostics.

It was **RESOLVED**

- **That the report be noted**

21/010 FINANCE AND PERFORMANCE

21/010.1 Integrated Performance Dashboard

KK advised that the report contained the November performance data and it demonstrated that the Trust was continuing at this time to make good progress against trajectories. However, in recent weeks the extreme demand on services had been reflected in some delays to ambulance handovers, with a continuous challenge with patient flows and the need to frequently rezone.

The cancer 2 week wait standard was achieved in November and December and the Trust was continuing with outpatient referrals and surgical cancer.

Restoration and Recovery was on hold in terms of reporting against trajectories. No incidents of harm had arisen from this but the situation was being monitored. The Chair emphasised that it was important for the Board to have an overview of what services were being stood down and an early appraisal of when these would be capable of being stood up again.

It was **RESOLVED**

- That the report be noted

21/011 WORKFORCE

21/011.1 Workforce and Staff Engagement Committee Report

JA summarised the exception report and advised that the Committee had expressed concerns around mandatory training particularly in relation to the relatively low compliance rate for resus training. It had been agreed that the Training Lead would meet with the Divisional Directors to come up with a plan.

Positive assurance had been taken from the low rate of turnover in the Trust and also in the strong growth in membership of the inclusion groups. The launch of the Pulse staff surveys was also expected to provide valuable real time information for managers.

It was **RESOLVED**

- That the report be noted

21/011.2 Workforce KPIs

JF drew attention to the increase in staff sickness which had risen from 6.2% in the last report to 8.6% with the rate being 10.1% for nursing staff.

JH noted that COVID was driving absence arising from the physical effects of the illness but he noted that it would also result in stress related absence and he questioned whether it was known what effect the vaccination programme would have on absence.

MS advised that the Trust had seen an increase in staff with long COVID symptoms and whilst it was expected that rates would reduce it should also be anticipated that there would be a psychological impact arising from the pandemic and its effects on staff.

GC asked what steps the Trust was taking to support staff morale and DW advised that regular “shout outs” to teams were included in the daily publication “In the Know,” positive feedback from patients were shared and there was a continuous programme of small gestures to staff including food being delivered to areas that were particularly challenged, free parking, and the Health Care Heroes awards.

It was **RESOLVED**

- That the report be noted

21/012 DIGITAL AND TECHNOLOGY

21/012.1 Digital and Technology Committee Report

CH summarised the Committee exception report and advised that considerable work continued to be undertaken on digital programmes that had been accelerated by COVID and

that this was putting pressure on the IT team. A demand, delivery and capacity matrix was being developed to address this.

It was also noted that the Trust continued to deal with a high number of cyber security threats but there was assurance that these had been successfully addressed. Positive assurance was noted from favourable national media for the service and the collaborative leadership around digital programmes, particularly in relation to vaccination had been noted by partners.

It was **RESOLVED**

- **That the report be noted**

21/013 GOVERNANCE

21/013.1 Audit Committee Update

RM summarised the report and advised that a number of internal audit reports had provided good assurance. It was noted that a review of the BAF would be timely once the Trust had developed its new strategy.

It was **RESOLVED**

- **That the report be noted**

21/013.2 Charitable Funds Report

JA summarised the exception report and it was noted that the concern about the fall in the value of investments had been substantially mitigated by improvement in the fund performance.

It was **RESOLVED**

- **That the report be noted**

21/013.3 Charitable Funds Accounts and Annual Report

RM summarised the report and advised that the Audit Committee had considered the audit opinion, the draft accounts and annual report in their meeting immediately preceding the Board and were recommending that the resolution now before the Board be adopted.

It was **RESOLVED**

That the Board

- **Confirm it is content for the misstatements identified not to be adjusted**
- **Review and accept the letter of representation**
- **Confirm there are no subsequent events that need to be taken into account**
- **Confirm that there are no fraud incidents to be brought to the attention of the auditors**
- **Confirm that there are no significant incidences of no-compliance with relevant laws and regulations**
- **Approve the Charity Financial Statements and Annual Report 2019/20**

21/014 Any Other Business

There was no other business

21/015 Reflections on Meeting

It was agreed that the meeting had been focussed with good contributions

Date for the Next Meeting - 11 February 2021

Signed

Date

Action Sheet
Minutes of the Board of Directors (Public Session)
Held on 14 January 2021

Item No	Subject	Action	Responsible	Due Date	Comments
21/013	Audit Committee Update	Chair and Chief Executive to be invited to March Audit Committee	LN	22.3.21	Done

Paper for submission to the Board of Directors on 11th February 2021

TITLE:	Public Chief Executive's Report		
AUTHOR:	Diane Wake Chief Executive	PRESENTER	Diane Wake Chief Executive
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
The Board are asked to note and comment on the contents of the report.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> • Coronavirus • Action Heart Covid-19 Vaccination Hospital Hub • Lead Employer/ Employment Bureau • Black Country Living Museum Vaccination Centre • Flu Vaccination • Healthcare Heroes • Charity Update • Patient Feedback • Visits and Events • National News • Regional News 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Chief Executive's Report – Public Board – 11th February 2021

This report is intended to give a brief outline of some of the key activities undertaken as Chief Executive since the last meeting and highlight a number of items of interest.

Coronavirus

The Trust has seen significant pressure on all emergency and critical care areas across the Trust in line with other Trusts across the region and country. We have redeployed our workforce into critical areas to ensure we keep patients and staff safe and would like to thank each and every member of The Dudley Group workforce who continue to go above and beyond for the organisation as we tackle one of the hardest challenges of our time.

We have been pleased to offer a hospital hub service to the over 80's and health and social care services staff for vaccinations. Our staff used this experience to help set up the Black Country Living Museum centre which is successfully working through the top priority groups within a 45 minute drive of the centre. You will also see further on in the report the media coverage that has enabled our staff and patients to tell their COVID stories.

Action Heart Vaccination Hospital Hub

The DGHFT Vaccination Hospital Hub (located in Action Heart) commenced operations on 29th December 2020, deploying the Pfizer and vaccinating between 350 service users initially. This was increased to 550 individuals per day over 5 days per week, and most recently further scaled to operating 7 days per week.

Between 29th December and 30th January 10,000 first vaccinations have been administered to staff and patients, by a multi-professional team, recruited through the system Workforce Bureau which is hosted by DGHFT. An Ethics Committee has been established, including Trust Executive and Non-Executive Directors, clinical leads, staff side lead and representatives from the Trust Equality and Inclusion networks, to approve a robust protocol for prioritisation of the vaccination. All staff have been offered the vaccine, with 59.7% take-up by DGHFT staff. 64.5% of all HSCW within the Dudley system have received their first vaccination.

The Vaccination experience has been overwhelmingly positive from both staff and patients, as captured through feedback forms which were designed to capture key themes around information provision, timeliness of vaccination and environment, for example; 99% of respondents stated that the booking process was easy to follow and they were given sufficiency information about the vaccine prior to receiving it, 99% of respondents also stated that the vaccination staff were understanding of their individual needs, which is reflected in free text commentary and 98% felt that the waiting time was reasonable.

Due to anticipated vaccine supply chain restrictions during February, the BCWB STP decision was made to redirect vaccine stocks to primary care networks to prioritise vaccination in the high risk cohorts as specified by the JCVI guidance. On this basis, the Trust Executive Team took the decision to pause the Action Heart Vaccination service until vaccine stocks are reinstated, around 22nd February 2021 to enable 2nd dose vaccinations. Front line health and social care workers and eligible patients are being directed to the Black Country Living Museum or Walsall Manor Hospital for first dose vaccinations.

Lead Employer/Workforce Bureau - BCWB STP

DGHFT is taking the role of Lead Employer for the BCWB STP vaccination programme, which includes recruiting, resourcing, training, rostering and paying the workforce that is required to deliver the vaccination to the adult population within the system.

Whilst challenging, the Workforce Bureau team has risen to the challenge, having already recruited over 1,000 staff, of which 700 have now been fully on-boarded, including all training, workforce checks, induction and booked onto active rosters to deliver the vaccination centres, hospital hubs and support the PCN delivery models. Given the scale of workforce capacity that will be required to operate the vaccination programme on a 7 day basis, across the system, when the full delivery model structure is stood up from the end of February, the Employment Bureau is continuing to accelerate its recruitment programme, with a target of circa 1,500 staff. The regional NHSI/E team have recognised the success of the Employment Bureau.

Black Country Living Museum Vaccination Centre

The BCLM vaccination centre was opened Monday 25th January 2021 as a BCWB STP coalition project, supported by DGHFT's leadership team across a range of key areas; workforce provision, medicines management, nurse and operational leadership, governance and IT. The vaccination centre opened to significant media and local MP interest. In addition the centre was visited by Mayor of Birmingham Andy Street MP.

The super pod (two PODS combined) has 12 vaccination cubicles delivering over 1000 doses per day, 7 days per week and open 12 hours. Vaccination is in accordance to the national protocol and the Oxford AstraZenca vaccine is being offered. There are two booking systems mandated for use: National Booking System QFlow for citizens and SimplyBook for Health and Social Care staff. JCVI cohorts 1-4 are being prioritised through the vaccination centre and the immunisation captured within two point of care databases, NIVS and Pinnacle. 87.5% of all over 80's within the Dudley system have received their first vaccine, including all those living in care homes. 82% of age 75-79 have also received their first vaccination. 96% of age 70-74 have been offered a vaccine appointment.

Flu Vaccination

We are pleased to be one of the top performing Trusts in the region for flu vaccination programme with 83% of our workforce protected from this virus. We still have until the end of Feb to ensure as many staff as want the vaccine are able to access it.

Healthcare Heroes

Team Award

Tom Jackson presented this month's team award to the first three healthcare heroes of 2021 this month. The team award went to the Coronary Care Unit. They were nominated for becoming the first Coronary Care Unit to be accredited for the Gold Standard Framework award. Not only that, they were also awarded 'Hospital Ward of the Year' for 2020.

Even through one of the toughest years I think the NHS has ever seen, the team continued to provide excellent care and have been recognised for the compassionate end of life care they provide.



Individual Award

I presented the individual award to Greg Ferris who is a Workforce Analyst & Development Officer here at the Trust. Greg was nominated by a colleague for always being so supportive and for being a great advocate to all of those he has managed, including the apprentices that he has trained over the years. He has been recognised for his involvement in the staff COVID testing system ensuring that the booking process runs smoothly and to its best. He is always willing to help and keeps people laughing and smiling with his comical personality, which certainly brings 'joy in work'.



Volunteer Award

The volunteer award went to Mervyn Jones who has been volunteering for the Trust since 2018 and have dedicated over 1,000 hours to the hospital. He mainly volunteers on main reception but loves nothing more than making drinks for patients on the wards. Mervyn is a great role model for new volunteers due to his patience and personality and his peers describe him as a true gentleman. Throughout the pandemic, he has taken on the role of a volunteer driver delivering medication and PPE to those out in the community. Everyone in the volunteering team thinks very highly of Mervyn and have told us what a great friend he is to all of them.



LGBT+ History Month

The LGBTQ+ Staff Network invite you to join them in celebrating LGBT+ History Month throughout February. We celebrate LGBT+ History Month because we wouldn't have the rights and acceptance today if it wasn't for our LGBT ancestors and pioneers who bravely came out and stood up for LGBT rights at a time when they were highly vulnerable to verbal and physical abuse, being disowned by their families, dismissed from employment, and even imprisoned or sectioned.

Each week throughout February, we will be sharing articles about key LGBTQ+ role models from throughout history and hear from some of our own staff about their experiences. We celebrate the huge strides toward Equality we have made throughout history whilst recognising there is still a way to go.

Please [click here](#) to learn about Alan Turing, the World War II cryptanalyst who broke the German Enigma code and helped to win the war, saving millions of lives.

If you are interested in joining the LGBTQ+ Staff Network please email the chair, Laura Gibbs-Grady laura.grady@nhs.net or the network on dqft.lgbtnetwork@nhs.net

Recruitment campaign

Part of our recruitment campaign is lighting up the night sky in Dudley this week. For seven nights, we are projecting our 'we are recruiting' message on to the front of Russells Hall Hospital. As we expanding our services we are looking for healthcare workers ready to take the next step in their career or who are interested in returning to healthcare. The building will light up blue and green and hopefully entice people to come and join us. This coincides

There has never been a better time to join the NHS and I think that the pandemic has really shown what a worthwhile career is on offer, and how much difference it makes to a person's life.

We are recruiting to a host of roles including nurses, doctors, clinical support workers, speech and language therapists, pharmacists, therapists, operating department practitioners, radiographers, midwives and admin roles. Registered nurses are particularly needed in ED, ITU, theatres, respiratory, frailty and community services.

Please spread the word!

To find out more, go to www.dgft.nhs/work-with-us or email dgft.join@dudley@nhs.net

Patient Feedback

General Community: COVID secure. Very friendly, helpful and professional staff. The appointments ran on time and everything about the procedure and aftercare was fully explained. A well run surgery.

Phlebotomy: I was very impressed at how well run the department was, in terms of COVID-19 safety and how quick we were seen following an outpatient appointment. I'd particularly like to thank the two phlebotomists who helped to take my son's bloods, he had quite a few test bottles to take and as he is only five months old I was very anxious. The male phlebotomist who took the blood was really kind, and reassuring and made such an effort to take his mind off the pain, and I feel he went above and beyond to make the experience a lot less stressful. The female phlebotomist who was on hand to assist him was really helpful too, and showed great compassion when I was trying to get my son ready for the test and afterwards also. All in all, I had a great experience and thought the team were wonderful.

Dudley Rehabilitation Service: Very caring and listened to my problem, examined the issue closely, they gave me exercises to alleviate problems.

Leg Ulcer: Treated with care and respect, attention paid to complications in hip. Staff always friendly and respectful.

B4: Everything was excellent from the care to the food. I cannot thank the staff doctors nurses cleaners enough. Everyone of them go above and behind. Polite, caring, thoughtful and understanding. My stay here was pleasant. NHS keep up the fantastic work I take my hat off to each and every one of you.

ED: Efficient timely service, received x-ray and examination very quickly. Friendly professional staff. COVID safety was paramount.

Visits and Events

14 th January	Board of Directors
15 th January	Healthcare Heroes
21 st January	Healthcare Heroes
21 st January	Diane visit to Centrefile
22 nd January	MP's Briefing
25 th January	Black Country Museum – Opening of Vaccination Centre
25 th January	Vital Signs Transformation Guiding Board
25 th January	Team Brief
26 th January	Gold Standards Award – Coronary Care
29 th January	Live Chat
4 th February	A&E Delivery Board
5 th February	Live Chat

In the news...



DUDLEY NHS TRUST COMMUNICATIONS TEAM

National News

Exclusive: London will be overwhelmed by covid in a fortnight says leaked NHS England briefing

London's hospitals are less than two weeks from being overwhelmed by covid even under the 'best' case scenario, according to an official briefing given to the capital's most senior doctors this afternoon. NHS England London medical director Vin Diwakar set out the stark analysis to the medical directors of London's hospital trusts on a Zoom call. The NHS England presentation, seen by *HSJ* (see slides below story), showed that even if the number of covid patients grew at the lowest rate considered likely, and measures to manage demand and increase capacity, including open the capital's Nightingale hospital, were successful, the NHS in London would be short of nearly 2,000 general and acute and intensive care beds by 19 January. ***Health Service Journal (07.01.21)***

As MPs back national lockdown, where does the NHS currently stand?

A third national lockdown has received approval from MPs in Parliament, with the strict 'stay at home' messaging part of a plan of steps to help support and protect the NHS during a difficult period ahead. But just how serious is the situation? It's been the inescapable narrative around the UK Covid-19 response in recent days; the idea that the health service will soon be faced with more coronavirus patients than it can effectively manage with its current capacity. And while there is cause to argue on either side of the divisive situation, there is one thing which rings true no matter a person's viewpoint: the NHS is under severe pressure, at a time when it already annually faces significant challenges. ***National Health Executive (07.01.21)***

'Serious implications' ahead for Gloucestershire health services if people don't follow lockdown rules

Health bosses in Gloucestershire have warned of "rising hospital admissions" and a "surge in coronavirus cases" if lockdown rules are not followed in the coming weeks. ***ITV News (07.01.21)***

NHS patients to receive life-saving COVID-19 treatments that could cut hospital time by 10 days

Patients across the UK who are admitted to intensive care units due to COVID-19 are set to receive new life-saving treatments which can reduce the time spent in hospital by up to 10 days, the government has announced today (Thursday 7 January). Results from the government-funded REMAP-CAP clinical trial published today showed tocilizumab and sarilumab reduced the relative risk of death by 24%, when administered to patients within 24 hours of entering intensive care. ***GOV.uk (07.01.21)***

'The worst by a cataclysmic margin': the race to save the NHS from Covid

On Monday, just before Boris Johnson announced another lockdown, the chief medical officers of the four UK nations issued a plainly worded joint statement warning that the health service could soon be overwhelmed. "Many parts of the health systems in the four nations are already under immense pressure," they said, "with substantial numbers of Covid patients in hospitals and in intensive care. ***The Guardian (08.01.21)***

Covid: NHS critical care staff 'traumatised' by pandemic

Critical care workers are dealing with "psychological trauma" during the pandemic which is only going to get worse, a nursing leader has warned. Nicki Credland said the situation in hospital intensive care units (ICUs) was "desperate" and "like a war zone". The University of Hull lecturer said she feared a mass exodus from the NHS as staff will be "traumatised". The Department of Health and Social Care (DHSC) said mental health and wellbeing was a top priority. **BBC News (08.01.21)**

The annual cost of the NHS estate revealed in new report

An annual bill of £9.7bn was what it cost to run the NHS estate in 2019/20, it has been revealed by new data released by NHS Digital. The data comes from the newly-published results of the 2019/20 Estates Return Information Collection (ERIC), a mandatory collection for all NHS trusts – including ambulance trusts – relating to the costs of providing, maintaining and servicing the NHS estate. **National Health Executive (08.01.21)**

NHS SCAM: FAKE TEXT MESSAGES ASK FOR BANK DETAILS IN EXCHANGE FOR COVID VACCINE

A viral scam purportedly from the NHS is being sent to people in the UK with the intention of collecting bank information. The fraudulent text reads: "NHS: We have identified that your [sic] eligible to apply for your vaccine. For more information and to apply, follow here". It then sends recipients to a link that asks them for their sort code, account number, and the long card number in order to "prove ownership of address", something that legitimate NHS texts would not do. Despite not coming from the NHS, the text mimics official websites with the NHS logo at the top and similar menu and search icons on the right hand side. However, the NHS web page has a lock icon next to its URL. This means that the website uses HTTPS, which requires a security certificate. These certificates are only issued once the site owner's identity has been validated. **The Independent (08.01.21)**

Warning issued over fake NHS COVID-19 vaccination messages targeting vulnerable public

Cumbria Trading Standards issued a warning on their social media pages, urging residents to be wary of the bogus texts saying they are eligible to apply for the coronavirus vaccine. The fraudulent message asks you to follow a link which leads to a fake NHS site asking for personal details. **ITV News (08.01.21)**

NHS Test and Trace reaches one million people over new year, as record numbers test positive

More than one million people were contacted and told to self-isolate during the first week of 2021 – people who might otherwise have gone on to infect others. This means that 92.7% of contacts, and 86.6% of those who tested positive, were reached over the new year week. This is an increase of 48% (331,758 more) compared with the previous week. **GOV.uk (14.01.21)**

£7.5 million to digitally schedule shifts and save NHS staff time

NHS hospitals, clinics and pharmacies across 38 more trusts will be able to save staff time and money by rolling out digital shift planning, known as e-rostering systems, thanks to £7.5 million government funding. During the pandemic, e-rostering has proven instrumental when redeploying staff, reporting absences and managing working hours and pay information, notably for vaccination centres. NHS trusts have reported an increased appetite across clinicians to implement e-rostering as a result. **GOV.uk (15.01.21)**

NHS in most precarious position in its history, says chief executive

Dealing with the deadly second wave of Covid has left the NHS in the most precarious position in its 72-year history, chief executive Sir Simon Stevens has warned, as ministers said they were aiming to get all adults in the UK vaccinated by September. The over-70s and clinically extremely vulnerable, who number more than 5.5 million nationwide, will be invited to receive the vaccine from Monday in areas where most of the first priority groups of care home residents and the over-80s have now had the jab. Stevens said on Sunday that the NHS was now giving 140 jabs a minute, as the race to vaccinate the public picks up, but warned of the stress the service was under. ***The Guardian (17.01.21)***

Government would recover 81% of cost of pay rise for NHS England staff – report

A substantial pay rise for NHS staff in England battling the coronavirus pandemic would cost the exchequer only a fifth of the headline price tag and boost Britain's struggling economy, according to a report. Setting out the economic case for raising the wages of England's 1 million nurses, midwives, health professionals and NHS support staff, researchers from the London Economics consultancy said 81% of the cost of a 5% or 10% pay rise would be recovered by the government. ***The Guardian (18.01.21)***

Government must 'gift exhausted NHS staff pay rise,' unions say

Boris Johnson has been urged to intervene to speed up the pay review process and grant NHS workers facing "burnout" an immediate wage increase. Fourteen health unions, representing some 1.3 million workers, have written to the prime minister warning him that coronavirus has left hospital staff feeling "demoralised and traumatised". They warned sites were "stretched to the limit," adding if Mr Johnson wanted to show he "cared" about NHS workers he should bring forward a wage increase for all of them. ***The Independent (18.01.21)***

Covid-19: England delivering 140 jabs a minute, says NHS chief executive

People in England are being vaccinated four times faster than new cases of the virus are being detected, NHS England's chief executive has said. Sir Simon Stevens told the BBC that 140 people a minute were now being given the jab, usually the first dose of two. But he said the NHS had never been in a more precarious position, with 75% more Covid patients than at the April peak. It comes as a further 298,087 people received their first dose of the vaccine on Saturday. There were also 671 more deaths within 28 days of a positive Covid test, and another 38,598 positive tests. ***BBC News (18.01.21)***

The growing maintenance backlog across the NHS estate

Investment in NHS capital funding is critical to safety, care quality and efficient use of the NHS estate, equipment and wider resources. This has become increasingly clear during the pandemic when trusts with old and outdated estates, and equipment, found it more difficult to reconfigure old sites to accommodate social distancing and infection, prevention and control. Yet the latest release of the estates return information collection (ERIC) data from NHS Digital shows there has been a substantial deterioration in the NHS estate. Covering 2019/20, the figures give us the most accurate picture of capital investment across the service, highlighting the tremendous pressure facing the provider sector's infrastructure. ***National Health Executive (18.01.21)***

Covid-19: Pressure on the NHS 'more than we've ever seen'

NHS England's national medical director has urged people to stick to social distancing rules to reduce the strain on the health service. Speaking at Monday's Downing Street briefing, Professor Stephen Powis said the NHS was under "extreme pressure" and that people shouldn't rely on vaccines "coming to our rescue" just yet. ***BBC News (18.01.21)***

Patel: Stricter enforcement not tougher rules needed to curb coronavirus spread

Clamping down on lockdown rule breakers will get coronavirus back under control, Priti Patel said. The Home Secretary acknowledged that the number of coronavirus cases was still too high and warned people that their “actions have consequences” as she urged them to comply with the legislation or face a fine. But she said tougher lockdown measures were not needed to get the R number – the reproduction rate of the virus – down below one. **Express and Star (18.01.21)**

Doctors at covid crisis trust accused of dodging ICU work

A medical leader at England’s largest acute trust has warned fellow doctors that its ‘priority is now [intensive care] at [the] expense of dropping all activities’, and suggested that some are avoiding critical care work. An internal email sent by the divisional medical director of critical care at University Hospitals Birmingham to medical consultants this week said: “I don’t need to remind all about the covid situation. **Health Service Journal (20.01.21)**

Foreign NHS workers could be denied Covid vaccine in England

Exclusive: Guidelines at one hospital say only those with NHS number can have jab, excluding those from abroad. Foreign NHS workers treating Covid patients are at risk of being denied vaccinations because of internal guidelines about who can receive the jab, the Guardian has learned..

The Guardian (22.01.21)

NHS Test and Trace meets surge in demand

According to data from the first two weeks of January, NHS Test and Trace continued to manage to reach a high volume of cases and contacts, including a record-breaking start to the new year, as a result of improving turnaround times for tests. During those first two weeks of 2021, NHS Test and Trace carried out more than 13% of the PCR tests conducted to date. With 331,000 people receiving a positive result, NHS Test and Trace was responsible for identifying an estimated 47% of new infections. From January 7 to January 13, a total of 874,552 people who had either tested positive or were a recent close contact of someone who had tested positive, were reached and told to self-isolate. These were people who otherwise might have gone on to unknowingly infect others.

National Health Executive (22.01.21)

Birmingham hospital trust caring for more than 1,000 Covid patients

The West Midlands is facing the highest rate of Covid-19 hospital admissions in England, according to NHS figures. GPs across the region are being asked to volunteer at acute hospitals in a bid to ease pressure on staff. University Hospitals Birmingham, the biggest trust of its kind in England, said it was looking after 1,013 Covid-19 patients as of Friday morning. Last week, the trust redeployed 200 staff to intensive care units (ICU) amid fears they could be overwhelmed. University Hospitals Birmingham NHS Foundation Trust (UHB), which runs the Queen Elizabeth Hospital, has also started admitting coronavirus patients to Solihull Hospital. **BBC News (23.01.21)**

33 new Covid-19 mass vaccination centres open in England

NHS staff will start delivering life-saving Covid vaccinations at the Blackpool Winter Gardens, a former DIY store and the museum where BBC hit Peaky Blinders was filmed from today, January 25. The new NHS Vaccination Centres are among more than 30 opening across the country as the vaccination drive continues to accelerate. There is now a network of 50 large scale centres, capable of jabbing thousands of people a week, across the country.

People aged 75 and over are being invited to book a vaccination at the centres or one of more than 70 pharmacy services now operating across the country. If they cannot or do not want to travel to a vaccination centre people can wait to be jabbed by a local GP service or hospital hub. ***In Your Area (25.01.21)***

Covid-19: Pandemic puts physiotherapists in spotlight

There are steady accounts of medics' battle to save the lives of Covid patients. Physiotherapists are among those in it for the immediate and then longer haul. This is the story of the specialists whose daily lives have changed. "Covid for us is 24/7," said Will Hook, a senior physiotherapist in intensive care at a hospital in Dudley, West Midlands. Mr Hook said patients he saw daily became "almost like family" during the pandemic's first wave. He said people tended to think of his job in terms of "bad backs" and "football team" injury, although his profession had always afforded him intensive care experience. But it was nevertheless the case that as a musculoskeletal (MSK) specialist, he was used to helping people recover from surgery such as knee replacements. That changed when the 26-year-old was called in to help with the first Covid-19 patients admitted to Russells Hall Hospital in March last year. ***BBC News (25.01.21)***

Coronavirus: Official data on England's vaccine rollout is 'not good enough', experts warn

Data from the government and the NHS on the coronavirus vaccine rollout in England is currently "not good enough", the Royal Statistical Society (RSS) has warned. Professor Jennifer Rogers, a member of the RSS Covid-19 task force, said a dearth of data on who is receiving jabs meant that the public could not know how well the programme was progressing. ***Independent (27.01.21)***

Warning issued over coronavirus vaccine scams - here's how the NHS will actually contact you

Households have been urged to watch out for scammers posing as the NHS or claiming to offer coronavirus vaccines who then attempt to steal your personal details or con you out of cash. The warning comes amid an increasing number of complaints about this type of scam. Action Fraud - the national reporting centre for fraud and cyber crime - says it's received more than 1,000 reports of email scams claiming to offer vaccines in just 24 hours this week. ***Money Saving Expert (27.01.21)***

Dismay at NHS England plan to slow north-west's Covid vaccine supply

GPs in the Sheffield region were vaccinating 700 people a day on average – meaning they were on track to inoculate all over-50s in about a month, before their supply 'fell off a cliff' in the past week. Leaders in the north-west of England said it was "utterly inexcusable" for the region's vaccine supply to be cut by a third next month as GPs voiced concern about the "chaotic" distribution of jabs. NHS England did not dispute reports that the north-west, which has suffered more Covid-19 deaths per capita than any other English region, would have its weekly supply cut to 200,000 in February as other areas strive to catch-up to vaccinate the elderly. ***The Guardian (28.01.21)***

Regional News

Crooks use fake NHS Covid text to trick cash out of scam targets

Police are warning residents to look out for a text message which claims to be from the NHS, saying you are eligible to apply for a vaccine. It includes a link asking you to click through to apply. But the link takes you to a fake NHS website and asks you for payment and other personal details run by those behind the racket. Police are reminding people to be vigilant, and remember that the NHS will never ask for payment for the vaccine – as the conmen are trying to do. The warning says that if you receive this message do not respond or click the link. **Express and Star (08.01.21)**

NHS boss cites extra 10,000 Covid patients since Christmas as staff share woes

The head of the NHS in England has laid bare the extent of the pressure on hospitals across the country with thousands of new coronavirus patients admitted since Christmas Day, while shattered frontline medical staff feared that the worst is still to come. NHS England chief executive Sir Simon Stevens said there were 50% more coronavirus inpatients in England's hospitals now, compared with during the peak in April, affecting every region across the country. **Express and Star (08.01.21)**

Mass vaccinations centre opens in West Midlands as coronavirus death toll rises

A mass vaccination centre has opened up its doors in the West Midlands to help protect the most vulnerable people from Covid-19. Mass vaccination centre opens at Millennium Point, Birmingham. Pictured, Ken Hughes, ages 82, from Swindon, gets the jab. Health leaders have said the site at Millennium Point in Birmingham will see thousands of people protected from the virus. It comes as England's chief medical officer Professor Chris Whitty warned the next few weeks would be the "most dangerous" of the pandemic - and the death toll in hospitals across the Black Country, Birmingham and Staffordshire reached 5,000.

Express & Star (11.01.21)

More Covid vaccinations completed in Midlands than anywhere else in UK

Regional coronavirus vaccination figures released for the first time by the NHS show the Midlands has vaccinated more people than anywhere else in the UK. The NHS Midlands region, which combines the East and the West Midlands, has so far given 447,329 doses to patients. The North East and Yorkshire is a close second, administering 433,045 coronavirus vaccine doses, while the South East has given 411,257 doses, and the North West 318,445. The pace of delivery is increasing across the West Midlands with various vaccination centres opening in recent weeks. Asda announced its Birmingham stores will be start to vaccinate on January 25, with stores in Coventry and Warwickshire potentially being announced to administer the jab at a later date. **Coventry Live (14.01.21)**

Staff redeployed to critical care as Russells Hall treats 200 coronavirus patients

Hospital chiefs in Dudley are redeploying staff to critical care wards which have three times the normal number of patients as a result of coronavirus. At a virtual meeting of Dudley Group NHS Foundation Trust board yesterday, senior managers acknowledged the challenges faced by staff at Russells Hall Hospital and repeated their appeal to the public to follow the lockdown rules. Chief Executive Diane Wake said: "We are dealing with a very high number of Covid patients. "There are 200 patients in inpatient-led care with Covid as of Thursday morning and there could be more as swab results come back. We are redeploying staff to critical care - they have been very flexible - and stepping down theatre work has enabled this. "The most important thing people can do to support the NHS is stay at home and save lives." **Express & Star (15.01.21)**

33 areas in Birmingham, Black Country and Worcestershire with coronavirus rates above 1,000

The nationwide lockdown is starting to drive down coronavirus rates in the West Midlands but there are a number of areas where rates remain stubbornly high with more than one in 100 testing positive. The latest data Public Health England data shows coronavirus rates are falling in every authority area in the region, in the week to January 13, a week after the latest lockdown came into force. Sandwell in the Black Country, although having the highest rate in the region, has seen it drop to 898.8 cases per 100k, from 963.3 per 100k in the seven days to January 6. **Birmingham Live (18.01.21)**

200 Army medics and personnel drafted into Midlands hospitals

Two hundred military officers have been sent to work within hospitals across the Midlands. It comes after a similar number of officers was deployed to London's hospitals last week. It is unclear exactly how they will be used but the deployment is thought to include medical combat technicians, as well as other officers who could be used in non-clinical roles such as portering and family liaison. It is part of a national agreement in which 400 officers have been offered to NHS England nationally. According to the latest data, covid-19 admissions continued to climb at certain Midlands trusts this week, while many London providers appeared to have reached their peak. Meanwhile, in hard-hit Birmingham, the local specialist hospital Birmingham Women and Children's FT have sent around 80 members of staff to support the struggling University Hospitals Birmingham FT. **HSJ (19.01.21)**

Second wave hitting West Midland hospitals harder than start of pandemic, figures confirm

Hospital trusts in the Black Country and Staffordshire are caring for more Covid patients than at the peak in April, figures confirm. It comes after hospital chiefs paid tribute to their staff who are working "tirelessly to make sure everyone gets the best possible care in these challenging circumstances". Rates of infection across the region are beginning to fall but West Midlands Mayor Andy Street has urged people not to let up in the fight against the virus. **Express and Star (19.01.21)**

Covid rates falling slowly in West Midlands 'due to late arrival of new strain'

Covid rates in the West Midlands are falling more slowly than in other areas due to the late arrival of the new strain, health chiefs have said. IClive Wright, the region's Covid regional convenor, said there was concern over the slow decline in infections, which remain second highest in the country behind London. He said NHS chiefs believed this was down to the new variant of coronavirus hitting the West Midlands later than other areas, meaning case rates were likely to stay high for the foreseeable future. He warned that the virus was mainly being transmitted by people catching it at work and then infecting people at home.

Express & Star (23.01.21)

Reassurances made over safety of Covid vaccines as Black Country Living Museum delivers jabs

A leading pharmacist in the Black Country has sought to reassure people that Covid vaccines are safe. It comes as a new vaccination hub opened at the Black Country Living Museum ahead of plans to immunise thousands of people across the region. Health workers are aiming to administer around 1,000 Oxford-AstraZeneca coronavirus jabs at the museum each day. Ruckie Kahlon, chief pharmacist at the Dudley NHS Trust, said she was aware that some people have refused vaccinations. Ms Kahlon said there were "some issues" around misconceptions about Covid vaccines but said work is ongoing to tackle that issue. The frontline health workers administering the jabs are among the first people to get vaccinated at the Dudley-based hub. **Express & Star (25.01.21)**

One in EIGHT NHS hospitals didn't have any spare intensive care beds last week, official figures show as units still caring for 3,600 Covid patients

NHS figures published today reveal 18 out of 140 major trusts were at 100% occupancy in their ICUs last week. Also show that ICUs are more than 70 per cent busier than they have been at any time over the past five years. One in eight NHS trusts in England did not have a single spare intensive care bed last week, official figures show as hospitals continued to grapple with the winter wave of critically ill coronavirus patients. These included University Hospitals Birmingham NHS Foundation Trust, one of the largest trusts in England, along with Sandwell & West Birmingham Hospitals NHS Trust and George Eliot Hospital NHS Trust, which are also in the West Midlands. ***Mail online (28.01.21)***

Paper for submission to the Board of Directors on 11th February 2021

TITLE:	Update on discussions regarding acute collaboration in the Black Country and West Birmingham		
AUTHOR:	Katherine Sheerin	PRESENTER	Katherine Sheerin
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible. X</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way. X</i>	<i>Provide specialist services to patients from the Black Country and further afield. X</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
			X Assurance
RECOMMENDATIONS			
The Board is asked to note the on-going discussions and next steps regarding acute collaboration in the Black Country and West Birmingham.			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<p>The NHS Long Term Plan (2019) set out the requirement for the creation of Integrated Care Systems (ICSs) across England by April 2021. A significant element of ICSs is built on provider collaboration, with providers working together to optimise health outcomes, service delivery and efficiency for the population served.</p> <p>As such, driven by the submission by the Black Country and West Birmingham STP to achieve ICS status, discussions regarding collaboration between acute trusts have recommenced in August 2020.</p> <p>A working group was established across the four trusts, with the work overseen by the Chairs and Chief Executives. This produced a paper which was discussed by each Board in December 2020.</p>			

At the same time, Walsall Healthcare NHS Trust and Royal Wolverhampton NHS Trust agreed a paper at each of their December Board meetings which recommended 'Strategic Collaboration between the two trusts as a first step towards the ambition to form a Trust Group/Chain within the broader STP collaboration context'.

Alongside this, NHSEI published 'Integrating Care: Next steps to building strong and effective integrate care systems across England' which gives a clear direction to providers to collaborate at place and system levels.

This paper sets out an overview of the responses from Black Country providers and the timeframe for the next steps.

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	Y		Risk Description: BAF 6a: Deliver a viable future
	BAF: Y		Risk Score: 20 (Under review)
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details: Letter from NHSE/I (10 th Aug 2020) regarding Acute Collaboration (previously shared with the Board.)
	Other	N	Details:
REPORT DESTINATION	Board of directors	Y	DATE: 11 th February 2021
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Update on discussions regarding acute collaboration across the Black Country and West Birmingham

1. Background

Discussions regarding collaboration across the four acute providers in the Black Country and West Birmingham recommenced in August, ostensibly as part of the national drive to create Integrated Care Systems across England by April 2021.

This paper provides an update to the discussions, an overview of the national direction of travel set out in 'Integrating Care: Next steps to building strong and effective integrate care systems across England' and a summary of the proposed next steps.

2. National context

The NHS Long Term Plan (Jan 2019) signaled the requirement for far closer collaboration between commissioners and providers, with a move towards integration and away from competition, primarily driven through the creation of Integrated Care Systems across the country by April 2021.

In November 2020, NHSEI published 'Integrating Care: Next steps to building strong and effective integrate care systems across England'. This gives a clear role for providers in ICS leadership, helping to set system priorities and allocate resources. It also describes how all NHS provider trusts will be expected to be part of a provider collaborative, able to take on responsibility for acting in the interests of their population, supporting higher quality and more sustainable services, reduction of unwarranted variation and health inequalities, better workforce planning and more effective use of resources.

Such collaboratives will operate at both 'place' and 'system' levels (and for some providers 'cross-system'), with integration needing to be strengthened between prevention, primary, community and secondary care at place, as well as across secondary and specialist care providers at system level and beyond.

There is clearly much work to be done on the detail of these proposals and how they will work in practice, in particular clarifying the role of the ICS in strategic transformation and improving population health outcomes alongside its role as a commissioner, performance manager and funder.

3. Local Context

As reported previously to the Board, NHSEI wrote to all four trusts and the STP lead and chair to ask for an update on progress regarding acute collaboration. Specifically, the letter requested that the system should agree with NHS Midlands its acute collaboration plan, including key milestones and key gateway reviews by end September 2020. The letter indicated that NHSEI anticipated shared leadership arrangements should be in place across the Trusts by April 2021.

In order to explore how this should be taken forward, a working group comprising directors from each Trust was established, overseen by the Chairs and CEOs. After significant discussion and negotiation, a paper was produced which was discussed by all four Boards in December 2020. The paper made the following recommendations:-

That each Board:-

- i. Confirms support for a formal approach to acute care collaboration across the four trusts in the Black Country and West Birmingham system – Dudley Group NHS Foundation Trust; the Royal Wolverhampton NHS Trust; Sandwell and West Birmingham NHS Trust; Walsall Healthcare NHS Trust.
- ii. Confirms agreement to establish a shared governance arrangement (e.g. Committees in Common) to oversee acute collaboration. A detailed paper setting out a programme, timetable, potential phases of work, and formal terms of reference will be submitted to Boards for approval in February 2021.
- iii. Confirms commitment to a shared programme of priority themes to be developed and driven jointly through a programme board arrangement:
 - a. Clinical programme of change – initial focus on vulnerable services; centres of excellence; improving outcomes & experience and reset following COVID-19
 - b. Shared approach to leadership, workforce, organisational development and communication and engagement
 - c. Shared programme on efficiency and infrastructure e.g. services supporting clinical delivery such as diagnostics; back-office priorities; and shared cost improvements
- iv. Notes the current evidence provided on the different models available and the current differences of opinion being expressed by the respective leaders of each organisation and system partners - consider these views and determine the organisational preferred position, the reasons for this decision and the barriers or factors for their organisation that need to be addressed if this collaboration is to be progressed.
- v. Recognises that some Trusts may want to progress with tighter arrangements more quickly than others and therefore their Board preferred position will not delay others in proceeding.

- vi. Notes the proposed Strategic Collaboration between Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust, within the wider Black Country and West Birmingham (BCWB) acute care collaboration arrangements.

These recommendations are clearly a move away from the focus across all four trusts on organisational change to a focus on clinical change driven by improving outcomes.

4. Recent Developments and Next Steps

The outcome of Board discussions held in December regarding acute collaboration was commitment from all four trusts to formally work together as part of a Black Country and West Birmingham wide approach, with Royal Wolverhampton NHS Trust and Walsall Healthcare also working bi-laterally within this.

The key difference between Trusts on the approach is whether Committees in Common is needed at this stage. This timing of this can be explored as part of the preparation for the Programme Board.

A preparatory meeting of the Chairs, Chief Executives and Directors of Strategy was scheduled for January to prepare for the first programme board meeting, including discussions regarding the outline programme plan, priorities, governance and resources. However, given the pressures arising from Covid-19, this pre-meeting was postponed. It is now planned to take place in late February and for the first programme board meeting to be held in March.

Work is now taking place to refresh the draft 'case for change' document, to ensure that it is a case for clinical service change rather than organisational change, and for this to be owned by the programme board.

However, it will of course be important to ensure that the work of the programme board is attuned to the national direction for provider collaboration and any move towards organisational changes.

5. Recommendation

The Board is asked to note the on-going discussions and next steps regarding acute collaboration across the Black Country and West Birmingham.

Katherine Sheerin
February 2021

Paper for Submission to the Board of Directors 11th February 2021

TITLE:	Quality and Safety Committee		
AUTHOR:	Sharon Phillips – Deputy Director of Governance	PRESENTER:	Liz Hughes – Non Executive Director
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
	Y	Y	
RECOMMENDATIONS FOR THE GROUP			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
All			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> As detailed in the paper As the Trust was on level 4 due to the Covid pandemic the agenda was reduced to facilitate and enable service leads to focus time on clinical matters. High risk reports were presented and some reports taken as read 			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: Y		Risk Score: Numerous across the BAF, CRR and divisional risk registers
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	N	Details:
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHAIRS LOG

UPWARD REPORT FROM QUALITY AND SAFETY COMMITTEE

Date Committee last met: 26th January 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALAT</p> <ul style="list-style-type: none"> • Significant increase in the number of falls by patients in Trust • Significant number of clinical support worker vacancies and sickness impacting negatively on nurse patient ratio • Trust not achieving two of the three dementia targets. Reduced staffing in the Trust mental health team negatively impacting on target delivery and difficulty recruiting due to unique skill mix required. Interim mitigating actions have been taken. • Trust not achieving four of its five stroke targets. This has been an impact of the increased capacity to meet demand with Covid and not being able to protect beds, reduced clinics and redirection of medical work force. • Two new risks have been added to the Corporate Risk Register of which the quality and Safety Committee has oversight; <ul style="list-style-type: none"> • Wrong Blood in Tube (Labelling) • Safe staffing of the wards during the Coronavirus Pandemic • The Trust reported three Never Events during November and December 2020 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • VTE report requested for next committee
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Maternity Safety Standards – Assurance received on progress being made to deliver all 10 standards. Further work is in progress to fully deliver all standards • Assurance received of Clinical Support Worker recruitment in progress to appoint approx. 170 new staff members. The positive contribution of this new workforce should be seen in 4-6 weeks dependent of notice periods from existing employment 	<p>DECISIONS MADE</p>

Paper for submission to the Board of Directors February 2021

TITLE:	Chief Nurse Report		
AUTHOR:	Jo Wakeman Deputy Chief Nurse	PRESENTER	Mary Sexton Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		x	
RECOMMENDATIONS			
For the Board to review and note the exceptions presented.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO3: Drive service improvements, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> ➤ This is a new style report; which we will continue to develop over the next few months. All feedback is welcomed. <p><u>Good News Stories:</u></p> <ul style="list-style-type: none"> ➤ The Trust received positive feedback from Professor Kerri Thomas – <i>GSF Team of the Year</i> ➤ Patient and staff survey of the Trust vaccine hub received 99% positive feedback. ➤ The Trust has embarked on a large-scale recruitment of CSWs with 199 applicants shortlisted. ➤ The Trust has appointed a Compliance Team, to deliver a programme of work relating to all aspects of Care Quality Commission monitoring quality and safety compliance, across the Trust. <p><u>COVID Update</u></p> <ul style="list-style-type: none"> ➤ There have been 43 COVID outbreaks since October 2020 with 20 outbreaks open. ➤ Our COVID 19 vaccination centre opened at the Black Country Museum on the 25th January 2021. 			

Flu vaccination compliance for the Trust 82% at the time of this report.

- Areas for Improvement
- The trust has seen the highest number of falls during December 2020. In addition, other quality metrics have deteriorated during December 2020.
- Bank and agency usage continues to be high driven largely by vacancies and high levels of sickness particularly within the nursing workforce.
- Safer staffing data indicates that actual staffing hours have consistently been lower than the required hours needed.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

Risk Corporate Unable to safely staff the wards during the Coronavirus Pandemic due to high levels of absence (sickness/COVID related) leading to risk of inability to meet quality standards and safe care.	Y	Risk Description COR1529 Unable to safely staff the wards during the Coronavirus Pandemic
		Risk Score :20
RISK BAF 1A Not effectively engaging with patients in their care or involving them in service improvement	Y	Risk Description: COR1010 Failure to comply with local and statutory provisions for complaints management
	Risk Register: Y/N	Risk Score: 9
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y/N
	NHSI	Y/N
	Other	Y/N
REPORT DESTINATION	EXECUTIVE DIRECTORS	DATE:
		DATE:

Chief Nurse Report

Board 11th February 2021

Mary Sexton, Chief Nurse

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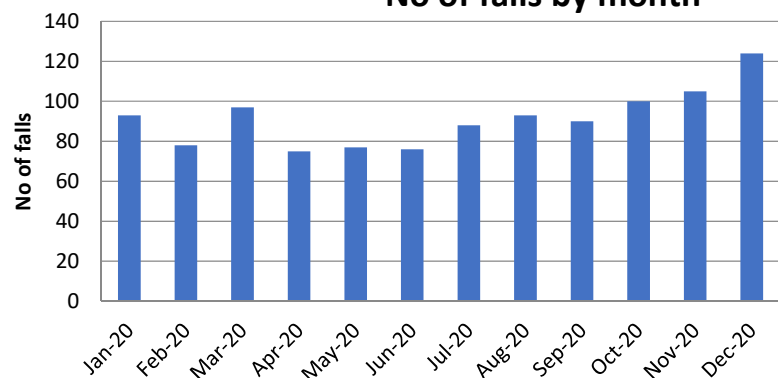
Care - Deliver safe and caring services - Falls

Falls - There was a 124 falls during December 2020- of those 106 patients who fell did not come to harm 17 patients were recorded as low harm and 1 patient recorded as a serious incident resulting in a fractured neck of femur.

COVID continues to result in high acuity and demand on our acute beds against a backdrop of nurse staffing shortfalls, there is also the deconditioning effects of patients from sustained long periods of isolation and limited mobility in the community.

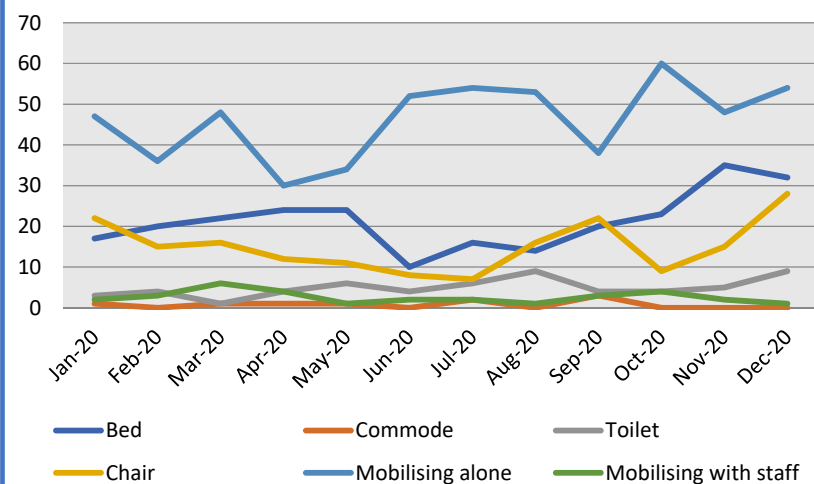
The Sunrise configuration team have confirmed they can attach the falls assessment to Sunrise. On completion of the assessment a falls risk flag will then automatically be generated in the patient alert column on the tracking board, the timescale for delivery is still to be determined.

No of falls by month



Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
93	78	97	75	77	76	88	93	90	100	105	124

Falls Categories



Care - Deliver safe and caring services

Tissue Viability



Pressure Ulcer Serious Incidents

There have been no category 3 or category 4 pressure ulcers reported in hospital or community; a concern has been escalated to community matron that short investigation tools are not being completed and therefore a backlog is created. Patient Safety team are working with the Community teams to address this and ensure all outstanding reviews are completed.

Pressure Ulcer Prevalence Study/Datix report

Comparative data identified that there is a variance in reporting in particular with the 'Moisture Lesions' and 'Category 2'

Pressure Relieving Equipment use

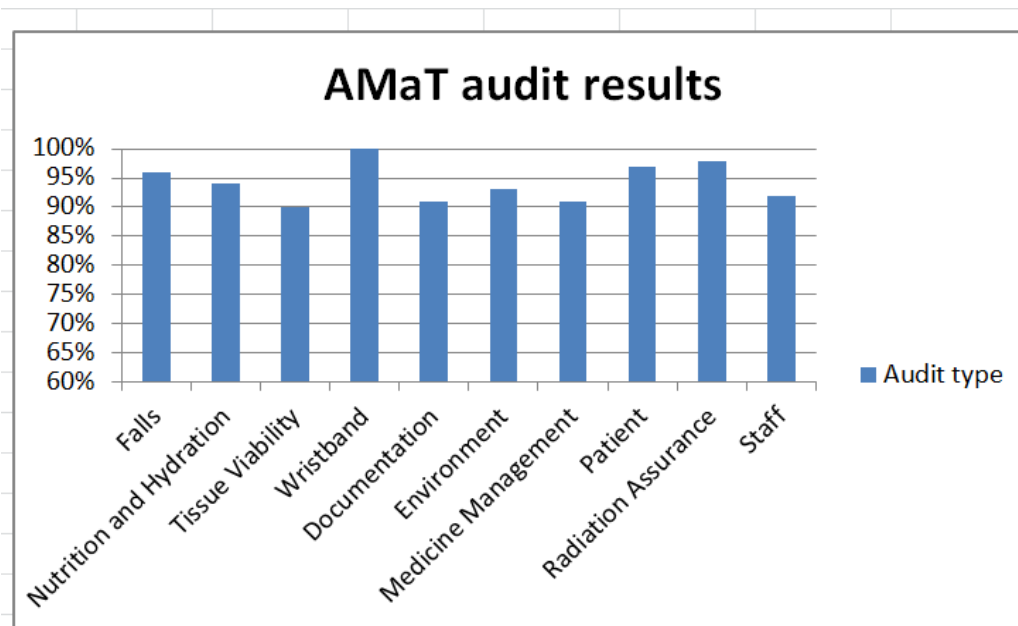
We have seen an increase in the use of equipment month on month particularly in the community. This issue is being addressed through the 'post contract' review meetings .

Mandatory Training

Mandatory Training report is now produced 2 weekly. The latest compliance is at 80.5% for the Trust. A discussion was made to limit mandatory training due to capacity / staffing issues due to the pandemic.

Nursing/AHP/Midwifery Monthly Quality Audits – Move to AMaT

November 2020 data- Audits suspended The data provided relates to the audits completed by Nursing/Midwifery/AHP teams, excluding nursing teams working on the inpatient wards, in November 2020 and the results are comparable to the previous month. Work is ongoing to review the inpatient ward questions for each audit type prior to the planned to restart date in February 2021. Due to the current Covid-19 pressures and the acuity of patients, Nursing/Midwifery/AHP audits via AMaT have been suspended for December 2020 and January 2021.



Compassion - Deliver a great patient experience

Complaints

In December 2020, 71 complaints were closed. There remains 182 open complaints of which 28 are either PHSO or LRM. There were 6 reopened complaints in December. In comparison to November 2020 overall complaints have reduced.

PALS



December we saw a reduction in PALS concerns. The team received a large number of calls relating to the Phlebotomy service due to the difficulty in accessing the telephone appointment line. In response to these concerns the system was changed by the introduction of an online booking service. This positive change has contributed to the reduction in calls during December.

Vaccination Hub – results of survey



99% respondents felt that the booking process was easy to follow and they were given enough information about the vaccine prior to receiving it, and felt that staff understood of their individual needs, which is strongly reflected in the free-text comments. Respondents felt that their privacy and dignity were maintained, information was clear and concise and they were made to feel at ease.

When asked what was good about their experience the main themes identified were the positive attitude of staff, good communication and safety guidelines being followed. Areas for improvement included better signage, refreshments, better information about the booking process and less people around the hub/more space in the corridor.

Friends and Family Test

- A total of **3,100** responses across all areas have been received during December 2020.
- Overall, 85% of respondents have rated their experience of Trust services as 'very good/good'. A total of 5% of patients rated their experience of Trust services as 'very poor/poor'. A&E received the lowest percentage scores for 'very good/good' and the highest number of patients who rated their experience as 'very poor/poor', at 8.7%. Day case and Maternity received the highest percentage positive ratings for overall experience of the service received.

Mental Health

There were two patients that were detained on Section 5(2) were detained and within the 72 hour period, (time allowed for a section 5(2) these patients were reviewed and assessed by the Approved Mental Health Practitioner and a decision was made that the patient was no longer a risk to them self or others and no further treatment as an inpatient at a Mental Health Hospital consequently discharged to their usual place of residence, with the possibility of additional support in the Community, like Home Treatment Team if it was assessed as being required.

Gold Standards Framework



'Your obvious whole team approach, IT development, proactive approach with early identification and offering ACP discussions to all identified, were particularly noted, plus the culture change that really helped you during the worst of the COVID crisis. It is great to hear that you felt GSF brought you all together and was embedded in the community, ensuring better cross boundary care.'

'I was so impressed by your assertion that end of life care is everyone's responsibility and we certainly saw that in action on the wards. Altogether it has been an outstanding achievement, and as I said, I would suggest to any hospital that they beat a path to your door to see how GSF can be best and most effectively implemented, with outstanding results.'

'You are a great exemplar as a compassionate whole hospital team, and I hope you continue to thrive and flourish. Well done to all your staff - they are all frontrunners and you all should be greatly applauded for the outstandingly high quality of your work.'

Professor Kerri Thomas – GSF Team of the Year

Freedom to Speak Up

Zero concerns in December.

Competence - Drive service improvement, innovation and transformation

Professional Development



Recruitment

The Trust is currently undertaking a large scale recruitment of Clinical Support Workers (CSW). This campaign is supported by NHSE&I funding. The intention is to reach a target of as close to Zero vacancy rate as possible by the end of March 2021 with a further ambition to over-recruit to support the on-going COVID and winter pressures and help staff the new modular build and associated service expansion. The Trust received 375 applications in just 3 days with 199 candidates being shortlisted. A successful virtual open day on 22nd January was attended by in excess of 70 candidates in order to introduce the role in more detail, including a newly prepared video with members of the team talking about the benefits and experiences of working for DGFT as a CSW. Interviews are scheduled for 28-30th January and 1st Feb and an enhanced on-boarding and support package will ensure new recruits many of whom will be new to care have a positive experience from the outset. The Trust is also working with Black Country partners on a system wide CSW recruitment programme to ensure we maximise our profile and exposure to future candidates and ensure a healthy workforce supply. Also as part of the CSW campaign we are offering bank only CSW an opportunity of a substantive posts in areas they are interested in working.

The next project about to launch is a new nurse recruitment campaign with other professions to follow including staff groups that are hard to fill at a national and local level such as Radiography.

Recruitment videos for CSW and RN's has just been completed with communication department, these videos have already been on social media and are going to be used for the next graduate event planned at Birmingham university.

It has just been confirmed that we expecting 21 third year students from Worcester and Wolverhampton University as part of HEE paid placements to support in this pandemic. These students will be placed in a variety of clinical areas and are potential new graduates at the end of this 12 weeks paid placement.

As other students continue on placements within the trust the Professional Development team are ensuring all staff are aware of the emergency NMC standards to hopefully take some pressure of assessing and support students out in practice.

Due to the present climate the Professional Development team are offering regular clinical supervision session or drop in sessions to support staff.

Communication - Make the best of what we have

Infection Prevention and Control

The IPC team currently use ICnet 2007 which is an unsupported IT system owned by Baxter. Talks have commenced with Baxter for a Black Country STP wide system which will be fed from Black Country Pathology Laboratory services at The Royal Wolverhampton Trust. Follow up meetings are to be arranged, with IT, IG and IPC Teams across the 4 Hospital Trusts to progress the work stream. A draft business case for Dudley Groups aspect has been devised which is currently being reviewed to acknowledge updated costings.

There have been 43 COVID related outbreaks, there is currently 20 open outbreaks across the hospital. 3 x weekly internal outbreak meetings are held with clinical teams in attendance to ensure they are supported, and the required precautions and mitigations are in place. A weekly external outbreak meeting is held to gain support and expert advice from external stakeholders including Commissioners and PHE colleagues.

Flu Campaign

82% of staff, as of the 27th January 2020, have now received the flu vaccination. As well as continuing to provide opportunities for any remaining staff to receive the vaccine.

Allied Health Professionals (AHP)

AHP Update

The community nursing and therapy teams are working hard to ensure that patients are kept out of hospital wherever possible to ease pressure on acute capacity and provide the best patient pathway. The Inreach team actively reviews and pulls patients from ED, AMU and Frailty and ensures patients access the right community services support. Own Bed Instead (OBI) initiative now has the capacity to support 45 patients at any one time and has extended its remit from admission avoidance to pull patients out of hospital and provide immediate ongoing therapy and where necessary care provision. Substantive funding is being sought to ensure this service can continue beyond March.

A team of AHP staff have supported the development of the proning team to help relieve some of the workforce pressures within Critical Care.

A group of ambitious pharmacists are looking to carry out a pilot within Critical Care. The aim of the project is to introduce pharmacy technicians as second checkers for drug administration. This enables nurses to spend more time in direct patient care.

Compliance Team

The Trust appointed a dedicated team, Compliance Team, to deliver a programme of work relating to all aspects of Care Quality Commission, quality and safety compliance, across the Trust. This involves the development of a robust framework that identifies gaps in compliance, identify gaps in assurance and drives improvement for patient experience and safety. To date a generic framework for self-assessment against the CQC KLOE has been developed and a further specialty specific framework, which will sit alongside this, is in development. The consultation and pilot of the framework is currently on hold due to the impact of Covid on the Trust capacity to take this forward. Numerous additional framework of supporting documentation/processes have been determined; a ward to board reporting framework, report templates, repository determined for compliance collation and evidence, framework to monitor compliance and drive completion of action plans and education/awareness programme.

The delivery and assurance of a robust framework for the development, approval and distribution of Trust Procedural documents will sit in the Compliance team. During the transition period of the handover of this work the team have undertaken a full review of the existing framework. This had significant blockers and delays which could prevent timely compliance with current guidance/ legislation and was therefore a risk to the organisation, staff and patient safety. In addition storage, archiving and data tracking have been reviewed and actions taken to address gaps and identified areas for improvement.

Commitment - Be the place that people choose to work

Safer Staffing Summary			Dec		Days in Month				31									
		Day RN	Day RN	Day CSW	Day CSW	Night RN	Night RN	Night CSW	Night CSW									
Ward	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Qual Day	UnQual Day	Qual N	UnQual N				
B1	135	103	135	68	94	84	93	67			76%	51%	89%	72%				
B2(H)	125	95	198	141	99	87	157	126			76%	71%	88%	80%				
B2(T)	127	97	132	116	102	83	98	86			77%	88%	81%	88%				
B3	290	193	186	97	248	167	155	111			67%	52%	67%	72%				
B4	260	219	256	195	227	186	211	164			84%	76%	82%	78%				
B5	219	222	163	138	180	214	94	83			101%	85%	119%	88%				
C1	250	221	248	247	186	177	190	170			88%	100%	95%	89%				
C2	285	259	80	81	249	210	62	61			91%	102%	85%	98%				
C3	249	232	424	376	186	175	385	344			94%	89%	94%	89%				
C4	162	148	68	65	124	96	62	75			91%	97%	77%	121%				
C5	339	246	251	205	280	196	192	150			73%	82%	70%	78%				
C6	110	93	131	79	128	97	125	77			85%	60%	76%	62%				
C7	215	193	207	126	194	174	205	163			90%	61%	90%	79%				
C8	322	279	218	174	279	246	186	168			87%	80%	88%	90%				
CCU_PCCU	250	212	62	48	217	189	31	25			85%	77%	87%	81%				
Critical Care	394	409	66	35	382	400					104%	53%	105%					
EAU AMU 1	550	389	399	299	498	370	373	282			71%	75%	74%	76%				
Maternity	909	761	237	183	529	469	162	141			84%	77%	89%	87%				
MH DU	189	137	68	33	189	127	31	23			73%	49%	67%	74%				
NNU	160	140			149	144					87%		97%					
TOTAL	5,537	4,650	3,527	2,710	4,540	3,891	2,812	2,314			84%	77%	86%	82%				

Safer staffing

Data indicates there was a deficit in planned versus actual hours to deliver care. This was evident in both trained and untrained staff across day and night shifts.

Bank and agency

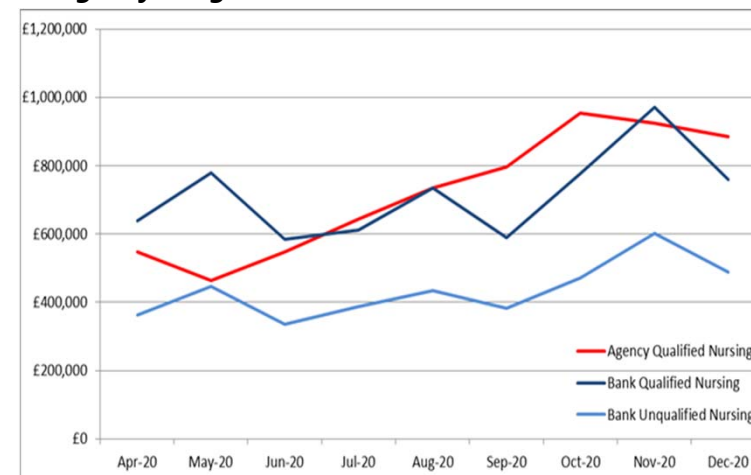
Usage continues to be high driven largely by vacancies – particularly Band 5, with 197 WTE vacancies this also results in a smaller pool of staff available for bank shifts, which also drives agency spend

Vacancies

Currently 310 qualified nursing vacancies and 102 unqualified nursing vacancies.

Bank and agency spend aligns very closely with the current vacancies – during January HSW sickness and absence reached 15%, which also drove bank spend.

Bank and Agency Usage



WTE Qualified Nursing Vacancies

CC1 Description	Budget M09	Contracted M09	Vacancies M09
Clinical Support	15	13	-2
Corporate / Mgt	103	93	-10
Medicine & Integrated Care	950	775	-175
Surgery	796	672	-123
Total	1,863	1,553	-310

WTE Unqualified Nursing Vacancies

CC1 Description	Budget M09	Contracted M09	Vacancies M09
Clinical Support	1	1	0
Corporate / Mgt	8	4	-4
Medicine & Integrated Care	498	431	-67
Surgery	378	347	-31
Total	885	782	-102

Commitment – COVID Reason Absence Profile – Nursing and Midwifery Qualified on Monday 1st Feb.

Current absence duration (on Monday 1st February) profile for 62 Qualified Nurses with COVID reasons is:

1-7 days = 2 staff

8-14 days = 29 staff

15-83 days = 31 staff

84+ days = 0 staff

Surgery division has the highest absences at 8.4% (Covid 3.8%, Other 3.5%)

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Add Prof Scientific ...

Additional Clinical S...

Administrative and ...

Allied Health Profes...

Healthcare Scientists

Medical and Dental

Nursing and Midwif...

Students

Employee Count Within Selected Staff Group

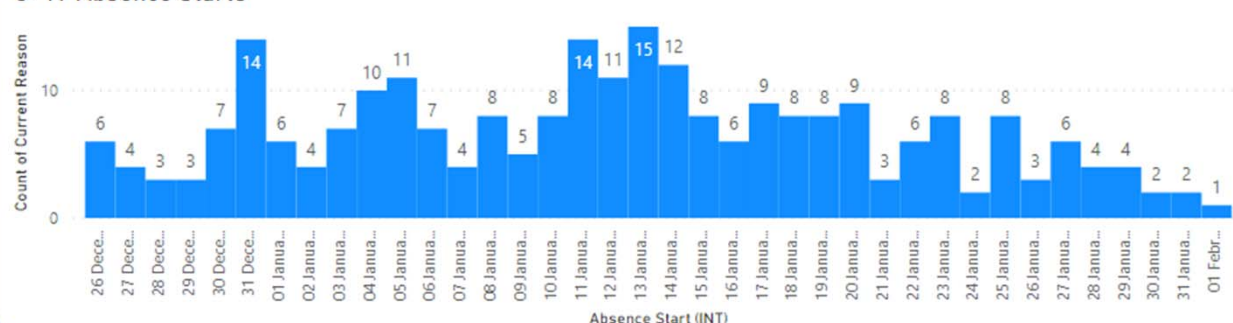
1764

Staff Group	Active Assignment	Covid-19	Other Sickness	Total
<input checked="" type="checkbox"/> Nursing and Midwifery Registered	93.0%	3.5%	3.5%	100.0%
Total	93.0%	3.5%	3.5%	100.0%

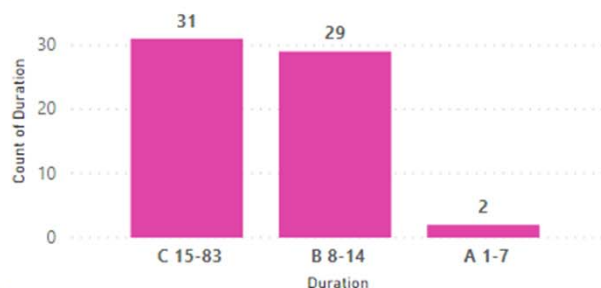
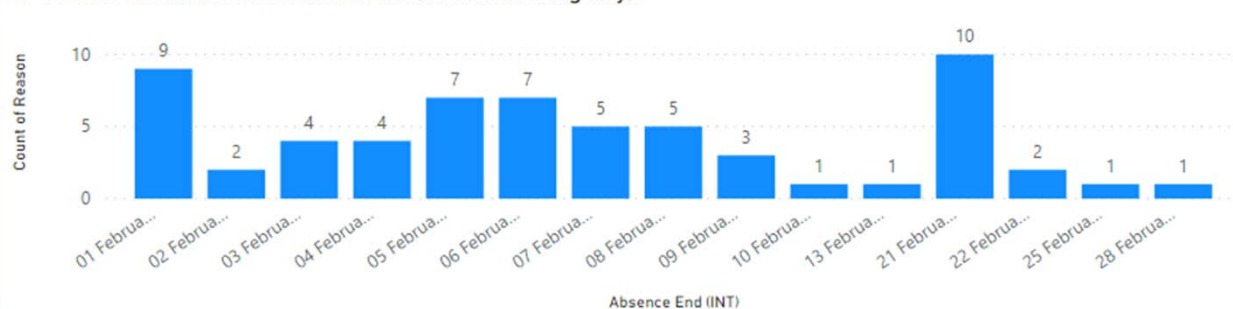
DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	14			14
253 Corporate / Mgt	99	1	2	102
253 Medicine & Integrated Care	828	32	24	884
253 Surgery	700	29	35	764
Total	1641	62	61	1764

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
<input checked="" type="checkbox"/> 253 Clinical Support	100.0%			100.0%
<input checked="" type="checkbox"/> 253 Corporate / Mgt	97.1%	1.0%	2.0%	100.0%
<input checked="" type="checkbox"/> 253 Medicine & Integrated Care	93.7%	3.6%	2.7%	100.0%
<input checked="" type="checkbox"/> 253 Surgery	91.6%	3.8%	4.6%	100.0%
Total	93.0%	3.5%	3.5%	100.0%

C-19 Absence Starts



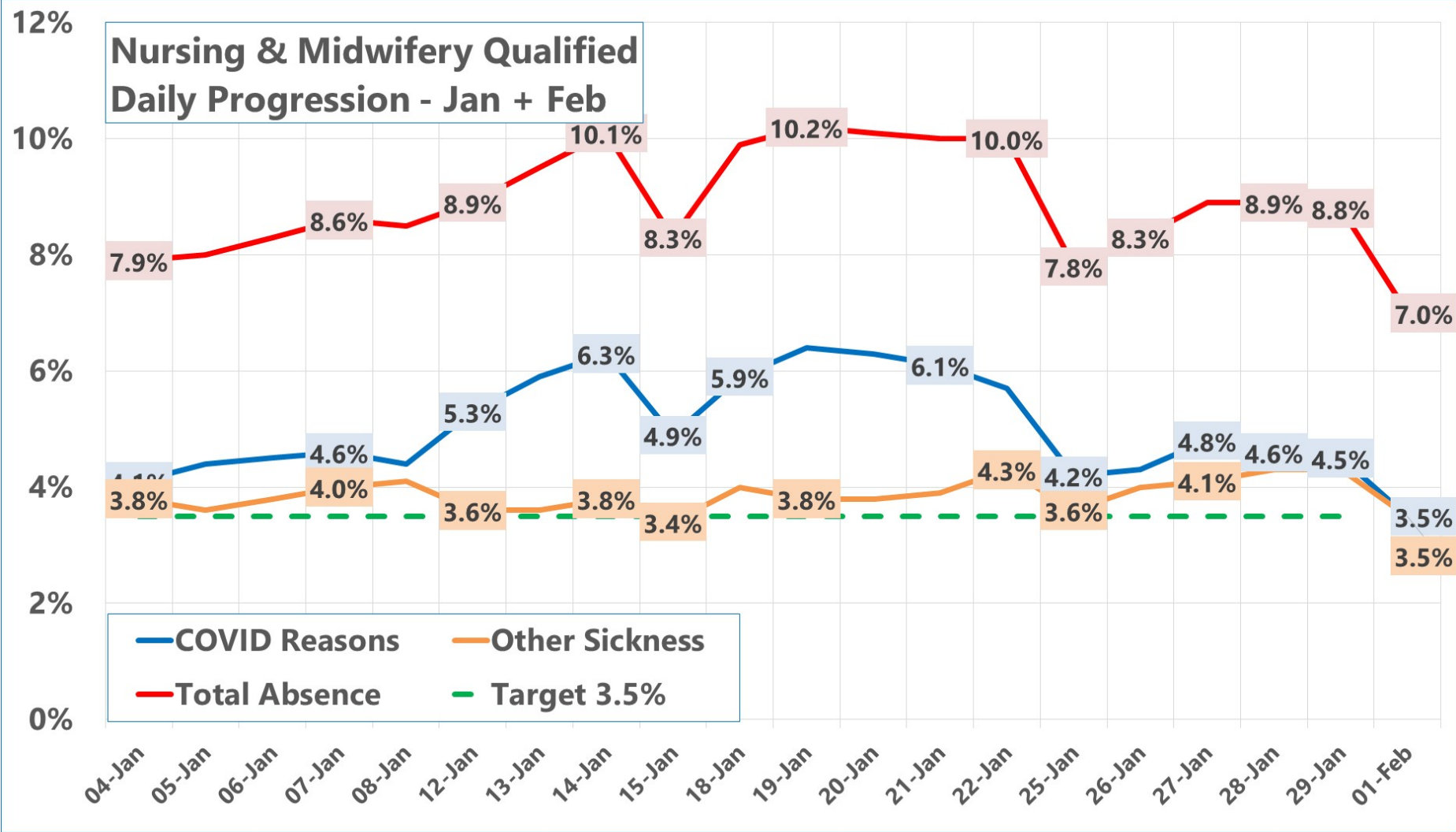
C-19 Current Absence Planned End (back following day)



Commitment – COVID Reason Absence Profile – Daily progression through January + February

Sickness Absence reached 10.2% in mid January, and has trended downwards in the last week, and is at 7% on Monday 1st February.

Underlying 'other sickness' levels have been around the target level of 3.5%.



Courage - Deliver a viable future

Safeguarding

- Daily walkabout and ward/department contact by Children's Safeguarding Team and Named Midwife
- Head of Safeguarding attended Divisional meetings to raise awareness of Managing allegations against staff policy
- Assurance report completed for Quality and Safety Committee – not yet presented
- Issue of increasing workload for adult safeguarding team and impact on resources has been raised at SQRM and added to the action log for escalation within CCG and discussion with DSPP
- The safeguarding team supporting clinical areas by working clinical shifts on a variety of areas .

Paper for submission to the Trust Board 11 February 2021

TITLE:	Infection Prevention and Control Board Assurance Frame Work –including summary Updated January 2021		
AUTHOR:	Jo Wakeman – Deputy Chief Nurse Emma Fulloway- Infection Prevention Lead Nurse	PRESENTER	Mary Sexton – Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>	<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>	
CORPORATE OBJECTIVE: SO2: Safe and Caring Services			
SUMMARY OF KEY ISSUES: <p>This paper is to demonstrate Trust compliance with the Health and Social Care Act 2008 and highlight gaps in assurance for action. In May 2020 NHSI/E requested that the Infection Prevention board assurance framework template is completed and shared with Trust board. One of the key areas to combating the COVID crisis relates to robust infection control standards and practices across the trust. The framework adopts the same headings as the Health and Social Care Act 2008 listing the 10 criterion. The colour coded matrix over the page (before the detailed IPC BAF) demonstrates the many areas which the trust is able to give assurance as evidence of compliance can be confirmed.</p> <p>Updates since Decembers report:</p> <ul style="list-style-type: none"> ▪ IPC training at the time of this report is below target at 86.7 % (clinical staff compliance) trust target is 90% compliance. ▪ COVID vaccination programme has commenced and visits to Action Heart and Black Country Living museum have been completed for IPC assurance ▪ New Government guidelines regarding staff contact isolation reduced from 14 days to 10 ▪ Trust Test and Trace SOP updated to incorporate national guidance changes regarding reduction in isolation from 14 days to 10. ▪ Trust Zoning SOP updated detail requirements for good ventilation (windows to be opened for 10 minutes every hour) and isolation of positive cases to end after 14 days. If patients are free from symptoms and do not have a temperature for 48 hours, they can be moved to a green area. ▪ Documentation audit completed to assess compliance with completion of patient transfer documentation (this is where information is documented regarding infection status to inform receiving area), this identified 79.5%. Clinical teams informed and audit to be repeated. 			

As of January 2021, there are no red non-compliant areas without mitigation, there are amber areas with mitigations in place, the IPC Group and wider Trust team continue to progress this work stream.

The Trust currently has 22 live outbreaks, mitigations are in place and are monitored via 3 x weekly outbreak meetings. Weekly meetings with external stakeholders are held.

IMPLICATIONS OF PAPER:

RISK	Y		Risk Description: Risk regarding decontamination of reusable medical devices and lack of clarity regarding Trust Decontamination Lead-Risk on IPC Risk Log
	Risk Register: Y		Risk Score: 12
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Well Lead
	NHSI	Y	Details: The IPC Board Assurance framework was requested by NHS/I
	Other	N	Details:

ACTION REQUIRED OF COMMITTEE / GROUP:

Decision	Approval	Discussion	Other
		✓	

RECOMMENDATIONS FOR THE BOARD /COMMITTEE/GROUP:

The IPC Group and Quality and Safety Group are to oversee the continued actions within the IPCTBAF to ensure compliance with the Health and Social Care Act

BAF Compliance Matrix											
KEY		No Gaps	Gaps Identified with mitigations	Gap No Mitigation	No line of enquiry						
	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	0.10	Comments
1											1.8 Improve IPC risk assessment required on admission documents.
2											2.7 Quality round continue to monitor appropriate decontamination of equipment.
3											3.1 Micro/Antimicro Pharmacist rounds reduced (since the start of pandemic to reduce footfall on wards), Virtual Antimicrobial stewardship meetings held, Pharmacists actively referring patients to antimicrobial pharmacist for queries, EPMA now in place.
4											4.3 COVID-19 information is produced by DH the trust website does have an accessibility button-that will read information and enlarges words. 4.4 patient check list in place for transfers and discharges-audit of documentation completed in December 79.5% compliance identified.
5											5.1 Trust zoning SOP notes that suspected COVID cases are located in ED red zone, urgent care COVID area in place SOP available on the hub.
6											6.1 Face to face training session capacity has been reduced due to social distancing; eLearning has been promoted to staff to improve mandatory training. 6.6 Need to develop an audit tool specific to COVID PPE. 6.7. Need to establish an independent review of hand hygiene.
7											
8											
9											
10											10.2 Database for face fit testing in place. 10.3 Movements of staff between zones cannot be guaranteed-zone prompts in place, due to vacancies and sickness. COVID Vaccination programme commenced.

Infection Prevention and Control Board Assurance Framework: December 2020

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure:</p> <p>1.1</p> <ul style="list-style-type: none"> Infection risk is assessed at the front door and this is documented in patient notes 	<p>The Trust has policies and procedures in place to identify alert organisms in patients admitted to the Trust.</p> <p>Patients with symptoms are assessed by ED and are placed into the RED Cohort area of ED; all admissions via ED are screened.</p> <p>Outpatient flow chart in use. Documentation audits are ongoing monthly.</p>	No gaps identified		
<p>1.2</p> <ul style="list-style-type: none"> Patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission 	<p>The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place</p> <p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings.</p> <p>The infection prevention team have the daily ward list which documents the location of COVID 19 patients and also have a contact list to track patient contacts.</p>	No gaps identified	Infection control attend the capacity meetings	
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.3				

<ul style="list-style-type: none"> Compliance with the national guidance around discharge or transfer of COVID-19 positive patients 	<p>Patients who are to be discharged to another care facility (Nursing/Care/LD Home) are screened for COVID 19 as per national guidance. Policy completed to be added to the hub.</p> <p>COVID results are provided to other care providers on transfer with discharge information.</p> <p>COVID status will be added as a separate item on the discharge and transfer information.</p> <p>Where tests are processed in house DMBC PH are informed of any COVID cases in care/nursing homes to enable follow up of patients. Completed.</p> <p>01/12/20 –meeting held for Sunrise prompt care/nursing home patients to be tested for COVID before discharge. Prompt now available on sunrise to trigger screening prior to discharge.</p>	<p>This process is awaiting audit, as some gaps have been identified by stakeholders, where by patients have been discharged to a home without being tested.</p>	<p>Where a patient has been missed the ward is contacted to make them aware. Discharge check lists to be updated.</p>	
<p>1.4</p> <ul style="list-style-type: none"> Patients and staff are protected with PPE, as per the PHE national guidance 	<p>PHE guidance in relation to PPE has changed during the COVID pandemic. Staff are updated promptly when new guidance is released via the daily communications. Staff have access to PPE as per PHE guidance. PPE Marshalls are in place, there are posters stating PPE requirements in each of the zones. Executive oversight of PPE stocks.</p> <p>Patients are offered surgical mask upon entry to the hospital. In-Patients are to be offered face masks if they are placed in waiting area, or bay with other patients.</p> <p>All patients are encouraged to wear surgical masks at all times except overnight.</p>	<p>No gaps identified</p>		

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.5 <ul style="list-style-type: none"> National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way 	<p>The Incident Room, established in response to the pandemic receives all internal and external information in relation to COVID and then forward this, on a daily basis, to all relevant departments. The IPCT review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefing.</p> <p>Daily situation report to PHE/NHSI/E.</p> <p>Latest updated PHE/NHS IPC guidance is included in Trust SOP's (Test & Trace and Zoning SOP's).</p>	No gaps identified		
1.6 <ul style="list-style-type: none"> Changes to guidance are brought to the attention of boards and any risks and mitigating actions are highlighted 	<p>COVID 19 taskforce meeting that reports directly to the Executive Board.</p> <p>Updated national guidance for isolation of staff contacts reduced from 14 day to 10.</p> <p>Positive patients are not to be retested for COVID for 90s days following a positive test, once a positive patients has completed 14 days isolation and have been free from temperature for 48 hours they can be de-escalated, and moved to green area. New flag system to be devised on sunrise for these patients.</p>	No gaps identified	Latest updated PHE/NHS IPC guidance is going through Trust processes currently.	

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
1.7 <ul style="list-style-type: none"> Risks are reflected in risk registers and the Board Assurance Framework where appropriate 	<p>COVID Operational risks are contained within the corporate and divisional risk registers. The infection prevention framework document will be presented to Board for suggestion of inclusion on the corporate risk register.</p> <p>Risk registers reviewed to ensure all COVID related risks are documented and reported.</p>			
1.8 <ul style="list-style-type: none"> Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens 	<p>Admission assessments include an infection control section which asks if patients have an infection. There are policies and procedures in place to identify alert organisms in admitted patients. These are audited and presented to the Infection Prevention and Control Group for reporting up through the organisation.</p> <p>Surveillance of alert organisms is completed by the IPCT utilising ICNet surveillance system and the national MESS database.</p> <p>Any positive results are reported via sunrise system to inform clinical teams.</p> <p>The PAS is updated with significant infection risks as per policy.</p>	<p>Gaps Identified</p> <p>The infection control risk assessment in the admission documentation is limited.</p> <p>ICNet system issues – COVID results not always transferred</p>	<p>Live link to sunrise system in place, for COVID-19 results</p> <p>Risk Assessment has been completed, discussed at IPC Committee agreed to delay the launch until the new year.</p> <p>IPCT representation on</p>	

	Sepsis screens are completed via sunrise. IPC admission risk assessment discussed at November IPC Committee, it is to be implemented when the trust's nursing notes moves to electronic system.		EPR meetings to move forward with implementation of IPC Risk assessment check list	
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2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure:</p> <p>2.1</p> <ul style="list-style-type: none"> Designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas 	<p>Staff caring for COVID patients, are supported by Matrons, Consultants and IPCT. The medical rotas were adjusted to ensure that those with respiratory experience were assigned to the high COVID areas.</p> <p>IPCT have provided training for Donning and Doffing of PPE, the team commenced in March-but did not capture training attendance until April.</p> <p>Face fit testing undertaken locally and by the clinical skills team.</p>	<p>Gaps Identified</p> <p>Lack of accurate data to demonstrate compliance</p> <p>Robust process required for managing yearly face fit testing requirements.</p>	<p>Now donning and doffing training completed by the IPCT is documented, going forward this will be included in mandatory training</p> <p>Database for fit testing now in use and compliance is being monitored</p>	
<p>2.2</p> <ul style="list-style-type: none"> Designated cleaning teams with appropriate 	<p>Cleaning contractor has ensured that 310 facilities staff were face fit tested and trained regarding PPE requirements.</p>	<p>No Gaps identified</p>	<p>IPCT hold regular meetings to</p>	

<p>training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.</p>	<p>Additional training has been offered to cleaning contract staff to ensure they are aware of appropriate cleaning techniques for working in COVID cohort areas. An external cleaning training provider has completed a programme of education.</p> <p>Facilities team report yearly training in line with the trust.</p>		<p>ensure facilities resources are focused in risk areas</p>	
<p>2.3</p> <ul style="list-style-type: none"> Decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance 	<p>Terminal cleans completed when a COVID patient vacates a bed space or area</p> <p>The Trust HPV team where possible have completed room disinfections following the standard terminal cleans within isolation rooms, ward bays.</p>	<p>No Gaps identified</p>		
<p>2.4</p> <p>Increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in</p>	<p>COVID additional cleaning documents and cleaning policy remain in place.</p> <p>The Trust facilities team and infection prevention team have reviewed cleaning requirements through the pandemic, assessing cleaning standards through the audit programme and by gaining feedback from clinical teams. Cleaning audits were recommenced end of April.</p> <p>Audits against cleaning standards reviewed at the IPC Committee.</p> <p>The trust utilises Clinell wipes for decontamination of medical devices and surfaces-Gamma state the wipe are against enveloped viruses and that 60 seconds contact time is</p>	<p>No Gaps identified</p>		

<p>the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning/disinfectant solutions/products as per national guidance: 'frequently touched' surfaces, e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or body fluids electronic equipment, e.g. mobile phones,</p>	<p>required.</p> <p>Touch point cleaning continues; this is reviewed 2 weekly by IPC and facilities team. Dedicated staff have been resourced</p> <p>As the COVID cases within the hospital have continued to rise the trusts facilities manager has ensured cleaning resources are increased in high risk areas.</p>			
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desk phones, tablets, desktops and keyboards should be cleaned at least twice daily rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily.)				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
2.5 <ul style="list-style-type: none"> Linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken 	<p>COVID positive linen is managed in line with Elis policy (placed into alginate bag and the white bag) which is compliant with PHE guidance-which is available on the Trust.</p> <p>Standard precaution policy has been updated to include the colour code</p>	<p>Noted that the Trust does not have a linen policy, a section on linen is included in the standard precaution policy this is currently being updated to include the contractors colour coding which is currently in place across the clinical areas</p>	<p>Information regarding the correct bagging is held on the Hub and the practice is monitored via annual audit process and Quality Rounds</p>	
2.6 <ul style="list-style-type: none"> Single use items are used where possible and according to Single Use Policy 	<p>As far as possible single use items have been used, as documented in the Decontamination and decontamination of medical devices policy available on the HUB.</p> <p>There is an audit programme in place via the ward audits which look at single use items and appropriate decontamination.</p>	<p>Due to COVID crisis frequency of audits has been reduced.</p>	<p>IPC Annual audits have now commenced and Quality Rounds</p>	

	IPCT annual audits were recommenced in June			
2.7 <ul style="list-style-type: none"> Reusable equipment is appropriately decontaminated in line with local and PHE and other national policy 	<p>Reusable non-invasive medical devices are decontaminated using disinfectant wipes or Chlorine releasing agent in line with Trust policy and/or manufactures instructions.</p> <p>Decontamination and decontamination of medical devices policy available on the HUB.</p> <p>Pseudomonas serious incident ongoing. Reported to risk and assurance.</p> <p>Reports from Medical engineering team that wards are not using correct processes, escalation in place to report noncompliance to improve current practice</p>	<p>Gaps Identified</p> <p>Evidence of application of policy required</p> <p>Nominated Decontamination Lead required- include on risk log.</p>	<p>Ensure audits continue as planned via the annual audit programme. Use of Datix system to report non-compliance in place.</p> <p>Quality Rounds commenced</p>	
2.8 <ul style="list-style-type: none"> Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission 	<p>The Estates department as part of the hot weather plans have been installing where possible portable air conditioning units and have reviewed ventilation at the Trust.</p> <p>The estates team hold details regarding air changes according to site plans.</p> <p>Communications held with matrons regarding the benefits of periodically opening windows to aid air exchanges within clinical areas.</p>	<p>No Gap Identified</p>	<p>Installation of air conditioning units.</p> <p>Periodic opening of windows to dilute air.</p>	

3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and process are in place to ensure:</p> <p>3.1</p> <ul style="list-style-type: none"> • Arrangements around antimicrobial stewardship are maintained • Mandatory reporting requirements are adhered to and boards continue to maintain oversight 	<ul style="list-style-type: none"> • Antimicrobial Pharmacy referrals in place. • AMS ward rounds (Antimicrobial Pharmacist led) are now electronic due to having the sunrise system in place. • AMS annual report provided. • AMS update is regularly provided to Medicines management Group and Drugs and therapeutics Group. • Consultant Microbiologists available via switch board 24/7 for consultation. • Antimicrobial prescribing Snap shot audits. • Procalcitonin testing introduced as part of covid screening to reduce inappropriate prescribing of antimicrobials. 	<ul style="list-style-type: none"> • Antimicrobial stewardship group meetings. • Micro/Antimicrobial Pharmacist ward rounds not happening as often as before Pandemic due to isolations and remote working. • Rigorous monitoring not possible currently. 	<p>Virtual Antimicrobial stewardship group meetings during pandemic (via email/teams).</p> <p>All clinical Pharmacists actively referring patients to antimicrobial Pharmacist for stewardship queries.</p> <p>Band 7 antimicrobial Pharmacist post recruited.</p> <p>Snap shot antimicrobial prescribing audits.</p>	

			<p>Infection control Nurses to support AMS activity.</p> <p>EPMA now in place to allow ongoing monitoring of prescriptions</p>	
4 Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
4.1 Systems and processes are in place to ensure: <ul style="list-style-type: none"> Implementation of national guidance on visiting patients in a care setting 	<p>The trust currently has restricted visiting in place due to social distancing and government essential travel restrictions. Visitors are to wear PPE when visiting. This has been communicated by, nursing staff to patients and visitors, via social media, switch board and posters as pictured around the hospital.</p> <p>Visiting Policy to be updated to reflect current visiting advice. Information regarding visiting during the COVID crisis is provided via automated message on calling direct to Trust switchboard.</p>	No gaps identified		
4.2 <ul style="list-style-type: none"> Areas in which suspected or confirmed COVID-19 patients are where 	<p>Signage is placed on entrances to wards and other clinical settings stating restricted access. In addition have zoning SOP, zoning notices and poster with PPE requirements for the area.</p>	No gaps identified		

possible being treated in areas clearly marked with appropriate signage and have restricted access				
4.3 <ul style="list-style-type: none"> Information and guidance on COVID-19 is available on all Trust websites with easy read versions 	COVID information is available on the Trust Intranet and External website in line with national communications materials available	Gaps Identified Easy read versions are not available on external website. Multilingual versions also not readily available.	COVID information is currently produced by DH and has been directed through this route. The Trusts website does have a clear information button which reads information to users and enlarges font and gives an explanation of words used amongst other accessibility tools.	

<p>4.4 Infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved</p>	<p>There is a patient transfer checklist which asks-infection type if the patient requires barrier nursing or side room and requests current observations.</p> <p>As previously documented there is a discharge and transfer checklist (which will be updated to specifically include COVID) and COVID status is included in all discharge documentation to all other healthcare providers.</p> <p>COVID test results for intra trust transfers are documented on Sunrise.</p> <p>Documentation audit completed in December has identified 79.5% compliance, for completion of patient transfer checklist, clinical teams have been informed and informed of requirements.</p>	<p>Gaps Identified</p> <p>Assurance required regarding evidence of completion</p>	<p>To be reviewed as part of the monthly documentation audit.</p> <p>Clinical teams informed, audit to be repeated to monitor progress.</p>	
<p>5 Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people</p>				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure:</p> <p>5.1</p> <ul style="list-style-type: none"> Front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms 	<p>Please refer to section 1.</p> <p>There is the zoning document for in-patient admissions which covers patient placement.</p> <p>ED have a flow chart describing the designated 'red area' which is separate to the rest of ED with dedicated staff for suspected COVID patients.</p>	<p>No Gaps Identified</p>		

and to segregate them from non COVID-19 cases to minimise the risk of cross-infection	Lateral Flow tests for ED patients to be introduced.			
5.2 <ul style="list-style-type: none"> Patients with suspected COVID-19 are tested promptly 	<p>As per national guidelines testing for acute admissions is completed on admission to ED (detail included in both zoning SOP and patient flow policies). A process for screening of elective cases is in place and delivered via a drive through system.</p> <p>Testing is completed on admission via ED, elective cases before admission via drive through system.</p> <p>Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients' observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system; the results are reported via this system also.</p>	No gaps identified		
5.3 <ul style="list-style-type: none"> Patients that test negative but display or go on to develop symptoms of COVID-19 are segregated, tested and instigation of contract tracing as soon as possible 	<p>As described in the zoning SOP and draft COVID policy. Symptomatic patients are treated in side rooms where possible. Patients in green (non COVID) and yellow zones (awaiting results) are monitored for symptoms of COVID and are rescreened if required. Patients observations are input into sunrise which will set an alert when news scores is triggered. Requests are made via the Sunrise system, the results are reported via this system also. New cases which occur within the hospital setting 2> days after admission are contact traced by the ICT. A list of contacts is kept by IPCT to monitor for their location and symptoms, contacts are then tested on day</p>	No gaps identified		

	<p>5 after contact.</p> <p>Test and trace flow chart in place, which describes the contact tracing risk assessments.</p>			
<p>5.4</p> <ul style="list-style-type: none"> Patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately 	<p>Where possible out patients appointments are conducted virtually or by telephone. Some clinics are appointments, before patients attend they are asked if they have symptoms, if patients has symptoms and they have to attend they are asked to wear a surgical mask and decontaminate hands and would be placed last on the list.</p> <p>Phlebotomy clinics have commenced at the main hospital patients have to book appointments and social distancing is in place.</p> <p>Currently all patients attending the OPD are screened via symptom enquiry and temperature check if necessary, asked to decontaminate hands and wear a face mask. The majority of OPD appointments are being conducted virtually or by telephone.</p> <p>OPD flow chart for COVID screening in place.</p>	No gaps identified		
6 Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
Systems and processes				

<p>are in place to ensure:</p> <p>6.1</p> <ul style="list-style-type: none"> All staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other guidance, to ensure their personal safety and working environment is safe 	<p>IPC mandatory training via e learning has continued, face to face training was suspended during March 2020 but now back in place with social distancing, this has reduced face to face capacity.</p> <p>COVID briefing sessions in Lecture theatre were held, now virtually.</p> <p>Face Fit testing</p> <p>Training PPE donning and doffing</p> <p>HUB information with links to PHE guidance and videos</p> <p>The core IPC mandatory training has been updated to include specific COVID training.</p> <p>Trust reviewing the updated PHE/NHS IPC Guidance for implementation at the Trust.</p> <p>Trust compliance for IPC training effective from 13.11.2020 is 86.7%</p>	<p>General face to face IPC training was suspended; therefore training compliance has reduced. Prompts sent by divisional leads to remind staff to complete training.</p>	<p>IPC Mandatory training is now in place.</p> <p>Face fit testing database now in place</p>	
<p>6.2</p> <ul style="list-style-type: none"> All staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely don and doff it 	<p>At the height of the pandemic PPE marshals were trained by IPCL Nurse to enable them to complete checks and assist staff.</p> <p>IPCT, Matrons have provided training to clinical areas posters are displayed at ward entrances stating what PPE is required and within the donning and doffing areas posters are displayed with pictures of how to don and doff. PHE videos are also available.</p> <p>Half face respirators have been purchased and distributed by the trust.</p> <p>Two staff fully trained as super fit testers. Ability to train the trainers.</p>	<p>No gaps in assurance.</p>	<p>Communications via huddles and email to all to remind staff of PPE requirements</p>	

<p>6.3</p> <ul style="list-style-type: none"> A record of staff training is maintained 	<p>IPC Mandatory training records are held centrally in ESR. Fit test records are held by staff and divisional managers.</p>	<p>The central database for face fit testing does not hold all details of staff face fit tested</p>	<p>Live data base in place for face fit testing. Face fit testing, Donning and Doffing included in priority 1 training requirement</p>	
<p>6.4</p> <ul style="list-style-type: none"> Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed 	<p>Stocks are monitored by the procurement team and perceived deficits are reported to the executives so mitigation actions can be instigated promptly.</p> <p>If required in acute shortages the PHE guidance for reuse off PPE could be implemented.</p>	<p>No gaps identified</p>		
<p>6.5</p> <ul style="list-style-type: none"> Any incidents relating to the re-use of PPE are monitored and appropriate action 	<p>Datix system analysed for any reports of PPE being reused- none identified.</p>	<p>No Gaps identified</p>	<p>Staff reminded to report re-use of PPE via</p>	

taken			datix. Procurement team monitor stock levels	
6.6 <ul style="list-style-type: none"> Adherence to PHE national guidance on the use of PPE is regularly audited 	<p>There is no formal COVID PPE audit.</p> <p>PPE Marshalls in place, matron, lead nurse and IPCT checks completed</p> <p>Clinical team complete stock checks.</p> <p>Developing a specific audit for PPE use.</p> <p>PPE use is included as part of the routine ward audit.</p> <p>Datix reports of failure to follow PPE advice are reviewed.</p>	Gap identified	COVID PPE audit, audit tool in draft Quality Rounds Commenced	
6.7 <ul style="list-style-type: none"> Staff regularly undertake hand hygiene and observe standard infection control precautions Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination, as per national guidance Guidance on hand hygiene, including 	<p>The hand hygiene saving lives audits have continued and 100% compliance has been reported across services (that returned an audit) in Q4 and Q1. This level of compliance requires an independent review the IPCT are planning to launch IPC quality rounds to support clinical staff with auditing.</p> <p>Hand Hygiene training is covered within mandatory training. Hand dryers are not located within clinical areas, paper towels in dispenser are provided in line with national guidance along with instructions of how to perform hand hygiene- including drying.</p>	Gap Identified: Independent review of hand hygiene required	IPC Annual audit programme has now commenced	

drying, should be clearly displayed in all public toilet areas as well as staff areas				
6.8 <ul style="list-style-type: none"> Staff understand the requirements for uniform laundering where this is not provided for on site 	Uniform policy in place, reminders sent out in communications via COVID update email Limited changing room facilities availability across the trust.	No gaps identified		
6.9 <ul style="list-style-type: none"> All staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms 	Staff Huddles completed, information shared via intranet, email and posters. Sickness is reported and monitored via a dedicated line, staff are screened if they or a family members have symptoms, staff are aware of isolation procedures in line with PHE guidance. Staff Temperature Checking in progress Test and trace flow chart in place and communications distributed regarding self-isolation	No gaps identified		
7 Provide or secure adequate isolation facilities				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
Systems and processes are in place to ensure: 7.1	The Trust has implemented a Zoning system, Yellow, Blue and Green with SOP in place (updated January 2021).	No gaps identified		

<ul style="list-style-type: none"> Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate 	<p>The capacity of the Zones is reviewed 3 times daily at the capacity meetings</p> <p>The infection prevention team have the daily ward list which documents the location of COVID patients and patients with resistant/alert organisms.</p> <p>Zoning SOP available on the HUB.</p>			
<p>7.2</p> <ul style="list-style-type: none"> Areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance 	<p>Cohorting of (positive/negative and patients awaiting results) patients into bays, patients have to be spaced with curtains drawn in between patients, no fans and doors closed. Zoning SOP is in place.</p> <p>The hospital has limited space to have separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.</p>	Gap identified, mitigated for this trust	<p>Hospital environment limited</p> <p>Areas segregated and social distancing in place</p> <p>Zoning SOP in place</p> <p>Policy is in draft</p>	
<p>7.3</p> <ul style="list-style-type: none"> Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement 	<p>IPCT complete surveillance of alert organisms using ICNet, IPCT document on ICNet actions taken and advice given and if necessary document in patients notes regarding precautions required isolation. IPCT policies in place: isolation, MRSA, CPE, C.diff</p>	No gaps identified		

8 Secure adequate access to laboratory support as appropriate				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>There are systems and processes in place to ensure:</p> <p>8.1</p> <ul style="list-style-type: none"> Testing is undertaken by competent and trained individuals Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance screening for other potential infections takes place 	<p>Staff obtaining swab samples are trained to do so. A training package has been devised; staff have the opportunity to shadow and then complete a screen under supervision. Testing of the COVID swabs is undertaken in accredited laboratories.</p> <p>Community staff weekly testing requirement: collaborative approach with CCG and DMBC PH have weekly testing for health care workers who attend care/nursing homes.</p> <p>Prompt now in place on sunrise system to ensure green patients are retested on day 0, day 3 and day 5 as per national guidance</p> <p>Lateral flow testing commenced W/C 23/11/2020. All clinical and non-clinical staff.</p> <p>MRSA screening has continued along with clostridium difficile tests for patients who have diarrhoea.</p> <p>All other screening has continued as pre COVID crisis.</p>	<p>No gaps identified.</p>	<p>Matrons informed during Huddles regarding testing required.</p> <p>Information also available on the hub and communications update.</p>	

09 Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Systems and processes are in place to ensure that:</p> <p>9.1</p> <ul style="list-style-type: none"> Staff are supported in adhering to all IPC policies, including those for other alert organisms 	<p>IPC policy adherence is completed by IPCT visits, training and via Saving Lives audits.</p>	<p>No gaps identified</p>		
<p>9.2</p> <ul style="list-style-type: none"> Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff 	<p>The IPCT receive email alerts from PHE which describe any changes in guidance, the IPCT also review the PHE website daily for updated PPE and infection control guidance. Changes are communicated to staff via IPCT visiting clinical areas, Matrons meeting, daily brief, HUB page, COVID emails and CEO briefings.</p> <p>(See previous information regarding Incident Room cascading all relevant COVID information throughout the Trust)</p> <p>Zoning SOP being reviewed in light of new guidance</p>	<p>No gaps identified</p>		
<p>9.3</p> <ul style="list-style-type: none"> All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with 	<p>Waste streams on yellow and blue zones are clinical waste: orange bag. Some reports received of improper disposal Interserve have communicated issues to areas concerned.</p> <p>The national guidance for the disposal of face masks has</p>	<p>No Gaps identified</p>		

current national guidance	<p>been updated to stated that face masks which have not been used for clinical tasks can be disposed of in to the domestic waste stream.</p> <p>Tiger stripe clinical waste stream has be implemented across the wards-when a case has been identified then orange waste stream is used</p>			
9.4 <ul style="list-style-type: none"> PPE stock is appropriately stored and accessible to staff who require it 	<p>A central store is maintained by procurement, who distribute PPE according to need to ensure adequate stocks, there is out of hours access.</p> <p>On entrance to clinical areas there is available stock of PPE. Staff obtain replacement stock directly from procurement.</p> <p>IPCT sit on PPE Cell meetings with Health and Safety, Procurement and clinical skills.</p> <p>Half face respirators have been purchased and distributed by the trust.</p>	No gaps identified		
10 Have a system in place to manage the occupational health needs and obligations of staff in relation to infection				
Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions	R.A.G
<p>Appropriate systems and processes are in place to ensure:</p> <p>10.1</p> <ul style="list-style-type: none"> Staff in 'at-risk' groups are identified and managed appropriately 	<p>Staff in the following groups have been identified:</p> <ul style="list-style-type: none"> Over 70's Pregnant Staff BAME Staff Staff with underlying conditions 	No gaps in assurance	Vulnerable staff may not disclose to employer, therefore all staff to have	

including ensuring their physical and psychological wellbeing is supported	<p>Line managers of 'at-risk' groups have been tasked with completing risk assessments to identify risks and consider adjustments where appropriate with the support of Staff Health & Wellbeing and HR.</p> <p>Staff members identified as vulnerable are being supported appropriately to ensure both their physical and psychological wellbeing is supported.</p> <p>There has been an active programme of undertaking risk assessments for all staff, this is an on-going process which line managers will review appropriately.</p> <p>The risk assessment process is ongoing and returns continue to be monitored.</p> <p>The Trust commenced COVID vaccination programme on 29/12/20 priority is to be given to patients over 80 years and staff with increased risk.</p> <p>The Infection Prevention and Control Team have completed assurance visits at Action Heart and Black Country Living Museum vaccination centres.</p>		risk assessment completed	
<p>10.2</p> <ul style="list-style-type: none"> Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained 	<p>Health & Safety are keeping and maintaining records of all staff members that have undertaken FFP3 Face Fit Testing.</p> <p>The trust has ordered replacement reusable respirators (half face and hood systems) Medium and large respirators have arrived into the trust and have been distributed. Small half respirators awaiting distribution.</p>	Gaps in assurance identified		

<p>10.3</p> <ul style="list-style-type: none"> Consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance 	<p>Zoning SOP sets out that staff should not work across areas where possible, although due to patient safety issues movement of staff may occur.</p> <p>During the height of the pandemic the Trust Interserve partner worked with IPCT to organise 'runners' for clinical areas where COVID patients were cohorted, this was required to reduce footfall. In response to the current fall in cases the resource has been utilised for touch point cleaning within out-patients and main hospital corridors.</p> <p>The hospital has limited space to have totally separate services therefore the Trust has segregated areas by utilising pods and physical barriers and one way systems.</p> <p>As we come out of the pandemic and have fewer cases, nursing staff will be allocated to care for COVID patient per shift.</p> <p>As cases have increased, blue zone capacity within the hospital has been increased, with dedicated nursing teams as far as practicable.</p>	<p>Appropriate workforce numbers to maintain segregation of zones.</p>	<p>Zoning SOP and areas are segregated with one way systems</p>	
<p>10.4</p> <ul style="list-style-type: none"> All staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not 	<p>The Trust has provide staff with detailed guidance with regards of social distancing a standard operating procedure is in place, posters and markings on floors, including one way systems in some areas and floor markings within lifts including maximum capacity.</p> <p>Staff are provided with face masks when they enter the</p>	<p>No gaps identified</p>		

<p>wearing a facemask and in non-clinical areas</p> <ul style="list-style-type: none"> Consideration is given to staggering staff breaks to limit the density of healthcare workers in specific areas 	<p>building and can obtain face masks from their manager.</p> <p>Precautions are in place with regards of staff completing touch point cleaning as described within the social distancing SOPs</p> <p>The Trust has reviewed staff rest area space as they are currently limited within ward areas-breaks are being staggered and the trust is now providing tables with 1 or 2 chairs within the main canteen areas.</p> <p>CCG Quality visit completed 20/08/2020 no issues identified and embedded processes found.</p>			
<p>10.5</p> <ul style="list-style-type: none"> Staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing 	<p>All COVID related absence is reported centrally through a COVID Workforce inbox to ensure that all absence is monitored and reviewed on a daily basis.</p> <p>This information feeds directly in Staff Health and Wellbeing on a daily basis, who then contact the staff member or associated member to provide access to staff testing.</p> <p>Line managers are expected to maintain contact and ensure support is in place for all staff self-isolating and the Trust maintains a returner profile, identifying when staff are predicted to return.</p>	No gaps identified		
<p>10.6</p> <ul style="list-style-type: none"> Staff that test positive have adequate information and 	<p>If the staff member has been swab tested by the Trust, negative results are sent via text and positive results are contacted by SHAW.</p>	No gaps identified		

<p>support to aid their recovery and return to work.</p>	<p>If the staff member has received a test for antibodies by the Trust, test results are given via text message-this service has now ceased.</p> <p>Regarding a positive result staff are advised to stay off work for a minimum of 10 days and can return to work after 10 days if they are symptom free for 48 hours, in line with PHE guidance.</p> <p>The Trust have increased the Staff Health and Wellbeing provision, including access to an Occupational Health Physician and 24/7 access to personalised, on-demand advice and support from our team of mental health, financial, and legal experts.</p>			
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Paper for submission to the Board of Directors on 11 February 2020

TITLE:	Maternity and Neonatal Safety and Quality Dashboard		
AUTHOR:	Dawn Lewis Head of Midwifery	PRESENTER	Mary Sexton Chief Nurse
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS			
<ul style="list-style-type: none"> To note the “board level measures minimum dataset maternity safety dashboard” provided by NHS England / Improvement and to adopt as a way to measure the quality of service delivered in the maternity department. To accept the assurance provided in this report for each of the items in the maternity safety dashboard To record in the minutes as part of safety action 2 of the CNST maternity incentive scheme that the Board have received the monthly CNST scorecard In respect of safety action 4 of the CNST maternity incentive scheme the board minutes should formally record that there were no obstetric and gynaecology trainees who responded ‘Disagreed or Strongly disagreed’ to the 2019 GMC National Trainees Survey question ‘In my current post, educational/training opportunities are rarely lost due to gaps in the rota’. Therefore no formal action plan is required 			
CORPORATE OBJECTIVE:			
SO1, SO2, SO3, SO4, SO5, SO6			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> Progress against the CNST Maternity Incentive Scheme Use of the Perinatal Mortality Review Tool for all cases Maternity Improvement Plan Service User Feedback 			

- Staff Feedback from frontline Champions and walkabouts

IMPLICATIONS OF PAPER:

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Safe, Effective, Caring, Responsive, Well Led
	NHSI	Y	Details: CNST Maternity Standards
	Other	N	Details:
REPORT DESTINATION	Board of directors	Y	DATE: 11 February 2020
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Maternity Monthly Report

Report to Trust Board on 11 February 2021

1 EXECUTIVE SUMMARY

1.1 This paper addresses the minimum dataset advised for the Maternity Safety Dashboard as recommended by NHS England and Improvement in the response following the publication of the first Ockenden report of services at Shrewsbury and Telford NHS Trust

The topics covered within this paper include:

- Progress against the CNST Maternity Incentive Scheme
- Use of the Perinatal Mortality Review Tool for all cases
- Maternity Improvement Plan
- Service User Feedback
- Staff Feedback from frontline Champions and walkabouts

1.2 The Board should be aware of the current situation in maternity services within the Trust specifically related to these topics as indicated in the safety dashboard (Appendix 1) and any actions proposed or required to address areas for improvement.

2 BACKGROUND INFORMATION

2.1 Following the First Ockenden report of services at Shrewsbury and Telford NHS Trust published in December 2020 all Trusts with maternity services were advised by NHS England / Improvement that a monthly report on maternity services should be delivered to Trust Board. Trust Boards are encouraged to ask themselves whether they really know that mothers and babies are safe in their maternity units and how confident they are that the best quality care is being provided in their organisation. Trust Boards are expected to robustly assess and challenge the assurances provided and have developed a dashboard with a minimum set of measures from which trusts should build a local dashboard

2.2 CNST Maternity Incentive Scheme –NHS Resolution Year 3 Progress as at January 2021


2.2.1 This section provides an update to the Board in relation to compliance with the third year of the Clinical Negligence Scheme for Trusts (CNST) Incentive Scheme for Maternity Safety Actions. The scheme offers a financial rebate of up to 10% of the maternity premium for Trusts that are able to demonstrate progress against a list of ten safety actions.

2.2.2 NHSR has published the Maternity Incentive Scheme for the third year running. This scheme for 2020/21 builds on previous years to evidence both sustainability and on-going quality improvements. The safety actions described if implemented are considered to be a contributory

factor to achieving the national ambition of reducing stillbirths, neonatal deaths, perinatal morbidity and maternal deaths by 50 % by 2025

2.2.3 NHR published an update for Year 3 of the incentive scheme on 4th February 2020. Since then the scheme has been updated and relaunched in October 2020 following the pause due to Covid-19. A further update extending the final submission date to 15th July 2021 was received by the Trust in December 2020. An update for individual safety actions has been indicated by NHS Resolution and is awaited by Trust.

2.2.4 The maternity service has assessed itself against the current incentive scheme and considers that there are 4 areas for focus if the scheme is to be achieved successfully and in full.

Action	Maternity Safety Action	Current Position	Update	Deadline
1	Are you using the National Perinatal Mortality Review Tool to review and report perinatal deaths to the required standard?		All areas of this action are on track. This is monitored monthly and learning from the reviews are included in the quarterly perinatal mortality report and widely disseminated.	June 2021
2	Are you submitting data to the Maternity Services Data Set to the required standard?		<p>The current score card indicates that there are some data that require attention. There is a requirement to share the monthly scorecard with the board.</p>  <p>Copy of CNSTSCORECARD.DOC</p> <p>The team is addressing the gaps and are confident that the December data submitted in February 2021 will achieve the required standard.</p>	May 2021
3	Can you demonstrate that you have transitional care services to support the Avoiding Term Admissions Into Neonatal units Programme?			June 2021
4	Can you demonstrate an effective system of medical workforce planning to the required standard?		The obstetric staffing audit has been completed to requirements. There were no obstetric and gynaecology trainees who responded 'Disagreed or Strongly disagreed' to the 2019 GMC National Trainees Survey question 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota'. Therefore no formal action plan is required	June 2021

			<p>The anaesthetic medical workforce – 100% of ACSA standards are met and an audit is planned to demonstrate compliance.</p> <p>The specific requirements for the neonatal workforce both medical and nursing are in progress and will be reported on in future months.</p>	
5	Can you demonstrate an effective system of midwifery workforce planning to the required standard?		<p>The last Birthrate plus assessment was carried out in 2017. A table top Birthrate assessment has been carried out on a 6 monthly basis since then and a formal Birthrate Plus assessment has been requested in line with the NICE guideline Safe midwifery staffing for maternity settings.</p>	June 2021
6	Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle?		<p>The Trust is fully compliant for two of the five elements of saving babies lives care bundle and partially compliant with the other three. An action plan is in progress to address the areas for attention. A number of the training requirements for ultrasound scanning have been hampered by COVID -19 but alternative processes are being investigated</p>	March 2021
7	Can you demonstrate that you have a patient feedback mechanism for maternity services and that you regularly act on feedback?		<p>The Maternity Voices Partnership has continued to meet virtually during 2020 and into 2021. The group is actively working to ensure the voice of black , Asian and minority ethnicity women is prioritised and have co - produced a communication strategy to ensure that information is both culturally sensitive but also widely disseminated.</p> <p>Collaborative working across the Black Country and West Birmingham LMNS offers support and sharing of best practice amongst the four Trusts and other Stakeholders.</p>	
8	Can you evidence that 90% of		This is on target for compliance	June

	each maternity unit staff group have attended an 'inhouse' multi-professional maternity emergencies training session within the last training year?		despite the challenges posed by wave 3 of COVID19 and the demands on all staff but especially theatre and anaesthetic teams	2021
9	Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?		The maternity safety champion has continued to meet with the Board level safety champion on a monthly basis. However the bi monthly walkaround in maternity and neonatal areas has been curtailed by the current COVID19 response. An action plan is in progress to progress the requirement to achieve Continuity of Care pathways for 35% of women .	June 2021
10	Have you reported 100% of qualifying 2019/20 incidents under NHS Resolution's Early Notification scheme?		This is up to date and requires no additional actions	June 2021

2.3 Perinatal Mortality Review Tool

2.3.1 A review using the Perinatal Mortality Review Tool (PMRT) of 95% of all deaths of babies, suitable for review using the PMRT, from Friday 20 December 2019 will have been started within four months of each death. This includes deaths after home births where care was provided by your trust staff and the baby died.

2.3.2 At least 50% of all deaths of babies (suitable for review using the PMRT) who were born and died in your trust, including home births, from Friday 20 December 2019 will have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool, within four months of each death.

2.3.3 For 95% of all deaths of babies who were born and died in your trust from Friday 20 December 2019, the parents were told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought. This includes any home births where care was provided by your trust staff and the baby died.

2.3.4 Monthly reports are submitted to Trust Board as part of the overarching maternity paper.

2.3.5 Quarterly reports have been submitted to the Trust Board that include details of all deaths reviewed and consequent action plans. The quarterly reports should be discussed with the trust maternity safety champion.

2.3.6 Acute maternity trusts are required to notify NHS Resolution within 30 days of all babies born at term (≥ 37 completed weeks of gestation), following labour, that have had a potentially severe brain injury diagnosed in the first seven days of life, based on the following criteria:

- Have been diagnosed with grade III hypoxic ischaemic encephalopathy (HIE); OR
- Were actively therapeutically cooled; OR
- Had decreased central tone AND were comatose AND had seizures of any kind.

2.3.7 Stillbirths - There have been 2 stillbirths during quarter 3 October 2020 to December 2020. One stillbirth met the criteria for EBC reporting and therefore the family were asked for their consent to investigation by HSIB as per national requirements.

2.3.8 Neonatal Deaths – There has been 1 neonatal death during this period Each of these have been reviewed utilising the Perinatal Mortality Review Tool and incidental learning has been disseminated to all staff. The HSIB investigation is continuing and the report is awaited.

The criteria were met for all three categories and the service met 100% compliance.

2.3.9 HSIB Referrals As indicated 1 referral was made to HSIB as per NHSR criteria indicating 100% compliance.

2.4 Maternity Improvement Plan

A maternity improvement plan is in progress the plan is to incorporate all existing action plans related to CNST maternity incentive scheme, saving babies lives care bundle and implementation of continuity of care . Together with the actions required to address the 7 immediate emerging actions identified in the Ockenden report as indicated in the assessment and assurance document presented at Trust Board in January 2021. The progress against the amalgamated improvement plan will be included in future reports to Board

2.5 Service User Voice Feedback

2.5.1 The Maternity Voices Partnership has continued to meet virtually on a regular basis.

2.5.2 There are terms of reference and the meeting minutes indicate the consistent involvement of staff

2.5.3 The group is actively working to ensure the voice of black , Asian and minority ethnicity women is prioritised and have co-produced a communication strategy to ensure that information is both culturally sensitive but also widely disseminated

2.5.4 The team actively encourage women raising a concern or complaint to become members of the Maternity Voices Partnership as part of the resolution of the concerns.

2.5.5 The maternity service also utilises social media as another means to gauge feedback in both open and closed groups.

2.6 Staff Feedback from frontline champions and walkabouts

2.6.1 Walkabouts by all frontline champions have been affected by the situation with COVID19 however plans for virtual and physical walkabouts are in place moving forward.

2.6.2 Staff feedback is encouraged and the introduction of the virtual staff forum has enabled more staff to join meetings at times when they are not on duty.

2.6.3 The 3 areas of concern raised most frequently by staff are

- Difficulties with staffing shifts

- Resilience and burnout related to the current situation with COVID19
- Safety for themselves, women and families specifically related to visiting

The response to these particular concerns

- A daily staffing review meeting takes place attended by the senior midwifery team. A BirthRate plus review has been commissioned with funding agreed via the LMNS. The Birthrate plus acuity tool is in place in the in patient areas of maternity and is used together with the escalation policy to remedy gaps in the rota
- Utilisation of the Professional Midwifery Advocates to provide restorative supervision. Staff health and wellbeing initiatives are promoted and daily check ins with staff by the senior team.
- Risk assessments have been completed in all areas of maternity. Reviews of local guidance for visiting in line with national guidance. Ensuring availability of appropriate PPE for staff women and their birth partners.

3 RISKS AND MITIGATIONS

3.1 There are some risks related to the achievement of all of the 10 CNST maternity safety actions. These may be mitigated by the updated guidance yet to be received from NHS Resolution. The multi disciplinary team continues to move forward to the original time scales.

4. RECOMMENDATION(S)

4.1 The Board is invited to accept the assurance provided in this report

4.2 The Board is also invited to adopt the 'providers minimum dataset maternity safety dashboard' as a means to monitor quality of care within the maternity services.

4.3 To record in the minutes as part of safety action 2 of the CNST maternity incentive scheme that the Board have received the monthly CNST scorecard

4.4 In respect of safety action 4 of the CNST maternity incentive scheme that the board minutes should formally record that there were no obstetric and gynaecology trainees who responded 'Disagreed or Strongly disagreed' to the 2019 GMC National Trainees Survey question 'In my current post, educational/training opportunities are rarely lost due to gaps in the rota'. Therefore no formal action plan is required

Name of Author Dawn Lewis

Title of Author Head of Midwifery

Date report prepared 31.1 2021

APPENDICES:

Appendix 1 – Minimum dataset maternity safety dashboard Provider level measures

Maternity services data set summary information for maternity incentive scheme (CNST)



CNST Scorecard

The second safety action is: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

This is measured against criteria published by NHS Resolution and included on the 'Revised Criteria Autumn 20' tab of this document. The table below summarises the number of criteria met by each maternity service provider by month.

Organisation Code	Organisation Name (Provider)	Region	Criteria Achieved by provider by month							
			May/2020	Jun/2020	Jul/2020	Aug/2020	Sep/2020	Oct/2020	Nov/2020	Dec/2020
RNA	The Dudley Group NHS Foundation Trust	Midlands	6	6	6	8	8	7		

NOTE: There are 125 Trusts due to RD3 and RDZ merger into R0D (University Hospitals Dorset NHS Foundation Trust)

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Criteria	Provider Achieving Criteria by month							
	May	June	July	August	September	October	November	December
0	0	0	0	0	0	0		
1	0	0	0	0	0	0		
2	0	0	0	0	0	0		
3	5	3	2	0	0	0		
4	18	19	14	2	1	2		
5	5	5	10	11	13	13		
6	21	20	16	6	3	3		
7	25	23	27	19	12	12		
8	19	25	19	27	24	21		
9	19	14	19	24	23	14		
10	12	15	17	8	13	20		
11	0	0	0	27	35	40		
12	0	0	0	0	0	0		
13	0	0	0	0	0	0		
Total	124	124	124	124	124	125		

Maternity services data set summary information for maternity incentive scheme (CNST)



The second safety action is: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?

This is measured against criteria published by NHS Resolution and included on the 'Revised Criteria Autumn 20' tab of this document. The table below summarises the number of criteria met by each maternity service provider by month.

Organisation Code	Organisation Name (Provider)	Region	Criteria Achieved by provider by month							
			May/2020	Jun/2020	Jul/2020	Aug/2020	Sep/2020	Oct/2020	Nov/2020	Dec/2020
RCF	Airedale NHS Foundation Trust	North East and Yorkshire	9	9	9	11	11	11		
RTK	Ashford and St Peters Hospitals NHS Foundation Trust	South East	7	10	9	11	11	11		
RF4	Barking, Havering and Redbridge University Hospitals NHS Trust	London	7	7	7	8	8	8		
RFF	Barnsley Hospital NHS Foundation Trust	North East and Yorkshire	10	5	4	8	9	10		
R1H	Barts Health NHS Trust	London	4	7	7	9	9	9		
RC9	Bedfordshire Hospitals NHS Foundation Trust	East of England	9	9	9	9	10	10		
RQ3	Birmingham Womens and Childrens NHS Foundation Trust	Midlands	9	10	10	11	11	11		
RXL	Blackpool Teaching Hospitals NHS Foundation Trust	North West	6	7	6	8	7	9		
RMC	Bolton NHS Foundation Trust	North West	5	6	6	8	8	7		
RAE	Bradford Teaching Hospitals NHS Foundation Trust	North East and Yorkshire	6	5	7	6	8	7		
RY2	Bridgewater Community Healthcare NHS Foundation Trust	North West	4	4	4	4	5	5		
RXH	Brighton and Sussex University Hospitals NHS Trust	South East	6	7	10	7	11	11		
RXQ	Buckinghamshire Healthcare NHS Trust	South East	3	3	3	4	4	4		
RWY	Calderdale and Huddersfield NHS Foundation Trust	North East and Yorkshire	6	6	6	8	10	10		
RGT	Cambridge University Hospitals NHS Foundation Trust	East of England	6	6	7	9	9	5		
RQM	Chelsea and Westminster Hospital NHS Foundation Trust	London	5	5	5	7	9	11		
RFS	Chesterfield Royal Hospital NHS Foundation Trust	Midlands	9	8	9	9	9	11		
RJR	Countess of Chester Hospital NHS Foundation Trust	North West	4	4	5	8	9	10		
RXP	County Durham and Darlington NHS Foundation Trust	North East and Yorkshire	4	4	5	5	5	6		
RJ6	Croydon Health Services NHS Trust	London	6	6	6	8	9	11		
RN7	Dartford and Gravesham NHS Trust	South East	6	6	6	7	8	8		
RP5	Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	North East and Yorkshire	8	7	8	8	9	10		
RBD	Dorset County Hospital NHS Foundation Trust	South West	7	6	6	6	7	7		
RJN	East Cheshire NHS Trust	North West	4	4	4	5	5	5		
RVV	East Kent Hospitals University NHS Foundation Trust	South East	8	8	8	11	11	11		
RXR	East Lancashire Hospitals NHS Trust	North West	4	4	5	6	8	11		
RDE	East Suffolk and North Essex NHS Foundation Trust	East of England	7	8	10	11	11	11		
RXC	East Sussex Healthcare NHS Trust	South East	6	7	5	8	8	8		
RWH	East and North Hertfordshire NHS Trust	East of England	10	10	10	11	11	11		
RVR	Epsom and St Helier University Hospitals NHS Trust	London	10	10	10	11	11	11		
RDU	Frimley Health NHS Foundation Trust	South East	8	8	8	9	9	9		
RR7	Gateshead Health NHS Foundation Trust	North East and Yorkshire	8	9	9	11	11	11		
RLT	George Eliot Hospital NHS Trust	Midlands	6	6	6	7	7	7		
RTE	Gloucestershire Hospitals NHS Foundation Trust	South West	8	8	8	9	9	8		
RN3	Great Western Hospitals NHS Foundation Trust	South West	4	4	4	5	5	5		
RJ1	Guys and St Thomas NHS Foundation Trust	London	9	9	9	11	10	10		

RN5	Hampshire Hospitals NHS Foundation Trust	South East	9	10	10	11	11	11		
RCD	Harrogate and District NHS Foundation Trust	North East and Yorkshire	8	8	7	9	11	10		
RQX	Homerton University Hospital NHS Foundation Trust	London	8	8	10	11	11	11		
RWA	Hull University Teaching Hospitals NHS Trust	North East and Yorkshire	7	8	8	9	9	10		
RYJ	Imperial College Healthcare NHS Trust	London	10	10	6	11	11	11		
R1F	Isle of Wight NHS Trust	South East	7	6	7	7	7	8		
RGP	James Paget University Hospitals NHS Foundation Trust	East of England	6	6	5	7	8	8		
RNQ	Kettering General Hospital NHS Foundation Trust	Midlands	6	6	6	7	7	7		
RJZ	Kings College Hospital NHS Foundation Trust	London	9	9	9	9	11	11		
RAX	Kingston Hospital NHS Foundation Trust	London	7	7	7	7	8	9		
RXN	Lancashire Teaching Hospitals NHS Foundation Trust	North West	10	9	9	11	11	10		
RR8	Leeds Teaching Hospitals NHS Trust	North East and Yorkshire	7	8	8	11	11	9		
RJ2	Lewisham and Greenwich NHS Trust	London	10	10	10	11	11	11		
REP	Liverpool Womens NHS Foundation Trust	North West	9	9	10	11	11	11		
R1K	London North West University Healthcare NHS Trust	London	8	9	9	9	11	10		
RWF	Maidstone and Tunbridge Wells NHS Trust	South East	7	7	7	8	8	8		
ROA	Manchester University NHS Foundation Trust	North West	4	4	4	9	9	10		
RPA	Medway NHS Foundation Trust	South East	7	6	7	7	7	5		
RBT	Mid Cheshire Hospitals NHS Foundation Trust	North West	3	3	3	7	6	4		
RXF	Mid Yorkshire Hospitals NHS Trust	North East and Yorkshire	10	10	10	10	11	11		
RAJ	Mid and South Essex NHS Foundation Trust	East of England	8	8	8	9	9	9		
RD8	Milton Keynes University Hospital NHS Foundation Trust	East of England	3	4	5	5	5	6		
RM1	Norfolk and Norwich University Hospitals NHS Foundation Trust	East of England	6	7	7	8	8	8		
RVJ	North Bristol NHS Trust	South West	7	7	7	9	8	9		
RNN	North Cumbria Integrated Care NHS Foundation Trust	North East and Yorkshire	10	10	9	11	11	11		
RAP	North Middlesex University Hospital NHS Trust	London	4	4	4	5	5	5		
RVW	North Tees and Hartlepool NHS Foundation Trust	North East and Yorkshire	9	7	7	8	10	11		
RGN	North West Anglia NHS Foundation Trust	East of England	4	4	7	11	11	11		
RNS	Northampton General Hospital NHS Trust	Midlands	4	4	4	5	5	5		
RBZ	Northern Devon Healthcare NHS Trust	South West	7	8	8	9	11	9		
RJL	Northern Lincolnshire and Goole NHS Foundation Trust	North East and Yorkshire	9	9	9	10	10	11		
RTF	Northumbria Healthcare NHS Foundation Trust	North East and Yorkshire	7	7	7	8	8	8		
RX1	Nottingham University Hospitals NHS Trust	Midlands	4	4	5	6	6	6		
RTH	Oxford University Hospitals NHS Foundation Trust	South East	8	9	9	10	10	10		
RW6	Pennine Acute Hospitals NHS Trust	North West	7	7	7	8	8	8		
RHU	Portsmouth Hospitals University National Health Service Trust	South East	3	3	4	6	9	9		
RHW	Royal Berkshire NHS Foundation Trust	South East	8	8	8	9	9	9		
REF	Royal Cornwall Hospitals NHS Trust	South West	8	7	8	9	8	9		
RH8	Royal Devon and Exeter NHS Foundation Trust	South West	7	9	10	11	10	7		
RAL	Royal Free London NHS Foundation Trust	London	7	8	9	8	9	10		
RA2	Royal Surrey County Hospital NHS Foundation Trust	South East	9	9	9	10	10	11		
RD1	Royal United Hospitals Bath NHS Foundation Trust	South West	9	6	8	9	9	8		
RNZ	Salisbury NHS Foundation Trust	South West	7	7	7	8	7	7		
RXK	Sandwell and West Birmingham Hospitals NHS Trust	Midlands	8	8	8	10	10	10		
RHQ	Sheffield Teaching Hospitals NHS Foundation Trust	North East and Yorkshire	8	8	8	9	9	11		
RK5	Sherwood Forest Hospitals NHS Foundation Trust	Midlands	8	8	8	11	11	11		
RXW	Shrewsbury and Telford Hospital NHS Trust	Midlands	9	8	9	11	10	10		
RH5	Somerset NHS Foundation Trust	South West	4	4	4	5	5	5		
RTR	South Tees Hospitals NHS Foundation Trust	North East and Yorkshire	6	7	8	9	9	8		
R0B	South Tyneside and Sunderland FT	North East and Yorkshire	9	8	9	9	10	10		
RJC	South Warwickshire NHS Foundation Trust	Midlands	10	8	8	9	8	8		
RVY	Southport and Ormskirk Hospital NHS Trust	North West	4	4	4	5	5	5		

[illegible]

Provider Achieving Criteria by month								
Criteria	May	June	July	August	September	October	November	December
0	0	0	0	0	0	0		
1	0	0	0	0	0	0		
2	0	0	0	0	0	0		
3	5	3	2	0	0	0		
4	18	19	14	2	1	2		
5	5	5	10	11	13	13		
6	21	20	16	6	3	3		
7	25	23	27	19	12	12		
8	19	25	19	27	24	21		
9	19	14	19	24	23	14		
10	12	15	17	8	13	20		
11	0	0	0	27	35	40		
12	0	0	0	0	0	0		
13	0	0	0	0	0	0		
Total	124	124	124	124	124	125		

Revised Criteria Autumn 2020



Required standard - This relates to the quality and completeness of the submission to the Maternity Services Data Set (MSDS) and ongoing plans to make improvements.

Minimum evidential requirement for trust Board - NHS Digital will issue a monthly scorecard to data submitters (trusts) that can be presented to the Board. It will help trusts understand the improvements needed in advance of the assessment.

The scorecard will be used by NHS Digital to assess whether each MSDS data quality criteria has been met.

All 13 criteria are mandatory. Items 1, 2, 4 - 13 will be assessed by NHS Digital and included in the scorecard. Item 3 will be reported to NHS Resolution..

Validation process - This will be self-certification by the Board and submitted to NHS Resolution using the Board declaration form.

NHS Resolution will cross-reference self-certification against NHS Digital data.

Relevant time period - The relevant deadlines are shown against each of the criteria. The first deadline, for ensuring that two people are registered to submit the data, is Friday 30th October 2020. A MSDS data submission for August 2020 data needs to be made by Friday 30th October 2020 and the deadlines for the following four months also need to be met.

The assessment of data quality and completeness will consider data from the MSDS for December 2020. The deadline for the December 2020 data is Sunday 28th February 2021.

Deadline for reporting to NHS Resolution - 20th May 2021 at 12:00 noon

[NHS Resolution Information on Assessment Criteria is available here](#)

All categories are mandatory and must be met to pass Safety Action 2

Criteria	Standard	Construction
1	At least two people registered to submit MSDS data to SDCS Cloud and still working in the trust on Saturday 31st October 2020.	At least two people registered to submit MSDS data to SDCS Cloud and still working in the trust on Saturday 31st October 2020.
2	MSDSv2 webinar attended by at least one colleague from each trust in January/February 2020 (complete - all trusts attended).	MSDSv2 webinar attended by at least one colleague from each trust in January/February 2020 (complete - all trusts attended).
3	Trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT.	Trust Boards to confirm to NHS Resolution that they have fully conformed with the MSDSv2 Information Standards Notice, DCB1513 And 10/2018, which was expected for April 2019 data, or that a locally funded plan is in place to do this, and agreed with the maternity safety champion and the LMS. This should include submission of the relevant clinical coding in MSDSv2 in SNOMED-CT.
4	Made a submission relating to August 2020 -December 2020 data, submitted to deadlines October 2020 - February 2021.	Made a submission relating to December 2020 data, submitted to deadline of February 2021. A simple search to check the MSD000header table for a submission by the provider.
5	December 2020 data included all following tables MSD000 MSDS Header MSD001 Mother's Demographics MSD002 GP Practice Registration MSD101 Pregnancy and Booking Details MSD102 Maternity Care Plan MSD201 Care Contact (Pregnancy) MSD202 Care Activity (Pregnancy) MSD301 Labour and Delivery MSD302 Care Activity (Labour and Delivery) MSD401 Baby's Demographics and Birth Details MSD405 Care Activity (Baby) MSD901 Staff Details	A simple search on each table verifying that data has been submitted for each table
6	December 2020 data contained at least 90% of the deliveries recorded in Hospital Episode Statistics (unless reason understood). (MSD401)	Numerator: Number of MSD401 records in the reporting period Denominator : HES data Criteria 6 - Two Columns: HES has been calculated on the current month based in the previous year 18/19 and the current year 20/21. If either year has passed then an overall pass is submitted/accepted. HES deliveries: Criteria 6 have been calculated using unsuppressed values for HES deliveries.
7	December 2020 data contained at least as many women booked in the month as the number of deliveries submitted in the month (unless reason understood) (MSD101)	HES deliveries shown in the 'HES 1819' and 'HES 1920' table are suppressed values Numerator: Number of MSD101 records in the reporting period and antenatal appointment in the reporting period Denominator : Number of MSD401 records in the reporting period and babies birth date in the reporting period
8	December 2020 data contained Estimated Date of Delivery for 95% of women booked in the month (MSD101)	Numerator: Number of MSD101 records in the reporting period and antenatal appointment in the reporting period with an EDD recorded Denominator : Number of MSD101 records in the reporting period and antenatal appointment in the reporting period
9	November 2020 and December 2020 data contained valid postcode for mother at booking in 95% of women booked in the month (MSD001)	Numerator: Number of MSD101 records in the reporting period and antenatal appointment in the reporting period with a corresponding record in MSD001 where postcode is not null and with a ValidPostalcodeFlag flag of 'Y' recorded Denominator : Number of MSD101 records in the reporting period and antenatal appointment in the reporting period
10	December 2020 data contained valid ethnic category (Mother) for at least 80% of women booked in the month. Not stated, missing and not known are not included as valid records for this assessment as they are only expected to be used in exceptional circumstances. (MSD001)	Numerator: Number of MSD101 records in the reporting period and antenatal appointment in the reporting period with a corresponding record in MSD001 where EthnicCategoryMother is recorded with THE FOLLOWING codes (A,B,C,D,E,F,G,H,I,J,K,L,M,N,P,R,S) Denominator : Number of MSD101 records in the reporting period and antenatal appointment in the reporting period
11	December 2020 data contained antenatal continuity of carer plan fields completed for 90% of women booked in the month (MSD101/2)	Numerator: Number of MSD101 records in the reporting period and antenatal appointment in the reporting period with a corresponding record in MSD102 where CarePlanType = 05 and ContCarePathInd is not null Denominator : Number of MSD101 records in the reporting period and antenatal appointment in the reporting period
12	December 2020 data contained antenatal personalised care plan fields completed for 90% of women booked in the month (MSD101/2)	Numerator: Number of MSD101 records in the reporting period and antenatal appointment in the reporting period with a corresponding record in MSD102 where CarePlanType = 05 and MatPersCarePlanInd is not null Denominator : Number of MSD101 records in the reporting period and antenatal appointment in the reporting period
13	December 2020 data contained valid presentation at onset of delivery codes for 90% of births where this is applicable (MSD401)	Numerator: Number of MSD401 records in the reporting period and babies birth date in the reporting period where FetusPresentation in ('01', '02', '03', 'XX') Denominator : Number of MSD401 records in the reporting period and babies birth date in the reporting period

Technical Guidance

Where should I send any queries?

NHS Digital have a new dedicated mailbox maternity.dg@nhs.net

Why are these criteria included?	<p>The first two years of the maternity incentive scheme saw, via Action 2, a substantial improvement in the MSDSv1.5 data submitted to NHS Digital. The data, which are published monthly and shared at record level with a range of organisations could therefore be used for a wide range of local and national purposes.</p> <p>It also ensured that all trusts were engaged with NHS Digital on the move to MSDSv2.0. Even so, the move to MSDSv2.0 in April 2019 saw an overall reduction in the range of data submitted to NHS Digital. The latest scheme plans to ensure that the key elements of the data, such as births, bookings, estimated date of delivery and presentation at delivery are submitted. It also focusses on key priority areas such as Continuity of Carer, Personalised Care Plans and inequalities, via both ethnic category and postcode.</p> <p>Publications produced by MBRRACE-UK, other publications such NHS Long Term Plan (January 2019), and the June 2020 letter regarding perinatal support for women of black and ethnic minority have identified that women from black, asian and minority ethnic (BAME) groups are at higher risk of their baby dying in the womb or soon after birth. It is important that accurate ethnicity data is recorded at booking to assist with addressing the inequality in healthcare outcome gap.</p> <p>Action 2 also contains some activities to ensure that all trusts continue to be engaged with NHS Digital and continue to make improvements to their data.</p>
What do we do if our clinical / organisational circumstances mean that we unable to pass one of the criteria?	<p>There could be a reason why your data is different and does not fit with the standard assessment criteria. For example, the trust may handle a large number of bookings with the deliveries mainly taking place in a neighbouring trust.</p> <p>If you know that your circumstances do not fit with a criterion, please contact NHS Digital at an early stage.</p>
How do we register additional data submitters?	Please see the information at: https://digital.nhs.uk/services/strategic-data-collection-service-in-the-cloud-sdcs-cloud
Digital Maternity Record Standards	Item 14 on the Maternity Record Standard has been removed from action two and will be progressed separately by NHSX. NHS Digital announced on 1st April 2020 that the Digital Maternity Record Standard (DMRS) compliance date has been delayed from Monday 30th November to Sunday 28th February 2021 .
Where can I find more information about MSDSv2?	https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/maternity-services-data-set
Who do we contact about the maternity record standard	<p>When year was originally launched in December 2019, it referenced the maternity record standard.</p> <p>· Item 14 on the Maternity Record Standard has been removed from action two and will be progressed separately by NHSX. NHS Digital announced on 1 April 2020 that the Digital Maternity Record Standard (DMRS) compliance date had been delayed from Monday 30th November 2020 to Sunday 28th February 2021.</p> <p>For any queries related to the maternity record standard, please email england.digitalmaternitynhsx@nhs.net.</p>

The number of deliveries by trust and month for 2019-20 (April 2019 to March 2020)

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

Provider Code	Provider Name	April	May	June	July	August	September	October	November	December	January	February	March
AVG02	SAVERNAKE COMMUNITY HOSPITAL	0	0	0	0	0	0	0	0	0	0	0	*
R0A	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	985	1,080	1,080	1,130	1,085	1,085	1,095	1,010	1,040	1,000	815	715
R0B	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	265	310	340	315	335	325	295	305	285	295	295	320
R1F-X	ISLE OF WIGHT NHS TRUST	85	90	90	75	75	80	60	75	85	90	70	80
R1H	BARTS HEALTH NHS TRUST	1,095	1,210	1,205	1,275	1,245	1,170	1,195	1,185	1,200	1,205	1,055	1,225
R1K	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	360	375	410	430	375	380	395	370	395	400	370	370
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	210	235	230	215	215	255	210	235	220	240	200	195
RA3	WESTON AREA HEALTH NHS TRUST	*	*	*	*	10	10	*	*	*	*	*	*
RA4	YEovil DISTRICT HOSPITAL NHS FOUNDATION TRUST	110	105	105	120	125	125	115	95	80	135	95	100
RA7	UNIVERSITY HOSPITALS BRISTOL NHS FOUNDATION TRUST	365	445	415	425	390	435	405	390	400	415	370	400
RA9	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	140	165	185	200	170	170	190	155	150	155	155	125
RAE	BROADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	435	430	435	420	445	425	420	415	395	405	350	430
RAJ	SOUTHEAST UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	295	300	335	275	300	310	320	310	290	280	250	290
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	910	755	655	690	750	700	795	690	720	665	635	710
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	335	400	360	420	385	385	385	350	410	385	340	345
RA5	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	350	360	335	340	380	360	340	300	345	340	305	315
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	375	415	400	445	385	430	415	365	390	415	365	355
RBA	TAUNTON AND SOMERSET NHS FOUNDATION TRUST	235	260	250	265	280	275	265	225	250	220	235	220
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	100	120	150	125	135	120	130	120	130	125	110	120
RBK	WALSALL HEALTHCARE NHS TRUST	275	295	300	320	295	360	300	315	335	315	290	330
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	250	255	255	245	275	280	250	255	250	270	230	225
RBN	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	315	325	340	365	315	340	335	315	290	305	305	335
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	235	235	240	255	255	235	270	235	240	210	195	230
RBZ	NORTHERN DEVON HEALTHCARE NHS TRUST	125	100	100	95	105	105	105	100	105	115	120	120
RC1	BEDFORD HOSPITAL NHS TRUST	220	255	230	235	275	235	230	255	225	245	210	235
RC9	LUTON AND DUNSTABLE UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	410	420	455	455	450	425	405	440	415	425	380	405
RCB	YORK TEACHING HOSPITALS NHS FOUNDATION TRUST	320	330	370	435	360	320	360	320	360	365	350	395
RCO	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	145	140	130	145	165	155	160	145	140	155	140	155
RCF	AIREDALE NHS FOUNDATION TRUST	160	165	180	185	150	165	175	140	160	155	140	155
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	165	160	165	215	165	175	175	150	140	155	145	150
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	375	390	400	385	385	410	420	390	395	355	340	355
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	320	360	335	340	330	295	325	305	315	350	320	320
RDB	MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	280	320	285	290	320	280	295	280	260	300	265	280
RDD	BASING AND THORNTON UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	365	375	370	385	385	370	365	330	310	375	355	395
RDE	EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	535	570	570	1,435	605	625	645	560	530	550	600	515
RED	FRIMLEY HEALTH NHS FOUNDATION TRUST	675	740	805	800	765	755	810	725	720	810	715	720
RDZ	THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	10	15	20	15	20	20	15	10	15	0	15	0
REF-X	ROYAL CORNWALL HOSPITALS NHS TRUST	330	340	380	345	340	360	375	315	285	325	300	310
REM	LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	0	0	0	0	*	0	0	0	0	0	0	0
REP	LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	640	665	650	675	720	675	675	570	630	625	530	580
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	645	690	665	670	735	715	685	640	675	690	630	640
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST	205	255	215	250	245	250	265	245	230	240	230	245
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	180	220	205	225	195	190	235	205	200	195	195	190
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	200	220	225	245	240	195	225	225	215	195	175	215
RGM	ROYAL PAPWORTH HOSPITAL NHS FOUNDATION TRUST	0	0	0	0	0	0	0	*	0	0	0	0
RGN	NORTH WEST ANGLIA NHS FOUNDATION TRUST	530	540	525	510	545	575	560	515	520	505	480	500
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	135	155	155	150	145	165	160	150	155	150	150	135
RGR	WEST SUFFOLK NHS FOUNDATION TRUST	170	190	200	215	205	205	160	185	180	215	175	175
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	805	420	415	450	465	415	465	415	415	415	410	395
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	285	310	315	300	305	320	330	295	270	305	305	295
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	435	450	435	430	445	445	455	415	450	455	410	420
RHQ	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	470	545	540	535	520	565	540	500	530	500	475	520
RHU	PORTSMOUTH HOSPITALS NHS TRUST	415	460	415	455	460	455	455	460	445	435	375	450
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	395	380	365	420	365	370	390	365	355	375	390	380
RJ1-X	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	525	575	565	545	550	555	565	525	590	565	545	545
RJ2	LEWISHAM AND GREENWICH NHS TRUST	675	695	675	705	695	680	625	635	630	665	610	670
RJ6	CROYDON HEALTH SERVICES NHS TRUST	270	280	250	295	315	265	305	305	275	285	285	320
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	400	410	395	405	385	390	440	395	420	405	375	395
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	260	260	245	245	270	265	275	250	230	250	220	270
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	485	540	535	580	545	525	565	515	565	505	445	475
RJL-X	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	320	335	325	345	350	360	305	305	330	295	315	330
RJN	EAST CHESHIRE NHS TRUST	125	135	95	130	130	145	120	115	135	120	120	125
RJR	COUNTNESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	170	190	200	170	190	215	185	190	185	190	175	175
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	695	705	770	750	745	745	785	715	790	705	660	695
RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	270	255	250	300	295	280	260	250	255	290	235	270
RK9	UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	295	340	300	390	320	295	345	305	285	300	275	315
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	440	490	500	505	505	475	475	435	425	465	400	415
RKE	WHITTINGTON HEALTH NHS TRUST	280	305	275	305	305	305	300	305	285	275	265	295
RKL	THE ROYAL WOLVERHAMPTON NHS TRUST	405	410	405	385	445	435	415	365	365	390	395	405
RJL	WYE VALLEY NHS TRUST	115	135	145	145	145	130	150	135	150	135	125	135
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	155	175	175	200	210	195	180	195	175	160	180	180
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	425	420	435	460	450	445	455	470	405	410	355	380
RM2	BOLTON NHS FOUNDATION TRUST	440	480	445	515	470	495	540	545	490	495	465	465
RM3	TAMESIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	180	190	190	205	190	180	185	190	165	175	165	150
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	315	355	375	355	365	335	375	315	310	340	315	305
RN5-X	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	400	435	390	395	430	415	425	435	400	400	390	405
RN7-X	DARTFORD AND GRAVESEND NHS TRUST	375	390	405	430	410	380	410	370	395	415	380	400
RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	330	335	325	345	375	360	360	325	300	325	325	310
RNN	NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	210	235	235	245	230	230	210	210	205	235	200	220
RNQ	KETERING GENERAL HOSPITAL NHS FOUNDATION TRUST	275	270	275	295	290	280	285	285	265	240	265	270
RNP	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	295	375	365	375	400	370	360	390	335	370	330	330
RNZ	SALISBURY NHS FOUNDATION TRUST	155	190	155	190	175	185	195	160	175	175	180	200
RPS	DOUGLAS AND BASSETT LAWS TEACHING HOSPITALS NHS FOUNDATION TRUST	370	390	375	400	420	390	395	370	375	370	330	330
RPA	MEDWAY NHS FOUNDATION TRUST	350	400	385	415	340	405	375	380	390	375	345	390
RO3	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	650	750	665	680	715	665	755	655	675	745	650	700
RO8	MID ESSEX HOSPITAL SERVICES NHS TRUST	365	355	355	380	340	350	370	330	350	330	330	320
ROM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	925	965	940	955	930	915	985	1,050	1,545	1,135	1,125	1,115
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	320	325	305	365	355	315	340	320	305	300	285	285
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	455	475	450	435	445	450	510	455	425	430	435	460
RQY-X	GATESHEAD HEALTH NHS FOUNDATION TRUST	135	155	155	180	170	165	140	145	135	135	165	150
R8B	LEEDS TEACHING HOSPITAL NHS TRUST	715	715	725	725	745	745	690	715	740	690	690	720
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	130	180	170	185	155	190	225	175	160	160	140	155
RRK-X	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	765	765	765	765	800	765	760	720	745	715	620	710
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	470	*	*	*	*	*	505	455	460	*	430	470
RTD	ROYAL BROMPTON & HAREFIELD NHS FOUNDATION TRUST	0	*	*	0	0	*	0	*	*	0	0	0
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	540	500	495	500	530	575	525	490	500	520	470	535
RTG	GLOUCESTERSHIRE HOSPITALS NHS FOUNDATION TRUST	485	465	490	485	480	510	470	450	435	445	440	425
RTG	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	240	270	225	245	245	245	245	240	255	240	235	215
RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	710											

The number of deliveries by trust and month for 2020-21 (provisional, April 2020 - August 2020)

Activity in English NHS Hospitals and English NHS commissioned activity in the independent sector

Provider Code	Provider Name	April	May	June	July	August	September	October
ROA	MANCHESTER UNIVERSITY NHS FOUNDATION TRUST	1,000	980	1,060	1,040	935	1,030	1,085
ROB	SOUTH TYNESIDE AND SUNDERLAND NHS FOUNDATION TRUST	255	315	285	330	315	320	339
R1B-X	ISLE OF WIGHT NHS TRUST	90	80	75	80	85	85	89
R1H	BARTS HEALTH NHS TRUST	1,125	1,230	1,230	1,310	1,300	1,245	1,229
R1K	LONDON NORTH WEST UNIVERSITY HEALTHCARE NHS TRUST	300	365	370	365	360	350	367
RA2	ROYAL SURREY COUNTY HOSPITAL NHS FOUNDATION TRUST	190	225	200	215	225	215	226
RA3	WESTON AREA HEALTH NHS TRUST	0	0	*	0	0	0	0
RA4	YEovil DISTRICT HOSPITAL NHS FOUNDATION TRUST	125	105	105	115	110	110	123
RA7	UNIVERSITY HOSPITALS BRISTOL AND WESTON NHS FOUNDATION TRUST	390	410	405	365	380	395	425
RA9	TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST	160	45	160	155	180	150	123
RAE	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST	360	380	400	370	415	390	377
RAI	SOUTHDOWN UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	940	895	960	985	905	920	831
RAL	ROYAL FREE LONDON NHS FOUNDATION TRUST	580	670	640	625	625	615	595
RAP	NORTH MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST	320	300	320	380	330	345	363
RA5	THE HILLINGDON HOSPITALS NHS FOUNDATION TRUST	310	335	315	320	330	355	376
RAX	KINGSTON HOSPITAL NHS FOUNDATION TRUST	395	405	395	405	365	380	444
RBD	DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	110	105	120	120	125	110	110
RBK	WALSALL HEALTHCARE NHS TRUST	305	285	330	330	310	260	326
RBL	WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST	225	260	225	260	250	260	251
RBN	ST HELENS AND KNOWSLEY TEACHING HOSPITALS NHS TRUST	300	295	320	325	345	310	300
RBT	MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST	290	0	250	255	280	270	266
RB2	NORTHERN DEVON HEALTHCARE NHS TRUST	105	115	95	100	95	100	95
RC1	BEDFORD HOSPITAL NHS TRUST	240	220	215	250	230	0	0
RC9	BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	350	405	425	435	400	410	446
RCB	YORK TEACHING HOSPITAL NHS FOUNDATION TRUST	350	370	350	375	350	365	392
RCD	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	135	160	130	135	135	140	78
RCF	Airedale NHS FOUNDATION TRUST	145	180	125	0	0	0	153
RCX	THE QUEEN ELIZABETH HOSPITAL, KING'S LYNN, NHS FOUNDATION TRUST	155	185	165	160	160	165	153
RD1	ROYAL UNITED HOSPITALS BATH NHS FOUNDATION TRUST	360	395	315	385	380	345	354
RD3	POOLE HOSPITAL NHS FOUNDATION TRUST	340	375	340	360	330	380	326
RDB	MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	255	245	290	320	235	235	232
RDD	BASILDON AND THURROCK UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	270	0	0	0	0	0	0
RDE	EAST SUFFOLK AND NORTH ESSEX NHS FOUNDATION TRUST	515	535	565	605	570	500	535
RDU	FRIMLEY HEALTH NHS FOUNDATION TRUST	700	765	770	770	745	740	761
REF-X	ROYAL CORNWALL HOSPITALS NHS TRUST	305	315	315	335	340	355	329
REP	LIVERPOOL WOMEN'S NHS FOUNDATION TRUST	565	550	605	640	645	640	528
RF4	BARKING, HAVERING AND REDBRIDGE UNIVERSITY HOSPITALS NHS TRUST	585	590	610	650	625	585	568
RFF	BARNSELY HOSPITAL NHS FOUNDATION TRUST	230	105	215	200	225	0	0
RFR	THE ROTHERHAM NHS FOUNDATION TRUST	185	210	195	210	200	210	181
RFS	CHESTERFIELD ROYAL HOSPITAL NHS FOUNDATION TRUST	205	225	225	235	220	225	225
RGN	NORTH WEST ANGLIA NHS FOUNDATION TRUST	400	540	505	525	485	515	512
RGP	JAMES PAGET UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	120	145	160	165	120	160	166
RGR	WEST SUFFOLK NHS FOUNDATION TRUST	175	175	180	175	180	195	200
RGT	CAMBRIDGE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	385	415	420	415	*	410	467
RH5	SOMERSET NHS FOUNDATION TRUST	235	235	220	245	235	250	213
RH8	ROYAL DEVON AND EXETER NHS FOUNDATION TRUST	310	270	285	280	270	310	312
RHM	UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	410	800	410	400	430	400	378
RHO	SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST	490	515	515	545	500	505	530
RHU	PORTSMOUTH HOSPITALS NHS TRUST	445	420	415	440	445	435	430
RHW	ROYAL BERKSHIRE NHS FOUNDATION TRUST	390	370	370	355	325	375	385
R11-X	GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	495	490	495	540	490	525	539
RJ2	LEWISHAM AND GREENWICH NHS TRUST	595	680	625	645	650	585	624
RJ6	CROYDON HEALTH SERVICES NHS TRUST	280	305	285	280	270	295	240
RJ7	ST GEORGE'S UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	365	385	350	405	400	375	412
RJC	SOUTH WARWICKSHIRE NHS FOUNDATION TRUST	215	245	250	260	255	255	247
RJE	UNIVERSITY HOSPITALS OF NORTH MIDLANDS NHS TRUST	505	505	505	520	530	565	529
RJL-X	NORTHERN LINCOLNSHIRE AND GOOLE NHS FOUNDATION TRUST	275	300	290	305	285	350	308
RJX	COUNTRESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST	165	180	185	190	195	230	212
RJZ	KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST	695	720	645	695	620	665	744
RK5	SHERWOOD FOREST HOSPITALS NHS FOUNDATION TRUST	275	265	270	270	295	90	289
RK9	UNIVERSITY HOSPITALS PLYMOUTH NHS TRUST	320	300	280	265	305	290	314
RKB	UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST	450	455	485	485	470	465	490
RKE	WHITTINGTON HEALTH NHS TRUST	235	235	245	270	295	285	290
RL4	THE ROYAL WOLVERHAMPTON NHS TRUST	360	405	380	430	395	410	414
RLQ	WYE VALLEY NHS TRUST	125	135	120	125	125	150	113
RLT	GEORGE ELIOT HOSPITAL NHS TRUST	160	170	165	195	195	175	183
RM1	NORFOLK AND NORWICH UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	405	395	425	400	340	440	399
RM2	BOLTON NHS FOUNDATION TRUST	445	525	495	490	470	450	513
RMP	FAMERIDE AND GLOSSOP INTEGRATED CARE NHS FOUNDATION TRUST	180	180	185	180	175	190	192
RN3	GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST	275	315	300	340	320	335	324
RN5-X	HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	420	385	415	410	400	400	350
RN7-X	DARTFORD AND GRAVESEND NHS TRUST	355	380	385	425	365	390	387
RNA	THE DUDLEY GROUP NHS FOUNDATION TRUST	320	345	345	370	340	325	341
RNN	NORTH CUMBRIA INTEGRATED CARE NHS FOUNDATION TRUST	200	230	210	245	220	230	215
RNQ	KETTERING GENERAL HOSPITAL NHS FOUNDATION TRUST	250	225	260	260	255	290	250
RN5	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	345	340	385	320	340	345	347
RN2	SALISBURY NHS FOUNDATION TRUST	160	170	160	170	150	175	196
RPS	DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST	355	370	335	365	355	355	360
RPA	MEDWAY NHS FOUNDATION TRUST	375	380	405	390	365	335	350
RC3	BIRMINGHAM WOMEN'S AND CHILDREN'S NHS FOUNDATION TRUST	655	0	630	705	665	650	628
RQM	CHELSEA AND WESTMINSTER HOSPITAL NHS FOUNDATION TRUST	975	1,080	980	1,015	1,015	1,035	1,067
RQW	THE PRINCESS ALEXANDRA HOSPITAL NHS TRUST	315	325	295	300	330	255	281
RQX	HOMERTON UNIVERSITY HOSPITAL NHS FOUNDATION TRUST	450	450	450	490	475	455	192
RR7-X	GATESHEAD HEALTH NHS FOUNDATION TRUST	130	130	125	150	145	145	171
RR8	LEEDS TEACHING HOSPITALS NHS TRUST	625	800	705	720	735	710	699
RRF	WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	130	160	165	175	135	190	201
RRX-X	UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	695	775	700	750	765	755	741
RRV	UNIVERSITY COLLEGE LONDON HOSPITALS NHS TRUST	460	0	420	450	425	470	473
RTD	THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST	455	485	500	480	505	480	453
RTF	GLoucestershire HOSPITALS NHS FOUNDATION TRUST	425	420	480	445	455	315	394
RTF	NORTHUMBRIA HEALTHCARE NHS FOUNDATION TRUST	240	210	230	285	265	260	247
RTG	UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST	695	710	640	675	735	745	760
RTH	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	545	585	580	595	610	545	642
RTK	ASHFORD AND ST PETER'S HOSPITALS NHS FOUNDATION TRUST	260	295	285	290	255	275	286
RTP	SURREY AND SUSSEX HEALTHCARE NHS TRUST	395	420	385	415	425	440	308
RTX	SOUTH TEES HOSPITALS NHS FOUNDATION TRUST	360	360	375	360	370	370	373
RTX	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	190	210	210	220	215	250	234
RJ1-X	NORTH BRISTOL NHS TRUST	430	460	455	495	475	480	487
RVR-X	EPSOM AND ST HELENS UNIVERSITY HOSPITALS NHS TRUST	285	345	360	370	325	335	340
RVV	EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST	485	540	500	515	495	510	515
RVW	NORTH TEES AND HARTLEPOOL NHS FOUNDATION TRUST	195	225	230	225	190	225	186
RVY	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	160	190	165	190	175	175	196
RW6	PENNINE ACUTE HOSPITALS NHS TRUST	635	680	665	680	660	715	681
RWA	HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST	395	390	445	420	400	425	404
RWD	UNITED LINCOLNSHIRE HOSPITALS NHS TRUST	365	395	385	385	390	365	385
RWE	UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST	715	815	745	805	800	280	63
RWF	MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST	415	480	465	470	485	460	482
RWG	WEST HERTFORDSHIRE HOSPITALS NHS TRUST	350	360	360	390	380	360	358
RWH	EAST AND NORTH HERTFORDSHIRE NHS TRUST	385	430	440	425	425	400	417
RWJ	STOCKPORT NHS FOUNDATION TRUST	260	280	280	265	295	275	300
RWP-X	WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	365	425	375	410	375	420	462
RWW	WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST	185	210	220	215	205	205	229
RWY	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	345	355	355	395	355	385	382
RX1	NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST	645	690	620	715	695	700	690
RXC	EAST SUSSEX HEALTHCARE NHS TRUST	230	230	240	250	235	225	228
RXF-X	MID YORKSHIRE HOSPITALS NHS TRUST	500	485	460	520	480	470	502
RXH	BRIGHTON AND SUSSEX UNIVERSITY HOSPITALS NHS TRUST	385	430	415	425	405	375	386
RXK-X	SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	360	420	420	440	450	400	424
RXL	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	195	235	240	235	210	230	209
RXN	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	290	295	305	295	235	265	315
RXP	COUNTY DURHAM AND DARLINGTON NHS FOUNDATION TRUST	355	370	380	380	355	400	377
RXQ	BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	385	415	385	370	360	370	407
RXR	EAST LANCASHIRE HOSPITALS NHS TRUST	450	515	480	460	410	470	510
RXW	SHREWSBURY AND Telford HOSPITAL NHS TRUST	335	350	330	375	400	375	379
RJY	IMPERIAL COLLEGE HEALTHCARE NHS TRUST	720	760	750	820	770	720	745
RJR-X	WESTERN SUSSEX HOSPITALS NHS FOUNDATION TRUST	350	375	385	355	400	405	346
England total		45,945	47,100	47,480	49,140	47,275	46,700	46,947

[illegible]

This scorecard explains which criteria have been met within the month for each provider. Data in this tab is for May 2020 but we will be assessing the data up to December 2020.

CNST Criteria Scorecard- June 2020

The scorecard outlines which criteria have been met within the month by each provider.
 Data is for June 2020 for use in monitoring for safety by 1 September 2020.



Criteria_1				Criteria_2										Criteria_3	Criteria_4										Criteria_5	Criteria_6	Criteria_7	Criteria_8	Criteria_9	Criteria_10	Criteria_11	Criteria_12	Criteria_13	Criteria_14	Criteria_15	Criteria_16	Criteria_17	Criteria_18	Criteria_19	Criteria_20	Criteria_21	Criteria_22	Criteria_23	Criteria_24	Criteria_25	Criteria_26	Criteria_27	Criteria_28	Criteria_29	Criteria_30	Criteria_31	Criteria_32	Criteria_33	Criteria_34	Criteria_35	Criteria_36	Criteria_37	Criteria_38	Criteria_39	Criteria_40	Criteria_41	Criteria_42	Criteria_43	Criteria_44	Criteria_45	Criteria_46	Criteria_47	Criteria_48	Criteria_49	Criteria_50	Criteria_51	Criteria_52	Criteria_53	Criteria_54	Criteria_55	Criteria_56	Criteria_57	Criteria_58	Criteria_59	Criteria_60	Criteria_61	Criteria_62	Criteria_63	Criteria_64	Criteria_65	Criteria_66	Criteria_67	Criteria_68	Criteria_69	Criteria_70	Criteria_71	Criteria_72	Criteria_73	Criteria_74	Criteria_75	Criteria_76	Criteria_77	Criteria_78	Criteria_79	Criteria_80	Criteria_81	Criteria_82	Criteria_83	Criteria_84	Criteria_85	Criteria_86	Criteria_87	Criteria_88	Criteria_89	Criteria_90	Criteria_91	Criteria_92	Criteria_93	Criteria_94	Criteria_95	Criteria_96	Criteria_97	Criteria_98	Criteria_99	Criteria_100	Criteria_101	Criteria_102	Criteria_103	Criteria_104	Criteria_105	Criteria_106	Criteria_107	Criteria_108	Criteria_109	Criteria_110	Criteria_111	Criteria_112	Criteria_113	Criteria_114	Criteria_115	Criteria_116	Criteria_117	Criteria_118	Criteria_119	Criteria_120	Criteria_121	Criteria_122	Criteria_123	Criteria_124	Criteria_125	Criteria_126	Criteria_127	Criteria_128	Criteria_129	Criteria_130	Criteria_131	Criteria_132	Criteria_133	Criteria_134	Criteria_135	Criteria_136	Criteria_137	Criteria_138	Criteria_139	Criteria_140	Criteria_141	Criteria_142	Criteria_143	Criteria_144	Criteria_145	Criteria_146	Criteria_147	Criteria_148	Criteria_149	Criteria_150	Criteria_151	Criteria_152	Criteria_153	Criteria_154	Criteria_155	Criteria_156	Criteria_157	Criteria_158	Criteria_159	Criteria_160	Criteria_161	Criteria_162	Criteria_163	Criteria_164	Criteria_165	Criteria_166	Criteria_167	Criteria_168	Criteria_169	Criteria_170	Criteria_171	Criteria_172	Criteria_173	Criteria_174	Criteria_175	Criteria_176	Criteria_177	Criteria_178	Criteria_179	Criteria_180	Criteria_181	Criteria_182	Criteria_183	Criteria_184	Criteria_185	Criteria_186	Criteria_187	Criteria_188	Criteria_189	Criteria_190	Criteria_191	Criteria_192	Criteria_193	Criteria_194	Criteria_195	Criteria_196	Criteria_197	Criteria_198	Criteria_199	Criteria_200	Criteria_201	Criteria_202	Criteria_203	Criteria_204	Criteria_205	Criteria_206	Criteria_207	Criteria_208	Criteria_209	Criteria_210	Criteria_211	Criteria_212	Criteria_213	Criteria_214	Criteria_215	Criteria_216	Criteria_217	Criteria_218	Criteria_219	Criteria_220	Criteria_221	Criteria_222	Criteria_223	Criteria_224	Criteria_225	Criteria_226	Criteria_227	Criteria_228	Criteria_229	Criteria_230	Criteria_231	Criteria_232	Criteria_233	Criteria_234	Criteria_235	Criteria_236	Criteria_237	Criteria_238	Criteria_239	Criteria_240	Criteria_241	Criteria_242	Criteria_243	Criteria_244	Criteria_245	Criteria_246	Criteria_247	Criteria_248	Criteria_249	Criteria_250	Criteria_251	Criteria_252	Criteria_253	Criteria_254	Criteria_255	Criteria_256	Criteria_257	Criteria_258	Criteria_259	Criteria_260	Criteria_261	Criteria_262	Criteria_263	Criteria_264	Criteria_265	Criteria_266	Criteria_267	Criteria_268	Criteria_269	Criteria_270	Criteria_271	Criteria_272	Criteria_273	Criteria_274	Criteria_275	Criteria_276	Criteria_277	Criteria_278	Criteria_279	Criteria_280	Criteria_281	Criteria_282	Criteria_283	Criteria_284	Criteria_285	Criteria_286	Criteria_287	Criteria_288	Criteria_289	Criteria_290	Criteria_291	Criteria_292	Criteria_293	Criteria_294	Criteria_295	Criteria_296	Criteria_297	Criteria_298	Criteria_299	Criteria_300	Criteria_301	Criteria_302	Criteria_303	Criteria_304	Criteria_305	Criteria_306	Criteria_307	Criteria_308	Criteria_309	Criteria_310	Criteria_311	Criteria_312	Criteria_313	Criteria_314	Criteria_315	Criteria_316	Criteria_317	Criteria_318	Criteria_319	Criteria_320	Criteria_321	Criteria_322	Criteria_323	Criteria_324	Criteria_325	Criteria_326	Criteria_327	Criteria_328	Criteria_329	Criteria_330	Criteria_331	Criteria_332	Criteria_333	Criteria_334	Criteria_335	Criteria_336	Criteria_337	Criteria_338	Criteria_339	Criteria_340	Criteria_341	Criteria_342	Criteria_343	Criteria_344	Criteria_345	Criteria_346	Criteria_347	Criteria_348	Criteria_349	Criteria_350	Criteria_351	Criteria_352	Criteria_353	Criteria_354	Criteria_355	Criteria_356	Criteria_357	Criteria_358	Criteria_359	Criteria_360	Criteria_361	Criteria_362	Criteria_363	Criteria_364	Criteria_365	Criteria_366	Criteria_367	Criteria_368	Criteria_369	Criteria_370	Criteria_371	Criteria_372	Criteria_373	Criteria_374	Criteria_375	Criteria_376	Criteria_377	Criteria_378	Criteria_379	Criteria_380	Criteria_381	Criteria_382	Criteria_383	Criteria_384	Criteria_385	Criteria_386	Criteria_387	Criteria_388	Criteria_389	Criteria_390	Criteria_391	Criteria_392	Criteria_393	Criteria_394	Criteria_395	Criteria_396	Criteria_397	Criteria_398	Criteria_399	Criteria_400	Criteria_401	Criteria_402	Criteria_403	Criteria_404	Criteria_405	Criteria_406	Criteria_407	Criteria_408	Criteria_409	Criteria_410	Criteria_411	Criteria_412	Criteria_413	Criteria_414	Criteria_415	Criteria_416	Criteria_417	Criteria_418	Criteria_419	Criteria_420	Criteria_421	Criteria_422	Criteria_423	Criteria_424	Criteria_425	Criteria_426	Criteria_427	Criteria_428	Criteria_429	Criteria_430	Criteria_431	Criteria_432	Criteria_433	Criteria_434	Criteria_435	Criteria_436	Criteria_437	Criteria_438	Criteria_439	Criteria_440	Criteria_441	Criteria_442	Criteria_443	Criteria_444	Criteria_445	Criteria_446	Criteria_447	Criteria_448	Criteria_449	Criteria_450	Criteria_451	Criteria_452	Criteria_453	Criteria_454	Criteria_455	Criteria_456	Criteria_457	Criteria_458	Criteria_459	Criteria_460	Criteria_461	Criteria_462	Criteria_463	Criteria_464	Criteria_465	Criteria_466	Criteria_467	Criteria_468	Criteria_469	Criteria_470	Criteria_471	Criteria_472	Criteria_473	Criteria_474	Criteria_475	Criteria_476	Criteria_477	Criteria_478	Criteria_479	Criteria_480	Criteria_481	Criteria_482	Criteria_483	Criteria_484	Criteria_485	Criteria_486	Criteria_487	Criteria_488	Criteria_489	Criteria_490	Criteria_491	Criteria_492	Criteria_493	Criteria_494	Criteria_495	Criteria_496	Criteria_497	Criteria_498	Criteria_499	Criteria_500	Criteria_501	Criteria_502	Criteria_503	Criteria_504	Criteria_505	Criteria_506	Criteria_507	Criteria_508	Criteria_509	Criteria_510	Criteria_511	Criteria_512	Criteria_513	Criteria_514	Criteria_515	Criteria_516	Criteria_517	Criteria_518	Criteria_519	Criteria_520	Criteria_521	Criteria_522	Criteria_523	Criteria_524	Criteria_525	Criteria_526	Criteria_527	Criteria_528	Criteria_529	Criteria_530	Criteria_531	Criteria_532	Criteria_533	Criteria_534	Criteria_535	Criteria_536	Criteria_537	Criteria_538	Criteria_539	Criteria_540	Criteria_541	Criteria_542	Criteria_543	Criteria_544	Criteria_545	Criteria_546	Criteria_547	Criteria_548	Criteria_549	Criteria_550	Criteria_551	Criteria_552	Criteria_553	Criteria_554	Criteria_555	Criteria_556	Criteria_557	Criteria_558	Criteria_559	Criteria_560	Criteria_561	Criteria_562	Criteria_563	Criteria_564	Criteria_565	Criteria_566	Criteria_567	Criteria_568	Criteria_569	Criteria_570	Criteria_571	Criteria_572	Criteria_573	Criteria_574	Criteria_575	Criteria_576	Criteria_577	Criteria_578	Criteria_579	Criteria_580	Criteria_581	Criteria_582	Criteria_583	Criteria_584	Criteria_585	Criteria_586	Criteria_587	Criteria_588	Criteria_589	Criteria_590	Criteria_591	Criteria_592	Criteria_593	Criteria_594	Criteria_595	Criteria_596	Criteria_597	Criteria_598	Criteria_599	Criteria_600	Criteria_601	Criteria_602	Criteria_603	Criteria_604	Criteria_605	Criteria_606	Criteria_607	Criteria_608	Criteria_609	Criteria_610	Criteria_611	Criteria_612	Criteria_613	Criteria_614	Criteria_615	Criteria_616	Criteria_617	Criteria_618	Criteria_619	Criteria_620	Criteria_621	Criteria_622	Criteria_623	Criteria_624	Criteria_625	Criteria_626	Criteria_627	Criteria_628	Criteria_629	Criteria_630	Criteria_631	Criteria_632	Criteria_633	Criteria_634	Criteria_635	Criteria_636	Criteria_637	Criteria_638	Criteria_639	Criteria_640	Criteria_641	Criteria_642	Criteria_643	Criteria_644	Criteria_645	Criteria_646	Criteria_647	Criteria_648	Criteria_649	Criteria_650	Criteria_651	Criteria_652	Criteria_653	Criteria_654	Criteria_655	Criteria_656	Criteria_657	Criteria_658	Criteria_659	Criteria_660	Criteria_661	Criteria_662	Criteria_663	Criteria_664	Criteria_665	Criteria_666	Criteria_667	Criteria_668	Criteria_669	Criteria_670	Criteria_671	Criteria_672	Criteria_673	Criteria_674	Criteria_675	Criteria_676	Criteria_677	Criteria_678	Criteria_679	Criteria_680	Criteria_681	Criteria_682	Criteria_683	Criteria_684	Criteria_685	Criteria_686	Criteria_687	Criteria_688	Criteria_689	Criteria_690	Criteria_691	Criteria_692	Criteria_693	Criteria_694	Criteria_695	Criteria_696	Criteria_697	Criteria_698	Criteria_699	Criteria_700	Criteria_701	Criteria_702	Criteria_703	Criteria_704	Criteria_705	Criteria_706	Criteria_707	Criteria_708	Criteria_709	Criteria_710	Criteria_711	Criteria_712	Criteria_713	Criteria_714	Criteria_715	Criteria_716	Criteria_717	Criteria_718	Criteria_719	Criteria_720	Criteria_721	Criteria_722	Criteria_723	Criteria_724	Criteria_725	Criteria_726	Criteria_727	Criteria_728	Criteria_729	Criteria_730	Criteria_731	Criteria_732	Criteria_733	Criteria_734	Criteria_735	Criteria_736	Criteria_737	Criteria_738	Criteria_739	Criteria_740	Criteria_741	Criteria_742	Criteria_743	Criteria_744	Criteria_745	Criteria_746	Criteria_747	Criteria_748	Criteria_749	Criteria_750	Criteria_751	Criteria_752	Criteria_753	Criteria_754	Criteria_755	Criteria_756	Criteria_757	Criteria_758	Criteria_759	Criteria_760	Criteria_761	Criteria_762	Criteria_763	Criteria_764	Criteria_765	Criteria_766	Criteria_767	Criteria_768	Criteria_769	Criteria_770	Criteria_771	Criteria_772	Criteria_773	Criteria_774	Criteria_775	Criteria_776	Criteria_777	Criteria_778	Criteria_779	Criteria_780	Criteria_781	Criteria_782	Criteria_783	Criteria_784	Criteria_785	Criteria_786	Criteria_787	Criteria_788	Criteria_789	Criteria_790	Criteria_791	Criteria_792	Criteria_793	Criteria_794	Criteria_795	Criteria_796	Criteria_797	Criteria_798	Criteria_799	Criteria_800	Criteria_801	Criteria_802	Criteria_803	Criteria_804	Criteria_805	Criteria_806	Criteria_807	Criteria_808	Criteria_809	Criteria_810	Criteria_811	Criteria_812	Criteria_813	Criteria_814	Criteria_815	Criteria_816	Criteria_817	Criteria_818	Criteria_819	Criteria_820	Criteria_821	Criteria_822	Criteria_823	Criteria_824	Criteria_825	Criteria_826	Criteria_827	Criteria_828	Criteria_829	Criteria_830	Criteria_831	Criteria_832	Criteria_833	Criteria_834	Criteria_835	Criteria_836	Criteria_837	Criteria_838	Criteria_839	Criteria_840	Criteria_841	Criteria_842	Criteria_843	Criteria_844	Criteria_845	Criteria_846	Criteria_847	Criteria_848	Criteria_849	Criteria_850	Criteria_851	Criteria_852	Criteria_853	Criteria_854	Criteria_855	Criteria_856	Criteria_857	Criteria_858	Criteria_859	Criteria_860	Criteria_861	Criteria_862	Criteria_863	Criteria_864	Criteria_865	Criteria_866	Criteria_867	Criteria_868	Criteria_869	Criteria_870	Criteria_871	Criteria_872	Criteria_873	Criteria_874	Criteria_875	Criteria_876	Criteria_877	Criteria_878	Criteria_879	Criteria_880	Criteria_881	Criteria_882	Criteria_883	Criteria_884	Criteria_885	Criteria_886	Criteria_887	Criteria_888	Criteria_889	Criteria_890	Criteria_891	Criteria_892	Criteria_893	Criteria_894	Criteria_895	Criteria_896	Criteria_897	Criteria_898	Criteria_899	Criteria_900	Criteria_901	Criteria_902	Criteria_903	Criteria_904	Criteria_905	Criteria_906	Criteria_907	Criteria_908	Criteria_909	Criteria_910	Criteria_911	Criteria_912	Criteria_913	Criteria_914	Criteria_915	Criteria_916	Criteria_917	Criteria_918	Criteria_919	Criteria_920	Criteria_921	Criteria_922	Criteria_923	Criteria_924	Criteria_925	Criteria_926	Criteria_927	Criteria_928	Criteria_929	Criteria_930	Criteria_931	Criteria_932	Criteria_933	Criteria_934	Criteria_935	Criteria_936	Criteria_937	Criteria_938	Criteria_939	Criteria_940	Criteria_941	Criteria_942	Criteria_943	Criteria_944	Criteria_945	Criteria_946	Criteria_947	Criteria_948	Criteria_949	Criteria_950	Criteria_951	Criteria_952	Criteria_953	Criteria_954	Criteria_955	Criteria_956	Criteria_957	Criteria_958	Criteria_959	Criteria_960	Criteria
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CSNT Criteria Scorecard- August 2020

The scorecard outlines which criteria have been met within the month for each provider.
Data is for the 1st to 31st August 2020 but we will be reviewing the data up to 31st October 2020.

Provider Data				Criteria_1		Criteria_2		Criteria_3										Criteria_4		Criteria_5		Criteria_6		Criteria_7		Criteria_8		Criteria_9		Criteria_10		Criteria_11		Criteria_12		Criteria_13		Criteria_14		Criteria_15		Criteria_16		Criteria_17		Criteria_18		Criteria_19		Criteria_20		Criteria_21		Criteria_22		Criteria_23		Criteria_24		Criteria_25		Criteria_26		Criteria_27		Criteria_28		Criteria_29		Criteria_30		Criteria_31		Criteria_32		Criteria_33		Criteria_34		Criteria_35		Criteria_36		Criteria_37		Criteria_38		Criteria_39		Criteria_40		Criteria_41		Criteria_42		Criteria_43		Criteria_44		Criteria_45		Criteria_46		Criteria_47		Criteria_48		Criteria_49		Criteria_50		Criteria_51		Criteria_52		Criteria_53		Criteria_54		Criteria_55		Criteria_56		Criteria_57		Criteria_58		Criteria_59		Criteria_60		Criteria_61		Criteria_62		Criteria_63		Criteria_64		Criteria_65		Criteria_66		Criteria_67		Criteria_68		Criteria_69		Criteria_70		Criteria_71		Criteria_72		Criteria_73		Criteria_74		Criteria_75		Criteria_76		Criteria_77		Criteria_78		Criteria_79		Criteria_80		Criteria_81		Criteria_82		Criteria_83		Criteria_84		Criteria_85		Criteria_86		Criteria_87		Criteria_88		Criteria_89		Criteria_90		Criteria_91		Criteria_92		Criteria_93		Criteria_94		Criteria_95		Criteria_96		Criteria_97		Criteria_98		Criteria_99		Criteria_100		Criteria_101		Criteria_102		Criteria_103		Criteria_104		Criteria_105		Criteria_106		Criteria_107		Criteria_108		Criteria_109		Criteria_110		Criteria_111		Criteria_112		Criteria_113		Criteria_114		Criteria_115		Criteria_116		Criteria_117		Criteria_118		Criteria_119		Criteria_120		Criteria_121		Criteria_122		Criteria_123		Criteria_124		Criteria_125		Criteria_126		Criteria_127		Criteria_128		Criteria_129		Criteria_130		Criteria_131		Criteria_132		Criteria_133		Criteria_134		Criteria_135		Criteria_136		Criteria_137		Criteria_138		Criteria_139		Criteria_140		Criteria_141		Criteria_142		Criteria_143		Criteria_144		Criteria_145		Criteria_146		Criteria_147		Criteria_148		Criteria_149		Criteria_150		Criteria_151		Criteria_152		Criteria_153		Criteria_154		Criteria_155		Criteria_156		Criteria_157		Criteria_158		Criteria_159		Criteria_160		Criteria_161		Criteria_162		Criteria_163		Criteria_164		Criteria_165		Criteria_166		Criteria_167		Criteria_168		Criteria_169		Criteria_170		Criteria_171		Criteria_172		Criteria_173		Criteria_174		Criteria_175		Criteria_176		Criteria_177		Criteria_178		Criteria_179		Criteria_180		Criteria_181		Criteria_182		Criteria_183		Criteria_184		Criteria_185		Criteria_186		Criteria_187		Criteria_188		Criteria_189		Criteria_190		Criteria_191		Criteria_192		Criteria_193		Criteria_194		Criteria_195		Criteria_196		Criteria_197		Criteria_198		Criteria_199		Criteria_200		Criteria_201		Criteria_202		Criteria_203		Criteria_204		Criteria_205		Criteria_206		Criteria_207		Criteria_208		Criteria_209		Criteria_210		Criteria_211		Criteria_212		Criteria_213		Criteria_214		Criteria_215		Criteria_216		Criteria_217		Criteria_218		Criteria_219		Criteria_220		Criteria_221		Criteria_222		Criteria_223		Criteria_224		Criteria_225		Criteria_226		Criteria_227		Criteria_228		Criteria_229		Criteria_230		Criteria_231		Criteria_232		Criteria_233		Criteria_234		Criteria_235		Criteria_236		Criteria_237		Criteria_238		Criteria_239		Criteria_240		Criteria_241		Criteria_242		Criteria_243		Criteria_244		Criteria_245		Criteria_246		Criteria_247		Criteria_248		Criteria_249		Criteria_250		Criteria_251		Criteria_252		Criteria_253		Criteria_254		Criteria_255		Criteria_256		Criteria_257		Criteria_258		Criteria_259		Criteria_260		Criteria_261		Criteria_262		Criteria_263		Criteria_264		Criteria_265		Criteria_266		Criteria_267		Criteria_268		Criteria_269		Criteria_270		Criteria_271		Criteria_272		Criteria_273		Criteria_274		Criteria_275		Criteria_276		Criteria_277		Criteria_278		Criteria_279		Criteria_280		Criteria_281		Criteria_282		Criteria_283		Criteria_284		Criteria_285		Criteria_286		Criteria_287		Criteria_288		Criteria_289		Criteria_290		Criteria_291		Criteria_292		Criteria_293		Criteria_294		Criteria_295		Criteria_296		Criteria_297		Criteria_298		Criteria_299		Criteria_300		Criteria_301		Criteria_302		Criteria_303		Criteria_304		Criteria_305		Criteria_306		Criteria_307		Criteria_308		Criteria_309		Criteria_310		Criteria_311		Criteria_312		Criteria_313		Criteria_314		Criteria_315		Criteria_316		Criteria_317		Criteria_318		Criteria_319		Criteria_320		Criteria_321		Criteria_322		Criteria_323		Criteria_324		Criteria_325		Criteria_326		Criteria_327		Criteria_328		Criteria_329		Criteria_330		Criteria_331		Criteria_332		Criteria_333		Criteria_334		Criteria_335		Criteria_336		Criteria_337		Criteria_338		Criteria_339		Criteria_340		Criteria_341		Criteria_342		Criteria_343		Criteria_344		Criteria_345		Criteria_346		Criteria_347		Criteria_348		Criteria_349		Criteria_350		Criteria_351		Criteria_352		Criteria_353		Criteria_354		Criteria_355		Criteria_356		Criteria_357		Criteria_358		Criteria_359		Criteria_360		Criteria_361		Criteria_362		Criteria_363		Criteria_3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CNST Criteria Scorecard-September 2020
This spreadsheet requires what criteria have been met within the month for each provider.
Please refer to the September 2020 for any other existing the data on September 2020.

Provider Data			Criteria 1		Criteria 2		Criteria 3		Criteria 4		Criteria 5		Criteria 6		Criteria 7		Criteria 8		Criteria 9		Criteria 10		Criteria 11		Criteria 12		Criteria 13		Criteria 14		Criteria 15		Criteria 16		Criteria 17		Criteria 18		Criteria 19		Criteria 20		Criteria 21		Criteria 22		Criteria 23		Criteria 24		Criteria 25		Criteria 26		Criteria 27		Criteria 28		Criteria 29		Criteria 30		Criteria 31		Criteria 32		Criteria 33		Criteria 34		Criteria 35		Criteria 36		Criteria 37		Criteria 38		Criteria 39		Criteria 40		Criteria 41		Criteria 42		Criteria 43		Criteria 44		Criteria 45		Criteria 46		Criteria 47		Criteria 48		Criteria 49		Criteria 50		Criteria 51		Criteria 52		Criteria 53		Criteria 54		Criteria 55		Criteria 56		Criteria 57		Criteria 58		Criteria 59		Criteria 60		Criteria 61		Criteria 62		Criteria 63		Criteria 64		Criteria 65		Criteria 66		Criteria 67		Criteria 68		Criteria 69		Criteria 70		Criteria 71		Criteria 72		Criteria 73		Criteria 74		Criteria 75		Criteria 76		Criteria 77		Criteria 78		Criteria 79		Criteria 80		Criteria 81		Criteria 82		Criteria 83		Criteria 84		Criteria 85		Criteria 86		Criteria 87		Criteria 88		Criteria 89		Criteria 90		Criteria 91		Criteria 92		Criteria 93		Criteria 94		Criteria 95		Criteria 96		Criteria 97		Criteria 98		Criteria 99		Criteria 100		Criteria 101		Criteria 102		Criteria 103		Criteria 104		Criteria 105		Criteria 106		Criteria 107		Criteria 108		Criteria 109		Criteria 110		Criteria 111		Criteria 112		Criteria 113		Criteria 114		Criteria 115		Criteria 116		Criteria 117		Criteria 118		Criteria 119		Criteria 120		Criteria 121		Criteria 122		Criteria 123		Criteria 124		Criteria 125		Criteria 126		Criteria 127		Criteria 128		Criteria 129		Criteria 130		Criteria 131		Criteria 132		Criteria 133		Criteria 134		Criteria 135		Criteria 136		Criteria 137		Criteria 138		Criteria 139		Criteria 140		Criteria 141		Criteria 142		Criteria 143		Criteria 144		Criteria 145		Criteria 146		Criteria 147		Criteria 148		Criteria 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433		Criteria 434		Criteria 435		Criteria 436		Criteria 437		Criteria 438		Criteria 439		Criteria 440	
Organization Code	Organization Name	Region	Year	Year 1	Year 2	Total Income to include in total	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20	Year 21	Year 22	Year 23	Year 24	Year 25	Year 26	Year 27	Year 28	Year 29	Year 30	Year 31	Year 32	Year 33	Year 34	Year 35	Year 36	Year 37	Year 38	Year 39	Year 40	Year 41	Year 42	Year 43	Year 44	Year 45	Year 46	Year 47	Year 48	Year 49	Year 50	Year 51	Year 52	Year 53	Year 54	Year 55	Year 56	Year 57	Year 58	Year 59	Year 60	Year 61	Year 62	Year 63	Year 64	Year 65	Year 66	Year 67	Year 68	Year 69	Year 70	Year 71	Year 72	Year 73	Year 74	Year 75	Year 76	Year 77	Year 78	Year 79	Year 80	Year 81	Year 82	Year 83	Year 84	Year 85	Year 86	Year 87	Year 88	Year 89	Year 90	Year 91	Year 92	Year 93	Year 94	Year 95	Year 96	Year 97	Year 98	Year 99	Year 100	Year 101	Year 102	Year 103	Year 104	Year 105	Year 106	Year 107	Year 108	Year 109	Year 110	Year 111	Year 112	Year 113	Year 114	Year 115	Year 116	Year 117	Year 118	Year 119	Year 120	Year 121	Year 122	Year 123	Year 124	Year 125	Year 126	Year 127	Year 128	Year 129	Year 130	Year 131	Year 132	Year 133	Year 134	Year 135	Year 136	Year 137	Year 138	Year 139	Year 140	Year 141	Year 142	Year 143	Year 144	Year 145	Year 146	Year 147	Year 148	Year 149	Year 150	Year 151	Year 152	Year 153	Year 154	Year 155	Year 156	Year 157	Year 158	Year 159	Year 160	Year 161	Year 162	Year 163	Year 164	Year 165	Year 166	Year 167	Year 168	Year 169	Year 170	Year 171	Year 172	Year 173	Year 174	Year 175	Year 176	Year 177	Year 178	Year 179	Year 180	Year 181	Year 182	Year 183	Year 184	Year 185	Year 186	Year 187	Year 188	Year 189	Year 190	Year 191	Year 192	Year 193	Year 194	Year 195	Year 196	Year 197	Year 198	Year 199	Year 200	Year 201	Year 202	Year 203	Year 204	Year 205	Year 206	Year 207	Year 208	Year 209	Year 210	Year 211	Year 212	Year 213	Year 214	Year 215	Year 216	Year 217	Year 218	Year 219	Year 220	Year 221	Year 222	Year 223	Year 224	Year 225	Year 226	Year 227	Year 228	Year 229	Year 230	Year 231	Year 232	Year 233	Year 234	Year 235	Year 236	Year 237	Year 238	Year 239	Year 240	Year 241	Year 242	Year 243	Year 244	Year 245	Year 246	Year 247	Year 248	Year 249	Year 250	Year 251	Year 252	Year 253	Year 254	Year 255	Year 256	Year 257	Year 258	Year 259	Year 260	Year 261	Year 262	Year 263	Year 264	Year 265	Year 266	Year 267	Year 268	Year 269	Year 270	Year 271	Year 272	Year 273	Year 274	Year 275	Year 276	Year 277	Year 278	Year 279	Year 280	Year 281	Year 282	Year 283	Year 284	Year 285	Year 286	Year 287	Year 288	Year 289	Year 290	Year 291	Year 292	Year 293	Year 294	Year 295	Year 296	Year 297	Year 298	Year 299	Year 300	Year 301	Year 302	Year 303	Year 304	Year 305	Year 306	Year 307	Year 308	Year 309	Year 310	Year 311	Year 312	Year 313	Year 314	Year 315	Year 316	Year 317	Year 318	Year 319	Year 320	Year 321	Year 322	Year 323	Year 324	Year 325	Year 326	Year 327	Year 328	Year 329	Year 330	Year 331	Year 332	Year 333	Year 334	Year 335	Year 336	Year 337	Year 338	Year 339	Year 340	Year 341	Year 342	Year 343	Year 344	Year 345	Year 346	Year 347	Year 348	Year 349	Year 350	Year 351	Year 352	Year 353	Year 354	Year 355	Year 356	Year 357	Year 358	Year 359	Year 360	Year 361	Year 362	Year 363	Year 364	Year 365	Year 366	Year 367	Year 368	Year 369	Year 370	Year 371	Year 372	Year 373	Year 374	Year 375	Year 376	Year 377	Year 378	Year 379	Year 380	Year 381	Year 382	Year 383	Year 384	Year 385	Year 386	Year 387	Year 388	Year 389	Year 390	Year 391	Year 392	Year 393	Year 394	Year 395	Year 396	Year 397	Year 398	Year 399	Year 400	Year 401	Year 402	Year 403	Year 404	Year 405	Year 406	Year 407	Year 408	Year 409	Year 410	Year 411	Year 412	Year 413	Year 414	Year 415	Year 416	Year 417	Year 418	Year 419	Year 420	Year 421	Year 422	Year 423	Year 424	Year 425	Year 426	Year 427	Year 428	Year 429	Year 430	Year 431	Year 432	Year 433	Year 434	Year 435	Year 436	Year 437	Year 438	Year 439	Year 440																																																																																																																																																																																																																																																																																																																																																																																																																																																				



CNST Criteria Scorecard- October 2020

This document explains what criteria have been used within the month for each provider. Criteria are split by Category (Clinical and Non-Clinical) and are grouped by the date of the last update.

Provider Data			Criteria_1		Criteria_2		Criteria_3		Criteria_4		Criteria_5		Criteria_6		Criteria_7		Criteria_8		Criteria_9		Criteria_10		Criteria_11		Criteria_12		Criteria_13		Criteria_14		Criteria_15		Criteria_16		Criteria_17		Criteria_18		Criteria_19		Criteria_20		Criteria_21		Criteria_22		Criteria_23		Criteria_24		Criteria_25		Criteria_26		Criteria_27		Criteria_28		Criteria_29		Criteria_30		Criteria_31		Criteria_32		Criteria_33		Criteria_34		Criteria_35		Criteria_36		Criteria_37		Criteria_38		Criteria_39		Criteria_40		Criteria_41		Criteria_42		Criteria_43		Criteria_44		Criteria_45		Criteria_46		Criteria_47		Criteria_48		Criteria_49		Criteria_50		Criteria_51		Criteria_52		Criteria_53		Criteria_54		Criteria_55		Criteria_56		Criteria_57		Criteria_58		Criteria_59		Criteria_60		Criteria_61		Criteria_62		Criteria_63		Criteria_64		Criteria_65		Criteria_66		Criteria_67		Criteria_68		Criteria_69		Criteria_70		Criteria_71		Criteria_72		Criteria_73		Criteria_74		Criteria_75		Criteria_76		Criteria_77		Criteria_78		Criteria_79		Criteria_80		Criteria_81		Criteria_82		Criteria_83		Criteria_84		Criteria_85		Criteria_86		Criteria_87		Criteria_88		Criteria_89		Criteria_90		Criteria_91		Criteria_92		Criteria_93		Criteria_94		Criteria_95		Criteria_96		Criteria_97		Criteria_98		Criteria_99		Criteria_100		Criteria_101		Criteria_102		Criteria_103		Criteria_104		Criteria_105		Criteria_106		Criteria_107		Criteria_108		Criteria_109		Criteria_110		Criteria_111		Criteria_112		Criteria_113		Criteria_114		Criteria_115		Criteria_116		Criteria_117		Criteria_118		Criteria_119		Criteria_120		Criteria_121		Criteria_122		Criteria_123		Criteria_124		Criteria_125		Criteria_126		Criteria_127		Criteria_128		Criteria_129		Criteria_130		Criteria_131		Criteria_132		Criteria_133		Criteria_134		Criteria_135		Criteria_136		Criteria_137		Criteria_138		Criteria_139		Criteria_140		Criteria_141		Criteria_142		Criteria_143		Criteria_144		Criteria_145		Criteria_146		Criteria_147		Criteria_148		Criteria_149		Criteria_150		Criteria_151		Criteria_152		Criteria_153		Criteria_154		Criteria_155		Criteria_156		Criteria_157		Criteria_158		Criteria_159		Criteria_160		Criteria_161		Criteria_162		Criteria_163		Criteria_164		Criteria_165		Criteria_166		Criteria_167		Criteria_168		Criteria_169		Criteria_170		Criteria_171		Criteria_172		Criteria_173		Criteria_174		Criteria_175		Criteria_176		Criteria_177		Criteria_178		Criteria_179		Criteria_180		Criteria_181		Criteria_182		Criteria_183		Criteria_184		Criteria_185		Criteria_186		Criteria_187		Criteria_188		Criteria_189		Criteria_190		Criteria_191		Criteria_192		Criteria_193		Criteria_194		Criteria_195		Criteria_196		Criteria_197		Criteria_198		Criteria_199		Criteria_200		Criteria_201		Criteria_202		Criteria_203		Criteria_204		Criteria_205		Criteria_206		Criteria_207		Criteria_208		Criteria_209		Criteria_210		Criteria_211		Criteria_212		Criteria_213		Criteria_214		Criteria_215		Criteria_216		Criteria_217		Criteria_218		Criteria_219		Criteria_220		Criteria_221		Criteria_222		Criteria_223		Criteria_224		Criteria_225		Criteria_226		Criteria_227		Criteria_228		Criteria_229		Criteria_230		Criteria_231		Criteria_232		Criteria_233		Criteria_234		Criteria_235		Criteria_236		Criteria_237		Criteria_238		Criteria_239		Criteria_240		Criteria_241		Criteria_242		Criteria_243		Criteria_244		Criteria_245		Criteria_246		Criteria_247		Criteria_248		Criteria_249		Criteria_250		Criteria_251		Criteria_252		Criteria_253		Criteria_254		Criteria_255		Criteria_256		Criteria_257		Criteria_258		Criteria_259		Criteria_260		Criteria_261		Criteria_262		Criteria_263		Criteria_264		Criteria_265		Criteria_266		Criteria_267		Criteria_268		Criteria_269		Criteria_270		Criteria_271		Criteria_272		Criteria_273		Criteria_274		Criteria_275		Criteria_276		Criteria_277		Criteria_278		Criteria_279		Criteria_280		Criteria_281		Criteria_282		Criteria_283		Criteria_284		Criteria_285		Criteria_286		Criteria_287		Criteria_288		Criteria_289		Criteria_290		Criteria_291		Criteria_292		Criteria_293		Criteria_294		Criteria_295		Criteria_296		Criteria_297		Criteria_298		Criteria_299		Criteria_300		Criteria_301		Criteria_302		Criteria_303		Criteria_304		Criteria_305		Criteria_306		Criteria_307		Criteria_308		Criteria_309		Criteria_310		Criteria_311		Criteria_312		Criteria_313		Criteria_314		Criteria_315		Criteria_316		Criteria_317		Criteria_318		Criteria_319		Criteria_320		Criteria_321		Criteria_322		Criteria_323		Criteria_324		Criteria_325		Criteria_326		Criteria_327		Criteria_328		Criteria_329		Criteria_330		Criteria_331		Criteria_332		Criteria_333		Criteria_334		Criteria_335		Criteria_336		Criteria_337		Criteria_338		Criteria_339		Criteria_340		Criteria_341		Criteria_342		Criteria_343		Criteria_344		Criteria_345		Criteria_346		Criteria_347		Criteria_348		Criteria_349		Criteria_350		Criteria_351		Criteria_352		Criteria_353		Criteria_354		Criteria_355		Criteria_356		Criteria_357		Criteria_358		Criteria_359		Criteria_360		Criteria_361		Criteria_362		Criteria_363		Criteria_364		Criteria_365		Criteria_366		Criteria_367		Criteria_368		Criteria_369		Criteria_370		Criteria_371		Criteria_372		Criteria_373		Criteria_374		Criteria_375		Criteria_376		Criteria_377		Criteria_378		Criteria_379		Criteria_380		Criteria_381		Criteria_382		Criteria_383		Criteria_384		Criteria_385		Criteria_386		Criteria_387		Criteria_388		Criteria_389		Criteria_390		Criteria_391		Criteria_392		Criteria_393		Criteria_394		Criteria_395		Criteria_396		Criteria_397		Criteria_398		Criteria_399		Criteria_400		Criteria_401		Criteria_402		Criteria_403		Criteria_404		Criteria_405		Criteria_406		Criteria_407		Criteria_408		Criteria_409		Criteria_410		Criteria_411		Criteria_412		Criteria_413		Criteria_414		Criteria_415		Criteria_416		Criteria_417		Criteria_418		Criteria_419		Criteria_420		Criteria_421		Criteria_422		Criteria_423		Criteria_424		Criteria_425		Criteria_426		Criteria_427		Criteria_428		Criteria_429		Criteria_430		Criteria_431		Criteria_432		Criteria_433		Criteria_434		Criteria_435		Criteria_436		Criteria_437		Criteria_438		Criteria_439		Criteria_440		Criteria_441		Criteria_442		Criteria_443		Criteria_444		Criteria_445		Criteria_446		Criteria_447		Criteria_448		Criteria_449		Criteria_450		Criteria_451		Criteria_452		Criteria_453		Criteria_454		Criteria_455		Criteria_456		Criteria_457		Criteria_458		Criteria_459		Criteria_460		Criteria_461		Criteria_462		Criteria_463		Criteria_464		Criteria_465		Criteria_466		Criteria_467		Criteria_468		Criteria_469		Criteria_470		Criteria_471		Criteria_472		Criteria_473		Criteria_474		Criteria_475		Criteria_476		Criteria_477		Criteria_478		Criteria_479		Criteria_480		Criteria_481		Criteria_482		Criteria_483		Criteria_484		Criteria_485		Criteria_486		Criteria_487		Criteria_488		Criteria_489		Criteria_490		Criteria_491		Criteria_492		Criteria_493		Criteria_494		Criteria_495		Criteria_496		Criteria_497		Criteria_498		Criteria_499		Criteria_500		Criteria_501		Criteria_502		Criteria_503		Criteria_504		Criteria_505		Criteria_506		Criteria_507		Criteria_508		Criteria_509		Criteria_510		Criteria_511		Criteria_512		Criteria_513		Criteria_514		Criteria_515		Criteria_516		Criteria_517		Criteria_518		Criteria_519		Criteria_520		Criteria_521		Criteria_522		Criteria_523		Criteria_524		Criteria_525		Criteria_526		Criteria_527		Criteria_528		Criteria_529		Criteria_530		Criteria_531		Criteria_532		Criteria_533		Criteria_534		Criteria_535		Criteria_536		Criteria_537		Criteria_538		Criteria_539		Criteria_540		Criteria_541		Criteria_542		Criteria_543		Criteria_544		Criteria_545		Criteria_546		Criteria_547		Criteria_548		Criteria_549		Criteria_550		Criteria_551		Criteria_552		Criteria_553		Criteria_554		Criteria_555		Criteria_556		Criteria_557		Criteria_558		Criteria_559		Criteria_560		Criteria_561		Criteria_562		Criteria_563		Criteria_564		Criteria_565		Criteria_566		Criteria_567		Criteria_568		Criteria_569		Criteria_570		Criteria_571		Criteria_572		Criteria_573		Criteria_574		Criteria_575		Criteria_576		Criteria_577		Criteria_578		Criteria_579		Criteria_580		Criteria_581		Criteria_582		Criteria_583		Criteria_584		Criteria_585		Criteria_586		Criteria_587		Criteria_588		Criteria_589		Criteria_590		Criteria_591		Criteria_592		Criteria_593		Criteria_594		Criteria_595		Criteria_596		Criteria_597		Criteria_598		Criteria_599		Criteria_600		Criteria_601		Criteria_602		Criteria_603		Criteria_604		Criteria_605		Criteria_606		Criteria_607		Criteria_608		Criteria_609		Criteria_610		Criteria_611		Criteria_612		Criteria_613		Criteria_614		Criteria_615		Criteria_616		Criteria_617		Criteria_618		Criteria_619		Criteria_620		Criteria_621		Criteria_622		Criteria_623		Criteria_624		Criteria_625		Criteria_626		Criteria_627		Criteria_628		Criteria_629		Criteria_630		Criteria_631		Criteria_632		Criteria_633		Criteria_634		Criteria_635		Criteria_636		Criteria_637		Criteria_638		Criteria_639		Criteria_640		Criteria_641		Criteria_642		Criteria_643		Criteria_644		Criteria_645		Criteria_646		Criteria_647		Criteria_648		Criteria_649		Criteria_650		Criteria_651		Criteria_652		Criteria_653		Criteria_654		Criteria_655		Criteria_656		Criteria_657		Criteria_658		Criteria_659		Criteria_660		Criteria_661		Criteria_662		Criteria_663		Criteria_664		Criteria_665		Criteria_666		Criteria_667		Criteria_668		Criteria_669		Criteria_670		Criteria_671		Criteria_672		Criteria_673		Criteria_674		Criteria_675		Criteria_676		Criteria_677		Criteria_678		Criteria_679		Criteria_680		Criteria_681		Criteria_682		Criteria_683		Criteria_684		Criteria_685		Criteria_686		Criteria_687		Criteria_688		Criteria_689		Criteria_690		Criteria_691		Criteria_692		Criteria_693		Criteria_694		Criteria_695		Criteria_696		Criteria_697		Criteria_698		Criteria_699		Criteria_700		Criteria_701		Criteria_702		Criteria_703		Criteria_704		Criteria_705		Criteria_706		Criteria_707		Criteria_708		Criteria_709		Criteria_710		Criteria_711		Criteria_712		Criteria_713		Criteria_714		Criteria_715		Criteria_716		Criteria_717		Criteria_718		Criteria_719		Criteria_720		Criteria_721		Criteria_722		Criteria_723		Criteria_724		Criteria_725		Criteria_726		Criteria_727		Criteria_728		Criteria_729		Criteria_730		Criteria_731		Criteria_732		Criteria_733		Criteria_734		Criteria_735		Criteria_736		Criteria_737		Criteria_738		Criteria_739		Criteria_740		Criteria_741		Criteria_742		Criteria_743		Criteria_744		Criteria_745		Criteria_746		Criteria_747		Criteria_748		Criteria_749		Criteria_750		Criteria_751		Criteria_752		Criteria_753		Criteria_754		Criteria_755		Criteria_756		Criteria_757		Criteria_758		Criteria_759		Criteria_760		Criteria_761		Criteria_762		Criteria_763		Criteria_764		Criteria_765		Criteria_766		Criteria_767		Criteria_768		Criteria_769		Criteria_770		Criteria_771		Criteria_772		Criteria_773		Criteria_774		Criteria_775		Criteria_776		Criteria_777		Criteria_778		Criteria_779		Criteria_780		Criteria_781		Criteria_782		Criteria_783		Criteria_784		Criteria_785		Criteria_786		Criteria_787		Criteria_788		Criteria_789		Criteria_790		Criteria_791		Criteria_792		Criteria_793		Criteria_794		Criteria_795		Criteria_796		Criteria_797		Criteria_798		Criteria_799		Criteria_800		Criteria_801		Criteria_802		Criteria_803		Criteria_804		Criteria_805		Criteria_806		Criteria_807		Criteria_808		Criteria_809		Criteria_810		Criteria_811		Criteria_812		Criteria_813		Criteria_814		Criteria_815		Criteria_816		Criteria_817		Criteria_818		Criteria_819		Criteria_820		Criteria_821		Criteria_822		Criteria_823		Criteria_824		Criteria_825		Criteria_826		Criteria_827		Criteria_828		Criteria_829		Criteria_830		Criteria_831		Criteria_832		Criteria_833		Criteria_834		Criteria_835		Criteria_836		Criteria_837		Criteria_838		Criteria_839		Criteria_840		Criteria_841		Criteria_842		Criteria_843		Criteria_844		Criteria_845		Criteria_846		Criteria_847		Criteria_848		Criteria_849		Criteria_850		Criteria_851		Criteria_852		Criteria_853		Criteria_854		Criteria_855		Criteria_856		Criteria_857		Criteria_858		Criteria_859		Criteria_860		Criteria_861		Criteria_862		Criteria_863		Criteria_864		Criteria_865		Criteria_866		Criteria_867		Criteria_868		Criteria_869		Criteria_870		Criteria_871		Criteria_872		Criteria_873		Criteria_874		Criteria_875		Criteria_876		Criteria_877		Criteria_878		Criteria_879		Criteria_880		Criteria_881		Criteria_882		Criteria_883		Criteria_884		Criteria_885		Criteria_886		Criteria_887		Criteria_888		Criteria_889		Criteria_890		Criteria_891		Criteria_892		Criteria_893		Criteria_894		Criteria_895		Criteria_896		Criteria_897		Criteria_898		Criteria_899		Criteria_900		Criteria_901		Criteria_902		Criteria_903		Criteria_904		Criteria_905		Criteria_906		Criteria_907		Criteria_908		Criteria_909		Criteria_910		Criteria_911		Criteria_912		Criteria_913		Criteria_914		Criteria_915		Criteria_916		Criteria_917		Criteria_918		Criteria_919		Criteria_920		Criteria_921		Criteria_922		Criteria_923		Criteria_924		Criteria_925		Criteria_926		Criteria_927		Criteria_928		Criteria_929		Criteria_930		Criteria_931		Criteria_932		Criteria_933		Criteria_934		Criteria_935		Criteria_936		Criteria_937		Criteria_938		Criteria_939		Criteria_940		Criteria_941		Criteria_942		Criteria_943		Criteria_944		Criteria_945		Criteria_946		Criteria_947		Criteria_948		Criteria_949		Criteria_950		Criteria_951		Criteria_952		Criteria_953		Criteria_954		Criteria_955		Criteria_956		Criteria_957		Criteria_958		Criteria_959		Criteria_	
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Minimum Dataset Maternity Safety Dashboard

Select Trust:

CQC Maternity Ratings	Overall	Safe	Effective	Caring	Well-Led	Responsive
	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:	Select Rating:

Maternity Safety Support Programme	Select Y / N:	If No, enter name of MIA
------------------------------------	---------------	--------------------------

	2021											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Findings of review of all perinatal deaths using the real time data monitoring tool												
Findings of review all cases eligible for referral to HSIB.												
Report on: <ul style="list-style-type: none"> The number of incidents logged graded as moderate or above and what actions are being taken Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively. 												
Service User Voice feedback												
Staff feedback from frontline champions and walk-about												
HSIB/NHSR/CQC or other organisation with a concern or request for action made directly with Trust												
Coroner Reg 28 made directly to Trust												
Progress in achievement of CNST 10												

Proportion of midwives responding with 'Agree or Strongly Agree' on whether they would recommend their trust as a place to work or receive treatment (Reported annually)	
Proportion of specialty trainees in Obstetrics & Gynaecology responding with 'excellent or good' on how would they would rate the quality of clinical supervision out of hours (Reported annually)	

Paper for submission to the Board of Directors on 11 February 2021

TITLE:	Exception Report from the Finance and Performance Committee Chair		
AUTHOR:	Jonathan Hodgkin F & P Committee Chair	PRESENTER	Jonathan Hodgkin F & P Committee Chair
CLINICAL STRATEGIC AIMS			
<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>			
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
		X	
RECOMMENDATIONS:			
The Board is asked to note the contents of the report and in particular the items referred to the Board for decision or action.			
CORPORATE OBJECTIVE:			
S05 Make the best use of what we have S06 Plan for a viable future			
SUMMARY OF KEY ISSUES:			
Summary from the Finance and Performance Committee held on 28 January 2021.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Achievement of Financial Targets
	Other	Y	Details: Value for Money
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

EXCEPTION REPORT FROM FINANCE AND PERFORMANCE COMMITTEE CHAIR

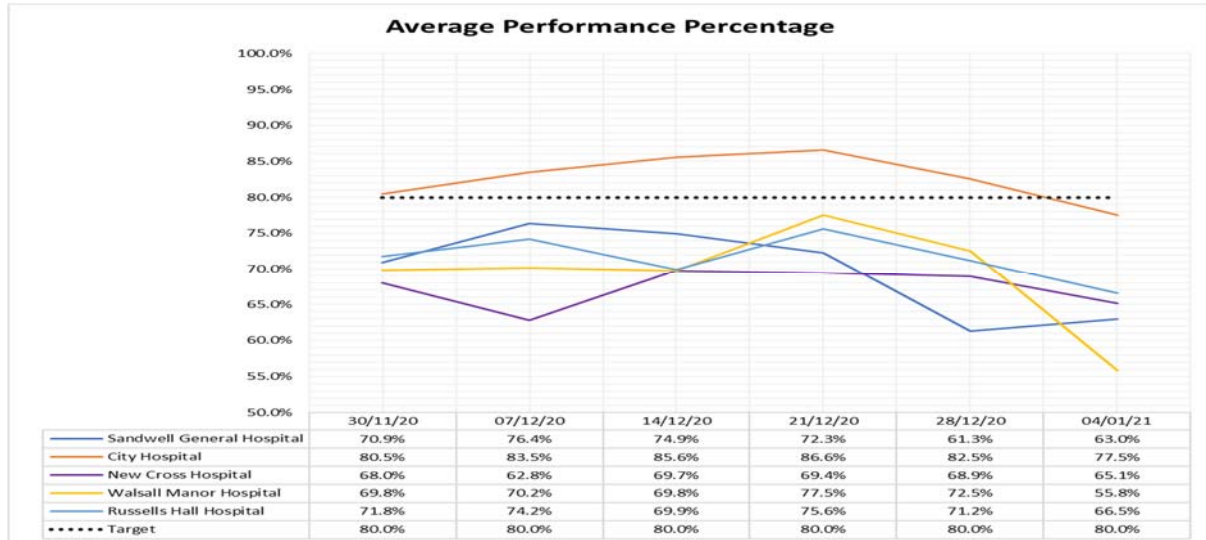
Meeting held on: 28 January 2021

<p>MATTERS OF CONCERN OR KEY RISKS TO ESCALATE</p> <ul style="list-style-type: none"> • Progress towards performance and restoration and recovery targets paused during current crisis. Subsequent recovery will require close working with acute and GP partners • Scale of the challenge to recover post COVID is a concern, especially given the impact to date on our people. Committee believes Board needs a recovery strategy and plan for the next two years • Significant disruption to the vaccination programme and to staff recruited to deliver it in February, although will release some bank shifts to support the hospital • Further delay to modular ward due to equipment delays. Now expected mid May • Risk to cash flow depending on arrangements for reimbursement of vaccination costs and modular build • Likely need for additional £1.7m accrual for untaken leave will place additional pressure on I&E 	<p>MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY</p> <ul style="list-style-type: none"> • Financial implications of further delay to modular ward to next F&P • Initial view of post March performance and restoration and recovery trajectories to next F&P • Update on Use of Resources assessment work to next F&P
<p>POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • In the circumstances operational performance is good, although deteriorating, and compares well with other providers in the region, especially around cancer • 8656 vaccinations provided at Action Heart • 800 of 1,100 staff recruited for system-wide vaccination programme and 500 on-boarded • I&E ahead of plan with potential to outperform £2m deficit target 	<p>DECISIONS MADE</p> <ul style="list-style-type: none"> • None
<p>• Chair's comments on the effectiveness of the meeting: Many issues discussed and not possible to do so within the 1hour allocated for the meeting</p>	

Paper for submission to the Board of Directors, 11 February 2021

TITLE:	Integrated Performance Report for Month 9 (December 2020)		
AUTHOR:	Diane Povey Interim General Manager	PRESENTER	Karen Kelly Chief Operating Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE :			
Decision	Approval	Discussion	Other
N	N	Y	N
RECOMMENDATIONS:			
To note and discuss the current performance against KPIs.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience SO2: Safe and Caring Services SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: Deliver a viable future			
SUMMARY OF KEY ISSUES:			
Performance EAS <ol style="list-style-type: none"> The December position for performance is below the expected Emergency Access Standard, the Trust has achieved a combined performance of 84.5%. The Trust is regionally ranked 2nd Of 5 Trusts (Based on last six weeks average) and 9th out of 30 Midlands area Trusts. <p>The main contributory factors to our EAS position is the following:</p> <ol style="list-style-type: none"> Patient flow and capacity upstream is the main reason for breaches of the 4hr standard during December. This has been impacted by high bed utilisation due to peak demand caused by Covid-19. December has seen further increase on November ambulance Handover delays for both 30 Mins & 60 Mins delays, 254 30 min delays & 143 60 Min delays during December. 			

Dudley's Emergency Access Standard compared with other neighbouring Black Country Trusts is shown in the table below:



CANCER

All cancer performance figures have 2 month validation process, on that basis the current performance is unvalidated and may be subject to change.

Current in month performance is as follows:

- a. 2ww achievement for October is 94.1%.
- b. 31 day is 95.2%.
- c. 62 day is 61.2%

The number of patients waiting over 104 days has further reduced to 16 at the end of December 20. The necessary amendments to the counting methodology for the 104 day measure have been put in place to prepare for 62 Day standards change from April 2021.

Demand for services continues to increase, 2WW referrals demand has returned to circa 96% of pre Covid-19 levels. In addition there is a continuing reduction in capacity due to Covid social distancing precautions, staff absence and patient reluctance to attend. These issues are affecting the whole cancer pathway but Breast & breast symptomatic continue to be the most challenged area impacting on delivery of the 2 WW cancer standard.

The Cancer management team submitted a recovery trajectory for the 62 day pathway to NHSE in August 2020 outlining an expected position with aim of full recovery by Mar-21. Current 62 day performance is in line with this plan.

RTT

The RTT position has consistently improved since July 20 with December performance at 83.1%. DGFT remains in the top 10 nationally being 9th based on October 2020 data which was released on 14th January 2021. The Trust is also the best performing Trust in Region for RTT and median waiting time.

Covid-19 has necessitated the cancellation of routine outpatient appointments as anticipated, due to the impact on staffing, the need to re-deploy theatre staff to critical care and the need to prioritise urgent & emergency. Theatre capacity has been reduced further from 9 to 6 Theatres. In addition the independent sector (IS) is currently unable to supply capacity due to high demand.

There were 12 52 week breaches in October, 27 in November and 45 in December. This was due to the inability to further increase theatre capacity due to staffing issues within critical care and theatres. This is likely to hit Circa 250 in January 2021 due to cancellation of all routine electives due to Covid-19 surge.

DM01

In December the Trust achieved 77.5% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%. Based on DM01 national benchmarking for November the Trust is positioned in the third upper quartile.

There has been an increase in the number waiting over 6 weeks due to Covid demand as a direct consequence of the need to prioritise inpatient & ED examinations. The numbers waiting over 6 weeks has increased to 1757 from 1166.

Overall DM01 recovery is likely to be delayed due to an increase in the level of COVID demand, the need to prioritise inpatient and ED tests and staffing shortages.

IMPLICATIONS OF PAPER: Risks identified in this paper are linked to the risk (BAF 1b)

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	Y		Risk Description: BAF 1b - Failure to meet access standards caused by inability to improve patient flow and work effectively with very local partners will result in an adverse outcome for the patient
	Risk Register: Y		Risk Score: BAF 1B – Risk score 15 (AMBER)
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Compliance with Quality Standards for safe & effective care.
	NHSI	Y	Details: Achievement of national performance targets.
	Other	N	Details:
REPORT DESTINATION	EXECUTIVE DIRECTORS	Y	DATE: Weekly
	WORKING GROUP	N	DATE:
	COMMITTEE	Y	DATE: Board of Directors, February 11 2021

Performance KPIs















28th January 2021 Report (December 2020 Data)














Karen Kelly, Chief Operating Officer

Constitutional Targets Summary	Page 2
Ed Performance	Page 3
Cancer Performance	Pages 4 - 7
RTT Performance	Page 8
DM01 Performance	Page 9
Restoration & Recovery	Pages 10 - 13



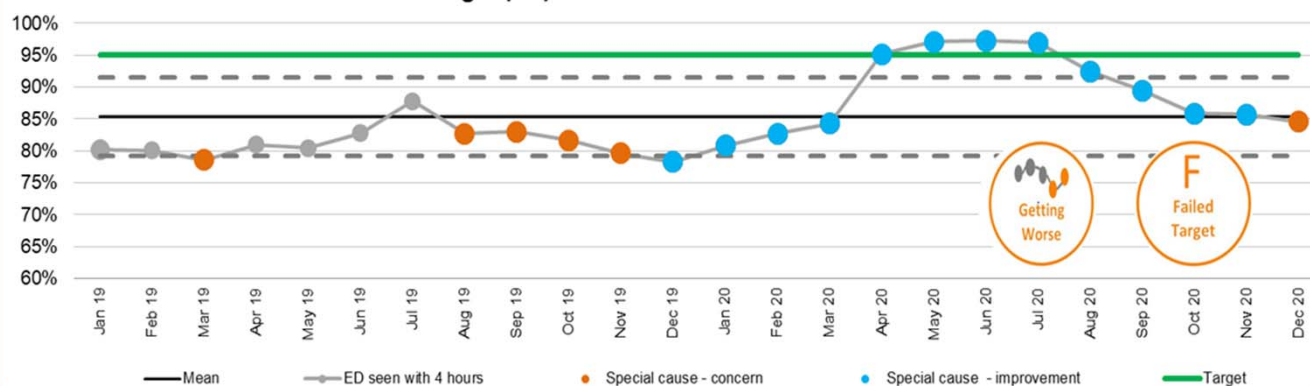
Constitutional Performance

Constitutional Standard and KPI		Target	Actual 20/21						Status	
			Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20		
Emergency Access Standard (EAS)	Combined 4hr Performance	95.0%	97.0%	92.4%	89.4%	85.8%	85.7%	84.5%		
Cancer	Cancer 62 Day - Urgent GP Referral to Treatment	85.0%	73.0%	68.8%	61.9%	63.6%	70.9%	60.0%		
	Cancer 31 Day -	96.0%	92.2%	94.5%	93.8%	96.2%	92.2%	95.2%		
	All Cancer 2 Week Waits	93.0%	95.9%	79.4%	52.5%	68.0%	79.5%	94.1%		
Referral to Treatment (RTT)	RTT Incomplete	92%	63.7%	72.5%	78.9%	82.8%	83.9%	83.1%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	99%	74.3%	70.8%	71.1%	77.6%	84.3%	77.5%		
VTE	% Assessed on Admission	95%	94.2%	89.9%	93.8%	93.2%	93.8%	93.6%		

Making Numbers Count - Icon Key												
Is the Process Stable?				Will the target be met?			Non-SPC Measures			Admin		
												
GETTING BETTER	GETTING WORSE	GETTING BETTER	GETTING WORSE	STABLE	YES	NO	MAYBE	PASS	FAIL	NO TARGET SET	NON-SPC	NARRATIVE NOT PROVIDED BY SERVICE

ED Performance

Combined seen with 4 hours - starting 01/01/19



84.5%

20

9th

As at 14/01/2021

EAS 4 hour target 95% for Type 1 & 3 attendances

DTA 12 hour breaches - target zero

DGFT ranking out of 30 Midlands area Trusts

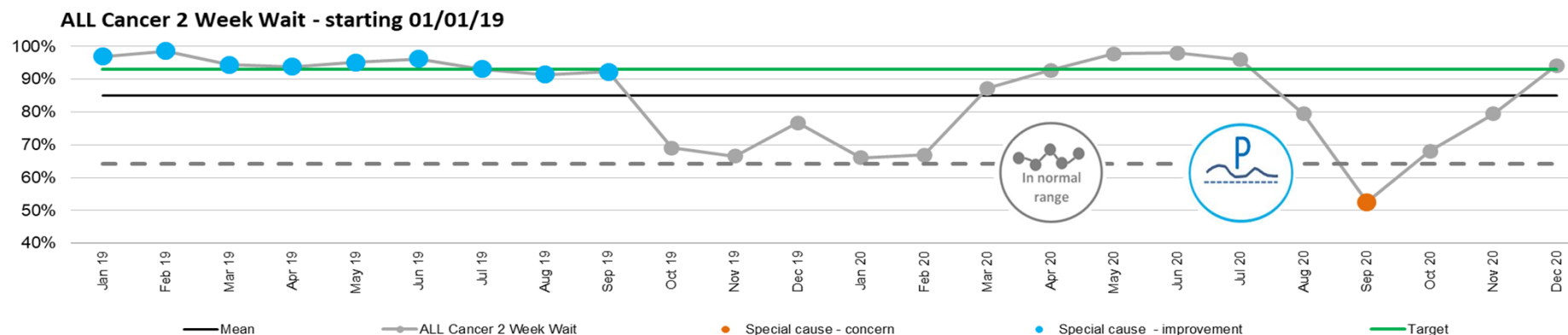
Performance

- ED Performance for the % seen in 4 hours during December is 85.5%. The target has not been met since Jul 20.
- The Trust compares well with others, regionally being ranked 2nd Of 5 trusts and 9th out of 30 Midlands area trusts.
- The trust has experienced significant emergency care demand due to the Covid19 surge, accompanied by a further increase on November ambulance Handover delays for both 30 Mins & 60 Mins delays, 254 30 min delays & 143 60 Min delays during December.
- Attendances have decreased across all age ranges with the exception of 80+, where there has been a statistically significant increase in attendances.
- The ED conversion rate remains within normal limits despite high demand
- 12 hour breaches have increased significantly during December to 20 up from 7 in November. RED ED breaches not reported as Assessment Areas not report.
- The main breach reason for December was lack upstream & Capacity.

Action

- ✓ Demand has necessitated expansion of Red ED from 10 to 18 beds and 24 cubicles from 21/12/2020.
- ✓ Additional Medicine Consultant, Acute SHO & REG have commenced supporting RED ED successfully to strengthen decision making and care planning (REG 09-21.00hrs)
- ✓ Medical huddles have been implemented to support ED juniors and strengthen decision making within EAS, care planning and safety.
- ✓ The Advanced Clinical Practitioner rota (ACP) extended to 7 days and rapid assessment & triage (RAT) model is due to be established, dependent on nursing numbers and recruitment.
- ✓ All patients stranded in ambulances have had nursing and medical assessment. This is particularly important due to the longer ambulance handover time during November & To maintain clinical safety for patients stranded on back of ambulances.
- ✓ Joint working with Divisions to improve pathways and flow and Joint working with diagnostics to reduce diagnostic waits and improve referral acceptance has been established

Cancer Performance – 2 Week Wait



94.1%

All cancer 2 week waits – target 93%

Performance

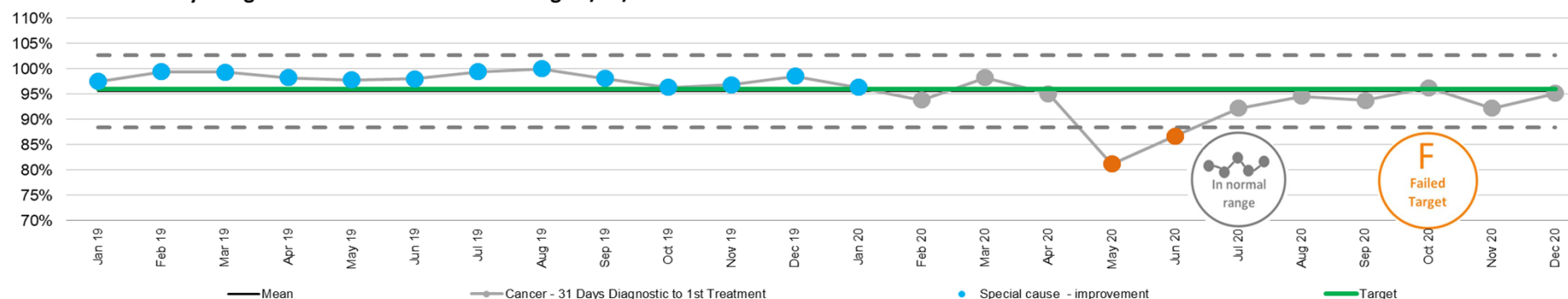
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- The 2ww target has been met for the 1st time since July 20
- The majority of breaches were within Breast for the third Month in a row (November performance of 44.64%). 2WW referrals demand has returned to circa 96% of pre Covid-19 levels.
- There is a capacity shortfall with Face-to-Face first outpatient appointments primarily in Breast & Breast Symptomatic. Breast capacity is reduced by 33% due to social distancing, which has Impacted on both suspected and symptomatic pathways.

Action

- ✓ Internal booking processes have been reviewed and we have now implemented day zero booking for majority of specialties together with a forward look to January to mitigate any reduction in clinics. A Daily escalation process has been robustly implemented with a 72 hour booking expectation.
- ✓ Breast patients to be contacted 24 hours before appointment to ensure attendance and to reduce DNA's maximise our slot utilisation .
- ✓ A Forward look review of rapid access clinics within December and January to mitigate any potential dropped clinics and to expand on current capacity is in progress.
- ✓ Working with breast clinicians on alternative options to improve Breast performance .

Cancer Performance – 31 Day

Cancer - 31 Days Diagnostic to 1st Treatment - starting 01/01/19



95.2%

31 day waits – target 96%

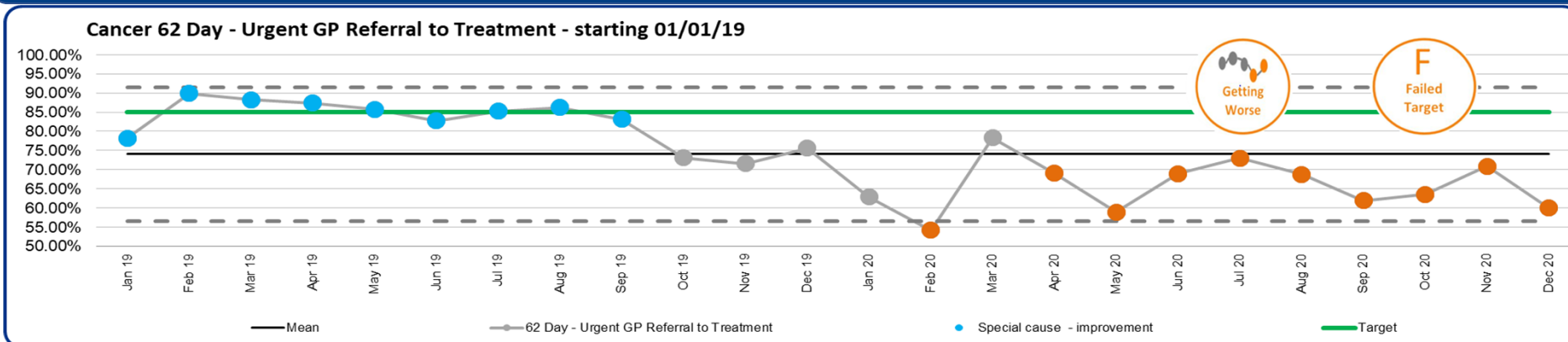
Performance

- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- The 31 day target has not been met since October 20
- For December, there is currently 6 out of a total of 128 patients breaching the 31 day decision to treat target. This is due to delays related to Covid restrictions, to patients lack of engagement to attend for appointments and to reduced clinic capacity.
- December to date stands at 95.31%

Action

- ✓ To support improvement of achievement against the 31 day target, a 31 day pathway training and education package is being cascaded to the multi-disciplinary team to ensure understanding of the issues and help to encourage timely escalation and to expedite improvement.
- ✓ Consultation on Cancer Assurance Cycle - A stakeholder session on 5th November 2020 with all Divisional specialties proposed a new Cancer Assurance Cycle which will support effective and efficient cancer pathway management, improved data and DQ and supportive partnerships with Divisions.
- ✓ This target is being monitored and progressed daily, with every single breach risk identified being escalated.

Cancer Performance – 62 Day



61.2%

All cancer 62 day waits – target 85%

Performance

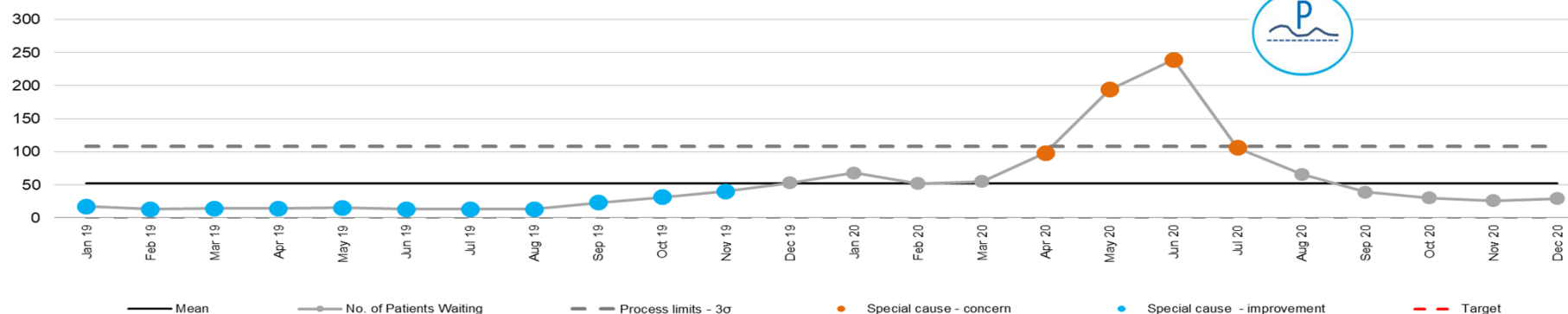
- Performance has consistently been lower than the previous average since April 20 and has not achieved target since October 19.
- Covid-related delays have impacted at all stages of the pathway due to reduction in capacity due to social distancing, patients are reluctant to attend for treatment and appointments. In addition the reduction of diagnostic capacity and the Covid surge. In addition the invasive nature of some procedures means additional precautions need to be taken and this has further reduced capacity. These issues are having a significant impact on cancer pathways.
- Patients who have waited the longest are being prioritised and there has been a further reduction in patients waiting 104 days and over during December. This will in turn convert into reduction in those waiting over 62 days.

Action

- ✓ The Cancer management team submitted a recovery trajectory for the 62 day pathway to NHSE in August 2020 outlining an expected position with aim of full recovery by Mar-21. Current 62 day performance is in line with this plan.
- ✓ An eight week programme of training which will support improved pathway management. Training and "How Do I Guides" and "Scripts" for all MDTC's and Trackers are drafted and was introduced during November 2020 continues.
- ✓ Several new SOP's have been drafted to support improvements in PTL management just one example is a "fitness to proceed" SOP which is currently being prepared for Clinical sponsorship.

Cancer Performance – 104 Day

104 + Day Cancer waiters- starting 01/01/19



16

As at 14/01/2021

All 104 week waits,
target zero

Performance

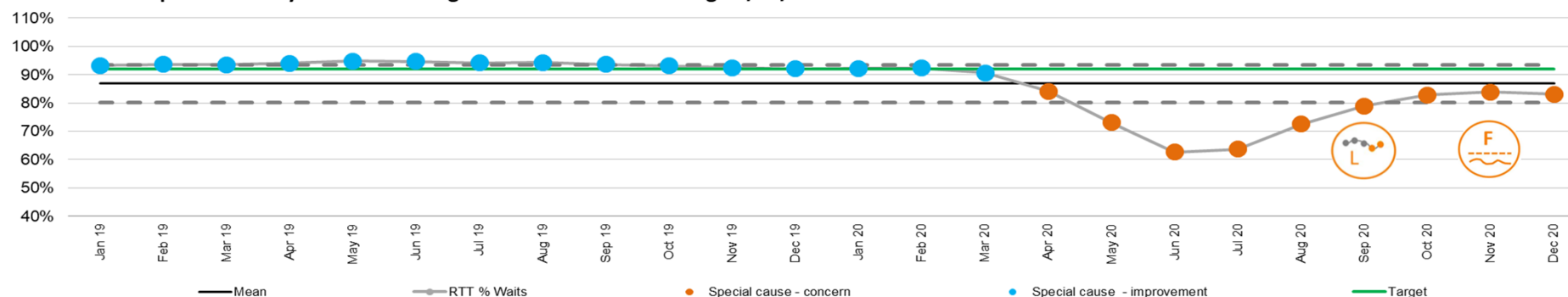
- Validation of Cancer performance figures run at a 2 month lead time. Therefore latest month position is un-validated.
- At the end of June 2020 the Trust had >200 patients waiting over 104 days.
- The reduction of legacy patients who have waited over 62 weeks and in particular those waiting over 104 days has had significant focus over the past eight weeks resulting in the numbers currently over 104 days being returned to lower than pre-COVID levels.

Action

- ✓ A forward look to January has been commenced to mitigate any reduction in clinics. Daily escalation process has been robustly implemented with a 72 hour booking expectation. There are plans in place to reduce this to 48 hours.
- ✓ The 'Cancer 62 Day Patient Tracking List' (CANPTL) collection is a weekly snapshot which shows the number of patients on the cancer 62-day pathway. From 23 November 2020, this collection was remodelled to include waiting list breakdown by suspected tumour groups 62-day screening, consultant upgrades and further granularity about the start of treatment. This accounts for any inflation of our legacy position and the purpose of this change is to prepare for 62 Day standards change from April 2021.

RTT Performance

RTT Incomplete Pathways - % still waiting within 18 Weeks - starting 01/01/19



83.1%

RTT Incomplete pathways target 92%

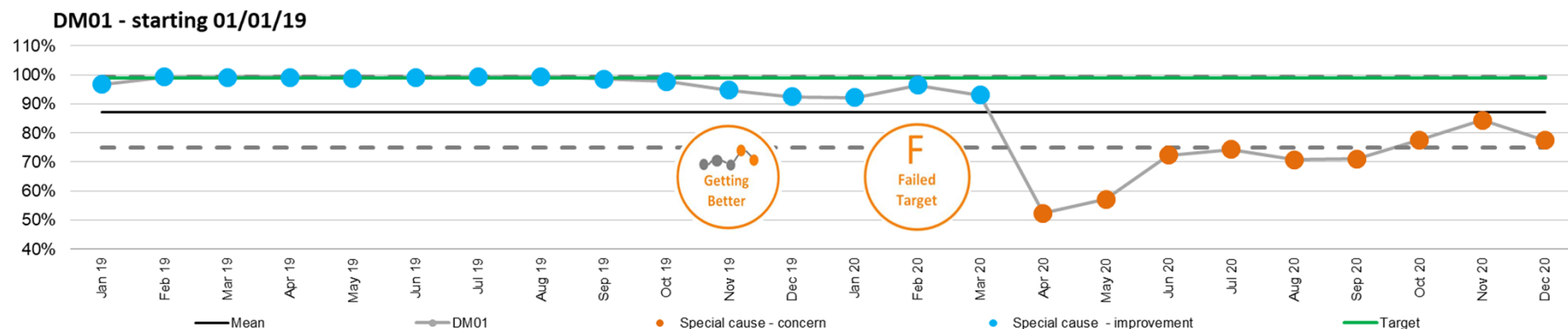
Performance

- RTT performance has failed to meet the target since Feb 20, however improvement has been consistent since June 20.
- DGFT remains in the top 10 nationally being 9th based on October 2020 data which was released on 14th January 2021. The Trust is also the best performing Trust in Region for RTT and median waiting time.
- There were 12 52 week breaches in October, 27 in November and 45 in December. This was due to the inability to further increase theatre capacity due to staffing issues within critical care and theatres. This is likely to hit Circa 250 in January due to cancellation of all routine electives due to Covid-19 surge in Jan 2021
- Covid-19 has necessitated the cancellation of routine outpatient appointments and elective activity as anticipated, due to the impact on staffing, the need to re-deploy theatre staff to critical care and to the need to prioritise urgent & emergency care due to covid demand. This has required theatre capacity to be further reduced from 9 to 6 theatres. In addition the independent sector (IS) is currently unable to supply capacity due to high demand.

Action

- ✓ Cancer & urgent patients are being prioritised in line with clinical need. All routine elective care has been cancelled & re-booked following clinical risk assessment.
- ✓ Some cancer activity moved to ISP due to reduction of theatres on RHH site
- ✓ Where possible virtual routine appointments are being utilised to care for patients according to clinical need.
- ✓ GP colleagues have been notified of the need to cancel routine & elective care.
- ✓ Increased use of the IS will be crucial to recovery of elective care and to the reduction of the number of patients waiting over 52 weeks.
- ✓ Potential Insourcing & outsourcing options are being explored to expand capacity and will also be crucial to recovery of elective care.
- ✓ Anaesthetics have recruited two additional locums (3rd one dropped out) to support recovery provision, start in March 2021.

DM01 Performance



77.5%

DM01 combining 15 modalities - target 99%

Performance

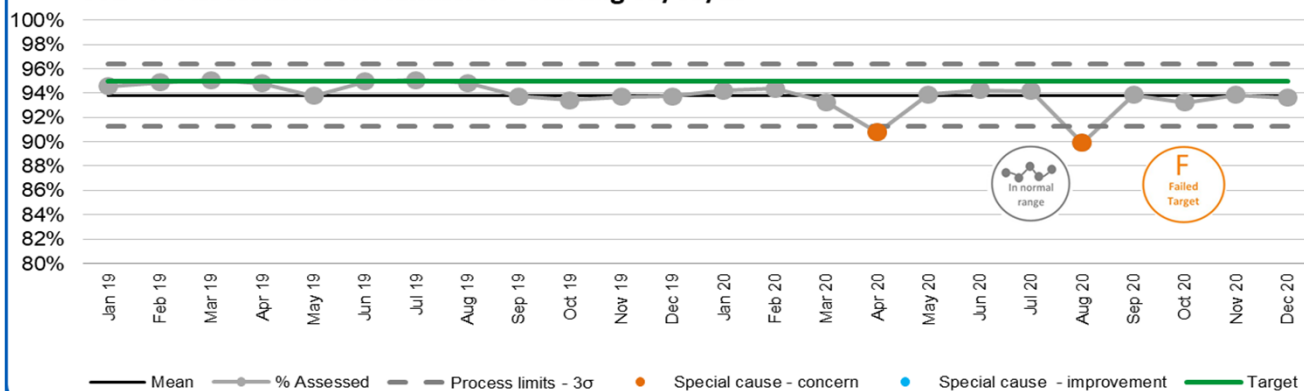
- In December the Trust achieved 77.5% of diagnostic tests carried out within 6 weeks against the national operational standard of 99%.
- Based on DM01 national benchmarking for November the Trust is positioned in the third upper quartile.
- There has been an increase in the number waiting over 6 weeks due to covid demand and as a direct consequence of the need to prioritise inpatient & ED examinations. The numbers waiting over 6 weeks has increased to 1757 from 1166. It has been necessary to cancel some routine CT Cardiac scans.
- Non-obstetric ultrasound (NOU) magnetic resonance imaging (MRI) and Endoscopy contributed to low performance in December.
- Overall DM01 recovery is likely to be delayed due to an increase in the level of COVID demand, the need to prioritise inpatient and ED tests and staffing shortages.

Action

- ✓ CT: Are finalising provision of a mobile CT scanner to provide additional capacity in particular for rapid access patients to support the increase in emergency demand and to support Cardiac CT's.
- ✓ CT / MRI: Teams are actively recruiting to vacant Modality Lead post and reviewing options for increasing capacity including the use of agency staff. Additional capacity has been identified at Little Aston to support Cardiac MRI.
- ✓ Non-obstetric ultrasound: Outsourcing activity on weekends and additional WLI's continue where possible. There is a national shortage of sonographers and this is a risk to recruitment plans. The use of agency sonographers is being pursued where possible. Long term plan is to scope potential for setting up an Ultrasound Academy at a satellite site to provide a sustainable service in the future.

VTE Performance

VTE - % Assessment on Admission - starting 01/01/19



93.6%

**Trust overall
Position**

94.2%

**Medicine
& IC**

93%

**Surgery,
W & C**

Performance

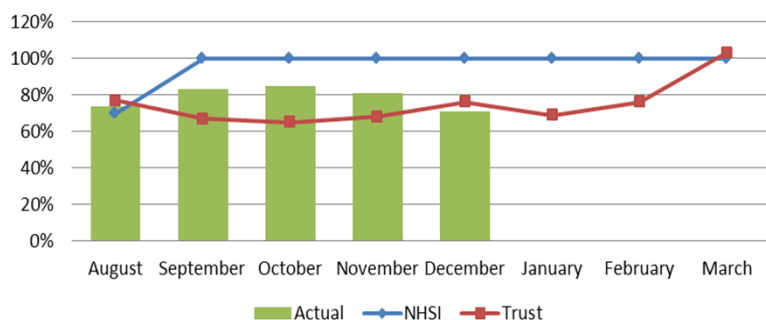
- VTE performance for December is un-validated and therefore subject to change.
- VTE performance is within normal limits but the overall target has not been achieved since July 19.
- Medicine & integrated care have achieved 94.2% & Surgery have achieved 93% against the target of 95% during December.

Action

- Covid -19 Surge has adversely impacted optimal compliance with VTE assessment
- VTE recording has been added to EPR to support improved performance. There are plans to progress medical documentation in EPR which will facilitate improvements.
- Targeted communication has been sent to teams to raise awareness of VTE assessment
- The surgical, women and children's division have liaised with Sara Whitbread and Chris Benfield to produce a report on which medical staff are selecting the 'it is not my responsibility' option on the VTE assessment pop up. A review of this will be carried out, with repeat non-compliance challenged by the Clinical Directors."

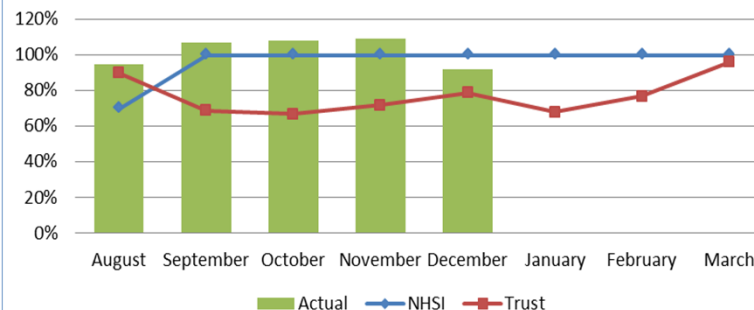
Recovery and Restoration - Outpatients

Outpatients NEW



December
71%

Outpatients Follow-up



December
92%

Performance

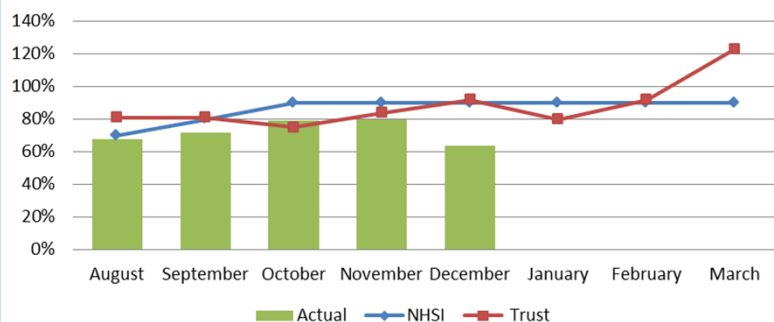
- o DGFT did not commit to the full NHSI ask with regard to recovery trajectory.
- Recovery has been significantly impacted by the Covid surge. During December and it is clear that restoration and recovery plan cannot be met due to the wave 2 that has been observed in December and January and likely to be seen for remaining of Q4.
- o Outpatient new appointments are below the Trust agreed target at 71% due to the need to cancel & re-book routine outpatient appointments and to prioritise urgent & emergency care.
- o Despite the Covid surge follow up outpatient activity is performing above the Trust December target of Pre-covid activity at 92%.
- o The number of over 52 week waits has increased to 46 at the end of December and is expected to further increase significantly during January.

Action

- ✓ Routine OPD has moved to virtual appointments where these are possible or have been deferred to release further staff to support critical care and theatres
- ✓ Urgent or 2ww clinics are still happening either face to face or virtually as required
- ✓ Locums are being utilised where necessary to maximise activity levels.

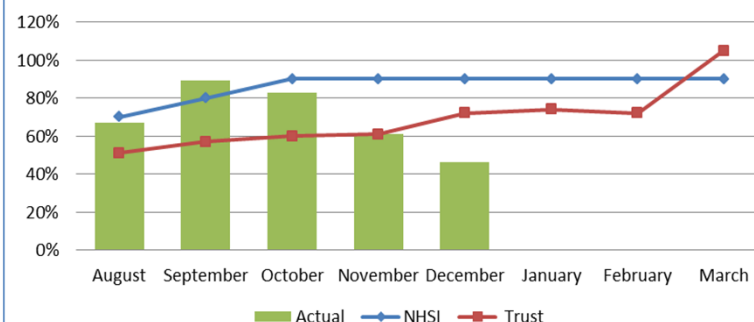
Recovery and Restoration - Electives

Elective Daycase



December
64%

Elective Inpatient



December
46%

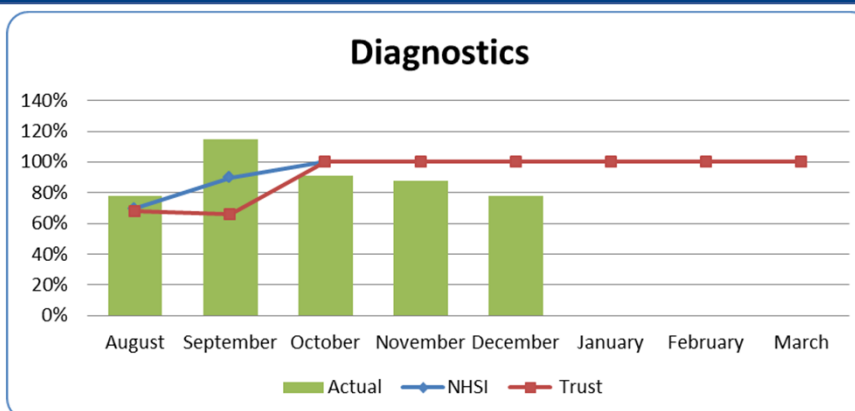
Performance

- The Trust achieved 64% of pre-covid daycase activity during December, below both the local (88%) and national (90%) daycase target and 46% of pre-covid elective inpatient activity during December below both the local & the national targets.
- Recovery has been significantly impacted by the Covid surge During December and it is clear that restoration and recovery plan cannot be met due to the wave 2 that has been observed in December and January and likely to be seen for remaining of Q4.
- Capacity within the independent sector has reduced due to high demand., Increased IS capacity will be crucial to recovery of elective activity going forward.

Action

- All routine electives have stopped to release staff to support critical care and wards.
- From 21st January some cancer work will be moved to independent sector to ensure cancer workload is able to be supported.
- Medical staff have been released to support Covid ED and respiratory wards and Surgical junior doctors have been released to support further 24/7 critical care rota from 11/1/21.
- Critical care have opened additional areas including expansion into theatres on 15/01/21 and are supporting Respiratory wards with additional staff to support acuity.

Recovery and Restoration - Diagnostics



December
78%

Performance

- Diagnostics achievement of pre covid activity reduced to 78% during December below the local & national target of 100% for the 3rd Month running.
- Diagnostic capacity has been impacted by the Covid surge in demand. Inpatient tests are being prioritised and it has been necessary to cancel some outpatient cardiac computer tomography (CT's).
- Magnetic resource imaging (MRI) & non-obstetric ultrasound tests (NOU) have been impacted due to Covid demand, staffing absence and reduced independent sector capacity. There is a national shortage of sonographers and this is a risk to recruitment.
- Colonoscopy is impacted by staff being re-directed due to the increased level of Covid demand.
- In light of Covid demand February planned recovery will now not be achieved and trajectories will be reviewed.

Action

- ✓ Independent sector capacity will be crucial to recovery and currently reduced due to high demand.
- ✓ The Modality lead absence in NOU has further impacted the service. Medicare & agency sonographers are being utilised where possible and at weekends to support NOU. The Long term plan is to scope potential for setting up an Ultrasound Academy at a satellite site to provide a sustainable service in the future.
- ✓ Diagnostic capacity for cancer & cancer bowel and for inpatient and emergency demand.
- ✓ MRI are actively recruiting to vacant Modality Lead post and reviewing options for increasing capacity including use of agency staff.
- ✓ Computed Tomography are establishing a mobile CT scanner to provide additional capacity in particular for rapid access to support the increase in emergency demand. and to support with Cardiac CT's

Paper for submission to the Board of Directors on Thursday 11th February 2021

TITLE:	Summary of Workforce and Staff Engagement Committee meeting on Tuesday 26th January 2021		
AUTHOR:	Julian Atkins	PRESENTER:	Julian Atkins
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	<i>Provide specialist services to patients from the Black Country and further afield.</i>
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	X	X	
RECOMMENDATIONS			
The Board to note the assurances provided by the Committee, the matters for escalation and the decisions made by the Committee.			
CORPORATE OBJECTIVE:			
SO3: Drive service improvement, innovation and transformation SO4: Be the place people choose to work SO5: Make the best use of what we have SO6: deliver a viable future			
SUMMARY OF KEY ISSUES:			
As detailed in the paper.			
IMPLICATIONS OF PAPER:			
IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK			
RISK	Y	Risk Description:	
	Risk Register: Y	Risk Score:	
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	Y	Details: Well Led
	NHSI	Y	Details: Annual Business Planning Process
	Other	N	Details:

REPORT DESTINATION	Board of Directors	Y	DATE: 11/02/2021
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

CHAIR'S LOG
UPWARD REPORT FROM WORKFORCE & STAFF ENGAGEMENT COMMITTEE
Date Committee last met: 26th January 2021

MATTERS OF CONCERN OR KEY RISKS TO ESCALATE

- Mandatory training compliance: There has been a decline of 0.9% in mandatory compliance (to 85%) since the December 2020 report to WSEC. However, the Committee recognised that statutory training for existing staff had been suspended during December/January, given the major capacity challenges across the Trust during the second wave of the pandemic. The Committee discussed the reality that it would be unrealistic to achieve the mandatory training target for 2020/21. Furthermore, there would also be significant risk to core services to release staff to complete the training in the first six months of 2021/22. The Committee agreed that a clear and robust trajectory for improving mandatory training during 2021/22 is required, which will be monitored through WSEC. A trajectory will be developed and presented to the March WSEC.
- WSEC recognised the scale and impact of the current environment on staff health and well-being, particularly front line clinical staff. Supporting staff wellbeing is of paramount importance during the pandemic. The Chief People Officer updated WSEC on the measures that are in place, including access to services from the local Mental Health Trust which are being accessed by DGHFT staff, along with the Trust's own EAP. Regular comms are also being used to promote well-being and the important role of line managers in supporting staff at this difficult time.
- Corporate risks: Two additional risks have been added to the corporate risk register, these being;
 - The Trust's ability to develop a diverse workforce at all levels and meet public sector equality duties.
 - Lack of sufficient clinical workforce capacity to deliver safe and effective services and support staff well-being.

Appropriate actions are in place to reduce these risks going forwards, with review by WSEC. The Quality and Safety Committee have also escalated the same risks regarding insufficient clinical workforce capacity.

MAJOR ACTIONS COMMISSIONED/WORK UNDERWAY

- E-Rostering: The Committee was updated that NHSI/E have awarded capital funding to the Trust to support the implementation of the E-Rostering programme, focusing on AHP's, which is currently at Attainment level 0. James Fleet, Mary Sexton and Karen Lewis will be establishing a Steering group for this programme of work, which will report into WSEC.
- Vaccination Programme: As Action Heart and Tipton Sports Academy are being 'hibernated' during February, the DGHFT Workforce Bureau will be seeking to re-deploy the 500+ vaccination workforce elsewhere in the system, including; re-deploying them to BCLM and Walsall Manor, as well as into acute Trusts to support capacity challenges.
- Recruitment: Two live recruitment campaigns have been launched for qualified nurses and HCSWs, supported by social media and radio advertising. Over 200 applications were received for the HCSW posts, with 198 applicants short-listed for interview and the first 150 candidates scheduled for interview through a 'one-stop' recruitment event at the end of January, with the remaining applicants being interviewed in early February.
- HR Caseloads: Guidance has been received from NHS Employers that during the current wave of the pandemic, casework should be prioritised, and where possible cases should be resolved in a more flexible way. HR Business Partners were reviewing all cases and actively seeking to reduce the numbers of cases. The work that is currently being completed to update the disciplinary process/policy will help promote more dynamic employment relations practices going forwards, under the principles of 'just culture'.
- EDI: A Task and Finish group from the BAME network has been established to develop an 'Our People First' paper. This work will be developed along-side a full EDI strategy. The Head of Equality & Inclusion is also working with the Chief People Officer and Trust Board Secretary to develop a recruitment and retention commitment for Board members to address the representation challenges at senior level.

<p style="text-align: center;">POSITIVE ASSURANCES TO PROVIDE</p> <ul style="list-style-type: none"> • Vaccination Programme: The WSEC received a positive update on the work of the Employment Bureau, which has successfully recruited 800+ staff, with 500+ having been fully on-boarded and rostered into shifts. The Chief People Officer also highlighted that through establishing the Workforce Bureau and the processes required for accelerated recruitment at scale, the Recruitment team have improved the efficiency and productivity of their BAU processes. • EDI: Head of Equality and Inclusion shared a presentation on ideas and issues highlighted by colleagues during his first months in post. This presentation also highlighted the key areas for targeting improvement activity, aligned to WRES/WDES and Staff Survey results. Positive feedback included: <ul style="list-style-type: none"> - A diverse population who were proud to work at the Trust. - Board level commitment highlighted by the support provided to the inclusion networks. This is reflected in feedback given on the regional Race, Equality and Inclusion Strategy. - Robust use of data/analysis to target improvements in EDI. - The use of Cultural Intelligence training for senior leaders to drive change and improvement. - The appointment of the Network Coordinator role starting next month. 	<p style="text-align: center;">DECISIONS MADE</p> <ul style="list-style-type: none"> • EDI: Head of Equality and Inclusion presented a first DRAFT of a Culture Dashboard, for review and feedback. The WSEC supported the launch of the dashboard which highlights the Trust's progress against the WRES/WDES indicators, on a monthly basis and includes comparison against other local trusts. WSEC approved the DRAFT and further work to finalise the dashboard for regular reporting to WSEC. • Workforce Policy Review: the Committee approved and ratified the MHPS policy. In doing so WSEC also commended the JLNC for its progressive approach to developing this important document and process, this sets the 'blue print' for developing workforce policies collaboratively through co-development between staff side organisations and Trust managers.
<p>Chair's comments on the effectiveness of the meeting:</p> <p>A positive meeting of the WSEC, with a focused agenda on business critical items only. The Committee welcomed the report from the Trust's new Head of Equality and Inclusion (Shabir Abdul) which highlights some of the very positive EDI developments that have been achieved during the past 12 months, and the next steps for building on these achievements, particularly recognising the messages that flow from the WRES/WDES and 2020/21 Staff Survey results. The Committee was pleased to review and support the emergent Culture Dashboard. Whilst clinical workforce capacity continues to be a major concern, we were pleased to see the progressive work that is being undertaken to over-recruit into key roles, such as HCSW's. WSEC will be monitoring the success of this work at its next meeting in February.</p>	

Paper for submission to Board 11th February 2021

TITLE:	Workforce KPI Report		
AUTHOR:	Karen Brogan – Head of Operational HR Graeme Ratten - Analyst	PRESENTER:	James Fleet – Chief People Officer
CLINICAL STRATEGIC AIMS			
<i>Develop integrated care provided locally to enable people to stay at home or be treated as close to home as possible.</i>		<i>Strengthen hospital-based care to ensure high quality hospital services provided in the most effective and efficient way.</i>	
		<i>Provide specialist services to patients from the Black Country and further afield.</i>	
ACTION REQUIRED OF COMMITTEE			
Decision	Approval	Discussion	Other
	x	x	
RECOMMENDATIONS			
For the Board to receive the report and note the contents.			
CORPORATE OBJECTIVE:			
SO1: Deliver a great patient experience, SO2: Safe and Caring Services. SO4: Be the place people choose to work, SO5: Make the best use of what we have. SO6: Deliver a viable future.			
SUMMARY OF KEY ISSUES:			
<ul style="list-style-type: none"> COVID reason absences reduced in December compared to November, down from 5.3% to 3.7%, with overall absence reducing from 9.8% to 7.9%. Surgery had the highest overall absence at 8.99%. As of the 1st of February, COVID reasons was 3.7% and other sicknesses at 4.2%. Daily tracking during January shows a gradual trend upwards to 8.7% by mid-month, with a decline showing for the last few days and into the 1st of February – down to 6.7%. Bank usage reduced to 460 WTE in December, down from 516 WTE in November. Agency use increased from 173 WTE in November, to 200 WTE in December. MIC's use of Bank and Agency (308 WTE) exceeded the December vacancies (292 WTE). The impact of COVID + other reason sickness can be seen within the Monitor Pay Groups, where Nursing Unqualified vacancies of 102 WTE were significantly exceeded by Bank and Agency usage of 158 WTE. MIC's use of Bank and Agency (308 WTE) exceeded the December vacancies (292 WTE). The impact of COVID + other reason sickness can be seen within the Monitor Pay Groups, where Nursing Unqualified vacancies of 102 WTE were significantly exceeded by Bank and Agency usage of 158 WTE. Compliance reduced in all RESUS categories in December, with RESUS Paediatric reducing to 50.1%. Both categories of MANUAL HANDLING reduced in December. SAFEGUARDING Children improved slightly. Contracted WTE staff has increased to 4,782 WTE in December, up 29 from November. 			

- The total vacancies stand at 639 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 9), a reduction of 21 since November.
- Nursing Qualified continues show the largest vacancy factor at 310 WTE, followed by Nursing Unqualified at 102, and Scientific, Therapy & Technical at 93 WTE (the majority being Radiographers).
- BAME staff Trust representation is at 19.4% in December, down from September 19.9%. (All staff groups). By grade (excluding Medical & Dental), BAME staff are under-represented at Bands 6, 7, 8b, 8c, 8d, Director, and Senior Manager.
- DISABLED staff Trust representation is at 3.5% in December, unchanged since June 2020.
- LGBTQ+ overall within the Trust staff, 63.6% identify as heterosexual, and 1.5% as non-heterosexual (grouped), and 34.9% have 'not stated'.
- SHAW referrals received in December reduced to 59 from 76 in November - the largest category is 'Ability to perform duties' at 60%. The SHAW service continues to offer appointments within the 15-day target.
- The HR caseload has reduced from 40 in November to 38 in December. BAME staff are represented in 26% of cases – higher than the current BAME representation in the Trust of 20% Overall. (since last month, the number of non-BAME cases has reduced.)
- Staff Group: Nursing and Midwifery Registered have the largest number of open cases, however this is in proportion to the number of staff in that group. Disciplinary cases continue to be the highest category at 12.

IMPLICATIONS FOR THE CORPORATE RISK REGISTER OR BOARD ASSURANCE FRAMEWORK

RISK	N		Risk Description:
	Risk Register: N		Risk Score:
COMPLIANCE and/or LEGAL REQUIREMENTS	CQC	N	Details:
	NHSI	N	Details:
	Other	Y	Details: <i>in accordance with Trust policies and procedures developed and maintained to comply with prevailing legislation as required.</i>
REPORT DESTINATION	EXECUTIVE DIRECTORS	N	DATE:
	WORKING GROUP	N	DATE:
	COMMITTEE	N	DATE:

Workforce KPI Report

Board 11th February 2021

James Fleet, Executive Chief People Officer

Summary

Sickness Absence

Workforce Profile

Bank & Agency

Turnover

Mandatory Training

Staff Health & Wellbeing

HR Caseload

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Summary 1/3	Performance	Action
Sickness & Absence	<ul style="list-style-type: none"> COVID reason absences reduced in December compared to November, down from 5.3% to 3.7%, with overall absence reducing from 9.8% to 7.9%. Surgery had the highest overall absence at 8.99%. As of the 1st February COVID reasons was 3.7% and other sicknesses at 4.2%. Daily tracking during January shows a gradual trend upwards to 8.7% by mid month, with a decline showing for the last few days and into the 1st of February – down to 6.7%. Overall absence has ranged from 13.4% in April, to 5.6% in August and 7.9% in December. During this period other sickness has remained consistent between 4.0% and 4.6% with variation in overall absence directly correlated to COVID absence. 	<ul style="list-style-type: none"> ✓ Centralised Sickness Absence Reporting has recommenced for Covid-related absence, this feeds directly into the Staff Testing process to enable staff to return to work as quickly as possible, if appropriate. ✓ All Covid-related absence is screened and challenged to ensure staff are self-isolating appropriately. ✓ Monthly sickness absence reports are being sent to Managers, Divisional Directors and Heads of Service detailing both short and long term absence. ✓ The operational HR team convene monthly meetings with managers to support, advise and challenge action that is being taken to manage sickness absence.
Bank & Agency Usage	<ul style="list-style-type: none"> Bank usage reduced to 460 WTE in December, down from 516 WTE in November. Agency use increased from 173 WTE in November, to 200 WTE in December. MIC's use of Bank and Agency (308 WTE) exceeded the December vacancies (292 WTE). The impact of COVID + other reason sickness can be seen within the Monitor Pay Groups, where Nursing Unqualified vacancies of 102 WTE were significantly exceeded by Bank and Agency usage of 158 WTE. 	<ul style="list-style-type: none"> ✓ Action plan being developed to prioritise recruitment and retention. ✓ Authorisation levels have been reviewed and revised within Health Roster to ensure there is senior nursing oversight for agency usage. ✓ Development of the Business Partner model to include monthly operational business meetings to support advise and challenge action that is being in relation to vacancies, retention and bank and agency usage.
Turnover & Recruitment	<ul style="list-style-type: none"> Overall starters (30) and leavers (29) numbers in December were lower than the monthly average. In December Medical & Dental staff had the largest numbers of starters and leavers. 5 Qualified Nurses started in December. Of the 29 leavers, 12 were end of Fixed Term contract, and 10 retirements made up the majority. December's turnover increased to 7.3%, up from 7.0% in November. NB: Recruitment data is not available this month due to operational pressures. 	<ul style="list-style-type: none"> ✓ Turnover continues to fall and is well below the average industry rate of 10%. ✓ The HR Business Partners will be supporting the Divisional Directors to ensure the development and implementation of workforce planning, that understands staffing capacity, establishments, and skill & experience requirements and incorporates into service design to ensure roles are fit for purpose and add value. ✓ Examine trends on planned versus actual staffing levels, triangulated with key quality and outcome measures, including exit interviews and stay interviews. ✓ Further recruitment KPIs are being developed for next report.

Summary

2/3

Performance

Action

Mandatory Training

- Mandatory Training: overall compliance reduced in December to 85.4% down from 86% in November.
- Compliance reduced in all RESUS categories in December, with RESUS Paediatric reducing to 50.1%.
- Both categories of MANUAL HANDLING reduced in December. SAFEGUARDING Children improved slightly.

- ✓ An action plan has been devised along with a trajectory for the Divisions to achieve mandatory training compliance.
- ✓ Restrictions to the amount of attendees and exploration of adjusted delivery continues, staff absence during November was also a factor.
- ✓ Meetings held with SMT Lead and Gen Managers for MIC, Surgery, and CSS, with out-of-hours additional sessions run throughout September up to December to capture Clinicians and increase overall compliance.

Workforce Profile

- Contracted WTE staff has increased to 4,782 WTE in December, up 29 from November.
- The total vacancies stands at 639 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 9), a reduction of 21 since November.
- Nursing Qualified continues show the largest vacancy factor at 310 WTE, followed by Nursing Unqualified at 102, and Scientific, Therapy & Technical at 93 WTE (the majority being Radiographers).

- ✓ HR and Professional Development continue to collaborate to support on-going recruitment. Interventions include nursing recruitment days, virtual tours and social media campaigns.
- ✓ We continue to explore collaborative recruitment across the STP and to build upon existing streamlining work to enable appropriate functions to be delivered at regional level on behalf of constituent organisations e.g. recruitment campaigns

Equality, Diversity & Inclusion

- BAME staff Trust representation is at 19.4% in December, down from September 19.9%. (All staff groups).
- By grade (excluding Medical & Dental), BAME staff are under represented at Bands 6, 7, 8b, 8c, 8d, Director, and Senior Manager.
- DISABLED staff Trust representation is at 3.5% in December, unchanged since June 2020.
- Overall within the Trust staff, 63.6% identify as heterosexual, and 1.5% as non-heterosexual (grouped), and 34.9% have 'not stated'.

- ✓ The Trust has now established 3 networks: BAME, LGBTQ+, and Disability. The BAME, and LGBTQ+ Networks which are now underway with growing membership and regular meetings and events
- ✓ Each of these networks has both an Executive Director and Non-Executive Director sponsor. In addition, the Chairs of the networks are attending Board meetings.
- ✓ The Workforce Committee meeting in late August focused on a 'deep dive' by age, band, length of service, and staff group for WDES, WRES, and WSES.

Summary 3/3	Performance	Action
Staff Health & Wellbeing	<ul style="list-style-type: none"> ○ Referrals received in December reduced to 59 from 76 in November. ○ The largest category is 'Ability to perform duties' at 60%. ○ The SHAW service continues to offer appointments within the 15 day target. In December the average days from referral to appointment increased to 14.9 days. 	<ul style="list-style-type: none"> ✓ Review of Staff Health & Wellbeing service in progress to identify the service model and additional support required. ✓ Interim support provided to support the service and review processes and practices in the short term.
HR Caseload	<ul style="list-style-type: none"> ○ The HR caseload has reduced from 40 in November to 38 in December. BAME staff are represented in 26% of cases – higher than the current BAME representation in the Trust of 20% Overall. (since last month, the number of non-BAME cases has reduced). ○ Staff Group: Nursing and Midwifery Registered have the largest number of open cases, however this is in proportion to the number of staff in that group. ○ Disciplinary cases continue to be the highest category at 12. 	<ul style="list-style-type: none"> ✓ Employee relations cases continue to be proactively managed and supported by the implementation and maintenance of a case tracker. ✓ There is a focus on the Just Culture framework, with shared learning and early resolution where possible.

Sickness Absence

COVID reason absences reduced in December compared to November, down from 5.3% to 3.7%, with overall absence reducing from 9.8% to 7.9%.

However daily tracking during January shows a gradual trend upwards to 8.7% by mid month, with a decline showing for the last few days and into the 1st of February.

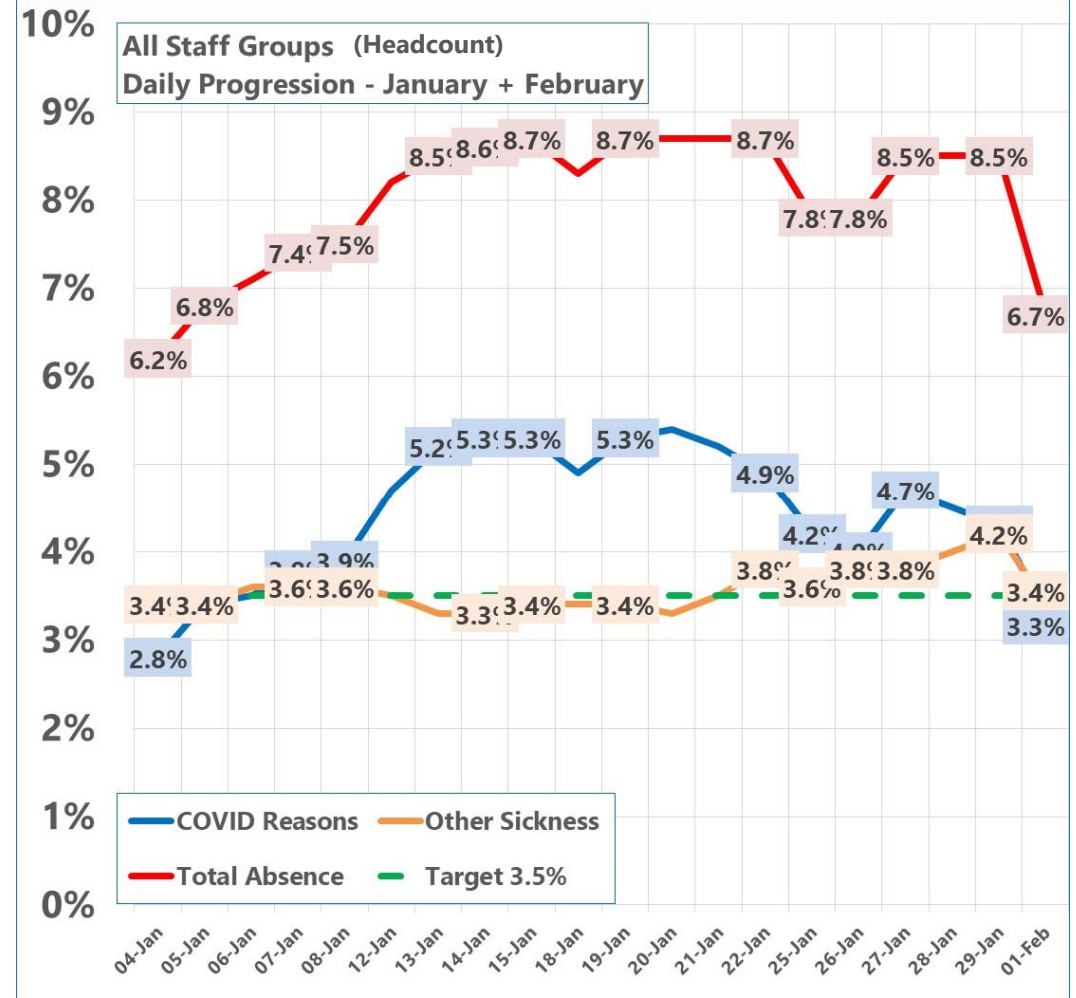
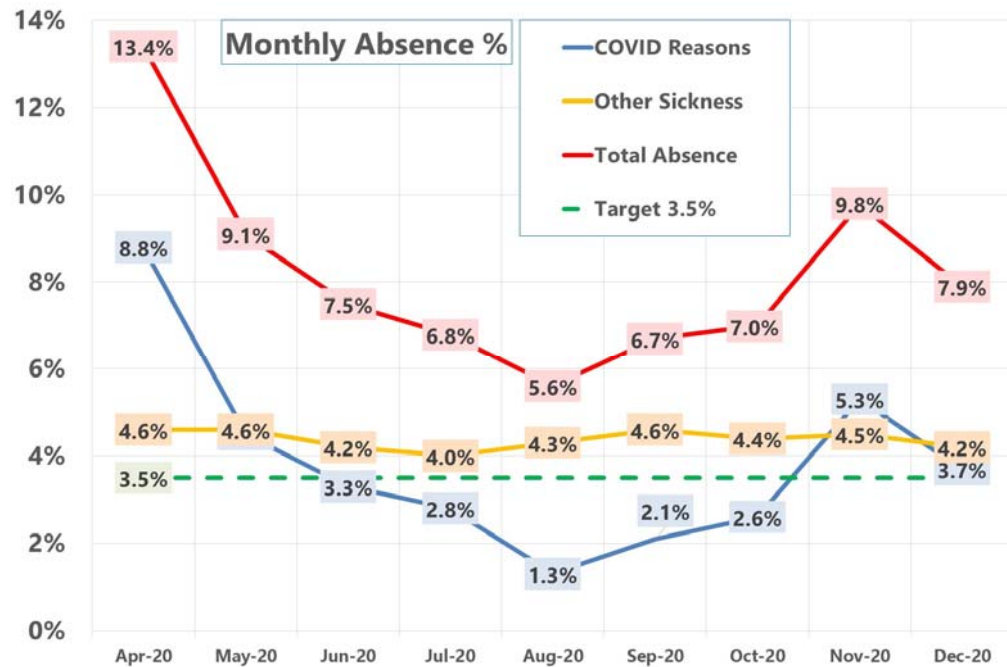
Trust
7.88%

CSS
7.25%

Corporate
3.77%

MIC
8.23%

Surgery
8.99%



Covid 19 Absence Profile – All Staff on Monday 1st February

COVID reason absences reduced in December to a total of 3.7%, however as the 3rd wave arrived in January the numbers have increased significantly.

Daily tracking during January shows a trend upwards, with COVID reasons at 5.4% on the 20th January, and a total absence of 8.7%.

01/02/2021 11:06:29

Add Prof Scientific ...

Additional Clinical S...

Administrative and ...

Allied Health Profes...

Healthcare Scientists

Medical and Dental

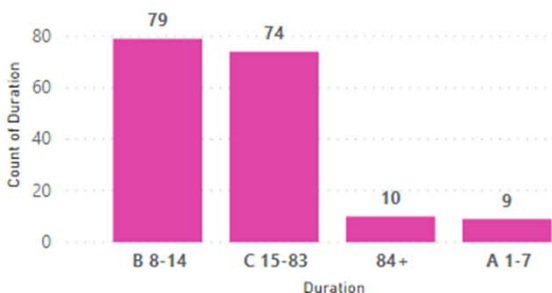
Nursing and Midwif...

Students

Employee Count Within Selected Staff Group

5272

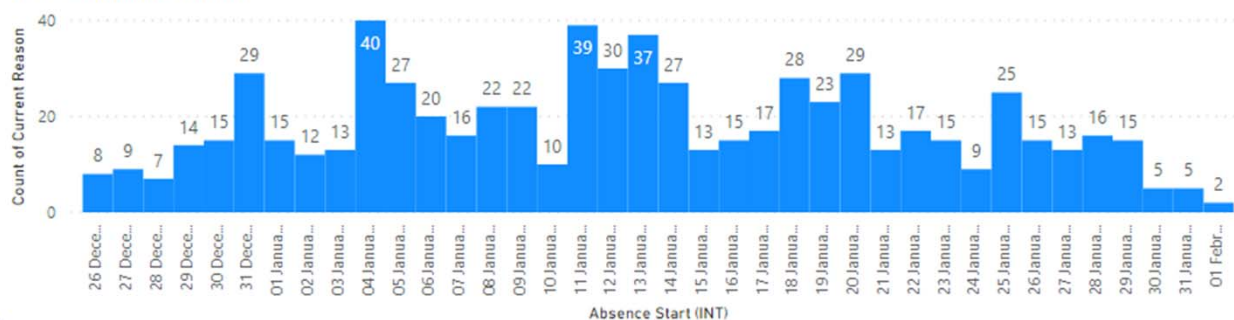
Staff Group	Active Assignment	Covid-19	Other Sickness	Total
Add Prof Scientific and Technic	97.5%	0.5%	2.0%	100.0%
Additional Clinical Services	90.1%	5.1%	4.9%	100.0%
Administrative and Clerical	95.7%	1.9%	2.4%	100.0%
Allied Health Professionals	95.4%	3.4%	1.2%	100.0%
Healthcare Scientists	91.1%	5.4%	3.6%	100.0%
Medical and Dental	94.0%	2.2%	3.8%	100.0%
Nursing and Midwifery Registered	93.0%	3.5%	3.5%	100.0%
Students	100.0%			100.0%
Total	93.4%	3.3%	3.4%	100.0%



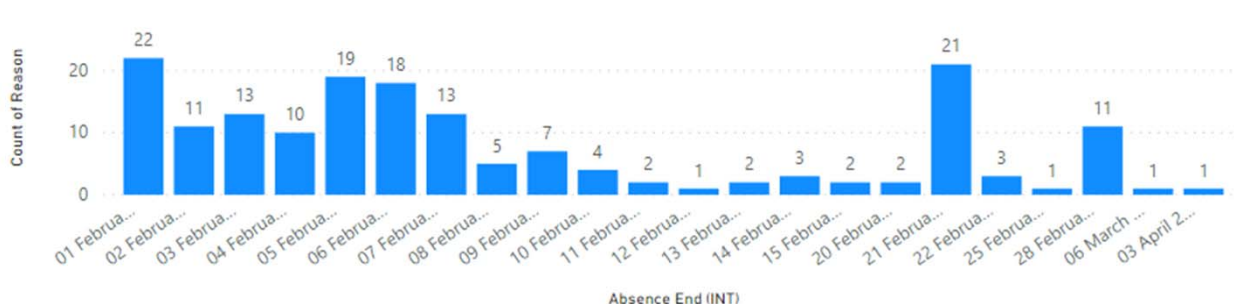
DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	500	9	11	520
253 Corporate / Mgt	584	8	9	601
253 Medicine & Integrated Care	2139	87	79	2305
253 Surgery	1700	68	78	1846
Total	4923	172	177	5272

DIVISION	Active Assignment	Covid-19	Other Sickness	Total
253 Clinical Support	96.2%	1.7%	2.1%	100.0%
253 Corporate / Mgt	97.2%	1.3%	1.5%	100.0%
253 Medicine & Integrated Care	92.8%	3.8%	3.4%	100.0%
253 Surgery	92.1%	3.7%	4.2%	100.0%
Total	93.4%	3.3%	3.4%	100.0%

C-19 Absence Starts



C-19 Current Absence Planned End (back following day)



Workforce Profile – Staff in Post

Contracted WTE staff has increased to 4,782 WTE in December, up 29 from November.

The total vacancies stands at 639 WTE (calculated as the difference between Budgeted WTE and Contracted WTE in Month 9), a reduction of 21 since November.

Nursing Qualified continues show the largest vacancy factor at 310 WTE, followed by Nursing Unqualified at 102, and Scientific, Therapy & Technical at 93 WTE (the majority being Radiographers).

WTE Vacancies

CC1 Description	Budget M09	Contracted M09	Vacancies M09
Clinical Support	532	441	-91
Corporate / Mgt	569	551	-17
Medicine & Integrated Care	2,377	2,084	-292
Surgery	1,944	1,705	-239
Total	5,421	4,782	-639

WTE Agency and Bank

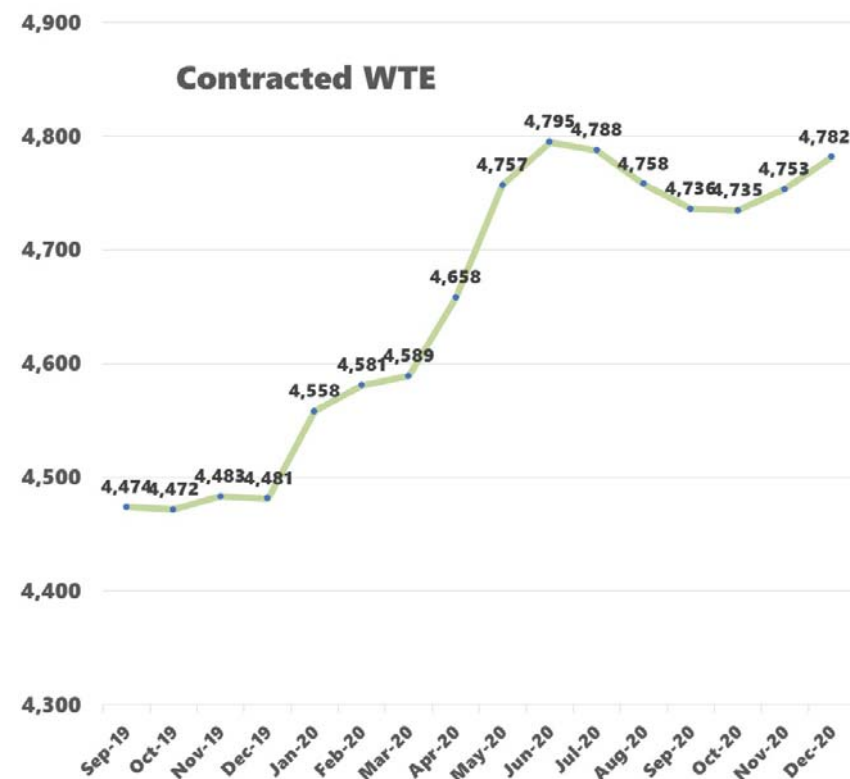
CC1 Description	Agency	Bank	Total
Clinical Support	13	31	44
Corporate / Mgt	47	33	79
Medicine & Integrated Care	74	235	308
Surgery	67	162	229
Total	200	460	661

WTE Vacancies

Monitor Pay Group	Budget M09	Contracted M09	Vacancies M09
Admin and Clerical	968	886	-81
Manager	89	91	3
Medical and Dental	714	658	-55
Nursing Qualified	1,863	1,553	-310
Nursing Unqualified	885	782	-102
Other	18	19	0
Scif, Therap and Tech	885	792	-93
Total	5,421	4,782	-639

WTE Agency and Bank

Monitor Pay Group	Agency	Bank	Total
Admin and Clerical	24	62	86
Manager	12	1	14
Medical and Dental	16	62	77
Nursing Qualified	128	140	268
Nursing Unqualified	4	154	158
Other		2	2
Scif, Therap and Tech	17	39	55
Total	200	460	660

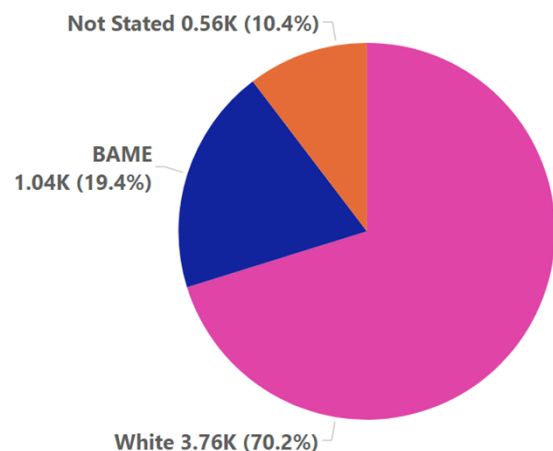


Workforce Profile - Ethnicity – Representation by Trust, and Grade

BAME staff Trust representation is at 19.4% in December, down from September 19.9%. (All staff groups).

By grade (excluding Medical & Dental), BAME staff are under represented at Bands 6, 7, 8b, 8c, 8d, Director, and Senior Manager.

ETHNICITY



Excluding Medical & Dental

Grade Description	BAME	Not Stated	White	Total
253 Local Apprentice Scale	9	7	46	62
Band 2	113	126	940	1179
Band 3	30	41	281	352
Band 4	45	45	316	406
Band 5	257	119	648	1024
Band 6	153	99	746	998
Band 7	59	30	393	482
Band 8a	28	15	105	148
Band 8b	5	2	35	42
Band 8c	2	1	12	15
Band 8d	1	1	9	11
Band 9	2		6	8
Trust Director	1	2	4	7
Trust Senior Manager	6	10	28	44
Total	711	498	3569	4778

Excluding Medical & Dental

Grade Description	BAME	Not Stated	White	Total
253 Local Apprentice Scale	14.5%	11.3%	74.2%	100.0%
Band 2	9.6%	10.7%	79.7%	100.0%
Band 3	8.5%	11.6%	79.8%	100.0%
Band 4	11.1%	11.1%	77.8%	100.0%
Band 5	25.1%	11.6%	63.3%	100.0%
Band 6	15.3%	9.9%	74.7%	100.0%
Band 7	12.2%	6.2%	81.5%	100.0%
Band 8a	18.9%	10.1%	70.9%	100.0%
Band 8b	11.9%	4.8%	83.3%	100.0%
Band 8c	13.3%	6.7%	80.0%	100.0%
Band 8d	9.1%	9.1%	81.8%	100.0%
Band 9	25.0%		75.0%	100.0%
Trust Director	14.3%	28.6%	57.1%	100.0%
Trust Senior Manager	13.6%	22.7%	63.6%	100.0%
Total	14.9%	10.4%	74.7%	100.0%

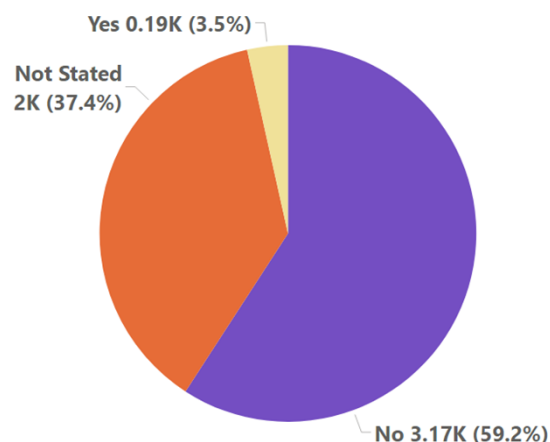
NB: Data quality issue around the definition in ESR of Trust Director / VSM

Workforce Profile - Disability – Representation by Trust, Division & Grade

DISABLED staff Trust representation is at 3.5% in December, unchanged since June 2020.

By grade (excluding Medical & Dental), DISABLED staff are under represented at Bands 8b, 8c, 8d, and Senior Manager.

DISABILITY



All Trust Staff

Grade Description	No	Not Stated	Yes	Total
253 Local Apprentice Scale	46	7	9	62
All Medics ex Cons.	256	67	8	331
Band 2	667	479	33	1179
Band 3	208	126	18	352
Band 4	264	132	10	406
Band 5	593	384	47	1024
Band 6	575	390	33	998
Band 7	287	174	21	482
Band 8a	99	43	6	148
Band 8b	23	19		42
Band 8c	13	2		15
Band 8d	7	4		11
Band 9	7		1	8
Consultant	91	151		242
Trust Director	2	4	1	7
Trust M & D 10	3	2		5
Trust M & D 40	1			1
Trust Senior Manager	27	17		44
Total	3169	2001	187	5357

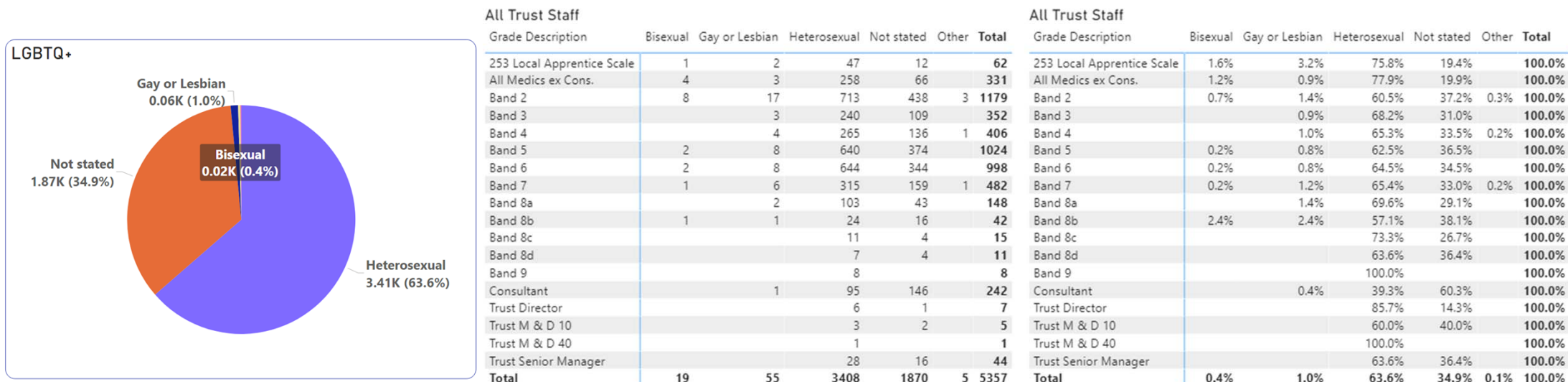
All Trust Staff

Grade Description	No	Not Stated	Yes	Total
253 Local Apprentice Scale	74.2%	11.3%	14.5%	100.0%
All Medics ex Cons.	77.3%	20.2%	2.4%	100.0%
Band 2	56.6%	40.6%	2.8%	100.0%
Band 3	59.1%	35.8%	5.1%	100.0%
Band 4	65.0%	32.5%	2.5%	100.0%
Band 5	57.9%	37.5%	4.6%	100.0%
Band 6	57.6%	39.1%	3.3%	100.0%
Band 7	59.5%	36.1%	4.4%	100.0%
Band 8a	66.9%	29.1%	4.1%	100.0%
Band 8b	54.8%	45.2%		100.0%
Band 8c	86.7%	13.3%		100.0%
Band 8d	63.6%	36.4%		100.0%
Band 9	87.5%		12.5%	100.0%
Consultant	37.6%	62.4%		100.0%
Trust Director	28.6%	57.1%	14.3%	100.0%
Trust M & D 10	60.0%	40.0%		100.0%
Trust M & D 40	100.0%			100.0%
Trust Senior Manager	61.4%	38.6%		100.0%
Total	59.2%	37.4%	3.5%	100.0%

NB: Data quality issue around the definition in ESR of Trust Director / VSM

Workforce Profile – LGBTQ+ – Representation by Trust, and Grade

Overall within the Trust staff, 63.6% identify as heterosexual, and 1.5% as non-heterosexual (grouped), and 34.9% have 'not stated'.



NB: Data quality issue around the definition in ESR of Trust Director / VSM

Bank & Agency Usage – Compared to Vacancies, and by Division and Monitor Pay Group

Bank usage reduced to 460 WTE in December, down from 516 WTE in November. Agency use increased from 173 WTE in November, to 199 WTE in December.

The increased Bank usage was driven by November's COVID reason absences.

MIC's use of Bank and Agency (308 WTE) exceeded the December vacancies (292 WTE).

The impact of COVID + other reason sickness can be seen within the Monitor Pay Groups, where Nursing Unqualified vacancies of 102 WTE were significantly exceeded by Bank and Agency usage of 158 WTE.

WTE Vacancies

CC1 Description	Budget M09	Contracted M09	Vacancies M09
Clinical Support	532	441	-91
Corporate / Mgt	569	551	-17
Medicine & Integrated Care	2,377	2,084	-292
Surgery	1,944	1,705	-239
Total	5,421	4,782	-639

WTE Agency and Bank

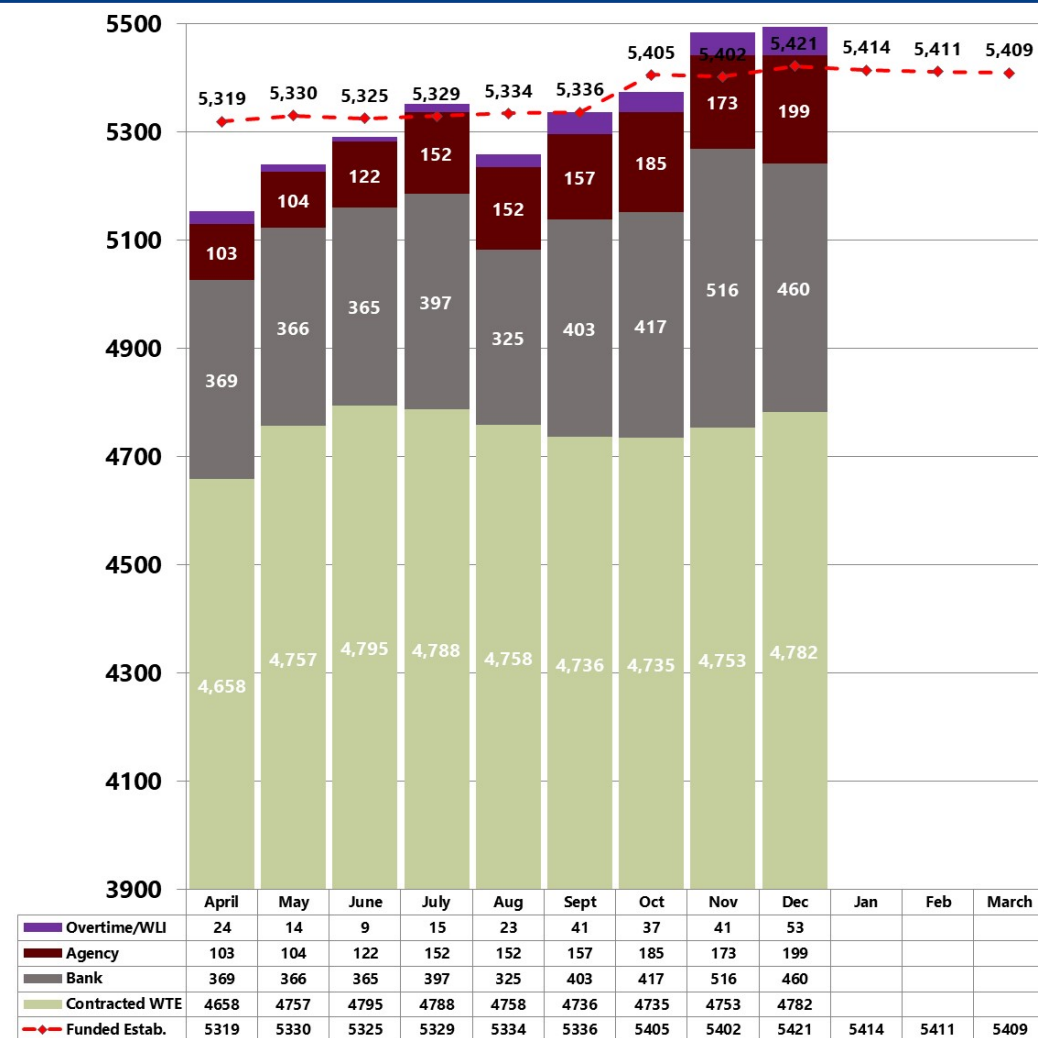
CC1 Description	Agency	Bank	Total
Clinical Support	13	31	44
Corporate / Mgt	47	33	79
Medicine & Integrated Care	74	235	308
Surgery	67	162	229
Total	200	460	661

WTE Vacancies

Monitor Pay Group	Budget M09	Contracted M09	Vacancies M09
Admin and Clerical	968	886	-81
Manager	89	91	3
Medical and Dental	714	658	-55
Nursing Qualified	1,863	1,553	-310
Nursing Unqualified	885	782	-102
Other	18	19	0
Scif, Therap and Tech	885	792	-93
Total	5,421	4,782	-639

WTE Agency and Bank

Monitor Pay Group	Agency	Bank	Total
Admin and Clerical	24	62	86
Manager	12	1	14
Medical and Dental	16	62	77
Nursing Qualified	128	140	268
Nursing Unqualified	4	154	158
Other		2	2
Scif, Therap and Tech	17	39	55
Total	200	460	660



Turnover – SPC and the Stability Index - 24 month retention

December's turnover increased to 7.3%, up from 7.0% in November.

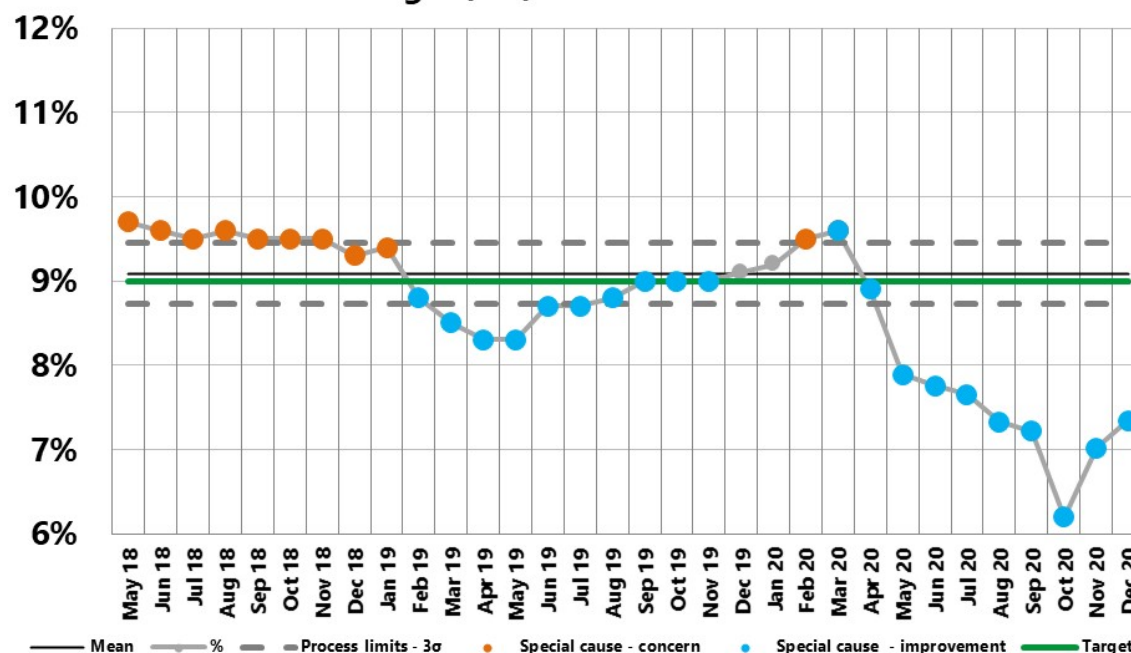
The Stability Index shows an overall staff retention rate of 92.9% 24 months after starting. Medical and Dental staff group shows the lowest retention at 74.8% impacted by fixed-term contracts (there relatively very few students, where lower retention is expected)

Nursing and Midwifery has a 97.2% stability index and is the largest staff group.

Stability Index By Staff Group

Based on Headcount	Retention - 24 months		%
	Start	Remain	
Add Prof Scientific and Technic	211	198	93.8%
Additional Clinical Services	1,233	1,137	92.2%
Administrative and Clerical	1,066	1,048	98.3%
Allied Health Professionals	400	385	96.3%
Healthcare Scientists	53	53	100.0%
Medical and Dental	528	395	74.8%
Nursing and Midwifery Registered	1,726	1,677	97.2%
Students	67	15	22.4%
TOTAL	5,284	4,908	92.9%

Turnover- starting 01/05/18



Turnover – Starters and Leavers

Overall starters and leavers numbers in December were lower than the monthly average.

In December Medical & Dental staff had the largest numbers of starters and leavers. 5 Qualified Nurses started in December.

Of the 29 leavers, 12 were end of Fixed Term contract, and 10 retirements made up the majority.

Starters		
	Head Count	FTE
Clinical Support	7	6.5
Corporate / Mgt	3	3.0
Medicine & Integrated Care	13	12.9
Surgery	7	5.7
Total	30	28.0

Starters		
	Head Count	FTE
Add Prof Scientific and Technic	2	2.0
Additional Clinical Services	3	2.6
Administrative and Clerical	6	5.9
Allied Health Professionals	3	3.0
Medical and Dental	11	10.1
Nursing and Midwifery Registered	5	4.4
Grand Total	30	28.0

Leavers		
	Head Count	FTE
Clinical Support	4	3.7
Corporate / Mgt	3	3.0
Medicine & Integrated Care	12	11.5
Surgery	10	7.9
Total	29	26.1

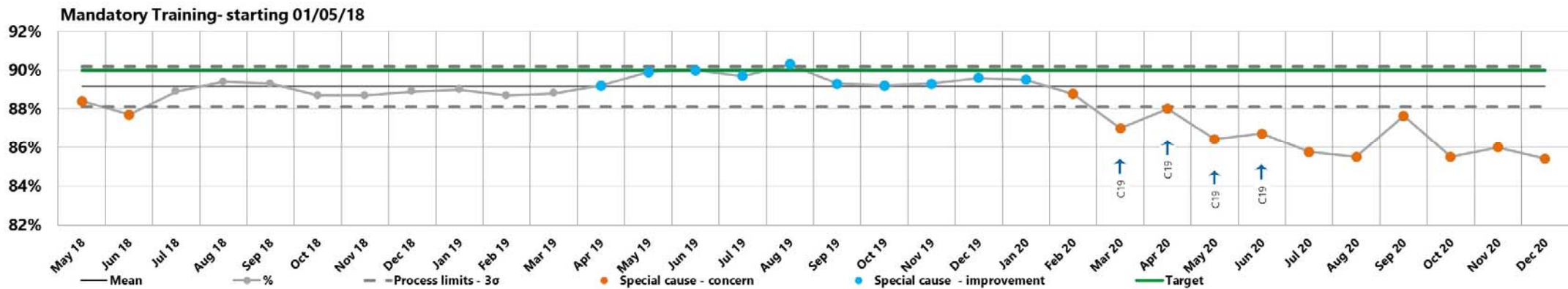
Leavers		
	Head Count	FTE
Dismissal - Conduct	1	1.0
End of Fixed Term Contract	1	1.0
End of Fixed Term Contract - End of Work Requirement	1	1.0
End of Fixed Term Contract - External Rotation	5	5.0
Retirement Age	10	7.9
Voluntary Resignation - Health	2	2.0
Voluntary Resignation - Incompatible Working Relationships	1	1.0
Voluntary Resignation - Other/Not Known	1	1.0
Voluntary Resignation - Promotion	4	3.2
Voluntary Resignation - Relocation	2	2.0
Voluntary Resignation - Work Life Balance	1	1.0
Grand Total	29	26.1

Mandatory Training – Performance Trend

Mandatory Training: overall compliance reduced in December to 85.4% down from 86% in November.

Compliance reduced in all RESUS categories in December, with RESUS Paediatric reducing to 50.1%.

Both categories of MANUAL HANDLING reduced in December. SAFEGUARDING Children improved slightly.

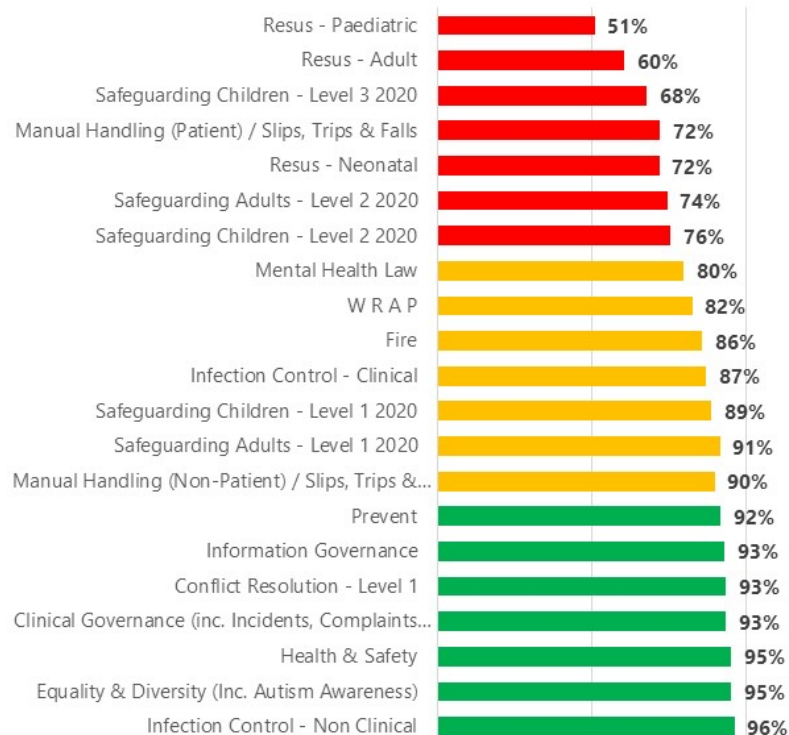


Month	Clinical Governance	Conflict Resolution - Level 1	Equality & Diversity	Fire	Health & Safety	Infection Control - Clinical	Infection Control - Non Clinical	Information Governance	Manual Handling (Non-Patient)	Manual Handling (Patient)	Mental Health Law	Prevent	Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safe-guarding Adults-Level1	Safe-guarding Adults-Level2	Safe-guarding Children-Level1	Safe-guarding Children-Level2	Safe-guarding Children-Level3	W R A P
August	94.7%	94.3%	95.7%	86.0%	94.4%	87.8%	96%	92%	91.1%	71.9%	80.4%	94.3%	68.6%	75.5%	65.5%	91.4%	77.3%	88.9%	78.3%	75.6%	87.2%
September	95.0%	94.4%	96.0%	86.4%	95.3%	89.0%	96.1%	92.9%	92.0%	73.2%	80.4%	94.2%	66.7%	73.5%	64.5%	91.2%	78.3%	89.2%	79.3%	72.4%	87.2%
October	94.8%	94.4%	95.8%	85.6%	95%	87.3%	96.1%	92.9%	92.2%	73%	77.4%	93.3%	64.9%	67.6%	58.2%	91.4%	75.9%	89.2%	76.8%	68.1%	85.3%
November	93.9%	93.6%	95.1%	85.6%	95%	86.8%	96.1%	92.9%	91.4%	73.4%	78.5%	92.4%	62.1%	74.5%	54.5%	91.4%	74.5%	88.9%	75%	66.3%	83.1%
December	93.4%	93.4%	94.9%	85.6%	95%	87%	96.1%	92.9%	89.7%	72%	79.8%	91.7%	60.3%	71.8%	50.8%	91.4%	74.3%	88.8%	76%	67.7%	82.4%
This Month v Last Month Variance																					
July to Aug	1.8%	1.7%	2.0%	2.6%	1.7%	3.9%	1.7%	4.5%	1.6%	0.7%	1.5%	0.8%	1.8%	6.6%	4.3%	0.8%	2.4%	0.7%	2.5%	2.7%	0.9%
Aug to Sep	0.3%	0.1%	0.3%	0.4%	0.9%	1.2%	0.1%	0.9%	0.9%	1.3%	0.0%	-0.1%	-1.9%	-2.0%	-1.0%	-0.2%	1.0%	0.3%	1.0%	-3.2%	0.0%
Sep to Oct	-0.2%	0.0%	-0.2%	-0.8%	-0.3%	-1.7%	0.0%	0.0%	0.2%	-0.2%	-3.0%	-0.9%	-1.8%	-5.9%	-6.3%	0.2%	-2.4%	0.0%	-2.5%	-4.3%	-1.9%
Oct to Nov	-0.9%	-0.8%	-0.7%	0.0%	0.0%	-0.5%	0.0%	0.0%	-0.8%	0.4%	1.1%	-0.9%	-2.8%	6.9%	-3.7%	0.0%	-1.4%	-0.3%	-1.8%	-1.8%	-2.2%
Nov to Dec	-0.5%	-0.2%	-0.2%	0.0%	0.0%	0.2%	0.0%	0.0%	-1.7%	-1.4%	1.3%	-0.7%	-1.8%	-2.7%	-3.7%	0.0%	-0.2%	-0.1%	0.5%	1.4%	-0.7%

Mandatory Training – Areas of Focus

The priority focus areas continue to be RESUS and SAFEGUARDING

Mandatory Training Compliance - Priority 1



Selected Mandatory Training Categories		Resus - Adult	Resus - Neonatal	Resus - Paediatric	Safeguarding Children - Level 3 2020
OrgP2	OrgP3	>=90% >=80%	>=90% >=80%	>=90% >=80%	>=90% >=80%
253 Clinical Support 85.9% (5039/5865)	253 Breast Screening Service Dir 91% (459/504)	78%			
	253 Cancer Services Management Dir 88.6% (203/229)	100%			
	253 Clinical Support Div Mgt Dir 71.4% (50/70)	100%			100%
	253 Imaging Dir 85.9% (2199/2558)	65%		54%	
	253 Pathology Dir 77.7% (690/888)	40%		50%	
	253 Pharmacy Dir 88.9% (1438/1616)				
CLINICAL SUPPORT TOTAL		66%		54%	100%
253 Corporate / Mgt 90.2% (5425/6009)	253 Board Secretary FT Dir 100% (60/60)				
	253 Chief Executive Dir 86.6% (266/307)	100%			
	253 Finance Information and Estate Dir 94.4% (1219/1291)	0%			
	253 Human Resources Dir 92.6% (506/546)	75%			
	253 Information Technology Dir 91.9% (831/904)				
	253 Medical Director Dir 89.5% (965/1078)	50%		100	
	253 Nursing Directorate Dir 91.7% (1063/1159)	64%	0%		60%
	253 Operations Management Dir 75.4% (456/604)	52%			58%
	253 Strategy & Performance Dir 98.3% (59/60)				
CORPORATE TOTAL		57%	0%	100%	59%
253 Medicine & Integrated Care 86.5% (24710/28560)	253 Integrated Care Dir 90.1% (8248/9151)	74%		90%	70%
	253 Medicine Division Management Dir 96.9% (193/199)	100%			100%
	253 Nursing Medicine Dir 84.3% (10887/12903)	58%	0%	57%	66%
	253 Specialist Medicine Dir 84.7% (3467/4093)	62%		63%	
	253 Urgent Care Dir 86.4% (1915/2214)	73%		56%	48%
MIC TOTAL		65%	0%	58%	63%
253 Surgery 83.5% (19020/22771)	253 Maternity Services Dir 84.6% (2698/3186)	60%	73%		61%
	253 OPD and Health Records Dir 85.9% (503/585)	68%			
	253 Specialist Surgery Dir 84.4% (1821/2157)	57%		65%	38%
	253 Surgery Division Mgmt Dir 94% (1126/1197)	75%			80%
	253 Surgery Urology & Vascular Dir 78.2% (3601/4600)	51%		100%	
	253 Theatres Anaes & Crit Care Dir 81% (4674/5767)	55%		37%	0%
	253 Trauma & Orthopaedics Dir 83.5% (2166/2591)	59%		64%	
	253 Women and Children Dir 90.4% (2431/2688)	64%	78%	69%	78%
SURGERY TOTAL		57%	75%	51%	68%
OVERALL PERFORMANCE		62.1%	74.5%	54.5%	66.0%

Staff Health & Wellbeing – SHAW Service – Manager Referrals

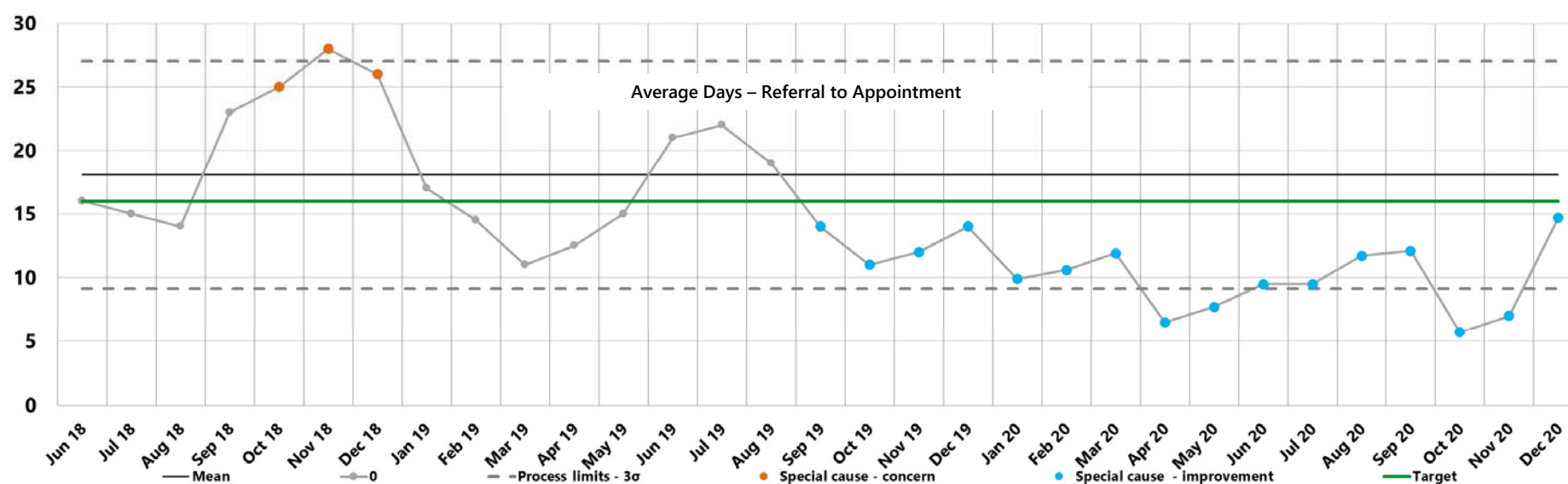
Referrals received in December reduced to 59 from 76 in November.

The largest category is 'Ability to perform duties' at 60%.

The SHAW service continues to offer appointments within the 15 day target. In December the average days from referral to appointment increased to 14.9 days.

Referrals Received: YTD 2020/21

Reason	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%
Ability to Perform Duties	13	22	4	72	34	33	24	43	29	274	60%
Frequent Short Term Sickness Absence	12	5	0	5	9	4	3	10	10	58	13%
Long Term Sickness Absence	14	22	0	14	16	4	8	23	20	121	27%
Physiotherapy Referral	0	0	0	0	0	0	0	1	0	1	0.2%
Total	39	49	4	91	59	41	35	76	59	453	100%



HR Caseload

The HR caseload has reduced from 40 in November to 38 in December. BAME staff are represented in 26% of cases – higher than the current BAME representation in the Trust of 20% Overall. (since last month, the number of non-BAME cases has reduced

Staff Group: Nursing and Midwifery Registered have the largest number of open cases, however this is in proportion to the number of staff in that group.

Disciplinary cases continue to be the highest category at 12.

	Suspension	Capability No UHR	Capability UHR	Disciplinary	Grievance	Further ER Stages - Ref to Prof Reg Body	Total	% of BAME+Non- BAME
BAME		2	2	5	1	0	10	26%
Non Bame	5	1	4	7	8	1	26	68%
Not Stated		0	1	0	1	0	2	5%
Grand Total	5	3	7	12	10	1	38	

	Suspension	Capability No UHR	Capability UHR	Disciplinary	Grievance	Further ER Stages - Appeal	Total	% of Total
Additional Clinical Services	1	0	4	1	0	0	6	16%
Administrative and Clerical		0	2	4	1	1	8	21%
Allied Health Professionals		0	0	2	7	0	9	24%
Medical and Dental		0	0	1	0	0	1	3%
Nursing and Midwifery Registered	4	3	1	4	2	0	14	37%
Total	5	3	7	12	10	1	38	