

**PUBLIC TRUST BOARD
HELD AT 10:00 AM ON THURSDAY 1 JUNE 2023
CSB, ROOMS 10009/11**

AGENDA

Ap: APPROVAL R: RATIFICATION As: ASSURANCE D: DISCUSSION I: FOR INFORMATION N: NOTE

	Item	Lead	Format	Action	Duration
1.	Patient Story (Guests – Hayley Best & TBC)	J Richards	Enclosure	N	10 mins
2.	2.1 Apologies for Absence 2.2 Confirmation of Quoracy 2.3 Declarations of Interest	Chair	Verbal/ Enclosure	As/Ap	10 mins
3	3.1 Minutes of previous meeting held on 06 April 2023 3.2 Action Matrix 3.3 Matters Arising				
4.	Chair's Report	Chair	Enclosure	As	10 mins
5.	Chief Executive Officer Update	A Hardy	Enclosure	As	15 mins
6.	Audit and Risk Assurance Committee 6.1 Approved Minutes 19 January 2023 6.2 Meeting Report 26 April 2023	A Ismail	Enclosure	As	5 mins
	People Committee 6.3 Approved Minutes 23 February 2023 6.4 Meeting Report 27 April 2023 (incl. EDI Plan)	J Mawby-Groom			
	Quality and Safety Committee 6.5 Approved Minutes 30 March 2023 6.6 Meeting Report 25 May 2023	C Mills			
	Finance and Performance Committee 6.7 Approved Minutes 30 March 2023 6.8 Approved Minutes 27 April 2023 6.9 Meeting Report 25 May 2023	J Gould			
7.	Coventry and Warwickshire Integrated Health and Care Delivery Plan (Guest: Rachel Danter/ Hannah Willetts)	J Richards	Enclosure	As	10 mins
8.	Integrated Quality, Performance and Finance Report • Operations • Quality • Finance • Workforce	K Patel	Enclosure	As	10 mins
9.	Medicines Optimisation Committee Annual Report 2022/23 (Guest: Mark Easter)	K Patel	Enclosure	As	10 mins

	Item	Lead	Format	Action	Duration
10.	Controlled Drugs Accountable Officer Annual Report 2022-23 (Guest: Mark Easter)	K Patel	Enclosure	As	10 mins
11.	Research and Development Annual Report	K Patel	Enclosure	As	10 mins
12.	Infection Prevention and Control Annual Report 2022/23 and Annual Plan 2023/24	T Brigstock	Enclosure	Ap	10 mins
13.	Nursing and Midwifery Safe Staffing Report	T Brigstock	Enclosure	As	10 mins
14.	Maternity Safety Report and Plan (incl Midwife Staffing Report)	T Brigstock	Enclosure	As	10 mins
BREAK 12:15 – 12:25					
15.	Patient Experience and Engagement Report (Guest: Hayley Best)	T Brigstock	Enclosure	As	10 mins
16.	Patient Led Assessments of the Care Environment (PLACE) Annual Report (Guest: Hayley Best)	T Brigstock	Enclosure	As	10 mins
17.	Cancer Services Report (Guest: Jo Lydon)	G Harris	Enclosure	As	10 mins
18.	Data Security and Protection Toolkit Annual Submission	D Walsh	Enclosure	As	15 mins
19.	Register of Declarations of Interests, Gifts and Hospitality	D Walsh	Enclosure	N	
20.	Register of Sealings	D Walsh	Enclosure	Ap	
21.	Fit and Proper Person Requirement – Statement of Compliance	D Walsh	Enclosure		
22.	Board Assurance Framework	D Walsh	Enclosure	As	
The remaining agenda items will be taken as read, with no time allocated for discussion. Any questions from Board members should be raised in advance of the meeting.					
23.	Draft Board agenda	Chair	Enclosure	N	5 mins
24.	Meeting Reflections	Chair	Verbal	D	
25.	Questions from Members of the Public which relate to matters on the Agenda Please submit questions to the Director of Corporate Affairs (David.Walsh@uhcw.nhs.uk)	Chair	Verbal	D	5 mins
Next Meeting: Thursday 03 August 2023 at 10.00am					
Resolution of Items to be Heard in Private (Chair)					
In accordance with the provisions of Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960, and the Public Bodies (Admissions to Meetings) (NHS Trusts) Order 1997, it is resolved that the representatives of the press and other members of the public are excluded from the second part of the Trust Board meeting on the grounds that it is prejudicial to the public interest due to the confidential nature of the business about to be transacted. This section of the meeting will be held in private session.					



**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

Subject Title	Patient Story programme – Jamie
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Naomi C Rees Issitt, Jamie's mum Hayley Best, Associate Director of Quality – Patient Experience
Attachments	Presentation from Naomi
Recommendation(s)	The Board is invited to NOTE the patient story

Jamie

Patient Story:

On the 1 January 2022 at 2:22am, our 18-year-old son, Jamie, was with his friends at his friends parents' house in Hillmorton, Rugby. Jamie and his friends were watching fireworks to welcome in the new year. After the fireworks had finished, the lads all went back into the house, where Jamie turned to his friend and said 'I feel a bit funny'. Jamie went out the front of the house to get some fresh air and collapsed. Jamie's friends saw he wasn't well and went to help, they quickly realised that Jamie wasn't breathing and his best friend, Josh, began CPR.

One of Jamie's friends' mums called 999 immediately and asked for an ambulance urgently, explaining that an 18 year old boy had collapsed and he wasn't breathing and had no pulse. The call handler said that an ambulance was on the way and that they should continue CPR. The call handler stayed on the phone directing Josh, Jamie's friend doing CPR. People at the scene asked the call handler, a number of times, if they should put Jamie in a car and take him to Rugby hospital, but they were told no and advised to continue CPR and the ambulance was on its way. That ambulance took 17 minutes 33 seconds, the Paramedics did not reach Jamie's side until 19.5 minutes.

A police officer was sent to the scene (as the ambulance was taking so long) but on arrival to Jamie, the police officer realised that he did not have a defibrillator in his police car, meaning that he had to radio another police officer to go back to Rugby police station to collect one. This was not on the scene until approx. 14 minutes.

There was a defibrillator, which Jamie's friends knew about, just two minutes away from where he collapsed, however, this was locked inside a school, meaning his friends could not get to it. When the Paramedics finally reached Jamie, the emergency treatment started. The Doctor did not reach Jamie until 35 minutes!

Jamie's heart was restarted on the way to University Hospital Coventry & Warwickshire (UHCW) NHS Trust and it did not stop again.

After three days in Cardiothoracic Intensive Care, we were told that Jamie was not going to survive and that his brain had been too starved of oxygen meaning that he was brain stem dead. We were devastated. How could we lose our precious boy and WHY!

Jamie had signed the organ donor register three times, when he was 16, 17 and the day after his 18th birthday. How could we possibly ignore his wishes. So, Jamie was kept on life support to enable his organs to repair and become healthy again, enabling him to donate five organs to five recipients on 5 January 2022, the night we said goodbye to him. One of these recipients was an eight month old baby girl, with a lifesaving liver transplant.

After we lost Jamie, we were all completely lost as well. We simply did not know where to turn and it didn't take long before the questions started coming to us...and they just did not stop.

Why had the ambulance taken so long? Why was the defibrillator not in the police car? Why was the nearest defibrillator locked inside a building? Why were Jamie's friends told not to take him to Rugby hospital?

We were visited by Mark Docherty, Nursing Director for West Midlands Ambulance Service (WMAS) who came to our home and talked to us about Jamie and what had happened on that horrific night. We received a letter of apology from WMAS, in which they acknowledged their failings and admitted that Jamie had not been reached in time due to an ambulance delay and that, if Jamie had been reached sooner, he could have survived.

A patient safety investigation was started, and it quickly became apparent, that the Paramedics first on the scene, had taken over two minutes to don Personal Protective Equipment (PPE) on arrival at the scene, which is what caused the extra delay in reaching Jamie.

The answers did not help us, the apologies did not help us. Our son and brother was gone and there were so many different failings. The removal of any one of those failings, could have meant Jamie would still be with us today.

We visited the school near to where Jamie collapsed and spoke to them about why the defibrillator was not a 24/7 publicly accessible defibrillator. They were unsure but said that no one had ever approached them about making their defib publicly accessible.

We decided as a family, that we needed to raise enough money, in Jamie's memory, to at least make that defibrillator accessible. So, we started a JustGiving page for Jamie, in the hope of raising £1500. 24 hours later we had raised £3000....so we kept going. By July 2022 we had installed 12 accessible defibrillators in Rugby and in October 2022, The Ourjay Foundation became a registered charity.

We held numerous fundraising events over the year and Jamie's mum and auntie did a sky dive in Jamie's memory. This week we have installed our 52nd defibrillator in Warwickshire plus another 10 portable defibrillators which have been placed in vehicles or pitch side at grassroots football clubs.

In total, Jamie's foundation has raised approx. £100,000, and we keep going. We have to keep fighting; we cannot give up. This is the only way that I can look after Jamie now and ensure that he never just became that lad that died at new year. Jamie's legacy will live on past all of us.

We received virtually no contact from UHCW during the last 16 months. A Councillor from Rugby, who is a huge supporter of OurJay Foundation, managed to get us a Teams meeting with two representatives from UHCW, however, we really felt, as a family, that this was not enough.

We had been invited to a number of other hospitals to see what changes were being made, to try to reduce ambulance handover delays etc. but UHCW did not offer this support. We went to the NHS Winter Collaborative event in November 2022 and were invited back in January 2023, to see what improvements had been made, but to be perfectly honest, all we could think about, was the 10 ambulances queuing outside UHCW on the night that Jamie was taken here and how, if they had been offloaded quicker, would Jamie have been reached in time?

We understood that there was a bigger picture. We know that delays in Accident & Emergency mean a delay in offloading patients from ambulances, that delays in discharging patients from Wards cause a delay in moving patients from A&E and obviously a shortage of places in social care, means it is difficult to release people from hospital, even when they are well enough to be cared for out of hospital.

We were also made aware, that on the night that Jamie collapsed (new years eve night) a number of emergency ambulances were visiting patients who were suffering with mental health issues and as it is such a lonely time of year, we know that this played a huge factor.

Rugby had an ambulance station 10 years ago. Rugby had two stand by ambulances at St Cross hospital, one was removed in 2020 and the last stand by ambulance was removed from Rugby in September 2021, just four months before Jamie needed it.

We know that there is a high possibility that those stand by ambulances would not have been in Rugby when Jamie collapsed, but there is a chance they could have been. If there were more urgent care services in Rugby, there was a chance that there would have been ambulances handing over patients at a hospital that is just 3 minutes away from where Jamie collapsed. Surely something has to change here, there has to be a better way.

We felt, as a family, that emergency healthcare had been treated like a luxury that Jamie just never got. In a country that is the fifth richest economy in the world, how could an 18 year old boy be so let down. He was a fit healthy boy, he worked hard, he was the most amazing, caring person and he was catastrophically failed, by a system and a collection of so many avoidable problems that should never have happened. Jamie is so missed, by everyone that knew him and now, by so many people that didn't even have the joy of knowing him. His defibrillators have already saved lives and we are sure they will continue to do so.

We now want to work alongside WMAS and the NHS and UHCW, to ensure this never happens to another family. There simply has to be things that can be changed to prevent the heartache we have gone through in losing such a beautiful, courageous, funny, brave, handsome young man. OUR JAMIE.

Thank you for listening.

UHCW response:

We were really grateful to Naomi and her husband Jeremy for sharing Jamie's story with us. At a meeting on the 3 May 2023 we explained a number of improvements that have been made since Jamie came into our care, particularly around improving emergency flow through the hospital (including reducing delays in discharges) and in turn, improving services in care delivery at our emergency front door such as reducing ambulance handover times.

Notwithstanding this, we also recognise that there is more that can be done. Firstly, although our review into Jamie's care at UHCW showed this to be good, we were unaware of the findings of the WMAS investigation which referenced delays in response times due to ambulance availability. Whilst we work with colleagues across the system when incidents occur, this example shows us that there is more that we can do with system partners to share learning from incidents. In doing so, we would be able to learn about stories such as Jamie's and contribute to discussions with any families affected.

Secondly, this example further highlights our focus on flow (noted above) in the hospital and the balance of risk and safety we manage in the walls of our hospitals against the unknown risk in the community. Our teams will continue to work with system partners in order to identify and mitigate this collectively and report back to board to ensure such aspects are considered especially in terms of our Winter planning.

Finally, Naomi and Jeremy's work in setting up OurJay Foundation has not only raised awareness of the importance of community/ portable defibrillators but also the pressures facing the NHS around wider urgent and emergency care pressures. This is something that the Trust could look to support. Examples of this could be through promoting volunteer resuscitation training, or supporting the charity at any events being held. We hope to continue this dialogue with Naomi and the OurJay Foundation to explore if there are opportunities for us to collaborate together.

PREVIOUS DISCUSSIONS HELD

None

KEY IMPLICATIONS

Financial	None identified
Patient Safety or Quality	The patient story links to our strategic objective to deliver excellent patient care and experience.
Human resources	None identified
Operational	None identified

**MINUTES OF A PUBLIC MEETING OF THE TRUST BOARD OF UNIVERSITY HOSPITALS
COVENTRY AND WARWICKSHIRE NHS TRUST HELD ON 6 APRIL 2023 AT 10:00AM IN ROOM
10009/10011 CLINICAL SCIENCES BUILDING, UNIVERSITY HOSPITAL, CLIFFORD BRIDGE
ROAD, COVENTRY**

MINUTE REFERENCE	DISCUSSION	ACTION
HTB 23/01	<p>PRESENT</p> <p>Stella Manzie (SM), CHAIR Andy Hardy (AH), Chief Executive Officer Afzal Ismail (AI), Non-Executive Director Carole Mills (CM), Non-Executive Director Donna Griffiths (DG), Chief People Officer Douglas Howat (DH), Associate Non-Executive Director Gaby Harris (GH), Chief Operating Officer Gavin Perkins (GP), Non-Executive Director Jaiye Olaleye (JO), Associate Non-Executive Director Janet Williamson, (JW), Non-Executive Director Jenny Mawby-Groom (JMG), Non-Executive Director Jerry Gould (JG), Non-Executive Director Justine Richards (JR), Chief Strategy Officer Kiran Patel (KP), Chief Medical Officer Mo Hussain (MH), Chief Quality Officer Tracey Brigstock (TB), Chief Nursing Officer</p>	
HTB 23/02	<p>IN ATTENDANCE</p> <p>Antony Hobbs (AHo), Director of Operational Finance Daisy Benson (DB), Chief of Staff David Walsh (DW), Director of Corporate Affairs Dr Hejie He (HH), Chief Registrar Emilia Olejniczak (EO), Innovation Facilitator Fisayo Oke (FO), Corporate Governance Manager Lorna Shaw (LSH), FTSU Guardian <i>[For Item 10]</i> Lynda Scott (LS), Director of Marketing & Communications</p>	
HTB 23/03	<p>PATIENT STORY</p> <p>MH introduced the Patient Story from Dave, an ophthalmology research patient and research champion for UHCW. He highlighted that the Research & Development Strategy had been approved by the Board last year, 7 April 2022.</p> <p>Dave was diagnosed with Age Related Wet Macular Degeneration and was informed that this would normally lead to significant visual impairment. During an outpatient appointment, Dave was approached by the ophthalmology research team to take part in a research study focusing on Macular Degeneration. MH reported that an important focus of the Research & Development strategy was around patient and public involvement in taking research forward. He reiterated that research was a key tenet of the Trust's revised</p>	

organisational strategy, and this was part of the basis of the patient story in terms of exploring this further.

The video was played to the Board and MH stated that some of the actions taken to increase Patient Public involvement in research had been included in the Research & Development Strategy. These touched on diversity around the items of research. He reported that there was a Patient Public Research Advisory Group which consisted of patients, carers and members of the public. Also, there were two research champions who sat on the Research & Development Committee.

KP commented that the Trust was the first organisation to carry out an AI embedded research in retinopathy. This research picked up eye disease very early and helped in preventing blindness. He stated that as the study came to completion, it would be beneficial to do some external public relations in this regard. He further mentioned that in view of the commencement of EPR, there was a plan that each time a patient received an appointment for UHCW, such patients would be informed and provided with a list of research trials which they could join. This was within the benefits realisation plan of EPR. MH confirmed that EPR would offer this and stated that clinical trials had been a key workstream.

GP commented that the patient story was a great example of patient and public involvement and participation in research and emphasised the importance of getting the message out as much as possible to patients that there was strong evidence that participation in research not only advanced the field but also led to better patient outcomes. SM stated that she met the research champions at their invitation about 18 months ago and that their key message was largely around being provided with a higher profile. AI commented that it would be necessary to make sure that patients understood why they would be getting involved and what the benefit would be to them. AH pointed out that there needed to be a shift in perspective towards considering every patient as a potential research contributor. KP agreed with this and noted that research was important from a commercial perspective as well. He stated that as chair of the University Hospitals Association (UHA) Medical Directors Group, and with AH as chair of the UHA Chief Executive Group, UHCW had some national influence in this area.

JO raised a question regarding how opticians, GPs and others in the community service were being informed about the research trials so that they would be able to recruit patients, and if research outcomes had started benefitting patients. KP confirmed that a research prospectus was being created by the Communications team to reflect all research studies. SM emphasised that there was need to devise a more direct way of communicating this in the community. KP stated that AH was chair of the ICS Research & Development Group which was a mechanism by which the ICS recognised the research activity of the Trust.

JG suggested that similar videos from other patients that had benefitted from research activity could be compiled and played in

various sites within the hospital such as waiting areas, entrance etcetera.

SM noted the discussions on how to project and communicate the research activity in the Trust. She asked for her thanks to be passed to Dave for sharing his story.

The Board **NOTED** the patient story.

HTB 23/04 APOLOGIES FOR ABSENCE

Apologies were given for Susan Rollason (SR), Chief Finance Officer.

HTB 23/05 CONFIRMATION OF QUORACY

The meeting was quorate.

HTB 23/06 DECLARATIONS OF INTEREST

JO declared her interest as an employee of St Wulfstan Surgery as a GP.

GP and DH declared their employed roles at the University of Warwick and Coventry University respectively.

DH declared that he was a trustee and board member of the charity Grapevine.

**HTB 23/07 MINUTES OF THE LAST PUBLIC TRUST BOARD MEETING
HELD ON 2 FEBRUARY 2023**

The minutes of the last meeting were **APPROVED** subject to the below amendments.

- To include Afzal Ismail in the attendance.
- HTB 22/156 – At the meeting of 2 February 2023, KP had sent apologies. In response to JG's question about the proportion of trainees that opted out of the European Working Time Directive and if the Trust imposed a maximum number of hours that such individuals could work over a given period to remain safe, KP stated that all non-consultant grade rosters were EWTD compliant and exception reports were sent to Guardian of safe working when this was breached at an individual level.

KP introduced HH as the Chief Registrar for the organisation and HH mentioned that he had worked with the rostering team. He stated that doctors did sign up to opt out of the EWTD for up to 56 hours.

HTB 23/08

ACTION MATRIX

Actions that were reported as complete were confirmed by SM to be closed.

HTB 22/149 - MH stated that, after reflection it had been decided it would be a better approach for the BAF element relating to cybersecurity to be considered through Private Trust Board.

HTB 23/09

MATTERS ARISING

HTB 23/10

CHAIR'S REPORT

SM presented the report to the Board and highlighted key points.

SM noted that the Trust continued to experience all the usual challenges on a day to day basis and thanked all staff across UHCW for their continued hard work, commitment and support over the last few months.

SM reported on the planning and flexible working in place to respond to industrial action by junior doctors and other colleagues, noting that some scheduled treatments had needed to be cancelled unfortunately, but that many other day to day services had been covered by different colleagues.

SM formally congratulated Tracey Brigstock on her formal appointment to the substantive role of Chief Nursing Officer at the end of February 2023.

SM also congratulated Tracey Brigstock, Kiran Patel and Carole Mills and all clinical and support colleagues in Women and Children services for the excellent results of the CQC Maternity Services Inspection, being named as 'Good' overall with 'Outstanding' for 'well-led'.

The Board was informed that preparations for the Inclusive Mentoring programme had commenced and SM noted that some Board members were involved in the early stages of this.

SM reported that she had met Mary Lock (a popular fundraiser and volunteer for Rugby St Cross) who had celebrated her 100th Birthday in February. SM had presented Mary with a framed 'thank you' certificate, a card, and a bouquet of flowers on behalf of the Trust in recognition of her many years of service. Mary passed away shortly after her birthday and SM attended her funeral on behalf of the Trust.

Paragraph 7 of the report was amended to read 'delivery plan for the Trust's organisational strategy.'

The Board **RECEIVED ASSURANCE** from the report.

HTB 23/11

CHIEF EXECUTIVE OFFICER REPORT

AH introduced the report and highlighted key points as below:

AH reported on the unveiling (with the Leader and Lord Mayor of Coventry) of a new plaque commemorating UHCW's Freedom of the City of Coventry which had been awarded to the Trust last summer by the City Council. UHCW was the first organisation apart from military organisations e.g. navy ships, to be awarded this.

AH had attended and spoken at the first UHCW/Warwick University Research Showcase event on 6 March. This event held at the University's Slate venue had featured a number of trailblazing research projects co-led by clinical leaders and researchers from UHCW and Warwick University.

AH reported that he had been invited to join the newly established Vice Chancellors Health Advisory Board and the inaugural meeting was chaired by the Vice Chancellor of Coventry University.

Reporting on performance, AH informed the Board of the 78-week programme target by the end of March and reported that this had not been achieved mainly due to the industrial action that occurred. The target had been set for the end of April. There would also be challenges in the coming week due to a four-day industrial action. This, in addition to the bank holiday would pose a challenge on capacity. Plans were in place to focus on emergency services and to ensure that this would be operating functionally. A number of planned procedures would be cancelled.

AH reported that as seen in the media, a letter had been received by NHS Chief Executives urging them to not cancel elective care procedures ahead of their appointments. As a Trust, UHCW would be unable to do this as it would be counterproductive to patients. He reported that a major decision had been taken with GH that any patients booked in for a procedure during the four days of the industrial strike and who would have breached 78 weeks would be rescheduled as well as for cancer patients.

In terms of progress on ambulance turn around, specifically on those over the hour, it was reported that as at Christmas, the Trust had been regularly between 10 and 15%. For February, March, and April, this was noted as being below 10% which was progress and efforts continued to be made to reduce this.

In view of the new financial year, AH reported that quarterly reviews had been conducted and that he had communicated the need to focus on the large waste reduction/savings programme.

Feedback had been received on the WRES action plan and for the first time, this had been nationally appraised using the same ratings as the CQC. The Trust was rated "outstanding" with particular comments around the fact that the actions were linked to our focus and that they were realistic. AH informed the Board that there was an imminent national Equality, Diversity and Inclusion plan in the works.

AH asked the Board to formally **NOTE** and **RATIFY** the consultant appointments included within the report. SM thanked the members involved in the appointment process and the Board **NOTED** the consultant appointments of:

Dr Thomas George Edward Baker	Consultant in Paediatric Medicine
Mr Sendhil Kumaran Balasubramanian	Consultant in Cardiac Surgery
Dr Timothy John Molitor	Consultant Anaesthetist with interest in Trauma/Emergency Anaesthesia
Dr Lauren Lacey	Consultant Obstetrics and Gynaecology
Mr Khalid Akbari	Locum Consultant Upper GI Surgeon
Dr Jennifer Katherine Warren	Consultant Intensivist

The Board **RECEIVED ASSURANCE** from the report.

HTB 23/12

ASSURANCE REPORTS

Audit and Risk Assurance Committee (ARAC)

The Board noted that the minutes of the meeting of 19 January 2023 would be approved at the next ARAC meeting on 26 April 2023 and reported together with the minutes of 26 April 2023 at the next Board meeting.

AI formally reported that the Trust had historically received its internal audit services through Coventry and Warwickshire Audit Services, a consortia involving trusts from across our patch. With effect from 1 April 2023, CW Audit had been acquired by 360 Assurance, a wider group of consortia involving trusts in other parts of the Midlands.

There had been no contractual change to the Trust's internal audit arrangements and the internal audit services would continue to be managed by the existing leads. The committee had been notified of this and had no concerns.

SM formally thanked AI for reporting on this position.

People Committee

JMG presented the meeting report to Board highlighting some of the key points:

- Industrial Action - The committee noted that the Trust had not met the threshold for RCN strike action and as such, this had been stood down pending conversations between RCN and the Government. There was ongoing strike action by the

Ambulance service and this had ongoing implications for staff. Regarding the junior doctors' strike, there were internal plans in place to manage the situation.

- Staff Survey- The committee noted that the overall position was similar to 2021 results with some key changes and improvements which had been fully reported on.
- Reducing Vacancy Rates in Key Staff Groups – The vacancy rate had reduced to 6.17% compared to 6.59% as at December 2022.
- Gender Pay Gap – The committee noted that there had been positive decreases in the overall gender gap but the pay gap relating to bonus payments (Local and National Clinical Excellence Awards) for medical and dental staff had increased.
- The Annual Work Programme and Terms of reference of the committee were reviewed and recommended for Board approval.

The Revised Equality, Diversity and Inclusion (EDI) plan was presented to Board. JMG highlighted that there were 10 high impact areas and actions were underway to implement these. She emphasised that this was a live action plan and as such, changes would be expected overtime.

In terms of training, DG reported that this was under review and career development workshops for underrepresented groups to enhance equal opportunities would be included in the EDI plan and reported back to the People Committee.

SM commented that following prior discussions with JMG and DG, it would be more effective to change some of the wording in the document specifically in relation to the Objectives column on Race. SM suggested that the objective 'enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality' did not reflect tackling inequality and the details of the provision of the Equality Act (advancing equality of opportunity between people who share protected characteristics and those who do not.)

DG

SM proposed that this be reworded to include 'proactively tackling inequality'.

Secondly, SM suggested that the planned action in the Race section to 'initiate a review into Training processes (both mandatory and non-mandatory)' and the progress measure needed to be more robust to include further detail such as 'review current development and training opportunities for all staff with particular attention to development opportunities which lead to promotion and access to senior grades in the trust.' This was premised on the concerns of black ethnicity staff in 2019/2020 around racial abuse and promotion and advancement.

DG

DG agreed with SM's suggestion to review the wording in the document and noted that there had been improvements since 2020 in the number of colleagues that provided feedback on equal opportunities as seen in the staff survey. She stated that one of the specific actions was the development of an anti-racism toolkit within the organisation. Also, this had been taken a step further than the national toolkit in relation to midwives and would be ready for launch by June 2023.

MH commented there were a lot of practical actions being done in the organisation. He commended the work being done around the inclusion calendar specifically in relation to Ramadan. He pointed out that the Patient Experience Team had also prepared fast packs for distribution to patients among other areas. Based on positive feedback from patients, these actions would enhance and facilitate a positive culture change in the organisation. SM agreed with this and stated that it was important for the EDI plan to highlight these, perhaps when an evaluation was undertaken. JR reiterated that the EDI plan was a live document and would be subject to change and reviewed in August. She stated that assurance was received from the conversations in committees and the impact on patients and staff and that the organisation was moving in the right direction.

KP commented that there was a layer of actions which the Trust was doing below those stated in the EDI plan and stated that it would be helpful to receive feedback on these actions. He gave an example of the discussions around tracking career progression within international recruitment. TB echoed KP's comment, stating that there were a number of actions underway. She informed the Board that a bid had been submitted to lead on a piece of work around a clinical academic roadmap for the West Midlands and that this had been successfully awarded to the organisation. This would be developed with a move towards developing academic careers for nurses, midwives, and health care professionals with a particular focus on the EDI agenda in research matters. She noted the linkage between this, and the Research & Development Strategy previously discussed.

SM concluded that the wording in the EDI plan as discussed should be reviewed and redrafted and the Board agreed and endorsed the EDI plan. SM thanked those who had contributed to the development of the plan and acknowledged the extent of work involved both beforehand and after the agreement of the plan.

The Board **RECEIVED ASSURANCE** from the meeting report dated 23rd February 2023 and minutes from the 22nd December 2022 meeting.

It was agreed that there should be changes in wording to the Plan as discussed above

Quality and Safety Committee (QSC)

CM presented the meeting report to the Board, highlighting some of the key points from discussions held in the meeting:

- Regarding the action from the minutes of the meeting QSC/23/157 on the Royal College Review of Dermatology Action Plan, CM informed the Board that she had a lengthy conversation with David Spraggett, Non-Executive Director at SWUFT where both agreed to take outcomes back to respective organisations, and which CM had done. She reported that she was yet to receive further information at SWUFT's end in this regard.

KP confirmed that he had a conversation with Andrew Phillips, Deputy Medical Director, and asked about the implementation of certain recommendations by other partners. This was yet to be confirmed.

SM noted that the Board had received assurance that UHCW had completed its actions and that this position needed to be confirmed to the Royal College of Dermatology as well as the ICS and ICB in relation to how this would be taken forward. SM requested that this be followed up and KP confirmed that a six-month response report would be written to the Royal College of Dermatology. MH mentioned that the report had been discussed at the System Quality Group.

KP

- CM informed the Board that a sentence had been omitted in Item 9 of the meeting report in relation to PALS performance. There had been a target of 90% response within 5 days and this was currently at 83% due to staffing issues. The committee had received assurance that recruitment was underway to address this.
- Mortality (SHMI and HSMR) Update- The committee considered the overview of the Trust mortality data and the ongoing HSMR Alerts covering a rolling 12-month period. More medical examiners were being recruited from both internal clinicians and general practice.
- Provision of CT Scanning – There were significant staffing barriers adversely impacting on a number of CT targets. The committee strongly supported the expansion of CT scanning and made a recommendation to Trust Board to endorse a business case for capital and revenue funding in this regard.
- Emergency Department Performance Report - The committee had a deep dive into ED performance flowing from a discussion held at the previous meeting. More improvement was expected given the additional resources provided. The committee had noted that there was a lot of pressure in ED and asked for further information on overcrowding and if this had an impact on harm to patients. This would be brought to the committee in due course.

SM informed the Board that she had joined the Quality & Safety Committee meeting and alluded to the in-depth discussions around the CT scanners and for the Board to consider the business case

assessment for investment in financial considerations. AH stated that the CDC would bring on additional scanners when this was fully in operation in terms of the city centre scheme and the endoscopy suite. In terms of the wider picture, AH made reference to West Midlands imaging. SM emphasised that the importance of the safety element in view of the day-to-day impact on patient services as a result of lack of scanners and staffing.

KP stated that part of the reasons this was discussed at committee was due to high utilisation compared to peer organisations and it had been discussed that this would be reviewed. He mentioned that there were business cases in store. JR confirmed that the heat, and recruitment, had been addressed in the trajectory for CDC. SM asked for this to be reported back to Quality & Safety Committee as a response. JR

KP further reported that the concept of artificial intelligence was raised at quarterly reviews. AH mentioned that this would be discussed further during the Private Board session.

In relation to Item 15 – Medical Education Report, JMG mentioned that the People Committee needed to receive the junior doctors' survey for consideration.

The Board **RECEIVED ASSURANCE** from the Minutes dated 26th January 2023 and the Meeting report dated 30th January 2023 and noted the comments from the Committee about the importance of investment in scanners.

Finance and Performance Committee (FPC)

JG introduced the report to the Board and outlined some of the key points discussed during the meeting:

- Noting that this was the report for Month 11, JG reported that the Trust was ending the year mostly on plan with the original deficit of £14.8m due to £3.6m of deductions from unitary charge as a result of unavailability of theatres in terms of terminology of the contract.
- The Trust achieved 102.7% of 104% in terms of activity and commended that this was close. It was worth noting that by the end of the new financial year, the Trust needed to make 114% in order to make the average 109% for the year. This would be quite challenging going forward.
- The main area of concern was the proportion of the Waste Reduction Programme (WRP) that was non-recurrent. It was noted that £7m had been secured of recurrent savings against a target of £20m.
- The committee considered in detail the scoping exercise for the coming year in terms of WRP and the Financial Recovery Board. JG reiterated AH's report in relation to the need to focus on moving our waste reduction to recurrent.

- In terms of operational performance, JG reported that theatres performance numbers had improved compared to the previous month.
- The committee received and recommended to Board the Terms of Reference.

CM asked a question regarding the financial position and when the Trust would be in a position where the focus would not be about waste production, but about stopping certain services or scaling them down and taking a different approach. AH stated that these were discussions at system level which required system intervention. There was the need for a finance strategy to back up the clinical strategy (first draft to be presented in May 2023). JR reported that the clinical strategy would focus on all elements of integration, and it was important to work with our partners.

SM noted the target to bring in money at the end of the financial year, the challenging discussions both nationally and regionally, and that the Board was supportive of looking at issues in the system wide perspective. SM noted that the organisation needed to drive out waste as efficiently as possible.

The Board **RECEIVED ASSURANCE** from the meeting report dated 30th March 2023 and the Minutes dated 26th January 2023.

HTB 23/13

INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT

KP presented the report detailing the performance for the period ending 28th February 2023. The key areas reported were as below:

- The Trust had achieved 14 of the 35 indicators reported within the Trust's performance scorecard.
- The Trust delivered performance of 71.84% for February for the four-hour standard, below the national standard of 95%. Performance improved by 6.47% from last month, with data for the Coventry Urgent Treatment Centre now being included. UHCW was above the benchmarked position for England but below that of the Midlands.
- 80 12-hour Trolley Waits in Emergency Care were reported in February.
- The RTT incomplete position remained below the 92% national target and stood at 51.66% for January. The average weeks' wait was 20.9. The Trust had seen a reduction in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. RTT 78 week waits had risen to 197 in January, an increase of 77 from December.

- HSMR – The latest reported HSMR figure was 91.1 for November 2022 and was within Dr Foster’s calculated relative risk range.
- Cancer performance for January 2023 was:
 - Cancer TWW: 95.38% (target 93%)
 - Cancer 31 day diagnosis to treatment: 94.58% (target 96%)
 - Cancer 62 day referral to treatment: 55.66% (target 85%)
 - Cancer 104+ days wait: 22 breaches, 25 patients (target 0)
 - Cancer 62 day screening: 54.93% (target 90%)
 - Cancer 28 days Faster Diagnosis Overall: 68.74% (target 75%)
 - Complaints – due to staff turnaround

GH asked the Board to note the number of days that would be lost in April due to the industrial action and bank holidays. It was reported that cancer activity for a week would be spread into three weeks and there was a need to rebook in line with clinical priority.

In terms of waiting lists, JG asked if the report could split the figures to reflect the number of those patients waiting in the system that were a consequence of social care. TB stated that a breakdown of the trend analysis could be circulated to Board members. SM noted that there were no significant changes in the figures and asked if this could be discussed with the ICS and ICB. TB stated that the work around “Improving Lives” was key to addressing the challenges with discharge of patients. AI agreed with the above position and stated that it was also necessary for the Trust to do an internal review on areas where there might be internal blockage. AH reported on the key piece of work on internal and external flow and noted that there was more to be done.

TB

In relation to Quality, MH highlighted the Never event reported in January 2023 and that the deep dive on Never events at QSC showed that the Trust was not an outlier.

SM noted from the Workforce Information that sickness appeared to be reducing and DG confirmed that this was due to falls in Covid levels however, stating that the sickness absence level was still not within target.

SM noted the report on the workforce issues and recruitment and the Board formally received the report.

The Board **RECEIVED ASSURANCE** from the report and **NOTED** the contents of the report, subject to a circulation of information relating to reasons for delayed discharge.

DW presented the BAF to the Board highlighting the changes from the last report to Board.

It was reported that the finance BAF was rated Green due to Month 11 information.

In terms of changes to the BAF, DW reported that AH's update on the feedback received on the WRES action plan would be included as a third line of assurance. Also to be included as a third line of assurance was the research activity as referred to in the Patient story earlier.

The Board **RECEIVED ASSURANCE** from the Board Assurance Framework.

HTB 23/15

UHCW STRATEGY 2023- 2030 'MORE THAN A HOSPITAL' DELIVERY PLAN

JR introduced the report which provided an outline of the Trust's plan to deliver the long-term ambitions as set out in the Trust's organisational strategy 'More than a hospital' and to set out the details of the proposed two-year objectives for 2023 to 2025 to support the delivery of the strategy's short to medium term objectives. JR stated that this would be reported back to Board in the future.

SM commented that a thorough discussion on this had been held at the Board Strategic Workshop on 2 March 2023.

AI asked if this had been included in the Board work programme and JR confirmed that this would be brought back to Board for further discussion.

The Board **RECEIVED ASSURANCE** and **NOTED** the contents of the report.

HTB 23/16

FREEDOM TO SPEAK UP/ RAISING CONCERNS BI-ANNUAL REPORT

LSh joined the meeting and presented the report to the Board. The Board noted that in the last six months, the FTSU Guardian focused on -

1. Understanding the Guardian and Ambassadors roles
2. Raising Concerns Activity
3. Freedom to Speak Up e-learning Training
4. Embedding UHCW Speak Up app
5. Freedom to Speak Up Reflection and Planning Tool
6. National Guardian Office Updates

LSh reported that activity had increased and the service was at a point of dealing with how to share the numbers which would be worked through with Communications. In terms of the staff survey, there had been record improvements however this was not enough and work was underway on how to improve further.

JO enquired as to the plan in terms of e-learning training for staff on FTSU. LSh responded that the Learning & Development team was working on how to bring this across the Trust. Meetings had been held with Chief Officers.

Regarding the research project to gain further understanding of how people's characteristics could be barriers to speaking up and the impact that ethnicity, gender and seniority could have, LSh confirmed that this was done by the National Guardian Office and the Trust had been invited to participate. LSh stated that the research was carried out across NHS and independent organisations which provided Acute, Community, Mental Health or Ambulance Services. The findings from the research would be shared in a report outlining key themes and recommendations from participants. LSh informed the Board that the Trust was unable to confirm the percentage of UHCW voluntary participants as all volunteer details were held with the National Guardian Office.

DG stated that at every staff induction, new starters were informed about the FTSU service but that this was not considered a mandatory learning topic nationally.

The Board agreed that it was necessary to use some existing forums such as Chief Officers Forum to provide more information about FTSU.

GP stated that the FTSU was rated Amber in the BAF and asked what the plans were to address this. DG in response stated that this was linked to People Committee's assessment of staff confidence levels to speak up. MH agreed that whilst e-learning was not mandatory, the Trust could make use of internal platforms such as top 100 leaders and Chief Officers Forum to communicate this. GP asked for further assurance on the process of alerting Board members around concerns and LSh confirmed that when a case was brought that required Chief Officer input, this was usually escalated to MH and JG. She pointed out that most concerns were within the scope of Human Resources policies and had not required Board escalation.

SM noted that the Board needed to be assured about the culture in the organisation and asked if frontline concerns were duly recorded and addressed. KP responded that FTSU was one route of addressing concerns among other structured routes for receiving feedback. Chief Officers also had direct routes of obtaining feedback within their areas of work and there was a plethora of mechanisms to assess culture within the organisation. MH agreed with this position and confirmed that the FTSU Guardian as part of the role also had night shifts which required going into wards and departments to seek feedback. GP commended this and asked that this should be captured in the reports.

SM reiterated the need to pull together a compilation of these activities and noted that this would be helpful in providing assurance to the Non-Executive Directors on the Trust culture.

The Board formally **RECEIVED** the report, however requiring further assurance on the impact of this on the Trust culture.

HTB 23/17

CQC MATERNITY REPORT

MH presented the report and asked the Board to formally receive the outcome of the CQC inspection report. He reported that the Trust was the first maternity department within the country to formally receive a rating of Outstanding for Well Led. The service maintained their rating of Good overall, with Good for Safe.

Areas identified for improvement that the department 'should' improve included that the service should monitor the interim arrangement to provide a bereavement suite until the formal plan came to fruition, and to ensure the new plan was monitored and implemented as swiftly as possible.

SM congratulated all those involved and thanked them for their effort. TB commented that this was highly reflective of the maternity team way of working and how they worked with patients and service users. The team was forward thinking and focused on ways for improvement. CM commented that this was demonstrative of teamwork within the team despite huge pressures. AH and KP also commended the maternity team.

The Board formally received the report and congratulated the maternity department.

The Board **NOTED** the content of the Inspection report and **RECEIVED ASSURANCE** around the maternity department.

HTB 23/18

NHS STAFF SURVEY 2022 RESULTS

DG introduced the report and provided an overview of the NHS National Staff Survey 2022 for the Trust, outlining how the survey was conducted, response rates, results and associated actions. DG reported that this was broken down into 9 themes of which the Trust performed better than average in 4 themes. She noted that there had been deterioration in comparison to 2021/22 but that the Trust was above average compared to comparators. DG informed the Board that work was underway in these areas and had been linked to the People Strategy.

GP pointed out that the strategy reflected that the Trust was in the top 10 nationally and asked for further clarification. DG stated this mapped the Trust against the average. MH asked for a longitudinal comparison in the report and DG confirmed that this was in the detailed report. JO asked if the results were a reflection of both University Hospital Coventry, and St Cross Rugby and DG confirmed that this was the position and that the report had broken this into staff groups. She stated that engagement on response rate was across both hospitals, however pointing out the continued work in this area.

JO further enquired on the section on appraisals and performance reviews of bank staff in relation to the impact on patient care. DG stated that this was the first time that bank staff had been included in the staff survey. TB commented that in terms of performance reviews, this had been picked up as an action and would be triangulated with data on ESR.

JW asked that if there was a place for identifying any behavioural changes as next steps and if this could be communicated and linked with some specific parts of the survey outcomes. DG reported that there was a Compassionate Culture Group which had been set up and that it was within the remit of that group to address this. She stated that this would be considered in more detail at People Committee.

DH asked what actions had been taken to drill down the issues relating to bullying. DG stated that part of the work of the Compassionate Culture Group was how to manage bullying and that the campaign had been focused on abuse not just from patients but also from staff. She noted that there were formal investigation processes through the FTSU. SM commented that there had been a number of formal cases in this regard and asked if there was a piece of work in place. KP responded that this was addressed through the NET Survey in relation to junior doctors and the Guardian of Safe Working reports.

JR commented that the Board needed to review this and mentioned the need to see if there was any learning from the same.

JG commented that in terms of bank staffing, it would be important for the Trust to also focus on the positive comments from bank staff and translate the same in relation to addressing the needs of substantive staff. TB stated that in relation to retention and flexibility, this centred around peoples' approach to work. She stated that there was a workstream in the ICB to look into this on what could be done differently. CM commented on the need to change the culture and for this to be properly projected.

SM stated that leaders and managers needed to be approachable to ensure that bullying was sufficiently reported as this tended to be missed in the midst of severe pressure. She agreed that some of these pockets were procedural while some were behavioural.

It was agreed that

- There was a need to increase the number of people completing the staff survey.
- The Trust needed to reinforce good practice to take survey results back to groups to discuss further.
- The Compassionate Culture Group would triangulate the information regarding bullying and make sure that there were right avenues particularly when under pressure.
- To look at aspects of the survey, both positive and negative, and follow up on these whilst finding a way to report back and communicate to staff. Feedback on this should be provided to the Board through the People Committee.

JMG/DG

SM asked DG to thank all staff involved in preparing the report.

The Board **NOTED** the contents of the report.

HTB 23/19 PUBLIC TRUST BOARD ANNUAL WORK PROGRAMME 2023-24

DW reported that the committee work programmes had been considered by all the Board committees and these had been approved.

The Board noted the Public Trust Board Annual work programme for 2023/24 and DW confirmed that the final version without the comments column would be made available.

The Board **NOTED** and **APPROVED** the contents of the report.

HTB 23/20 BOARD COMMITTEES TERMS OF REFERENCE

DW presented the report and the Board noted that the committees had reviewed and recommended their respective terms of reference (ToRs).

Given the comprehensive review last year, fewer changes were proposed. Only a minor change arising from changes in job roles was proposed in the People Committee ToRs. The previously reported proposal to transfer responsibility of Information and Communications Technology from Finance and Performance Committee to Audit and Risk Assurance Committee was the only change of note in those respective ToRs. This change was agreed to in principle during 2022/23 as part of the decision that resulted in the Audit and Risk Assurance Committee taking ownership of the Cyber Security BAF entry.

The Board **APPROVED** the Terms of Reference of the Board committees.

HTB 23/21 OUTCOME OF NHS ENGLAND CONSULTATION ON THE PROVIDER LICENSE

DW reported that the NHS England consultation process launched on 27 October 2022 in respect of proposed changes to the Provider License had been completed. The NHS England briefing on the outcome was available to view online and DW would circulate this to Board members.

DW

The Board **NOTED** the content of the report.

HTB 23/22 DRAFT BOARD AGENDAS

The Trust Board **NOTED** the content of the future Board agendas.

HTB 23/23 ANY OTHER BUSINESS/MEETING REFLECTIONS

SM thanked the Board members for their contributions during the meeting and confirmed that the meeting reflections would be taken at the Private Board session.

HTB 23/24 QUESTIONS FROM MEMBERS OF THE PUBLIC WHICH RELATE TO MATTERS ON THE AGENDA

There were no questions raised.

HTB 23/25 DATE AND TIME OF NEXT MEETING

The next meeting would take place on the 1st of June 2023 at 10:00am.

SIGNED
	CHAIR
DATE

PUBLIC TRUST BOARD MASTER ACTION MATRIX 2023

The Board is asked to **NOTE** progress and **APPROVE** the closure of the completed actions.

Meeting Date	Item	Minute Reference	Action	Lead Officer	Deadline	Update
06/04/2023	Assurance Reports - People Committee	HTB 23/12	Reword the Race section of the Inclusion Delivery Plan to reflect proactively tackling inequality and to review the planned action to include further detail such as 'review current development and training opportunities for all staff with particular attention to development opportunities which lead to promotion and access to senior grades in the trust.'	DG	01-Jun-23	Action complete. The report is attached to People Committee Meeting Report.
06/04/2023	Assurance Reports - Quality and Safety Committee	HTB 23/12	Follow up with confirming to the Royal College of Dermatology (RCD) and to the ICS/ICB that UHCW has completed its actions. A six month response report is to be written to the RCD.	KP	01-Jun-23	Report included in the Trust Board papers.
06/04/2023	Assurance Reports - Quality and Safety Committee	HTB 23/12	Report to Quality and Safety Committee that the concerns around CT scans have been considered in the trajectory for the CDC.	JR	01-Jun-23	The expansion of the CT capacity has been included in the CDC plans and will see the Trust expand from 4- 6 CT scanners. Activity trajectories have assumed around 16,000 patients per scanner when operating at maximum capacity across UHCW and CDC sites. This capacity is phased in from 2023-2026. Action reported to QSC meeting of 25/4/2023.
06/04/2023	Integrated Quality, Performance and Finance Report	HTB 23/13	To circulate the trend analysis of information relating to reasons for delayed discharge of patients to the Board.	TB	01-Jun-23	TB will provide a verbal update to the Board at the next meeting on 1 June 2023.
06/04/2023	NHS Staff Survey 2022 Results	HTB 23/18	To look at aspects of the survey, both positive and negative, follow up on these and communicate back to staff. Feedback on this should be provided to the Board through the People Committee	JMG/DG	01-Jun-23	Action complete. Staff survey results & actions have been included in People Committee work programme
06/04/2023	Outcome of NHS England Consultation on the Provider License	HTB 23/21	Circulate the NHS England briefing to Board members	DW	01-Jun-23	Completed

Deadline Key:	Not started
	In Progress
	Overdue
	Completed

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

Subject Title	Chair's Report
Executive Sponsor	Dame Stella Manzie, Chair
Author	Dame Stella Manzie, Chair
Attachments	None
Recommendation	The Board is asked to RECEIVE ASSURANCE from the Chair's Report

EXECUTIVE SUMMARY

This report covers the period since the last Board meeting, which took place on 6th April 2023.

First, I would like to extend my sincere thanks and gratitude to all our staff across University Hospitals Coventry and Warwickshire NHS Trust for their continued hard work, commitment, and support over the last few months. As usual, the Trust continues to face day to day challenges, while steadily working through a programme of reducing waiting lists for treatment. Sadly, some planned surgeries and treatments have inevitably had to be stood down in light of the recent industrial action, but the Trust is committed to provide first class care to all its patients even when there are constraints I would also like to say 'thank you' to all those members of staff who worked over the Easter weekend and the three Bank Holiday weekends in May including Coronation weekend when many members of staff tried to make the event special for those in hospital.

It has been my pleasure to work closely with some of our key partners. In Warwickshire the Director of Strategy and I represented the Trust at Warwickshire County Council's Team Warwickshire session and last week I attended the Warwickshire Health and Well – being Board where amongst other items, improving support to patients at home and discharge arrangements, and mental health issues for children were discussed. On 18th May I attended the Annual General Meeting and Mayor-making for Coventry City Council in Coventry Cathedral. At that ceremony the incoming Lord Mayor Cllr Jaswant Singh Birdi announced he was selecting the UHCW Charity as one of his chosen charities which was great news. A marvellous personal tribute was paid to UHCW by former Councillor and Chair of the Coventry Health Scrutiny Committee, Joe Clifford, who was being installed as an Honorary Alderman and had recently been treated by the Trust in emergency circumstances.

Within UHCW, I and a number of colleagues both Executive and Non - Executives from the Board, participated in the stimulating and enjoyable opening workshop with our Inclusive Mentoring Partners on 19th April. This kicked off our working relationships and we will review the whole process in September, as it is one of the steps in our Inclusion Plan.

It is that time of the year again when the annual appraisal processes are taking place for everyone across the Trust. So quite a lot of time has been taken up in this period with preparation, the discussions themselves and writing up the process. I have been appraised, facilitated by Jerry Gould (the Board's Vice-Chair) and I will have undertaken appraisals with the majority of my fellow Non-Executive Directors by the time this report goes to Board. I have also carried out CEO Andy Hardy's appraisal including objective - setting for the coming year.

As usual I have also received my regular briefings from individual Chief Officers, as well as regular meetings with Andy Hardy, who has also completed regular Teams briefings with NEDs. I had

the pleasure of presenting the World Class Colleague Award to the Maternity Information Team who go 'above and beyond' to ensure there is a smooth transition for all 'out of area' pregnant women received care at UHCW. Andy Hardy and I also marked the completion of Phase 4 of the Emergency Department Expansion Project and the opening of the new Majors Unit of the Emergency Department facilities, and it was great to see how this will improve the experience of both patients and staff. I have chaired two Interview Panels for a Consultant Colorectal Surgeon and a Consultant in Acute Medicine, both of which were successfully recruited to. There is a planned regular meeting with Project Co, the company who manage the PFI, which supports the Trust, the day before this Board.

System-related commitments have included my usual monthly update calls with Dale Bywater (NHSE/I Regional Director – Midlands) and I have joined the regular ICB Chair's meetings with Danielle Oum, and colleagues from other health and social care organisations. I have also had a virtual one to one meeting with Dale Bywater. Vice – Chair Jerry Gould kindly chaired the virtual Coventry and Warwickshire Pathology Stakeholder Board on my behalf on 18th May and the report will appear later on this agenda.

Fellow NED Janet Williamson (Chair of UHCW Organ Donation Committee) and I have been involved in discussions about the 2023 Westland Transplant Games, which are due to take place in Coventry from July 27th to 30th at various venues. They are being sponsored by the UHCW Charity and colleagues in Nephrology are linked to them too. We hope to use the Games to promote positive messages about transplants and organ donation and the work done here in UHCW. You will be hearing more about them, and we hope to encourage staff to support them in any way they can.

Dame Stella Manzie

PREVIOUS DISCUSSIONS HELD

Not applicable

KEY IMPLICATIONS

Financial	Not relevant to this report
Patient Safety or Quality	Participation in consultant recruitment processes by Non Executives is a part of the quality and assurance processes in the Trust
Workforce	Inclusive mentoring is relevant both to Board and workforce development
Operational	A number of operational issues are discussed in meetings attended by the Chair either locally or system wide.

REPORT TO PUBLIC TRUST BOARD

HELD ON 1 June 2023

Subject Title	Chief Executive Officer Update
Executive Sponsor	Andrew Hardy, Chief Executive Officer
Author	Andrew Hardy, Chief Executive Officer
Attachment	None
Recommendations	1. The Board is asked to RECEIVE ASSURANCE from the report and to RATIFY the consultant appointments listed on page 3.

EXECUTIVE SUMMARY:

1. This paper provides an update to the Board in relation to the work undertaken by the Chief Executive Officer (CEO) each month and gives the opportunity to bring key issues in relation to areas within their respective portfolios and external issues to the attention of the Board.

The Chief Executive Officer has provided brief details of his key areas of focus during April and May 2023.

Professor Andrew Hardy – Chief Executive Officer

The past two months have been incredibly busy ones for the Trust and those working in it to serve our patients. April and May were punctuated by Easter and the wonderful Coronation celebrations. The amazing way in which our staff dig deep and continue to strive daily to deliver emergency and elective services to our patients is an immense source of pride to me and something I never take for granted.

April is always an important month for us in the calendar year when our Finance team, led by Chief Finance Officer Su Rollason, looks to close down the month 12 position and submit our draft financial accounts for formal approval. I would like to extend my thanks to Su and her team for their efforts in completing this work successfully and for the positive way in which she and they engaged with the national NHSE Finance team in a Deep Dive session that was held recently. We received positive feedback from NHSE for the transparent way in which we engaged with them in relation to our financial plans and for the robust recovery plan we have instigated.

The wide-ranging, detailed and stringent waste reduction and financial recovery plans we have set as a leadership team continues to be something I am personally very focused on as the year progresses. In April I participated in a number of meetings on the topic of finance, both local and national, including an event on April 18 organised by NHS Providers on NHS financial planning with Julian Kelly. I continue to lead oversight of this work through my chairmanship of the Financial Recovery Board (which meets bi-weekly) and as well as tracking through my regular 1:1s with Chief Officers, it was a topic I returned to at our Chief Officer Group (COG) two-day residential meeting held at Warwick University on May 9-10.

Leading a learning organisation and one that places quality and patient safety uppermost matters hugely to me. Following this I was delighted to welcome leaders from Sandwell and West Birmingham NHS Trust to UHCW on 24 April where Chief People Officer, Donna Griffiths and I showcased and discussed with them the potential benefits to their patients and staff of utilising our UHCWi improvement methodology. We must however never be complacent or rest on our laurels – there is

always more we can learn to make our care better and safer for our patients. With this in mind, I was pleased to organise (as part of our COG Residential event in May) a visit to Warwick Medical School on 10 May to listen to eminent speaker Dr Bill Kirkup CBE give the Dean's Distinguished Lecture on reducing error and patient harm. He spoke movingly from his experiences both as part of the East Kent Inquiry as well as his personal experience as a Consultant Obstetrician under the heading '*When Things Go Wrong*' and was ably supported by Julie Jones and Adam Tasker, two final year Warwick Medical School students.

Alongside waste reduction and quality, performance management and tackling our elective backlogs continue to be two areas where my time and energy is rightly focused. I chaired our quarterly performance reviews with our clinical groups and also conducted a deep dive on elective recovery with Gaby Harris, our Chief Operating Officer. I am confident that we have in place robust plans to continue to cut waiting times for our patients and make best use of valuable resources, and our theatres.

Beyond the walls of our two Hospitals, I was glad to participate in an interview with ITN looking ahead to the NHS's 75th Anniversary and to take part in a judging panel for the HSJ's upcoming Digital Awards.

Fostering strong relationships with partners continues to be an area my leadership team and I devote energy to. As part of this we were glad to attend a very fruitful Executive to Executive discussion with Warwickshire County Council at their offices in Shire Hall in April. It was pleasing to both sides to identify a number of areas of shared interest and focus between our two organisations and a number of items for further development were identified, which I will update on in a future report. I was also delighted on April 26 to attend an event on health and wealth hosted by Coventry City Council. I opened the session which brought together a range of local partners highlighting the close links between health and wealth and arguing for more and closer working between us all to reduce health inequalities across our local populations.

Finally, I was humbled to be invited to speak as part of Dementia Awareness Week (15-21) and to join Jo O'Sullivan, UHCW Charity Director and a number of UHCW Consultants at an event held by Band Hatton Button Charity Ball on May 12, raising money for patients and families living with Dementia. Dementia is the leading cause of death in the UK, as well as being the source of immense pain and anguish to many of our patients and their families in Coventry and Warwickshire. I believe it requires the same drive to find a cure as cancer, so I was delighted to be part of this event.

The above are just a few of the 'highlights' I've chosen to single out from a very busy period at the Trust. I undertook a number of other standing and ad hoc internal and external meetings as part of my role which I have not detailed here.

Professor Andrew Hardy

Consultant Appointments:

Through the nominated Chief Executive Representative and other Committee Members, the Trust Board is advised to **NOTE** and **RATIFY** the following appointments:

Appointed Candidates

Locum Consultant in Interventional Cardiology	Dr Andrew Apps
Consultant Haematologist	Dr Iman Qureshi

Consultant in Renal Transplantation & Vascular Access Surgery	Dr Keno Mentor
Locum Consultant Urologist with Stone Disease Interest	Mr Piyush Sarmah
Locum Consultant in Microbiology	Dr Chinagozi Edwin
Locum Consultant Anaesthetist	Dr Kay Anne Mak
Consultant Clinical Oncologist in Lung and Lymphoma	Dr Usha Alluri
Consultant Colorectal Surgeon	Mr Sumit Sood
Locum Consultant Radiologist Specialising in Interventional Radiology	Mr Ruben Geevarghese
Consultant Histopathologist	Dr Irini Danial
Consultant Histopathologist	Dr Sumedha Vats
Consultant in Acute Medicine	Dr Amie Burbridge

KEY IMPLICATIONS:

Financial	Performance against the Maternity Incentive Scheme could impact on discretionary payment distribution.
Patients Safety or Quality	None arising from this report
Workforce	None arising from this report
Operational	None arising from this report

**MINUTES OF THE AUDIT AND RISK ASSURANCE COMMITTEE
HELD ON THURSDAY 19 JANUARY 2023 AT 9:30AM
VIA MS TEAMS**

ITEM	DISCUSSION	ACTION
ARAC/22/126	<p>PRESENT</p> <p>Afzal Ismail (AI), Non-Executive Director – Chair Jerry Gould (JG), Non-Executive Director Douglas Howat (DH), Associate Non-Executive Director Gavin Perkins (GP), Non Executive Director</p>	
ARAC/22/127	<p>IN ATTENDANCE</p> <p>Amar Bhagwan (AB), Director of Procurement [<i>for ARAC/22/145</i>] Lisa O'Brien (LOB), Audit Manager, CWAS Sarah Brown (SB), KPMG [<i>for ARAC/22/144</i>] Paul Capener (PC), CWAS Elaine Clarke (EC), Deputy Chief Nursing Officer [<i>for Item ARAC/22/136</i>] Donna Griffiths (DG), Chief People Officer [<i>for ARAC/22/139</i>] Cathy Hughes (CH), Local Counter Fraud Specialist, CWAS [<i>for ARAC/22/140</i>] Jules Martin (JM), EPR Programme Director [<i>for ARAC/22/146</i>] Sharon Naylor (SN), Associate Director of Finance, Corporate Services Fisayo Oke (FO), Corporate Governance Manager Andy Phillips (AP), Deputy Medical Director [<i>for Item ARAC/22/136</i>] Susan Rollason (SR), Chief Finance Officer Sarah Swan (SS), CWAS David Walsh (DW), Director of Corporate Affairs</p>	
ARAC/22/128	<p>APOLOGIES FOR ABSENCE</p> <p>Tracey Brigstock (TB), Chief Nursing Officer Gaby Harris (GH), Chief Operating Officer Mo Hussain (MH), Chief Quality Officer</p>	
ARAC/22/129	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was confirmed as quorate.</p>	
ARAC/22/130	<p>DECLARATIONS OF INTEREST</p> <p>DH declared that he was an employee of the University of Coventry.</p>	
ARAC/22/131	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The minutes of the previous meeting held on 20 October 2022 were APPROVED as a true and record subject to an amendment to the title of DH as an Associate Non-Executive Director.</p>	
ARAC/22/132	<p>ACTION MATRIX</p> <p>JG stated that the update in the action regarding Waivers of Standing Orders, SFIs, Scheme of Reservation and Delegation [ARAC/22/61]</p>	

ITEM	DISCUSSION	ACTION
	<p>provided reassurance rather than assurance. . A discussion followed on the evolving report regarding the addition of a value for money test column and it was agreed that this matter would be more fully discussed at item ARAC/22/146. JG asked that the update provided in the action matrix be reworded and reflected in the minutes.</p> <p>Regarding CWAS Merger Report, PC gave a further report on recent meetings with SR and the merger plan together with counter fraud planning. It was reported that CW Audit would be merging with 360Assurance effective 1st April 2023 and an update on the plans would be reported at the April ARAC meeting, The Chair approved the complete actions for closing.</p> <p>The Committee RECEIVED the updated report and APPROVED the actions taken.</p>	
ARAC/22/133	INTERNAL AUDIT RECOMMENDATIONS UPDATE	
	<p>LOB presented the report, highlighting the following:</p> <p>All recommendations and agreed actions were uploaded to an online recommendation tracking system by Internal Audit as and when reports were finalised. Management was then required to update the status against agreed actions. This is a self-assessment and is supplemented by independent follow-up reviews, where this was deemed necessary (for example following the issue of a limited assurance report).</p> <p>CWAS had reported on any recommendations due for completion on or before 31 December 2022. At the time of reporting (05/01/2023) there were 0 overdue recommendations however 5 recommendations had been subject to date revisions (deferred overdue) following the previous Audit and Risk Assurance Committee meeting. The audit recommendation tracker had been updated with a status update from the owner along with the revised date for all deferred recommendations.</p> <p>SR gave further detail of ongoing discussions relating to Cyber Security and the Chair noted the progress made in this regard. It was noted that the recommendations were actively managed through the risk register.</p> <p>The Committee NOTED the report and CONFIRMED support of the proposed actions and timescales of the deferred recommendations.</p>	
ARAC/22/134	INTERNAL AUDIT PROGRESS REPORT	
	<p>LOB presented the report, highlighting the following;</p> <p>Delivery of the 22/23 Internal Audit plan was progressing well. Following the previous Audit Risk and Assurance Committee held in August 2022, the following had been undertaken:</p> <ul style="list-style-type: none"> • CWAS had completed work and finalised reports in respect of Financial Systems, Financial Sustainability, Discharge Planning- TTO Processing and Payroll; • The final version of the Learning Disabilities- Access to Healthcare report had been presented following a draft version of the report presented in error to the last meeting. 	

ITEM	DISCUSSION	ACTION
	<p>There had been no changes between the final draft presented and the final version;</p> <ul style="list-style-type: none"> • The 7th expenditure claim review for project PathLAKE Plus was almost complete. The work was paused whilst the Trust resolved a query which required some input from VAT experts; • Days assigned to the review of Waiting List Policies had been re-allocated to support the change in maternity audit scope and the additional work required as a result. The audit would then focus on Maternity triage arrangements. The terms of reference had been approved by the Chief Nursing Officer and attached at Appendix 1 of the report for information. Work was scheduled to commence imminently although this was behind the schedule agreed at the start of the year; • An additional piece of work was requested by the Trust in October arising from some further grant monies awarded to the Trust to support involvement in a project (project ColonSys). <p>The grant conditions required an independent review of the first and last expenditure claim for the project. Days to complete this work will be taken from the remaining Waiting List Policies days. Work had commenced on this review;</p> <p>There were no overdue recommendations up to the reporting period of 31 December 2022 however a small number of recommendations had been deferred and remained ongoing. Details of these had been presented within a separate report to ARAC. It was reported that the 2023/24 Audit planning work was underway and a meeting would be held with the Chief Officers after which the draft plan would be finalised with SR. This would be reported at COG for review prior to being reported to ARAC in April 2023.</p> <p>The Committee NOTED the progress made in the delivery of the 2022/23 Internal Audit plan.</p>	
ARAC/22/135	<p>INTERNAL AUDIT REPORT: LEARNING DISABILITY IMPROVEMENTS STANDARDS – ACCESS TO HEALTHCARE</p> <p>LOB presented the Final report.</p> <p>The CWAS review of the Learning Disability Improvement Standards- Access to Healthcare was completed in September and the report was finalised in October 2022 ahead of the ARAC reporting deadline. The draft version however was presented to the Committee meeting in error and as a result, the Committee requested for the final version to be presented to the next meeting.</p> <p>No changes were made to the final version following approval of the draft report. The key areas for the Trust to focus on were identified as follows:</p> <ul style="list-style-type: none"> • The Trust should review the results of the assessment and put plans in place to address any shortfall in compliance against the Learning Disability Improvement Standards where identified with particular focus placed on areas where action is required; • Progress with implementing any improvement/ enhancement actions identified as part of the assessment should be 	

ITEM	DISCUSSION	ACTION
	<p>monitored and reported to the relevant working Group/ Committee;</p> <ul style="list-style-type: none"> Trust staff should be reminded of the importance of maintaining sufficient audit trail within healthcare records of contact/ support provided to LD patients as well as any reasonable adjustments made. Audit trail should also be maintained for instances where contact/ support/ adjustments are not required; Responsibilities in terms of record keeping should be clearly documented through development of a local procedure or incorporation into an existing procedure/ policy or service agreement. <p>Good progress has been made with completing the audit recommendations following finalisation of the report</p> <p>The Committee NOTED the audit Report.</p>	

ARAC/22/136 DISCHARGE PLANNING – TTO PROCESSING

SS gave the general outline of the report which had been commissioned by the Trust.

At the request of the Trust the Discharge Planning audit focussed on the assessment of arrangements in place for the prescribing and processing of To Take Out (TTO) medication for patients who had been declared as Medically Fit For Discharge (MFFD).

Pressures on hospital capacity had led to an increased focus on discharge and the processes that were part of the discharge. This included arrangements for issuing drugs to patients leaving the hospital known as To Take Out (TTOs). In terms of records the TTO request was part of the discharge summary.

The results of the work mirrored this assumption as CWAS found delays throughout the full process.

There were however actions that could be taken across the organisation to help make improvements.

Limited assurance had been provided for the review and audit had identified some key areas of focus for the Trust as outlined below:

- Improve the promptness of opening discharge summaries within CRRS for inpatients; ideally this should be done at the point of admission and updated throughout the patients hospital stay in order to reduce the amount of time taken to complete this closer to the point of discharge;
- The discharge summary/TTO request to include more information around the discharge status (i.e. awaiting TTOs) as this would enable Pharmacy to prioritise workload;
- Prioritise dispensing at peak times as well as bed areas/wards most in demand and have a clear plan for this;
- Review ward drug stocks to ensure they are sufficient to enable patients to be discharged home with their TTOs as required and consider how to address any storage issues.
- Metrics and KPIs to be developed around the TTO process and discharge summary end to end to enable delays to be identified, remedial actions taken and future improvement/compliance monitored.

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> Report results of monitoring and actions to a designated group/committee. <p>EC and AP joined the meeting to give further information and to receive questions from the Committee. Systems were being developed to assist the smooth discharge of patients from Trust care. JG asked how progress was going to be monitored. EC noted that monthly meetings with Clinical Directors were starting and weekly progress lists were being developed. This would be monitored via the Urgent and Emergency Care Board</p> <p>AI asked whether this would be presented to COG. SR stated that this was a key area for the Trust and were using the report to drive improvements. AI further asked when a follow up report could be undertaken. AP said that a reaudit should take place in September 2023. The Committee agreed and requested a follow up to this work. GP suggested targets be set. DG and SR would consider when would be the most appropriate date to provide a follow up report to ARAC. DW informed the Committee that this could be brought back in January 2024 however the Finance & Performance Committee could receive an earlier report on this to ensure oversight. .</p> <p>The Committee NOTED and RECEIVED ASSURANCE from the report.</p>	<p>DG/SR</p> <p>DW</p>
ARAC/22/137	FINANCIAL SUSTAINABILITY (HfMA CHECKLIST)	
	<p>LOB presented the report.</p> <p>In April 2022 the Healthcare Financial Management Association (HFMA) produced a briefing “Improving NHS financial sustainability: are you getting the basics right?”. The briefing included a detailed checklist for organisations to use as a self-assessment tool. NHS England (NHSE) issued guidance that required organisations to commission from their internal auditors a review of the completed self-assessment. The NHSE guidance described the process to be undertaken locally and set out the scope of the internal audit review.</p> <p>CWAS performed the review to provide an objective and unbiased assessment of the organisation’s self assessment for the 12 NHSE-specified questions. The results of the work were extremely positive . It was confirmed that all 12 questions had been accurately scored by the Trust based on evidence provided. CWAS raised a minor area for enhancement for 1/ 12 questions in relation to the budget holder sign off process however, this did not affect the assessment of the relevant questions score.</p> <p>SS reported that the Trust had scored strongly in the framework in view of the benchmarking carried out. . SR reported that action plans were in place to improve scores.</p> <p>The Committee NOTED and RECEIVED ASSURANCE from the internal audit report on HfMA Financial Sustainability.</p>	

ARAC/22/138 FINANCIAL SYSTEMS

ITEM	DISCUSSION	ACTION
	<p>LOB presented the report.</p> <p>The Financial Systems audit commenced in October 2022 with fieldwork completed in November. Audit work focussed on review of the internal control environment of key financials systems in place within the Trust which included Accounts Payable, Accounts Receivable and Financial (nominal) Ledger. This year audit were asked by the Trust to align the financial ledger work with ISA 315 (Revised 2019) in order to provide some additional assurance to the Trust as this covers External Audit's procedures. This work involved additional assessment of controls within the Trust's finance system/ financial ledger and the Pharmacy Careflow Medicines Management system (formerly known as JAC). The review identified some areas for the Trust to review.</p> <p>The results of the work were positive with only a small number of actions for the Trust to address. It was noted that the analytical work did not identify any duplicate payments. A total of 49,086 invoices totalling approx. £279.4m were processed and paid during the testing period; this was a considerable achievement and the team was commended for their focused efforts in this area.</p> <p>Significant assurance was provided against each of the financial system areas reviewed and a reduced number of findings had been reported this year when compared to the previous years' work. Some areas of focus for the Trust had been identified as follows:</p> <ul style="list-style-type: none"> • Reintroduce focus efforts on the recovery of aged debt. • Work with software suppliers to strengthen password requirements for CMM Pharmacy systems and review back-up and system administrator arrangements for the CMM system. <p>The Committee NOTED and RECEIVED ASSURANCE from the Internal Audit Financial Systems report.</p>	
ARAC/22/139	PAYROLL AUDIT	
	<p>SS presented the report noting that there was an issue with the audit trail which had been overcome. It was necessary to focus on Overpayments as the controls in this area needed improvements. .</p> <p>The Payroll audit commenced in October 2022 and was completed in December and during the course of the audit it was noted the hard work and dedication of the Payroll team. A small area of concern was noted in relation to procedures held within the department, noting that whilst a sufficient suite of procedures was in existence, it was unclear in some instances when these had been last subject to review/update. It was reported that audit trail maintained within the department to support key tasks performed could also be improved, in particular with regards to evidencing independent checking of work/ system input.</p> <p>Salary overpayments as at November 2022 totalled 306 with a value of approx. £388k. In November there were 68 instances captured totalling £87k. This was a considerable increase to the position audit reported 12 months ago of 220 overpayments totalling approx. £246k between (April – Nov 2021).</p> <p>This rate of overpayment was principally the reason for the Moderate Opinion. The vast majority of these errors were not attributable to the payroll team and were due to late notifications of leavers/changes from</p>	

ITEM	DISCUSSION	ACTION
	<p>local managers. The value of in year overpayments which had been recovered is £100k (26%) as at 20/12/2022 with an additional £102k (26%) with an agreed payment plan in place. Work to try and reduce overpayments continued although salary overpayments made during 2022/23 had not been reported to the relevant committee. Audit was pleased to note the Full assurance levels given in two areas of the audit in relation to security of payroll information and the accuracy of deductions.</p> <p>DG gave further detail from the report noting that some of the audit recommendations had already been undertaken. DH asked for clarification around late processing of leavers which was given. The Chair noted the areas for improvement and requested that COG be kept informed to keep track of this. It was noted that this would be discussed at People Committee .</p> <p>The Committee NOTED and RECEIVED ASSURANCE from the Internal Audit Payroll report.</p>	
ARAC/22/140	<p>COUNTER FRAUD PROGRESS REPORT</p> <p>CH presented the report highlighting that progress had been made against the agreed plan. She reported that there were four open incidents, two of which were working whilst sick, one overseas fraud and one of false qualifications. A national mandate fraud was disclosed with no effect on the Trust.</p> <p>JG asked a question about data requests to NHSP and the delays being caused by them. CH agreed that the delays were causing issues.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
ARAC/22/141	<p>LOSSES AND SPECIAL PAYMENTS</p> <p>SR presented the report noting that there were</p> <ul style="list-style-type: none"> • Four ex-gratia payments for lost or damaged personal items totalling £2,622; • One compensation payment for £950; • theatre and pharmacy stock losses totalling £53,581 <p>The Committee NOTED and APPROVED the losses and special payments recorded.</p>	
ARAC/22/142	<p>DEBT WRITE OFFS</p> <p>SR Presented the report detailing the write off of 99 uncollectable debts incurred by 76 debtors totalling £216,180.89.</p> <p>The Committee APPROVED the write off figures presented.</p>	
ARAC/22/143	<p>OVERSEAS BRIEFING REPORT</p> <p>SR presented the report detailing;</p> <p>1) The Trusts Overseas Patient Access Department had grown significantly since the approval of the overseas business case. In April 2022, the team expanded from 4.0 WTE to 6.0 WTE. Based</p>	

ITEM	DISCUSSION	ACTION
	<p>upon initial successes the additional 1.66 WTE vacant post had now being recruited to. (1.66 WTE going through recruitment checks).</p> <p>2) Policy for elective treatment approved 24/11/2022 (Cancellation of non-urgent treatment treatment). Trust-wide overseas policy amended to support taking of payment/deposits during inpatient stays.</p> <p>3) Use of Gov.UK/Pay going through ICT, ICT would have infrastructure in place by the second week of January 2023. We had also simultaneously gone through necessary Information governance. and an external approval process. It was expected that this would be up and running early 2023.</p> <p>4) Due to differing approaches nationwide to overseas patient identification, there was no national comparator for debt recovery percentages although all unpaid debts were reported to the Home Office.</p> <p>5) UHCW has a legal obligation to deliver urgent or immediately necessary treatment to overseas patients, regardless of their ability to pay.</p> <p>6) The Trust was embarking a journey to become FCA registered, as per recent DHSC guidance.</p> <p>SR also noted that the Trust was very well placed in local area comparables for recovery rates.</p> <p>JG queried whether the Trust could receive money in advance of an elective procedure. SR noted that some of the losses were due to clinical urgency and some treatment had to be made immediately, and these would be reviewed. DH asked about credit loss limits. SN noted that this information was provided in the annual accounts, and losses were as expected at this time.</p> <p>The Committee APPROVED the report detailing the increasing level of write-offs.</p>	

ARAC/22/144 ANNUAL EXTERNAL PROGRESS REPORT

SB presented both reports.

Planning for the 2022/23 external audit had kicked off and the requirements listing had been shared with management. The walkthrough and risk assessment meetings were being arranged for early February 2023 to inform the Audit Plan which would be presented at the next Audit and Risk Assurance Committee. Technical update report included updates to 2022-23 annual reporting, revised auditing standards, and Better Care Fund planning requirements, as well as providing information on updated guidance. The quarterly benchmarking tool uses data from the NHS Provider Finance In Year Monitoring Returns for the Trust's and FT's audited by KPMG to produce a report which compared UHCW's relative position to other providers in our portfolio. The report presented is as at quarter 2 (September 2022).

It was noted that there had been issues raised over the value of premises and land and recent meetings had been held to enable consistency of valuations. Benchmarking information in terms of assumptions used by other national and regional trusts would be shared with the Committee. Work was underway regarding risk

ITEM	DISCUSSION	ACTION
	<p>assessments and it was reported that a plan would be brought to the Committee. It was reported that there were new auditing standards (ISA 315 and ISA 240) in place and this would require some additional work. SB stated that UHCW had been selected by the FRC for an audit review which resulted in a rating of the financial statements as limited improvements and value for money as good. No overall issues had been found and the accounts were not needed to be qualified. The Committee asked DW to facilitate the circulation of the report and confirm with the external auditors if this needed to be reported at the next Committee meeting.</p> <p>The Committee NOTED the progress report, technical update, and Quarter 2 benchmarking report.</p>	
ARAC/22/145	WAIVERS OF SO/SFIs/SoRD	
	<p>AB joined the meeting to present the report which provided an overview of the instances where the Trust has waived its business rules between October and December 2022 in relation to the requirement to obtain competitive tenders/quotations. Throughout the period covered by the report, no new reasons for waiver requests had been forthcoming.</p> <p>Of the £7.17 million covered by waiver requests between October and December 2022, 14 had a value in excess of £100,000 but all were required through the normal day to day operation of the Trust. The procurement team continually challenged any waivers raised. Each waiver had a clearly documented reason for use requiring sign off from both procurement and Director level. Consolidation work had taken place to ensure repeat waivers were reduced.</p> <p>The actual value of requests to waive standing orders for the three months from October 2022 to December 2022 related to 117 instances with a value of £7.165 million compared with 80 instances with a value of £3.138 million for the preceding three-month period as previously reported. AB reported on the revised format of the report giving the Committee further information on the high value waivers in the value for money test column. JG asked for a revision to the wording in the additional column to provide assurance to the Committee. It was agreed that the report would include bullet points with more background detail around waivers, not to include Covid costings</p> <p>The Committee NOTED the number, reasons and appropriateness of the requests made for the waiving of Standing Orders, Standing Financial Instructions and Scheme of Delegation and Reservation.</p>	AB
ARAC/22/146	ELECTRONIC PATIENT RECORD (EPR) ANNUAL UPDATE	
	<p>At this point JM joined the meeting to present the report. The paper shared the progress made against the EPR implementation plan, showing the plan on a page, and sharing the challenges the programme had experienced over the last 12 months along with the learnings. The report provided detail of the successes the programme experienced over the last 12 months.</p> <p>Summary of Challenges:</p> <p>Since the initiation of the EPR Programme there had been significant constraints in the market for specialist EPR and Digital resources.</p>	

ITEM	DISCUSSION	ACTION
	<p>This was due to other EPR implementations underway at other Trusts. UHCW (and Oracle Cerner) were experiencing pressure from the market which had resulted in high levels of staff attrition and higher than planned agency staff costs as a result. This had impacted on the level of contingency available to the programme.</p> <p>Due to the demanding nature of EPR implementations, the timeframes put a strain and pressure on programme resources. To strengthen governance, the programme had appointed key staff including an additional Programme Director, Programme Manager and enhanced the PMO.</p> <p>The EPR Programme was on track until August 2022 hitting all major timelines albeit with several risks resulting in an Amber overall status, and all risks had mitigation plans in place. The largest risks to the programme over the last 12 months related to the Maternity build with two issues:</p> <ul style="list-style-type: none"> • FetaLink, which is Cerner's Cardiotocography (CTG) monitoring solution for monitoring mothers and babies, lost its compliance due recent changes to EU medical device regulation (Medical Device Regulation (MDR)). • Delays to the Maternity system configuration and design occurred resulting in the workstream working eight weeks behind the main programme, with planned mitigations to minimise the impact on the overall programme. <p>Emergency Department configuration had also been delayed due to the configuration of the Direct Access Pathway Units, Emergency Eye Unit and Gynae Emergency Unit.</p> <p>In August 2022 it became evident that the locations / building build in Millennium being flawed would result in the initial configuration being unsuitable for live use. An alternative Go Live date was needed as it would have been impossible to achieve a Go Live date of May 2023 due to the time required to complete the rebuild. A revised Go Live date was identified for the 15th October 2023.</p> <p>Whilst the programme has had its challenges there had also been several successes:</p> <ul style="list-style-type: none"> • Contractual Milestone 1 Plan (Jan 2022) and Milestone 2 Align (April 2022) completed on time. • Over 200 configuration and localisation workshops held to design the system between May and July 2022 • EPR Showcase and Future State Validation (FSV) held over two weeks in August 2022. This event had over 1700 attendees and demonstrated how the EPR will work for our staff, covering overall key clinical and administrative workflows. Cerner stated this was one of the best and most successful FSVs they had seen in the UK. • Following the challenges (in particular, the build/locations issue, CTG monitoring and maternity system configuration) reported above the programme had been rephased and was now on track to Go Live on the revised timeline of October 2023. <p>Whilst the challenges faced by the programme over the last 12 months were in line with other complex change programmes such as EPR Programmes, the programme had the benefit of undertaking a governance review and strengthening its control frameworks since August 2022. The EPR Programme Governance Structure has been included in Appendix 1.</p>	

ITEM	DISCUSSION	ACTION
	<p>The programme for its duration would have risks in the following areas: Financial delivering to budget, Resources, making sure as the programme progresses with the right skills and number of people involved to maximize the go live implementation and beyond, and Delivery against the timeline, looking ahead and being aware of key areas that could add risk. The programme was in the process of engaging a delivery partner with Cerner deployment experience to support and guide the Trust through the implementation. Whilst the programme had its challenges, there had also been several successes over the last 12 months. Close management of the programme via the Governance processes and full Trust wide support was key to a successful EPR deployment, and to ensure the programme remained on track and delivered the transformational benefits planned. The strengthening of governance review will continue to add value. SB noted that the additional capital costs were being considered to discover if costs needed writing off or capitalising. AI questioned the governance process and JM detailed the delivery partners engaged to assist the future delivery. SS asked how the platform fit into the digital strategy for and with George Eliot and SWUFT. JM informed the Committee that GEH and SWUFT were in the process of an EPR programme and work was ongoing with them to shape the business case through demonstration and involvement.</p> <p>The Committee NOTED the report and will provide ASSURANCE to the Trust Board</p>	
ARAC/22/147	ACCOUNTING POLICIES <p>SR presented the paper and stated that the report noted the following.</p> <p>IFRS 16 – Leases Implemented 1st April 2022</p> <p>As previously reported to the Committee, the implementation date of the revised accounting standard for leases (IFRS 16 – Leases) was scheduled for 1st April 2022.</p> <p>A national IFRS16 transition submission was requested at the end of October 2022, collecting 1 April IFRS 16 transition disclosures from providers and mirrored the format required by IFRS 16 for 2022/23 accounts. The outcome of the exercise was that the transition to IFRS16 would rise to a “right of use” assets and corresponding liabilities of approximately £35.5m.</p> <p>Deferral in application of IFRS 16 to measurement of PFI Liabilities until 1st April 2023</p> <p>Communication was received at the end of November 2022, that a one year deferral had been secured in the application of IFRS16 principles to the measurement of PFI liabilities for DHSC group bodies. This meant remodelling of PFI schemes under IFRS16 would not happen until financial year 2023/24 and guidance as to how to remodel would be issued. The financial planning return for 2023/24 would not reflect the PFI liability remeasurement due to timing of guidance being released.</p> <p>Other Accounting Standards</p> <p>There were no other accounting standard changes that were expected to significantly impact the Trust during the current financial year.</p>	

ITEM	DISCUSSION	ACTION
	<p>The Committee NOTED the implementation of IFRS 16 – Leases within the public sector from 1 April 2022. The one-year deferral in the application of IFRS 16 principles to the measurement of PFI liabilities for DHSC group bodies would take effect in the 2023/24 financial year.</p>	
ARAC/22/148	<p>ANNUAL REPORT AND ACCOUNTS TIMETABLE 2022/23</p> <p>DW presented the timetable as follows.</p> <p>Work would imminently commence on producing the annual report and accounts and other year-end reporting for 2022/23. ,</p> <p>Confirmation was being awaited for the precise dates for submission was from NHSE/I as well as guidance from Department of Health and Social Care i.</p> <p>Based on last year's dates it was proposed that the following will apply:</p> <ul style="list-style-type: none"> • January-April – initial drafting of the annual report including the annual governance statement • Late March/early April – consultation with Chair and Chief Executive Officer on draft Annual Report content • April Audit and Risk Assurance Committee – draft Annual Report including Annual Governance Statement presented for comment • Late April – draft Annual Report following comments received at ARAC circulated to whole Board for comments • May – draft Annual Report and Accounts submitted to External Auditors • Early June – Annual Report including Annual Governance Statement finalised • 22 June 2023 – final documents approved at ARAC and Trust Board. <p>The above final date would need to be moved in the event of contrary guidance from NHSE/I or DHSC requiring early submission.</p> <p>The Committee NOTED the initial timetable for preparation and approval of the annual report and accounts and other year-end Reporting.</p>	
ARAC/22/149	<p>POLICIES PROCEDURES AND STRATEGIES UPDATE</p> <p>DW presented the report.</p> <p>Since the committee last received an update on Policies, Procedures and Strategies (PPS) in August, there had been a change in management of the process, with policy management moving to Corporate Affairs from 1 December 2022.</p> <p>Some initial changes to policy management had been made and more fundamental improvements were being explored. These were described in the report.</p> <p>There were currently 176 PPS open on E-library of which 49 (27.8%) were beyond the review date. This represented a slight improvement from the previous report to the committee when this figure stood at 56 (31.8%). Of the remaining 127 PPS, 19 (10.8%) were deemed to be “due for review” as their review date was within the next six months.</p> <p>AI requested that a full report be brought back in 12 months with an interim report in six months. SS noted that this area was under review for the coming year.</p>	DW

ITEM	DISCUSSION	ACTION
	<p>The committee NOTED the current status of policy reviews, and the update on the delivery of the service including proposed improvements under consideration.</p>	
ARAC/22/150	<p>RISK MANAGEMENT REPORT</p> <p>DW presented the report highlighting the following points.</p> <p>Total No. of Open Risks: There were four open risks for which the Audit and Risk Assurance Committee (ARAC) are the assigned Responsible Committee.</p> <p>Since the last meeting: There had been no changes to the corporate risks under the ARAC portfolio since the last meeting. The corporate risks are listed below:</p> <ul style="list-style-type: none"> • Risk ID 2416: Breaches of Confidentiality • Risk ID 1864: Unauthorised access of Trust systems - Misuse of access by Trust Staff • Risk 2911: Raising concerns • Risk ID 2646: Cyber Security threats and vulnerabilities to the Trust <p>Risk overview: There was currently one risk rated as 20 (High) and full risk register details for this risk are included in the enclosed Corporate Risks Report:</p> <ul style="list-style-type: none"> • Risk ID 2646 – Cyber Security threats and vulnerabilities to the Trust <p>The remaining three risks were graded as moderate and summarised details of these risks were included in the table in the enclosed Corporate Risks Report.</p> <p>Next meeting work plan: To align with changes to the agreed work plans for sub-committees with assigned risks, ARAC are asked to focus on and discuss all assigned corporate risks at each meeting.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
ARAC/22/151	<p>BOARD ASSURANCE FRAMEWORK – CYBER SECURITY</p> <p>DW presented the report.</p> <p>The BAF continued to function effectively as a tool for overseeing assurances received by Board and its committees. Since the last Audit and Risk Assurance Committee the BAF had been reviewed and discussed in depth at the following meetings:</p> <ul style="list-style-type: none"> • Finance and Performance Committee – 27 October 2022, 24 November 2022 • Quality and Safety Committee – 24 November 2022 • People Committee – 22 December 2022 • Board – 4 December 2022 <p>In addition, it was scheduled to be considered again at the next round of those meetings for each of the above, all taking place within the next five weeks.</p>	

ITEM	DISCUSSION	ACTION
	<p>The BAF continued to be used dynamically, with annotations made during the meeting to reflect discussions that held, gaps identified and actions agreed, and these presented to the committee for consideration as the final business item of the meeting to ensure the committee's confidence and assurance was captured effectively. This would then be circulated to committee members immediately following the meeting for final review.</p> <p>Discussions on changes to the BAFs presented to the other Board Committees occurred and changes suggested. Cyber Threats BAF was further noted and discussed. AI requested that the overall Cyber Threat rating remained at Red rather than Amber.</p> <p>The Committee RECEIVED the update on usage of the BAF as a tool to ensure Board and its committees had oversight of assurances in relation to the management of risks against delivery; and APPROVED the adoption of the attached Cyber Risks BAF entry as a fifth BAF document, for regular review by this committee and submission to the Board alongside the other BAF entries.</p>	
ARAC/22/152	DRAFT ARAC ANNUAL WORK PROGRAMME 2023/24	
	<p>DW presented the Annual Work programme and noted that following the earlier discussion the item for Policies, Procedures and Strategies be made six monthly rather than an annual presentation.</p> <p>The Committee APPROVED the programme.</p>	
ARAC/22/153	ARAC TERMS OF REFERENCE	
	<p>DW presented the Terms of Reference document for the following Committee year. It was noted that Cyber Security fell under the remit of the Committee and would be brought back to the next committee meeting.</p> <p>The Committee NOTED the Terms of reference document.</p>	
ARAC/22/154	DRAFT AGENDA FOR NEXT MEETING	
	The Draft Agenda was accepted and RECEIVED for the next meeting	
ARAC/22/155	ANY OTHER BUSINESS	
	No other business was brought before the Committee.	
ARAC/22/156	CHAIRS REPORT TO THE TRUST BOARD	
	The Chair reported that this would be drafted between himself and DW at a later point, and this would include the report on Discharge Planning, Financial Sustainability, EPR update and the timetable for the Annual Accounts and Report.	
ARAC/22/157	MEETING REFLECTIONS	
	The Chair felt that the meeting went well due to the quality of the papers presented. He thanked the Officers who contributed in the meeting assisting the understanding and decision making of the Committee. He further thanked the external partners on the Team	

ITEM	DISCUSSION	ACTION
	calls. DH, GP and JG felt that Teams calls were more productive for the Committee but felt that occasional meetings on Trust premises would be helpful.	
ARAC/22/158	DATE AND TIME OF NEXT MEETING The next meeting would take place on Thursday 20 April 2023 at 9.30-12 noon. There being no further business the meeting closed at 11:55am	

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

**Report of the Audit and Risk Assurance Committee
following its meeting held on 26 April 2023**

Committee Chair:	Afzal Ismail
Quoracy:	The meeting was quorate
Purpose:	This report is to provide assurance that the Audit and Risk Assurance Committee has formally constituted its duties in accordance with the terms of reference and to advise of the business transacted.
Recommendations:	The Board is asked to: <ol style="list-style-type: none"> 1. Confirm assurance received from the business discussed at the meeting; 2. Raise any questions in relation to the same.

Key highlights of discussions held during the meeting

ISSUE	DETAILS
Item 6.5 DQ-28 Day Faster Diagnosis Standard	The committee received a follow up report which showed some areas of non compliance which was considered inevitable due to the volume of patients. There had been a small number of cases where data was incorrect and enhancements to the FDS validation SOP were suggested. A small clarification to the Cancer Access Policy was also suggested. We noted that the full report would be provided to the Committee and circulated following the concerns raised.
Item 7 Internal Audit Recommendations Update	We discussed this report at length and noted that two out of the three outstanding recommendations related to cyber security issues. This meant that the Trust could not resubmit the application for Cyber Essentials Accreditation until later in the year. The schedule for EPR implementation was discussed and that the trust needed to focus on the schedule to ensure compliance. The committee had concerns and felt there should be prioritisation of resource to provide protection.
Other internal audits received	We received positive reports on Innovate grants and the Pathway to Net Zero progress made. The Board Assurance Framework received a Level A Assessment which was particularly pleasing.
Item 11. Counter Fraud Progress Report	We had some concerns over the length of time internal investigations were taking and asked for further information and a tightening of the timescales to protect the Trust's reputation and reduce financial liabilities
Item 21 Data Security and Protection Toolkit Annual Submission	We received this report and acknowledged the assessments and assistance given by 360Assurance. We noted the testing of the Business Continuity Plans and suggested that a NED may wish to be present at the next test.
Item 22 Information Governance Update	We noted the progress made in subject access and FOI request response compliance, noting the reputational importance of maintaining this.

ITEMS FOR ESCALATION, WHY AND TO WHERE		
Item or issue	Purpose for escalation	Escalated to
None		

OTHER ITEMS CONSIDERED	
<ul style="list-style-type: none"> Item 8 – Internal Audit Plan report Item 9 – Annual Internal Audit report and Head of Internal Audit opinion Item 10 – Counter Fraud Plan 2022/23 Item 12 – Annual External Progress report and External Plan Item 14 – Draft Accounting Policies and Technical Accounting Update Item 15 – Draft Annual Report including Annual governance Statement Item 16 – Lease Valuation Report Item 17 - Losses and special Payments Item 19 – Debt write Offs to include Overseas Briefing report Item 20 – Risk management report Item 23 – Cyber Security Risks and mitigations Item 24 – Review of register of Interests, Gifts and Hospitality Item 25 - BAF 	

MEETING CYCLE: Achieved for this month: Yes
Reference any items that were not taken at this meeting, explaining why and when it has been rescheduled.
None

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
Advise the Trust Board on the strategic aims and objectives of the Trust	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 15 Draft Annual Report including Annual Governance statement. Item 9 Annual Internal Audit Report and Head of Internal Audit Opinion
Receive reports from the Chief Officers relating to organisational performance and quality within the remit of the Committee	
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	
Review the annual audit letter from the external auditor	Item 13 External Audit Plan
Review the Head of Internal Audit opinion	Item 9 Annual Internal Audit Report and Head of Internal Audit Opinion
Review any breaches of standing orders	18 - Waivers of SO/SFIs/SoRD
Review write-off of losses or the making of special payments	17 - Losses and Special Payments 19 - Debt Write-Offs
Review the Trust's annual report, accounts and quality account and recommend approval to the Trust Board	15 – Draft Annual Report including Annual Governance Statement 14 – Draft Accounting Policies and Technical Accounting Update

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties?	
Item from terms of reference	State which agenda item achieved this
Review the effectiveness of financial reporting	8.3 – Financial Sustainability Internal Audit 8.4 – Financial Systems Internal Audit 8.5 – Payroll Internal Audit
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> • Governance • Risk management • Internal audit • Internal control • External audit • Counter fraud • Clinical audit • Information governance 	7 - Internal Audit Recommendations Update 6 - Internal Audit Reports 11 - Counter Fraud Progress Report 12 - External Audit Progress Report
Review the Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions	Item 18 – Waivers of SO/SFIs/SoRD
Review the Trust's policies and procedures for the management of risk	20 - Risk Management Report 23 Cyber Security Risks and Mitigations 25 - Board Assurance Framework – Cyber Threats
Review the arrangements for declaring interests, gifts and hospitality	24 – Review of Register of interests, Gifts and Hospitality
Other	

ATTENDANCE LOG						
		Apr	Jun	Aug	Oct	Jan
Was the meeting quorate?		Yes				
Non-Executive Director (Afzal Ismail)	Chair	✓				
Non-Executive Director (Jerry Gould)	Member	✓				
Non-Executive Director (Gavin Perkins)	Member	✓				
Assoc. Non-Executive Director (Douglas Howat)	Member	✓				

**MINUTES OF THE MEETING OF THE PEOPLE COMMITTEE
HELD AT 09:30 ON THURSDAY 23 FEBRUARY 2023 VIA MS TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
PC/23/89	<p>PRESENT</p> <p>Jenny Mawby-Groom (JMG), Non-Executive Director – CHAIR Carole Mills (CM), Non-Executive Director Justine Richards (JR), Chief Strategy Officer Donna Griffiths (DG), Chief People Officer</p>	
PC/23/90	<p>IN ATTENDANCE</p> <p>Satpal Gill (SG), Head of Employment Services Michelle Brookhouse (MB), Director of Organisational Development David Walsh (DW), Director of Corporate Affairs Dan Pearce (DP), Head of People Development Fisayo Oke (FO), Corporate Governance Manager Jessica Mabbott (JM), Committee Officer (minute taker)</p>	
PC/23/91	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were given for Afzal Ismail (AI), Non-Executive Director and Jaiye Olaleye (JO), Associate Non-Executive Director.</p>	
PC/23/92	<p>CONFIRMATION OF QUORACY</p> <p>The meeting was declared quorate.</p>	
PC/23/93	<p>DECLARATIONS OF INTEREST</p> <p>No declarations of interest were made.</p>	
PC/23/94	<p>MINUTES OF THE PREVIOUS MEETING</p> <p>The committee agreed that the minutes of the 22nd December 2022 were an accurate record of the previous meeting.</p>	
PC/23/95	<p>ACTION MATRIX</p> <p>DG provided an update on Action reference PC/22/75 and stated that the Strategic Delivery plan sets out all the key programmes of work between 2023 and 2025 and a number of those had a people implication. DG confirmed that a decision had not yet been made on</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>how this would be reported to People Committee. JMG asked what the timescale would be for this. DG said that the People Strategy should be reported every 6 months as this would be reported through the AAA reports. It was recommended that the action was to be closed, however the People Strategy Delivery Plan should be reported to PC.</p> <p>It was suggested by DG that Action reference PC/22/82 remains open and the date be amended to April to ensure the information had been included in the report. The Committee was in agreement of this.</p>	DG
PC/23/96	MATTERS ARISING <p>JMG and DG suggested that an update be provided on Project 1000. JMG added that she would like the Committee to provide an update on the Preceptorship Framework. DG suggested that this would be managed through the People Development Group and would be fed through to the Committee via the AAA reporting.</p> <p>JMG requested an update on the Emergency Department roster. DG confirmed that this was underway and would be tracked through the People Supply and Transformation Group.</p>	
PC/23/97	CHIEF OFFICERS' EXCEPTION/UPDATES <p>DG provided an update regarding Industrial Action and confirmed that the pending RCN strike action had been stood down pending a conversation between the RCN and the Government. DG confirmed that the Trust had not met the threshold for RCN strikes but the Trust was ready to provide support to other organisations who had been affected.</p> <p>DG added that there was ongoing strike action of the Ambulance Service which had ongoing implications for staff within the Trust. DG also stated that BMA for Junior Doctors had met the threshold for Strike action and the Trust was awaiting confirmation of strike action dates. DG assured the Committee that internal preparation was underway.</p> <p>DG went on to confirm that the Staff Survey was featured on the agenda for the meeting and confirmed that the national benchmark results had been received on 21st February and full analysis of the results was taking place.</p> <p>DG lastly confirmed that the People Strategy had been approved at Trust Board and a number of first actions included in the Strategy were currently underway and would be pulled together in a full delivery plan, which would be presented to PC in April.</p>	DG
PC/23/98	WORKFORCE PERFORMANCE REPORT <p>SG presented the report to the Committee and highlighted key points from the report. SG stated that the Vacancy rate had reduced to</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>6.17% compared to 6.59% in December. The report included data in relation to some of the Trusts key recruitment campaigns including Band 5 nurses, midwifery and HCSW's. SG added that Turnover remained stable at 10.64%, compared to 10.77% in December.</p> <p>SG confirmed that the Trust had seen a reduction in agency spending, adding that the Trust was working with different groups to reduce this further. SG pointed out that the sickness absence rate had decreased slightly from 6.46% in December to 5.38% in January. Mental Health was the top reason for sickness absence, overtaking Covid-19 / Cough/Cold and Flu. SG assured the Committee that services were in place to support staff and there had been a positive response to this from staff.</p> <p>SG explained that Mandatory Training had decreased from 93.39% in December to 92.95% in January but overall, remained in a stable position and highlighted that Non-Medical Appraisals had made good progress and the Trust were now 84.52% compared to 80.10% in December, against the Trusts 90% target. SG also added that Medical Appraisals had seen an improvement as the Trust was currently at 92.65% compliant.</p> <p>JMG raised her concern regarding A&C staff turnover and what could be done to manage this. SG noted that this was overseen by People Supply and Transformation Group, however additional information could be provided if necessary. JMG clarified that she was happy for this to be overseen by People Supply and Transformation Group. DG added that a new termination form would be put in place to give a greater oversight of the reasons for people leaving the Trust and highlighted that the turnover figures include people who were on fixed term contracts, however work was already underway to address this issue within the figures.</p> <p>JMG queried how would the reasons for people leaving the Trust be reported. DG confirmed that this would be reported through the Workforce Performance report.</p> <p>CM queried if bank staff were used to cover staff who may be on strike. DG stated that the Trust does use bank staff to cover staff who may be on strike. CM questioned if staff had sufficient rest areas for breaks. DG assured the Committee that a number of rest areas had been renovated across sites. CM also asked what the Trusts position was in terms of wearing face masks. DG stated that the Trust was following national guidance.</p> <p>JMG suggested that it would be useful to see a stacked graph and timeline regarding sickness absence. SG said that she would provide this.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	<p>DG</p> <p>SG</p>

PC/23/99

CORPORATE RISKS REPORT

DW presented the report to the Committee. DW noted that the risks had broadly remained the same, apart from the addition of one key

**MINUTE
REFERENCE****DISCUSSION****ACTION**

risk relating to Industrial Action.

JMG queried if the risk relating to Violence and Aggression towards staff should be reported regularly to People Committee. DG stated that the risk was currently reported through the Health and Safety Committee, however there was a piece of work underway regarding Violence and Aggression and Risk assessing patients.

CM questioned if there were measures in place to warn patients who had been violent or aggressive towards staff. DG confirmed that there was a number of measures in place for this, for example a behaviour agreement or refusal of treatment.

The Committee **RECEIVED ASSURANCE** from the report.

PC/23/100**NATIONAL STAFF SURVEY**

DP presented the National Staff Survey to the Committee. DP noted that the overall position remained similar to the results seen in 2021 with some key changes and improvements. DP highlighted that the full benchmarking scores would be available from 21st February ahead of the formal publication on 9th March 2023. DP confirmed that only those Acute and Community Trusts that use Iqiva as their survey administrator were included in the initial results analysis being received in the report. This was however a good proxy comparator group, as it included roughly half of those Acute and Community Trusts

DP stated that the Trust had scored well under the People Promise theme of 'we were always learning' with scores relating to 'opportunities to develop my career', opportunities to develop knowledge and skills', 'support to develop my potential', 'how my appraisal helped me to improve how I do my job', and 'how my appraisal helped me agree clear objectives for my work' scoring well and were significantly better than comparator organisations.

DP highlighted that the Trust also scored well on themes such as 'improvement', 'team working', and the recommender scores relating to a place to work and to receive treatment.

DP reported that areas where the Trust scored less well were areas relating to our 'relationships with colleagues' which included sub themes such as 'politeness', 'respect' and 'bullying and harassment'. There were also more negative scores in terms of staff reporting the extent to which their manager 'cares for their concerns and their wellbeing'. Staff also reported negativity in relation to their 'level of pay' and 'working additional hours'. DP added that the scores, to some extent, reflected the current national and regional position.

DP confirmed that a list of actions and provocations had been included within the report designed to encourage local team and individual reflection on some of the key behaviours which were impacting the results.

CM queried if the question relating to the extent in which 'managers

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>care for staff concerns and wellbeing' had seen a particular trend in certain departments or if this was a Trust wide issue. DP stated that this would be analysed once the full benchmark data had been received and suggested that there would be variances from different departments and teams.</p> <p>JMG questioned how the results from the survey would be reported. DG stated that this would be provided to each group at a local level. JMG suggested that a summary of the results and actions for each group to be brought back to the next Committee.</p> <p>The Committee REVIEWED and NOTED the initial results of the NHS Staff Survey 2022.</p>	<p>DP</p>
PC/23/101	<p>ALERT, ADVISE, ASSURE GROUP REPORTING</p> <p>PEOPLE SUPPORT GROUP</p>	
	<p>DP presented the People Support Group report to the Committee, highlighting key areas. DP stated that there had been a review of the Groups Terms of Reference, Membership and Workplan in line with the People Strategy and alignment to the Trust Strategy around the wider engagement and involvement agenda.</p>	
	<p>DP highlighted that there had been a formal update provided outlining progress against several programmes of work supporting staff wellbeing. This included: exploration of Fast- Track Services for Staff, support for staff involved in traumatic incidents, the introduction of Psychological First Aid training and support programme, a GP Helpline, financial wellbeing support packages and the staff health check kiosks.</p>	
	<p>PEOPLE SUPPLY AND TRANSFORMATION GROUP</p>	
	<p>SG provided an update on the People Supply and Transformation Group. SG highlighted that the main focus was on future work and priorities, in terms of the annual plan and workplans.</p>	
	<p>SG said that Medical Workforce provided a general update regarding the NHS at Work implementation, Digital Passport project and a review of medical establishments with finance colleagues to align ESR and ledger.</p>	
	<p>SG went on to confirm that TempRe - the medical bank and agency booking system - go live date in February had been deferred to 6th March and that there was a current review of bank rates for medical, nursing and midwifery and AHPs which would go via CDG to COG.</p>	
	<p>SG highlighted that agency spend and usage continues to be a key focus, with BPs working with groups to give updates at Quarterly Performance Reviews and monthly Accountability Meetings along with the Trust's Cost Control Meeting and that a proposal for a new IDBT (online ID checking) system to improve recruitment experience and timescales had been prepared.</p>	

**MINUTE
REFERENCE****DISCUSSION****ACTION**

SG added that there had been an improvement in recruitment and staffing of diagnostic radiography, however Occupational Therapy workforce was highlighted as a risk. Further funding from HEE to upskill this workforce had been secured. It was highlighted that HCPC standards of proficiency were changing for all AHP professions from September.

SG stated that current nursing recruitment plans were progressing with intention to recruit student nurses from further afield (Birmingham and Leicester) and a number of recruitment events were scheduled. SG explained that there had been revised funding bid prepared for international recruitment for nurses and midwives and focus would be moving onto recruitment and student nurse offers and attrition rates.

PEOPLE DEVELOPMENT GROUP

MB presented the report to the Committee. MB highlighted Mandatory Training, in particular Oliver McGowan training on Learning Disability and Autism. The Training was to be introduced to help H&SC staff had a better understanding, communications with and treating people with a learning disability and autistic people as this was a CQC requirement.

MB added that staff recognition group had processes put in place and confirmed that there would be a review of the 'World Class Colleagues Award' in line with the new Organisational Strategy.

MB confirmed that the EPR Training Programme had a training plan in place and workstream targets were tracked and governed via the EPR Programme.

The Committee **RECEIVED ASSURANCE** from the AAA reports.

PC/23/102**GENDER PAY GAP**

SG presented the report to the Committee. SG noted that there had been positive decreases in the overall pay gender gap but, the pay gap relating to bonus payments (Local and National Clinical Excellence Awards) for medical and dental staff had increased.

SG added that it was important to note the wider context which had a positive and negative impact on the gender gap. Agenda for Change (Band 8 above) had increased from 65.75% (2021) to 66.78% (2022) female staff in senior/managerial posts and an additional 16 female staff were employed in 2022 in the two upper pay quartiles compared to an additional 93 males. Therefore, this had a negative impact on the gender pay gap.

SG stated that within Medical & Dental there was a decrease from 41.72% (2021) to 39.14% female staff (2022) which had a direct impact on the pay gap and within the Executive Team there was a higher proportion of female staff.

SG added that an additional 40 females were employed within the

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>lowest pay quartile within 2021 compared to 73 males. The larger proportion of male staff entering these roles had a positive impact on the gender pay gap also increasing the distribution of male staff in lower bandings. SG stated that the impact of Salary Sacrifice schemes on levels of pay would also impact as a higher proportion of female staff were taking up these schemes and therefore, lowering their average hourly net earnings.</p> <p>SG explained that in line with NHS employer's guidance, a review of the gender pay data, existing workstreams were being undertaken to identify actions which would be incorporated into the Trust Inclusion Delivery Plan.</p> <p>JMG queried if the data could be compared against other NHS organisations. SG explained that the data could not be compared until after the end of the March 2023, when all organisations were required to publish their reports.</p> <p>The Committee RECEIVED and NOTED the contents of the report.</p>	
PC/23/103	INCLUSION DELIVERY PLAN	
	<p>DP presented the Inclusion Delivery Plan to the Committee. DP advised that this was an updated version of the plan of what was previously received at the last PC meeting. The Plan outlines some of the challenges identified and examples of targeted activities which were already taking place.</p> <p>The Committee praised the plan and the improvements made since the last time it was presented to the Committee.</p> <p>DG requested that the plan be presented at the next Trust Board Meeting, as an appendix to the People Committee Meeting Report. The Committee agreed with this.</p> <p>The Committee APPROVED the amended Inclusion Delivery plan.</p>	DG
PC/23/104	REVIEW OF COMMITTEE TERMS OF REFERENCE	
	<p>DG presented the Committee Terms of Reference, noting the committee had been in place for less than 12 months. DG queried one item on the TIR - 'To remain informed of the strategic approach for education, learning and development across all disciplines'. DG queried whether it would be helpful for the committee to receive a regular education report, enhancing the medical education report which is currently received by QSC. CM and JMG agreed this would be helpful and support the committee in gaining assurance around multi-professional education, learning and development. It was agreed a biannual report would be brought to People Committee.</p> <p>JMG asked if a table could be presented to show which reports achieve the different categories outlined in the ToR. DW suggested that this could be included within the Work Programme for all Committees.</p>	MB DW

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>MB advised that the roles need updating in section 4.2 of the ToR.</p> <p>The Committee RECEIVED the Committee Terms of Reference, subject to the above amendments.</p>	
PC/23/105	<p>BOARD ASSURANCE FRAMEWORK</p> <p>DW presented the Board Assurance Framework to the Committee. DW stated that he had added Industrial Action to the Corporate Risks section of the BAF.</p> <p>DW suggested that on the first line of assurance Junior Doctor Industrial action should be categorised as green and Gender Pay Gap had been categorised as green. The Committee agreed that the Junior Doctor Industrial action should be categorised as Amber due to this being a work in progress.</p> <p>DW referred to the second line of assurance and suggested that the National Staff Survey 2022 be categorised as Amber with the anticipation that it would change to green once the follow up report had been received.</p> <p>DG advised that the Freedom to Speak up app had been launched and this could be updated on the BAF.</p> <p>DW stated that he would circulate the updated BAF via email.</p> <p>The Committee RECEIVED ASSURANCE from the Board Assurance Framework.</p>	
PC/23/106	<p>ANNUAL WORK PROGRAMME</p> <p>Following earlier discussion, DG requested that a Strategic Education Report be added to the Work Programme and also names were checked and corrected on the programme.</p> <p>JMG highlighted that the Gender Pay Gap be presented to People Committee later in the year to allow for the National Comparator Information to be available.</p> <p>DG also requested that the People Strategy Delivery plan be added to the work programme.</p> <p>The Committee NOTED the Annual Work Programme subject to the changes mentioned above.</p>	DG
PC/23/107	<p>DRAFT AGENDA FOR NEXT MEETING</p> <p>No changes requested for the Draft Agenda of the next meeting, other than the items agreed throughout the meeting.</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
PC/23/108	<p>ANY OTHER BUSINESS</p> <p>No other business.</p>	
PC/23/109	<p>CHAIRS REPORT TO TRUST BOARD</p> <p>JMG confirmed that an update would be provided on preparedness on Industrial Action, continued progress on reducing vacancy rates in key staff groups, receipt of the National Staff Survey results, approval of the Inclusion Plan, approval of the Gender Pay Gap report, and review and amendment to the committee TOR and Annual Work Programme.</p>	
PC/23/110	<p>MEETING REFLECTIONS</p> <p>The Committee praised the quality of the reports and complemented that the meeting was well chaired.</p> <p>MEETING END TIME: 12:00</p>	

Alert, Advise, Assure Report to the Trust Board

Reporting Committee: People Committee

Committee Chair: Jenny Mawby-Groom

Date of meeting: 27 April 2023



ALERT (Include here areas of concern, lack of assurance, risks of non-compliance or matters requiring urgent attention)

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
NET Survey	The Committee received the NET Survey as an action from Quality and Safety Committee. The Committee identified the action to address the issue of undermining and bullying in Neurology.	The Committee sought further assurance that the concerns around bullying and undermining in Neurology were being addressed as there were no actions to address the issue in the report.	The Committee agreed that the survey results should be reported at People Support Group and for the junior doctor wellbeing lead to attend the People Support Group so as to strengthen the triangulation of information.	N/A

ADVISE (Include here areas of ongoing monitoring for information or for communication)

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
Chief Officers' Exception/ Updates	The Committee received a verbal update, confirming that since the last committee		None for the Committee.	N/A

meeting, the junior doctors Industrial Action had occurred between 11th – 15th April 2023. The measures in place to manage the impact of this had been successful however noting the challenges from a patient care perspective.

The Committee noted that there had been a number of celebrations across the Trust including Ramadan and Vaisakhi. Non-Executive Director Afzal Ismail had attended the open Iftar in the past week and the Committee noted that this had been well received by colleagues.

The Committee received a verbal update confirming that the Financial Recovery Programme in the organisation had a link to workforce and vacancies. There was a vacancies exception process in place such that any vacancy not covered by Bank/Agency staff would require exception sign off by the relevant chief officer.

The Committee was informed that Chief Officers had agreed a new flexible working proposal. This would see the Trust transitioning to a 4-day compressed working week/ 9-

The Committee requested that the wider profile of the waste target should be provided to Board and this should include the information on delivery over the course of the year.

day fortnight for all core services and all A&C staff in clinical groups over a 12-month test period from September 2023. The Committee noted that Project 1000 was also focussing on flexible working to improve recruitment and retention in nursing.

ASSURE (Include here areas of generally positive assurance)

Report	Assurances received	Gaps in assurance identified	Actions agreed	Deadline for actions
Workforce Performance Report	The Committee signed off the revision to the draft Workforce Performance Report.		<p>The Committee agreed that the N/A section on agency spend be redrafted utilising easy to understand language and helping to clarify whether this should be an area of concern.</p> <p>The Committee asked for the draft Workforce Information Report to be reworded in terms of variation and assurance to make it more interpretable to Board members.</p>	
People Strategy Delivery Plan	The Committee received the first version of the People Strategy Delivery Plan.		The Committee requested an amendment to the format of the report and to include what needed to be done to deliver strategically over 2023/2024.	N/A

Inclusion Delivery Plan

2023 - 2025



Our vision

This plan links to our People Strategy – Valuing and Enabling our People. Our strategy commits to establishing a golden thread of belonging, inclusion and compassion through all our people development activity, culture development programmes, policies and employment practice and sets out 2030 vision for belonging:



Belonging

By 2030 our people will be welcomed, included, valued and enabled

Living our values

2023 – 2025 Action Commitments

This plan sets out our commitments to action from 2023-2025 and is designed to enable us to progress towards our 2030 visions of belonging. For the purposes of this delivery plan, we have considered the following characteristics which are defined by the Equality Act 2010. These characteristics (listed in alphabetical order in the plan) are:

- Age
- Disability
- Gender reassignment
- Pregnancy and Maternity
- Race
- Religion or philosophical belief
- Sex
- Sexual Orientation

In addition to the above we will consider two further characteristics, Caring Responsibilities and Support for Veterans

Our Enablers

We deliver our commitments by actively engaging and listening to our staff, linking in with regional and national communities of practice / forums and working closely with our three staff networks:

- **Pride Network** – a driving force for change, ensuring a supportive working environment for all LGBTQ+ staff / volunteers and allies
- **SPOC Network** – provides a platform and supports all People of Colour to share views and experiences
- **DAWN Network** – works to create a disability-positive organisational culture enabling disabled members of staff to speak openly about their disability and any challenges they face

We will also continue to utilise a range of data sources to identify areas for improvement and to measure our improvements. In determining some of the commitments in this plan we have also utilised:

- Workforce Race Equality Standards (WRES)
- Workforce Disability Standards (WDES)
- Gender Pay Gap Report

Legal Obligations

The Trust, as a public sector body, has a statutory duty under the Equality Act 2010 to have due regard to three aims:

1. Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act
2. Advance equality of opportunity
3. Foster good relations

It also has a responsibility under the Public Sector Equality Duty (PSED) to publish information relating to the protected characteristics of its workforce and its service users.

**Equality Act
2010**



**Public Sector
Equality Duty**

Our Top 10 High Impact Actions - 2023

1. Undertake an EDI audit of all recruitment and selection processes to ensure fairness and equity is embedded, ensuring we are recruiting inclusively across all staff groups
2. Launch an Inclusive Mentoring Programme
3. Launch our new reporting and staff support approach for violence, aggression and discrimination incidents, ensuring staff are encouraged and supported to report incidents
4. Develop and implement a UHCW Anti-Racism Toolkit, giving colleagues the tools, support and resources, they need
5. Develop and launch a new range of inclusion education and training programmes, with education embedded into core people processes and practices
6. Develop and introduce a new Menopause policy, ensuring the appropriate support and guidance is in place for colleagues who are peri-menopausal or menopausal and providing leaders with the guidance they need to best support colleagues.

Our Top 10 High Impact Actions - 2023 (continued)

- | | |
|-----|---|
| 7. | Completing our re-assessment for Rainbow Badge – Phase 2, ensuring we are continuing to make improvements for services for patients who identify as LGBTQ+ and ensuring people practices, procedures and policies are inclusive for colleagues who identify as LGBTQ+ |
| 8. | Launch an Inclusive Glossary, helping to raise awareness and ensure colleagues have the everyday support they need. |
| 9 | Launch our Inclusion Calendar, providing colleagues with a resource for actively promoting and raising awareness and breaking down barriers and fosters an inclusive environment for patients and colleagues |
| 10. | Signing up organisationally to the progressive Rainbow Badge, providing our visible commitment to creating an inclusive environment for patients and colleagues who identify as LGBTQ+ |

Age

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
A workforce that is representative of all ages.	Review current Apprenticeship Programmes to maximise accessibility for all age groups.	Increase in the number of people accessing the programmes	Apprenticeship and Widening Participation Manager	Review December 2023	People Development Group
	Undertake an end-to-end recruitment materials review to ensure that our recruitment does not exclude either end of the age spectrum	Regularly review our job descriptions and adverts	Head of Employment Services	Review December 2023	People Supply and Transformation Group
	Update the Equality and Diversity page on Trust Nav to raise awareness of age discrimination	Dedicated regular equality updates on Trust Nav	Communications Team	Review December 2023	People Support Group

Age

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Ensure that the impact of age-related experiences such as menopause, to be considered to ensure no one is treated less favourably due to their age.	Develop Menopause Policy outlining the support available for staff	Policy in Place	Head of People Operations	Review December 2023	People Supply and Transformation Group
	Hold listening events to understand needs and to inform choices.	Recorded notes and feedback from the listening events	People Support Team	Review December 2023	People Support Group
	Establish a Menopause Task and Finish Group to ensure that those with lived experiences are co-producing guidance materials	Meeting Notes and Actions	People Support Team	Review December 2023	People Support Group
	Continuation of menopause webinars to ensure awareness and education for line managers and individuals	An increase in the number of leaders attending the webinars	People Support Team	Review December 2023	People Support Group

Care Responsibilities

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Supporting our diverse* range of working carers to enable them to bring their best selves to work.	Raise awareness of the Carer's passport working in partnership with the Carer's Trust	Focus groups in place	Head of People Operations People Support Team Carer's Trust UK	Review December 2023	People Support Group People Supply and Transformation Group
	Update the Equality and Diversity page on Trust Nav to raise awareness of initiatives to support working carers	Trust Nav Equality page regularly updated	People Support Team - EDI Communications Team	Review December 2023	People Support Group
	Review the uptake of Carer's passports broken down by ethnicity, age and disability type if possible.	Establish a method for recording carers passports in use across the Trust	Head of People Operations People Support Team	Review December 2023	People Support Group

*Our carers include those caring for disabled children, carers of disabled adults, and carers who have caring responsibilities for elderly parents / relatives.

Each of our carers will have other protected characteristics that will impact on their caring role.

Care Responsibilities					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Supporting our diverse* range of working carers to enable them to bring their best selves to work.	Work with Carer's UK to publicise the support available for carers	Monitor referrals to Carer's UK	People Support Team Carer's UK	Review December 2023	People Support Group
	Understand better the diverse needs of carers by holding listening and focus groups, using outcomes to inform and identify future improvements.	Listing key actions from Focus Groups	Head of People Operations People Support Team Communications Team Carer's Trust UK	Review December 2023	People Supply and Transformation Group People Support Group

*Our carers include those caring for disabled children, carers of disabled adults, and carers who have caring responsibilities for elderly parents / relatives.

Each of our carers will have other protected characteristics that will impact on their caring role.

Care Responsibilities (Continued)

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Raise awareness amongst all staff regarding how to access work life balance and be supported to share parental / carer responsibilities.	Build on existing Health and Wellbeing staff events to promote: Flexible working <ul style="list-style-type: none"> • Retire and Return • Parental Leave • Wellbeing support and interventions • Agile working programme 	Carer's Awareness Raising focus groups in place	People Support Team	Review December 2023	People Support Group

Disability					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a healthy, fulfilling and inclusive environment for staff with long term conditions / disabilities	Communicate the WDES Action Plan	Article in Trust bulletin and Action Plan to be made available on Trust Nav	Communications	Review December 2023	People Support Group
	Raise awareness of the significance of self reporting and how to do this	4% decrease from 29.58% to 24%, in the unknown category relating to disability (WDES).	Head of People Operations People Support Team	Review December 2023	People Supply and Transformation Group People Support Group
	Continue to monitor trends relating to disability	ESR Data	Head of People Operations People Support Team - EDI	Review December 2023	People Supply and Transformation Group People Support Group

Disability (continued)					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a healthy, fulfilling and inclusive environment for staff with long term conditions / disabilities	Improvements in the WDES metrics 5-8 (belonging) for disabled staff	Increased sense of belonging as measured through the staff survey	People Support Team	Review December 2023	People Support Group
	Apply for and achieve the Disability Confident Leader Accreditation	Certificate from DWP	Employment Services People Support Team - EDI	Review December 2023	People Support Group People Supply and Transformation Group
Disability Passports	Review the uptake of Disability passports broken down by ethnicity, age and disability type if possible	Method established for recording disability passports in use across the Trust	Head of People Operations People Support Team	Review December 2023	People Support Group People Supply and Transformation Group

Disability					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a healthy, fulfilling and inclusive environment for staff with long term conditions / disabilities	Actively promote the 'Guaranteed Interview' to applicants with a disability that meets the minimum job specification criteria	Metric 2 of WDES (Disabled staff being appointed from shortlisting) to remain at a figure below 1 (2022 shows a figure of 0.93)	Head of People Operations People Support Team - EDI	Review December 2023	People Supply and Transformation Group
	Proactively ensure that reasonable adjustments are made at all parts of the recruitment process for applicants requiring them	To increase Metric 8 of WDES From 67.5% to 70% (Metric 8 shows the percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work	Head of People Operations People Support Team - EDI	Review December 2023	People Supply and Transformation Group

Disability (continued)

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a healthy, fulfilling and inclusive environment for staff with long term conditions / disabilities	Review of Formal Capability Procedure including case reviews	To reduce Metric 3 of WDES to a figure below 1 (2022 shows a figure of 3.37) Metric 3 – Relative likelihood of non-Disabled staff compared to Disabled staff entering the formal capability process	Head of People Operations People Support Team - EDI	Review December 2023	People Supply and Transformation Group
	Re establish the DAWN Network – ensure a voice for staff with disabilities and involve in future improvement programmes.	An established Network in place	People Support Team - EDI Communications	Review December 2023	People Support Group

Gender reassignment

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Develop a policy aimed at supporting Transgender and non – binary employees with guidance on facilities and dress code	Create Policy	Policy in place Rainbow Badge Phase 2 Accreditation	Head of People Operations People Support Team - EDI	Review December 2023	People Supply and Transformation Group People Support Team
Ensure that all policies use gender inclusive or gender neutral language	Produce guidance notes for policy authors to ensure that all Trust policies use gender neutral language	Guidance Document	People Support Team - EDI	Review December 2023	People Support Team

Pregnancy and Maternity					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Apply for Compassionate Organisation	Continuously develop and update fertility resources.	Completed Compassionate Organisation Application	Head of People Operations Team	Review June 2023	People Supply and Transformation Group
		Availability of resources	Communications		
Development and Review of Parental Leave	Develop Parental Leave Return Pack	Engage with staff and monitor effectiveness	Head of People Operations Team	Review June 2023	People Supply and Transformation Group
	Review effectiveness of Keeping In Touch days	Audit of random sample	Head of People Operations Team People Support Team - EDI	Review June 2023	People Supply and Transformation Group People Support Group

Race

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality to tackle racial inequality, discrimination and harassment	Recruitment and Selection				
	Complete a review of recruitment and selection processes to identify any discriminatory processes.	Indicator 2 of WRES to be below 1, to show that BME candidates are more likely than white candidates to be appointed from shortlisting. 2022 shows a figure of 1.48.	Head of Employment Services	Review December 2023	People Supply and Transformation
	Ensure interview panels reflect Trust values.	Unconscious Bias training to be embedded within the recruitment and selection process	Learning and Development Head of Employment Services	Review December 2023	People Supply and Transformation People Development Group

Race

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality to tackle racial inequality, discrimination and harassment	Lack of progression into senior leadership				
	Establish and launch the Inclusive mentoring pilot	Increase Indicator 7 of WRES relating to career progression for BME staff from 61% (figure in 2022) to 65%	Head of People Development People Support Team	Review December 2023	People Development Team People Support Team
	Review current development and training opportunities for all staff, with particular attention to access to development opportunities both formal and informal which lead to promotion and access to senior grades in the Trust.	Identification of changes and improvements to be made with dates of implementation and impact measures.	Head of People Development	Review December 2023	People Development Team

Race

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality to tackle racial inequality, discrimination and harassment	Lack of progression into senior leadership				
	Develop and deliver career development workshops to support BAME colleagues	Identification of changes and improvements to be made with dates of implementation and impact measures.	Head of People Development	Review December 2023	People Development Team

Race					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality to tackle racial inequality, discrimination and harassment	Violence and Aggression				
	Review and develop a robust reporting mechanism for victims and witnesses of discrimination	Increase in number of incidents reported. Improvement in staff confidence on actions taken following reports as measured through National Staff Survey	Violence and Aggression subgroup People Support Team People Operations	Review December 2023	People Support Group
	Ensure continuation with the no excuse for abuse campaign	Communication via screens and social media	Communications People Support Team	Review December 2023	People Support Group

Race					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality to tackle racial inequality, discrimination and harassment	Violence and Aggression				
	Audit of a sample of formal cases (disciplinary and grievance cases) to ensure the process is free from bias	<p>Ensure that indicator 3 of WRES remains below the figure 1 2022 shows a figure of 0.50</p> <p>WRES Indicator 3 – Relative likelihood of BME staff entering the formal capability process</p>	<p>Head of People Operations</p> <p>People Support Team - EDI</p>	Review December 2023	<p>People Support Group</p> <p>People Supply and Transformation Group</p>

Race					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their colour, ethnic group or nationality to tackle racial inequality, discrimination and harassment	Developing and implementing an Anti-Racism Toolkit	<p>A decrease in WRES indicator 5 from 27.8% (figure in 2022) to 24%</p> <p>A decrease in WRES indicator 6 from 27.5% (figure in 2022) to 24%</p>	Anti-Racism Shared Decision Making Council (People Support Group)	June 2023	People Support Group

WRES Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff

WRES Indicator 5 Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public

Religion

Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a healthy, fulfilling and inclusive environment for all staff, regardless religion, philosophical belief or non belief	Chaplaincy support	Monitor requests made for flexible working during key religious events	Chaplaincy	Review December 2023	People Supply and Transformation
	Support for religious observance and worship during work		Head of People Operations		
	Hate crime / abuse	National Staff survey – 5% reduction in discrimination due to religion	People Support Team – EDI	Review December 2023	People Development Team
	Raise awareness of Hate / abuse due to religion and the reporting mechanisms	Monitor number of people who access the training	Head of Learning and Development		People Support Team
	Hate crime training				
	Awareness raising of significant days and how this may affect both colleagues and patients	Launch UHCW diversity calendar	People Support Team	Review December 2023	People Support Team

Sex					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
	Sexism, misogyny, and abuse from patients				
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their sex (Sexism, Misogyny, and abuse from patients)	<p>Dedicated communications campaign</p> <p>Raise awareness of what misogyny is and reporting mechanisms</p> <p>Raise awareness of reporting mechanisms</p> <p>Update the Equality and Diversity page on Trust Nav to raise awareness of sexism and discrimination</p>	<p>Staff survey – reduction in the number of females experiencing abuse and harassment from patients by 5%</p> <p>Increase in number of incidents reported.</p> <p>Improvement in staff confidence on actions taken following reports as measured through National Staff Survey</p>	<p>Head of People Operations</p> <p>People Support Team - EDI</p>	<p>Review December 2023</p>	<p>People Supply and Transformation</p> <p>People Support</p>

Sex					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their sex (Progression of staff identifying as women to senior roles / levels)	Progression of staff identifying as women to senior roles / levels				
	Generate greater understanding around hotspot areas where women are underrepresented in leadership roles and link to talent mapping.	Review in place where women are disproportionately represented within the different stages of recruitment	Head of Employment Services	Review December 2023	People Supply and Transformation
	Provide opportunities for women to share their experiences and stories through events and activities (e.g. International Women's Day) Connected to the Coventry and Warwickshire Women's Network	Social Media interaction Increased opportunity for women to share their views and contribute to actions / learning	Communications People Support Team	Review December 2023	People Support Group

Veterans Support					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for all staff, regardless of their sexual orientation	Source and provide training to build confidence in supporting LGBT+ people	Delivery of LGBT+ inclusive training	Learning and Development	Review December 2023	People Development Group
	Promote and provide access to educational LGBT+ resources	Information sources available in place and promoted	Head of Library and Knowledge Services	Review December 2023	People Support Group

Veterans Support					
Objectives	Planned Actions	Progress Measure	Key People	Timeline	Key Group
Enable and provide a safe, healthy, fulfilling and inclusive environment for veterans and their spouses, / dependants	Develop the 'Employing Staff in the Reserve Forces' Model	Model and guidance in place	Head of Employment Services Head of People Operations	Review December 2023	People Supply and Transformation Group
	Develop a process for of guaranteed interview for spouses/dependents who meet the essential requirements of the person specification	Monitoring mechanisms in place to ensure that this data is captured on ESR / Trac	Head of Employment Services Head of People Operations	Review December 2023	People Supply and Transformation Group

**MINUTES OF THE MEETING OF THE QUALITY AND SAFETY COMMITTEE
HELD AT 09:00 ON THURSDAY 30 MARCH 2023 VIA MICROSOFT TEAMS**

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/23/169	PRESENT Carole Mills (CM) – Non-Executive Director (CHAIR) Janet Williamson (JW) – Non-Executive Director Mo Hussain (MH) – Chief Quality Officer Kiran Patel (KP) - Deputy CEO & Chief Medical Officer Douglas Howat (DH) – Associate Non-Executive Director Tracey Brigstock (TB) - Chief Nursing Officer Gavin Perkins (GP) – Non-Executive Director	
QSC/23/170	IN ATTENDANCE Stella Manzie (SM) - Chair David Walsh (DW) – Director of Corporate Affairs Lisa Cummins (LC) – Director of Quality Duncan Watson (DWa) – Deputy Chief Medical Officer Beth Harrison (BH) – Clinical Director- Clinical Diagnostics <i>[Item 13]</i> Sailesh Sankar (SS) – Consultant – Endocrinology <i>[Item 15]</i> Edward Hartley (EH) – Clinical Director/Consultant ED <i>[Item 16]</i> Jessica Mabbott (JM) – Committee Officer (Minute Taker)	
QSC/23/171	APOLOGIES FOR ABSENCE None received.	
QSC/23/172	CONFIRMATION OF QUORACY The meeting was declared quorate.	
QSC/23/173	DECLARATIONS OF INTEREST GP and DH declared their employed roles at the University of Warwick and Coventry University respectively. DH declared that he was also a trustee and board member of the charity Grapevine.	
QSC/23/174	MINUTES OF THE PREVIOUS MEETING The minutes of the previous meeting held on 26 January 2023 were confirmed as an accurate record and APPROVED .	
QSC/23/175	ACTION MATRIX MH confirmed that he would provide a verbal update on action SC/22/126 and this information would also be included in future reports.	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>CM provided an update on action QSC/23/157, confirming that she had spoken by phone with David Spraggett but had not received any further information or contact since then.</p> <p>The Committee NOTED the actions and agreed that the completed actions should be closed subject to the above amendments.</p>	
QSC/23/176	MATTERS ARISING	
	No matters arising.	
QSC/23/177	CHIEF OFFICERS EXCEPTIONS/UPDATE	
	<p>MH referred to Action QSC/23/151 and confirmed that a review had taken place. Compared to other organisations, the Trust was not an outlier for the misplacement of nasogastric tubes. KP suggested that the safeguarding framework regarding this was flawed due to the lack of need for repeat chest x-rays and that he plans to raise this nationally. KP added that a discussion should take place on this at the Clinical Leadership Forum and then reported verbally to QSC.</p> <p>KP said that a Never Event had recently been discussed at Grand Round and that this was a fantastic opportunity for learning.</p> <p>TB provided an update on the use of Entonox Nitrous Oxide (N2O) and the potential to abuse the substance. In terms of use within a clinical environment UHCW had been required via a SPOC process to review the Trust's position. TB confirmed that N2O was most commonly used as pain relief in labour and occasionally used in other areas for patients requiring immediate pain relief. TB added that the media had reported that N2O was insufficiently controlled in some areas of the NHS and NHSE had issued guidance.</p> <p>TB proposed that David Millage be invited to the next QSC meeting to provide assurance on the Trust's controls of N2O. However, TB provided assurance that the Trust had appropriate ventilation to prevent the build-up of N2O.</p> <p>TB advised that there had been a successful funding bid for international recruitment and that 50% of the costs would be covered. She also advised that the Centre for Care Excellence launch was via Grand Round on 31 March and that Committee members were welcome to attend.</p> <p>KP questioned if international nurses started at the bottom of band 5 or if experience was taken into account. TB confirmed that appropriate experience was recognised and recruits were placed on the correct pay point within band 5 and that retention rates were good within the Trust. KP suggested that this should be discussed outside of the meeting to further understand if international nurses were being appropriately recognised and remunerated for their senior experience. This should be reported back to the next QSC meeting.</p>	<p>MH/KP</p> <p>TB</p> <p>TB/KP</p>

**INTEGRATED QUALITY, PERFORMANCE AND FINANCE
REPORT**

KP presented the report, highlighting key issues. The latest HSMR figure was 91.1 for November 2022 - within Dr Foster's calculated relative risk range. However, the December data had increased. KP raised the question of whether death rates increased when there was overcrowding in the Emergency Department (ED) as the January data showed an increase in deaths which correlates with the Full Capacity Protocol.

KP added there had been one medicine related serious incident reported in February and the report detailed a Never Event which occurred in January. KP provided assurance that this was a significant improvement.

The Trust had seen a reduction in the number of RTT 52 week wait patients which occurred as a result of service changes required in response to Covid-19. There were 4,440 for January, a reduction of seven from December. This compares to a national average of 2,153. KP added that the RTT 78 week waits had risen to 197 in January, an increase of 77 from December. KP suggested that industrial action had impacted the figures due to elective care cancellations.

MH queried if other organisations had seen an increase in deaths due to overcrowding within EDs. KP said that the national picture suggests that death rates had risen post pandemic due to many factors and the majority of organisations were experiencing a similar increase in mortality, but the Trust was not an outlier.

GP pointed out that the complaints data was different in the IQPRF compared to the Patient Experience and Engagement Report. MH confirmed that the data was correct for the reporting period of the IQPRF. It was noted that there had been problems in the complaints team with longer response times due to lack of staff and the increased pressure on the operational teams.

The Committee **REVIEWED** and **NOTED** the contents of the report.

QSC/23/179

DRAFT QUALITY ACCOUNT FOR 2022/23

MH presented the Draft Quality Account, noting that The Health Act 2009 required all providers of NHS services in England to produce a Quality Account to provide information about the quality of those services. This was required to be published by 30 June 2023.

Some national data sets were not available at the time of writing the draft. MH confirmed that should the data become available before 30 June the tables would be updated. MH stated that the Trust would engage with Coventry and Warwickshire Healthwatch organisations, commissioners and Coventry and Warwickshire Health and Scrutiny Committees to give them the opportunity to provide commentary on the document.

JW suggested that there should be more reference to the ICS, ICB

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>and 'more than a hospital' concept and themes should be added to Freedom to Speak up and learning from deaths to articulate causes. MH agreed and confirmed that this would be included.</p> <p>The Committee APPROVED the Draft Quality Account, noting the incompleteness of the Account and including the amendments suggested by members of the Committee.</p>	
QSC/23/180	PATIENT EXPERIENCE AND ENGAGEMENT REPORT	
	<p>MH presented the report to the Committee. MH highlighted that in Quarter 3 (Q3), the Trust received 387 compliments and 139 complaints, of which 93% were provided a response within 25 working days. MH added that the Trust received four referrals from the PHSO, and two outcome decisions.</p> <p>There had been 706 PALS enquiries in Q3 v 791 in Q2, a reduction of 85. MH added that 83% of enquiries were processed within five working days. The Patient Experience Team had been working closely with the Performance and Informatics Team and Rachel Chapman, Public Health Consultant to gather data for complaints and PALS demographics. The Patient Experience Team were working with the Kings Fund, Picker and the heads of the patient experience network on a project to analyse who accesses the Trust's complaints and PALS and how any gaps could be closed by working with communities. An update on this will be provided in Q4.</p> <p>MH stated that an aim in Q4 would be to have had at least three networking events each month within the community to raise awareness of involvement and the benefits to the public, staff, and communities. These events include the Together with Autism Conference, Warwickshire Networking Event, Community Food Bank Networking Meeting and Healthwatch Coventry Steering Group.</p> <p>MH said that unannounced PLACE assessments took place over a two-week period in October 2022 at both University Hospitals, Coventry and the Hospital of St Cross, Rugby. The findings were uploaded and submitted to NHS Digital before the deadline and national results were due to be published on 23 March 2023. An improvement action plan was developed following the assessments.</p> <p>JW said that it was great to see compliments and key themes within the report and that it would be interesting to see what gynaecology and bowel screening were doing that brought them so much positive feedback and share that with other departments.</p> <p>GP asked what was done with Ombudsman feedback. MH said that a detailed action plan was usually drafted and shared across the Trust.</p> <p>CM asked if case studies (both complaints and compliments) could be included in future versions of these reports to QSC to add texture and depth and a patient experience perspective. These need to be varied and representative. This was agreed. KP suggested that a case study from Women's and Children, focusing on compliments and complaints, be presented in the next report, which was agreed.</p>	MH

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>MH confirmed that the number of complaints upheld was 15%, partially upheld 45% and not upheld 40% for Q3. MH assured the Committee that this data would be included in future reports.</p> <p>The Committee NOTED the contents of the report.</p>	MH
QSC/23/181	<p>PATIENT SAFETY AND RISK LEARNING REPORT</p> <p>LC presented the report and highlighted that the number of overdue Serious Incidents (SI) did not meet the KPI target in February 2023 with 73% completed within 60 days and that work continued to support lead investigators to complete overdue reports. LC added that the number of overdue SI actions decreased to 24 in February.</p> <p>LC confirmed that there were 24 SIs reported in February 2023 which were registered under the categories of slips/trips/falls, incident affecting patient's body after death, suboptimal care of the deteriorating patient, pressure ulcer, and infection control. LC advised that the infection control incidents related to cases of Covid-19 (C19) nosocomial infections that had gone through the Trust's validation process and been confirmed that C19 was cited as cause of death.</p> <p>LC added that there had been four Never Events within the last financial year, all of which were subject to review via the SI process and then formally reported to the Serious Incident Group.</p> <p>The Patient Safety Incident Response Framework was under review by the Patient Safety Team to determine the changes that would be required to the Trust's current process for the identification and investigation of SIs. LC reported that there had been one Safety Alert in February 2023 and action plans were completed as a result.</p> <p>GP ask how the EPR implementation would reduce and detect risk. LC said it would improve the quality of data received. MH advised that there would be a reporting change and make prescribing safer.</p> <p>CM said that further explanation should be provided with the SI data to explain why this was increasing. This was agreed and LC confirmed that this would be included in future reports.</p> <p>CM requested that in future reports of Never Events include narrative on the impact on each patient and the level of harm caused. MH agreed and said that this would be included in reports going forward.</p> <p>The Committee REVIEWED and DISCUSSED the report.</p>	<p>LC</p> <p>LC</p>
QSC/23/182	<p>MORTALITY (SHMI AND HSMR) UPDATE</p> <p>DWa joined the meeting to present the report, highlighting that the HSMR for October 2022 was 133.8 - above the expected range and the overall HSMR for November 2021 to October 2022 was 117.1, also above the expected range.</p> <p>DWa reported that there were 270 Primary Mortality reviews over 30 days, one being over 12 months old. He added that there were nine</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	<p>ongoing SIG investigations which had been registered as a result of the mortality review process.</p> <p>He assured the Committee that the HSMR action plan was reviewed monthly at MRC with all actions complete. A review of deaths in July and October 2022 was conducted and presented to MRC with a view to understanding the reasons for high HSMR. DWa stated that any outstanding actions were being monitored by the MRC.</p> <p>DWa added that funding had been identified to enable the appointment of a lead Medical Examiner Officer to support the process and this post was out to advert.</p> <p>GP suggested that there had been a decline in completion of mortality reviews and asked what action had been taken to address this. DWa said that this had been raised with MRC on how to improve and access to notes had been recognised as a contributing factor.</p> <p>The Committee NOTED the contents of the report.</p>	
QSC/23/183	<p>STROKE UPDATE</p> <p>KP presented the report and explained how the Trust compares with other organisations in the reporting period of October to December 2022 and invited questions.</p> <p>DH asked the meaning of 'snap score'. KP explained that there were standards within this, which were weighted and then provided an overall score, giving an overall picture on compliance.</p> <p>GP asked what impact the thrombectomy service had on patients within Coventry and Warwickshire. KP said that currently the risk was mitigated by working with University Hospitals Birmingham, but this added delays to the process. KP assured the Committee that all data was reported and captured within the snap audit.</p> <p>MH questioned the impact of centralised stroke. KP stated that centralised stroke had an impact on all operational teams, especially within the ED due to stroke mimics.</p> <p>CM asked about stroke prevention work within the community. KP confirmed that work was taking place, much of it through the Health Inequalities Board.</p> <p>The Committee NOTED the contents of the report.</p>	
QSC/23/184	<p>PROVISION OF CT SCANNING</p> <p>BH joined the meeting to present the report. BH stated that UHCW had five CT scanners, adding that the fifth CT scanner was located in a unit in the DSU car park at Rugby St Cross and was not staffed. She added that this had enabled the Trust to meet DM01 and reduce the inpatient CT scanning turnaround from 21.5hrs to an average of 15hrs. The risk to emergency scanning services had also been partially mitigated.</p>	

MINUTE REFERENCE

DISCUSSION

ACTION

BH said that there were significant staffing barriers to delivering several CT targets at UHCW, this included inadequate out of hours staffing to meet the increased emergency demand, particularly since stroke centralisation and an inadequate radiologist workforce to achieve TATs, particularly for cancer work.

BH stated that the CT service development at UHCW required that CT capacity was increased to match similar sized trusts so that an average of 14,000 – 15,000 patients were scanned in each scanner per year. This would support the CT service to meet the demand for CT scanning safely and effectively.

The proposal was that the fifth “Scanner in a box” is rehoused (plus recruiting additional staff) as part of the development of the Community Diagnostics Centre (CDC) in Coventry (COCHC campus) in addition to procuring a sixth CT scanner (plus recruiting additional staff) as part of the CDC.

BH added that funding had been requested through the CDC to improve the workforce. CM asked if there were enough qualified colleagues who could be recruited into vacant posts if funding was secured. BH stated that the Trust works closely with the School of Radiography at Coventry University but added that it had been recognised that radiology was a difficult to recruit area but the Trust does recruit international candidates.

DH asked if CT scanners can be overworked. BH confirmed that overworking machines does lead to maintenance and breakdown issues, which results in loss of CT scan availability for patients. BH added that the number of uses of each scanner had decreased slightly due to four machines now being used, but the Trust was above the benchmark compared to peers.

JW asked about revenue funding timescales. BH said that there had been support from the finance team, but no timescale confirmed. KP asked the Committee to support at Board level a capital and revenue investment case for the provision of CT scanners as the Trust was short of meeting the regional and national provision. This was agreed. KP also suggested that the Trust look into innovation such as AI reporting, which could mitigate the current workforce deficit.

TB added that the Royal College of Radiographers had been working with Coventry University and the Trust to provide a local programme which was due for final accreditation in May 2023.

The Committee **NOTED** the contents of the report and **ENDORSED** a Capital and Revenue investment case to be brought to Trust Board.

QSC/23/185

CQC MATERNITY REPORT

MH presented the CQC maternity report, highlighting that the Trust did really well, especially in relation to ‘well led’, in which the Trust has received an “outstanding” accreditation. MH confirmed that the Trust continued to be “good” in relation to the ‘safe’ factor.

**MINUTE
REFERENCE****DISCUSSION****ACTION**

MH advised that an area for improvement was progressing and finalising the new bereavement suite.

CM congratulated the service on their hard work, noting the challenges the service faced. The Committee endorsed this.

TB suggested that the service should be put forward to the Board as a 'World Class Team'. The Committee agreed.

The Committee **NOTED** the contents of the inspection report and **RECEIVED ASSURANCE** around the maternity department.

QSC/23/186**MEDICAL EDUCATION REPORT**

SS presented the report and highlighted that the recent NET survey showed an overall satisfactory response for most specialities and for some specialties in the upper quartile. However, the survey showed that negative feedback from foundation doctors in Medicine was an outlier at UHCW. SS provided assurance that the Clinical Tutor and the Deputy Clinical Tutors for the foundation school had been evaluating the results and action would be taken.

SS added that the lead for locally employed doctors, Dr Deepak Samson had been working with the medical workforce team and senior members of the medical education team to formally evaluate the on-boarding, induction, development, and support needs of locally employed doctors with a focus on ensuring that any gaps in knowledge and experience that could impact on patient safety or the welfare of the doctor were identified early and addressed.

From 1 November to the end of February the team undertook 328 individually taught and assessed TDOCs and 100 students undertook OSCE revision. SS reported that currently Warwick Medical School was revising its Phase 2 programme to improve student experience and the clinical skills team is working with the Trust's partnership trusts to find a solution to the challenges this posed.

SS highlighted that the Surgical Training Centre had trained 1,186 delegates over 78 courses and the Centre had a robust income and expenditure planning system for courses and was generating an income for the Trust.

DH asked how the feedback from the NET survey was being addressed, especially the figures regarding bullying and undermining. SS confirmed that some of the data was retrospective due to the periods in which the survey was run but the issues were dealt with as they were raised. SS also suggested that the Junior Doctor Forum was being used to encourage junior doctors to raise concerns as well as live monitoring.

CM asked if there were early informal interventions which could be put in place to address issues. SS said that educational leads support in each area. KP suggested that there were issues which need to be dealt with within the organisation for staff on the frontline such as respecting the need for prioritising learning and balancing this with workload, food availability on night shift and rest rooms.

MINUTE REFERENCE	DISCUSSION	ACTION
	MH requested that People Committee explore in more detail the concerns raised by Junior Doctors. The Committee agreed.	DG/SS
	The Committee RECEIVED ASSURANCE from the report.	
QSC/23/187	EMERGENCY DEPARTMENT (ED) PERFORMANCE REPORT	
	EH joined the meeting to present his report, stating that it was structured to give an understanding of demand, capacity, flow, outcomes, and productivity of the ED.	
	In the 12 months to January 2023, UHCW had 137,540 type 1 attendances, an increase of 9% on the previous 12 months. Between two and four ED consultants were present on the 'shop floor' for at least 17 hours each day. GIRFT repeatedly found that EDs with high numbers of admissions per registered nurse struggled to deal effectively with their demand, resulting in poorer flow and outcomes.	
	EH said that the Trust had made given significant capital investment in ED cubicles. As part of the ED Expansion Project, a dedicated Minor Injuries and Illness Unit had been built on the ground floor. Subsequently, the 10 former minors' cubicles in ED had been refurbished to meet the needs of majors' patients.	
	EH confirmed that the single biggest impact on workforce productivity within the adult ED and subsequently the highest driver of ED length of stay was cubicle space availability in which to assess patients as cubicles were occupied for a long time, particularly by those being admitted to inpatient beds. EH said that the estimated annual number of ED patients who experienced delay-related harm was 252.2.	
	EH concluded that all ED attendances were increasing in line with the national picture as was ED workforce and cubicle availability.	
	KP suggested that as part of the Mortality Review Group, the question should be asked 'if overcrowding leads to harm within the ED and then reported back to QSC at a later date. This was agreed.	KP/EH
	MH asked if the Trust measures the number of re-attendances to ED, in particular the number of re-attendances that had taken extraordinary measures. EH confirmed that re-attendance rate was broadly monitored but was complicated in terms of the data. EH said he could find out if this resulted in harm and report back. TB added that internal value streams work was being undertaken within the department. TB asked what the impact of the DAP model would be in terms of ED capacity. EH said that it should help improve patient care and this would be reported through KPIs.	EH
	CM asked what processes were in place to prevent people presenting to ED who did not need to be there. EH said that patients were not turned away as that would be high risk and the Royal College does not support turning peoples away without assessment. EH said that patients could be directed to UTC instead of the ED.	
	The Committee NOTED the contents of the report.	

MINUTE REFERENCE	DISCUSSION	ACTION
QSC/23/188	<p>CORPORATE RISKS REPORT</p> <p>LC presented the report and stated that there were 21 open Corporate Risks, 10 of which were graded high and 11 as moderate. LC said that the 10 highest graded risks were detailed within the report and provided assurance that a monthly review of all risks takes place at the Risk Committee as well as ongoing themed reviews.</p> <p>LC added that the Risk Management Strategy was approved and this would be added to the Datix system before April 2023.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
QSC/23/189	<p>BOARD ASSURANCE FRAMEWORK (BAF)</p> <p>DW presented the Board Assurance Framework and proposed several changes to the ratings as a result of today's meeting.</p> <p>DW said that Stroke Services was previously amber and suggested this be rated green due to the additional assurance received. He also suggested that the Patient Experience and Engagement Report move from green to amber due to the staffing issues within the complaints team. Similarly that provision of CT scanning should be rated as amber. These were agreed.</p> <p>DW noted that he had captured the positive improvements around the HSMR spike.</p> <p>DW suggested that the ED performance report ought perhaps to go to FPC and therefore removed from the QSC BAF. KP said that the question of 'does overcrowding lead to harm within the ED' was not sufficiently answered from the report and that the Mortality Review Group should be tasked with answering this. CM said that patient safety was in the QSC remit. The Committee agreed that the item should remain on the BAF, being rated as amber.</p> <p>GP asked for assurance on whether Junior Doctor concerns were being monitored through PC or QSC. KP said that data from the Trickle Project would be monitored and suggested that this be brought back to QSC to then assign actions for PC. This was agreed.</p> <p>The Committee RECEIVED ASSURANCE from the BAF.</p>	KP/SS
QSC/23/190	<p>REVIEW OF COMMITTEE TERMS OF REFERENCE</p> <p>DW presented the Committee Terms of Reference, confirming that the only change was the Trust Board Approval Date.</p> <p>The Committee APPROVED the Terms of Reference.</p>	
QSC/23/191	<p>QUALITY & SAFETY COMMITTEE ANNUAL WORK PROGRAMME 2023/24</p> <p>DW introduced the QSC Annual Work Programme 2023/24, noting</p>	

MINUTE REFERENCE	DISCUSSION	ACTION
	that it would change and develop throughout the year.	
	The Committee APPROVED the QSC Annual Work Programme 2023/24.	
QSC/23/192	DRAFT AGENDA FOR NEXT MEETING	
	The Committee NOTED the Draft Agenda.	
QSC/23/193	ANY OTHER BUSINESS	
	No other business discussed.	
QSC/23/194	CHAIRS REPORT TO TRUST BOARD	
	CM suggested that the Chair's Report to Trust Board should include narrative on the Mortality Update, CT scanning provisions, ED performance and the Patient Experience and Engagement report, and noting the current problems with complaints due to staffing issues. This was agreed.	
QSC/23/195	MEETING REFLECTIONS	
	Members said the agenda content was relevant and appropriate, the discussion about the issues good, and that it had been well chaired. However, it was agreed that more information was needed to respond to the Committee's concerns about ED performance.	
	MEETING END TIME: 12:30	

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

**Report of the Quality and Safety Committee
following its meeting held on 25 May 2023**

Committee Chair:	Carole Mills
Quoracy:	The meeting was quorate.
Purpose:	To provide assurance that the Quality and Safety Committee (QSC) has formally constituted its duties in accordance with the terms of reference and to advise of the business transacted.
Recommendations:	The Board is asked to: <ol style="list-style-type: none"> 1. Confirm assurance received from the business discussed at the meeting. 2. Raise any questions in relation to that. 3. Consider any matters highlighted for escalation.

Key highlights of discussions held during the meeting	
ISSUE	DETAILS
Item 7. Integrated Quality, Performance and Finance Report	<p>We asked that future dashboards also include data on how many complaints are upheld, partially upheld, and dismissed, to strengthen both visibility and assurance.</p> <p>We also asked that, as a general approach, for various data to be collected, viewed and presented through an equalities lens to enable comparison of outcomes between different groups.</p>
Item 8. Final Quality Account Approved (incl Quality Account Priorities 2022/23 year on year review)	<p>We noted that the draft Quality Account was circulated to various stakeholders for comment. Due to the timing, some of the national data sets are not yet available so they were asked to comment on an incomplete document, which is not ideal. If the missing data becomes available before the mandatory publication date of 30 June 2023 it will be included.</p>
Item 9. Patient Led Assessments of the Care Environment (PLACE) 2022 results	<p>PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings by staff and members of the public (known as patient assessors).</p> <p>Of the eight indicators assessed at each site (total of 16 results), only one was above national average with nine below national average and the other six within 5% (below) of the national average. Scored out of a possible 100, of particular concern were Dementia (55) and (60) and Disability (61) and (61). There is also work to do on Food & Hydration (83), Food Ward (82) and (75), Privacy, Dignity and Wellbeing (68) and (71).</p> <p>Solutions to address this are, in the main, practical and include the need for (for example) provision of adaptive cutlery, hearing loop systems in patient facing receptions, dementia friendly clocks in patient bays and evidenced participation in a scheme allowing registered carers to visit at any time.</p>
Item 11. Complaints and PALS Annual Report	<p>We were pleased to note an increase of 383 compliments compared with last year. There had been 114 more formal complaints over the same period.</p> <p>In 2022/23, the Trust received 17 referrals from the PHSO; five (30%) fewer than the previous year. Seven final outcome reports were received, of which one was upheld, five partially upheld and one not upheld. A common requirement was for UHCW to issue an apology letter, and we asked for additional information on why that was.</p>

	<p>We sought further assurance on the number of partially upheld reports and noted that the learning was being shared with relevant colleagues where there's room for improvement. There has been further communication with the PHSO about their backlog of cases.</p> <p>There have been staff shortages in the PALs team and, although from April they've been at full establishment, there have been further absences. Performance has been below the KPI for some time and we look forward to sustained improvement from the end of Q1 this year.</p> <p>We were particularly interested in ensuring that responses by the Trust were timely and compassionate, setting the right tone, with upfront apologies where appropriate and demonstrating empathy to the perspective of the complainant.</p>
Item 12. Safe Staffing	<p>We noted the progress against the Trust's various safe staffing obligations and that there are a number of challenges:</p> <ul style="list-style-type: none"> • Acuity levels continue to demonstrate a sustained level of complexity of patient care needs. • Deterioration in Care Hours Per Patient Day (CHPPD) from previous reporting period with tolerance range 11% -13% indicating higher unmet demand. • Increase in demand for 2:1 enhanced care supervision, specialist training being introduced. • With paediatric staffing, increased demand and acuity of patients including those with mental health or social crisis needs. • The RN vacancy rate at March 2023 is 10.24% (v the ambition of 10%), and the Health Care Support Worker (HCSW) vacancy rate is 12.6% with 80 HCSWs in the on-boarding process. At 30%, occupational therapy has the highest vacancy rate within the Allied Health Professional (AHP) workforce. <p>We were pleased to note the achievement of the NHS Pastoral Care Quality Award in recognition of UHCW's commitment to providing high-quality pastoral care for internationally educated nurses and midwives.</p> <p>Following feedback, we readily agreed that the term 'international nurses and midwives' should be replaced with 'internationally educated nurses and midwives' to avoid inappropriate differentiation among staff.</p> <p>We also commissioned reports tracking the career progression of all internationally educated nurses and midwives compared to others which should also report on the capture and understanding of issues and set out the actions to address their reasons for leaving. The first report should be one year on from the entry of the first cohort and similarly thereafter.</p>
Item 16. Postgraduate Doctors Feedback	<p>We received an interesting report detailing the non-pay related challenges faced by Doctors in Training and recommendations of how these could be addressed. The report had a very practical perspective, covering issues as varied as rest areas, IT, communications, catering, support and onboarding, amongst others. The report highlighted the significant differences in the employment conditions between Doctors in Training and Locally Employed Doctors and other staff groups.</p> <p>Committee was keen to see these matters dealt with appropriately, so asked that the Medical Workforce Group prepare a prioritised action plan addressing the issues raised, to be reported to a future meeting of QSC.</p> <p>Given the range and nature of staffing issues raised in the report, we also suggested that this be referred to the People Committee for consideration.</p>

Item or issue for escalation	Purpose for escalation	Escalated to
Item 16. Postgraduate Doctors Feedback	To request People Committee to seek assurance that the issues raised by the Postgraduate Doctors through the action plan to be prepared by Medical Workforce Group are addressed.	Trust Board

Other items considered

Item 10. IPC Annual report 2022/23 Report
Item 13. Patient Experience and Engagement Report
Item 14. Maternity Safety Report and Plan
Item 15. Quality Schedule
Item 17. Safe Use of Nitrous Oxide and Entonox within the Trust
Item 18. Feedback from Board Walkarounds/ Visits
Item 19. Corporate Risks Report
Item 20. Quality and Safety Committee Annual Report
Item 21. Board Assurance Framework

Terms of reference	Agenda item
Advise the Trust Board on the strategic aims and objectives of the Trust	
Review risks to the delivery of the Trust's strategy as delegated by the Trust Board	Item 19. Corporate Risks Report Item 21. Board Assurance Framework
Approval of the Quality Strategy	
Review the Quality Account	Item 8. Final Quality Account Approved (incl Quality Account Priorities 2022/23 year on year review)
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 18. Feedback from Board Walkarounds/ Visits
Receive reports from Chief Officers relating to organisational performance and quality within the remit of the Committee	Item 7. Integrated Quality, Performance and Finance Report Item 15. Quality Schedule
Receive assurance on the delivery of strategic objectives and annual goals within the remit of QSC	Item 20. Quality and Safety Committee Annual Report
Review performance against quality indicators and seek assurance about the effectiveness of remedial actions and identify good practice.	Item 7. Integrated Quality, Performance and Finance Report Item 15. Quality Schedule
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> infection prevention and control patient safety patient experience clinical effectiveness managing patients with mental health issues health and safety 	Item 9. Patient Led Assessments of the Care Environment (PLACE) 2022 results Item 10. Infection Prevention and Control Annual Report 2022/23 and Annual Plan 2023/24 Item 11. Complaints and PALS Annual Report Item 12. Safe Staffing Item 13. Patient Experience and Engagement Report Item 14. Maternity Safety Report and Plan Item 17. Safe use of Nitrous Oxide and Entonox within the Trust
Review the terms of reference for the Committee and recommend approval to the Trust Board	
Other	Item 16. Postgraduate Doctors Feedback

Meeting cycle achieved for this month: Yes

Reference any items that were not taken at this meeting, explaining why and when it has been rescheduled.

None

Attendance			May	July	Sep	Nov	Jan	Mar
Was the meeting quorate?			Yes	Yes	Yes	Yes	Yes	Yes
NEDs	Carole Mills	Chair	✓					
	Douglas Howat	Member	✓					
	Gavin Perkins	Member	x					
	Janet Williamson	Member	✓					
Chief Medical Officer		Member	✓					
Chief Nursing Officer		Member	✓					
Chief Quality Officer		Member	✓					
Where a Chief Officer is not available, an appropriate deputy is in attendance.								

**MINUTES OF THE MEETING OF THE
FINANCE AND PERFORMANCE COMMITTEE
HELD AT 13:30 ON THURSDAY 30 MARCH 2023
VIA MS TEAMS**

ITEM	DISCUSSION	ACTION
FPC/22/246	PRESENT Jerry Gould (JG), Non-Executive Director – Chair Jenny Mawby-Groom (JMG), Non-Executive Director Janet Williamson (JW), Non-Executive Director Gaby Harris (GH), Chief Operating Officer Gaby Harris (GH), Chief Operating Officer Su Rollason (SR), Chief Finance Officer	
FPC/22/247	IN ATTENDANCE Antony Hobbs (AH), Director of Operational Finance David Walsh (DW), Director of Corporate Affairs Rob Davidson (RD), Committee Officer Fisayo Oke (FO), Corporate Governance Manager	
FPC/22/248	APOLOGIES FOR ABSENCE Lisa Cummins (LC), Director of Quality	
FPC/22/249	CONFIRMATION OF QUORACY The Chair confirmed the quoracy of the meeting and declared the meeting open in accordance with Standing Orders.	
FPC/22/250	DECLARATIONS OF INTEREST There were no declarations of interest made.	
FPC/22/251	MINUTES OF THE MEETING 23 FEBRUARY 2023 The minutes of the Finance and Performance Committee held on 23 February were APPROVED as a true and accurate record.	
FPC/22/252	ACTION MATRIX 22/229 was discussed and further detail was given to explain why the deadline was April 2023.	
FPC/22/253	MATTERS ARISING There were no matters arising.	
FPC/22/254	INTEGRATED FINANCE REPORT SR presented the report as follows. Financial Plan <ul style="list-style-type: none"> The Trust submitted a revised plan on the 20 June 2022 of £14.8m deficit. 	

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> The Trust amended its forecast to a £14.8m deficit (February 2023) <p>Financial Position</p> <ul style="list-style-type: none"> The Month 11 year to date position showed a £14.4m deficit compared to the NHSE deficit plan of £14.4m. The forecast position showed a £14.8m deficit compared to the NHSE deficit plan of £14.8m deficit. This was an improvement from Month 10 Financial forecast due to additional Income (CDC) and a reduction in the contractual payment to the PFI. YTD WRP performance was £33.7m against a target of £33.0m, an improvement of £7.1m from month 10 with a forecast delivery of £38.8m. Agency expenditure was £18.9m at Month 11, which was £0.2m below the year-to-date agency ceiling of £19.1m. Forecast expenditure was £19.5m at Month 11, which was £1.3m below the agency ceiling of £20.8m. NHSE had formally 'neutralised' the ESRF for H1 and H2 - there was no financial clawback related to under-delivery against the 104% target. Capital expenditure was £42.1m at Month 11 inclusive of £4.0m for remeasured leased assets compared to a £36.2m plan, with forecast expenditure of £62.3m against an initial plan of £46.1m. Due to further successful bids, PFI uplift, IFRS16 Lease implications and charitable bids, the Trust had capital funding approved of £62.3m <p>Income Position</p> <ul style="list-style-type: none"> The forecast for emergency care, critical care and other was based on the YTD trend continuing for the rest of the year, adjusted for historic seasonality. The forecast for planned care was also an extrapolated YTD position, adjusted for historic seasonality. <p>SR noted that there was little variation on the upside/downside to inform the Committee as the Trust had come to the year end. Further figures were given to enable the Committee to link the figures to month 12 and the Annual Plan.</p> <p>JMG asked about outpatient follow ups so the Trust could remain within the financial constraints and further asked about day case activity and bed usage. In response, GH noted that stop clocks were driving performance down to 85% but that each individual speciality was being monitored for performance. This would also have an impact on day case activity together with problems with anaesthetic issues and some cancellations. Coding was also being looked at to correctly monitor and record performance. A summary would be added to the elective care report in future.</p> <p>JG noted that there was £7.3million more in PM3 and asked what would happen to this? SR confirmed that this would be carried forward to the next financial year. It was reported that there was a £6.3million creditor amount where payments had been altered from annually to monthly payments. SR said that this was a nationally agreed and negotiated contract with a change in terms.</p>	<p>GH</p>

ITEM	DISCUSSION	ACTION
	<p>JG also noted the position with SWUFT as this was currently showing as both a creditor and debtor position. SR stated that the ICB had accepted a letter from the Trust showing our correct governance and there was no outstanding dispute. There were further issues to discuss with the next financial year.</p> <p>JG asked whether additional columns could be added to the Waste Reduction table for future reporting. SR stated that there would be changes for the following year and a different reporting rhythm.</p> <p>The Committee RECEIVED ASSURANCE on the update and the month 11 position.</p>	
FPC/22/255	<p>SCOPING FOR WASTE REDUCTION PROGRAMME COMMITTEE REPORT</p> <p>SR presented the report.</p> <p>The first meeting of the Financial Recovery Board had occurred shortly before the FPC meeting. Future meetings had been convened to give a one week gap before the FPC meeting to allow proper reporting and oversight. The initial paper presented showed the development of workstreams to deliver a £50million Waste Reduction Programme compared to an initial projection of a £43million reduction. The paper gave information on the seven workstreams and programmes that formed the foundations of the plan, the allocation made across each of the workstreams and Clinical and Corporate Groups. The paper gave detail of the March financial position which included £5.7M of savings identified for FY24 and captured on the Trust's PM3 system across 89 schemes. These savings had been developed locally by Clinical and Corporate Groups, prior to the launch of the FRB. Each scheme had been reviewed and aligned to one of the seven workstreams to ensure there was no duplication or misalignment.</p> <p>The paper described the governance structure that had been established for each of the workstreams and aligned Executive Sponsors to gain assurance from SROs and programme leads on progress and delivery. The agreed governance arrangements would be used to manage workstreams, and escalate any significant risks, issues or decisions to the FRB as required. SR noted the desire to convert non-recurrent vacancies into recurrent ones, giving a vacancy pause process. Waiting list initiatives would be signed off together with investment cases unless backed by ERF or a specific return on the investment.</p> <p>JMG noted that the full year impact of recurrent savings was not showing yet in the figures. SR stated that there was a process being followed to show the savings and the ambition was to exceed the targets set. JG noted that this issue had been raised at the Extraordinary Board Meeting. The targets had been set as indicative and figures would be worked through for future reporting. JMG asked for further metrics on the productivity dashboard to show bed usage. SR was to provide the data that can be turned into a reporting framework. A "straw man" document would be produced for</p>	SR

ITEM	DISCUSSION	ACTION
	<p>JG and JMG to consider which would include areas for the Committee to conduct a deep dive.</p> <p>The Committee RECEIVED ASSURANCE from the report and the escalations raised.</p>	
FPC/22/256	<p>2023/24 ANNUAL PLAN</p> <p>SR presented the report.</p> <p>The plan had been presented at the Extraordinary Board meeting but changes had been made in that the Waste Reduction target had changed from £48million to £43million however the FRB had set a £50million target equally split between recurrent and non-recurrent.</p> <p>The Committee NOTED the budget presented in the report and the updated Annual Plan</p>	
FPC/22/257	<p>POWER FAILURE-CRITICAL INCIDENT 16-01-23 REPORT</p> <p>GH presented the report.</p> <p>At 05:00 on 16th January 2023, UHCW declared a critical incident due to a power interruption. This was following a voltage spike which caused a number of areas across the organisation to lose power as local electrical breakers required to be manual reset following a loss of power through one of two main voltage cables supplying the Trust.</p> <p>Operational and clinical colleagues responded appropriately in order to keep patients, visitors and staff safe during the incident. Support was given from the Integrated Care Board and wider Integrated Care System Partners.</p> <p>By 15:00 the incident was de-escalated to a business continuity incident as the incident could safely be managed in line with existing Business Continuity arrangements. The incident was completely stood down by 19th January after all systems were completely restored.</p> <p>Feedback and observations indicated that there was opportunity for learning to ensure that responses to future business continuity, critical and major incidents are made more robust.</p> <p>An action plan had been developed based on the lessons identified which would be monitored through the Emergency Planning Steering Group and Urgent and Emergency Care Board.</p> <p>GH noted that there had been an initial risk to a patient having a caesarean operation and that midwives had resorted to torches in the delivery suite. No harm had been caused to patients during the critical incident period. There were residual issues and work was done using Western Power, Vinci and the Director of Estates.</p> <p>JMG asked what impact had occurred within the ICB. GH noted that there had been an ambulance divert for approximately one hour.</p> <p>JG asked about oversight governance in relation to the changes arising from the lessons learnt. GH stated that progress against the agreed actions were being monitored by the EPRR steering committee. JG noted that there was currently a process being run by ProjectCo to replace Vinci and asked for assurance that the new</p>	

ITEM	DISCUSSION	ACTION
	<p>team appointed would receive training in the revised business continuity arrangements. GH assured the committee that this would be the case, though it is anticipated that most Vinci staff would TUPE transfer to any new FM provider.</p> <p>The Committee NOTED the report and RECEIVED ASSURANCE on the learning from this critical incident.</p>	
FPC/22/258	<p>EMERGENCY CARE UPDATE</p> <p>GH presented the report.</p> <p>4-hour performance was 71.88% in February 2023, against a target of 95% and an expectation that 76% compliance would be achieved by March 2024. Work was underway to improve this position.</p> <p>Occupancy during February exceeded 100%, with additional capacity open, although reduced from January. Length of stay remained above expectations with ongoing action at Group level.</p> <p>There was continued streaming of patients away from the Emergency Department to reduce overcrowding but also to ensure that care and treatment was delivered in the most appropriate location.</p> <p>Use of the collocated urgent treatment centre at University Hospital site had proven positive.</p> <p>Ambulance handover compliance improved during February 2023 but performance remained significantly short of 15 minute compliance.</p> <p>GH further reported that data was still missing for March and would be back loaded. Long length of stay was an issue with 221 patients during the month of February. Ambulance handovers improvements were noted.</p> <p>JG noted the general improvements in some of the performance figures. JMG asked whether long length of stay patients were being actioned. GH stated that the Trust's partners, in particular the ICB were making that issue a priority.</p> <p>The Committee NOTED the contents and RECEIVED ASSURANCE of the measures put in place from the report to support improvement in Urgent and Emergency Care.</p>	
FPC/22/259	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT – MONTH 11</p> <p>GH presented the report.</p> <p>The Trust delivered performance of 71.84% for February for the four hour standard, below the national standard of 95%. Performance improved by 6.47% from the last reported month, with data for the Coventry Urgent Treatment Centre being included. UHCW was above the benchmarked position for England but below the Midlands. 80 12-hour Trolley Waits in Emergency Care were reported in February.</p>	

ITEM	DISCUSSION	ACTION
	<p>The RTT incomplete position remained below the 92% national target and stands at 51.66% for January. The average weeks wait was 20.9.</p> <p>The Trust had seen a reduction in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. There were 4,440 for January, a reduction of 7 from December. This compared to a national average of 2,153.</p> <p>RTT 78-week waits had risen to 197 in January, an increase of 77 from December.</p> <p>Diagnostic waiters performance was 4.86% in February, an improvement in performance of 6.72% on the previous month. Four national cancer standards were achieved in January. Cancer 2 Week Wait GP Referral to OP Appointment (95.38%), Cancer 2 Week Wait Breast Symptom (98.21%), 31 Day Subsequent Drug Standard (100%) and the Faster Diagnosis Breast Symptomatic (99.06%) standards were met.</p> <p>62 day performance was reported as 55.66% for January due to the delays in first outpatient appointment, delays to diagnostic investigation in some specialties and overall treatment capacity. The Trust failed to achieve the 62 Day National Screening Programme standard in January at 54.93% due to diagnostic delay and treatments.</p> <p>The overall 28 day faster diagnosis standard saw a 4.18% decrease in performance to 68.74% against the 75% target. 22 breaches (25 patients) were treated after the 104+ day target. The average number of long length of stay patients for February was 220, an increase of 7 from January.</p> <p>Reason to reside data collection compliance for eligible areas is 85.45%.</p> <p>The Trust had delivered 96,905 Covid-19 vaccinations (as at 14/03/2023).</p> <p>Some national submissions had been suspended due to the pandemic. Where possible the KPI remained reported within scorecards.</p> <p>GH noted the effect of the junior doctors strike.</p> <p>JMG asked about the numbers of waiters at 52 weeks. GH stated that numbers were higher than desired and would get worse in the short term however assured the committee that waiting lists were improving in the longer term. JG asked whether the national target for 78 week waiters would be met. GH said that she believed that this would not be the case.</p> <p>The Committee NOTED AND REVIEWED the content of the Report.</p>	

ITEM	DISCUSSION	ACTION
FPC/22/260	<p>RESEARCH AND DEVELOPMENT INCOME AND EXPENDITURE</p> <p>SR presented the report.</p> <p>Research Income and Expenditure would balance in 2022/23. The Trust was maintaining our research self-funding business model, so that research was maintained in line with income. There was a risk around commercial income, so the Trust was seeking to prioritise and pursue activities that were 100% (or more) funded.</p> <p>There were opportunities for additional vaccine trials through the national contracts with Moderna and BioNTech.</p> <p>JG noted the pressures on staff numbers and asked what the Trust was doing to mitigate these. SR stated that these were particularly difficult in pharmacy and diagnostics who support the trials.</p> <p>JG further asked for a separate section in future reports identifying the risks and mitigations albeit he accepted that some may appear on the Corporate Risks Report.</p> <p>The Committee NOTED the contents of the report.</p>	SR
FPC/22/261	<p>CORPORATE RISKS REPORT</p> <p>DW presented the report.</p> <p>There had been no new risks added to the Finance and Performance Committee Risk Register.</p> <p>There had been five risks closed since the last meeting:</p> <ul style="list-style-type: none"> • Risk ID 4090: 22/23 Agency Expenditure • Risk ID 4092: 22/23 Capital programme - Funding • Risk ID 4087: 22/23 COVID Costs • Risk ID 4084: 22/23 Contract Income - ERF (Elective Recovery Fund) • Risk ID 4089: 22/23 Waste Reduction Delivery <p>The three highest rated risks were noted below:</p> <ul style="list-style-type: none"> • Risk ID 2537: Inadequate specialist IT resource available to support new and emerging technologies. • Risk ID 4088: 22/23 Inflation Pressure • Risk ID 4209: 22/23 Recurrent Waste Reduction Delivery <p>DW stated that all risks were being monitored but some operational risks were not reported to this committee and a review would take place.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
FPC/22/262	<p>FPC TERMS OF REFERENCE</p> <p>DW presented the Terms of Reference for the Committee to review.</p> <p>Following the comprehensive review undertaken last year, only one proposed change was made this year, namely the removal of responsibility for Information and Communications Technology. This change was agreed to in principle during 2022/23 as part of the</p>	

ITEM	DISCUSSION	ACTION
	<p>decision that resulted in the Audit and Risk Assurance Committee taking ownership of the Cyber Security BAF entry.</p> <p>The Committee APPROVED the terms of reference and proposed to Board for endorsement.</p>	
FPC/22/263	<p>BOARD ASSURANCE FRAMEWORK</p> <p>DW presented the BAF.</p> <p>He confirmed that all changes to the BAF had been collected during the meeting and several areas had been removed. An amended BAF would be circulated after the meeting.</p> <p>The committee recommended and agreed that the IFR and Waste Reduction elements could be rated Green.</p> <p>The Committee RECEIVED the BAF, considered assurances received during the meeting and how these reflected on the existing document. The Committee AGREED the assurance ratings.</p>	
FPC/22/264	<p>DRAFT AGENDA FOR NEXT MEETING</p> <p>The draft agenda for the next meeting was considered and agreed.</p>	
FPC/22/265	<p>CHAIRS REPORT TO BOARD</p> <p>It was agreed that an item be added specifically in relation to the financial position and to reflect that the Trust was on plan for the end of the year. The report would include the scoping and governance around the new FRB. Notes about the emergency care update and IQPFR and other reports discussed.</p>	
FPC/22/265	<p>ANY OTHER BUSINESS</p> <p>There was no further business.</p>	
FPC/22/266	<p>MEETING REFLECTIONS</p> <p>JMG commented that it had been a good meeting and the committee had managed to keep to time. JW felt that the meeting had been well chaired. GH agreed with this sentiment.</p> <p>AH said that the reports were usually short at this time of year. DW agreed that the reports reflected the Trust's position and they would be fuller in a couple of months time. Thanks were also expressed to Sharron Naylor and Kelvin Mucheke for their hard work in the production and reporting of the accounts.</p> <p>The Chair declared the meeting closed at 3.05pm</p>	

**MINUTES OF THE MEETING OF THE
FINANCE AND PERFORMANCE COMMITTEE
HELD AT 13:30 ON THURSDAY 27 APRIL 2023
ROOM 00051, CLINICAL SCIENCE BUILDING, UHCW, COVENTRY**

ITEM	DISCUSSION	ACTION
FPC/23/01	PRESENT Jerry Gould (JG), Non-Executive Director – Chair Jenny Mawby-Groom (JMG), Non-Executive Director Janet Williamson (JW), Non-Executive Director Gaby Harris (GH), Chief Operating Officer Su Rollason (SR), Chief Finance Officer	
FPC/23/02	IN ATTENDANCE Antony Hobbs (AH), Director of Operational Finance Clive Robinson (CR), Sustainable Development Manager [For FPC/23/11] Lincoln Dawkin (LD), Director of Estates and Facilities [For FPC/23/12] Simon Pugsley (SP), Head of Productivity [For FPC/23/16] Lisa Cummins (LC), Director of Quality [For FPC/23/17] Peter Betts (PB), Head of Business Intelligence and Performance Reporting [For FPC/23/18] Fisayo Oke (FO), Corporate Governance Manager Rob Davidson (RD), Committee Officer	
FPC/23/03	APOLOGIES FOR ABSENCE There were no apologies.	
FPC/23/04	CONFIRMATION OF QUORACY The Chair confirmed the quoracy of the meeting and declared the meeting open in accordance with Standing Orders.	
FPC/23/05	DECLARATIONS OF INTEREST There were no declarations of interest made.	
FPC/23/06	MINUTES OF THE MEETING 30 MARCH 2023 The minutes of the Finance and Performance Committee held on 30 March were APPROVED as a true and accurate record.	
FPC/23/07	ACTION MATRIX 22/72, 22/128/, 22/217, 22/229, 22/233, 22/255 were closed. 22/212 was given a revised deadline of May 2023 and revised Lead Officer as GH. 22/254 confirmed deadline May 2023. The deadline for 22/260 was moved to September 2023 and the lead officer was amended to KP.	
FPC/23/08	MATTERS ARISING There were no matters arising.	

ITEM	DISCUSSION	ACTION
FPC/23/09	<p>INTEGRATED FINANCE REPORT</p> <p>SR presented the report and provided the key highlights as follows-</p> <p>Financial Plan</p> <ul style="list-style-type: none"> • The Trust submitted a revised plan on the 20 June 2022 of £14.8m deficit. <p>Financial Position</p> <ul style="list-style-type: none"> • The Month 12 financial position showed a (£14.7m) deficit compared to the NHSE deficit plan of (£14.8m). • WRP performance was £38.8m against a full year target of £38.8m of which, £7.0m of that was recurrent against the recurrent full year target of £20.0m. • Agency expenditure was £20.8m at Month 12 compared with the agency ceiling of £20.8m. • NHSE had formally 'neutralised' the ERF for 2022-23 - there would be no financial clawback related to under-delivery against the 104% target. • Capital expenditure was £62.2m at Month 12 inclusive of £4.2m for remeasured leased assets, compared to an initial plan of £46.1m. The increase between initial plan and final 2022-23 position, was due to further successful capital bids, PFI uplift, IFRS16 Lease implications and charitable bids for which the Trust had received approved capital funding. <p>SR reported that all the key IFR targets had been met within the plan. SR stated that the draft accounts had been submitted in record time and the Committee noted and commended the hard work of the financial accounting team as there had been long hours worked to achieve the submission time. It was noted that the month 12 figures had been amended in relation to payroll and pension amounts. Consideration was still being made to the backdated pay award. The balance sheet figures would be available shortly after the meeting and would be circulated to members.</p> <p>The Committee RECEIVED ASSURANCE on the update and the month 12 position.</p>	
FPC/23/10	<p>23/24 FINANCIAL PLAN UPDATE</p> <p>SR presented the report and the additional appendices.</p> <p>Financial Plan 23/24 Deep dive</p> <ul style="list-style-type: none"> • As part of the 23/24 ongoing financial planning process, members of the System's and Trust's finance teams had been invited to meet with financial colleagues from the regional team. • The deep dive was undertaken on the 17 April 2023. • The report contained a copy of the presentation shared with system and NHSE colleagues. • The report also contained additional support and associated conditions that allowed the Trust to move from a £42.9m deficit to a break-even position. 	

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> The report also contained a letter to Nicola Hollins, Regional Director of Finance, NHS England, Midlands Region setting out assumptions and associated risks. <p>SR reported that the next planning submission would be on 5 May 2023 and it was planned to use part of the Board Strategic Workshop session on 4 May 2023 to take Board through the changes.</p> <p>SR updated the Committee on the focus areas within the deep dive which included the drivers of the deficit, inflation, growth, EPR, income, application of funds, pay bridge, delivery assumptions, 2023/24 bed capacity, productivity, and financial recovery plan as well as the FRB immediate actions and difficult decisions.</p> <p>The bridge report brought down the expected deficit to £43.1million due to the ICB allocating more income to the Trust. SR reported that activity had outstripped the bottom line allocation and top up value of £28m had to be adjusted by £17.6m. The most explicit Covid costs had been closed down while some costs remained. Surge capacity had been closed due to lack of funding. Virtual wards provision would now be to 53 beds as compared to the 80 originally planned. 4-Plex testing was closed down due to costs.</p> <p>SR stated that this presented an opportunity for a breakeven position but that there were risks associated with this. SR noted that there were recurrent inflation pressures in particular PFI costs. The Committee noted that there would be a resubmission of the plan on 5 May after which this would be presented at Trust Board.</p> <p>The Committee NOTED the areas of focus within the deep dive and NOTED the additional steps post deep dive to move UHCW to a 23/24 balanced plan position and associated risks and assumptions from the report and the escalations raised.</p>	

FPC/23/11

SUSTAINABILITY DEVELOPMENT UPDATE

CR presented the report which was accepted as read.

The key points included:

- Governance – Progress continued against targets in the new UHCW Green Plan and the Net Zero Delivery Group set up to monitor progress. The Trust had engaged Inspired to develop a carbon footprint for UHCW. It was noted that carbon data would go up as well as down over the next 23 years towards net zero in 2045.
- Travel – There were Travel arrangements between sites and improved cycle routes to the Hospital of St Cross. The Trust was working with the Energy Saving Trust to review its transport and grey fleet to establish if there were any energy efficiency savings and understand if there was a better way to manage business travel. The analysis would provide a mileage reduction strategy to meet national business travel reduction targets included in the Green Plan requiring a 30% reduction in business mileage by 2024.

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none"> • Waste Management – Waste segregation work continued to align with national profile. • Energy – The Combined Heat and Energy Plant (CHP) project at University Hospital was running and performing in all areas but one, and work was underway to find a larger load for lower temperature heat. • Hospital of St Cross Decarbonisation – The Trust had an approved grant of £4,034.960 for energy saving at St Cross. <p>The fleet of vehicles were being reviewed and new waste guidelines were being adopted. JG asked about the savings generated by the removal of desflurane and whether this was a net savings. CR confirmed that this was the case and further noted the use of cool sticks rather than sprays together with reusable hats and gowns.</p> <p>The Committee NOTED and APPROVED the progress in relation to sustainable development issues.</p>	
FPC/23/12	<p>ESTATES AND FACILITIES UPDATE</p> <p>LD presented the report. The Committee noted the updates on Fire Stopping, ISS/Soft FM, Vinci/Hard FM, Healing Arts, Finance and Car Parking.</p> <p>LD reported that regarding an issue relating to defective fire dampers, Vinci had reported that the remedial work had been completed however noting that a very small number of dampers in low risk areas could not readily be accessed and discussions were ongoing with the fire authority to determine how this could be progressed.</p> <p>The fire safety audit of the Acute hospital by West Midlands Fire Service which started on 3 October 2022 had been completed in the main building with further audit required in others. A final discussion and report would be submitted by the fire authority.</p> <p>In terms of healthcare cleaning, the Committee noted the audit average scores for February 2023.</p> <p>LD updated the Committee that ProjectCo Board had been replaced by the funders who has “stepped in” to the contract recently and a proposed settlement agreement was being negotiated. JG asked whether a new FM contract would improve FM performance as most staff would TUPE transfer to any new operator appointed and would therefore depend on whether the current shortcomings were due to local or Vinci central management weaknesses. In response, LD confirmed that as staff would be TUPE’d but only time would tell what outcome of Vinci’s replacement would be..</p> <p>JG stated that future reports should reflect information on the current situation.</p> <p>The Committee NOTED and APPROVED the progress in relation to Estates & Facilities issues.</p>	
FPC/23/13	<p>ELECTIVE AND CANCER CARE UPDATE</p> <p>GH presented the report.</p>	

ITEM**DISCUSSION****ACTION**

GH reported on the Trust's Elective and Cancer care performance against the National Waiting Times for the months of February and March 2023, which reflected the most up to date reporting period.

The Trust continued to prioritise delivery of Elective and Cancer care and performance against the national waiting times remained challenged due to factors such as increase in overall referral volumes, sustained recovery of activity to pre-pandemic levels and workforce to meet service demand.

In terms of Performance, GH reported that the Trust did not meet key performance standards for two week wait, 28 Day Faster Diagnosis and 62-day (1st treatment) standard, for the month of February or year to date however the Trust delivered the 31 day 1st treatment standard for February and year to date. Challenges were noted regarding first outpatient appointment (two week wait), diagnostic investigation and treatment capacity and these significantly had an impact on failure to achieve the 62 day standard.

The Trust forecast that 89 patients would breach 78wks at the end of April 2023 and this was mainly due to loss of theatre capacity from Industrial Action and the Easter bank holidays, alongside the ongoing BMA pay rates issue. This was being monitored and reviewed through Access meetings and performance reviews with the DCOO. Capacity was being reviewed weekly and scheduling being focussed on this cohort of patients.

GH reported that there remained significant risks in the Trust's ability to deliver national waiting times standards. These were summarised as follows-

1. The ability to provide surgical treatment within the 62 day standard across multiple tumour sites, due to the inability to increase capacity above planned baseline, specifically for Head and Neck, Urology, Lung and Breast tumour sites.
2. The impact of delayed diagnostics for patients on Urology, Head & Neck and Gynaecological tumour sites, due to recurrent increase in referral volumes in 2022/23 and diagnostic capacity.
3. The ability to provide surgical treatment due to core capacity constraints due to the ongoing pay rates issue with Anaesthetics.
4. Additional Session capacity not being picked up by teams
5. On day cancellation of treatment and subsequent reschedule of theatre cases, due to emergency demand.

Regarding Diagnostics, GH reported that the Diagnostics Clinical Group was focussed on improving the Audiology position, as currently 38% of Audiology patients were waiting longer than 6 weeks, and the Triumvirate team was working on a recovery plan to further improve the position. JG asked a question on capacity issues in Neurology and GH said that the Trust was referring patients through the ICS to reduce numbers. JW stated that her biggest concern was the 62 day pathway and what the prediction was for the near future? GH responded that the figures were improving except for delays caused by industrial action and that could not be predicted. GH stated that the Trust was confident in most areas but that theatre capacity for Head and Neck and Gynae were restricted, however this followed a national pattern and issues. Vacancies were only available

ITEM	DISCUSSION	ACTION
	<p>in anaesthetics but new recruitment was rapidly improving the situation.</p> <p>The Committee NOTED the content of the update and acknowledged the risks in delivery of national cancer waiting time standards and performance recovery</p>	
FPC/23/14	<p>INTEGRATED QUALITY, PERFORMANCE AND FINANCE REPORT – MONTH 12</p> <p>GH presented the report.</p> <p>The Trust delivered performance of 75.53% for March for the four hour standard, below the national standard of 95%. Performance improved by 3.11% from last month. UHCW was above the benchmarked position for England and the Midlands.</p> <p>57 12 hour Trolley Waits in Emergency Care were reported in March. The RTT incomplete position remained below the 92% national target and stood at 51.5% for February. The average weeks wait was 20.9. The Trust had seen an increase in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. There were 4,735 for February, an increase of 295 from January. This compared to a national average of 2,060. RTT 78 week waits had risen to 212 in February, an increase of 15 from January.</p> <p>Diagnostic waiters performance was 6.73% in March, a deterioration in performance of 1.87% on the previous month.</p> <p>Five national cancer standards were achieved in February. Cancer 31 Day Subsequent Surgery (95.83%), 31 Day Subsequent Drug (100%) and the Faster Diagnosis 2WW (76.29%), Breast Symptomatic (96.84%) and Overall Faster Diagnosis (76.71%) standards were met.</p> <p>The Two Week Wait suspected cancer (88.0%) and breast symptomatic (78.3%) standards were not achieved.</p> <p>31 day first treatment performance was 92.9% for February against the target of 96%.</p> <p>62 day performance was reported as 54.75% for February due to the delays in first outpatient appointment, delays to diagnostic investigation in some specialties and overall treatment capacity. The Trust failed to achieve the 62 Day National Screening Programme standard in February at 47.0% due to diagnostic delay and treatments.</p> <p>24.5 breaches (31 patients) were treated after the 104+ day target. The average number of long length of stay patients for March was 212, a decrease of 8 from February.</p> <p>Reason to reside data collection compliance for eligible areas was 85.83%.</p> <p>Some national submissions had been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.</p> <p>GH commended the improvements in the figures compared to previous months. It was reported that the Adastra figures had been imported except for a small amount of data that required checking. 60 minutes Ambulance handovers was noted as below 10% but it was going to be a challenge to achieve the 15 minute standard. The long length of stay patient figures were high. JW asked about the draft</p>	

ITEM	DISCUSSION	ACTION
	<p>policy for moving patients and GH said there still needed to be a balance between ward and ED pressure and patient safety.</p> <p>The Committee NOTED AND REVIEWED the content of the Report.</p>	
FPC/23/15	<p>NATIONAL COST COLLECTION INDEX</p> <p>SR presented the report.</p> <p>In terms of 2021/22 the Trust was at 101 and were currently at 102%. A formal report would be produced for the next report together with a deep dive of the figures. In terms of relative performance, other close Trusts had figures disclosed.</p> <p>JMG asked if this was a fair reflection knowing that the Trust was under a PFI. SR responded that this was, particularly in comparison to PFI Trusts of a similar size. JG asked about levels of exclusions for comparisons and inclusion of community services. AH confirmed that there were exclusions for comparisons with other Trusts.</p> <p>The Committee NOTED the contents of the report.</p>	
FPC/23/16	<p>DRAFT PRODUCTIVITY DASHBOARD FOR REVIEW AND DISCUSSION</p> <p>SP presented the report and provided some context.</p> <p>The dashboard was based on the model hospital dashboard, and discussion would also be needed as to which Committee would look at the dashboard moving forward. To get a rounded productivity picture there were 60 metrics being considered. Some of the metrics were prescriptive and some as the Trust wanted. Once set up completing the dashboard would be easily amended.</p> <p>JG stated that the Key Lines of Enquires (KLOE) were not the only drivers of efficiency and asked that other measures apart from CQC standards should be included. SR stated that the drivers for this would be other committees such as People Committee or Workforce Committee. Cost per Wau and the drivers for it needed to be seen. JG asked whether this dashboard could drive the deep dives. SR confirmed this. JMG said this was a great start, but that resources were limited. She asked what subsequent discussion was required to validate and find the key lines of enquiry to enable the Committee to undertake further deep dives. JMG said that the dashboard needed to be flexible and to be made clear what needed to be presented to each committee and what level of information each committee needed. JMG added that the committee would not need to see the dashboard at each meeting in order that the variance would be easier to see. JG commented that the Committee needed to look at the next iteration for clarity. JMG stated that this was needed for a good overview. JG agreed with the view of JMG. JMG stated that the dashboard needed to be clear concerning variances and the scale of the variances.</p> <p>JW congratulated SR and SP for the data provided and added that the CQC did a desk top exercise and would look at the metrics provided by the Trust. The productivity dashboard would allow the</p>	

ITEM	DISCUSSION	ACTION
	<p>Trust to judge where a future inspection would be aimed at and would allow the Trust to be compared to peers. JW stated that it was important for the Trust to benchmark against outstanding organisations instead of peer groups.</p> <p>The Committee reviewed and discussed the dashboard.</p>	
FPC/23/17	<p>CORPORATE RISKS REPORT</p> <p>LC presented the report.</p> <p>There had been no new risks added to the Finance and Performance Committee Risk Register. No risks had been closed since the last report.</p> <p>The three highest rated risks were noted below:</p> <ul style="list-style-type: none"> • Risk ID 4209: 22/23 Recurrent Waste Reduction Delivery • Risk ID 4085: 22/23 Contract Income Risk - High Costs Drugs and Devices Block • Risk ID 4086: 22/23 Emergency Pressures <p>Dates in the report were older due to the closing of the end of the financial year.</p> <p>AH stated that risks were dynamic at the year end period and that the risks would be updated with the 2023/24 risks for the next Committee.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	AH
FPC/23/18	<p>PERFORMANCE BENCHMARKING</p> <p>PB presented the report.</p> <p>The UHCW Benchmarking Report provided comparisons of UHCW's performance on a suite of metrics against a selection of peer Trusts using the published national data (January 2023).</p> <p>The Key Performance Indicators that were measured in the report were grouped into four areas, Patient Outcomes, Emergency Care & Patient Flow, Cancer Standards and Elective Care.</p> <p>Due to the impact that Covid had on capacity nationwide, NHS England had temporarily suspended the collection of certain datasets and therefore the following measures had been excluded from the report:</p> <ol style="list-style-type: none"> 1. Delayed Transfers of Care 2. Friends & Family Test A&E 3. Friends & Family Test Inpatients <p>The report included a summary of UHCW's latest published performance figures against the national targets before presenting the detail of the Trust's performance against selected peer Trusts for the individual indicators. Peer Trusts had been chosen using relevant metrics such as whether other Trusts provided similar cancer services, the geographical location, or comparable bed base for example.</p>	

ITEM	DISCUSSION	ACTION
	<p>The report also included data for the 28 Day Faster Diagnosis Cancer Standard.</p> <p>JG noted that the trends shown were down and PB agreed that the impact was showing as neutral. Waiters were modelled and shown as variances in different lengths of wait and benchmarking only showed similar sizes of hospital so were not comparable against the national standard. JMG stated that the figures presented were good to see overall. JW asked about lower figures shown in radiotherapy, and AH said that some equipment was being replaced which may affect figures.</p> <p>JG stated that a narrative on concerns and/or positives should be included in the cover sheet.</p> <p>The Committee RECEIVED ASSURANCE from the report.</p>	
FPC/23/19	<p>FINANCIAL RECOVERY BOARD UPDATE</p> <p>SR presented the report.</p> <p>The paper provided a progress update on the Trust's FY24 Financial Recovery Programme (FRP) and development of workstreams to deliver the £50.0M target, to improve the Trust's FY24 projected deficit position of £98.1M to £48.1M.</p> <p>This paper was discussed at Financial Recovery Board (FRB) on the 18th April, and included key actions, decisions and next steps as agreed by FRB.</p> <p>As of 18th April, £5.6M of waste reduction savings had been identified for FY24 and captured on the Trust's PM3 system, across 86 schemes. These savings had been developed locally by Clinical and Corporate Groups. The identified savings had decreased by £99k since the previous FRB in March, following the removal of a scheme by CSS. Each of the workstreams were expected to rapidly develop plans to achieve their targets and capture these on the waste reduction system in time for the next FRB in May.</p> <p>Status updates for each of the workstreams and associated programmes were included, which also set out targets, actions, risks and escalations. From May and the release of M1 data, the FRB papers would include delivery of savings against targets, and Executive Sponsors would need to account for the performance of their workstreams.</p> <p>The escalations presented at FRB and associated actions were summarised on page 18 and 22 respectively of the report. FRB committed to a schedule of deep dives, with each FRB receiving extended progress updates for two workstreams each month.</p> <p>A separate paper was received at FRB, proposing the development of a 'No PO No Pay' policy, and the implementation of non pay controls.</p> <p>The figure disclosed to the Committee in the IFR report had moved to £58.4million as the Waste Reduction target.</p>	

ITEM	DISCUSSION	ACTION
	<p>JMG asked about the content of the deep dive into each work stream. SR reassured JMG that the deep dive was being undertaken. JG asked whether there would be both delivery milestones and a financial milestones for each scheme against which progress could be monitored, SR confirmed that both milestones were in place. AH noted that the EPR would be handled differently and amounts would be shown separately as a separate risk.</p> <p>Non pay controls and no PO no pay principles were noted and agreed. EPR risks were discussed. JG asked whether the EPR system had a PO work-flow module. AH stated that there was no module and finance was accounted for separately. Two key deadlines in May and June were disclosed. Temporary vacancy pause was noted. JG asked about the definition of recurrent as opposed to non-recurrent staff vacancies. It was explained by AH that the Trust was looking to remove posts and convert some vacancies into recurrent and non-recurrent savings. JG also asked about establishment needs and team configurations. SR stated that this was all being looked at. AH stated that duplication of posts had already been looked at and further measures were being looked at pace.</p> <p>The Committee RECEIVED ASSURANCE in relation to the Financial Recovery Board update and escalations raised.</p>	
FPC/23/20	<p>BOARD ASSURANCE FRAMEWORK</p> <p>FO presented the BAF.</p> <p>FO outlined all changes to the BAF that had been collected during the course of the meeting. Under the Operational BAF, Elective Care – 78 week waiters was agreed as Amber and FO suggested the inclusion of an action that the Diagnostic Clinical Group was focused on improving the Audiology position. Regarding the Financial Stability BAF, Some risks had been removed but would be reintroduced in the new financial year in line with AH's action to review and update the risks. The committee asked for DW to provide guidance on the assurances in the BAF in view of the new year. An amended BAF would be circulated after the meeting.</p> <p>The Committee RECEIVED the BAF, considered assurances received during the meeting and how these reflected on the existing document. The Committee AGREED the assurance ratings.</p>	DW
FPC/23/21	<p>DRAFT AGENDA FOR NEXT MEETING</p> <p>The draft agenda for the next meeting was considered and agreed. The next draft productivity report iteration would be included. IFR would be a verbal update and not an enclosure. National Reference Costs submission was to be added. Waste updates including deep dives would be included as one report in the FRB update. It was agreed that the IQPFR be reported immediately after GH's reports.</p>	
FPC/23/22	<p>CHAIRS REPORT TO BOARD</p> <p>The Chair's report included the below:</p>	

ITEM	DISCUSSION	ACTION
	<ul style="list-style-type: none">• It was agreed that an item be added specifically in relation to the financial position and performance, that the Trust was on plan.• The FRB had been discussed. The productivity dashboard for performance had been looked at.• The Committee noted the risks escalated in the Elective and Cancer care update specifically the risks in theatres.• The Committee noted the changes in financial plan and discussions noted.• The Committee noted under the Estates & Facilities update that the ProjectCo Board had been replaced by the funders recently and a proposed settlement agreement was being negotiated.• The BAF would be reviewed and updated.	
FPC/23/23	ANY OTHER BUSINESS There was no further business.	
FPC/23/24	MEETING REFLECTIONS JMG commented that papers had been received too late at night to properly read them in preparation for the meeting. SR and AH explained why reports had been written immediately prior to the meeting. Reflecting on the length of the meeting and the significant time overrun, JG and JMG discussed as to whether certain papers should be delayed and noted that removing the less critical items to shorten the agenda time would not have made a significant difference. Flexibility in timings of items needed to enable time for questions and answers. JW felt that invited guests should be earlier and also for guests should be grouped together. The Chair declared the meeting closed at 5.15pm	

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

**Report of the Finance and Performance Committee
following its meeting held on 25 May 2023**

Committee Chair:	Jerry Gould
Quoracy:	The meeting was quorate.
Purpose:	This report is to provide assurance that Finance and Performance Committee has formally constituted its duties in accordance with the terms of reference and to advise of the business transacted.
Recommendations:	The Board is asked to: <ul style="list-style-type: none"> 1. Confirm assurance received from the business discussed at the meeting; 2. Raise any questions in relation to the same; 3. Give consideration to any matters highlighted for escalation.

Key highlights of discussions held during the meeting

ISSUE	DETAILS
6. Emergency Care Update	We were updated on Emergency Care performance where presentations are running at 117% of 2019/20, bed occupancy is above 100% and LLOS remains unacceptably high and welcomed the news that in spite of this, performance around the four-hour standard had risen from 75.53% to 76.64%, meaning it now meets the new national target. The focus on improvement was highlighted and discussed, and we considered the importance of the Improving Lives project in supporting delivery of this. We noted that this remains a challenging area and the measures in place to manage this.
7. Integrated Quality, Performance and Finance Report	We noted that cancer targets were proving challenging and there had been underperformance against the standards. This was added to the BAF as a gap. While theatre productivity remained off target, it was noted that all measures had improved on the previous month and on one measure our performance is in the top 25% of the regions trusts. There remains an ongoing risk around achieving the 78-week target although great focus is being given to this, including engaging mutual aid from our neighbouring providers in relation to gynae and ENT particularly.
10. Procurement Update	It was noted that the service was dealing with some challenging complex contracts, but assurance was in place around the management of this. We noted an emerging risk around staff retention within the service and more widely within the finance function and gave consideration to the People Committee looking into the recruitment and retention challenges that we are facing with lower grade staff and ways that this might be addressed
12. Corporate Risks	The committee noted the new financial risks that had been developed for 2023/24 for submission to the Risk Committee. A risk around recruitment of ICT staff in particular skills areas was noted and consideration given to whether this should be further explored by the People Committee.
13. Board Assurance Framework	In addition to changes made to the BAF arising from assurances provided during the meeting, we noted both the Financial Stability and Operational Performance BAF documents had been subject to annual review by the Director of Corporate Affairs alongside the Chief Finance Officer and Chief Operating Officer respectively following a request at the last meeting.

ITEMS FOR ESCALATION, WHY AND TO WHERE

<u>Item or issue</u>	<u>Purpose for escalation</u>	<u>Escalated to</u>
ICT staff and lower graded staff recruitment and retention	<p>The impact that challenges in recruitment and retention is having on managing the business particularly in relation to:</p> <ul style="list-style-type: none"> • Lower grade posts in procurement and finance more widely • ICT staff in particular skills areas 	People Committee to explore options to address the specific challenges in these areas

OTHER AGENDA ITEMS

9. Integrated Finance Report – described in private Board agenda
10. Financial Recovery Board – described in private Board agenda
11. Reference Cost Submission

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties? Yes

<u>Item from terms of reference</u>	<u>State which agenda item achieved this</u>
Advise the Trust Board on the strategic aims and Objectives of the Trust	
Review risks to the delivery of the Trust's strategy as delegated by the Trust Board	Item 13 Board Assurance Framework Item 12 Corporate Risks Report
Review the financial strategy	Item 8 Integrated Finance Report Item 9 Financial Recovery Board
Review outline and final business cases for capital investment the value is above that delegated to the Chief Officers	
Receive assurance on the organisation structures, processes and procedures to facilitate the discharge of business by the Trust and recommend modifications	Item 6 Emergency Care Update
Receive reports from the Chief Officers relating to organisational performance within the remit of the Committee	Item 7 Integrated Quality, Performance and Finance Report
Receive assurance on the delivery of strategic objective and annual goals within the remit of the Committee	
Review performance against financial and operational indicators and seek assurance about the effectiveness of remedial actions and identify good practice	Item 9 Integrated Finance Report
Review the capital programme	

TERMS OF REFERENCE: Did the meeting agenda achieve the delegated duties? Yes	
<u>Item from terms of reference</u>	<u>State which agenda item achieved this</u>
Receive assurance about the effectiveness of arrangements for; <ul style="list-style-type: none"> Financial management Operational performance Recruitment, employment, training and workforce management PFI arrangements Organisational development Emergency preparedness Insurance and risk pooling schemes (LPST/CNST/RPST) Cash management Waste reduction and environmental sustainability 	Item 8 Integrated Finance Report Item 9 Financial Recovery Board Item 7 Integrated Quality, Performance and Finance Report Item 10 Procurement Update
Receive reports from the Chief Finance Officer on actual and forecast financial performance against budget and operational plan	Item 8 Integrated Finance Report
Review proposals for the acquisition, disposal or change of use of land and/or buildings.	
Review the terms of reference for the Committee and recommend approval to the Trust Board	
Other	

MEETING CYCLE: Achieved for this month: Yes
Reference any items that were not taken at this meeting, explaining why and when it has been rescheduled.
None

ATTENDANCE LOG											
		Apr	May	Jun	Aug	Sep	Oct	Nov	Jan	Feb	Mar
Was the meeting quorate?		Yes	Yes	Yes*	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Non-Executive Director (Jerry Gould)	Chair	✓	✓								
Non-Executive Director (Jenny Mawby-Groom)	Member	✓	✓								
Non-Executive Director (Janet Williamson)	Member	✓	✓								
Chief Finance Officer	Member	✓	✓								
Chief Operating Officer	Member	✓	✓								

**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 June 2023**

Subject Title	Coventry and Warwickshire Integrated Health and Care Delivery Plan 2023/24 – 2027/28
Executive Sponsor	Justine Richards, Chief Strategy Officer
Author	Rachael Danter, Chief Transformation Officer, NHS Coventry and Warwickshire Integrated Care Board Hannah Willetts, Director of Integration and Planning, NHS Coventry and Warwickshire Integrated Care Board
Attachment(s)	The draft plan is available to review via the link below: https://www.happyhealthylives.uk/our-system/ihcddp/
Recommendation(s)	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE the context, progress to date and work underway to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan in order to meet the national deadline for the plan to be published on or before 30 June 2023; • RECEIVE a draft copy of the Integrated Health and Care Delivery Plan; • NOTE that the Integrated Health and Care Delivery Plan reflects the key activity planned across health and care partners to deliver the Coventry and Warwickshire Integrated Care Strategy and has been developed in the context of the Integrated Care Strategy, the NHS Long Term Plan and other key local direction setting documents; • ENDORSE the draft Integrated Health and Care Delivery Plan, noting that the final draft plan will be submitted to the 21 June 2023 meeting of the ICB Board for approval.

EXECUTIVE SUMMARY

- The Coventry and Warwickshire Integrated Care Strategy sets the vision of integration and collaboration for the Coventry and Warwickshire Integrated Care System ('the ICS'), linked to the ICS's four core purposes to:
 - Improve outcomes in population health and healthcare;
 - Tackle inequalities in outcomes, experience and access;
 - Enhance productivity and value for money;
 - Help the NHS support broader social and economic development.
- The Integrated Care Strategy was developed through a widely inclusive approach which included public, community and stakeholder engagement, as reflected in the *Local Priorities for Integrated Care* engagement report which sits alongside the Strategy.
- The Coventry and Warwickshire Integrated Care Board ('the ICB') and its partner NHS Trusts are required to develop and publish a five-year joint forward plan by 30 June 2023. Through engagement between health and care system partners, it has been agreed that locally the plan – the Coventry and Warwickshire Integrated Health and Care Delivery Plan ('the IH&CDP') – will be developed as the health and care system shared delivery plan for the Integrated Care Strategy. As

such, the plan responds directly to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy.

- Through national guidance, ICBs have been provided with a flexible framework for the development of the plan to build on existing system and Place strategies and plans, in line with the principle of subsidiarity. National guidance also identifies specific statutory requirements that the plan must address.
- Locally the IH&CDP is being developed through a collaborative approach with the Coventry and Warwickshire System Strategy and Planning Group acting as the Steering Group. The group engages the Chief Strategy Officers of the ICB and partner Trusts, and the Directors of Public Health for Warwickshire County Council and Coventry City Council.
- The IH&CDP must be reviewed and, where appropriate, updated before the start of each financial year.
- To shape and inform the development of the IH&CDP engagement has been undertaken across a broad range of system forums and groups, and is on-going at the current time to finalise a number of sections of the IH&CDP.
- In order to meet the deadline for the ICB to publish the IH&CDP by 30 June 2023, the IH&CDP will be submitted to the 21 June 2023 meeting of the ICB Board for approval.

PREVIOUS DISCUSSIONS HELD

Commencing March 2023 regular reporting on the IH&CDP has been established to both the Board of NHS Coventry and Warwickshire Integrated Care Board and the Coventry and Warwickshire Integrated Care System Executive Group.

To shape and inform the development of the IH&CDP reporting to/engagement has been undertaken across a wide number of system forums and groups, including the Coventry Care Collaborative Consultative Forum and the other Collaboratives (Warwickshire Care Collaborative Consultative Forum, Acute Provider, Primary Care, Mental Health and Learning Disability and Autism).

The Coventry and Warwickshire System Strategy and Planning Group is acting as the Steering Group for the development of the IH&CDP and receives regular progress reporting – the Chief Strategy Officer is a member of this group.

KEY IMPLICATIONS

Financial	In line with national guidance, the IH&CDP includes a finance section. This is being developed in the context of both the 2023/24 One Year Operational Finance Plan and the requirement set by NHS England for the system to produce a 3-year Financial Recovery Plan by September 2023. The IH&CDP is required to address the ICB and system finance business rules, including the collective duties in relation to capital resource and revenue resource use, and the duty in relation to achieving system financial balance. The system wide Finance Advisory Board is being engaged as part of the process of developing the finance section of the IH&CDP.
Patients Safety or Quality	<p>The IH&CDP is required to respond to the ICB's statutory duty in relation to improving the quality of services. As such the IH&CDP includes quality and safeguarding sections. The quality section has been developed in the context of the System Quality Strategy.</p> <p>Programmes, projects, and initiatives described across the IH&CDP will seek to improve the quality of services and address inequalities in access, experience and outcomes.</p>

Workforce	The IH&CDP includes workforce and clinical and care professional leadership sections. These have been developed in the context of the Coventry and Warwickshire One People Plan and the Coventry and Warwickshire Clinical and Care Professional Leadership Framework.
Operational	In line with national guidance, the IH&CDP is being developed on the basis of a principle of subsidiarity, meaning that the plan fundamentally builds on existing system and Place strategies and plans. Critically, the IH&CDP links to the Annual NHS Operational Plan.

1. Purpose of Report

- 1.1 The current report provides an overview of the context, progress to date and work underway to develop the Coventry and Warwickshire Integrated Health and Care Delivery Plan ('the IH&CDP') in order to meet the national deadline for the plan to be published on or before 30 June 2023.
- 1.2 Recognising that the requirement to develop the IH&CDP sits with NHS Coventry and Warwickshire Integrated Care Board ('the ICB') and its partner NHS Trusts, the report provides an opportunity for the draft plan to be shared with the Board for endorsement ahead of the final draft being submitted to the 21 June 2023 meeting of the ICB Board for approval.
- 1.3 The draft IH&CDP can be accessed via the following link:
<https://www.happyhealthylives.uk/our-system/ihcp/>
- 1.4 As per **paragraph 4.3** below, it should be noted that engagement is on-going to finalise a number of sections of the IH&CDP.

2. Strategic Context for the development of the Coventry and Warwickshire Integrated Health and Care Delivery Plan

- 2.1 The Coventry and Warwickshire Integrated Care Strategy sets the vision of integration and collaboration for the Coventry and Warwickshire Integrated Care System ('the ICS'), linked to the ICS's four core purposes to:
 - Improve outcomes in population health and healthcare;
 - Tackle inequalities in outcomes, experience and access;
 - Enhance productivity and value for money;
 - Help the NHS support broader social and economic development.
- 2.2 The Integrated Care Strategy was developed through a widely inclusive approach which included public, community and stakeholder engagement, as reflected in the *Local Priorities for Integrated Care* engagement report which sits alongside the Strategy.¹
- 2.3 Connected to the development of the Integrated Care Strategy, the Health and Care Act 2022 requires the ICB and its partner NHS Trusts to develop and publish a five-year joint forward plan. Locally the IH&CDP is being developed as the health and care system shared delivery plan for the Integrated Care Strategy. As such, the IH&CDP responds directly to the three strategic priorities and nine aligned areas of focus set out in the Integrated Care Strategy, as well as the identified enablers:
 - **Priority 1**; Prioritising prevention and improving future health outcomes through tackling health inequalities;
 - **Priority 2**; Improving access to health and care services and increasing trust and confidence;
 - **Priority 3**; Tackling immediate system pressures and improving resilience.
- 2.4 In line with the NHS England guidance, the IH&CDP also addresses:
 - The delivery of universal NHS commitments, as reflected in the 2023/24 NHS Operational Planning Guidance and the NHS Long Term Plan; and
 - The statutory duties of the ICB, including in relation to integration, quality, inequalities and finance.

¹ <https://www.happyhealthylives.uk/integrated-care-partnership/strategy-engagement-with-our-communities/>

- 2.5 Alongside the Integrated Care Strategy and the NHS Long Term Plan, the IH&CDP is being developed in the context of multiple other local strategic direction setting documents, including the Annual NHS Operational Plan.
- 2.6 It is recognised that delivering the vision set out in the Integrated Care Strategy will require the combined efforts and focus of health and care system and wider partners in the Integrated Care System. Alongside the IH&CDP, key activity will be driven through the Coventry and Warwickshire Health and Wellbeing Strategies and their aligned Delivery Plans. The IH&CDP will sit predominantly in the '*Integrated Health and Care System*' quadrant of the King's Fund population health framework and will link into the working of the wider system.

3. Local Progress to Date

- 3.1 The development of the IH&CDP commenced in February 2023 with the Coventry and Warwickshire System Strategy and Planning ('the SS&PG') group acting as the Steering Group. The SS&PG's membership includes the Chief Strategy Officers of the ICB and its partner NHS Trusts and the Directors of Public Health for Warwickshire County Council and Coventry City Council.
- 3.2 In line with a set of local principles developed and agreed through the SS&PG there is consensus across partners that the development of the IH&CDP will be an iterative process with this year's document creating the foundations for future years to build on. In terms of its delivery focus, it is acknowledged that IH&CDP will be more detailed in relation to years 1 and 2 of the plan period with the later 3-year period being addressed at a more strategic level.
- 3.3 In line with the process undertaken to develop the Integrated Care Strategy, the ICB has also taken an inclusive approach to the development of the IH&CDP:
- The Directors of Public Health have co-led the development of the following sections aligned to Priority 1 (Prioritising prevention and improving future health outcomes through tackling health inequalities):
 - Reducing health inequalities;
 - Prioritising prevention and wider determinants to protect the health of people and communities.
 - As part of the development process engagement has been undertaken with the four Places (Coventry, Warwickshire North, South Warwickshire and Rugby) to capture and map key programmes and initiatives from Place Plans against the three Integrated Care Strategy strategic priorities so that these can be reflected in the IH&CDP;
 - A range of system groups and forums have also been engaged, including the Coventry Care Collaborative Consultative Forum and the other Collaboratives (Warwickshire Care Collaborative Consultative Forum, Acute Provider, Primary Care, Mental Health and Learning Disability and Autism). Engagement with the Collaboratives has focused on the section/s of the IH&CDP most relevant to the individual Collaborative's role in the system;
- 3.4 Engagement with the two Health and Wellbeing Boards was impacted by the pre-election period across March to early May. The IH&CDP was shared with the Warwickshire Health and Wellbeing Board via its meeting held on 24 May 2023 and feedback is awaited. Plans are in development for engagement with the Coventry Health and Wellbeing Board. The ICB is asked to include a statement of opinion from each Health and Wellbeing Board in the IH&CDP confirming that the plan "*takes proper account of*" each local Health and Wellbeing Strategy.
- 3.5 Common themes across the engagement undertaken to date are:

Deliverability	
Acknowledging the breadth of work/deliverables described in the IH&CDP,	<i>Mitigation</i> ; the IH&CDP content has been developed in the context of and reflects

discussion in a number of forums has focused on the issues of deliverability, prioritisation and sequencing.	metrics and deliverables set out in a range of existing local strategies and plans. Executive Leads have provided oversight to the development of each section and metrics have been triangulated against trajectories and plans generated through the annual operational planning process.
Assurance	
Linked to the above, questions relating to the assurance and governance of the IH&CDP post-publication have also been raised in a number of different forums.	<i>Mitigation</i> ; paragraph 5.3. below highlights key work that is on-going to embed the IH&CDP in the ICB's governance arrangements.

- 3.6 Positive initial feedback has been received from NHS England acknowledging that:
- Overall the IH&CDP flows well and is easy to navigate;
 - The differentiation between Years 1 and 2 and broader 5-year ambitions is very effective;
 - The structure is helpful in enabling the reader to identify interdependencies between the priorities and areas of focus in the 'Integrated Care Strategy Delivery' section, and the associated key metrics and milestones;
 - The 'read across' from the Integrated Care Strategy to the IH&CDP is clear and tangible.

4. Draft Coventry and Warwickshire Integrated Health and Care Delivery Plan

- 4.1 **Appendix 1** provides an overview of the IH&CDP structure/content

- 4.2 The draft IH&CDP can be accessed via the following link:
<https://www.happyhealthylives.uk/our-system/ihcpd/>

- 4.3 In the context of the deadline to publish the IH&CDP by 30 June 2023, it should be noted that the development of the document is on-going at the current time – in particular work is ongoing to finalise **Section 1** (*Context*), **Section 4** (*System Transformation*) and **Section 5** (*Delivering through our Places*).

5. Next Steps

- 5.1 Engagement to finalise the draft IH&CDP will continue through May and into early June.
- 5.2 Following on from the preliminary review undertaken (see **paragraph 3.6**), a further review will be undertaken by NHS England.
- 5.3 The ICB has established an internal Working Group engaging representatives of the ICB Performance, Population Health Management Business Intelligence and Governance Teams to:
- Triangulate 'measures' including Integrated Care Strategy success measures (which provide a longer-term outlook) and IH&CDP metrics and deliverables (which provide a shorter-term outlook);
 - Make recommendations as to how performance reporting will adapt to monitor delivery of the IH&CDP;
 - Develop ICB Committee Schedules of Business for 2023/24 in the context of the above.

Alongside a review of risks and risk arrangements, this work will be critical in embedding the IH&CDP in the ICB's governance arrangements.

- 5.4 Plans are in place for the IH&CDP to be presented to the Boards of all partner Trusts for endorsement in May and June, ahead of the plan being submitted to the ICB Board meeting planned for 21 June 2023 for final approval.

Appendix 1

SECTION 1: CONTEXT	SECTIONS 2 – 5 CONTENT
Contents	SECTION 2: Working together to deliver the Coventry & Warwickshire Integrated Care Strategy
Foreword	<div> <p>1. Prioritising prevention and improving future health outcomes through tackling health inequalities</p> <ul style="list-style-type: none"> Reducing health inequalities Prioritising prevention and wider determinants to protect the health and wellbeing of people in communities Enabling people to start in life, learn and flourish </div> <div> <p>2. Improving access to health and care services, especially primary care</p> <ul style="list-style-type: none"> Providing personalised care Improving access to services Engaging and involving people, communities and stakeholders Making services more effective through greater collaboration and integration </div> <div> <p>3. Tackling immediate system pressures and improving patient experience</p> <ul style="list-style-type: none"> Supporting people at home Developing and investing in our workforce, culture and clinical and professional leadership </div>
Executive Summary	Each section includes the following sub-sections: <i>Overall aims by 2028;</i> <i>Starting point;</i> <i>Key links to other sections;</i> <i>Delivery focus areas for 2023/24 and 2024/25;</i> <i>Key challenges; and</i> <i>Key metrics and deliverables.</i>
System overview	
Introducing our Integrated Health and Care Delivery Plan	
Our Population Health Framework	SECTION 3: Creating the conditions for change to happen
Our health and care system architecture	Digital, Data and Technology
Health and Wellbeing Board statements of opinion	Population Health Management
Next steps	Estates
	Addressing Climate Change
	Research and Innovation.
	Medicines Optimisation.
	SECTION 5: Delivering through our four Places.
	Place priorities/programmes mapped against 3 strategic priorities in the Integrated Care Strategy.
	SECTION 4: Transforming our system
	System overview
	ICB:- <i>Performance and Assurance, Quality, Safeguarding, Finance.</i>
	Clinical and Care Professional Leadership
	Collaboratives

**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 June 2023**

Subject Title	Integrated Quality, Performance & Finance Report – Month 1 – 2023/24
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Daniel Hayes, Director of Performance & Informatics
Attachment(s)	Integrated Quality, Performance & Finance Report – Reporting period: April 2023
Recommendation(s)	The Board is asked to review and note the contents of the report

EXECUTIVE SUMMARY

The attached Integrated Quality, Performance & Finance Report covers the reported performance for the period ending 30th April 2023.

The Trust has achieved 11 of the 33 indicators reported within the Trust's performance scorecard.

Some national submissions have been suspended due to the pandemic. Where possible the KPI remains reported within scorecards.

The Trust delivered performance of 76.64% for April for the four hour standard, which exceeded the national standard of 76%. Performance improved by 1.11% from last month, with data for the Coventry Urgent Treatment Centre now being included. UHCW is above the benchmarked position for England and the Midlands.

7 12 hour Trolley Waits in Emergency Care were reported in April.

The RTT incomplete position remains below the 92% national target and stands at 51.38% for March. The average weeks wait was 20.8.

The Trust has seen an increase in the number of RTT 52 Week wait patients which occurred as a result of service changes required in response to Covid-19. There were 5,054 for March, an increase of 319 from February. This compares to a national average of 2,048.

RTT 78 week waits have dropped to 88 in March, a decrease of 124 from February.

Diagnostic waiters performance was 7.77% in April, an improvement in performance of 1.04% on the previous month.

Cancer performance for March 2023 was:

- Cancer TWW: **84.99%** (target 93%)
- Cancer 31 day diagnosis to treatment: **94.43%** (target 96%)
- Cancer 62 day referral to treatment: **52.65%** (target 85%)
- Cancer 104+ days wait: **48.5** breaches, **55** patients (target 0)
- Cancer 62 day screening: **61.22%** (target 90%)
- Cancer 28 days Faster Diagnosis Overall: **71.91%** (target 75%)

The average number of long length of stay patients for April was 212.

Reason to reside data collection compliance for eligible areas is 86.22%.

The latest reported HSMR figure is 120.32 for January 2023 and is outside of Dr Foster's calculated relative risk range.

Narrative has been included in relation to Never Events reported in March and April.

Complaints Turnaround time <= 25 days was 84.44%.

The Trust has delivered 96,905 Covid-19 vaccinations (as at 16/05/2023).

In addition to the above – using Statistical Process Control charts the Trust has identified the following KPIs which are showing a statistically significant variation in their trends:

- 18 Weeks Referral to Treatment - Incomplete
- Cancer 104 Day
- Average number of Long Length of Stay Patients

A separate commentary has been provided for these measures in the Appendix B

PREVIOUS DISCUSSIONS HELD

Standard monthly report to Trust Board

KEY IMPLICATIONS

Financial	Deliver value for money and compliance with NHSI
Patients Safety or Quality	NHSI and other regulatory compliance
Workforce	To be an employer of choice
Operational	Operational performance and regulatory compliance

Integrated Quality, Performance and Finance Reporting Framework

Reporting period: April 2023



Contents

Performance Summary	Page
Executive Summary	3
Performance Trends – Trust Overview	4
Quality and Safety Summary	
Quality and Safety Summary	5
Area of underperformance	6
Finance and Performance Summary	
Operational Summary	8
Finance Summary	9
Appendices	
Appendix A – SPC explained	11
Appendix B – Trust scorecards and SPC Analysis with Executive update	12
Appendix C – Committee scorecards and trends	19
Appendix D – Financial supporting information	29
Appendix E – People supporting information	30

Executive Summary

The Trust has achieved 11 of the 33 rag rated indicators reported within the Trust's performance scorecard.

The previous few months have continued to challenge the Trust, with seasonal increases in referrals following the Easter period, increases in Cancer referrals, and reductions in capacity due to ongoing industrial actions across the country, as well as further Covid and Flu admissions. The Trust continues to work to reduce our Elective Waiting lists and ensure we can provide services for our local community - whilst supporting the wellbeing of our staff and find ways to delivery our financial targets.

Despite these pressures our teams across the Trust have continued to prioritise our patients most at need with the percentage of those waiting more than 4 hours in A&E reducing to below the average both nationally and for the Midlands region, and Ambulance handover times improving for both 15 and 30 minutes across both March and April.

To help with the flow of patients through the Trust we have worked to reduce the average length of stay of patients on our wards, although occupancy remains a challenge due to reduced capacity with our community partners, who we are working with to help improve the discharge times and therefore the patient experience.

Our work to support staff wellbeing has seen the sickness rate improve again this month, but we continue to look for ways to help staff through what is clearly a difficult period for the whole of the NHS, although it is a challenge that we feel we can overcome by working together and ensuring the needs of everyone are heard.




I am proud of the hard work and clear dedication seen in all our staff, who have continued to demonstrate their professionalism and care for our patients, at a time of great pressure and ongoing hardship, and their continued successes are a daily inspiration.

Professor Andrew Hardy, Chief Executive Officer

11 KPIs achieved the target in April

	Indicators achieved	Indicators in exception	Indicators in watching status	Total indicators
Quality and Safety	3	5	0	8
Local Integrated Care / Centre of Excellence	1	13	0	14
Valuing and Enabling Our People	2	0	3	5
Sustainability	0	1	0	1
Research, Innovation and Teaching	5	0	0	5
All domains	11	19	3	33

KPIs categorised based upon SPC methodology*



	Consistently Achieving Target 	Consistently Failing Target 	Hit and Miss Target 
Quality and Safety	0	2	3
Local Integrated Care / Centre of Excellence	1	8	3
Valuing and Enabling Our People	1	2	2
Sustainability	0	0	0
Research, Innovation and Teaching	0	0	0
All domains	2	12	8

* Not all KPIs are suitable for SPC analysis













Trust - KPI Performance Trends

Please note: Areas listed below as showing a Special Cause Improvement or Common Cause Variation may show as Failing against Target. Areas of Special Cause Concern are statistically the areas that should be the focus of attention.

Mandatory - KPIs with a National Target

Variation	Measure	Annual Target	Target Assurance	Latest Position
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%		51.38%
	Emergency Care 4 Hour Wait	76%		76.64%
	A&E 12hr Total Wait Time	2%		3.69%
	Breaches of the 28 Day Readmission Guarantee	0		21
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	85%		52.65%

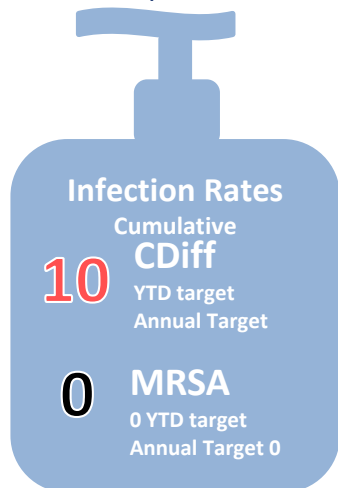
Non Mandatory (Local or Regional Targets)

Variation	Measure	Annual Target	Target Assurance	Latest Position
	Average Number of Long Length of Stay Patients	109		212
	Cancer 104+ days wait (treated) - (1 month in arrears)	0		48.5
	Appraisal - Non-Medical	90%		83.08%
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	1%		7.77%
	Friends & Family Test - Positive Rate Targets Achieved	7		1
	Mandatory Training Compliance	95%		94.20%

Quality and Safety | Headlines April 2023

INFECTION CONTROL

This month 0 MRSA and 10 CDiff cases were reported.



- **CDiff 35 RCAs** carried out and reviewed. 1 deemed avoidable. No further RCAs held.
- **MRSA High Risk Elective Inpatient Screening: 95.96%**
- **MRSA High Risk Emergency Screening: 94.33%**

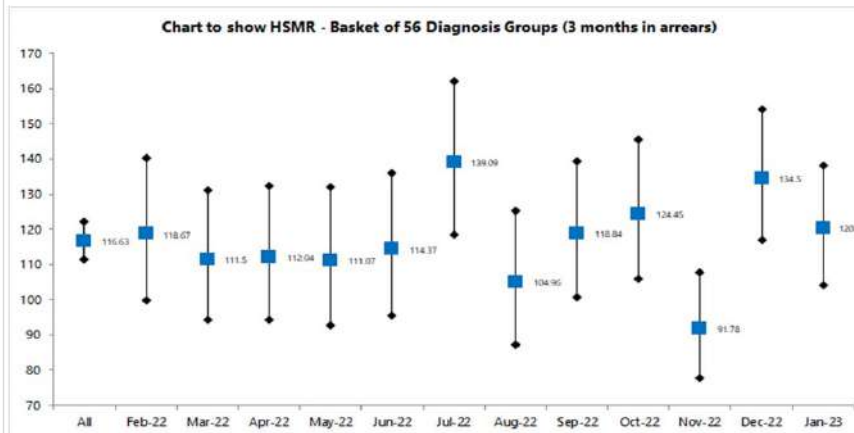
MEDICINE RELATED SERIOUS INCIDENTS



No medication errors causing serious harm have been reported.

HSMR

The latest HSMR score reported from Dr Foster is 120.32



7 - 12 hour trolley waits

RIDDOR



1 Incident reported for April

No urgent operations have been cancelled for a second time

Never Events 1

1 YTD performance against target of 0

Summary

RIDDOR – There was 1 reported incident in April.

The average number of patients with a length of stay of 21 days is 212, an increase of 103 against the Trusts target of 109.

1 Never Event was reported in April, details are included in this months report, alongside details of a Never Event for March.

The latest HSMR score reported is 120.32 for January and is outside Dr Foster's calculated relative risk range

4hr Achievement Overview - as at 16/5/2023

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	38.37%	29.05%	30.12%	35.27%
Type 1 Resus	32.89%	35.42%	26.56%	33.74%
Type 1 Paediatrics	66.55%	63.07%	60.33%	65.34%
Local Health Economy	76.64%	72.00%	70.45%	75.11%

84.44%
Complaints turnaround in <= 25 days

Last month 79.07%
Target 90%

Urgent Clinic Letters sent in 7 calendar days



88.4%

Last month: 86.7%
Target 100%



LLOS

Average number of patients with a length of stay 21 days and over

212

Reason to Reside

Data Collection compliance for eligible areas: 86.22%

Incomplete RTT pathways



5,054 (March)

Previous month **4,735**
Target 0

Area of underperformance – Never Event

Never Event reported in March 2023 – Wrong Site Surgery

Cumulative number of Never Events – year to date



Wrong Site Surgery – Invasive procedure completed on the incorrect site.

A baby born prematurely deteriorated with both respiratory and cardiovascular compromise whilst on the Neonatal unit. A chest x ray identified a pneumothorax and a chest drain was inserted on the LEFT side. The baby remained unstable and it was identified that the x ray image had been 'flipped' and the pneumothorax was on the RIGHT side. A further chest drain was inserted on the RIGHT side.

Immediate learning:

- Transillumination was not used prior to insertion of the chest drain.
- Smaller markers have been purchased and are now in use within the Neonatal unit.
- The image was inadvertently 'flipped' whilst the image was captured; measures have been introduced to minimise recurrence.

A serious incident investigation is ongoing to identify any further learning.

Area of underperformance – Never Event

Never Event reported in April 2023 – Wrong Site Surgery (Block)

Cumulative number of Never Events – year to date



Wrong Site Surgery – Invasive procedure completed on the incorrect site.

A patient was admitted for hip surgery to be performed under spinal anaesthesia, sedation and a nerve block.

An adductor canal block was performed, this type of anaesthesia is used in surgery for the knee, ankle and foot. It was noted that the nerve block had been performed at the incorrect site.

Immediate learning:

- The ‘stop before you block’ was non verbal. This should be completed as a verbal check.
- The surgical list had included patients for both hip and knee surgery which is not routine; this may have contributed to the error.

A serious incident investigation is ongoing to identify any further learning.

Operational Performance | Headlines April 2023

Emergency 4 hour wait:
April 2023 - **76.64%**

Latest benchmarked month:
England – April 74.6%
Midlands – April 75.9%

4hr Achievement Overview - as at 16/5/2023

Stream	Last Month	Current Month	Last Year	This Year
Type 1 Majors	38.37%	29.05%	30.12%	35.27%
Type 1 Resus	32.89%	35.42%	26.56%	33.74%
Type 1 Paediatrics	66.55%	63.07%	60.33%	65.34%
Local Health Economy	76.64%	72.00%	70.45%	75.11%

Diagnostic Waiters 6 Weeks and Over



7.77% : 1,283 breaches across all areas

Ambulance Handover



Within 30 minutes : **84.02%**
Within 60 minutes : **97.01%**

Summary

Emergency 4 hour wait was 76.64% for April, an improvement of 1.11% from last month. UHCW is above the benchmarked position for England and the Midlands.

7 12 hour Trolley Waits in Emergency Care were reported in April.

Cancer standards for 31 Day (94.43%), 62 day (61.22%) and Faster Diagnosis (71.91%) standards were not achieved in March.

Diagnostic Waiters over 6 weeks has improved by 1.04% to 7.77% for April.

Covid-19 Vaccinations

96,905
as at
16/05/2023



Urgent Clinic Letters sent in 7 calendar days



88.4%

Last month: **86.7%**
Target 100%

Incomplete RTT pathways

Submitted Position	Inc %	Backlog (Over 18 Weeks)	Latest Benchmarked Month	NHS UHCW	England
Mar 2023	51.4%	32,601	01/03/2023	51.4%	58.1%
Mar 2022	55.6%	25,849	01/03/2022	55.6%	62.2%
YTD UHCW Change	-4.2%	6,752	Benchmark Change	-4.2%	-4.1%



5,054
(March)
Previous month
4,735
Target 0



LLOS

Average number of patients with a length of stay 21 days and over
212



7 - 12 hour
trolley waits

Reason to Reside

Data Collection compliance for eligible areas: 86.22%

Cancer standards - March



	Mth	Qtr	YTD
TWW:	84.99%	89.02%	81.34%
31 day:	94.43%	94.01%	95.54%
62 day:	52.65%	54.17%	57.44%
FD Overall:	71.91%	72.48%	71.97%
TWW Breast Symp	18.37%	59.54%	82.33%
31 Day Sub Surg	76.32%	89.05%	94.92%
62 day Screening	61.22%	53.76%	71.33%
31 Day Sub Radio	94.51%	90.78%	92.59%
48.5 breaches (55 patients) treated over 104 days			

Last minute Non-Clinical Operations – Elective

0.87%

of elective admissions –
52 Patients
Last month – 69 Patients



Appendices

Appendix A – SPC explained

Appendix B – Trust scorecards and SPC analyses

Appendix C – Committee scorecards and trends

Appendix D – Financial supporting information

Appendix E – People supporting information

A statistical process control (SPC) chart shows data over time. Process limits show how much variability there is in the data to the chart and patterns are highlighted to show where a change is statistically significant. If there is a target, this variability can be used to provide assurance on whether the target is likely to be met in future.

Performance Informatics Rationale

In order to accurately measure current performance trends against the target, the Performance Team has restricted the amount of data in the SPC charts to the most recent 13 data points.

XmR chart

The most common SPC chart type is the XmR chart. Each data point is shown as a grey dot on a grey line. From this data, the mean is calculated and added between the dots as a solid line, and process limits are added as grey dashed lines. If there is a target, it is shown as a red dashed line.

Process limits

In a stable process, over 99% of data points are expected to lie between the process limits. For reporting, the upper and lower process limit values are usually given as the range of expected values going forward.

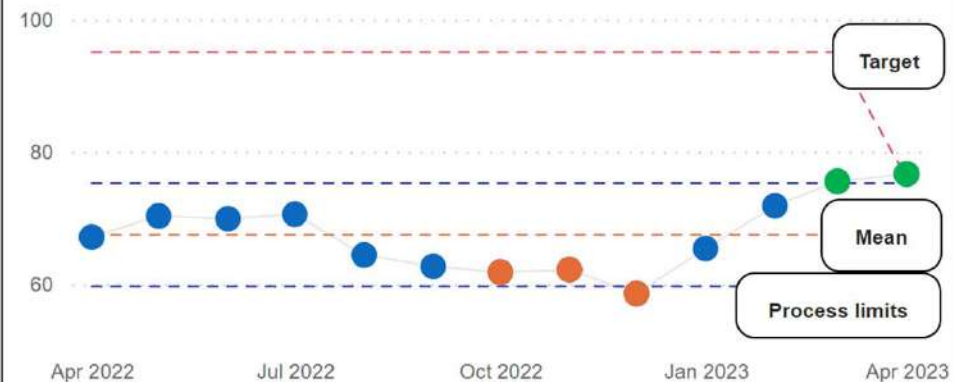
Special cause variation & common cause variation

Data naturally varies but if this variation is statistically significant, this is called special cause variation and the grey dots are instead shown as blue or orange, depending on whether a higher value is better or worse – blue is used for improving performance, orange for concerning performance. If not significant, the dots stay grey and this is called common cause variation.

The four rules used to trigger special cause variation on the chart, as advised by the Making Data Count team at NHS England, are:

- a point beyond the process limits
- a run of points all above or all below the mean
- a run of points all increasing or all decreasing
- two out of three points close to a process limit as an early warning indicator

Emergency Care 4 Hour Wait



Summary Icons: Variation

- Special cause variation of an **IMPROVING** nature where the measure is significantly **HIGHER**.
- Special cause variation of an **IMPROVING** nature where the measure is significantly **LOWER**.
- Special cause variation of a **CONCERNING** nature where the measure is significantly **HIGHER**.
- Special cause variation of a **CONCERNING** nature where the measure is significantly **LOWER**.
- Common cause variation, **NO SIGNIFICANT CHANGE**.

Summary Icons: Assurance

- This process is capable and will consistently **PASS** the target if nothing changes.
- This process is not capable and will **FAIL** the target without process redesign.
- This process will not consistently **HIT OR MISS** the target as the target lies between process limits.
- There is not enough data for an SPC chart, so variation and assurance cannot be given.

Trust Scorecard

Reporting Month : April 2023

Quality and Safety

Infection Control

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
MRSA Bacteremia - Trust Acquired - Cumulative	122	0	0	→	0	0	CNO		
Healthcare associated incidents of Clostridioides difficile - Cumulative	1360	85	10	↑			CNO		

Safe Care

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	264	134.50	120.32	↑	RR	RR	CMO		
SHMI - Monthly (6 months in arrears)	267	109.91	109.91	→	RR	RR	CMO		
Serious Incidents - Number	449	20	2	↑	15	15	CQO		
Never Events - Cumulative	848	5.0	1.0	↑	0	0	CMO		
Average Number of Long Length of Stay Patients	1336	212	212	↑	109	109	CNO		

Patient Experience

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Complaints Turnaround <= 25 Days (1 month in arrears)	1064	79.07%	84.44%	↑	90%	90%	CQO		
Friends & Family Test - Positive Rate Targets Achieved	1487	1	1	→	7	7	CQO		

Trust Scorecard

Reporting Month : April 2023

Local Integrated Care / Centre of Excellence

Patient Flow

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Breaches of the 28 Day Readmission Guarantee	16	32	21	↑	0	0	COO		
Emergency Care 4 Hour Wait	45	75.53%	76.64%	↑	76%	76%	COO		
Bed Occupancy Rate - KH03 (3 months in arrears)	1065	98.09%	98.03%	↑	93%	93%	COO		
Diagnostic Waiters - 6 Weeks and Over (National Target)	1507	93.27%	92.23%	↓	95%	95%	COO		
A&E 12hr Total Wait Time	1511	5.58%	3.69%	↑	2%	2%	COO		

RTT

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Last Minute Non-clinical Cancelled Operations - Elective	14	0.99%	0.87%	↑	0.8%	0.8%	COO		
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	480	51.50%	51.38%	↓	92%	92%	COO		
RTT 52 Week Waits Incomplete (1 month in arrears) (National Target)	1508	4735	5054	↓	4060	4060	COO		
RTT 78 Weeks Wait Incomplete (1 month in arrears) (National Target)	1509	212	88	↑	0	0	COO		
RTT 104 Weeks Wait Incomplete (1 month in arrears) (National Target)	1510	2	1	↑	0	0	COO		

Cancer

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	73	54.75%	52.65%	↓	85%	85%	COO		
Cancer 104+ days wait (treated) - (1 month in arrears)	860	26.5	48.5	↓	0	0	COO		
National Cancer Standards Achieved (1 month in arrears)	1290	5	3	↓	12	12	COO		
Cancer Faster Diagnosis Overall	1491	76.71%	71.91%	↓	75%	75%	COO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard

Reporting Month : April 2023

Valuing and Enabling Our People

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Mandatory Training Compliance	384	93.55%	94.20%	↑	95%	95%	CPO		
Sickness Rate	385	5.11%	4.75%	↑	4%	4%	CPO		
Appraisal - Non-Medical	641	84.26%	83.08%	↓	90%	90%	CPO		
Appraisal - Medical	642	90.15%	90.83%	↑	90%	90%	CMO		
Vacancy Rate Compared to Funded Establishment	650	6.20%	4.17%	↑	10%	10%	CPO		

Sustainability

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Forecast Income & Expenditure	477	£-14650k					CFO		
WRP Delivery	478	£38.788m	£905k	↓	3066	3066	CFO		

Research, Innovation and Teaching

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	297	4926	5339	↑	4776	4776	CMO		
Commercial Income Invoiced - Cumulative (1 month in arrears)	684	£874k	£1.020m	↑	900	900	CFO		
NIHR Research Capability Funding (3 months in arrears)	1332	£907k	£1.210m	↑	1000	1000	CMO		
Trial Recruitment Income (3 months in arrears)	1344	£1.956m	£2.841m	↑	2125	2125	CMO		
All Grant Income (3 months in arrears)	1345	£3.923m	£8.080m	↑	2000	2000	CMO		

Trust Scorecard

Reporting Month : April 2023

UHCW Ambition

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Diagnostic Waiters - 6 Weeks and Over (Local Target)	33	6.73%	7.77%	↓	1%	1%	COO		
RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)	416	4735	5054	↓	0	0	COO		
RTT 78 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1503	212	88	↑	0	0	COO		
RTT 104 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1504	2	1	↑	0	0	COO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Heatmap

Reporting Month : April 2023

Measure	Emergency Medicine	Medicine	Trauma and Neuro Services	Surgical Services	Women and Children's Services	Clinical Diagnostics Services	Clinical Support Services	Trust	Trust Target
Quality and Safety									
Healthcare associated incidents of Clostridioides difficile - Cumulative	1	4	0	1	1		0	10	
MRSA Bacteremia - Trust Acquired - Cumulative	0	0	0	0	0		0	0	0
Never Events - Cumulative	0.0	0.0	0.0	0.0	0.0	0.0	1.0	1.0	0
Serious Incidents - Number	0	0	0	0	0	0	1	2	15
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	130.71	111.94	94.09	67.42	82.01			120.32	100
Average Number of Long Length of Stay Patients	0	108	69	24	1	0	10	212	109
Friends & Family Test - Positive Rate Targets Achieved	0	1	1	0	1		0	1	7
Complaints Turnaround <= 25 Days (1 month in arrears)	88.89%	62.50%	75.00%	85.71%	100.00%	100.00%	100.00%	84.44%	90%
Local Integrated Care / Centre of Excellence									
Emergency Care 4 Hour Wait	75.08%			99.90%	86.20%			76.64%	76%
Breaches of the 28 Day Readmission Guarantee			10	11	0		0	21	0
Diagnostic Waiters - 6 Weeks and Over (Local Target)		21.05%	0.00%	20.81%		6.48%		7.77%	1%
18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)		56.66%	49.95%	49.42%	49.21%	56.38%	48.26%	51.38%	92%
RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)		811.0	673.0	2690.0	827.0	6.0	47.0	5054.0	0
Last Minute Non-clinical Cancelled Operations - Elective	0.00%	0.00%	3.20%	2.40%	0.87%	0.00%	0.56%	0.87%	0.8%
Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)		78.82%		38.46%	33.33%			52.65%	85%
Cancer 104+ days wait (treated) - (1 month in arrears)		6.5	2.0	37.5	2.5			48.5	0
Cancer Faster Diagnosis Overall		73.86%	75.00%	74.04%	54.44%			71.91%	75%
National Cancer Standards Achieved (1 month in arrears)		4	5	2	5			3	12
Valuing and Enabling Our People									
Mandatory Training Compliance	93.16%	93.65%	92.52%	93.30%	91.71%	94.71%	96.64%	94.20%	95%
Appraisal - Non-Medical	88.01%	78.66%	86.35%	87.93%	81.24%	89.83%	86.67%	83.08%	90%
Appraisal - Medical	95.45%	91.28%	91.43%	88.37%	82.46%	89.71%	94.17%	90.83%	90%
Sickness Rate	5.04%	5.08%	4.63%	3.97%	5.06%	4.23%	5.32%	4.75%	4%
Research, Innovation and Teaching									
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	85	1885	214	625	2342	0	188	5339	4776

Trust SPC - Areas of Concern – Mandatory/Non Mandatory



Special Cause Concern

18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)



104 week position remains stable and in control with no predicted/expected breaches going forward

The number of patients waiting over 78 weeks continues to reduce. New measures have been implemented to further increase capacity and accelerate the reduction in waiting times. Measures include the opening of R02 theatre at the Rugby site, in the first instance for Orthopaedics, Plastics and General surgery. Activity commencing 5th June. Theatre life cycle will pause from 16th June for 4 weeks. This will re-provide two additional theatres and deliver a significant increase in elective and cancer capacity

Operational teams are engaging with the ICB and Mutual Aid Hubs to maximise opportunities, with General Surgery, Plastics and T&O benefitting an acceptance of long waiting patients

Commentary provided by the Deputy Chief Operating Officer

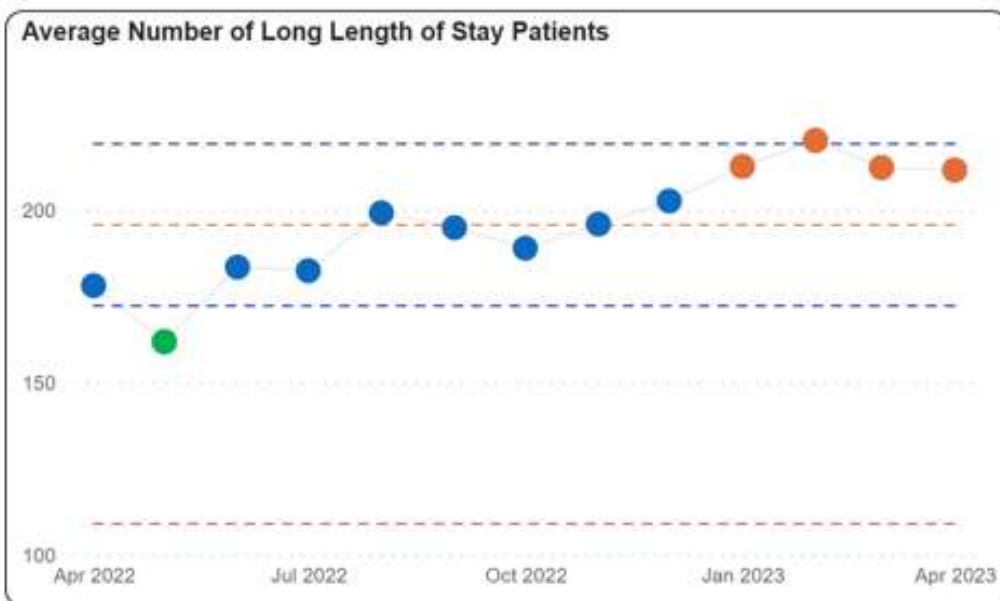
Cancer 104+ days wait (treated) - (1 month in arrears)



Trust SPC - Areas of Concern – Non Mandatory



Special Cause Concern



Reasons for Long Length of Stay remain largely unchanged.

Patient demand and dependency remains high with sustained increase in ICT referrals requiring Pathway 2 (complex support package) or Pathway 3 (assessment of continuing care needs) for safe discharge.

Delays continue re specialist neuro rehab with an average of 6 patients waiting at any one time for Central England Neuro Rehab Unit (CERU) with average of 8 weeks delay and 4 patients waiting rehab at Oswestry with 6 – 8 week delay.

All specialist referrals are tracked daily.

Key Actions (in month)

We have transacted the 3rd (final) part of the Direct Access Pathway (DAP) ward moves - this involved moving over 100 patients over the course of one week – to create more streamlined care pathways to enhance flow and ultimately patient experience.. Impact metrics will be measured, monitored and reported.

We have also introduced a number of small change management initiatives through the Improving Lives Programme that include tracking patients much earlier in their care pathway and expediting discharge (medicine) and introduced a Transfer of Care (TOC) hub to reduce handoffs across the multi-professional team and remove waste in the assessment for discharge process.

Commentary provided by the Chief Nursing Officer

Trust Scorecard - Quality and Safety Committee

Reporting Month : April 2023

Quality and Safety

Patient Outcomes

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Reported Harmful Patient Safety Incidents (1 month in arrears)	649	35.7%	33.6%	↑	24.94%	24.94%	CQO		
Serious Incidents - Overdue	475	32	43	↓	0	0	CQO		
HSMR - Basket of 56 Diagnosis Groups (3 months in arrears)	264	134.50	120.32	↑	RR	RR	CMO		
Medicine related serious incidents	435	0	0	→	0	0	CQO		
MRSA High Risk Elective Inpatient Screening	1280	97.41%	95.96%	↓	95%	95%	CNO		
MRSA High Risk Emergency Screening	1281	94.64%	94.33%	↓	90%	90%	CNO		
Serious Incidents - Number	449	20	2	↑	15	15	CQO		
CAS Alerts - Overdue	437	0	1	↓	0	0	CQO		
Mixed Sex Accommodation Breaches	135	0	0	→	0	0	COO		
E. Coli - Trust Acquired - Cumulative	162	130	11	↑			CNO		
Healthcare associated incidents of Clostridioides difficile - Cumulative	1360	85	10	↑			CNO		
Klebsiella - Trust Acquired - Cumulative	1499	45	3	↑			CNO		
MRSA Bacteremia - Trust Acquired - Cumulative	122	0	0	→	0	0	CNO		
NCE POD Categorised E Deaths - Cumulative (3 months in arrears)	850				8	8	CMO		
Never Events - Cumulative	848	5.0	1.0	↑	0	0	CMO		
Pressure Ulcers Cat 3 - Reportable - Cumulative (1 month in arrears)	1512	0	0	→	3	3	CNO		
Pseudomonas - Trust Acquired - Cumulative	1497	30	1	↑			CNO		
SHMI - Monthly (6 months in arrears)	267	109.91	109.91	→	RR	RR	CMO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard - Quality and Safety Committee

Reporting Month : April 2023

Quality and Safety

Patient Outcomes

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Falls with Moderate Harm or Above per 1000 Occupied Bed Days	1063	0.15	0.13	↑	0.08	0.08	CNO		
Average Number of Long Length of Stay Patients	1336	212	212	↑	109	109	CNO		
Transfer of Patients at Night (UH to Rugby)	1343	8	10	↓	0	0	COO		
Eligible Patients Having VTE Risk Assessment (1 month in arrears)	1373	96.57%	96.29%	↓	95%	95%	CNO		
Reason to Reside	1490	85.83%	86.22%	↑	95%	95%	CNO		
Pressure Ulcers Cat 3 - Reportable - Cumulative (1 month in arrears)	1512	0	0	→	3	3	CNO		
Pressure Ulcers Cat 4 - Reportable - Cumulative (1 month in arrears)	1513	2	2	→	0	0	CNO		
Pressure Ulcers Unstageable - Reportable - Cumulative (1 month in arrears)	1514	35	35	→	12	12	CNO		

Operational Quality Measures

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Ambulance Handover within 15 minutes	129	20.63%	25.25%	↑	65%	65%	COO		
Ambulance Handover within 60 Minutes	405	93.13%	97.01%	↑	100%	100%	COO		
Ambulance Handover within 30 Minutes	131	73.52%	84.02%	↑	95%	95%	COO		
12 Hour Trolley Waits in Emergency Care	646	57	7	↑	0	0	COO		
RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)	416	4735	5054	↓	0	0	COO		
Urgent Operations Cancelled for the Second Time	414	0	0	→	0	0	COO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard - Quality and Safety Committee

Reporting Month : April 2023

Quality and Safety

Patient Experience

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Friends & Family Test A&E Positive Rate	1480	75.27%	78.07%	↑	85%	85%	CQO		
Friends & Family Test Inpatient Positive Rate (Inc. Day Cases)	1482	87.32%	87.21%	↓	95%	95%	CQO		
Maternity FFT No of Touchpoints Achieving a 15% Response Rate	467	3	2	↓	4	4	CQO		
Complaints per 1000 Occupied Bed Days (1 month in arrears)	1068	1.45	1.37	↑	0.99	0.99	CQO		
Complaints Turnaround <= 25 Days (1 month in arrears)	1064	79.07%	84.44%	↑	90%	90%	CQO		
Friends & Family Test A&E Coverage	398	13.53%	15.54%	↑	15%	15%	CQO		
Maternity FFT Positive Rate - 36 weeks	1483	96.41%	90.72%	↓	95%	95%	CQO		
Maternity FFT Positive Rate - Labour / Birth	1484	98.86%	98.80%	↓	95%	95%	CQO		
Maternity FFT Positive Rate - Postnatal Community	1486	90.63%	90.77%	↑	95%	95%	CQO		
Maternity FFT Positive Rate - Postnatal Hospital	1485	93.62%	94.03%	↑	95%	95%	CQO		
Number of Registered Complaints (1 month in arrears)	373	43	45	↓	34	34	CQO		
Friends & Family Test Outpatient Coverage	1178	6.80%	7.78%	↑	8%	8%	CQO		
Friends & Family Test Inpatient Coverage (Inc. Day Cases)	1014	22.42%	20.83%	↓	26%	26%	CQO		

Theatres

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Surgical Safety Checklist - WHO	442	100.00%	100.00%	→	100%	100%	CMO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard - Quality and Safety Committee

Reporting Month : April 2023

Quality and Safety

National Quality Requirements

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Valid NHS Number - A&E - Cumulative (2 months in arrears)	645	96.70%	96.50%	↓	95%	95%	COO		
Valid NHS Number - Inpatients - Cumulative (2 months in arrears)	644	99.80%	99.80%	→	99%	99%	COO		

Research, Innovation and Teaching

Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
Patients Recruited into NIHR Portfolio-Cumulative (2 months in arrears)	297	4926	5339	↑	4776	4776	CMO		
Peer Reviewed Publications - Calendar Year Cumulative (2 months in arrears)	682	7	32	↑	16	16	CMO		
Performance in Delivery of Trials - Quarterly	422	55.56%	38.46%	↓	80%	80%	CMO		
Performance in Initiating Trials - Quarterly	421	8.0%	23.5%	↑	80%	80%	CMO		
Research Critical Findings and Serious Incidents - Quarterly	681	0	0	→	0	0	CQO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	






QSC - KPI Performance Trends

Please note: Areas listed below as showing a Special Cause Improvement or Common Cause Variation may show as Failing against Target. Areas of Special Cause Concern are statistically the areas that should be the focus of attention.

Mandatory - KPIs with a National Target

Variation	Indicator	Annual Target	Target Assurance	Latest Position
	Ambulance Handover within 30 Minutes	95%		84.02%
	Ambulance Handover within 15 minutes	65%		25.25%
	Ambulance Handover within 60 Minutes	100%		97.01%

Non Mandatory (Local or Regional Targets)

Variation	Indicator	Annual Target	Target Assurance	Latest Position
	Average Number of Long Length of Stay Patients	109		212
	Serious Incidents - Overdue	0		43
	Friends & Family Test A&E Positive Rate	85%		78.07%
	Friends & Family Test Inpatient Positive Rate (Inc. Day Cases)	95%		87.21%
	Maternity FFT No of Touchpoints Achieving a 15% Response Rate	4		2
	Reason to Reside	95%		86.22%
	Reported Harmful Patient Safety Incidents (1 month in arrears)	24.94%		33.6%

Trust Scorecard - Finance and Performance Committee

Reporting Month : April 2023

Quality and Safety

Emergency care

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	A&E 12hr Total Wait Time	1511	5.58%	3.69%	↑	2%	2%	COO		
	Ambulance Handover within 15 minutes	129	20.63%	25.25%	↑	65%	65%	COO		
	Ambulance Handover within 60 Minutes	405	93.13%	97.01%	↑	100%	100%	COO		
	Ambulance Handover within 30 Minutes	131	73.52%	84.02%	↑	95%	95%	COO		
	Emergency Care 4 Hour Wait	45	75.53%	76.64%	↑	76%	76%	COO		
	12 Hour Trolley Waits in Emergency Care	646	57	7	↑	0	0	COO		
	30 Day Emergency Readmissions (1 month in arrears)	447	8.07%	7.83%	↑	8.2%	8.2%	COO		
	Length of Stay Acute - Average	951	7.4	7.3	↑	6.9	6.9	COO		
	Number of Medical Outliers - Average per Day	950	39.4	45.7	↓	50	50	COO		

Non emergency care

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Breaches of the 28 Day Readmission Guarantee	16	32	21	↑	0	0	COO		
	RTT 78 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1503	212	88	↑	0	0	COO		
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	480	51.50%	51.38%	↓	92%	92%	COO		
	Last Minute Non-clinical Cancelled Operations - Elective	14	0.99%	0.87%	↑	0.8%	0.8%	COO		
	RTT 104 Weeks Wait Incomplete (1 month in arrears) (Local Target)	1504	2	1	↑	0	0	COO		
	RTT 52 Week Waits Incomplete (1 month in arrears) (Local Target)	416	4735	5054	↓	0	0	COO		
	Urgent Operations Cancelled for the Second Time	414	0	0	→	0	0	COO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard - Finance and Performance Committee

Reporting Month : April 2023

Quality and Safety

Non emergency care

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	33	6.73%	7.77%	↓	1%	1%	COO		
	E-referral Appointment Slot Issues – National data (1 month in arrears)	260	11.00%	35.96%	↓	4%	4%	COO		
	Bed Occupancy Rate - KH03 (3 months in arrears)	1065	98.09%	98.03%	↑	93%	93%	COO		

Cancer

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	73	54.75%	52.65%	↓	85%	85%	COO		
	Cancer 104+ days wait (treated) - (1 month in arrears)	860	26.5	48.5	↓	0	0	COO		
	Cancer 2 Week Wait GP Referral to OP Appointment (1 month in arrears)	59	87.96%	84.99%	↓	93%	93%	COO		
	Cancer 31 Day Diagnosis to Treatment (1 month in arrears)	63	92.86%	94.43%	↑	96%	96%	COO		
	Cancer 31 Day Subsequent Radiotherapy Standard (1 month in arrears)	69	86.93%	94.51%	↑	94%	94%	COO		
	Cancer 62 Day Consultant Upgrades (1 month in arrears)	77	72.4%	83.9%	↑	85%	85%	COO		
	Cancer 62 Day Screening Standard (1 month in arrears)	75	46.97%	61.22%	↑	90%	90%	COO		
	Cancer 2 Week Wait Breast Symptom (1 month in arrears)	61	78.26%	18.37%	↓	93%	93%	COO		
	Cancer 31 Day Subsequent Surgery Standard (1 month in arrears)	67	95.92%	76.32%	↓	94%	94%	COO		
	Cancer 31 Day Subsequent Drug Standard (1 month in arrears)	65	100.00%	100.00%	→	98%	98%	COO		
	Cancer Faster Diagnosis 2WW	1421	76.29%	71.10%	↓	75%	75%	COO		
	Cancer Faster Diagnosis Breast Symptomatic Referral	1422	96.84%	91.84%	↓	75%	75%	COO		
	Cancer Faster Diagnosis Screening	1423	69.23%	64.85%	↓	75%	75%	COO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard - Finance and Performance Committee

Reporting Month : April 2023

Quality and Safety

Cancer

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Cancer Faster Diagnosis Overall	1491	76.71%	71.91%	↓	75%	75%	COO		

Theatre Productivity

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Theatre Efficiency - Day Surgery	425	54.69%	56.96%	↑	85%	85%	COO		
	Theatre Efficiency - Main	423	60.70%	66.31%	↑	85%	85%	COO		
	Theatre Efficiency - Rugby	424	58.82%	66.58%	↑	85%	85%	COO		
	Theatre Utilisation - Day Surgery	371	74.89%	80.08%	↑	85%	85%	COO		
	Theatre Lists Started within 15 mins of Start Time	1319	31.84%	37.73%	↑	75%	75%	COO		
	Theatre Utilisation - Main	369	79.33%	86.17%	↑	85%	85%	COO		
	Theatre Utilisation - Rugby	370	74.07%	77.22%	↑	85%	85%	COO		
	Surgical Safety Checklist - WHO	442	100.00%	100.00%	→	100%	100%	CMO		

Sustainability

Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	Agency Expenditure	1315	£1.910m	£2.032m	↓			CPO		
	Forecast Income & Expenditure	477	£-14650k					CFO		
	WRP Delivery	478	£38.788m	£905k	↓	3066	3066	CFO		
	YTD Income & Expenditure Trust	986	£-14650k	£-2539k	↑	-2024	-2024	CFO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	

Trust Scorecard - Finance and Performance Committee

Reporting Month : April 2023

Research, Innovation and Teaching


Type	Measure	ID	Previous Position	Latest Position	DoT	Current Target	Annual Target	Executive Lead	Variation	Target Assurance
	All Grant Income (3 months in arrears)	1345	£3.923m	£8.080m	↑	2000	2000	CMO		
	Commercial Income Invoiced - Cumulative (1 month in arrears)	684	£874k	£1.020m	↑	900	900	CFO		
	NIHR Research Capability Funding (3 months in arrears)	1332	£907k	£1.210m	↑	1000	1000	CMO		
	Submitted Research Grant Applications - Quarterly - Cumulative	683	118	158	↑	152	152	CMO		
	Trial Recruitment Income (3 months in arrears)	1344	£1.956m	£2.841m	↑	2125	2125	CMO		

DoT	RAG Type	Target Type
↑ Improving	No Target or RAG Rating	National target
→ No Change	Achieving or exceeding target	Regional target
↓ Failing	Slightly behind target	Local target
	Not achieving target	
	Data not currently available	
	Annual target breached	



FPC - KPI Performance Trends

Please note: Areas listed below as showing a Special Cause Improvement or Common Cause Variation may show as Failing against Target. Areas of Special Cause Concern are statistically the areas that should be the focus of attention.

Mandatory - KPIs with a National Target

Variation	Measure	Annual Target	Target Assurance	Latest Position
	18 Weeks Referral to Treatment Time - Incomplete (1 month in arrears)	92%		51.38%
	Ambulance Handover within 30 Minutes	95%		84.02%
	Emergency Care 4 Hour Wait	76%		76.64%
	A&E 12hr Total Wait Time	2%		3.69%
	Ambulance Handover within 15 minutes	65%		25.25%
	Ambulance Handover within 60 Minutes	100%		97.01%
	Breaches of the 28 Day Readmission Guarantee	0		21
	Cancer 62 Day Standard plus 31 Day Rare Cancers (1 month in arrears)	85%		52.65%

Non Mandatory (Local or Regional Targets)

Variation	Measure	Annual Target	Target Assurance	Latest Position
	Cancer 104+ days wait (treated) - (1 month in arrears)	0		48.5
	Theatre Lists Started within 15 mins of Start Time	75%		37.73%
	Theatre Utilisation - Main	85%		86.17%
	Diagnostic Waiters - 6 Weeks and Over (Local Target)	1%		7.77%
	Theatre Efficiency - Day Surgery	85%		56.96%
	Theatre Efficiency - Main	85%		66.31%
	Theatre Efficiency - Rugby	85%		66.58%
	Theatre Utilisation - Day Surgery	85%		80.08%

Workforce Information | Summary for April 2023

KPI	Latest month	Measure	Target	Variation	Assurance
Total Trust Vacancy Rate - % FTE	Apr 23	4.00%	10.00%		
Pay Costs & Temporary Staffing - Total Bank Spend	Apr 23	3229495.0	-		
Pay Costs & Temporary Staffing - Total Overtime Spend	Apr 23	109550.0	-		
Pay Costs & Temporary Staffing - Total Agency Spend	Apr 23	1736360.0	-		
Total Trust Turnover % FTE - 12mth Rolling	Apr 23	10.00%	10.00%		
Sickness Absence - Total Trust % - Rolling 12 months	Apr 23	5.49%	4.00%		
Sickness Absence - Total Trust % - in month	Apr 23	4.75%	4.00%		
Mandatory Training Compliance	Apr 23	94.10%	95.00%		
Non Medical Appraisal Compliance %	Apr 23	83.08%	90.00%		
Medical Appraisal Compliance %	Apr 23	90.83%	90.00%		

Variation			
Common cause - no significant change	Special cause of concerning nature due to (H)igher or (L)ower values	Special cause of improving nature due to (H)igher or (L)ower values	Special cause neither improvement or concern

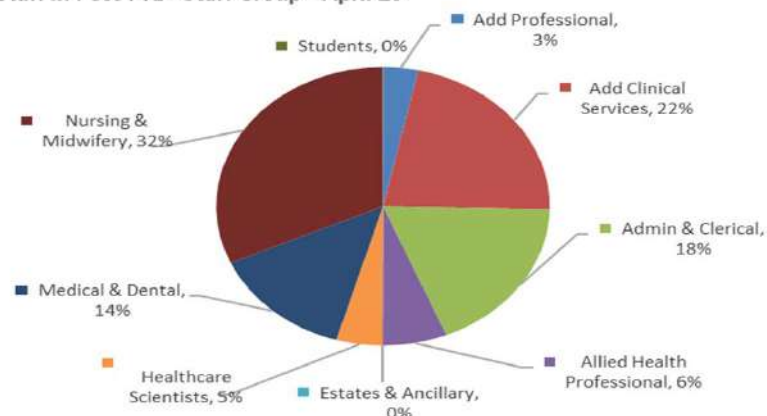
Assurance		
Variation indicates inconsistently passing/failing target	Variation indicates consistently passing target	Variation indicates consistently failing target

Staff in Post & Headcount

Staff Headcount Breakdown	Metric	Feb-23	Mar-23	Apr-23	3 months trend
Substantive / Fixed Term	Headcount	9794	9812	9807	
	FTE	8718.76	8729.57	8724.04	
ISS (ROE)	Headcount	398	398	387	
	FTE	300.80	300.80	264.70	
Trust Total	Headcount	10192	10210	10194	
	FTE	9019.56	9030.37	8988.74	
Bank Only	Headcount	1338	1232	1278	

Staff Group	Apr-23	Starters FTE	Leavers FTE
Add Professional	298.87	1.00	2.09
Add Clinical Services	1,926.84	34.27	9.36
Admin & Clerical	1,616.56	26.32	13.84
Allied Health Professional	548.25	4.43	0.00
Estates & Ancillary	0.80	0.00	0.00
Healthcare Scientists	393.78	1.00	4.21
Medical & Dental	1,212.59	51.18	63.76
Nursing & Midwifery	2,773.45	17.30	11.79
Students	4.00	0.00	0.00
Total	8,775.14	135.50	105.05

Trust Staff in Post FTE - Staff Group - April 23



Data observations

Starters (excluding bank staff)

- There were 135.58 WTE (149 headcount) new starters with 38% from medical and dental staff, 25% from additional clinical staff (including healthcare support workers), and 19% from admin and clerical.

Leavers (excluding bank staff)

- There were 105.05 WTE (117 headcount) leavers in April, with the highest proportion from Medical and Dental (61%) out of which 52% were rotational doctors. Admin and clerical accounted for 13% of all leavers.

Leaving Reasons

55% (59 Headcount) of staff left due to end of fixed term contract and external rotation, 24% (28 Headcount) voluntary resigned due to relocation/other, 5% (7 Headcount) retired, and 1.9% (3 Headcount) left due to health reasons and 1.8% (2 Headcount) of staff voluntary resigned due to child dependants.

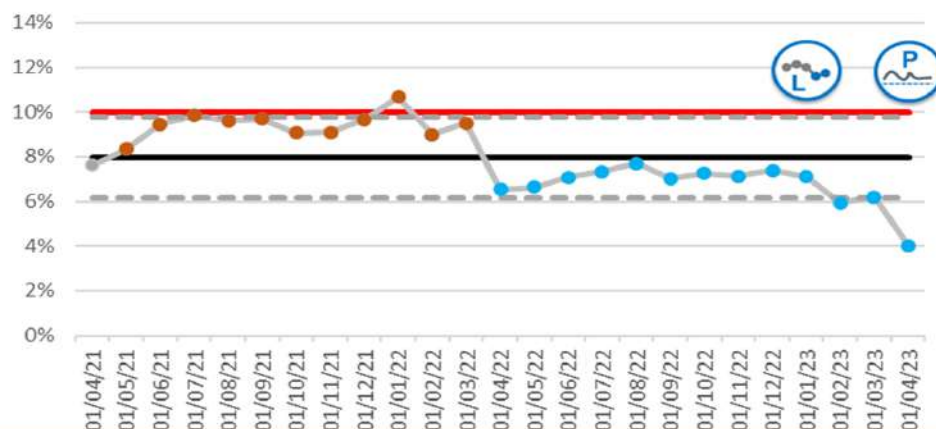
Steps taken and planned impact

- The new e-payroll termination and changes form is scheduled to go-live in June 2023 strengthening our data quality and targeted retention interventions.

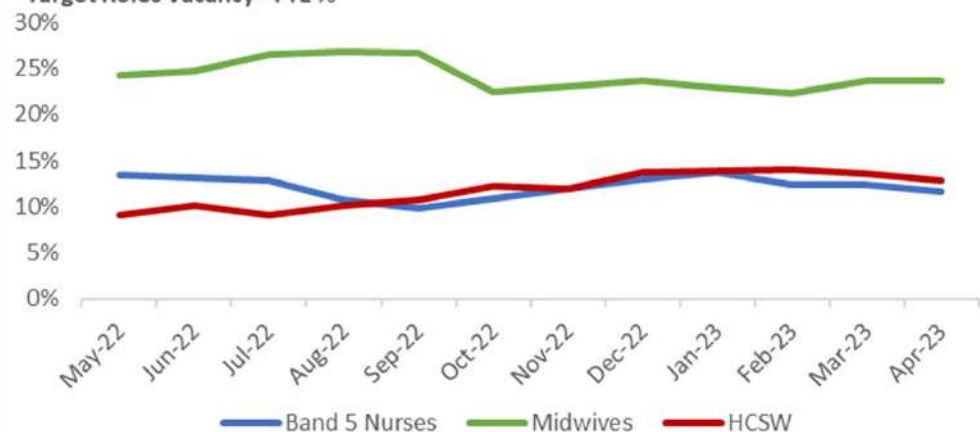
NB: Staff in Post data reflects new starters, monthly amendments to the increase and decrease hours and leavers. Therefore, whilst a number of staff may have been recruited in month the overall figure may go down due to the changes in hours and leavers.

Vacancy

Total Trust Vacancy Rate - % FTE



Target Roles Vacancy - FTE %



Data observations

- The Trust's vacancy rate of 4% has decreased in April by 2.2%. This is primarily due to the annual financial adjustment as per the Trust's Annual Planning process. This rate may change as investment cases and external funding are approved throughout the year.

Steps taken and planned impact

Band 5 Nurses – 93.96 WTE/6.58% vacancy rate

- Our primary focus remains on Internationally Educated Nurse recruitment, supplemented by Midlands wide and National recruitment campaigns. Our Internationally Educated Nurse recruitment programme will see a further 80 WTE recruited through April – November 2023 and we will continue our system wide workforce transformation programme Project 1000. Our projected vacancy forecast is 4.25% by end November 2023.

Midwives - 41.65 WTE/24.66% vacancy rate

- We have received funding for a second 'Go Further' programme to recruit 14 International Midwives over the next 12 months. This programme is due to commence in April 2023. Approval has also been given to fund an additional 8 International Midwives over the same period. Our projected vacancy forecast is 11.64% by December 2023.

HCSW – 122.40 WTE/12.82% vacancy rate

- We held a successful recruitment event for Trainee Healthcare Assistants on 13th May resulting in 14 offers of employment. There are 81.84 WTE in the pipeline at various stages of the onboarding process with 31.5 WTE starting in post on 30th May. The projected vacancy forecast for end May 2023 is 6.52%.

Risks

- Temporary staff reliance and increased cost.
- National skills shortages for particular roles.

Vacancy

Trust Vacancy Rate - % FTE Vacant - Staff Group

Staff Group	FTE Budgeted	FTE Actual	FTE Vacancy	% FTE Vacancy
Add Prof Scientific and Technic	323.32	298.87	24.45	7.56%
Additional Clinical Services	2014.07	1926.84	87.23	4.33%
Administrative and Clerical	1588.56	1616.56	-28.00	-1.76%
Allied Health Professionals	538.85	548.25	-9.40	-1.74%
Estates and Ancillary	0.96	0.80	0.16	16.67%
Healthcare Scientists	409.56	393.78	15.78	3.85%
Medical and Dental	1288.21	1212.59	75.62	5.87%
Nursing and Midwifery Registered	2975.67	2773.45	202.22	6.80%
Students	2.00	4.00	-2.00	-100.00%
Total	9141.20	8775.15	366.05	4.00%

Trust Vacancy Rate - % FTE Vacant - Trust Group

Staff Group	FTE Budgeted	FTE Actual	FTE Vacancy	% FTE Vacancy
218 Clinical Diagnostics	1100.53	1045.08	55.45	5.04%
218 Clinical Support Services	1782.44	1759.11	23.33	1.31%
218 Core Services	1133.63	1264.55	-130.92	-11.55%
218 Emergency Medicine	744.71	654.52	90.19	12.11%
218 Medicine	1820.44	1713.72	106.72	5.86%
218 Surgical Services	799.37	762.94	36.43	4.56%
218 Trauma and Neuro Services	862.64	787.61	75.03	8.70%
218 Women and Children	897.44	787.63	109.81	12.24%
Total	9141.20	8775.15	366.05	4.00%

Data observations

- The Trust's vacancy rate of 4% has decreased in April by 2.2%. This is primarily due to the annual financial adjustment as per the Trust's Annual Planning process.
- This rate may change as investment cases and external funding are approved throughout the year.

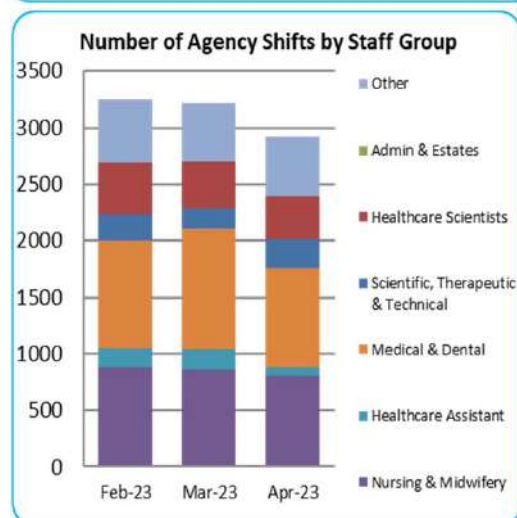
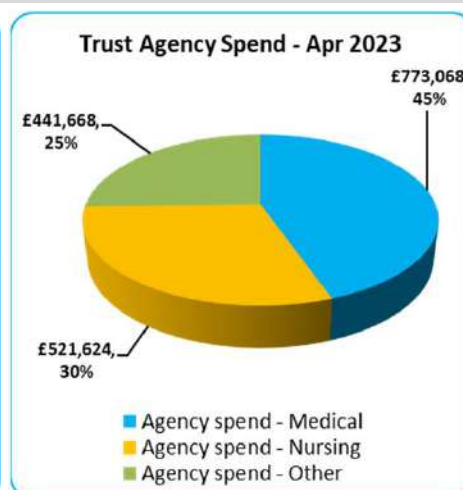
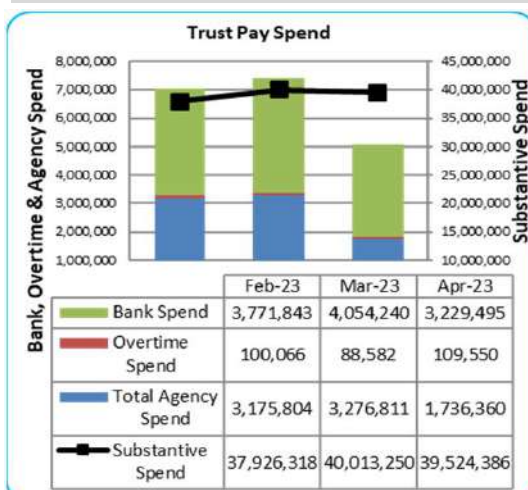
Steps taken and planned impact

- As part of the Trust's Waste Reduction Programme, significant focus has been on identifying recurrent and non-recurrent vacancies, alongside the annual budget setting process.

Risks

- Temporary staff reliance and increased cost.
- National skills shortages for particular roles.

Pay Costs & Temporary Staffing



Staff Group	Feb-23	Mar-23	Apr-23
Nursing & Midwifery	882	865	805
Healthcare Assistant	167	174	73
Medical & Dental	954	1074	880
Scientific, Therapeutic & Technical	230	179	250
Healthcare Scientists	457	410	383
Admin & Estates	0	0	0
Other	562	513	527
Total Shifts Booked	3,252	3,215	2,918

Data observations

- The Trust's overall agency usage for April decreased compared to the previous three months, with all staff groups reporting a reduced number of shifts booked except for Scientific, Therapeutic & Technical, who saw a 39.6% increase from March 2023.
- This month's agency figure shows a significant decrease to the previous month because it does not include any financial accruals/adjustments that would normally occur as it is month one of the financial year. These accruals/adjustments will occur in future months as per normal process.

Steps taken and planned impact

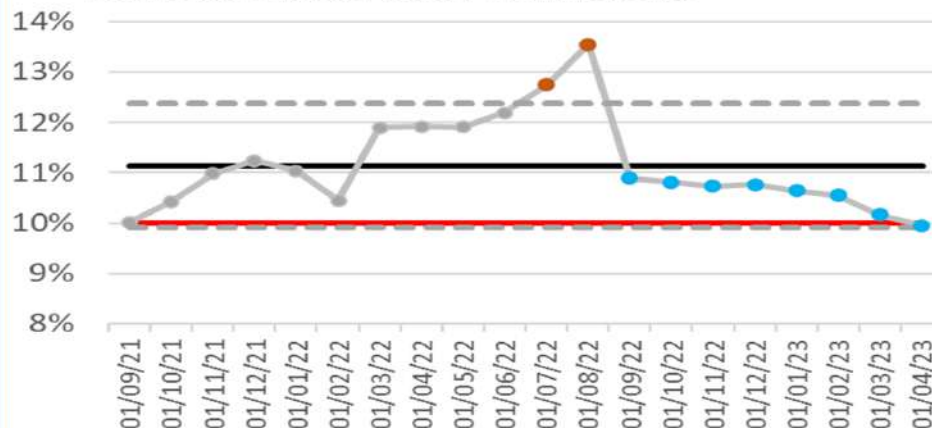
- We are trialling a small number of new agencies for Nursing & Midwifery/HCA with a commitment of reduced rates, which will help to reduce our agency spend. The ability of these new agencies to meet our demand will be closely monitored.
- TempRE (the Trust's new M&D bank and agency booking system) is now entering its third month of use. As the system continues to collect data on the Trust's usage and booking patterns, we will begin to see a comprehensive picture of Group- and Trust-level bank and agency usage for all M&D staff grades, including reports on high-cost locums, agency charge rate analysis and shift fill rate, among others. These reports will be shared with Clinical Groups to support discussions regarding analysis and reduction of bank and agency spend.
- Agency Controls – New HCSW agency control measures have been implemented with Chief Nursing Officer approval required for all HCSW agency shifts. In addition, the tiered agency cascade process for Nurses and HCSWs is being revised with the intention of reducing agency costs whilst maintaining fill levels as required.

Risks

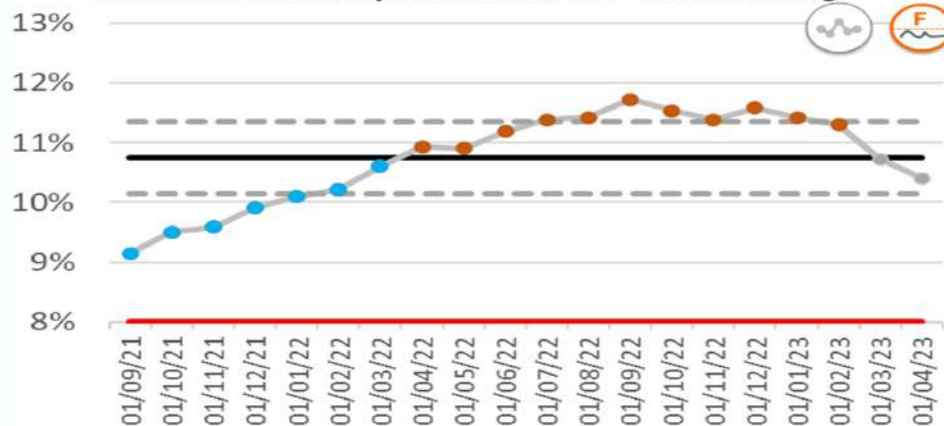
- Patient safety risk associated with not maintaining safe staffing levels and ensuring appropriate skill mix.
- Not achieving agency cost reduction target through continued agency reliance and use of escalated rates.
- Staff wellbeing from regularly working additional hours.

Staff Turnover

Total Trust Turnover % FTE - 12mth Rolling



Total Trust Voluntary Turnover % FTE - 12mth Rolling



Data observations

- This month's turnover rate has shown a slight decrease to 10% from 10.17% in March. Overall our turnover rate is stable.

Steps taken and planned impact

- Review of Exit Interview process to enable full analysis and trend review
- Development of detailed Retention plans by Clinical and Professional Group
- Continued promotion of flexible working opportunities and further promotion of the Trust's Disability and Carer's Passport
- Focus on improving roster lead in times
- A dedicated retention programme for HCSW's following a series of listening events held by the Chief Nursing Officer. Activities include:
 - A review of support for new recruits
 - Development of career conversations for those applicants, students and apprentices considering a career in healthcare
 - Expansion of Nurse Associate programmes
- The new e-payroll termination and changes form is scheduled to go-live in June 2023 strengthening our data quality and will enable targeted retention interventions

Risks

- Patient safety risk associated with not maintaining safe staffing levels and ensuring appropriate skill mix.
- Not achieving agency cost reduction target through continued agency reliance and use of escalated rates.
- Staff wellbeing from regularly working additional hours.

Staff Turnover

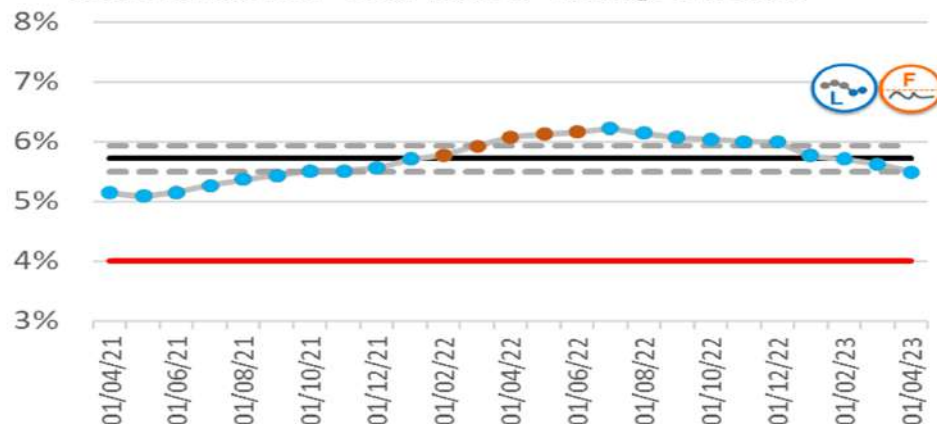
Group	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
218 Clinical Diagnostics	22.18%	22.68%	21.90%	23.80%	15.95%	15.10%	14.64%	14.79%	13.87%	14.33%	13.98%	13.76%	
218 Clinical Support Services	9.35%	9.30%	9.65%	10.31%	10.08%	9.90%	9.98%	9.83%	10.11%	9.98%	10.00%	9.51%	
218 Core Services	15.59%	16.65%	19.54%	20.34%	13.90%	13.84%	14.06%	14.74%	14.50%	14.51%	14.06%	13.85%	
218 Emergency Medicine	6.66%	7.21%	8.54%	9.29%	8.26%	9.08%	9.17%	9.96%	10.68%	9.82%	9.58%	9.59%	
218 Medicine	9.76%	10.04%	10.03%	10.34%	9.44%	9.26%	9.13%	8.98%	8.80%	8.51%	7.92%	7.75%	
218 Surgical Services	11.17%	10.57%	10.99%	11.60%	9.65%	10.59%	10.34%	9.69%	10.09%	10.08%	9.02%	9.09%	
218 Trauma and Neuro Services	9.57%	9.52%	9.53%	10.44%	8.76%	8.35%	8.41%	8.26%	8.11%	8.09%	7.04%	6.70%	
218 Women and Children	9.03%	9.65%	10.13%	10.55%	9.54%	9.52%	9.05%	9.01%	8.15%	8.17%	8.49%	8.37%	
Staff Group	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
Add Prof Scientific and Technic	16.87%	18.24%	18.12%	18.72%	11.60%	11.20%	12.47%	11.42%	11.52%	11.90%	10.12%	10.68%	
Additional Clinical Services	14.04%	13.94%	14.05%	15.66%	12.70%	12.48%	12.28%	12.58%	12.16%	12.03%	11.88%	11.38%	
Administrative and Clerical	15.48%	15.99%	18.57%	19.46%	15.66%	15.54%	15.77%	16.54%	16.19%	16.30%	15.60%	15.33%	
Allied Health Professionals	13.94%	14.34%	14.27%	14.97%	13.81%	13.61%	12.93%	12.53%	12.50%	12.67%	13.36%	12.05%	
Estates and Ancillary	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	66.67%	200.00%	142.86%	111.11%	111.11%	
Healthcare Scientists	23.22%	24.20%	23.58%	25.23%	14.69%	14.90%	14.68%	13.00%	11.47%	10.67%	10.44%	10.99%	
Medical and Dental	6.95%	7.71%	9.63%	7.45%	5.18%	5.77%	5.28%	5.23%	5.79%	5.88%	4.26%	4.33%	
Nursing and Midwifery Registered	6.77%	6.93%	6.74%	7.23%	6.99%	6.98%	6.86%	6.79%	6.93%	6.69%	6.50%	6.46%	

Data observations

- Red markers on trendline show the peak value over the 12 month period.
- Turnover indicator shows the percentage of staff who have left on a rolling 12 month basis as a proportion of employed staff (exc junior doctors on rotation)

Sickness Absence Performance

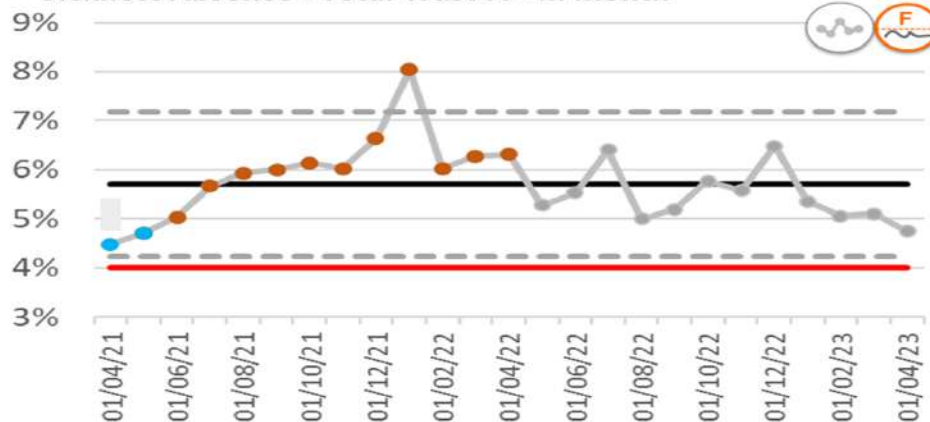
Sickness Absence - Total Trust % - Rolling 12 months



Data observations

- In month, the Trust's sickness absence rate has decreased by 0.36% from the reported March 2023 position of 5.11% to 4.75% in April 2023. This is the lowest % we have seen over the past 12 months
- Rolling 12 month sickness absence performance is above the Trust's 4.0% target but has been on an improving trend over the last 7 months
- We expect this improvement to continue for our rolling sickness data as previous Covid peaks are beginning to be phased out of the dataset

Sickness Absence - Total Trust % - in month



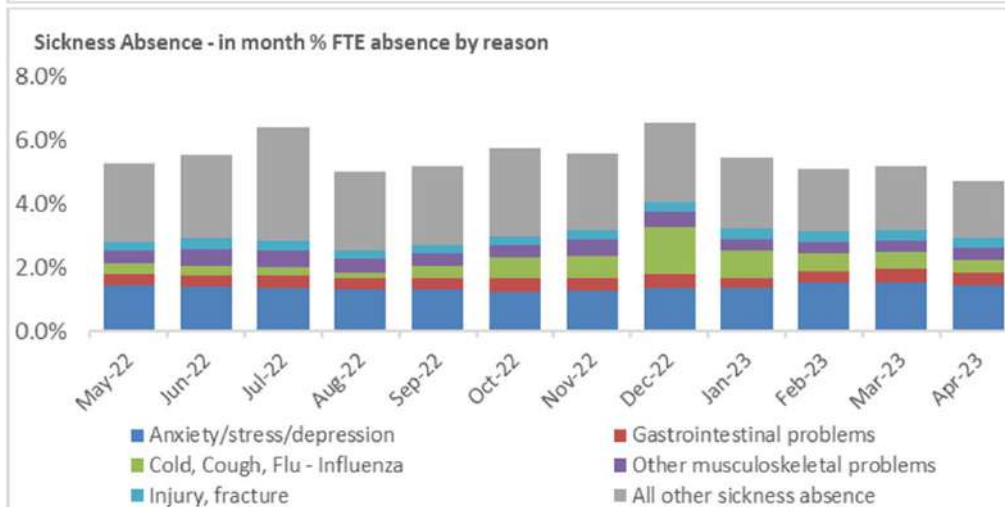
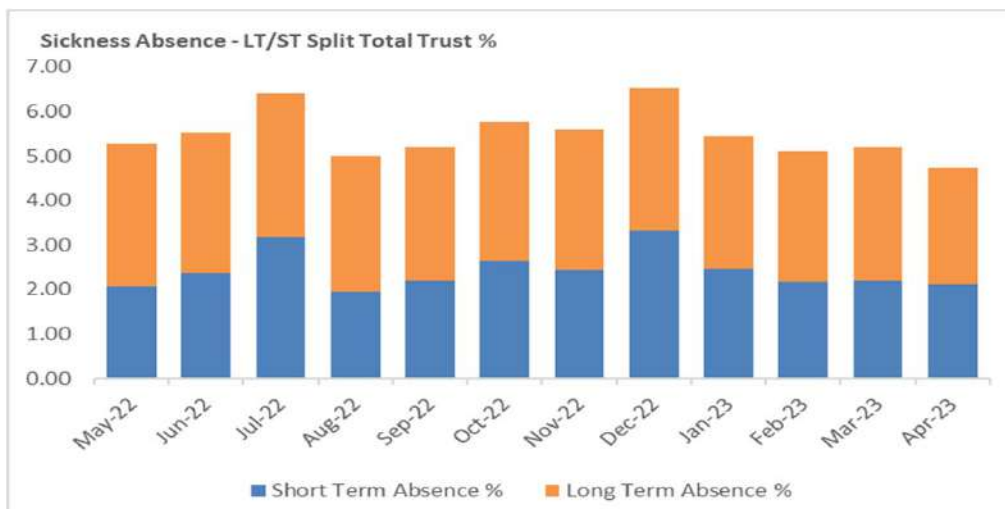
Steps taken and planned impact

- Management of sickness absence continues to be a key focus across all Groups
- Infographic data sets continue to be produced and cascaded to service leads for oversight and management planning
- Staff continue to be signposted to Health and Well-being support and the staff fast track access to Trust diagnostic services where applicable
- Work continues on our approach to Supporting Attendance and innovate ways to manage attendance
- Our annual flu-planning campaign is underway

Risks

- Staff absence arising from ongoing high operational pressures
- On going high sickness levels can impact patient care through safe staffing levels and operational delivery etc. This is mitigated through the use of temporary staff.
- Additional cost of temporary staffing cover

Sickness Absence Performance



Data observations

- The overall Trust sickness absence rate has decreased by 0.36% from March 2023 position of 5.11% to April's position of 4.75%. This is the lowest % we have seen over the past 12 months.
- The non-Covid absence level is further decreasing.
- The top absence reason remains as Anxiety/Stress/Depression/Other Psychiatric Illness.
- Peaks in the monthly absence trend reflect peaks with Covid 19 and other seasonal illnesses.

Risks

- Staff absence arising from ongoing high operational pressures
- On going high sickness levels can impact patient care through safe staffing levels and operational delivery etc. This is mitigated through the use of temporary staff
- Additional cost of temporary staffing cover

Sickness Absence Performance

Group	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
218 Clinical Diagnostics	5.49%	5.26%	6.58%	5.05%	5.49%	5.69%	5.46%	6.64%	5.42%	5.79%	5.35%	4.28%	
218 Clinical Support Services	5.48%	5.85%	7.42%	5.61%	5.35%	6.15%	6.55%	7.29%	5.87%	5.22%	5.21%	5.33%	
218 Core Services	4.65%	4.73%	4.95%	3.98%	4.08%	4.92%	4.71%	5.86%	4.71%	4.30%	4.37%	3.89%	
218 Emergency Medicine	6.42%	6.68%	5.99%	5.33%	5.43%	6.22%	5.69%	7.02%	5.93%	5.38%	5.65%	5.20%	
218 Medicine	4.59%	4.85%	6.06%	4.26%	4.75%	5.30%	5.08%	5.58%	5.09%	5.14%	5.52%	5.11%	
218 Surgical Services	5.93%	6.02%	6.48%	4.45%	5.19%	6.25%	5.90%	7.05%	5.86%	4.92%	5.10%	4.02%	
218 Trauma and Neuro Services	4.61%	5.42%	6.06%	5.73%	5.79%	6.35%	5.02%	6.58%	4.95%	4.79%	5.43%	4.32%	
218 Women and Children	6.10%	6.59%	7.49%	6.41%	6.42%	5.99%	6.33%	6.96%	6.05%	5.41%	5.12%	5.16%	

Staff Group	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
Add Prof Scientific and Technic	6.80%	7.61%	7.72%	5.22%	5.96%	5.27%	6.35%	6.75%	5.89%	5.74%	6.24%	6.80%	
Additional Clinical Services	8.15%	8.57%	10.00%	8.53%	8.55%	9.28%	8.73%	9.84%	8.78%	8.45%	8.20%	7.47%	
Administrative and Clerical	5.01%	4.88%	5.22%	4.68%	5.32%	6.15%	5.96%	7.04%	5.23%	5.03%	4.71%	4.54%	
Allied Health Professionals	2.79%	3.71%	5.34%	3.32%	2.72%	3.38%	3.84%	4.58%	3.46%	3.44%	2.47%	2.82%	
Estates and Ancillary	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	13.33%	
Healthcare Scientists	4.26%	3.90%	4.25%	2.16%	3.30%	2.92%	3.33%	4.87%	3.69%	5.43%	5.42%	3.52%	
Medical and Dental	1.27%	1.48%	1.99%	0.97%	1.19%	1.12%	1.25%	1.47%	0.89%	0.89%	1.05%	0.64%	
Nursing and Midwifery Registered	5.55%	5.81%	6.72%	5.11%	5.18%	6.06%	5.65%	6.77%	5.82%	4.90%	5.63%	5.05%	

Data observations

- There is some alignment with the absence peaks experienced by Clinical Groups when compared to the staff groups, however it is not a direct comparison, for example only Admin & Clerical staff reached its peak monthly absence rate during December 2022, however four clinical groups during the same period recorded their peak.
- Further absence modelling based on the staff group mix within each Clinical Group may give better indications of future trends

Steps taken and planned impact

- Clinical groups continue to proactively manage sickness absence and all groups use monthly production boards, check and challenge meetings with People BPs and managers to ensure appropriate plans are in place.
- There is also the support of the People Support Group which includes health and wellbeing, engagement and equality, diversity and inclusion.

Mandatory Training



Data observations

- Mandatory training compliance has increased by 0.84% to 94.10% when compared with the compliance from March 2023.

Steps taken and planned impact

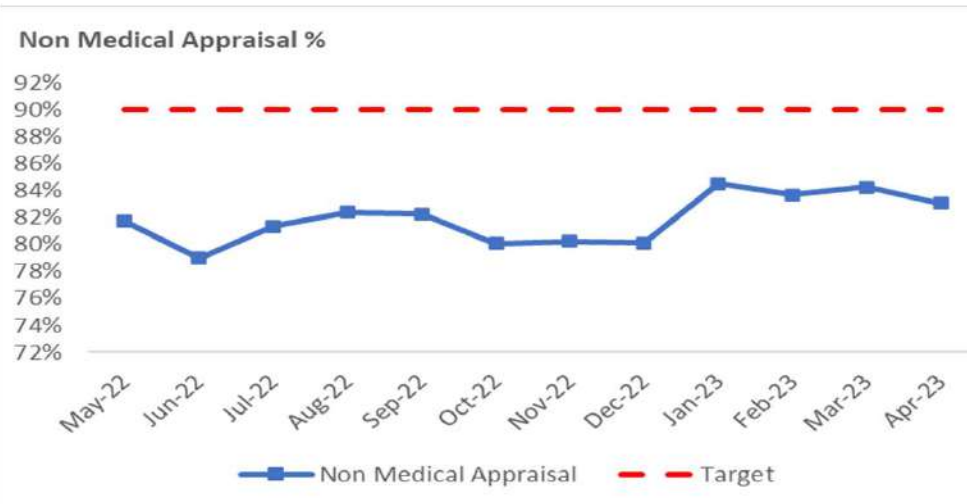
- Key areas which report lower compliance with individual subjects are being targeted with specific support.
- All Groups are being asked to ensure mandatory training (along with appraisals) are pulled forward ahead of the planned EPR implementation. This is being monitored through the Trust Performance Framework of Quarterly Reviews and monthly Accountability Reviews

Group Mandatory Training %	Feb-23	Mar-23	Apr-23
Clinical Diagnostics	94.39%	94.38%	94.71%
Clinical Support Services	96.00%	96.24%	96.64%
Core Services	94.24%	93.28%	94.19%
Emergency Medicine	92.30%	92.44%	93.16%
Medicine	92.93%	92.49%	93.65%
Surgical Services	93.60%	91.94%	93.30%
Trauma and Neuro Services	92.14%	91.67%	92.52%
Women & Children	91.48%	90.88%	91.71%
Substantive Staff Only	93.68%	93.26%	94.10%

Risks

- Capacity plans and performance are affected by non attendance at training.
- Demand for face to face courses is higher than number of spaces. It is exacerbated by Do Not Attends.

Non Medical Appraisals & Medical Appraisal



Data observations

Non Medical Appraisals

- There has been slight decrease in compliance across the Trust of - 0.82% overall resulting in 83.08% compliance

Medical Appraisals

- The overall level of medical appraisal completions has slightly improved this month by 0.22% with 90.83% compliance

Steps taken and planned impact

Non Medical Appraisals

- Groups continue to focus on trajectory improvement plans and track these locally through their speciality reviews and Group Management Board meetings.
- Groups have been asked to pull forward their appraisals in readiness for EPR implementation. This is being monitored through the Trust Performance Framework of Quarterly Reviews and monthly Accountability Reviews

Medical Appraisals

- Reminder communications are issued as part of the Trust CMO bulletin and Group Management Board/Specialty Meetings.

Risks

- Adverse impact on staff engagement
- Adverse impact on staff development

Non Medical Appraisals & Medical Appraisal by Clinical Group

Non Medical Appraisal	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
218 Clinical Diagnostics	84.18%	81.58%	85.44%	82.67%	84.51%	83.54%	85.92%	86.59%	89.41%	88.14%	89.74%	89.83%	
218 Clinical Support Services	88.64%	83.83%	86.60%	86.44%	91.07%	89.57%	89.57%	88.56%	91.86%	90.92%	90.29%	86.67%	
218 Core Services	71.60%	67.84%	70.28%	74.41%	68.27%	65.16%	66.75%	67.92%	72.10%	71.50%	73.47%	72.64%	
218 Emergency Medicine	83.76%	84.07%	85.93%	86.47%	79.15%	81.03%	83.30%	86.12%	88.73%	90.14%	90.73%	88.01%	
218 Medicine	73.95%	69.25%	72.46%	77.00%	76.43%	73.81%	73.42%	72.66%	79.43%	75.83%	76.11%	78.66%	
218 Surgical Services	89.12%	89.17%	89.25%	88.74%	89.35%	87.86%	87.76%	85.40%	85.10%	88.54%	90.30%	87.93%	
218 Trauma and Neuro Services	85.46%	81.55%	80.41%	84.45%	84.83%	77.72%	77.20%	77.06%	85.46%	85.05%	85.90%	86.35%	
218 Women and Children	83.45%	86.99%	90.00%	84.68%	87.82%	85.29%	80.54%	79.87%	86.61%	86.53%	85.71%	81.24%	
Medical Appraisal	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	
218 Clinical Diagnostics	92.86%	97.06%	98.57%	97.01%	98.53%	97.01%	95.52%	91.18%	89.55%	96.97%	88.24%	89.71%	
218 Clinical Support Services	93.62%	92.13%	91.40%	94.25%	92.47%	95.79%	96.70%	94.79%	94.85%	92.93%	91.00%	94.17%	
218 Core Services	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	85.71%	80.00%	
218 Emergency Medicine	91.01%	84.71%	84.71%	92.59%	96.55%	97.50%	96.05%	85.71%	91.46%	92.77%	94.12%	95.45%	
218 Medicine	86.98%	89.57%	91.88%	95.54%	97.58%	95.76%	94.38%	95.83%	91.12%	92.35%	90.06%	91.28%	
218 Surgical Services	84.43%	82.91%	81.67%	87.61%	85.83%	91.45%	94.78%	96.64%	93.33%	94.12%	92.13%	88.37%	
218 Trauma and Neuro Services	91.04%	83.97%	87.14%	92.06%	93.08%	95.45%	89.47%	88.24%	90.44%	91.18%	87.22%	91.43%	
218 Women and Children	86.27%	85.42%	82.61%	93.62%	92.45%	94.55%	96.30%	91.23%	98.28%	93.10%	85.96%	82.46%	

Data observations

- Non Medical Appraisals - There has been slight decrease in compliance across the Trust of 1.18% and compliance is currently 83.08%
- Medical Appraisals – There has been a slight increase in compliance by 0.68% and compliance is currently 90.83%.

Steps taken and planned impact

- Groups continue to focus on trajectory improvement plans and track these locally through their speciality reviews and Group Management Board meetings.
- Groups have been asked to pull forward their appraisals in readiness for EPR implementation. This is being monitored through the Trust Performance Framework of Quarterly Reviews and monthly Accountability Reviews

Risks

- Capacity plans and performance are affected by non attendance at training.
- Demand for face to face courses is higher than number of spaces. It is exacerbated by Did Not Attends.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 June 2023**

Subject Title	Medicines Optimisation Report
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Mark Easter, Janette Knight & Alice BurrIDGE
Attachment(s)	None
Recommendations(s)	The Board is asked to ACCEPT the report

EXECUTIVE SUMMARY

This paper is complimentary to the annual Controlled Drugs Board Report and provides the Board with assurance that the medicines management activities over the last financial year support the Trust's medicines optimisation strategy, whilst continuing to improve the safe use of medicines within the organisation to deliver patient care. The objective of this report is to provide information to assure the Board of the Trust's medicines optimisation response to the:

- Continued delivery of the Trust's medicines optimisation strategy throughout 2021/22 and 2022/23
- Risks and mitigation associated with the delivery of medicines optimisation whilst continuing to improve the safe use of medicines within the organisation to deliver patient care.
- Trust's strategic priorities for medicines optimisation for 2023/24

Key achievements

- Expansion of clinical pharmacy services into virtual wards and direct access pathways to support medicines optimisation.
- Strong reporting culture regarding medicines incidents.
- System wide leadership of Covid Medicines Delivery Unit (CDMU) remodelling.
- Delivery of Discharge Medicines Service to support reduction in readmissions.
- Implementation of Pharmacy to Ward Digital Medicines Management ahead of Cerner deployment.
- Implementation begun of revised Medicines Optimisation Committee structure to support new challenges.

Current challenges & risks

- Management of medicines shortages and ability to meet national recommendations for medicines reconciliation completion with 24 hours.

PREVIOUS DISCUSSIONS HELD

March 2021 – The Medicines Optimisation Strategy Board Report was presented to the Board.

We Care. We Achieve. We Innovate.

KEY IMPLICATIONS:

Financial	Medicines shortages & purchase of alternatives (more expensive supplier or more expensive alternative)
Patients Safety or Quality	Medicines Reconciliation – Risk remains associated with resource to meet the national standards for completing medicines reconciliation for all adult patients within 24 hours of admission. Medicines shortages risk – raised to corporate risk due to increasing number and impact with significant workload impact on pharmacy staff.
Human Resources	Recruitment is challenging for rotational clinical pharmacists and pharmacy technicians both nationally and locally.
Operational	Delivery of COVID vaccination programme and CMDU continued. Expansion of clinical pharmacy services to include further direct access pathway (DAP) areas and expanded virtual wards. Medicines shortages – ongoing & significant resource required to manage. Installation of dispensing robot started to transform medicines supply processes. Ongoing work to review medicines related process aligned with Trust EPR project

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REPORT TO PUBLIC TRUST BOARD

Medicines Optimisation Strategy Report

1. INTRODUCTION

- 1.1 The purpose of the Medicines Optimisation report is to provide an account of medicines management and optimisation activities undertaken during the 12 months for 2022/23. This medicines optimisation report is intended to update to the Board on the Trusts medicines optimisation arrangements and provide assurance to the Board that medicines are appropriately and effectively used throughout the Trust. Medicines optimisation is a patient centred approach to delivering safe and effective medicines use.

2. CONTENT

2.1 Background

Medicines optimisation is a patient focused approach that seeks to maximise the beneficial outcomes for patients from their medicines with an emphasis on four overriding principles that support national guidance and good practice guidance:

- Understanding the patient experience
- Evidence based choice of medicines.
- Ensuring medicines use is as safe as possible.
- Making sure medicines optimisation is a part of routine practice.

- 2.2 The Trust medicines spend per annum is in excess of £70m, of which approximately 27% is on internal (tariff) spend and 73% is pass through (the cost is claimed back from the commissioners) on high-cost medicines.

- 2.3 The Carter report published in February 2016 set out the unwarranted variations in the operational productivity and performance in NHS Acute Hospitals in England. The report highlights that the NHS spends £6.7bn on medicines in hospitals, managed by just 7000 pharmacists, supported by pharmacy technicians and other staff. The principles of the report highlight that these limited pharmacy resources should work collaboratively with all healthcare professionals to ensure the Trust delivers a safe and effective medicines optimisation strategy.

In response to The Carter report, NHS Improvement developed a digital information service known as the 'Model Hospital' that supports NHS Trust providers to explore their comparative productivity, quality and responsiveness against self-selected peers to provide a clearer view for improvement opportunities. Key performance metrics are categorised into themed compartments that include an area for pharmacy and medicines.

- 2.4 The NHSI Carter Productivity Metrics, Model Hospital latest data accessed March 2023:

- The Trust's 'Top 10' medicines delivered savings (2021/22) of £4.16m compared favourably with the peer median of £3.39m
- The Trust's 'Top 10' medicines delivered savings (2020/21) of £5.78m compared favourably with the peer median of £5.31m
- Desflurane (%) of total inhaled anaesthetics usage at January 2023 was 0.7% in the mid to low quartile nationally – indicating a positive reduction in usage in line with NHS green initiatives.

2.5 Medicines Governance - Overarching Governance

The Drug & Therapeutics Committee, Medicines Safety Committee and Medicines Management Committee report into the overarching Medicines Optimisation Committee (MOC). This structure assures that all healthcare professionals work collaboratively to ensure that the right patient receives the right medicine at the right time. This governance structure delivers:

- a single, unified Medicines Optimisation report to Patient Safety and Clinical Effectiveness Committee
- clear sign off of medicines related policies by senior pharmacy, nursing, medical and quality representatives.
- appropriate assurances and monitoring regarding medicines practice, policies, action plans and risks.

2.6 Drug & Therapeutics Committee (D&T)

Ensures the Trust's focus is on the:

- evidence based choice of medicines in its decisions when reviewing new medicinal products for the inclusion in the Trusts Drug Formulary
- review prescribing compliance with the Formulary.
- approve NICE Technology Approvals
- monitor the use of unlicensed products and their risks.

2.7 Medicines Management Committee (MMC)

Its purpose is to ensure all Trust medicines management practice, policies, clinical guidelines and clinical operating procedures relating to medicines practice comply with legislative and regulatory requirement, NICE guidelines and professional standards best practice recommendations where applicable.

2.9 Medicines Safety Committee (MSC)

Ensures medicines use is:

- safe by analysing and reviewing trends in Datix reports of incidents involving medicines.

- To consider actions and learning points from incidents.

The MSC facilitates:

- the implementation of changes in working practices from the shared learning
- medicine reviews related patient safety alerts.
- that the appropriate actions are taken

2.10 Key Achievements - Medicines Optimisation Strategy

The Medicines Optimisation Strategy was developed as part of the Trust's response to the Carter Report and continues to drive the Trust's approach to Medicines Optimisation. The action plan is monitored by the Medicines Optimisation Committee.

- Installation of 15 automated Omnicell cabinets in theatres complementing the 65 trust wide
- Medicines safety projects via the medicines safety committee
- Pre-EPR snapshot of omitted doses of medicines
- Supporting Clinical Groups to meet PGD and Guideline review timelines.

Approval of reviewed Trust Corporate Business Records for:

- Policy for Independent & Supplementary Prescribers by Registered Healthcare Professional
- Injectable Medicines Policy
- Medicines Policy
- Managing Medication Errors Policy

2.11 COVID-19 Pandemic Response and Restoration

The Trust's Medicines Committees (D&T, MMC and MOC) have responded by supporting the Trust to continue to deliver safe and effective use of medicines during the COVID-19 pandemic, restoration, and vaccination programme. The work undertaken includes:

- Completion of risk assessments for the safe and secure storage of medicines due to the relocation of services.
- Review and approval of national COVID-19 related medicines documents by the Drug & Therapeutics Committee.
- Improvements to the Outsourced Outpatients Pharmacy – A new dispense and delivery service that offers patients a choice for where and how they can collect their medicines following their outpatient appointment. UHCW is the first Trust in the NHS to commence this new dispense and deliver' service provided by Lloyds Pharmacy (outpatient pharmacy contractors). The service enables patients to receive their outpatient consultation virtually and prescribed medication delivered close to the patients' home.

- COVID-19 Vaccination Programme – The success of the Trust's work in the preparation for the safe use, administration, and adherence to national protocols for the Pfizer COVID-19 vaccination programme has been shared with other NHS Trusts in England. The successful vaccination programme continued in 2022-23 to provide boosters in line with national guidance.
- System wide leadership and implimentation of a nationally recognised hybrid Covid Medcines Delivery Unit. Triage and referral by GPs and treatment in secondary care. Work this past year has been to migrate to a primary care led and delivered service which will be completed in 23/24.

2.12 Audit

The Medicines Optimisation Committee receives reports from the MMC and MSC audit programme. The 2022/23 audit plan included one snapshot local audit regarding medication omissions as baseline data prior to EPR launch and the regular controlled drug audit. The results of these audits are discussed at the relevant committee and presented to MOC.

2.13 Safe and Secure Handling of Medicines

The MMC has continued to risk assess new services and relocations of service to ensure safe and secure handling of medicines, including the new urgent treatment centre and minor injuries unit. Secure storage of prescriptions for new and existing services continues to be reviewed.

2.14 World Class Ward and Department Assessment Accreditation

The Accreditation Framework is a tool containing 15 standards which is used to measure the quality of care delivered in a clinical area. Developing a set of standards against which to measure quality of care is central to demonstrating improvement. Accreditation brings together key measures of nursing and clinical care into one overarching framework to enable a comprehensive assessment of the quality of care being delivered. When used effectively, it can drive continuous improvement in patient outcomes, promote patient safety and improve staff satisfaction at ward and unit level. The Accreditation Framework is aligned with UHCW's Pathway to Excellence journey and is a key component of the quality standard providing recognition of high standards of care delivered in clinical areas and a focus for where improvements are needed. The assessments are led by the Lead Nurse for Quality and Patient Safety.

The second annual Ward/Department Accreditation assessments of all the adult base wards (Cohort1) were completed in February- May 2022. Standard 10: Medicines Management is one of the largest standards within the framework containing 29 elements in total. These are divided into three domains: Environment, Care and Leadership and include assessment of safe storage and documentation of medication; administration of all medications; knowledge of time critical medications and learning shared with staff related to any medication incidents in the ward area. The Ward Manager, Matron and Group Director of Nursing receive the assessment outcome and award accredited the same day. Action plans are developed by Ward Managers and Matrons following the assessment to provide focus on areas for improvement.

Themes are aligned with incidents reported on Datix and shared with Ward Managers and Medicine's Safety Champions. The Medicine's Safety Committee is provided with an overview of trends identified following completion of all assessments.

The Lead Nurse for Quality and Patient Safety has been working alongside Critical Care, Neonates, Paediatrics and Maternity (known collectively as Cohort 2) to develop bespoke frameworks for each area.

2.15 Self-Administration of Medicines by Inpatients

The Trust's policy for Self-administration of medicines by inpatients at UHCW NHS Trust was removed from eLibrary in October 2021. Significant changes to the policy were required to incorporate infection prevention measures due to COVID-19 and other novel infections; to enable the self-administration of patient own medicines. In the interim there are a number of medicines patients can continue to self-administer defined within the medicines policy.

The task and finish group that had been set up to pilot the implementation of the policy was stood down following national guidance for infection prevention controls for handling patients own medicines as part of the COVID-19 pandemic. It is anticipated that the task and finish group will resume this work in 2023-24 to align with the EPR project.

2.16 Antimicrobial Stewardship

The term 'antimicrobial stewardship' is defined as 'an organisational or healthcare system wide' approach to promoting and monitoring judicious use of antimicrobials to preserve their future effectiveness. The Trust's Antibiotic policy is reviewed and updated in accordance with Public Health England guidance and is consistent with local CCG (or regional) guidance. Antimicrobial prescribing and pharmacy interventions are monitored on an on-going basis by ward pharmacists and reported as a standing agenda item at the Infection Control Group by the Antibiotic Pharmacist and any deviations from the Trust's prescribing guidance are reported back to relevant consultants.

The quarterly antibiotic point prevalence audit is undertaken to monitor that prescribing standards are in line with the Trust's antibiotic policy. Results are shared with Clinical Groups and triumvirates by the Antimicrobial Stewardship Committee through Specialty Quality Improvement and Patient Safety meetings and the Medicines Safety Committee. Table 2 below provides the 2022/23 results.

Table 2: Antibiotic Point Prevalence Audit Results

Standard	Results (target 100%)		
	April 2022	July 2022	November 2022
Patients with allergy status documented	96%	97%	96%
Patients with an allergy type of reaction documented	68%	67%	58%
Indication stated	86%	83%	80%
Antibiotics prescribed appropriately when indication stated on medicines chart	94%	92%	94%
Course length or review stated	79%	74%	66%

The Trusts Adult Antibiotic Guideline has been updated to provide clear guidance for all registered healthcare professionals for antibiotic prescribing and administration. The revised clinical guideline provides colour coded clarification for the penicillin status of each antibiotic drug listed within the document to prevent inadvertent prescribing of medicines containing penicillin where an allergy is recorded. Further improvements in antimicrobial stewardship should be possible when EPR is live.

2.17 Medicines Safety

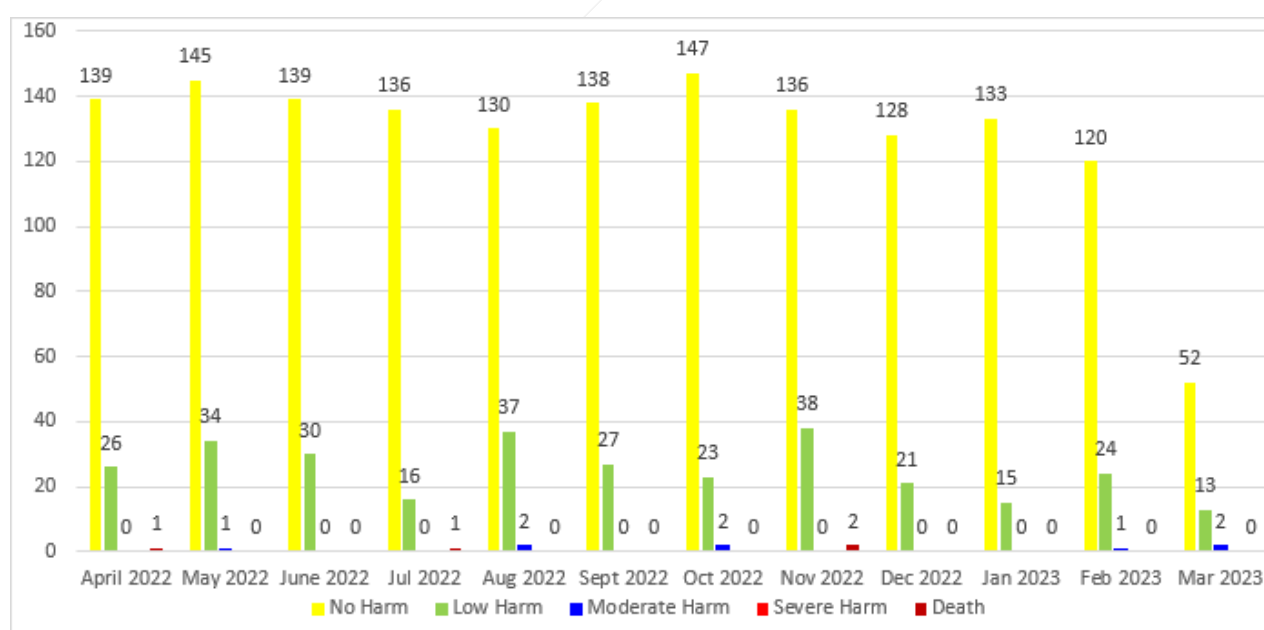
The Trust's Medicines Safety Officer (MSO) supports the Trusts Quality strategy around medication safety through clinical leadership.

The Trust is committed to the safe use of medicines and actively encourages the reporting of medicine incidents to enable learning and prevent patient harm. The Trust's Quality Strategy clearly defines the Trust's commitment to improve the management of medicines by:

- Promote and encourage the reporting and learning from medication incidents.
- Continuation of high level of medication incident reporting (using incident data)

The NHS Improvement state in its National Reporting and Learning System (NRLS) National Patient Safety Incident Reports: commentary, September 2020, '*By reporting NRLS incidents, NHS staff have demonstrated the values of a just culture by approaching incident reporting decisions in an open and transparent manner*'.

Graph 1: Number of medication incidents reported on Datix (by month from April 2022 to 17/03/23)



2.18 Moderate or Severe harm or Death Medication Incidents

There was a total of 4 deaths, 0 severe harm and 8 moderate harm medication incidents reported between April 2022 to 17/03/2023. All serious incidents (moderate harm and above) are considered on a case by case basis, and subject to an immediate incident review (IRR) and assessment by the Patient Safety Response (PSR) team.

Serious incidents are defined as events where the potential for learning is so great, or the consequences to patients, families and carers, staff and/or organisations is so significant to warrant a comprehensive response. Serious incidents can extend beyond serious incidents which affect patients directly and include incidents which may indirectly impact on patient safety or an organisation's ability to deliver ongoing care (NHSE SI Framework, 2015)

These incidents are referred to the Serious Incident Group (SIG) who is responsible for supporting the Trust Board in assuring those serious incidents (e.g., serious incidents, never events) are investigated, reviewed, and acted upon appropriately and that lessons are learned, implemented and monitored. The reported incidents are related to medication omissions, prescribing and administration errors and adverse drug reactions. All the above reported incidents underwent incident analysis, and a robust investigation process and key recommendations were identified, and an action plan was developed to reduce the risk of reoccurrence of the incident.

2.19 Learning Lessons and Action Plan themes

All incidents reported are investigated and key learning points are discussed shared at specialty QIPS and Trust wide via the Chief Medical Officer Safety messages. Individuals involved in the incidents are appropriately supported with their learning and reflection by their clinical and educational supervisors.

2.20 Critical Medicines

Medicines identified as 'critical medicines' can cause harm when delayed or omitted. In 2010 the National Patient Safety Agency issued an alert 'Reducing harm from omitted and delayed medicines in hospital' following the number of medication incidents reported to National Reporting & Learning System (NRLS).

The Trust's most frequently reported medication incident is in line with the NRLS data that is omitted medicines. After EPR implementation, reporting of omitted medicines will be included based on the data in the system.

The on-going work to support and reduce omitted medicines includes automated medicines cabinets – work continues to embed this practice and train new staff in the use to access critical medicines across both University Hospital and the Hospital of St. Cross. The automated medicines cabinets enable nursing staff to locate medicines anywhere within the Trust to support the efficient and timely access to critical medicines to prevent omissions.

Anticoagulants - the prioritisation for the safe use of these high-risk medicines includes:

- The anticoagulant pharmacist practices in the thrombosis clinics to support the safe prescribing and use of these medicines.

- Provide safety alert cards for all patients receiving anticoagulation medicines on discharge.
- Anticoagulant medicines training for healthcare professionals

Home Parental Nutrition – Long-term PN patients are supplied via homecare companies. The supply chain in this area is not secure and is a recognised risk. Pharmacy is working with the Intestinal Failure lead to manage this risk and find long term solutions.

2.21 Medicines Reconciliation

Medicines reconciliation is the process by which a patient's previous, and most current, medication history is corroborated using multiple sources including the Summary Care Record (SCR) and speaking with the patient. The Patient's Own Drugs (PODs) are checked against the medicines prescribed upon admission, clearly documented in the patients' records, to prevent patient harm.

The National Institute for Health & Clinical Excellence (NICE), Medicines Optimisation NICE guideline and the National Patient Safety Agency (NPSA) considers that medicines reconciliation is essential and should take place at the earliest opportunity following a patient's admission to hospital. This is to prevent medication errors on transfer between care settings.

The Trust Board were informed in the 2019/20 medicines optimisation report of the Trust's steps to mitigate the risks associated with not meeting national standards for completing medicines reconciliation for all adult patients within 24 hours of admission. This risk continues to be monitored by the Medicines Management Committee but continues to remain a 'high risk'.

Following the success of the new direct admission patient pathways from the Medical Decisions Unit and Emergency Department that included additional pharmacist and pharmacy technician posts, this will drive improvements for pharmacy led medicines reconciliations to be completed for patients on admission. The national standard will remain significantly challenging to meet without significant investment in pharmacy staff to enable the service to grow to cover all inpatient areas in addition to towards a full seven-day service.

2.22 Pharmacy Clinical Activity

Clinical pharmacy services are embedded across inpatient wards, outpatient clinics, clinical trials (research and development), Arden Cancer Centre and Quality & Patient Safety. New models of working are being tried and tested to optimize efficiency and focus on key outcomes aligned to the Trust priorities, including improving patient flow, patient safety and reduced wastage.

The introduction of PharmacyView has supported effective handover and prioritisation of patients at ward level, by ward-based teams. Interventions and a live dashboard are accessible easily and live data denoting where the work is has enable effective prioritisation of areas.

The pharmacy team supported the surgery accelerator programme during June and July 2022 to help reduce elective waiting lists.

2.23 Discharge Planning – Electronic Transfer of Discharge Prescriptions.

Pharmacy have successfully worked with ICT to implement a process for electronic transfer of prescriptions between prescribers and pharmacy, using the hospitals existing Clinical Results Reporting System (CRRS). The electronic transfer of prescriptions between prescriber and pharmacy has reduced waste identified in the previous process. Once a prescription is written by a prescriber, it will immediately become available for clinical screening by pharmacy and then electronically transferred to the inpatient pharmacy for dispensing. This should, in most cases, eliminate the need for printing the prescription at ward level; reduce waste associated with transportation and make for a leaner process. The new system enabled prescriptions to be electronically uploaded onto CRRS on completion, aiding clarity, reducing the risk of pages being scanned incorrectly and improving patient experience by reducing waste and improving flow.

The new process has reduced discharge processing time by 40 minutes per discharge. The pharmacy department processes on average 120 discharges per day.

2.24 Theatres

Theatres have reduced their desflurane (an anaesthetic gas) usage ahead of the nationally agreed targets and deadlines. Switching from Ethyl Chloride to cool sticks is another green example in practice. They are cheaper and better for the environment and equally as good for checking if local anaesthetic blocks are working, indicative of this area's commitment to a greener NHS.

2.25 Controlled Drugs Governance

The Trust's Controlled Drug Policy is linked to the Trust's Medicines Policy and supporting clinical operating procedures that provide in detail the requirements for the storage, prescribing, administration, and management of controlled drugs across the Trust.

- The Medicines Optimisation Committee standing agenda item for 'fitness to practice' concerns are reported to the Accountable Officer. This ensures that the Trust's Accountable Officer is notified of suspected medicines misuse or misappropriation. The Accountable Officer received a report of suspected misappropriation in February 2023 which continues to be under investigation.
- The Trust Associate Director of AHPs, the Lead Clinical Scientist and the Chief pharmacist work together to ensure fitness to practice covers all professional groups involved in medicines use.
- The multi-professional group (Controlled Drug Incident Review Group (CDIRG)) attended by representatives from Palliative Care, Pain Management, Pharmacy, Practice Facilitators, Nursing Quality & Improvement and the Local Security Management Specialist meet to review all Accountable Officers Incidents for patterns, trends and learning opportunities.

2.26 Medicines Management Training

The medicines management training workshops are delivered by the Practice Facilitator and Pharmacy Governance Team and are included in the preceptorship nursing programme. The

workshops include information on drug storage, drug security, time critical medicines and preventing omissions. The workshops continue to receive positive feedback, from nursing and operating department practitioners, who find the workshops both informative and fun. Sessions provided and attendees are highlighted below:

Number of Training Sessions provided at Q4 2022/23	Numbers attended
Nursing preceptorship x 10	500
Controlled Drug Training (Nursing Associates) x 1	5
Theatres medicines management training ODPs/Nurses	(10 sessions provided)

2.28 Medicines related licenses

UHCW NHS Trust pharmacy department hold the following licenses to enable the sale and supply of medicines as part of the Trust's Service Level Agreements:

- Wholesalers Dealers License
- Home Office Controlled Drugs License
- EL97 Audit (regional quality assurance audit of aseptic services) – note significant delay in receiving feedback (inspection May 2022, report received March 2023).

Inspections are undertaken by the MHRA and Home Office to ensure that the Pharmacy Department are operating under the conditions of legislation and the license.

Delays in EL97 audit reporting have been escalated directly with Regional Quality Assurance and via the Regional Chief Pharmacists. The Regional Quality Assurance team is introducing an electronic ongoing reporting and monitoring system in 23/24 which is expected to address delays to audits.

2.29 Clinical trials

Despite recruitment challenges within the pharmacy clinical trials team the target for patients recruited into clinical trials was met. The figure below shows the success of clinical trial recruitment at UHCW. UHCW was the second highest recruiting Trust in the region and recruited more than Queen Elizabeth Hospital Birmingham.



3. IMPLICATIONS

3.1 Medicines Procurement, National Supplies Problems

The Trust continues to experience difficulty in maintaining supplies of medicines where there are national supply chain problems. These have been exacerbated due to the COVID-19 pandemic and ever-changing political landscape. The pharmacy department works closely with national and regional procurement teams to maintain sufficient stocks available for patient use, by following national guidance to conserve stocks or source alternative licensed/unlicensed supplies where appropriate. NHS England & Improvement, the Department of Health & Social Care and the Medicines Healthcare and products Regulatory Agency (MHRA) anticipate that there will be an increase in medicines supply problems as the United Kingdom is no longer in the European Union. A national business continuity plan to ensure availability of medicines within the national supply chain remains stable has been developed and Chief Pharmacists have been advised by the Department of Health & Social Care that they are responsible for ensuring their organisation does not stockpile medicines unnecessarily.

Medicines supply issues are a risk on the Trust Risk Register due the number and complexity of shortages and the impact on the pharmacy teams managing these shortages. This remains a high level risk.

3.2 G5 – Carter Report

A key recommendation from Lord Carter's report "Operational productivity and performance in English NHS acute hospitals: Unwarranted variations" 2016 is to shift the balance of activity in the pharmacy workforce from essential pharmacy infrastructure services to clinically facing roles. Each non-specialist acute trust in England then produced a Hospital Pharmacy

Transformation Plan by April 2017. Many of these contained plans to consolidate services across a wider footprint.

The five Chief Pharmacists of the five Acute Trusts in the West Midlands South Region form a group thereby referred to as the G5. This group consists of the Chief Pharmacists from the following Trusts:

- Wye Valley (WVT)
- George Eliot (GEH)
- South Warwickshire (SWFT)
- Worcestershire Acute (WAHT)
- University Hospital Coventry and Warwick (UHCW)

The G5 have met for a number of years and continue to work collaboratively. These relationships have been especially valuable as we collaborated over the COVID period.

The six themed areas worth investment of collaborative time and effort to develop improvements in productivity and efficiency across the West Midlands South Area include:

- Aseptic Production
- Homecare
- Medicines Information - achieved.
- Formulary
- IT
- Quality Assurance

Aseptic production remains a challenge although implementation of the plan commenced as covid hit. The success of the covid vaccination programme is largely down to the work of these specialist teams, who are now renewing their focus on aseptic production. The original work focussed on estate which remains a challenge but, like many other areas, workforce is the most significant issue in the medium to long term. The G5 has commissioned work looking at opportunities to innovate in this area.

3.4 Workforce Planning

The NHS continues to experience a national shortage of skilled healthcare professionals to deliver NHS services. UHCW continues to remain in the lower quartile of pharmacists per number of inpatient beds. In response to the recruitment difficulties in Medical, Nursing and Allied Healthcare Professionals the Trust workforce team continue to support the development of roles including Non-Medical Prescribers (NMPs), Nursing Associates, Physicians Associates and Allied Healthcare Professionals. Pharmacy has worked closely with the Trust's Lead for NMPs and updated the related policy and scope of practice process to enable rapid use of this valued skillset. To improve our retention of early career pharmacists we have reviewed our rotational programme and the supportive rotational pack that supports their foundation training.

The national shortage of qualified skilled pharmacy staff is particularly relevant where registered Pharmacy Technicians are concerned who support the delivery of the clinical pharmacy service. The pharmacy department has reviewed its workforce and remodelled the establishment to recruit dispensers and support workers to deliver the pharmacy clinical service. The implementation of the new Step 4 to 5 training program for pharmacy technicians is anticipated to provide an attractive career package and support the retention of staff.

3.5 Allied Healthcare Professionals (AHPs)

The Trust has successfully recruited an Associate Director of Allied Health Professionals to support trust wide leadership for this large group of staff. Many AHPs are now able to prescribe medicines and therefore this role is linked in with our wider fitness to practice reporting via MOC.

4. **OPTIONS - PARTNERSHIP WORKING**

4.1 Outpatient, Shared Care and High Cost Medicines

Lloyds Pharmacy have been contracted to deliver the outpatient service of the Trust since 2013, with most of the Trust outpatient prescriptions being handled by the sites at University Hospitals (UH) and Rugby St Cross (approx. 10,000 items per month). Lloyds as a provider has enabled partnership working on several innovative projects:

- Immunosuppressant dispensing pathways, bringing collection closer to the patient's home.
- A bespoke arrangement for compliance aid (blister pack) dispensing and delivery.
- Supply of larvae therapy for wound healing
- Dispense and deliver outpatient prescription package.

4.2 Shared Care Prescribing

It is long established practice that some conditions and associated medications when stable, care is then shared between the Specialist Consultant and General Practitioner (GP). This arrangement is known as shared care, normally instigated by the Consultant and the paperwork and governance is underpinned by agreement at the local Area Prescribing Committee (APC), which has multidisciplinary attendance across all local healthcare settings. There have been some issues with this approach recently with GPs withdrawing from the scheme.

A clinically lead task and finish group formed in 2018/19 to resolve two main issues:

- GPs having blood results visible which cause refusal.
- Appropriate remuneration in records for extra work

The revised shared care process has been delayed on multiple occasions as the newly established ICB aligns its commissioning priorities. Currently hundreds of patients are still requiring prescriptions from their consultant, resulting in additional administrative and clinical time. all of this could take place in primary care when the new process is approved and commissioned.

4.2 High Cost Drugs

The 2022/23 HCD and HC related workstreams relative to; medicines value, waste reduction initiatives and NICE TA implementation are all reported via the relevant commissioning channels as appropriate i.e., NHSEI and ICB with oversight from all relevant Trust stakeholders including pharmacy, finance, and contracting teams.

The team support the Trust in ensuring timely access to evidence-based medicines for our patients; approval of NICE Technology Approvals (TA's) through the Drug & Therapeutics Committee, NHSE Medicines Optimisation CQUINs, Individual Funding Requests (IFR).

4.3 Electronic Patient Record (EPR)

The Trust is committed to EPR solutions. Pharmacy and clinicians are fully engaged in the preparation process for a go live in 2023. There is now a pharmacy digital medicines management team who work directly with the EPR team to ensure safe and effective medicines processes in the system. It is envisaged that pharmacy input and resource will increase as the Trust continues to prepare and then go live with the EPR system later this year. It is anticipated that the EPR system will fully incorporate the Trust's drug formulary, improve efficiencies and prescribing processes from late 2023 and beyond.

4.4 NHS green initiative and medicines

We have pharmacy representation supporting greener use of medicines across the organisation. This includes consideration of dry powder inhalers versus aerosols, reduction in use of certain anaesthetic gases.

4.5 Baxter's fluids – direct to wards

Pharmacy have launched an innovative partnership with Baxter's Healthcare. In March 2023 we launched a managed inventory service where Baxter's work with wards and pharmacy to optimise our usage of intravenous fluids. The benefits include just in time deliveries to the Trust, a full managed inventory to reduce waste, stock holding and rotation of stock. As part of the service, they also support wards to identify areas of improvement for the storage of fluids, of which many are considered medical products.

4.6 System working

UHCWs Director of pharmacy was appointed as the interim System Chief Pharmacist for C&W ICS.

The main areas of work have been focussed on leveraging the benefits of pharmacy teams working ever more closely across the system, and include:

- Implementation of a Discharge Medicine Service (DMS). This allows hospital pharmacists to refer patients to community pharmacists for follow up for interventions such as inhaler technique or blood pressure monitoring. Such interventions have been shown to reduce readmissions.
- Implementation of Refer to Pharmacy – working with ED teams, community pharmacy have received referrals of patient appropriate for community treatment and follow up.
- System funding has been awarded to support the pharmacy research team to assess the impact of clinical trials medicines on the operational delivery of the acute Trusts i.e., freeing up of standard appointments, reducing medicines expenditure or similar.
- Appointment of a mental health trained pharmacist from the partnership Trust to support Pharmacy teams across the system as well as GPs in the use of complex and unfamiliar medicines used in this area.

5. CONCLUSIONS

5.1 Strategic Priorities

- Direct Admission Patient Pathways – pharmacy clinical service (increased clinical pharmacy service to improve medicines reconciliation and safety)
- Pharmacy Robot – Efficient use of pharmacy staff to support improvement of ward-based medicines management.
- Omnicell in theatres – drug security, effective management of stocks
- Medicines Supply Chain – support trust to safely manage national shortages of critical medicines.
- 2023-24 EPR future benefits, utilisation of medicines related data to drive improvements.
- End to end digital medicines management.

5.2 The medicines management governance structure provides assurance through the committees that the use of medicines within the Trust is safe, cost effective and meets regulatory requirements to support the delivery of the Trust's Medicines Optimisation and Quality Strategies. However, the impact of having lower pharmacy staff costs compared against a peer medium has led to significant risks in the delivery of the medicine's optimisation strategy. The top 3 medicines risks that impact on the Trust Medicines Optimisation and Quality Strategies are:

- **Medicines Reconciliation** – Review of the pharmacy staffing establishment benchmark verses peers to determine resource required to meet national standards.
- **National Shortages of Medicines** – remain a significant risk, escalated to corporate level.
- **Aseptic lab capacity**

6. RECOMMENDATIONS

6.1 The Trust Board is asked to ACCEPT this Annual Medicines Optimisation report as part of the regulatory and governance assurance for the delivery of the Trust Medicines Optimisation Strategy.

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Author Role: Director of Pharmacy, Controlled Drugs Accountable Officer, and System Chief Pharmacist

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Author Role: Trust Medicines Assurance Lead and Pharmacy Governance Manager

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Author Role: Associate Director of Pharmacy (Medicines Assurance & Pharmacy Governance)

Date report written: April 2023

**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 June 2023**

Subject Title	Controlled Drugs Accountable Officer Report April 2022 to March 2023
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Mark Easter (Controlled Drugs Accountable Officer & Chief Pharmacist) Alice Burrige (Associate Director of Pharmacy – Medicines Assurance & Pharmacy Governance)
Attachment(s)	None
Recommendations(s)	The Board is asked to ACCEPT the report

EXECUTIVE SUMMARY

This report is complimentary to the annual Medicines Optimisation Board Report and provides the Board with detail of Controlled Drug safe use and management activities over the last financial year to date that support the Trust's Medicines Optimisation strategy. The purpose of this report is to provide an assurance to the Board on the activities undertaken during the 12 months 2022/23 on the safe and secure management of controlled drugs within the Trust, in accordance with legal and Department of Health requirements.

PREVIOUS DISCUSSIONS HELD

Trust Board June 2022

KEY IMPLICATIONS:

Financial	
Patients Safety or Quality	Safe use and management of medicines
Human Resources	
Operational	



We **Care.** We **Achieve.** We **Innovate.**

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST REPORT TO PUBLIC TRUST BOARD

Medicines Optimisation Strategy Report

1. INTRODUCTION

- 1.1 'Dangerous or otherwise harmful drugs' known as 'Controlled Drugs' (CDs) are controlled under 'The Misuse of Drugs Act (1971)' and subsequent amendments. The purpose of the Act is to prevent the misuse of CDs and imposes a ban on the possession, supply, manufacture or importation of CDs, except where allowed by 'The Misuse of Drugs Regulations 2001'.
- 1.2 Controlled Drugs are classified into five schedules, as regulated within the Misuse of Drugs Regulations (2001) and its amended orders, according to the different levels of control attributed to each. Schedule 1 requiring the highest regulatory controls to lesser controls required for Schedule 5 medicines.
- 1.3 The purpose of this report is to provide an assurance to the Board on the activities undertaken during the 12 months 2022/23 on the safe and secure management of controlled drugs within the Trust, in accordance with legal and Department of Health requirements.
- 1.4 A number of drugs used within the Trust, hereafter referred to as "controlled drugs" these include opiate analgesics, stimulants (e.g. dexamphetamine), barbiturates and benzodiazepines. The strict legislative controls on who can prescribe, supply, be in possession of and administer controlled drugs, and how and where they can be manufactured, prepared, stored, supplied, transported and destroyed are stated in the Misuse of Drugs Act (1971) and subsequent amendments.
- 1.5 In response to the Shipman Enquiry, the Department of Health (DH) issued the document Safer Management of Controlled Drugs: Guidance on strengthened governance arrangements, which imposes additional controls on the management of controlled drugs. One of the key requirements of this document is the need for all NHS Trusts to appoint an Accountable Officer (AO) for Controlled Drugs. The AO must ensure the safe and effective use and management of controlled drugs within the organisation, and to monitor the use of controlled drugs and take appropriate action when necessary.
- 1.6 The DH document also requires NHS England to establish a Local Intelligence Network (LIN), comprising AOs, police, counter-fraud, social services and inspecting bodies. The LIN provides a forum where confidential information relating to controlled drugs incidents can be shared.
- 1.7 A subsequent document, Safer Management of Controlled Drugs: 'A guide to good practice in secondary care' (England), issued by the DH in October 2007, provides detailed guidance on the management of controlled drugs in hospitals.
- 1.8 This guidance has been used to compile a detailed Controlled Drugs Policy and supportive Clinical Operating Procedures. The Policy and supportive Clinical Operating Procedures are available on the Trust intranet site and the Pharmacy SOPs upon request. Adherence monitoring is undertaken by the Pharmacy team and assurance reported at the Medicines Management Committee.

2. UPDATES FROM NATIONAL GROUPS

- 2.1 **Legislation changes** - The Misuse of Drugs (Amendment) (England, Wales and Scotland) Regulations 2021: the upgrade of two compounds from schedule 2 to schedule one was revoked ("1,4-Butanediol" and "Gamma-butyrolactone"). The Schedule into which a drug is placed is based on an assessment of its medicinal or therapeutic usefulness, the need for legitimate access as well as its potential for harm when used. The Schedule primarily dictates the circumstances under which it is lawful to import, export, produce, possess, supply and administer the drug. Schedule 1 drugs are considered to have no known medicinal use in the UK. These compounds are not used within the Trust.
- 2.2 Guidance for the safe custody of controlled drugs and drug precursors in transit was updated 21 December 2022. Advice from this guidance is being incorporated into relevant medicines delivery policy within the organisation.
- 2.3 The review of the Safe Custody Regulations 1973 is still on-going. It was anticipated that in March 2020 an announcement as to the status of the Amendments review have been put on hold due to the Covid-19 pandemic.
- 2.4 **CQC Self-Assessment – Annual Review** - The CQC Self-Assessment Tool is designed to be used by the Accountable Officer as part of an annual review to assess their organisation's arrangements for controlled drugs governance and identify areas requiring improvement. The tool covers governance of CDs, including access to these medicines, standard operating procedures, management of CDs in the hospital pharmacy, wards and departments, transport, auditing, reporting of incidents and information sharing. This annual review was completed in March 2023. This review has identified areas for improvement associated with transport of discharge prescription CDs to a patient's home and updating trust security team SOP for management of unknown substances.
- 2.5 **NICE NG46 Baseline Assessment Tool – Compliance.** In March 2023 a review of the NICE Baseline assessment tool for Controlled drugs: safe use and management (NICE medicines practice guideline NG46) by the Accountable Officer and Pharmacy Governance and safety Team agreed that 59/63 (94%) relevant recommendations were met. Recommendations not met due to insufficient evidence to provide assurance. It is anticipated that this will be resolved in some part through implementation of EPR scheduled to begin in 2023 enabling monitoring of prescribing trends.

3. **TRUST GOVERNANCE OF CONTROLLED DRUGS**

- 3.1 **Medicines Governance** - An overarching Medicines Optimisation Committee (MOC) to which the Drug & Therapeutics Committee, Medicines Safety Committee and Medicines Management Committee report. This structure assures that all healthcare professionals work collaboratively to ensure that the right patient receives the right medicine at the right time. This governance structure delivers: a single, unified Medicines Optimisation report to Patient Safety and Clinical Effectiveness Committee clear sign off of medicines related policies by senior pharmacy, nursing, medical and quality representatives; that appropriate assurances regarding medicines practice, policies, action plans and risks are monitored.
- 3.2 The Trust's Controlled Drugs Accountable Officer (CDAO) quarterly occurrence reports have been prepared by the Trust Medicines Assurance Lead or Senior Pharmacy Technician for Governance on behalf of the CDAO, presented and approved by the Medicines Optimisation Committee before submission to the Coventry & Warwickshire Local Intelligence Network. The reports are structured to support national reporting collation of data that enables national evaluation for benchmarking initiatives.

- 3.3 The reports provide an overview of moderate to high risk CD related incidents as categorized by the LIN risk, type and category breakdown chart found in appendix 1 the status of the investigation at the time the occurrence report was submitted and the learning from these incidents is shared by the Trust CDAO and Associate Director of Pharmacy during these quarterly LIN meetings.

3.4 **LIN incidents reported 2022/23 – a summary of the data in appendix 1**

There were 784 CD LIN incidents reported across 2022/23. These were categorised as 704 low LIN risk and 81 moderate LIN risk. A reduction of approximately 13% compared to 2021/22 reporting. The proportion of low to moderate incidents in terms of LIN risk remains consistent.

Prescribing LIN incidents: remain a low proportion of all reported incidents.

Dispensing LIN incidents: this type of incident remains stable compared to 2021/22. These incidents report the discrepancies between the physical stock levels recorded on the two pharmacy electronic systems used for the custody (automated Omnicell medicines cabinet) and the JAC pharmacy dispensing system used to label and cost these medicines. All discrepancies reported are fully investigated.

Administration LIN incidents: the number of reported incidents has increased slightly compared to 2021/22. The proportion of moderate incidents has increased from 6% to 15%, but remains below the level of 18% reported in 2020/21.

Other LIN incidents: the types of incidents within this category are described in appendix 1. The reporting of this incident type remains high, partly due to our additional vigilance of lower schedule medicines discrepancies that we continue to have oversight of through our electronic medicines storage (Omnicells). These incidents also include reporting related to physical level of Schedule 4 and 5 medicines held within the Omnicell automated medicines cabinets versus the electronic level of the cabinet.

- 3.5 Assurance of Controlled Drugs governance is provided through the monitoring of LIN incidents by the Controlled Drug Incident Review Group (CDIRG) to establish patterns, trends and learning opportunities that are reported to the Medicines Management Committee (MMC). This group met five times during 2022/23 and have continued to provide information and learning from these incidents to the wider organisation via the MSC.

The Controlled Drug Incident Review Group focus for 2022/23 will be to continue to share common themes and learning identified from reported incidents.

- 3.6 Monthly monitoring of fitness to practice concerns is monitored by the Medicines Optimisation Committee. Fitness to practice reports are received from the Deputy Medical Officer, the Director of Nursing/Deputy Chief Nursing Officer and Chief Pharmacist & Controlled Drugs Accountable Officer. There were two fitness to practice concerns reported during 2022/23 and these have been managed within regulatory and trust policies.

The Director of Pharmacy, Allied Healthcare Professional (AHP) Lead and Lead for Clinical Scientists have developed a policy for the referrals to the professional regulatory body for registered clinicians which is currently being reviewed by Workforce and anticipated that the Policy will go through the approval process submitted in 2022/23.

- 3.7 West Midlands Police provide exemption certificates for controlled drug storage facilities that do not meet the 1973 safe custody requirements on a risk assessment basis. Due to consistent demonstration of appropriate governance and risk mitigation the exemption certificates provided for exempted storage facilities at the University Hospital site have been given an open expiry. Any new facilities requiring this will be assessed by West Midlands Police and it is anticipated this will also apply to them.
- 3.8 Adios is a software tool used to monitor usage trends across controlled drugs and other abusable medicines across the organisation. Each month usage reports highlights areas of change in usage which are thoroughly investigated by the Governance and Safety team in Pharmacy in conjunction with either a pharmacist or member of the ward/clinic team. We are exploring additional reporting functionality with our Omnicell electronic medicines cupboards to expand our monitoring capabilities.
- 3.9 CDAO regional training is being planned and led by the Associate Director of Pharmacy (Medicines Assurance and Pharmacy Governance) for current/future/deputy CDAOs across the East and West Midlands region.

Wards and Departments

- 3.10 The management of controlled drugs on each ward and department are audited quarterly by a pharmacy staff alongside a ward/department staff member for regulatory and best practice standards compliance. A 95% compliance target was set by the Chief Nurse and where this target was not met, the ward/department manager would be asked to provide an action plan to address the deficiency identified. Action plan evidence and feedback discussion are monitored through the controlled drug quarterly audits presentation at the Nursing and Midwifery Care Quality meetings where concerns in compliance are escalated if appropriate to the CDAO.
- 3.11 During the first three quarters of the year to date of the standards audited the mean result was 95.7% meeting the compliance target of 95% for the legislation related audit standards. The audits have however identified a few recurrent issues as detailed below on some wards and/or departments although these numbers fluctuate with each quarterly audit. The following standards have been consistently difficult for clinical areas to achieve compliance:
- The CD register error entries had been obliterated, amended, or crossed out.
 - CD registers were found with damaged covers and torn, loose pages.
 - Appropriate documentation of CD waste.
- 3.12 Example medicines management training sessions were provided during medication safety week. After the success of these some ward managers have arranged further training for their staff to be provided by the pharmacy governance and safety team on the safe use and storage of controlled drugs. This will support staff to improve their CD record keeping as described above.
- 3.13 All Trust employees are actively encouraged to report CD medicines incidents as part of the Quality & Safety strategy and regulatory requirements associated with medicines.
- 3.14 The Controlled Drug Incident Review Group critically review the CD medicines incidents regularly to ensure learning opportunities are not missed and provides feedback report to the Medicines Optimisation Committee and where necessary escalation of any practice concerns.

- 3.15 The ward accreditation scheme includes assessment of medicines management areas including some related to CDs providing additional assurance to the organisation.

4. CONTROLLED DRUGS – PHARMACY

- 4.1 Pharmacy controlled drug stocks are stored within an automated medicines cabinet. The automated medicines cabinet enables pharmacy to use electronic CD records and registers for all the sale and supply of CD medicines that are required under the Misuse of Drugs Act 1971 and its amended orders.
- 4.2 The pharmacy department undertakes monthly cycle counts and daily stock checks for controlled drugs to reconcile stock levels on the pharmacy CMM stock control system, automated medicines cabinets and physical stocks in pharmacy.
- 4.3 The Pharmacy department at University Hospital holds a Home Office License to enable controlled drugs to be supplied as part of the Pharmacy's Wholesalers Dealers License (WDL). The annual renewal of this licence was approved in August 2022. The annual returns submission for Controlled Substances was submitted to the Home Office by the Pharmacy department as part of the WDL regulatory requirements in January 2023.
- 4.4 The Trust is required to ensure medicines waste is stored, transported and disposed of in accordance with the Environmental Act 1990 and Controlled Waste Regulations 2012. The Trust has Environmental Agency S2 and T28 Waste Exemption Certificates for both St. Cross and University Hospitals for storing, sorting and denaturing controlled drugs for disposal. The current exemption certificates are valid until January 2024.
- 4.5 Pharmacy Outpatient was outsourced in September 2013 to Lloyds Pharmacy. The agreement within the contract requires that any concerns regarding the unsafe use or management of medicines would be reported immediately to the Pharmacy Governance & Safety Team and the Trust's Accountable Officer. There have been no reports of unsafe use or management of medicines reported to the Trust.
- 4.6 EPR programme continues to progress with pharmacy staff working to ensure controlled drug practice remains compliant with regulatory and good practice standards across the organisation. The EPR programme can report directly to MOC any challenges or concerns related to medicines practice if required.

5. TRAINING

- 5.1 Medicines management training workshops that include training for controlled drugs are delivered by the Nurse Practice Facilitator and the Pharmacy Governance and safety Team for the nurse preceptorship programme (training for newly qualified nurses), Nursing associates and bespoke sessions for operating department practitioners (ODPs).
- 5.2 Medicines safety eLearning has been completed by 720 staff across 2022/23. This is mandatory for all nurses in the organisation. Training to the nurse preceptorship programme (covering CDs) has reached around 400 new nurses during 2022/23.

6. AREAS OF RISK

- 6.1 Training of Medical Staff. Medicines management training workshops are designed to be delivered to nursing and operating department practitioners. There is currently no specific training for controlled drugs practice other than prescribing modules for junior medical staff as part of their FY1 training.
- 6.2 There is a recognised risk regarding medication shortages within the organisation. This also applies to some controlled drugs. Examples from this year include: diamorphine, remifentanyl and alfentanil. These require careful management to minimise the impact on patients.

7. **CONCLUSIONS**

- 7.1 During 2022/23 the medicines committees have continued to monitor the safe use and management of controlled drugs to ensure compliance with legislation, national guidance and best practice. The continual monitoring and auditing of practice continues to provide opportunities for focused actions to drive improvements going forward to 2023/24 including:
- Continue to review and monitor that robust processes ensure the safe use of these medicines and that they are secure at all times.
 - Organise regional CDAO training for East & West Midlands
 - Encourage the reporting of CD incidents to enable learning from patterns and trends associated with these medicines.
 - Continue to review and apply UHCWi Lean methodology to reduce waste from Controlled Drug procedures and processes where appropriate.

8. **RECOMMENDATIONS**

- 8.1 The Trust Board is asked to ACCEPT this Annual Controlled Drug Accountable Officer report as part of the regulatory and governance assurance for the delivery of the Trust Medicines Optimisation Strategy.

Author Name: Mark Easter

Author Role: Chief Pharmacist and Controlled Drugs Accountable Officer

Author Name: Alice BurrIDGE

Author Role: Associate Director of Pharmacy (Medicines Assurance & Pharmacy Governance)

Date report written: March 2023

Appendix 1:

Breakdown of UHCW NHS Trust LIN incidents reported 2022/23 (April to March)

Category / type of incident		Number of occurrences	LIN risk rating			
			Low	Moderate	High	Extreme
LIN Incidents reported	Prescribing	22	16	6	0	0
	Dispensing	31	28	3	0	0
	Administration	187	162	25	0	0
	Other	541	498	43	0	0
	Annual total*	781	704	77	0	0
Unaccounted for losses such as theft and fraud (from the organisation), unexplained stock discrepancies, lost prescriptions / requisitions.		93	71	22	0	0
Accounted for losses such as spillages, breakages.		100	97	3	0	0
PSI/Patient/Public Patient safety incidents or incidents relating to the public (this includes incidents associated with illicit substances)		143	111	32	0	0
Professional individuals of concern These are relevant individuals i.e. people who work in health or social care.		1	0	1	0	0
Governance issues such as CD safe custody, staff competence, audit, statutory requirements, SOPs.		143	123	20	0	0
Record keeping such as automated stock discrepancies i.e. more physical stock than electronic records.		304	301	3	0	0
Annual totals*		784	703	81	0	0

*Minor difference due to Datix/LIN coding where not all incidents fit into one of the top categories.

Examples of NHS England LIN Occurrence Report Risk, type and category chart.

Risk rating	Examples: Type of incident	Category
Low	Recording error	Record keeping
Low	Storage error	Governance
Low	Dispensing error not reached patient	Patient related
Moderate	Destruction error	Unaccounted for losses
Moderate	Delivery error	Unaccounted for losses
Moderate	Lost/stolen/missing CDs	Unaccounted for losses
High	Police Investigation	Patient related
High	Discharge procedure error where patient takes drug	Patient related
High	Prescribing error – patient taken	Patient related
High	Never event	Patient related
Extreme	Patient death	Death

**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 JUNE 2023**

Subject Title	Research & Development (R&D) Annual Update Report
Executive Sponsor	Kiran Patel, Chief Medical Officer
Author	Professor Harpal Randeva, Director of R&D Ceri Jones, Head of R&D The Research & Development Team
Attachment(s)	R&D Annual Report: 1 st April 2022-31 st March 2023
Recommendation(s)	The Trust Board should note the contents of this report and continue to support the R&D strategy. Trust Board considers sharing the 2022-23 report with the ICS R&D Stakeholder Committee.

EXECUTIVE SUMMARY

The Research & Development Annual Report (2022-23) provides the Trust Board with a high-level overview of progress made during 2022-23 and assurance on delivery against the Research & Development (R&D) Strategy during this period.

To note: Whilst the new 5-year R&D Strategy (2022-2026) was approved in March 2022, funding was not secured until month 7 of 2022-23, so this year represents a transition to the new strategy and deliverables.

Summary of Key Performance this year:

- Key performance indicators are received and reviewed by the Trust R&D Strategy Committee and included in the Trust Scorecard
- In the context of a system still re-starting non-COVID research post pandemic, we continue to deliver against our strategy.
- UHCW was the highest recruiting site in the West Midlands - more patients participated in research than in any other year to date.
- In line with strategy, the number of patients recruited into commercially funded research increased, although only 59% of commercial trials met their planned target within the agreed timeline (aim is 80%).
- Research grant funding applications to external funders remained constant, although this year comprised a higher proportion requesting funding to extend studies as they failed to recruit nationally due to COVID impacts.

Highlights:

- Our collaboration with Coventry Council secured £5million Health Determinants Research Collaboration (HDRC) funding, one of the 5 awarded in England. This is the first time NIHR has provided funding for public health research infrastructure based in local government. Coventry HDRC will focus on how to address the wider determinants of population health and health inequalities, explicitly addressing the needs of local disadvantaged groups, UHCW leads on the governance and digital workstreams.
- The PathLAKE consortium (c.£18.5 million awarded), led by UHCW and including 14 NHS, academic and industry partners, and enabling the roll out of digital histopathology to 21 NHS Trusts demonstrates UHCW's expertise and national leadership in this space.
- Our collaborations with industry partner are yielding investigator-led funding awards and funding for increasing numbers of MD and PhD fellowships for our staff.
- Although early days, implementation of our Institute structure has been well-received, with active involvement across all staff groups and commitments from academic, industry and patient partners.
- Our patient and public involvement has supported all the work that we do, this year taking part in the recruitment panels for our Institute Leads and contributing to several successful research grant funding applications.
- We are proud that much of the work carried out this year received regional and national recognition.

Quality:

- Target of zero serious breaches and critical findings maintained.

Future:

Our developing reputation as an organisation that makes research happen and our new R&D Strategy set a strong foundation for our future direction as a research-led organisation for the next 5 years.

PREVIOUS DISCUSSIONS HELD

The R&D Annual Update Report is received annually by the Trust Board.

KEY IMPLICATIONS

Financial	R&D broke even in 2022/23. We continue to focus on securing external commercial and grant income.
Patients Safety or Quality	Progress continues in developing systems to enable us to safely deliver our diversifying portfolio.
Human Resources	Job roles and competencies are developing to support research-active staff and enable delivery of our strategy.
Operational	Success is impacting on infrastructure and space.

RESEARCH & DEVELOPMENT ANNUAL REPORT 2022-23

INTRODUCTION



We are committed to conduct transformational and impactful research that empowers UHCW staff to be truly world-class in their practice; inspiring research innovation and collaboration for the benefit of our patients and the communities we serve.

This report provides the Trust Board with a review of progress made during 2022-23 and assurance on delivery against the Research & Development (R&D) Strategy during this period.

It should be noted that the new 5 year R&D Strategy (2022-2026) was approved in March 2022, however, funding was not secured until month 7 of 2022-23, so this year represents a transition to the new strategy and deliverables.

REPORT STRUCTURE

This report provides a broad overview of activities during 2022-23, colour-coded sections provide performance updates against the trust Organisational Strategy and of our new R&D Strategy.

1) Performance & Participation:

- i) Performance Summary
- ii) Patient and Public Involvement & Engagement
- iii) Inclusion and Patient Experience

2) Income & Impact:

- i) Grants
- ii) Institutes of Excellence
- iii) Intellectual Property
- iv) Income & Expenditure

3) Enablers:

- i) Centre for Care Excellence
- ii) Digital & Data Driven Research Unit and PathLAKE exemplar
- iii) Quality Management & Support
 - ⇒ Research Governance
 - ⇒ Trial Management Unit
- iv) High Quality Facilities
 - ⇒ Coventry & Warwickshire Clinical Research Facility
 - ⇒ Arden Tissue Bank
 - ⇒ Human Metabolism Research Unit

4. Trust Purposes:

- i) Sustainability
- ii) UHCWi
- iii) Valuing and Enabling our People - Research for All

5. Communication / Awards / Events / Esteem

RESEARCH & DEVELOPMENT ANNUAL REPORT 2022-23

ORGANISATIONAL STRATEGY R&D DELIVERABLES:

The Trust deliverables for R&D are given below:

Project	Description	Delivery Timeframe
Establish Institutes of Excellence	Define leadership, strategies and governance arrangements.	December 2022
	Demonstrate the impact of 5 practice changing research studies.	December 2027
'Research for all' training and development platform	Develop a structured workforce development and competency programme to support all staff to develop, deliver and lead research and implement findings from it.	March 2023
	Double the number of NIHR and other relevant doctoral, post-doctoral and senior fellowships across the professions.	March 2026
Income & Impact	Increase Research income by 30%.	September 2026
	Expand our Digital Research Portfolio through improved infrastructure and increased collaboration.	September 2024
Research Inclusion and Access	Develop Patient and Public Involvement and Engagement strategies that ensure inclusivity and promote maximum access.	September 2023
	Be within the top 20 NHS Trusts for recruitment of research participants to NIHR portfolio studies.	March 2029

SUMMARY

This report details key highlights of the Research & Development Team core activities during 2022-23.

In the context of a transitional year between R&D Strategies, the team have met the Organisational Strategy deliverables and are well placed to continue to deliver our ambitious R&D Strategy which sets our future direction as an organisation for the next 5 years.

Thanks

Research activity at UHCW NHS Trust is supported by the dedicated R&D team who work tirelessly to make research happen. However, all of this work is driven or supported by our colleagues throughout the Trust, without whom this success would not be possible.

This year, we are particularly grateful to all of Team UHCW who supported research in addition to rebuilding their services and to the record number of patients who decided to make research part of their clinical journey.

RESEARCH PERFORMANCE 2022-23

No of NIHR Active
Studies*

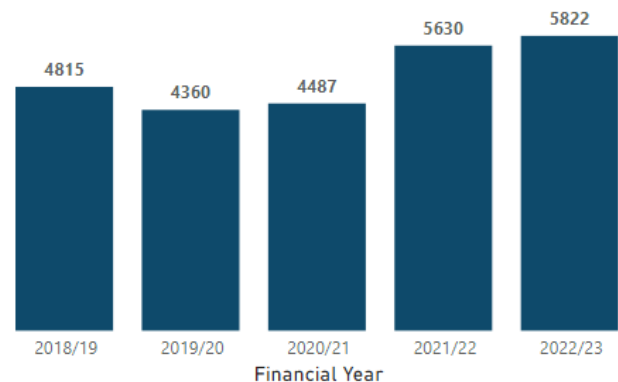


Project Type ● Non commercial ● Commercial

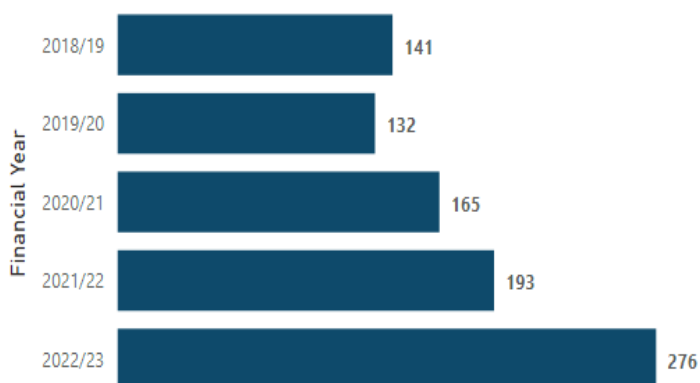
5822

patients **recruited** into
NIHR Portfolio Trials

Total Recruitment by Financial Year



Commercial Recruitment by Financial Year



**110 new
studies
opened**



**316 peer review
publications**

65.44% on 2021/2022
publications



Commercial trials
recruited to time and
target



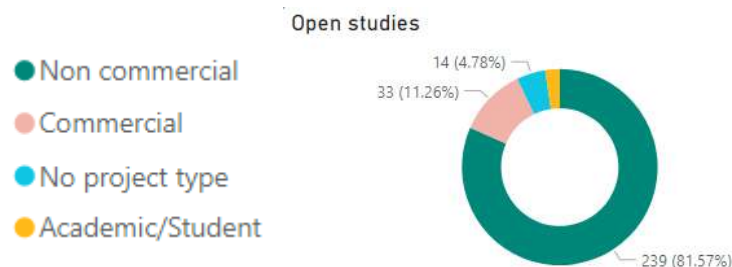
59%



Highest recruiting site in
West Midlands 2022/23
across all research trials

RESEARCH PERFORMANCE 2022-23

In 2022/23, we continued to expand our research portfolio and increase opportunities for patients to take part in high quality research. We are proud to have recruited 5822 participants into NIHR Portfolio trials, representing 112% of the 5426 target set. We are the highest recruiting site in the West Midlands for overall patients recruited and 2nd highest for commercial recruitment. This is the highest recruitment recorded at UHCW in over ten years.



FY22/23 Target	Recruitment FY 22/23	% of Total Target	Non-Commercial Recruits	Commercial Recruits
5213	5822	112%	5426	276

Recruitment FY 22/23

● Recruitment Target ● Cumulative Recruits ● Recruits per month



STRATEGIC AREA: PARTICIPATION — PATIENTS

PATIENT AND PUBLIC INVOLVEMENT & ENGAGEMENT

Involving patients in research, either as participants, as experts in their condition or as champions of research, ensures that our research meets the needs of our patients. As such, Patient and Public Involvement and Engagement (PPIE) continues to be priority for R&D and we are currently developing our PPIE Strategic Plan in partnership with our Patient and Public Research Advisory Group (PPRAG) and Research Champions.

We involve patients and the public in our governance structure to ensure that they are involved in decision-making and their perspectives are heard. The R&D Strategy Committee has two public members and we have patient and public representatives on the Arden Tissue Bank Management Committee.

Our PPRAG comprises ~60 patients, carers and members of the public who use their experiences and opinions to guide researchers. In 2022/23, PPRAG members contributed to 26 research projects. Nine PPRAG meetings were held, providing 11 researchers the opportunity to present their research to the group and obtain important feedback from PPRAG members.

PPI meetings with patients and carers who have lived-experience of specific conditions, including Non Alcoholic Fatty Liver Disease, Stroke, Heart Failure, Chronic Obstructive Pulmonary Disease and Polycystic Ovary Syndrome, were also held.

In 2022, we resumed face-to-face engagement activities following a hiatus due to COVID. To celebrate International Clinical Trials Day in May, we hosted a stand in the Main Entrance of University Hospital, engaging with patients, visitors and staff.

In August we hosted a stand at Warwickshire Pride, with the aim of raising awareness of research and PPI within the LGBTQ+ community.

We have continued to utilise social media to engage with patients, members of the public, healthcare staff and other research active



organisations, amongst others, to raise awareness of research. This includes actively using our @UHCW_RandD Twitter account, which now has over 2100 followers.

Working with the UHCW and Clinical Research Network West Midlands Communications Teams has also enabled us to increase our media presence externally.

STRATEGIC AREA: PARTICIPATION — PATIENTS

RESEARCH INCLUSION

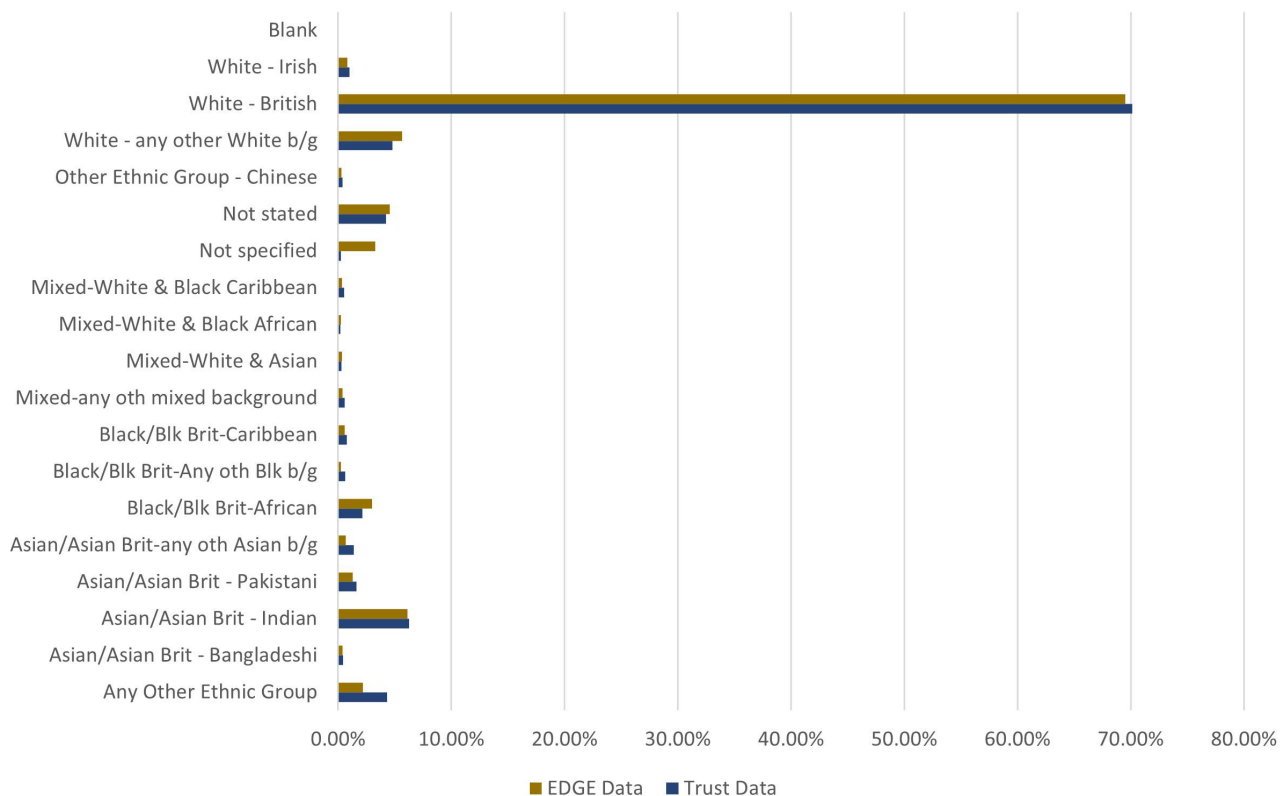
A key goal of the 2022-26 R&D Strategy is to achieve an increase in the diversity of patients and healthy volunteers participating in research at UHCW, to ensure that our research participants represent the wider patient population and that research results are generalisable.

To identify how representative our research participants are of the wider patient population, we need to understand the current demographic makeup of UHCW research participants. Collecting and analysing demographic data will enable us to identify any groups which are not accurately represented in our research.

In 2022/23 we began routinely recording ethnicity data for research participants on our local data management system (EDGE), identifying any gaps in this data and completing these retrospectively. This has enabled us to compare the ethnicity of our research participants and Trust patient population, and identify any discrepancies. The outcome from this initial comparison demonstrated that the ethnicity of our patient population in 2022/23 was representative of the overall Trust patient population.

In 2023/24, we will expand our demographic data collection to include postcode data, to compare the socioeconomic status of research participants to the Trusts patient population. In addition, we are collecting year of birth as part of the national NIHR Year of Birth Project, which forms part of the work the NIHR is undertaking to ensure fair and equal access to research.

Ethnicity of Research Participants vs Trust Patient Population 2022/23



STRATEGIC AREA: PARTICIPATION — PATIENTS

RESEARCH EXPERIENCE

Each year, we participate in the national NIHR Participant in Research Experience Survey (PRES), which aims to measure the experiences of participants in health and social care research. PRES achieves this by asking individuals to give feedback on the research they have taken part in. The survey outcomes describe the participants' views on direct interactions with the research delivery teams and the environments the research takes place in and a range of factors relating to the design of the research itself.



In 2022/23, we received PRES responses from 161 research participants who participated in 48 studies, across 15 specialties.

Highlights from our PRES feedback included:

- 96% of respondents felt research staff valued them for taking part
- 94% of respondents felt they were always treated with courtesy and respect by research staff
- 88% of respondents would agree to take part in research again

Feedback from the PRES also identified areas for improvement, including improving information provided to participants at the start or during a research study, and access to results, both personal test and scan results and the outcome of the research. Addressing these areas forms part of our Research Participant Experience Improvement Action Plan for 2023/24.

Picture: Abi (Research Nurse) and Scott, our first phase I trial patient.

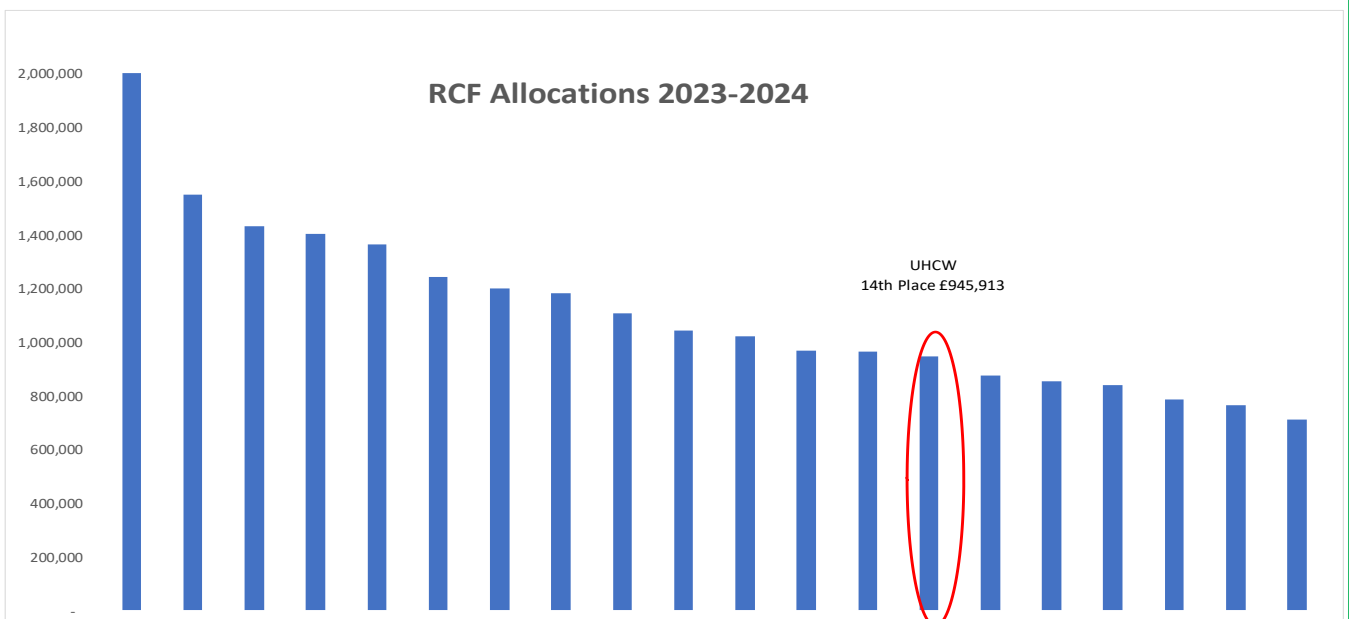
STRATEGIC AREA: INCOME & IMPACT

INCREASE TOTAL VALUE AND NUMBER OF SUCCESSFUL GRANT APPLICATIONS LED BY UHCW BY 10% PA.

The Research Development team supports and facilitates grant applications and promotes an active research culture. Priority is given to National Institute of Health and Care Research (NIHR) proposals in order to attract additional Research Capability Funding (RCF). Our goal is to maintain RCF at £1 million per annum.

Key Points for 2021-22:

- ⇒ 160 grants were submitted against a target of 152 (5% over target).
- ⇒ 37 grants have been funded (23% of the total submitted).
- ⇒ We are still awaiting the outcome for 38 grant applications.
- ⇒ Involved in 11 successful NIHR grants and 7 as host institution (with a total value of £10.4 million) this year.
- ⇒ Of grants submitted, 45 were to NIHR programmes, 20 to UK Research & Innovation, 12 to large medical charities and 14 to industry funders. 4 applications were also made to the European Commission's Horizon Europe programme as the Trust expands its international expertise and reach.
- ⇒ UHCW's 2022-23 Research Capability Funding was approx. £945,000. In terms of the value of the RCF received, UHCW was 14th of NHS Trusts in England.



STRATEGIC AREA: INCOME & IMPACT

ESTABLISH INSTITUTES OF EXCELLENCE

The creation of Institutes for Excellence will underpin a positive research culture and make research central to our activities. In time they will give every patient an opportunity to take part in research. The following four institutes are being created:

INSTITUTE FOR PRECISION DIAGNOSTICS & TRANSLATIONAL MEDICINE

Novel Biomarkers | Digital Histopathology | Imaging Technologies
Inflammatory Diseases | Biomedical Research Unit

INSTITUTE FOR CARDIO-METABOLIC MEDICINE

Cardiology | WISDEM | Renal | HMRU

INSTITUTE FOR HEALTH EQUITY & SOCIAL CARE

Health Inequalities Research Unit (HIRU) | Population Health

INSTITUTE FOR APPLIED & TRANSLATIONAL TECHNOLOGIES IN SURGERY (IATTS)

Central Trauma Research And Innovation Platform CTRIP
Robotics | Reconstruction And Rehabilitation | [COxTNET](#)

The purpose of these Institutes is to development academic currency at the Trust, including generating research income, developing early career researchers to enable them to lead their won research, publications in high-impact factor journals, representation at regional and national committees and impact changing research.

These Institutes will operate on the following principles:

- Transparent and accountable governance
- Public and patient involvement ensuring patient centred research
- Fostering academic and industry collaborations
- Developing clinical-academic posts
- Pump priming small projects that develop pilot data for larger multicentre studies

STRATEGIC AREA: INCOME & IMPACT

ESTABLISH INSTITUTES OF EXCELLENCE

To date the Institutes have:

- Four Clinical Leads in place to drive Institute activity
- Embedded Executive support
- Cross Institutional support manager and delivery team linking into R&D
- Created the governance structure to oversee activity including the Institutes Senior Management Team and Institute Accelerator Boards.
- Developed high level strategies covering vision, actions and metrics. The next stage is to develop and agree implementation plans to cover funding, impact, promotion, collaborations etc.
- Undertaken mapping and alignment of research active staff / departments to individual Institute themes
- Identify quick funding wins and longer-term strategic funding
- Started the process of collating baseline measures in terms of funding applications submitted/successful, research income, research active staff and publications

Institute for Precision Diagnostics and Precision Medicine

Vision: Deliver better patient care, outcomes, and experience by bringing cutting edge science closer to patients through Industry, Academic and Healthcare collaborations

Lead: Neil Anderson, Consultant Clinical Scientist

Aligned Executive: Su Rollason

Institute for Cardiometabolic Medicine:

Vision: Integrating World Class Excellence in Cardio-Metabolic Research to transform the management and clinical outcomes of people with Cardio-Metabolic disorders with regional and global impact

Lead: Faizel Osman, Consultant Cardiologist

Aligned Executive: Gaby Harris

Institute for Health Equity & Social Care:

Vision: To deliver world-class transformational research on reducing inequalities in health and social care outcomes

Lead: Rachel Chapman, Consultant in Public Health

Aligned Executive: Justine Richards

Institute for Applied & Translational Technologies in Surgery :

Vision: To provide cutting edge research-based surgical care for the benefit of our patients

Lead: Joe Hardwicke, Consultant Plastic Surgeon

Aligned Executive: Donna Griffiths

STRATEGIC AREA: INCOME & IMPACT

INTELLECTUAL PROPERTY

Intellectual property (IP) is a key consideration in any research project and a crucial component in grant applications. Its importance is becoming more widely understood throughout the Trust as the mechanism by which innovations created by UHCW employees may be developed and disseminated for wider patient benefit and, where appropriate, commercially exploited.

IP counsel is now being provided outside R&D to several UHCW teams including Innovation, P&I, Training and Quality.

Income

PanNuke Dataset	£7,500
KingMark	£13,447

Patents

IGUANA - Patent application filed as a direct output of the PathLAKE project. Diagnostic AI algorithm to detect colon cancer from digital whole slide histopathology images. Joint invention with the University of Warwick using UHCW patient data.



Trade marks

1. PathLAKE® - Computational pathology research project. Registered word mark granted in UK and EU. US registration pending (<https://pathlake.org.uk>)
2. HEARTT® - Elective care scheduling tool. Registered word mark and figurative mark granted in UK.
3. ReCITE™ - Clinical impact tool collaboration with Nottingham University Hospitals NHS Trust. Unregistered trademark.



Spin-outs



Histofy Ltd - UHCW's first spin-out company whose engagement focuses on commercialising output of digital pathology research activity (<https://histogy.ai>).

UHCW's proxy shareholding interest in company is set out in a Collaboration Agreement with the University of Warwick.

IP training programmes delivered

Intellectual Property Masterclass - x 2 UHCW internal

Introduction to IP - Coventry University (Centre for Care Excellence)

Introduction to IP - Coventry City Council (Health Determinants Research Collaboration)

STRATEGIC AREA: INCOME & IMPACT

INCOME & EXPENDITURE

The Research & Development team has sought to act as a business unit, securing external income from a number of sources to cover its costs, to develop its service and contribute to the Trust's position. R&D Income and Expenditure has maintained a positive balance position for a number of years.

R&D has an Income Based Funding Model, this means that recurrent waste reduction is not possible, as all income is activity driven and therefore non-recurrent in nature. In addition, NIHR research projects are tightly costed, with all elements of income allocated to support research delivery and governance, and externally monitored by annual returns to NIHR. R&D can support the Trust position through securing external income. UHCWi ALT is focussing on Arden Tissue Bank this year, with a view to maximising capacity and thereby income.

Research Income and Expenditure balanced in 2022/23:

RESEARCH AND DEVELOPMENT INCOME AND EXPENDITURE 2022-23

Income Source	
NIHR Grant	4270
NIHR RCF	1210
NIHR Clinical Research Network	1675
Other Grant	3811
Commercial/Clinical Trials	
- Research Exchequer Accounts	1432
- Allocated to Clinical Groups	224
	1656
Non-Commercial Income	
- Research Exchequer Accounts	115
- Allocated to Clinical Groups	31
	146
Total Research and Development Income 2022-23	12768
Expenditure	
Research Management and Governance	1875
Research Nurses	2603
Clinical Research Facility	101
Contractual Research Payments	4804
Research Exchequer Accounts Expenditure	1978
RCF expenditure	1210
Total Research and Development expenditure 2022-23	12571
RESEARCH AND DEVELOPMENT NET I&E 2022-23	197

STRATEGIC AREA: INCOME & IMPACT

INCOME & EXPENDITURE

Opportunities

There are opportunities for additional vaccine trials through the national contracts with Moderna and BioNTech. We are developing our offering to support the national vaccine programme.

We need to increase our income from commercial income significantly to deliver our R&D Strategy ambition and support the Trust income expectations. Additionally, failure to recruit patients into research has other financial implications (most trials offer free or subsidised drugs or implants; some fund core R&D functions such as administration, governance and set-up).

With an expanded Pharmacy team and utilisation of UHCWi methodology to improve process, a new clinical trials prioritisation and delivery process will be implemented from 1st April 2023 to support a significant increase in clinical trials of investigational products, focussing on those that are commercially funded to align with our strategy.

UHCW R&D and Clinical Trials Pharmacy Teams have secured £60,726 from the WM Clinical Research Network to deliver a 'Research Pharmacy Springboard' project during 2023/24 to evaluate current pharmacy service provision across Coventry and Warwickshire ICS with a view to reducing waste and developing more shared research pharmacy services. The ICS could offer opportunities to increase external income and increase operational efficiencies by centralising R&D back-office functions, however, an ICS regional R&D strategy has yet to be developed.

Our Institute structures are designed to offer ease of collaboration with industry partners.

Risks

If we do not secure sufficient commercial income then the R&D strategy cannot be realised. Commercial trials are now prioritised. R&D and pharmacy set-up times are now subject to weekly scrutiny to enable rapid resolution should targets not be met.

If we do not manage our research budgets then we could carry out research at a loss. Work during 2022/23 identified that not all research income was invoiced or allocated correctly. We have established a commercial income maximisation rapid improvement workstream to automate invoicing of commercial research, however, our finance team have identified issues with regards to capacity.

Some funding streams are formulaic and offer little opportunity to increase. We are maintaining (+ inflation) current levels from such streams through delivering national targets.

Compliance and Assurance:

A line-by-line budget review of R&D Income and Expenditure and future budget planning was carried out by the CMO on 20/03/23.

To assure best value, the new R&D Institutes will be subject to rigorous financial management and review as they develop in 2023/24.

The £15million PathLAKE budget is subject to quarterly external audits, with no issues raised.

ENABLER: CENTRE FOR CARE EXCELLENCE



**Centre for
Care
Excellence**

The Centre for Care Excellence (CfCE) partnership with Coventry University enables Nurses, Midwives and Allied Health Professionals to develop the robust research skills necessary to develop and improve care by creating new evidence, sharing knowledge and expertise and translating research into practice.

<https://www.youtube.com/watch?v=veFv4clUw0c>

Aligned Executive: Tracey Brigstock

Staff within both Coventry University and UHCW use their combined expertise to create and work on evidence-based projects and innovative activities to inform practice and education within UHCW, the University and beyond, to create national and international influence. By enabling better sharing of knowledge and expertise, the Centre aims to empower staff at every level to be able to develop ideas to make 'patient first' improvements.

Activities this financial year include:

- Completion of a detailed survey with stakeholders in both organisations that explored research culture, capability and development needs and yielded over 400 responses (publication submitted to BMC Health Services Research).
- Development and approval of a Strategic Plan that responded to the results of the survey and also considered the research strategies articulated by both organisations to ensure alignment between Coventry University and the Trust. The Strategy was launched at UHCW Grand Round in March 2023.
- 'Inspiration Day' event in October 2022, attracting over 100 NMAHP delegates to share best practice and celebrate achievements (click QR code for photos)



Achievements since launch in 2020 include:

- 44 funding applications submitted, of which 21 (47%) have been funded, an excellent success rate.
- External grant funding of £2.9 million secured.
- The CfCE team have developed research capacity and capability through training and one-to-one support for UHCW staff, enabling them to compete for external funding for research fellowships, with 9 secured by UHCW NMAHP staff to date:
 - √ 4 Personal Development Awards
 - √ 2 Clinical Academic Careers Programme Awards
 - √ 1 NIHR Pre-Doctoral Clinical Academic Fellowship
 - √ 1 NIHR Doctoral Research Fellowship
 - √ 1 matched-funded PhD

ENABLER: DIGITAL & DATA DRIVEN RESEARCH UNIT

DIGITAL & DATA DRIVEN RESEARCH UNIT (DDDRU)

Aligned Executive: Mo Hussain

The Global Digital Health Research market is valued at £222.2 billion globally. The UK share of this market is anticipated to grow by 15.5% by 2027.

Over the last 5 years UHCW has participated in over 32 externally funded Digital Health Research Projects with a total value in excess of £30 million bringing national and international expertise to benefit our local population.

Effective delivery and implementation of digital health research within the NHS will benefit patients, healthcare systems and wider society. With this in mind, the new Trust R&D Strategy identified the need to establish a Digital & Data Driven Research Unit (DDDRU) to “*curate the culture, infrastructure, governance and data environment required to enable world class digital and data driven research*”. The DDDRU creates collaborative partnerships across health, social, academic and industrial partners, ensuring that the patient is always at the centre of those collaborations.

Projects this year:



CAREPATH is a Horizon 2020's project that proposes an ICT based solution for the optimization of clinical practice in the treatment and management of multimorbid patients with Mild Cognitive Impairment or Mild Dementia. CAREPATH solution will target a more complex multimorbidity scenario and follows an integrated patient-centered approach, in order to develop a flexible and modular system to deliver a best care, adapted framework for increasing the independence and Quality of Life (QoL) of multimorbid patients with dementia.



ADLIFE is an Horizon 2020 funded project aiming to improve the quality of life and independence of elderly patients with advanced chronic diseases through digitally supported interventions. Our innovative and intelligent ADLIFE toolbox strives to leverage integrated and personalised care, based on multidisciplinary collaboration and patient empowerment.

Achievements and milestones this year:

- DDDRU Committee established and Terms of Reference agreed.
- DDDRU Project Manager appointed and working to help operationalise the Unit.
- The DDDRU Team has been shortlisted for the "Team of the Year Award" at the 2023 National HSJ Digital Awards, and Dr Tim Robbins has also been shortlisted for the "Digital Leader of the Year Award".
- The DDDRU was awarded £50,000 from the NHS Coventry & Warwickshire Integrated Care Board for the project "A Cognitant Response to Hospital Pressures: Personalising Hospital Discharge Information for Underserved Populations".
- To facilitate the future development of Digital and Data driven health researchers, the DDDRU has recently partnered with HDRUK, and pledged to support their Black internship program, with two interns joining the Trust through July and August.

DIGITAL & DATA DRIVEN RESEARCH EXEMPLAR PROJECT



PathLAKE Centre of Excellence in Digital Pathology and Artificial Intelligence

Practice changing research

As part of the ISCF Data to Early Diagnosis and Precision Medicine Challenge, PathLAKE was established in 2019 through £15mill Innovate UK grant and industry investment. UHCW leads the PathLAKE consortium of 14 NHS, academic and industry partners, providing the overarching direction, leadership, management and governance framework. In 2020, a further £13.5mill capital funding was secured to expand the network in PathLAKE Plus. The roll out of digital histopathology is now in train to 21 NHS Trusts which will bring AI diagnostic and precision medicine tools into routine clinical use, transforming service delivery and patient care in NHS Trusts serving a population of 17 million patients.

Achievements We led a complex procurement project for new digital pathology systems which delivered a 30% saving for all NHS trusts taking part, ensured improved interoperability and avoided locking down Trusts to one supplier. This was Highly Commended for Procurement Project of the Year in the HSJ Partnership Awards 2023.

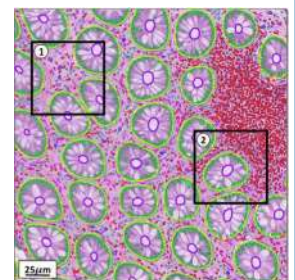
The PathLAKE consortium has published 86 papers (which have received over 1600 citations) and secured >£13million additional funding from UKRI and NIHR, building upon the original Innovate UK investment.

Dr Ian McKay, Deputy Challenge Director, Innovate UK: "At the start of the D2EDPM programme, we were told there was no way we would see any clinical impact by the end of the programme. I think we're pretty close to real clinical impact here."



Other highlights during 2022/23 include:

- ⇒ UHCW is leading on a NIHR AI award (£2.5mill) which will enable the CoBi colon biopsy reporting tool to be clinically validated at 10 NHS sites. Commercial exploitation will be enabled with Histofy, a spin out company launched with Warwick University.
- ⇒ The PathLAKE data lake contains over 400k high quality, whole slide images and metadata with the ethical approval and governance framework to make the data available to approved projects from researchers for AI development. 10 projects have been approved to date.
- ⇒ PathLAKE is a collaborator on the West Midlands' successful bid to create a sub-national SDE (secure data environment). We are working to clarify how we can make use of the SDE infrastructure as this develops and gathers pace.
- ⇒ PathLAKE's achievements were celebrated at a Showcase conference at the Royal College of Pathologists in June 2022. Over 100 attendees represented a wide range of stakeholders.
- ⇒ The Spring 2023 Newsletter focussed on PathLAKE's impact on the digital pathology and AI space and what this means for patients (link: <https://www.pathlake.org/out-now-pathlake-spring-2023-newsletter>)



ENABLER: QUALITY MANAGEMENT & SUPPORT

RESEARCH GOVERNANCE

Research Governance enables us to safeguard our patients taking part in research, protect our researchers by providing a clear framework within which to work, enhance the ethical and scientific quality of what we do, mitigate risk, monitor practice and promote good practice by ensuring lessons are learned

Over the last 12 months, the Governance and Sponsorship team have:

- Maintained our target of zero serious breaches and critical findings
- Reviewed / Approved 90 projects (including sponsored studies, evaluations and Governance Arrangements for Research Ethics Committees, GAfREC reviews)
- Successfully recruited two new members of staff to support with the increasingly complex sponsorship and governance portfolio.
- Developed a new GAfREC application form to allow for a quicker and more streamlined approval process.
- Developed a R&D Datix dashboard so we can monitor trends of incidents. This has enabled us to intervene if consistent trends occur and allows us to conduct investigations in a timely manner.
- Continued to facilitate the Research Governance Operational Group which is responsible for the operational planning, management and implementation of research governance policies and procedures across the Trust. The group provides a forum for discussion on research governance issues, ensuring a consistent approach across R&D.
- Implemented and maintained an effective quality management system to ensure a defined, communicated and implemented quality control and risk management system.
- Updated and reformatted all our Standard Operating Procedures (SOPs) in line with the UK Policy Framework for Health & Social Care Research, European Medicines Agency, MHRA and the addendum to GCP.
- Developed a SOP training matrix for both R&D Clinical Delivery and Core teams to ensure compliance which was successfully launched in Jan 2023.
- Continued to provide support for research teams learning lessons from incidents, internal reviews and monitoring visits.
- Provided dedicated support for researchers with the process, requirements and completion of Data Protection Impact Assessments, Data Sharing/Transfer Agreements and International Data Transfer Agreements
- Continued to provide Sponsor oversight on all sponsored and co-sponsored studies

Over the next 12 months the Research Governance and Sponsorship team will focus on enhancing governance process including moving the GAfREC approvals process online and strengthening our governance structure to continue to deliver high quality, safe research for our patients.

ENABLER: QUALITY MANAGEMENT & SUPPORT

TRIAL MANAGEMENT UNIT (TMU)

The Trial Management Unit (TMU) provides in-house trial management and support to aspiring local clinicians to develop and deliver high quality research projects. In line with the TMU strategy, the team continues to support the delivery of a growing, increasingly complex portfolio of Trust-sponsored studies, with a demonstrated track record of delivering against targets.

The TMU currently manages and oversees 25 Trust-sponsored research studies, all at different stages in their timeline. 4 studies are in set-up, 6 actively recruiting, 3 in follow-up and the remaining in data analysis and close-out.

A total of 1574 patients were recruited to studies managed by the TMU in the 2022/23 financial year across all participating sites in the UK.

Improve quality in research delivery:

- The TMU has continued to support researchers with the development of grant proposals, ensuring they have a robust design and are feasible to deliver within budget. The team also provide a Study Support Service (SSS), reviewing study documents to speed Sponsor review. A new TMU costing framework has been agreed in partnership with R&D colleagues to make sure staff time is appropriately costed into grant applications depending on the trial and support required.
- Following staff turnover, the TMU has successfully recruited new Clinical Trial Coordinator (CTC) and Trial Manager to support with the coordination of a portfolio of multi-centre studies. A second CTC is due to start in June 2023; new staff are supported by a comprehensive training package.
- Team building and boosting staff morale has been a key focus following staff turnover. This is to encourage shared learning and to implement a consistent service. New staff are actively utilising existing quality processes such as site set-up and amendment checklists. TMU Team building days continue to be planned. Previous sessions have been well received with group discussions focused on Trial Management Group (TMG) meetings and recruitment reports, jointly developing a template recruitment tracker.
- Managing the R&D Randomisation Service, the team has supported two research projects with the set-up and implementation of envelope randomisation procedures for trials in Cardiology and Delirium research. The team are working with the Medical Statistician to develop a new internal randomisation list creation procedure following a request to create envelopes for a new research site.
- TMU Staff actively participate in webinars and conferences organised by the MRC-NIHR Trials Methodology Research Partnership, UK Trial Managers Network (UKTMN) and internal EPR (PowerTrials) team. One member of the TMU produced a Research Poster which was presented at the 6th International Clinical Trials Methodology Conference 2022.
- In partnership with the Governance and Sponsorship team, the TMU have developed a Research Ethics Committee (REC) Learning Log, to record ways in which our templates and guidance for researchers can be improved to minimise recurrent queries following REC review.
- TMU team members continue to receive nominations from Chief Investigators for the UK Trial Managers' Network 'Trial Manager of the Year Awards', with a member being Highly Commended in 2022. This recognised the value our researchers place on the Trial Management function, to make sure our Trust-Sponsored studies are run efficiently and professionally.

ENABLER: QUALITY MANAGEMENT & SUPPORT

TRIAL MANAGEMENT UNIT (TMU)

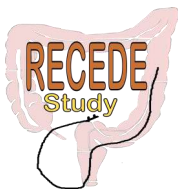
Featured TMU Studies:



CESCAIL (RA545021) – Our first TMU-managed study using Artificial Intelligence which opened to recruitment in February 2022. This study compares the accuracy of standard clinician review and reporting of Colon Capsule Endoscopy (CCE) videos, with AI enabled pre-reading to support and potentially speed up clinician review. This NIHR funded study is in collaboration with CorporateHealth, an international company actively involved in CCE services, with whom we are also developing an exciting new project looking into home-delivery of CCE. Recruitment is on target to be completed by September 2023 across 14 sites.



SINATRA (JH464519) Working in collaboration with the University of Warwick, who have developed a Terahertz skinometer which could potentially improve the diagnoses of skin cancers. This initial study aims to explore the feasibility of recruitment and trial procedures, while also assessing the skinometer's ability to quantify skin hydration. In October 2022 this study was featured in a Sky News report: ['Skinometer' can detect skin cancer that's invisible to the human eye | UK News | Sky News](#). Recruitment closed in March 2023, and the team will now work on locking the database for final analysis.



RECEDE (RA481020) REducing Colonoscopies in patients without significant bowEl DiseasE, is an NIHR funded multi-centre study which was successfully set-up and opened during COVID challenges and restrictions, opening to recruitment in September 2020. With 20 sites recruiting, the overall target of 1915 was achieved and the study closed to recruitment in October 2022. All sample from sites have been couriered with sample analysis being carried out at the university of Manchester. The project closes in September 2023, with a NIHR publication plan in place. The protocol has been published in the BMJ Open: [REducing Colonoscopies in patients without significant bowEl DiseasE: the RECEDE Study - protocol for a prospective diagnostic accuracy study | BMJ Open](#)



PULSE (GM433119) Co-Sponsored with Coventry University, this BHF-funded feasibility study underwent a substantial amendment to adapt the exercise intervention to be delivered remotely following the pandemic. The study opened to recruitment in May 2021 and aims to find out if patients with Postural Orthostatic Tachycardia Syndrome (POTS) will complete and benefit from an online supervised home physical activity programme. The feasibility study closed to recruitment in April 2023, with the Co-creation paper submitted for publication: [Co-creation of a complex, multicomponent rehabilitation intervention and feasibility trial protocol for the PostUraL tachycardia Syndrome Exercise \(PULSE\) study | Research Square](#)

ENABLER: HIGH QUALITY FACILITIES

COVENTRY & WARWICKSHIRE CLINICAL RESEARCH FACILITY

In June 2022, building work was completed on the new 2-bedded Inpatient Research Unit, which provides a dedicated space for research patients and healthy volunteers to attend overnight research visits, ensuring participant safety in early phase studies. The Unit complements the existing Research Treatment Centre, which provides a dedicated space for participants requiring research treatment as outpatients and day patients, and together they form the Coventry and Warwickshire Clinical Research Facility (CRF).

The addition of a dedicated Inpatient Research Unit to the CRF will enable increased early phase research activity at UHCW, and ultimately increase research income and opportunities for patients and healthy volunteers to participate in early phase research.

There are plans to officially launch the CRF in 2023, raising awareness of the facility amongst researchers, industry, the wider ICS and patients and the public.

The CRF continues to operate as part of the wider UK Clinical Research Facility Network, which provides opportunities for UHCW to participate in national initiatives.

Key highlights during 2022/23 include:

- ⇒ The first participant recruited to the CRF's first commercial Phase 1b, first-in-human study, a highly complex and intensive study testing a new antibiotic formulation for chronic low back pain, completed participation in the study and reported positive results. <https://www.uhcw.nhs.uk/news/scot-feels-the-benefits-of-pioneering-chronic-low-back-pain-trial/>
- ⇒ The first UHCW patient was recruited to the a Phase 1 commercial oncology study which provides a new drug for patients with ovarian cancer who have limited treatment options.
- ⇒ Opening three Arthritis Therapy Acceleration Programme (A-TAP) studies as part of the M40 Alliance with the Universities of Birmingham and Oxford and performing the first synovial biopsies at UHCW as part of this Programme.
- ⇒ Being selected for a new Phase 1b commercial study of a drug to treat patients with acromegaly or GEP-NETs which will commence in 2023.
- ⇒ The Clinical Research Facility Team won Silver in the PharmaTimes Clinical Research Team category at the International Clinical Researcher of the Year awards 2022.

ENABLER: HIGH QUALITY FACILITIES

ARDEN TISSUE BANK

Following independent review and approval by the Arden Tissue Bank Committee, **Arden Tissue Bank** provides ethically approved human tissues to researchers carrying out high quality research.

Activities this financial year include:

- Continued contracted storage and distribution of bone tumour samples for research on behalf of, and instructed by, the Royal Orthopaedic Hospital, Birmingham. Over 30,000 samples held, with monthly transfers of >200 samples/month.
- Logistics support of Royal Orthopaedic Hospital patients samples held for clinical whole genome sequencing under the National Genomics Medicine Service.
- Contracted storage of neurological tissue surplus to diagnosis for University Hospital North Midlands (UHNM), with dispatch of cases for Whole genome sequencing as instructed by UHNM clinical team.
- Continued supply of consented human tissue samples to commercial applicants – with six cancer types, and one inflammatory disease pathway open since January 2021. This has been supported by a cost recovery model with funds received being divided between contributing departments i.e. surgery, pathology and Tissue Bank.
- Total income to Trust 2022/2023 £135,000. This includes a local commercial partner whom we supplied with surplus to diagnosis STD samples to allow validation of their new diagnostic kit.
- Arden Tissue Bank continues to supply non-transplantable kidneys to a commercial partner under renewed ethics approval, with 41 kidneys being supplied in the last 12 months that would have otherwise been discarded by NHS Blood & Transplant.
- Increased staff capacity and commercial demand lead to the highest number of patients samples being made available to researchers April 22-23 since the biobank's inception.
- Arden Tissue Bank team is reviewing processes and staff structures with the aim of reducing waste in systems utilising 5s and streamlined data flows whilst building capacity to meet demand for tissue samples and services.

Arden Tissue Bank was successfully inspected by the regulatory body—the Human Tissue Authority (HTA) in January 2022. This inspection resulted in no conditions on the licence.

Governance and future plans

Arden Tissue Bank governance reporting is now directly into the newly reformed Trust HTA Committee, chaired by the Chief Medical Officer.

The Tissue Tracking database used since the biobank went live in 2009 will be withdrawn in 2023 by the supplier. To ensure compliance with HTA regulation, discussions are ongoing with other suppliers to host this database by the end of June 2023. We are co-developing new tissue tracking software with optimised workflows as part of the design specification.

ENABLER: HIGH QUALITY FACILITIES

HUMAN METABOLISM RESEARCH UNIT

The Human Metabolism Research Unit (HMRU) is a dedicated research-unit run by University Hospitals Coventry and Warwickshire NHS Trust (UHCW) in partnership with Warwick Medical School. The HMRU provides a unique opportunity to explore human energetics and the determinants of human obesity and its metabolic sequelae.

It is currently the only such facility operating in the UK.

As with many Trust facilities that closed during COVID, the HMRU has been challenged with re-integrating key staff and core facilities, resulting in difficulties in loss of knowledge/skill, resource allocation and infrastructure maintenance. However, although a challenging period, the HMRU has returned to full operation and is conducting research.

Key highlights during 2022/23 include:

The HMRU has a full pipe-line of studies highlights include (not exhaustive):

- ⇒ **INSPIRE22:** the HMRU was the lead facilities for the INSPIRE22 research expedition. This is a large multi-disciplinary study, bringing together teams from four countries, army and RAF research groups, academic partners (6 universities) and a number of international logistics organisations.
- ⇒ **BroadPeak:** following on from the success of INSPIRE22 a smaller study in collaboration with Edinburgh, Leeds Beckett and military collaborators investigating the impact of altitude and temperature on military personal in the field.
- ⇒ **AI in Diabetes:** a unique study, in collaboration with the School of Engineering at Warwick University, which follows on from pilot work conducted in the HMRU in 2017. This work has attracted much commercial interest.
- ⇒ **Gestational Diabetes:** this small pilot study is the first in the HMRU recruiting in pregnancy, it will generate a novel dataset and methodological knowledge regarding this understudied cohort.

Other Activities:

⇒ **Integration into the UHCW Research Institutes**

The HMRU has begun to investigate research new streams that may become available due to the creation of the institutes; initially the Institute of Cardiometabolic medicine. The HMRU curates large data sets that will support the Digital and Data Drive Research Unit (DDRU).

⇒ **International Collaborations and Networks**

The HMRU always focus on the development of new collaborations, this year new work has begun with Steno Diabetes Centre (Aarhus, Denmark) and Addenbrookes CRF, Cambridge) to develop new research networks.

⇒ **Equipment Investment**

The HMRU has secured funding for two new pieces of equipment in relation to body composition and thermal imaging.

TRUST PURPOSE: SUSTAINABILITY

NHS NET ZERO ROAD MAP

During 2022/23 R&D has been reviewing its activities and equipment to reduce its carbon footprint and environmental impact of its work.

Activities this financial year include:

- Reviewing protocols to reduce the number of hospital visits by utilising remote consultations and data collection.
- Launch of the Capsule Endoscopy delivery at SScale through enhanced AI anaLysis (CESCAIL) trial (a joint initiative between UHCW, Corporate Health International and the University of Barcelona). The study provides home-based Colon Capsule Endoscopy using a swallowable camera the size of a large vitamin pill which takes pictures of the gastrointestinal system which can be analysed to detect potential signs of cancer or other abnormalities and the study avoid patient visits and associate endoscopy time.
- Validating replacement of insulated non-biodegradable polystyrene boxes used for sample transfer with biodegradable ones, sourced from a Coventry based manufacturer.
- Validating use of drones for diagnostic sample transfer between Trust sites is using consenting anonymised patient samples to gather data. Drone transfer gives a 90-95% reduction in Carbon footprint for the transfer compared against traditional combustion engines and electric vehicles and transfer time is halved.
- Review of all project sample holdings and transfer or disposal of legacy samples with an aim of decommissioning 2 freezers, enabling a reduction in costs and carbon footprint this financial year (£1,500/year/freezer power usage).
- Investigation the feasibility and impact of reducing the operating range of biobank freezers from -80°C to -70°C to reduce power usage. Collating evidence from other biobanks that have made regarding the impact of this proposed change.



TRUST PURPOSE: UHCWi

UHCWi

The Research & Development Department has embraced UHCWi as a methodology for improvement. In total 12 individuals from the department have taken part in the 5 month Lean for Leaders programme. These have cascaded training to other departmental staff. The UHCWi Passport sessions are also promoted with a further 20 individuals have undertaken at least one session.

The Head of R&D is currently undertaking the Advanced Lean for Leaders programme and working with the Arden Tissue Bank team to understand how the methodology can support their logistics and work flows.

Teams discuss work at meetings using huddle boards, improve processes and workflows, standardising work and continually addressing waste reduction.



In 2022-23, improvement projects in the department have focused on the improving the contracting process with funders and partners on research studies, process for research study approval, improving financial monitoring of spend on research studies and improving the handover process between the Research Portfolio Development Team and the R&D study set up team.

Working in partnership with the R&D administration team, UHCWi methodology has been used by our Trial Management Unit to streamline and improve the efficiency of the R&D archiving process and standard work was rolled out from January 2023.

For 2023/24, we have established a commercial income maximisation rapid improvement workstream to automate invoicing of commercial research.

TRUST PURPOSE: VALUING & ENABLING OUR PEOPLE

R&D CAPACITY, CAPABILITY & OPPORTUNITY - VALUING & ENABLING OUR PEOPLE

Part of the UHCW, 'More than a hospital' strategy 2022-2023 vision is to create the best experiences and opportunities for our staff along with broadening and developing research areas.

UHCW R&D is realising this vision through **Research 4 All**.

The Research 4 All programme at University Hospitals Coventry and Warwickshire NHS Trust is to support ALL Trust staff wishing to engage with research at all levels. By building on our existing Interdisciplinary Clinical Academic Health Research Excellence (i-CAhRE™) implementation programme it will also support those who wish to pursue a clinical academic research career long term.

It offers the creation of a bespoke programme to support the individual needs of the staff member and reflect their current and projected journey with research through developing skills, practice and competencies.

R4ALL programme will enable our staff to engage with, and benefit from, research at several levels, contributing to the generation of knowledge to drive forward improved outcomes and experiences for our patients, their carers, our staff and the public by:

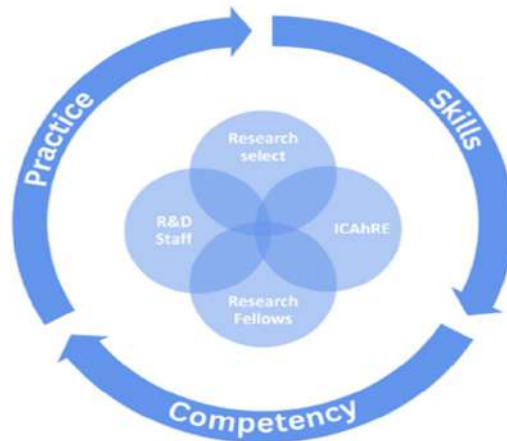
1. Developing opportunities for research training and education for all UHCW staff.
2. Increasing capacity and capability through developing and embedding clinical academic research careers and roles across inter-disciplinary groups in the Trust.
3. Developing a supportive and empowering infrastructure and embedding an innovative interdisciplinary clinical academic research culture across the Trust.

Opportunities include: The 2022-2026 iCAhRE™ **Skills Competencies & Practice (SCP) programme** will support all staff to feel confident to engage with research, through gaining skills, demonstrating competencies and showing their practical application, along with completing a MSc research module.

Research Fellow posts, secured via a competitive application process. This programme enables staff to develop or work on research for a 12 month period, to explore challenges within the area the Fellow is working. The Research Fellows will work in the four R&D institutes, CMO, CNO and Exec teams.

Research Select A selection of research focused training sessions, experiences, and competencies, available to all UHCW staff, to build their own portfolio, gaining access to what they need. Research select will support staff in gaining access to and integrating data sets that can inform or make up the research question they are seeking to explore. Offering a unique and bespoke research experience tailored to individuals. Research Select is not prescriptive in approach.

Aspects of R4ALL were available in 2022/23, with the programme launching in 2023/24.



AWARDS & RECOGNITION

COMMUNICATION / AWARDS / EVENTS / ESTEEM

The R&D Team are committed to sharing research success from UHCW.

This year, we had many examples of being the first site in the UK to recruit a patient to a research trial, as well as being the top UK recruiter or, in the case of the oncology research team, the highest recruiter in the world to the ADD-ASPIRIN Prostate cancer cohort. This year, the radiotherapy team has ensured that UHCW is one of the top recruiting sites for radiotherapy trials – we are 9th out of the 62 UK Radiotherapy Centres.

As well as securing grants to support research, we are now seeing increasing numbers of UHCW staff being successful in securing research fellowships, funded by the West Midlands Clinical Research Network, NIHR and industry partners.

There were other notable achievements including:



- The Clinical Research Facility Team won Silver in the Pharmatimes Clinical Research Team category at the International Clinical Researcher of the Year awards 2022.
- Helen Eftekhari (Arrhythmia Nurse & BHF Research Fellow) won a British Heart Foundation Healthcare Hero Award.
- Shivam Joshi (Clinical Trial Delivery Manager) received a Special Commendation for outstanding contribution to his role within trial management at the UKTMN Trial Manager of the Year 2022 awards.

- Awards Success at the West Midlands Clinical Research Network Awards, winning the 'Wellbeing' and 'Operational Excellence in Research' Awards, with Prof. Ramesh Arasaradnam Highly Commended in the Chief Investigator of the Year category and the R&D Team Highly Commended in the Collaboration in Research category for our cross-speciality working in response to COVID-19.
- The episode on BBC's Hospital series which showed the work of our recurrent miscarriage research team won a Royal Television Society Midlands award for the Best Documentary.
- The R&D Team partnered with the People Support and Communications teams to enable UHCW staff to share their experiences of the pandemic, resulting in the launch of 'Pandemic: Stories from the NHS Frontline' book, a collection of short stories compiled by UHCW staff during the COVID pandemic. The book is available to buy from the UHCW Charity shop (<https://uhcwcharity.org/shop/>) and on Kindle, with all proceeds going to UHCW Charity.



**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 JUNE 2023**

Subject Title	Infection Prevention and Control Annual report
Executive Sponsor	Tracey Brigstock, Chief Nursing Officer
Author	Fiona Wells, Lead Nurse of Infection Prevention and Control
Attachment(s)	Annual report Annual work plan
Recommendation(s)	The Board is asked to receive assurance from this report and note the content for information, with evidence of compliance with criterion (appendix 1) to the Department of Health: Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2022).

EXECUTIVE SUMMARY

The Infection Prevention and Control (IPC) Annual Report reports on infection prevention and control activities within University Hospitals Coventry and Warwickshire between April 2022 and March 2023.

The purpose of this report is to provide the Board with assurance that the Trust is compliant with its statutory obligations under the Health and Social Care Act (2008) Code of Practice – governing infection prevention and control in healthcare settings (DOH 2022) as well as the NHSE Board Assurance Framework which was developed to enable a self-assessment of compliance with national COVID-19 related IPC guidance, to identify key risks and to act as an improvement tool.

This report provides evidence of a high quality IPC service ensuring delivery of safe care to patients whilst also protecting staff and visitors. It describes a further challenging year, with new infections of concern and ongoing COVID cases.

In addition, the following organisms are subject to mandatory reporting

1. Methicillin-resistant *Staphylococcus aureus* bacteraemia (MRSA)

For the financial year 2022/23 there have been no cases of MRSA bacteraemia attributable to the trust.

2. *Clostridioides difficile*

The Trust reported 85 cases against a ceiling threshold of 65 cases. 55 cases have been deemed unavoidable, and 15 deemed attributable to the trust. Antimicrobial stewardship and delayed sampling are key themes from the review. 15 cases are outstanding but review dates are in place.

3. Gram-negative bloodstream infections (*Escherichia coli*, *Klebsiella* species, *Pseudomonas aeruginosa*).

- The Trust reported 130 cases of E.coli against a target threshold of 137
 - 45 cases Klebsiella against a ceiling threshold of 63
 - 30 cases of Pseudomonas against a threshold of 40
4. Methicillin-sensitive Staphylococcus aureus bacteraemia (MSSA)
There were 42 healthcare associated cases during the year, against an internal target of 62.
 5. COVID-19: The IPC team reviewed all cases of COVID-19 admitted to the hospital to support the prevention of nosocomial acquisition. Root cause analysis is undertaken on nosocomial cases and reported through the established DATIX process. Review and implementation of all new guidance has been undertaken.
 6. Carbapenemase Resistant Organisms are an emerging infection and UHCW has implemented technology in place to support rapid testing. Transmission has been noted and incident management is in place.
 7. Mpox: The trust was involved in the management of 20 suspected cases, 3 of which confirmed positive.
 8. The Trust has met NHS contractual requirements for sepsis audit, achieving compliance in Emergency admissions throughout the reporting period. Inpatient management has demonstrated improvement achieving compliance from quarter 3.

The report also provides evidence of innovative practice within the trust, celebrating achievements and patient experience partnerships.

The Board is asked to receive assurance from this report and note the content for information, with evidence of compliance with criterion (appendix 1) to the Department of Health: Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2022). IPC team activity work plan has been provided to evidence activity and areas of focus for assurance purposes.

PREVIOUS DISCUSSIONS HELD

This report was discussed at Quality Safety Committee 24th May 2023.

KEY IMPLICATIONS

Financial	Guide efficient allocation and use of resources – with safety / IPC as guiding principles. Review new products / technologies / research – more efficient use of resources Evaluate and restore – business as usual and remove waste
Patients Safety or Quality	Ambition to minimise the risk of hospital acquired infection Early response to changing IPC guidelines / national directives Embed learning and develop safe systems, processes and protocols
Workforce	Trust values – learn, openness, improvement, pride, compassion, respect and partnership

	Promote clinical standards and patient / staff confidence in IPC across services Actively seek patient feedback and confidence in caring
Operational	To hold IPC as the guiding principle whilst ensuring operational flow and delivery.

Glossary of Terms

IPC	Infection Prevention and Control
HCAI	Healthcare Associated Infection
CAP	Community Acquired Pneumonia
BAF	Board Assurance Framework
UKHSA	United Kingdom Health Security Agency (previously known as Public Health England)
ICB	Integrated Commissioning Board
GDNA	Group Directors of Nursing and Allied Health Professionals
CSSD	Central Sterile Services Department
NHSE	NHS England
PFI	Private Finance Initiative
QIPS	Quality Improvement and Patient Safety meeting
MRSA	Methicillin-resistant Staphylococcus aureus
MSSA	Methicillin-sensitive Staphylococcus aureus
GNBSI	Gram negative Bloodstream Infections
RCA	Root Cause Analysis
HOHA	Hospital Onset Healthcare Associated
COHA	Community Onset Healthcare Associated
PII	Period of Increased Incidence More than 2 cases meeting healthcare associated criteria in a 28 day period
EPR	Electronic Patient Records
PPI	Proton Pump Inhibitor. A type of medication
NICE	National Institute for Health and Care Excellence
GAMSAS	Global Antimicrobial Stewardship Accreditation Scheme
AMS	Antimicrobial Stewardship
AMR	Antimicrobial Resistance
CRRS	Electronic patient result tool at UHCW
RAG	Red/ Amber/ Green rating matrix
NIPCM	National Infection Prevention and Control Manual
QMS	Quality Management System
JAG	Joint Advisory Group
ISO	International Standardisation Organisation
ESCMID	European Society of Clinical Microbiology and Infectious Diseases

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO QUALITY AND SAFETY COMMITTEE

Infection Prevention and Control (IPC) Annual Report 2022 - 2023

1. INTRODUCTION

Good IPC including cleanliness is essential to ensure that people who use health and adult social care services receive safe and effective care. This report provides the Quality and Safety Committee of University Hospitals Coventry and Warwickshire NHS Trust (hereafter known as UHCW) with an annual review of the mandatory reporting and activities undertaken by the IPC Team between April 2022 and March 2023.

The publication of the IPC Annual Report is a mandatory requirement in accordance with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance (updated DOH 2022). The act requires registered providers to demonstrate safe, effective care or treatment that prevents avoidable harm and drives improvements in the quality and safety of services provided. Compliance is measured against ten criteria, to which CQC Key lines of enquiry align.

This report acknowledges the hard work and diligence of all grades of staff, clinical and non-clinical, which play a vital role in improving the quality of patient and stakeholders experience as well as helping to reduce the risk of infections. Additionally, the Trust continues to work collaboratively with a number of outside agencies as part of its IPC and governance arrangements including:

- NHSE
- Coventry and Warwickshire ICB
- West Midlands Health Protection Team/ UKHSA

A zero-tolerance approach continues to be taken by the Trust towards all avoidable HCAs. We ensure that good IPC practices are applied consistently and are part of our everyday practice meaning that people who use services at UHCW receive safe and effective care.

Infection Prevention and Control Board Assurance Framework.

The IPC BAF was produced by NHSE in May 2020 to support all healthcare providers to effectively self-assess their compliance with UKHSA and other COVID-19 related infection prevention and control guidance and to identify risks. The tool has undergone several updates, and in September 2022 version 1.11 was released.

Using this framework is not compulsory; however it was developed as a source of internal assurance to support organisations to maintain quality standards. The IPC BAF has been shaped using the criterion from the Health and Safety Act, although specific requirements of evidence are made. This document has been included in IPC updates to the Quality Safety Committee on a quarterly basis during 2022/23.

This 2022/23 IPC annual report will focus on compliance with the Health and Safety Act criterion and provide assurance against these objectives. The 2023/24 IPC annual work plan is included to further support this report and its findings by demonstrating activities planned to strengthen the previous financial years position, and to develop supporting evidence in the next financial year (see appendix 2).

2. CONTENT

Criterion 1: Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

This criterion links with Hygiene Code Outcome 6 and Regulation 24 relating to co-operating with other providers in the CQC guidance about compliance.

The Trust has in place:

- A Board level agreement outlining their collective responsibility for minimising risks of infection and how this is to be achieved.
- A Director of Infection Prevention & Control accountable to the Chief Executive and the Board.
- Mechanisms in place by which the Board ensures sufficient resources are available to secure effective prevention & control of HCAI.
- Measures to ensure relevant staff, contractors and other persons directly or indirectly concerned with patient care receive suitable and sufficient IPC information, training and supervision relevant to their roles throughout their employment, to minimise the risks of IPC relevant principles of antimicrobial stewardship, risk assessment and how to escalate concerns.
- Systems in place for service users and staff to raise concerns and to receive feedback.
- A programme of audit and quality improvement to ensure key policies and practices are being implemented appropriately.
- A designated decontamination lead.
- Provision of designated antibiotic pharmacist hours and a consultant microbiologist with an antibiotic stewardship role.
- A water safety group and water safety plan.
- A ventilation group.
- An infection related patient risk assessment that takes place on and during admission, and on result feedback.
- Methods and interventions to monitor the risks of infection, to determine whether further steps are needed to reduce or control infection.

Infection Prevention and Control Structure

The Chief Nursing Officer is the Trust designated Director of Infection Prevention & Control (DIPC) and is supported in this role by the Deputy Chief Nursing Officer/ Deputy Director of Infection Prevention and Control.

The IPC team led by the Lead Nurse provide specialist education, support, and advice to all Trust staff with regard to IPC and sepsis. The team also liaise regularly with patients and relatives to provide information on alert organisms, offering advice and reassurance when required.

The remit of the team includes:

- To have policies, procedures and guidelines for the prevention, management, and control of infection in place across UHCW.
- Provision of advice to clinical and management colleagues including:
 - Monitoring of infection risks
 - On-going staff education and training
 - Appropriate advice in response to major outbreaks of communicable infections
 - Appropriate IPC advice to key Trust committees, taking national guidance and policy into account.
- To work with other clinicians to improve surveillance and to strengthen prevention and control of infection
- To share information with relevant stakeholders within the NHS where required.
- To ensure high standards of infection control are maintained throughout UHCW through a programme of audits and surveillance.
- To liaise with clinicians and operational teams providing operational support and risk management.

To deliver a safe service, there is a close working relationship with teams across the Trust, including the Microbiology Laboratory, Estates and Facilities, Health and Safety, procurement, the communications team and across the PFI structure. As necessary, members of the wider microbiology/infectious diseases team are co-opted on to the team.

IPC Medical leads for each clinical group have been in place since July 2020. The position is allocated a 0.25 PAs to work alongside GDNA's in order to strengthen IPC leadership at group level. Trust data and themes are shared with leads, and group level action plans including this real time data are generated. A key objective of 2023/24 is to refresh this role and realign the provision to the NHSE Board Assurance Framework and IPC educational strategies, with recruitment to new vacancies underway.

Infection Prevention and Control governance, assurance and reporting framework

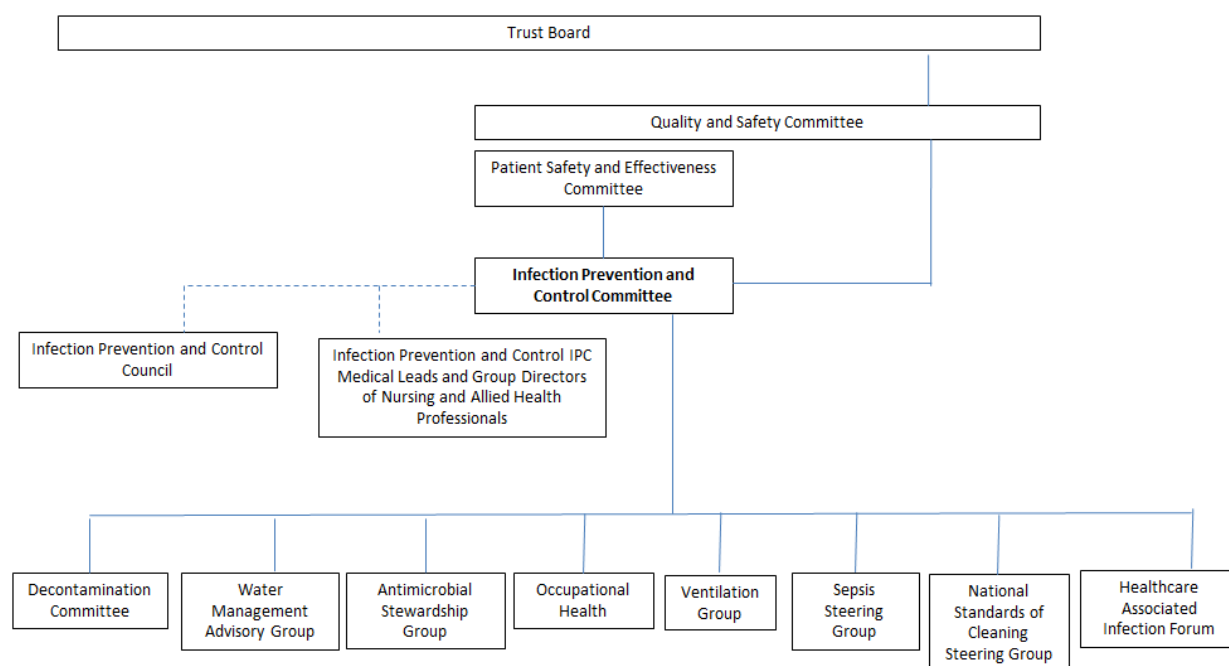
The IPC team reports on a monthly basis to the Infection Prevention & Control Committee (IPCC), and are directly accountable to the deputy chief nurse and the DIPC. IPCC provides

strategic direction for the prevention and control of HCAI at UHCW. IPCC is responsible for supervising the delivery of the annual infection control priorities and audit programme and the infection control annual report, as well as identifying risks relating to infection control via review of risk assessments and incident reports. It oversees the Trust performance against KPI and ensures there is a strategic response to new legislation and national guidelines.

Membership comprises of:

- Representatives from the IPC team
- Representatives from other relevant groups within the Trust (CSSD, Occupational Health, Pathology)
- Consultants in microbiology and virology
- UKHSA
- ICB

A number of sub-groups reports into IPCC, from which upwards assurance is provided to the Patient Safety and Effectiveness Committee, Quality and Safety Committee and Trust Board as demonstrated in the diagram below.



An ambition of 2023/24 is to receive group level IPC reports to IPCC for action plan monitoring and assurance. The newly developed IPC dashboard will support this, enabling group's rapid access to ward/ department level data and IPC investigation findings.

The DIPC reports regularly to the board on performance against target trajectories; key issues and actions and any other infection issues when relevant. A quarterly report to Quality Safety Committee is submitted, and the IPC lead nurse or representative attends the meeting to present the paper and update on Trust performance in mandatory reporting fields.

The Trust monitors risks of infection through data collection, audit and review of clinical incident reporting. These findings and a review of current risk assessments are reported to IPCC and the findings are used to inform future actions and strategy.

The Trust has a robust incident reporting system through which staff can report adverse incidents such as deviation from a clinical guideline or poor practice that may be detrimental to patient care. The IPC team have daily oversight of all incidents reported and will provide expert guidance and advice as required to mitigate any further risk or patient harm. This is also used by the IPC team to upwardly report HCAI incidents and outbreaks.

A trust wide review of QIPS data packs is being undertaken by the Patient Safety Team and the IPC team are working in collaboration with them to design the infection section, including DATIX reports. This will align to the ambition of group level reporting to IPCC and offers excellent opportunities for IPC leads to generate discussion, share learning and quality improvement initiatives providing an excellent opportunity for development in 2023/24.

Organisms subject to mandatory reporting

The trust is required to report centrally on the following organisms

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Methicillin-sensitive *Staphylococcus aureus* (MSSA)
- Gram negative Bloodstream Infections (*E. coli*, *Klebsiella* spp. and *Pseudomonas aeruginosa*)
- *Clostridioides difficile* (*C. difficile*)

For all of the above infections, a category is given for reporting purposes based on nationally set criteria. The following two categories assume a link to healthcare provision and therefore attribution is to the Trust (healthcare associated).

- Hospital-Onset, Healthcare Associated (HOHA)

Any NHS patient specimens taken on the third day of admission onwards (i.e. \geq day 3 when day of admission is day 1) at an acute trust.

- Community-Onset Healthcare-Associated (COHA)

Any case reported by an NHS acute trust not determined to be Hospital-Onset Healthcare Associated and where the patient was discharged within 28 days prior to the current specimen date (where date of discharge is day 1).

Reporting and Investigation

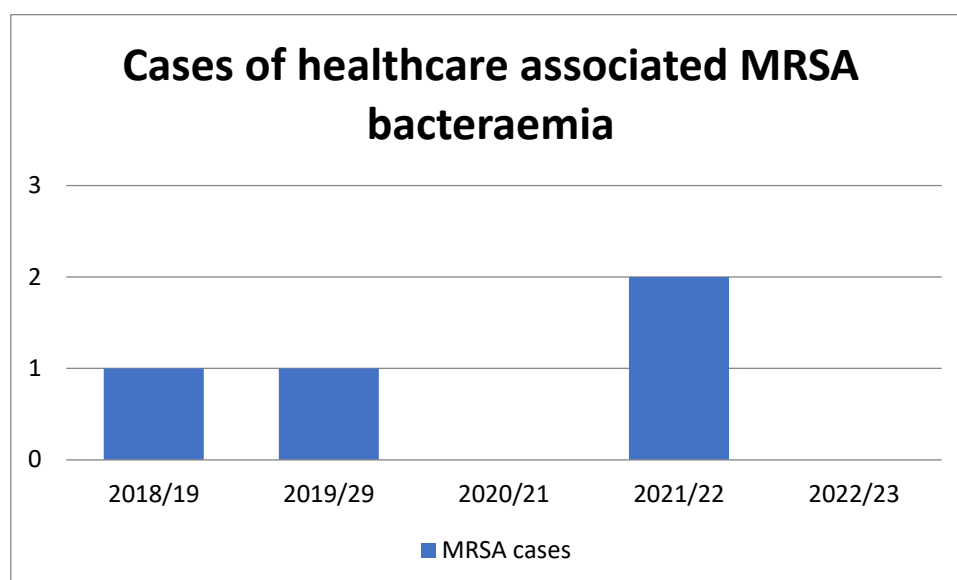
MRSA

Staphylococcus aureus is a bacterium commonly found on human skin which can cause infection if there is an opportunity for the bacteria to enter the body. In serious cases it can cause blood stream infection. Methicillin Resistant *Staphylococcus aureus* (MRSA) is a strain of these bacteria that is resistant to many antibiotics, making it more difficult to treat.

Many patients carry MRSA on their skin and this is called colonisation. It is important that we screen some groups of high risk patients when they come into hospital so that we know if they are carrying MRSA. Screening involves a simple skin swab. If positive, we can provide special skin wash and nasal cream that helps to get rid of MRSA. This measure reduces the risk of an infection developing.

The Trust reported zero cases of Trust acquired MRSA Bacteraemia during 2022/23 meeting the national mandate.

This is a decrease of two cases from 2021/22, where two cases of Trust acquired MRSA Bacteraemia were reported.



Of note, an increase in community attributed cases was seen in 2022/23 across the system, and ICB colleagues have undertaken post infection reviews of each case. Where the patient attended or was admitted to the Trust, the IPC team have had a representative at the review and have considered each case for learning opportunities and improvement. Aseptic Non-touch Technique training refreshers and improvement in decolonisation implementation were two items discussed and cascaded to Trust groups.

MRSA screening

UHCW employs a risk based approach to minimising the risk of MRSA bacteraemia, in line with national guidance. All admissions to areas considered high risk are routinely screened for colonisation with MRSA to ensure that appropriate action can be taken to prevent transmission.

The Trust continuously monitors compliance with this process. Compliance with admissions for 2022/23 as of March 2023 is shown in the table below, demonstrating above expected compliance in all categories. During 2022/23 deep dives took place into emergency and elective performance, and ward/ department level feedback given to groups. Medicine and Trauma and Neuro both presented improvement strategies to the IPCC and performance was monitored through that forum. This will continue in 2023/24 with the addition of a monthly MRSA power BI report to enable responsive and robust reporting.

MRSA screening category	Percentage compliance as of March 2023
Emergency Screen (Compliance >90%)	94.4%
Elective Screen (Compliance >95%)	97.9%
Elective Day Case (Compliance >95%)	96.7%

MSSA bacteraemia

MSSA is a strain of *Staphylococcus aureus* that can be effectively treated with antibiotics. It can cause infection if there is an opportunity for the bacteria to enter the body and in serious cases it can cause blood stream infection.

The Trust is required to report all healthcare associated MSSA bacteraemia to UKHSA each month, however of note there is no externally set annual ceiling threshold of the number of cases. The Trust instead sets an internal threshold guided by reduction principles applied by NHSE to the other infections of a 5% reduction. UHCW has reported 42 healthcare associated MSSA bacteraemia during the year 2022/23, a decrease of 22 cases since 2021/22, and a reduction of 34%. During the reporting period, a rate of 11.9 per 100,000 bed days was found.

A Root Cause Analysis (RCA) is performed on all cases meeting a HOHA definition, and a thematic review is undertaken of COHA cases allowing the IPC to raise any issues and provide feedback. During 2022/23 the key themes included skin or soft tissue complications, line/ device related or clinical condition e.g. hepatobiliary related sepsis. A deep dive is planned in May 2023 in collaboration with the Clinical Diagnostics IPC medical lead to review biliary stent and percutaneous transhepatic biliary drainage, and a key objective of 2023/24 for the IPC team is improving documentation of care of cannulas and lines throughout the trust. This will align to Electronic Patient Records (EPR) and will be monitored through IPCC.

During 2022/23, the medicine group undertook an audit of compliance with the MSSA bacteraemia pathway, a tool developed by Infectious Diseases and Microbiology to standardise patient management post positive result. The retrospective audit was undertaken from January 2022 to February 2023, with 48 sets of patient records able to be

reviewed. The findings demonstrated good compliance with the pathway, with areas of improvement to be developed into an action plan. This will be repeated during 2023/24.

Gram Negative Bloodstream Infections

NHSE/I has set a national target of halving of healthcare associated GNBSI by 2023/24 and therefore introduced thresholds related to GNBSIs in 2021/22 to the NHS Standard Contract for the first time.

However, nationally changing trends in GNBSI were seen during and post the COVID-19 pandemic, aligning to UHCW findings and performance in 2021/22, with breaches seen in E.coli, Klebsiella spp and Pseudomonas. The Trust ceiling thresholds for GNBSI in 2022/23 from NHSE reflected the increase in the previous financial year and was increased in direct disparity to the national 2023/24 reduction ambition.

There remains an uncertainty to the degree and speed to which a bounce back to pre-pandemic counts might occur and the regional NHSE task and finish group continues to build upon action plans regarding catheter passports and mouth care. UHCW IPC team chair a system wide urine group with key stakeholders from across the ICB which is discussed at the local Public Health Antimicrobial Stewardship (AMS) forum on a quarterly basis. This work has included urine sample techniques, early detection through sampling, and hydration awareness in collaboration with ISS, Acute Kidney Injury team and pathology services.

The table below demonstrates ceiling threshold and cumulative total of results for 2022/23 and for comparison, ceiling thresholds and performance in 2021/22. Overall performance across all three infections was very good and below the ceiling threshold. Conversely, all three would have met the lower ceiling thresholds set the financial year before, and Klebsiella and Pseudomonas performance was below threshold again.

	2022/23 ceiling threshold	2022/23 cumulative total	2021/22 ceiling threshold	2021/22 cumulative total
E.coli	137	130	130	136
Klebsiella spp	63	45	58	70
Pseudomonas	40	30	37	39

Escherichia coli blood stream infection

Often referred to as E. coli, this is part of the normal gut flora and can commonly cause urinary, biliary or gastrointestinal tract related infection leading to blood stream infection (E. coli blood stream infection). Some E. coli are enzyme producers known as extended spectrum beta lactamase (ESBL) which increase the resistance to multiple antibiotics.

A total of 130 cases of *E.coli* were reported in 2022/23, generating a rate of 36.9 per 100,000 bed days compared to the previous year's rate of 38.2.

It is relevant to note that *E. coli* remains the most frequent cause of bloodstream infection in the UK, aligning to the higher number of reports shown therefore continues to be a key area of focus.

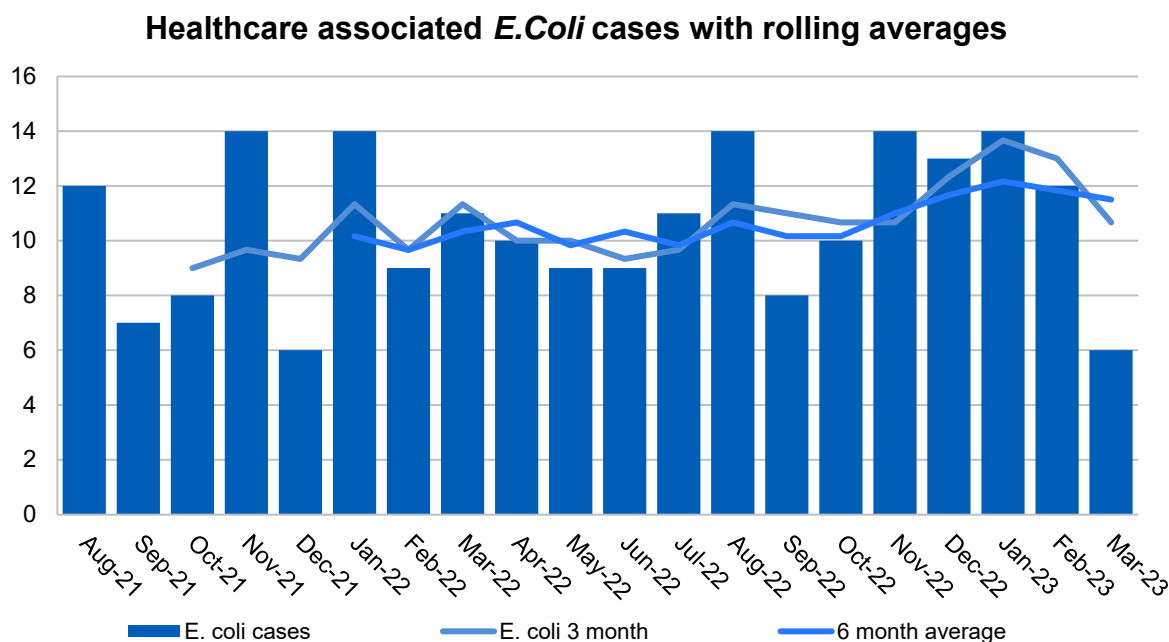


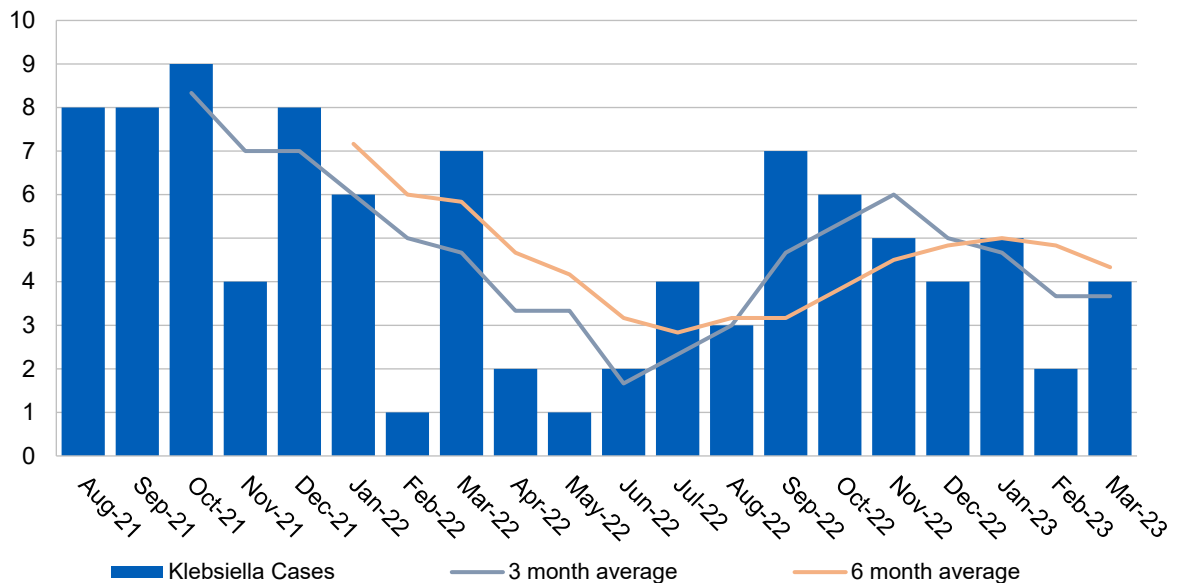
Table top reviews of *E.coli* cases are undertaken, and hepatobiliary sepsis remains the most common cause documented for the positive result, followed by urinary tract infection as per 2021/22 themes. As already described, exploration of biliary stent insertion and percutaneous transhepatic biliary drainage is taking place in 2023/24 for assurance due to an emerging theme, and will be monitored through IPCC.

Klebsiella species blood stream infection

Klebsiella species belong to the family Enterobacteriaceae. *Klebsiella* species are commonly associated with a range of healthcare associated infections, including pneumonia, bloodstream infections, wound or surgical site infections and meningitis.

There were 45 hospital onset cases of *Klebsiella* bacteraemia in 2022/23, generating a rate per 100,000 bed days decreased from 19.3 in 2021/22 to 12.8 in 2022/23.

Healthcare associated *Klebsiella* cases with rolling averages

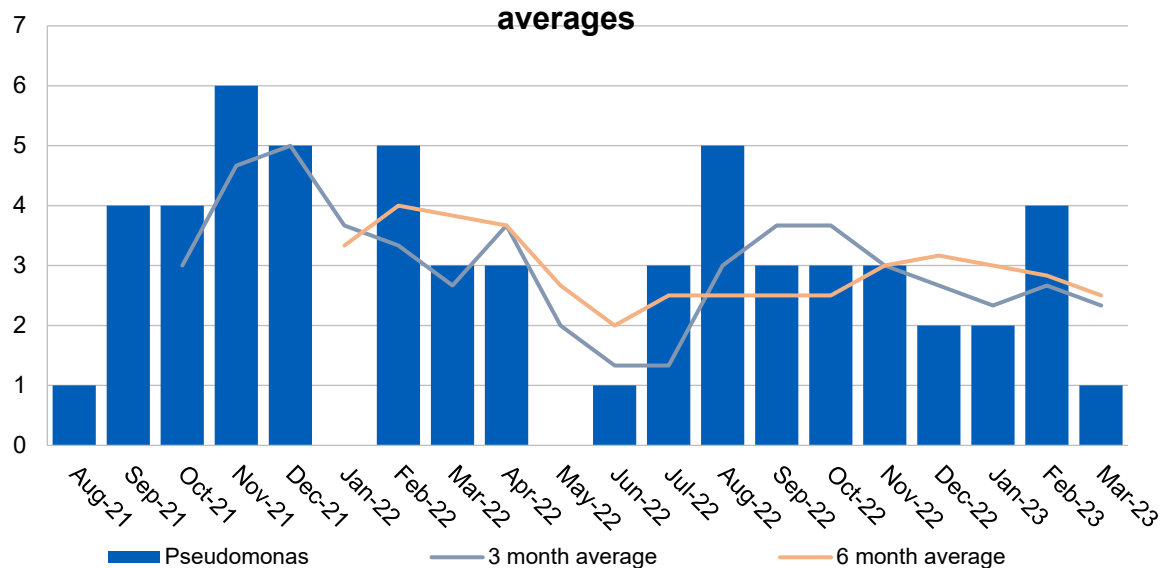


Pseudomonas aeruginosa blood stream infection

Pseudomonas aeruginosa is a type of bacteria found commonly in the environment, including soil and in water. Of the many different types of *Pseudomonas*, the one that most often causes infections in humans is called *Pseudomonas aeruginosa*, which can cause infections in the blood, lungs (pneumonia), or other parts of the body after surgery.

There were 30 hospital onset cases of *Pseudomonas aeruginosa* bacteraemia in 2022/23, with a rate of 8.5 per 100,000 bed days, a decrease from the previous 2 financial years which had maintained a rate of 11 per 100,000 bed days.

Healthcare associated *Pseudomonas* cases with rolling averages



Pseudomonas in General Critical Care

A Period of Increased Incidence (PII) is defined as two or more new cases of the same infection (occurring >48hours post admission, not relapses) in a 28-day period. When a PII is identified, it is recommended that a standard set of actions be put in place including ribotyping of isolates and ward audits. An outbreak is then defined as two or more cases caused by the same strain related in time and place over a defined period that is based on the date of onset of the first case.

In December 2022, the IPC team instigated investigations into a PII involving 5 patients identified as *Pseudomonas aeruginosa* between December 2022 and January 2023 in the General Critical Care unit. This included rates of infection over time, the timeline of the patients involved, the environment, hand hygiene, and water testing.

Four patient samples were able to be sent for typing, three of which were identified by the national reporting laboratory as being identical. However, the feedback also notified us that this type of *Pseudomonas aeruginosa* is common and has been isolated from numerous hospitals across the UK.

As per incident management guidance, a meeting was held with external parties including the ICB and NHSE, and following presentation of case findings, actions and reference lab feedback it was agreed it is difficult to determine their transmission from patient to patient or if these patients would have become colonised with this common strain individually as a result of their critical care admission.

Good practice was identified in instigating outbreak management principals to gain assurance that all is being done to minimise the risk of infection to patients and the unit is currently finalising outstanding actions from the plan. IPC continue to monitor the unit for any new cases of concern. There have been no further cases linked to this cluster of cases at the time of writing

Clostridioides difficile (C.diff)

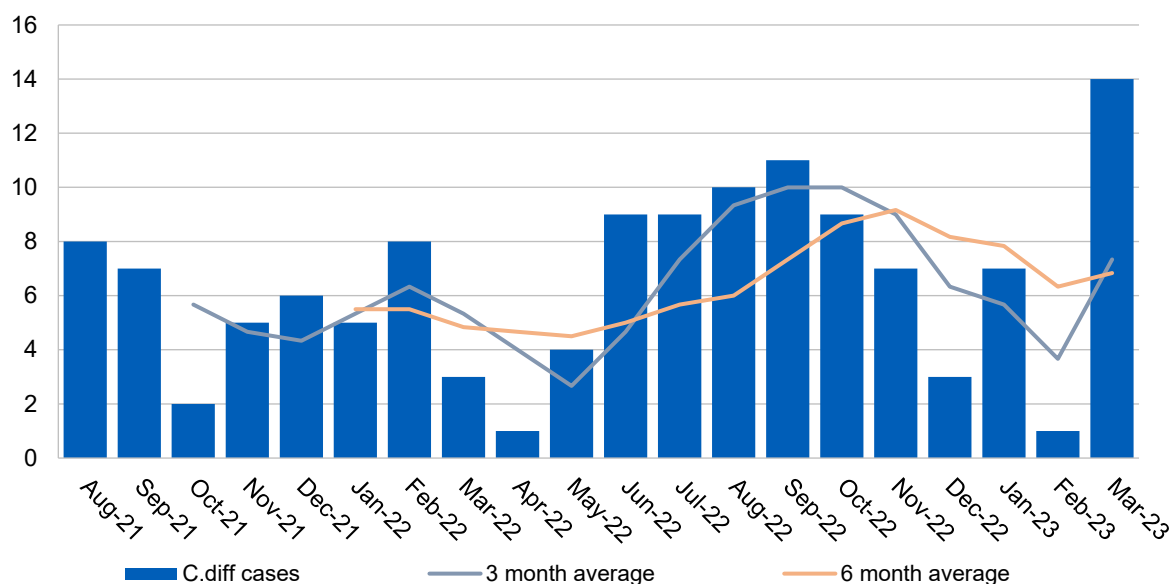
C.diff is a bacterium found in the gut of around 3% of healthy adults. It seldom causes a problem as it is kept under control by the normal bacteria of the intestine. However certain antibiotics can disturb the bacteria of the gut and *Clostridium difficile* can then multiply and produce toxins which cause symptoms such as diarrhoea.

The ceiling for UHCW apportioned cases of *C. difficile* for 2022/23 was set at 65 cases, a reduction of 5 cases from the 2021/22 threshold of 70. The Trust reported a total of 85 cases for the financial year, 20 more than the threshold set, and 16 more than the 2021/22 reporting period.

The chart below shows that quarter 1 performance was below expected ceilings, however between June and November 2022, the monthly reported cases exceeded the monthly ceiling thresholds. March 2023 was particularly poor and above 3 and 6 month rolling averages.

A C.diff reduction plan has been created and is monitored through IPCC for assurance, escalations and risk.

Healthcare associated *C. diff* cases with rolling averages



Further analysis of the cases is displayed in the table below, dividing cases by the COHA and HOHA criteria. The percentage of cases found positive in both categories has remained the same as the previous reporting period despite the increased number of cases, with a shift demonstrated from 2020/21 of an increased number of COHA cases. This could be due to a number of influences from the COVID-19 pandemic, including lower numbers of attendance, fewer samples taken by community providers and changes in prescribing practices from community providers such as dentists.

	2020-21	2021-22	2022-23
Total number of cases (1st April – 31st March)	68	69	85
Total meeting HOHA criteria	45	40	49
Total meeting COHA criteria	23	29	36
Percentage of total cases meeting HOHA	66%	58%	58%
Percentage of total cases meeting COHA	34%	42%	42%

An RCA takes place of all COHA and HOHA related C.diff, and each case is discussed with the ICB and other multidisciplinary team members at the HCAI forum for validation and investigation of the case to identify if any lapses of care as per NHSE requirements (2016) that have likely attributed to the acquisition of C.diff.

Lapses of care refer to issues that may have contributed to the development of a patients C.diff infection. The HCAI forum also determines if there are any lapses in care that require redress by the clinical area. This enables the formation of an action plan to assist in praise of good practice and drive forward change for elements and practice that may need developing in order to improve patient safety. Lapses in quality are also reviewed and actioned and these refer to issues relating to the management of the patients with confirmed C.diff.

The table below demonstrates of the 70 cases reviewed to date, 55 cases to date have not been considered attributable to the Trust. 15 cases were identified as having lapses in care that attributed to the acquisition of C.diff. A further 15 cases are awaiting review – a plan is in place for these to be undertaken, with planned meetings scheduled.

Month	Healthcare associated cases			Cases reviewed with ICB	ICB agreed lapses in care
	Hospital onset	Community onset	Total		
April 2022	1	0	1	1	0
May 2022	3	1	4	4	0
June 2022	6	3	9	9	1
July 2022	5	4	9	9	3
August 2022	5	5	10	10	1
September 2022	5	6	11	11	4
October 2022	4	5	9	9	2
November 2022	2	5	7	7	2
December 2022	2	1	3	3	0
January 2023	6	1	7	5	1
February 2023	1	0	1	1	0
March 2023	9	5	14	1	1
YTD	49	36	85	70	15

Themes from the lapses of care findings considered avoidable:

- Antimicrobial stewardship – length of course, type of antimicrobial, completion of documentation, indication for antibiotic.

- Delays in sampling – missed opportunities to send a stool sample sooner, poor sampling techniques meaning delays to results being received.
- Failure to take prompt samples in the admission wards.
- Matching ribotypes on reference lab testing indicating transmission (Period of Increased Incidence/ outbreak).

Key messages have been shared regarding antimicrobial practice and C.diff throughout the year. This has included Chief Medical Officer safety notices, IPC Safety Huddle messaging, general communications and face to face discussions. A “Think Test Treat” campaign has been launched with an aide memoire for all staff aligned to the key messages of thinking, testing and treating C.diff that reminds staff of the importance of AMS.

As part of a national C.diff Collaborative, the IPC lead attend an NHSE workshop and along with the regional team, have developed an animation education video for staff regarding stool sampling, including some common myths regarding suitability. This resource will be released in 2023/24 and access given to all clinical staff. In the meantime IPC supported clinical teams with face to face discussions and safety huddle presence.

An action plan was submitted by the Emergency Department regarding the delay in samples, with GDNA oversight and supported by clinical group educators.

Lapses in quality have included;

- Overuse/ inappropriate use of gloves - Decreased compliance with hand decontamination
- Prioritising pressures for side rooms – COVID/ mental health safety interventions
- Proton Pump Inhibitor (PPI) use
- Laxatives prior to sampling

A key ambition of 2022/23 is to complete a series of work streams in relation to glove use based upon the Gloves Awareness campaign launched by NHSE. This work has already commenced with KPO team guidance and key stakeholders involved in the discussions and feedback regarding its implementation and use. An implementation plan is underway for the work streams for launch in quarter 2.

A partnership with the gastroenterology team has been formed, and a PPI information poster is being created by the pharmacy team with IPC and gastroenterology to inform decisions around PPI prescribing and continuation. During the reviews it was apparent this often was stopped on receipt of the C.diff result (good practice) but had not been reviewed prior to this, with PPI use associated to changes in bowel flora and C.diff development. An aim of 2023/24 is to further audit and critique prescribing of PPI's – an item that will be significantly assisted by the launch of EPR in October. This will also incorporate antimicrobial stewardship prescribing practice review.

Of note, during 2022, implementation of updated National Institute for Health and Care Excellence (NICE) guidance on Management of C.diff infection has been undertaken which included a switch from Metronidazole to oral Vancomycin as first line therapy, and accessibility of fidaxomicin as a second line consideration. Faecal Microbiota transplants

(FMT) have been undertaken by the Infectious Diseases, microbiology and gastroenterology team in the trust, and an aim of 2023/24 is to further establish this service with IPC involvement.

Period of Increased Incidence (C.diff)

During 2021/22, 12 C.diff PII were managed by the IPC team, of which 3 demonstrated matching typing, indicating it was likely transmission had occurred and an outbreak was declared. These areas were terminally cleaned and where possible fogging has taken place. This has been restricted due to operational pressures, but mitigations are put in place where this has happened of "sign-off" cleans and development of a tracker system of rooms waiting for fogging. Extra hand hygiene and Personal protective Equipment (PPE) reviews were undertaken to support teams in identifying areas of improvement. All IPC findings were shared with the clinical group and rectifications monitored. Antibiotic prescribing audits are performed as part of the associated action plan with feedback shared with IPC medical leads as clinical teams for cascade and learning.

Carbapenemase Resistant Organisms (CRO)

Carbapenem are a class of antibiotic that are active against many organisms. Of all the beta-lactam antibiotics, Carbapenem possess the broadest spectrum of activity and the greatest potency against bacteria. Because of this, they are often reserved for more severe infections or used as "last-line" agents.

Carbapenemase Resistant Organisms (CRO) are bacteria that are resistant to Carbapenem antibiotics through a range of mechanisms which can destroy antibiotics in this group making the bacteria resistant to the treatment.

Bacteria live in the gastro-intestinal tract (gut) of people and animals and contribute to the digestion of food. It only becomes an issue if these bacteria are Carbapenem resistant. Whilst in the gut CRO are harmless and cause no ill effects; this is called colonisation. However CRO can cause a range of serious infections if the bacteria is outside of the gut, these include wounds, blood stream, urinary tract and respiratory tract infection and infections associated with invasive procedures or devices.

The Trust follows the national screening guidance for CRO, which currently focusses on those patients who have been an inpatient in a hospital outside of local area (e.g. UHCW) or who have a known contact history. A business case establishing rapid PCR test to the trust was agreed in June 2022, enabling an eight hour turnaround time for results and improving operational delivery. This trial has been extended into 2022/23 and IPC continue to support.

The IPC team follow up all hospital transfers with clinical teams to ensure a rectal swab or stool sample has been taken (as applicable) and assist teams in the management of any positive or suspected cases including isolation, theatre/recovery management and PPE. Where a positive case is identified, the IPC team will undertake a contact tracing exercise and any patient deemed at risk is alerted on CRRS and surveillance swabs undertaken as per local guidance.

Period of Increased Incidence (CRO)

(From September 2022, the stroke pathway for Coventry and Warwickshire was altered and UHCW became the acute centre for all new patients. In line with this restructuring process, testing for CRO increased for neurosciences. Patients being discharged to different care facilities would also be screened if this was required in order for them to accept the patient (local hospitals and rehab units).

In November 2022, IPC observed an increase in laboratory results that were positive for CRO. These results were from patients who had recently been on, or were still residing on the neurosciences footprint (wards 41 stroke, 42 neurology and 43 neurosurgery). All were asymptomatic but required a screen due to inter-hospital transfer.

Incident management was commenced; including estates review and maintenance of taps, sinks and showers (a commonly associated risk). All cases were sent for typing at the national reference lab and 4 patients tested positive with the same strain, and the reference laboratory indicated that this also matched a previous CRO producing *E. coli* that was sent to them from the ward a year before. This outbreak remains open and under close review, including further testing taking place at the reference lab for more detailed information due to the sporadic timeframe and mixture of organisms found.

Of note, due to national guidance not requiring screening all patients on admission to hospital it is unknown what the rate of carriage is in the community. Through increased vigilance and surveillance screening in of contacts, more positive results are being reported e.g. where the enzyme grown is different to the index cases, this indicates they were a carrier in their own right. Consideration of increased screening in high risk areas such as stroke is under discussion.

COVID-19

During 2022/23 COVID-19 has remained a challenge to the Trust. Guidance changes in the community were not reflected in healthcare settings and this had a negative impact in terms of transmission across our wards.

National guidance on COVID-19 from NHSE and UKHSA was implemented on 01.09.22 changing the screening requirements for COVID-19. The guidance recommended a “pause” on routine, blanket testing for COVID-19 instead recommending testing on symptomatic individuals or those considered immunocompromised or vulnerable. Screening of patients returning to a nursing/ residential home on discharge continues to be required. The Trust is complaint against this guidance, offering COVID-19 point of care testing in ED and rapid testing across other pathways as required.

A revised document released 31/03/2023 will be implemented during quarter 1 2023/24 removing the requirement to use PCR testing for nursing and residential homes, and to only use PCR testing for symptomatic individuals (aligning to other respiratory virus testing).

During December 2022 there was an increase in the number of patients testing positive for COVID-19. Referred to as a “5th wave” of COVID, it involved new variants. The Omicron variant of concern remains the dominant variant circulating globally.

The use of masks in clinical areas remained under review in 2022/23, with national guidance to locally risk assess and consideration of stepping down mask wearing in clinical areas followed in June 2022 being stood back up following an increased prevalence in the community. This has been revisited in April 2023 and masks are no longer routinely worn in clinical areas.

COVID-19 outbreaks

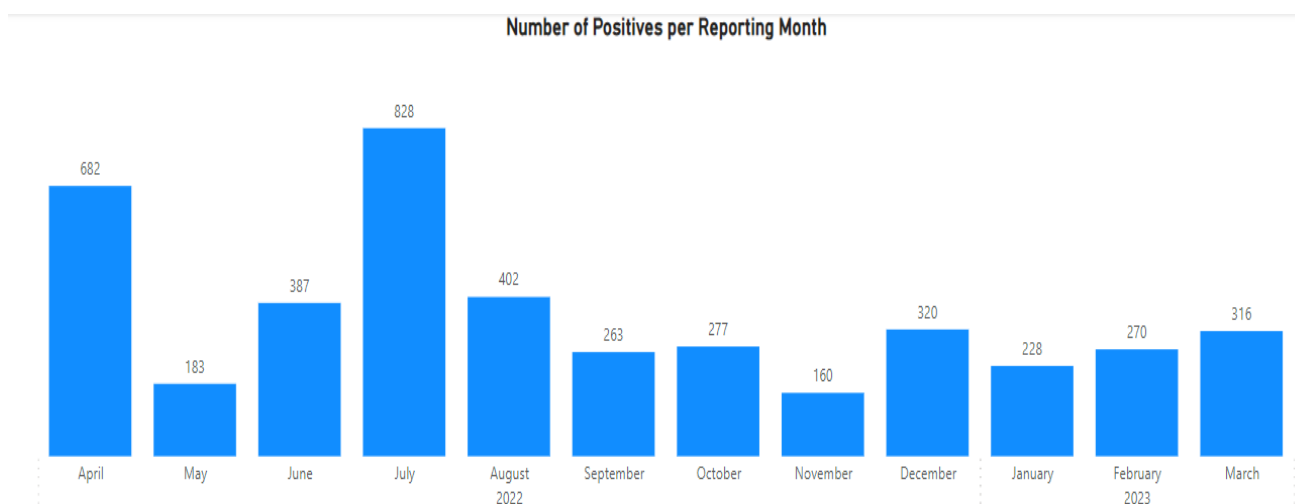
The definition of a COVID outbreak was set by NHSE in May 2020 as two or more COVID-19 cases place linked by time and place, where once case has been in hospital for more than 8 days. During 2022/23 there were 47 outbreaks of COVID identified and managed. Themes from the RCA's include:

- External visitors to Trust attending inpatient settings with symptoms or with a confirmed COVID result
- Asymptomatic contacts returning positive
- Asymptomatic inpatient swab taken for discharge requirement
- Visitors to trust compliance with PPE – mask wearing
- Delay to swabs being taken

During 2022/23 the national requirement was for monitoring to continue for 28 days after the last positive result. The IPC team had oversight of this and updated all clinical areas on a weekly basis to those still in outbreak, achieving the requirement. Audits of PPE, hand hygiene and environmental cleaning are undertaken weekly by the clinical teams with support from IPC and monitored through the weekly outbreak meetings. Staff mandatory training, absence due to COVID and any operational impact during outbreak was considered as part of the review.

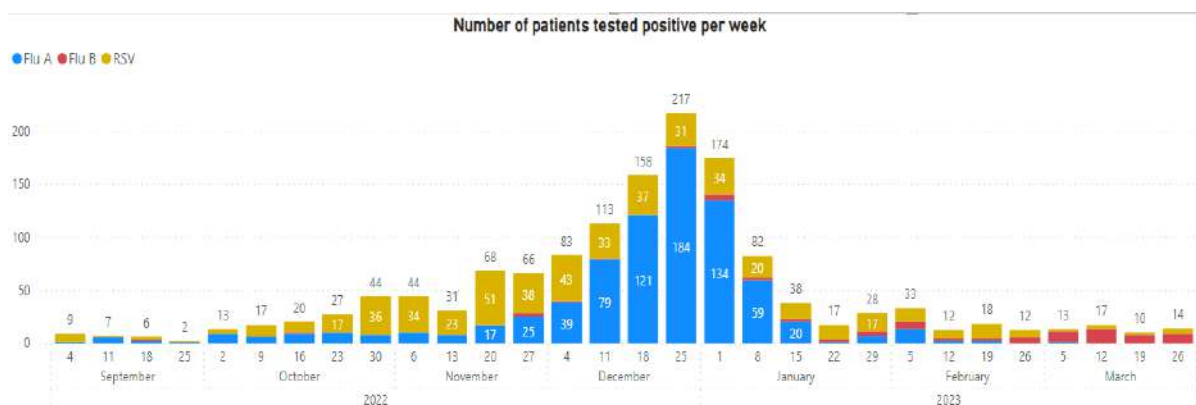
Outbreak meetings have been held and include ICB, NHSE and UKHSA colleagues, and all outbreaks are recorded on the IIMarch system in line with NHSE requirement.

NHSE guidance states any patient who tested positive for COVID-19 8 days after admission is considered a possible or definite nosocomial case. A Datix is completed with a review undertaken 28 days after the positive result to consider outcomes and interventions. Any death or serious harm is reported on STEIS, and duty of candour offered in line with national guidance. This review is undertaken with the patient safety team and Deputy Chief Medical Officer, providing a robust patient specific process. An overview of the number of completed cases is reported through the serious Incident group and to IPCC for noting.



Influenza

As predicted, the numbers of admissions with influenza over the Winter period of 2022/23 were significant, with an increase seen in both paediatric and adult attendances. Historically, during influenza season there have been 50 patients detected with flu per week; in the week of 25/12/2022 we saw a peak of over 200 cases (adults and paed).



Pathways in place for respiratory presentations at admission areas assisted in the trusts management of those presenting with influenza. Point of care testing in direct admission pathways is established for COVID testing, and through Winter planning was extended to include influenza A, influenza B and RSV. This enabled some discharges directly from the Emergency Departments with appropriate treatment and advice, and for those requiring admission has minimised risk of transmission events. It is hoped with Winter planning in 2023/24 this will be reinstated and pathology have started a proposal for consideration.

There have been 6 influenza outbreaks managed within the trust during 2022/23, concentrated in the December period. These were all managed within a bay, and

transmission outside of the immediate shared environment was not seen. These incidents were reported to the ICB, UKHSA and NHSE colleagues in line with NHSE requirements.

Mpox

Mpox is a viral infection belonging to the Poxviridae family. Its main host is in wild mammals, including rodents and primates. Typically, mpox has an incubation period of 7 – 14 days, but it can be up to 21 days.

On 18th May the UK Health Security Agency (UKHSA) reported 9 confirmed cases of mpox in England with atypical history i.e. no links to foreign travel and the Trust was required to rapidly create a pathway through which suspected cases could be managed safely. There were 24 suspected presentations of mpox to the Trust, with three confirmed cases. A virtual clinic was set up by Infectious Diseases team to manage cases in the community where possible, and incident meetings were held with colleagues from UKHSA, NHSE and ICB to discuss each patient for any contact tracing etc. Risk assessments were undertaken on a case-by-case basis for exposure and vaccine as per national guidance.

There was one incident where 5 contacts were offered prophylaxis following a potential exposure, this was managed by UKHSA and no further positive cases were identified. The patient self-discharged and was managed in the community.

Norovirus

The trust reported 7 outbreaks of norovirus during 2022/23. Staff and patient involvement was monitored and restrictions placed on admissions to effected bays as required. This was reviewed on a daily basis to minimise disruption and updates shared across the Trust for information and assurance purposes. An index case is assigned to each outbreak by nature of having tested positive first; however it is often difficult to understand how the virus is introduced to the area initially. Lessons learnt from the events suggested staff were isolating cases before the result was known but transmission had already occurred, or had isolated the patient and then admitted to the empty bed space therefore increasing risk of further transmission. The norovirus testing can return results rapidly (1-2 hours) and this learning was shared with clinical teams. A norovirus standard work is being prepared by the IPC team for internal management to ensure consistency.

Sepsis

The recognition of sepsis is a key element of clinical assessment in the acutely unwell patient, and this is supported by screening tools to aid staff in recognising and managing patients with sepsis. Audits are carried out to identify patients that 'trigger' for sepsis assessment to determine if appropriate screening and management is in place. For the reporting period, the Trust has maintained the NHS contractual requirement agreed with the ICB and improved performance against the Trust internal target.

The below tables demonstrates the Trust performance from audits undertaken across the year. The methodology selected is based on that described in the standard contract and a single percentage is achieved based on "doing the right thing" i.e. screened for sepsis, treated for sepsis within an hour if required or de-escalated as not sepsis, therefore demonstrating antimicrobial stewardship best practice.

Emergency admissions refer to the Emergency Medicine (EM) footprint, and inpatient areas all other. With the move to direct access pathways the classifications of ward areas will need re-consideration in 2023/24 but it is hoped this this will be improved with EPR. Compliance (>90%) is demonstrated throughout the year in EM, with an improved performance each quarter in inpatient areas.

Emergency Admissions	Compliance achieved – Treated in 1 hour + Screened & not sepsis / Number of records with infection suspected
Q1	97%
Q2	95%
Q3	96%
Q4	95.4%

Inpatient Admissions	Compliance achieved – Treated in 1 hour + Screened & not sepsis / Number of records with infection suspected
Q1	79%
Q2	83%
Q3	90%
Q4	92%

In order to support further targeted improvements, the process for data collection for audit purposes has been reviewed and streamlined and now provides real time data as well as utilising retrospective analysis to improve clinical group representation. During 2022/23 maternity and neonate data has been included, which were previously underrepresented groups, and the IPC team have started to undertake reviews of all patients with sepsis listed on their death certificate for assurance and oversight. A deep dive into sepsis mortality has taken place and a report is to be prepared and shared with the Mortality Committee. A recommendation from that paper is the process is repeated during 2023/24.

The data collection is limited by the requirement for paper record audit and the team have worked closely with the EPR team to describe the benefits associated with sepsis and the new electronic system.

Education has been provided by the sepsis medical lead and IPC team through varying forums in 2022/23. Regular slots are scheduled for junior doctor induction and nursing preceptorship, and we have supported with adhoc requests for clinical educators who organise training at local level for new starters. All members of the IPC team are able to lead sepsis sessions on the AIM course and have supported the programme throughout the year. The sepsis medical lead role is currently being advertised and it is hoped this will be filled by the end of quarter 1 2023/24.

Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

This criterion links with Outcome 10, Regulation 15 safety and suitability of premises contained in CQC guidance about compliance.

The IPC team, in collaboration with the estates and facilities team and the decontamination lead, monitors standards of cleanliness within the Trust and promotes best practice by ensuring the following:

- Decontamination of medical devices and equipment
- The trust is under PFI contract, managed and monitored by the Director of Estates. The ISS head of cleaning services alongside the soft services performance manager provides the Trust with oversight and management of cleaning and environmental services including service planning to delivery at the care level.
- A fortnightly meeting for key stakeholders is in place to discuss cleaning standards and escalate concerns collaboration with key stakeholders. This is further discussed at the national standards for healthcare cleanliness steering group.
- A planned programme of essential maintenance and cleaning is planned and implemented
- The person in charge of any area has direct responsibility for ensuring that cleanliness standards are consistently maintained and all clinical and non-clinical staff has personal responsibility and accountability for maintaining a safe and clean care environment.
- An auditing schedule is in place to monitor cleanliness and ensure building maintenance is in good physical repair and condition.
- FR statuses have been applied to all wards and departments as per the National Standards for Healthcare cleanliness and schedules are in place in each area depicting responsibilities and frequency of clean. These are monitored for change in use of area/ requirements.
- Adequate provision of suitable hand-washing facilities and products throughout the trust.
- Cleaning schedules are in place on each area, regular audit checks take place by IPC and ward staff of clinical point of care equipment such as commodes.
- Linen and laundry are managed through our PFI providers under the remit of Estates and aligned to national guidance.

Environmental Cleaning

Cleaning services at UHCW in all clinical and non-clinical areas are managed by ISS, supporting the safe environment to patients as well as monitoring the standards achieved against the National Standards of healthcare Cleanliness 2021.

Throughout 2022, the ISS cleaning managers, Estates team, IPC team, and clinical staff worked together to implement the new standards. Clinical and non-clinical areas were reviewed and re-categorised into the new functional risk categories.

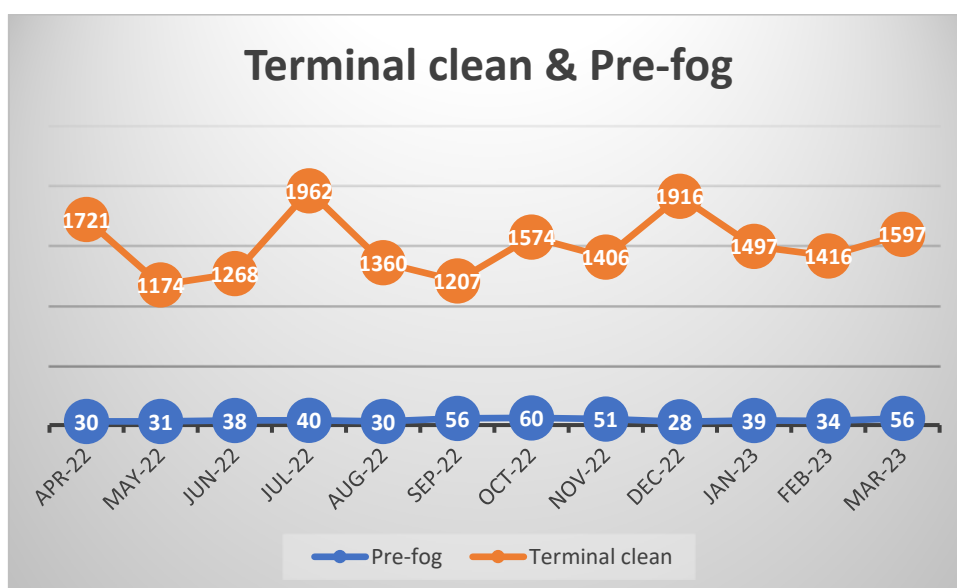
By the end of 2022, the environmental cleaning was fully implemented and being audited against. 2023 will see the implementation of the clinical cleaning, as well as displaying the Commitment to Cleanliness charter and star rating posters in patient facing areas. The ISS cleaning team continue to work alongside clinical teams to support the new standards and to implement the audit process around clinical cleaning.

Audit reports are shared with the ISS management team, Estates team, ward managers and Modern Matrons for escalation and action. Where performance drops to a 3 star or below, and automatic review process is instigated to understand the cause of poor performance, and action plan to remediate any areas of concern. In 2022, there were 7 areas that went through a review process. These were discussed at IPCC and with the Director of Estates under the PFI agreement. All have been rectified.

Terminal Cleans

In addition to routine cleaning, trust staff can request additional cleaning in the event of an infection outbreak or increased incidence of an infection.

All terminal cleans at the Trust are requested via the helpdesk, and are available 24 hours a day, 7 days a week. Hydrogen Peroxide Vapour (fogging) decontamination of infected side rooms is requested as per IPC guidance, and is managed by the Soft Facilities Management Team in partnership with ISS. A total of 18,098 terminal cleans and 493 pre-fogging cleans were requested in the reporting period.



The number of terminal cleans has been heavily impact by COVID, with peaks in performance (July and December) correlating to increased prevalence of the virus. The advice regarding environmental cleaning in COVID remains the same, and alongside the terminal cleans touchpoint cleaning was put in place for the duration of the outbreak to support those area where increased prevalence was noted.

The pre-fog clean is performed prior to hydrogen peroxide vapour being used on a room. This may be done for C.diff or CRO purposes, or as part of the routine enhanced maintenance programme of high risk areas. The number performed remains similar to that of 2021/22 potentially due to operational pressures limiting availability to undertake the procedure (in total the room closure takes 6-8 hours) but also due to limitations on service (not available on weekdays after 16:00, 12:00 on weekends and no availability on bank holidays). This has been raised by the IPC team as a potential risk and alternative solutions are under discussion.

Decontamination and Sterile Services Decontamination (SSD)

The Trust operates an on-site Central Sterile Services Department (CSSD) and a centralised Endoscope Decontamination Facility. CSSD holds several reciprocal Service Level Agreements with other Trusts for contingency decontamination of reusable, invasive medical devices.

CSSD is fully accredited as compliant with the Medical Devices Regulations 2002 (SI 2002 No 618, as amended) and BS EN ISO 13485:2016. As such, the facility is able to provide automated cleaning, disinfection and sterilisation of re-usable, invasive medical devices to all applicable standards. The CSSD Quality Management System (QMS) ensures continuing compliance via ongoing internal audits of every process with the QMS itself being audited at least annually by CSSD's approved body. January 2023's annual surveillance audit resulted in four minor non-conformances, all of which will be actioned and closed out by quarter 2 2023.

The main UHCW endoscopy department along with the St. Cross endoscopy service are inspected to the standards developed by the Joint Advisory Group on gastrointestinal endoscopy (JAG). The external JAG audit took place in summer 2022 resulting in several recommendations, following actioning the recommendations full JAG accreditation was awarded in April 2023. The Endoscopy Decontamination Facility and the satellite decontamination areas has also invested in implementing a new ISO 13485 quality system moving towards best practice, ensuring scopes are processed correctly to the relevant standards.

The Trust has continued to invest in decontamination with new Endoscope washer-disinfectors in place at all three sites, new washer-disinfectors and low temp H2O2 sterilisers in place in CSSD. Plans for steriliser replacement with new steam storage technology resulting in efficient steam usage and reduction of carbon emissions are in development.

An ambition of 2023/24 is to launch the Tristel 3T digital traceability system into the trust. This is currently being organised by the IPC team, decontamination lead and the innovation team alongside ICT. The system will be used to register and document the decontamination procedures performed at point of care using the Tristel three stage wipe system. This is currently a paper based process and this digital solution will create less waste, increase productivity, ensure mandatory record keeping guidance is met and allow better traceability.

An extension to this is the development of a trust based App that allows staff to search for decontamination and cleaning advice for specific items e.g. a keyboard, or a hoist. This project is likely to extend over 12 months due to significant undertaking of the project, and the aim is to generate the information on a group by group basis.

Waste Management including Sharps

The overall responsibility for correct processing of waste in the Trust sits with the Estates team. The Trust Waste Management Policy is in place and available for staff via the Trust intranet.

Monitoring and auditing of process is done in partnership with ISS facilities in accordance with DoH requirements. Clinical waste is monitored on a daily basis by ISS to ensure it has been placed in the correct stream before leaving site, including a visual check of bin content.

The Trust employs an external provider to collect and dispose of sharps via their reusable bins. Reports of their audit findings are provided to the Sustainable Development Manager and IPC on a monthly basis.

Compliance with process is monitored via Datix incident reports and Sharp smart audit findings, with reports received by the Waste Management Group annually.

Health and Safety risk assessments

In keeping with national guidance, the hierarchy of controls was considered part of the risk assessment for all clinical and non-clinical spaces. Risk assessments were requested in all areas, and the Health and Safety team have compiled a repository of the responses for audit purposes. This same principle has been applied to the use of masks in clinical areas following guidance and support from IPC and the Health and Safety team. These

documents the risks and mitigations associated with the ward/ department/ office and allow oversight by the Health and Safety department.

Criterion 3: Ensure appropriate antimicrobial use and stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance.

The Trust has systems in place to manage and monitor the use of antimicrobials to ensure inappropriate and harmful use is minimised and patients with severe infections such as sepsis are treated promptly with the correct antibiotic. These systems draw on national and local guidelines, monitoring and audit tools such as NICE AMS guidelines, guidance on patient group directions and Start Smart then Focus in secondary care.

During 2022/23 the sepsityper test for rapid identification of bacteria from blood cultures has been introduced. This allows rapid identification of blood culture organisms, thus stopping the overuse of antibiotics or early recall of patients back in to secondary care, benefiting patients and those prescribing. An ambition of 2023/24 and the newly developed Trust AMS strategy is to further develop more efficient and effective technologies to enable the SMART approach to be more effective whilst continuing our usual intra-diagnostic duties (i.e. releasing appropriate but not excessive antibiotic treatment options).

Staff has access to timely microbiological diagnosis, susceptibility testing and reporting of results through the electronic alerts system, and automatic alerts have been set up by the IPC team to ensure the flag is placed in real time. The ability of the new EPR programme to replicate this is still under discussion, but it has been agreed all currently alerts will be transferred prior to launch day.

Advice on appropriate choice of antimicrobial therapy is available through the Microguide© application, online resources, and a microbiologist telephone service. During 2022/23 updates have included the new neurosurgical guidelines, C.diff management changes, the diphtheria guideline and the communications given to Coventry and Warwickshire regarding the management of Streptococcus pyogenes infections.

AMS is listed on the risk register due to the lapses of care in C.diff associated to prescribing. It is also reflective of the limited resource for rounds, with the pharmacist having dual responsibilities for AMS across the whole trust and Outpatient therapy prescribing. The role of microbiology in ward rounds is also limited to set ward areas, although those focussed on are considered to be higher risk. A guardian system for stewardship is being introduced across the groups, with training provided by the AMS lead to support this. It is hoped these members will form part of the reinvigorated AMS group.

A communication has been put out to all members of UHCW to ask those people interested in AMS to volunteer to be part of the AMS group. Support from the clinical directors, the matrons, and pharmacy have been requested.

The main aspects of AMS management at UHCW will include:

- The formation of a new AMS group with new members which will include all departments at UHCW with a MDT approach.
- On-going novel ideas to promote and enforce AMS at UHCW

- Progression of the accreditation of AMS via Global Antimicrobial Stewardship Accreditation Scheme

Global Antimicrobial Stewardship Accreditation Scheme (GAMSAS)

The IPC team, with microbiology and the AMS pharmacist were successful in applying to the British Society for Antimicrobial Chemotherapy GAMSAS programme in 2022/23, and will be undertaking the process in 2023/24.

This is a new scheme which has been set up with the aim of facilitating the development of local antimicrobial stewardship programmes within organisations through a continuous quality improvement process.

An external assessor and regional antimicrobial stewardship expert have been allocated to the Trust, and will assist in a gap analysis surrounding the provision of antimicrobial stewardship, laboratory services, IPC and HCAI surveillance. This will measure the organisations provision against set standards, and enable an assessment to be completed highlighting areas of good practice and areas for improvement.

The Trust is 1 of 6 Trusts in the UK to be accepted into the scheme, and once accreditation is received will be acknowledged as a centre of excellence for AMS.

Further Innovations in AMS during 2022/23

- A study regarding the carbon foot print of IV to oral antibiotic therapy in CAP has been performed by Dr Steve Montgomery-Laird was presented to the 33rd ESCMID Conference in Copenhagen (2023). This study aligns to the Trusts green plan and sustainability ambition.
- Application to the Biodrive Study, a study regarding the use of antifungal prophylaxis dominantly in patients with Acute Myeloid Leukaemia. This study will aim to use biomarkers to reduce the amount of antifungals prescribed to this cohort of patients. Dr Steve Montgomery-Laird and Dr Duncan Murray will lead on this at UHCW.
- We have registered for the National Institute for Healthcare research study, looking into our antibiotic use at UHCW.

Local Authority AMS Group

The local authority Public Health department have re-established the system wide AMS group. The Lead Nurse for IPC and a member of the microbiology team represent UHCW on this call, and the IPC nurse is now chair of the urine management subgroup, focussing on UTI's and sampling, dehydration and lab processes.

Point Prevalence

A Trust wide quarterly point prevalence audit is completed by the pharmacy department. The were shared at IPC Committee, with IPC Medical Leads and GDNA's and distributed for sharing lessons learnt and highlighting improvements. Key areas of focus remain prescribing practices and documentation.

The Antimicrobial Pharmacist supports areas with a Period of Increased incidence of infection. These findings are shared with clinical leads, medical and nursing teams, and group QIPS meetings for discussion and review.

Distribution of antimicrobials is monitored by the pharmacy team however the introduction of EPR for prescribing will allow the distribution model and the patient records to be monitored in tandem, creating a more robust and valid audit system.

Antimicrobial Ward Rounds

Clinical ward rounds from Microbiology take place on Critical Care, Haematology and oncology and neurosciences. There is also representation as part of the Outpatient Antibiotic Therapy team, UHCW@home.

Criterion 4: Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further health and social care support or nursing/ medical care in a timely fashion.

This criterion links with Outcome 6, Regulation 14 co-operating with other providers contained in CQC guidance about compliance.

The IPC team work with the clinical site managers to advise on patient transfers, moves and de-escalations of patients, during 2022/23 attending site meetings 7 days a week. This service will be altered in 2023/24 but mechanisms will be implemented to support in escalation.

General Communications

Since the onset of the pandemic, national and regional guidance distribution has been supported by the Trust's communications team, who for a second year have remained have instrumental in supporting distribution of these updates in guidance for staff.

This year this has included other infections including mpox, diphtheria and C.diff. These have also been shared via the Microguide app which has a prompt page when logging on.

Signage in the hospital has been reviewed and amended to support patient's staff and visitors understand the use of masks. Key messages have also been shared on social media. The Trust has commenced the removal of the social distancing signage implemented in 2020 as the recommendations have changed. This will be complete in quarter 1 2023/24.

The trust has put in place television screens outside of each ward/ department area with key messaging including IPC related items on hand hygiene.

Information for service users, visitors and carers

During 2022/23 the IPC team have established a formal process alongside the Patient Experience Team to ensure all Patient Information Leaflets are reviewed by members of the public as part of the standard review method. The Patient Experience Team enable the documents to be reviewed by the established UHCW Patient Partner Group, and Virtual Patient Panel, with feedback being collated by a Patient Experience Administration Specialist, before being sent on to the IPC team for analysis.

The new process successfully engaged members of the public in the patient information review process, gaining useful, insightful feedback in a timely manner with feedback received providing assurance that the information contained within is suitable for the target audience.

The IPC team have found the input of the Patient Partners and Virtual Panel invaluable in highlighting issues of language selection, and will continue to use this established process in 2023/24.

Confidence in Care

The IPC team supported by UHCW Volunteers has continued to use the Confidence in Care survey commenced during restoration in 2020. The questions cover core infection prevention themes and were revised to include professional appearance to complement the theme of confidence following GDNA feedback. The schedule was impacted during 2022/23 due to staffing constraints in the volunteer team, however for 2023/24 has secured dates for the entire year.

During quarter 4 87 patients completed questionnaires, 90% of which were inpatients of which 65% were emergency admissions. The feedback was generally positive, with 93% of patients agreeing they felt safe and secure during their hospital experience. Patients were asked if they found alcohol gel and handwashing facilities easily available, if the ward seemed clean and if staff looked tidy with hair back. Verbal feedback was also encouraged, and it was noticed a theme of feeling lonely in isolation rooms pulled through. This will be discussed further in 2023/24 around how we improve patient experience and consider what barriers are in place currently.

The confidence in care survey results are shared with the Patient Experience and Engagement Committee and to IPCC through the upward report from IPC council.

Criterion 5: Ensure that people who have or develop an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of passing on the infection to other people

The Trust is able to demonstrate that responsibility for IPC is effectively devolved to all professional groups by means of inclusion in all job descriptions and mandatory inclusion in appraisal documentation. The IPC medical leads role is to ensure this is discussed and raised. Furthermore the Trust has in place:

- A robust method of red flag alerts on CRRS to highlight infections with clinical teams.
- Each week MRSA and C.diff patients are visited by the IPC team and reviewed for compliance against guidance.
- CRO alerts are checked three times weekly to ensure required swabbing is performed and mitigations in place. These patients are reviewed whilst inpatients on a weekly basis.
- Surveillance systems in place to monitor for prevalence

- The team support the management of outbreaks, periods of increased incidence and clinical incidents including the monitoring of all alert organisms to identify trends and potential links between cases based on their location.
- Good relationships and strong governance in alerting NHSE, UKHSA and the ICB to outbreaks and incidents.
- Fortnightly attendance to the IPC system call with other Coventry and Warwickshire providers to update and share position and any learning. At the time of writing this is chaired by the UHCW IPC lead nurse, but this is rotated on a quarterly basis.
- The Trust monitors compliance with the appropriate isolation of C.diff patients, including time to isolation on a weekly basis through Quick Action Guide reviews.

Criterion 6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Criterion 6 refers to the training and education of staff. Mandatory training in IPC is a requirement for all Trust staff including clinical, non-clinical staff and contractors. All clinical staff receives training in IPC annually via electronic learning and a hand hygiene assessment.

Compliance with mandatory training and completion of appraisal are reported at group and department level monthly through the insite scorecard. This is monitored at executive level through group quarterly reviews, but is also shared with Group Leads and the IPC safety huddle on a monthly basis. Compliance against these metrics is also reviewed at any outbreak meetings for assurance with key actions to address any deficit captured on the monitoring pro-forma.

In April 2023, an IPC education framework has been disseminated by NHSE in collaboration with Skills for Health to outline the behaviours, knowledge and skills required by the health and social care workforce to improve the quality of IPC practice and thereby improving patient outcomes.

The key objectives of the framework are to:

- Support the national and local commissioning, design and delivery of educational programmes
- Enable staff to understand and demonstrate required expectations for effective and safe IPC practice.
- Ensure IPC is a core component of training.
- Ensure evidence-based IPC is consistently built into and delivered within all health and social care related educational programmes

Changes to mandatory training requirements are described in the document, and it has been shared with Learning and Development, Practice Development and PFI providers for information. An implementation date has not been provided, and at the time of writing no

supportive resources have been released however a task and finish group will be convened during 2023.24 to consider risks/ mitigations and implementation.

Guidance for compliance with criterion 7: Provide or secure adequate isolation facilities.

The Trust has 1100 beds across both University Hospital and Rugby, St Cross sites. Of these approximately 220 are side rooms, with 25 having negative and positive pressure facilities. These rooms are monitored by estates through the PFI contract. An annual programme for monitoring of ventilation and air exchanges is in place across both sites in line with national requirements. A project has been commenced with the Estates provider to improve reporting mechanisms surrounding ventilation and pressure rooms, whilst also updating the information held on side room use and availability e.g. The dialysis unit rooms are negative pressure but they are not available for inpatient admissions.

Where side rooms are not available escalations to clinical site and IPC take place and a risk assessment is undertaken of side room usage and requirements, including where necessary cohorting of patients where appropriate e.g. COVID-19.

During 2022/23 IPC supported by reviewing effected COVID bays on a daily basis, and advising on potential opportunities to free up capacity. As guidance changed in September 2022 this requirement became less, however IPC were responsive in influenza in instigating it again.

The annual audit completed by IPC and reported to IPCC demonstrated 45% of the side rooms were used for IPC reasons. This is in keeping with previous years audits. The side room data collection tool is accessible to all side, allowing staff to input at local level what types of patient conditions need to be in side rooms to assist the clinical site team in managing the spaces most effectively. IPC assist staff in their decision-making through the provision of a risk assessment tool for prioritisation of patients who require isolation.

The Trust recognises the need to maintain and expand facilities for patient isolation for infectious purposes, while recognising the need to provide single room facilities for patients requiring privacy for other reasons.

Criterion 8: Secure adequate access to laboratory support as appropriate.

The Trust laboratory team maintained United Kingdom Accreditation Service (UKAS) 15189 accreditation for bacteriology, virology, parasitology, and mycology services during 2023/23. The accreditation underpins confidence in the quality of medical laboratories through a process that verifies their integrity, impartiality and competence. Assessments under UKAS ensure labs meet the relevant requirements including the operation of a quality management system and the ability to demonstrate that specific activities are performed within set criteria standards.

A further celebration in 2022/23 was continuing compliance with Health and Safety Executive standards following inspection in November 2022.

The pathology team work closely with IPC by through escalation and timely reporting of results, processing of clinical samples and provision of expert advice. Introduction of new

technology in the department has introduced selective reporting of antimicrobial susceptibility testing results to prioritise prescribing of narrow-spectrum antimicrobials, focussing on patient outcomes.

During 2022/23 the lab has supported with outbreak management – both in community (Group A streptococcus), asylum seekers and refugees (diphtheria), processing of samples for mpox, CROs within the hospital and COVID outbreaks.

The COVID testing service and 4plex was maintained during the reporting period, with near patient testing in the Emergency Department taking place in a dedicated “hot lab” within the footprint.

Virology has completed procurement process to modernise automation in the department and microbiology has commenced the procurement process to do the same in 2023/24.

Criterion 9: The service provider should have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.

The IPC team have a range of policies and guidelines on the Trust e-library system to support staff in delivering safe effective care. Documents available identify all infections and infectious conditions which require isolation or specific infection control management and describe any specific precautions required.

During 2022/23 the IPC team have been responsible for the maintenance and updating of the infection control policies, procedures and guidance documents. The team have a monitoring process in place in order to ensure documents are updated in a timely manner and have version control and named authors in place.

The National Infection Prevention and Control Manual is mandated to be in place by March 2024. The document will replace a significant number of the current documents in circulation and inclusion of key stakeholders such as Health and safety, estates and PFI colleagues as part of the implementation plan.

A full gap analysis is currently underway regarding what will be required to be amended in terms of quick action guides/ aide memoires, what will need removing, ability to signpost and the intranet ability to assist staff with this, as well as any implications/ risk raised within the document in terms of deviation from current practice.

This will be reported through the IPCC for updates and awareness, and a timeframe applied to ensure the deadline is met.

Criteria 10: The registered provider will have a system or process in place to manage health and care worker health and wellbeing and organisational obligation to manage infection, prevention and control.

All staff have access to Occupational Health advice and out of hours access to medical advice in the event of exposure to a blood borne virus or an alert organism.

There is a screening and immunisation programme which is in accordance with national guidance, specifically “immunisations against infectious diseases”, including pre-placement screening and ongoing health screening for communicable diseases where indicated.

Occupational Health continues to undertake:

- New starter/preplacement health assessments
- Immunisation and vaccinations
- Blood contamination incident management
- Utilising the biopsychosocial model within an Occupational Health assessment/consultation informs appropriate signposting for support with:
 - Lifestyle changes
 - Stress management
 - Counselling
 - Emotional health
- The Occupational Health team is supported professionally and able to access on a consultancy basis clinical support from a Clinical psychologist, based within the Occupational Health team who is also scoping, reviewing and developing in line with a trust strategy staff mental health support.

The Occupational Health team has seen significant leadership changes in 2022/23 and is currently recruiting and developing a team of advisors with increased skill mix. A risk is raised on the risk register regarding capacity and skill mix and this is reviewed under the Workforce governance stream.

Learning, improving and celebrating

NHSE IPC Assurance Review

NHSE conducted an IPC focused inspection on the University Hospital site in June 2022.

The increase in GNBSI in 2021/22 triggered a review of the Trust against the NHS England-Midlands IPC internal escalation matrix, moving the Trust to an amber Red/ Amber/ Green (RAG) rating. Verbal feedback was given at the time of the visit; the formal response from NHSE was received in November 2022.

Following the visit the RAG status was reviewed and the Trust moved back to a green RAG rating, with the exception of the emergency department which remained at amber due to some concerns raised with the report pending a review visit (to be arranged).

An action plan has been developed for the areas identified for improvement, including an NHS planned visit to provide a “Matrons masterclass”. This will be monitored through the IPCC.

The letter suggests a follow up visit to review Emergency Department at 6 months, but it was agreed due to the timing of the report being issued and winter pressures this timeframe would be extended to an agreed mutual date.

HCAI Forum

The HCAI forum is an initiative led by IPC to improve the processes surrounding RCAs and the shared learning from case reviews. The group aligns to the functions of the falls forum and pressure ulcer forum, and enable a multi-disciplinary team discussion of cases. The group has been in place for a year and has good success. Improvements are planned for the action matrix and documentation of the meeting, to ensure ease of oversight for IPC medical leads and GDNA's. This will be enabled through the development of the IPC dashboard and BI tool.

Clean4Green

Clean4Green is a rolling-project led by the UHCW IPC team involving and supporting 12 health and social care settings, identified by the ICB. The project is funded by NHSE innovations monies. Over an 18-month period a series of face-to-face masterclasses will be deploy an educational toolkit, develop a peer-to-peer support network, and share quarterly data driven practice improvement bulletins.

Each health and social care setting is provided with a "Swab, RAG, Act" method to allow staff to "see" levels of surface contamination, and develop identifiable and distinct quality improvement processes. The first session was held in July 2022, with selected attendees from nursing and residential homes in the system. Feedback from the sessions and from external visitors to the homes has indicated the engagement in cleaning has increased and environmental benefits are evident.

Hydration Week

In June 2022 a hydration week was held in collaboration with other key stakeholders in the Trust. Discussions focussed on IPC and sepsis related issues as well tissue viability, Acute Kidney Injury and nutrition. Resources from the event were shared across the system, and Coventry and Warwickshire Partnership Trust and public health at Coventry Council promoted the event. A further event is planned in 2023/24.

Sepsis September

In support of Sepsis related improvements a number of events were held in September to promote awareness and treatment. Key items to note:

- 3 slides, 3 minute – IPC assisted clinical educators to create a brief 3 minute PowerPoint session discussing sepsis related issues in their areas. Surgical services won this competition with a package around wound care and infection. The resources are freely available to staff on the intranet.
- Ward displays – the ward and department staff played games, served cake and made themselves into miniature superheroes to reiterate key messaging and draw people's eye. The theme was sepsis 6 administration.

This will take place again in September 2023/24.

3. IMPLICATIONS AND CONCLUSIONS

The report has provided an overview of the vast array of activity undertaken by the IPC team throughout the period including collaboration with other key services and teams. Any implications for activity, results or assurances have been provided throughout the body of the report. However, in summary:

- Health and Social Care Code of Practice 2008 (DOH 2022) statutory standards have been met, with priorities for 2023/24 described in the report and annual work plan (appendix 3)
- Statutory Reporting for HCAI (C.diff, MRSA, MSSA, GNBSI) have been monitored and reported
- C.diff ceiling thresholds were breached and an action plan has been developed.
- Evidence of service development including system wide working
- NHSE visit and action plan development.

4. **RECOMMENDATIONS**

The committee is asked to note the contents of the report and receive assurance that statutory obligations and evidence under the Health and Social Care Act 2008 (2012) have been met.

The committee is also asked to note the significant sustained activity and contributions of the IPC team during 2022/23.

Author Name: Fiona Wells

Author Role: Lead Nurse
Date report written: 10/05/2023

Appendix 1

Department of Health: The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2022) Criterion

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

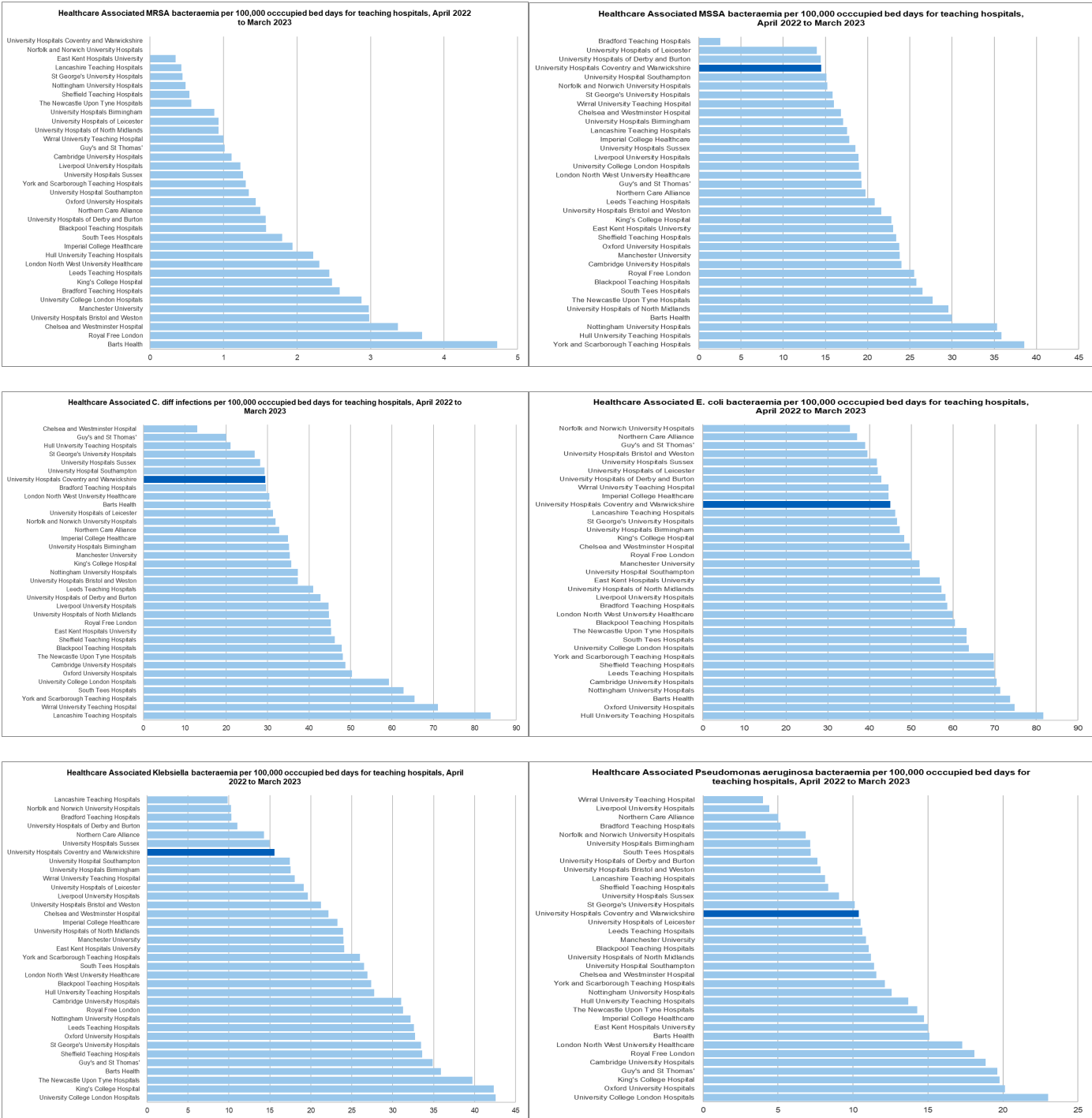
CRITERION	DESCRIPTION	EVIDENCE (Section Reference)
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.	Section 2.1
2	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infection.	Section 2.2
3	Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Section 2.3
4	Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support of nursing/medical care in a timely fashion	Section 2.4
5	That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.	Section 2.5
6	Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and know their responsibilities in the process of preventing and controlling infection	Section 2.6
7	The provision or ability to secure adequate isolation facilities	Section 2.7
8	The ability to secure adequate access to laboratory support as appropriate.	Section 2.8
9	That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.	Section 2.9
10	That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.	Section 2.10

Appendix 2: Annual Work plan 2023-24											
Objective Number	Operational objective	Action/ Priority	Lead	Financial Year	Due Date	Revised Due Date	Progress Rating	Expected Outcome	Markers of Evidence	Progress Log	DOH Hygiene Code-NHSE IPC BAF/ CQC KLOE
1	To Implement national guidance	Gap analysis of NIPCM against UHCW documents	KJ/ MG	2023-24	01/09/23		On target	Data presented to IPCC with mitigations to any gaps/ deviations described.	IPCC minutes	01/05/2023 Stakeholders emailed. Feedback from ISS and decontamination returned.	DOH-IPC BAF Criteria 1/9/10 CQC KLOE S5.2, S5.3
		Implementation plan of NIPCM roll out – communications, PFI, staff, quality team, workforce (task and finish group)	KJ/ MG	2023-24	31/03/24		Not started	GANTT chart of events and dates, roll out plan. Removal of previous documents. Presentation to stakeholders Programme to be completed and in place by March 2024	Attendance records, communications Tracked Action log GANTT chart PDR	Not started	
2	To Implement national guidance	IPC Education Framework gap analysis against current provision (task and finish group)	FW	2023-24	01/09/23		On target	Data presented to IPCC with mitigations to any gaps/ deviations found	Attendance records, Tracked Action log IPCC minutes	10/05/2023 Document sent to PFI, Practice education, Learning and Development	DOH-IPC BAF Criteria 1/2/3/4/6/9/10 CQC KLOE S5.2, S5.3
		Implementation of IPC Education Framework	FW	2023-24	31/03/24		Not started	GANTT chart of events and dates, roll out plan. Programme to be completed and in place by March 2024	Attendance records, communications Tracked Action log GANTT chart	Not started	
3	To ensure IPC data is included in all group QIPs meetings	IPC and QIPs – new meeting pack development	EE/NW	2023-24	30/09/23		On target	IPC standardised pack to each QIPs All HCAI and outbreak recorded	Retrospective audit to check all HCAI logged Standardised pack created and in place	05/04/23 NW/FW met with SC and JN – agreed change to DATIX reporting to allow pull to QIPs 10/05/23 (FW) IPC medical lead requested to contribute	DOH-IPC BAF Criteria 1/6/9 CQC KLOE S5.2, S5.3

4	To remove waste from HCAI investigations	DATIX and investigation template aligned to PSIRF -influenza, norovirus	EE/JR	2023-24	30/09/23		Not started	Investigation reporting template built into DATIX	Completion of form	Not started	DOH-IPC BAF Criteria 1/9 CQC KLOE S5.2
5	To aim to become a centre of excellence in AMS	GAMSAS Antimicrobial Accreditation – IPC evidence collection	KJ/ FW	2023-24	TBC		Not started	Completion of the online survey	Completion of IPC data capture	Not started	DOH-IPC BAF Criteria 3/9 CQC KLOE S5.3
6	To improve the quality of blood culture sampling.	NHSE Blood Culture Project	FW	2023-24	31/03/24		On target	Improved technique in blood cultures	Blood culture video. Tdoc. Attendance registers. Pre and post tuition contamination markers.	11/05/2023 Video filmed; recruitment started. First planned session 31/05/23	DOH-IPC BAF Criteria 6/8/9 CQC KLOE S5.3
7	To provide assurance to the Trust	IPC BAF	FW	2023-24	Quarterly submission		On target	Quarterly report to IPCC Completed document and repository of information	IPCC Minutes	First edition due to IPCC June 2023	DOH-IPC BAF Criteria 1/2/3/4/5/6/7/8/9/10 CQC KLOE S5.3
8	To reduce numbers of Cdiff	Cdiff reduction plan	FW/ KJ	2023	30/07/2023		On target	Reduction in Cdiff Assurance of completed actions	Reduced monthly Cdiff reporting figures within NHSE threshold Lapses of care/ HCAI forum discussions logged Completed action plan	11/05/2023 Updated action lo fog Cdiff reduction plan.	DOH-IPC BAF Criteria 1 S5.3,S 5.4
9	To ensure preparedness for transition to EPR	EPR implementation	All	2023/24	01/10/2023		On target	IPC team prepared for go live	IPC team super user identified IPC reports supported Organism alerts in place	All team members undertaking EPR basics course. Sepsis value and benefits stream completed.	DOH-IPC BAF Criteria 1/8/9
10	To drive and safety and quality across all	IPC Medical Leads	FW	2023-24	01/08/2023		Delay	Roles and responsibilities document	Roles and responsibilities document	Emailed re date of “reset” – may require small subsets due to diaries.	DOH-IPC BAF Criteria 1/6 CQC S5.4

	clinical groups							Action Plan	Action Plan Register of attendance at meetings	Vacancies chased by DCNO to triumvirate.	
11	To align to the Trust net green ambition and to improve IPC practice	Gloves awareness	CD	2023-24	Monthly review		On target	Reduction in glove usage	Trust Project planner -reduced glove usage by	Launch on 30 May as part of Green Plan – monthly updates planned via net zero	DOH-IPC BAF Criteria 1/6/9/10
12	To identify learning opportunities and improvements	Trend analysis of key infections/ emerging themes	FW/ KJ/ JR	2023-24	31/07/2023		On target	Patient level report re procedure, potential improvement strategy Sepsis Heroes	Assurance report to IPCC Dashboard development Action Plan development Training attendance	PTC with Diagnostics 11/05/2023 – high level data request underway – denominator, samples, procedure	DOH-IPC Criteria 1 CQC LKOE 5.3, 5.4
13	To ensure appropriate antimicrobial use and stewardship to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.	Antimicrobial stewardship awareness	FW/KJ	2023-24	31/11/2023			Heightened awareness of AMS	Attendance at AMS group sessions, European Antimicrobial Awareness Week event	10/05/23 – AMS lead has prepared sessions, attendance promoted through groups. Stewardship round planned to commence 18/05/23	DOH-IPC Criteria 3 CQC LKOE 5.3

Ranked comparison of teaching hospitals' rates of healthcare associated infections per 100,000 occupied bed days



Data sources

Infection counts from UKHSA Healthcare Acquired Infections Data Collection System

Occupied bed days based on KH03 returns from <https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/>

REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023

Subject Title	Safe Staffing Report
Executive Sponsor	Tracey Brigstock – Chief Nursing Officer
Author	Paula Seery, Associate Director of Nursing, Workforce Vicky Williams, Deputy Chief Nursing Officer
Attachment(s)	Report
Recommendation(s)	The Board is asked to note and receive assurance from the contents and analysis therein that the organisation has fulfilled its obligations in relation to Nursing and Midwifery safer staffing.

EXECUTIVE SUMMARY

The purpose of this report is provide assurance that the Trust is compliant with its obligations under National Quality Board, National Institute for Health and Care Excellence guidance and Carter report recommendations in relation to safer staffing for Nursing and Midwifery.

The report details safer staffing requirements including standard reporting information with metrics and analysis for the period of April 2022 to September 2022 as part of a bi-annual reporting schedule and demonstrates the utilisation of nationally recognised tools and metrics to ensure effective and robust processes are in place.

There is an overview of recruitment and retention activity including key workstreams and areas of focus across professional as well as specialist groups including Allied health professionals, Paediatrics, Critical care and Maternity services.

Key points of note:

Acuity levels continue to demonstrate increased complexity of patient need as well as continued need for enhanced levels of observation including Registered Mental Health Nurses and Enhanced Care Team

Challenges within paediatrics in managing an increased number of children and young people with mental health or social crisis needs as well as innovative developments to support patients as well as the workforce

No staffing correlations have been identified in Root Cause Analysis investigations for falls and for pressure ulcers

RN vacancy as at September 2022 is 8.65% which is below the ambition of 10%

Bank and agency utilisation due to sickness continues to drive fluctuating demand despite a decrease in vacancies

UHCW are finalists for the second year running for Nursing Times workforce awards including preceptorship programme of the year

UHCW is the first University Hospital in England to achieve Pathway to Excellence® credentialing which is an internationally recognised framework for nursing and midwifery excellence which is known

to have a positive impact on recruitment and retention

PREVIOUS DISCUSSIONS HELD

Report presented to Board 9th June 2022 as part of bi-annual reporting schedule

KEY IMPLICATIONS

Financial	Robust safer staffing and recruitment processes ensure appropriate and efficient use of available resources
Patients Safety or Quality	Safer staffing and correlation to nurse sensitive indicators provides assurance regarding patient safety events which may relate to nurse staffing
Workforce	Providing a positive experience for new recruits and supporting staff well-being promotes UHCW as an employer of choice
Operational	Safe staffing processes supports operational delivery and patient flow as well as patient experience

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Safe Staffing report October 2022 - March 2023 (Q3 & Q4)

1. INTRODUCTION

This report provides assurance that UHCW NHS Trust has met key obligations in relation to safer staffing requirements for Nursing and Midwifery based on National Quality Board requirements (appendix 1), National Institute for Health and Care Excellence guidance (2014) and Carter report recommendations (2016) and uses information and metrics such as Acuity, Care Hours Per Patient Day (CHPPD) and nurse sensitive indicators. Analysis of information and assurance of robust systems and processes to identify and mitigate any risks are described within the report. The report covers the period from October 2022 to March 2023 (Q3 & Q4). Maternity staffing data has been provided in this report with some narrative however the data will be further detailed and analysed in the next scheduled Midwifery report.

The report also highlights key developments in progress supporting the nursing, midwifery and Allied Health Professional workforce including professional development, education and staff wellbeing.

2. CONTENT: SAFER STAFFING REQUIREMENTS: STANDARD REPORTING

2.1 Daily operational safer staffing process – nursing

As described in previous reports twice daily staffing meetings continue to be held overseen by a Group Director of Nursing and AHPs (GDNA) or Associate Director of Nursing (ADN), led by the hospital bleep holder and attended by a Matron representative from all groups. During this meeting the Safer Nursing Care Tool (SNCT) is used to review the staffing status trust wide, from information contained in the live Health Roster. Details of the process and information reviewed can be found in appendix 2.

In order to support decision making during the meetings, a ward safer staffing requirement template has been developed. This sets out agreed safe staffing levels for all wards and areas and indicates the staffing levels which are deemed may be a risk. It can be utilised to triangulate information around acuity/skill mix and aid senior nurses in making decisions regarding redeployment of staff between wards and areas to mitigate gaps and risks.

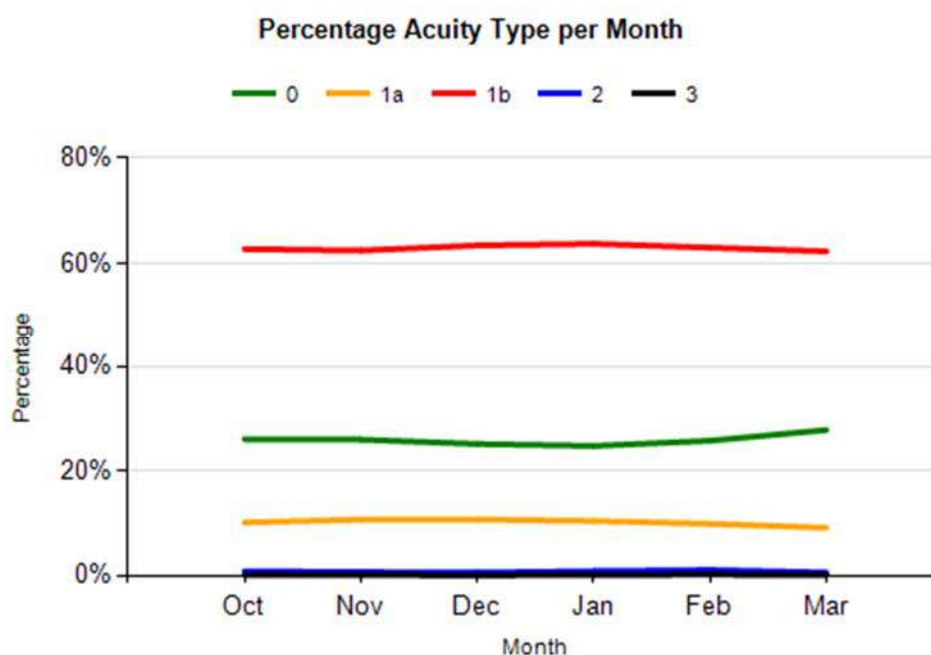
2.2 Staffing Red Flags

Staffing red flags are reported/escalated when nursing care is considered to be compromised due to a staffing shortfall (such as delayed observations or medicine administration). All staffing red flags incident reports submitted are reviewed by the Associate director of Nursing for workforce to determine if a red flag event has occurred and to establish if this has led to any level of patient harm. This is discussed at the weekly senior nurse production board. Of the 17 staffing related datix's submitted over the reporting period, 9 reported delays in intentional rounding, medication administration or recording of observations however, no patients came to any harm as a result. The paediatric wards submitted 8 datix's over the same period regarding staffing levels. There was no identified correlation between staffing levels and patient harm, however the datix's reflect the challenges within the department over the reporting period due to the staff vacancy and absence position. Further focus and analysis for paediatrics is provided in section 2.7 of the report.

2.3 Safer Nursing care Tool (SNCT)

Acuity is a term used to understand the level of nursing intervention required to meet the care needs of a patient. The Safer Nursing Care Tool (SNCT) is used to determine the acuity level of a patient by applying a multiplier to each level of acuity to determine the number of care hours required to care for that patient group; this is calculated via a validated multiplier algorithm (appendix 3). Wards and departments are required to input acuity level data twice daily to ensure the sometimes-fluctuant care needs of patients can be captured.

Table 1: acuity levels



As demonstrated in the table above, between October 2022 and March 2023 patient acuity levels have remained stable with minor fluctuations, this is comparable to previous reports. This is verified through a bi-annual validation process last completed in March 2023. The number of level 0 patients (those requiring normal ward level care) remained at around 25-30% of the total patient numbers. The number of level 1a patients (unstable or greater potential to deteriorate) has remained static throughout the reporting period. The total number of patients at level 1b (increased dependency requiring increased nursing input) has also remained static at just above 60% throughout the reporting period. An increase in patients at this level was noted from August 2022 in the previous reporting period and remains unchanged. This indicates that the number of patients with greater complexity or dependency continues. This information is used in real time alongside RN to patient ratios to inform safer staffing discussions and decisions.

To support further analysis, a longitudinal review was completed throughout March 2023 of patient acuity and dependency. This was undertaken to monitor the compliance and accuracy of data captured across all inpatient adult wards and will be utilised to provide assurance that available resources are utilised effectively, cost efficiency is maximised and rosters are reflective of current need. This data is currently being analysed and will support the work being undertaken by the NMAHP delivery group. Any findings will be shared in subsequent reports.

2.4 RN to patient ratio

RN to patient ratio data is used alongside acuity and activity levels in real time to support professional judgement decisions. A tolerance of 0.5 RN per patient is an accepted variation in line with NICE guidance so this can be used to determine if any areas sit outside of this tolerance level. It should be noted that this does not mean that staffing levels were insufficient as it must be taken in context with acuity and activity on the day and the reported ratios are an average across a month. For the reporting period, where there were any deviations from this 0.5 RN tolerance any mitigations would have been captured and recorded as part of the safer staffing process described.

Where areas are consistently below required thresholds, a focused review is undertaken to determine causation to ensure that the worked staffing model is appropriate for the needs of the area. For acute ward areas a professional decision-making benchmark standard of between 1:6 and 1:8 is used and for specialist or enhanced level care units a 1:4 ratio is applied (highlighted in blue in appendix 4). RN to patient ratio for the reporting period per adult inpatient ward areas is provided in appendix 4. There is a small increase in the number of episodes where areas have been outside the tolerance level of 0.5 RN per patient in comparison to the previous reporting period. Analysis has identified an increase in patient demand and acuity (AMU1, 22 SAU, Hoskyn) increased and prolonged levels of sickness absence (ward 35) and additional capacity opened (ward 50).

2.5 Care Hours per Patient Day (CHPPD)

Care Hours per Patient Day (CHPPD) is a measure of the nursing hours provided to patients. It is rolling data updated monthly to show staffing levels in relation to patient numbers on an inpatient ward. Every month the hours worked during day shifts and night shifts by registered nurses, midwives and healthcare support workers are added together and each day the number of patients occupying beds at midnight is recorded. These figures are added up for the whole month and divided by the number of days in the month to calculate the average. Then the figure for total hours worked is divided by the average number of patients to produce the rate of care hours per patient day. This data is submitted nationally on a monthly basis via Unify. There is no agreed national standard to be met although there is an accepted tolerance of 15% between required and actual hours. The table below illustrates the required care hours per patient day compared to the actual care hours available in the organisation for the reporting period.

Table 2 – CHPPD data: actual and required hours – Trustwide

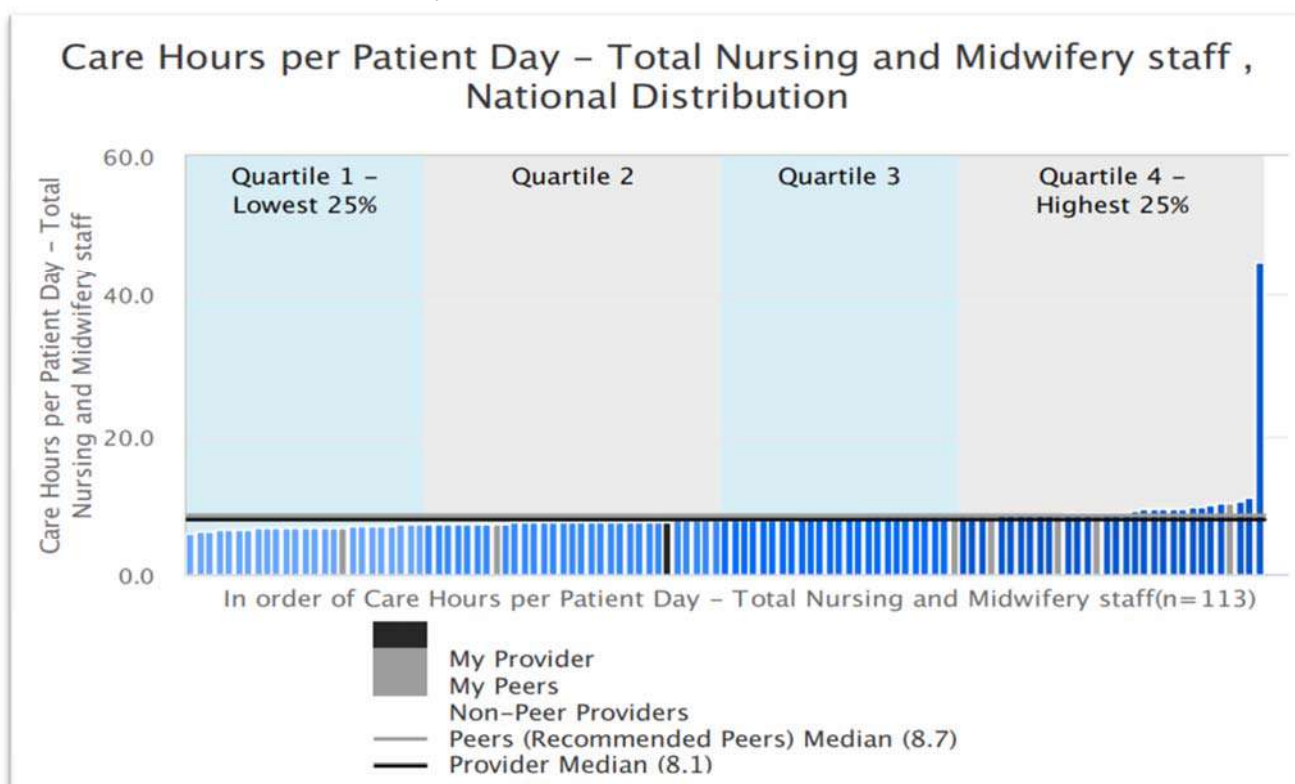
Entry Month	Actual	Required	variance
Oct-2022	8.4	9.4	-1.0 (11%)
Nov-2022	8.5	9.5	-1.0 (11%)
Dec-2022	8.3	9.5	-1.2 (13%)
Jan-2023	8.3	9.4	-1.1 (12%)
Feb-2023	8.2	9.3	-1.1 (12%)
Mar-2023	8.3	9.3	-1.0 (11%)

Table 2 demonstrates that the actual care hours provided from October 2022 to March 2023 were between 11% and 13% which remains within the 15% tolerance range however is a deteriorating position from the last reporting period indicating an increase in unmet demand.

2.5.1 Model hospital CHPPD – benchmarking against peers (point prevalence date)

One of NQB's expectations is that our staffing is compared or benchmarked with peers, this is recorded and accessed via Model hospital and is demonstrated in table 3 where the Trust is represented by the black line.

Table 3: Point prevalence CHPPD January 2023 – national data



In the previous reporting period our position was mid quartile 3. The data from January 2023 point prevalence demonstrated the organisation was in high quartile 2, a slight deterioration from Q1/2 but remaining aligned to peers and reflective of the shift in position nationally. As this is a point prevalence chart, there will be variations as noted in table 3 which shows the overall monthly average.

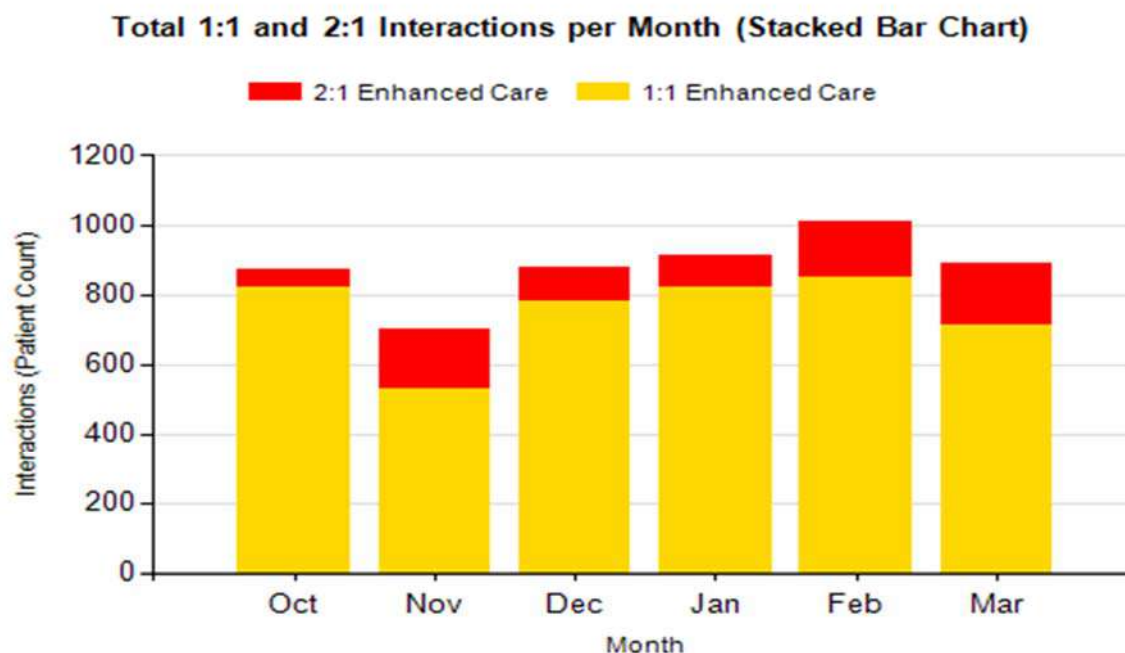
2.6 Additional Demand

2.6.1 Increased levels of supervision, Enhanced Care Team demand

One of the factors influencing demand and care hours per patient day, are those patients where a higher level of supervision is required, namely those patients requiring continuous observation which may be provided by a HCSW as part of the Enhanced Care Team (ECT) allocations or, where deemed necessary by a Registered Mental Health Nurse (RMN). The Enhanced Care Team is a specialist team of Healthcare Support Workers with additional training in the management of patients requiring enhanced level supervision including de-escalation and the management of actual or potential aggression. The team has Registered Nurse oversight, with a service lead as well as Registered Mental Health Nurse clinical leadership.

Over the reporting period the demand for ECT has again shown a demonstrable increase with the exception of November 2022. This continues at a higher level than previously reported with a notable increase in the proportion of those patients requiring 2:1 level care particularly in February and March 2023 (Table 4).

Table 4: Enhanced Care requirements (1:1 and 2:1 level care)



The demographic profile of patients requiring ECT support is changing and becoming more mental health focused. The caseload demand for ECT is being closely monitored by the team.

It has been recognised that there has been a rising incidence of violence and aggression towards staff. Key developments to support this challenge include a multi-professional group led by corporate directors reflective of the Patient safety response team, who attend areas where incidents have occurred to speak with staff. In addition, the introduction of a team to facilitate the provision of Crisis Prevention Institute (CPI) safety interventions training to all staff in adult services. The aim is to support the reduction of these incidents which will reduce the risk of harm to staff, other patients, destruction of property, staff absence and improve staff retention. This proposed approach could also support a reduction in the length of stay/delays in discharge with effective management and prevention strategies, therefore reducing the need for increased levels of observation or specialist placement. It is also anticipated that this training will reduce the need for physical interventions (restraint) and will therefore support the Trust's restraint reduction plan and its roll out commences in April 2023. The impact of these interventions will be monitored through the Violence and Aggression group with updates provided in subsequent reports.

Another key area of focus is to review the ongoing demand of ECT and ensure that projections are factored into workforce planning and establishment reviews. This is being carried out in conjunction with Delllotes as one of the NMAHP delivery group workstreams.

2.6.2 Bank and Agency supply

As can be seen in table 5, demand fluctuates but the temporary staffing fill rate for bank remains consistent at around 53-55% fill rate for RNs and 58-61% for HCSWs with December 2022 being a predicted exception due to the Christmas period. Agency fill also remains consistent at around 11-13% for RN's and 1-3% for HCSW's.

Table 5: RN and HCSW demand and fill rate (bank and agency)

	Q3			Q4			
Nursing - Band 5 /RN	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Total Demand RN	7,058	6,580	6,845	7,699	7,367	8,345	37,964
Number Filled Bank RN	3,742	3,683	3,258	4,246	3,955	4,616	23,500
%Filled Bank RN	53.02%	55.97%	47.60%	55.15%	53.69%	55.31%	53%
Number Filled Agency RN	934	912	806	946	914	961	4,632
%Filled Agency RN	13.23%	13.86%	11.78%	12.29%	12.41%	11.52%	13%

	Q3			Q4			
Healthcare Assistants - Band 2	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Total Demand HCA	5,259	4,885	5,315	5,967	5,533	5,961	32,920
Number Filled Bank HCA	3,207	2,943	3,059	3,667	3,243	3,689	19,808
%Filled Bank HCA	60.98%	60.25%	57.55%	61.45%	58.61%	61.89%	59%
Number Filled Agency HCA	92	74	100	125	165	185	741
%Filled Agency HCA	1.75%	1.51%	1.88%	2.09%	2.98%	3.10%	3%

Demand for both RN and HCSW shifts decreased slightly in November and December 2022 increasing again in January 2023 despite a continued decrease in RN and HCSW vacancy levels. This is partially due to an increased sickness rate across all staff groups and the requirement to open additional capacity areas to support winter pressures.

On 21st December 2022 an enhanced bank rate was introduced to support and incentivise bank and reduce agency spend following periods of increased sickness, the continued requirement for additional capacity areas to remain open and planned strike action. Work is underway to review the current bank rate. Bank and Agency requests and any escalations continue to be managed through the twice daily safer staffing meetings with appropriate permissions, governance and oversight.

2.7 Specialist Areas

Paediatrics

Paediatric nursing is recognised as having a national occupational skills shortage. This is reflected locally within the paediatric department at UHCW which currently has 31.93 WTE unfilled vacancies within the funded establishment position across wards 14, 15, 16 and HDU. This position has remained

largely unchanged over the last twelve months. The current staffing position has been further exacerbated by maternity leave, short term COVID related absences and long-term sickness absence. Of those staff leaving, burnout post-covid has been reported by some as the reason with others leaving due to external recruitment campaigns including changing staffing models in the local Community to a 24-hour service. Several staff have also taken early retirement.

Additionally, the National Staff Survey results and local staff feedback demonstrated themes emerging around the challenges staff have faced noting an increased level of complex patient groups accessing services with multiple health and social needs (rising cases of diabetes, mental health, and other factors). Children in Crisis admissions for the reporting period were slightly less than the same reporting period in 2021 - 2022 however, the acuity and behaviours of some young people resulted in extended admission periods. The level of violent behaviours of some of the young people also resulted in the closure of Ward 14 in November 2022 to new admissions, which led to increased pressure amongst both staff and capacity across the rest of the Units.

There was a marked increase in demand and acuity levels of patients over the reporting period which was evidenced by additional beds being opened on thirteen occasions resulting in increased pressure on staffing. The increase in respiratory conditions and Strep A infections was recognised nationally, and the high flow respiratory support delivered to infants and children with respiratory difficulties (AIRVO - recognised and reported as Paediatric Critical Level 1 care) exceeded the infants ward capacity. This required ward 16 staff to complete training and competences to care for infants / children on AIRVO which was outside of their usual patient cohort.

Despite the challenges the paediatric department are facing they are working collaboratively with other departments across the organisation to address the issues with staff recruitment and retention. An initial review and action plan was devised and includes short, mid-term and long-term goals outlined in appendix 5. Although some of these steps will not immediately impact on the current situation there has been some progress which has led to several positive outcomes. Registered paediatric nurse vacancies remains on the group risk register. Actions and plans continue to be monitored and reported via appropriate groups and committees. To ensure organisational oversight, there is representation from the paediatric senior nursing team at the safer staffing meetings.

Critical Care

Critical care staffing is underpinned by principles outlined in Guidelines for the Provision of Intensive Care Services (GPICS) which are nationally accepted as the standard for staffing in critical care areas. The standards include: all level 3 patients must have a minimum registered nurse to patient ratio of 1:1 and all level 2 patients must have a ratio of 1:2, a senior registered nurse must be on duty 24/7 who is supernumerary and units with above 10 beds must have an additional senior registered nurse on duty

who is supernumerary for each extra 10 beds. These standards are used as a basis to assess 'Crit Con level' (Appendix 6) which is noted at safer staffing meetings and also recorded on the site screen as part of the organisations position status. It is worth noting that an example of non-compliance may be that the recommended number of supernumerary co-ordinators falls below the guidance standard. i.e. 3 instead of 4 co-ordinators for 40 beds

Demand and staffing capacity for critical care is discussed at safer staffing meetings and any mitigating actions are recorded on the safer staffing template. Compliance to the GPICS standards for nursing is as per the table below. RN to patient ratios for level 3 (1:1 care) and level 2 (1:2 care) have been maintained throughout the reporting period. Education roles or supernumerary staff are placed into clinical shifts in order to provide the level of care required in line with mitigations on adult inpatient wards as described.

Table 6: GPICS nursing compliance

Month	October	November	December	January	February	March
Compliance	96%	100%	100%	100%	100%	100%

There remain no RN vacancies and minimal HCSW vacancies in Critical care with the current capacity.

Maternity

The Midwifery band 5/6 vacancy rate in March 2023 was 37.8WTE, a slight reduction from the previous reporting period. It should be noted that these figures now include the 8.57WTE uplift identified following the publication of the Ockenden (2022) report.

Staffing has remained challenging however the enhanced bank rate has supported an increase in bank shift uptake and in addition to maintain safe staffing levels, specialist midwives and ward managers have continued to work clinically across the areas. Another measure taken includes utilising agency RN's on Labour ward and ward 25, although these cannot be included within the midwife to birth ratio, this model has been shared regionally as good practice for enhanced safety whilst midwifery staffing remains a national challenge.

Midwife to Birth ratio:

Month	Ratio
January	1:30
February	1:28
March	1:30

Month	Ratio
October	1:30
November	1:29
December	1:32

The introduction of a Matron of the Day has also supported safe staffing and escalation within the department with senior oversight. A bi-weekly meeting with workforce is in place to discuss challenges and updates relating to pipeline starters and leavers and this works well to ensure that there is timely response to all aspects of recruitment.

The reduction in Midwifery vacancies is mainly due to the success of the internationally educated Midwife (IEM) recruitment programme, supported through funding from NHSE/I. All 14 positions externally funded as part of the initial system collaborative bid, have now been recruited to. Further funding has been obtained to support the recruitment of an additional 20 IEM's by December 2023. Most recently, offers of employment have been made to 24 student midwives who are due to qualify in September 2023. There are several national opportunities also being explored in order to support Midwifery recruitment. This includes 3 return to practice midwives who commenced in post in January 2023. The Trust have been recognised for its success with this programme by NHSE/I and have been asked to share it with other regional organisations. Also, 4 candidates have commenced a fully funded shortened masters level programme (18 months) at Birmingham University. The current recruitment trajectory predicts a vacancy forecast position of 4% by October 2023.

To contribute towards the vision of Health Education England's (2019) 'Maternity Workforce Strategy', HEE developed national Midwifery Support Worker (MSW) competencies to strengthen the role as a key part of enhancing the maternity workforce. The current training for this programme is approximately 18-24 months. An opportunity to obtain support from NHSE in the development, implementation and evaluation of an in-house training MSW programme was explored and funding successfully obtained to devise and deliver a condensed six-month programme of training for this role. The first cohort of 8 HCSWs commenced this programme in January 2023 and the second cohort of 10 HCSWs is due to commence in July 2023.

Allied Health Professionals (AHP's)

There are currently 860 WTE registered AHP's and support staff employed at UHCW. They work in teams across each clinical group and are involved in clinical and care pathways. All AHP professions remain hard to recruit nationally with intensive work being undertaken to develop the pipeline supply. The current vacancy rate in UHCW across this workforce group is 17.49% with the highest vacancy rate remaining within Occupational Therapy at 30%. There is an increased demand for this profession with the developments in frailty, out of hospital programmes and community pathways nationally and an enhanced focus on workforce planning for this profession.

Over the reporting period work has continued embedding the AHP electronic rosters with 100% of clinical AHPs at UHCW now on the electronic rostering system. There remains no national guidance to support AHP safe staffing levels however, we continue to work closely with national partners on

scoping the principle of safe staffing. The focus for the next 12 months will be to develop and establish electronic job planning across the AHP groups.

The AHP preceptorship program is now embedded for all new registrants at UHCW. We currently have strong recruitment into band 5 positions across all professional groups, including occupational therapy, with a target of achieving <7% vacancy at B5 level by the end of the year. As vacancy rates remain the highest in band 6 positions, we have developed a B5 to B6 career framework to support with staff development and retention. To date there has been success using this framework within the occupational therapy teams.

During the reporting period a collaborative bid was successfully submitted to NHSE/I to utilise an international recruitment delivery model for diagnostic radiographers and occupational therapists across the system. The plan sought to recruit 45 AHPs from overseas to support the step change in workforce requirements to deliver clinical diagnostic centres alongside closing the gap in our current establishments. At UHCW we delivered our organisational target of recruiting 28 international diagnostic radiographers resulting in a 0% agency usage and 0% vacancy level for this group of staff. The project was not as successful in recruiting occupational therapists with only one being recruited, reflecting the national picture. The project is being evaluated by NHSE/I and they are considering the options of trialling the model across other professions including Speech & Language Therapy, Dietetics and Therapeutic Radiography. The AHP faculty team are now establishing an international preceptorship programme to support our international recruits to promote retention as well as working collaboratively with the nursing teams on pastoral support for these staff.

The apprenticeship route to support the career development from support worker to registrant is expanding with apprenticeships now in place across Dietetics, Occupational therapy, and therapeutic and diagnostic radiography teams.

2.8 Quality metrics

2.8.1 Nurse Sensitive Indicators

Nurse sensitive indicators are used to support the analysis of the quality of care being delivered by triangulating incidences of harm against staffing provision. Two harm metrics that are utilised are falls and pressure ulcers. Further information and analysis is provided below.

Pressure Ulcers

During the reporting period there were a total of 231 pressure ulcers reported, of which 23 were moderate harm. There was an increase in the incidence of pressure ulcers compared to the previous reporting period, however a decrease in those with moderate harm or above (to note DTI's are no longer included in these numbers). A theme identified in the increase in overall pressure ulcers is those device related incidents involving urinary catheters. Due to national supply issues with existing urinary

catheters an alternative catheter was sourced and following a review of harms incidences these are now due to be changed.

There were no incidents of Category 4 pressure ulcers compared to 2 during the previous reporting periods and there continues to be a downward trend in the number of pressure ulcers of moderate harm or above reported in the Critical Care unit.

Table 7: incidences of all pressure ulcers

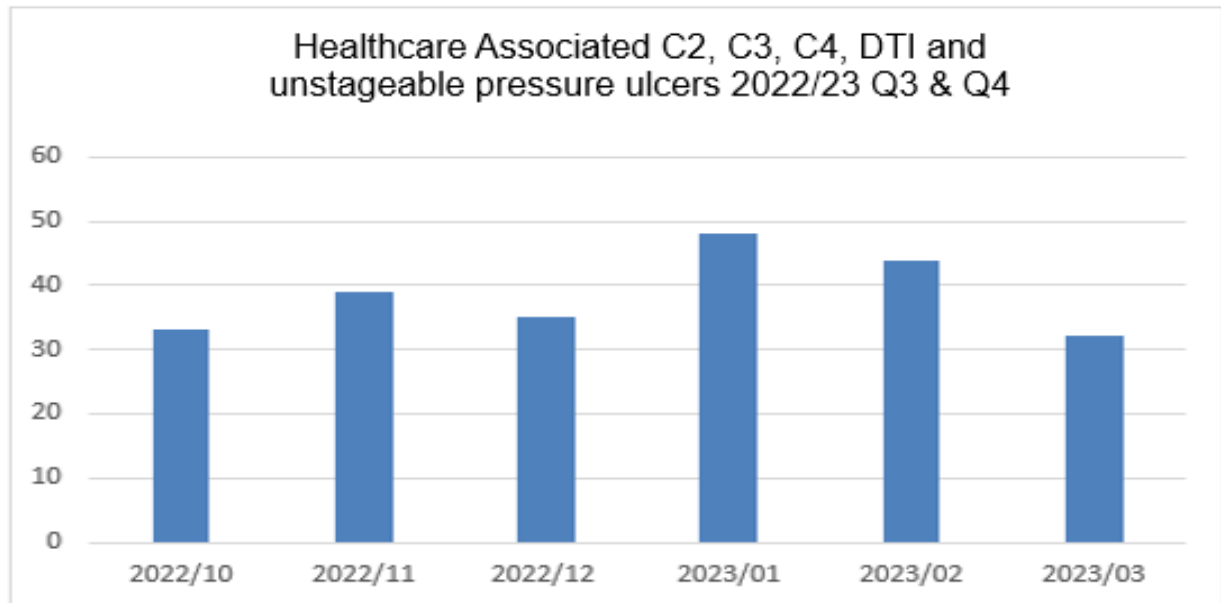
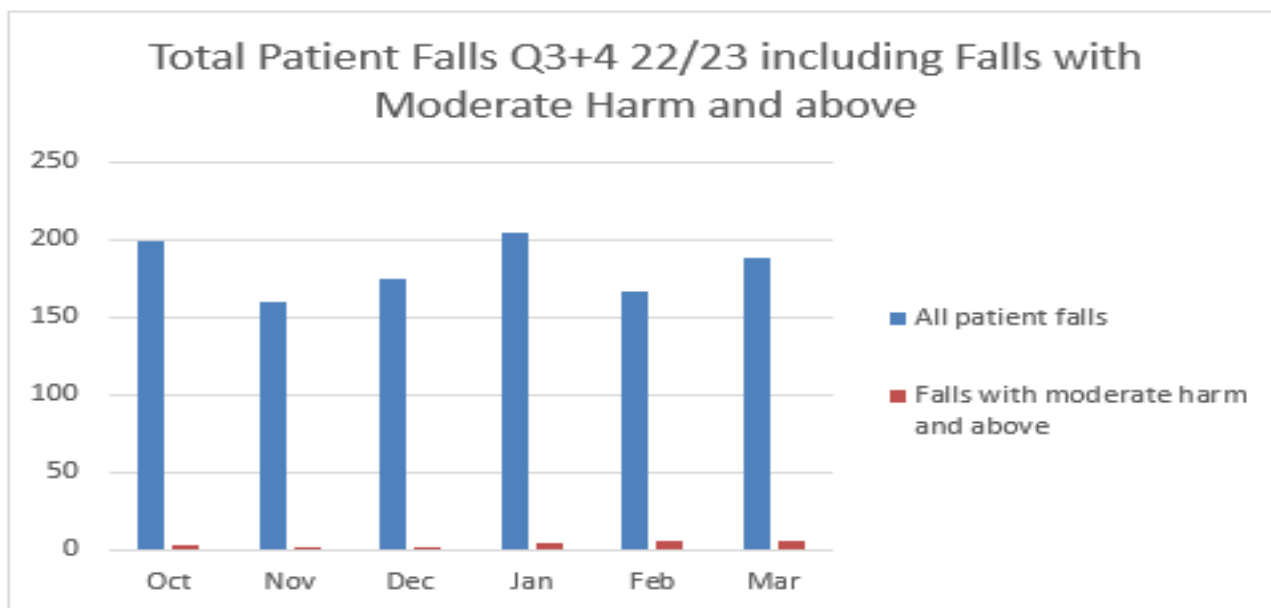


Table 7 above demonstrates a marked increase in the total number of pressure ulcers reported in January and February 2023 compared to November and December 2022. During this period there was a significant increase in the time patients were spending in the Emergency Department footprint and other direct access pathways. The Tissue Viability team have supported all emergency and direct access pathway areas with additional rounding and training and also explored products with the nursing staff to provide pressure relief to patients' heels whilst waiting in these departments.

Falls

During the reporting period there were a total of 1094 falls, of which 21 resulted in moderate harm. When compared to the previous reporting period (Q1 / Q2) this shows an increase in all falls (from 1011) but a decrease in the number that resulted in moderate harm (from 29). The increase in all falls can be attributed in part to the additional beds opened during the winter period. There continued to be a higher number of frail deconditioned patients admitted often with confusion due to dementia or acute onset confusion/ delirium.

Table 8: all falls



Any fall where moderate harm has occurred is included as part of the Patient Safety Response Team review process, where the appropriate investigation and follow up is determined and subsequent monitoring occurs via the Serious Incident Group. All falls are thematically reviewed via Falls Forum and reported to the Patient Safety and Effectiveness Committee and Nursing and Midwifery Committee.

The falls, moving and handling lead has identified key themes following incidents involving harm over the reporting period. Themes identified included the provision of enhanced observation for patients identified at risk and bed rails assessments. In addition, it has been recognised the correct handling and moving of patients can have a direct impact on the development of pressure ulcers in conjunction with the prevention of falls. The falls, moving and handling lead has reviewed the current handling and moving training and plans to include the safe transfer of patients from the floor following a fall and the importance of reconditioning. Falls link worker study days have also been reinstated where learning is shared through scenarios and staff are supported in implementing actions in their areas to reduce the incidence of falls.

In March 2023 back to basics rounding by the senior nursing team was implemented to assess the fundamentals of care being provided on ward areas/ departments which includes pressure ulcer care and falls prevention. The information from these is continuing to be collated to identify any themes for improvement.

To note there has been no identifiable correlation found between staffing levels and the incidences of pressure ulcers or falls during the reporting period identified during the RCA process.

2.9 Governance

Monthly meetings are held with the Associate director of nursing for workforce, lead nurse for E-Rostering and senior nurses from all groups which review the appropriate utilisation and completion of rosters including planned and unplanned leave, bank and agency utilisation and service-related changes which have workforce implications. In addition, the Nursing and Midwifery workforce group monthly meetings which focus on and monitor nursing recruitment and retention workstreams, report into the Workforce Supply and Transformation Committee. Focused work is also being undertaken by the NMAHP delivery group including four workstreams: temporary staffing, Clinical nurse specialists job planning, nursing establishments (including enhanced supervision requirements), and workforce transformation. Progress will be provided in future reports.

2.10 Nursing recruitment and retention: key developments, activities, and innovations

Registered nurses (RN)

The vacancy rate in March 2023 was 10.24% a slight increase from the previous reporting period. There have been 137.53 WTE RN's appointed since September 2022. The biggest impact continues to be the success of the International Nurse Recruitment programme. Following another successful bid for funding from NHSE/I to recruit a further 80 internationally educated nurses (IEN's) between April 2023 and November 2023 a third recruitment programme has commenced. A proposal approved by Chief Officers Group in January 2023 also supports the continuation of a rolling IEN recruitment plan in the organisation that aims to recruit 10 IEN's each month going forward.

68 WTE newly qualified nurses have commenced in the organisation during the reporting period. The number of new starters is a reduction on previous years which mirrors the national picture. It has also been identified that there is an increase in attrition which is being explored with Coventry University and is a key part of the wider system Project 1000, one of the workstreams whose actions include identifying the reasons and formulate plans to address this.

Other pipelines continue to be explored to support recruitment include supporting UK resident Healthcare Support Workers that have international registration to gain UK registration with the Nursing and Midwifery Council (NMC) and continued workforce modelling factoring in new roles such as registered Nursing Associates (NA). The NA role provides development opportunities for our non-registered staff with a review of our current approach underway to further embed and expand the numbers of NA's in post. This process will enable a reduction in RN vacancy gaps and progress the ambition to reduce the vacancy level of registered nurses to below 10%.

To enhance the retention of our RN's an in - house Registered Nurse development programme (RNDP) has been developed for band 5 and 6 RN's in the organisation who are aspiring to develop in their role and progress in their career. Four cohorts have completed the programme to date with 100 nurses currently undertaking this development programme. This includes the completion of an improvement project that is aligned to their clinical area. This has been well received, with many staff obtaining promotion as a result of undertaking this course.

As well as focusing on recruitment, the retention of our existing workforce is of equal importance. In line with a national priority to provide well-being support for nurses in clinical practice, the role of Professional Nurse Advocate (PNA) was introduced in UHCW in September 2021. Since then, 21 nurses have completed the PNA course and 15 are currently on the programme. Through restorative clinical supervision the aims are to support nurses, identify areas for improvement and to develop and coach professional resilience and leadership capability. A Professor from Centre for Care Excellence at UHCW has recently participated in a national research project to understand the impact of this role and a report of the findings is due to be published imminently.

Healthcare Support Workers (HCSWs)

The HCSW vacancy level in March 2023 was 104 WTE (12.6%) with a pipeline of 80 HCSW's in various stages of the recruitment process. A targeted recruitment plan is in place to support the achievement of the national target set by NHSE/I to achieve and maintain a vacancy position of 0-1%. Focussed work has led to over 141.81 WTE HCSW's being appointed since September 2022. This has been achieved through centralised processes and several HCSW recruitment days run over weekends with engagement and support from ward staff.

2.11 Celebrations and recognition

In October 2022 national AHP day was celebrated with events including teams designing celebration walls to showcase their work, lunchbox learning events and an AHP support worker awards event to highlight the valuable contribution that these group of staff provide to patient care and service delivery.

November 2022 saw celebrations for Healthcare support worker (HCSW) day with events across the organisation to acknowledge the significant role our HCSW's play in providing and maintaining safe, quality care within the Trust.

Also in November 2022, we submitted our application for the NHS Pastoral Care Quality Award - launched by NHS England. This is a voluntary scheme and NHS trusts in England can apply for a quality award based on their international recruitment practices. To achieve the award, trusts need to meet a set of standards for best practice pastoral care. This award is an opportunity for trusts to have their work recognised and to demonstrate their commitment to supporting internationally educated

nurses and midwives at every stage of recruitment and beyond. We had to provide comprehensive details and information of our recruitment, pastoral, and education programmes given to internationally educated nurses and midwives who join our organisation. In January 2023 we were informed that we had been awarded the award in recognition of our commitment to providing high-quality pastoral care for internationally educated nurses and midwives, having been identified as an exemplar of 'best practice'. Our recruitment and education teams work extremely hard to ensure those joining the Trust from overseas are supported as they begin their career in the NHS and this will further encourage internationally educated nurses to join us. The award is now a requirement when applying for funding to support international recruitment from NHSE/I.

2.12 Key actions for recruitment and retention

In order to enhance our recruitment reach, members of the Nursing and Midwifery teams, supported by the People team attended a recruitment event in March 2023 in Milton Keynes with over 500 people registering an interest in information about working in various roles within our organisation. We are monitoring the progression of these candidates and will share any progress in subsequent reports. In June 2023 we will be attending another event in London.

An NMAHP strategy has recently been developed aligned to the Pathway to Excellence standards as well as the AHP national strategy. It is envisaged this will support the recruitment and retention of our Nurses, Midwives and AHP's with a planned formal launch in June 2023.

We continue to participate in Project 1000, an ambitious local plan to recruit 1000 nurses from the local area over the next 4 years in Coventry and Warwickshire, and UHCW are leading on the recruitment workstream across the system. This has included creating branding for the ICS to promote nursing as a career particularly within the local community and increasing presence across the system in schools and colleges, enabling and supporting young people to commence a career within the NHS.

3. IMPLICATIONS

The report has demonstrated assurance that through robust processes, and analysis of key metrics as detailed and through the analysis and correlation of harms; we as an organisation able to evidence provision of safer staffing with the resources available. The report identifies where challenges exist and provides assurance of robust processes and the collective leadership required to ensure safer staffing is maintained. The information provided also demonstrates positive progress on our recruitment position, celebrations and recognition of note as well as key developments supporting the wider workforce.

4. CONCLUSIONS AND RECOMMENDATIONS

The committee is asked to note that despite the ongoing national Nursing, Midwifery and Allied Health Professional workforce challenges that UHCW has made significant progress in recruiting and retaining staff. The committee is also asked to receive and accept this report for assurance that the organisation has robust processes, systems and prioritised activities to demonstrate that safer staffing has been maintained during the reporting period in line with national and professional obligations as detailed.

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Author Role: Associate Director of Nursing for workforce

Reviewer Name: Vicky Williams

Reviewer Role: Deputy Chief Nursing Officer

Date report written: May 2023

Appendix 1: NQB expectations

Safe Staffing Agenda – NQB Expectations (2016)

Triangulated approach to staffing decisions

Expectation 1	Expectation 2	Expectation 3
Right Staff 1.1 evidence-based workforce planning 1.2 professional judgement 1.3 compare staffing with peers	Right Skills 2.1 mandatory training development and education 2.2 working as a multi-professional team 2.3 recruitment and retention	Right Place and Time 3.1 productive working and eliminating waste 3.2 efficient deployment and flexibility 3.3 efficient employment and minimising agency

Implement Care Hours per Patient Day

Develop local quality dashboard for safe sustainable staffing

Measure and Improve

- Patient outcomes, people productivity and financial sustainability -
- Report investigate and act on incidents (including red flags) -
- Patient, carer and staff feedback -


University Hospitals
Coventry and Warwickshire
NHS Trust

Appendix 2: Safer staffing process

- Review of safer nursing care tool and live health roster data
- Any areas of immediate concerns/shortfalls or need for support are discussed (on current shift)
- Any additional requirements not met in establishment numbers i.e. patients requiring 1:1 arms length supervision - aligned to Enhanced Care Team available resources. Patients requiring review and assessment by ECT team to determine levels of supervision required are identified.
- The safe care wheel is reviewed with areas of risk/concern identified for the next 24 hours or over the weekend
- Fully staffed areas are reviewed and decisions made to reallocate staff appropriately to mitigate any areas of risk – initially within group/specialty and then if required across the organisation

- Professional judgement is applied by specialty Matrons regarding their areas using a registered nurse to patient ratio as a benchmark
- Any non-clinical shifts are discussed and if required stood down i.e. management/study days
- Any outstanding shifts (HCSW or RN) required are escalated to appropriate agencies (if not already in place) with the approval of the GDNA/ADN present
- A safer staffing template is completed at every meeting and emailed to the ADN (Workforce) and Deputy CNO and saved onto a shared drive by the hospital bleep holder
- Any mitigations are captured and logged on the safer staffing template
- Any requirement for support outside of clinical groups can be discussed and agreed i.e. support from corporate nursing teams
- The hospital bleep holder then provides an overview of nurse staffing across the organisation as part of the clinical site meetings

Appendix 3: Multiplier criteria for acuity

Table 1: SNCT summary of criteria and associated multiplier Acuity Level

	Multiplier	Criteria
Level 0	0.99	Patient requires hospitalisation Needs met by provision of normal ward care
Level 1a	1.39	Acutely ill patients requiring intervention or those who are UNSTABLE with a GREATER POTENTIAL to deteriorate
Level 1b	1.72	Patients who are in a STABLE condition but are dependent on nursing care to meet most or all of the activities of daily living
Level 2	1.97	May be managed within clearly identified/designated beds, requiring resources with the required expertise and staffing level OR may require transfer to a dedicated level 2 unit
Level 3	5.96	Patients needing advanced respiratory support and/or therapeutic support of multiple organs

Appendix 4: RN to patient ratio

2022/2023			October	November	December	January	February	March
Unit	required ratio	number of beds	Actual RN:Patient Ratio	Actual RN:Patient Ratio	Actual RN:Patient Ratio	Actual RN:Patient Ratio	Actual RN:Patient Ratio	Actual RN:Patient Ratio
AMU 1 (Ward 12)	1:6	35	1:5.44	1:5.61	1:5.87	1:5.85	1:5.56	1:5.76
AMU 2 (Ward 2)	1:4	8	1:4.78	1:4.81	1:4.91	1:4.99	1:4.76	1:5.10
AMU 3 (Ward 3)	1:7	26	1:8.38	1:7.63	1:7.00	1:6.90	1:7.02	1:7.39
Cardiac Day Unit	1:6	39				1:1.75	1:4.88	1:4.94
DSU Ward	1:6	12	1:5.79	1:5.63	1:5.75	1:6.19	1:6.68	1:6.53
Major Trauma ECU	1:4	41	1:3.13	1:3.13	1:3.19	1:3.20	1:3.19	1:3.05
Rugby Cedar Ward	1:7	21	1:5.83	1:5.47	1:5.66	1:6.16	1:5.97	1:5.52
Rugby Hoskyn Ward	1:7	22	1:6.99	1:6.95	1:7.83	1:7.92	1:8.57	1:7.84
Rugby Mulberry Ward	1:8	22	1:3.48	1:4.12	1:6.42	1:6.89	1:7.01	1:7.13
Rugby Oak Ward	1:8	22	1:5.96	1:6.78	1:7.03	1:8.27	1:7.02	1:6.64
Surgical Assessment Unit	1:4	28	1:4.58	1:5.08	1:4.36	1:4.40	1:5.92	1:4.90
Surgical Pathway Wd10	1:6	29	1:5.62	1:6.03	1:6.30	1:5.48	1:6.54	1:6.22
Surgical Wd22 Short Stay	1:6	18	1:5.98	1:6.07	1:6.23	1:5.93	1:6.49	1:6.85
Ward 1	1:8	36	1:6.98	1:7.58	1:6.94	1:7.32	1:8.65	1:8.28
Ward 10 ECU	1:3/4	12	1:3.54	1:3.27	1:3.41	1:3.57	1:3.56	1:3.28
Ward 11	1:6	32	1:5.44	1:5.33	1:5.97	1:6.11	1:6.06	1:6.20
Ward 20	1:6/8	32	1:6.90	1:5.42	1:6.31	1:7.07	1:7.27	1:7.34
Ward 20a	1:6/8	24	1:7.70	1:7.49	1:7.55	1:7.65	1:7.51	1:8.20
Ward 21 Cardiology	1:6	26	1:6.09	1:5.99	1:6.57	1:6.24	1:6.67	1:6.20
Ward 22 SAU New	1:6	12	1:6.40	1:6.78	1:7.32	1:6.60	1:6.93	1:6.77
Ward 22a Vas	1:6	12	1:5.51	1:5.60	1:5.66	1:5.78	1:5.41	1:5.81
Ward 23	1:6	12	1:4.99	1:5.66	1:5.27	1:5.37	1:5.67	1:5.16
Ward 23 H&N - Urology	1:5	16	1:5.45	1:5.44	1:5.38	1:5.33	1:5.73	1:5.64
Ward 30	1:6/8	18	1:7.07	1:6.35	1:6.56	1:7.28	1:7.69	1:8.33
Ward 30 NIV Area 2	1:4	11	1:4.38	1:4.38	1:3.89	1:3.71	1:3.68	1:3.79
Ward 31	1:6/8	36	1:7.53	1:8.10	1:7.64	1:8.54	1:8.36	1:8.59
Ward 31a	1:6/8	24	1:7.07	1:6.60	1:7.17	1:6.92	1:7.27	1:7.03
Ward 32 Gastro	1:6	34	1:5.19	1:6.22	1:6.32	1:6.82	1:5.09	1:5.96
Ward 33 ECU Stepdown	1:3/6 change in ward function	12	1:6.21	1:6.23	1:5.99	1:5.82	1:5.93	1:6.21
Ward 33 Surgery	1:6/7	26	1:5.98	1:5.97	1:5.91	1:6.21	1:6.34	1:6.26
Ward 34	1:4	17	1:3.86	1:3.98	1:4.09	1:3.96	1:3.85	1:3.88
Ward 35	1:6	31	1:6.79	1:6.93	1:7.03	1:6.75	1:7.32	1:6.53
Ward 40	1:8	44	1:8.38	1:7.52	1:8.72	1:8.82	1:8.16	1:8.91
Ward 41	1:6	36	1:4.82	1:4.80	1:4.92	1:4.75	1:4.74	1:4.89
Ward 42	1:6/8	36	1:7.84	1:6.53	1:6.33	1:6.75	1:6.56	1:6.29
Ward 43	1:8	34	1:7.90	1:7.00	1:7.27	1:7.58	1:6.33	1:7.75
Ward 43 NECU	1:4	12	1:4.18	1:4.08	1:4.43	1:4.16	1:4.45	1:4.46
Ward 50 Renal	1:6	22	1:7.15	1:7.12	1:7.44	1:7.27	1:7.48	1:7.65
Ward 52	1:6/NOF 1:4	38	1:6.55	1:6.16	1:6.28	1:6.21	1:7.70	1:7.33
Ward 53	1:7	21	1:7.96	1:6.93	1:6.93	1:8.53	1:7.25	1:7.60

** to note the areas in red; Cardiac day unit commenced safecare data collection in January 2022, Mulberry low safecare entry compliance now rectified.

Appendix 5: Paediatric short-term, mid-term and long-term actions:

Short-term actions:

- Regular bank staff approached to consider block booking shifts
- All Trust RSCN/RNC working outside of the paediatric footprint approached to consider regular bank shifts
- Implementation of enhanced bank rate - improved fill rate of bank shifts being monitored
- Approval to escalate to higher tier agencies granted and reviewed bi-monthly
- Daily staffing reviews within group with consideration of reduced clinics or reduction in elective activity to release staff

Mid-term actions:

- Recruitment of dedicated Paediatric Workforce lead to support recruitment and retention
- Appointment of second paediatric Matron
- Occupational health Clinical Psychologist is assisting the Paediatric Matrons with staff well-being support.
- Recruited first cohort of Student Nursing Associates commencing May 2023
- Six newly qualified staff positions offered and accepted for September 2023
- Scoping potential to recruit Internationally educated nurses / targeted recruitment
- Social Media campaign to attract applicants to the specialty

Long-term actions:

- Development of rolling Nursing Associate recruitment programme
- Creation of local bespoke programmes for incoming new recruits to support induction, training, on-boarding and wellbeing
- Development of training opportunities, career pathways and frameworks that supports talent mapping and succession planning
- Expansion of clinical placement networks to include University of Birmingham dual registered RNC / RMN Student nurses and Leicester University is in the planning phase for placements of dual qualified Masters students.
- Recurrent funding of £319,738 awarded from NHSE following West Midlands Critical Care Network peer review in September 2022 and proposal for commissioning level 2 paediatric critical care in the West Midlands will be utilised to create supernumerary senior nurse roles who will be available to support intensive care patients, attend resus and provide outreach assessments.

Appendix 6: Crit Con Levels

CRITCON-2020	Definition	Organisational Responsibility (Trust/Health Board, Network, Region)	Clinician responsibility
0 – NORMAL	Able to meet all critical care needs, without impact on other services. Normal winter levels of non-clinical transfer and other 'overflow' activity.	Routine sitrep reporting Match critical care capacity to demand. Consistent implementation of legal and professional best practice.	
1 PREPARATORY	Significant expansion/multiplication of bed capacity, supported by extensive redeployment of staff and equipment from other areas.	Plan and make physical preparation for large-scale critical care expansion. Prioritisation and reduction of elective work. Identify regional mutual aid systems and patient flows. Ensure good awareness of and engagement with local capacity reporting mechanisms including CRITCON Build resilience in data collection and research capacity.	
2 SUSTAINED SURGE	System at full stretch, both in ventilator capacity and/or staffing levels, with staff working outside usual role. but adherence to usual clinical practice goals wherever possible Other resources may be becoming limited e.g. oxygen, renal replacement therapy.	Mutual regional aid in place and active. Escalate and ensure maximum awareness of 'hot spots' at regional and national level. CRITCON 2 should be the target state during the high-intensity stage of the pandemic. Units still in CRITCON 1 may need to step up to CRITCON 2 to aid others and minimise the occurrence of CRITCON 3. Ensure good governance and support for clinical staff working flexibly. Ensure rapid data collection and research participation.	Apply usual ethical and legal principles. Use Decision Support Aid (Appx 2) to assess benefit. Apply existing best practice in implementation, discussion and documentation Deliver best available care both to infected patients, and non-infected patients indirectly affected by changes to normal services.
3 SUPER SURGE	Some resources starting to be overwhelmed. Full use of stretched staffing ratios and cross-skilling. Delivery of best available care but not usual care, for the majority of patients.	Whole hospital response. Active decompression of hot sites. High-volume transfers within and across regional boundaries. Maximum co-ordinated effort to prevent any individual site progressing to CRITCON 4	Lead and participate fully in reporting, shared awareness of the evolving situation, data collection, and research.
4 CODE RED: TRIAGE RISK	Services overwhelmed and delivery of critical care is resource limited. This stage should never be reached at any site unless regionally & nationally recognised and declared.	Full engagement between clinical frontline, Trust/Health Board, Region and national/political leadership, under 12 hourly review.	Focus on minimising loss of life. Use Decision Support Aid to assess benefit and prioritise

Usual legal and ethical frameworks

Extremis

Shared operational/clinical responsibility

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

Subject Title	Maternity Safety Improvement Plan
Executive Sponsor	Tracey Brigstock – Chief Nursing Officer
Author	Gaynor Armstrong - Director of Midwifery
Attachment(s)	Appendix 1 – Midwifery Workforce Appendix 2 – Ockenden, Insight visit and East Kent Gap Analysis action plan
Recommendation(s)	<p>The Board is asked to receive the Maternity Safety Report and plan for assurance and to note:</p> <ul style="list-style-type: none"> • The performance and compliance updates for quarter 4 of 2022/23 and receive assurance around the national recommendations and PMRT and ATAIN action plans all of which are on track. • The midwifery vacancy position and the progress with the trajectory for pipeline recruitment. • The outstanding actions and action plan for the Ockenden report, Insight visit and gap analysis for the East Kent report 2022.

EXECUTIVE SUMMARY

This paper aims to share the Maternity Safety report and plan for quarter four of 2022/23:

- Current activity including births, deliveries and bookings highlighting a slight decrease compared to the same period in 2021/22.
- Induction of labour and caesarean section updated information following the changes in the reporting requirements as requested by NHS England.
- Perinatal Mortality including reviews and Perinatal Quality Surveillance Model. The department are on track with all nationally agreed timescales for multi-disciplinary reviews including patient involvement in all investigation and review processes.
- The stillbirth rate for the Trust is at 2.11 per 1000 births for the reporting period and 4.7 per 1000 births for the rolling 12-month period. A local assurance review of perinatal mortality against the national MBRRACE report was presented to QSC in January 2023.
- There has been one case referred to HSIB during the reporting period and no local Serious Incidents.
- Midwifery Continuity of Carer is on hold for the Trust in line with recommendations from the final Ockenden report. All national target dates to deliver MCoC have now been removed. However, a high level Implementation plan is in development for when appropriate staffing levels can be achieved and MCoC can be introduced safely.

- The current Midwifery vacancy from funded posts is 34.46 wte with 32wte in the pipeline to commence in the next month. Midwifery recruitment continues including International Recruitment.
- Midwifery staffing including national reporting requirements such as Midwife to Birth ratio, one to one care in established labour, supernumerary status of the labour ward coordinator and red flags. For the period reported one to one care in labour was achieved and supernumerary status of the coordinator was achieved 100% of the time. There were red flags reported however there were no adverse outcomes or clinical harm because of these.
- This report includes an update on the Trust progress against the Ockenden Immediate and Essential Actions and NHS Resolution Maternity Incentive Scheme (CNST) Year Four and East Kent (2022) report.
- Service user feedback is sought through the Maternity Voices Partnership and patient surveys. The department continues to receive positive feedback and were the recipients of both OSCA and Daisy nominations during this reporting period.

The Committee is asked to receive the Maternity Safety Report and the following recommendations:

- Note the performance and compliance updates for quarter 4 of 2022/23 and receive assurance around the CNST Maternity Incentive Scheme standards, national recommendations and PMRT and ATAIN actions all of which are on track.
- The midwifery vacancy position and the progress with the trajectory for pipeline recruitment.
- The outstanding actions and action plan for the Ockenden report, Insight visit and gap analysis for the East Kent report 2022.

PREVIOUS DISCUSSIONS HELD

COG March 2023 QIPS April 2023, LMNS Board April 2023, PSEC 11.5.2023 QSC May 2023

KEY IMPLICATIONS

Financial	Risk of Litigation, additional cost for recruitment of midwives and medical staffing to meet workforce assessments.
Patients Safety or Quality	To maintain patient safety, improving outcomes in line with national ambition.
Workforce	Recruitment and retention of midwives to meet BirthRate Plus assessment. Training requirements as outlined within CNST and Ockenden recommendations
Operational	Workforce requirements to meet the acuity of patients who are cared for within the department and increasing complexity. Referral specialist centre for fetal medicine and proposed medicine referral centre. Support is given to trusts within the LMNS and wider for NICU care as part of ODN network.

Maternity Safety Report and Plan

1. INTRODUCTION

- 1.1** Spotlight on Maternity (2016) national document recommends all Trusts are required to have a Maternity Safety Improvement plan to work towards achieving the national target of reducing stillbirths, neonatal deaths, and intrapartum brain injuries by 50% by 2025. The Trust first developed their improvement plan in 2018 considering further national documents such as Safer Maternity Care (2016) Saving Babies Lives (2016 & 2019) and MBRRACE perinatal and maternal mortality & morbidity reports.
- 1.2** The Maternity Safety Report incorporates all Trust national reporting such as NHS Resolution Maternity Incentive Scheme (CNST), Ockenden Report (2020/ 2022), East Kent report (2022) and dashboard compliance for quarter 4 2022/23. The information is detailed within the report for compliance against the February 2023 CNST submission and ongoing assurance will feature within future reports.
- 1.3** The Maternity Safety Report is presented quarterly at the Trust Patient Safety and Effectiveness Committee, Quality Safety Committee and was last presented at Trust Board in December 2022.

2. CONTENT

2.1 Activity/outcome data within the maternity unit:

Month – 2022/23	Deliveries	Births
January	460	468
February	397	406
March	466	474
Total	1323	1348

Month – 2022/2023	Bookings
January	522
February	469
March	543
Total	1534

The number of deliveries/births has shown a slight **2% decrease of births** compared to the same period in 2021/2022. There is **a 3% decrease of bookings** during the same period.

Maternal Clinical outcome data

According to the Robson criteria the majority of reasons for caesarean section fall into groups 2 (first baby, induced or before labour) and 5 (previous caesarean section).

Group	Description
1	Nulliparous, single cephalic, ≥ 37 weeks, spontaneous labour
2A	Nulliparous, single cephalic, ≥ 37 weeks, induced labour
2B	Nulliparous, single cephalic, ≥ 37 weeks, caesarean before labour
3	Multiparous (excluding previous caesareans), single cephalic, ≥ 37 weeks, spontaneous labor
4A	Multiparous (excluding previous caesareans), single cephalic, ≥ 37 weeks, induced labor
4B	Multiparous (excluding previous caesareans), single cephalic, ≥ 37 weeks, caesarean before labor
5	Previous caesarean, single cephalic, ≥ 37 weeks
6	All nulliparous breeches
7	All multiparous breeches (including previous caesareans)
8	All multiple pregnancies (including previous caesareans)
9	All abnormal lies (including previous caesareans)
10	All single cephalic, ≤ 36 weeks (including previous caesareans)

The 10 Robson Groups

Both 01/03/2023 to 31/03/2023

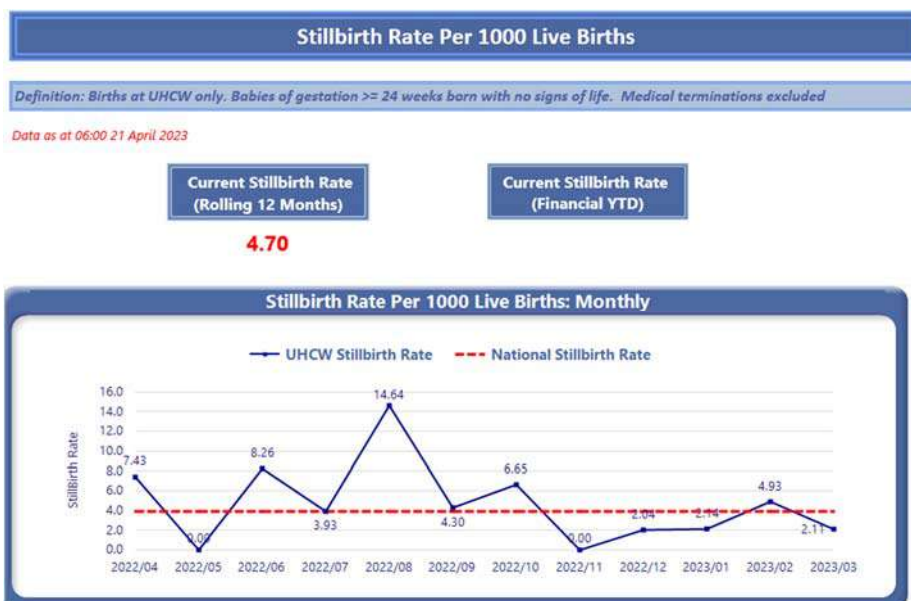
	Women	CS Delivery
Women delivered	468	191
Group 1	64 (13.7%)	21 (11.0%)
Group 2	102 (21.8%)	46 (24.1%)
Group 3	78 (16.7%)	2 (1.0%)
Group 4	72 (15.4%)	12 (6.3%)
Group 5	68 (14.5%)	58 (30.4%)
Group 6	15 (3.2%)	12 (6.3%)
Group 7	6 (1.3%)	5 (2.6%)
Group 8	8 (1.7%)	7 (3.7%)
Group 9	6 (1.3%)	6 (3.1%)
Group 10	29 (6.2%)	12 (6.3%)
Quality control	291	123

The induction of labour rate at the Trust averages as a percentage of all deliveries for Quarter 4 is currently at 37.7% which is above the national average of 31.6%. This rate is influenced by the number of high-risk pregnancies where an increased risk of poor outcome is well evidenced, including those transferred for tertiary level care. The Trust as a referral centre for maternal and fetal medicine cases for Coventry and Warwickshire provide enhanced care to women with complex pre-existing medical conditions and those requiring enhanced support including interventional radiology, cardiology, renal and vascular support.

A total of 328 women were seen within the fetal medicine department during the reported period, for referrals received from within the LMNS.80% were seen within 3 days and 94% within the 5-day standards. The department received **313** more referrals for the year 2022-2023, compared to 2021-2022. This is a moderate level risk on the LMNS Risk register.

Month 2022	GEH referrals	Number Seen	UHCW referrals	Number Seen	SWUFT referrals	Number Seen	Total No of referrals	Total no of patients seen
January	30	28	73	54	34	34	137	116
February	18	15	69	61	21	21	108	97
March	14	13	86	81	22	21	122	115
Q4 Total	62	56	228	196	77	76	367	328

2.2 Perinatal Mortality: Stillbirths and Perinatal/Neonatal deaths



According to MBRRACE (2021) the extended perinatal mortality rate for 2020 across the UK as a whole was 4.85 per 1,000 total births (5.13 in 2018), comprising **3.33 stillbirths per 1,000 total births** (3.51 in 2018) **and 1.53 neonatal deaths per 1,000 live births** (1.64 in 2018). (Stillbirths are related to babies born without signs of life at more than 24 completed weeks of pregnancy.)

The rate of Stillbirths for the Trust is 2.11 per 1000 births for March and 4.7 per 1000 births for the rolling 12 month period.

Within the department there were 4 stillbirths during the period reported. As a tertiary referral centre for fetal and maternal medicine supporting with high-risk, complex pregnancies for the system, we will also be reporting as a Local Maternity and Neonatal System (LMNS) the stillbirth and neonatal death rate is reported. For the period reported this is 2.8 per 1000 births and 1.4 per 1000 births respectively:

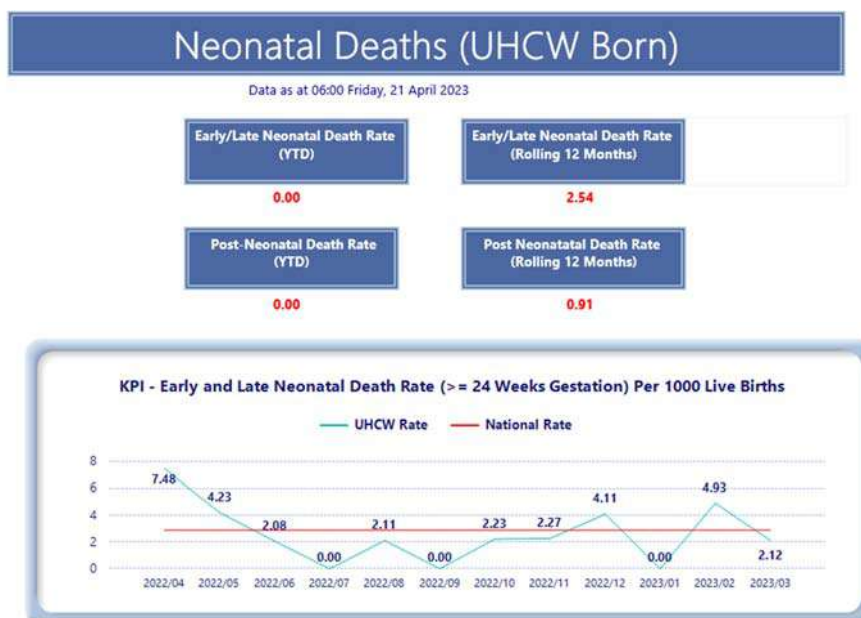
	Jan-23				Feb-23				Mar-23				
Still birth number	1	0	0	1	2	0	0	2	1	0	0	1	
Still birth rate (Per 1000 births)	4.7	2.3	1.8	2.9	4.7	2.3	1.5	2.8	4.7	2.3	1.5	2.8	<=4.2
Neonatal mortality rate (Per 1000 births)	2.0	1	0.9	1.4	2.4	1.4	0.9	1.5	2.5	0.5	0.9	1.3	<=1.67

All stillbirths had a Patient Safety Response review within 72 hours and any themes and learning are identified and acted upon. The cases within the reported period included the following:

Reason(s) for admission	Referral for investigation	HSIB	Internal RCA Investigation	PMRT review
26+2 Attended LW triage with no fetal movements	No		No	Yes

32+5 Second baby, medical co-morbidities. Attended routine FWBU appointment – no fetal heart	No	No	Yes
38+5 Low risk care. Attended LW triage with reduced fetal movements	No	No	Yes
31 Low risk care. Attended another hospital with reduced fetal movements Birthweight 1090g, below the 1 st centile	No	No	Yes

As part of our ongoing commitment to patient safety and the national ambition to reduce poor outcomes an internal deep dive into the governance, investigations, and national reporting of perinatal mortality cases for 2020 was undertaken against the national MBRRACE report, this was presented to the Quality and Safety Committee in January 2023.



There were three neonatal deaths for the period reported. The details are as follows:

Reason(s) for admission	Referral for investigation	HSIB	Internal RCA Investigation	PMRT review
Gestation 24+1	No (<37 weeks)		No	Yes
Term baby admitted at 28 days old	No (<37 weeks)		No	No
Gestation 40+4, category one caesarean section for bradycardia	Yes		No	Yes

2.3 Neonatal

The department supports as the only Level 2 and 3 neonatal unit within the LMNS and the maternity team work hard to ensure that all women with pregnancies less than 32 weeks gestation with confirmed or threatened preterm labour are received into the Trust from within the system and Clinical Network. There were 7 intrauterine transfers during the reported period.

Any women who are unable to be accepted due to capacity on the Labour Ward or in the Neonatal Unit (NNU) are discussed as part of the bi-weekly Maternity Safety Champion meeting for oversight and assurance. There were a total of 49 requests from outside the LMNS during this timeframe.

The Term admission rate at the Trust is consistently below the national reported average rate (5%) at 2.78%. The Avoiding Term Admission into Neonatal Unit (ATAIN) meetings occur monthly where all unplanned term admissions are reviewed as part of multi-professional review and decided whether the admission was avoidable or unavoidable. Any learning identified is shared within an action plan and disseminated via a staff newsletter. Recent learning identified and shared include:

- Ensure good documentation in the neonatal unit regarding transfer from the neonatal unit to the postnatal ward.
- Ensure the shoulder dystocia wizard is complete on K2 the maternity electronic records system.

2.4 Continuity of Carer

In accordance with the recommendations of the final Ockenden Report (March 2022) and following the letter sent to all Trusts by Ruth May, NHSE Chief Nursing Officer on April 1st 2022, the Trust has previously confirmed that Midwifery Continuity of Carer (MCoC) is not currently in place and women are cared for within traditional models of maternity care. This position is reflected across the LMNS, within the previous national ambition to have this in place by 2024.

A further letter sent by Ruth May and Jacqueline Dunkley-Bent, NHSE Chief Midwifery Officer on September 21st 2022 confirmed that all national target dates to deliver MCoC have been removed and this will remain in place until sufficient staffing levels can be demonstrated.

A high level Implementation plan is in place locally for when appropriate staffing levels can be achieved and MCoC can be introduced safely following a period of staff engagement.

The Trust remains committed to delivering the critical components of the model to women with health inequalities such as those from black, asian and minority ethnic groups and those living in high social deprivation and continues to work towards this.

2.5 Healthcare Safety Investigation Branch (HSIB) and Maternity Serious Incidents

HSIB Reports

Cases to date (since February 2018)	
Total referrals	40
Referrals / cases rejected	14
Total investigations to date	26
Total investigations completed	23
Current active cases	3
Exception reporting	1 exception on case (MI-022725).

There were two HSIB referrals for the reported period including one maternal death in January 2023.

All learning and safety recommendations from incidents are shared within the weekly Quality of Care multi-professional learning meetings, weekly departmental training sessions (MS Teams) and monthly Quality Meetings to inform practice and embed learning identified. To support wider learning all findings and safety recommendations are also shared within the monthly LMNS Board meetings. There are also 'Good Governance Boards' in clinical areas which are discussed at the daily huddles to share learning.

2.6 Staffing/red flag events/Birthrate + acuity

A bi-weekly meeting with Recruitment and Workforce is in place to discuss challenges and updates relating to pipeline starters and leavers. This works well to ensure that there is timely response to all aspects of recruitment detailed below.

Staffing has remained challenging during the period reported, however with the support from the enhanced bank rate, we have had continued support in covering shifts, however, as part of a standard offer to maintain safe staffing all specialists and ward managers have continued to be utilised.

Community Midwifery caseloads are closely monitored and re-aligned with further work ongoing to streamline the workload in community such as centralised booking clinics.

Additional measures taken include Agency nursing shifts for Labour ward and ward 25, although these cannot be included within the midwife to birth ratio, this model has been shared regionally as good practice for enhanced safety whilst midwifery staffing remains a national challenge.

The introduction of a Matron of the Day has also supported safe staffing and escalation within the department with senior oversight and opportunity for referral.

2.7 Vacancy

See Appendix 1

International Recruitment

We have recruited into 26 of the externally funded positions. 14 internationally trained midwives have now all completed their OSCE training. A further 7 have completed

their OSCE from the most recent cohort, 4 additional recruits are expected in may 2023.

Return to Practice (RtP)

We offered three midwives, two commenced in January, one in April 2023. The Trust have been recognised as a positive case study by NHSE and asked to share the recruitment with other regional organisations.

Education programmes

During 2023 the Trust has requested placement for 35 students, we are working closely with the admissions tutor to ensure that this is achieved.

We work hard to maintain attrition rates for employment and are participating as a national pilot for Retention Self-Assessment using the newly developed Toolkit. We are also funded for a Practice Placement Midwife in post who is showing successful results with supporting students, through pastoral support and improving early support and attrition. We also have a Clinical retention Support Midwife to support the team with recruitment and retention being the link person for all candidates following interview until their commencement in post.

There have been 8.9 WTE midwives retire during 2022, with 2.4 WTE offering substantive hours.

Furthermore, we developed an SLA for the shortened programme (18 months) with Birmingham City University and have received funding with four of these who commenced in January 2023.

Maternity Support Worker training

A shortened training programme is under development with funding support from Health Education England to prepare band 2 Healthcare Support Workers (HCSW) to meet the core competency framework for Band 3 Maternity Support Workers in order to meet the workforce requirements. UHCW are a pilot site. The first cohort of eight HCSWs commenced in January 2023 with the second cohort of 10 HCSWs due to commence in July 2023, this programme will then be adopted nationally.

Midwife to Birth ratio:

Month	Ratio
January	1:30
February	1:28
March	1:30

Supernumerary status of LW coordinator, essential for helicopter view of the service and providing supervisory support and continuous senior presence has been maintained for the reporting period, however an error in inputting the data on one occasion in January showed a rate of 97%.

Month	Rate
January	97%
February	100%
March	100%

With the support of the specialist midwives and management team, one to one care in established labour has been maintained at 100% during the reporting period, however an error in inputting the data on one occasion in both January and February showed rates below 100%. The data is unable to be changed once inputted.

Month	Rate
January	99%
February	97%
March	100%

There were two other categories for 'Red Flags' as per NICE Safe Staffing guidance reported during the period. These include:

- delay between admission for induction and beginning of the process.
- delay in starting Syntocinon/ ARM of more than 20 minutes.

Audits around compliance within the Labour Ward Triage BSOTS reviews have been added to the audit plan as part of local learning identified to ensure that there is timely escalation for medical review.

There were no adverse outcomes or clinical harms identified because of the delays detailed above. The delays were considered necessary due to ensuring that one to one care in labour could be maintained and supernumerary status of the coordinator.

As part of the regional Maternity OPEL escalation any delays are shared with the W&C Manager of the Day, Control room and any requests for support escalated within the LMNS and region.

2.8 Culture and Communication

Communication continues to be shared within the team through various platforms as part of the revised communication strategy, The Director of Midwifery/ Deputy Director of Midwifery shares a video update each week with key messages for staff, these include recruitment, trust updates and any learning from incidents/feedback. In addition the Daily Brief has been reinstated (where all staff attend for a 3 minute brief where key messages are shared) this is shared at 7.30 hrs and 20.30 hrs at the beginning of the shift. The closed Facebook group also offers the staff the opportunity to ask questions at any time – these are responded to within 48 hours of being raised, along with direct access to the Director of Midwifery through messenger.

Human factors are built into all aspects of multi-professional training and safety culture training to build on the PROMPT and CTG multi-professional workshops.

Professional Midwifery Advocates (PMAs) continue to support restorative practice, service and staff development. Actions from the Civility Toolkit survey and Staff survey are being worked through. The PMAs provide restorative meetings, feedback to staff and drop-in sessions to help improve health and wellbeing in addition to supporting with safety improvements. A newly locally developed App (COMPASS) for direct access to PMA support is under review with new starter midwives before roll-out across the department.

The Chief People Officer is scheduled to complete rounding meetings within maternity and neonatal services with a different area of focus weekly including Community staff to discuss any concerns or assistance needed. This is in addition to the bi-weekly meeting attended by the Chief Nursing Officer and Non-Executive Director Maternity Safety Champion to discuss maternity safety.

The Non-Executive Director Maternity Safety Champion has regular quarterly meetings with both the Maternity Voices Partnership chair and attended a focus group with service users in February 2023.

The triumvirate are scheduled to take part in the national maternity leadership culture event in June 2023 which will then be rolled out within the department, including the completion of a culture survey.

2.9 CNST Maternity Incentive Scheme

The department have worked towards the actions to achieve all standards for 2022/23 and full compliance for this has been submitted. Year Five has not yet been released.

2.10 Regulatory issues (Quarterly):

Ockenden action plan (Appendix 2)

5 of the 7 Immediate and Essential Actions from the Ockenden first report have been fully completed with 2 actions in progress:

- medical staff undertaking wards rounds on the antenatal/ postnatal wards. This is being addressed through a workforce business case. This has also been added to the departmental risk register.
- soundproofing of a room on Labour Ward and designation of a separate bereavement facility. The business case has now been shared with the Chief Officers and design plans are in progress.

Whilst the action plan shares the outstanding actions it offers assurance around the mitigation in place to strengthen the measures required to ensure that all recommendations are being met. (Appendix 1)

The department reported the results of the initial Insight visit led by the Regional Midwifery Officer for NHSE/I to gain assurance with the immediate and essential actions from the first Ockenden report previously. The quarterly update meeting was held in April 2023 and evidence and assurance provided for all outstanding actions. A future Insight visit is scheduled for July 2023.

The department have developed a local gap analysis against the five East Kent report (2022) recommendations (Appendix 3) and are working through the national Single Delivery Plan released in April 2023 where these will be progressed and monitored.

Perinatal Mortality reviews (PMRT/MBRRACE)

The department continue to work in accordance with the measures outlined within the Maternity Incentive Scheme holding regular weekly multi-disciplinary team mortality review meetings. Parent perspectives are obtained for all cases to ensure that any questions that they may have around the care is incorporated into the review. Some recent learning from PMRT includes:

- Multi professional discussion must be held regarding reorientation of care for babies.
- Labour details must be recorded on the partogram in the electronic records for all labours (livebirths and stillbirths).

- Care must be given to ensure that the time of death of a baby must be inputted correctly.

Perinatal Quality Surveillance Model (PQSM)

Board level safety champions attend the bi-weekly Maternity Safety Champion production board meeting, and there was a board walk around on ward 24 in January 2023.

The Non-Executive Board Level Maternity Safety Champion attended the department in February 2023 alongside the Maternity Voices Partnership Chair to hold a patient voices forum.

The triumvirate prioritise and attend all LMNS board and Workstream meetings each month to ensure that there is UHCW representation and learning is disseminated to the wider team.

The ICB are involved in the monthly perinatal quality surveillance regional meetings to represent UHCW, George Eliot and South Warwickshire Foundation Trust.

The OPEL escalation policy and regional induction of labour Framework have been adopted within the department with daily reporting to the site team and regional team to highlight the demand within the department and escalation for support. The Director of Midwifery is on working groups to develop and improve these reporting processes.

Governance Processes

A local assurance review around the MBRRACE perinatal mortality report was commissioned by the Chief Medical Officer and Chief Nursing Officer and the report was presented at QSC in January 2023 and at LMNS Board in April 2023.

The review found that whilst the trust were identified in isolation as having a higher than average perinatal mortality rate, as a system the other two organisations had significantly lower than average perinatal mortality. This would appropriate taking into consideration the transfer of complex pregnancies to UHCW as the tertiary provider.

2.11 Training Compliance against trajectory for Multi-Professional Training

Speciality specific training has been prioritised within the department, in particular for multidisciplinary Obstetric emergency training and fetal monitoring training. Compliance remains above 90% for obstetricians and midwives with targeted sessions for those below 90% (trainee anaesthetists and Healthcare Support Workers).

2.12 Compliments and Complaints

The department regularly receives positive feedback from the women directly on the ward, by email, through PALS and Daisy award nominations. This is shared with the team involved and on the Maternity closed Facebook page to celebrate the team's successes with the introduction of 'Feedback Friday'.

The department are working through action plans for the CQC Patient Survey for 2022 and Healthwatch survey where areas were identified for improvement with the support of the ICB, these are monitored through Patient Experience and Engagement Committee (PEEC).

There have been six formal complaints during the period reported.

The complaint themes were as follows.

- Concerns raised from a woman who had consented to a planned caesarean section however, she went into spontaneous labour and progressed to a

vaginal birth. Concerns were raised regarding her management of pain whilst on labour ward triage.

- Concerns raised following management of pain whilst on labour ward triage, the consent process for an instrumental delivery and postnatal care following a perineal haematoma and wound breakdown. A face-to-face meeting was held for a postnatal debrief.
- Complaint raised from a partner whereby there were known safeguarding concerns and security were contacted to provide support to the midwives on the postnatal ward.

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The complaint themes were as follows.

- Concerns raised from a woman who had consented to a planned caesarean section however, she went into spontaneous labour and progressed to a vaginal birth. Concerns were raised regarding her management of pain whilst on labour ward triage.
- Concerns raised following management of pain whilst on labour ward triage, the consent process for an instrumental delivery and postnatal care following a perineal haematoma and wound breakdown. A face-to-face meeting was held for a postnatal debrief.
- Complaint raised from a partner whereby there were known safeguarding concerns and security were contacted to provide support to the midwives on the postnatal ward.
- Concerns raised from a woman admitted for an iron infusion which was then found to be unnecessary, and she was discharged.
- Concerns were raised from a woman regarding being left alone whilst in labour, interruption to the golden hour following birth, the setting up of the breast pump and cleaning/sterilising of equipment and postnatal care in the community.
- Complaint received regarding a postnatal readmission and whether antibiotics were appropriately prescribed.

2.13 Service User Feedback/Maternity Voice Partnership

The department has received the results of the 2022 National Maternity survey led by Picker. An action plan has been developed to address the themes within this. The main themes are:

- Lack of infant feeding information
- Lack of information regarding changes in mental health
- The number of midwife contacts postnatally
- Partner being able to stay as long as possible.
- Support offered in labour when needed.

Regular quarterly meetings have been held with the Maternity Voices Partnership (MVP) chairs, many of the team attend this including the Patient Experience midwife and Non-Executive board level safety champion. A focus group was also held with the MVP chair, Non-Executive director, and maternity team with service users in February to discuss their experiences of the maternity service.

The department has seen an improvement in the number of FFT responses, this enables us to monitor feedback and share any learning with the wider team.

2.14 Risk register/additional items for the attention of Board

There are five high risk items on the risk register for Maternity.

There are two associated with midwifery staffing. The first is the inability to achieve the nationally recommended midwifery staffing in accordance with the Birthrate plus assessment and the second is the number of Registered Midwife vacancies. Current action to reduce these risks include the ongoing recruitment with bi-weekly recruitment meetings, International Recruitment and a suite of education opportunities as shared in 2.7 of this report. Specialist midwives/ managers offer weekly clinical shifts to support safe staffing. The Matron of the day was introduced to provide daily senior oversight and ensure that staff had relief for meal breaks. A funded Retention Midwife is in post successfully supporting staff to remain in post.

The third high risk is the inability to sustainably provide the Level 0, 1 and 2 Fetal Medicine service due to a recent bereavement in the team and challenges around sub-speciality recruitment. The post has been advertised with no applicants and scheduled to be readvertised in January 2023. In the interim actions include supporting the current team with dedicated hours, locum support from Birmingham Women's and University Hospitals of Leicester. Talks between the contracting team and NHS Specialised Commissioning are ongoing as the service is not sufficiently funded for the number of referrals received.

There is a risk due to inadequate provisions for category three caesarean sections on the planned elective lists due to the lack of elective capacity, leading to a potential delay in treatment or being booked on to emergency lists which in turn could lead to a delay in treatment of emergency patients requiring category one or two caesarean sections. Current action to reduce this risk includes a written standard in place for decision making for category three caesareans. If the emergency theatre team are available, they will assist. During daytime hours the elective list can be interrupted to provide an additional theatre team to support.

The final risk relates to the removal of the Roche testing equipment for the Placental Growth Factor ratio test (PLGF). This non-invasive test aids diagnosis of pre-eclampsia and reduces the need for unnecessary antenatal admission. To reduce the clinical risk all patients with symptoms are admitted until results are available and a plan of care is made. Bloods are currently couriered to Oxford for testing leading to a delay of a minimum of 48 hours for results, unlike the previous 6-hour turnaround.

3. IMPLICATIONS

The department continue to focus on the following workstreams to achieve all national recommendations and requirements:

- 3.1** Review of the Maternity workforce business case to ensure that the Trust have a plan to meet the Birthrate Plus assessment undertaken in 2021 and workforce requirements as outlined in Section 2 of the Ockenden recommendations. This has been further updated following the NHSE/I insight visit.
- 3.2** Improved focus through the Maternity Safety Champion board meeting to include vacancy rate for midwives, compliance with QIS trained neonatal nurse, mandatory training compliance and sickness rates.
- 3.3** A task and finish group are continuing with plans to develop the separate area for dedicated bereavement care in maternity to meet the national requirements. An area

has been identified and funds have been agreed via the Chief Officer's forum to progress with plans. A meeting has been held with the Design Team to progress this.

- 3.4** Continuous review of perinatal mortality and morbidity and reporting to appropriate committees, all future reporting to include associated contributory factors, learning identified and escalation.
- 3.5** To ensure that there is continued commitment to multidisciplinary attendance at training sessions for PROMPT and the full day fetal monitoring training to maintain the 90% compliance. These have been prioritised as mandatory training to meet the needs of the Ockenden report and current CNST Safety Standard 8. This will improve safety along with improving working relationships which is critical within maternity safety.

4. CONCLUSIONS

- 4.1** The report aims to provide assurance that the department are on track with national reporting requirements and recommendations and that there is strong evidence of governance processes in place and that the organisation is well sighted on any improvements and progress.
- 4.2** The department are listening and actively seeking patient views in partnership working to provide strong evidence of working towards a strong inclusive leadership culture within all areas of maternity services.
- 4.3** Midwifery staffing continues to be closely monitored through the Senior Nurses Production Board, performance review meetings and Trust Board reports. The workforce business case is under review to ensure that key risks are detailed and priorities proposed to align to these following the confirmation of financial support from NHS England and midwifery and medical recruitment is in progress. Bi-weekly vacancy control meetings are in place and well-attended monitoring recruitment.
- 4.4** The maternity team continue to prioritise patient safety and share their learning with the Board level maternity Safety Champions and offer staff the opportunity to share any concerns regarding patient safety at the bi-weekly production board.
- 4.5** The results of the 2023 submission for the Year Four Maternity Incentive Scheme safety standards are outstanding at the time of the report.

5. RECOMMENDATIONS

- 5.1** The Committee are asked to note the performance and compliance updates for quarter 4 of 2022/23 and receive updates and assurance around the CNST Maternity Incentive Scheme standards, national recommendations and PMRT and ATAIN action plans all of which are on track.
- 5.2** The Committee is asked to note the midwifery vacancy position and the progress with the trajectory for pipeline recruitment.
- 5.3** The Committee is asked to acknowledge the action plan(s) for the Ockenden report, Insight visit and gap analysis for the East Kent report 2022.

Author Name: Gaynor Armstrong

Author Role: Director of Midwifery

Date report written: 18/05/2023

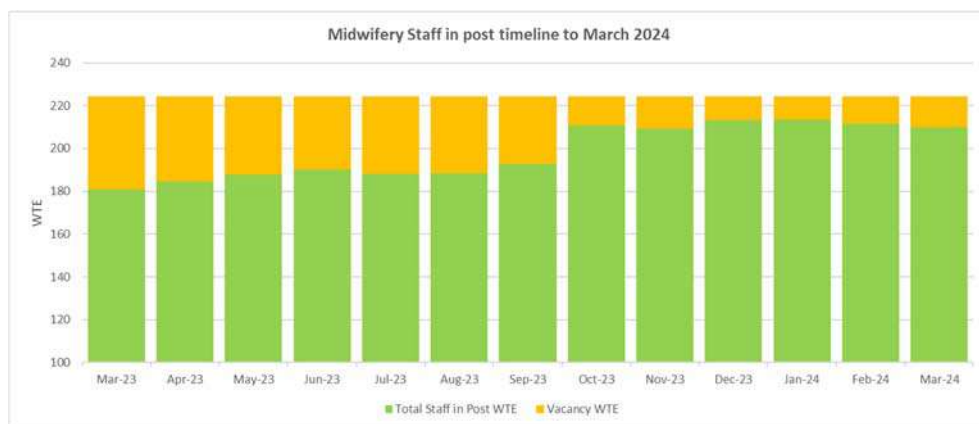
Table of abbreviations

Abbreviation	Meaning
APH	Antepartum haemorrhage
ATAIN	Avoiding Term Admissions into Neonatal Units
CNST	Clinical Negligence Scheme for Trusts
CO	Carbon Monoxide
CoC	Continuity of Carer
GIRFT	Getting it Right First Time
IEAs	Immediate Essential Actions
LMNS	Local Maternity and Neonatal System
MIS	Maternity Incentive Scheme
MSDS	Maternity Services Dataset
PMRT	Perinatal Mortality Review Tool
PROMPT	Practical Obstetric Multi-Professional Training
RCOG	Royal College of Obstetricians and Gynaecologists
SOP	Standard Operating Procedure
UA	Uterine Artery
WTE	Whole time equivalent

Appendix 1 – Midwifery Workforce trajectory

Midwifery Trajectory to March 2024

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
MIDWIFE ESTABLISHMENT WTE													
BAND 5 / 6	168.88	168.88	168.88	168.88	168.88	168.88	168.88	168.88	168.88	168.88	168.88	168.88	168.88
BAND 7	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63	55.63
Total Establishment	224.51	224.51	224.51	224.51	224.51	224.51	224.51	224.51	224.51	224.51	224.51	224.51	224.51
MIDWIFE STAFF IN POST WTE													
BAND 5 / 6	123.76	124.36	127.77	129.97	128.17	128.37	132.57	150.77	148.97	153.17	153.37	151.57	149.77
BAND 7	57.13	60.08	60.08	60.08	60.08	60.08	60.08	60.08	60.08	60.08	60.08	60.08	60.08
Total Staff in Post WTE	180.89	184.44	187.85	190.05	188.25	188.45	192.65	210.85	209.05	213.25	213.45	211.65	209.85
LEAVERS WTE	1.8	2.7	4.59	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8
INTERNATIONAL MIDWIVES													
22	0	2	4	4	0	0	6	0	0	6	0	0	0
MIDWIFERY STUDENTS													
3RD YEAR													
16								11					
2ND YEAR													
42													
1ST YEAR													
25													
RTP													
2						2					2		
SHORTENED PROGRAMME (01/23) 4	0	0	0	0	0	0	0	0	0	0	0	0	0
NEW STARTERS PROFILED	1	2	4	0				20					
PIPELINE STARTERS TOTAL	1	4	8	4	0	2	6	20	0	6	2	0	0
MIDWIFE VACANCY WTE													
BAND 5 / 6	45.12	44.52	41.11	38.91	40.71	40.51	36.31	18.11	19.91	15.71	15.51	17.31	19.11
BAND 7	-1.5	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45	-4.45
Total Vacancy WTE	43.62	40.07	36.66	34.46	36.26	36.06	31.86	13.66	15.46	11.26	11.06	12.86	14.66
Vacancy WTE %	19.43%	17.85%	16.33%	15.35%	16.15%	16.06%	14.19%	6.08%	6.89%	5.02%	4.93%	5.73%	6.53%



Demographics of the Midwifery Workforce:

Banding	Asian	Black	Mixed	Not Disclosed	Not Stated	Other	WHITE	Grand Total
BAND 4	0	3	0	1	1	0	0	5
BAND 5	6	20	1	2	12	2	43	86
BAND 6	12	13	4	3	11	0	210	253
BAND 7	3	1	0	0	2	0	68	74
BAND 8A	0	0	0	0	0	0	1	1
BAND 8B	0	0	0	0	0	0	2	2
BAND 8D	0	0	0	0	0	0	1	1
Grand Total	21	37	5	6	26	2	325	422

Appendix 2 - Ockenden Report & East Kent outstanding actions

Ref.	Theme	LA/L/NEA	Area for Improvement	UHCW Action	Person Responsible	Due Date	Status (RAG)	Progress Update/Outcome	Evidence	Level of Assurance	Comments
NHSEI Apr 6	N/A	N/A	Review and implement revised national policy on freedom to speak up when published.	Review and update Trust policies for FTSU in line with new national guidance.	FTSU Guardian	30/01/2023	On Hold	On hold until new national guidance is published.		Not Applicable	Awaiting Evidence 04/05/2023 Awaiting National guidelines
NHSEI Apr 7			All Trusts must review and suspend provision and further roll out of MCoC unless staffing meets requirements (IEA2)	Immediately assess staffing position and make decision based on Ockenden guidance. Demonstrate a review of MCoC and documentation of suspension.	Maternity	30/01/2023	On Hold	Has been suspended since November 2021. Update paper detailing current position. Action is complete, but workstream is on hold. MCoC has been suspended since November 2021. Paper detailing current position has been presented to Board		Not Applicable	Awaiting Evidence 04/05/2023 Awaiting National guidelines
IEA 1.7			All trusts must ensure all midwives responsible for coordinating labour ward attend a fully funded and nationally recognised labour ward coordinator education module, which supports advanced decision-making, learning through training in human factors, situational awareness and psychological safety, to tackle behaviours in the workforce.	Module currently not available	Louise Dean	31.12.2023	On Hold			Not Applicable	16/06/2022 – Awaiting evidence 21/6/22 Being nationally developed, awaiting confirmation of this
IEA 1.11	1: Workforce Planning and Sustainability	Essential action – training We state that the Health and Social Care Select Committee view that a proportion of maternity budgets must be ring-fenced for training in every maternity unit should be implemented	The review team acknowledges the progress around the creation of Maternal Medicine Networks nationally, which will enhance the care and safety of complex pregnancies. To address the shortfall of maternal medicine physicians, a sustainable training programme across the country must be established, to ensure the appropriate workforce long term.		Suzanne Wilson	31.12.2023	On Hold	Being nationally developed		Not Applicable	
IEA 3.22	3: Escalation and Accountability	Essential action Staff must be able to escalate concerns if necessary.	All trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.		Stephen Keay / Suzanne Wilson	30.09.2023	On Hold	Under development with Obstetric Team		Not Applicable	
IEA v Q45	WFP & G	Clinical Workforce Planning Is the clinical workforce planning to the required standard?	Business case progressing through oversight and approval process	Business case shared at Trust Board, CDG and COG. Plan to review and consider priorities based on clinical risk	SH/GA/ISK	31.12.2023	In Progress	Business case shared at Trust Board, CDG and COG. Plan to review and consider priorities based on clinical risk	Business case	Moderate	Meeting to be arranged to ensure that a review is undertaken for clinical risk and harm to ensure priorities are clearly identified. Alignment with ICB
IEA v Q46		Midwifery Workforce Planning Is the midwifery workforce planning to the required standard?	Business case progressing through oversight and approval process	Business case shared at Trust Board, CDG and COG. Plan to review and consider priorities based on clinical risk	SH/GA/ISK	31.12.2023	In Progress	Business case shared at Trust Board, CDG and COG. Plan to review and consider priorities based on clinical risk	Business case	Moderate	Meeting to be arranged to ensure that a review is undertaken for clinical risk and harm to ensure priorities are clearly identified. Alignment with ICB

Ref.	Theme	LAIL/IEA	Area for Improvement	UHCW Action	Person Responsible	Due Date	Status (RAG)	Progress Update/Outcome	Evidence	Level of Assurance	Comments
		required standard?		review and consider priorities based on clinical risk				consider priorities based on clinical risk			priorities are clearly identified. Alignment with L&B
East Kent Areas for Action	Recommendation 2 (Part 1): Those responsible for undergraduate, postgraduate and continuing clinical education be commissioned to report on how compassionate care can best be embedded into practice and sustained through lifelong learning.	Senior staff attend compassionate leadership training Compassionate working group in place Students receive compassionate training within the university degree programme. Staff and students are expected to adhere to the Trust Values, which are displayed around the Trust and available online		Work with Practice Placement Midwife who provides a link between the trust and the University to ensure compassion and values are aligned Look into incorporating specific compassion training into the CTG study day and PROMPT training Development of a decision making proforma	HN/CD FC/STH/LM CC/LM	31.12.2023	In progress	CT to attend QIPS to share TED talk around civility			How do we monitor the results? Can we include TEDx talks for staff listening at their convenience? Peer Tutoring -Knowledge sharing by Peers that have won awards in these field to serve as learning interventions. Learning Intervention -Sharing and using real-life stories of women, whose birth experiences led them to make a complaint. (eg the new film by Birthrights called- Speak Up, Speak Out). Birthrights is the UK charity that champions respectful maternity care by protecting human rights.
	Recommendation 4 (Part 2): Trusts be required to review their approach to reputation management and to ensuring there is proper representation of maternity care on their boards	Regular engagement with the Non Executive Director, Carole Mills who is responsible for patient safety - visits quarterly, speaks to patients and their families and staff. We have 2 board level safety champions.		Development of new debrief pro forma to include questions at the end regarding any concerns or escalation problem	CC/LM	31.12.2023	In progress				What is the Trust approach to reputation management? Do we have a reputation management policy? Do we clearly understand the difference in managing our brand reputation and protecting a bad service/clinical outcome.
	1. Not being listened to or consulted with	Indicative behaviour: Failing to keep accurate notes about what women themselves were saying and how they were feeling	Implementation of EPR to ensure that women have full access to their patient records through a patient portal in addition to self-referral.	We encourage and support feedback in a number of ways - the patient experience MW is available on the ward. Encouragement of women to complete the survey regarding all aspects of their care at the point of discharge and the Friends and Family Test.	LT/LC	31.10.2023	In progress	Do we have a defined outcome to achieve on every visit during the maternity journey? How do we show that we have achieved these positive outcomes and therefore protects the client? Healthwatch survey revealed not all literature available in different languages (including appointment letters)			16.12.2022 Friends and family tests, information gathered by the patient experience MW How do we ensure that interactions held with patients are properly documented and reviewed? Survey results for 2023 due October/November 2023

Ref.	Theme	LAIL/IEA	Area for Improvement	UHCW Action	Person Responsible	Due Date	Status (RAG)	Progress Update/Outcome	Evidence	Level of Assurance	Comments
				experience miv is available on the ward. Encouragement of women to complete the survey regarding all aspects of their care at the point of discharge and the Friends and Family Test.			In progress	Do we have a defined outcome to achieve on every visit during the maternity journey? How do we show that we have achieved these positive outcomes and therefore protects the client? Healthwatch survey revealed not all literature available in different languages (including appointment letters)			16.12.2022 Friends and family tests, information gathered by the patient experience MIW How do we ensure that interactions held with patients are properly documented and reviewed? Survey results for 2023 due October/November 2023
	2. Encountering a lack of kindness and compassion	Indicative behaviour: Placing women with other mothers and their newborn babies following the loss of their own baby or after a serious event	Bereaved women are placed in side rooms / family rooms as far away as possible from other women with babies.	There is a Task & Finish Group in place to develop a dedicated Bereavement Suite. [HS/GA]	HS/GA/LC	31.12.2023	In progress	The training should be extended to all maternity staff, all disciplines with particular focus for those that have more interactions with the patients.	Dedicated bereavement facility available to meet womens needs.		16.12.2022 All staff receive training in compassion when students How often does UCHW ensure staff are living the values? Organizational way of life is rooted in its value hence there should be increased enangemet amongst employees.
		Indicative behaviour: Putting pressure on families to consent to a post-mortem examination	All bereavement midwives to complete consent training forpost mortem to offer continuity around sensitive discussions following baby loss	Training is provided to staff for providing sensitive advice regarding consenting to post mortems.	SG/SC/ACF	31.07.2023	In progress	Two midwives need to complete training/2 completed	Evidence of completion		How effective is the training? Any known complaints in this regard to be used as learning intervention. 16.12.2022 No complaints

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

Subject Title	Patient Experience and Engagement Report Quarter 4 2022-23
Executive Sponsor	Tracey Brigstock, Chief Nursing Officer
Author	Hayley Best, Associate Director of Quality - Patient Experience Emma Denis, Head of Patient Relations Adele Tidman, Senior Patient Experience Administrator
Attachments	Patient Experience and Engagement Report Quarter 4 2022-23
Recommendation (s)	The board is asked to receive ASSURANCE from this report

EXECUTIVE SUMMARY

Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high-quality services and for driving real service improvements.

This report will provide an overview of progress on Patient Experience and Engagement work programmes for University Hospitals Coventry and Warwickshire NHS Trust in Quarter 4 2022-23.

Compliments and Thanks

In Quarter 4, the Trust received 477 compliments that were reported to Datix, the Trust's incident management system. This is an increase of 90 from Quarter 3.

Complaints

The Complaints Team key performance indicator (KPI) is to provide a response to 90% of complaint investigations within 25 working days from registration (local KPI); During Quarter 4, 121 complaints were received of which 79% were provided a response within 25 working days.

The complaints performance has dropped below the KPI over the last quarter due to various staffing challenges within the team and delays in receiving statements. Successful recruitment campaigns (staff due to start employment June – Aug 2023) and new approaches to escalating statement delays have been introduced to improve compliance; it is anticipated improvements will be recognised in Quarter 2 of 2023-24.

Themes: Communication continues to be the top theme for formal complaints this quarter, specifically communication with the patient. This is followed by clinical treatment within the general medicine group. Values and behaviours of staff was the third highest theme for this quarter, this is the same for PALS.

Complaints for further local resolution (FLR)

During Quarter 4, the Trust received 25 'further complaints'. The reason for these is listed within the report. To support 'further complaint' responses an interim Complaints Officer continues to support to ensure a timely response is provided.

Parliamentary and Health Service Ombudsman (PHSO) Outcomes

In Quarter 4, the Trust received three referrals from the PHSO and no final outcome reports. During 2022-23 the Trust received seven final outcome reports, of these one was upheld, five were partially upheld and one was not upheld.

The Patient Advice and Liaison Service

The Trust received 857 PALS enquiries in Quarter 4 compared with 704 in Quarter 3, an increase of 153. During Quarter 4, 80% of enquiries were processed within five working days.

From April 2023 the team were at full establishment however they continue to have periods of staff absence. Performance is being monitored on a weekly basis and is expected to improve at the end of Quarter 1 2023-24.

Themes: The top three themes for PALS enquiries remains the same as last Quarter 3, with appointments being the top theme, followed by communication and values and behaviours of staff.

Complaints and PALS demographics

The majority of enquiries received in Quarter 4 are from complainants who are 'White – British'. For all ethnic groups excluding 'White – British' we can identify that these live within the IMD groups 1-4, with the majority being from 'Asian/Asian British' ethnic group. 70% of complaint and PALS enquiries received during Quarter 4 were from those aged 40+.

The Patient Experience Team are currently working with the Kings Fund, Picker and the Heads of Patient Experience (HOPE) network on a project to analyse who accesses our Complaints and PALS and how we can close any gaps by working with our communities. Picker are currently analysing the data alongside the Trust's Friends and Family Test (FFT) demographic data.

Patient Information Leaflets

During Quarter 4, 144 leaflets were updated including 4 new leaflets uploaded. The Trust achieved a 90% compliance average for all patient information leaflets. 554 queries were received and responded to during Quarter 4.

National Survey Programme

Urgent and Emergency Care Survey 2022:

The embargoed results for the Urgent and Emergency Care Survey 2022 were released in April 2023. An action plan has been completed following this and we expect to receive the finalised results in June 2023.

Maternity Survey 2022:

The Maternity Survey 2022 was released from embargo on 11 January 2023. Field work for this survey took place between April and August 2022. An action plan has been devised to improve the seven areas that were identified as the Trust's most declined scores as well as the bottom scores against the survey average.

Adult Inpatients 2022:

Field work had been undertaken during January to April 2023. We expect to receive the finalised results in August 2023.

Maternity Survey 2023:

Field work is currently being undertaken during April to June 2023. We expect to receive the finalised results in November 2023.

Children and Young people Survey 2023:

Field work is being undertaken during August to November 2023. We expect to receive the finalised results in April 2024.

Adult Inpatients Survey 2023:

Field work is being undertaken during January to April 2024. We expect to receive the finalised results in August 2024.

Friends and Family Test (FFT)

During Quarter 4, the FFT response rates were achieved for five out of the seven touchpoints. The Patient Insight and Involvement Team have continued building upon previous work and are implementing various initiatives during Quarter 4. These are detailed within the report.

PREVIOUS DISCUSSIONS HELD

Patient Experience and Engagement Committee 18 May 2023
Quality and Safety Committee 25 May 2023

KEY IMPLICATIONS

Financial	Delivery of value for money
Patients Safety or Quality	To create a high-quality patient experience
Human Resources	None
Operational	Operational performance

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Patient Experience and Engagement Report (Complaints, Patient Advice and Liaison Service (PALS) and Patient Insight and Involvement)

Quarter 4 2022-23 (January, February, March 2023)

1. INTRODUCTION

- 1.1 Improving the experience of each individual patient is at the centre of the NHS Constitution. Obtaining feedback from patients and taking account of their views and priorities are vital for the delivery of high-quality services and for driving real service improvements.

This report will provide an overview of progress on Patient Experience and Engagement work programmes for University Hospitals Coventry and Warwickshire NHS Trust in Quarter 4 2022-23.

2. CONTENT

Compliments and Thanks

In Quarter 4, the Trust received 477 compliments that were reported to Datix, the Trust's incident management system. This is an increase of 90 from Quarter 3.

A breakdown of the top 10 specialties is listed below:

Speciality	Total compliments received
Bowel Cancer Screening - Hub (Rugby)	120
Gynaecology	113
Radiology	33
Audiology	30
Emergency Department	12
Obstetrics	11
Endocrinology	10
Ophthalmology	10
Breast Screening	10
Cardiology	9

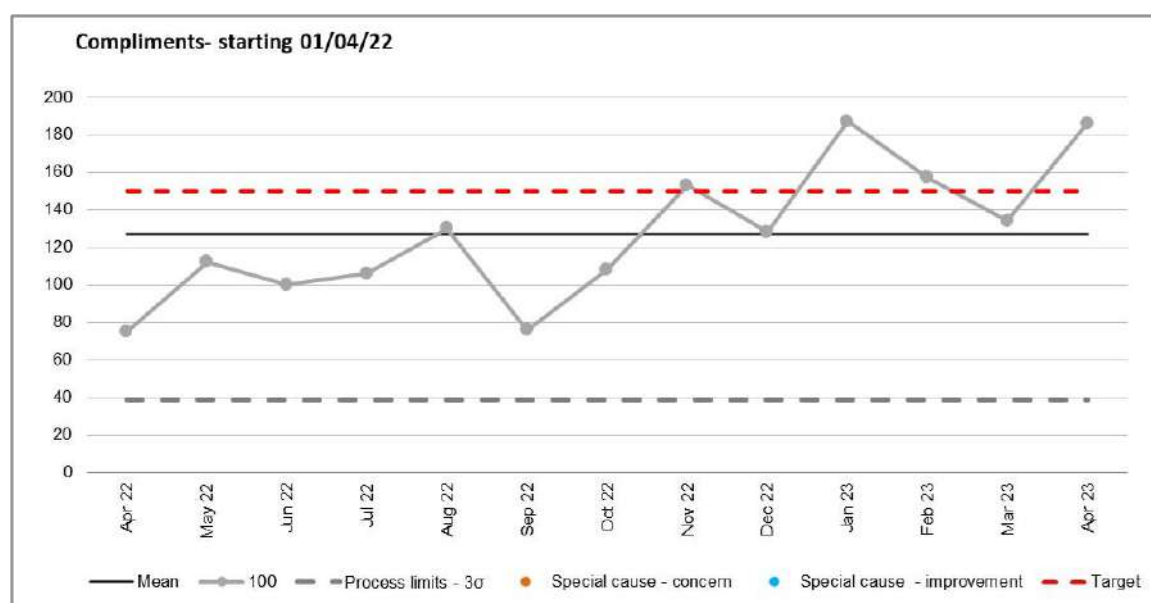
A new addition had been added to the compliment's module on Datix in Quarter 4 which captures the themes for compliments.

A breakdown of the top 10 themes is listed below:

Compliment Theme	Total compliments received
Demonstrating Trust Values – Pride	107
Demonstrating Trust Values – Compassion	102
Patient Care – Nursing	66
Patient Care – Medical	55
Positive Staff Attitudes	48
Demonstrating Trust Values – Partnership	43
Demonstrating Trust Values – Respect	36
Demonstrating Trust Values – Improve	24
Demonstrating Trust Values – Openness	17
Other	15

It is important that positive feedback is shared with teams as this provides patients with a mechanism for expressing gratitude for the care they have received or their experience of care delivery. Currently, compliments are showcased throughout several reports provided by the Quality Department, and it is being explored how these can be utilised further. The Patient Experience Team have been working closely with clinical groups across the Trust to ensure that all compliments are thanks are reported to Datix.

Chart 1 details the total number of compliments that have been logged:



The Clinical Diagnostics Group and Women and Childrens Group continue to be the highest reporting specialty groups for compliments.

2.1 **Complaints**

The Complaints Team key performance indicator (KPI) is to provide a response to 90% of complaint investigations within 25 working days from registration (local KPI). During Quarter 4, 121 complaints were received of which 79% were responded to within 25 working days. Of

these complaints, 55% were not upheld, 30% were partially upheld and 15% were upheld. During Quarter three of 2022-23, 42% were not upheld, 44% were partially upheld and 14% were upheld.

The complaints performance has dropped below the KPI over the last quarter due to various staffing challenges within the team and delays in receiving statements. Successful recruitment campaigns (staff due to start employment June – Aug 2023) and new approaches to escalating statement delays have been introduced to improve compliance; it is anticipated improvements will be recognised in Quarter 2 of 2023-24.

Chart 2 details performance against the KPI (response within 25 working days):

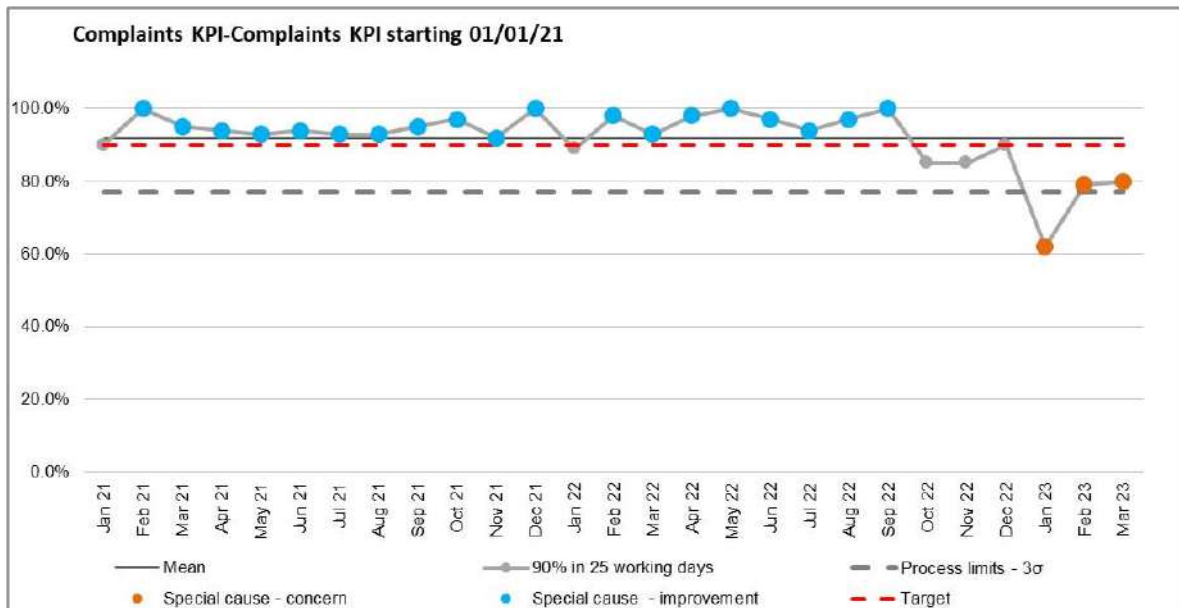
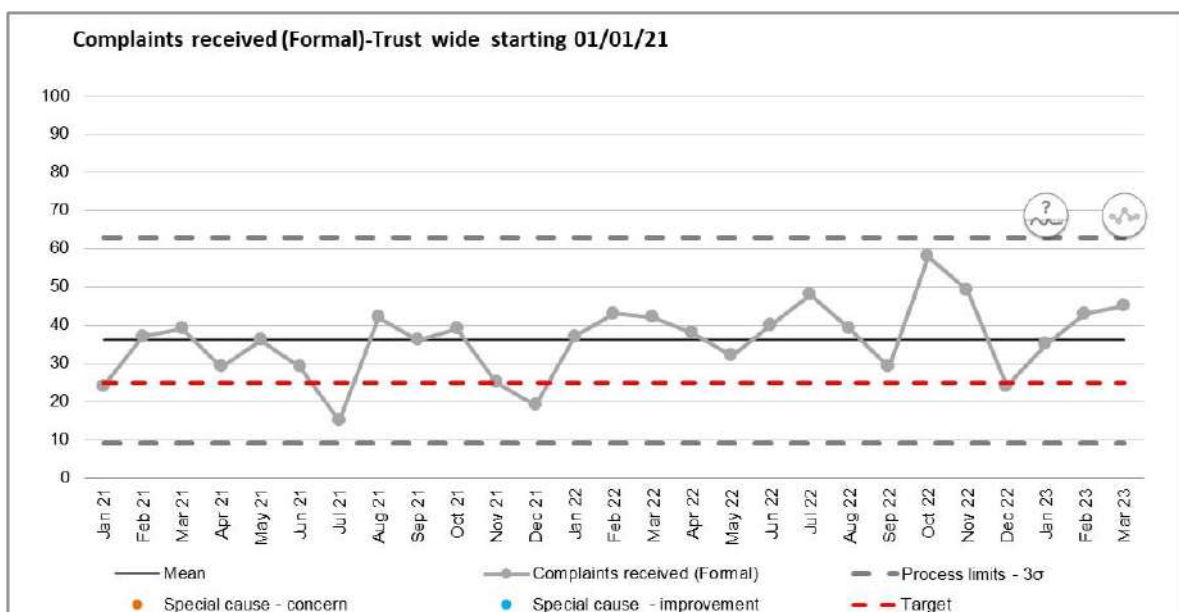


Chart 3 details the total number of complaints received per month:



2.2 **Top complaint themes and categories**

The table below shows the themes of the complaints received during Quarter 4 (top themes and categories):

Top 3 Complaint Themes	Top Sub-Categories of Complaint Themes
Communications	Communication with patient Communication with relatives/carers Incorrect/no information given
Clinical Treatment - General Medicine Group	Delay or failure to diagnose (inc e.g. missed fracture) Delay in treatment Delay or failure in treatment or procedure
Values and Behaviours (staff)	Attitude of Nursing Staff/midwives Attitude of Medical Staff Failure to act in a professional manner

Complaints for further local resolution (FLR)

A complaint is categorised as ‘further local resolution’ if the complainant is not satisfied with the Trust’s initial response and/or requests a further response to the issues raised or raises additional questions.

During Quarter 4, the Trust received 25 complaints for ‘further local resolution’.

To support ‘further complaint’ responses an interim Complaints Officer continues to support to ensure a timely response is provided. As of 18 May 2023, there are 25 FLR’s open with 11 being drafted and a plan for the management of the remainder. FLR’s will be monitored going forwards as a sense check of the quality of complaint responses.

2.3 **Developments in Complaint data sharing**

To share and improve our services based upon patient feedback the following actions have been completed during Quarter 4:

- Data and themes are shared in Trust monthly Quality Improvement and Patient Safety (QIPS) reports.
- Data and themes are shared in Quarterly Patient Experience Reporting.
- Analysis is shared and discussed at the monthly Patient Experience and Engagement Committee (PEEC).
- The Patient Experience and Engagement Committee (PEEC) contact areas identified as a cause for concern to gain assurance for improvements or actions being taken.
- Patient care specific themes and cases are presented quarterly at the Nursing and Midwifery Committee alongside any Parliamentary Health Service Ombudsman (PHSO) final outcome reports.
- A weekly patient care specific report for complaints and PALS is provided to the Chief Nursing Officer.

- Training for staff and managers is being developed and offered to clinical groups.

2.4 **Parliamentary and Health Service Ombudsman (PHSO) Outcomes**

In Quarter 4, the Trust received three referrals from the PHSO and no final outcome reports. During 2022-23 the Trust received seven final outcome reports, of these one was upheld, five were partially upheld and one was not upheld.

PHSO final outcome reports are reported through to the Complaints Review Group as well as the Patient Safety and Effectiveness Committee (PSEC). All outcome reports relating to nursing care are also shared through the Nursing and Midwifery Committee on a quarterly basis.

2.5 **The Patient Advice and Liaison Service**

The Trust received 857 PALS enquiries in Quarter 4 compared with 704 in Quarter 3, an increase of 153.

The PALS KPI is to process 90% of enquiries within five working days. During Quarter 4, 80% of enquiries were processed within five working days. The PALS performance has remained below the KPI over the last quarter due to staff absences and vacancies in the team. From April 2023 the team were at full establishment however they continue to have periods of staff absence. Performance is being monitored on a weekly basis and is expected to improve at the end of Quarter 1 2023-24.

Chart 4 details the total PALS enquiries received per month and chart 5 details the PALS KPI performance (response within five working days):

Chart 4

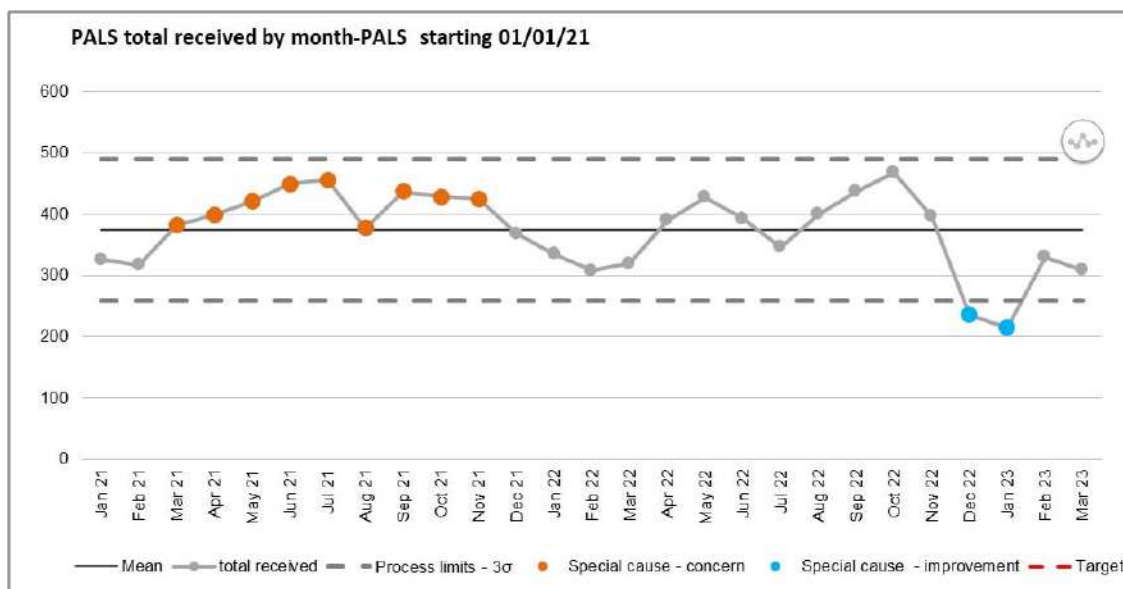
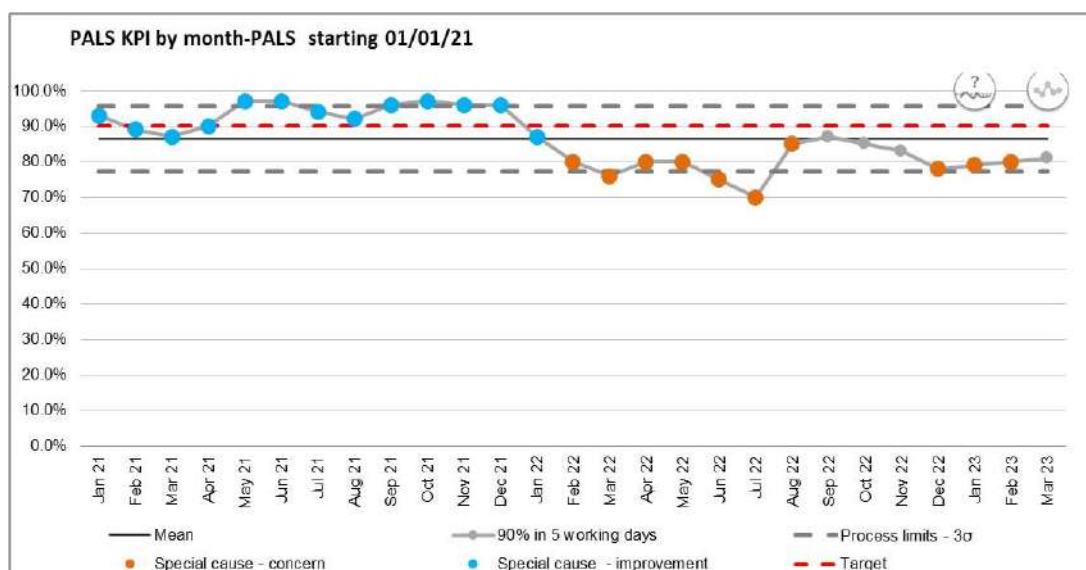


Chart 5



2.6 **Top PALS themes and categories**

The table below details the top themes and categories received into the PALS team during Quarter 4:

Top 3 PALS Themes	Top Sub-Categories of PALS Themes
Appointments	Appointment - availability (inc urgent) Appointment Cancellations Appointment - failure to provide follow-up
Communications	Communication with patient Other – Communications Communication with relatives/carers
Values and Behaviours (staff)	Other - Values & Behaviours Failure to act in a professional manner Attitude of Medical Staff

2.7 **Conversion Rate from a PALS to Formal Complaint**

In Quarter 4, there were 13 PALS enquiries that were converted to a formal complaint. This demonstrates that 11% of formal complaints received in Quarter 4 were originally managed as a PALS enquiry but required progression to a formal complaint.

2.8 **Complaints and PALS Demographics**

The below report has been established with support from the Performance and Informatics Team to provide demographic data for complaints and PALS which includes gender, age, ethnic group and IMD (Index of Multiple Deprivation) group by geographic areas.

Please note, there may be some gaps in the data due to the information not being available on Datix. This depends on whether the complainant/patient has disclosed their demographic details when submitting their complaint. With the anticipated upgrade of the Datix system, being introduced in 2023, patient information (including demographic data) will be automatically populated onto the Datix record.

The data below displays the demographics data in comparison to the IMD for formal complaints and PALS data combined received in Quarter 4. IMD is a national measure created by the Office for National Statistics and is an indicator of deprivation. Level 1 is considered the "most deprived" and Level 10 is considered the "least deprived".

- For complaints and PALS in Quarter 4 the majority of enquiries were received from those who are 'White – British'.
- For all ethnic groups excluding 'White – British' we can identify that these live within the IMD groups 1-4, with the majority being from 'Asian/Asian British' ethnic group.
- 70% of complaint and PALS enquiries received during Quarter 4 were from those aged 40+.

The Patient Experience Team are currently working with the Kings Fund, Picker and the Heads of Patient Experience (HOPE) network on a project to analyse who accesses our Complaints and PALS and how we can close any gaps by working with our communities. Picker are currently analysing the data alongside the Trust's Friends and Family Test (FFT) demographic data.

Health Equality Overview for Complaints and PALS - Jan to March 2023

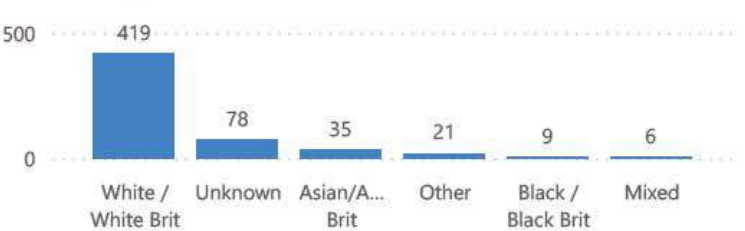
Data Source : DATIX and IPM - Updated 28th April 2023

IMD (Index of Multiple Deprivation) is a national measure created by the Office for National Statistics, and is an indicator of deprivation. Level 1 is considered the "most deprived" and Level 10 is considered the "least deprived".

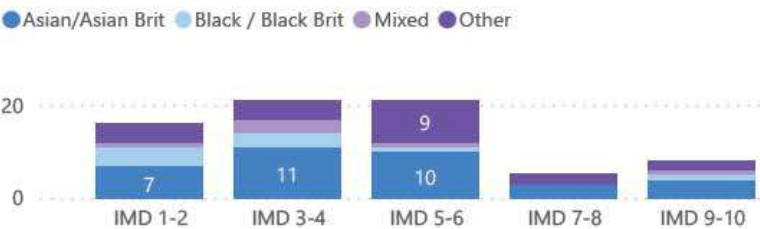
IMD Group - Split by Gender



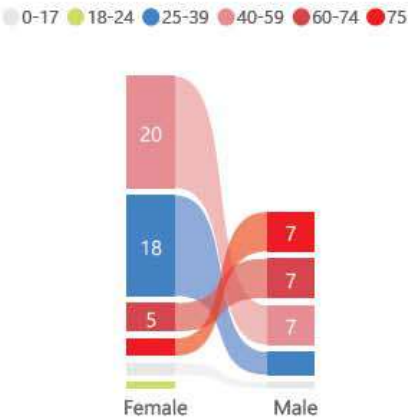
Ethnic Group



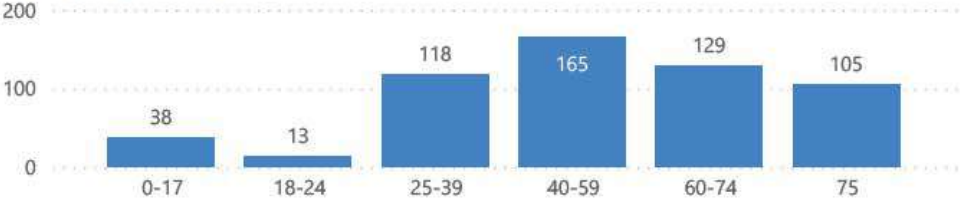
IMD Group - Split by Ethnicity (excl White / White British and Unknown)



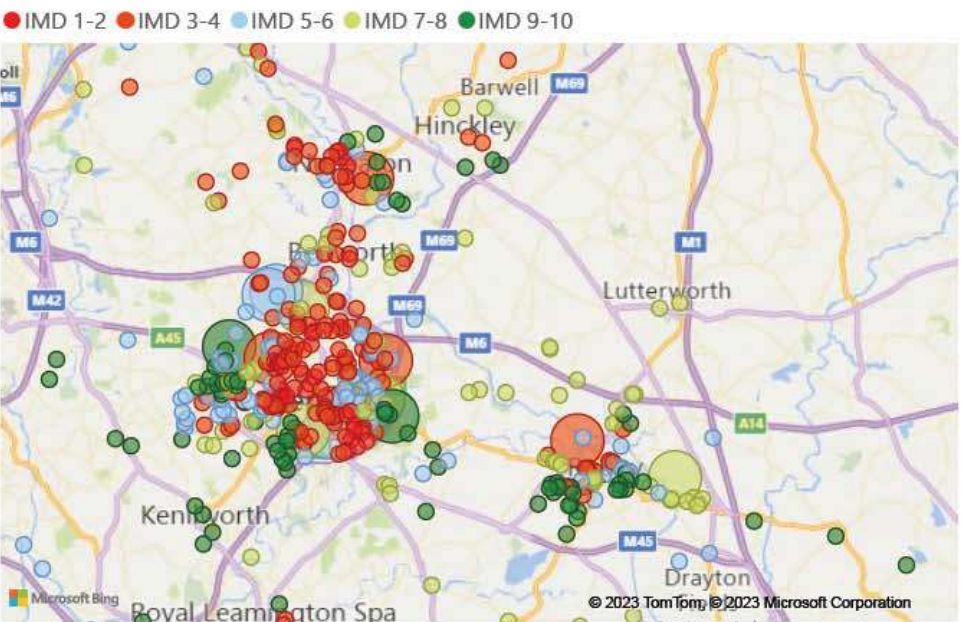
IMD 1 and 2 Gender & Age



Split by Age Group



IMD Group by Geographic Area



2.9 **Patient Information Leaflets**

During Quarter 4, 144 leaflets were updated including four new leaflets uploaded. The Trust achieved a 90% compliance average for all patient information leaflets. 554 queries were received and responded to during Quarter 4.

2.10 **Patient Partners**

The Patient Partner Forum meetings have continued every six weeks during Quarter 4.

All members are assigned to a work stream identified by the Patient Experience and Engagement Committee. As well as being involved with the Patient Partner Programme, the Patient Partners also support several groups within the Trust. These include Cancer Support Groups, the ReSPECT Forum, Healing Arts, and a number of Research Committees.

During Q4 we recruited one new patient partner; the recruitment continues with bi-monthly updates being provided to the Patient Experience and Engagement Committee and there will be a focus on recruitment in Q1 and Q2 for 2023-24, to support the launch of the Patient Safety Incident Response Framework (PSIRF).

2.11 **Community Engagement and Involvement**

In Quarter 4, the Patient Insight and Involvement Team and Patient Partners attended networking events across Coventry and Warwickshire to promote involvement opportunities at UHCW.

The events were:

- Together with Autism Conference
- Warwickshire Networking Event
- Community Food Bank Networking Meeting
- Healthwatch Coventry Steering Group
- Why Networks Matter
- Involvement Hub across the three Trust sites for Patient Recognition Awareness Week
- HOPE Network Meeting
- National Caregivers Day
- Working with People and Communities to Improve Health Outcomes
- Working with People and Communities- Developing our approach
- Start with People Event

2.12 **UHCW Talks**

UHCW are keen to support our communities as much as we can and as part of this, we have introduced a programme called UHCW. These talks are designed for expert UHCW staff to work with community groups, providing educational sessions, guidance and to listen to the experiences of people and communities. Our aim is to improve the access and services we provide to our community and enhance their experience.

To date, 11 community groups have requested a UHCW Talk, the most recent being

- Coventry City in the Community, who are a charity organisation with support groups focusing upon Mental Health, Cancer and Dementia.
- The Good Neighbours Coventry is another charitable organisation, looking after lonely people in the Coventry area.
- Headway, a support group for people who have had a brain injury.

With the help of the Communications Team, clinical teams within the Trust have been approached for their involvement in the programme, with 12 confirming they would like to be involved. Six UHCW Talks which have been arranged in Q1 2023-24.

The specialities that have confirmed to support UHCW Talks are:

Hospital@Home	Dementia	Mental Health
Cancer – Head & Neck	Cancer – Prostate	Diabetes & Endocrinology
Research & Development	Renal Services	Cancer – Upper GI
Orthopaedic	Tissue Bank	MacMillian

2.13 **National Survey Programme**

The NHS National Patient Survey Programme is part of the Government's commitment to ensure Hospital patient feedback informs continued development and improvement.

CQC publishes patient experience surveys in secondary care under their National Patient Survey Programme; this includes surveys for Outpatients, Inpatients, Urgent and Emergency Care, Maternity and Children & Young People. In addition, NHS England publishes the Cancer Patient Experience Survey.

At the point that the National Survey programme results are received into the Trust, action plans are developed. The action plans detail the response to each theme outlining how the Trust plans to improve, a lead for delivery and a target date for when the action will be completed.

Urgent and Emergency Care Survey 2022

The embargoed results for the Urgent and Emergency Care Survey 2022 were released in April 2023. An action plan has been completed and we expect to receive the finalised results in June 2023.

Maternity Survey 2022

The Maternity Survey 2022 was released from embargo on 11 January 2023. Field work for this survey took place between April and August 2022. An action plan has been developed to improve the seven areas that were identified as the Trust's most declined scores, as well as the bottom scores against the survey average. The action plan has been presented and approved at the Patient Experience and Engagement Committee and the results were shared via Trust Communications and the Chief Officer Group. The table below illustrates the areas where the Trust performed well and areas that require improvement:

Where mothers' experience is best

- ✓ Mothers being given enough information on induction before being induced.
- ✓ Mothers being involved in decisions about their postnatal care.
- ✓ Mothers feeling they were given appropriate advice and support when they contacted a midwife or the hospital at the start of their labour.
- ✓ Mothers feeling that the midwife or midwifery team took their personal circumstances into account when giving advice during care after birth.
- ✓ Mothers having the opportunity to ask questions about their labour and the birth after the baby was born.

Where mothers' experience could improve

- Mothers being able to see or speak to a midwife as much as they wanted during their care after birth.
- Midwives providing mothers with relevant information, during their pregnancy, about feeding their baby.
- Mothers being given information about any changes they might experience to their mental health after having their baby.
- Partners or someone else involved in the mother's care being able to stay with them as much as the mother wanted during their stay in the hospital.
- Mothers (and / or their partner or a companion) being left alone by midwives or doctors at times when it worried them during labour and birth.

Some of the actions being taken are:

- Recruitment into vacancies and business case for additional staff to meet the Birthrate Plus assessment 2021.
- Monthly report generated to ensure that women have appropriate number of postnatal visits in accordance with National Institute of Clinical Evidence guidance.
- Introduced day five visits by Maternity Support Workers to ensure Midwives are available to complete Post Natal visits as required by women and families (including phone contact).
- Full visiting has been restored for birth partners (including 2 on Labour Ward) and one-hour additional Ward visiting for a second visitor.
- New Advance Care Practitioner for Perinatal Mental Health in post and midwifery led clinic. Working with external agencies to enhance support offered systemwide.

Adult Inpatients 2022

Field work had been undertaken during January to April 2023. We expect to receive the finalised results in August 2023.

Maternity Survey 2023

Field work is currently being undertaken during April to June 2023. We expect to receive the finalised results in November 2023.

Children and Young people Survey 2023

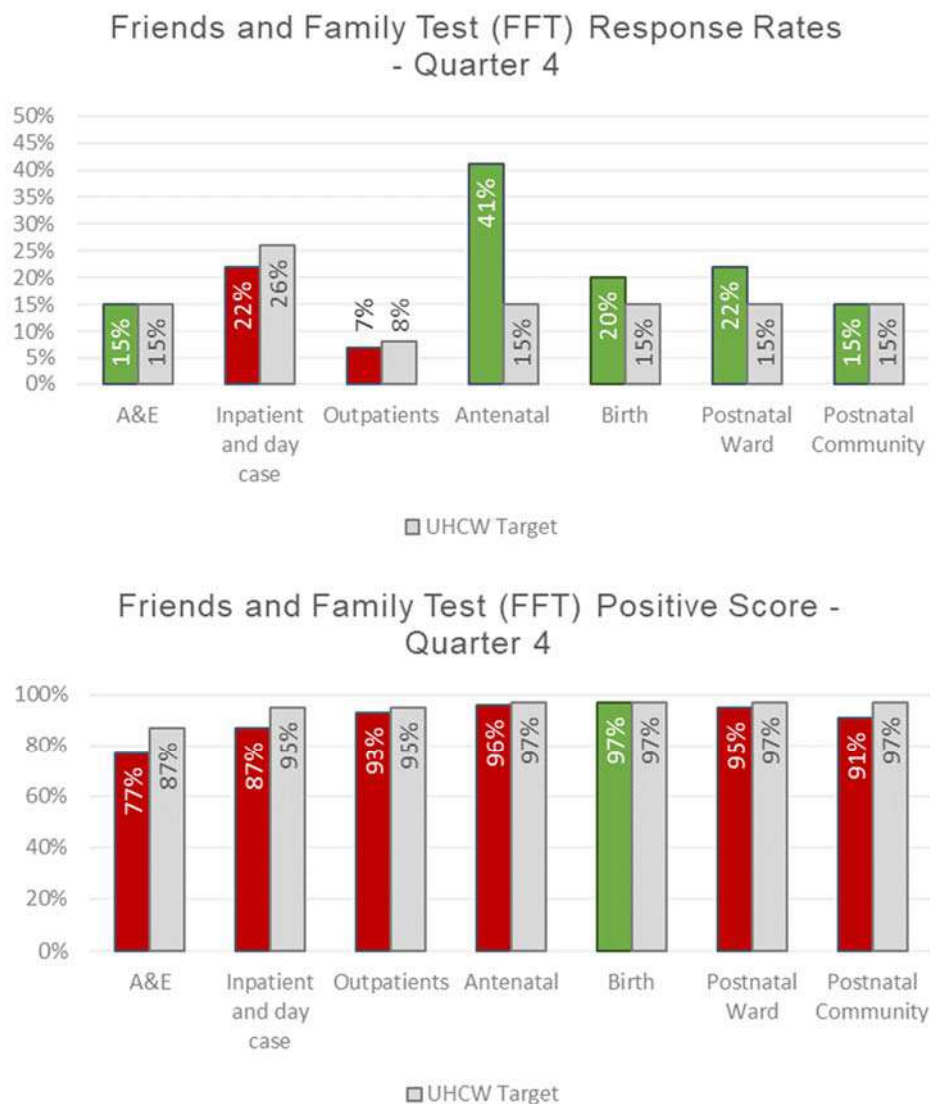
Field work is being undertaken during August to November 2023. We expect to receive the finalised results in April 2024.

Adult Inpatients Survey 2023

Field work is being undertaken during January to April 2024. We expect to receive the finalised results in August 2024.

2.14 **Friends and Family Tests (FFT)**

In Quarter 4 the Trust's Friends and Family Test overall results for each FFT setting and maternity touchpoints were as follows:



The Patient Insight and Involvement Team have continued building upon previous work, and have implemented the following initiatives during Quarter 4:

- Visiting ward areas to promote and collect FFT feedback, alongside the Volunteers Service.
- Deliver training to staff about the importance of FFT and how to make best use of the weekly reports.
- 2023/2024 FFT KPI targets updated, to be implemented from April 2023.
- Review of the Trust FFT exclusion criteria with changes to be implemented in Quarter 4.
- Changes made to text message templates.
- #FFTFriday Tweets continue to promote FFT for both staff and patients.

2.15 **Other improvements**

Patient property claims process

Following a Kaizen Event to review the process for claims of lost property, a new system was proposed for the PALS service to oversee the claim throughout the process as well as trialling auto-payment for NHS tariff items which impact on a patient's quality of life.

These lost property items include dentures, glasses, and hearing aids. The aim is to reduce the length of time for claims of lost property, reduce the number of complaints relating to lost property and improve patients' quality of life where items that affect their daily living are lost. This change was implemented from 1 April 2023 with an initial 3-month review planned for June 2023.

Ramadan FAST packs

For the first time this year the Patient Experience Team with funding from the UHCW charity implemented Ramadan FAST packs to be provided to patients and families. These contained: disposable prayer mat, water, juice, snacks, bookmark and a card provided by a local Mosque. These were well received with 50 being provided during the month of Ramadan.



2.16 **Conclusion**

- The Patient Experience Team continue to monitor the Trust's patient experience metrics for measurement of the services that are provided which is reported through PEEC for assurance.
- All national patient survey results are managed through a robust governance process to ensure that the results are shared and acted upon with detailed action plans in place.
- Work continues to improve the Trust's FFT response and recommender rates with our system provider to ensure that this is a valuable source of patient feedback.
- The PLACE assessments have provided valuable insight for the Trust on what we can do to improve the environment for our patients and public and work is being undertaken to address the issues identified.
- The PALS and Complaints Teams continue to work to provide a quality service to our patients and their families and the teams continue to explore improvements.

REPORT TO TRUST BOARD HELD ON 1 JUNE 2023

Subject Title	Patient Led Assessments of the Care Environment (PLACE) 2022 results
Executive Sponsor	Mo Hussain, Chief Quality Officer/ Tracey Brigstock, Chief Nursing Officer
Author	Hayley Best, Associate Director of Quality – Patient Experience
Attachment(s)	Report
Recommendation (s)	The Trust Board is asked to NOTE the results and ASSURANCE of improvements being taken

EXECUTIVE SUMMARY

Summary

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The PLACE assessment team **must** include a minimum of **2** patient assessors, making up at least **50** per cent of the group and PLACE visits are unannounced. Whilst the programme is voluntary, all healthcare providers are encouraged to participate, as the assessments give patients and the public a voice in discussions about local service provision.

PLACE provide a framework for assessing quality against common guidelines and standards in order to quantify the facility's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The PLACE approach to assessment underwent a major national review between 2018 – 2019, significantly revising the question set and guidance documentation. NHS Digital have advised that the 2022 programme was heavily impacted by the Covid-19 pandemic, (so fewer completed assessments were received from participating organisations), further reduced by the need to enforce minimum patient assessor numbers. This has impacted comparative data and organisations should avoid comparison with earlier years, including 2019 (NHS Digital 2023).

NATIONAL PLACE Assessment 2022

The below key facts are the areas that have been included in the national results:

- 1,046 assessments were undertaken in 2022 compared to 1,144 in 2019.
- 110 assessments were further excluded due to missing mandatory assessment components (e.g., external areas) or an insufficient number of patient assessors.

- Our comparative analysis is based on the 936 remaining assessments and results are not comparable with previous years.
- Overall, the highest national average domain score was for cleanliness, at 98.0%.

UHCW PLACE Assessment overview

- Assessments were completed over 15 areas at Coventry and 8 areas at Rugby St Cross.
- Meal service assessments were completed on 5 Wards at Coventry and 1 Ward at Rugby St Cross.
- A total of 47 assessors were involved this year.

Previous scores

Although we are not able to compare 2022 results to the previous assessment in 2019 it is worth noting that for UHCW, Coventry three out of the eight indicators were below the national average and for Rugby St Cross, six out of the eight indicators were below the national average in 2019. For both sites these areas included; privacy, dignity and wellbeing, dementia and disability.

Results

The table below provides a breakdown of the UHCW results broken down into each of the eight indicators and how this compares to the national average.

Key: Above national average

Within 5% of national average

Below national average

Indicator	University Hospitals, Coventry %	Hospital of St Cross, Rugby %	National Average %
Cleanliness	96.5	98.9	98
Food & Hydration	83	81.5	90
Food Organisation	88	88	91
Food Ward	82	75	90
Privacy, Dignity and Wellbeing	68	71	86
Condition Appearance and Maintenance	91.5	93.5	95.9
Dementia	55	60	80
Disability	61	61	83

From the results above there are **four** areas where actions must be implemented to improve our patients' and visitor experience for 2023, the areas which required improvement are broken down below and actions reflected in the action plan.

1. Ward Food

Some of the improvements which will be implemented are:

1. Increase access to adaptive cutlery for all Wards
2. Audit to be completed to review mealtimes and patient preparation.
3. ISS to ensure that a beverage trolley is available on all Wards out of hours.

2. Privacy, Dignity and Wellbeing

Some of the improvements which will be implemented are:

1. Audit to be completed of patient/family rooms available on all Wards.
2. Provide evidence for participation in a scheme which allows people with identified or registered carers to visit at any time e.g., at mealtimes (John's Campaign or Carers Passport).

3. Disability

Some of the improvements which will be implemented are:

1. Improving availability of wheelchairs for patients and visitors at the entrance of Coventry Main Reception and Maternity entrances.
2. Undertake an access audit or review of reasonable adjustments that involves disabled people or a disability group in the review of access.
3. Improve access of hearing loop systems in all patient facing reception areas.

4. Dementia Friendly Environment

Some of the improvements which will be implemented are:

1. Increasing the number of dementia friendly clocks displayed in patient bays and Ward areas.
2. Ensuring all toilet seats are in the recommended blue colour.
3. Ensure all taps are clearly marked as hot / cold with the red and blue colours that are clearly identifiable.

Next steps

An action plan has been developed and will be monitored through the Patient Experience and Engagement Committee to ensure that improvements are undertaken before the next PLACE assessments which are due to be completed in October 2023.

A delivery group is being established which will be chaired by a Group Director of Nursing and Allied Health Professionals with attendance from Finance, Estates and Facilities and identified leads. The delivery group will be responsible for ensuring that the identified actions for improvement are implemented.

A further update will be provided to Quality & Safety Committee in September 2023 against the action plan.

PREVIOUS DISCUSSIONS HELD

Quality and Safety Committee on 25 May 2023

KEY IMPLICATIONS

Financial	Small Works/Lifecycle costs in relation to improvement works.
Patient Safety or Quality	Any reduction in the patient environment will have a direct impact on the patient experience.
Workforce	Implementation of the improvements required.
Operational	Actioning of the areas for improvement.

REPORT TO TRUST BOARD

HELD ON 1 JUNE 2023

Patient Led Assessments of the Care Environment (PLACE) 2022 results

1. SUMMARY

PLACE assessments are an annual appraisal of the non-clinical aspects of NHS and independent/private healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors). The PLACE assessment team **must** include a minimum of **2** patient assessors, making up at least **50** per cent of the group and PLACE visits are unannounced. Whilst the programme is voluntary, all healthcare providers are encouraged to participate, as the assessments give patients and the public a voice in discussions about local service provision.

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The below key facts are the areas that have been included in the National results:

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- 110 assessments were further excluded due to missing mandatory assessment components (e.g., external areas) or an insufficient number of patient assessors.
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- Assessments were completed over 15 areas at Coventry and 8 areas at Rugby St Cross.
- Meal service assessments were completed on 5 Wards at Coventry and 1 Ward at Rugby St Cross.
- A total of 47 assessors were involved this year which was recognised as an improvement from 2018 and 2019.

3. INTRODUCTION

The report summarises the findings of PLACE assessment which were completed at UHCW over a two-week period during October 2022.

On receipt of the results in October 2022 an internal action plan was developed based on the findings and reassessments were undertaken during February 2023 to address the areas that

required improvement before NHS Digital published the national results on the 23 March 2023. Following the release of the national results the action plan has been revised to focus on the areas of improvement (based on the national average results and the result for UHCW).

Previous scores

Although we are not able to directly compare 2022 results to the previous assessment in 2019 it is worth noting that for University Hospital Coventry site, three out of the eight indicators were below the national average and for Rugby St Cross, six out of the eight indicators were below the national average in 2019. For both sites these indicators included; privacy, dignity and wellbeing, dementia and disability.

4. RESULTS

The table below provides a breakdown of the UHCW results broken down into each of the eight indicators and how this compares to the national average.

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Disability	61	61	83

From the results above there are **four** areas where actions must be implemented to improve our patients' and visitor experience for 2023, the areas which required improvement are broken down below and actions reflected in the action plan.

1. Ward Food: General Food Assessment, Service & Presentation:

Some of the improvements which will be implemented are:

1. Increase access to adaptive cutlery for all Wards
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2. Ensuring all toilet seats are in the recommended blue colour.
3. Ensure all taps are clearly marked as hot / cold with the red and blue colours that are clearly identifiable.

5. Next Steps

The action plan will be monitored through the Patient Experience and Engagement Committee to ensure that improvements are implemented before the next PLACE assessments due to take place in October 2023.

A delivery group is being established which will be chaired by a Group Director of Nursing and Allied Health Professionals with attendance from Finance, Estates and Facilities and identified leads. The delivery group will be responsible for ensuring that the identified actions for improvement are implemented.

A further update will be provided to Quality & Safety Committee in September 2023 against the action plan.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

Subject Title	Cancer Services Report
Executive Sponsor	Gaby Harris, Chief Operating Officer
Author	John Elliott, Head of Cancer Services
Attachment(s)	Enclosed Report
Recommendation(s)	The Board is asked to RECEIVE ASSURANCE regarding Trust plans to support improving Cancer performance, and risks associated with delivery of cancer services for 2023/2024.

EXECUTIVE SUMMARY

The purpose of this report is to update on the delivery of Cancer Services and associated reported performance against the National Cancer Waiting Times standard for the year 2022/2023. The report is provided in the context of the national challenges associated with delivering cancer services and service disruption following COVID-19 pandemic and subsequent increase in patient demand.

Trust performance against key National Cancer Waiting Times through to March 2023 (full year 2022/23) is summarised as:

- Two Week Wait Suspected Cancer 81.3%, against 93% tolerance
- 28 Day Faster Diagnosis Standard 71.8% against 75% tolerance
- 31 Day – 1st Treatment 95.5%, against 96% tolerance
- 62 Day 1st Treatment 57.4%, against 85% tolerance

Delivery of cancer services is reported in the context of a highly challenging operational environment. In year, The Trust has experienced disruption to operational delivery of diagnostic and treatment services for cancer as a result of:

- National strike action
- Heightened demand for emergency care
- Increase in the overall volume of cancer referrals and ability to treat within timed pathway standard.

Trust clinical and operational management teams continue to focus on the delivery of cancer services, maintaining enhanced governance arrangements to facilitate time care and to optimise patient pathways.

The Trust have adopted a number of national best practice timed pathway standards for cancer, and have been recognised regionally for performance delivery, improving the overall standard of care received.

The Trust are working in collaboration with Coventry & Warwickshire Integrated Care Board (ICB) partners and the West Midlands Cancer Alliance (WMCA), to support increasing investment in cancer, transformation of pathways and adoption of best practice pathways.

PREVIOUS DISCUSSIONS HELD

UHCW Cancer Board (held bimonthly)

Coventry & Warwickshire Integrated Care System (ICS) Cancer Board (held bimonthly)

KEY IMPLICATIONS

Financial	None
Patients Safety or Quality	There is a risk of delay to diagnostic investigation and subsequent delay in receiving cancer treatment, impacting on patient outcomes
Workforce	
Operational	<p>Overall Trust capacity to deliver cancer services remains highly challenged due to factors associated with:</p> <ul style="list-style-type: none"> - Clinical workforce in specific Tumour sites to diagnose and treat patients within the National Cancer Waiting Times standard - Reduction of patients waiting greater than 62 days on a cancer pathway will reduce operational performance against the National Cancer Waiting Times standard - National strike action - Year on year Increase in referral volumes above total service capacity

Cancer Services Report June 2023

Cancer Performance – Year 2022/2023

A summary of the Trust performance against the National Waiting Times standards for year 2022/23 and for quarter 4 is shown below.

Standard:	Qtr4	2022/23	DoH Tolerance
TWW suspected cancer	89.0%	81.3%	93%
TWW breast symptomatic	59.5%	82.3%	93%
31 day - 1st treatment	94.0%	95.5%	96%
31 day - subsequent treatment -chemo	100.0%	99.9%	98%
31 day - subsequent treatment -surgery	89.1%	94.9%	94%
31 day - subsequent treatment - radio	90.8%	92.6%	94%
31 day - rare cancers	-	100.0%	No tolerance set
62 day - 1st treatment	54.2%	57.4%	85%
62 day – national screening programme	53.8%	71.3%	90%
62 day - consultant upgrade	76.4%	70.6%	CCG tolerance = 85%
62 day - treated after day 104	99.00	322.0	0
Faster diagnosis: TWW	71.8%	71.7%	75%
Faster diagnosis: Breast symptomatic	96.0%	97.2%	75%
Faster diagnosis: Screening	62.4%	58.0%	75%
Faster Diagnosis: ALL	72.4%	71.8%	75%

Two Week Wait (TWW) and 28 Day Faster Diagnosis Standard - TWW (28 Day FDS)

For year 2022/23, The Trust achieved 81.3% against the 93% standard for TWW, 28 Day FDS achieved 71.7% against the 75% standard. The following Tumour sites reported breaches, contributing to the overall year performance for the diagnostic standard:

- **Colorectal:** Delays within the early stage of the pathway, primarily around the wait to the first colonoscopy and significant increase in in-year referral volumes.
- **Head & Neck:** Delay to first outpatient appoint due to overall service capacity and multiple investigations required for patients on this pathway.
- **Haematology:** Multiple diagnostic investigations for complex patients on this pathway.
- **Sarcoma:** Delay to diagnostic investigations being undertaken
- **Urology:** Delay for first outpatient appointment and diagnostic investigation on the prostate pathway.

28 Day Faster Diagnosis Standard: Screening / Breast Symptomatic

For year 2022/23, the Trust achieved 97.2% against the 75% standard for Breast Symptomatic standard. The Trust did not achieve the overall Faster Diagnosis Standard for screening at 58% against the 75% national standard.

- **Breast:** Delay for screening investigation due to increased capacity required to recover screening volumes and associated workforce to deliver the service.
- **Bowel Screening:** Delay due to increased demand on the service, associated with a reduction in the screening age.
- **Cervical:** Delay for screening investigation due to workforce to provide the service, improvement plan in place for the year ahead.

31 day 1st Treatment

For year 2022/23, the Trust achieved 95.5% against the 96% standard. The following Tumour sites reported breaches, contributing to the overall performance for the treatment standard:

- **Head & Neck:** Delay to treatment due to surgical capacity associated with national strike action
- **Lung:** Delay to treatment due to increased demand for surgical treatment associated with increased referrals.
- **Urology:** Inadequate surgical capacity to meet demand for patients on the prostate pathway.

31 day – Subsequent Treatment

For year 2022/23, the Trust met the standard for 31-day subsequent treatment - chemotherapy at 99.9% against the 98% and 31-day subsequent treatment – surgery at 94.9% against the 94% standard. 31-day subsequent treatment performance for radiotherapy was not met, achieving 92.6% against the 94% standard. The standard was not met due to acute workforce shortages, resulting in a reduction in the overall capacity of the service through the year.

62 day – 1st Treatment

The following Tumour Sites have reported breaches, contributing to a reduction of the 62 Day Performance at Trust level -

- **Breast:** Delay to diagnostic and surgical treatment associated with an increase in capacity for breast screening programme. Following the recovery of the screening programme, the Group are now working to reduce the waiting time for this service.
- **Gynaecology:** An increase in demand for Theatres across both Emergency and Elective services resulted in a reduction in capacity, impacting the 62 day performance.
- **Colorectal:** Patients requiring multiple investigations preventing treatment within the 62 day standard.
- **Head and Neck:** Overall diagnostic and treatment capacity described as above.
- **Urology:** Capacity issues within Outpatient Services and Theatres, impacting both Prostate and Kidney pathways.

Recovery of National Waiting Times Standards

The Trust continue to prioritise the delivery of cancer services alongside the National Cancer Waiting Times standards, with a specific focus on reducing the number of the longest waiting patients at day 62 and day 104.

Clinical and operational teams are working toward transforming pathways, alongside delivery of improvement plans, with the aim to reduce overall waiting times and recover performance.

The following plans have been agreed for each pathway:

Breast – Additional diagnostic capacity planned between months April and June to reduce time from referral to diagnosis, with a view to achieve faster diagnosis standard from July 2023. Training plan for required workforce for the breast screening programme to be progressed through 2023. Additional surgical capacity to be planned to recover treatment standard, with a view to recover 62-day performance by July 2023.

Colorectal – Implementation of rapid nurse-led triage of referrals and increase in nursing workforce through 2022/23 will deliver Faster Diagnosis standard for this pathway for 2023/2024 onwards. The Trust will be working more closely with providers across Coventry & Warwickshire to prevent delay from patients receiving treatment on this pathway.

Head & Neck – The service team plan to implement rapid nurse-led triage of referrals from September 2023, through the recruitment of a Lead Head & Nurse post. The service has also been awarded funding by the West Midlands Cancer Alliance to recruit a senior medical post, which will increase the capacity for Two Week Wait referrals. The addition of these posts and plan for one-stop service will recover waiting times standard for Two Week Wait and Faster Diagnosis Standard by October 2023.

Urology – Plan for additional diagnostic capacity for patients on the prostate pathway between April-June 2023, which will recover Faster Diagnosis Standard from July 2023 onwards. The service has separately been awarded funding from the West Midlands Cancer Alliance for a nurse-led practitioner post which will sustainably increase diagnostic capacity on the prostate pathway from late 2023 onwards. The service are reviewing overall treatment capacity, with a view to increasing robotic operating capacity to meet sustained demand for urology surgical treatment and reduce treatment waiting times.

Lung – The Trust are reviewing plans to increase the surgical capacity for lung thoracic treatment, due to the impact of the national Targeted Lung Health Check programme and associated referral volumes.

Gynaecology – The Trust have invested in additional nursing resource in 2022/2023, which will sustainably increase Two Week Wait and diagnostic capacity for this service for the year ahead. The service have recently transformed their pathways to adopt National Best Practice Timed Pathway standards shared by NHS England. Alongside, the Trust has prepared a funding bid to the West Midlands Cancer Alliance to support workforce development which will provide increased resources to meet demand. There remains significant operational challenges in delivering the National Cancer Waiting Times standards for this service, the Trust has instructed the Group to prepare an updated improvement plan to recover performance.

Radiotherapy – Plan to significantly expand operating capacity of the service between April-August 2023, through increasing therapeutic radiographer workforce. It is expected this will sustainably deliver 31-day performance from September 2023 onwards.

Patients waiting greater than 62 days and 104 days

The Trust have been working toward reducing the number of patients waiting greater than 62 days for their cancer treatment. As of April 2023, the Trust reported 223 patients at day 62 or greater on their cancer pathway.

The number of patients treated at day 104 or greater for 2022/23 was 322, against a tolerance of 0. The provision of cancer treatment beyond this timeframe remains a significant concern; the Trust maintains an enhanced post-clinical review of all patients recorded at day 104 or greater on their pathway to determine impact on treatment outcome and for shared learning.

The Trust have been working with Coventry & Warwickshire System ICB, the West Midlands Cancer Alliance and NHS England regional teams to transform diagnostic pathways, increase overall capacity and support recruitment of appropriate workforce to provide the required operational capacity.

There remains a number of risks associated with the Trust's ability to reduce the number of patients waiting greater than 62 days and to improve performance for the year ahead, including:

- National strike action and the ability to re-provision cancer service capacity following strike action.
- Increase in referral volumes and overall demand for cancer services, in line with national trend.
- Demand for emergency care, particularly through winter months, preventing timely cancer treatment
- Requirement to reduce the number of patients waiting 62 days and subsequent performance impact.

Conclusion

The delivery of cancer services remains a Trust priority, though continues to operate within a highly challenging operational context. Trust performance against the National Cancer Waiting Times Standards for the year 2022/2023 was variable, though set in the context of increasing demand for cancer services, national strike action and the requirement for reducing the overall waiting time for patients waiting 62 days or greater for their treatment.

The Trust have instructed clinical and operational teams to deliver against agreed improvement plans for 2023/2024, with the expectation to achieve performance standards and reduce the number of patients waiting 62 days or greater, in line with national planning guidelines. The Trust will continue to monitor individual service-level measures at an enhanced level, to ensure performance trajectories are delivered and sustained.

The Trust will continue to work alongside local, regional and national partners to support in the transformation of pathways, adoption of innovation and pursue investment to provision best in class patient services where viable.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 01 June 2023**

Subject Title	Data Security and Protection Toolkit (DSPT)
Executive Sponsor	Mo Hussain – Chief Quality Officer / SIRO
Author	Harjit Matharu-Parker – Head of Information Governance
Attachment(s)	Data Security and Protection Toolkit Interim Assessment 2022-23
Recommendation(s)	The Board is asked to receive and note the report.

EXECUTIVE SUMMARY

The Data Security and Protection Toolkit (DSPT) is a key performance measure mandated by the Department of Health and Social Care and is hosted and managed by the NHS Transformation Directorate at NHS England. CWAS (Coventry and Warwickshire Audit Services) completed the interim review of the DSPT in February 2023. The final review is currently in progress and is due to be completed by mid-June 2023.

This year the DSPT has 36 assertions, of which 34 are mandatory comprising of 113 pieces of evidence. CWAS reviewed all items of evidence in the interim review and CWAS's successor body, 360 Assurance, will review the outstanding pieces of evidence for completeness of the DSPT assessment.

PREVIOUS DISCUSSIONS HELD

9th June 2022 - the Trust Board receives a report annually.

KEY IMPLICATIONS

Financial	There may be financial implications on the Trust if a successful DSPT assessment is not achieved, as this is a requirement in the NHS Standard Contract.
Patients Safety or Quality	The Trust must have the appropriate controls in place to ensure the lawful uses of personal information, and to protect patient information.
Workforce	At least 95% of all staff must annually complete and pass the Data Security and Awareness training, which is one of the standards in the DSPT.
Operational	Compliance with Information Governance legislation – UK General Data Protection Regulation, Data Protection Act 2018 etc.

UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE NHS TRUST

REPORT TO PUBLIC TRUST BOARD

Data Security and Protection Toolkit Report 2022-23

1. INTRODUCTION

- 1.1 The Data Security and Protection Toolkit (DSPT) is an online assessment that enables organisations to measure their compliance against the law and central guidance and to assess whether information is handled correctly and protected from unauthorised access, loss, damage and destruction. It is also a key performance measure against data security and information governance requirements which reflect current legislation and national health and social care policies. The DSPT is managed and administered by NHS England.
- 1.2 The DSPT annual assessment is a requirement for all provider organisations in the NHS England Standard Contract. The Trust must be able to demonstrate that it can meet the requirements of the National Data Guardian's (NDG's) 10 Data Security Standards.
- 1.3 The final published assessment must be completed by 30th June 2023. The final assessment scores are used by the Care Quality Commission as part of the Well Led inspection regime and are published on the NHS England website in the public domain.

2. DATA SECURITY AND PROTECTION TOOLKIT PERFORMANCE

- 2.1 The Trust's performance on the DSPT is validated by the internal auditors, 360 Assurance. They will audit all the evidence for the mandatory assertions before the final assessment is completed in the last week of June 2023.
- 2.2 An interim review was undertaken during February 2023 by Coventry and Warwickshire Audit Partnership (predecessor organisation to 360 Assurance) that coincided with the baseline assessment of the DSPT required by NHS England.
- 2.3 CWAS/360 Assurance followed NHS England's mandated scope for this year's audit and their interim report noted that they have a high confidence level in the veracity of the organisation's self-assessment resulting in substantial assurance. The overall risk assessment is moderate as there were outstanding evidence items at the time of the interim audit. There were several evidence items noted as assertion 'not met with plan agreed' as evidence is still being collated for the final submission.
- 2.4 There is a plan in place to ensure the outstanding evidence is available for the final review of the DSPT by 360 Assurance.
- 2.5 The final report from 360 Assurance for the DSPT assessment will be presented to the SIRO (Senior Information Risk Owner) for approval and will also be presented at the Information Governance Committee, and the Audit and Risk Assurance Committee.

3. RECOMMENDATIONS

- 3.1 The Board is asked to note the contents of this report.

Author Name: Harjit Matharu
Author Role: Head of Information Governance
Date report written: 19th May 2023

REPORT TO PUBLIC TRUST BOARD HELD ON 1 JUNE 2023

Subject Title	Register of Declarations of Interests, Gifts and Hospitality
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	Alex Johnson, Corporate Affairs
Attachments	Register of Interests 2022/23
Recommendation (s)	The Committee is asked to NOTE the content of the report.

EXECUTIVE SUMMARY

Attached is a list of the staff declarations of interest, gifts and hospitality for the year 2022/23 which includes declarations for staff defined as “key decision makers”, as well those made by non-key decision makers.

The content of the report is for noting and to provide assurance to the committee on the submissions process that is in place to capture declarations.

Declarations of interest, gifts and hospitality are submitted through the Electronic Staff Record (ESR) system. Staff defined as “key decision makers” are required to update their interests on at least an annual basis (or as and when their situation changes), or to provide a “nil declaration”. Others who are not mandated to do so are able to where they have declarations to make.

Staff are emailed a reminder when they are due to update their submission and will receive several reminders until they take the required action. Some individuals who are not currently compliant with the requirements have been escalated via the People Directorate to the group triumvirates and these will be followed up to ensure declarations are made.

The compliance rate for each group (at the time of writing) for key decision maker declarations is shown below:

Group	Compliance Rate (%)
Clinical Diagnostics	99%
Clinical Support Services	88%
Core	95%
Emergency Medicine	95%
Medicine	90%
Surgical Services	88%
Trauma and Neuro	87%
Women and Children's	94%

PREVIOUS DISCUSSIONS HELD

ARAC – April 2023

KEY IMPLICATIONS

Financial	None directly arising from this report.
Patients Safety or Quality	None directly arising from this report.
Workforce	None directly arising from this report.
Operational	None directly arising from this report.

Employee Name	Role	Interest Category	Interest Situation	Interest Description	Comments
Abbey, Dr Aafia Raza	Consultant	I have no interests to declare			
Abdelhadi, Mr. Ahmed Abdelkader Hussein	Consultant	I have no interests to declare			
Abdul Malik, Dr Mohamed Shafi (Shafi Malik)	Consultant	I have no interests to declare			
Abosaud, Dr Salama Elamari	Consultant	I have no interests to declare			
Adab, Dr Naghme	Consultant	I have no interests to declare			I have no conflict of interest to declare. I have attended educational symposia organised for professionals by UCB, Eisai, and BIAL, but these have been free and done in association with Neurological associations such as the Neurology academy or ILAE.
Adams, Dr Dawn Louise	Consultant	Financial interests	Clinical private practice	I have a practice privileges and clinics at BMI and Nuffield hospitals.	
Adams, Dr Dawn Louise	Consultant	Financial interests	Outside employment	National Speciality Adviser for Cardiology for NHS England	This is a secondment to NHS for 3 PAs
Adams, Dr Dawn Louise	Consultant	Financial interests	Sponsored events	I was asked to attend an Advisory Board on Cardio-renal-metabolic medicine on behalf of British Cardiac Society. This was sponsored by Astra Zeneca who paid me for my time. The subject matter was then developed and I became a member of the CalMe Board for BCS but we removed pharmaceutical sponsorship from this and all time was subsequently voluntary	
Adams, Dr Dawn Louise	Consultant	Non-financial professional interest	Clinical private practice	I have a private practice and see patients both at the Nuffield and BMI	
Adams, Dr Dawn Louise	Consultant	Non-financial professional interest	Outside employment	I am the President of the UK Maternal Cardiac Society. This is an affiliate organisation of British Cardiac Society and receives no financial reward	This is a 2 year tenure
Adams, Dr Dawn Louise	Consultant	Non-financial professional interest	Outside employment	I am the secretary of the West Midlands Physicians Association (WMIPA) - this is a charity to promote and develop teaching and research in medical specialties in the West Midlands.	
Adesanya, Dr Oluolapo	Consultant	Financial interests	Clinical private practice	BMI Meriden Medica Telemedicine Clinic Alliance Medical	
Agawal, Dr Rina Rameshwardas	Consultant	Financial interests	Clinical private practice	I have Private clinical practice outside NHS hours with Practising privileges at BMI Meride, Portland Hospital and CARE clinics	Privileges do not have an expiry date
Agawal, Dr Rina Rameshwardas	Consultant	Financial interests	Clinical private practice	I undertake private practice outside my NHS hours and have practising privileges at BMI Meriden, Portland Hospital and CARE clinics.	This is an ongoing contract with no termination date.
Agawal, Dr Shilpa	Consultant	I have no interests to declare			
Agawal, Dr Yogita	Consultant	I have no interests to declare			
Ahluwalia, Mr. Harpreet Singh	Consultant	Indirect interests	Clinical private practice	I do undertake private practice at the Meriden, Spire Parkway & Warwickshire Nuffield. I do not undertake any NHS work outside UHCW.	No change in circumstances since previous years.
Ahluwalia, Mr. Harpreet Singh	Consultant	Indirect interests	Sponsored events	Attend sponsored meetings though not individually sponsored.	
Ahmad, Mr. Jawad	Consultant	Indirect interests	Sponsored posts	I am a robotic HPB proctor appointed by Intuitive surgical. Nothing else to declare	I am a robotic HPB proctor appointed by Intuitive surgical. Nothing else to declare
Ahmed, Dr Bilal Lella Rofieda	Consultant	I have no interests to declare			
Ahmed, Dr Fatima Abdelrahman Abdelhadi	Consultant	I have no interests to declare			
Ahmed, Dr Ruhina	Consultant	I have no interests to declare			
Alam, Dr Mahmoud Saber Mershawey	Consultant	I have no interests to declare			
Alshaghatsh	Consultant	I have no interests to declare			
Alhyassat, Dr Samir	Consultant	I have no interests to declare			
Ali, Dr Assad	Consultant	I have no interests to declare			
Ali, Dr Majid	Consultant	I have no interests to declare		I have no conflicts of interest to declare.	I have no conflicts of interest to declare.
Allrogeen, Dr Holger	Clinical Director - Medical	I have no interests to declare			
Almond, Mr. Stephen John	Pharmacist	I have interests to declare			I am married to Dr Karen McDochan, consultant paediatrician and clinical lead in general paediatrics here at UHCW.
Amaral, Dr Prashiba Ninagappa	Consultant	I have no interests to declare		married to Mr D Srinivasamurthy, Consultant Vascular Surgeon	
Amarasekara, Dr Anuji	Consultant	I have no interests to declare			
Amurliker, Dr Daniel	Consultant	I have no interests to declare			
Anastasiadis, Dr Sophia-Nicola	Consultant	I have no interests to declare			
Anderson, Dr Neil Raymond	Clinical Director	Non-financial professional interest	Sponsored events	Member of Siemens Global customer advisory board. 1 trip to the US per year and three virtual meetings. For US trip Hotels and flights paid for by Siemens.	I take annual leave for the trip to the US. Meeting in 2022 is from 3rd to 5th October. Flying from Heathrow to New York 2nd Oct, return 6th Oct. ional day to meet their global head of innovation and R&D
Ansari, Dr Umair Amanul Haq (Umair Ansari)	Consultant	I have no interests to declare			
Anwar, Dr Ramsha	Consultant	I have no interests to declare			
Arasradnam, Professor Ramesh	Consultant	I have no interests to declare			I have no conflict of interest to declare and not employed by any other organisation at this time.
Arastis, Mr. Mateen Husain	Consultant	I have no interests to declare			
Armstrong, Mrs. Gynor Marie	Midwife - Manager	I have no interests to declare			
Arora, Dr Tarunvee Raabha	Consultant	I have no interests to declare			
Aslam, Mr. Muhammad Imran (Imran)	Consultant	I have no interests to declare		No interest to declare	
Athukorala, Dr Gemmanpila Imiyage Dona Dushyanthe A Dhammaranata (Dushyanthe)	Consultant	Financial interests	Clinical private practice	BMI Health Care Coventry	I have been providing microbiology clinical services for this hospital since March 2017.
Ayub, Dr Waqar	Consultant	Financial interests	Clinical private practice	Started Private practice in Dec 2021. Saturday morning one session. No session so far has taken place. Not interfering with my NHS job plan	I have been doing number of clinical studies and I am Principle investigator. The money generated by this goes through R&D. I hold a joint NHS account with Research Clinical Nurse. The money is mainly use for education course/attending research meetings.
Bagga, Mr. Hardeep Singh	Senior Manager	Financial interests	Hospitality	Away from home for a conference, part of which involves provider engagement. Discussions regarding an existing workshop ran on late into the afternoon and cancelled offered us to join them for dinner at venues they were planning to go to as a team. Offer approval sought and granted as per policy, covered food, drink and travel to and from venue.	Amount unknown as it was covered as part of a group by the company.
Bagga, Mr. Hardeep Singh	Senior Manager	Financial interests	Outside employment	Guest presenter at National Clinical Pharmacy Congress (Excel London) Travel to venue and return paid for by organisers	Payment for travel is a standard process for speakers
Baillif, Dr Benjamin McFarlane (Ben)	Consultant	I have no interests to declare		SOBI pharmaceuticals sponsored me to attend ISHT London July 2022. Registration, travel and accommodation ~ £1500	
Bajaj, Mr. Kulvot	Consultant	Indirect interests	Outside employment	I am employed as a bank Locum in other trust and by agency to provide Locum cover for shifts both under the NHS. At present, I do not have a private practice but I occasionally join my colleagues in their private cases to assist them.	
Bajwa, Dr Adeel Ahmad	Consultant	Financial interests	Clinical private practice	I exercise private and NHS practicing privileges at BMI Meriden and Spire Parkway Hospital (Sollihul)	
Bajwa, Dr Adeel Ahmad	Consultant	Financial interests	Outside employment	I am a contracted proctor for Intuitive (a private company) for robotic surgery in NHS hospitals in the UK	
Balaubramanian, Dr Senthil Kumaran	Consultant	I have no interests to declare			
Balaubramanian, Dr Shyam Sunder	Consultant	Financial interests	Clinical private practice	Provide pain management care via Blackberry Clinic in Milton Keynes and Birmingham. Provide anaesthesia care in Burcot Hall Hospital, Bromsgrove for patients undergoing plastic and bariatric procedures. Company Director for Shyams Services Ltd, Specialist Medical Practice Activity.	Nil else to declare
Balcombe, Dr Nicholas Roger	Consultant	I have no interests to declare			
Bandopadhyay, Professor Prithwis Banerjee, Dr Sivalik	Consultant	Financial interests	Sponsored events	I have received speaker payments for speaking on heart failure educational meeting with GP's and other medical or allied staff from AstraZeneca and Boehringer Ingelheim. I have received sponsorship for the Midlands heart failure group meeting from Novartis, Ailyam, Astra Zeneca and Daiichi Sankyo. This is an educational meeting that I chair.	No conflict of interest
Bani-Saad, Dr Omar Mahdi Hameed	Consultant	Financial interests	Outside employment	Ad hoc locum work with Sandwell and West Birmingham NHS Trust, on zero hours days and weekends	
Bannaga, Dr Ayman Sharafeldin Ibrahim	Consultant	I have no interests to declare			
Bansal, Dr Atul	Consultant	I have no interests to declare			
Baragwanath, Mr. Philip	Consultant	I have no interests to declare			
Barker, Mr. Lawrence Alan	Manager	I have no interests to declare			
Barker, Mr. Thomas Adam	Consultant	I have no interests to declare			
Bassford, Dr Christopher Ross	Consultant	Non-financial professional interest	Loyalty interests	Faculty of Intensive Care Medicine Professional Standards and Guidance Committee	I am a member of this committee which is involved with the development and endorsement of standards for the delivery of critical care medicine. It meets quarterly either in person or electronically. I finished work for this committee in July 2022.
Baugh, Mr. Gareth Martin	Scientist	I have no interests to declare			
Beetner, Dr Joy Elizabeth Rose	Consultant	I have no interests to declare			
Beatty, Dr Simon John	Consultant	I have no interests to declare			
Beddow, Mrs. Janine Louise	Nurse Manager	I have no interests to declare			
Been, Dr Martin	Consultant	I have no interests to declare			
Beetech, Dr Rada Eugen	Consultant	I have no interests to declare			
Bennett, Miss Lacey Stevens	Manager	Non-financial personal interests	Hospitality	My brother owns a catering unit and at times when he is short staffed, I offer to help out by serving customers or cleaning. This is not a paid duty. It is purely voluntary	I offer to help out ad hoc, for a maximum of 4 hours, outside of normal working hours. The duty is not paid. I do not see it impacting upon my role / working hours as I would not offer to help if it was going to impact upon my ability to work at UHCW. I enjoy the change of scenery and it helps me to socialise.
Berry, Dr Lisa Jayne	Manager	Financial interests	Sponsored events	I have no interest to declare	
Berry, Dr Lisa Jayne	Manager	Indirect interests	Clinical private practice	Honorarium paid for as an virology expert on advisory panel for Biostat	
Berry, Dr Lisa Jayne	Manager	Indirect interests	Clinical private practice	Consultancy work for a Harley street practice - phoenix pathology. Appointed with practicing privileges and appointed on a retainer basis for 4 hrs per month to oversee the virology lab.	
Best, Miss Hayley Sarah	Senior Manager	Non-financial personal interests	Loyalty interests	My daughter is due to commence as a volunteer at the Trust on 28.01.2022.	
Bhabha, Mr. Gendeka Singh	Consultant	I have no interests to declare			
Bhagwan, Mr. Amar	Finance Director	I have no interests to declare			
Bhargava, Dr Sonia	Consultant	I have no interests to declare		None	None
Bhasin, Dr Nikhil	Consultant	I have no interests to declare			
Bhaslana Piliya, Mr. Jain	Consultant	I have no interests to declare			
Bhat, Dr Jayanth Bakudru (Jay)	Consultant	I have no interests to declare			
Bilward, Dr Thomas Scott	Consultant	I have no interests to declare			
Bishoo, Dr Abigail Louise (Abigail)	Consultant	I have no interests to declare			
Blackler, Mr. Anthony James Robins	Consultant	Non-financial professional interest	Clinical private practice	Director of Coventry Urology Ltd.	
Blackler, Mr. Anthony James Robins	Consultant	Non-financial professional interest	Shareholdings and other ownership interests	shareholder of Diagnostics UK	Company has been inactive for over 5 years.
Blake, Dr Kathryn Ingeram	Consultant	I have no interests to declare			
Blake, Dr Timothy	Consultant	I have no interests to declare			
Blessing, Dr Elaine Susan	Consultant	I have no interests to declare			
Boanergis, Dr Jon	Consultant	I have no interests to declare			
Bonniger, Mrs. Claire Lindsey	Nurse Manager	I have no interests to declare			
Borkar, Dr Pallavi Vijay	Consultant	I have no interests to declare			
Bosworth, Dr Kate Victoria	Consultant	I have no interests to declare			
Bower, Dr Victoria Jane	Consultant	I have no interests to declare			
Bowles, Ms. Wendy Angela	Senior Manager	I have no interests to declare			
Bradbury, Dr Carol Louise	Consultant	I have no interests to declare			
Braith, Mr. Sandeep Singh	Officer	Financial interests	Outside employment	Dominos Pizza Driver - October 2014 - Present Uber Eat Delivery Partner and Just Eat Partner - Jan 2020 - Present Amazon Flex Delivery Partner October 2020 - Present	Updated on 16th Feb 2022
Braith, Mr. Sandeep Singh	Officer	Non-financial personal interests	Loyalty interests	I am one of the BBC's Face of Coventry for the City of Culture - May 2021 - present. I am one of Coventry's Community Champion for the Coventry City Council	Updated on 16th Feb 2022
Braith, Mr. Sandeep Singh	Officer	Non-financial personal interests	Loyalty interests	I run a project in the City supporting people that are struggling for food - Sky Blue Support - Feb 2021 - Present	Updated on 16th Feb 2022
Briers, Mrs. Lesley Ann	Modern Matron	Indirect interests	Loyalty interests	I have a son who works within the organisation	
Brigstock, Mrs. Tracey	Director of Nursing	Indirect interests	Loyalty interests	I am personally related to a member of staff who is currently working in the Executive Suite and is employed via the Trust's bank. Relationship: Nephew	
Brigstock, Mrs. Tracey	Director of Nursing	Non-financial professional interest	Loyalty interests	I am a Trustee of the UHCW NHS Trust Charity.	
Brookes, Dr Akhtar John	Consultant	Financial interests	Outside employment	Director of A and C Brookes Ltd. No conflict with UHCW NHS Trust	
Brookhouse, Miss Michelle	Senior Manager	I have no interests to declare			
Brough, Miss Laura Jayne	Manager	Indirect interests	Loyalty interests	Mother is receptionist within W&C clinical group and therefore has line of accountability through Group Manager.	Awareness in group of relationship and there are 2 levels of management in place, will be 3 from August 2021 before Group Manager would be involved. Group Director of Operations aware and any issues should these arise could circumnavigate Group Manager.
Bulchandani, Dr Supriya	Consultant	Financial interests	Clinical private practice	I do private clinical practice in the Nuffield Hospital & The BMI Meriden Hospital. This is completely in my Non-NHS time.	
Bulchandani, Dr Supriya	Consultant	Financial interests	Outside employment	I run the OASIS (3rd & 4th degree perineal Trauma repair) course twice a year alternating between University Hospital Coventry & Birmingham Women's Hospital, in partnership with a consultant colleague from Birmingham Women's hospital.	
Bulchandani, Dr Supriya	Consultant	Financial interests	Outside employment	Speaker fee for THD- Pelvic Floor Study days- once a year.	
Burth, Dr Nicola Elise	Consultant	Non-financial personal interests	Loyalty interests	No additional conflicts of interest to declare - unchanged from COI submitted in 2020 regarding longstanding personal relationship with another member of staff in the Trust.	
Burden, Mrs. Fleur Kathleen	Midwife	Non-financial personal interests	Loyalty interests	My husband Matthew Burden works at UHCW as a modern Matron.	I do not work in the same department or directorate. I almost never see him at work.
Burn, Dr Nathaniel Reddy	Consultant	I have no interests to declare			
Burridge, Dr Alice Mary	Pharmacist	Financial interests	Sponsored events	Pharmacy Management/Vitris thrombosis discussion board. Honorarium £750.	Participated in during TOL. Discussed with line manager prior to event.
Buttnerworth, Dr Joseph	Consultant	I have no interests to declare		NI declaration	NI declaration
Callie, Dr Vireen	Consultant	I have no interests to declare			
Candine, Miss Talina Jane	Nurse Manager	I have no interests to declare			
Candine, Miss Talina Jane	Radiographer - Diagnostic,	I have no interests to declare			
Carney, Mrs. Karen Mary	Consultant	I have no interests to declare			
Chaggar, Mr. Anantpal Singh	Optomestrist	Financial interests	Outside employment	Expert witness for General Optical Council	
Chaggar, Mr. Anantpal Singh	Optomestrist	Financial interests	Self-employment	Self-employment	
Chaggar, Mr. Anantpal Singh	Optomestrist	Non-financial professional interest	Loyalty interests	Independent Prescribing Reference Group member for College of Optometrists	

Chakka, Dr Udaya Kumar	Consultant	Financial interests	Shareholdings and other ownership interests	I am co-director of UMC services (for private practice) and also for KANVIN Ltd (currently doing no business)	
Chan, Dr Andrew Kai-Ming	Consultant	Financial interests	Clinical private practice		
Channa, Mrs. Kiran Kaur	Pharmacist	I have no interests to declare			
Chapman, Dr Anne Wagner Prasthofer	Consultant	I have no interests to declare			
Chapman, Dr Rachel Susan	Senior Manager	Non-financial professional interest	Loyalty interests	I am a core member of a NICE Public Health Advisory Committee (PHAC). We are currently updating the tobacco guidance.	(Not sure which situation this fits under)
Chari, Dr Sujatha	Consultant	Financial interests	Clinical private practice		
Chatha, Miss Kamaljit Kaur	Consultant Healthcare Scientist	I have no interests to declare		Laboratory Director for the Phoenix Hospital Group, London. To work 4 hours a week to provide clinical oversight for the laboratory as a HPC and FRCPath registered professional. This work will be carried out in my own time at evenings and weekends. To clinically sign off IQC/EQA, verification reports, quality non-conformances and support the laboratory through UKAS accreditation.	
Chaudhuri, Dr Kaushik	Consultant	Financial interests	Shareholdings and other ownership interests	I am the owner and director of Godiva Rheumatology Ltd - a company related to private practice (currently suspended from 2017) and any honoraria for paid activity (lectures, consultancy) outside the Trust	
Chavada, Dr Ishan Jayendrakumar	Consultant	I have no interests to declare		I work at UHCW as a bank consultant in my free time. My full time employment is at Preston with Lancashire Teaching Hospitals NHSFT.	
Chhabra, Dr Amit	Consultant	Non-financial professional interest	Outside employment	Register of Interest: I am registered at BMI Private hospital to provide anaesthetic services for private patients. Declaration of Gifts Sources of gift or benefit: Lunches from representatives of Pharmaceutical and Equipment companies visiting the department at UHCW. Nature of gift or benefit: I have received sandwiches, crisps, fruit and non-alcoholic drinks as part of lunches provided within the Anaesthetics Department.	No cases done in private since 2020 due to covid19 Pandemic
Chhawani, Dr Asha	Consultant	Financial interests	Clinical private practice		
Chhill, Mr. Varun Vijay	Consultant	I have no interests to declare		I work at Warwick Medical School as senior tutor; this does not conflict with my clinical duties. I also work part-time conducting medical appraisals; again, this has no impact on my clinical duties.	
Chilton, Dr Anne-Marie (Dr. Anne-Marie Chilton)	Consultant	Financial interests	Outside employment		
Chimery, Dr James Paul	Consultant	I have no interests to declare			I have nothing to declare except for accepting lunch/pens provided by various company reps in the department.
Choksey, Dr Rajgani	Consultant	I have no interests to declare			
Chong, Dr Wen-Ken	Consultant	I have no interests to declare			
Christie-Lange, Dr Michelle	Consultant	I have no interests to declare			
Chutimaworapathan, Dr Sasathorn Monchaya (Sasah)	Consultant	I have no interests to declare			
Codigioni, Mr. Massimiliano	Consultant	I have no interests to declare		I am a shareholder and director at our family business Gilbert Curry Industrial Plastics Ltd	I am a silent partner
Cole, Mrs. Charlene Maria	Midwife	Financial interests	Outside employment	I'm a director and shareholder to The Hammerman Plastic Piling Equipment Limited. Distribution of construction products.	
Coley-Grant, Dr Dean	Consultant Healthcare Scientist	I have no interests to declare		Director and Owner of NutritionNutrition Ltd via which I do occasional clinical consults but mainly training and development related to feeding problems, autism and disabilities.	
Connor, Ms. Zoe Lindsay	Dietitian	Financial interests	Clinical private practice		
Conway, Dr Laura Ann	Consultant	I have no interests to declare			
Cooke, Mr. Stephen James	Consultant	I have no interests to declare			
Correa, Dr Peter Denzil	Consultant	Financial interests	Clinical private practice	Private Practice run through Limited Company - Comprehensive Oncology Limited	
Correa, Dr Peter Denzil	Consultant	Financial interests	Shareholdings and other ownership interests	Property Investment Company - Correa Property Limited All properties are fully managed by Agents	
Correa, Dr Peter Denzil	Consultant	Financial interests	Sponsored events	Drug Company Servier sponsored my virtual attendance of the ESMO World GI Congress	
Correa, Dr Peter Denzil	Consultant	Financial interests	Sponsored events	ESMO Congress	Bursary from Pierre Fabre to cover Travel and Registration
Correa, Dr Peter Denzil	Consultant	Financial interests	Sponsored events	ESMO World GI Congress	Full Sponsorship for CPD by Servier Laboratories
Correa, Dr Robin Kulranjan	Consultant	Financial interests	Outside employment	Paid proctor at a cadaveric workshop, sponsored by the company Avanos. This role began in October 2021. Avanos machine and disposables have been used in our trust since 2015.	There was a 2nd workshop held on 7th and 8th March 2022
Correa, Dr Robin Kulranjan	Consultant	Financial interests	Shareholdings and other ownership interests	Director of a company Robreem Pain Management Solutions. This company has no dealings with UHCW NHS Trust	
Correa, Dr Robin Kulranjan	Consultant	Non-financial professional interest	Hospitality	I have been sponsored on a cadaveric workshop by a company Stryker. This included accommodation, travel and meals. Purpose of the workshop was to standardise techniques for a NIRS study which our Pain service has signed up to.	
Cummins Hill, Miss Lisa Jane	Other Executive Director	I have no interests to declare			no interest to declare
Dalloi, Dr Bander	Consultant	Indirect interests	Sponsored events	Cadaveric spasticity course (one day) sponsored by Ipsen drug company. Course took place in Newcastle upon Tyne and included one night stay in a hotel.	
Dalloi, Dr Bander	Consultant	Indirect interests	Sponsored events	Drug company 2 days training course (17/10/2022-18/10/2022) for spasticity management (Ipsen), this could include one night stay in a hotel.	
Daly, Mr. Alex James	Consultant	I have no interests to declare			
Dandachi, Dr Wael	Consultant	I have no interests to declare			
Dandekar, Dr Uday Prabhakar	Consultant	Financial interests	Clinical private practice	I have admitting rights and practising privileges at the following facilities: BMI Meriden Coventry BMI Priory Birmingham BMI Park Hospital Nottingham (from 2021 onwards) I operate and see patients in the clinic. All these duties are performed outside of my NHS commitments.	
Dandekar, Dr Uday Prabhakar	Consultant	Financial interests	Outside employment	I am an independent appraiser for various locum agencies. These include ID medical, Athona, Medacs and Global Medics. These are appraisals that I conduct outside my NHS working hours	
Danha, Dr Rastello Florence	Consultant	I have no interests to declare			
Daniel, Dr Jessica Sharn	Consultant	Financial interests	Outside employment	I am a director of Central Neuroscience Services Ltd. I undertake medicolegal work	No Change 27.01.2022 No Change 21.02.2023
Dardis, Mr. Ronan	Consultant	Financial interests	Shareholdings and other ownership interests	I have a 2% share holding in a small start-up company, Head Diagnostics- based in Dublin, Ireland, which investigates oculomotor (OMT). I act as their chief medical adviser	No Change 27.01.2022 No Change 21.02.2023
Dardis, Mr. Ronan	Consultant	Non-financial professional interest	Sponsored research	I am a director of ICHEB- International Concussion and Head Injury Research Foundation.	No Change 27.01.2022 No Change 21.02.2023
Darr, Dr Adrian	Consultant	I have no interests to declare			
Dasan, Dr Kavitha Kavit (Kavit)	Consultant	I have no interests to declare			
Das-Gupta, Mr. Rana	Consultant	I have no interests to declare			No conflict of interest
David, Mr. Michael Cheeran (Michael)	Consultant	I have no interests to declare			
Davidson, Dr James	Consultant	Non-financial professional interest	Outside employment	Secondment to NHS&I as regional clinical adviser for emergency medicine and SDEC lead, NHS&I Midlands	
Davies, Dr Timothy John	Consultant	I have no interests to declare			
Davies, Mr. Paul Anthony	Finance Director	Non-financial personal interests	Loyalty interests	Other Family Member Critical Care Unit - Helen Davies	
Davies, Mr. Paul Anthony	Finance Director	Non-financial personal interests	Loyalty interests	Partner - Abbie Orzechowski - Critical Care Unit	
Davies, Mr. Paul Anthony	Finance Director	Non-financial personal interests	Loyalty interests	Solene - Working on Respiratory Ward (Sharon Davies)	
Dawkins, Mr. Lincoln Madox	Other Executive Director	Non-financial professional interest	Shareholdings and other ownership interests	UHCW charity trustee	
De Beer, Dr Richard Charles	Consultant	I have no interests to declare			
Deas, Mr. Jamie David	Senior Manager	I have no interests to declare			
Dekker, Mr. Peter John	Consultant	I have no interests to declare			
Desai, Dr Dhananjay	Consultant	I have no interests to declare		Of all categories I have NID for any.	Updated 6th March, no COL past 12 months, nothing upcoming in the next 12 month either.
Desai, Mr. Kanaylal (Ken)	Consultant	I have no interests to declare			
Desai, Mr. Ryan	Optometrist	Non-financial professional interest	Clinical private practice	Working in Private practice at Midland Eye hospital- Contact lenses and working for Corneal Consultant	
Desai, Mr. Ryan	Optometrist	Non-financial professional interest	Outside employment	Working in high street practice out of area.	
Detrich, Dr Li	Nurse Manager	Non-financial professional interest	Sponsored research	I am a Trustee of the Board of Clive Richards Foundation based in Herefordshire. The Foundation funds research (and many other types of work) within 100 miles radius. Funding from the Foundation has recently been secured by Dana Sammut, who will become my PhD Student at Coventry University in May 2023 - 2026. I do not financially benefit from this relationship, I do not receive any finances from the Foundation.	
Devazhian, Mr. Raghuram	Consultant	I have no interests to declare			
Dhanial, Professor Tarvinder Singh	Consultant	Financial interests	Sponsored events	Expert for DAC in AF for Pfizer/BMS	
Dhanial, Professor Tarvinder Singh	Consultant	Financial interests	Sponsored research	Abbott research funding accepted to enable 2 PhD students to be employed with Cov Uni/UHCW	
Dhanial, Professor Tarvinder Singh	Consultant	Financial interests	Sponsored research	Medtronic US adviser for Ventricular Tachycardia ablation	
Dhillon, Dr Mangroop Singh	Consultant	Financial interests	Clinical private practice	I do private practice at the Coventry 'BMI Meriden Hospital', Leamington 'Warwickshire Nuffield hospital' and also report private scans online for Kiovue 'VNC Imaging centre'. This is done in my private time outside of my agreed job plan.	
Dhukaram, Mr. Vivekanandan	Consultant	Financial interests	Clinical private practice	I practice at private hospitals - BMI, Nuffield and Spire Parkway	
Di Penti, Dr Carol	Consultant	I have no interests to declare			
Dignam, Dr Gemma Caroline (Gemma)	Consultant	I have no interests to declare			
Dignam, Dr Gemma Caroline (Gemma)	Consultant Healthcare Scientist	I have no interests to declare			
Dimond, Mr. James Peter	Consultant	I have no interests to declare			
Disney, Dr Benjamin Robert	Consultant	I have no interests to declare		Educational Consultancy with Smith and Nephew teaching and training post graduate doctors Educational Consultancy with Artrex teaching and training post graduate doctors Educational Consultancy with Stryker teaching and training post graduate doctors	I have no COL
Drew, Mr. Stephen John	Consultant	Financial interests	Outside employment		Some of my teaching time but not all is paid for by the company and will also involve hospitality (hotel accommodation and meals). This is all within Eucomed guidelines and compliance
Drought, Dr Judith Victoria (Victoria)	Consultant	I have no interests to declare			
Dube, Mrs. Sumita	Consultant	I have no interests to declare			
Dudlowsky, Dr Bernice	Consultant	I have no interests to declare			
Duncan, Dr Alison Anne	Consultant	I have no interests to declare			
Dunderdale, Dr Mark Alexander	Consultant	Indirect interests	Clinical private practice	I see Private and NHS patients at the Meriden Hospital, part of the Circle Group. I am the Gynaecology Rep on the Hospital Medical advisory Committee.	No conflicts of interest and no cautions, convictions or reprimands
Edden, Dr Jayne Alison	Consultant	I have no interests to declare			
Easter, Mr. Mark	Clinical Director	Non-financial personal interests	Loyalty interests	Sister, C&W pathology Network.	
Echebarria Arceche, Dr Juan	Consultant	Financial interests	Clinical private practice	I provide anaesthetic services to private patients in my area of specialised practice, Cardiothoracic anaesthesia/other. These activities take place exclusively at the BMI Meriden Hospital in Coventry. No other financial or non-financial interest to declare.	I have not provided private practice services for more than 2 years now, from the beginning of the Covid-19 pandemic around March 2020.
El Sanharawi, Miss Imane	Consultant	I have no interests to declare			
Eldaly, Dr Hesham Said Mahmoud	Consultant	Financial interests	Clinical private practice	Coronary autopsies. Outsourcing histopathology reporting These activities are done outside my job plan and are agreed with the clinical director.	
ElHissi, Dr Maisun Mohamed	Consultant	Financial interests	Clinical private practice	some locum sessions through a locum agency with a private online GP practice DCA	I only did one session since starting my role at UHCW. My plan is to do the occasional session during annual leave to keep up my holistic GP skills and support my GP appraisal.
ElHissi, Dr Maisun Mohamed	Consultant	Non-financial professional interest	Outside employment	Training Programme Director for GP training in Coventry and Warwickshire	
ElHissi, Dr Maisun Mohamed	Consultant	Non-financial professional interest	Outside employment	Equality, Diversity and inclusion Lead for Coventry and Warwickshire Training Hub	
ElHissi, Dr Maisun Mohamed	Consultant	Non-financial professional interest	Outside employment	Group Scout Leader of a scout group	
ElHissi, Dr Maisun Mohamed	Consultant	Non-financial professional interest	Outside employment	I work with the Primary Care Respiratory Society. I sit at their executive committee, leadership programme, conference organising committee and policy forum	
ElHissi, Dr Maisun Mohamed	Consultant	Non-financial professional interest	Outside employment	NHS&I Coventry and Warwickshire Core 20 Plus 5 ambassador	
Ellis, Dr Sarah	Consultant	I have no interests to declare			
Ellis, Ms. Susan	Director of Nursing	I have no interests to declare			
El-Maghraby, Mr. Hussein	Consultant	I have no interests to declare			
Elton, Dr Richard John	Consultant	I have no interests to declare			
Evans, Dr Emily Jane	Consultant	I have no interests to declare		I gave up private practice in 2021	Nothing to declare
Evans, Dr Harriet Olivia Blanche	Trust Grade Doctor - Specialty Registrar	Non-financial professional interest	Sponsored events	I am a clinical research fellow at UHCW, employed by PathLAKE. I have been awarded funding by the Pathological Society of Great Britain to attend the 112th Japanese pathology society meeting in Japan on 13-15th April 2023 to give a talk. Details of funding: UK Pathological Society will pay my travel. Japanese Pathology Society will pay 3 nights hotel for the conference and entry to the conference. I am otherwise not being paid/ receiving any other incentive for this. I am a proctor for Intuitive Surgical - I am paid by the company to externally train surgeons robotic colorectal surgery techniques and procedures so they can safely set up robotic colorectal programs in their institutions. I am also paid to give lectures for the company about robotic colorectal surgery and present the outcomes from my robotic colorectal practice.	
Evans, Mr. Charles Francis Mitchell	Consultant	Financial interests	Outside employment		No interests to declare
Fairfield, Dr Alastair James	Consultant	I have no interests to declare			
Farraco, Dr Muhammad Rikhar	Consultant	I have no interests to declare			
Fattouh, Dr Gloria Iokles Otazowise	Consultant	I have no interests to declare			
Finnie, Mrs. Claire Louise	Senior Manager	Non-financial personal interests	Loyalty interests	My daughter also works for the trust - Georgia Finnie - International Nurse Recruitment	
Finnie, Mrs. Claire Louise	Senior Manager	Non-financial personal interests	Loyalty interests	My husband also works for the trust - Robert Finnie - Pals Co-ordinator	
Firminger, Miss Lydia Anna	Healthcare Scientist	Indirect interests	Outside employment	I have been offered outside work on a contracting basis (4 hours per month) to do some embryo annotation work to help with various research projects at a company called Apicity. For this work I may be recognised as a co-author on research papers/conference abstracts but I will not affiliate myself with the UHCW Trust. I am operating on a personal basis. The embryo annotation work has no impact on my employment here and there is no conflict of interest to declare. I have selected 'Indirect Interests' above as per the guidance of Jessica Upton from HR, because this is the only way the form would allow me to then select 'outside employment'.	End date unknown as yet, annotating contract is ongoing and renewable by tacit consent with Apicity on a monthly basis.
Fish, Mrs. Emma Louise	Nurse Manager	I have no interests to declare			
Fletcher, Dr Simon	Clinical Director - Medical	Indirect interests	Clinical private practice	Private Practice	I undertake private practice at BMI and Nuffield Hospitals
Forsey, Miss Marie Louise	Director of Nursing	I have no interests to declare			

Foguet Subirana, Mr. Pedro Ramon (Pedro)	Consultant	Financial interests	Clinical private practice	I do have a clinical private practice at BMI The Meriden and at The Nuffield Hospital in Lamington where I perform primary and revision hip and knee replacements. These are the same procedures I perform in my NHS practice	
Ford, Dr Daniel James	Consultant	Non-financial personal interests	Loyalty interests	I am married to the Associate Director for Allied Health Professionals	
Ford, Mrs. Rebecca Anne	Physiotherapist Manager	Non-financial personal interests	Loyalty interests	I am married to Dr Daniel Ford consultant nephrologist who works at UHCW NHS Trust.	We have been married since 23rd May 2003.
Fowler, Dr Andrew Peter Gavin	Consultant	I have no interests to declare			
Fryerson, Dr John	Locum Consultant	Financial interests	Outside employment	Employed substantially by SWFT – am locum with occasional sessions for UHCW	
Gach, Dr Joana Elisabeta	Consultant	Financial interests	Sponsored posts	payment for feedback questionnaires on cosmetic misadventure from L'Oréal	
Gagen, Dr Richard (Richard)	Consultant	I have no interests to declare			
Gambrell-Olds, Mrs. Alyson Marie	Clerical Worker	Non-financial personal interests	Loyalty interests	Sister - Sharon Salt Associate Director of Quality - Effectiveness and Assurance	
Gandley, Mrs. Lisa Michelle (Summerhill)	Applied Psychologist - Clinical	Indirect interests	Clinical private practice	I work on my non working days, offering therapy to children, young people and adults with neurodevelopmental differences. I also offer private clinical supervision to other clinical psychologists.	
Gangli, Dr Nishant	Consultant	I have no interests to declare			
Ganeboob, Dr Nishreen	Consultant	I have no interests to declare			
Garifjanov, Dr Vitali	Consultant	I have no interests to declare			
Garnett, Mrs. Susan Ellen	Radiographer - Diagnostic, Consultant	Financial interests	Outside employment	I am a bank consultant radiographer here at UHCW since retirement currently only working one day per week. I also work as a bank consultant radiographer at South Warwickshire NHS Trust.	
Garnett, Mrs. Susan Ellen	Radiographer - Diagnostic, Consultant	Non-financial professional interest	Loyalty interests	I am a Trustee and organiser for Symposium Mammography. This is a voluntary unpaid role for organising a biannual educational conference for breast imaging.	
Garton, Mrs. Natasia Francine	Senior Manager	Non-financial professional interest	Hospitality	I have been invited to a TrNetX summit in Boston USA from Sunday October 16 - Thursday 20 October 2022. I have been invited with a fully funded flight and accommodation place for the Conference (Summit). Sunday, Monday, Tuesday accommodation and flights from Heathrow - Boston Sunday 16 October 09:40am and a return flight on Wednesday 19 October at 07:30pm. I will be provided with food during the conference. My flights and accommodation have been booked directly by the company.	I have detailed the description above, please let me know if you require any further information.
Gaur, Dr Vandana	Consultant	Financial interests	Clinical private practice	Ad hoc locum sessions as a consultant radiologist for locum agencies (MBM and YMS).	This is on going.
Gavness, Dr James Campbell	Consultant	I have no interests to declare			
George, Dr Anum	Consultant	Non-financial professional interest	Outside employment	Work as a doctor on The Air Ambulance service and West Midlands Ambulance Service.	
Georgieva, Dr Tanya Ivanova	Consultant	I have no interests to declare			
Gham, Dr Usman	Consultant	I have no interests to declare			
Ghoshara, Mr. Tanek	Consultant	Indirect interests	Clinical private practice	In Meriden Hospital in Coventry I provide privately funded medical care to my patients	None
Gholap, Dr Nikin Narayan	Consultant	I have no interests to declare		Outside my NHS contracted hours, I have taken up a non-clinical administrative role in a local GP practice. I have discussed this with BMA and Clinical Director Prof Randeva and sought his permission before taking up the role. I have declared this in my annual appraisal recently. This role has no conflict of interest with my role here as a consultant physician at the University Hospital Coventry, NHS Trust	This will be an ongoing role beyond 24/03/22.
Ghosh, Dr Arup Ratan	Finance Director	Indirect interests	Outside employment	I am a Bank Locum Consultant (zero hour contract), whilst not working at UHCW in my free time I have worked at Frimley Health Foundation Trust as a Bank Locum Consultant	
Gilks, Mr. Daniel Paul	Consultant	Non-financial personal interests	Loyalty interests	Married to an employee of UHCW NHS Trust (Holly Simms)	
Girgis, Dr Ayman Ess Kaldas	Consultant	I have no interests to declare			
Glenon, Dr Peter Edward	Consultant	Financial interests	Clinical private practice	Private practice at BMI the Meriden and Warwickshire Nuffield Hospitals. ECG screening reporting service for Nuffield Health. Assessment programme for Nuffield Health screening physiologists.	
Goodbody, Mrs. Hannah Christina	Staff Nurse	Non-financial professional interest	Loyalty interests	Mother in law - Joan Goodbody. Brother in law - Craig Goodbody	
Goodbody, Mrs. Joan Agnes	Director of Nursing	Non-financial personal interests	Loyalty interests	Daughter in law Hannah Goodbody works as a RN in the Fracture Clinic	
Goodbody, Mrs. Joan Agnes	Director of Nursing	Non-financial professional interest	Loyalty interests	Nicola Shannon sister in law.	
Goodbody, Mrs. Joan Agnes	Director of Nursing	Non-financial professional interest	Loyalty interests	San Craig Goodbody works in the trust as a KPO officer.	
Goodrem, Dr Peter Joseph	Consultant	I have no interests to declare			
Gopalakrishnan, Dr Kishore	Consultant	Financial interests	Outside employment	Clinical Director: Pathology. Medica Group PLC / Medica Reporting Limited Sixth Floor One Priory Square Hastings TN34 1EA 033 33 111 222 info@medica.co.uk I have accepted this role at medica from 1/11/2022 to help set up a digital pathology reporting system. I have been employed to work with them for 2 days a week - Monday afternoon and wednesday all day. The additional half day will be made up by extra hours on Monday and Wednesday evenings and weekends if required	This will not impact my commitments at UHCW and I will continue my work as before.
Gopalakrishnan, Dr Kishore	Consultant	Financial interests	Sponsored research	Organisation: NIHR Nature of Interest: Research funding	Ongoing research
Gopalakrishnan, Dr Kishore	Consultant	Financial interests	Sponsored research	Organisation: PathLAK Nature of Interest: Research funding	On going research
Gordon, Dr Victoria Mary	Consultant	Non-financial personal interests	Loyalty interests	No additional conflicts to declare - unchanged from COI form submitted in 2020 regarding long-standing personal relationship with another member of staff in the trust	
Goud, Dr Narayan Aradhana	Consultant	I have no interests to declare			The period I have given is my current contract end date
Gould, Mr. Jeremy Charles (Jerr)	Other Executive Director	I have no interests to declare			
Grieve, Dr Sarah Louise	Consultant	I have no interests to declare			
Griffiths, Dr Sarah Jane	Consultant	I have no interests to declare			
Griffiths, Mrs. Donna Marie (Donna)	Senior Manager	I have no interests to declare			
Gullick, Dr Nicola Jane	Consultant	Financial interests	Sponsored events	Abbvie	Speaker bureau for psoriatic arthritis & comorbidity
Gullick, Dr Nicola Jane	Consultant	Financial interests	Sponsored events	Janssen	Speaking at Sponsored educational events
Gullick, Dr Nicola Jane	Consultant	Financial interests	Sponsored events	Novartis	Organising/Speaking at Sponsored educational events
Gullick, Dr Nicola Jane	Consultant	Financial interests	Sponsored events	Novartis	Speaking at Sponsored educational events
Gullick, Dr Nicola Jane	Consultant	Financial interests	Sponsored events	UCB	Speaking at Sponsored educational events
Gullick, Dr Nicola Jane	Consultant	Non-financial professional interest	Loyalty interests	British Psoriatic Arthritis Consortium member of steering committee and trustee of CIO.	Steering Committee member since 2018, Chair since 25.11.22
Gullick, Dr Nicola Jane	Consultant	Non-financial professional interest	Sponsored research	Abbvie - local PI for psoriatic arthritis study, UK chief investigator for multinational clinical trial in PMR	
Gullick, Dr Nicola Jane	Consultant	Non-financial professional interest	Sponsored research	Astra-Zeneca - local PI for AZ-SPOKS study, local PI for upcoming TULIP trial	
Gullick, Dr Nicola Jane	Consultant	Non-financial professional interest	Sponsored research	EU Lila - National coordinating investigator for PRO-SWIFT observational study	
Gullick, Dr Nicola Jane	Consultant	Non-financial professional interest	Sponsored research	Local PI for FILOSOPIHY study	
Gullick, Dr Nicola Jane	Consultant	Non-financial professional interest	Sponsored research	Novartis - local PI for SERENA study	
Gupta, Dr Neil	Consultant	I have no interests to declare			
Gupta, Dr Neil	Consultant	Financial interests	Sponsored events	On Thursday 24th March 2022 I was asked to deliver a lecture for a medical devices company called Penumbra entitled "The Penumbra Indigo System: My Experience with the Latest Technology" as part of a training course. I also assisted as a practical demonstrator in an animal lab on Friday 25th March 2022. For producing and delivering my lecture and assisting in the running of the course I was paid £1500 by Penumbra.	
Gupta, Dr Neil	Consultant	Financial interests	Sponsored events	On Tuesday 26th April 2022 I was asked to deliver a lecture and act as practical demonstrator for a medical devices company called Vigon who ran a course entitled "Totally Implanted Vascular Access Device Insertion Course". For producing my lecture and assisting in the running of the course, I was paid £500 by Vigon.	
Gurjala, Dr Suresh Gandhi	Consultant	I have no interests to declare			
Hamet, Dr Riwan	Consultant	Financial interests	Sponsored events	I have on occasion been invited to speak at Baxter sponsored events on peritoneal dialysis and received honoraria	
Hamer, Dr Riwan	Consultant	Non-financial personal interests	Loyalty interests	Daughter will be starting as pharmacist at the Trust 28/02/23	
Hamilton, Dr Joanna Galy	Consultant	I have no interests to declare			
Hanna, Dr Peter Mikhail Salama	Consultant	Non-financial professional interest	Clinical private practice	Successful application in 2018 to join Spire Parkway but never started due to lack of clinic slots. Not pursued further.	No anticipated conflict of interest.
Hanna, Dr Peter Mikhail Salama	Consultant	Non-financial professional interest	Loyalty interests	Member of the HSTT, genetic medicine committee.	No anticipated conflict of interest.
Harding, Dr Guy James	Consultant	Financial interests	Clinical private practice	Small private practice via Nuffield Warwickshire, BMI The Meriden and Veincentre UK (Stratford clinic)	
Harding, Dr Guy James	Consultant	Financial interests	Outside employment	I was paid to give two lectures to medical students at a large interventional Radiology international conference this year (ICRS 2022, Barcelona) by Teumo. Teumo run an education zone every year at the conference for a variety of conference attendees. As part of my remuneration, they also paid for my attendance to the main conferences, accommodation and flights. This enabled me to derive 26 CPO points, do some teaching to enthuse the next generation and contribute to my appraisal/reevaluation.	
Harding, Dr Guy James	Consultant	Financial interests	Outside employment	I am the recipient of research grants and awards (current and previous in last 5 years) as Principal Investigator, Co-Investigator, Lead Medical Investigator, Co-applicant or other: 1. Warwick-Wellcome Translational Partnership Award 2. EPSRC Programme Grant - Terabotics 3. West Midlands Clinical Research Network Improvement and Innovation Strategic Funding - MEDIM-CK 4. Medical and Life Sciences Research Fund 5. EPSRC Research Grant - PROLIMB 6. Cancer Research UK Early Detection Committee - MELT 7. University of Warwick Research Development Fund 8. EPSRC Health Technologies Award - SINATRA 9. Warwick-Monash Accelerator Fund 10. EPSRC Case Award 11. Royal College of Surgeons Pump Printing Award	Part of my salary (0.2 WTE) from UHCW is paid from the EPSRC grants (Terabotics, PROLIMB) and WMCRN (MEDIM-CK).
Hardwicke, Dr Joseph Thomas	Consultant	Financial interests	Sponsored research	My spouse, Dr Rachael Davies is a GP Partner at Athertonstone Practice, Warwickshire North CCG. She is Director of Rural and North PCN. She is Director of Primary Care Warwickshire GP Federation. She is GP Lead for Warwickshire North. She is GP Representative for LMC Warwickshire North. I occasionally locum for University Hospital Birmingham as an emergency medicine consultant.	
Hardy, Dr Jennifer Anne (Jen)	Consultant	Non-financial professional interest	Outside employment	I work for The Air Ambulance Service around 4 shifts a month. I get paid into my business by them.	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial personal interests	Loyalty interests	Albany Theatre Trust - Director / Trustee	Personal Friend
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	Gus Miah Partner - Delegates	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	Beamtime Global Impact Committee - Non Executive Board Member	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	Beamtime Global Health Comparators - Chair	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	CIPA	Board Director
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	ExtraCare - Non-Executive Board Member / Trustee	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	NHS Elect - Board Director	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	University Hospitals Association - Chair	
Hardy, Mr. Andrew Ian	Chief Executive	Non-financial professional interest	Loyalty interests	West Midlands AHSN - Board Member	
Harris, Mr. Richard Peter	Consultant	Indirect interests	Clinical private practice	I have a private practice. I currently carry this out at Nuffield Health. All work is in my own time.	Practice is ongoing after today's date (06/03/2023).
Harris, Mrs. Gabrielle	Board Level Director	I have no interests to declare			
Harrison, Dr Beth Diane	Consultant	I have no interests to declare			
Harrison, Dr Laura Elizabeth Amy	Consultant	I have no interests to declare			
Harrold, Dr Christopher Philip	Consultant	I have no interests to declare			
Hartland, Mrs. Lisa Carol	Manager	Indirect interests	Loyalty interests	I work as Payroll Manager My eldest daughter is currently a service manager for acute at UH My middle daughter is a phlebologist at Swift on the bank only but not worked for months.	
Hartley, Dr Edward Rupert	Consultant	Non-financial professional interest	Outside employment	Specialist advisor for the CQC, undertaking ad hoc inspections nationwide through a secondment arrangement with UHCW.	
Hartley, Mrs. Sarah Teresa	Director of Nursing	I have no interests to declare			
Hattersley, Dr John Glenn	Healthcare Scientist	Indirect interests	Shareholdings and other ownership interests	I am director of a PLC and sole share holder. No work is conducted on UHCW time, premise or using any UHCW resources. I have taken no salary or financial benefits from the company.	Maastrecht Instrument a supplier of UHCW, is a client of this company.
Havard, Mrs. Jordana Laurie	Midwife	Non-financial personal interests	Gifts	I received a thank you card and a gift certificate to the value of £70 for a facial as a thank you for the care I provided to a woman, her partner and baby during the postnatal period in HDU on labour ward. I spoke with my line manager Emma Johnson Howe who then spoke with the modern midwife and I have been advised to complete this form.	
Hedder, Dr Nicholas Garth Thomas	Consultant	Financial interests	Clinical private practice	I do some private work at the Meriden BMI and Warwickshire Nuffield Hospitals.	
Hedley, Mrs. Helen Melissa	Consultant	I have no interests to declare			
Hegde, Dr Vishwajith	Consultant	Financial interests	Clinical private practice	Private practice with a company Minerva Neurophysiology Ltd and I am the director.	
Hein, Dr Emma Jane	Consultant	I have no interests to declare			
Helme, Dr Michael John	Consultant	I have no interests to declare			
Hernandez Arenas, Dr Luis Angel	Consultant	Financial interests	Sponsored events	I am a Consultant advisor for Johnson and Johnson company and recognised energy device expert in the UK. Collaborating with educational events for consultants and trainees in the UK.	Yearly based contract.
Heron, Mr. Fraser Kerr	Manager	Financial interests	Clinical private practice	Registered with BMI Healthcare to provide clinical perfusion service.	
Heron, Mr. Fraser Kerr	Manager	Financial interests	Shareholdings and other ownership interests	Director and shareholder of Heron Medical Services	
Higman, Mr. Daniel James	Consultant	I have no interests to declare		No interests to declare.	No interests to declare
Hill, Mr. Christopher Edward (Chris)	Consultant	I have no interests to declare			
Hillemanns, Dr Carl Louis	Consultant	I have no interests to declare			
Hilton, Dr Deborah Anne	Consultant	I have no interests to declare			
Hobbs, Mr. Antony John	Finance Director	Financial interests	Outside employment	I work as a Presiding Officer on behalf of North Warwickshire Borough Council on election days This is a paid role, for which I take leave from UHCW	
Hobbs, Mr. Antony John	Finance Director	Non-financial personal interests	Outside employment	I am the Treasurer of two sports clubs - Athertonstone Adders Hockey Club - Athertonstone Sports Club Both roles are unpaid	
Hocking, Dr Mark	Consultant	I have no interests to declare			
Hodgson, Mr. Stephen Andrew	Other Executive Director	I have no interests to declare			
Hodgson, Mrs. Kirsten Elizabeth	Healthcare Scientist	I have no interests to declare			
Holmes, Dr Martin Edward	Consultant	I have no interests to declare			
Hon, Dr Yue Qian	Consultant	Financial interests	Clinical private practice	Private practice BMI meriden Telereadiology 4 ways	
Hoonian, Dr Bhupinder	Consultant	I have no interests to declare			
Horne, Miss Leanne Claire	Assistant	Financial interests	Outside employment	Through the Healing Arts Programme I provide Art Workshops as a self-employed artist on the Children's wards at University Hospital through charitable funds from UHCW Charity.	I am not involved in the decision to appointment myself to supply this service.
Hoskinson, Dr Emma Elizabeth	Consultant	Financial interests	Hospitality	18hans in Birmingham. dinner hosted by Purabond rop	

Hoskison, Dr Emma Elizabeth	Consultant	Financial interests	Outside employment	Director of E & D Byrne Ltd Medicolegal work Clinics and procedures at BMI Meriden and MUMS clinic Solihull	
Howat, Mr. Douglas James	Non Executive Director	Financial interests	Outside employment	I am a full-time employee of Coventry University Corporate Services part of the Coventry University Group which is a key strategic partner of UHCW. As part of my employment with Coventry University Group, since August 2022, I am also director of CU Recruitment and Admissions Ltd. (Company Registered in England No. 839 85 17)	
Howat, Mr. Douglas James	Non Executive Director	Non-financial personal interests	Loyalty interests	Trustee and Director of Grapevine (Coventry and Warwickshire) Ltd / Company Registered in England No: 512 4883 / Registered Charity: 1107969	Grapevine helps all kinds of people experiencing isolation, poverty and disadvantage in Coventry and Warwickshire, including helping tackle health inequalities
Howat, Dr David Gareth John	Consultant	Financial interests	Clinical private practice	I run a private practice working within local private hospitals although not in Coventry itself	
Howe, Dr David Gareth John	Consultant	Non-financial professional interest	Outside employment	I work as a medical advisory chair at Spire Parkway hospital, currently this role is paid an advisory stipend. It is likely that I will cease this role during 2022, I have held this post predominantly in a non paid role since 2017	This is to confirm that this role ceased on 31.12.2022
Hrouda, Dr Denise Joanne	Consultant	I have no interests to declare			
Hrouda, Dr Margaret Ellen (Maggie)	Consultant	I have no interests to declare			
Husain, Dr Ali Raza	Consultant	Financial interests	Outside employment	The Air Ambulance Service	
Husain, Dr Ali Raza	Consultant	Non-financial professional interest	Outside employment	Central Area Resuscitation & Extrication (CARE) Team - volunteer medic	
Husain, Dr Ali Raza	Consultant	Non-financial professional interest	Outside employment	Chief Medical Officer for Mallory Park Race track	
Husain, Dr Ali Raza	Consultant	Non-financial professional interest	Outside employment	East Midlands Immediate Care Scheme - volunteer medic	
Hussain, Dr Mascha Thabassum	Consultant	I have no interests to declare			I have no interests to declare
Hussain, Mr. Mohammed Bathin	Other Executive Director	Non-financial professional interest	Outside employment	Chair of Midlands Specialised Commissioning Neurosurgery Operational Delivery Network	
Hussain, Mr. Rahim Ashraf	Consultant	I have no interests to declare			
Jakimov, Dr Vadim	Consultant	I have no interests to declare			
Jagdeo, Dr Godwin Tariye	Consultant	I have no interests to declare			
Jitheshyn, Dr Andrew	Consultant	I have no interests to declare			
Jinray, Professor Christopher Henry Ernest	Consultant	I have no interests to declare		No COI	No COI
Ingram, Dr Clare Rachel	Consultant	I have no interests to declare			
Irwis, Dr Clive John Robert	Consultant	Indirect interests	Outside employment	Voluntary Trustee for Shipston Home Nursing, a hospice at home Charity in South Warwickshire.	
Irwis, Dr Clive John Robert	Consultant	Non-financial personal interests	Outside employment	Trustee Coventry Hospitals Charitable Trust for over 10 years Voluntary	
Islam, Dr Shofiq	Consultant	I have no interests to declare		n/a	
Ismail, Dr Dana Ibrahim	Consultant	Financial interests	Clinical private practice	Prior to my appointment at this trust, I performed occasional weekend endoscopy lists at the East of Anglia hospitals through a resourcing company. These activities never clashed with my NHS schedules and on-calls.	So far I do not have any other scheduled private activities but I may consider private endoscopy work in the future.
Ismail, Mr. Afzal Saik	Non Executive Director	Non-financial personal interests	Outside employment	I am chair of the governing body for Eden girls school Coventry and a trustee of the multi academy trust called Star Academies	
Ismail, Mr. Afzal Saik	Non Executive Director	Non-financial professional interest	Outside employment	NON EXECUTIVE DIRECTOR on the board of Northamptonshire ICB	
Ismail, Mr. Afzal Saik	Non Executive Director	Non-financial professional interest	Outside employment	I am employed full time for orbit housing group Ltd for my substantive role	
Izadi, Dr David	Consultant	Financial interests	Clinical private practice	I am starting private practice soon at the Nuffield Hospital, Leamington Spa, The Meriden Hospital, Coventry and The Grafton Suite, Stratford.	I will provide private clinics and operating sessions on the free sessions within my job plan and continue to declare any issues within my appraisal process.
Izzat, Dr Faras	Consultant	I have no interests to declare			
Jackson, Dr Hannah Monica	Applied Psychologist - Clinical	Non-financial professional interest	Clinical private practice	I am declaring that I have taken on some associate work as a clinical psychologist outside of my NHS contracted hours. This involves conducting medico-legal assessments of people who have been involved in road traffic accidents from across the United Kingdom.	
Jackson, Dr Richard	Consultant	I have no interests to declare			
Jaffe, Dr Susan Margaret	Consultant	I have no interests to declare			
Jarvis, Ms. Amanda Jayne	Modern Matron	Non-financial personal interests	Loyalty interests	Sibling works within the Trust	Anastasia Hurnett is employed in theatres, we do not work together
Jasmat, Ms. Lisa Marie (Lisa Rowley)	Consultant Healthcare Scientist	I have no interests to declare			
Javid, Dr Malika	Consultant	I have no interests to declare			
Javid, Mr. Naveed	Accountant	Financial interests	Outside employment	I was previously employed by northampton general hospital and emain on their bank for temporary staff, this is so that if and when a need arises I can assist on the weekend for a few hours very infrequently, this is due to being head of finance systems there and they were unsuccessfully recruit to the post within my notice period. Therefore when they find a suitable replacement they may need me to deliver some training and a hand over.	
Jefferson, Dr Kieran	Consultant	Financial interests	Clinical private practice	Unological private practice at CircleThe Meriden Hospital and Nuffield Health Warwickshire	
Jefferson, Dr Kieran	Consultant	Financial interests	Outside employment	Consultancy work for Ipsen Pharma	
Jethwa, Dr Anjali	Consultant	Non-financial professional interest	Sponsored events	Pharmaceutical sponsor for attendance at a Conference Pharmaceutical organised Primary Care Event, no fees received	Pharmaceutical company, Nutricia, sponsoring to attend a 3 day conference, British Society for Allergy and Clinical Immunology, transport to and from venue, meals and registration fee.
Johnson, Dr Helen Margaret	Consultant	I have no interests to declare			
Johnson, Dr Maria Bernadette	Consultant	I have no interests to declare			
Johnson-Howe, Mrs. Emma Lucy	Midwife	Financial interests	Gifts	£40 cash gift	Given to ward 2/5 staff by a patient to purchase something for the ward staff as a thanks for their positive birth experience. Myself informed as ward manager and declaration submitted.
Jones, Dr Francesca Mary Elizabeth	Consultant	Non-financial personal interests	Outside employment	Spouse also works at UHCW.	
Jones, Dr Michelle Deborah	Consultant	I have no interests to declare			
Jones, Mr. Alan David	Senior Manager	Financial interests	Outside employment	I am employed under zero-hours (ad-hoc) consultancy contract with SWFT Clinical Services Ltd (which is a wholly owned subsidiary of South Warwickshire NHS Foundation Trust). The work I have undertaken for SWFT Clinical Services Ltd was not related in any way to University Hospitals Coventry and Warwickshire NHS Trust. The last time I worked under this contract was in July 2021.	This was declared to my line manager at commencement. I am employed on a part time (12 hours) contract with University Hospitals Coventry and Warwickshire NHS Trust and work flexibly across the working week. My work for SWFT Clinical Services Ltd fits around my commitment to University Hospitals Coventry and Warwickshire NHS Trust.
Jones, Mr. Matthew Allan	Senior Manager	I have no interests to declare			
Jones, Mrs. Cefi Ann	Senior Manager	I have no interests to declare			
Joshi, Dr Pradnya Sanjay	Consultant	I have no interests to declare			
Joshi, Dr Ravindra Narayan	Consultant	I have no interests to declare			
Jozsi, Mr. Shabin	Consultant	Financial interests	Clinical private practice	I continue to do private practice under the umbrella of Central England Neurosurgery Limited.	I do not have any conflict of interests.
Joshi, Mr. Shabin	Consultant	Shareholdings and other ownership interests		Joandri Group Limited and Joandri Homes	No changes
Kajampady Rama, Dr Shashi	Consultant	Financial interests	Shareholdings and other ownership interests	Joandri Group Limited and Joandri Homes	Umbrella Companies for trading
Kamble, Dr Akshaykumar Nana	Consultant	I have no interests to declare			
Kandavel, Dr Valarmathy	Consultant	I have no interests to declare			
Kandiyil, Dr Aneesha	Consultant	I have no interests to declare			
Kanj, Dr Hemali	Consultant	I have no interests to declare			
Kannappan, Dr Hema	Consultant	Non-financial personal interests	Outside employment	I have no interests to declare RISE Foundation UK is a charity in Leicester they conduct Medical Interview Courses for A level students I go as an examiner for that course I am now in the process of registering for private practice with a few local providers and have submitted registrations to get private practice privileges. I am in the process of potentially doing some private work Director in Private Limited company for private practice Private Practice via Limited company Private Practice via Limited company. director limited company	I have never undertaken private medical practice My main income is from my NHS post I have nothing else to declare I don't get paid. Any money raised from that course goes to RISE Charity
Karamchandani, Dr Dheeraj	Consultant	Financial interests	Clinical private practice		
Karamchandani, Dr Dheeraj	Consultant	Financial interests	Clinical private practice		
Karamchandani, Dr Dheeraj	Consultant	Financial interests	Clinical private practice		
Karthikayan, Dr Ambika Devi	Consultant	I have no interests to declare			
Kawakar, Dr Ganesh Ashok	Consultant	I have no interests to declare			
Kasbekar, Ms. Shwani Anand	Consultant	I have no interests to declare			
Kauli, Mr. Sayed Habib	Consultant	I have no interests to declare			
Kazmi, Dr Zahid Raza	Consultant	I have no interests to declare			
Keay, Dr Stephen David	Clinical Director - Medical	Non-financial professional interest	Outside employment	I lecture on MSc in Reproductive Health University of Bristol (two lectures per year)	
Kechagloglou, Dr Piniolopi	Consultant	Financial interests	Clinical private practice		
Kechagloglou, Dr Piniolopi	Consultant	Non-financial professional interest	Outside employment	I am a member of the Board of Trustees at Penny Brohn UK and Coppafeel UK cancer charities. I have no financial interest and those are voluntary appointments. I am also a clinical strategist (advisory) at the Cancer Coach and I advise the parliamentary and healthcare ombudsmen.	
Keeth, Ms. Joanne Elise	Director of Nursing	I have no interests to declare			
Kelly, Dr Andrew Niall	Consultant	I have no interests to declare			
Kelly, Mrs. Claire Elizabeth	Specialist Nurse Practitioner	Indirect interests	Outside employment	I hold a self employed business of Aesthetics and permanent make up. This isn't done on the work premises, but is done in my own time at a separate location in Leamington spa. My self employed business doesn't interfere with my employed job at UHCW	the end date wont let me select correct, only an end point.
Kempton, Mrs. Jane Helen	Optometrist	Non-financial professional interest	Clinical private practice	I work as a locum optometrist on Saturdays in 2 private practices, one in Coventry and one in Tamworth	Start date approximate
Kenton, Dr Anthony Robert	Consultant	I have no interests to declare			
Khan, Dr Haseeb Ahmed	Consultant	Financial interests	Clinical private practice	I have made a company in December 2021, for private practice purposes. However I have not started private practice yet, as of 12/04/2022.	
Khan, Dr Jamal Nasir (Jamal)	Consultant	I have no interests to declare			
Khan, Dr Uzma Mahfoor	Consultant	I have no interests to declare			
Khan, Dr Yabub Muhammad	Consultant	I have no interests to declare			
Khan, Mr. Hameed Noor	Consultant	I have no interests to declare			
King, Professor Richard Jonathan	Consultant	Financial interests	Outside employment	I have no interests to declare.	
Kodial, Dr Kauna	Consultant	I have no interests to declare			
Koller, Mr. Chris John	Consultant Healthcare Scientist	I have no interests to declare			
Kolokotroni, Miss Sybil Maria (Maria)	Consultant	I have no interests to declare			
Kostyuyova, Dr Timea	Consultant	I have no interests to declare			
Kothare, Dr Priya	Consultant	I have no interests to declare			
Kovachew, Dr Gorana	Consultant	I have no interests to declare			
Koodiyil, Mr. Jakub	Consultant	I have no interests to declare			
Krishnamoorthy, Dr Somasundaram	Consultant	I have no interests to declare			
Krishnan, Dr Anup	Consultant	I have no interests to declare			
Krishnan, Professor Nithya Santhana	Consultant	Financial interests	Sponsored research	Novartis approx £6600.00 Hansa - £3160.00	These monies have been paid out to the renal research exchequer account of UHCW.
Kuehl, Dr Michael	Consultant	Financial interests	Outside employment	I have been appointed to join the Abbott Educational board and will receive payment from this company for attending a variety of meetings (2-5 meetings, per year) and advising on a variety of cardiac issues.	
Kuehl, Dr Michael	Consultant	Financial interests	Sponsored events	I have given sponsored presentations for a variety of companies (Astra Zeneca, Boehringer Ingelheim, Abbott) and have received speaker fees for these events.	
Kuehl, Dr Michael	Consultant	Financial interests	Sponsored research	I am receiving £147,00.00 from Abbott to develop our cardiac services and fund a Nurse Fellow for two years. This person will be responsible in bringing the departments of electrophysiology and heart failure together by provided a front door heart failure presence in the pacing clinic.	
Kuehl, Dr Michael	Consultant	Non-financial personal interests	Sponsored events	Sponsored flight to LA, US to visit headquarters of Abbott and talk about research opportunities.	
Kulkarni, Dr Priti Nikhil	Consultant	I have no interests to declare			
Kumar, Dr Preeyush	Consultant	Non-financial professional interest	Clinical private practice	Medical private practice at few regional private hospitals Honorary Secretary (Trustee) on the council of Society of Education in Anaesthesia (SEAN) Associate Clinical Professor - University of Warwick (Warwick Medical School)	
Kumar, Dr Satyam	Consultant	I have no interests to declare			
Kumar, Mr. Pritydarsan	Consultant	Financial interests	Outside employment	Director KPRP Healthcare Ltd	
Kumar, Mr. Privedharshi	Consultant	Financial interests	Outside employment	Lecturer at Coventry Business School	
La Rosa, Dr John	Consultant	I have no interests to declare		I have no interests to declare.	I have no interests to declare.
Lacey, Dr Lucinda Louise	Consultant	I have no interests to declare			
Laird, Dr Steven (Steve)	Consultant	I have no interests to declare			
Lakshmanan, Dr Arthi	Consultant	I have no interests to declare			
Langley, Miss Clare Ruth	Consultant	I have no interests to declare			
Lara Gallego, Dr Beatriz	Consultant	I have no interests to declare			
Lavender, Mr. Ben	Manager	I have no interests to declare			
Laver, Dr Katherine Elizabeth Anne (Kate)	Consultant	I have no interests to declare			
Lawrence, Mr. Thomas Michael	Consultant	Financial interests	Outside employment	I hold consulting contracts for education with Zimmer Biomet and Arthrex. I can confirm that any teaching that is paid is carried out in annual leave.	
Lee, Ms. Rynn	Consultant	I have no interests to declare			
Leech, Dr Caroline	Consultant	Non-financial professional interest	Outside employment	Associate Editor of the Emergency Medicine Journal	Since 2019
Leech, Dr Caroline	Consultant	Non-financial professional interest	Outside employment	The Air Ambulance Service Critical Care Doctor	Since 2008
Leong, Dr Kai Juen	Consultant	I have no interests to declare			
Leung, Dr Vincent Jinneng	Consultant	Financial interests	Clinical private practice	Radiology reporting for The Meriden and Aways Healthcare Ltd.	
Lewis, Mrs. Lauren Mary	Healthcare Assistant	Financial interests	Outside employment	I had a business which supplied personalised balloons for events including events at UHCW. The business has now Ceased trading (in March 2020). Business name: Bouncehouse balloons and events (Previously Bouncehouse Inflatables)	
Lindahl, Dr Andrea Jane	Consultant	I have no interests to declare			
Lipoti, Dr Konstantinos	Consultant	I have no interests to declare			
Lipson, Mr. Paul Alex	Senior Manager	I have no interests to declare			
Liu, Miss Wing Yan	Consultant	I have no interests to declare			

Lloyd, Mrs. Claire Margaret	Optometrist	Financial interests	Outside employment	Sessional clinical supervisor at Aston University Optometry Department	
Lodge, Dr Edward John (Edward)	Consultant	I have no interests to declare			
Loff, Dr Duncan Edward	Consultant	I have no interests to declare			
Loharuka, Dr Shankar (Shankar)	Consultant	I have no interests to declare			
Lovatt, Mrs. Jane	Officer	Financial interests	Outside employment	Independent diet Consultant The 3-1 Diet by Cambridge Weight Plan	
Lowell, Miss Nicola	Technician	Financial interests	Gifts	2 x £10 gift vouchers sent to the Pharmacy Homecare Team as a "Thank you" from one of our patients	
Low, Dr Chen Sheng	Consultant	Financial interests	Clinical private practice	BMI Hospital for cardiac CT and MRI 1 session a week. Teleradiology reporting for MEDICA - reports over weekend.	
Lupton, Dr Susan Charlotte	Consultant	Financial interests	Sponsored research	RECST reporting for research studies.	Small practice / in frequent
Lupton, Dr Susan Charlotte	Consultant	Financial interests	Clinical private practice	Registered with Genesis Care	Pfizer
Lupton, Dr Susan Charlotte	Consultant	Financial interests	Sponsored events	Sponsored Clinical meetings	Due to commence later in the year 2022
Lupton, Mrs. Joanne Deborah	Consultant	Non-financial professional interest	Outside employment	No paid role Genomics England test evaluation Group NHS England	
Lynnes, Dr Elena Alexandrovna	Senior Manager	I have no interests to declare			
Macdonagall, Dr Colin Francis	Consultant	I have no interests to declare			
Macdonnell, Dr Channa baippa Prathiba (Prathiba)	Consultant	I have no interests to declare			
Madden, Dr George Barnaby Peter	Consultant	Non-financial personal interests	Loyalty interests	Married to another member of staff at UHCW	My wife is a fellow consultant anaesthetist. The department and other colleagues are fully aware of our relationship, and we take measures to ensure we are not working directly together wherever possible.
Madden, Dr Vivienne Judith	Consultant	Non-financial personal interests	Loyalty interests	Married to another member of staff	
Mahmood, Mr. Asif	Consultant	I have no interests to declare			I have no conflict of interests
Mahon, Mr. Andrew	Consultant	Financial interests	Clinical private practice	Private practice via a limited company.	
Majumdar, Dr Samita	Consultant	Financial interests			
Malhas, Dr Laith Mazen	Consultant	I have no interests to declare			
Malik, Dr Shital Asif	Consultant	I have no interests to declare			
Manjunatha, Dr Rashmi Shankar	Consultant	Financial interests	Shareholdings and other ownership interests	Director for Excel Medicare limited - a private company	no change
Manjunatha, Mr. Natarasimha	Consultant	Financial interests	Clinical private practice	Clinical private practice: Director of Excel Medicare Limited	Clinical private practice: Director of Excel Medicare Limited
Mannath, Dr Iyvan	Consultant	Financial interests	Outside employment	I do work with 18 week support and Medinet clinical service limited to deliver endoscopy lists at other NHS sites, outside of my employment contract at UHCW. I have practicing privileges at BMI, The Meriden, where I have offered adhoc endoscopy list as waiting list initiative. Director of a limited company along with my spouse.	
Mantle, Mr. Jack Edward	Physiotherapist	Financial interests	Outside employment	I currently work part time in the independent (private) sector as a specialist paediatric physiotherapist, operating as a sole trader but "not of area". GR - 2 x Tickets from Birmingham City Council for the closing ceremony of the Commonwealth Games 2022 - Value £260 each. Myself and my partner. These tickets bore no relationship to my role as Chair of UHCW but were in recognition of my previous role 2017/18 as Interim Chief Executive of Birmingham City Council, enabling the CWG to come to Birmingham. Long - term partner Trevor McCarthy is self - employed consultant in alcohol, drugs and social care To date not active in local region or sub - region.	This was known throughout my recruitment process as the role is listed on my employment history. Moreover, it should not directly affect my role at University Hospitals Coventry and Warwickshire as I do not and/or will not work with private clients from within the same catchment area, i.e. Coventry and Warwickshire. In the event that a private client I see in my independent role was to be referred to the service I provide at University Hospitals Coventry and Warwickshire, I would inform my line manager accordingly and seek advice with regards to how best to proceed, e.g. the client could be seen by a colleague at University Hospitals Coventry and Warwickshire instead of myself.
Manzie, Dame Stella Gordon	Chair	Financial interests	Gifts		
Manzie, Dame Stella Gordon	Chair	Financial interests	Loyalty interests		
Manzie, Dame Stella Gordon	Chair	Financial interests	Outside employment	AS Associates Consultancy - local government recruitment largely in Northern Ireland - fees by assignment	
Manzie, Dame Stella Gordon	Chair	Financial interests	Outside employment	Global Partners Governance - occasional paid consultancy - not health related and mainly overseas - support to emerging democracies	
Manzie, Dame Stella Gordon	Chair	Financial interests	Outside employment	Local Government Association/Improvement and Development Agency - executive coaching and support - non health related	
Manzie, Dame Stella Gordon	Chair	Financial interests	Outside employment	Occasional self - employed external coaching and consultancy	
Manzie, Dame Stella Gordon	Chair	Financial interests	Outside employment	Occasional work as adviser to Penna Recruitment - not health related	
Manzie, Dame Stella Gordon	Chair	Financial interests	Outside employment	SOLACE Enterprises - occasional paid consultancy - none in health sector - local government	
Manzie, Dame Stella Gordon	Chair	Financial interests	Shareholdings and other ownership interests	Small scale shareholder Santander	
Manzie, Dame Stella Gordon	Chair	Non-financial personal interests	Loyalty interests	Trustee - Esmée Fairbairn Foundation (Charity) Unpaid	Trusteeship held since 2017
Manzie, Dame Stella Gordon	Chair	Non-financial personal interests	Loyalty interests	Visiting Fellow Open University Business School Unpaid apart from occasional consultancy assignments	
Marangoni, Mr. Gabriele	Consultant	I have no interests to declare			
Marshall, Dr Katharine Margaret	Consultant	I have no interests to declare			
Marshall, Mrs. Leeanne Matilda	Specialist Healthcare Science Practitioner	Financial interests	Hospitality	Abbott provided an Educational Visit to an Abbott Factory, Sylmar LA. Flights (business class) and accommodation provided.	
Marshall, Mrs. Leeanne Matilda	Specialist Healthcare Science Practitioner	Financial interests	Outside employment	Consulting agreement for Abbott Medical, paid for teaching sessions only.	agreement lasts for 1 year
Marshall, Mrs. Leeanne Matilda	Specialist Healthcare Science Practitioner	Financial interests	Sponsored research	PhD research part funded by Abbott Medical	PhD part funded for 3.5 years duration. Abbott have no involvement in the project otherwise
Marson, Mrs. Patricia Marie	Staff Nurse	Financial interests	Outside employment	I am a very recently appointed Non-Executive Director to Coventry and Rugby GP Alliance	
Martin-Ucar, Mr. Antonio Eduardo	Consultant	Financial interests	Sponsored events	Faculty at Educational course Uniparal VATS Lobectomy organised by Johnson & Johnson at UHCW West Midlands Surgical Training Centre	Preparation of course for Consultants and then Educational Faculty with honoraries. 2600€
Matharu, Mr. Nicholas Mark	Consultant	I have no interests to declare			I currently undertake no private practice or consultancies for outside companies.
Matharu-Parker, Ms. Harjit	Senior Manager	Financial interests	Gifts	Act Now Ltd are the provider of the course I am currently doing - Advanced Certificate in GDPR Practice. Act Now Ltd issued an e-gift card to all delegates on the course on the first webinar on 16th February 2021. The e-gift card is for £60.	
Matharu-Parker, Ms. Harjit	Senior Manager	Financial interests	Gifts	Act Now Ltd are the provider of the course I am currently doing - Advanced Certificate in GDPR Practice. Act Now Ltd issued an e-gift card to all delegates on the course on the first webinar on 16th February 2021. The e-gift card is for £60.	
Matthews, Dr Paul	Consultant	I have no interests to declare			
Matthews, Mr. James Kennedy	Other Executive Director	I have no interests to declare			
Mathya, Dr Krishna Anna	Consultant	I have no interests to declare			
Mawby-Groom, Mrs. Jenny	Non Executive Director	I have no interests to declare			
May, Dr Laura Jo	Consultant	I have no interests to declare			
Mayerl, Dr Antonia Clare	Consultant	I have no interests to declare			
McArthur, Dr John Ross	Consultant	I have no interests to declare			
McAvan, Dr Lucy Caroline	Consultant	Financial interests	Sponsored events	Payment from Pfizer for webinar presentation 7/7/2021 Payment from Roche for evening meeting presentation 27/4/2022 Payment from AstraZeneca for evening meeting presentation 22/3/2023	
McCarthy, Dr Thomas Harry	Consultant	Indirect interests	Clinical private practice	Registered practising privileges at BMI Meriden, Nuffield Leamington Spa, Three Shires Hospital Northampton, The Woodland Hospital Luttering, and Aspen Midland Eye Clinic Solihull. Duties performed are consistent with NHS subspecialties of anaesthesia. Ad-hoc work/ zero hours contract.	Ongoing.
McDonagh, Mrs. Vanessa Lynne	Director of Nursing	Non-financial professional interest	Loyalty interests	Member of family daughter-in law, works as HCA on ward 20 Daughter working as a quality officer	no direct management involvement.
McEvoy, Mrs. Katherine Yasmin	Consultant	I have no interests to declare			
McFarlane, Dr Michael James	Consultant	I have no interests to declare			
McGregor, Mr. Gordon Stephen	Physiotherapist Manager	Financial interests	Outside employment	Directorship of Atrium Health Ltd	
McLachlan, Dr Karen Patricia	Consultant	Indirect interests	Outside employment	I was an unpaid director (Governor) of Coventry schools Foundation (Blakely and Henry's) I would be identified as their safeguarding specialist. Resigned from this role at the end of 2021	resigned 2021 December ongoing.
McLachlan, Dr Karen Patricia	Consultant	Non-financial professional interest	Outside employment	My husband is a Consultant Neurologist in the Trust (Dr Alirezzen)	
McLachlan, Dr Karen Patricia	Consultant	Non-financial professional interest	Outside employment	I have in the past given unpaid safeguarding advice to "Assist trauma care" a charity providing PTSD counselling to adults and children.	No involvement in the last year No involvement in the last 12 months
McLeod, Dr Niall Mark Hamilton (Niall M H McLeod)	Consultant	Financial interests	Outside employment	Paid honoraria and expenses for giving lectures and teaching on courses by SORNG/KLSMartin as well as occasionally other academic organisations and their commercial partners	
McLeod, Dr Niall Mark Hamilton (Niall M H McLeod)	Consultant	Financial interests	Sponsored events	Receive sponsorship for running educational courses from several commercial organisations	
McLoughlin, Dr Emer	Consultant	I have no interests to declare			
McWilliams, Dr David Joseph	Physiotherapist Manager	I have no interests to declare			
Mehta, Dr Hiten	Consultant	Financial interests	Clinical private practice	I undertake private practice in neuroradiology reporting at BMI/Nuffield/Spire/Ramsay hospital groups. This has also been noted in my previous annual appraisals and job plans.	
Mehta, Mrs. Purnima	Consultant	Financial interests	Hospitality	I have received a speaker fee of £377.00 when I gave a talk on Giant cell Arteritis in a meeting organised by Thea pharmaceuticals (Coventry Ophthalmology Masterclass, October 2021). This talk had no connection to the products that are sold by Thea and did not promote their products which are mainly to treat dry eyes and glaucoma. I have no other interests to declare. I have no private practice. Please let me know if you need any further information.	
Mendonca, Dr Cyprian	Consultant	Financial interests	Clinical private practice	I have practising privileges at BMI Meriden hospital.	
Menon, Mr. Vinod Sreedharan	Clinical Director - Medical	Financial interests	Clinical private practice		Private practice session within my job plan (no new changes)
Menon, Mr. Vinod Sreedharan	Clinical Director - Medical	Indirect interests	Clinical private practice	Clinical Chair at Circle Meriden Hospital Chair of Clinical Governance Committee at Meriden Hospital Chair of Medical Advisory Committee at Circle Meriden Hospital	Overseeing clinical governance of all NHS activity and private clinical activity at BMI Meriden Hospital Membership of Senior Management Team
Midgley, Mrs. Julie Ann	Senior Manager	Non-financial personal interests	Loyalty interests	My sister is Dr Marie Midgley, who is the Manager of Medical Education.	There is no conflict of interest arising by us working at the Trust. It is already widely known that we are sisters. I make the declaration following a recent request for staff to declare familial relationships formally.
Mills, Ms. Carole Denise	Non Executive Director	Financial interests	Outside employment	Managing Director of Carole Mills Associations (CMA Ltd) Small business providing leadership executive coaching and strategic advice to private clients.	
Mills, Ms. Carole Denise	Non Executive Director	Non-financial personal interests	Outside employment	NED at Midland Heart, Housing Association. Member of Board and Audit & Risk Cttee and Chair of Operations Cttee Since 2017. Trustee at Liffeld and Hatherston Canal Restoration Trust since April 2022 and Chair of Trustees since June 2022. Also has a registered subsidiary company.	
Minich, Dr Martin	Consultant	I have no interests to declare			
Mirza, Dr Munib Ullah (Munib)	Consultant	I have no interests to declare			
Mittal, Dr Rohit (Rohit)	Consultant	I have no interests to declare			
Modi, Mr. Chetan Suresh	Consultant	Financial interests	Clinical private practice	clinical private practice - paid into a limited company	n/a
Mohammed, Dr Khutubuddin	Consultant	I have no interests to declare			
Molitor, Dr Timothy John (Tim)	Consultant	Indirect interests	Outside employment	Guest Lecturer at Coventry University	Paid expenses
Moorby, Dr Timothy John	Consultant	Indirect interests	Sponsored events	EAHAD 2023 = European Association for Haemophilia and Allied Disorders Sponsored attendance and subsistence by CSI Berlin	Although a longstanding haematology consultant of almost 20 years, I joined the haemophilia team at Coventry in 2019 having previously worked more in the Thrombosis side of haematology than bleeding disorders. EAHAD 2023 will enable me to bring my knowledge up to the cutting edge of current thinking around diagnosis treatment and other interventions for haemophilia and other bleeding disorders, to enable me to make better evidence based decisions on therapeutic interventions.
Moorby, Dr Timothy John	Consultant	Indirect interests	Sponsored events	Sponsored attendance at Bayer Expert Clotters Conference in Birmingham	Travel expenses, hotel accommodation, sponsored by Bayer plc
Moorby, Dr Timothy John	Consultant	Indirect interests	Sponsored events	Sponsored attendance at International society for Haemostasis and Thrombosis conference in London July 2022 by Novo Nordisk	Travel expenses, hotel accommodation and Conference Fee paid for by Novo-Nordisk
Moore, Dr Thomas Sean	Consultant	I have no interests to declare			
Mossley, Mrs. Helen Claire	Senior Manager	Non-financial professional interest	Outside employment	I am a Non-Executive Director at Birmingham and the Black Country CCG (specifically for Dudley Local Commissioning Board).	
Moss, Dr Elizabeth Esther	Manager	I have no interests to declare			
Moulton, Mrs. Sarah Louise	Other Executive Director	I have no interests to declare			
Mukherjee, Dr Soma	Consultant	I have no interests to declare			
Mukherjee, Dr Soumya	Consultant	I have no interests to declare			
Murthali, Dr Peter Curie Gayo	Consultant	Indirect interests	Clinical private practice	From time to time I engage in private work through locum agencies which also deal with the Trust in supplying locum doctors	When locums are required, we do use locums from these agencies
Murmal, Mr. Suresh Kumar	Optometrist	Financial interests	Clinical private practice	Locum optometrist at Eyside Eyecare Centres	Resigned as director and shareholder of Eyside Eyecare Centres
Murmal, Mr. Suresh Kumar	Optometrist	Non-financial personal interests	Loyalty interests	Trustee of Coventry Resource Centre for Blind	
Murmal, Mr. Suresh Kumar	Optometrist	Non-financial personal interests	Loyalty interests	Vice chair of Coventry and Warwickshire Local Optical Committee.	
Murphy, Dr Emma Louise	Nurse Manager	I have no interests to declare			
Murray, Dr Duncan James	Consultant	I have no interests to declare			No expected conflicts of interest to declare
Murthy, Dr Buddhavarapu	Consultant	I have no interests to declare			
Murthy, Dr Narasimha	Consultant	Financial interests	Donations	sanofi educational events - multiple days	4 Educational events to primary care colleagues and peers May/ Sep/oct
Murthy, Dr Narasimha	Consultant	Financial interests	Hospitality	esof conference sponsorship	CPD
Murugesan Sadasivan, Dr Ramesh Kumar	Consultant	Financial interests	Clinical private practice		
Murugesan Sadasivan, Dr Ramesh Kumar	Consultant	Financial interests	Shareholdings and other ownership interests	Own 10% shares in Vardhans Medical Services Ltd.	
Mushkbar, Dr Maria	Consultant	I have no interests to declare			

Musaffar, Dr Fawad	Consultant	I have no interests to declare		Nil	Nil
Nash, Dr Edward Farbaim	Consultant	Financial interests	Clinical private practice	I have two private clinics per week at Nuffield Warwickshire Hospital and I run these clinic in my own time and make sure that I comply with Trust guidance in this regard	
Nateish, Mr. Basaviah Gowamma	Consultant	Non-financial professional interest	Clinical private practice		
Nateish, Mr. Basaviah Gowamma	Consultant	Non-financial professional interest	Clinical private practice	I perform Private clinical Practice at Meriden Hospital, Coventry and MUMS in Solihull I am a director of a limited company SS Sunda Limited	
Nath, Dr Puneet	Consultant	I have no interests to declare			
Naveed, Dr Masroor Ahmad	Consultant	I have no interests to declare			
Nayyar, Mrs. Sharon	Finance Director	I have no interests to declare			
Nazir, Dr Sheraz Ahmed	Consultant	I have no interests to declare			
Nesale, Mrs. Samantha Jane	Nurse Manager	Non-financial personal interests	Loyalty interests	My son is employed as a bank nurse within one of the Departments that I am currently the Lead Nurse for.	
Nestakontan, Dr Sankar (Sankar)	Consultant	I have no interests to declare			
Neerudai, Dr Manju Vani	Consultant	I have no interests to declare			
Nesling, Dr Kim Fiona Suzanne	Consultant	I have no interests to declare			
Nicolle, Dr Catherine Sarah (Sarah)	Consultant	I have no interests to declare			
Noon, Mr. Stephen	Finance Director	I have no interests to declare			
Nwokolo, Professor Chukwuka Uchemefuna	Consultant	I have no interests to declare		I have no interests to declare	Nil declaration
O'Brien, Dr Mark	Consultant	I have no interests to declare			
O'Brien, Mr. Alan	Specialist Healthcare Science Practitioner	Non-financial personal interests	Loyalty interests	CLOSE PERSONAL RELATIONSHIP: I am employed by UHCW as a biomedical engineer in a non clinical role. My wife is also employed by UHCW as a registered nurse in a clinical role. We work in separate departments.	We have both been employed for the trust for many years, our employment is ongoing.
O'Callaghan, Mr. John Matthew	Consultant	I have no interests to declare			
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Financial interests	Clinical private practice	Private GP DOCTOR CARE ANYWHERE	Employed as a salaried GP, I work 8 hours a week in a flexible shift pattern.
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Financial interests	Outside employment	Associate Tutor University of Warwick	I work as a Case Based Learning Facilitator for Medical Students at University of Warwick. The teaching commitment is variable every year.
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Financial interests	Outside employment	Education Fellow Self-Employment/ Consultancy Role Centre for International Medical Graduate	Offer teaching courses to International Medical Graduates in the U.K.
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Financial interests	Outside employment	Salient GP ST Whiston Surgery	I currently work 5 sessions a week at my surgery.
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Financial interests	Shareholdings and other ownership interests	Co-Director JLD Property & Investment Limited	Property investment company
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Indirect interests	Loyalty interests	Advisory Group Committee Voluntary Position. Bravehearts Northeast CIC	Charity Organisation that offers mentoring support, building friendships, inspiring community and fundraise for various events including food banks, book donations and the local NHS Trust in County Durham and Darlington NHS Trust.
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Indirect interests	Loyalty interests	Husband Consultant at another NHS Trust (UHL) and Director of Head and Neck Research Institute Leicester	
Olaleye, Mrs. Jayeola Adeola	Non Executive Director	Non-financial professional interest	Loyalty interests	I provide educational and inspiration contents through my social media contents - LinkedIn, Instagram and Facebook. The main purpose is disseminate good quality and accurate information on Lifestyle medicine and women’s health related topics. As a result of this I get Speaking Opportunities which has been non fee paying so far.	I plan to remain active in my social media channels offering information and I have plans to develop an interview podcast on health and well-being.
Olillas, Mrs. Cashmere	Radiographer - Diagnostic, Consultant	I have no interests to declare			
Oliver, Dr Colin Barry Duncan	Consultant	Financial interests	Clinical private practice		
Omer, Dr Manshi Hamad Ahmed	Consultant	I have no interests to declare			
Orng, Dr Alice Chui Ling	Consultant	I have no interests to declare			
Ortiz Comino, Dr Rosa Maria	Consultant	I have no interests to declare			
Osmann, Dr Faizel	Consultant	Financial interests	Clinical private practice	Private practice at BMI Meriden and Warwickshire Nuffield Hospitals	
Othman, Dr Hassan	Trust Grade Doctor - Specialty Registrar	Indirect interests	Sponsored events	I have been invited by Stryker for a sponsored course at Newcastle surgical training centre for advanced neurosurgical techniques course. They sponsored my travel, accommodation and the course fee. The cost was not disclosed to me.	The course is very useful hands on for cranial and spinal surgical techniques. The course has no direct interest in the company products, however there products will be used during the course as hands on and training on it as well.
Otri, Dr Ahmad Muneer	Consultant	I have no interests to declare		I have become clinical partner in NewMedica OIV in Northampton. I am also registered to do private work with BMI and Nuffields hospitals I have no conflict of interest to declare regarding my role at UHL or STX	I have become clinical partner in NewMedica OIV in Northampton. I am also registered to do private work with BMI and Nuffields hospitals I have no conflict of interest to declare regarding my role at UHL or STX
Paglarini, Dr Sergio	Consultant	Financial interests	Clinical private practice	Work in private practice at Nuffield and BMI Hospital. Co-Director of Edgbaston Eye Consultants where I run a very small private practice. I also carry out private surgery in private lists at the Hospital of St. Cross, Rugby.	
Paglarini, Dr Sergio	Consultant	Non-financial professional interest	Sponsored events	I occasionally sit on Advisory Boards for Roche and I am sponsored by Roche or Bayer to attend professional conferences	
Paige, Dr Jonathan Edward	Consultant	I have no interests to declare			
Painaudreau, Dr Charles Forshaw	Consultant	I have no interests to declare			
Palfreyman, Miss Rebecca	Manager	Indirect interests	Outside employment	Sibling - Samantha Palfreyman - Works in Clinical Supports Services Cousin - Gabriella Tamme-Cox - Works in the Patient Contact Team (Reports into team leader, who reports into administration manager, who reports into the operational support manager who then reports into me)	Management aware prior to recruitment. Gabriella does not report directly into me.
Pallister, Dr Emily Charlotte	Consultant	I have no interests to declare			
Pandurengan, Dr Amaran	Consultant	I have no interests to declare		No conflicts to declare	No conflicts of interests
Pankiker, Dr Sandeep	Consultant	Financial interests	Clinical private practice	Clinical private practice	
Pankiker, Dr Sandeep	Consultant	Financial interests	Sponsored research	Research grants / speaker engagements / sponsored events from British Heart Foundation, BMS, Biosense Webster, Medtronic, Boston Scientific, Bayer, Abbott Medical and Boehringer Ingelheim.	
Park, Dr Allen John	Consultant	I have no interests to declare			
Park, Dr Dong Young	Consultant	I have no interests to declare			
Parmer, Mr. Bimola Maganlal	Consultant	I have no interests to declare			
Parr, Dr David Gwyn	Consultant	Financial interests	Clinical private practice	Expert medico-legal witness	
Parr, Dr David Gwyn	Consultant	Financial interests	Outside employment	External consultant to biopharmaceutical company, including advisory board participation, advising on study design and outcomes in rare lung disease.	
Parsons, Dr Gaven Saebo	Consultant	Non-financial professional interest	Outside employment	Work for Medica in non-contracted time	
Parsons, Mrs. May Richell	Modern Matron	Financial interests	Outside employment	I am working as a Consultant for a UK-based recruitment agency working with agencies based in the Philippines looking to place internationally educated nurses within the NHS.	This consultancy job is done in my personal time with no link to UHCW.
Parsons, Mrs. May Richell	Modern Matron	Non-financial professional interest	Outside employment	Filipino Nurses Association UK (FNA-UK). It is a not for profit, apolitical and family-oriented community organisation registered as a Community Interest Company (CIC) with registration number 12713655.	I am an Interim Regional Director for West Midlands, and the election of officers will be next year July 2023 approximately. I do the activities relating to FNA-UK in my personal time and it's unpaid voluntary work.
Patel, Dr Kiranbhai (Kiran)	Senior Clinical Medical Officer	Financial interests	Shareholdings and other ownership interests	Shell Shares inherited from deceased father	
Patel, Dr Kiranbhai (Kiran)	Senior Clinical Medical Officer	Indirect interests	Clinical private practice		
Patel, Dr Kiranbhai (Kiran)	Senior Clinical Medical Officer	Non-financial personal interests	Loyalty interests	Chair of Premier League Medical Governance Group	
Patel, Dr Kiranbhai (Kiran)	Senior Clinical Medical Officer	Non-financial personal interests	Loyalty interests	Chair of trustees, South Asian Health Foundation (UK charity)	
Patel, Dr Kiranbhai (Kiran)	Senior Clinical Medical Officer	Non-financial personal interests	Loyalty interests	Daughter works as Admin assistant on UHCW Bank staff ad hoc	
Patel, Dr Krupal	Consultant	Financial interests	Clinical private practice	I have practice privileges at the The Meriden Hospital but as of yet have not started any private work.	
Patel, Mr. Anant	Radiographer - Diagnostic	Indirect interests	Shareholdings and other ownership interests	Am a director for two companies: 1. AMPformatics Ltd- A Health Consultancy specialising in Informatics, Diagnostics and Pharmacy 2. Certis Testing- A QA and testing company working with the public sector to ensure that IT hardware and software is working as expected, specialising in Supplier Accountability Testing	We have not had any dealings with UHCW at present.
Patel Arambhag, Dr Gayathri Kanchana Niruphani	Consultant	I have no interests to declare			
Patel, Dr Anuja Sumit	Consultant	I have no interests to declare			
Patel, Dr Sumit	Consultant	I have no interests to declare			
Patteni, Dr Mathew Varghese	Consultant	I have no interests to declare			
Pattinson, Mr. Giles Thomas Ridley	Consultant	Non-financial professional interest	Loyalty interests	I am married to Deborah Markham. Ms Markham is an endocrine and paediatric surgeon at SWFT. She sits on the Specialist Advisory Committee (SAC) for general surgery. She is national selection lead for general surgery ST3. I am a member of the T&O SAC. We both sit on our respective operation delivery networks (ODNs) for the West Midlands for surgery in children. Our work lives may overlap in the domains of training and the provision of surgical services esp paediatric services.	
Paul, Dr Jason Thattarakunnel	Consultant	Financial interests	Clinical private practice	I have been doing a limited private practice in BMI Meriden Hospital, Nuffield Warwickshire hospital and BMI Three Shires hospital. I do provide my service for both NHS and private patients Also sometimes help with the NHS waiting list, in the nearby NHS hospitals	
Pavlos, Miss Claire Elizabeth	Applied Psychologist - Clinical	Indirect interests	Outside employment	I am employed as a Clinical Psychologist for Coventry and Warwickshire Partnership Trust in the South Warwickshire Memory Assessment and Dementia Service. I am the Clinical Lead for Younger Onset Dementia across Coventry and Warwickshire. I run a small health clinic in Finton in Coventry renting out clinic space to medical health professionals. At the present time I do not practice there, but may do in the future. I am employed by Coventry University and support the Clinical Psychology Doctorate programme and MSc Clinical Psychology Course by teaching, marking and other clinical administration.	
Peach, Mr. Daniel William	Other Executive Director	I have no interests to declare		Nil	
Peachey, Mr. Luke Ross	Nurse Manager	Non-financial personal interests	Outside employment	No personal relationship with Lucinda Pitt	
Peachey, Mr. Luke Ross	Nurse Manager	Non-financial personal interests	Outside employment	Married to Lucinda Peachey	
Peachey, Mrs. Lucinda Anne (Lucy)	Advanced Practitioner	Non-financial personal interests	Outside employment	Married to Luke Peachey, Head of Emergency Planning	
Peffer, Dr Gillian Mary	Consultant	I have no interests to declare			nothing to declare
Pell, Dr Mark Samuel	Consultant	I have no interests to declare			
Perkins, Dr Philip James	Consultant	I have no interests to declare			
Perkins, Mr Gavin	Non Executive Director	Financial interests	Outside employment	Employer - University of Warwick, Deputy Dean, Warwick Medical School, Director of Warwick Clinical Trials Unit	
Perkins, Mr Gavin	Non Executive Director	Financial interests	Outside employment	Honorary Consultant at University Hospitals Birmingham, sub-contracted with payment to University of Warwick	
Perkins, Mr Gavin	Non Executive Director	Financial interests	Outside employment	Employer - West Midlands Ambulance, honorary consultant	
Perkins, Mr Gavin	Non Executive Director	Financial interests	Sponsored Research	National Institute for Health and Care Research - Grant Recipient (funding paid to University of Warwick)	
Perkins, Mr Gavin	Non Executive Director	Financial interests	Sponsored Research/Loyalty interests	Resuscitation Council UK - professional society and charity. Grant recipient (funding paid to University of Warwick); Vice President and Trustee	
Perkins, Mr Gavin	Non Executive Director	Financial interests	Sponsored Research/Loyalty interests	Laerdal Foundation - Grant recipient (funding paid to University of Warwick); vice president and Trustee	
Perkins, Mr Gavin	Non Executive Director	Financial interests	Sponsored Research	British Heart Foundation charity - Grant recipient (funding paid to University of Warwick)	
Perkins, Mr Gavin	Non Executive Director	Professional interest	Loyalty interests	International Liaison Committee on Resuscitation - professional society - Co Chair	
Perkins, Mr Gavin	Non Executive Director	Professional interest	Loyalty interests	European Resuscitation Council - professional society - Director of Research	
Perkins, Mr Gavin	Non Executive Director	Professional interest	Loyalty interests	Elsevier - publisher. Editorial roles with professional journals Resuscitation and Resuscitation Plus	
Perkins, Mrs. Laura Ann	Healthcare Assistant	Non-financial personal interests	Loyalty interests	Zandra Michelle Sutherland (sister)	
Phillips, Dr Andrew Alexander	Consultant	I have no interests to declare			
Porthouse, Mrs. Judyann (Judy)	Dietitian	Financial interests	Clinical private practice	Practice at BMI The Meriden Hospital. Speciality: Dietitian Biweekly Saturday morning clinic	I have been practicing privately there since 2018.
Potter, Dr Hannah Louise	Consultant	Financial interests	Outside employment	Locum contract with United Lincolnshire Hospitals NHS trust	Very occasional locum work
Potter, Dr Tanya Buchanan	Consultant	I have no interests to declare			
Potter, Dr Vanessa Alice Joyce	Consultant	Financial interests	Hospitality	Registration fees and hotel accommodation paid for by Servier for attendance at the European Society of Medical Oncology annual meeting in September 2022.	
Price, Dr Louise Elizabeth	Applied Psychologist - Clinical	I have no interests to declare			
Price, Dr Louise Elizabeth	Applied Psychologist - Clinical	I have no interests to declare			
Price-Forbes, Dr Alec Nicholas	Consultant	Financial interests	Outside employment	From December 2021, I will be providing private consultancy services to 3M for one day a week up to a maximum of 45 days a year From July 2022, Non-executive Director Innovate HealthCare services Limited	This has been discussed and agreed with CD Medicine and Head of Medicine and has been incorporated into my new job plan. The Trust has existing contracts with 3M and I have declared this new role with the Director of Digital and IT and NED role with Innovate discussed with CMO as well
Puthan, Dr Pooanan Krishna	Consultant	I have no interests to declare			
Pye, Dr Eleanor Mary	Consultant	I have no interests to declare			
Qazaz, Dr Sured Hilmi Rashide	Consultant	I have no interests to declare			
Quasim, Dr Seema	Consultant	Financial interests	Clinical private practice	Practising privileges for anaesthesia at BMI Meriden	
Quasim, Dr Seema	Consultant	Financial interests	Clinical private practice	Practising privileges for anaesthesia at Nuffield Hospital Warwick/ Leamington Spa	
Quasim, Dr Seema	Consultant	Financial interests	Outside employment	Subject matter adviser (District Anaesthesia) Healthcare Safety Investigation Branch (HSIB) - Maternity Anaesthetic Assessor for MBRAC-UK (Maternity and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK)	Employed for Tax Purposes
Quasim, Dr Seema	Consultant	Non-financial professional interest	Loyalty interests	Reviewer for Royal College of Anaesthetists ACSA (Anaesthesia Clinical Services Accreditation)	
Quasim, Dr Seema	Consultant	I have no interests to declare			
Rabbin, Dr Nicholas Grant James	Consultant	I have no interests to declare			
Radhakrishna, Dr Subrahmanyam (Krish)	Consultant	I have no interests to declare		I have a private company ltd. company that I have used for my private practice. Other than that I have no interests to declare.	

Rai, Dr Jasvinder Kaur	Consultant	I have no interests to declare		I work at BMI Meriden Hospital Coventry as part of my private practice privilege. In my contracted off time. Nuffield Warwickshire NHS Trust. I also work for a Teleradiology company from Home in my own time - outside the job plan commitment, about 2 hr a week	There is no direct conflict as this is in my own time I do have my own LTD company for this private work. I do this work outside my contractual commitments.
Rai, Dr Santosh	Consultant	Indirect interests	Clinical private practice		I am Co-Organiser for FRCR2b course since 2005. This is organized by Medical Education based at CSH. Admin is done by Med Education team and organised under trust guidance for running courses. This course runs twice a year March and September time.
Rai, Dr Santosh	Consultant	Non-financial professional interest	Sponsored events	FRCR2b Coventry Course	The role as Trustee will enhance my work as EDI Lead at the Trust
Rai, Mr. Sahvinder Rajathurai, Dr Thirumaran Rajmawale, Dr Minshini Ramachandran, Dr Ratteshalli Rangappa Ramachandran, Dr Krishnaswami Ramamoudar, Mr. Darryl Nilesh (Darryl) Rama, Mr. Minral	Manager Consultant Consultant Consultant Consultant Consultant Consultant	Non-financial professional interest Indirect interests I have no interests to declare Indirect interests I have no interests to declare Financial interests Non-financial professional interest	Outside employment Clinical private practice Clinical private practice Clinical private practice Clinical private practice Clinical private practice Clinical private practice	I am a Trustee on the Board for an Equalities Charity EQuIP in Warwickshire. This is a voluntary role Practising privileges at Nuffield Warwickshire and BMI Meriden Hospitals. I do private work in BMI Meriden Coventry and Nuffield Health Leamington Spa Medicological practice, Darryl Ramoudar Medical Limited Ierato Vision Limited - Sole Director of this limited company	
Randeve, Dr Harpal Singh	Consultant	Financial interests	Loyalty interests	Steering committee of NN Obesity training programme for clinicians (GOAL)	The GOAL programme is a year long programme and it takes place out of hours (6.30 - 8.45pm)
Rao, Dr Nikhil Dipak	Consultant	Financial interests	Clinical private practice	I work for a teleradiology company (4 Ways) reporting. (since 2017). Report after working hours and weekends. No conflict with on calls or scheduled job plan. I have been accepted for Reporting privileges at Meriden Hospital, Coventry (10/6/2022)- awaiting formal letter of acceptance.	This updates my current declaration
Rao, Dr Nikhil Dipak	Consultant	Financial interests	Clinical private practice	Teleradiology Work - out of hours - Always Healthcare Ltd Nexus House, Boundary Way, Hemel Hempstead, HP2 7SL BMI Meriden, Coventry - Private Nuclear Medicine Reporting, Out of hours RICST Reporting of Oncological Scans - for UHCW patients paid via PAYE Paid Research Project (Taleida Project) under Stuart Taylor, Professor of Medical Imaging University College London Postal Address: Dept Specialist X Ray Level 2 podium University College London Hospital 235 Euston Rd London NW1 2BU Paid on a case by case fee. Performed during non contractual hours.	
Rao, Dr Rangaratha Krishna Raulu, Dr Fahid Tariq Ratnam, Dr Sarhananthan	Consultant Consultant Consultant Consultant	Financial interests I have no interests to declare Non-financial personal interests I have no interests to declare	Sponsored research Clinical private practice Clinical private practice	I had one financial payment from sanofi for organising diabetes renal medicine talk in 2022. Private practice	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Financial interests	Outside employment	SLA with BMI Meriden to provide microbiology advice and authorise laboratory results. Employment organised via UHCW Pathology.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Chair of the medical microbiology and virology Specialist Advisory Committee of the Royal College of Pathologists. Advise on and develop national guidance and initiatives. Collaborate with other infection organisations. Non remunerated.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Co-Chair of the Clinical Services Committee of the British Infection Association and Council member. Write and contribute to national documents and initiatives. Non remunerated.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Expert reviewer on NICE guidance on antimicrobial and antiviral agents. Non remunerated.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Member of PHE working groups on Staph Capitis in Neonates for: environment, guidance and management. Non remunerated.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Member of editorial board for Clinical Infections in Practice online BIA journal. Select suitable journals for peer review and make decisions on suitability for publishing.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Member of the Antimicrobial resistance board. NHSE/NHS group. Advise on initiatives to combat antimicrobial resistance. Non remunerated.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Member of the RCPH COVID Advisory Group. Advise on COVID related guidance, respond to government initiatives. Non remunerated.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Member of the Standards for Microbiological Investigations (SMI) bacteriology working group. PHE group which develops standards for undertaking bacteriological investigations. Collaborates with other infection associations.	
Ratnaraja, Dr Natasha Vanya D V	Consultant	Non-financial professional interest	Loyalty interests	Peer reviewer for Journal of Hospital Infection articles. Non remunerated.	
Ravenhall, Miss Georgina Kate	Healthcare Assistant	Non-financial professional interest	Loyalty interests	Family working within the trust	Dane Ravenhall - Staff Nurse, Mother Stacey Ravenhall - Sterilisation Services, Aunt Eliot Ravenhall - Porter, Uncle
Ray, Dr Pijush Kanti	Consultant	I have no interests to declare			
Read, Mr. Marcus James	Officer	Non-financial personal interests	Loyalty interests		
Read-Jones, Dr Sarah Louise	Consultant	I have no interests to declare	Loyalty interests	I have a parent who is currently employed in the hospital as a research sister, named Kerry Read. I also have an aunt currently employed in Payrole named Julie Aston. I also have a cousin employed in the hospital called Stacey Read	
Reddy, Dr Chinnula	Consultant	Financial interests	Clinical private practice	I provide occasional anaesthesia services to BMI Meriden and Nuffield warwick hospitals.	
Reese, Dr Julia Lucy	Consultant	I have no interests to declare			
Richards, Mrs. Justine Anne	Senior Manager	Non-financial personal interests	Loyalty interests	My sister in law works for the KCB as a System Lead for Cancer Services I	
Richards, Mrs. Justine Anne	Senior Manager	Non-financial professional interest	Loyalty interests	I am a Trustee of UHCW Hospital Charity	
Riemer, Mr. Bryan Lawrence	Consultant	Financial interests	Clinical private practice	I work as an orthopaedic surgeon part time at the BMI Meriden (very limited hours)	I now see private and NHS patients
Robertson, Mr. Blair Jon	Senior Manager	I have no interests to declare			
Robertson, Mr. Stuart Alistair	Consultant	I have no interests to declare			
Robertson, Mr. Stuart Alistair	Consultant	I have no interests to declare			
Robinson, Dr Andrew George	Consultant	Financial interests	Sponsored events	I attended a sponsored meeting organised by Eli Lilly: oncology business workshop - Developing your business case. Travel and hospitality was provided by Eli Lilly. Attended 5/8/21.	
Robinson, Dr Andrew George	Consultant	Financial interests	Sponsored events	I received honoraria for speaking to senior oncology representatives within Astra Zeneca Europe discussing the impact of COVID on histopathology: "New normal, Same Cancer" on November 25th 2020. This was a round table discussion with surgeon, clinician and oncologist, reflecting on the impact of COVID on the management of cancer.	
Robinson, Dr Andrew George	Consultant	Financial interests	Sponsored events	I received honoraria from Astra Zeneca for giving a presentation on PD-L1 testing in the context of stage 3 lung cancer: "Optimising the stage 3 NSCLC pathway: Tissue site issue" on 30th June 2021.	
Robinson, Mr. Martin Lewis	Other Executive Director	Financial interests	Shareholdings and other ownership interests	I have an inactive business "Project Mob". It focuses on health and well-being.	none
Rollason, Mrs. Susan Elizabeth	Other Executive Director	I have no interests to declare			
Rounce, Mrs. Heidi	Officer	Non-financial personal interests	Loyalty interests	Two daughters who work for the Trust working in different departments to myself and each other	They have both worked for the Trust for several years and this is ongoing.
Rout, Mrs. Lucy Jane	Physiotherapist	Non-financial professional interest	Outside employment	I lecture at Coventry University on the Assistant Practitioner in Healthcare course.	
Rout, Mrs. Lucy Jane	Physiotherapist	Non-financial professional interest	Outside employment	work for the British dietetic association as a course assessor	
Rowley, Miss Annis Elizabeth	Other Executive Director	I have no interests to declare			I have no interests to declare.
Rowley, Miss Annis Elizabeth	Other Executive Director	I have no interests to declare			
Roy, Mr. Debabrata	Consultant	I have no interests to declare			
Rubinshe, Dr Andreas	Consultant	I have no interests to declare			
Sabir, Mr. Shakeel	Senior Manager	I have no interests to declare			
Sabri, Dr Nadia	Consultant	I have no interests to declare			
Sabri, Dr Nadia	Consultant	I have no interests to declare			
Sabru, Dr Nurfarah Binti	Consultant	Financial interests	Clinical private practice	Like other Consultant Microbiologists employed by UHCW, I am required to provide service to BMI Meriden, University Hospital Site, Clifford Bridge Road, CV2 1LQ which is remunerated for.	
Sah, Dr Shatrughan Prasad	Consultant	Financial interests	Clinical private practice	I received money from reporting private cases sent to us in our department from BMI meriden hospital as agreed by our depart till December 2021. Since then our department no longer reports private cases from BMI meriden hospital.	
Sah, Dr Shatrughan Prasad	Consultant	Financial interests	Clinical private practice	Our department stopped reporting private cases from BMI meriden hospital since November 2021 and since then I have not reported any private histopathology cases from BMI meriden hospital.	
Sait, Mr. Mohamed Razick	Consultant	I have no interests to declare	Shareholdings and other ownership interests		
Sakr, Dr Magdy Dossuky Saleh Ali	Consultant	Indirect interests	Shareholdings and other ownership interests	Codirector of limited company for property buy to rent	I do not believe it has any relation to my employment
Salman, Dr Bilal	Consultant	I have no interests to declare			
Sall, Mrs. Sharon Pauline	Senior Manager	Indirect interests	Outside employment	Spouse works in the Trust as Patient Experience Facilitator Sister works in the Trust in PALS service Brother in law works in the Trust in materials management team in Emergency Department	
Samra, Dr Amrit Deep Pal	Consultant	I have no interests to declare			
Samsomova, Dr Oksana	Consultant	I have no interests to declare			
Sandhu, Dr Swaraj	Consultant	I have no interests to declare			
Sangha, Dr Vicky Kaur	Consultant	I have no interests to declare			
Sankaranarayanan, Dr Salleth	Consultant	Financial interests	Clinical private practice	Me and my wife are directors for a limited company (Ivany health limited) established for Private clinical practice The company has no arrangements or contracts with the Trust	Established to set up my private clinical practice. No financial or any other contract dealing with the Trust
Santny, Miss Amy Maria	Healthcare Assistant	Non-financial personal interests	Hospitality		I don't #B217; have any criminal records. I confirm that the information provided is complete and correct
Sanyal, Dr Saibal (Sai)	Consultant	Financial interests	Clinical private practice	Practising privileges at Nuffield Warwickshire, Skin clinic Leamington Spa and Eden Consultancy Ltd	Private practice
Saran, Dr Tajinder	Consultant	Financial interests	Clinical private practice	Clinical Private Practice: Anaesthetics Ltd	No direct influence provided to patients and thus no competing financial interests
Saran, Dr Tajinder	Consultant	Financial interests	Clinical private practice	Clinical Private Practice: Anaesthetics Ltd	43922
Satodia, Dr Prakash Jivraj	Consultant	Financial interests	Shareholdings and other ownership interests	Joint director of SAR House Limited Company.	
Savens, Mr. Amar	Consultant	I have no interests to declare			
Sayed, Dr Salim	Consultant	I have no interests to declare			
Scuse, Dr Anne Elizabeth	Consultant	I have no interests to declare			
Scott, Ms. Lynda Ann	Manager	I have no interests to declare			No interests to declare
Scott-Brown, Dr Martin Woods Graham	Consultant	Financial interests	Outside employment	Attended a Multi-disciplinary Advisory Board for Merck Serono Ltd "Questions and advice on the factors and considerations in providing an EGFR Inhibitor Service"	I was invited along with two other Consultant Oncologists from the UK, with a Clinical Nurse Specialist and two Cancer Pharmacists to discuss the patient pathway and provision of EGFR inhibitor treatment to patients with Colorectal Cancer within the NHS.
Scott-Brown, Dr Martin Woods Graham	Consultant	Financial interests	Outside employment	I was a member of an Astellas Gastric Cancer Advisory Board This involved online discussions with medical colleagues regarding the current diagnostic and treatment pathways for Gastric Cancer in the UK and Ireland	
Scott-Brown, Dr Martin Woods Graham	Consultant	Financial interests	Outside employment	To provide clinical input (to Astella Pharma) throughout the preparation and submission of the health technology appraisal submission of Zolbetuximab for locally advanced unresectable or metastatic gastric cancer and gastro-oesophageal junction adenocarcinoma to the National Institute for Health and Care Excellence from strategy development to guidance being produced by NICE from January 2023 to May 2024	
Scott-Brown, Dr Martin Woods Graham	Consultant	Financial interests	Sponsored events	I was sponsored by MSD (Pharmaceutical Company) to attend the ESMO Congress (9th to 13th September 2022) which took place in Paris. Sponsorship included Economy class airtravel from Birmingham to Paris, travel within Paris for conference purposes, 4 nights hotel accommodation, one evening meal and payment of conference fee.	
Sedaghat, Dr Fantea	Consultant	I have no interests to declare			
Sedighi, Dr Arshia	Consultant	I have no interests to declare			
Selvaraj, Mr. Andrew Dasan	Consultant	I have no interests to declare			
Sexton, Mr. Adrian John	Optometrist	Financial interests	Clinical private practice	Private Low Vision clinic	on going
Sexton, Mr. Adrian John	Optometrist	Financial interests	Outside employment	Employment at the Low Vision Clinic run by Focus Birmingham UK	on going
Sexton, Mr. Adrian John	Optometrist	Financial interests	Outside employment	Sessional Examiner for the WOPEC / College of Optometrists Low Vision Certificate, through Cardiff University	on going
Sexton, Mr. Adrian John	Optometrist	Financial interests	Outside employment	Sessional Practical Lecturer Aston University Optometry Department	on going
Sexton, Mr. Adrian John	Optometrist	Financial interests	Sponsored research	Research grant from the College of Optometrists, researching visual requirements for BSL, this is done in conjunction with Cardiff University	on going
Sexton, Mr. Adrian John	Optometrist	Financial interests	Outside employment	I did a pre recorded presentations for PERDAMI Virtual Scientific Meeting 2022 (Indonesia) in September, two topics in the field of Low Vision. This initially, I thought, was a voluntary venture until they paid me for my work. Payment was received 30/12/22, hence my declaration now.	I did a pre recorded presentations for PERDAMI Virtual Scientific Meeting 2022 (Indonesia) in September, two topics in the field of Low Vision. This initially, I thought, was a voluntary venture until they paid me for my work. Payment was received 30/12/22, hence my declaration now.
Shad, Dr Mohammad Amjad	Consultant	Financial interests	Clinical private practice	Clinical private practice outside of NHS job plan Family financial interest in hospitality sector (Dryade Hotel - shares)	
Shad, Dr Mohammad Amjad	Consultant	Financial interests	Hospitality	I and my family have shares in Dryade Hotel, Rugby. Spinal compay are hosting a teaching and training session there and a meal to follow.	
Shah, Mr. Faisal Ali	Consultant	I have no interests to declare	Clinical private practice	I do private practice and teleradiology reporting I also do online teaching for radiology trainees	
Shakespeare, Mrs. Joanna	Consultant Healthcare Scientist	I have no interests to declare			
Shanbhag, Dr Smruta	Consultant	Financial interests	Outside employment	£ 2362 fees paid by Olympus to Smruta Shanbhag Limited for Olympus laparoscopic modular teaching- Laparoscopic hysterectomy cadaveric course, Cambridge	
Shanbhag, Dr Smruta	Consultant	Financial interests	Outside employment	£ 260 fees paid by Olympus to Smruta Shanbhag Limited for online webinar on Repair of anal sphincter injury	
Shanbhag, Dr Smruta	Consultant	Financial interests	Outside employment	£1485 fees paid by Olympus to Smruta Shanbhag Limited for Olympus online webinar: pelvic spaces anatomy	
Shanbhag, Dr Smruta	Consultant	Financial interests	Outside employment	£1620 fees paid by Olympus to Smruta Shanbhag Limited for RSGG/ Olympus laparoscopic modular teaching- cadaveric labs, Griffin institute, Watford	
Shanbhag, Dr Smruta	Consultant	Financial interests	Outside employment	£1957 fees paid by Olympus to Smruta Shanbhag Limited for RSGG/ Olympus laparoscopic modular teaching- Dry labs, Southern on sea	

Shanbhag, Dr Smruti	Consultant	Non-financial professional interest	Hospitality	educational evening for hemostatic products with dinner, sponsored by Baxter, Birmingham, UK	
Sharma, Dr John	Consultant	I have no interests to declare			
Sharma, Dr Megha Subramaniam	Consultant	I have no interests to declare			
Shaw, Dr Nicholas George	Consultant	I have no interests to declare			
Shehu, Dr Abdullahi	Consultant	Financial interests	Clinical private practice	I do my private practice at the Nuffield Hospital in Leamington as has been for many years.	on going
Shehu, Dr Abdullahi	Consultant	Non-financial professional interest	Sponsored events	I was sponsored to join online AAN conference last year by BIOGEN	American Academy of Neurology annual meeting is one of the best opportunities to gain CPO points in all aspects of neurology. Its attended by over 10000 delegates worldwide.
Shekhar, Dr Chander	Consultant	Financial interests	Outside employment	Working for 18 Weeks Supports Limited an insourcing company providing services to the NHS as a Consultant Gastroenterologist.	Associated with the same NHS insourcing companies for last 7-8 years.
Shekhar, Dr Chander	Consultant	Financial interests	Patents	Director of Dhanvantari Innovations Director of Dhanvantari Opticals	Director of two companies, currently involved in product development research, which may or may not be patentable in the future. The research/work is done in collaboration with the Wolverhampton University with EU funded grant (to the University).
Shelala, Dr Khaled Hussein	Consultant	Financial interests	Clinical private practice		Private practice at BMI, Meriden Hospital and Teleradiology with Everlight Radiology company.
Shields, Dr Brian John	Consultant	Non-financial personal interests	Loyalty interests	Married to Dr Rebecca Shields Obstetrics and Gynecology Specialist trainee	
Shields, Dr Brian John	Consultant	Non-financial professional interest	Outside employment	School Governor Dujchurch Federation	
Shim, Dr Lana Neen	Consultant	Indirect interests	Clinical private practice		
Shrimali, Dr Raj Kumar	Consultant	I have no interests to declare			
Simmons, Dr Emma Jane Victoria	Consultant	I have no interests to declare			
Simms, Miss Holly	Manager	Non-financial personal interests	Loyalty interests	Married to another employee of UHCW NHS Trust (Dan Gilks)	
Simons, Miss. Soj	Staff Nurse	Non-financial professional interest	Outside employment		
Simonato, Dr Davide	Consultant	Financial interests	Clinical private practice	AVON diagnostics (tele-reporting).	private practice of teleradiology.
Simpson, Mr. Robert Alexander	Consultant	I have no interests to declare			
Singh, Dr Amit Paul	Consultant	I have no interests to declare			
Singh, Dr Nitesh	Consultant	I have no interests to declare			
Sinha, Dr Bidisa	Consultant	Financial interests	Clinical private practice	no private work	
Sitirasa, Dr Jayakodi Arachchilage Bandula	Consultant	I have no interests to declare			
Sivaganesan, Dr Nirojan	Consultant	I have no interests to declare			
Skilman, Mrs. Joanna	Consultant	I have no interests to declare			
Smith, Dr Stephen Charles Handley	Consultant Healthcare Scientist	I have no interests to declare			
Smith, Miss Colette Amy	Sister/Charge Nurse	Non-financial personal interests	Loyalty interests	I am in a relationship with Toin Watts who works within the radiology department is a performance and operations manager I perform aesthetics privately outside of my substantive role within the NHS	
Smith, Mr. Andrew John	Senior Manager	I have no interests to declare			
Smith, Mr. Nicholas Anthony Douglas	Consultant	Financial interests	Sponsored events	funding from Joint Operations to visit the Allsource tissue bank, where we get meniscal allograft transplant from to understand the sterilisation processes and be able to explain any risks to patients.	
Smith, Mrs. Laura Francesca	Optometrist	Financial interests	Clinical private practice	I work on an ad hoc basis at Michael Harris Opticians on my days off.	Ongoing.
Smith, Mrs. Samantha Jayne	Radiographer - Diagnostic	Financial interests	Outside employment	Have a Bank/locum arrangement with my previous employer - University Hospitals Birmingham NHS FT	Before leaving my previous employer I lead a Service Evaluation of "Artificial Intelligence in Breast Screening". I have been asked to continue to be involved in case reviews and presentation/publications of outcomes with this specific project. The case review sessions will be paid, they are at the weekend so will not interfere with my normal working hours at UHCW.
Snead, Dr David Robert John	Consultant	Financial interests	Clinical private practice	I perform post mortems for the coroner	
Snead, Dr David Robert John	Consultant	Financial interests	Shareholdings and other ownership interests	I am founder and owner of Histofly Ltd.	I own shares in this company.
Sneath, Mr. Robert James Saville	Consultant	I have no interests to declare			
Solanki, Dr Sandeep Pravin	Consultant	I have no interests to declare			
Somers, Miss Elizabeth Sarah	Manager	Non-financial personal interests	Loyalty interests	Sarah Somers is my mum who works within one of the teams within the Booking Centre.	
Sood, Mr. Sumit Kumar	Consultant	Non-financial personal interests	Clinical private practice	I am a co-director of an Aesthetic company providing non surgical cosmetics	
Sothi, Dr Sharmila	Consultant	I have no interests to declare			
Spooner, Dr Brendan Boyd	Consultant	Non-financial personal interests	Loyalty interests	My wife Dr Kate Bosworth (Consultant Anaesthetist) works at the trust	No conflicts / interests to declare
Spooner, Dr Brendan Boyd	Consultant	Non-financial professional interest	Outside employment	I work as a leadership fellow for the NHS West Midlands Clinical Senate as a leadership fellow. I have done since November 2020. The trust is reimbursed for my time.	
Sreenivas, Dr Muthyala	Consultant	Financial interests	Clinical private practice	One of the directors of JS and sons limited which provides clinical medical services currently to Nuffield Hospital in Leamington and Your Medical services.	Cannot exactly remember the start date at Nuffield. Start date for YMS was 27/3/2021.
Sreenivas, Dr Muthyala	Consultant	Indirect interests	Clinical private practice	1. Work for Your medical services providing breast imaging to NHS hospitals since March 2021 2. Work as Consultant Radiologist at Nuffield Hospital Leamington since 2016 3. Worked as locum consultant breast radiologist for HEFT between 2015 and 2018. 4. Consultancy work for BDI (BARD LIMITED), a company incorporated in England and Wales with company number 93660 whose registered office address is at Forest House, Tilgate Forest Business Park, Brighton Road, Crawley, West Sussex, BN11 9BP, GB from 1/3/22	
Sreevathsa, Dr Soory Subramanyam	Consultant	I have no interests to declare			
Srikantiah, Dr Rajesh	Consultant	I have no interests to declare			
Srinivasamurthy, Dr Devaraj	Consultant	I have no interests to declare			
Sriram, Dr Balachandran	Consultant	I have no interests to declare			I am a retired GP, and am doing part time work as GP, extended hours and private GP including minor surgery
Starkey, Mrs. Juliet Mary	Other Executive Director	I have no interests to declare			
Stein, Mr. Andrew George	Consultant	I have no interests to declare			
Stirling, Dr Heather Fiona	Consultant	I have no interests to declare			
Stocker, Mrs. Judith	Consultant	I have no interests to declare			I have my own limited company for private practice purposes but this is not a conflict of interest.
Stockton, Mr. Peter Alex	Consultant	I have no interests to declare			
Street, Dr Mark Nicholas	Consultant	Financial interests	Shareholdings and other ownership interests	I own the software company DoctorsBagUK Ltd. and the website www.doctorsbaguk.com. This supplies software to many health professionals, both NHS and private sector.	
Strens, Dr Lucy Henrietta	Consultant	I have no interests to declare			
Sturges, Mr. Ian Matthew	Senior Manager	I have no interests to declare			
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Clinical private practice	I have undertaken clinical private practice since 2008	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Loyalty interests	I have accepted an offer to become a trustee of the Severn Valley Railway charity. I have declared it as a financial interest as it involves financial governance of the charity but it is an unpaid role. I have not attended any meeting at this time.	Consultant to Baxter (International) - Consultant on future products and other advice as needed.
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Outside employment	I am Medical Director of MSS Ltd. Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Outside employment	I am a paid adviser to Aerogen. Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Outside employment	I am a paid adviser to Mindway	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Outside employment	I am employed by BMAS as a CCSD doctor and as an MIA. Previously declared MIA (paid through UHCW payroll) Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Outside employment	I am the Director of clinical audit for TARN (paid through my current job plan). Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Outside employment	Paid consultant to Aquatant. Advise on product development.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Shareholdings and other ownership interests	I am a Director of and sole shareholder of Dr D Surendra Kumar Ltd. Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Shareholdings and other ownership interests	I am a director and 50% owner of BSK Homes Ltd	Date is approximate.
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Shareholdings and other ownership interests	Previously declared but seems to have been deleted Director and majority shareholder of Dr D Surendra Kumar Ltd spoke for Hamilton medical Dec 2021. Will receive honorarium. Offer to speak again and run a sponsored meeting at UHCW in the future. 2022 - ongoing	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Financial interests	Sponsored events	I am a member of the Joint Royal Colleges Ambulance Liaison Committee. Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Non-financial professional interest	Outside employment	I am a member of the clinical advisory group for NARU. Date is approximate. Declared previously but updating new system.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Non-financial professional interest	Outside employment	Unpaid. Appointed as member of the NIHE Clinical Reference Group for Major Trauma and Burns. Advising the NIHE Clinical Lead for same.	
Surendra Kumar, Dr Dhushyanthan (Dhushy)	Consultant	Non-financial professional interest	Outside employment	My sister works on ward 41 as a HCA Laura Ann Perkins	
Sweeney, Mr. Paul Anthony	Healthcare Scientist	Financial interests	Clinical private practice	Bank Perfusionist for BMI Healthcare Perfusion service provider for Premier Perfusion Services Ltd	
Sweeney, Mr. Paul Anthony	Healthcare Scientist	Financial interests	Shareholdings and other ownership interests	Director of Premier Perfusion Services Ltd	
Syed, Dr Farhan Ahmed	Consultant	Non-financial personal interests	Sponsored events	Attend educational/training events where food and venue is provided by industry	
Szczepinska, Dr Weronika Anna (Weronika Szczepinska)	Consultant	I have no interests to declare			I used to do regular locum shifts as Consultant Dermatologist at UHB Trust in Birmingham until March 2020.
Talwar, Dr Surabhi (Surabhi)	Consultant	I have no interests to declare			
Tamne-Cox, Miss Gabriella Christine	Clerical Worker	Indirect interests	Outside employment	Sister - Courtney Tamne-Cox who works in Radiology Cousin- Rebecca Pallfeyman who works in Patient Access Cousin-Samantha Pallfeyman who works in Clinical Support Services	I work in different departments to Courtney and Samantha. Rebecca is the service lead, I report into team leader.
Tan, Dr Jassie	Consultant	I have no interests to declare			
Tan, Mr. Lam Chin	Consultant	I have no interests to declare			
Tansey, Mr. William Michael Ogilvie	Advanced Practitioner	Indirect interests	Outside employment	Hourly Paid Lecturer for Coventry University School of HLS and HEE portfolio assessor for ACP	Annual contract renewal
Tapp, Dr Luke David	Consultant	I have no interests to declare			
Taylor, Miss Bethany Grace	Officer	Indirect interests	Outside employment	Related to another staff member within the Trust. Related to Tina Taylor - relation to me is mother - who works as the CWPIS Network Blood Transfusion Manager at UHCW.	
Taylor, Mrs. Tina Louise	Manager	Indirect interests	Outside employment	My daughter is employed by UHCW. Her name is Bethany Taylor. Her job title is Pathology Reception Admin Manager & Senior Personal Assistant to Neil Anderson and Fran Dawson	
Teare, Dr Lara Jane	Consultant	I have no interests to declare			
Theaker, Dr Andrew Jonathan	Consultant	I have no interests to declare			
Thakrar, Mr. Vishal	Optometrist	Financial interests	Clinical private practice	Clinical work within the private sector	
Than, Dr Nwe Ni	Consultant	I have no interests to declare			
Thomas, Dr Antony	Consultant	I have no interests to declare			None to declare
Thompson, Mr. Peter John Motim	Consultant	Indirect interests	Clinical private practice	I work in private practice at the Warwickshire Nuffield Hospital and BMI The Meriden Hospital and run my private practice through a limited company Thompson Medical Services. The time I spend in private practice is recorded in my job plan	
Thompson, Mrs. Beverley Jane	Senior Manager	I have no interests to declare			
Thompson, Mrs. Sarah Carol	Sister/Charge Nurse	Financial interests	Gifts	I have received an Amazon gift card from a patients relative, for the value of £50.	The relative who gave me the gift was Catherine Baldock, Clinical Lead for Respect.
Thorley, Miss Sarah Christine	Physiotherapist	Indirect interests	Outside employment	I do HPL for Coventry University.	
Tomas, Dr Jon	Consultant	Financial interests	Sponsored events	I November 2021 I accepted a monetary payment from Boehringer Ingelheim for facilitating a workshop on the palliative care of patients with interstitial lung disease. The workshop was done in conjunction with a respiratory consultant and an ILD clinical nurse specialist. The event was held at the University of Birmingham.	as above
Torres Rendón, Dr Alicia Carolina	Consultant	I have no interests to declare			
Tournille, Dr Christina Clare	Consultant	I have no interests to declare			
Townsend, Dr Roger	Consultant	I have no interests to declare			
Trotter, Mr. Matthew Ian	Consultant	Financial interests	Clinical private practice	Private Practice At Nuffield Warwickshire Hospital And Spire Parkway Hospital Solihull	
Tsang, Dr Yee Wah	Consultant	I have no interests to declare			
Tsonchev, Dr Nikolay Vasilov	Consultant	I have no interests to declare			
Turner, Dr Christopher Mitchell	Consultant	Indirect interests	Outside employment	I run a company which provides support to organisations (mainly healthcare) with their internal culture. I also do some work for the GMC and NHS Elect.	
Turner, Dr Suzanne Alice	Consultant	I have no interests to declare			
Tweens, Dr Hannah Rose	Consultant	Financial interests	Hospitality	Service speaker for attendance at ESMO World GI conference (held virtually)	
Twigg, Mr. Jeremy Philip Doddwell	Consultant	Non-financial professional interest	Outside employment	I am a Proctor for Institute in robotic surgery teaching other surgeons robotic surgery.	
Unitt, Dr Esther	Consultant	Financial interests	Clinical private practice	I undertake private practice at the Meriden.	
Vaidyanath, Dr Chandrasekhar	Consultant	I have no interests to declare			
Varna, Dr Praveen Kumar Reddy	Consultant	I have no interests to declare			
Vilani, Aaguna, Dr Krishna Kumar	Consultant	I have no interests to declare			
Vinay, Mr. Matthew Robert	Consultant	I have no interests to declare			
Virgo, Dr Imogen Clare	Consultant	Non-financial professional interest	Loyalty interests	I work for the local air ambulance trust, providing pre-hospital medical care. I am paid via the trust on and SLA but also privately as the charity for Clinical supervisor role.	This is an on going association
Volodidis, Mr. Dimitrios	Consultant	Indirect interests	Clinical private practice	V&P Consultancy limited.	Director of company.
Vygonis, Dr Evangelos	Consultant	I have no interests to declare			
Wali, Dr Nawaz	Consultant	Indirect interests	Clinical private practice	Director of Wali Oncology Services Limited	Valid until I retire
Wallace, Dr David Leslie	Consultant	I have no interests to declare			will name for the foreseeable future
Walls, Dr Katy Louise (Katy)	Consultant	I have no interests to declare			
Walsh, Mr. David	Director of Corporate Affairs	I have no interests to declare			
Ward, Dr Jayne Helen	Consultant	Financial interests	Outside employment	Depuy Synthes BoneSupport Stryker Redmed consulting	

Warren, Dr Jennifer Katherine (Jen)	Consultant	Non-financial professional interest	Loyalty interests	I am the current Co-Chair of the Disabled Doctors Network. I am not paid for this role and it is purely voluntary but within this role I advocate for doctors and medical students with chronic health conditions and disabilities.	
Waters, Dr Jennifer Louise (Jenny)	Locum Consultant	I have no interests to declare			
Warkinson, Dr John	Locum Consultant	Financial interests	Clinical private practice	Private practice at the Priory hospital in Edgbaston, Birmingham. Remain Honorary at GOSH. Performance assessor for the GMC. Trustee of the Get & Head Charitable Trust	
Watson, Dr Duncan McKenzie	Consultant	I have no interests to declare			
Watson, Mrs. Louise Mary	Specialist Nurse Practitioner	Financial interests	Outside employment	£375 paid for speaker services on presentation on telephone nursed clinics. Delivered to the Novartis team. Paid by Novartis 29th July 2019 Skype meeting. £350.00 paid for speaker services for national transplant nursing forum. Presentation on skin surveillance in transplant patients. Additional £19.80 paid to cover travel expenses. Both paid by Chiesi Limited. 21st September 2019 Face to face. £300 Paid for speaker services on presentation on telephone nursed clinics. Delivered to the Novartis team. Paid by Novartis. 18th November 2019 Skype meeting. £550 Paid for speaker services on presentation on telephone nursed clinics. Delivered to the Novartis team and NHS nurses. Additional £103.50 paid to cover travel expenses. Both paid by Novartis. 12th February 2020 Face to Face	already declared
Watson, Mrs. Louise Mary	Specialist Nurse Practitioner	Financial interests	Outside employment	£760 Paid for speaker services on presentation on telephone nursed clinics. Delivered to NHS Health Professionals. Paid by Novartis. 19th April. Microsoft teams meeting £380 Paid for speaker services on presentation on telephone nursed clinics. Delivered to Novartis employees. Paid by Novartis. 5th July. Microsoft teams meeting. £332.50 Paid for speaker services on presentation on telephone nurse led clinics. Delivered to NHS Health professionals. Paid by Novartis 16th December 2021	
Watson, Mrs. Louise Mary	Specialist Nurse Practitioner	Financial interests	Outside employment		no declaration to declare this year.
Watts, Ms. Tomi Tyler	Officer	Non-financial personal interests	Loyalty interests	Relationship with Colette Smith (CNS Headache Disorders)	
Weager, Mrs. Jacqueline Dawn	Other Executive Director	I have no interests to declare			
Weickert, Professor Martin Otfried	Consultant	I have no interests to declare		I have no conflicting interests to declare - unchanged - last updated 29th August 2022	I have no conflicting interests to declare - unchanged - last updated 29th August 2022
Wellings, Dr Richard Matthew	Consultant	I have no interests to declare			
Wersachowski, Dr Ewa	Consultant	I have no interests to declare			
Westacott, Mr. Daniel James (Dan)	Consultant	I have no interests to declare		Nil	Nil
Westerman, Dr Richard Warwick	Consultant	Financial interests	Clinical private practice	Director of my own company- Hip & Knee Solutions Ltd, which represents my private medical practice. (Date Acrose: 01/07/2016)	No changes
Wharton, Mr. Ian Philip	Consultant	I have no interests to declare			
White, Dr Andrew James	Manager	Indirect interests	Hospitality	On the evening of the 7th of December 2022, after the 1st day of the 9th Digital Pathology & AI Congress being held at the Marriott hotel located at Heathrow, I was taken out to a dinner hosted by the company Sectra, who were displaying their wares at the event. The meals value was approximately worth £50.	I am not involved in any procurements that feature this supplier.
White, Dr Andrew James	Manager	Indirect interests	Hospitality	Whilst attending the "8TH DIGITAL PATHOLOGY& AI CONGRESS: EUROPE" event, I attended the IbeX annual dinner. The dinner was held at the great fosters hotel and was worth approximately £50.	Prior to the event, I informed both my line manager (Deborah Griggs) and Departmental head (Ceri Jones) of the offer of hospitality, receiving approval to attend from both parties. IbeX is a PathLAK Plus commercial partner, who might also become a supplier of AI in the future. Whilst I'm the budget holder for PathLAK Plus, I am not involved directly in the procurement decisions of AI solutions.
White, Mr. David Anthony	Radiographer - Diagnostic, Manager	Non-financial personal interests	Loyalty interests	My brother is General and Ultrasound Superintendent - Imaging	Status updated 7 July 2022
White, Mr. Robert	Radiographer - Diagnostic, Specialist Practitioner	Non-financial personal interests	Loyalty interests	Brother is head of operations in the Clinical diagnostics & line manager	No update
White, Mr. Robert	Radiographer - Diagnostic, Specialist Practitioner	Non-financial professional interest	Loyalty interests	Brother is Head of operations for Imaging & also my line manager	
Widlak, Dr Monika Maria	Consultant	I have no interests to declare			
Wight, Dr Catherine Odessa	Consultant	Financial interests	Outside employment	I have been appointed an adviser for RCPATH Consulting. This is work I will do in my annual leave and own time. It will consist of approximately two visit per annum to other laboratories. My husband also works as an HCA in Recovery at UHCW	none
Wijeratne, Dr Seshari	Consultant	I have no interests to declare		Nil	
Wilkins, Dr Helen Ruth	Consultant	I have no interests to declare			
William, Dr Jerald	Consultant	Indirect interests	Outside employment	Specialist Westmidlands Paediatric Uveitis Immunosuppression Clinic on wednesday am at Birmingham Childrens Hospital eye clinic. Regional Paediatric Bachelts Clinic Birmingham Childrens Hospital eye clinic once every 4 months Regional ROP Treated on 2-5 oncall for west midlands	On going.
Williams, Mr. Kevin George	Consultant	I have no interests to declare			
Williams, Mr. Nigel	Consultant	I have no interests to declare			
Williams, Mrs. Vicky Marie	Nurse Manager	I have no interests to declare			
Williamson, Dr Janet	Non-Executive Director	Financial interests	Outside employment	NED at Advancing Quality Alliance - 6 years as NED. This is an NHS organisation based in NW Region providing Quality an improvement across UK. No remuneration. 4 Board meetings per annum. Provision of leadership advice and Quality improvement expertise	
Williamson, Dr Janet	Non-Executive Director	Financial interests	Outside employment	Locals community Social enterprise. Fixed term review of community nursing services November 2022 to February 2023.	
Williamson, Dr Sarah Louise (Sarah)	Consultant	I have no interests to declare			
Wong, Dr Lin Hsueh John	Consultant	Non-financial personal interests	Clinical private practice	Company Director for Endoscopy Plus Limited	
Wong, Mr. Ling Sen	Consultant	I have no interests to declare			
Woo, Dr Timothy Derk Hoong	Consultant	I have no interests to declare			
Wood, Mrs. Cynthia Maria	Specialist Nurse Practitioner	Non-financial professional interest	Loyalty interests	My daughter Katelyn Wood has joined the trust as an HCA on ward 31	
Woodman, Dr Jacqueline	Consultant	I have no interests to declare			
Worthing, Ms. Jane	Consultant	I have no interests to declare			
Wyse, Dr Matthew Kevin	Consultant	Financial interests	Shareholdings and other ownership interests	Director of M&K Wyse LTD.	
Wyse, Dr Matthew Kevin	Consultant	Indirect interests	Clinical private practice	Private anaesthetic practice at Circle Meridan, Circle Thers Shire Hospital, Warwickshire Nuffield Hospital, Harley Street Specialist Hospital London, Hospital of St John & Elizabeth, London	
Wyse, Dr Matthew Kevin	Consultant	Indirect interests	Outside employment	Flight doctor with The Air Ambulance service Paid as contractor	
Yadav, Dr Deepika	Clinical Director - Medical	Financial interests	Outside employment	Clinical Director for Strategic partnership, CWPT	
Yadav, Dr Deepika	Clinical Director - Medical	Financial interests	Outside employment	Coventry LMC member	
Yadav, Dr Deepika	Clinical Director - Medical	Financial interests	Outside employment	GP Partner at Willenhall Primary care centre in Coventry. work 2 days a week as a GP	Ongoing role
Yadav, Dr Deepika	Clinical Director - Medical	Financial interests	Outside employment	GP Tutor, RCGP Midlands	
Yadav, Dr Deepika	Clinical Director - Medical	Financial interests	Outside employment	GP member, Coventry and Warwickshire ICP	
Yadav, Dr Deepika	Clinical Director - Medical	Financial interests	Outside employment	Non Executive Director, Birmingham Community Health Care Trust	
Yates, Dr Victoria Louise	Consultant	I have no interests to declare			
Yusuf, Dr Shamil	Consultant	Financial interests	Clinical private practice	I undertake a Cardiac arrhythmia clinic in keeping with my training speciality at Spire Little Aston Hospital on Monday mornings and at The Meriden Hospital on Tuesday evenings.	
Yusuf, Dr Shamil	Consultant	Indirect interests	Loyalty interests	Portfolio Management Services - Family owned Confirming house. Non-executive director.	
Yusuf, Dr Shamil	Consultant	Indirect interests	Shareholdings and other ownership interests	Director and share holder - Family owned exhibition and events venue - The Spinnery Limited, Leicester.	
Zeb, Dr Jehan	Consultant	I have no interests to declare			
Ziauddin, Dr Mohamed	Consultant	I have no interests to declare		Nothing to declare	Nothing to declare.

**REPORT TO PUBLIC TRUST BOARD
HELD ON 1 JUNE 2023**

Subject Title	Register of Sealings 2022/23
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	David Walsh, Director of Corporate Affairs
Attachment	Register of Sealings 2021/22
Recommendation	Trust Board is asked to NOTE and RECEIVE ASSURANCE from the report on the usage of the common seal of the Trust in 2022/23

EXECUTIVE SUMMARY

The report sets out the usage of the common seal of the Trust during the year 2022/23 and is provided for noting, in accordance with the Constitution.

The common seal of the Trust is affixed when a document needs to be executed as a deed as opposed to a simple contract. Affixation is governed by the Trust's Standing Orders, which dictate that a report detailing the usage of the seal shall be periodically submitted to the Trust Board. This report therefore satisfies these requirements in that it details each time the seal has been affixed during the year 2022/23.

There are no areas of risk as corporate governance requirements are satisfied through the submission of this report.

PREVIOUS DISCUSSIONS HELD

A report detailing the use of the common seal of the Trust is reported to the Trust Board on an annual basis and was last presented on 9 June 2022.

KEY IMPLICATIONS

Financial	N/A
Patients Safety or Quality	N/A
Workforce	N/A
Operational	N/A

UNIVERSITY HOSPITALS COVENTRY & WARWICKSHIRE NHS TRUST

REGISTER OF SEALINGS 2022/23

Year	Consecutive Number	Date of Sealing	Description of document sealed	Executive Sign Off	Non-Executive Sign Off	Date of Authority	Minute Reference
2022/23	342	25 Aug 2022	Lease of part of University Hospital site adjacent to front entrance to Fruitrush	Andy Hardy Chief Executive Officer	Stella Manzie Chair	4 Aug 2022	HTB PRIVATE 22/57
2022/33	343	30 Nov 2022	Extension to the PFI standstill and variation agreement	Andy Hardy Chief Executive Officer	Stella Manzie Chair	6 Oct 2022	HTB PRIVATE 22/52
2022/23	344	29 Mar 2023	Lease for Paybody building (Coventry city centre), CDC phase 1 with NHS Property	Andy Hardy Chief Executive Officer	Stella Manzie Chair	2 Feb 2023	HTB PRIVATE 22/96
2022/23	345	29 Mar 2023	Lease for Paybody, CDC phase 2, max 40-year lease	Andy Hardy Chief Executive Officer	Stella Manzie Chair	2 Feb 2023	HTB PRIVATE 22/96

REPORT TO PUBLIC TRUST BOARD HELD ON 1 JUNE 2023

Subject Title	Fit and Proper Person Requirement – Statement of Compliance
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	David Walsh, Director of Corporate Affairs
Attachment (s)	None
Recommendation (s)	Board is asked to NOTE that its full membership has now demonstrated compliance with the strengthened Board Member Fit and Proper Person Policy that was approved in February 2023.

EXECUTIVE SUMMARY

NHS organisations are required to ensure their directors meet the Fit and Proper Person requirements (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). For Board members specifically, this is frequently assessed by the Care Quality Commission during inspections and may be perceived as indicative of an organisation's wider governance arrangements, which are a consideration under the Well-Led domain.

A strengthened Board Member Fit and Proper Person Policy was approved in February 2023. This policy included enhancements which took account the outcome of reports issued to other trusts following inspections, ensuring it would meet the current expectations of the Care Quality Commission. A fundamental change was to reduce reliance on self-declaration (which remains a requirement), focusing also on other sources of assurance, including checks of records held by the Disclosure and Barring Service, Companies House and the Insolvency Service.

Board noted that with the checks required following adoption of the policy in February, it would be unlikely that compliance would be achieved by 1 April 2023. However, this compliance was fully achieved in May 2023 and is reported for formal noting. A compliance log is held in Corporate Affairs to support ongoing monitoring and compliance and for sharing with regulators as required.

PREVIOUS DISCUSSIONS HELD

Proposed improvements to policy following comprehensive review of files reported to Chief Officer Group on 25 October 2022 and periodic verbal updates thereafter.

Draft policy shared with Chair and CEO on 19 December 2022.

Update including proposed introduction of DBS checks shared with Non-Executive Directors on 22 December 2022.

Final draft policy approved and adopted on 2 February 2023.

KEY IMPLICATIONS

Financial	<p>No implications directly arising in the categories set out to the left.</p> <p>The key implication of proceeding as recommended is ensuring compliance with the 2014 Regulations and to demonstrate effective governance of this area, which is within the CQC Well Led domain.</p>
Patient Safety or Quality	
Workforce	
Operational	

REPORT TO PUBLIC TRUST BOARD HELD ON 1 JUNE 2023

Subject Title	Board Assurance Framework (BAF)
Executive Sponsor	David Walsh, Director of Corporate Affairs
Author	David Walsh, Director of Corporate Affairs
Attachments	BAF for critical risk areas: <ul style="list-style-type: none"> • Financial stability • Operational performance • Quality of Care and Patient Experience <i>and</i> Service Stability • Staff Wellbeing and Morale <i>and</i> Workforce Supply
Recommendation	<p>The Committee is asked to:</p> <ol style="list-style-type: none"> 1. RECEIVE the BAF entries for 'Financial Stability' and 'Operational Performance' following consideration by the Finance and Performance Committee on 25 May 2023 2. RECEIVE the BAF entries for 'Quality of Care and Patient Experience' and 'Service Stability' following consideration by the Quality and Risk Committee on 25 May 2023 3. RECEIVE the BAF entries for 'Staff Wellbeing and Morale' and 'Workforce Supply' following consideration by the People Committee meeting on 27 April 2023 4. CONSIDER alongside the BAF entry for 'Cyber Threats' following consideration by Audit and Risk Assurance Committee on 26 April 2023, included in the Private Board papers 5. CONSIDER and triangulate any additional assurances received during the Board meeting in the context of the documents described above.

EXECUTIVE SUMMARY

The complete BAF is presented following consideration at the various monitoring committees to ensure Board members are equally sighted on activity and levels of assurance in all areas.

Background

The BAF operates on the principles of bringing together the various sources of assurance provided to Board and its committees, reflecting on a RAG-rated assessment of assurance arising from each, and bringing together an overall level of assurance. The BAF papers considered by each of the committees will come together at Board level to represent an overall picture of assurance, and to support Executive and Non-Executive Board members in maintaining oversight across all committees, including those they do not attend.

Committees consider the BAF as the final business item in meetings, providing the members opportunity to reflect on and triangulate the assurances received, and agree changes to assurance

ratings and document content within the meeting, ensuring the BAF remains dynamic.

Included in this paper is the BAF for Cyber Threats following its consideration by Audit and Risk Assurance Committee, though the full document is included within the private papers as previously agreed by Trust Board.

Highlights since previous Board consideration

Red RAG ratings of individual sources of assurance

There have been no changes in terms of RED-rated individual sources of assurance. Four of these relate to the Cyber Threats BAF, while the fifth relates to the internal audit on Discharge Planning, which is now due to be presented to FPC in June.

Changes to RAG ratings of individual lines of assurance

As anticipated when discussed at the April meeting, the first line of assurance in relation to financial stability has reverted back to amber from green. This temporary shift was due to the previous assessment being based on year-end positions. Both the financial stability and operational performance BAF entries have been subject to review alongside the Chief Finance Officer and Chief Operating Officer to update them for the new financial year.

Snapshot

Committee	Risk area	Associated Corporate Risks	First line of assurance	Second line of assurance	Third line of assurance	Overall level of assurance
FPC	Financial Sustainability					
FPC	Operational Performance					
QSC	Quality of Care and Patient Experience <i>and</i> Service Stability					
PC	Staff wellbeing and morale <i>and</i> Workforce Supply					
ARAC	Cyber Threats					

PREVIOUS DISCUSSIONS HELD

As described earlier.

KEY IMPLICATIONS

Financial	None directly arising
Patients Safety or Quality	None directly arising
Workforce	None directly arising
Operational	None directly arising

Committee: Finance and Performance Committee

Critical risk areas: Financial stability

Associated risks

Managed risk	Initial	Current	Target
23/24 Waste Reduction Delivery	20	-	4
23/24 Contract Income – ERF	16	-	4
23/24 Capital Programme – Funding	15	-	3
23/24 Contract Income – High cost drugs and devices block	12	-	6
23/24 Emergency pressures	12	-	6
22/23 EPR Training and Backfill Costs	12	-	4
23/24 Inflation Pressure	12	-	4
22/23 Capital Charges Funding outside ICB envelope	8	-	4

The above risks have been developed through the Corporate Finance team and are due to be presented to the Risk Committee in June 2023, for formal adoption. They are included prior to this to give an indicative understanding to the committee at the level of initial risk that each presents. Following consideration by the Risk Committee, they will be presented to the next FPC including the 'current' post-control scoring.

First line of assurance

Issue/report	Last review	Rating
IQPFR	25/5/23	
Waste Reduction programme	25/5/23	
Integrated Finance Report (23/24)	25/5/23	
Procurement Update	25/5/23	
Research and Development Income, Expenditure and Compliance	30/3/23	
National Cost Collection 2021/22 subm'	24/11/22	
Financial Sustainability (mandated review) self-assessment	27/10/22	
Charging of Overseas Patients	24/11/22	
Virtual wards – approach/funding	24/11/22	
Cost control (23/24)	23/2/23	
Financial Recovery Board output	25/5/23	

Assurances received

Gaps

Mitigations

Actions

- IQPFR – see Operational Performance BAF entry
- Agency expenditure gaps - £2m vs £1.6m M1 plan (May 23)
- No extension of virtual ward funding (May 23)
- Monitoring of the financial impact of delayed discharge (Jan 23)
- Capital for EPR not funded centrally for 23/24 (Jan 23) and capital charges support not confirmed by NHSE (May 23 review)
- Workstreams to deliver £58.4m waste target, persisting gaps in recurrent schemes (May 23)
- FRB report £904k waste delivery vs £3.066m target in M1 (May 23)

- Capital Plan to address EPR funding gap (Jan 23)
- FRB launched, governance/workstream structure in place (Mar 23 review) and terms of reference received (Apr 23). FRB increased to twice monthly meetings, reported to FPC (May 23). Operational delivery plans due 31/5 (May 23) work to progress recurrent vacancies (May 23)
- Development of 'No PO No Pay' policy through FRB (Apr 23)
- Approval to implement non-pay panels and controls through FRB (Apr 23)
- Plan being developed to live within existing virtual ward funding envelope (May 23 review)

- Recommend to ARAC addition of costing to internal audit plan (Aug 22) - COMPLETE
- Additional monitoring of financial impact of delayed discharge in IQPFR (Jan 23) - COMPLETE
- WRP tables to show full-year impact from 23/24 (Feb 23) – New system now being developed (May 23 review)
- Output of deep dives through FRB to be reported to FPC (May 23)

Second line of assurance

Issue/report	Last review	Rating
Financial Governance (planning guidance) internal audit report	14/10/21	
Accounts Payable internal audit report	13/1/22	
Accounts Receivable internal audit report	13/1/22	
Financial ledger internal audit report	13/1/22	
Financial Sustainability (mandated review) – internal audit	19/1/23 (ARAC)	
Financial Systems internal audit	19/1/23 (ARAC)	
2023/24 Annual Plan	4/5/23 (Board)	

- Improvements identified in financial systems reports around duplicate payments, fraud/misappropriation, delayed income receipt and financial loss, budgetary impact, misreporting, impact on delivery of financial and strategic objectives (Significant assurance overall)

- Actions arising from all gaps identified above completed by 31/3/22

- Trust Board to consider updated position on Annual Plan on 4 May 2023 – COMPLETE and deep dive undertaken by region in presence of ICB

Third line of assurance

Issue/report	Last review	Rating
VFM Audit Plan (ARAC)	Due July 2023 (ARAC)	
National Cost Collection 21/22 outputs	25/5/23	
External audit management representation letter to be included alongside annual accounts submission	Due 22/6/23 (Board)	
External Audit Section 30 letter	Due 22/6/23 (Board)	

- Due to the current levels of underlying deficit at both the Trust and system level, KPMG identified there was a risk that the Trust did not have adequate arrangements to achieve financial stability over the medium term

- KPMG to revisit later in the year and the full outcome to be reported back

Overall level of assurance:

Amber

Key: Strong assurance of actions to manage risks and issues Risks being managed but gaps requiring further assurance No or limited assurance on management of risks

Committee: Finance and Performance Committee

Critical risk areas: Operational Performance

Associated risks

Managed risk	Initial	Current	Target
Emergency medicine overcrowding and patient flow*	12	15	9
Inability to meet demand for breast imaging/screening*	15	15	12
Hybrid Operating Theatre and impact on vascular surgery	12	12	3
Non-standardisation of follow-up processes affecting RTT	10	8	6

*Also on Quality and Safety BAF

NB. Work underway to improve reporting of risks substantively under QSC but with operational performance impact to FPC

First line of assurance

Issue/report	Last review	Rating
IQPFR	25/5/23	
Emergency Care	25/5/23	
Cancer Care	27/4/23	
Performance benchmarking	28/4/22	
Elective Care – 104-week waiters	27/4/23	
Elective Care – 78-week waiters	25/5/23	
Elective Care – update	27/4/23	
Sustainable Development	27/4/23	
Winter Plan	29/9/22	
Estates and Facilities	27/4/23	
Theatre Productivity	24/11/22	Due June
Performance Benchmarking	27/4/23	
Power Failure – Learning from Critical Inc.	30/3/23	

Assurances received

Gaps

Mitigations

Actions

- RTT incomplete at 51.38% vs 92% national target (May 23)
- Long length of stay: 212 patients at 21 days or over (May 23)
- Ambulance handover below national metrics (May 23)
- Theatres: Closed session % and average late starts off track (Nov 22)
- Elective care – capacity constraints with anaesthetists and additional sessions (Feb 23), issues also affecting 78-week target (Mar 23)
- Cancer standards off track in March (May 23)

- Any patient waiting 3hrs+ has patient harm review completed - no harm caused due to delays in handover (Aug 22)
- Support from SWFT and GE functioning effectively in times of handover challenge (Aug 22)
- Targeted focus on late starts within theatre productivity programme – evidence of progress in Neuro example shared with FPC (Nov 22)
- Additional sessions cost implications considered by COG (Apr 23)
- All theatre productivity measures on right trajectory in Apr (May 23)
- Mutual aid being provided by SWFT/GEH on ENT/gynae

- Organisational push to commence UHCWi value streams focussed on Emergency Care at pace by November (Aug 22), updated provided to BSW (Mar 23)
- Commenced focus on 26-week outpatient target (Oct 22) – will be addressed in June 2023 Elective Care report
- 'Route to Zero' 78-week breaches being worked on for end of June (May 23)
- Mutual aid sought regionally for General Surgery and ENT/OMFS head and neck (Apr 23)
- Diagnostic Clinical Group focussed on improving the Audiology position (Apr 23)

Second line of assurance

Issue/report	Last review	Rating
Data Quality Review – 28 Day Faster Diagnosis Standard	26/4/23(ARAC)	
CT/MRI Scan capacity discharge planning	TBC	
Emergency Planning Annual Report	23/2/23	
Discharge Planning internal audit	19/1/23 (ARAC)	Due June

- The data quality internal audit returned moderate assurance, with improvements identified around the newly introduced standard
- Awaiting validation of compliance from NHSE/I
- Discharge Planning internal audit 'limited assurance' conclusion

- An action plan responding to the internal audit was developed and presented to ARAC on 21/4/22
- Actions in place to respond to Discharge Planning internal audit by end of June.

- Report to be presented to future FPC confirming compliance with actions required
- Discharge Planning actions to be brought back to FPC in April/May (ARAC 19/1/23) and re-audit to be undertaken and presented to ARAC in January 24.

Third line of assurance

Issue/report	Last review	Rating
National Hospital Only Discharge Programme – reviews/support from NHSE/I and ECIST – now exited following improvements	25/8/22	

Overall level of assurance:

Amber

Key: Strong assurance of actions to manage risks and issues Risks being managed but gaps requiring further assurance No or limited assurance on management of risks

Committee: Quality and Safety Committee

Critical risk areas: Quality of care and patient experience and Service stability

Associated corporate risks				First line of assurance			Second line of assurance			Third line of assurance																																																																																																																																																																																											
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<div>Gaps</div>	<ul style="list-style-type: none">Complaints – dip in performance due to staffing issues (Mar 23)Neonatal mortality performance (May 23)Scanning capacity creating risks – workforce deficit and capital requirement for diagnostics equipment (Mar 22)Day case performance – unlikely to be resolved in 23/24 (May 23)PLACE assessments outcomes concerning (May 23)			<ul style="list-style-type: none">Completion of actions arising from Royal College Review of Dermatology (Nov 22)Limited outcome of Learning from Deaths audit (May 22 – ARAC) and moderate outcome of Learning Disability internal audit (Jan 23 – ARAC)HSMR improved but remains above expected range (May 23)Gaps in experience of postgraduate doctors (May 23)			<ul style="list-style-type: none">HTA identified major shortfalls relating to six standards and minor shortfalls relating to four standardsAreas for focus highlighted in Ockenden visit (Aug 22), including risk relating to EPR replacing maternity system, and delays on delivery of bereavement suiteAction plan detailing gaps provided by JAG in endoscopy																																																																																																																																																																																														
	<div>Mit.</div>	<ul style="list-style-type: none">Changes to flow following review and improvement focus (Jan 23)Day case monitoring by QSC – now included in IPQFR (May 23)Measures underway to fill staffing gaps in complaints (Mar 23)PLACE actions being monitored through PSEC (May 23)			<ul style="list-style-type: none">HSMR Task and Finish Group – improvements continue following extraordinary spike in 2022 (Mar 23)Learning from deaths action plan presented Jan 22 – amber overallLearning Disability action plan presented to ARAC (Jan 23)			<ul style="list-style-type: none">Risks added and managed through risk registers, action plan developed to address shortfallsCQC provider engagement meetings every eight weeks, and service-focused dynamic monitoring approach (DMA) meetings periodically																																																																																																																																																																																													
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*Also on Operational Performance BAF

Overall level of assurance:

Amber

Key: Strong assurance of actions to manage risks and issues Risks being managed but gaps requiring further assurance No or limited assurance on management of risks

Committee: People Committee

Critical risk areas: Staff Wellbeing and Morale and Workforce Supply

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N.M&AHPs recruitment and retention	22/12/22																																																																																																																											
Financial Wellbeing Support Schemes	22/12/22																																																																																																																											
Junior doctor industrial action	27/4/23 (verbl)																																																																																																																											
Issue/report	Last review	Rating																																																																																																																										
Staff Survey 2022	27/4/23																																																																																																																											
Workforce Race Equality Standard	27/10/22																																																																																																																											
Workforce Disability Equality Standard	27/10/22																																																																																																																											
Internal Audit – Medical Appraisals	> 2022/23																																																																																																																											
Internal Audit – Payroll and Overpayments	Jan 2023 (ARAC)																																																																																																																											
Issue/report	Last review	Rating																																																																																																																										
Disability Confident (Employer Status) - reaccredited until 2025	Aug 22																																																																																																																											
Defence Employers Recognition Scheme – Silver	June 22																																																																																																																											
Employer With Heart Charter	Jan 22																																																																																																																											
Miscarriage Association: Pregnancy Loss Pledges	Jan 22																																																																																																																											
Rainbow Badge Phase 2 (LGBTQ+)	TBC																																																																																																																											
Pathways to Excellence accreditation	Aug 22																																																																																																																											
National WRES Action Plan feedback	Apr 23																																																																																																																											
	Gaps	<ul style="list-style-type: none">Sickness absence at 5.11% against target of 4% (Apr 23)Mandatory training at 93.68% (95% target), Non-medical appraisals at 84.26% (90% target), Turnover at 10.17% (10% target) (Apr 23)Overspending on agency (£3.276m) (Apr 23)Forecast expired apprenticeship levy of £825k in 2023 (Dec 22)			<ul style="list-style-type: none">WRES identified affected staff report low levels of confidence in equal ops within the Trust, and high levels of discrimination in the workplace; BME staff reported higher likelihood of being discriminated against and reduced likelihood of being appointed following shortlistingActions required following Payroll and Overpayments Internal Audit (ARAC Jan 2023)Some areas of deterioration in initial staff survey results																																																																																																																							
		Mitigations	<ul style="list-style-type: none">Activity to address training detailed in deep dive (June 22)New e-form for staff termination to go live in June 23 (Apr 23)Levy spend up from £614k in 20/21 to £1.1m in 21/22, estimated £1.1m in 2023. Participation in Care Leavers Covenant (Dec 22)Agency: Cost Control Group and agency control processes in place, engaged in West Mids Medical Agency Project (Oct 22), TempRE system implemented (Apr 23). Costs higher in March – year-end adjustments (Apr 23)Emergency planning readiness in place around ind. action (Feb 23)			<ul style="list-style-type: none">Caution on indicator re appointment of shortlisted staff as does not account for international recruitment of nurses and midwivesStaff survey data only recently received (20/2/23) so analysis ongoing (Feb 23)																																																																																																																						
			Actions	<ul style="list-style-type: none">Three-month improvement trajectories for non-medical appraisals, though some deterioration shown in September (reported Oct 2022)Mandatory training – focus described in AAA report from People Development Group (Oct 2022)Overpayments to be added to the IPQFR (Feb 23)Inclusion Delivery Plan to be presented to Board in April 2023 (Feb 23)Compliance with ToRs to be examined and reported (Feb 23)			<ul style="list-style-type: none">Work being monitored through People Support Group relating to WRES/WDES actions, and will be reported to People CommitteeFurther review of recruitment and selection process to identify potentially discriminatory practices – to be reported back to committee in context of changes already madeLaunch of inclusive mentoring pilotPayroll/overpayments action plan due in Feb/Apr (ARAC Jan 2023)Update on Staff Survey group actions to be presented to future meeting (Feb 23)Strengthen triangulation through People Support Group			<ul style="list-style-type: none">Applying for Disability Confident (Leader Status) – Dec 22																																																																																																																		

Overall level of assurance:

Amber

Key: Strong assurance of actions to manage risks and issues Risks being managed but gaps requiring further assurance No or limited assurance on management of risks

DRAFT PUBLIC TRUST BOARD AGENDA 03 AUGUST 2023

MEETING	MEETING DATE	ITEM NO.	ITEM	GUEST	LEAD	AUTHOR	FORMAT	ACTION	TIME	DUR.
PUBLIC	3 Aug 2023									
PUBLIC	3 Aug 2023	0					Verbal		10:00	00:00
PUBLIC	3 Aug 2023	1	Patient Story		Mo Hussain	Lisa Cummins	Enclosure	Note	10:00	00:10
PUBLIC	3 Aug 2023	2.1	Apologies for Absences		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	3 Aug 2023	2.2	Confirmation of Quoracy		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	3 Aug 2023	2.3	Declarations of Interest		Chair		Verbal	Assurance	10:10	00:00
PUBLIC	3 Aug 2023	3.1	Minutes of previous meeting		Chair		Enclosure	Approve	10:10	00:00
PUBLIC	3 Aug 2023	3.2	Action Matrix		Chair		Enclosure	Assurance	10:10	00:00
PUBLIC	3 Aug 2023	3.3	Matters Arising		Chair		Verbal	Assurance	10:10	00:10
PUBLIC	3 Aug 2023	4	Chair's Report		Chair		Enclosure	Assurance	10:20	00:10
PUBLIC	3 Aug 2023	5	Chief Executive Officer Update		Andy Hardy		Enclosure	Assurance	10:30	00:15
PUBLIC	3 Aug 2023	6.1	Audit and Risk Assurance Committee Approved Minutes		Afzal Ismail	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.2	Audit and Risk Assurance Committee Meeting Report		Afzal Ismail	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.3	People Committee Meeting report & Minis		Jenny Marbury-Groom	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.4	Quality and Safety Committee Approved Minutes		Carole Mills	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.5	Quality and Safety Committee Meeting Report		Carole Mills	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.6	Finance and Performance Committee Approved Minutes		Jerry Gould	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.7	Finance and Performance Committee Approved Minutes		Jerry Gould	David Walsh	Enclosure	Assurance	10:45	00:00
PUBLIC	3 Aug 2023	6.8	Finance and Performance Committee Meeting Report		Jerry Gould	David Walsh	Enclosure	Assurance	10:45	00:05
PUBLIC	3 Aug 2023	7	Integrated Quality, Performance and Finance Report • Operations (Gaby Harris) • Quality (Mo Hussain) • Finance (Susan Rollason) • Workforce (Donna Griffiths)		Kiran Patel	Daniel Hayes/Julie Mallory/Christopher Clark	Enclosure	Review	10:50	00:15
PUBLIC	3 Aug 2023	8	Safeguarding Adults & Children Bi-annual Report		Tracey Ringstock	Lisa Parley	Enclosure	Assurance	11:05	00:10
PUBLIC	3 Aug 2023	9	Palliative and End of Life Care Annual Report 2021-2022		Tracey Ringstock	Beif Harrison	Enclosure	Assurance	11:15	00:10
PUBLIC	3 Aug 2023	10	Morbidity (SHM and HSMR) Update		Kiran Patel	Sharon Salt	Enclosure	Assurance	11:25	00:10
PUBLIC	3 Aug 2023	11	Medical Education Report		Kiran Patel	Sailesh Sankar	Enclosure	Assurance	11:35	00:10
PUBLIC	3 Aug 2023	12	Medical Revalidation and Appraisal Annual Report		Kiran Patel	Parminder Jandu	Enclosure	Assurance	11:45	00:10
PUBLIC	3 Aug 2023	13	Guardian of Safe Working Hours Report		Kiran Patel	Andreas Ruhnke	Enclosure	Assurance	11:55	00:10
PUBLIC	3 Aug 2023	13.5	Break						12:05	00:10
PUBLIC	3 Aug 2023	14	Patient Experience and Engagement Report		Mo Hussain	Hayley Best	Enclosure	Assurance	12:15	00:10
PUBLIC	3 Aug 2023	15	PALS and Complaints Annual Report		Mo Hussain	Lisa Cummins	Enclosure	Assurance	12:25	00:10
PUBLIC	3 Aug 2023	16	Patient Safety and Risk Learning Report		Mo Hussain	Claire Evans	Enclosure	Assurance	12:35	00:10
PUBLIC	3 Aug 2023	17	Freedom to Speak Up		Mo Hussain	Lorna Shaw	Enclosure	Assurance	12:45	00:10
PUBLIC	3 Aug 2023	18	Corporate Risk Register		Mo Hussain	Lisa Cummins	Enclosure	Assurance	12:55	00:10
PUBLIC	3 Aug 2023	19	Board Assurance Framework		David Walsh	David Walsh	Enclosure	Assurance	13:05	00:05
PUBLIC	3 Aug 2023	20	Draft Board agenda		Chair	Corporate Affairs	Enclosure	Note	13:10	00:00
PUBLIC	3 Aug 2023	21	Meeting Reflections		Chair		Verbal	Discuss	13:10	00:05
PUBLIC	3 Aug 2023	22	Questions from the public		Chair		Enclosure	Note	13:15	00:05
PUBLIC	3 Aug 2023	22.5	LUNCH BREAK				Verbal		13:20	00:30