Performance KPIs

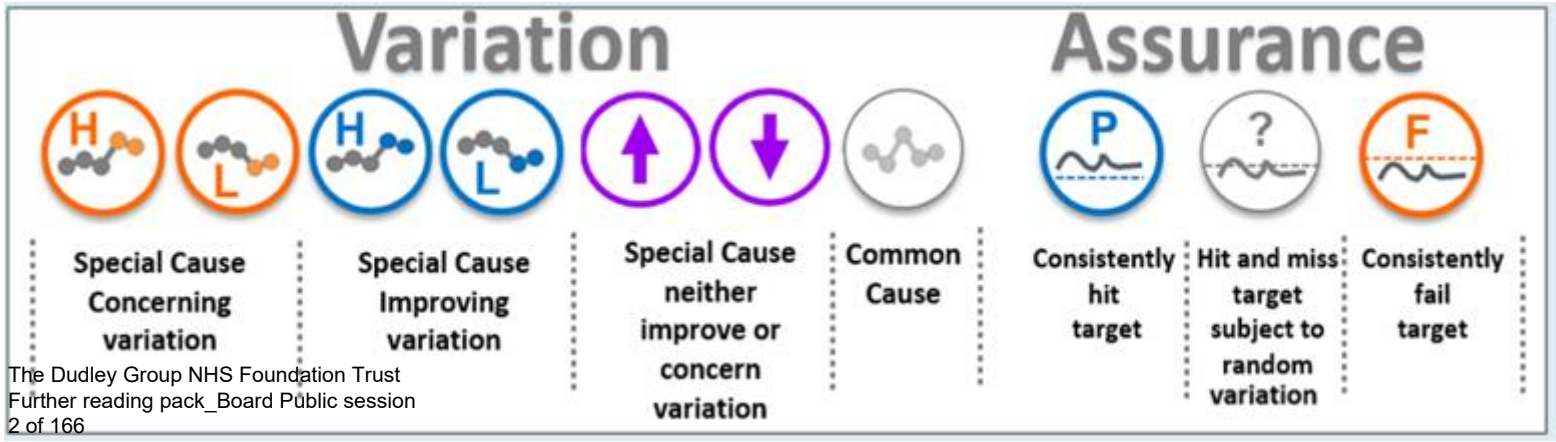
December Report (November 2024 Data for National Performance & October 2024 Data for Cancer & VTE)

The Dudley Group NHS Foundation Trust

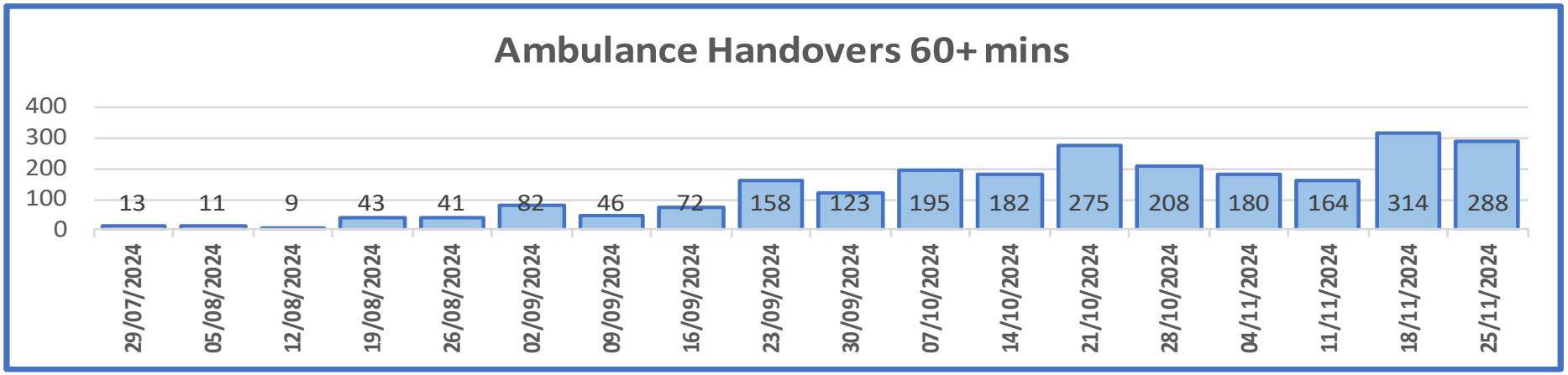
Karen Kelly, Chief Operating Officer

Constitutional Performance

Constitutional Standard and KPI		Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24		
Emergency Access Standard (EAS)	Combined 4hr Performance	71.5%	71.9%	73.8%	78.7%	80.3%	81.2%	81.6%	79.9%	83.6%	81.2%	81.9%	81.9%		
Triage	Triage - All	78.0%	84.3%	73.3%	71.0%	74.0%	78.1%	84.3%	75.9%	81.4%	78.0%	84.3%	73.0%		
Referral to Treatment (RTT)	RTT Incomplete	55.2%	55.8%	56.2%	56.5%	57.8%	58.2%	58.6%	58.6%	57.2%	57.5%	58.3%	59.2%		
Diagnostics	DM01 - Diagnostics achieved within 6 weeks	71.5%	79.7%	90.6%	91.3%	89.6%	88.4%	86.9%	88.3%	86.3%	86.2%	89.2%	90.4%		
VTE	% Assessed on Admission	99.1%	99.1%	99.3%	99.3%	98.9%	98.7%	99.0%	99.1%	99.2%	99.1%	99.1%	n/a		



Ambulance Handovers 60+ Mins



Performance

This month's activity saw 9,461 attendances. This has decreased when compared to the previous month of October with 10,116.

22 out of the 30 days saw >300 patients.

3032 patients arrived by ambulance; this shows an increase from the 2995 ambulances that attended last month.

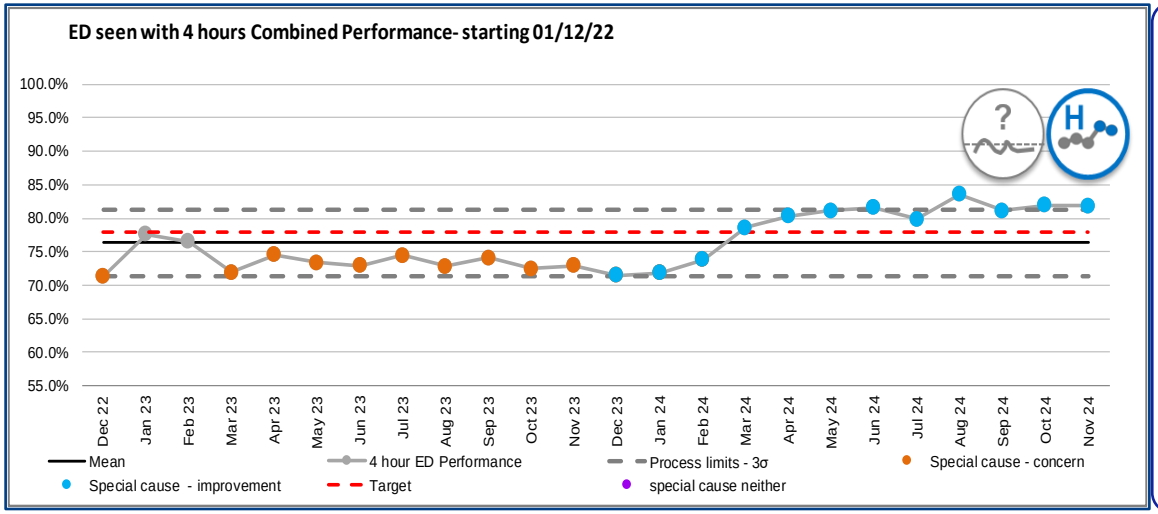
614 of these offloads took >1h (16%). This shows an increase when compared with last month's performance of 21%.

Over the month, the average length of stay (LOS) in ED was 214 mins for non-admitted patients and 444 mins for those waiting for a bed following a decision to admit. This represents an increase compared to last month, where the LOS was 206 mins and 426 mins respectively.

Action

- Continue to use RAT for all ambulance patients to ensure assessment, treatment and medication are given quickly.
- New front door model proposed, presence of AMU doctor, ED medic, receptionist, ambulance tracker, and triage nurse to streamline patient flow and improve efficiency. This is still under review.
- Mental health team to be present within the department overnight to provide support and guidance for patients attending and requiring mental health assessments. Mental health referrals are to be explored with a telephone referral rather than a bleep. This is to decrease the long wait it can take for a bleep referral to be acknowledged.
- Escalation of ambulances without a plan to offload at 30mins to Site Team with additional role cards to link AMU & Site teams based on the Kings College Model.
- Additional trolley capacity now in place to ensure offloads can happen promptly at the ambulance entrance.
- Streamers and triage nurses continue to utilise pathways as early as possible and sit out suitable patients to free up ambulance.
- Designated ED Tracker monitoring ambulance offloads/pinning. Regular escalation to both halo, site, ops management and NIC
- ED operational escalation bleep initiated through office hours and point of contact for urgent escalations
- Requirement for all CAT 3 ambulances to contact Dudley Clinical Hub, even if already presented at hospital, to explore potential community-based interventions and avoid any unnecessary hospital admissions.

ED Performance



Latest Month	Latest Month	1st
81.9%	93	For Nov 2024
EAS 4 hour target 78% for Type 1 & 3 attendances	DTA 12 hour breaches - target zero	DGFT ranking out of 13 West Midlands area Trusts

Performance

RHH ED Performance remains the best in the black country despite high ambulance and walk-in attendance when compared to our regional neighbours.

We continue to validate performance and record reasons for each breach which is then explored by the ops team and the department tri.

Last month's data have allowed for identification of themes and increased focus on these have been:

- GP letter patients straight to SDEC/Surgical SDEC.
- Agree new streaming template with UCC for patients with letters to go direct to Speciality.
- Altering the registration process for patients arriving by the front door.

Action

- Deputy Matrons are further highlighting 4h performance whilst on clinical floor to teams.
- Continued scrutiny that GP letters are being directly streamed to appropriate area to avoid being booked into ED.
- Focus now on NHSE's 5 priority ED improvement initiatives
  - Streaming & Redirection
  - Rapid Assessment & Treatment
  - Maximising UTC use
  - Improving Ambulance Handover process
  - Reducing the time in department

ED 4 Hour Waits Benchmarking

National 4 hour EAS Target Comparison

This is based on trust activity for the following:
Inclusion of Type 1-4
Inclusion of 111 booked activity for all types

November 2024

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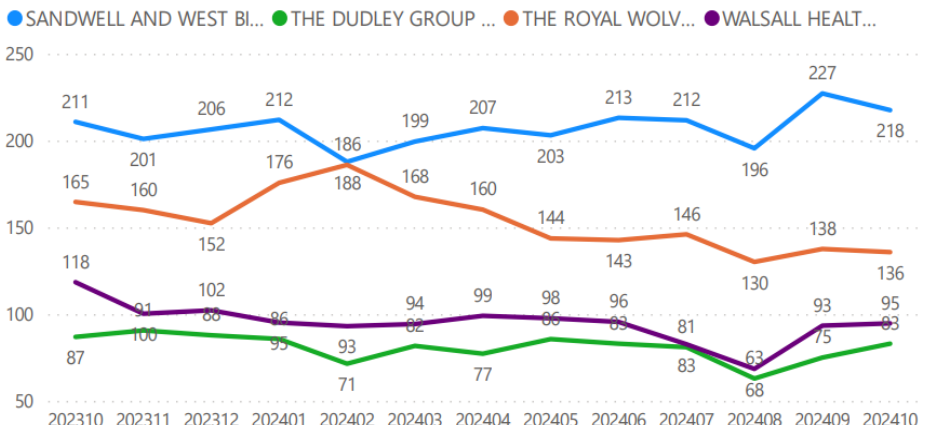
Name	Value	National Rank
The Dudley Group NHS Foundation Trust	81.88%	3
The Royal Wolverhampton NHS Trust	78.89%	9
Walsall Healthcare NHS Trust	74.05%	29
Sandwell And West Birmingham Hospitals NHS Trust	72.02%	44
George Eliot Hospital NHS Trust	70.88%	50
University Hospitals Coventry And Warwickshire NHS Trust	66.11%	77
South Warwickshire NHS Foundation Trust	64.99%	82
Wye Valley NHS Trust	64.77%	84
University Hospitals Of North Midlands NHS Trust	64.76%	85
Birmingham Women's And Children's NHS Foundation Trust	62.31%	103
University Hospitals Birmingham NHS Foundation Trust	58.38%	110
Worcestershire Acute Hospitals NHS Trust	54.36%	120
The Shrewsbury And Telford Hospital NHS Trust	50.73%	122

DGH

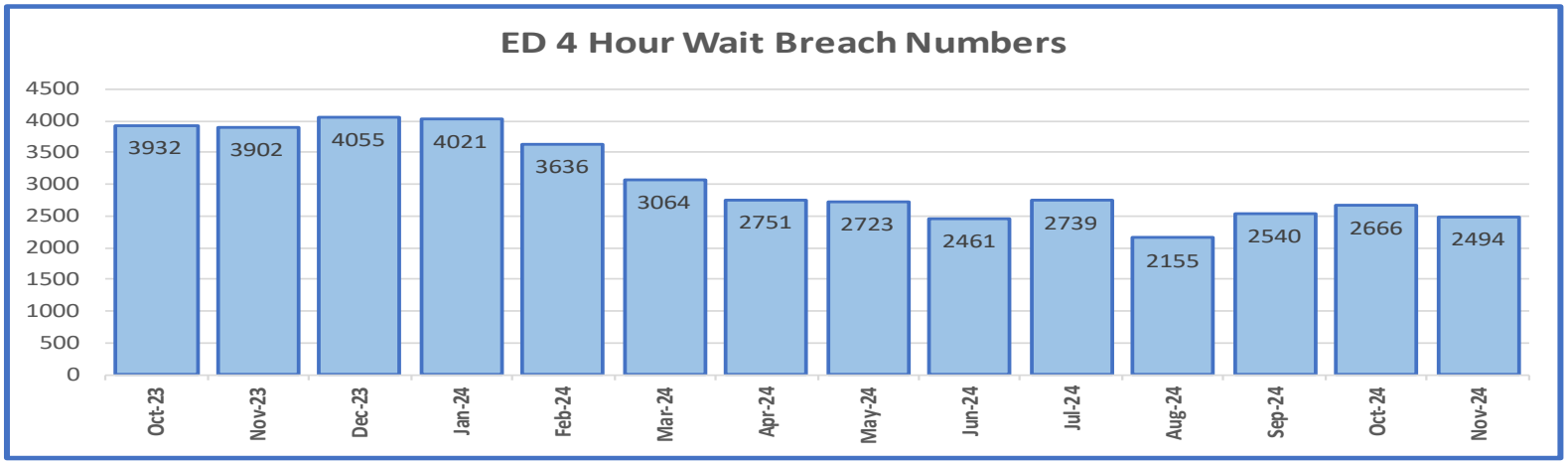
Ranking out of 122 Trusts

Source: [Daily EAS - Power BI]

Mean Time (mins) from Arrival to Treatment (All ED Attendances)



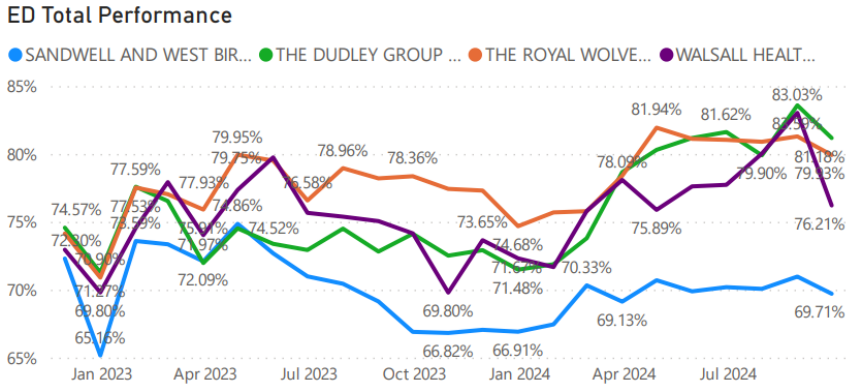
ED 4 Hour Wait Number of Breaches



Date	No. Breaches
Oct-23	3932
Nov-23	3902
Dec-23	4055
Jan-24	4021
Feb-24	3636
Mar-24	3064
Apr-24	2751
May-24	2723
Jun-24	2461
Jul-24	2739
Aug-24	2155
Sep-24	2540
Oct-24	2666
Nov-24	2494

Performance

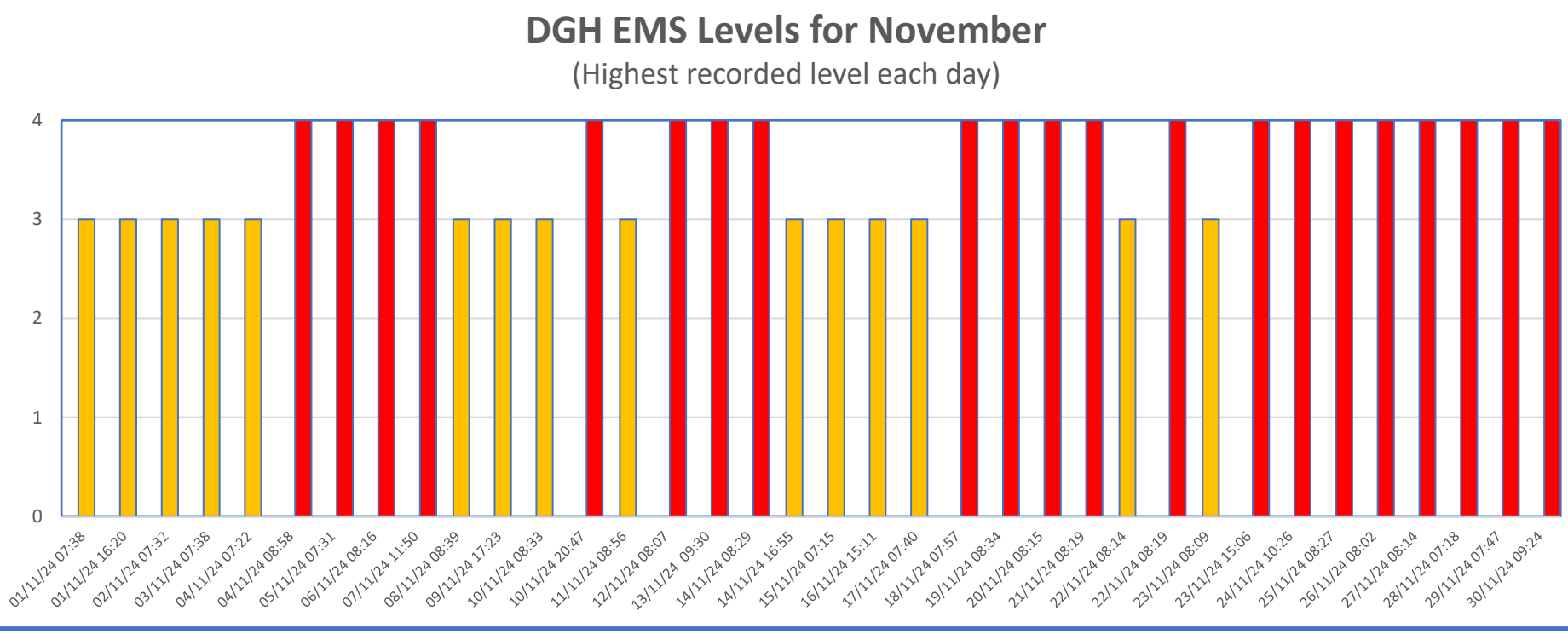
ED remains the best performing department in the black country and in the Top 12 nationally.



Action

- The ED performance for November remains above the national target of 78% at 81.62%
- Last month's data have allowed for identification of themes and increased focus on these have been:
  - GP letter patients straight to SDEC/Surgical SDEC.
  - Agree new streaming template with UCC for patients with letters to go direct to Speciality.
  - Re-run of heat mapping exercise for nurses and medics in ED.
  - Joint working with Surgery to ensure proactivity to take patients from ED even when full.
  - Organizational agreement that specialties must take patients directly and not wait to assess them in ED.
  - Extra Validation resource.

EMS Level for last month



Performance

EMS Levels 4 during October.

3032 patients arrived by ambulance; this shows an increase from the 2995 ambulances that attended last month.

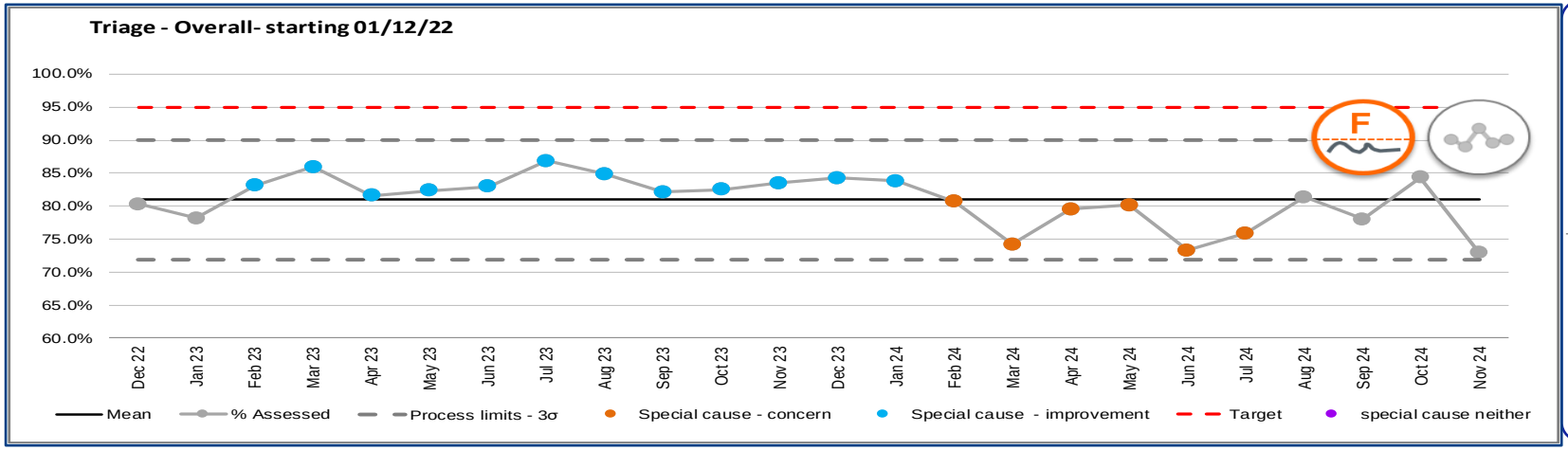
614 of these offloads took >1h (16%). This shows an increase when compared with last month's performance of 21%

In terms of capacity the trust continues to be impacted by medically optimised for discharge patients, which is further exacerbating flow issues and leading to pressure at both the front and back door.

Action

- To continue to utilise non-admitted pathways wherever possible.
- Maintain step downs from acute areas to ensure provision available for the highest acuity patients.
- Focus now on NHSE's 5 priority ED improvement initiatives
  - Streaming & Redirection
  - Rapid Assessment & Treatment
  - Maximising UTC use
  - Improving Ambulance Handover process
  - Reducing the time in department

ED Triage



Latest Month

73.0%

Triage – target 95%

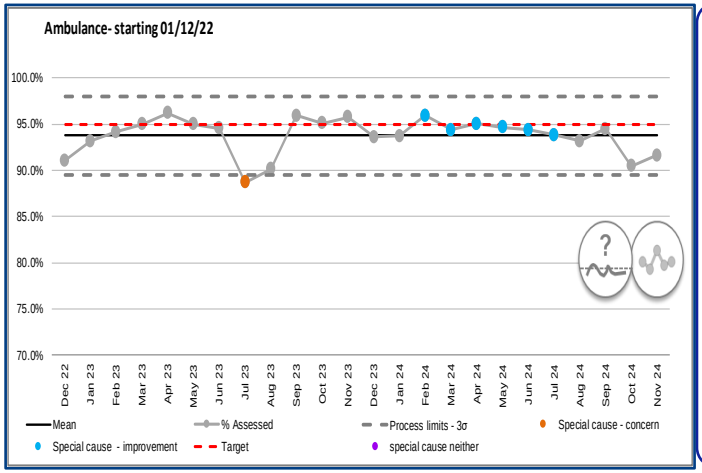
Performance

ED have reconfigured the treatment areas following the floor works and ahead of the planned building works and now have a dedicated triage space and we are monitoring performance daily.

Action

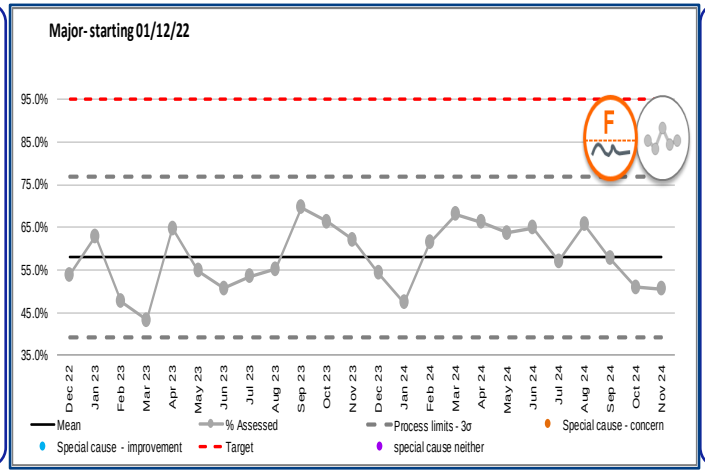
- Deputy Matron now leading on Triage improvement from October.
- Triage project has completed, and assurance report was submitted and presented to the execs with positive feedback.
- ED assurance report now submitted monthly to Execs.
- Daily triage continues to be monitored by the Deputy Matron.
- Front door triage demand continues to be higher than the available capacity of area and staff.
- New lead nurse for both majors and paediatrics have commenced in post from Monday 18th March.
- More nurses have received their ESI training with additional codes which have been purchased.

ED Triage



Latest Month

91.6%



Latest Month

50.5%

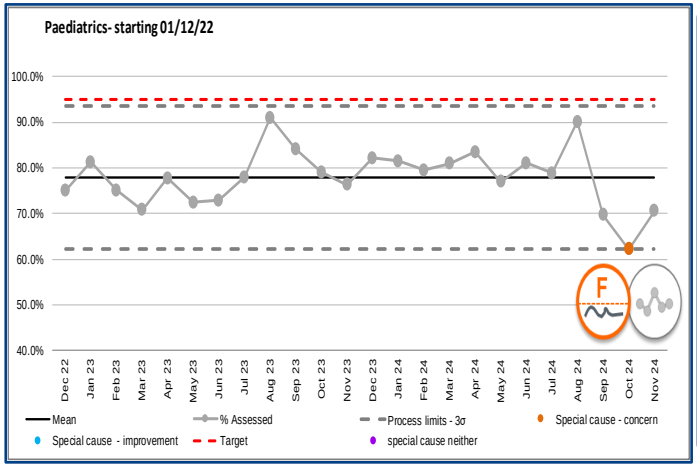
Performance

ED have reconfigured the treatment areas following the floor works and ahead of the planned building works and now have a dedicated triage space and we are monitoring performance daily

Action

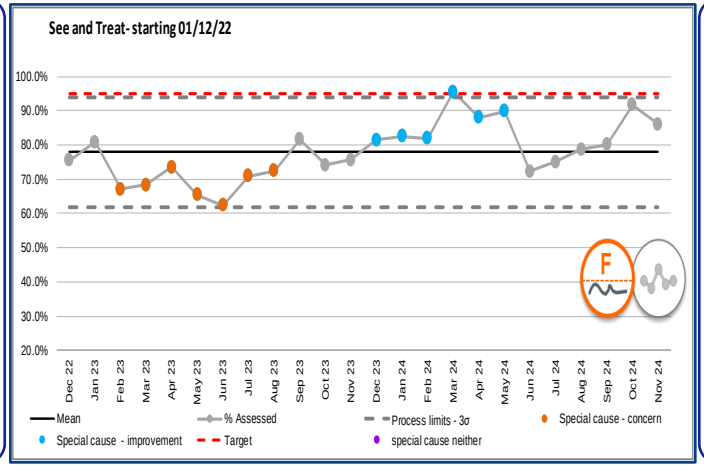
- Time spent in triage continues to be monitored
- Increased focus in direct to speciality patients being sent from UCC rather than being triaged in ED

ED Triage



Latest Month

70.5%



Latest Month

86.1%

Performance

ED have reconfigured the treatment areas following the floor works and ahead of the planned building works and now have a dedicated triage space and we are monitoring performance daily

Action

- Paeds daily huddles have restarted to good effect and triage performance and escalations are discussed.
- Paediatric Lead nurse commenced in post from 18th March.
- Develop process for quickly monitoring and altering when minor's patients need to begin having early "eyes on" assessments rather than just seeing and treating patients all in one go – this is being developed and supported by Nurse/ENP/Medical teams.
- New minors Nursing role (band 6) focused on triage and treatments have commenced in post and actively working on increasing performance.
- ACP trial to commence from Monday 25th March increasing the scope of injuries which can be treated in minors.

Cancer

	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
28 Day Combined (75%)	87.2%	82.4%	82.5%	87.6%	81.2%	78.3%	83.9%	83.2%	82.2%	83.8%	81.5%	80.9%
31 Day Combined (96%)	81.4%	87.6%	81.1%	89.8%	86.7%	91.6%	92.2%	90.3%	94.5%	89.7%	90.8%	92.9%
62 Day Combined (85%)	68.1%	68.0%	58.3%	67.7%	71.5%	71.9%	66.8%	70.3%	74.9%	71.5%	71.4%	76.4%

Latest Month	Latest Month	Latest Month
80.9%	92.9%	76.4%
All cancer 28 Day FDS waits – target 77%	31 day Combined Target 96%	62 Day Combined Target 70%

Performance

*A*All cancer data reports two months behind. Data included is up to and including October 2024:

28-day Faster Diagnosis Standard (FDS)

•Performing well at 80.9% and remains above national target of 77%.. Increased focus on individual tumour site pathways.

31 day combined

•31 day combined achieving 92.9% against national target of 96%. Surgical and diagnostic capacity and BCPS reporting delays impact performance. 31 day trajectory to achieve 96% submitted to ICB. Urology, gynae and skin are tumour sites most challenged:-

62 day combined

•Achieved 76.4% and remains above NHSE target of 70% by end of March 2025. (This target does not supersede the 85% constitutional standard but set to support tiering measures for cancer performance).

Late Tertiary referrals closely monitored. Primarily head and neck, lung, gynae and urology. Actions in place to reduce. Cancer performance is reviewed at Regional Performance Tier Calls with NHSE.

Action

28-day FDS

-Performance to be sustained. Forecast shows continued achievement.

31 day combined & 62 combined

-Prostate:straight to test pathway trial. LATP training in progress, improvement expected Jan 25. Imaging Team scoping options to increase MRI capacity

-Head and Neck: demand and capacity review commenced with RWT

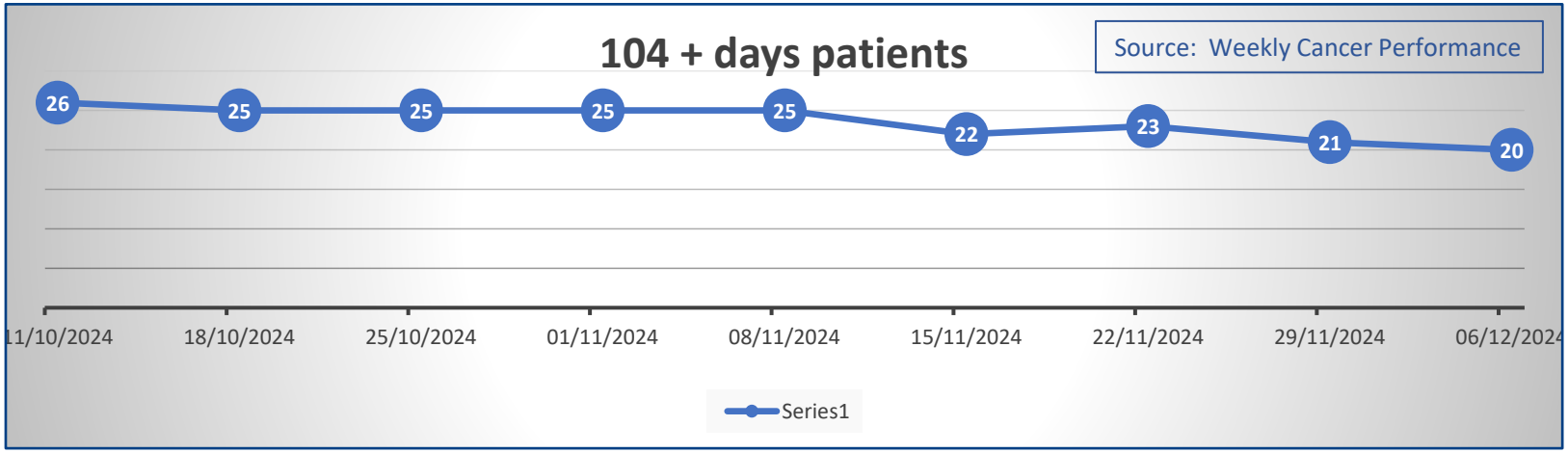
-Gynae: unable to recruit to hysteroscopy nurse. Additional capacity being sourced

-Skin: CDC dermoscopy success continues for rapid access patients

BCPS

Urgent 10 day Histology: 51% against national target 70%, November forecast at 69%. E-Requesting at 47%. IT issue in Gastro resolved. Compass pilot begins in December 24 with wider rollout in January 2025. Urgent requesting at 59%. Task and finish group to review pathways and identify opportunities for improvement

Cancer Performance – 104 Day – Harm Review



Latest Week

(06/12/24)

20

All 104 week waits, target 10 Patients

Performance

- Of the 20 over 104 days patients, urology remains the most challenged pathway with 9 patients waiting over 104 days as surgical capacity is limited.
- 11 of the 20 breaches have treatment plans / treatment dates. Those without treatment plans were awaiting surgery dates, best interest meetings or further investigations. Theatre capacity was impacted over the summer.
- Following harm review, there were 0 patients for October (reported 2 months in arrears).
- In October treated 21 patients waiting over 104 days at DGFT and tertiary centres, this is a reduction compared to 22 in September.

Action

- Monthly harm review undertaken for patients waiting over 104 days on the cancer pathway.
- Focus on reducing the backlog of 104 day waits to release treatment capacity for 31 day and 62-day targets continues. Improve patient engagement earlier in the pathway.
- Renal work progressing with RWT.
- It is anticipated that actions taken to improve combined 62-day performance will support the reduction of patients waiting over 104 days.
- Tertiary Referrals: Lung requires multiple diagnostics. PET scans and histology are causing main delays and this is being addressed. Prostate biopsy capacity is in scope.

Cancer Benchmarking

28-Day Faster Diagnosis Standard vs Planning Trajectory

	Mar-24		Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24		Nov-24	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Unvalidated	Plan	Unvalidated
WALSALL HEALTHCARE NHS TRUST	75.0%	86.1%	75.3%	81.4%	75.0%	80.8%	75.5%	83.1%	75.6%	88.2%	75.0%	86.0%	75.6%	88.0%	75.2%	88.3%	76.0%	74.2%
THE ROYAL WOLVERHAMPTON NHS TRUST	77.9%	80.8%	75.0%	77.8%	75.0%	81.0%	77.0%	81.7%	77.0%	77.5%	76.0%	76.2%	75.0%	75.1%	77.0%	76.5%	79.0%	81.1%
THE DUDLEY GROUP NHS FOUNDATION TRUST	75.2%	81.2%	77.0%	78.3%	77.0%	83.9%	77.0%	83.2%	77.1%	82.2%	77.0%	83.8%	77.0%	81.5%	77.0%	80.9%	77.1%	79.9%
SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST	75.8%	75.7%	75.1%	76.8%	75.7%	80.3%	75.9%	77.3%	76.2%	76.1%	75.0%	75.3%	75.2%	75.1%	75.4%	79.3%	76.0%	76.3%

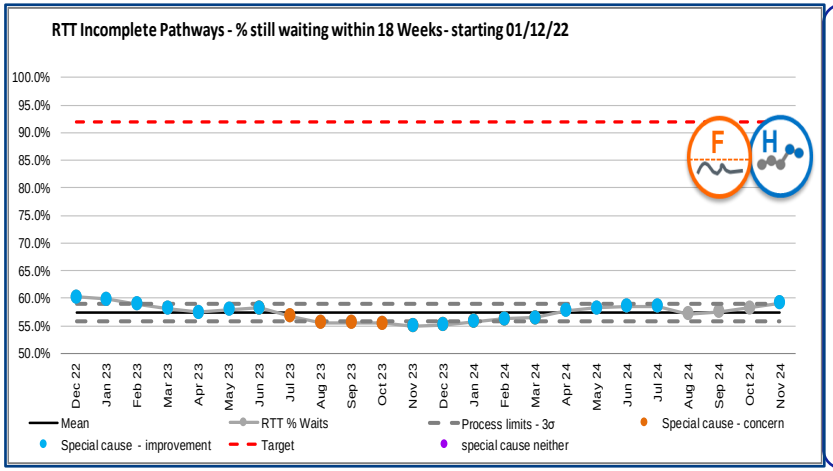
31-day CWT Trust Trajectory Progress

31-day CWT Performance	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24		Nov-24	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Unvalidated	Plan	Unvalidated
WHT	96.0%	94.4%	96.0%	100.0%	96.0%	96.9%	96.0%	97.6%	96.0%	98.4%	96.0%	97.3%	96.0%	98.3%	96.1%	96.4%
RWT	96.0%	86.1%	96.0%	90.1%	96.0%	88.9%	96.0%	91.4%	96.0%	88.0%	96.0%	88.6%	96.0%	90.8%	90.4%	83.4%
DGH	96.0%	91.6%	96.0%	92.2%	96.0%	90.3%	96.0%	94.5%	96.0%	89.7%	96.0%	90.8%	96.0%	93.6%	96.0%	90.8%
SWB	96.0%	91.9%	96.0%	93.5%	96.0%	91.6%	96.0%	91.1%	96.0%	86.3%	96.0%	84.0%	96.0%	83.3%	96.0%	86.5%

62-day CWT Trust Trajectory Progress

62-day CWT Performance	Apr-24		May-24		Jun-24		Jul-24		Aug-24		Sep-24		Oct-24		Nov-24	
	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	Unvalidated	Plan	Unvalidated
WHT	70.1%	75.9%	74.6%	79.3%	74.5%	79.3%	70.0%	76.0%	70.1%	77.4%	75.0%	73.8%	75.4%	80.8%	75.8%	82.0%
RWT	42.0%	46.2%	46.0%	49.5%	49.0%	57.2%	46.0%	53.7%	52.0%	54.6%	55.0%	61.2%	58.0%	63.9%	60.0%	61.2%
DGH	70.0%	71.5%	70.0%	66.8%	70.2%	70.3%	70.1%	74.9%	70.0%	71.5%	70.0%	71.4%	70.0%	75.4%	70.0%	65.3%
SWB	69.5%	69.7%	71.6%	64.6%	69.7%	65.7%	71.1%	66.6%	72.6%	75.8%	73.8%	71.4%	71.4%	68.8%	71.1%	68.2%

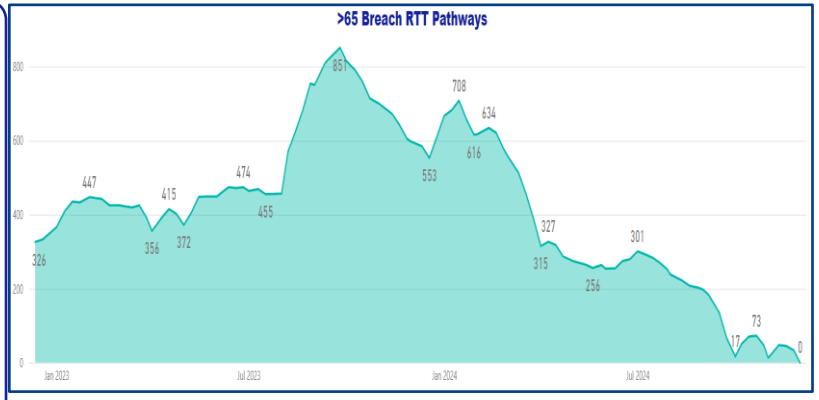
RTT Performance



Latest Month

59.2%

RTT Incomplete pathways target 92%



Taken from: RTT Incompletes - Post Validation Analysis - Power BI Report Server

Performance

November has shown continued improvement in the RTT performance. The focus is on clearance of 65-week patients and also 52-week first outpatient appointments. As this clearance continues the RTT performance will again start to climb.

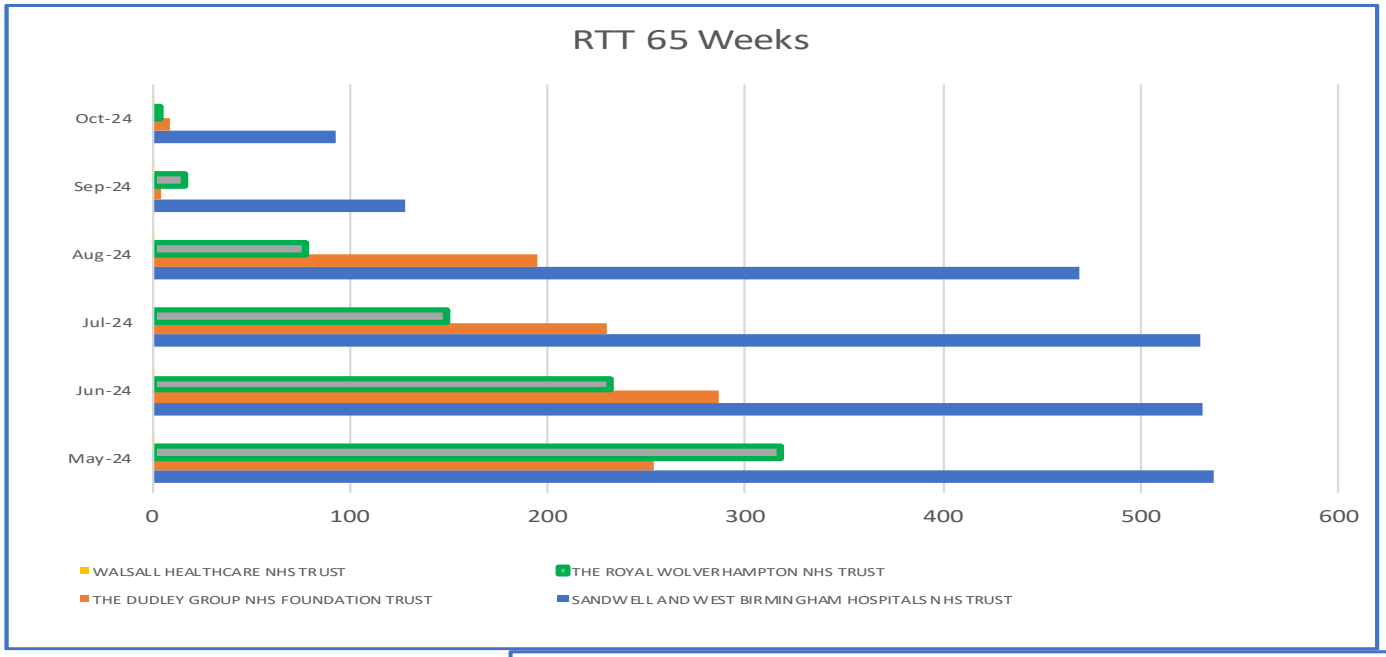
The trust continues to perform well against both the 65-week targets for both elective and outpatient procedures. We ended the month of November with no breaches reported.

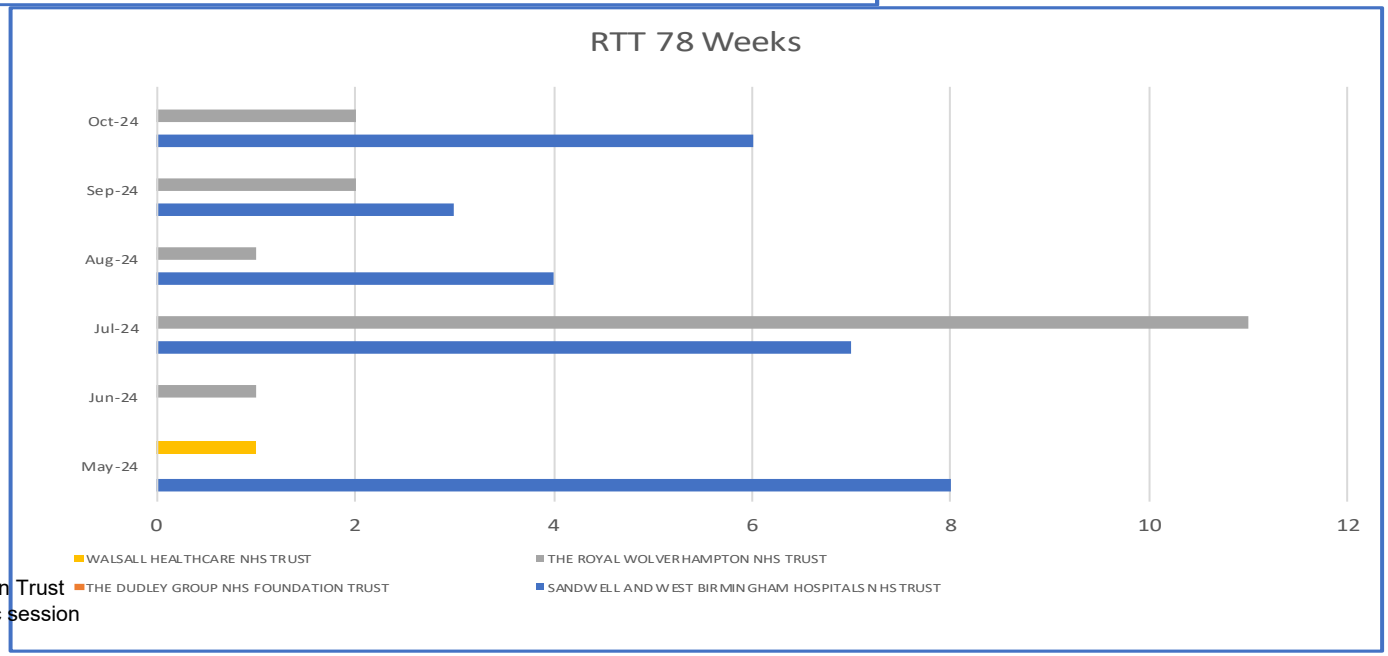
November RTT position 59.2% vs 92% national target, a continued improvement month on month

Action

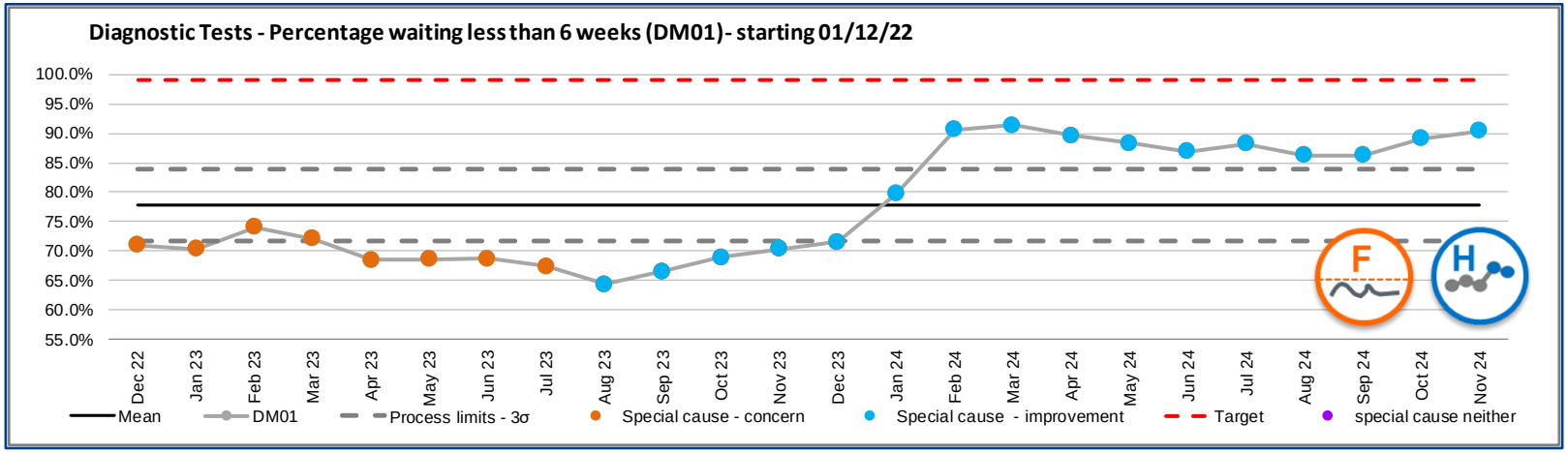
- Outsourcing to support Neurology and Dermatology has been increased though there continues to be some challenges in meeting the 65 week target though performance against 52 week clearance by March 25 looks good.
- The Trust has been selected as one of 20 Trusts to accelerate their Further Faster programme – significant work is ongoing to achieve this led by the Associate Director of Performance.
- With the 52-week target fast approaching in March 25 we are now looking to book all 52-week first outpatient appointments that would breach in March 25 by the end of November 24.

RTT Benchmarking





DM01 Performance



Latest Month

90.4%

DM01 combining 15 modalities - target 85%

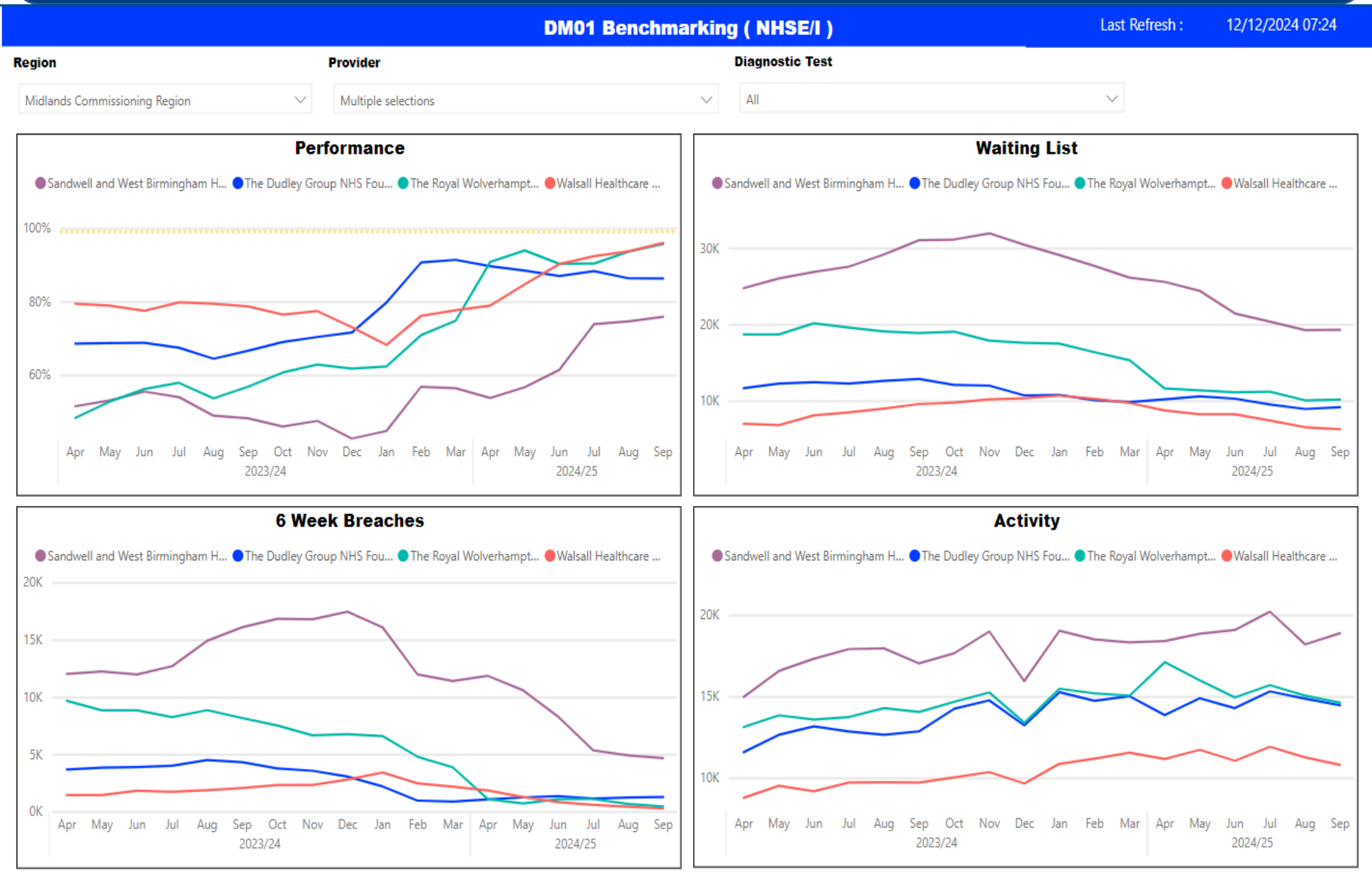
Performance

- November DM01 performance achieved 90.4% and is an improvement compared to 89.2% in October..
- All modalities, with exception of Sleep Studies, are achieving above 90%. Dexa, Cardiology and Endoscopy are performing at 98% or above. MRI and NOUS are most challenged areas. MRI achieved 90.1% in November. Over 6 week breaches are primarily cardiac.
- NOUS achieved 91.23%, an improvement from 88.98% last month, The majority of over 6 week breaches are ENT specialist scans. System mutual aid is provided to SWBH (600 slots a month).
- Sleep studies improved to 63.55% in November from 63.1% in October. Due to change in NICCE guidance, demand now considerably outweighs capacity.
- Audiology continues to improve and achieved 92.09% in November compared to 86.12% in October
- All NOUS 13 week breaches have now been cleared. There are 64 remaining, of those 59 are cardiac MRI.

Action

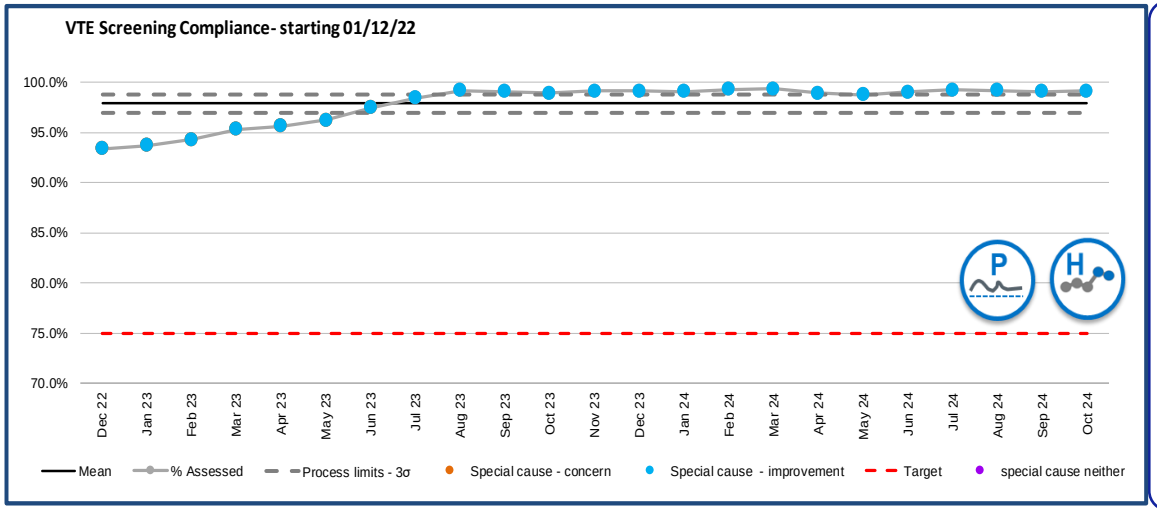
- Short term recovery plan for sleep studies using bank continues. Commencement of CDC Respiratory from January 2025 in progress.
- NOUS performance impacted primarily by head and neck and gynae. Additional provision being sourced for head and neck and increased staffing in gynae will provide extra capacity. Plan met to achieve 90% or above in November and zero 13 week NOUS breaches.
- All Trusts in the Black Country ICS have Cardiac MRI pressures. System mutual aid first requested in July 2024 and not yet successful. Recent offer from RWT is in progress and criteria for support is being agreed..
- Diagnostic performance is discussed with NHSE on fortnightly system tiering call.

DM01 Benchmarking



Source: Imaging Cardiology CRIS Dashboard - Power BI

VTE Performance Please note: VTE figures now run 1 month in arrears



Latest Month	Latest Month	Latest Month
99.1%	99.3%	98.9%
Trust overall Position	**Medicine & IC**	**Surgery, W & C**

Performance

VTE performance sustained above the standard of compliance in consecutive months since March 2023.

Action

Ward level reporting is available, and this is being monitored as part of the ward performance reviews.

Screening Programmes

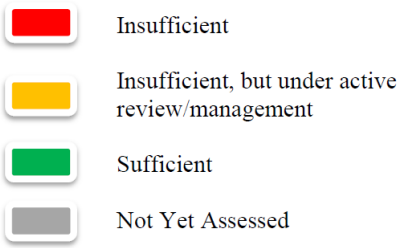
Screening Programme Performance for IPR (F&P)

Description	Comments	Reference	Target	Q1	Q2
NHS Abdominal Aortic Aneurysm Screening Programme (AAA) 2023/24 (@ ICB level)	Percentage of abnormal screens reviewed ≤ 21 days of the initial screen date within the reporting period.	AAA-S12	Acceptable: ≥60.0% Achievable : ≥95.0%	16.67%	29.41%
NHS Breast Screening Programme 2023/24 (@ ICB level)	The proportion of eligible women who have a technically adequate screen less than or equal to 6 months from date of first offered appointment	BSP-S03a	Acceptable: ≥70.0% Achievable : ≥80.0%	69.00%	77.00%
NHS Colposcopy Intervention/treatment 6 week appointment 2023/24	Proportion of women who are offered a colposcopy within 6 weeks of referral due to a positive HR-HPV test and negative cytology OR borderline changes or low-grade dyskaryosis.	CSP-S11	>=99% Green <99% Red	87.00%	100.00%
NHS FASP Trisomy screening 2023/24	Indequate samples for Downs/Edwards/Patau screening a) Combined samples	FA4	To be Set	0.70%	1.20%
NHS FASP Trisomy screening 2023/25	Indequate samples for Downs/Edwards/Patau screening a) Quadruple samples	FA4	To be Set	0.70%	2.00%
NHS Infectious Diseases in Pregnancy Screening 2023/24	The proportion of pregnant women eligible for human immunodeficiency virus (HIV) screening for whom a confirmed screening result is available at the day of report	ID1(IDPS-S01)	>=99% Green 95%-99% Amber <95% Red	99.80%	99.90%
NHS Infectious Diseases in Pregnancy Screening 2023/24	The proportion of pregnant women eligible for hepatitis B screening for whom a confirmed screening result is available at the day of report	ID3(IDPS-S02)	>=99% Green 95%-99% Amber <95% Red	99.80%	99.90%
NHS Infectious Diseases in Pregnancy Screening 2023/24	The proportion of pregnant women eligible for syphilis screening for whom a confirmed screening result is available at the day of report	ID4(IDPS-S03)	>=99% Green 95%-99% Amber <95% Red	99.80%	99.90%
NHS FASP Fetal Anomaly scan 2023/24	The proportion of pregnant women eligible for NIPT screening for whom a conclusive screening result is available at the day of report.	FASP NIPT-S01	Thresholds are not set for this metric	81.00%	80.00%
NHS Sickle Cell and Thalassaemia screening 2023/24	The proportion of pregnant women having antenatal sickle cell and thalassaemia screening for whom a screening result is available ≤10 weeks + 0 days gestation	ST2	>=75% Green 50%-75% Amber <50% Red	43.20%	50.10%
NHS Newborn Blood Spot screening 2023/24	The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process	NB2 (NBS-S06)	<=1% 1%-2% Amber >=2% Red	0.80%	1.00%
NHS Newborn Hearing Screening 2023/24	Coverage	NHSP-S01 & KPI NH1	>=99.5% Green 98%-99.5% Amber <98% Red	98.50%	Not Yet Available
NHS Newborn and Infant Physical Examination screening 2023/24	Coverage	ANNB NIPE NP1	>=97.5% Green 95%-97.5% Amber <95% Red	96.60%	95.90%
NHS Newborn and Infant Physical Examination screening 2023/24	Timeliness	ANNB NIPE NP3	>=95% Green 90%-95% Amber <90% Red	85.20%	91.40%
Child Vision screening commenced in September				Not Yet Avaialble	

Kitemark Explanation

Element	Definition
Timeliness	The time taken between the end of the data period and when the information can be produced and reviewed. The acceptable data lag will be different for different performance indicators. Data should be captured as quickly as possible after the event or activity and must be available for the intended use within a reasonable time period. Data must be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.
Monitoring	The degree to which the trust can drill down into data in order to review and understand operational performance. The level to which the trust needs to drill down into the data will vary for different performance indicators. Some information should always be available at patient level for performance monitoring purposes. Whereas some information may be sufficient if it is available at speciality level for all specialties or even trust level for performance monitoring purposes
Completeness	The extent to which all of the expected attributes of the data are populated but also the extent to which all of the records for the relevant population are provided.
Validation	The extent to which the data has been validated to ensure it is accurate and in compliance with relevant requirements. For example, correct application of rules and definitions. The level of validation required will vary from indicator-to-indicator and will depend on the level of data quality risk. Final validation is classified as sufficient where validation has been completed and where the indicator has received final approval from responsible individuals.
Audit	The extent to which the integrity of data (completeness, accuracy, validity, reliability, relevance, and timeliness) has been audited by someone independent of the KPI owner (for example, Internal Audit, External Audit, Clinical Audit or Peer Review) and the extent to which the assurance provided from the audit is positive.

Element	Definition
Reliability	The extent to which the data is generated by a computerised system, with automated IT controls, or a manual process. It also relates to the degree of documentation outlining the data flow, i.e. documented process with controls and data flows mapped. Data should reflect stable and consistent data collection processes across collection points and over time, whether using manual or computer-based systems or a combination. Managers and stakeholders should be confident that progress toward performance targets reflects real changes rather than variations in data collection approaches or methods.
Relevance	The extent to which the data is captured for the purposes for which it is used. This entails periodic review of the selection of key performance indicators to reflect changing needs, such as new strategic objectives. For example, is this indicator the right indicator by which to measure performance against a strategic objective. Strategic objectives will be defined within the scoping document for proposed new measures.



Click HERE for full kitemark explanation & policy

Quality KPIs
December 2024 Report (November 2024 Data)

Martina Morris Chief Nurse
Dr Julian Hobbs Medical Director

NHS
The Dudley Group
NHS Foundation Trust

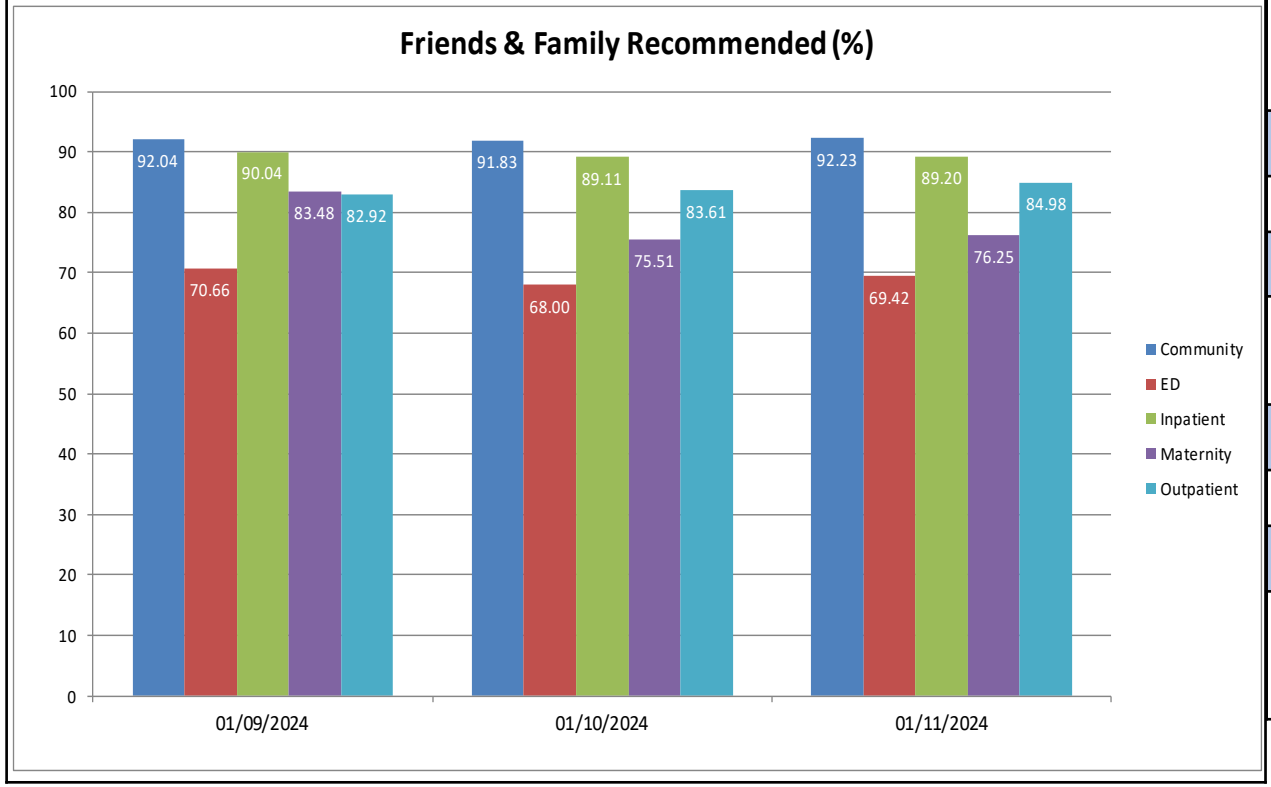
Contents / Icon Key

Contents

Friends and Family - Recommended

Background	FFT is an important feedback tool that provides patients and relatives an opportunity to share their experience of the care and treatment received. Listening to the views of patients helps identify what is working well, what can be improved and how.

Performance	
Date	November 2024
Trust Performance	See Graph
Performance Target / KPI	Above national average/% positive scores are increasing



What are the charts showing us

A total of 4880 responses were received in November 2024 in comparison to 4539 in October 2024. Overall, 83% of respondents have rated their experience of Trust services as 'very good/good' in November 2024, an improvement of 1% since October 2024. A total of 6% of patients rated their experience of Trust services as 'very poor/poor' in November 2024, an improvement from the previous month (7%).

The A&E Department received the highest percentage negative score with 16% of patients rating their overall experience as very poor/poor in November 2024, an improvement of 1% since October 2024. Community received the highest positive score at 92%, a recurring theme from the previous month. Percentage very good/good scores have seen an improvement in November 2024 for Maternity Postnatal Ward, A&E department and Outpatients.

Areas Impacting on Compliance

FFT percentage very good/good scores remain below the national average for all divisions.

Mitigations / Timescales / Blockers

FFT percentage very good/good scores are monitored through the divisional updates at the Patient Experience Group for assurance and to highlight action taken to improve scores at ward/department level.

Risk Register

No

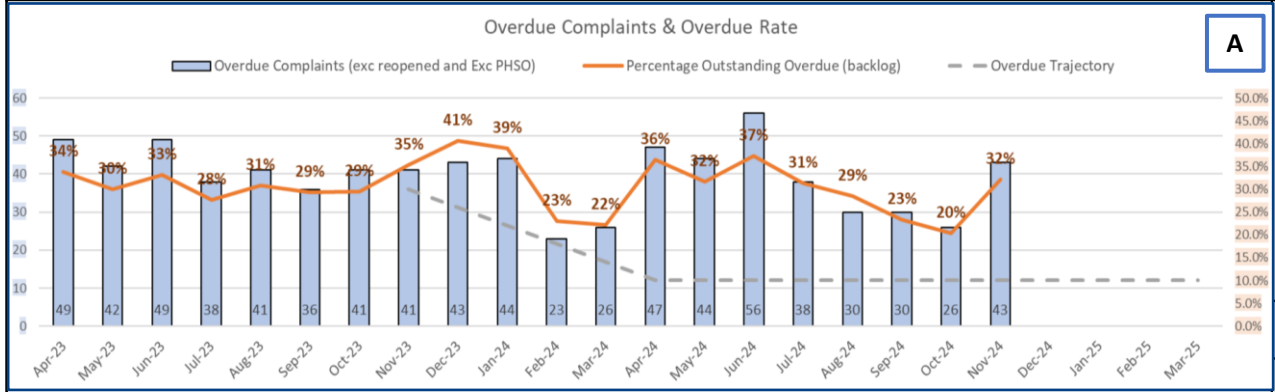
Key Points to Note

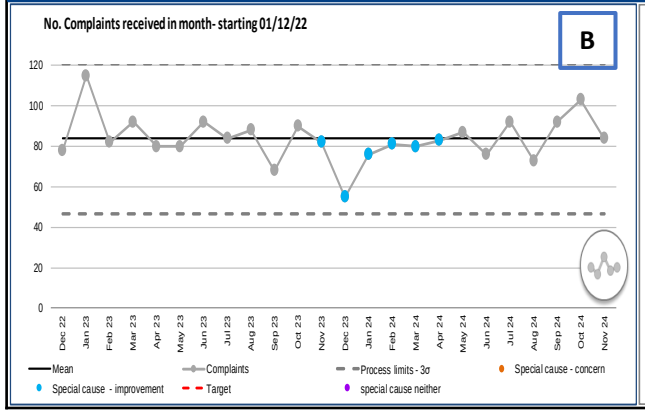
Percentage very good/good scores are above the national average score of 91% for Maternity Antenatal at 96%. Positive scores remain above 90% for Community. The number of responses to the FFT have seen an increase in November 2024 and the overall positive score has increased.

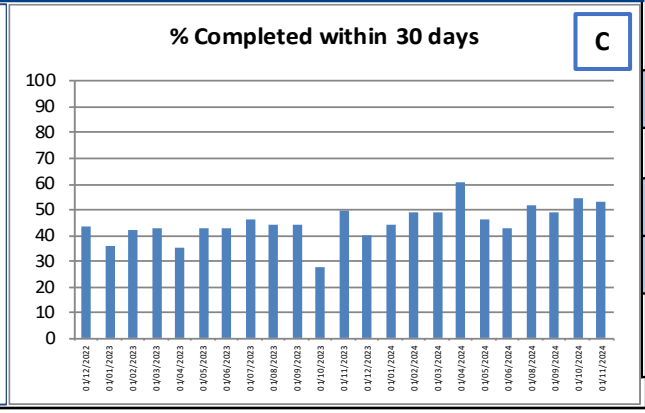
Complaints

Background	*Monitoring compliance against complaint responses*

Performance	
Date	November 2024
Trust Performance	A) 43 & 32% B) 87 C) 53.2%
Performance Target / KPI	49.3% against KPI of 90% response rate







What are the charts showing us

In November 2024, PALS received 336 concerns, 6 comments and 123 signposting contacts totalling 465 compared to 509 in October 2024. The main theme being appointment delays and cancellations.

The Trust received 87 new complaints in November 2024 compared to 103 for October 2024. Of the 87 complaints received, all were acknowledged within 3 working days. The main theme for complaints for November 2024 was clinical treatment for medicine.

In November 2024, the Trust closed 89 complaints compared to 106 in October 2024. All complainants are given a 30-working day timeframe. Of those 89 closed, 46 (51.6%) were closed within 30 working days. Not including re-opened complaints and Ombudsman cases, there were 77 complaints closed (first response) and of those 77 complaints, 41 were within 30 working days (53.2%), which is a decrease of 1.4% on last month's response rate of 54.6% (first response complaints). The Trust is not attaining its 90% response rate KPI.

As of 30 November 2024, there were 171 complaints open in total (this includes reopened complaints and Ombudsman cases) with 80 in backlog (46.7% in backlog). There were 134 complaints open (excluding reopened complaints and excluding Ombudsman cases) with 43 of those in backlog 32%). Of those 134 complaints; 11 are local resolution meetings, 36 are with complaints (including those in the final stages of review), 86 are with divisions (including those for response, queries and approval) and one is with an external organisation (joint response complaint).

Areas Impacting on Compliance

The response rate of 90% remains a challenge, along with the backlog. The complaints team continue to monitor and escalate to senior management when complaints have been open longer than 20 working days without a response from division(s).

Mitigations / Timescales / Blockers

The team have an escalation process in place bringing overdue complaints to the attention of the associated director.

Risk Register- no longer on the risk register

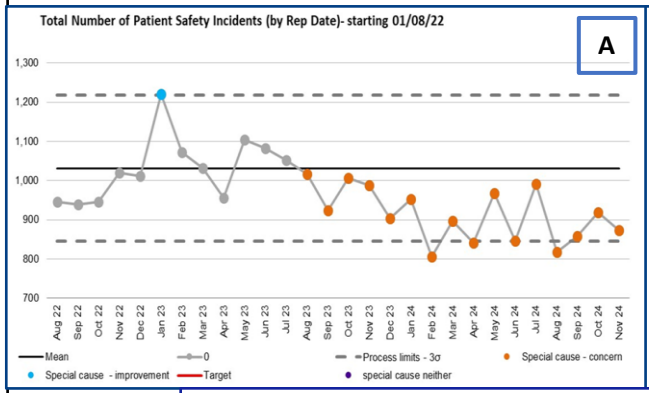
Key Points to Note

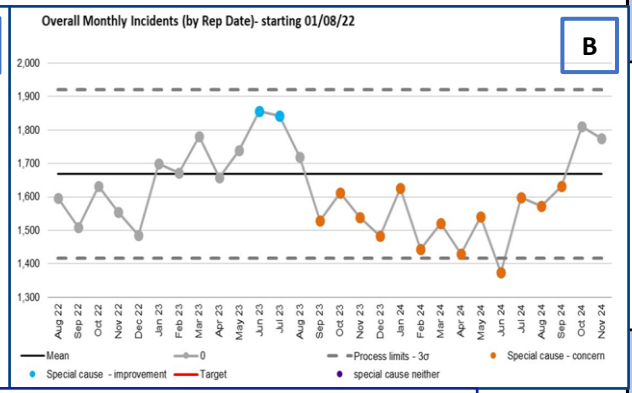
There is a slow increase in the response rate each month.

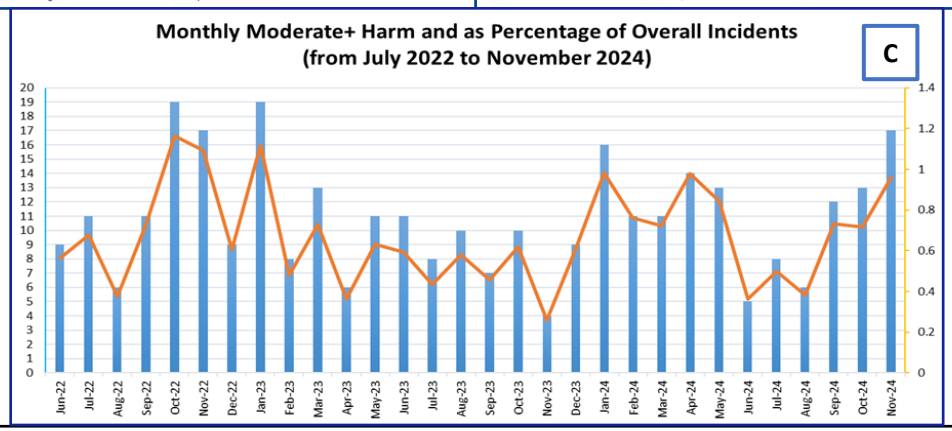
Incidents

Background	Incident reporting and patient harm monitoring is an essential approach for monitoring safety and the learning culture of an organisation

Performance	
Date	November 2024
Trust Performance	A) 873 B) 1774 C) 0.95% (17)
Performance Target / KPI	N/A







What are the charts showing us

The overall number of incidents and patient safety incidents reported in November has decreased slightly; however, reporting remains within expected limits/natural variation.
The number of incidents reported to result in significant harm (moderate/severe/death) has remained low and consistent with previous reporting periods (natural variation applicable across the period). NB harm levels in the reporting month (November) are still under review and are likely to reduce following incident review and investigation. Historical monthly data sets will be refreshed upon collation of each report.
There were no new Never Events reported in November.

Areas Impacting on Compliance

The overall upward trend in reporting is a positive occurrence following a period of declining numbers after the implementation of LfPSE. The number of patient safety incidents remains lower than pre LfPSE transition. The downward trend in reporting is likely to be multi-factorial with the main negative factor being the transition to LfPSE mandating additional information fields mandated on incident form which hinders ease of reporting, The Patient Safety Team are working hard to promote reporting through communication plans and training schedules; this increase in reporting is likely to represent the early impact of this work. It is important to note that this downward trend is apparent across the system and wider NHS and is not unique to Dudley Group.
The proportion of incidents resulting in significant harm remains low and the overall number of incidents resulting in significant harm has remained consistent across the period (with natural variation)

Mitigations / Timescales / Blockers

The Patient Safety Team in conjunction with the Patient Safety Specialist are working through a plan to promote reporting and understand the barriers to reporting. Training packages on incident reporting including the new elements required for LfPSE continue to be rolled out to help drive reporting.
Incidents resulting in significant harm are subject to a prompt and robust initial MDT review to determine immediate learning and the level of response required.

Risk Register

N/A

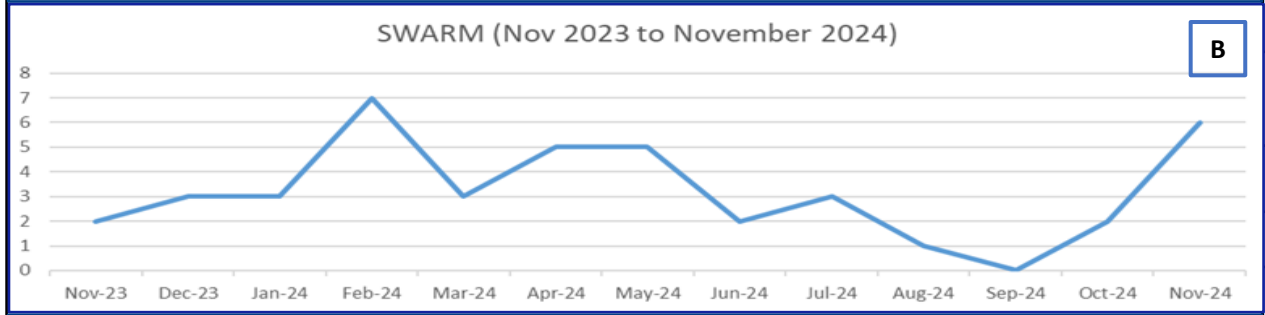
Key Points to Note

N/A

Incidents

Background	Incident reporting and patient harm monitoring is an essential approach for monitoring safety and the learning culture of an organisation

Performance	
Date	November 2024
Trust Performance	A) 1 B) 6
Performance Target / KPI	N/A



Doc Compliance (12 Months)	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Total
Compliant	6	11	18	10	10	11	6	10	7	3	10	8	110
In Progress											1		1
Total	6	11	18	10	10	11	6	10	7	3	11	8	111

What are the charts showing us

Chart A illustrates the monthly number of full investigations (PSII) commissioned under the Patient Safety Incident Response Framework (PSIRF). There was 1 full investigations launched in November. This represents a reduction in keeping with reducing the number of PSII compared to the number of Serious Incidents in the previous framework.

Chart B illustrates the monthly number of Swarm responses launched; Swarm responses are designed to be initiated as soon as possible after an incident and involves an MDT discussion to gather information about what happened and why it happened and what needs to be done to reduce the risk of reoccurrence. There were 6 new Swarm reviews commissioned in November; an increase in reporting. This requires close monitoring to ensure we promote a proportionate response to incident investigation and protect resource for improvement.

Statutory duty of candour compliance is being closely monitored to ensure appropriate enactment can be evidenced. There are no breaches in the regulation however at the time of report writing there is one incident where staff are gaining further information and the notification is in progress.

Areas Impacting on Compliance

There are no significant themes with respect the incidents under review; close monitoring continues.

Mitigations / Timescales / Blockers

Decisions regarding the requirement for PSII, swarm or other reviews under the PSIRF are made collectively as part of the Incident Decision and Learning Group. Scheduled reviews of the meeting's activity and culture are underway to enable insights into the effectiveness of working in this new framework.

Risk Register

nil

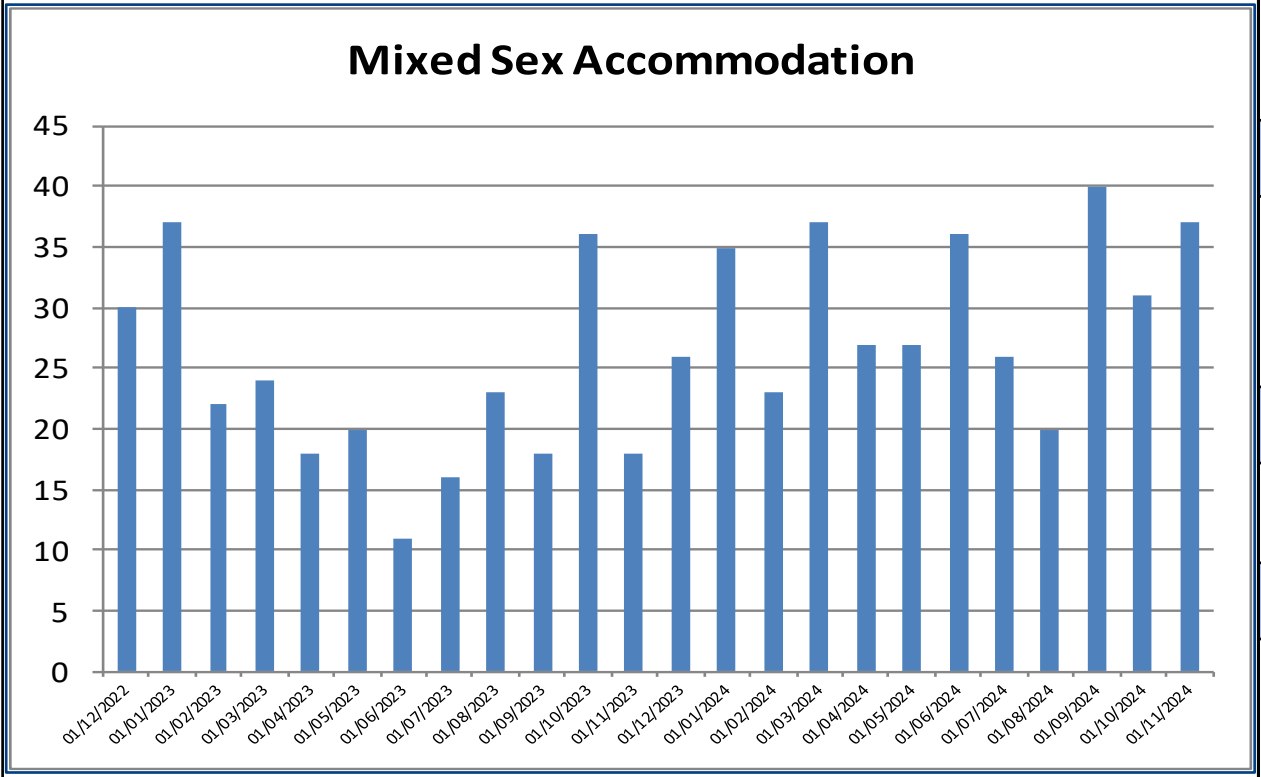
Key Points to Note

nil

Mixed Sex Accommodation

Background	KPI monitors all unjustified occurrences of patients receiving care that are in breach of the sleeping accommodation guidelines to enable enhanced patient choice and to drive improvement.

Performance	
Date	November 2024
Trust Performance	37
Performance Target / KPI	0



What are the charts showing us

There were 36 mixed sex breaches in November 2024, which continues to be a significant amount.

Areas Impacting on Compliance

Step downs from level 2/3 areas can be challenging against our ability to manage demand through our ED. This month continues to see a high demand at the front door requiring a balanced approach.

Mitigations / Timescales / Blockers

The Trust and site team are sighted on that require stepping down from critical care areas and the impact this may have on our patients staying in this environment for longer periods.

Risk Register

Delayed discharges from critical care which could impact upon timely admission to critical care is on the corporate risk register. Currently under review to consider psychological impact for patients

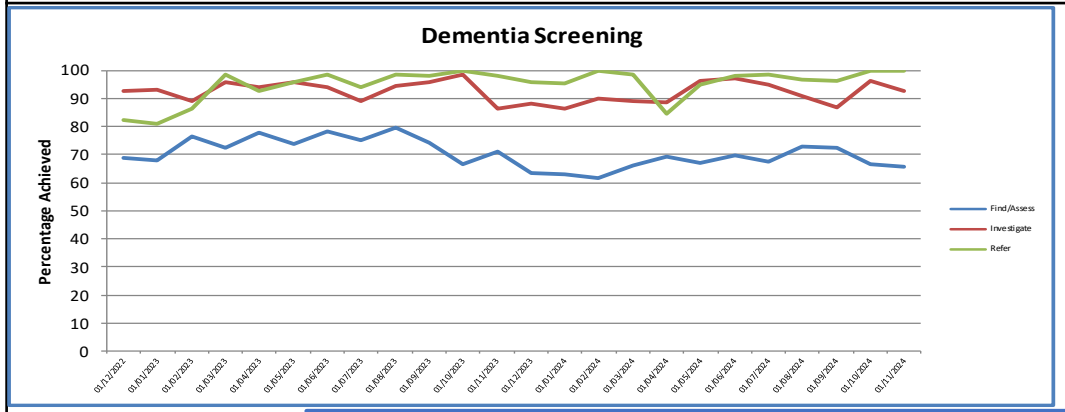
Key Points to Note

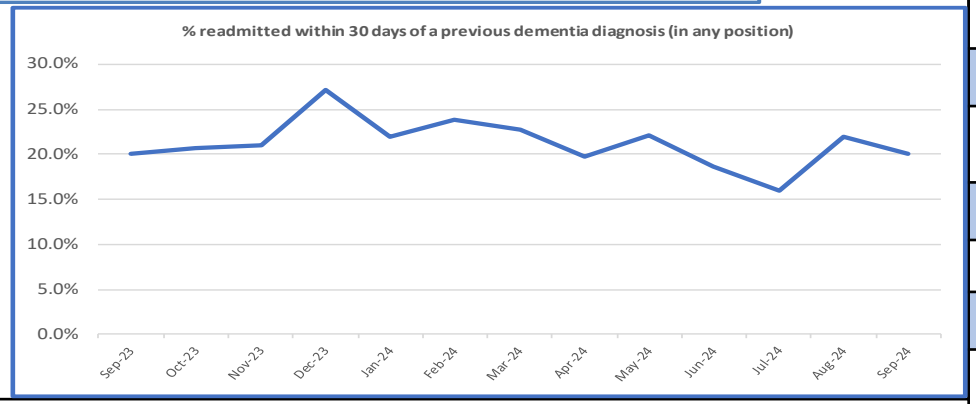
This is impacted by the high number of wardable patients on the unit making even cohorting in bays challenging.

Dementia

Background	*Patients aged 75 and over who have been identified as potentially having dementia and are appropriately assessed and referred on to specialist services. The number of patients readmitted within 30 Days with a diagnosis of Dementia.*

Performance	
Date	November 2024
Trust Performance	Find) 65.58% / Investigate) 92.68% / Refer) 100%
Performance Target / KPI	90%





What are the charts showing us

The first chart provides data regarding the number of patients who have been screened for dementia by the ward staff using the AMT 4 and the subsequent investigation and referral by the dementia and delirium team using the FAIR process. The number of completed screenings is at 65.58% which is below the target of 90% and a 1.25% drop from the previous report. The Investigate and Refer element completed by the dementia and delirium team are both above the 90% target.
The second chart shows the number of patients with dementia who were readmitted within 30 days of discharge. The latest available data is for September 2024 where there is a small reduction from the previous month.

Areas Impacting on Compliance

A data review provides assurance that data is now recorded correctly, but the Trust is still below the compliance rate. Despite the Dementia and Delirium Team working at reduced capacity, they are responding to over 90% of referrals. A Trust wide response needs to take place to improve compliance and does not sit solely with the Dementia Service. A request has been made to Matrons and Lead Nurses, including at the Lead Nurse meeting to address this as well as daily contact with the wards to remind them to complete referrals.
IT has agreed for the 6-CIT to be placed within Sunrise. Where the 6-CIT sits and the parameters for assessment needs to be confirmed. Once agreed, a communications strategy can be implemented to launch the new assessment.
A review of the reasons for readmission has been investigated. From this, there are common themes for readmission and are following national trends, including a reduction over the summer months and an increase over the winter period. The September data is comparable to rates in September 2023.

Mitigations / Timescales / Blockers

A Band 4 Nursing Associate post has been recruited to. Start date anticipated to be January 24.
The Admiral Service is in the process of development. Soft launch commenced w/c 2.12.24.

Risk Register

Key Points to Note

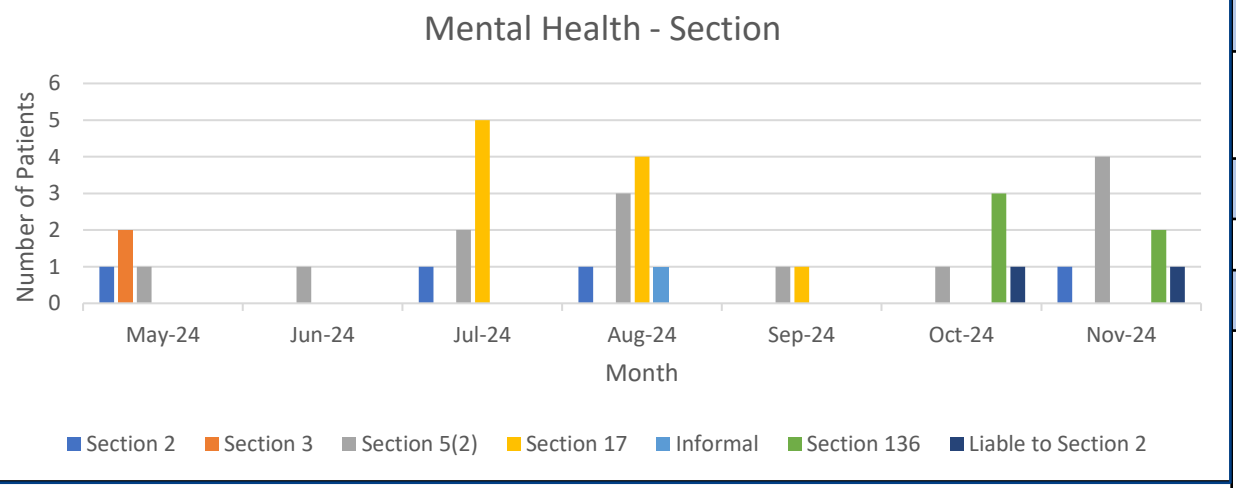
Query if the August doctor rotation impacts on readmission rates.

Mental Health

Background

Performance	
Date	November 2024
Trust Performance	
Performance Target / KPI	CQC compliant

Date of Admission	Section (Locate details C/O Rio if not on Sunrise and upload docs to Sunrise)
Nov-24	Section 5(2) detention unlawful - missing adddress details
Nov-24	Section 5(2) detention unlawful - missing adddress details
Nov-24	Section 5(2) detention unlawful - missing adddress details
Nov-24	Section 5(2)
Nov-24	Section 2 to DGFT
Nov-24	Section 136
Nov-24	Section 136
Nov-24	Liable to Section 2



What are the charts showing us

There has been 4 patients detained under a section 5(2) to DGFT.
1 patient was detained under a section 2 to DGFT.
2 patients were recorded as detained under a section 136.
1 patient was liable to be detained on section 2.

Areas Impacting on Compliance

There has been an increase in mental health activity in comparison to the previous month. Monitoring of section 136 takes place via monitoring ED 136 activity on Sunrise Monday-Friday and Datix reporting. 136 data is to be recorded via Business Intelligence for a Live Dashboard to report this more accurately this month by pulling Sunrise data. This will likely see an increase in 136 reporting.
Patients being admitted to DGFT who are on section 17-leave but DGFT is not aware to report this is highly likely to not be the situation. A Trust screensaver is currently in place to ask staff to report this.
MHA awareness training for all staff in Trust is available weekly. Section 5(2) bite size training is available daily and is pending advertising via communications. The latter is accessed via a QR code and so booking does not need to take place.

Mitigations / Timescales / Blockers

The MHA SOP and policy are to be reviewed at ISB 19.12.24 to consider for proceeding to ratification. This will support a streamlined process for the Trust and support reporting. BCHFT remain in disagreement over some of the identified pathways.

Risk Register

Key Points to Note

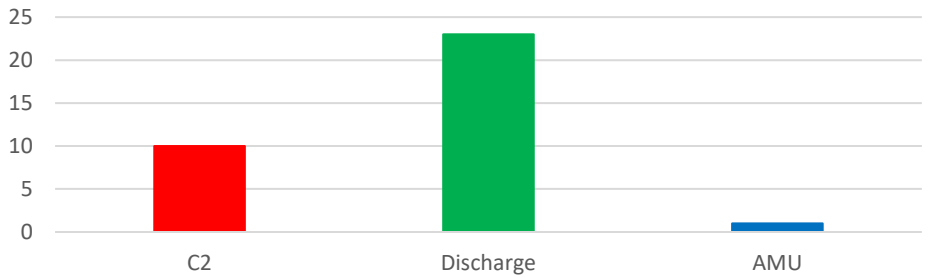
3 of the section 5(2)'s during November were identified to be unlawful due to small errors within the hospital address detailed on the section papers. This has a wider impact on the Trust as patients were unlawfully held against their will and physically restrained on some occasions when staff understood that the patients were held on a section 5(2).

Mental Health - CYP

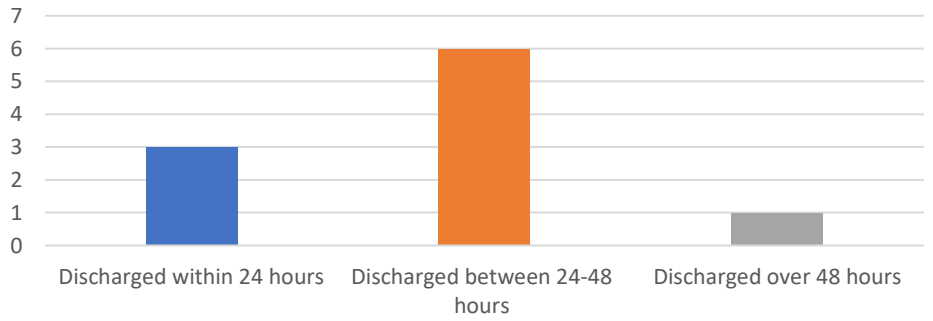
Background

Performance	
Date	November 2024
Trust Performance	A) C2, 10 D/C,23 AMU,1 B)<24,3 24-48, 6 >48, 1
Performance Target / KPI	CQC compliant

Outcome following attendance to ED - November **A**



CYP admitted to C2 and review by CAMHS **B**



What are the charts showing us

During November, 34 children with mental health concerns attended the Trust. Of which, 23 CYP were reviewed within ED. ED were able to discharge 23 of these children when they were medically fit, and did not require admission to the Trust. There were no self-discharges from ED in November, none of the children that attended had any mental health sections in place and/or implemented during their stay. Of the 23 CYP that attended 2 of the children were discharged to other services – one to the Urgent Treatment Centre and the other to be followed up by Barnardo's service.
C2 saw 10 children being admitted following review within paediatric ED. Children discharged within 24 hours of admission equates to 30%. Those discharged between 24-48 hours is 60% and 10% couldn't be discharged until after 48 hours.
All the children that remained on the ward over 24 hours was due to receiving treatment for overdose. They were reviewed by CAMHS when medically fit and discharged home with a follow up appointment.
The children that have been discharged from C2 went to their usual place of residence.

Areas Impacting on Compliance

The past several months has seen an increase in the number of children that have attended the Trust. The Trust usually experiences a slight increase within September due to 'back to school', but this has continued throughout October and November, which showed continuation of the number of CYP attending. One of the influencing factors could be due to the closure of a local out of area hospital, due to a new hospital being built slightly further away. CYP are possibly attending here due to closer proximity then the new hospital. The additional numbers of the out of area children has increased, with an additional 14-15 patients each month.
The number of 16-17 year olds attending has decreased in November compared to the previous month, but 12-13 year old age group has increased. This may be due to mocks being undertaken.

Mitigations / Timescales / Blockers

Risk Register

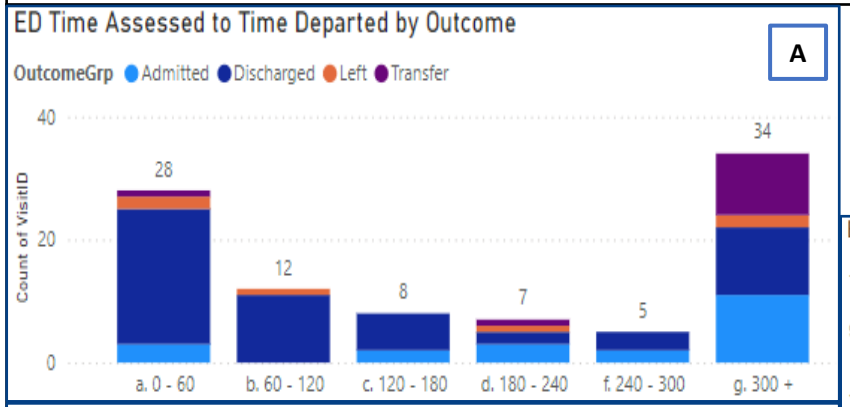
Key Points to Note

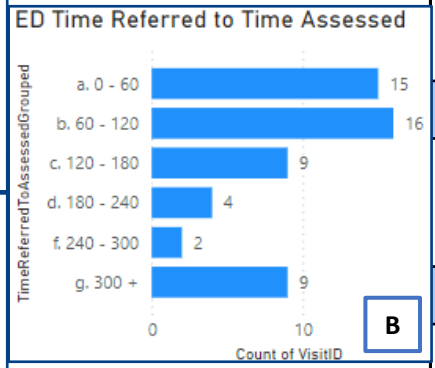
There were no MHA detentions to the Trust and no CYP requiring a tier 4 bed.

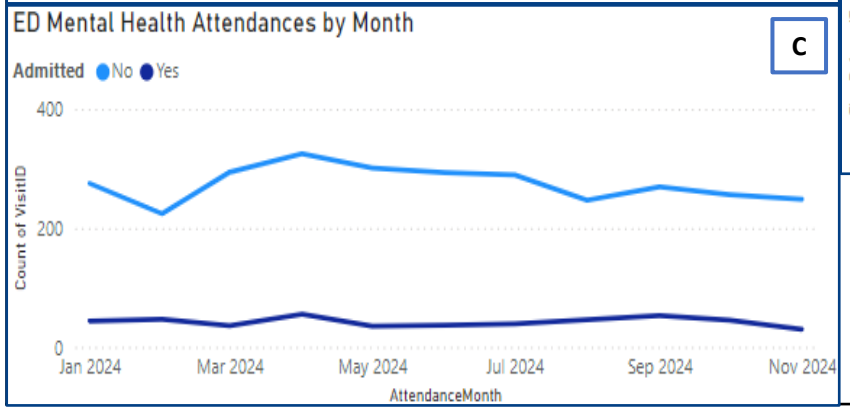
Mental Health - ED

Background

Performance	
Date	November 2024
Trust Performance	A) B) C)
Performance Target / KPI	CQC compliant







What are the charts showing us

During November, ED mental health activity indicates a consistency of patients discharged from ED and a small decline with patients requiring to be admitted to the Trust.
Concerning patients who have mental health needs that are assessed by MHLS and require admission to a mental health unit, 11 patients required admission on an informal basis and 8 required admission under the MHA 1983. These 19 patients would contribute to the increased length of stay in ED before discharge due to waiting for inpatient MH beds.
Reviewing other reasons for MH patients remaining in ED includes requiring medical treatment before MHLS can assess, needing to rule out medical causes before MHLS assess, patients detained under a section 136 and pending an MHA assessment, needing intoxication to pass before assessed by MHLS, delays in referring to MHLS, patient leaving ED and later returning, nowhere for patient to be assessed / stuck in ambulance bay, MHLS medic needing to review patient following nursing assessment to agree to a MH unit admission, other reasons for delay unknown.

Areas Impacting on Compliance

MHLS are contracted to assess patients within 1 hour of referral. Out of 40 patients seen outside of this timeframe, 19 were due to reasons as identified above.

Mitigations / Timescales / Blockers

MHLS accept the referral at the time that they communicate with ED / respond to the bleep.
ED record the time of the referral from the time that they bleep MHLS. However, MHLS may be in another assessment and so will respond when they are able. This will result in longer wait times for MHLS to assess as there are limited staff in MHLS to assess and intercept referrals.

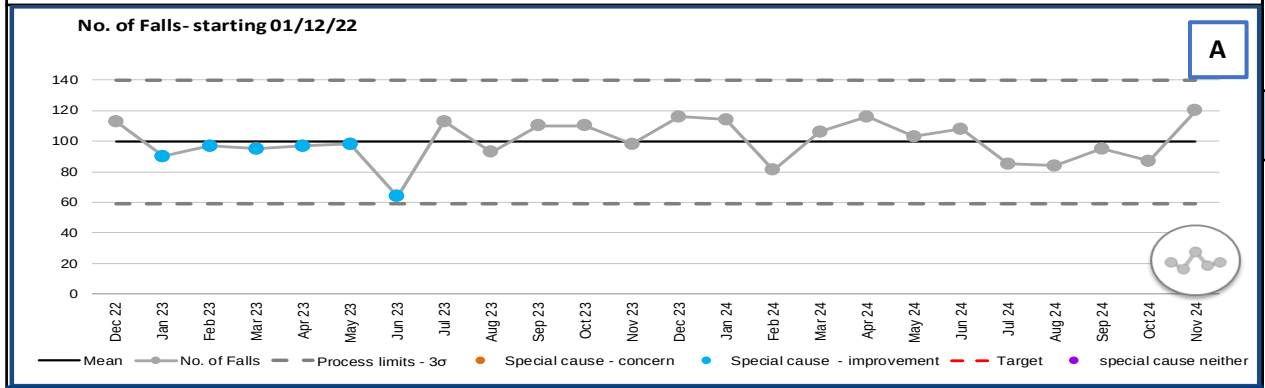
Risk Register

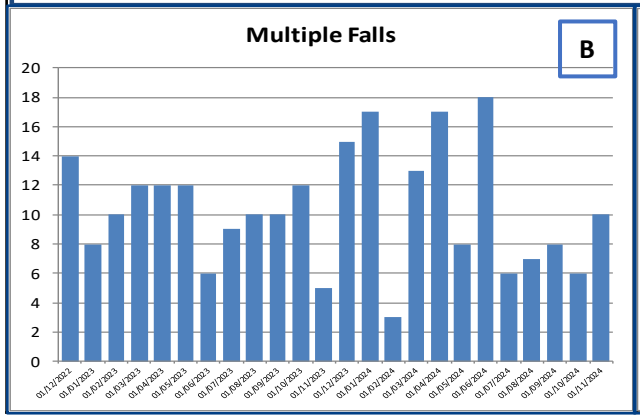
Key Points to Note

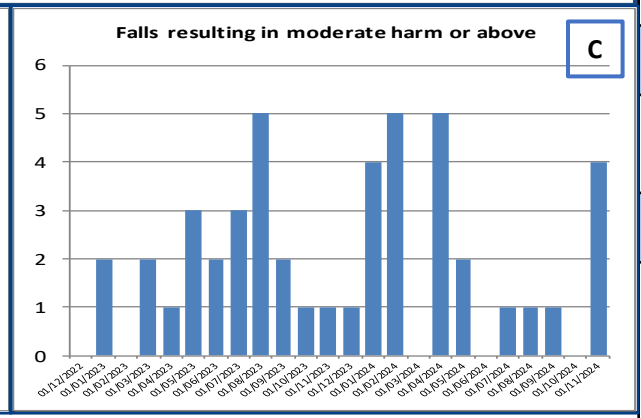
Falls

Background	*Monitoring the number of falls resulting in moderate harm and above allows for progress to be reviewed and learning from incident to be identified. This helps to ensure the most appropriate mitigations are in place to reduce risk of falls and associated injury.*

Performance	
Date	November 2024
Trust Performance	A) 120 B) 10 C) 4
Performance Target / KPI	







What are the charts showing us

The overall number of falls and recurrent falls in November have increased. Similarly, the number of moderate harm falls has increased . The increase in moderate harm and recurrent falls may be linked to increased capacity which may have an impact on staffing levels.

Areas Impacting on Compliance

Additional capacity

Mitigations / Timescales / Blockers

- Ongoing focus support to ward areas with high risk of falls
- Virtual Frailty ward collaborating with inpatient falls to decrease length of stay with patients that are high risk of falls.
- DIP team collaborating with inpatient falls in integrating links with Frailty Network and community partners

Risk Register

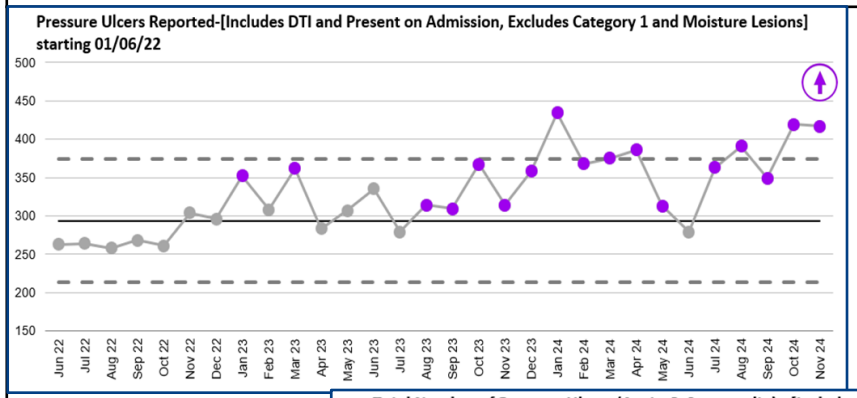
There are no risk related to falls

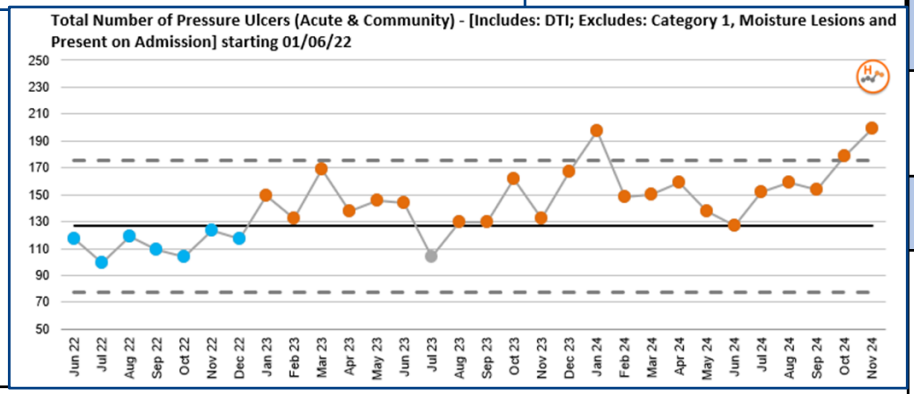
Key Points to Note

Pressure Ulcers

Background	Trend against pressure ulcer prevention performance

Performance	
Date	November 2024
Trust Performance	See chart
Performance Target / KPI	





What are the charts showing us

There were 199 pressure ulcers reported during the period (excludes POA, category 1,2 and moisture lesions). 54 of the reported incidents required a shortened investigation and presentation at the weekly pressure ulcer group. Of the 32 SITs reviewed in November , it was determined by the group that there were 3 low harm and 29 no harm.

.

Areas Impacting on Compliance

Workforce challenges continues with 2wte on LTS . Overall November saw an increase in pressure ulcers reported.

Over recent months there has been an increase in reported pressure ulcers within the community. During the Pressure Ulcer Group weekly review, community advised they no longer undertake equipment checks and all patients had been discharged. A deep dive into patients reported as having a pressure ulcer is being carried out by community to be presented to the Chief Nurse.

Mitigations / Timescales / Blockers

Each reported category 3,4 and unstageable pressure ulcer is reviewed by pressure ulcer group to determine level of harm.
Transition to Purpose T continues.

Risk Register

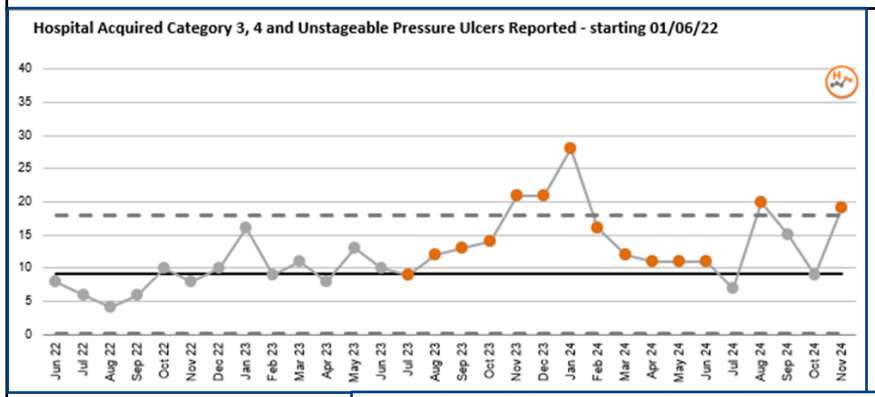
Challenges with workforce to deliver the contract.

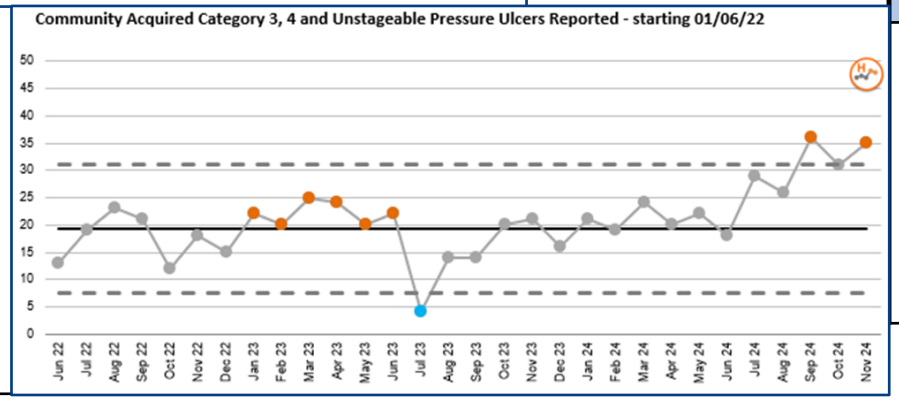
Key Points to Note

Pressure Ulcers

Background	Trend against pressure ulcer prevention performance

Performance	
Date	November 2024
Trust Performance	See chart
Performance Target / KPI	





What are the charts showing us

There is an average of 12.9 days between reporting and review of all category 3,4 and unstageable pressure ulcers.

Areas Impacting on Compliance

Workforce challenges.

Mitigations / Timescales / Blockers

Purpose T being rolled out across the Trust from November 2024.

Risk Register

Challenges with workforce to deliver the contract.

Key Points to Note

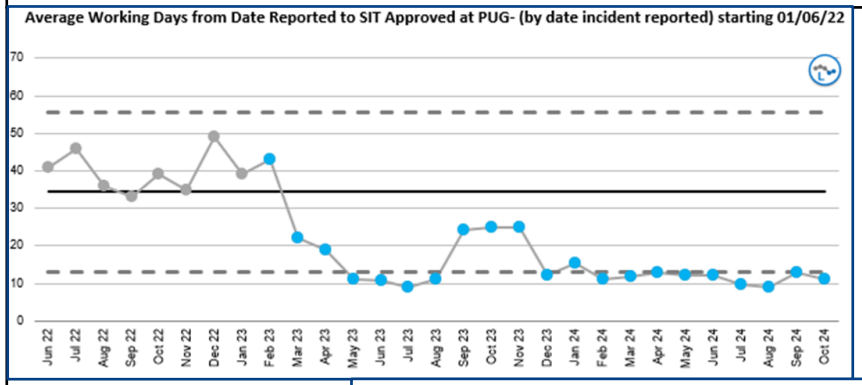
Workforce model continues to be a challenge recorded on the risk register as a 20.
Actions in place to manage equipment spend across the Trust. Seeing a significant increase in the demand for equipment within the community. Aiming to create a managed service by June/July March 2025. This should create some efficiencies whilst allowing our small team of experts to focus on care provision.

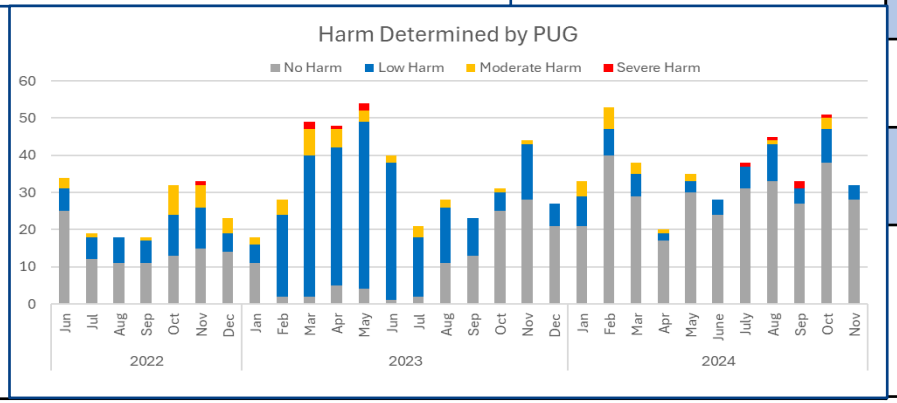
November has seen a significant expenditure against equipment requirements with a 66% increase in expenditure.

Pressure Ulcers

Background	Trend against pressure ulcer prevention performance

Performance	
Date	November 2024
Trust Performance	See chart
Performance Target / KPI	





What are the charts showing us

Detailed overleaf

Areas Impacting on Compliance

Workforce challenges .

Mitigations / Timescales / Blockers

Prioritisation of workload . Model reactive rather than proactive.

Risk Register

Risk identified on risk register remains an overall score 20 .

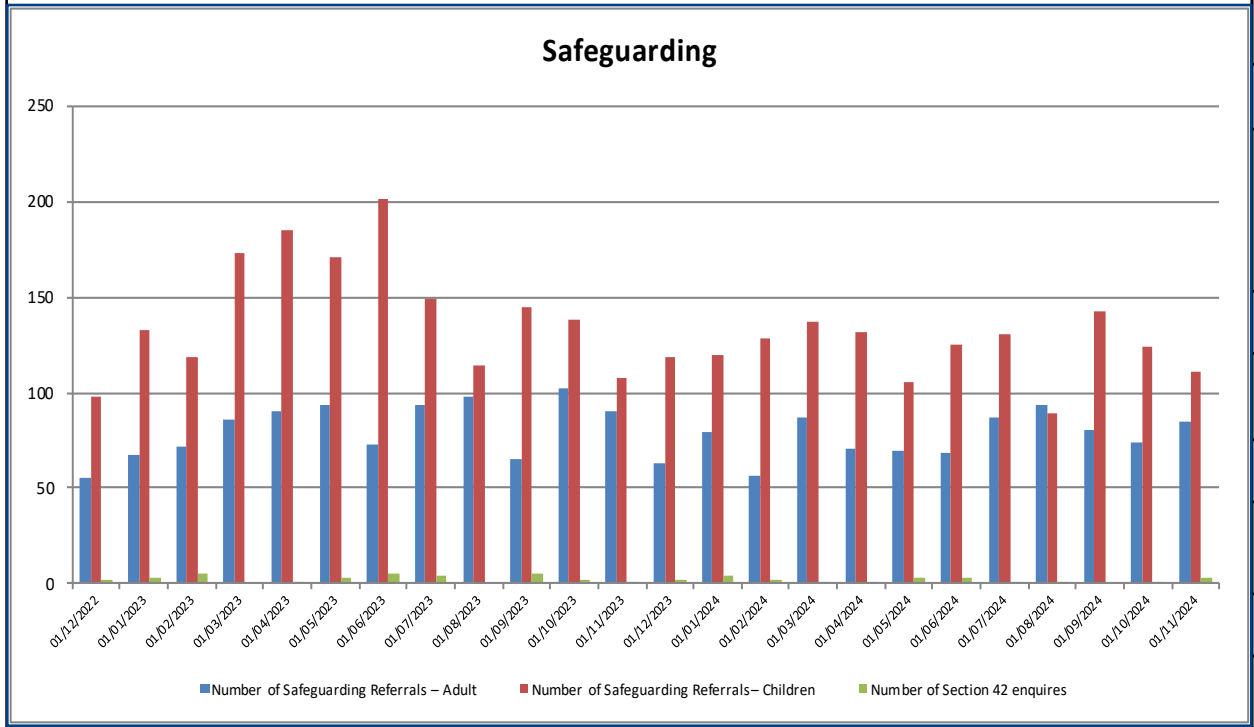
Key Points to Note

As detailed on previous slide

Safeguarding

Background	*The Trust has a statutory duty under the Children Act 1989 and Care Act 2014 to refer any cases of abuse to adults and children to the Local Authority. The Trust also has a statutory duty to undertake section 42 investigations into allegations of abuse within the Trust*

Performance	
Date	November 2024
Trust Performance	Adult) 85 / Children) 111 / Section 42) 3
Performance Target / KPI	



What are the charts showing us

The charts provide information regarding the number of safeguarding referrals for adults and children where staff have recognised potential or actual abuse of adults or children and provides the number of safeguarding enquiries against the Trust regarding standards of our care.

Numbers and themes for safeguarding adults have remained in line with previous month. There are no changes in relation to themes for safeguarding children

There have been 3 S42 enquiry caused to the Trust. Only 1 of the enquiries is in relation to care provided in Trust (neglect) and the other 2 are caused enquiries to CHC in respect of care provided by carer providers funded by CHC. CHC are a service that have been transferred over from CHC. It is likely therefore that we will see an increase in S42 enquiries caused to the Trust.

Areas Impacting on Compliance

Contractual compliance for all levels of safeguarding training is now 85% With the exception of adult level 3 training, all other levels of safeguarding training compliance is now within contractual compliance.

Mitigations / Timescales / Blockers

Risk Register

New risk has been added relating to staff awareness and actions in identifying victims of domestic abuse

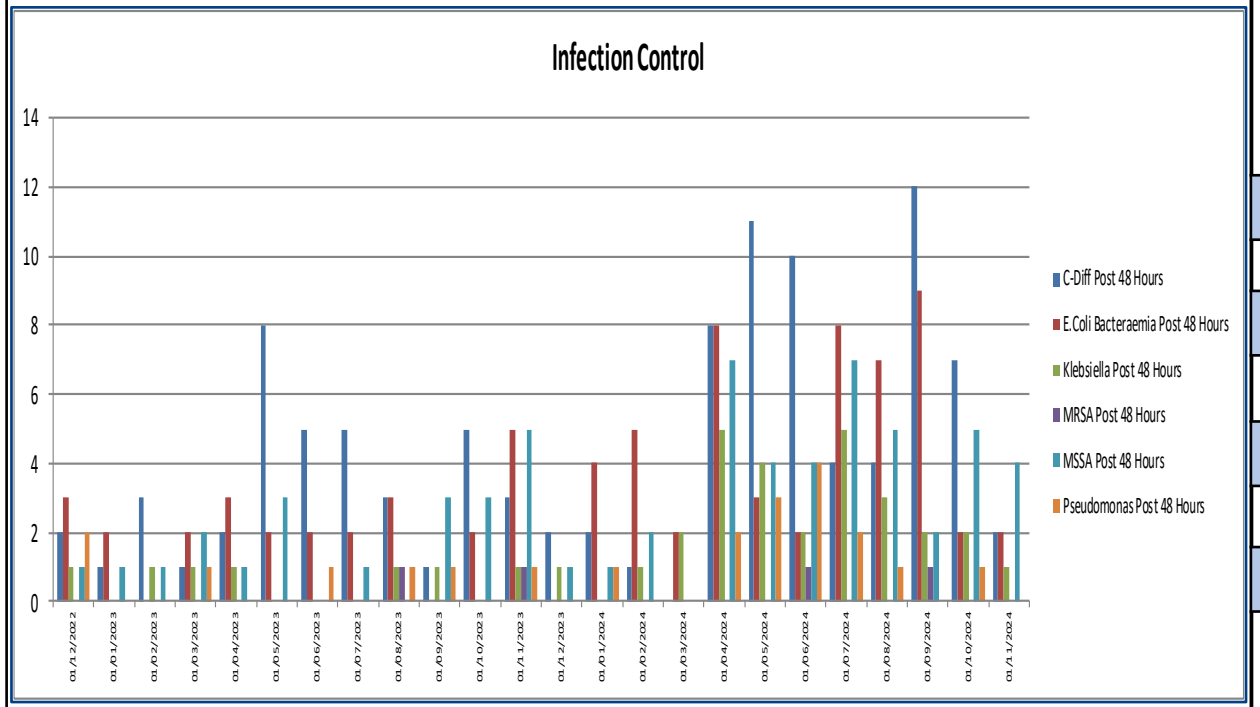
Key Points to Note

There has been an increase in the number of MASH requests for information in November, this reflects the increase demand as a result of transfer of services from DIHC where the safeguarding team are now responsible for provide information to MASH for all GP practices across Dudley

Infection Control

Background	IPC Healthcare Associated Data

Performance	
Date	November 2024
Trust Performance	Threshold reached for MRSA, Kelbsiella and Pseudomonas BSI HCAI infections
Performance Target / KPI	HCAI reportable infections



What are the charts showing us

The Trust has received thresholds from NHSE for 2024 which have been amended below. The Trust has seen an increase in the threshold for CDI but reduction for Klebsiella, E coli and Pseudomonas MRSA bacteraemia remains unchanged and there continues to be no threshold for MSSA.
The trust has reported two COHA MRSA bacteraemia one in June and one is September 2024. Meetings were held, and learning is being disseminated.
The trust has reported 2 HOHA cases of CDI and 3 COHA in November this shows year to date as a total of 61 against a threshold of 73. Threshold increased by NHSE 2rom 42. The trust attends the ICB task and finish CDI group. CDI continues to increase nationally.
2 HOHA and 7 COHA cases of E coli BSI . November shows year to date as a total of 48 against a threshold 75
0 HOHA and 1 COHA cases of Pseudomonas aeruginosa BSI. 5 of the COHA cases relate to one patient. November shows year to date as a total of 14 against a threshold of 12. Threshold reduced from 16. A deep dive into the data has shown no themes or trends.
1 HOHA and 1 COHA cases of Klebsiella spp. BSI. November shows year to date as a total of 23 against a threshold of 19. Threshold reduced from 24
4 HOHA and 0 COHA MSSA bacteraemia cases but there is no threshold set. November shows year to date total of 34.

Areas Impacting on Compliance

The Trust has initiated meetings with PFI partners to review cleanliness standards within the Trust.

Mitigations / Timescales / Blockers

The Trust has adopted the PSIRF response to HCAI looking for themes and trends.

Risk Register

The trust has a risk on the Trust and system risk registers for CPE screening. The Trust has a CPE policy in place.

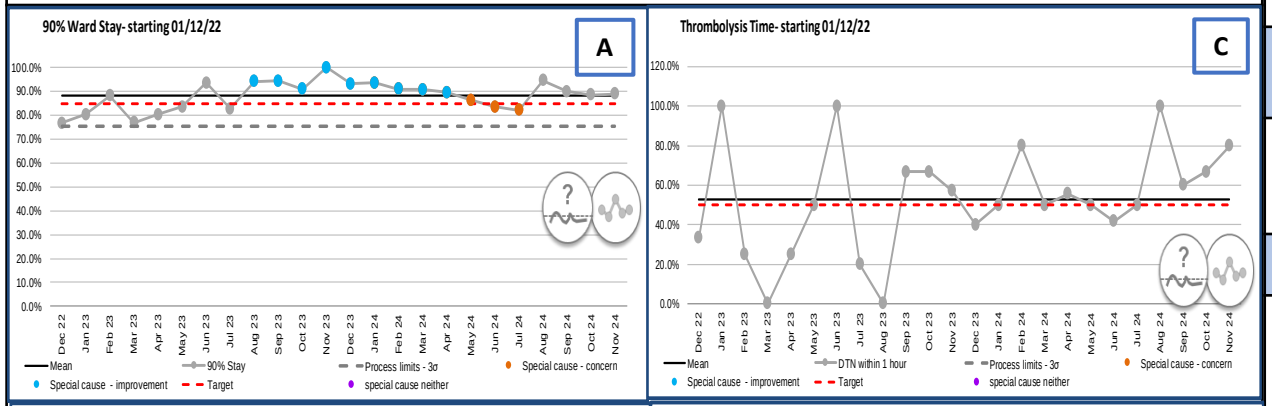
Key Points to Note

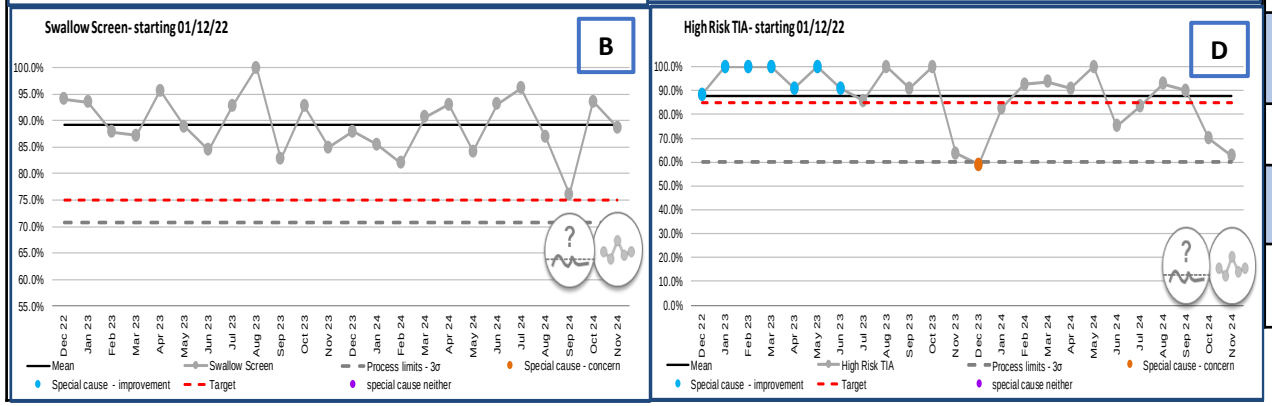
The Trust reported 2 COVID-19 outbreaks.
The Trust reported 1 Norovirus outbreak
Pathways and policies are in place for measles and pertussis following an increase nationally.
Mpox guidance and pathway is in place for both clade 1 and clade 2 cases.
The IPC Team only report on COHA and HOHA other areas including COIA and COCA are reported by the ICB

Stroke (latest month is only provisional)

Background	Progress against National Stroke targets

Performance	
Date	October 2024 / November 2024
Trust Performance	A) 89.1% / B) 88.7% / C) 80.0% / D) 63%
Performance Target / KPI	85% / 70% / 50% / 85%





What are the charts showing us

Chart A, shows that 90% ward stay achieved 88% in October and 89% in November which is compliant with the 85% performance target. Chart B shows that swallow screen performance is compliant with the 70% performance target in both October (95%) and November (89%) and achieved SSNAP level A.
Chart C shows that thrombolysis was compliant with the 50% performance target in both October (62%) and November (80%) and achieved a SSNAP level A. Chart D shows that the HR Tia performance is not compliant in October (75%) or November (63%).
***Data for October and November 24 currently unvalidated.**

Areas Impacting on Compliance

All areas are currently compliant with performance. **Under performance in HR TIA in October (75%) and November (63%) is due to the data not yet being validated; All patients referred for HR TIA are seen within 24 hours as per Stroke guidelines.**

Mitigations / Timescales / Blockers

- DGFT Stroke team are part of the Thrombolysis Acute Stroke Collaborative (TASC) network and will be working together over the next 12 months to identify further improvements that could improve processes to enable DGFT to meet a SSNAP Level A.

Risk Register

Currently on Risk register: 1925 Inability to achieve A rating in SSNAP; aim to achieve SSNAP level A by Q4.

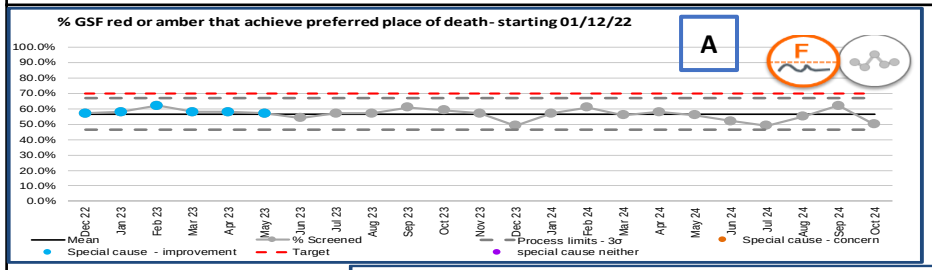
Key Points to Note

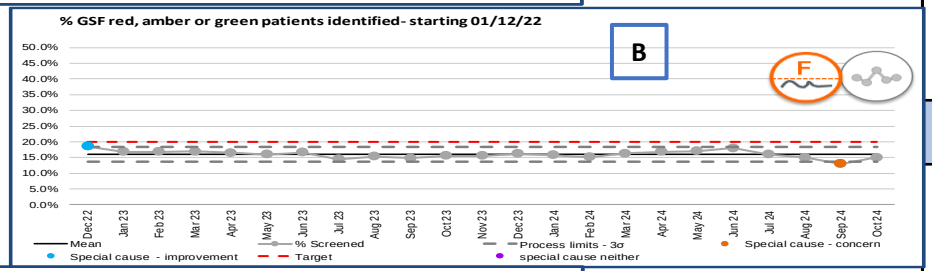
Russell hall hospital is currently 1st out of 9 trusts in comparison to our peers and continued to maintain a SSNAP level B in Q2.

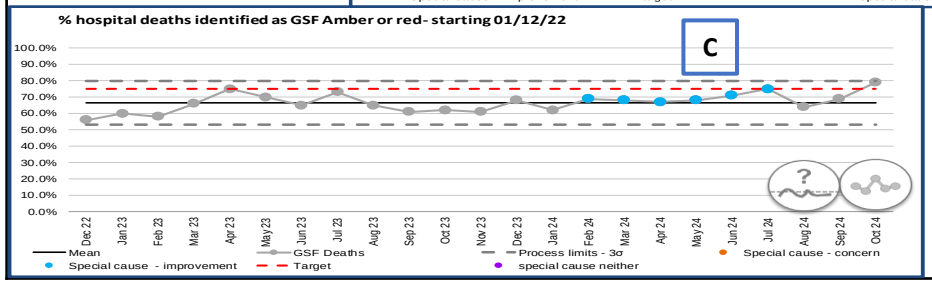
Gold Standards Framework (One Month in Arrears)

Background	KPI based on Nacel and Nice Guidance

Performance	
Date	October 2024 (one month behind)
Trust Performance	A) 50.0%/ B) 15%/ C) 79%
Performance Target / KPI	70%/20%/75%







What are the charts showing us

The identification of GSF patients has seen an increase from September to 15% in October 2024.

Areas Impacting on Compliance

Need for continued education on the wards – time taken for specialist palliative care team

Mitigations / Timescales / Blockers

- GSF bundle on sunrise to replace GSF document – awaiting confirmation from configuration team regarding timeline
- Plan to work collaboratively with the Deterioration and resuscitation practitioner team to support DNACPR discussions and identification of GSF patients – meeting planned
- Specialist palliative care team support all wards regarding GSF identification including reviewing those patients GSF identified on a previous admission

Risk Register

Rapid Discharge added to the risk register as no assurance regarding standards fast track or rapid discharge. Paper regarding metrics produced to add to learning from deaths paper including advance care planning.

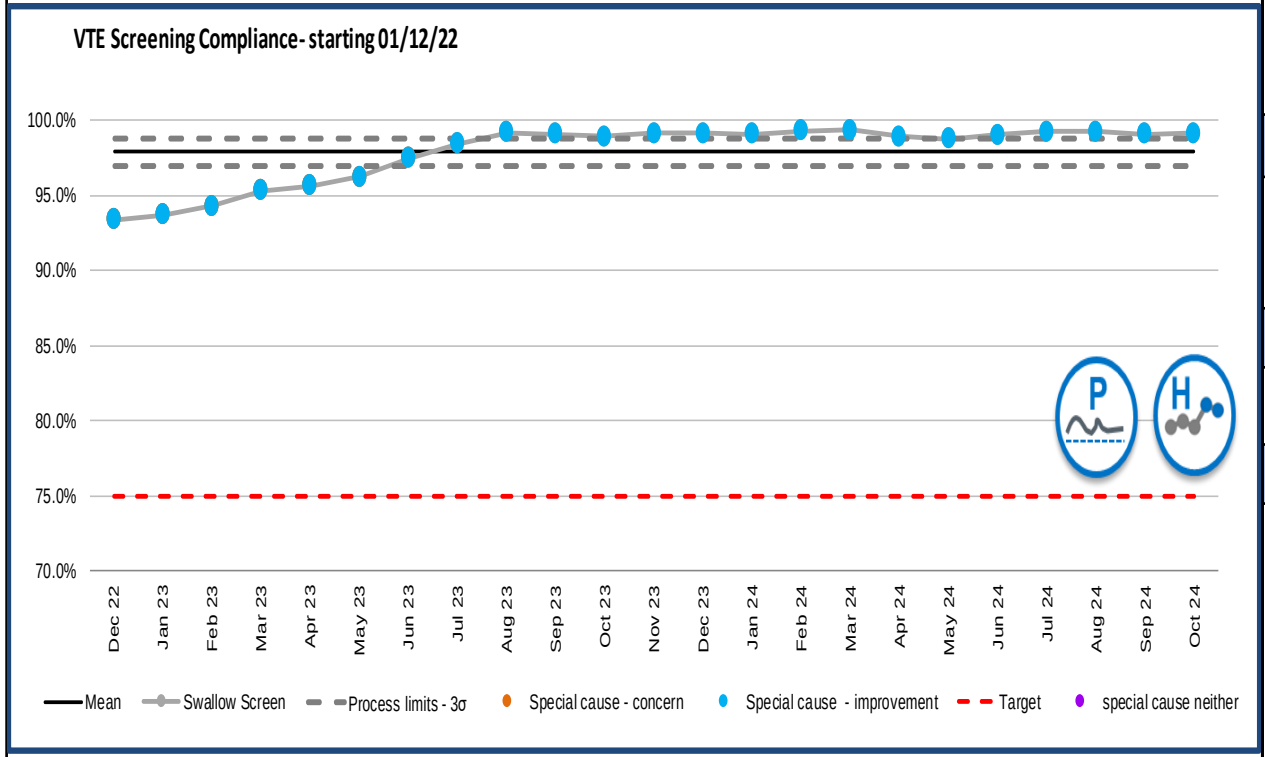
Key Points to Note

Decline in identification of GSF patients
Fast track on the risk register

VTE (One Month in Arrears)

Background	*Achieving required VTE RA target of 95% (first assessment)*

Performance	
Date	October 2024
Trust Performance	99.1%
Performance Target / KPI	95%



What are the charts showing us

Forcing function within Sunrise now in place

Hospital associated thrombosis (HAT)

Positive scans are identified & cross referenced with admission system to identify if associated with hospital admission.
cases of Hospital associated VTE (HAT) identified from radiology data
April 2024- 31/08/2024 - 82 cases of Hospital associated thrombosis 14 cases potentially preventable
Main themes identified

- Missed/not signed for doses (inappropriate omissions)
- Delays in/failure to prescribe prophylaxis following risk assessment
- Inappropriate risk assessment (e.g. identified incorrectly as not significant risk) and no review undertaken of risk assessment

Thematic review being undertaken biannually to identify common issues and action plan to address

Mitigations / Timescales / Blockers

- All radiological data for VTE reviewed for potential HAT. Investigation undertaken same week where possible
- Where issues identified reported back to responsible team to investigate further and implement actions. If no response team recontacted re outcome
- Where significant issue/harm identified Patient safety team contacted to review whether requires discussion at the Incident Decision and Learning Group.

Risk Register

*P*otential risk - risk must be owned by each clinical division to ensure that where cases of potentially preventable HAT are identified that they implement mitigations locally to reduce risk of recurrence

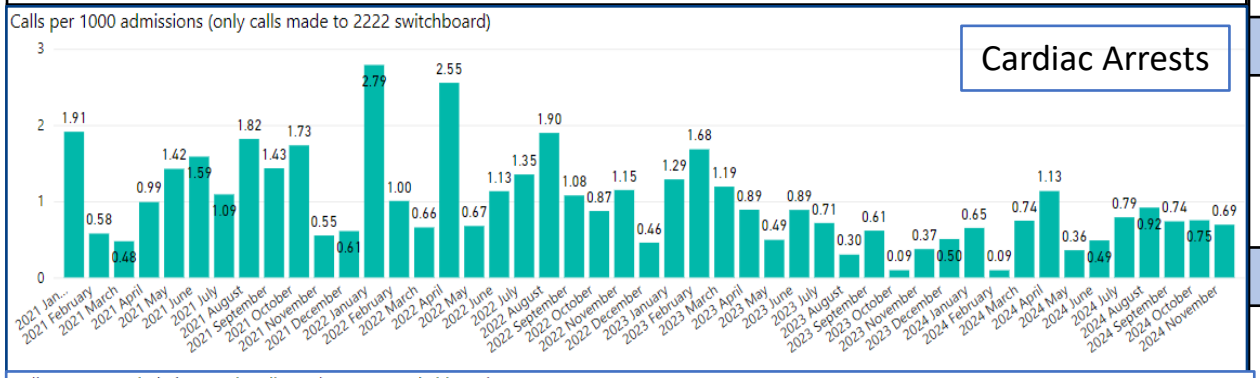
Key Points to Note

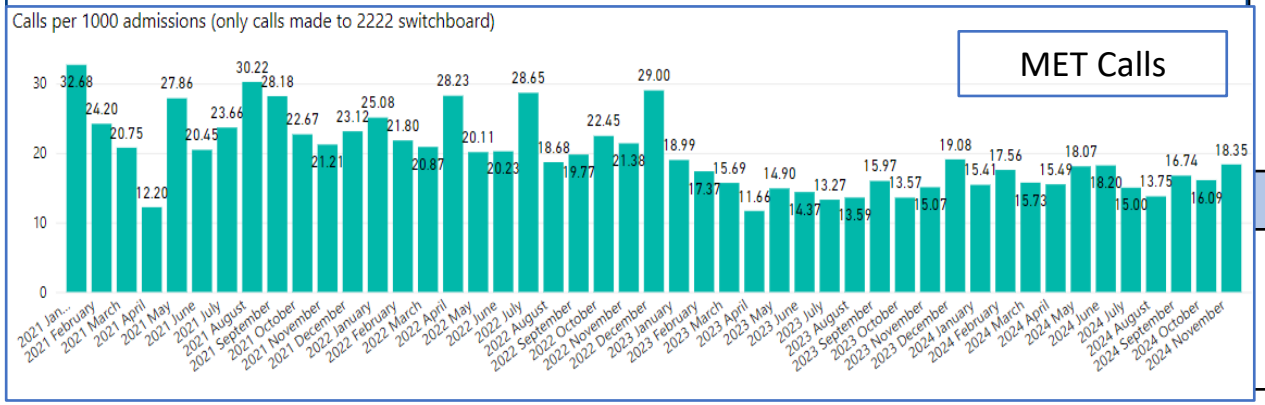
- All incidents of hospital associated thrombosis reported on Datix
- Where issues identified reported back to responsible team to investigate further and action
- Patient safety team contacted and asked to review whether requires discussion at WMOH
- Concerns raised at Thrombosis Group meeting at how incidents in Datix are graded
- Thematic review being undertaken biannually to identify common issues and develop actions to address
- Work being undertaken to develop metrics to monitor progress with HAT
- The previous cases of possible harm following a delay in assessment previously reported, a report will be submitted to risk and assurance in November 2024.

Cardiac Arrests / MET Calls

Background	Medical emergency calls and cardiac arrests per 1000 admissions **(data is pre-validation by National Cardiac Arrest Audit)**

Performance	
Date	November 2024
Trust Performance	Cardiac arrests 0.69 /MET calls 18.35
Performance Target / KPI	N/A





What are the charts showing us

November shows an increase in total 2222 calls across the organisation per 1000 admissions, this it potentially due to an increase in patients above the usual clinical capacity in some areas causing potential delays in recognition of deterioration as compliance with timely vital signs is also decreased for the same month.

Areas Impacting on Compliance

An increase from 42.62% (1457 inpatients) to 44.83% (of 1421 patients) had a documented treatment, escalation & resuscitation plan (TERP) in November, of which 86% of the documents contained DNACPR decisions (39% of all inpatients) and 13% were for full active treatment (6% of all inpatients).

Mitigations / Timescales / Blockers

- 44% of patients triggering on the deteriorating patient pathway (DPP) received a senior clinical review within 60 mins of trigger in October a decrease from October which was 49%. MET calls receive an immediate review by the medical registrar on calls within 5 minutes of the 2222 call being placed on the RHH site.
- 19% of patients triggering on the DPP received a TERP as a result of the review at the point of deterioration.

Risk Register

- UC2350 Due to a lack of nursing presence to undertake visual observations in the front waiting room (Emergency Department) this could lead to a failure to recognise a deteriorating patient and potentially result in patient harm
- ASM2413 A potential patient safety risk associated with a lack of assurance that observations are completed on time and with the correct process for compliance with the deteriorating patient policy.

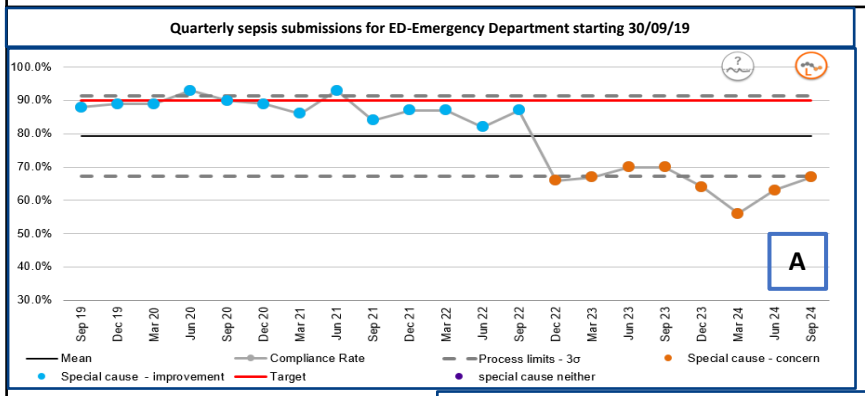
Key Points to Note

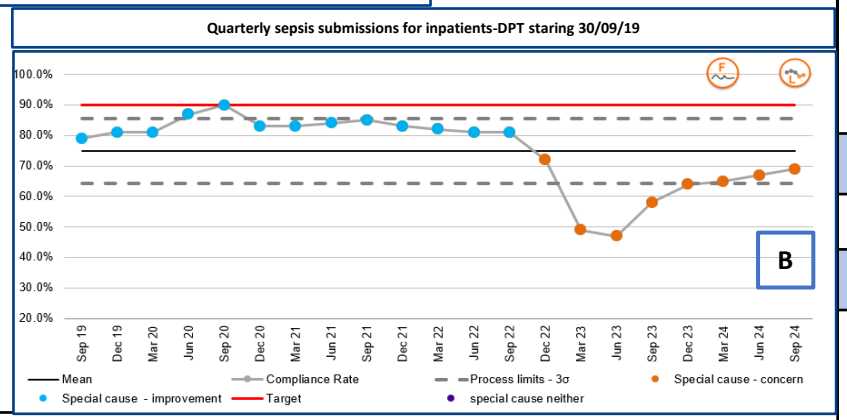
- More robust plans (with instructions of who to escalate to & when) are required by parent teams to reduce 2222 calls as 19% of triggers resulted in a TERP document.
- 4 calls were received in November to the Critical Care Outreach team via call 4 concern regarding Martha's rule (2 calls from relatives, 1 by ward staff & 1 by patient wanting an update from PALS)

Sepsis

Background	Quarterly submissions for compliance with intravenous antibiotic administration within 60 mins of deterioration in patients with suspected sepsis

Performance	
Date	November 2024 (Q2 2024/2025)
Trust Performance	A) 67% B) 69%
Performance Target / KPI	>90%





What are the charts showing us

Quarterly submissions for
A) users presenting to the emergency department who undergo sepsis screening and who, where screening positive, receive IV antibiotic treatment <=1hour of time zero (67%)
B) inpatients who undergo sepsis screening and who, where screening positive, receive IV antibiotic treatment <=1hour of time zero (69%)

Areas Impacting on Compliance

- Timeliness of documentation of vital signs at the point of care can impact on available time to complete the sepsis six
- Delays in documentation of sepsis 6 beyond 4 hours from time zero will result in it being recorded as not done – inpatients have no documented proof for 21% of the antibiotics being administered within 60mins (15 patients).
- Acuity & increased footfall within the ED adversley affects the number of sepsis screening tools completed, as well as the timeliness of the interventions.

Mitigations / Timescales / Blockers

- Bulit in reminders into EPR that recognises the trigger of a deteriorating patient from the early warning scores and activates the deteriorating patient pathway (DPP)
- Countdown timers and icons to remind of time zero and outstanding DPP actions
- Clinical areas report sepsis improvement action plans to divisional governance meeting
- ED sepsis compliance examined monthly by AQUA and benchmarked against other organisations within QI project

Risk Register

COR1015, COR1420, COR1894, COM2386, COM2164, UC2259, ASM2264, ACC2265, ASM2268

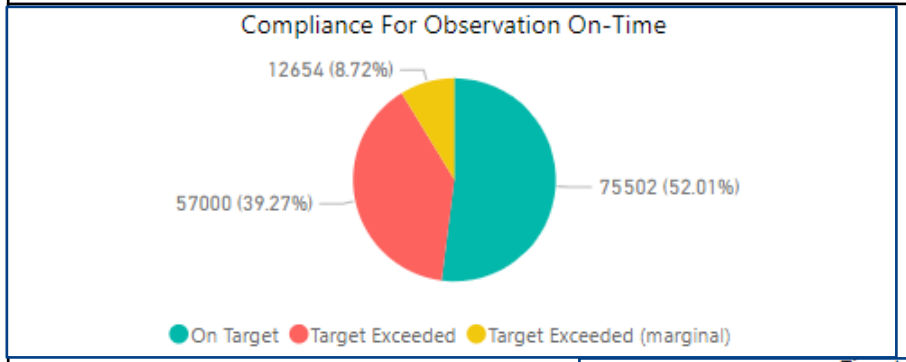
Key Points to Note

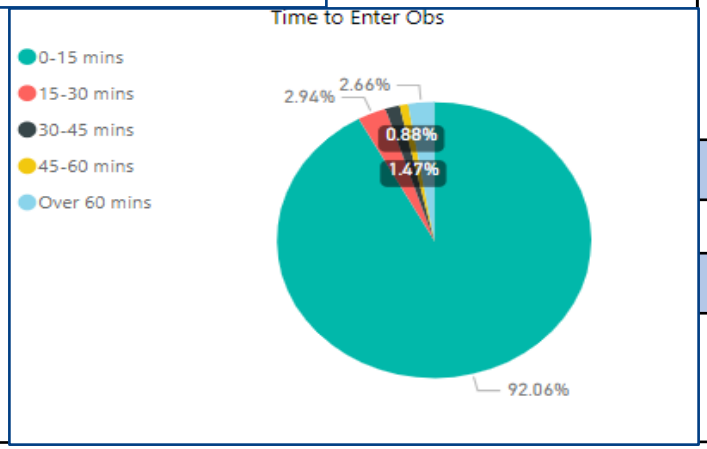
- Sepsis data for both ED & inpatients have displayed an improvement between Q1 & Q2
- Nov data for ED is down from 72% in Oct to 57% (from total 160 patients v 159 patients)
- Nov data for inpatients is up to 64% from 60% in Oct (from total 53 patients in Oct v 72 in Nov)

Vital Signs Compliance

Background	Vital signs should be documented at the point of care (within 6 mins of recording) and frequency according to risk level from early warning score (EWS)

Performance	
Date	November 2024
Trust Performance	52.01% on time/92.06% in 0-15mins
Performance Target / KPI	Vital signs recorded on time(via EWS risk level)





What are the charts showing us

Frequency of vital signs recordings are mandated by the clinical risk determined by the appropriate early warning score (NEWS2 = adults, NPEWS = paediatrics, MEOWS = maternal patients, [NNEWS = neonatal – not on EPR]).
The compliance for observations (vital signs) on time demonstrates a decline in compliance 53.13% to 52.01% of all vital signs recorded in the past 4 weeks.
2.66% of vital signs have been documented over 60minutes after they have been recorded

Areas Impacting on Compliance

- An increase in acuity across the trust.
- Increased number of patients in addition to usual ward capacity at regular intervals in past 4/52.
- Reduced staffing (impacted by seasonal illnesses) increases use of staff not normally working within those areas.
- With additional clinical areas open, IT resources are in higher demand than availability leading to staff writing vital signs on paper and charting late.

Mitigations / Timescales / Blockers

- Countdown timer on tracking board to when next vital signs are due & timer flashes amber when vital signs are due in next 15 minutes
- Frequency of vital signs are individualised according to the patient's early warning score.
- Nurse in charge and lead nurses checking compliance in each area

Risk Register

ASM2413, UC2350

Key Points to Note

- Times of high acuity across the organisation adversley impacts the timeliness of vital signs being recorded.
- 92.06% of vital signs are documented within 15mins of recording.
- Wellness questions for Martha's rule are included within the vital signs.

Quality KPI Dashboard

Background

Performance	
Date	November 2024
Trust Performance	RAG: **Red <85%; Amber 85.1 - 94%**; **Green 94.1% +**
Performance Target / KPI	N/A

	Jun	Jul	Aug	Sep	Oct	Nov
Tissue Viability SKIN audit (CQUIN 12)	98.0%	97.4%	96.6%	96.7%	97.1%	96.5%
Hand Hygiene '5 moments' audit (v2)	97.6%	97.8%	98.7%	98.4%	98.5%	98.8%
Hand Hygiene Environment Audit	98.0%	98.5%	98.8%	99.1%	98.9%	99.0%
Matron In Patient Audit	89.5%	91.9%	91.0%	84.0%	86.3%	87.3%
Matron Audit - Out Patient Areas	N/A	90.4%	93.3%	94.2%	95.5%	96.7%
Standard of Documentation Audit	97.0%	97.4%	97.5%	97.7%	97.6%	97.5%
Lead Nurse In Patient Audit	94.1%	95.0%	92.7%	92.5%	93.9%	91.7%

What are the charts showing us

- Sustained green RAG rating in most priority 1 audits.
- Matron Inpatient audit progressing steadily towards required standard.
- The new Lead Nurse inpatient audit for November showed the expected deterioration in compliance but remains within amber RAG rating.

Areas Impacting on Compliance

- Matron audit: Compliance with mandatory training; sepsis screening; admin of IV antibiotics for sepsis within 1 hour; open Datix incidents that should have been closed.
- Lead Nurse inpatient audit: updated proforma looking at other aspects of care. Issues noted: MUST scores and lying and standing BP not completed on admission; cannula VIP scores not completed as expected.

Mitigations / Timescales / Blockers

- Matrons and lead nurses have action plans in place to address shortfalls.
- The Lead Nurse inpatient audit was reviewed by the Matrons and Divisional Chief Nurses. A new question proforma commenced November 2024 that saw compliance scores fall slightly.
- IV antibiotic admin within 1 hour of identifying need is dependent on doctors prescribing in a timely manner.

Risk Register

- Nil reported

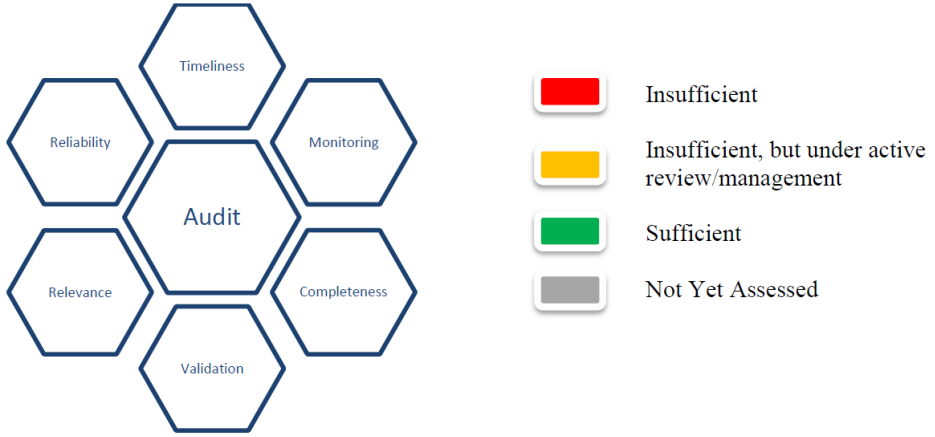
Key Points to Note

- Nursing dashboard, to include all relevant nursing quality metrics, is now live.
- Lead Nurse audit is a new question template for November 2024, with additional areas identified for monitoring by the Lead Nurse and Matrons being assessed.

Kitemark Explanation

Element	Definition
Timeliness	The time taken between the end of the data period and when the information can be produced and reviewed. The acceptable data lag will be different for different performance indicators. Data should be captured as quickly as possible after the event or activity and must be available for the intended use within a reasonable time period. Data must be available quickly and frequently enough to support information needs and to influence the appropriate level of service or management decisions.
Monitoring	The degree to which the trust can drill down into data in order to review and understand operational performance. The level to which the trust needs to drill down into the data will vary for different performance indicators. Some information should always be available at patient level for performance monitoring purposes. Whereas some information may be sufficient if it is available at speciality level for all specialties or even trust level for performance monitoring purposes
Completeness	The extent to which all of the expected attributes of the data are populated but also the extent to which all of the records for the relevant population are provided.
Validation	The extent to which the data has been validated to ensure it is accurate and in compliance with relevant requirements. For example, correct application of rules and definitions. The level of validation required will vary from indicator-to-indicator and will depend on the level of data quality risk. Final validation is classified as sufficient where validation has been completed and where the indicator has received final approval from responsible individuals.
Audit	The extent to which the integrity of data (completeness, accuracy, validity, reliability, relevance, and timeliness) has been audited by someone independent of the KPI owner (for example, Internal Audit, External Audit, Clinical Audit or Peer Review) and the extent to which the assurance provided from the audit is positive.

Element	Definition
Reliability	The extent to which the data is generated by a computerised system, with automated IT controls, or a manual process. It also relates to the degree of documentation outlining the data flow, i.e. documented process with controls and data flows mapped. Data should reflect stable and consistent data collection processes across collection points and over time, whether using manual or computer-based systems or a combination. Managers and stakeholders should be confident that progress toward performance targets reflects real changes rather than variations in data collection approaches or methods.
Relevance	The extent to which the data is captured for the purposes for which it is used. This entails periodic review of the selection of key performance indicators to reflect changing needs, such as new strategic objectives. For example, is this indicator the right indicator by which to measure performance against a strategic objective. Strategic objectives will be defined within the scoping document for proposed new measures.



Click HERE for full kitemark explanation & policy

THE DUDLEY GROUP NHS FOUNDATION TRUST
BUSINESS CASE PROFORMA

REFERENCE NUMBER: 2324/015

1. TITLE OF BUSINESS CASE: Neonatal Nurse Staffing Expansion

2. PROPOSAL FROM:

Nicola Thompson Deputy Matron, Critical Care/Neonates
Karen Anderson Head of Children's Services

3. EXECUTIVE SUMMARY

The Directorate requests support for the expansion of the nurse establishment for the neonatal unit at The Dudley Group NHS Foundation Trust (the Trust). Financial investment is required to enable the appointment of:

- Staffing in line with British Association of Perinatal Medicine (BAPM) nurse staffing guidance for commissioned cots as required by the West Midlands Neonatal Operational Delivery Network and Maternity Incentive Scheme

- Throughout the paper percentage occupancies are used within the options. There is differing opinion over the meaning of these percentages and therefore clarity has been gained by meeting across the system to ensure that all Trusts are measuring in the same way. It is important that the staffing levels meet the BAPM standards, and this paper assumes that they are met in all options. The percentages relate to the occupancy level at which the NNU would be able to operate at within the funding envelope provided without breaching the standards. BAPM and the LMNS suggest that the unit should be funded to 100% occupancy to allow for an admitting space to be available at all times and available bedspaces not closed due to staffing constraints. A review of Trusts across the system discussed in detail later in the paper, highlights that our peers have funded to 90% occupancy in the main with an understanding that there may be a requirement for usage of bank staff in periods of full occupancy or a need to deviate from the agreed BAPM standards.

- Senior Nurse leadership (Band 7 Shift lead each shift 24/7) to allow for clinical oversight

To substantiate the current expenditure in workforce addresses:

1. The preferred option within the case would meet 90% occupancy levels. To fully ensure that peaks in activity can be managed without an adverse effect on outcomes, mortality and morbidity (The Neonatal Workforce Tool, 2020) the option to staff to 100% would need to be considered. The proposed staffing ratios are based on commissioned cots and equates to 8.25 cot side nurses (inclusive of transitional care situated within maternity's footprint but staffed by NNU).

2. The Trust previously had a stabilised and adjusted neonatal mortality of 1.29 deaths per 1000 live births; 5% higher than average for similar Trusts. This has been addressed

through robust review and challenge using the Perinatal Mortality Review Tool (PMRT) where it was recognised that challenges with the neonatal staffing, contributed to the ability to deliver high quality care to babies.

3. Significant progress has been made over the past year, and we are now a positive outlier in both the Black Country and West Midlands, with an average neonatal death rate, and a below national average stillbirth rate.

4. Concerns raised by staff in listening events on 26/28th June 2023. Concerns include staffing levels, nursing ratios, lack of being heard and a high turnover rate (senior staff leaving). Between the start of 2023 and the beginning of July when the new leadership team came into post, 3.68WTE Band 6s and 3.96WTE experienced Band 5s had resigned from the neonatal unit. This equated to 23% of the established workforce.

5. There were 2 serious incidents for the service relating to patient safety in early 2023. With the proposed new workforce model, there has been a reduction in the number of reported incidents with harm within the service.

6. To allow for professional development, succession planning and a stable workforce.

7. The proposed staffing establishments would always support a supernumerary nurse in charge as outlined by BAPM (2022), with the preferred establishment of 10 RNs per shift supporting 100% occupancy and 9 RNs per shift supporting 90% occupancy.

8. Band 7 non-clinical time, over and above the delivery of direct care is to include clinical governance, leadership, training and education, research, safeguarding and family integrated care (BAPM 2022) and any other quality role as required to meet the National Critical Care Recommendations.

9. Staff wellbeing, development opportunities and retention.

Financial investment required for:

i. 80% is £603k.
ii. 90% is £885k *Preferred Option – Current Trust expenditure is at this level*
iii. 100% is £1.17m.
iv. 90% + funds for staffing above 90% occupancy is £1.07.

The 2023 annual report demonstrates that, on average, the unit has been at 90% occupancy (inclusive of transitional care) throughout the past year, and staffing to this as a minimum will help ensure the appropriate and safe staffing ratios as per BAPM standards. However, as this is still below the requirements outlined in the Neonatal Workforce Tool. Committing to an establishment below this, would lead to a significant risk and inability to consistently provide safe and effective care, and will result in an increase in bank spend to meet the BAPM standards based on acuity.

The new nursing leadership undertook an initial staffing review, and it is evident over the past year that the improved staffing ratios have contributed to a reduction in incidents and complaints, there has been a significant improvement in morbidity and mortality data, a positive peer review and improved staff satisfaction. This recruitment however was above the funded establishment to ensure that the Trust is compliant with meeting the BAPM

standards and is driving the current overspend. The 24/7 Band 7 cover that was introduced in September 2023 also utilised alternative funding streams that need to be replaced.

Following the concerns raised both internally and externally the Trust Executive supported a workforce increase immediately to address some of the challenges. Initially the unit was able to staff to a 90% occupancy level however with maternity leave and staff that have moved on to new roles both inside and outside of the unit the substantive staffing level is currently at approximately 80-85% with bank support being utilised to reach the 90%. Whilst this case is requesting a large financial investment it is important to recognise that this financial request is already being spent on staffing within the NNU. If Option 2 is supported with a 90% occupancy level this will be to put the spend into the budget for the unit but the run rate will remain unchanged.

It is recognised that there is a disparity across the units within the West Midlands Neonatal Network (WMNODN), as to how transitional care is modelled; sitting under maternity for some Trusts and/or as a separate workforce. However, at DGFT this needs to be factored into the NNU staffing establishment, as the current model has proven particularly successful in supporting our reduction of term admissions due to our ability to flex the staffing and cots within transitional care.

4. CASE FOR CHANGE

The Neonatal Unit at DGFT is designated as a Local Neonatal Unit (LNU) (formerly known as a Level 2 Unit): The Unit provides Special Care (SC) and high dependency (HD) care together with a restricted volume of intensive care (IC). Babies predicted to require complex or longer-term IC would be transferred to a NICU, ideally in utero.

b. Cot numbers and staffing requirements

The unit's cot numbers are agreed at network level as that appropriate for the needs of the maternity catchment and for its function as a referral unit. There is an expectation that units should be able function at approximately 80% occupancy, however the staffing establishment should meet the commissioned cot requirement to ensure that these cots are safely staffed and open to accommodate admissions and frequent fluctuations in patient acuity.

Designation	**Cots**
Intensive Care (IC)	3
High Dependency (HD)	2
Special Care (SC)	13
Total	**18**
Transitional Care (TC)	4

Neonatal unit staffing is subject to national recommendations as outlined below and compliance with nurse staffing guidance for the delivery of direct care (BAPM 2022), forms part of the assessment framework for CQC inspections in relation to Neonatal Core Services (BAPM 2022, DOH 2009).

The chances of survival of the smallest and most preterm babies relates not only to nurse staffing ratios but also to the specialist levels of education and experience of nurses delivering care. The guidance states that the minimum nurse to baby ratios should be:

- 1:1 for babies receiving intensive care (QIS (Qualified in Specialty) nurses only). This nurse should have no other managerial responsibilities during the time of clinical care

but may be involved in the support of a less experienced nurse working alongside them in caring for the same baby,

- 1:2 for high dependency care (QIS nurses either directly delivering care or supervising registered nurses) babies may be cared for by registered nurses not QIS, but who are under the direct supervision and responsibility of a neonatal nurse QIS.

- 1:4 for special care. Registered nurses and non-registered clinical staff may care for these babies under the direct supervision and responsibility of a neonatal nurse QIS. Staffing in SC must be sufficient to ensure that discharge is properly planned and organised, including adequate support for parents

- 1:4 for transitional care. Non-registered clinical staff may care for these babies under the direct supervision and responsibility of a registered nurse or midwife. Staffing in transitional care must be sufficient to ensure support for parents with all care for their baby including enteral tube feeding, low flow oxygen administration and any other additional needs.

The neonatal unit has been under a significant amount of scrutiny over the past eighteen months. This is multifactorial and has included clinical incidents in relation to stabilisation and transfer of babies, mortality rates and nurse staffing/QIS numbers. To provide assurance, there were twice weekly 'health checks' with the Neonatal network and a fortnightly support meeting to review trajectory assurances. NHSE are also currently undertaking a workforce review within the Midlands to identify current workforce gaps in achieving BAPM staffing guidance as per NCCR recommendations.

The unit reports its daily compliance regarding nurse staffing levels based on acuity and QIS qualification to the Network. Previously DGFT failed to meet BAPM compliance routinely, and the WMNODN raised this as a concern. Whilst this still occurs on occasion due to fluctuation in acuity, the frequency of this is far less, and we are able to support the wider network through the appropriate and timely repatriation of babies.

The table below demonstrates a snapshot of acuity in the NNU from April 24 - August 24. This shows that despite the funded establishment currently sitting at 80% BAPM, meaning only 80% of shifts meet the appropriate safe staffing ratios. This in part has been impacted by a significant investment in training staff to undertake their QIS course as this was highlighted as a significant concern. At present, 39% of shifts meet this skillset requirement despite ongoing improvements. There has been recent guidance from the WMNODN which states that the QIS course requirements are currently under review, and changes are likely to include an increase in supernumerary hours to 150hours per student.

Over this period, it suggests that there is an average requirement for 8.18 RNs per shift (7.18 +1 as TC is excluded from the data below). Only staffing to 8RNs would mean the NIC would need to care for one of the special care babies and would no longer be supernumerary. The delivery of appropriate clinical care would only be safeguarded with a minimum of 9RNs per shift.

LocationName	NNU_UnitLevel	% Shifts Staffed To BAPM Recommendations	%Shifts QIS To Toolkit	% Shifts With Team leader	% Nursing shifts covered by Bank	Avg nurses on shift	Avg nurses required on shift	Avg (Mean) variance from BAPM compliance	Avg (Median) variance from BAPM compliance	Additional nurse shifts need to make all shifts BAPM compliant
Russells Hall Hospital	2	80.46	39.07	87.75	16.45	8.31	7.18	1.13	1.1	56.0

Based on the current guidance, the nurse staffing establishment should be calculated using BAPM standards; calculated based on an average 80% occupancy but should also include:

- A designated lead nurse / midwife to be responsible for clinical and professional leadership and management of the service, working with the lead consultant

- A nursing co-ordinator on every shift in addition to those providing direct clinical care
- A minimum of 70% (SC) and 80% (HD, IC) of workforce establishment holding an NMC registration
- A minimum of 70% of the registered nursing and midwifery workforce establishment hold an accredited post-registration qualification (QIS). (The unit is currently at 45% QIS trained).
- Units always have a minimum of 2 registered nurses / midwives on duty, of which at least one is QIS

Neonatal care, in common with other forms of unscheduled care, varies enormously in nursing acuity hour by hour. By consistently staffing to the commissioned cots, times of surge capacity, requiring additional bank staff support, will be infrequent. If staffing falls below this level, it could lead to more frequent surges, a higher reliance on temporary workers, and an increased risk of not meeting BAPM staffing ratios. This could lead to delayed or inconsistent care with staff unable to provide timely medical interventions, a reduced quality of care, an increase in risk of adverse outcomes and high stress and workload for staff, increasing the risk of burnout.

Within the Neonatal Workforce Tool (2020) it clearly states that unit nurse staffing should be established to 100% to ensure that peaks in activity can be managed without an adverse effect on outcomes, mortality and morbidity.

The majority of admissions to the neonatal unit will initially require 1:1 nursing care, and staffing to a reduced proportion of the commissioned capacity impedes the ability to ensure safe and appropriate nursing ratios for these admissions.

Investment in education has been recognised to be key in addressing not only QIS numbers, but in ensuring overall quality and safety for the unit. Staffing to commissioned cots rather than averaged demand trends, also allows for the development of the team through additional training opportunities for the junior workforce during periods of lower acuity. To enhance the NNU workforce's experience and skills, we aim to build on the vision of a rotational workforce across the TCAPP directorate, enabling neonatal and critical care teams to support both areas. This approach is essential given the highly specialised skillsets required, which cannot be fully supported by the broader workforce.

There is also a desire from the LMNS to develop a rotational workforce to ensure shared learning following the Ockenden recommendations.

c. Activity

Below is the updated activity data for 2023/24. During this period, the total occupancy for NNU has been at 90%, with the inclusion of transitional care in these calculations. There are also several sustained periods when the unit capacity has exceeded 100%. There is evidence to show that running at higher occupancy levels can impact quality care and outcomes.

The model within DGFT differs from that of other units within the system, as transitional care sits within the NNU workforce rather than under maternity or as an entirely separate workforce. Excluding TC, occupancy sits as expected at approximately 80%.

Average % Occupancy 2023/24					
Month	**IC**	**HD**	**SC**	**TC**	**TOTAL**
Apr	21	173	83	60	**84**
May	30	97	62	63	**63**
Jun	23	123	96	92	**84**
Jul	12	126	90	104	**83**
Aug	49	190	75	84	**100**
Sep	31	192	97	71	**98**
Oct	20	158	78	66	**81**
Nov	34	187	85	78	**96**
Dec	35	215	79	88	**104**
Jan	22	205	75	96	**99**
Feb	12	164	109	133	**104**
Mar	10	165	88	159	**108**
Cot occupancy	**26**	**167**	**83**	**84**	**90**

d. Nursing Roles

BAPM (2022) recommends day to day management of nursing care provision on NNUs should be undertaken by a senior nurse (generally Band 7 level) who has no clinical commitment during the shift (often referred to as the shift coordinator). This role is required to support other nurses during periods when additional workload impacts on their bedside caring time, e.g., during the acute period of admissions or the internal and external transfer of babies, and to maintain oversight of the day-to-day management of quality care and capacity. There is also an expectation that a neonatal nurse attends emergencies on the delivery suite; this can mean that the supervisory nurse in charge is off the unit for prolonged periods of time.

The model utilised within adult critical care has been adopted for the neonatal unit, with 24/7 supernumerary Band 7 clinical nurse leadership, rather than one dedicated lead nurse. This was initially supported by ANNP funding. This model allows each clinical band 7 to have job planned, non-clinical time, to lead on quality initiatives whilst continuing to strive to achieve Neonatal Critical Care Recommendations and ensures that there is a ‘helicopter view’ of the unit per shift. Investigation feedback has highlighted that the lack of a "helicopter view," and a lack of senior oversight, contributed to inefficiencies in care. This non-clinical time will also enable oversight of quality through effective risk management, support for individual mentor teams, and ensure compliance with training, ongoing development, and well-being. Ultimately, this will contribute to high-quality care through staff development and retention.

Implementing this model has led to staff development and retention and has attracted external interest and recruitment. Other local Trusts are now looking to adopt a similar model.

Key areas of focus for each of the clinical Band 7s to lead on to drive the service forward include:

- Infant feeding
- Family integrated care.
- Developmental care.
- QI in perinatal optimisation.

- Safeguarding children.
- Bereavement support and palliative care
- Risk, governance and patient safety.
- Infection control
- Line management and pastoral support for the team

Whilst this is a significant improvement and investment, this still falls short of the desired provision, and within some other Trusts there are dedicated Family Integrated care and developmental care leads.

e. Current funded establishment and compliance

Area	Type	Band	Start Time	End Time	Role	M	T	W	T	F	S	Su	TOTAL HOURS
DAY TIME													
Lead Nurse	Ld Nurse	Band 7	09:00	17:00	K	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
24/7 Band 7	24/7 Band 7	Band 7	07:00	19:30	K	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 6	07:00	19:30	B	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 6	07:00	19:30	B	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	07:00	19:30	C	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	07:00	19:30	C	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	07:00	19:30	C	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse - Taining	Band 5	07:00	19:30	C	7.50	7.50	7.50	7.50	7.50	7.50	7.50	52.50
Neo Unit	Nurse	Band 5	07:00	19:30	C	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	CSW	Band 2	07:00	19:30	E	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Cleanliness Support Worker		Band 2	09:00	15:00	F	6.00	6.00	6.00	6.00	6.00	0.00	0.00	30.00
Nursery Nurse / Stork		Band 4	07:00	19:30		7.50	7.50	7.50	7.50	7.50			37.50
Nursery Nurse / Stork		Band 4	07:00	19:30							4.00	4.00	8.00
Nursery Nurse / Stork		Band 4	07:00	19:30		7.50	7.50	7.50	7.50	7.50			37.50
A&C	Data Clerk	Band 2	07:00	19:30	G	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
A&C	Ward Clerk	Band 2	07:00	19:30	G	7.50	7.50	7.50	7.50	7.50	7.50	7.50	52.50
Neo Unit	Practice Educator	Band 7	07:00	19:30	E	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
Neo Unit	Practice Educator	Band 6	07:00	19:30	E	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
Neonatal Outreach	NCOT (Outreach)	Band 7	08:00	18:00	C	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	C	7.50	7.50	7.50	7.50	7.50	7.50	7.50	52.50
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	C	7.50	7.50	7.50	0.00	0.00	0.00	0.00	22.50
Neo Unit	ANP - ????	Band 8B	07:00	19:30	E	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
Neo Unit	ANP - Hammond	Band 8A	07:00	19:30	E	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50
NIGHT TIME													
24/7 Band 7	24/7 Band 7	Band 7	07:00	19:30	K	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 6	19:00	07:30	W	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	19:00	07:30	X	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	19:00	07:30	X	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	19:00	07:30	X	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	Nurse	Band 5	19:00	07:30	X	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	CSW	Band 2	07:00	19:30	E	12.00	12.00	12.00	12.00	12.00	12.00	12.00	84.00
Neo Unit	ANP - Eskins Round	Band 8A	07:00	19:30	E	7.50	7.50	7.50	6.50	0.00	0.00	0.00	29.00
Neo Unit	ANP - ????	Band 8B	07:00	19:30	E	7.50	7.50	7.50	7.50	7.50	0.00	0.00	37.50

A revision of the funded establishment was undertaken in 2023 and has achieved better utilisation of the workforce; however this funded establishment is 35 WTE compared to requirements based on activity and commissioned cots of 50 WTE (utilising the WMNODN Workforce Tool as per BAPM 2022). However, due to the significant concerns, it was agreed that recruitment could take place prior to business case completion.

The below stocktake only captures IC, HD and SC, so is not inclusive of TC.

Activity (HRG 2016)		
	Activity	Commissioned cots
HRG 1 (IC)	336	3
HRG 2 (HD)	1,104	2
HRG 3 - 5 (SC)	3,488	13
Total	**4,928**	**18**

Staffing numbers (WTE) DIRECT PATIENT CARE ONLY		
	Budget	In post
Total QIS	19.76	18.82
Total Non QIS	21.10	23.50
Total Non Reg	5.46	9.44
Total	**46.32**	**51.76**

Activity calculations (HRG 2016)							
	Activity	*For calculations*		Commissioned cots	Occupancy for period	Cots required to meet activity at average 80% occupancy	Variance: declared cots against required
		80% of daily activity	*WTE (6.07 / BAPM)*				
HRG 1	336	*1.1*	*6.07*	3	30.60%	2	1
HRG 2	1,104	*3.8*	*3.04*	2	150.82%	3	-1
HRG 3	3,488	*11.9*	*1.52*	13	73.31%	12	1
Total	**4,928**			**18**	**74.80%**	**17**	**1**

Nursing workforce calculations (WTE) DIRECT PATIENT CARE ONLY					
NB total nurse staffing required to staff declared cots = 50.08, of which 35.06 (70%) should be QIS					
	Current position		Required to meet activity at average 80% occ	Variance: budget against required	Variance: in post against required
	Budget	In post			
Total nursing staff	46.32	51.76	42.56	3.76	9.20
Total reg nurses	40.86	42.32	37.13	3.73	5.19
Total QIS	19.76	18.82	25.99	-6.23	-7.17
Total non-QIS	21.10	23.50	11.14	9.96	12.36
Total non-reg	5.46	9.44	5.42	0.04	4.02
Reg nurses as % nursing staff	88.2%	81.8%	87.3%		
QIS as % reg nurses	48.4%	44.5%	70.0%		

The below table shows comparative network staffing data for compliance to BAPM nurse staffing recommendations. This identifies DGFT as demonstrating the lowest compliance when compared to other LNU's in the WMNODN (NNAP 2022). However, the data for 2023 is expected to be published September 2024 and it is predicted that DGFT will be in a much better position due to the changes that have been undertaken within the nurse staffing levels.

Type	Unit Name	No. of shifts compliant %
LNU	Birmingham City Hospital	75
LNU	MANOR HOSPITAL	62.7
LNU	Princess Royal Hospital, Telford	90.6
LNU	***Russell's Hall Hospital***	***55.8***
LNU	WORCESTERSHIRE ROYAL HOSPITAL	92
NICU	BIRMINGHAM HEARTLANDS HOSPITAL	31.8
NICU	BIRMINGHAM WOMEN'S HOSPITAL	43.6
NICU	NEW CROSS HOSPITAL	74.8
NICU	ROYAL STOKE UNIVERSITY HOSPITAL	29.5
NICU	UNIVERSITY HOSPITAL COVENTRY	88.3

SCBU	GEORGE ELIOT HOSPITAL	90.9
SCBU	GOOD HOPE HOSPITAL	43.5
SCBU	HEREFORD COUNTY HOSPITAL	87.8
SCBU	WARWICK HOSPITAL	93.2
3Network	*West Midlands ODN*	*68.4*
4National rate	All participating units	71.1

f. Benchmarking

Investment into the NNU has been minimal over the last 6 years. The last investment was in 2017 and was increased by £500k.

The below table shows comparative benchmarking data across the network highlighting that RWT is established to 95% Occupancy with City and Sandwell at 90%. Neither of these units have transitional care as part of this workforce. It has since been clarified with the head of finance at RWT that they are funded to 100% Occupancy.

As 3 out of 4 of the local Trusts are already established to 90% Occupancy (albeit without current funding to support at DGFT), there are ongoing conversations alongside the chief midwifery officer for the LMNS in support of all 4 organisations achieving this level of funding, and it is expected that this will be included in the workforce review due to be published shortly.

WMNODN

Reporting Period Q4 23/4

Direct Patient Care

		Total Nursing Staff				QiS				Non QiS				Non-Reg				QiS%	Vacancy
Trust	Level	BAPM	In Budget	In Post	Gap	BAPM	In Budget	In Post	Gap	BAPM	In Budget	In Post	Gap	BAPM	In Budget	In Post	Gap		
RWT	3	87.25	98.78	99.03	-0.25	68.77	35.63	41.66	-6.03	12.94	43.93	44.27	-0.34	5.55	19.22	13.1	6.12	49%	0%
DGoH	2	43.39	43.62	53.24	-9.62	26.64	17.06	15.12	1.94	11.42	21.1	28.68	-7.58	5.33	5.46	9.44	-3.98	34.5%	0%
SWB-City	2	64.76	71.44	53.84	17.6	44.41	45.81	31.26	14.6	14.41	11.93	12.64	-0.71	6.1	13.7	9.94	3.76	71.2%	25%
WMH	2	38.01	36.92	33.7	3.22	23.35	14.86	14.7	0.16	10.01	20.06	15.31	4.75	4.68	2	3.69	-1.69	49.0%	9%
Total			250.76	239.81	10.95		113.36	102.74	10.6		97.02	100.9	-3.88		40.38	36.17	4.21		

WMNODN

Reporting Period Q1 24/5

Direct Patient Care

		Total Nursing Staff				QiS				Non QiS				Non-Reg				QiS%	Activity	Vacancy
Trust	Level	BAPM	In Budget	In Post	Gap	BAPM	In Budget	In Post	Gap	BAPM	In Budget	In Post	Gap	BAPM	In Budget	In Post	Gap			
RWT	3	88.86	105.31	96.92	8.39	69.68	42.16	51.59	-9.43	13.3	43.93	34.73	9.2	5.7	19.22	9.92	9.3	59.90%	82.82%	5%
DGoH	2	42.56	46.32	51.57	-5.25	25.99	19.76	18.82	0.94	11.14	21.1	23.5	-2.4	5.42	5.46	9.44	-3.98	44.50%	70.00%	0
SWB-City	2	65.44	71.44	53.61	17.83	42.89	39.99	31.22	8.77	15.79	17.75	12.37	5.38	6.77	13.7	10.02	3.68	71.60%	68.38%	27%
WMH	2	37.61	36.92	32.76	4.16	23.23	17.62	16.22	1.4	9.96	17.3	12.85	4.45	4.42	2	3.69	-1.69	55.80%	76.25%	11.30%
Total		234.5	259.99	234.86	25.13	161.79	119.53	117.85	1.68	50.19	100.08	83.45	16.63	22.31	40.38	33.07	7.31	57.95%		10.80%

g. Bank spend

The Trust has engaged with Medacs and several other nursing agencies over the last 3 financial years with the below annual costs observed. This amounts to a total agency spend of £121,729. Whilst utilising external agencies and other temporary staff significantly aided staffing shortfalls, ensuring a stable workforce has enhanced the quality of care, ensure

standardisation, drive quality improvement and is beneficial for staff morale and overall wellbeing.

Agency Spend	2020/21	2021/22	2022/23	2023/24	Grand Total
QN5030	£14,574	£24,329	£27,992	£54,834	£121,729

The table below shows the bank and agency spend for the past 14 months. This includes an agreement between July and Dec 2023 to utilise agency workers to ensure safe staffing ratios whilst ongoing recruitment and retention strategies were put in place. It was evident that whilst there were some vacancies within the previously funded establishment, this was still not adequate to meet the required BAPM ratios with 22% of nurse shifts over the year covered by temporary workers.

Date	23-Jul	23-Aug	23-Sep	23-Oct	23-Nov	23-Dec	24-Jan	24-Feb	24-Mar	24-Apr	24-May	24-Jun	24-Jul	24-Aug	24-Sep
Bank/agency spend	46537	53994	72410	63345	57187	69977	56116	52236	52296	35647	43123	41272	36970	41581	42912

The consistent bank overspend of approximately £40,000 per month reflects the predicted additional cost as outlined in the options below. This is based on the current establishment so would need to continue to ensure the BAPM standards are met should the approved establishment not reflect commissioned capacity.

h. Mortality

The Trust previously had a stabilised and adjusted neonatal mortality of 1.29 deaths per 1000 live births. This is more than 5% higher than the average for similar Trusts and Health Boards. It had consistently worsened when compared to similar Trusts and Health Boards (MBRRACE- UK 2021). This has been addressed through robust review and challenge using the Perinatal Mortality Review Tool (PMRT) and it was recognised that challenges with the neonatal staffing, contributed to the ability to deliver high quality care to babies.
Significant progress has been made over the past year, and we are now a positive outlier in both the Black Country and West Midlands, with an average neonatal death rate, and a below national average stillbirth rate.

Incident submissions for 01/11/20 to 30/10/23

Within this period 304 datix reports were submitted for the neonatal services.

	Nov 2022	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Total
Appointments, Discharge and Transfers (including self-discharge and missing patient)	1	0	0	1	0	1	0	0	1	1	0	2	**7**
Blood Transfusions	0	0	1	0	0	0	0	1	0	0	0	0	**2**
Clinical Care (Assessment/Monitoring)	5	0	10	2	7	2	3	4	4	5	1	1	**44**
Diagnosis and Tests	1	0	1	0	1	1	3	0	0	0	1	0	**8**
Equipment	0	1	0	0	4	2	2	0	2	1	3	0	**15**

Facilities (Security, Estates, Transport, Fire etc.)	0	0	0	0	0	0	0	0	0	2	0	0	**2**
Falls, Injuries or Accidents	1	0	0	2	0	1	0	0	1	0	0	0	**5**
Health and Safety	0	0	0	0	0	1	0	1	0	0	0	0	**2**
Infection Control	0	0	0	0	0	2	0	1	0	0	0	0	**3**
Medication	2	0	1	2	1	1	1	6	1	3	2	4	**24**
Obstetrics	3	1	5	2	0	0	1	0	0	0	0	0	**12**
Pressure Ulcer / Moisture Lesion	0	0	0	0	1	0	4	2	0	3	1	0	**11**
Records, Communication, Information and IT	1	1	2	7	5	3	1	3	2	2	1	0	**28**
Safeguarding	3	3	4	3	0	1	2	3	0	3	4	3	**29**
Violence and Aggression	0	0	0	0	0	1	0	0	0	0	3	2	**6**
Workforce	4	4	2	3	16	26	5	17	16	6	6	1	**106**
Total	**21**	**10**	**26**	**22**	**35**	**42**	**22**	**38**	**27**	**26**	**22**	**13**	**304**

Workforce concerns received 106 incident submissions; making that the highest category. The majority identified shortages in staffing numbers during shifts. This also included when staffing did not achieve BAPM standards for requirements on shift and poor staffing in relation to dependency of the unit.

Poor clinical care received 44 submissions and safeguarding concerns ranking third highest submissions with 29 incidents reported.

Out of these 304 submissions, there were 2 reported as serious incidents (SI).

Comparatively, below, are the incidents for the subsequent 12 months; October 2023 - August 2024 following structural changes and ongoing recruitment. A significant reduction in incidents can be seen. However it is worth noting, the process for reporting workforce shortages has changed to a weekly or monthly submission for BAPM breaches.

NNU incidents	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Total
Appointments, Discharge and Transfers (including self-discharge and missing patient)	2	3	0	1	1	2	1	1	1	1	0	**13**
Clinical Care (Assessment/Monitoring)	0	1	1	2	0	0	3	1	2	2	5	**17**
Diagnosis and Tests	0	3	0	2	0	0	0	2	0	0	0	**7**
Equipment / Medical Device	0	1	1	1	1	1	1	2	0	1	0	**9**
Facilities (Security, Estates, Transport, Fire etc.)	0	0	1	0	0	0	1	0	1	1	0	**4**
Falls, Injuries or Accidents	0	0	0	0	2	0	0	0	0	0	0	**2**
Infection Control	0	0	0	0	1	0	0	0	1	0	0	**2**
Medication	5	5	4	3	3	3	2	3	3	2	0	**33**
Obstetrics	0	2	0	1	0	0	2	0	0	0	1	**6**
Pressure Ulcer / Moisture Lesion	0	0	0	2	0	0	3	1	1	0	0	**7**
Records, Communication, Information and IT	1	0	1	4	0	1	1	0	0	0	0	**8**
Safeguarding / Mental Health	3	4	5	2	3	2	3	3	5	4	4	**38**
Violence and Aggression	3	0	0	0	0	0	0	0	1	0	0	**4**
Workforce	1	9	5	2	3	3	4	4	7	1	2	**41**
Total	**15**	**28**	**18**	**20**	**14**	**12**	**21**	**17**	**22**	**12**	**12**	**191**

i. Complaints

The below table also shows a significant reduction in complaints over the past 18months, with only 2 within the past 6 month period.

Financial year	2022/2023	2023/2024	2024/2025	Total
Admissions, discharges and transfers (excluding delayed discharge due to absence of package of care)	0	1	0	1
Appointments including delays and cancellations	0	1	0	1
Clinical Treatment - Paediatric Group	0	0	1	3
Clinical Treatment - Surgical Group	6	0	0	7
Communications	3	5	1	10
Patient Care including Nutrition and Hydration	4	4	0	9
Trust Administration	1	0	0	1
Values and Behaviours (Staff)	0	1	0	1
Total	14	12	2	33

j. Maternity Incentive Scheme

The Maternity Incentive Scheme and Clinical Negligence Scheme for Trusts comprises of 10 safety actions which must all be achieved by the Trust with safety action 4 specifying:

Does the neonatal unit meet the BAPM national standards of nursing staffing?

If the above requirement has not been met in previous years of MIS, Trust Board should evidence progress against the previously agreed action plan and include new relevant actions to address deficiencies. Year 5s action plan for MIS stated completion of establishment review and submission of business case to provide assurance that the organisation can meet BAPM standards.

Should this safety action not be met, the Trust will not meet the commitment to the MIS; overall at significant financial cost.

k. Staff retention and well being

There was a decline in the staff survey results from 2021 to 2022 in all descriptors of the People Promises, with particular concerns around morale, compassionate leadership and ‘thinking about leaving.’

Whilst the changes to leadership and the lead nurse model only took place from July onwards, there is a noticeable improvement in staff survey results for 2023 with improved staffing levels, role opportunities and team development cited as the rationale for the improvements. (See Appendix 1)

l. Futureproofing the service

The planned increase in nurse staffing will allow provision of services at the current level of commissioned cots.

The WMNODN are currently engaged in a programme to review the commissioned cots across the west Midlands. It is not clear when this review will be completed, however this may impact the cot designations.

Should there be an expansion of cots above the current 22 funded cots (3 ITU, 2 HDU, 13 SC & 4TC), there would need to be an appropriate increase in nursing establishment

5. OPTIONS FOR CONSIDERATION

1. Reduce current expenditure back in line with budget

This is not a viable option.

The service was not performing in line with targets across several national operational performance measures and there is a possibility of further decline in performance / safe clinical outcomes. This option does not support the future proofing and will not ensure a safe service. *This would reduce trusts expenditure run rate by £885,566.*

2. Staff to 100% of BAPM Standards assuming 100% cot occupancy

Increase from 6 registered nurses to 10 per shift which allows for 100% occupancy of cots based on commissioned capacity. This will be a substantive cost of £1,172,414 (*Appendix 2&4*). *This would be an increase to trusts current expenditure run rate of £286,848*

3. Staff to 100% of BAPM Standards assuming 90% cot occupancy

Increase from 6 registered nurses to 9 per shift which allows for 90% occupancy of cots; this was the demonstrable average capacity for 2023. This will be a substantive cost of £885,566 *(Appendix 2&3). This is in line with current expenditure run rate of the trust.*

4. Staff to 100% of BAPM Standards assuming 90% cot occupancy with contingency bank budget for escalation to 100% occupancy.

Increase from 6 registered nurses to 9 per shift which allows for 90% occupancy of cots.

Contingency funds required to ensure staffing BAPM standards is maintained when occupancy is above 90% occupancy. Whilst dependency on average has been 90%, this fluctuates based on acuity with significant periods requiring additional staffing.

This will be a substantive cost of £885,566. Contingency bank fund of £134,071. Total requirement of £1,197,637 *(Appendix 2&5). Increase to trust's expenditure run rate of £312,071*

5. Staff to 100% of BAPM Standards assuming 80% cot occupancy

Increase from 6 registered nurses to 8 per shift which allows for 80% occupancy of cots. This will be a substantive cost of £603,636 *(Appendix 2&5).* This is below the average level of acuity and likely to lead to greater dependence on bank and a greater risk of not filling shifts to achieve safe staffing requirements. *This would be a decrease in run rate of £281,930*

NON FINANCE BENEFITS REALISATION: ANALYSIS OF OPTIONS

Criteria	Weight	1	2	3	4	5
Quality Care	50%	0	5	5	5	5

Compliance with BAPM and National guidance	25%	0	5	3	3	1
Sustainable workforce	25%	0	5	3	4	1
	100%	**0.00**	**500.00**	**400.00**	**425.00**	**300.00**
	NF Score	**0**	**50**	**40**	**42.5**	**20**

10. FINANCE BENEFITS REALISATION: ANALYSIS OF OPTIONS

	FINANCIAL SCORING OF OPTIONS				
	1	**2**	**3**	**4**	**5**
Financial Assessment – Annual £ Impact	**(£885)k**	**£286k**	**£0**	**£312k**	**(£281)k**
Financial Score	**50.00**	**1.00**	**15**	**0**	**24**
	OPTION SUMMARY				
	1	**2**	**3**	**4**	**5**
Total Non Finance/Finance Score	**50**	**51**	**55**	**43**	**54**
Ranking of Option	**5**	**3**	**1**	**4**	**2**

11. PREFERRED OPTION

The non-financial and financial benefits would support option 3 as the preferred option. The budget will need to be provided to the division to continue to spend the current run rate expenditure.

9. POST-IMPLEMENTATION REVIEW

There are several measurable benefits that will be reviewed:

- Delivery of compliance to staffing requirements for commissioned cots based on BAPM (2022) and reported through BADGERNET
- Continued improvement of patient outcomes; reviewed at M&M
- Delivery of compliance to supernumerary shift lead
- Increase compliance to PeriPrem bundle of care which included early breast milk for babies
- Improved compliance to the standards of the National Neonatal Audit Programme (NNAP)

- Review of the incidents relating to staffing shortfall, anticipating a decrease in workforce issues
- Reduction in reported clinical incidents and robust incident management
- Improved staff survey results
- Staff sickness absence within Trust target
- Staff retention within Trust target

10. TIMESCALE FOR IMPLEMENTATION & RISK

The change in the model of management for the NNU is underway and recruitment to the band 7 roles has already been achieved. Therefore, there is limited risk related to this aspect of the plan.

Additional nurse roles have already been recruited into pending business case approval, as the initial business case was completed in December 2023, and the posts have attracted external applicants. This has subsequently led to a significant overspend on the unit and delays in the funding being released to support ANNP recruitment. If not approved, the risk would be a continued overspend, or if there is a reduction in current workforce, perpetuate reliance on bank to achieve compliance to BAPM.

Lack of support for increased staffing numbers may result in reputational damage for the organisation. This may also include ongoing incidents relating to stabilisation of sick and preterm babies.

11. EXIT STRATEGY

Following review of the cot designations from the West Midlands Operational Delivery Network if there is redesignation of cots then there will need to be a re-evaluation of the nursing needs for the NNU. However recent cot configuration discussions suggest each unit will need to increase their ITU cot capacity over the next few years which would require additional investment. If staffed to 80% of cot utilisation, this would increase the significant risk further.

12. APPENDICES

Appendix 1

Locality 3			Comparator (Organisation Overall) 2023	253 Surgery 2023		253 Neonatal Unit Dept 2023	253 Neonatal Unit Dept 2022	
Section	Q	Description	n = 2748	n = 353		n = 33	n = 24	
People Promise element 1: We are compassionate and inclusive	PP1_1	Compassionate culture sub-score	7.0	7.1		7.5	6.7	0.7
	PP1_2	Compassionate leadership sub-score	7.0	6.9		6.8	6.0	0.7
	PP1_3	Diversity and equality sub-score	8.2	8.1		7.7	7.8	-0.1
	PP1_4	Inclusion sub-score	6.8	6.6		6.9	6.6	0.2
	PP1	We are compassionate and inclusive score	7.3	7.2		7.2	6.8	0.4
People Promise element 2: We are recognised and rewarded	PP2	We are recognised and rewarded score	5.9	5.7		5.9	4.9	1.0
People Promise element 3: We each have a voice that counts	PP3_1	Autonomy and control sub-score	7.0	6.9		7.2	6.4	0.8
	PP3_2	Raising concerns sub-score	6.4	6.4		6.2	5.6	0.6
	PP3	We each have a voice that counts score	6.7	6.6		6.7	6.0	0.7
People Promise element 4: We are safe and healthy	PP4_1	Health and safety climate sub-score	5.3	5.2		5.2	4.6	0.6
	PP4_2	Burnout sub-score	4.8	4.6		4.4	4.0	0.4
	PP4_3	Negative experiences sub-score	7.6	7.3		7.0	7.7	-0.7
	PP4	We are safe and healthy score	5.9	5.7		5.5	5.4	0.1
People Promise element 5: We are always learning	PP5_1	Development sub-score	6.5	6.4		6.6	5.5	1.1
	PP5_2	Appraisals sub-score	5.0	4.9		4.6	3.9	0.7
	PP5	We are always learning score	5.7	5.7		5.6	4.7	0.9
People Promise element 6: We work flexibly	PP6_1	Support for work-life balance sub-score	6.3	6.1		5.9	4.8	1.1
	PP6_2	Flexible working sub-score	6.2	5.9		5.8	3.9	1.9
	PP6	We work flexibly score	6.2	6.0		5.8	4.3	1.5
People Promise element 7: We are a team	PP7_1	Team working sub-score	6.6	6.5		6.6	5.9	0.7
	PP7_2	Line management sub-score	6.8	6.7		6.5	5.3	1.2
	PP7	We are a team score	6.7	6.6		6.6	5.6	1.0
Theme: Staff Engagement	E_1	Motivation sub-score	7.0	6.9		7.2	6.5	0.7
	E_2	Involvement sub-score	6.9	6.7		7.2	6.4	0.8
	E_3	Advocacy sub-score	6.6	6.7		7.0	6.1	0.9
	E_4	Staff Engagement Score	6.8	6.8		7.1	6.3	0.8
Theme: Morale	M_1	Thinking about leaving sub-score	5.9	5.9		5.2	4.8	0.4
	M_2	Work pressure sub-score	5.1	5.0		4.6	4.3	0.3
	M_3	Stressors sub-score	6.4	6.2		6.3	5.7	0.7
	M_4	Morale score	5.8	5.7		5.4	4.9	0.5

Appendix 2 – Financial Analysis

Total additional costs

	Additional Funding Required	Additional Cost
Option 2	**100% BAPM**	**£1,172,414**
Option 3	**90% BAPM**	**£885,566**
Option 4	**90% BAPM + 50% Contingency**	**£996,957**
Option 5	**80 % BAPM**	**£603,636**

Appendix 3 - 100% BAPM at 90% occupancy staffing template

Area	Type	Band	Start Time	End Time	M	T	W	T	F	S	Su
DAY TIME											
Lead Nurse	Supervision / Admin	Band 7	09:00	17:00	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Lead Nurse	Supervision / Admin	Band 7	09:00	17:00	0.00	0.00	12.00	0.00	0.00	0.00	0.00
Neonatal unit	Nurse in charge	Band 7	09:00	17:00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 1)	Nurse	Band 6	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 2)	Nurse	Band 6	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 3)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
HDU (COTS 1-2)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 9-12)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 5-8)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 1-4)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
TC (COTS 1-4)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	CSW	Band 2	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	Cleanliness Support Worker	Band 2	09:00	15:00	6.00	6.00	6.00	6.00	6.00	0.00	0.00
A&C	Data Clerk	Band 2	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
A&C	Ward Clerk	Band 2	07:00	19:30	7.50	7.50	7.50	7.50	7.50	7.50	7.50
Neonatal unit	Practice Educator	Band 7	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Neonatal unit	Practice Educator	Band 6	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
MSW Stock	STORK	Band 4	09:00	16:30	7.50	7.50	7.50	7.50	7.50	4.00	0.00
MSW Stock	STORK	Band 4	09:00	16:30	7.50	7.50	7.50	7.50	7.50	0.00	4.00
Neonatal Outreach	NCOT (Outreach)	Band 7	08:00	18:00	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	9.50	9.50	9.50	9.50	9.50	9.50	9.50
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	9.50	9.50	9.50	9.50	9.50	9.50	9.50
NIGHT TIME											
Neonatal unit	Nurse in charge	Band 7	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 1)	Nurse	Band 6	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 2)	Nurse	Band 6	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 3)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
HDU (COTS 1-2)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 9-12)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 5-8)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 1-4)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
TC (COTS 1-4)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	CSW	Band 2	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00

Appendix 4 - 100% BAPM at 100% occupancy staffing template

The highlighted yellow role below is the difference between 90% and 100% occupancy, which is the difference between option 2 and option 3.

Area	Type	Band	Start Time	End Time	M	T	W	T	F	S	Su
DAY TIME											
Lead Nurse	Supervision / Admin	Band 7	09:00	17:00	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Lead Nurse	Supervision / Admin	Band 7	09:00	17:00	0.00	0.00	12.00	0.00	0.00	0.00	0.00
Neonatal unit	Nurse in charge	Band 7	09:00	17:00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 1)	Nurse	Band 6	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 2)	Nurse	Band 6	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 3)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
HDU (COTS 1-2)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COT 13)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 9-12)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 5-8)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 1-4)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
TC (COTS 1-4)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	CSW	Band 2	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	Cleanliness Support Worker	Band 2	09:00	15:00	6.00	6.00	6.00	6.00	6.00	0.00	0.00
A&C	Data Clerk	Band 2	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
A&C	Ward Clerk	Band 2	07:00	19:30	7.50	7.50	7.50	7.50	7.50	7.50	7.50
Neonatal unit	Practice Educator	Band 7	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Neonatal unit	Practice Educator	Band 6	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
MSW Stock	STORK	Band 4	09:00	16:30	7.50	7.50	7.50	7.50	7.50	4.00	0.00
MSW Stock	STORK	Band 4	09:00	16:30	7.50	7.50	7.50	7.50	7.50	0.00	4.00
Neonatal Outreach	NCOT (Outreach)	Band 7	08:00	18:00	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	9.50	9.50	9.50	9.50	9.50	9.50	9.50
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	9.50	9.50	9.50	9.50	9.50	9.50	9.50
NIGHT TIME											
Neonatal unit	Nurse in charge	Band 7	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 1)	Nurse	Band 6	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 2)	Nurse	Band 6	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 3)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
HDU (COTS 1-2)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COT 13)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 9-12)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 5-8)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 1-4)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
TC (COTS 1-4)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	CSW	Band 2	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00

Appendix 5 - 100% BAPM at 90% occupancy + contingency 50% of the time above 90% occupancy staffing template

The cost of this requirement is option 3 + contingency pot of £134k when staffing requirements are above 90% occupancy. The roster in allocate will be at 90% occupancy, with the expectation that additional shifts will be added when occupancy is above 90%.

Appendix 6 - 100% BAPM at 80% occupancy staffing template

Area	Type	Band	Start Time	End Time	M	T	W	T	F	S	Su
DAY TIME											
Lead Nurse	Supervision / Admin	Band 7	09:00	17:00	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Lead Nurse	Supervision / Admin	Band 7	09:00	17:00	0.00	0.00	12.00	0.00	0.00	0.00	0.00
Neonatal unit	Nurse in charge	Band 7	09:00	17:00	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 1)	Nurse	Band 6	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 2)	Nurse	Band 6	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
HDU (COTS 1-2)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 9-12)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 5-8)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 1-4)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
TC (COTS 1-4)	Nurse	Band 5	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	CSW	Band 2	07:00	19:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	Cleanliness Support Worker	Band 2	09:00	15:00	6.00	6.00	6.00	6.00	6.00	0.00	0.00
A&C	Data Clerk	Band 2	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
A&C	Ward Clerk	Band 2	07:00	19:30	7.50	7.50	7.50	7.50	7.50	7.50	7.50
Neonatal unit	Practice Educator	Band 7	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Neonatal unit	Practice Educator	Band 6	07:00	19:30	7.50	7.50	7.50	7.50	7.50	0.00	0.00
MSW Stock	STORK	Band 4	09:00	16:30	7.50	7.50	7.50	7.50	7.50	4.00	0.00
MSW Stock	STORK	Band 4	09:00	16:30	7.50	7.50	7.50	7.50	7.50	0.00	4.00
Neonatal Outreach	NCOT (Outreach)	Band 7	08:00	18:00	7.50	7.50	7.50	7.50	7.50	0.00	0.00
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	9.50	9.50	9.50	9.50	9.50	9.50	9.50
Neonatal Outreach	NCOT (Outreach)	Band 6	08:00	18:00	9.50	9.50	9.50	9.50	9.50	9.50	9.50
NIGHT TIME											
Neonatal unit	Nurse in charge	Band 7	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 1)	Nurse	Band 6	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
ITU (COT 2)	Nurse	Band 6	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
HDU (COTS 1-2)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 9-12)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 5-8)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
SC (COTS 1-4)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
TC (COTS 1-4)	Nurse	Band 5	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00
Neonatal unit	CSW	Band 2	19:00	07:30	12.00	12.00	12.00	12.00	12.00	12.00	12.00

13. References

British Association of Perinatal Medicine (BAPM) Service Standards for Hospitals Providing Neonatal Care, 3rd edition (August 2010) (Appendix 1).

British association of Perinatal Medicine (BAPM) Calculating Unit Numbers and Nurse Staffing Establishment and Determining Cot Capacity (October 2019)

The British Association of Perinatal Medicine Service and Quality Standards for Provision of Neonatal Care in the UK (November 2022)

Toolkit for High Quality Neonatal Services, Department of Health (October 2009) (Appendix 2).

THE DUDLEY GROUP NHS FOUNDATION TRUST
BUSINESS CASE PROFORMA

REFERENCE NUMBER: 2425/012

TITLE OF BUSINESS CASE: Midwifery staffing

PROPOSAL FROM: Surgery Women and Children's

EXECUTIVE SUMMARY

Maternity services at Dudley Group facilitate the birth of around 4100 babies each year. The service provides care in inpatient and outpatient settings as well as providing a 24/7 homebirth service to facilitate choice of place of birth. Dudley Group cares for around 1300 women and birthing people each year that reside in the Sandwell borough.

Birthrate plus (BR+) workforce calculation was undertaken and published in May 2022 (appendix one) advising that 178.96 WTE Registered Midwives (RMs) and Midwifery support workers (MSW) were required to safely staff the maternity service at Dudley Group (DGFT) This includes an uplift of 22% to support annual leave and sick leave. The service is currently only funded for 172.3 RMs. This leaves a funding shortfall in qualified staff of 6.66 WTE.

This case is requesting funding to support the establishment to the recommended BR+ recommendation for an additional 6.66 WTE Midwives.

1. CASE FOR CHANGE

Birthrate Plus (BR+) workforce planning and real time staffing acuity tools use validated methodology to support the delivery of safer maternity care as required by the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.
Birthrate plus (BR+) workforce calculation was undertaken at The Dudley Group of Hospitals (DGHFT) in April 2022 (appendix one). It advised that 178.96 Whole Time Equivalent (WTE) Registered Midwives (RMs) and suitably qualified Band 3 MSW, were required to safely staff the entire maternity service at Dudley. An uplift of 22% is included in this figure to this to account for annual leave and sickness.

Once the clinical 'midwifery' establishment has been calculated using the ratios, a skill mix % can be applied to the total clinical WTE to work out what of the total clinical 'midwifery' WTE can be suitably qualified support staff, namely MSWs Band 3. Suitably qualified band 3 Midwifery support workers (MSW) can form a proportion of the midwifery workforce in the postnatal and community areas of the service. BR+ acknowledged that the clinical skill mix at Based on the BR+ acuity tool the currently funded establishment has a shortfall in qualified funding of 6.66 WTE staff is required to meet Birthrate plus requirements. * A repeat Birthrate plus calculation is due to be repeated during Q3 of 2024/25, to be published in Spring 2025.

The Recurrent Midwifery and Midwifery support worker funding is highlighted in the below table, BR+ requirements.

	25/26 Recurrent Budget	Birthrate Plus requirements	Funding Required
Inpatients			
Band 3 (allowed to be counted in the Midwifery numbers)	4.40		
Band 5 (Not including 7 x WTE HEE STMW)	19.83		
Band 6	74.78		
Band 7	12.14		
Total	**111.15**	**117.39**	**6.24**
Outpatients			
Band 6	8.99		
Band 7	2.00		
Total	**10.99**	**11.14**	**0.15**
Community			
Band 3 (allowed to be counted in the Midwifery numbers)	1.59		
Band 6	27.57		
Band 7	4.00		
Total	**33.16**	**34.16**	**1.00**
Specialist Midwives and SLT			
Band 7 Inc Retention, Digital, BF (Public Health) and Public health Specialist Midwife	10.00		
Band 8a	4.00		
Band 8b	2.00		
Band 8C	-		
DoM	1.00		
Total	**17.00**	**16.27**	**-0.73**
Grand Total	**172.30**	**178.96**	**6.66**

Funding Required	**6.66**
Funding Budget Changes	
Upgrage Band 8b to 8c	0.00
Band 8a	1.00
Band 7	0.31
Band 6	5.35
Total	**6.66**

Maternity services at Dudley Group are currently not compliant with BR+ recommendations (published May 2022), the unit is underfunded by 6.66 WTE RMs.

The table above provides:

- The key difference in the recurrent funding 2025/26 and the BR+ requirements.
- The funding gap to BR+ Is 6.66WTE

Expenditure Worked WTE 2024/25

Business Case Process and Guidance, V2, September 2018

During 2024/25 The trust has used a workforce that has been compliant with BR+ recommendations. The use of bank has complimented any shortfalls in contracted staff. Currently in 2024/25 the trust has been spending the amount of funds being requested as part of this case.

The table below provides WTE worked data. This includes Bank WTE covering Sickness annual leave vacancies and training requirements.

The recommended option would require agreement of a budget increase, however it won't affect the expenditure run rate of the organisation.

	Worked WTE							
	M01	M02	M03	M04	M05	M06	M07	Average
Band 3	5.99	5.99	5.99	5.99	5.99	5.99	5.99	5.99
Band 5	30.93	29.53	28.78	31.18	37.60	32.37	31.15	31.65
Band 6	106.00	107.65	106.57	102.02	100.36	102.67	105.05	104.33
Band 7	30.81	30.56	30.52	30.93	30.22	30.15	31.34	30.65
Band 8A	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Band 8B	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Band 8D	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Total	**181.73**	**181.73**	**179.86**	**178.12**	**182.17**	**179.18**	**181.53**	**180.62**

Maternity Incentive Scheme (MIS) Year 6 (current year)

MIS-Year-6-guidance.pdf

The Maternity Incentive Scheme (MIS) is a financial incentive program designed to enhance maternity safety within NHS Trusts. It rewards Trusts that can demonstrate they have implemented a set of core safety actions, ultimately aiming to improve the quality of care for women, families and newborns.

The MIS year 6 Safety action 5 states the following:

A clear breakdown of BirthRate+ or equivalent calculations to demonstrate how the required establishment has been calculated.
In line with midwifery staffing recommendations from Ockenden, Trust Boards must provide evidence (documented in Board minutes) of funded establishment being compliant with outcomes of BirthRate+ or equivalent calculations.

Where Trusts are not compliant with a funded establishment based on BirthRate+ or equivalent calculations, Trust Board minutes must show the agreed plan, including timescale for achieving the appropriate uplift in funded establishment. The plan must include mitigation to cover any shortfalls.

In previous years, we have been able to remain compliant with MIS requirements of Birthrate plus calculations due to the temporary funding we received from a variety of workstreams

(LMNS). We also appear to be over established within the department due to the recruitment of the 25 Internationally educated Midwives (2022-current).

The Trust must therefore, in order to satisfy MIS requirements, ensure that there is a robust action plan in place, with timescales, as to how this position is to be rectified.

The MIS rebate payment the Trust received for year 5 was £690,624. This was made up of 10% contribution rebate of £572,703 and an additional payment of £117,921 due to the surplus funds available from trusts that did not achieve the 10 safety actions. The Maternity and Neonatal teams at Dudley are on track to be compliant with all 10 safety actions for year 6.

There is a risk that MIS year 6 is not achieved due to noncompliance with Safety action 5 if the Maternity Unit is not funded to BR+ recommendations, or plans and mitigations are put in place.

Development of the Head of Midwifery Role

The Midlands Regional Maternity heat map has demonstrated a concern around the Midwifery leadership structure that we have committed to resolve. This has resulted in the title change and reviewed job description of the substantive Head of Midwifery to become the Director of Midwifery. We are now required to create a substantive Head of Midwifery role in line with the RCM Leadership Manifesto recommendations.

The proposed revised structure will remove the current 8B role of Matron and replace with an 8C Head of Midwifery. This will be undertaken in full consultation with the individuals involved and Human Resources.

2. OPTIONS FOR CONSIDERATION

Option 1 – The Trust supports funding of 6.66 WTE Registered Midwives to BR+ recommendations.

a) The Trust funds the Maternity unit to the full Birthrate plus recommended staffing figures and increases recurrent funding by 6.66 WTE as below:

Role	**WTE**
Upgrade 8B to 8C	£16,057
1.00 WTE 8A	£70,819
0.31 WTE Band 7	£19,439
5.35 WTE Band 6 (plus 22% OOH Enhancements)	£338,290
Total	£444,605

Workforce WTE plans and budgets shall be required to be changed in 2024/25 and recurrently 2025/26. External workforce reporting is reflective of the decision made to align to BR+

This option will not increase the trusts expenditure run rate. Shall align funded budgets to BR+ requirements.

b) Using recurrent LMNS funding:

Since 2020/21 the ICBs LMNS, funded various posts and other developments equating to an annual non recurrent income between £280K and £534K. All of this spend was on staff, which would be included in the BR+ requirements in this case.

In 2024/25 £280K has been allocated.
These funds should be recurrent for better planning and usage towards BR+ requirements.

It is suggested the trust plans for these funds to be recurrent and used towards the BR+ case in the first instance.

There is a risk that if no funds are allocated, the trust will be required to pick up the shortfall.

Including the LMNS funding in the calculation, this leaves a shortfall of £164,605.

Workforce WTE plans and budgets shall be required to be changed in 2024/25 and recurrently 2025/26. So that external reporting is reflective of the decisions made.

This option shall not increase the trusts expenditure run rate. Shall align funded budgets to BR+ requirements.

Option 2– Maintain the funded establishment at 172 WTE.

This will create a risk to the Maternity incentive scheme Safety action five compliance, which equated to £690,624 for Year 5. The scheme lays out the requirement for an action plan to be in place to rectify the position including timescales. This option does not illustrate any progress towards this position. There will be a continued overspend until the workforce is reduced.

3. NON-FINANCE BENEFITS REALISATION: ANALYSIS OF OPTIONS

Birthrate Plus (BR+) workforce planning supports the delivery of safer maternity care as required by the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme by ensuring that the unit is staffed appropriately.
Reducing staffing below the acuity tool not only impacts on safety but consequently on staff morale, ultimately affecting patient experience.
Most temporary funded roles have been filled from exiting staff as fixed term posts are hard to fill creating uncertainty amongst the workforces.

4. NON-FINANCE BENEFITS REALISATION

		SCORING OF OPTIONS		
Criteria	**Weight**	**1a**	**1b**	**2**
Safety	50%	4	4	1
Reputational	25%	5	5	2
Staff and patient experience	25 %	5	5	2
	100%	**450**	**450**	**150**
	NF Score	**50**	**50**	**17**

5. FINANCE BENEFITS REALISATION: ANALYSIS OF OPTIONS

	SCORING OF OPTIONS		
	1a	**1b**	**2**
Financial Assessment/ Net Present Value	**£445k**	**£165k**	**£691k**
Financial Score	**42**	**50**	**12**

6. PREFERRED OPTION

	OPTION SUMMARY		
	1a	**1b**	**2**
Total Non-Finance/Finance Score	92	100	29
Ranking of Option	**2**	**1**	**3**

7. POST-IMPLEMENTATION REVIEW

Midwifery safety is reported monthly to Quality Committee and bi-monthly to the Public Board of directors. Staffing and acuity are reported to the Public Board of Directors biannually. Triangulation of all data pertaining to patient experience, serious incidents, complaints and claims are also analysed and reported to Quality Committee and public board bi-annually. This process would continue and would allow the Board to have an overview of the benefits of the increased staffing establishment.

8. TIMESCALE FOR IMPLEMENTATION & RISK

The recruitment of any additionally required midwives could commence immediately, these would only be posts becoming vacant at the current time. Any temporarily funded posts could be made permanent immediately.

9. EXIT STRATEGY

The BR+ review is due to be undertaken in Spring 2025. The demand and acuity on the unit has not changed significantly in the preceding time. It is envisaged that the number of posts required will increase rather than decrease.
In the event of acuity changing then posts will be reduced by natural wastage and not filled as they become vacant.

We will continue, as happens now, to rotate staff throughout the unit according to need e.g. from inpatient areas to community.

Longer term workforce planning will be working towards LMNS collaborative recruitment.

10. APPENDICES

APPENDIX ONE

MIS-Year-6-guidance.pdf

APPENDIX TWO

THE DUDLEY GROUP

NHS FOUNDATION TRUST

MIDWIFERY WORKFORCE REPORT

May 2022

birthrateplus® | Safe Staffing for Maternity Services

Contents

Birthrate Plus ®: THE SYSTEM

Birthrate Plus® (BR+) is a framework for workforce planning and strategic decision-making and has been in variable use in UK maternity units since 1988, with periodic revisions as national maternity policies and guidance are published.

It is based upon an understanding of the total midwifery time required to care for women and on a minimum standard of providing one-to-one midwifery care throughout established labour. The principles underpinning the BR+ methodology are consistent with the recommendations in the NICE safe staffing guideline for midwives in maternity settings and have been endorsed by the RCM and RCOG.

The RCM strongly recommends using Birthrate Plus® (BR+) to undertake a systematic assessment of workforce requirements, since BR+ is the only recognised national tool for calculating midwifery staffing levels. Whilst birth outcomes are not influenced by staff numbers alone, applying a recognised and well-used tool is crucial for determining the number of midwives and support staff required to ensure each woman receives one-to-one care in labour (as per recommendation 1.1.3).

Birthrate Plus® has been used in maternity units ranging from stand-alone community/midwife units through to regional referral centres, and from units that undertake 10 births p.a. through to those that have more than 8000 births. In addition, it caters for the various models of providing care, such as traditional, community-based teams and continuity caseload teams. It is responsive to local factors such as demographics of the population; socio-economic needs; rurality issues; complexity of associated neo-natal services, etc. The methodology remains responsive to changes in government policies on maternity services and clinical practices. Birthrate Plus® is the most widely used system for classifying women and babies according to their needs and using clinical outcome data to calculate the numbers of midwives required to provide intrapartum and postpartum care.

An individual service will produce a casemix based on clinical indicators of the wellbeing of the mother and infant throughout labour and delivery. Each of the indicators has a weighted score designed to reflect the different processes of labour and delivery and the degree to deviations from obstetric normality. Five different categories are created - the lower the score the more normal are the processes of labour and delivery.

Other categories classify women admitted to the delivery suite for other reasons than for labour and delivery.

Together with the casemix, the number of midwife hours per patient/client category based upon the well-

established standard of one midwife to one woman throughout labour, plus extra midwife time needed for complicated Categories III, IV & V, calculates the clinical staffing for the annual number of women delivered.

Included in the workforce assessment is the staffing required for antenatal inpatient and outpatient services, ante and postnatal care of women and babies in community birthing in either the local hospital or neighbouring ones.

The method works out the clinical establishment based on agreed standards of care and specialist needs and then includes the midwifery management and specialist roles required to manage maternity services. Adjustment of clinical staffing between midwives and competent & qualified support staff is included.

The recommendation is to provide total care to women and their babies throughout the 24 hours 7 days a week inclusive of the local % for annual, sick & study leave allowance and for travel in community.

Factors affecting Maternity Services for inclusion within the Birthrate Plus® Study

The Governance agenda, which includes evidence-based guidelines, on-going monitoring, audit of clinical practices and clinical training programmes, will have an impact upon the required midwifery input; plus, other key health policies. Birthrate Plus® allows for inclusion of the requisite resources to undertake such activities.

Increasingly, with having alongside midwife units where women remain for a short postnatal stay before being transferred home, the maternity wards provide care to postnatal women and/or babies who are more complex cases. Transitional care is often given on the ward rather than in neonatal units, safeguarding needs require significant input which put higher demand on the workload.

Shorter postnatal stays before transfer home requires sufficient midwifery input to ensure that the mothers are prepared for coping at home. It is well known that if adequate skilled resources are provided during this postnatal period, then such problems as postnatal depression or inability to breast-feed can be reduced or avoided.

Community based care is expanding with the emphasis being placed on 'normal/low risk/need care being provided in community by midwives and midwifery support roles. Women and babies are often being seen more in a clinic environment with less contacts at home. However, reduced antenatal admissions and shorter

postnatal stays result in an increase in community care. Midwives undertake the Newborn and Physical Examination (NIPE) instead of paediatricians, either in hospital or at home.

Cross border activity can have an impact on community resources in two ways. Some women may receive antenatal and/or postnatal care from community staff in the local area but give birth in another Trust. This activity counts as extra to the workload as not in the birth numbers. They have been termed as "imported" cross border cases. Equally, there ae women who birth in a particular hospital but from out of area so are 'exported' to their local community service. Adjustments are made to midwifery establishments to accommodate the community flows. Should more local women choose to birth at the local hospital in the future adjustments will need to be made to workforce to provide the ante natal and intrapartum care.

The NICE guideline on Antenatal Care recommends that all women be 'booked' by 10 weeks' gestation, consequently more women are meeting their midwife earlier than previously happened. This early visit requires midwifery assessment/advice, but the pregnancy may end as a fetal loss, so the total number of postnatal women is less than antenatal.

Discussion of Data

1. The results are based on three months births for the months of January – March 2018 which was refreshed using the Trust's 2020/21 maternity dashboard information (Table 1). Table 2 demonstrates the change in casemix from 2018.

2. Allowances of 22% uplift for annual, sick and study leave, and 12.5% community travel are included in the staffing figures. The Head of Midwifery has also requested an establishment with 26% uplift.

3. Annual Activity is based on the FY 2020/2021 and total births of 4101, allocated as below:
   - 3568 Delivery Suite births
   - 470 Birth Centre births
   - 63 Homebirths/BBAs

4. The Birthrate Plus® staffing is based on the activity and methodology rather than on where women may be seen &/or which midwives provide the care.

5. Time is included for Band 7 Coordinators, Ward and Department Managers and Team Leaders to cover the day-to-day management and coordination in all areas.

6. The casemix (Table 1) indicates that just over 57.8% of women are in the 2 higher categories IV and V which is in keeping with the average for England of 58% based on 55 maternity units from a wide range of size and location. The casemix is unique to each service as reflects the clinical and social needs of women, local demographics, clinical decision making and adherence to national guidelines. Appendix 1 provides a description of the 5 categories.

The Dudley Group NHSFT	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
2021 DS % Casemix	1.2%	7.4%	25.2%	29.2%	37.0%
	33.8%			*66.2%*	
2021 Generic % Casemix	7.9%	14.3%	20.0%	26.3%	31.5%
(Includes births on the Birth Centre)	*42.2%*			*57.8%*	

Delivery Suite Casemix 2021 Table 1

The Dudley Group NHSFT	% Cat I	% Cat II	% Cat III	% Cat IV	% Cat V
2018 DS % Casemix	1.2%	8.6%	26.9%	26.9%	36.4%
	36.7%			*63.3%*	
2018 Generic % Casemix	10.7%	18.9%	21.0%	20.9%	28.5%
(Includes births on the Birth Centre)	*50.6%*			*49.4%*	

Delivery Suite Casemix 2017/18 Table 2

7. There will be a correlation between the casemix, and maternity stats recorded on the dashboard especially in relation to Induction rates, delivery method, post-delivery problems, obstetric and medical conditions.

8. Table 3 shows the additional intrapartum activity on the Delivery Suite.

	Annual Total
Antenatal cases	274
P/N readmissions	7
Escorted transfers out	15
Non-viable pregnancies	33
IOL *(no. of doses - 90%)*	1553

Additional Intrapartum Activity Table 3

9. Table 4 shows the activity on the Birth Centre

	Annual Total
Triage cases	360
Births only	19
Births with postnatal care	451
Transfers to D/Suite	150

Birth Centre Activity Table 4

10. The staffing for the Maternity Triage is staffed to the BSOTS model i.e., 2 RMs to provide a 24 hour service, 7 days a week. There are 10132 episodes annually.

11. The Day Assessment Unit is staffed 12hrs a day, Monday – Friday, and 8hrs at the weekend with 2 RMs. There are 7505 episodes annually.

12. Table 5 shows the annual activity on Maternity Ward

	Annual Total
Antenatal admissions	853
IOL (*no. of doses -10%*)	173
Postnatal women	3587
P/N readmissions	43
NIPE	3524
Extra care babies	60

Maternity Ward Activity Table 5

13. Often the antenatal activity taking place in hospital is reflective of the higher % in Categories IV & V, as women with medical/obstetric problems, low birth weight &/or preterm infants require more frequent hospital based care. The annual activity indicates 853 admission episodes to the ward excluding inductions and elective sections.

14. The 'extra care babies' of 60 are those that have a postnatal stay longer than 72hrs. The increase in babies that require frequent monitoring is covered in the casemix as more hours are allocated to women in the higher categories IV and V.

15. Staffing is included for 3524 babies to have their NIPE carried out by a midwife on the postnatal ward. NIPE for home births is routinely included.

16. Outpatient Clinic services are based on services are based on session times and numbers of staff to cover these, rather than on a dependency classification and average hours. Professional judgement is used to assess the numbers of midwives and support staff required to 'staff' the clinics/sessions. The outpatients' profile is unique to each maternity service.

17. Table 6 provides a summary of the community population receiving maternity care from The Dudley Group NHSFT community midwives.

Community Exports (out of area women)	1342
Community Imports AN & P/N care Antenatal care only Postnatal care only	 378 8 26
Home births	63
Community cases *(AN &/or PN care)*	3108
Attrition Cases (pregnancy loss or move out of area)	*371*

Community Activity Table 6

18. There are 378 women who birth in neighbouring units and receive antenatal and postnatal care, 8 women who received antenatal care only, and 26 who received postnatal care only from Dudley Group NHSFT community midwives (community imports). The birth episodes are provided by neighbouring units.

19. The exported cases of 1342 are those women who birth in Russell Hall Hospital namely 'out of area' cases and receive their community care from their home Trust (community exports).

20. As with all services, there are women who may be booked or see a midwife in early pregnancy but will have a pregnancy loss or move out of area, namely, attrition cases of 371.

21. The total clinical establishment will contain the contribution from Band 3 MSWs in hospital and community postnatal services. Most maternity units work with a minimum of 90/10% skill mix split of the clinical total wte, although this is a local decision by the Senior Midwifery Team. The current skill mix is based on 94%

RMs and 6% MSWs. The Band 3 MSWs working in the community is a new role for the Trust and the MSWs are currently upskilling to meet the MSW competency framework.

22. In addition, there is a need to have support staff usually at Band 2 working on delivery suite, maternity wards and in outpatient clinics. These roles are essential to the service but are not included in the midwifery ratio. To calculate the requirement for these support staff, professional judgement of the numbers per shift is used rather than a clinical dependency method.

birthrateplus® | Safe Staffing for Maternity Services

Birthrate Plus® Staffing: inclusive of 22% uplift

Clinical WTE required	
Delivery Suite: • Births • A/N cases • IOLs • P/N readmissions • Non-viable pregnancies • Escorted transfers out	51.13wte RMs
Triage - BSOTS Model	10.93wte RMs
Birth Centre • Births & postnatal care • Births only • Transfers to Delivery Suite • Triage cases	10.93wte *(2 RMs minimum staffing)*
Maternity Ward • A/N Admissions • Inductions of Labour • Postnatal women • NIPE • Extra Care Babies • Postnatal readmissions	44.40wte RMS & 1 MSWs 1 per shift
Outpatients Services • Fetal Medicine clinics • Specialist midwife clinics • Midwifery led clinics • Obstetric clinics • Specialist Obstetric clinics • DAU	6.19wte RMs 4.95wte RMs
Community Services: • Home births • Community AN & PN care • Attrition • Additional safeguarding	34.16wte RMS *(may Include MSWs when suitably qualified)*
Total Clinical WTE	**162.69wte RMs & PN MSWs**

Birthrate Plus Establishment Table 7

Current Clinical Funded Bands 3 – 7

Comparisons are made with the current funded establishment as per table 8 below.

RMs Bands 5-7	Contribution from Specialist roles	B3 MSWs	Total Clinical wte
152.34	5.00	9.47	166.81

Current Funded Establishment Table 8

Comparison of Clinical Staffing

Current Funded Establishment bands 3 – 7	Birthrate Plus establishment bands 3 - 7	Variance Bands 3 - 7
166.81	162.69	4.12

Comparison of Clinical Staffing Table 9

Clinical Specialist Midwives

23. The Clinical Specialist midwives have both a clinical and non-clinical role. The decision of the senior midwifery management team is that 33.8% (5.00wte) of the total 14.80wte contributes to the clinical staffing, the remaining 66.2% (9.80wte) is included in the non-clinical establishment.

Non-Clinical Midwifery Roles

24. The total clinical establishment based on the current activity, as produced from Birthrate Plus® is 162.69wte and this excludes the non-clinical midwifery roles needed to provide maternity services, as summarised below.
    - Head of Midwifery, Deputy Matrons/Matrons with additional hours for team leaders to participate in strategic planning & wider Trust business
    - Additional time for specialist midwives to undertake audits, training of staff, etc.
    - Bereavement
    - Screening

- Practice Development
- Vulnerable women
- Substance misuse
- Long term conditions
- Saving Babies Lives
- Continuity of Carer lead
- Fetal Monitoring
- Risk & Governance
- Infant Feeding
- PMA lead
- Public Health lead

Applying 10% i.e.,16.27wte to the Birthrate Plus clinical wte will provide additional staff as listed above

Note: To apply a % to the clinical total ensures there is .no duplication of midwifery roles. The % can be set locally, although the RCM Staffing Guidance support 9-11% and Birthrate Plus is NICE endorsed hence being generally applied in maternity services.

Current Funded Additional wte	Birthrate Plus wte (10%)	Variance wte
14.80	16.27	-1.47

Comparison of additional specialist and management wte Table 10

Summary of Results

Current Funded Clinical, specialist and management roles	Birthrate Plus wte	Variance wte
181.61	178.97	2.64

Total Clinical, Specialist and Management wte Table 11

25. Based on 2020/21 activity, a 22% uplift the clinical total recommended for The Dudley Group NHS Foundation Trust is 162.69wte, of this based on the current skill mix (%) 153.45wte could be Registered Midwives bands 5-7 and 9.24wte MSWs providing postnatal care (on the ward/community). The current clinical variance is 3.88wte RMs and 0.23wte MSWs. The total clinical variance is 4.11wte. *However, it is noted that the maternity service currently has a high vacancy and a high sickness/ maternity leave rate and as a result, has not yet been able to introduce Continuity of Carer caseload teams.*

26. In addition, based on 10% 16.27wte is recommended for non-clinical roles, which compared to the current establishment of 14.80wte, means that there is a non-clinical variance of -1.47wte.
    Note: The recommended establishment is for the baseline based on acuity and activity and does not specifically reflect Continuity of Carer caseload teams.

27. The calculated total workforce requirement for The Dudley Group NHS Foundation Trust is 178.97wte. The comparative current funded establishment is 181.61wte which means that there is a variance of 2.64wte registered midwives.

28. The Head of Midwifery has requested calculations with 26% Uplift, which would indicate a shortfall of -5.04wte.

Based on 26% Uplift	
Clinical Midwifery WTE	169.68
Non Clinical roles WTE (10%)	16.97
Total, Clinical, Specialist, Management WTE	186.65

Staffing establishment with 26% Uplift Table 12

Using ratios of births/cases to midwife wte for projecting staffing establishments

29. To calculate for staffing based on increase in activity, it is advisable to apply ratios of births/cases to midwife wte, as this will consider an increase or decrease in all areas and not just the intrapartum care of women. There will be changes in community, hospital outpatient and inpatient services if the annual number of women giving birth alters.

Once the clinical 'midwifery' establishment has been calculated using the ratios, a skill mix % can be applied to the total clinical wte to work out what of the total clinical 'midwifery' wte can be suitably qualified support staff, namely MSWs Band 3. Nursery Nurses and RGNs working in postnatal services only.

In addition, a % is added (10%) to include the non-clinical roles as these are outside of the skill mix adjustment as above. However, the addition of other support staff (usually Band 2s MCAs) that do not contribute to the clinical establishment will be necessary.

Calculating staffing changes using a ratio to meet increase in births assumes that there will be an increase in activity across ALL models of care and areas including homebirths.

If there is an increase or decrease in activity, then the appropriate ratio can be applied depending on the level of care provided to the women. For example, if the women just have community care as birth in a neighbouring unit, it is only necessary to estimate the increase in community staffing so the ratio of 96 cases to 1 wte is the correct ratio to apply. To use the 1:25.2 ratio will overestimate the staffing as this covers all ante, intra and postnatal care.

Example: A woman who births in the Delivery Suite but is 'exported' to another community, then the ratio of 30.4 births to 1 wte should be applied. The main factor in using ratios is to know if having total care for the 'Trust' midwives or only hospital or community.

Midwife Ratios based on above data and results

30. The ratios below are based on the Birthrate Plus® dataset, national standards with the methodology and local factors, such as % uplift for annual, sick & study leave, case mix of women birthing in hospital, provision of outpatient/day unit services and total number of women having community care irrespective of place of birth.

Delivery Suite births, all hospital care	30.4 births to 1 wte
Birth Centre births	43 births to 1 wte
Home births	34.7births to 1 wte
Community care (hospital births)	96 cases to 1 wte
Overall ratio for all births	**25.2 births to 1 wte**

The Dudley Group NHSFT Ratios, Table 13

Note: The overall ratio for Dudley Group NHS Foundation Trust of 25.2 births to 1wte equates to the often-cited ratio of 28 or 29.5 births to 1 wte, but they are not directly comparable for the above local factors. The latter ratios were based on extensive data from Birthrate Plus studies and whilst published so seen as 'up to date', more recent studies in the past 3 years are indicating that these ratios may not be appropriate to use for comparison, mainly due to increase in acuity of mothers and babies and subsequent care required. These factors have changed the overall and, indeed, individual ratios. Therefore, it is advisable to use own ratios calculated from a detailed assessment for workforce planning purposes.

Appendix 1

Method for Classifying Birthrate Plus® Categories by Scoring Clinical Factors in the Process and Outcome of Labour and Delivery

There are five [5] categories for mothers who have given birth during their time in the delivery suite [Categories I – V)

CATEGORY I **Score = 6**

This is the most normal and healthy outcome possible. A woman is defined as Category I [*lowest level of dependency*] if:
The woman's pregnancy is of 37 weeks' gestation or more, she is in labour for 8 hours or less; she achieves a normal delivery with an intact perineum; her baby has an Apgar score of 8+; and weighs more than 2.5kg; and she does not require or receive any further treatment and/or monitoring

CATEGORY II **Score = 7 – 9**

This is also a normal outcome, very similar to Category I, but usually with the perineal tear [score 2], or a length of labour of more than 8 hours [score 2]. IV Infusion [score 2] may also fall into this category if no other intervention. However, if more than one of these events happens, then the mother and baby outcome would be in Category III.

CATEGORY III **Score = 10 – 13**

Moderate risk/need such as Induction of Labour with syntocinon, instrumental deliveries will fall into this category, as may continuous fetal monitoring. Women having an instrumental delivery with an epidural, and/or syntocinon may become a Category IV.

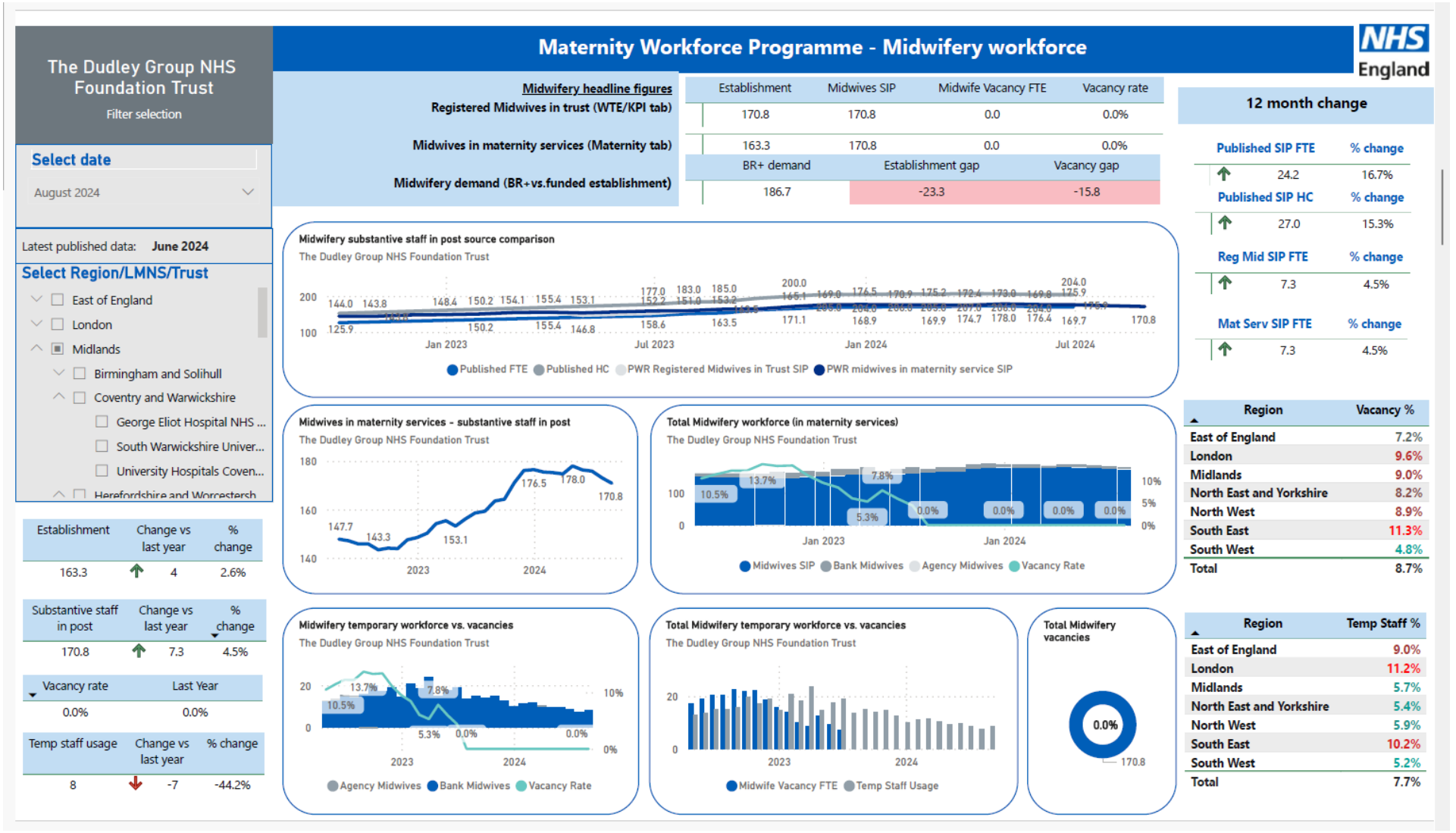
CATEGORY IV **Score = 14 –18**

More complicated cases affecting mother and/or baby will be in this category, such as elective caesarean section; pre-term births; low Apgar and birth weight. Women having epidural for pain relief and a normal delivery will also be Category IV, as will those having a straightforward instrumental delivery.

CATEGORY V **Score = 19 *or more***

This score is reached when the mother and/or baby require a very high degree of support or intervention, such as, emergency section, associated medical problem such as diabetes, stillbirth or multiple pregnancy, as well as unexpected intensive care needs post-delivery. Some women who require emergency anaesthetic for retained placenta or suture of third degree tear may be in this category.

APPENDIX THREE



APPENDIX FOUR

BUSINESS CASE FRONT SHEET

Front Sign Off Sheet for **Clinical** Business Cases

Position	Signature/Name
Chief of Medicine/Surgery/Clinical Support *1	
Divisional Director of Operations *1	
Diagnostics *2	
Research & Development *2	
Education and Training *2	
Pharmacy *2	
Information Technology *2	
PFI/Estates *2	
Outpatients *2	

*1 Mandatory
*2 Mandatory if applicable to the Business Case (otherwise state “Not Applicable”)

Front Sign Off Sheet for **Corporate** Business Cases

Position	Signature/Name
Executive Director *1	
Lead General Manager *1	
Diagnostics *2	
Pharmacy *2	
Research & Development *2	
Education and Training*2	
Information Technology *2	
PFI/Estates *2	
Outpatients *2	

*1 Mandatory
*2 Mandatory if applicable to the Business Case (otherwise state “Not Applicable”)

Workforce KPI Report

November 2024

The Dudley Group
NHS Foundation Trust

Summary

The Dudley Group NHS Foundation Trust

Metric	Rate	Target	Trend	
Absence – In Month	5.56%	<=5%	↑	**Sickness Absence** In-month sickness absence increased from 5.47% in October 2024 to 5.56% in November 2024.
Absence - 12m Rolling	5.16%	<=5%	↑	The rolling 12-month absence increased from 5.12% in October 2024 to 5.16% in November 2024.
Turnover	7.10%	<=8%	↑	**Turnover** Turnover (all terminations) increased from 7.07% in October 2024 to 7.10% in November 2024 but still remains low.
Normalised Turnover	2.94%	<=5%	↑	Normalised Turnover increased from 2.93% in October 2024 to 2.94% in November 2024. Turnover (all terminations) is all terminations from the organisation. Normalised Turnover focuses on voluntary resignations and excludes dismissals, fixed-term contracts, redundancy, retirement and rotations.
Retention (12 month)	91.6%	>=80%	↑	**Retention** The 12-month retention rate increased from 91.6% in October 2024 to 92.3% in November 2024.
Vacancy Rate	5%	<=7%	=	**Vacancy Rate** The vacancy rate has remained static at 5% in November 2024.
Mandatory Training	92.22%	>=90%	↓	**Mandatory Training** Mandatory Training decreased slightly from 92.09% in October 2024 to 91.79% in October 2024. Overall, it has remained above 90% target for a sustained period.

CARE RESPECT RESPONSIBILITY

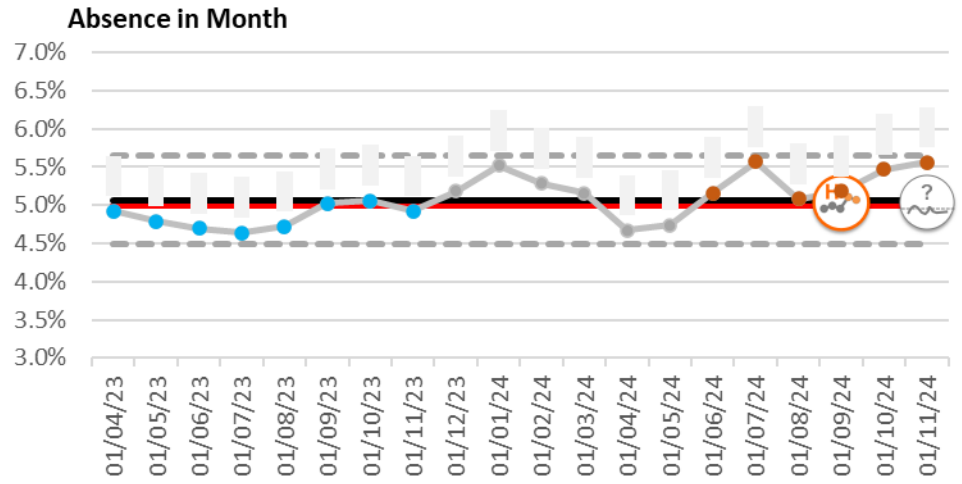
Exceptions/Improvement/Actions

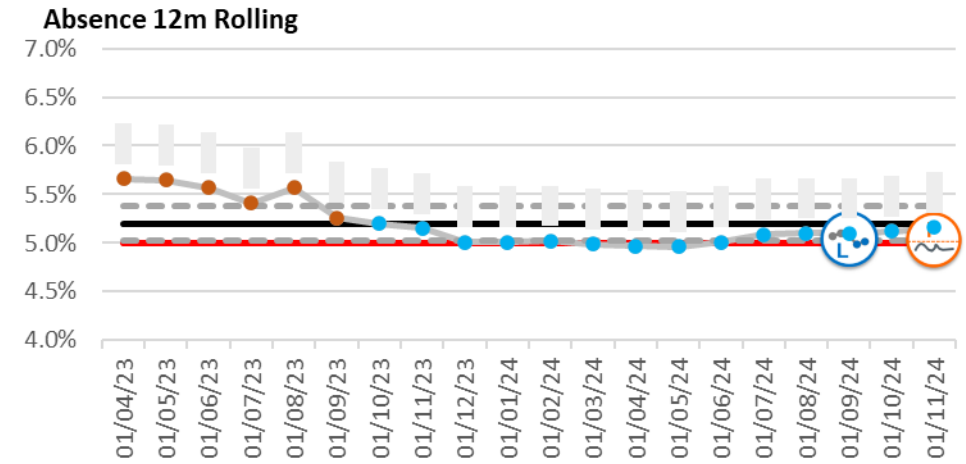
The Dudley Group
NHS Foundation Trust

METRIC	SUMMARY
Sickness	Sickness absence (in month and rolling) has increased for the third month in a row. Both long-term and short-term absence increased in November 2024. Increases in absence are driven by a combination of factors including a high level of short-term absence for cough, cold and flu , and an increase of long-term sickness cases. Staff working in clinical support roles appear to be a hot spot staff group for an increasing level of sickness absence. Working groups are in place to look at addressing a more robust management of short-term absence and also reducing staff experiencing work related stress. A re-set will be required in the new year. The flu and COVID vaccination programmes continue to be underway. Additionally, the Occupational Health service provision and leadership is under review given the delays to access OHP advice and support.
Bank	Bank fill rates increased in November 2024. In November 2024 admin and clerical bank spend has increased overall and this appears to be related to an increase in admin bank in CCCS and Medicine linked to critical vacant posts and additional activity. Additional clinical services (support staff) bank usage has also increased. This is mainly relating to higher levels of unavailability (sickness) and increased activity such as a rise in 121 duties or unbudgeted surge beds being open. Rostering KPI's remain relatively stable in November.
Statutory and Mandatory training	Performance overall is stable and above target. There was a minor decrease in performance in month. There have been challenges in aligning the records of DIHC staff who transferred over. Work has continued to ensure this is completed before the three-month grace period applied to new starters. Safeguarding Adults Level 3 has now recovered to pre-review levels in the summer and work continues to reach target on this subject.
Work Experience and Apprenticeships	There were no apprenticeship sign-ups during November. This was lower than plan and due to delays to planned programmes for CSWs, Maternity Support workers and Leadership programmes. Activity will therefore increase in December and January. A reception for the West Midlands Mayor and senior representatives from the West Midlands Combined Authority has been held to showcase the achievements of the ICan programme to date. There was significant positive feedback around the contribution to employment and economic impact (around £6 million pounds to the local economy) and around the model of partnership working. Continuation funding for ICan beyond March 2025 is still yet to be confirmed but there are positive indications that some programme funding is likely to be available.

Sickness Absence

The Dudley Group
NHS Foundation Trust





In-Month Sickness Absence

In-month sickness absence for November 2024 is 5.56%, an increase from 5.47% in October 2024.

Rolling 12 M Sickness Absence

The rolling 12-month absence for November 2024 is 5.16%, an increase from 5.12% in October 2024.

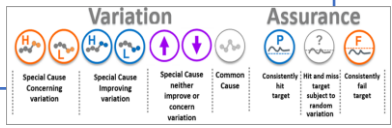
Assurance

A lot of work has been undertaken to date including the implementation of the Wellbeing Journey, a complete re-write of the supporting attendance policy and roll out of associated training.

There is good grip and control over long-term sickness absence management, although some cases have been delayed from concluding due to OHP provision.

What next?

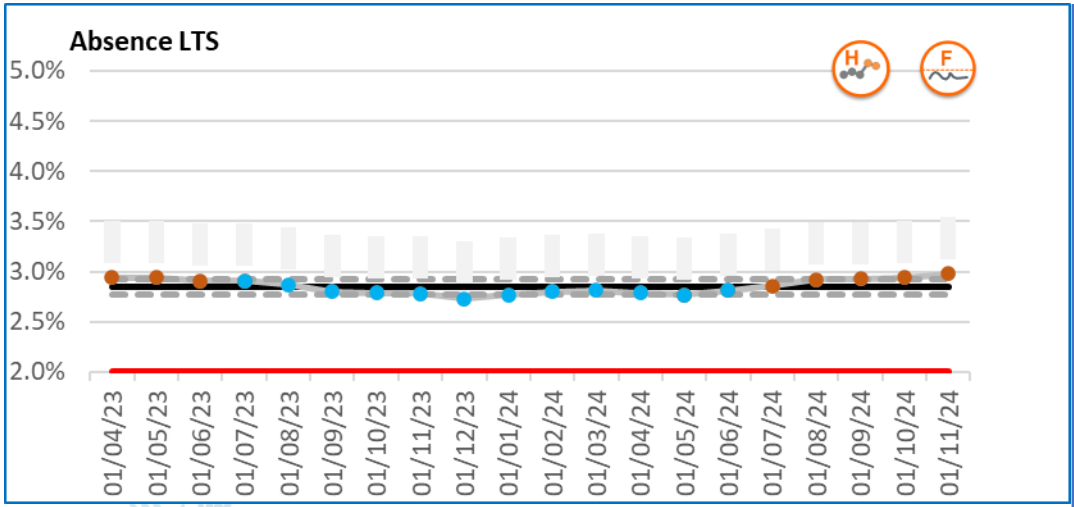
Task and finish group looking at short-term absence management and prevention, as well as reduction of FTE days lost for Stress/Anxiety/Depression and MSK absences.

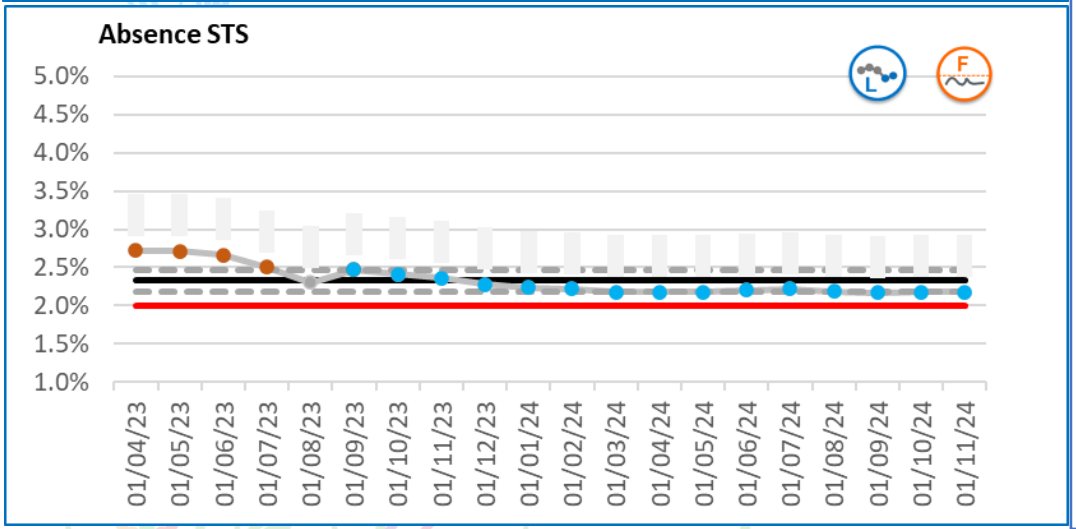


	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Absence in Month	5.18%	5.52%	5.28%	5.16%	4.67%	4.74%	5.16%	5.57%	5.08%	5.18%	5.47%	5.56%
Absence 12m Rolling	5.01%	5.01%	5.02%	4.99%	4.97%	4.96%	5.01%	5.09%	5.10%	5.10%	5.12%	5.16%

Long-Term and Short-Term Absence

The Dudley Group NHS Foundation Trust





In November 2024 long-term absence has increased from 2.994% in October 2024 to 2.98%. Short-term sickness has remained static at 2.18%.

In November 2024 short-term absence accounted for 84% of all sickness absence episodes, with long-term absence (28 days +) accounting for 16% of absence episodes. Long-term absence accounted for 50% of all FTE days lost.

As of 30th November 2024 there were 141 long-term absences open across the Trust.

- 129 cases are between 28 days and 6 months
- 8 cases between 6 months and 12 months
- 4 cases over 12 months in length

Assurance

Long-term sickness is robustly managed through regular reporting and tracking cases centrally through Divisional HR teams, reduction in cases over twelve months over the last year.

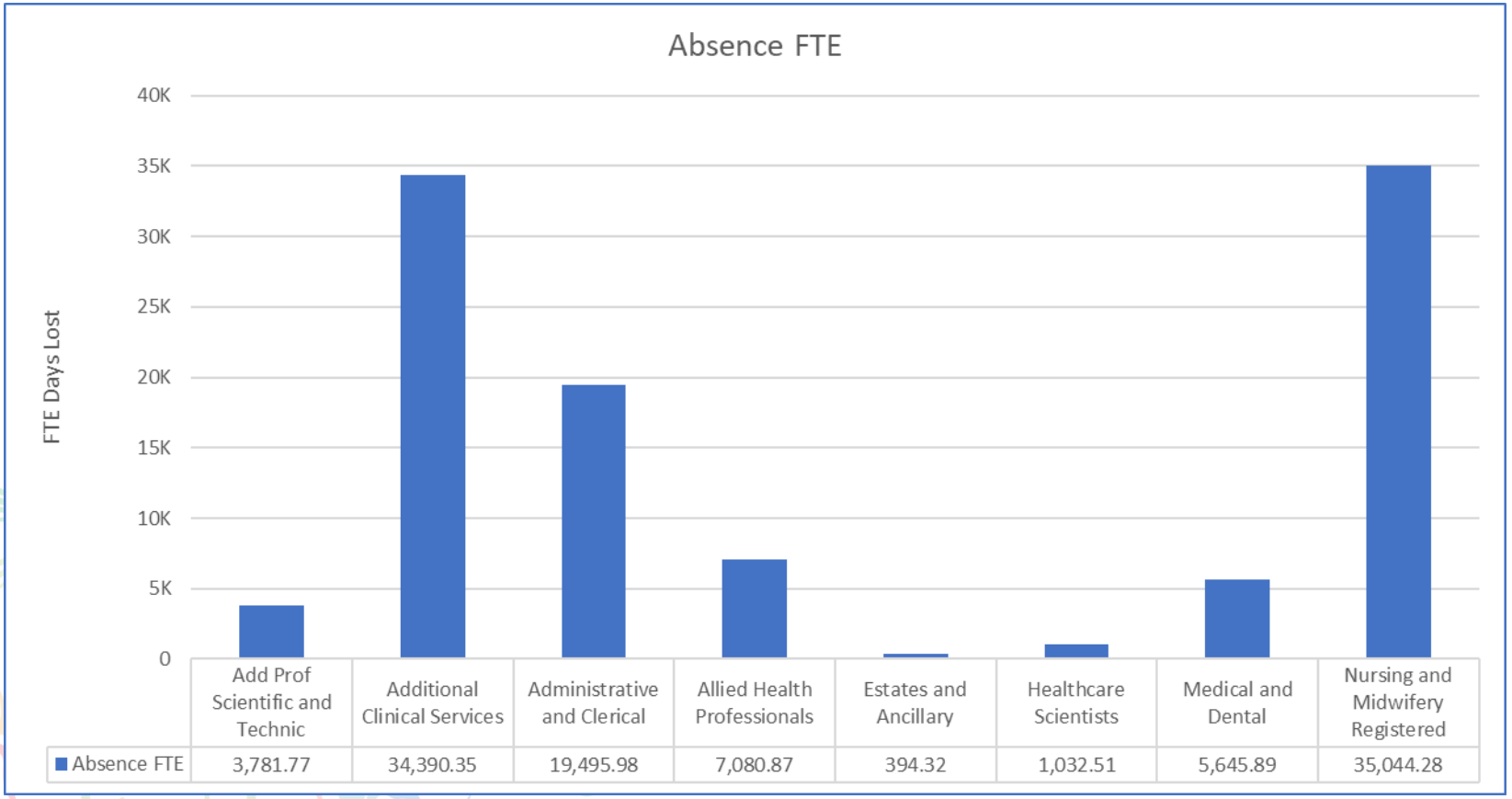
What next

- A task force is looking at how to manage short-term absence more robustly using ESR.
- Review of OHP provision is needed to speed up management of LTS cases.

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Absence LTS	2.73%	2.77%	2.80%	2.81%	2.79%	2.77%	2.81%	2.86%	2.92%	2.93%	2.94%	2.98%
Absence STS	2.28%	2.24%	2.22%	2.18%	2.18%	2.18%	2.20%	2.22%	2.19%	2.17%	2.18%	2.18%

Sickness Absence - Staff Groups

The Dudley Group NHS Foundation Trust



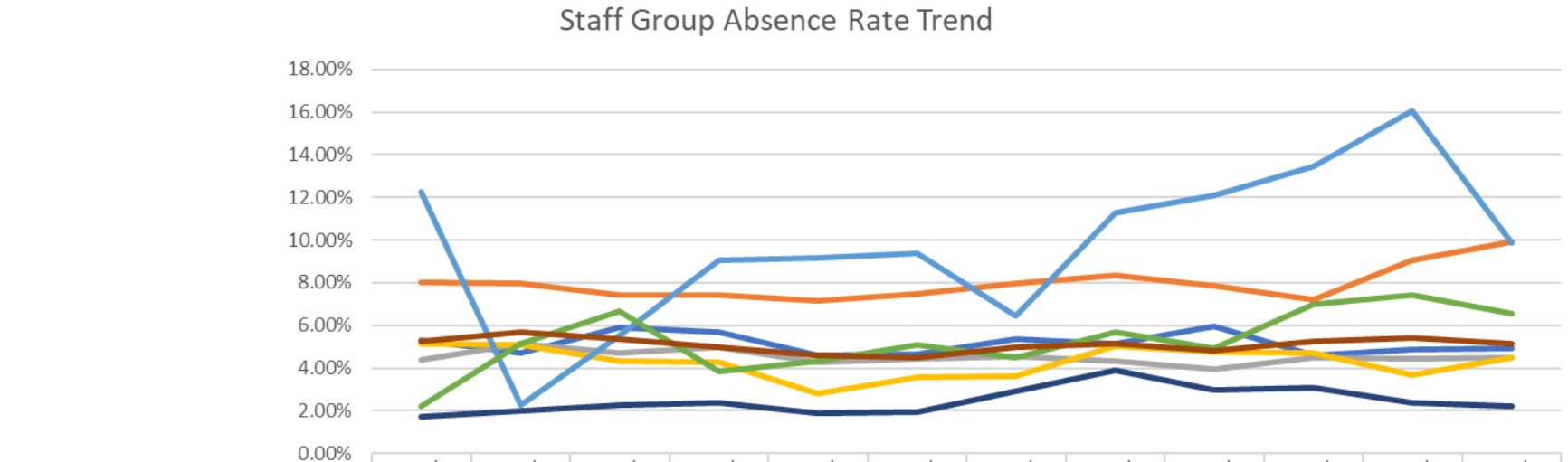
	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Absence FTE	3,781.77	34,390.35	19,495.98	7,080.87	394.32	1,032.51	5,645.89	35,044.28

Year to date Nursing and Midwifery and Additional Clinical Services have lost the most FTE days as a result of sickness absence.

CARE RESPECT RESPONSIBILITY

Sickness Absence- Staff Groups

The Dudley Group NHS Foundation Trust



	2023/12	2024/01	2024/02	2024/03	2024/04	2024/05	2024/06	2024/07	2024/08	2024/09	2024/10	2024/11
Add Prof Scientific and Technic	5.33%	4.70%	5.92%	5.71%	4.58%	4.64%	5.37%	5.14%	5.97%	4.61%	4.89%	4.91%
Additional Clinical Services	8.01%	7.94%	7.41%	7.45%	7.14%	7.50%	7.98%	8.35%	7.86%	7.22%	9.08%	9.90%
Administrative and Clerical	4.41%	5.12%	4.71%	4.98%	4.29%	4.43%	4.53%	4.34%	3.93%	4.47%	4.42%	4.52%
Allied Health Professionals	5.17%	5.09%	4.31%	4.26%	2.81%	3.59%	3.63%	5.05%	4.76%	4.73%	3.70%	4.49%
Estates and Ancillary	12.28%	2.28%	5.52%	9.06%	9.19%	9.38%	6.46%	11.28%	12.10%	13.45%	16.07%	9.89%
Healthcare Scientists	2.24%	5.14%	6.68%	3.82%	4.34%	5.09%	4.47%	5.67%	4.93%	6.98%	7.44%	6.56%
Medical and Dental	1.74%	1.98%	2.28%	2.38%	1.90%	1.95%	2.92%	3.89%	2.96%	3.09%	2.37%	2.22%
Nursing and Midwifery Registered	5.26%	5.67%	5.35%	4.98%	4.61%	4.52%	4.99%	5.12%	4.82%	5.24%	5.42%	5.12%

In November 2024 there was a decline in sickness absence rates for Medical and Dental, Nursing and Midwifery, Healthcare Scientists and Estates and Ancillary. All other staff groups increased in their sickness absence rates.

CARE RESPECT RESPONSIBILITY

Reasons for Absence

The Dudley Group NHS Foundation Trust

Top 10 Absence Reasons by FTE Days Lost

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	761	1,004	23,366.05	21.9
S13 Cold, Cough, Flu - Influenza	2446	3,321	11,531.47	10.8
S25 Gastrointestinal problems	2073	2,844	10,945.61	10.2
S12 Other musculoskeletal problems	569	710	10,276.97	9.6
S99 Unknown causes / Not specified	621	737	5,819.77	5.4
S30 Pregnancy related disorders	273	759	5,644.63	5.3
S28 Injury, fracture	221	239	5,460.43	5.1
S26 Genitourinary & gynaecological disorders	355	453	4,943.35	4.6
S11 Back Problems	330	382	4,213.89	3.9
S98 Other known causes - not elsewhere classified	285	383	4,000.39	3.7

Top 10 Absence Reasons by Absence Days

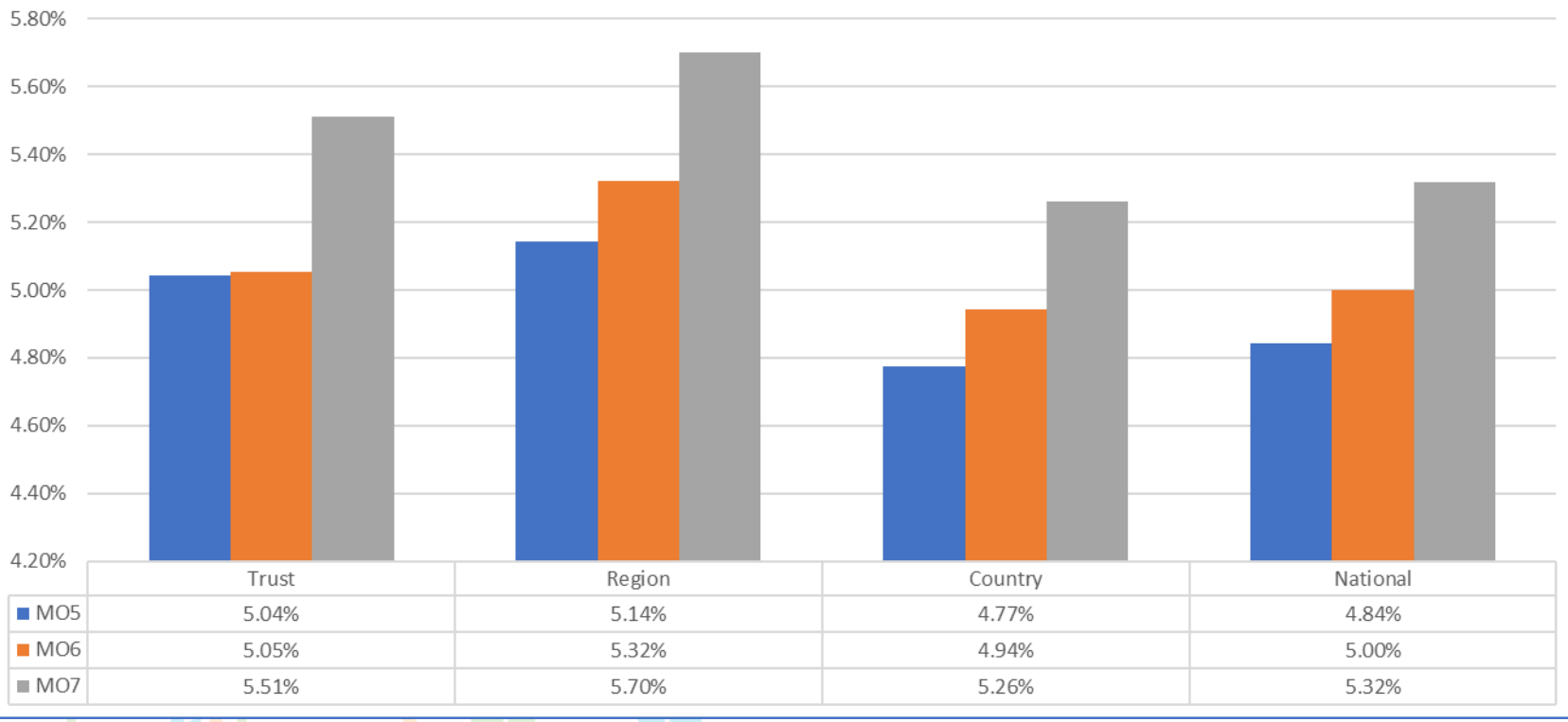
Absence Reason	Headcount	Abs Occurrences	Abs Days	%
S10 Anxiety/stress/depression/other psychiatric illnesses	761	1,004	27,689	22.2
S13 Cold, Cough, Flu - Influenza	2446	3,321	13,197	10.6
S25 Gastrointestinal problems	2073	2,844	12,404	10.0
S12 Other musculoskeletal problems	569	710	12,331	9.9
S99 Unknown causes / Not specified	621	737	6,981	5.6
S28 Injury, fracture	221	239	6,477	5.2
S30 Pregnancy related disorders	273	759	6,337	5.1
S26 Genitourinary & gynaecological disorders	355	453	5,849	4.7
S11 Back Problems	330	382	5,094	4.1
S98 Other known causes - not elsewhere classified	285	383	4,271	3.4

- Anxiety/Stress/Depression/Other Psychiatric illness continues to be the top reason for absence that causes the most number of FTE days lost and Cough Cold Flu is the second highest reason.
- Cough, Cold, Flu is the top reason for absence that has the highest number of occurrences followed by gastrointestinal problems.
- The focus for 2024/25 will be reducing the number of FTE days lost due to Stress and MSK related absences and reduction (with a view to eradicate) unknown causes being recorded.

CARE RESPECT RESPONSIBILITY

Absence Benchmarking

The Dudley Group NHS Foundation Trust

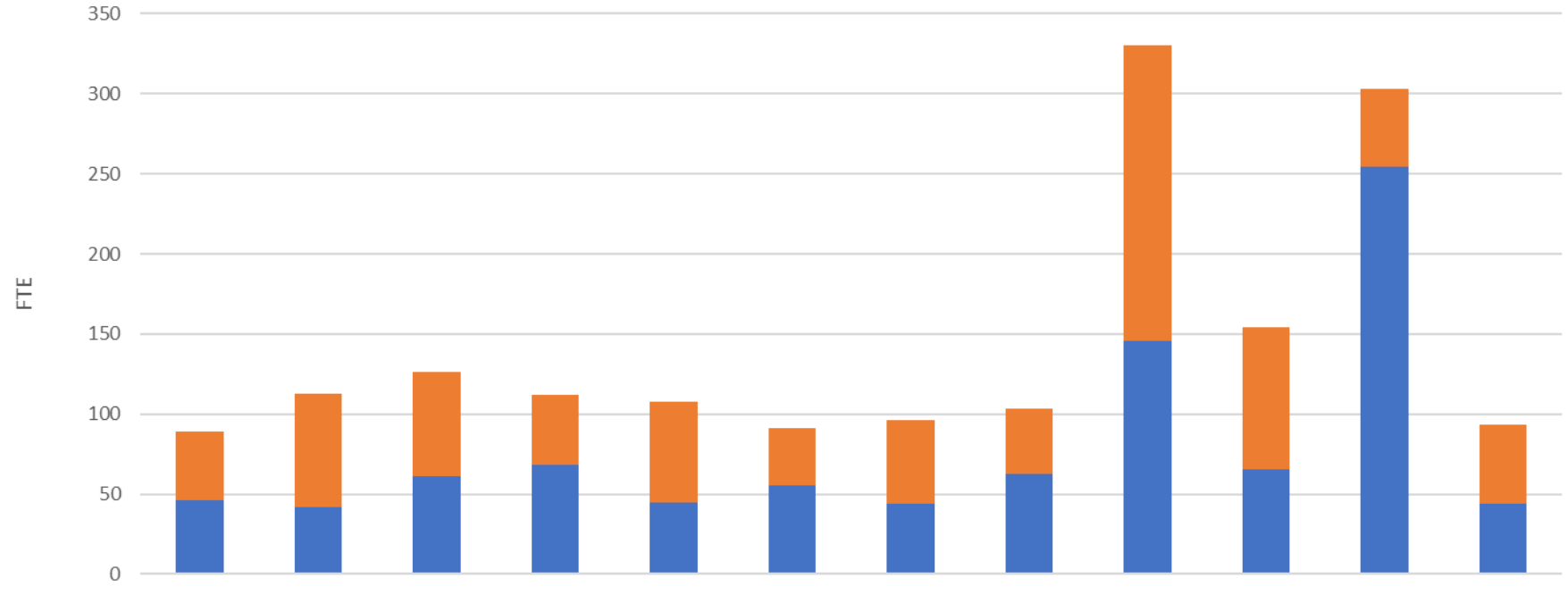


	Trust	Region	Country	National
MO5	5.04%	5.14%	4.77%	4.84%
MO6	5.05%	5.32%	4.94%	5.00%
MO7	5.51%	5.70%	5.26%	5.32%

- National and Regional benchmarking data is only available until end of October 2024.
- Due to local differences in timeframes and methods used for recording sickness absences, national and regional comparative data is subject to change. DGFT absence includes COVID related absences and is refreshed each month twelve months in arrears.
- In October 2024 (M07), the Trust's sickness absence rate was lower than the Region, but higher than the Country and Nationally.

Starters and Leavers

The Dudley Group NHS Foundation Trust



	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Starters FTE	43.14	70.67	65.39	43.48	62.83	35.54	52.59	40.54	184.76	88.73	48.58	49.03
Leavers FTE	46.14	42.08	60.87	68.38	44.5	55.34	43.66	62.61	145.51	65.12	254.59	44.25

Starters vs Leavers

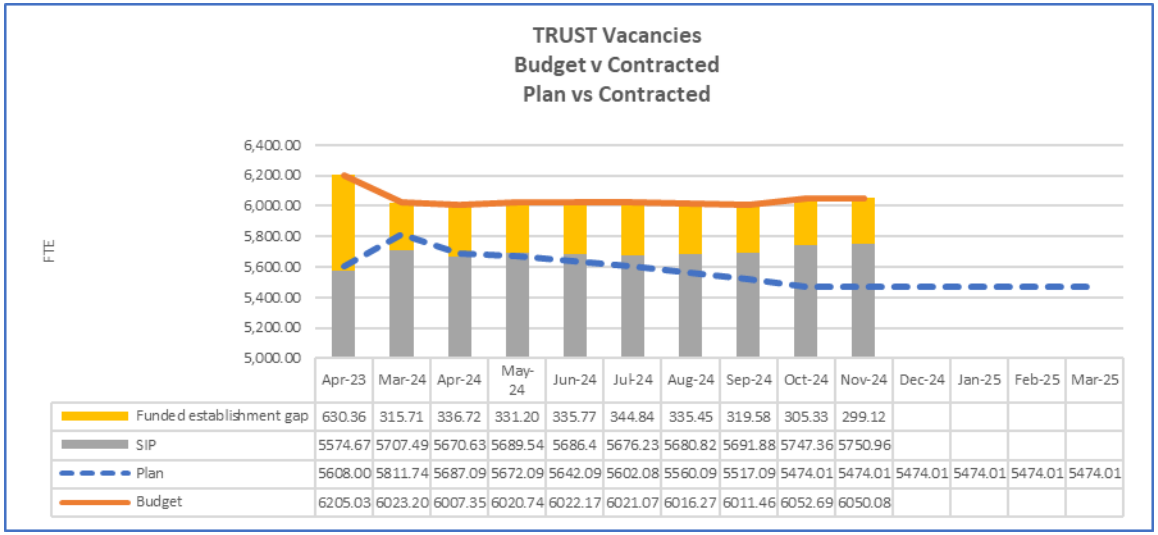
- This month we have seen more starters than leavers in November 2024.

Assurance

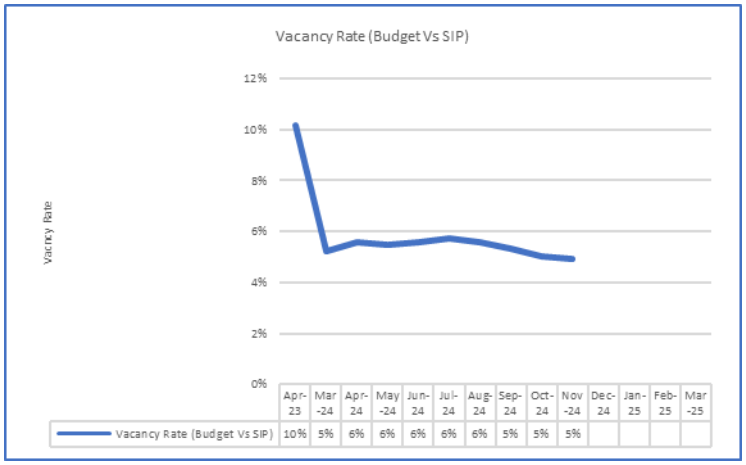
- The Trust's recruitment and retention journey is now ratified and will be socialised through a new sub-group of People Committee. However, recruitment to roles continues to be subject to grip and control / vacancy control measures, which means a greater emphasis on retention over the coming months.

Recruitment/Vacancies/Turnover - TRUST

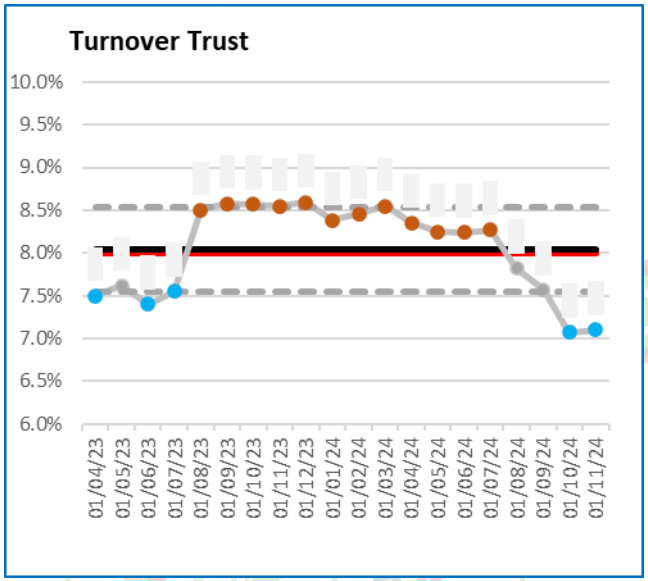
The Dudley Group
NHS Foundation Trust

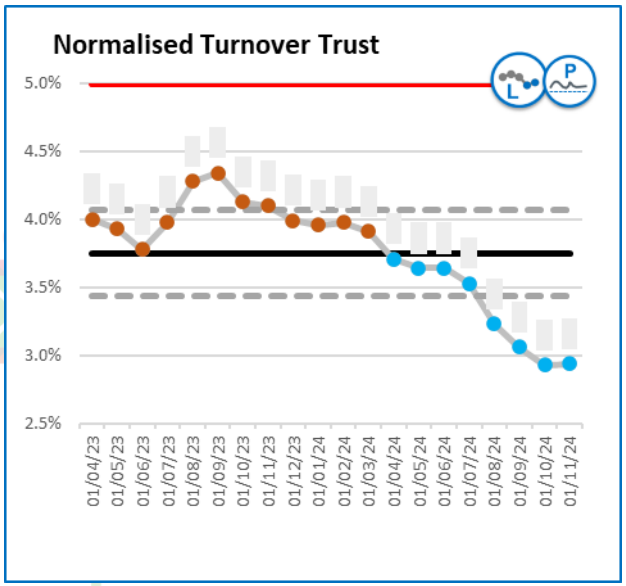


	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Funded establishment gap	630.36	315.71	336.72	331.20	335.77	344.84	335.45	319.58	305.33	299.12				
SIP	5574.67	5707.49	5670.63	5689.54	5686.4	5676.23	5680.82	5691.88	5747.36	5750.96				
Plan	5608.00	5811.74	5687.09	5672.09	5642.09	5602.08	5560.09	5517.09	5474.01	5474.01	5474.01	5474.01	5474.01	5474.01
Budget	6205.03	6023.20	6007.35	6020.74	6022.17	6021.07	6016.27	6011.46	6052.69	6050.08				



	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Vacancy Rate (Budget Vs SIP)	10%	5%	6%	6%	6%	6%	6%	5%	5%	5%				





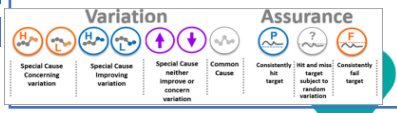
Contracted WTE staff has increased from 5747.36 in October 2024 to 5750.96 in November 2024

For substantive staff this is 276.95 WTE above the workforce plan (more staff than we said we would have).

Total vacancies stand at 299.12 WTE in October 2024. This equates to a vacancy rate of 5%.

Overall staff turnover (rolling twelve months average) is at 7.10% with normalised turnover at 2.94% in November 2024.

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Trust Turnover	8.59%	8.38%	8.46%	8.55%	8.35%	8.25%	8.24%	8.27%	7.82%	7.57%	7.07%	7.10%
Trust Normalised Turnover	3.99%	3.96%	3.98%	3.91%	3.71%	3.64%	3.64%	3.53%	3.23%	3.06%	2.93%	2.94%



RESPECT RESPONSIBILITY

Top 5 Departments - High Vacancies

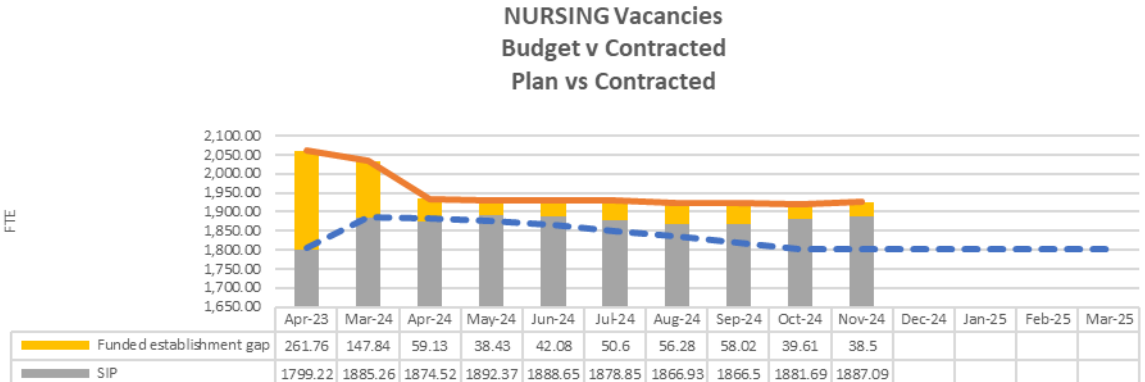
The Dudley Group
NHS Foundation Trust

Cost Centre Description	Budget WTE	Contracted WTE	Vacancy WTE	Vacancy %
Pharmacy Department	185.63	169.44	16.19	9%
Emergency Department Nursing	139.31	124.94	14.37	10%
Therapy Department	141.89	127.52	14.37	10%
Ward AMU Assessment	55.02	41.83	13.19	24%
Phlebotomists	68.76	55.59	13.17	19%

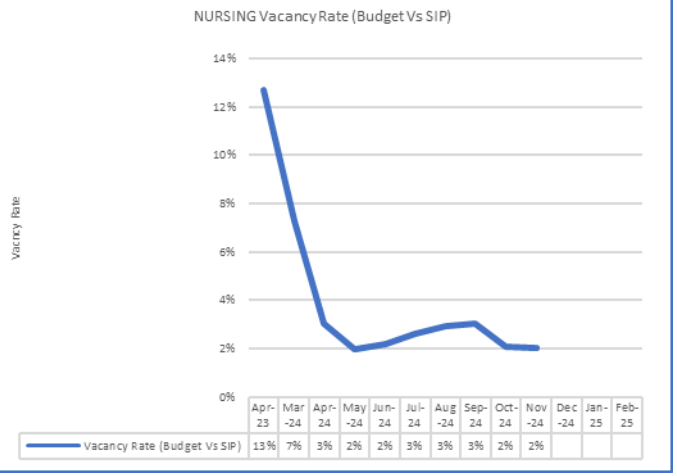
- ED nursing have been reviewing their skill mix and converting some vacant posts into different roles to try to attract Nursing to ED as well and implement succession planning.
- Pharmacy have undertaken significant work to address known factors that create higher turnover and lower retention rates, such as addressing flexible working challenges. The vacancy gap is slowly closing but continue to be an ongoing progress.
- There has been a recent deep dive into AHP and Healthcare Scientist roles with an associated hot spots and action plan that the Being and Brilliant Place to Work group is supporting. There is also bespoke OD interventions to support improving the culture within the Therapy department.
- Further exploration of vacancies and turnover within Phlebotomy will be undertaken to understand the drivers behind higher vacancy rates and the plans for recruitment.
- Medical staff Paediatrics are actively recruiting with 5 WTE waiting to start.

Recruitment/Vacancies/Turnover - Registered Nursing & Midwifery

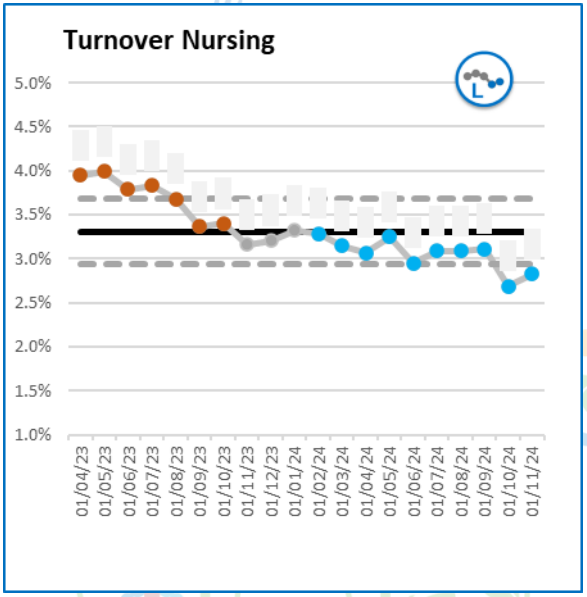
The Dudley Group NHS Foundation Trust

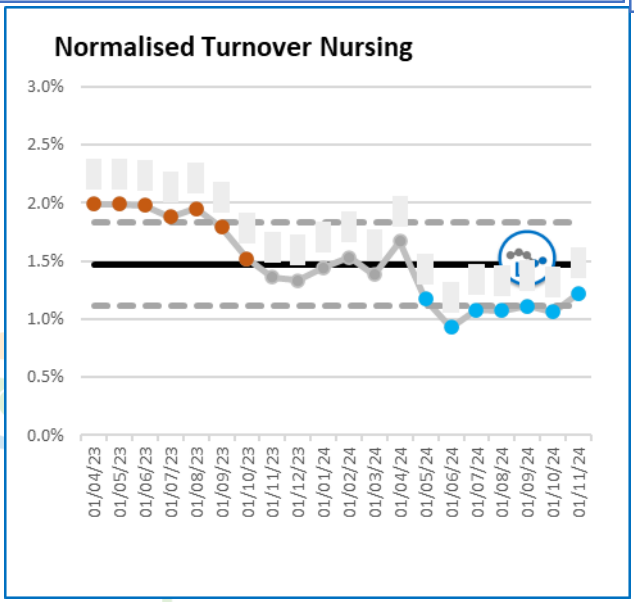


	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Funded establishment gap	261.76	147.84	59.13	38.43	42.08	50.6	56.28	58.02	39.61	38.5				
SIP	1799.22	1885.26	1874.52	1892.37	1888.65	1878.85	1866.93	1866.5	1881.69	1887.09				
Plan	1805.00	1885.00	1882.66	1877.10	1865.30	1849.87	1833.89	1817.15	1800.57	1800.57	1800.57	1800.57	1800.57	1800.56
Budget	2060.98	2033.10	1933.65	1930.80	1930.73	1929.45	1923.21	1924.52	1921.30	1925.59				



	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Vacancy Rate (Budget Vs SIP)	13%	7%	3%	2%	2%	3%	3%	3%	2%	2%			





Contracted WTE for Nursing and Midwifery staff in November 24 is 1897.09 WTE, compared with 1881.69 WTE in October 24.

This is 86.52 WTE above the workforce plan (more staff than we said we would have).

The total Nursing and Midwifery vacancies reported stands at 38.5 WTE, which equates to a vacancy rate of 2%.

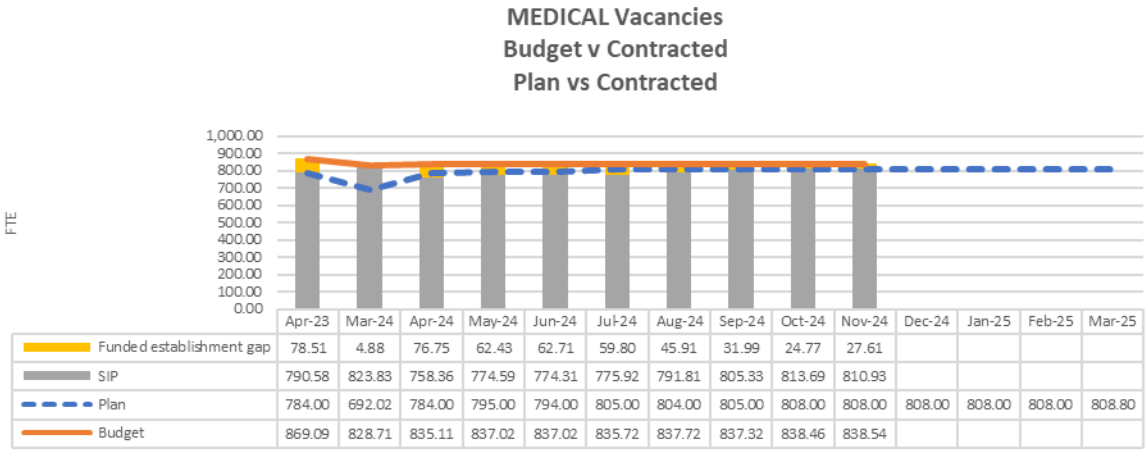
Staff turnover for Nursing (rolling 12 months average) is at 2.83%, with normalised turnover at 1.22% in November 2024.

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Nursing Turnover	3.01%	3.02%	3.04%	3.15%	3.07%	3.25%	2.95%	3.09%	3.09%	3.11%	2.69%	2.83%
Nursing Normalised Turnover	1.38%	1.44%	1.53%	1.38%	1.67%	1.17%	0.93%	1.08%	1.07%	1.11%	1.06%	1.22%

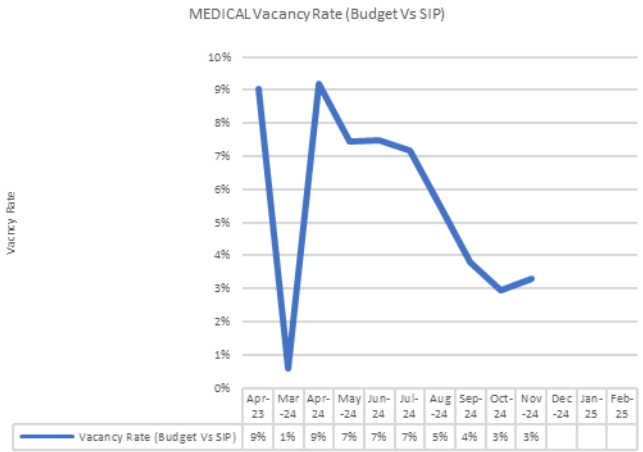
CARE RESPECT RESPONSIBILITY

Recruitment/Vacancies/Turnover - Medical & Dental

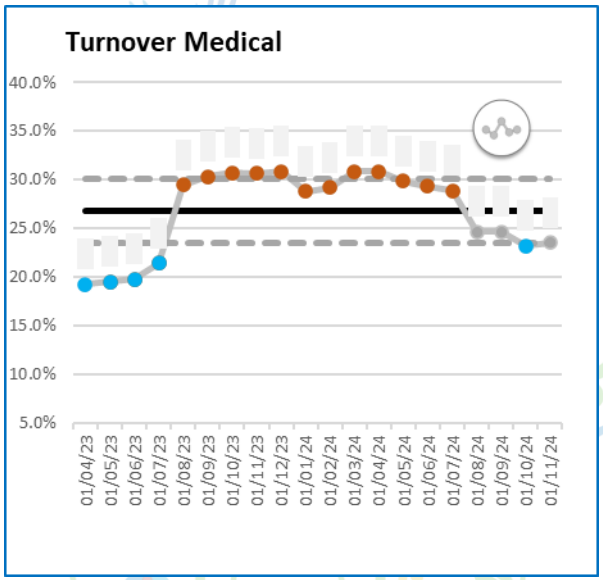
The Dudley Group NHS Foundation Trust

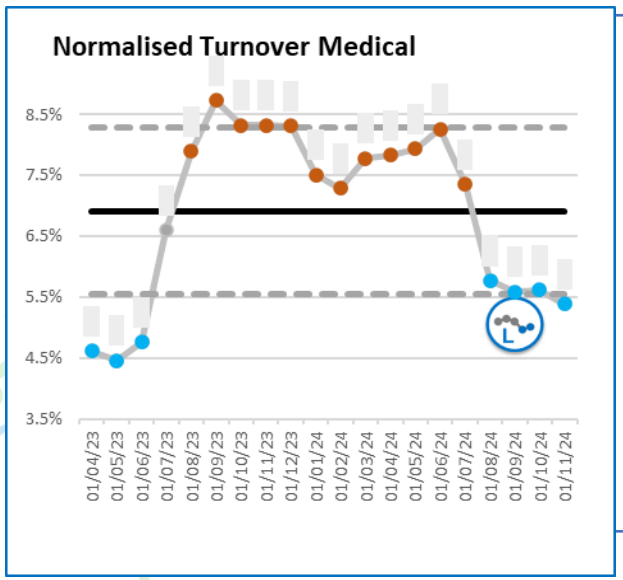


	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Funded establishment gap	78.51	4.88	76.75	62.43	62.71	59.80	45.91	31.99	24.77	27.61				
SIP	790.58	823.83	758.36	774.59	774.31	775.92	791.81	805.33	813.69	810.93				
Plan	784.00	692.02	784.00	795.00	794.00	805.00	804.00	805.00	808.00	808.00	808.00	808.00	808.00	808.80
Budget	869.09	828.71	835.11	837.02	837.02	835.72	837.72	837.32	838.46	838.54				



	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25
Vacancy Rate (Budget Vs SIP)	9%	1%	9%	7%	7%	7%	5%	4%	3%	3%			





Contracted WTE for Medical and Dental staff in November is 810.93. This is 2.93 WTE above plan (more staff than we said we would have).

The total Medical and Dental vacancies stands at 27.61 WTE. The vacancy rate is 3%.

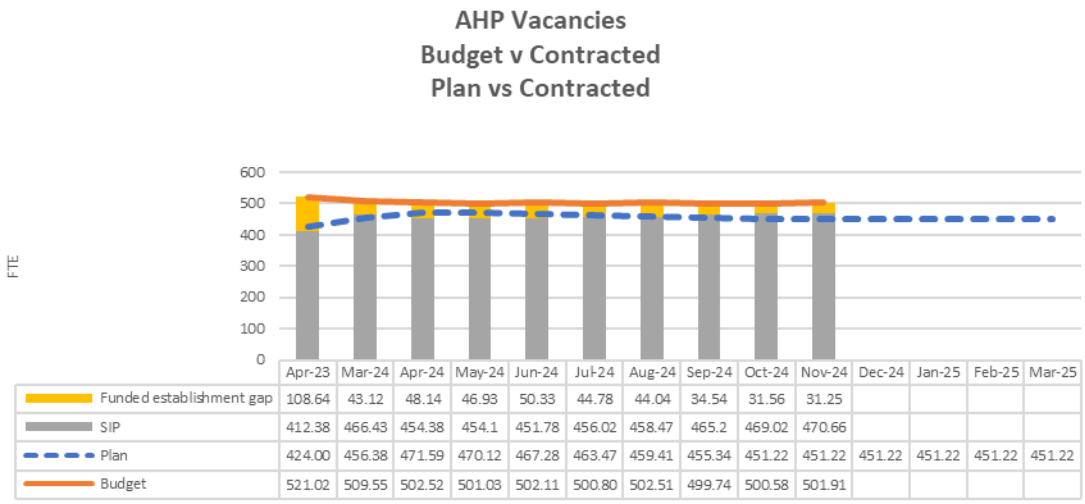
Staff turnover for Medical and Dental (rolling 12 months average) is 23.53% with normalised turnover at 5.39%. It should be noted that Deanery rotations are included in overall turnover.

	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
M&D Turnover	30.82%	28.79%	29.19%	30.86%	30.86%	29.83%	29.34%	28.86%	24.64%	24.66%	23.21%	23.53%
M&D Normalised Turnover	8.31%	7.51%	7.29%	7.78%	7.83%	7.94%	8.26%	7.35%	5.77%	5.59%	5.62%	5.39%

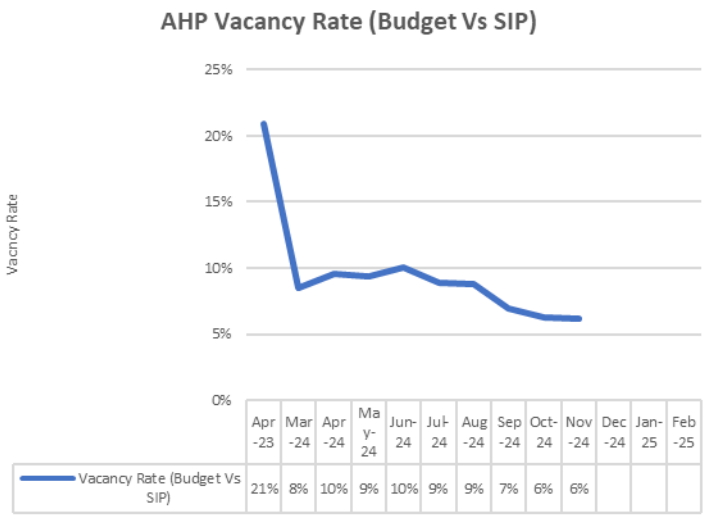
CARE RESPECT RESPONSIBILITY

Recruitment/Vacancies/Turnover - Allied Health Professional

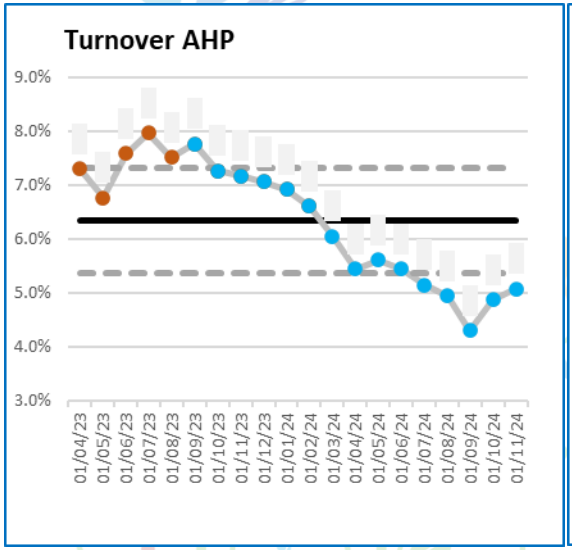
The Dudley Group NHS Foundation Trust

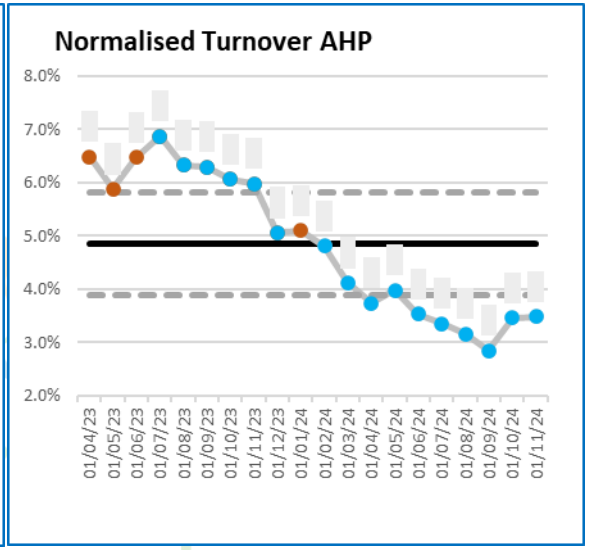


	Apr-23	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Funded establishment gap	108.64	43.12	48.14	46.93	50.33	44.78	44.04	34.54	31.56	31.25				
SIP	412.38	466.43	454.38	454.1	451.78	456.02	458.47	465.2	469.02	470.66				
Plan	424.00	456.38	471.59	470.12	467.28	463.47	459.41	455.34	451.22	451.22	451.22	451.22	451.22	451.22
Budget	521.02	509.55	502.52	501.03	502.11	500.80	502.51	499.74	500.58	501.91				



	Apr -23	Mar -24	Apr -24	May -24	Jun- 24	Jul- 24	Aug -24	Sep -24	Oct- 24	Nov -24	Dec -24	Jan- 25	Feb -25
Vacancy Rate (Budget Vs SIP)	21%	8%	10%	9%	10%	9%	9%	7%	6%	6%			





Contracted WTE for AHP's in November 2024 is 470.66 WTE compared with 469.02 in October 2024.

This is 19.44 WTE above the workforce plan (more staff than we said we would have).

The total AHP vacancies in November 2024 are 31.25 WTE, this is a vacancy rate of 6%.

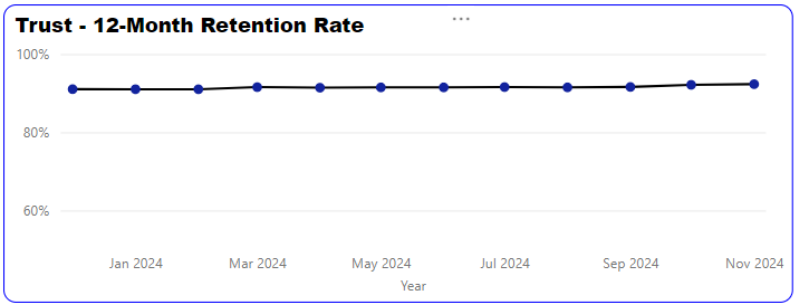
Staff turnover for AHP's (rolling 12 months average) is 5.08%, the normalised turnover is 3.49%.

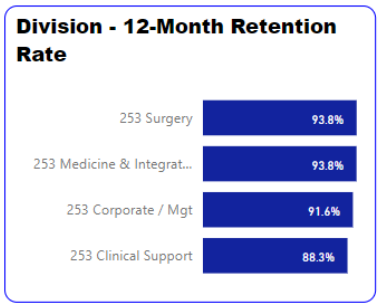
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
AHP Turnover	7.06%	6.92%	6.61%	6.05%	5.45%	5.61%	5.45%	5.15%	4.95%	4.30%	4.87%	5.08%
AHP Normalised Turnover	5.06%	5.10%	4.81%	4.12%	3.74%	3.98%	3.53%	3.35%	3.16%	2.85%	3.46%	3.49%

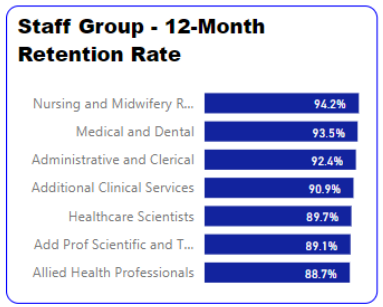
CARE RESPECT RESPONSIBILITY

Retention

The Dudley Group
NHS Foundation Trust



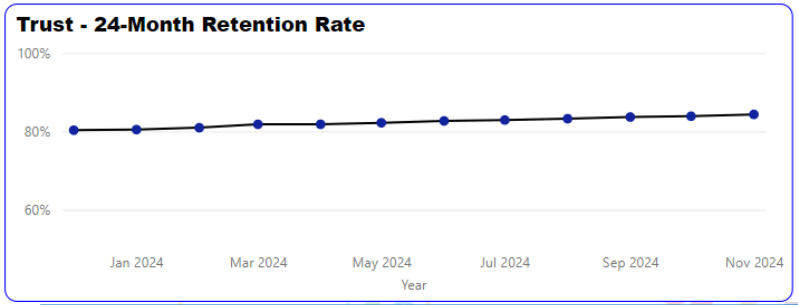


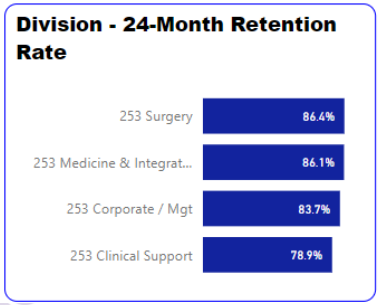


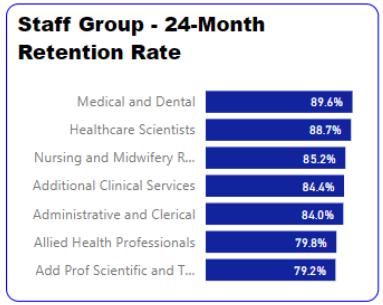
November 2024

12-Month Trust 92.3%

24-Month Trust 84.4%

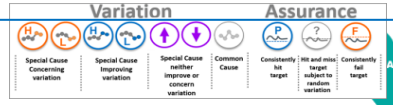






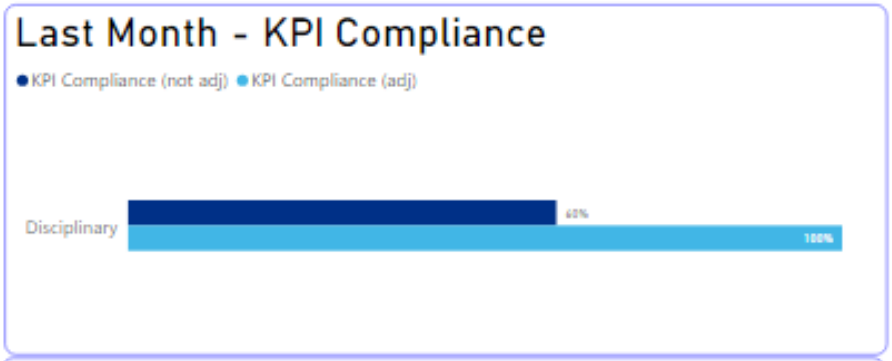
The retention rate is relatively stable and has been since September 2023. The retention rate increased slightly to 92.3% in November 2024 from 91.6% in October 2024.

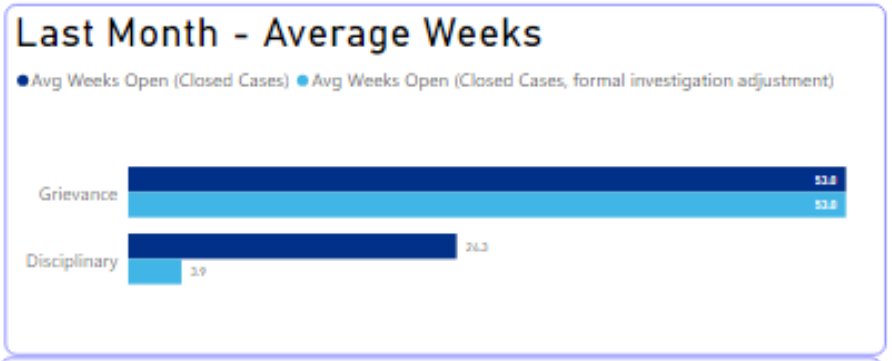
The division with the lowest 24-month retention rate is CCCS at 78.9% and both Additional Professional, Scientific and Technical staff and Allied Health Professionals are two staff groups that lower retention rates.

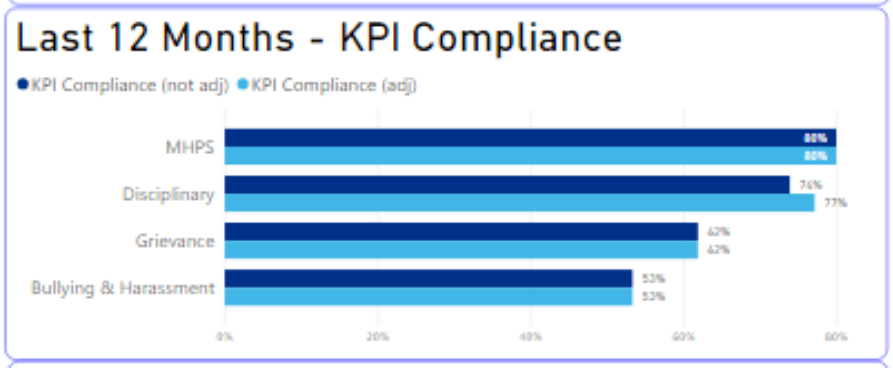


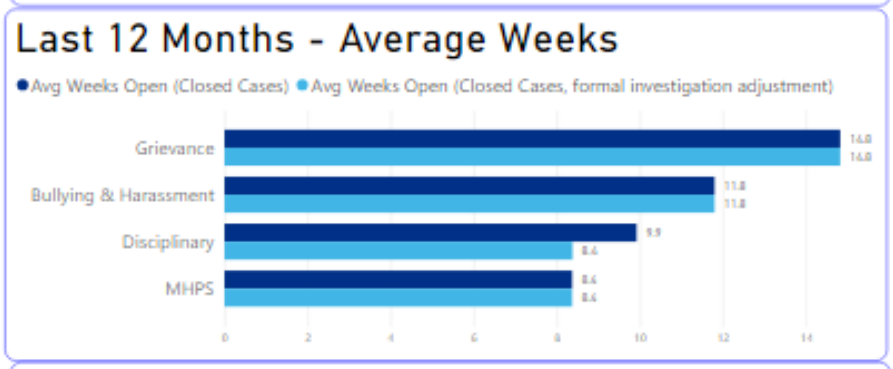
Employee Relations Casework KPI

The Dudley Group
NHS Foundation Trust









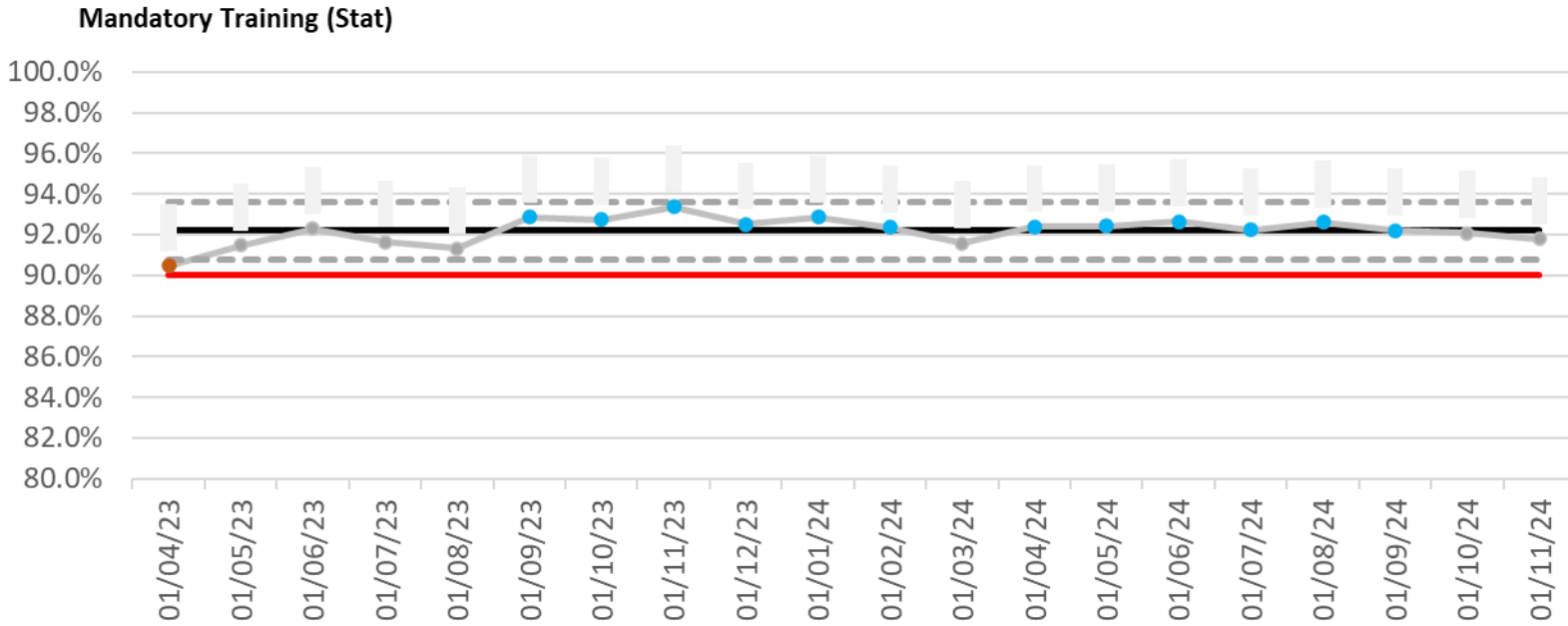
Across a in-month period there is better compliance in concluding disciplinary and MHPS cases and both are within the in-month KPI for average weeks open. However, grievance and bullying and harassment continue to remain a hot spot area for no-compliance and longer timescales. grievances on average take 14.8 weeks to conclude and are only 62% compliant with the KPI. Bullying and Harassment on average take 11.8 weeks to conclude but are only 53% compliant with the KPI.

In February 2025 it is planned to launch 2 new policies for grievance and for anti-bullying and anti-discrimination. These policies will be launched through a staff engagement and promotional events, followed by training and targeted interventions for hot spot areas.

There are some data quality issues with the in-month figures on average weeks (adjusted) for disciplinary, with some cases having been closed at fact finding stage, and this should have been amended to formal. This has skewed the figures. Actual average is 20.9 weeks.

Mandatory Training

The Dudley Group
NHS Foundation Trust



The overall rate for November has maintained above Trust target performance although a decreasing trend during October and November may indicate that seasonal challenges are being experienced.
There has been sustained above target compliance for over twelve months.

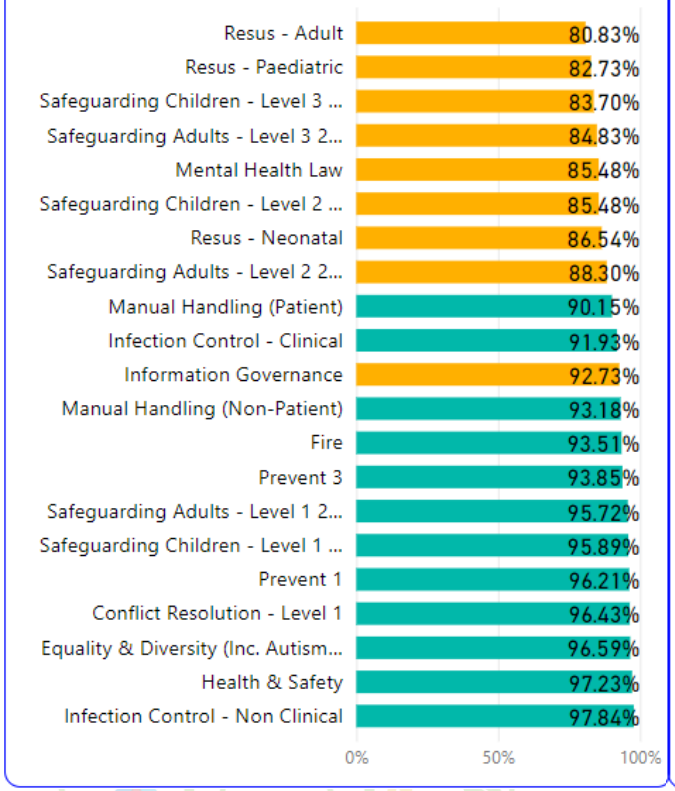
	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Mandatory Training (Stat)	92.52%	92.85%	92.37%	91.59%	92.39%	92.44%	92.65%	92.24%	92.60%	92.22%	92.09%	91.79%

Mandatory Training – Priority 1

The Dudley Group
NHS Foundation Trust

Month: November 2024	Trust	CS	Corporate	MIC	Surgery	Place
	91.79%	94.33%	93.08%	90.70%	91.01%	39.02%

Course Compliance



Depts by no. required to achieve 90%

Ward/Service (based selections)

Group5Description	Actual	No. to Target	%' tage
253 Medical Staff - Acute Medicine Serv	787	140	76.48%
253 MOC Medical Staff Serv	334	108	68.02%
253 Ward C8 Serv	790	81	81.69%
253 Medical Staff Cardiology Serv	161	55	67.08%
253 Urology Medical Staff Serv	140	54	65.11%
253 Medical Staff - Respiratory Serv	245	46	75.85%
253 Psychiatry Medics Rechg PCT Serv	63	45	52.50%
253 Medical Staff (Older People) Serv	226	44	75.33%
253 General Surgery Medical Staff Serv	420	43	81.71%
253 Main Theatre Other Specialities Serv	376	43	80.86%
253 Theatres Recovery & Anaesth Serv	535	40	83.85%
253 Medical Staff GP Medicine Serv	60	38	55.55%
253 Maxillofacial Surgery Medical Staff Serv	40	36	47.61%
253 Medical Staff Renal Serv	74	34	61.66%
253 Theatres Emergency & Other Serv	461	34	83.81%
253 Anaesthetics Medical Staff Serv	948	33	86.97%
253 Medical Staff Stroke Serv	108	32	69.67%
253 Pathology - Phlebotomy Serv	630	30	85.94%
253 Medical Staff - General Medicine Serv	212	26	80.30%
253 iCan Serv	62	25	64.58%
253 Plastic Surgery Medical Staff Serv	85	23	70.83%
Total	**62,389**	**-1222**	**91.79%**

Statutory Training remains above target across most divisions and this has been sustained over the last 12 months.

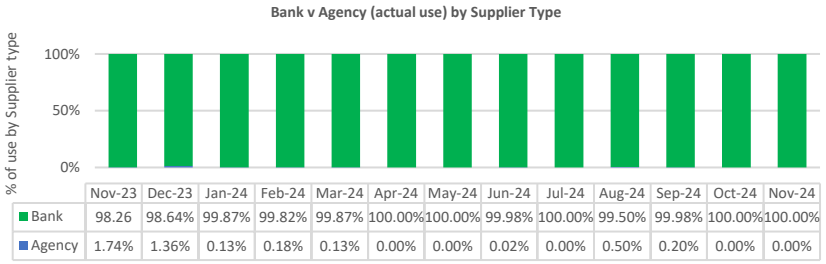
Place Division has flagged some issues with transfer of training records – these are currently being resolved and likely to be above target by January.

There still need to be improvements to reach target across Safeguarding and Resuscitation subjects.

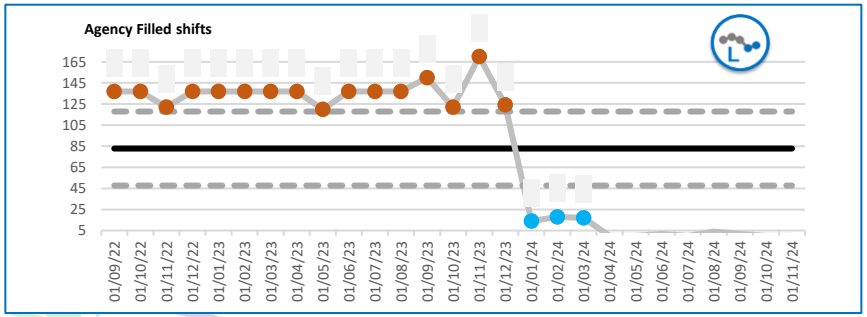
CARE RESPECT RESPONSIBILITY

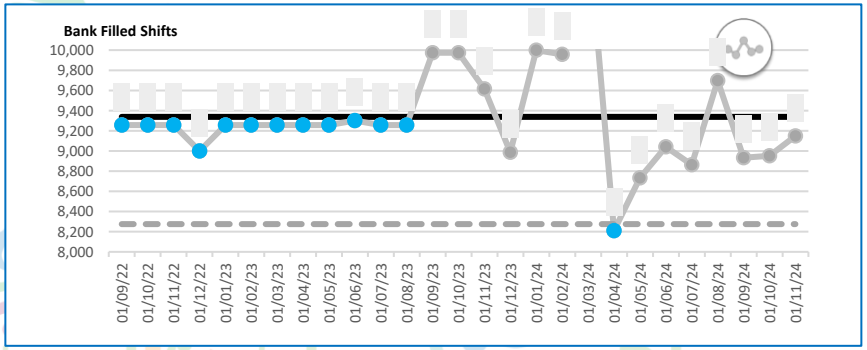
Bank and Agency Usage

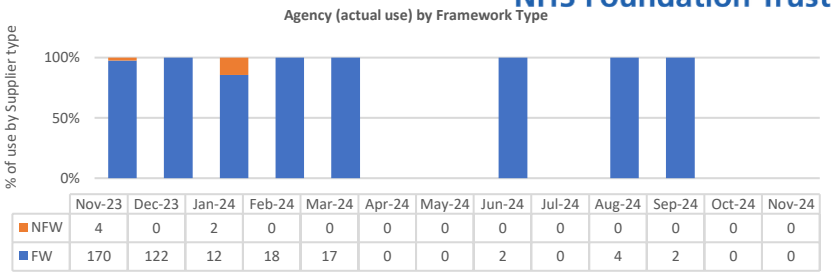
The Dudley Group NHS Foundation Trust



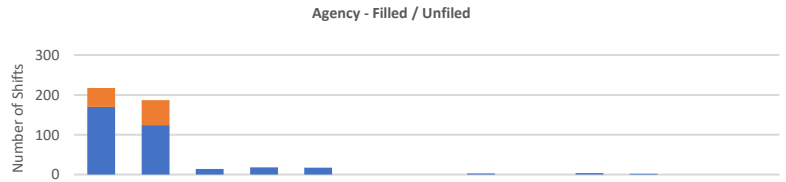
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Bank	98.26	98.64%	99.87%	99.82%	99.87%	100.00%	100.00%	99.98%	100.00%	99.50%	99.98%	100.00%	100.00%
Agency	1.74%	1.36%	0.13%	0.18%	0.13%	0.00%	0.00%	0.02%	0.00%	0.50%	0.20%	0.00%	0.00%



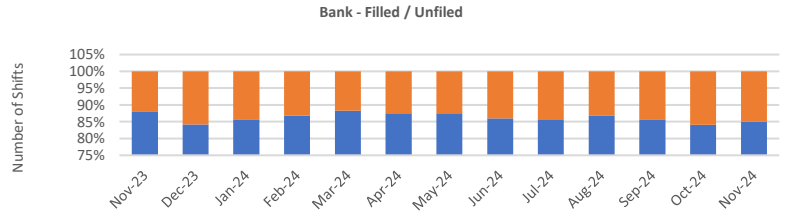




	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
NFW	4	0	2	0	0	0	0	0	0	0	0	0	0
FW	170	122	12	18	17	0	0	2	0	4	2	0	0



	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Unfilled Shifts	47	63	0	0	0	0	0	2	0	0	0	0	0
Filled shifts	170	124	14	18	17	0	0	2	0	4	2	0	0



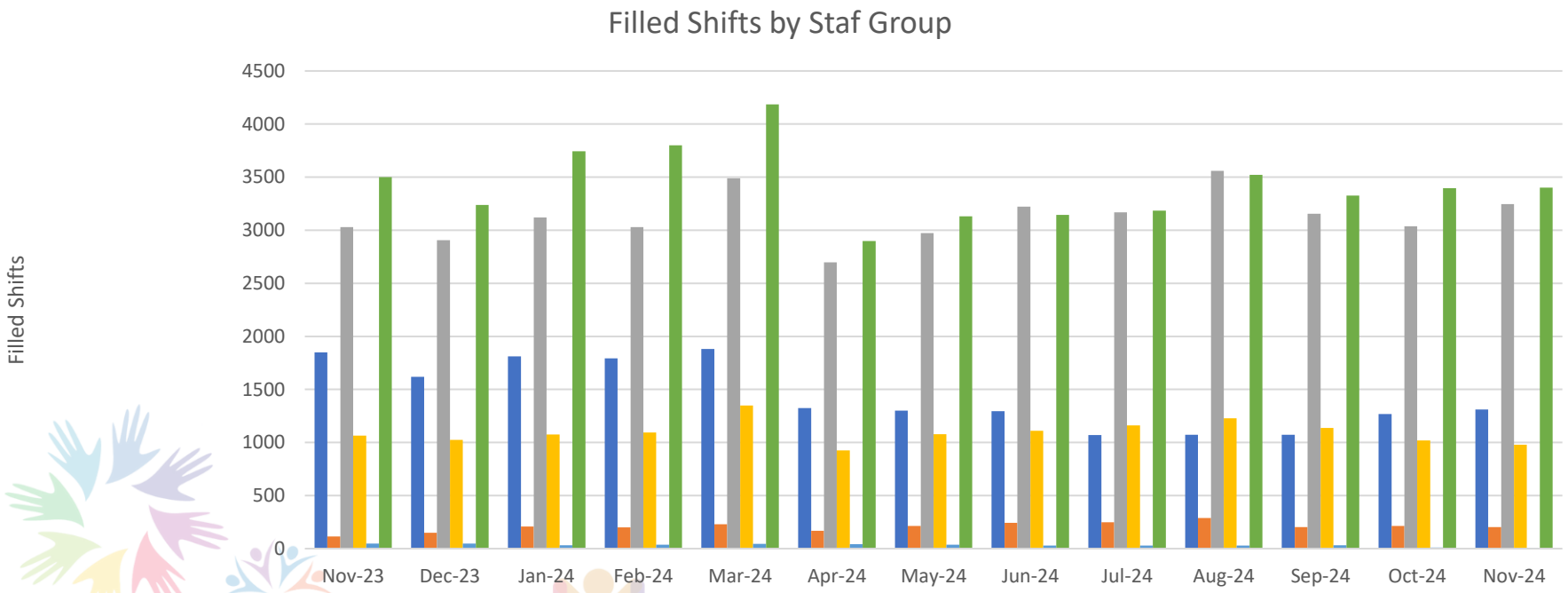
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Unfilled Shifts	12%	16%	14%	13%	12%	13%	12%	14%	15%	13%	14%	16%	15%
Filled Shifts	88%	84%	86%	87%	88%	87%	88%	86%	85%	87%	86%	84%	85%

Non-medical agency remains at zero, which is very positive.
Bank fill rates increased to 85% in November 2024.

CARE RESPECT RESPONSIBILITY

Bank Usage by Staff Group

The Dudley Group NHS Foundation Trust



	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
A&C	1848	1619	1812	1793	1881	1324	1299	1296	1069	1073	1073	1268	1312
Add Prof Scientific and Technic	115	150	208	201	230	168	215	242	249	288	202	213	202
Additional Clinical Services	3028	2907	3120	3028	3490	2696	2972	3221	3168	3558	3156	3036	3247
AHP	1065	1024	1076	1094	1348	926	1078	1111	1161	1229	1138	1019	979
Healthcare Scientists	48	47	32	38	44	43	36	30	28	28	31	11	8
Nursing & Midwifery Registered	3500	3239	3743	3799	4186	2898	3131	3144	3184	3522	3326	3396	3400

Bank shift increases were within the Admin/Clerical and Additional Clinical Services staff groups in November. There was a slight increase in Nursing and Midwifery.

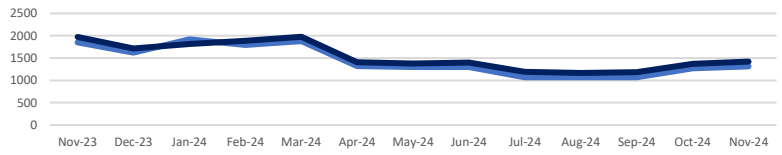
All other staff groups have reduced bank in November.

CARE RESPECT RESPONSIBILITY

Bank Fill Rates

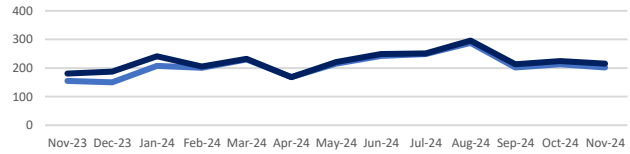
The Dudley Group
NHS Foundation Trust

Bank A&C Filled / Requested



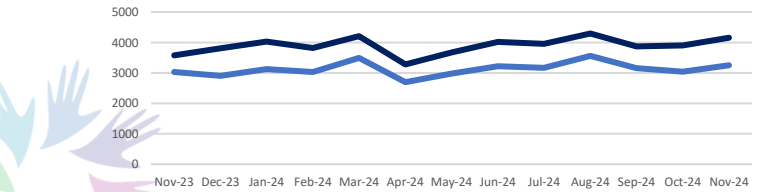
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
A&C Filled	1852	1619	1919	1793	1881	1324	1299	1296	1069	1073	1072	1268	1312
Total Request	1971	1717	1812	1885	1977	1406	1377	1401	1194	1166	1184	1373	1422

Bank Add Prof Scientific and Technic Filled / Requested



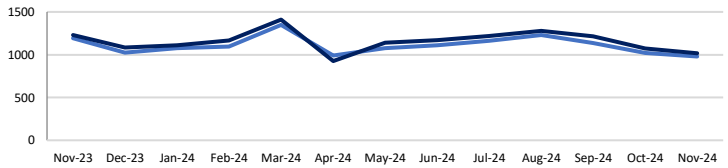
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Add Prof Scientific and Technic Filled	155	150	208	201	230	168	215	242	249	288	202	213	202
Total Request	181	187	241	205	232	168	221	249	251	296	213	224	215

Additional Clinical Services Filled / Requested



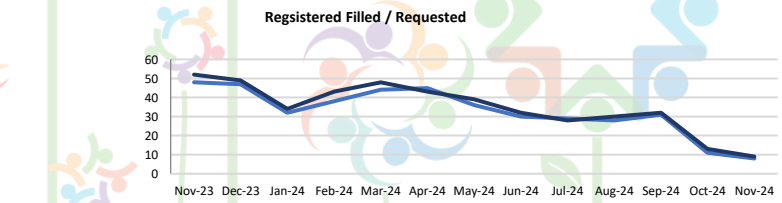
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Additional Clinical Services Filled	3028	2907	3120	3028	3490	2696	2972	3221	3168	3558	3156	3036	3247
Total Request	3581	3812	4027	3819	4211	3278	3667	4019	3959	4293	3870	3904	4158

AHP - Filled / Requested



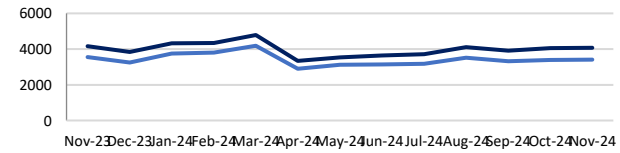
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
AHP Filled	1193	1024	1076	1094	1348	990	1078	1111	1161	1229	1138	1019	979
Total Request	1231	1083	1109	1165	1410	926	1140	1170	1218	1278	1214	1074	1017

Regsistered Filled / Requested



	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Healthcare Scientists Filled	48	47	32	38	44	45	36	30	29	28	31	11	8
Total Request	52	49	34	43	48	43	39	32	28	30	32	13	9

Regsistered Filled / Requested



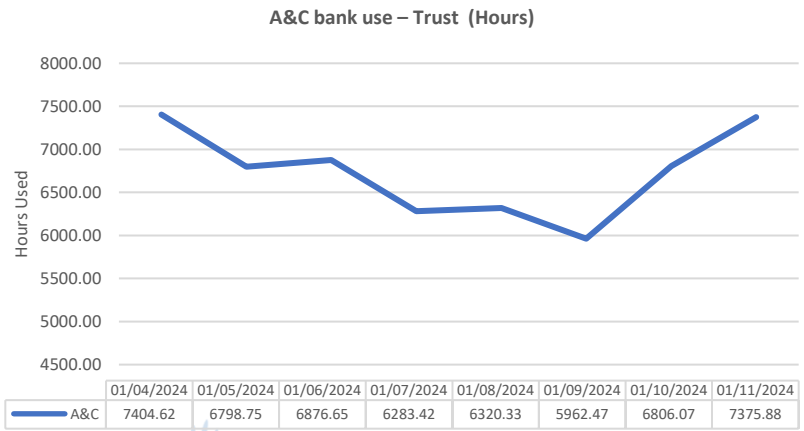
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Nursing & Midwifery Registered Filled	3550	3239	3743	3799	4186	2898	3131	3144	3184	3522	3326	3396	3400
Total Request	4163	3832	4330	4342	4787	3339	3534	3649	3712	4112	3907	4049	4066

CARE RESPECT RESPONSIBILITY

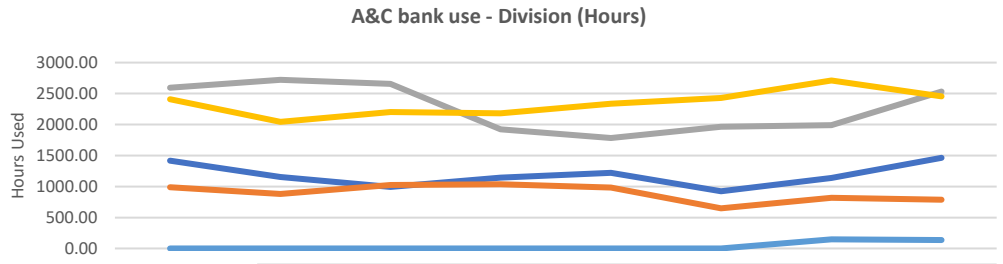
A&C Bank Use

Hours Used

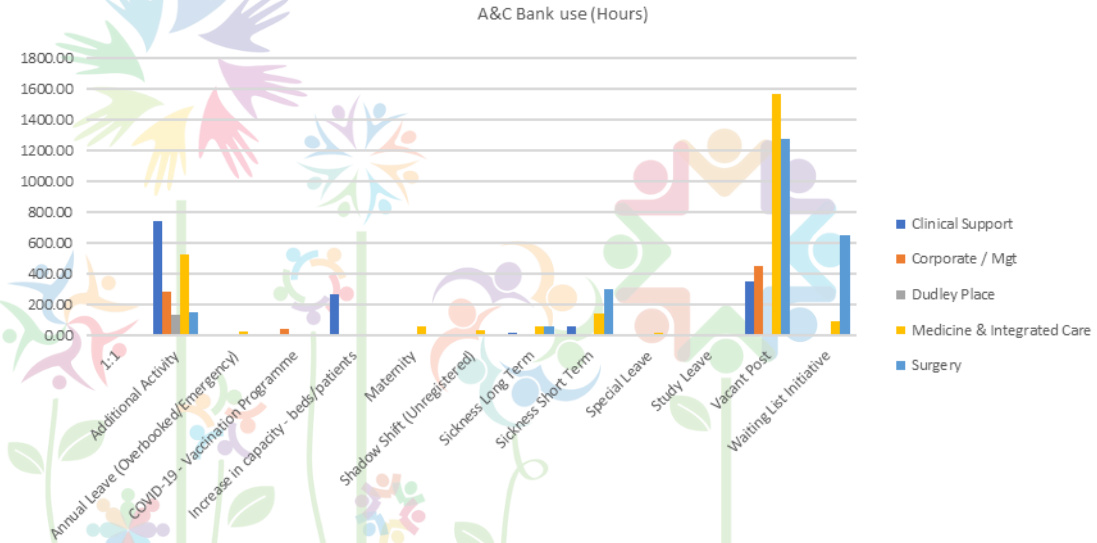
The Dudley Group
NHS Foundation Trust



	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024	01/09/2024	01/10/2024	01/11/2024
A&C	7404.62	6798.75	6876.65	6283.42	6320.33	5962.47	6806.07	7375.88



	01/04/2024	01/05/2024	01/06/2024	01/07/2024	01/08/2024	01/09/2024	01/10/2024	01/11/2024
Clinical Support	1417.92	1153.58	994.50	1143.58	1219.00	923.00	1137.67	1463.17
Corporate / Mgt	987.75	879.50	1022.75	1036.58	981.33	647.50	818	788.67
Medicine & Integrated Care	2592.62	2721.92	2656.15	1924.41	1782.66	1963.92	1992.17	2534.92
Surgery	2406.33	2043.75	2203.25	2178.83	2336.58	2428.05	2711.15	2453.88
Dudley Place	0	0	0	0	0	0	147.08	135.25



Admin and clerical bank increases are being driven by Medicine and CCCS divisions in November 2024.
This appears to be related to vacancies and additional activity.
Admin bank is subject to an exceptions process.

CARE RESPECT RESPONSIBILITY

Rostering KPI

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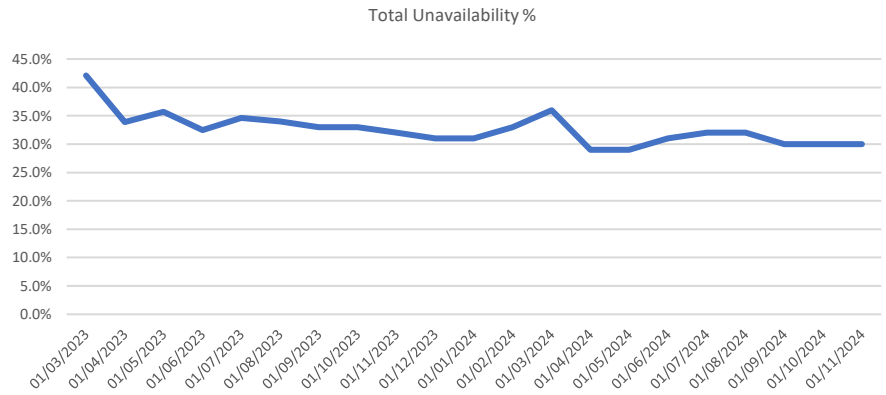
NHS Foundation Trust

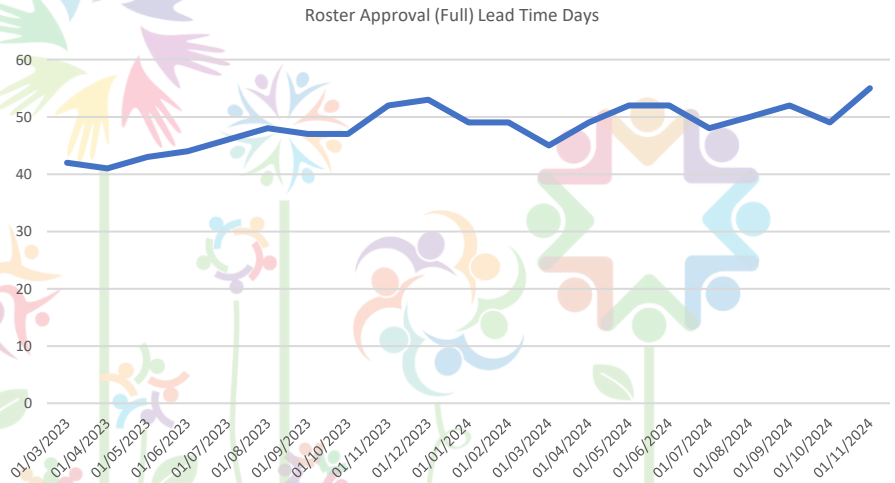


Unavailability is where staff are absent from their normal daily work but still consuming their contracted hours.

30%, made up of Annual Leave 12%, Sickness 8%, Parenting 5% , Other Leave 1%, Study Day 2% & Working Day 2%.

Budgeted percentage is 22%.

If actual unavailability is higher than budgeted, then either costs will exceed budgets (e.g. backfilling absence with temp staff), or units will be short staffed.



The number of days between the full approval (publishing) of the roster and the roster live date. Short lead times generate staff morale issues due to poor notice of their roster, and higher agency usage or unfilled duties as there is less lead time for the bank to fill gaps.

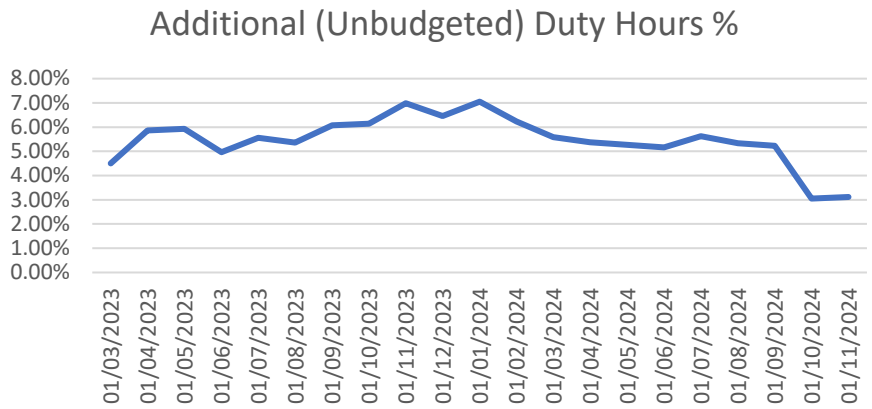
55 Days. Trust target is 55 days, NHSIE minimum is 42 days.

This is trending in the right direction. Confirm & Challenge meetings along with frequent e-mail notifications now being used to improve compliance.

CARE RESPECT RESPONSIBILITY

Rostering KPI

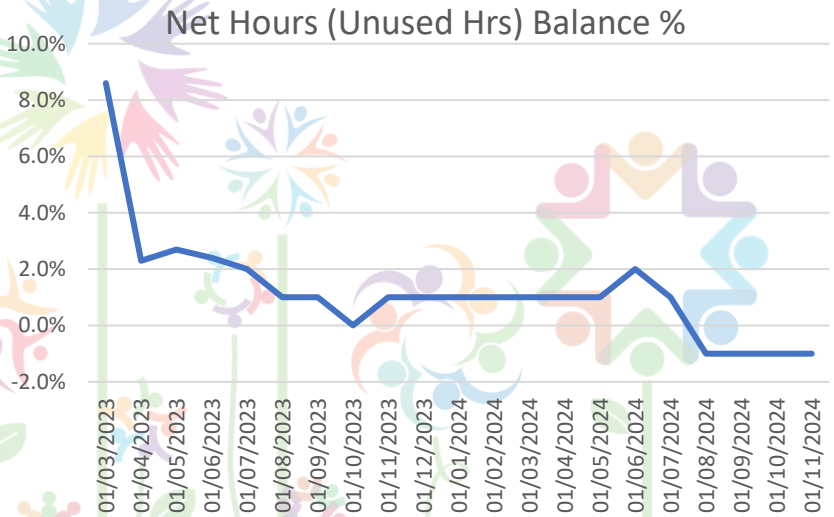
The Dudley Group
NHS Foundation Trust



% of assigned duty hours that are in addition to the budgeted demand e.g. 4 staff rostered when only 3 are required. This may be due to legitimate increased demand (e.g. increased acuity)

Departments with the most additional duties are Discharge Lounge, Neonatal, B2 Hip & C3.

Most common reasons are Increase in Capacity & 1:1.

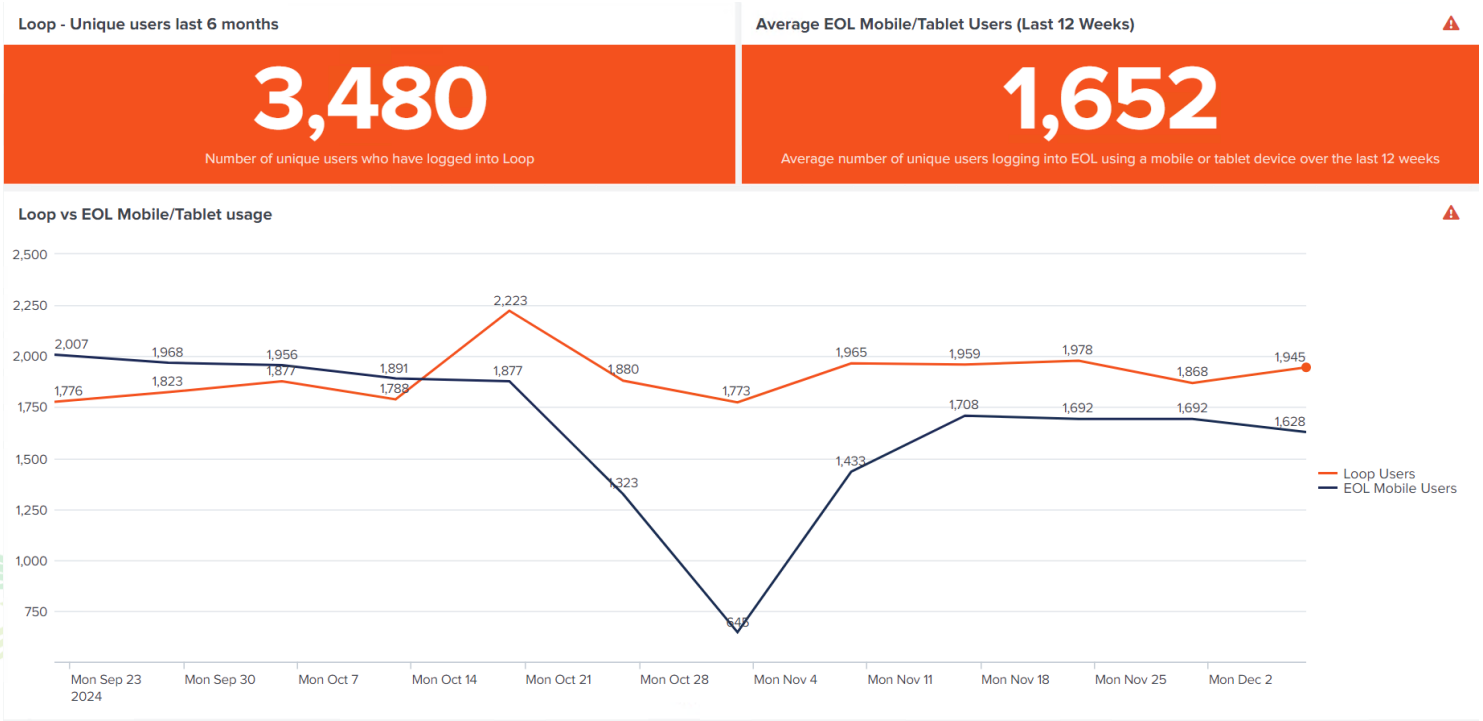


The % contracted hours left unused - e.g. if a staff member is contracted and paid for 150 hours but only works 144 hours there are 6 hours unused.

CARE RESPECT RESPONSIBILITY

New Loop App

The Dudley Group NHS Foundation Trust



On 9th September 2024 we launched the new Allocate Loop app/website to replace the existing Employee Online (EOL) website which is due to be shut down on 31st March 2025.

We have had a successful launch with 3,480 users logging in so far. Loop now accounts for more log ins than EOL. We will be carrying on the comms to ensure all staff are using the app and we will be targeting those who continue to use Employee Online (EOL). In the new year, the comms will be more targeted to those using EOL.

Allocate reported to us that there was an error with their reporting on week commencing 4th Nov which accounts for the big dip in the graph. This is expected to be corrected on the next report.

CARE RESPECT RESPONSIBILITY

Work Experience and Widening Participation

The Dudley Group NHS Foundation Trust

Employability Programmes

ICAN is a collaborative approach to pre-employment, widening participation and support into employment for people in Dudley. It is a developing programme of work delivered in partnership between Dudley MBC, Dudley Group and Dudley College. There are three key workstreams currently:

'I CAN Get Started' is a paid work experience programme for people facing significant barriers to employment.

10 participants on paid work experience placements that commenced in September (3 clinical/ 7 Non-clinical)

4 participants from cohort 1 paid work experience are now substantively employed by the Trust. 1 participant from cohort 1 has been extended until Christmas following a series of work trials that have identified additional support requirements. We are working to ensure these are met and identifiying potential employment opportunities.

9 participants were recruited to the third cohort of the Clinical Support Worker ICAN training programme to start 9th December 2024.

15 out of 16 participants from cohorts 1 and 2 of the Clinical Support Worker ICAN programme have been employed by the Trust in substantive or bank worker roles.

Careers Education Information Advice and Guidance (CEIAG)

There were three events recorded including one at a high school, one Careers Fair and one unidentified event.

Together these reached: 73 individuals approximately.

Ambassadors

There are 81 active Careers Ambassadors in the Trust which has grown within the last quarter. There are plans to recruit and diversify the Ambassadors workforce in the new year..

Work Experience

There was one department led placement all to gain access to higher education in November.
The central clinical WEX programme took place across two consecutive weeks with 33 participants attending who experienced a range of AHP and nursing careers.

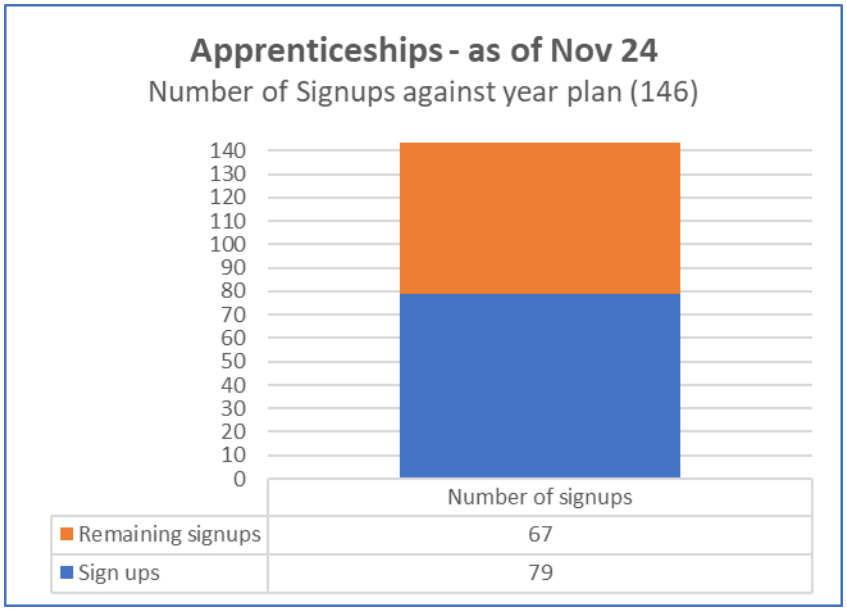
Work Related Learning:

There was no Behind the Scenes this month. Plans for three events in 2025 are in the pipeline.

CARE RESPECT RESPONSIBILITY

Apprenticeships

The Dudley Group
NHS Foundation Trust



Total Active Apprenticeships **281**	
Apprenticeship Levy	£
Expired Levy April 24	£25,738
Expired Levy May 24	£15,833
Expired Levy June 24	£0
Expired Levy July 24	£0
Expired Levy August 24	£0
Expired Levy September 24	£0
Expired Levy October 24	£50,652
Expired Levy November 24	£0

Expected cohorts for CMI level 5 and Healthcare Support Worker level 2 have been delayed until December.

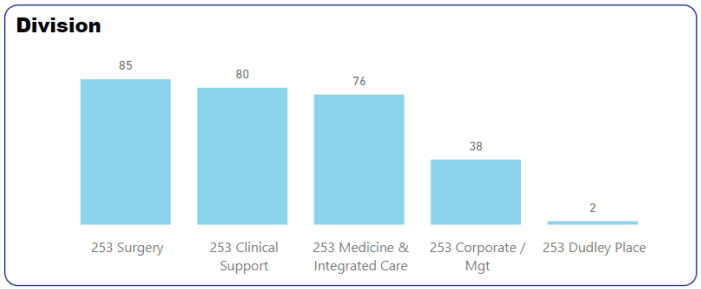
Sign-up activity has included:

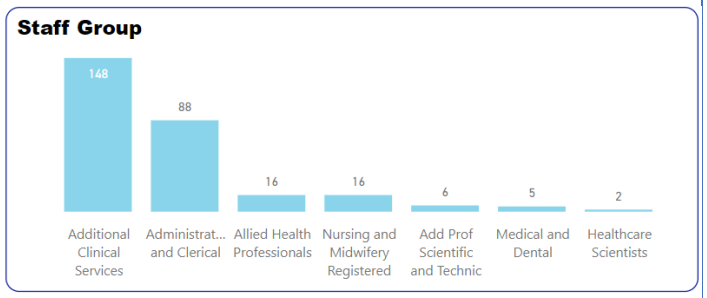
31 degree / master level apprenticeships including Chartered Manager, Senior Leader, Operating Department Practitioner, Occupational Therapy, Physiotherapy and Registered Nurse.
Continuation of Business Administration, Medical Administration, Pharmacy programmes and the 3rd CMI Level 5 in July.
Introduction of IT programmes at Level 4 and 6.
Introduction of Dietetic Masters Level 7.

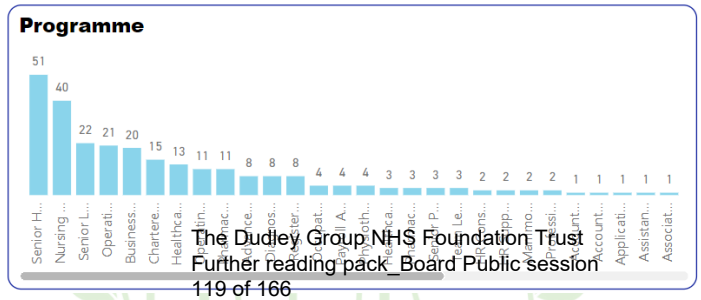
The limitations on requirement are impacting on the number of new apprenticeship posts available and this will significantly reduce the ability to achieve the in-year target for sign ups and the levy spend.

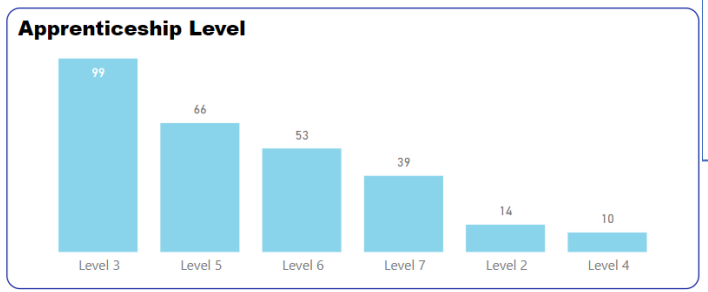
Work continues to promote internal apprenticeship opportunities to compensate for the lack of new apprentice opportunities.

Active Apprenticeships breakdown





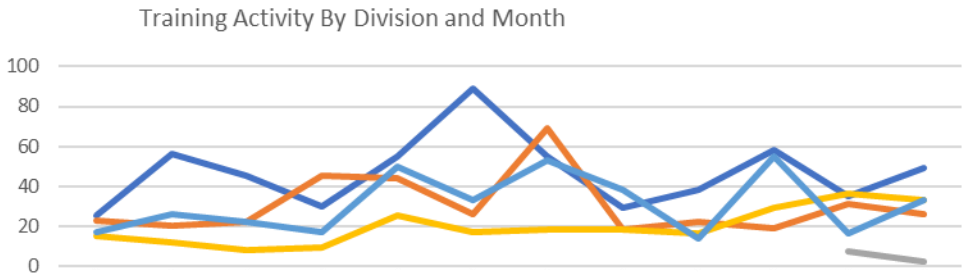




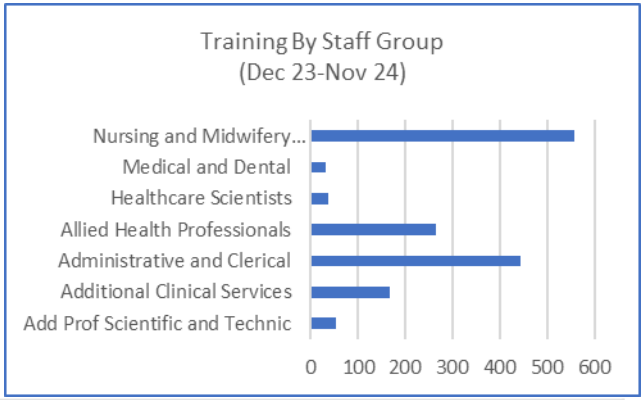
CARE RESPECT RESPONSIBILITY

Organisational Development

The Dudley Group
NHS Foundation Trust



	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
253 Clinical Support	25	56	45	30	55	89	55	29	38	58	35	49
253 Corporate / Mgt	23	20	22	45	44	26	69	18	22	19	31	26
253 Dudley Place											7	2
253 Medicine & Integrated Care	15	12	8	9	25	17	18	18	16	29	36	33
253 Surgery	17	26	22	17	50	33	53	38	14	55	16	33



Course	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Grand Total
253 Resilience Training												8	8
253 Admin Essentials	8				14			13					35
253 Annual Review Training				12	45	43	20						120
253 Bespoke Training						21	23	6		10		4	64
253 Coaching				5			8		7		4	8	32
253 Communications 1	24		4	10	6		13	10	3	11	15	11	107
253 Communications 2		9	11		3		21		13		15	7	79
253 Developing Leaders			8										8
253 Flexible Working					8	16		9		5			38
253 Leading People at Dudley		4		6	12	8	3	4	9	4	3	6	59
253 Leading with Confidence Introduction										8	12		20
253 Living The Values		31	20	11	32	12	32	11		2	13	20	184
253 Local Induction Training		6		2		11		6	17				42
253 Managers Essentials	20	25	22	23	28	26	35	10	12	41	19	36	297
253 Resolving Conflict												4	4
253 Welcome 2 Dudley Induction	8	19	14	14	7	15	8	5	13	21	22	3	149
253 Wellbeing 1	14	11	11	6	13	8	13	12	12	6	14	12	132
253 Wellbeing 2	6	9	7	6	3	5	9	11	4	10		16	86
253 Wellbeing Adhoc							10			37			47
253 Wellbeing Champions				6	3			6			8	8	31
253 Workforce Planning										6			6
Grand Total	80	114	97	101	174	165	195	103	90	161	125	143	1548

Training activity continues to increase. This is in part increased actiity on Managers Essentials and also the launch of new programmes (Leading with Confidence and modules within Pulse programme). Demand for Living the Values training continues to increase. Promotion continues across the organisation to ensure effective utilisation of training.

Performance Against Workforce Forecast – M8

The Dudley Group
NHS Foundation Trust

Data Pack

The Dudley Group
NHS Foundation Trust

M8 - Risks/Mitigations to Delivery

The Dudley Group NHS Foundation Trust

Risks:

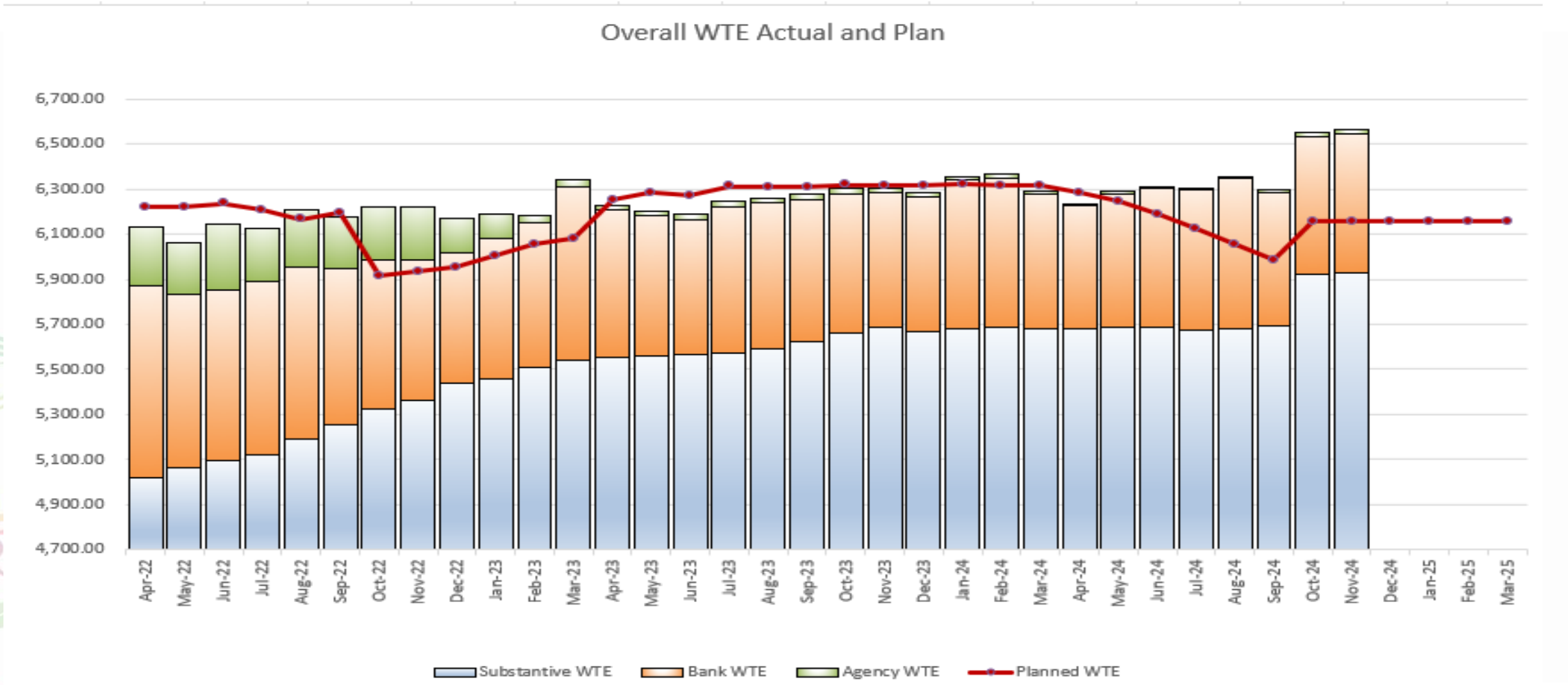
- Hosted/Income backed posts – impact on substantive posts (9.15 WTE in M8)
- Increased Deanery doctors due to national shortfall of places (22.07 WTE in M8)
- Increased Activity (ERF) – impact on bank usage estimated at 47.63 WTE in M8
- Demand and capacity – Surge beds – impact on bank/substantive usage (36.26 WTE bank/2.54 WTE substantive in M8) and increase of adverse events during times of high operational pressures
- Midland Met and Winter Pressure mitigations – impact on bank of 10.19 WTE and substantive of 0.70 WTE in M8)
- Industrial action by Junior Doctors - impact on bank usage (14.11 WTE in M3 and 4.81 WTE in M4)
- Reduced turnover and increased retention (7.10% in M8)

Mitigations:

- Divisional, Executive and ICB vacancy control process
- Divisional trajectories developed – monitored and challenged through Executive led confirm and challenge meetings and Finance Improvement group
- Additional oversight and controls regarding bank and agency usage, including a system wide plan
- Oversight of quality and safety as described in slide two, including senior nursing, midwifery and AHP presence within clinical areas (Back to the Floor/Night Visits/support during times of significant operational pressures)

WTE Plan/Actuals from April 2022

The Dudley Group
NHS Foundation Trust



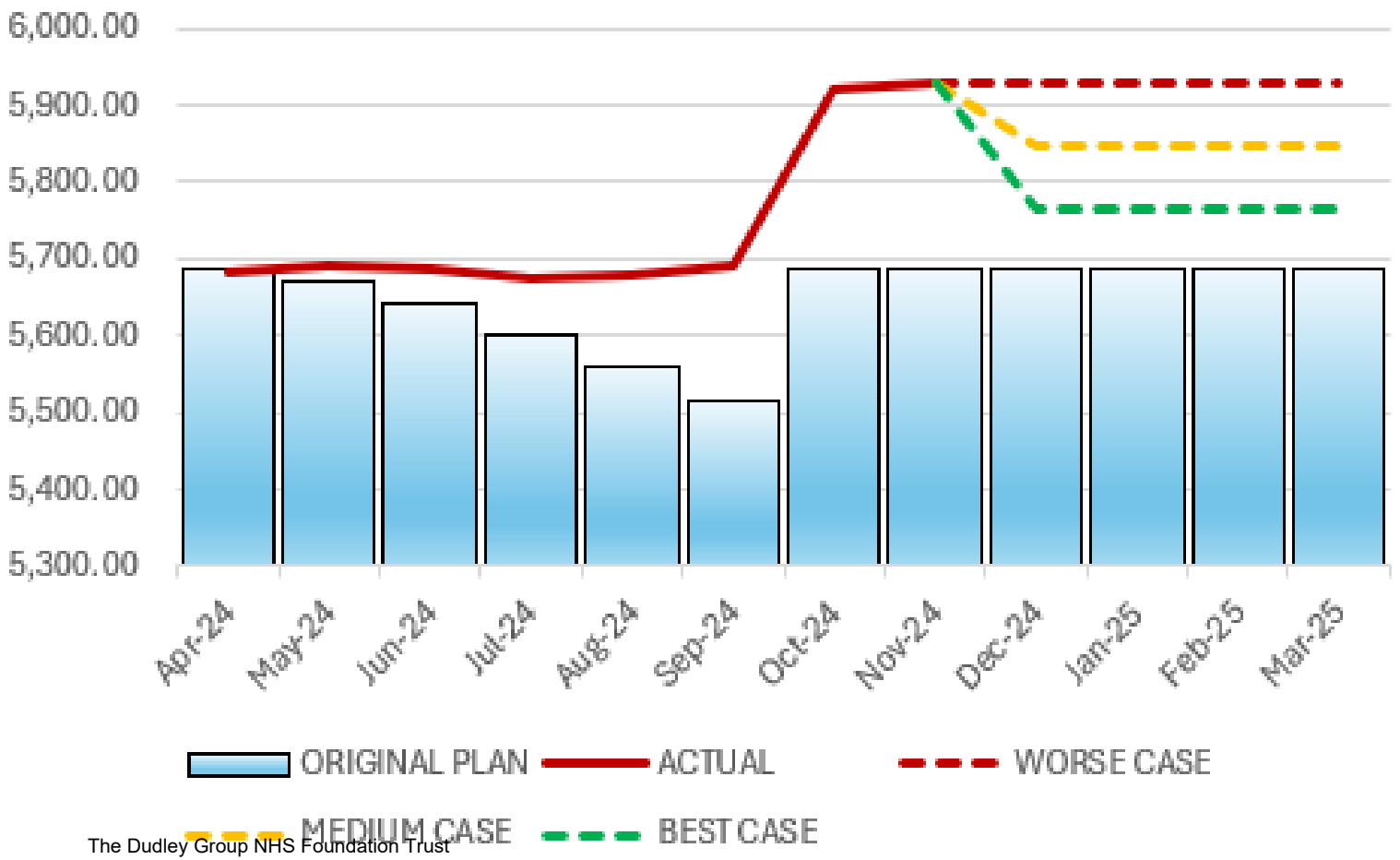
CARE RESPECT RESPONSIBILITY

M8 Performance - Substantive

The Dudley Group
NHS Foundation Trust

£2.543m adverse
YTD

£3.1m adverse
Dec- Mar



- Original plan shows 4% workforce reduction;
- Actual cost/WTE lower than figures assumed in plan (£70/person/month);
- Reasons include case mix, pay award and higher averages used in plan;
- Based on current average cost/WTE, staff numbers would need to reduce by 165 from December onwards for best case (breakeven);
- Continuation of the Nov WTE would result in a c£3.1m further adverse variance from Dec-Mar.

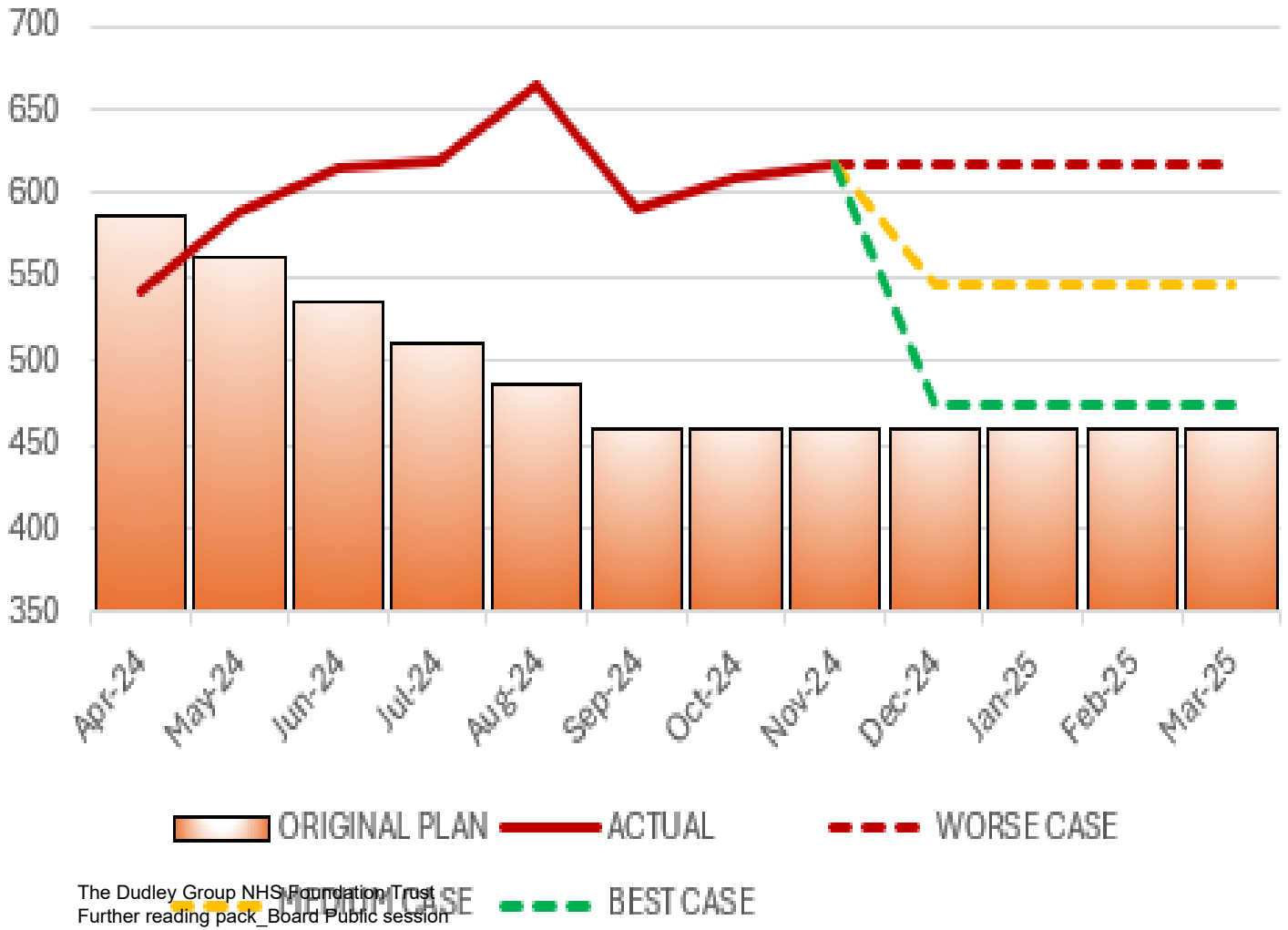
CARE RESPECT RESPONSIBILITY

M8 Performance - Bank

£4.458m adverse YTD

£3.9m adverse Dec-Mar

The Dudley Group
NHS Foundation Trust

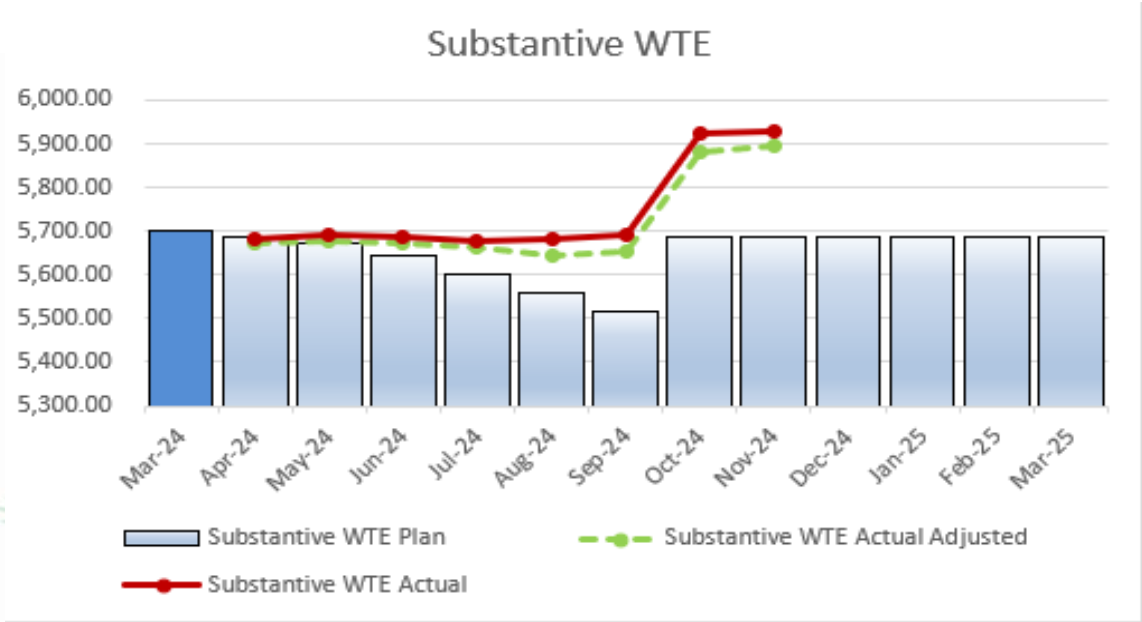


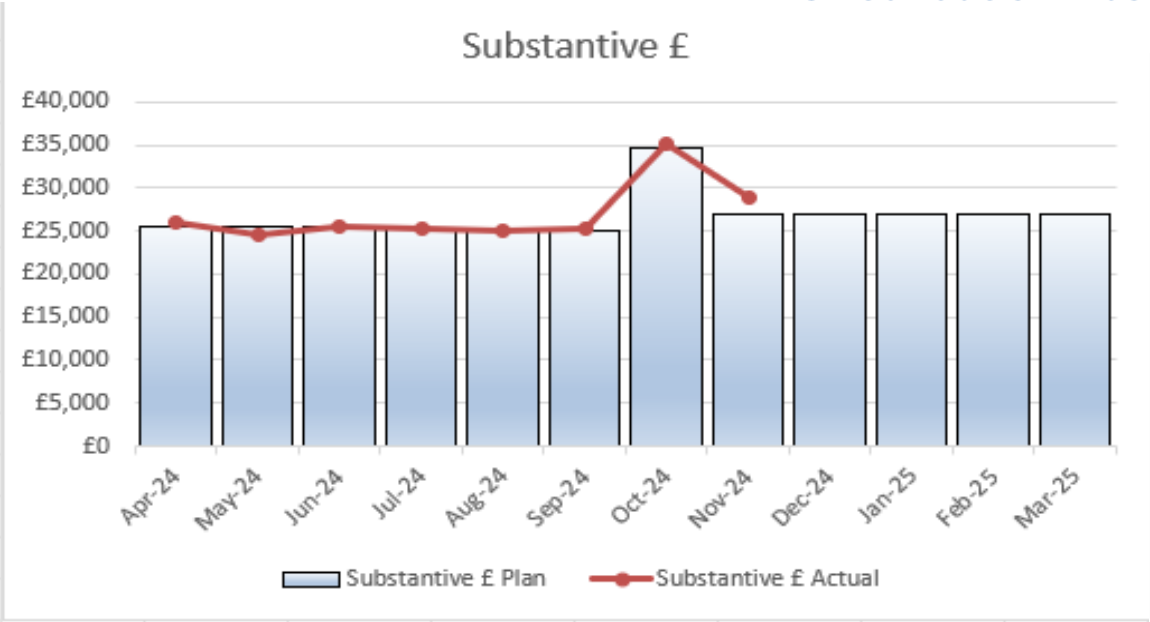
- Original plan shows 25% reduction;
- Average cost/WTE lower than figures used in plan;
- Will be distortions due to bank holidays etc.;
- Based on current average cost/WTE, staff numbers would need to reduce by 144 from December onwards for best case;
- Continuation of the Nov WTE would result in a c£3.9m further adverse variance From Dec-Mar.

CARE RESPECT RESPONSIBILITY

M8 Performance - Substantive

The Dudley Group
NHS Foundation Trust





	LATEST
Med	-86.89
C&CCS	-72.71
D Place	5.60
Surg	-68.58
Corp	-22.26
TOTAL	**-244.84**

	LATEST
Admin	-58.40
Medic	-41.18
RN	-83.45
CSW	6.85
Other	-6.15
Sci/AHP	-62.52
TOTAL	**-244.84**

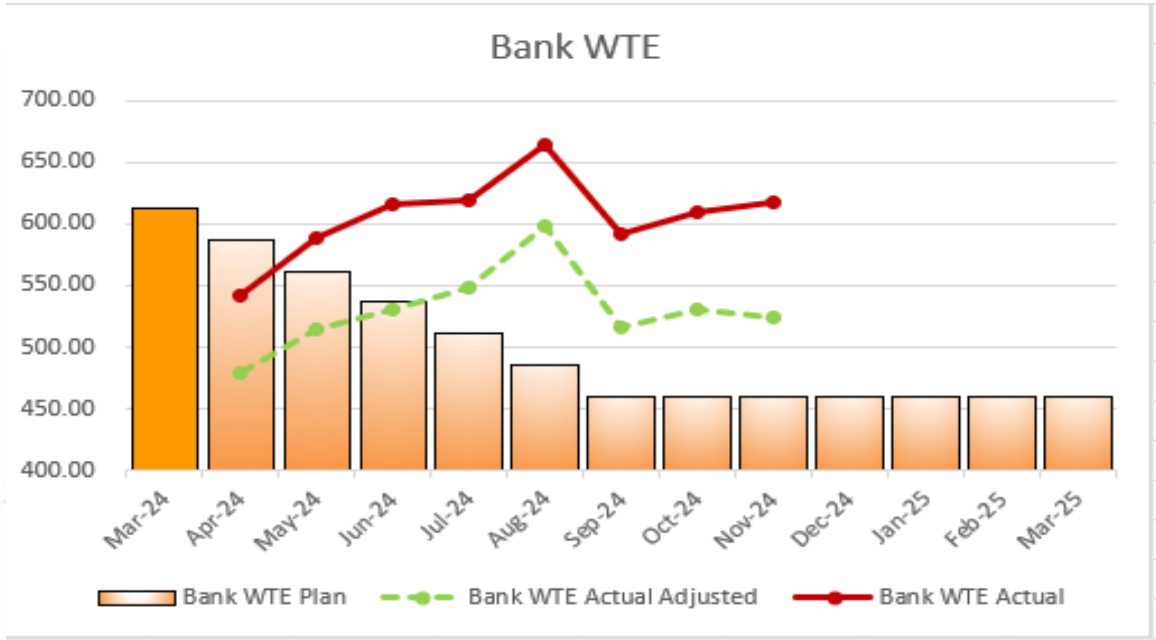
	YTD
Med	-£922
C&CCS	-£623
D Place	£175
Surg	-£1,334
Corp	£160
TOTAL	**-£2,543**

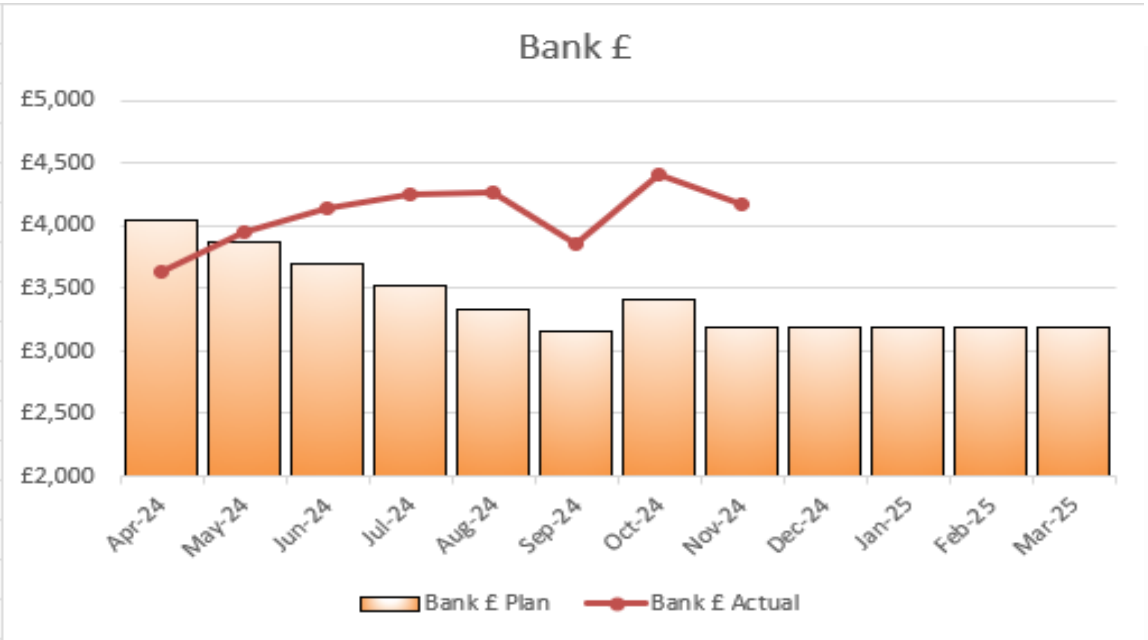
	YTD
Admin	-£557
Medic	-£1,001
RN	£187
CSW	-£385
Other	-£152
Sci/AHP	-£636
TOTAL	**-£2,543**

CARE RESPECT RESPONSIBILITY

M8 Performance - Bank

The Dudley Group
NHS Foundation Trust





	LATEST
Med	-82.94
C&CCS	-22.37
D Place	-3.54
Surg	-47.35
Corp	-1.85
TOTAL	**-158.06**

	LATEST
Admin	-8.72
Medic	-3.76
RN	-55.77
CSW	-65.47
Other	0.02
Sci/AHP	-24.35
TOTAL	**-158.06**

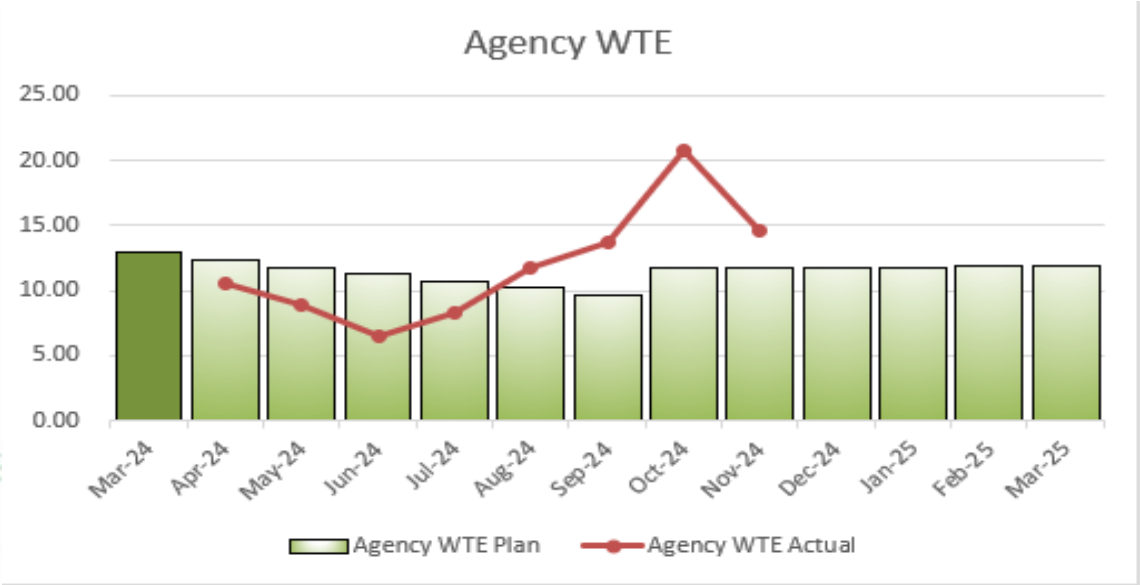
	YTD
Med	-£1,217
C&CCS	-£536
D Place	-£113
Surg	-£2,632
Corp	£41
TOTAL	**-£4,458**

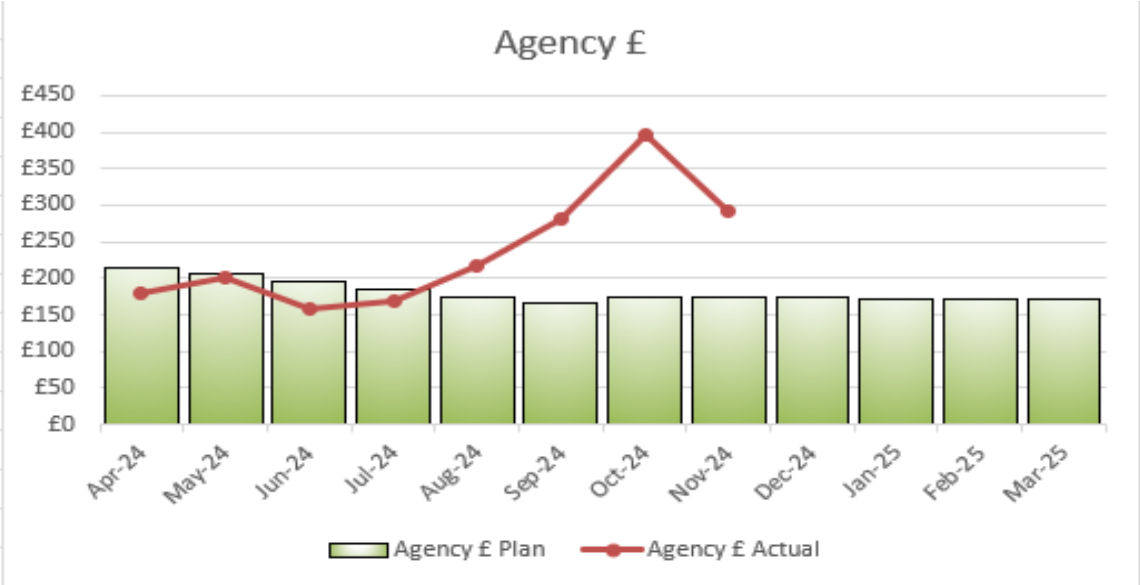
	YTD
Admin	£55
Medic	-£987
RN	-£1,302
CSW	-£1,459
Other	-£1
Sci/AHP	-£765
TOTAL	**-£4,458**

CARE RESPECT RESPONSIBILITY

M8 – Performance Agency

The Dudley Group
NHS Foundation Trust





	LATEST
Med	-2.59
C&CCS	-0.42
D Place	2.00
Surg	-1.85
Corp	0.00
TOTAL	**-2.86**

	LATEST
Admin	1.00
Medic	-6.59
RN	1.45
CSW	0.00
Other	0.00
Sci/AHP	1.29
TOTAL	**-2.86**

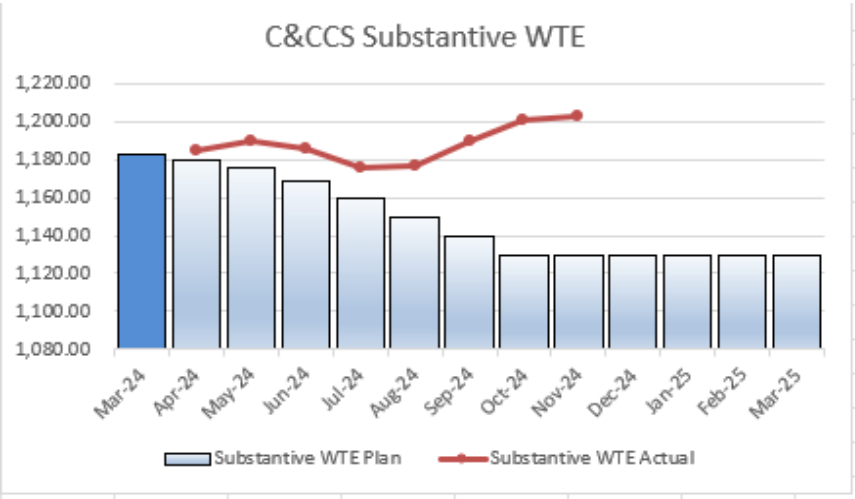
	YTD
Med	-£238
C&CCS	-£86
D Place	£14
Surg	-£93
Corp	£0
TOTAL	**-£403**

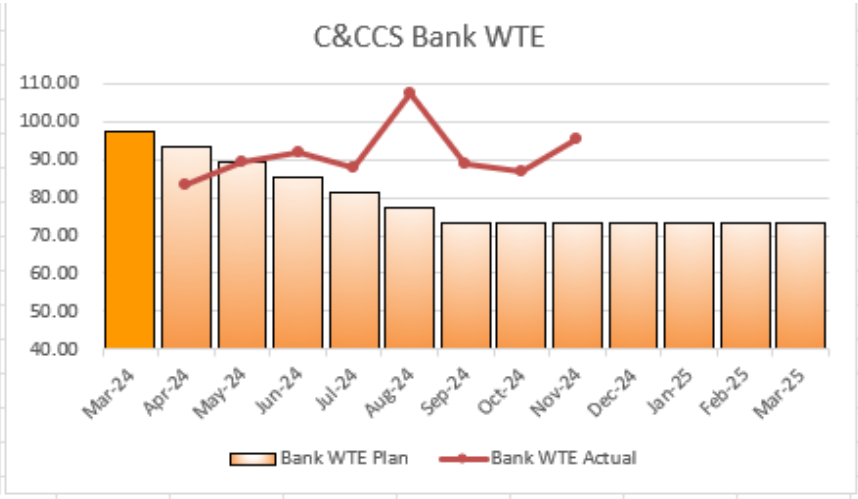
	YTD
Admin	£4
Medic	-£545
RN	£115
CSW	£0
Other	£0
Sci/AHP	£24
TOTAL	**-£403**

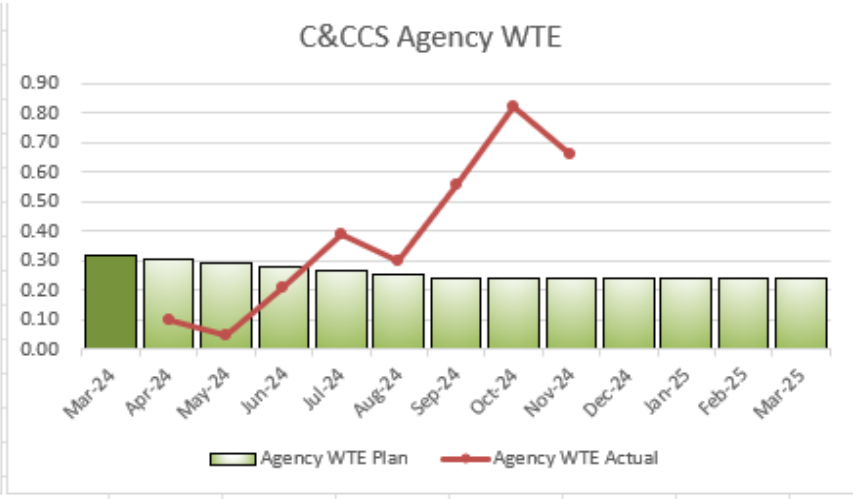
CARE RESPECT RESPONSIBILITY

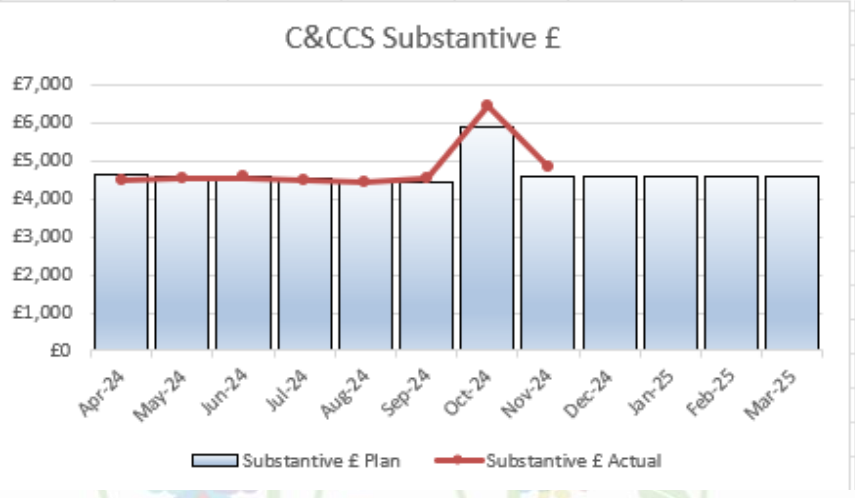
M8 – C&CCS

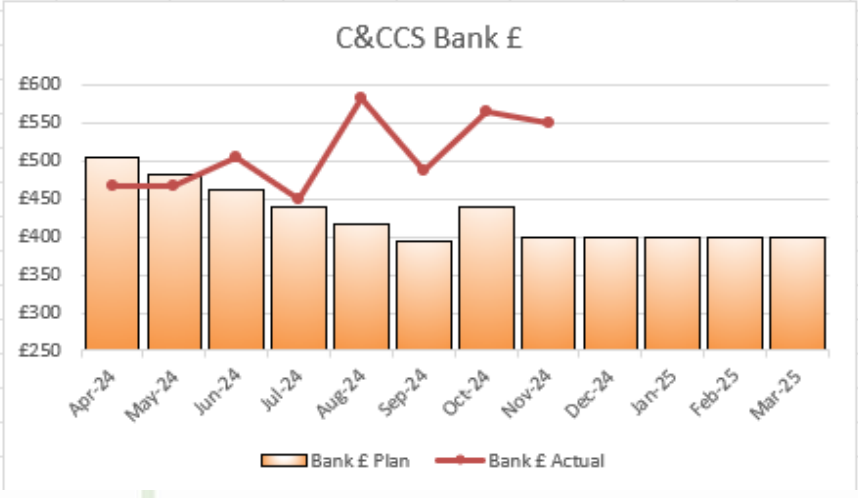
The Dudley Group
NHS Foundation Trust

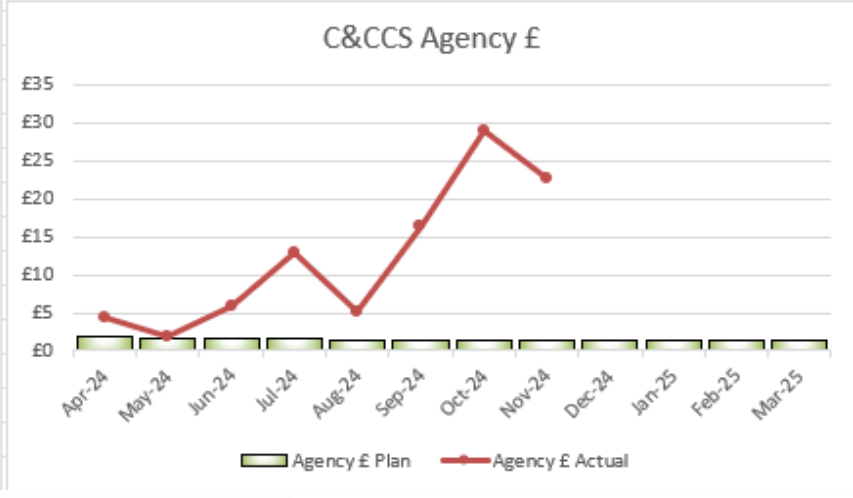








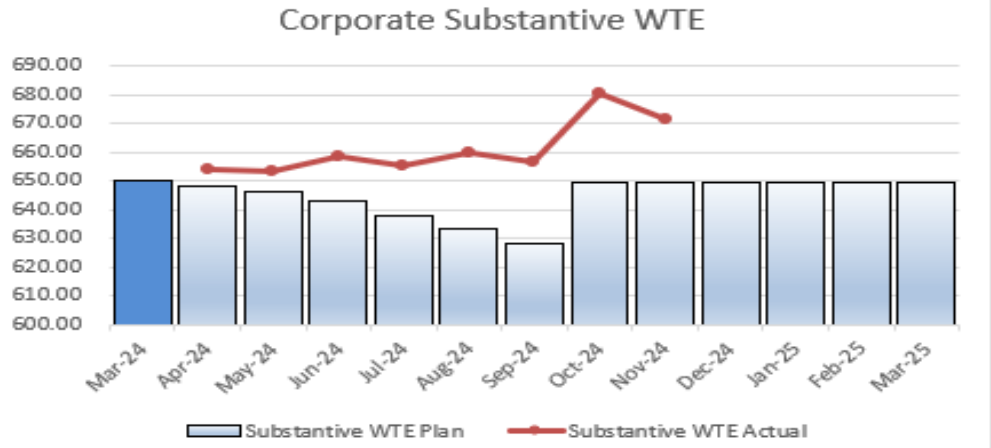


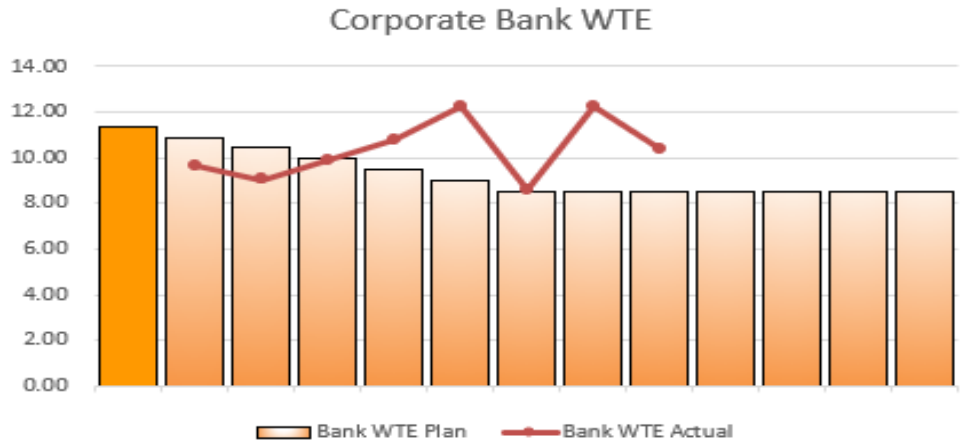


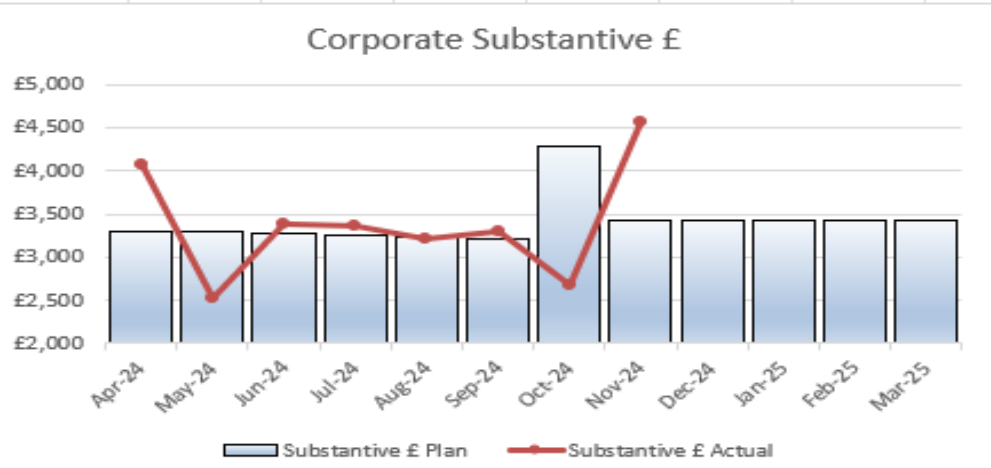
CARE RESPECT RESPONSIBILITY

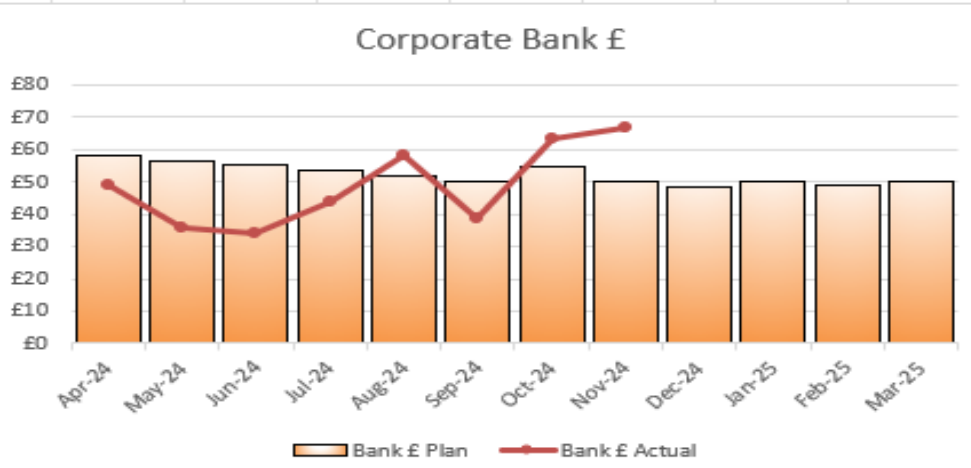
M8 – Corporate

The Dudley Group
NHS Foundation Trust





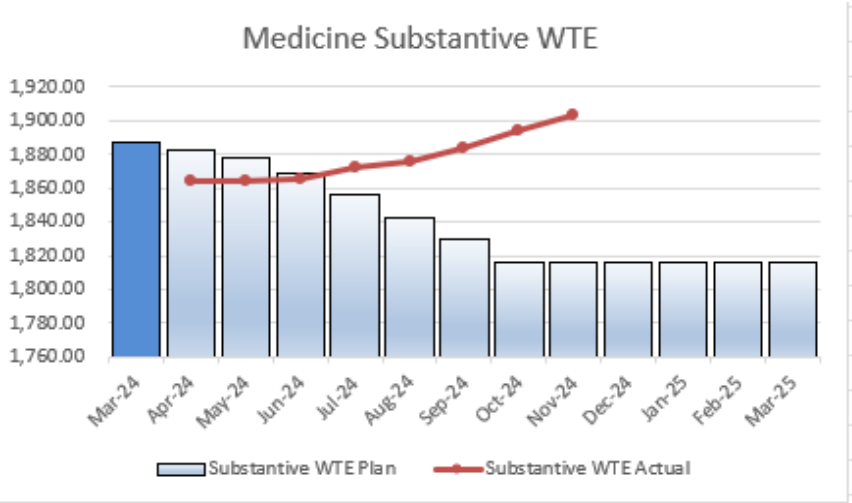


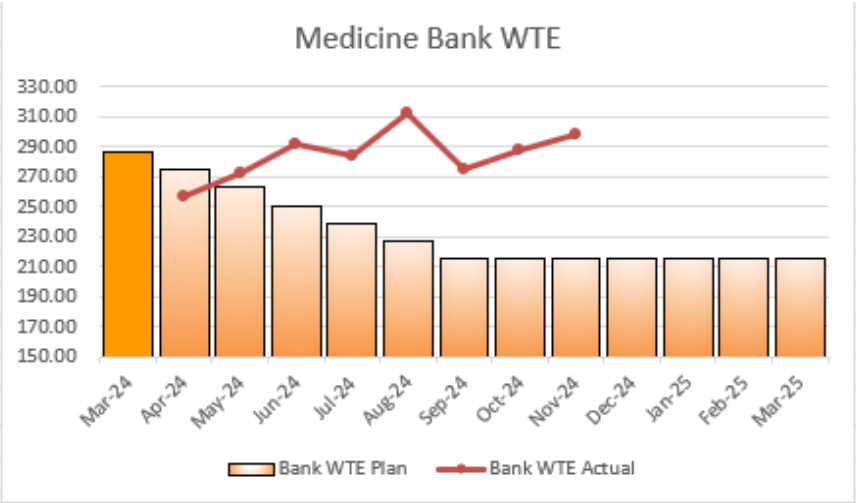


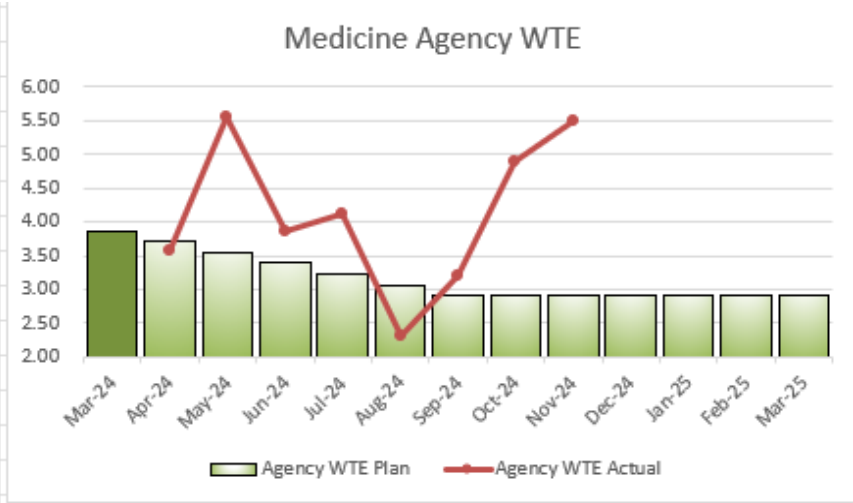
CARE RESPECT RESPONSIBILITY

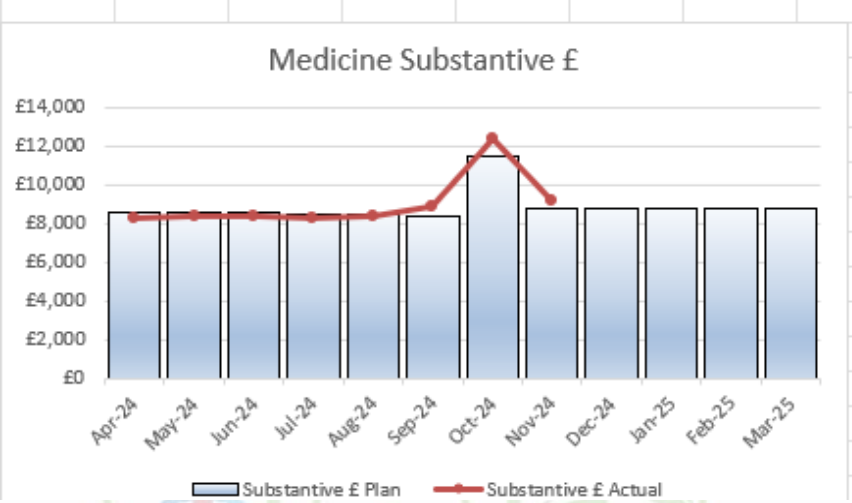
M8 – Medicine

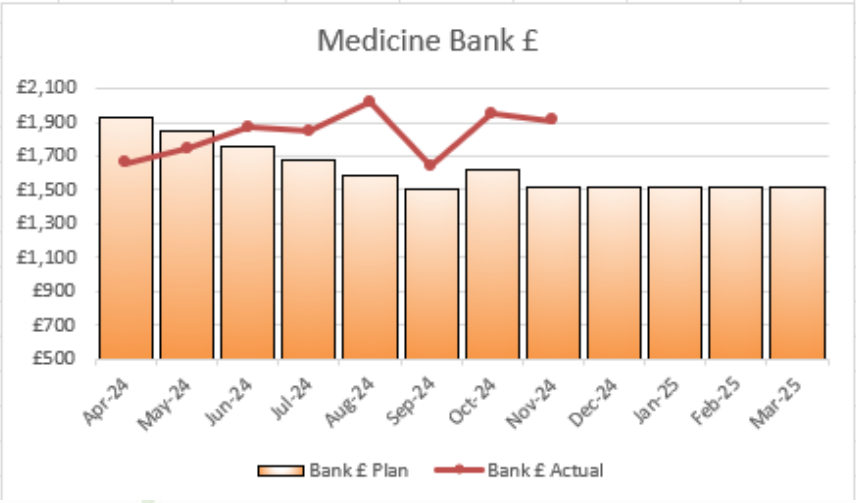
The Dudley Group
NHS Foundation Trust

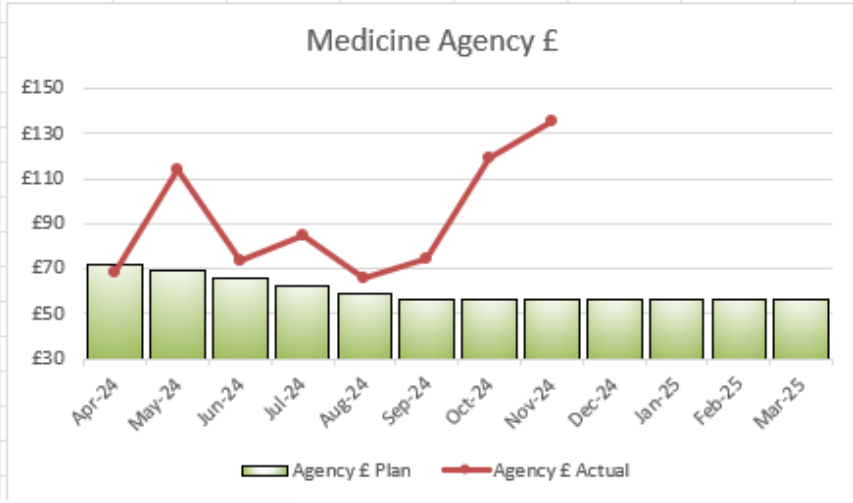








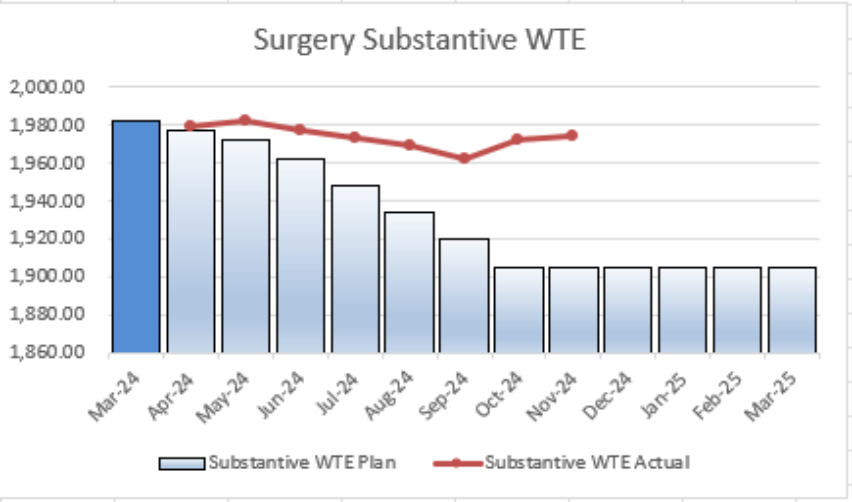


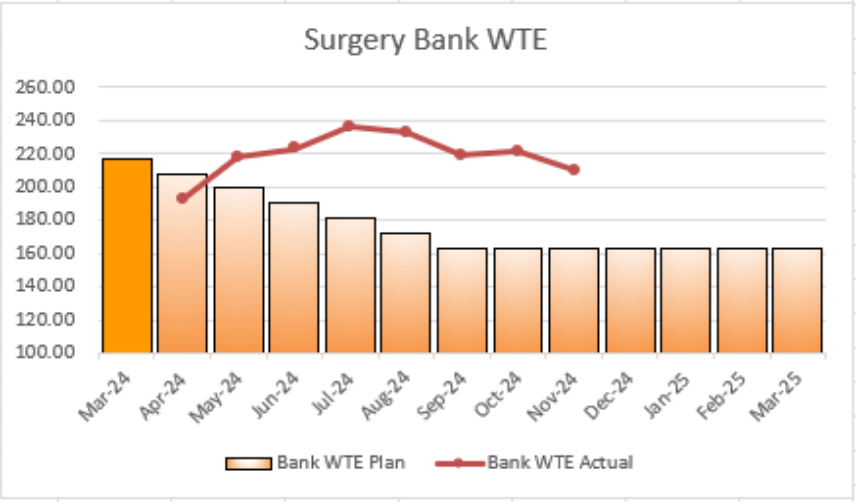


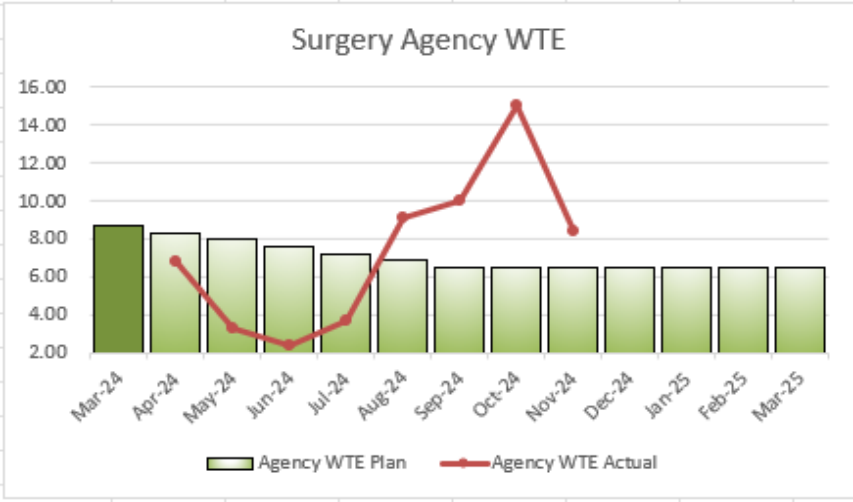
CARE RESPECT RESPONSIBILITY

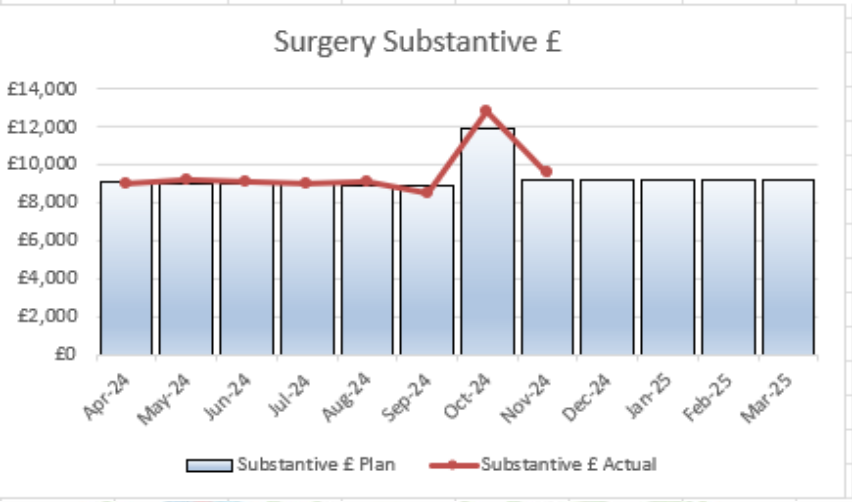
M8 – Surgery

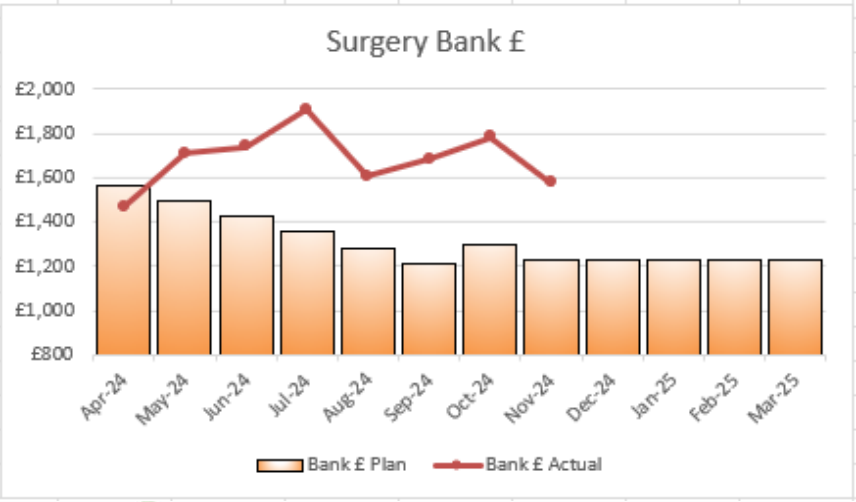
The Dudley Group
NHS Foundation Trust

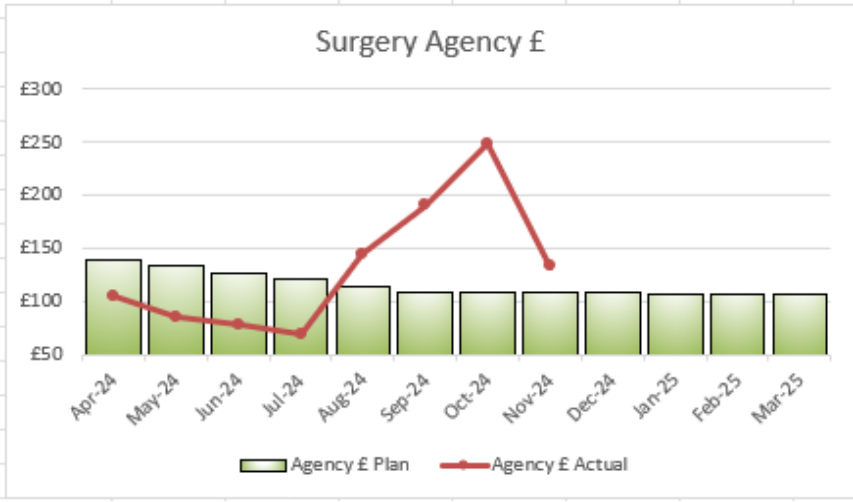












CARE RESPECT RESPONSIBILITY

M8 – Dudley Place

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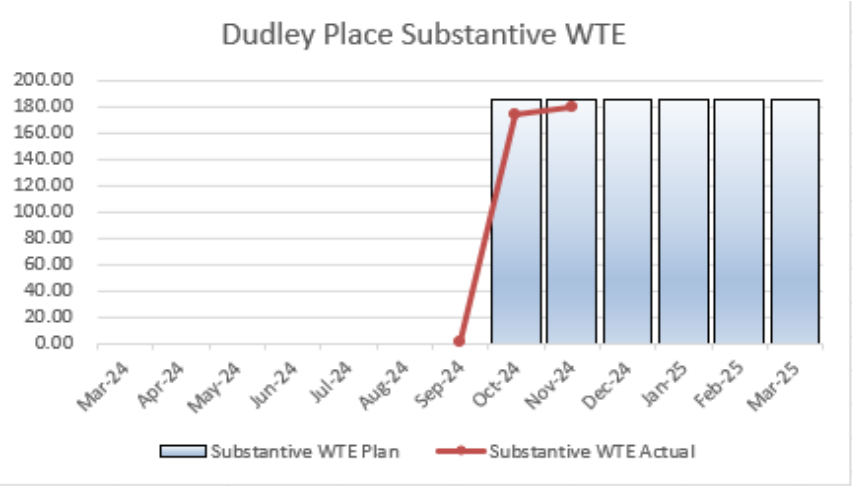
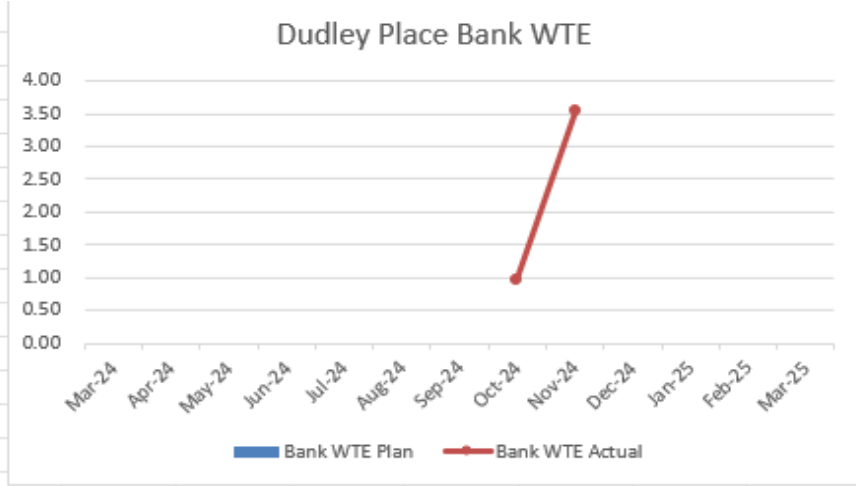
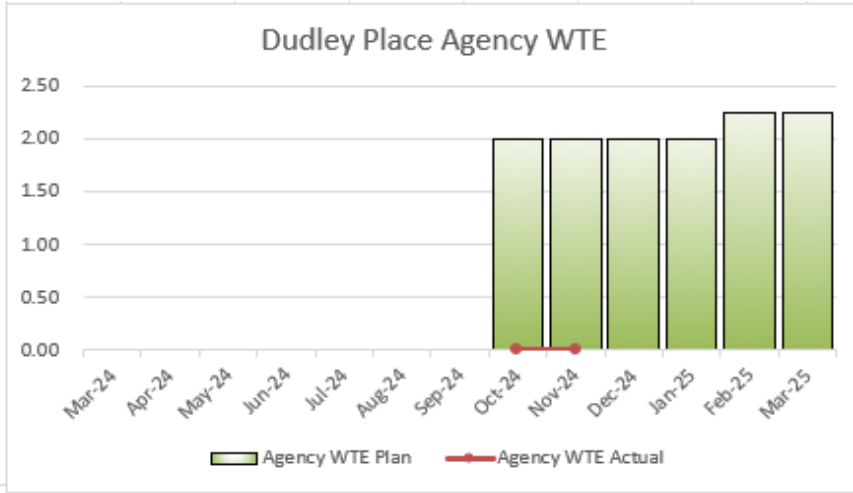
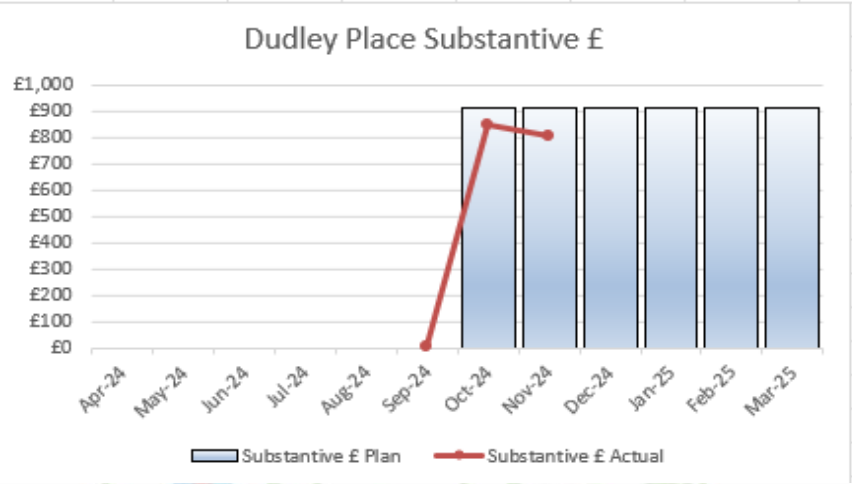
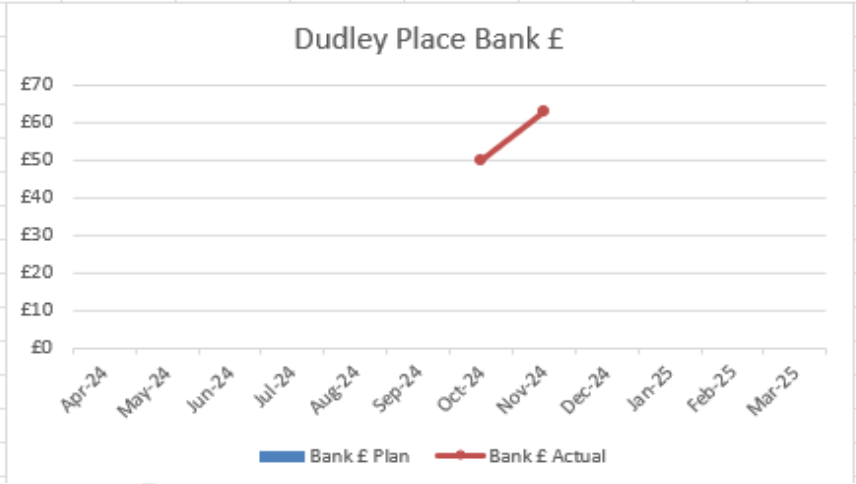
NHS Foundation Trust

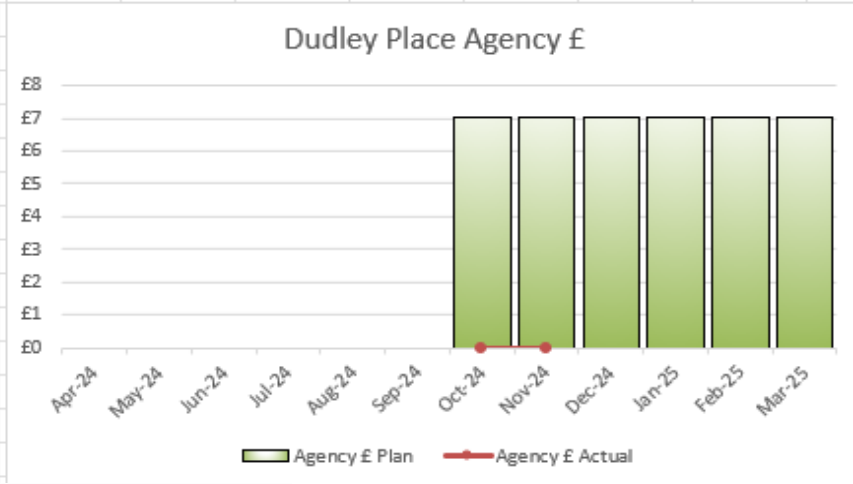












CARE RESPECT RESPONSIBILITY

M8 – Workforce Metrics

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Metric	Rate	Target	Trend	
Absence – In Month	5.56%	<=5%	↑	**Sickness Absence** In-month sickness absence fhas increased from 5.47% in October 2024 to 5.56% in November 2024.
Absence - 12m Rolling	5.16%	<=5%	↑	The rolling 12-month absence has increased from 5.12% in October 2024 to 5.16% in November 2024
Turnover	7.10%	<=8%	↑	**Turnover** Turnover (all terminations) has increased from 7.07% in October 2024 to 7.10% in November 2024 but still remains low.
Normalised Turnover	2.94%	<=5%	↑	Normalised Turnover has increased from 2.93% in October 2024 to 2.94% in November 2024 Turnover (all terminations) is all terminations from the organisation. Normalised Turnover focuses on voluntary resignations and excludes dismissals, fixed-term contracts, redundancy, retirement and rotations.
Retention (12 month)	91.6%	>=80%	↑	**Retention** The 12-month retention rate increased from 91.6% in October 2024 to 92.3% in November 2024
Vacancy Rate	5%	<=7%	=	**Vacancy Rate** The vacancy rate has remained static at 5% in November 2024.
Mandatory Training	92.22%	>=90%	↓	**Mandatory Training** Mandatory Training decreased slightly from 92.09% in October 2024 to 91.79% in October 2024. Overall, it has remained above 90% target for a sustained period.

CARE RESPECT RESPONSIBILITY

M8 – Vacancy Control Panel

The Dudley Group
NHS Foundation Trust

	Divisional Vacancy Control Panel					Executive Vacancy Control Panel				
Date	Post Presented	Posts Rejected	Posts Rejected %	Posts Approved	Posts Approved %	Post Presented	Posts Rejected	Posts Rejected	Posts Approved	Posts Approved %
12/11/2024	51	16	31.37%	35	68.63%	35	2	5.71%	33	94.29%
19/11/2024	30	5	16.67%	25	83.33%	25	4	16.00%	21	84.00%
26/11/2024	5	0	0.00%	5	100.00%	5	0	0.00%	5	100.00%
03/12/2024	68	8	11.76%	60	88.24%	60	9	15.00%	51	85.00%
10/12/2024	23	0	0.00%	23	100.00%	23	3	13.04%	20	86.96%
Total	**177**	**29**	**16.38%**	**148**	**83.62%**	**148**	**18**	**12.16%**	**130**	**87.84%**

CARE RESPECT RESPONSIBILITY

(November 2024 latest available data)

Scheme No	Scheme Name	Divisional Project Lead	Overall QIA Risk Score	Reassessment Return Date
CCS-2425-004	Pharmacy Procurement - 24/25	Sarah Kinnersley	6	15/12/2024
CCS-2425-004a	Pharmacy Procurement 24/25 - Apixaban Saving	Sarah Kinnersley	6	15/01/2025
CCS-2425-005	Tendering of Consumables across BCPS	Raghvinder Ram	1	31/03/2025
CCS-2425-006	Introduction of decontamination units	Bill Norton	1	18/03/2025
CCS-2425-009	Children's Services Medicines Optimisation - Pharmacy Share	Jack Henderson	2	18/03/2025
CCS-2425-010	CCCS Procurement Savings	Amandeep Tung-Nahal	4	31/03/2025
CCS-2425-033	CDC Efficiencies (CT & MRI Mobiles Units)	Bas Hodo	2	21/03/2025
CCS-2425-038	CCGS Budget Non Rec Review	Amandeep Tung-Nahal	1	29/04/2025
CCS-2425-039	CCGS ERF Over Performance	Amandeep Tung-Nahal	3	18/03/2025
CCS-2425-040	Review of CDC Reserve	Amandeep Tung-Nahal	2	29/04/2025
CCS-2425-041	IR & CTC Nurse Led Clinics	Amandeep Tung-Nahal	2	29/04/2025
CCS-2425-042	Reduce DNA rates in Dietetics & Chemical Pathology	Amandeep Tung-Nahal	1	29/04/2025
CCS-2425-043	Record Acute SLT Activity on OASIS	Amandeep Tung-Nahal	3	29/04/2025
MIC-2425-001	MIC Procurement Savings	Rory McMahon	3	31/03/2025
MIC-2425-002	MIC Division Wide Vacancy Factor	Rory McMahon	4	31/03/2025
MIC-2425-003e	MIC budget review	Rory McMahon	1	31/03/2025
MIC-2425-003g	MIC budget review	Rory McMahon	1	31/03/2025
MIC-2425-011c	Overperformance of Virtual Ward Elective Recovery Plan	Rory McMahon	1	31/03/2025
MIC-2425-011e	Overperformance of Virtual Ward Elective Recovery Plan	Rory McMahon	1	31/03/2025
MIC-2425-017	Recruitment of 2 Gastroenterology Consultants	Lucy Ford	1	31/03/2025
MIC-2425-020	Hepatology Workforce	Lucy Ford	1	31/03/2025
MIC-2425-021	Alcohol Care Team	Lucy Ford	1	31/03/2025
MIC-2425-032c	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	15/01/2025
MIC-2425-032e	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	15/01/2025
MIC-2425-032g	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	15/01/2025
MIC-2425-032u	Pharmacy Procurement 24/25 - Apixaban Saving	Rory McMahon	6	15/01/2025
MIC-2425-035	5th Endoscopy Room	Lucy Ford	1	31/03/2025
MIC-2425-039	MIC-4% Reduction in Actually Employed WTE in post	Rory McMahon	12	12/12/2024
MIC-2425-040	MIC- Review posts vacant for 3 months	Rory McMahon	3	17/02/2025
MIC-2425-042	Counting and Coding ERF Activity	Rory McMahon	1	31/03/2025
MIC-2425-044	Overperformance of Elective Recovery Plan	Rory McMahon	1	31/03/2025
MIC-2425-045	MIC - Review posts vacant for 3 months - non-recurrent	Rory McMahon	3	17/02/2025
SWC-2425-001	SWC Procurement Savings	Jack Richards	4	31/03/2025
SWC-2425-004	TCAPP - Additional income over ERF plan	Jack Richards	3	31/03/2025
SWC-2425-006	SWC RAS Referral Review	Jack Richards	3	29/01/2025
SWC-2425-007	Gynaecology Medicines Optimisation	Annie Willets	3	27/12/2024
SWC-2425-012	Review Attend Anywhere Licence renewal	Jack Richards	4	23/03/2025
SWC-2425-015	3D Printing in Oral Surgery	Steve Randle	1	09/03/2025
SWC-2425-018	PMB pathway-reduction in Histology sampling	Jo Malpass	2	31/03/2025
SWC-2425-020	Reduce use of printed patient leaflets	Rita Khan	1	09/03/2025
SWC-2425-023	Obs & Gynae - Additional Income above ERF plan	Jo Malpass	3	31/03/2025
SWC-2425-024	Children's Services - Additional Income above ERF plan	Alis Rasul	3	31/03/2025
SWC-2425-025	Specialist Surgery - Additional Income above ERF plan	Steve Randle	3	31/03/2025
SWC-2425-026	SUV - Additional Income above ERF plan	Charlie Heaton	3	31/03/2025
SWC-2425-027	T&O (inc Plastics) - Additional Income above ERF plan	Jenny Workman	3	31/03/2025
SWC-2425-029	T&O - Pharmacy Procurement 24/25 - Apixaban Saving	Jenny Workman	6	15/01/2025
SWC-2425-030	SUV - Pharmacy Procurement 24/25 - Apixaban Saving	Charlie Heaton	6	15/01/2025
SWC-2425-031	Obstetrics Medicines Optimisation	Annie Willets	3	27/12/2024
SWC-2425-035	Coding	Jack Richards	3	27/12/2024
SWC-2425-037	ECT Contract	Matt Fisher	1	27/12/2024
SWC-2425-039	4% Reduction in actually employed WTE in post | SWC	Jack Richards	12	23/12/2024
SWC-2425-040	Review posts vacant for 3 months	Jack Richards	3	09/03/2025
SWC-2425-041	CNST Year 5 Delivery	Jack Richards	1	27/12/2024
SWC-2425-042	Negotiation of BWC T&O Consultant Contract	Matt Fisher	1	N/A
SWC-2425-044	Computer Annual Licence	Steve Randle	1	31/03/2025
CORP-2425-001	Corporate Procurement Savings	Paul Mellor	4	02/01/2025
CORP-2425-002	EBME 3rd Party Maintenance Rationalisation	Nigel Ford	1	09/01/2025
CORP-2425-008	PFI Commercial Agreement	Nigel Ford	2	09/01/2025
CORP-2425-009	Delay in Cloud Upgrade	Chris Benfield	1	02/01/2025
CORP-2425-010	IT 3rd Party Contracts	Sarah Ellis	1	02/01/2025
CORP-2425-011	Review Posts Vacant for 3 Months - Medical Director	Becky Edwards	2	02/01/2025
CORP-2425-012	Lung Health Checks	Adam Thomas	1	03/03/2025
CORP-2425-015	Review posts vacant for 3 months - Finance	Richard Price	1	02/01/2025
CORP-2425-016	Governance Legal Fees	Andy Proctor	1	02/01/2025
CORP-2425-017	Review posts vacant for 3 months - Governance	Andy Proctor	1	02/01/2025
CORP-2425-018	Review posts vacant for 3 months - IT	Sarah Ellis	3	02/01/2025
CORP-2425-019	Nursing Director Income	Martina Morris	6	02/01/2025
CORP-2425-020	Review Posts Vacant for 3 Months - Nursing Director	Martina Morris	2	03/02/2025
CORP-2425-021	Review posts vacant for 3 months - Strategy & Transformation	Adam Thomas	1	02/01/2025
CORP-2425-022	Finance Estates Trust Energy Costs	Nigel Ford	1	09/01/2025
CORP-2425-023	Finance Estates Rent and Service Charge Income	Nigel Ford	1	09/01/2025
CORP-2425-024	Review Posts vacant for 3 months - HR	Karen Brogan	1	03/02/2025
CORP-2425-025	Medical Director Training	Becky Edwards	2	03/02/2025
CORP-2425-026	HR Non-Recurrent Income	Karen Brogan	1	03/02/2025
CORP-2425-027	4% Reduction in actually employed WTE in post - IT	Ravinder Sohota-Thandi	12	03/02/2025
CORP-2425-028	4% Reduction in actually employed WTE in post - Strategy & Transformation	Adam Thomas	5	20/12/2024
CORP-2425-029	PFI Energy ETA	Nigel Ford	1	02/01/2025
CORP-2425-030	Finance PFI Commercial Agreement REC	Chris Walker	4	03/02/2025
CORP-2425-031	Additional Income- Urgent & Emerg Care Growth Funding from ICB contract	Richard Price	1	02/01/2025
CORP-2425-032	HR Staffing Establishment VAC Reviews	Karen Brogan	1	03/02/2025
CORP-2425-033	4% Reduction in Actually Employed WTE in post - Corporate Resilience Bank	Karen Kelly	13	20/12/2024
CORP-2425-034	Review posts vacant for 3 months - Operational Management	Karen Kelly	1	03/02/2025
CORP-2425-035	Review posts vacant for 3 months - R&D	Gail Parsons	2	11/04/2025
CORP-2425-036	IT 3rd Party Maintainence Contracts	Sara Ellis	1	19/03/2025
CORP-2425-037	Nursing Director Vacancy	Martina Morris	2	31/03/2025

Scheme No	Scheme Name	Original Overall QIA Risk Score	Reassessment Return Date	Reassessment Meeting Date	Reassessed Overall QIA Risk Score
CS-2425-005	Tendering of Consumables across BCPS	1	10/10/2024	30/10/2024	1
CS-2425-010	CCCS Procurement Savings	4	02/10/2024	30/10/2024	4
CS-2425-011	Ranibizumab Biosimilar Switch - CCC Share	6	23/10/2024	TBC	TBC
MIC-2425-001	MIC Procurement Savings	3	30/10/2024	30/10/2024	4
MIC-2425-002	MIC Division Wide Vacancy Factor	4	30/10/2024	12/11/2024	4
MIC-2425-003	MIC Budget Review	1	30/10/2024	12/11/2024	1
MIC-2425-007	Medicines Optimisation Rebate Medicine 24/25	5	30/07/2024	16/08/2024	5
MIC-2425-009	Medicines Optimisation Tacilizumab Biosimilar - Medicine Share	5	30/07/2024	16/08/2024	5
MIC-2425-011	Overperformance of Elective Recovery Plan	1	01/11/2024	12/11/2024	1
MIC-2425-020	Hepatology Workforce	1	30/10/2024	31/10/2024	1
MIC-2425-021	Alcohol Care Team	1	30/10/2024	31/10/2024	1
MIC-2425-032	Pharmacy Procurement Apixaban Saving	6	04/10/2024	31/10/2024	6
MIC-2425-036	5th Endoscopy Room	1	30/10/2024	31/10/2024	1
SWC-2425-001	SWC Procurement Savings	4	02/10/2024	30/10/2024	4
SWC-2425-004	TCAPP - Additional income over ERF plan	3	02/10/2024	06/11/2024	3
SWC-2425-010	Ranibizumab Biosimilar Switch - SWC Share	6	23/10/2024	TBC	TBC
SWC-2425-011	Children's Services Medicine Optimisation - SWC Share	2	15/10/2024	TBC	TBC
SWC-2425-023	Obs & Gynae - Additional Income above ERF plan	3	02/10/2024	06/11/2024	3
SWC-2425-024	Children's Services - Additional Income above ERF plan	3	02/10/2024	06/11/2024	3
SWC-2425-025	Specialist Surgery - Additional Income above ERF plan	3	02/10/2024	06/11/2024	3
SWC-2425-026	SUV - Additional Income above ERF plan	3	11/10/2024	06/11/2024	3
SWC-2425-027	T&O (inc Plastics) - Additional Income above ERF plan	3	09/10/2024	06/11/2024	3
SWC-2425-029	T&O - Pharmacy Procurement 24/25 - Apixaban Saving	6	15/10/2024	31/10/2024	6
SWC-2425-030	SUV - Pharmacy Procurement 24/25 - Apixaban Saving	6	15/10/2024	31/10/2024	6

The Dudley Group
NHS Foundation Trust

Level 3 – Financial and/or Clinical QIA Approved. Awaiting Director sign off at divisional level before going Live

Scheme No	Scheme Name	Divisional Project Lead	Overall QIA Risk Score
CCS-2425-007	Medicines Optimisation Ustekinumab Biosimilar - Pharmacy Share	Onajite Okoro	6
SWC-2425-045	Productivity Programme	Jack Richards	3
CORP-2425-038	Health and Safety Band6 Vacancy	Karen Kelly	3

Level 2 – Financial and/or Clinical QIA Approved. Awaiting sign off at Divisional Manager level before going to Director Level for final sign off.

Scheme No	Scheme Name	Divisional Project Lead	Overall QIA Risk Score
MIC-2425-014	CDC Dermoscopy Increased activity	Kate Keeling	1
MIC-2425-015	Neurology Review of services	Kate Keeling	1

As at 25th November, there were no immediate risks to the programme from the schemes listed in terms of their Quality Impact Assessment Scoring or review call back schedule. There is however financial risk identified in terms of continued programme delivery. Based on the proposed 4% workforce reduction that was planned to be in place by October 2024, this project is no longer deemed financially viable. Therefore, the Trust is currently forecasting an under delivery against our year end plan by c. £1.7m. This will be monitored month on month for upwards escalation. It is hoped that the outstanding savings can be offset by overperformance on the Trust's Elective Recovery Fund (ERF) activity schedule. Reviewed QIA process for non-CIP related schemes is being embedded.

CARE RESPECT RESPONSIBILITY

M7 - Summary of Nursing KPI Audits (November 2024)

The Dudley Group NHS Foundation Trust

	Jun	Jul	Aug	Sep	Oct	Nov
Tissue Viability SKIN audit (CQUIN 12)	98.0%	97.4%	96.6%	96.7%	97.1%	96.5%
Hand Hygiene '5 moments' audit	97.6%	97.8%	98.7%	98.5%	98.5%	98.8%
Hand Hygiene Environment Audit	98.0%	98.5%	98.8%	99.9%	98.9%	99%
Matron In Patient Audit	89.5%	91.9%	91.0%	84.0%	86.3%	87.3%
Matron Audit - Out Patient Areas	N/A	90.4%	93.3%	94.2%	95.5%	96.7%
Standard of Documentation Audit	97.0%	97.4%	97.5%	97.7%	97.6%	97.5%
Lead Nurse In Patient Audit	94.1%	95.0%	92.7%	92.5%	93.9%	91.7%

Note: Matron audit template was updated for September to include review additional areas Matrons requested to monitor, plus more patient focused questions were added.
Lead Nurse inpatient audit template was updated for November to include additional areas Leads and Matrons wished to monitor.

CARE RESPECT RESPONSIBILITY

M7 - Safer Staffing Data (November 2024)

The Dudley Group
NHS Foundation Trust

Safer Staffing Summary Nov Days in Month 30

Ward	Day RN Plan	Day RN Actual	Day CSW Plan	Day CSW Actual	Night RN Plan	Night RN Actual	Night CSW Plan	Night CSW Actual	RN Day %	CSW Day %	RN N %	CSW N %	Sum 24:00 Occ	Actual CHPPD Registered	Care staff	Total
B1	120	99	56	59	63	62	47	47	82%	106%	98%	100%	401	4.57	3.02	7.59
B2(H)	120	97	188	175	90	88	151	148	81%	93%	98%	98%	709	3.13	5.35	8.48
B2(T)	121	106	146	118	90	81	126	113	88%	81%	90%	89%	701	3.20	3.95	7.15
B3	190	175	185	172	185	183	162	151	92%	93%	99%	93%	1,109	3.79	3.49	7.28
B4	221	178	245	191	216	199	189	174	80%	78%	92%	92%	1,246	3.56	3.52	7.07
B5	241	188	165	139	236	213	103	92	78%	85%	90%	89%	987	4.98	2.74	7.73
B6	94	78	81	55	60	58	85	75	83%	67%	97%	88%	479	3.33	3.24	6.57
C1 A	123	122	138	109	90	83	111	105	100%	79%	92%	95%	719	3.34	3.57	6.90
C1 B	125	122	141	114	90	89	107	101	97%	81%	99%	94%	710	3.47	3.55	7.02
C2	289	236	78	73	258	226	76	55	82%	93%	88%	72%	695	7.81	2.16	9.96
C3	209	209	385	343	180	170	369	366	100%	89%	94%	99%	1,553	2.93	5.37	8.29
C4	200	165	65	51	120	97	60	67	82%	78%	81%	112%	651	4.70	2.10	6.80
C5 A	117	91	129	100	90	89	101	94	78%	78%	99%	93%	711	3.08	3.28	6.36
C5 B	156	149	124	101	150	150	94	90	95%	82%	100%	96%	713	4.92	3.22	8.14
C6	94	89	94	84	90	79	68	66	94%	89%	88%	97%	549	3.58	3.27	6.86
C7	208	162	181	158	150	147	183	169	78%	87%	98%	92%	1,074	3.37	3.66	7.03
C8	250	231	226	181	210	196	186	169	92%	80%	93%	91%	1,294	3.87	3.25	7.12
CCU_PCCU	242	233	61	51	211	210	32	25	96%	84%	100%	78%	747	6.95	1.22	8.18
Critical Care	508	403	121	83	510	414			79%	69%	81%		471	20.81	2.12	22.93
AMU	511	487	394	364	440	468	396	380	95%	92%	106%	96%	2,172	5.17	4.11	9.28
Maternity	825	767	259	195	510	491	149	135	93%	75%	96%	91%	1,276	9.43	3.03	12.47
MECU	91	89	33	30	91	90			98%	90%	99%		217	9.89	1.50	11.39
NNU	373	260			260	214			70%		82%		389	14.54	0.00	14.54
TOTAL	**5,430**	**4,724**	**3,495**	**2,947**	**4,390**	**4,097**	**2,795**	**2,620**	**87%**	**84%**	**93%**	**94%**	**19,573**	**5.20**	**3.38**	**8.58**

RESPECT RESPONSIBILITY